Advancing LGBTQ+ Health Equity in Boston

A Community-Driven Assessment of Health Needs

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BOSTON PUBLIC HEALTH COMMISSION

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

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

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

This report was edited and prepared by Alexandra Vourliotis, Project Assistant at Boston Public Health Commission.

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

EXECUTIVE SUMMARY

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

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

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

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

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

[2] Behavioral Risk Factor Surveillance System, 2014-2016, Massachusetts Department of Public Health.

[3] Boston Indicators. (2023). Demographic Overview. Boston Indicators. https://www.bostonindicators.org/reports/report-website-pages/lgbt-report/demographic-overview

[4] Mather, D. E., Mehta, A., Wada, R., Ayanian, S. H., Manukyan, M., & Dooley, D. (2019). Demographic Characteristics and Social Determinants of Health Among Boston's Lesbian, Gay, Bisexual, and Transgender Adult Residents, 2010 – 2017. Boston Public Health Commission. Boston, MA.

Key findings from the community engagement activities are:

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

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

Attendees of the Consensus Workshop used findings to identify eight recommendations to improve the lives of LGBTQ+ communities in Boston:

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

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

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

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

these strengths were instrumental in both overcoming challenges and achieving the project's goals.

LEADERSHIP TEAM

Project Facilitators:

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

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

René Rives (they/he)
Project Manager

Community Consultants:

- Amina Awad
- Chastity Bowick
- Noemi Uribe
- Raymond Rodriguez
- William Graves

Community Working Group (CWG) Members:

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

THE HEALTH OF LGBTQ+ RESIDENTS IN BOSTON

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

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

One major concern among LGBTQ+ populations in Boston is housing and homelessness. In the 2019 Community Health Needs Assessment for Boston, an estimated 24% of LGBTQ+ respondents identified having difficulty paying rent or mortgage compared to 16.9% of heterosexual/non-transgender respondents. Respondents also identified that LGBTQ+ youth and seniors, especially those who identify as transgender or non-binary, are vulnerable to experiencing homelessness. While attitudes regarding LGBTQ+ issues may be evolving, LGBTQ+-identifying residents of Boston are more likely to report discrimination based on their sexual orientation or gender identity compared to heterosexual/non-transgender residents. LGBTQ+ identifying youth also report being obese or overweight at a significantly higher proportion (38%) compared to heterosexual and non-transgender youth (32%) and a significantly lower proportion of LGBTQ+ youth report being physically active (21%) compared with heterosexual/non-transgender youth (31%). LGBTQ+ Bostonians also report persistent sadness (17.2%) and persistent anxiety (32.6%) at a significantly higher proportion than heterosexual/non-transgender residents (11.8% and 20.1%, respectively). These proportions are even higher among LGBTQ+ youth in Boston, with 48.4% of LGBTQ+ youth reporting persistent sadness compared to 27.1% of heterosexual/non-transgender youth[5]. LGBTQ+ adults and youth are more likely to smoke, use e-cigarettes, use marijuana, consume alcohol more often, and use prescription drugs more often compared to heterosexual/non-transgender adults and youth. In the 2020 Community Health Improvement Plan, it was identified that LGBTQ+ youth need greater access to LGBTQ+ specific healthcare, and care that considers intersectional identities. A focus group of LGBTQ+ Boston residents identified challenges with accessing reproductive health and hormone therapy in the city[6].

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

[2] Behavioral Risk Factor Surveillance System, 2014-2016, Massachusetts Department of Public Health.

[3] Boston Indicators. (2023). Demographic Overview. Boston Indicators. https://www.bostonindicators.org/reports/report-website-pages/lgbt-report/demographic-overview

[4] Mather, D. E., Mehta, A., Wada, R., Ayanian, S. H., Manukyan, M., & Dooley, D. (2019). Demographic Characteristics and Social Determinants of Health Among Boston's Lesbian, Gay, Bisexual, and Transgender Adult Residents, 2010 – 2017. Boston Public Health Commission. Boston, MA.

[5] 2019 Community Health Needs Assessment. (2019). Boston CHNA-CHIP Collaborative.

[6] 2020 Community Health Improvement Plan. (Dec. 2020). Boston CHNA-CHIP Collaborative.

