

Sergio Aguilar-Gaxiola Bio

Sergio Aguilar-Gaxiola, MD, PhD is Professor of Clinical Internal Medicine, School of Medicine, UC Davis. He is the Founding Director of the UCD Center for Reducing Health Disparities (CRHD) and the Director of the Community Engagement Program of the Clinical Translational Science Center (CTSC). He is a member of the National Advisory Council-Substance Abuse and Mental Health Administration (SAMHSA)-Center for Mental Health Services (CMHS), a member of the Governor's Advisory Council on Physical Fitness and Mental Well-being, and board member of the California Health Care Foundation, the Physicians for a Healthy California, and the Public Health Institute. He serves on the Executive Committee of the World Health Organizations' (WHO) World Mental Health Survey Consortium (WMH) and is the Coordinator for Latin America participating countries including Mexico, Colombia, Peru, Brazil and Argentina.

Dr. Aguilar-Gaxiola's applied research program has focused on identifying unmet health/mental health needs and associated risk and protective factors to better understand and meet population health/mental health needs and achieve equity in health and mental health disparities in underserved populations. He is also very active translating health, mental health and substance abuse research knowledge into practical information that is of public health value to consumers, service administrators, and policy makers. He is the on-site principal investigator and conducted the Mexican American Prevalence and Services Survey (MAPSS) – the second largest mental health study done in the U.S. on Mexican Americans funded by NIMH and the largest population-based comprehensive study done on farmworkers' mental health, which also included Mixtecos. In the MAPSS study, he identified the most prevalent health and mental health disorders in the Mexican-origin population in California's Fresno County and reported that the rate of disorders increases the longer the individual resides in the U.S and demonstrated that children of immigrants have even greater rates of mental disorders. From the results of this study, he and his research team developed a model of service delivery that increased access to mental health services among the Central Valley's low-income, underserved, rural populations. He and his CRHD team have extensive experience on program evaluation at the local and state level.

Dr. Aguilar-Gaxiola is co-chair of the Organizing Committee of the National Academy of Medicine (NAM) Assessing Meaningful Community Engagement in Health and Health Care. He is the author of over 190 scientific publications and the recipient of multiple international, national, state, and local awards.

Jonathan Cook Bio

Jonathan Cook (he/him) is dedicated to serving the LGBTQ+ community. He has spent the last 10+ years dedicating his career in the service of others through the non-profit sector. His experience working with the LGBTQ+ community includes: supporting LGBTQ+ youth, seniors, people living with HIV/AIDS, community mental health, public policy advocacy, and promoting international human rights.

Jonathan is also a musician with an arts background. He received his B.S. degree in Music, with an emphasis in piano performance, from Pacific Union College. He also received a certificate and CFRE credentials from the Sanford Institute of Philanthropy at John F. Kennedy University. In his spare time, Jonathan enjoys traveling, hiking, playing piano, and spending time with his husband Vicente and their dog and cats.

Overcoming Health Inequities in LGBTQ Communities: Implications for CME

Jonathan Cook

Executive Director
Solano Pride Center

Sergio Aguilar-Gaxiola, MD, PhD

Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
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UC Davis School of Medicine

December 2, 2022

What is Health Equity?

Healthy People 2030 defines health equity as the “attainment of the highest level of health for all people”.

Why does it matter?

Everyone deserves a fair chance to lead a healthy life. No one should be denied this chance because of who they are or their socioeconomic opportunities.

How do we work to advance health equity?

To advance health equity, we must eliminate avoidable health inequities and health disparities requiring short-and long-term actions.

Healthy People 2020

- LGBTQ youth:
 - 2 to 3 times more likely to attempt suicide
 - More likely to be homeless (20-40% are LGBTQ)
- LGBTQ populations have the highest rates of use for tobacco, alcohol, and other drugs
- Gay/Bisexual men, Trans women are at higher risk of HIV/STIs, especially among communities of color
- Lesbians are less likely to get preventive services for cancer
- Lesbians and bisexual females are more likely to be overweight or obese
- Transgender people at greatest risk for suicide attempts; risk is mitigated by social support

Health Care Disparities Experienced by Transgender People

- 19% were **refused care** altogether, due to gender identity or expression, with even high numbers among people of color
- 28% **verbally harassed** in a medical setting
- 2% **physically attacked** in a doctor's office
- 50% **taught their medical providers** about transgender care
- 28% **postponed** or **avoided** medical treatment when sick or injured
- 33% delayed or **did not try** to get preventative health care

