



BC ASSOCIATION OF

Community Response Networks

Stopping Adult Abuse and Neglect ...Together.

The Story of the LOVE CRN: How did the magic happen?

*Seniors Aging OUT: Health and
Community Working Together for Safe
Communities for LGBTQ2s+*

Updated to: February 28, 2018

Agenda

Part 1: Seniors Aging OUT

1. Where did we start? What is the issue?
2. Where have we been? Where are we now? Where are we going?
 - a) IH Training Initiative – Nicole Tremblay
 - b) BCCRN's Community-based Project
3. What are some of the findings?

Part 2:

1. The LOVE CRN (Follow the pulse of the community)
 - a) Why intergenerational? Why intersectional?
 - b) Where are we now? Where are we going?

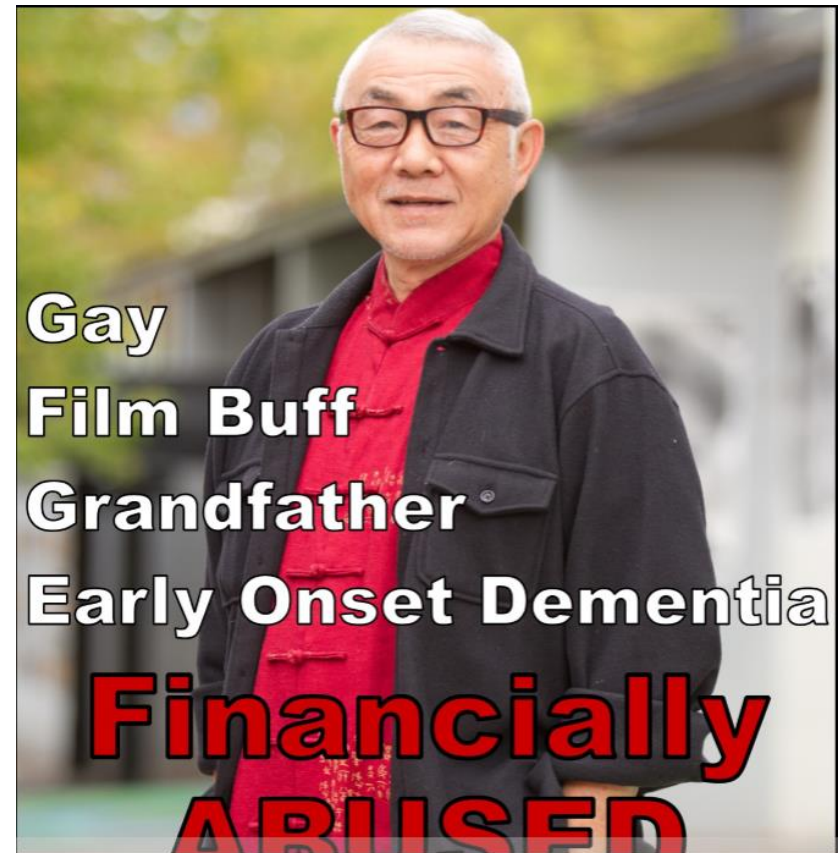


Where did we start? Island Town Hall in Victoria

Feb. 3, 2016

- 1 of 6 in province
- SFU's Gerontology Research Centre – Gloria Gutman (Surrey Youth for Change / Quirk-e)
- Partners
 - Island Health – Adult Protection
 - BCCRNs

www.sfu.ca/lgbteol.html



What is the issue?

- <https://www.youtube.com/watch?v=fV3O8qz6Y5g>
- **Vera & Zayda's story (low technology alternative)**

What is the issue - Scenario?

Scenario 1




Two friends of mine, Vera and Zayda, had been together for 58 years. When Vera's Alzheimer's became too much, Zayda moved her to an assisted living facility. Zayda could barely trust family or neighbors with the truth, let alone strangers, so she and Vera became "sisters." Much later, after Vera's death, Zayda needed to move into an assisted living facility herself. She had many, many photos of the love of her life, but dared not display them in her new home. The other residents would talk about husbands, children and grandchildren, but she felt too vulnerable to tell the truth. Zayda was in hiding and terribly isolated.

