

ORANGE COUNTY LGBTQ+ COMMUNITY COLLECTIVE

HEALTH EQUITY PLAN

The Equity in OC (EiOC) Initiative was a limited-term project funded by the Centers for Disease Control and Prevention (CDC) under the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103). The initiative concluded in May 2024. This document and any associated EiOC branding were developed as part of that grant-funded effort.



CONTENTS

The plan is divided into the following sections:

- 3 Introduction**
- 3 Purpose of This Plan**
- 5 Principles of Equity**
- 5 Collective Membership**
- 6 Process and Data**
- 11 Strategic Health Equity Action Areas**
- 15 Recommendations**
- 16 References**

INTRODUCTION

The Orange County Health Care Agency (HCA) Office of Population Health and Equity (OPHE) received nearly \$23 million in grant funding from the Centers for Disease Control and Prevention (CDC) national initiative to address COVID-19 health disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities (CDC-RFA-OT21-2103).

The long-term strategies of this two-year **Equity in OC Initiative** will:

- Expand existing and/or develop new mitigation and prevention resources.
- Increase or improve data collection, reporting, and infrastructure.
- Build, leverage, and expand capacity and infrastructure of local health departments.
- Mobilize partners and collaborators to advance health equity and address social determinants of health.

As a part of EiOC, seven Population Health Equity Collectives were created:

- Asian American, Native Hawaiian, and Pacific Islander community
- Black or African American community
- Individuals with disabilities
- Latino, Hispanic, Chicano, or Latin American community
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community
- Older adult community
- South Asian, Middle Eastern, North African (SAMENA)

The overarching goals of these Collectives are to:

- Address health inequities and improve social determinants of health through collaboration, partnership, and inclusion of lived experiences and authentic voices.
- Overcome inequitable access to opportunities, resources, and support services for targeted and prioritized populations in Orange County.
- Build and support cohesive and sustainable Collectives in Orange County, and address systemic health inequities facing prioritized impacted communities.
- Provide venues for community voice in identifying and determining solutions, and priorities in addressing health inequities of the Collective.

PURPOSE OF THIS PLAN

The purpose of the Health Equity Plan (HEP) is to support the creation of practical, meaningful, and sustainable improvements in the health and well-being of the Lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQ+) community in Orange County. The HEP for each community will guide the vision, including unique strategies and calls-to-action that will help to propel the community toward health equity.

Members of the Orange County LGBTQ+ CommUnity Collective (referred interchangeably as the Collective) developed the HEP with the mission to *raise diverse voices to advocate for policy change, funding to support vulnerable communities, advance the well-being of LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and all other sexualities, sexes, and genders) individuals in Orange County, and build the foundations for health equity.*

The desired outcome of this plan

- Define the need to create a responsive strategy to address gaps in structural support to achieve health equity for LGBTQ+ individuals in Orange County.
- Recommend strategies that would yield a sustainable blueprint to provide appropriate and culturally responsive support for LGBTQ+ individuals in Orange County to achieve health equity.

Audience

The HCA, OPHE, community members, and anyone who is interested in health equity of the LGBTQ+ community.

Issues

“Lesbian, gay, bisexual, and Transgender individuals experience unique health disparities. Although the acronym LGBTQ+ is used as an umbrella term, and the health needs of this community are often grouped together, each of these letters represents a distinct population with its health concerns. We spell out some specifics regarding these disparities in the Process and Data section of this plan. Furthermore, among lesbians, gay men, bisexual men and women, and Transgender people, there are subpopulations based on race, ethnicity, socioeconomic status, geographic location, age, and other factors” (Health of Lesbian, gay, bisexual, and Transgender people: Building a foundation for Better Understanding 2014). Some of the unique health disparities include the lack of trans-affirming care, lack of culturally responsive care, medical mistrust, and the lack of knowledge on the diversity of gender identities, to name a few, specific to Orange County, a conservative political climate presents a significant barrier. The lack of effective and consistent data collection on sexual orientation and gender identity (SOGI) further compounds health disparities. Without an appropriate profile of these populations, health institutions will not be able to engage and provide health services to these communities properly.

