

Healthcare Equality Index 2020



Promoting Equitable and Inclusive Care for Lesbian, Gay, Bisexual, Transgender & Queer Patients and Their Families



thank you
gracias 감사합니다
jeongmal gomawoyo
شكراً لك arigato спасибо vielen dank 多謝 धन्यवाद
merci *gracias* 감사합니다 jeongmal gomawoyo
mesi 多謝
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谢谢 *merci*
salamat
감사합니다 *gracias* धन्यवाद salamat
jeongmal gomawoyo спасибо
thank you ありがとうございます
gracias vielen dank
多謝 cảm ơn bạn
धन्यवाद *merci*
thank you
감사합니다

To the Heroes on the Frontlines of COVID-19: We Are With You!

To our Heroes on the Frontlines,

In the early days of the AIDS epidemic, many of you were among our only allies — LGBTQ and allied doctors, nurses, researchers and others who took care of us when no one else would. Over the years, more and more of you have come to provide essential affirming care for transgender people. You've worked with LGBTQ youth in crisis and with older LGBTQ communities in transition. As we note each year in HRC Foundation's Healthcare Equality Index (HEI), facilities across the country are becoming more inclusive to LGBTQ folks...and that's certainly because of the work you do.

Today, you're on the frontlines of this epidemic. You're the support staff in the hospitals. You're the first responders and home health care workers. You're health care providers wearing homemade masks. Many of you aren't even making it home each night, and for those who are, you're isolating yourself in other rooms, not able to hug your spouses or kids. You're putting your lives on the line for all of us.

We're taking this pledge to do everything we can to bring an end to COVID-19. We'll stay at home. We'll wash our hands. We'll social distance. And we'll encourage others to do the same.

You've been there for us, and now we want you to know that the LGBTQ community is with you. You're putting your lives on the line and we want you to know we thank you. We see you. And we are with you.

Nearly 5,000 of HRC's members and supporters signed on to this statement in mid-April. Close to 1,000 of them also shared their own messages of gratitude and thanks. Throughout this report you will see quotes from the HRC community thanking our healthcare heroes.

Thank you!
As a 66 year old man with a compromised immune system, I very much appreciate the work and sacrifices you are making for ALL of us!

Mark
Newnan, GA

Thank you
for your amazing efforts. You are loved, thought of daily and I will continue to stay home to keep you safe!

Natalie
Wooster, OH

**Thank you to all
the PAs, APRNs and physicians
across the country who took
a sharpie and added their
pronouns on their Gown/PPE.
#TransLivesMatter #Transhealth**

Diane
Queens, NY

**A huge
thank YOU to all of our
unsung heroes working in or
supporting a healthcare profession.
You're commitment and sacrifice
will go down in history. Much
appreciation from St. Louis!**

Aaron
Saint Louis, MO

**As a front line
worker too, thank you
all for your comradery,
caring & support.**

Michele
Las Vegas, NV

**Thank you for
being the courageous caregivers
that you are. We join you in the
fight against the invisible enemy
— it is a battle that, together,
we will win. With gratitude...**

Steven
Houston, TX

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HEALTHCARE EQUALITY INDEX 2020

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Bisexual, Transgender & Queer
Patients and Their Families



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RIGHTS
CAMPAIGN
FOUNDATION

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“From the previously unimaginable impact of the COVID-19 pandemic to the horrific incidents of racial violence targeting the Black community, the events of the past year have brought about so much pain and uncertainty. Yet, even during this moment of profound unrest, we are seeing more of our humanity and resilience come to life. For me, nowhere is that more true than through the tireless dedication of our healthcare providers and the intrepid support and administrative staff members by their sides that show up every day to ensure this life-saving work continues,” said **HRC President Alphonso David**. **“The healthcare facilities participating in the HRC Foundation’s Healthcare Equality Index (HEI) are not only on the front lines of the COVID-19 pandemic, they are also making it clear from their participation in the HEI that they stand on the side of fairness and are committed to providing inclusive care to their LGBTQ patients. In addition, many have made strong statements on racial justice and equity and are engaging in efforts to address racial inequities in their institutions and their communities. We commend all of the HEI participants for their commitment to providing inclusive care for all.”**

WHY THE HEI?


To prevent patient experiences like these...

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 health care, free from discrimination. No one facing health concerns should also have to worry about receiving inequitable or substandard care because of their LGBTQ status.



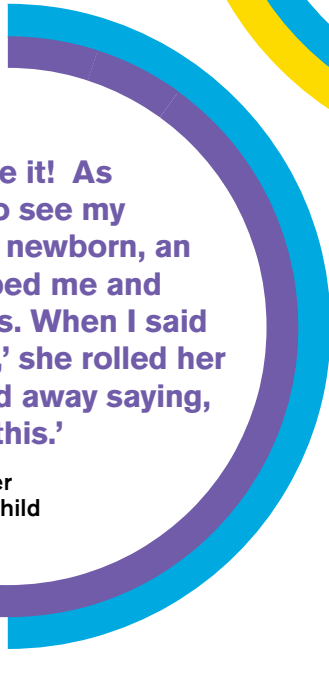
When I walked toward the women's bathroom in the waiting area, the receptionist jumped up and told me to use a McDonald's restroom down the street. I felt like leaving and never going back.

A transgender woman waiting for her first physical in years



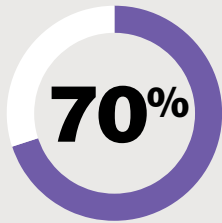
After I mentioned that my husband would be visiting me, the staff, who had been very friendly, turned very cool — and I saw a lot less of them, even when I really needed help.

A gay man hospitalized for a lung condition



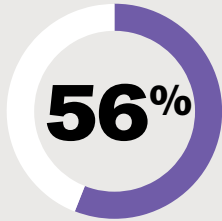
I couldn't believe it! As I walked back to see my partner and our newborn, an employee stopped me and asked who I was. When I said 'the other mom,' she rolled her eyes and walked away saying, 'I don't believe this.'

A lesbian mother after the birth of her first child



70%
of transgender or gender non-conforming patients surveyed have experienced some type of discrimination in healthcare

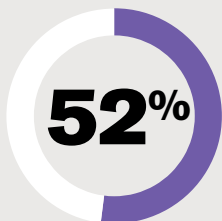
Yet many LGBTQ Americans experience these challenges when seeking health care, which can intensify whatever worries they may have about their health. In Lambda Legal's landmark study, *When Health Care Isn't Caring*, **73%** of transgender respondents and **29%** of lesbian, gay and bisexual respondents 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 be refused medical services because of their LGBTQ status.*



56%
of lesbian, gay or bisexual patients surveyed have experienced some type of discrimination in healthcare

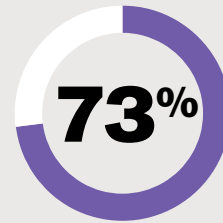
When asked why they had such concerns, more than half of all respondents reported that they had experienced at least one of the following types of discrimination from healthcare providers: refusing to provide needed care, refusing to touch them or using excessive precautions, using harsh or abusive language,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

The HEI exists because the HRC Foundation believes that most 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.



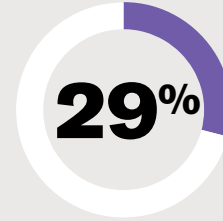
52%
of transgender respondents reported that they believed they would be refused medical services because of their LGBTQ status

The HEI was developed to give healthcare facilities the information and resources they need to ensure that LGBTQ 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 the HEI survey and to award those facilities that receive the top score in the survey the coveted designation of "LGBTQ Healthcare Equality Leader." During the past decade, 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



73%
of transgender respondents reported that they believed they would be treated differently by medical personnel because of their LGBTQ status

in their non-discrimination policies, thus extending vital protection to LGBTQ 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. Federal courts have determined that this prohibition extends to claims of discrimination based on gender identity and sex stereotyping. Additionally, the Supreme Court of the United States ruled in *Bostock v. Clayton County* that a corollary statute that prohibits discrimination on the basis of sex must be understood to also prohibit discrimination on the basis of sexual orientation and gender identity.



29%
of lesbian, gay and bisexual respondents reported that they believed they would be treated differently by medical personnel because of their LGBTQ status

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 LGBTQ 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 health care for LGBTQ Americans.

* *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>

** 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).

Executive Summary

THE HUMAN RIGHTS CAMPAIGN FOUNDATION'S

Healthcare Equality Index continues to show incredible growth in the number of healthcare institutions that are embracing and adopting LGBTQ-inclusive policies and practices.

A record 765 healthcare facilities actively participated in the HEI 2020 survey.



507 Active Participants



568 Active Participants



626 Active Participants



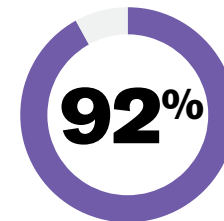
765 Active Participants

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 non-discrimination policy, and staff training in LGBTQ patient-centered care. In 2016, HEI-participating facilities began demonstrating near-perfect levels of adoption of the first three foundational elements, which has continued in subsequent years. In addition, **92%** of this year's participants met our staff training requirement. The HEI recorded more than 150,000 hours of training in LGBTQ patient-centered care provided to the staff at HEI-participating facilities.

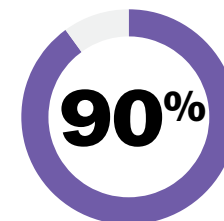
In addition to active survey participants, the HRC Foundation proactively researched the key policies at over 1,000 non-participating hospitals. Unfortunately, the adoption rate at these researched hospitals stands in stark contrast to the near-perfect

adoption by active participants. Among the researched hospitals in which we were able to find or obtain enumerated patient non-discrimination policies, only **67%** have policies that include both "sexual orientation" and "gender identity," and only **63%** were found to have an LGBTQ-inclusive employment non-discrimination policy. The equal visitation policy, at **93%**, is the only one that comes close to matching the rate of the participating facilities.

This year marks the fourth year that HEI participants were given a score based on how many LGBTQ-inclusive policies and practices they have in place in four different criteria. The first criteria consist of the 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. In addition, this is the second year that participants had to demonstrate that they offered transgender-inclusive healthcare benefits to their employees to receive a score of 100 points and earn HRC's coveted "Leader in LGBTQ Healthcare Equality" designation. An impressive 495 participants met this higher standard.



of this year's participants met our staff training requirement. The HEI recorded more than 150,000 hours of training in LGBTQ patient-centered care provided to the staff at HEI-participating facilities.



of participating facilities scored 80 points or more, with healthcare facilities going beyond the basics in adopting policies and practices in LGBTQ care.

Another 193 facilities earned the "Top Performer" designation for scoring from 80 to 95 points. With **90%** of participating facilities scoring 80 points or more, healthcare facilities are going beyond the basics when it comes to adopting policies and practices in LGBTQ care.

As this overview of the HEI 2020 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 LGBTQ 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.

BY THE NUMBERS

HEI 2020
Participants
at a Glance

765 Participants
495 Leaders / 65%
193 Top Performers / 25%

Participants include more than **120 different non-profit, for-profit and public health systems** / Systems with 10 or more participating facilities:

Veterans Health Administration	105
Kaiser Permanente	39
AdvocateAurora Health	28
Northwell Health	27
UPMC	26
NYC Health + Hospitals	23
Sutter Health	21
Novant Health	15
Sentara Healthcare	12
Cleveland Clinic Health System	11
Ochsner Health System	11
Geisinger	10

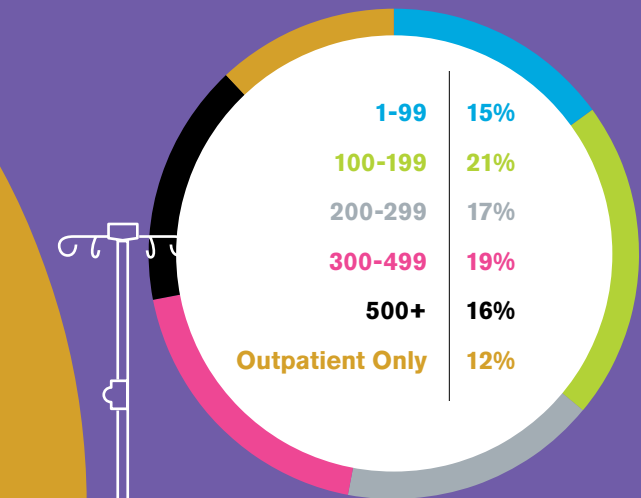
370 Teaching Hospitals

35 Pediatric Hospitals

41 Faith-Based Hospitals

Participants by Bed Size

Healthcare facilities of all sizes participate in the HEI, including a roughly equal balance of the smallest hospitals (less than 25 beds) and largest hospitals in the nation (1,000+ beds).



The First Half of 2020 in Review

Every year, we recognize the healthcare facilities that participate in the HEI for their dedication and commitment to LGBTQ inclusion. This year, however, we must also extend our deepest gratitude to these facilities for their courageous fight against COVID-19 and their commitment to addressing racism and injustice.

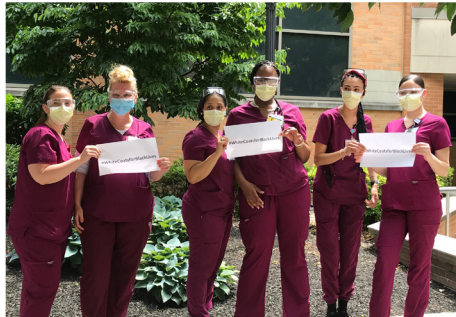
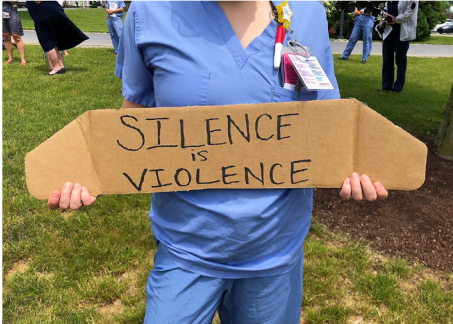
As the final HEI surveys were submitted in March, healthcare facilities were kicking into overdrive to meet the challenges of COVID-19. Many faced a lack of equipment, staffing shortages and surging demand unlike anything they'd ever seen. Two months later, as the fight against COVID-19 continued, George Floyd's murder by police officers thrust America's structural racism into the spotlight. Mass protests followed, ignited by Floyd's murder and those of Ahmaud Arbery, Elijah McClain, Breonna Taylor, Tony McDade, Rayshard Brooks and far too many others. Healthcare facilities, like many Americans, grappled with how they could help address an issue that has plagued our country for hundreds of years.

