CASAT Podcast Network

Hello and Welcome to Season three of CASAT Conversations.

I am your host, Heather Haslem.

This season we will explore the weighty topic of health equity.

Within each conversation, we will discover insights from researchers, practitioners and experts on this complex and important topic.

We hope you enjoyed today's conversation on today's episode.

We get to welcome André wade.

André is the state director for Silver State Equality.

Welcome André thanks for having me.

So as we get started, please tell us about yourself and what inspires you to do the work that you do in health equity.

Yeah, so I am uh Las Vegas native born and raised.

Um I went to school at UNLV and study psychology because I was looking for a way I think to understand the world given some of the things that I went through as a kid just being bullied for perceptions of who I was, which turned out to be gay but you know, back then wasn't necessarily having that identity personally, but it really um caused me to want to help others.

So people didn't have to go through what I felt like I was going through on my own.

And so that propelled me into on the career human services in a variety of context, working in the public and private um um spaces nonprofit areas providing services to families.

Um started off working in a group home and work with um kids on juvenile justice wound up working in child welfare, just going to D.

C.

And working on policy and so there's all these things that really helped to shape the work that I was doing.

Um and finding myself in this health equity space where you realize that a lot of families and Children don't have the same opportunities because of either poverty or um maybe crime in their family um or just where they've been able to to go to school and not have the same opportunities.

But it's just been a way that I've been wanting to give back because I otherwise have been pretty privileged growing up with parents who are still together, middle class and um I have a master's degree and all these sort of things that we have as indicators of someone you know doing well.

And so despite the challenges that I had growing up and just kind of coming to terms with myself, I felt like I always wanted to give back and my career's um reliefs developing these really interesting ways to where um health equity and public health is a part of the work that I do overall.

Would you tell us a little bit about Silver State Equality?

Yeah.

So Silver State Equality is a statewide LGBTQ+ civil rights organization which is a program of equality California, which is the largest statewide LGBTQ+ organization in the world In the nation.

Uh there are about 40, some odd what we call equality equality groups across the nation and um folks inequality California but resources to start service date equality.

And so our mission is to bring the voices of LGBTQ+ people to the institutions of power to create a world that is healthy just and fully equal.

Um So we do that by passing poor quality register legislation um getting quality candidates elected to office and doing some advocacy and education work.

Um and so that's what we are charged to do here in Nevada.

And I love you know, hearing about your own personal story that fueled you to get into this work in psychology.

Not that I love hearing about it being challenging as growing up.

Um but that it feels like your heart is in this work because you've personally experienced um challenges and you want to create a better world for the LGBTQ+ population.

Yeah that's exactly when I worked in child welfare um with some folks who didn't have a human services background and they were sort of leaders in the the organization.

Um they just didn't really get that a lot of us dedicate our careers to this type of work.

We could be doing any other type of work.

We could be making a lot more money but we've decided that we want to help others.

Um And I'll say that I learned that I wasn't alone in having this personal mission when I was working at a facility for juvenile youth and juvenile justice.

When our assistant director said that all of us in this room are doing this kind of work because of things that have happened to us and it really wasn't until that moment that I realized that the people that was working with, we're doing the same kind of work we're doing because we just have these sort of experiences and wanted to give back and so even though we feel that we're alone sometimes and the experiences that we've had and even the reason why we are propelled to do certain types of work that we're really just one of many.

And so it's really good to be able to find community um and then having conversations with people like yourself who are wanting to bring public health to the forefront.

Yeah, I I'm always struck when I speak with people in public service and I myself am in public service, so um understand that, you know, personal experience and that really just brings, I feel like we we know it and feel it in our bones and so it helps us to connect with the people that were serving um and also fuels our passion.

So at least that's how it is for me?

No, I agree with you.

Sure.

Um so within your work, you advocate for health equity in the LGBTQ+ community, what are some of the key needs that you see in this community today and some of the key needs for the LGBTQ Plus community is really having a sense of being welcomed into um health equity spaces.

And so that means that where you need and want providers to be trained up on what it means to be from the L G B T Q plus community.

So knowing the difference between sexual orientation and gender identity and knowing that these things aren't like choices, um and then having services that can be tailored to us, given that we have experiences that are based on our sexual orientation and gender identity that impact our health, um and having the ability to go to places where you don't have a sense of being harassed or discriminated against.

