‘Where the fight begins.'
Provider networks & LGBTQ patients

Dispatcher: 911, what’s your emergency?

Caller: America’s healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on America’s callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**. This time on Code WACK! What challenges do people in the LGBTQ community face in accessing quality health care and how does this affect their wellbeing? What policy solutions are needed to tackle these challenges? To find out, we spoke to **Jeffrey Rodriguez,** the incoming director of the **Los Angeles LGBT Center’s** Community Health Programs. He’s worked at the center for the past 12 years largely in sexual health and education. This is the second episode in a two-part series.

(5-second music stinger)

Welcome back to Code WACK! Jeffrey.

(01:08):

Rodriguez: Thank you, Brenda.

(01:01):

Q: Last time we spoke about the diverse populations the Los Angeles LGBT Center serves. Do you know what percentage of clients at the center are uninsured?

(01:10):

Rodriguez: The uninsured for us would be Medi-Cal, so about 50% of our patient population, I believe, if not more is Medi-Cal. No, no insurance is really low. I mean, it's probably like less than 10% because we do get them connected to whatever programming, LA county programming, emergency Medi-Cal, that's the thing. We have enrollment workers here that look at that and we'll get them connected to whatever they need.

LA and the state of California do really believe in health care for all. It's taking a lot for us to really get there, but I feel like we keep pushing that needle forward. And now with the new Medi-Cal rules, if you're 50 and above, I believe something about your immigration status, you can have full Medi-Cal. Amazing, amazing, amazing, amazing. So different things like that with our policies. I think we're really in that, you know, health care for all. We really do take advantage of those programs for our clients. So they don't incur any costs and we can keep doing the work that we want to do. That's the important thing, right? So anything that we can get for our clinics to continue the work that we're doing is important, too. So it's great that we have those, you know, those programs, that the state has this program.

(02:20):

Q: Right. And what percentage would you say have private insurance?

(02:24):

Rodriguez: I would say about 30%. So 50%, 30%, probably about 30 to 40%.

(02:29):

Q: So what are the main challenges that this population faces in accessing quality health care?

(02:35):

Rodriguez: Again, it's more about depending on who their insurance carrier is and then how they get into that care. Meaning like, is that person LGBT knowledgeable? Is that provider really LGBT knowledgeable? And so those are real big hurdles. And if their insurance, they can work with a provider that is, and their insurance allows them to, that's great. But that's where the fight begins is where do they go based on their insurance? Where can they go to get that health care?

(03:02):

Q: How do you even find that out?

(03:04):

Rodriguez: Yeah. So there are a couple different ways. One, you can always give us a call, but two, there are, I believe there is an LGBT... I know there used to be a paper, one <laugh> like a real LGBT-specific phone book for providers and different things like that. I'm sure it's online now and there is an LGBT provider network. I know providers who are enrolled into that. So you can look for those providers that are, you know, that say that they're LGBT-specific or, you know, have knowledge on how to work with an LGBT patient.

(03:35):

Q: Shouldn't that be required training for all medical providers?

(03:39):

Rodriguez: Yeah, it should be but as we know, LGBT-specific health care, we know now that not just LGBT, but people-of-color health care is not the same, you know? And so all those things that we, I think for years, many people took that for granted because you're a healthcare provider that you were trained diversely and, you know, knowledgeable about different people. <Laugh>. I mean, you can't treat all people the same way, right, especially in health care. So it should be, but it's not. A

lot of our providers, I will say, have been involved. I mean, the great thing about social media now is that you see a lot of providers educating people on social media, educating different other providers. I love that the center we've really been open to working with providers just out of school and different things like that.

(04:30):

So like, we're really trying to help educate other providers that are anybody who's interested and one of the providers that we had, a (Physician's Assistant) was doing her own health care, social media platform to help other providers and others just do LGBT-specific questions and answers and different things like that cuz it's such a need, it's such a need and it's such a 911 need where everyone, like I said, we're all trying to pitch in to do that. We're people that are interested and there's a lot of allies and we want to help get them to where they want to be so that way they can service our community better. That's been great, seeing the allies reach out. And I think it's probably getting there now, but I think we still have a long way to go.

(05:12):

Q: How would you say these challenges affect their wellbeing? Do you have a story that you can share of maybe someone who went to a doctor who wasn't knowledgeable about these populations and how that might have impacted them?

(05:23):

Rodriguez: Unfortunately, I have a lot of stories. One of the first things when I started 12 years ago and as a supervisor, I would get calls from all over L.A. and all over the country when we started talking about HIV prevention and biomedicine, HIV prevention with PEP and PrEP services and different things like that and we were helping educate people, locally, other providers in different things. Like I said, we've been doing HIV care for years, but I got a call one day from a local big, big hospital organization here in LA that they had just tested a client. A young Latin gentleman had just tested HIV positive in one of their urgent cares or clinics, I can't remember. And that they were going to have him come to us here at the center in Hollywood to get into care and to talk to.

(06:14):

And I said, ‘yeah, sure. I'll be here. Tell him to ask for me, I'll be more than happy to talk with him.’ And I got off the phone and I thought, ‘wow, that is so weird. They're one of the biggest hospital agencies in LA and why would they send them to us?’ This was 10 years ago and I went to the provider at the time and she looked at me and she goes, that's what we're known for – that big entity knows that that is our specialty and that's what we do and they are sending them to you because they know that you are going to take care of them better than anybody else would. And I thought, ‘wow, okay. That makes sense to me. They have a lot of work to do.’ And she goes, ‘yeah, and they recognize that.’ So I thought, at least they recognize that, that they knew that this young man who was just diagnosed with HIV, they're not equipped to deal with that.

