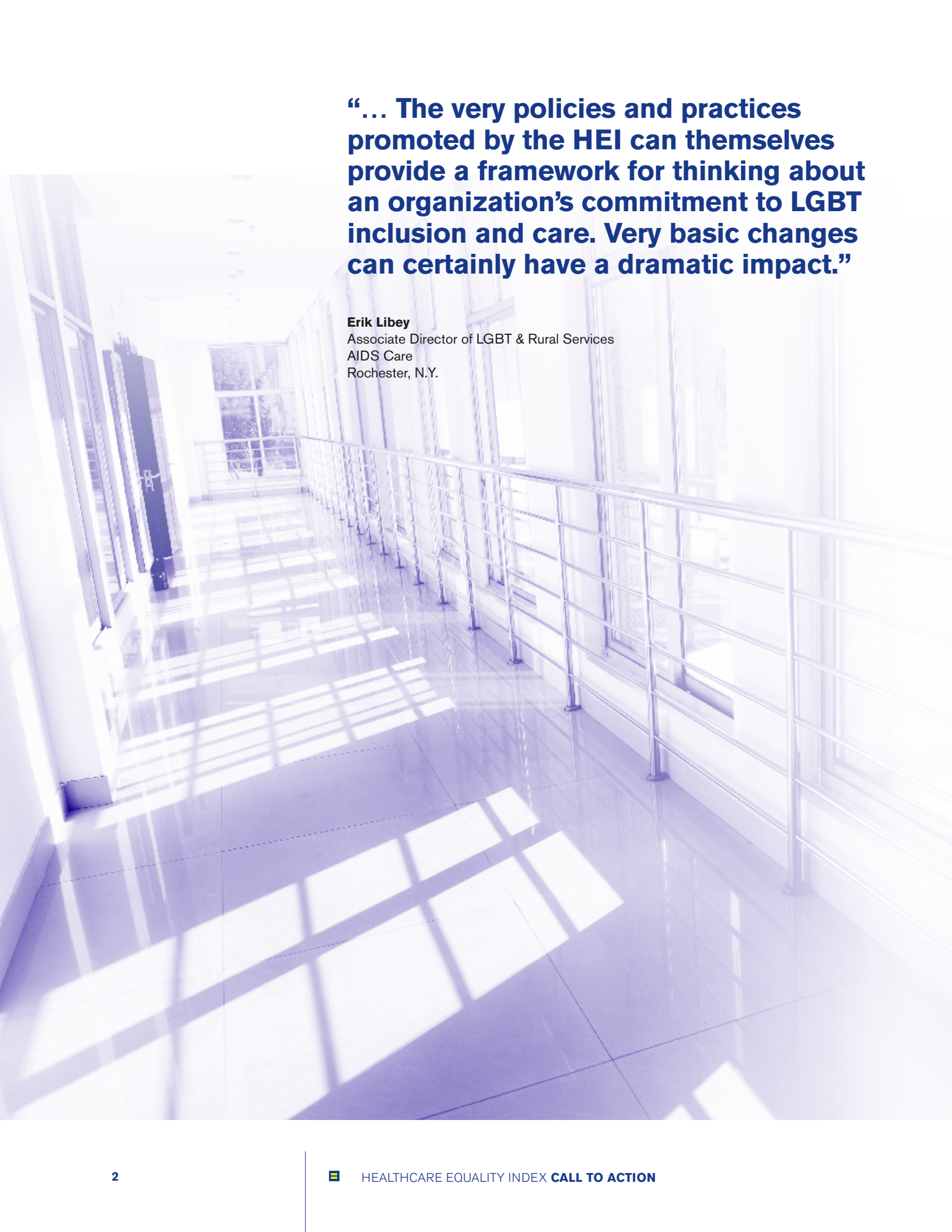


HUMAN
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A CALL TO ACTION FOR HEALTHCARE PROFESSIONALS

**to Advance Health Equity for the
Lesbian, Gay, Bisexual and Transgender Community**

By Amy Wilson-Stronks, M.P.P.
Independent Advocate, Consultant and Researcher



“... The very policies and practices promoted by the HEI can themselves provide a framework for thinking about an organization’s commitment to LGBT inclusion and care. Very basic changes can certainly have a dramatic impact.”

