

Presented by Coordinated Care of Washington, Inc. and Molina Healthcare of Washington

Message from the Presenters: #BlackLivesMatter

July 2020

Since the Saying It Out Loud Conference on May 28, 2020, the imminent and clear threats to Black and Brown lives from state-sanctioned violence and health disparities have become a global discussion.

The presenters state that we believe that Black Lives Matter, and Black Trans Lives Matter, and that any discussion of LGBTQIA+ health must include the intersection with race and systemic racism that has kept Black and Brown communities at the edges of the health care system.

Agenda

- 1. Getting Started
 - 1. Tribal Land Acknowledgement and Two Spirit definition
 - 2. Presenter Introductions
 - 3. Group Agreements
 - 4. Who in in the session today?
 - 5. Assessing comfort serving LGBTQ+ patients
- 2. Medicaid in Washington State: Our Story So Far
 - 1. Medicaid terms and managed care regions
 - 2. Whole Person Health
- 3. Health Disparities in LGBTQ+ communities
- 4. Medicaid-Covered Services
 - 1. Personalized Care
- 5. Practical Tips and Resources for Providers
- 6. Q & A and Community Feedback Session
- 7. Wrap Up

Tribal Land Acknowledgement

We humbly acknowledge that across the state, Integrated Managed Care work is happening on lands lost to Indigenous Peoples. We take a moment to consider the legacies of colonialism and the resulting systems of oppression that contribute to the health disparities of American Indian and Alaska Natives, including those who identify as Two Spirit.

On our path to achieving equity for all, we seek to better understand the resiliency of Tribes, the Indian health care delivery system, the political status of American Indians and Alaska Natives, and our role in supporting culturally appropriate services for this unique population.

Two Spirit

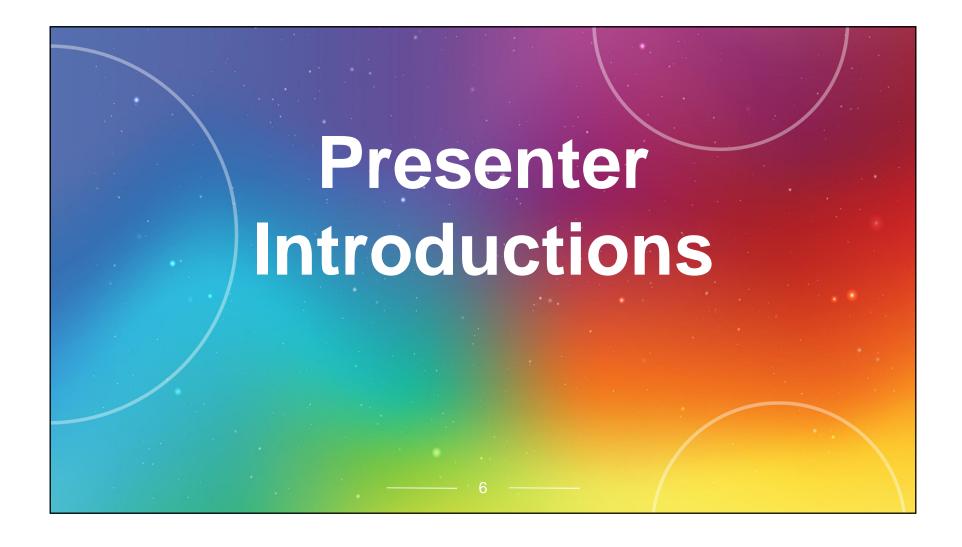
An umbrella term encompassing sexuality and gender in Indigenous Native American communities. Two Spirit people often serve integral and important roles in their communities, such as leaders and healers. It may refer to an embodiment of masculinity and femininity but this is not the only significance of the term. There are a variety of definitions and feelings about the term two spirit – and this term does not resonate for everyone.

Two Spirit is a cultural term reserved for those who identify as Indigenous Native American.

Although the term itself became more commonly used around 1990, Two Spirit people have existed for centuries.

https://www.ihs.gov/lgbt/health/twospirit/

SIOL Site: Handout 1



Presenters Photo **Donny Guerrero Erica Marchbank Karla Thornton** Name & **Pronouns** he/him/his she/her or they/them she/her/hers Community Engagement Director, Contracting & Community Connector, Molina Role & Specialist, Molina Healthcare of Network Development, Company Healthcare of WA WA **Coordinated Care** Donaciano.Guerrero@MolinaHealthcare.c Erica.Marchbank@MolinaHealthcare. kathornton@CoordinatedCareHealt **Email &** om 509-312-5343 com 360-831-6788 h.com (253) 442-1467 Phone Muckleshoot Indian Tribe **Traditional** The Confederated Tribes of the Chinook Nation, Cowlitz Indian Nisqually Indian Tribe, Puyallup **Tribal Lands** Colville Reservation <u>Tribe</u> We Live On Tribe of Indians

Presenters Photo Scott Swan, LMHC Jen Estroff Name & **Pronouns** He/him She/her/hers Role & Care Manager II, Coordinated Care Health Liaison, Coordinated Care Company jestroff@coordinatedcarehealth.com **Email &** Scott.C.Swan@coordinatedcarehealth.com 206-492-9019 Phone 206-701-1196 SIOL Site: Handout 3 SIOL Site: Handout 7 **Traditional** Muckleshoot Indian Tribe, Nisqually Indian Tribe, Puyallup Tribe of Indians Duwamish Tribe, Muckleshoot Indian **Tribal Lands** Tribe, Snoqualmie Tribe We Live On

Group Agreements

- GoToWebinar etiquette
 - Use the Questions box for questions, or to share experiences and resources
 - Please engage with polls during the presentation
- Share from your own experience
- Be respectful of other views and levels of knowledge
- Ask questions to understand, or be clear that you are commenting
- This session is recorded and available for future viewings, please share only what you want to be public
- Trauma-informed practices
- Take care of yourself (step away if needed, meet your needs)

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BIG Ideas/Takeaways

- . Who does the system center?
 - Health disparities are outcomes of a system designed to center white, straight, cisgender male populations.
- And how do we know?
 - Incomplete data collection when we don't ask, we can't determine the scope of the problem
- So what do we do about it?
 - Better training and resources for providers
 - Standardized, inclusive data collection and analytics
 - Every patient, every provider, every visit

Poll 1: Who is in the session?

Which of these roles best describes you?

- Behavioral Health Provider/Physical Health Provider
- Health Care Consumer/Advocate
- Community Organization
- Social Services (nonprofit or government)
- Educator





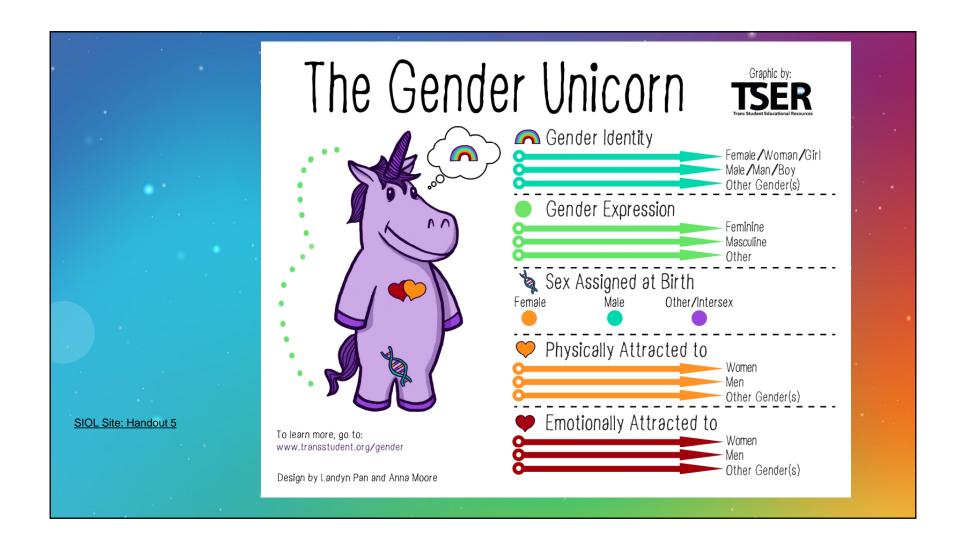
Key Terms

SIOL Site: Handout 8

- SOGIE Sexual Orientation, Gender Identity & Gender Expression.
- SMG Sexual/Gender Minority Group
- SOGI-P Sexual Orientation, Gender Identity, Pronoun(s)
- Lesbian
- Gay
- Bisexual
- Transgender
- Queer
- Questioning
- Intersex
- Asexual
- Ally (sometimes used to indicate those who are not out)
- + all of the beautiful spectra of human sexuality and identity

