

# CT Virtual LGBTQ+ HIV Health Equity Summit

## Summit Organizers & Presenters:

Paul A. Santos, NYC DOH

Moya Brown-Lopez, NYC DOH

Brandon Harrison, PCDC

Henrietta Crowell, PCDC

Kimberly Mirabella, PCDC

Judy Lipshutz, PCDC

Marissa Miller, TransSolutions

Dante Gennaro, CT DPH

# Dante Gennaro



Dante is the Health Communications Coordinator for the HIV Prevention Program and the Social Media Specialist for the Communications Department at the Connecticut Department of Public Health.

As the Health Communications Coordinator, Dante's primary role is DPH liaison for the HIV Messaging Workgroup, Positive Prevention CT. Over the last 8 years, Dante has served as an HIV Prevention Specialist in numerous cities throughout the state, orchestrated the international social media photo campaign- *HIV Equal*, and led countless educational presentations on Sexual Health and HIV. Over the course of his career, Dante maintains his mission to make this world a better place than when he got here.



# State Representative Jeff Currey

- Representative Currey was re-elected to his third term in 2018 to serve the 11th Assembly District, which is made up of parts of East Hartford, Manchester and South Windsor.
- LGBTQ+ legislative priorities include:
  - Ban on so-called conversion therapy
  - Ban on the gay and transgender panic defense
  - Creation of an LGBTQ+ Health & Human Services Network
  - Fair treatment of Trans Inmates
  - Expansion of LGBTQ+ youth access to HIV prevention medication.



# Summit Agreements

- Please keep your microphone muted
- Please feel free to turn on your camera
- Ask questions through the chat box to be answered at the end of each session
- Copies of the presentations will be made available following the summit
- Group photo at the end of Day 2 (*Pixel Perfect*)

# Summit Agenda: Day One

- **10:15-11:00 AM- Cultural Humility & Trans Health**  
**Marissa Miller, TransSolutions**
- **11:00-11:05 AM- Bio Break**
- **11:05-11:50 AM- Let's Talk About Sex**  
**Brandon Harrison, PCDC**
- **11:50-11:55 AM- Bio Break**
- **11:55-12:40 PM- Effective Outreach Strategies through Social Media**  
**Paul Santos, NYC DOH**
- **12:40 PM- Closing of Day One**

# Summit Agenda: Day Two

- **10:00-10:05 AM- Welcome Back**
- **10:05-10:50 AM- Panel Discussion: Diversity & Inclusion in LGBTQ+ Healthcare**  
**Dante Gennaro, CT DPH**
- **10:50-10:55 AM- Bio Break**
- **10:55-11:40 AM- Sex Positive Decision-Making Counseling for PrEP**  
**Moya Brown-Lopez, NYC DOH**
- **11:40-11:45 AM- Bio Break**
- **11:45-12:30 PM- Status Neutral HIV Testing & Early Initiation Strategies**  
**Judy Lipshutz, PCDC**
- **12:30-12:45 PM- Summit Finale: Photo Op!**



# Presenter – Marissa Miller



Marissa Miller is a nationally recognized advocate for human rights, social justice, health equity, and LGBTQ equality. Marissa has worked for the last 15 years on the local, state, and national levels to improve access to treatment and care for transgender people and people living with HIV, and to erase stigma and discrimination through education, policy, advocacy, and visibility.

Marissa is now working to create change Globally, she is the Founder of TransSolutions LLC. TransSolutions LLC is designed to create a Global Culture of safety for the transgender, non-binary, and gender non-conforming communities through policy, safety networks, web developed concepts, certifications and devices.

Marissa Miller has worked over the last 15 years with some of the nation's most influential national agencies working to End the HIV epidemic including: AIDS United, NMAC, CDC, HRSA, NIH and a former Board Member for Positively Trans (T+) Transgender Law Center. Through her work with the CDC Marissa served on the team that created the first intervention specifically designed for Transwomen, TWIST. Marissa currently serves as the Senior Strategic Director for the National Trans Visibility March, an annual event that brings together over five thousand constituents from across the U.S.

Marissa brings a great deal of expertise serving transgender and gender non-conforming communities, specifically in the areas of: infrastructure building, program development, evaluation and leadership development. Marissa, with Center for Disease Control, Atlanta Georgia, alongside other Trans Woman of Color created the very first intervention specifically designed for Transwoman **TWIST**. .

**Affirming Lesbian Gay Bisexual  
Transgender and Queer+ People  
through Education, Pronouns and the  
Understanding of Unconscious Bias**

Presented by: Marissa L. Miller SME  
President, Transsolutions Consulting LLC  
[mmiller@transsolutionsconsulting.org](mailto:mmiller@transsolutionsconsulting.org)



# Agenda

- ▶ **Creating a Welcoming and Affirming Space for Lesbian, Gay, Bisexual, Transgender, Queer+ people**
- ▶ **Lesbian, Gay, Bisexual, Transgender, Queer+ Education**
- ▶ **Pronouns**
- ▶ **Unconscious Bias**
- ▶ **Intersectionality**
- ▶ **Practice Session**
- ▶ **Lens Activity**
- ▶ **Questions & Comments**





Community Agreements



Parking Lot

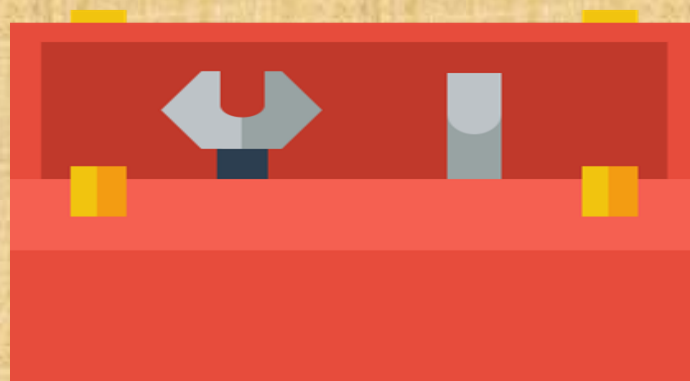


# Learning Objectives

- ▶ Understanding Gender and Pronouns
- ▶ Comprehensive Care for Transgender Woman and GNC Communities
- ▶ Intersections of Community and the Work



# **Creating a Welcoming and Affirming Space for LGBTQ+ people**



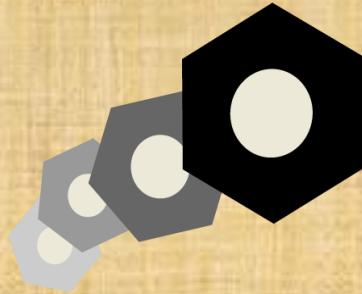


## Things We Can Do.....

- Greet everyone with a smile
- Facial expressions and body language are Important
- Understand identification **MAY NOT** equal name
- **DONT** assume pronouns
- Pronouns should be consistent
- Ask for name **NOT** preferred name
- Don't share other people stories, it's not yours to tell
- Stay up to date on ever changing topics
- Treat **ALL** people with dignity and respect



# LGBTQ+ Education





# Let's Talk Gender...

- **Lesbian**- A woman who is primarily attracted to other women.
- **Gay**- A person who is attracted primarily to members of the same sex.
- **Bisexual**- A person who is attracted to both people of their own gender and another gender.
- **Transgender**- A person whose sex is not aligned at birth, they feel they were born in the wrong body.
- **Queer**-All-encompassing term within the LGBTQ+ community for a person who does not feel they fit within a label. i.e. queer about their gender or their sexuality
- **Questioning**- A person in the process of exploring and discovering their sexual orientation, gender identity, or gender expression.
- **Ally**- Non LGBTQ+ person who supports
- **Two Spirit**- A Native American Term for individual who has spirit of both genders in their body.



## Additional Gender Education.....

- **Gender Queer-** A person who does not subscribe to conventional gender distinctions but identifies with neither, both or a combination of male and female genders
- **Trans+-** is an inclusive term for the trans community
- **M2F/MTF-** Male to Female Transgender person
- **F2M/FTM-** Female to Male Transgender person
- **Non-Binary-** Relating to or being a person who identifies with or expresses a gender identity that is neither entirely male nor entirely female
- **Deadname-** is the birth name of someone who has changed it





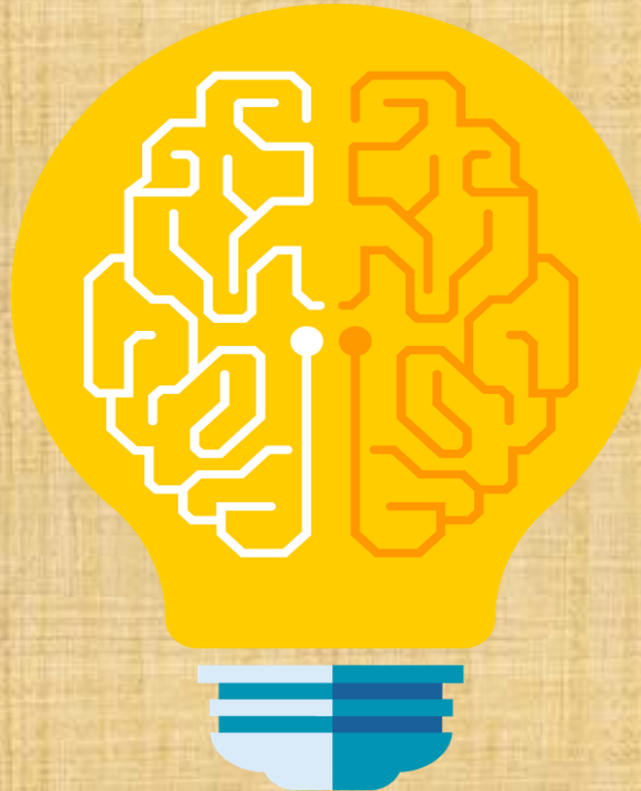
## Cont' Gender Education.....

- **Cisgender-** A term for people whose gender identity is congruent with their assigned birth sex
- **Intersex-** A person who biologically does not fit within the gender markers of male or female. This person typically has XXY chromosomes
- **Non-Binary-** Relating to or being a person who identifies with or expresses a gender identity that is neither entirely male nor entirely female
- **A-gender-** A term defined as without gender
- **A-sexual-** A person who does not have attraction to members of any group
- **Pansexual-** A person who is attracted to members of all gender identities/expressions
- **Gender Notes-** Individuals who identify as bi-gender, gender-questioning(queer), a-gender or gender neutral may choose not to transition or never even consider it



**These are Terms we want to AVOID using, they are incorrect and often viewed as offensive....**

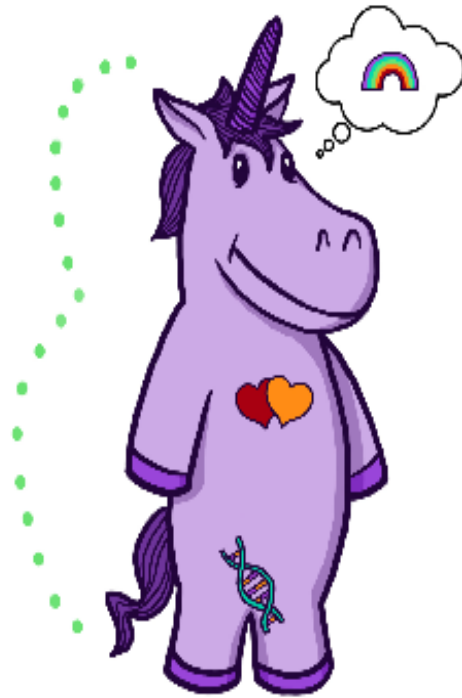
- **Transgendered**
- **Transgenders**
- **Transgenderism**
- **Transsexual,**
- **Transvestite**
- **Tr\*\*\*y**



# Gender Identity and Expression

## The Gender Unicorn

Graphic by:  
**TSER**  
The Student Resource Center



 Gender Identity

-  Female/Woman/Girl
-  Male/Man/Boy
-  Other Gender(s)

 Gender Expression

-  Feminine
-  Masculine
-  Other

 Sex Assigned at Birth

Female      Male      Other/Intersex

-  Female
-  Male
-  Other/Intersex

 Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

 Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Isodyn Fan and Anne Moore



# Pronouns





# Gender Pronouns...

It is extremely important, to allow folks the opportunity to identify how they feel most comfortable. Pronoun prevents misgendering a person and affirms a persons gender.

