

LGBTQ+ Diversity & Inclusion; An International Perspective to Organisational Change

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Pronouns: He/Him/His



Cleveland Clinic



Consultant Led / Patients First
Not for profit
Research & Education
Founded 1921

QUALITY
& SAFETY



TEAMWORK



INNOVATION



INTEGRITY



EMPATHY



INCLUSION



Cleveland Clinic in the Numbers

210

Outpatient Facilities

18

Total Hospitals

5,895

Total Beds

2M+

Unique Patients

£8.9B+

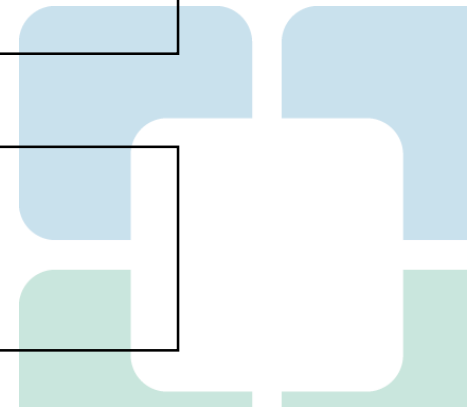
Operating Revenue

4.6M +

Outpatient Visits

66,000

Caregivers (Employees)



International Recognition



#1 Cardiology & Heart Surgery

#2 Rheumatology

#3 Gynecology

#4 Gastroenterology & GI Surgery
Nephrology
Urology

#6 Cancer

#7 Pulmonology & Lung Surgery

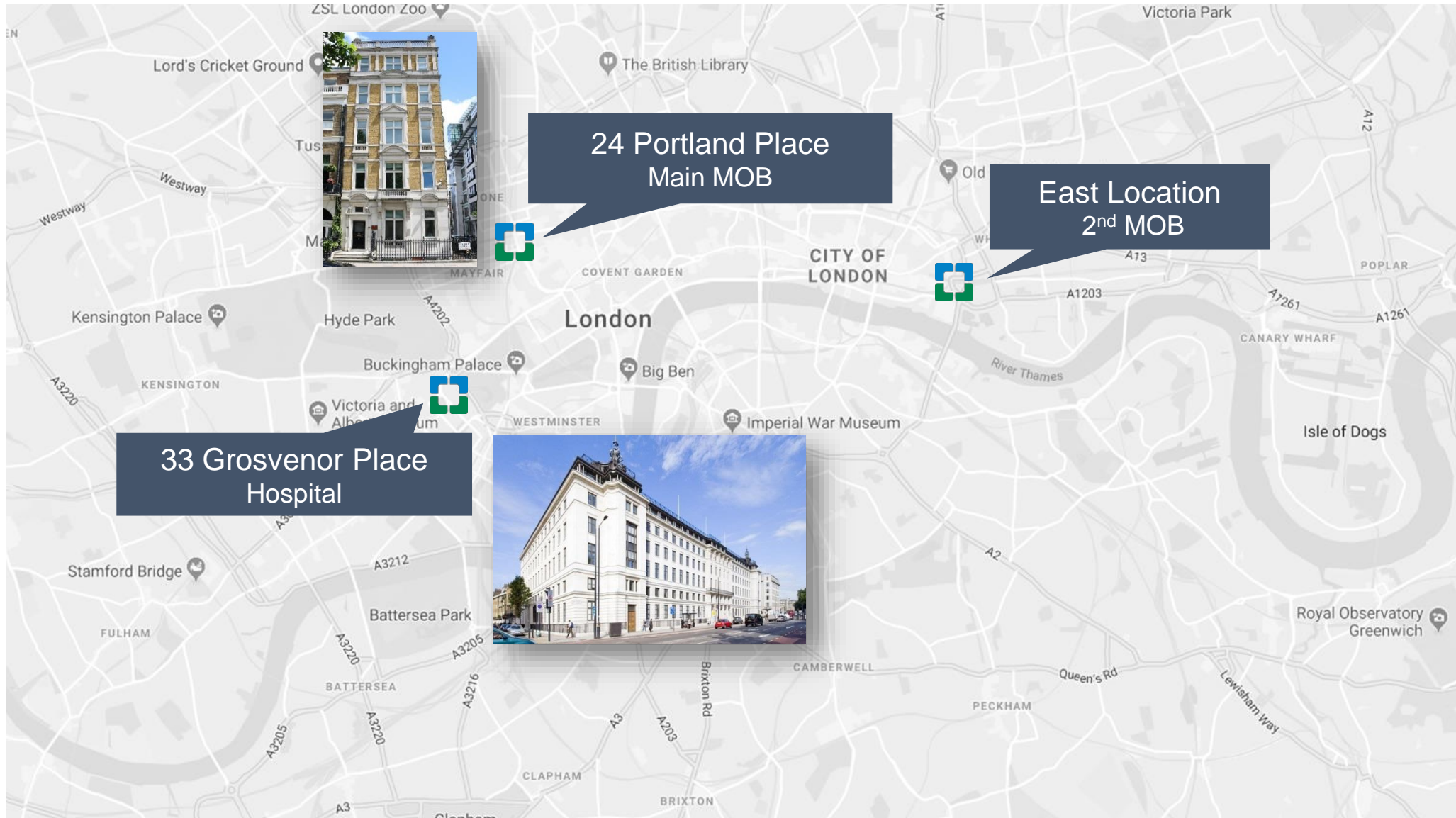
#8 Geriatrics

#10 Neurology & Neuroscience



#2 hospital in the world

CCL Locations



Cleveland Clinic London Services

Facilities

185-bed, single-bed occupancy rooms with en-suite facilities
Two outpatient facilities: Portland Place and a City Location
World-class facility with newest equipment and technology

Clinical focus

Focus on complex medical and surgical patients, supported by 29ITU beds

Services



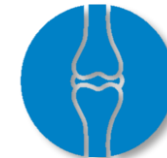
Heart & Vascular

Executive Health
