WELCOME

Quality Improvement for LGBTQ+ Health Training

L.A. Care
HEALTH PLAN®

For All of L.A.
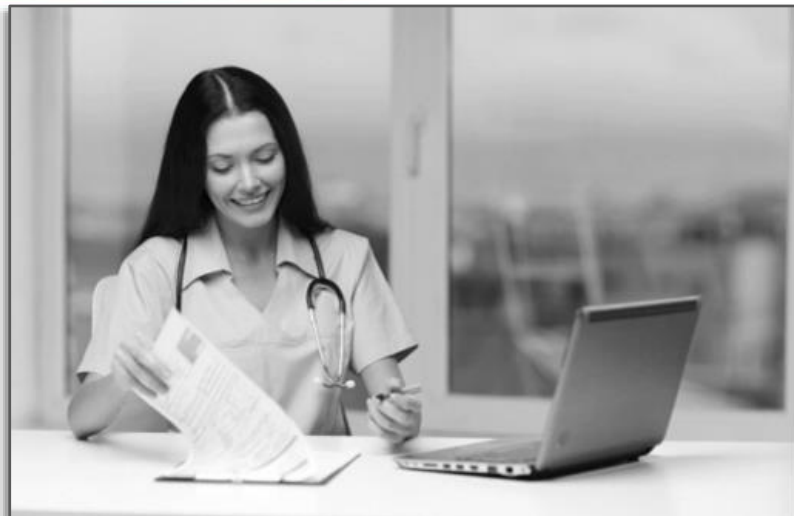
CALL: +1-415-655-0002

ACCESS CODE: 2492 217 2588

Attendee ID: Each attendee has their own unique ID.

*Select the I will "call in" option, a window will open with the call in number, access code, and your attendee ID

Everyone is *automatically* **MUTED. . .**
Please communicate via the CHAT feature

Please type your question/comment here and click "Send".

Send

We will begin at 12:00 PM PST

Thank you

Housekeeping

- Attendance and participation will be tracked via log-in.

- Webinar is being recorded.

- Questions will be managed through the Chat.

- Send a message to the Host if you experience any technical difficulties.

- PPT will be disseminated.

L.A. Care Health Plan

- Why is L.A. Care Health Plan doing this now?

    - L.A. Care Health Plan serves over 2.5 million members all with diverse backgrounds and identities.

    - We can't address health equity without learning, reflecting, and taking action ourselves as a health plan in order to better serve our communities.

- What has L.A. Care Health Plan done to drive Health Equity?

    - L.A. Care created principles on social justice and systemic racism (included member and board approval)

    - Partnering with community based organizations

    - Equity Council Structure

    - Continuously improving on inclusive messaging when outreaching

L.A. Care | Health *Equity*

Poll time!

1. What role do you have in your organization?
- ❑ Physician
- ❑ Nurse
- ❑ Community member
- ❑ Front/back office staff
- ❑ Health Equity Staff
- ❑ Quality Improvement
- ❑ IPA Leadership
- ❑ PPG/MSO
- ❑ None of the above

2. Have you attended an LGBTQ+ Health Training before?
- ❑ Yes
- ❑ No

Meet our speakers!

Meghan Delehanty is a Sales Strategy & Performance Lead with Blue Shield of California. She specializes in negotiating the intersection of clinical care access and healthcare cost containment. Meghan's background includes working in the LGBTQ+ community in Los Angeles as the former Quality Improvement manager of the Los Angeles LGBT Center. She is a frequent conference speaker making appearances as the IHI conference, IHQC, and other local and national events. She's a masters-prepared registered nurse, and is certified as a Clinical Nurse Leader, Public Health Nurse, and in HIV/AIDS care.

Pronouns: she/her/hers

Lindsey Morrison, MHA, is a Process Architect in the Office of Performance and Transformation and is the creator and co-chair of the Keck Pride LGBTQ+ employee resource group. She has spoken/taught on LGBTQ+ identity and issues for ~20 years. At Keck Medicine of USC, Lindsey has provided ~3100 hours of LGBTQ+ Health-related training across the USC health system. In addition, she has spoken about LGBTQ+ health issues and improvement strategies at local, state, and national conferences.

Pronouns: she/her/hers

Sexual Orientation and Gender Identity (SOGI)

Presented by:
Meghan Delehanty, MSN, RN, PHN, CNL, ACRN
Pronouns: she/her/hers

What is SOGI?

