

LGBTQIA+

Inclusive Care Guide

For the provider partners of
MHS Health Wisconsin



mhs health
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HEALTH EQUITY

Commitment Statement

MHS Health Wisconsin is committed to transforming the health of our community, one person at a time. Our goal is to improve the access and availability of care regardless of age, ethnicity, gender, race, national origin, religion, disability, sexual orientation, gender identity, or socioeconomic background. We are committed to embracing diversity, equity, and inclusion in all the work we do. We will continue to work diligently to dismantle systemic and interpersonal racism, bias, discrimination, and the social and structural inequities that threaten the health of our community.

We commit to:

- Improving equitable access, availability, and accountability of services to drive health and well-being.
- Focusing our efforts where disparities exist and continuously working toward equitable outcomes for all.
- Including our diverse and talented workforce at all levels of decision-making.
- Combatting racism and discrimination in all forms.
- Facilitating the identification of unconscious bias and implementing change to address it.
- Prioritizing community-led strategic planning, partnerships, and presence.
- Celebrating authenticity and bringing one's true and whole self to every interaction.

You. Belong.

Welcome

The **LGBTQIA+ Inclusive Care Guide** was created for the provider partners of **MHS Health Wisconsin (MHS Health)** and aims to equip every reader with the knowledge and readiness to provide respectful, inviting, and high-quality care to patients who identify as **LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, and gender-diverse)**.

Navigating the ever-evolving spectrum of LGBTQIA+ identity can be intimidating for some. The *LGBTQIA+ Inclusive Care Guide* offers education, strategies, and resources to support health care providers every step of the way.

From incorporating inclusive language in daily conversation, to prevalent health equity concerns and barriers to care, to fostering a culture of accountability, this care guide ensures that every interaction reflects a commitment to dignity, respect, and equity.

MHS Health endeavors to not only enhance access to care but also to synchronize efforts in delivering culturally competent services. Moreover, MHS Health seeks to amplify the voices of Wisconsin's LGBTQIA+ community, helping to foster an environment where every LGBTQIA+ community member feels respected, valued, and embraced.

Continue reading to champion the expansion of pathways for LGBTQIA+ patients to access inclusive care.



MHS Health Wisconsin is a health maintenance organization (HMO) and a wholly owned subsidiary of Centene Corporation, a Fortune 25 enterprise. MHS Health was founded in 1984 by Elizabeth “Betty” Brinn, who was an orphan and former hospital bookkeeper. MHS Health was Centene’s first health plan and was shaped by Betty’s experiences growing up in Wisconsin orphanages.

Even though only 10% of U.S. businesses were owned by women at the time MHS Health was founded, Betty wasn’t discouraged. Instead, this fueled her mission of helping individuals who were falling through the cracks of the healthcare system and creating job opportunities for women returning to work.

For nearly 40 years, MHS Health has provided high quality, whole health solutions to its diverse membership by recognizing the importance of the many different cultures its members represent, and by forming partnerships in communities that bridge social, ethnic, economic, and gender gaps. Today, MHS Health still lives out Betty Brinn’s mission for bringing a voice to those in need.

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Inclusivity Note: While reading MHS Health’s LGBTQIA+ Inclusive Care Guide, it’s critical to keep in mind that not every person will resonate with every term and concept mentioned as language and identity are constantly evolving. Best practice is always to ask how an individual identifies before using a term that may not be applicable or correct.

All feedback is appreciated!

MHS Health encourages the submission of feedback.
Take a short survey by scanning the QR code on the right with a phone camera or by using the following link:
forms.office.com/r/qCVzdYyYq9

Take a one-minute survey:



THIS GUIDE IS INTENDED FOR OFFICE USE ONLY AND SHOULD NOT BE DISTRIBUTED TO PATIENTS.