**Participant story from 'Stories from the Field'*

What can we do for Zayda?

Parallelism: Seniors Aging OUT & Island Health LGBTQ2S Projects



LGBTQ2S Seniors

(Lesbian, Gay, Bisexual, Transgender, Queer, 2-Spirited)

Providing Inclusive Care in Island Health

Nicole Tremblay, MSW, MPA

What does LGBTQ2s+ mean?

- **Lesbian, Gay, Bisexual, Transgender, Queer & 2-spirit (IH: LGBTQ2s)**
- The **+** incorporates queer questioning, gender fluid, asexual, pansexual, non-binary, ...
- We include allies or supporters of members of these communities
- LGBTQ2s+ seniors are diverse people from many backgrounds; not readily identifiable

What is the history?

LGBT Seniors' Experiences

- o Mentally ill
- o Criminal
- o Immoral/Perverted
- o National security risk
- o Threat to “the family”



Four primary reasons we are talking about this now

1. Demographics
2. Invisible in many parts of the Island – we don't ask (too risky); IH doesn't collect data
3. Infrastructure weak to non-existent (lack of data)
 - a) Community – youth sector more proactive; older adult sector missing in action
 - b) IH - Competing priorities, e.g. cultural safety in the FN / Indigenous context, electronic health records, seemingly endless reorganizations, staff turnover, ...
4. LGBTQ2s+ more likely to age alone
5. Older adults may return to the closet because of stigma; because they do not feel safe

- Younger Canadians are far more likely to say they are lesbian, gay, bisexual or transgender than older Canadians, with 10% of those aged 18 to 34 answering the question with a “yes,” compared to 2% or 3% in the four older age categories.

SOURCE: FORUM Research Poll commissioned by National Post, July 2012

- In 2013, a Qmunity volunteer visited all of the residential care facilities in White Rock and the surrounding area and each facility said that none of their seniors were LGBTQ. (Mirrors the Vancouver Island experience in 2017!)

SOURCE: Qmunity.ca Aging Out Project

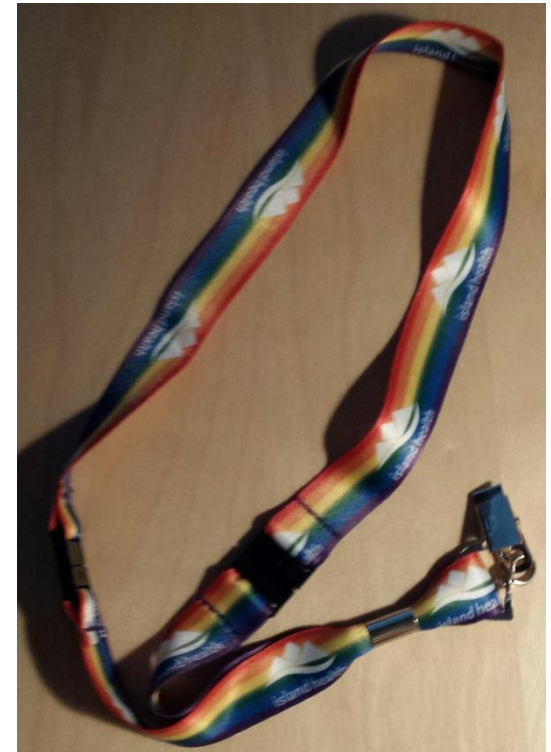
Where have we been? Island Health Initiative

- Created LGBTQ2s Advisory
- Toolkit to support leaders to implement policy, practices, programs
 - Includes curricula, brochures, lanyards ...
- Developing face to face education module
- Showing Gen Silent in community
- Delivering presentations to groups of health professionals, e.g. Gerontological Nurses
- Preparing for Island Health wide in-house training – including visible, welcoming spaces with rainbow lanyards
- Focusing on services that support clients where they live – residential care, home and community care

Where are we now? Island Health Initiative

- Prioritised residential care for initial training
- Piloted the education module in 4 workshops in a Victoria area residential care facility
- Piloted the workshop in a combined community / IH workshop in Nanaimo
- Evaluating (refining materials) and planning

(Nicole.Tremblay@viha.ca)





LBGTQ2s Aging Issues

Who are LBGTQ2s Seniors?