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

OVERVIEW OF PROCESS FOR DEVELOPING RECOMMENDATIONS

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

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

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

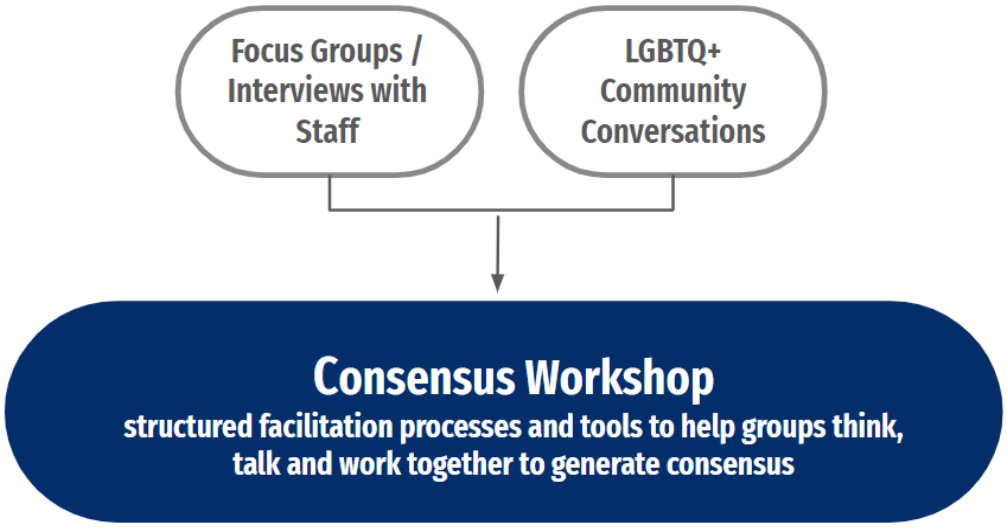
The RFP response submitted by OCHA proposed conducting focus groups / interviews with staff and providers from LGBTQ+-serving organizations, Community Conversations engaging members of the LGBTQ+ community, and a Photovoice Project with LGBTQ+ youth of color[7]. However, we encountered obstacles in recruiting an adequate number of youth of color to participate in the Photovoice Project. As a result, the scope of work was adjusted to include an additional Community Conversation with youth of color. In addition, adjustments to planned Community Conversations based on CWG feedback were incorporated, including adding one engaging a minoritized religious group.

[7] Photovoice is a method that asks individuals to represent their lives, points of view, and experiences using photos and narratives. It has especially been used with marginalized communities to ensure that voices are heard and valued and to define solutions by fostering conversations between multiple stakeholders about community experiences.

Lastly, we also modified recruitment approaches to prioritize participant safety and comfort. Muslim communities in Boston are experiencing an increase in discrimination, hate crimes, school and work-based harassment, and harmful law enforcement surveillance[8]. Transgender individuals constantly fear violence, primarily due to transphobia. Harm encompasses a wide spectrum, ranging from persistent harassment to instances of intimate partner violence, as well as physical and sexual assault. Sexual violence is even higher in some subpopulations within the transgender community, including transgender youth, transgender people of color, individuals living with disabilities, homeless individuals, and individuals who engage in survival sex work. This leads to transgender individuals feeling as though they must constantly evaluate their environments to determine whether they are safe. Hence, for our Community Conversations with Transgender / Non-binary and Queer Muslims, the location was not advertised on the flyer. Individuals expressing interest were instructed to reach out directly to the lead Community Consultant through specified contact information, such as a phone number or email, to complete their registration.

Findings from the community engagement activities – focus groups / interviews and Community Conversations - were summarized by project facilitators. Using participatory data analysis techniques and Technology of Participation (ToP®) Facilitation Methods[9], participants of the Consensus Workshop developed recommendations to address health inequities experienced by LGBTQ+ individuals in Boston (see Figure 1).

Figure 1: Community Engagement Process



[8] Council on American-Islamic Relations – Massachusetts. (2022). Meeting Changing Needs: 2022 Civil Rights Report. Retrieved September 23, 2023 at https://www.cairma.org/

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

SUMMARY OF DATA COLLECTION

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

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

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

Qualitative data was captured and analyzed through an iterative process. Each Community Conversation and focus group was conducted by a team comprised of at least two facilitators and a notetaker. A template was used to systematically capture key points, observations, and memorable quotes. Following the conclusion of each Community Conversation and focus group session, facilitators and notetakers transcribed their respective notes and then notes were submitted to the Project Manager. This preliminary compilation phase aimed to encapsulate the richness of the dialogues and interactions as faithfully as possible. Compiled notes underwent a review process by facilitators and notetakers. This phase served as an opportunity to address any discrepancies, clarify interpretations, and ensure the holistic representation of the data.

