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RUHS Health Equity Task Force 071923

(Captioner standing by)

>> Hello. Okay.

We'll start soon.

All right.

Everybody. Please sit down.

All right. We're going to be getting started now. We will wait one more minute for people to find their seat. Hello to our virtual folks, what's up, what's up. We will start now. Thank you everyone. Look at the beautiful faces. Yes.

All right. So welcome everybody to our, well, second in person meeting and virtual meet. We're happy to have you here. It is great to see your beautiful faces in person as well as virtual. Thank you for coming. To introduce myself for folks who do not know me, I'm Mary, program coordinator with the RUHS public health in the health equity system. I have Daisy here if you want to introduce yourselves.

>> Daisy Ramirez bell, program coordinator for -- district four.

I use she/her pronouns.

>> Yes. Thank you and mine is she, her, and hers pronouns as well. As you see on our lovely screen, or topic today is a conversation about solidarity

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and belonging, addressing LGBTQIA plus health disparities and moving beyond allyship. Let's give a round of applause for that. It's amazing. We've come a long way for inclusion. We're glad to be hosting this. We have an amazing set of speaker, it is going to be great. Welcome to the room and virtually. Thank you for joining us today.

So, right here, before we start, I want to give welcome and acknowledgment. Our team warmly welcomes everyone in the meeting virtually and in person.

We thank Scott from Scott brothers and the Riverside County IT team over there, wave high y'all, thank you. Hey.

For ensuring our hybrid meeting runs smoothly. We would like to thank the city of Moreno valley allowing us to use this large and beautiful room for our meeting. She's not here but we're happy to use the room, right? Before we begin our meeting, it is essential to recognize that we are gathering here with where many native people have and still call home. We acknowledge the traditional ancestral and can contemporary homelands of the people whose land we occupy.

(Land acknowledgment).

All right. I'll give it to Daisy to go over housekeeping.

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>> Housekeeping items for the in person and virtual attendees. I'll make an announcement in Spanish.

(Speaking Spanish)

That was just a quick informational about making sure that this is accessible to Spanish speaking folks. All right. Those who are in person, we want to make sure you signed in so we know who is in the room. If you're virtual, make sure you write your name, affiliation, pronouns, also if you want to expand on what your organization does. We have staff that will monitor throughout the meeting in person as well as online if you have questions. Raise your hand or use the Q&A feature or chat feature that we have.

If you need captioning in person, raise your hand. We're able to assist you so you can have it on your cell phone or any other device you may have. Slides and recordings of the event will be shared after the meeting. We want to make sure you pay attention, make sure that your phones are silent so you can enjoy this next two hours of great informational, great information from our presenter as well as panelists.

All right. So let's get into the agenda.

That is our slides for our virtual folks. Same information that I have shared.

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All right. For our agenda, you should have received either virtual agenda attached to the e-mail with a link to the Zoom. If you're here in person, you also, there is also a happened out that has the bios for our speaker as well as panelists.

We're going to begin with having a presentation to set the stage by our senior epidemiologist Aaron Gardner that will talk about LGBTQ+ health equity and social determinants of health. We will have a Q&A, cue up why you are questions in person and online. After a quick break, we will come back and reconvene so we can move to our panel discussion.

Our facilitator Kevin is the LGBTQ+ cultural community liaison for RUHS behavioral health leading the conversation with our panelist. We have someone from the center, true evolution, transgender health and wellness center, rainbow pride youth alliance and we want to thank you for joining here today to share your wealth of information.

(Applause)

Thank you.

We will have a Q&A, so again, queue up your questions virtual and online.

And we will have an opportunity to provide some updates. If you have fliers or other updates you want to share, you can go ahead and share them on

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the chat.

I believe there is a feat to upload files you want to provide or you can also send it to us via our e-mail and our chat monitors will provide that e-mail.

We will have our health equity program updates and we will wrap up. All right.

We're going to do a quick introductory poll ice breaker online or monitors will launch a poll to see who is in the room. Those in person, if you were present during our last meeting, we did the wave. Do you remember? Those who are new joining us, it only works if you do it. All right. I think most of you have attended a sporting event. Sometimes the wave works and sometimes it doesn't. It is going to work here. If you identify with a sector that I call, stand up and do the wave. We will start from the right of the room to the left.

And as I start calling out the different organizations or which ever you identify, I want you to stand up and do the wave. Ready?

All right. So, community members/students.

(Cheering).

Yay.

All right. Commune based organizations/faith based organizations.

Education/academia.

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(Applause)

Government. Okay.

(Applause)

Healthcare/public health.

(Applause)

Housing/planning. Okay.

(Applause)

Law enforcement/first responders. Maybe online?

Our native and tribal community.

Online? Social services/mental health.

(Applause)

Any other that may not have been represented here?

You can shout-out your affiliation.

And online, you can type in your organization or any other affiliation. All right. We had over 200 registrations. Most of them are online, so thank you so much for joining us during the next two hours.

So, who is here in the room? We have a few of our logos. If you don't see yourself represented, feel free to send your logo so we can continue to add to this several slides of partners that we have here.

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All right.

>> Again, just give a round of applause for yourself for being here. You saw all of the logos up there. Y'all are the ones that are the coalition. You make up the coalition.

Myself and Daisy and on behalf of the health equity team, we are excited this exists for all of Riverside County. I want to give a brief for just for folks new to the meeting what the coalition is all about, right. So our mission here on the Riverside County Health Coalition is to promote to improve and sustain social and physical environments for the health and wellness in Riverside County. Again, this is a group effort, right? And then here, why are we here? Biggest thing here is the expansion of partnerships, hence you all in here in person and virtually as well. Another thing is shared resources. Today, this is why Daisy went over the partner updates. We're big on making sure to share resources with one another. That is how we can improve the health and wellness of residents in Riverside County.

Another thing too is highlighting innovative practices. Y'all are experts. We can't do this without y'all, right? This coalition makes up everybody in the community. Here, you have something that we probably don't have and we have something you don't have, that is why the community is super important to

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the coalition working and moving and advancing the health of county residents.

And lastly, which I love, is community empowerment. We want this to be something where, again, it is on the community to be able to also uplift themselves as we're helping them as well. We want to make sure people have the resources and tools to thrive and do well in the community.

Hence why this coalition exists.

So right here as (indiscernible) lovely pictures of representation, just as Daisy went over, we saw we don't have a lot of law enforcement, native and tribal. This is where we want to give you the mandate, the action to invite people to the meetings. We're trying to have it where we can do action oriented engagement activities, so it is really up to y'all to promote this to the community. They understand and know, hey, there is a meeting or a coalition should I say that exists just for them to thrive and help them. Get the word out and let's get more representation to the tables.

