How to Move Your Health Center Toward Becoming an LGBTQ Health Care Leader: Using the HEI as a Tool

Pamela Klein, RN, MSN, BHCHP Transgender Program Manager
Dirk Williams, JD, BHCHP Compliance Officer
“Medicine that Matters”

BHCHP Mission: To provide or assure access to the highest quality healthcare for all homeless men, women, and children in the greater Boston area.

- 1984 Boston receives RWJ and PCT funds to address homeless health care
- 1988 FQHC
- 1996 First EMR for homeless program
- 2008 Transgender Program initiated
- 2017 Cared for 11,364 unique patients in 110,646 visits
Jean Yawkey Place, est. 2008
Social determinants of health and health disparities
“Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination.”

Examples:

- Legal discrimination to access to health insurance, employment, housing, marriage, adoption and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health
SYSTEMS OF INEQUALITY:
POVERTY & HOMELESSNESS
Transgender and gender non-conforming people are much more likely to be poor or homeless than the average person. This diagram shows how various factors combine into an interlocking system that keeps many trans and gender non-conforming people in situations that are vulnerable and unequal.

**Barriers to Education**
- **Drop out** due to harassment, violence, and/or discrimination at school; lack of supportive GED programs
- **Can’t apply for school or access higher education** due to lack of I.D. or because their I.D. doesn’t reflect their correct name or gender; school records often hard to update and correct

**Low Income or No Income**
- **Discrimination in hiring and workplace** because few laws prohibit employment discrimination on the basis of gender identity; it’s hard to find trans-aware legal assistance and it is difficult to prove discrimination
- **Unequal access to benefits** because benefit applications require I.D., which may show an incorrect name or gender; if cut off from public assistance illegally, it’s hard to find trans-aware legal help
- **Can’t apply for jobs or access good employment** due to lack of I.D. or because their I.D. doesn’t reflect their correct name or gender

**Homelessness or at Risk for Homelessness**
- **Permanent housing is inaccessible** due to housing discrimination in private housing market; low-income housing options are often gender-segregated and trans people are rejected for placement
- **Kicked out of home** because of abuse from parents and foster parents; trans youth are not allowed to express their gender identity in gender-segregated group homes, are denied access to affirming clothing and support
- **Temporary housing is inaccessible** due to frequent rejection from gender-segregated shelters, being placed into the wrong shelter, or facing harassment and abuse from other clients or untrained staff

**Inadequate or No Healthcare**
- **Persistent and severe medical problems**: transphobic violence leads to increased mental health and medical problems
- **No access to healthcare**: trans people are often denied all treatment or are afraid to seek care due to past mistreatment
- **Trans-specific physical and mental healthcare needs are often not provided or covered even if insured; shortage of knowledgeable healthcare professionals who can provide trans-specific care

**Bias, discrimination, and ignorance in medicine**: inappropriate and harmful treatment, including institutionalization, damaging, incompetent medical procedures, and common disregard of trans people’s complaints
Some health disparities among the LGBT population

- LGBT youth are 2 to 3 times more likely to attempt suicide
- LGBT youth are more likely to be homeless
- Lesbians are less likely to get preventive services for cancer
- Gay men are at higher risk for HIV and other STDs, especially among communities of color
- Lesbians and bisexual women are more likely to be overweight or obese
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use
BHCHP’s Transgender Program

- San Francisco’s Tom Waddell Clinic as model
- Community Assessment: “If You Build It They Will Come” (Strong need for community buy-in in Boston)
- Established 2008
- Rotation site for area medical school students
- Trans patient on BHCHP Board of Directors and Community Advisory Board
- Trans-affirming rooming policy at Barbara Mcinnis House
Trans care is not enough!

we need an umbrella...
OUR PATH
Human Rights Campaign

- Founded 1980
- Political action and advocacy
- Corporate Equality Index
HEI

- Non-discrimination and staff training
- Patient services and support
- Employee benefits and policies
- Patent and community engagement
- Responsible citizenship

http://www.hrc.org/hei/resource-guide
# Non-discrimination and staff training

## CRITERIA 1: NON-DISCRIMINATION AND STAFF TRAINING

This section encompasses what was previously considered the Core Four Leader Criteria. All questions in this section are scored and must be met in order to obtain the “LGBTQ Healthcare Equality Leader” designation.

