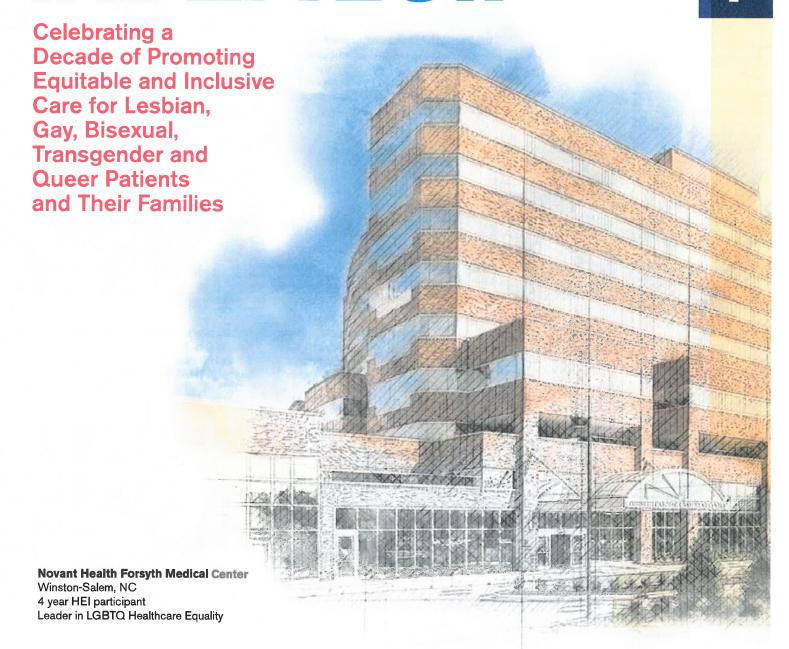


# HEALTHCARE EQUALITY INDEX 2017

H





### VA Pacific Islands Healthcare System

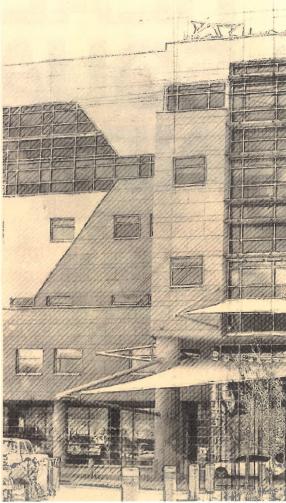
4 Year HEI Participant Leader in LGBTO Healthcare Equality

Honolulu, HI



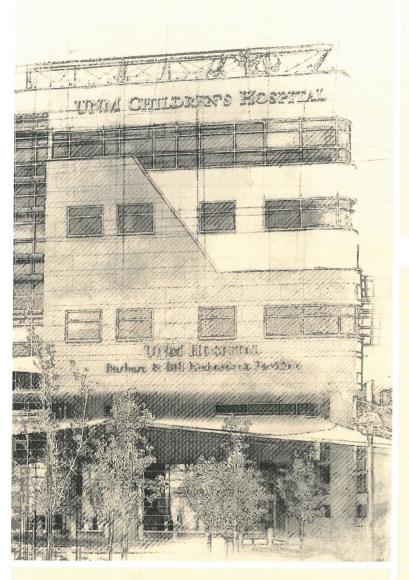
#### **University of New Mexico Hospitals**

Albuquerque, NM 5 Year HEI Participant Top Performer



#### Saint Luke's Hospital of Kansas City

Kansas City, MO
3 Year HEI Participant
Leader in LGBTQ Healthcare Equality





#### Why the HEI?

# To help LGBTQ patients find LGBTQ-friendly healthcare facilities

In addition to being a valuable tool and resource for healthcare facilities, the HEI is used by LGBTQ patients and their loved ones to find facilities that provide equitable and inclusive care. The ratings for each participating facility are published in the annual HEI report, available on our website and promoted to HRC's more than 2 million supporters.

Consumers can easily search our interactive map to see how facilities near them rate — giving patients the ability to choose where they would like to receive care in their time of need.

To search the interactive map, go to: hrc.im/HEI-Map

#### Why Participate?

- Take advantage of free online, ondemand staff training from expert sources that includes CME/CEU credits
- **✓** Enhance patient satisfaction ratings
- Learn best practices for LGBTQ equity and inclusion
- ✔ Provide patient-centered care to a long-overlooked group
- Ensure compliance with legal, CMS and The Joint Commission requirements
- Improve quality and safety
- Reduce risk of litigation, complaints and negative publicity
- Reach out to a highly loyal market segment
- Enjoy recognition for commitment to equity, inclusion & diversity from the nation's largest LGBTQ civil rights organization

#### **How to Participate**

What Organizations are Eligible?

The HEI is primarily intended for **inpatient facilities** that provide general medical and surgical care. However, specialty hospitals and **certain outpatient healthcare facilities** may request to participate in the HEI. Typically a facility or organization must have **at least 100 employees to be eligible to participate**.

**Clinic organizations with multiple locations** such as FQHCs (and FQHC look alikes), Planned Parenthood Affiliates and other similarly structured organizations are eligible to participate - however, they have special guidelines and criteria.

To register to participate: hrc.org/hei/participation-request

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# From the Human Rights Campaign Foundation President

SINCE THE LAUNCH OF THE HUMAN RIGHTS
Campaign Foundation's Healthcare Equality Index
a decade ago, this benchmarking tool has helped
transform hospitals and healthcare facilities into more
welcoming and inclusive places for lesbian, gay,
bisexual, transgender and queer patients, visitors
and employees.

This progress has been dramatically illustrated by the growing number of active participants in the HEI. This year, the HEI reached a record 590 participating hospitals and healthcare facilities – with more than 98 percent of these facilities demonstrating that they have fully LGBTQ-inclusive patient and employment non-discrimination policies and equal visitation policies. Many of our nation's healthcare facilities have also made tremendous commitments to go beyond these essential policies by adopting higher-level best practices in the areas of LGBTQ patient care and support, employee benefits and policies and LGBTQ patient and community engagement.

In 2015, we announced that the HEI was raising the bar by shifting to a more comprehensive and demanding survey that would score facilities on their LGBTQ-inclusive policies and practices. This year's HEI tells a powerful story of hospitals and healthcare facilities throughout the U.S. working to meet that higher bar. In this first year of scoring, a remarkable 303 facilities earned a perfect score of 100 and the designation of "Leader in LGBTQ Healthcare Equality."

While our nation has made enormous progress on LGBTQ equality over the past decade, we have also faced a backlash. In 2016, the LGBTQ community was subject to unprecedented attacks from lawmakers at every level of government, with anti-LGBTQ lawmakers introducing more than 200 bills attacking our community across 34 states. When HRC stepped up to fight these bills, we were joined by the institutions that most impact people's everyday lives — the places where they work, go to school, worship and receive their healthcare. Corporate champions, including many healthcare systems, joined faith leaders, educators and social service professionals in speaking out against these hateful bills.

In addition to speaking out, our allies also doubled down on their commitment to equality by moving forward with LGBTQ-inclusive policies and practices because they know that it is the right thing to do. Nowhere was this more evident than in North Carolina where, despite the passage of the vile anti-LGBTQ law HB2, a record 28 of the state's hospitals participated in the 2017 HEI – and 22 of them earned the Leader in LGBTQ Healthcare Equality designation. North Carolina now ranks third in the number of Leader facilities, behind only California and New York.

This year, our HEI report highlights the growing need for comprehensive multidisciplinary clinical care programs to treat transgender children and adolescents, and the facilities that are stepping up to the challenge. Dr. Ximena Lopez and Dr. Deanna Adkins are two shining examples of dedicated, caring clinicians who have created clinics that are providing vital medical and mental healthcare services to transgender youth. We commend them and all of the healthcare providers working to improve the lives of transgender children.

The 2017 HEI reminds us again that though we have made tremendous gains over the past decade, there is still much more work left for us to do. With some of our biggest battles still ahead of us, it is crucial that institutions continue to demonstrate that the march toward full equality is not slowing down. The 590 participants in this year's HEI continue this march in partnership with the LGBTQ community. For the past decade, the HEI has been the roadmap to closing the gap in ensuring equal care to LGBTQ patients and their families, and we urge every healthcare facility to join us in this continuing effort to provide inclusive care to all.

Chad Griffin

HRC Foundation President

## Why the HEI?

#### THE HUMAN RIGHTS CAMPAIGN

Foundation developed the Healthcare Equality Index to meet a deep and urgent need on the part of lesbian, gay, bisexual, transgender and queer Americans: the need for equitable, knowledgeable, sensitive and welcoming healthcare, free from discrimination. No one facing health concerns should also have to worry about receiving inequitable or substandard care because of their LGBTQ status.

Yet it is clear that many LGBTQ Americans experience these concerns when seeking healthcare, which can intensify whatever worries they may have about their health. In Lambda Legal's landmark study, When Health Care Isn't Caring, 73% of transgender respondents and 29% of lesbian, gay and bisexual respondents reported that they believed they would be treated differently by medical

personnel because of their LGBTQ status. Equally disturbing, 52% of transgender respondents and 9% of lesbian, gay and bisexual respondents reported that they believed they would actually be refused medical services because of their LGBTQ status.\*

When asked why they had such concerns, more than half of all respondents reported that they had experienced at least one of the following types of discrimination from healthcare providers: refusing to provide needed care, refusing to touch them or using excessive precautions, using harsh or abusive language, blaming them for their health status, or being physically rough or abusive. Transgender and gendernonconforming people are particularly vulnerable: 70% of transgender and gender-nonconforming respondents reported at least one of these experiences. Almost 56% of lesbian, gay or bisexual respondents reported at least one of these experiences.

The HEI exists because the HRC Foundation believes that the majority of American healthcare facilities do not want LGBTQ individuals in their communities to have - or to worry about having - these kinds of experiences. But facilities are often unsure how to protect their LGBTQ patients from discrimination, provide them with optimal care and extend a warm welcome to allay their concerns.

The HEI was developed to give healthcare facilities the information and resources they need to ensure that LGBTO people have access to truly patient-centered care. HRC also uses this report to applaud the facilities that have shown their commitment to LGBTQ patient-centered care by taking

\* When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV. New York: Lambda Legal, 2010. Available at: http://www.lambdalegal.org/publications/when-health-care-isnt-caring

#### Why the HEI? To prevent patient experiences like these...

"I couldn't believe it! As I walked back to see my partner and our newborn, an employee stopped me and asked who I was. When I said 'the other mom.' she rolled her eves and walked away saying, 'I don't believe this.""

- A lesbian mother after the birth of her first child "When I walked toward the women's bathroom in the waiting area, the receptionist jumped up and told me to use a McDonald's restroom down the street. I felt like leaving and never going back."

A transgender woman waiting for her first physical in years

7000 of transgender or gender non-conforming patients surveyed have experienced some type of discrimination in healthcare

of lesbian, gay or bisexual patients surveyed have experienced some type of discrimination in healthcare

the HEI survey, and awards those facilities that receive the top score in the survey the coveted designation of "Leader in LGBTQ Healthcare Equality."

During the last few years, the HEI has become even more relevant and useful. In 2011, The Joint Commission issued a standard that required accredited facilities to include sexual orientation and gender identity in their non-discrimination policies, thus extending vital protection to LGBTO patients.\*\* In another giant step toward LGBTQ equality in healthcare, both The Joint Commission and the federal Centers for Medicare and Medicaid Services now require that facilities allow visitation without regard to sexual orientation or gender identity.\*\*\* Additionally, Section 1557 of the Affordable Care Act prohibits sex discrimination in any hospital or health program that receives federal funds. The

court system and the U.S. Department of Health & Human Services' Office for Civil Rights have indicated that this prohibition extends to claims of discrimination based on gender identity and sex stereotyping.

The HEI offers healthcare facilities a powerful way to affirm that they comply with these requirements and are committed to LGBTQ patient-centered care. The HEI also urges facilities to extend non-discrimination protections to their LGBTQ employees, who play a key role in ensuring sensitive, knowledgeable LGBTQ care.

Equally important, the HEI offers all participating facilities expert training in LGBTO healthcare needs, recognizing that staff education is critical to the success of any policy. Facilities may enroll as many staff as they would like in free online training that has been widely hailed as

groundbreaking and invaluable.

In short, the HEI offers healthcare facilities unique and powerful resources for providing the care everyone deserves to a long-overlooked group of patients, while also complying with new regulatory requirements and receiving access to high-quality staff training.

If you are affiliated with an HEI-participating facility, the HRC Foundation extends its deepest thanks for your commitment to LGBTQ patient-centered care. And if you are affiliated with or know of healthcare facilities not yet engaged with the HEI, we hope you will bring this report to their attention. We are confident that they will thank you for informing them about this vital resource for ensuring high-quality healthcare for LGBTQ Americans.

"I went to the ER because I fell and broke a rib. Once the doctor found out I was transgender, he wanted to do a genital exam on me. When I refused, they refused to treat me."

 A transgender woman seeking treatment for a broken rib "I transitioned ten years ago and have a full beard. But after learning I was born female, the doctor kept calling me 'she' in front of all the staff and other patients, no matter how many times I corrected him – and kept asking when I'd be having 'the surgery."

 A transgender man seeking care for a dislocated shoulder "After I mentioned that my husband would be visiting me, the staff, who had been very friendly, turned very cool – and I saw a lot less of them, even when I really needed help."

 A gay man hospitalized for a lung condition

<sup>\*\*</sup> See RI.01.01.01 EP 29, Comprehensive Accreditation Manual for Hospitals, Update 1, January 2011 and Comprehensive Accreditation Manual for Critical Access Hospitals, Update 1, January 2011.
\*\*See RI.01.01.01 EP 28, Joint Commission manuals referenced above and Code of Federal Regulations 42 C.F.R. § 482.13(h) (for hospitals) and 42 C.F.R. § 485.635(f) (for critical access hospitals).

2017 survey.

# **Executive Summary**

Rights Campaign Foundation's Healthcare Equality Index, we reflect on a decade of progress in LGBTQ healthcare. That progress includes significant growth in the HEI and the number of healthcare facilities

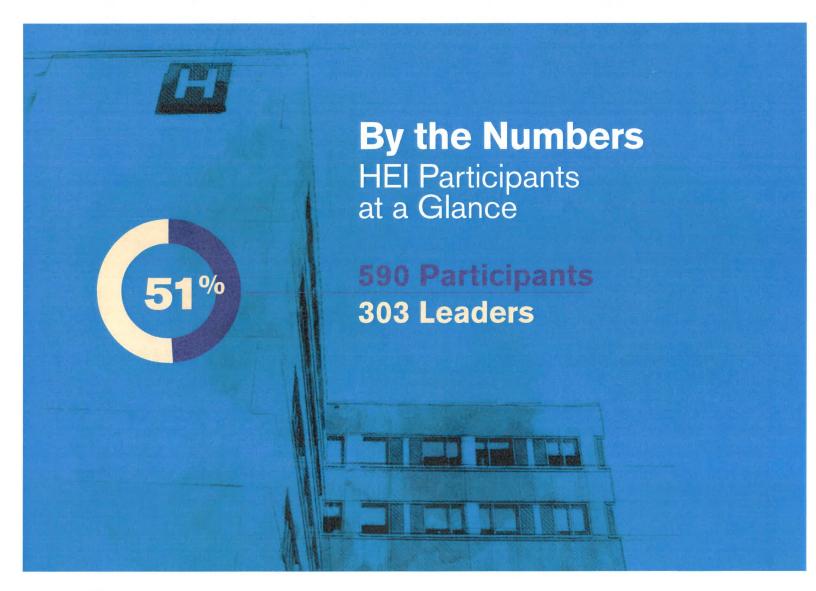
IN THE 10TH EDITION OF THE HUMAN

progress includes significant growth in the HEI and the number of healthcare facilities that embrace LGBTQ inclusion and patient-centered care. A record 590 healthcare facilities actively participated in the HEI

The HEI began transforming healthcare for LGBTQ people in 2007 when the first report contained 10 recommendations for healthcare facilities to be more welcoming and inclusive of LGBTQ patients and

families. Those recommendations included four foundational elements of LGBTQ patient-centered care: an LGBTQ-inclusive patient non-discrimination policy, an LGBTQ-inclusive visitation policy, an LGBTQ-inclusive employment nondiscrimination policy and staff training in LGBTQ patient-centered care, In 2016, HEIparticipating facilities began demonstrating near-perfect levels of adoption of the first three foundational elements, which continued this year. In addition, 85% of this year's participants met our staff training requirement. The HEI recorded more than 43,000 hours of training in LGBTQ patient-centered care provided to the staff

at HEI-participating facilities. In addition to active survey participants, the HRC Foundation proactively researched the key policies at more than 900 non-participating hospitals. Unfortunately, the adoption rate at these researched hospitals stands in stark contrast to the near-perfect adoption by active participants. Among the researched hospitals in which we were able to find or obtain enumerated patient non-discrimination policies, only 61% have policies that include both "sexual orientation" and "gender identity," and only 52% were found to have an LGBTQ-inclusive employment non-



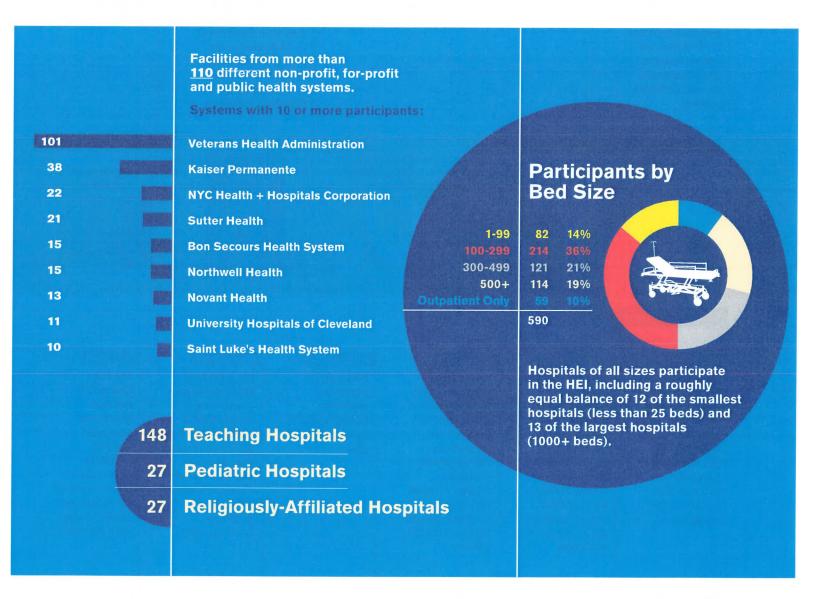
discrimination policy. The equal visitation policy, at 95%, is the only one that comes close to matching the rate of the participating facilities.

This year marks the first time that HEI participants are given a score based on how many LGBTQ-inclusive policies and practices they have in place in four different criteria. The first criteria consists of the aforementioned foundational elements of LGBTQ patient-centered care. The three remaining criteria are Patient Services and Support, Employee Benefits and Policies, and Patient and Community Engagement. An impressive

303 facilities earned HRC's coveted "Leader in LGBTQ Healthcare Equality" designation given to facilities that receive a score of 100 points. Another 144 facilities earned the "Top Performer" designation for scoring from 80 to 95 points. With 76% of participating facilities scoring 80 points or more, it is clear that healthcare facilities are going beyond the basics when it comes to adopting policies and practices in LGBTQ care.

As this overview of the HEI 2017 indicates, diverse healthcare facilities across the U.S. are making tremendous

strides toward LGBTQ patient-centered. care. in unprecedented numbers, they are changing key policies, implementing best practices and training their staff. We heartily applaud all the facilities that participate in the HEI and make a commitment to LGBTQ patient-centered care. We also encourage healthcare facilities that have yet to participate in the HEI to use this unique and invaluable resource to enhance LGBTQ care and signal their commitment to LGBTO equity and inclusion. The HRC Foundation looks forward to welcoming them to the HEI in future years - and helping them extend a warm welcome to LGBTQ Americans.



# A Decade of Progress

DURING THE PAST DECADE. WE HAVE SEEN TREMENDOUS

progress toward LGBTQ equality in every sector of society. Some of this progress has come from federal legislation, including the Matthew Shepard and James Byrd, Jr., Hate Crimes Prevention Act and the repeal of Don't Ask, Don't Tell. Some of this progress has come from major Supreme Court rulings, such as the overturning of the Defense of Marriage Act and the decision in Obergefell v. Hodges that gave same-sex couples nationwide the right to marry. Numerous states and cities also contributed to this progress by passing non-discrimination ordinances to protect their

#### **HEI Milestones**

#### Fall 2007

The first HEI report includes aggregate responses from 78 hospitals on questions related to 10 recommended policies and practices, including LGBTQ-inclusive patient, visitation and employment non-discrimination policies.

#### Fall 2008

The second HEI report lists selected responses by facility name.

#### Summer 2009

The HEI increases its scrutiny and requires documentation to validate LGBTQinclusive policies.

#### Fall 2010

Jackson Memorial and other hospitals from the Jackson Health System in Miami, FL participate in the HEI survey as part of their commitment to improving LGBTQ policies and practices. In subsequent years, these hospitals would all earn the "Leader in LGBT Healthcare Equality" designation.

#### Fall 2011

HRC launches the "Leader in LGBT Healthcare Equality" designation for top performing facilities that participate in the HEI.











#### **External Milestones**

#### June 2008

Lambda
Legal files suit
against Jackson
Memorial
Hospital in
Miami, FL on
behalf of Janice
Langbehn for
failure to allow
her to visit her
dying partner.

#### March 2010

Congress passes the Affordable Care Act, which contains Section 1557, a non-discrimination provision that makes it the first federal civil rights law to prohibit discrimination on the basis of sex in healthcare.

#### April 2010

Inspired by the Langbehn case, President Barack Obama directs the Secretary of Health and Human Services to address hospital visitation and other healthcare issues affecting LGBTQ families.

#### January 2011

New federal regulations regarding hospital visitation rights go into effect.

#### March 2011

The Institute of Medicine releases a historic report on the status of LGBT health: The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.

#### July 2011

The Joint Commission standard that requires accredited facilities to prohibit discrimination based on sexual orientation and gender identity goes into effect. LGBTQ residents since there are no federal non-discrimination protections for LGBTQ citizens.

And finally, this progress has come from the institutions that most impact people's everyday lives — the places where they work, go to school, worship and receive their healthcare. As documented each year in **HRC's Corporate Equality Index**, many of our nation's leading corporations have embraced sexual orientation and gender identity employment protections and provided LGBTQ-inclusive benefits to millions of employees. Many schools

have embraced and protected their LGBTQ students. And many faith communities aren't simply engaging in dialogue around LGBTQ equality, they're leading the conversation. The healthcare sector has experienced tremendous progress on LGBTQ equality as well. Since we launched the Healthcare Equality Index a decade ago, we have seen incredible growth in the number of healthcare institutions that embrace LGBTQ-inclusive policies and practices. The timeline below highlights HEI milestones and external events that have impacted the policies and practices promoted by the HEI.

#### **Early 2012**

In partnership with the American Health Lawyers Association, HRC publishes Revisiting Your Hospital's Visitation Policies to help hospitals implement the new federal visitation regulations.

#### Spring 2012

HRC begins offering webinars to help facilities meet the requirement to provide training in LGBTQ patient-centered care.

#### Fall 2014

The HEI 2014 report is the first to include research on how non-participating hospitals are meeting the three key policies.

#### March 2016

The HEI 2016 report is the first in which nearly 100% of participants have LGBTQ-inclusive patient, visitation and employment non-discrimination policies.

#### March 2017

The HEI 2017 report is the first to report scores for healthcare facilities.











#### November 2011

The Joint
Commission issues
a field guide to
help hospitals
create a welcome,
safe and inclusive
environment for
LGBT patients and
their families.

#### April 2013

The revised National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care includes sexual orientation and gender identity in its broader definition of culture.

#### July 2015

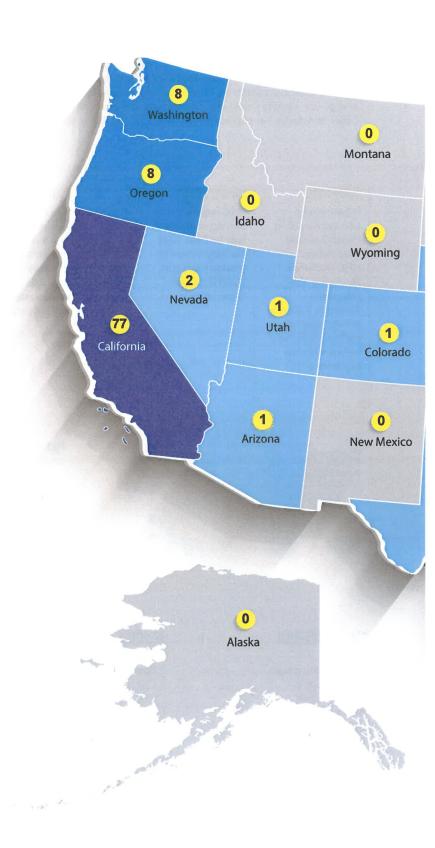
The Department of Health & Human Services' Office for Civil Rights reaches a landmark voluntary settlement with The Brooklyn Hospital Center to resolve allegations that it violated Section 1557 of the ACA in a case regarding the treatment of a transgender patient.