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landyn Pan

[transstudent.tumblr.com](https://transstudent.tumblr.com)  
[facebook.com/transstudent](https://facebook.com/transstudent)  
[twitter.com/transstudent](https://twitter.com/transstudent)

For more information,  
go to [transstudent.org/graphics](https://transstudent.org/graphics)

**TSER**  
Trans Student Educational Resources

# Unconscious Bias



# What Biases do you have about the LGBTQ+ Community?

- They are confused....
- They don't follow a religion.....
- I'm afraid they find me attractive.....
- They chose to be that way.....
- It's their lifestyle....
- There is only one way to be gay or trans.....
- Have you had "THE" surgery.....
- Men should act a certain way.....
- Women need to act a certain way.....
- What is your normal, Might not be the same as mine.....





# Practice Session

## Scenario 1

You are standing with a co-worker and a resident who is transgender. You notice that your co-worker is consistently using the wrong pronouns when referring to the resident.

How do you respond?

## Scenario 2

You see a resident who usually wears dresses and makeup and has previously shared with that they use she/her pronouns come in with a beard, wearing a button down and slacks.

How do you move forward?

## Scenario 3

A gay male resident is being bullied/harassed by other residents for his sexual orientation.

How do you respond?

# Intersectionality



# Intersectionality

Intersectionality is a term first coined in 1989 by American civil rights advocate, Kimberlé Williams Crenshaw, to describe what she saw as failures of the system in responding to domestic violence against poor Black women.

Intersectionality



Intersectionality promotes an understanding of human beings as shaped by the **interaction** of different social locations and identities.

These interactions occur within a context of connected systems and structures of power.

Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created.



According to an intersectional perspective, inequities are never the result of single, distinct factors.

## Intersectionality





# Tenets of Intersectionality

- ← People's lives are multi-dimensional and complex
  - ← They Cannot be explained through single identities
- ← Relationships and power dynamics between different identities and oppressions are linked.
  - ← They can also change over time and space.





# Tenets of Intersectionality

- ← People can experience privilege and oppression simultaneously, based on context.
- ← With social problems, the importance of any identity or structure cannot be predicted, but can be discovered through investigation.

# Tenets of Intersectionality

- ← Individual experiences must be linked to broader structures of oppression.
  - ← Analysis must occur on multiple levels
- ← Scholars, researchers, policy makers, and activists must consider their own social position and power.
  - ← This “reflexivity,” should be in place before setting priorities and directions in research, policy work and activism.

# Tenets of Intersectionality

- ◀ Intersectionality is explicitly oriented towards transformation, building coalitions among different groups, and working towards social justice.





## Discussion

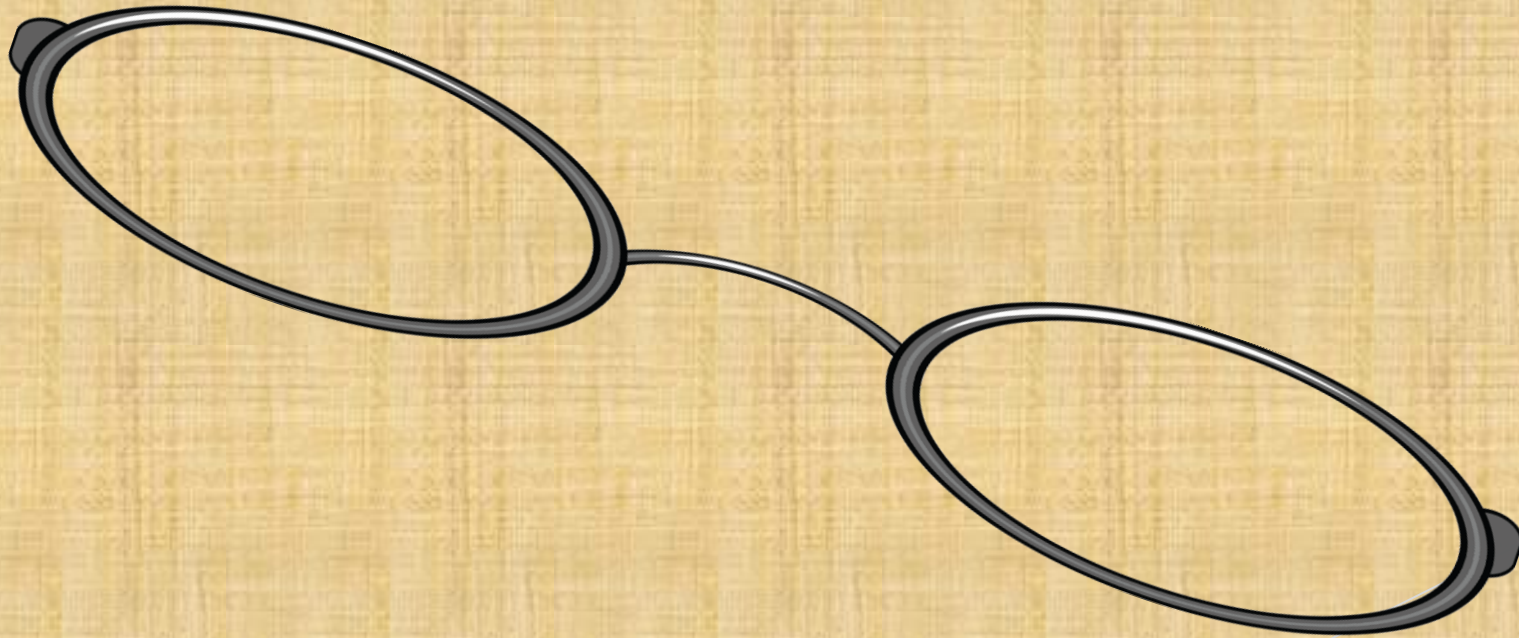
What lenses do you view the world through?





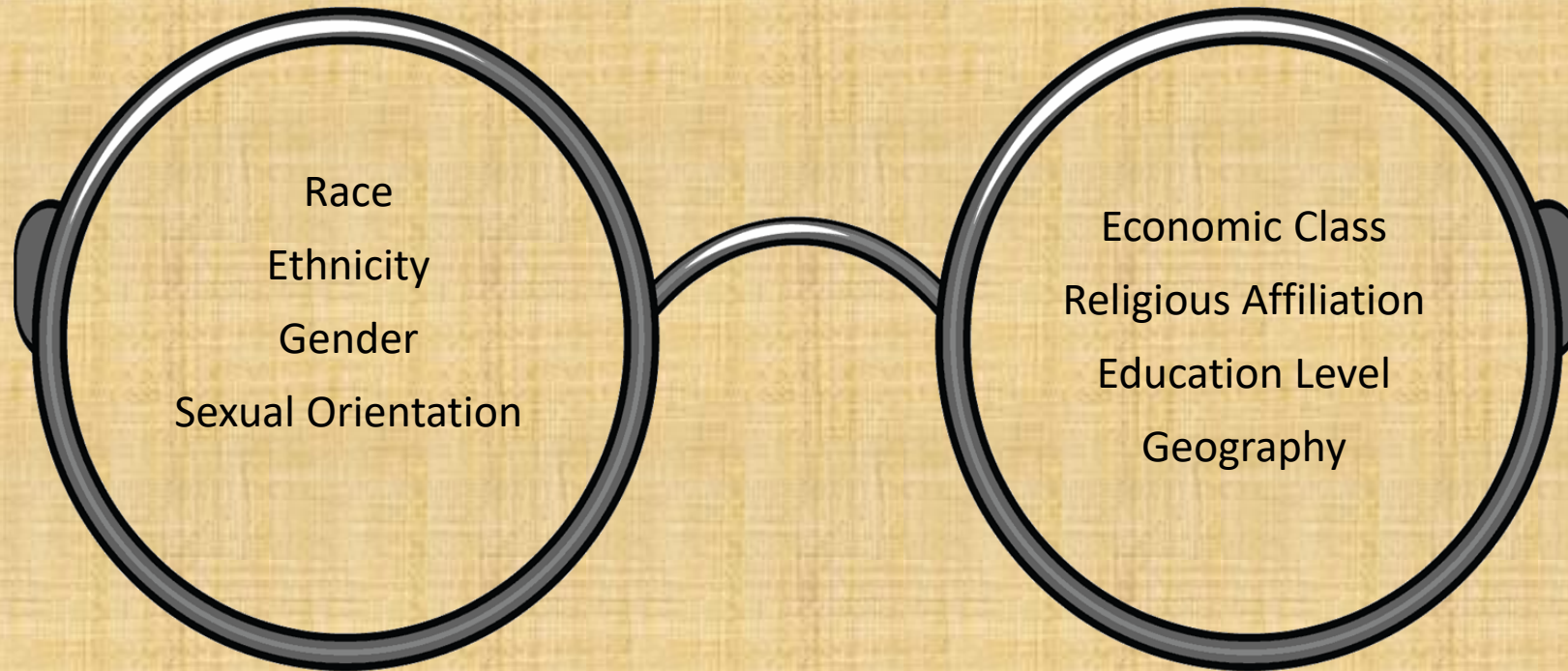
# Activity: The Lenses

Through which lens do you view the World?  
How do you see people you encounter?





# The Lenses

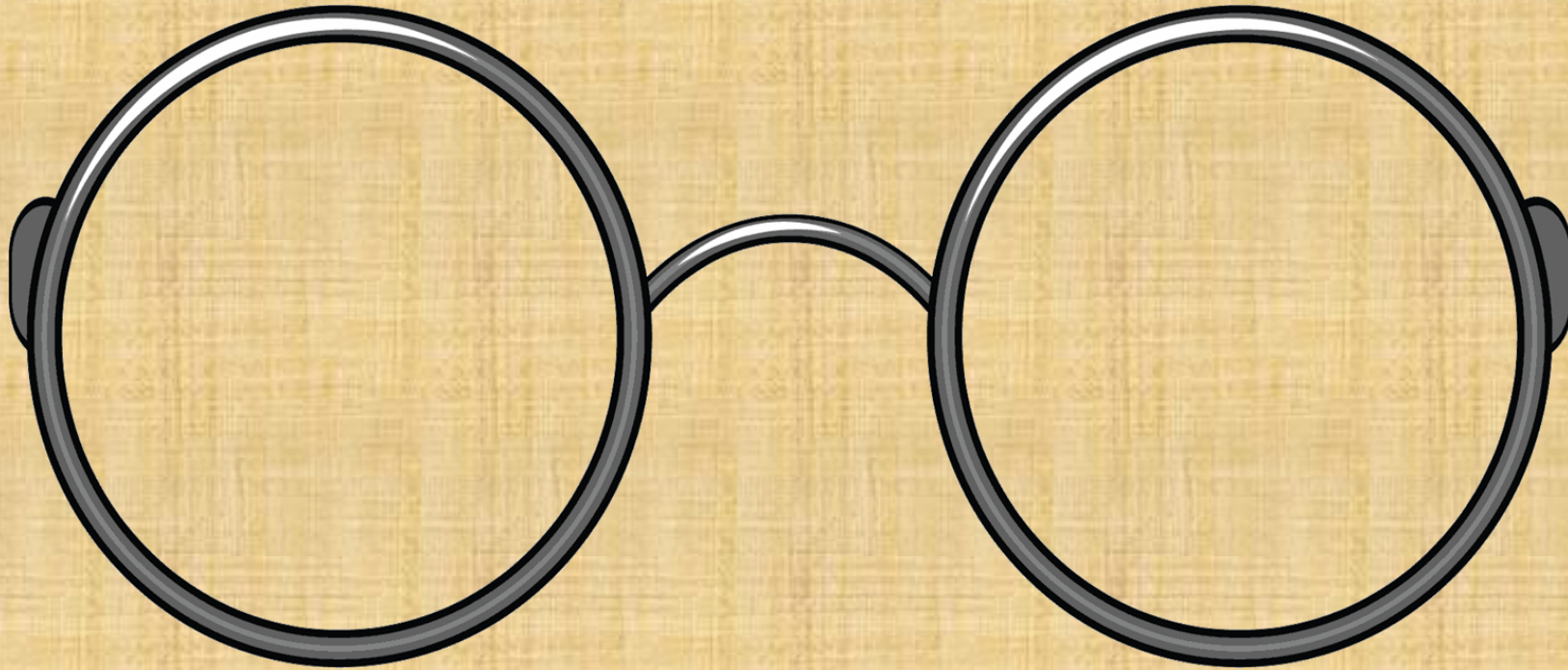


# The Lenses

- ← For this activity, consider how you identify
- ← Using the handout, fill in your lenses with these identities
- ← Be prepared to share back with the larger group



Your View.....





