

# CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

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## **SACRAMENTO**

*April 13, 2011*

**COUNTIES:** ♦SACRAMENTO ♦STANISLAUS ♦SAN JOAQUIN ♦YOLO

### **Participant Representation**

In the Central Valley we conducted four separate community regional forums one of them focused on Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) community issues. In Sacramento, we had representation from four counties which include Sacramento, Stanislaus, San Joaquin, and Yolo. A total of 14 individuals attended the “Mesas de Trabajo” (working groups) and represented various groups including consumers, family members, clinicians, mental health programs, advocacy groups, and community-based organizations. Of the 14 individuals who participated, 4 were either consumers or family members.

### **Forum Structure**

We started the forum by introducing the Latino Reducing Disparities (LRD) staff, followed by a short presentation which included the background information on the California State Reducing Disparities Project – Latino Focus. Each participant had the opportunity to introduce themselves, tell us where they worked, and say one thing they would like to change in mental health that would benefit Latinos who are LGBTQ. Their top five recommendations were to reduce stigma, provide more bilingual/bicultural workers who were LGBTQ sensitive, create safe spaces for LGBTQ youth and their families, and to normalize being LGBTQ.

The meeting was organized into mesas de trabajo of which participants were randomly assigned to a “mesa” (table). Each “mesa” was instructed to address a number of strategies listed on Table 1. In order to facilitate the group process, each strategy included a list of guiding points to generate group discussion. Each “mesa” was asked to identify a Chair, Notetaker and Reporter. They were provided with a flip chart and markers to document their recommendations on their assigned strategy. One of the LRD staff members was also present to take notes on a computer. Once all recommendations were posted on the flip chart, each group proceeded with an individual voting process of the top four strategies. They used color dot stickers to prioritize the listed priorities (the value for each color was 4, 3, 2 and 1 for red, green, yellow and blue respectively). At the end of the session, each “mesa” selected a reporter who would present their recommendations to the larger group.

The following are the answers to the question: "If you could make one thing happen in mental health that would benefit Latinos who are LGBTQ, what would it be?"

- Have a support group for Latino LGBTQ. One common denominator is that everyone knows how it feels to be in the heterosexual world and stand alone. A feeling of being marginalized and walking alone even within your own culture.
- Changing what forms ask, instead of asking heterosexual questions, i.e., what is your wife or husband's name? These type of heterosexual questions are stigmatizing. Practitioner should be comfortable utilizing the proper pronouns, such as utilizing he and he, or her and her.
- Have transgender bathrooms.
- Immigrant families need help but there are no Latino psychiatrists let alone that specialize in LGBTQ issues.
- There are farmworkers who are gay and are leaving Mexico to live a free life, but there are no services for them and many time they are undocumented.
- If you are a LatinoLGBTQ and undocumented you do not have human rights as other documented LGBTQ, i.e., you cannot get married and help your partner become a resident.
- Prevention and Early Intervention (PEI) funds should go to LGBTQ farmworkers and provide whatever is needed.
- Have support groups in Spanish.
- Provide literature in government offices, clinics and community based organizations they should have signageto indicate they are LGBTQfriendly.
- Medical clinics and therapist should maketheir services more welcoming. A sign that says they are "gay friendly". This would make it easier to open up to you doctor.
- More Latino speaking therapists that serve the LGBTQ community.
- Change immigration to have marriage equality. There is no way for your partner to become a citizen if he or she is undocumented.
- Services that adults receive should be available in high-school.
- There should be therapist available that are welcoming to LGBTQ particularly in the rural high-school. In San Francisco there is a community that isgay, this helps in supporting young people who are coming out.
- Developing a strategy to help develop professionals who are trained to be LGBTQ sensitive.

The following section represents the top priorities that each “Mesas de Trabajo” identified for their assigned strategies.