Once analyzed, all data was organized into separate data sheets, which included (a) a word cloud showing responses to the question on the top three health-related challenges, (b) memorable quotes, (c) and the raw data for the following questions:

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

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

COMMUNITY CONVERSATIONS

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

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

Table 2: Overview of Community Conversations

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

a. Percentage does not always equal 100 due to rounding

Demographics: Most participants in the Community Conversations identified as Hispanic/ Latino/Latinx (n=33, 34%) and Multiracial or Biracial (n=19, 20%), including identities such as Black/African American and Hispanic, and Non-Hispanic White and North African. Regarding gender identity, most selected man (n=32, 33%) or transgender woman (n=17, 18%). Some selected 'Additional gender', like lesbian feminist, and a significant number chose multiple options such as non-binary/two-spirit, non-gender conforming, and transgender woman and woman. In terms of sexual orientation, the majority identified as gay (n=28, 29%), bisexual (n=19, 20%), or heterosexual (n=16, 16%). Fourteen percent chose multiple options, describing themselves as bisexual/pansexual/queer, bisexual, and queer, or gay and queer. Although gender and sexual orientation were presented as discrete identities, the data highlighted a more fluid and nuanced understanding of how participants identified themselves (see Table 3).

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

Figure 2: Word Cloud of Top 3 Health Challenges

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

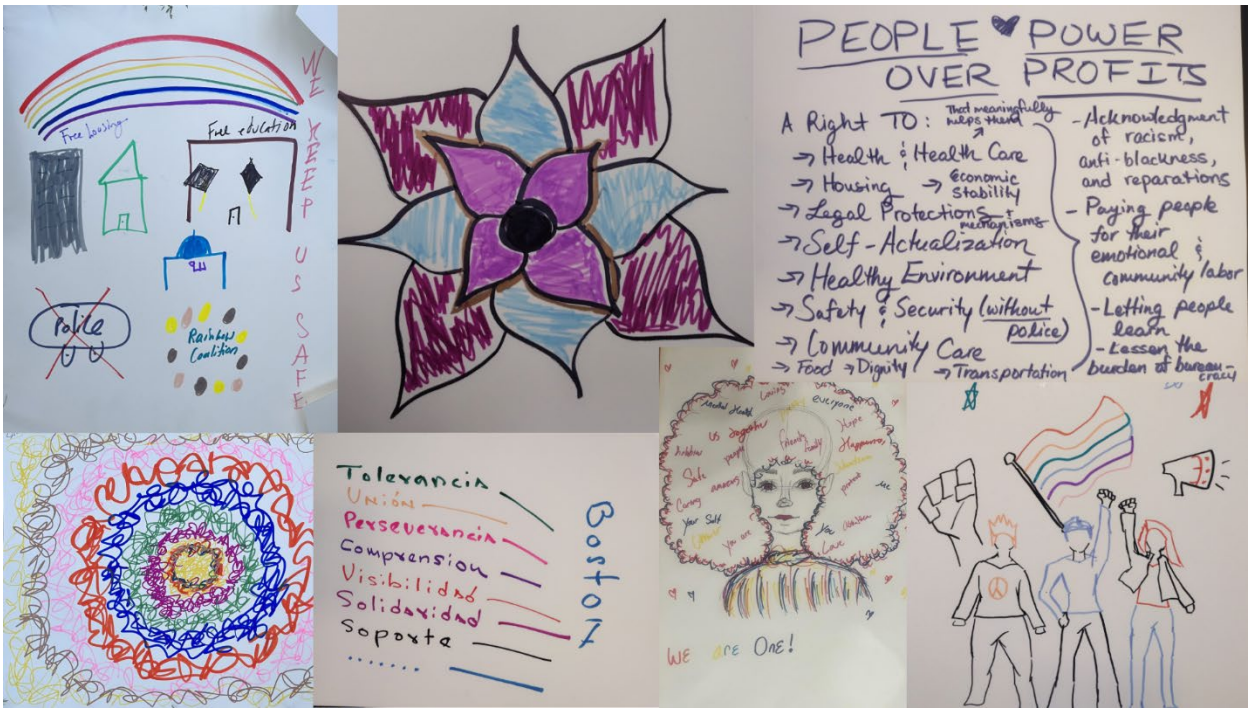


Table 3: Intersection of Gender and Sexual Orientation for All Participants

	Sexual Orientation									
	Bisexual	Gay	Heterosexual	Lesbian	Pansexual	Queer	Multiple Options	Additional Sexual Orientation	Missing	Total
Gender	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	N (%)
Genderqueer	0	0	0	0	0	3 (60)	2 (40)	0	0	5 (100)
Man	4 (13)	24 (77)	2 (6)	0	0	0	1 (3)	0	0	31 (100)
Non-binary/two-spirit	3 (43)	1 (14)	0	0	0	2 (29)	1 (14)	0	0	7 (100)
Non-gender conforming	1 (50)	0	0	0	0	0	1 (50)	0	0	2 (100)
Transgender man	1 (17)	0	2 (33)	0	0	1 (17)	1 (17)	1 (17)	0	6 (100)
Transgender woman	2 (12)	2 (12)	8 (47)	2 (12)	1 (6)	1 (6)	1 (6)	0	0	17 (100)
Woman	5 (42)	0	4 (33)	2 (17)	1 (8)	0	0	0	0	12 (100)
