

# ***LGBTQ+ Communities: What Role Providers Play and How to Be Inclusive***

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L.A. Care Health Equity Conference  
Directly Provided CME/CE Activity by  
L.A. Care Health Plan

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In-Patient Tower, Conference Room B  
1:30 pm – 2:30 pm, 1 CME/CE Credit



# Financial Disclosures

The following CME planners and faculty do not have relevant financial relationships with ineligible companies in the past 24 months:

- \* Leilanie Mercurio, Provider Continuing Education (PCE) Program Manager, L.A. Care Health Plan, CME Planner.
- \* Alex Li, MD, Chief Health Equity Officer, L.A. Care Health Plan, CME Planner.
- \* Johanna Gonzalez, Project Manager II, Health Equity Department, L.A. Care Health Plan, CME Planner.
- \* Marina Acosta, Manager, Health Equity Department, L.A. Care Health Plan, CME Planner.
- \* Leah Mitchell, Health Education Project Liaison III, Health Equity Dept., L.A. Care Health Plan, CME Planner.
- \* Bee Curiel, MSW, The Translatin@ Coalition, CME Presenter.
- \* Mel Escalante Gonzalez, B.S. Culture and Politics, The TransLatin@ Coalition, CME Presenter.

Ineligible Companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME/CE activity.

# Learning Objectives

- 1 Define Sexual Orientation, Gender Identity, Gender Expression, & Sex Characteristics (SOGIESC) and the difference between sex, gender, and sexuality.
- 2 Apply SOGIESC as a framework to expand dominant understandings of sex, gender, and sexuality.
- 3 Recognize three forms of stigma that LGBTQ+ members navigate and how they create health disparities and barriers.
- 4 Demonstrate four communication practices for fostering inclusion with LGBTQ+ communities.
- 5 Identify at least three strategies to advocate for LGBTQ+ inclusive policies and practices within their workplace.

# 1

## Defining S.O.G.I.E.S.C.

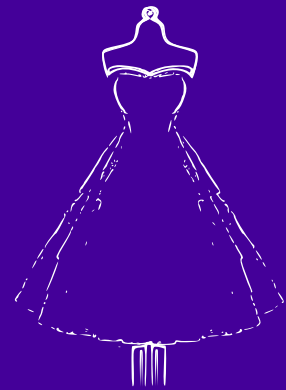
# S.O.G.I.E.S.C.



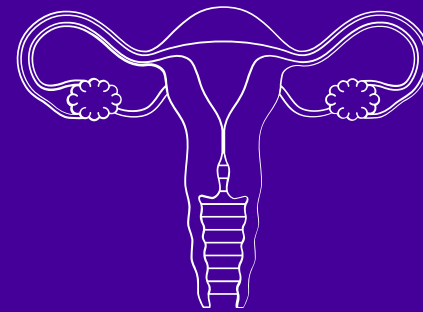
**S**exual  
**O**rientation



**G**ender  
**I**ntity



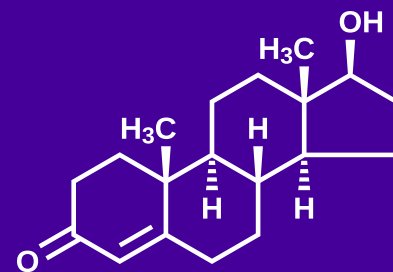
**G**ender  
**E**xpression



Anatomical **S**ex  
**C**haracteristics



**S**ex



Physiological **S**ex  
**C**haracteristics

# Sexual Orientation

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The ability to experience attraction, intimacy, and pleasure towards people of various genders and a person's identity in relation to the gender(s) they are attracted to.

Gay

Lesbian

Bisexual

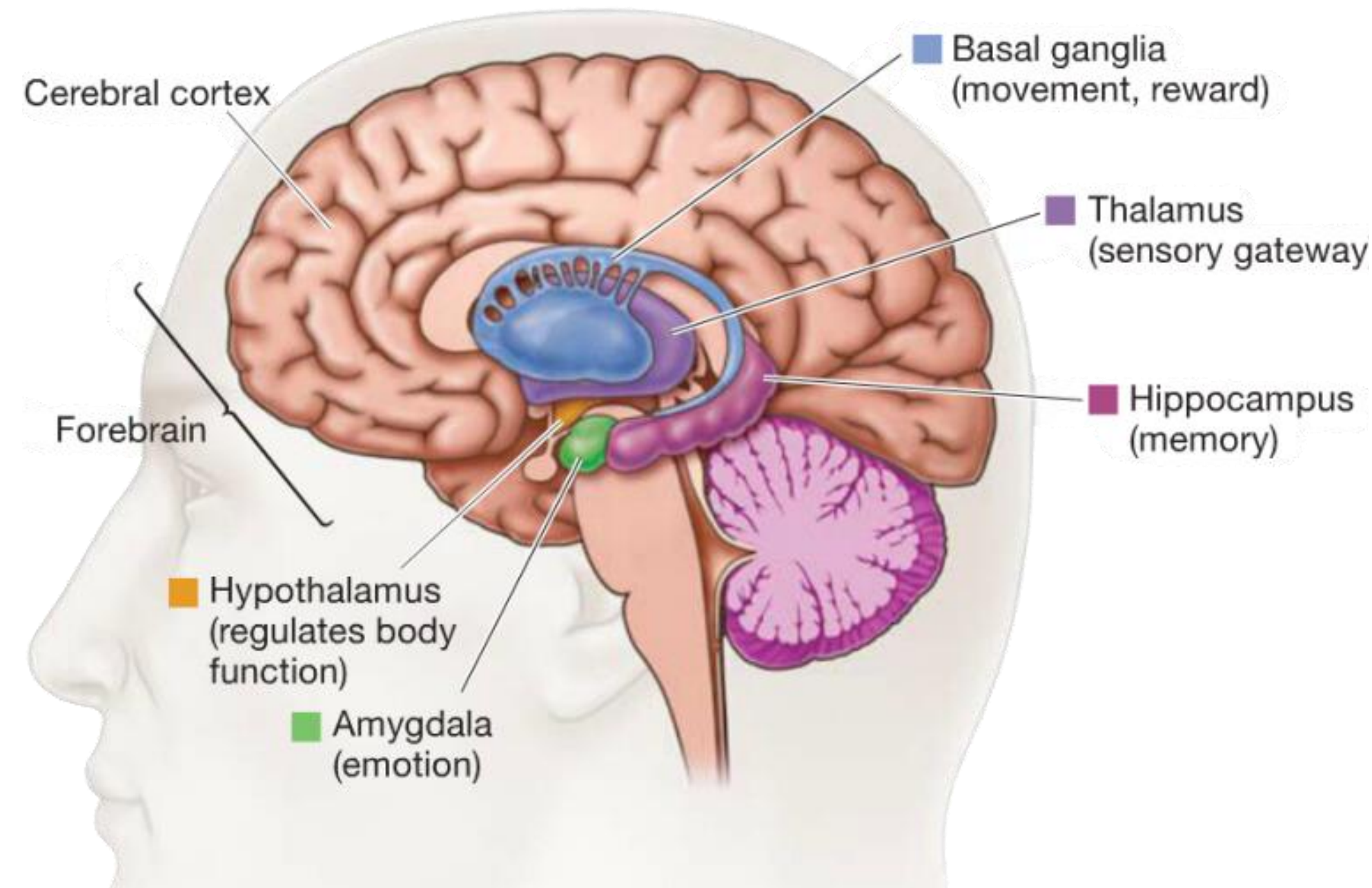
Heterosexual

Pansexual

Asexual/Aromantic

# Gender Identity

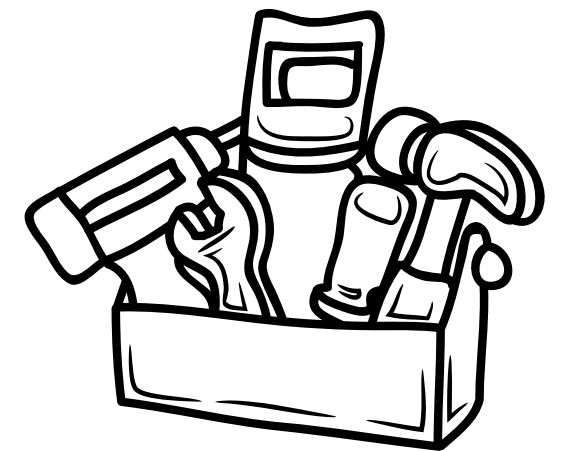
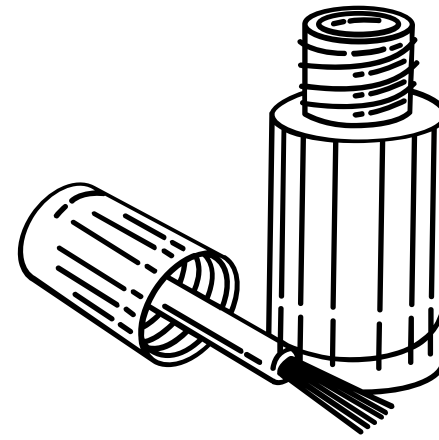
The aspect of a person's internal sense of self that informs their relationship to their sex characteristics and the expectations for their sexual and social development.





# Gender Expression

How a person presents their sense of self to align identity and social positioning through cues such as behavior, clothing, voice, or other perceived characteristics.



