



2022 2SLGBTQ+ Meaningful Care Conference

Executive Summary

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Introduction

The 2SLGBTQ+ Meaningful Care Conference is a key local effort to improve the health of Two Spirit, lesbian, gay, bisexual, transgender, and queer people (2SLGBTQ+) by training health professionals to work more effectively with Two Spirit and LGBTQ patients. The theme for this year's event was *Embracing Community Wisdom: A Trauma-Informed Anti-Racist Lens for 2SLGBTQIA+ Health*.

The one-day conference took place on March 29th, 2022 online via Zoom and the Whova conference platform. It was based in Portland, Oregon. Attendees included physicians, nurses, social workers, counselors, students, and 2SLGBTQ+ advocates and community members. The event aimed to promote Two Spirit, lesbian, gay, bisexual, transgender, queer + culturally responsive health care and social services; encourage understanding of intersectional identity and strategies for addressing multi-level health disparities; share updated best practice applications of 2SLGBTQ+ culturally responsive health care; develop and diversify networks of 2SLGBTQ+ culturally responsive health care and social service providers; and provide a space for community and resiliency while empowering community to advocate and influence policy.

This event had a total of 425 attendees, including speakers, organizers, and exhibitors. Twenty of Oregon's 36 counties were represented, along with four of Washington's counties.

Event Evaluations

The evaluation of the whole conference received 70 responses. Respondents rated the overall quality as 4.59 on a 5-point scale, with an average knowledge gain of 0.73 (on a 5-point scale). Participants were also invited to evaluate individual sessions. The highest rated sessions were the *BIPOC Affinity Space*, *Exploring Oregon's New 2022 Advance Directive*, and *PrEP Guidelines Update*. The sessions with the most knowledge gained were *Exploring Oregon's New 2022 Advance Directive*, *Seahorses and Unicorns: Community-based knowledge on trans fertility*, and *Me Cuido, Te Cuido: A Latine/x-inclusive sexual health curriculum*. See the table below for a complete list of session and speaker ratings. Attachment A includes summaries of the evaluations from each session.

Budget

This online conference cost \$13,388. Expenses included the Whova platform, ASL and Spanish interpretation, live captioning, presenter honorariums, shipping costs for care packages, Zoom



upgrades, and continuing education fees. Thanks to several generous sponsors, we have \$26,349 remaining which will be used for the 2024 conference.

Conference Format and Planning Committee Structure

The conference was held completely online this year due to concerns around the COVID-19 pandemic. Several planning committee members and conference attendees appreciated having the event online as it made attendance easier for many attendees around the state, for various reasons. However, many others prefer in-person learning. The planning committee plans to pursue holding a hybrid event in 2024, with both in-person and virtual attendance available.

A hybrid event comes with additional challenges. In addition to funding the online platform, a venue and food would need to be secured for in-person attendees. Additional staff would be necessary. At this year's event, the Oregon AIDS Education & Training Center provided staff time and hosted the conference, including starting individual Zoom sessions, supporting speakers and attendees, and more. The AETC can provide this type of support moving forward, but does not have enough staff available to support a hybrid event without help from additional partners.

At a debrief meeting following the conference, the planning committee discussed bringing in additional organizations to take the lead on conference planning. For the past few years, the Oregon AETC has become the default planning organization for the conference, in part due to their ability to provide paid staff time. However, the planning committee recognizes the importance of bringing new voices to the table and ensuring the conference is planned by the community.

To make this possible, the planning committee suggests that for the 2024 conference, we seek funding and sponsorship before the planning process begins. Some of these funds can be used to compensate organizations who join the planning process. The goal of these efforts would be that the conference is planned by a more diverse group that accurately represents the community being served by this event.

Final Thoughts

The 2022 Meaningful Care Conference made important strides in centering anti-racism and bringing new content to the event. The opening session began with defining what anti-racist trauma-informed care means, and presenters were asked to bring an anti-racist lens to their presentations, regardless of the topic. For the first time in the history of the conference, this year's event featured an entire track dedicated to LGBTQ+ elders and a session about asexuality.

While these are steps in the right direction, the planning committee acknowledges there are still many improvements to be made. We hope that with the leftover funds and plans to invite more organizations to the process, we can continue moving forward with the effort to create an event that promotes learning and community building in a trauma-informed, anti-racist way.

The planning committee may also need to consider the target audience of the conference moving forward. In the demographic questions asked during the registration process, just over a quarter of the



respondents identified as straight or heterosexual. As the conference aims to encourage practice change in serving 2SLGBTQ+ patients and clients, its goals may be better achieved if more of the audience members are not part of 2SLGBTQ+ communities. However, the event is also a place for individuals to be in community together and meet other 2SLGBTQ+ folks in their respective fields. The planning committee may consider what balance to strike in terms of marketing the event based on the goals of the event.

2022 2SLGBTQ+ Meaningful Care Conference Session Evaluation Summaries					
Presentation Title	Presenter(s)	Quality of the Session	Quality of the Presenter	Avg Knowledge Gained	Attendees
Opening Session: Defining Anti-Racist Trauma-Informed Care	Rebecca Davis	4.57	4.79	0.51	447
Embracing Community Wisdom: A Trauma-Informed Anti-Racist Lens on 2SLGBTQIA+ Health (Opening Panel)	José Beltran Lorne James Erin Waters AC Bowen Charles Donald	4.53	4.71	0.53	447
A review of quantitative data for gender and sexual minority (GSM) youth in Oregon.	Martin Arrigotti Alexis Dinno	4.67	4.93	0.45	65
Beyond "Born in the Wrong Body" : Challenging our Biases to Provide Inclusive Care for Nonbinary Youth	Jess Guerriero Hayley Baines Kara Connelly Danielle Moyer	4.75	4.92	0.63	97
LGBTQ+ Older and Aging Adults: Challenges, Disparities & Solutions	Max Micozzi Liz James	4.00	4.71	0.17	65
STI Guidelines Update	Tim Menza	4.8	4.87	0.6	46
Rurality and 2SLGBTQIA+ Health in Oregon	Carey Jean Sojka	4.57	4.87	0.54	70