And so that means that anyone from the front desk all the way to positions and and all in between have an understanding that they're going to be serving diverse populations, including the L G B T Q plus community, because often folks opt to not access care um or services because they think that they aren't going to be treated fairly or with care and that's just it's really sad and disappointing to hear that people are foregoing, um there needs just because they don't want to deal with someone um saying something that's mean or hurtful.

And so those are sort of the things that on a very basic level, um folks in the L G B T Q plus community need and, you know, also, you know, say from a larger, broader perspective, just having um laws and policies in place that protect the rights and dignity um that are non discriminatory in nature.

And so that's what we are really trying to fight for on a micro and macro level.

Yeah.

And I am struck by the impact on health, on not feeling safe to be able to go to a provider whether it be behavioral health or um within the medical system.

And then you think about that long term impact of not getting annual exams or getting blood work done or just feeling safe to go speak with someone if you're struggling emotionally.

Um and that long term lifespan impact of that fear is huge.

Yes it is.

I mean I've heard stories of um lesbian women who were not going to get um gynecological care because the questions that the doctors would ask even though they identify as lesbian never had any relationships with men.

But I guess you you still have to like um he asked about birth control and these other sort of probing questions that don't relate to you.

And so when you have a health care provider as an example who doesn't see you as a whole person um and are asking you questions that are unrelated to any of your experience, it can be um you know a little bit more devastating to some than than others.

And so we're just hoping that providers of all types can just have a sensitivity that um people need to be again just treated as their whole person and not just um how's that a patient as a client as a number I think highlighting that number piece right?

Like looking at that other human being that we're treating as a provider as this whole whole being and getting to know that person is really what you're talking about as well as becoming culturally competent.

Yes exactly.

You know sometimes I think a lot of us are kind of shocked when we realized that healthcare providers as an example historically didn't necessarily have any learning about sexual orientation and gender identity because you kind of think like a doctor knows everything.

Um and so it can be kind of shocking and disappointing to um know that your primary care physician like has no idea how to care for you when it comes to um your identity and something that's really important to you and really kind of shape your behavior as a result.

So can you share with us um really some of the ways that providers can be more culturally competent with the LGBTQ+ population.

Yeah there are a lot of different ways.

Um a lot of um cultural competency or cultural humility trainings are available now more than ever.

And so being able to go through those trainings on an ongoing basis is helpful, you know trainings aren't silver bullets that you're not gonna necessarily um change people's mind but it's really just about getting an understanding of people, but then having policies and procedures to back up with that.

Um with those trainings kind of hope give you an understanding about working with people from the LGBTQ Plus community, um but then realizing that each person is different, so, you know, I may not identify myself as a queer person, but the guy next to me might, and that's okay, um and just knowing that whoever is in front of you is the expert, so it's not about kind of coming out of training or knowledge and saying, okay, I've learned this, this is what I know and then trying to apply that to every single person, because people are different and see themselves differently, and that's okay, and so we're just trying to get people to um offer these trainings, take these trainings for themselves, tailor their policies procedures as a result, um and do so like an on an ongoing basis and try to get people to get to a place where there practice and approach to working with folks.

Again, it's sort of tailored to someone from the LGBTQ community, if that's the need.

Well, and I love what you said about um whoever is in front of you is the expert, um and what does care look like when really we're caring from that place, like you are the expert of your own body.

I am the expert of my own body and how can I ask questions Get to know more about you.

Um, so that I can use my knowledge as a health care provider to support you on your journey, right?

Like that's a shift versus like I'm the expert and you're coming and you know, I'm gonna fix you.

Type.

Yeah, exactly.

You know, and people assume that a patient, a client or however, doesn't want to be asked about their sexual orientation or gender identity, but you know, and maybe someone doesn't.

But for the most part, when you ask someone and have a conversation, people feel seen and they want to open up because they feel like, oh, well, if I can have this conversation with this person, then I can open up about a whole myriad of things.

And so someone's sexual health is directly tied to their sexual orientation and their identity.

But if a doctor doesn't take that into consideration or any other kind of provider, then we're just missing like a whole lot of information about the patient, the client that's necessary.