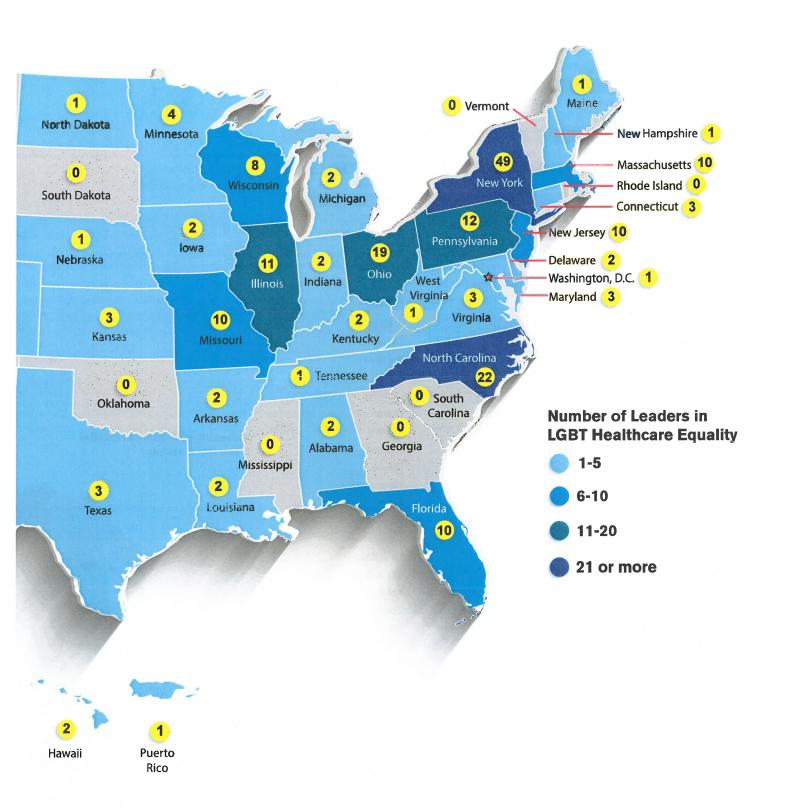


# HEI 2017 Leaders in LGBTQ Healthcare Equality

THE HEALTHCARE EQUALITY INDEX 2017 IMPLEMENTS new criteria that raise the bar on what it takes to earn HRC's "Leader in LGBTQ Healthcare Equality" designation. For the first time ever, HEI participants are given scores in four criteria that represent how many policies and best practices from each section they have implemented. Participants that receive the maximum score in each section and a total score of 100 points earn the coveted status of "2017 Leader in LGBTQ Healthcare Equality." In this year's report, 51% of participants meet the more challenging criteria and earn this designation.

This list features the 303 HEI 2017 Leaders in LGBTQ Healthcare Equality. In addition to being celebrated in the HEI report, Leaders in LGBTQ Healthcare Equality receive a special logo and a toolkit of resources for outreach to LGBTQ residents in their service area.







Organization Official Name	City
ALABAMA	
University of Alabama Hospital	Birmingham
VA Birmingham Medical Center	Birmingham
AMZONA	
El Rio Community Health Center	Tucson
ARKANSAS	Facility 10
VA Health Care System of the Ozarks CALIFORNIA	Fayetteville Fayetteville
Kaiser Permanente, Orange County Anaheim Medical Center	Anaheim
Kaiser Permanente, Antioch Medical Center	Antioch
Sutter Delta Medical Center	Antioch
Sutter Auburn Faith Hospital	Auburn
the state of the s	Baldwin Park
Kaiser Permanente, Baldwin Park Medical Center	Berkeley
University Health Services (Tang Center)  Mills-Peninsula Medical Center	Burlingame
Eden Medical Center	Castro Valley
Sutter Coast Hospital	Crescent City
Sutter Davis Hospital	Davis
Kaiser Permanente, Downey Medical Center	Downey
City of Hope's National Medical Center	Duarte
Kaiser Permanente, Fontana Medical Center	Fontana
Kaiser Permanente, Fremont Medical Center	Fremont
Kaiser Permanente, Fresno Medical Center	Fresno
Kaiser Permanente, South Bay Medical Center	Harbor City
Kaiser Permanente, Irvine Medical Center	Irvine
Sutter Amador Hospital	Jackson
Sutter Lakeside Hospital	Lakeport
St. Mary's Medical Center - Long Beach	Long Beach
Kaiser Permanente, Los Angeles Medical Center	Los Angeles
Kaiser Permanente, West Los Angeles Medical Center	Los Angeles
LAC-USC Medical Center	Los Angeles
Los Angeles LGBT Center	Los Angeles
Mattel Children's Hospital UCLA	Los Angeles
Resnick Neuropsychiatric Hospital at UCLA	Los Angeles
Ronald Reagan UCLA Medical Center	Los Angeles
Memorial Hospital Los Banos	Los Banos
Kaiser Permanente, Manteca Medical Center	Manteca
Contra Costa Behavioral Health Division	Martinez
Contra Costa Regional Medical Center	Martinez
Kaiser Permanente, Modesto Medical Center	Modesto

#### University of Alabama Hospital 2 Year HEI Participant



#### **Organization Official Name**

Memorial Medical Center

Kaiser Permanente, Moreno Valley Medical Center

El Camino Hospital

Sutter Novato Community Hospital

Alta Bates Summit Medical Center

Kaiser Permanente, Oakland Medical Center

Kaiser Permanente, Ontario Medical Center

Desert Regional Medical Center

Stanford Health Care

VA Palo Alto Health Care System

#### City

Modesto

Moreno Valley

Mountain View

Novato

Oakland

Oakland

Ontario

Palm Springs

Palo Alto

Palo Alto





#### **Organization Official Name**

Kaiser Permanente, Panorama City Medical Center

Eisenhower Medical Center

Kaiser Permanente, Redwood City Medical Center

Kaiser Permanente, Richmond Medical Center

Kaiser Permanente, Riverside Medical Center

Kaiser Permanente, Roseville Medical Center

Sutter Roseville Medical Center

Kaiser Permanente, Sacramento Medical Center

Kaiser Permanente, South Sacramento Medical Center

Sutter Medical Center, Sacramento

Sutter Medical Foundation

UC Davis Medical Center

Kaiser Permanente, San Diego Medical Center

UC San Diego Health System

VA San Diego Healthcare System

Kaiser Permanente, San Francisco Medical Center

Sutter California Pacific Medical Center

**UCSF Medical Center** 

Kaiser Permanente, San Jose Medical Center

Santa Clara Valley Medical Center

Kaiser Permanente, San Leandro Medical Center

Kaiser Permanente, San Rafael Medical Center

Kaiser Permanente, Santa Clara Medical Center

Palo Alto Medical Foundation

Sutter Maternity and Surgery Center of Santa Cruz

Santa Monica-UCLA Medical Center and Orthopaedic Hospital

Kaiser Permanente, Santa Rosa Medical Center

Sutter Santa Rosa Regional Hospital

Kaiser Permanente, South San Francisco Medical Center

Sutter Tracy Community Hospital

Kaiser Permanente, Vacaville Medical Center

Kaiser Permanente, Vallejo Medical Center

Sutter Solano Medical Center

Kaiser Permanente, Walnut Creek Medical Center

Kaiser Permanente, Woodland Hills Medical Center

Denver Health Medical Center

CONNECTICUT

Middlesex Hospital

Reproductive Medicine Associates of Connecticut

City

Panorama City

Rancho Mirage

Redwood City

Richmond

Riverside

Roseville

Roseville

Sacramento

Sacramento

Sacramento

Sacramento

Sacramento

San Diego

San Diego

San Diego

San Francisco

San Francisco

San Francisco

San Jose

San Jose

San Leandro

San Rafael

Santa Clara

Santa Cruz

Santa Cruz

Santa Monica

Santa Rosa

Santa Rosa

South San Francisco

Tracy

Vacaville

Vallejo

Vallejo

Walnut Creek

Woodland Hills

Denver

Middletown

Norwalk



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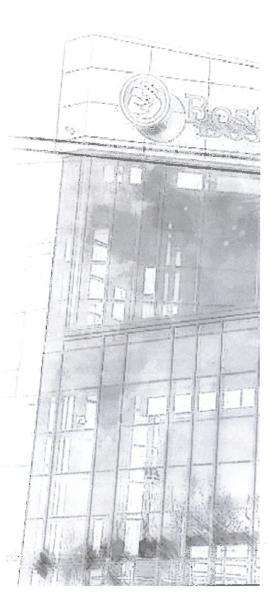
	Organization Official Name	City	
	VA Connecticut Health Care System	West Haven	
	DELAWARE		18
	Christiana Care - Christiana Hospital	Newark	
	Christiana Care - Wilmington Hospital	Wilmington	
	DISTRICT OF COLUMBIA		
	Whitman-Walker Health	Washington	
	FLORIDA		1
	VA Bay Pines Healthcare System	Bay Pines	
	Florida Medical Center - A Campus of North Shore	Fort Lauderdale	
	Care Resource	Miami	
	University of Miami Hospital	Miami	
	VA Miami Healthcare System	Miami	
	VA Orlando Medical Center	Orlando	
	St. Petersburg General Hospital	Saint Petersburg	
	H. Lee Moffitt Cancer Center and Research Institute	Tampa	
No.	VA James A. Haley Veterans Hospital	Tampa	
	Cleveland Clinic Florida	Weston	
1	HAXWAJI	110770 11071	1
0	Kaiser Permanente, Moanalua Medical Center	Honolulu	
	VA Pacific Islands Health Care System	Honolulu	
	HTWOIS		
	Advocate Illinois Masonic Medical Center	Chicago	
	Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago	
	Howard Brown Health Center	Chicago	
3	Northwestern Memorial Hospital	Chicago	
1	Rush University Medical Center	Chicago	
NAC.	University of Chicago Medical Center	Chicago	
`	University of Illinois Hospital & Health Sciences System	Chicago	
気込む	VA Jesse Brown Medical Center	Chicago	1
2	VA Illiana Health Care System	Danville	
S.	Northwestern Medicine Lake Forest Hospital	Lake Forest	
No.	Rush Oak Park Hospital	Oak Park	. 70
	INDIANA		
0	VA Richard L. Roudebush Medical Center	Indianapolis	
	Indiana University Health Ball Memorial Hospital	Muncie	
	IOWA		
	University of Iowa Hospitals and Clinics	Iowa City	
	VA Iowa City Health Care System	Iowa City	
	KANSAS		100
	Anderson County Hospital	Garnett	
	Saint Luke's Cushing Hospital	Leavenworth	

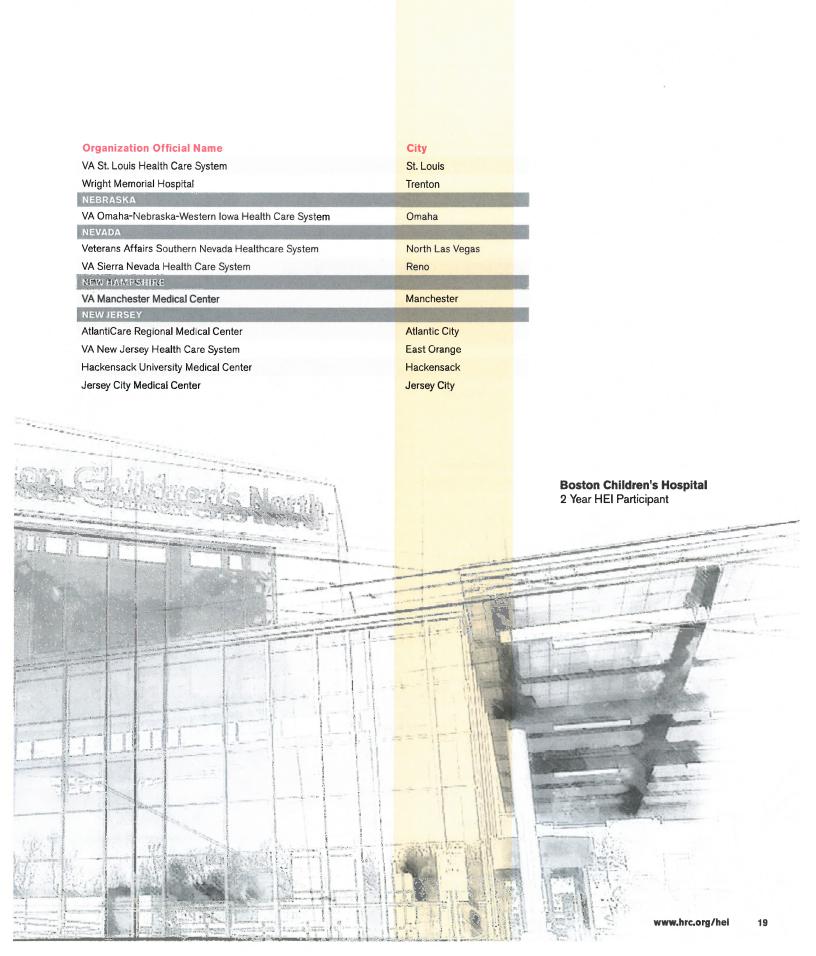


University of Miami Hospital 2 Year HEI Participant



Saint Luke's South Hospital  KENTUCKY  University of Kentucky Albert B. Chandler Hospital  VA Robley Rex Medical Center  LOUISIANA  CrescentCare  VA Southeast Louisiana Healthcare System  MAINE  Penobscot Community Health Care  MARYLAND  Chase Brexton Health Services  Planned Parenthood of Maryland  University Health Center - University of Maryland  MASSACHUSETTS  Health Quarters  Beth Israel Deaconess Medical Center  Boston Children's Hospital  Boston Medical Center  Brigham and Women's Hospital  Dana-Farber Cancer Institute  Fenway Health  VA Boston Healthcare System	Overland Park  Lexington Louisville  New Orleans New Orleans  Bangor  Baltimore Baltimore College Park  Beverly Boston Boston Boston Boston Boston
University of Kentucky Albert B. Chandler Hospital VA Robley Rex Medical Center LOUISIANA CrescentCare VA Southeast Louisiana Healthcare System MAINE Penobscot Community Health Care MARYLAND Chase Brexton Health Services Planned Parenthood of Maryland University Health Center - University of Maryland MASSACHUSETTS Health Quarters Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Hospital Dana-Farber Cancer Institute Fenway Health VA Boston Healthcare System	Louisville  New Orleans New Orleans  Bangor  Baltimore Baltimore College Park  Beverly Boston Boston Boston Boston
VA Robley Rex Medical Center LOUISIANA CrescentCare VA Southeast Louisiana Healthcare System MAINE Penobscot Community Health Care MARYLAND Chase Brexton Health Services Planned Parenthood of Maryland University Health Center - University of Maryland MASSACHUSETTS Health Quarters Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Hospital Dana-Farber Cancer Institute Fenway Health VA Boston Healthcare System	Louisville  New Orleans New Orleans  Bangor  Baltimore Baltimore College Park  Beverly Boston Boston Boston Boston
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MASSACHUSETTS  Health Quarters  Beth Israel Deaconess Medical Center  Boston Children's Hospital  Boston Medical Center  Brigham and Women's Hospital  Dana-Farber Cancer Institute  Fenway Health  VA Boston Healthcare System	Beverly Boston Boston Boston Boston
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Dana-Farber Cancer Institute Fenway Health VA Boston Healthcare System	
Fenway Health VA Boston Healthcare System	Boston
VA Boston Healthcare System	
	Boston
	Boston
Cooley Dickinson Hospital	Northampton
Edward M. Kennedy Community Health Center	Worcester
MICHIGAN	
VA Battle Creek Medical Center	Battle Creek
Ingham Community Health Centers	Lansing
MANNESOTA	
Hennepin County Medical Center	Minneapolis
VA Minneapolis Health Care System	Minneapolis
VA St. Cloud Health Care System	St. Cloud
Family Tree Clinic	St. Paul
MISSOURI	
Hedrick Medical Center	Chillicothe
VA Harry S. Truman Memorial	Columbia
Children's Mercy Kansas City	Kansas City
Crittenton Children's Center	Kansas City
Saint Luke's Hospital of Kansas City	Kansas City
Saint Luke's North Hospital - Barry Road	Kansas City
Saint Luke's East Hospital	Lee's Summit
Saint Luke's North Hospital - Smithville	Smithville







**Organization Official Name** 

Goryeb Children's Hospital

Morristown Medical Center

Robert Wood Johnson University Hospital

**Newton Medical Center** 

Chilton Medical Center

Overlook Medical Center

NEW YORK

Mount Sinai Queens

VA Bath Medical Center

Montefiore Medical Center

NYC Health and Hospitals - Belvis, a Gotham Health Center

NYC Health and Hospitals - Jacobi

NYC Health and Hospitals - Lincoln

NYC Health and Hospitals - Morrisania, a Gotham Health Center

NYC Health and Hospitals - North Central Bronx

VA James J. Peters Medical Center

NYC Health and Hospitals - Coney Island

NYC Health and Hospitals - Cumberland, a Gotham Health Center

NYC Health and Hospitals - East New York, a Gotham Health Center

NYC Health and Hospitals - Kings

NYC Health and Hospitals - McKinney

NYC Health and Hospitals - Woodhull

**Buffalo General Medical Center** 

Evergreen Health Services

Women & Children's Hospital of Buffalo

NYC Health and Hospitals - Elmhurst

NYC Health and Hospitals - Queens

Long Island Jewish Medical Center

Callen-Lorde Community Health Center

Hospital for Special Surgery

Lenox Hill Hospital

Memorial Sloan-Kettering Cancer Center

Mount Sinai Beth Israel

Mount Sinai Hospital

Mount Sinai St. Luke's

Mount Sinai West

New York Eye and Ear Infirmary of Mount Sinai

New York-Presbyterian Hospital/Weill Cornell Medical Center

New York-Presbyterian/Columbia University Medical Center

City

Morristown

Morristown

New Brunswick

Newton

Pompton Plains

Summit

Astoria

Bath

Bronx

Bronx

Bronx

Bronx

Bronx

Bronx

Bronx Brooklyn

Brooklyn

Brooklyn

Brooklyn

Brooklyn

Brooklyn

Buffalo

Buffalo

Buffalo

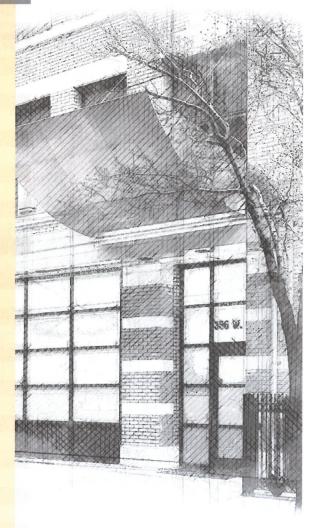
Elmhurst

Jamaica

. . . . .

New Hyde Park

New York



Callen-Lorde Community Health Center 6 Year HEI Participant

**Organization Official Name** City NYC Health and Hospitals - Bellevue New York NYC Health and Hospitals - Carter New York NYC Health and Hospitals - Coler New York NYC Health and Hospitals - Gouverneur Skilled Nursing Facility New York NYC Health and Hospitals - Gouverneur, a Gotham Health Center New York NYC Health and Hospitals - Harlem New York NYC Health and Hospitals - Metropolitan New York NYC Health and Hospitals - Renaissance, a Gotham Health Center New York NYU Langone Medical Center New York Reproductive Medicine Associates of New York New York DeGraff Memorial Hospital North Tonawanda A.O. Fox Memorial Hospital Oneonta Strong Memorial Hospital of the University of Rochester Rochester Trillium Health Rochester Sea View Hospital Rehabilitation Center and Home Staten Island Staten Island University Hospital Staten Island Millard Fillmore Suburban Hospital Williamsville NORTH CAROLINA Novant Health Brunswick Medical Center Bolivia Alamance Regional Medical Center Burlington Novant Health Charlotte Orthopaedic Hospital

Novant Health Hemby Children's Hospital

Cone Health Behavioral Health Hospital

Novant Health Huntersville Medical Center

Novant Health Kernersville Medical Center

Novant Health Matthews Medical Center

Novant Health Rowan Medical Center

Novant Health Forsyth Medical Center

Novant Health Thomasville Medical Center

W. G. (Bill) Hefner Veterans Affairs Medical Center

Moses H. Cone Memorial Hospital

Women's Hospital of Greensboro

Duke Regional Hospital

Duke University Hospital

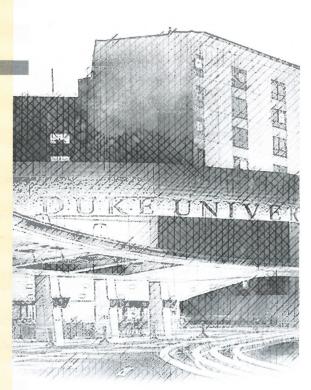
Wesley Long Hospital

Duke Raleigh Hospital

Annie Penn Hospital

Novant Health Presbyterian Medical Center

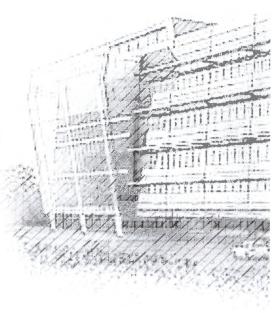
Charlotte Charlotte Charlotte Durham Durham Greensboro Greensboro Greensboro Greensboro Huntersville Kernersville Matthews Raleigh Reidsville Salisbury Salisbury **Thomasville** Winston-Salem



**Duke Universtiy Hospital** 8 Year HEI Participant

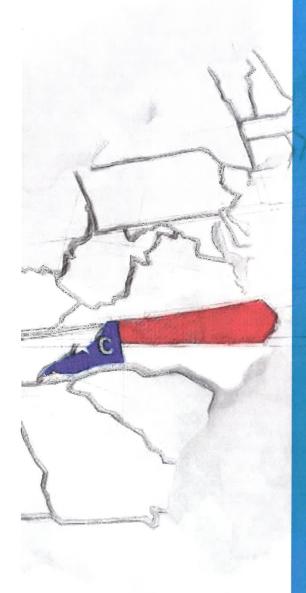


Organization Official Name	City
Novant Health Medical Park Hospital	Winston-Salem
Wake Forest Baptist Medical Center	Winston-Salem
NORTH DAKOTA	
VA Fargo Health Care System	Fargo
оню	
Cincinnati Children's Hospital Medical Center	Cincinnati
VA Cincinnati Medical Center	Cincinnati
Cleveland Clinic (Main Campus)	Cleveland
Fairview Hospital	Cleveland
Hillcrest Hospital	Cleveland
Lutheran Hospital	Cleveland
MetroHealth Medical Center	Cleveland
VA Louis Stokes Cleveland Medical Center	Cleveland
Columbus Public Health Department	Columbus
Equitas Health	Columbus
James Cancer Hospital and Solove Research Institute	Columbus
Nationwide Children's Hospital	Columbus
The Ohio State University Wexner Medical Center	Columbus
VA Dayton Medical Center	Dayton
Euclid Hospital	Euclid
Marymount Hospital	Garfield Heights
Medina Hospital	Medina
The University of Toledo Medical Center	Toledo
South Pointe Hospital	Warrensville Heights
oregon	
Kaiser Permanente, Sunnyside Medical Center	Clackamas
Legacy Mount Hood Medical Center	Gresham
Kaiser Foundation Hospital Westside Medical Center	Hillsboro
Legacy Emanuel Medical Center	Portland
Legacy Good Samaritan Hospital and Medical Center	Portland
Randall Children's Hospital at Legacy Emanuel	Portland
VA Portland Medical Center	Portland
Legacy Meridian Park Medical Center	Tualatin
PENNSYLVANIA	AND STREET, ST
VA Coatesville Medical Center	Coatesville
Einstein Medical Center Montgomery	East Norriton
Einstein Medical Center Elkins Park	Elkins Park
Moss Rehab	Elkins Park
The Abramson Center for Jewish Life	North Wales
Children's Hospital of Philadelphia	Philadelphia



**Einstein Medical Center Elkins Park** 3 Year HEI Participant

Organization Official Name	City	
Einstein Medical Center Philadelphia	Philadelphia	
Mazzoni Center	Philadelphia	
Willowcrest Skilled Nursing and Rehabilitation Center	Philadelphia	
Children's Hospital of Pittsburgh of UPMC	Pittsburgh	
VA Pittsburgh Healthcare System	Pittsburgh	
Western Psychiatric Institute and Clinic of UPMC	Pittsburgh	
PUSATO MICO		146
VA Caribbean Healthcare System	San Juan	
TENNESSEE		
Vanderbilt Hospital and Clinics	Nashville	4-
TEXAS		
Project Vida Health Center	El Paso	
Metropolitan Methodist Hospital	San Antonio	
VA South Texas Health Care System	San Antonio	206
UTAH		
VA Salt Lake City Health Care System	Salt Lake City	10/21
VIRGINIA		
/A Hampton Medical Center	Hampton	
Novant Health UVA Health System Haymarket Medical Center	Haymarket	1
Novant Health UVA Health System Prince William Medical Center	Manassas	1018
WASHINGTON		
Jefferson Healthcare	Port Townsend	286121
UW Medicine/Valley Medical Center	Renton	
Seattle Children's Hospital	Seattle	
University of Washington Medical Center	Seattle	
UW Medicine/Harborview Medical Center	Seattle	
UW Medicine/Northwest Hospital & Medical Center	Seattle	* TOTAL
Legacy Salmon Creek Medical Center	Vancouver	
Cedar River Clinics	Yakima	
WEST VIRGINIA	To the last of the last	
VA Martinsburg Medical Center	Martinsburg	YYYXYX
WISCONSIN	THE RESERVE	NAME OF THE PERSON OF THE PERS
NorthLakes Community Clinic	Iron River	2/3/11
American Family Children's Hospital	Madison	127
University of Wisconsin Hospital and Clinics	Madison	
UW Health at the American Center	Madison	
VA William S. Middleton Memorial Veterans Hospital	Madison	* 5 6 TO
AIDS Resource Center of Wisconsin	Milwaukee	
Froedtert Memorial Lutheran Hospital	Milwaukee	
VA Clement J. Zablocki Medical Center	Milwaukee	
VA Ciement of Zabiocki Medical Center	WIIIWAUNCE	



# North Carolina Hospitals Stand Up for LGBTQ Equality

#### WE HAVE SEEN TREMENDOUS PROGRESS

toward LGBTO equality over the past decade, yet LGBTO Americans still lack federal civil rights protections. Without these protections, we are left with a patchwork of state and municipal laws that leave many LGBTQ people vulnerable to discrimination in their workplaces, healthcare facilities, schools and communities. This is why the HRC Foundation produces programs like the HEI that promote LGBTQ-inclusive policies and practices in the institutions that impact people's everyday lives. This work is most important in states and communities that lack non-discrimination protections for their LGBTQ citizens and those that have passed anti-LGBTO legislation that seeks to take away rights and legislate discrimination.

