Advancing LGBTQ+ Health Equity in Boston
A Community-Driven Assessment of Health Needs

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The mission of the Boston Public Health Commission (BPHC) is to work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities. BPHC envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

This project was led by Ocha Transformations (hereinafter referred to as OCHA) in collaboration with Same Boat Consulting. OCHA is a U.S.-based consulting firm specializing in effective facilitation, training, and one-on-one services to support leaders, organizations, and communities in advancing anti-racism, equity, and justice for communities most impacted by oppression. We aim to maximize social impact by facilitating effective strategies in increasing capacity, engaging communities, and leveraging partnerships. - www.ochatransformations.com

**CDC Disclosure**

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**Acknowledgment**

We extend heartfelt gratitude to the Community Consultants and members of the Community Working Group. Their unwavering commitment, generosity of time, and invaluable lived experiences breathed life into the project, enriching it with profound insights and clear direction. While the process faced challenges, these moments of intentional clarity on the goal only served to fortify our commitment to genuine representation and ensure that the outcomes align with the needs of the LGBTQ+ community in Boston. In addition, we would like to thank the LGBTQ+ community members and service providers who shared their personal experiences and insights, as well as our community partners who collaborated closely with us to ensure meaningful representation.

**Terminology**

The term LGBTQ+ stands for Lesbian, Gay, Bisexual, Transgender, Queer and the plus sign (+) represents additional sexual orientations, gender identities, and expressions that may not be explicitly covered by the initial terms. LGBTQ+ was used throughout the report. Some data sources cited use different terms, such as LGBT, that refer to similar and overlapping populations.
EXECUTIVE SUMMARY

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) people make up an estimated 5.4% (296,000) of the total Massachusetts population\(^1\) and approximately 8.1% of Suffolk County residents\(^2\). Boston is home to the largest number of LGBTQ+ people in the state\(^3\). For 2010, 2013, 2015, and 2017 combined, 8.2% of Boston adult residents identified as LGBTQ+. The percentage of LGBTQ+ residents was higher in the neighborhoods of Jamaica Plain (13.9%) and South End (13.6%) compared with the rest of Boston\(^4\).

The LGBTQ+ community in Boston continues to grow, but there are limited overall health resources specific to this population. LGBTQ+ health has often been associated primarily with HIV and other sexually transmitted infections, but disparities are much more widespread and include physical and mental health. These concerns and disparities also include health-related social needs such as housing and healthcare access. Many disparities are even more pronounced among LGBTQ+ people of color due to racism and other social factors and have been significantly exacerbated by the ongoing COVID-19 pandemic.

The Boston Public Health Commission (BPHC) contracted with Ocha Transformations to implement a LGBTQ+ Health Equity Assessment for Boston residents in the aftermath of the COVID-19 pandemic. Using a community-driven, participatory approach, this project engaged LGBTQ+ communities in a rapid health assessment and developed recommendations to improve the health of LGBTQ+ residents of Boston.

From February 2023 to July 2023, we employed three distinct data collection methods: (1) Community Conversations engaging LGBTQ+ individuals, (2) focus groups, and (3) individual interviews with staff or providers from LGBTQ+-serving organizations. One hundred and thirty-five (135) individuals were reached through one (1) individual interview, six (6) virtual focus groups, and eight (8) Community Conversations. These sessions engaged a total of thirty-eight (38) staff and providers, both clinical and social services, from LGBTQ+-serving organizations, as well as ninety-seven (97) LGBTQ+ individuals. We posed questions to identify barriers faced by LGBTQ+ communities, examine unmet needs, and solicit ideas for ideal programs, services, policies, and system changes that would support a thriving LGBTQ+ community in Boston. Also, Community Conversations delved into the strengths of the LGBTQ+ community and explored the places and ways in which its members find solace and security. Discussions included participants engaging in an art activity designed to envision a thriving LGBTQ+ community in Boston. Demographic information was collected using a brief survey administered during all sessions.

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\(^1\) Conron, K.J., Goldberg, S.K., Adult LGBT Population in the United States. (July 2020). The Williams Institute, UCLA, Los Angeles, CA


Key findings from the community engagement activities are:

- Every segment of the LGBTQ+ population in Boston finds strength and support within affinity spaces that resonate with their specific identities. These spaces are often created by LGBTQ+ individuals and or LGBTQ+-led organizations but are typically under-resourced.
- Adults of all ages expressed a strong need for a centralized hub where they can build community and easily access necessary resources. The hub would also cultivate healthy intergenerational connections across diverse demographics within the LGBTQ+ community.
- There is a significant lack of culturally responsive mental healthcare, as well as treatment and detox centers, which is often exacerbated by long waiting lists for available care.
- Both providers and community members stressed the importance of increased visibility of available resources specifically for LGBTQ+ communities and representation within healthcare institutions.
- Transgender individuals disproportionately experience being unstably housed and do not feel safe accessing shelters.
- Immigrants and refugees and native Spanish speakers emphasized experiencing language barriers and a lack of bilingual sexual health care.
- LGBTQ+ staff, especially direct care providers are underpaid, undervalued, and rarely elevated to a position where they have any decision-making power.
- LGBTQ+ individuals expressed a critical need for safe, affordable, and accessible housing options.
- Community members and providers emphasized the necessity for greater enforcement of affirming and protective laws and policies at both city and state levels.
- Undocumented individuals and transgender individuals face heightened challenges in navigating appropriate services and accessing adequate insurance coverage for needed health services.
- Providers and community members see the city’s role as vital in holding funded programs and other government agencies accountable to address issues and providing capacity building to other jurisdictions.

Data was analyzed and organized into user-friendly data sheets in preparation for the Consensus Workshop held on July 19, 2023, which engaged twenty-one (21) individuals, mostly members of the Community Working Group and individuals who participated in the Community Conversations and Provider / Staff Focus Groups. Five BPHC staff also attended. The workshop question was, “Given the information collected from LGBTQ+ communities and service providers, what changes are needed within organizations and at the policy and system level to improve the lives of LGBTQ+ communities living in Boston?” To answer this question, facilitators engaged attendees in a highly participatory process to review the data collected and draft recommendation areas.
Attendees of the Consensus Workshop used findings to identify 8 recommendations to improve the lives of LGBTQ+ communities in Boston:

- Create pipeline programs supporting LGBTQ+ individuals’ professional development and higher education opportunities, facilitating progression into needed service provider roles.
- Promote mental health equity by funding additional personnel and mandatory training for LGBTQ+-centered, affordable, and accessible mental health care.
- Partner with city and housing programs to build and sustain, high-quality, affordable housing.
- Establish community-driven, community-based crisis prevention teams.
- Establish new and support existing community safe havens that are sober-friendly, harm-reductionist, and cultivate connections within LGBTQ+ communities.
- Build the capacity of BPHC-funded organizations and other jurisdictions in the Commonwealth to better serve LGBTQ+ communities and ensure LGBTQ+ individuals are visible in all aspects of organizational leadership, culture, policy, and practice.
- Foster an LGBTQ+-friendly environment at BPHC by providing funding and establishing an Office of LGBTQ+ Health.
- Invest in LGBTQ+-led organizations serving LGBTQ+ communities to provide basic needs, including transportation, food, and financial assistance for bills.

Using ideas generated during the Consensus Workshop, project facilitators further developed the recommendations and drafted a description of each recommendation. This draft was presented to the Community Working Group on June 24, 2023, to further refine and finalize for inclusion in the final report.

Some limitations offer valuable insights for future projects. Increased funding could have helped in expanding targeted outreach to hardly-reached communities, such as LGBTQ+ African, Caribbean, and AAPI immigrants. Engaging youth under 18 proved challenging due to factors like scheduling and the need for greater parental and teacher involvement. Recruitment of African, Caribbean, and AAPI immigrants faced hurdles without agency partnerships and Community Consultants. Language barriers and the need for tailored outreach strategies were evident. Lastly, convening a Community Conversation engaging LGBTQ+ individuals with physical disabilities, including accessibility, framing, and the need for stronger disability advocacy connections. Limitations highlight the need for an equitable budget, strategic community partnerships, and tailored outreach strategies with LGBTQ+ members leading efforts.

Despite limitations, the project was built upon a solid foundation of strengths. Planning and implementation were marked by the invaluable contributions of a diverse and deeply connected team, guided by principles of intersectionality and a community-centered, participatory approach. A consensus-driven approach yielded robust recommendations, while a thoughtfully allocated budget facilitated effective engagement. In acknowledging the limitations encountered, it is crucial to recognize that
these strengths were instrumental in both overcoming challenges and achieving the project's goals.

**LEADERSHIP TEAM**

Project Facilitators:
Chioma Nnaji, MPH, Med (she, hers)
Project Lead

Jules B. Patigian, LMHC, Same Boat Consulting (they, them)
Project Co-Lead

René Rives (they/he)
Project Manager

Community Consultants:
- Amina Awad
- Chastity Bowick
- Noemi Uribe
- Raymond Rodriguez
- William Graves

Community Working Group (CWG) Members:
- Adrianna Boulin, Community Member and President of Boston PRIDE for the People
- MG Xiong, Transgender Activist and Programs Manager at Massachusetts Transgender Political Coalition
- Candace Nguyen, Community Member and Mayor's Office of LGBTQ+ Advancement
- Tim Hesselton, Project Director, Boston Public Health Commission
- Tibrine da Fonseca, Project Director, Community Health Needs Assessment & Community Health Improvement Plan, Boston Public Health Commission
- Anthony Silva, Director, Ryan White Dental Program, Boston Public Health Commission
- Dishon Laing, Youth Prevention Program Director, BPHC Office of Recovery Services, Boston Public Health Commission
THE HEALTH OF LGBTQ+ RESIDENTS IN BOSTON

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) people make up an estimated 5.4% (296,000) of the total Massachusetts population\(^1\) and approximately 8.1% of Suffolk County residents\(^2\). Boston is home to the largest number of LGBTQ+ people in the state\(^3\). For 2010, 2013, 2015, and 2017 combined, 8.2% of Boston adult residents identified as LGBTQ+. The percentage of LGBTQ+ residents was higher in the neighborhoods of Jamaica Plain (13.9%) and South End (13.6%) compared with the rest of Boston\(^4\).

The LGBTQ+ community continues to grow, but there are limited overall health resources specific to this population. LGBTQ+ health has often been associated primarily with HIV and other sexually transmitted infections, but disparities are much more widespread and include physical and mental health. These concerns and disparities also include health-related social needs such as housing and healthcare access. Many disparities are even more pronounced among LGBTQ+ people of color due to racism and other social factors and have been significantly exacerbated by the ongoing COVID-19 pandemic.

One major concern among LGBTQ+ populations in Boston is housing and homelessness. In the 2019 Community Health Needs Assessment for Boston, an estimated 24% of LGBTQ+ respondents identified having difficulty paying rent or mortgage compared to 16.9% of heterosexual/non-transgender respondents. Respondents also identified that LGBTQ+ youth and seniors, especially those who identify as transgender or non-binary, are vulnerable to experiencing homelessness. While attitudes regarding LGBTQ+ issues may be evolving, LGBTQ+-identifying residents of Boston are more likely to report discrimination based on their sexual orientation or gender identity compared to heterosexual/non-transgender residents. LGBTQ+ identifying youth also report being obese or overweight at a significantly higher proportion (38%) compared to heterosexual and non-transgender youth (32%) and a significantly lower proportion of LGBTQ+ youth report being physically active (21%) compared with heterosexual/non-transgender youth (31%). LGBTQ+ Bostonians also report persistent sadness (17.2%) and persistent anxiety (32.6%) at a significantly higher proportion than heterosexual/non-transgender residents (11.8% and 20.1%, respectively). These proportions are even higher among LGBTQ+ youth in Boston, with 48.4% of LGBTQ+ youth reporting persistent sadness compared to 27.1% of

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\(^1\) Conron, K.J., Goldberg, S.K., Adult LGBT Population in the United States. (July 2020). The Williams Institute, UCLA, Los Angeles, CA


heterosexual/non-transgender youth\textsuperscript{5}. LGBTQ+ adults and youth are more likely to smoke, use e-cigarettes, use marijuana, consume alcohol more often, and use prescription drugs more often compared to heterosexual/non-transgender adults and youth. In the 2020 Community Health Improvement Plan, it was identified that LGBTQ+ youth need greater access to LGBTQ+ specific healthcare, and care that considers intersectional identities. A focus group of LGBTQ+ Boston residents identified challenges with accessing reproductive health and hormone therapy in the city\textsuperscript{6}.

There have been significant strides made toward addressing LGBTQ+ health issues and disparities in the city of Boston. Members of a 2019 LGBTQ+ specific focus group identified several strong community partners in caring for LGBTQ+ residents, as well as the importance of Gay Straight Alliance groups in numerous Boston Public Schools. To date, however, there has not been a consolidated effort in the city of Boston to address LGBTQ+ specific health issues and disparities. BPHC’s current programming is inclusive of serving LGBTQ+ residents; however not specifically directed toward reducing health disparities in the LGBTQ+ community.

OVERVIEW OF PROCESS FOR DEVELOPING RECOMMENDATIONS

The overall approach aligned with the policy and principles outlined in BPHC’s 2020-2023 Equitable Community Engagement Plan. We prioritized a community-led process as part of planning and implementing the engagement plan to gather information on the health of LGBTQ+ residents of Boston. BPHC collaborated with LGBTQ+ communities, providers, and others to produce recommendations based on community needs and aspirations.

