

A Health Equity Foundation

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## RESILIENT & RESOURCEFUL

LGBTQIA+ Community Member Perceptions of Living in Southwest and West Colorado

## LEO KATTARI, MSW KATTARI CONSULTING

### with

### **Rachel Esters**

Photos of Trennie Collins by Aspen McCarthy Photos of Xavier Saenz by Luna Anna Archey

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# INTRODUCTIO

esbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) people are part of our communities, including where we live, work and play. Like the general population, the individuals making up the LGBTQIA+ community represent a diverse spectrum across a variety of races, ethnicities, ages, genders, orientations, abilities, geographic regions, income levels, religions and political affiliations—meaning no two LGBTQIA+ people you meet will be the same or have the same experience.

According to the UCLA School of Law's Williams Institute,<sup>i</sup> about 4.5% of the United States population identifies as under the LGBTQIA+ umbrella. Twentyfive percent have an annual income of under \$25,000 and 29% are actively raising children. Twenty-one percent are Hispanic/Latinx, 12% are Black/African American, 1% are Native Hawaiian or Pacific Islander, 2% are Asian, 1% are Native American or American Indian, 5% are multiracial, and 58% are non-Hispanic white.

Colorado has similar LGBTQIA+ demographics as the United States.<sup>#</sup> About 4.6% of Coloradans fall under the LGBTQIA+ umbrella, with 24% having an annual income under \$25,000 and 29% are actively raising children. Twenty-six percent are Hispanic/Latinx, 64% are non-Hispanic white, 5% are multiracial, and 5% represents all other races, including Black/African American.

The LGBTQIA+ community is thriving and resilient, and continues to build transformative change across Colorado and the country through shaping and shifting social and political norms to create a more equitable society for all, despite ongoing experiences of bias, stigma, discrimination, harassment and even violence.

The Center for American Progress reports that one in four LGBTQIA+ Americans have experienced discrimination because of their sexual orientation or gender identity.<sup>III</sup> Of those who have experienced discrimination, 68.5% said it impacted their mental health and 43.7% said it impacted their physical health. It has been documented consistently across multiple marginalized groups that experiences





## **N**





of discrimination due to identity can impact an individual's health and well-being. This phenomena, also referred to as minority stress, is consistently found in the LGBTQIA+ community.<sup>iv</sup> Minority stress has an even greater impact among those who have multiple marginalized identities, such as LGBTQIA+ people of color.<sup>v</sup>

These experiences of minority stress affect LGBTQIA+ individuals' overall health and well-being, leading to a multitude of health inequities in health care access and utilization, physical health outcomes and mental health outcomes. Data collection around sexual orientation and gender identity are inconsistent state by state, so there is limited governmental data on LGBTQIA+ health. However, what we do know is that compared with heterosexual and cisgender adults across the country and in Colorado, LGBTQIA+ adults and youth are:<sup>vi, vii, vii</sup>

- Less likely to have health insurance coverage.
- More likely to delay or avoid seeking preventative medical care due to fear of discrimination.
- More likely to receive care in an emergency department.
- Less likely to report excellent or good health.
- More likely to be diagnosed with depression or anxiety.
- More likely to contemplate or attempt suicide.
- More likely to use alcohol or other substances.
- More likely to be victims of harassment or violence.

These health disparities are more profound among LGBTQIA+ people of color. However, it's important to note that health disparities are not caused by an individuals' sexual orientation, gender identity, race or other marginalized identity. Health disparities are a societal symptom of bias, stigma and discrimination that are experienced consistently over time by marginalized groups.

LGBTQIA+ youth have their own unique challenges and health disparities in Colorado. According to the 2019 Healthy Kids Colorado Survey,<sup>ix</sup> about 11.6% of young people in Colorado identify as lesbian, gay or bisexual and 1.6% identify as transgender. In the survey, 17.3% reported feeling unsafe at school, and 10.8% reported missing school in the past 30 days because they felt unsafe.

Among LGBTQIA+ Coloradans, 36% report living in counties outside of the Denver metro area, primarily throughout the Front Range and southwest Colorado, with the fewest LGBTQIA+ people living on the Eastern Plains. Thirty-two percent of LGBTQIA+ Coloradans report needing to travel to find a LGBTQIA+-competent or friendly provider, and 17% report not having the means to travel to access these services.<sup>×</sup>This poses unique challenges for those who reside in more rural or frontier areas of Colorado.