Last year, North Carolina's legislature and former Governor Pat McCrory passed a reckless and extreme law known as House Bill 2 (HB2) that thrust the state into the epicenter of the debate surrounding LGBTQ non-discrimination protections. HB2 eliminated all existing municipal non-discrimination protections for LGBTQ people and banned any communities from passing such provisions in the future. The most well-known provision of the law prevents all transgender people — children and adults — from using restrooms and other facilities consistent with their gender identity in any government-owned buildings.

North Carolina is facing enormous backlash from its citizens and advocates nationwide for rescinding protections for LGBTQ people and attacking the rights of transgender people. The passage of HB2 caused significant damage to North Carolina's reputation and economy: Companies scrapped plans to expand in the state, promoters cancelled or moved major conventions, professional sports leagues and artists pulled games and concerts out of the state, and tourism dropped. More than 200 major CEOs and business leaders, including many from North Carolina's largest employers, signed an open letter calling for repeal of HB2.

Hospitals and healthcare systems in North Carolina fought back. Many reassured their employees of their commitment to LGBTO diversity and inclusion, and some spoke out publicly against HB2. Duke University, a longtime participant in the HEI and a Leader in LGBTO Healthcare Equality, called for repeal (see accompanying statement). Throughout this controversy, several hospitals in North Carolina made a commitment to LGBTQ inclusion by participating in the HEI for the first time, and many of them achieved the Leader in LGBTQ Healthcare Equality designation. This year, 28 hospitals in North Carolina participated in the HEI, and 22 of them earned the Leader designation, placing North Carolina third nationwide in the number of Leaders, behind California and New York.

There is still much work to do in North Carolina to repeal HB2 and advance LGBTQ equality, but thanks to these hospitals, many more LGBTQ North Carolinians have a safe place to seek hospital care when they need it.



Duke University is committed to fostering an open, welcoming, inclusive community that respects each individual. We remain steadfast in our policies of nondiscrimination and inclusion for all of our students, faculty, staff, alumni, patients, fans and visitors.

We deplore in the strongest possible terms the new state law, HB2, that prevents municipalities from establishing laws that protect members of the LGBTQ+ community and others from discrimination and eliminates some economic advancement opportunities for underrepresented communities.

As a result of this law, North Carolina has already suffered damage to its national and international reputation as a leader in the fair treatment of its citizens. The economic and material impact is being felt across the state in many ways, including at universities. Scholars from states and municipalities that have imposed bans on government travel to North Carolina have been unable to travel to Duke to continue vital ongoing research partnerships or attend academic conferences. Prospective students, faculty and staff, as well as Duke alumni planning visits to campus, have voiced concerns about whether they will find a hospitable environment in North Carolina. These developments have the potential to limit the value that Duke and other colleges and universities contribute to the state, namely producing trained graduates and expanding the frontiers of knowledge.

We extend our concern and support to those who have been most directly affected — the members of Duke's LGBTQ+ community. We encourage anyone needing assistance to turn to the many support services that Duke offers.

In spirit and in letter, this new law runs counter to the ideals of Duke University — and, we believe, to those of our great state. We urge a full repeal of HB2.

Richard Brodhead President

Sally Kornbluth
Provost

A. Eugene Washington Chancellor for Health Affairs President and CEO, Duke University Health System

## Comprehensive Clinics Care for Transgender Children and Adolescents

have heard stories of transgender children, and many people know a child in their community who may be transgender. Similarly, healthcare providers across various specialties have seen an increase in children recognizing that their sex assigned at birth does not match the gender they know themselves to be. Acknowledging this increasing trend, clinicians are recognizing the medical and psychological needs of transgender

and gender-nonconforming children and

for them and their families.

adolescents and are seeking ways to care

OVER THE PAST FEW YEARS, MORE OF US

Comprehensive multidisciplinary clinical care programs have emerged over the past decade to care for transgender youth. The first clinic of this kind in the United States was started at Boston Children's Hospital in 2007 by Dr. Norman Spack. These clinics typically combine providers from different specialties to meet the varied medical and mental health needs of transgender youth and offer or connect them with an array of

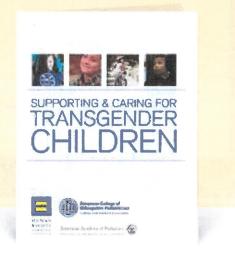
other services, such as support groups, play groups and legal services.

In early 2015, HRC created an online map of these programs as part of a collection of resources for transgender and gender-expansive youth and their families. We originally charted 32 clinics in the United States, and this number has grown significantly over the past two years as the demand for these services has led more and more specialized clinics to open. Not surprisingly, the overwhelming majority of these clinical programs are located at facilities that participate in the HEI and are Leaders in LGBTQ Healthcare Equality.

The map at right shows the locations of comprehensive multidisciplinary clinical care programs for transgender youth that we currently track. For information about each of these clinics, as well as new clinics as they are added, please visit our online map at <a href="https://www.hrc.im/youthclinics">www.hrc.im/youthclinics</a>.



Learn more about how families and healthcare professionals can help transgender children thrive by reading our groundbreaking resource, Supporting & Caring for Transgender Children. This guide was produced in partnership between the Human Rights Campaign Foundation, the American Academy of Pediatrics and the American College of Osteopathic Pediatricians. It reflects the experiences of expert clinicians, including pediatricians and mental health professionals, and features families of transgender children from across the United States. Download this guide at <a href="https://www.hrc.im/supportingtranschildren">www.hrc.im/supportingtranschildren</a>.







**Deanna Adkins, M.D.**Center for Child and Adolescent Gender
Care at Duke Children's Hospital

# Duke Gender Care Center Fights Discriminatory Bathroom Bill

WHEN DR. DEANNA ADKINS OPENED THE Center for Child and Adolescent Gender Care at Duke Children's Hospital in the middle of 2015, little did she know that less than a year later her state would become the epicenter of the debate surrounding LGBTQ non-discrimination protections, particularly transgender people's rights to use the restroom aligned with their gender identity. North Carolina's legislature and former Governor Pat McCrory would pass a reckless and extreme law known as House Bill 2 that would harm Dr. Adkins' patients and bring increased attention to the important work that her clinic does.

Like many clinics of its kind, the Center for Child and Adolescent Gender Care evolved from Dr. Adkins' experience treating transgender children and adolescents. Dr. Adkins initially referred patients to clinics in Boston and Toronto, but under guidance from a colleague, she agreed to treat a local patient. That led to more referrals, and she realized that there was a need for a dedicated, comprehensive gender center.

The once-a-week clinic, which is the first of its kind in North Carolina and only one of a few located in the Southeast, is staffed by providers from Duke in an array of disciplines, including endocrinology, social work, urology, pediatric surgery, child and adolescent medicine, psychiatry, psychology and pastoral care. They work

together to provide holistic, evidence-based, patient- and family-centered care. Patients come from throughout North Carolina, from several neighboring states and from as far away as Florida. The clinic served 127 patients during its first year, and administrators anticipate nearly doubling that number next year.

HB2 passed during the clinic's first year. While transgender children and adolescents in North Carolina had this wonderful new resource to provide them with the lifesaving medical care that they needed, their lives were also under direct attack by their state government. "Since HB2 passed, our patients are more anxious and afraid. They are immediately targets for harassment and bullying when they use a public restroom. More and more withdraw from school and society," said Dr. Adkins. "I am really concerned because this self-isolation escalates their depression, which increases their risk of suicide even more."

To protect her patients, Dr. Adkins has been outspoken about her opposition to HB2 and has provided expert testimony in a federal lawsuit regarding the bill. While efforts to overturn HB2 move forward, Dr. Adkins will continue to speak out for her patients. Most importantly, she will continue to grow the clinic where she provides the medical care that they need and deserve to live healthy and authentic lives.

Hear from Dr. Adkins and other healthcare providers speak out about working with transgender children and youth in this moving video.

www.hrc.im/DoctorsSpeakOut

Children's Health in Dallas Serves Transgender Youth and Their Families

IN FEBRUARY OF 2012, DR. XIMENA
Lopez, a pediatric endocrinologist in
Dallas, received a referral for a 9-yearold who had been assigned female at
birth but identified as a boy. Dr. Lopez
had no experience treating transgender
patients, but she had been exposed to
the pioneering work of Dr. Norman Spack
while doing her pediatric endocrinology
fellowship in Boston. She accepted the
referral and saw the patient and his family.

During the first visit, Dr. Lopez was incredibly moved by the desperation of the parents. For many years, they denied their son's gender identity and attempted to help him "fit in his own body," but he struggled with depression and enrolled in psychotherapy. When he was seven, they finally accepted him as a boy, allowed him to socially transition and renamed him Evan.

Evan began feeling better living as a boy, but at age nine he started developing breasts that he wanted to cut off and was thinking about dying. His mother learned about medication that could delay puberty. She called at least 100 endocrinologists to ask them to treat her son with the puberty-blocking medication, but they all turned her away until she reached Dr. Lopez. Moved by their story, Dr. Lopez offered to refer the family to Dr. Spack in Boston since she had not previously treated a transgender child, but traveling back and forth to Boston was

not financially viable for the family. Evan's mother told Dr. Lopez, "I will do anything for the mental health of my child, and I don't mind if this is the first patient that you treat."

Dr. Lopez began searching for a mental health provider who would collaborate with her. She was surprised to find that there were no local psychologists or psychiatrists with experience seeing transgender children and adolescents, so she sent Evan to a psychiatrist four hours away. Evan's parents referred other families to Dr. Lopez, and the number of transgender children she treated began to grow. Dr. Lopez realized that there was a tremendous need for medical, mental and social healthcare for these patients and their families, so she started thinking about building a multidisciplinary program.

Dr. Lopez's boss and the hospital administration at Children's Medical Center Dallas (now Children's Health) supported the idea, and she found passionate staff who wanted to join the program. A group of providers travelled to Boston to receive direct training from Dr. Spack's team. In the fall of 2013, they started seeing patients and officially opened a clinic a year later. The GENder Education and Care, Interdisciplinary Support program, known as GENECIS, brings together endocrinologists, adolescent medicine specialists, psychologists, psychiatrists



Ximena Lopez, M.D. Children's Medical Center Dallas

and social workers to provide access to gender-affirming medical care and to meet the psychological health and emotional needs of the children and adolescents they serve. The clinic that Evan inspired now serves more than 400 patients and is the only multidisciplinary center of its kind in the Southwest.

Dr. Lopez is glad that she agreed to see Evan. "Having the opportunity to help our gender non-conforming patients grow up to be themselves has been the most gratifying experience I've had as a medical provider and has made me a better human being," she said.



# **Findings**

The Healthcare Equality Index 2017 asked participants a series of questions about LGBTQ-inclusive policies and practices. Those questions are divided into four criteria outlined in more detail beginning on page 52. Responses to the criteria below are reported in aggregate in the following pages to indicate national trends and facilitate benchmarking.

For individual facility scores for these criteria, see Appendix B beginning on page 56.

#### Criteria 1 - Non-Discrimination and Staff Training

- **▶ Patient Non-Discrimination**
- **▶ Visitation Non-Discrimination**
- **▶** Employment Non-Discrimination
- Staff Training

#### Criteria 2 - Patient Services and Support

- ▶ LGBTQ Patient Services and Support
- ▶ Transgender Patient Services and Support
- ▶ Patient Self-Identification
- Medical Decision-Making

#### Criteria 3 - Employee Benefits and Policies

Criteria 4 - Patient and Community Engagement

# Patient Non-Discrimination





of 2017 HEI survey respondents

of 2017 HEI researched hospitals

THE FIRST SECTION OF THE HEI NON-DISCRIMINATION AND STAFF TRAINING CRITERIA CALLS FOR A WRITTEN patient non-discrimination policy (or patients' bill of rights) that includes both "sexual orientation" and "gender identity." Lesbian, gay, bisexual and transgender people continue to face discrimination in healthcare because of their sexual orientation and/or gender identity, creating a need for explicit non-discrimination policies.

of HEI 2017 survey participants (585 of 590 respondents) documented that they include both "sexual orientation" and "gender identity" in their patient non-discrimination policy.

Since The Joint Commission issued a standard in 2011 requiring hospitals to prohibit discrimination based on sexual orientation and gender identity, the percentage of HEI survey participants that have adopted fully inclusive written patient non-discrimination protections has steadily grown from 60% to this record level.

A patient non-discrimination policy is only effective if patients and staff know about it. Thus, the HEI requires survey participants to document not only that they have an LGBTQ-inclusive non-discrimination policy but that they also make it readily accessible to patients and communicate it to their staff.

96% of survey participants documented that their patient non-discrimination policy is readily accessible and communicated to patients in at least two different ways.

Healthcare facilities most frequently communicated this policy to patients in these ways:

- Posted on facility website (92%)
- Included in materials given to patients at admitting/registration or at other time(s) (74%)
- Posted or displayed in patient waiting area(s) (68%)

of survey participants documented that their patient non-discrimination policy is readily accessible and communicated to staff in at least one way.

Healthcare facilities most frequently communicated this policy to patients in these ways:

- Posted on facility intranet site (88%)
- Reviewed in employee training (either in-person or online) (72%)
- Included in materials routinely given to employees at orientation (70%)

In addition to the facilities that actively participated in the HEI 2017 survey, the HRC Foundation proactively researched the non-discrimination policies at more than 900 hospitals. Unfortunately, we were unable to find the patient non-discrimination policies for all of the hospitals we researched because many facilities choose not to include a non-discrimination statement or their patient bill of rights on their hospital website and did not respond to invitations to submit their policies to us. Of the 901 hospitals researched, we found or obtained the patient non-discrimination policies for 787 hospitals. Of those hospitals that published or provided a policy, only 478 or 61% were found to have a patient non-discrimination policy that includes both "sexual orientation" and "gender identity."

For more information about this criterion, visit: hrc.org/patient-non-discrimination

In 2011, The Joint Commission issued a standard that requires hospitals to prohibit discrimination based on sexual orientation and gender identity. Learn more at <a href="https://www.jointcommission.org/lgbt">www.jointcommission.org/lgbt</a>

# Visitation Non-Discrimination





of 2017 HEI survey respondents

of 2017 HEI researched hospitals

THE SECOND SECTION OF THE HEI NON-DISCRIMINATION AND STAFF TRAINING CRITERIA CALLS FOR A WRITTEN visitation non-discrimination policy or an equal visitation policy. Across the U.S., same-sex couples, same-sex parents and other LGBTQ people fear that they could be prevented from visiting their loved ones in healthcare settings because of bias or discomfort on the part of hospital employees regarding same-sex relationships and LGBTQ people. In 2010, after learning of a tragic incident in which a lesbian was denied visitation to her dying partner, President Barack Obama directed the United States Secretary of Health and Human Services to develop regulations protecting the visitation rights of all patients. These regulations, known as the Conditions of Participation, are now in effect at all hospitals that accept Medicare or Medicaid payments—the vast majority of facilities.

100% OF THE HEI 2017 SURVEY RESPONDENTS FOR WHICH THIS QUESTION WAS APPLICABLE documented that they have explicitly LGBTQ-inclusive visitation policies.

Since the Conditions of Participation went into effect in 2011, the percentage of HEI survey participants that have adopted equal visitation policies has steadily grown from 53% to this record level. An equal visitation policy is only effective if patients and staff know about it. Thus, the HEI requires survey participants to document not only that they have an equal visitation policy but that they also make it readily accessible to patients and communicate it to their staff.

96% of survey participants documented that their equal visitation policy is readily accessible and communicated to patients in at least two different ways.

Healthcare facilities most frequently communicated this policy to patients in these ways:

- Posted on facility website (95%)
- Included in materials given to patients at admitting/registration or at other time(s) (77%)
- Posted or displayed in patient waiting area(s) (57%)

of survey participants documented that their equal visitation policy is readily accessible and communicated to staff in at least one way.

Healthcare facilities most frequently communicated this policy to staff in these ways:

- Posted on facility intranet site (90%)
- Reviewed in employee training (either in-person or online) (77%)
- Included in materials routinely given to employees at orientation (60%)

In addition to the facilities that actively participated in the HEI 2017 survey, the HRC Foundation proactively researched the visitation policies at more than 900 hospitals. Unfortunately, we were unable to find a visitation policy for all of the hospitals that we researched because many facilities choose not to include a statement on their hospital website about who can visit patients and did not respond to invitations to submit their policies to us. Of the 901 hospitals researched, we found or obtained the visitation policies for 689 hospitals. **Of those hospitals that published or provided a policy, 653 or 95% were found to have an equal visitation policy in place.** While this number is quite high, given that this is required by the Conditions of Participation, it is disturbing that it is not 100%.

For more information about this criterion: hrc.org/visitation

Since 2011, the Conditions of Participation of the federal Centers for Medicare & Medicaid Services have required hospitals to permit patients to designate visitors of their choosing and to prohibit discrimination in visitation based on sexual orientation and gender identity.

# **Employment Non-Discrimination**



52%

of 2017 HEI survey respondents

of 2017 HEI researched hospitals

THE THIRD SECTION OF THE HEI NON-DISCRIMINATION AND STAFF TRAINING CRITERIA CALLS FOR AN employment non-discrimination policy (or an equal employment opportunity policy) that includes both "sexual orientation" and "gender identity." Such a policy typically covers all conditions of employment, including hiring, promotion, termination and compensation. Federal law does not protect employees from discrimination based on real or perceived sexual orientation or gender identity. Furthermore, fewer than half of states have passed laws prohibiting discrimination on the basis of sexual orientation or gender identity. Only 21 states and the District of Columbia provide workplace protections on the basis of sexual orientation, and only 19 states and the District of Columbia do so on the basis of gender identity. This criterion calls on healthcare facilities to protect their LGBTQ employees from discrimination regardless of state non-discrimination laws. LGBTQ staff members not only deserve a discrimination-free workplace but they also informally educate co-workers, provide valuable guidance to facility leadership and serve as ambassadors for LGBTQ communities.

98% of HEI 2017 survey participants (580 of 590 respondents) documented that they include both "sexual orientation" and "gender identity" in their employment non-discrimination policy.

\* James, S. E.; Herman, J. L.; Rankin, S.; Keisling, M.; Mottet, L.; and Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, D.C.: National Center for Transgender Equality.

This total represents a continued and welcome increase over past years. Notably, HEI survey participants have closed the gap between policies that provided protections for "sexual orientation" but not "gender identity," and now almost all participants include protections for both populations in their employment non-discrimination policies. These protections are critical for transgender employees: In a national survey of transgender Americans, 30% of respondents who were employed in the past year had either been fired, denied a promotion or experienced some other form of mistreatment related to their gender identity or expression in the workplace.\*

To fully meet this criterion, participants are required to demonstrate that they made the public and potential applicants aware of their LGBTO-inclusive employment non-discrimination policy.

of survey participants documented that their employment non-discrimination policy is readily accessible and communicated to the public and potential applicants in at least one way.

Healthcare facilities most frequently communicated this policy in these ways:

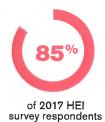
- Posted on employment page of website (88%)
- Included on job applications or in the job application system (64%)
- Included on job announcements (60%)

In addition to the facilities that actively participated in the HEI 2017 survey, the HRC Foundation proactively researched the employment non-discrimination policies at more than 900 hospitals. Unfortunately, we were unable to find an employment non-discrimination policy or statement for all of the hospitals we researched because many facilities choose not to include an employment non-discrimination policy or statement on their hospital website and did not respond to invitations to submit their policies to us. Of the 901 hospitals researched, we found or obtained the employment non-discrimination policies for 753 hospitals. Of those hospitals that published or provided a policy or non-discrimination statement, only 391 or 52% were found to have an LGBTQ-inclusive employment non-discrimination policy in place.

For more information about this criterion: hrc.org/employment-non-discrimination.

HRC's Corporate Equality Index (CEI) evaluates LGBTQ inclusion at the nation's largest employers. For more information about this unique and comprehensive resource for LGBTQ workplace equity, visit <a href="hrc.org/cei">hrc.org/cei</a>

# Staff Training in LGBTQ Patient-Centered Care





THE FOURTH SECTION OF THE HEI NON-DISCRIMINATION AND

Staff Training criteria calls for key facility employees to receive expert training in LGBTQ patient-centered care. This criterion recognizes that training is critical for policies to be successful and for LGBTQ patients to feel welcome. Training programs should offer all incoming and current staff the information and skills they need to provide culturally competent care and services to their LGBTQ patients.

The HEI training requirements vary by facility and are based upon the facility's previous HEI training participation. During the first year of participation in the HEI training, a facility must have a core group of executive-level staff members participate in online training that covers systemic strategies for delivering LGBTQ-accessible and -affirming healthcare. In subsequent years, facilities must demonstrate that they have provided a minimum number of hours of HEI-approved training to any of their staff in LGBTQ patient-centered care.

85% of HEI 2017 respondents met the requirement to provide their employees with training in LGBTQ patient-centered care

To assist facilities in meeting this HEI criteria and ensure high-quality training, the HRC Foundation partnered with the National LGBT Health Education Center, The Center for Affiliated Learning and the Veterans Health Administration. The HRC Foundation and its partners offer more than 60 online and ondemand training options that include both interactive eLearning courses and recorded webinars. Topics range from the basics of LGBTQ Patient-Centered Care to more specialized topics for clinicians. All of these training options are free to staff of HEI-participating facilities and offer CME/CEU credit. In addition, with pre-approval, participating facilities can receive ongoing training credit for their own course(s) on LGBTQ culturally competent care and/or specific LGBTQ health topics.

More than 4-3,000 hours of training in LGBTQ patient-centered care were provided to the staff at HEI-participating facilities.

For more information about this criterion, visit hrc.org/hei/ training-in-LGBTQ-patient-centered-care "This was one of the best online learning resources I have encountered. This training was well organized and provided information that ranged from basic to substantial. I appreciated learning about how to structure hiring policies to be more inclusive of LGBTQ communities."

**Kelly Wesp, PhD**Director of Quality and Evaluation
Equitas Health

"We really appreciated the ease of use and the quality of the information included. We live in a very rural state and we believe we are making a difference by connecting our employees with these resources. Thanks! We are very proud of our partnership with HEI!"

Jonna Brenton, RN Women Veteran Program Manager VA Montana Healthcare System

"This education was among the best online training I have taken. It was very clear, and I felt I learned a great deal ... some things I already knew and some I did not. Very good courses!"

**Kathy Evans, CPHRM**Director, Risk Management
Abrazo Scottsdale Campus

# LGBTQ Patient Services and Support

THE FIRST SECTION OF THE HEI PATIENT SERVICES AND SUPPORT CRITERIA ASKS ABOUT KEY BEST practices in support of LGBTQ patients as a group. This section includes best practices from The Joint Commission and other sources to enhance care for LGBTQ patients.

Planning to Serve LGBTQ Populations of participating facilities have an official plan for reducing health disparities that specifically includes LGBTQ patients in addition to race, ethnicity and linguistic concerns.

48% of HEI participants have reviewed their clinical services to identify possible LGBTQ-related gaps.

In 2013, the Office of Minority Health of the U.S. Department of Health & Human Services updated the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards), a blueprint for individuals and healthcare organizations to implement culturally and linguistically appropriate services. As a nationally recognized and utilized tool for culturally competent healthcare, the CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities.

The updated CLAS standards fully incorporate the concerns of LGBTQ people into the framework of culturally and linguistically appropriate care and specifically include sexual orientation and gender identity in their broader definition of culture. OMH's accompanying publication, "A Blueprint for Advancing and Sustaining CLAS Policy and Practice," shares examples of health disparities experienced by LGBTQ people and includes specific reference to LGBTQ health in many of the standards. One of the standards encourages healthcare organizations to conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into continuous quality improvement activities. The HEI 2017 survey found that 75% of participants reported that they have an official plan, strategy or goals for reducing health disparities among their patients and/or providing culturally and linguistically appropriate services to their patient population, and 73% of those participants indicated that they include LGBTQ populations in this plan.

#### Serving LGBTQ Populations

of HEI participants inform interested patients of LGBTQ-knowledgeable and -friendly providers.

One of the ways that hospitals can help ease the fears of LGBTQ patients who need to choose a provider is to inform interested patients of LGBTQ-knowledgeable and -friendly providers. Among HEI participants, 37% indicated that they do this in some way. Of those who make LGBTQ-friendly providers known, 48% post a list externally, 42% display "tags" in an online "find a provider" system and 25% include them in a community listing.

### Specific services to meet the needs of LGBTQ patients\*

HIV/STD/STI testing and counseling

Provision of PrEP and/or PEP for patients at risk for HIV

HIV care and services

LGBTQ-focused mental health services

Americans are likely candidates for PrEP

79%

61%

70%

49%

22%

25%

36%

candidates for PrEP (Pre-Exposure Prophylaxis), according to the Centers for Disease Control and Prevention. The CDC found that one in four gay and bisexual men, one in five injectable drug users, and one in 200 heterosexual adults are good candidates for PrEP and should be counseled about the HIV prevention method. When taken as prescribed by a knowledgeable healthcare provider, PrEP has been shown to be safe and reduce the likelihood of HIV acquisition by more than 90%.

