Attachment F

INVISIBLE:

The State of LGBT Health in Colorado

Research by One Colorado Education Fund, a statewide organization dedicated to securing and protecting equality for lesbian, gay, bisexual, and transgender Coloradans and their families.

ONE COLORADO EDUCATION FUND

www.one-colorado.org

EXECUTIVE SUMMARY

All across the country, and right here in Colorado, people struggle to gain access to the affordable, quality health care they deserve. While lesbian, gay, bisexual, and transgender (LGBT) Coloradans face many of the same health-care challenges as heterosexual and non-transgender Coloradans, they also encounter unique obstacles to fulfilling their specific health needs. Yet, we know little about how one's sexual orientation or gender identity and expression might impact a person's ability to interact with the health-care system and receive equitable care.

The *One Colorado Education Fund LGBT Health Study* was initiated as a way to further understand what has been anecdotally described and to empirically document the lived health-care experiences of LGBT Coloradans so that, together, health-care systems, health-care providers, and LGBT people can begin to address these disparities.

In 2011, One Colorado Education Fund implemented a multi-method study of the health needs and beliefs of LGBT Coloradans. This LGBT Health Study was composed of a series of community health dialogues across Colorado and supplemented by an online survey. In total, nearly 1,300 LGBT Coloradans shared their personal health care stories and experiences during the study. Through these responses, a clearer picture of the state of LGBT health and wellness in Colorado has emerged.

> "We live in a socially unhealthy world for our community. So my question is, how do we recreate systems and a process to take care of us? Because the external social systems, like health, don't take care of us."
>
> — *Women's Health Dialogue Participant*

The study found that LGBT health needs overlapped with the universal themes of affordability, access, and quality. Similar to their heterosexual and non-transgender counterparts, LGBT Coloradans worry about paying for their health-care needs and struggle to finance their care. But unlike their heterosexual and non-transgender counterparts, LGBT Coloradans report challenges to accessing LGBT-friendly care from providers, and some members of the LGBT community decide to hide their sexual orientation and gender identity or expression to ensure they will be treated with respect by health-care professionals. In addition, the variety of family structures in the LGBT community also underscores the desire and necessity for a higher level of quality that provides both clinically competent and culturally responsive health care.

While it is true that affordability, access, and quality issues confront LGBT Coloradans—and the larger community of Coloradans—as a whole, transgender people were found to be the most vulnerable.

An equitable health-care system in Colorado can be achieved, but only if disparities are clearly identified and action is taken to eliminate them. Included in the findings of the LGBT Health Study are recommendations for health-care systems, health-care providers, and LGBT people. The implementation of these recommendations will better characterize the needs of LGBT Coloradans, expand health equity to a broader array of LGBT people, and improve health outcomes for all LGBT Coloradans and their families.

DEFINITIONS

AFFORDABILITY: The ability of LGBT persons in Colorado to afford health care and the degree to which this impacts their utilization of health-care services.

ACCESS: The ability of LGBT Coloradans to utilize health-care services to achieve the best possible health outcomes.

QUALITY: The extent to which health-care services in Colorado are culturally responsive and clinically competent regarding LGBT people and how this affects the use of health-care systems by LGBT Coloradans.

HEALTH-CARE SYSTEMS: The network of facilities, organizations, public and private insurance carriers and administrators, health profession training and educational institutions, professional health and health-care associations, and government and regulatory agencies.

HEALTH-CARE PROVIDERS: All current and future health-care providers, medical doctors, nurse practitioners, physician assistants, pharmacists, alternative medicine providers, mental health practitioners, and their staff.

LGBT COMMUNITY: Individual community members and community organizations that work to improve the health and health care of LGBT Coloradans, including those identifying as lesbian, gay, bisexual, or transgender and their heterosexual and non-transgender allies.

GAY: The adjective used to describe people whose enduring physical, romantic, and/or emotional attractions are to people of the same sex (e.g., gay man, gay people). In contemporary contexts, lesbian (noun or adjective) is often a preferred term for women.

SEXUAL ORIENTATION: A person's emotional and sexual attraction to other people based on the gender of the other person. People may identify their sexual orientation as heterosexual, lesbian, gay, or bisexual.

TRANSGENDER: Someone whose gender identity differs from the sex they were assigned at birth.

