Public Advocate for the City of New York

Improving Lesbian, Gay, Bisexual and Transgender Access to Healthcare at New York City Health and Hospitals Corporation Facilities

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Services and Advocacy for GLBT Elders (SAGE)

Executive Summary

The LGBT community has long faced challenges in accessing public services. Healthcare is no exception. Research indicates that Lesbian, Gay, Bisexual and Transgender [1](LGBT) individuals may receive healthcare services that do not address their specific medical needs and may encounter barriers that prevent them from receiving or seeking care at all. In preliminary conversations with the Office of the Public Advocate (OPA), New York City based LGBT advocates affirmed the need to assess whether LGBT individuals face barriers to obtaining quality care at New York City's public healthcare facilities.

In June 2007, Public Advocate Betsy Gotbaum sent a letter to the New York City Health and Hospitals Corporation (HHC) requesting information regarding HHC staff training on LGBT health and patient care issues. Staff from the Public Advocate's office then met with LGBT advocates and health care professionals to discuss specific problems encountered by LGBT individuals attempting to access healthcare at city facilities and to solicit recommendations for change.

Findings from discussions with advocates and healthcare professionals include:

- The healthcare environment is heterocentric[2] and gender-normative.[3] Providers lack knowledge about health disparities affecting LGBT people.
- LGBT individuals experience hostility and discrimination in care.
- Concerns about homophobia and transphobia keep LGBT individuals from using healthcare services.
- Voluntary training does not reach all staff.

[1] "Transgender" is a general term for individuals whose "gender identity and/or gender expression does not match society's expectations of how an individual who was assigned a particular sex at birth should behave in relation to their gender. The term includes but is not limited to: pre-operative, post-operative and non-operative transsexuals who may or may not use hormones; intersex individuals, persons exhibiting gender characteristics and identities that are perceived to be inconsistent with their gender at birth; persons perceived to be androgynous; transvestites; cross-dressers; and drag queens or kings." New York City Commission on Human Rights. *Guidelines regarding Gender Identity Discrimination. A Form of Gender Discrimination Prohibited by the New York City Human Rights Law. Title 8 of the Administrative Code of the City of New York*, December 2006. see: www.nyc.gov/html/cchr/pdf/GenderDis_English.pdf

[2] The term "heterocentric" is here used synonymously with "heterosexist." Analogous to sexism and racism, "heterosexism" describes "an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship or community." Gregory M. Herek, "The Context of anti-gay violence: Notes on cultural and psychological heterosexism, "*Journal of Interpersonal Violence*, No. 5, pp. 316-333. See: http://psychology.ucdavis.edu/rainbow/html/prej_defn.html#Herek90_txt

[3] The term "gender normative" usually refers to someone "who, by nature or by choice, conforms to mainstream gender-based expectations of society." Trans@MIT: Allies Toolkit, "Useful Terminology about Trans and Gender Variant People," See: http://web.mit.edu/trans. Here, the term describes an environment in which individuals' "gender identity [is expected to] correspond to their birth-assigned sex and/or stereotypes associated with that sex." Transgender Law Center, "10 Tips for Working with Transgender Individuals. A guide for health care providers," October 2005. See: www.transgenderlawcenter.org.

HHC's response to the Public Advocate's June 2007 letter regarding current sensitivity training indicated that three of seven HHC networks do not include LGBT sensitivity in their staff training. After reviewing this response, the Public Advocate and LGBT advocates and providers jointly developed a set of recommendations to further improve the quality of care for LGBT patients at HHC facilities.

Recommendations include:

- Provide in-house LGBT sensitivity training to all HHC employees.
- Require mandatory staff education.
- Designate an LGBT liaison in each HHC facility.
- Establish, display, and enforce a zero-tolerance discrimination policy.
- Establish a review process to monitor progress

Background

The LGBT community has long faced challenges in accessing public services. Healthcare is no exception. Research indicates that Lesbian, Gay, Bisexual and Transgender (LGBT) individuals may receive healthcare services that do not address their specific medical needs and may encounter barriers that prevent them from receiving or seeking care at all. A growing body of evidence shows that LGBT individuals—estimated to constitute up to 10 percent of the total population[4]—do not receive the same quality of services as the general population with regard to a variety of health issues, including treatment of cancer, mental health and substance abuse treatment, violence prevention, and health insurance.[5] Evidence also indicates that LGBT individuals experience a higher rate of medical problems, including certain cancers and sexually transmitted diseases (STDs).[6]