## **STRATEGY 1**

### **Strategies for increasing treatment participation of Latinos by reducing individual and community barriers to care**

PRIORITY # 1 CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS IN SERVICE

PRIORITY # 2 REDUCE STIGMA

PRIORITY # 3 MORE SUPPORT PROGRAMS FOR LGBTQ

PRIORITY #4 USE MEDIA AS A POSITIVE TOOL

#### **I. CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS IN SERVICE**

- We must begin to reduce mental health stigma in therapy. We need to stop using labels. Meeting them where they are. Like not using men having sex with men, instead use pan-sexual no label.
- We need to look at the program "Golden Rule<sup>1</sup>." This program does outreach to African Americans and could be a possible collaboration for Latino education and outreach.
- Farmworkers are young men and they are experimenting. They don't think about themselves and the perceived risk. They become an example for others to follow. They see their sexual activities as "situational acts. We need to find a way to provide information to these farmworkers without talking about having sex with men. Maybe just give them information of how to protect themselves.

#### **II. REDUCE STIGMA**

- Our schools normalize heterosexuality. Our church promotes hate for gays. This makes it difficult for families because they fear for their children and what will happen to them. We need to tackle this concept of what is normal.
- Media plays a role in showing the negative aspect of what it is to be LGBTQ. Media needs to show the positive aspect of being LGBTQ.
- Gays and Lesbians are your neighbors, they have homes, children, pay taxes, are doctors, nurses, lawyers. They live amongst us and are part of the fabric of our community.
- Each Community Based Organization (CBO), and clinics should embrace the CLAS standards. The 14 standards should be utilized and applied to the LGBTQ community.
- Bienvenidos a Casa<sup>2</sup> in San Francisco addresses issues of homophobia. This is a form of normalizing and allowing for discussion with parents and families.

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<sup>1</sup>Golden Rule Services is a nonprofit, minority based organization that resolves health, education, employment and criminal justice disparities in People of Color communities through culturally competent programs and resources.

<sup>2</sup>They use a classic medium in the form of a *radionovela*—similar to those popular during the Golden Age of Radio—to break down the walls of communication, helping Latino families begin conversations on issues they otherwise would never talk about.

### III. MORE SUPPORT PROGRAMS FOR LGBTQ

- Parents go through a grieving process when their children come out. There needs to be a place for parents to come together and grieve. They need to have a space to discuss their grief and fear for their children.
- Often time siblings do not support their LGBTQ brother or sister. Having a LGBTQ daughter or son is an embarrassment and brings shame to the family.
- Latino LGBTQ also share a sense of loss.

### IV. USE MEDIA AS A POSITIVE TOOL

- Radio Bilingüe<sup>3</sup> has a transvesti character (Jose Luis sin Censura) that allows the community to call in and ask questions with humor. This type of venue allows for misconceptions to be addressed and educate the community on LGBTQ issues and ultimately reduce stigma in the Latino community.
- You have to be relevant to the population you are trying to reach. Like Piolin<sup>4</sup> even though his discussions are mindless, Mexicanos love to listen to him. They want to escape and be entertained and not be lectured to. Education needs to be relevant to the listener otherwise they will not listen to the program or the information.
- Cartoons such as “Handy Manny” and “Dora” shows how brown is good and speaking Spanish is cool. Media needs to develop something similar for Latino LGBTQ.
- Radio Bilingüe has a program Proyecto Poderoso<sup>5</sup> that tells stories about lesbian, gay, bisexual and transgender. It's about acceptance and equality.
- Education the second generation around LGBTQ issues. First generation (usually parents) are dependent on second generation for information.
- Have Spanish newspaper ask questions from readers and show statistics on issues of suicide that are tied to LGBTQ. For example: A Latino man was so distraught because he rejected his son when his son came out. After 2 years of coming out, his son was killed in a car accident before his father had a chance to speak and reconnect with his son. These are the types of stories that resonate with parents.
- Novelas are including more LGBTQ roles, but they are always portrayed as very feminine.

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<sup>3</sup>Radio Bilingüe, a non-profit radio network with Latino control and leadership, is the only national distributor of Spanish-language programming in public radio.

