

LGBTQIA+

Inclusive Care Guide

A provider partner resource

HEALTH EQUITY

Commitment Statement

MHS Health Wisconsin (MHS Health) 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 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.
- Mitigating 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

This resource is intended for provider office use only and should not be distributed to members and/or patients.

MHS Health created this resource for its provider network partners in support of our shared commitment to providing respectful, inviting, and high-quality care for every individual and community we serve.

As you move through this resource, you will:

- Enhance your confidence and readiness to serve patients who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, and/or gender-diverse (LGBTQIA+).
- Build foundational understanding of LGBTQIA+ identities, common terminology, and unique lived experiences.
- Apply practical, actionable strategies to foster inclusive environments that cultivate trust and help patients feel safe, valued, and embraced.
- Champion the expansion of pathways for patients to access inclusive and high-quality care.

Note: This resource shares a variety of terms and concepts to support inclusive learning with the understanding that no single resource can capture every experience.



About MHS Health Wisconsin

MHS Health Wisconsin is a health maintenance organization and a wholly owned subsidiary of Centene Corporation. MHS Health was Centene's first health plan, founded in Milwaukee in 1984 by Elizabeth "Betty" Brinn.

Betty spent her childhood in and out of 17 foster care homes across Wisconsin, often separated from her four siblings.

A lack of regular medical care led to a late diagnosis of health problems in her back and foot. Betty didn't learn to walk until she was three years old.

Betty never forgot her childhood. Her experiences inspired a promise to improve access to healthcare for children and families.

Betty's passion of helping others remains at the heart of MHS Health Wisconsin. Her legacy—and her promise—live on in our mission to:

Transform the health of the communities we serve, one person at a time.

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We want to hear from you!

Take a short survey by scanning the QR code on the left with a phone camera.

You can also visit this link: forms.office.com/r/qCVzdYyYq9

Patient Resource Spotlight

MHS Health believes every person deserves access to quality care. We know it can be harder for individuals who identify as LGBTQIA+ to access the healthcare they need.¹ That's why MHS Health created ***Pride in Health***—to help members and/or patients feel seen, valued, and supported in their healthcare journey.

Encourage patients to download a copy: mhs.wi.com/lgbt-resources



¹ Wisconsin Department of Health Services. (n.d.). *LGBTQ health: health care provider resources*. dhs.wisconsin.gov/lgbthealth/providers.htm

How Inclusive Healthcare Practices Impact Care

A history of differential treatment drives lasting health impacts for many individuals within the LGBTQIA+ community, resulting in complex barriers to care and poor health outcomes. Inclusive healthcare practices play a key role in influencing how care is experienced, laying the foundation for trust, access, and better health.



We don't need to be experts. What matters most is actively working to ensure our interactions are welcoming, respectful, and responsive—so care is accessible when and how patients need it.

Inclusivity starts with understanding identity

Every individual has a unique combination of characteristics that shapes who they are. This includes **sexual orientation**, **gender identity**, and **gender expression**. These characteristics can vary from person to person. For example, someone may identify as heterosexual and outwardly present as feminine, but they may not use the label, “cisgender woman.”

Labels are descriptive words that help communicate identity to others, but they don't define us completely. Some individuals may choose to embrace different labels at one point or multiple points throughout their lives as they find language that feels right for them.



Sexual orientation

Who we are romantically and/or sexually attracted to (if anyone).



Different gender

Multiple or no genders

Same gender



Gender identity

Our internal sense of being a woman, man, both, neither, or another gender.



Woman

Non-binary, Gender fluid, or another gender

Man



Gender expression

How we show our gender outwardly (e.g., appearance, voice, and mannerisms).



Feminine

Androgynous

Masculine

The graphic above shows examples of terms often associated with identity and does not reflect all experiences.

Identity Beyond Labels: Pronouns and Chosen Names

Understanding pronouns and chosen names

A **pronoun** is a linguistic tool 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 chooses to be called by, which may or may not match their given or legal name. Using a patient's pronouns and chosen name supports respectful communication, builds trust, and helps reduce barriers to care.



Providing a place on intake forms for patients to share their pronouns and/or how they identify creates an open dialogue from the start.

Sharing your pronouns

To improve comfortability and trust, consider using an introduction that includes sharing your 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, you can clarify by explaining that the question comes from a commitment to respect.

Not all individuals will identify with the examples listed below. Best practice is always asking first.

Pronouns	Subject	Object	Possessive	Reflexive
↓	↓	↓	↓	↓
He/Him/His	He asked	I told him	This is his dog	He said to himself
She/Her/Hers	She asked	I told her	This is her dog	She said to herself
They/Them/Theirs	They asked	I told them	This is their dog	They said to themselves

How to verify identity with sensitivity

If you're unsure of how a patient may identify, use thoughtful questions for clarity. In place of asking for their "real name," consider asking a neutral question, such as, "Is the information on your insurance card current and accurate, including your name and gender?" This approach can help 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, you can update their records after the conversation ends.