Recognizing the significance of intersectionality in advancing health equity, our approach acknowledges that LGBTQ+ individuals experience overlapping forms of discrimination and marginalization that intersect with additional aspects of their identity, such as race/ethnicity, religion, ability, and language. These intersecting identities give rise to unique health experiences and challenges that require recognition, understanding, and targeted intervention. Community leaders and members of Boston’s LGBTQ+ community were engaged at the decision-making level as part of planning and implementation. This was intentional to ensure community voices, experiences, and ideas were prioritized. In addition, throughout the project, we consistently applied participatory practices, which supported ongoing collaboration with interested parties and the necessary flexibility to implement changes as identified by Community Consultants, the Community Working Group, and BPHC.

The project started in January 2023 by expanding the leadership team to include Community Consultants and a Community Working Group (CWG). Six (6) Community Consultants were hired representing diverse segments of Boston’s LGBTQ+ communities who have public health, policy and / or community organizing experience and strong ties to their communities through their personal and professional lives. They played multifaceted roles as advisors, facilitators, and recruiters throughout every phase of the project, including participation in the Community Working Group (CWG). CWG membership required similar qualifications but with a lower time commitment, serving in an accountability capacity as a steering committee. The CWG included a cross-division of BPHC staff, Community Consultants, a representative from the Mayor’s Office of LGBTQ+ Advancement, and two LGBTQ+ community members.

The RFP response submitted by OCHA proposed conducting focus groups / interviews with staff and providers from LGBTQ+-serving organizations, Community Conversations engaging members of the LGBTQ+ community, and a Photovoice Project with LGBTQ+ youth of color. However, we encountered obstacles in recruiting an adequate number of youth of color to participate in the Photovoice Project. As a result, the scope of work was adjusted to include an additional Community Conversation with youth of color. In addition, adjustments to planned Community Conversations based on CWG feedback were incorporated, including adding one engaging a minoritized religious group.

7 Photovoice is a method that asks individuals to represent their lives, points of view, and experiences using photos and narratives. It has especially been used with marginalized communities to ensure that voices are heard and valued and to define solutions by fostering conversations between multiple stakeholders about community experiences.
Lastly, we also modified recruitment approaches to prioritize participant safety and comfort. Muslim communities in Boston are experiencing an increase in discrimination, hate crimes, school and work-based harassment, and harmful law enforcement surveillance. Transgender individuals constantly fear violence, primarily due to transphobia. Harm encompasses a wide spectrum, ranging from persistent harassment to instances of intimate partner violence, as well as physical and sexual assault. Sexual violence is even higher in some subpopulations within the transgender community, including transgender youth, transgender people of color, individuals living with disabilities, homeless individuals, and individuals who engage in survival sex work. This leads to transgender individuals feeling as though they must constantly evaluate their environments to determine whether they are safe. Hence, for our Community Conversations with Transgender / Non-binary and Queer Muslims, the location was not advertised on the flyer. Individuals expressing interest were instructed to reach out directly to the lead Community Consultant through specified contact information, such as a phone number or email, to complete their registration.

Findings from the community engagement activities – focus groups / interviews and Community Conversations - were summarized by project facilitators. Using participatory data analysis techniques and Technology of Participation (ToP®) Facilitation Methods, participants of the Consensus Workshop developed recommendations to address health inequities experienced by LGBTQ+ individuals in Boston. See Figure 1.

**Figure 1: Community Engagement Process**

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9 ToP®, developed by The Institute of Cultural Affairs, provides structured facilitation processes and tools to help groups think, talk, and work together towards a clear goal. These methods are a widely tested and proven set of tools and principles for maximizing the value of time spent in group processes.
SUMMARY OF DATA COLLECTION

From February 2023 to July 2023, we employed three distinct data collection methods: Community Conversations involving LGBTQ+ individuals and focus groups or individual interviews with staff or providers from LGBTQ+-serving organizations. We recruited through provider networks, LGBTQ+-led organizations, and Community Consultants were responsible for recruiting through their professional and social networks. In addition, we disseminated flyers across various social media platforms and distributed them at pertinent events within the LGBTQ+ community.

One hundred and thirty-five (135) individuals were reached through one (1) individual interview, six (6) virtual focus groups, and eight (8) Community Conversations. These sessions engaged a total of thirty-eight (38) staff and providers, both clinical and social services, from LGBTQ+-serving organizations, as well as ninety-seven (97) LGBTQ+ individuals. Some staff and providers who participated also identified as LGBTQ+. We posed questions to identify barriers faced by LGBTQ+ communities, examine unmet needs, and solicit ideas for ideal programs, services, policies, and system changes that would support a thriving LGBTQ+ community in Boston. In addition, Community Conversations delved into the strengths of the LGBTQ+ community and explored the places and ways in which its members find solace and security. As a part of these discussions, participants engaged in an art activity designed to envision a thriving LGBTQ+ community in Boston. Demographic information was collected using a brief survey administered during all sessions, except for the staff who participated in the individual interview.

Quantitative data were analyzed and summarized into tables using Excel. The descriptive analysis includes frequency distributions (counts and percentages), central tendency (mean), and measures of variability (standard deviation).

Qualitative data was captured and analyzed through an iterative process. Each Community Conversation and focus group was conducted by a team comprised of at least two facilitators and a notetaker. A template was used to systematically capture key points, observations, and memorable quotes. Following the conclusion of each Community Conversation and focus group session, facilitators and notetakers transcribed their respective notes and then notes were submitted to the Project Manager. This preliminary compilation phase aimed to encapsulate the richness of the dialogues and interactions as faithfully as possible. Compiled notes underwent a review process by facilitators and notetakers. This phase served as an opportunity to address any discrepancies, clarify interpretations, and ensure the holistic representation of the data.
Once analyzed, all data was organized into separate data sheets, which included (a) a word cloud showing responses to the question on the top three health-related challenges, (b) memorable quotes, (c) and the raw data for the following questions:

1. Where is one place you feel connected and safe in the community?
2. What programs/services have contributed to your stability/thriving and how?
3. If you could change one specific thing about your own wellbeing, what would it be and why?
4. What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?

Separate data sheets were generated for each session to showcase raw data from questions asking about the changes needed within organizations and at the policy and system level to enhance the well-being of LGBTQ+ communities residing in Boston.

COMMUNITY CONVERSATIONS

Community Conversations were virtual or in-person and lasted for 120 minutes each. They were thoughtfully structured for participants to share, hear each other, give feedback, and reflect on themes including common and divergent lived experiences.

A total of ninety-seven (97) LGBTQ+ individuals actively participated in eight (8) Community Conversations. See Appendix - Table 1. Individuals represented elders, LGBTQ+ of color, and youth. We prioritized language justice and convened a Community Conversation specifically for native Spanish speakers. Additionally, we prioritized engaging communities that are often overlooked as distinct sub-communities and are typically underrepresented in community health planning processes. This deliberate effort included a specific focus on Queer Muslims, individuals with physical disabilities, and immigrants and refugees.
## Table 2: Overview of Community Conversations

<table>
<thead>
<tr>
<th>LGBTQ+ Community</th>
<th>N (%)</th>
<th>Date (In-person or Virtual)</th>
<th>Partnering Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>General LGBTQ+ Community</td>
<td>7 (7.2%)</td>
<td>February 27th (In-person)</td>
<td>Multicultural AIDS Coalition - CONNECTEDBoston</td>
</tr>
<tr>
<td>Transgender / Non-binary</td>
<td>21 (21.7%)</td>
<td>April 21st (In-person)</td>
<td>Transgender Emergency Fund</td>
</tr>
<tr>
<td>Native Spanish Speakers</td>
<td>30 (30.9%)</td>
<td>May 5th (In-person)</td>
<td>Latinx.a.o.e Wellness Center</td>
</tr>
<tr>
<td>LGBTQ+ Elders</td>
<td>11 (11.3%)</td>
<td>May 22nd (In-person)</td>
<td>--</td>
</tr>
<tr>
<td>Queer Muslims</td>
<td>9 (9.3%)</td>
<td>June 1st (In-person)</td>
<td>Queer Muslims of Boston</td>
</tr>
<tr>
<td>LGBTQ+ Youth</td>
<td>10 (10.3%)</td>
<td>June 7th (In-person)</td>
<td>Boston GLASS</td>
</tr>
<tr>
<td>LGBTQ+ People w/Disabilities</td>
<td>3 (3.0%)</td>
<td>July 5th (Virtual)</td>
<td>--</td>
</tr>
<tr>
<td>Immigrants and Refugees</td>
<td>6 (6.2%)</td>
<td>July 12th (In-person)</td>
<td>--</td>
</tr>
</tbody>
</table>

a. Percentage does not always equal 100 due to rounding
Demographics: Most participants in the Community Conversations identified as Hispanic/Latino/Latinx (n=33, 34%) and Multiracial or Biracial (n=19, 20%), including identities such as Black/African American and Hispanic, and Non-Hispanic White and North African. Regarding gender identity, most selected man (n=32, 33%) or transgender woman (n=17, 18%). Some selected ‘Additional gender’, like lesbian feminist, and a significant number chose multiple options such as non-binary/two-spirit, non-gender conforming, and transgender woman and man. In terms of sexual orientation, the majority identified as gay (n=28, 29%), bisexual (n=19, 20%), or heterosexual (n=16, 16%). Fourteen percent chose multiple options, describing themselves as bisexual/pansexual/queer, bisexual, and queer, or gay and queer. Although gender and sexual orientation were presented as discrete identities, the data highlighted a more fluid and nuanced understanding of how participants identified themselves. See Table 3.

Top 3 Health Challenges: Out of 181 words, the top three words were: mental health (n=27), HIV (n=10), and diabetes (n=6). Note, this is from the raw data, not coded.

Figure 2: Word Cloud of Top 3 Health Challenges
Vision Boards: To facilitate the transition from discussing challenges and experiences with discrimination to exploring solutions and opportunities, facilitators conducted an art activity for participants to envision a healthy, connected LGBTQ+ community in Boston. Participants were encouraged to express their visions through drawings, words, and symbols on paper. The resulting vision boards were placed in a central location for group reflection and discussion. Verbal consent was obtained to photograph and publicly share the vision boards.
Table 3: Intersection of Gender and Sexual Orientation for All Participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>Bisexual</th>
<th>Gay</th>
<th>Heterosexual</th>
<th>Lesbian</th>
<th>Pansexual</th>
<th>Queer</th>
<th>Multiple Options</th>
<th>Additional Sexual Orientation</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genderqueer</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Man</td>
<td>0 (13)</td>
<td>24 (77)</td>
<td>2 (6)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3 (60)</td>
<td>2 (40)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-binary/two-spirit</td>
<td>3 (43)</td>
<td>1 (14)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 (29)</td>
<td>1 (14)</td>
<td>0</td>
<td>0</td>
<td>7 (100)</td>
</tr>
<tr>
<td>Non-gender conforming</td>
<td>1 (50)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (50)</td>
<td>0</td>
<td>0</td>
<td>2 (100)</td>
</tr>
<tr>
<td>Transgender man</td>
<td>1 (17)</td>
<td>0</td>
<td>2 (33)</td>
<td>0</td>
<td>0</td>
<td>1 (17)</td>
<td>1 (17)</td>
<td>1 (17)</td>
<td>0</td>
<td>6 (100)</td>
</tr>
<tr>
<td>Transgender woman</td>
<td>2 (12)</td>
<td>2 (12)</td>
<td>8 (47)</td>
<td>2 (12)</td>
<td>1 (5)</td>
<td>1 (6)</td>
<td>1 (6)</td>
<td>0</td>
<td>0</td>
<td>17 (100)</td>
</tr>
<tr>
<td>Woman</td>
<td>5 (42)</td>
<td>0</td>
<td>4 (33)</td>
<td>2 (17)</td>
<td>1 (8)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12 (100)</td>
</tr>
<tr>
<td>Multiple Options</td>
<td>2 (15)</td>
<td>1 (8)</td>
<td>0</td>
<td>1 (6)</td>
<td>1 (8)</td>
<td>1 (8)</td>
<td>7 (54)</td>
<td>0</td>
<td>0</td>
<td>13 (100)</td>
</tr>
<tr>
<td>Additional genders</td>
<td>1 (50)</td>
<td>0</td>
<td>0</td>
<td>1 (50)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 (100)</td>
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<tr>
<td>Missing</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 (100)</td>
<td>2 (100)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>28</td>
<td>16</td>
<td>6</td>
<td>3</td>
<td>8</td>
<td>14</td>
<td>1</td>
<td>2</td>
<td>97</td>
</tr>
</tbody>
</table>
A total of thirty-seven (37) clinical, mental health, and social service providers actively participated in six (6) focus groups. See Table 4. Participants represented diverse organizations, including LGBTQ-led, grassroots community organizations, hospitals, community health centers, advocacy groups, faith organizations, and universities. Most (n=17, 46%) had been providing services to LGBTQ+ communities in Boston for more than 10 years. The majority identified as clinical or direct care staff (n=19, 51%).

