

INTRODUCTION

- Lesbian, gay, bisexual, transgender and gender diverse, intersex, asexual, and many other sexual and gender minorities form the broader LGBTQIA+ community
- Despite national improvements in LGBTQIA+ healthcare, local governmental policy and public attitudes influence this community's health¹
- Transgender and gender diverse patients bear the burden of worse health outcomes in this group²⁻⁴
- One Colorado Education Fund (OCEF) is the state's leading LGBTQ advocacy organization
- OCEF conducted the first healthcare needs assessment for the community in 2014, citing further inclusivity needs in the following areas:^{5,6}
 - physician comfort with sexual and gender minorities
 - intake appointments and paperwork
 - LGBTQIA+ medical knowledge
 - medical office and waiting room environment
 - inclusive language during patient interview
- This study was reviewed and approved by COMIRB, protocol #18-1017

AIMS & OBJECTIVES

- Qualitatively define LGBTQIA+ inclusive healthcare in Colorado based on community-identified needs
- Create and make available physician education and patient empowerment resources that center the LGBTQIA+ experience and patient voice

METHODS

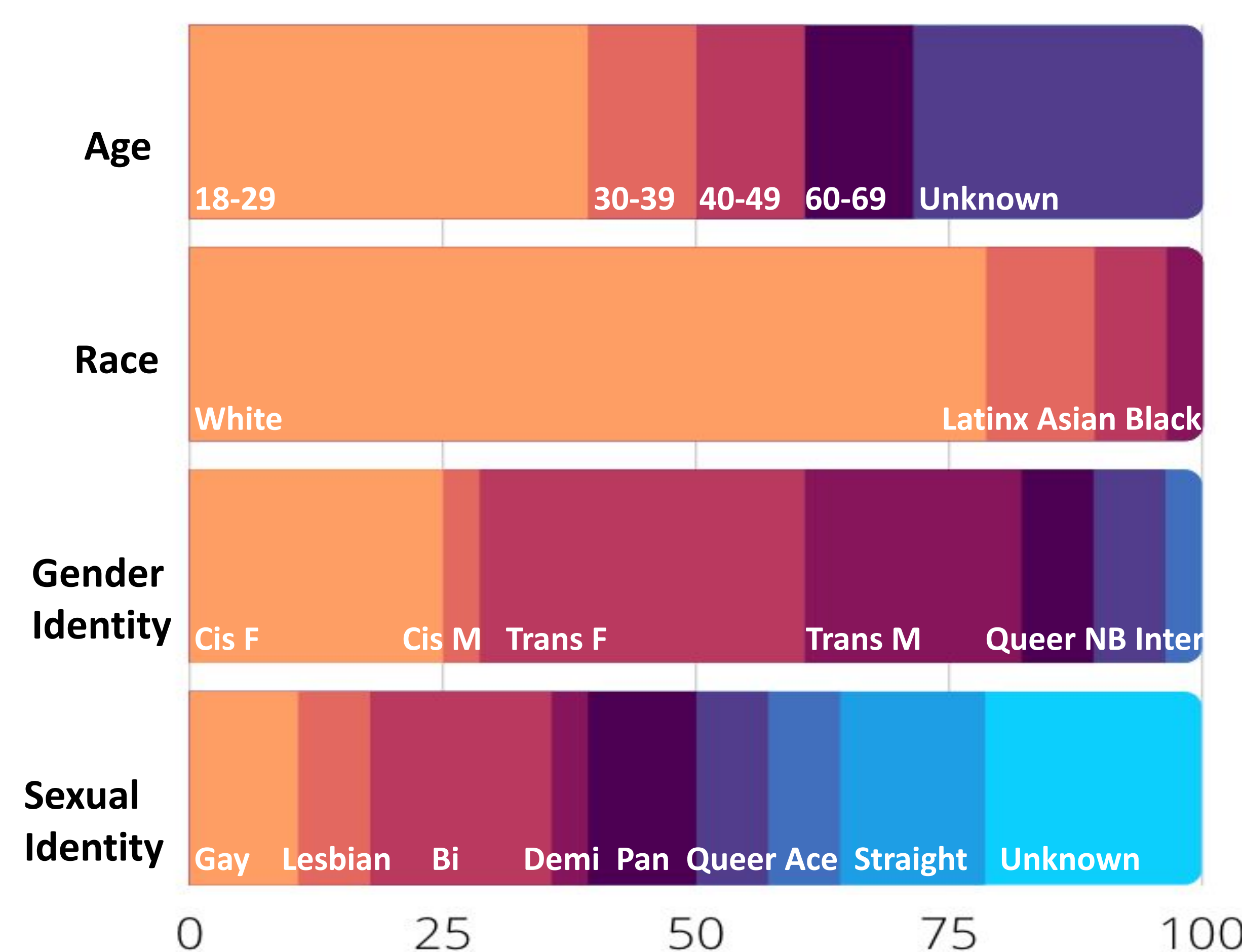
- Recruitment conducted via grassroots community organizers throughout the state, online postings, and One Colorado networks
- Focus groups used semi-structured format to further define community-identified needs (see above)
- Inclusive and safe spaces for focus groups identified by local LGBTQIA+ community leaders
- Transcripts and focus group notes were analyzed by 3 of the authors, who then cross-coded each other's work into thematic categories
- Focus Groups took place in Summer 2018 in Denver (n=4), Colorado Springs (n=10), Ft. Collins (n=7), and Grand Junction (n=8)