A national Mexican radio personality.

<sup>5</sup>Proyecto Poderoso, the Family Acceptance Project is an on-air radionovela series, a Spanish-language radio soap opera developed specifically to reach California's Latino families with stories about lesbian, gay, bisexual, and transgender (LGBT) acceptance and equality.

## **STRATEGY # 2**

### **Strategies to increase treatment participation by improving access to existing programs and services**

PRIORITY # 1 MANDATORY CULTURALLY AND LINGUISTIC COMPETENCY TRAINING

PRIORITY # 2 INCREASE PROVIDERS THAT ARE LGBTQ SENSITIVE

PRIORITY # 3 MAKE MENTAL HEALTH A RESOURCE AT LGBTQ CENTERS

PRIORITY# 4 OUTREACH TO THE LGBTQ COMMUNITY

#### **I. MANDATORY CULTURALLY AND LINGUISTIC COMPETENCY TRAINING**

- Ellas in Action<sup>6</sup> a project in San Francisco works with transgender Latinas and provides wrap around services.
- The Trevor Project<sup>7</sup> a successful project for suicide prevention. Currently this program exists in LA and Tulare county.
- Gay friendly. Every clinician working with LGBTQ should be trained on LGBTQ issues. Existing program such as "La Familia Counseling Center in Hayward"<sup>8</sup> should be more LGBTQ aware and sensitive.

#### **II. INCREASE PROVIDERS THAT ARE LGBTQ SENSITIVE**

- High level administrators working in mental health who are gay don't feel supported by their peers nor their employees. People struggling with the acceptance of their LGBTG boss or co-workers should understand that it is natural and normal as being left handed. Mental health practitioners should understand this and help the individual realize this. Developing more cultural competency training.
- Coming out is a multi-step process and therapist should be specialized in working with LGTBQ youth and adults as they decide to come-out. Develop a mechanism that would allow consumers to know that this therapist is certified to work effectively with LGBTQ.

#### **III. MAKE MENTAL HEALTH A RESOURCE AT LGBTQ CENTERS**

- There are stereotypes about Latinos in the white community. The RAND Corporation<sup>9</sup> study on acceptance of LGBTQ communities was conducted and they found that Latinos who were born in other countries were the most accepting (more

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<sup>6</sup>An organization dedicated to the political, educational and cultural advancement of Latina Lesbians and Bisexual women

<sup>7</sup>The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.

<sup>8</sup>La Familia Counseling Service is a community-based organization providing a broad range of human services with emphasis on community education and mental health. La Familia provides mental health counseling to low-income Hispanic residents in the San Francisco area. In addition, it provides counseling and community services, intensive treatment for children, youth programs, AIDS education, and services for persons with developmental disabilities.

<sup>9</sup>The RAND Corporation is a nonprofit institution that helps improve policy and decision making through research and analysis.

than white) of LGBTQ and Latinos born here were as equally accepting as whites. The thought is that the concept of 'la familia' is so strong in Latinos from other countries that they will never turn their back on a family member. The assumption is that living in the United States affects Latinos and their acceptance of gays.

- There should be Latino LGBTQ centers in each city. Latinos do not go to white LGBTQ centers.

#### **IV. OUTREACH TO THE LGBTQ COMMUNITY**

- Orgullo En Acción<sup>10</sup>. In Chicago they go to the bar to educate on mental health. Young Latinos do not go to LGBTQ centers because they do not identify with them. Bars are where the young people go to be together. Consider utilizing this as a mechanism to outreach and educate young people.
- Utilize social media and Facebook to educate on mental health.
- Central Valley radio novela on HIV.
- Promotoras/es need to be "Queered" up. Education should be done at community fairs, fotonovelas utilized to target farm workers and youth and develop fun youtube videos.