The following organizations were represented:

- AccessHealth MA
- Boston Child Study Center
- Boston Medical Center Psychiatric Emergency Services
- Boston University
- Boston Public Health Commission
- Bureau of Substance Addiction Services
- City of Boston LGBTQ+ Advancement
- DignityUSA
- Droles Health Care Center
- East Boston Neighborhood Health Center
- Giltaz Organization
- LGBTQA Resource Center, Northeastern University
- North American Indian Center of Boston
- Old South Church in Boston
- OUTnewcomers
- Project Place, BPHC
- Queer Muslims of Boston
- SAYFTEE
- University of Massachusetts Boston
- Upham’s Corner Health Center
- Boston Lesbigay Urban Foundation Inc
- Youth On Fire
Table 4: Demographics of Participants from the Provider Focus Groups (N=37)

<table>
<thead>
<tr>
<th>Demographics a</th>
<th>All</th>
<th>Faith/Spiritual Community</th>
<th>General</th>
<th>Substance Use/Homelessness-Formerly Incarcerated</th>
<th>University/College</th>
</tr>
</thead>
<tbody>
<tr>
<td>N b</td>
<td>37 c</td>
<td>6</td>
<td>21</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Hear about this event</td>
<td>N, (%) b</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Flyer at</td>
<td>5 (14)</td>
<td>1 (17)</td>
<td>3 (14)</td>
<td>1 (20)</td>
<td>0</td>
</tr>
<tr>
<td>On Facebook</td>
<td>4 (11)</td>
<td>0</td>
<td>4 (19)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Referred by</td>
<td>18 (49)</td>
<td>4 (67)</td>
<td>7 (33)</td>
<td>3 (60)</td>
<td>4 (60)</td>
</tr>
<tr>
<td>Other</td>
<td>9 (24)</td>
<td>1 (17)</td>
<td>7 (33)</td>
<td>0</td>
<td>1 (20)</td>
</tr>
<tr>
<td>Time providing services to LGBTQ communities in Boston</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 2 years</td>
<td>9 (24)</td>
<td>3 (50)</td>
<td>3 (14)</td>
<td>0</td>
<td>3 (60)</td>
</tr>
<tr>
<td>3 to 9 years</td>
<td>11 (30)</td>
<td>1 (17)</td>
<td>5 (24)</td>
<td>3 (60)</td>
<td>2 (40)</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>17 (45)</td>
<td>2 (33)</td>
<td>13 (52)</td>
<td>2 (40)</td>
<td>0</td>
</tr>
<tr>
<td>Title / Position</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrators</td>
<td>5 (14)</td>
<td>2 (33)</td>
<td>2 (10)</td>
<td>0</td>
<td>1 (20)</td>
</tr>
<tr>
<td>Clinical/Direct Care Provider</td>
<td>19 (51)</td>
<td>0</td>
<td>14 (67)</td>
<td>5 (100)</td>
<td>0</td>
</tr>
<tr>
<td>Faith Member/Clergy</td>
<td>4 (11)</td>
<td>3 (50)</td>
<td>1 (5)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Provider</td>
<td>3 (8)</td>
<td>0</td>
<td>3 (14)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University Staff/Faculty</td>
<td>3 (8)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3 (60)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (5)</td>
<td>0</td>
<td>1 (5)</td>
<td>0</td>
<td>1 (20)</td>
</tr>
</tbody>
</table>

a. Total missing data accounts for n=5
b. Percentage does not always equal exactly 100 due to rounding.
c. Demographic information was not collected for the one person who participated in the individual interview.
CONSENSUS WORKSHOP

The Consensus Workshop was held on Wednesday, July 19, 2023, from 3:00pm to 7:00pm at Boston Public Health Commission (BPHC) – 1010 Massachusetts Avenue, 2nd Floor, Boston. A total of twenty-one (21) individuals attended, mostly members of the Community Working Group and individuals who participated in the Community Conversations and Provider / Staff Focus Groups. Five (5) BPHC staff were in attendance. The workshop question was, “Given the information collected from LGBTQ+ communities and service providers, what changes are needed within organizations and at the policy and system level to improve the lives of LGBTQ+ communities living in Boston?” To answer this question, we engaged attendees in a highly participatory process to:

1. Cultivate connections across LGBTQ+ communities and service providers to improve the lives of LGBTQ+ communities living in Boston.
2. Review data collected from LGBTQ+ communities and providers who serve LGBTQ+ individuals.
3. Draft recommendations aimed at improving the lives of LGBTQ+ communities living in Boston.

The Consensus Workshop began with an overview, including objectives and the agenda (See Table 5). Participants were encouraged to introduce themselves to others at their table and share one thing about themselves that might surprise the other people at their table.

Table 5: Working Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>300PM</td>
<td>Gathering</td>
</tr>
<tr>
<td>310PM</td>
<td>Welcome + Overview</td>
</tr>
<tr>
<td>320PM</td>
<td>Introductions</td>
</tr>
<tr>
<td>340PM</td>
<td>Review Demographic Data of Participants</td>
</tr>
<tr>
<td>350PM</td>
<td>Review of Data</td>
</tr>
<tr>
<td>415PM</td>
<td>Identifying Themes</td>
</tr>
<tr>
<td>445PM</td>
<td>Food Break</td>
</tr>
<tr>
<td>515PM</td>
<td>What is a Recommendation?</td>
</tr>
<tr>
<td>530PM</td>
<td>Movement Break</td>
</tr>
<tr>
<td>535PM</td>
<td>Developing Recommendations</td>
</tr>
<tr>
<td>655PM</td>
<td>Closing</td>
</tr>
</tbody>
</table>
Following introductions, facilitators provided a summary of the demographic data for the 134 individuals engaged in the LGBTQ+ health assessment through community conversations (n=97) and focus groups (n=37). Then, participants of the Consensus Workshop reviewed detailed demographic sheets, and in a large group discussion, shared their insights and observations of the data.

The next step in the process was a facilitated participatory data analysis, focusing on the information collected from both the Community Conversations and the Provider/Staff Focus Groups. Participants were divided into small groups, ensuring diverse representation in each group (e.g. one service provider, one BPHC representative, and two community members from different backgrounds). Their task was to review detailed data sheets individually and then engage in discussions with their respective group members to identify themes. Each group documented key themes on flip chart paper(s), which were placed around the room.

Table 7: Key Themes Identified by Each Group

<table>
<thead>
<tr>
<th>Group</th>
<th>Key Themes</th>
</tr>
</thead>
</table>
| Group 1 | Trans housing and shelters  
Mental health  
Need for LGBTQIA welcoming services  
Knowledge of services available  
Lots of trauma in our community  
Cultural humility  
Financial stability and security |
| Group 2 | Lack of access to quality food in BIPOC communities  
Gender non-conforming folks being misgendered by both cis-het and trans* people (generational differences)  
People crave equity, diversity, and inclusion  
Senior data similar to young person  
Still trauma lingering from HIV epidemic; triggering from recent COVID pandemic  
Health care providers need competency training |
| Group 3 | “Put care in health care” (paperwork, bureaucracy) – cultural competency and easier patient navigation  
Providers need to lead with lived experiences |

Demographic information was not collected for the one staff person who participated in the individual interview.
• Community values community-centered engagement – emphasis on fun events in the community (e.g. dance studios, drop-in spaces, and clubs)
• Health services for HIV/AIDS treatment / prevention rather than holistic care
• Success in direct services that put money directly in LGBTQ+ people's pockets (rideshare, food gift card)

| Group 4 | Safe healthy space                      |
|         | Housing                                 |
|         | Mental health (staff / professional need ongoing training) |
|         | LGBTQ+ more connected to the general community |
|         | BMC: some say safe, some say not       |
|         | Substance use is a problem              |
|         | Many youth orgs                         |
|         | EBT – asylum seekers can not access     |

| Group 5 | Equality health care (access)           |
|         | Religious trauma (Christian nationalism) |
|         | LGBTQ+ aging                            |
|         | Holistic health                         |
|         | Welcoming vs. affirming                 |
|         | Ending stigma                           |

Participants engaged in a gallery walk to review key themes on the flip chart papers and a large group discussion was facilitated to capture salient points.

Participants’ responses are summarized below:

• Baseline distrust of government and healthcare institutions, despite all taxpayers being entitled to services. Many LGBTQ+ people don’t think we have these rights, let alone advocate for ourselves. Systems are set-up to require strong self-advocacy, with many barriers to access, which leads many LGBTQ+ folks out of care or to prefer community supports.
• LGBTQ+ people trust communities more than systems, because they respond quicker and align with our values & needs, but our communities only have so much power and resources. Community care, ahead of slow moving incrementalist systems, can only do so much with few resources.
• We need changes in health care: a continuum of care, building rapport, addressing root causes (not slapping a bandaid on issues)
• We need to build strategic partnerships with people trying to achieve similar goals (inside & outside systems of care & power). No-strings-attached money for services is much preferred over the current norm of funders micromanaging/questioning every move, which is disempowering for community-led programs (especially those with BIPOC/trans leadership).
• We need many prongs, not just one plan. Where are our shared priorities and how do we create a framework around those things?

“People rely on the communities more than the system.”

– Participant, Consensus Workshop
• Not all parts of the LGBTQ+ community are equal. We need to address disparities, especially in housing and health care. It’s key to bring an equity framework into the way this project recs are created, including addressing root causes.
• Funding should go back into LGBTQ+ communities as a key part of these recommendations. Find ways to make grant funding more accessible/reduce barriers or require LGBTQ+ community set-asides for how city money gets spent and specific accountability to the community about how funds are allocated.

After the food break, we reconvened to start the process of developing recommendations. To establish a shared understanding and set common expectations, participants dedicated time to collectively define the term 'recommendation.' After a focused conversation, participants reached a consensus on the essential components to be considered while developing recommendations aimed at improving the lives of LGBTQ+ communities in Boston.

1. SMARTIE (Specific, Measurable, Achievable, Realistic, Timebound, Inclusive, and Equitable) - Ensuring the recommendations are actionable and adaptable to changing circumstances.
2. Avoid jargon and acronyms to enhance clarity and accessibility.
3. Encompassing a continuum of impact, spanning across individual, community, and systems change.
4. Identifying the intended audience and being specific about the communities served, acknowledging that different segments have distinct needs and requirements.

Based on this shared understanding, participants brainstormed recommendations individually. The facilitators reminded them to reflect on the key themes identified earlier in the workshop while generating their ideas.

Questions regarding the changes needed within organizations and at the policy and system level to enhance the well-being of LGBTQ+ communities residing in Boston were explored during the Community Conversations and Provider/Staff Focus Groups.
Table 8: Discussion Questions

| Community Conversations | 1. What would be an ideal service or program (regardless of cost, or practicality) to support a thriving, connected Boston LGBTQ+ community?  
|                         | 2. What changes need to happen in our systems of “care” to achieve your vision for a thriving Boston LGBTQ+ community? Think bigger picture about changes in policies and institutions |
| Provider / Staff Focus Groups | 1. What support would you like to see from the City?  
|                              | 2. In what ways can BPHC better engage the LGBTQ+ community in a meaningful, ongoing way to support needed programming / services? |

During the Consensus Workshop, facilitators actively engaged the participants in a systematic review of the compiled responses. Firstly, individuals were asked to individually select ideas from the compiled responses and add them to their own brainstorming list. Following this, they collaborated with their respective groups, sharing their ideas, combining them, and then collectively prioritizing six (6) key ideas.

In a structured and collaborative process, each group shared their ideas with the larger group. Together, all participants clustered the ideas based on common themes. The process included multiple rounds of adding more ideas for recommendations, fostering lively discussions.

As the workshop progressed, the participants identified and named the clusters, resulting in the development of a total of 8 recommendations by the end of the Consensus Workshop.

Table 9: Recommendations

| Recommendation 1: Professional Pipeline Programs | LGBTQ+ specific community health workers  
|                                                 | Community centers hire health system navigators (approx. 4), HSNs across Boston meet annually to discuss what is working and what needs improvement  
|                                                 | Create programs for professional development / higher education so we are the service providers (e.g. CHW) |
| Recommendation 2: Housing Justice                | Allotment of spaces and units for trans people; trans-only shelters  
|                                                 | LGBTQ+ housing stabilization programs that run for 5+ years  
|                                                 | Collaborate with community housing programs to provide more housing opportunities / funding (BAGLY, Trans Emergency Fund and LGBTQ+ Senior Housing) |
| Recommendation 3: Mental Health Equity           | Increase number of mental health providers by funding personnel  
|                                                 | LGBTQ+ centered mental healthcare that is accessible |
| Recommendation 4: BPHC Office of LGBTQ+ Health | - Create CABs inclusive of LGBTQ+
- Change standard BPHC contract language to include LGBTQ+ requirements and protections / trainings
- LGBTQ+ website on BPHC website
- More visible LGBTQ+, BIPOC staff at BPHC
- Resource director and advocacy for people seeking asylum in MA
- Create an Office of LGBTQ+ Health at BPHC |
| Recommendation 5: LGBTQ+ Capacity-building and Development | - Ensure sites you fund are hiring and retaining BIPOC individuals
- Provide funding to community consultants to culturally responsive, trauma-informed trainings to partner organizations
- Require LGBTQ+ cultural humility training with bi-annual renewal for all staff (onboarding)
- Require 16 hours of LGBTQ+ training across all agencies annually
- Create CABS inclusive of LGBTQ+ people
- Incentive program for multi-lingual BIPOC health + community providers + translators + substance use |
| Recommendation 6: Community-Based Crisis Prevention | - Create an alternative crisis response team (like Cambridge Heart)
- Restorative practices to address trauma |
| Recommendation 7: Community Safe Havens | - Advocate for the city to create a LGBTQ+ community center, run by collaborative of community organizations, (Including interfaith & spiritual gatherings)
- Create a LGBTQ+ community health center with holistic services
- Funding for CBPs to host/develop prosocial activities for LGBTQ+ communities
- Protected declaration of an LGBTQ+ community
- Free, accessible intergenerational spaces for LGBTQ+ people
- Fund LGBTQIA programs currently serving LGBTQIA youth to extend services to a wider age range (continuum of care services) |
| Recommendation 8: Direct Funding to LGBTQ+-led Organizations for Community Basic Needs | - Food stipends + UBI (see City of Cambridge)
- Emergency funds especially for transportation, food, bills, etc.
- Create an insurance plan that service’s the LGBTQ+ community for our needs, including helps with transition, anal health care, emotional support / society, LGBTQ+ sex health class. Run by older members of our community. |
RECOMMENDATION #1

Professional Pipeline Programs

**DESCRIPTION:** Create pipeline programs supporting LGBTQ+ individuals’ professional development and higher education opportunities, facilitating their progression into needed service provider roles, such as Community Health Workers and mental health practitioners.

