

LGBTQIA-Inclusive Hospice & Palliative Care

WORKBOOK



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ASSESSING YOUR ORGANIZATION - PART 1

1. Go to your organization's website. Are there photos of people on the homepage (main page)?

YES NO

If you answered "YES" to Question #1, describe the people in the photos in terms of assumed/inferred age, race, gender, etc. Write your observations in the space to the right.

My Observations About Our Website Photos

Are the photos on the website an inaccurate reflection of the diverse patient population you seek to serve?



2. Go to your organization's website and type one of these terms -- gay, lesbian, bisexual, transgender, discrimination, gender identity, gender expression, or sexual orientation -- into the search box embedded on the organization's website.

Go to www.google.com and type the name of your organization and the word "discrimination" in the Google search box.

Did either search yield a link to the **patient** nondiscrimination statement?

YES NO

If you answered "YES" to Question #2, copy and paste the statement into the space to the right.

Paste the patient non-discrimination statement below:

ASSESSING YOUR ORGANIZATION - PART 1

3. Does your organization's **patient** nondiscrimination statement include the following phrases?

sexual orientation YES NO

gender expression YES NO

gender identity YES NO

Can't find your organization's patient nondiscrimination statement? Found it but it doesn't include both sexual orientation and gender identity?



4. Does your organization have a nondiscrimination statement pertaining to **employees**?

YES NO

If you answered "YES" to Question #4, copy and paste the statement into the space to the right.

Employee Non-Discrimination Statement

5. Does your organization's **employee** nondiscrimination statement include the following phrases?

sexual orientation YES NO

gender expression YES NO

gender identity YES NO

Can't find your organization's employee nondiscrimination statement? Found it but it doesn't include both sexual orientation and gender identity?



6. Does your organization either have all gender-neutral bathrooms or a written policy affirming the right of employees to choose the bathroom that aligns with their gender identity?

YES NO I DON'T KNOW

Don't know what your organization's policy is? Know what it is but know that it needs work?



ASSESSING YOUR ORGANIZATION - PART 2

7. Does your organization's intake/admission form contain a question asking, "What name would you like to be called?" or something similar?

YES NO I DON'T KNOW

8. Does your organization's intake/admission form contain a question asking, "What sex were you assigned at birth?" or something similar?

YES NO I DON'T KNOW

9. Does your organization's intake/admission form contain a question asking, "What gender do you identify as now?" or something similar?

YES NO I DON'T KNOW

10. Does your organization's intake/admission form contain a question asking, "What pronouns do you use?" or something similar?

YES NO I DON'T KNOW

Don't know what's on your organization's intake form?

Know what's on there but know that it needs work?



My Notes About Changes Needed to Our Intake Form

ACTION PLANNING

List three specific steps you will take in the next 30 days to foster LGBTQIA-inclusive care in your organization.

STEP 1

I will

Who will you work with to accomplish this?

What will you do to accomplish this?

When will you accomplish this?

Why do you want to accomplish this?

How will you know you've accomplished this?

STEP 2

I will

Who will you work with to accomplish this?

What will you do to accomplish this?

When will you accomplish this?

Why do you want to accomplish this?

How will you know you've accomplished this?

STEP 3

I will

Who will you work with to accomplish this?

What will you do to accomplish this?

When will you accomplish this?

Why do you want to accomplish this?

How will you know you've accomplished this?

NOTES