(07:01):

And this was just 10 years ago. Think about that. HIV's been around for a very long time. So I was like more than happy to see this person, but understanding that they weren't able to do this, this very small community clinic, they felt would do a better job than they would and I thought, ‘okay, that's what we're here for. Let's do this.’ You know, we got him into care and he's doing great. So it's just one of those things that one that like again now 10 years on that we still need to work on when we're talking about just LGBT-specific primary care and transcare and non-binary care and women's health and lesbian health, like how are people still working to move those things forward, you know? And it doesn't matter how big or small your agency is.

(07:48):

And I work so specifically around sexual health and then we do get people into primary care, but most people, for the most part, it's interesting. So underserved populations really utilize sexual health care. It's one of those things that for me, it's always been the gateway into primary care. Sometimes it's like, ‘okay, we took care of this. Do you have a primary care provider? You know, you should really get a primary care provider.’ And so we sometimes leave either link them with us, or we link them with, you know, another provider, or we look at their insurance and say, ‘Hey, you have this provider, have you ever gone?’ And they're like, ‘no, I'm too scared. You know, people are scared to use their insurance.’ They don't know what

bill or what's, you know, they have no clue. And it's scary. I will say this. I think health care should be taught in high school.

(08:28):

If you can start that, then you've covered some ground. People get out of high school and get into college. They have no clue how to use their health insurance, unless they have parents that teach them. I don't know how many people I've talked to who come into sexual health to get tested because they've been sexually active and that's their first and only time they've ever dealt with any type of healthcare system.

Wow.

Rodriguez: It's amazing. It's amazing. So when we try to link them to primary care and different things, it ends up being like, I always say, 'Hey, if we do everything right, we can get them into other health care or mental health needs or different things that they've never even thought about.' And I understand sometimes when you're young, you just think you're invincible and everything feels great.

(09:08):

Q: And what about mental health issues? What can you say about the need there?

(09:13):

Rodriguez: So huge. It's such a huge need and for the LGBT population, I live in my LGBT bubble, but I feel like it's needed more, you know, than any place with all the, I mean, now we take in what's happening around us with the society and, you know, even though it's not happening directly to us, it feels like it. So when you hear about these stories that are happening in other states, where you know, trans population or trans kids, or, you know, the 'do not say gay' thing, that's happening in Florida, those things plague us, you know, those are things like, when is this not going to be an issue to be myself? When you start to think about all that, it really does plague our mental health, depression, anxiety. Somebody recently was telling me a story that as a trans individual, they were traveling the dark day of when Trump was elected and that came through and they felt though, like everybody was staring at them and everybody was looking at them and everybody was that they

felt like under attack at the moment. And I'm sure a lot of people did when that happened. So just understanding that what is put out there in the media, and in social media, the news, what laws and different things, that really plays a mind game, and then everything that's happened in the pandemic and, you know, so there's a lot of people I think hurting and suffering mental health wise and so the mental health need is overwhelming right now.

(10:35):

Q: So do you have enough clinicians to support the community?

(10:38):

There's a waiting list and recently we actually feel, and knock on wood that we have devised enough (of a) plan to get our waiting list down. So we are looking at, you know, we are hiring and we are looking for mental health, but we know everybody is and so it's not just our center. It's big places like Kaiser and I will say though, mental health specific for us for the LGBT population, there's even a bigger need because that's kind of like a niche, right? Like it's somebody who truly understands the trans experience, the LGBT experience, or can empathize with that, you know, and understand really what that is. Again, not all providers are created equal. Some people really want to work with the LGBT community and some don't. Let's be real, I guess that's fine to each their own, but specifically LGBT-specific mental health providers and medical providers are in need.

(11:34):

Q: Thank you. Jeffrey, what policy solutions would you say are needed to address these challenges?

(11:40):

Rodriguez: Oh my goodness. I go back to the beginning. I go back to opportunity for LGBT, LGBT people of color or people of color given opportunity to go to school, to get into these professions. I go back to that, to the very beginning of that. And then once you get into those professions, getting them the opportunities,

understanding that this is really needed and then when you look at policies, how are we really challenging policy makers to look at (the) broad spectrum of health care? I know we do. <Laugh> at the center challenge like what does it look like for health care for LGBT and people under that umbrella to understand that health care for all is really health care for all. That's where it should start. Like it really should start for the underserved communities. I mean, that's where we know that people are suffering from mental and physical health. You know, that's where we really need to start and look at how those, how do our policies affect those communities first.

(12:36):

Q: Got it. How do you think having a universal, publicly funded healthcare system like Medicare for All would impact the lives of those you serve?

(12:45):

Rodriguez: It would impact them greatly. I mean, just greatly. Medi-Cal is amazing, but there is a cutoff in that cutoff is really on what you can make a year and it's really small and if you think about being under the $20,000 a year in, in LA, like you just can't fathom that, you know, and surviving, but then you think of all the people that make $20,000 to $50,000 a year, and then you wonder, how are they surviving? And then you wonder, how are they even participating in health care? Because that means they're having to pay for some really bad insurance plan or they're paying out of pocket so that means they're choosing when they go to get health care, meaning usually when it's in dire need, because they know that bill is gonna come. I don't know the numbers, but I know that would be a lot of people.

Thank you. Jeffrey Rodriguez. Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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