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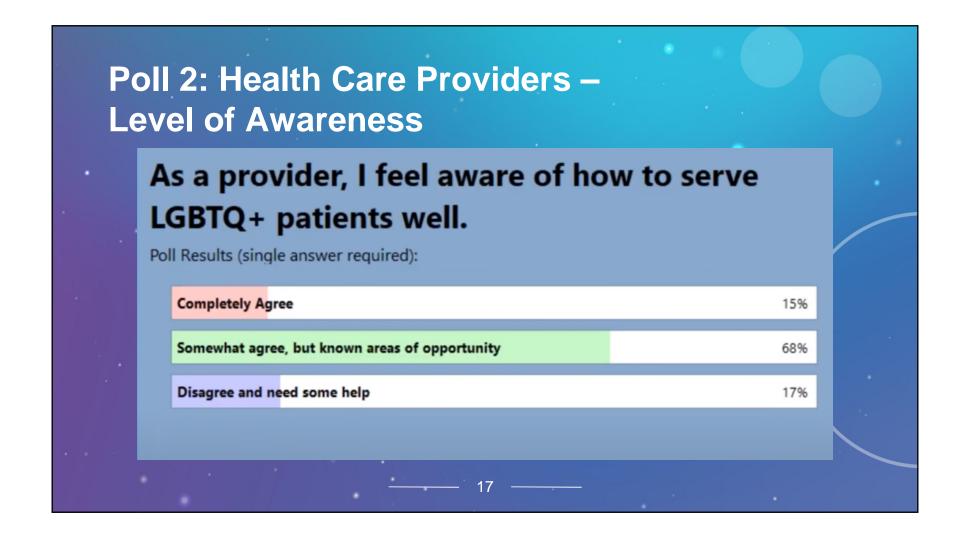
LGBTQQI2AA+



Poll 2: Health Care Providers – Level of Awareness

As a provider, I feel aware of how to serve LGBTQ+ patients well.

- Completely Agree
- Somewhat agree, but known areas of opportunity
- Disagree and need some help



Poll 3: Health Care Consumers – Experiences with Providers

As a health care consumer, I feel that my health care team respectfully serves LGBTQ+ patients.

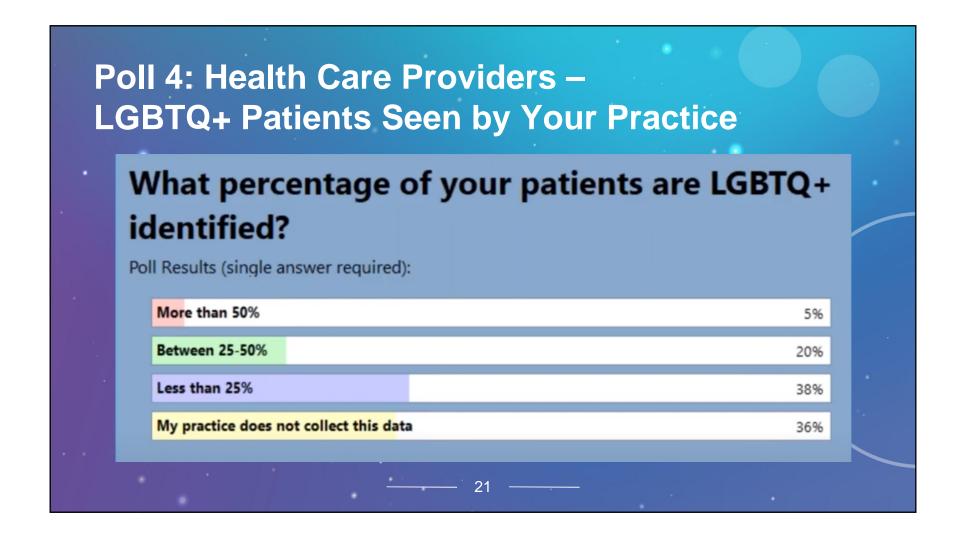
- Completely Agree
- Somewhat agree, but there have been issues
- Disagree. More LGBTQ+-competent providers are needed.



Poll 4: Health Care Providers – LGBTQ+ Patients Seen by Your Practice

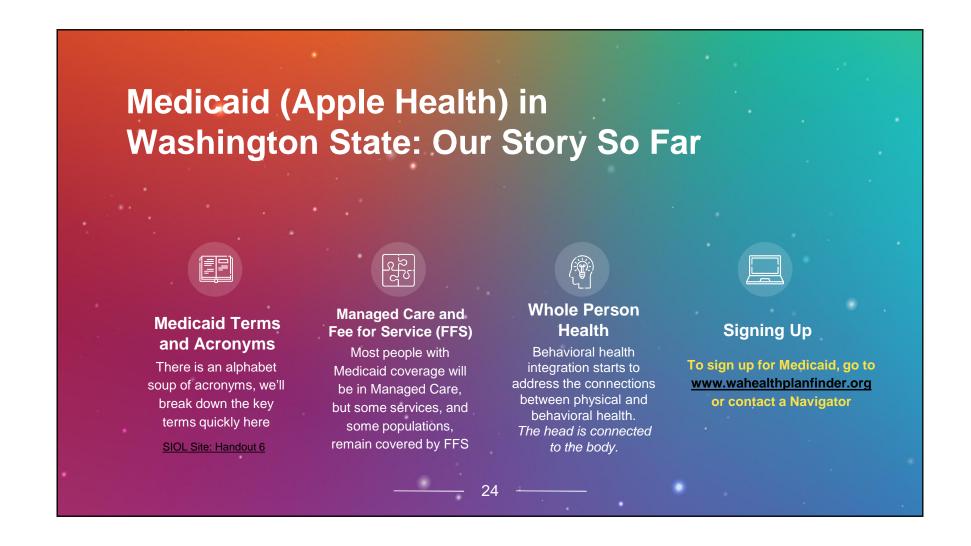
What percentage of your patients are LGBTQ+ identified?

- More than 50%
- Between 25-50%
- Less than 25%
- My practice does not collect this data









Terms and Acronyms I

- CHC: Community Health Center
- PCP: Primary Care Provider
- MCO: Managed Care Organization



Five MCOs are currently providing services in WA state (they vary by region).*

 Amerigroup
 1-800-600-4441

 Community Health Plan of WA
 1-800-440-1561

 Coordinated Care
 1-877-644-4613

 Molina Healthcare
 1-800-869-7165

 United Healthcare
 1-877-542-8997

*Integrated Foster Care (Apple Health Core Connections) from Coordinated Care is in every county.

Essential Health Benefits (details later in session): https://www.hca.wa.gov/assets/free-or-low-cost/19-040.pdf

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Terms and Acronyms II

BH: <u>Behavioral Health</u>

Behavioral health is a term that covers the full range of mental and emotional well-being – from day-to-day challenges of life, to treating mental health and substance use disorders.

BHSO: Behavioral Health Services Only

Behavioral Health Services Only (BHSO) enrollment is for Apple Health clients who are not eligible for medical managed care plans (such as those with Medicare as primary insurance). BHSO enrollment ensures everyone who is eligible has access to behavioral health benefits. Through BHSO, clients get coverage for their specialty behavioral health care (mental health and substance use disorder treatment).

Terms and Acronyms III

FFS: <u>Fee For Service</u>

Fee for service is the process used when apple health pays directly for each service provided, using the ProviderOne Payment system rather than from the MCO. Most Apple health clients get their services covered through their managed care organization of their choice, but fee for services is at times necessary due to the way coverage works for Medicaid (Apple Health).

- Regardless whether you are with a MCO or not, the following services are always covered by FFS
- Dental Care
- Vision Hardware (children)
- Long Term Care
- Inpatient psychiatric care for physician services

Note: Al/AN community members can opt in and out of an MCO at any time, and can solely use FFS if they so choose. Undocumented youth can be covered by Apple Health for Kids and will remain in FFS.

