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. 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.

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.

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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.
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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