

The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



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LGBTQ+ CULTURAL COMPETENCY TRAINING PART 1

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PRESENTED BY:

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Wednesday,

May 3, 2023

12:00 pm – 1:00 pm ET

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the U.S. Department of Health and Human Services (HHS). A total of \$3,500,365, or 81 percent, of the project is financed with federal funds, and \$810,022, or 19 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.



WHAT IS INTEGRATED CARE DC?



» Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.

» The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).

To improve care and outcomes, the program focuses on three practice transformation core competencies:

- 1 Deliver **patient-centered care** across the care continuum
- 2 Use **population health analytics** to address complex needs
- 3 Engage **leadership** to support person-centered, value-based care

WHY PARTICIPATE IN INTEGRATED CARE DC?

- » Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.
- » Our coaching team includes primary care, psychiatric, addiction medicine, and behavioral health clinicians with deep expertise in integrated care models.
- » Educational credit (CE/CME) is offered at no cost to attendees for live webinars.
- » All DC Medicaid providers are eligible.



>> **Are you receiving
our Integrated Care
DC Newsletters?**

Check your inbox on the 1st and 3rd
Tuesday for the Monthly Newsletter
and the Mid-Month Update.



>> **Got ideas?**

Take this short survey to share
suggestions and requests for trainings.
www.integratedcaredc.com/survey/



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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A

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- » To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- » The American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 01/31/023 to 01/30/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.
- » **If you would like to receive CE/CME credit, the online evaluation will need to be completed.**
You will receive a link to the evaluation shortly after this webinar.
- » Certificates of completion will be emailed within 10–12 business days of course completion.

LGBTQ+ Cultural Competency Training Part 1

- >> Welcome and Program Announcements
- >> LGBTQ+ Key Terminology
- >> LGBTQ+ Cultural Competence: Why Does It Matter?
- >> LGBTQ+ Medical, Behavioral Health and Social Needs
- >> Sexual Orientation Gender Identity and Expression (SOGIE) Data Collection
- >> Addressing Underlying Cultural Biases and Providing Inclusive and Nondiscriminatory Care: Actionable Steps
- >> Closing Remarks/Q&A

LEARNING OBJECTIVES

1. Describe the terminology and differentiators related to sexual orientation and/or gender identity and expression (SOGIE).
2. Using cultural information and terminology to establish clinical relationships and create welcoming and inclusive environments for patients and their loved ones.
3. Becoming informed on the medical/behavioral health needs and health disparities among LGBTQ+ community.
4. Provide evidence of bias and discrimination in healthcare systems.
5. Share best practices for collecting/using SOGIE and health history data to improve primary, preventive healthcare, and patient experience.
6. Implement concrete, actionable steps to address underlying cultural and implicit biases, to provide inclusive and nondiscriminatory care for patients who identify as LGBTQ.



Photo by [Burst](#) on [Unsplash](#)

LGBTQ+ CULTURAL COMPETENCY TRAINING PART 1

- » **Sexual orientation** – a person’s identity in relation to the gender or genders to which they are sexually attracted (straight, gay, lesbian, asexual, bisexual, pansexual)
- » **Gender identity and/or expression** – internal perception of one’s gender; how one identifies or expresses oneself.
 - **Cisgender** – a person whose gender identity aligns with those typically associated with the sex assigned to them at birth
 - **Transgender** – an individual whose current gender identity and/or expression differs from the sex they were assigned at birth
 - **Gender Expansive** – an individual who expresses identity along the gender spectrum

Lesbian
Gay
Bisexual
Transgender
Queer or Questioning
Intersex
Ally or Asexual
+ All the other ways that people identify



Photo by [University of Central Florida \(UCF\)](#)

PERCENTAGE OF LGBTQ+ POPULATION IN THE US

» Approximately 13M LGBTQ people live in the U.S. (approx. 5% of pop.)

