



Shane Snowdon

Equal and Respectful Care for LGBT Patients

The importance of providing an inclusive environment cannot be underestimated.

I realized I was a lesbian when I was a teenager, decades ago—in an era when I would never have dreamed I'd write those words anywhere, much less in a publication like *Healthcare Executive*. It's been a joy to see our country move toward equality for those of us who are lesbian, gay, bisexual and/or transgender (LGBT), and it's been particularly moving to see healthcare's growing concern for LGBT patients.

Letting LGBT patients know that they will receive welcoming, sensitive care also reverses another troubling phenomenon: LGBT people appear to delay and avoid healthcare more than other groups.

When I began providing LGBT training and consulting to healthcare providers in 1999, many of them had never stopped to think about the fact they had LGBT patients: Even then, LGBT people were scarcely visible in healthcare, except as HIV/AIDS patients. Nowadays, I'm happy to report, many healthcare providers not only realize they treat the full spectrum of LGBT patients but also are eager to learn about the

challenges we face and how to ensure that we feel welcome.

What do healthcare executives most need to know about this sizeable and long overlooked patient population? For one thing, I've found that they are often stunned to learn how concerned LGBT patients can be about receiving adequate care.

One data point that startles executives is how many LGBT patients fear, based on our experiences in society at large and/or in healthcare, that we will be refused treatment because we are LGBT. In the landmark national survey *When Health Care Isn't Caring*, produced by Lambda Legal in 2010, 9 percent of the lesbian, gay and bisexual (LGB) respondents believed they would actually be turned down for care because of their sexual orientation, 20 percent of HIV-positive patients thought they would be refused care and 52 percent of transgender patients felt they would be turned away.

Data like that indicate how much concern LGBT people have about how we'll be treated and how effective it can be for a healthcare facility to signal that it will do right by us. Letting LGBT patients know they will receive welcoming, sensitive

care also reverses another troubling phenomenon: LGBT people appear to delay and avoid healthcare more than other groups. For example, the California Health Interview Survey, which surveys more than 50,000 state residents, has found that 29 percent of LGB Californians delay and/or don't seek needed healthcare, compared to 17 percent of heterosexual Californians. The bad news is that this gap is attributed largely to fear of discrimination. The good news is that the gap can be bridged by providers offering meaningful assurances that we will receive unbiased, respectful care.

What does discriminatory healthcare look like? The Lambda Legal survey of nearly 5,000 LGBT people and people living with HIV in the U.S. found that 29 percent of LGB respondents, 36 percent of HIV-positive respondents and 73 percent of transgender respondents felt sure they would be treated differently in healthcare because of their LGBT status. What did they mean by "different" treatment? Fifty-six percent of the LGB patients and 70 percent of the transgender patients reported having had at least one of these four experiences with healthcare providers because of their LGBT status: having staff either refuse to touch them or take unneeded precautions before touching them, being subjected to harsh language, receiving rough physical treatment or having their health condition erroneously attributed to being LGBT.

Sadly, these experiences in healthcare mirror what LGBT people as a group face in other areas of life: Kaiser

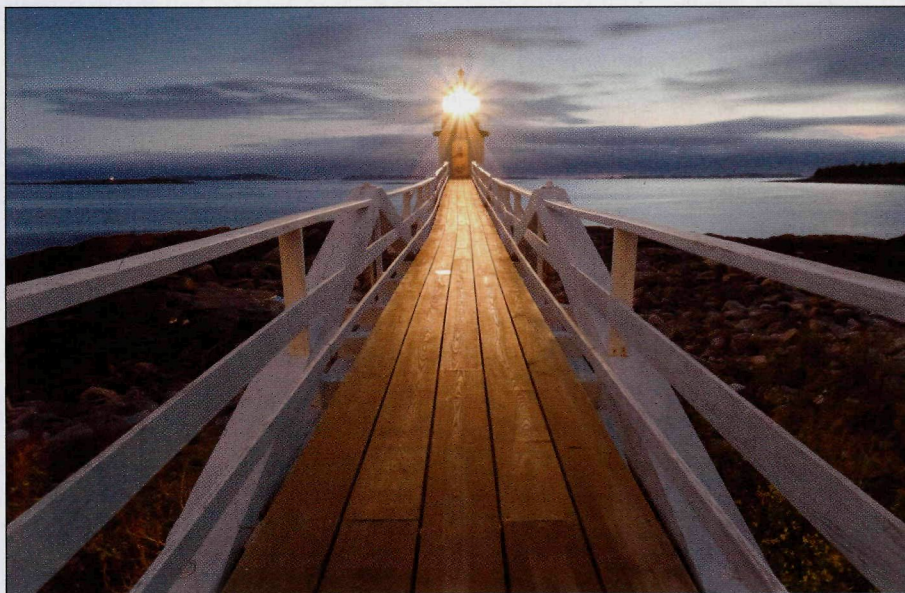
Family Foundation data indicate that three-quarters of LGB people have been verbally abused, 32 percent have been subjected to physical violence and 34 percent have been rejected by their families. And these numbers, according to the National Center for Transgender Equality, are significantly higher for transgender people.