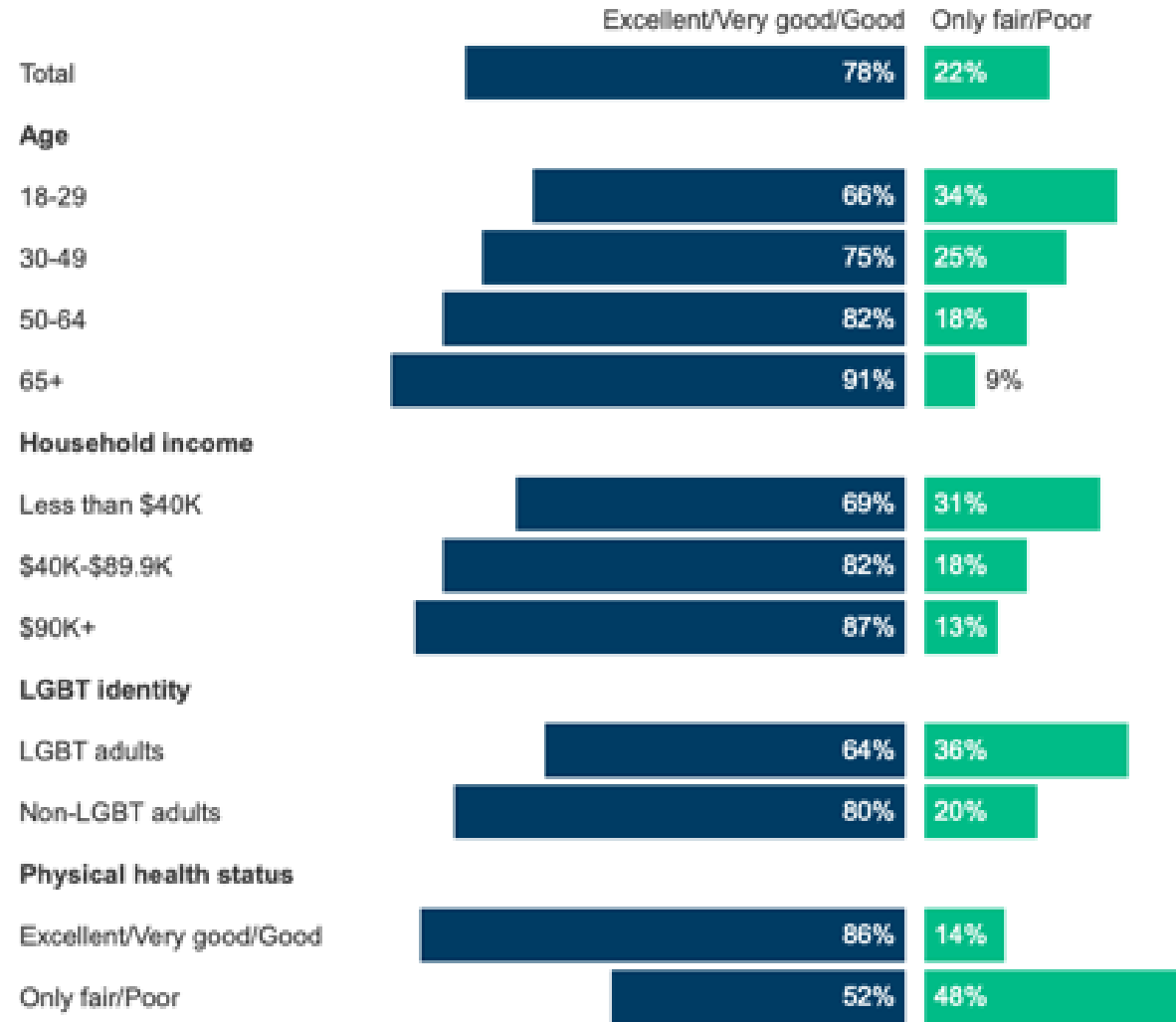
2022 Kaiser Family Foundation KFF/CNN Survey on Mental Health

The screenshot shows the top portion of a web page. At the top left is a hamburger menu icon. Next to it is the KFF logo and the tagline "Filling the need for trusted information on national health issues". On the right side of the top navigation bar, there are links for "TRENDING" and "Marketplace Open". Below this is a yellow horizontal bar. The breadcrumb trail reads "Home // Other // KFF/CNN Mental Health In America Survey // Findings". The main title is "KFF/CNN Mental Health In America Survey". Below the title, the authors are listed: "Lunna Lopes, Ashley Kirzinger, Grace Sparks, Mellisha Stokes, and Mollyann Brodie". The publication date is "Published: Oct 05, 2022". There are five social media icons: Facebook, Twitter, LinkedIn, Email, and Print. At the bottom of the page, there is a navigation menu with "OVERVIEW", "FINDINGS" (which is underlined), "METHODOLOGY", and "ENDNOTES". Below the navigation menu is the heading "Key Findings".

Figure 2

About A Third Of Adults Under 30 Describe Their Mental Health As "Only Fair" Or "Poor"

How would you describe your own mental health or emotional well-being at this time?



NOTE: See topline for full question wording.