## **PROJECT OVERVIEW**

No community should be left behind in discussions of equity and justice. LGBTQIA+ individuals living at the intersection of identities relating to geographic region, race, ethnicity and income share unique experiences of health disparities and isolation as well as resilience and resourcefulness. The Colorado Trust, through a community-centered approach, aimed to explore building connections and relationships with LGBTQIA+ individuals living in the southwest and west regions of Colorado to better understand the barriers to their health and wellness as well as the resilience of community.

#### **RESILIENT AND RESOURCEFUL: PROJECT PROCESS**

There are four pillars that provide the basis of this project. LGBTQIA+ individuals living in southwest and west Colorado:

- 1. Represent a diverse community with a robust history, a multitude of strengths, demonstrated resilience and untapped potential.
- 2. Experience underrepresentation and systemic inequity, including ongoing bias, stigma and discrimination, all impacting the capacity to thrive.
- 3. Experience limited access to resources and community connection due to geographic constraints.
- 4. Can develop sustainable solutions to addressing barriers when provided the resources, skills and tools necessary to advance equity and justice.

Acknowledging the scope of this project and the need for community voices and partnership, two collaborative groups were convened in tandem with one another: 1) the learning team made up of Colorado Trust staff and community associates to plan, implement and evaluate project goals; and 2) a community advisory council made up of community members to inform and guide the learning team throughout the project.

## **PROJECT PROCESS**

#### LGBTQIA+ Community Connector

The cornerstone of this project was the role of community connector. Rachel Esters served as community connector for this project. This role was a temporary staff position with The Colorado Trust that provided bridges between the local LGBTQIA+ community, the community advisory council and the learning team. Esters was supervised by Tera Wick, The Colorado Trust's community partner for the Southwest & West Central Colorado Region.

This unique role was pivotal due to the importance of trust and reliability that is necessary when engaging with a marginalized community. Many LGBTQIA+ individuals in rural areas may not be out in their personal and professional lives. In other words, some individuals choose not to disclose their sexual orientation or gender identity to others, including family, friends, neighbors and colleagues. Due to this, community outsiders— especially those associated with Denver metro area agencies and organizations like The Colorado Trust—must take the time and effort necessary to build relationships and trust. The community connector was already a safe and trusted resource to this community, making this process much smoother and more efficient than relying on someone without these ties to the community.

Once the community connector was able to develop relationships, safety and trustworthiness in this role with The Colorado Trust, and building on the reliability and trustworthiness of the foundation, the community connector met with local community members, conducted interviews and focus groups for data collection, contributed observations and guidance for this report, and provided leadership and guidance to both the community as well as The Colorado Trust for establishing and sustaining this community-engaged work.

#### **Community Advisory Council**

The community advisory council was a group of five community members based in southwest and west Colorado that were recruited by word-of-mouth from community partners and through direct knowledge as part of the initial networking process performed by the community connector. The community connector and the community partner screened and approved each council member, ensuring they had time and capacity to engage in this volunteer effort. The council represented the diversity of the local LGBTQIA+ community in gender, sexual orientation and race. The advisory council's role was to ensure the needs of the LGBTQIA+ community were being honored, keep the project on track, and provide a nuanced understanding of the local community to keep the community safe and free from tokenization or harm.

#### **Approach and Recruitment**

A strategic and intentional approach was used to engage the LGBTQIA+ community in southwest and west Colorado, understanding that this community is geographically mobile and skeptical of outsiders. The initial goal was networking and the building of trust among the community, in which the advisory council and the community connector played a crucial role.

Next, the community connector utilized the relationship of advisory council members and snowball sampling where survey or study participants help recruit other or future participants—to help identify people who would be interested in speaking with The Colorado Trust by participating in interviews or focus groups. The community connector continued to use this approach of snowball sampling because it was imperative to be seen as trustworthy through connection with community leaders.

Additionally, the community connector met with local and statewide organizations that provide services to LGBTQIA+ communities. This included the Human Rights Campaign, One Colorado, the University of Colorado's Partners Engaged in Achieving Change in Health Network and the Ark Valley Equality Network.