While 79% of HEI participants indicated that they provide HIV testing and counseling, only 61% indicated that they provide PrEP for patients who are at risk of contracting HIV. HEI participants can close this gap and do their part to meet the CDC's recommendations by adding education and counseling about PrEP to their existing HIV testing and counseling programs.

63% of HEI participants indicated that they have an LGBTQ-focused office, point-person, patient advocate or ombudsman.

Percentage of HEI participants that indicated they offered the following

LGBTQ-focused programs can provide a wide variety of services to improve LGBTQ patient-centered care. For example, The Penn Medicine Program for Lesbian, Gay, Bisexual and Transgender Health focuses on five areas: patient care, research, health education, institutional climate and visibility, and community outreach. Mount Sinai Beth Israel's LGBT Health Services program offers a number of LGBTQ patient services, including comprehensive transgender health services; information, referral and patient navigation for LGBTQ patients and consumers; and professional education and training for providers in LGBTQ healthcare topics.

#### **Communications**

LGBTQ-focused alcohol and

Other prevention, screening,

services explicitly focused

\*While we require documentation in

nature (versus LGBTQ inclusive).

order to validate many of the questions

in the HEI survey, there is no way for us

to verify that these services are offered or that they are LGBTQ specific in

LGBTQ family building assisted

substance use treatment

reproductive treatment

wellness or testing

on LGBTQ patients

HEI participants indicated that they communicate with their LGBTQ patients about LGBTQ-specific services and health concerns in the following ways:

- 61% provide information about LGBTQ services and/or health concerns on their public website
- 57% publish a brochure or other print material(s) designed to educate or support LGBTQ patients
- 63% offer LGBTQ health material(s) published by other organizations



# Transgender Patient Services and Support

TRANSGENDER PATIENTS ARE PARTICULARLY VULNERABLE IN HEALTHCARE SETTINGS. A LARGE SURVEY BY Lambda Legal revealed that 70% of transgender respondents had experienced serious discrimination in healthcare at some point in their lives.\* They can face long waits for care, pointing and laughter, negative comments, violations of confidentiality, inappropriate questions and examinations, denial of (or challenges to) bathroom use and room assignments that reflect the sex assigned to them at birth rather than their actual gender identity. In a 2015 survey of more than 27,000 transgender Americans, 33% of respondents who had seen a provider in the past year reported one or more negative experiences due to their transgender or gender-nonconforming status and 23% of respondents reported that they avoided seeking necessary healthcare when sick or injured in the past year because of fear of being mistreated as a transgender person.\*\*

#### Serving Transgender Patients

of HEI participants indicated that their facility has a policy or policies that specifically outline procedures and practices aimed at eliminating bias and insensitivity, and ensuring appropriate, welcoming interactions with transgender patients.

Of the 233 facilities that indicated that they have a specific policy or policies for transgender patients, the following procedures and practices were covered:

- Recording of preferred name and pronouns in paper and/or electronic admitting/registration records 69%
- Use of preferred name and pronouns when interacting with and referring to transgender patients 89%
- Protocols for interacting with transgender patients 81%
- Guidelines for room assignments for transgender patients 74%
- Access to restrooms 86%
- Compliance with privacy laws 81%
- Access to items that assist gender presentation 44%
- Addressing potential problems with insurance/billing claims 21%

\* When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV. New York: Lambda Legal, 2010. The Affordable Care Act raised the importance of creating policies and procedures aimed at eliminating bias and insensitivity, and ensuring appropriate, welcoming interactions with transgender patients, and training staff on those policies. Section 1557 of the ACA prohibits sex discrimination in any hospital or health program that receives federal funds. The court system and the U.S. Department of Health & Human Services' Office for Civil Rights (OCR) have indicated that this prohibition extends to claims of discrimination based on gender identity and sex stereotyping. In 2015, the Brooklyn Hospital Center entered into a voluntary resolution agreement with OCR to ensure that transgender patients at its hospital receive appropriate and equitable care and treatment. The agreement resolved a complaint filed by a transgender patient alleging discrimination under Section 1557 on the basis of sex in the assignment of patient rooms. Under the terms of the two-year settlement, the hospital agreed to adopt new policies and procedures tailored to transgender patients and to train its employees on those policies.

"James, S. E.; Herman, J. L.; Rankin, S.; Keisling, M.; Mottet, L.; and Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, D.C.: National Center for Transgender Equality. For more information about best practices for care of transgender patients see the publication, *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies*, from HRC Foundation, Lambda Legal, and the LGBT Rights Committee of the New York City Bar Association.

This publication is available for download at: hrc.org/transgender-affirming-hospital-policies



Trans-affirming gynecological care, including cervical cancer screening and pelvic exams

Hormone therapy and monitoring

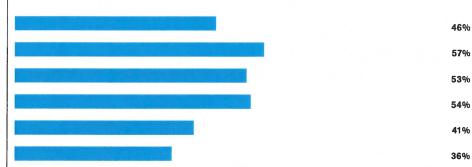
Psychological, physical, and psychiatric evaluations

Gender confirming surgeries

Referrals for gender confirming surgeries

Preoperative and postoperative care for gender confirming surgeries

\*While we require documentation in order to validate many of the questions in the HEI survey, there is no way for us to verify that these services are offered or that they are transgender specific or affirmative. Percentage of HEI participants that indicated they offered the following specific services to meet the needs of transgender patients\*



More facilities are beginning to offer comprehensive multidisciplinary clinical care programs for transgender patients. See our feature on these clinics designed to serve transgender and gender expansive youth on page 26.

### of HEI participants indicated that they do not provide any transgender specific services.

While more people have access to transgender-inclusive healthcare insurance coverage, there are not enough providers or healthcare facilities that offer transgender-specific services.

of HEI participants indicated that they have trained and clearly designated at least one employee at an appropriate level of skill, knowledge and influence to serve as an ombudsman/navigator for transgender patients and/or to coordinate a peer accompaniment program for transgender patients.



Patients whose appearances might not conform to gender stereotypes may feel more comfortable and safe in a single-stall or all-gender restroom. Single-stall or family restrooms can also serve other patients, including parents caring for different-sex children, disabled people accompanied by different-sex caregivers, and any other patients wishing to use them. Although providing an all-gender restroom is an important signal of acceptance, facilities should also adopt policies that allow patients to be permitted to use restrooms that comport with their gender identity.



### Patient Self-Identification

MANY HEALTHCARE AUTHORITIES SUCH AS THE INSTITUTE OF MEDICINE AND THE JOINT COMMISSION HAVE recommended the routine collection of sexual orientation and gender identity data in healthcare settings. These critical data provide hospitals with information on the potential cultural needs of each patient, as well as an opportunity to monitor and analyze health disparities at the population level.

Collecting
Information
About Sexual
Orientation and
Gender Identity

of HEI participants indicated that their organization's electronic health records offer an explicit way to capture a patient's sexual orientation.

Another 70% of participants indicated that this information may be captured in free-form notes, while 14% of participants are not capturing this information at all in their patients' health records. Only 13% of HEI participants provide employees training on how to collect and record sexual orientation data.

of HEI participants indicated that their organization's electronic health records offer an explicit way to capture that a patient's current gender identity differs from the sex they were assigned at birth and/or the sex shown on any identification, insurance or other documents used in admitting/registration.

Another 55% of participants indicated that this information may be captured in free-form notes, while 16% of participants are not capturing this information at all in their patients' health records. Only 28% of HEI participants provide employees training on how to collect and record gender identity data.

of HEI participants use a two-question process to collect data on gender identity (i.e. first asking current gender identity and then asking sex assigned at birth).

Documentation of both current gender identity and sex assigned at birth is critical for delivering appropriate care to transgender patients. Some transgender people may not identify as transgender, but only as male or female. In these cases, sex assigned at birth can indicate that the individual is transgender, which allows providers to offer the full range of care — such as anatomically appropriate preventive screenings — that meets the individual's needs. Therefore, the current recommended best practice involves asking both current gender identity and sex assigned at birth. Current gender identity and name and pronouns currently used should be documented and used for communications with the patient as well as for things like name bands and room assignments.

The HRC Foundation strongly encourages healthcare providers to begin collecting this data in an explicit way in order to begin to close the gaps in LGBTQ health disparities and to best serve LGBTQ patients. The low percentage of HEI participants that have developed explicit ways to capture this information is in part due to limitations posed by electronic health records. However, technology and best practices regarding patient admitting/registration records are rapidly evolving. In 2016, the U.S. Department of Health & Human Services took a landmark step in addressing disparities affecting LGBTQ people in healthcare by including sexual orientation and gender identity data in requirements for Electronic Health Records certified under the Meaningful Use program. The final rules, from the Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health Information Technology, require all EHR systems certified under Stage 3 of Meaningful Use to allow users to record, change and access structured data on sexual orientation and gender identity. This requirement is part of the 2015 Edition "demographics" certification criterion and adds sexual orientation and gender identity data to the 2015 Edition Base EHR definition, which is a part of the definition of Certified EHR Technology. The new requirements are slated to take effect in 2018.

While the ONC rule applies to vendors who are building certified EHR systems and to health institutions and practices that are using these systems as part of their participation in the Meaningful Use program, it does not require providers to collect sexual orientation and gender identity information. For the reasons outlined above, the HRC Foundation strongly encourages hospitals and health systems to develop processes and policies for the collection of sexual orientation and gender identity data.

For more information and the most current practices and recommendations regarding collecting sexual orientation and gender identity data, see the website, *Do Ask, Do Tell: A Toolkit for Collecting Sexual Orientation and Gender Identity Information in Clinical Settings* at: www.doaskdotell.org

40% of HEI participating facilities provide employees with training explicitly reminding them that LGBTQ status is confidential patient information.

This training should be in addition to standard HIPAA training or appear as a special module within training. Transgender patients especially are often the victims of privacy breaches, in which staff or providers feel the need to "warn" the patient's roommate about the patient's transgender status or invite other staff or providers to come see the patient. These privacy violations are not only unethical and illegal, they add to the high levels of discrimination transgender people already face in accessing healthcare and discourage them from continuing or returning to seek care.

Health Records That are Inclusive of All Families of HEI participants that saw pediatric patients indicated that their organization's electronic health records include explicit options for pediatric patients' parents beyond "mother" and "father" (e.g., "parent/guardian 1, parent/guardian 2, parent/guardian 3"), to be inclusive of same-sex parents and other diverse families.

Another 36% of participants indicated that this information may be captured in free-form notes, while 14% of participants are not capturing this information at all in their patient's health records.

of HEI-participating facilities that record a patient's marital or relationship status offer a way to record non-marital relationships by offering choices such as "domestic or life partner" or "significant other."

There are many kinds of family structures in our community today, and hospital records should provide ways to record these relationships. This is a practice that will help provide a welcoming environment for all patients.

# Medical Decision-Making

of HEI-participating facilities explicitly inform patients of their right to designate a person of their choice, including a same-sex partner, as medical decision-maker.

Although 92% indicated that they explicitly inform patients of their right to designate a same-sex partner as medical decision-maker, only 36% include LGBTQ-specific information in employee training about patient decision-making.

Healthcare organizations have sometimes failed to honor LGBTQ patients' rights to designate the person of their choice, including a same-sex partner, to make medical decisions on their behalf should they become incapacitated even when legally valid medical decision-making documents have been presented. To prevent these failures, it is critical that healthcare organizations are aware that the Centers for Medicare & Medicaid Services issued guidance in 2011 to support enforcement of the right of patients to designate the person of their choice, including a same-sex partner, to make medical decisions on their behalf should they become incapacitated. In addition, employee training related to medical decision-making should affirm that LGBTQ people have the same medical decision-making rights as other patients.



## **Employee Benefits and Policies**

LGBTQ EMPLOYEES OF HEALTHCARE ORGANIZATIONS PLAY A VITAL ROLE IN ENSURING LGBTQ PATIENT-centered care by informally educating co-workers about patient concerns, offering feedback about organizational policies and practices, and conveying to the local community the organization's commitment to equality and inclusion. It is critical that LGBTQ employees, like LGBTQ patients, receive equal treatment, particularly regarding health-related benefits and policies.

#### **Equal Benefits**

Competitive employer-provided benefits packages are critical to attracting and retaining talent. Providing LGBTQ employees and their families with inclusive benefits, from healthcare coverage to retirement investments and more, is a low-cost, high-return proposition for businesses. In addition, equitable benefits reflect the principle of equal compensation for equal work. Apart from actual wages paid, benefits account for approximately 30% on average of employees' overall compensation. Therefore, employers should ensure that this valuable bundle of benefits is equitably extended to their workforce, irrespective of sexual orientation and gender identity. When denied equal benefits coverage, the cost to LGBTQ workers and their families is profound.

In 2015, the Supreme Court determined in Obergefell v. Hodges that same-sex couples have a constitutional right to marry nationwide. Any business that provides benefits based on marriage to an employee's different-sex spouse must also provide marital benefits to an employee's same-sex spouse.

### Almost all of the HEI participants provide healthcare benefits to spouses of benefits-eligible employees.

Among those that do provide this coverage:

- 96% require the same documentation for same-sex and different-sex couples
- 87% maintain definitions of spouse and 96% of those definitions include same-sex couples this may include "legal spouse"

The HRC Foundation urges employers that require different documentation for same-sex and different-sex couples and those that maintain definitions of spouse that do not include same-sex spouses to adjust these requirements in order to provide equal and inclusive benefits to same-sex spouses.

Only 50% of HEI participants provide medical and comprehensive health benefits, such as dental, vision, dependent medical and COBRA-equivalent continuation coverage, to domestic partners of benefits-eligible employees.

Percentages of HEI participants that indicated they offer the following soft benefits to both spouses and domestic partners of benefits-eligible employees:



### **Employee Benefits and Policies**



# The Case for Retaining Domestic Partner Benefits



FOLLOWING THE OBERGEFELL MARRIAGE DECISION, HRC URGED EMPLOYERS TO MAINTAIN domestic partner benefits for their workers as a sign of sustained commitment to family diversity and to protect LGBTQ employees whose rights outside the workplace are not guaranteed by law in many states. Domestic partner benefits ensure that all employees will be treated equally. In the absence of full, explicit non-discrimination protections nationwide, the Supreme Court's decision on marriage equality does not erase the uncertainty that couples who decide to marry face in states without LGBTQ non-discrimination protections. That is why HRC is fighting for a federal LGBTQ non-discrimination bill that will address discrimination in credit, education, employment, federal funding, housing, jury service and public accommodations. HRC encourages employers to recognize the complexity of American families by committing to best practices and maintaining domestic partner benefits for their employees.

### Consider this situation:

Because of the 2015 Supreme Court decision in Obergefell, a healthcare system headquartered in Maryland decides to eliminate their same-sex domestic partner benefits program nationwide. An employee in one of their South Carolina hospitals is compelled to marry in order to access healthcare benefits for her partner.

After obtaining their marriage license, a document of public record, and uploading their wedding photos to Facebook, the employee's partner is legally fired from her job because of her sexual orientation. A week later, the couple is evicted from their rental home with no legal recourse.

Marriage equality leaves LGBTQ employees open to risks and vulnerabilities that their non-LGBTQ counterparts do not face given current laws prohibiting discrimination based on race, color, religion, sex, national origin, disability or age. Without complete non-discrimination

protections on the basis of sexual orientation and gender identity nationwide, same-sex couples can be denied credit, housing and public accommodation once they have been "outed" by their marriage license, which is a public document and a matter of public record.

Employers may inadvertently expose employees and their families to risks and vulnerabilities by only offering spousal benefits and requiring marriage in order to access benefits. While there is no legal obligation to provide domestic partner benefits, employers should retain their domestic partner benefits policies and expand them (where applicable) to include all couples—same-sex and different-sex—and their families as a matter of inclusion, fairness, equal compensation and good business.

### Other Support for LGBTQ Employees

of HEI participants have an officially recognized LGBTQ employee resource group.

Many large employers have formally recognized employee resource groups (also known as employee networks, business resource or affinity groups) for diverse populations of their workforce, including women, people of color, people of varied abilities and LGBTQ/allied people.

The purpose of these groups is two-fold:

- To foster a sense of community and visibility for these diverse populations within a business
- To leverage each unique populations' networks and skills to help accomplish business goals, such as market innovation, recruitment and retention of talent

Employee resource groups are great platforms for leadership opportunities for LGBTQ and allied employees to better their own work environments. In addition, the reach of many employee resource groups extends beyond the everyday affairs of an employer to policymaking, representing the employer at professional events and external activities, participating in prospective employee recruitment efforts, mentoring and other retention-focused programming.

Employers usually provide these groups with a budget and access to resources such as meeting rooms and e-mail networks. The groups provide a clear line of communication between employees and management. LGBTQ/allied employee resource groups empower employees as change agents and provide a sense of safety and acceptance for LGBTQ employees within the workplace.

### Percentages of HEI participants that indicated the following types of support for LGBTQ employees:

Include LGBTQ demographic measures on anonymous employee surveys

Include questions about LGBTQ concerns on employee surveys

Commemorate an "LGBTQ holiday"

Have hiring efforts that are explicitly LGBTQ-inclusive



## **Employee Benefits and Policies**

Benefits and Policies Impacting Transgender Employees of HEI participants provide to all employees at least one health plan that explicitly covers medically necessary health services for transgender people, including gender transition-related treatment.

These benefits are critical for the health and well-being of transgender people. While this number is a welcome increase over previous years, healthcare facilities still lag well behind their corporate counterparts when it comes to providing this important and necessary benefit. See our feature on page 48 for more information on these important benefits.

of HEI participants have written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition.

Having easily understandable and accessible guidelines on the gender transition process is a best practice in setting forth some structure to support a respectful and successful workplace transition. To meet everyone's goal of a respectful transition process that retains the employee and individual engagement, the guidelines establish common reference points and expectations for all involved, including the transitioning employee, human resources, management and work groups. From suggestions on how to have respectful and informative conversations about transgender inclusion in the workplace to the administrative changes to one's personnel and workplace documents, these guidelines clearly delineate responsibilities and expectations of transitioning employees, their supervisors, colleagues and other staff.

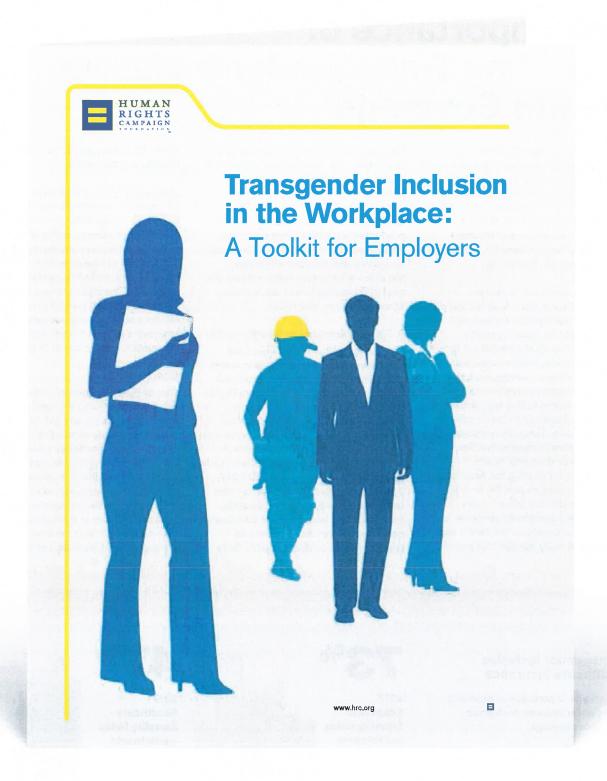
Hospitals participating in the HEI Corporations participating in the CEI

27%

39%

The HRC Foundation's "Transgender Inclusion in the Workplace: A Toolkit for Employers" provides a comprehensive resource to guide employer transgender inclusion. The toolkit includes HRC's best practice advice for implementing transgender inclusive policies and practices (including sample policies) as well as guidance for implementing transgender-inclusive healthcare benefits.

Find this toolkit at www.hrc.org/transtoolkit



# The Importance of Providing Transgender-Inclusive Health Coverage

TRANSGENDER INDIVIDUALS OFTEN face a significant number of discriminatory barriers in many aspects of life. While progress has been made in advancing workplace non-discrimination protections for transgender people working in healthcare facilities, one of the most important workplace benefits, healthcare coverage, has not kept pace.

Historically, many U.S. employerbased healthcare plans have explicitly contained "transgender exclusions." These blanket exclusions prohibit coverage for medical care related to gender transition, known as transitionrelated healthcare. Transition-related healthcare encompasses mental healthcare, hormone therapy, genderaffirming surgeries and other medically necessary care. These discriminatory exclusions persist despite that the nation's top professional health associations - including the American Medical Association and the American Psychological Association - have affirmed that transition-related care is medically necessary for the health and wellbeing of many transgender people. Denying this medically necessary care is detrimental to transgender individual's health and well-being as well as their ability to contribute in the workplace. If the intention of employer-provided healthcare is to promote a healthy and productive workforce, then providing healthcare coverage that removes these exclusions and provides affirmative transition-related care helps achieve the goal of promoting health and wellness across a diverse workforce.

#### **A Trend Towards Inclusive Benefits**

A growing number of employers are eliminating transgender exclusions and affirmatively offering transition-related healthcare coverage. The Human Rights Campaign Foundation's Corporate Equality Index (CEI), which assesses corporate policies and practices, tracks the number of major American private employers that offer transgender-inclusive healthcare benefits. In the CEI 2017, 73% of rated businesses offer this important benefit. Unfortunately, hospitals lag behind their corporate counterparts when it comes to the provision of this benefit: Only

47% offer transgender-inclusive healthcare benefits.

Many large corporations have successfully negotiated with their carriers to remove transgender exclusions from their health insurance policies and replace them with affirmed benefits that provide a base level of coverage for transgender medical care, including mental health counseling, hormone therapy, medical visits and surgical procedures. These efforts are particularly successful when employers provide comprehensive information to their carrier in the process.

#### Costs

One of the most common reasons cited for not offering this coverage is misperceptions about cost. Studies have consistently shown that the cost of providing transgender inclusive health coverage is negligible. According to a study by The Williams Institute, 85% of responding employers who provide transgender-inclusive benefits report no cost at all.\* There is a misconception that gender-affirming treatments are expensive. Like many healthcare

\* Jody L. Herman, Costs and Benefits of Providing Transition-related Health Care Coverage in Employee Health Benefits Plans: Findings from a Survey of Employers, The Williams Institute, 2013.

### **Transgender Inclusive Healthcare Insurance**

Percentage of participants providing transgender inclusive healthcare insurance coverage

**73**%

2017 Corporate Equality Index participants



47%

2017
Healthcare
Equality Index
participants



treatments, these treatments can be prohibitively expensive for an individual, but the annualized cost to an employer's health plan is low. This is due to extremely low utilization rates. Since such a small percentage of people undergo transition-related medical care, distributed costs are nominal or nonexistent.

#### **Benefits**

Providing transgender-inclusive health coverage is not just the right thing to do. Inclusive health coverage also brings many invaluable benefits. The Williams Institute study asked employers who provide transitionrelated health coverage about the benefits they receive as a result. A majority of responding employers, 60%, stated that providing inclusive health coverage makes them more competitive and improves recruitment and retention. Furthermore, 60% reported that providing transgenderinclusive benefits demonstrates and effectively communicates their commitment to fairness and equality. Moreover, employers noted that offering inclusive healthcare benefits increases employee satisfaction and morale, helps attract a diverse workforce and puts them on the "leading edge."

### **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 in order to receive a perfect score in the HEI and obtain the "Leader in LGBTO Healthcare Equality" designation.

#### 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):
  - O 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
  - O Coverage of routine, chronic or urgent non-transition services

#### 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 not 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.

# Patient and Community Engagement

Healthcare organizations can welcome LGBTQ people in their service area by implementing community engagement initiatives like those recommended in this section.

#### LGBTQ Community Engagement and Marketing

of HEI participants took part in or supported one or more LGBTQ-related events or initiatives in their service area

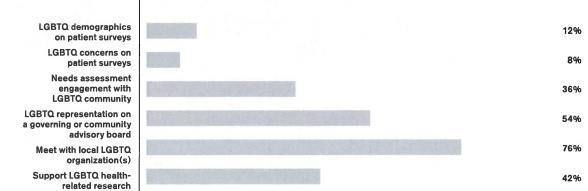
The vast majority of participants displayed their support for the LGBTQ community by participating in and sponsoring local pride events. Facilities also actively engaged with LGBTQ patients, employees and local communities through a variety of events and programs, including LGBTQ health fairs, educational talks for providers and community members, and celebration of LGBTQ-recognition days such as National Coming Out Day and Transgender Day of Remembrance.

50% of HEI participants have engaged in marketing or advertising to the LGBTQ community (other than sponsorships).

Ad campaigns and marketing publicize a hospital's values regarding LGBTQ inclusion. Increasingly, ads with authentic images of LGBTQ people appear in both LGBTQ media outlets and in the general press.

#### Understanding the Needs of LGBTQ Patients and Community

Percentages of HEI participants that indicated how they seek to understand the needs of their LGBTQ patients and community:

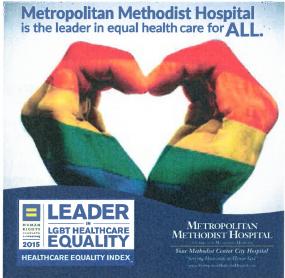


Healthcare facilities can engage with the LGBTQ community in a variety of ways, such as targeted marketing or participating in or sponsoring a variety of LGBTQ related events or initiatives in their service area. Participation in community or hospital-based LGBTQ pride celebrations, is one of the most popular ways to engage with the LGBTQ community.

