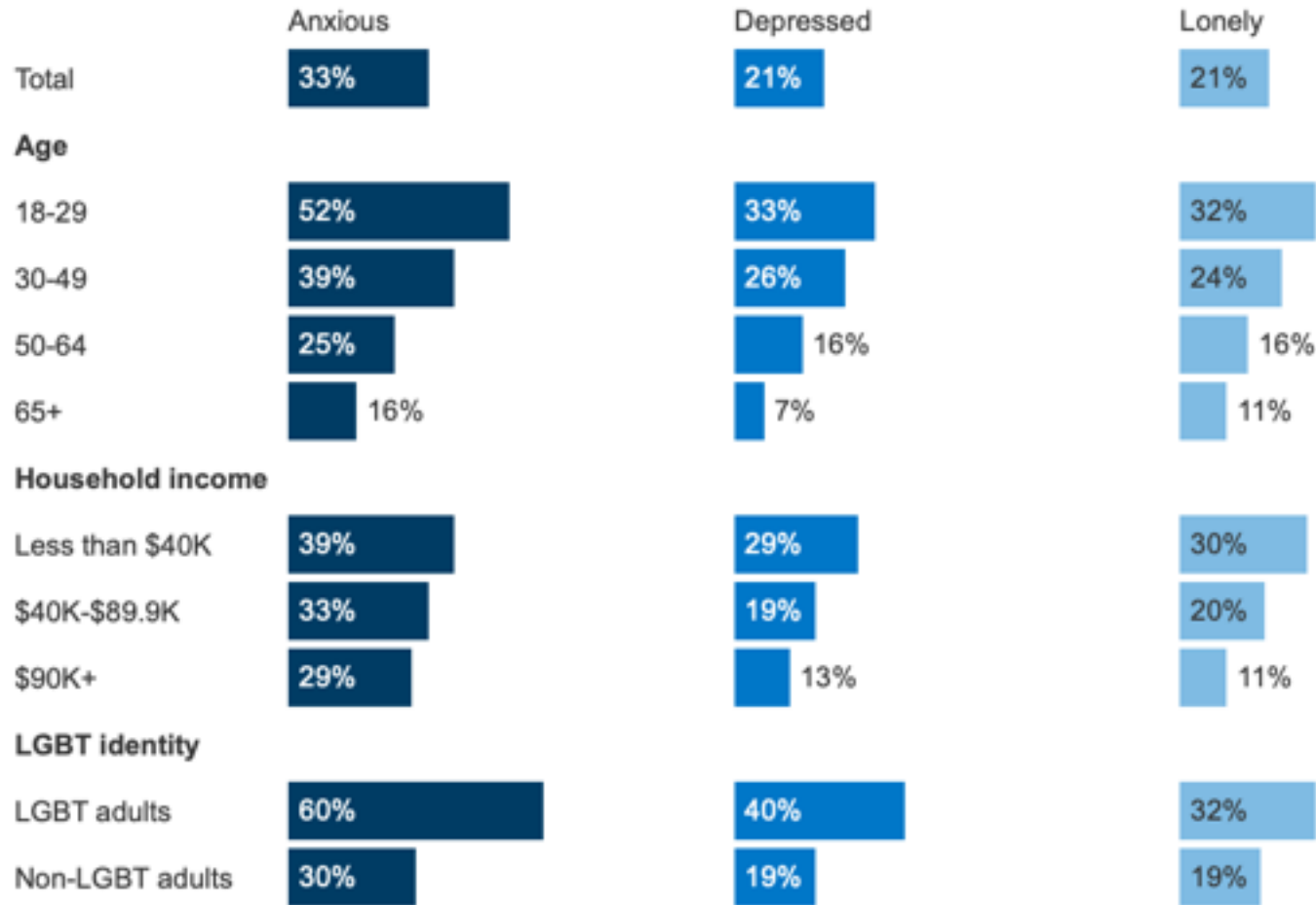
SOURCE: KFF/CNN Mental Health in America (July 28-August 9, 2022) • PNG



Figure 4

A Third Of Adults, Including About Half Of Those Under 30, Say They "Always" Or "Often" Felt Anxious In The Past 12 Months

Percent who say they have **always** or **often** felt each of the following in the past 12 months:



NOTE: See topline for full question wording.

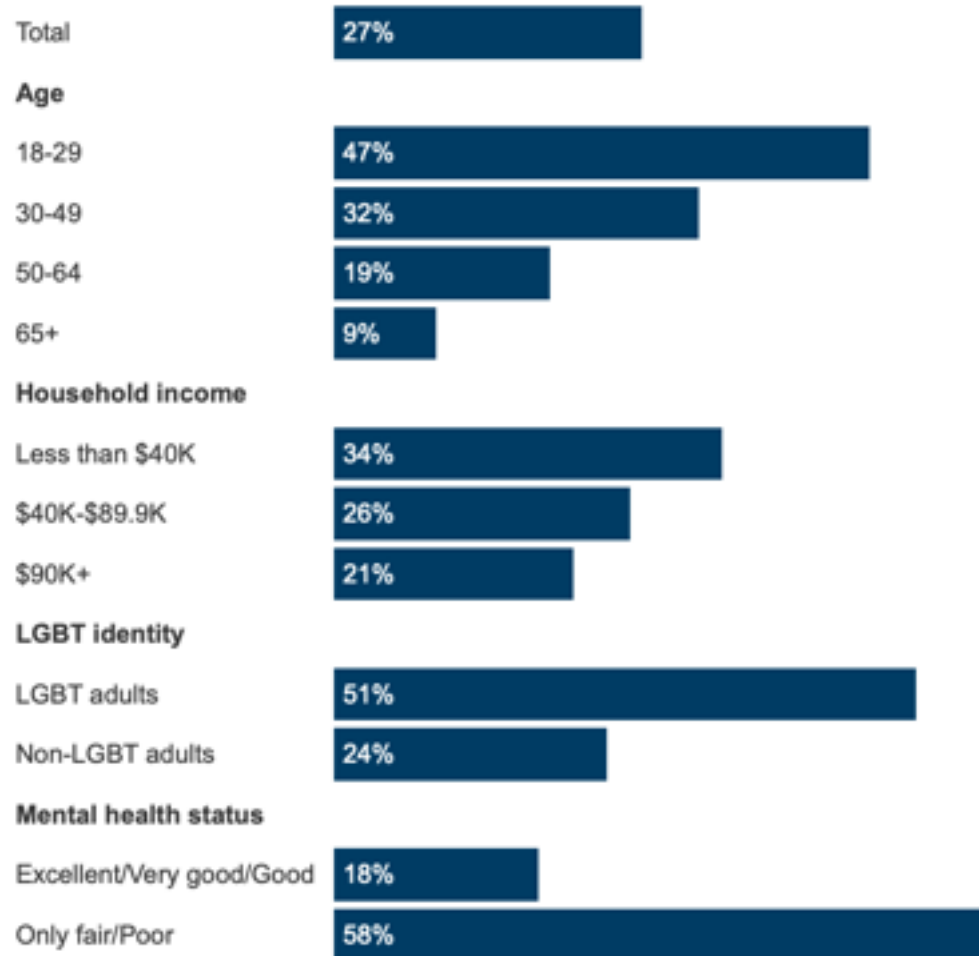
SOURCE: KFF/CNN Mental Health in America (July 28-August 9, 2022) • PNG



Figure 16

About Half Of Adults Under 30 And LGBT Adults Say In The Past Year, They Did Not Get Mental Health Services They Thought They Needed

Percent who say in the past 12 months, they thought they might need mental health services or medication, but didn't get them:



NOTE: See topline for full question wording.