While the majority of the recruitment process was one-on-one connections, social media and community events were utilized to engage and recruit residents interested in being part of focus groups or interviews.

#### **Data Collection**

Data was gathered by conducting 33 interviews and eight focus groups with LGBTQIA+ community members and allies.

Individual interviews were initially conducted on the telephone or in person; however, with the onset of the COVID-19 pandemic in early 2020, interviews moved to an electronic format using videoconferencing technology. Participants were more likely to share detailed stories and experiences when the interviews included a venue that allowed for a more honest connection. The choice to enlist an interviewer that was a member of this community was a deliberate one, knowing that participants would be sharing stories that had the potential to touch on sensitive issues such as discrimination and physical safety. Each participant received a \$25-\$50 gift card upon completion of an interview or focus group.

Participants were asked to sign a consent form that included a description of the program and an offer to share any outcomes at the end of the program. Interview questions were initially focused on experiences of discrimination in health care, school, housing and employment. After a couple of interviews, the scope of the questions was expanded to cover school experiences in more depth (among youth and parents) and discuss the intersection of race, sexual orientation and gender identity, as participants were eager to share their stories and experiences beyond the initial topic areas.

Interviews were conducted from April through August 2020 by telephone, in person and then by videoconferencing with individuals from across the region. The interviews lasted for 60-90 minutes, were recorded, and transcribed by the community connector. The recordings are archived and safeguarded in password-protected electronic storage.

Focus groups were conducted from April through August 2020 and solely held via videoconference due to the COVID-19 pandemic. Each focus group had four to six participants, and a total of 43 people participated in focus groups. There were three focus groups with LGBTQIA+ adults in the community, one focus group with Indigenous LGBTQIA+ people, one focus group with parents of LGBTQIA+ youth, two focus groups with LGBTQIA+ youth from local gay-straight alliances (GSAs), and one focus group with adults supporting and leading GSAs. The focus groups lasted 60-90 minutes, were recorded and transcribed by the community connector. The recordings are archived and safeguarded in password-protected electronic storage.

## **FINDINGS**

Among focus group participants, 83% identified their race as non-Hispanic white, and 11.4% identified as Hispanic/Latinx. A quarter (26.7%) identified as transgender or gender diverse, 10% unsure of their gender identity, and 63.3% as cisgender. Fifty percent of respondents identified as female, 19.4% as male, 25% as nonbinary, and 5.6% preferred not to say. The majority of respondents (63.6%) identified as gay, lesbian or homosexual, 12.1% as pansexual, 9.1% as straight or heterosexual, and 15.2% identified with additional sexual orientations such as queer, asexual, bisexual, something else or unsure. Participants reported residing in one of the following counties: La Plata, Mesa, Montezuma, Montrose, Ouray or San Miguel.

Among the various focus groups and interviews, four cross-cutting themes emerged as core issues impacting LGBTQIA+ experiences in southwest and west Colorado: health care access, school culture, racism and representation.

#### Health Care Access

Many participants indicated the need for access to culturally responsive health care. This was especially true for transgender and gender-diverse people of all ages. Concerns regarding health care access included inexperienced or uninformed health care providers, lack of health care coverage, and having to travel far distances for basic or preventive care.

Many participants noted that health care providers required further education and training for treating LGBTQIA+ patients. Some were uncomfortable providing care such as hormone therapy, and others had office staff use incorrect names and pronouns for patients. Those who reported experiencing such disempowering interactions with health care providers also reported delaying or avoiding seeking health care services.

Health insurance coverage also limited participants' ability to access needed health care. The health care landscape can be confusing and many participants indicated that they did not know their rights. While the 2010 Patient Protection and Affordable Care Act improved access to coverage and care for many LGBTQIA+ people, limitations and barriers still exist that require self-advocacy.

Participants also pointed out that they routinely have to travel outside of their community to access culturally responsive care. Some reported traveling one or more hours to Grand Junction, while others travel four or more hours to the Denver metro area. One participant discussed having to travel to San Francisco to access gender-affirming surgery.

Due to these barriers, some participants said that they have delayed or will delay seeking necessary health care to avoid further discrimination.