Dermatology
Ear, Nose & Throat



Digestive Diseases

Endocrinology
General Practice
Gynaecology



Orthopaedics

Ophthalmology
Pain Management
Respirator



Neurosciences

Rheumatology
Skin cancer surgery
Urology/Nephrology

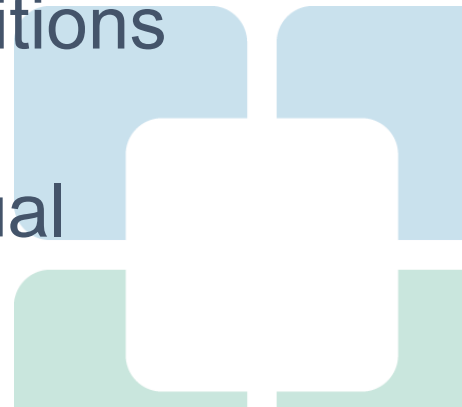
Goals

- Develop an increased understanding of healthcare disparities affecting LGBT people
- Create common language through a review of terminology, concepts, and definitions
- Explore steps individuals and organizations can take to:
 - Provide patient-centered, affirming care for LGBT people
 - Create an inclusive environment for employees and patients



Why Is This Important?

- Long history of anti-LGBT bias, which is mirrored in healthcare
- LGBT individuals continue to face stigma:
 - In the United States, until 1973 homosexuality was listed as a disorder in the Diagnostics and Statistical Manual of Mental Disorders (DSM), and Transgender identity was listed until 2013.
- LGBT people face a common set of challenges in accessing culturally-competent services, and achieving highest possible health.
- LGBT populations may be 'invisible' due to political conditions or cultural norms.
- Many LGBT people report reluctance to reveal their sexual orientation or gender identity to providers.



Definitions, Concepts, Terminology

“L, G & B”