Highlights Findings

The Collective identified several elements that directly affect the access and engagement of LGBTQ+ communities in health services. Chief among them is the lack of standardized SOGI data collection throughout Orange County’s health institutions. This has created a gap in knowledge on:

- Specific conditions that are affecting specific populations and subpopulations.
- Understanding the intersectionality of LGBTQ+ communities.
- Identifying strategic partnerships that would generate appropriate and culturally responsive services.
- How to connect effectively with LGBTQ+ populations to garner trust systematically.

Keys to Success

The HEP aims to make the case for the Orange County stakeholders to thoroughly invest in strategies that create a set of resources and services that are culturally responsive to LGBTQ+ health needs that yield active engagement.

PRINCIPLES OF EQUITY

The members of this Collective operate under the common shared vision of what will lead to health equity for all LGBTQ+ people in Orange County.

The Collective mission aims to raise diverse voices to advocate for policy change, funding to support vulnerable communities, and to promote well-being, and health equity. The Collective's values include research, advocacy, and visibility.

Our Pillars for actionable change for Orange County stakeholders are:

- Intentional investment
- Systemic collection of SOGI data
- Centering the voice and of those most at need (e.g., trans people, sex workers, and migrants).

These principles of equity for the Collective were co-created over a two-day summit held in August of 2022. During this two-day summit, members of the Collective discussed structure, governance, and priorities.

COLLECTIVE MEMBERSHIP

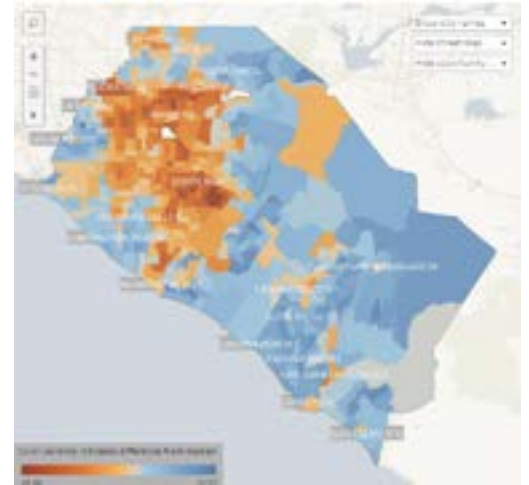
Our Collective has a total of six members from a variety of organizations.

Type of Partner Organizations	Name(S) of Partner Organizations
Trans-led Grassroots Community organization	Alianza Translatinx
Health-related organization	The LGBTQ Center OC
LGBTQ+ Health and HIV care organization	Radiant Health Centers
Social Service organization	Shanti Orange County
Social Service organization	Access to Prevention, Advocacy, Intervention, and Treatment
Grassroots Community organization	Viet Rainbow of Orange County

The Orange County LGBTQ+ CommUnity Collective represents a convergence of six community-based organizations focused on addressing the needs of the LGBTQ+ community. The Collective diverse membership serves all of Orange County as highlighted in the map below. Each organization, its leaders, and its stakeholders bring their own histories, experiences, and unique focus areas ([see Appendix A](#)).

Simultaneously, these community leaders have also recognized the need for more streamlined and upstream advocacy to properly address the vast health disparities that exist for the LGBTQ+ community. The work and advocacy to address health and social disparities for this community in Orange County dates to the early 1970's. Nonetheless, the county has faced many barriers that are still present and felt today. To better address the deficits and disparities, the Collective acknowledges that work must be done in unity to improve the quality of life of LGBTQ+ individuals and intersecting communities.

The Collective intentionally sought to include a representation that advocates for the most affected populations in Orange County. Groups represented on the Collective are intentional of representing the intersectionality and diversity, which includes, but not limited, to Vietnamese communities, trans identified populations, and LGBTQ+ services, to name a few. Through the lens of health, the Collective wanted to ensure expertise in HIV care, primary healthcare, and mental health. However, the most crucial factor was a commitment to community and overall increased health outcomes and social determinants of health.



Governance of Collective

Structure and governance were co-developed by the Collective in the form of [Bylaws](#). These Bylaws guide the day-to-day operations of the Collective, including, but not limited to each organization has a single vote, other organizations in the OC are welcome to join as long as they align with the Collective's mission, and action items placed on the meeting agenda for voting must be sent to the Collective with a minimum of 24 hours in advance. The Collective then holds a 48-hour (two business day) period aside for all parties in the Collective to register their votes. The vote will be determined at this time via a majority of 2/3 or 66%.