### Patient Non-Discrimination

- **a. LGBTQ-Inclusive Patient Non-Discrimination Policy**
  - Policy must include the terms “sexual orientation” and “gender identity”

- **b. Patient Non-Discrimination Policy is communicated to patients and staff**
  - Policy is shared with the public in two ways, typically online and in-print
  - Policy is shared with staff in at least one way

### Visitation Non-Discrimination

- **a. Equal Visitation Policy**
  - Policy must allow the patient’s visitor of their choice

- **b. Equal Visitation Policy is communicated to patients and staff**
  - Policy is shared with the public in two ways, typically online and in-print
  - Policy is shared with staff in at least one way

### Employment Non-Discrimination

- **a. LGBTQ-Inclusive Employment Non-Discrimination Policy**
  - Policy must include the terms “sexual orientation” and “gender identity”

- **b. Employment Non-Discrimination Policy is shared with the public**
  - Policy is shared with the public in at least one way

### Staff Training

- **a. Training in LGBTQ Patient-Centered Care**
  - For first year facilities, senior executives must complete the Executive Briefing training provided by the HEI or returning facilities must complete at least 25 hours of staff training in LGBTQ-related topics, either clinical or broader training

- **b. HEI training options are promoted to staff**
  - Facilities must make training options available through the HEI known to staff throughout their facility

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BOSTON HEALTH CARE for the HOMELESS PROGRAM
Non-discrimination and staff training

• Easier
  – Employment and patient visitation non-discrimination policies

• Perhaps more difficult
  – Leadership training (though very important to have buy-in)
Patient services and support

<table>
<thead>
<tr>
<th>CRITERIA 2</th>
<th>PATIENT SERVICES AND SUPPORT</th>
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<tbody>
<tr>
<td></td>
<td>Four sections compose this criterion: LGBTQ Patient Services and Support, Transgender Patient Services and Support, Patient Self-Identification, and Medical Decision-Making. This section contains 19 scored questions. In order to receive the full 30 points, a facility must have implemented at least 10 or more of these best practices from any of the subsections. Facilities that have implemented five to nine of these best practices receive a partial score of 15 for this criterion.</td>
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<td>30 Points Total</td>
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<td>10 or more initiatives = 30 points</td>
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<td>5 to 9 initiatives = 15 points</td>
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**LGBTQ Patient Services and Support**

**Planning to Serve LGBTQ Populations**
- Have a written strategy or plan for reducing health disparities among LGBTQ patients and/or incorporate LGBTQ patients into your plan for reducing all patient disparities
- Review clinical services to identify LGBTQ-related gaps in addition to racial, ethnic and linguistic concerns

**Serving LGBTQ Populations**
- Make LGBTQ-knowledgeable and-friendly providers known to interested patients
- Provide some LGBTQ-specific clinical services
- Have an LGBTQ-focused office or ombudsman
- Provide LGBTQ-related health information on the facility’s website
- Create a brochure or other print material that supports LGBTQ patients
- Make external LGBTQ health resources available to patients

**Transgender Patient Services and Support**
- Have a written policy (or policies) that specifically outlines procedures and practices aimed at eliminating bias and insensitivity, and ensuring appropriate, welcoming interactions with transgender patients
- Offer some transgender-specific clinical services
- Train and clearly designate at least one employee at an appropriate level of skill to serve as a transgender patient navigator or coordinate peer accompaniment for transgender patients
- Create gender-neutral restrooms or update existing restrooms to be all-gender

**Patient Self-Identification**

**Collecting Information About Sexual Orientation and Gender Identity**
- Have electronic health records that offer explicit options to capture patient’s current gender identity if it differs from the sex they were assigned at birth
- Use a two-question process to collect gender identity information (i.e., first ask current gender identity and then ask sex assigned at birth)
- Have electronic health records that offer explicit options for capturing patient’s sexual orientation if they choose to volunteer that information
- Train employees to remind them that LGBTQ status is confidential patient information

**Providing LGBTQ Family Inclusive Health Records**
- Have electronic health records that offer explicit options for recording parents that are inclusive of same-sex parents and other diverse families
- Have electronic health records that offer explicit options for recording relationship status with an unmarried partner

**Medical Decision-Making**
- Explicitly inform patients of their right to designate a person of their choice, including a same-sex partner, as medical decision-maker

BOSTON HEALTH CARE for the HOMELESS PROGRAM
Patient services and support

• SOGI form – front desk asking gender identity?
• Respite rooming policy
• TG brochure
Who We Are

About Us
Since 1985, our mission has remained the same: to provide or assure access to the highest quality healthcare for all homeless individuals and families in the greater Boston area. We believe it has been and continues to be medicine that matters.