RECOMMENDATION #2

Housing Justice

**DESCRIPTION:** Partner with city and housing programs to build and sustain stable, high-quality, safe, and affordable housing, including shelters and transitional units, to promote overall well-being and advancement of housing justice for LGBTQ+ individuals, specifically transgender people.

RECOMMENDATION #3

Mental Health Equity

**DESCRIPTION:** Promote mental health equity by funding additional personnel and mandatory training for LGBTQ+-centered, affordable, and accessible mental health care.

RECOMMENDATION #4

BPHC Office of LGBTQ+ Health

**DESCRIPTION:** As the leading public health agency in Boston, BPHC is responsible for promoting inclusive practices throughout its organization. This entails not only recruiting and retaining LGBTQ+ staff but also holding its grantees accountable for effectively supporting LGBTQ+ individuals, ensuring their visibility, and providing access to necessary health and social services.

RECOMMENDATION #5

LGBTQ+ Capacity-Building and Development

**DESCRIPTION:** Ongoing training and support are needed in Boston, as well as across the Commonwealth. While BPHC serves Boston residents, many LGBTQ+ individuals residing outside Boston often seek primary care and crucial gender-affirming services at Boston-based healthcare facilities. Outside of Boston, there is a gap in culturally appropriate services tailored to the unique needs of the LGBTQ+ population. To bridge this gap and ensure equitable access to healthcare services, BPHC and partners can extend their support and expertise. This includes actively engaging with health departments in various cities to improve internal and external capabilities in effectively involving local LGBTQ+ communities in needs assessment and strategy development.

RECOMMENDATION #6

Community-Based Crisis Prevention

**DESCRIPTION:** Establish community-driven, community-based crisis prevention teams with restorative justice as the practice framework.

RECOMMENDATION #7

Community Safe Havens

**DESCRIPTION:** Establish and support existing free, accessible, and safe community safe havens as physical spaces that are sober-friendly, harm-reductionist, and cultivate healthy intergenerational connections within LGBTQ+ communities.

RECOMMENDATION #8

Direct Funding to LGBTQ+-led Organizations

**DESCRIPTION:** Invest in LGBTQ+-led organizations serving LGBTQ+ communities to provide basic needs, including transportation, food, and financial assistance for bills.
RECOMMENDATIONS

Eight (8) recommendations were drafted, reviewed, and finalized through the Consensus Workshop and a subsequent meeting with the Community Working Group on Monday, July 24, 2023. Included with each recommendation is a description and rationale.

Strategies for implementing each recommendation were identified by project facilitators directly from the data collected during the Community Conversations and focus groups. They were incorporated to preserve essential insights from these sessions and underscore actionable ideas related to the recommendations. These strategies have not been reviewed and approved by the Community Working Group. The specific engagement activity in which the strategy was mentioned is indicated in italics. In addition, strategies were added from the initial review of the recommendations by the Community Working Group.

Note: Recommendations are not listed in order of priority or importance.

Recommendation 1: Professional Pipeline Programs

**Description:** Create pipeline programs supporting LGBTQ+ individuals' professional development and higher education opportunities, facilitating their progression into needed service provider roles, such as Community Health Workers and mental health practitioners.

**Rationale:** LGBTQ+ people tend to feel safer and more affirmed by providers with shared identities. While many service providers and direct care workers do share LGBTQ+ identities, they are often not supported by their institutions and face some of the same systemic barriers as the people they are serving. Strategies need to be institutionalized to address high burnout and turnover and attract more LGBTQ+ people into peer and / or client-facing roles.

**Strategies from Community Conversations and Provider Focus Groups (raw data):**

- Incorporate hiring and recruitment practices that specifically engage LGBTQ+ applicants in decision-making positions for all services and policies impacting LGBTQ+ communities (*Transgender / Nonbinary, Immigrants and Refugees*)
- Increase wages of direct care workers who are multilingual and LGBTQ+ (*Native Spanish speakers, SU-HOM-FI Providers*)
- Community centers hire health system navigators (approx. 4), HSNs across Boston meet annually to discuss what is working and what needs improvement (*General Providers*)
- Provide scholarships and grants for community members to attend school/cert programs (*Youth*)
More affordable pathways to higher education *(Youth)*
Develop, fund, and sustain a certification program for mental health career development, including psychological first aid *(Community Working Group)*

**Recommendations 2: Housing Justice**

Housing justice: Ensuring everyone has affordable housing that promotes health, well-being, and upward mobility by confronting historical and ongoing harms and disparities caused by structural racism and other systems of oppression.

Source: [https://www.urban.org/projects/housing-justice-hub](https://www.urban.org/projects/housing-justice-hub)

**Description:** Partner with city and housing programs to build and sustain stable, high-quality, safe, and affordable housing, including shelters and transitional units, to promote overall well-being and advancement of housing justice for LGBTQ+ individuals, specifically transgender people.

**Rationale:** Unstable housing and houselessness exposes individuals to increased stress, mental and physical health problems, as well as violence. For LGBTQ+ people, there are fewer resources to address housing insecurity due to institutional homophobia and transphobia, unsafe shelter settings, and lack of family support. Investment in affinity housing and culturally responsive case management would lead to better health outcomes for LGBTQ+ people in Boston.

**Strategies from Community Conversations and Provider Focus Groups (raw data):**

- Utilize tiny homes *(Community Working Group)*
- Use LGBTQ+ Senior Housing as a model *(Community Working Group)*
- Fund successful trans-led organizations to scale up and increase impact (e.g. TEF housing services) *(Transgender / Nonbinary, SU-HOM-FI Providers)*
- Fund trans-owned land and housing co-ops *(Transgender / Nonbinary)*
- Allotment of spaces and units for trans people; trans-only shelters *(Consensus Workshop)*
- LGBTQ+ housing stabilization programs that run for 5+ years *(Consensus Workshop)*
- Collaborate with community housing programs to provide more housing opportunities / funding *(BAGLY, Trans Emergency Fund and LGBTQ+ Senior Housing)* *(Consensus Workshop)*
- Extend eligibility for Boston services, including housing, to LGBTQ residents who have been displaced/priced out *(LGBTQ people with physical disabilities)*

**Recommendation 3: Mental Health Equity**
Mental health equity: The state in which everyone has a fair and just opportunity to reach their highest level of mental health and emotional well-being.

Source: https://www.cdc.gov/healthequity/features/minority-mental-health/index.html#:~:text=Mental%20health%20equity%20is%20the,health%20and%20emotional%20well%20being.

**Description:** Promote mental health equity by funding additional personnel and mandatory training for LGBTQ+-centered, affordable, and accessible mental health care.

**Rationale:** There are long waiting lists for therapists, particularly for LGBTQ+ therapists and it can take LGBTQ+ clients in need of support months, or even years, to find a culturally responsive provider. To increase capacity for these essential services, there is a need for a greater number of LGBTQ+ clinicians, especially BIPOC LGBTQ+ clinicians, as well as ensuring ALL mental health care providers have at least a baseline understanding of how to best support their LGBTQ+ clients.

**Strategies from Community Conversations and Provider Focus Groups (raw data):**

- Increase the number of mental health providers by funding personnel (*Consensus Workshop*)
- LGBTQ+-centered mental healthcare that is accessible (*Consensus Workshop*)
- Increase MH system capacity (reduce long waits for inpatient beds and more multilingual staff at all levels of care) (*Native Spanish speakers, Queer Muslims*)
- More BIPOC, multilingual, and disabled therapists (center lived experience) (*BIPOC Adults, Youth, Disability, QMOB, Latinx*)

**Recommendation 4: BPHC Office of LGBTQ+ Health**

**Description:** Foster an LGBTQ+-friendly environment at BPHC by providing funding and establishing an Office of LGBTQ+ Health with both internal and external accountability measures.

**Rationale:** As the leading public health agency in Boston, BPHC is responsible for promoting inclusive practices throughout its organization. This entails not only recruiting and retaining LGBTQ+ staff but also holding its grantees accountable for effectively supporting LGBTQ+ individuals, ensuring their visibility, and providing access to necessary health and social services.
Strategies from Community Conversations and Provider Focus Groups (raw data):

- All funded programs should collect SOGI data\(^\text{17}\) (General Providers)
- Create CABs inclusive of LGBTQ+ (Consensus Workshop)
- Change standard BPHC contract language to include LGBTQ requirements and protections / trainings (Consensus Workshop)
- LGBTQ+ website on BPHC website (Consensus Workshop)
- More visible LGBTQ+, BIPOC staff at BPHC (Consensus Workshop)
- Resource directory and advocacy for people seeking asylum in MA (Immigrants and Refugees)

Recommendation 5: LGBTQ+ Capacity-Building and Development

Recommendation 5: Build the capacity of BPHC-funded organizations and other jurisdictions in the Commonwealth to better serve LGBTQ+ communities and ensure LGBTQ+ individuals are visible in all aspects of organizational leadership, culture, policy, and practice.

Description: Ongoing training and support are needed in Boston, as well as across the Commonwealth. While BPHC serves Boston residents, many LGBTQ+ individuals residing outside Boston often seek primary care and crucial gender-affirming services at Boston-based healthcare facilities. Outside of Boston, there is a gap in culturally appropriate services tailored to the unique needs of the LGBTQ+ population. To bridge this gap and ensure equitable access to healthcare services, BPHC and partners can extend their support and expertise. This includes actively engaging with health departments in various cities to improve internal and external capabilities in effectively involving local LGBTQ+ communities in needs assessment and strategy development.

Strategies from Community Conversations and Provider Focus Groups (raw data):

- Fund line items for effective, population-specific social marketing (Consensus Workshop)
- Invite LGBTQ people to the table for OD prevention convos and for allocating opioid settlement money equitably (SU-HOM-FI Providers)

\(^{17}\) Developed in partnership with members of the LGBTQ+ and gender-diverse communities in Boston, the Mayor’s Office of LGBTQ+ Advancement and the Department of Innovation and Technology, developed Gender-Aware Guidelines and Standards for City of Boston Services which are guidelines and standards that specify when and how to collect gender-identity data throughout government processes. Effective 8/29/23. Source: [https://www.boston.gov/departments/lgbtq-advancement](https://www.boston.gov/departments/lgbtq-advancement)
• Increase visibility of model programs effectively serving LGBTQ+ populations through social marketing *(General Providers)*
• Create a statewide LGBT Commission for all ages (parallel to the MA youth commission) *(Transgender / Nonbinary)*

**Recommendation 6: Community-Based Crisis Prevention**

**Description:** Establish community-driven, community-based crisis prevention teams with restorative justice as the practice framework.

**Rationale:** Increasing the number of police officers does not necessarily lead to greater safety for many LGBTQ+ residents. Instead, traditional public safety approaches can be more traumatic, especially during mental health and domestic violence crises, and may diminish people’s sense of safety. To address this, concrete alternatives that prioritize community care are essential, such as enlisting mental health care professionals to de-escalate crises and provide appropriate care to residents in need.

**Strategies from Community Conversations and Provider Focus Groups (raw data):**

- Create an alternative crisis response team (like Cambridge Heart) *(Consensus Workshop)*
- Restorative practices to address trauma *(Consensus Workshop)*

**Recommendation 7: Community Safe Havens**

**Description:** Establish and support existing free, accessible, and safe community safe havens as physical spaces that are sober-friendly, harm-reductionist, and cultivate healthy intergenerational connections within LGBTQ+ communities.

**Rationale:** LGBTQ+ communities are actively seeking alternative socializing and community-building spaces beyond bars and clubs, with a focus on inclusivity for individuals of all ages and the provision of developmentally appropriate mentoring and intergenerational programming. The crucial requirement for these safe spaces is to be comprehensive "one-stop-shops," offering a range of holistic wrap-around social and medical services to support LGBTQ+ residents throughout their entire lives.