The Collective also operates through shared governing to facilitate lateral leadership to promote psychological safety. "Psychological safety is the shared belief that it's safe to take interpersonal risks as a group" and, thus, create deeper levels of collaboration. Some examples of how psychological safety is created include showing the group you're engaged, avoid blaming to build trust, and include the entire group in decision making (Barnett, 2023). The Collective meets weekly, every Friday at 9am to discuss business. Members of the Collective produce an agenda to formalize and standardize access to discussions.

Member agencies rotate fiscal and leadership duties to further promote responsibility sharing. The lead agency will then convene the Collective and lead the group as appropriate.

PROCESS AND DATA

Since its inception, The Orange County LGBTQ+ CommUnity Collective has incorporated feedback from the community and its member organizations to inform their evolving guidelines. These guidelines also uphold an understanding of the local landscape of services available and the immediate needs of our community. Additionally, the Collective has emphasized the need for policy and system change that ensures services are culturally competent and truly meet the needs of those it intends to serve.

The Collective conducted its own formative research and engaged community stakeholders through various activities, including a two-day retreat and through recurring scheduled meetings, and key informant interviews. In addition, the collective has partnered with, and leveraged data from California State University, Fullerton (CSUF) as well as University of California, Irvine (UCI).

The Collective was compelled to review state and federal data sets, including the CDC, California databases, The Williams institute and other state institutions.

The Collective has also referenced the [Population Profile](#) compiled by Advance OC and the 2022 OC Community Health Needs Assessment. The Collective leveraged from the LGBT Healthcare and Mental Health Access Study conducted in Orange County due to the limited local data collected by HCA and other entities. In this study, participants discussed healthcare access, HIV, stigma, and housing.

Data supporting our focus and goals

Currently, the member organizations of the Collective serve approximately 30,000 people annually in Orange County. They have collected client satisfaction surveys, anecdotal data, and qualitative information. This has allowed the member organization to have a unique view into serving the LGBTQ+ community. Local anecdotal data coupled with national research resulted in centering some of the following issues impacting LGBTQ+ communities in Orange County.

“... I mean it’s not LA county and it’s definitely not San Francisco or Oakland you know where resources are readily available. I think Orange County could beef up their care for LGBT especially transgender individuals. I mean there’s like a handful of clinics”.

—ASIAN TRANSMAN (Sample quote: LGBT Healthcare and Mental Health Access Study)

Lack of SOGI data

Unfortunately, there is a dearth of empirical peer reviewed data regarding LGBTQ+ individuals in Orange County. This led to many challenges in being able to create a comprehensive population HEP. It became evident that the major focus of the Collective would be to ensure that sexual orientation and gender identity (SOGI) data is collected by county service systems.

HIV/AIDS

A sizable portion of research on the health of the LGBTQ+ community has been centered around rates and risk of HIV/AIDS and funded by institutions with corresponding focus. As a result, most common knowledge about the LGBTQ+ risk behaviors and health disparities are informed by this type research. According to the Centers for Disease Control and Prevention, risky health behaviors that contribute to higher risk of HIV infection among LGBTQ+ people include higher rates of drug and alcohol abuse, sex work, incarceration, homelessness, attempted suicide, unemployment, lack of familial support, violence, stigma and discrimination, limited access to health care, and negative experiences during health care encounters.

Mental Health

LGBTQ+ individuals experience anxiety, depression and suicidal ideation at disproportionately high rates compared to their heterosexual counterparts. Specifically, rates of suicidal ideation that can be partially attributed to experiences and emotions surrounding stigma, social marginalization, exclusion, and destabilization, which are also contributing factors to poor health outcomes.

Research on mental health outcomes, within the LGBTQ+ community, has historically been heavily focused on suicidality and associated depression. However, it can be inferred by the existing links between stress associated with harassment and/or discrimination and poor health outcomes. Similarly, Minority Stress Theory asserts that the health disparities among sexual minorities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination, and victimization, and impact an individual's access to care.