#### School Culture

Having a GSA or a group in a school would be important because it brings people together, it could make people feel welcome, safe to speak about anything. I think it would be a good idea to have more in schools because people would have more of a chance to say or do anything without looking weird to other people or not being able to fit in.

#### - Youth

Youth, parents and school staff all shared concerns about the challenges and barriers LGBTQIA+ students must navigate in school each day. Most participants identified bullying as an extensive issue in all schools, and that this bullying occurs at multiple levels—from peers, teachers and administrators.

Some participants noticed that while some behaviors are explicitly homophobic and transphobic, much of the time students, teachers and administrators are just unaware of the challenges LGBTQIA+ students experience, or they do not understand the nuance of these experiences. Allies (non-LGBTQIA+ people who are supportive of LGBTQIA+ people and issues) can be found in most places; however, focus group participants said that schools in southwest and west Colorado and the surrounding communities tend to be passive in their support of LGBTQIA+ students.

A major barrier for schools is providing culturally responsive professional development. When a school provides any training or education, often it is not mandatory. Without a requirement for attending, many of the faculty and staff who do attend are already knowledgeable. Participants indicated that this led to trainings that were too basic, and those who needed the more basic trainings the most did not attend. Some participants indicated that if school administrators are not going to provide more leadership, the effort is meaningless. For some faculty and staff that are explicitly homophobic or transphobic, students have to consistently complain before those adults are held accountable for their actions.

GSAs save lives.

#### - Teacher

All participants shared the sense that gay-straight alliances (GSAs) or similar student organizations made a positive impact on a school's climate and on students' self-esteem and self-efficacy. One young person spoke to the difference they noticed when they went from a school without a GSA to one with a GSA, noting the school with the GSA was much more accepting and supportive of LGBTQIA+ students. GSAs were reported to provide an important supportive space and social-emotional well-being for LGBTQIA+ students.

Additionally, school curricula often exclude the history and experiences of LGBTQIA+ people and communities. Multiple students reported wanting their sex education classes to be inclusive of LGBTQIA+ youth. Further, focus group participants reported that many students were unaware that they went to school with LGBTQIA+ students, making biased comments about LGBTQIA+ people or asking about relevancy to knowing about LGBTQIA+ people in the rare times the topic came up in class. Multiple participants shared that restrooms are a major concern in schools. In the cases of a school having a single-stall restroom, participants reported that all of them require special permission from school staff prior to utilizing the restroom each occasion—meaning that a student first has to disclose their identity to the school, which not all young people want to do. Further, students reported having to go out of their way to find the staff member with the restroom key when they needed to use the restroom. Some young people indicated that they avoid the restroom and "hold it in" until they get home, to avoid having to disclose their identity or avoid having more attention drawn to them.

-Teacher

• • Traditional programs don't meet the needs of LGBTQIA+ youth.

#### <u>Racism</u>

People often think that in places, in communities and lands that there are different cultures, that there can't be racism or hate. Sadly, that's not true. Some racism either in acts, words and gestures can be so subtle that it's undetectable, or even worse, we have accepted it as a norm and expect it to happen or write it off as that's how things have always been. These experiences have put me on a path of changing these norms and using my voice for equity and change.

#### -Indigenous community member

Racism was another theme that emerged among participants. Some participants indicated that Black, Indigenous and people of color (BIPOC) LGBTQIA+ individuals are often not welcome in LGBTQIA+ spaces. This concern was raised by both adults and youth. This was especially true for Indigenous participants, who reported experiencing multiple layers of discrimination based on multiple marginalized identities.

Further, several participants shared that law enforcement are not knowledgeable about the unique concerns and barriers facing BIPOC LGBTQIA+ community members, and therefore the community does not trust local law enforcement.

The geographic region of southwest and west Colorado is also highly segregated, with some schools having student enrollment that is more than 90% non-Hispanic white. One adult did mention an opportunity for their GSA to attend a conference on diversity in Denver, where the students had a rare opportunity to connect with BIPOC students and other diverse students.

<sup>6</sup> There is a misconception that our community is white. Actually, we have a very large Indigenous community, Latinx community. Many people do not feel comfortable coming into white-claimed spaces, which is most of Durango. We need to do a better job of ensuring that people have access to these services.