- Census Bureau's Household Pulse Survey indicates that the percentage may be closer to 8% or 20 million

» 1.4 million adults and 150,000 youth identify as transgender

- Census Bureau's Household Pulse Survey indicates that the number may be closer to 2 million

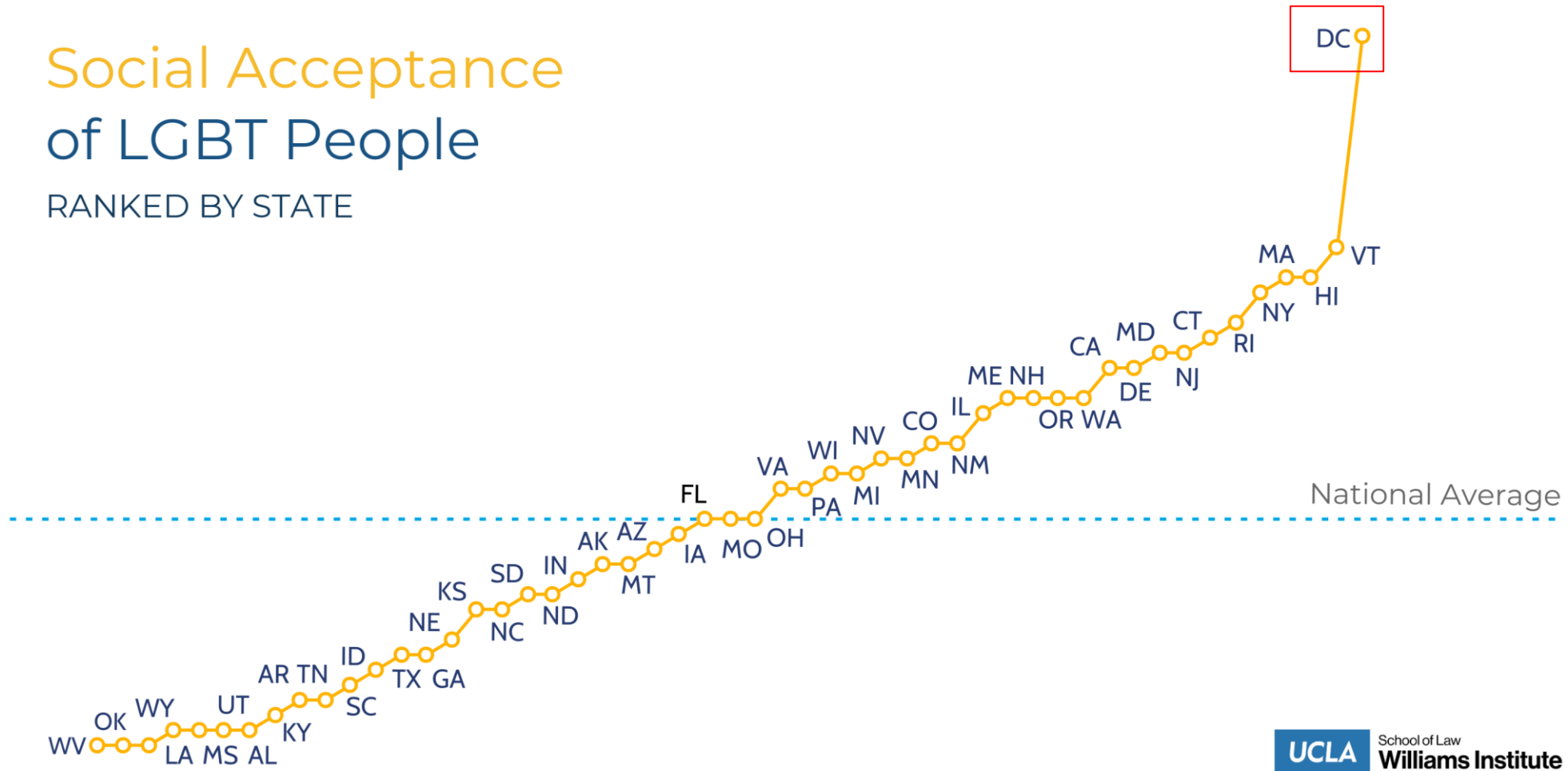
<https://www.hrc.org/press-releases/we-are-here-lgbtq-adult-population-in-united-states-reaches-at-least-20-million-according-to-human-rights-campaign-foundation-report>

1 District Of Columbia	9.8%
2 Oregon	5.6%
3 Nevada	5.5%
4 Massachusetts	5.4%
5 California	5.3%
6 Washington	5.2%
7 Vermont	5.2%
8 New York	5.1%
9 Maine	4.9%
10 New Hampshire	4.7%