GENDER IDENTITY: A person's internal, deeply felt sense of being either male, female, something else, or in between. It's important to understand that sexual orientation and gender identity are two different things. Not all transgender people identify as gay, lesbian, or bisexual. Not all gay, lesbian, and bisexual people display gender nonconforming characteristics.

GENDER EXPRESSION: An individual's characteristics and behaviors such as appearance, dress, mannerisms, speech patterns, and social interactions that are perceived as masculine or feminine.

GENDER NONCONFORMING: A person who is or is perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender nonconforming people may or may not identify as lesbian, gay, bisexual, or transgender.

INTRODUCTIONS

UNDERSTANDING LGBT HEALTH

The Colorado Health Access Study[1] released in November of 2011 showed that 15.8 percent of Coloradans currently do not have health insurance coverage. Of those with coverage, 57.8 percent receive this coverage through their employer, 16.9 percent through Medicare or Medicaid, and 7.7 percent through an individual policy. The impact of the recent economic downturn is clear in these data—though income declined 10 percent from 2008 to 2011, insurance premiums for family health benefits increased 9 percent in 2011 alone. In fact, 4 out of 10 persons are without insurance either because their employer does not offer coverage or because they have lost their job.

Provisions of the Affordable Care Act have already and will continue to ensure expansion of insurance coverage, yet many questions remain about the impact of this law on Coloradans. Though Colorado is ahead of many states in establishing a framework for a Colorado Health Benefits Exchange (COHBE), as required by federal health reform, the full scope of benefits allowed through this exchange remains to be defined.

Lesbian, gay, bisexual, and transgender (LGBT) people have not escaped the current fiscal environment, which has made accessing insurance coverage and affordable health care tremendously difficult for all Coloradans. But anecdotal reports suggest members of the LGBT community face additional worries related to health care—far beyond these financial obstacles.

Because the LGBT community is not systematically counted in a meaningful way, there is a lack of data about how the country's larger economic challenges are impacting the ability of LGBT Coloradans to access culturally responsive and clinically competent health care. Furthermore, as the LGBT community is often one that is hidden (or may not be readily identified without querying), anecdotal reports of poor care, fears about coming out to providers, and care avoidance may be more common than currently recognized.

This lack of data to help health-care systems and providers understand the specific health needs of LGBT people is further complicated by a lack of laws to protect LGBT families. As current legal definitions of relationships frequently are not inclusive of LGBT families, health-care systems and providers operate without clear guidance on how to interact with and treat these families. In addition, because current laws provide only a patchwork of often misunderstood protections, LGBT people may not have access to critical health benefits afforded to their non-LGBT counterparts' partners and families.

Diminished access to coverage and benefits does not simply harm families. Many transgender Coloradans face enormous obstacles in securing health insurance coverage and accessing care that is responsive to the full range of their health-care needs. These needs may include routine health-care services, preventive care, and specific medical services related to gender transition.

Recognizing these unique needs of LGBT people as well as the shifting landscape of health-care provision and the lack of quantifiable information on the health-care needs and experiences of LGBT Coloradans—One Colorado Education Fund set out to assess the health of the LGBT community and the attitudes and beliefs of community members seeking health-care services. This report details the findings of that assessment and presents recommendations for action based upon the data.

[1] *The Colorado Health Access Survey (CHAS) is the most extensive survey of health-care coverage, access, and utilization in Colorado. It is administered every other year via a random sample telephone survey of more than 10,000 households across the state — providing detailed information that is representative of the 5 million-plus Coloradans. A program of The Colorado Trust, CHAS provides information to help policymakers, as well as health care, business, and community leaders, more fully understand health challenges and advance shared solutions to improve health coverage and care for Coloradans.*

A BASELINE ON LGBT HEALTH

In order to guide and contextualize its assessment, One Colorado Education Fund partnered with the Colorado Department of Public Health and Environment to analyze the most robust data source on lesbian, gay, and bisexual Coloradans, the Colorado Behavioral Risk Factor Surveillance System (BRFSS).[2] Data were examined and also compared to the findings of the *One Colorado Education Fund LGBT Health Study* as a way to better understand the health of LGBT Coloradans in the context of Colorado's overall population.

