



## 'Safe Spaces.' Health care and the LGBTQ community

**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 special health needs do LGBTQ communities have – and how well are they being addressed? What can our broken healthcare system learn from the retail industry about how to treat clients with unique needs? To find out, we spoke to Jeffrey Rodriguez, the incoming director of Community Health Programs at the Los Angeles LGBT Center. He's worked there for the past 12 years mainly in sexual health and education, HIV and sexually transmitted infection or STI testing and treatment, PEP and PrEP Services, linkage into primary care, as well as with mental health and substance use programs.

(5-second music stinger)

***Hi, Jeffrey, welcome to Code WACK! and Happy Pride to you!***

[\(01:08\)](#):

**Rodriguez:** Thank you, Brenda. Happy Pride.

[\(01:11\)](#):

***Q: Thank you. Tell us about yourself and how you came to work for the Los Angeles LGBT Center.***

[\(01:18\)](#):

**Rodriguez:** So I started about 12 years ago, 13 years ago as a volunteer. So for one year I volunteered for the center in the HIV/STI testing (as a) counselor. Somebody I had met in retail, cuz my background's really [been in] retail for years, came to work at the center and then recruited me to come do some volunteer work and so cut to 12 years later, I have just now been named the director of Community Health Programs, which oversees all of HIV/ STI testing and HIV linkage and PEP and PrEP Services for the center at large. So 12 years in the making of working in community health really are focused on HIV and STI testing, HIV prevention and then HIV linkage. So that is a lot in between all that, but in the short of it all, that's how I started. I was a volunteer and just really found my way into some meaningful work.

[\(02:12\)](#):

I mean, retail was fun, but it really isn't, you know, life changing really <laugh>. For me, it wasn't so and I had done it for so long, but what was interesting was a lot of my management and operational skills and customer service skills really plays a big part in health care, especially people who are underserved. So really taking my experience and knowledge and

understanding I'll say and just real customer service for me has played a really strong part in how we service our community in health care. It really opened my eyes into ... thinking, like, 'how am I going to translate what I know in retail into health care?' What I realized that it was a huge strength and that health care really does miss out on that customer service, plain basic respect and understanding of where people are coming from and when you think about retail, you know, the customer's always right, right?

[\(03:09\)](#):

And then you get into health care and guess what? The customer's still always right. If they're feeling like they're not feeling well, then they're not feeling well and we really need to listen to where the clients are coming from and where our patients are coming from, understanding their experience and then understanding, you know, taking it more steps further where understanding that it's scary. It can be very scary, it can be very complicated and there's so many different hurdles and so each one of those hurdles, if they're not met with a real customer-service based person, then guess what, that client's not going to keep going, you know, not keep going to get what they need or keep persisting in that. So for me, like when I look at everything that we do, it's really about every piece of customer service and it doesn't matter what your title is or where you are.

[\(04:01\)](#):

It's still customer service and health care really, in my opinion, really misses that. It really, really misses that and the crazy thing is for most of us, we pay for that. We're paying for that service. And so when you talk about paying for that service and then you don't get what you need or you want, if you were at a retail store, you would be demanding that, right? Most people would, but most people who are underserved don't know how to go about that and what that means and what that looks like. So if you really want to know about me, that's what I do. I translate what I would do in customer service to what we do in health care and again, it doesn't matter what your title is. If you're in front of a patient/customer/community member, it's about giving them what

they need and truly what they need, not a purple cashmere sweater that's no longer available (laughter).

[\(04:49\)](#):

That is not the end of the world when that doesn't happen. And we've seen many a times all over the internet, how people completely have a meltdown when they don't get their, you know, frappuccino correctly made and then in real world, in real life where I'm like, where you really can make a difference is getting someone who's in pain or in need or having mental health issues or different things like that and getting them to the real issues and getting them real help that really is meaningful and impactful in their lives.

[\(05:22\)](#):

***Q: Right. Thank you for saying that. That is so spot on and something I hadn't really thought about in those terms. I think that's a great analogy. The Los Angeles LGBT Center is a Federally Qualified Health Provider. When did the center start providing health services and how did that come about?***

[\(05:39\)](#):

**Rodriguez:** So the centers started during the AIDS epidemic. It was one of the first cases, if not the first case of HIV was here in Los Angeles, and so the center was already in existence. We were very small back then, but doing some STI education and different things and then - this is a little bit before my... well, it's way before my time. So thinking about the historical, cuz we've been around for over 50 years, around the time that the epidemic started, we started getting into health care and started doing more around the AIDS epidemic at the time.