Access to services

Most health and social services geared to LGBTQ+ individuals in Orange County have been limited to HIV services. For LGBTQ+ individuals who are HIV negative, LGBTQ+ specific services are limited, if not entirely unavailable. Similarly, regardless of HIV status, access in Orange County to general healthcare, mental healthcare, housing, social and public services are typically not created for LGBTQ+ people and/or do not promote sensitivity or acceptance of one's identity. As such, lack of access to appropriate medical and mental health care services has significant consequences to overall health and health outcomes within the LGBTQ+ population.

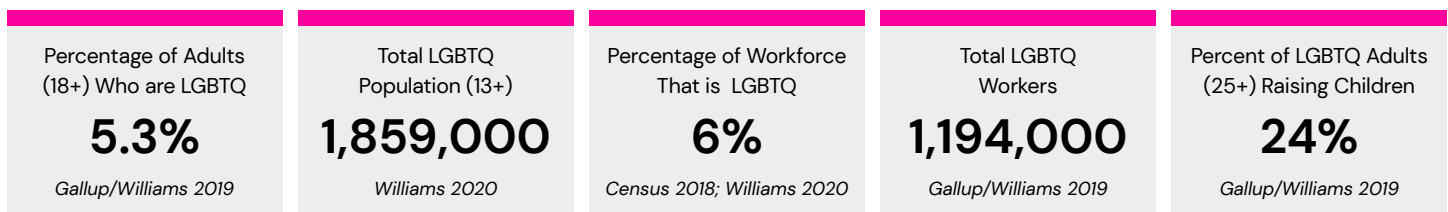
Orange County has many narratives that contribute to the history of the LGBTQ+ population in Southern California. For example, in Garden Grove during the 1960s, Garden Grove Blvd. was once recognized as a "Mecca" for gay bars as it outnumbered those in West Hollywood, which is now widely known for its gay bar scene. Laguna Beach also had a prominent LGBTQ+ population in the 1970s as it was recognized as a "gay beach" in the summertime. At one point in the 1980s, Laguna Beach had the highest incidence of AIDS in the nation, though it remained a safe haven for the community and those going through this diagnosis. To elevate the history of the LGBTQ+ population in Orange County, UC Irvine established the first Gay, Lesbian, Bisexual Resource Center in the University of California system. This collection contains media clippings, publications, and related materials which highlights notable events and organizations related to the LGBTQ+ community in Orange County. This serves as a resource for youth to learn about the roots of this population. Lastly, Barbara Muirhead established the Orange County Historical LGBT Historical Timeline Project which provides information on the Orange County Federation of Lesbian, Gay, and HIV/AIDS support organizations and its participants.

Considering these narratives, the LGBTQ+ population continues to face disparities that uniquely affect their livelihood. While they are at greater risk for behavioral health disorders, HIV and AIDS, and have less access to healthcare (among other disparities), a prominent issue that perpetuates these disparities for the LGBTQ+ population is the lack of health data collection on specific for this community. Not only does this impact their health outcomes, but it perpetuates other factors like stigma and racism and exacerbate these disparities even further. It is crucial to close this gap in knowledge on the LGBTQ+ population so members of this community can receive the unique care they need and so health outcomes are more equitable for all, regardless of sexual orientation and gender identity.

