

# Equality in Healthcare: The Formation and Ongoing Legacy of an LGBT Advisory Council

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## Abstract

This article provides a broad overview of the literature on lesbian, gay, bisexual, transgender (LGBT) health disparities and workplace discrimination, as well as the context that led to the formation of an institutional LGBT Advisory Council. The Council was developed in order to demonstrate our ongoing commitment to LGBT inclusion and to improve the lived experiences for both LGBT patients and staff. A retrospective approach is utilized to explore the LGBT Advisory Council's journey to spearhead advocacy efforts at our institution. The Council's accomplishments include taking a leadership role in obtaining nationally recognized designations such as the Healthcare Equality Index and the Magnet Exemplar for Cultural Sensitivity, as well as adding sexual orientation, gender identity, and gender expression fields to our institution's electronic medical record system. Additionally, the Council guides and promotes ongoing house-wide cultural sensitivity staff training efforts. Most recently, the Council marched as a contingency in the world's largest Pride March for the first time in institutional history. It is our hope that our Council will become an inspiration and exemplar for similar groups to form at healthcare institutions and organizations across the nation. Allowing LGBT members of each individual healthcare community the agency to determine the direction of advocacy efforts is incredibly important; however, this must be coupled with an organizational commitment on behalf of leadership to follow through on these initiatives and to provide them with the resources they need in order to be successful.

**Key words:** advocacy, equality, healthcare, lesbian, gay bisexual, transgender (LGBT).

## Introduction

**I**N RECENT YEARS, CULTURAL COMPETENCY has become a critical component of training for healthcare providers and healthcare organization staff members. A primary driver of this trend has been the expanded awareness of health disparities on community, national, and global levels.<sup>1</sup> Many of these disparities in healthcare and health outcomes have been linked to social determinants of health, which the World Health Organization (WHO) defines as "conditions in which people are born, grow, live, work and age" that are "shaped by the distribution of money, power, and resources."<sup>2</sup> Social categories like race, ethnicity, and socioeconomic status have all been linked to disparate health outcomes; other avoidable inequalities based on sexual orientation, gender identity, and gender expression have also been made more apparent as time has progressed.<sup>2</sup>

Sexual orientation "refers to an enduring pattern of emotional, romantic, and/or sexual attractions,"<sup>3</sup> and can also refer to "a person's sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions."<sup>3</sup> Gender identity is defined as "a person's innate, deeply felt psychological identification as a man, woman or some other gender, which may or may not correspond to the sex assigned to them at birth,"<sup>4</sup> while gender expression "refers to all of the external characteristics and behaviors that are socially defined as either masculine or feminine."<sup>4</sup> As a result, healthcare providers, staff members, and trainees alike have become more aware of the need for increased resources to better serve these under-resourced patient populations.<sup>5</sup>

As awareness of lesbian, gay, bisexual, and transgender (LGBT) health and health disparities grew at our institution, a need for a more structured and intentional space to discuss

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and advocate for LGBT patients and staff members became clear. To address this, we formed the LGBT Advisory Council with the intent to both improve LGBT patient care as well as staff climate. The purpose of this article is to give a broad overview of the literature on LGBT health disparities and workplace discrimination, as well as to provide the context that led to the Council's formation. By reviewing our accomplishments and our intentions for the future, we hope that other institutions and organizations might gain insight into the process of LGBT Advisory Council development as well inspiration for creating a similar group.

## Background

### *LGBT health disparities*

The discrimination that LGBT patients face within the healthcare system is clearly delineated in the literature. Lambda Legal's groundbreaking report, "When Health Care Isn't Caring," collected data on over 4,900 LGBT patients, differentiating the treatment they received from providers based on their sexual orientation, gender identity, and HIV status.<sup>6</sup> According to the report, 1 in 5 patients living with HIV, 1 in 4 transgender patients, and 1 in 13 lesbian, gay, and bisexual (LGB) patients were refused needed care.<sup>6</sup> Many patients reported additional discriminatory behavior from providers, including refusing to physically touch patients, blaming patients for their health status, using harsh language, and even being physically rough and abusive towards patients.<sup>6</sup> Respondents who identified as people of color or were low-income experienced even higher rates of such substandard care.<sup>6</sup>

