



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



Addressing Social Determinants of Health for LGBTQIA+ People (Part 2): Outreach and Engagement for LGBTQIA+ Populations

ADRIANNA BOULIN, MPH

COMMUNITY OUTREACH & ENGAGEMENT MANAGER

FENWAY HEALTH

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBTQIA+ Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- ECHO Programs
- Online Learning
 - Webinars and Learning Modules
 - CE, and HEI Credit
- Resources and Publications
- www.lgbthealtheducation.org



Creating a Transgender Health Program
at Your Health Center:
From Planning to Implementation

SEPTEMBER 2018



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 617.927.6354

 lgbthealtheducation@fenwayhealth.org

 www.lgbthealtheducation.org

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- Completing the evaluation is required in order to obtain a CME/CEU certificate

CME/CEU Information

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Today's Faculty

Adrianna Boulin

Community Outreach & Engagement Manager

Fenway Health

Learning Objectives

- Understand the importance of outreach and engagement in healthcare and research settings
- Understand key concepts to keep in mind when engaging with the LGBTQIA+ community
- Understand the various methods and strategies of outreach and engagement with the LGBTQIA+ community and how they can be used

What is outreach and engagement & Why is it so important?

- Outreach
 - Fostering trusting relationships within the communities you serve
- Engagement
 - Collaborating within the communities that you've fostered relationships with on initiatives that align with your shared mission and values.
- Implementation of each improve our understanding of these communities and how to better serve them; decreasing health inequities



Key concepts

- Social Determinants of Health
 - Intersectionality
- Stages of Change
 - Our roles from a social and systemic perspective
- Upstream - Downstream Approach

Social Determinants of Health

The complex, integrated, and overlapping **social structures** and **economic systems** that are responsible for most **health inequities**.



Intersectionality

The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage



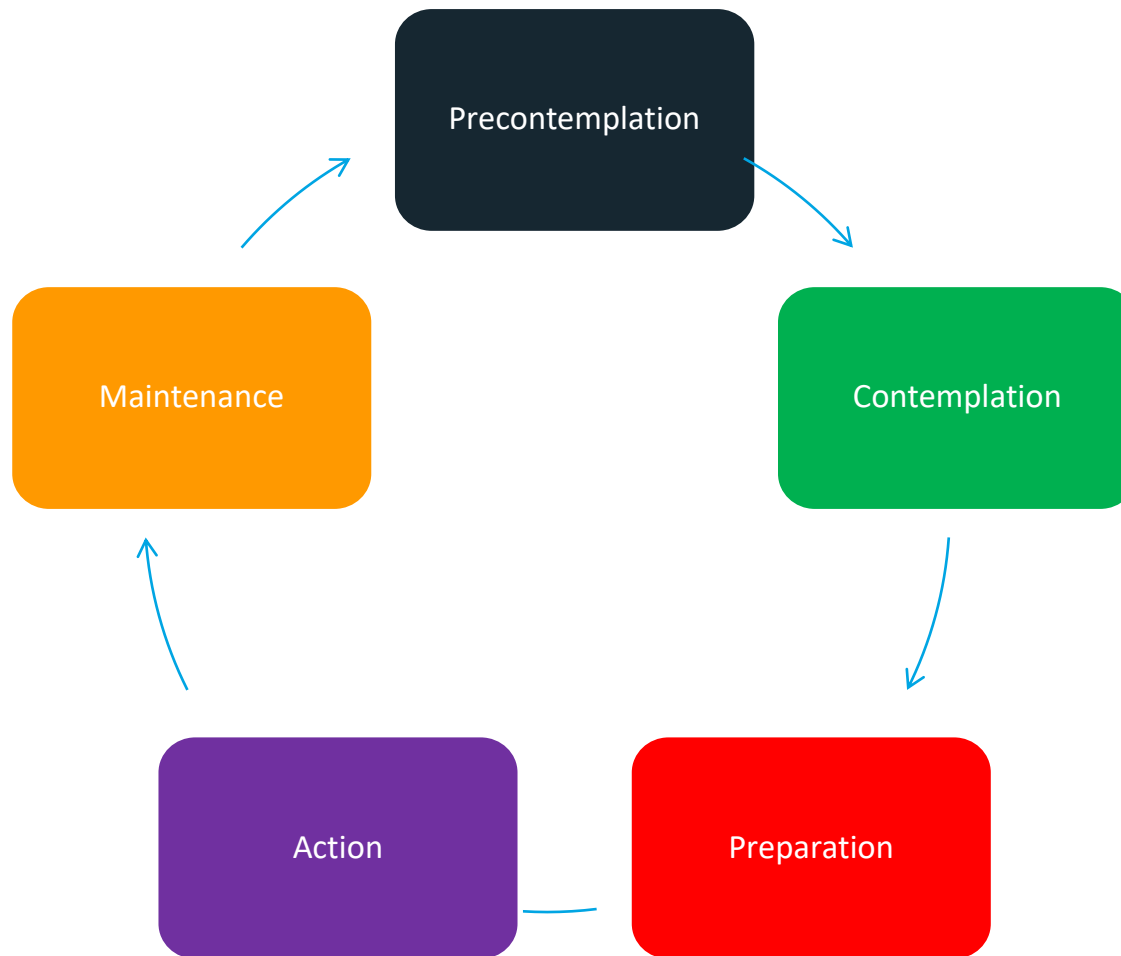
REFERENCE: University of Michigan Center for Gender in Global context

