Qualitative Definitions of LGBTQIA+ Inclusivity in the Colorado Healthcare Environment



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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 healthcare³, 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. 6-8

Themes from Colorado's first LGBTQIA+ needs assessment, 10 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. 10 With much of this data over-represented by urban, cisgender residents of Colorado, 10,11,13 this project seeks to act in accordance with published guidelines for TGD research 14 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, ¹³ 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."

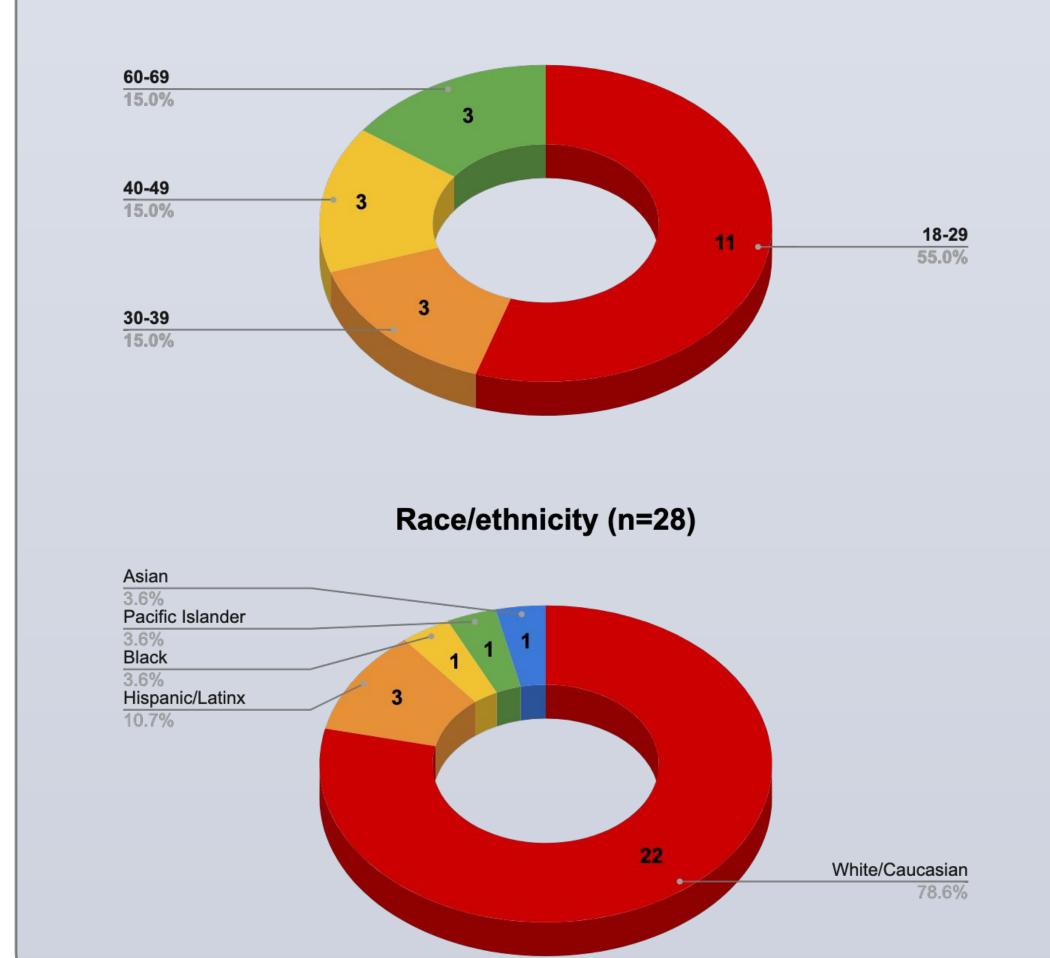
"All the [staff] had rainbow lanyards with pride pins and pronoun pins... you know you can trust that person."

"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."