# Questions



Thank You So Much....

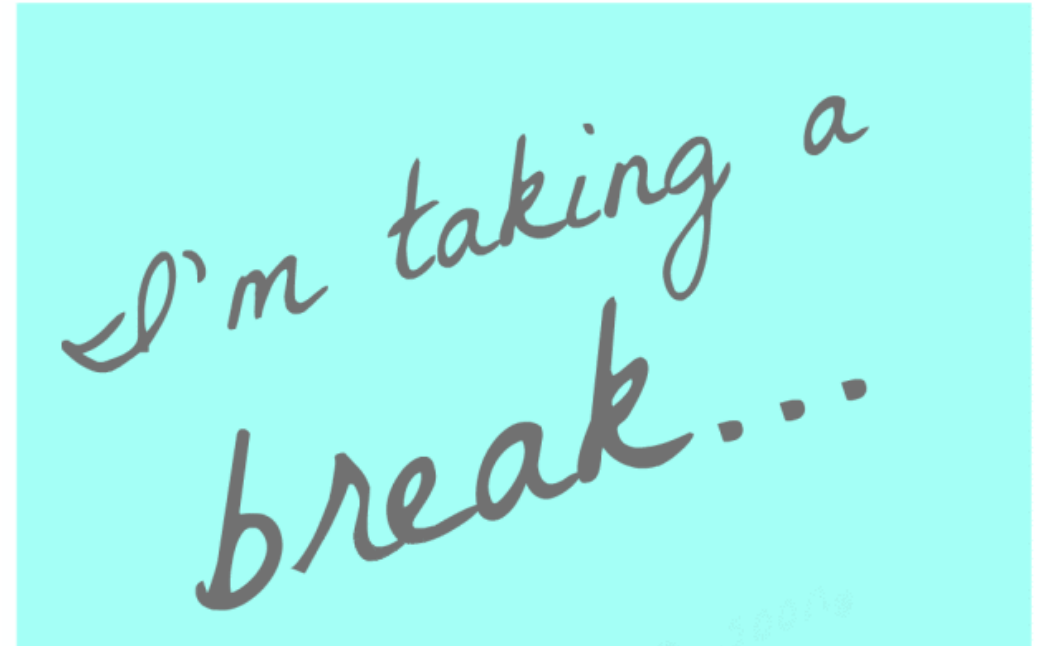


Marissa L. Miller S.M.E  
[mmiller@transolutionsconsulting.org](mailto:mmiller@transolutionsconsulting.org)

# BREAK TIME!

**Let take a break and come back  
in 5 minutes.**

**Please be back in time  
to start up again.**





# Video



<https://www.youtube.com/watch?v=ywtvJyXDWkk>

# Presenter – Brandon A. Harrison



Brandon is a Senior Project Manager at the Primary Care Development Corporation. As Senior Project Manager, Brandon is responsible for providing training and technical assistance support to organizations across the country.

Over the last 11 years, Brandon has served in leadership positions, implementing behavioral, public and sexual health programs. Throughout his career, he has been diligent in raising awareness to HIV, LGBTQ rights, violence, sex work and other social justice issues.

Brandon remains a leader and supporter encouraging others to continue their resilience.



## Let's Talk About Sex: Sexual Orientation and Gender Identity Data Collection and Taking a Sexual Health History

**Brandon A. Harrison**

Pronouns: *he/him/his and they/them/theirs*

Senior Project Manager



# Chat In

- Title and location
- What is **one thing** you hope to learn today?



# Objectives

Identify the correct language to effectively and compassionately communicate with patients

Discuss the importance of understanding the concepts of gender identity, sexual orientation and sexual behavior in order to provide quality HIV Services

Define common terms patients/clients use to describe their own gender identities and sexual orientations

Know how to address stigma and discrimination in the context of providing HIV services

Explore the outcomes associated with the experience of microaggressions and implicit bias

# Sexual Orientation and Gender Identity (SOGI)

Sexual orientation describes a person's enduring physical, romantic, and/or emotional attraction to another person

Gender identity is your own, internal, personal sense of being a man or a woman



**Why is discussing SOGI and sexual behavior with your clients important?**



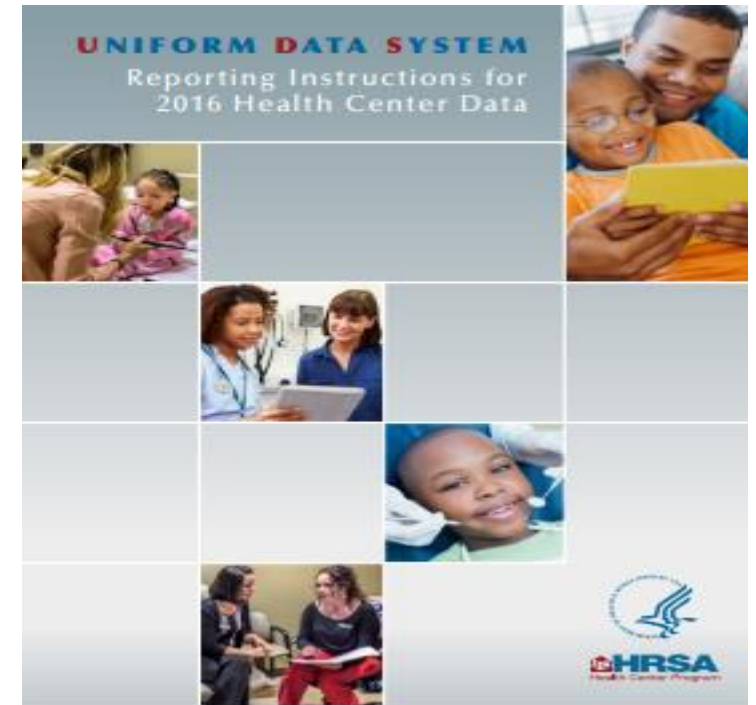
# Uniform Data System 2016

## II. APPROVED CHANGES FOR CY 2016 UDS REPORTING

### A. SEXUAL ORIENTATION AND GENDER IDENTITY (SO/GI) – TABLES 3A, 3B

Sexual orientation and gender identity are reported on Table 3A, 3B.

Rationale: Improving the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services is a priority of the Health Center Program. Sexual orientation and gender identity can play a significant role in determining health outcomes. **Gaining a better understanding of populations served by health centers, including sexual orientation and gender identity, promotes culturally competent care delivery and contributes to reducing health disparities overall.** In addition, adopting sexual orientation and gender identity (SO/GI) data collection in the UDS aligns with the 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. Alignment of UDS SOGI data elements with ONC certification criteria also reduces overall health center reporting burden.



# SOGL Data Importance

- If you are not counted, you are discounted
- Data collection allows us to tell the patient's story
- Creates safe spaces and affirms communities we serve
- Identifies disparities in health outcomes
- Secures funding
- Informs public policies and laws
- Evaluation
- Ethical Responsibility and Legal Compliance





# Collecting SOGI

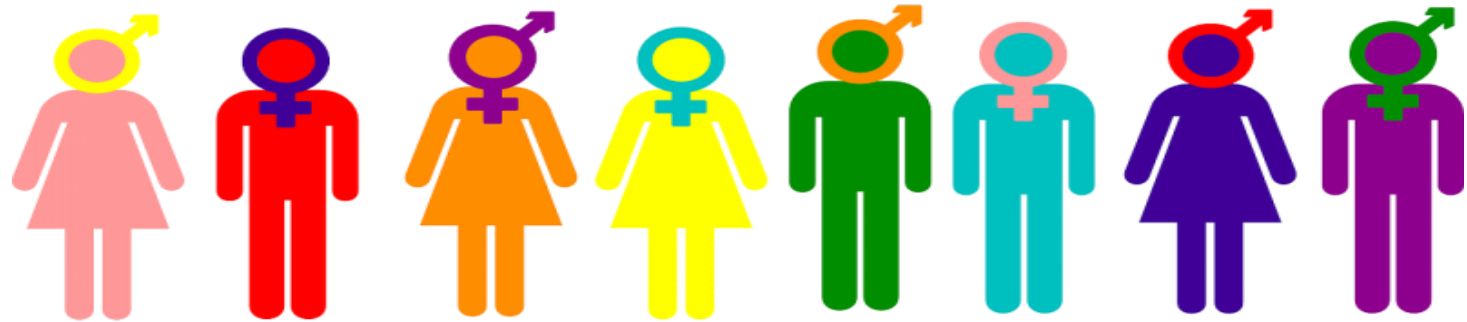


# Gender Identity Sample Questions

## Two Question Approach

What sex was listed on your birth certificate?

- male\*
- female\*
- other\*



Note: In rare cases, a person may be listed as intersex on their birth certificate, but this is not one of the categories reported to the Health Resources and Services Administration.

# Gender Identity Sample Questions

Gender Identity: Do you identify as male; female; transgender male/ female-to-male; transgender female/ male-to-female; other; choose not to disclose?

- female
- male
- transman
- transwoman
- genderqueer, neither exclusively male or female
- something else, please describe (other\*) \_\_\_\_\_
- don't know
- choose not to disclose





# Sexual Orientation Sample Questions

Sexual Orientation: **What is your sexual orientation?**

- straight or heterosexual\* (attracted to a different gender)
- lesbian, gay, or homosexual\* (attracted to the same gender)
- bisexual\*(attracted to multiple genders)
- something else, please describe (other\*)
- don't know
- choose not to disclose



# Pronouns Matter

hir ze hir his his xem hen  
xyr hen zir his her  
em xe hou eir xyr ey  
zem eir ze zem xyr  
she they  
ey he hu zir him ae ir he them  
she hou xe hu her  
em them ae him they  
xem theirs ir



# Commonly Used Pronouns

She, her, hers

He, him, his

They, them, theirs  
(in the plural or  
singular)

Ze or zie  
(Pronounced like  
“Zee”) Replaces she,  
he, they

Hir/hirs  
(Pronounced like  
“here”) Replaces  
her/hers, him/his, or  
them/theirs

Some people don't  
use pronouns, and  
would like their  
names to be used  
instead



# Why are they Important?

**Misgendering** is a term used to describe accidentally or intentionally using **incorrect** pronouns about or towards a person, essentially using any pronouns than the ones a person asks people to use