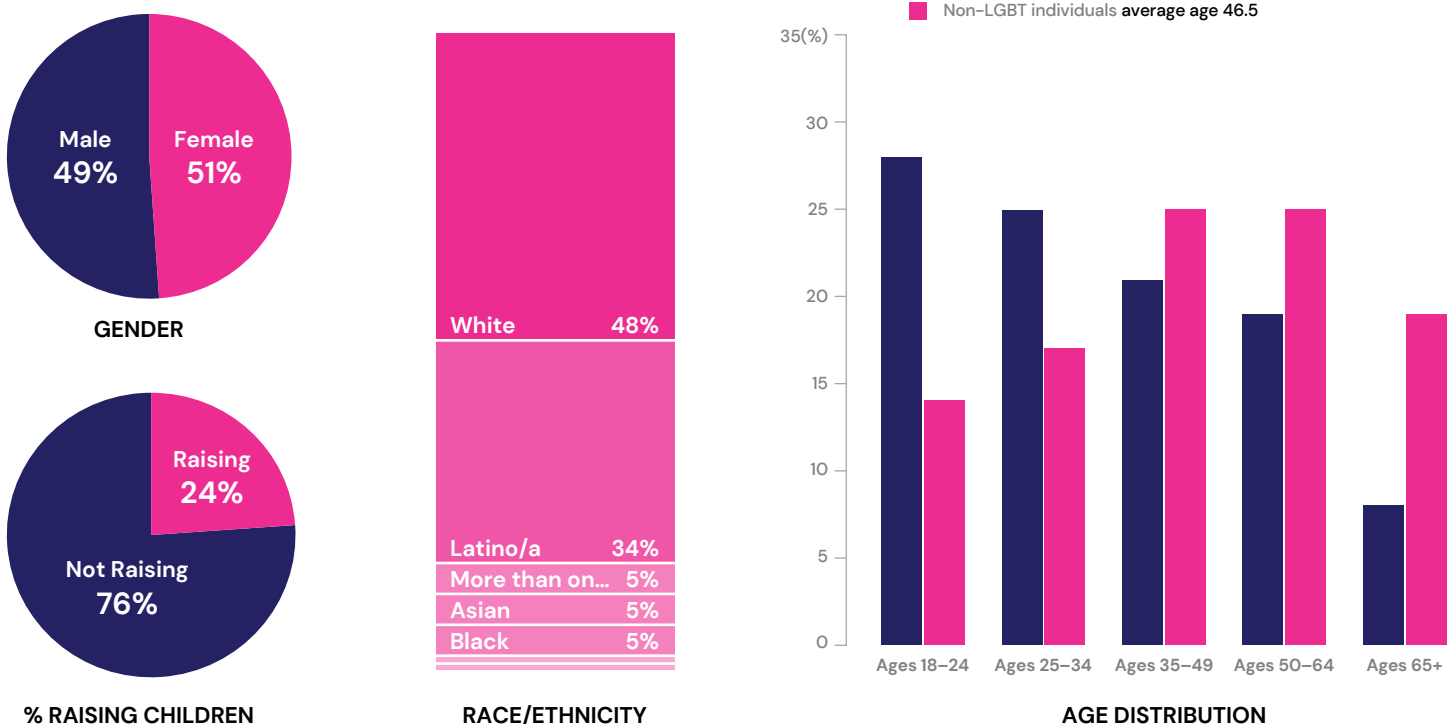
The LGBTQ+ population has experienced other noteworthy events in larger United States that have shaped their history across time. The Gay Liberation Movement of the 1960s started a new era for LGBTQ+ individuals in the U.S. to dismantle societal shame with “gay pride.” A turning point for this movement was the Stonewall Uprising of June 1969. One night, New York City police raided a gay/transgender bar in the Greenwich Village of Lower Manhattan, called the Stonewall Inn, and roughly hauled patrons and employees out of the bar. This sparked riots among the gay community for several nights, serving as a catalyst for the Gay Rights Movement in the U.S. and around the world. To commemorate its anniversary, some of the first gay pride events occurred a year after the riots on June 28, 1970. Currently, Pride Month takes place every June to recognize the Stonewall Uprising and allows individuals to celebrate diversity and to commemorate LGBTQ+ activism and culture throughout the years. A recent achievement made on November 29, 2022, by the U.S. was the passing of the Respect for Marriage Act by the U.S. Senate which codifies same-sex and interracial marriage. In the end, Orange County must mirror the national changes to be part of this progress.