Asexuality Discussion and Q&A	Angela Chen	4.58	4.89	n/a	51
Afternoon Plenary (overall)	all below – next 10 rows	4.14	4.55	0.26	317
Autistic Affinity Space	Tasha Fierce	3.5	4	0	
White Learning Space	Dayna Morrison	4.11	4.3	0.33	
Harm Reduction in Rural Oregon	Dane Zahner	4.33	4.7	0.5	
BIPOC Affinity Space	Erica Bailey	5	3.67	0	
Spanish Language Space	Lorena Caballero Dr. Alejandro Feo	4	4.33	0.5	
Trans Affinity Space	Jaxyn Brown	4.25	4.75	0.13	
Two Spirit Affinity Space	Candi Brings Plenty	4.5	4.5	0.5	
LGBTQ Older Adult Space	Max Micozzi	4	5	0	
Showing Up and Showing Out: Supporting Homeless Trans and Queer Youth	Colin Daniels	4	4.41	0.06	
Anti-Racism in Healthcare	Rowan Levelle	4	4.5	0.21	
Equity in Sexual Health Education: Two Years of Oregon Youth Survey Analysis	Andy Dettinger	4.5	4.79	0.54	39
STI Transmission Minimization: A Sexual Health Positive Model	Evelin Dacker Courtney Brame	4.73	4.76	0.60	74
Data Matters: Oregon LGBT+ Older Adult Statewide Survey Results	Naomi Sacks Deb McCuin	4.55	4.82	0.58	37
Psilocybin Panel	Christopher Stauffer Alissa Bazinet	4.41	4.65	0.62	110
Seahorses and Unicorns: Community-based	Trystan Reese	4.64	4.85	0.85	42



knowledge on trans fertility					
Creating Inclusive Environments for Two Spirit and LGBTQIA+ Patients	Mick Rose	4.67	4.83	0.59	62
Measuring and Estimating Parental-Report Bias in Reporting of Child Gender	Martin Arrigotti Alexis Dinno	4.40	5.00	0.67	25
STI Disclosure: A framework for healthcare providers, sex educators, sex therapists and people living with chronic STIs.	Evelin Dacker Courtney Brame	4.68	4.77	0.54	103
Me Cuido, Te Cuido: A Latine/x-inclusive sexual health curriculum	José Madrid Beltran	4.25	4.67	0.75	38
LGBTQ+ Older Adults Advocacy: Genesis to Reality	Mary Rita Hurley Scott Moore	4.43	4.93	0.5	71
Harm Reduction in Rural Oregon Panel	Becky Noad Robyn Matsumoto Dane Zahner Cedar Derischebourg Jamani LaShawn Dharmakrishna Mirza	4.41	4.37	0.41	92
Sex majority & sex minority: A distinction useful for health equity	Alexis Dinno	4.68	4.86	0.44	82
Vaginoplasty After Pubertal Suppression: A Multi-Disciplinary Approach	Jess Guerriero Kara Connelly Daniel Dugi	4.89	5	0.70	42



	Geolani Dy Danielle Moyer				
Exploring Oregon's New 2022 Advance Directive	Judith Moman	5.00	5.00	1.00	45
Lessons Learned in First LGBTQ+/ HIV+ Focused Recovery Housing in Oregon	Danielle Deer Jenya Gluzberg	4.5	4.83	0.25	47
ChemSex and the 4th Wave: Preventing Overdose and Promoting Healthy Sex 2022	Zach Ford	4.85	4.92	0.65	69
PrEP Guidelines Update	John Nusser	5	4.67	0.55	38
Closing Session	Dayna Morrison	4.18	4.10	0.47	196

A photograph of two hands, one on the left and one on the right, reaching towards each other. In the center, a dark heart shape contains the text "Meaningful Care." The background is a blue sky with light clouds.

Meaningful
Care.

2022 2SLGBTQ+ Meaningful Care Conference

Attachment A



Overall Ratings

Overall Ratings: AETC Evaluation

Responses: 70

- **Overall Quality of the Conference: 4.59/5**
- **Overall Quality of the Trainers: 4.37/5**

Learning Objectives: 1=needs considerable improvement; 5=excellent			
Objective	Before	After	Change
Promote Two Spirit, lesbian, gay, bisexual, transgender, queer + culturally responsive health care and social services	2.80	3.52	0.72
Understand intersectional identity and strategies for addressing multi-level health disparities	2.69	3.38	0.69
Share updated best practice applications of 2SLGBTQ+ culturally responsive health care	2.76	3.61	0.84
Develop and diversify networks of 2SLGBTQ+ culturally responsive health care and social service providers	2.67	3.36	0.69
Provide a space for community and resiliency while empowering community to advocate and influence policy	2.70	3.42	0.72
Average	2.72	3.46	0.73

Overall Ratings: NASW Evaluation

Responses: 71

1=poor; 3=average; 5=superior

Category

Average Response

Quality of instruction

4.54

Knowledge and expertise of instructor

4.68

Usefulness of program content

4.52

Presentation was clearly organized

4.56

Presentation met the goals/objectives of the conference

4.58

Conference contributed new/pertinent data to my understanding of the topic

4.54

Facilities (size, temp. sound level etc.) were adequate for the conference:

4.42

Presenter was responsive to audience participation/questions:

4.61

Overall, this conference was:

4.61



Attendee Demographics

Number of registrants: 356

Number of attendees (includes individuals who did not register): 425

Credentials/Fields of Work

Medical Field	
Nurse	32
MD	16
Nurse Practitioner	8
Medical Assistant	4
ND	3
Occupational Therapy	3
DO	2
Physician Assistant	2
Pharmacist	2
PsyD	2
Midwife	1
Registered Dietician	1

Counseling, Mental Health, & Social Work	
Social Work	46
Licensed Counselor	16
Certified Alcohol Drug Counselor	6
Mental Health	6
Community Health Worker	5
Psychology	5
Licensed Marriage and Family Therapist	4
Certified Risk Manager	2
Therapist	2
Certified Therapeutic Recreation Specialist	1
Human Services	1
Peer Support	1

Credentials & Fields of Work

Other Degrees & Roles	
Masters	52
Bachelors	23
Public Health	22
Student/Intern	11
Masters in Education	8
Health Science	4
Case Management	3
Health Administration	3
Health Education	3
Public Admin	2
Medical Interpreter	1
JD	1
Medical Humanities	1
PhD	1
Queer Studies	1

Oregon & Washington Counties

Washington	
County	Number
Clark	17
Cowlitz	7
King	3
Thurston	1

Oregon	
County	Number
Multnomah	136
Washington	28
Benton	16
Clackamas	14
Deschutes	14
Lane	14
Marion	12
Jackson	10
Umatilla	9
Lincoln	7
Malheur	7
Douglas	6
Polk	3
Curry	2
Morrow	2
Wallowa	2
Baker	1
Jefferson	1
Josephine	1
Union	1

Attendees outside of OR & WA

County	State	Country	Number
not specified	not specified	USA	7
Yellowstone	MT	USA	3
Cass	ND	USA	2
Los Angeles	CA	USA	1
Tolland	CT	USA	1
not specified	HI	USA	1
Ottawa	MI	USA	1
Clay	MN	USA	1
not specified	not specified	Belgium	1

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Response	Number
White/Caucasian/European	192
Jewish (including Ashkenazi)	10
Latine/Latinx/Latino/Latina	10
Bi-Racial/Multi-Racial/Mixed	9
Black	8
Mexican	8
Asian	6
Hispanic	5
American (USA)	5
Indian/South Asian	4
Arab	2
Indigenous/Native American	2
Pacific Islander	1
Filipino	1
Cuban	1
Greek	1
Korean	1
Japanese	1
nimiipuu	1
Salvadoran	1
Bahamian	1

3 respondents specified Ashkenazi identity

Top category includes respondents who included their specific (European) country of origin. Non-European countries of origin have their own categories.