LGBT youth are particularly vulnerable to negative health outcomes as well as social, economic and political discrimination.<sup>7-10</sup> LGBT youth experience more depression, depressive symptoms, and depressive disorders than their non-LGBT counterparts, they are also more susceptible to suicidal thoughts, plans and attempts.<sup>7,8</sup> Those youth who live in neighborhoods with higher incidences of gender- or sexuality-related assaults and other LGBT-targeted hate crimes are at increased risk for suicide attempts and marijuana usage.<sup>9,10</sup>

Reports also show that LGBT elders are five times less likely to access health services and are at increased risk for isolation, psychosocial stress, and suicide in comparison to their non-LGBT peers of the same age category.<sup>11-13</sup> In order to address these disparities, an increased awareness of risk factors for LGBT elders is needed. This can be achieved through continuing professional and community education as well as collaborative efforts between providers, healthcare organizations, and communities that build trust and lessen the negative perceptions of health care systems.<sup>14</sup>

### *LGBT Workplace Discrimination*

In addition to the documented instances of discriminatory practices toward LGBT patients, stigma, discrimination, and violence toward LGBT employees continues to occur throughout organizational systems, including those that provide healthcare.<sup>15-19</sup> Currently, only twenty-two states, including the District of Columbia, honor the Employment Non-Discrimination Act (ENDA), which prohibits employment discrimination based on sexual orientation, and only

18 of these states prohibit employment discrimination based on gender identity.<sup>15</sup> The Human Rights Campaign (HRC) reports further that though 88% of Fortune 500 companies have non-discrimination policies that include sexual orientation, only 57% include non-discrimination based on gender identity.<sup>15</sup>

Within organizational structures, 15–43% of LGBT workers report some form of discrimination while on the job, ranging from receiving a negative performance appraisal to experiencing verbal or physical abuse.<sup>16</sup> Negative treatment occurs even more often for transgender employees, 90% of whom have reported some form of harassment or workplace discrimination. Additionally, 44% of transgender employees were overlooked for a job, 23% refused a promotion, and as many as 26% terminated from employment based upon their gender identity.<sup>17</sup> Discrimination from employers or amongst employees has been shown to correlate with job satisfaction, organizational commitment, turnover intentions, organization-based self-esteem, satisfaction with promotion opportunities, and overall career commitment.<sup>18</sup> Reports also confirm that between 12–30% of non-LGBT colleagues have validated the presence of this harassment and have witnessed anti-LGBT discrimination in the workplace.<sup>16</sup>

As a result of these disparities, many national and international efforts have been made to improve conditions for both LGBT employees and patients. Large organizations such as Lambda Legal, the Williams Institute, the Equality Federation, the American Civil Liberties Union, the National Center for Transgender Equality, and the National Gay and Lesbian Task Force have been driving forces in raising awareness, ensuring the safety of LGBT people, and furthering equality in both policy and practice.<sup>19-24</sup> In the healthcare realm, the Human Rights Campaign has established the Healthcare Equality Index (HEI), which serves as a distinguished accreditation for care-providing institutions.

An HEI designation indicates that an organization is inclusive of LGBT patients and seeks to be a resource where patients can seek services. Health care organizations with an HEI designation show their investment in the humane, equitable care of LGBT patients.<sup>25</sup> Finally, regulatory agencies, such as the Joint Commission and Centers for Medicare and Medicaid Services, have taken positions in recent years to eliminate healthcare disparities for LGBT patients by prohibiting discrimination based on sexual orientation, gender identity, and gender expression regardless of local law. Additionally, these agencies have begun to require their affiliated organizations to honor LGBT couples and families regardless of the state law jurisdiction.<sup>26,27</sup>

### *Council Formation and Development*

In 2012, several individuals within our institution aimed to create an LGBT task force based on the tenets of our patient-centered mission statement: To provide an optimal environment to meet the unique needs of all patient populations, including those who identify as LGBT. Additionally, leaders of our institution were seeking ways to better support LGBT employees during this time. The initial LGBT Advisory Council was formed from a small group of constituents from across the institution. Today, there are approximately eighty members on the Council, around twenty-five of whom are considered active, consisting of both leaders and

staff from a variety of departments, including hospital administration, information technology, communications, and the School of Medicine. Our membership includes physicians, nurses, physicians' assistants, residents, students, and administrators.