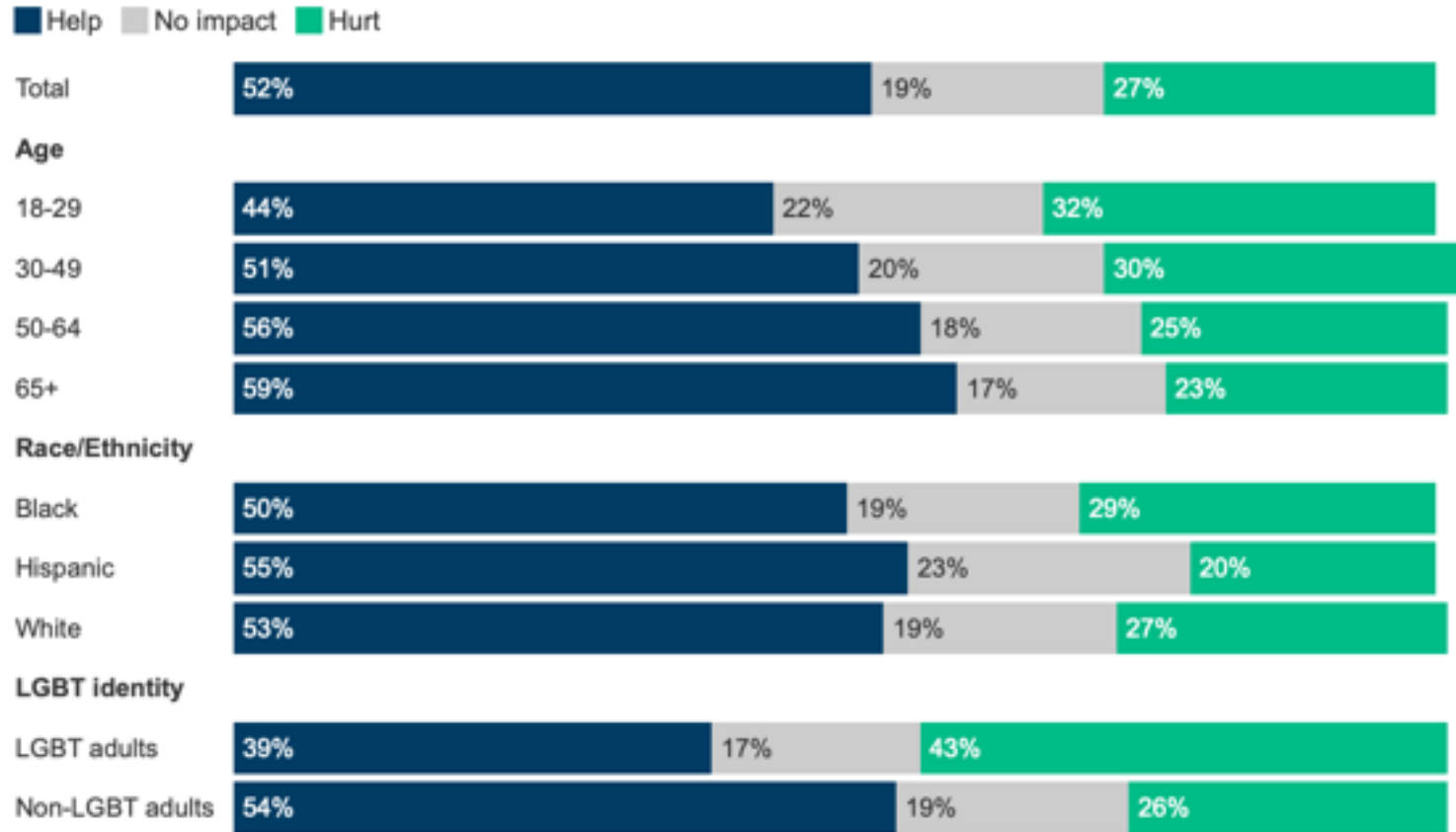
SOURCE: KFF/CNN Mental Health in America (July 28-August 9, 2022) • PNG



Figure 20

About Half Of The Public Think Calling 911 Would Help The Situation If They Or A Loved One Was Having A Mental Health Crisis, About One In Four Say It Would Hurt

If you or a loved one was having a mental health crisis, do you think calling 911 would do more to help, do more to hurt, or have no impact on the situation?



NOTE: See topline for full question wording.