The Importance of Affirmative Action and Inclusive Healthcare

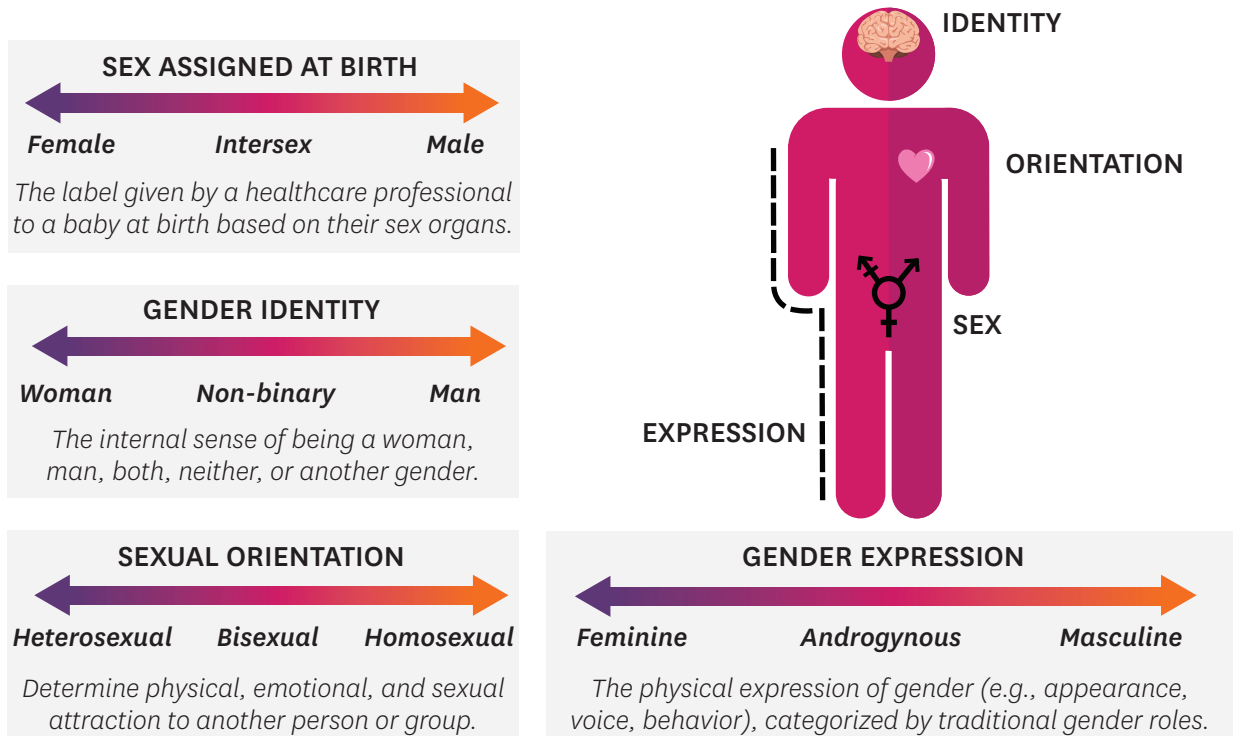
Most individuals within the **LGBTQIA+** community experience stigma from an early age, facing discriminatory laws, policies, and marginalization for more than 100 years.^{1,2} A long history of differential treatment results in significant health and behavioral health implications for this community.^{1,2} Recurring disparities persist in the availability of safe and consistent health care, often leading to delays in care that are rooted in the fear of unsupportive healthcare services and providers.^{1,2}

By understanding the historical context and implementing actionable strategies outlined in this guidebook, healthcare providers can ensure equitable care delivery and actively break down barriers experienced by patients who identify as LGBTQIA+. The tools and resources offered will help providers to deliver exceptional and inclusive patient care. Commitment to this initiative is paramount in shaping a healthcare environment that truly upholds the values of health equity, diversity, and inclusion.

Fostering inclusivity

Cultivating inclusivity begins with understanding the complexities of identity. Every individual has a unique combination of a sex assigned at a birth, sexual orientation, gender identity, and gender expression. These elements exist independently and span diverse spectrums. For instance, one may identify as **heterosexual** and present as feminine, but may not align with the labels of **cisgender** woman.

Personal identity is ever evolving, and individuals may change the labels they embrace at any point or multiple points in their lives. After all, labels are simply the words that people use to describe the interplay between sex at birth, gender, sexual orientation, and gender expression. The cornerstone of health equity is this – *all humans deserve to be treated fairly and equitably.*



Identity Beyond Labels: Pronouns and Chosen Names

What are pronouns and chosen names and why do they matter?