**Strategies from Community Conversations and Provider Focus Groups (raw data):**
Recommendation 8: Direct Funding to LGBTQ+-Led Organizations for Community Basic Needs

**Description:** Invest in LGBTQ+-led organizations serving LGBTQ+ communities to provide basic needs, including transportation, food, and financial assistance for bills.

**Rationale:** LGBTQ+ community members require support in accessing basic resources, including toiletries, assistance with utility bills, transportation for medical appointments and work, and access to food. Directly funding LGBTQ+-led organizations to provide the required support strengthens community capacity and ensures that these vital resources are not only available but delivered in a culturally sensitive and understanding manner. This approach fosters comprehensive support, partnerships, and leadership within LGBTQ+ communities, ultimately enhancing resilience and well-being among its members.

**Strategies from Community Conversations and Provider Focus Groups (raw data):**

- Fund a research firm of, for, and by transgender and nonbinary people (Transgender / Nonbinary)

Additional strategies emerged from discussions involving community members and providers, with a primary focus on broader systems change (raw data):

- Develop well-advertised culturally informed support groups for BIPOC parents of LGBTQ+ people (Youth)
- Close ADA loopholes to make every affordable housing unit, medical facility, and public LGBTQ+ space truly accessible to all (People with physical disabilities)
- Greater protection for elderly and disabled LGBTQ+ people beyond litigation (People with physical disabilities)
- Fund free, safe, accessible public transit (Queen Muslims, Youth)
- Provide free legal services and lower barrier access to support services for LGBTQ+ immigrants (Queer Muslims, General Providers, Immigrants and Refugees)
- Free and expanded access to gender-affirming care (including needs like hair removal and binders); microgrants for gender-affirming care (Transgender / Nonbinary, Colleges, Youth)
• Teach holistic, pleasure-based, LGBTQ+ sexual health education in schools *(Queer Muslims, General LGBTQ+ community, Immigrants and Refugees)*
• Open, fund, and sustain large capacity, low barrier, culturally responsive STI testing at all community centers *(Youth, Immigrants and refugees)*
• Increase the number of gender-neutral restrooms across the city *(Immigrant and Refugees)*
• Expand detox/recovery/substance use treatment services, ensure LGBTQ+ responsive care, and provide safe residential detox and recovery settings for transgender patients in particular *(SU-HOM-FI Providers)*
• Accessibility: central air conditioning and wheelchair access for all LGBTQ public spaces *(People with physical disabilities)*
LIMITATIONS

While our project thrived on a solid foundation of strengths, it is equally vital to explore the challenges and limitations we encountered during planning and implementation. Examining these limitations not only provides valuable insights into the logistics of the project but also offers guidance for BPHC in implementing similar initiatives.

Comprehensive Funding and Longer Timeline: Increased funding and a longer timeline would have significantly enhanced the quality and scope of this needs assessment. Notably, limitations in our budget hindered our ability to address critical access needs, such as securing American Sign Language (ASL) interpreters and partnering with grassroots organizations to improve the recruitment of hardly-reached communities, such as LGBTQ+ African, Caribbean, and AAPI immigrants. In addition, consistently securing affordable meeting spaces was challenging — highlighting that there is a premium on community spaces in Boston. Many of these limitations would have also been better navigated with more time for planning and implementation.

Youth (15 to 18 years old) Representation: Although we were truly inspired by the 11 attendees at the Youth Community Conversation, who shared their remarkable insights, we acknowledge that we faced some challenges in engaging a larger number of youth under 18 years old in this project. We did observe robust participation from young adults aged 21 and above across various groups and within our team of Community Consultants. However, we encountered obstacles in registering an adequate number of youth to participate in the Photovoice Project, despite our persistent outreach efforts. Some contributing factors to this challenge may include our scheduling of sessions near the end of the school year, which may have adversely affected enrollment rates. Additionally, it became evident that we might have needed an alternate approach, possibly involving greater engagement with parents and teachers, to facilitate adolescent participation. Many youth face limitations in terms of autonomy and transportation access.

African, Caribbean, and AAPI Immigrant Representation: We found greater success in engaging Spanish-speaking individuals compared to other racialized immigrant and minoritized language groups. This achievement can be attributed, in part, to our collaboration with two Community Consultants who had strong ties within Latinx LGBTQ+ community networks. However, recruitment for our Immigrant & Refugee Community Conversation faced challenges, primarily because we did not have an agency partner to assist with outreach efforts. The absence of Community Consultants embedded within these communities hindered our ability to attract immigrants from various communities, including the non-Spanish speaking Caribbean, African, and Asian American and Pacific Islander (AAPI) communities. Additionally, the lack of language interpreters posed a barrier for individuals with limited English proficiency. It also highlights the need for tailored outreach strategies, particularly when reaching out to multiple marginalized communities, where LGBTQ+ immigrants often face triple barriers related to citizenship/language, queerness, and race. Building trust and cultivating long-term relationships within these communities are essential components of successful engagement initiatives.
Diverse Disability Representation: We grappled with the decision of whether to hold the Community Conversation with LGBTQ+ individuals with physical disabilities in person or virtually, considering accessibility considerations, and also faced challenges in securing an affordable and accessible physical space. Furthermore, we engaged in thoughtful discussions regarding the framing of "disability" and whether to extend invitations to individuals with mental health conditions, neurodivergent traits, and developmental or cognitive challenges. We lacked team members deeply connected to disability advocacy networks, and the timing of the session, scheduled midweek in July, posed challenges due to summer vacations.
INSIGHTS FOR NEXT STEPS

Based on the planning, implementation, and outcomes of the project, Ocha Transformations offers the following insights to the Boston Public Health Commission for the next steps. These insights serve as key strategies to ensure the successful implementation of the recommendations and support the sustainability of efforts to advance LGBTQ+ health equity in Boston.

Sustain an LGBTQ+ Community Advisory Board (CAB) for BPHC: The project successfully engaged a well-connected and diverse group of LGBTQ+ individuals through the Community Working Group (CWG) and Community Consultants. Their enthusiasm and dedication to the project were evident and transitioning these individuals into an LGBTQ+ CAB would not only ensure continuity but also guarantee that the voices, needs, and priorities of LGBTQ+ communities remain at the forefront of decision-making and implementation of the recommendations. The CAB would serve as an ongoing source of guidance, input, and oversight for the BPHC, offering valuable insights and direction for BPHC's policies, programs, and initiatives pertaining to LGBTQ+ health equity.

Cultivate Strong Collaborative Partnerships with LGBTQ+ Government Offices: To maximize the impact of the recommendations, it is essential to establish robust partnerships with both state and local government offices dedicated to LGBTQ+ affairs. A representative from the Mayor's Office of LGBTQ+ Advancement was active on the Community Working Group and attended the Consensus Workshop. Collaborative efforts between these offices and BPHC are crucial for the effective implementation and evaluation of the proposed recommendations. By fostering a transparent, cross-office approach, initiatives related to LGBTQ+ health equity are harmonized, and resources are leveraged optimally.

Gain Feedback and Expand Recommendations: The recommendations were only reviewed by the Community Working Group, and the added strategies were identified by Ocha Transformation, but not reviewed and approved by the Community Working Group. Seeking additional feedback yields an opportunity to collaborate with multi-sector partners which expands the reach and secures buy-in from a broader audience. The project encountered limitations in reaching specific LGBTQ+ populations and key organizations serving the diverse needs of LGBTQ+ communities. Hence, targeted feedback approaches, tailored to specific communities or groups, as well as broader activities that engage a wider audience should be considered. In addition, BPHC can use this opportunity to engage partners in assessing feasibility and developing a roadmap for implementation that sets realistic expectations and includes metrics. Options for feedback include:

a. Community Report Back and Feedback Town Hall - Hold a virtual or in-person town hall that presents the recommendations and utilizes participatory approaches to facilitate feedback from attendees.

b. LGBTQ+ Community Advisory Board – The first task for the CAB is to provide feedback on the recommendations. In addition, the CAB would be in the best position to identify other strategies to gain feedback.
c. **Online Survey** – There are multiple survey platforms and methodologies available to facilitate the process of gathering feedback on recommendations and further refining them. Utilizing survey-based methods, such as the Delphi Method, allows for the systematic collection of input from a diverse range of stakeholders. This comprehensive approach not only ensures that community members and others have a platform to share their perspectives but also enables consensus-building and prioritization.

d. **LGBTQ-focused State Commissions** – The Massachusetts Commission on LGBTQ Youth and Massachusetts LGBT Aging Commission are established advisory bodies that are well-positioned to provide detailed feedback on the recommendations and strategies for implementation.

**Include Evaluation Metrics for the Recommendations:** Establish a comprehensive evaluation framework by defining clear short-term and long-term Key Performance Indicators (KPIs) aligned with each recommendation. These indicators will guide the assessment of progress and effectiveness. Engaging LGBTQ+ communities in developing KPIs and providing ongoing feedback on progress ensures the implementation process remains responsive to their unique needs.

**Commit to an Annual LGBTQ+ Health Assessment:** Having a recurring assessment serves as a vital tool for tracking progress over time and identifying emerging health inequities. By making this an annual practice, the Boston Public Health Commission (BPHC) can demonstrate its dedication to the well-being of LGBTQ+ individuals in Boston.
APPENDIX

- Table 1: Demographics of Participants from the Community Conversations (N=97)
- Job Description: Community Consultants and Community Working Group (CWG)
- Detailed Data Sheets of Community Conversations
  A. General LGBTQ+ with MAC CONNECTED Boston (February 27th)
  B. Transgender / Non-binary (April 21st)
  C. Native Spanish Speaking (May 5th)
  D. LGBTQ+ Elders (May 22nd)
  E. Queer Muslims (June 1st)
  F. LGBTQ+ Youth (June 7th)
  G. LGBTQ+ People w/Disabilities (July 5th)
  H. Immigrants & Refugees (July 12th)
  I. Complied Recommendations

- Detailed Data Sheets of Provider / Staff Focus Groups
  A. Two General (March 27th and March 31st)
  B. Gretchen Van Ness, Executive Director of LGBTQ+ Senior Housing
  C. Substance Use, Homelessness, Formerly Incarcerated (May 25th)
  D. Faith / Spiritual Community (June 5th)
  E. University / Colleges (June 13th)
  F. Compiled Recommendations
### Table 1: Demographics of Participants from the Community Conversations (N=97)

<table>
<thead>
<tr>
<th>Characteristics</th>
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<td>Black/ African American</td>
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<td><strong>Sexual Orientation</strong></td>
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<td>-------</td>
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<td>30-39 years</td>
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<td>40-49 years</td>
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</tr>
<tr>
<td>≥ 60 years</td>
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</table>

Hear about the event
- Flyer at: 9 (9)
- On Facebook: 8 (8)
- Referred by: 57 (59)
- Other (please specify): 23 (24)

Connect with the LGBTQ+ comm in Boston

<table>
<thead>
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<th>Source</th>
<th>N, (%)</th>
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<td>Friends/Partner(s)</td>
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<td>Family</td>
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<tr>
<td>School</td>
<td>18 (19)</td>
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<tr>
<td>Faith/Spiritual community</td>
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</tr>
<tr>
<td>Social networking sites e</td>
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</tr>
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<td>Support groups</td>
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<tr>
<td>Internet (email lists, message boards)</td>
<td>21 (22)</td>
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<tr>
<td>Other (please specify):</td>
<td>19 (20)</td>
</tr>
</tbody>
</table>

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a. Two participants did not provide race/ethnicity, gender, sexual orientation, and age
b. Total missing data accounts for n 17
c. Percentage not always equal exactly to 100 due to rounding
d. Percentage of participants who chose specific response
e. e.g., Facebook, Twitter, Tumbler, Instagram
The City of Boston is conducting a **health assessment** to engage Boston’s diverse LGBTQ+ community in identifying unmet needs and developing recommendations for services.

We are seeking members of the LGBTQ+ community and individuals working in organizations that service LGBTQ+ communities to help plan and implement this assessment. We have two opportunities available: **Community Consultant** and **Community Working Group Member**.

**Community Consultant**

Community Consultants will join the leadership team to recruit individuals into project activities, as well as co-facilitate sessions. Must have strong connections in the LGBTQ+ community and working relationships with LGBTQ+ serving organizations. Excellent communication and organizational skills. Experience as an outreach worker or navigator is a plus. Bilingual/bicultural applicants encouraged to apply.

**Timeframe:** February 2023 - July 2023 (orientation on **Monday, February 13th, 3PM - 4:30PM EST**)

**Hours:** Part-time, must be available to attend bi-weekly team meetings, and community activities

**Compensation:** $2,500 stipend for 12-15 hours/month of work

To apply to be a Community Consultant, send a 1-page response to the following questions to René Rives at: rene@ochatransformations.com

1. Share your interest in the position and goals of the project.
2. Provide a description of your connections in the LGBTQ+ community. Be specific and include membership organizations, community groups, and social networks
3. Describe your skills related to the responsibilities of the position.
4. Include availability for weekday AM, weekday PM, and weekends for providing outreach and recruitment, and attending meetings and events

*Please submit application by 9pm on Monday, February 5.*

**Community Working Group Member**

The Community Working Group will provide guidance to plan and implement this project. Tasks include reviewing project documents, connecting Community Consultants to outreach opportunities and promoting the project in the LGBTQ+ community. We are interested in
representation from community organizations, health centers, government agencies, faith institutions and other sectors, with priority given to BIPOC members of the LGBTQ+ community.