Multiple Options	2 (15)	1 (8)	0	1 (8)	1 (8)	1 (8)	7 (54)	0	0	13 (100)
Additional genders	1 (50)	0	0	1 (50)	0	0	0	0	0	2 (100)
Missing	0	0	0	0	0	0	0	0	2 (100)	2 (100)
Total	19	28	16	6	3	8	14	1	2	97

STAFF / PROVIDERS FOCUS GROUPS

A total of 37 clinical, mental health, and social service providers actively participated in six focus groups (see Table 4). Participants represented diverse organizations, including LGBTQ+-led, grassroots community organizations, hospitals, community health centers, advocacy groups, faith organizations, and universities. Most (n=17, 46%) had been providing services to LGBTQ+ communities in Boston for more than ten years. The majority identified as clinical or direct care staff (n=19, 51%).

The following organizations were represented:

- AccessHealth MA
- Boston Child Study Center
- Boston Medical Center Psychiatric Emergency Services
- Boston University
- Boston Public Health Commission
- Bureau of Substance Addiction Services
- City of Boston LGBTQ+ Advancement
- DignityUSA
- Droles Health care center
- East Boston Neighborhood Health Center
- Giltaz Organization
- LGBTQA Resource Center, Northeastern University
- North American Indian Center of Boston
- Old South Church in Boston
- OUTnewcomers
- Project Place, BPHC
- Queer Muslims of Boston
- SAYFTEE
- University of Massachusetts Boston
- Upham's Corner Health Center
- Boston Lesbigay Urban Foundation Inc
- Youth On Fire

Table 4: Demographics of Participants from the Provider Focus Groups (N=37}

Demographics [a]	All	Faith/Spiritual Community	General	Substance Use-Homelessness-Formerly Incarcerated	University/College
	N [b]	n	n	n	n
	37[c]	6	21	5	5
Hear about this event	N, (% [b])	n (%)	n (%)	n (%)	n (%)
Flyer at	5 (14)	1 (17)	3 (14)	1 (20)	0
On Facebook	4 (11)	0	4 (19)	0	0
Referred by	18 (49)	4 (67)	7 (33)	3 (60)	4 (80)
Other	9 (24)	1 (17)	7 (33)	0	1 (20)
Time providing services to LGBTQ communities in Boston					
Less than 2 years	9 (24)	3 (50)	3 (14)	0	3 (60)
3 to 9 years	11 (30)	1 (17)	5 (24)	3 (60)	2 (40)
More than 10 years	17 (46)	2 (33)	13 (62)	2 (40)	0
Title / Position					
Administrators	5 (14)	2 (33)	2 (10)	0	1 (20)
Clinical/Direct Care Provider	19 (51)	0	14 (67)	5 (100)	0
Faith Member/Clergy	4 (11)	3 (50)	1 (5)	0	0
Mental Health Provider	3 (8)	0	3 (14)	0	0
University Staff/Faculty	3 (8)	0	0	0	3 (60)
Other	2 (5)	0	1 (5)	0	1 (20)

a. Total missing data accounts for n=5

b. Percentage does not always equal exactly 100 due to rounding.

c. Demographic information was not collected for the one person who participated in the individual interview.