-Parent

#### **Representation**

Being a parent of a rainbow kid makes you want to become a better person—a better citizen, a better co-worker, because you are more sensitive to other people.

#### -Parent

Visibility and representation of the LGBTQIA+ community was noted multiple times as an important aspect of living in a more rural area. Living in small towns where everyone knows each other, many participants indicated they did not feel safe disclosing their sexual or gender identity. Additionally, many participants used the phrase "it's a conservative town" as a qualifier for homophobic and transphobic behaviors and encounters they may have experienced or heard about. Perhaps unsurprisingly, social media plays an important role for both youth and adults for connecting to other LGBTQIA+ people and normalizing their experiences.

The interviews and focus groups took place in the spring and summer of 2020, during the first wave of Colorado cases in the COVID-19 pandemic. Due to this, many participants were concerned about the isolating effects of having to stay home. Events like Pride, spaces that center art, support groups or other opportunities to come together in a shared space were all mentioned as important ways to be connected, being seen and feeling like a valued community member; many of those were shut down for prolonged periods of time during 2020, and many Pride events were canceled.

Such spaces and events, including those not specific to LGBTQIA+ people or groups, where both youth and adults can show up as their authentic selves were noted as important in the focus groups and interviews.

**I** feel really safe at my church. I got to bring my partners and everyone was like, cool. It was nice to have a positive experience being out in a religious setting.

Adult participants seemed to be more cautious in disclosing their sexual or gender identity broadly, due to concerns of how their community would respond, especially if they grew up in the area or their parents live in the area. One participant noted how many people like to gossip, and so it is easier to not say anything at all. Having a go-to person or organization helped many participants navigate challenges that came up due to homophobia and transphobia.

6 Rainbow Youth Center [in Durango] has been a very positive impact on my child. One of the first things my child did was to go to the RYC. ... It was amazing and it has been a big support for her. When the world is going crazy, it is something she values and can connect with. It has been a real touchstone.

## RECOMMENDATIONS

Participants were also asked to envision what transformative change could look like to address many of the barriers and issues facing LGBTQIA+ people and communities in the region. Based on participants' thoughts, experiences and visions for the future, six areas of recommendations for action emerged. This includes recommendations for funders, decision makers, organizations, schools and government agencies, and community members.

#### **Recommendations for Funders**

LGBTQIA+ people living in southwest and west Colorado have identified multiple barriers in their community that limit access to health care, impede inclusive school climates, perpetuate racism and render invisible the experiences of LGBTQIA+ community members. Funders and grantmakers can play an essential role in laying the foundation to build capacity for community resilience, promote leadership development for community change, and set the tone for diversity, equity and inclusion for all community members. This will require transformative practices that challenge the status quo and prioritize the voices of community members.

Participants have identified the following recommendations for funders:

- School climate: The biggest recommendation for schools is ensuring that staff and faculty at all levels have access to training and professional development as part of schools' standard professional development curricula. Funders should invest in trainings for school districts and individual schools, and further education about LGBTQIA+ diversity, equity and inclusion.
  - Specific funding for the following activities:
    - » Trainers, speakers, presenters and community member panels
    - » Substitute teachers so teachers can attend trainings
    - » Stipends for teachers and school staff to attend trainings and professional development
    - » Stipends for teachers and staff who lead and undertake additional work for diversity, equity and inclusion initiatives in their schools and districts
    - » Teacher continuing-education credits that fulfill licensure requirements.
- Organizational climate: Similar to schools, community organizations experience many barriers to accessing training and professional development on diversity, equity and inclusion. Additionally, funders can set the tone for how programmatic work is conducted and encourage a lens of diversity, equity and inclusion in request for proposals, program implementation and evaluations.
  - Funders can require the following from organizations and agencies they fund:
    - » The enumeration of sexual orientation, gender expression and gender identity in organizational nondiscrimination statements
    - » Inclusion of local land acknowledgements of the Indigenous cultures that once cultivated the land and the harms of colonization on Indigenous communities
    - » The inclusion of diversity, equity and inclusion best practices in program implementation