SOURCE: KFF/CNN Mental Health in America (July 28-August 9, 2022) • PNG

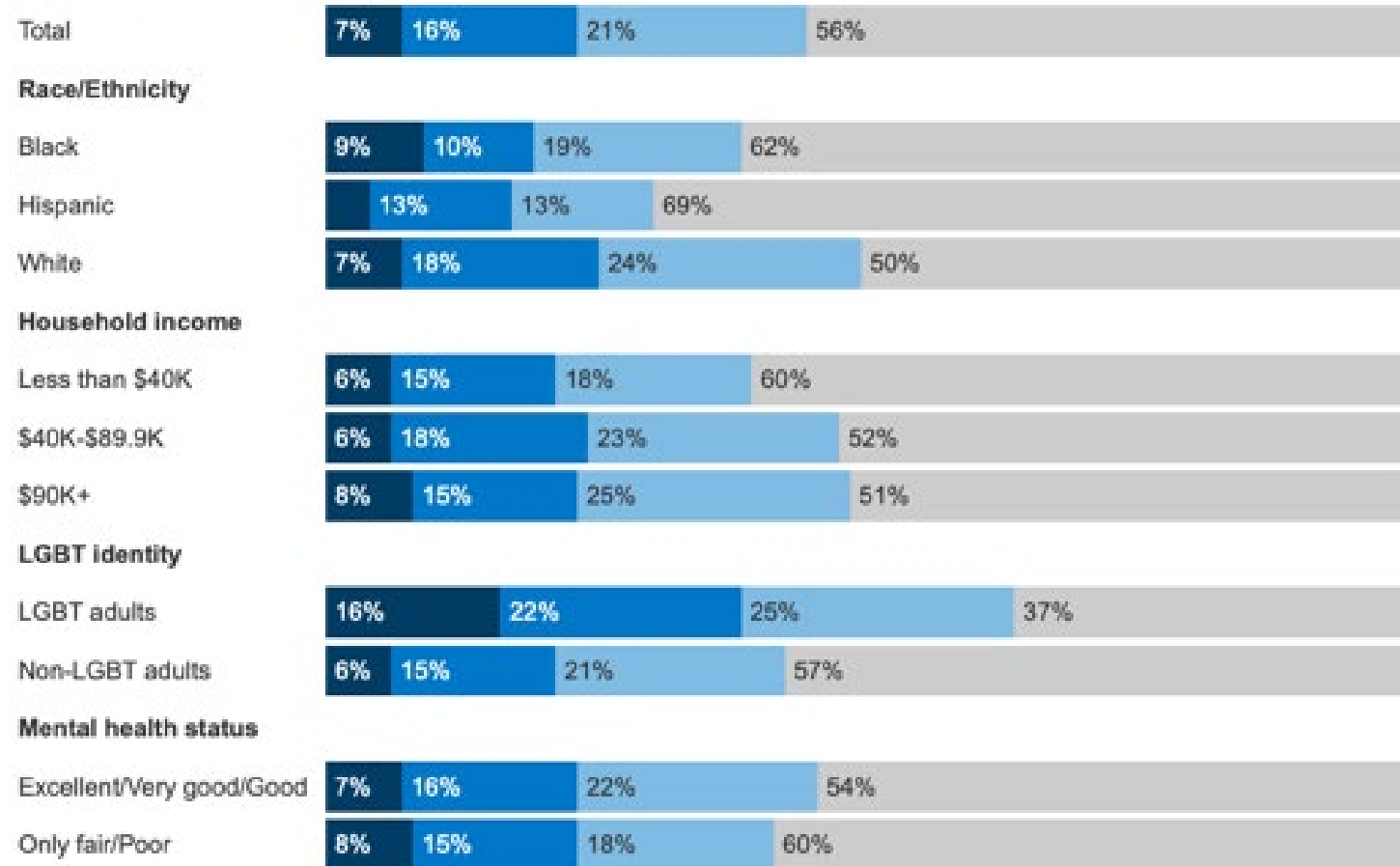


Figure 22

A Majority Of The Public Have Not Heard About The New 988 Mental Health Hotline

How much, if anything, have you heard about the new 988 mental health hotline that will help connect people with mental health services?

■ A lot ■ Some ■ A little ■ Nothing at all



NOTE: See topline for full question wording.
SOURCE: KFF/CNN Mental Health in America (July 28-August 9, 2022) - PNG



**Is it possible to advance
health/mental health equity
in LGBTQ populations?**

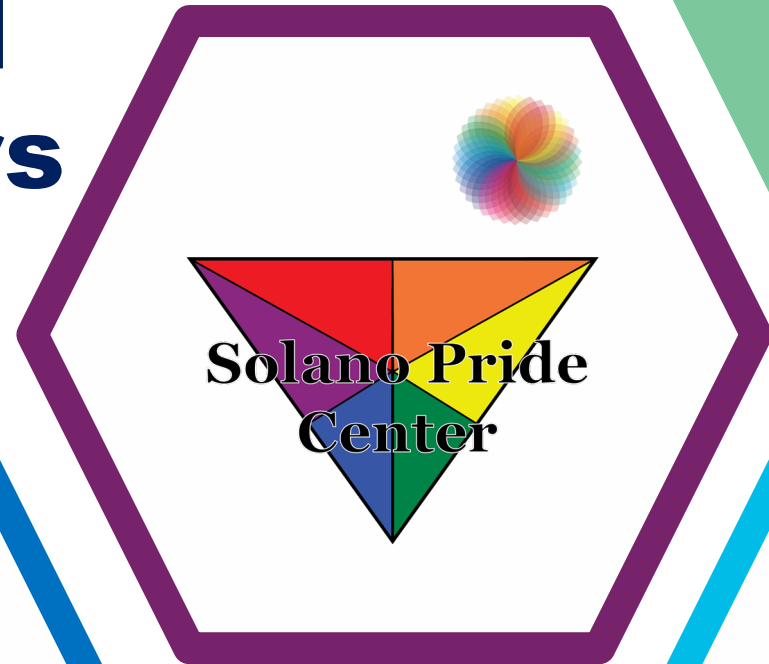
Solano County's Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)