Erik Libey

Associate Director of LGBT & Rural Services
AIDS Care
Rochester, N.Y.

LETTER OF INTRODUCTION

Dear Colleagues:

I am writing to you about a unique and important opportunity to improve the healthcare experiences of a historically overlooked group of patients.

As healthcare professionals, we strive to provide the best care to the patients we serve. Our mantra, “Do no harm,” is simple enough, yet difficult to achieve. Medical errors occur at alarming rates, more frequently than we previously understood.¹ Patients come to our doors at their most vulnerable and in their poorest health; they look to us to fix what ails them, yet many who seek care experience not our best, but our worst.

A recent study by Lambda Legal surveyed 4,916 patients and found that more than half felt that they had been treated disrespectfully and did not receive the care they needed.

They reported the following types of discriminatory treatment:

- They were refused needed care.
- They were blamed for their health status.
- Healthcare professionals refused to touch them, or used excessive precautions.
- Healthcare professionals used harsh and abusive language with and about them.
- Healthcare professionals were physically rough and abusive toward them.

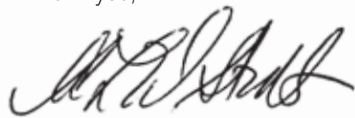
The patients in the study came from all over the country, their racial/ethnic backgrounds varied and they had better-than-average insurance coverage. **So what common factor among them explained their treatment? Each of them identified as a lesbian, gay, bisexual and/or transgender (LGBT) person.**

Care should be caring. Patients should feel confident when entering the healthcare system — be it a hospital, clinic or other setting — that they will be treated with dignity and respect, with full access to the care they need. Despite our best intentions, however, this doesn't always happen.

The national Healthcare Equality Index (HEI), administered by the Human Rights Campaign Foundation, is designed to help hospitals and clinics create an equitable, inclusive and welcoming environment for LGBT patients, families and employees. In our increasingly competitive healthcare environment, the HEI offers a vital strategy for success. As one participating CEO noted, “As our workplace, community and patient base change due to demographic shifts, diversity and inclusion is not simply a good thing to do, but has become a key business imperative.”

As healthcare organizations focus on providing genuinely patient-centered care, LGBT patients and their families need to be part of the equation. The HEI is an excellent guide for hospitals and clinics seeking to create an environment in which all patients and families are welcome and respected. Please consider having your organization participate in the HEI this year, as part of your commitment to providing the highest-quality care to all patients and families.

Thank you,



Amy Wilson-Stronks, M.P.P., on behalf of the
Healthcare Equality Index National Advisory Council

(See list of members on p.13.)

WHY YOU SHOULD CARE ABOUT LGBT HEALTH EQUITY

Creating a welcoming environment for lesbian, gay, bisexual and transgender (LGBT) patients and families is an investment with a valuable return. Today, hospitals and healthcare organizations are challenged to provide high-quality, safe healthcare while juggling competing priorities and maintaining a positive operating margin. Cost, time and return on investment all factor when deciding which initiatives to advance. Here are some factors to consider related to LGBT health equity initiatives:

Promoting Quality Care

Patient-provider communication has been linked to measures of quality, such as patient adherence and satisfaction,ⁱⁱ and patient-centered care has been shown to increase both satisfaction and quality of care.ⁱⁱⁱ Real or perceived discrimination and disrespect alienates LGBT patients from the healthcare system, thus contributing to LGBT healthcare disparities.^{iv} Comprehensive policies in support of systems of effective patient-provider communication and patient-centered care can improve the healthcare environment and, in turn, have a positive impact on patient satisfaction and reportable measures of quality.

Regulatory Compliance and Risk Reduction

As a result of a 2010 presidential memorandum, the Centers for Medicare and Medicaid Services (CMS) now require that hospitals prohibit discrimination in visitation on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or disability.^v In addition, hospitals that are accredited by The Joint Commission will be further evaluated for compliance with new LGBT-inclusive non-discrimination standards.^{vi} Organizational policies and practices that specifically prohibit all forms of discrimination help create an inclusive environment that is welcoming for all patients and families, thus mitigating unnecessary legal and regulatory entanglements resulting from claims of discriminatory practice.