Terms and Acronyms IV

ProviderOne services card:

Each family member enrolled in Apple Health will get a unique Services Card (also known as the ProviderOne card). The ProviderOne card only provides the member name and ID number. Providers use the card to verify eligibility for medical services.

ProviderOne website:

ProviderOne offers a simple to use self-serve website where Medicaid eligible individuals can verify their coverage, and change Managed Care Plans at any time during their Medicaid eligibility.

https://www.waproviderone.org/client



Terms and Acronyms V

IMC: Integrated Managed Care



Behavioral Health
SUD Treatment



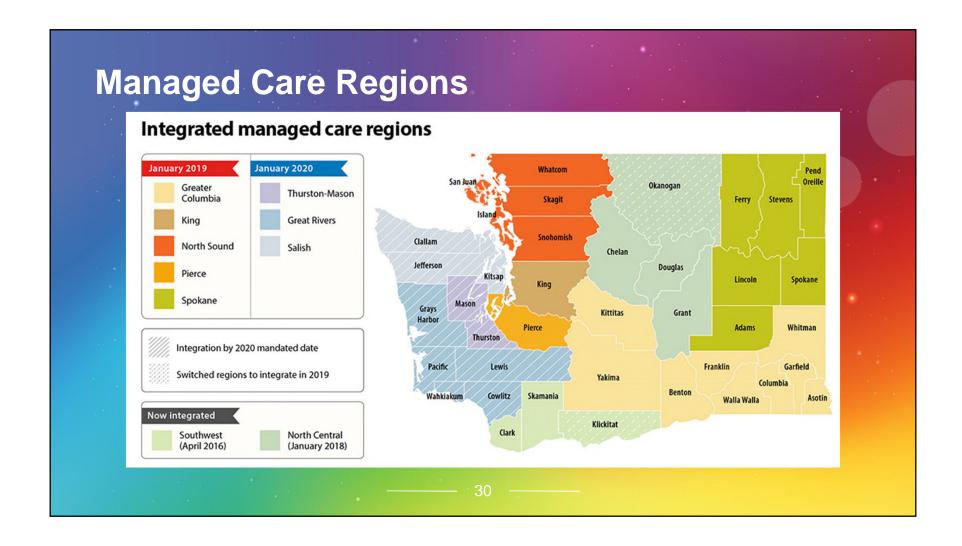
Physical Health



Whole Person Health

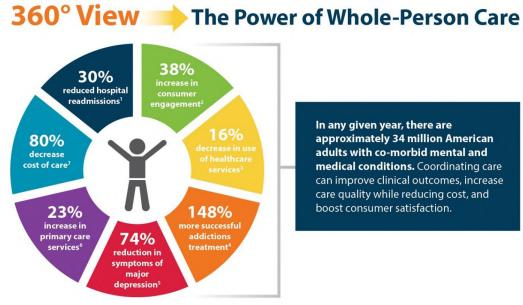
On January 1, 2020, all of Washington state completed the transition into *Integrated Managed Care* (IMC).

Medicaid members now get access whole person care which includes services for Physical health, Behavioral health and Substance Use Disorder (SUD).



Whole Person Health

- **Physical**
- Mental/Behavioral
- Social
- Spiritual
- **Emotional**

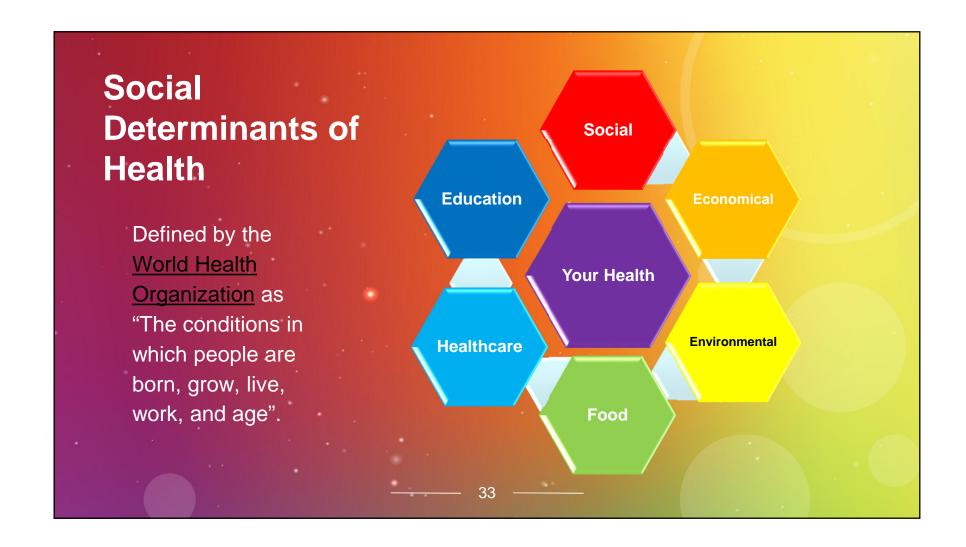


In any given year, there are approximately 34 million American adults with co-morbid mental and medical conditions. Coordinating care can improve clinical outcomes, increase care quality while reducing cost, and boost consumer satisfaction.

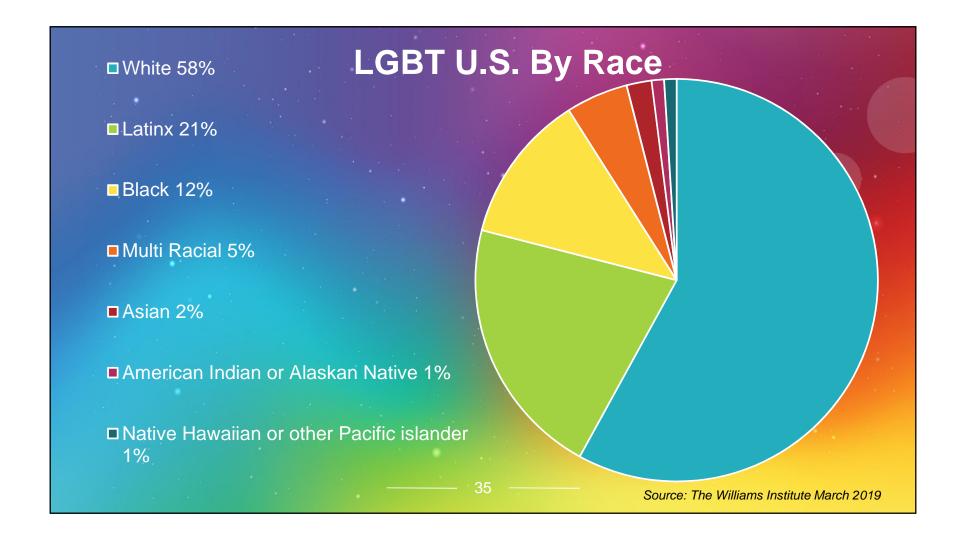
¹Source: New York State Office of Mental Health. ²Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). 3 Source: Robert Wood Johnson Foundation. 4 Source: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E). Source: American Psychological Association. ⁶Source: Robert Wood Johnson Foundation. ⁷Source: Robert Wood Johnson Foundation