A **pronoun** is a linguistic tool that is used to refer to oneself and others. Common examples include: she/her/hers, he/him/his, and they/them/theirs. Some individuals may use a combination of these pronouns or none at all. A **chosen name** is the name an individual (who typically identifies as transgender) chooses to be called by, which may or may not match their given or legal name. Addressing a patient in the manner they want to be addressed cultivates an environment where individuals can authentically feel seen, heard, and valued.

How to verify identity with sensitivity

If unsure about a patient’s identity, use thoughtful questions for clarity. Consider asking, “*Is the information on your insurance card current and accurate, including your name and gender?*” This approach helps ensure patients feel respected as no assumptions were made about their identity.



Check the patient charting system before each appointment to see if a patient’s pronouns and chosen name are on file. If not, be sure to update their records after the conversation ends. Regardless of pronoun choice, including this detail underscores a commitment to personalized and patient-centric healthcare practices.

Practice introductions with pronouns

To improve comfortability right from the start, consider using an introduction that includes pronouns. For example, “*Hello, my name is _____ and my pronouns are _____.* Before we begin, I’d like to ask which pronouns you use.”

If this approach prompts questions, clarify by explaining that the inquiry stems from a commitment to respect because it is important to address every person in the manner they prefer.



Pronoun guide

Not all individuals may identify with the labels in the table³ and may use pronouns that are not listed. **Best practice is always asking first.**

Learn more through Pride Training: pridetraining.org.au/pages/pronoun-page

	SUBJECT	OBJECT	POSSESSIVE	PRONUNCIATION
GENDERED	she	her	hers	shee, her, herz
	he	him	his	hee, him, hiz
GENDER NEUTRAL	they	them	theirs	thā, them, therz
	ze	hir	hirs	zhee, here, herez
	ze	zir	zirs	zhee, zhere, zheres
	xe	xem	xyrs	zhee, zhere, zheres

Health Equity Concerns and Barriers to Care

Limited provider education

A study of leading medical programs revealed a concerning trend: U.S. medical students spend an average of only 2.2 credit hours per year on LGBTQIA+ related topics.⁴ While students reported they received some education on sexual health, sexual orientation, and gender identity, there was a noticeable gap identified in education on transgender health.⁴ This lack of transgender health education persists even among students who received more extensive education on LGBTQIA+ care and health issues.⁴

Providers can ensure their practice is well-prepared to serve patients who are LGBTQIA+ by:

- ▶ Adding inclusive language to patient intake forms by offering patients a space to list their pronouns and chosen names.
- ▶ Staying current on clinical guidelines and inclusive standards of practice, such as those provided by the Gay, Lesbian, Bisexual, and Transgender (GLBT) Health Access Project. Visit: glbthealth.org
- ▶ Attending seminars and training programs that specialize in LGBTQIA+ patient care.
- ▶ After implementing inclusive practices, clinics can be listed on the Gay and Lesbian Medical Association (GLMA) Provider Directory. This is a trusted resource for many members of the LGBTQIA+ community. Visit: glma.org/find_a_provider.php

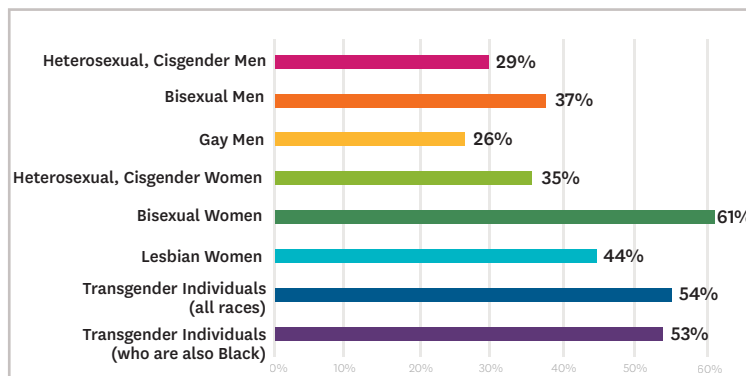
Vulnerability to poverty

LGBTQIA+ communities experience disproportionate instances of economic insecurity and poverty.⁵ This susceptibility is further exacerbated by various interconnected challenges, such as:

- Underemployment due to workplace stigma.
- Homelessness due to anti-LGBTQIA+ bias within families.
- Behavioral health and substance use issues.
- Becoming a parent without adequate family and community support.
- Increased risk of long-term health issues resulting from chronic stress.