Pronouns  
ways w  
id

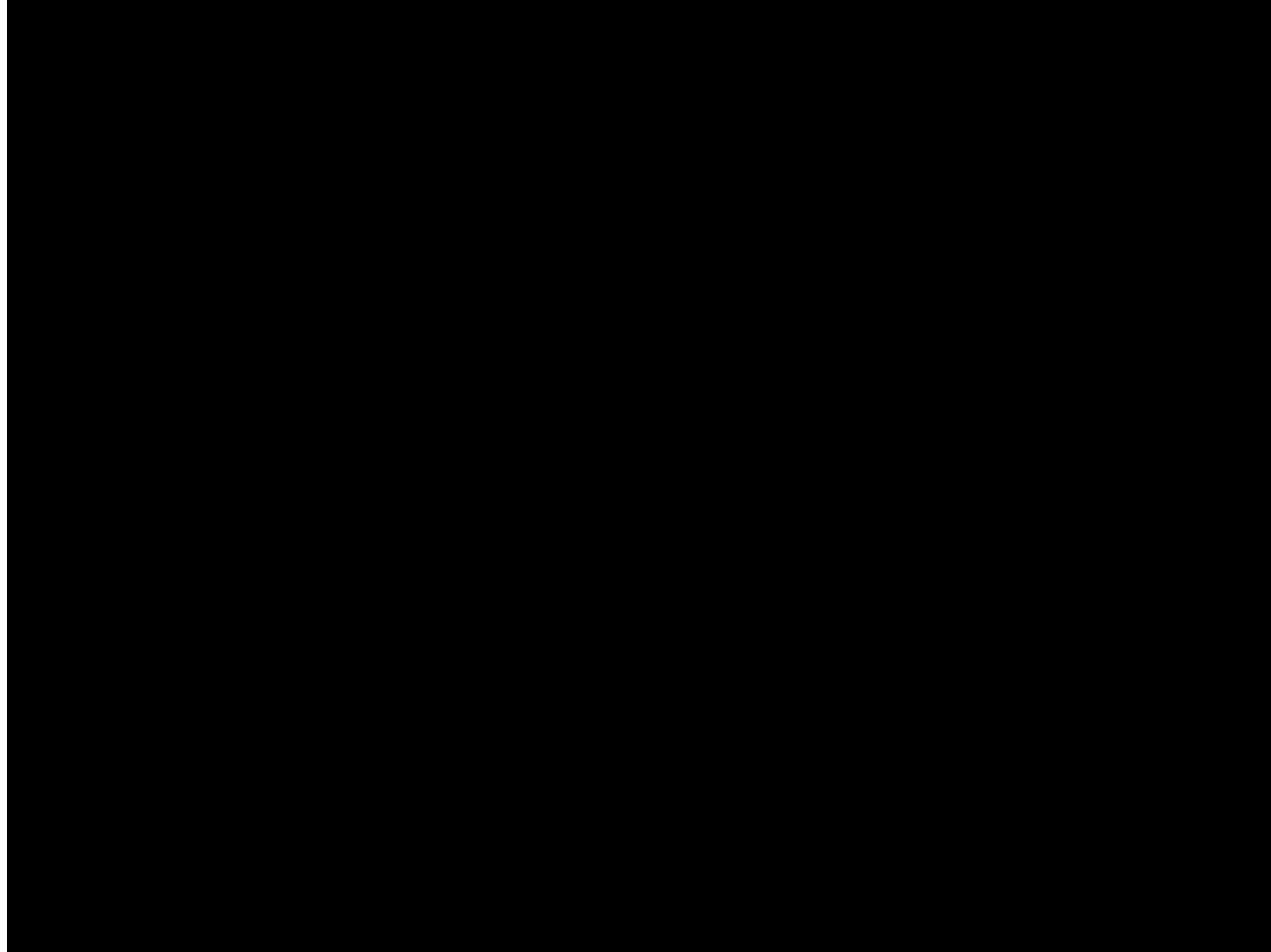
Inquiring ab  
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violence

# Video: Pronouns Matter

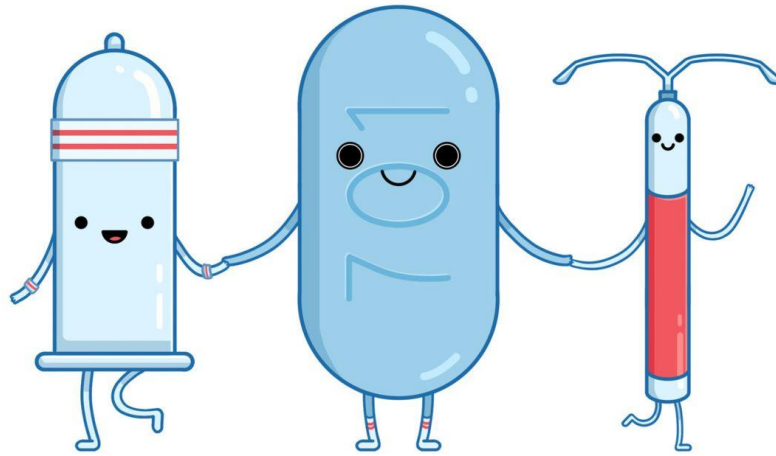


[https://www.youtube.com/watch?v=QQIVjE\\_P5jA](https://www.youtube.com/watch?v=QQIVjE_P5jA)



# Sexual Health Histories are ESSENTIAL

let's talk



*about sex*



# Poll

Who needs a sexual health history?

- a. PrEP patient
- b. 72-year-old patient living with son and daughter in law
- c. 12-year-old middle school kid
- d. Me
- e. All of the above





# The Sexual History Helps Us to Be Patient-Centered

In a survey of 500 men and women over age 25:

- 85% said they were interested in talking to their doctors about sexual issues
- 71% thought their doctor would likely dismiss their concerns.<sup>1</sup>

The sexual history allows health centers to identify clinical needs early and provide clinically and cost-effective care – essential elements of a patient centered medical home (PCMH).

<sup>1</sup>Marwick C. Survey says patients expect little physician help on sex. JAMA. 1999;281:2173-4.



# Taking a Sexual History Helps Us Improve Our Patients' *Overall* Health

- Preventing and treating STDs, HIV, and hepatitis, can help us *reduce disease and death among our patients*
- Identifying and treating sexual problems and low sexual satisfaction can help us *improve our patients' mental health and well-being*
- When we show our patients that we are interested in and compassionate about their sexual problems, behaviors, and identity, we will see an *improvement in our relationship with patients*



# Who Is This For?

**All of our patients!**

Sexual history information should be taken from all of our patients, regardless of gender, race, ethnicity, socioeconomic status, sexual orientation or gender identity.



# Who Will Be Involved?

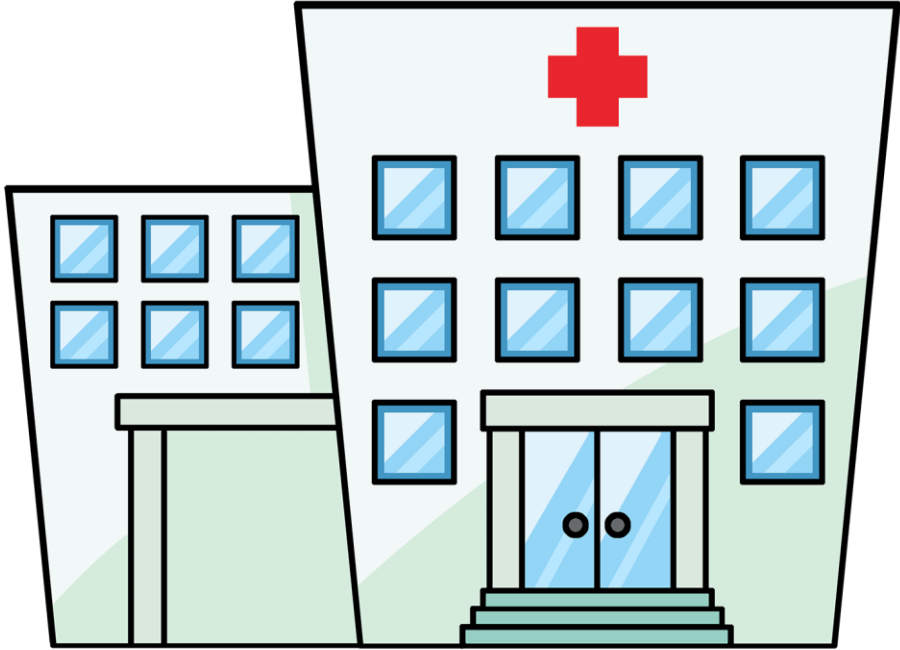
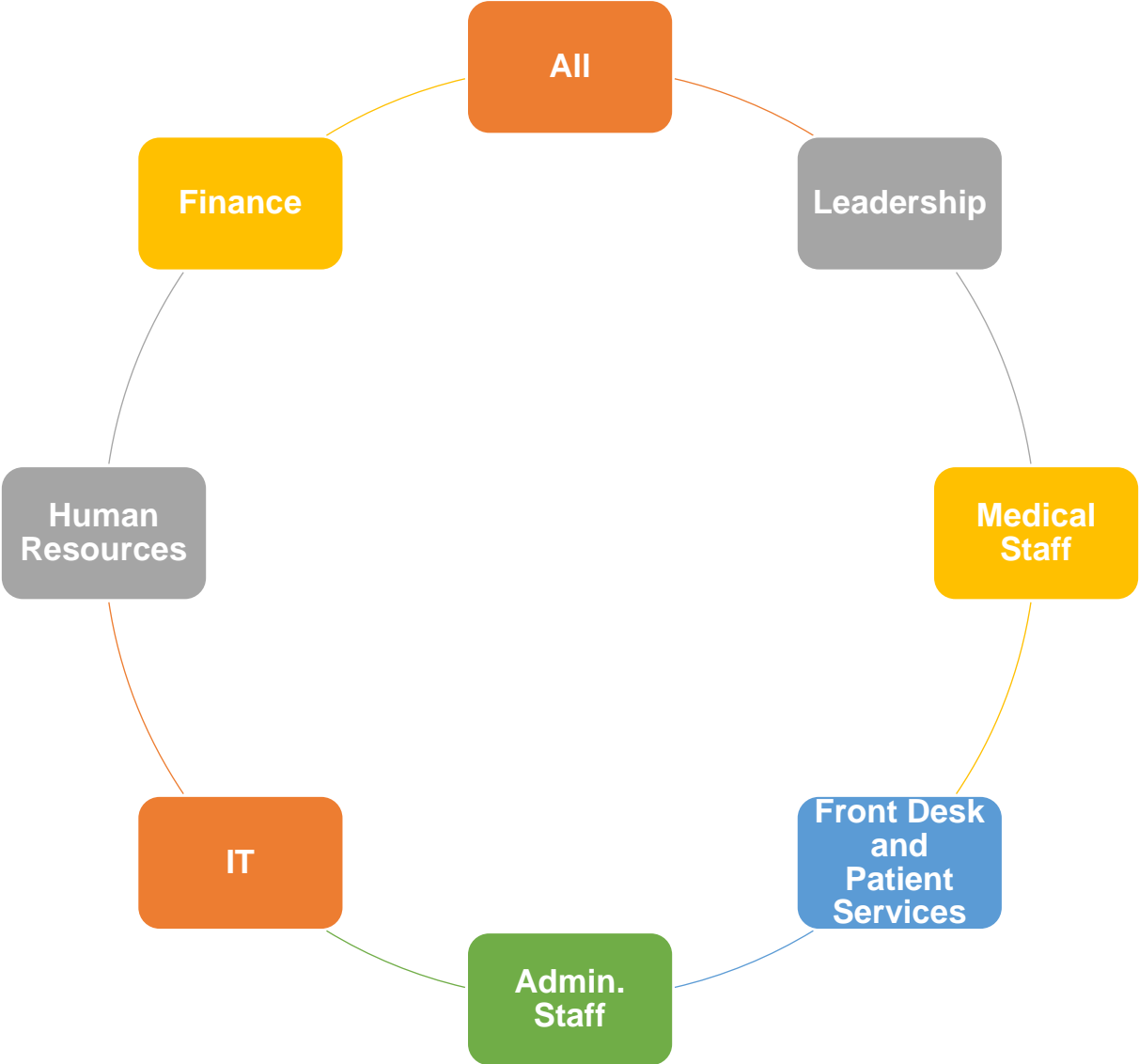
All of our staff!

All staff have a role in making sure that sexual histories are completed in an accurate, appropriate, sensitive, and confidential manner throughout the patient visit.