**Timeframe:** February 2023 - July 2023 (1st meeting on **Friday, March 3rd, 10AM - 11AM EST**)

**Commitment:** Attend biweekly meetings

**Compensation:** $50 for each meeting attended

To join the Community Working Group, send a 1-page response to the following questions to René Rives at: rene@ochatransformations.com

1. Share your interest in joining the Community Working Group.
2. Provide a description of your connections in the LGBTQ+ community. Be specific and include membership organizations, community groups, and social networks.
3. Include weekday AM and weekday PM availability to attend meetings.

*Please submit application by 9pm on Wednesday, February 22.*

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Project funded by Boston Public Health Commission
What are your top three health-related challenges?

- coordination_between_doctors_for_one_patient
- blood_pressure
- physical_therapy
- weight_loss
- mental_health
- exercise
- heart_health
- cardiac
- isolation
- diabetes
- depression
- alcohol_abuse
- transportation
- heart_disease
- renal
- healthy_habits
- socialization
- will_i_be_able_to_remain_at_home
- hiv
- hard_of_hearing
- dental
- major_sinus_problems

Where is one place you feel connected and safe in the community?

- Outdoor spaces such as Jamaica Pond, the Esplanade, the Arboretum, and garden at home
- Jamaica Plain
- South End
- Groups that center activities, activism, and friends

Memorable Quotes:

“I love living in this bubble called Jamaica Plain.”

What programs/services have contributed to your stability/thriving and how?

- AIDS Action Committee helped with accessing services as an HIV+ new to town
- Elders of Color– connected to community centers (Grove Hall Senior Center and Hyde Park Community Center) and activities such as painting and pickleball
- Club Café
OUTstanding life virtual senior center
YMCA—friendly welcoming place to stay active and connect with diverse group of people
Brigham and Women’s for HIV and primary care
First Baptist and Hope Central Churches in JP, Old West Church, Common Cathedral
The Theater Offensive
SpeakOUT
Fenway

If you could change one specific thing about your own wellbeing, what would it be and why?

- Financial Security within the context of aging
- Isolation
- Shorter waiting lists for therapists, especially providers who work with trans patients
- Guilt, grief, and trauma of long term survivors living with HIV

What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?

- Providers making assumptions about sexual orientation and gender identity
- Noticing more poor treatment based on racism than homophobia in employment and medical care settings
- Judgment based on disability, including being kicked out of a bar based on gait and speech
- Lack of readily available and accessible information on what resources exist for seniors and elders

Memorable Quotes:

“What happens to those (patients) who providers can’t relate to?”

“I went to therapy for alcoholism. My clinician and I learned along the way together about gender affirming care as a separate thing. I was her first trans client and now she sees 14-15 trans clients!”

“I need more money to age with”

Self-advocacy is essential.”
What are your top three health-related challenges?

Where is one place you feel connected and safe in the community?

- Diverse spaces like this community conversation
- Pickleball community in Jamaica Plain
- QTBIPOC Hiking group
- Queer Muslim spaces (QMoB and Halaqa)
- Latinx Wellness Center
- Pandemonium Hobby Shop

Memorable Quotes:

“Mother nature is everything– a place to find peace.”

“Right now, I haven’t been feeling connected.”

What programs/services have contributed to your stability/thriving and how?

- Cambridge Health Alliance— substance use support
- MGH and Brigham— trans healthcare
- Pride sports— great for community and visibility
● Brookline Center for Community Mental Health— wraparound services
● Mass Health
● SNAP
● Boston Living Center— HIV community support
● JRI Health— employment at a person-centered org
● Planned Parenthood— for Hormone Replacement Therapy
● AIDS Action Committee
● Casa Iris
● Senior House (MIT)— learned harm reduction

If you could change one specific thing about your own wellbeing, what would it be and why?

● Aging
● Isolation— worse during COVID
● Financial Security
● Religious Trauma
● Depression
● Clearer career purpose

What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?

● Not having services available in Spanish within Spanish-speaking communities
● Trauma of being in the role of translating for parents
● Mispronounced by staff at medical offices, even after correcting
● Inappropriate, invasive, and irrelevant questions from providers about gender transition

Memorable Quotes:

“Trying to find care for someone who only speaks Spanish and needs a therapist is really impossible. You have to be on the verge of killing yourself."

“Not being from wealth is isolating.”

“A lot of people during COVID experienced what trans and queer people have always experienced.”
What are your top three health-related challenges?

- dizziness
- hard_of_hearing
- pain
- mobility
- headaches_migraines
- neck_and_back_pain

Where is one place you feel connected and safe in the community?

- Queer housing co-op (that started in JP and moved to Somerville)
- No safe space

Memorable Quotes:

- “Co-op is full of intentional and diverse folks who hold space for vulnerability.”
- “Still looking around.”

What programs/services have contributed to your stability/thriving and how?

- EPIC– volunteer work
- MGH
- CART services at Boston College
- Not enough resources known or accessible

If you could change one specific thing about your own wellbeing, what would it be and why?
• Accessible and affordable housing that’s safe and doesn’t take years to get into
• Getting a BIPOC therapist
• Financial security

What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?

• Gatekeeping around PrEP based on assumed gender identity (not a trans woman or MSM)
• Weight bias—pain and malnourishment not being believed
• Mental health providers having xenophobic and Islamophobic biases with regards to sexuality and identities, making assumptions about partner’s religion and family
• Medical providers disregarding bodily autonomy of wheelchair user

Memorable Quotes:

“I would be pursuing medical transition if I weren’t (financially) relying on my parents to stay alive.”

“As fars as experiencing a sudden inability to work, it takes years to get benefits and I have friends waiting for SSI that really need more help, especially within the context of a mass disabling event like COVID.”

“I need a BIPOC therapist! I just finished social work school and this field is very taxing, especially as a queer BIPOC person with a disability.”

“I didn’t want to disclose I was doing a lot of sex work at the time due to legality and stigma. I received a lot of pushback on (accessing) a medication that I really needed to keep myself safe.”
What are your top three health-related challenges?

- blood_pressure
- high_cholesterol
- losing_weight
- sexual_education
- mental_health
- eating_healthy
- health_center
- sick
- gender_affirming_care
- no_affordable_meds
- cardiac_problems
- transportation
- transitioning
- iron
- anxiety
- migraines
- self-care
- transportation
- transitioning
- iron
- anxiety
- migraines
- self-care

Where is one place you feel connected and safe in the community?

- Boston GLASS
- SPOKE arts group
- Art studio
- Home (self and best friend’s)
- GSA

Memorable Quotes:

“I love being with my family.”

“(At) my best friend’s house, her and her family make me feel better.”

“I’ve been here (at Boston GLASS) since before my transition.”

What programs/services have contributed to your stability/thriving and how?

- Boston GLASS
- GSAs
- Fenway Health for hormone specialty services
- **SPOKE**— for youth ages 14-19 living in Boston Housing Authority
- **Transgender Emergency Fund**— free binders
- **EASTIE Coalition**— employment, meaningful engagement in activities
- **BAGLY**— great drop-in and assist homeless youth

### If you could change one specific thing about your own wellbeing, what would it be and why?
- More open-minded parents— need for more parent groups (to increase understanding and acceptance of identities) that could be widely advertised
- Better quality of food in Hyde Park
- Teachers being held accountable for homophobic and racist remarks

### What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?
- Deadnaming from doctors despite information being on medical chart
- Group homes not allowing youth to talk about their pronouns
- Foster care being unwelcoming place to talk about gender
- Lack of easy healthcare access in Latinx neighborhoods in Eastie
- Lack of bathroom stalls and privacy/unsanitary and uncomfortable conditions at school
- Fear of violence in school that is not addressed by staff
- Lack of BIPOC in healthcare and therapy
- Mispronounced by parents

### Memorable Quotes:

"Gay pride groups help a lot."

"It’s hard to be accepted as a trans/gender nonconforming person. Trying to get through the day and keep pushing. I know who I am and don’t care what others think."

"Things that are good for LGBTQ+ youth are good for everyone."
What are your top three health-related challenges?

Where is one place you feel connected and safe in the community?

- Dorchester
- Affinity spaces
- Ballroom community
- Southie, where I live

Memorable Quotes:

“... Tribal community, powwows in summer.”
“... Muslim-based spiritual circle with friends.”
“... Queer Muslim spaces.”
“... where Blackness is celebrated and patriarchy is challenged.”
“... [ballroom community] place of support and formulation of identity.”

What programs/services have contributed to your stability/thriving and how?

- Drop-in spaces
- Boston GLASS—BIPOC-specific youth space w/ resources
Men of Melanin Magic (MOMM) – creating spaces and events for POC
- Dance Studio
- BMC mental health outreach
- Friday Nights at Legacy
- The Tea
- Social Media
- Fraternity Kappa, good networking tool and collaborate with people who also do community work
- Free Take-home HIV Test Kits (org?)

If you could change one specific thing about your own wellbeing, what would it be and why?
- The doctor not being a part of a specific HMO/PPO
- Struggle with getting paperwork done
- The bar for establishing emergency, the threshold for being seen that day
- Don’t know how to work with communities that are constantly rebuilding and crashing
- Feeling uncared for when going to the doctor
- More pronoun respect in healthcare services

What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?
- Tokenization when “invited to the table”
- Colorism in both directions (poorer treatment of folks with darker skin to “having to convince people I’m a part of their (Latinx) Community (due to light skin)”

Memorable Quotes:
“Everything is an ism – like immune to it.”
“I only told one doctor that I am gay, if the doctor doesn’t ask me then I don’t tell. Feel comfortable with someone who understands me. Black people don’t trust the healthcare system then added the barrier of being gay ...”
What are your top three health-related challenges?

- mental health
- anxiety
- diabetes

Where is one place you feel connected and safe in the community?

- At home
- With friends, roommates, and chosen family
- LGBTQ+ Clubs
- With other trans people
- Latinx Wellness Center
- Neponset Health Center
- Not in many places
- Artist communities

Memorable Quotes:

“There’s profound discrimination everywhere, so we need care for our community”

“I have been in Boston since 1979, when I was 19 years old, and I have never felt as safe as I do now in my friendships and in groups like this.”
What programs/services have contributed to your stability/thriving and how?

- Boston Living Center—support, connection, community, “my tribe”
- Fenway Health—tailored quality care, access to HIV treatment
- AIDS Action Committee—housing
- Latina Powers @ MAC
- Casa Iris
- Boston GLASS
- K Street Recovery Community
- JRI Health

If you could change one specific thing about your own wellbeing, what would it be and why?

- Financial stability—employment discrimination against trans women,
- Mental health—alcohol use, anxiety, shorter waiting lists for therapists, stress management
- Housing—more services and accessible and affordable housing
- Physical health—address disparities, more Latinx providers, better care for diabetes, cholesterol, nutrition, healthy movement

What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?

- Intracommunity stigma against patients from Venezuela and Cuba
- Implicit bias of PCP that led to not taking issues seriously and person was hospitalized
- Needing to assess for safety at barbershops, unsure of LGBTQ+ acceptance in particularly masculine Latinx spaces
- Language barriers, even at EBNHC, especially during COVID (many Latinos didn’t get vaccinated due to travel, time, fear, and being treated poorly, even by other Spanish-speaking providers)
- Judgment from providers about number of sex partners, not assessing (including gender and sexual orientation) in PrEP appointment
- Prejudice from doctors at Whittier Street Health Center and Baptist Hospital in JP

Memorable Quotes:
“We need more funding: pay the people doing this work well so they can meet their own needs.”
What are your top three health-related challenges?

- mental_health
- not_enough_providers_available
- sexual_healthcare
- access_to_medication
- food_insecurity
- therapy
- quality_of_water
- vaginismu
- severe_mental_illness
- access_to_resources
- threats_to_the_physical_health
- long_wait_times
- std_testing
- housing
- primary_healthcare
- gender_affirming_care
- medicin
- access_to_gender_care
- anxiety_stress_from_rising_cost_of_living
- prep
- autism

Where is one place you feel connected and safe in the community?

- Individual homes and homes of friends and chosen family
- Queer Muslims of Boston (QMoB)
- With other queer people (especially queer Muslims)
- Legacy
- Boston Common and other public green spaces
- Emerson College
- Brendan Behan Pub in JP
- Lucy Parsons Center in JP

Memorable Quotes:

“Outdoor green with so many queers, it’s a shared community resource”

“QMoB was a saving grace...what I would have given as a younger person to not have my identity be mutually exclusive & have to turn off part of who I am to belong”

“Boston is more isolating, especially compared to NYC where SALGA (South Asian Lesbian and Gay Association) was a home space”
What programs/services have contributed to your stability/thriving and how?

- Harvard Vanguard—Sexual Health
- MGH—Sexual Health
- Planned Parenthood—Hormone Replacement Therapy and Sexual Health
- Huntington YMCA for swimming
- Community Iftars and other religious feasts in Boston and Cambridge
- Muslim Justice League
- Boston Public Schools—come a long way in last 5 years with more LGBTQ+ staff, libraries, and ongoing expansion of services
- Lifestance therapy group is LGBTQ+ inclusive
- Fenway Health Crisis Center—queer therapists and PCPs, sexual health
- BARCC—helped access mental and physical health care and believes survivors

If you could change one specific thing about your own wellbeing, what would it be and why?