#### **Appendix A: HEI 2017 Scoring Criteria**

The Healthcare Equality Index 2017 uses a new scoring criteria that was announced in 2015 and implemented during the 2016 calendar year survey. Since it began, the HEI has successfully encouraged hospitals and other healthcare facilities across the nation to adopt LGBTQ-inclusive policies found in the "Core Four" Leader Criteria. To provide truly inclusive LGBTQ patient-centered care, healthcare facilities must also adopt many of the policies and practices that previously appeared in the Additional Best Practices section of the HEI survey.

#### The HEI 2017 implements four new core objectives:

- Ensure foundational protection for patients, visitors and staff in patient and staff policies and provide cultural competency training on LGBTQ inclusion
- Demonstrate progress toward inclusion on LGBTQ patient care and support
- Cultivate an inclusive workforce by providing LGBTQ-inclusive employee support and benefits
- Demonstrate public commitment to the LGBTQ community

Criteria 1	Non-Discrimination and Staff Training	40 Points Total
	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 "Leader in LGBTQ Healthcare Equality" designation.	
	Patient Non-Discrimination	
	a. LGBTQ-Inclusive Patient Non-Discrimination Policy     Policy must include the terms "sexual orientation" and "gender identity"	5 points
	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	5 points
	Visitation Non-Discrimination	
	a. Equal Visitation Policy	5 points
	Policy must allow the patient's visitor of their choice     B. Equal Visitation Policy is communicated to patients and staff	5 points
	<ul> <li>Policy is shared with the public in two ways, typically online and in-print</li> <li>Policy is shared with staff in at least one way</li> </ul>	
	Employment Non-Discrimination	
	a. LGBTQ-Inclusive Employment Non-Discrimination Policy	5 points
	Policy must include the terms "sexual orientation" and "gender identity"     b. Employment Non-Discrimination Policy is shared with the public	5 points
	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	5 points
	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	5 points

#### Criteria 2 Patient Services and Support

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.

#### **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 30 Points Total

10 or more initiatives = 30 points

5 to 9 initiatives = 15 points

#### Criteria 3 Employee Benefits and Policies

This section focuses on how a facility treats its LGBTQ employees.

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 adviser/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

Please see page 49 for an important change to Criteria 3 coming to the HEI 2019 (to be surveyed in 2018)

#### Criteria 4 Patient and Community Engagement

**10 Points Total** 

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

4 or more initiatives = 10 points

2 to 3 initiatives = 5 points

#### Criteria 5 Responsible Citizenship

-25 Points

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 "Leader in LGBTQ Healthcare Equality" 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.

-25 points

#### **HEI 2017 Perfect Score/Leader in LGBTQ Healthcare Equality**

100

KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

| We Full Score | Value |

2017 Leader in LGBTQ Healthcare Equality | Top Performer

				1			2	3	4		
ank	Facility Name	City	00 Patient std Non-Discrimination	ad Equal Visitation	0 Employment std Non-Discrimination	ਂ Training in LGBTQ ਲੋ Patient Centered Care	© Patient Services	o Employee Benefits ಪ್ರ and Policies	ত Patient & Community জ Engagement	-55- sponsible citizenship	Grand Total (Sum)
	ALABAMA		Henrak				BIAM		Have Lak	A SECTION	
	Medical West	Bessemer	0			F.,	•	(		United States	55
	Cooper Green Mercy Health Services	Birmingham			•	•	0	0	ő		60
	University of Alabama Hospital	Birmingham	•	•	•	•	•	•	•		100
=	VA Birmingham Medical Center	Birmingham	•	•	•	•	•	•	•		100
	Crestwood Medical Center	Huntsville	•	0	•	•	5	0	0		35
	VA Central Alabama Veterans Health Care System	Montgomery	0	- 0	•	•	0	0	0		55
	VA Tuscaloosa Medical Center	Tuscaloosa				Q.	1.0		÷ t		50
	ALASKA							PIRE			
•	VA Alaska Healthcare System	Anchorage	0		•	•	•	0	•		85
	ARIZONA						12/17/3				
	Abrazo Scottsdale Campus	Phoenix	•	•	•	•	^,	•	0		65
	Waricopa Integrated Health System	Phoenix	1	9	1	diam'	D3. (	5 7	151		20
	Mayo Clinic Hospital	Phoenix	•		•	0		•	0		90
•	Mountain Park Health Center	Phoenix	•		•	•	•		0		80
	VA Northern Arizona Health Care System	Prescott	0		•	0		•	0		70
	Mayo Clinic	Scottsdale			•	0			- O		90
	El Rio Community Health Center	Tucson			•						100
•	VA Southern Arizona Health Care System	Tucson		•	•	•	•		5 p		90
	ARKANSAS		BOOK IN		VALUE OF THE PARTY		PERM		TO PERSON	STILL BY	
	VA Health Care System of the Ozarks	Fayetteville	•	•	•					51-10300	100
	Arkansas Children's Hospital	Little Rock		•	•		.,	0	0		55
	UAMS Medical Center	Little Rock	•	•		•		0			90
•	VA Central Arkansas Veterans Healthcare System	Little Rock	•	•	•		•	•	0		95
	CALIFORNIA								12614		
Е	Kaiser Permanente, Orange County Anaheim Medical Center	Anaheim	•	•	•	•	•	•	•		100
=	Kaiser Permanente, Antioch Medical Center	Antioch	•	•	•	•	•				100
=	Sutter Delta Medical Center	Antioch	•	•	•	•			•		100
	Sutter Auburn Faith Hospital	Auburn	•		•				•		100
=	Kaiser Permanente, Baldwin Park Medical Center	Baldwin Park	•		•		•				100
	University Health Services (Tang Center)	Berkeley	•		•	•					100
	Mills-Peninsula Medical Center	Burlingame	•	•	•		•	•	•		100
	Naval Hospital Camp Pendleton	Camp Pendleton		•		0			0		90
	Eden Medical Center	Castro Valley	•	•		•		•	•		100
	Scripps Mercy Hospital, Chula Vista campus	Chula Vista				0	0	•	•		75
	Sharp Chula Vista Medical Center	Chula Vista				C)		0	0		40
	John Muir Behavioral Health Center	Concord				0	O.				65
	John Muir Medical Center, Concord	Concord	•				5		•		70
=	Sutter Coast Hospital	Crescent City									100

KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

●/● Full Score | ●/● Partial Score | ● - 25 points | blank space = not applicable