So, again, when we get folks to realize that asking the question is really not that big of a deal.

Um, but really can build, it's an opportunity to build trust and build a relationship, which is really powerful.

That's kind of what we're we're all just looking for.

Well, and I think about a previous episode, um, that we had where Brandon jones who we were interviewing talked about how um we he advocates that we moved from cultural competency to cultural intelligence and you know, that we need to sit down and have uncomfortable conversations at times and that in our society we've really been taught, you know, don't ask, don't talk about race at work.

Don't talk about sex at work.

And now we're asking people to bring these conversations, you know, we're talking about in a provider setting, but into different into even work settings.

And it's wildly uncomfortable because our society for years has been like, oh, you don't talk about these taboo topics.

And now we're saying talk about them.

So I'm just curious what your thoughts are about that.

No, it's it's, yes, it's what's going on right now.

Um, a couple of examples.

I have one a little bit unrelated just I was just speaking about diversity, inclusion and equity and philanthropy.

Um, and someone who works at a museum was saying how they don't collect demographic information of like race and gender and stuff like that about the people that come through their museums.

So they take anecdotal information to try to write that into the grants, even when their grants asked very specific demographic questions.

And so they're trying to figure out how they can dance around answering the questions because they're hesitant to even ask their patrons and I just had to speak up and just let them know that you don't have to have that hesitancy just you ask and people will decide whether or not they want to tell you, but we need to go from a place of knowing and not like this anecdotal um um information that we think we have to try to shape the people who we serve.

And and then this other quick example is in the child welfare space out here in Nevada um effect local level on the state level.

There's this um push to do racial equity work and the department heads are wanting to do and some of the staff wanted to do it.

But they are finding themselves that they can't move too quickly because people aren't used to talking about race on the job, even race about the clients that they serve.

And they will have conversations about not maybe understanding the behavior of um one of their clients because of language or some other cultural indicator.

But people will never talk about how they didn't connect with someone because of their race because we're afraid to like go there.

And so asked me push and encourage companies organizations staff to have these conversations are just going to take a long time because like you mentioned, um we just aren't used to it and we have um use these demographic racial identifiers, sexual orientation as don't ask don't tell wedge issues.

But at the end of the day they just kind of keep us further divided because our cultural intelligence just isn't there.

And I just really hope to to to ramp it up.

Yeah.

And I even think about fear of making a mistake like you know, I I've said the L G B T Q plus population, but even just saying population like I'm like oh is that the right terminology?

Like what if I don't know?

And so even that like I can feel that in my body, like I don't want to get that wrong and like you have to ask like what do you want to be called?

How you know, and and it's listening and honoring and when we make a mistake owning up to it and you know trying to do better the next time, but it's going to be I think a bumpy road as we learn together.

Yeah, you are exactly right.

And I think on, well I know on the flip side if you as an example, if you were to call me a queer man and I corrected you and say, well I don't really identify as queer identify as gay, then that doesn't give me the opportunity to attack you and be upset that you you know, said reference me as someone that I don't identify as and so we have to make sure that as minorities if you will, that we don't um vilified folks who are just trying to have conversations and just trying their best and so it's like it's A two Way Learning Street and the more we can have grace with each other, the better off we'll be and the more we learn about each other.

Absolutely.

I also think about a colleague who's a dear friend who is a black woman and um she was going through a time where she was experiencing some microaggressions at work and um you know it was like you've got to speak up about this and she she said to me heather, I'm tired.

Like I don't want to educate people anymore and I'm just tired.

And so I think there's also like there's we have to create safe spaces to have these conversations and honor that.

You know it isn't up to certain populations to do the education to like that was a big learning for me because I was like let's go in there.

And anyways it's I learned something every day.

Good as you know, a white woman learning about my biases and um I don't know time well you know it's it's good to have that um internal dialogue with itself.

But even just wanting to be an ally and support someone like that, it's just it's m powerful so I want you to take that away from yourself.

Thank you.

Um so you talked earlier about policies and I'd love for you to share some of the key policies that you see that need to be in place in order to promote health equity for the LGBTQ+ community currently gender affirming care is really where um our equality movement is moving towards.

Um And so for silver set of quality we are going to be working on a bill that would require um insurance providers, certain insurance providers to cover gender affirming care for adults.