RESULTS

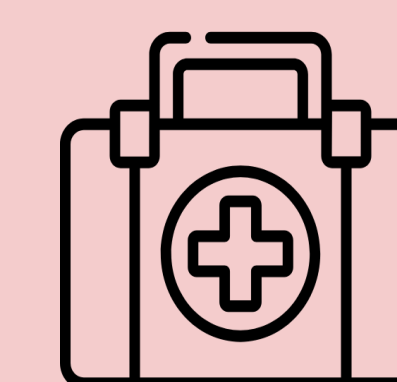
Figure 1: Participant Representation by Location



Figure 2: Participant Demographics

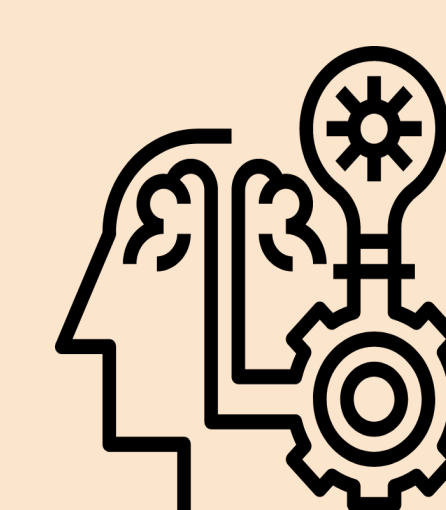


Identified Needs



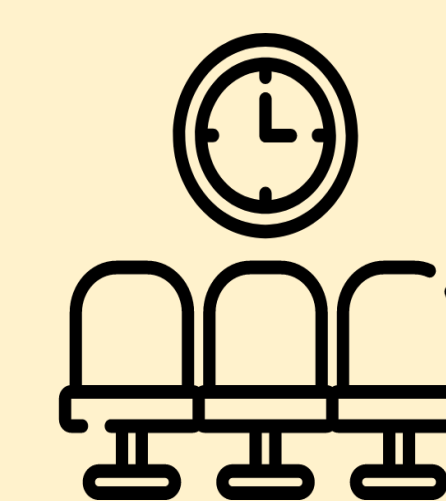
Inclusive Healthcare Providers

- Intentional language use, especially pronouns and chosen name
- Comfort with sexual history and exam, mirroring patient preferred language
- Behaviors modeling humility, open-mindedness, and respect