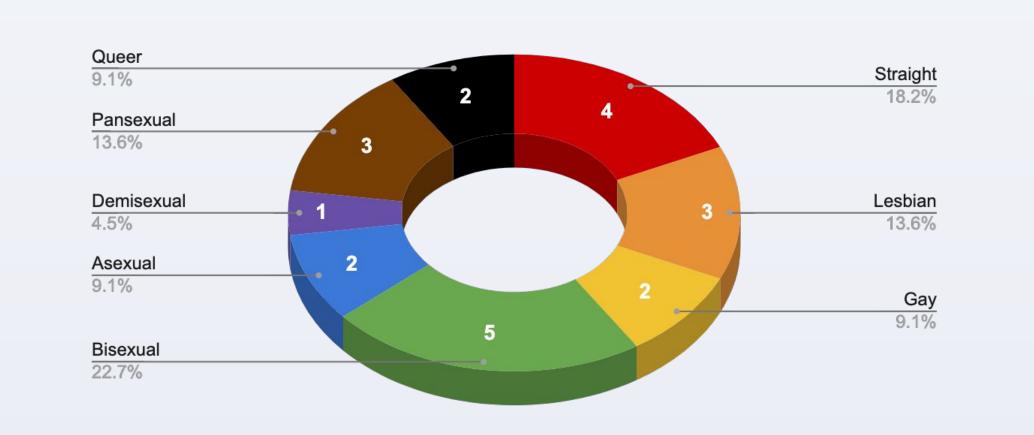
Participant Demographics



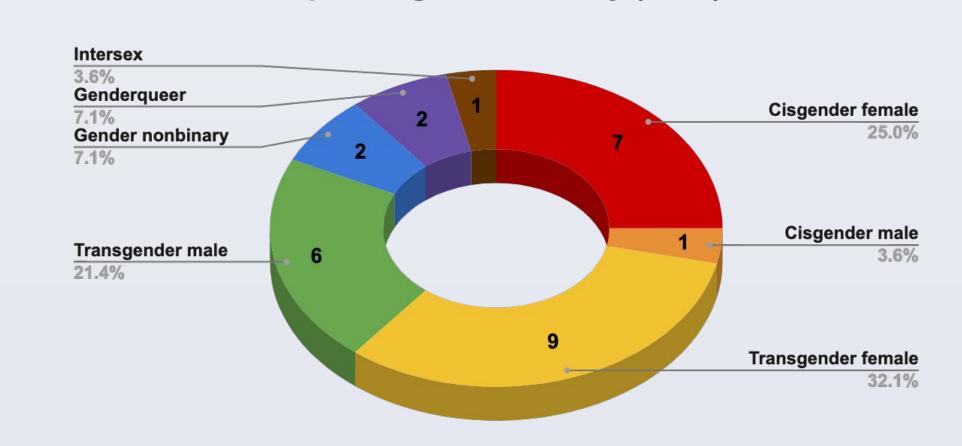


RESULTS (cont.)

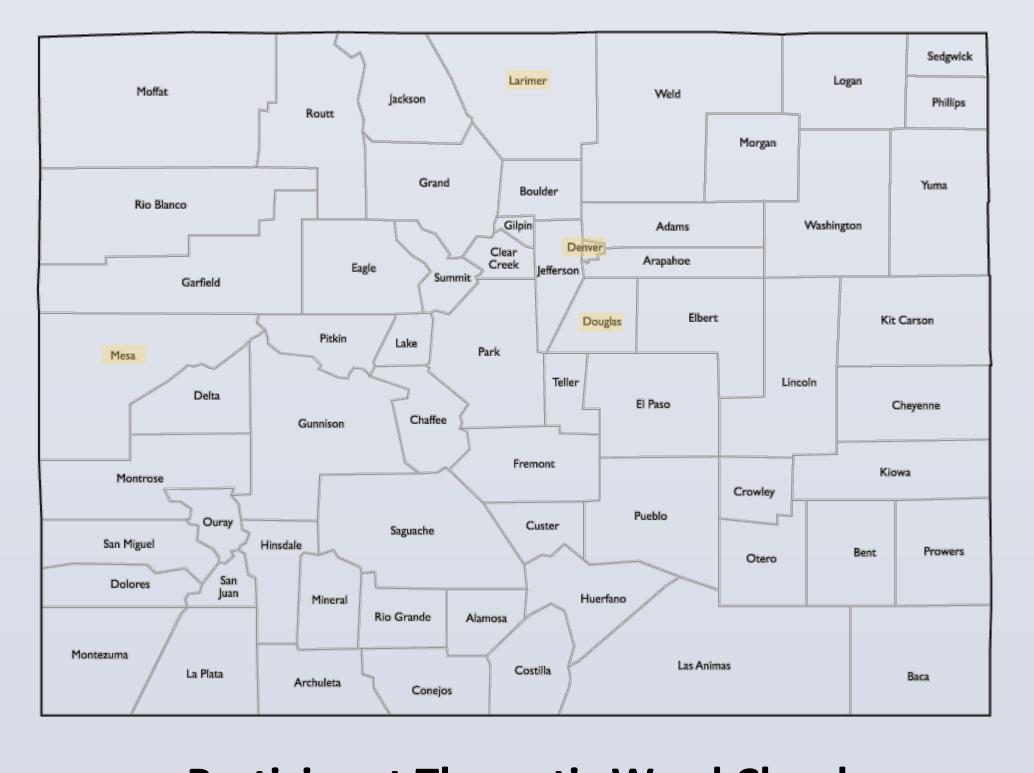
Reported sexual orientation (n=20)



Reported gender identity (n=28)



Distribution of Focus Group Locations



Participant Thematic Word Cloud



BIASES & LIMITATIONS

- 71.4% transgender and gender non-binary individuals
- Overrepresentation of young adults
- Predominantly of white racial background
- Wide variety of self-reported sexual orientations
- 85.7% of participants from rural/non-urban areas outside metropolitan Denver

CONCLUSION

In the context of more expansive medical literature to define barriers to accessing LGBTQIA+ informed healthcare, this study aids in filling the gap in defining healthcare solutions by centering the voices of patients. LGBTQIA+ patients reported a wide variety of specific recommendations to create a more inclusive healthcare environment, including information regarding LGBTQIA+ inclusive physicians, assessment of provider competency, inclusive medical staff, creation of an inclusive physical environment, and efforts to be made for patient-centered care. This study should be a call to action for healthcare providers and practices to implement patient-centered strategies to be more inclusive of this community. More training and research is needed to adequately address shortcomings in LGBTQIA+ healthcare.

<u>ACKNOWLEDGEMENTS</u>

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