WilliamsInstitute.law.ucla.edu

SOCIAL ACCEPTANCE OF LGBT PEOPLE

Social Acceptance of LGBT People RANKED BY STATE



SEXUAL ORIENTATION GENDER IDENTITY AND EXPRESSION (SOGIE) DATA COLLECTION BEST PRACTICES AND CHALLENGES

- » Create a physical environment in your practice that shows inclusivity. Posters, printed materials, welcome packets, signatures, provider profiles, etc.
- » Explain the “Why?”
- » Consider allowing the patient the opportunity to disclose any personal privacy considerations.
- » Add SOGIE data collection requirements to contracts with providers, mandatory training and expected competencies.
- » Flag missing SOGIE data: Develop discrete strategies to collect the data (oral inquiry only in long-standing, trusting relationships).
- » EHR – Allowing patients to enter their own SOGIE data in an online patient portal before getting to the clinic.
- » Create Internal and External Advisory Committees.

The EQUALITY Study revealed that approximately **80% of clinicians** believe patients would refuse to provide SOGIE [data], yet only **10% of patients** reported they would refuse to do so. Standardized collection of SOGIE is viewed as a step toward recognition as an individual as well as normalization of sexual and gender minorities (SGM) .



Photo by [Harvard Law School](#)

Haider AH et al. Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity : The EQUALITY Study. JAMA Intern Med. 2017;177(6):819–828. doi:[10.1001/jamainternmed.2017.0906](https://doi.org/10.1001/jamainternmed.2017.0906)

Sample Preface and Privacy Statement

>> **Why is my sexual orientation and gender identity information needed?**

- Simply Healthcare realizes that every member has a unique set of health needs. We feel that it is most important to respect an individual's choice about how to identify, and we would like to address you in the most respectful way based on your responses. These questions are asked of all our members, and most are completely voluntary.

>> **How do I choose the correct information?**

- There are no right or wrong answers. If you don't find an answer that exactly fits, choose one that comes closest. This information will help us give you the best care possible.

>> **Who will see this information?**

Your provider will see this information, and it will become part of your medical record. In addition to your provider, limited other staff will have access to this information. Your information is confidential and protected by law just like all your other health information. Thank you for taking the time to complete the registration form.

Sexual Orientation

Do you think of yourself as (Check one):

- ☐ Straight or heterosexual
- ☐ Lesbian, gay, or homosexual
- ☐ Bisexual
- ☐ Additional category (e.g., queer, pansexual, asexual). Please specify _____.
- ☐ Don't know
- ☐ Choose not to disclose

Gender identity

**What is your current gender identity?
(Check all that apply):**

- ☐ Female
- ☐ Male
- ☐ Transgender Woman/Transgender Female
- ☐ Transgender Man/Transgender Male
- ☐ Additional category (e.g., non-binary, genderqueer, gender-diverse, or gender fluid). Please specify _____.
- ☐ Choose not to disclose

**What sex were you assigned at birth?
(Check one):**

- ☐ Male
- ☐ Female

Were you born with a variation in your physical sex characteristics?

This is sometimes called being intersex or having a **Difference in Sex Development (DSD)**

- ☐ No
- ☐ Yes, my chromosomes, genitals, reproductive organs, or hormone functions were observed to be different from the typical male/female binary at birth and/or I have been diagnosed with an intersex variation or DSD
- ☐ I don't know

» One (1) in 58 people have a DSD or is intersex.

Intersex people are born with a variety of differences in their sex traits and reproductive anatomy, including differences in genitalia, chromosomes, internal sex organs, hormone production, hormone response, and/or secondary sex traits.

» To practice cultural humility in interactions with intersex patients, it is important for clinicians to listen with sensitivity to their patients and acknowledge that:

- Sex development exists on a continuum
- Human fetal development is complex
- An individual born with DSD may or may not identify as intersex or as LGBTQIA+



Photo by [Instituto Bernabeu](#)

- » **LGBT population presents poorer results, both in terms of physical and mental health, compared to the cis-heterosexual population.**
 - » Higher rates of mental health (MH) problems such as depression and anxiety
 - » Substance abuse (including the use of tobacco, alcohol, and other drugs)
 - » Suicide
- » **In lesbian and bisexual women:**
 - » Higher prevalence of osteoporosis
 - » Higher rates of colon, liver, breast, ovarian, or cervical cancers
 - » Higher proportion of this population are overweight or obese
 - » Lesbian and bisexual women have a higher risk of not having access to cancer screening services.