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<sup>10</sup>Orgullo En Accion is a group of Latino/a LGBTQ (Lesbian, Gay, Bi-Sexual, Transgender, Queer and Questioning) community members fostering a safe space through progressive dialogue and action. Our goals are to advocate for social and political change for the Latino/a LGBTQ community, promote education, provide leadership development, and to increase Latino/a LGBTQ awareness within communities.

### **STRATEGY # 3**

#### **Recommendations for new programs and modification of service delivery to increase participation**

PRIORITY # 1 CHALLENGE HETERONORMATIVITY<sup>11</sup>

PRIORITY # 2 SPECIALIZED CERTIFICATION/TRAINING

PRIORITY # 3 MARKETING

#### **I. CHALLENGE HETERONORMATIVITY**

- Challenge heteronormativity in socializing institutions (school, work, religion, health, media, sports).
- Schools often normalize heterosexuality but churches often promote homophobia.
- Media, such as Spanish radio stations, often mock gay or transvestite characters. Education needs to be relevant to the listener.

#### **II. SPECIALIZED CERTIFICATION/TRAINING**

- Training specialized certification – LGBTQ friendly therapists/clinicians.
- Sensitivity training/awareness for LGBTQ issues.

#### **III. MARKETING**

- Use marketing in social media, community fairs, cultural brokers, radio, photo novella, peer advisors, promotoras. Examples: Orgullo en Accion; La Familia Counseling Center in Hayward.
- Use the media to show positive aspects of LGBTQ as neighbors, homeowners, children, taxpayers, doctors, nurses, lawyers.
- Use radio to tell stories about LGBTQ, acceptance and equality.
- Show statistics of suicide tied to LGBTQ in Spanish newspapers.
- Utilize bars, or other places where young people come together, as a mechanism for outreach and education of young people.
- Utilize social media and Facebook to educate on mental health issues.

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<sup>11</sup>Heteronormativity is the cultural bias in favor of opposite-sex relationships of a sexual nature, and against same-sex relationships of a sexual nature. Because the former are viewed as normal and the latter are not, lesbian and gay relationships are subject to a heteronormative bias.

## **STRATEGY # 4**

**Recommendations for new programs and modification of service delivery to increase retention in services and reduce dropout**

PRIORITY # 1 PATIENT LIAISON

PRIORITY # 2 CREATION OF LATINO/LGBTQ-SPECIFIC PROGRAMS

PRIORITY # 3 COUNTY MANAGEMENT TRAINING

PRIORITY # 4 SPANISH MATERIALS

### **I. PATIENT LIAISON**

- A program where one person does clinical evaluation and a liaison (different from clinician) can do follow-up services – check in with family about services or clinician, see if anything was working, and address reasons for dropout.
  - o Services/groups have to be beneficial for recipients.
  - o Who is available to address malpractice?
  - o Power imbalance, social etiquette (rudeness) causes people to not complain or explain if something was offensive or not beneficial to Latino participants.

### **II. CREATION OF LATINO/LGBTQ-SPECIFIC PROGRAMS**

- Get word out or create Latino/LGBTQ-specific programs.
  - o Existing center/groups feel exclusive, i.e., all white females/lesbians.
  - o Create tailored programs, not just culturally sensitive programs.
  - o Inclusion through diversity (there has to be Latinos included).

### **III. COUNTY MANAGEMENT TRAINING**

- Focus on county management training
  - o Embrace LGBTQ.
  - o Increase awareness.
  - o Money for training – tools & resources.
  - o Current county management needs to address the issue of inappropriate comments/jokes during training sessions on LGBTQ community issues.

### **IV. SPANISH MATERIALS**

- Provide written materials in Spanish

## **STRATEGY # 5**

**Recommendation for new programs and modification of existing services to improve successful treatment outcomes (other than retention)**

PRIORITY # 1 CENTRALIZED RESOURCE GUIDE

PRIORITY # 2 TRACK NON-PARTICIPATION

PRIORITY # 3 CPS INDEPENDENT LIVING PROGRAMS

### **I. CENTRALIZED RESOURCE GUIDE**

- Centralized resource guide to help consumers identify specialized providers for specific populations: Latino LGBTQ.