2017 Leader in LGBTQ Healthcare Equality | • Top Performer

					1		2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
			10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	
	Sutter Davis Hospital	Davis	•	•	•	•	•	•	•		100
	Kaiser Permanente, Downey Medical Center	Downey	•	•	•	•	•	•	•		100
	Rancho Los Amigos National Rehabilitation Center	Downey	8		Æ.	- 1	- 1	10			35
	City of Hope's National Medical Center	Duarte	•	•	•	•	•	•	•		100
	Scripps Memorial Hospital Encinitas	Encinitas	•	•	•	•	0	•	•		75
=	Kaiser Permanente, Fontana Medical Center	Fontana	•	•	•	•	•	•	•		100
=	Kaiser Permanente, Fremont Medical Center	Fremont	•	•	•	•	•	•	•		100
	Kaiser Permanente, Fresno Medical Center	Fresno	•	•	•	•	•	•	•		100
	USC Verdugo Hills Hospital	Glendale	•	•	•	•	0	•	•		85
	Adventist Medical Center - Hanford	Hanford	0	0	•	ų)		•	- 00		40
	Central Valley General Hospital	Hanford	0	€:	-	10	-	4	J.		20
	Kaiser Permanente, South Bay Medical Center	Harbor City	•	•	•	•	•	•	•		100
=	Kaiser Permanente, Orange County Irvine Medical Center	Irvine	•	•	•	•	•	•	•		100
	Sutter Amador Hospital	Jackson	•	•	•	•	•	•	•		100
	Scripps Green Hospital	La Jolla	•	•	•	•	•	•	0		75
	Scripps Memorial Hospital La Jolla	La Jolla	•	•	•	•	0	•	0		75
	Sharp Grossmont Hospital	La Mesa	•	•	•	0	2	•	0		40
	Sutter Lakeside Hospital	Lakeport	•	•	•	•		•	•		100
•	VA Loma Linda Healthcare System	Loma Linda	•	•	•	•	•	•	0		95
	St. Mary's Medical Center - Long Beach	Long Beach	•	•	•	•	•	•	•		100
	VA Long Beach Healthcare System	Long Beach	0			1.3	<b>(</b> )		*		75
	Cedars-Sinai Medical Center	Los Angeles	•	O	•	•	0	•	0		75
•	Children's Hospital Los Angeles	Los Angeles	•	•	•	•	•	•	0		95
=	Kaiser Permanente, Los Angeles Medical Center	Los Angeles	•	•	•	•	•	•	•		100
	Kaiser Permanente, West Los Angeles Medical Center	Los Angeles	•	•	•	•	•	•	•		100
	Keck Medical Center of USC	Los Angeles	•	•	•	•	0	•	•		85
=	LAC-USC Medical Center	Los Angeles	•	•	•	•	•	•	•		100
	Los Angeles LGBT Center	Los Angeles	•		•	•	•	•	•		100
=	Mattel Children's Hospital UCLA	Los Angeles	•	•	•	•	•	•	•		100
	Orthopaedic Institute for Children	Los Angeles	0		•	Q	2	•	U		45
=	Resnick Neuropsychiatric Hospital at UCLA	Los Angeles	•	•	•	•	•	•	•		100
	Ronald Reagan UCLA Medical Center	Los Angeles	•	•	•	•	•	•	•		100
•	UCLA Arthur Ashe Student Health & Wellness Center	Los Angeles	•		•	•	•	•	•		85
	Memorial Hospital Los Banos	Los Banos	•	•	•	•	•	•	•		100
=	Kaiser Permanente, Manteca Medical Center	Manteca	•	•	•	•	•	•	•		100
=	Contra Costa Behavioral Health Division	Martinez	•	•	•	•	•	•	•		100
=	Contra Costa Regional Medical Center	Martinez	•	•	•	•	•	•	•		100
	VA Northern California Health Care System	Mather	€)	<b>(III)</b>		0	(8)	4)	-		60
	Kaiser Permanente, Modesto Medical Center	Modesto	•	•	•	•	•	•	•		100

```
KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

| ## Full Score | ## Partial Score | ## And Score | ## -25 points | blank space = not applicable
| 2017 Leader in LGBTQ Healthcare Equality | ** Top Performer
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					1	Mark Andrews	2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
-	Managish Madical Cartes	Madanta	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	400
8	Memorial Medical Center	Modesto									100
8	Kaiser Permanente, Moreno Valley Medical Center  El Camino Hospital	Moreno Valley  Mountain View									100
						Je-	- 0				1 <b>00</b>
=	Hoag Memorial Hospital Presbyterian  Sutter Novato Community Hospital	Newport Beach Novato							•		100
=	Alta Bates Summit Medical Center	Oakland									100
		Oakland									100
	Kaiser Permanente, Oakland Medical Center										
	Kaiser Permanente, Ontario Medical Center	Ontario Palm Springs									100
	Desert Regional Medical Center Stanford Health Care	Palm Springs Palo Alto		511							100
8											100
	VA Palo Alto Health Care System	Palo Alto									100
	Kaiser Permanente, Panorama City Medical Center	Panorama City									100
	Eisenhower Medical Center	Rancho Mirage				11 12 1					100
=	Kaiser Permanente, Redwood City Medical Center	Redwood City		•			_				100
_	Adventist Medical Center-Reedley	Reedley	0	0		C	1.7		0.,	-	40
	Kaiser Permanente, Richmond Medical Center	Richmond									100
	Kaiser Permanente, Riverside Medical Center	Riverside									100
	Kaiser Permanente, Roseville Medical Center	Roseville									100
	Sutter Roseville Medical Center	Roseville						14.			100
=	Kaiser Permanente, Sacramento Medical Center	Sacramento									100
	Kaiser Permanente, South Sacramento Medical Center	Sacramento	•								100
=	Sutter Medical Center, Sacramento	Sacramento									100
	Sutter Medical Foundation	Sacramento		, 17						alter a	100
=	UC Davis Medical Center	Sacramento	•	•	•				•		100
	St. Helena Hospital Napa Valley	Saint Helena		9		40		4)	83	X	20
=	Kaiser Permanente, San Diego Medical Center	San Diego									100
	Scripps Mercy Hospital, San Diego Campus	San Diego	. 3			0	0		0	0.14	75
_	Sharp Memorial Hospital	San Diego				C	0	0	0		40
	UC San Diego Health System	San Diego								4	100
=	VA San Diego Healthcare System	San Diego									100
	Kaiser Permanente, San Francisco Medical Center	San Francisco								-	100
=	Sutter California Pacific Medical Center	San Francisco									100
=	UCSF Medical Center	San Francisco									100
•	VA San Francisco Medical Center	San Francisco				0	0				80
	Kaiser Permanente, San Jose Medical Center	San Jose			•	•		•	•		100
	Santa Clara Valley Medical Center	San Jose	•			•					100
=	Kaiser Permanente, San Leandro Medical Center	San Leandro	•		•	•		•	•		100
=	Kaiser Permanente, San Rafael Medical Center	San Rafael	•			•			•		100
	Kaiser Permanente, Santa Clara Medical Center	Santa Clara	•	•		•	•	•	•		100

							2	3	4		
			Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
Rank	Facility Name	City			10 pts	10 pts	30 pts	រប់	2 ப் 10 pts	د ت -25 pts	Ğ
=	Palo Alto Medical Foundation	Santa Cruz	10 pts	10 pts	10 pts	TO pts	30 pts	20 pts	10 pts	-25 pts	100
8	Sutter Maternity and Surgery Center of Santa Cruz	Santa Cruz		•		•					100
=	Santa Monica-UCLA Medical Center and Orthopaedic Hospital	Santa Monica		•	•	•		•	•		100
	Kaiser Permanente, Santa Rosa Medical Center	Santa Rosa	•	•	•	•	•	•	•		100
	Sutter Santa Rosa Regional Hospital	Santa Rosa	•	•	•		•	•	•		100
	Adventist Medical Center - Selma	Selma	0	0	•	C	- Dt	•	3		40
=	Kaiser Permanente, South San Francisco Medical Center	South San Francisco	•	•	•	•	•	•	•		100
	Sutter Tracy Community Hospital	Tracy	•	•	•	•	•	•	•	1 17 1	100
=	Kaiser Permanente, Vacaville Medical Center	Vacaville	•	•	•	•	•	•	•		100
	Kaiser Permanente, Vallejo Medical Center	Vallejo	•	•	•	•	•	•	•		100
	Sutter Solano Medical Center	Vallejo	•	•	•	•	•	•	•		100
	John Muir Medical Center, Walnut Creek	Walnut Creek	•	•	•	•	- 1	•	•		70
=	Kaiser Permanente, Walnut Creek Medical Center	Walnut Creek	•	•	•	•	•	•	•		100
	Kaiser Permanente, Woodland Hills Medical Center	Woodland Hills	•	•	•	•	•	•	•		100
	COLORADO										
	Children's Hospital Colorado	Aurora	•	0	C	O	0	•	0		50
=	Denver Health Medical Center	Denver	•	•	•	•	•	•	•		100
	VA Eastern Colorado Health Care System	Denver	•	•	•	•	0	0	9		65
	Craig Hospital	Englewood		*		12		4	Ş		40
	St. Anthony Summit Medical Center	Frisco	0	0	4.	0	13	0	0		15
•	VA Grand Junction Medical Center	Grand Junction				12			8		90
	St. Anthony Hospital	Lakewood	0	0	١.	0		ξ) .	0		20
	CONNECTICUT										
	Bridgeport Hospital	Bridgeport	•	•	•	•	O	•	37		75
	Bristol Hospital	Bristol	•	0	•	•	0	•	.77		60
	Greenwich Hospital	Greenwich	•	•	•	•	0	•	0		65
	Middlesex Hospital	Middletown	•	•	•	•	•	•	•		100
	Yale-New Haven Hospital	New Haven	•	•	•		•	•	0		95
=	Reproductive Medicine Associates of Connecticut	Norwalk	•				•	•	•		100
=	VA Connecticut Health Care System	West Haven	•		•	•	•		•		100
	DELAWARE										
	Bayheaith Kent General Hospital	Dover	•	•	•	•	0		0		80
	Beebe Healthcare	Lewes		•			0	0			75
	Bayhealth Milford Memorial Hospital	Milford		•	•	•	0		0		80
=	Christiana Care - Christiana Hospital	Newark		•	•						100
	Nanticoke Menorial Hospital	Seaford			9	47		(1)			40
•	Alfred I. duPont Hospital for Children	Wilmington				•	0		0		80
	Christiana Care - Wilmington Hospital	Wilmington		•		•					100
	VA Wilmington Medical Center	Wilmington		9	•	100	4			I .	75

					1		2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
	DISTRICT OF COLUMBIA	20. 是世界人生。我	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	
	Bridgepoint Hospital - Hadley Campus	Washington	4)	0	()	7.		6)		AND REAL PROPERTY.	25
	Howard University Hospital	Washington							á) (		30
	MedStar Georgetown University Hospital	Washington			0	-	-,	0	5		35
	MedStar National Rehabilitation Hospital	Washington		-0	•	•	•	0	3		50
	MedStar Washington Hospital Center	Washington					0	0	Э		55
	Sibley Memorial Hospital	Washington			•	•		0			90
	VA Washington DC Medical Center	Washington		•				0	0		85
	Whitman-Walker Health	Washington			•				•		100
	FLORIDA		1200	3.55517							
	VA Bay Pines Healthcare System	Bay Pines	•	•	•	•	•	•		10.000	100
	Boca Raton Regional Hospital	Boca Raton	0	•	,-	(^)	-,	0	0		25
	Baptist Medical Center Nassau	Fernandina Beach	•	•	0	Ü.	5	0	- O -		35
	Florida Medical Center - A Campus of North Shore	Fort Lauderdale	•	•	•	•			•		100
	VA North Florida/South Georgia Veterans Healthcare System	Gainesville	•	•	•	•	•		0		95
	Baptist Medical Center Jacksonville	Jacksonville	•		0	0	0	0	5		35
	Baptist Medical Center South	Jacksonville	•	•	0	O	3	0	5		35
	Mayo Clinic	Jacksonville	•		•	0	•		0		85
	Mayo Clinic Hospital	Jacksonville	•	•	•	0			0		85
	Specialty Hospital Jacksonville	Jacksonville			<b>(</b> )	C.F		<b>6</b> )	10		35
	Wolfson Children's Hospital	Jacksonville	•	•	0	Q I		0	. 0		40
	Baptist Medical Center Beaches	Jacksonville Beach	•	•	0	(_)		0	5		35
	Poinciana Medical Center	Kissimmee			1	115	-	(	To the same	Lie.	35
	Largo Medical Center	Largo	•	•	•	•	0		,73		75
	Palms West Hospital	Loxahatchee			4	15	1	<b>(</b> )	a a	-	35
	Northwest Medical Center	Margate			(6)	0	- 7	<b>(</b> )	3		35
=	Care Resource	Miami	•				•	•	•		100
	Holtz Children's Hospital & JMH Women's Services	Miami	•		•		0	•			85
	Jackson Behavioral Health Hospital	Miami	•	•	•		0	•	•		85
	Jackson Memorial Hospital	Miami	•	•	•		0	•			85
	Jackson Rehabilitation Hospital	Miami	•	•	•	•	0				85
	Jackson South Community Hospital	Miami	•	•	•		0	•			85
	North Shore Medical Center	Miami		*		į, v	€)		2 - ,		65
	University of Miami Hospital	Miami	•	•	•	•					100
=	VA Miami Healthcare System	Miami	•	•	•			•			100
	Jackson North Medical Center	North Miami Beach	•	•	•	•	0		•		85
	Health Central Hospital	Ocoee	•	•	•	•	Ø:	0	ō.		55
=	VA Orlando Medical Center	Orlando	•	•	•				•		100
	Westside Regional Medical Center	Plantation				ď	- 11		- 6		40

**KEY:** Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

| ↑ Full Score | ↑ ↑ No Score | • -25 points | blank space = not applicable

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					1		2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
			10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	
	Fawcett Memorial Hospital	Port Charlotte			€.	- 10			21		25
	All Children's Hospital	Saint Petersburg	•	•	•	0		0	0		45
	Palms of Pacadena Hospital	Saint Petersburg	0	4)	€.	, D		•	5.7		35
=	St. Petersburg General Hospital	Saint Petersburg	•	•	•	•	•	•	•		100
	Doctors Hospital of Sarasota	Sarasota			<b>Q</b> :		17	177	19		25
	Edward White Hospital	St. Petersburg	8		6	- 2		0	6		50
	Tallahassee Memorial HealthCare	Tallahassee	0	0	•	•	•	0	•		50
=	H. Lee Moffitt Cancer Center and Research Institute	Tampa	•	•	•	•	•	•	•		100
=	VA James A. Haley Veterans Hospital	Tampa	•	•	•	•	•	•	•		100
	VA West Palm Beach Medical Center	West Palm Beach	•	0	•	•	0	•			65
	Cleveland Clinic Florida	Weston	•	•	•	•	•	•	•		100
	GEORGIA			Title :				A A This	ang.		
	Atlanta Medical Center	Atlanta	0	•	0						50
	Emory University Hospital	Atlanta	•	•		•	•	•	•		85
	Emory University Hospital Midtown	Atlanta		*	<b>(</b> )	-1		•	n in		35
	Grady Memorial Hospital	Atlanta			0	V	-10	6			90
	Piedmont Hospital	Atlanta				4.1	<b>(</b> )				65
	AU Medical Center	Augusta	0	•	•	0	0	0.	0		50
	VA Charlie Norwood Medical Center	Augusta		-		1,5	<b>(</b> )	6.	•		65
	VA Atlanta Medical Center	Decatur	4-	1.	5	13		(1)			10
•	VA Carl Vinson Medical Center	Dublin	•	•	•	•	•	•	0		90
	Piedmont Fayette Hospital	Fayetteville			4	3,7		0	100		35
	Piedmont Mountainside Hospital	Jasper			4	d v		•	, 7		35
	Emory Johns Creek Hospital	Johns Creek	•		0	3 (	•		j.		60
	Pledmont Newnan Hospital	Newnan			<b>(1)</b>	7.1	7	0	- X		35
	Piedmont Henry Hospital	Stockbridge		-	€	10.	7	40	0		35
	Emory University Orthopaedics and Spine Hospital	Tucker	•	•	•	•	Э	•	O		55
	HAWAII			4.6467		Port of				SH WAY	
=	Kaiser Permanente, Moanalua Medical Center	Honolulu	•	•	•	•	•	•	•		100
=	VA Pacific Islands Health Care System	Honolulu	•		•	•	•	•	•		100
	ILLINOIS										
	Advocate Good Shepherd Hospital	Barrington		*		10		₫)			40
	St. Mary's Hospital	Centralia			<b>(</b> )	- 67		4)	€)		40
=	Advocate Illinois Masonic Medical Center	Chicago	•	•	•	•	•	•	•		100
	Advocate Trinity Hospital	Chicago				E.		*	1		50
==	Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago	•	•	•	•	•	•	•		100
=	Howard Brown Health Center	Chicago	•		•	•	•	•	•		100
	John H. Streger Jr. Hospital of Gook County	Chicago	*		10	(0)	***	(1)	5.		35
	Methodist Hospital of Chicago	Chicago			4	- 13	(€)	4)	<b>(</b> )		55

					1		2	3	4		
			Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
ank	Facility Name	City	10 pts	10 pts	10 pts	10 pts	30 pts	ப் <b>க</b> 20 pts	ம் ய 10 pts	-25 pts	G
=	Northwestern Memorial Hospital	Chicago	•	•	•	•				100	100
=	Rush University Medical Center	Chicago			•	•					100
=	University of Chicago Medical Center	Chicago	•	•	•	•	•		•		100
=	University of Illinois Hospital & Health Sciences System	Chicago	•		•	•	•	•	•		100
=	VA Jesse Brown Medical Center	Chicago	•	•	•	•	•	•	•		100
=	VA Illiana Health Care System	Danville		•	•	•	•	•			100
	Advocate Good Samaritan Hospital	Downers Grove				0	5		0		40
	Advocate Sherman Hospital	Elgin				13	5	0	169		40
	Northwestern Medicine Delnor Hospital	Geneva		•	•		0	0			75
	Advocate South Suburban Hospital	Hazel Crest									50
	VA Edward Hines Jr. Hospital	Hines	8					8	-0		85
=	Northwestern Medicine Lake Forest Hospital	Lake Forest		•	•	•	•	•			100
	Advocate Condeil Medical Center	Libertyville						9	0.1		50
	VA Marion Medical Center	Marion			0	-		•	Ţ)		45
	Good Samaritan Regional Health Center	Mount Vernon			•	r))	2	0	0		40
	Advocate BroMenn Medical Center	Normal				0	0				65
•	VA Captain James A. Lovell Federal Health Care Center	North Chicago				C	0		.0		85
	Advocate Children's Hospital	Oak Lawn				Ů.	0		0		65
	Advocate Christ Medical Center	Oak Lawn				0	0	0	2	100	65
=	Rush Oak Park Hospital	Oak Park	•	•	•		•	•	•		100
	Advocate Lutheran General Hospital	Park Ridge		•		0		- 0			40
	Northwestern Medicine Central DuPage Hospital	Winfield	•	•	•	•	0	0	•		75
	INDIANA							THE THE			
	Parkview Regional Medical Center	Fort Wayne	0	(1)	4	0		n	13		20
	VA Northern Indiana Health Care System	Fort Wayne	0	0	•	Ġ	0	O	-7)		45
	Eskenazi Hospital	Indianapolis	•	•	•	•	•	•	•		95
	IU Health University Hospital	Indianapolis	0	•	Ö	0	0		0		60
	Riley Hospital for Children at Indiana University Health	Indianapolis	0	0	Ĉ.	0	0	•	0		50
=	VA Richard L. Roudebush Medical Center	Indianapolis	•	•	•	•	•		•		100
=	Indiana University Health Ball Memorial Hospital	Muncie	•	•	•	•	•	•	•		100
	Community Hospital	Munster	•	•	0	•	234-4	- 31	(1)	Sallie I	35
	IOWA					MILE				(Asia)	
•	Planned Parenthood of the Heartland	Des Moines	20		0	•	•	•	•		85
	UnityPoint Health - Iowa Methodist Medical Center	Des Moines	•	•	•	O	~,	•	0		50
•	VA Central Iowa Health Care System	Des Moines	•	•	•	•	•		~ <b>O</b>		95
=	University of Iowa Hospitals and Clinics	Iowa City	•	•	•	•	•	•	•		100
=	VA Iowa City Health Care System	Iowa City	•	•	•	•	•	•	•		100
	Stewart Memorial Community Hospital	Lake City	0	0	C	0	.")	0	0		15

KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

●/● Full Score | ●/⑤ Partial Score | ○/ No Score | ● -25 points | blank space = not applicable

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		1000	The last	1		2	3	4		
		Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	
Facility Name	City	10 pts	ш 10 pts	ш Z 10 pts	10 pts	30 pts	ш <del>а</del>	10 pts	-25 pts	
KANSAS		10 010	Harris I					V Hanki		
Anderson County Hospital	Garnett	•	•	•	•	•	•	•		
The University of Kansas Hospital	Kansas City	•	•	•	•	0	•	•		
Lawrence Memorial Hospital	Lawrence	•	•	•	-0	7	0	0		
Saint Luke's Cushing Hospital	Leavenworth	•	•	•	•	•	•	•		
Children's Mercy South	Overland Park				- 6	-0		9		
Saint Luke's South Hospital	Overland Park	•	•	•	•	•	•	•		
VA Eastern Kansas Health Care System	Topeka				13	0	4			
VA Robert J. Dole Medical Center	Wichita	10		0	1,5	7,000		(2)		
KENTUCKY							N. S.		- HE	
Our Lady of Bellefonte Hospital	Ashland	•	•	•	•	- 21	•	9		
Eastern State Hospital	Lexington	•	•	•	•	0	•	0		
University of Kentucky Albert B. Chandler Hospital	Lexington	•	•	•	•	•	•			
VA Lexington Medical Center	Lexington	•	•	•	•	•	0	0		
Norton Audubon Hospital	Louisville	€)	0		(t)	0.0		6		
Norton Brownsboro Hospital	Louisville	4	(1)		- (1)			()		
Norton Hospital	Louisville	0	-0	-	4.0	2	-2	2		
Norton Women's and Children's Hospital	Louisville	0	0		- 6	•	0	<b>6</b> :		
VA Robley Rex Medical Center	Louisville	•	•	•	•	•	•	•		
LOUISIANA							PER	N A		
Ochsner Medical Center-Baton Rouge	Baton Rouge	•		•	•	0	-	0		
Ochsner Medical Center West Bank Campus	Gretna	•	•	•	•	0	•	0		
Ochsner Medical Center - Kenner	Kenner	•	•	•	•	0	•	•		
Tulane-Lakeside Hospital for Women and Children	Metairie	•	•	•	•	0	0	0		
CrescentCare	New Orleans	•		•	•	•	•	•		
Ochsner Baptist Medical Center	New Orleans	•	•	•	•	•	•	•		
Ochsner Medical Center	New Orleans	•	•	•	•	0	•	•		
Tulane Medical Center	New Orleans	•	•	•	•	0	0	0		
VA Southeast Louisiana Healthcare System	New Orleans	•		•	•	•	•	•		
Ochsner St. Anne Hospital	Raceland	•	•	•	•	0	•	J		
Ochsner Medical Center - North Shore	Slidell	•	•	•	•	0	•	•		
MAINE		1						1 - 1 - 1		
VA Maine Medical Center	Augusta	•	•	•	0	•	•	· C		
Penobscot Community Health Care	Bangor	•		•	•	•	•	•		
MARYLAND										
Anne Arundel Medical Center	Annapolis	0	O	•	•	0	Çi I	•		
Bon Secours Hospital	Baltimore	•	•	•	•	•	•	a		
Chase Brexton Health Services	Baltimore	• ,		•	•	•	•	•		
Greater Baltimore Medical Center	Baltimore					•	5			

KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

●/● Full Score | ●/Ŷ Partial Score | • - / No Score | • - 25 points | blank space = not applicable

■ 2017 Leader in LGBTQ Healthcare Equality | • Top Performer

					1		2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
	Johns Hopkins Bayview Medical Center	Baltimore	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	50
	Johns Hopkins Hospital	Baltimore				0	O	0	0		40
	MedStar Franklin Square Medical Center	Baltimore	-	•	-		10				65
=	Planned Parenthood of Maryland	Baltimore				•					100
	Sinai Hospital of Baltimore	Baltimore		•			0		5		75
	University of Maryland Medical Center	Baltimore			<b>(</b> )	a			4)		50
	University of Maryland Medical Center Midtown Campus	Baltimore			0	0		0	G.		35
•	VA Baltimore Medical Center - Maryland Health Care System	Baltimore	•	•	•	0	•		0		90
	Suburban Hospital	Bethesda		0	•	0	15	0	0		35
	Walter Reed National Military Medical Center	Bethesda	•	•	•		•	•	0	-	90
	University Health Center - University of Maryland	College Park	•		•	•	•		•		100
	Howard County General Hospital	Columbia	•	•	•	0	0	0	0		60
	Northwest Hospital	Randallstown	•	•	•	•	0	•	.";		75
	MASSACHUSETTS				F						
•	VA Edith Nourse Rogers Memorial Veterans Hospital	Bedford	•	•	•	•	•	•	•		90
	Health Quarters	Beverly	•		•	•	•	•	•		100
=	Beth Israel Deaconess Medical Center	Boston	•	•	•	•	•	•	•		100
	Boston Children's Hospital	Boston	•	•	•	•	•	•	•		100
	Boston Medical Center	Boston	•	•	•	•	•	•	•		100
	Brigham and Women's Faulkner Hospital	Boston	•	•	•	•	•	•	0	4.00	95
	Brigham and Women's Hospital	Boston	•	•	•	•	•	•	•		100
	Dana-Farber Cancer Institute	Boston	•	generality.	•	•	•		•		100
	Fenway Health	Boston	•		•	•	•	•	•		100
	Massachusetts General Hospital	Boston		*	-	10 3					90
•	South End Community Health Center	Boston	0		0	0	•	•	0		80
	Tufts Medical Center	Boston	40		4	, 6	1 ×	(ğ)	. P		30
=	VA Boston Healthcare System	Boston	•	•	•	•	•	•	•		100
	Mount Auburn Hospital	Cambridge	•	•	•	•	•	0	0		70
	Spaulding Hospital for Continuing Medical Care Cambridge	Cambridge	2	Ę.		0	2	4)	<b>(</b> )		15
	Fairview Hospital	Great Barrington	•	•	•	•	1.7	•	5)		50
	Baystate Franklin Medical Center	Greenfield				47	<b>(</b> )	•			75
•	VA Central Western Massachusetts Healthcare System	Leeds	0	0	•	• 1	•	•	•		85
	Newton-Wellesley Hospital	Newton Lower Falls	•	•	•	•	0	0	•		75
	Cooley Dickinson Hospital	Northampton	•	•	•	•	•	•	•		100
	Baystate Wing Hospital	Palmer	•			C.	₫)	di di			75
	Berkshire Medical Center	Pittsfield	•	•	•	•	0	•	. 0		70
	Baystate Medical Center	Springfield	0			40.	<b>(</b> )		€;		70
	Baystate Mary Lane Hospital	Ware			•	4	<b>(</b> )		•		75
	Bayetate Noble Hospital	Westfield		•	0		0		•		75

**KEY:** Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

● /\*\* Full Score | ● /\*\* Partial Score | ● -25 points | blank space = not applicable

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					1	- AMX	2	3	4	<b>\</b>	
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ	Patient Services and Support	Employee Benefits and Policies	ರ Patient & Community ವ Engagement	-25- Responsible std Citizenship	Grand Total (Sum)
=	Edward M. Kennedy Community Health Center	Worcester	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	100
18.00	MICHIGAN	VVOICESE	PANA							224174	
	University of Michigan Hospitals and Health Centers	Ann Arbor				0	2 11 11 11		5		55
	VA Ann Arbor Healthcare System	Ann Arbor							0		90
	VA Battle Creek Medical Center	Battle Creek									100
-	Henry Ford Macomb Hospital	Clinton Township					0				85
	Henry Ford Hospital	Detroit		•			0				85
	VA John D. Dingell Medical Center	Detroit	0	0			0	o	5		45
	Spectrum Health - Butterworth Hospital	Grand Rapids	7	•		11	4.00	C	- (2)		20
	Beaumont Hospital Grosse Pointe	Grosse Pointe		0					4		50
	VA Oscar G. Johnson Medical Center	Iron Mountain						-0	1,1		40
	Ingham Community Health Centers	Lansing			•	•	•	•	•		100
	Sparrow Hospital	Lansing	-	×*	€:	11		6	. 71		15
	Beaumont Hospital - Royal Oak	Royal Oak	- 10	₫:			-		4		50
	VA Aleda E. Lutz Medical Center	Saginaw	•	•	•	•	•	•	•		95
	Beaumont Hospital - Troy	Troy		<b>(</b> )		. C	15		7,8		45
	Henry Ford West Bloomfield Hospital	West Bloomfield	•	•	•	•	•	•	0		80
	Henry Ford Wyandotte Hospital	Wyandotte	0	0	•	•	0	•	0		70
	MINNESOTA	10000101						Water Street		499	
	Children's - Minneapolis	Minneapolis	€)	0	0	17	0	•	0		40
	Hennepin County Medical Center	Minneapolis	•	•	•	•		•	•		100
=	VA Minneapolis Health Care System	Minneapolis	•	•	•	•	•	•	•		100
	Mayo Clinic	Rochester	•		•	0	•	•	0		85
•	Mayo Clinic Hospital	Rochester	•	•	•	•	•	•	0		85
	Park Nicollet Methodist Hospital	Saint Louis Park			-	0	•	<b>(6)</b>	<b>(</b> )		60
	Regions Hospital	Saint Paul	(0)		(4)	- d	<b>(</b> )	<b>(</b> )	4		60
	VA St. Cloud Health Care System	St. Cloud	•	•	•	•	•	•	•		100
	Family Tree Clinic	St. Paul	•		•	•	•	•	•		100
	Lakeview Hospital	Stillwater			9	. 42		€	0.1		40
	MISSISSIPPI										
	VA Gulf Coast Veterans Health Care System	Biloxi	•	•	•	•	0	•	_1		<b>7</b> 5
	University of Mississippi Medical Center	Jackson	•	•	•	0	•	0	•		85
	VA G.V. (Sonny) Montgomery Medical Center	Jackson		4)			(€)	*	<b>(</b> )		65
	MISSOURI										
	SSM DePaul Health Center	Bridgeton				0	7	₫)	•		40
=	Hedrick Medical Center	Chillicothe	•	•	•	•	•	•	•		100
=	VA Harry S. Truman Memorial	Columbia	•	•	•	•	•	•	•		100
	SSM Health St. Mary's Hospital - Jefferson City	Jefferson City			6.	D	- 2	•	(f)		40
	Children's Mercy Kansas City	Kansas City	•	•	•	•	•	•	•		100

#### Appendix B: HEI 2017 Criteria and Score Breakdown by Facility

KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

| ♣ Full Score | ♣ Partial Score | ♠ Partial Score

					1		2	3	4		
			Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
Rank	Facility Name	City	1								Ğ
=	Saint Luke's Hospital for Kansas City's Crittenton Children's Center	Kansas City	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	100
	Research Medical Center	Kansas City						0			60
=	Saint Luke's Hospital of Kansas City	Kansas City									100
8	Saint Luke's North Hospital - Barry Road	Kansas City									100
	Truman Medical Center-Hospital Hill	Kansas City		*				0	81		30
	VA Kansas City Medical Center	Kansas City		•		G	0	0	3		45
	SSM St. Joseph Hospital West	Lake Saint Louis			0			0	0		40
=	Saint Luke's East Hospital	Lee's Summit				•					100
	St. Francis Hospital and Health Services	Maryville			10			0	0		40
	SSM Health St. Mary's Hospital - Audrain	Mexico			<b>(</b> )			4)	4()		40
	VA John J. Pershing Medical Center	Poplar Bluff			•				0		95
	SSM St. Joseph Health Center	Saint Charles			(8)			€)	4		40
	Mosaic Life Care at St. Joseph	Saint Joseph		•	•	0	0	5	n		50
•	Barnes-Jewish Hospital	Saint Louis	•	•	•		0		0		80
	SSM Cardinal Glennon Children's Medical Center	Saint Louis			4	.73		40	<b>(</b> )		40
	SSM St. Mary's Health Center	Saint Louis	0		0	73		4	0		40
	St. Louis Children's Hospital	Saint Louis		•	•	•			0		95
=	Saint Luke's North Hospital - Smithville	Smithville		•	•						100
=	VA St. Louis Health Care System	St. Louis	•	•	•	•	•	•			100
=	Wright Memorial Hospital	Trenton		•	•	•	•	•	•		100
	MONTANA		POST.					DES.			
	Billings Clinic	Billings	•	•	•	•	0	•	0		80
•	VA Montana Health Care System	Fort Harrison	•	•	•	•	•	•	0		90
	NEBRASKA			12/12/4			1				
•	Nebraska Medical Center	Omaha	•	•	•	•	0	•	0		80
	OneWorld Community Health Centers	Omaha	•		•	•	0	•	1,0		75
=	VA Omaha-Nebraska-Western Iowa Health Care System	Omaha	•		•	•	•	•	•		100
	NEVADA							1	4500		
	Centennial Hills Hospital Medical Center	Las Vegas	•	•	•	•	9	•	•		65
	Desert Springs Hospital Medical Center	Las Vegas	•	•	•	•	0.4	•	0	111	65
	Solutions Recovery Inc.	Las Vegas				4.5	1		11		50
	Spring Valley Hospital Medical Center	Las Vegas	0	•	•	•	0.1	•	0		60
	Summerlin Hospital Medical Center	Las Vegas	0	0	•	•	0	0	0		60
	University Medical Center of Southern Nevada	Las Vegas	0	•	•	0	0	•	()		65
	Valley Hospital Medical Center	Las Vegas	•	•	•	•	0	•	0		80
	Veterans Affairs Southern Nevada Healthcare System	North Las Vegas	•	•	•	•	•	•	•		100
=	VA Sierra Nevada Health Care System	Reno	•	•	•	•	•	•	•		100
	NEW HAMPSHIRE					HER					
=	VA Manchester Medical Center	Manchester	•	•	•	•	•	•	•		100

■ 2017 Leader in LGBTQ Healthcare Equality | • Top Performer

					1		2	3	4		
Rank	Facility Name	City	00 Patient std Non-Discrimination	std Equal Visitation	o Employment std Non-Discrimination	o Training in LGBTQ	o Patient Services व्य and Support	O Employee Benefits	o Patient & Community ವ Engagement	-55. Statements Citizenship	Grand Total (Sum)
	NEW JERSEY			Braille A			to)Y-aid				
	AtlantiCare Regional Medical Center	Atlantic City	•	•	•	•	•	•	•		100
	Reproductive Medicine Associates of New Jersey	Basking Ridge	•	•	•	•	0	•	0		80
	Cape Regional Medical Center	Cape May Court House		ď.	1	m	2	7.			0
=	VA New Jersey Health Care System	East Orange	•	•	•	•	•	•	•		100
=	Hackensack University Medical Center	Hackensack	•	•	•	•	•	•	•		100
	Bayshore Community Hospital	Holmdel	•	•	•	•	0	•	0		80
=	Jersey City Medical Center	Jersey City	•	•	•	•	•	•	•		100
	Saint Barnabas Medical Center	Livingston	•	•	•	0	0	•	C		75
	Goryeb Children's Hospital	Morristown	•	•	•	•	•	•	•		100
	Morristown Medical Center	Morristown	•	•	•	•	•	•	•		100
	Jersey Shore University Medical Center	Neptune	•	•	•	•	0	•	0	,	80
=	Robert Wood Johnson University Hospital	New Brunswick	•	•	•	•	•	•	•		100
	Newark Beth Israel Medical Center	Newark	0	•	•	(7)	0	•	0		65
	Newton Medical Center	Newton	•	•	•	•	•	•	•		100
=	Chilton Medical Center	Pompton Plains	•	•	•	•	•	•	•		100
	Shore Medical Center	Somers Point	•	•	•	•	•	Ø -	- OF		70
	Overlook Medical Center	Summit	•	•	•	•	•	•	•		100
	NEW MEXICO										
	University of New Mexico Hospitals	Albuquerque	•	•	•	•	•	•	0		95
	VA New Mexico Health Care System	Albuquerque	•	•	•	•	•	•	0		95
	NEW YORK										
	Albany Medical Center	Albany	•	•	•	•	0	•	7		75
	VA Albany Medical Center: Samuel S. Stratton	Albany	•	•	•	0	•	•	0		90
	Mount Sinai Queens	Astoria	•	•	•	•	•	•	•		100
=	VA Bath Medical Center	Bath	•	•	•	•	•	•	•		100
	Southside Hospital	Bay Shore	•	•	•	0.1	•	•	0		80
=	Montefiore Medical Center	Bronx	•	•	•	•	•	•	•		100
=	NYC Health and Hospitals - Belvis, a Gotham Health Center	Bronx	•		•	•	•	•	•		100
=	NYC Health and Hospitals - Jacobi	Bronx	•	•	•	•	•	•	•		100
=	NYC Health and Hospitals - Lincoln	Bronx	•	•	•	•	•	•	•		100
=	NYC Health and Hospitals - Morrisania, a Gotham Health Center	Bronx	•		•	•	•	•	•		100
	NYC Health and Hospitals - North Central Bronx	Bronx	•	•		•	•	•	•		100
•	St. Barnabas Hospital	Bronx	0	•	•	•	0	•	•		80
	VA James J. Peters Medical Center	Bronx	•	•	•	•	•	•	•		100
	Maimonides Medical Center	Brooklyn	•	•	0	C)	•	•	0		55
	Mount Sinai Brooklyn Hospital	Brooklyn	•	•	•	•	•	•	0		75
	NYC Health and Hospitals - Coney Island	Brooklyn	•	•	•	•	•	•	•		100
	NYC Health and Hospitals - Cumberland, a Gotham Health Center	Brooklyn	•		•	•	•	•	•		100

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| ↑ Full Score | ↑ ↑ No Score | • - 25 points | blank space = not applicable
| 2017 Leader in LGBTO Healthcare Equality | • Top Performer
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		1		1		2	3				
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
			10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	
=	NYC Health and Hospitals - East New York, a Gotham Health Ce	nter Brooklyn	•		•	•	•	•	•		100
	NYC Health and Hospitals - Kings	Brooklyn	•	•	•	•	•	. •	•		100
	NYC Health and Hospitals - McKinney	Brooklyn	•	•	•	•	•	•	•		100
=	NYC Health and Hospitals - Woodhull	Brooklyn	•	•	•	•	•	•	•		100
•	NYU Lutheran Medical Center	Brooklyn	•	•	•	•	•	•	•		95
	VA New York Harbor Healthcare System	Brooklyn	0		1	0	4)	10-0	-50		30
	Buffalo General Medical Center	Buffalo	•	•	•	•	•	•	•		100
	Evergreen Health Services	Buffalo	•		•	•	•	•	•	0	100
	VA Western New York Healthcare System	Buffalo	•	•	•	0	•	•	•		90
	Women & Children's Hospital of Buffalo	Buffalo	•	•	•	•	•	•	•		100
•	F. F. Thompson Hospital	Canandaigua	•	•	•	•	•	•	•		85
•	VA Canandaigua Medical Center	Canandaigua	•	•	•	0	•				95
=	NYC Health and Hospitals - Elmhurst	Elmhurst	•	•	•	•	•	•	•		100
	New York-Presbyterian Queens	Flushing	•	•	•	•	0	0	0	-	70
	Long Island Jewish - Forest Hills	Forest Hills	•	•	•	•	•	•	•		95
	Glen Cove Hospital	Glen Cove	•	•	•	•	•	•	•		95
	Institute for Family Health	Harlem	. 5		C	•	•	•	•		55
	Catskill Regional Medical Center	Harris		•	•	C	9	9	0		30
•	Huntington Hospital	Huntington	•	•	•	0	•	•	•		95
	Jamaica Hospital Medical Center	Jameica	(1)			13	100	- ()	. D	1	30
=	NYC Health and Hospitals - Queens	Jamaica	•	•	•	•	•	•			100
	The Feinstein Institute for Medical Research	Manhasset	•	•	•	0	•	•	0	Table .	90
	North Shore University Hospital	Manhasset	•	•	•	•	•	•	0		95
	Mountainside Residential Care Center	Margaretville	•	•	•	•	•	0	•	and in	90
•	VA Hudson Valley Health Care System	Montrose	•	•	•	0	•	•	0		90
	Northern Westchester Hospital	Mount Kisco	•	•	•	•	•	•	0		90
=	Long Island Jewish Medical Center	New Hyde Park	•	•	•	•	•	•	•		100
	Steven and Alexandra Cohen Children's Medical Center	New Hyde Park	0		•	0	•	•	•		90
	Woodland Pond at New Paltz	New Paltz	0	•	•	0	0	•	•		70
=	Callen-Lorde Community Health Center	New York	•		•	•	•	•	•		100
=	Hospital for Special Surgery	New York	•	•	•	•	•	•	•		100
=	Lenox Hill Hospital	New York	•	- •	•	•	•	•			100
=	Memorial Sloan-Kettering Cancer Center	New York	•	•	•		•	•	•		100
	Mount Sinai Beth Israel	New York	•		•	•		•	•		100
	Mount Sinai Hospital	New York			•			•			100
	Mount Sinai St. Luke's	New York	•	•	•	•	•	•	•		100
=	Mount Sinai West	New York	•	•		•	•	•	•		100
	New York Eye and Ear Infirmary of Mount Sinai	New York	•	•	•	•			•		100
=	New York-Presbyterian Hospital/Weill Cornell Medical Center	New York	•		•						100

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| W Full Score | V Partial Score | V No Score | -25 points | blank space = not applicable

2017 Leader in LGBTQ Healthcare Equality | • Top Performer

					(Physical Property of the Physical Phys		2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
_		N W I	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	100
	New York-Presbyterian/Columbia University Medical Center	New York									100
	NYC Health and Hospitals - Bellevue	New York									100
	NYC Health and Hospitals - Carter	New York									100
	NYC Health and Hespitals - Color	New York New York									100
8	NYC Health and Hospitals - Gouverneur Skilled Nursing Facility	New York									100
8	NYC Health and Hospitals - Gouverneur, a Gotham Health Center	New York									100
	NYC Health and Hospitals - Harlem	New York									100
	NYC Health and Hospitals - Metropolitan	New York									100
	NYC Health and Hospitals - Renaissance, a Gotham Health Center  NYU Langone Medical Center	New York									100
8	Reproductive Medicine Associates of New York	New York									100
=	DeGraff Memorial Hospital	North Tonawanda									100
_	VA Northport Medical Center	Northport						6	77		40
=	A.O. Fox Memorial Hospital	Oneonta									100
	Plainview Hospital	Plainview							0		95
	Bon Secours Community Hospital	Port Jervis			0		-5		5		55
	HCR Home Care	Rochester						0	0		85
	Highland Hospital of Rochester	Rochester	0	0		С	O		9		55
	Strong Memorial Hospital of the University of Rochester	Rochester							•		100
	Trillium Health	Rochester									100
-	Saratoga Hospital	Saratoga Springs		•	•		0	•	•		85
	Phelps Memorial Hospital Center	Sleepy Hollow			0	4_3	0	0	0		50
	Southampton Hospital	Southampton	•	•	•	•	0		0		80
	Sea View Hospital Rehabilitation Center and Home	Staten Island		•		•		•	•		100
	Staten Island University Hospital	Staten Island	•	•		•	•	•	•		100
	Good Samaritan Hospital	Suffern	•	•	•	•	D.	•	0		60
	Syosset Hospital	Syosset	•	•	•	•	•		•		85
	VA Syracuse Medical Center	Syracuse	•	•	•	•	•	•	0		95
	Long Island Jewish - Valley Stream	Valley Stream	•	•	•	•	•	•	0		90
	St. Anthony Community Hospital	Warwick	•	•	•	0	9	•	0		50
=	Millard Filimore Suburban Hospital	Williamsville	•	•	•	•	•	•	•		100
W.S.	NORTH CAROLINA										
	Mission Hospital	Asheville	-		4	T :			7:		45
	VA Asheville Medical Center	Asheville	•	•	•	•	•	0	0		80
	Novant Health Brunswick Medical Center	Bolivia	•	•	•	•	•	•	•		100
=	Alamance Regional Medical Center	Burlington	•	•	•	•	•	•	•		100
	UNC Hospitals	Chapel Hill	•	•	•	•	•	•	-0		65
	Novant Health Charlotte Orthopaedic Hospital	Charlotte	•	•	•	•	•	•	•		100
	Novant Health Hemby Children's Hospital	Charlotte	•	•	•	•	•	•	•		100

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/ 
Full Score | 
// Partial Score | 
// No Score | 
// No Score | 
// Score | 
//
```