Lesbian, Gay, Bisexual, Transgender, Queers and Two Spirited (LBGTQ2s) Elders on Vancouver Island are a diverse group of seniors who come from many different backgrounds.

This cohort has experienced a lifetime of discrimination and marginalization that has many seniors in the community feeling anxious about the loss of independence and increased health care needs that can accompany aging.

We can make a difference. By learning about the experiences and needs of this population and proactively making our services safer and more inclusive, we can ensure that LBGTQ2s seniors receive the type of care that welcomes and affirms all of who they are.



Although there is limited research about LBGTQ2s seniors, several themes have emerged from the research that does exist:

- ◆ **Isolation:** Many LBGTQ2s seniors do not have the informal support networks of children and extended families that their non-LBGTQ2s peers enjoy.
- ◆ **Health disparities:** Higher rates of disability have been noted in older LBGTQ2s populations relative to non-LBGTQ2s peers.
- ◆ **Resilient:** Despite the challenges they have faced, LBGTQ2s seniors forge onward with resilience, living full lives and building strong communities.
- ◆ **Anxious about healthcare:** Several recent reports have documented the anxiety that LBGTQ2s seniors feel about increased care needs related to aging and how they will be treated by service providers and peers in the health care system.

Quote from participate in LGTBQ2s seniors research project *Stories from the Field*

"Two friends of mine, Vera and Zayda, had been together for 58 years. When Vera's Alzheimer's became too much, Zayda moved her to an assisted living facility. Zayda could barely trust family or neighbors with the truth, let alone strangers, so she and Vera became "sisters." Much later, after Vera's death, Zayda needed to move into an assisted living facility herself. She had many, many photos of the love of her life, but dared not display them in her new home. The other residents would talk about husbands, children and grandchildren, but she felt too vulnerable to tell the truth. Zayda was hiding and terribly isolated."



Stock image

Where have we been? BC CRNs Seniors Aging OUT Initiative

- Nanaimo-centred working group
- Initial consultation July 2016
- IG partnership: Brechin United Reaching Out & Crimson Coast Dance Society



Where have we been – Pre-project? Creating the Team

- Most members from “away” – social justice folk
- Broader team / partners: people from all generations – LGBTQ2s+ and allies
- Core team: those willing to show up (8-10 at each meeting; 15-16 regularly contribute)
- Support every member to offer best skills – librarian, sex educator, nurses, social workers, community volunteers, students, ...
- Hands on support for IG component: recognize needs for younger people re: work, school, parenting, ...

Where have we been – Phase 1? Setting Goals & Priorities

1. LGBTQ2s+ seniors feel safe to come out: welcomed and included, not just tolerated.
2. Isolated seniors are supported in ways that work for them.
3. LGBTQ2s+ programming is readily available and supported in community.
4. Broadly available resources (print and web) support LGBTQ2s+ seniors in communities large and small across the province.
5. LGBTQ2s+ seniors free from abuse and neglect.

Where have we been – Phase 2?

Discovery: Creating our Workplan

1. Pre-Project Activities (Summer 2016)

Roundtable discussions with community members (aged 15 to 80+ years old) through BC's Community Response Networks (CRN).

Youth perform *Young and Queer: Here and Now* at 18th Annual Infringing Dance Festival in Nanaimo.

Older adults from Brechin United's Reaching Out, Crimson Coast Dance, and others join in dialogue.