And so right here, you see we are -- our coalition meets quarterly, four times a year. Toed is July 19th. Last of the year is October. Of course, after this meeting, y'all will be receiving the promotional materials, all that good stuff for the next coalition meeting. Again, this is where we say please promote. And now that we're hybrid, right, we're making it very accessible. We're glad we can

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provide this type of inclusive and equitable type of coalition to everyone.

All right.

(Laughter)

So, I have the pleasure of welcoming our first speaker. Aaron Gardner is an epidemiologist with over 25 years of social science research experience including 18 years of investigating chronic disease? Riverside County with the -- completed his masters of art in anthropology from the University of California Riverside. And master of public health in biostatistics and epidemiology from the University of California connect School of Medicine. Most of his career, his focus has been health equity and social justice issues with particular attention to LGBTQ+ health data. Aaron is a current appointee to the California department of public health office of health equity advisory committee. Join me in welcoming Aaron Gardner.

(Applause)

>> Thanks. I want to hear from that guy.

I always think I sound better on paper.

Welcome everyone. I'm honored to be here today.

Let's see, what do we have?

So, the presentation that I'm going to give is really just sort of a level

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setting. The Riverside County Health Coalition is an extremely diverse coalition of people from different sectors, people who may work a lot with the LGBTQ+ community and others who don't or don't currently. I think we will have a conversation about that with the panel.

So I just want to cover some things about who are the LGBTQ folks and things around why it is important to be inclusive.

And how that can directly impact the health and wellness of the community. I think just about everything I'm going to say could probably, I know for a fact, could be given more nuanced and sophistication by our expert panelists, but I want to give us the broadest overview as possible.

You know, who am I? Yeah, I'm an epidemiologist working with the county of Riverside forever. You know, I've partnered with really all of the organizations that are here today who have helped me bring forward LGBTQ data.

And their input and help on doing that has been invaluable over the years. And also, frankly, has helped keep my feet to the fire a little bit, or our department's feet to the fire to continue to do the work. And, you know, speaking for just myself, Aaron Gardner, I really appreciate that, that pushing because in a world where you have a lot of different competing things, that pushing can really help keep what is important on the forefront. My pronouns

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are he/him/his. I am a cisgendered gay male. Okay. And I think I covered the questions, right? All right.

I like this quote. I put it into a lot of things I do, and it is, well, many minority groups are the target for prejudice and discrimination in society. Few persons face this hostility without the support and acceptance of their family as do many gay, lesbian, bi sexual and transgender youth do. Folks, keep that in mind too. Often, you know, the LGBTQ community is facing this discrimination and bigotry and without that social support that family can bring often.

So, just some basics.

You know, what do the initials LGBTQ plus, what does it stand for? You know, technically it is just lesbian gay, bi sexual, transgender, queer, questioning and then there is other identities. But when we say LGBT or LGBTQ, that is an umbrella term for a number of self-identities under that.

You know, what does gender identity mean? And that is a person, how they feel, you know, the maleness or femaleness or both that a person feels inside.

So, you know, in a way is LGBTQ kinda the same thing? No.

You have sort of the sexual minorities, which is the LGB, right, and then you have, you know, the trans community and trans folks, LGBT folks can be

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trans or nonbinary or a number of identities. Trans folks can be gay, straight, bisexual. They can be anything. One is about sexuality, one, another is about gender, and so these things are separate.

We're together because we suffer under sexism and the way that trans phobia and homophobia express themselves in our society, you know, are can be very similar and so, you know -- joined together or in an ideal world we're joined together in the fight.

Something that might seem obvious to many but I think can be surprising to others if you just stop kinda reflect on this, and that is, you know, LGBTQ communities include people from all races and ethnicities, right. It is everyone.

The all religious and spiritual backgrounds have LGBTQ people in them.

They're from all geographic regions of the world, across the entire lifespan, so not just the sit calm two white gay male well-to-do young folks, right. They're kids, middle aged, yes.

Of all abilities. So I think something that gets overlooked a lot are LGBTQ people who also have various disabilities in their lives, and I think with service providers who provide services for people with disabilities often are blind to the fact that their clients, patients, et cetera, people they have serving may also be LGBTQ, and have, you know, certain accommodations that need to be made for

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that.

There across the entire political spectrum and all levels of health and illness. You know, which is why we want to present this information to a group like the Riverside County Health Coalition because it is, because we have people here from so many sectors that touch the lives of so many people, and I think it is important to bring forward.

Why is this important? How does discrimination or stigma impact health and wellness of a population?

You know, a little bit about something called the minority stress model, again, I'm not going to go into depth on this, but basically you can consider, you know, we all suffer stress, right. Everyone has their work stress, family stress, just every day.

Heaped on top of that every day stressors that we all suffer from, the, there is also the stressors of being in a oppressed or marginalized group.

You know, this can be whether you're, you know, African American and being followed around in the store, LGBTQ and having services denied or feeling unsafe in an environment and things like that.

There is these added stressors.

The chronic and persistent stress then can cause, you have a heightened

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stress response, so cortisol levels are increased. This can also increase, you know, various, you know, heart disease, stroke, things like that. It can also lead to not necessarily the most productive health behaviors to be able to cope with that stress. So, you know, possibilities of, you know, tobacco use increased, you know, drinking, drug use, maybe other forms of coping skills that can be positive or negative that it raises the risk factors for that.

And all of that leads to mental and physical health issues, so what is when I talk about stigma, what does it look like. For the folks in person, this might be hard to see, but I just threw together a few headlines from the last few weeks, but it is basically what my news feed looks like essentially every day, especially because we're in an election cycle. LGBTQ issues are often a point of debate during election cycles.

We have, you know, was it nine attorneys general issue warning letter to target about their pride merchandise in states where they've, you know, started to call pride memorabilia or people who perform the performance art of being drag queens or kings, and starting to put legal restrictions around that, those attorneys general going after major retailers.

We have, you know, a South Carolina trans teen who is killed. This is a headline that we say way too often, and -- every time you walk out of your

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house needing to be worried about your safety in a way that other people don't have to be.

You have Texas governor signs law banning drag performances in public, from the local paper about hate crimes rising in 2021 in California and Riverside County.

So, you know, again when you start seeing, when these are the things going on every day around the country, you know, this is what stigma looks like. This is the kinds of things that can raise stressors and have you worried.

And, you know, I've had people tell me, well, yeah, but you're in California, right.

(Poor audio).

Safety and some of your basic civil rights are not recognized.

And that is not saying we don't still have room for improvement in California either, by the way.

So, some of the things that stigma has been associated with, I mentioned alcohol, drug and tobacco dependence, depression, depression is particularly high in the LGBTQ community.

Anxiety disorders, suicide ideation and attempts, obesity, heart disease and stroke.

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Are some of the direct mental and physical effects of the heightened levels of stress that can be experienced.

So, again, folks in the in person audience probably can't see that. I pulled quickly, this is California level data, not Riverside County.