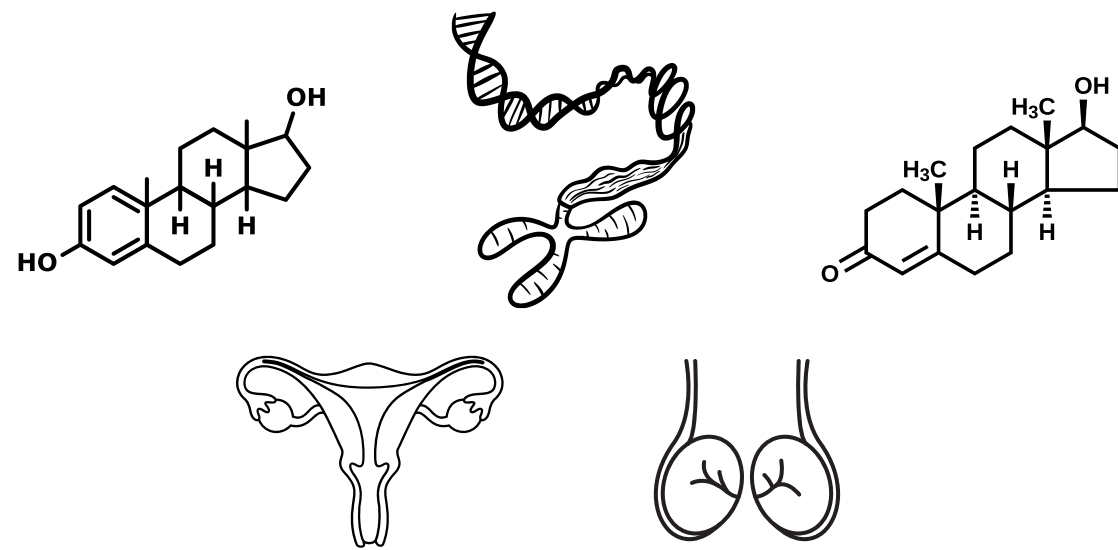


# Sex Characteristics

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Physiological and anatomical biological factors that contribute to an individual's reproductive potential and bodily development.

***Primary Sex Characteristics*** are characteristics you are born with.



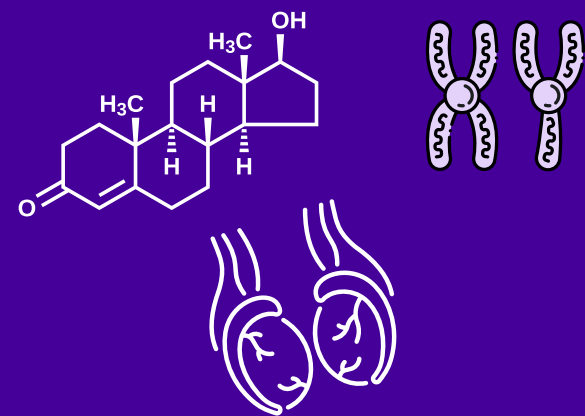
***Secondary Sex Characteristics*** are characteristics you develop with puberty.



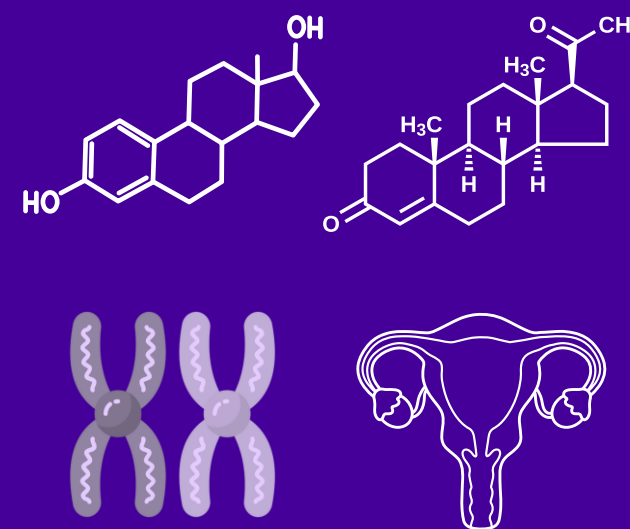
# Sex

The unique cultural interpretations and expectations surrounding the complex interplay of physiological factors and physical traits that typically emerge during puberty and contribute to an individual's reproductive potential and bodily development.

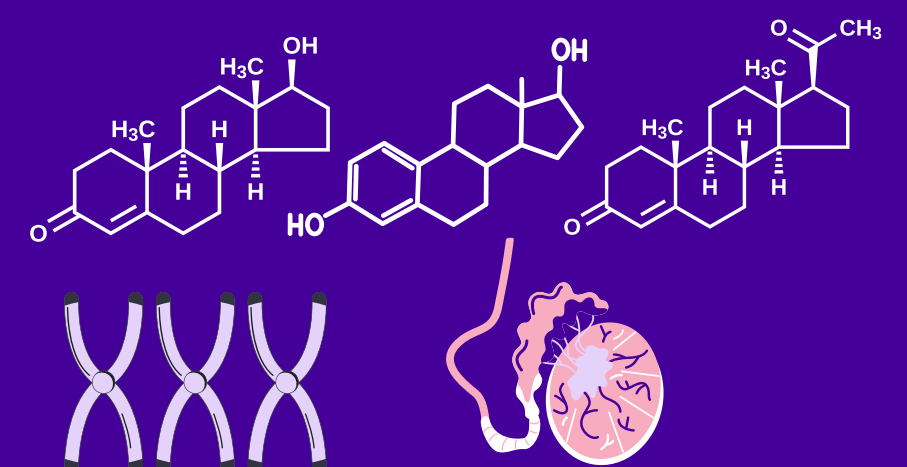
## Male



## Female



## Intersex



# 2

## Applying S.O.G.I.E.S.C.

# Sex Assigned at Birth

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Determined by doctor during prenatal testing, ultrasound, or birth.

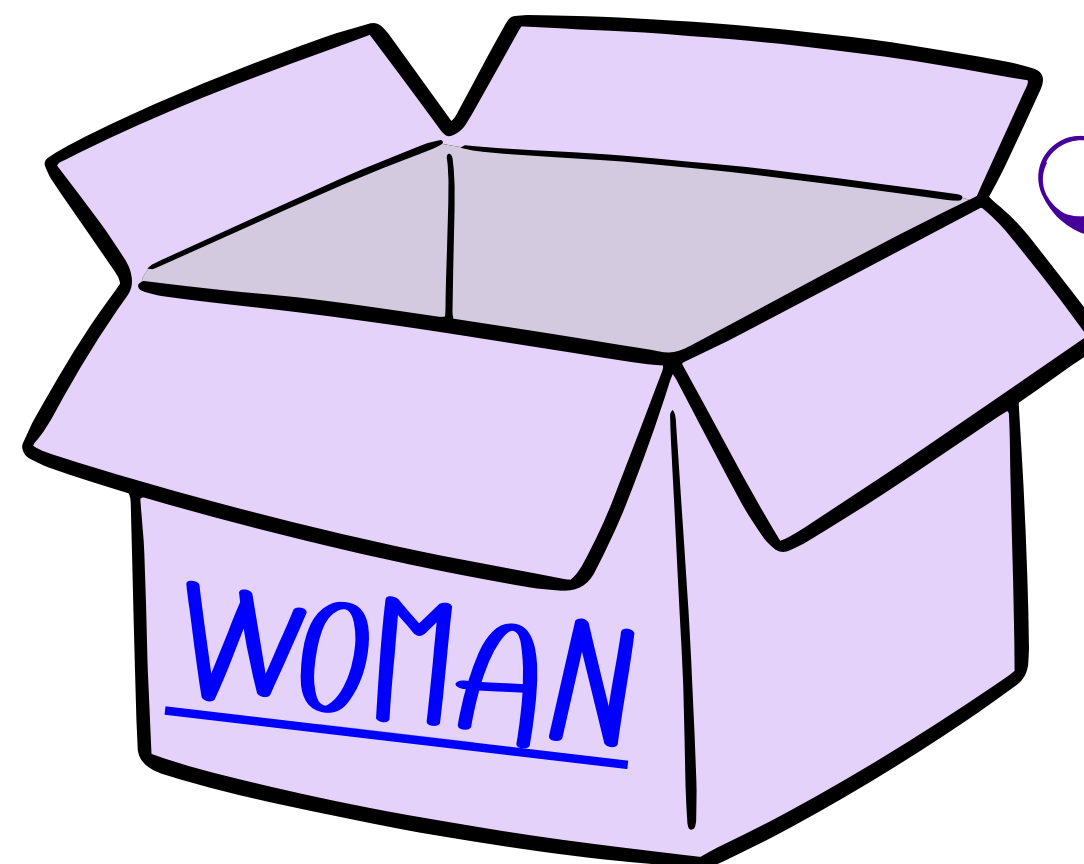
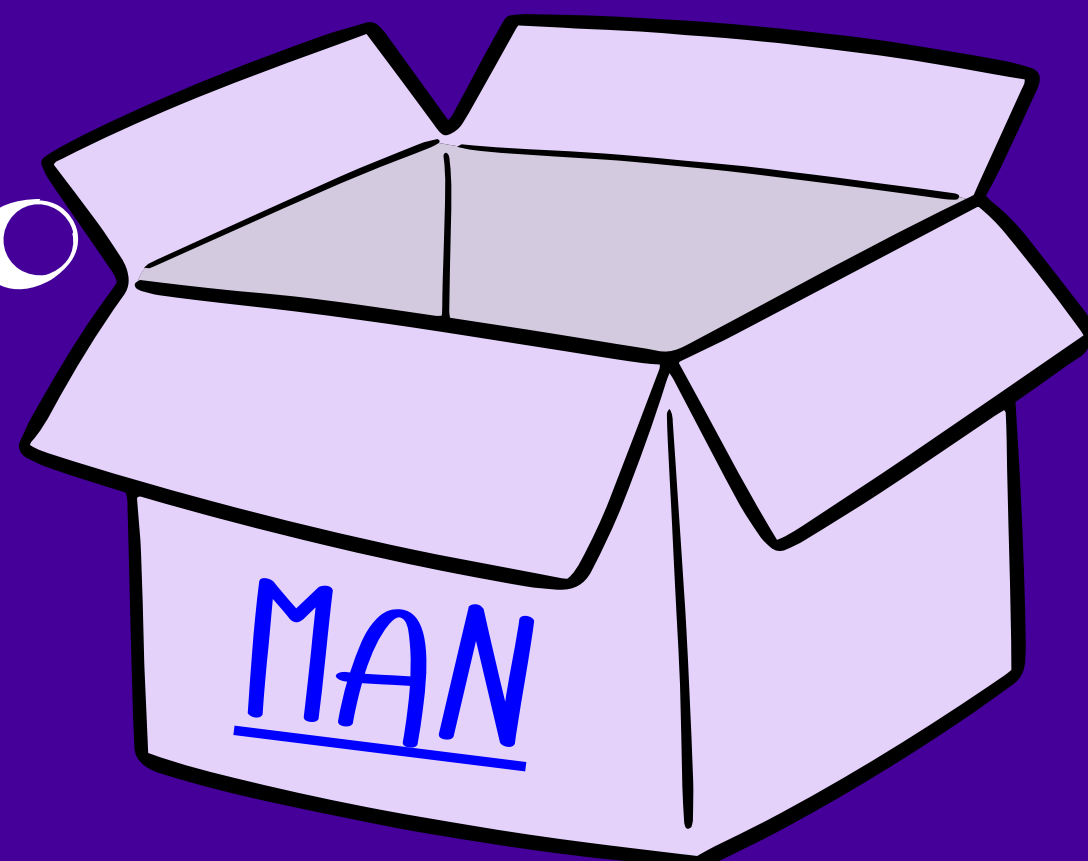
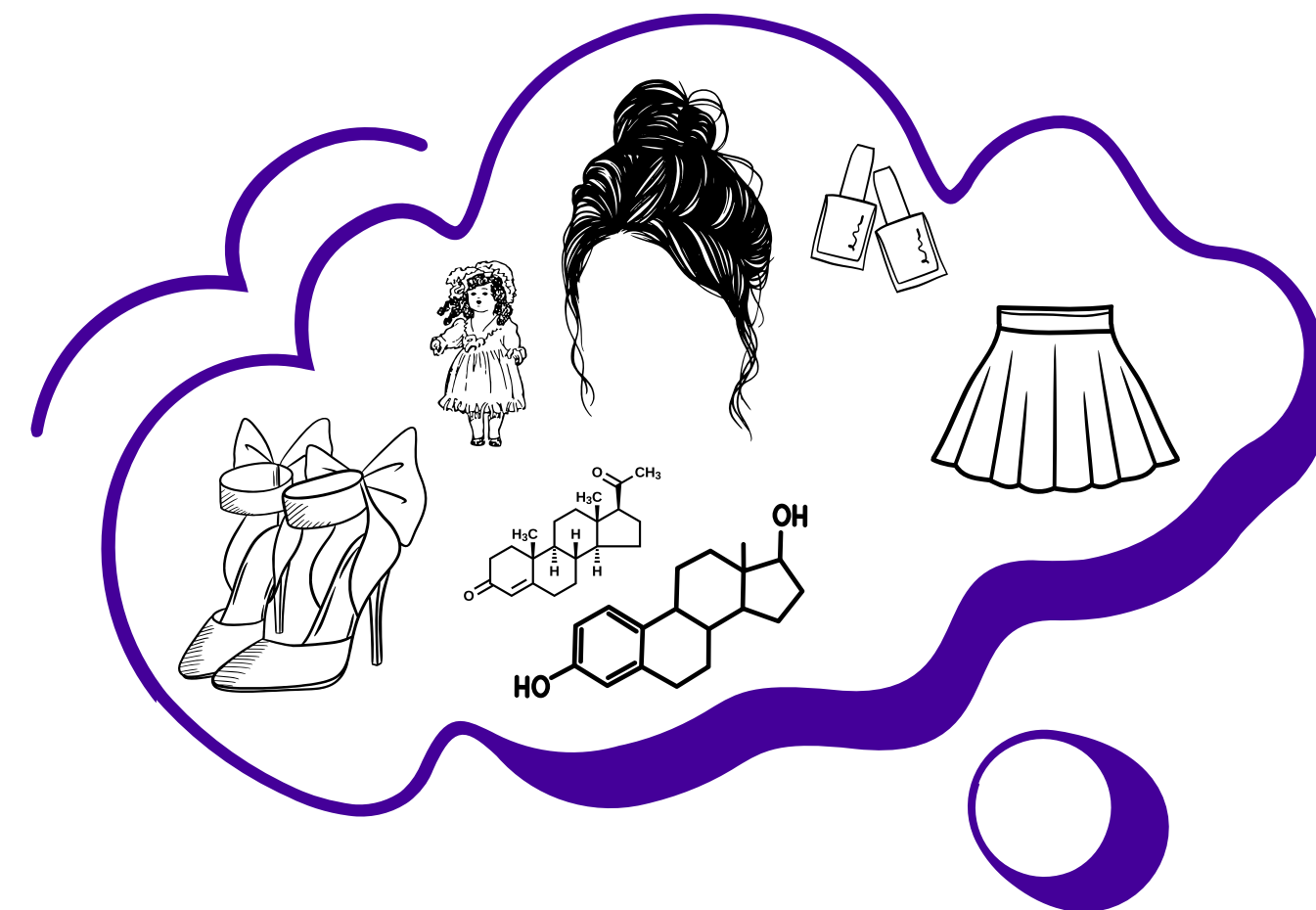
**A F A B / A M A B**