- Sexual Orientation and Gender Identity (SOGI)
  - Sex assigned at birth
    - Female, Male, Intersex
  - Gender identity
    - Female, Male, Genderqueer, Non-binary, Trans Male, Trans Female, etc.
  - Sexual Orientation
    - Bi, Queer, Lesbian, Pansexual, Gay, Straight, etc.
  - Gender Expression
    - Gender Neutral, Feminine, Masculine, etc.
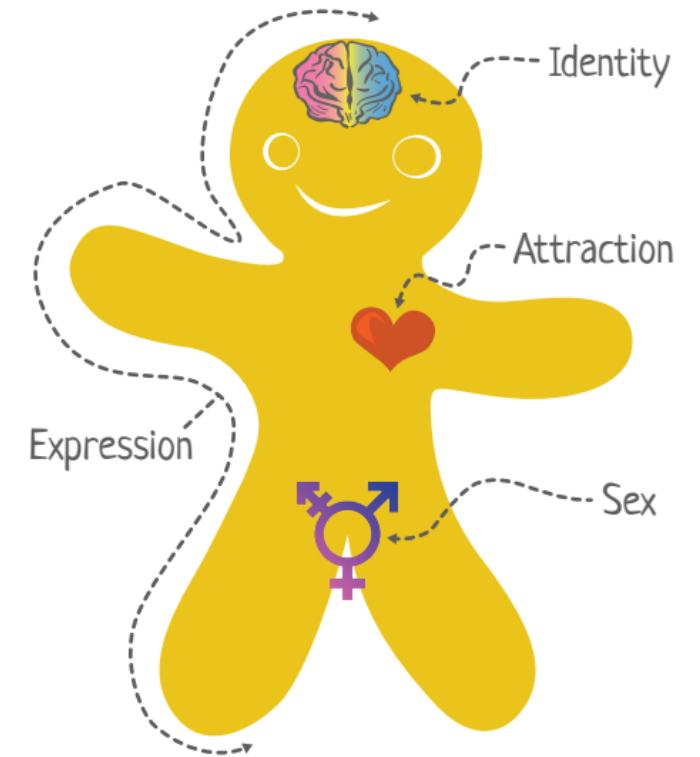
Key SOGI Data for QI

- **Birth Sex** (sex assigned at birth)
- **Identifies As** (gender identity)
- **Pronoun** (gender expression)
- **Sexual Orientation** (sexual orientation)
- **Administrative Sex** (typically for insurance purposes)
- **Preferred Name** (used by patient, not always on ID)

HEDIS Considerations

- Gender-Based Measures

  - Breast Cancer Screening

  - Cervical Cancer Screening

  - Chlamydia Screening

  - Osteoporosis Testing and Management in Older Women

  - Non-Recommended Cervical Cancer Screening in Adolescent Females

  - Non-Recommended PSA-Based Screening in Older Men

HEDIS Considerations

- Outreach
  - *Safety:* Mail, Text Messages, Phone, Parents
  - *Respect:* Pronouns, Deadnames
  - *Trust:* Historical Mistrust of Healthcare Institutions
  - *Success:* Need for key screenings like depression, follow up after mental illness visits, drug use, tobacco screening

How to get SOGI Data

- Via Phone

- Via Registration Forms

- Via Claims Data

  - Exclude members with diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9

- What changes and what doesn't?

- What is relevant to the conversation?

Thank you!
Questions?

Meghan Delehanty, MSN, RN, PHN, CNL, ACRN

Meghan.Delehanty@blueshieldca.com

Health equity means increasing opportunities for everyone to live the healthiest life possible – including those who have been most marginalized or historically been excluded from mainstream society

We cannot achieve health equity without addressing LGBTQ+ health needs

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Sexual Orientation and Gender Identity (SOGI)

- **Everybody** has a sexual orientation and a gender identity
- Terminology varies, and can depend on the time, context, environment, and people using them
- **Understanding how a person self-defines their sexual orientation and gender identity is important to delivering compassionate care**

Sexual Orientation
How a person characterizes their potential emotional and sexual attraction to others

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Gender Identity
A sense of one's self as a man, woman, non-binary person, or other identities