Respondents were not listed within a broad racial/ethnic category unless they specifically identified that way.

3 responded with "Indian;" 1 responded with "South-Asian."

8 respondents listed a specific county in Oregon or other state in the USA.



Gender Modality

Are you transgender?		
Responses	Number	Percentage
No	237	81%
Yes	37	13%
Don't want to answer	13	4%
Don't know	4	1%
TOTAL	291	100%

Gender Identity

Response	Number	Percent of total respondents	Trans	Not Trans	Don't want to answer	Don't know
Female/Woman/Girl	114	39.18%	1	112	1	0
Cis woman/cis female/cis femme	41	14.09%	0	40	0	1
No Response/declined	30	10.31%	4	17	9	0
Male/Man	30	10.31%	2	28	0	0
Nonbinary	29	9.97%	14	10	2	3
Genderfluid, Genderqueer, or Non-Conforming	11	3.78%	5	4	2	0
Trans man/transmasculine	10	3.44%	10	0	0	0
Cis man/cis male/cis masculine	9	3.09%	0	9	0	0
Femme/feminine	9	3.09%	0	8	0	1
Cis (not specified)	8	2.75%	0	8	0	0
Trans woman/transfeminine/trans girl	7	2.41%	7	0	0	0
Agender/non-gender	5	1.72%	1	2	1	1
Other	5	1.72%	0	5	0	0
Transgender	4	1.37%	4	0	0	0
Questioning	2	0.69%	0	1	0	1
Masculine	2	0.69%	0	2	0	0
Hijra	1	0.34%	1	0	0	0
Khwaja Sira	1	0.34%	1	0	0	0
TOTAL	318	109%	50	246	15	7

Sexual Orientation and Sexual Identity

How do you describe your sexual orientation or sexual identity?	Number	Percentage
Heterosexual/Straight/Mostly Straight	75	27%
Queer	69	25%
Bisexual/Biromantic	33	12%
Gay/Homosexual	25	9%
Lesbian	20	7%
Pansexual	18	7%
Other/Decline	10	4%
Asexual	9	3%
Gender listed (cis; female; nonbinary)	8	3%
Fluid/Open/Complex/Polyamorous	6	2%
TOTAL	273	100%



Session Summaries

Highest-Rated Sessions

Presentation Title	Presenter(s)	Quality of the Session
BIPOC Affinity Space	Erica Bailey	5
Exploring Oregon's New 2022 Advance Directive	Judith Moman	5
PrEP Guidelines Update	John Nusser	5
Vaginoplasty After Pubertal Suppression: A Multi-Disciplinary Approach	Jess Guerriero Kara Connelly Daniel Dugi Geolani Dy Danielle Moyer	4.89
ChemSex and the 4th Wave: Preventing Overdose and Promoting Healthy Sex 2022	Zach Ford	4.85
STI Guidelines Update	Tim Menza	4.8
Beyond "Born in the Wrong Body" : Challenging our Biases to Provide Inclusive Care for Nonbinary Youth	Jess Guerriero Hayley Baines Kara Connelly Danielle Moyer	4.75
STI Transmission Minimization: A Sexual Health Positive Model	Evelin Dacker Courtney Brame	4.73
STI Disclosure: A framework for healthcare providers, sex educators, sex therapists and people living with chronic STIs.	Evelin Dacker Courtney Brame	4.68
Sex majority & sex minority: A distinction useful for health equity	Alexis Dinno	4.68
Creating Inclusive Environments for Two Spirit and LGBTQIA+ Patients	Mick Rose	4.67



Highest-Rated Presenters

Presentation Title	Presenter(s)	Quality of the Presenter
LGBTQ Older Adult Space	Max Micozzi	5.00
Measuring and Estimating Parental-Report Bias in Reporting of Child Gender	Martin Arrigotti Alexis Dinno	5.00
Vaginoplasty After Pubertal Suppression: A Multi-Disciplinary Approach	Jess Guerriero Kara Connelly Daniel Dugi Geolani Dy Danielle Moyer	5.00
Exploring Oregon's New 2022 Advance Directive	Judith Moman	5.00
LGBTQ+ Older Adults Advocacy: Genesis to Reality	Mary Rita Hurley Scott Moore	4.93
A review of quantitative data for gender and sexual minority (GSM) youth in Oregon.	Martin Arrigotti Alexis Dinno	4.93
ChemSex and the 4th Wave: Preventing Overdose and Promoting Healthy Sex 2022	Zach Ford	4.92
Beyond "Born in the Wrong Body" : Challenging our Biases to Provide Inclusive Care for Nonbinary Youth	Jess Guerriero Hayley Baines Kara Connelly Danielle Moyer	4.92
Asexuality Discussion and Q&A	Angela Chen	4.89
Rurality and 2SLGBTQIA+ Health in Oregon	Carey Jean Sojka	4.87
STI Guidelines Update	Tim Menza	4.87

Most Knowledge Gained

Presentation Title	Presenter(s)	Avg Knowledge Gained
Exploring Oregon's New 2022 Advance Directive	Judith Moman	1.00
Seahorses and Unicorns: Community-based knowledge on trans fertility	Trystan Reese	0.85
Me Cuido, Te Cuido: A Latine/x-inclusive sexual health curriculum	José Madrid Beltran	0.75
Vaginoplasty After Pubertal Suppression: A Multi-Disciplinary Approach	Jess Guerriero Kara Connelly Daniel Dugi Geolani Dy Danielle Moyer	0.70
Measuring and Estimating Parental-Report Bias in Reporting of Child Gender	Martin Arrigotti Alexis Dinno	0.67
ChemSex and the 4th Wave: Preventing Overdose and Promoting Healthy Sex 2022	Zach Ford	0.65
Beyond "Born in the Wrong Body" : Challenging our Biases to Provide Inclusive Care for Nonbinary Youth	Jess Guerriero Hayley Baines Kara Connelly Danielle Moyer	0.63
Psilocybin Panel	Christopher Stauffer Alissa Bazinet	0.62
STI Transmission Minimization: A Sexual Health Positive Model	Evelin Dacker Courtney Brame	0.60
STI Guidelines Update	Tim Menza	0.60
Creating Inclusive Environments for Two Spirit and LGBTQIA+ Patients	Mick Rose	0.59

Most Attended (excluding general sessions)