Lack of data for the bisexual patients has not allowed a wide understanding of their needs. They are frequently grouped in the 'homosexual' category.

>> **Gay and Bisexual Men**

- Higher rates of HIV transmission
- Viral hepatitis
- Sexually transmitted infections (STIs)
- Anal, prostate, testicle, and colon cancers
- Body image and eating disorders have been described

>> **Transgender Individuals**

- >> Specific needs related to the trans-specific body modification process
- >> High rates of self-harm
- >> High rates of suicide

Medina-Martínez J, Saus-Ortega C, Sánchez-Lorente MM, Sosa-Palanca EM, García-Martínez P, Mármol-López MI. Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review. *Int J Environ Res Public Health*. 2021 Nov 10;18(22):11801. doi: 10.3390/ijerph182211801. PMID: 34831556; PMCID: PMC8624572.

>> Transgender Population

- Greater discrimination and high rates of interpersonal violence, lack of medical insurance.
- Trans men and non-binary people with the capacity for pregnancy are often excluded from breast cancer screenings or gynecological/obstetric care due to medical staff wrong assumptions (biology)
- Labor exclusion and poverty may lead them into prostitution
- Black and Latin American trans women are the most affected and most susceptible to physical assault, sexual assault, and murder.

Medina-Martínez J, Saus-Ortega C, Sánchez-Lorente MM, Sosa-Palanca EM, García-Martínez P, Mármol-López MI. Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review. *Int J Environ Res Public Health*. 2021 Nov 10;18(22):11801. doi: 10.3390/ijerph182211801. PMID: 34831556; PMCID: PMC8624572.

Barriers to Care Among the LGBTQ+ Community

Invisibility	LGBTQ+ individuals are frequently overlooked, underserved and experience significant disparities accessing health care, preventive care and health outcomes.
Societal Discrimination	Sexual and gender minorities fear discrimination and bias in health care settings and may delay or avoid medical and preventive care.
Provider Bias	Difficulty finding providers who will treat them without passing judgment on their sexual orientation or gender identity or offer the services they need, particularly in rural areas. Some have difficulty finding providers who will treat them at all .
Insurance	Twice as likely to be uninsured vs. non-LGBT individuals.

<https://fenwayhealth.org/wp-content/uploads/1.-Key-Note-Advancing-Health-Equity-for-LGBTQ-People.pdf>

Kellan Baker & Laura E. Durso, "Why Repealing the Affordable Care Act is Bad Medicine for LGBT Communities," Center for American Progress, March 22, 2017,

<https://www.americanprogress.org/issues/lgbt/news/2017/03/22/428970/repealing-affordable-care-act-bad-medicine-lgbt-communities>

Brief of Ilan H. Meyer, PhD., and Other Social Scientists and Legal Scholars Who Study the LGB Population as Amici Curiae Supporting Respondents, Masterpiece Cakeshop v. Colorado Civil Rights Commission, No. 16-111 (U.S. 2017), p. 21-22.

Barriers to Care Among the LGBTQ+ Community

Isolation

Older LGBTQ adults are at higher risk of isolation.

Health Outcomes and Behaviors

Lesbian /bisexual women more likely to be overweight; more likely to forego preventive screenings; higher incidence of alcohol abuse; heightened risk of having multiple chronic condition.

Gay men, esp. Black & Latino men, higher risk of HIV/STDs.

LGBTQ individuals are more likely to be overweight, be depressed, report cognitive difficulties, and forego treatment.

Behavioral Health

Transgender people: high prevalence of HIV/STDs, violent victimization, mental health issues, and suicide.

<https://fenwayhealth.org/wp-content/uploads/1.-Key-Note-Advancing-Health-Equity-for-LGBTQ-People.pdf>

Kellan Baker & Laura E. Durso, "Why Repealing the Affordable Care Act is Bad Medicine for LGBT Communities," Center for American Progress, March 22, 2017,

<https://www.americanprogress.org/issues/lgbt/news/2017/03/22/428970/repealing-affordable-care-act-bad-medicine-lgbt-communities>

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DIFFICULTIES FOR LGBTQ+ YOUTH

- » 42% of LGBTQ+ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth.
- » More than 80% of LGBTQ+ youth stated that COVID-19 made their living situation more stressful — and only 1 in 3 LGBTQ+ youth found their home to be LGBTQ+-affirming.
- » LGBTQ+ youth who had access to spaces that affirmed their sexual orientation and gender identity reported lower rates of attempting suicide.



