

Fact Sheet

Safeguarding LGBTQ+-Inclusive Public Services Within Anti-DEI Constraints

A Guide for Maintaining Quality Services in Limiting Policy Environments

AT A GLANCE

Current anti-DEI restrictions are creating significant challenges for the delivery of inclusive services across health, education, and public agencies. Organizations are scaling back essential services, training programs, and data collection efforts due to concerns about penalties and funding loss. This retreat from inclusive practices is creating a cascade of negative consequences: reduced access to care, widening health disparities, increased discrimination, higher emergency care costs, poorer health outcomes, and declining trust in public institutions.

The Stakes: When prevention programs are cut and unwelcoming environments persist, we see increased crisis interventions, preventable emergencies, and care avoidance – particularly among LGBTQ+ individuals, non-White ethnic communities, rural residents, people with disabilities, and individuals living with HIV.

WHY THIS MATTERS

Health Impact: Delayed or avoided care leads to preventable emergencies and higher mortality rates. Research shows that inclusive healthcare environments reduce emergency department visits by 23% and improve medication adherence by 40% among LGBTQ+ patients.

Education Impact: Hostile school environments correlate with 30% higher absenteeism and 25% lower graduation rates among LGBTQ+ students, directly affecting workforce readiness and mobility, with employers and the local economy bearing the consequences.

Economic Impact: Emergency care costs 10x more than preventive care. When inclusive programs are cut, taxpayers bear the burden through increased crisis intervention costs, reduced workforce productivity, and higher social service utilization.

Community Trust: Privacy breaches and discriminatory practices erode trust in institutions, leading to service avoidance and community disengagement that can take decades to rebuild.

WHO IS AFFECTED

This issue is exacerbated in LGBTQ+ communities, and also in many others:

- LGBTQ+ individuals across all age groups
- Women seeking reproductive healthcare
- Racial and ethnic minorities
- People with disabilities and veterans
- Older adults requiring culturally competent care
- Low-income families dependent on public services
- Employers needing healthy, skilled workers
- Local governments managing strained budgets
- Healthcare systems' increased emergency costs

PRACTICAL SOLUTIONS: MAINTAINING QUALITY WITHOUT "DEI" LANGUAGE

For Healthcare Settings

- Replace *equity* with *quality for all*
- Use *patient-centered care* instead of *culturally competent care*
- Focus on *operational excellence* and *customer service*
- Emphasize *accessibility* and *universal design*
- Frame initiatives as performance improvement

For Educational Institutions

- Replace *inclusive education* with *student success for all*
- Use *safe learning environment* instead of *anti-discrimination*
- Focus on academic achievement and school safety for all
- Frame support as student wellness and engagement
- Implement preferred names as standard practice for all students

COMMUNITY-BASED SOLUTIONS

Build Strategic Partnerships

- Partner with trusted community organizations for outreach without formal DEI programs
- Develop disease-specific prevention programs that naturally serve diverse populations
- Create peer support networks framed as quality improvement initiatives
- Establish community health worker programs focused on geographic areas rather than demographics

Leverage Local Resources

- Raise private funds for inclusive health centers
- Develop volunteer programs for community support
- Create mentorship programs as workforce development
- Build coalitions around shared health goals

POLICY AND ADVOCACY STRATEGIES

Legal Protections Still in Effect

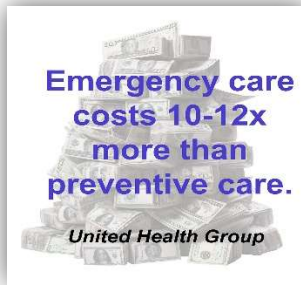
- ACA Section 1557 prohibits discrimination in healthcare
- Title VII protects against employment discrimination
- EMTALA requires emergency care regardless of identity
- ADA/Section 504 ensures disability access
- HIPAA protects privacy for all patients

Advocacy Actions

- Focus on human rights and quality of care
- Partner with medical associations on professional standards
- Coordinate with state attorney general on legal challenges
- Build coalitions on patient safety, care quality
- Document cost savings from inclusive practices

EVIDENCE-BASED OUTCOMES

- Emergency care costs 10-12x as much as preventive care



- Inclusive school climates reduce dropout rates
- Mental health prevention programs reduce emergency interventions by 42%

CALLS TO ACTION

Policymakers

- Protect federal non-discrimination laws
- Fund quality improvement initiatives
- Support data collection for all populations
- Invest in prevention and early intervention

Organizations

- Implement *quality for all* framework
- Establish anonymous feedback mechanisms
- Train staff in universally respectful practices
- Track outcomes using privacy-protected metrics

Educational Institutions

- Implement student success for all framework
- Create safe learning environments through universal policies
- Provide wellness support accessible to every student
- Track climate and achievement data comprehensively

Communities

- Build local support networks
- Document service gaps and needs
- Create resource sharing coalitions
- Advocate for quality care standards

IN CONCLUSION: OVERALL MESSAGES

- Quality care is a human right, not a political position
- Prevention saves money and lives for everyone
- Respectful service is good business practice
- Healthy communities benefit all residents
- Professional standards transcend politics

RESOURCES

REPORTS: Babbs et al (2024), [Emergency department use disparities among transgender and cisgender Medicare beneficiaries, 2011-2020](#); CDC (2024), [Health disparities](#); Duckenfield, Marty et al (2013), [National School Climate Center: School Climate and Dropout Prevention](#); Frank-Dixon, K et al (2025), [Utilization of Emergency and Outpatient Mental Health Services by LGBTQ Populations](#); Hsiang, Elaine et al (2022), [Emergency care of LGBTQIA+ patients requires more than understanding the acronym](#); Trust for America's Health: ["Prevention for a Healthier America"](#) (2009); United Health Group (2019), [18 million avoidable hospital emergency department visits add \\$32B in costs to the health care system each year](#).

LEGAL GUIDANCE: [ACLU of North Carolina](#); [Lambda Legal Defense Fund](#); [NAACP Legal Defense Fund](#); [National Health Law Program](#);

PROFESSIONAL STANDARDS: [American Medical Association Ethics Guidelines](#) | [American Psychological Association Practice Guidelines](#) | [HHS Office for Civil Rights](#) | [National Association of Social Workers Code of Ethics](#) |