Assigned Female at Birth

Assigned Male at Birth

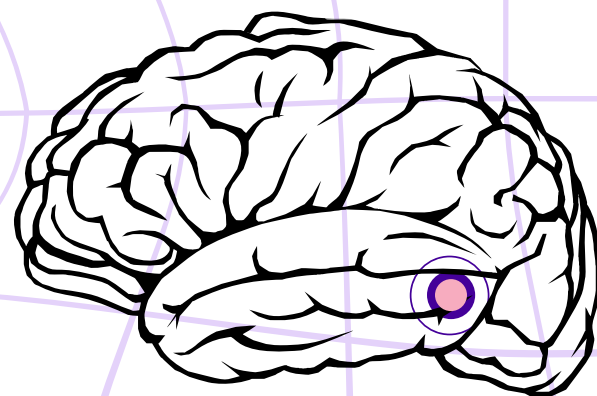


OR

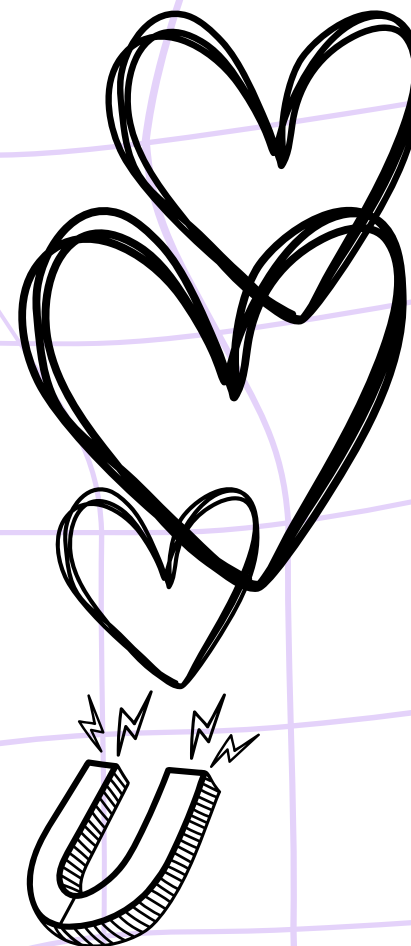




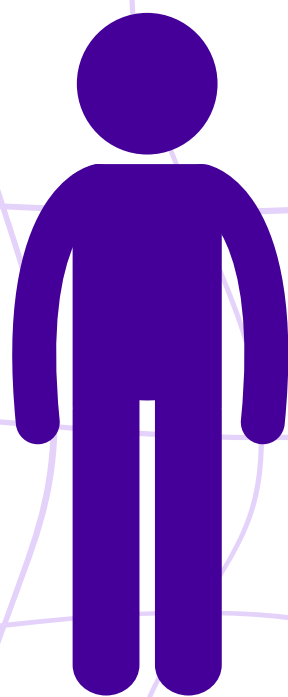
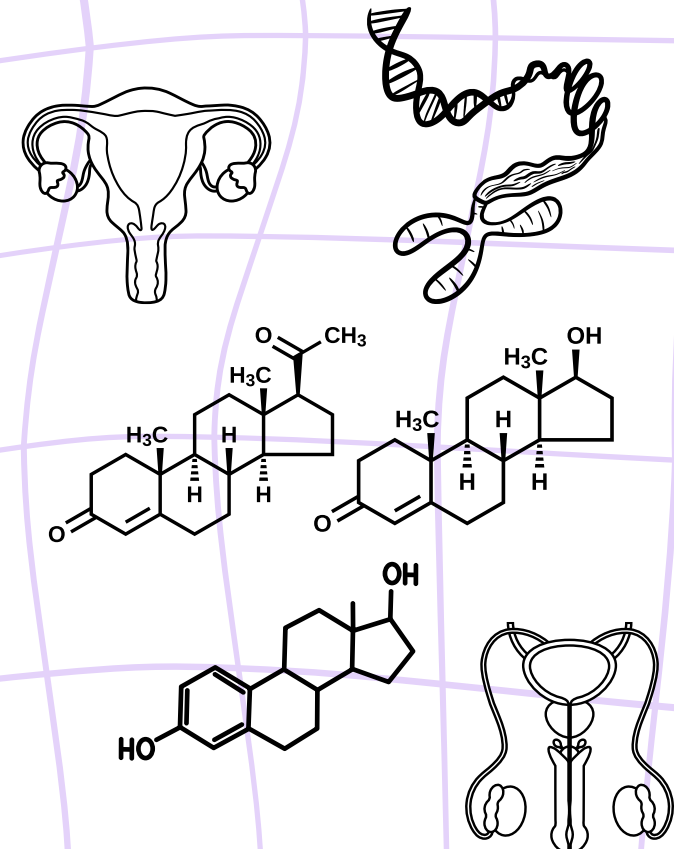
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# 3