Sexual orientation data began to be collected by Colorado's BRFSS in 2006, and data were aggregated through 2009, so that a large enough sample size could be analyzed. These data measured the prevalence of health conditions for heterosexual, homosexual (lesbian and gay persons/LG), and bisexual (B) persons in Colorado. Unfortunately, data were not gathered regarding gender identity and expression or transgender status.

When compared to their heterosexual peers, LGB respondents were more likely to report factors that have been associated with poor health outcomes due to workplace and societal discrimination, family and social rejection, and minority stress:

- Eight percent of lesbian and gay people and 4 percent of heterosexual people reported that they had been unemployed for more than one year.
- Lesbian, gay, and bisexual persons were twice as likely to report being smokers than their heterosexual counterparts (34 percent of lesbian and gay people and 35 percent of bisexual people compared to 17 percent of heterosexual people).
- Twenty-five percent of lesbian and gay respondents and 28 percent of bisexual persons reported binge drinking compared to only 16 percent of heterosexuals.
- Nearly 10 percent of lesbian and gay participants stated that they have engaged in drinking and driving at least once; this compares to only 4 percent of heterosexuals.
- Lesbian, gay, and bisexual people reported having asthma nearly two times as often as heterosexuals.
- Eight in ten of all BRFSS respondents reported always or usually having the emotional support they needed—but half of LGBT Coloradans in the *One Colorado Education Fund LGBT Health Study* reported lacking companionship and feeling left out and isolated from others.
- BRFSS respondents reported an average of nine days in the past month when they felt their mental health was not good (stress, depression, and emotional problems) while 4 in 10 participants in the *One Colorado Education Fund LGBT Health Study* reported feeling down, depressed, hopeless, or having little interest or pleasure in doing things for several days or more in the past two weeks.

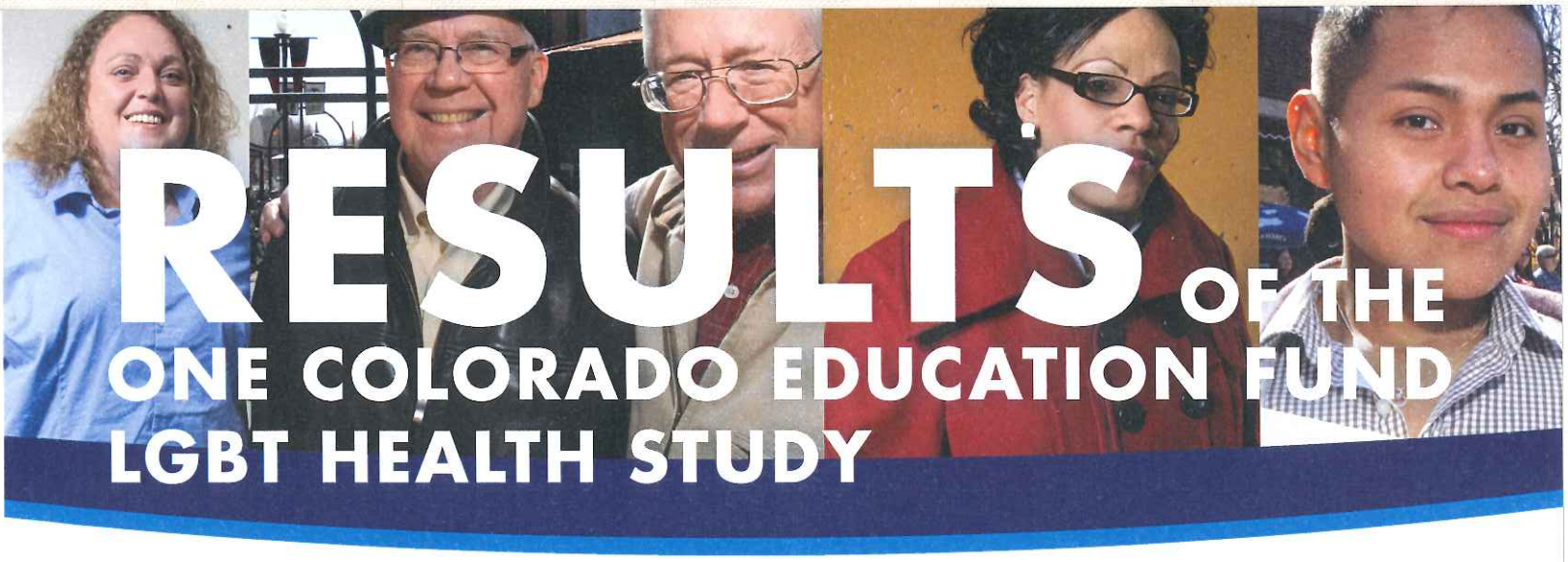
[2] *BRFSS is an ongoing telephone health survey system designed by the Centers for Disease Control and Prevention and implemented by the Colorado Department of Public Health and Environment. BRFSS records respondents' sexual orientation as heterosexual, homosexual (though One Colorado Education Fund uses "lesbian" and "gay"), and bisexual. BRFSS does not ask for respondents' gender identity or gender expression; thus, data do not accurately describe transgender people.*