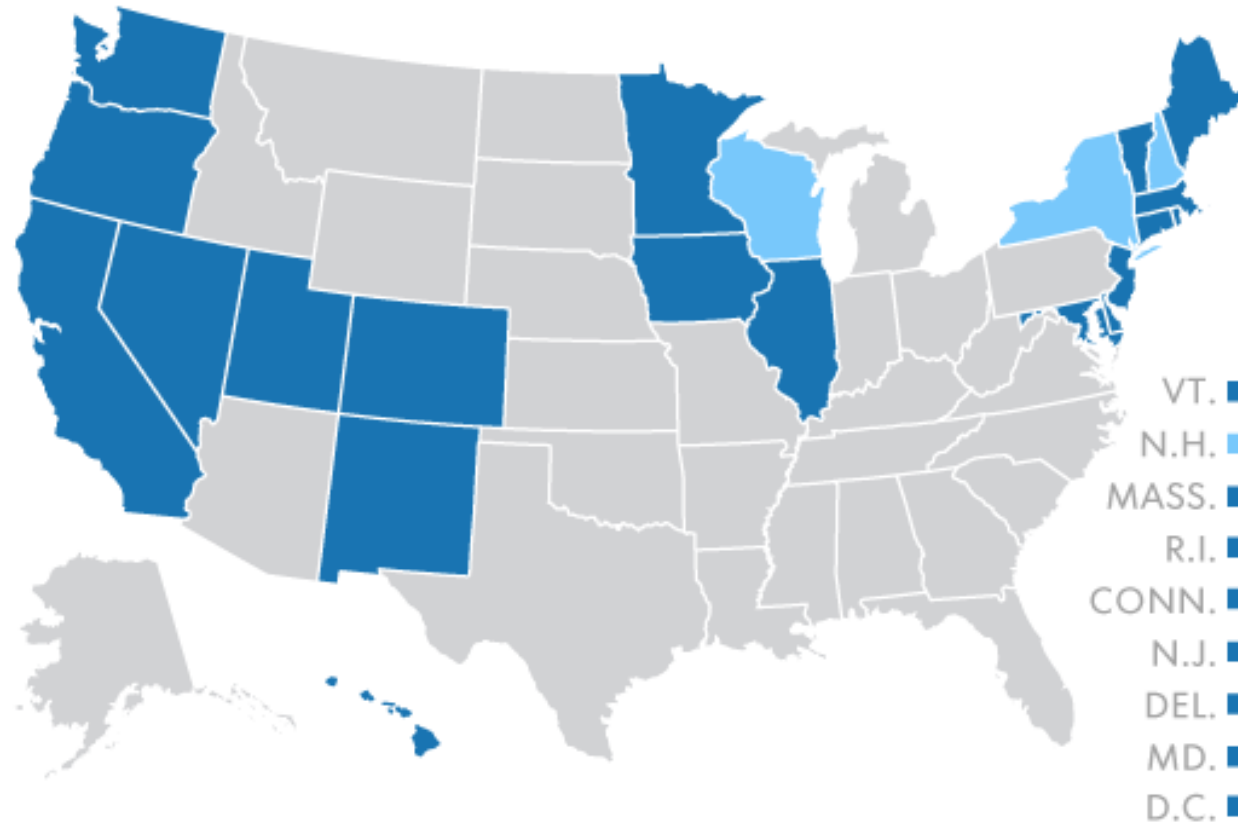
- **Sexual Orientation**
 - Lesbian, Gay, Bisexual
 - Three components
 - Behavior
 - Identity
 - Desire

“T”

- **Gender**
 - Transgender : Umbrella term
 - Describes individuals who do not conform to traditional notions of gender. Sex assigned at birth inconsistent with one’s gender or gender expression
 - MTF, FTM
 - Genderqueer, bigender, androgynous



- Law covers sexual orientation and gender identity
- Law covers only sexual orientation