## **LGBTQIA+ Stigmas and Barriers to Equitable Care**



# Demographic Picture

**LGB Adults**

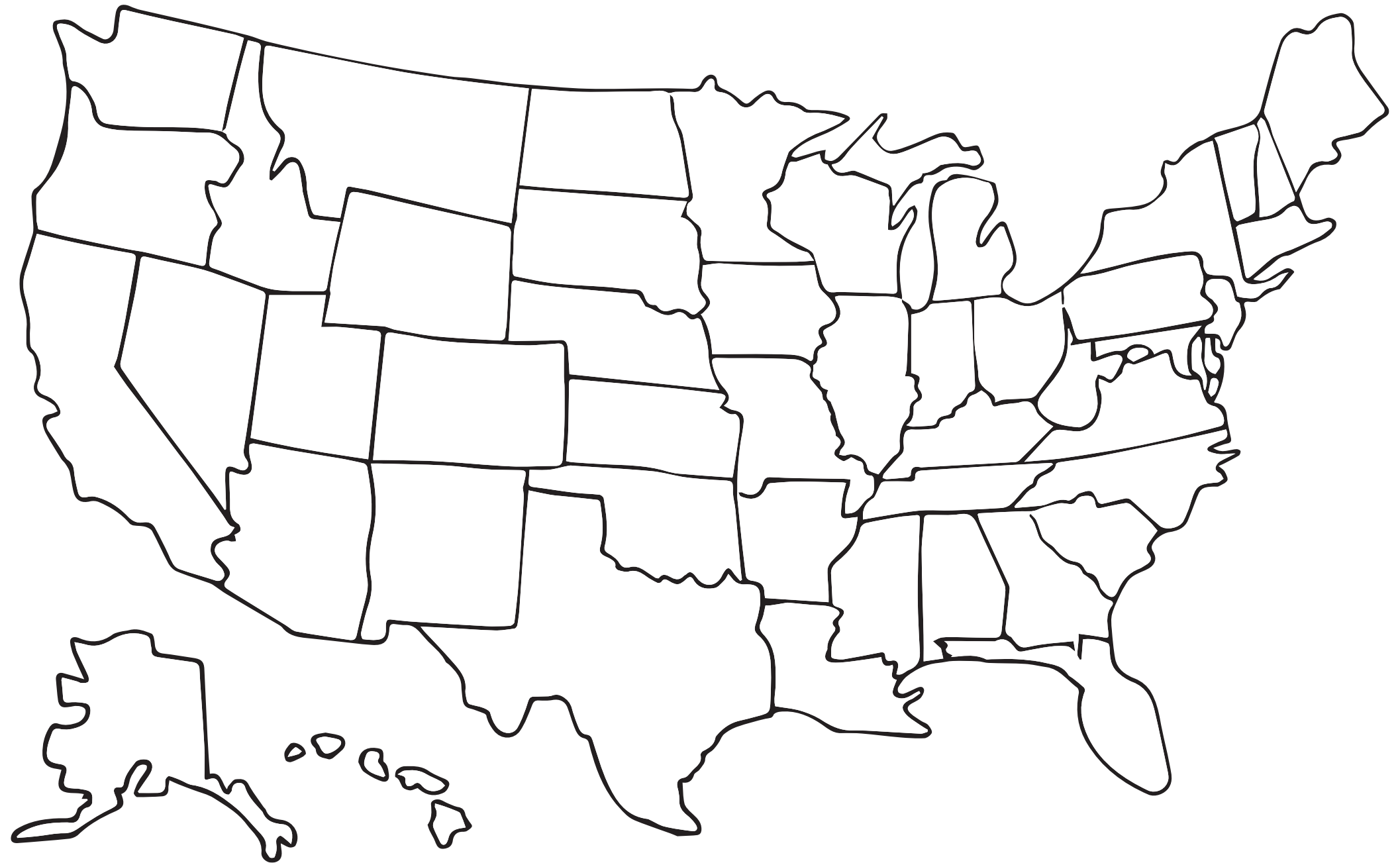
10,338,000

**Trans**

1,207,150

**Intersex People**

About 1% of  
births



Conron, K. J., & Goldberg, S. K. (2020). (rep.). ADULT LGBT POPULATION  
IN THE UNITED STATES. UCLA William's Institute.

# Demographic Picture

**18-24**

15.2%

**25-34**

9.1%

**35-49**

4.1%

**50-64**

2.7%

**65+**

1.8%

**Stigma:** A negative attitude or idea about a characteristic of a person or group that becomes a mark of disgrace or reproach and devalues that person or group.

Institutional

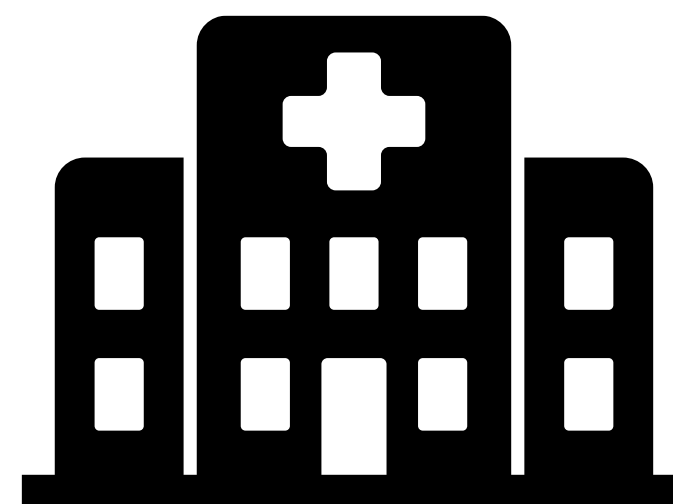
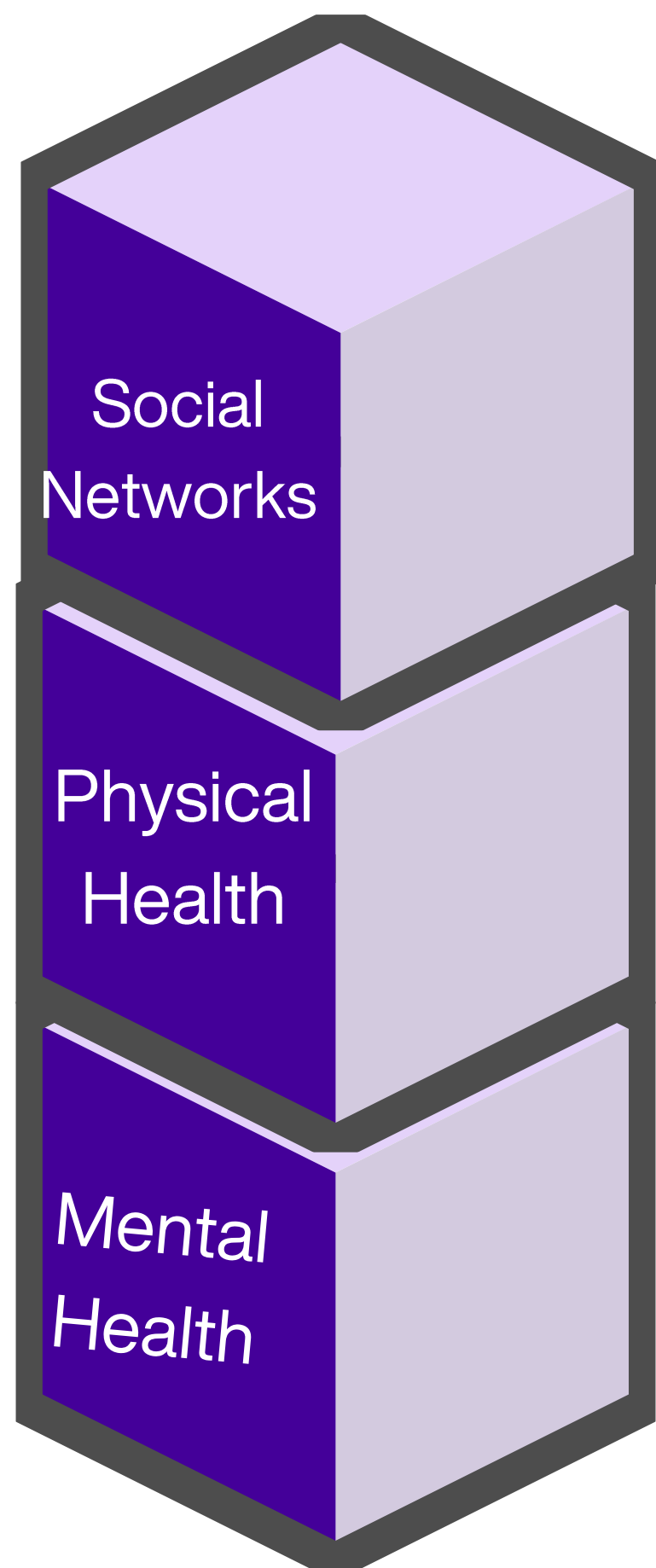


Interpersonal



Internalized





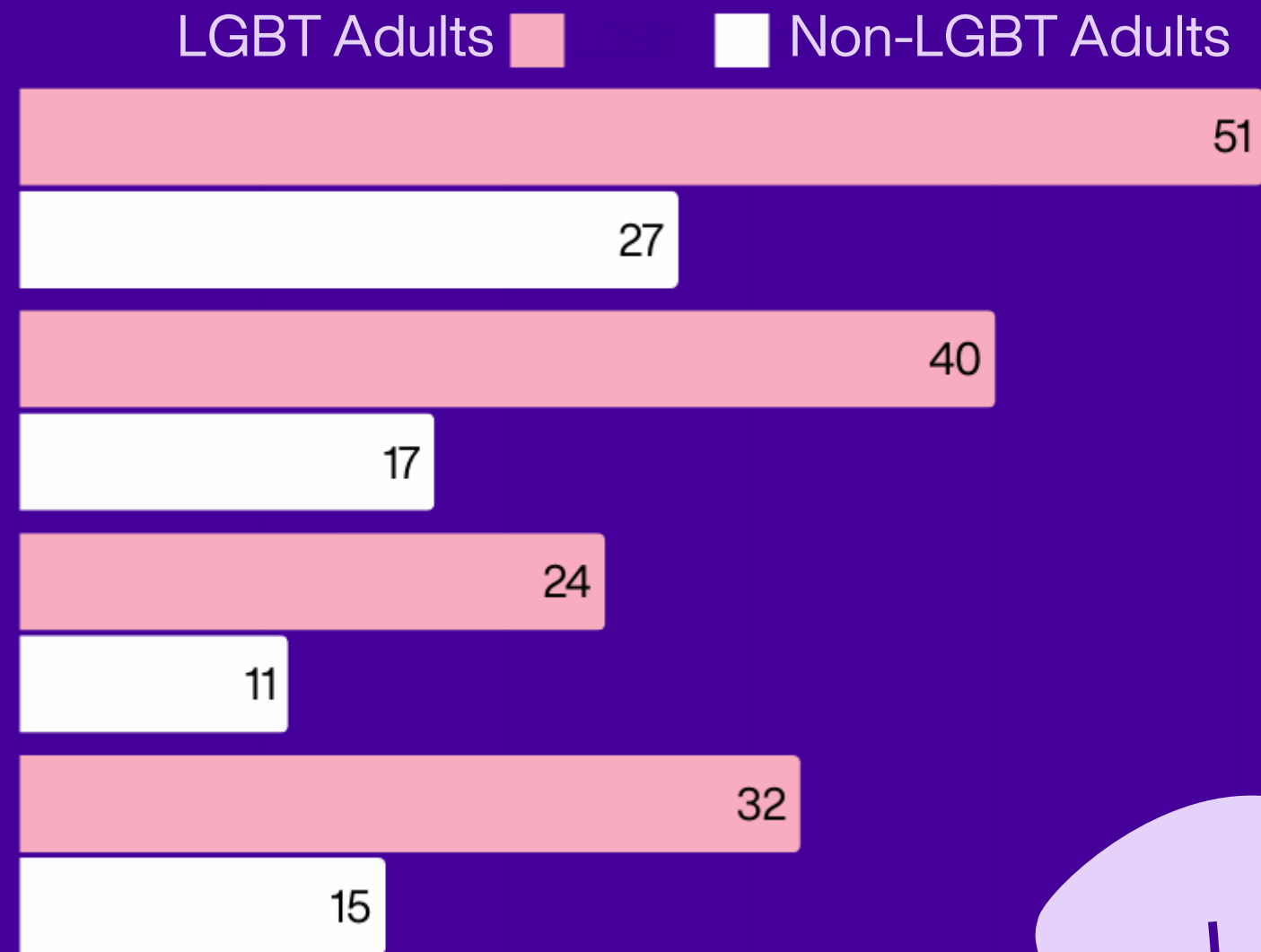
People act as if they think you are not smart