We learn an intergenerational approach introduces even more energy and ideas!

2. Discovery Phase (Now to Summer 2017)

- Engage with community to gather stories on LGBTQ2+ seniors and accessing health services on Vancouver Island.
- Produce project plan, develop materials and programs.

3. Implementation (Summer 2017 onward)

- Launch materials and programs through Vancouver Island-based CRNs.
- Gather feedback for ongoing improvements.
- Determine sustainability plan.

We Need Your Input

There is little research on LGBTQ2+ people and their experiences accessing service.

Most agencies do not collect data on how seniors describe their gender identity or sexual orientation.

Few service providers educate their staff and volunteers on the needs of this particular population.

If you identify as LGBTQ2+, or are a family member or friend of someone who does, your stories will help us better understand the health landscape for this community.

We will take all measures to ensure your privacy and confidentiality.

Contact us to arrange an

Where have we been - Phase 2?

Seniors Aging OUT Branding

What does LGBTQ2+ Mean?

LGBTQ2+ means **L**esbian, **G**ay **B**isexual, **T**ransgender, **Q**ueer, and **2**-spirited. The "plus" (+) incorporates other possibilities like queer questioning, gender fluid, asexual, and pansexual. We also include allies or supporters of members of these communities.

LGBTQ2+ seniors are a diverse community of people from many backgrounds.

The Challenges Facing this Community

LGBTQ2+ elders have lived through times of legal and social discrimination that have left some individuals feeling isolated and afraid. When seeking support, particularly health and community services related to aging, many people in this population fear identifying themselves as LGBTQ2+.

LGBTQ2+ seniors are not immediately visible: some have become adept at hiding their identity to feel safe.

SENIORS AGING OUT

What can we do to ensure the health and wellbeing of LGBTQ2+ and develop safe communities for this population?

Seniors Aging OUT Project

Safe Communities for LGBTQ2+.

Contact: **Jane Osborne**
Regional Mentor, Central Island
Email: jane.osborne@bccrns.ca
Tel: 604.363.5370

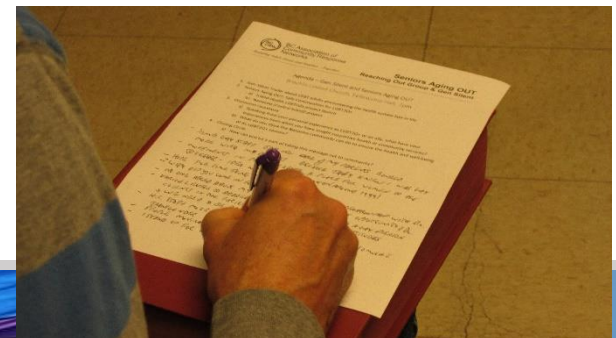


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Stopping Adult Abuse and Neglect ... Together.

TELL US
YOUR
STORY.

Where have we been?

- Discovery (Phase 2: Nov 2016 – June 2017)
 - Talking to each other, sharing our personal histories and knowledge
 - Developing community outreach teams & plans
 - Preparing additional materials for initial outreach, e.g. posters, press release, presentation
 - Developing partnerships



Where have we been – Phase 3 Implementation: The Magic Begins



Where have we been?

Leveraging (Local) Partnerships

Learning how to grow and value partnerships / learning ourselves

- “*Value of networks*” - If others can do it for you or want to work with you, encourage them (project team members, SWs, Mental Health Clinicians, RJ facilitators, police, academics, community members)
- Train your team – especially when working with communities who have been traumatized
 - Experiential learning in safe containers, e.g. “Building the Village”, grounded circle processes, RJ
- Train partners – adjust curriculum to targets

Where have we been - Implementation? Leveraging Partnerships

- Partnerships (selected examples):
 - Our Cowichan Community Health Network – Island Health, municipalities/regions, Divisions of Family Practice, community agencies, EPIC
 - Seniors Connect (CI) Project (NFLA)
 - Discovery College – CSW Program
 - Origin at Longwood (residential care)
 - Trans Care (2-Spirit & LGBT)
 - Nanaimo Association for Community Living
 - Youth Advocates Network members