LGBT Workplace Discrimination

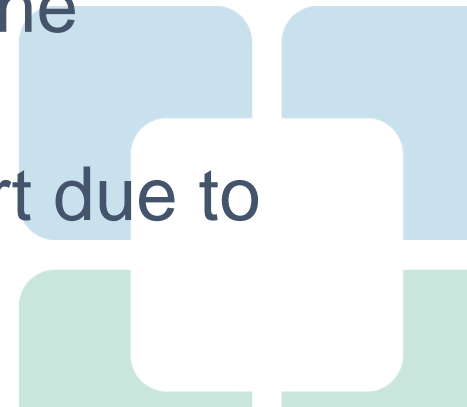
SOURCE: ACLU

Jennifer Calfas and Frank Pompa, USA TODAY

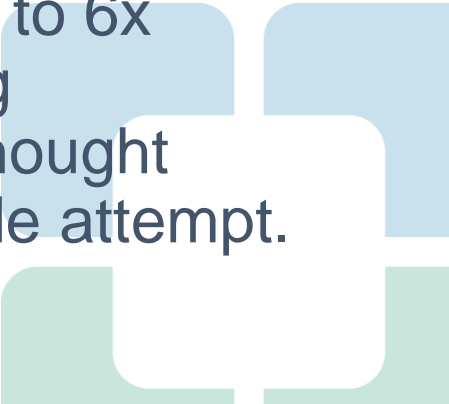


US Disparities

- LGBT people are more likely to experience difficulty accessing health care
 - 56% of LGB patients have experienced some type of discrimination in healthcare. For Trans* patients, the rate is 70%.
- According to the CDC, MSM and MTF transgender people make up 50% of all people living with HIV, despite making up ~2% of the population
- Young black MSM are the only demographic in which the incidence of HIV is increasing
- Elderly LGBT patients are at risk for poor social support due to stigmatization



US Disparities, Cont'd

- Lesbians are more likely to be overweight or obese.
 - Higher rates of substance abuse have been found in LGBT populations.
 - LGBT people are twice as likely to smoke.
 - Higher rates of depression, and suicide attempts
 - Suicide attempt rate is 4 times greater for LGB youth and 2 times greater for questioning youth than that of straight youth.
 - Suicide attempts by LGB youth and questioning youth are 4x to 6x more likely to result in injury, poisoning, or overdose requiring treatment. Nearly half of transgender youth have seriously thought about taking their lives, and 25% report having made a suicide attempt.
- 

US Disparities, Cont'd

- LGBT populations at disproportionate risk for:
 - Violent hate crimes
 - Sexually transmitted infections
 - Certain cancers including anal, breast, cervical
- Same-sex partnered people are
 - Less likely to have health insurance
 - More likely to report unmet health needs
 - (for women), less likely to have had a recent mammogram or pap.



Why all these disparities?

- Stem from structural, legal, and social factors.
 - Reduced access to screenings, stigma of negative social attitudes
- Lack of culturally affirming health care
 - Medical community without appropriate education for health professionals.
 - Stigma persisting even within healthcare community
 - Communication shortfalls during clinical encounters
- If you fail to identify your patient as LGBT, you'll fail to provide appropriate guidance.
 - Many providers uncomfortable, or not aware of the right questions to ask about gender identity or sexual orientation.
 - Unaware of how to create a safe, affirming environment in which patients feel comfortable volunteering information.



Cleveland Clinic's Approach

- ERGs
 - Employee Resource Groups
 - 'ClinicPride' serves as a peer and organizational resource
- Policies, procedures
- Participate in benchmarking surveys
 - Allows similar organizations to compare themselves



One example

- In 2016, shortly after the presidential election, the ERG heard from membership that they felt at-risk.
- The ERG embarked upon a project to make a broad impact to LGBTQ+ Diversity & Inclusion at the institutional level
- Share successes and lessons learned with our 'Ally Project'.



Identifying A Need

- Individual, one-off questions and anecdotal stories
- Desire from caregivers to learn
- Our objectives:
 - Spread awareness of what it means to be an ally
 - Empower others to speak up and take action
 - Create a community around the practice of allyship

Ally: a (typically straight, or cis-identified) person who supports and respects members of the LGBTQ community.

Engaging Key Stakeholders

- Partnered closely with Office of Diversity & Inclusion, as well as others including Nursing Institute, Surgical Operations, Emergency Services, etc.
- Executive leadership & sponsorship
- Communicate “the why”
 - Patients: creates safe space for them to share vital information with their providers
 - Bedside Providers: ensures they have the appropriate skills and knowledge in providing culturally competent care
 - Employees: allows our caregivers to bring their whole self to work, reduces stress and promotes mental and emotional wellbeing, increases engagement
 - Organization: affirms our commitment to diversity & inclusion



Feeling the Pulse of your Organisation

- General political environment & climate
- Alignment with core institutional values
- Seizing opportunities – be ready
- Several foundational classes offered upon request
- Discussions across employee resource group



Designing a Curriculum

- Iterative process
 - Initially considered completely bespoke program vs. partnered content
- Brought in nationally recognized educators –
 - Meg Bolger and Sam Killermann of The Safe Zone Project
- Co-created healthcare-specific, Cleveland Clinic-specific content
- Train-the-trainer facilitator sessions