https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/CruztoHealth.aspx





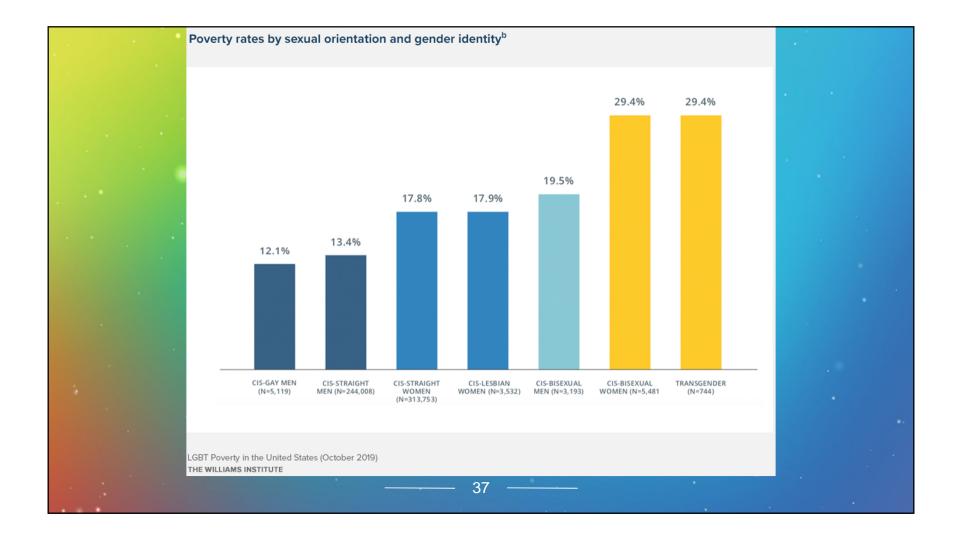


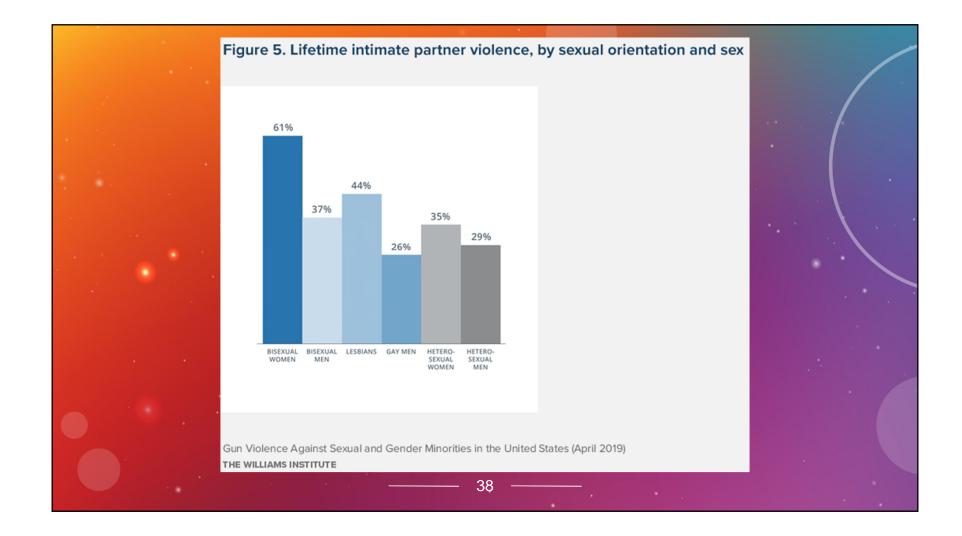


Food Insecurity Among LGBT Adults

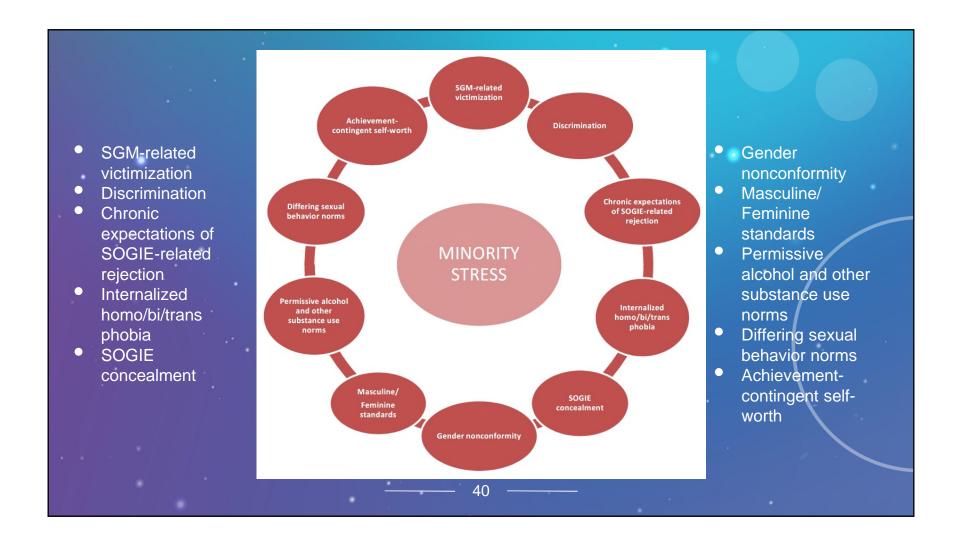
- About 1 in 4 LGBT adults (or 27%), about 2.2 million people, experienced a period of time within the past year when they could not afford to feed themselves or their families. This is compared to 17% of non LGBT adults.
- 18% of LGB adults reported that they or someone in their family went without food for an entire day in the past 30 days.
- 14% of LGB adults ran out of food for their families and could not afford more in the last 30 days.
- 9% of LGB adults reported that they are less than they thought they should have in the past 30 days.
- 6% of LGB adults went hungry in the past 30 days.
- 27% of LGB adults age 18-44 received SNAP benefits, as opposed to 20% of non LGB adults.







Definition of Minority Stress Chronic exposure to subtle and overt types of prejudice, discrimination, devaluing and social rejection occurring as a consequence of one's minority (i.e., stigmatized) identities.



Mental Health Disparities

- LGBT people are 3x more likely to experience a mental health condition than their straight counterparts.
- LGBT youth are 4x more likely to engage in self harm, experience suicidal ideation, and attempt suicide than straight youth.
- Approximately 38-65% of Transgender individuals experience suicidal ideation.
- LGBT people are 2.5x more likely to suffer from depression, anxiety, and substance abuse.
- 20-30% of LGBT people abuse substances, compared to 9% of the general population.
- 25% of LGBT people abuse alcohol, compared to 5-10% of the general population.



Homelessness

- Studies find that between 20% and 45% of homeless youth identify as LGBTQ, at least 2 to 4 times more than the estimated percentage of all youth who identify as LGBTQ.
- Among young adults aged 18-25, LGBT people have a 2.2 times greater risk of homelessness than non-LGBT people.
- Sexual minority adults are twice as likely as the general population to have experienced homelessness in their lifetime.
- The majority of sexual minority people experienced homelessness for the first time as an adult.
- A higher proportion of transgender people report recent homelessness than sexual minority and cisgender straight people.

Homelessness, continued

- 8% of transgender adults experienced homelessness in the past year
- 3% of cisgender and genderqueer sexual minorities did
- 6% of African American sexual minorities experienced recent housing instability
- 17% of sexual minority adults have experienced homelessness in their lives
 - o 6% of cisgender straight people have
- 71% of sexual minorities experienced homelessness for the first time as an adult
- 20% of sexual minorities experienced homelessness before age 18

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COVID-19 and Our LGBT Population

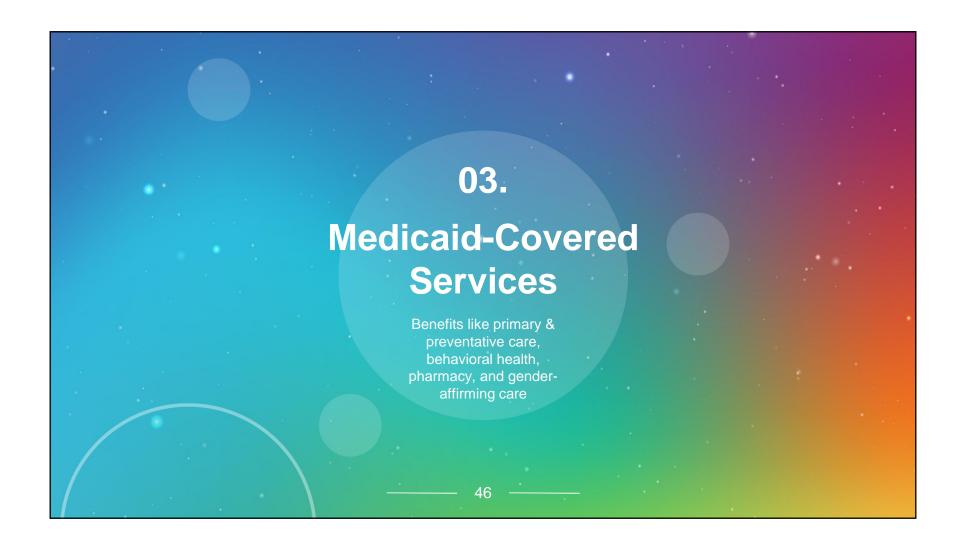
- Over 5 million LGBT Americans work in jobs impacted by COVID-19
- 2 million work in food services
- 1 million work in hospitals
- Almost 1 million work in K-12 education
- Almost 1 million work in colleges and universities
- Half a million work in retail