Prevention of and care related to human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), as well as a variety of other STDs, remain among the leading health concerns of gay and bisexual men. However, while considerable resources have been invested in research specific to HIV/AIDS and other STDs, many healthcare providers need additional education and training to understand the healthcare needs and risk factors for different segments of the LGBT community and to provide LGBT-sensitive and culturally appropriate services.[7]

Health concerns common among gay and male bisexual patients include HIV/AIDS, depression, hepatitis, colon cancer, substance abuse, eating disorders, and human

[4] Boehmer, U.,"Twenty Years of Public Health Research: Inclusion of Lesbian, Gay, Bisexual and Transgender Populations," *American Journal of Public Health*, July 2002, Vol. 92, No. 7, pp. 1125-1130.
[5] Gay and Lesbian Medical Association, *Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health.* San Francisco, 2001.
[6] Ibid.
[7] Ibid.

papilloma virus (HPV) infection.[8] Health concerns common among lesbian and female bisexual individuals include breast[9] and some gynecological cancers,[10] obesity, heart disease, and osteoporosis.[11] For transgender individuals, the most pressing health concerns include HIV/AIDS and other STDs, substance abuse, depression and suicide.[12] Transgender individuals also commonly face lack of primary healthcare and gynecological care that are sensitive to their needs, insufficient access to hormone therapy,[13] lack of health insurance, lack of insurance coverage for trans-health services (such as hormone therapy and sex reassignment surgery), and the need to be classified as having gender identity disorder in order to receive trans-health services.[14]

In preliminary conversations with the Office of the Public Advocate (OPA), New York City based LGBT advocates affirmed the need to assess whether LGBT individuals face barriers to obtaining quality care at New York City's public healthcare facilities.

Pursuant to the City Charter, the Public Advocate is charged with reviewing the programs, operations, and activities of city agencies.[15] In this capacity, Public Advocate Betsy Gotbaum sent a letter to the New York City Health and Hospitals Corporation (HHC) in June, 2007 requesting information regarding HHC staff training on LGBT health and patient care issues.

Staff from the OPA then met with LGBT advocates and health care professionals to discuss specific problems encountered by LGBT individuals attempting to access healthcare at city facilities and to solicit recommendations for change. OPA staff met with representatives from the following organizations:

- Callen-Lorde Community Health Center
- Bronx Health Center's Transgender Program
- Transgender Legal Defense and Education Fund
- Saint Vincent's Hospital
- Queens Pride House
- Bronx Community Pride Center

[8] University of Michigan Medical School, *Caring for Lesbian, Gay, Bisexual, and Transgender Patients. A University of Michigan Resource Guide*, Michigan, 2005.
[9] While lesbian women are not at a higher physiological risk for breast cancer than heterosexual women, the combination of risk factors common to lesbian women such as never having carried a pregnancy (nulliparity), delayed childbearing, and higher-than-average levels of alcohol intake may place them at greater overall risk for developing breast cancer. See: The Medical Foundation, *Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community*, 2nd edition, project funded by the Massachusetts Department of Health, June, 1997, p.21.
[10] Gynecological cancers include ovarian, cervical, uterine, vulvar, vaginal and fallopian tube cancers.
[11] University of Michigan Medical School, *Caring for Lesbian, Gay, Bisexual, and Transgender Patient. A University of Michigan Resource Guides*, Michigan, 2005.
[12] University of Michigan Medical School, *Caring for Lesbian, Gay, Bisexual, and Transgender Patient. A University of Michigan Resource Guides*, Michigan, 2005.
[13] Callen-Lorde Community Health Center, written communication to Office of the Public Advocate, April, 2008.
[14] Ibid.
[15] New York City Charter §24.

- Services & Advocacy for GLBT Elders (SAGE*)*

On October 12, 2007, HHC replied to the Public Advocate's inquiry after an assessment of staff training at all of its facilities. HHC's summary of staff training shows great variation from facility to facility.