Breaking Down Binaries: Sexual Orientation and Gender Identity (SOGI)
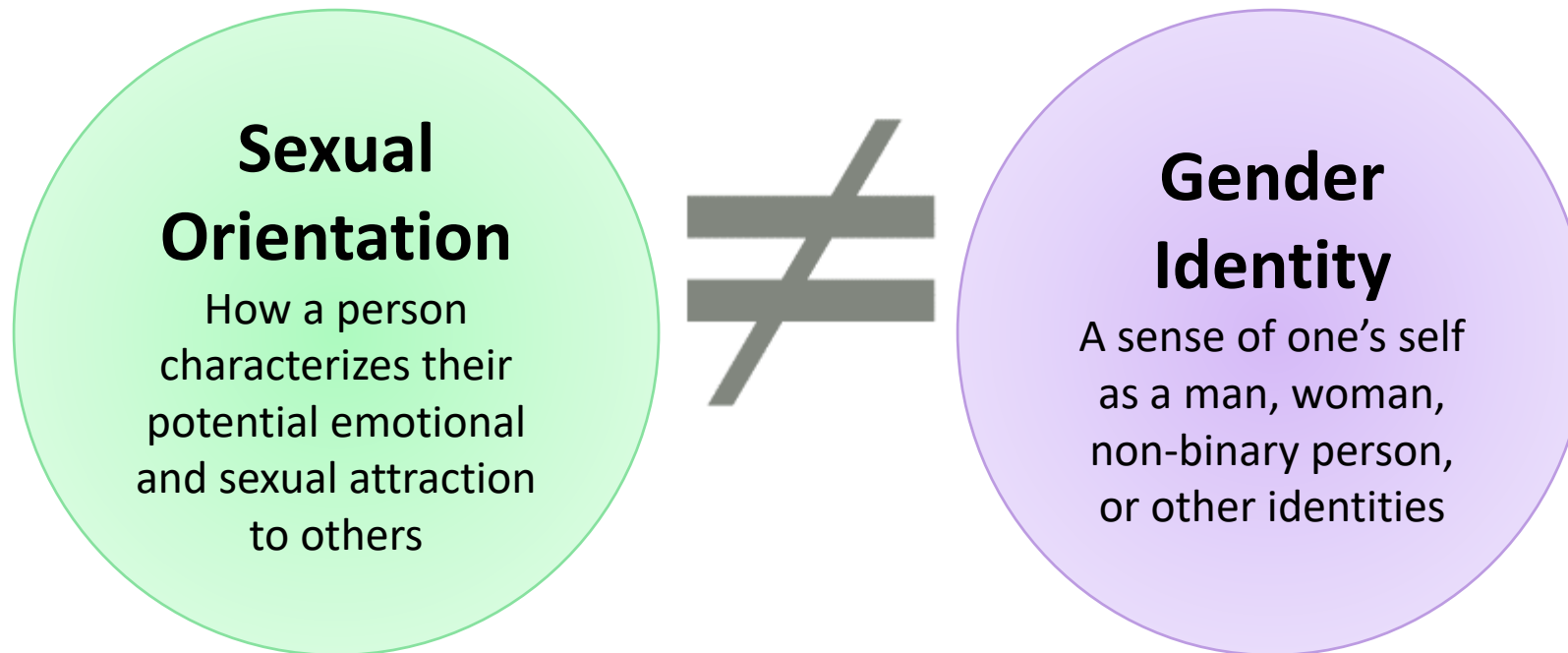
Common SOGI Misconceptions:
Only 2 Categories

Sexual Orientation	Straight	Gay
Sex Assigned at Birth/ Gender Identity	Male/ Man	Female/ Woman
Gender Expression	Masculine	Feminine

- Binary: something broken into 2 distinct categories ("either/or")

- Many of us grew up learning that these categories/boxes are separate and opposite

- But attraction, gender identity, and gender expression are complex and multifaceted

- Challenge yourself to identify when binaries are being presented in health care

LGB(T) Population

Americans' Self-Identification as LGBT (by Generation, Gallup 2021)	LGBT	Straight/ Heterosexual	No Opinion
Generation Z (born 1997-2002)	20.8%	75.7%	3.5%
Millennials (born 1981-1996)	10.5%	82.7%	7.1%
Generation X (born 1965-1980)	4.2%	89.3%	6.5%
Baby Boomers (born 1946-1964)	2.6%	90.7%	6.8%
Traditionalists (born before 1946)	0.8%	92.2%	7.1%
Total	**7.1%**	**86.3%**	**6.6%**

LGB Identity Breakdown

- Other 4.3%
- Gay 20.7%
- Lesbian 13.9%
- Bisexual 56.8%
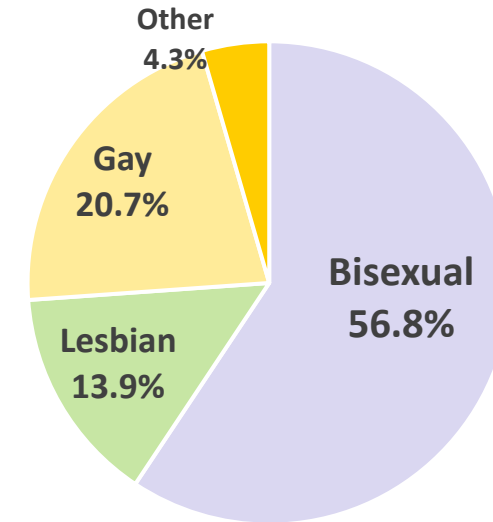
In majority of sexual orientation data, bisexual people consistently make up **50+%** of LGB community, but experience highest rates of discrimination and health disparities

Higher numbers of people feeling comfortable to self-identify as LGBTQ+
Higher numbers of "outside the binary" identities
➤ 15% of "Gen Z" population identifies as bisexual (including pansexual)

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Transgender Adult Population

~0.7%

of American adults are transgender

- National population-based surveys do not collect gender identity data

- 2020 Census: only options were "male" or "female" (no option for transgender or non-binary selections)

- Very difficult to accurately assess transgender population based on survey designs

"If you're not counted, you don't count"