- » Involvement from community members in all phases of programmatic work
- » Professional development and training on diversity, equity and inclusion including on LGBTQIA+ inclusion and anti-racism.
- Funders can also play a crucial role in developing strategic alliances between organizations and agencies that ensure collaborative and collective practices and minimize the competitive nature of grantmaking. This could include:
  - » Connecting and funding organizations and agencies that share goals in advancing community wellness.
  - » Funding collaborative efforts among organizations and agencies that share similar long-term goals.
  - » Encouraging cross-organization capacity building that empowers smaller, local organizations to build leadership and sustainability.
- Funders can also play a role in ongoing sustainability of community-led efforts. Whether through a formal organization or informal network of community members, funding the community and their solutions for change can look like the following investments:
  - » Capital campaigns to secure safe space
  - » Capacity building and technical assistance for organizational administration and professional development
  - » An LGBTQIA+ leadership pipeline in local government
  - » Informal networks of communities that may not be part of any formal 501(c)(3).

#### **Recommendations for Organizations, Government Agencies and School Districts**

Organizations, government agencies and school districts in southwest and west Colorado play an important role in advancing the health, well-being and safety of the LGBTQIA+ community across the region. As visible leaders within the community—and as committed change agents for diversity, equity and inclusion—organizations, governmental agencies and schools can transform their communities by doing the following:

- Get trained. Ensure employees at all levels are trained in LGBTQIA+ inclusion, anti-racism practices, and diversity, equity and inclusion. This includes mandating trainings, paying for staff time, holding training during regular business hours and removing barriers that may exist for staff to access professional development.
- Be visible. Creating welcoming, supportive and accepting organizations and schools is a nonpartisan approach to inclusivity. Visible support can go a long way to show LGBTQIA+ community members that you value the contribution they make in your community. Visibility includes explicit nondiscrimination statements that include gender identity, gender expression and sexual orientation; using signifiers like rainbows; having LGBTQIA+ people included in marketing materials and fliers; and showing up to public LGBTQIA+ community events and meetings to demonstrate support.
- Have policies in place. Develop and make public LGBTQIA+-inclusive nondiscrimination policies. Supplement these policies with required training for all staff. These policies may include gender-inclusive restrooms; a process for honoring names and pronouns; and human resources policies around harassment,

transitions of employees or students, and inclusive data-collection practices. School-based policies may include affirming athletic program processes as well as access to gender-specific programs or events for students.

- Speak up. When anti-LGBTQIA+ actions occur in meetings or in the community, speak up and speak out about the importance of LGBTQIA+ inclusion and the importance of ensuring all community members are welcome, safe and supported.
- Collaborate. Seek out and build partnerships with LGBTQIA+ organizations at the local, state and national level. Build relationships with LGBTQIA+ community members through networking and showing up to events. Ensure LGBTQIA+ individuals are represented on staff, boards and commissions, and in decision-making.
- Provide space. Finding affordable and safe meeting and work space can be a barrier for many LGBTQIA+ individuals. If your organization, agency or school has space available for public use, make it available and accessible for LGBTQIA+ initiatives.
- Respect intersectionality. LGBTQIA+ individuals represent diverse backgrounds, experiences and identities. Prioritize working from an anti-oppression lens that acknowledges that individuals may have multiple marginalized identities.

#### **Recommendations for Health Care Providers**

LGBTQIA+ people report experiences of discrimination while accessing health care. Some LGBTQIA+ patients delay seeking necessary medical care to avoid experiencing bias, stigma or discrimination at the hands of a health care provider. However, preventive care is necessary for the health and well-being of community members. Health care providers can play an important role in ensuring LGBTQIA+ community members are able to thrive in their local communities.

- Provide professional development. Providers should ensure they are getting consistent training and professional development about treating and caring for LGBTQIA+ patients. Not all patients are the same, and LGBTQIA+ people may have unique concerns in accessing health care. Providers should stay educated and up-to-date on best practices. Additionally, providers should ensure staff at all levels, from the front desk to the insurance biller, are also trained and prepared to work with LGBTQIA+ patients.
- Be visible. Let the LGBTQIA+ community know you are a trustworthy and safe health care provider through demonstrating visible support. This can be on practice websites, in promotional materials, or even a rainbow sticker on your door.
- Review forms. Make sure the forms your practice or office use ask the right questions so you can provide the best care for your patients. This includes asking for a patient's name besides their legal name, and pronouns. Forms should also have open-ended questions asking for gender identity, sexual identity and sexual behaviors. Forms should use gender-neutral language when referring to spouses or relationships and not make assumptions about what relationships may look like.
- Offer help navigating insurance. Health insurance for LGBTQIA+ people can be exceptionally challenging, as historically there have been exclusions in policies and plans related to gender identity and sexual orientation. Be knowledgeable about Colorado law and who is protected from discriminatory policy exclusions, know what transgender and gender-diverse medical care is covered by law, and be