CONSENSUS WORKSHOP

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

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

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

Table 5: Working Agenda

Time	Agenda Item
3:00PM	Gathering
3:10PM	Welcome + Overview
3:20PM	Introductions
3:40PM	Review Demographic Data of Participants
3:50PM	Review of Data
4:15PM	Identifying Themes
4:45PM	Food Break
5:15PM	What is a Recommendation?
5:30PM	Movement Break
5:35PM	Developing Recommendations
6:55PM	Closing

Following introductions, facilitators provided a summary of the demographic data for the 134 individuals engaged in the LGBTQ+ health assessment through community conversations (n=97) and focus groups (n=37)[10]. Then, participants of the Consensus Workshop reviewed detailed demographic sheets, and in a large group discussion, shared their insights and observations of the data.

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

Table 6: Key Themes Identified by Each Group

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

[10] Demographic information was not collected for the one staff person who participated in the individual interview.

	• Community values community-centered engagement – emphasis on fun events in the community (e.g. dance studios, drop-in spaces, and clubs) • Health services for HIV/AIDS treatment / prevention rather than holistic care • Success in direct services that put money directly in LGBTQ+ people's pockets (rideshare, food gift card)
Group 4	• Safe healthy space • Housing • Mental health (staff / professional need ongoing training) • LGBTQ+ more connected to the general community • BMC: some say safe, some say not • Substance use is a problem • Many youth orgs • EBT – asylum seekers can not access
Group 5	• Equality health care (access) • Religious trauma (Christian nationalism) • LGBTQ+ aging • Holistic health • Welcoming vs. affirming • Ending stigma

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

Participants' responses are summarized below:

> "People rely on the communities more than the system."
>
> – Participant, Consensus Workshop

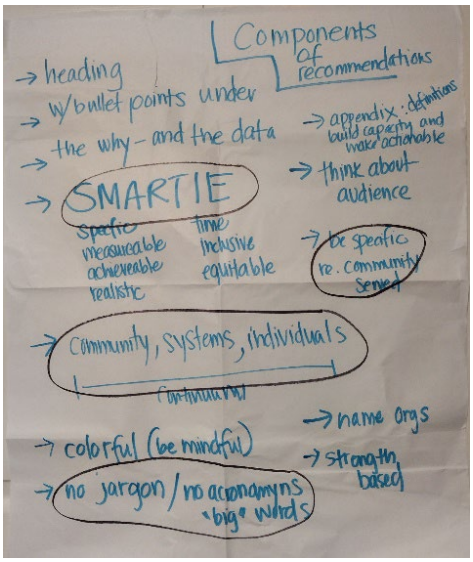
- Baseline distrust of government and healthcare institutions, despite all taxpayers being entitled to services. Many LGBTQ+ people don't think we have these rights, let alone advocate for ourselves. Systems are set-up to require strong self-advocacy, with many barriers to access, which leads many LGBTQ+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

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

> "Access is situated around citizenship."
>
> – Participant, Consensus Workshop

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

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



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

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

Table 7: Discussion Questions

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

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

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

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

RECOMMENDATIONS

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

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

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

Recommendation 1: Professional Pipeline Programs

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

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

Potential Strategies Recommended by Participants Include:

- Incorporate hiring and recruitment practices that specifically engage LGBTQ+ applicants in decision-making positions for all services and policies impacting LGBTQ+ communities *(Transgender/Nonbinary, Immigrants and Refugees)*
- Increase wages of direct care workers who are multilingual and LGBTQ+ *(Native Spanish Speakers, Providers)*
- Community centers hire health system navigators (HSNs); HSNs across Boston meet annually to discuss what is working and what needs improvement *(Providers)*
- Provide scholarships and grants for community members to attend school/cert programs *(Youth)*

- More affordable pathways to higher education *(Youth)*
- Develop, fund, and sustain a certification program for mental health career development, including psychological first aid *(Community Working Group)*

Recommendations 2: Housing Justice

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

Source: https://www.urban.org/projects/housing-justice-hub

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

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

Potential Strategies Recommended by Participants Include:

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

Recommendation 3: Mental Health Equity

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

Source: https://www.cdc.gov/healthequity/features/minority-mental-health/index.html#:~:text=Mental%20health%20equity%20is%20the,health%20and%20emotional%20well%2Dbeing.

