

DEFINING LGBTQIA+ INCLUSIVITY IN THE COLORADO HEALTHCARE SETTING.

CF Walsh, (M.D., SOM), CE Little, (M.D., SOM), MA Cabrera (M.D., SOM), and R Lee, Department of Internal Medicine, University of Colorado, Aurora, CO.

Despite national improvements in LGBTQIA+ inclusivity, local governmental policy and public attitudes continue to influence the health of this community. This study emphasizes perspectives among rural and non-urban LGBTQIA+ patients to further define attributes of inclusive healthcare provision through a thematic, qualitative approach. Participants (n=28) joined semi-structured focus groups in Denver, Ft. Collins, Colorado Springs, and Grand Junction. They were more likely to identify as white (78.6%) and transgender or gender diverse (71.4%), and a majority of patients (85.7%) lived in rural or non-urban regions outside of the Denver metropolitan area. Focus group themes were identified, such as inclusive language use, comfort with sexual history taking and exams, advanced communication skills, cohesion among all team members, LGBT training credentials, provider connection to community, ability to provide specialized and preventive care, importance of LGBTQIA+ symbolism, and value for the individual. Specific examples of each were provided in detail, including notable direct quotations. This study describes a more inclusive healthcare environment for those traditionally under-represented in LGBTQIA+ medical literature; results were used to create a variety of publicly available resources for patients and healthcare providers in Colorado. Patients discussed tangible solutions to meet these identified needs, which should be a call to action for providers to continue to strive for more patient-centered care.