Origin at Longwood: Campus of Care

Independent / Assisted / Long Term Living



Origin at Longwood: April 4th Meeting Results

- Campus of care – independent living through long term care (incl. couples care)
 - Willing to partner in an experiment to make Origin a community leader in welcoming and inclusion
- Action Planned:
 - Policies:
 - Transgender (LGBTQ2s+) policy for staff and residents
 - (Medical marijuana and assisted dying on list of needs)
 - Targeted staff education – all roles
 - Resident awareness raising (Gen Silent screening)

What have we been doing? Connecting with Future Partners

- Partnerships (selected) cont'd:
 - Robert Beringer – Royal Roads
 - PhD Dissertation: An exploration of the non-metropolitan rewards and challenges of aging among older gay men
 - Victoria Lesbian Senior Care Society
 - Nanaimo Association of Family Living
 - NFLA: Seniors Connect
 - Community Health Services - South Nanaimo Team (under development)
 - Restorative Justice – RJ Victoria, Ladysmith CJP, Nanaimo John Howard Society Restorative Justice Program

Where have we been? / Where are we going?

- Outreach Activities
 - Screenings of Gen Silent (selected)
 - Reaching Out (May 3)
 - Film Societies – Cowichan, Nanaimo
 - Prime Timers Nanaimo
 - Seniors Connect Nanaimo
 - Private residential care & home care providers
 - Staff training – Origin, NACL, Nurse Next Door, ...
 - Events
 - WEAAD events centred on LGBTQ2s+ INR presentations
 - Nanaimo, Campbell River & Victoria Pride events



Who are we? Some local stories

Seniors Aging *OUT*: Safe Communities for LGBTQ2+



Seniors Aging OUT is a grassroots project that envisions Vancouver Island communities, including LGBTQ2+ people, in all aspects of community life. Currently, there is little data and research on the unique aging needs of this population.

We are asking lesbian seniors to volunteer their stories to help us understand their experiences accessing health and community services. Or, complete our online survey @ www.bccrns.ca. We will respect your privacy and confidentiality.

Contact: Jane Osborne, jane.osborne@bccrns.ca or 604.363.5370.

The Story of HawkOwl

- 90-years old, lesbian (“she thinks”)
- PhD in theatre trained at three different universities, worked in the Philippines, Japan, US and Canada
- Retired from UBC after 16 years as a student and then a professor
- Studied Physiotherapy in Cold Mountain, Esslen and Oregon. Worked as a therapist for 12 years and retired at age 70.
- Artist who creates ceramic sculptures of ancient goddesses, animals, owls, ...



The Story of HawkOwl

- Calls herself a “discreet” lesbian
 - Out with her doctor when in relationship; otherwise, “Why would I be?” (different for gay males)
- The Academy hasn’t always been welcoming of women – her story one of gender-based abuse framed by patriarchy and capitalism
- Her life’s direction largely a reaction to being told what “she couldn’t do as well as a man”
 - “My brother was expected to get an education and have a career. I was expected to do something more traditional for women, like become a kindergarten teacher.”



The Story of Marty

- 55-year-old transgendered person
 - Preferred pronouns she/her
- Husband for over 30 years in a marriage with 2 children
- Always felt inside that she was female
- A year ago her wife said, *"I think it's time that you became on the outside who you really are inside."*
 - Marty saw this an invitation to come out of the closet and live her authentic self



The Story of Marty

- Marty began a transition
 - She began to dress differently and feel authentic for the first time in her life
- What happened next?
 - One day, she heard her wife on the phone saying, “He’s coming, he’s coming, he’s going to kill me!”
 - The RCMP arrived and arrested her on charges of domestic violence
 - She was released with conditions, e.g. “no contact bond”
 - She lived in her truck for 3 or 4 months outside Tim Hortons
- Where is she now?
 - Charges were dismissed
 - Living in community with a friend and driving cab, member of Pflag Nanaimo, Reaching OUT, and LOVE CRN