Of the seven HHC networks,[16] three (North Brooklyn, Queens, South Manhattan) indicated that the topic of sensitivity to LGBT patients is not explicitly covered in their staff training. This group includes four hospitals, two diagnostic and treatment centers, and one long-term care facility.[17] One of these three networks and one additional hospital are planning to implement new training for LGBT issues. (South Manhattan network indicated plans to implement new training by the end of 2007; Queens Hospital, in the Queens network, plans to contract Cicatelli Associates, Inc., a non-profit education organization, to provide LGBT training.)

The Central Brooklyn network[18] stated that it provides staff sensitivity training regarding different sexual practices but no training specific to LGBT individuals**.**

The Southern Brooklyn/Staten Island network[19] stated that it has included LGBT issues in its New Employment Orientation for the last two years**.**

The Generations and Northern Manhattan network, a large network of three hospitals, including Lincoln Hospital in the Bronx, and three diagnostic and treatment centers,[20] stated that LGBT sensitivity is explicitly covered in a training module; however, it appears that only Behavioral Health staff is required to complete this particular module.

The North Bronx network[21] stated that, in 2006 and 2007, it developed an in-service education program to raise awareness of LGBT issues. It mentioned Grand Rounds[22] and clinical conferences as forums for providing information. In addition, interns and medical students are trained in LGBT issues as they rotate through the Behavioral Health Services

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[16] HHC facilities, including eleven acute care hospitals, six diagnostic and treatment centers, and three rehabilitation and nursing facilities, are organized into seven networks of different size and composition: Central Brooklyn Network, Generations + Northern Manhattan Network, North Bronx Network, North Brooklyn Network, Queens Network, South Manhattan Network, and Southern Brooklyn/Staten Island Network.

[17] North Bronx Network (Woodhull Medical and Mental Health Center, Cumberland Diagnostic and Treatment Center (D&TC)), Queens Network (Elmhurst Hospital Center, Queens Hospital Center), and South Manhattan Network (Bellevue Hospital Center, Gouverneur Healthcare Services, Coler-Goldwater Specialty Hospital and Nursing Facility.)

[18] Kings County Hospital Center, East New York Diagnostic and Treatment Center, Dr. Susan Smith McKinney Nursing and Rehabilitation Center.

[19] Coney Island Hospital and Sea View Hospital Rehabilitation Center and Home.

[20] Harlem Hospital Center, Lincoln Medical and Mental Health Center, Metropolitan Hospital Center, Segundo Ruiz D&TC, Morrisania D&TC, Renaissance Health Care Network D&TC.

[21] Jacobi Medical Center and North Central Bronx Hospital.

[22] The term "Grand Rounds" usually refers to presentations of clinical or scientific information that provide continuing medical education for physicians, often conducted in larger medical facilities or teaching hospitals.

department, and the Obstetrics department conducted a recent lecture on LGBT patient care.

After reviewing HHC's response regarding current sensitivity training, the Public Advocate met with LGBT organizations to review and discuss the recommendations that emerged from the first series of discussions. The goal was to identify the most widely shared concerns and revise recommendations accordingly. The following organizations participated in the review process:

- Callen-Lorde Community Health Center
- Bronx Community Pride Center
- Gender Identity Project, Lesbian, Gay, Bisexual & Transgender Community Center
- Lesbian Cancer Initiative, Lesbian, Gay, Bisexual & Transgender Community Center
- LGBT Committee of the New York City Bar Association
- SAGE
- The LGBT Cancer Project (now: National LGBT Cancer Network)

Findings

The following problems[23] were recounted in meetings with advocates and providers:

The Healthcare Environment is Heterocentric[24] and Gender Normative[25]

A heterocentric bias in medical and public health education and practice often leads to gaps in knowledge for providers.[26] Some medical providers may lack knowledge about transgender and intersex[27] anatomy; health disparities affecting LGBT people; and appropriate behavior in dealing with young, elderly, and "closeted" LGBT individuals[28].