Presentation Title	Presenter(s)	Attendees
Psilocybin Panel	Christopher Stauffer Alissa Bazinet	110
STI Disclosure: A framework for healthcare providers, sex educators, sex therapists and people living with chronic STIs.	Evelin Dacker Courtney Brame	103
Beyond "Born in the Wrong Body" : Challenging our Biases to Provide Inclusive Care for Nonbinary Youth	Jess Guerriero Hayley Baines Kara Connelly Danielle Moyer	97
Harm Reduction in Rural Oregon Panel	Becky Noad Robyn Matsumoto Dane Zahner Cedar Derischebourg Jamani LaShawn Dharmakrishna Mirza	92
Sex majority & sex minority: A distinction useful for health equity	Alexis Dinno	82
STI Transmission Minimization: A Sexual Health Positive Model	Evelin Dacker Courtney Brame	74
LGBTQ+ Older Adults Advocacy: Genesis to Reality	Mary Rita Hurley Scott Moore	71
Rurality and 2SLGBTQIA+ Health in Oregon	Carey Jean Sojka	70
ChemSex and the 4th Wave: Preventing Overdose and Promoting Healthy Sex 2022	Zach Ford	69
A review of quantitative data for gender and sexual minority (GSM) youth in Oregon.	Martin Arrigotti Alexis Dinno	65
LGBTQ+ Older and Aging Adults: Challenges, Disparities & Solutions	Max Micozzi Liz James	65

Defining Anti-Racist Trauma-Informed Care

Rebecca Davis

Attendance: 447

Evaluations Completed: 58

Overall Session Quality: 4.57/5

Trainer Quality: 4.79/5

Objective	Avg Knowledge Gained
Identify the impacts of systemic racism both in healthcare and the social services on consumers, clients, colleagues, and constituents	0.48
Learn about and use critical race theory to critique popular trauma-informed care models in order to identify common causes of harm to consumers and colleagues of color	0.53

What is one thing from this session you will use in your work/practice/life?

"It was great to get some resources and learn about ARTIC. I appreciated the quote/question that was brought up about "what would it be like to sit in love " and to use "radical acts of love". I think this is a helpful reminder for myself to simply show genuine care and love towards others and to slow down and listen to others' experiences."

"I loved the explanation about how instead of putting people in boxes, then breaking down to serve individuals with intersecting identities, the speaker talked about bringing whole individuals in and serving them uniquely."

"Defusing the reverse racism comment"

"I want to remember that racism is not aberrational - it is everyday. That's important for me to keep in mind, especially as a white person."

Embracing Community Wisdom: A Trauma-Informed Anti-Racist Lens on 2SLGBTQIA+ Health (Opening Panel)

José Beltran; Lorne James; Erin Waters; AC Bowen; Charles Donald

Attendance: 447

Evaluations Completed: 15

Overall Session Quality: 4.53/5

Trainer Quality: 4.71/5

Objective	Avg Knowledge Gained
Recognize the importance of lived experience in shaping patient interactions with healthcare systems	0.60
Identify concrete steps to create inclusive spaces for health and wellness	0.47

What is one thing from this session you will use in your work/practice/life?

“pushing for the changes from the top, i.e. going to those in power in my organization and/or working with those who can get those in power to listen to them about organizational and systemic change.

“I loved the explanation about how instead of putting people in boxes, then breaking down to serve individuals with intersecting identities, the speaker talked about bringing whole individuals in and serving them uniquely.”

“Looking at who built “the table”.”

“It was helpful to hear more about the panel's lived experiences to see what could be helpful to do as a provider to be more inclusive and aware of these barriers to services.”

“using Latine /Latinx word correctly not using BIPOC as a homogeneous term”

A review of quantitative data for gender and sexual minority (GSM) youth in Oregon.

Marty Arrigotti & Alexis Dinno

Attendance: 65

Evaluations Completed: 9

Overall Session Quality: 4.67/5

Trainer Quality: 4.93/5

Objective	Avg Knowledge Gained
Recognize available population-level quantitative data on gender and sexual minority youth in Oregon, nationally, and internationally.	0.33
Identify and describe gaps in current quantitative data on gender and sexual minority youth in Oregon	0.67
Define the basic principles of health equity and explain the importance of population-level data in achieving health equity for gender and sexual minority youth.	0.33

What is one thing from this session you will use in your work/practice/life?

“The seven most helpful reports. I am not alone in having a hard time finding the information I need. If you do not count us we do not count.”

“Talk over language with my trans grandson, identify his concerns and needs.”

“The knowledge that the SHS is a valuable resource with regards to data collection, as well as the knowledge of its limitations. This information is useful for guiding programming strategies for LGBTQ+ youth initiatives.”

“Share learning in conversations re: hospital / health system implementation of HB 3159.”

Beyond "Born in the Wrong Body" : Challenging our Biases to Provide Inclusive Care for Nonbinary Youth

Jess Guerriero, Hayley Baines, Kara Connelly, Danielle Moyer

Attendance: 97

Evaluations Completed: 36

Overall Session Quality: 4.75/5

Trainer Quality: 4.92/5

Objective	Avg Knowledge Gained
Identify barriers for nonbinary youth receiving care in pediatric gender clinics.	0.58
Describe a model of shared decision making and multiple care pathways for nonbinary youth.	0.67
Examine ethical considerations in treatment that is lacking standardized protocols.	0.36

What is one thing from this session you will use in your work/practice/life?

"Incorporating more validating of gender identity development, working with parents and psychoeducation, making more space for nonbinary identities"

"Really appreciated some of the nuance presented around the decision making process and clarifying with all clients what the decisions are about, e.g. making decisions about care related to gender, not making decisions about gender. Case examples were illustrative."

"I love the word "nibblings", so thanks for that! Also, I loved having more information on what is possible with medical care and that it's not an all or nothing venture. I really feel like I learned more about the nuances available."

LGBTQ+ Older and Aging Adults: Challenges, Disparities & Solutions

Max Micozzi & Liz James

Attendance: 65

Evaluations Completed: 15

Overall Session Quality: 4.00/5

Trainer Quality: 4.71/5

Objective	Avg Knowledge Gained
Describe who LGBTQ+ older adults are and the challenges and disparities they face including ageism	0.33
Identify the impact of intersectionality, including race, ability, gender and age	0.00
Describe how health and aging systems, including providers can provide more inclusive, welcoming care for their LGBTQ+ older patients	0.33

What is one thing from this session you will use in your work/practice/life?