Gender Identity: ~35-40% of the trans population are non-binary

Gender Identity

Other 3%
Non-binary 35%
Transgender Man 29%
Transgender Woman 33%

http://www.ustranssurvey.org/reports
https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/
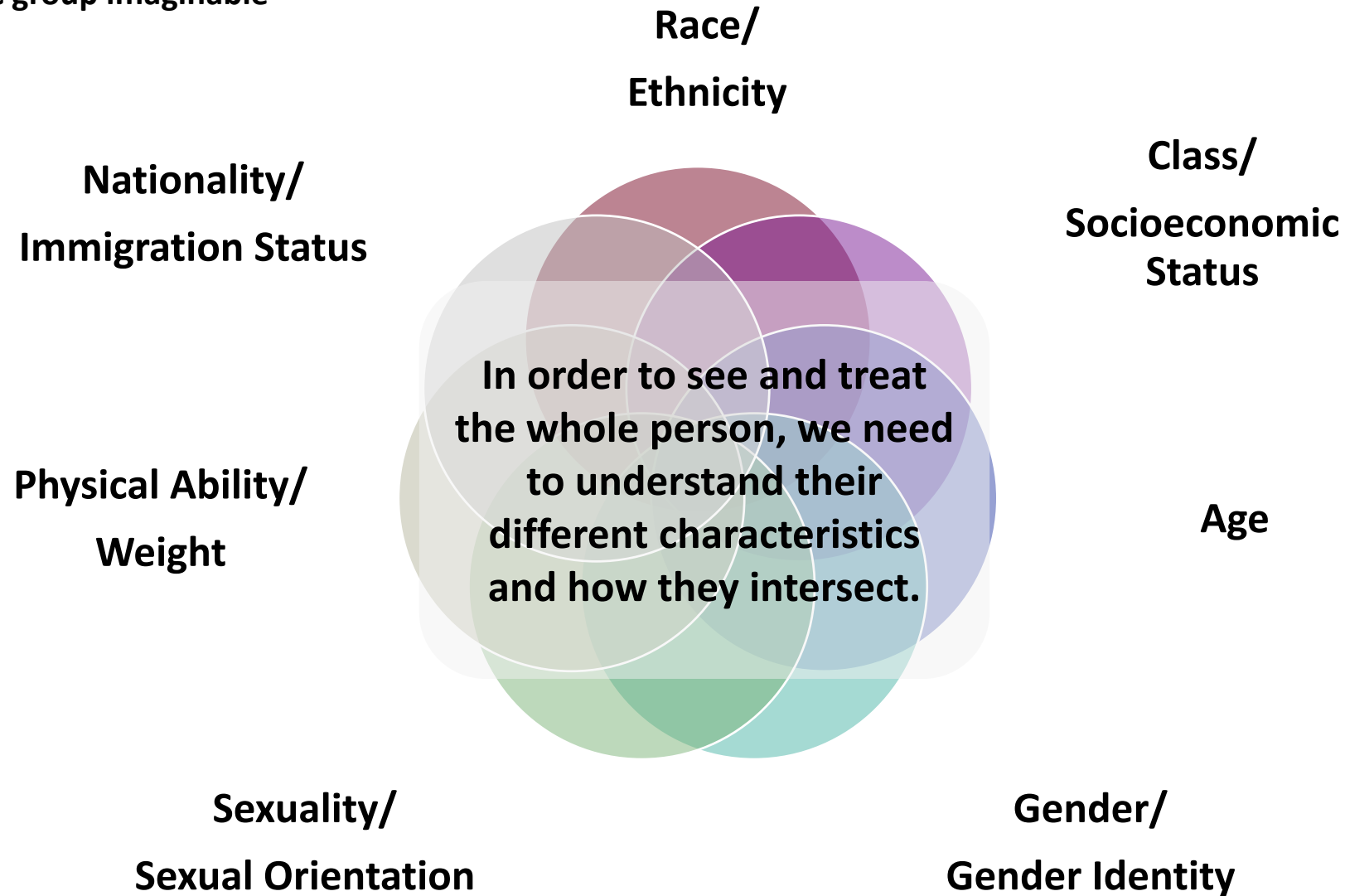https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx *(released 2/17/22)*

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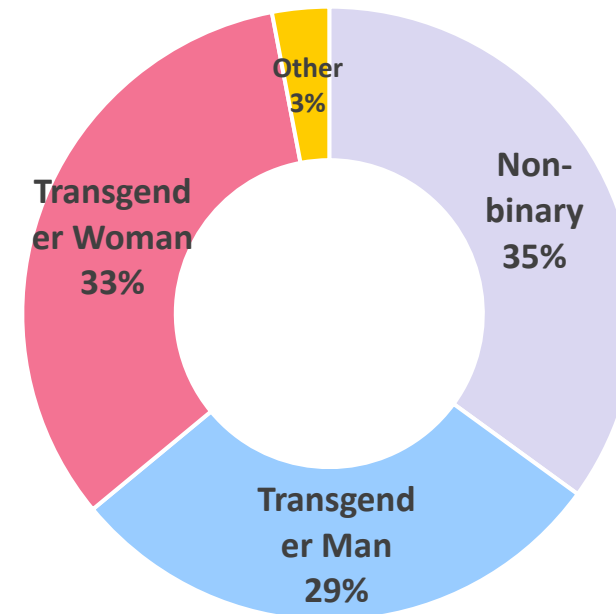
Intersectionality

Not a monolith: there are LGBTQ+ members in every racial, ethnic, economic, and other demographic group imaginable

Race/
Ethnicity

Class/
Socioeconomic
Status

Nationality/
Immigration Status

Physical Ability/
Weight

In order to see and treat the whole person, we need to understand their different characteristics and how they intersect.