Inclusive Healthcare Practices in Action

Inclusive habits aren't about perfection—they're about helping patients feel respected, valued, and safe when sharing their healthcare needs. Small steps and consistency build real connection.

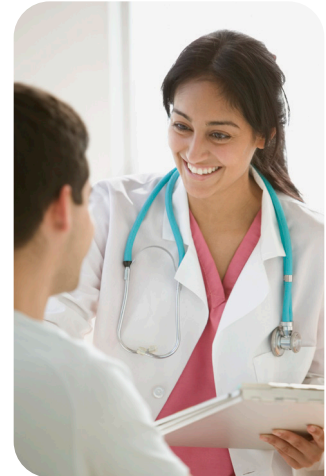
Language, attitude, and expectations

How we show up communicates just as much as what we say.

USE NEUTRAL LANGUAGE. Try using terms such as *friends, folks, everyone, all, and you*. Avoid using gendered terms, such as *ladies, gentlemen, ma'am, sir, girls, boys, and you guys*.

MIRROR WORDING. Use the same words a patient uses. For example, if they refer to themselves as *gay*, don't use the term *homosexual*.

AVOID ASSUMPTIONS. Use open-ended prompting, such as, *"Tell me about your family or support system."*



Build confidence through practice

Every interaction is an opportunity to strengthen comfort and readiness.

MODEL INCLUSIVE HABITS. For example, try sharing your pronouns every time you introduce yourself. You can also add them to your email signature.

PRACTICE WHAT FEELS NEW. Use simple phrases that feel natural to you. Ask to practice or role play scenarios with your colleagues.

FOCUS ON PROGRESS. It's normal for new habits to feel awkward at first. What matters most is showing care and being consistent.

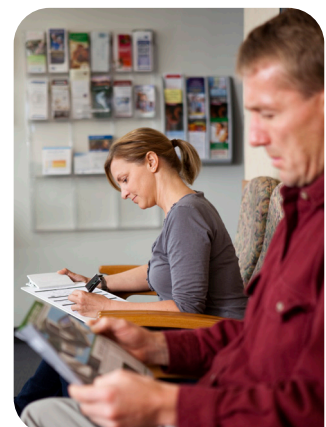
Inclusive spaces in clinical settings

Visual cues can help cultivate comfort and safety.

DISPLAY INCLUSIVE IMAGERY. Examples include items such as *"All Are Welcome Here"* signage, LGBTQIA+ pride flags, and brochures or posters that are inclusive of all identities and relationships.

OFFER HEALTH RESOURCES. Provide information on LGBTQIA+ health in waiting areas, exam rooms, and online.

BE TRANSPARENT. Post non-discrimination policies in the office and online.



Understanding unconscious bias

Everyone holds unconscious beliefs and associations (positive and negative) that shape how we perceive and respond to others. Becoming aware and staying mindful of these influences helps ensure they don't impact the support, care, and services we provide to patients.

- ▶ Reflect on thoughts, beliefs, word choice, and behavior. Notice when you feel surprise, react quickly, or make an assumption—these moments reveal both positive and negative biases.
- ▶ Try taking one of the *Harvard Implicit Bias Tests* to reveal where unconscious (implicit) bias might exist in your life. **Visit:** projectimplicit.net

Creating an environment of accountability

Respect and trust create the foundation for honest conversations, learning, and continuous improvement. Accountability works best when everyone on the team pitches in. Think of learning moments as important steps that help the team move forward together.

If you notice a colleague using incorrect names, pronouns, or making potentially insensitive remarks, kindly address it privately, with a supervisor, and/or with the Human Resources department. It's important to give that person the benefit of the doubt, as they may be unaware of the impact of their words or actions.

Accountability in action:

- *"I understand that you may have intended your statement to convey ____, but the way I received it was ____."*
- *"I'm sorry for using the wrong pronoun. I'll do my best to use the right one going forward."*

Mistakes happen to everyone, so...

Avoid dwelling on an honest mistake. If a mistake is made, such as using the wrong name, pronoun, or term, a straightforward apology is appropriate. After the patient responds, everyone can proceed with increased awareness of their word choice.



Understanding Access Barriers

Our identity, lived experiences, and unique circumstances—such as our race, gender, age, geographic location, disability status, financial stability, and incarceration history—collectively shape our health outcomes, trust in healthcare systems, and access to resources.

Common barriers patients may experience:

- Economic insecurity and/or housing instability.
- Unmet behavioral health and/or substance use needs.
- Chronic stress related to stigma, discrimination, or feeling unsafe.
- Past negative healthcare experiences.
- Limited access to inclusive providers or support systems.

These challenges may be more pronounced for patients who are: historically underrepresented racial and/or ethnic groups, youth, aging adults, transgender or gender non-conforming, individuals who have a history of incarceration or intimate partner violence, and/or are living with one or more disabilities.

Opportunities to Enhance Access to Care

Access to care can change over time as each patient's circumstances, priorities, and/or comfort level shift. Regular follow-up creates space to notice those changes and adjust support accordingly. When communication remains open and responsive to evolving needs, care is better positioned to meet patients where they are.