HEI participants issued strong statements on racial justice and equity, participated in White Coats for Black Lives

demonstrations, and announced new programs to address racial inequities in their institutions and their communities. We hope that these efforts reflect long-standing commitments to dismantling the structural racism that threatens the health and well-being of so many in our community.

Though only halfway through 2020 at the time of this report's publication, it's easy to feel that this year has lasted forever. As both new and existing challenges continue to affect the work of healthcare facilities, we extend our thanks to the HEI 2020 participants for their continued commitment and courage during this unprecedented time.







COVID-19 and the LGBTQ Community

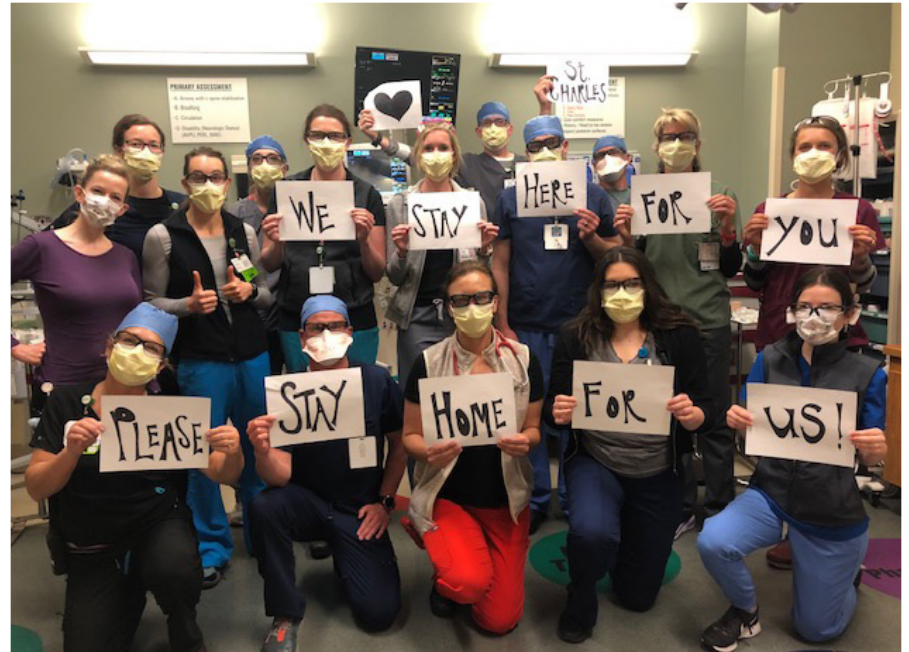
LGBTQ PEOPLE ARE MORE VULNERABLE to the risks of COVID-19 than their peers. Research by the HRC Foundation shows that LGBTQ people are less likely to have health coverage and more likely to smoke, be asthmatic and have a variety of chronic illnesses. LGBTQ people are also more likely to work in sectors highly affected by the virus, including those with greater exposure and/or higher economic sensitivity to the COVID-19 crisis.*

LGBTQ people of color in particular have been disproportionately impacted by COVID-19, according to research by the HRC Foundation and PSB Research. Compared to their white LGBTQ counterparts, LGBTQ people of color are more likely to have become unemployed, reduced their work hours, or asked

for delays in rent or other bills during the pandemic.**

Unfortunately, it is impossible to calculate the full impact of COVID-19 on the LGBTQ community and LGBTQ people of color because sexual orientation and gender identity (SOGI) data is not consistently collected during testing. In April 2020, HRC joined over 170 organizations in signing an open letter to health and policy leaders urging providers and public health authorities to collect SOGI data in addition to data on race, ethnicity, age, sex and disability. This step is essential to better document and address the pandemic's impact on minority communities.***

For more on HRC's work on COVID-19 visit hrc.org/resources/covid-19.



* Human Rights Campaign Foundation, The Lives and Livelihoods of Many in the LGBTQ Community Are at Risk Amidst COVID-19 Crisis, 2020.
 ** Human Rights Campaign Foundation and PSB Research, The Impact of COVID-19 on LGBTQ Communities of Color, 2020.
 *** National LGBT Cancer Network and Whitman-Walker, Second Open Letter & Press Release, 2020, <https://cancer-network.org/coronavirus-2019-lgbtq-info>.

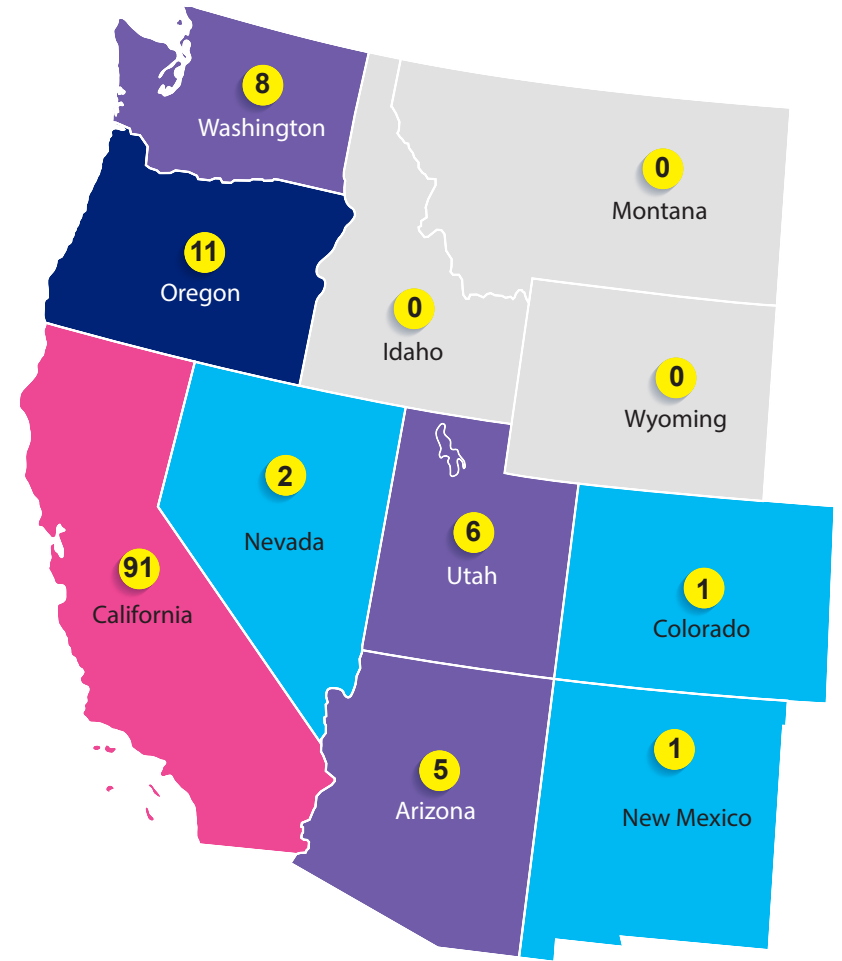




HEI 2020 LGBTQ Healthcare Equality Leaders

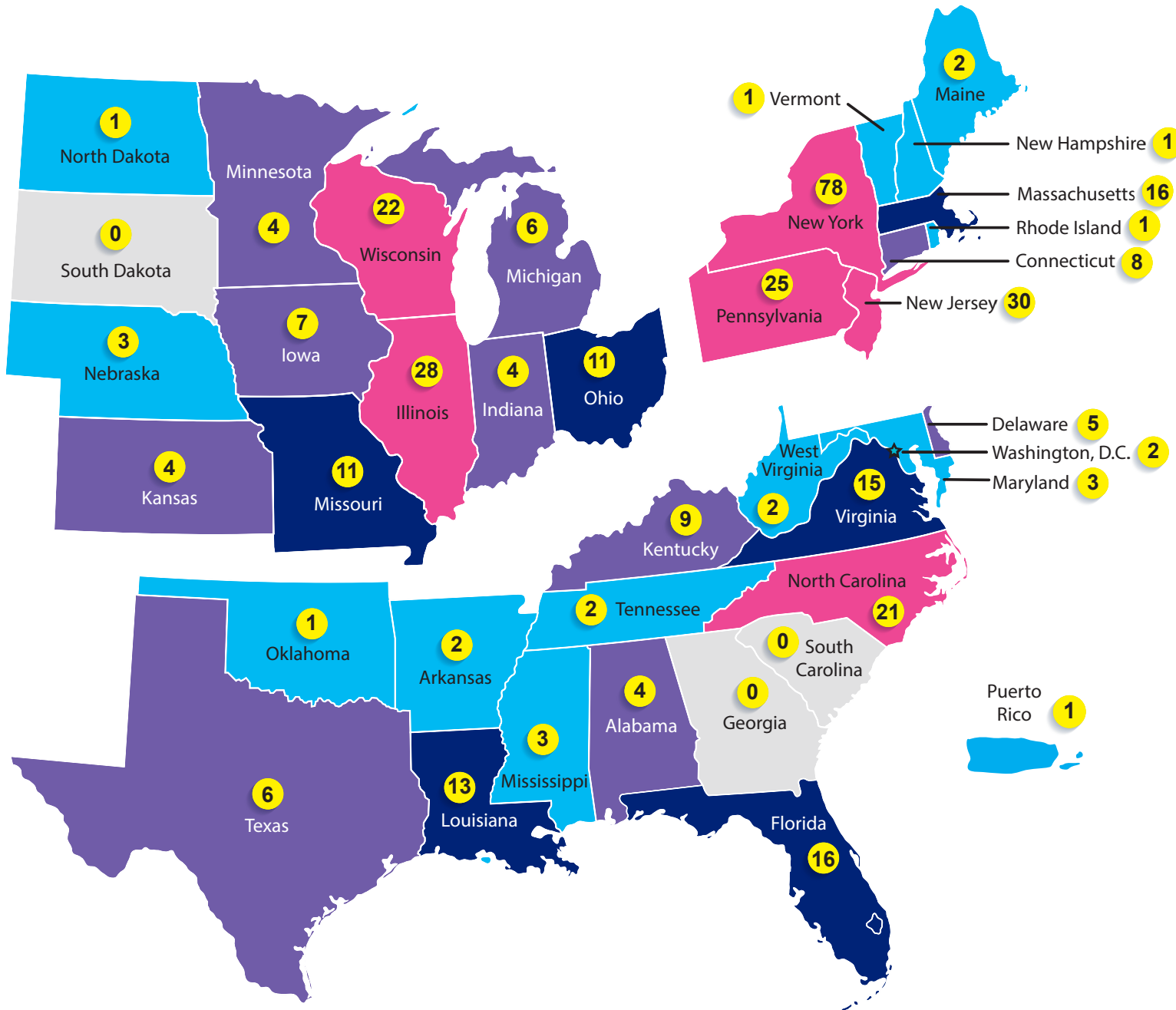
THIS YEAR MARKS THE FOURTH YEAR THAT HEI PARTICIPANTS WERE GIVEN A SCORE based on how many LGBTQ-inclusive policies and practices they have in place in four different criteria. The first criteria consist of the foundational elements of LGBTQ patient-centered care. The three remaining criteria are Patient Services and Support, Employee Benefits and Policies, and Patient and Community Engagement. In addition, this is the second year that participants had to demonstrate that they offered transgender inclusive healthcare benefits to their employees to receive a score of 100 points and earn HRC's coveted "LGBTQ Healthcare Equality Leader" designation. **An impressive 495 (65%) of HEI participants met this higher standard and earned the LGBTQ Healthcare Equality Leader designation.**

This list features the 495 HEI 2020 LGBTQ Healthcare Equality Leaders. In addition to being celebrated in the HEI report, LGBTQ Healthcare Equality Leaders receive a special logo and a toolkit of resources for outreach to LGBTQ residents in their service area.



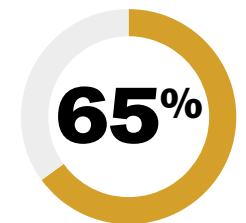
Leaders by Region





Number of LGBTQ Healthcare Equality Leaders

- 0
- 1-3
- 4-10
- 11-19
- 20 or more



of 2020's participants met the more challenging criteria and earned the designation "2020 LGBTQ Healthcare Equality Leader."