Assessing Provider Competency

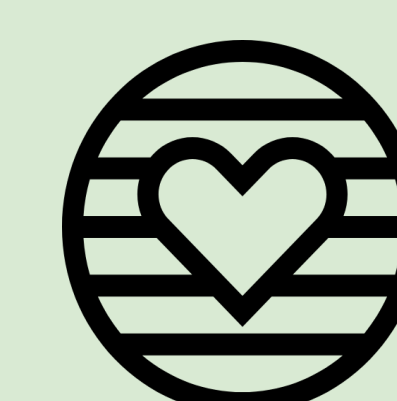
- Expansive fund of medical knowledge, including gender-affirming care
- Provider connection with LGBTQIA+ community at-large
- Credentials for LGBTQIA+ specific training



Inclusive Healthcare Environment

- Comprehensive intake forms with non-gendered language
- Comfortable and private waiting rooms
- LGBTQIA+ symbolism present, such as posters, magazines, and rainbow flags

Notable Participant Quotes



"Perceptions change, words change, the LGBTQIA+ community changes... It's important to keep up with your patients and how respecting them changes through time."



"What you're going to tell us will never matter as much as how you tell us."



"All the [staff] had rainbow lanyards with pride pins and pronoun pins...automatically, you know you can trust that person."

DISCUSSION

- Majority of focus group discussion centered around the transgender and gender diverse patient experience, highlighting the inequities this sub-group faces
- Strong participation in non-urban areas may be due to close-knit community structures in these areas or due to poor recruitment in urban areas
- Strengths: project designed and implemented by LGBTQIA+ community members, strong participation by gender minorities, wide diversity of sexual identity
- Limitations: over-representation of white, young adults, technology issues leading to inability to transcribe two focus groups

CONCLUSIONS

- Patients cite a wide variety of recommendations to create a more inclusive healthcare environment
- Focus group data were used for the creation of nineteen provider education materials and patient empowerment resources, which can be found at the following links:
 - <https://one-colorado.org/lgbtq-resources/lgbtq-health-resources-for-providers>
 - <https://one-colorado.org/lgbtq-resources/health-resources-for-lgbtq-patients>
- Future patient focus groups may take place following the most recent health needs assessment by OCEF or may focus on other sub-groups and intersectional identities within the LGBTQIA+ community

ACKNOWLEDGEMENTS

- We would like to thank the University of Colorado LEADS Track program and the One Colorado Education Fund for their support and resources in this project
- The authors of this project have no conflicts of interest to report

REFERENCES

1. 2016 Needs Assessment: A Look into the Lives of Lesbian, Gay, Bisexual, Transgender, and Queer Coloradans and their Families. One Colorado Education Fund; 2016.
2. Seelman KL, Colón-Díaz MJP, LeCroix RH, Xavier-Brier M, Kattari L. Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults. *Transgender Health*. 2017;2(1):17–28. Published 2017 Feb 1. doi:10.1089/trgh.2016.0024.
3. Porter KE, Brennan-Ing M, Chang SC, et al. Providing Competent and Affirming Services for Transgender and Gender Nonconforming Older Adults. *Clin Gerontol*. 2016;39(5):366–388. doi:10.1080/07317115.2016.1203383.
4. Nokoff NJ, Scarbro S, Juarez-Colunga E, Moreau KL, Kempe A. Health and Cardiometabolic Disease in Transgender Adults in the United States: Behavioral Risk Factor Surveillance System 2015. *J Endocr Soc*. 2018;2(4):349–360. Published 2018 Mar 5. doi:10.1210/je.2017-00465.
5. *Becoming Visible: Working with Colorado Physicians to Improve LGBTQ Health*. One Colorado Education Fund; 2013.
6. *Transparent: The State of Transgender Health in Colorado*. One Colorado Education Fund; 2014.