# Who Will Be Involved?



# Considerations...



# Reasons Patients May Avoid Sexual Histories

Embarrassment

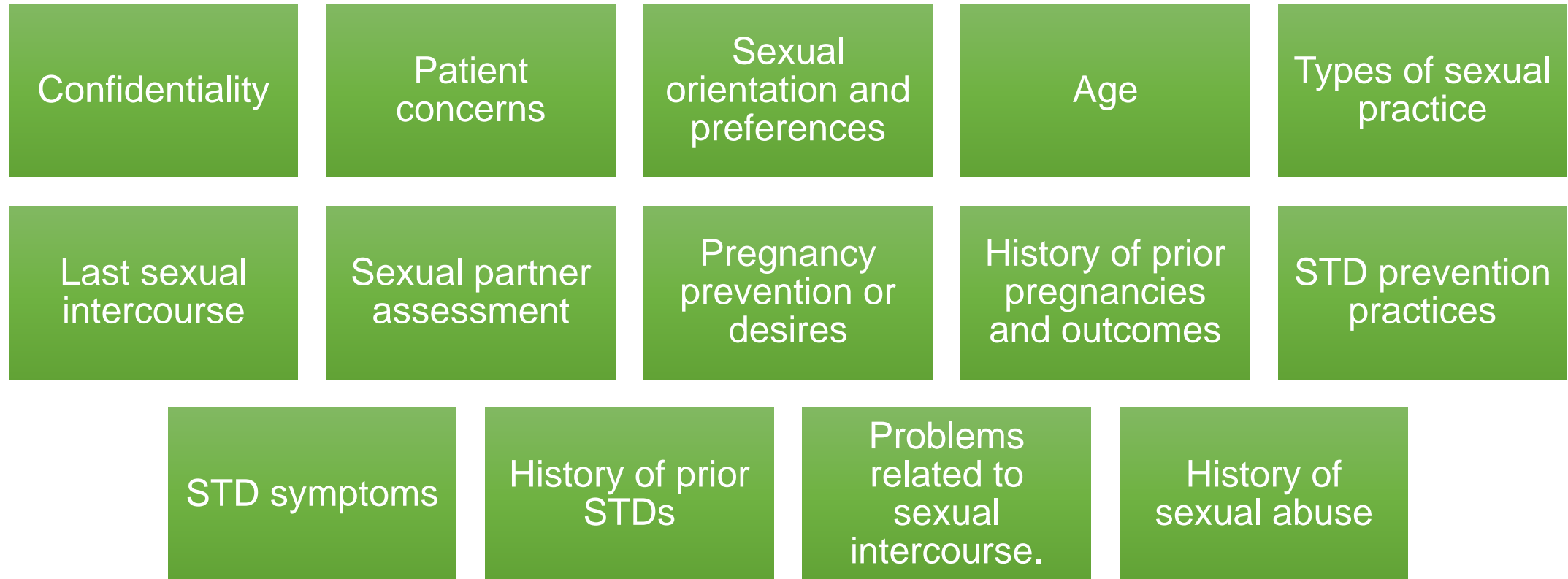
Confidentiality

Fear of judgement

Avoidance of physical exam



# Elements in a Sexual History





# Facilitating the History

Consider the use of a form that can be filled out while the patient is waiting to see the provider

Conduct the interview before the patient changes into gown for the the exam

Be upfront at the outset of the interview



# Create a Safe Environment

Creating a safe environment for discussion of sensitive topics is critical to establishing trust and open communication

- Cultural humility
- Staff training
- Waiting areas
- Bathroom
- Fluency of terminology
- Gender identity data



# Avoid Assumptions of Heteronormativity or Behaviors

## IMPORTANT TIP:

Do not assume a patient's gender identity, sexual orientation, sexual behaviors, or number of partners



# Establish Rapport

Normalize the discussion

Minimize note-taking, particularly during sensitive questions

Sexual history should be part of a broader risk assessment

Provide assurance of confidentiality and establish limits of confidentiality

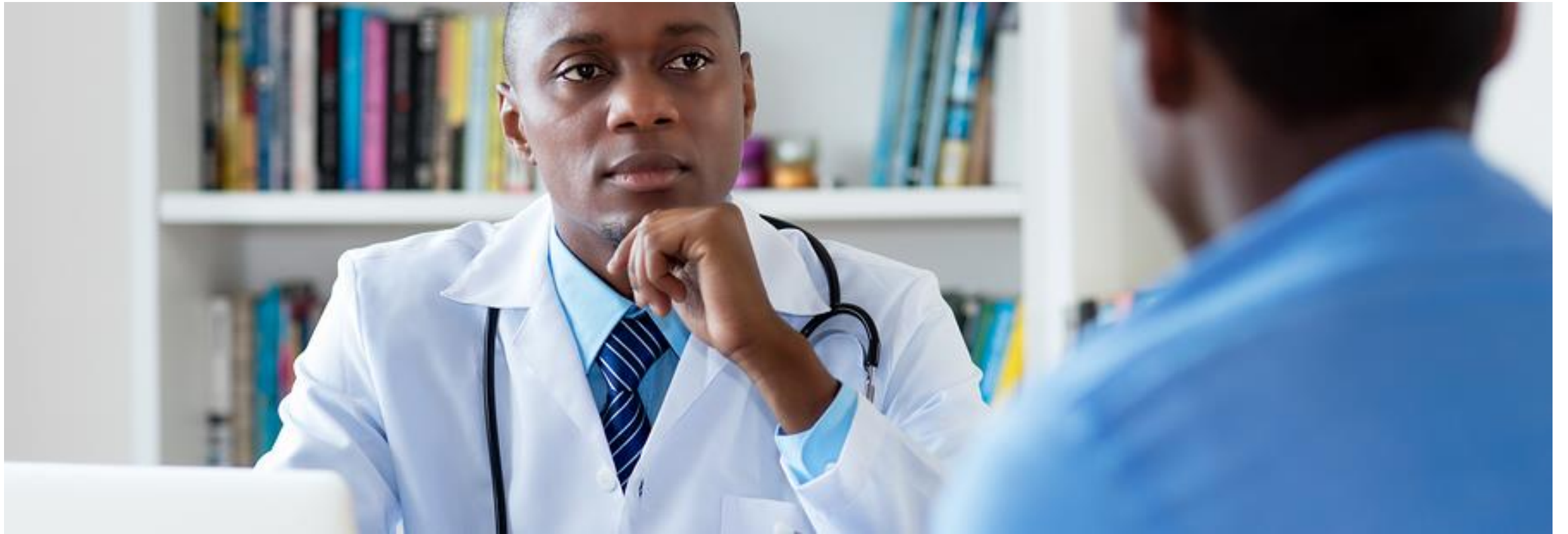


# Be Nonjudgmental and Supportive

- Offer open-ended encouragement
- Ask development appropriate questions
- Ask open-ended questions
- Avoid the surrogate parent role
- Be concrete and specific with your questions
- Describe how screening tests and results will be delivered
- Remember, it's a conversation, not interrogation!



# Taking the History



# The Introduction

## Opening the consultation

- Introduce yourself – *name/role*
- Confirm patient's details– *name/date of birth*

## Explanation/consent:

- *“To provide the best care possible, I ask all my patients about sex. These questions may or may not be relevant to you, but I need to know so I can provide the best care possible to keep you healthy.”*

## Opening questions

- “Have you had sex?” Or “Are you sexually active?”

# The 5 P's

Practices

Partners

Protection from STIs

Past History of STIs

Family Planning





# Practices

What kind of sexual contact do you have or have you had?

- Vaginal, anal, oral, other?

For men who have sex with men, are you the receptive partner, the insertive partner or both?

# Partners

---

**Timing of last sexual contact**

*“When did you last have a sexual encounter?”*

---

**Partner demographics**

*“What sex was the partner in question?”*

---

**Consensual?**

*“Did you agree to this encounter?”*

---

**Review other partners in the last 3 months**

*“Have you had any other partners within the last 3 months?” – if so, repeat the above for each*

---

# Protection from STIs

*Do you and your partner(s) use any protection against HIV and other STIs?*

- If not, could you tell me the reason?
- If so, what kind of protection do you use?

*How often do you use this protection?*

- If “sometimes,” in what situations or with whom do you use protection?

*Do you have any other questions, or are there other forms of protection from HIV and other STIs that you would like to discuss today?*

- If not, move on to next questions.

# History of STIs

*Have you ever been diagnosed with an STI?*

- *When?*
- *How were you treated?*

*Have you had any recurring symptoms or diagnoses?*

*Have you ever been tested for HIV, or other STIs?*

- *Would you like to be tested?*

*Has your current partner or any former partners ever been diagnosed or treated for an STI?  
Were you tested for the same STI(s)?*

- *If yes, when were you tested?*
- *What was the diagnosis?*
- *How was it treated?*

# Family Planning

Are you currently trying to conceive a child?

Are you concerned about getting pregnant or getting your partner pregnant?

Are you using contraception or practicing any form of birth control?  
Do you need any information on birth control (or a referral)?

Have you used emergency contraception in the past year? If so, how many times?



# Additional Things to Consider

Diagnosis

Drug use  
and alcohol  
use

Vaccine  
history

Intimate  
partner  
violence

Housing

Employment

Trauma

# Completing the History

- Open the floor
- Assess sexual difficulties/concerns
- Thank the patient for being open and honest
- Risk for STI, encourage testing
- Risk of pregnancy, offer contraceptive referrals
- Discuss PrEP/PEP if appropriate

# Role Play



# Role Play Debrief

## Ask for physician assessment of the interaction

- What went well?
- What would you have liked to have done differently?

## Ask for patient assessment of the interaction

- What went well?
- What would you have liked to have seen done differently?
- How did you feel about the interaction?

# Considerations by Population





# Gay, Bisexual Men and MSM

Don't assume sexual identity

Don't assume risk

May have sex with both men and women

Thorough assessment is key

Be knowledgeable about Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP)

Anal cancer screening guidelines

May have other risk behaviors/ psychosocial pressures or stressors



# Lesbian & Bisexual Women

Don't assume  
sexuality

Don't assume  
risk

Women can pass  
STIs to other  
women during  
sexual activity

Don't assume  
gender of  
partners

Follow published  
cervical cancer  
screening  
guidelines

Risks for multiple  
psychosocial  
stressors

Consider plan for  
pregnancy



# Transmen

Sensitivity and rapport are important

May take time to feel comfortable talking about sex

Don't assume gender of partners or identity

Plan ahead for any physical exams and ask the patient what would make them most comfortable

May have plans for pregnancy

May need cervical cancer screening and pelvic exam

# Transwomen

Sensitivity and rapport  
are important

Don't assume risk

Consider PrEP if at risk  
for HIV infection

Assess risk for  
victimization and  
intimate partner violence

Psychosocial stressors

Plan ahead for any  
physical exams and ask  
the patient what would  
make them most  
comfortable

# Poll Question: Staging Yourself

Where are you now?

- Gulp! Please don't make me discuss SOGI with my clients.
- I'm getting more comfortable having these discussions with my clients, but I need further support.
- I feel comfortable having discussions about SOGI with my clients without any further support.





# Let's Recap

Data collection allows us to tell the patient's story

Remember to always use the correct pronoun for your patients

The core sexual history does not differ between LGBT and non-LGBT patients

Rather than following a script, have a few opening questions in mind

Avoid assumptions about sexual behavior and partners

Appropriate STI screening, vaccination, contraception and PrEP all rely upon taking a sexual history



# Questions





For more information about PCDC's HIP in Health Care capacity building assistance services, contact us at:

T: (212) 437-3970

E: [hip@pcdc.org](mailto:hip@pcdc.org)

W: [www.pcdc.org/hipinhealthcare](http://www.pcdc.org/hipinhealthcare)

# Continue Your Resilience



**Brandon A. Harrison**

Senior Project Manager

Pronouns: *he/him/his*  
*and they/them/theirs*

P: (212) 437-3954 | F: (917) 206-1554  
[bharrison@pcdc.org](mailto:bharrison@pcdc.org)

# LGBTQ+ HIV HEALTH EQUITY SUMMIT 2020

What Does **LGBTQ+ PRIDE**  
Mean To You?



LGBTQ+ Pride is about promoting and celebrating community and solidarity. It's about feeling a sense of belonging rather than alienation. It's also about understanding your history and taking action against social injustice and inequity, including homophobia, transphobia, racism, classism, and ableism.

-ALBERTO C.