REFERENCE/CITATION: Oxford Dictionary

How does this relate to the LGBTQIA+ community?

- Standard of care can be very complex and differ from one person to another
- Making an effort to understand and create a safe space for an individual to share their identities and how they are impacted is key
 - Examples include: Gender, Pronouns, Sexuality, Race etc.

Stages of Change



REFERENCE/CITATION: Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (2013)

Stages of Change cont.

Stage	Characteristic	Change Process
Precontemplation	<ul style="list-style-type: none">• Usually have no intention of changing• Typically deny having the problem• Usually show up in coaching because people around them want them to change• Feel demoralized, that their situation is hopeless	<ul style="list-style-type: none">• Consciousness raising• Social liberation• Helping relationships
Contemplation	<ul style="list-style-type: none">• Acknowledge the problem and begin to think about what to do• Struggle to understand the problem, its causes, potential solutions• Not quite ready to change• May spend a while in this stage	<ul style="list-style-type: none">• Consciousness raising• Emotional arousal• Self re-evaluation• Helping relationships

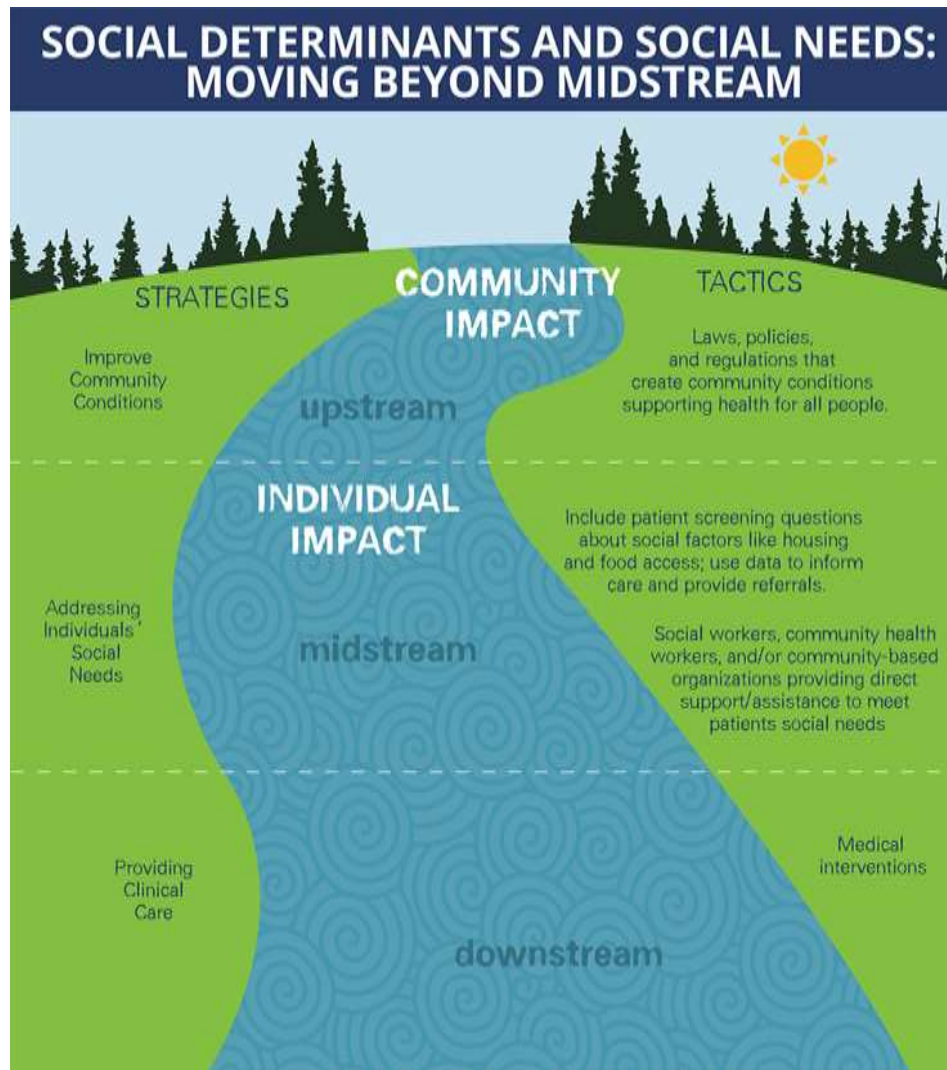
REFERENCE/CITATION: Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (2013)