**You go to work every day
and put your lives at risk
for all of us. You are true heroes!
Thank you for everything you do.
Stay safe!**

Patty
Tempe, AZ

**Thank you
very much for your service
to all of us. Thank you for putting
your lives on the line every day,
you all are our ANGELS.**

Patricia
Apple Valley, CA

Healthcare Facility	City
ALABAMA	
University of Alabama Hospital	Birmingham
VA Birmingham Medical Center	Birmingham
VA Central Alabama Health Care System	Montgomery
VA Tuscaloosa Medical Center	Tuscaloosa
ARIZONA	
Mayo Clinic Hospital	Phoenix
VA Phoenix Health Care System	Phoenix
Valleywise Health	Phoenix
El Rio Community Health Center	Tucson
VA Southern Arizona Health Care System	Tucson
ARKANSAS	
VA Health Care System of the Ozarks	Fayetteville
VA Central Arkansas Healthcare System	Little Rock
CALIFORNIA	
Kaiser Permanente - Orange County Anaheim Medical Center	Anaheim
Kaiser Permanente - Antioch Medical Center	Antioch
Sutter Delta Medical Center	Antioch
Sutter Auburn Faith Hospital	Auburn
Kaiser Permanente - Baldwin Park Medical Center	Baldwin Park
Mills-Peninsula Medical Center	Burlingame
Eden Medical Center	Castro Valley
Sutter Coast Hospital	Crescent City
Sutter Davis Hospital	Davis
UC Davis Student Health and Counseling Services	Davis
Kaiser Permanente - Downey Medical Center	Downey
Rancho Los Amigos National Rehabilitation Center	Downey
City of Hope National Medical Center	Duarte
Kaiser Permanente - Fontana Medical Center	Fontana
Kaiser Permanente - Fremont Medical Center	Fremont
Kaiser Permanente - Fresno Medical Center	Fresno
USC Verdugo Hills Hospital	Glendale
Kaiser Permanente - South Bay Medical Center	Harbor City
Kaiser Permanente - Orange County Irvine Medical Center	Irvine
Sutter Amador Hospital	Jackson
Sutter Lakeside Hospital	Lakeport

Healthcare Facility	City
VA Loma Linda Healthcare System	Loma Linda
St. Mary's Medical Center - Long Beach	Long Beach
APLA Health	Los Angeles
Cedars-Sinai Medical Center	Los Angeles
Children's Hospital Los Angeles	Los Angeles
Kaiser Permanente - Los Angeles Medical Center	Los Angeles
Kaiser Permanente - West Los Angeles Medical Center	Los Angeles
Keck Medical Center of USC	Los Angeles
LAC+USC Medical Center	Los Angeles
Ronald Reagan UCLA Medical Center	Los Angeles
Resnick Neuropsychiatric Hospital	Los Angeles
UCLA Arthur Ashe Student Health and Wellness Center	Los Angeles
UCLA Mattel Children's Hospital	Los Angeles
VA Greater Los Angeles Healthcare System	Los Angeles
Memorial Hospital Los Banos	Los Banos
Kaiser Permanente - Manteca Medical Center	Manteca
Kaiser Permanente - Modesto Medical Center	Modesto
Memorial Medical Center	Modesto
Kaiser Permanente - Moreno Valley Medical Center	Moreno Valley
El Camino Hospital	Mountain View
Sutter Novato Community Hospital	Novato
Alta Bates Summit Medical Center	Oakland
Kaiser Permanente - Oakland Medical Center	Oakland
Kaiser Permanente - Ontario Medical Center	Ontario
University of California Irvine Medical Center	Orange
Desert Regional Medical Center	Palm Springs
Lucile Packard Children's Hospital at Stanford	Palo Alto
VA Palo Alto Health Care System	Palo Alto
Kaiser Permanente - Panorama City Medical Center	Panorama City
Kaiser Permanente - Redwood City Medical Center	Redwood City
Sequoia Hospital	Redwood City
Kaiser Permanente - Richmond Medical Center	Richmond
Kaiser Permanente - Riverside Medical Center	Riverside
Kaiser Permanente - Roseville Medical Center	Roseville
Sutter Roseville Medical Center	Roseville
Kaiser Permanente - Sacramento Medical Center	Sacramento



You are
soooooo appreciated
and I hope you know that.
For each person who thanks you
individually there are hundreds of us who
are thanking you in their minds and hearts.
You are the reason people have
a chance at life and the reason that
some of us are not infected.
YOU ARE APPRECIATED!

Yinka
Mountain View, CA

Thank you
for all that you have done,
for all that you do,
and for all that you will do.
We appreciate you.

G
Morgan Hill, CA



Healthcare workers like you kept my aunt safe while her family couldn't be with her and from the bottom of my heart, I thank you for all you are doing.

Katrina Longmont, CO

Thank you, thank you, thank you. Your compassion and caring know no bounds! Stay safe!

Joanne Paramount, CA

Healthcare Facility	City
Kaiser Permanente - South Sacramento Medical Center	Sacramento
Sutter Medical Center, Sacramento	Sacramento
Sutter Medical Foundation	Sacramento
UC Davis Medical Center	Sacramento
Family Health Centers of San Diego	San Diego
Kaiser Permanente - San Diego Medical Center	San Diego
UC San Diego Medical Center - Hillcrest	San Diego
California Pacific Medical Center - Pacific Campus Hospital	San Francisco
Kaiser Permanente - San Francisco Medical Center	San Francisco
Saint Francis Memorial Hospital	San Francisco
UCSF Medical Center	San Francisco
Kaiser Permanente - San Jose Medical Center	San Jose
Santa Clara Valley Medical Center	San Jose
Kaiser Permanente - San Leandro Medical Center	San Leandro
Sierra Vista Regional Medical Center	San Luis Obispo
Kaiser Permanente - San Rafael Medical Center	San Rafael
Kaiser Permanente - Santa Clara Medical Center	Santa Clara
Palo Alto Medical Foundation	Santa Cruz
Sutter Maternity and Surgery Center of Santa Cruz	Santa Cruz
UCLA Medical Center - Santa Monica	Santa Monica
Kaiser Permanente - Santa Rosa Medical Center	Santa Rosa
Sutter Santa Rosa Regional Hospital	Santa Rosa
Kaiser Permanente - South San Francisco Medical Center	South San Francisco
Stanford Medicine	Stanford
Olive View - UCLA Medical Center	Sylmar
Twin Cities Community Hospital	Templeton
Harbor - UCLA Medical Center	Torrance
Sutter Tracy Community Hospital	Tracy
Kaiser Permanente - Vacaville Medical Center	Vacaville
Kaiser Permanente - Vallejo Medical Center	Vallejo
Sutter Solano Medical Center	Vallejo
Family HealthCare Network	Visalia
Kaiser Permanente - Walnut Creek Medical Center	Walnut Creek
Kaiser Permanente - Woodland Hills Medical Center	Woodland Hills
COLORADO	
Denver Health Medical Center	Denver



Healthcare Facility	City
CONNECTICUT	
Bridgeport Hospital	Bridgeport
Greenwich Hospital	Greenwich
Middlesex Hospital	Middletown
Yale New Haven Hospital	New Haven
Lawrence + Memorial Hospital	New London
Reproductive Medicine Associates of Connecticut	Norwalk
University of Connecticut Student Health and Wellness	Storrs
VA Connecticut Health Care System	West Haven
DELAWARE	
Bayhealth Kent General Hospital	Dover
Beebe Healthcare	Lewes
Bayhealth Milford Memorial Hospital	Milford
Christiana Hospital	Newark
Wilmington Hospital	Wilmington
DISTRICT OF COLUMBIA	
Mary's Center	Washington
Whitman-Walker Health	Washington
FLORIDA	
VA Bay Pines Healthcare System	Bay Pines
Baptist Medical Center Nassau	Fernandina Beach
Florida Medical Center - A Campus of North Shore	Fort Lauderdale
VA North Florida/South Georgia Veterans Healthcare System	Gainesville
Baptist Medical Center Jacksonville	Jacksonville
Baptist Medical Center South	Jacksonville
Mayo Clinic Hospital	Jacksonville
UF Health Jacksonville	Jacksonville
Wolfson Children's Hospital	Jacksonville
Baptist Medical Center Beaches	Jacksonville Beach
UHealth Tower	Miami
VA Miami Healthcare System	Miami
VA Orlando Medical Center	Orlando
Moffitt Cancer Center	Tampa
VA James A. Haley Veterans Hospital	Tampa
VA West Palm Beach Medical Center	West Palm Beach

Folks,
words really can't express
how much I appreciate the fact that, if I
become ill, you will be at my side, win or
lose. I have had a life filled with serious
medical problems, made bearable by the
kindness and efficiency of many different
medical staff. Thank you so much!

Stephen
Englewood, FL

Thanks for
being selfless
and courageous!

Gaby
Washington, DC



Thank you
so very much. We know
you are putting your lives on the line
and it shouldn't have to be this way.
We want you to have the protections
you need and we are staying home
to try and help this virus recede.

Charlotte
Elmhurst, IL

No words
can say the appreciation
I have for our doctors and
nurses and medical staff
everywhere. Our gratitude....

Carl
Indianapolis, IN

Healthcare Facility

City

HAWAII

Kaiser Permanente - Moanalua Medical Center	Honolulu
VA Pacific Islands Health Care System	Honolulu

ILLINOIS

Rush Copley Medical Center	Aurora
Advocate Good Shepherd Hospital	Barrington
Southern Illinois University Student Health Services	Carbondale
Advocate Illinois Masonic Medical Center	Chicago
Advocate Trinity Hospital	Chicago
Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago
Howard Brown Health Center	Chicago
Northwestern Memorial Hospital	Chicago
Rush University Medical Center	Chicago
University of Chicago Medical Center	Chicago
VA Jesse Brown Medical Center	Chicago
Northwestern Medicine Kishwaukee Hospital	DeKalb
Advocate Good Samaritan Hospital	Downers Grove
Advocate Sherman Hospital	Elgin
Northwestern Medicine Delnor Hospital	Geneva
Advocate South Suburban Hospital	Hazel Crest
VA Edward Hines, Jr. Hospital	Hines
Northwestern Medicine Lake Forest Hospital	Lake Forest
Advocate Condell Medical Center	Libertyville
Advocate BroMenn Medical Center	Normal
Advocate Children's Hospital - Oak Lawn	Oak Lawn
Advocate Christ Medical Center	Oak Lawn
Rush Oak Park Hospital	Oak Park
Advocate Children's Hospital - Park Ridge	Park Ridge
Advocate Lutheran General Hospital	Park Ridge
Lake County Health Department and Community Health Center	Waukegan
Marianjoy Rehabilitation Hospital	Wheaton
Northwestern Medicine Central DuPage Hospital	Winfield

INDIANA

VA Northern Indiana Health Care System	Fort Wayne
Eskenazi Health	Indianapolis
VA Richard L. Roudebush Medical Center	Indianapolis
Indiana University Health Ball Memorial Hospital	Muncie



Healthcare Facility	City
IOWA	
Blank Children's Hospital	Des Moines
UnityPoint Health - Iowa Methodist Medical Center	Des Moines
UnityPoint Health - Iowa Lutheran Hospital	Des Moines
VA Central Iowa Health Care System	Des Moines
University of Iowa Hospitals and Clinics	Iowa City
VA Iowa City Health Care System	Iowa City
Methodist West Hospital	West Des Moines
KANSAS	
Anderson County Hospital	Garnett
The University of Kansas Hospital	Kansas City
Children's Mercy Hospital Kansas	Overland Park
Saint Luke's South Hospital	Overland Park
KENTUCKY	
Eastern State Hospital	Lexington
University of Kentucky Albert B. Chandler Hospital	Lexington
Norton Audubon Hospital	Louisville
Norton Brownsboro Hospital	Louisville
Norton Cancer Institute	Louisville
Norton Children's Hospital	Louisville
Norton Hospital	Louisville
Norton Women's and Children's Hospital	Louisville
VA Robley Rex Medical Center	Louisville
LOUISIANA	
Ochsner Medical Center - Baton Rouge	Baton Rouge
St. Bernard Parish Hospital	Chalmette
Ochsner Medical Center - West Bank Campus	Gretna
Leonard J. Chabert Medical Center	Houma
Ochsner Medical Center - Kenner	Kenner
St. Charles Parish Hospital	Luling
Ochsner Baptist Medical Center	New Orleans
Ochsner Medical Center	New Orleans
VA Southeast Louisiana Healthcare System	New Orleans
VA Alexandria Health Care System	Pineville
Ochsner St. Anne Hospital	Raceland
VA Overton Brooks Medical Center	Shreveport
Ochsner Medical Center - Northshore	Slidell

You are
angels of light!!
Thank you so much
for what you do!!

Elyria
New Orleans, LA

Your courage and
compassion at this time
is very much appreciated.

Joyce
Lawrence, KS



Healthcare workers demonstrate the best of American values, equal treatment for all. You model this even as your own lives are in danger. Thank you from the bottom of our hearts.

Julie
Dover, MA

Brave, courageous, bold, dedicated = OUR HEROES!

Julia
Saint Michaels, MD

Healthcare Facility	City
MAINE	
VA Maine Medical Center	Augusta
Penobscot Community Health Care	Bangor
MARYLAND	
Anne Arundel Medical Center	Annapolis
Chase Brexton Health Services	Baltimore
University Health Center - University of Maryland	College Park
MASSACHUSETTS	
Health Quarters	Beverly
Beth Israel Deaconess Medical Center	Boston
Boston Children's Hospital	Boston
Boston Health Care for the Homeless Program	Boston
Boston Medical Center	Boston
Brigham and Women's Faulkner Hospital	Boston
Brigham and Women's Hospital	Boston
Dana-Farber Cancer Institute	Boston
Fenway Health	Boston
VA Boston Healthcare System	Boston
Mount Auburn Hospital	Cambridge
VA Central Western Massachusetts Healthcare System	Leeds
Manet Community Health Center	North Quincy
Cooley Dickinson Hospital	Northampton
Walden Behavioral Care	Waltham
Edward M. Kennedy Community Health Center	Worcester
MICHIGAN	
VA Battle Creek Medical Center	Battle Creek
Henry Ford Macomb Hospital	Clinton Township
Henry Ford Hospital	Detroit
Henry Ford Allegiance Health	Jackson
Henry Ford West Bloomfield Hospital	West Bloomfield Township
Henry Ford Wyandotte Hospital	Wyandotte
MINNESOTA	
Fairview Ridges Hospital	Burnsville
VA Minneapolis Health Care System	Minneapolis
Mayo Clinic Hospital	Rochester
VA St. Cloud Health Care System	St. Cloud



Healthcare Facility	City
MISSISSIPPI	
Ochsner Medical Center - Hancock	Bay St. Louis
VA Gulf Coast Health Care System	Biloxi
VA G.V. (Sonny) Montgomery Medical Center	Jackson
MISSOURI	
Hedrick Medical Center	Chillicothe
VA Harry S. Truman Memorial Hospital	Columbia
Children's Mercy Kansas City	Kansas City
Saint Luke's Hospital of Kansas City	Kansas City
Saint Luke's North Hospital - Barry Road	Kansas City
Truman Medical Center - Hospital Hill	Kansas City
Truman Medical Center - Lakewood	Kansas City
Saint Luke's East Hospital	Lee's Summit
Saint Luke's North Hospital - Smithville	Smithville
Barnes-Jewish Hospital	St. Louis
Wright Memorial Hospital	Trenton
NEBRASKA	
Nebraska Medical Center	Omaha
OneWorld Community Health Centers	Omaha
VA Omaha Medical Center	Omaha
NEVADA	
VA Southern Nevada Healthcare System	North Las Vegas
VA Sierra Nevada Health Care System	Reno
NEW HAMPSHIRE	
VA Manchester Medical Center	Manchester
NEW JERSEY	
Atlanticare Regional Medical Center - City Campus	Atlantic City
Clara Maass Medical Center	Belleville
Ocean Medical Center	Brick
Hackensack University Medical Center	Hackensack
Hackettstown Medical Center	Hackettstown
Bayshore Medical Center	Holmdel
Jersey City Medical Center	Jersey City
Saint Barnabas Medical Center	Livingston
Monmouth Medical Center, Long Branch Campus	Long Branch
Southern Ocean Medical Center	Manahawkin

I know this is an insanely scary and uncertain time for you and your family, and I'm so so grateful for your willingness to fight for the health and safety of our society. I can't begin to imagine what it's like to be in your position and I want you to know, we are doing everything we can to support heroes- Thank you, love, and stay safe!