					1		2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
	Neveral Health Production Madical Course	Obstant	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	400
	Novant Health Presbyterian Medical Center	Charlotte		•							100
	Duke Regional Hospital	Durham	•								100
=	Duke University Hospital	Durham				•					100
	VA Durham Medical Center	Durham							•	-	95
-	VA Fayetteville Medical Center	Fayetteville	0	0		C			0		70
	Cone Health Behavioral Health Hospital	Greensboro	•			•					100
=	Moses H. Cone Memorial Hospital	Greensboro	•	•	•	•	•				100
=	Wesley Long Hospital	Greensboro	•	•	•	•					100
	Women's Hospital of Greensboro	Greensboro	•	•		•	•	•	•		100
	Novant Health Huntersville Medical Center	Huntersville	•	•	•	•	•	•	•		100
=	Novant Health Kernersville Medical Center	Kernersville	•	•	•	•	•	•	•		100
=	Novant Health Matthews Medical Center	Matthews	•	•	•	•	•	•	•	1	100
	Duke Raleigh Hospital	Raleigh	•	•	•	•	•	•	•		100
	Rex Healthcare	Raleigh	•	•	•	•	0	0	. 0		70
	WakeMed Raleigh Campus	Raleigh	•	•	•	•	D.	•	0		50
=	Annie Penn Hospital	Reidsville	•	•	•	•	•	•	•		100
==	Novant Health Rowan Medical Center	Salisbury	•	•	•	•	•	•	•		100
	W. G. (Bill) Hefner Veterans Affairs Medical Center	Salisbury	•	•	•	•	•	•	•		100
=	Novant Health Thomasville Medical Center	Thomasville	•	•	•	•	•	•	•		100
=	Novant Health Forsyth Medical Center	Winston-Salem	•	•	•	•	•	•	•		100
=	Novant Health Medical Park Hospital	Winston-Salem	•	•	•	•	•	•	•		100
=	Wake Forest Baptist Medical Center	Winston-Salem	•	•	•	•	•	•	•	and L	100
	NORTH DAKOTA		F Fred								
	VA Fargo Health Care System	Fargo	•	•	•	•	•	•	•	107	100
	оню		<b>MARK</b>				Physical				
	Summa Akron City Hospital	Akron	•	•	0	•	•	•	•	1	90
	UH Samaritan Medical Center	Ashland	•	•	•	0	•		0		75
	Summa Barberton Citizens Hospital	Barberton		•	0	•	•		•		85
	UH Ahuja Medical Center	Beachwood	•	•			0		0		80
	UH Bedford Medical Center	Bedford	•	•		•	0	•	0	lends .	80
	UH Geauga Medical Center	Chardon	•	•	•	•	0		0		80
	VA Chillicothe Medical Center	Chillicothe	•	•	•		•		51	Lune Sar	90
	Bethesda North Hospital	Cincinnati	•		•	•			O.		95
	Cincinnati Children's Hospital Medical Center	Cincinnati			•	•		•			100
	Good Samaritan Hospital	Cincinnati		•					•		95
	University of Cincinnati Medical Center	Cincinnati	0	100		(i)		0	6		25
	VA Cincinnati Medical Center	Cincinnati				•					100
=	Cleveland Clinic (Main Campus)	Cleveland									100
	Fairview Hospital	Cleveland									100
	·			-	۱ -					l	

					1		2	3	4		
			Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
Rank	Facility Name	City					n e		1	1	ğ
=	Hillcrest Hospital	Cleveland	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	100
=	Lutheran Hospital	Cleveland									100
8	MetroHealth Medical Center	Cleveland									100
	UH Case Medical Center	Cleveland					0		0		80
=	VA Louis Stokes Cleveland Medical Center	Cleveland									100
=	Columbus Public Health Department	Columbus									100
=	Equitas Health	Columbus									100
=	James Cancer Hospital and Solove Research Institute	Columbus								-	100
=	Nationwide Children's Hospital	Columbus									100
=	The Ohio State University Wexner Medical Center	Columbus									100
	VA Chalmers P. Wylie Ambulatory Care Center	Columbus							0		95
	UH Conneaut Medical Center	Conneaut					0		0		80
	VA Dayton Medical Center	Dayton									100
- 7	UH Elyria Medical Center	Elyria					0		0		80
=	Euclid Hospital	Euclid									100
=	Marymount Hospital	Garfield Heights									100
-	UH Geneva Medical Center	Geneva					0		0		80
	Lakewood Hospital	Lakewood			40		*				90
=	Medina Hospital	Medina									100
-	UH Parma Medical Center	Parma					0		0		80
	UH Portage Medical Center	Ravenna					0		0		80
	UH Richmond Medical Center	Richmond Heights					0		0		80
	The University of Toledo Medical Center	Toledo									100
8	South Pointe Hospital	Warrensville Heights									100
	OKLAHOMA			EATE A					1944	A HOME	13 // 5
	VA Eastern Oklahoma Medical Center	Muskogee	•	0		C	5	0	0		25
	OU Medical Center	Oklahoma City			0	<i>(*)</i>	10,1	4)	- (7)		35
	St. Anthony Hospital	Oklahoma City			<b>(</b> )	e	5	<b>(</b> )	•		40
	VA Oklahoma City Medical Center	Oklahoma City	1	40		C		•	2		60
	St. Arithony Shawnes Hospital	Shawnee			0	1,1		0	<b>(3)</b>		40
	OREGON					W. 11					
	Kaiser Permanente, Sunnyside Medical Center	Clackamas	•	•	•	•	•	•	•		100
	Legacy Mount Hood Medical Center	Gresham	•	•	•	•	•				100
=	Kaiser Permanente, Westside Medical Center	Hillsboro	•	•	•	•	•	•	•		100
	Legacy Emanuel Medical Center	Portland	•	•	•	•	•	•			100
=	Legacy Good Samaritan Hospital and Medical Center	Portland	•	•	•	•	•	•	•		100
	Oregon Health & Science University Hospital	Portland	•	•	•	•	•		•		95
=	Randall Children's Hospital at Legacy Emanuel	Portland	•			•	•		•		100
	VA Portland Medical Center	Portland	•	•	•	•	•	•	•		100

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| ↑ Full Score | ♠ ↑ Participant/Score | ♠ ↑ No Score | ♠ ↑ 25 points | blank space = not applicable
| 2017 Leader in LGBTQ Healthcare Equality | ♠ Top Performer
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				1			2	4	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits & and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
			10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	
0	Legacy Silverton Medical Center	Silverton	•	•	•	•	•	•	•		95
	Legacy Meridian Park Medical Center	Tualatin	•	•	•		•				100
	PENNSYLVANIA							- Interior		SPARE.	
	Abington Hospital	Abington	•	•		0	0	0	୍ବ		60
	VA Altoona - James E. Van Zandt Medical Center	Altoona	0	0	•		•	0	0		70
	VA Coatesville Medical Center	Coatesville	•	•						100	100
	Einstein Medical Center Montgomery	East Norriton									100
	Einstein Medical Center Elkins Park	Elkins Park	•	•			•			1	100
	Moss Rehab	Elkins Park					•	•	•		100
	VA Eric Medical Center	Erie			9	Aug 1	0		. autori	HIVE LA	55
0	VA Lebanon Medical Center	Lebanon							0		95
	Steps to Recovery	Levittown					•	0 4	•		90
_	Forbes Hospital	Monroeville					0		(i) = 1		75
=	The Abramson Center for Jewish Life	North Wales			•		•				100
_	Belmont Center for Comprehensive Treatment	Philadelphia			40			•	6.1		35
	Children's Hospital of Philadelphia	Philadelphia			•				•	-	100
=	Einstein Medical Center Philadelphia	Philadelphia					•				100
	Friends Hospital	Philadelphia		•	•		0	0	•		75
_	Hospital of the University of Pennsylvania	Philadelphia		•				0			90
=	Mazzoni Center	Philadelphia		-					•		100
	Penn Presbyterian Medical Center	Philadelphia		•			•	0			90
	Pennsylvania Hospital	Philadelphia					•	0	ALT DIVIS	hi Pak	90
	Temple University Hospital	Philadelphia	1		•	0	0	•	0		65
	Thomas Jefferson University Hospital	Philadelphia	•	•	•	•		0	0	1 19.00	55
	VA Philadelphia Medical Center	Philadelphia	•	•	•	C)	•	0	0		70
	Willowcrest Skilled Nursing and Rehabilitation Center	Philadelphia	•	•	•	•				THE STATE OF	100
	Children's Hospital of Pittsburgh of UPMC	Pittsburgh	•	•	•	•	•				100
=	VA Pittsburgh Healthcare System	Pittsburgh			•	•					100
=	Western Psychiatric Institute and Clinic of UPMC	Pittsburgh									100
	Chester County Hospital	West Chester	•	•				0			90
	Geisinger Wyoming Valley Medical Center	Wilkes Barre	•	•	•		2	0	0		55
	VA Wilkes-Barre Medical Center	Wilkes-Barre	•	•	A.,	0	· · · ·	• •	14	-1.00	35
100	Lankenau Medical Genter	Wynnewood		•			1	•			45
DOK!	PUERTO RICO		1513								
	VA Caribbean Healthcare System	San Juan									100
	RHODE ISLAND			M250		Yes True	To for a			391334	
	Emma Pendleton Bradley Hospital	East Providence				G.	€:	<b>(</b> ()			55
	Newport Hospital	Newport			*	G	<b>(</b> )	0		111111	55
	Memorial Hospital of Rhode Island	Pawtucket	•	•		•	0	0	0		50

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| W Full Score | V Partial Score | V No Score | -25 points | blank space = not applicable

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					1		2	3	4		
Rank	Facility Name	City	00 Patient si Non-Discrimination	std Equal Visitation	0 Employment std Non-Discrimination	Training in LGBTQ  Patient Centered Care	O Patient Services	೦ Employee Benefits ಇ and Policies	O Patient & Community	std Citizenship	Grand Total (Sum)
	Butler Hospital	Providence	10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	85
	Miriam Hospital	Providence	8				6)	5	0		50
	Rhode Island Hospital	Providence				4-	4	0	4		60
	VA Providence Medical Center	Providence					0	4			60
	Women & Infants Hospital of Rhode Island	Providence							0		75
	Kent Hospital	Warwick							3		75
		SA S	174.5612	Photos I	Mark	N CAU		Miles VIII	No. of Lot		1430
	MUSC Medical Center of Medical University of South Carolina	Charleston					0	0			75
	VA Ralph H. Johnson Medical Center	Charleston	0	0		•			0	X I	80
	Laurens County Memorial Hospital	Clinton						0			90
	VA Wim Jennings Bryan Dorn Medical Center	Columbia			-		0				65
	Bon Secours St. Francis Downtown	Greenville			497		0		-,		75
	Bon Secours St. Francis Eastside	Greenville					0		159		75
	Greenville Memorial Hospital	Greenville						0			90
	Patewood Memorial Hospital	Greenville						0			90
	Greer Memorial Hospital	Greer						0			90
								0			90
	Oconee Memorial Hospital	Seneca						0			
•	Hillcrest Memorial Hospital	Simpsonville									90
	North Greenville Hospital  SOUTH DAKOTA	Travelers Rest		ACUR DISE	KATE ALA						90
	the second of the second second			MERM		Saturi S	(A) (5) (A)				0.5
	VA Sioux Falls Health Care System  TENNESSEE	Sioux Falls							0		95
	Erlanger Medical Center	Chattanooga						養	0		40
	Jackson-Madison County General Hospital	Jackson				1,			O.		30
	CHOICES	Memphis	•			•	4	0	•		90
	VA Mountain Home Medical Center/Johnson City	Mountain Home	•	€:		1.	<b>(</b> )	<b>@</b>			45
•	VA Tennessee Valley Healthcare System	Murfreesboro				•			0		90
	Vanderbilt Hospital and Clinics	Nashville						10155116		H. S. Contraction	100
			Har			Paul Pi					
	VA Amsrillo Health Care System	Amarilio	•	6		- 0	0				55
•	RBJ Health Center	Austin					0		0		80
•	Parkland Memorial Hospital	Dallas				0	•				95
	University of Texas Southwestern Medical Center	Dallas	0	0			_ = ' =	0			50
•	VA North Texas Health Care System	Dallas	•	•					0		95
=	Project Vida Health Center	El Paso	•		•	•	•	•	•		100
	Providence Memorial Hospital	El Paso	•	•		17	•		- 1		65
	VA El Paso Health Care System	El Peso			4	87		<b>(</b> )	0		35
•	University of Texas Medical Branch Hospitals	Galveston	•			•	•	0	•		90
	VA Texas Valley Coastal Bend Health Care System	Harlingen	•			•	0	. 0	0		70

#### Appendix B: HEI 2017 Criteria and Score Breakdown by Facility

KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color ≈ HEI 2014 or 2016 Participant/Unofficial Score

| ↑ Full Score | ↑ ↑ No Score | • - 25 points | blank space = not applicable
| 2017 Leader in LGBTQ Healthcare Equality | • Top Performer

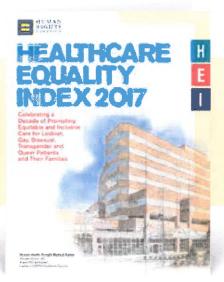
					1		2	3	4		
Rank	Facility Name	City	Patient Non-Discrimination	Equal Visitation	Employment Non-Discrimination	Training in LGBTQ Patient Centered Care	Patient Services and Support	Employee Benefits and Policies	Patient & Community Engagement	Responsible Citizenship	Grand Total (Sum)
			10 pts	10 pts	10 pts	10 pts	30 pts	20 pts	10 pts	-25 pts	
	Valley Baptist Medical Center - Harlingen	Harlingen	•	(1)	*			**	. J		40
	Houston Northwest Medical Center	Houston	0	0		- (-	-,	0	510		40
	Texas Children's Hospital	Houston			0	(^)		0	0		35
	University of Texas M.D. Anderson Cancer Center	Houston		*					*		40
-	VA Michael E. DeBakey Medical Center	Houston	0			0		•	•		90
=	Metropolitan Methodist Hospital	San Antonio	•	•			~	•	•		100
-	Reproductive Medicine Associates of Texas	San Antonio					0	0	0		45
=	VA South Texas Health Care System	San Antonio	•								100
	VA Central Texas Veterans Health Care System	Temple	0				•	0			65
	UTAH							N-HITTE		CHARLES !	200
	VA Salt Lake City Health Care System	Salt Lake City					•	•	•		100
	VERMONT						0			1 1 1 1 1	A STATE OF
	University of Vermont Medical Center	Burlington			•		<b>(</b> )	•			75
	VA White River Junction Medical Center	White River Junction	0	. 0		C C			0	NAME OF TAXABLE PARTY.	80
	VIRGINIA	- C / 12 13								h mark	1151913
	University of Virginia Medical Center	Charlottesville	•	. 0	•	C	•	•	•		60
	Doramion Hospital	Falls Cherch		10	<b>(</b> )	0		•	0		35
	VA Hampton Medical Center	Hampton		•	•			•		a select	100
=	Novant Health UVA Health System Haymarket Medical Center	Haymarket							•		100
IS IN IN	Rappahannock General Hospital	Kilmarnock					0			10-0	75
	Novant Health UVA Health System Prince William Medical Center	Manassas				•			•		100
	Bon Secours Memorial Regional Medical Center	Mechanicsville	•			•	0		3-1		75
	Bon Secours St. Francis Medical Center	Midlothian	•		•	•	0	•	")		75
	Mary Immaculate Hospital	Newport News	•		•	•					60
	Bon Secours-DePaul Medical Center	Norfolk	•	•	•	0		•	0		55
	Bon Secours Maryview Medical Center	Portsmouth		•	•	0	- 3 -		0		55
•	Bon Secours St. Mary's Hospital	Richmond		•		•	0	•	0		80
	Bon Secours-Richmond Community Hospital	Richmond		•	•	•	0		I. Oma		75
•	VA Hunter Holmes McGuire Medical Center	Richmond	0	0		•	•		•		85
	VA Salem Medical Center	Salem	•	•	•		0	•	0		80
MILL	WASHINGTON					Y alter			1827		
B 1 💌	Skagit Valley Hospital	Mount Vernon			•	•	•	•	0		80
	Jefferson Healthcare	Port Townsend	•			•	•	•	•	7	100
	UW Medicine/Valley Medical Center	Renton	•	•		•	•	•	•		100
	Seattle Cancer Care Alliance	Seattle	•		•	•	- 1	•	0		65
=	Seattle Children's Hospital	Seattle	•	•	•	•	•	•	•		100
=	University of Washington Medical Center	Seattle	•	•		•	•	•	•		100
=	UW Medicine/Harborview Medical Center	Seattle	•	•	•	•		•	•		100
=	UW Medicine/Northwest Hospital & Medical Center	Seattle		•	•	•	•	•	•		100

KEY: Facilities listed by state, then city | dark color = HEI 2017 Participant | gray color = HEI 2014 or 2016 Participant/Unofficial Score

Full Score | Partial Score | No Score | -25 points | blank space = not applicable

2017 Leader in LGBTO Healthcare Equality | • Top Performer

					1		2	3	4		
Rank	Facility Name	City	O Patient ad Non-Discrimination	ad Equal Visitation	O Employment at Non-Discrimination	ਂ Training in LGBTQ ਲੋ Patient Centered Care	O Patient Services	o Employee Benefits ಭ and Policies	೦ Patient & Community ಈ Engagement	-52. std Citizenship	Grand Total (Sum)
	VA Puget Sound Health Care System	Seattle	0	0	•	0	0	0	21		50
	Virginia Mason Medical Center	Seattle		0	0		0	•			75
	Legacy Salmon Creek Medical Center	Vancouver	•	•	•		•				100
=	Cedar River Clinics	Yakima	•		•	•	•	•	•		100
	WEST VIRGINIA										
	VA Beckley Medical Center	Beckley	0	0	•	С	0	0	j j		45
	VA Clarksburg - Louis A. Johnson Medical Center	Clarksburg	0	0	•	0 :	0	0	0		45
•	VA Huntington Medical Center	Huntington	•	•	•	•	•	•	11		90
	VA Martinsburg Medical Center	Martinsburg	•	•	•	•	•	•	•		100
	WISCONSIN										
	St. Clare Hospital	Baraboo			0	ų.		4	(1)		40
	Hudson Hospital and Clinic	Hudson	6		(1)	71			- 5		45
	NorthLakes Community Clinic	Iron River	•		•	•	•	•	•		100
	St. Mary's Janesville Hospital	Janesville			•	- 172		4)	4:		40
	American Family Children's Hospital	Madison	•	•	•	•	•	•	•		100
	St. Mary's Hospital	Madison			4	0		<b>(</b> )	41		40
=	University of Wisconsin Hospital and Clinics	Madison	•	•		•	•	•	•		100
=	UW Health at the American Center	Madison	•	•		•	•	•	•		100
	VA William S. Middleton Memorial Veterans Hospital	Madison	•	•	•	•	•	•	•		100
	Community Memorial Hospital	Menomonee Falls	•	•	•	•	0	•	•		85
	AIDS Resource Center of Wisconsin	Milwaukee	•		•	•	•	* •	•		100
	Froedtert Memorial Lutheran Hospital	Milwaukee	•	•	•	•	•	•	•		100
	VA Clement J. Zablocki Medical Center	Milwaukee	•	•	•	•	•	•	•		100
	Westfields Hospital	New Richmond		4		100			- ;		25
	VA Tomah Medical Center	Tomah	•	•	• ,	•	0	0	15%		65
•	St. Joseph's Hospital	West Bend	•	•	•	•	•	•	•		85
	WYOMING										
	VA Cheyenne Medical Center	Cheyenne	<b>©</b>	<b>(</b> )	0	Ç.	0	<b>(</b> )	Q		45
	VA Sheridan Medical Center	Sheridan	0		0	C	- 2 /	<b>(</b> )	0		35



# A Decade of Partners

The Human Rights Campaign would like to acknowledge the following partners that have helped us achieve so much progress over the past decade.



#### **Our Founding and Endorsing Partner**

The HEI was initially founded and organized as a joint project with **GLMA: Health Professionals Advancing LGBT Equality** (previously known as the Gay & Lesbian Medical Association). GLMA has served as an endorsing partner of the HEI since 2010.



#### **Our Funding Partners**

Pfizer Inc. has generously supported the HEI since 2010.

**PhRMA** has generously supported the HEI since 2013.



**The Coca-Cola Foundation** provided generous support for the HEI in 2012, 2013, 2014 and 2016.

In addition to the corporate partners listed above, **HRC's Federal Club Council members**, our major donors, are among the most invested stakeholders in this work. Through their generosity, they support the groundbreaking work of the HRC Foundation, which includes the Healthcare Equality Index.

1,200+

#### **Our Participating Organization Partners**

Of course, the HEI would not exist without the many healthcare facilities and health systems that participate in the HEI. **More than 1,200** facilities nationwide have participated in the HEI in some way over the years. We greatly appreciate their participation and their efforts to make their facilities more LGBTQ inclusive and welcoming.

#### **About the HRC Foundation Health & Aging Program**

The Healthcare Equality Index is a project of the Health & Aging Program at the Human Rights Campaign Foundation. In addition to the HEI, the Health & Aging Program researches, develops and advocates for LGBTQ health and aging initiatives at the federal, state and local levels, and provides support to institutions seeking to enhance LGBTQ wellbeing via education, policy, research and technical assistance. The Health & Aging Program also includes the HIV Prevention and Health Equity Project, which works to leverage HRC's strengths to help end the HIV epidemic and the stigma surrounding HIV through public education and outreach.

#### **About the Author**

**Tari Hanneman** is the Director of the Health Equality Project at the Human Rights Campaign Foundation. In addition to managing the development and publication of the Healthcare Equality Index, she oversees other projects related to LGBTQ health and aging. Tari has more than 20 years of experience in the nonprofit and philanthropic sector, primarily focused in the areas of health and women's issues. She holds a master's degree in public administration with an emphasis on nonprofit management from the University of Southern California, where she also did her undergraduate work – Fight Onl



#### **About the HEI Team**

Marcos R. Garcia is the Senior Program Manager for the Health & Aging Program at the Human Rights Campaign Foundation. In this role, he engages directly with hospitals and other healthcare facilities nationwide to identify and improve LGBT-inclusive policies and practices. Marcos also manages all aspects of the HEI database and survey implementation. Born and raised in New Jersey, Marcos holds a bachelor's degree in neuroscience and behavior from Columbia University in the City of New York and previously worked at the National Cancer Institute.

**Ashley Jeffrey** is the Coordinator for the Health & Aging Program at the Human Rights Campaign Foundation. In this role, she fields questions from hospitals and other healthcare facilities nationwide about the HEI process, works on HEI survey review and provides logistical support for the HEI team. She holds a bachelor's degree in urban studies from Washington University in St. Louis.



#### **Acknowledgments**

Thanks to our consultants, **Jesus Chavez**, **Rachel Percelay** and **Karin Quimby**, for their invaluable assistance reviewing the record number of HEI surveys received.

Thanks to the following Health and Aging Program interns who contributed countless hours researching hospital policies, performing survey review and doing a myriad of other HEI-related tasks: **Madison Brubaker**, **Preston Butler**, **Maya Deane-Polyak** and **Anna Liberman**.

Thanks to **Robert Villaflor** for design and printing guidance. Thanks to **Christopher Brandon** of One Brain Content for copy editing. Special thanks to the LGBTQ patients and HEI 2017 Leaders in LGBTQ Healthcare Equality who provided material for this report. The HEI 2017 was designed by **Tony Frye Design**.



#### Kaiser Permanente, Los Angeles Medical Center

Los Angeles, CA 10 Year HEI Participant Leader in LGBTQ Healthcare Equality

#### **Billings Clinic**

Billings, MT 4 Year Participant Top Performer

#### Mosaic Life Care at St. Joseph

Saint Joseph, MO 2 Year HEI Participant

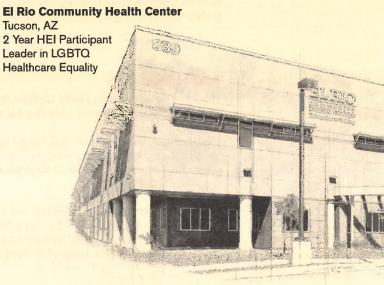


### **Children's Hospital Los Angeles**

Los Angeles, CA 3 Year HEI Participant



#### **El Rio Community Health Center**





Search our new online database to find more than 1,600 healthcare facilities evaluated on their commitment to LGBTQ equality and inclusion. In addition to the 718 facilities listed in Appendix B, you will find another 901 hospitals that the HRC Foundation proactively researched.

As a service to the LGBTQ community, the HRC Foundation researched the policies at hospitals across the U.S. that did not respond to our recent invitations to actively participate in the survey. The 901 hospitals we researched were selected based on a variety of criteria related to size and location: the 100 largest hospitals in the U.S.; the largest hospitals in each of the 50 states, District of Columbia and Puerto Rico; and the largest hospitals within a 25-mile radius of the 50 largest metropolitan areas with significant LGBTQ populations.

HRC Foundation staff researched the patient, visitation and employment non-discrimination policies for each of these hospitals. We exhaustively searched these facilities' public websites for inclusive policies, using search terms such as "non-discrimination," "visitation," "EEO," "bill of rights," "sexual orientation" and "gender identity." HRC Foundation staff searched these facilities' websites much like an internet-savvy potential patient, visitor or applicant would in an attempt to learn whether a hospital had:

- An LGBTQ-inclusive patient non-discrimination policy
- An equal visitation policy
- An LGBTQ-inclusive employment non-discrimination policy

We contacted these hospitals multiple times with our findings to encourage them to submit documentation regarding incorrect policy listings. We also invited these hospitals to actively participate in the HEI 2017.

Search the HEI 2017 Database: www.hrc.org/hei/search

In addition to our all-new database search where you will find individual report cards for each hospital, you can also search for HEI-evaluated hospitals on our interactive Google map.