The LGBT Advisory Council met every other month for its first eighteen months. However, as the Council grew in both membership and influence, the frequency of meetings has been increased to every month. Two co-chairs, who were chosen by Council membership, lead the Council meetings and manage all communications. The Council's goal is to advance institutional cultural competency for LGBT patients, families and staff members throughout the Medical Center. Over the past two years, Council members have undertaken a number of successful initiatives to foster inclusion and promote understanding for LGBT patients, families, and staff.

## Accomplishments

### *Healthcare Equality Index*

The LGBT Advisory Council's first major initiative was to undergo the rigorous process of applying for the Human Rights Campaign's (HRC) Healthcare Equality Index (HEI) designation.<sup>25</sup> HEI is the national LGBT benchmarking tool created by HRC to assure that an institution's policies, protocols, and standards extend to and are inclusive of LGBT patients and their families.<sup>25</sup> This tool is an overarching mechanism the institution employs to uphold non-discrimination policy issues on behalf of the HRC and, more specifically, forwarding the suggestions of the Joint Commission to eliminate health care disparities for all patients and their families regardless of sexual orientation, gender identity, and gender expression.<sup>25,26</sup> This process requires collaboration from partners across the institution to review policies and practices to ensure that they are inclusive and respectful of LGBT patients.

An HEI designation requires employees of an institution to undergo cultural competency training on LGBT issues. The number of those trained should increase each year an institution applies for the designation. We were excited to be designated as a Leader in LGBT Healthcare Equality by receiving the HEI designation in 2012, 2013, and in 2014; each successive application required a more extensive and collaborative effort to review our patient non-discrimination, equal visitation, and employment non-discrimination policies, which we are proud to say all include protections in the areas of sexual orientation, gender identity, and gender expression.

### *Electronic Health Record*

After receiving our initial HEI designation, the LGBT Advisory Council sought to further engage in efforts to improve the climate for LGBT patients and staff across the institution. Council membership became the driving force behind these initiatives and many members expressed interest in furthering the collection of data on patient sexual orientation, gender identity, and gender expression through our electronic health record (EHR) system. Our institution uses an EHR that aids in standardizing information across the system and promotes patient health information sharing with other hospitals that utilize the same EHR. A Council sub-

committee was formed to focus on how patient care providers document sexual orientation, gender identity, and gender expression in the EHR, and through collaborative conversations with our informatics teams and hospital administration, added these three required fields to the initial admission assessment for all patients.

Currently, all patient care providers are required to document sexual orientation, gender identity, and gender expression when admitting a new patient under a mutuality/preferences tab. Patients, however, may decline to answer any of these questions. Best practices for documenting sexual orientation, gender identity, and gender expression are constantly being reviewed by this sub-committee who continue to advocate for the most accurate and effective collection of this important and patient-sensitive information. The latest change for which the Council is advocating involves moving the gender identity field to the demographics tab, where it can be seen more readily by members of a patient's care team, as well as compared with a patient's assigned sex at birth for more accurate information, as per recent recommendations.<sup>28</sup>

Additionally, the Council hopes to create a field for legal sex for insurance purposes in our EHR that is distinguished from the aforementioned field for assigned sex at birth. To date, no formal information has been gathered to determine patient perceptions of the collection of this data. However, the Council is not aware of any complaints and hopes to continue to push for more effective data collection as well as follow-up research.

### *Staff Education*

As a follow-up to collection of this data, another Council sub-committee worked to develop an educational module in the hospital-wide online learning platform, "iDevelop," to assist in equipping hospital staff to most effectively gather information from LGBT patients. This online training aims to support a patient-centered care environment for LGBT patients and their families by explaining how health disparities impact health outcomes in LGBT communities, defining terms related to LGBT identities, identifying best practices, and describing non-discriminatory and affirming care approaches for all LGBT patients. Mandating institution-wide data collection and documentation was a crucial first step, but educating staff to engage with patients in a humane and dignified way and providing them with tools necessary to ensure the comfort of patients and their families was necessary to ensure competent patient care.