“Being mindful of my self talk as a senior. Listen to the wisdom of those 55+”

“recognizing the challenges that this population faces as they age and how to be more sensitive to these issues”

“Decolonizing the ideals that our social structure is based upon”

“implementing and recognizing what is structurally in place to make sure that older adult needs are accounted for”

“Environmental considerations for older adults in event planning/agendas etc”

STI Guidelines Update

Tim Menza

Attendance: 46

Evaluations Completed: 16

Overall Session Quality: 4.80/5

Trainer Quality: 4.87/5

Objective	Avg Knowledge Gained
Implement the new recommendations from the 2021 CDC STI guidelines	1.60
Address the impact of COVID on STI screening/diagnosis in Oregon	1.40
Identify options for biomedical STI prevention, e.g. PrEP	1.70

What is one thing from this session you will use in your work/practice/life?

“We have an STI order panel that does not include HCV. I will be adding this to more of the patients that I screen.”

“I will be considering more early neurosyphilis, and will be considering STI PEP/PrEP with doxycycline for syphilis and chlamydia. “

“There are many but I will be looking into the ability to run several PCRs off of one self-test swab.”

“I will use this gained knowledge to inform those and effected, normalize the common occurrence of STI's, dispel myths and stigma about STI's, and instill hope on treatment.”

Rurality and 2SLGBTQIA+ Health in Oregon

Carey Jean Sojka

Attendance: 70
Evaluations Completed: 21
Overall Session Quality: 4.57/5
Trainer Quality: 4.87/5

Objective	Avg Knowledge Gained
Address potential health care barriers for rural 2SLGBTQIA+ people in Oregon.	0.57
Discuss ways that rural 2SLGBTQIA+ experiences intersect with categories such as race, class, disability, and others.	0.48
Examine practices and policies that can support rural 2SLGBTQIA+ people’s health.	0.57

What is one thing from this session you will use in your work/practice/life?

“Supporting other QT people in leadership spaces and better networking/relationship building with other rural regions.”

“I’m going to keep in mind that a lot of providers do not have background knowledge on how to service 2SLGBTQ+ folks - we have to refer patients out for HIV care, so it would be smart to check with those providers on knowledge around GSMs and link them up with training if needed.”

“As a metro/urban resident and worker, I will do everything in my power and with my positionality working within a Government entity to advocate and promote more resources and gender-affirming, harm reduction for rural queer/trans and BIPOC folx.”



Asexuality Discussion and Q&A

Angela Chen

Attendance: 51

Evaluations Completed: 12

Overall Session Quality: 4.58/5

Trainer Quality: 4.89/5

“I was thrilled with this session -- a topic I knew very little about, despite being a member of the LGBTQIA+ community.”

“I think asexuality should be more centered in MCC going forward and I think having a specific aro session or expert would be awesome”

“Angela was great, super appreciated hearing from her about her work being in touch directly with so many ace people. Invaluable generosity of lived experience that she can bring in from so many.”

What is one thing from this session you will use in your work/practice/life?

“The question she continued to raise, centering on autonomy of the individual. What is it that someone wants? Is there a problem to be fixed, or can validating an ace experience be enough, removing the compulsory sexuality expectations that can feel so intense.”

“I will be more mindful of my wording when asking people sex-related questions, and inquiring about identity.”

“wording about being sexually active and why I am asking”

“Push more for negotiatory consent as opposed to enthusiastic in education”

Afternoon Plenary

Attendance: 317

Evaluations Completed: 51

Overall Session Quality: 4.14/5

Trainer Quality: 4.55/5

Objective	Avg Knowledge Gained
Explore opportunities for complex systems change to support the integration of anti-racism and trauma-informed care into the workplace.	0.31
Utilize spaces for community wisdom and discussion to improve health outcomes for BIPOC and Latinx patients.	0.22

What is one thing from this session you will use in your work/practice/life?

“that the fear of making a mistake is an intentional barrier to progress” (White Learning Space)

“There are far more resources than I realized before this conference.” (Harm Reduction in Rural Oregon)

“Choosing one question to focus on (to promote/create change) to avoid getting overwhelmed by all of the things...” (Antiracism in Healthcare)

“There were some great suggestions about youth-led endeavors and learning opportunities that I can apply to my work around youth substance use prevention.” (Showing Up & Showing Out – Homeless LGBTQ+ Youth)

“Network, found some great individuals to support and collaborate with.” (Two Spirit Affinity Space)

Equity in Sexual Health Education: Two Years of Oregon Youth Survey Analysis

Andy Dettinger & Yesenia Char

Attendance: 39

Evaluations Completed: 8

Overall Session Quality: 4.50/5

Trainer Quality: 4.50/5

Objective	Avg Knowledge Gained
Explain gap between education standards and practice as it relates to sexual health.	0.75
Compare patterns of implementation of inclusive and equitable sexual health education between rural and suburban areas in Oregon.	0.25
Critique current sexual health education implementation in Oregon, specifically as it relates to intersectional inclusivity.	0.63

What is one thing from this session you will use in your work/practice/life?

“The data presented in the session will be very useful for addressing the fact that LGBTQIA+ youth are a vulnerable population that is underserved institutionally.”

“The data will be helpful in my work of school improvement”

“Remembering that adolescents may have more of a sex education gap compared to their older adults. Spend more time on patient education and eliciting questions.”

“Youth voice - support for sex ed as a topic they want and need.”

STI Transmission Minimization: A Sexual Health Positive Model

Evelin Dacker & Courtney Brame

Attendance: 74

Evaluations Completed: 11

Overall Session Quality: 4.73/5

Trainer Quality: 4.76/5

Objective	Avg Knowledge Gained
Apply a new model for minimizing STI transmission that encourages sexual health without stigma.	0.73
Discuss STI prevention and minimization using a broader lens for the communities most affected by STI stigma and marginalization.	0.64

What is one thing from this session you will use in your work/practice/life?

“Using appropriate terminology and communicating with people more clearly without judgement.”

“Try to add more sex-positive (or at least less sex-negative) messaging in our outreach. Maybe social media posts like ‘how to minimize STI transmissions if you have multiple partners.’”

“As a Social worker I need to find out what our providers are doing to see how I can supplement or partner”

“reframe from prevention to minimization”

Data Matters: Oregon LGBT+ Older Adult Statewide Survey Results

Naomi Sacks & Deb McCuin

Attendance: 37
 Evaluations Completed: 11
 Overall Session Quality: 4.55/5
 Trainer Quality: 4.82/5

Objective	Avg Knowledge Gained
Identify key service gaps and community strengths of LGBTQ+ older adults in Oregon including identifying racial, geographic, sexual orientation and gender identity and other disparities.	0.55
Describe an example of how community wisdom and advocacy can drive and inform data collection efforts, prioritization of results and actions to address community needs.	0.55
Recognize how you can be involved in next steps to address survey identified gaps and community needs.	0.64

What is one thing from this session you will use in your work/practice/life?

“So appreciate the degree of participant involvement and the ways this survey is information statewide access and delivery”

“Working harder to ensure that the older population are able to engage with services”

“Being more aware of the older adult LGBTQ individuals in our community that are may not be getting critical needs met so identifying that need specifically when working with community partners.”