willing to challenge insurance company denials—often, the initial denial is due to outdated practices or misunderstanding of billing or diagnosis codes.

#### **Recommendations for Policymakers, Decision Makers and Administrators**

Policymakers, decision makers and administrators are uniquely situated to address many barriers facing LGBTQIA+ community members in southwest and west Colorado. As leaders many people look to across Colorado, decisions from budgets, to policy and processes, to words and language being used make an incredible impact on the lives, health and well-being of all people in the state.

- Fund thoughtfully. When considering areas to fund, consider the training and professional development needs across fields and sectors. Health care providers, teachers, clinicians and community leaders all need ongoing access to training and education about providing culturally responsive and sustainable services for LGBTQIA+ people. Consider data that is collected at governmental, organizational and programmatic levels, and whether or not questions regarding sexual orientation and gender identity are included.
- Consider decisional impacts. Whether making laws in the state legislature, deciding on agency protocol, or influencing policy at any level, consider the impact these policies have on LGBTQIA+ people. Do these decisions help or hinder access to inclusive health care? Will these decisions help staff access necessary training and education? How is the community most impacted involved in decision-making processes? These are all questions to consider when making decisions on policy, processes and procedures.
- Model inclusion. Your role as a policymaker, decision maker or administrator has utmost importance for setting the tone and climate for diversity, equity and inclusion. Consider how you model LGBTQIA+ inclusion. How are you encouraging ongoing training and professional development among staff? How are you building buy-in by modeling your own growth and learning?
- Respect intersectionality. Maintain a lens of intersectionality that honors the diverse backgrounds, experiences and identities of community members. Prioritize policies and decisions that support the resourcefulness and resilience of marginalized communities and people through financial investment, capacity building and leadership pipelines into decision-making roles.

#### **Recommendations for Community Members**

- Create space for coming together. Social and community support is an essential component of building inclusive and resilient communities. Whether you have physical space available for sharing for events and meetings or you are a skilled convener or event planner, coming together as one community and honoring the diversity in the room is how we all learn and grow with one another.
- Be a friendly neighbor. What makes southwest and west Colorado a unique place is people who share a love for community, individualism, natural beauty of the landscape and all the region has to offer. In many ways, those that reside within this community share much in common and there is much to learn from one another. While it is human nature to make assumptions about who is and isn't represented in your community, get to know your neighbors and be open to the robust diversity of identity and experience that enrich each of our lives.
- Share your story. Humanize your experiences through storytelling. Stories are uniquely powerful in connecting us with each other, making sense of the abstract and building empathy and understanding. If you identify as LGBTQIA+, your story matters. Sharing your story when it feels safe and comfortable can

dispel myths, shift narratives and humanize the experience of what it means to be LGBTQIA+ in this part of Colorado. Additionally, you may be a parent, sibling, family member, friend, neighbor or colleague of a LGBTQIA+ person; your story can provide insight and understanding among people who may share similar types of relationships with other LGBTQIA+ people.

- Respect intersectionality. Some members within the LGBTQIA+ community hold multiple marginalized identities, and community members must learn how to support LGBTQIA+ people across various sexualities, genders, races, ethnicities, incomes, education levels and religions. Community members, especially in southwest and west Colorado, must also recognize the longstanding history many Indigenous community members hold with the land. It is necessary for everyone to acknowledge the legacy of colonization that has stolen land and stolen culture; listen to, include and invest in Indigenous organizations and individuals; and live and learn from an anti-racist framework that starts with acknowledging how everyone is harmed by white supremacy.
- Know LGBTQIA+ rights. Colorado has many laws, policies and practices that support the health and well-being of LGBTQIA+ people and communities. Stay educated on the rights of all LGTBQIA+ people about requirements for safe schools, anti-bullying and protections for youth in the child welfare system. Know that protections for LGBTQIA+ people exist against discrimination in health care (including access and coverage), employment, housing and public accommodations; and how to file complaints and find help if someone experiences discrimination. Know that conversion therapy (also known as reparative therapy), which attempts to change a person's gender or sexuality, is illegal in Colorado. And while nuanced, Colorado does have streamlined processes for updating gender markers on driver licenses (including the possibility for listing gender as "X") and state-issued birth certificates.

