

PROVIDING CULTURALLY RESPONSIVE LGBTQ+ AFFIRMING CARE: *A Guide for Providers*

Finding the right provider is important for physical and mental health but can be hard to do. For LGBTQ+¹ people who are also Black and/or Hispanic/Latinx², finding a provider who supports their whole self can be an added challenge.

Black and Hispanic/Latinx LGBTQ+ people have a long history of experiencing discrimination and harm within health care settings, and this can be compounded when individuals hold additional identities. They may be distrustful of providers who are not conscious of these barriers and who do not show themselves to be consistently affirming of their identities (Dawes et al., 2023). Providers can and should take additional steps and care to create a positive, supportive environment that prioritizes cultural responsiveness in their care of Black and/or Hispanic/Latinx LGBTQ+ individuals.



¹ This resource uses the acronym LGBTQ+, as it is widely recognized. However, there are updated acronyms that include additional identities within the queer community. For example, “2SLGBTQIA+” means two-spirit, lesbian, gay, bisexual, transgender, LGBTQ+, intersex, and asexual or aromantic. The + indicates that there are additional identities and people who hold multiple identities within the umbrella of the LGBTQ+ community. For more information on these identities and definitions of each of these terms, [visit the Center of Excellence on LGBTQ+ Behavioral Health Equity resources page](#).

² Dimensions of identity can be complex and nuanced, and can include race, ethnicity, sexual orientation, gender identity, age group, disability status and cultural background. This resource focuses on convergences of race, ethnicity, and sexual orientation and gender identity; however, the information in this guide can apply to many other variations.

What is an LGBTQ+ and Culturally Affirming Provider?

Be Supportive

An affirming provider is one who supports or encourages an individual's identities and recognizes how that person's experience impacts their whole person and health. LGBTQ+ affirming providers have a positive view of LGBTQ+ identities and relationships and understand that discrimination towards those who identify as LGBTQ+ can have a negative effect on mental and physical health (American Association for Marriage and Family Therapy, n.d.). LGBTQ+ affirming providers are not just OK with or tolerant of individuals' LGBTQ+ identities, they also support the unique strengths, needs, concerns and other aspects that may be important, including friendship and family roles, beliefs, and cultural norms and practices. Affirming care is more than praise; it is acknowledgement of the person's character, their contribution to a better environment, social structure or community.

Provide Affirming Care

When it comes to working with individuals who identify as LGBTQ+ and as Black and/or Hispanic/Latinx, it is also important for providers to offer culturally responsive care, which affirms the unique needs of individuals from different racial, ethnic or linguistic backgrounds and operates on an understanding of how each of these intersectional identities impact a person's experience and health care needs (Ihara, n.d.).

Affirming care is rooted in the belief that an individual is not just a recipient of services, but first and foremost a person with many dimensions. LGBTQ+ affirming and culturally affirming care place a focus on a relational connection to enhance trust. Culturally responsive skills are needed to offer this kind of care and require providers to be aware of their own identities, cultural influences, potential for preconceptions, and how their identities may impact their care for their individuals. To offer this type of care, it is crucial to understand the concepts of intersectionality and cultural humility.

Some LGBTQ+ people of color report finding providers who can affirm part of their identity but who are not affirming of their intersectional identities (Howard et al., 2019). For example, an LGBTQ+ person of color may find a provider who affirms their LGBTQ+ identity but who is not culturally responsive to their racial or ethnic self. Conversely, some providers may be affirming of racial or ethnic identities but not be LGBTQ+ affirming. It is important to understand that LGBTQ+ people of color experience "the intersection of multiple forms of social statuses that experience oppression" and that for many LGBTQ+ people of color these identities are inextricably linked (American Medical Association, 2021). For people holding multiple minoritized identities, such as being Black and/or Hispanic/Latinx and LGBTQ+, having a provider who can affirm these multiple identities and their unique intersectional experiences is crucial for good care.



Bottom line? An affirming provider is someone who supports and respects their individual's whole identity.

Why is LGBTQ+ and Culturally Affirming Care Important?