At a Glance – California and Orange County

LGBTQ+ Population in CA



LGBTQ+ Population in CA



LGBTQ+ Population Barriers to Access/Receive Healthcare in OC

(2022 Community Health Needs Assessment (CHNA) Overview 2022)

Barriers to Getting Services	Black, Indigenous, People of Color (BIPOC) (n=786)	Hispanic or Latino/a (n=240)	LGBTQIA+ (n=148)	Caregivers of CSHCN+ (n=521)	All Respondents (n=786)
Long wait times to get appointment	37%	43%	22%	43%	43%
Needed evening or weekend appointments	27%	30%	13%	25%	28%
Application forms to get health insurance are too complicated	30%	31%	18%	26%	27%
Could not find a healthcare provider who understood, valued, and respected my culture	31%	23%	30%	24%	22%
Could not find providers who looked like me	15%	9%	21%	12%	11%

Percentages shown in **white** indicate one of the top 3 selected barriers for a priority population

Arriving at Areas of Focus

On August 16 and 17, 2022, the OC LGBTQ+ Community Collective hosted a 2-day summit in Tustin, CA. The meeting objective was to solidify the community collective's goals & mission particularly focusing on: 1) The Orange County LGBTQ+ Community Collective Mission Statement, Vision & Pillars 2) Purpose 3) Issues & Goals. Summit participants took part in a guided process of conversations and brainstorming. The summit was steered by a strategic agenda that included input of different stakeholders, including all six members of the Collective.

This process resulted in the following areas of focus in which the Collective will work on for the next 2-3 years.

- Improve SOGI data collection systematically.
- Facilitate county-wide policy & system change.
- Improve health access.

These categories can be further viewed through a Social Determinants/Impediments of Health (SD/IoH) lens and themed as factors relating to socioeconomic and health system change classifications. Concurrently to these SD/IoH classifications, the Collective identified a research gap wherein a lack of present and historical research data further highlights the continuance of oppressive and discriminatory practices in the public health and academic landscapes.

The Collective's areas of focus do not align with the social determinants identified by the larger Equity in OC Taskforce (Housing is health, Food is medicine, Health is healing). Since there is simply no systemic collection of SOGI data, the LGBTQ+ community in Orange County is rendered non-existent. The Collective is aware that this is not the case and will make concise efforts to collaborate with government entities to develop tools to gather SOGI data in Orange County. The desired result is the collection of data that can improve health access and facilitate systems change.

STRATEGIC HEALTH EQUITY ACTION AREAS

The Collective identified clear gaps and needs which negatively impact relational factors that serve as foundational components to the short- and longer-term achievability around health equity for the OC LGBTQ+ community. Below, a list of strategies has been laid out which connect across intersections of feasibility and impact. These strategies were identified through a series of listening sessions that centered on the voices of LGBTQ+ individuals who are local to Orange County.

Pillars of effect were identified, many of which have downstream impacts on the community. These were distilled into the following “gap” categories:



**Safes
Spaces**



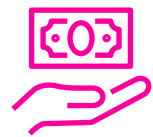
**Affirming
Housing**



**Health Insurance
with Trans-Inclusive
Health Care**



**Job
Security**



**Economic
Security**

Without accurate data, funding opportunities and evidence-based interventions are unable to be referenced, engaged with, and leveraged towards the benefit of the LGBTQ+ community in Orange County. This is the trickle-down effect of being an invisible community nationally within present research points that stretch beyond a bias focus on sexually transmitted infections and/or HIV. The Collective purposely sought to challenge these norms and to shine a light on the needs of the LGBTQ+ community in Orange County that shifts beyond the current void.

A final core set of action-oriented recommendations were drawn from the previously reviewed areas structured by the Collective, yielding the opportunity to draft key changes and objectives. These recommendations are listed in the following tables.

1 Policy and Systems Changes

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Advocate for the collection of SOGI/ LGBTQ+ data	Have inclusion SOGI data markers added to municipal or county data collection	Have a minimum of one entity amend or change their data collecting practices to include SOGI data collection	June 2024
Improve school safety for LGBTQ+ youth in Orange County	Increase advocacy and local policy platform to support the safety of LGBTQ+ youth in school system	Attend and comment at School Board meetings Organize Orange County LGBTQ+ schools initiative	Ongoing – 2025

1 Policy and Systems Changes (continued)

Strategies to Impact Policy and Systems	Objective	Measurable Outcome	Timeline
Create and distribute "Home Grown" LGBTQ+ needs assessment for Orange County residents	Produce a specific and localized needs assessment to the Orange County LGBTQ+ community	Collect and analyze a representative sample of Orange County	May 2024
Increase the capacity of stakeholders in Orange County to provide LGBTQ+ affirming mental health care	Increase the capacity and expand the workforce for specific LGBTQ+ services	Train a cohort LGBTQ+ affirming mental health service providers	May 2024