THE COLORADO TRUST



### **XAVIER SAENZ**

## PROFILES

### **TRENNIE COLLINS**





**Xavier Saenz** (he/him) came out as lesbian in 1991 because "that is all I knew about." Growing up, Saenz "knew I was a boy. Society told me I was wrong." He began advocating for those who were different; by 2000, he was performing in drag shows and meeting many people. In 2013, Saenz organized the first Pride Day in Delta, Colo.

Saenz began transitioning in 2017. "Throughout all these changes, one thing remains the same: I am here to help you and your families understand one another," he says.

"We need to normalize our families and existence," Saenz says. "Not being able to express who we are is vital to survive. Yes, we can go through the motions of being who others want us to be, but we should be able to live happy as long as we are not hurting anyone. The truth is, not allowing someone to be themselves is hurting them. If we talked about it, I wouldn't have lived a lie for so long.

"We are not going away. We deserve the same basic human rights, so until we have that, we need to talk about it. It simply saves lives."



**Trennie Collins** (she/her) is a member of the Southern Ute Indian Tribe and a part of the LBGTQIA+ community. Collins was raised in Ignacio, Colo. and graduated from Ignacio High School. She currently works for The Southern Ute Drum, a tribal publication, as its public relations coordinator. Collins is a member of the Native American Journalists Association, the Society of Professional Journalists and Colorado Press Association.

Collins is the co-founder of an LGBTQIA+ youth group in Ignacio, Southwest Rainbow Youth, which provides education, awareness and support for youth in the local LGBTQIA+ community. She also recently co-founded Ignacio Out & Equal Alliance. These organizations collectively drive essential health initiatives in southwest and west Colorado.

As an Indigenous woman, Collins engages in social justice movements in the hopes to bring BIPOC voices to the forefront of communities and directly impact Indigenous communities. She has been instrumental in food support systems creation, culturally specific elder care, and advocates for her community with a larger mutual aid network. "For me, it really is just giving back to the community that I love," Collins says. "My Nuchu people have been on these lands since the beginning. Giving thanks to everything and everyone that came before me and everything that's yet to come is super important to me. Our ancestors went through struggles we can't even imagine so that I (we) can be here today. I want to give thanks to them and make them proud of who I am and who I'm becoming."

"Southwest Colorado is my home. Where my people have lived, roamed and flourished. Where my ancestors lived in harmony with Mother Earth. Being here feels like home, like I belong. Being gay in this space and in this time feels refreshing and new—but then there's this: I grew up on the reservation, so being part of the LGBTQ2S+ [lesbian, gay, bisexual, transgender, queer, two spirit] community felt small but normal. I could have partners and not feel shamed—but the moment I opened my mouth to support, raise awareness or stand up for others that were a part of the community, I felt shamed and ignored. Like, everything was okay as long as we didn't acknowledge that I was 'gay.' As an adult this was more common—people could view me as a community leader as long as I didn't talk about who I actually was—and a huge part of that was being a part of the LGBTQ2S+ community."

## PROFILES

# ENDNOTES

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- viii One Colorado Education Fund. <u>Closing the Gap: The Turning Point for LGBTQ Health</u>. Denver, CO: One Colorado, 2019.
- ix Colorado Department of Public Health and Environment. <u>2019 Healthy Kids Colorado</u> <u>Survey</u>. Denver, CO: Colorado Department of Public Health and Environment, 2019.
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#### 1600 SHERMAN ST. DENVER, CO 80203 WWW.COLORADOTRUST.ORG

**PHONE:** 303-837-1200 **TOLL FREE:** 888-847-9140 **FAX:** 303-839-9034

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