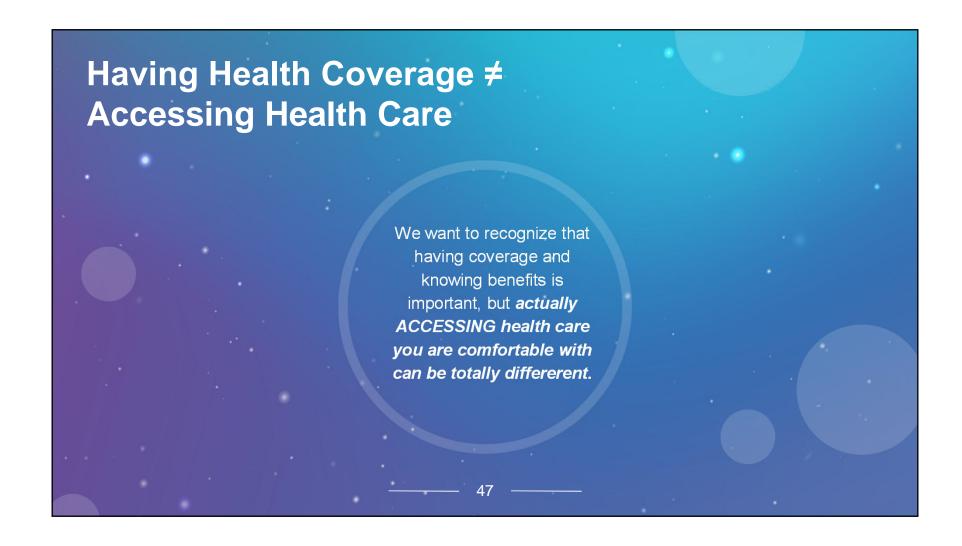
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COVID-19 and Our LGBT Population, continued

- 1 in 10 LGBT people are unemployed, making them more likely to be living in poverty and unable to afford preventative healthcare.
- 17% do not have insurance.
- Tobacco use among LGBT is about 50% higher than the general population, making them more vulnerable to respiratory illness.
- Higher rates of cancer and HIV lead to a higher number of LGBT with compromised immunity.
- LGBT elders are even less likely to access care due to fear of harassment and discrimination.
- Symptomatic LGBT over 60 are 5x more likely to die than younger adults.







Benefits through Integrated Managed Care

- Medical services
- Doctor office visits
- Urgent care
- Vision exams
- Prescriptions
- Hearing exams
- Hearing aids (under 21)
- Durable Medical Equipment (DME)
- Hospital care
- Home health

- Emergency Room visits
- Physical therapy
- Specialty therapies
- Lab tests/x-rays
- Family planning
- Disease management
 - (Asthma, Diabetes, etc)
- Transgender Benefits BH and hormone therapies
- Behavioral health outpatient and inpatient
- Drug and alcohol treatment (substance use disorders)

Behavioral Health Benefits (IFC, IMC, and BHSO)

- Wraparound with Intensive Services (WISe)
- Program of Assertive Community Treatment (PACT)
- Substance Use Disorder Treatment
 - Outpatient (OP)
 - Intensive Outpatient (IOP)
 - o Residential
 - Detox
 - Medication Assisted Treatment (MAT)

Crisis Services

- Behavioral Health-Administrative Services Organization (BH-ASO)
 - BH-ASO administers crisis services for ALL residents in service area regardless of payment type
 - MCOs must contract with every BH-ASO to administer crisis services on behalf of our members
 - 9 regional crisis lines
 - https://www.hca.wa.gov/health-care-servicessupports/behavioral-health-recovery/mental-health-crisis-lines

ProviderOne Benefits

Covered under Apple Health fee-for-service program using ProviderOne card:

- Bariatric surgery
- Long-term care services
- Developmental disabilities services
- Dental services
- Eyeglasses and fitting for children
- Transplants



- Early Support for Infants and Toddlers (ESIT) from birth to 3 years
- Maternity Support Services (MSS)
- Pregnancy terminations, voluntary
- Sterilizations, under age 21
- Transportation for medical appointments
- Transgender benefits surgeries

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Gender Affirming Services

SIOL Site: Handout 2

Transgender Health Care Covered Services

Coordinated Care is proud to serve our transgender and gender-fluid members with gender-affirming care. Coordinated Care works with the Health Care Authority (HCA) Transgender Health Care program for Apple Health (Medicaid) to cover surgical services through ProviderOne feefor-service. Ambetter covers services directly. This grid is to help providers understand how each service is covered.

Treatment	Apple Health (Medicaid)	ProviderOne fee-for-service	Ambetter	Special Requirements
Hormone Replacement Therapy (HRT)	X		✓	There is no prior authorization (PA) required. Benefits are administered through Envolve.
Hormone blockers for youth	×		✓	Same as above.
Mental health services (re: Gender Dysphoria Syndrome, etc.)	X		✓	Member will need a Case Manager. Please note that HCA requires a diagnosis of gender dysphoria to access gender-affirming services for Medicaid members.
Preventive services as appropriate	X		✓	Provider will discuss the appropriate preventative services with patient. Services may include mammography after a mammoplasty, pelvic exams for female to male clients, prostate exams for male to female clients.
Electrolysis/laser		\checkmark		Surgical. Only covered for surgery preparation. Requires a PA.
Top surgery – Breast reconstruction (male to female/feminizing)		Ø	✓	Surgical. Requires a PA. The following must be submitted with the PA: o Surgical consult c Letter of recommendation from a licensed mental health provider c Letter of recommendation from primary care provider or provider managing patient's hormone replacement therapy
Top surgery – Mammoplasty with or without chest reconstruction (female to male/masulinizing)		Ø	✓	Same as above.
Hysterectomy			✓	Same as above.
Orchiectomy			✓	Same as above.

Gender Affirming Services, cont.



<u> </u>						
Treatment	Apple Health (Medicaid)	ProviderOne fee-for-service	Ambetter	Special Requirements		
Laryngoplasty/tracheal shave		\square	✓	Surgical. Requires a PA. HCA will review case-by-case, considered an exception to rule.		
Facial feminization surgery		\square	✓	Surgical. Requires a PA. HCA will review case-by-case, considered an exception to rule.		
Bottom surgery – (male to female/feminizing or female to male/masculinizing)		Ø	✓	Surgical. Requires a PA. The following must be submitted with the PA: o Surgical Consult c Letters of recommendation from two (2) licensed mental health providers c Letter of recommendation from primary care provider or provider managing patient's hormone replacement therapy.		

Transgender Health Care Management Services

We offer **no-cost care management services for all our members**, and can help members navigate the prior authorizations and special requirements needed to access the full range of available services on their gender and health care journeys.

For more information, call Coordinated Care:

- Apple Health (Medicaid) members or providers can call 1-877-644-4613.
- Ambetter members and providers can call 1-877-687-1197.
- Apple Health Core Connections members (those in foster care, adoption support, and alumni of foster care), and their providers can call 1-844-354-9876.

https://www.hca.wa.gov/assets/billers-and-providers/physician-related-servs-bg-20200501.pdf starting on page 289 (May 1, current)

Risks of Withholding Medical Treatment for Adolescents

Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence (Nuttbrock et al., 2010), withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.