Age

Sexuality/
Sexual Orientation

Gender/
Gender Identity

Term coined coined in 1989 by Kimberlé Crenshaw
https://www.cjr.org/language_corner/intersectionality.php
This is NOT a comprehensive list of characteristics

Racism/ Colorism

Xenophobia

Classism

Ableism/ Sizeism/Anti-Fat Bias

Ageism

For each individual characteristic, there is a system and history of privilege/power to establish and uphold "the norm" – shows up in systems and policies

Heterosexism/ Homophobia/Biphobia

Sexism/ Transphobia

LGBTQ+ People and Healthcare Discrimination

Many LGBTQ+ people have difficulty finding health care where they feel included and accepted

Healthcare Discrimination:

- Refused needed health care
- Refused to touch or used excessive precautions
- Blamed for health status
- Harsh or abusive language
- Physically rough or abusive treatment

Lifetime Healthcare Discrimination

56%
of lesbian, gay, and bisexual respondents

70%
of transgender respondents

Fear of Different Treatment by Medical Personnel

29%
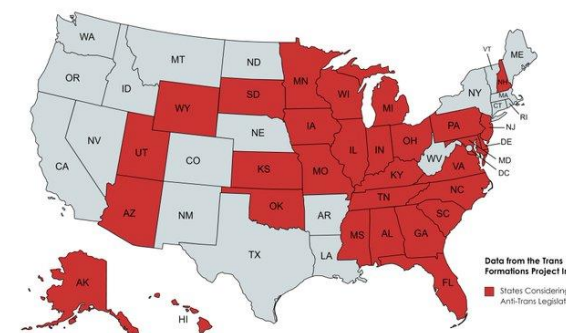of lesbian, gay, and bisexual respondents

73%
of transgender respondents

What are Health Disparities?

"Health disparities are **preventable differences** in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by **socially disadvantaged populations**"

A.I.D.S.: WE NEED RESEARCH, NOT HYSTERIA!

2022: 30/50 states considering anti-LGBTQ legislation

Data from the Trans Formations Project Inc.
States Considering Anti-Trans Legislation

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Health Disparities in the LGBTQ+ Community

Higher rates of HIV and STIs

Highest rates of substance use

Higher rates of anxiety and depression

Higher rates of suicidal thoughts/ attempts

Higher rates of certain types of cancers

Higher rates of smoking/tobacco use

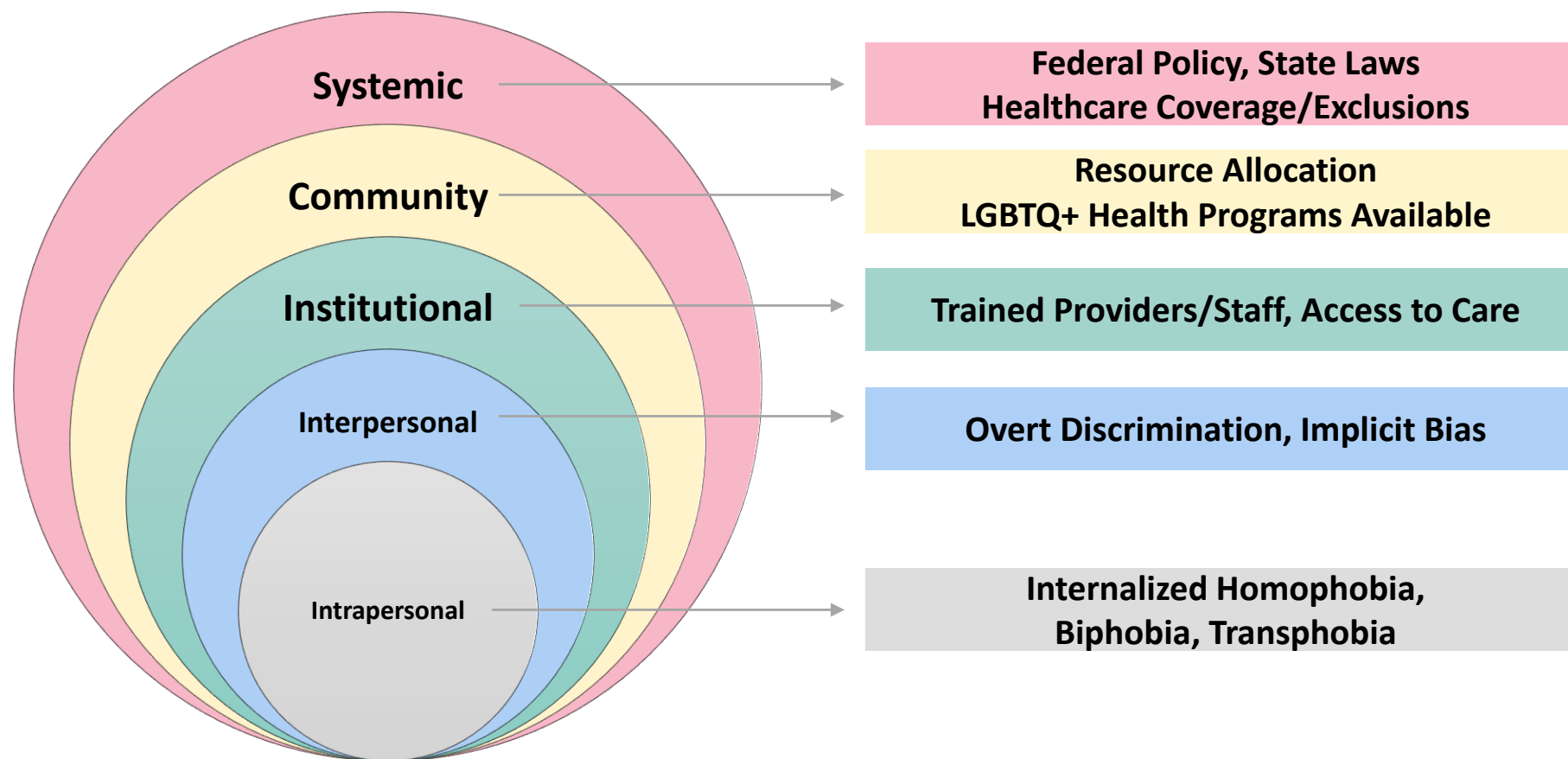Higher risk of being impacted by COVID-19