But I just looked at compared straight or heterosexual folks to gay, lesbian, bi sexual or asexual other folks grouped together versus trans or as the survey says, non conforming, which is problematic wording, but the trans community.

And the, so what we see as the first one is four plus adverse childhood experiences. And I know this group has had talks in the past on adverse childhood experiences and aces and so you're aware of the impact and how it elevates risk factors for a host of things later in life.

And you see, you know, straight folks hovering just under 20 percent and then it keeps stepping up for the, you know, LGB/asexual and then the trans being the highest, right. It just goes up with four plus aces in your past, it raises other risk factors.

Experience intimate partner violence. I apologize, I put an abbreviation there instead of spelling it out. Again, you have, you know, elevated levels compared to the heterosexual or CIS gendered community.

The, and often, this can be exacerbated by a feeling of not being able to

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go to authorities to get help because of how you might be treated or how you fear you might be treated by authorities. So then you can be stuck in a violent situation, you know, because you feel damned if you do, damned if you don't. Right?

The neighborhood level, you know, that your neighborhood feels safe all the time. I took sort of an extreme example from the survey. Here you have straight cisgendered folks, you know, way more of them feeling safe all of the time in their neighborhoods and then that feeling of safety going down in steps for the rest of the community.

Ever seriously thought about committing suicide. This is something people should take notice of.

Here it is -- around 15 percent for the, you know, straight folks, and then starting to reach 40 percent for gay, lesbian, bisexual community and then over 50 percent, this is statewide survey, for the trans community.

I mean, I think this is really alarming.

But again, it is not, you know, these are things, these are based on experiences that have accumulated over a lifetime, and I think we can do things to, about that.

So, and then had difficulty finding primary care, again, you have, you

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know, elevated levels of finding difficulty. So, you know, trans folks, you know, I know folks who have been just out right denied services from healthcare providers.

Just out right. Is it legal here? No. Does it happen? Yes.

So, you know, can you imagine being told no by your doctor? Well it happens, or by someone you want to be your doctor? You know.

And then has likely had serious psychological distress in the past year. That looks very similar to the ever seriously considered suicide.

Okay. So basically it is, you know, the impact of stigma on this community, my community has real impact.

And then just to touch briefly on intersectionality, you can imagine I'm standing here as a cisgendered white male, right. And I think we can all say there is some privilege in that mix, right?

Those stressors are compounded by having because of ageism, sexism, racism, so, you know, now you can imagine you have to deal with the issues of being a person of color, and trans, and, you know, right?

Maybe, you know, gay or lesbian and trans and a person of color, you know, and dealing with all of those sorts of -- the impact of all of that has a cumulative effect.

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But now that I've depressed everyone, you know, I want to end on saying, you know, but there is resiliency and work that continues to be done in this community.

And I'm very proud of the resiliency that our community has.

And just a couple of headlines just from, you know, that are recent. One is \$3 million set aside for the, you know, for LGBTQ resource center in the Inland Empire. In like the western and southern part of Riverside County.

And so that is really exciting news.

And, you know, LGBTQ plus groups March for queer and trans rights in the Inland Empire because the fight goes on and the voices won't be silenced, and we're resilient and, you know, I think that is amazing. I want to end on that note.

And that is it. Now I can hand it over to our panelists who are much better than me.

(Applause)

>> Round of applause again for Aaron Gardner. He did amazing. Yes.

So, now we're going to move into our Q&A. Please feel free in the audience and online as well, let us know if you have questions that you want to ask Aaron, okay. And Daisy will go around in the room for in person to go with

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the mic if you have a question. And for virtual folks, we have moderators that will let us know if you have any questions.

Thank you.

>> Questions?

>> Aaron, what do you think has been the biggest change in the past 20 years working at HUHS in public health in terms of the climate around queer and trans rights in Riverside County specifically I guess.

>> It's actually, for over the last 20 years, it is really pretty amazing.

I'll speak for within my experience within public health.

I think, you know, 20 years ago, I had to fight to publish a small like two-page data brief on tobacco use in the, at the time it was just the LGB because that was the data that was available community.

I had to come back with receipts because I was asked at the time, well, what health differences could there possibly be. Aren't those folks just like everyone else. Of course, there was not an understanding of (indiscernible) stress model and equity and, you know, health equity particularly. This is before a lot of those conversations were taking place.

Now I think this understanding of LGBTQ or sort of queer rights and health concerns and working with the community have become really going from

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fighting it to having it being integrated into our programs now.

Going from the and I can say this because it is our executive team at the top of public health is different executive team. Going from needing to really argue every step of the way with executives who were nervous about not that they weren't supportive like philosophically but nervous about, you know, how they might have to defend work around this area and that has changed to having an executive team who couldn't be more supportive of the work. I think that that doesn't mean there aren't areas for improvement. Especially with the like LGBTQ organizations I've worked with, I always encourage them when they see areas for us to improve or areas to partner with us or, you know, even just hold our feet to the fire, please do so. We've open to it. We're a big county government agency, our feelings will not get hurt, but we will listen and I think that is important.

Anyway, I hope that answers your question.

>> Any other questions?

>> Hi. Sorry. First I want to say thank you for your presentation and the work you do. My question is I know that we see that there is more data for the LGBTQ community, but, you know, there is quite not enough, right. We need to collect data more. My question is what can this coalition do when thinking about

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within our organizations or just together collaboratively to get that data and do community based research and just some importance of it.

>> Great question.

Yes.

Data is more available than it used to be.

And it is, and at the same time, it is still frustratingly lacking. I think this, you know, I think working, collecting in your own organizations, you know, if you have a form that asks like age and race, ethnicity, you should also be asking gender beyond a binary gender of male female.

And you should be asking sexual orientation. As well.

And, you know, there is a number of best practice guides, but we can also help with that. Of course, the organizations that are represented on the panel today can all help with that as well. So, and I think in some of our future, one of our goals in epi for health data is to start working with, you know, community groups much more and so putting our foot forward and having more collaboration and putting together advisory groups and stuff on our data products to help us move forward. And also assist with not just collection of data, but interpretation of data as well.

>> Any other questions? Last minute thoughts?

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>> Thank you again. Everyone has been gracious. My last minute thoughts are I'm just looking forward to hearing from our expert panelists and that is who I want to hear from now, so thank you very much.

(Applause)

>> Aaron, we have a certificate of appreciation for presenting here. Thank you so much. Another round of applause. Thank you so, so much.

We're going to go on our five minute break. 10:42. I believe we will be back at 10:50? Yeah, 10:50. Everybody, we will start again. Take a break. In person folks, get goodies. Talk and mingle. Virtual folks, stand up from your chair, take a break, call your loved one. Be back soon. Thank you everyone.

(Break)

>> All right. So, I know those minutes went by quickly.

If you can just start by going back to your seats, we are going to get started.

All right.