[23] Service providers and advocates indicated that problems are system-wide and apply to facilities across the city. The willingness of advocates to provide specific cases as examples varied.
[24] See: Footnote 2.
[25] See: Footnote 3.
[26] See for example: Corliss, H., Shankle, M., Moyer, M., "Research, Curricula, and Resources Related to Lesbian, Gay, Bisexual, and Transgender Health in US Schools of Public Health." *American Journal of Public Health*, June 2007, Vol. 97, No.6, pp. 1023-1027. Based on a survey of public health schools, the article states that "lesbian, gay, bisexual, and transgender research and curricular activities extending beyond HIV and AIDS were uncommon in most public health school programs."
[27] Intersex individuals are "born with chromosomes, external genitalia, and/or an internal reproductive system that varies from what is considered 'standard' for either males or females." New York City Commission on Human Rights. *Guidelines regarding Gender Identity Discrimination. A Form of Gender Discrimination Prohibited by the New York City Human Rights Law. Title 8 of the Administrative Code of the City of New York*, December 2006.
[28] Many gay and lesbian individuals do not disclose their sexual orientation to their health care providers. Studies have indicated that between half and three-quarters of gays and lesbians do not disclose this information. As many as 60 percent of LGBT young adults do not disclose their sexual orientation to health care providers. The Medical Foundation, *Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community*, 2nd edition, project funded by the Massachusetts Department of Health, June, 1997, p.2

Advocates indicated that the medical school curriculum often ignores gender identity and sexual orientation.

Medical providers often assume that the patient is heterosexual and make assumptions about behavior and health needs that can cause them to overlook risk factors specific to LGBT patients. As a result, LGBT patients may not receive appropriate screenings and preventive care.

For example, on October 9, 2006, a man went to the emergency room at Lincoln Hospital for Post Exposure Prophylaxis (PEP).[29] He was told to write his problem on an envelope and put it in a box from which the triage nurse collects notes every 30 minutes to prioritize cases. He waited 45 minutes and was then seen by the nurse. She said, "You don't need [PEP]; you're a boy." This was said in front of other staff members without privacy or a sense of confidentiality. The patient left and went to Mt. Sinai and was given a three-day supply of PEP within 15 minutes. In another case, an intersex man went to the emergency room at Lincoln Hospital. When the doctor examined him and discovered male and female sexual organs, he did not know what to do. The patient had to educate the doctor.

LGBT Patients and Staff Experience Homophobia and Transphobia

Homophobia or transphobia—the fear of or hostility towards homosexuals or transgender individuals—is more volitional and aggressive than the ignorance associated with a heterocentric environment. Homophobia may be expressed in different ways, from inappropriate ways of addressing LGBT individuals to abusive comments or behavior. For example, the medical director of one HHC facility referred to a patient as "she, he, it." In another case, a former resident reported during his time at North Central Bronx Hospital hearing homophobic comments made by other staff members, including surgical residents.

LGBT Patients are Subjected to Discrimination in Care

Discrimination against LGBT patients ranges from bad treatment to refusal to provide medical care. In one encounter at Jacobi Hospital, a male-to-female transgender woman was pre-approved by Medicaid for breast augmentation surgery.[30] She prepped for the surgery with staff in the department. When she returned to the hospital for the actual surgery and met with the surgeon she was turned away and told he did not perform this type of operation. In another case, a transgender woman was an in-patient at Lincoln Hospital for two months. She was HIV-positive and also had suffered a stroke, which left half her body paralyzed. The staff would leave her soiled in her bed unless friends asked her to be cleaned. According to advocates' accounts of this case, nurses also preached

[29] Post-exposure prophylaxis (PEP) is any prophylactic treatment started immediately after exposure to a disease or disease-causing virus in order to prevent the disease from breaking out. In the case of unanticipated events with high risk of exposure to HIV (e.g. rape, unprotected sex, or needlestick injuries), the PEP is a course of antiretroviral drugs that is thought to reduce the risk of seroconversion.

[30] In New York, sex-reassignment-related care, including hormone therapy and surgery, is excluded from Medicaid coverage. However, under certain circumstances, transgender healthcare needs might be approved by Medicaid through mental health related claims, such as the controversial Gender Identity Disorder diagnosis.

and prayed by the woman's bedside. The patient attributed this treatment to her gender identity. The patient is currently in hospice care.