 World Professional Association for Transgender Health, Standards of Care – Version 7, 2012 (pg. 21)

https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf



"Cheri"*

56 years old Apple Health Member

Conditions

- Chronic pain
- Rheumatoid arthritis
- Degenerative disc disease
- Depression & anxiety

<u>Successes</u>

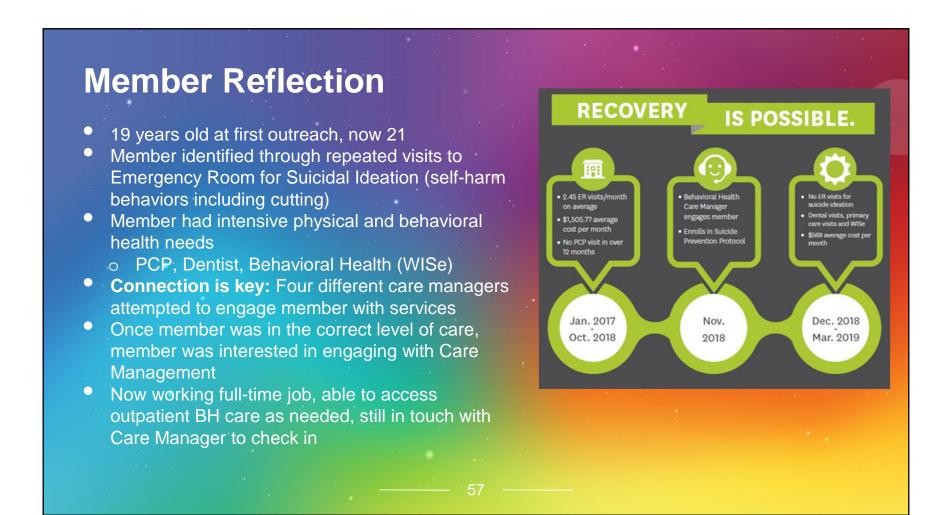
- Connected with PCP
- Reduced pain
- Improved depression

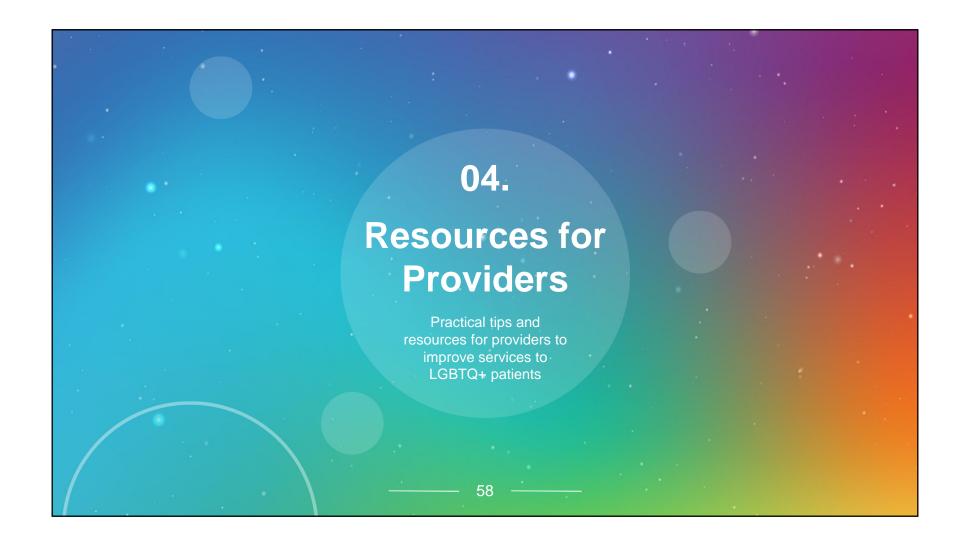


Member Reflection



*Name and photo not an actual member

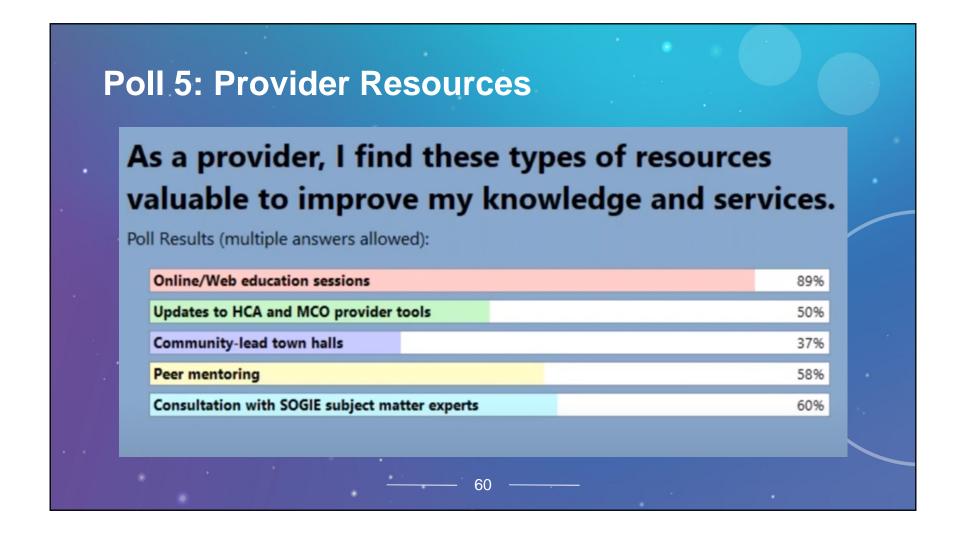




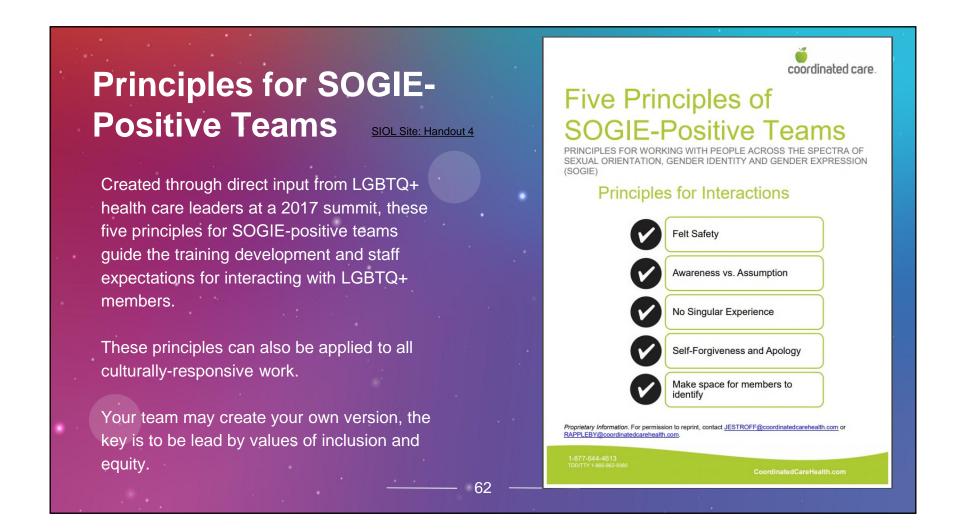
Poll 5: Provider Resources

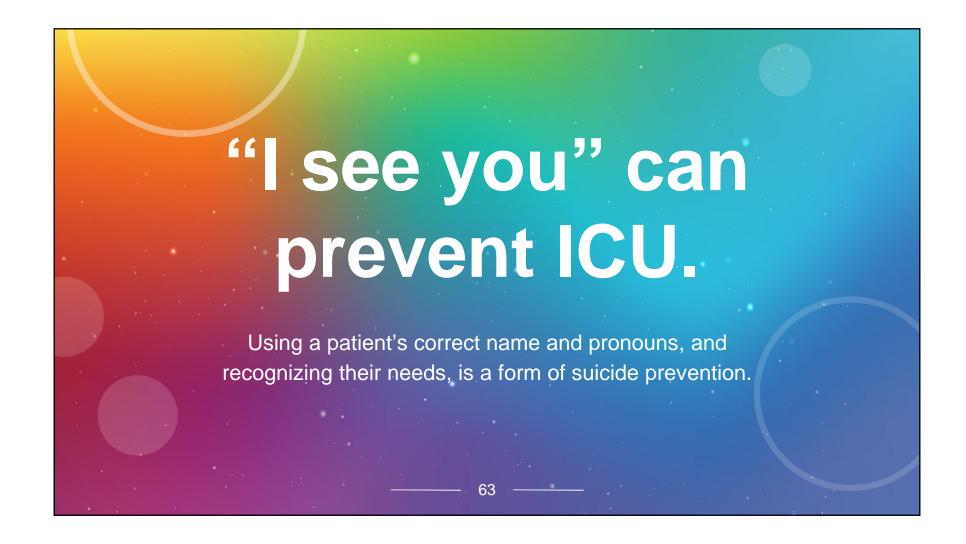
As a provider, I find these types of resources valuable to improve my knowledge and services.