Feipu
Lincoln, NE

To my fellow healthcare brothers and sisters. Thank you for your sacrifice and selflessness. We have to keep with the fight. Stay strong! I love you all with every fiber of my being!!!

Brandon
Jackson, MS



THANK YOU!
 You folks are literally
 saving the world and we couldn't
 make it without you.
 I am so grateful!

Lindsey
 Cedar Crest, NM

All I can add
 is thank you, thank you.
 You show the best
 of humanity!

Dusan
 Fairport, NY

Healthcare Facility	City
Goryeb Children's Hospital	Morristown
Morristown Medical Center	Morristown
Jersey Shore University Medical Center	Neptune City
Robert Wood Johnson University Hospital	New Brunswick
Newark Beth Israel Medical Center	Newark
University Hospital	Newark
Newton Medical Center	Newton
Raritan Bay Medical Center - Old Bridge	Old Bridge
Bergen New Bridge Medical Center	Paramus
Capital Health Medical Center-Hopewell	Pennington
Raritan Bay Medical Center - Perth Amboy	Perth Amboy
Penn Medicine Princeton Medical Center	Plainsboro
Atlanticare Regional Medical Center - Mainland Campus	Pomona
Chilton Medical Center	Pompton Plains
Riverview Medical Center	Red Bank
The Valley Hospital	Ridgewood
Robert Wood Johnson University Hospital - Somerset	Somerville
Overlook Medical Center	Summit
Community Medical Center	Toms River
Capital Health Regional Medical Center	Trenton
NEW MEXICO	
University of New Mexico Hospitals	Albuquerque
NEW YORK	
South Oaks Hospital	Amityville
Southside Hospital	Bay Shore
Montefiore Medical Center	Bronx
NYC Health + Hospitals - Belvis, a Gotham Health Center	Bronx
NYC Health + Hospitals - Lincoln	Bronx
NYC Health + Hospitals - Morrisania, a Gotham Health Center	Bronx
NYC Health + Hospitals - North Central Bronx	Bronx
Mount Sinai Brooklyn	Brooklyn
NewYork-Presbyterian Brooklyn Methodist Hospital	Brooklyn
NYC Health + Hospitals - Coney Island	Brooklyn
NYC Health + Hospitals - Cumberland, a Gotham Health Center	Brooklyn
NYC Health + Hospitals - East New York, a Gotham Health Center	Brooklyn
NYC Health + Hospitals - Kings County	Brooklyn



Healthcare Facility	City
NYC Health + Hospitals - McKinney	Brooklyn
NYC Health + Hospitals - Woodhull	Brooklyn
NYU Langone Hospital - Brooklyn	Brooklyn
Buffalo General Medical Center	Buffalo
Evergreen Health	Buffalo
John R. Oishei Children's Hospital	Buffalo
F. F. Thompson Hospital	Canandaigua
NYC Health + Hospitals - Elmhurst	Elmhurst
NewYork-Presbyterian Queens	Flushing
Long Island Jewish - Forest Hills	Forest Hills
Glen Cove Hospital	Glen Cove
Zucker Hillside Hospital	Glen Oaks
Northwell Health - Center for Transgender Care	Great Neck
Huntington Hospital	Huntington
NYC Health + Hospitals - Queens	Jamaica
Mount Sinai Queens	Long Island City
North Shore University Hospital	Manhasset
Northwell Health Stern Family for Rehabilitation	Manhasset
The Feinstein Institute for Medical Research	Manhasset
NYU Winthrop Hospital	Mineola
Northern Westchester Hospital	Mount Kisco
Long Island Jewish Medical Center	New Hyde Park
Steven and Alexandra Cohen Children's Medical Center	New Hyde Park
Callen-Lorde Community Health Center	New York
Gracie Square Hospital	New York
Hospital for Special Surgery	New York
Lenox Health Greenwich Village	New York
Lenox Hill Hospital	New York
Manhattan Eye, Ear and Throat Hospital	New York
Memorial Sloan Kettering Cancer Center	New York
Mount Sinai Beth Israel	New York
Mount Sinai Hospital	New York
Mount Sinai Morningside	New York
Mount Sinai West	New York
New York Eye and Ear Infirmary of Mount Sinai	New York
NewYork-Presbyterian/Columbia University Medical Center	New York

Thank you so much for protecting all of us and helping us with your healing hands (medical caregivers, nurses, doctors and all in the medical field) and deliveries (grocery and retail chains). We would all be lost without you and you continue to give those of us at home hope and courage for perseverance.

Kanwaldeep
Glen Oaks, NY

Your courage is beyond measure. The world will never be able to thank or honor you enough.

Kirsti
Kingston, NY



As retired nurse
who at one time worked at
Presbyterian Medical Center and
Lenox Hill, my heart is filled with
love for each and every one of you.
There are no words to thank you
for your care during this crisis.

Laura
Wilmington, NC

Marvel and DC
have got nothing on you guys.
You are the true heroes!
You are appreciated more
than you know.

A.K.
Shelby, NC

Healthcare Facility

City

NewYork-Presbyterian/Weill Cornell Medical Center	New York
NYC Health + Hospitals - Bellevue	New York
NYC Health + Hospitals - Carter	New York
NYC Health + Hospitals - Coler	New York
NYC Health + Hospitals - Gouverneur Skilled Nursing Facility	New York
NYC Health + Hospitals - Gouverneur, a Gotham Health Center	New York
NYC Health + Hospitals - Harlem	New York
NYC Health + Hospitals - Metropolitan	New York
NYC Health + Hospitals - Sydenham, a Gotham Health Center	New York
NYU Langone - Tisch Hospital	New York
NYU Langone Orthopedic Hospital	New York
RMA of New York	New York
Plainview Hospital	Plainview
John T. Mather Memorial Hospital	Port Jefferson
Peconic Bay Medical Center	Riverhead
Highland Hospital	Rochester
Strong Memorial Hospital of the University of Rochester	Rochester
Trillium Health	Rochester
Phelps Memorial Health Center	Sleepy Hollow
Stony Brook Southampton Hospital	Southampton
NYC Health + Hospitals - Sea View	Staten Island
NYC Health + Hospitals - Vanderbilt	Staten Island
Staten Island University Hospital (North)	Staten Island
Staten Island University Hospital (South)	Staten Island
Stony Brook University Medical Center	Stony Brook
Syosset Hospital	Syosset
Long Island Jewish - Valley Stream	Valley Stream
Northwell Health Orzac Center for Rehabilitation	Valley Stream
Millard Fillmore Suburban Hospital	Williamsville
NORTH CAROLINA	
Novant Health Brunswick Medical Center	Bolivia
Novant Health Charlotte Orthopedic Hospital	Charlotte
Novant Health Hemby Children's Hospital	Charlotte
Novant Health Presbyterian Medical Center	Charlotte
Novant Health Clemmons Medical Center	Clemmons
Duke Regional Hospital	Durham



Healthcare Facility	City
Duke University Hospital	Durham
VA Durham Medical Center	Durham
Sentara Albemarle Medical Center	Elizabeth City
VA Fayetteville Medical Center	Fayetteville
Novant Health Huntersville Medical Center	Huntersville
Novant Health Kernersville Medical Center	Kernersville
Novant Health Matthews Medical Center	Matthews
Novant Health Mint Hill Medical Center	Mint Hill
Duke Raleigh Hospital	Raleigh
UNC Rex Hospital	Raleigh
Novant Health Rowan Medical Center	Salisbury
VA W. G. (Bill) Hefner Medical Center	Salisbury
Novant Health Thomasville Medical Center	Thomasville
Novant Health Forsyth Medical Center	Winston-Salem
Novant Health Medical Park Hospital	Winston-Salem
NORTH DAKOTA	
VA Fargo Health Care System	Fargo
OHIO	
VA Chillicothe Medical Center	Chillicothe
Planned Parenthood Southwest Ohio Region	Cincinnati
VA Cincinnati Medical Center	Cincinnati
MetroHealth Medical Center	Cleveland
VA Louis Stokes Cleveland Medical Center	Cleveland
Equitas Health	Columbus
James Cancer Hospital and Solove Research Institute	Columbus
Nationwide Children's Hospital	Columbus
The Ohio State University Wexner Medical Center	Columbus
Public Health - Dayton and Montgomery County	Dayton
The University of Toledo Medical Center	Toledo
OKLAHOMA	
VA Oklahoma City Medical Center	Oklahoma City
OREGON	
Kaiser Permanente - Sunnyside Medical Center	Clackamas
Legacy Mount Hood Medical Center	Gresham
Kaiser Permanente - Westside Medical Center	Hillsboro
Legacy Emanuel Medical Center	Portland

Thanks to all who are on the front lines of this dreadful pandemic. Your dedication to the needs of those who are suffering the most can never be repaid. May there be many blessings upon each and every one who has sacrificed all to give hope in these trying times. Thank you!

James
Shiloh, OH

We carry you in our hearts. Thank you for your courage & dedication.

Teresa
Cincinnati, OH



Thank you for selflessly caring for those in need. We see you serving with love, concern and compassion. What you do saves lives, restores hope, and is an inspiration for all of us watching. You are loved and respected.

John
Telford, PA

We stand with you and hope you feel us there! Not enough words to express our deep gratitude for your dedication! So many thanks...

Holly
Portland, OR

Healthcare Facility	City
Legacy Good Samaritan Medical Center	Portland
Oregon Health & Science University Hospital	Portland
Randall Children's Hospital at Legacy Emanuel	Portland
Unity Center for Behavioral Health	Portland
VA Portland Medical Center	Portland
Legacy Silverton Medical Center	Silverton
Legacy Meridian Park Medical Center	Tualatin
PENNSYLVANIA	
Lehigh Valley Hospital - Cedar Crest	Allentown
Lehigh Valley Hospital - Muhlenberg	Bethlehem
UPMC Pinnacle Carlisle	Carlisle
UPMC Passavant - Cranberry	Cranberry Township
VA Erie Medical Center	Erie
UPMC Pinnacle Community Osteopathic	Harrisburg
UPMC Pinnacle Harrisburg	Harrisburg
Lancaster General Health	Lancaster
UPMC McKeesport	McKeesport
UPMC Pinnacle West Shore	Mechanicsburg
The Abramson Center for Jewish Life	North Wales
Children's Hospital of Philadelphia	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Mazzoni Center	Philadelphia
Penn Presbyterian Medical Center	Philadelphia
Penn Student Health Service	Philadelphia
Pennsylvania Hospital	Philadelphia
Temple University Hospital	Philadelphia
UPMC Children's Hospital of Pittsburgh	Pittsburgh
UPMC Magee-Womens Hospital	Pittsburgh
UPMC Passavant - McCandless	Pittsburgh
UPMC St. Margaret	Pittsburgh
UPMC Western Psychiatric Hospital	Pittsburgh
VA Pittsburgh Healthcare System	Pittsburgh
Chester County Hospital	West Chester
PUERTO RICO	
VA Caribbean Healthcare System	San Juan



Healthcare Facility	City
RHODE ISLAND	
Westerly Hospital	Westerly
TENNESSEE	
VA Tennessee Valley Healthcare System	Murfreesboro
Vanderbilt Hospital and Clinics	Nashville
TEXAS	
People's Community Clinic	Austin
RBJ Health Center	Austin
VA Michael E. DeBakey Medical Center	Houston
Metropolitan Methodist Hospital	San Antonio
VA South Texas Health Care System	San Antonio
VA Central Texas Health Care System	Temple
UTAH	
Intermountain Medical Center	Murray
Riverton Hospital	Riverton
LDS Hospital	Salt Lake City
Primary Children's Hospital	Salt Lake City
VA Salt Lake City Health Care System	Salt Lake City
Alta View Hospital	Sandy
VERMONT	
VA White River Junction Medical Center	White River Junction
VIRGINIA	
Sentara Martha Jefferson Hospital	Charlottesville
University of Virginia Medical Center	Charlottesville
Sentara CarePlex Hospital	Hampton
VA Hampton Medical Center	Hampton
Sentara RMH Medical Center	Harrisonburg
Novant Health UVA Health System Haymarket Medical Center	Haymarket
Novant Health UVA Health System Prince William Medical Center	Manassas
Sentara Leigh Hospital	Norfolk
Sentara Norfolk General Hospital	Norfolk
Sentara Halifax Regional Hospital	South Boston
Sentara Obici Hospital	Suffolk
Sentara Princess Anne Hospital	Virginia Beach
Sentara Virginia Beach General Hospital	Virginia Beach

I'm 75. I'm gay.
I'm at risk for this virus.
Thank you for being out there.
You did it for my partner and me
when AIDS was at its worst. You're
doing it again. What words could I
say that would tell you how much you
have touched my heart ... again.

Jerry
Houston, TX

We are with you!
Knowing that my LGBT daughter
has so many of you as allies makes me
feel so much better about her future.
Thank you for all you do; you are truly
selfless to choose a career centered on
helping people in need. Thank you.