Payment Reform

In light of the new CMS rule for value-based purchasing, hospitals now have more incentive to create a welcoming environment for patients. Beginning in October 2012, Medicare will reward hospitals that provide high-quality care for their patients through the new Hospital Value-Based Purchasing Program.^{vii} Hospitals will no longer be paid by Medicare based on quantity of service, but instead on the quality of service based on performance on a set of quality measures that have been linked to improved clinical processes of care and patient satisfaction.

Market Share


The Internet offers patients more access to information that can help them make decisions about their care and where to seek care. One study of healthcare consumerism found that 57 percent of consumers say they would use quality rankings to compare doctors and hospitals in their community.^{viii} This is going to have growing significance as health reform efforts increase the availability of reports on quality and performance measures.

At the same time, 64 percent of gay and lesbian adults say that when selecting a product or service, all other considerations being equal, they will select the brand that has a reputation for being gay friendly.^{ix} This is an important consideration today when many Americans are making careful decisions around whether or not to seek healthcare.^x Consumers are paying more out of pocket for their healthcare, even when well insured. Therefore, in challenging economic times, healthcare becomes a luxury item and consumers weigh cost and value more heavily. Understandably, they

will seek healthcare in environments where they feel their needs are best met and their dollar is best spent.

Employee Satisfaction

Satisfied employees help create a more welcoming environment for patients.^{xi} Employees who are happy with their job and employment can help create an environment that promotes patient loyalty and improves quality of care. Likewise, lack of healthcare employee satisfaction has been linked to poor quality care.^{xii} According to a 2009 study, LGBT people describe a positive work environment as “one in which they feel free to be themselves, voice their opinions and engage openly in non-work related conversations, [and where] they feel safe from discrimination and believe they are valued, accepted and part of a team.”^{xiii} This same study found that among LGBT employees who *did not* have positive workplace environments, more than 1 in 5 (21 percent) had searched for a new job within the past 12 months. Inclusive employment policies, when translated into positive workplace environments, can promote satisfaction among LGBT employees and improve employee retention. Also, providing cultural competency training for staff so they are equipped with the knowledge and skills needed to provide respectful quality care to LGBT patients can lessen workplace stress and discomfort.



“The Healthcare Equality Index guidelines were a wonderful resource to help us successfully align our policies with our existing practices and values. ... **Patients measure the quality of their healthcare through the lens of how they are treated. Everyone deserves access to high-quality care free from discrimination.** The Joint Commission has announced that patient non-discrimination standards will now be part of the accreditation process. We applaud this move because it is, simply, the right thing to do.”

Johnese Spisso

Chief Health System Officer, UW Medicine
Vice President for Medical Affairs, University of Washington
Seattle

HOW THE HEI CAN HELP YOUR ORGANIZATION EXCEL IN PROVIDING QUALITY CARE

The Healthcare Equality Index is a valuable **quality-improvement resource**. As one participant said, “The HEI provides the groundwork to enable change to occur.”¹ Hospitals without non-discrimination clauses inclusive of sexual orientation and gender identity or expression in their organizational policies put both themselves and their LGBT patients at risk. Hospitals risk discrimination claims and alienating an important market share and employment pool. This also puts patients at risk of discrimination, which may then lead them to avoiding health-care all together. These risks are very real for the LGBT community, as Lambda Legal’s work shows.^{xiv}

TOP 5 REASONS TO PARTICIPATE IN THE HEALTHCARE EQUALITY INDEX

1. **To promote quality care.** Create an environment that is welcoming and patient-centered for lesbian, gay, bisexual and transgender patients and families.
2. **To prepare for payment reform.** See improvements in patient-reported measures of quality by creating a welcoming patient-centered environment.
3. **To increase market share.** Be recognized as a “Leader in LGBT Healthcare Equality” and take advantage of brand loyalty among LGBT healthcare consumers.
4. **To improve employee satisfaction.** Create a workplace where all employees are free from discrimination.
5. **To comply with regulations and reduce risk.** Be prepared for new Centers for Medicare and Medicaid Services Conditions of Participation and Joint Commission standards.