Concerns about Homophobia and Discrimination Keep LGBT Individuals from Using Healthcare Services

Research[31] and interviews with advocates indicate that LGBT individuals often assume a facility will not welcome them. This assumption can discourage individuals from accessing any care, especially non-emergency preventive care. The problem can be particularly acute for young and elderly LGBT individuals and for those who are not "out." Interviewees identified the following departments, in addition to the emergency room, as most in need of LGBT sensitivity training: Obstetrics and Gynecology, Urology, Chronic Disease (including cancer and diabetes) and Long Term Care, Mental Health, and Endocrinology.

Voluntary Training Does Not Reach All Staff

While HHC provides sensitivity training at some of its facilities, several HHC facilities currently do not conduct any LGBT sensitivity training, or, if they do conduct such training, it is provided only to behavioral staff or new employees. HHC has embraced the idea of voluntary LGBT sensitivity training and is working with advocates specifically on transgender issues at Metropolitan Hospital in Manhattan and Elmhurst Hospital in Queens; however, further improvement is needed.

OPA interviews indicated, for example, that LGBT individuals frequently experience problems in Bronx facilities. According to advocates, even at facilities where the administration is willing to embrace change, voluntary staff training may not be sufficient. Given the tremendous demands on healthcare staff during work hours, as well as high staff turnover in most hospital departments, voluntary one-time training sessions are not likely to succeed in improving the overall LGBT sensitivity within a given healthcare facility.

There are a number of organizations that have developed LGBT sensitivity curricula and offer training, but relying on these outside providers rather than an in-house training program can be problematic. While several of these organizations are able to provide "train the trainer" sessions for key personnel and are able to provide or advise on an LGBT sensitivity curriculum, most are not in a position to offer comprehensive and recurrent training of all hospital staff.

Medical Forms Do Not Reflect Patient Diversity

Medical intake forms help establish patients' background and are the basis for medical records, determining, for example, what name or pronoun staff will use when referring to or addressing a patient. Intake forms require patients to supply the name on record with their insurance provider, state whether they are male or female, and indicate whether they are married, divorced or single. Medical intake forms do not allow transgender patients with a first name and gender identity different from the name and gender on record with

[31] The Medical Foundation, *Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community*, 2nd edition, project funded by the Massachusetts Department of Health, June, 1997, pp.20; 22-23; 25.

their insurance provider to specify the preferred name and pronoun which staff should use when referring to and addressing them. By only identifying patients as male or female, medical intake forms do not account for transgender individuals, including transsexuals[32], gender variant[33] and intersex patients, and do not offer the option of self-identifying sexual orientation. Similarly, requesting information only on marital status denies some lesbian and gay individuals the ability to accurately identify their partnership status.

Topics related to LGBT health are severely under-researched.
LGBT individuals are estimated to constitute up to 10 percent of the total population.[34] However, a literature review of the National Library of Medicine found that only 0.1 percent of medical articles published over the course of twenty years focused on LGBT individuals.[35] The New York City DOHMH has studied issues related to HIV/AIDS and sexually transmitted diseases.[36] Yet quantitative and qualitative information on possible health disparities for LGBT individuals, as well as healthcare access and utilization patterns, in New York City are not readily available.

Recommendations

After reviewing HHC's response to our inquiry, the Office of the Public Advocate finds that, while HHC provides sensitivity training at some of its facilities and is working with advocates specifically on transgender issues at Metropolitan and Elmhurst hospitals, further improvement is needed. Several facilities in the HHC family currently do not conduct any training specifically related to LGBT sensitivity, or, if they do conduct such training, it is provided only to behavioral staff or new employees.