Unique Health Needs

In health care settings and within their identity communities, Black and Hispanic/Latinx LGBTQ+ people may experience stigma and discrimination. For example, individuals who identify as LGBTQ+ can experience racism or colorism within broader LGBTQ+ communities and can also experience homophobia or transphobia within Black and/or Hispanic/Latinx communities. The stress of these layers of discrimination can put LGBTQ+ Black and Hispanic/Latinx individuals at a higher risk for mental health challenges like anxiety, depression and misuse of substances like drugs and alcohol (American Medical Association, 2021; Freitag et al., 2021). That makes it especially important for LGBTQ+ Black and Hispanic/Latinx individuals to have access to health care they feel comfortable using.

Barriers to Care

Rates of underinsurance, uninsurance and poverty are higher among Black and Hispanic/Latinx and LGBTQ+ people than among white and non-LGBTQ+ people in the United States (Dawson et al., 2023). This disparity is heightened for Black and Hispanic/Latinx LGBTQ+ people who, in 2019, had uninsurance rates of 24.9% and 17.7% respectively, compared to 7.5% for white, non-LGBTQ+ people (Bosworth et al., 2021).

Broadly speaking, Black and Hispanic/Latinx people and LGBTQ+ people also have lower incomes than their white or non-LGBTQ+ counterparts, and again, this is even higher for people who are both and Hispanic/Latinx and LGBTQ+. In 2021, 7.4% of white, non-LGBTQ+ people had low incomes (earning less than 100% of the federal poverty level) compared with 28.9% of Black LGBTQ+ people and 22.9% of Black and Hispanic/Latinx LGBTQ+ people (Wilson et al., 2023). These additional financial and insurance barriers can make accessing health care even harder and more stressful.

LGBTQ+ people of color sometimes experience discrimination in health care settings, either from individual providers or by systems not designed with the needs of diverse identities in mind. LGBTQ+ people of color are less likely to receive a diagnosis or access care (Human Rights Campaign, n.d.) and are more likely to drop out of treatment, often because of bias or discrimination by a health care provider (Dawes et al., 2023). Many LGBTQ+ people of color report being distrustful of medical providers and institutions because of the discrimination they have experienced due to their sexuality or gender identity, and/or racial or ethnic identity (Eaton et al., 2015). However, people are more likely to seek out and continue to engage in health care services when a provider is both culturally responsive and LGBTQ+ affirming (Dawes et al., 2023).



Affirming care can support LGBTQ+ Black and/or Hispanic/Latinx people navigating their unique health care needs and barriers in an empowering way.

What's the difference between cultural competency, cultural humility and cultural responsiveness?

These three terms describe similar concepts — and are sometimes used interchangeably — but there are important differences!

Cultural competence means a set of skills, values and principles that acknowledge, respect and contribute to effective interactions with people from diverse cultures or belief systems different from one's own (DeAngelis, 2015; Wilson, 2021). However, many people are moving away from the concept and term “cultural competence.” The word “competence” can imply that there is a finite amount of information required to ‘check the box’ of being culturally competent, whereas learning about identities and individuals is actually an ongoing process (Lekas et al., 2020).

Cultural humility is an attitude through which an individual learns about other cultures in conjunction with becoming more aware of one's own beliefs and identities. It's intended to result in greater mutual understanding, equity, honesty and trustworthy relationships (Yeager & Bauer-Wu, 2013). Cultural humility prioritizes a provider reflecting on their own experiences and culture(s) while staying curious about an individual's culture(s) and lived experiences. Practicing cultural humility means actively working to increase awareness of your own ingrained beliefs and biases, and how that may impact the quality of care (Lekas et al., 2020). Cultural humility requires deferring to an individual's expertise about their experience.

Cultural responsiveness combines cultural competence and cultural humility to understand and honor an individual's culture(s) and to work collaboratively across all aspects of their care to affirm their cultural identity. It centers on “a fluid approach [that] requires partnership with an individual as well as self-reflection” from the provider (Hamilton, 2022). The practice of cultural responsiveness is ongoing, without a destination or endpoint.

What is intersectionality?

Intersectionality describes the interconnected structures and systems that create inequality among people and populations based on social categories of difference (such as race, class, and gender) that can result in unique conditions, experiences, and barriers (Crenshaw, 1991; National Conference for Community and Justice, n.d.). By using an intersectional approach, you recognize the nuances of individuals and their unique, intersecting identities (Crenshaw, 1989).