- **LGBTQ2s+ Community Needs Healing**
 - Older gay males hugely impacted by homophobia, criminalization, the AIDs crisis; many perceive their plight as worse than other LGBTQ2s+ (examples)
 - Stereotypes/labels used by some groups of LGBTQ2s+ trigger others – very **diverse** community
 - Diversity is both an asset and a liability – need to negotiate the minefield of “victim Olympics” and find common interests
- **Goal: LGBTQ2s+ Welcoming & Inclusive Communities**
 - **Safety** the dominant need: must address this need before moving to bigger goals
 - **Privilege** a barrier: between many LGBTQ2s+ members in their full diversity

Segue: Cultural Safety in Two-Spirit and LBGTQS2+ Context

- Multifactored – complexity beyond anything I imagined
- Layers of trauma from residential school experience combined with the LGBTQ2s+ experience
- Divisions between indigenous identities and First Nations (naming is very important)
- Other cultural factors at play:
 - Strength of connection to culture
 - Coastal vs interior, urban vs rural
 - Education, employment, income level

TALKING TWO-SPIRIT


JOIN THE CONVERSATION



*LGBTQ/Two-Spirit First Nations and Aboriginal
Community Engagement Meetings.
Meal provided*

Tuesday 21 March 2017 – 5:00pm – 9:00pm
Tsilicun Leifum Aboriginal Society – Health Centre Building, Great Room
602 Halliburton Street, Nanaimo, BC
More meeting venues across Vancouver Island. See the website!

Register or for more info visit:
<https://transcarebc.engagement.eventbrite.ca>
Or text/call Patrick +1 (778) 837 - 4172

 **TRANS CARE BC**
Provincial Health
Services Authority

Concept of Two-Spirit

- Each unique First Nation, aboriginal or indigenous community is in different phases of development around the concept of Two-Spirit and LGBTQS2+
- Meet the community where it is and honour that place
- Work together towards healing when invited to do so

The Genderbread Person

by www.ItsPronouncedMetrosexual.com

Identity
Woman — Genderqueer — Man
Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Expression
Feminine — Androgynous — Masculine
Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Sex
Female — Intersex — Male
Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation
Heterosexual — Bisexual — Homosexual
Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their assigned gender in relation to your own.

Concept of Two-Spirit

- Two-Spirit is organizing strategy and not an identity[^]
- The term of Two-Spirit does not make sense unless it is contextualized within Native framework/community
- Two-Spirit within a traditional setting was a gender analysis and not a sexual orientation
- Today, most people associate the term with LGBTQI Natives; however, the work of the Two-Spirit organizations is more akin with the traditional understanding*

[^]Pruden, 2015 *Jacobs, Sue-Ellen, 1997

Intersectionality: A Definition

Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations, e.g., 'race'/ethnicity, Indigeneity, gender, class, sexuality, geography, age, ability, migration status, religion. These interactions occur within a context of connected systems and structures of power; namely, laws, policies, governments and other political and economic unions, religious institutions, media, etc. Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created.



Collective vs Individual Trauma and Safety

- Individual risks for abuse and trauma:
 - Gender, sexuality, age, religion, race, education, income level, place ...
 - Privilege conferred by membership – difficult to understand what is invisible to you
- Collective (whole tribe) risks for abuse & trauma, e.g.:
 - Gay males criminalized and persecuted
 - Residential schools / cultural genocide
- Work in the field of vulnerable adults requires a trauma-informed lens
 - Shift the message from “What’s wrong with you?” to “What happened to you?”

Why Intergenerational?

- Intersectional lens – many variations even in older adult population
- Western cultures separate and silo and that impedes cross-generational learning; First Nations and many eastern cultures different
- Intergenerational = older and younger adults and youth (often served by different providers)
- We have learned so much from younger LGBTQ2s+ (Crimson Dance, Youth Advocates Network, VIU students, high school students, TransCare)

Why Intergenerational?