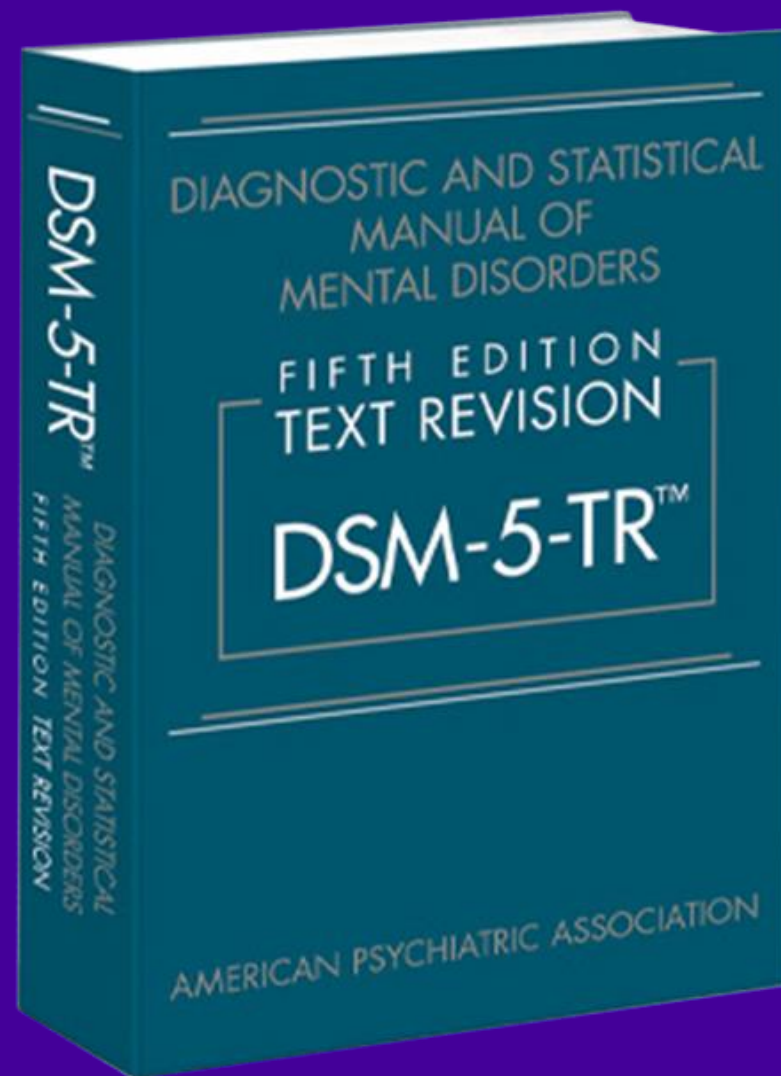
Had health care professional make an assumption without asking

People act as if they are afraid of you

Suggested they were personally to blame for a health problem they were experiencing

Dawson, L., Kates, J., Montero, A., and Kirzinger, A., LGBTQ+ Health Policy. In Altman, Drew (Editor), Health Policy 101, (KFF, September 2024) <https://www.kff.org/health-policy-101-lgbtq-health-policy/> (date accessed).





# Gender Dysphoria (GD)

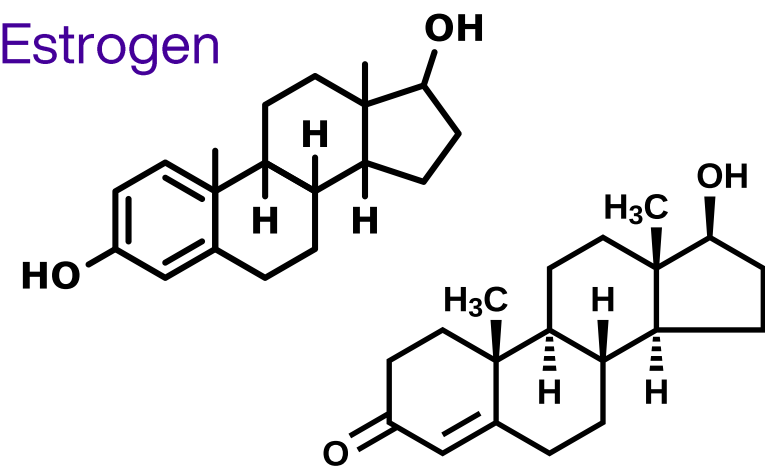
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NOT mental health illness or neurodevelopmental disorder.

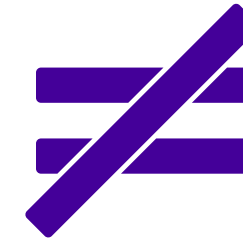
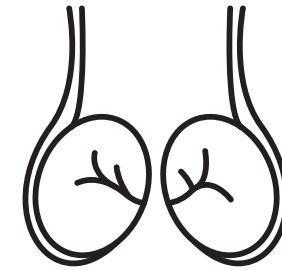
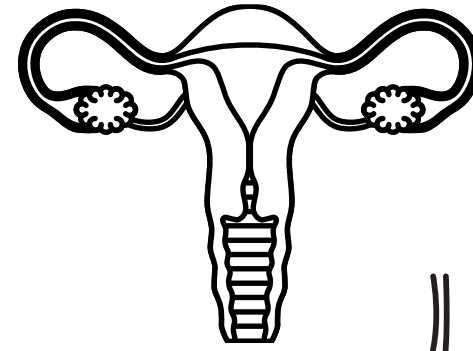
Considered a condition related to sexual health.

Distress experienced when a person is not able to live life with integrity regarding their gender identity.

Estrogen



Testosterone





# Substance Abuse Disorders

**TGI adults are 3X MORE LIKELY** to have a substance abuse disorder.



**5X MORE LIKELY**  
to have a marijuana  
addiction.

**4X MORE LIKELY**  
to have a cocaine  
addiction.

**3X MORE LIKELY**  
to have an opioid  
addiction.

# Social Determinants of Health



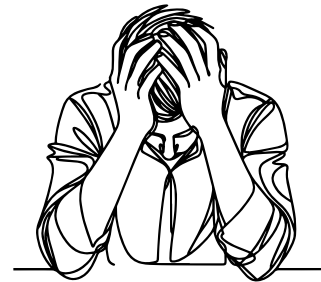
Compounding effects of aging and unapproved medical treatments.



More likely to have at least one disability.



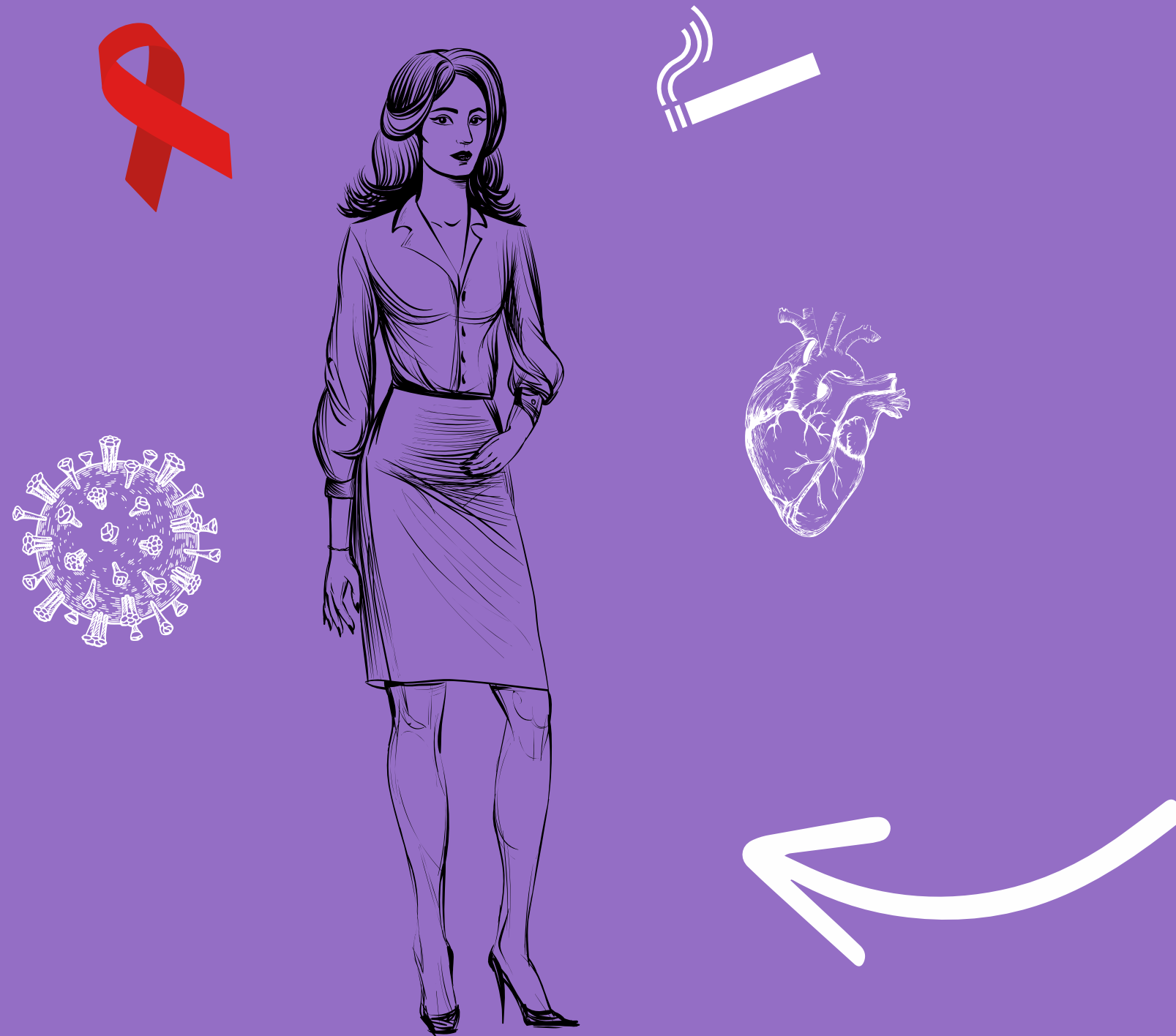
Less likely to have a partner or family.