Um For younger um people it's more about a social adjustment um being comfortable with the clothes that they're wearing and changing their names and that sort of thing when it's when we talk about gender affirming care, but that's really important.

But just also having more better access to HIV prevention medication from just primary care providers.

So when you talk about pre exposure prophylaxis or post exposure prophylaxis, these medications that can up to 99 percent decrease the rate of infection for HIV.

Often primary care providers don't know about this medication.

And so if a um men who have sex with men goes into their doctor's office and asked their provider about that.

There's a high chance that the provider won't know anything about that which is concerning.

So we're really trying to make that, make that change.

And then lastly, I think what would be what's important as a movement.

Um is this understanding of realm bisexuality because from a mental health perspective perspective um those who are by romantic or bisexual um have some of the highest rates of suicide ideation and rates of depression because they really don't have a sense of belonging.

So um LG people uh I don't believe in.

You know, often don't believe in bisexuality just want people that to choose, quote unquote and the same for heterosexual straight people.

They want bisexual or bi romantic people to to quote unquote choose.

And so that just really can be devastating to their sense of self and identity.

And so again, like they are probably one of the highest um have had some of the highest rates of negative outcomes even when it comes to transgender folks.

Not that we have to compare and and see who has the most uh the worst outcomes.

But that's really an often overlooked population.

That's super important.

Can you share just more information about gender affirming care?

Sure.

So with gender affirming care there, it really is like a really long process where someone will seek out um wanting to transition and going to a psychologist for a couple of years and just going through um the process of coming into their own and why they are having the feelings that they have um Then also just going into hormone treatment um going through the changes with their body and how they're going to see themselves in society gets an entire process.

And often people don't have insurance coverage for transitioning and being able to transition um safely.

And so if you are someone who is transgender and you can't quote unquote or you don't feel like you past as the gender you identify with.

It could be problematic in social spaces, I'm on the job um which can have negative impact.

And so we can get insurance companies to cover gender affirming care from a medical perspective, then we can ensure that transgender folks have better outcomes not only medically but then also um psychologically and socially thank you.

But then also there's this other sort of cosmetic type issue where if you are transitioning from male to female and um you still have issues with facial hair.

Um Often insurance companies won't cover um getting rid of facial hair because they see it, it's cosmetic but you know, there's not many uh cis gender.

Women, you know running around in need of getting a lot of hair removal on their face.

And so there's just these arguments around um what can be covered.

But then usually insurance companies try to have an approach of would any other person want this coverage as a medical reason versus cosmetic.

And so that often becomes a sticking point to getting full coverage from insurance companies.

Yeah, there I'm sure a lot of complexities in that.

I mean I'm just thinking about getting insurance companies to cover sometimes basic routine exams and then you add gender affirming care and I can imagine there are so many little nuances that many people would not even consider or think about.

Yes.

Yes they can definitely be overwhelming um You know politics and the LGBTQ+ population.

I feel like every day there's some new headline?

I'd love to hear from you.

How do you see politics playing a role in health equity for the L G B T Q plus community, but L G B T Q plus community, um we've always been politicized and so it's always been a challenge to take our selves out of political sphere.

And so there is this rub between the public and private space, like what you can do in private and what you can do in public and who can regulate that.

Um and so often, and from a political perspective, we think that people have a right to privacy and to make their own decisions, but then you and that government shouldn't come and interfere with private decisions and and family decisions.

But then, like when you have things like the bill out of texas that tries to punish parents for providing gender affirming care to their Children and private spaces in their own homes and families that it's going against the message of not wanting government to come into that space.

But then you also have like that, don't say gay bill.

And as we call it, um in florida where they want parents to have the right to make decisions for their Children and their Children's education.

And so it's a mixed message because now you're wanting to empower parents to make decisions for their Children.

and so in one respect, we're empowering parents and the other respect, we're taking power away from parents and it's it's dizzying and it's unfortunate that the target of these political conversations are transgender young people or um um LGBTQ students.

So we're talking about a really small percentage of the population that is being politicized and these are the most vulnerable young people that are prone to having bouts of depression um and negative thoughts when these conversations happen in the media.

And so as you have parents trying to do their best to grapple with these issues to except their child, what we've been wanting parents to do from the beginning and now that parents are doing and now they're being again punished for it.