As witnessed after Parkland, the kids are more than all right

DOUG
SAUNDERS

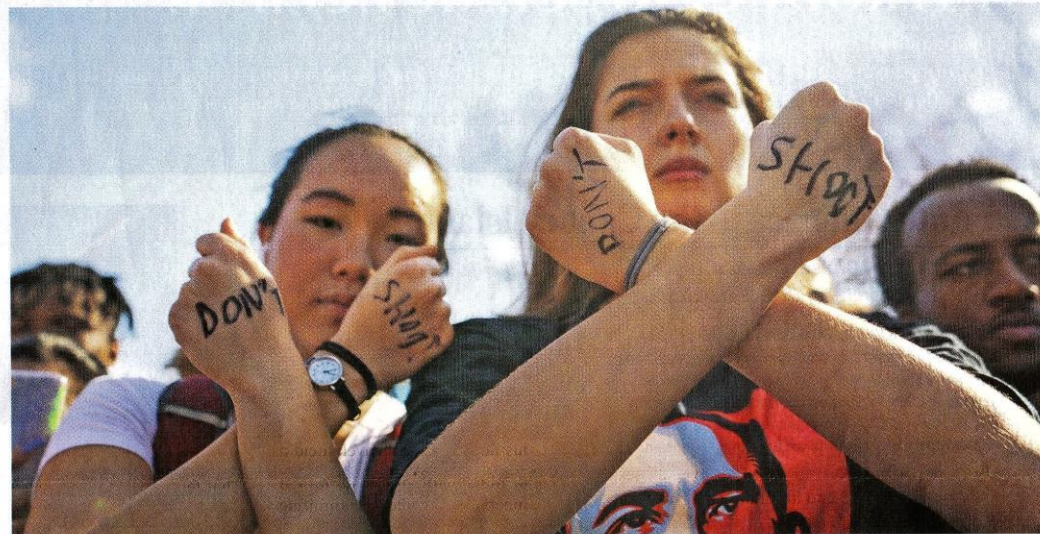
OPINION



Kids who were born in the 21st century are now old enough – some of them – to vote, to wed, to fight for their country. And this week it became apparent that they are mature and thoughtful enough to speak for themselves on a national stage, to challenge those who would dismiss or belittle or define them, to scorn and humiliate those who would do nothing for their pain and to rise collectively against the forces that are threatening their lives and their safety.

The Parkland teens have become the defining face of the post-millennial generation. It is not just that something about this entire cohort seems to be captured by those kids at Florida's Marjory Stoneman Douglas school who watched their classmates die at the end of a legal assault rifle. Their instant decision to speak out on social media in the midst of trauma, to march on their capitals and to organize what might become the first successful U.S. gun-control movement of our time encapsulates the best of the post-2000 kids.

But this is more than a perception. The experiences of young people today are measurably different. What's distinctive about this century's children, in the United States and Canada and much of Europe, is that their lives are defined by a more ethical intimate life and far lower rates of abusive, unhealthy or



Students take part in an anti-gun rally in Washington on Wednesday. This century's children – in the United States, Canada and much of Europe – are defined by a more ethical intimate life and lower rates of unhealthy, self-damaging behaviour than any group of teenagers since measurement began. ERIN SCHAFF/THE NEW YORK TIMES

dropped dramatically every year – from almost 120 cases per 1,000 teenage girls in the early 1990s to 40 in 1,000 today in the United States, according to the Guttmacher Institute, with similar rates in Canada. And this wasn't because of access to abortion; over the same period, the proportion of teenagers who had abortions fell even more sharply, from 4 per cent to little more than 1 per cent today.