Those organizations that are successful in their efforts to improve care for LGBT people and other vulnerable populations are built upon **strong foundations of policy, mission and leadership commitment to quality care for all patients**. The Institute of Medicine defines quality care as care that is safe, timely, effective, patient-centered, efficient and equitable.^{xv} The HEI specifically helps healthcare organizations solidify their foundation by addressing patient-centeredness and equity as a means to improve quality.

¹ Statement by Alicia Gabriel of Chase Brexton Health Services, Baltimore, MD, in the Healthcare Equality Index 2011.

What is the HEI?

The Healthcare Equality Index is an organizational survey conducted nationally on an annual basis. The HEI evaluates healthcare organizations in four primary areas:

- Patient non-discrimination policies
- Visitation policies
- Cultural competency training
- Employment non-discrimination policies

The HEI specifically evaluates how these areas address the unique needs of LGBT patients and families; however, increased attention and development to these areas can also improve the quality of care for all patients.

Patient and Employment Non-Discrimination Policies

Similar to an organization's mission and vision statements, patient and employment non-discrimination policies solidify an organization's commitment to treating the entire care community with dignity and respect. It is necessary to specify "sexual orientation" and "gender identity" in these policies, especially when these categories are not covered in state non-discrimination laws. Additionally, new Joint Commission patient rights requirements specifically call out the need for hospitals to prevent discrimination based on sexual orientation and gender identity or expression.^{xvi}

Visitation Policies

Patient safety principles advise patients to bring an "advocate" with them during their hospital stay.^{xvii} The Joint Commission's Speak Up™ campaign has been a highly successful effort to support patient safety through patient engagement.^{xviii} One of the key recommendations of this campaign is for patients to ask a trusted family member or friend to accompany them during the care encounter. This becomes challenging for LGBT patients, particularly when hospitals enlist strict visitation policies and adhere to a narrow definition of "family."

Hospitals that lack visitation policies with specific language granting equal access for same-sex couples and same-sex parents may find that staff members interpret these policies based upon their own personal biases. That was the situation in the well-known case at Miami's Jackson Memorial Hospital, where a same-sex partner and her children were refused access to their dying family member.² Policies that explicitly prohibit this type of discrimination protect the hospital by eliminating subjective interpretation. Even in states with LGBT-inclusive non-discrimination laws, these policies ensure that staff and patients are clear on these protections, rather than relying on the patient/staff to know the law. It is also important to note that new Joint Commission requirements allow all patients access to a support person during their hospital stay.^{xix} While the Joint Commission standards do not specifically address visitation policies, they do help create an environment in which patients are supported and comforted by a person of *their choice* during their stay.

Cultural Competency Training

Cultural competency training is often provided by healthcare organizations to sensitize staff to the demographics of the population served. Many hospitals integrate diversity and inclusion topics into their cultural competency trainings, but often neglect specific attention to the LGBT community. The HEI asks healthcare organizations to specifically include issues related to the LGBT

² In 2007, staff at Jackson Memorial Hospital in Miami refused access to the same-sex partner and children of a woman who was dying of a brain aneurism. The case received national publicity and was one of the key stories that motivated President Obama to issue his memorandum on hospital visitation.

community in staff training, recommending that LGBT-inclusive cultural competency training be provided to all administrative staff and leaders, medical assistants and technicians, allied health professionals, nurses and physicians.

The HEI: A First Step Toward Continued Improvement

While policies serve as a vital foundation, policies alone are not sufficient to ensure the delivery of quality care. In order to truly support the delivery of quality care, it is necessary to evaluate broader systems of care provision. Therefore, the HEI is an important first step for many participating organizations, providing targeted evaluation of policies and practices related to LGBT patients and families. As one of the HEI Leaders in LGBT Healthcare Equality shares, “by no means do we feel that our work is done. The survey has encouraged us to further reflect on our LGBT-inclusive practices and continually seek out opportunities for improvement...”³

The HEI survey not only assesses current policies and shares recommended strategies for improvement, but Human Rights Campaign Foundation staff members also provide technical assistance to survey respondents to help them improve their policies. The HEI annual survey and policy review process has created a brain trust in the area of LGBT-inclusive policies.