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

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

Potential Strategies Recommended by Participants Include:

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

Recommendation 4: BPHC Office of LGBTQ+ Health

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

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

Potential Strategies Recommended by Participants Include:

- All funded programs should collect sexual orientation & gender identity (SOGI) data[12] *(Providers)*
- Create community advisory boards inclusive of LGBTQ+ *(Consensus Workshop)*
- Change standard BPHC contract language to include LGBTQ requirements and protections / trainings *(Consensus Workshop)*
- LGBTQ+ website on BPHC website *(Consensus Workshop)*
- More visible LGBTQ+, BIPOC staff at BPHC *(Consensus Workshop)*
- Resource directory and advocacy for people seeking asylum in Massachusetts *(Immigrants and Refugees)*

Recommendation 5: LGBTQ+ Capacity-Building and Development

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

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

Potential Strategies Recommended by Participants Include:

- Fund line items for effective, population-specific social marketing *(Consensus Workshop)*
- Invite LGBTQ people to the table for overdose prevention conversations and for allocating opioid settlement money equitably *(Providers)*

[12]Developed in partnership with members of the LGBTQ+ and gender diverse communities in Boston, the Mayor's Office of LGBTQ+ Advancement and the Department of Innovation and Technology, developed by Gender-Aware Guidelines and Standards for City of Boston Services, which are guidelines and standards that specify when and how to collect gender-identity data throughout government processes. Effective 8/29/23. Source: https://www.boston.gov/departments/lgbtq-advancement

- Increase visibility of model programs effectively serving LGBTQ+ populations through social marketing *(Providers)*
- Create a statewide LGBT Commission for all ages (parallel to the MA youth commission) *(Transgender/Nonbinary)*

Recommendation 6: Community-Based Crisis Prevention

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

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

Potential Strategies Recommended by Participants Include:

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

Recommendation 7: Community Safe Havens

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

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

Potential Strategies Recommended by Participants Include:

- Include space for interfaith & spiritual gatherings at LGBTQ community center or create other safe physical space for LGBTQ worship (especially for Muslim community) *(Queer Muslims, Transgender/Nonbinary, Immigrants and Refugees)*

Recommendation 8: Direct Funding to LGBTQ+-Led Organizations for Community Basic Needs

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

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

Potential Strategies Recommended by Participants Include:

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

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

- Develop well-advertised culturally informed support groups for BIPOC parents of LGBTQ+ people *(Youth)*
- Close ADA loopholes to make every affordable housing unit, medical facility, and public LGBTQ+ space truly accessible to all *(People with Physical Disabilities)*
- Greater protection for elderly and disabled LGBTQ+ people beyond litigation *(People with Physical Disabilities)*
- Fund free, safe, accessible public transit *(Queer Muslims, Youth)*
- Provide free legal services and lower barrier access to support services for LGBTQ+ immigrants *(Queer Muslims, Providers, Immigrants and Refugees)*
- Free and expanded access to gender-affirming care (including needs like hair removal and binders); microgrants for gender-affirming care *(Transgender /Nonbinary, Youth)*

- Teach holistic, pleasure-based, LGBTQ+ sexual health education in schools *(Queer Muslims, General LGBTQ+ community, Immigrants and Refugees)*
- Open, fund, and sustain large capacity, low barrier, culturally responsive STI testing at all community centers *(Youth, Immigrants and Refugees)*
- Increase the number of gender-neutral restrooms across the city *(Immigrant and Refugees)*
- Expand detox/recovery/substance use treatment services, ensure LGBTQ+ responsive care, and provide safe residential detox and recovery settings for transgender patients in particular *(Providers)*
- Accessibility: central air conditioning and wheelchair access for all LGBTQ public spaces *(People with Physical Disabilities)*

LIMITATIONS

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

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

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

African, Caribbean, and AAPI Immigrant Representation: We found greater success in engaging Spanish-speaking individuals compared to other racialized immigrant and minoritized language groups. This achievement can be attributed, in part, to our collaboration with two Community Consultants who had strong ties within Latinx LGBTQ+ community networks. However, recruitment for our Immigrant & Refugee Community Conversation faced challenges, primarily because we did not have an agency partner to assist with outreach efforts. The absence of Community Consultants embedded within these communities hindered our ability to attract immigrants from various communities, including the non-Spanish speaking Caribbean, African, and Asian American and Pacific Islander (AAPI) communities. Additionally, the lack of language interpreters posed a barrier for individuals with limited English proficiency. It also highlights the need for tailored outreach strategies, particularly when reaching out to multiple marginalized communities, where LGBTQ+ immigrants often face triple barriers related to citizenship/ language, queerness, and race. Building trust and cultivating long-term relationships within these communities are essential components of successful engagement initiatives.