People who are not LGBT are often surprised to learn how much we experience and fear discrimination. But, again, the good news is LGBT patients are responsive when healthcare providers send the message that they are determined to provide us with good care. Providers with awareness of demonstrated commitment to the needs of the LGBT

community attract new and loyal patients, reduce their risk of complaints and negative publicity, and achieve higher patient satisfaction scores.

Providers that commit to treating LGBT patients equally and respectfully also discover that their commitment dovetails with Centers for Medicare & Medicaid Services and The Joint Commission requirements. In 2011, The Joint Commission began requiring accredited providers to protect LGBT patients in their nondiscrimination policies. The Joint Commission also mirrored CMS Condition of Participation guidelines, specifying that same-sex partners must be given the same visitation rights as different-sex spouses and partners—a response to numerous reports of same-sex partners being denied access to their seriously ill loved ones because staff did not consider them “family.” To flesh out these new requirements, The Joint Commission also published in 2011 a downloadable field guide with a wealth of recommendations for LGBT patient-centered care.

To make it as easy as possible for healthcare providers to respond both to LGBT patient needs and these new requirements, my organization, the Human Rights Campaign Foundation, administers the Healthcare Equality Index. This free online annual survey, designed to be a comprehensive resource for providers wishing to provide optimal LGBT care, allows hospitals and clinics to assess themselves in relation to key recommendations for great care, provides staff at all levels with free expert training in LGBT needs and awards Equality Leader status to providers



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meeting the “Core Four” criteria for LGBT care. These criteria call for an LGBT-inclusive patient nondiscrimination policy, an LGBT-inclusive employment nondiscrimination policy, an equal visitation policy for LGBT patients and LGBT training for at least five top managers.

All HEI participants receive a customized needs assessment that compares their performance to national benchmarks and provides comprehensive resources for strengthening LGBT care. And I’m pleased to say that in 2013 more than 700 providers in all 50 states (including 80 percent of VA medical centers) participated in the HEI, with 74 percent earning Equality Leader status. These figures represent a 153 percent rise in HEI

participation and a 199 percent increase in Equality Leaders from the HEI 2012.

Like most LGBT Americans, I’ve experienced painful discrimination, and I’m not sure I’ll ever feel completely worry-free whenever I come out as a lesbian, in healthcare and beyond. But I have been deeply touched to see growing numbers of healthcare executives use the HEI and other resources to reach out to LGBT patients, letting us know that their providers are committed to nondiscriminatory, sensitive and welcoming care. Please know that your commitment matters and helps create a world of equality that my younger self would never have imagined possible. ▲

Shane Snowdon is director of the LGBT Health & Aging Program of the Human Rights Campaign Foundation in Washington, D.C., the largest LGBT organization in the U.S. She can be reached at shane.snowdon@hrc.org.

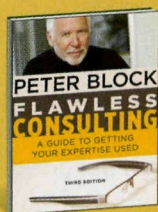
Editor’s note: The HRC Healthcare Equality Index can be viewed at hrc.org/hei, and interested readers are invited to learn more about the newly formed Rainbow Healthcare Leaders Association by emailing jwhittemore@learningstudio.biz. ACHE’s policy statement “The Healthcare Executive’s Role in Fostering Inclusion of LGBT Patients and Employees” can be found at ache.org/policy/inclusion-lgbt.cfm.

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