

# Beyond the Table:

Building Bridges for LGBTQIA+ Health Equity



# LMH Health



A partner for  
**lifelong**  
health

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# Disclosure

- C - Consultant – Content Reviewer for Center of Daring for 988 curriculum.
- EE - Employee – LMH Health, Data Analytics Dept, assisting with Population Health Gap Closure for Medicare Shared Savings Program.

# Outline

- 1 Create - Environment (Inclusive & Affirming)
- 2 Identify & Engage – Populations left out of conversations
- 3 Build sustainable partnerships
- 4 Real World Examples
- ACT Monday Morning Reflection leading to ACTION

What % of LGBT adults are living in Poverty.

- a) 15%
- b) 17%
- c) 22%
- d) 25%

What % of LGBT adults experienced food insecurity in the past year?

- a) 10%
- b) 14%
- c) 18%
- d) 20%

Which of the following is a documented contributor to health disparities among LGBTQIA+ populations according to peer-reviewed literature?

- a) Higher rates of private insurance
- b) Lack of inclusive data collection practices
- c) Overutilization of emergency services
- d) Increased access to culturally competent care

What is one evidence-based strategy for creating affirming healthcare environments for LGBTQIA+ individuals?

- a) Avoiding discussions of sexual orientation and gender identity
- b) Using gender-neutral language only in marketing materials
- c) Displaying inclusive signage and offering staff training
- d) Referring LGBTQIA+ patients to external specialists only

# Why Inclusion Matters

1

## Why Inclusive Environments Are Essential

1. Build Trust and ↑ health outcomes
2. ↓ Fear & Stigma
3. ↑ Respect & Safety
4. CME/CEU for Staff



# Why Inclusion Matters

1

## Make Inclusion Visible

1. Safe Zone Signage and Safety Pins.
2. Inclusive Nondiscrimination Policy posted
3. Waiting Rooms and Marketing Materials.

# Why Inclusion Matters

1

## Inclusive Language & Intake Forms

1. Ask about pronouns and preferred names.
2. Include SOGI on forms.
3. Avoid assumptions in documentation & conversation.
4. Normalize asking respectfully.

# Why Inclusion Matters

1

## Train Staff & Build Accountability

1. Regular training on health equity and cultural humility.
2. Include health equity topics in onboarding and CME/CEU.
3. Create feedback loops for patients to report experiences.
4. Celebrate inclusive practices and correct missteps.

# Why Inclusion Matters

1

## Practice Trauma-Informed, Intersectional Care

1. Recognize historical and systemic trauma.
2. Understand intersecting identities.
3. Avoid re-traumatizing through respectful, patient-lead care.
4. Build trust over time.

# Who doesn't have a seat at the table

2

## Tools to Reach Underserved LGBTQIA+ Populations

1. Map the Gaps – Use data and community input to ID who is missing with available health equity impact tools.
2. Partner with Trusted Voices – on identifying who needs to have a seat at the table.
3. Take an intersectional approach – overlapping identities.

# Who doesn't have a seat at the table

2

## Populations Often Overlooked

1. Rural LGBTQIA+ individuals
2. BIPOC LGBTQIA+ communities
3. Elder
4. Unhoused
5. Trans/NB people outside of Urban

"Health equity means reaching those who've been historically excluded – not just those who are easiest to find."

# Who doesn't have a seat at the table

1

## Ask the Right Questions

1. Collect SOGI data respectfully.
2. Train staff on why and how to ask.
3. Use anonymous surveys to reduce fear.
4. Disaggregate data to reveal disparities.

"If we don't ask, we can't see. And if we can't see, we can't serve."

# Who doesn't have a seat at the table

2

## Engage Peer Navigators/CHW

1. Collaborate w/ LGBTQIA+ individuals from the community.
2. Train them to support outreach, navigation, & education.
3. Build trust through shared lived experience.

“CHW/Peer Navigators are bridges – connecting systems to people with empathy and resources.”

# Who doesn't have a seat at the table

2

## Go Where People Are

1. Use mobile clinics at Pride events, shelters, and rural areas.
2. Host virtual town halls and listening sessions.

"Access isn't just about location – it's about approachability and relevance."

# Who doesn't have a seat at the table

2

## Center Lived Experiences

1. Use storytelling to understand barriers and solutions.
2. Conduct focus groups and photo voice projects.
3. Let LGBTQIA+ individuals define what health equity means to them.

“Data tells us what’s happening – stories tell us why.”

# Building Partnerships

3

## Start with Shared Purpose

1. Align on health equity outcomes.
2. Infrastructure + Data meets Lived Experience.
3. Together [address gaps in access, trust, & representation].
4. Sustainable partnerships amplify impact & reduce duplication.

# Building Partnerships

3

## Build Relationships Before Projects

1. Attend each other's events and meetings
2. Learn about each other's missions, challenges, and strengths.
3. Create space for informal conversations and trust-building.