If you can hear me clap once. If you can hear me clap twice. If you can hear me clap three times. Awesome. All right. If you can make your way back to your seat, I'm very excited for this next section of our meeting.

I'm excited to present to you all the facilitator for the panel discussion. I

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want to bring up Kevin, nonbinary community member of Riverside who received their education in psychology at the University of California Riverside. They have person experience working with the LGBTQ community and passionate about how our collective communities can create safe spaces for all folks. Cultural community liaison working towards reducing stigma around mental health and improving access to behavioral health systems.

Please join me in welcoming Kevin.

(Applause)

Thank you.

>> Good morning everybody.

Thank you Daisy for that introduction. First, I want to say thank you to the health equity family for inviting me to be today's moderator. We're excited to get into the discussion about the LGBTQ health equity and thank you to the coalition whether attending in person or virtually. So many places you can be, but you're here today to care for communities and collaborate. We have a lovely set of panelists that we're excited to learn more about what they do. Right and, judge just hear about their experiences working with the community and how we can learn from each other and support marginalized communities. If you're interested in the panelists full bios, they're on the back of the forms and papers

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you received this morning when you walked in. A little bit about me, my name is Kevin, they/them. I know that's a lot of titles, but I do community outreach and engagement and advisory trainings and (indiscernible) how we can good best engage. Let's introduce some of our panelists. We have Joe Kingston from the LGB center of the desert, we have Ariel savage from true evolution, and McKenzie Luis here from (indiscernible). And lastly, Gustavo from the rainbow pride youth alliance. Panelists, are we ready? We have a lot to discuss, you know, answer the questions you feel called to. You don't have to answer every question. If is the same as the person next to you. Let's do a brief intro. I shared your names and titles, but if you can share your title, pronoun and what you do at the organization you represent.

>> Thanks Kevin.

Does this work? There.

My name is Jill, she/her, I work at the LGBTQ community center of the desert. Our main campus is in Palm Springs and we have a youth focused site in the city of Coachella. Director of behavioral health services, clinical training site taking pre-licensed folks and train them to work competently and effectively with members of our community.

I don't know if you know much about palm springs but it is at least

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50 percent queer, and so I'm sort of in this weird position where I will I have in a bubble, work in a bubble, and also feel the stress of what is happening in the world right now. So happy to be here.

(Applause)

>> Hi everybody, my name is Ariel, she/her, excited to be joined with incredible people on the panel. Yeah, so I oversee public affairs at true evolution, a nonprofit that serves the Inland Empire. Just on June 30th, we had our grand opening for project legacy, a community campus, 1 acre. We have 48 beds of housing. We have the resource center, we have a fitness center, community space and really what is going to be a space for LGBTQ folks to congregate right in downtown riverside. We're looking to expand into southwest Riverside County as well and just continue doing this across the Inland Empire. I oversee the public policy and public affairs there. It's an exciting time for the organization, especially as we're seeing more community space come to our home, come to Riverside, especially at a time people are trying to shut us out. Greet great to see you all today.

>> I'm McKenzie, case manager at transgender health and wellness center. I'm working on several projects outside of that role, which I will probably talk about later on today. My pronouns are she/her, and the primary functions

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of my job, I work heavily with providing accessibility to the community.

I work with people to get the name and gender change done, I work with helping people find housing, which I will definitely go into more detail later because that's a conversation that we need to have.

And I do a lot of miscellaneous supports, wellness checks, I organize local events. We have a trans and nonbinary Thursday every month, it is on the second Thursday of the month. Next is the tenth of August. So I do a lot of those services to help just try to provide safe spaces and community for our trans people in Riverside. As well as the whole (indiscernible) community as a whole.

(Applause)

>> Hi, Gustavo with rainbow pride youth alliance. We're one of the older LGBTQ organizations out here in the IE.

We basically do support groups for queer and trans youth, 11 to 18 and 18 to 26. Our mission is to improve the quality and access to both mental health resources, healthcare as well as material resources for queer and trans youth as well as the broader queer and trans community. Also supporting caregivers, my role there is as the long winded title of director of strategic partnerships.

Basically I'm in charge of our community partnerships as well as our relationships

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with different community organizations, school districts, GSAs as well as just making sure, like, the lights stay on and everyone in terms of services between like the youth, caregivers and our staff are up to our standards.

Oh, my pronouns are she/her and I'm happy to be here.

(Applause)

>> Thank you for introducing yourself and about your work. We have a great range of services and service regions. Love to see it. For the next question, how do you define LGBTQ inclusion, and how do you create safe spaces for the community in your line of work?

And that can go for anyone that wants to go first.

>> So I'll go ahead and start because I have a big long complicated notes prepared and she saw that.

(Laughter)

When I was preparing, I was like how -- I've never been asked how to define inclusion, I just knew what it was. I did inclusion is the active acceptance and affirmation of a diverse group of people.

And I like what I came up with there because it is really what it is. It is not just about making sure we have all of the various ethnicities represented, but also all of the age groups represented, all of the various gender identities and

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sexualities that are represented.

Even going so far as to include what is your religious background, having a diverse representation of that and making sure everybody has an equal access to the floor so that one group is not dominating the conversation like we currently have in our country and in this region.

So an inclusive community is one that actively works to empower every voice in the community, and is willing to tell certain voices sometimes they need to sit down and listen, which we will talk more about when we get to allyship later on.

One of the things that my organization does in this area is we work hard to provide safe spaces. But we have been very trans focused for a long time, and I'm working with my community outreach programs here in Riverside to be inclusive of the larger queer community because I understand why the trans community feels the need to isolate itself so much. We really do isolate ourselves out of clients are calling me, it is out of fear and other struggles.

But it is, it is at a point where it was a useful adaptation, and now it is hurting us. We need to breakout of our bubbles and I've been working hard to make sure that our Thursday events, while we center trans and nonbinary individuals, I've been working with Riverside pride to make sure the

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announcements go out to the entire community, not just our own little bubble.

And to welcome other people and bring them in so we can grow in that community. But again, that is a very, I'm still coming out from that myopic view of trying to move back out into the larger community. Anybody else so I don't talk in the mic all day.

>> Sure. I would say my definition is our queer and trans people allowed to be themselves and feel safety.

I was having a conversation a couple weeks ago with my mom, who is like wondering, so what is the deal with pride? Oh, okay. We're having this conversation.

And one of the things that really stood out was the idea that, like, it is very hard, I think to actually be a queer and trans person in the IE or even in California. We just had a (indiscernible) about 30 kids or so that had never experienced like a free summer camp where they could be themselves. One of the biggest things we took from that is these kids had not had a opportunity to be with queer and trans kids and be themselves and not worry about the stress of having to present themselves or worry about their names or how they're perceived or received. They just function as fully formed people, like searching for dignity and voice.