Karen
Arlington, VA



*Thank you. Mil gracias.
You are the face of America
that I love and believe in.
You all represent the best
of who we are.*

Kate
Seattle, WA

*From one
healthcare worker to another,
you are appreciated. You are
loved. You are strong. We will
come out stronger together.*

Tara
Brown Deer, WI

Healthcare Facility	City
Sentara Williamsburg Regional Medical Center	Williamsburg
Sentara Northern Virginia Medical Center	Woodbridge
WASHINGTON	
Jefferson Healthcare Hospital	Port Townsend
Valley Medical Center	Renton
Harborview Medical Center	Seattle
Kaiser Permanente Seattle - Capitol Hill Campus	Seattle
Northwest Hospital and Medical Center	Seattle
University of Washington Medical Center	Seattle
Virginia Mason Medical Center	Seattle
Legacy Salmon Creek Medical Center	Vancouver
WEST VIRGINIA	
VA Huntington Medical Center	Huntington
VA Martinsburg Medical Center	Martinsburg
WISCONSIN	
Aurora Medical Center Burlington	Burlington
Aurora St. Luke's South Shore	Cudahy
Aurora Lakeland Medical Center	Elkhorn
Aurora Medical Center Grafton	Grafton
Aurora BayCare Medical Center	Green Bay
Aurora Medical Center - Washington County	Hartford
Aurora Medical Center - Kenosha	Kenosha
American Family Children's Hospital	Madison
University of Wisconsin Hospital and Clinics	Madison
UW Health at the American Center	Madison
VA William S. Middleton Memorial Veterans Hospital	Madison
Aurora Medical Center - Bay Area	Marinette
Aurora Sinai Medical Center	Milwaukee
Aurora St. Luke's Medical Center	Milwaukee
Vivent Health	Milwaukee
Aurora Medical Center - Oshkosh	Oshkosh
Aurora Sheboygan Memorial Medical Center	Sheboygan
Aurora Medical Center Summit	Summit
VA Tomah Medical Center	Tomah
Aurora Medical Center - Manitowoc County	Two Rivers
Aurora Psychiatric Hospital	Wauwatosa
Aurora West Allis Medical Center	West Allis

Findings

THE HEALTHCARE EQUALITY INDEX 2020 asked participants a series of questions about LGBTQ-inclusive policies and practices. Those questions are divided into four criteria outlined in more detail in Appendix A beginning on [page 52](#). Responses to the criteria are reported in aggregate in the following pages to indicate national trends and facilitate benchmarking.

Individual facility scores for these criteria can be found online at hrc.org/hei/search.

I was proud to be
'one of you' many long years ago —
now I can only watch in total amazement
of you all — your strength, bravery,
flexibility, tenacity and commitment.
Please take care of yourself
and keep well!

Jean
Stafford, VA

Words are not enough,
but words are all we have.
Please know that you matter.
Please know that we care
and send myriad thanks.
Love, blessings, peace.

Millie
Clarksburg, WV

Criteria 1 – Non-Discrimination and Staff Training

- Patient Non-Discrimination
- Equal Visitation
- 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

- Employee Benefits and Policies
- Transgender-Inclusive Health Insurance

Criteria 4 – Patient and Community Engagement

- Patient and Community Engagement

Patient Non-Discrimination

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."

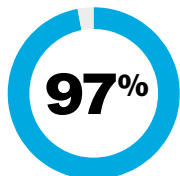
Lesbian, gay, bisexual, transgender and queer people continue to face discrimination in healthcare because of their sexual orientation and/or gender identity, creating a need for explicit non-discrimination policies.



99% of HEI participants (756 of 765 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.

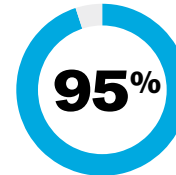
A patient non-discrimination policy is only effective if patients and staff know about it. Thus, the HEI requires survey participants to document not only that they have an LGBTQ-inclusive non-discrimination policy, but that they also make it readily accessible to patients and communicate it to their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



97% of HEI participants with an LGBTQ-inclusive patient non-discrimination policy documented that the 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 (**98%**)
- Included in materials given to patients at admitting/registration or at other time(s) (**83%**)
- Posted or displayed in waiting rooms and other public areas of the facility (**89%**)

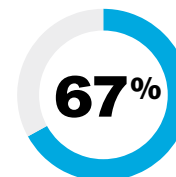


95% of HEI participants with an LGBTQ-inclusive patient non-discrimination policy documented that the policy is readily accessible and communicated to staff in at least one way.

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

- Posted on facility intranet site (**92%**)
- Included in materials routinely given to employees at orientation (**74%**)
- Reviewed in employee training (either in-person or online) (**64%**)

In addition to the facilities that actively participated in the HEI 2020 survey, the HRC Foundation proactively researched the patient non-discrimination policies at more than 1,000 hospitals. We were unable to find patient non-discrimination policies for some of the hospitals we researched as these facilities do not include a non-discrimination statement or patient bill of rights on their hospital website and did not respond to invitations to submit their policies to us. We found or obtained the patient non-discrimination policies for 959 hospitals. **Of those hospitals that published or provided a policy, only 645 or 67% were found to have a patient non-discrimination policy that includes both "sexual orientation" and "gender identity."**



For more information about this criterion, visit: thehrcfoundation.org/professional-resources/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 jointcommission.org/lgbt

Equal Visitation

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.

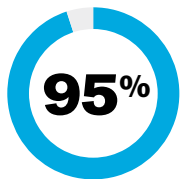
In 2010, after learning of a tragic incident in which a lesbian was denied visitation to her dying partner, then President Barack Obama directed the United States Secretary of Health and Human Services to develop regulations protecting the visitation rights of all patients. These regulations, known as the Conditions of Participation, are now in effect at all hospitals that accept Medicare or Medicaid payments—the vast majority of facilities.



99% of the HEI 2020 participants for which this question was applicable (674 of 678 in-patient respondents) documented that they have equal 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.

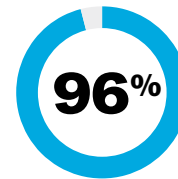
An equal visitation policy is only effective if patients and staff know about it. Thus, the HEI requires survey participants to document not only that they have an equal visitation policy but that they also make it readily accessible to patients and communicate it to their staff.



95% of HEI participants with an equal visitation policy documented that the 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 (**97%**)
- Included in materials given to patients at admitting/ registration or at other time(s) (**84%**)
- Posted or displayed in patient waiting area(s) (**74%**)

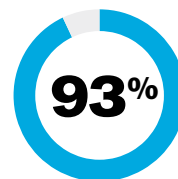


96% of HEI participants with an equal visitation policy documented that the policy is readily accessible and communicated to staff in at least one way.

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

- Posted on facility intranet site (**96%**)
- Included in materials routinely given to employees at orientation (**61%**)
- Reviewed in employee training (either in-person or online) (**59%**)

In addition to the facilities that actively participated in the HEI 2020 survey, the HRC Foundation proactively researched the visitation policies at more than 1,000 hospitals. We were unable to find visitation policies for some of the hospitals we researched as these facilities do not include a statement on their hospital website indicating which individuals may visit the patient and did not respond to invitations to submit their policies to us. We found or obtained the visitation policies for 846 hospitals. **Of those hospitals that published or provided a policy, 791 or 93% 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 closer to 100%.



For more information about this criterion:

thehrcfoundation.org/professional-resources/equal-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

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 based on sexual

orientation or gender identity. Only 22 states and the District of Columbia provide workplace protections based on sexual orientation and 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.



99% of HEI participants (758 of 765 respondents) documented that they include both “sexual orientation” and “gender identity” in their employment non-discrimination policy.

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 LGBTQ-inclusive employment non-discrimination policy.

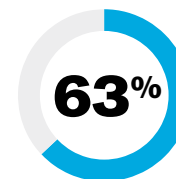
98% of HEI participants with an LGBTQ-inclusive employment non-discrimination policy documented that the policy is readily accessible and communicated to the public and potential applicants in at least one way.



Healthcare facilities most frequently communicated this policy in these ways:

- Posted on employment page of website (**92%**)
- Included on job applications or in the job application system (**68%**)
- Included on job announcements (**62%**)

In addition to the facilities that actively participated in the HEI 2020 survey, the HRC Foundation proactively researched the employment non-discrimination policies at more than 1,000 hospitals. We were unable to find employment non-discrimination policies or statements for many of the hospitals we researched as these facilities do not include an employment non-discrimination policy or statement on their hospital website and did not respond to invitations to submit their policies to us. We found or obtained the employment non-discrimination policies for 890 hospitals. **Of those hospitals that published or provided a policy or non-discrimination statement, only 558 or 63% were found to have an LGBTQ-inclusive employment non-discrimination policy in place.**



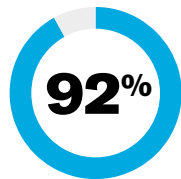
For more information about this criterion: thehrcfoundation.org/professional-resources/employment-non-discrimination

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 hrc.org/cei

* 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.

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 health care. 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.



92% of HEI participants 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 partners with two different learning platforms, the National LGBT Health Education Center and The Center for Affiliated Learning. The HRC Foundation and its partners offer more than 60 online and on-demand 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 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 150,000 hours of training in LGBTQ patient-centered care were provided to the staff at participating facilities during the HEI 2020 survey year.

For more information about this criterion, visit thehrcfoundation.org/professional-resources/staff-training

“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

“The HEI learning resources have equipped our team members with the confidence and courage to interact and engage with our LGBTQ patients. As a leader, my strongest takeaway from our HEI training is my resolve to ask, listen and learn when I don’t know the answer. This small shift in my approach has helped me treat each patient situation uniquely and has reminded me to empower our patients to advocate for their distinct health care needs. “

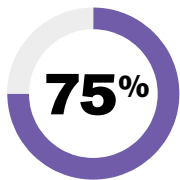
Gary A. Balcerzak

Vice President of Operations
Aurora Sinai Medical Center

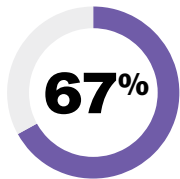
LGBTQ Patient Services and Support

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



75% of HEI participants have an internal planning or advisory committee focused on LGBTQ patient care issues.



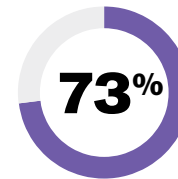
67% of HEI participants have an official plan for reducing health disparities that specifically includes LGBTQ patients in addition to race, ethnicity and linguistic concerns.

In 2013, the Office of Minority Health of the U.S. Department of Health & Human Services (OMH) updated the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards), a blueprint for 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 references to LGBTQ health in many of the standards. One of the standards encourages healthcare organizations to conduct ongoing assessments of their CLAS-related activities and integrate CLAS-related measures into continuous quality improvement activities. The HEI 2020 survey found that **87%** 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 **77%** of those participants indicated that they include LGBTQ populations in this plan or otherwise have a plan for reducing LGBTQ health disparities.

Serving LGBTQ Populations



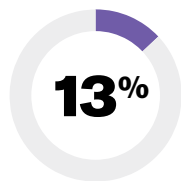
73% of HEI participants inform interested patients of LGBTQ-knowledgeable and -friendly providers.

One of the ways that hospitals can help ease the fears of LGBTQ patients who need to choose a provider is to inform them of LGBTQ-knowledgeable and -friendly providers. Among HEI participants, **73%** indicated that they do this in some way. Of those who make LGBTQ-friendly providers known, **65%** post a list externally, **58%** publicly promote their clinics or medical practices that have an explicit LGBTQ focus, **36%** display "tags" in an online "find a provider" system and **34%** include them in a community listing.

Percentage of HEI participants that indicated they offered the following specific services to meet the needs of LGBTQ patients*



*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 LGBTQ-specific in nature (versus LGBTQ-inclusive).



of HEI participants have dedicated LGBTQ clinics that are externally promoted.



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

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

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

- **69%** provide information about LGBTQ services and/or health concerns on their public website
- **55%** publish a brochure or other print material(s) designed to educate or support LGBTQ patients on specific health topics and how they impact LGBTQ people



1.2 Million

Americans are likely 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. Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken consistently. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken consistently.

While 90% of HEI participants indicated that they provide HIV testing and counseling, only 84% indicated that they provide PrEP for patients who are at risk of contracting HIV. HEI participants can continue to 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.

Transgender Patient Services and Support

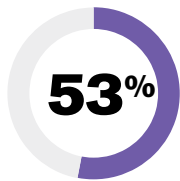
TRANSGENDER PATIENTS ARE particularly vulnerable in healthcare settings. A large survey by Lambda Legal revealed that 70% of transgender respondents had experienced serious discrimination in health care at some point in their lives.* They can face long waits for care, pointing and laughter, negative 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 non-conforming status and 23% of respondents reported that they avoided seeking necessary health care when sick or injured in the past year because of fear of being mistreated as a transgender person.**

* *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.

** 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.

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.

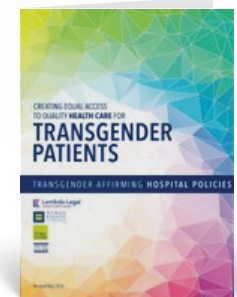
Of the 408 facilities that indicated that they have a specific policy or policies for transgender patients, the following procedures and practices were covered:

- Recording of preferred name and pronouns in paper and/or electronic admitting/registration records (86%)
- Use of preferred name and pronouns when interacting with and referring to transgender patients (96%)
- Protocols for interacting with transgender patients (88%)
- Guidelines for room assignments for transgender patients (73%)
- Access to restrooms (89%)
- Compliance with privacy laws (81%)
- Access to items that assist gender presentation (54%)
- Addressing potential problems with insurance/billing claims (40%)
- Access to hormone therapy (72%)

The Affordable Care Act raised the importance of creating policies and procedures aimed at eliminating bias and insensitivity, 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. Numerous federal courts have determined that this prohibition extends to claims of discrimination based on gender identity and sex stereotyping. Additionally, the Supreme Court of the United States ruled in *Bostock v. Clayton County* that a corollary statute that prohibits discrimination on the basis of sex must be understood to also prohibit discrimination on the basis of sexual orientation and gender identity. In 2015, the Brooklyn Hospital Center entered into a voluntary resolution agreement with the Department of Health and Human Services' Office for Civil Rights 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 based on 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.