The HEI survey does not solely include questions on the four areas of evaluation. It also includes questions and recommended best practices related to advance healthcare directives, transgender health benefits, partner health benefits, LGBT employee groups and data collection. These are areas for which activities are reported, but are not required.

PARTICIPATING IN THE HEI

Participation in the HEI survey is free and open to all healthcare organizations in the United States. If your organization is interested in participating, please send an email to hei@hrc.org with the name, title and contact information of the individual authorized to complete the survey on behalf of your organization. The survey period begins in October of each year and is open through the end of December. Throughout this period, HRC Foundation staff members avail themselves to provide additional assistance to participants.⁴

³ Statement by Judi Li, Ph.D., of the California Pacific Medical Center, San Francisco, in the *Healthcare Equality Index 2011*.

⁴ Information on participation in the Healthcare Equality Index can be found at www.hrc.org/hei.

“The HEI has been a key component of our efforts to provide equitable, inclusive, knowledgeable and welcoming care to LGBT patients and their families and has motivated UCSF to seek out additional opportunities to meet LGBT health needs. ... [It has] enabled

us to reduce risk, reach out to an important segment of the local population, and maximize patient safety and satisfaction.”

Mark Laret

Chief Executive Officer, UCSF Medical Center
UCSF Benioff Children’s Hospital and Chair-Elect,
Association of American Medical Colleges
San Francisco



WORKING TO ACHIEVE LGBT HEALTH EQUITY AS PART OF THE NATIONAL VISION FOR HEALTH EQUITY.

Parallel to the movement to address and incorporate lesbian, gay, bisexual and transgender health and healthcare into the national agenda are efforts to reduce and eliminate racial and ethnic health disparities. In 2002, the Institute of Medicine (IOM) produced a research report, *Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare*. The release of the report attracted national attention to the issue of eliminating racial and ethnic healthcare disparities. Organizations, such as the National Quality Forum, The Joint Commission and the National Committee on Quality Assurance, undertook large-scale projects to better understand the phenomena, and researchers, healthcare organizations and policymakers worked to identify solutions.^{xx}

QUALIFICATIONS FOR LEADERS IN LGBT HEALTHCARE EQUALITY

1. Protect all LGBT patients from discrimination based on sexual orientation and gender identity with inclusive patient non-discrimination policies
2. Grant equal visitation access to same-sex couples and same-sex parents through explicitly LGBT-inclusive visitation policies
3. Provide LGBT cultural competency training to all applicable employees: administrative staff, medical assistants and technicians, allied health professionals, nurses and physicians
4. Protect all LGBT employees from discrimination based on sexual orientation and gender identity with inclusive employment non-discrimination policies

We can anticipate similar movement regarding LGBT health and healthcare. In April 2011, the IOM released the report, *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding*. Many of the conclusions drawn by the Unequal Treatment study have been replicated in the recommendations in this report. Both reports indicate that, to better understand the phenomena, we need to increase research, collect better data and raise awareness of health and health care disparities.^{xxi} In addition to the release of the IOM report, Healthy People 2020 has gone beyond the creation of the *Healthy People 2010 Companion Document for LGBT Health* to include numerous objectives of particular concern to LGBT persons and a specific section on LGBT health.^{xxii}

The movement to ensure equity for LGBT patients will be a long road. It is only now — nearly 10 years after the introduction of the *Unequal Treatment* report — that collection of patient-level race, ethnicity and language data are accepted as necessary to help reduce disparities.^{xxiii}

In spite of the long road ahead, the Healthcare Equality Index is already making progress in its goal to create more welcoming healthcare environments for LGBT patients and their families. Each year, participation in the HEI survey increases, and more healthcare organizations modify their policies to be inclusive of LGBT patients and employees. In some cases, participation in the survey brings about immediate action on the part of the participant.