Many people experience a combination of these factors simultaneously.

Intimate partner violence



Intimate partner violence (IPV) and intimate partner sexual assault (IPSA) are historically overlooked in the LGBTQIA+ community.⁶ Compared to their heterosexual and cisgender counterparts, bisexual women are 61% more likely to experience IPV and IPVA, and individuals who are Black make up 53% of Transgender individuals who report experiencing IPV and IPVA.⁶

Considerations for Specific Demographics

The Healthy People 2030 report from the U.S. Department of Health and Human Services highlights the increased prevalence of health concerns within the LGBTQIA+ community, surpassing rates among their heterosexual and cisgender counterparts.⁷ When working with LGBTQIA+ patients, it's imperative to recognize and address the diverse health experiences that may be present.

Caring for LGBTQIA+ youth

LGBTQIA+ youth are at a greater risk for behavioral health issues, such as suicidal ideation and substance use.^{9,10} This group experiences more negative sexual health outcomes than nonsexual minority youth.^{7,8,9} For example, transmission rates of human immunodeficiency virus and other sexually transmitted infections are significantly higher.^{7,8,9}

LGBTQIA+ youth are 50% more likely to report experiencing sexual health education that is irrelevant to their identity compared to their non-LGBTQIA+ peers.

(Source: Planned Parenthood).¹¹

Caring for aging LGBTQIA+ adults

Aging LGBTQIA+ adults have often lived through years of discrimination and may have deeply rooted trust issues when seeking care. There is a recognized need for more inclusive providers, senior housing, and support groups.^{12,13} Compared to their heterosexual and cisgender counterparts, aging LGBTQIA+ adults experience higher rates of harmful social factors that increase their likelihood to experience poverty.^{12,13} Aging LGBTQIA+ adults are also more likely to:

Live alone

Have no children to assist them

Have no close relatives to rely on for help

Caring for transgender and gender non-conforming individuals

The transgender community faces high degrees of bias in health care, as evidenced by over 24% of transgender individuals reporting unequal treatment in healthcare environments, 19% reporting they received refusal of care altogether, and 33% reporting they do not seek preventive services.¹⁴ **Beyond that, approximately 50% report they previously provided education to their healthcare professionals on basic information related to healthcare for transgender individuals.**¹⁴ Mental health concerns should also be addressed, but providers should not assume the mental health concern is caused by the individual's gender identity.

Caring for LGBTQIA+ individuals who are also BIPOC

Individuals who identify as both Black, Indigenous, and People of Color (BIPOC) and LGBTQIA+ are more likely to experience higher rates of discrimination than white LGBTQIA+ individuals in a variety of settings.^{14,15}

Some of these scenarios include:

Accessing healthcare

Facing prejudicial treatment in healthcare

Locating safe and affordable housing

Being in public spaces

Strategies for Working with Individuals who are LGBTQIA+

Attitudes and expectations

Embrace an open-minded approach. A provider's primary duty is to offer compassionate care that is free from judgment. Other suggestions include:

- ▶ Be aware of body language and facial expressions to ensure positive signals are being displayed in conversation. Practice using open body language.
- ▶ Maintain an accepting, non-judgmental attitude. If something is said that doesn't align with personal beliefs, don't make an unpleasant face or shift tone of voice. Simply make note of it. This isn't something that should be discussed with a patient, but rather with a trusted individual, in a safe space, and when the patient is not present.

Language and communication

Being mindful about word choice is a simple way to create a psychologically safe space for LGBTQIA+ patients. Understanding what terms to use (and not to use) can reassure patients that they can discuss their health needs without fear of prejudice or bias.

When providing care for any patient, refrain from assuming sexual orientation and gender identity. This strategy applies to every demographic marker an individual can have, such as race, age, and religion.