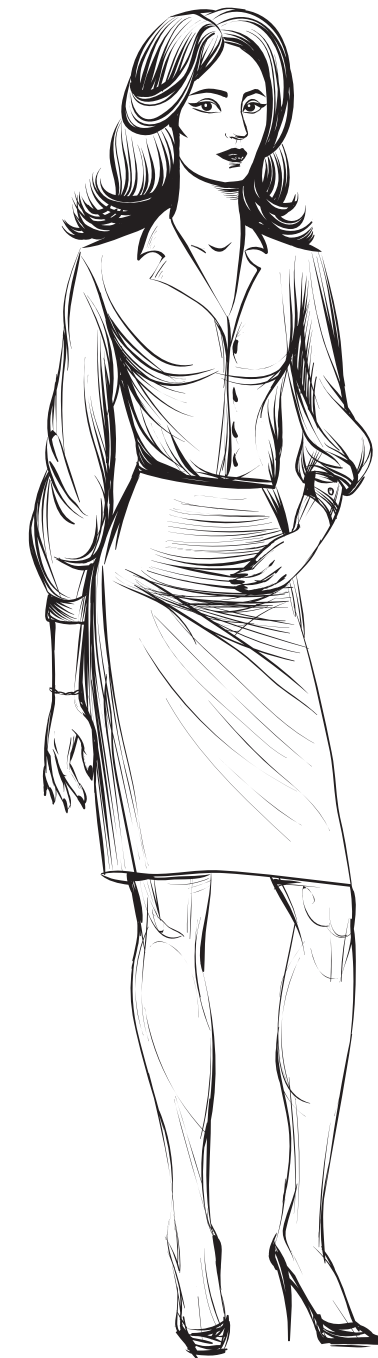
Higher risk for mental health conditions.

# Trans Woman

# Cis Woman



**3X more  
likely to die  
prematurely.**



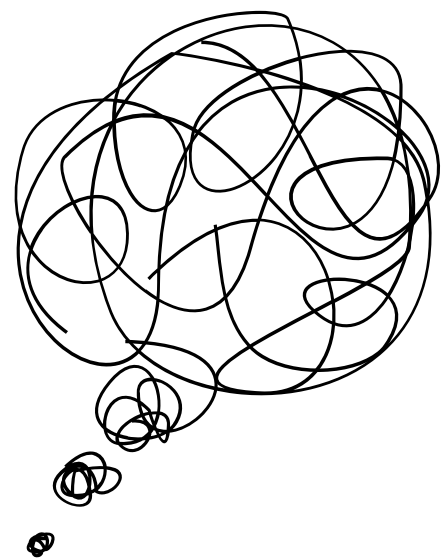
# 4

## **Best Practices for Effective Communication**

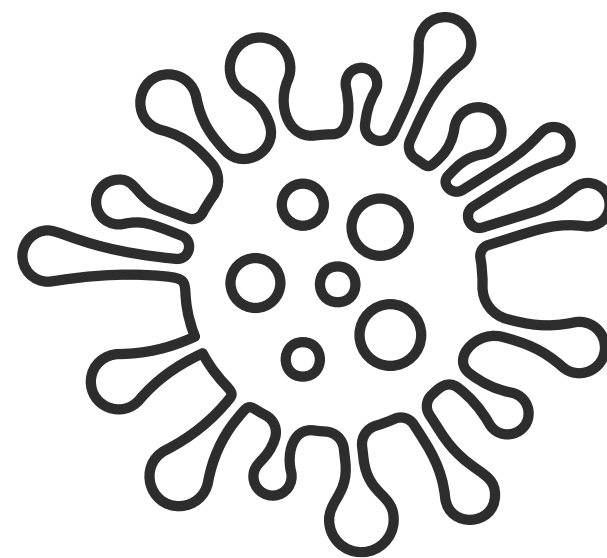
# Lack of effective communication means...



**Unnecessary  
Screenings**



**Misguided Informed  
Consent**



**Ineffective or  
Dangerous Treatments**



**Increased Paranoia,  
Anxiety and/or Depression**

# Effective Communication Means

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- **Validating Language**
- **Reflective Language**
- **Gender-Based Pronouns**
- **Lived Names**
- **Avoiding Assumptions**

# Validating Language

- Discussing one person with another person.
- Affirms the gender identity of a person.
- Descriptive language instead of prescriptive language.

# Reflective Language

- Talking to a member/patient about themselves.
- Mirrors how they are talking about themselves.





## Validating language

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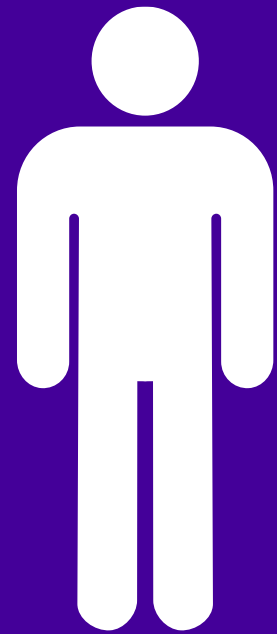
This person likes to wear dresses and make up and date men.



## Prescriptive language

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This person is a woman.



## Prescriptive Language

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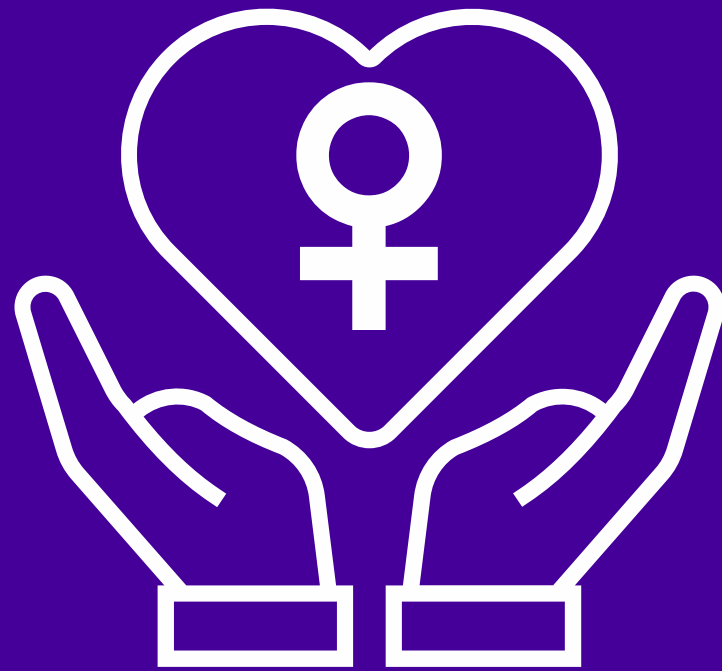
James is a female who identifies as a man.



## Reflective Language

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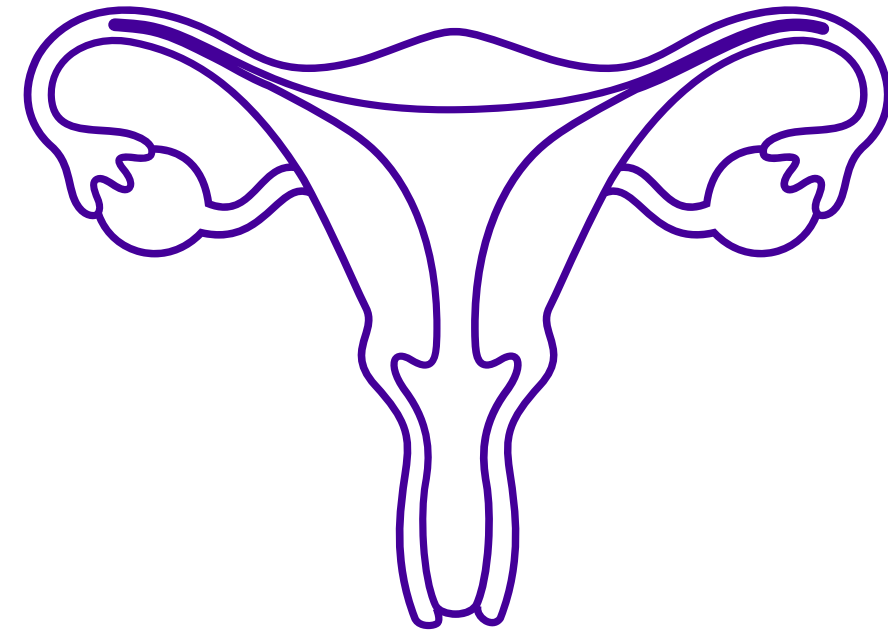
James is a transgender man.