2 Meaningful Partnerships, Power Building, and Power Sharing

Strategies to Build Partnerships and Power	Objective	Measurable Outcome	Timeline
ACLU	Partner in advocating to the school board	Documentation of current policy landscape, and development of 3-year policy strategy	2024
CSUF & UCI	Partner in data collection and distribution of Orange County LGBTQ+ needs assessment	Compilation and Distribution of OC LGBTQ+ specific data and needs assessment	June 2023 and Ongoing
Cultivate relationships with political leaders	Increased Power building and sharing	Secure meetings with elected officials	Ongoing
Engage 10 local healthcare providers to create a health safety net for LGBTQ+ community	Identify 10 partners that would interface with the Collective and commit to be part of a LGBTQ+ safety net	Identifying 10 providers Create a resource booklet (digital or printed)	June 2024

The Collective needs to expand its membership to be fully representative beyond the partners already engaged. The Collective intends to collaborate with the potential partners listed below:

- UCI – Gender Diversity Program & All of Us research
- LGBTQ Correctional Health
- Planned Parenthood of San Bernardino & Orange County
- Advance OC

The Collective will also reach out beyond the organizations listed above and will interface with:

- CalOptima
- Hoag
- Laura's House
- STI Coalition
- Kaiser
- Politician Katie Porter

The Collective currently holds partnerships with the HCA in the following categories illustrated in the graphic below. The intention of the collective is to also explore work with other Population Collectives or with other cross-community collaborations to build solidarity.

Shanti	SSG/ APAIT's	VROC	The LGBTQ Center	Radiant Health Center	Alianza Translatinx
Prevention & Early Intervention <ul style="list-style-type: none"> • HIV Care • Mental Health Services 	Prevention & Early Intervention <ul style="list-style-type: none"> • PrEP Navigation • HIV/STI Testing • HIV Care • HIV Housing • Correctional Health Services 	Prevention & Early Intervention	Prevention & Early Intervention <ul style="list-style-type: none"> • HIV/STI Testing • Mental Health for youth and education for providers 	Prevention & Early Intervention <ul style="list-style-type: none"> • PrEP Navigation • HIV/STI Testing • HIV Care • HIV Housing 	Prevention & Early Intervention <ul style="list-style-type: none"> • PrEP Navigation • HIV/STI Education • Mental Health Education

In addition to partnering with HCA for county-funded services, each organization supports and uplifts the LGBTQ+ community through other comprehensive services and programs.

Shanti Orange County has a robust mental health program for underserved and marginalized populations. They are in network with most major health insurance companies and offer low fees to bridge the gap in mental health care between need and access to care.

SSG/APAIT provides behavioral health programming with substance use disorders (SUD) and/or co-occurring mental health disorders (COD) prevention and treatment services. The services are integrated with individual counseling, support and recovery-oriented group, case management, and HIV/AIDS and viral Hepatitis services to help address disproportionately high rates of HIV/AIDS, viral Hepatitis, and SUD/COD among the target population of focus, support engagement, retention in care, and address service gaps.

Viet Rainbow of Orange County (VROC) is a grassroots organization based in Orange County, California that builds community and mobilizes intergenerationally. We are grounded in values of equity, healing, joy, and social justice. We primarily work with LGBTQ+ Vietnamese Americans and their loved ones through research, education, and advocacy, while also strengthening collective power alongside other communities working towards liberation.

The LGBTQ Center OC can provide free and accessible comprehensive services through public and private funding. They offer mental health counseling to individuals and families, educational and social programs for youth and young adults, trans* affirming services, immigration resources, tobacco cessation and substance use prevention, and services for LGBTQ+ seniors. The LGBTQ Center OC is actively participating in advocacy efforts to ensure the visibility, stability, and safety of the LGBTQ+ community in Orange County.

Radiant Health Centers provides a wide range of medical care and support services for patients and clients in the LGBTQ+ and HIV communities. From primary and specialty medical services and behavioral health to food pantry, transportation, housing support, and youth services, Radiant Health Centers focuses on optimal health outcomes for patients and clients and a healthier Orange County.