Contact Us
Phone: 857.654.1000
Email: info@bhchp.org
Web: www.bhchp.org

Transitions:
Transgender Support Group

Peer Support, Resources, Art Activities, Snacks, Field Trips

Every Thursday, 5:15-7:00PM
Jean Yawkey Place
780 Albany St. Boston, MA 02118
For more information contact Maura Donnelly 857-488-0113

The Transgender Program

Serving the homeless and marginally housed transgender community in the Boston area since 2008
The BHCHP Transgender Program is the only one of its kind in the Boston area, serving people who are, or are at risk of, experiencing homelessness.

"I have been with the Health Care for the Homeless team for over 3 years now... I have learned that I am not alone" - Mary

Transgender-specific services include:

- Primary Care
- Walk-in Urgent Care
- Behavioral Health
- Crisis Intervention
- STI Counseling and Testing
- Case Management
- Weekly Support Group
- Access to Targeted Legal Services

Other BHCHP Services:

- Family Services
- Medical Respite Care
- Oral Health Services
- HIV Care
- Hepatitis C
- Substance Use Disorder Services
- On-Site Pharmacy Services

Our History

The Transgender Program began in November 2008. Its unique integrated service model offers health care and support services within a culturally appropriate framework. Trained providers offer care across BHCHP's multiple sites and patients assist us in serving as a teaching site for local medical school students.
**Employee benefits and policies**

**Criteria 3**

<table>
<thead>
<tr>
<th>EMPLOYEE BENEFITS AND POLICIES</th>
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<td>This section focuses on how a facility treats its LGBTQ employees.</td>
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This section contains 16 scored questions. In order to receive the full 20 points, a facility must have implemented at least 6 or more of these best practices. Facilities that have implemented 3 to 5 of these best practices receive a partial score of 10 for this criterion.

**a. Equal Benefits**
- Health insurance policy's definition of spouse includes same-sex spouses
- Same documentation is required for enrollment of same- and opposite-sex spouses
- Healthcare benefits are provided to same-sex domestic partners
- COBRA-equivalent benefits are provided to same-sex domestic partners

**b. Other “Soft” Benefits (These must include parity between employees with spouses and those with domestic partners in the provision of the following benefits.)**
- FMLA leave or equivalent for partners
- Bereavement leave in the event of the death of a partner or partner’s dependents
- Employer-provided supplemental life insurance for a partner
- Discounts for employee’s spouse

To receive credit, a facility must offer parity of benefits between spouses and same-sex domestic partners. If you provide a benefit to spouses, you must also provide the same benefit to same-sex domestic partners. You would also receive credit if you do not provide the benefit to either spouses or domestic partners.

**c. Benefits and Policies Impacting Transgender Employees**
- Provide at least one health plan to all employees that explicitly covers medically necessary health services for transgender people, including gender transition-related treatment
- Have written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition
- Train and clearly designate at least one employee at an appropriate level of skill to serve as an advocate for transgender employees, particularly those transitioning on the job

**d. Additional Support for LGBTQ Employees**
- Officially recognize an LGBTQ employee resource group
- Have anonymous employee engagement or climate surveys that allow employees the option to identify as LGBTQ
- Have anonymous employee engagement or climate surveys that include question(s) related to LGBTQ concerns
- Commemorate an “LGBTQ Holiday” at the facility
- Have explicitly LGBTQ-inclusive hiring efforts

**20 Points Total**

**6 or more initiatives = 20 points**

**3 to 5 initiatives = 10 points**

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**Boston Health Care for the Homeless Program**
Employee benefits and policies

• Easier
  – LGBTQ staff supports such as group, surveys, holiday, inclusive hiring
  – Can foster buy in: tail wags the dog

• Perhaps more difficult
  – Cost associated with trans health benefit
  – Workplace gender transition support
### CRITERIA 4

**PATIENT AND COMMUNITY ENGAGEMENT**

This section focuses on community engagement, outreach and promotion to let the LGBTQ community around your facility know you are a welcoming and affirming facility, working toward LGBTQ inclusion.

This section contains 8 scored questions. In order to receive the full 10 points, a facility must have implemented at least 4 of the following best practices. Facilities that have implemented 2 or 3 of the following best practices receive a partial score of five for this criterion.