Example Agenda

- Example training session agenda:
 - Course Overview
 - Introductions
 - Group Norms
 - First Impressions of LGBTQ People
 - Core Vocabulary
 - LGBTQ Umbrella & Genderbread Person
 - Privilege for Sale Activity
 - Questions
 - Health Care Scenarios
 - Ryland's Video
 - Wrap Up and Feedback



LGBTQ

DIVERSITY &

INCLUSION

TRAINING

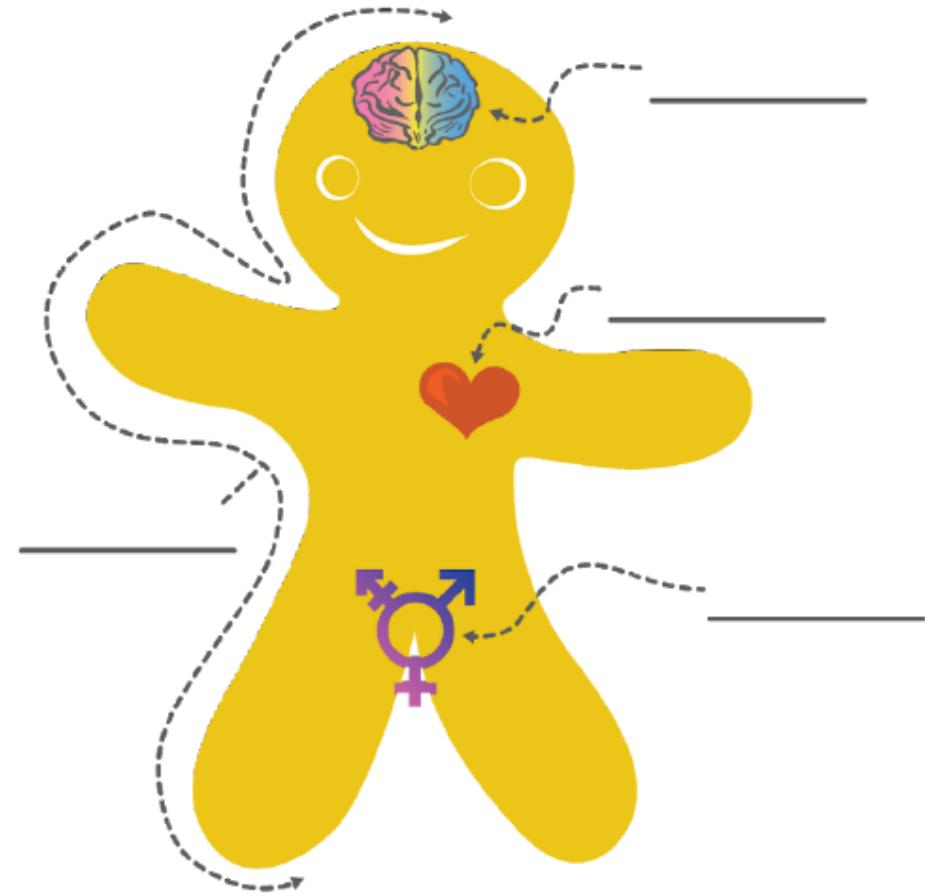
PARTICIPANT'S GUIDE



Cleveland Clinic

The Genderbread Person v4

- Initial impressions and understanding
- Vocabulary and language
- Breaking down concepts
- Putting what we've learned into action



⊘ means a lack of what's on the right side

 Gender Identity



 Gender Expression



 Anatomical Sex



Measuring The Impact

- Standard evaluations & quantitative change in knowledge
- Badge pulls at ‘graduation’
- Word of mouth
- Empathy



“The more we are educated about the LGBTQ community regarding inclusion, the better care we can provide while also creating a safe space”

“Knowledge is power and this empowers me to give the best care as EVERYONE deserves this”

“We will better be able to care for our entire patient and all of their needs as human beings”

“We are including all humans in world class care”

Sustaining the Impact

- Iterate, iterate, iterate
- Build out catalog of LGBTQ courses
- Visual indicator – community building; cueing.
- Expand facilitator cohort



Why Grassroots Matters...

- Frontline caregivers identified a need & a solution
- Supported these initial efforts with institutional resources & units (i.e. Office of Diversity & Inclusion)
- It takes a village



Questions?

- Houghtn@ccf.org





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Every life deserves world class care.