Photo by [Alexander Grey](#) on [Unsplash](#)

WHAT WORKS?

- » **Friends:** When Transgender and Gender Diverse (TGD) youth report having at least one supportive adult in their lives, their risk of suicidality decreases by 40%. (Trevor Project)
- » **Loved Ones:** TGD Youth report decreased depression and suicidality when people in their lives use their chosen names. (NIH)
- » **Healthcare Communities:** Develop/implement TGD-inclusive non-discrimination policies, presence and visibility of other TGD people, and access to affirming resources.
- » **Providers:** Access to physical and mental healthcare that is affirming of SOGIE: patient's chosen name and pronouns.
- » **Gender-Affirming Healthcare:** Access to puberty blockers, use of hormones consistent with gender, and medications to promote physical development.

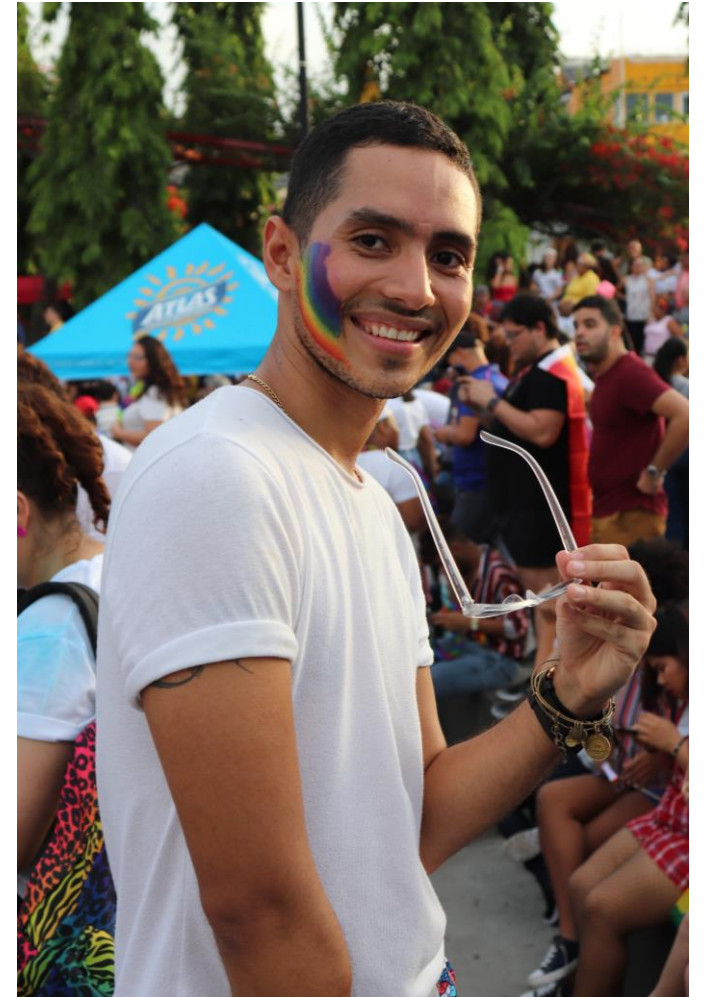


Photo by [First City Network](#)

Paceley MS, Ananda J, Thomas MMC, Sanders I, Hiebert D, Monley TD. "I Have Nowhere to Go": A Multiple-Case Study of Transgender and Gender Diverse Youth, Their Families, and Healthcare Experiences. Int J Environ Res Public Health. 2021 Sep 1;18(17):9219. doi: 10.3390/ijerph18179219. PMID: 34501809; PMCID: PMC8431416.