"Strong relationships lead to stronger programs—and fewer misunderstandings."

# Building Partnerships

3

## Resource Sharing & Capacity Building

1. Offer funding, space, or staff support to LGBTQIA+ orgs.
2. Co-write grants or share data for joint initiatives.
3. Ensure health equity partners are compensated for their expertise.

“Equity means more than inclusion – it means investment”

# Building Partnerships

3

Design Together, Deliver Together

1. Involve partners in program planning from the start.
2. Use participatory design methods.
3. Pilot programs jointly and iterate based on feedback.

“Nothing about us without us – co-design is key to relevance and impact”

# Building Partnerships

3

## Measure Impact & Celebrate Wins

1. Track outcomes that matter to both partners.
2. Share stories of success with funders and the public.
3. Celebrate milestones and honor contributions.

“Evaluation isn’t just about numbers – it’s about stories, relationships, and growth.”

# Kansas Spotlights

4

## Kansas in Action

- 988 Training – Center of Daring
- Center for LGBTQ Research and Advocacy – KU
- M-Care Healthcare – Food pantry and clothing closet
- TUKHS – LGBTQ Patient Centered Care Clinics
- LGBT+ Wichita Health Coalition



# Kansas Spotlights

4

## Kansas Clinics/Organizations Leading the Way

- Menorah Medical Center – BCS
- Kansas Leadership Center (KLC) –  
hosting town halls for LGBTQ+  
Kansans.

Information and support

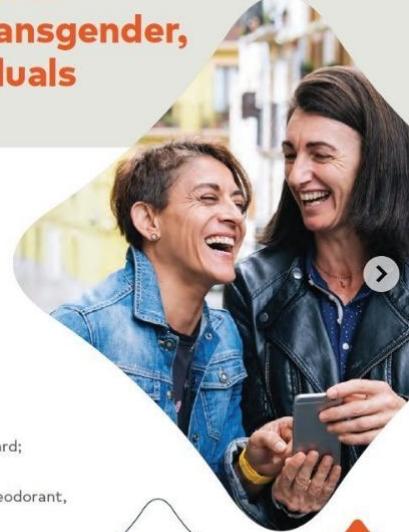
**Breast/chest cancer  
screenings for transgender,  
nonbinary individuals**

**Saturday, Aug. 3  
10 a.m. to noon**

Menorah Medical Center  
5721 W. 119th St.  
Entrance C  
Overland Park, KS 66209

### **What to expect**

- Mammograms: (Bring your insurance card; without insurance the cost is \$150)
- On the day of the exam, do not apply deodorant, lotion or perfume above your waist
- Breast cancer risk assessments
- Information about additional cancer screenings
- Light refreshments will be served



# Reflection Prompt – Inclusive & Affirming

ACT

What Can You Do Tomorrow?

## 1. Think about 1 change you can make in your space to be more affirming.

- Write it down
- Share it with a colleague
- Start the conversation

# Reflection Prompt – Missing Seat at Table

ACT

What Can You Do Tomorrow?

## 1. Think about Training you make available to you team.

- What are your gaps?
- What type of education would be best for your team?
- How often should it be done?

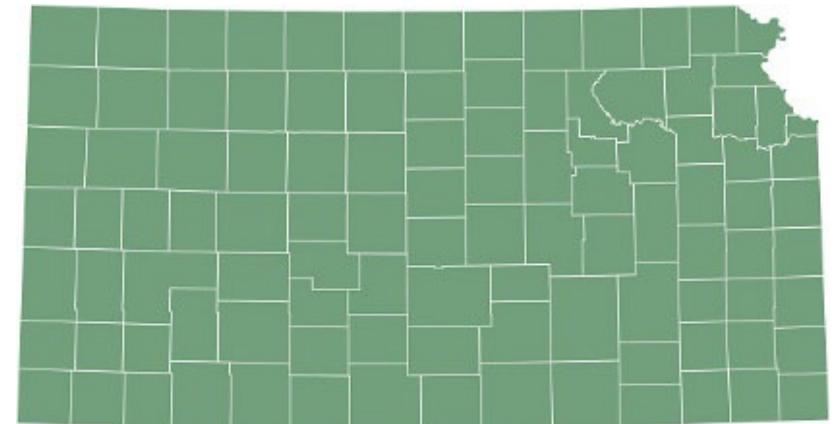
# Reflection Prompt – Partnerships

ACT

What Partnerships Could You Start?

## 1. Think of one LGBTQIA+ organization in your area.

- How could you reach out?
- What could you offer?
- What could you learn?



# Reflection Prompt – Partnerships

ACT

Who's Missing from Your Work?

## 1. Think about your current programs.

- Who isn't showing up?
- Why might that be?
- What could you change to invite them in?



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