ATL has substantially contributed to improving the well-being of individuals and families in our community. We provide culturally and linguistically appropriate services, including mental health therapy, Patient Navigation Services, health education, and referrals to medical services. Amid the COVID-19 pandemic, when access to basic services became even more challenging, we have stepped up to address the increased demand for financial support among TGNC people of color. ATL empowers individuals and families to navigate the existing landscape of opportunities. Our peer model builds the capacity and leadership of participants, enabling them to lead services themselves. We also engage in advocacy work, amplifying the voices of our community and striving for social justice and equity. Alianza Additionally, Alianza Translatinx currently provides housing navigation services through CalOptima and navigation services for Trans victims of hate and violence through the Transformative (Stop the Hate) program funded by the California Department of Social Services (CDSS).

3 Infrastructure, Data, and Other Capacities

Strategies to Strengthen Infrastructure, Data or Other Capacities	Objective	Measurable Outcome	Timeline
Create an Orange County LGBTQ+ needs assessment using community based participatory research model	To establish comprehensive knowledge of the specific health needs of LGBTQ+ people in Orange County to inform health policy change.	A minimum of 500 needs assessment completed within the geolocations of South Central and North OC	December 2023
Compile a list of existing LGBTQ+ SOGI data sets from (Advancing OC, CSUF)	To establish a set of best practices to inform the foundations of the Collective's processes	Begin with a minimum of (2) data sets (Advancing OC, CSUF) to serve a reference samples	June 2024
Establish a process for SOGI data to be collected and stored	Collaborate with the County to Co- Create a data infrastructure	Creation of 1 countywide policy on SOGI data collection Create 1 place to store OC LGBTQ specific data	Ongoing – 2025

Investment beyond the scope of this project will be required to sustain and facilitate long-term shifts in attitudes, practices, and social norms toward advancing the OC to become a thriving community where all individuals are free from bias and harm. The Collective acknowledges that in the approach detailed above, which centers on improving data and development of bi-directional methodologies to ensure that progress achieved is maintained. By building communication lines with stakeholders, securing cross-collaborative partnerships, and improving education and support directly to school-aged youth, the Collective is confident in the sustainment of this lifesaving and community-enriching work.

RECOMMENDATIONS

Improve SOGI data collection systematically.

The Collective noted the limited data on sexual orientation and gender identity (SOGI). This limits the ability to create meaningful public policy that truly responds to the needs of these individuals and not just mark check boxes to meet a population quota.

The Collective recommends conducting a thorough assessment to identify where the specific gaps in SOGI data collection are and establish a policy that would standardize the collection of such data. To assist, the Collective has identified a policy format implemented by LA County that can be used as a sample to be implemented in Orange County. The Collective could partner with the county to co-create a comprehensive SOGI data collection policy.

Facilitate county-wide policy and system change.

The Collective noted the barriers that are formed when the health system does not respond to the needs of its patients. Some of the barriers identified by the Collective are lack of support in improving LGBTQ+'s health literacy, lack of information insurance services, and red tape that populations face when they try to access services with the county, to name a few. The Collective suggests that engaging the community to further identify the barriers that affect specific populations to create policy that would address these barriers.

Increase visibility with human connection.

The Collective noted that barriers develop when the social determinants of health are not addressed. The Collective recommends that there is an identification of the most common social determinants that are affecting the LGBTQ+ population and address them in a way that is appropriate. While the Collective acknowledges the limitations that the jurisdiction may encounter, there are examples of resources that can be employed as a result of strategic partnerships. Some examples include creating safe social spaces, creating campaigns that feature LGBTQ+ people, and partnering in the support of LGBTQ+ pride events, to name a few.

Improve health access.

The Collective noted that barriers to access healthcare are created when social determinants of health are not addressed. The Collective recommends that a robust response is created to address the specific

social determinants of health affecting diverse communities that would enable their engagement in care services. Some examples include enhancing insurance policies to include gender affirming care (e.g., surgery referrals), increasing availability of insurance accessible to undocumented populations, increasing awareness, while reducing stigma, in accessing HIV care, and provide translation services for populations who prefer to access services in their native languages (e.g., Vietnamese, Spanish), to name a few.

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