2016 - 2021
5
YEARS

- 5-year multi-phase MHSA Innovation Project
- Focused on three underserved populations in Solano County
- Anchored in the nationally recognized **Culturally and Linguistically Appropriate Services (CLAS) Standards**



Solano County ICCTM Partners



1. Communities of Focus

- Community Engagement & Partnerships
- ↑ Awareness of Mental Health Services
- ↓ Stigma

2. Quadruple Aim

- ↑ Consumer Experience
- ↑ Consumer Outcomes
- ↑ Provider Satisfaction
- ↓ Per-capita Cost

3. Mental Health Services

- ↑ Access & Utilization
- ↑ Delivery of CLAS - Informed care



1. **Comprehensive health assessment** with the three communities of focus in the first year. Community forums and focus groups throughout the project
2. **Development and facilitation of a Solano-specific CLAS training** for cross-sector participants representing the community
3. **Culturally and linguistically relevant quality improvement (QI) action plans** designed to improve mental health service delivery that were both community-informed and community-developed



What We Heard

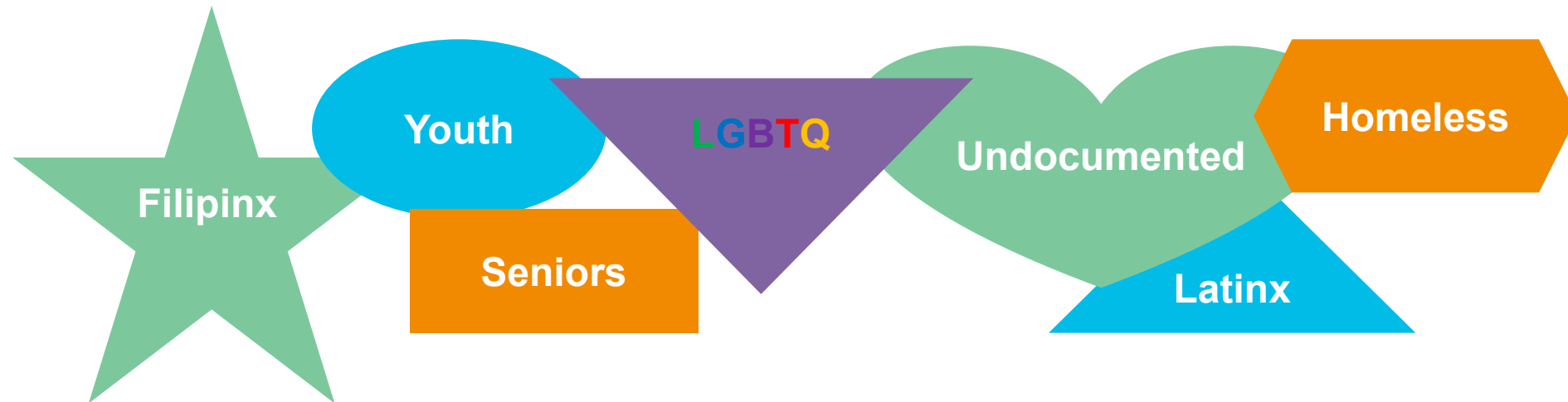
- **Solano Pride Center's Efforts:**
 - Develop a peer mentoring program for parents of teens identifying as **LGBTQ** Latinx and Filipinx that will focus on support, knowledge, stigma reduction, and access to mental health services.
- **Solano Pride, Fighting Back Partnership, and Rio Vista CARE's Joint Efforts:**
 - Develop safe spaces for the “Queer Trans People of Color (QTPOC)” community of Solano County that will focus on the intersection of race, ethnicity, gender identify, sexual orientation, and mental health.

Barriers

- Limited outreach to queer community
- Lack of visibly welcoming spaces
- No **LGBTQ** data for utilization of mental health services
- Need for safety, privacy, respect, and confidentiality of **LGBTQ** consumers
- Bring faith community into the conversation

Gaps in Service

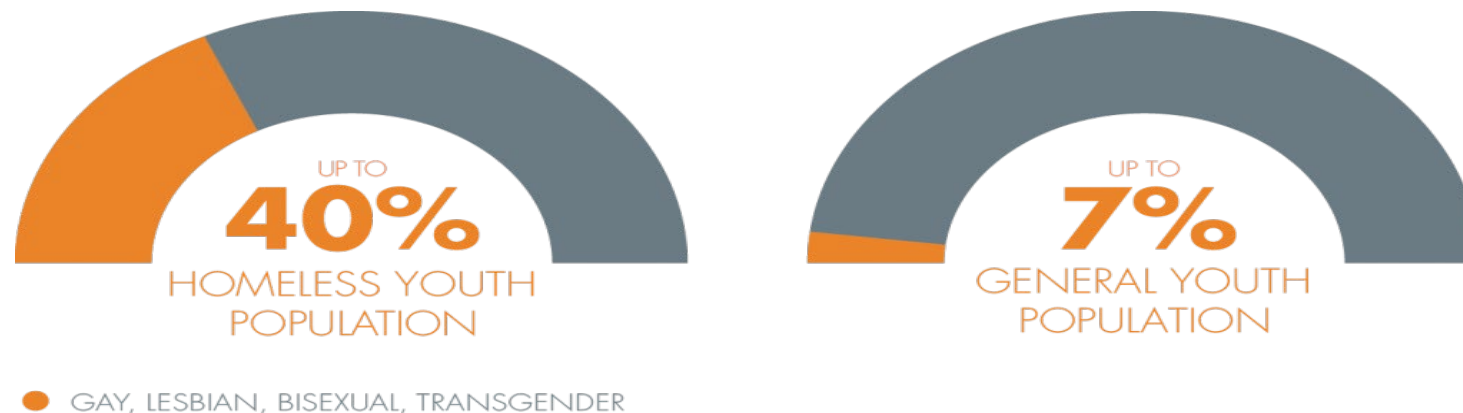
- Need for culturally and linguistically competent services