- ▶ Use gender-neutral language, such as *friends*, *folks*, *everyone*, *all*, and *you*. Avoid using gendered terms, such as *ladies*, *gentleman*, *ma'am*, *sir*, *girls*, *boys*, and *you guys*.
- ▶ If a patient discloses their identity, pay attention to the language they use, then utilize the exact same terms. For example, if they refer to themselves as *gay*, do not use the term *homosexual*.
- ▶ Replace assumptions about a patient's partner or parent(s) with open-ended questions, such as, "Can you tell me about your support system?"
- ▶ Do not stare or express surprise at a patient's identity, appearance, or behavior.
- ▶ Avoid asking unnecessary, personal questions that aren't relevant to patient care.



Understanding implicit bias

Implicit **bias** describes the attitudes or beliefs that unconsciously influence perception and behavior. These biases, including positive and negative judgements, are activated without knowledge and deliberate control. It is crucial to consistently monitor preconceived biases, word choice, and actions to mitigate implicit bias.

- ▶ Try taking one of the *Harvard Implicit Bias tests* to reveal where implicit bias might exist.
Visit: projectimplicit.net

Inclusive spaces in clinical settings

LGBTQIA+ patients search for visual cues upon entering a clinical setting to help them determine their comfort and safety level with the provider and environment.¹⁶ Simple ways to deliver visual messages of safety and inclusivity include:

- ▶ Provide brochures with diverse photos, such as same sex couples or androgynous individuals.
- ▶ Adorn the clinic with LGBTQIA+ friendly flags and “All Are Welcome Here” signs and posters.
- ▶ Share and display information about LGBTQIA+ health concerns from trusted sources.
- ▶ Visibly post the clinic’s non-discrimination policy in the office and online. If there isn’t one in place yet, the American Medical Association (AMA) has one available for use. Visit the AMA website to download a copy: ama-assn.org/sites/ama-assn.org/files/corp/mediabrowser/public/glb/nondiscrimination_0.pdf
- ▶ View page 19 to learn how to unite in the commitment of being an LGBTQIA+ Provider Ally.



Create an environment of accountability

Respectful environments require openness to growth and ongoing teamwork. Even in the absence of a patient, it's crucial to kindly address any instances where someone uses incorrect names, pronouns, or says something that may be perceived as insensitive.

When possible, extend the benefit of the doubt to the person in question, as they may not be aware of the impact of their words or actions. Nevertheless, it's vital to acknowledge the potential harm caused by a statement or action, regardless of that person's intention.

One approach to express this is by saying, *"I understand that you may have intended your statement to convey _____, but the way I received it was _____."*¹⁷ Sometimes, simply highlighting the gap between intent and impact can lead to valuable insights.¹⁷

Mistakes happen to everyone, so...

Don't overstress if there's an accidental slip up. If a mistake is made, such as using the wrong name, pronoun, or term, a straightforward apology is appropriate. For example, *"I'm sorry, I apologize for using the wrong pronoun. I did not mean to disrespect you. I'll do my best to not let it happen again."* After letting the patient respond, everyone can proceed with increased awareness of their word choice.



Glossary

Definitions are important concepts to learn. However, it is crucial to remember that language is continuously evolving and that not every member of the LGBTQIA+ community will identify with the terms listed below. It is always best practice to ask before making an assumption.

Ally	An individual who stands up for and supports LGBTQIA+ communities.
Asexual	A sexual orientation in which an individual is partially or fully not sexually attracted to others.
Bias	An inclination or predisposition for or against someone or something.
BIPOC	An acronym for Black, Indigenous, and People of Color. Patients who are both LGBTQIA+ and BIPOC often face increased stigma and barriers to health care.
Bisexual	A sexual orientation in which an individual is attracted to multiple gender identities.
Chosen name	The name selected by an individual who is (typically) transgender that they choose to be called by, which may or may not match their given or legal name.
Cisgender	An individual who has a gender identity that corresponds with the gender they were assigned at birth by a healthcare professional.
Coming out	The process in which an individual first shares their sexual orientation or gender identity with others.
Dead-naming	The process of referring to an individual who is transgender as the name they were assigned at birth instead of their chosen name. This is usually considered disrespectful and can cause emotional distress for a patient.
Gay	A sexual orientation in which an individual is attracted to individuals of the same gender identity. Most frequently used to describe men.
Gender expression	The external appearance of gender identity, usually expressed through behavior, clothing, body characteristics, or voice. These characteristics may or may not conform to socially defined behaviors and traits that are typically associated with being either masculine or feminine.
Gender fluid	A gender identity that is not fixed to a single, conventional category, allowing individuals to experience and express a range of gender identities that typically shift over time.
Gender identity	An individual's internal sense of being a man, woman, both, neither, or another gender.