So around that time we developed the Jeffrey Goodman Clinic, which was devoted to HIV and AIDS care and saw the need and you know, in this fabulous family, Jeffrey Goodman, Goodman's family helped get the clinic started with a huge donation and so to this day, it's still known as the Jeffrey

Goodman Clinic for HIV and AIDS Care. We do more, but that is how we were really started and funded around that and then around just around sexual health. So I would say, I think we became an FQHC probably around 12 or 13 years ago, like right around when I started. It's been a while that we've had that status and actually started expanding into other areas like our Trans Wellness Center, our Center South and East Central locations.

[\(06:58\)](#):

***Q: Got it. So that's my next question. Talk about what health services the center provides and about your clientele. What are the special health needs of the diverse population the center serves?***

[\(07:09\)](#):

**Rodriguez:** So, we do an array of health care. We do have what we call our Trans Health Care, our THP, which originated from the Hollywood location and now we have an actual Trans Wellness Center that is dedicated to the trans population for health and mental health needs and programming that help the trans population, just a safe space for the trans population to go.

It's in collaboration with the Trans Latina Coalition and the APAIT (Asian Pacific Aids Intervention Team) which is like one floor and off of Wilshire in a big building that is dedicated just to trans population and all of their needs and I mean all of their needs from housing to legal, to food disparities, like anything and everything that you can there. We have a clothing closet, you know. We have the health services, but obviously there's one component of all the needs that are needed for the homeless trans population and just people in between from homeless to, you know, full-time working people. There's still needs.

[\(08:03\)](#):

So there's a lot of needs and a lot of need for safe space for trans population – trans and non-binary. Lots of need for just a safe space to go and feel

comfortable. I work out of that office on the day we have medical services and it's such a, such a need for it. You could just tell, you know, you know, when you're comfortable in a space and you just feel like "I don't have to be on guard." And so you notice that I've, you know, working at different locations and going different places where the trans population, you know, where trans people, you see trans people, you notice the difference with just them waiting in the waiting room for the provider visit, knowing that it's a safe space, they've walked into a waiting room with the trans umbrella, the trans nonbinary umbrella, and people are welcoming and we're happy to call them by their chosen name and, you know, we even help them get that legalized and different things like that. So that is a huge, huge thing that we've, you know, have started working on for years. We've always had the THP program, but then we just took it a one step further by helping with partners creating that space for the trans population.

[\(09:10\)](#):

***Q: And THP stands for?***

[\(09:12\)](#):

**Rodriguez:** Trans Health Program.

***Okay.***

**Rodriguez:** Yeah. That's really what it stands for. So other services we have the Audrey Lord, which is a women's clinic that is set aside one day a week on Saturday, same kind of concept, just another safe space for women to come and get health care. I will say this as a gay man, that the gay men have taken up a lot of space at the center for many years. The epidemic did affect us, you know, for so long and community has been there for us, you know, women, actually CIS women, lesbians and so we took up a lot of space and so we, we really need to kind of pivot and try to create equal space, right, and ensure that everybody feels comfortable when coming into a medical facility and so even we recognize that we need to create safe space for women to

come in with, you know, instead of walking into a waiting room and there's all these men there or gay men or men identified.

[\(10:10\)](#):

So just kind of like trying to pivot that and we also know that women don't tend to go to the providers. They don't feel comfortable and lesbian women or non-binary women again, don't feel comfortable all the time. And so we need to ensure that we're creating those safe spaces for them. We do have other locations that are servicing other parts of the community, like our Center South location that is servicing our Black community. Yeah. Just our Black, Latino communities. There, we have a provider there one day a week and we have mental health there also. Understanding that we are essentially based in Hollywood, we know people come from all over the place to come to the LGBT Center because that is the umbrella they feel comfortable with, but it's 2022. Like we really need to meet people where they're really at, our LGBT people.