The Public Advocate commends HHC for working with advocates on transgender issues, and further appreciates that HHC has been forthcoming and thorough in providing information regarding its current staff training. However, the Public Advocate

[32] Transsexuals are "individuals whose gender expression or identity is perceived to conflict with the sex assigned to them at birth, and who may or may not begin or continue the process of hormone replacement therapy and/or gender confirmation surgery. Transsexuals are often described as female-to-male (FTM) or male–to-female (MTF)." New York City Commission on Human Rights. *Guidelines regarding Gender Identity Discrimination. A Form of Gender Discrimination Prohibited by the New York City Human Rights Law. Title 8 of the Administrative Code of the City of New York*, December 2006.
[33] Gender variant, gender non-conforming or gender different individuals have "a gender identity and/or gender expression that is not completely male or female. This includes individuals who do not conform to expectations of a specific gender role and individuals who express both masculine and feminine qualities. These individuals are sometimes referred to as 'androgynous." See: ibid.
[34] Boehmer, U.,"Twenty Years of Public Health Research: Inclusion of Lesbian, Gay, Bisexual and Transgender Populations," *American Journal of Public Health*, July 2002, Vol. 92, No. 7, pp. 1125-1130.
[35] Ibid.
[36] See for example: Office of Gay and Lesbian Health, Bureau of HIV Prevention, New York City Department of Health, *Report on the Health Status of Gay Men and Lesbians in New York City*, New York, 1999. And: Blank, S., Gallagher, K., Washburn, K, Rogers, M., "Reaching Out to Boys at Bars: Utilizing Community Partnerships to Employ a Wellness Strategy for Syphilis Control Among Men Who Have Sex With Men in New York City, " *Sexually Transmitted Diseases*, October supplement 2005, Vol. 32, No. 10, pp.S65-S72.

recommends that HHC make a strategic commitment to improving healthcare access for the LGBT community. The Department of Health and Mental Hygiene (DOHMH) can support this commitment by undertaking a city-wide assessment of LGBT healthcare access and service needs. The following recommendations are the joint product of a literature review of best practices and a series of discussions between the Office of the Public Advocate and LGBT advocates.

The Health and Hospitals Corporation Should:

Provide In-House LGBT Sensitivity Training

It is crucial that HHC require all of its facilities to provide in-house sensitivity training. Hospitals, clinics, and nursing homes should include modules on LGBT sensitivity in their continuing education curricula, Grand Rounds[37], and mandatory staff education.

- HHC should provide centralized leadership and oversight, perhaps supported by the DOHMH, to streamline funding and supervise content of training efforts.
- Rather than investing time and resources in developing a new curriculum, HHC should implement a curriculum based on existing training materials. (See appendix for training materials recommended by LGBT advocates.)

Make LGBT Sensitivity Training Mandatory for All Staff

Many of the problems LGBT clients face arise from medical staff's lack of knowledge of, comfort with, or professionalism in serving LGBT patients. Thus, education regarding LGBT issues should be a priority for all healthcare providers and should include all staff, from frontline intake personnel to physicians. LGBT sensitivity training should be part of mandatory and recurrent staff education in order to assure, despite high work-load and high turnover, that it reaches all staff members.

Designate an LGBT Liaison

Facilities should each designate an LGBT liaison to monitor staff compliance with non-discrimination policies and to serve as a contact person for complaints from both LGBT patients and staff. The LGBT liaison should also support the institution's outreach to the LGBT community, encouraging the use of preventive services by LGBT patients.

Facilities should choose a staff member who is interested in advocating on behalf of LGBT individuals and knowledgeable about the particular challenges confronted by the LGBT community. To conserve resources, facilities should consider designating and training one of their patient representatives to be their LGBT liaison.

The presence of an LGBT liaison needs to be clearly advertised throughout the healthcare facility, particularly in the admission area, emergency room, and in-patient rooms in hospitals and clinics, as well as in nursing homes.

[37] The term "Grand Rounds" usually refers to presentations of clinical or scientific information that provide continuing medical education for physicians, often within larger medical facilities or teaching hospitals.

Establish, Display and Enforce a Zero-Tolerance Discrimination Policy for Patients and Staff

Gender identity and sexual orientation are protected under New York City Human Rights Law. Most public accommodations have non-discrimination policies, but these policies do not always explicitly mention sexual orientation and gender identity, are not always displayed, and do not always include a clear recourse for individuals who experience violations. In order to create a "safe space" for LGBT patients, facilities should establish, display, and enforce a non-discrimination policy that includes protections for gender identity and sexual orientation for both staff and patients.[38] Fact sheets on gender identity and sexual orientation discrimination can help to explain federal and state laws.