More likely to have a disability

More likely to be unhoused

The LGBTQ health disparities on this slide have been documented in the Institute of Medicine's Report: The Health of LGBT People: Building a Foundation for Better Understanding, and in Healthy People 2020.
https://williamsinstitute.law.ucla.edu/publications/covid19-health-lgbt-ca/

LGBTQ+ Health Disparities Linked To:

➢ Lower access to preventive care

➢ Fewer health screenings

➢ Less comfortable with providers for sensitive exams

➢ Lack of culturally sensitive providers

➢ Distrust of/mistreatment by medical system

➢ Higher unemployment and under-employment leads to less access to health insurance

➢ Higher rates of poverty

➢ Social stigma/discrimination

Remember Intersectionality

Highest rates of health disparities in multiple-marginalized populations: **women, bisexual, transgender, people of color, lower income**

How Are LGBTQ+ Health Disparities Caused and Reinforced?

Systemic → Federal Policy, State Laws
Healthcare Coverage/Exclusions

Community → Resource Allocation
LGBTQ+ Health Programs Available

Institutional → Trained Providers/Staff, Access to Care

Interpersonal → Overt Discrimination, Implicit Bias

Intrapersonal → Internalized Homophobia,
Biphobia, Transphobia

How can we address LGBTQ+ community health needs while treating people as unique individuals? Cultural Humility framework! ☺

https://www.cdc.gov/healthyyouth/disparities/index.htm
https://www.health.com/mind-body/lgbtq-health-disparities
https://www.rwjf.org/en/blog/2018/06/practicing-cultural-humility-to-transform-healthcare.html
https://doi.org/10.1353/hpu.2010.0233

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Language Matters

Our language reflects our assumptions – we often make split-second assumptions about a person's gender, background, and relationships, outside of our conscious awareness, and that comes out in the words we use when referring to others

When we make assumptions, we put patients in a tough position – especially historically marginalized patients who experience high rates of healthcare discrimination.

How safe is it to correct the person responsible for connecting you with care you need? How do you decide when to speak up or not?

How can you avoid putting patients in the hot seat?

One way to avoid making accidental assumptions is to be thoughtful and intentional about using inclusive language

Inclusive Language: Using Gender-Neutral Terms

Using inclusive language with everyone signals that you welcome people with diverse identities, backgrounds, families, and relationships. By using gender-neutral, inclusive words, you create a welcoming atmosphere for people to tell you the terms that they use – then you can use those words respectfully moving forward.

- ✓ Person/People
- ✓ Individuals/Folks
- ✓ Everybody/Everyone
- ✓ Child/Kid
- ✓ Patient/Guest
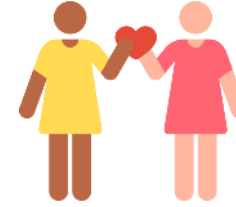
- ✓ Partner
- ✓ Significant Other
- ✓ Spouse
- ✓ Relationship
- ✓ What other examples can you think of?

Quick assumption check: what words came to mind when you saw these people?

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Pronouns Matter

Pronouns: the words people should use when they are referring to you, but not using your name.

Common Pronouns	Example
She Her Hers	She is scheduled for a booster. I asked her for directions. The belongings are hers.
He Him His	He is scheduled for a booster. I asked him for directions. The belongings are his.
They Them Theirs	They are scheduled for a booster. I asked them for directions. The belongings are theirs.

➢ Pronouns ≠ gender
➢ Cannot assume a person's pronouns based on their appearance, name, or voice
➢ A person may use multiple sets of pronouns (example: he/they)
➢ Most important: use what the person is comfortable with!
➢ Best way to find out: provide yours and ask respectfully

Pronoun Tip!