Pride is the joy I feel when connecting and making a difference within my community as a queer person. It's a confidence in calling myself queer, being proud to proclaim that.

-ALYSSA R.

# Queer Black Liberation!

-ANONYMOUS

People  
Respect  
Inclusivity  
Diversity  
Equality

-LAJEUNE P.

# Awareness and Strength

-MANUEL O.



Means I am free to love who I  
want, free to be me.

-MICHAEL L.

LGBTQ+ Pride means loving every part of you. You have to love the good the bad and all of your scars. Pride means showing that love for everyone to see it so that they can love themselves too.

-ANGEL C.

Openness and celebration of our love and its expression, our gender identity and its expression, and our social and political rights.

-MICHAEL F.

It means HOPE. It gave me hope to live and move forward with my life when no one including my own family would be there for me.

-JOHN

A rich history with a modern day  
movement whose riots where  
started by trans women of color,  
fairy boys and butch dykes.

-SHAWN L.



Pride means remembering our roots, and proclaiming loudly the hard won victories fought by black trans women for the rights of all LGBTQ+ people, paid for in blood, which was eventually overshadowed by the patriarchal figurehead of white, gay, cisgender men.

-DIANA F.

It means freedom to be yourself.

-ANGEL L.

It is a celebration of sexual orientation that embraces and supports all men and women, no matter how they identify. It is love, acceptance, understanding, breaking down walls, educating youth, and supporting those who struggle to live proudly and openly due to fear of stigma and discrimination. It's also groups standing together to cheer for the Supreme Court decision! Yeahhhh!!!

-MARIA L.

The background features a rainbow color palette with horizontal bands of red, orange, yellow, green, blue, and purple. Overlaid on the left side is a large, stylized arrow pointing to the right, composed of multiple parallel lines in various colors including black, brown, blue, and purple.

**THANK YOU EVERYONE!**

**THE SUMMIT WILL  
CONTINUE MOMENTARILY**

# Presenter – Paul A. Santos



Paul is a Capacity Building Assistance (CBA) Specialist in the Bureau of HIV at the NYC Department of Health and Mental Hygiene. As a CBA Specialist, he provides capacity building and technical assistance support to the HIV workforce of health departments and organizations within the Northeastern U.S., Puerto Rico, and the U.S. Virgin Islands. Paul has over ten years of professional experience, rooted in implementation, quality improvement, and technical assistance. Paul is committed to the work of HIV/AIDS, LGBTQ health, and improving sexual health for all.







# **Social Media Basics for HIV Outreach and Engagement: Post, Tweet, Snap**

Paul Santos, MPH, CHES

Bureau of HIV – NYC Capacity Building Assistance Project  
New York City Department of Mental Health and Hygiene

# Virtual Introductions

Chat in:

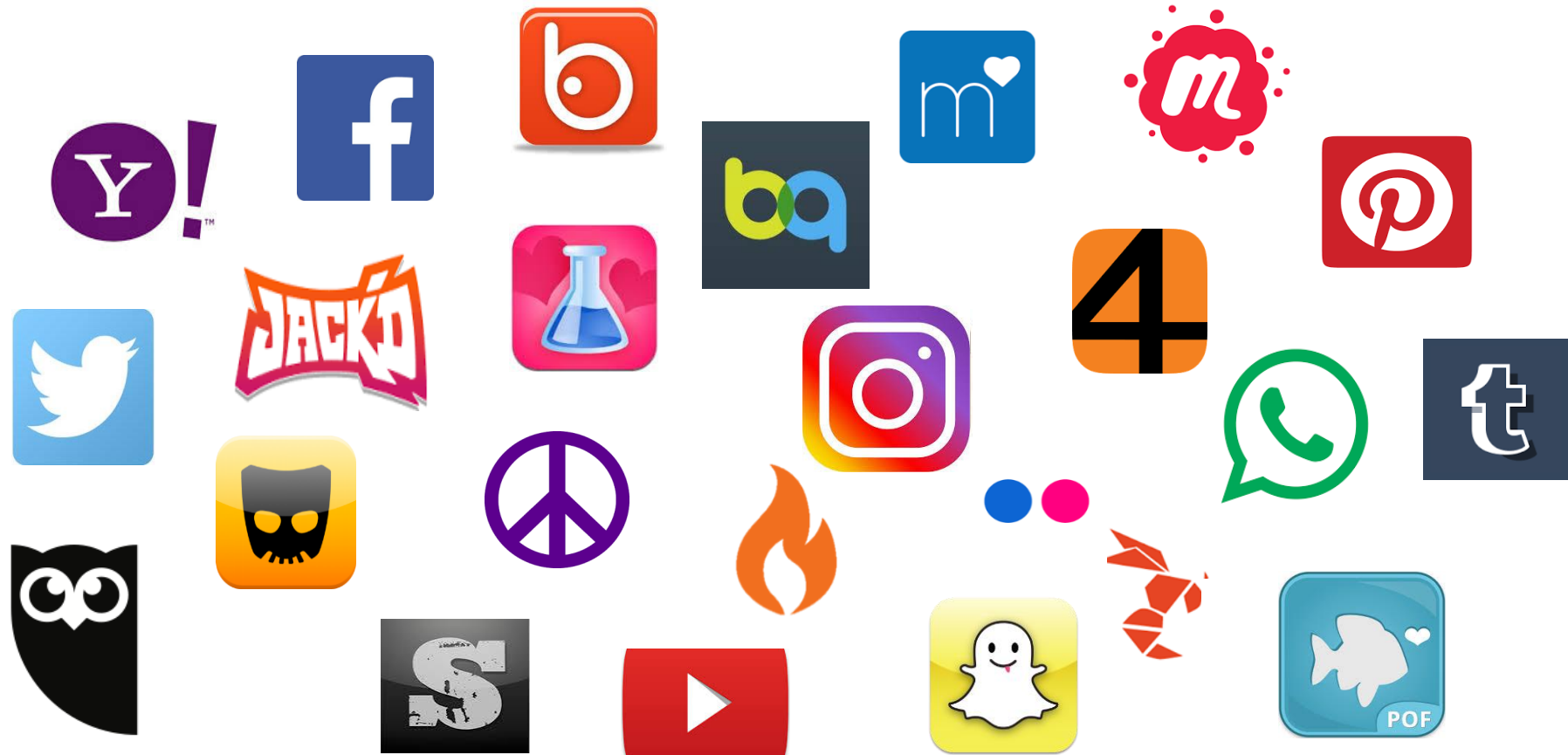
1. Your name
2. If you use social media, what's your favorite platform to use?



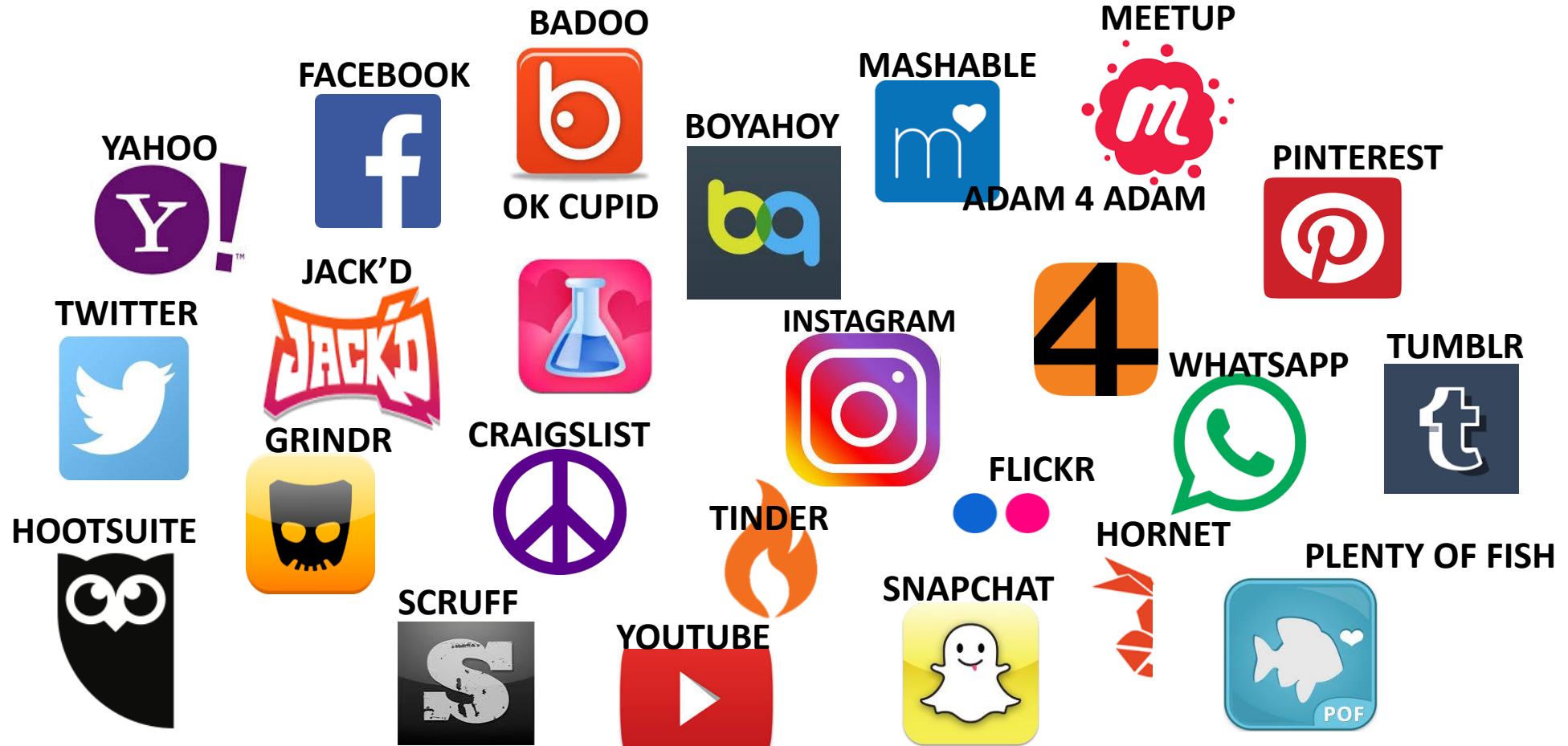
# Objectives

1. Identify resources needed in order to conduct social media work
2. Identify strategies for engaging with intended audiences on social media platforms
3. Understand the differences between social media platforms
4. Recognize ethics, boundaries and safety issues related to social media outreach
5. Understand basic analytics to determine key performance indicators

# Name that App



# Name that App





# What is Social Media?

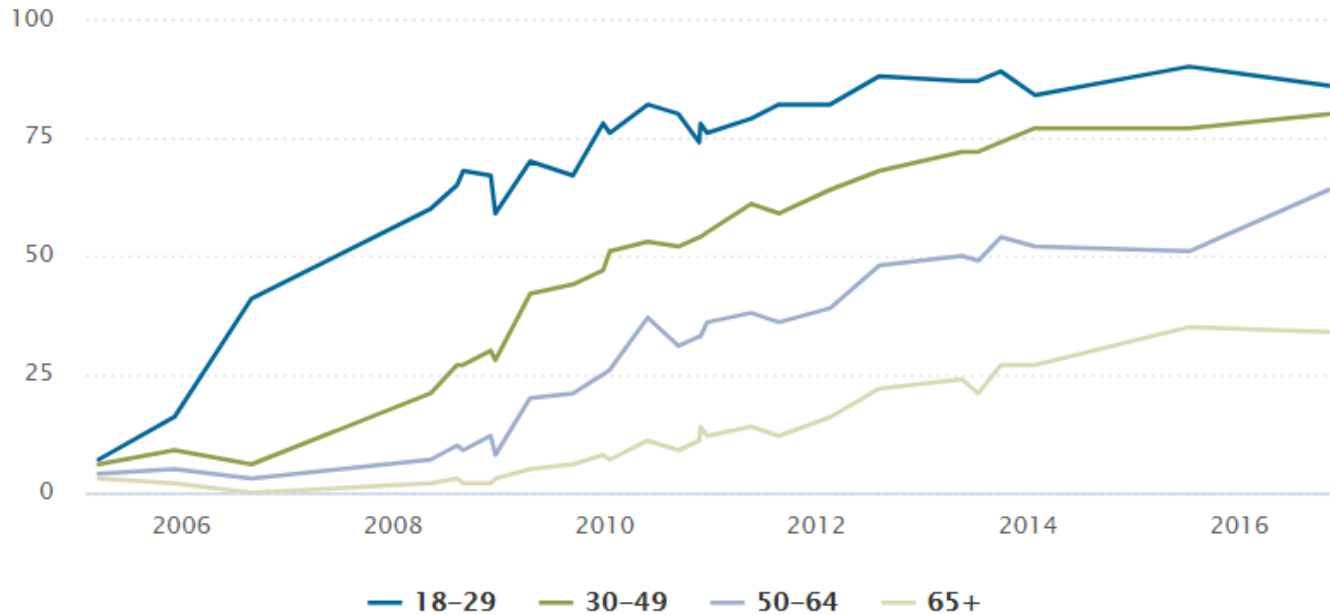


Sources:

[Boyd, D. and Ellison, N.B., 2007. Social network sites: Definition, history and scholarship. Journal of Computer-Mediated Communication.](#)  
[Costa, E. et al., 2016. How the world changed social media. London, UK: UCL Press.](#)

# Social Media Use Continues to Increase

*% of U.S. adults who use at least one social media site, by age*



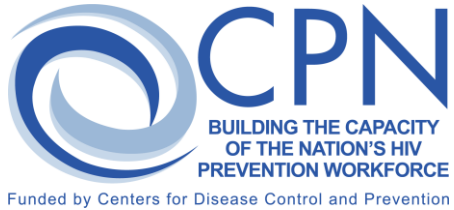
**74%**

of adults with access to the internet use social networking sites

**62%**

of adults get news on social media

Source: Surveys conducted 2005-2016.



# Why Use Social Media?

1. Increase organizational awareness or recognition
2. Engage with clients and community partners
3. Option to privately contact organization
4. Tap into various communities

# Social Media Platforms and Content: What's it all about?



# What is your social media brand?

1. **Goals** – What is the purpose of your social media marketing efforts?
2. **Objectives** – Make your objectives **SMART** (**s**pecific, **m**easurable, **a**ttainable, **r**elevant and **t**ime bound)
3. **Client** – Understand your audience in order to develop your content
4. **Competition** – Find out which social networks your competition is active on and study their content
5. **Voice/Messages** – Develop key messages to resonate with your clients
6. **Channels** – Choose your social media platforms
7. **Deliver Content!** 😊
8. **Review Performance** – Did you meet your goals?



# Tips for Picking Platforms

- **Know your audience-** 78% of 18-24 year olds use Snapchat. Meanwhile 68% of U.S. adults are on FB.\*
- **Know the limitations-** Twitter has 280 character limit, Instagram posts don't include links
- **Know the possibilities-** Platforms constantly upgrade new features and expand on existing ones from other platforms. Ie: Snapchat, Instagram and Facebook Stories

\* Smith, Aaron, and Monica Anderson. "Social Media Use in 2018." *Pew Research Center*, 01 March 2018, [www.pewinternet.org/2018/03/01/social-media-use-in-2018](http://www.pewinternet.org/2018/03/01/social-media-use-in-2018).

# Assessing your Audience

Find out what platforms your priority populations use and why

- One-on-one interviews
- Focus group
- Survey
- Analyze public data



# What's best to post where?



**Facebook-** Videos, live video, curated content



**Instagram-** High-res photos, quotes, Stories



**Twitter-** News, blog posts, GIFs



**Snapchat-** Stories, Snaps, geofilters



**Tumblr-** links, blog posts

# Visuals



# Photos





# Stock Photos and Graphics





## Videos

# 34,475

**women and girls  
are living with  
HIV/AIDS in NYC**



# What Makes A Good Post?

# Creating Meaningful Content



Today is HIV testing day. Know your status and get tested. There are several locations giving free test today. There's power in knowing.  
#hivtesting #hivtest #hivtestingday

JUNE 27  
IS  
NATIONAL  
**HIV**  
TESTING DAY

life  
get involved  
network  
prevention

honesty  
Health  
blogging  
TALK  
share  
PREVENTION

Be Open  
Speak Out  
VOLUNTEER  
love

Get the facts. Get tested. Get involved.

t's WORLD AIDS DAY! Come to one of our ACQC locations and get tested for HIV! get your results in ONE - MINUTE! #worldaidsday #endsaidsny2020 #free #hivtest #oneminresults #acqc #ahf

**WORLD AIDS DAY**  
**TUESDAY DECEMBER 1ST, 2015**

**FREE HIV Testing** 1 min.

**CONFIDENTIAL**

**Dream Big... End It!**

**LOKI** for our testing van at Jamaica

<b>161-21 Jamaica Ave.</b> 6 & 7 Floor Jamaica, NY 11432 Tel. 718-896-2500 10am -5pm	<b>62-07 Woodside Ave.</b> 3rd Floor Woodside, NY 11377 Tel. 718-472-9400 10am -9pm	<b>11-39 Foam Place</b> Far Rockaway NY 11432 Tel. 718-868-8645 10am -2pm	<b>LaGuardia Community College - E Building</b> 31-20 Thomson Ave. Long Island City, NY 11101 10am to 4pm
--------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Funding provided by AIDS Institute/NYCDOH/PHU/NBLCA/AH/ACQC Edu/GI/NC/11.2015



We're proud to be testing for HIV today! Book your appointment at <http://lgbt.foundation/testing> or drop-in between 5-9pm.

The test requires a small finger-prick of blood, it's confidential and you'll get your results in the session.

#YouAreEnough #ManchesterPride #HIVTest #UequalsU

# PRIDE IN TESTING

Rapid HIV testing at LGBT Foundation

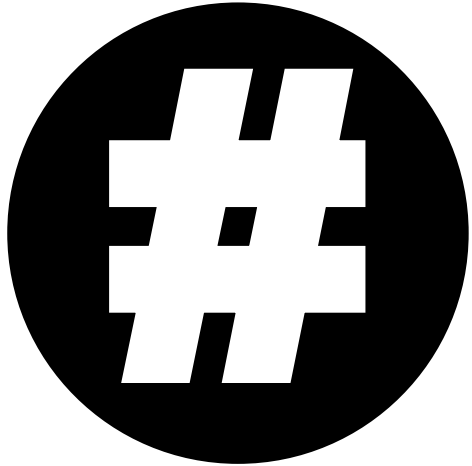
**Monday 27th August 5-9pm**



For more info and bookings, visit  
**[lgbt.foundation/testing](http://lgbt.foundation/testing)**

Please be aware we won't test anyone under the influence of drugs or alcohol.

# Hashtags: How are they used?



- Mostly used for Twitter and Instagram
  - Group and search similar content
  - Reach wider audience interested in your topic
  - See what conversations are trending
- Global hashtags vs. original hashtags
  - Awareness Days: #WorldAIDSDay, #NHTD
  - Campaigns: #PlaySure, #UequalsU



# Outreach and Engagement

Passive and Active Outreach



# Passive Outreach

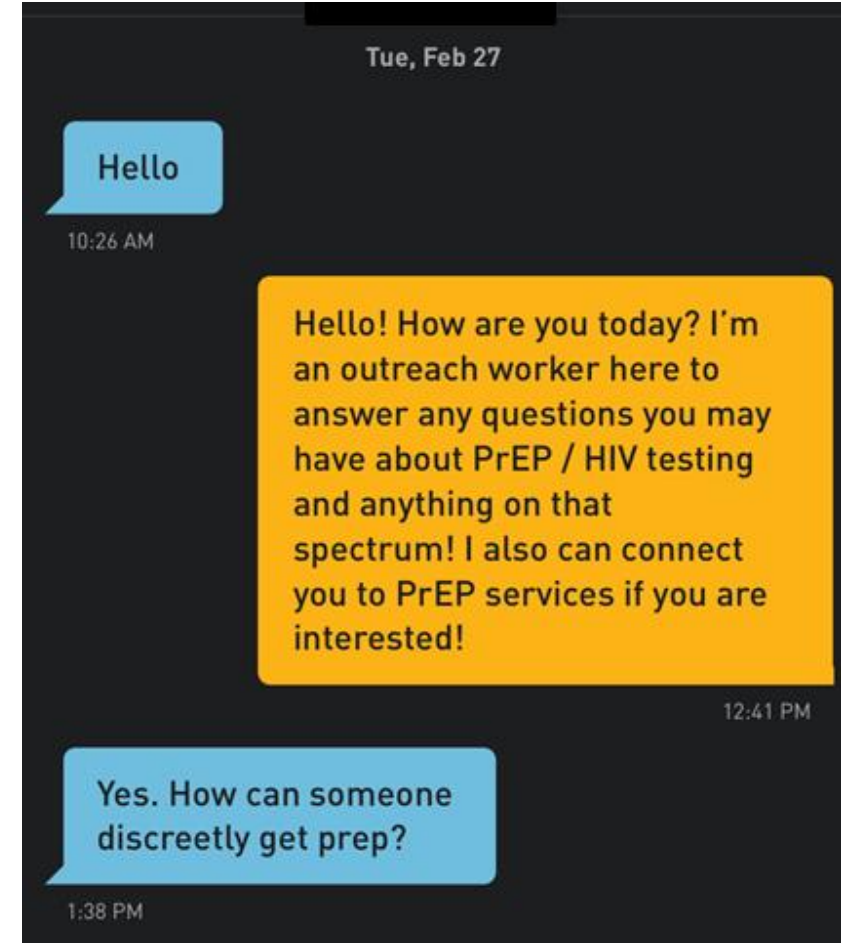
- A passive approach involves the use of a profile on a platform to attract potential clients to ask their questions
- With a passive approach, it is always the client (or potential client) that initiates the conversation



# Two Main Types of Initial Messages

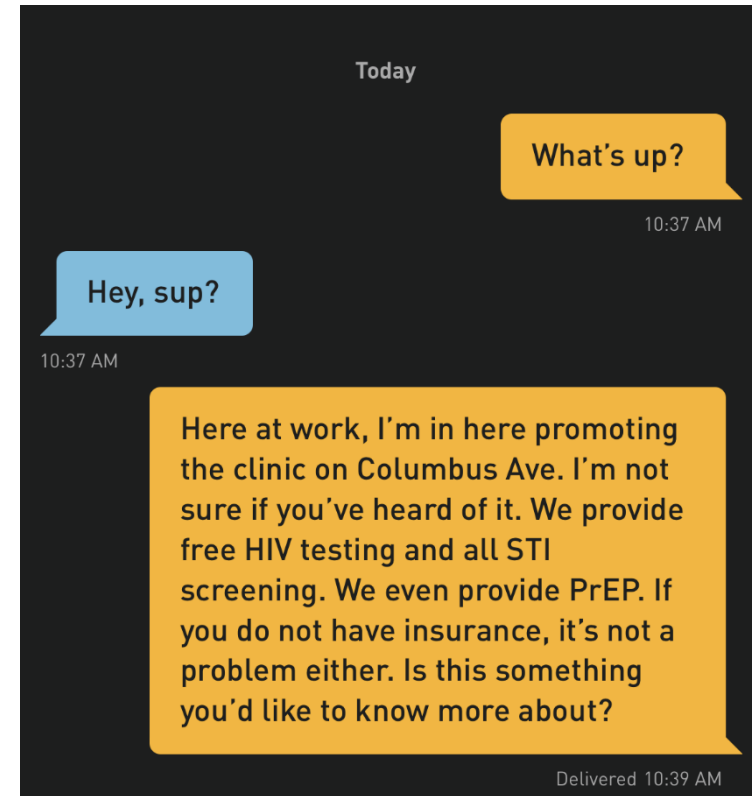
Staff may encounter two primary types of messages:

- Curious about services or organization
- Racier messages (eggplants, etc.)