In order to reach target markets, many hospitals that have participated in the HEI have approached the survey with the goal of being highlighted as **“Leaders in LGBT Healthcare Equality,”** a distinction that is being awarded to more healthcare organizations each year.^{xxiv} Leaders in LGBT Healthcare Equality are those healthcare organizations that meet all applicable rated criteria. These healthcare organizations recognize that creating supports for LGBT inclusion is a necessary component of overall quality care and business success.

The HEI is having an impact on the quality of care for LGBT patients by bringing resources to the attention of healthcare organizations, encouraging and supporting participation in the survey and collecting data that can serve to inform future policies and recommended practices for providing quality care to the LGBT community.

Working together, we can improve our delivery of healthcare so that all patients receive care that meets all dimensions of healthcare quality.




HEI 2011 LEADERS IN LGBT HEALTHCARE EQUALITY

Twenty-seven survey respondents are recognized as “Leaders in LGBT Healthcare Equality” in the HEI 2011 report. They include:

Advocate Illinois Masonic Medical Center	Chicago, IL
Baystate Health (9 facilities)	Springfield, MA
Beth Israel Deaconess Medical Center	Boston, MA
Beth Israel Medical Center	New York, NY
Brigham and Women’s Hospital	Boston, MA
California Pacific Medical Center	San Francisco, CA
The George Washington University Hospital	Washington, DC
Group Health (31 facilities)	Seattle, WA
Howard University Hospital	Washington, DC
Jackson Health System (16 facilities)	Miami, FL
Kaiser Foundation Hospitals (36 facilities)	Oakland, CA
Oregon Health & Science University Hospital	Portland, OR
Park Nicollet Methodist Hospital	St. Louis Park, MN
Rush University Medical Center	Chicago, IL
San Francisco General Hospital and Trauma Center	San Francisco, CA
St. Luke’s-Roosevelt Hospital Center	New York, NY
UCSF Medical Center	San Francisco, CA
University of California Davis Medical Center	Sacramento, CA
UW Medicine (2 facilities)	Seattle, WA

Visit www.hrc.org/hei-2011-leaders for the full list of Leaders.

A pair of black-rimmed glasses and a silver stethoscope are resting on a white surface. The glasses are in the foreground, and the stethoscope is in the background. The entire image has a light purple tint.

“The HEI formally challenges the medical world to recognize, address and respect the healthcare needs and human rights of its patients — all its patients. But more than just acting as a challenge, **the HEI provides the groundwork to enable change to occur. Without laying blame, the HEI provides the tools for medical systems to survey current practices, address inequities and become educated about the needs of LGBT communities.**”

Alicia Gabriel
Marketing Manager
Chase Brexton Health Services
Baltimore

ABOUT THE AUTHOR

Amy Wilson-Stronks is an independent advocate, consultant and researcher. She has spent more than 20 years trying to figure out the best way to improve healthcare delivery. While all of the answers have yet to appear, her experience as a health policy researcher and Principal Investigator of The Joint Commission's Hospitals, Language and Culture: A Snapshot of the Nation study has awarded her insight into system-level challenges and supports that can improve the ability of healthcare organizations to deliver safe, high-quality and equitable care to all patients. She was a principal author of the new Joint Commission hospital accreditation standards that support non-discrimination and patient-centered communication. She can be reached at amy@wilson-stronks.com.

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HEI NATIONAL ADVISORY COUNCIL

The Healthcare Equality Index National Advisory Council supports the Human Rights Campaign Foundation's HEI initiative. While not serving as official representatives of their employers, members provide expert advice and counsel on lesbian, gay, bisexual and transgender healthcare issues, based on their professional experience and knowledge.

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WANT TO PARTICIPATE IN THE HEALTHCARE EQUALITY INDEX?

The Healthcare Equality Index is an online survey of LGBT-related policies and practices administered annually by the Human Rights Campaign Foundation. The survey period begins in October of each year and is open through the end of December. Participation is free and open to all healthcare facilities in the United States. If your facility is interested in participating, please contact the Human Rights Campaign Foundation at hei@hrc.org. Learn more about the survey at www.hrc.org/hei.