Psilocybin Panel

Christopher Stauffer & Alissa Bazinet

Attendance: 110

Evaluations Completed: 22

Overall Session Quality: 4.41/5

Trainer Quality: 4.65/5

Objective	Avg Knowledge Gained
Describe the therapeutic components of psilocybin therapy	0.59
Weigh risks and benefits of psilocybin therapy as a mental health treatment	0.55
Understand the current status of psilocybin prescribing in Oregon and identify opportunities for community partnership	0.73

What is one thing from this session you will use in your work/practice/life?

“Already downloaded the Psychedelic Justice book on my audible account to dive in...checking out all the links you provided and now I have more in-depth info I can use in speaking with one client who has been self-administering psilocybin.”

“As a mental health provider, this information was super helpful and would love to consider training opportunities.”

“Will be able to share information with my harm reduction clients and answer their questions about using psilocybin”

Seahorses and Unicorns: Community-based knowledge on trans fertility

Trystan Reese

Attendance: 42

Evaluations Completed: 11

Overall Session Quality: 4.64/5

Trainer Quality: 4.85/5

Objective	Avg Knowledge Gained
Critically analyze current and future research on trans fertility through a lens of inclusion.	0.91
Identify three key aspects of trans fertility that have not been adequately addressed through research conducted at major medical institutions.	1.00
Describe three community-driven recommendations regarding trans fertility that have heretofore not been captured in medical studies.	0.64

What is one thing from this session you will use in your work/practice/life?

“Listen to the individual's needs and ideas about fertility. No judgement...there is no one way.”

“I thought it was very important to say that AFAB trans folks can experience shame around so many aspects of pregnancy. A good reminder to always inquire about lived experiences before making assumptions or generalizations.”

“The reminder about the framing of how we name articles and presentations as well as the framing of where the concern is located. I often feel frustration about the way in which research is not accessible to the people who are both the subject and beneficiaries of said research”

Creating Inclusive Environments for Two Spirit and LGBTQIA+ Patients

Mick Rose & Silas Hoffner

Attendance: 62

Evaluations Completed: 21

Overall Session Quality: 4.67/5

Trainer Quality: 4.83/5

Objective	Avg Knowledge Gained
Identify barriers to healthcare access for Two Spirit individuals.	0.62
Describe interventions that create inclusive environments for Two Spirit and LGBTQIA+ patients.	0.57

What is one thing from this session you will use in your work/practice/life?

"I thought it was so helpful to watch the video and hear from both of the presenters about their experiences with health care. I will plan to share the video and use the resources referenced when working with clients."

"Deeper awareness of the historical (and personal/cultural) trauma around forced sterilization. I work with transmasculine/nonbinary/gender diverse/indigiqueer folks wanting hysterectomy as a gender affirming surgery. With this deeper awareness I hope I can better support some of the more complex nuanced feelings around moving forward with a surgery that can be loaded for them."

"I will be better at asking open ended questions about gender and culture with the indigenous patients that I work with as a healthcare provider"

Measuring and Estimating Parental-Report Bias in Reporting of Child Gender

Marty Arrigotti & Alexis Dinno

Attendance: 25

Evaluations Completed: 5

Overall Session Quality: 4.40/5

Trainer Quality: 5.00/5

Objective	Avg Knowledge Gained
Explain the public health importance of measuring parental-report bias in survey data on GSM youth.	0.80
Summarize previous and current efforts at measuring or mitigating parental-report bias in data collection	0.60
Implement changes to your own data-collection processes which allow for estimation of parental-report bias.	0.60

What is one thing from this session you will use in your work/practice/life?

“The use of flags to understand who is answering the questions and who is in the room.”

“greater appreciation of the complexity of data collection”

“I like the open ended and the who is completing and how. I think there will be parent push back; and need to give this some thought. least in portland and most in deep red parts of OR”

STI Disclosure: A framework for healthcare providers, sex educators, sex therapists and people living with chronic STIs.

Evelin Dacker & Courtney Brame

Attendance: 103

Evaluations Completed: 25

Overall Session Quality: 4.68/5

Trainer Quality: 4.77/5

Objective	Avg Knowledge Gained
Explain the public health importance of measuring parental-report bias in survey data on GSM youth.	0.48
Summarize previous and current efforts at measuring or mitigating parental-report bias in data collection	0.60

What is one thing from this session you will use in your work/practice/life?

“Awareness of the importance of not stigmatizing a patient with STI. I will be mindful and choose my words wisely. I will never make a patient feel less than.”

“The information related to dating, and emotional and physical safety is so helpful; I have a couple of clients who have recent diagnoses and they are struggling with these pieces and how to maintain safety in future relationships.”

“Broadening sexual history and speaking more about the range of sexual activity beyond just genitals.”

“very excited to try the new interview technique and STAR model”

Me Cuido, Te Cuido: A Latine/x-inclusive sexual health curriculum

José Beltran

Attendance: 38
Evaluations Completed: 8
Overall Session Quality: 4.25/5
Trainer Quality: 4.67/5

Objective	Avg Knowledge Gained
Learn about Familias en Acción’s Me Cuido, Te Cuido: HIV/ STI Sexual Health Programs’ health education model	0.75
Define Latine/x identities and why/how we introduce these identities to Latino/a communities	0.63
Identify the importance of highlighting Latine/x identities within conversations of sexual health	0.88

What is one thing from this session you will use in your work/practice/life?

“useful background on terminology latine/x. would consider sharing nicely made video from Familias en Accion”

“awareness of another model for health education”

“Reviewing Spanish policy documents/ patient facing documents for gendered language and requesting it be revised.”

LGBTQ+ Older Adults Advocacy: Genesis to Reality

Mary Rita Hurley & Scott Moore

Attendance: 71
Evaluations Completed: 14
Overall Session Quality: 4.43/5
Trainer Quality: 4.93/5

Objective	Avg Knowledge Gained
Identify strategies for effective advocacy including how to involve and use community wisdom.	0.50
Understand statewide resources and potential partners for advocacy including the Oregon LGBTQ+ Older Adult Coalition.	0.57
Articulate the importance of trauma informed, anti-racist advocacy to support greater access and services for LGBTQ+ Older Adult population, many of whom have experienced trauma, racism, ageism and been marginalized	0.43

What is one thing from this session you will use in your work/practice/life?

“Remember to consider the unique needs of older patients in my healthcare facility as it related to their gender identity and sexual orientation”

“To support building strategies inside our care delivery to support and integrate advocacy.”

“Different forms of advocacy. Loved the focus of what can be done.”

Harm Reduction in Rural Oregon Panel

Becky Noad, Robyn Matsumoto, Dane Zahner, Cedar Derischebourg, Jamani LaShawn, & Dharmakrishna Mirza

Attendance: 92

Evaluations Completed: 17

Overall Session Quality: 4.41/5

Trainer Quality: 4.37/5

What is one thing from this session you will use in your work/practice/life?