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That is something that queer and trans folks don't get in society. At schools, we don't have a lot of, like, I'll say muscles or the organizational space for queer and trans kids explicitly without it being turned in a fire storm political fight and you have to fight for everyone inch for LGBTQ representation. How we create space is we try to center the fact that youth voices matter and queer and trans voices matter and make sure it's a conversation and they're involved in terms of like what the community standards are, what, like, what should we be focusing on. We try to have a space where we have, I don't know, a lot of folks have a voice, and have an open conversation about it.

>> Where I work in the behavioral health field historically our community has suffered a lot of stigma and discrimination, whether it is medical doctors or therapists.

I personally have had had so many clients tell me how they've been harmed by therapists in the past. To be able to provide a safe place where queer people know that they can go and get help from severe people predominantly. We don't just serve the queer community. It is probably 95 in the clinic that are in the community, but we don't discrimination. We just make sure that we have a diverse staff also that's been intentional so when people go on the website, they can see people that look like them. Whether it is race or

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gender identity, and that is, we've been very, very successful doing that because it's been so intentional. And that is with organizations, you have to be intentional about providing those spaces. Whether it is (indiscernible) different flags or posters in your waiting area. I know when I go into a doctor's office and don't see in I go that reminds me about me, I don't feel safe, so just simple things like that can help a lot.

>> When I think of specifically LGBTQ inclusion, I think there is kind of two pieces that have a symbiotic relationship. Ease of access and social support, making sure they exist together because, you know, if people cannot easily access the healthcare they need, there is no way for them to get that. A lot of work we do is linkage to prep and making sure they have access to gender affirming behavioral health therapists, making sure they have housing that is LGBTQ affirming. I think a lot of trans people who have experiencing houselessness don't know where they are going to be accepted. Making sure we have models that don't just include socially but really include easy ways of access. We're excited with project legacy with our community campus to have this in downtown riverside as a space seen as a beacon and the heart of Riverside, of the city.

And really just making sure when we think of ease of access with our

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community campus model it is all in the same space, acre of land, you can get therapy, have social support groups, housing, community space and community garden all in that one same space. I think of when we think of a region that is sprawling like the Inland Empire or a space where people are just having incredibly difficult finding as we've heard a therapist, doctor, someone affirming making sure our orgs and our work is linking people there and making sure they get there and have ease of access in doing that piece.

>> That leads perfectly into the next question. What are barriers to access that the LGBTQ community faces, and how does your organization work to address those barriers?

>> So our three foundational pillars of the center, we have a food bank and programming department, we have youth centered space in Coachella and then behavioral health. Issues in our community are isolation, loneliness, and access to care historically and also financially. Many of the people in our community do not have children, never had children. When we get older, we don't have that support, we don't have that family to depend on to lean on, anything like that.

Our food bank before COVID I think served maybe 150 families a week. During and since COVID, it's been 250 plus with a long waiting line. Again, it is

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not just queer folks who have access to our food bank. It is everybody.

And so, just those challenges that we face not to mention depression, anxiety, suicidality, et cetera, it is on every level. The minority stress model that Aaron mentioned is a big cause.

>> We get this question asked a lot.

I think a very, like, not like the juiciest answer, but I'll give the juicer one later. Transportation is a big issue. That goes into the financial aspect of it. Everything in the IE requires a car, and we really, it is a big barrier folks to get services, community and develop those in person connections.

As well as -- having trust in other people, that takes time.

And for a lot of queer and trans folks, particularly in the IE, the first, when growing up here, the default option is leave and get the hell out of here. I think now we're seeing that now people have stuck around that there is a sense of a queer and trans community in the Inland Empire that people can feel safe. That takes time to develop both trust and also like these networks of care.

So, right now we're in that middle of the process, probably even the middle of the start, honestly. I think part of that is like learning and like the growing pains of forming community.

>> I like the part where you said enough of us stuck around. Most of us

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didn't have a choice.

I would be back in San Diego if I could. One of the barriers I have come face-to-face in and I'm going to, I'm working up to sharing a personal story. I may cry during that part.

Trans people have a really hard time finding jobs.

It is absurdly difficult and then it is even more difficult to find research on why. People want the data, not personal experience. One of the biggest problems with collecting the data is how you do the research. The only real ways to do it are to use the actor, you know, the actor interview approach, she's preparing.

The actor interview approach where you have, you put out resumes equal and then actors are portraying various individuals go in and do the in of and see what call backs you get. It takes a long time to do a study like that and costs a lot of money. Small organizations like mine because we were trying to figure out how to study employment and that is the best method we could figure out, we wouldn't be able to afford that. At most, we could get two or three samples and that is enough to show anything. That's a barrier, we need more studies in the difficulty of getting employment and not because we know it, because we need to tell people that it is difficult, most people accept it is difficulty but without

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showing the data, it is hard to get grants to do job assistance.

It is really difficult, I'm going to bring up an example. How many have heard of a university called temple university? Those who raised your hand, you know it's an all women's school.

No, temple, sorry, I have schools confused. That is a historic black university. It is next to an all women's school and I can't remember the name. They feed into each other a lot.

And so, if you have that all women's school which I want to say it is Bryn something, it is in the -- Bryn Mawr, yes, thank you. If you have that on your resume, and you're a trans man, you just outed yourself.

If you don't include your bachelor's degree, what is going to happen here?

So that is what happens with a lot of people's resume. They're outed during the resume process, such as if they haven't done a name and gender change yet, when they apply they have their chosen name. Dealing with the onboarding, why do you have a different name all of a sudden?

So even the one, even those who pass face huge struggles. Those who don't pass, it is worse. We rarely make it outside of the interview. Yes, so that personal story I have, I was, I have a masters of education, I was going into teaching.

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I was unable to complete student teaching in this county because parents would, would complain and the principal every single time would go oh, it is easier for me to kick a student teacher off the campus than address complaints. Student teachers have zero legal protections, they're not interns or employees. There is no recourse. Any teaching career was ended because parents didn't want a trans person on campus.

That was hard. When we show the graph about traumatic stress in the past year, I was diagnosed with PTSD, the fact I can do it without crying, I'm making progress. I still didn't drive by Ramona.

(Applause)

I'm still not able to drive by Ramona high school. That is the cool where it happened.

A big thing is the name change process in California has gotten easier, but it could, there is still improvements to be made. Some counties add additional paperwork that are just a headache.

And so that is a huge thing we can do. Being able to seal past records under the dead name is important.

And putting pressure on universities and journals that do publications to go back and not just change the names and going forward on the online databases,

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but to pull down old scanned articles and replace them with new or digital scans with the names corrected. That's a big challenge for people who have post graduate degrees and publications.

How do I link my publication under a dead name to my current chosen name?

A lot could be avoided if more people transition early, but there is always people who will transition as adults. That is never going away. It's a difficult process to come to terms with this.