It's just it's it's tiresome.

And so with the equality Movement, even back from the stonewall days and before the 1960s, we've been taking This three pronged approach um like activism militancy to just, you know, make our voices heard about the changes that need to happen to make these institutions work better for us, like these health care institutions, um educational however, but then also um providing education to the public about what it really means to be from the LGBTQ+ Community.

So coming out, um letting folks know like really there's there's there's nothing to worry about all you, all the message that you've heard that are bad and horrible and negative about LGBTQ Plus people um is incorrect and we're just like you I need to say that we have to go and see it that way.

But then that third prong is really just providing social services to um folks within the LGBTQ plus community because we've had to take care of our own if you will who are um older and less and less fortunate and and poverty and and all that and aren't able to access access mainstream um services and so we've been had to provide social services and so this has all been done um in a political environment when we would otherwise not want it to be.

But that is the environment that we've always been in and um it's really Discerning that in 2022 we've kind of just wrapped the rhetoric has been ramped up um a couple of notches just for political cloud at the end of the day.

Mm hmm.

And I am uh fearful of the psychological impact of that rhetoric that we're seeing in the media.

You talked about, you know um with people who identify as being bisexual.

This need for belonging and that they don't have that sense of belonging and that is a human need that every human being has and yet this is a population, the LGBTQ+ population is one who has always struggled with belonging in certain ways.

Um And so I'm really horrified really by how politics plays a role in that.

Um And the psychological impact of that.

And you can just kind of I mean I'm sure you could watch data of people's moods based on what's going on in the media that cause anxiety and depression, et cetera.

Yeah, there's been research done that shows um how conversations in the media impacts um the LGBTQ+ community and particularly by young people um even from my colleagues and friends and when we're having conversations were just exhausted because you're always having to explain yourself, you're always having to prove that you're worthy of being loved and accepted.

Um while, you know, it's just like people just misunderstand everything about you because for decades surgically these negative messages about who you are and it's just um it's a lot.

But you know, again, that's why we're here doing this work because we're trying to make the world better for people in general and the people who are coming up the the young folks who don't yet have a voice.

Um so, you know, that's that's what gets me going and keeps me motivated despite any challenges that come up, I know that I have an opportunity to make um change to be part of the overall movement and part of the process is to to make things better.

And so I just, it makes me feel good when something positive happens for us and I just think that, wow, like someone somewhere is going to be able to benefit from that and it's not about them even knowing how it got there, just knowing that if it makes it easier for them at school or um getting access to medication or insurance coverage for their transitioning.

Like it just, it makes you feel good that um, you can make a difference.

So it sounds like you do see a change and you are seeing the the needle move in a positive direction this two.

Yes.

And we always have to, we can never be complacent.

And so Over the past 20 years, um, specifically the LGBTQ+ movement has had great advancements.

Um, some of the biggest quickest um, social justice advancements um, compared to any other movements.

And so what has really built a lot around um, the civil rights movement and using a lot of the tactics and strategies um, from that.

But we've been able to make some great strides in certain parts of the country is particularly here in Nevada.

But when we come across the fact That there has been three 100 anti LGBTQ plus bills that have been introduced across the nation, which is like the most in history, we have a long way to go that it's never ending.

And even when you think that, okay, we have these sort of big things like marriage equality and um workplace nondiscrimination that there are forces um that are trying to take our rights and dignity away which are backed by millions of dollars.

And so we often have a really big fight ahead of us.

But again, that's that's why we're here?

Mm hmm.

Yeah.

And I I I hear you about can never be complacent as well as the exhaustion, right?

Like there's like this ongoing battle and fight just for basic rights.

Um that continues to be a battle, Right?

That there's three 100 bills introduced right now.

That's huge.

And um heartbreaking to me.

Yes, me too.

Me too.

And it's it's heartbreaking to these young people um and the parents and family that support them.

Um, but despite all that we have it to where most of the country um, feels positively about the LGBTQ plus community despite these challenges.

So, um, there's some light at the end of all these tunnels.

Yeah.

And just with, I mean the topic of health equity in and of itself is a very complex topic with multiple layers.

And then were, you know, as we dive into specific populations, then there's a multitude of additional layers there.