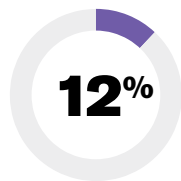
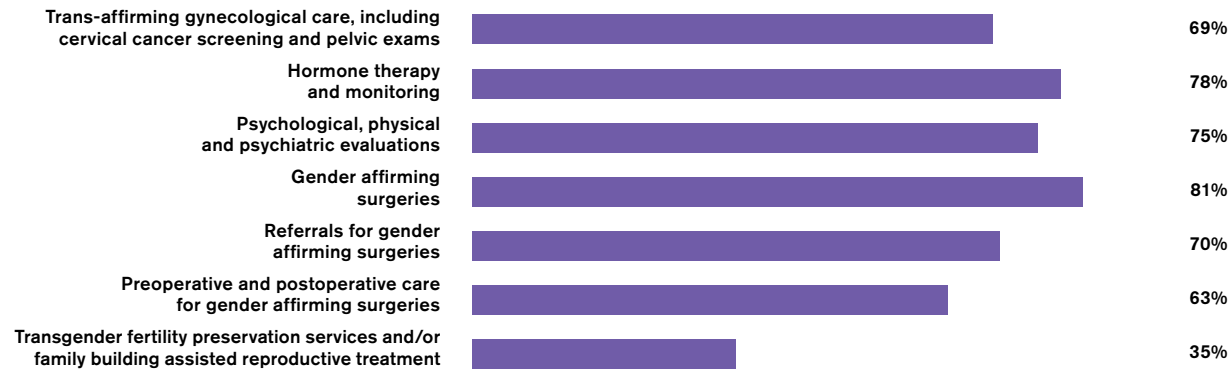
For more information about best practices for care of transgender patients see the publication, *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies*, from HRC Foundation, Lambda Legal, and the LGBT Rights Committee of the New York City Bar Association.

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



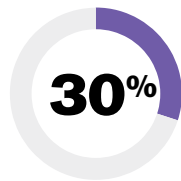
Percentage of HEI participants that indicated they offered the following specific services to meet the needs of transgender patients*

*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.

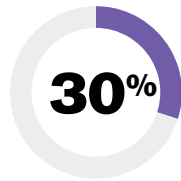


of HEI participants indicated that they do not provide any transgender-specific services.

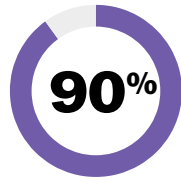
While more people have access to transgender-inclusive healthcare insurance coverage, there are not enough providers or healthcare facilities that offer transgender-specific services. Therefore, we would like to see more facilities indicating that they are offering these services.



of HEI participants have an externally promoted multidisciplinary gender clinic for either adults and/or youth.



of HEI participants indicated that they have an externally promoted specific program to provide patient navigation or advocacy services to transgender patients.

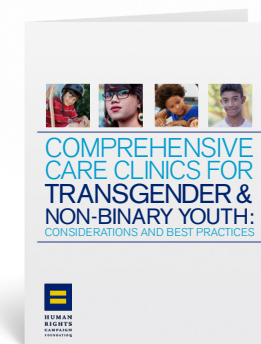


of HEI participants indicated that they have gender-neutral bathrooms in their facility and/or have clear posted signage that allows individuals to use the restrooms that aligns with their gender identity.

Patients whose appearances might not conform to gender stereotypes may feel more comfortable and safe in a single-stall or all-gender restroom. 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.

For more information about best practices for clinics and hospitals that seek to promote the health and well-being of transgender and non-binary youth through the creation of multidisciplinary care clinics see the publication, ***Comprehensive Care Clinics for Transgender & Non-Binary Youth*** from the HRC Foundation.

This publication is available for download at: thehrcfoundation.org/professional-resources/comprehensive-care-clinics

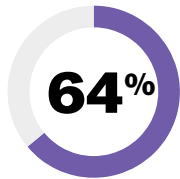


Patient Self-Identification

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.

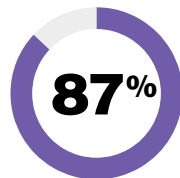
These critical data provide hospitals with information on the potential cultural needs of each patient, as well as an opportunity to monitor and analyze health disparities at the population level.

Collecting Information About Sexual Orientation and Gender Identity



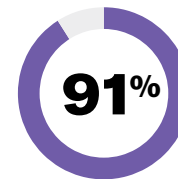
64% of HEI participants indicated that their organization's electronic health records offer an explicit way to capture a patient's sexual orientation.

Another **32%** of participants indicated that this information may be captured in free-form notes, while **4%** of participants are not capturing this information at all in their patients' health records.



87% 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.

The remaining **13%** of participants indicated that this information may be captured in free-form notes.



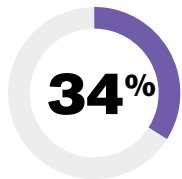
91% of HEI participants that collect gender identity data use the recommended two-question process (i.e., first asking current gender identity and then asking sex assigned at birth).

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.

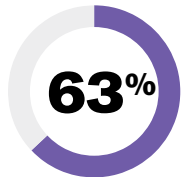
Current gender identity and name and pronouns currently used should be documented and used for communications with the patient as well as for name bands and room assignments.



60% of HEI participants capture a patient's name in use if it differs from their legal name AND prominently display this name in a banner or pop-up so that front line staff and providers will see this information.

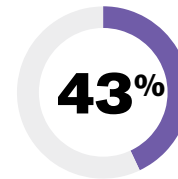


34% of HEI participants capture a patient's pronouns in use AND prominently display these pronouns in a banner or pop-up so that front line staff and providers will see this information.



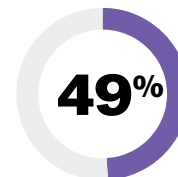
63% of HEI participants provide employees with training explicitly reminding them that LGBTQ status is confidential patient information.

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.



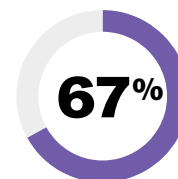
43% of HEI participants have an explicit way to capture an organ inventory in their organization's electronic health records.

An organ inventory helps track the history of affirmation surgery in transgender people and helps providers to recognize the need for screenings based on a review of the patient's current anatomy.



49% of HEI participants 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.

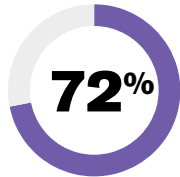
Another **48%** of participants indicated that this information may be captured in free-form notes, while **3%** of participants are not capturing this information at all in their patients' health records.



67% of HEI participants 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.

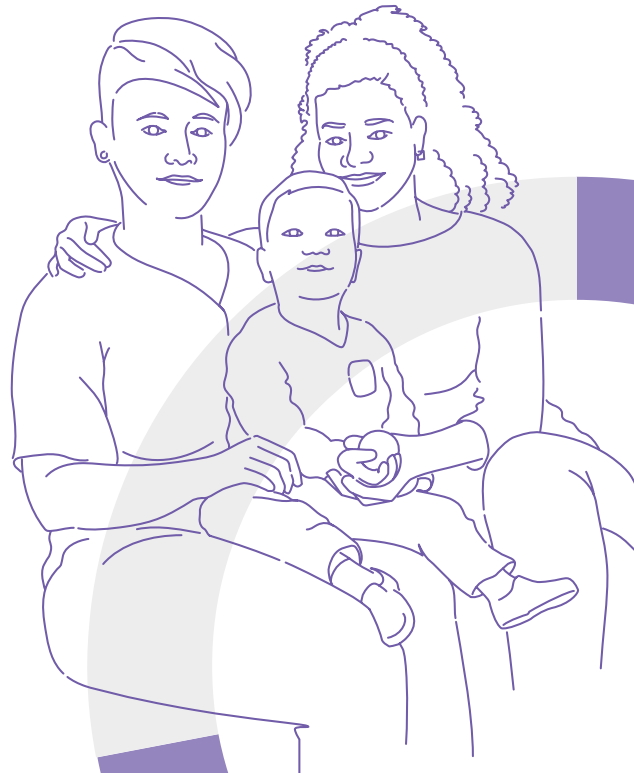
Medical Decision-Making



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.

Only **23%** 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

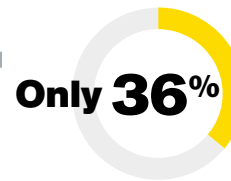
Competitive employer-provided benefits packages are critical to attracting and retaining talent. Providing LGBTQ employees and their families with inclusive benefits, from healthcare coverage to retirement investments and more, is a low-cost, high-return proposition for businesses. In addition, equitable 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 the HEI participants provide healthcare benefits to spouses of benefits-eligible employees.

Among those that do provide this coverage:

- **98%** maintain a definition of spouse that include same-sex couples — this may include “legal spouse”
- **94%** require the same documentation for same-sex and different-sex couples

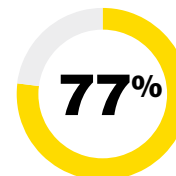


The HRC Foundation urges the handful of employers that require different documentation for same-sex and different-sex couples and those that maintain definitions of spouse that do not include same-sex spouses to adjust these requirements to provide equal and inclusive benefits to same-sex spouses.

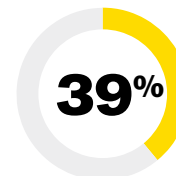
of HEI participants provide medical and comprehensive health benefits to domestic partners of benefits-eligible employees.

Even though same-sex marriage is now legal, HRC continues to urge 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.

Another way to recognize and respect family diversity is through leave policies that allow employees to take off time for issues related to their same-sex domestic partners.



of HEI participants offer bereavement leave that allows employees to take time off following the death of a same-sex partner or their immediate family.



of HEI participants offer FMLA-equivalent benefits that allow employees to take family and medical leave to care for same-sex partners as well as the children of a same-sex partner, regardless of biological or adoptive status.

Please see the following special issue brief on Achieving a Healthier, Stronger Workforce Through Inclusive Paid Leave for more information about this important benefit.

Achieving a Healthier, Stronger Workforce through Inclusive Paid Leave

THE UNITED STATES is the only industrialized nation in the world without some form of guaranteed paid leave. Currently, the federal Family and Medical Leave Act (FMLA) allows many American workers to take up to 12 weeks of unpaid, job-protected leave per year for significant family or medical events, including the birth and care of a newborn and the care of an immediate family member dealing with a serious health condition.¹

However, workers are often unable to take this federally-guaranteed time off because they cannot afford the loss of wages. Employees who take unpaid leave can be thrown into financial chaos and struggle to cover everyday expenses like groceries and rent. To truly allow workers to provide vital care for themselves and their loved ones, employers are increasingly offering paid leave benefits, which permit employees to take sufficient paid, job-secured time off.

Paid Leave Is an LGBTQ Issue

LGBTQ people are particularly vulnerable in the absence of guaranteed paid leave, especially in states that lack explicit protections for employment discrimination based on sexual orientation and gender identity. LGBTQ people are more likely to be living in poverty,² mistreated in the workplace,³ and discriminated against during the hiring process⁴—making a request for unpaid time off both impractical and unworkable. A 2018 study by the Human Rights Campaign Foundation found financial concerns to be the greatest factor keeping LGBTQ people from taking time off or forcing them back to work early.⁵

LGBTQ people may be unable to take time off to care for a loved one without “outing” themselves at work, an action that could put their jobs at risk. Some may fear stigmatization if they reveal they need HIV-related or transgender-specific care. Too many others, especially transgender people of color and those who are low-income, face other forms of anti-LGBTQ discrimination, housing instability and violence. These hardships compound each other, especially as individuals grapple with significant life events.

Though some employers have recognized the imperative of offering paid leave benefits in the absence of nationwide protections, these benefits are not always inclusive of LGBTQ people, diverse families or LGBTQ-specific medical needs:

- Parental leave policies may not equally cover parents of all genders or those who become new parents through surrogacy, adoption or foster care.
- Family care leave may be restricted to legal guardians and their spouses, failing to cover domestic partners, close family members and other primary caregivers. **Only 39% of HEI 2020 participants offer FMLA-like leave for same- and different-sex domestic partners.**
- Employers may offer paid leave as a benefit but deny individual requests, forcing employees to take unpaid time off, even when seeking medically necessary care.

Benefits of Inclusive Paid Leave

Enacting inclusive paid leave policies is not just the right thing to do, it also supports the bottom line by

helping attract and retain top talent, improving morale and increasing productivity. Prospective and current employees, including LGBTQ people, value workplaces that demonstrate a commitment to the health and well-being of all employees and their diverse families. When employees can take leave without jeopardizing their family's financial security, they are able to provide vital care for themselves and their loved ones, ultimately leading to healthier, happier workers.

Creating Inclusive Paid Leave Policies

Healthcare employers are encouraged to begin the process of adding paid leave to their employee benefits, taking care to account for the unique concerns of LGBTQ employees and their diverse family structures. If an employer currently has a paid leave policy, Human Resources and Diversity & Inclusion leadership teams should review it to ensure full inclusivity. The following principles should guide the creation or alteration of paid leave policies.