- Increase knowledge and sensitivity around transgender community's health needs

Gaps in Service

- Cycle of homelessness and substance abuse
 - Housing ***is*** a treatment response
- Avoid cycle of crisis, hospitalization, and traumatization
- Improve outreach to schools — parents, teachers, and **LGBTQ** youth
- Prevent **LGBTQ** youth homelessness



“If you don’t have a house, it’s gonna be hard to get stable mentally. Hierarchy of needs, that’s on the bottom. The **homeless population continues to grow**, partially because I’ve heard that other cities are sending people here.”

“[Solano County Behavioral Health] needs to sit down and have a huge meet and greet with all the nonprofits providing services... **If they can partner with those nonprofits, because they’ve already got the established connections within the community**, and start developing those relationships, **and start expanding those services.**”

“Communities of color and **LGBTQ** communities have the same difficulties as other mental health patients... in addition to all of the problems and issues faced by communities of color in every other way.”

- The **LGBTQ** Community
 - ...is an advocate
 - ...is willing to work across agencies and sectors
 - ...has creative suggestions for improvement
 - ...represents a diverse group with a variety of experiences, wisdom and expertise
- “Diversity is our strength!”

Provider Voices

[Solano County Level] “I wish that we [Solano County] would go to churches and to migrant camps to do more outreach for all of the groups mentioned [Filipino American, Latino, **LGBTQ**].”

[Community Level] “We are dealing with a lot of families who suffer from poverty and lack of funds or financial struggles and no transportation.”

[Provider Level] “I have not been involved in culturally and linguistically appropriate training or any quality improvement efforts led by the county.”

Community Defined Quality Improvement (QI) Action Plans

14 QI Action Plans



COMMUNITY FOCUSED

1. TRUEcare Promoter Roadmap
2. Bridging the Gap
3. Takin' CLAS to the Schools
4. Mental Health Education
5. **LGBTQ+ Ethnic Visibility**

CBO DEFINED

1. Fighting Back Partnership CBO
2. Rio Vista CARE CBO
3. **Solano Pride Center Center CBO**
4. **Queer Trans People of Color (QTPOC)**



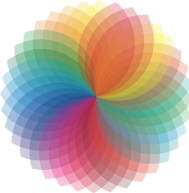
WORKFORCE & SYSTEM MONITORING FOCUSED

1. Cultural Game Changers
2. CLAS Gap Finders



TRAINING FOCUSED

1. Cultural Humility Champions
2. ISeeU
3. Culturally Responsive Supervision



Solano Pride Center: Supporting the LGBTQ+ Community

GOALS

1. Establish a partnership between Solano Pride Center and Solano Community College through collaborative events and the exploration of an intern program in service of the LGBTQ+ community.
2. Establish a relationship between Solano Pride Center and LGBTQ+ affirming faith communities through training and collaboration in service of the LGBTQ+ community.

HIGHLIGHTS AND ACHIEVEMENTS

- Solano Pride Center supported students/educators across Solano County, including 1st “Welcoming Schools Summit,” and launching the Rainbow Seniors program, which brings LGBTQ seniors into community, reducing isolation.
- Successfully hosted roundtable discussions with faith communities and **LGBTQ+ clergy**

LESSONS LEARNED

- Systems change takes time
- The LGBTQ+ community is resilient



Queer Trans People of Color (QTPOC) - CBO Joint QI Action Plan



GOALS

This Plan aims to develop, share, and implement strategies for Filipinx and Latinx LGBTQ+ communities by creating a Queer Trans People of Color (QTPOC) group.

HIGHLIGHTS AND ACHIEVEMENTS

- Developed marketing materials for the group
- Providing co-located groups and activities in each other's spaces

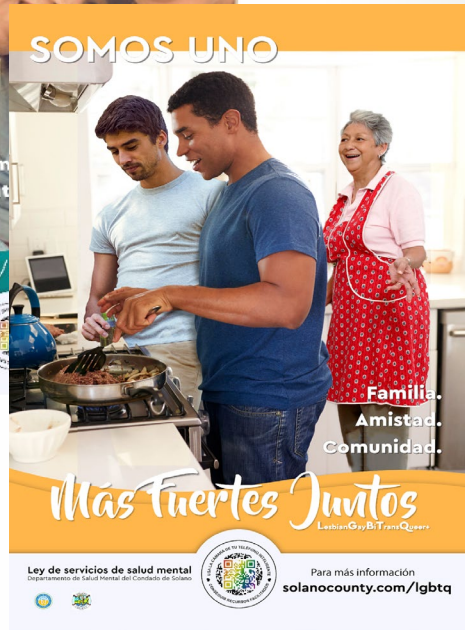


LGBTQ+ Ethnic Visibility



Sana Alam Mo |
I Hope You Know

Bakla Is Love |
Gay Is Love



Somos Uno |
We Are One

Más Fuertes Juntos |
Stronger Together





ICCTM Outcomes

Access Calls & Timeliness

Improvement in Intake Assessment Offered within 10 Days



+9%



+32%



+4%

<https://health.ucdavis.edu/media-resources/crhd/documents/pdfs/icctm-final-report-2021-09-13.pdf>