Anywhere you share your name, you can share your pronouns! Examples:

❑ Add your pronouns to your email signature

❑ Add your pronouns to your online profiles: Zoom, LinkedIn, Instagram, and other platforms have the capability to add and display pronouns

❑ Normalize sharing and respecting pronouns with everyone

Singular "They" Pronoun

Gender Pronoun

Some people use **"they/ them/ theirs"** as their personal gender pronouns – important to be respectful
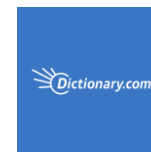
Unknown Gender

If you don't know someone's gender (or pronouns) yet, use **"they"** until you can find out

Generic Examples

Use **"they"** when talking about a generic person in a profession (e.g., doctors and nurses)

Practice until it comes naturally! ☺

Inclusive Language: Dos and Don'ts

Do:

- ✓ Avoid gendered words when speaking with someone for the first time
- ✓ Ask everyone the same questions about name, pronouns, and relationships
- ✓ Explain what pronouns are, and that you ask everyone as part of your standard practice
- ✓ Familiarize yourself with common pronouns
- ✓ Default to using "they" when talking about people you haven't met yet
- ✓ Practice with your colleagues, family, and friends to get more comfortable
- ✓ If you make a mistake, quickly apologize, correct yourself, and move forward
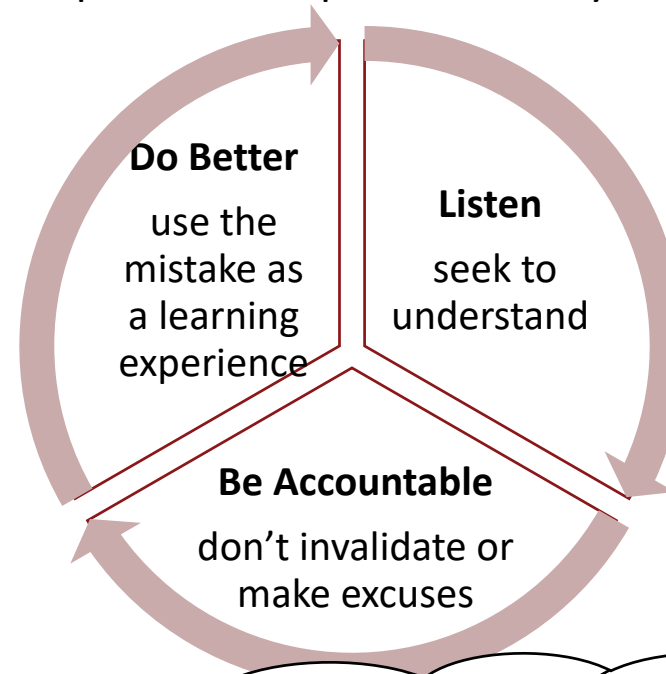
Don't:

- ✗ Use terms like "sir" or "ma'am" when you speak with someone for the first time
- ✗ Assume someone's gender or sexual orientation based on their voice, their name, or the way they look
- ✗ Require the other person to share their pronouns – they may not feel comfortable
- ✗ Only ask people their name/pronouns if you are confused
- ✗ Only use "they" when you are confused about someone's gender or uncomfortable with using other pronouns
- ✗ Over-apologize and dwell on your mistake

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Mistakes Will Happen

- Assumptions, stereotypes, and implicit bias are powerful – we will all make mistakes
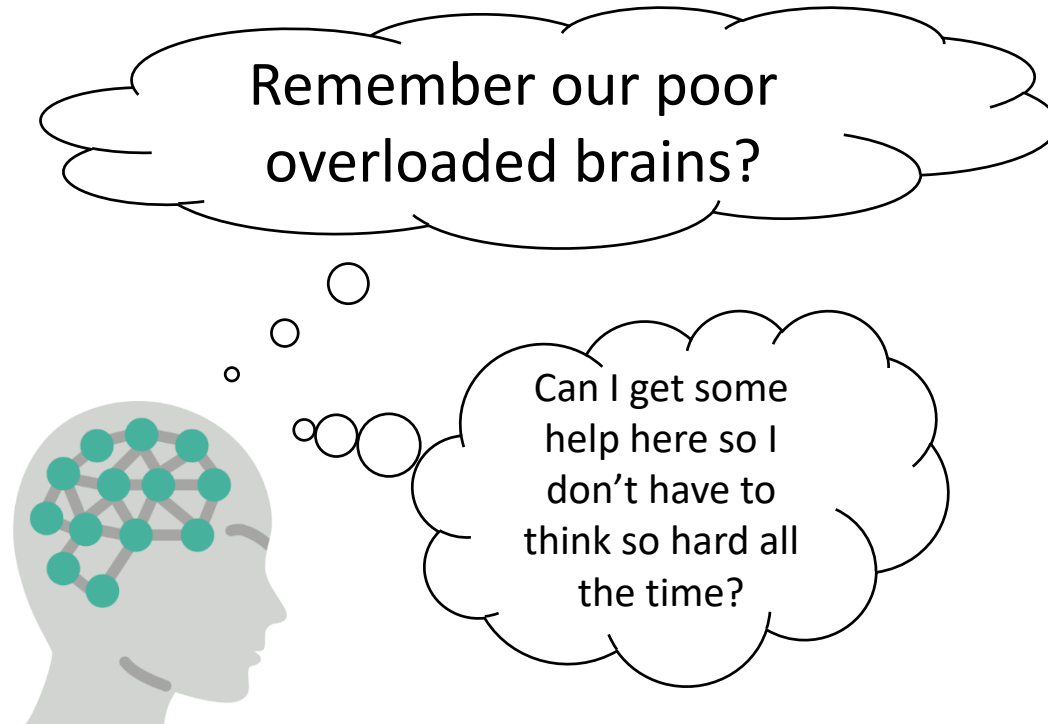- Common mistakes can hurt feelings or even put another person's safety at risk

"I'm sorry."