How to Be an Affirming Provider

Reflect on Identities and Skills

Because cultural humility involves exploring, supporting and empowering the most important beliefs, feelings and perspectives an individual holds, it is important to be familiar with your own beliefs, feelings, identities and perspectives. To explore these identities and related skills, reflect on questions like:

- What are the identities or beliefs I value most or that show up most in my daily life?
- What roles do I play in my personal and professional lives? How do these affect understanding my experiences of intersectionality and the intersectionality of others?
- How open am I to learning about other people's experiences and cultures?
- How comfortable am I talking about LGBTQ+ topics and race, ethnicity and cultural topics?
- If I have discomfort around these topics, where does it come from?

Explore Your Roles and Skills as Health Care Provider

People bring their unique lens and personal context when they come to a provider for their expertise and guidance. It is helpful for the provider to take into consideration their identity as a health care provider and their increased "social power," especially in the health care setting. Acting like the sole expert in the room can add to the power imbalance, which may affect the trust- and relationship-building process. It is also important to consider historical context in relation to health care and systemic oppression.

When reflecting on your role as a health care provider, consider questions such as:

- Do I prioritize what I think is best for an individual over their input or desires?
- Is there room in my thinking to consider the client as the expert on their story?
- How informed am I and what self-learning do I need to do to be in service to individuals receiving care?
- What is my understanding of intersectionality? What skills do I have in working with LGBTQ+ individuals? What about individuals who also identify as Black, African American and/or Black and Hispanic/Latinx?
- If an individual wants to discuss experiences of culture, race, ethnicity, language, gender identity, expression and sexuality that are different than my own, am I comfortable with this? Do I have the skills to have these conversations?
- What assumptions and expectations do I hold around working with LGBTQ+ and Black and/or Hispanic/Latinx individuals or people of color in general?
- What stereotypes or biases about these individuals might I have?
- If I have a similar identity as my client, are there biases or stereotypes I have internalized?

Engage in Continuing Education

Continually learning about cultural responsiveness and intersectionality can strengthen a provider's ability to support — and build trust with — LGBTQ+ Black and Hispanic/Latinx people. An ongoing commitment to learning demonstrates your willingness to learn how to provide care that supports intersectional identities. Training and informational resources include:

Working with LGBTQ+ Communities

- [Center of Excellence on LGBTQ+ Behavioral Health Equity](#)
- [A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals](#) (The Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations)
- [Cultural Competence Webinar Series](#) (GLMA: Health Professionals Advancing LGBTQ Equality)
- [Fundamentals of LGBTQIA+ Affirmative Therapy](#) (The Affirmative Couch)
- [LGBTQ Health, Diversity and Inclusion](#) (American Medical Association Ed Hub)
- [The National LGBTQIA+ Health Education Center](#)
- [The Trevor Project](#)

Working with Black and Hispanic/Latinx Communities

- [A Provider's Handbook on Culturally Competent Care](#) [African American populations] (Kaiser Permanente)
- [African American Behavioral Health Center of Excellence Resource Library](#)
- [African American Cultural Competency Training Program](#) (Boris Lawrence Henson Foundation)
- [Cultural and Linguistic Literacy \(Module 5 of Access for Everyone toolkit\)](#) (National Council for Mental Wellbeing)
- [Cultural Issues in Substance Abuse Treatment](#) (Program Services Continuing Education)
- [Cultural Responsiveness Resources and Products](#) (Mental Health Technology Transfer Center Network)
- [Cultural Responsiveness: Building Health Equity and Inclusion](#) (Prevention Technology Transfer Center Resources)
- [Guided Reflection on Cultural Competence, Humility, and Responsiveness](#) (American Speech-Language-Hearing Association [ASHA])
- [Health Equity in U.S. Latinx Communities](#) (American Medical Association Journal of Ethics)
- [Hispanic/Latino Behavioral Health Center of Excellence](#)
- [National Latino Behavioral Health Association](#)
- [Think Cultural Health](#) (U.S. Department of Health and Human Services Office of Minority Health)