- Access to preventive and general dental care without long waiting times
- Consistent access to quality food, safety from gun violence, feeling protected from physical harm from transphobes, Islamophobes, racists, etc
- Regular access to medicine, particularly hormones and ADHD medication
- Not having to choose between food security and housing security
- Having access to culturally responsive therapists with shorter waitlists

What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?

- Islamophobia from therapists and other providers, as well as LGBTQ+ centers and GSAs assumptions that erase queerness or judge Muslim identity
- Queer teachers in BPS are forced ambassadors and in a position of doing emotional labor of educating colleagues, teachers still willfully mispronoun students
- Mispronouncing and deadnaming at doctor’s offices

Memorable Quotes:

“My therapist can sympathize and understand what we (queer Muslims) face but not fully empathize”

“Things that would help queers would help everyone”
What are your top three health-related challenges?

- physical_health
- transition_to_care
-rophobia_police_brutality
- surgeries
- personal_health_care
- dental
- bias
- healthy_movement
- isgendering_self_esteem_decrease
- weight
- spirituality
- navigating_insurance_hurdles
- diabetes
- medical_appointments
- hiv
- trans_services
- dental_care
- trans_health
- getting_a_good_therapist
- always_being_in_a_state_of_survival_vs_living_well
- gender_affirming_care
- housing_body_dysmorphia
- trauma
- inflammation
- community_estate
- eating_disorder
- self_perception
- workforce_higher_education
- money
- finding_in_network_providers
- togetherness
- life_coach_services
- availability
- affordability
- care
- transportation
- eating_disorder_support
- employment
- physical_fitness
- recreation
- resources
- related_boundaries
- disability
- substance_use
- racism_white_supremacy
- mental_health

Where is one place you feel connected and safe in the community?

- At home
- Clubs (such as Legacy)
- With queer family
- Online transfemme affinity group
- Outdoor activities and sports
- Performing drag

Memorable Quotes:

“Any place there’s love.”
“My home is the place where everyone can be themselves as QTBIPOC”
“Among all the girls”

What programs/services have contributed to your stability/thriving and how?

- Transgender Emergency Fund– housing, utilities, connection, community
- Boston GLASS– balls, public speaking, leadership development, social worker
- BAGLY– balls, public speaking, leadership development, activism
- Youth on Fire
- Black & Pink MA– bail assistance, re-entry housing, community access
- AHOPE– IDU supplies and free sharps containers
- Silver Lining Mentoring– leadership and case management
Girls Rock Campaign Boston— Trans and GNC inclusive
Asian American Resource Center— queer friendly community organizing space
Boston Medical Center— trans healthcare, affirming surgery, BRIDGE program
Department of Transitional Assistance— EBT for food security
Mass Health— assistance with cost of gender affirming surgeries

If you could change one specific thing about your own wellbeing, what would it be and why?

- Mental health— more Black and trans therapists needed, person-centered care beyond medication, managing anxiety, PTSD, and Bipolar, access to creative spaces, addiction and overdoses high in LGBTQ+ community (one participant found their friend dead of an overdose a few days prior to the session and ended up overdosing and dying herself in June)
- Economic— community work should pay better, need for greater economic stability and dignified work as a means of being able to engage in more community support, organizing, and activism
- Physical health— affordable and accessible gym membership access, personal trainer via insurance, support with healthy movement

What are your specific experiences in dealing with discrimination or bias in accessing healthcare or other community resources?

- Microaggressions, deadnaming, misgendering, and mispronouncing at MGH (even with chosen name and pronouns in their charts), Tufts, BMC (except at CATCH program), and Tufts dental (with students and faculty), as well as with therapists, and in housing and employment settings
- Discrimination of formerly incarcerated people in all aspects, healthcare access within prisons notoriously bad for trans people (i.e. access to hormones)

Memorable Quotes: “It is a economic war and we can only fight that with economics not words or socialism”

“Queer people are artists, in marketing, in theater, in advertising and the creative sector was dramatically impacted by the (COVID19) pandemic..health and resources stressed for everyone, including cishets. It’s just 10x worse for queer people”

“(Dignified work) hard to find with accessibility needs and needing reasonable accommodations, queer and trans folks’ trauma shows up in our bodies”
## COMPLIED RECOMMENDATIONS FROM COMMUNITY CONVERSATIONS

### LGBTQ+ BIPOC

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Free and accessible spaces in which to gather, host balls, and create community that don’t involve alcohol</td>
<td>• Cultural responsiveness training for PCPs and therapists</td>
</tr>
<tr>
<td>• Intergenerational relationships and mentorship</td>
<td>• Make Boston more affordable to live in or extend services to people who have been priced out</td>
</tr>
<tr>
<td>• Holistic sexual health education</td>
<td>• More BIPOC providers</td>
</tr>
</tbody>
</table>

### Trans and Nonbinary

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A research firm of, by, and for trans people</td>
<td>• Universal Basic Income (like what’s being piloted in San Francisco)</td>
</tr>
<tr>
<td>• Land owned by trans people that includes a recreation center, housing co-ops, intersectional and interconnected affinity spaces</td>
<td>• Trans, nonbinary, and allied workers in positions of power can leverage their positions to support trans empowerment and care. More trans/nb people at decision-making tables</td>
</tr>
<tr>
<td>• Housing stabilization programs that run for at least 5 years</td>
<td>• All ages commission on LGBTQ+</td>
</tr>
<tr>
<td>• Trans-centered spiritual centers</td>
<td>• Create a CAB at City of Boston’s Office of LGBTQ+ Advancement</td>
</tr>
<tr>
<td></td>
<td>• Expand definition of “necessary surgery” and gender affirming care</td>
</tr>
<tr>
<td></td>
<td>• Increase accountability and enforcement of current laws meant to protect and include trans and nonbinary people</td>
</tr>
<tr>
<td></td>
<td>• Deconstruct hierarchies</td>
</tr>
</tbody>
</table>
### Native Spanish Speakers

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● “One stop shop” for medical care</td>
<td>● More Latinx elected officials</td>
</tr>
<tr>
<td>● More English classes</td>
<td>● Universal healthcare</td>
</tr>
<tr>
<td>● Culturally competent mental health in</td>
<td>● Education on LGBTQ+ history</td>
</tr>
<tr>
<td>Spanish without long waiting lists</td>
<td>● Amnesty for undocumented people</td>
</tr>
<tr>
<td>● Latinx bar</td>
<td>● Money and navigation support for</td>
</tr>
<tr>
<td>● Safe housing for trans people</td>
<td>long-term residents to become citizens</td>
</tr>
</tbody>
</table>

### LGBTQ+ Elders

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Intergenerational LGBTQ+</td>
<td>● Cultural Humility DEI taskforce</td>
</tr>
<tr>
<td>Community Center across the</td>
<td>focused on robust training for all</td>
</tr>
<tr>
<td>lifespan</td>
<td>providers</td>
</tr>
<tr>
<td>● All ages drag story hour</td>
<td>● Preventive services that address</td>
</tr>
<tr>
<td>● Gun-free, physically accessible,</td>
<td>trauma and roots of poverty</td>
</tr>
<tr>
<td>equitable integrative “one stop”</td>
<td>● Community oversight that</td>
</tr>
<tr>
<td>care in every neighborhood</td>
<td>healthcare is equitable and</td>
</tr>
<tr>
<td></td>
<td>accessible</td>
</tr>
<tr>
<td></td>
<td>● Universal healthcare</td>
</tr>
</tbody>
</table>
## Queer Muslims

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● A queer-friendly mosque</td>
<td>● Free housing, education, healthcare, potable water, food, and free reliable late night transportation</td>
</tr>
<tr>
<td>● Inpatient mental health beds without long waits</td>
<td>● Queer sex education and clean drinking water for teens at BPS</td>
</tr>
<tr>
<td>● Crisis response program as alternative to police</td>
<td>● BPS teacher training</td>
</tr>
<tr>
<td>● LGBTQ+ activist center to provide resources for sustained action and organizing</td>
<td>● Universities to contribute more funding</td>
</tr>
<tr>
<td>● Free legal services for LGBTQ+ immigrants</td>
<td>● Stop taking CVE/C3P funds from Department of Homeland security—stop spying on Muslims</td>
</tr>
<tr>
<td></td>
<td>● Abolish the police</td>
</tr>
</tbody>
</table>

## LGBTQ+ BIPOC Youth

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Better access to grocery stores, mutual aid for food security</td>
<td>● Subsidized housing</td>
</tr>
<tr>
<td>● Intergenerational spaces</td>
<td>● Visibly queer staff and teachers</td>
</tr>
<tr>
<td>● Culturally responsive STI screening</td>
<td>● Free gender affirming care</td>
</tr>
<tr>
<td>● General support hotlines</td>
<td>● Youth-specific housing (emergency, transitional, and permanent)</td>
</tr>
<tr>
<td>● Well advertised culturally competent parent support groups for BIPOC parents of LGBTQ+ youth</td>
<td>● Affordable college and programs that support pathways to higher education</td>
</tr>
<tr>
<td></td>
<td>● More QTBIPOC mental health counselors</td>
</tr>
<tr>
<td></td>
<td>● Easily accessible information about currently available services, programs, and resources</td>
</tr>
<tr>
<td></td>
<td>● Free, accessible, and safe transportation</td>
</tr>
</tbody>
</table>
LGBTQ+ with Physical Disabilities

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Affordable housing near reliable and accessible transportation and culturally responsive medical care</td>
<td>● Lower cost of housing</td>
</tr>
<tr>
<td>● Queer/lesbian bar</td>
<td>● Redefine and enforce accessibility in housing and transportation</td>
</tr>
<tr>
<td>● QMoB’s own building</td>
<td>● Central AC and wheelchair accessibility in all buildings</td>
</tr>
<tr>
<td>● BIPOC therapists</td>
<td>● Greater visibility of existing programs, services, and resources</td>
</tr>
<tr>
<td></td>
<td>● Medical care as criteria for geographical preference in housing assistance programs</td>
</tr>
<tr>
<td></td>
<td>● Increase number of BIPOC and disabled therapists– make grad school and paths to it more accessible and equitable</td>
</tr>
<tr>
<td></td>
<td>● Greater protection for people with disabilities beyond litigation</td>
</tr>
</tbody>
</table>
**Immigrants & Refugees (and First Gen)**

<table>
<thead>
<tr>
<th>What would be an ideal service or program?</th>
<th>What changes need to happen in our systems of “care”?</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Free centralized gathering space like “The Center” in NYC</td>
<td>● Healthcare should include housing, food security, and addressing trauma</td>
</tr>
<tr>
<td>● Bar/club library with LGBTQ+ archives and institutional memory and a cafe that sells expensive drink to raise funds for homeless youth</td>
<td>● Retain people who are a part of institutions who are most impacted by those institutions’ decisions</td>
</tr>
<tr>
<td>● Webstie or central place of communication to keep everybody up to date on all things queer in Boston</td>
<td>● Reform the police— mental health providers should be in charge of mental health crises</td>
</tr>
<tr>
<td>● Large organized STI testing center where services are free, accessible, and open to everybody.</td>
<td>● Change Section 12 (involuntary committal to inpatient psych hospital)</td>
</tr>
</tbody>
</table>

- Free mental health services
- Education and healthcare for all
- School education for sex ed that is LGBTQ+ inclusive
- Increased voter engagement
- More gender neutral bathrooms
- Government subsidized STI testing
What are three priority unmet needs?

- Black, Brown, and Indigenous people with food insecurity, job insecurity, and homelessness compounded by lack of accessible resources around mental health and substance abuse
- Latinx, newly emigrated people who are isolated and don’t have accessible bilingual care
- Seniors, particularly those living with HIV and AIDS trauma syndrome
- Teens with bullying and depression

Who in your communities do you see struggling and in what ways?

- Black, Brown, and Indigenous people with food insecurity, job insecurity, and homelessness compounded by lack of accessible resources around mental health and substance abuse
- Latinx, newly emigrated people who are isolated and don’t have accessible bilingual care
- Seniors, particularly those living with HIV and AIDS trauma syndrome
- Teens with bullying and depression

What current programs/services are working and how?

- Boston GLASS for youth—open and accepting environment where youth have freedom, fun, and opportunities to make friends within flexible structure. Not punitive. Host balls, provide food and clothing.
- Saturday Church run by Gail—addressed teen food insecurity via restaurant gift cards for youth
- Codman Square Health Health Center’s LGBTQ+ services—Community Health
Workers

- Boston LesbiGay Urban Events (BLUE) -- transportation via ride share app codes to get to work and medical appointments, employment search with formerly incarcerated people, nightlife for 21+, navigating housing and immigration challenges
- Multicultural AIDS Coalition -- staff represents community
- Interagency PrEP Community of Practice
- PrEP DAP/Access Health MA
- BPHC PrePCare
- Queer Nights at Clubs

What are some of the challenges engaging/serving LGBTQ+ populations?

- People don’t believe COVID is real
- Skepticism towards doctors and mental health
- Immigrant populations don’t know what resources are available and have additional barriers navigating administrative bureaucracy and paperwork

Memorable Quotes:

“Understanding each individual person in all of their complexity takes a long time.”

How would you like to see agency/organization infrastructure change to better serve LGBTQ+ communities?