# Active Outreach

- Active outreach means that staff initiate conversations by sending messages to individual users
- Program staff abide by the same rules as any other user with a profile





# Create Stock Messages

Stock messages are a great strategy to respond quickly and to ensure that you stay on message

## **Some stock messages to create:**

- Initial opening
- Sexual or other advances unrelated to services
- Individualized questions (e.g., insurance)
- Making an appointment/referral for intake
- Those not interested in services



# Takeaways

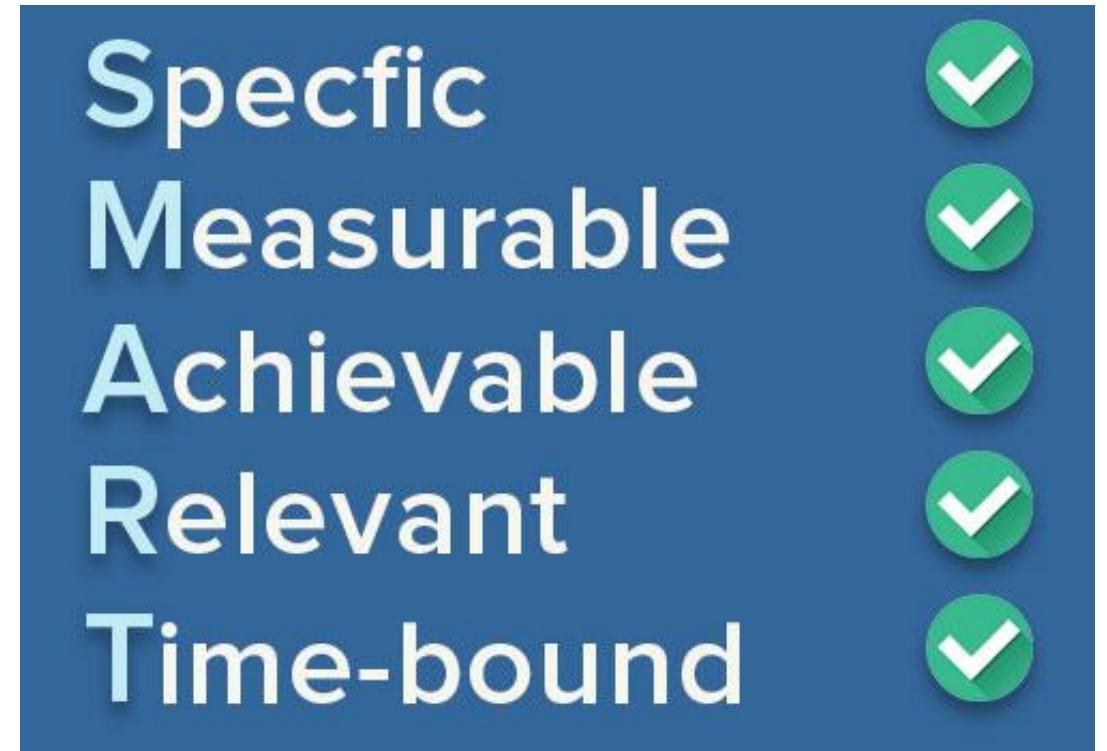
- Respond kindly and lightly
- Create stock messages as appropriate
- Do not ignore uncomfortable comments; prepare stock messages that are respectful for these situations
- Technology isn't always used as it was intended to be used
- Cut to the chase: do not lead an individual on
  - This may instill a sense of distrust and resentment

# Social Media Basic Analytics



# S.M.A.R.T. Evaluation Goals

- **Specific** – what exactly do you want to measure?
- **Measurable** – do you have the data to answer your evaluation questions?
- **Achievable** – are your goals reasonable? (given available resources)
- **Relevant** – do these indicators match your social media goals?
- **Time bound** – set a deadline



# What Do You Measure?

## Reach

- Total number of people reached
- Number of unique people reached per post

## Engagement

- Total people engaged with posts
- Overall engagement rate

## Performance Over Time

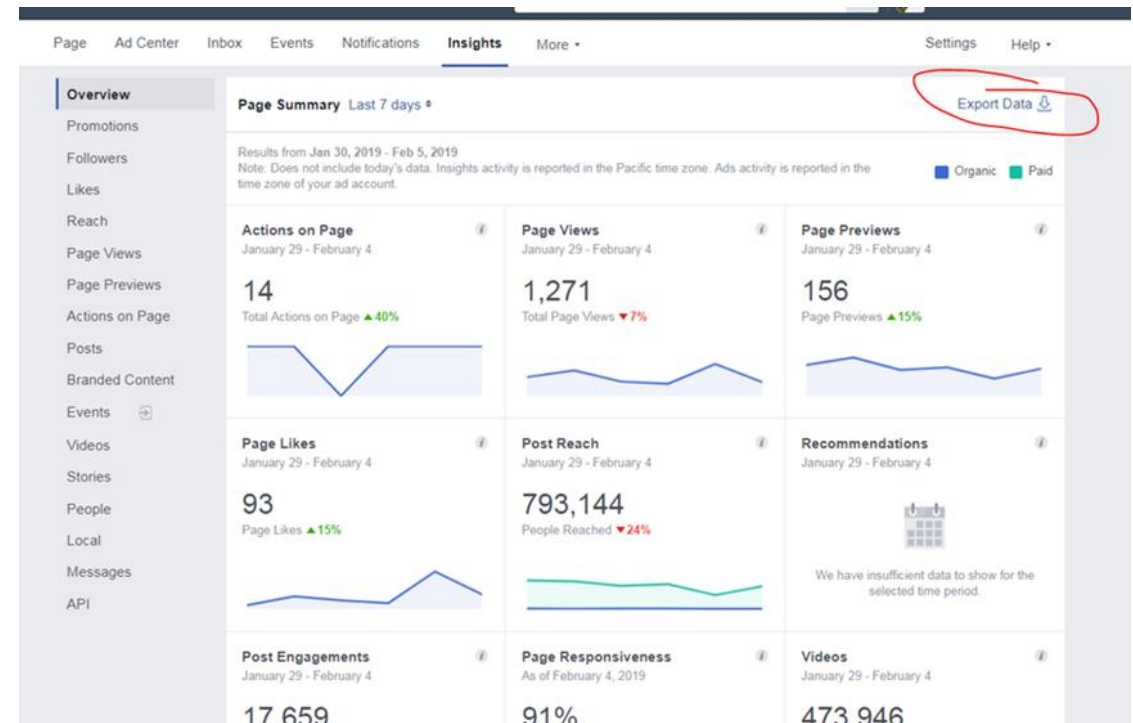
- Total # engagements per week, month, etc.

**Performance Indicators**



# How Do You Measure and Report?

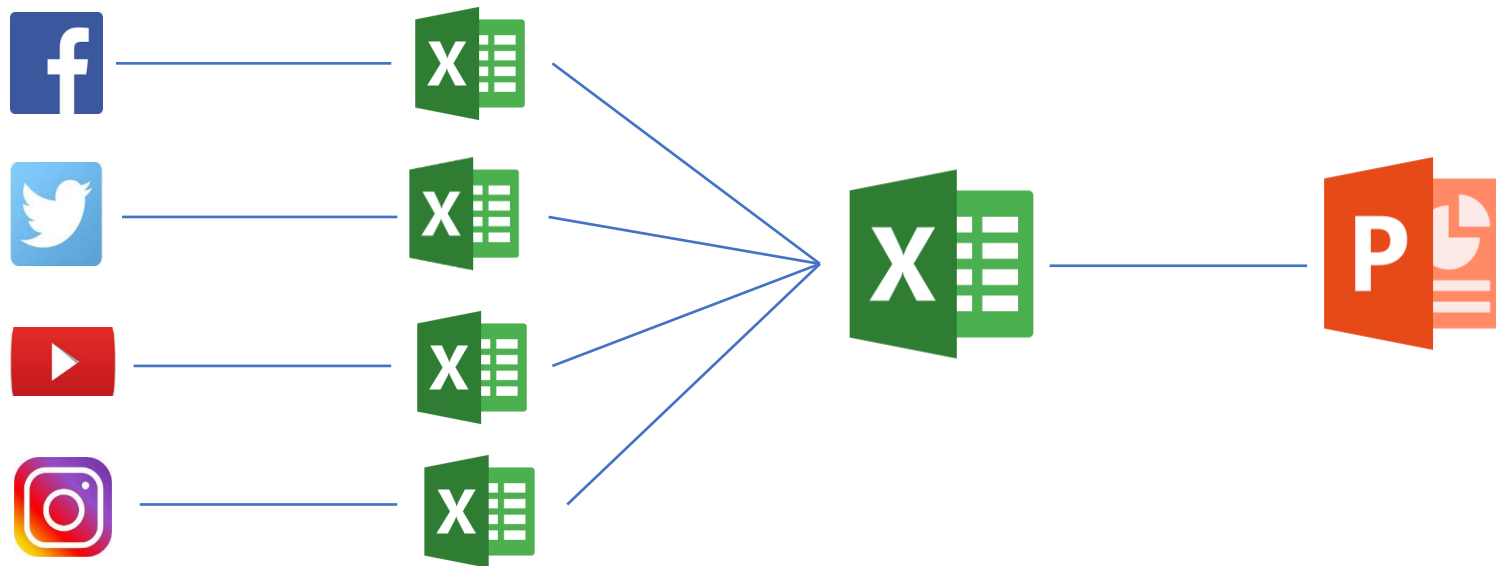
- Pull analytics directly from Facebook, Twitter, Instagram, etc.
- Use 3<sup>rd</sup> Party Platform
  - Google Analytics
  - Google Data Suite
  - Hootsuite





# How Do You Measure and Report?

- Pull analytics directly from Facebook, Twitter, Instagram, etc.



# How Do You Track Data?

	FACEBOOK						
	Nov	Dec	Jan '18	Feb	Mar	Apr	May
<b>POSTS</b>							
<b>Target number of page posts</b> Enter the number of target posts your agency projected to post this particular month. Refer to content calendar	0	0	0	10	10	10	10
<b>Total number of page posts</b> Enter the actual number of posts your agency posted on Facebook this particular month.	0	0	0	0	2	6	10
<b>ENGAGEMENT &amp; REACH</b>							
<b>Total people reached</b> Enter the total people reached for this particular month. This data comes from a Facebook data export called "Post Data".	0	0	0	0	20	66	71
<b>Total people <u>engaged</u> with posts (e.g., likes, comments, shares)</b> Enter the total people who engaged with your posts for this particular month. This data comes from a Facebook data export called "Post Data".	0	0	0	0	1	3	92

# Organizational Considerations



# Types of Agencies



**Community Based and other  
Organizations**



**Clinical Organizations**



# Resources

Staff



Time



Leadership

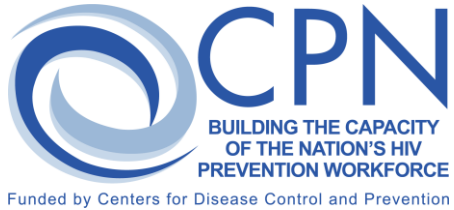




# Policies and Procedures

- Policy Scope
- Guest Postings
- General Guidelines for Online Interactions
- Agency's Liability and Rights





# Outreach and Engagement Plan

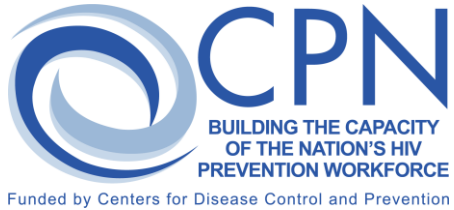
- Support efforts to increase program enrollment using social media outreach strategies
- Create an annual calendar for posts



**THANK YOU**

**Questions?**





# Contact Information



## NYC Capacity Building Assistance Project

[NYCCBA@health.nyc.gov](mailto:NYCCBA@health.nyc.gov)

**Paul Santos, MPH, CHES**

[psantos@health.nyc.gov](mailto:psantos@health.nyc.gov)



# Reflections

Please chat in.



**See You  
Tomorrow!**

**Same time, same place! 😊**