Working with Intersectional LGBTQ+ Black and Hispanic/Latinx Communities

- [Black & LGBTQ+: Understanding Intersectional Treatment Conversations](#) (NAADAC, the Association for Addiction Professionals)
- [Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations](#)
- [Cultural and Clinical Factors Affecting Health of BIPOC, LGBTQ+ and Trans, and Communities with Disabilities](#) (African American Behavioral Health Center of Excellence)
- [Health Disparities Among Black Gay Men at the Intersection of Race and Substance Use Disorders](#) (African American Behavioral Health Center of Excellence)
- [Learning Resources: LGBTQIA+ People of Color](#) (National LGBTQIA+ Health Education Center)
- [QTBIPOC Mental Health and Well-Being](#) (Human Rights Campaign)
- [What LGBTQIA2S+ BIPOC Want Prevention Professionals to Know? Resources for the Latinx/Hispanic/Afro-Latinx Communities](#) (Prevention Technology Transfer Center Resources)

Acknowledge Historical Harm

In acknowledging the history of harm that LGBTQ+ Black and Hispanic/Latinx individuals have experienced within medical systems, health care providers can show their awareness of some of the barriers LGBTQ+ people of color face in seeking care and can validate a client's potential for feelings of fear or distrust (Chang & Singh, 2016; Dawes et al., 2023). In one study, people who reported seeing providers who demonstrated cultural responsiveness also reported having a strong therapeutic alliance with those providers (Dawes et al., 2023). This acknowledgement and affirmation can increase trust and rapport between a provider and client.

It's also important to be aware that not all people of color or LGBTQ+ people want to talk about their cultures, backgrounds or identities, or about how racism or oppression have impacted their substance use and mental health. Over time, and within the relational safety built with individuals, providers may tailor their approach to raising these topics when appropriate.

Practice Curiosity

In one study, LGBTQ+ people of color commonly cited provider assumptions about their identities as a core factor in negative health care provider interactions (Howard et al., 2019). Providers who enter client interactions with an open, curious mindset and who ask questions about their identities and how to affirm them can help build trust and rapport (National LGBTQIA+ Health Education Center, 2016). Using [Motivational Interviewing skills](#) can support an open, curious mindset.

Employ a Shared Decision-making Model

Shared decision making (SDM) happens when individuals and providers work together to make decisions that are both medically informed and support client preferences, values and identities (Alpert et al., 2017; DeMeester et al., 2016). SDM is shown to increase clear and open communication, trust and overall client follow-through and outcomes. Individuals who hold multiple minoritized identities, such as being LGBTQ+ and a person of color, can especially benefit from the autonomy and empowerment central to the SDM model (DeMeester et al., 2016).

Align Individual and Organizational Practices

While it is important to affirm individuals in individual interactions, affirming identities must also be practiced on an organizational level (DeMeester et al., 2016). Organizational practices like openly displaying non-discrimination policies, hosting identity-specific support groups, and hiring LGBTQ+ employees and employees of color can help individuals feel more comfortable and lead to increased engagement and retention in substance use and health care treatment (Paschen-Wolff et al., 2024). Where possible, allow for open-answer self-identification of characteristics such as gender identity, pronouns, and racial or ethnic identities on forms. For example, is an individual who is transgender given the option to list their chosen name and gender identity on paperwork? Does an individual who is Puerto Rican have the option to identify themselves as Puerto Rican instead of checking a generic box for “Black and Hispanic/Latinx” or “Hispanic”?

Before collecting potentially sensitive demographic data, consider language and potential risks:

- Is this data required to be collected and reported per funding requirements?
- If this data is collected, what will be done with this data?
- Will individuals be informed of how this data will be used?
- Will providers and staff be trained in how to understand this data, and tailor their care or provide culturally responsive care that is also trauma-informed?
- If nothing is done with this data, how useful and important is it to collect?

Implementing these practices often involves multiple decision makers and staff across all levels of an organization. Individual staff and workgroups can explore resources such as the The Fenway Institute and the Center for American Progress’ resource [Do Ask, Do Tell: A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings](#) Resources related to collecting race, ethnicity and linguistic (REAL) and sexual orientation and gender identity (SOGI), such as those from the [American Hospital Association Institute for Diversity and Health Equity](#), can also be helpful.

A Final Note

When exploring layers of identity, it is important to take time to learn and to acknowledge any feelings that may arise. You may also want to consider engaging with others who are also exploring these topics and/or accessing related resources. Other providers who have more experience engaging with these topics on a personal and professional level may have advice on integrating these concepts into practice. Finally, in any role supporting others it is important to also practice self-care. Take time and space to practice patience and self-compassion. Being an affirming provider is, first and foremost, a commitment to continuing to learn and grow.



Resources

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Resources

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