**a. LGBTQ Community Engagement and Marketing**
- Support one or more LGBTQ-related events or initiatives in the facility’s service area
- Engage in LGBTQ-inclusive marketing or advertising to the LGBTQ community

**b. Understand the Needs of LGBTQ Patients and Community**
- Have patient surveys that allow patients the option to identify as LGBTQ
- Have patient surveys that include LGBTQ-related questions
- Conduct an LGBTQ community needs assessment with local LGBTQ groups
- Meet with local LGBTQ organizations
- Include LGBTQ representation on a governing or community advisory board
- Support LGBTQ health-related research

<table>
<thead>
<tr>
<th>4 or more initiatives</th>
<th>10 points</th>
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<tbody>
<tr>
<td>2 to 3 initiatives</td>
<td>5 points</td>
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</table>

10 Points Total
Patient and community engagement

• Trans-identified patient in leadership role
• TG Day of Remembrance, PRIDE
• Patient satisfaction surveys
### Responsible Citizenship

This section focuses on known activity that would undermine LGBTQ equality or patient care.

Healthcare facilities will have 25 points deducted from their score for a large-scale official or public anti-LGBTQ blemish on their recent records. These deductions are based on information that has come to the HRC Foundation's attention related to topics including but not limited to:

- Revoking inclusive LGBTQ policies or practices
- Facilitating the continued practice of healthcare providers who provide or promote "conversion therapy" or other LGBTQ-related treatments or services that have been discredited by mainstream medical and mental health organizations
- Engaging in proven practices that are contrary to the facility’s written LGBTQ patient or employment policies
- Directing charitable contributions or other public support to organizations whose primary mission includes advocacy against LGBTQ equality or care

The point deduction may be reflected in a current or future score, depending on the circumstances. If applied to a current score, the HEI "LGBTQ Healthcare Equity Leader" designation may be suspended or revoked. If at any time after losing points on this criterion, a healthcare facility changes course and satisfies the HRC Foundation's noted concerns, the HRC Foundation will re-evaluate the criterion for that facility.
HEI Criteria Requirement for Transgender-Inclusive Health Insurance Coverage

BEGINNING WITH THE HEI 2019 (survey year 2018), participants will be required to have at least one firm-wide health insurance plan that affirmatively provides transgender-inclusive coverage to receive a perfect score in the HEI and obtain the “LGBTQ Healthcare Equality Leader” designation.

Participants that demonstrate that they have at least one firm-wide health insurance plan that affirmatively communicates the availability of coverage to employees for transition related treatment will receive 5 points in the Employee Benefits and Policies criteria section.

The plan must meet the following baseline criteria:

- Insurance contract must explicitly affirm coverage and contain no blanket exclusions for coverage.
- Plan documentation must be readily available to employees and must clearly communicate inclusive insurance options to employees and their eligible dependents.
- Benefits available to other employees must extend to transgender individuals. Where available for other employees, the following benefits should extend to transgender individuals, including for services related to gender transition (e.g., medically necessary services related to sex affirmation/reassignment):
  - Short-term medical leave
  - Mental health benefits
  - Pharmaceutical coverage (e.g., for hormone replacement therapies)
  - Coverage for medical visits or laboratory services
  - Coverage for reconstructive surgical procedures related to sex reassignment

The plan must eliminate other barriers to coverage:

- No separate dollar maximums or deductibles limited to coverage of sex reassignment surgeries and related procedures.
- Explicit adequacy of network provisions apply. When the provider network has no adequate specialists (as determined by qualified area specialists), out-of-network providers will be covered at in-network rates, as well as coverage of travel and lodging to such specialists.
- No other serious limitations. On a case by case basis, other serious limitations to coverage may be deemed sufficiently counterproductive to treatment success to disqualify a plan from eligibility. Two examples: a) Limitations on the time frame for or number of surgeries per individual would eliminate a plan from consideration (e.g., no “one surgery only” or “initial surgery” limitations); b) Similarly, exclusions for reversals of sex reassignment would also be regarded as unacceptable limits to coverage.
HCH Resources  www.nhch.org
(search for LGBTQ and transgender)

SERVING TRANSGENDER AND GENDER NONCONFORMING PERSONS:
Establishing and Improving Models of Care for Those without Homes

September 2016
YOUR PATH?