Q&A

REFERENCE LIST



- >> For young LGBTQ LIVES. The Trevor Project. (2023, February 27). Retrieved April 21, 2023, from www.thetrevorproject.org
- >> Haider AH, Schneider EB, Kodadek LM, et al. Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity : The EQUALITY Study. JAMA Intern Med. 2017;177(6):819–828. doi:10.1001/jamainternmed.2017.0906
- >> Madeline Guth Follow Published: Mar 17, 2022. (2022, March 17). Medicaid and Racial Health Equity. KFF. Retrieved April 21, 2023, from www.kff.org/medicaid/issue-brief/medicaid-and-racial-health-equity
- >> Medina-Martínez J, Saus-Ortega C, Sánchez-Lorente MM, Sosa-Palanca EM, García-Martínez P, Mármol-López MI. Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review. Int J Environ Res Public Health. 2021 Nov 10;18(22):11801. doi: 10.3390/ijerph182211801. PMID: 34831556; PMCID: PMC8624572.
- >> NCQA launches Pilot Program for Health Equity Accreditation Plus. NCQA. (2021, December 1). Retrieved April 21, 2023, from www.ncqa.org/news/ncqa-launches-pilot-program-for-health-equity-accreditation-plus
- >> Resources. RESOURCES. (2023, April 11). Retrieved April 21, 2023, from <https://lgbtquequity.org/resources>

- >> Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- >> The webinar recording will be available within a few days at: www.integratedcaredc.com/learning
- >> **Upcoming Webinar:**
 - *LGBTQ+ Cultural Competency Training – Part 2, June 6, 2023, 12:00pm – 1:00pm ET*
- >> For more information about Integrated Care DC, please visit: www.integratedcaredc.com

ADDITIONAL RESOURCES

WHY LGBTQ+ CULTURAL COMPETENCE MATTER



National LGBTQIA+ Health Education Center. LGBT Voices: Perspective on Health Care (9 January 2017).

www.lgbtqiahealtheducation.org/video/lgbt-voices-perspectives-on-healthcare.

SAMPLE RESOURCES: LGBTQ+ TRAUMA-INFORMED CARE INFOGRAPHIC



Levenson, J. S., Craig, S. L., & Austin, A. (2021). *Trauma-informed and affirmative mental health practices with LGBTQ+ clients*. *Psychological Services*.

Sample free learning resources from the Center of Excellence on LGBTQ+ Behavioral Health Equity include:

- » Things to Consider When Your LGBTQ+ Clients Plan to Attend Family Gatherings
- » Eating Disorders in LGBTQ+ Populations
- » Black LGBTQ+ Mental Health
- » Practice Considerations: Use of the SBIRT Model Among Transgender & Nonbinary Populations
- » Language Guidance When Serving LGBTQ+ Populations
- » Resources for Supporting the Bisexual Community
- » Supporting the Behavioral Health Workforce to Implement Best Practices for LGBTQ+ People
- » FAQs on Medicaid Financing for LGBTQ+-Affirming Behavioral Health Services

Center of Excellence on LGBTQ+ Behavioral Health Equity. Resources. <https://lgbtgequity.org/resources>.

NCQA Pilot Program for Health Equity Accreditation Plus (SOGIE Data)

Pilot Participants Include Health Systems for First Time in NCQA's 31 Years

- » Develop its **Health Equity Accreditation Plus** evaluation program—with the assistance of 9 leading health plans.
- » **Establish processes and cross-sector partnerships that identify and address social risk factors** in their communities.
- » Set a framework for health equity by helping organizations **identify and close care gaps**.
- » **SOGIE data collection guidance**

- Aetna Better Health of Michigan.
- Geisinger Health Plan.
- Health Net of California, Inc.
- Hennepin Healthcare (health system).
- Molina Healthcare of California.
- Novant Health (health system).
- Simply Healthcare Plans, Inc.
- UnitedHealthcare Community Plan of Michigan, Inc. dba UnitedHealthcare Community Plan (MI).
- UPMC Health Plan.

<https://www.ncqa.org/news/ncqa-launches-pilot-program-for-health-equity-accreditation-plus/>

CMS Requirements – Kaiser Family Foundation (KFF) Study (2022) (*n = 47 responding states*)

>> Medicaid Initiatives Focused on Racial/Ethnic Disparities, FY 2021–2022

of States with Any Initiatives to Address Racial/Ethnic Disparities

- Any Medicaid Disparity Initiative – 35 States

of States with Initiatives to Address Racial/Ethnic Disparities in Specific Health Outcomes

- | | |
|-----------------------------------|----|
| ■ Maternal/Infant Health | 11 |
| ■ Behavioral Health | 7 |
| ■ COVID-19 Outcomes/Vaccinations | 6 |
| ■ Other Specific Health Outcomes* | 8 |

* Includes diabetes, oral health, HIV, colorectal exams, sickle cell anemia, outcomes for people with complex health needs, and specific disease states associated with disparities.