OPA interviews with advocates indicate that facilities that have LGBT providers or staff members are more likely to form connections with LGBT community organizations. The diversification of staff also helps LGBT patients feel represented and comfortable.[39] Facilities should also encourage the formation of employee resource groups and LGBT networks.[40] It is important for facilities to promote an environment of non-discrimination and acceptance of LGBT employees. The extent to which such a facility has succeeded in promoting such an environment can be measured by the following indicators:[41]

- Written policies, including sexual harassment and hiring policies, that cover sexual orientation and gender identity
- Inclusion of these policies in orientation materials and employee handbooks
- Required signing of non-discrimination policies by employees
- Discussion of policies with applicants
- Posting of policies in facilities
- Annual review of policies

Advertise LGBT Friendliness and Reach Out to the Community

Recommendations for making it clear to patients and staff that a facility is LGBT-friendly include:

- Make a brochure or other marketing tool specifically targeted to members of the LGBT community (e.g. St. Vincent's Hospital offers a brochure explaining its transgender-friendly program. St. Vincent's brochure highlights in-patient care, primary care, HIV services, endocrinology, and behavioral health).

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[38] Although it is difficult to assess the needs of closeted patients and even more difficult to create policies and programs to address those needs, advocates have emphasized that a confidentiality protocol that explicitly addresses the concerns of both "out" and "closeted" patients would go a long way toward increasing their comfort level in city healthcare facilities.

[39] The Medical Foundation, *Health Concerns of the Gay, Lesbian, Bisexual and Transgender Community*, June 1997, p. 7.

[40] "Employee Networks are any organizationally-sanctioned group within a place of work whose purpose is to bring together employees with similar interests or characteristics who support the same goals. These groups are often referred to as Employee Networks, Employee Resource Groups or Affinity Groups." Empire State Pride Agenda, *Pride in my workplace. A best practices Guide for New York State businesses to support lesbian, gay, bisexual and transgender employees.*, p. 21. See: http://www.prideagenda.org/Portals/0/guide2.pdf

[41] GLBT Health Access Project, "Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual and Transgendered Clients," Boston, MA, www.glbthealth.org.

- Display a rainbow flag or symbol.
- Display health information materials designed explicitly for LGBT individuals.

Facilities should only advertise their LGBT friendliness after their staff has completed comprehensive LGBT sensitivity training.

Change Medical Forms to Reflect Patient Diversity
Medical forms should be changed to allow for diversity of patient identification. Intake forms should include an option for self-identification of gender identity, allow the patient to indicate a preferred first name and marital/partnership/family status, and provide space for written explanations. In order to better assess the needs and increase the comfort level of "closeted" LGBT patients, intake forms should also include a subsection under the heading of "sexual orientation" that asks, "who do you have sex with: male, female, both, other, don't know."

Establish a Review Process
HHC should establish a clear review process to gauge facilities' progress in implementing mandatory LGBT sensitivity training, appointing LGBT liaisons, changing medical forms, and establishing policies that create a welcoming and supportive environment for LGBT patients and staff members. Individual facilities should be required to report their progress annually to HHC's central administration. Findings of the annual review should be made available to the Office of the Public Advocate, as well as an established entity with expertise in LGBT issues.

The Department of Health and Mental Hygiene Should:

Increase Research on LGBT Health Issues
Increased research and more quantitative and qualitative information on possible health disparities for LGBT individuals, as well as healthcare access and utilization patterns, is needed to accurately assess the quality of healthcare services provided to LGBT individuals. Additional statistical information related to LGBT health would also significantly help medical providers in addressing the needs of LGBT patients. The DOHMH should undertake a citywide study of LGBT access to and utilization of healthcare services and the LGBT-friendliness of healthcare providers. DOHMH should also include LGBT healthcare access in its community health surveys.

Appendix

Training Materials and Resources Recommended by LGBT Advocates:

Staff Training Materials

The Gay and Lesbian Medical Association (GLMA), *Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients*.
Available online at:
http://ce54.citysoft.com/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

> The guide includes concrete suggestions for making the healthcare environment welcoming to LGBT patients, as well as considerations for clinicians regarding care for male and female LGBT patients. It also includes a resource section.