Improved access to quality cultural competency education is directly linked with patient outcomes. It has been demonstrated that LGBT patients who are not treated considerably or fear homophobia from health care workers have an increase in vulnerability and stress.<sup>29</sup> Furthermore, disclosure of sexuality is highly dependent on the perceived safety of the patient and LGBT patients often require more culturally-specific support referrals and consults.<sup>29</sup> Since it is the human connection that establishes an environment of either tolerance or rejection for the patient, it is vital that education be widely available to all employees who will encounter the patient along their admission to discharge continuum.<sup>29</sup>

The use of online learning enables this information to reach large numbers of recipients, accommodates adult

learning principles, and provides flexibility to the user.<sup>30</sup> The training also includes an assessment to gauge learning and effectiveness that will be reviewed on an ongoing basis by the sub-committee. Currently, the online module has been approved for mandatory inclusion in the annual learning plan for all nurses house-wide, ensuring the receipt of and exposure to this education to over one thousand nurses on an annually recurring basis. The module has been presented to all interdisciplinary administrative leadership and is actively being sought out for further dissemination in other areas of the institution.

#### *Magnet Exemplar for Cultural Sensitivity*

The LGBT Advisory Council was a key component of the institution's recent designation from the Magnet Recognition Program<sup>®</sup>, which granted us an Exemplar for Cultural Sensitivity. The Magnet designation was developed by the American Nurses Credentialing Center (ANCC), and is the leading source of successful nursing practices and strategies worldwide.<sup>31</sup> Magnet accreditation is directly linked to improved patient outcomes including a safer nurse-patient ratio, 14% decrease in mortality within thirty days post-operation, and a 12% decrease in failure-to-rescue.<sup>32</sup> Our institution recently received this prestigious designation for the third consecutive time.

Magnet recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. One particular Magnet standard (EP 26) requires description and demonstration of how nurses meet the unique and individual needs of patients and families, echoing the aforementioned policy initiatives of both HRC and the Joint Commission.<sup>25,26</sup> Fulfillment of this standard cited the LGBT Advisory Council as a resource to help providers meet the needs of LGBT patients.

#### *Pride March*

Finally, our most recent accomplishment and source of greater visibility took place this past June, when a group representing the Medical Center marched in the annual New York City Pride March. This civil rights demonstration is the largest LGBT pride celebration in the world, and works towards a future without discrimination where all people have equal rights under the law.<sup>33</sup> Staff, students, and patients across the institution were invited to march under the organizational banner "Equality in Healthcare," celebrating the organization's commitment to equality in health care as well as celebrating our LGBT patients and staff. The event drew over sixty LGBT staff, students, and allies who marched in solidarity to represent our institution.

#### **Future Directions**

Currently, the LGBT Advisory Council is seeking more ways to effectively disseminate trainings and educational materials across the institution. Though our online learning platform is promising, it only offers foundational information on these issues; for those who are seeking to develop their expertise in working with LGBT patients, more extensive resources are needed. We have collaborated with our Office of Diversity Affairs at our affiliated School of Medicine to offer Safe Zone LGBT Ally trainings throughout the

year, which partially contribute to this goal. In the coming months, we hope to increase the amount of both general and specialized trainings that we offer institution-wide.

Additionally, the LGBT Advisory Council is always seeking to broaden its membership to ensure that it effectively represents the diverse interests of our community of LGBT staff and patients. Currently, Council membership is predominantly white, male, and cisgender (non-transgender individuals "who have a match between the gender they were assigned at birth, their bodies, and their personal identity").<sup>34</sup> Additionally, no patients sit on the Council at this time. Our institution prides itself on its commitment to diversity and inclusion, and we as a Council seek to honor this commitment in our work. Thus, in order to ensure that we are advocating on behalf of all our constituents, more member outreach is needed.

#### **Conclusion**

Though much progress has been made on both national and local levels in regards to LGBT equality in healthcare, health disparities linked to sexual orientation, gender identity, and gender expression demand a continued commitment to improvement. We believe that the formation of an LGBT task force similar to our LGBT Advisory Council is an important step that healthcare institutions and organizations can make in order to further LGBT inclusion. Allowing LGBT members of each individual healthcare community the agency to determine the direction of advocacy efforts is incredibly important. However, this must be coupled with an organizational commitment on behalf of leadership to follow through on these initiatives and to provide them with the resources they need in order to be successful. It is through these collaborative partnerships that institutions can truly demonstrate their commitment to LGBT inclusion and equality.

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William Rosa, Chelsea Fullerton, and Ronald Keller wish to state clearly that no competing financial interests exist.

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