## Prescriptive Language

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Javier needs access to a female reproductive health plan.



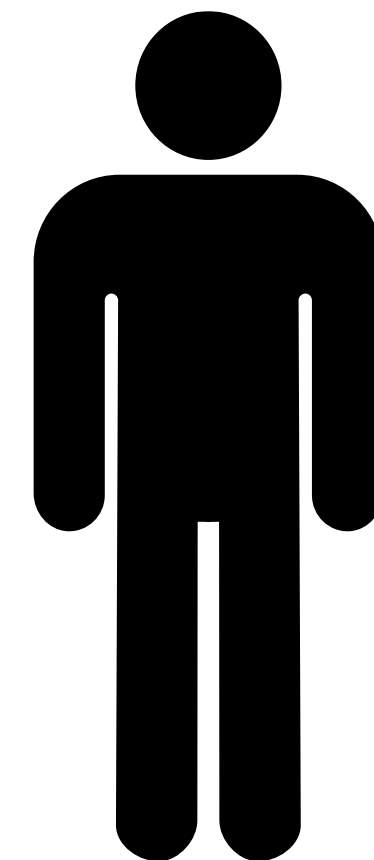
## Validating Language

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Javier needs access to the health plan appropriate for his anatomy, which includes a cervix and ovaries.

Trans  
→ gender

Trans  
→ man

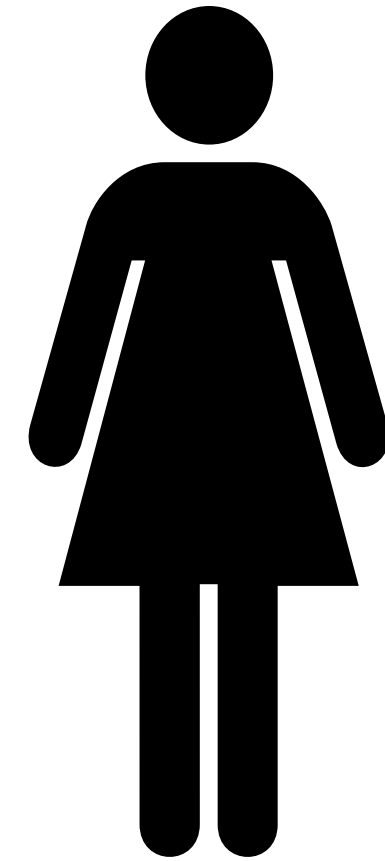


he/him/his

# Trans



# woman



she/her/hers

**Nonbinary or  
gender  
expansive**



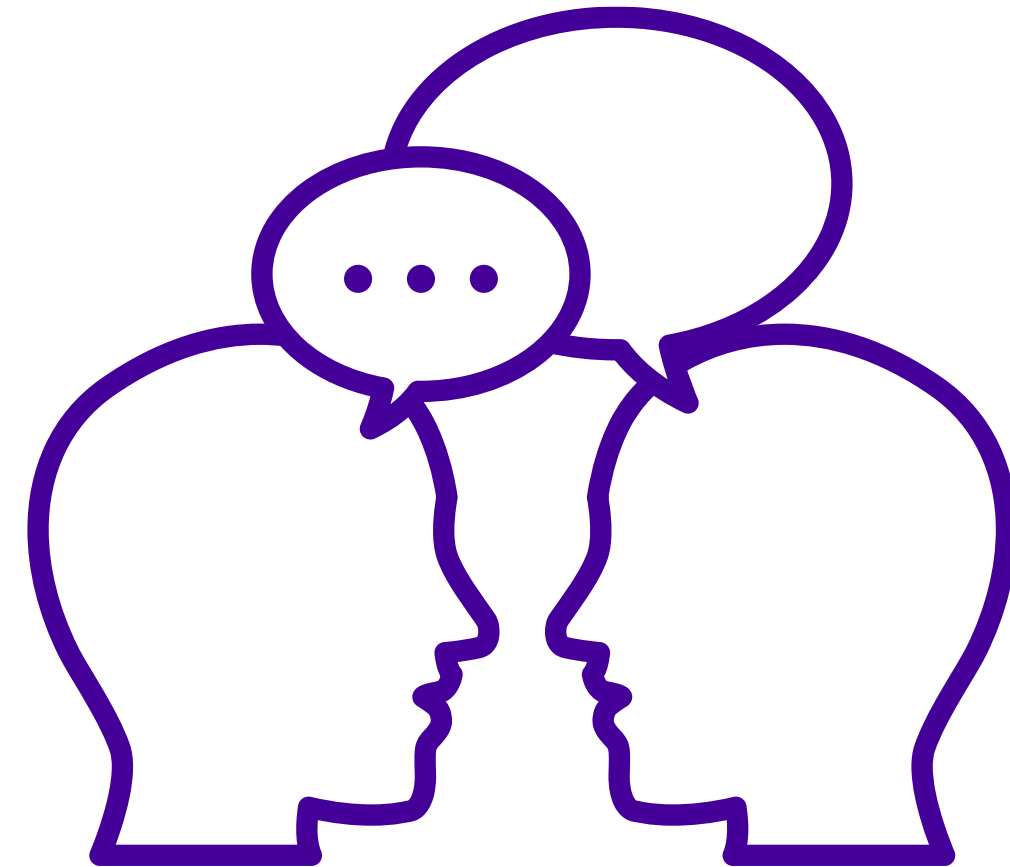


## Legal Names:



Official Government Related Documents


## Lived Names:



Everyday Lives

Internal Communications & Direct Communications

# Make a mistake?

Panic less  Ask and  
ACT MORe

Mistakes happen! If you make a mistake, immediately:

Apologize, Correct, & Move On

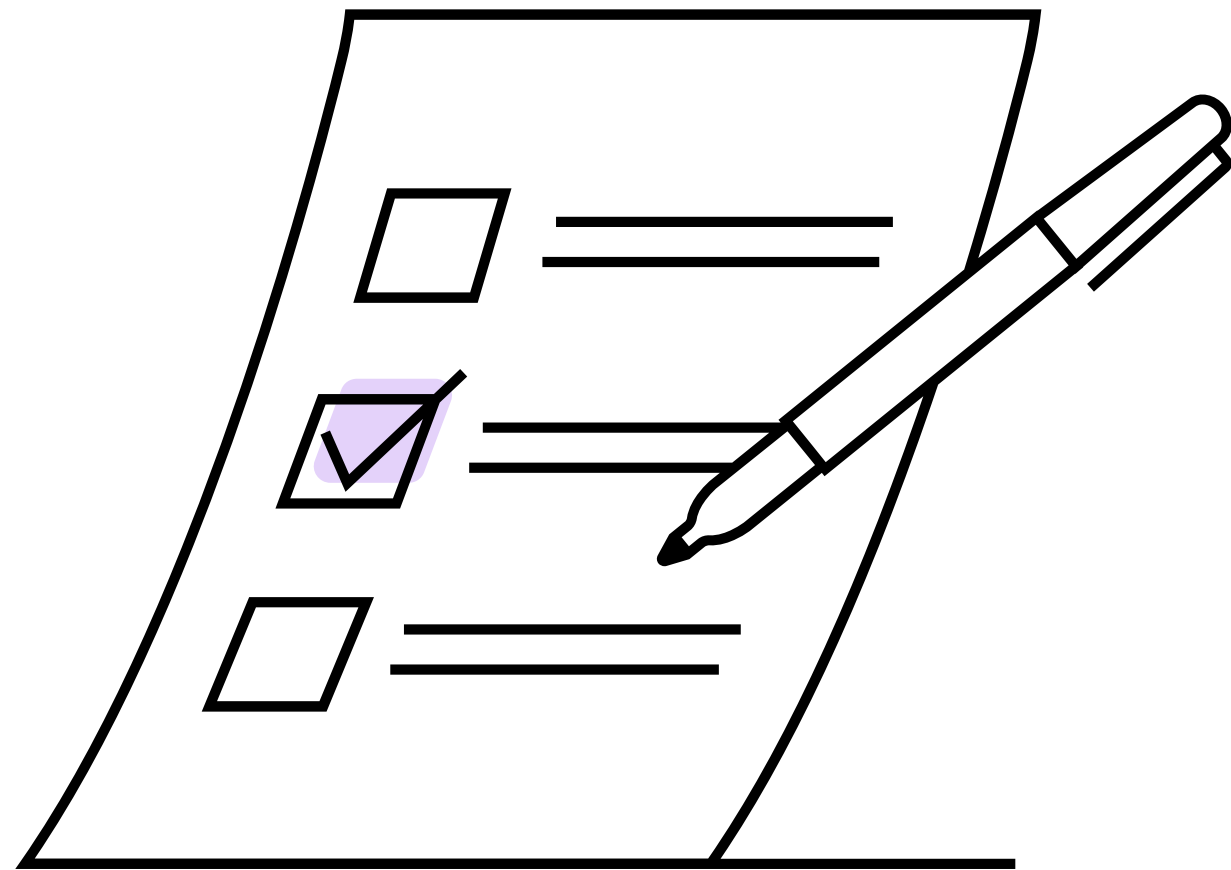
Apologize, correct your mistake by resaying the phrase with the correct pronouns out loud, and move on.

Don't vocalize difficulty or boast about using correct pronouns to the person you are struggling to identify correctly.

5

# Advocacy from Providers

## Collect lived names and pronouns during intake



“What is your name?”