Gender non-conforming	An all-inclusive term for a gender identity that does not fit neatly into a single category within traditional societal norms. While many also identify as transgender, not all do. (Sometimes referred to as third gender).
Health equity	The action of ensuring that everyone has a fair and just opportunity to be as healthy as possible. This requires the removal of obstacles — which are often systemic — to health, such as poverty, discrimination, and their consequences (e.g., lack of representation, powerlessness, and decreased access to good jobs with fair pay, quality education and housing, safe environments, and health care).
Heterosexual (straight)	A sexual orientation in which an individual feels attracted to people of a gender other than their own (typically used for a man who is attracted to an individual who identifies as a woman, and vice versa).
Homosexual	A sexual orientation in which an individual is attracted to individuals of the same gender identity. This term should typically be avoided due to its history of being used in a derogatory manner. Instead, many prefer the term <i>gay</i> .
Intersectionality	The interplay of social constructs (such as race, class, sexual orientation, and gender) that apply to an individual or group and is regarded as creating overlapping and interdependent systems of discrimination or disadvantage. Intersectionality shapes the exponential inequality and oppression that individuals face and how it impacts their lives.
Intergenerational trauma	The psychological, physiological, and social effects that trauma can have on subsequent generations. Trauma can originate from historical events (e.g., not being allowed to speak a native language, slavery, indigenous children dying in boarding schools) or may be more familial (e.g., abuse, alcoholism, surviving war). The transmission of trauma influences future generations and affects each individual in diverse ways; epigenetic research shows that traumatic events can be seen in genetic functioning.
Intersex	A gender identity sometimes used by individuals who have both male and female sex characteristics.
LGBTQIA+	An acronym for “Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual.” The plus sign represents the limitless and diverse identities used by members of this community.
Lesbian	A sexual orientation in which an individual who identifies as a woman and is solely attracted to women.
Non-binary	A gender identity used by an individual who either does not identify with any gender label or who identifies with all gender labels. This individual may use all pronouns or might not use any pronouns.

Outing	The act of disclosing a person’s sexual orientation or gender identity without that person’s consent. This is usually considered disrespectful and can cause emotional distress for a patient.
Pansexual	A sexual orientation by an individual who is attracted to all gender identities, though not necessarily simultaneously, in the same way, or to the same degree for each gender.
Pronoun	A linguistic tool that is used to refer to oneself and others. Common examples include she/her/hers, he/him/his, and they/them/theirs. Some individuals may use a combination of these pronouns or none at all.
Prejudice	A negative attitude toward another person or group. This can manifest in many forms, such as anger, pity, hatred, assumptions, and verbal and physical harm.
Privilege	Unearned power that is afforded to specific individuals based on status or physical appearance. This power may come in the form of rights, benefits, social comfort, opportunities, or the ability to define what is normative or valued.
Queer	An all-inclusive term used to describe any gender identity or sexual orientation that contrasts traditional societal norms. Younger generations are more likely to identify with this term.
Questioning	An individual who is discovering their sexual orientation or gender identity.
Sexual orientation	A self-chosen term used to label sexual and emotional attraction.
Traditional societal norms	Historically ingrained cultural values, behaviors, attitudes, and expectations.
Transgender	An individual who has a gender identity that differs from the sex they were assigned at birth by a healthcare professional. These individuals can have a diverse range of sexual orientations and gender identities. See below definitions.
Transgender man	An individual who was assigned female at birth, but presently identifies as male (Common terms include: female-to-male, FTM, transmasculine).
Transgender woman	An individual who was assigned male at birth, but presently identifies as female (Common terms include: male-to-female, MTF, transfeminine).
Transitioning	The time during which a person begins to live according to their gender identity, rather than the gender they were assigned at birth. Not every transgender person will make physical changes to their appearance.
Two-Spirit	An all-inclusive term used by individuals in Indigenous communities who identify as having both a masculine and a feminine spirit or gender identity.