Search the HEI 2017 Map: www.hrc.org/hei/interactive-map

# How We Obtained Information for the 2017 Report

The HEI criteria was assessed for the 590 healthcare facilities that actively participated in the Healthcare Equality Index. In order for a facility to actively participate, a facility representative must have completed and submitted the free online HEI survey. The data shown throughout this report was aggregated from these surveys. Invitations for the HEI 2017 survey were emailed in June 2016, and the deadline to submit completed surveys was September 30, 2016.

The survey aims to highlight and encourage the use of best practices and policies for LGBTQ-inclusive care by providing links to sample policies, requirements from the Centers for Medicaid and Medicare Services, recommendations from The Joint Commissions, and other guidance from the HRC website. Throughout the open survey period, HRC Foundation Health and Aging Program staff provided additional assistance and advice to help facility representatives complete the survey. Once submitted, HRC Foundation staff reviewed and verified documentation for appropriate language and consistency with required criteria. If any criteria were not met, the HRC Foundation gave healthcare facilities the opportunity to update the deficiencies and submit the required additional information necessary to meet the criteria.







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Oregon Health & Science University Hosp Maimonides Medical Cer Randall Children's Hospital at Legacy Emar



**Customized Needs Assessment for:** 

Contra Costa Regional Medical Center

Based on responses to the 2017 Healthcare Equality Index



May 9, 2017

Dear Joanne,

Thank you once again for participating in the 2017 Healthcare Equality Index (HEI). This year we had a record 590 healthcare facilities actively take the HEI survey—we deeply appreciate your commitment to equitable patient care!

Today, we are pleased to provide you with a customized assessment report for Contra Costa Regional Medical Center, based on the HEI 2017 criteria. For each question, we detail how your facility responded as well as the national benchmarks reflecting how all 590 participating facilities responded.

Because we're sure you're anxious to know, we're heavily focused on the HEI 2018 survey and anticipate the survey opening in early June 2017. We haven't finalized the survey questions just yet, but we anticipate only minor changes to the questions and scoring criteria. We will send you the updated criteria in the coming weeks. When we open the HEI 2018 survey in early June 2017, we will release the new HEI 2018 Resource Guide—which will further define what we're expecting as validation for each of our survey questions.

We'd also like to share with you one update that we have announced for HEI 2019 (calendar year 2018)—HEI criteria will require that participants have at least one organization-wide health insurance plan that affirmatively provides transgender-inclusive coverage in order to receive a perfect score in the HEI and obtain the "Leader in LGBTQ Healthcare Equality" designation. We've included the details of this requirement <a href="here">here</a>—please review the initiative as soon as possible so that your benefits team may include this in plan option discussion for the coming plan years. We will also provide more information and technical assistance regarding this requirement in the coming months.

Once again, we thank you for your commitment to LGBTQ patient-centered care through your participation in the HEI 2017. We hope you take some time to review these results and assess how your facility can take the next steps to improving the LGBTQ patient and employee experience.

If you have any questions, please feel free to email us at hei@hrc.org.

Sincerely,

Tari, Marcos & Ashley The HEI Team

P.S. Keep an eye out for your printed copy of the HEI 2017 which will be mailed to all survey submitters in the coming weeks!

#### Contra Costa Regional Medical Center -- Customized Needs Assessment

#### The 2017 HEI Scoring Criteria

Each facility received a score in each of four different criterion sections. Facilities received points for meeting specific criteria and by having a certain number of best practices and policies in place. A facility needed to receive a score of 100 points to be designated as a "Leader in LGBTQ Healthcare Equality."

With the exception of the first section, the new scoring criteria for the HEI was intentionally designed to be flexible and to allow facilities to select from a menu of best practices in order to receive points for that section. Facilities may have received full, partial or no credit for each section depending upon how many of the policies and practices they had in place. In many cases, a facility was required to upload documentation to validate implementation of the best practice. Credit was not given for policies and best practices that could not be validated.

Non-Discrimination and Staff Training (40 points) – This section encompassed what was previously considered the Core Four Leader Criteria. All questions in this section were scored and must have been met in order to attain Leader status.

LGBTQ Patient Services and Support (30 points) – Four sub-sections composed this criterion: LGBTQ Patient Services and support; Transgender Services and Support; Patient Self-Identification; and Medical Decision Making. There were 19 scored questions in this criterion. In order to receive the full 30 points, your facility must have had at least 10 or more of these best practices in place from any of the subsections. Facilities that had 5 to 9 of these best practices in place received a partial score of 15 for this criterion.

LGBTQ Employee Services and Support (20 points) – This criterion section focused on the employee as much as the patient in providing inclusive care. These questions didn't only cover health insurance benefits, but also addressed employee resources groups, LGBTQ-inclusive hiring efforts, transgender inclusive healthcare benefits, employee transition support, and much more. There were 16 scored questions in this section. In order to receive the full 20 points, your facility must have had at least 6 or more of these best practices in place. Facilities that had 3 to 5 of these best practices in place received a partial score of 10 for this criterion.

LGBTQ Patient and Community Engagement (10 points) —This section focused on community outreach and promotion to let the LGBTQ community around your facility know your facility is welcoming and affirming, working toward LGBTQ inclusion. There were 8 scored questions in this section. In order to receive the full 10 points, your facility must have had at least 4 of these best practices in place. Facilities that had 2 or 3 of these best practices in place received a partial score of 10 for this criterion.

You may review the scoring criteria methodology here: http://bit.ly/HEI2017Scoring

#### The 2018 HEI Scoring Criteria

As we mentioned above, we haven't finalized the HEI 2018 survey questions just yet, but we anticipate only minor changes to the questions and scoring criteria. We hope to provide greater clarity on some of the questions and what validation we are looking for in each question. There may be a few new questions added and we may remove a couple of questions. All of these changes are based on what we learned from the HEI 2017 implementation and your feedback in our participant survey. The HEI 2018 criteria will be released in the coming weeks and will be followed by the new HEI 2018 Resource Guide which will further define what we're expecting as validation for each of our survey questions and give you many more examples from other hospitals.

In the meantime, we encourage you to use this document as a guide to lead your efforts in the coming survey year. Take a look at the list of scored initiatives available, specifically those marked "No, but interested" and begin to assess whether those initiatives can be implemented in the coming year.

# **Contra Costa Regional Medical Center -- Customized Needs Assessment**

2017 Survey Section	Criteria Detail	Initiatives needed	Criteria Met
·使用物料10.040000000000000000000000000000000000	Non-Discrimination and Staff Training	A PROGRAMMAN	
1	LGBTQ-inclusive Patient Non-Discrimination Policy	required*	Yes
- 1	Patient non-discrimination is communicated to patients and staff	required*	Yes
2	Equal Visitation Policy	required*	Yes Yes
2	Equal Visitation Policy is communicated to patients and staff	required*	Yes
3	LGBTQ-inclusive Employment Non-Discrimination Policy	required*	Yes
3	Employment Non-Discrimination Policy is shared with the public	required*	Yes
4	Training in LGBTQ Patient-Centered Care	required*	Yes
4	HEI training options promoted to staff	required*	Yes
2017 Survey Section	Patient Services & Support	Initiatives needed	Number of initiatives in place at your facility
Α	LGBTQ Patient Services & Support	10 or more:	
В	Transgender Patient Services & Support	full credit	
C	Patient Self-Identification	5 to 9	20
<b>D</b>	Medical Decision-Making	initiatives:	
2017 Survey Section	Employee Benefits & Policies	Initiatives needed	Number of initiatives in place at your facility
<b>E</b>	Employee Benefits & Policies	6 or more: full credit 3 to 5 initiatives: half credit	13
2017 Survey Section	Patient & Community Engagement	Initiatives needed	Number of initiatives in place at your facility
F	LGBTQ Patient & Community Engagement	4 or more: full credit 2 to 3 initiatives: half credit	

<sup>\*</sup>Questions in the Non-Discrimination and Staff Training section are required and must be met in order to receive full credit for those subsections.

Contra Costa Regional Medical Center -- Customized Needs Assessment

-	istomized Needs Assessment			
	1. Non-Discrimination and Staff Training	Your Answer		National Benchmarks
*	1a. Is your patient non-discrimination policy (or patients' bill of rights) fully LGBTQ-inclusive by including the terms "sexual orientation" and "gender identity"?	Yes	99%	Yes
*	1b. Is your LGBTQ-inclusive patient non- discrimination policy (or patients' bill of rights) communicated to patients in at least two readily accessible ways?	Yes	96% 4%	Yes No
*	1c. Is your LGBTQ-inclusive patient non- discrimination policy (or patients' bill of rights) communicated to staff in at least one readily accessible way?	Yes	93% 7%	Yes No
*	2a. Does your visitation policy include explicit language granting equal visitation to LGBTQ patients and their visitors?	Yes	100%	Yes
¥	2b. Is your LGBTQ-inclusive equal visitation policy communicated to patients in at least two readily accessible ways?	Yes	96% 4%	Yes No
*	2c. Is your LGBTQ-inclusive equal visitation policy communicated to staff in at least one readily accessible way?	Yes	95% 5%	Yes No
*	3a. Is your employment non-discrimination policy (or equal employment opportunity policy) fully LGBTQ-inclusive by including the terms "sexual orientation" "gender identity"?	Yes	98% 2%	Yes No
*	3b. Is your LGBTQ-inclusive employment non- discrimination policy (or equal employment opportunity policy) communicated to the public in at least one readily accessible way?	Yes	96% 4%	Yes No
*	4. Did you provide your organization's employees with expert training in LGBTQ patient-centered care between January 1, 2016 and September 30, 2016?	Yes	85% 15%	Yes No

	2. Patient Services & Support	Your Answer	National Benchmarks			
tin .	A. LGBTQ Patient Services & Support					
	1. Does your organization have an official plan, strategy or goals for reducing health disparities among your patients and/or providing culturally and linguistically appropriate services to your patient population?	Yes	75% 23% 2%	Yes No, but interested No		
*	1a. If YES to Q1, does this plan or strategy specifically include LGBTQ patients in addition to race, ethnicity and linguistic concerns?	Yes	73% 4% 23%	Yes No, but interested No		
*	2. Has your organization reviewed any of its clinical services to identify possible LGBTQ-related gaps?	Yes	48% 47% 5%	Yes No, but interested No		
*	3. Does your organization help make LGBTQ- knowledgeable and -friendly providers known as such to interested patients?	Yes	37% 48% 15%	Yes No, but interested No		
	3a. If YES to Q3, please indicate how LGBTQ-knowledgeable and -friendly providers are made known to interested patients. Check all that apply:	Yes, referrals offered	47% 42% 48%	Shown in a list posted externally Tagged in organization's online referral system Shown in a list posted externally		

	2. Patient Services & Support	Your Answer		National Benchmarks
	A. LGBTQ Patient Services & Support			
	4. Does your organization offer any of the following specific services to meet the needs of LGBTQ patients? Check all that apply:		79% 61%	HIV/STD/STI testing and counseling Provision of PEP (post-
			57%	exposure prophylaxis) for patients at risk for HIV Provision of PrEP (preexposure prophylaxis) for patients at risk for HIV
			70% 49%	HIV care and services LGBTQ-focused mental
		Yes, service(s)	22%	health services LGBTQ-focused alcohol
*		offered		and substance use treatment
			25%	LGBTQ family building assisted reproductive treatment
			36%	Other prevention, screening, wellness or testing services explicitly focused on LGBTQ
			16%	patients Do NOT provide any of these services
*	5. Does your organization have an LGBTQ-focused office, point-person, patient advocate or equivalent?	Yes	63% 30% 7%	Yes No, but interested No
*	6. Does your organization provide information about LGBTQ services and/or health concerns on its public website?	Yes	61% 31% 8%	Yes No, but interested No
*	7. Does your organization publish a brochure or other print material(s) designed to educate or support LGBTQ patients?	Yes	57% 35% 8%	Yes No, but interested No
*	8. Does your organization regularly make LGBTQ health material(s) published by other organizations available to patients?	Yes	63% 31% 6%	Yes No, but interested No

	2. Patient Services & Support	Your Answer	National Benchmarks			
	B. Transgender Patient Services & Support	Macegrob Control of Macegia Co	Land Committee C			
*	1. Does your organization have a policy or policies that specifically outline procedures and practices aimed at eliminating bias and insensitivity, and ensuring appropriate, welcoming interactions with transgender patients?	Yes	40% Yes 54% No, but interested 6% No			
	1a. If YES to Q1, what procedures and practices are covered under this policy(ies)? Check all that apply:	Yes	69% Recording of preferred name and pronouns in paper and/or electronic admitting/registration records 89% Use of preferred name and pronouns when interacting with and referring to transgender patients 81% Protocols for interacting with transgender patients 74% Guidelines for room assignments for transgender patients 86% Access to restrooms 81% Compliance with privacy laws 44% Access to items that assist gender presentation 40% Addressing potential problems with insurance/billing claims 21% Other			
	1b. If YES to Q1, has your organization provided training to employees on these policies, practices and procedures?	Yes	88% Yes 10% No, but interested 2% No			

	2. Patient Services & Support	Your Answer	National Benchmarks		
	B. Transgender Patient Services & Support				
	2. Does your organization offer any of the following		33%	Comprehensive,	
	specific services to meet the needs of transgender			multidisciplinary clinical	
	patients? Check all that apply:			care program for	
				transgender adults	
			19%	Comprehensive,	
				multidisciplinary clinical	
				care program for	
	f.			transgender and gender	
				expansive youth	
			46%	Trans-affirming	
				gynecological care,	
				including cervical cancer	
				screening and pelvic	
				exams	
*		Yes	57%	Hormone therapy and	
				monitoring	
			53%	Psychological, physical,	
				and psychiatric	
				evaluations	
			54%	Gender confirming	
				surgeries	
			41%	Referrals for gender	
				confirming surgeries	
			36%	Preoperative and	
				postoperative care for	
				gender confirming	
				surgeries	
			27%	No, we do NOT provide	
				any of these services	
	3. Has your organization trained and clearly		47%	Yes	
	designated at least one employee at an appropriate		45%	No, but interested	
*	level of skill, knowledge, and influence to serve as an	Yes	8%	No	
	ombudsman/navigator for transgender patients	103			
	and/or to coordinate a peer accompaniment				
B-12.11	program for transgender patients?				
	4. Has your organization re-signed one or more		86%	Yes	
	single-stall bathrooms previously signed as only for		9%	No, but interested	
*	men or only for women as unisex bathrooms, to	Yes	5%	No	
	assist transgender patients, patients accompanied				
	by a different-sex child or attendant, and others?				

	2. Patient Services & Support	Your Answer		National Benchmarks
	C. Patient Self-Identification	Control Caroni Sincaria	111.4	profession to the control of the force
	1. Has your organization adopted and implemented an Electronic Health Record (EHR) system?	Yes	97% 3%	Yes No
*	2. Does your organization's (electronic) health records offer a way for patients to indicate that their current gender identity differs from the gender they were assigned at birth and/or the gender shown on any identification, insurance, or other documents used in admitting/registration?	Yes, via explicit options	29%	Yes, this information may be recorded via explicit options, not just free- form notes No, this information may be recorded in free-form notes
			16%	No, this information is not currently captured in any way on a patient's health records
*	2a. If YES to Q2 (of the 29% of respondents who answered Yes), does your (electronic) health record use a two-question process to collect data on gender identity (ie. first asking current gender identity and then asking sex assigned at birth)?	Yes	81% 17% 2%	Yes No, but interested No
	2b. If YES to Q2, does your organization provide employees with training on how to collect and record gender identity data?	Yes	24% 40% 36%	Yes No, but interested No
*	3. Do your organization's (electronic) health records offer a way for indicating a patient's sexual orientation, if they volunteer this information for inclusion in their records?	Yes, via explicit options	70% 13%	Yes, this information may be recorded via explicit options, not just freeform notes No, this information may be recorded in free-form notes No, this information is not currently captured in any way on a patient's health records
	3a. If YES to Q3, does your organization provide employees with training on how to collect and record sexual orientation data?		80% 18% 2%	Yes No, but interested No
*	4. Does your organization provide employees with training explicitly reminding them that LGBTQ status is confidential patient information?	Yes	40% 53% 7%	Yes No, but interested No

	2. Patient Services & Support	Your Answer		National Benchmarks
	C. Patient Self-Identification			
*	5. Do your organization's (electronic) health records offer explicit options for patients' parents beyond "mother" and "father" (e.g., "parent/guardian 1, parent/guardian 2, parent/guardian 3"), to be inclusive of same-sex parents and other diverse families?	Yes, via explicit options	50% 36%	Yes, this information may be recorded via explicit options, not just freeform notes Yes, however this information may only be recorded in free-form notes No
	6. Does your organization record patients' marital or relationship status, offering options such as "single" and "married"?	Yes	81% 19%	Yes No
*	6a. If YES to Q6, what option(s), other than single or married, are explicitly offered to patients who wish to indicate their relationship status? If YES, what option(s) other than single, married (or related options such as divorced, widowed, etc.) are explicitly offered to patients who wish to indicate their relationship status with an unmarried partner?	Yes, via explicit options	60% 23% 18% 53% 0%	Partner/domestic partner Same-sex partner/domestic partner State-registered domestic partner Significant other Other explicit option
*	D. Medical Decision-Making  1. Does your organization explicitly inform patients of their right to designate a person of their choice, including a same-sex partner, as medical decision-maker?	Yes	95% 4% 1%	Yes No, but interested No
	2. Does your organization provide employees with training related to medical decision-making?	Yes	95% 5%	Yes No
	2a. If YES to Q2, does the training include LGBTQ-specific information?	Yes	40% 54% 6%	Yes No, but interested No

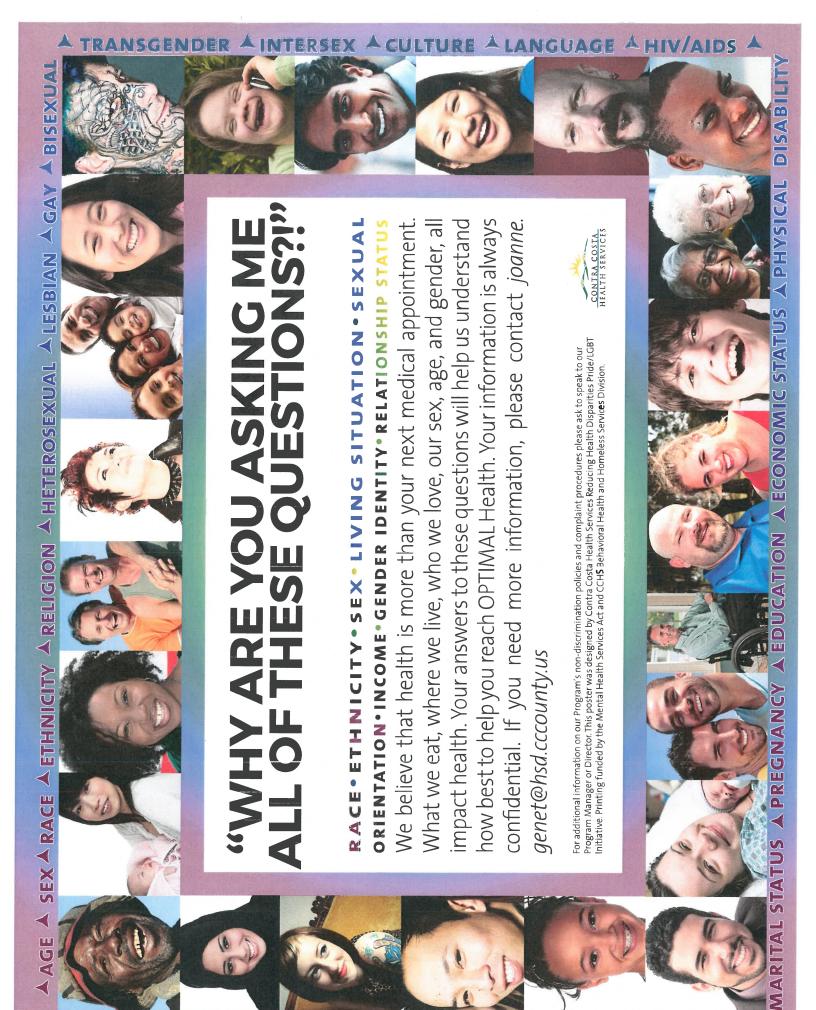
	3. Employment Benefits and Policies	Your Answer		National Benchmarks
	Does your organization offer healthcare benefits to spouses of benefits-eligible employees?	Yes	99% 1%	Yes No
	1a. If YES to Q1, does your health insurance contract have a definition of spouse?	No	87% 4% 9%	Yes No but interested No
*	1b. If YES to Q1a (87% of those who answered YES above), does your health insurance contract definition of "spouse" include same-sex spouses (not domestic partners, but same-sex spouses)?	Does not apply	96% 1% 3%	Yes No, but interested No
*	1c. If YES to Q1, for benefits enrollment and/or audit purposes, does your organization require the same dependent eligibility or proof of relationship documentation for same-sex spouses as for opposite sex spouses?	Yes	96% 2% 2%	Yes No No
*	2. Does your organization offer healthcare benefits to same-sex domestic partners of benefits-eligible employees?	Yes	20% 17% 33%	Yes No, but interested No
*	2a. If YES to Q2, does your organization extend COBRA-equivalent benefits to same-sex domestic partners of benefits-eligible employees?	Yes, offered to spouses and partners	85% 15%	Yes No
#	3. If your organization offers any of the following "soft benefits" to employees' spouses, are they also offered to employees' same-sex domestic partners?			,
种	3a. FMLA leave or equivalent	Yes, offered to spouses and partners	89% 11%	Offered to partners Offered only to spouses
*	3b. Bereavement leave in case of spouse's death	Yes, offered to spouses and partners	98% 2%	Offered to partners Not offered to partners
*	3c. Employer-provided life insurance for spouse	Yes, offered to spouses and partners	91% 9%	Offered to partners Offered only to spouses
*	3d. Discounts for spouse (e.g., transportation, gym membership)	Yes, offered to spouses and partners	94%	Offered to partners Offered only to spouses

	3. Employment Benefits and Policies	Your Answer		National Benchmarks
*	4. Does your organization have at least one health plan available to all employees that explicitly covers medically necessary health services for transgender people, including gender transition-related treatment (e.g., hormone therapy, chest/breast and genital surgeries, and mental health services)?	Yes	47% 37% 16%	Yes No, but interested No
	4a. If YES to Q4, do the benefit guidelines used by the insurer(s) reference and conform to Version 7 of the Standards of Care of the World Professional Association for Transgender Health (WPATH)?	Yes	80% 20%	Yes No
<b>*</b>	5. Does your facility have written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition?	No, but interested	27% 62% 11%	Yes No, but interested No
*	6. Has your organization trained and clearly designated at least one employee at an appropriate level of skill, knowledge, and influence to serve as an advisor/advocate for transgender employees, particularly those transitioning on the job?	Yes	59% 30% 11%	Yes No, but interested No
•	7. Does your organization have an officially recognized LGBTQ employee resource group?	Yes	58% 30% 12%	Yes No, but interested No
	8. Has your organization conducted an anonymous survey of employees with respect to climate, diversity, or a similar topic?	Yes	64% 36%	Yes No
*	8a. If YES to Q8, did LGBTQ employees have an opportunity within the survey to identify themselves as such?	No, but interested	41% 45% 14%	Yes No, but interested No
*	8b. If YES to Q8, did the survey include one or more questions related to LGBTQ concerns?	Yes	24% 63% 13%	Yes No, but interested No
****	9. Since January 1, 2016, has your organization commemorated an "LGBTQ holiday"?	Yes	63% 25% 12%	Yes No, but interested No
	10. Are your organization's hiring/recruitment efforts explicitly LGBTQ-inclusive?	Yes	52% 35% 12%	Yes No, but interested No

3. Employment Benefits and Policies	Your Answer		National Benchmarks
10a. If YES to Q10, please indicate how hiring/recruitment is explicitly LGBTQ-inclusive. Check all that apply:		49%	Job postings are sent to LGBTQ organizations and/or print/online LGBTQ publications
		25%	Organization has a hiring/recruitment brochure explicitly targeting LGBTQ people
		42%	Organization attends LGBTQ job fairs
		40%	Other

	4. Patient & Community Engagement	Your Answer		National Benchmarks
*	1. Since July 1, 2015, has your organization participated in or supported one or more LGBTQ-related events or initiatives in its service area?	Yes	85% 13%	Yes No
*	2. Since January 1, 2016, has your organization engaged in marketing or advertising to the LGBTQ community (other than sponsorship of events)?	Yes	50% 40% 10%	Yes No, but interested No
	3 Does your organization regularly survey patients about the care they have received (e.g., via a patient satisfaction survey)?	Yes	95% 5%	Yes No
*	3a. If YES to Q3, does the survey explicitly allow patients to identify as LGBTQ, if they wish?	No, but interested	12% 72% 16%	Yes No, but interested No
*	3b. If YES to Q3, does the survey explicitly collect LGBTQ-related information (e.g., whether needs were met related to LGBTQ status)?	No, but interested	8% 75% 17%	Yes No, but interested No
*	4. Has your organization conducted a needs assessment or gap analysis vis-à-vis LGBTQ services and programs with local LGBTQ individuals or groups?	Yes	36% 53% 11%	Yes No, but interested No
*	5. Since January 1, 2016, has your organization held a meeting with one or more representatives of an LGBTQ organization to discuss LGBTQ-related concerns?	Yes	76% 18% 6%	Yes No, but interested No
*	6. Does your organization have a representative of an LGBTQ organization or an openly LGBTQ person serving on a governing or community advisory board?	Yes	54% 35% 11%	Yes No, but interested No
*	7. Does your organization conduct or substantially support LGBTQ health-related research?	No, but interested	42% 40% 18%	Yes No, but interested No

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