And so I think this conversation helps to highlight some of those.

Yeah, it's it's important when um, folks like yourself have spaces for the LGBTQ Plus conversations because there are often times when you can be around the table and there are policy decisions or practice decisions being made and people kind of overlook the LGBTQ+ component and sometimes it's not intentional.

It's just that no one's there to represent or to raise their hand um and say, hey, what about this population here?

So when we're able to have conversations with folks like yourself, you know, it's just really appreciative that you're expanding.

Um, the conversation, so always grateful.

So I thank you to that.

Yeah, I mean, I just, I look at it from an awareness raising perspective and so being able to have a conversation with you so that you can shine a light on these things is hugely important.

So thank you for showing up and sharing, sharing with us absolutely yourself and your perspective.

Um, you mentioned one bill, are there any other bills that you're working on for this next, next legislative session?

Uh, that have to do with health equity.

Yeah, we passed a comprehensive HIV modernization bill last session and there were about 10 states across the country that we're working on bills.

So essentially, um, HIV criminalization, HIV criminalization is when um, someone is criminalized for otherwise legal behavior just because they are living with HIV.

And so that could be, if someone is um in a sexual relationship with someone and that other person can say like you intentionally try to transmit HIV to me.

And often there wouldn't have to be any proof to that just the fact that someone made the claim would be enough for someone to be arrested.

And so, um, what that does is prevents people from wanting to get tested to even know if they're living with HIV.

Um, we know that if people know that they are living with HIV they're less likely to spread it to someone unintentionally.

Um But then also when people are living with HIV and they are criminalized or at risk of being criminalized they can have a negative health impact on them as well.

So um we have passed the comprehensive bill last year and just gonna have a cleanup bill to make sure there weren't any unintended consequences from the bill.

Um One thing that we're going to be looking at is um those who are sexual assault survivors making sure that like there's a rub between making sure sexual assault provider survivors don't have to jump through additional hurdles when they're going through the process of getting treatment and um finding out if they're exposed STIs, STDs, Ex sexually sexually transmitted infections or diseases.

But then also what about someone who is living with HIV?

Maybe their levels are undetectable and they can transmit HIV but then they are forced to go through a process simply because they're living with HIV.

So there's these these sort of things that we have the um a little bit more mindful of.

So we're gonna be looking at that um for the next session.

And then another bill is uh care for transgender inmates and so that can look like them having access to um hormones or just being um uh placed in an environment that matches their gender identity which can affect their physical health and safety amongst other things related to access to hygiene um kids.

So those are bills that two bills that we're going to be working in addition to the gender affirming care bill.

And I'll just note that the gender affirming care bill and the transgender bill for inmates or two pieces of legislation that didn't pass last session here in Nevada.

But these are similar um efforts that are happening across the nation.

And so, um, as a quality movement, we are really trying to focus more on the experiences of transgender folks and their health equity.

Wow, that's um huge work and such important work.

I just think about the people whose lives will be impacted when those get past someday.

So that's huge.

Thank you.

I'm looking forward to it.

So as we wrap up André is there anything else that you feel is important for our listeners to know?

I I think that if people are listening to this conversation, they probably are already aware or curious about LGBTQ plus folks and wanting to um provide better services.

And so I think it's just that cultural intelligence.

It's an honor.

It's a journey.

It's an ongoing learning experience that can be quite interesting to learn about different people and how they experience the world.

And so if folks are listening to this um conversation, um, there are many other conversations and resources to, to look into and access and have conversations with folks in your neighborhood, in your community.

Said to learn about um other individuals and their experiences because there are some really interesting folks with some interesting backgrounds that can really provide um learning um to help us on the job with providing better care and access to folks.

Yeah.

One thing that I think is a common theme that we're hearing throughout this season is the importance of listening to other people about their stories and to um listen without judgment and to practice acceptance and that curiosity.

So that was just highlighted again for me, it really is this common thread that we're seeing throughout this season.

So thank you.

Awesome.

Good.

Well again, just thank you for showing up today and sharing um everything that you've been working on and thank you for um I feel like a crusader in this field and uh I hope that that you also get rest along the way too.

So yeah.

Yes, rest is important.

Thank you for the reminder.

It's been my my pleasure.

Thank you.

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