FIGURE 5.3
ACCESS LINE CALLS INCREASED 29 PERCENT SINCE ICCTM BEGAN



+29%



+309%

LGBO+



+32%

Filipino Americans

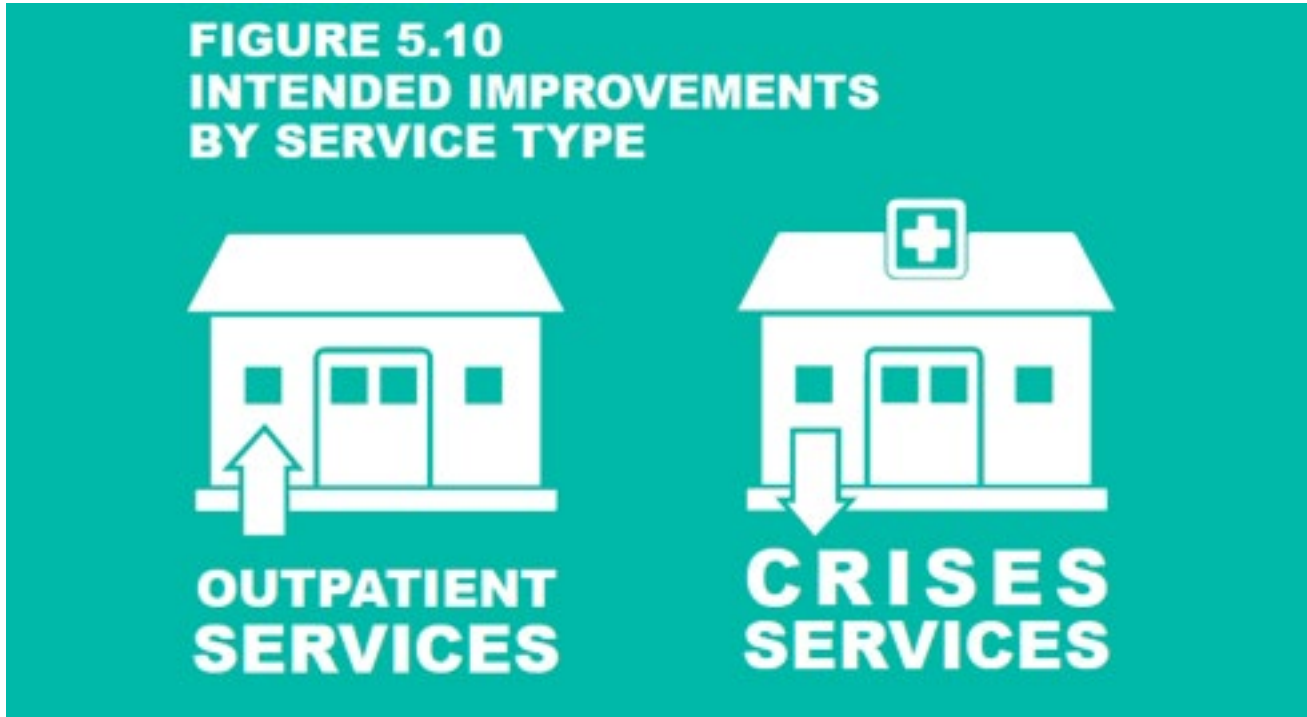


1,317

Latinos
+41%

% change in Access Line calls and total number of Access Line calls per year since ICCTM began

Consumer Outcomes: Type of Access to Care



**FIGURE 5.16
DECREASE IN FIRST ADMISSIONS
VIA CRISES SERVICES**



- The 3 communities of focus were less likely to enter the system of care through crisis access point. This trend reflected increased **trust** towards behavioral health providers in Solano County and resulted in substantial cost savings.



**SOLANO COUNTY INTERDISCIPLINARY
COLLABORATION AND CULTURAL
TRANSFORMATION MODEL (ICCTM) INNOVATION
PROJECT: FINAL EVALUATION REPORT**

JUNE 2021

Source: Center for Reducing Health Disparities – Solano County ICCTM Innovation Project Final Evaluation Report:
<https://health.ucdavis.edu/media-resources/crhd/documents/pdfs/icctm-final-report-2021-09-13.pdf>



Is it possible to advance mental health equity in **LGBTQ** populations?

Yes!

**Mental Health Equity CAN
be Advanced**

“To Treat Me, You Need to Know Who I Am”



Created by the National LGBT Cancer Network

<https://www.youtube.com/watch?v=RirM4RGSrD0>

- Understanding the health care disparities the LGBTQ+ community experiences will help to determine where there are gaps in care and how to overcome them
- Better education and training of healthcare professionals that include LGBTQ+ related health topics, particularly health care disparities
- Medical systems and physician providers need to be more proactive in ensuring that everyone has access to safe, equitable healthcare, particularly during the pandemic
- Get to know who LGBTQ+ individuals and communities are and create a safe, nurturing space



Tomorrow's Doctors, Tomorrow's Cures®

Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD

A Resource for Medical Educators



Learn

Serve

Lead

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Thank you!