"I did not mean to disrespect you"

"Thank you for correcting me."

Do Better
use the mistake as a learning experience

Listen
seek to understand

Be Accountable
don't invalidate or make excuses

The more we practice and reinforce with our colleagues, the easier it will get to default to respectful, inclusive language

Not Just About Personal Responsibility

Remember our poor overloaded brains?

Can I get some help here so I don't have to think so hard all the time?

Structural support can help take some of the "weight" off our brains!

Having institutional reinforcements can help "hard wire" our inclusive behaviors

How can you identify and advocate for inclusive structural improvements as a health care professional?

Creating an Inclusive Health Care Experience:
## Consider the Patient Journey
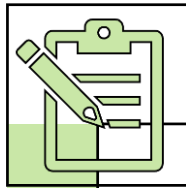
Online/Intake Forms

- Can patients identify what name and pronouns they want people to use?
- Are there more gender options than just "M/F"?
- Are forms capturing diverse relationship and family structures?
- Is there gender-neutral language around medical history?
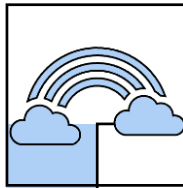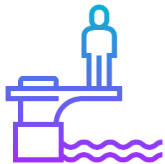
Health Care Environment

- Do LGBTQ+ patients see themselves reflected in patient education materials and images?
- Are there visible inclusion cues: Healthcare Equality Index logo, rainbow/trans flags, pronoun stickers/pins?
- Are supportive resources easily available for providers and staff?
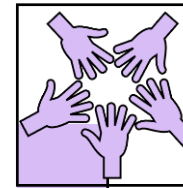
Building Inclusive Teams

- How are leaders encouraged to hire diverse staff and build training pipelines?
- Is the hiring and onboarding process LGBTQ+ inclusive?
- Are staff & providers receiving regular training to improve cultural competency & humility?

How can you help identify areas to create a more welcoming environment for LGBTQ+ people? How will you assess patient journeys and scenarios with an intersectional lens?

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LGBTQ+ Health Barriers Can Be Removed at Every Level, Too

Systemic → Advocate for LGBTQ+ Health Policies
Speak Out Against Healthcare Bans

Community → Partner with Local LGBTQ+ Organizations
Encourage Sponsorship, Support

Institutional → Create Inclusive Environment
Hiring LGBTQ+ Leaders, Staff, and Providers

Interpersonal → Avoiding & Challenging Microaggressions
Humble, Authentic Apologies

Intrapersonal → Challenge Your Own Internal Assumptions

Dive In: No matter one's own personal sexual orientation or gender identity, we can all take active steps to improve LGBTQ+ health equity

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Creating a Culture of LGBTQ+ Health Equity

➢ If you work in health care, you have power

➢ We are all empowered in our roles to ensure that everyone – patients, loved ones, guests, colleagues – can be their authentic selves

➢ No matter our role, we can continuously challenge ourselves to ensure our language and actions create a welcoming, inclusive environment

https://getplume.co/blog/what-are-gender-dysphoria-and-gender-euphoria/

35

Thank you!

Lindsey Morrison, MHA

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Resources Slide

Local:

- USC Libraries LGBTQIA+ Health and Cultural Competency Guide: https://libguides.usc.edu/healthsciences/LGBTQhealth
- Keck Medicine of USC Gender Affirming Care Program: https://www.keckmedicine.org/gender-affirming-care
- Los Angeles LGBT Center: https://lalgbtcenter.org/
- California LGBTQ Health and Human Services Network: https://californialgbtqhealth.org/

National:

- National LGBTQIA+ Health Education: https://www.lgbtqiahealtheducation.org/
- Human Rights Campaign: https://www.hrc.org/
- The Trevor Project: https://www.thetrevorproject.org/
- Center for Black Equity: https://centerforblackequity.org/
- World Professional Association for Transgender Health: https://www.wpath.org/
- Lambda Legal: https://www.lambdalegal.org/
- National Center for Transgender Equality: https://transequality.org/
- SAGE Advocacy & Services for LGBT Elders: https://www.sageusa.org/
- Joint Commission LGBT Guide: https://www.jointcommission.org/lgbt/
- CMS (Centers for Medicare and Medicaid Services) LGBT Partners: https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/LGBT.html

Questions?

Call to action:

How can your organization begin making actionable steps towards creating an inclusive and welcoming environment?