“The significant need for investments in harm reduction approaches and resources!!! I will continue to advocate strongly for this. I will also take away the suggestions that panelists made around how to engage rural providers and community members around challenging the stigma of harm reduction.”

“The deep conversations about the nuances of harm reduction and where it is located on the continuum of care, especially as pertains to vulnerable populations.”

“I need to remember to look at connecting individuals to just one or a couple of resources specific to their needs.”

“I think reframing harm reduction as beyond drugs - as Dharma one of the panelists said that it means providing people agency--giving them safety to practice activities that are not the norm.”

Objective	Avg Knowledge Gained
Identify significant barriers for people living with substance use disorder when accessing care	0.47
Recognize opportunities for collaboration and partnership to support patient centered care	0.41
Utilize tools to better serve people who use drugs and improve health outcomes	0.35

Sex majority & sex minority: A distinction useful for health equity

Alexis Dinno

Attendance: 82
Evaluations Completed: 22
Overall Session Quality: 4.68/5
Trainer Quality: 4.86/5

Objective	Avg Knowledge Gained
Recognize that stereotyping male bodies and stereotyping female bodies creates a class of people whose bodies align with these assumptions (sex majority), and a class of people whose bodies do not align with these assumptions (sex minority).	0.50
Provide examples of barriers to competent health services that exist for sex minorities, but not sex majorities, and to construct new examples through their own personal or professional experiences.	0.32
Through group discussion, participants will have the opportunity to critique and refine the categories 'sex majority' and 'sex minority' as tools useful in striving for health equity.	0.50

What is one thing from this session you will use in your work/practice/life?

"I will continue to challenge my assumptions as a provider in healthcare settings and be aware of the need to ask more sensitive questions about my patients' bodies and life experiences that may be relevant to how they will access and respond to care."

"I think that the ideas are important to consider - the range of what constitutes "sex". I think it will take some time to operationalize this idea."

"I'm going to think about how we can make our organ inventory more compassionate and more functional"

"Opening the lens and the definitions of sex."

Vaginoplasty After Pubertal Suppression: A Multi-Disciplinary Approach

Jess Guerriero, Kara Connelly, Daniel Dugi, Geolani Dy, & Danielle Moyer

Attendance: 42

Evaluations Completed: 9

Overall Session Quality: 4.89/5

Trainer Quality: 5.00/5

What is one thing from this session you will use in your work/practice/life?

“It takes a huge team. I have referred to the clinic. I knew that this was too big for me to handle. Better able to advise re: what to expect.”

“Work harder to help build a stronger support group for youth struggling with gender and identity and pubertal suppression.”

“understanding the flexibility of the robotic approach (vulva first, then vaginoplasty if someone is interested later)”

Objective	Avg Knowledge Gained
Discuss the role of the multi-disciplinary team in evaluating and preparing an individual and their support system for feminizing genital gender-affirming surgery after pubertal suppression	0.78
Discuss knowledge gaps in knowledge for fertility preservation and sexual health for patients interested in feminizing genital gender-affirming surgery after pubertal suppression	0.78
Discuss surgical options for patients interested in feminizing genital gender-affirming surgery after pubertal suppression	0.56

Exploring Oregon's New 2022 Advance Directive

Judith Moman

Attendance: 45

Evaluations Completed: 5

Overall Session Quality: 5.00/5

Trainer Quality: 5.00/5

Objective	Avg Knowledge Gained
Clarify the benefits of and why everyone needs an Advance Directive	0.80
Understand some of the barriers to filling the form and how to personalize it to better support the end of life care choices of each individual	1.00
Understand how to ensure the form is properly finalized and available to use.	1.20

What is one thing from this session you will use in your work/practice/life?

“Definitely will talk to all of my patients about this at their annual exams”

“Encouraging all people to complete Oregon Advanced Directive”

“Complete the directive form now before a crisis.”

“I have created my end-of-life plan, but this is great to have an actual form for it.”

“I will finish my Advance Directive! And I feel more comfortable talking to my clients about this.”

Lessons Learned in First LGBTQ+/ HIV+ Focused Recovery

Housing in Oregon

Danielle Deer & Jenya Gluzberg

Attendance: 47

Evaluations Completed: 4

Overall Session Quality: 4.50/5

Trainer Quality: 4.83/5

Objective	Avg Knowledge Gained
Hold space for highlighting and reflecting on challenges and triumphs of being community care innovators.	0.25
Reflect critically on care systems' intent versus impact with regard to culturally responsive service provision	0.25

What is one thing from this session you will use in your work/practice/life?

“Considering more carefully and listening for challenges patients may be experiencing being newly housed.”

“I appreciated the information re: housing and the challenges in adequate, affordable housing being hard to find, particularly for clients with additional barriers such as substance use, criminal records, evictions, etc”

ChemSex and the 4th Wave: Preventing Overdose and Promoting Healthy Sex in 2022

Zach Ford

Attendance: 69

Evaluations Completed: 26

Overall Session Quality: 4.85/5

Trainer Quality: 4.92/5

Objective	Avg Knowledge Gained
Increase understanding of core components of comprehensive care of people who use drugs	0.69
Develop strategies on how to improve our work with people who use drugs, engage in ChemSex, non-opioid, and poly substance use.	0.77
Outline the rising overdose dangers for non-opioid users during the current influx of fentanyl in the drug supply and stress the urgency of providing care for people who use stimulants.	0.50

What is one thing from this session you will use in your work/practice/life?

“The comprehensive harm reduction strategies referenced for folks engaging in chem sex were super helpful - excellent information!”

“Use street names for drugs when asking about drug use to demonstrate familiarity and help eliminate stigma”

“Having a more open mind of why people use substances while engaging in sexual activity.”

“How to talk with patients/clients/service users about their substance use and sexual health.”

PrEP Guidelines Update

John Nusser

Attendance: 38

Evaluations Completed: 4

Overall Session Quality:

5.00/5

Trainer Quality: 4.67/5

**What is one thing from this session
you will use in your
work/practice/life?**

“Equity lens”

“Greater discussion of Prep.”

Objective	Avg Knowledge Gained
Identify biomedical tools to prevent HIV among communities at disproportionate risk for HIV infection.	0.25
Discuss how to increase PrEP use in communities at disproportionate risk for HIV	0.50
Utilize 2-1-1 dosing for PrEP as a strategy to increase community use and awareness of this tool.	0.75
Understand clinical and cost effectiveness of generic TDF-FTC (Truvada) and TAF-FTC (Descovy)	0.75
Understand cabotegravir, the recently-approved injectable option	0.50

Closing Session

Dayna Kirk Morrison

Attendance: 196
Evaluations Completed: 33
Overall Session Quality: 4.18/5
Trainer Quality: 4.10/5

Objective	Avg Knowledge Gained
Describe the impact of racism on healthcare access.	0.52
Identify concrete steps for intrapersonal, interpersonal, and systemic efforts to create inclusive systems of care.	0.42

What is one thing from this session you will use in your work/practice/life?