Diverse Disability Representation: We grappled with the decision of whether to hold the Community Conversation with LGBTQ+ individuals with physical disabilities in person or virtually, considering accessibility considerations, and also faced challenges in securing an affordable and accessible physical space. Furthermore, we engaged in thoughtful discussions regarding the framing of "disability" and whether to extend invitations to individuals with mental health conditions, neurodivergent traits, and developmental or cognitive challenges. We lacked team members deeply connected to disability advocacy networks, and the timing of the session, scheduled midweek in July, posed challenges due to summer vacations.

INSIGHTS FOR NEXT STEPS

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

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

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

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

a. *Community Report Back and Feedback Town Hall* - Hold a virtual or in-person town hall that presents the recommendations and utilizes participatory approaches to facilitate feedback from attendees.
b. *LGBTQ+ Community Advisory Board* – The first task for the CAB is to provide feedback on the recommendations. In addition, the CAB would be in the best position to identify other strategies to gain feedback.

c. *Online Survey* – There are multiple survey platforms and methodologies available to facilitate the process of gathering feedback on recommendations and further refining them. Utilizing survey-based methods, such as the Delphi Method, allows for the systematic collection of input from a diverse range of stakeholders. This comprehensive approach not only ensures that community members and others have a platform to share their perspectives but also enables consensus-building and prioritization.
d. *LGBTQ-focused State Commissions* – The Massachusetts Commission on LGBTQ Youth and Massachusetts LGBT Aging Commission are established advisory bodies that are well-positioned to provide detailed feedback on the recommendations and strategies for implementation.

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

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

APPENDIX: Demographics of Participants from the Community Conversations (n=97)

Characteristics [a]	Survey All
	N [b]
	97
Race/Ethnicity	N, (% [c])
Non-Hispanic White	16 (16)
Black/ African American	15 (15)
American Indian/ Alaska Native	1 (1)
Asian/ Asian American	6 (6)
Native Hawaiian or Pacific Islander	1 (1)
Hispanic/Latino/Latinx	33 (34)
Multiracial or Biracial*	19 (20)
Another Race/ethnicity (please specify)	4 (4)
Gender	
Man	32 (33)
Non-binary/two-spirit	7 (7)
Non-gender conforming	2 (2)
Transgender man	6 (6)
Transgender woman	17 (18)
Genderqueer	5 (5)
Woman	12 (12)
Additional gender (please specify)	2 (2)
Multiple choices	12 (12)
Sexual Orientation	
Asexual	0
Bisexual	19 (20)
Gay	28 (29)
Heterosexual	16 (16)
Lesbian	6 (6)
Pansexual	3 (3)
Queer	8 (8)
Additional Orientation (please specify)	1 (1)
Multiple choices	14 (14)
Age	
Under 18	3 (3)
18-20 years	8 (8)
21-29 years	20 (20)

30-39 years	26 (27)
40-49 years	10 (10)
50-59 years	11 (11)
≥ 60 years	17 (18)
Hear about the event	
Flyer at	9 (9)
On Facebook	8 (8)
Referred by	57 (59)
Other (please specify)	23 (24)
Connect with the LGBTQ+ comm in Boston	N, (% [d])
LGBTQ+ media sources	49 (51)
Bars/Clubs	30 (31)
Friends/Partner(s)	68 (70)
Family	16 (16)
School	18 (19)
Faith/Spiritual community	22 (23)
Social networking sites [e]	54 (56)
Support groups	41 (42)
Internet (email lists, message boards)	21 (22)
Other (please specify):	19 (20)

a. Two participants did not provide race/ethnicity, gender, sexual orientation, and age

b. Total missing data accounts for n 17

c. Percentage not always equal exactly to 100 due to rounding

d. Percentage of participants who chose specific response

e. e.g., Facebook, Twitter, Tumbler, Instagram