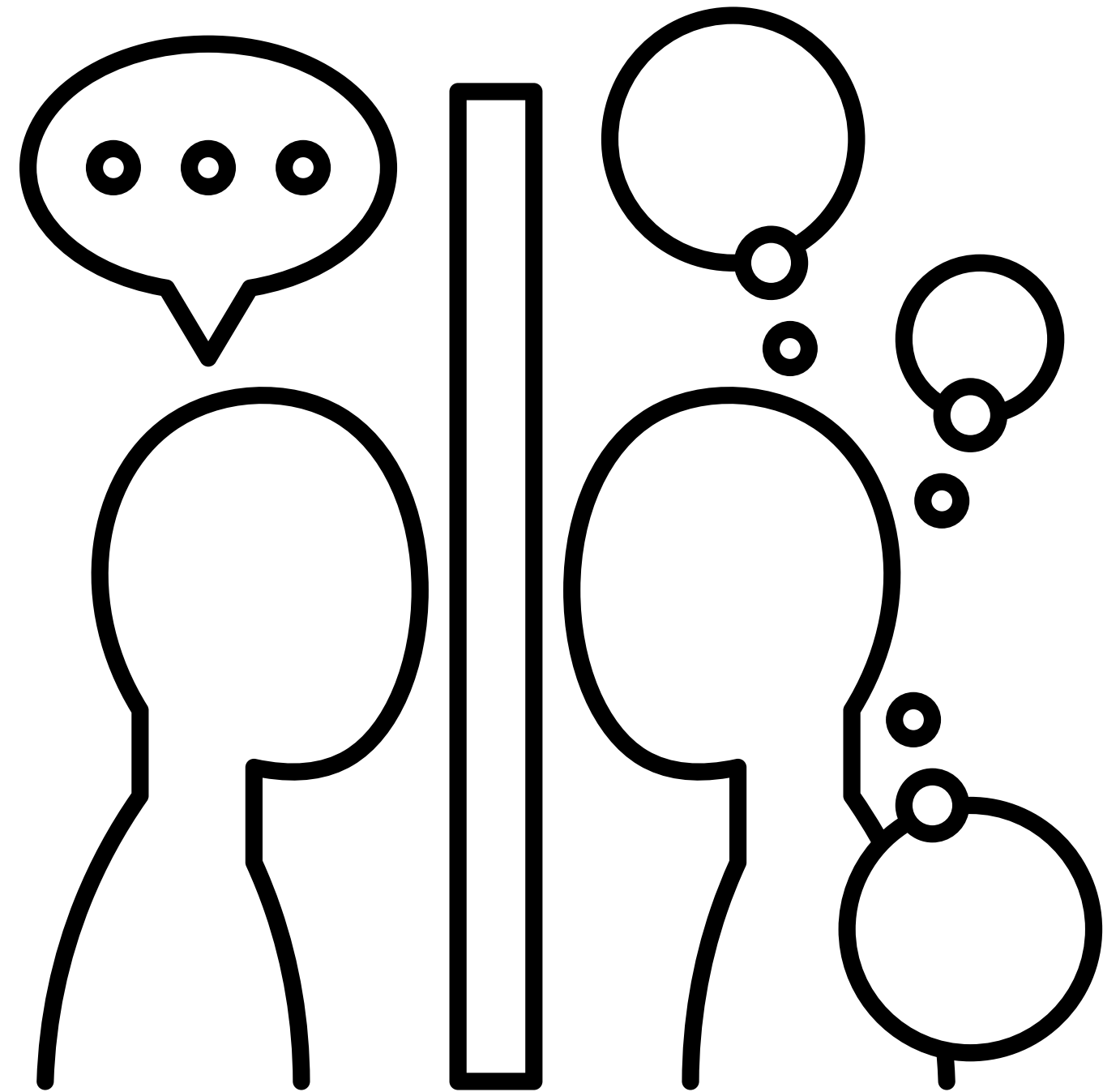
Is your name different than your legal name?”

“Do you use a name other than your legal name?  
What’s your name?”

“How are you addressed (pronouns)?”

Record the lived names and pronouns of members/patients in a place EASILY noticeable to direct service providers and leave legal name and protected health information on a need-to-know basis.

**It is better to build a profile of current sex characteristics and medical history than to simply ask about gender identity and sex assigned at birth.**

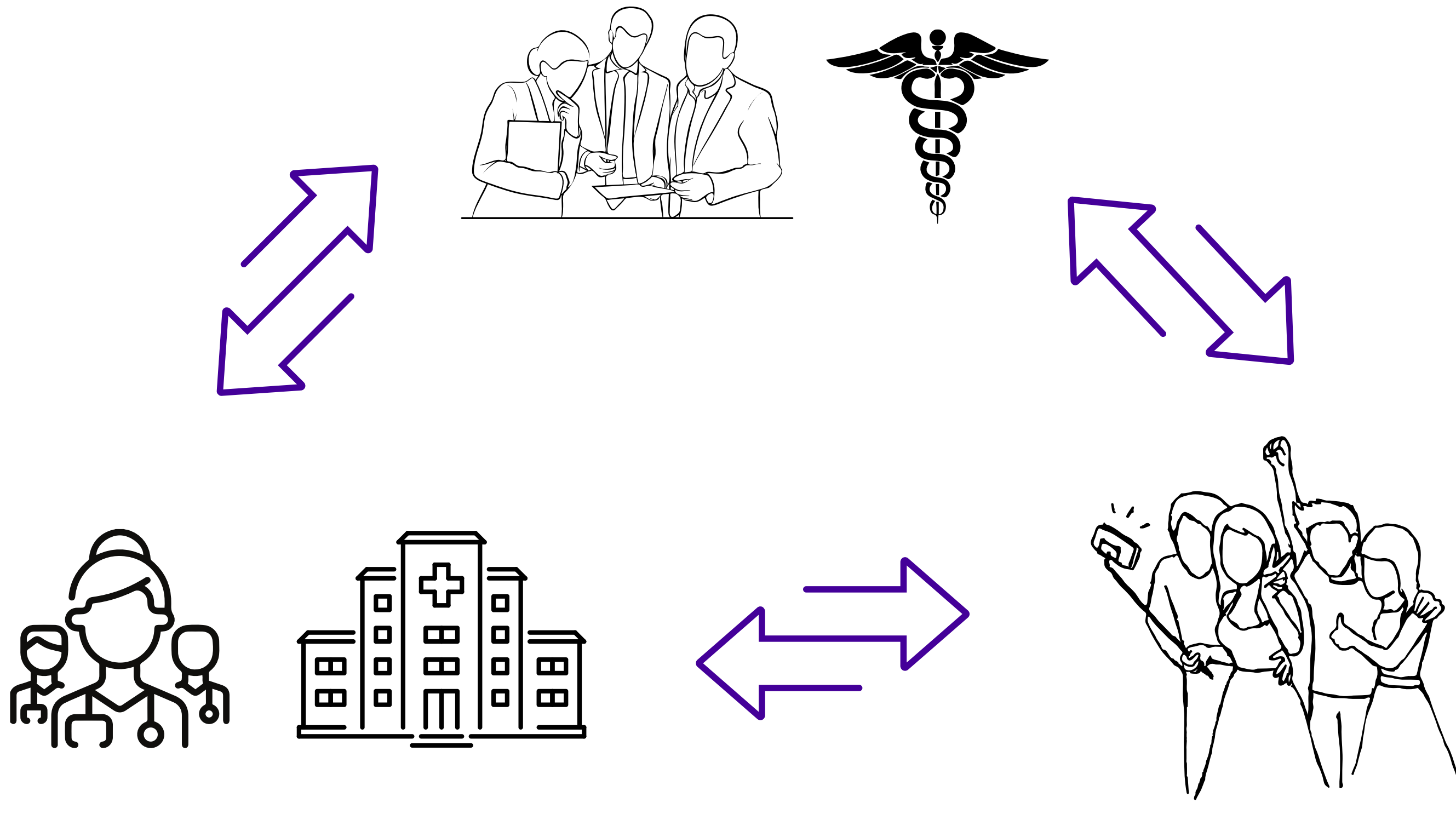


# Practice cultural humility

Actively engaging in an ongoing process of self-reflection that informs deeper understanding and respect of cultural differences.

...and ongoing education

# Collaborate with TGI serving organizations for research and innovation



# FAQs

## How can I create a welcoming and inclusive environment for LGBTQ+ patients in my practice?

Use reflective and validating language.

Practice cultural humility: curiosity > assumptions.

Ask questions that will help you do your job better only.

When making a mistake, remember: *ACMO*  
(*apologize, correct yourself, and move on*).

Publicly post brochures and education materials about LGBTQ+ health.

Display posters from LGBTQ+ community organizations.

Publicly post non-discrimination statement.

# FAQs

## How do I ask about a patient's sexual orientation and gender identity in a respectful and appropriate way?

### Ask SOGISC questions on Intake Forms:

“First Name” and “Legal First Name (If different from lived name)”

Pronouns

Gender Identity

“Organ inventory” or “Sex Characteristics”

### Build rapport and trust:

Don’t Make Assumptions (about sex characteristics, sexuality, fertility, pregnancy, etc)

Be Transparent (explain why you are asking)

Ensure Confidentiality

Ask open-ended questions (i.e. how would you describe your gender identity?)

Be respectful and non-judgmental



# FAQs

## What are some common health concerns specific to the LGBTQ+ community?

### Mental Health

*(factors linked to minority stress)*

Substance abuse

Anxiety

Depression

Trauma & PTSD

Neurodivergence (i.e. ADHD, dyslexia, autism)

### Physical Health

Elevated risk for cardiovascular and osteoporotic complications (Transwomen specific)

HIV/STI Disparities

Disordered Eating

Intimate Partner Violence

### Lack of Access

**Homelessness**

**Discrimination**

# FAQs

## What resources are available to support my LGBTQ+ patients?

The TransLatin@ Coalition - [www.translatinacoalition.org](http://www.translatinacoalition.org)

LA LGBT Center - [www.lalgbtcenter.org](http://www.lalgbtcenter.org)

Bienestar Human Services - [www.bienestar.org](http://www.bienestar.org)

St John's Trans Care Program - [www.sjch.org/transgender-health-program](http://www.sjch.org/transgender-health-program)

UCLA Gender Health Program - [www.uclahealth.org/medical-services/gender-health](http://www.uclahealth.org/medical-services/gender-health)

Advocates for Trans Equality - [www.transequality.org](http://www.transequality.org)



# References

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2. Smith-Johnson, M. (2022). Transgender adults have higher rates of disability than their cisgender counterparts. *Health Affairs*, 41(10), 1470–1476. <https://doi.org/10.1377/hlthaff.2022.00500>
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10. Frost DM, Meyer IH. Minority stress theory: Application, critique, and continued relevance. *Curr Opin Psychol*. 2023 Jun;51:101579. doi: 10.1016/j.copsyc.2023.101579. Epub 2023 Apr 6. PMID: 37270877; PMCID: PMC10712335.

# Thank you!

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