Patient Resources

- Access numerous LGBTQIA+ Health Resources provided by the Wisconsin Department of Health Services (DHS). Visit dhs.wisconsin.gov/lgbthealth/resources.htm
- Diverse & Resilient has locations in Appleton and Milwaukee that support LGBTQIA+ individuals through initiatives focused on eliminating health disparities in behavioral health and substance use, sexual health, partner and community violence. Visit diverseandresilient.org
- Gay & Lesbian Medical Association (GLMA) LGBTQ+ Healthcare Directory – free and searchable online database of U.S. healthcare professionals who are knowledgeable and sensitive to LGBTQIA+ health needs. Visit glma.org/find_a_provider.php
- Gay & Lesbian Alliance Against Defamation (GLAAD) offers resources grouped by specific populations and topics. Visit glaad.org/resourcelist
- LGBT Center of Southeast Wisconsin – a safe place for LGBTQIA+ individuals, offering resources, training, advocacy, and support groups (in-person and virtual). Visit lgbtsewi.org
- Milwaukee LGBT Community Center – a non-profit organization working to strengthen the LGBTQIA+ community of Wisconsin through advocacy, support groups, health and wellness promotion, and more. Visit mkelgbt.org
- OutReach LGBTQ+ Community Center – serves Madison and South-Central Wisconsin. This nonprofit is committed to equity and quality of life for all. They offer support groups (in-person and virtual), resources, education, and advocacy. Visit outreachmadisonlgbt.org
- Trevor Project offers a free Suicide & Crisis Prevention Hotline and LGBTQIA+ resources. Visit thetrevorproject.org
- 988 Suicide & Crisis Lifeline has LGBTQIA+ resources and aid. Visit 988lifeline.org/help-yourself/lgbtq



Provider Resources

- American Psychological Association – offers free LGBTQIA+ resources for practitioners. Visit [apa.org/pi/lgbt/resources/practitioner](https://www.apa.org/pi/lgbt/resources/practitioner)
- Harvard’s Implicit Bias Test: Project Implicit – Where might bias exist in YOUR life? Visit [projectimplicit.net](https://www.projectimplicit.net)
- Medical Standards of Care – from Provider Group. Visit [wpath.org](https://www.wpath.org)
- National LGBTQIA+ Health Education Center – educational programs, resources, and consultations to health care organizations. Visit [lgbtqiahealtheducation.org](https://www.lgbtqiahealtheducation.org)
- Stanford Medicine Teaching LGBTQ+ Health – a free curriculum to help improve knowledge, learn new skills, and change attitudes relating to health care for LGBTQIA+ patients. Visit mededucation.stanford.edu/courses/teaching-lgbtq-health
- Wisconsin DHS offers information on LGBTQIA+ health and additional resources. Visit dhs.wisconsin.gov/lgbthealth/providers.htm

MHS Health Wisconsin can also help find resources for patients covered by MHS Health. For more information, contact the MHS Health Provider Relations team at **1-800-222-9831** or **WI_Provider_Relations@mhswi.com**.



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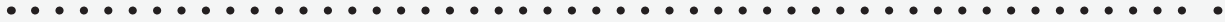
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Unite in the Commitment: Be a Provider LGBTQIA+ Ally



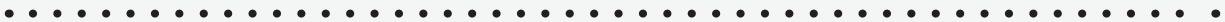
Take the pledge to being a **Provider LGBTQIA+ Ally** so that patients who are LGBTQIA+ know which clinics are committed to treating them with respect, dignity, and equity. Visit mhswi.com/providers/resources/forms-resources.html to e-sign or print and hand-sign the MHS Health Wisconsin Provider LGBTQIA+ Ally Pledge.



Submit Feedback about the *LGBTQIA+ Inclusive Care Guide*

MHS Health encourages the submission of feedback. Take a short survey by scanning the QR code on the right with a cell phone camera or click the following link:
forms.office.com/r/qCVzdYyYq9

Take a one-minute survey!



Contact Information

Have additional questions? Contact MHS Health through the following platforms.

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