- Paid leave policies should cover:
 - **Parental leave** to welcome children, including through childbirth, surrogacy, adoption, foster care, or other placement;

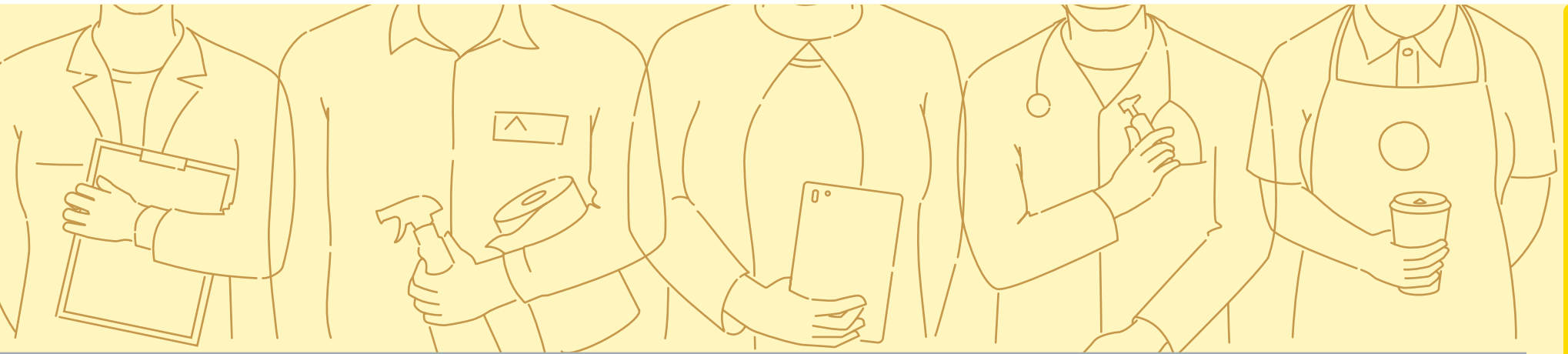
¹ Family and Medical Leave (FMLA) <https://www.dol.gov/general/topic/benefits-leave/fmla>. Accessed 21 July 2020.

² The Williams Institute. "New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community." <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

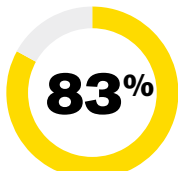
³ Out and Equal Workplace Advocates. "2017 Workplace Equality Fact Sheet." <http://outandequal.org/2017-workplace-equality-fact-sheet>

⁴ The Williams Institute. "Gender Identity and Sexual Orientation Discrimination in the Workplace: A Practice Guide." <https://williamsinstitute.law.ucla.edu/wp-content/uploads/CH40-Discrimination-Against-LGBT-People-Sears-Mallory.pdf>

⁵ Human Rights Campaign Foundation, 2018 U.S. LGBTQ Paid Leave Survey, <https://www.hrc.org/resources/2018-u.s.-lgbtq-paid-leave-survey>

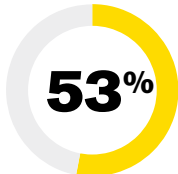


- **Family care leave** to care for loved ones with serious medical conditions, including serving as a caregiver for a spouse, domestic partner, chosen family member, child, parent, or grandparent; and
 - **Medical leave** to manage their own health, including undergoing treatment for a serious health condition, recovering from a physical or mental illness, obtaining medically-necessary transition-related health care, and receiving HIV-related care.
 - **Parental leave policies** should use inclusive language like “birth parent” and not focus solely on “birth mothers” (e.g., maternity leave). A focus on “birth mothers” excludes fathers, non-birth mothers, and adoptive or foster parents, all of whom are equally deserving of bonding time with a new child. Moreover, policies that offer additional time off and/or short-term disability for “birth mothers” to physically recover from childbirth leave out parents of other genders who also give birth, including transgender men, non-binary individuals, and people of other identities.
 - **Family care leave policies** should be inclusive of diverse family structures.
 - Policies should define “spouse” to mean all legal spouses, including those of the same sex, and also extend the same benefits to same- and different-sex domestic partners.
 - Policies should be inclusive of all parent-child relationships. In many American families — and especially in LGBTQ families — individuals have parental responsibilities for children they are not legally or biologically related to. Employers should follow existing U.S. Department of Labor guidance for FMLA when offering paid or unpaid leave benefits, allowing all employees with parent-child relationships to claim parental and family care leave, regardless of legal or biological standing.
 - Policies should include chosen family members. For a variety of reasons, there may be instances where an employee must take time off to care for a seriously ill loved one outside of the relationships listed above, including a grandparent, relative or close friend. LGBTQ people may be more likely to rely on and/or be responsible for care for such chosen family members, who may not have other immediate family able or willing to care for them.
 - **Medical leave policies** should expressly cover employees who are seeking paid leave to undergo medically-necessary transition-related care (including gender affirmation surgery, hormone therapy, and other gender-affirming care) and employees who need time off to receive HIV-related health care (including adjusting to new medications or grappling with co-infections).
- All paid leave policies should offer full or partial wage replacement during leave and these benefits should be clearly communicated to employees. Human resources staff should ensure paid leave policies are detailed in employee handbooks alongside other benefits and guidelines and be prepared to answer employee questions. Managers should support their team members who need to take leave and protect their privacy. Finally, if an employee needs additional accommodations to manage their health or care for loved ones after their paid leave period ends, employers should offer flexible work arrangements, including part-time or telework options.
- For more on inclusive paid leave, see the Human Rights Campaign Foundation’s “2018 U.S. Paid Family Leave Survey,” available at hrc.org/resources/2018-u.s.-lgbtq-paid-leave-survey



Other Support for LGBTQ Employees

83% of HEI participants have an organization-wide diversity and inclusion office, diversity council or working group focused on employee diversity that specifically includes LGBTQ diversity as part of its mission.



53% 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.

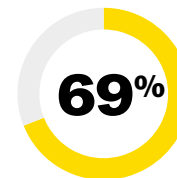
The purpose of these groups is two-fold:

- 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.

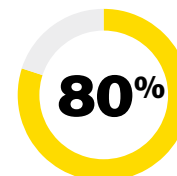
Employers usually provide these groups with a budget and access to resources such as meeting rooms and e-mail networks. The groups provide a clear line of communication between employees and management. LGBTQ/allied employee resource groups empower employees as change agents and provide a sense of safety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

Percentage of HEI participants that indicated the following types of support for LGBTQ employees



69% of HEI participants have one or more openly LGBTQ people serving in a high-level leadership position that is visible organization-wide.

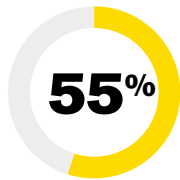
The presence of visible LGBTQ employees in management communicates to the LGBTQ employees of your company that their company is open and accepting and enables LGBTQ employees to be open at work, which in turn improves their engagement and retention.



Benefits and Policies Impacting Transgender Employees

80% 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. This number is a welcome increase over previous years as healthcare facilities are finally starting to match their corporate counterparts when it comes to providing this important and necessary benefit. In the second year that this benefit was required to obtain Leader status in the HEI we saw an increase in the number and percentage of employers that are offering this benefit. See our feature on [page 48](#) for more information on these important benefits.



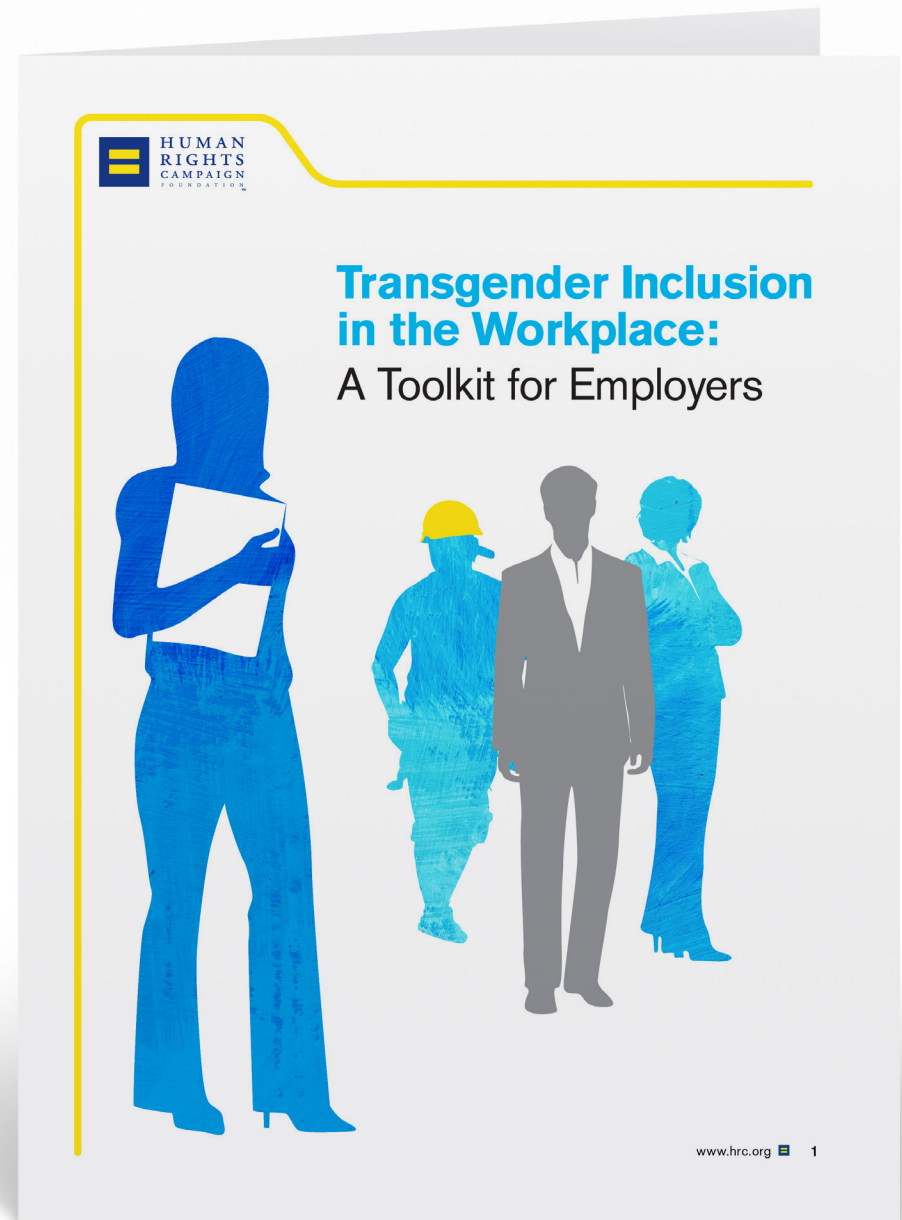
of HEI participants have written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition.

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.

Trans Toolkit for Employers

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 thehrcfoundation.org/professional-resources/trans-toolkit-for-employers



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. employer-based healthcare plans have explicitly contained “transgender exclusions.” These blanket exclusions prohibit coverage for medical care related to gender transition, known as transition-related health care. Transition-related health care encompasses mental health care, hormone therapy, gender-affirming 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 well-being of many transgender people.

Denying this medically necessary care is detrimental to a 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 Toward Inclusive Benefits

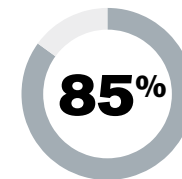
A growing number of employers are eliminating transgender exclusions and affirmatively offering transition-related healthcare coverage. The Human Rights Campaign Foundation’s Corporate Equality Index (CEI), which assesses corporate policies and practices, tracks the number of major American private employers

that offer transgender-inclusive healthcare benefits. **In the CEI 2020, 85% of rated businesses offer this important benefit. After many years of trailing their corporate counterparts in the provision of this benefit, HEI participating healthcare facilities are nearly on par with the CEI participants as 80% have at least one healthcare plan that offered this benefit.**

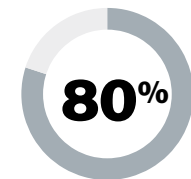
Many large corporations have successfully negotiated with their carriers to remove transgender exclusions from their health insurance policies and replace them with affirmed benefits that provide a base level of coverage for transgender medical care, including mental health counseling, hormone therapy, 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 treatments, these treatments can be prohibitively expensive for an individual, but the annualized



2020 Corporate Equality Index participants



2020 Healthcare Equality Index participants

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 transition-related 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 transgender-inclusive 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.”

* 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.

HEI Criteria Requirement for Transgender-Inclusive Health Insurance Coverage

BEGINNING LAST YEAR, participants were required to have at least one firm-wide health insurance plan that affirmatively provides transgender-inclusive coverage to receive a top score in the HEI and obtain the “Leader in LGBTQ Healthcare Equality” designation.

Participants that demonstrated that they had at least one firm-wide health insurance plan that affirmatively communicates the availability of coverage to employees for transition-related treatment received 5 points in the employee benefits and policies criteria section.

The plan must meet the following baseline criteria:

- Insurance contract must explicitly affirm coverage and contain no blanket exclusions for coverage.
- Plan documentation must be readily available to employees and must clearly communicate inclusive insurance options to employees and their eligible dependents.
- Benefits available to other employees must extend to transgender individuals. Where available for other employees, the following benefits should extend to transgender individuals, including for services related to gender transition (e.g., medically necessary services related to sex affirmation/reassignment):
 - Short-term medical leave
 - Mental health benefits
 - Pharmaceutical coverage (e.g., for hormone replacement therapies)
 - Coverage for medical visits or laboratory services
 - Coverage for reconstructive surgical procedures related to sex reassignment
 - 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.
- The plan may not exclude any covered dependents, including children, from these benefits. If there are age limitations in your covered services for gender transition, non-surgical services must be affirmed and provided for beneficiaries under 18 years of age.
- Explicit adequacy of network provisions apply. When the provider network has no adequate specialists (as determined by qualified area specialists), out-of-network providers will be covered at in-network rates, as well as coverage of travel and lodging to such specialists.
- No other serious limitations. On a case by case basis, other serious limitations to coverage may be deemed sufficiently counterproductive to treatment success to disqualify a plan from eligibility. Two examples: a) Limitations on the time frame for or number of surgeries per individual would eliminate a plan from consideration (e.g., no “one surgery only” or “initial surgery” limitations); b) Similarly, exclusions for reversals of sex reassignment would also be regarded as unacceptable limits to coverage.

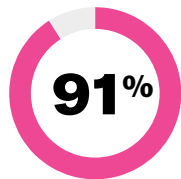
How plan documentation should clearly communicate inclusive insurance options to employees

Transition-related services must be outlined in plan documents such as the Summary Plan Document along with other “covered services.” In the section where covered services are outlined such as the “schedule of benefits” or “other covered services,” organizations are strongly encouraged to outline the full range of services available related to gender transition (i.e., mental health, prescription coverage, surgery, etc.).