I think I will save the homeless discuss for a later thing.

Anyone else have anything.

>> I want to thank you for sharing that personal story. It adds a personal element here. I think when thinking of barrier, I think on the news, everything you see and read about trans people would probably make you think it is so easy to get access to gender affirming healthcare, someone can realize they are trans and next day start hormones and do all of the things. That is not the case. We're not in a society that makes easy for trans people to transition. It's the opposite. There are barriers to transitioning and make it difficult to have access to the care. I'm a proud trans woman. When I knew I want today transition and begin hormone therapy, I really had a difficult time finding a doctor in this

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area that would really take that on. I remember the first doctor I brought it up to was saying this out of care, you will probably have to leave the IE to receive the care, look to LA or elsewhere. That is what I did. So many people, luckily I had a car and was able to drive to a different city to do that. So many people have difficult times accessing this if you're not in a big city. Even if you are in a big city. I think we face so much discrimination not just in accessing that but in providers who are competent and understand who we are. You know, time and time again we have, you know, residents and clients that tell us the first time they asked for a prescription for prep, pre-exposure prophylaxis for HIV, they didn't know what it was. That is what we're facing in healthcare services in the Inland Empire, finding people who will treat specifically trans people and our gender transition for those who choose to do it. There's a whirlpool of barriers to this access, and implore everyone here, when you see these inflammatory articles and news segments talking about how easy it is, that is just simply not the case, and that is fabrication. That is really what I want to ground here and that is a lot of what we do, you know, with true revolution and our work, linking people to providers. There are so few that outwardly support. Very specifically our trans youth population, it is hard to find providers in the Inland Empire.

>> Yeah. I was going to add to that point, a lot of the services that exist

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for queer and trans folks in the IE or very new and fragile.

Like recently like a big like network of support for queer and trans care (indiscernible) bought out and like we're all in public health and healthcare understand the nature of healthcare as a industry, and that chaos is passed on to folks who are looking for basic post survival care. Everything from transitioning but even just basic mental health care, a therapist that is just competent. We're really just stressing the competent here.

That is a barrier of care for folks. There is resources, but they're new and fragile.

>> Thank you.

>> Can I add?

>> Okay.

>> We're talking about trans care. I'm one of the, I thrive on examples.

So I wanted to give, so for the various surgeries, I'm preparing for my bottom surgery. There are two major surgeries. I don't know the full fancy names, but I know the nickname, the pull through and the old-fashioned way. The old fashions way requires two to three years of hair removal. The new way gives better results. It's a healthier result, fewer risks of complications. Most insurances won't cover it because it is the new way and hasn't been around for

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almost a hundred years. So, a lot of trans patients are forced to undergo two and a half years of painful electrolysis on average because some people have less hair and some have more hair and it takes longer.

It is also an area that we're dysphoric about. Once a week, I have to, I have a super stressful event every week that is a combine with pain and dysphoria.

And that is a barrier that people don't think about. We have better options but insurance doesn't support it and don't cover. They won't send surgeons to be trained. They won't invite surgeons who are already trained to come into the ORs to do it. I feel like it is done to be malicious. We want you to do the hardest most painful way, prove us to you want this.

And it is not a want. It's a need.

The quality of life improves dramatically and it is one of the surgeries done with the lowest level of regret. There are people with heart transplants with higher levels of regret than people with bottom surgery. That should be a indicator of how vital these surgeries are to people's well-being. It is not just surgery. Access to HRT, which can take up to two years to get. The younger you start transitioning, the better your results are, usually. Waiting two years is two years that would have been a slightly better result. Especially if you're in

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your mid-20s. There's a difference when you start at 24 and starting at 27.

Massively different outcomes typically speaking. Everybody is a little bit different, so you never know for sure, but, yeah. That is something the barriers can create real problems for.

>> Thank you for the questions. I want to add too. I know in this work, it can be taxing to our personal experiences to come out all of the time every day in this work. So thank you for sharing your stories. For the sake of time, I'm combine the next couple questions. When thinking about authentic allyship, how can we open the conversation to folks, whether engaging with community members and providers, how can we engage with folks who are resist why enter and working with the community, whether it due to personal religious views, I know it is loaded, but whoever would like to start with that one.

>> Okay.

I think my first, I think that question always my first question when I hear that is do we, I would say that there a, there's begrudging, like (indiscernible) having those one on one conversations, but also those are always loaded with bad faith arguments and bath faith decisions. There is so much work to work with allies and partners and stuff. Those conversations personally for me are much more meaningful and I feel we can make more progress that way.

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People can be on their journey figuring it out. As someone who is working with parents, like professionally and also has their own personal struggles with their parents, I would say that, like, generally folks are going to have to go on their own path and figure out how they're going to relate to queer community.

And like how you support trans lives is like a long commitment that I don't think I can give a good check list for. Honestly.

It's about really time, energy, and like action.

>> My knee jerk response to that question is always just don't point.

When I was running my notes and thoughts by my mother who is a straight heterosexual woman, if you don't, nobody will talk to them. They're not listening to us anyway, what's the point?

So, going on a little forward, we talk about allyship and I'm going I think those conversations, those conversations if I'm having it, it is going to be, it's not going to be productive because it is too easy for them to default into stereotyping and insults.

If it is coming from an ally person, someone not who looks like them and acts like them and thinks like them, they're likely to actually listen.

So, I don't think the people who are resistant to, you know, the queer experience, they're not going to listen to queer people, but they will listen to the

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person that sits next to them in church or listening to the person that works next to them. Breaking through resistant barriers, that is where allies come in. I assume everybody here is either queer or an ally or both. You guys are the ones we need to go out and have the conversations.

They're going to listen to you guys more than they listen to us. It is also really, and I'm going to, I have to pause because I want to (indiscernible) it is really exhausting to constantly be educating people.

This is true for any minority. Every minority is constantly educating people on what their minority is.

And it is exhausting.

And letting people have, again, allies can take that burden. Allies who have listened and come to these education situations and at down and listened can then take what they have learned here and help educate people in the daily lives, taking the burden off us and also making about err progress. They will listen to you more than they will into me. You have to want to listen to me.

>> All right. Thank you so much. Oh, last one.

>> If I'm honest, I don't do this if I don't have to for myself because I came out in the 80s, and it was a horrible climate then and it is going this way now and personally it is taxing to me.

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On behalf of my clients I will absolutely do so, and when you ask that question, Kevin, I thought of last year in the fall, I started seeing a 12-year-old trans boy, and his parents were super resistant to him transitioning, and the reason his parents finally brought him to me is because he tried to kill himself three times. Three times for like a 12-year-old boy.

It was only the mom kinda got on board first, but it was only my conversations with them about because I'm a parent and I said I get it, if I, if my daughter came to me at 12 is said I'm trans I would be like what the hell, I didn't see any of this, blah, blah, blah but I would want to support her if that is what she was saying. So, in joining with them on being parents and the struggle and the grief process that parents go through when kids are trans because their whole thinking has to change, that was the only way that they finally got on board after nine months.