What can we do to enhance patient access to care?

CULTIVATE SAFETY

- Use inclusive and respectful language, including using a patient's chosen name and pronouns.
- Encourage patients to share what they feel comfortable with, at their own pace.
- Ask open-ended questions. Repeat or reflect back what you hear to confirm understanding.
- Avoid assuming health concerns are related to and/or caused by identifying as LGBTQIA+.

OFFER COLLABORATION AND SUPPORT ACCESS

- Try asking, *"Would it help to look at options or resources together?"*
- Focus on practical and manageable next steps for healthcare needs.
- Assist patients with scheduling, transportation, referrals, and understanding benefits, if needed.
- Follow-up with patients to ensure needs are met and check for any new health needs.

Quick Tips for Unique Lived Experiences

The examples below can apply to multiple lived experiences and are not reflective of all individuals.



Youth

May lack support or knowledge on certain health topics

- ▶ Try asking, “What would help you feel supported right now?”
- ▶ Use plain language and check for understanding without judgment.

Aging adults

May carry long-term mistrust

- ▶ Try asking, “What helps you feel comfortable discussing your health?”
- ▶ Go at their pace and focus on building trust first.



Historically Underrepresented Racial and/or Ethnic Groups

May face overlapping barriers or compounded discrimination

- ▶ Listen to and validate their experience.
- ▶ Avoid assumptions about beliefs, behaviors, or needs.

Justice-involved

May face instability, stigma, or gaps in care

- ▶ Try asking, “What would help you feel more supported or comfortable right now?”
- ▶ Offer help navigating care, housing, local resources, or transportation needs.



Disabilities

May encounter barriers with access, communication, or being fully understood

- ▶ Ask about access needs and support needs early.
- ▶ Use plain language and check for understanding without judgment.

Transgender, genderfluid, and gender non-conforming

May have experienced stigma, misgendering, or denial of care

- ▶ Use correct names and pronouns every time. Apologize if you make a mistake.
- ▶ Validate past experiences and offer support navigating care.



Intimate Partner Violence (IPV)

May not be and/or feel safe disclosing abuse directly

- ▶ Listen for vague language (e.g., “someone at home”).
- ▶ Gently ask, “Is anyone making you feel unsafe?”

Patient Resources

The resources listed below can be shared in conversation with patients.

- MHS Health created *Pride in Health* to help patients who identify as LGBTQIA+ navigate health and healthcare, while also serving as a resource for their families, friends, and/or allies.
Encourage patients to download a copy at: mhswi.com/lgbt-resources
- Access numerous LGBTQIA+ Health Resources provided by the Wisconsin Department of Health Services (DHS). Wisconsin DHS also offers a list of LGBTQIA+ community centers across the state.
Visit: dhs.wisconsin.gov/lgbthealth/resources.htm
- Gay & Lesbian Alliance Against Defamation (GLAAD) offers resources grouped by specific populations and topics. **Visit: glaad.org/resource-list**
- Hmong American Women's Association is a non-profit organization that works to strengthen Wisconsin's Asian American community by providing advocacy, LGBTQIA+ and IPV support, health and wellness support, and more. **Visit: hawamke.org/lgbtq.html**
- Milwaukee LGBT Community Center is a non-profit organization that works to strengthen the LGBTQIA+ community of Wisconsin through advocacy, support groups, health and wellness promotion, and more.
Visit: mkelgbt.org
- The Trevor Project offers a free Suicide and 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

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**.

- American Psychological Association – offers free LGBTQIA+ resources for practitioners.
Visit: apa.org/pi/lgbt/resources/practitioner
- Harvard’s Implicit Bias Test: Project Implicit – Where might bias exist in your life? **Visit:** projectimplicit.net
- Human Rights Campaign – view a comprehensive list of terms and definitions to better understand identities. **Visit:** hrc.org/resources/glossary-of-terms
- Medical Standards of Care – learn from evidence-based guidance to deliver high-quality care for all patients. **Visit:** wpath.org
- National LGBTQIA+ Health Education Center – offers educational programs, resources, and consultations for healthcare organizations. **Visit:** lgbtqiahealtheducation.org
- Stanford Medicine Teaching LGBTQ+ Health – offers a free curriculum to help improve knowledge, learn new skills, and change attitudes relating to healthcare for patients who identify as LGBTQIA+. **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



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Submit Feedback about the *LGBTQIA+ Inclusive Care Guide*



MHS Health encourages the submission of feedback. Scan the QR code on the left with a phone camera to share your thoughts in a one-minute survey.

Or visit this link: forms.office.com/r/qCVzdYyYq9

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Contact Information

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 Website: **mhswi.com**

 Facebook: **[@MHSWisconsin](https://www.facebook.com/MHSWisconsin)**

 LinkedIn: **[@MHSHealthWisconsin](https://www.linkedin.com/company/MHSHealthWisconsin)**