- Online/Web education sessions
- Updates to HCA and MCO provider tools
- Community-lead town halls
- Peer mentoring
- Consultation with SOGIE subject matter experts









Suicide Prevention

- SAMHSA's National Helpline
 - Toll-Free: 1-800-662-HELP for 24/7/265
 - Treatment Referral Toll-Free (English): 1-800-273-TALK (8255)
- National Suicide Prevention Lifeline
 - Toll-free (English): 1-800-273-TALK (8255)
 - http://www.sprc.org/
- The Trevor Project
 - Lifeline Toll-free (English): 1-866-488-7386
 - www.Thetrevorproject.org/get-help-now/
- LGBT National Hotline: 888-843-4564
- Crisis Connections
 - 866-427-4747
- Trans Lifeline
 - 877-565-8860

Zero Suicide Institute (provider training) http://zerosuicideinstitute.com/

Data Collection

SIOL Site: Handout 9

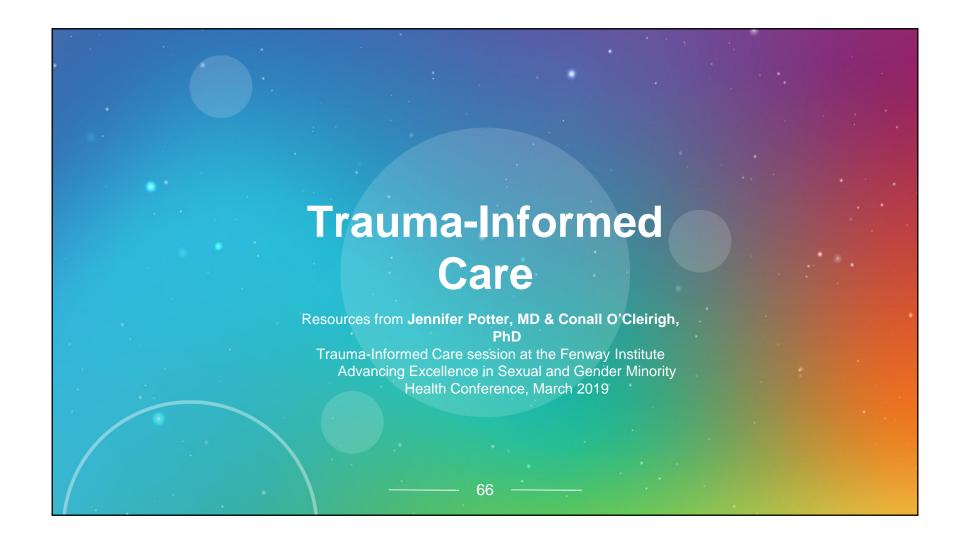
Accurate data is key to personalized care, and addressing systemic issues.

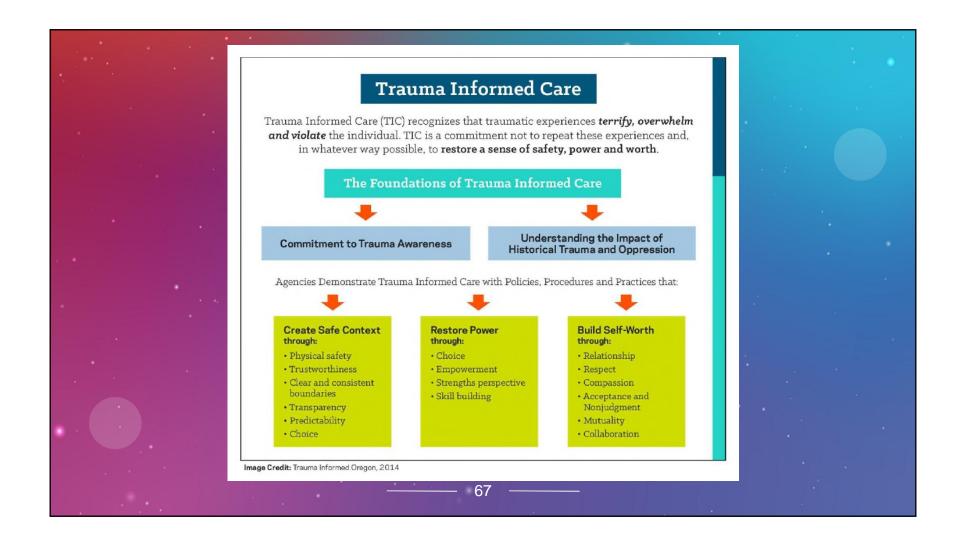
The National LGBT Health Education Center published a guide to starting data collection at health care sites and systems.

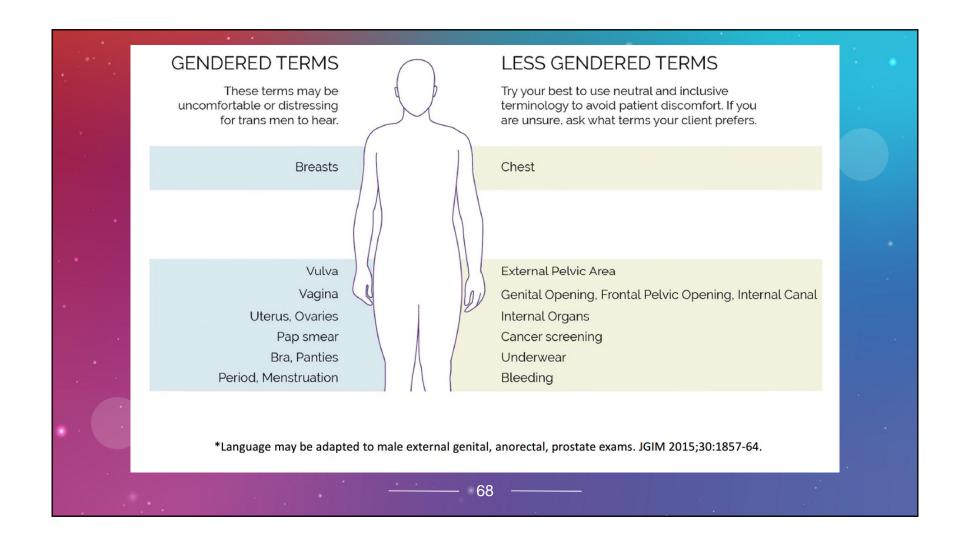
The document is provided to session participants, and we encourage providers to review the information with your teams.

https://www.lgbthealtheducation.org/publication/ready-set-go-guidelines-tips-collecting-patient-data-sexual-orientation-gender-identity/









Phrases to Avoid	Use Instead	
Don't be scared, everything will be fine.	What are you most afraid of?How can we help you through this?	
Stirrups	• Footrests	
 Avoid unnecessary touching of the patient (e.g., "Scoot down on the table until your bottom touches my hand") 	 Please move your body down until you're almost hanging off the edge of the table. Allow your knees to fall to the sides as much as you can. 	
I'm going to insert the speculum.I'm going to come into you now.	 I'm going to place the speculum now. It's normal to feel a little pressure. 	
I'm going to open the blades of the speculum.	I'm going to open the speculum.	
 I'm going to take the sample now you may feel a "poke" ["prick"]. 	You may feel a little discomfort or cramping.	
Hold still	If you need to move, wiggle your toes or squeeze your hands.	
• Relax	 Try to keep your pelvis resting on the table. 	
Adapted from: J Gen Intern I	Med 2015; 30: 1857-64.	
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Provider Training Resources

NATIONAL

- LGBT Health Education Fenway Institute https://www.lgbthealtheducation.org/
- World Professional Association for Transgender Health https://www.wpath.org/
- "Vanessa Goes to the Doctor"
 https://www.youtube.com/watch?time_continue=1&v
 =S3eDKf3PFRo&feature=emb_logo
- THE LGBTQ CULTURAL COMPETENCY TOOLKIT http://www.lgbtcultcomp.org/
- GLMA: Health Professionals Advancing LGBTQ
 Equality (previously known as the Gay & Lesbian Medical
 Association) http://www.glma.org/
 - GLMA also features a Provider Search for patients

LOCAL

- Rainbow Center
 https://www.rainbowcntr.org/educate
 Email: educate@rainbowcntr.org
- Ingersoll Gender Center
 https://ingersollgendercenter.org/ingersoll-directory/
- Q Card Project
 http://www.qcardproject.com/