[\(10:58\)](#):

We know they're not just in Hollywood or West Hollywood, they're throughout Los Angeles and Los Angeles is so geographically spread out. We really need to meet our LGBT community where they're at, especially our LGBT community of color. That's why the Center South came in. Again, that was a collaboration with LA County and other agencies like the Black Aids Institute and I believe Bienestar also. So other agencies that we're working with to help support the community in different ways, we do HIV testing there at that location also and then we have one last location. It's called Mi Centro. That's in Boyle Heights. We do offer mental health at that location. It's a really small location. We don't do primary care or any kind of real medical (care). We do HIV testing there twice a week and some linkage and then mental health is the big one and then other services are brought in from the center for legal and senior services and different things like that to help support the community in that way.

[\(11:57\)](#):

***Q: Thank you. What about health insurance? Is cost ever a barrier?***

[\(12:01\)](#):

**Rodriguez:** Cost isn't really a barrier for us, you know, per se, cuz we will always take care of our community. We do screen for insurances. We do link people to insurances like Medi-Cal and fortunately it's there. Unfortunately it's needed a lot and so here in California, you know, we have Medi-Cal and it's great. The state does a great job with Medi-Cal. It's not perfect, but I know I live in a California bubble <laugh> and I know it's better than what we think of in other states and what's happening throughout the country around health care, but especially around for LGBT. We do really well with Medi-Cal, which is a good portion of our population, the population that we, I think I'm sure anybody who has insurance or has had insurance in the U.S. understands an HMO is not what you really want. But if you're LGBT and you're a person of color, an HMO is horribly never really what you want just for the fact that you want to be able to go to that provider that is an LGBT specific provider.

[\(13:01\)](#):

And so you have to request, you have to do some due diligence and find one, if you're not aware of where to go and who to see and again, a lot of people come to us because we are the center and so they do try to assign that to us and different things like that, but then we're not close. Maybe we're not close to you and you're having to drive far and different things like that. So it becomes obvious, it's just another hurdle to deal with and then depending on what kind of HMO you have or what you could afford, probably not the best. There could be high copays and things that they don't cover. It's not fun. It's not fun to deal with at all. You know, we try to advocate as much as we can for our clients to ensure depending on whatever type of insurance they have, you know, if it's specialty care, if they need and different things



like that, we work really well with other agencies like us, so that other providers, we work with the other providers to ensure that they're culturally competent in different things like that.

[\(13:57\)](#):

I mean, we do a lot with what we can with what we have, right? Like it's a lot of work. It's a lot of work to just get someone, the health care that they need with the resources that they have and then understanding, you know, the nuance of being LGBT and ensuring that they're, you know, again, that customer service aspect, it's a specialty care and they don't ask them what their preferred name is or different things like that, which is something we do then that loses traction to get to that specialty care and to continue that care. That's work that we've been doing. We, you know, we have no problem in helping educate, you know, other providers and different things like that. On top of us doing the actual work that we do, we are now [and] then also having to educate and let other providers know that this is how this person's going to be received, or this is how this person needs to be received in order for them to continue their health care.

[\(14:57\)](#):

And so most people, I will say again in my California bubble, <laugh> most providers and different things are, but if they're not used to consistently working with patients, LGBT population, they're going to make a mistake. They're going to do that. And sometimes we have to, you know, explain that to our patients. Not that that should be the norm, no excuses, but understand they're not consistently working with LGBT population and we're trying to get them there, you know, but I will say for the most part, we do pretty well. I think most of our partners in the healthcare field and the system understand that and I think that has to do with really where we're located, you know, in Los Angeles and in California. And so most people are good with that, but I always put on the hat as the patient. It's still very scary. You know, it's just not the unknown, you know, if you've never been there before, you've never talked to this provider before, it's all very scary. I mean,

it's scary for most people without being LGBT, but then when you're LGBT and 'what are they going to ask me? What are they going to say to me?' Different things like that. So it's definitely just (that) we have to be educated on how we're servicing the LGBT population and understanding where they're coming from.

[\(16:17\)](#):

***Thank you. Jeffrey Rodriguez of the Los Angeles LGBT Center. Join us next time as we continue our discussion with Jeffrey about the health needs of the LGBT community, the importance of culturally competent care and how Medicare for All could help.***

***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](http://heal-ca.org).***

***Find more Code WACK! episodes on [ProgressiveVoices.com](http://ProgressiveVoices.com) and on Nurse Talk Media. You can also subscribe to Code WACK! wherever you find your podcasts. This podcast is powered by HEAL California, uplifting the voices of those fighting for healthcare reform around the country. I'm Brenda Gazzar.***