Patient and Community Engagement

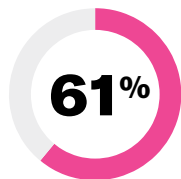
HEALTHCARE ORGANIZATIONS CAN welcome LGBTQ people in their service area by implementing community engagement initiatives like those recommended in this section.

LGBTQ Community Engagement, Marketing and Advocacy

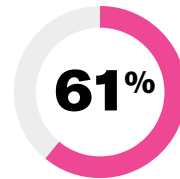


91% of HEI participants took part in or supported one or more LGBTQ-related events or initiatives in their service area

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.

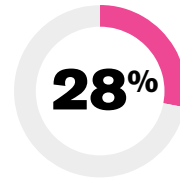


61% of HEI participants have engaged in marketing or advertising to the LGBTQ community (other than sponsorships).



61% of HEI participants have designed an LGBTQ-specific logo for use in marketing materials, promotion of LGBTQ internal or external community events, or for providers and staff to wear to indicate that they are LGBTQ-inclusive.

Ad campaigns, marketing, and LGBTQ-specific logos 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.



28% of HEI participants publicly supported LGBTQ equality under the law by speaking out on local, state, or federal legislation or initiatives.

During the 2019 state legislative sessions, over 100 anti-LGBTQ bills proliferated across the states. In turn, businesses spoke out and rebuked attempts to undermine LGBTQ civil rights at record rates. Increasingly, hospitals and other healthcare providers are adding their voice to those that support LGBTQ equality by speaking out against anti-LGBTQ bills in their states or supporting pro-equality legislation.

Understanding the Needs of LGBTQ Patients and Community

Percentage 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 a community or hospital-based LGBTQ pride celebration is one of the most popular ways to engage with the LGBTQ community.



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LGBTQ HEALTHCARE EQUALITY LEADER

Palm Beach Pride

Sunday, March 29
11 a.m.-12:30 p.m.

PHC BAMP
412 Laceran Avenue, Lake Worth
Pre-registration must check in by 9 a.m.

The Inclusive LGBTQ Care at BAMP Committee is recruiting staff, physicians and volunteers to march during Palm Beach Pride (rain or shine) and to support.

To see the schedule, click on the link: www.compassionatcare.com. For walk, go to www.compassionatcare.com.

Boca Raton Regional Hospital
BAPTIST HEALTH SOUTH FLORIDA

Event page title, email address, phone number and a QR code to HealthyCommunity@baptist.com.

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HEI 2020 Scoring Criteria

THE HEALTHCARE EQUALITY INDEX 2020 is in its fourth year using a scoring criteria that focuses on foundational non-discrimination policies as well as a variety of policies and practices to promote LGBTQ patient-centered care. New last year was the additional requirement that healthcare facilities provide transgender-inclusive health insurance to their employees in order to receive a top score. This criteria change was announced in March of 2017.

The HEI 2020 implements four 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
<p>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 “2020 LGBTQ Healthcare Equality Leader” designation.</p>	
<p>Patient Non-Discrimination</p> <p>a. LGBTQ-Inclusive Patient Non-Discrimination Policy</p> <ul style="list-style-type: none"> ● Policy must include the terms “sexual orientation” and “gender identity and expression” (or “gender identity”) <p>b. Patient Non-Discrimination Policy is communicated to patients and staff</p> <ul style="list-style-type: none"> ● Policy is shared with the public in two ways, typically online and in-print ● Policy is shared with staff in at least one way 	<p>5 points</p> <p>5 points</p>
<p>Visitation Non-Discrimination</p> <p>a. Equal Visitation Policy</p> <ul style="list-style-type: none"> ● Policy must allow the patient’s visitor of their choice <p>b. Equal Visitation Policy is communicated to patients and staff</p> <ul style="list-style-type: none"> ● Policy is shared with the public in two ways, typically online and in-print ● Policy is shared with staff in at least one way 	<p>5 points</p> <p>5 points</p>
<p>Employment Non-Discrimination</p> <p>a. LGBTQ-Inclusive Employment Non-Discrimination Policy</p> <ul style="list-style-type: none"> ● Policy must include the terms “sexual orientation” and “gender identity or expression” (or “gender identity”) <p>b. Employment Non-Discrimination Policy is shared with the public</p> <ul style="list-style-type: none"> ● Policy is shared with the public in at least one way 	<p>5 points</p> <p>5 points</p>
<p>Staff Training</p> <p>a. Training in LGBTQ Patient-Centered Care</p> <ul style="list-style-type: none"> ● For first year facilities, senior executives must complete the Executive Briefing training provided by the HEI OR returning facilities must complete at least 25 hours of staff training in LGBTQ-related topics, either clinical or broader training <p>b. HEI training options are promoted to staff</p> <ul style="list-style-type: none"> ● Facilities must make training options available through the HEI known to staff throughout their facility 	<p>5 points</p> <p>5 points</p>

CRITERIA 2 PATIENT SERVICES AND SUPPORT**30 Points Total**

Four subsections compose this criterion: LGBTQ Patient Services and Support, Transgender Patient Services and Support, Patient Self-Identification, and Medical Decision-Making. **This section contains 25 scored questions. In order to receive the full 30 points, a facility must have implemented at least 11 or more of these best practices from any of the subsections. Facilities that have implemented six to ten 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
- Have an internal planning or advisory committee focused on LGBTQ patient care issues

Serving LGBTQ Populations

- Make LGBTQ-knowledgeable and -friendly providers known to interested patients
- Provide some LGBTQ-specific clinical services
- Have an externally promoted LGBTQ-specific clinic
- Have an externally promoted LGBTQ-focused office, advocate or LGBTQ-specific patient navigator
- Provide educational LGBTQ-related health information and/or links to LGBTQ health education or service resources from outside organizations on the facility's website
- Create and distribute a LGBTQ health education brochure or other print materials about specific health topics and how they impact LGBTQ people

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
- Have an externally promoted multidisciplinary gender clinic for either adults and/or youth
- Have a specific program or position to provide patient navigation/advocacy services to transgender patients
- Offer gender neutral restrooms in public areas for patients and visitors and/or have clear posted signage indicating a policy that allows individuals to use the restroom that aligns with their gender identity

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 the recommended two-question process to collect gender identity information
- Training is provided to staff on how to collect and record gender identity data
- EHR offers explicit options for capturing the patients pronouns in use and prominently displays these pronouns in the banner or a pop-up
- EHR captures the patient's name in use if it differs from their legal name AND prominently displays this name in the banner or a pop-up so that front line staff and providers will see this information
- EHR offers an explicit way to capture a patient's organ inventory
- Have electronic health records that offer explicit options for capturing patient's sexual orientation
- 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

**11 or more
initiatives =
30 points**

**6 to 10
initiatives =
15 points**

CRITERIA 2 PATIENT SERVICES AND SUPPORT continued

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
- Organization offers employee training related to medical decision making that includes LGBTQ specific information

CRITERIA 3 EMPLOYEE BENEFITS AND POLICIES

20 Points Total

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

This criterion is divided into two scored subsections. The first subsection consists of 13 scored questions and like the other criterion sections a facility can either receive full or partial credit depending upon how many initiatives it has in place. The second subsection is related to the provision of transgender healthcare benefits for employees and is worth 5 points.

There are 13 scored questions in this subsection. In order to receive full credit for this section (15 points), a facility must have at least six or more of these best practices in place. Facilities that have three to five of these best practices in place will receive a partial score of 10 for this section of the criterion.

Employee Benefits and Policies

Equal Benefits

- Health insurance policy's definition of spouse includes same-sex spouses and the same documentation is required for enrollment of same and different sex spouses
- Healthcare benefits are provided to domestic partners
- FMLA-equivalent benefits allow employees to take family and medical leave to care for domestic partners as well as the children of a domestic partner, regardless of biological or adoptive status
- Bereavement leave allowed in the event of the death of a domestic partner or their partner's immediate family

6 or more initiatives = 15 points

Additional Support for LGBTQ Employees

- Have written gender transition guidelines documenting supportive policies and practices on issues pertinent to a workplace gender transition
- Officially recognize an LGBTQ employee resource group
- Have a diversity & inclusion office, diversity council or working group focused on employee diversity that specifically includes LGBTQ diversity as part of its mission
- 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
- Confidential human resources information system (HRIS) captures sexual orientation and/or gender identity (if voluntarily disclosed) along with other demographic information such as race and gender
- Commemorate an "LGBTQ Holiday" at the facility
- Have explicitly LGBTQ-inclusive hiring efforts
- Have openly LGBTQ people serving in high level visible leadership positions

3 to 5 initiatives = 10 points

CRITERIA 3 EMPLOYEE BENEFITS AND POLICIES continued

The question in this subsection is scored independently and must be met in order to attain Leader status.

Transgender Inclusive Health Insurance

- Provide at least one health plan to all employees that explicitly covers medically necessary health services for transgender people, including gender transition-related treatment

5 points

CRITERIA 4 PATIENT AND COMMUNITY ENGAGEMENT

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

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

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
- Have an LGBTQ-specific logo
- Publicly support LGBTQ equality under the law through local, state, or federal legislation or initiatives

Understand the Needs of LGBTQ Patients and Community

- Patient surveys allow patients the option to identify as LGBTQ
- Patient surveys include LGBTQ-related questions
- Work with LGBTQ organizations or community members to assess LGBTQ needs or address LGBTQ-related concerns
- Include LGBTQ representation on a governing or community advisory board
- Support LGBTQ health-related research

10 Points Total

4 or more initiatives = 10 points

2 to 3 initiatives = 5 points

CRITERIA 5 RESPONSIBLE CITIZENSHIP

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

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

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

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

The point deduction for this criteria is rarely applied and only one hospital, Johns Hopkins Hospital, has received this point deduction. Learn why at: hrc.org/resources/johns-hopkins

-25 Points

HEI 2020 MAXIMUM SCORE/2020 LGBTQ HEALTHCARE EQUALITY LEADER

100

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 also operates the Long-Term Care Equality Index (LEI) in partnership with SAGE. 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.

Meet the Health & Aging Team

Tari Hanneman is the Director of the Health & Aging Program at the Human Rights Campaign Foundation and the author of the HEI. In addition to managing the development and publication of the Healthcare Equality Index, she oversees other projects related to LGBTQ health and aging including the new Long-Term Care Equality Index. Tari has more than 25 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 On!

Marcos R. Garcia is the Associate Director of the Healthcare Equality Project at the Human Rights Campaign Foundation and co-author of the HEI. In this role, he engages directly with hospitals and other healthcare facilities nationwide to identify and improve LGBTQ-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 in melanoma research at the National Cancer Institute.

Samuel Park is the Coordinator for the Health & Aging Program at the Human Rights Campaign Foundation. In this role, he fields questions from hospitals and other healthcare facilities nationwide about the HEI process, works on HEI survey review, and provides logistical support for the Health & Aging team. He holds a bachelor's degree in neurobiology and sociology from the University of Wisconsin-Madison.

Dan Stewart is the Associate Director of the Aging Equality Project at the Human Rights Campaign Foundation. In this role, he manages the Long-Term Care Equality Index, a tool that supports residential long-term care communities to adopt LGBTQ-inclusive policies and provides technical assistance to long-term care communities to help them become more LGBTQ inclusive. In addition, he develops resources on LGBTQ aging and supports the Health & Aging team with HEI survey review. Dan holds a bachelor's degree in psychology from Saint Louis University and a master of science degree in gerontology from the University of Missouri - St. Louis.

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Thanks to GLMA: Health Professionals Advancing LGBT Equity, an endorsing partner of the Healthcare Equality Index



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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 list of LGBTQ

Healthcare Equality Leaders is published in the HEI report and the ratings for each participating facility are available on our website and promoted to HRC's more than 3 million supporters.

Consumers can easily search our online database or 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 HEI, go to: hrc.org/hei/search

Why Participate?

- ✓ Learn best practices for LGBTQ equity and inclusion
- ✓ Provide patient-centered care to a long-overlooked group
- ✓ Take advantage of free online, on-demand staff training from expert sources that includes CME/CEU credits
- ✓ Enhance patient satisfaction ratings
- ✓ 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 Federally Qualified Health Centers (FQHCs) and FQHC look-alikes, Planned Parenthood Affiliates and other similarly structured organizations are eligible to participate - however, they have special guidelines related to meeting the training criteria.

To register to participate: thehrcfoundation.org/professional-resources/participation-request

HEI 2020 Online – 1,770 Evaluated Facilities

Search our online database to find 1,770 healthcare facilities evaluated on their commitment to LGBTQ equality and inclusion.

In addition to the 765 healthcare facilities that actively participated in the HEI 2020, you will find more than 1,000 other hospitals that the HRC Foundation proactively researched or that have previously participated in the survey.

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 invitations to actively participate in the survey. The 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 to learn whether a hospital had:

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

Search the HEI 2020 Database: hrc.org/hei/search

In addition to our 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 2020 Map: hrc.org/resources/hei-map

How We Obtained Information for the 2020 Report

The HEI criteria was assessed for the 765 healthcare facilities that actively participated in the Healthcare Equality Index. 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 2020 survey were emailed in November 2019, and the deadline to submit completed surveys was February 21, 2020.

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 Commission, and other guidance from the HRC website. Throughout the open survey period, HRC Foundation Health & 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.

Thank you for the courage and compassion you show everyday. You give everyone hope that we will get through this nightmare.

Susan
Golden Valle, MN

Thank you from the bottom of my heart!

Jacqueline
Baltimore, MD

You are our heroes every day, but especially during this pandemic. Thank you for all that you were doing to save lives and to ensure that brighter days are ahead. Stay strong!

James
Franklin, TN

Now more than ever, health care workers and support staff at hospitals, clinics, nursing homes and more need to know we are grateful for their sacrifices and that we will do our part to help stop this devastating pandemic however we can.

Jazmine
Kincheloe, MI

We love you and are so grateful for you! Thank you will never be enough for your service to this country.

Hope
Albany, GA

Just as it is difficult to imagine the trials and tribulations you face daily, likewise it should be a daily solace to know — truly know — how grateful we are for your efforts. Thank you.

John
Long Beach, CA



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