But, by the way, the second this kid had his T shot, he was a different person.

Like he told his mom last week, I don't have to see Jill, I feel great now.

>> I think what Jill pointed out is worthwhile. Just like as someone who is exhausted by those conversations (indiscernible) sometimes just getting them to realize that affirming your child is life saving. And can basically just change

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the trajectory of their whole life. Those are, those are more worthy conversations to have. I think when talking about (indiscernible) broader macro stuff, it is more blah, but the personal communicating to parents that your child is struggling because they're trying to live, and if your the barrier between them and their health, that is only going to hurt your kid.

>> Thank you again. And what I'm hearing, when thinking about the question, I'll add that yes there is us, right, folks working, doing the work who are willing to make the bridges, but as you hear, it is taxing on us. That is one call to action for all of our allies here, listening, attending, please please please reach out to folks and try to help them explain why they need to be inclusive. As we hear, it is life saving. For the panelists, we're wrapping up before we do the open Q&A. If you can think within your specific roles, what's a call to action that this coalition can take moving forward thinking about allyship and inclusivity.

>> So, my prepared statement is we want to, we want to create opportunities for professional development. To me, that I think is one of the most important steps. What I mean is go to, reach out to queer servicing organizations, then go get your HR department to (indiscernible).

We're an affirming workplace.

Let your clients know. And when you go to a job fair, fly a rainbow flag on

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your booth. Make yourself, make it easy to realize that you're a safe employer.

One of the hardest things for queer people to do is taking the risk of applying for a new job. It pushes us into nonprofit queer service world which I think all of us are in that boat so I don't disparage that but it leads to lower financial health going forward. I get paid peanuts. That peanuts would be a luxury to me.

(Laughter)

So, create opportunities, create spaces because that does two things. It gives people an opportunity to have some financial security and health.

And it gives chances for people that would not otherwise, come across a queer person their entire life knowingly, a chance to work and live alongside of them. The biggest statement I say when we're talking about how we get rid of stigma is exposure breeds acceptance. The more people are around people that are not like them, the more they learn to accept people that are not like them. Create situations where there is not only an invitation but active effort to bring people into the spaces. Acceptance will grow out of that effort by itself when combined with other efforts being done. Things will start to improve.

>> Any other quick call to actions?

>> I would say a whole analogy of everybody has to pay taxes and vote I

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feel that is a much more meaningful thing I would ask everyone in the room to do, I think you have to really fight for us in your budgets, fight for us in your interview process, and you have to really have the courage to do things differently in your organization together as a team. You really need to work with co-workers, colleagues, community members to do things differently sometimes and take risks on people that might not have a college education or might not have like some of the qualifications you think you need for the work that like we're doing in terms of public health and also broader harm reduction work.

Also, echoing McKenzie, poach our people. Like poach our people and give like opportunities to folks that you don't think you would ever give an opportunity to.

>> My call to action, you know, like we said being an ally can no longer be a passive cement. It needs to be a -- healthcare professionals and people in the public health space, and what I'm going to say is as with so many different areas, but there is so much misinformation going on right now about trans people, about our medical care, about our outcomes of this care. I implore you to call these things out. You have this, you know, space in healthcare and in public health. In what ways can you say, actually, that is not the case, right? This is not what we've seen time and time again.

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So, I think that really just calling out misinformation is huge. I think just another big part is that the majority of Americans will say that they likely don't know a trans person. They probably do, but they will say they don't. It is just also really pushing forward that trans people, queer people, LGBTQ people, we're not this amore fuss concept. We're real people, friends, family, we're people that are next to you, neighbors, just remembering that we aren't just this talking point, you know, I think it is easy to get lost into the idea that transness is just an idea or concept or whatever kind of idea has been borne out of this miss information. At the end of the day, we're real people. I think in this fight, there is nothing more powerful than displaying queer and trans joy. I think time and time again, I think so many arguments hinge on this idea that transness or queerness is inherently wrong and will lead to a life of sadness or a life that's not good for them. We see time and time again when trans people are affirmed as we saw here with your story, that our lives can be beautiful, exciting, dynamic and just like everyone else's. Just remembering the joy and lives and real personhood, queer LGBTQ and trans people experience is directly, you know, refuting what news organizations and media are trying to say about trans youth.

Starting hormones is not going to rue win a trans kids life, it is likely going to save their life. We need to view it in that way. There is no reason that

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healthcare is being denied other than just to stop trans people from being trans. Just thinking of that. What are you doing in your office? In your spaces? How do we make sure everywhere we are is trans LGBTQ queer affirming. All primary care doctors should know how to prescribe hormone therapy. Our care is not seen as specialty niche, something we can get at the same provider we go to for everything else. That is really where I call you all today.

>> Everything they said. All three.

(Laughter)

And also learn about our community. Learn about trans people, about nonbinary people. Follow activists on social media. Do a little deeper dive. We can all watch movies and see things on the news even about pride, but that doesn't mean you understand our community.

And so, I think that is a big piece because I know in my profession, every therapist out there ticks the box, I work with LGBTQ and trans and they don't know anything. They don't know how to like the unique stressors and traumas our community has faced, so please just do a little deeper dive. Get those personal stories.

That is the real deal.

>> If any of you would like information on some YouTubers to follow, bug

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me afterwards. I have two, jammy dodger and Jesse gender, both trans people with a focus on trans issues and have good informative videos and fun little things on the side. There is definitely people to look at and there are more, so many more. Those are two off the top of my head to give you a place to start.

>> All right. Thank you again. We're going to go ahead and move to some of the Q&As that we're receiving.

We're going to -- I wish we could be here all day, but I want to respect the agenda and time. Again, no pressure for everyone to answer. First question is how can we get ideas from areas that are rich in resources like Palm Springs and Los Angeles to help innovate areas in the IE that are lacking?

>> Yeah. I'm laughing because that has been, like, a fundamental challenge of organizing. Basically in the basin, you have a vast resource desert between Los Angeles and palm springs.

There is very much a class component there. If you're closer to Los Angeles, you are more have access to wealth and there are more, like, wealthy like members of the queer and trans community that can produce and create infrastructure, when it comes to the Inland Empire, that is very much not the case. Also there's a big disparity between San Bernardino and Riverside. I would say, like, there is, I would say honestly, it just takes a lot of like Fing time

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and work to create institutions of trust and resources. And you gotta be committed to making that change, and like I would say you really need to as an organization make it a priority and also as a person, your priority to put, like, your labor and time no like making this like thing work.

>> I want to add real quick. Some of that does fall on to our own queer communities. What allows a lot of stuff that work in LA, San Francisco and palm springs, they have a critical mass of queer people working together towards a common goal. In Riverside we have a lot of queer people, but we're spread out over different organizations, and we don't, we're getting better.