SAGE and the Brookdale Center on Aging, *No Need to Fear, No Need to Hide. A Training Program about Inclusion and Understanding of Lesbian, Gay, Bisexual and Transgender Elders. For Long-Term Care and Assisted Living Facilities,* New York City, 2004.

> The title for this training curriculum, according to the authors, was chosen because interviews with LGBT seniors revealed a fear of disclosing their gender identity and sexual orientation, while facilities expressed fear about their ability or willingness to provide care for LGBT residents. Many LGBT seniors indicated that they believed they have to re-enter the closet and hide their identity in order to receive the care they need. The training program is designed to reduce the fears and concerns of both LGBT seniors and agency staff and administration.

Bronx Community Pride Center, *Sexuality Matters: Providing better healthcare and social services for the Lesbian, Gay, Bisexual and Transgender community.*
Available online at: www.bronxpride.org/?page_id=14.

> *Sexuality Matters* is "a 90-minute workshop for physicians, social workers, healthcare providers, nurse practitioners, psychiatrists, and medical students to increase their cultural competency in the care and treatment of LGBT identified clients. This project ensures that LGBT health-related services are delivered in a sensitive manner. Continuing Medical Education (CME) credits are offered."

Lemuel M. Arnold, MD *A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population,* Southeast Permanente Medical Group, Atlanta, June 2000.

> This free publication for providers can be obtained from Kaiser Permanente. According to the author's published letter to the editor of the *American Public Health Journal*, the book was mailed in 2000 to every medical school in the United States for evaluation and use.

Trans Care Project, Vancouver BC. *Clinical Protocol Guidelines for Transgender Care*
Available online at: www.vch.ca/transhealth/

> Seven sets of clinical guidelines (adolescent health, clinical advocacy, hormone therapy, mental health, primary medical care, speech/voice change, and sex reassignment surgery), four training frameworks, and 17 consumer information booklets were created as part of the project, all free of charge in PDF form.

Makadon, H., Mayer, K., Potter, J., Goldhammer, H., *The Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health*, American College of Physicians, October 31, 2007.
Order online at: www.acponline.org/atpro/timssnet/catalog/books/fenway.htm

> The Fenway Guide provides guidance, practical guidelines, and discussions of clinical issues pertinent to the LGBT patient and community. It also focuses on helping healthcare professionals gain a better understanding of the LGBT population, health promotion and disease prevention, transgender health, and patient communication.

Quality Indicators, Best Practices, and LGBT-inclusive Healthcare Targets

The Gay and Lesbian Medical Association (GLMA) and The Human Rights Campaign Foundation. *The Healthcare Equality Index (HEI).*
Available online at: www.hrc.org/issues/hei.asp.

> The HEI survey is conducted each year between October 1 and December 31, and a report on the survey results is published the following spring. Survey results provide a quality indicator for healthcare related to LGBT people and identify model policies that may be used as a guide to healthcare agencies.

The GLBT Health Access Project, *Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual and Transgendered Clients*, Massachusetts Department of Public Health.
Available online at: www.glbthealth.org.

> Funded by the Massachusetts Department of Health, the community-based GLBT Health Access Project conducted a state-wide survey of providers and published a 1997 report, "Health concerns of the Gay, Lesbian, Bisexual and Transgender Community," which detailed a lack of LGBT awareness among healthcare providers. Subsequently, a working group was convened to develop the *Community Standards of Practice* to assist clinicians and their facilities in becoming more responsive to LGBT needs.

Gay and Lesbian Medical Association, "Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health." San Francisco, 2001.

> Healthy People 2010 is a federal initiative to promote health and prevent illness, disability, and premature death and includes LGBT patients as an area of focus. The Companion Document to Healthy People 2010 for LGBT people specifically discusses

health disparities between LGBT and non-LGBT patients in access to quality healthcare, mental health services, cancer treatment, tobacco and substance abuse treatment, public health infrastructure, and violence prevention.

Empire State Pride Agenda, *Pride in my workplace. A best practices Guide for New York State businesses to support lesbian, gay, bisexual and transgender employees.* Available online at: www.prideagenda.org

The guide provides information for employers and employees about the Sexual Orientation Non-Discrimination Act (SONDA) and details best practices for creating an affirmative work place for LGBT employees and their families.