Stages of Change cont.

Stage	Characteristic	Change Process
Preparation	<ul style="list-style-type: none"> • Planning to take action in the next month • Making final adjustments before they begin to change behavior • May not have resolved their ambivalence • Important to develop a firm, detailed action plan 	<ul style="list-style-type: none"> • Self re-evaluation • Commitment • Helping relationships
Action	<ul style="list-style-type: none"> • Overtly modify behaviors and surroundings • Modifying behavior is most visible form of change, but there is also changing level of awareness, emotions, thinking, etc. 	<ul style="list-style-type: none"> • Reward • Countering • Environmental control • Helping relationships
Maintenance	<ul style="list-style-type: none"> • Work here is to consolidate the gains made and prevent lapses and relapse • Can last from six months to a lifetime 	<ul style="list-style-type: none"> • Commitment • Countering • Environmental control • Helping relationships

REFERENCE/CITATION: Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (2013)

Upstream - Downstream Approach to engagement



REFERENCE/CITATION: "Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019.DOI: 10.1377/hblog20190115.234942

REFERENCE/CITATION: Manchanda, Dr. Rishi; Institute for Healthcare Improvement: 17th Annual Summit on Improving Patient Care in the Office, Practice, and Community

Upstream - Downstream Approach to engagement

“Upstream means, **“to look at or toward the beginning of some process or course of activity”**.

In healthcare, an *upstream* approach asks us to **consider the social, economic and environmental origins of health problems that manifest at the population level, not just the symptoms or the end effect**. When we can consider the root cause, we can identify interventions that will ultimately prevent or reduce the downstream impact – ultimately improving the health of the population.”

REFERENCE/CITATION: "Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019.DOI: 10.1377/hblog20190115.234942

REFERENCE/CITATION: Manchanda, Dr. Rishi; Institute for Healthcare Improvement: 17th Annual Summit on Improving Patient Care in the Office, Practice, and Community

A look at use of strategies to solve downstream impacts

Downstream Impact	Upstream Cause	Strategy
Loss to follow up	<ul style="list-style-type: none">Financial instability and housing insecurity	<ul style="list-style-type: none">Offering an inhouse voicemail line and or phone
Unavailable during clinic hours	<ul style="list-style-type: none">Has to work during the times offered	<ul style="list-style-type: none">Offer telehealth, offer weekend hoursLead health clinic at a local location
Disinterest in research participation	<ul style="list-style-type: none">Medical mistrust through learning about past unethical research practices	<ul style="list-style-type: none">Presentation on what is done to keep people safe when participating in research

Types of outreach and engagement



Type	Example
Print	<ul style="list-style-type: none"> • Flyer, brochure, palm card with information regarding services and or programs • Local newspaper feature
In person	<ul style="list-style-type: none"> • Tabling • Community Advisory Board representation and engagement • Collaborating on events • Community based clinic/wellness event • Being present at and supporting local community initiatives • Featured on local community access television
Digital/Online	<ul style="list-style-type: none"> • Social Media (Facebook, Instagram, Twitter, LinkedIn etc.) • Dating apps (Grindr, Scruff, Jack'd etc.) • Youtube • Institutional website • Email newsletter • Text messaging

Questions?



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Thank you!

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