“Keep changing the world and making it a better place for you and me! But mostly for everyone that identifies as BIPOC or LGBTQIA+”

“We can consider both immediate and long-term actions and take things a step at a time...ongoing learning and action!”

“Relationship building - getting to know the people you serve (slowing down and being intentional) that one of the ways is to also get to know yourself”

“I really enjoyed connecting with other conference attendees to share our experiences of the day, and perspectives about the work we are all engaged in.”



Takeaways



What is one thing you will use in your practice from this training?

Responses: 46

“Creating greater space for people to express their needs and avoid past trauma due to negligence or poor communication”

“I’m training staff on how to be gender affirming when using REAL-D & SOGI with queer & trans youth as well as working on a project to improve capturing the identities & needs of queer & trans youth & families we serve. The 2 seasons on this were amazing”

“I will definitely remind myself of my harm reduction training and try to keep remembering to meet people where they are at.”

“Signage, signaling of being an ally. Advocating for adequate time for people to tell you who they are. Self-examination.”



What is one thing you will use in your practice from this training?

Responses: 46

“Discussion regarding healthcare questions: Look at more compassionate ways to do it and improving the communication so patients don't keep getting asked difficult questions multiple times”

“As I live in a rural part of Oregon, helping to implement a safe and welcoming community for all 2SLGTBQIA+ members.”

“I will be educating myself further using resources from Mick Rose's session as I have little knowledge of the Nations of Oregon and the people I may be caring for in the future. I will be patient and inquisitive with our nonbinary youth”

“More awareness of ways to work with older adults and discuss chemsex with clients”



What was the most important thing you learned in this training?

Responses: 46

“Just meeting people and building relationships felt like the most important thing.”

“That not all people are served by the same intervention”

“colonial ideas are pervasive”

“The harm of being just nice/neutral instead of being an active ally”

“MOST important is a hard thing to decide. But remembering to focus on how different communities especially the 2 SLGBTQ+ feel difficulty in accessing healthcare and why things we do intentionally and unintentionally make it even harder”



What was the most important thing you learned in this training?

Responses: 46

“I am learning all the time, and am simultaneously unlearning, and it will take time. I will be patient with myself and continue to connect with all of these rich resources I have been exposed to today.”

“That I need find more ways to educate myself in these areas and continue strongly advocating for rural services.”

“Do. The. Work. Work to create those networks. Work to understand the different cultures I work with. To be anti-racist is to do the work every single day. To provide the best care is to do the work every single day.”

“The system issues the LBGTQIA+ community has experienced, both past and present. Including how damaging America's medical Model has been”



Considerations for the Future



How could we have done things differently to improve this training?

Responses: 40

- Spread the conference over 2+ days: 12
 - Make the conference longer
 - 8-9 hours is too long, especially on Zoom.
 - Make it 2 or 3 days so people can see more sessions (have fewer sessions per block, and have more time per session)
- Be in person: 5
 - Harder to focus and make connections on Zoom
- Whova: 2 respondents did not like it/found it overwhelming; 1 respondent was impressed by it.



How could we have done things differently to improve this training?

Responses: 40

- Breaks: 1 respondent requested a longer lunch break; 1 respondent wanted fewer breaks.
- Discussions: 1 respondent requested more time for discussion after sessions, and 1 requested more time in small breakout groups
- Presenters:
 - “I would not have accepted the proposal or had a session with Trystan Reese. He has caused harm to many in the community & was recently called out by a Black trans man.”
 - “The lawyer who spoke about Advance Directives said ‘I am not going to use the acronyms used in this training. I am just going to call them all rainbow people.’ I found that insensitive and pompous.”
 - “Guiding and encouraging newer speakers. They all did AMAZING! but some seemed like they could have used extra support and encouragement.”



Please provide any other information that you would like the trainer to know.

Responses: 21

“Though most of my answers to the learning objectives don't look like I've taken anything away from the conference, I just recognize that the information I'm walking away with is just the tip of the iceberg and I have so much more work to do. I did walk away inspired and with resources I plan on diving into on my own and sharing with my team. I did walk away with an understanding that though I care and though I try, it is my duty to do more than that. I need to be putting in the effort every single day, not just when I 'find the time'.”

“Information was great for over-view and developing a foundation but since the presentations were only a hour I found myself wanting more and deeper conversation.”

“As always, an amazing conference with incredible presenters. I really appreciated the Labor Acknowledgment addition and hope to see that integrated into more trainings (and meetings and everything) in the future.”

“I deeply appreciate the behind the scenes work all the organizers did in order to make this happen. I've always look forward to this conference- it's one of the best I've attended & participated in.”



Please provide any other information that you would like the trainer to know.

Responses: 21

“Self inventory questions asking to rate ones own competence are very uncomfortable without external feedback and guidance. It would be better if some other assessment metric were used.”

“It was all amazing and would like to have more time with each presenter.”

“It will be great to hear Erin Waters do a presentation.”

“It is often helpful for me that the key individuals are introduced and identified multiple times especially since there were a great number of people attending the conference and with Zoom there are less clues to help identify them. I have face blindness so I realize I use the rest of people's bodies, movement and gestures to identify and remember them. It is fine to realize what we miss by having Zoom. But I am so thankful to have had zoom through this pandemic and thankful you will proceeded forward with this conference by Zoom.”

“Great conference! I would have liked to have attended even more breakouts!”



What other topics and/or speakers would you like to see NASW Oregon Chapter sponsor?

- Mental health services
 - for low-income youth in rural areas; BIPOC; 2SLGBTQ+
- Antiracism, Equity, & Critical Race Theory
- Trauma-informed care
 - Health outcomes of implanting TIC in healthcare settings
 - Specifically for BIPOC & 2SLGBTQ+ individuals
- Housing and homelessness
- Ethics
- Gender diversity
- LGBTQ+ topics
- How to change the laws around what gender minorities need to provide (documentation, health court records, etc) to bridge the gap between gender and healthcare.
- Intersectionality
- Sessions tailored toward educators
- Latinx population
- Experiences and trauma of LGBTQ aging adults
- Harm reduction
- Substance use
- Rural care
- Eating disorders
- Connecting clients with resources
- Trans health
- Queer and gender affirming practices: unique cultural needs, working with parents/caregivers/families and safety concerns, documentation safety practices, etc
- Social work in the criminal justice system in relation to disparities, racism, SPMI, homelessness, etc.
- Roles and benefits of peer support