INTRODUCTION
Over the last decade, medical literature continues to redefine equitable healthcare for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and more diversely identified individuals (LGBTQIA+).1 Positive strides throughout society include formal discrimination protections,2 increased access to and affordability of healthcare,3 and improved social acceptance.4 Despite national improvements, local governmental policy and public attitudes continue to influence the health of LGBTQIA+ individuals.5 Among the broader LGBTQIA+ community, transgender and gender diverse (TGD) patients bear the burden of worsened health outcomes.6 Themes from Colorado’s first LGBTQIA+ needs assessment,7 conducted by One Colorado Education Fund (OCEF), demonstrated that affordability, access to care, and quality of care issues disproportionately impact LGBTQIA+ Coloradans, with worse disparities among TGD Coloradans.8 With much of this data over-represented by urban, cisgender residents of Colorado,9,10,11 this project seeks to act in accordance with published guidelines for TGD research12 by emphasizing the voices and perspectives of under-represented LGBTQIA+ communities through a thematic qualitative approach.

OBJECTIVES
To further define attributes of inclusive healthcare provision detailed in the 2014 health survey of TGD Coloradans,9 data that were subsequently used to create patient empowerment and provider education materials for OCEF.

METHODS
LGBTQIA+ community members were recruited by primary and secondary verbal recruitment to scheduled focus groups
Focus group locations: Denver (n = 1 & n = 3), Fort Collins (n = 7), Colorado Springs (n = 10), Grand Junction (n = 8)
No compensation for participation
Participants were handed a consent form with information about study (including COMIRB protocol number and phone number), disclosure of audio recording, PI’s contact information, and how to seek support if group caused a strong emotional response
Participants could opt-out at any time
Verbal consent was received from each participant
Focus groups were capped at a total time of one hour

METHODS (cont.)
Question design for study was based upon attributes of inclusivity noted by participants in the 2014 Colorado Transgender Health Survey13
Analysis of both transcripts and notes was carried-out by a mixed methods content analysis, using a mix of constant comparison and classical content analysis
Three investigators independently analyzed both transcripts and notes
Groupings of words and similar ideas were created
Overarching themes were developed from groupings
Cross-analysis of each data set was carried-out by each investigation, resulting in 15 different iterations of data analysis on total dataset
Numeric frequencies of thematic elements across focus groups were calculated both within and between groups so importance of specific ideas could be quantitatively interpreted
Investigators took note of significant and impactful quotes from focus group participants

RESULTS
Notable Participant Quotations
"Follow our lead. What we call it, refer to it as that as well.
"All the [staff] had rainbow lanyards with pride pins and pronoun pins... you know you can trust that person.
"What you’re going to tell us will never matter as much as how you tell us.
"Not all trans people want hormones, not all trans people want surgery. All people are different in that regard. And it doesn’t make them any less trans."

Participant Demographics
Reported age of participants (n=20)