We're getting better.

About coming together and working together on, you know, having some kind of internal organization where we can organize things. We don't have a WeHo. We don't have San Francisco, Hillcrest like San Diego. We have palm springs and it is far away. We might as well good to Weho. It's cooler. Cooler as in temperature.

It's about, you know, we need to come together as a community more but also the reason Riverside has such a vulcanized queer community, it's been difficult to find acceptance in our community. We find our bubbles and don't want to reach outside of them because it can get dangerous. That is improving

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and social media has helped us, but we just lost one of our best social media platforms, Twitter. So next door has never been friendly to us. That is something that is -- it needs to be community driven. In order to get community driven, we need to have and build a community meaning we need allies to help make room for that.

And to help people when they are being dangerous to stop being dangerous.

>> All right. Thank you so much. Unfortunately that is all of the time we have for the panel and the Q&A. Please give it up for our lovely panelists today for --

(Applause)

(Lost audio).

>> The Riverside County coalition has ended. We want to ensure that everyone here knows that we will be sending out the notes, and video, and the resources shared during this coalition.

Please go ahead and fill out a survey. Thank you again.

(Applause)

>> McKenzie.

(Applause) so thank you again for that great conversation and dialogue

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that we had. I understand we did receive several questions through our online attendees. What we're going to do is gather all of the questions as well as attendees here in person that would like to ask a question. We will gather the questions and send them over to our panelists. But we also encourage you to reach out directly to them if you're not already collaborating with these organizations, we encourage you to reach out.

And we will be sharing that information with you all.

All right. So, I welcome you to take a seat so we can continue wrapping up. Thank you again. Another round of applause.

(Applause)

As we wrap up this great event, we just want to thank you all we do have a survey. If you can click on the link if you're online or take out your phones and scan this QR code, the way we've been structuring different coalitions is based on the input we receive. The topics you share with us, if you express interest in sharing best practices, if you want to be up here and be a speaker or a panelist, we are always looking for individuals to enlighten us, to share different topics. And I'll just take a few more minutes for you all to take out your phones.

You will have another opportunity later on.

We want to provide an opportunity very briefly if any of our attendees have

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any partner updates, please raise your hand and I'll go over or Mary will go over and allow you to speak for about a minute.

About any events that are going on, any announcements.

Online, if you can share in the chat different events or announcements you would like to make.

>> Could you reiterate how you want people specifically to submit questions they had.

>> If you have request, if you need paper here, you can write it on something. You can give it to us, or you can also send it through the survey that we have so there will be an option there.

You can write question for panelist and submit there. Actually that would be easier for u but we will take either option.

Any additional questions or announcements? All right.

Now the health equity program update.

>> All right y'all. We're almost at the home stretch. We will end soon, again thank you so much for coming to this meeting today. It was amazing. Panelists, -- we all have homework to do y'all.

Just to let you know, we're on social media. The health equity program, you see on tram, ticktock, please, please, at equity in RIVCO. I'll have a team

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member come up to say, but please follow us. There is so many different types of information coming out regarding health equity in Riverside County. I'll let you scan the QR code before I go to the next slide and you will be able to follow us on social media.

Yeah, I'll wait. Marcy is like I have to wait. All right. (indiscernible) talk about our amazing podcast. Give it up for Andy y'all.

(Applause)

>> Hi.

My name is Andy. I'm one of the cohosts of the equity podcast, our goal is to disseminate public health information, and resources to the public.

And we're, our goal is to uplift marginalized communities, bring awareness to social injustices and mobilize the community. We have a snippet of one of our recent episodes with Gabe Maldonado. If you like what you see, follow us on Spotify, Apple and Google podcast.

That was just a small snippet. Please listen to the rest of it. Gabe is amazing and the work that true evolution is doing, you can hear more about the resource center they just built. So, yeah, thank you.

(Applause)

>> Go listen. We have other episodes on there as well.

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All right. Last thing here. We have a thing we call the community COVID is the impact hub. It's a website where it's like a data hub but we're trying to put a lot of the stories of our residents when it came to COVID-19. We have been doing the listening sessions. We're ending in August, about you if you're an organization or person that wants to be involved and put your story into the data hub we're putting together to create community resources as well as social and health and equity data, reach out. Our e-mail, we have a shared e-mail. It will be on the slides here. Things look a little small, so I want to make sure everybody can see that. If you're interested and want to host a listening session, let us know. We're excited to bring these out in Riverside.

Another thing we have too, for community member and organization on August 9, we have a healthy places index. It's another type of data tool that community members can use mostly community based organizations that can really drive the programs and policies that organizations are pushing.

If you want at that training, please let us know. You can scan the QR code but we will make sure to share out with everybody. You can get more information and sign up and come for the amazing training. That is our public health alliance, they're a consultant, and that will be hosted in the community.

And then, of course, raise your hands. Do you get e-mails from us and use

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our link tree? Everybody know about the link tree? No? Okay. We have more work to do. Okay. We have a link tree with lots of information, especially when we have these meetings. If you go into the link tree, you will see past meeting we've had. We will have partner resources and events, this is the reason this is important, again, we're a coalition, share your resources, share your events with us. We have an e-mail, I'll make sure it is on the slide.

Share us resources and fliers to that e-mail and we will add it to the link tree. We try -- every two weeks blast to everybody on the listserv.

So they can get the resources. If you don't have us on the e-mail list, come to me, come to Daisy, we will make sure you're on the will Is and getting resources, okay? Yeah.

All right. Last again too please if you haven't taken the survey, please do so. Here is the QR code for virtual folks. You're probably having it in the chat box by moderators. Please click on the link. It helps to improve the coalition activities and things we need to do for engagement. So thank you.

And then again, I told you the e-mail is here. You see right there.

RivCoHealthEquity@RUHealth.org.

Questions, comments as well as pushing resources to the community.

Share with us and we will that to everybody. And ways to collaborate. We're

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always trying to find ways to collaborate. It is very important to us. All right y'all. Thank you, Gracias. I try.

Trying to be (indiscernible) on my Spanish. Next meeting is Wednesday, October 18th. We have a hybrid meeting. We have good things in store. It's our last meeting. We have to go out on a bank for the year. It will be an amazing meeting. I hope for in person folks, get home safely or to your workplace. Virtual folks, we will meet up again. Thank you for your time. Thank you everyone, bless y'all. Bye.

(Applause)

>> Thank you again for joining for our Riverside County Health Coalition meeting. As mentioned, our next meeting will take place Wednesday, October 18th. Thank you for your patience, while we deal with technical difficulties. We appreciate you all and hope you have a wonderful afternoon. Please go ahead and be on the look out for an e-mail regarding the presentation slides and (indiscernible) today. Thank you.