- More community-level outreach to truly meet people where they are
- Eliminate paperwork/admin barriers for illegalized populations
- Clearer interagency communication and follow through with collaborative efforts
What are three priority unmet needs?

affirming_healthcare
safe_housing
community_connection

Who in your communities do you see struggling and in what ways?

- Elders– not thought of as LGBTQ+
- Youth– family rejection, isolation, BIPOC youth in affirming foster care system, lack of consistent access to care, rejected from communities of faith, sexual exploitation and homelessness, trans youth and neurodiverse youth struggling in particular
- Incarcerated people
- People experiencing homelessness– put at higher risk for all other aspects of health

What current programs/services are working and how?

- Not much
- Client-centered patient navigation at Access HealthMA, included a CAB
- BMC– peer support and LGBTQ+ education for youth from around the world, CATCH and gender affirming surgeries
- GSA support around microaggressions in school and at home
- BPS Office of Equity
- Youth on Fire– youth leadership development/youth led programming
- Action project field work for Social Work students in BU LGBTQ+ class
• NAICoB Indigenous services specific to LGBTQ+ and two spirit members

**What are some of the challenges engaging/serving LGBTQ+ populations?**

• Gendered room assignments and general disrespect of transgender patients in hospital settings
• Legal rights, and language barriers for immigrant populations
• Rigidity of faith communities
• High turnover of Case Managers, possibly due to COVID-19 pandemic
• Client access to transportation and technology
• Erasure of Indigenous populations, especially with regard to gender diversity

**Memorable Quotes:**

“We witness (Indigenous) youth leaning towards belonging through our conversations about traditional and modern gender structures within tribes.”

“All healthcare spaces should be safe and affirming, not just specialized clinics.”

“Youth lead change.”

**How would you like to see agency/organization infrastructure change to better serve LGBTQ+ communities?**

• More funding for research
• Block grants between providers that do community work
• More community involvement and conversation with general population
• Greater visibility and inclusion of LGBTQ+ Asian communities (in addition to elders, Indigenous populations, and immigrant populations who have varying degrees of documentation)
What are three priority unmet needs?

- care_for_stress_related_chronic_illnesses
- community_connection
- financial_stability

Who in your communities do you see struggling and in what ways?

- Queer seniors
  - have generational trauma from coming of age during a more bigoted time and having more homophobic straight peers—more likely to be in the closet, have depression and anxiety and use substances to cope
  - trauma of people living with HIV having lost so many loved ones to the AIDS epidemic
  - social isolation due to fewer community supports, loss of faith communities, partners passing away, institutional homophobia/transphobia, not having children or support from children
  - financial instability due to homophobia/transphobia in workplace and housing, disproportionate number of LGBTQ+ (including seniors) access food pantries—nearly ⅓ at Greater Boston Food Bank, lack of financial protection when partners died before same gender marriage was legal
  - lower likelihood of accessing care due to anticipated discrimination

What current programs/services are working and how?

- Prude, partnership with Penrose Management, developing a safe and affirming community center in Hyde Park housing complex that grew out of local community organizing efforts at the intersection of antiracist and LGBTQ+ liberation work, majority of founders and board are BIPOC
  - 900 people on the email list to potentially apply; only independent housing project currently in the US for LGBTQ seniors
○ open to all seniors, creating fair housing lottery process, mixed income for households making 30-100% of area median income. Creating screening process so only affirming seniors live there

○ 74 units– studios-2 bedroom apartments opening up January, 2024

● Greater Boston Food Bank
● Fenway Health’s Aging Project
● Ethos– partnering with Pryde on service delivery
● SAGE– partnering with Pryde on service delivery

What are some of the challenges engaging/serving LGBTQ+ elders?

● Erasure of visibility
● Institutional and interpersonal transphobia and homophobia
● Lack of enforcement of protective laws
● Complex trauma and isolation
● Fear of discrimination founded on lifelong experiences
● Chronic health challenges such as HIV

How would you like to see agency/organization infrastructure change to better serve LGBTQ+ communities?

● Shift the paradigm and don’t assume all seniors are straight and cisgender
● Care providers need LGBTQ+ cultural competence training, especially CNAs, PCAs, and paraprofessionals
What are three priority unmet needs?

<table>
<thead>
<tr>
<th>Culturally responsive providers</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culturally responsive institutions</td>
<td>Substance use support</td>
</tr>
</tbody>
</table>

Who in your communities do you see struggling and in what ways?

<table>
<thead>
<tr>
<th>Trans people— substance use support not serving this population due to interpersonal and institutional transphobia in detox and treatment centers (including gendered facilities)— creates added barrier to care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ need for more trans-specific housing— unsafe in shelters</td>
</tr>
<tr>
<td>○ survival sex</td>
</tr>
<tr>
<td>○ trauma of incarceration</td>
</tr>
<tr>
<td>BIPOC young adults who are aging out of youth programs— programs that do exist are binary and rigid</td>
</tr>
<tr>
<td>○ family and community stigma</td>
</tr>
<tr>
<td>○ challenges finishing school, finding work, securing housing, coping with serious mental health challenges, including suicidality</td>
</tr>
<tr>
<td>○ stay in unsafe housing situations, having to stay in the closet when living with family, may stay on the street versus going to a shelter (which is potentially even less safe)</td>
</tr>
<tr>
<td>Seniors and elders— finding peer support</td>
</tr>
<tr>
<td>○ stress of staying in the closet when accessing substance use services and housing, leads to coping through substance use</td>
</tr>
</tbody>
</table>

What current programs/services are working and how?

| Transgender Emergency Fund— housing for trans people |
| Children’s Behavioral Health Initiative— in home therapy and mentorship |
● TSS—training on providing LGBTQ+ affirming care
● Victory Program—Connector on Mass Ave for women, trans people, and sex workers
● Direct service workers who reflect populations served

What are some of the challenges engaging/serving LGBTQ+ populations?

● LGBTQ+ stigma across programs
● LGBTQ+ BIPOC and trans workers not at decision-making tables
● Trauma and isolation
● Mistrust of homophobic, racist, transphobic systems
● Increase in sexual assault within sex work settings—compounds issues of stigma, substance use, and homelessness, particularly among those who are formerly incarcerated. Correlated with increased meth use

Memorable Quotes:

“It’s hard to pull out successes when there’s so much work to be done!”

“Once folks finish with treatment in a welcoming space, where do they live, work, and get care outside of that bubble?”

“All orgs are serving LGBTQ+ individuals, whether they know it or not.”

“We should never have a client come to us hurt from staff not knowing how to address them or staff using the wrong pronouns. It’s not anyone from the LGBTQ+ community’s job to educate staff— they’re here to get help.”

How would you like to see agency/organization infrastructure change to better serve LGBTQ+ communities?

● Overdose prevention
● QTBIPOC representation in upper management
● Cultural competence trainings across the board, particularly in detox and treatment programs
● Focused outreach at “Mass and Cass”
What are three priority unmet needs?

- **educate_fiath-leaders**
- **community**
- **safe_private_places_to_worship**

Who in your communities do you see struggling and in what ways?

- Black men—lack of acceptance/being able to be out in their communities. Stigma from friends, neighbors, family, community members, church. Some thrive when they get support and are open to receiving support, others are driven to suicide
- Aging LGBTQ+ members—navigating health challenges, housing, not having children who can support them
- Youth who come from traditional religious backgrounds—finding acceptance and community
- Trans and nonbinary people—misunderstood, even within LGBTQ+ communities due to lack of education about their identities, religious trauma, national threat towards gender affirming care, harmful language within faith communities, gender segregation in some religious buildings, access to resources, chaplains having a lack of understanding and respect

What current programs/services are working and how?

- Queer Muslims of Boston, Halaka, and Muslim Justice League—provide services and community support
- Still Harbor—spiritual companionship program
- Old South Church—supported AIDS activism, performed first same sex marriage in MA
- Dignity Boston—specific to LGBTQ+ congregants, scripture updated to be more gender expansive
What are some of the challenges engaging/serving LGBTQ+ populations?

- Not many religious spaces have full acceptance
- Stigma
- Religious Trauma
- Interpersonal and institutional homophobia and transphobia

Memorable Quotes:

“Above all, respect is needed towards other human beings.”

“There are threats to gender affirming providers.”

How would you like to see agency/organization infrastructure change to better serve LGBTQ+ communities?

- Education and training of all chaplains, laypeople within religious institutions, and other faith leaders
- Inclusivity welcoming task forces
- Challenge rigid ways of thinking about gender and sexuality
- Update harmful language
- Physical space for inclusive interfaith worship that is private and discreet
What are three priority unmet needs?

- mental_health
- financial_support
- accessibility

Who in your communities do you see struggling and in what ways?

- Trans, nonbinary, gender nonconforming students, faculty, and staff—difficult time during summer for students going back to unsupportive homes, especially in Texas, Florida, or other countries. Staff with shared identities are burning out due to current political climate.
- Black neurodiverse students—large overlap between disability and LGBTQ+ people, each identity is met with more barriers such as institutional racism, ableism, transphobia, homophobia, and greater challenges navigating reasonable accommodations.

What current programs/services are working and how?

- Northeastern LGBTQ+ support center is well staffed and offers physical space for students to congregate as well as access to gender affirming clothes, binders, food, and other resources.
- BU and Harvard trans student support (that NEU modeled their resource support after).
- Transgender Emergency Fund—housing and support.
- MA Transgender Political Coalition—advocacy.

What are some of the challenges engaging/serving LGBTQ+ populations?

- Stigma
- Institutional racism and ableism
- Lack of administrative and financial support from universities
- Fear around safety, particularly when gender affirming providers are being
threatened and attacked and police don’t make people feel safer

- High burnout and turnover by faculty and staff who hold space for students with shared identities while lacking institutional support

Memorable Quotes:

“I would really love to see advocacy around legal gender marker and name changes through a public health lens– name in paper amplifies stress– cruel and not useful.”

“(The process of) asking for reasonable accommodations is dehumanizing and embarrassing.”

“The mental health crisis on campuses has only gotten worse with COVID.”

How would you like to see agency/organization infrastructure change to better serve LGBTQ+ communities?

- Intersectional cultural competency for all providers of care
- Greater financial support for trans-led organizations
- Affinity spaces for minoritized populations
- Apply a disability justice lens to all spaces
## COMPLIED RECOMMENDATIONS FROM PROVIDER/STAFF FOCUS GROUPS

### General Focus Group 1

<table>
<thead>
<tr>
<th>What support would you like to see from the City?</th>
<th>What ways can BPHC better engage the LGBTQ+ community in a meaningful, ongoing way to support needed programming / services?</th>
</tr>
</thead>
</table>
| ● More funding for programs and housing—repurpose old buildings, make use of tiny homes, open LGBTQ+ specific shelters  
● Create lower barrier paths to services for undocumented people  
● Provide equitable pathways/grants for BIPOC to become therapists | ● More funding of current programs  
● Funding for new initiatives that focus on multiply marginalized populations  
● All health centers funded by BPHC to collect SOGI data  
● Hire Spanish speakers |

### General Focus Group 2

<table>
<thead>
<tr>
<th>What support would you like to see from the City?</th>
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</thead>
</table>
| ● Directly fund LGBTQ+ people—put money directly in the hands of people who need it most  
● Provide equitable pathways/grants for BIPOC to become therapists | ● Increase visibility of programs and services that are effectively serving LGBTQ+ populations digitally and with physical materials through social marketing  
● Create pathways for LGBTQ+ clients to become providers  
● Ask grantees about their affirming practices sexual orientation and gender identity  
● Block grants for multiple organizations explicitly working with LGBTQ+ communities |
### Pryde Senior Housing

<table>
<thead>
<tr>
<th>What support would you like to see from the City?</th>
<th>What ways can BPHC better engage the LGBTQ+ community in a meaningful, ongoing way to support needed programming / services?</th>
</tr>
</thead>
</table>
| ● Enforce anti-discrimination laws for protected populations and identities  
● Create a commission for LGBTQ+ Elders equivalent to MA Commission for LGBTQ+ Youth | ● LGBTQ+ cultural competence training for paraprofessionals |

### Substance Use, Homelessness, and Formerly Incarcerated

<table>
<thead>
<tr>
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<th>What ways can BPHC better engage the LGBTQ+ community in a meaningful, ongoing way to support needed programming / services?</th>
</tr>
</thead>
</table>
| ● Expand detox and treatment centers to include more beds and be more LGBTQ+ affirming  
● Increase wages of direct service workers | ● LGBTQ+ cultural competency training for all program staff  
● Invite LGBTQ+ people to the table for overdose prevention conversations (and opioid lawsuit funding allocation)  
● Sustainably fund affirming programs |
## Communities of Faith

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| ● Physical space for affirming interfaith worship | ● Facilitate and/or fund training for faith leaders  
● Apply LGBTQ+ cultural responsive component to all grantees and prospective staff (similar to across the board incorporation of racial justice questions in application and interview processes) |

## Colleges and Universities

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| ● Advocacy for navigable legal name change  
● Alternatives to police for safety  
● Training college admin and staff on intersectional cultural responsiveness  
● Provide equitable pathways/grants for BIPOC to become therapists | ● Funding trans-led programs to increase capacity  
● Microgrants for gender affirming care  
● Expanding definition of gender affirming care to include laser hair removal and clothing |