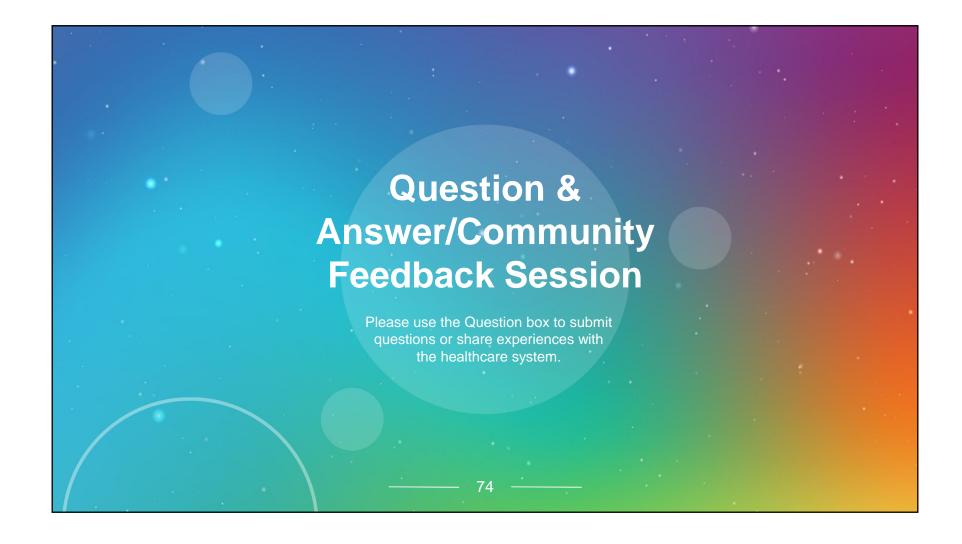


Building a Statewide Provider Network

- Provider networks to support better LGBTQ+ health care
- We hope this presentation can be the start of a statewide conversation to build better data and accreditation for LGBTQ+ providers

Provider Feedback: What Works, What's Broken, What is Needed

 Providers, as we enter the Q & A/ Community Feedback session, please feel free to share your experiences providing care to LGBTQ+ identified patients.



Questions and Answers

Questions and answers from the presentation are available in .pdf format on the Saying It Out Loud site along with this deck.

Community Feedback - Resources

- Resources in Snohomish County:
 - Tanya Atkinson MSW
 - Snohomish County LGBTQ group https://www.facebook.com/SnohoLGBTQ/
 - https://www.meetup.com/Snohomish-LGBTQ/
 - We received a request for LGBTQIA+ competent providers in Snohomish County to support a new nonprofit, and hope this resource will help get the requester what they need.
- Several comments came in highlighting the need for better SOGIE data collection. And for providers that collect the information, ways to share it with staff and community to help improve services. As a solid starting place for ANY data collection conversation, we recommend Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SOGI) – 2020 Update

https://www.lgbthealtheducation.org/publication/ready-set-go-guidelines-tips-collecting-patient-data-sexual-orientation-gender-identity/

Another amazing resource that I am a part of is 7 cups, it is a place where you can go to seek help anonymously for anything from LGBTQ+ issues all the way to DV issues. https://www.7cups.com/

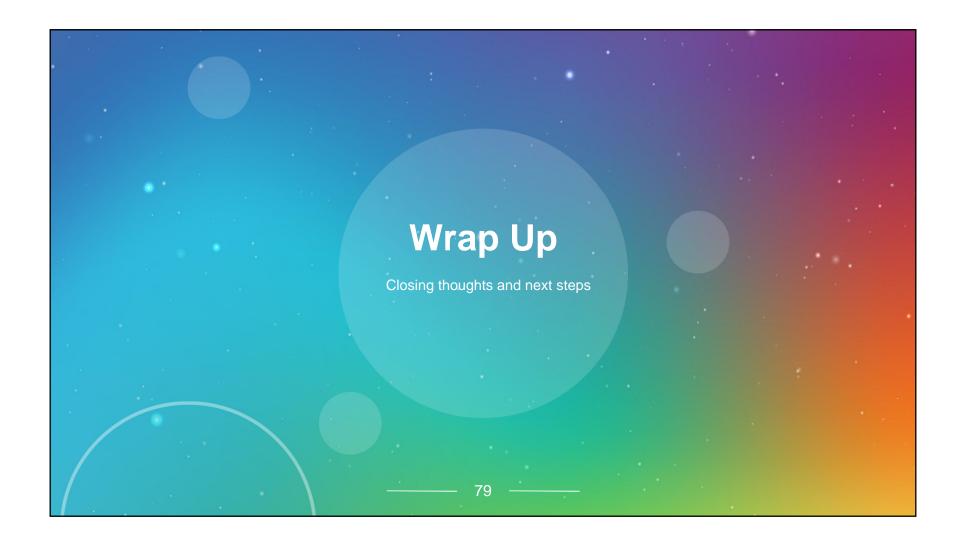
Community Feedback - Comments

- Request to use the full acronym "LGBTQIA+" to be inclusive.
 The presenters appreciate this feedback. The "LGBT" term used in the health disparity section is taken verbatim from the data source.
- Comments came in that highlighted the need for better SOGIE data collection. And for providers that collect the information, ways to share it with staff and community to help improve services.
- Comment from a participant (name changed for privacy). We apologize and encourage all to consider how names and pronouns impact patients, colleagues, and others.
- "I just would like to mention that I was called Jen during this conference although I introduced myself as Jennifer. I'm not mentioning this to shame anyone or to call anyone out. I am mentioning it to merely draw attention to something that happens often. Personally, I chose to only go by Jennifer because Jen made me feel more masculine. I shaved my head many years ago and when I was growing my hair out, it was really important for me to feel feminine. I always felt too masculine and "tough" or "rugged." Names are personal."
- Minority stress is avoiding using the word racial/ethnic.
 Racial Trauma is a more apt naming. "minority' stress is centering whiteness as the majority. I'd encourage language changes to remove stigmatizing/ marginalizing/ minimalizing language which contributes to depotentiating the health experiences of this issue for black, indigenous and people of color communities.
 - Presenter response: we understand and respect the point this participant is making. The "Minority Stress" graphic in this deck is specifically around trauma experienced by LGBTQIA+ people. The intersectionality with trauma from systemic racism by Black and Brown people is crucial to address, and was simply not a part of the focus on SOGIE health issues in that image.

Community Feedback - Comments

- There is a strong desire from many providers to have clear guidance on gender-affirming services for youth when parents are not approving.
 - o Comments include:
 - YES using the PCP would be great, but parents can get in the way of that too. So, I'm wondering on like that fine line between aiding the child in treatment even when the parent doesn't agree, it's hard because the parent has rights too and we as a facility has rights.... so it's hard and if PCP is contacted and goes with what parents wants then I want to be able to start the child off with some sort of base understanding that fits ALL as they figure it out
 - YES data collect, inform, grow awareness, and competent providers to call with child/parent would be great because main PCP's who aren't too sure typically go along with the parent whereas we are more therapeutic treatment but still have to follow parent rights vs the rights of the client

- "I love the Gender Unicorn, thank you!" So do we, and we'll address its limitations in future presentations.
- If we present at future SIOL conferences, we will include a variety of fabulous music to play during polls.
 Because you, the people, have spoken. ©



BIG Ideas/Takeaways

- Who does the system center?
 - Health disparities are outcomes of a system designed to center white, straight, cisgender male populations.
- And how do we know?
 - Incomplete data collection when we don't ask, we can't determine the scope of the problem
- So what do we do about it?
 - Better training and resources for providers
 - Standardized, inclusive data collection and analytics
 - Every patient, every provider, every visit

www.wahealth planfinder.org

Remember, there are affordable and no-cost options for individuals and families who lose employer coverage due to COVID, or any reason.

Please share this information widely.

Resources/Acknowledgements

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- Amanda Lewis, HCA and the SIOL Committee for inviting us MCO folks to participate in this new way.

RESOURCES:

- Q Card http://www.qcardproject.com/
- Rainbow Center
 https://www.rainbowcntr.org/educate, Email: educate@rainbowcntr.org
- Ingersoll Gender Center

 https://ingersollgendercenter.org/ingersoll-directory/
- Gay City Health Project
 https://www.gaycity.org/outreach/
- Williams Institute
 https://williamsinstitute.law.ucla.edu/
- HCA Transgender Health
 https://www.hca.wa.gov/billers-providers-partners/programs-and-services/transgender-health-services-program