### **II. TRACK NON-PARTICIPATION**

- Track who is not participating in events specific to Latino (LGBTQ, training).

### **III. CPS INDEPENDENT LIVING PROGRAMS**

- Modification in CPS independent living programs.
  - i. Many LGBTQ youth in foster care/Spanish-speaking.
  - ii. Foster youth emancipated need some place to go once they move out.
  - iii. Latino LGBTQ homeless youth need services.

## **STRATEGY # 6**

### **Strategies for design of effective approaches to the evaluation of implemented recommendations**

- PRIORITY # 1 VISIBILITY
- PRIORITY # 2 MEASURE SUCCESS
- PRIORITY # 3 CENTRAL RESOURCES

#### **I. VISIBILITY**

- Make Latino LGBTQ more visible.
  - i. Novelas for Latino LGBTQ youth.

#### **II. MEASURE SUCCESS**

- How do we measure success?
  - o Increase resources, access, participation, awareness of resources/services.
  - o Therapy can be a life-long process.
  - o How do you measure success in mental health wellness?
  - o Survey.
  - o Center for AIDS research needs evaluation of services provided to the Latino LGBTQ.

#### **III. CENTRAL RESOURCES**

- A website hosted by state government or nonprofit organization to bring awareness and information out to the community

Table 1. The six strategies and guiding points provided to the subgroups.

<p><b>1. Strategies for increasing treatment participation of Latino/a LGBTQ by reducing individual and community barriers to care.</b></p> <ul style="list-style-type: none"> <li>• Ideas on reducing stigma (community and individual education)</li> <li>• Increasing workforce appropriate to Latinos at all levels (training and education)</li> <li>• Increasing family and community support</li> <li>• Suggest MH programs that are appropriate for Latinos</li> <li>• Suggest approaches to community outreach and engagement</li> <li>• Other ideas</li> </ul>
<p><b>2. Strategies for increasing treatment participation by improving access to existing programs and services for Latino/a LGBTQ</b></p> <ul style="list-style-type: none"> <li>• Ideas on how to increase treatment participation</li> <li>• Ideas on how to improve access to existing programs</li> <li>• Suggestions on programs that are proven to be successful with Latinos</li> <li>• Suggestions on culturally appropriate workforce development (training and education)</li> <li>• Other ideas</li> </ul>
<p><b>3. Recommendations for new programs and modification of service delivery to increase Participation of Latino/a LGBTQ</b></p> <ul style="list-style-type: none"> <li>• Ideas on new programs that should be offered to increase participation</li> <li>• Ideas on modification of existing programs to increase Latino participation</li> <li>• Ideas on programs that have proven to be successful in serving Latinos</li> <li>• Other ideas</li> </ul>
<p><b>4. Recommendations for new programs and modification of service delivery to increase retention in services and reduce drop out for Latino/a LGBTQ</b></p> <ul style="list-style-type: none"> <li>• Ideas on how to reduce dropout rates</li> <li>• Ideas on how to modify current programs to reduce dropout rates</li> <li>• What new programs should be offered to reduce drop out</li> <li>• Other ideas</li> </ul>
<p><b>5. Recommendation for new programs and modification of existing services to improve successful treatment outcomes (other than retention) for Latino/a LGBTQ</b></p> <ul style="list-style-type: none"> <li>• Ideas on modifying existing programs to increase treatment outcomes</li> <li>• Ideas on new programs that would increase treatment outcomes</li> <li>• Other ideas</li> </ul>
<p><b>6. Strategies for design of effective approaches to the evaluation of implemented Recommendations for Latino/a LGBTQ</b></p> <ul style="list-style-type: none"> <li>• Ideas on how to evaluate individual quality of care</li> <li>• Ideas on how to evaluate complementary interventions</li> <li>• Ideas on how to evaluate programs serving Latinos</li> </ul>