Rather, teen pregnancy has plummeted because teenagers today are, by every available

they are avoiding casual sex in favour of stable relationships. And they're embracing consent like nobody before: The proportion of teenagers who say their first sexual activity was "unwanted" has dropped by more than a third in the past 15 years. Condom use is higher than ever before and teen rates of chlamydia, gonorrhoea, syphilis and HIV are at record lows – especially among marginalized minority youth.

"Today's teens aren't just more responsible about sex than

in teen sexual ethics and safety has coincided with the near-universal availability of pornography online; while free porn can't be credited with this great rise in sexual maturity, it hasn't done any harm.

This rise of teenage ethics isn't just in sex, as major CDC surveys show. Only six in 10 teenagers today say they have ever consumed alcohol, down from eight in 10 in the 1990s (data in Britain and Canada show even sharper declines); use of marijuana among teens, despite far wider

fallen by almost 50 per cent in 25 years. The proportion who've ever been in a physical fight has fallen in half, to 22 per cent. Even use of bicycle helmets and seat belts among teens are at record highs. And, tellingly, the proportion of teens who've carried a weapon on school property has fallen by more than 65 per cent; only 4 per cent of current U.S. teens have ever brought a knife, club or gun to school.

This could create a generation of socially conservative prudes, or Parkland-style activists for a

Our Obligation is twofold:

1. Understand our Privilege Profile

- Privilege accrues from our set of unique cultural characteristics and experiences
- Privilege needs to be seen in the context of where we live and work, e.g.
 - Are you part of the dominant culture?
 - What is your class, financial capacity, education?
 - What are the systemic factors affecting you?
- **Take the privilege quiz**
 - What did you learn?

2. Do the work needed to bring our authentic selves to the table

- Continue to do the self-work required to integrate and understand our personal history – collective and personal traumas
 - Understand and manage our triggers (self-care)
 - Recognize our limitations and seek support from others to keep on exploring possibilities
- Be willing to expose our vulnerabilities as well our strengths – both are assets
 - “Take the risk even if my voice quavers and my eyes tear.” (Nicole Tremblay, Island Health)

Evolution of the LOVE CRN

Seniors Aging *OUT*: Safe Communities for LGBTQ2+



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Contact: Jane Osborne, jane.osborne@bccrns.ca or 604.363.5370.

Finding the Magic: Following the pulse of the community

- When offered an opportunity, grasp it and see where it takes you; if you start to feel like you are pushing water uphill, stop!
 - Island Health, Reaching OUT, Youth Advocates Network
- Use whatever existing vehicles are in place – community health networks, health coalitions, seniors networks, youth networks,
 - Go to other people's parties, respond to their requests
- Collaborate – it works much better than competing
- Step aside when the time is right and let the next generation of leaders step up to the challenge

LOVE CRN: Where are we going?

- Living OUT Visibly and Engaged CRN
 - <https://www.lovecrn.ca/>
- Decision to apply for a Community Wellness Grant & a BC CRN special project grant create, pilot and publish a curriculum called, “Improving Health and Social Services for Sexual and Gender Minority Seniors”



LOVE CRN: Following the Magic

- How is the magic unfolding?
 - Academic partner: VIU Nursing Program (feelers out to VIU SW)
 - Community partners: Origin, NACL, Seniors Connect
 - Island Health – Nicole Tremblay
- Why is it happening?
 - Capitalizing on our assets – core of nursing and health expertise
 - Training the incoming cadre of medical professionals, team leaders, etc.
- What else is happening?
 - Nicole Tremblay and I working on the non-academic curriculum



How to help:

- o Don't assume everyone is heterosexual and cisgender!
- o Use neutral language to “make room” for everyone (And if you don't know – ASK!)
- o Engage in reflective practice and explore assumptions
- o Learn about health disparities and health care needs in LGBTQ2s communities
- o Challenge homophobia and transphobia when you see it/hear it. Become an ally!

?

How does this story of CRN development inform possibilities for your communities?

How can you find the magic in your community?

How can we reap the benefits of the LOVE CRN experience and stay true to the magic?