Those respondents identifying as bisexual appeared to be the most at risk for negative health outcomes:

- Thirty-one percent of bisexual Coloradans sampled were living without health-care coverage. This is double the rate of both heterosexuals and lesbian and gay persons, according to data from BRFSS.
- Forty-five percent of bisexual Coloradans reported being at or below 200 percent of the Federal Poverty Level, making many eligible for safety net health-care programs such as Medicaid, the State Children's Health Insurance Plan, or the Colorado Indigent Care Program.
- Bisexual Coloradans reported experiencing stress, depression, or emotional problems for a greater number of days during the preceding month (at the time of testing) than heterosexuals and lesbian and gay persons. Bisexual females reported the highest number of days.
- Bisexual respondents felt that they were the most lacking in emotional support.
- Twenty-one percent of bisexual Coloradans were obese.

A CLOSER LOOK AT LGBT HEALTH

Although BRFSS begins to quantify the anecdotal reports that lesbian, gay, and bisexual persons might be at greater risk of poor health outcomes, the data are not comprehensive. Thus, One Colorado Education Fund embarked on its assessment through the spring and summer of 2011. Initially, a steering committee was convened, and experts from other parts of the country were consulted. Subsequently, 93 people participated in 10 community dialogue meetings with diverse communities of people identifying as lesbian, gay, bisexual, and/or transgender. Finally, an online survey of 1,193 Coloradans was conducted throughout the state.



RESULTS OF THE ONE COLORADO EDUCATION FUND LGBT HEALTH STUDY

According to 2010 United States Census data, as analyzed by the Williams Institute at UCLA School of Law, more than 200,000 LGBT persons currently live, work, and play in Colorado—more than two times the population of Boulder or Pueblo and more than three times that of Grand Junction. Despite the growing number of LGBT people calling Colorado home, we know little about their health and well-being.

The *One Colorado Education Fund LGBT Health Study* is one of the most comprehensive pictures of the health and health-care experiences of LGBT Coloradans. This important work better defines health-care disparities affecting the LGBT community and enumerates a variety of LGBT-specific health-care issues.

The health-care community has identified three defining principles through which health-care discussions are framed: increasing affordability, expanding access, and improving quality. Since health-care affordability concerns are not limited to LGBT people, this report will focus primarily on access and quality, areas that pose unique health-care challenges for LGBT people and families.

> "You can't be healthy if you have to hide who you are. Or if you THINK you have to hide who you are because you don't know if it's safe."
>
> — *Transgender Health Dialogue Participant*

INCREASING AFFORDABILITY

Concerns related to affordability are certainly not unique to the LGBT community. Over the past 10 years, the cost of health care has risen at a pace that exceeds the rate of inflation and the growth in national income. These rising costs have played an enormous role in leaving 50 million Americans, and 850,000 Coloradans, without coverage. Like most Coloradans, LGBT people in the state struggle to afford the care they need—with 70 percent of survey respondents reporting that the cost of health care is a barrier to seeking services.

For LGBT Coloradans, cost concerns were frequently linked to concerns about adequate access. Many respondents expressed in both the community dialogues and through the online survey that the high cost of care is the number one concern for the LGBT community related to health. As all Coloradans are facing rising health-care costs in a setting of reduced income and of businesses shifting more costs onto their employees, LGBT families join with the broader community in urging policymakers and health-care systems to address this growing crisis.

> "For people with resources, coming out is great. In the African American community, when you come out, you lose your family, you lose your church, so it's not always this great thing." — *Women's Health Dialogue Participant*

EXPANDING ACCESS

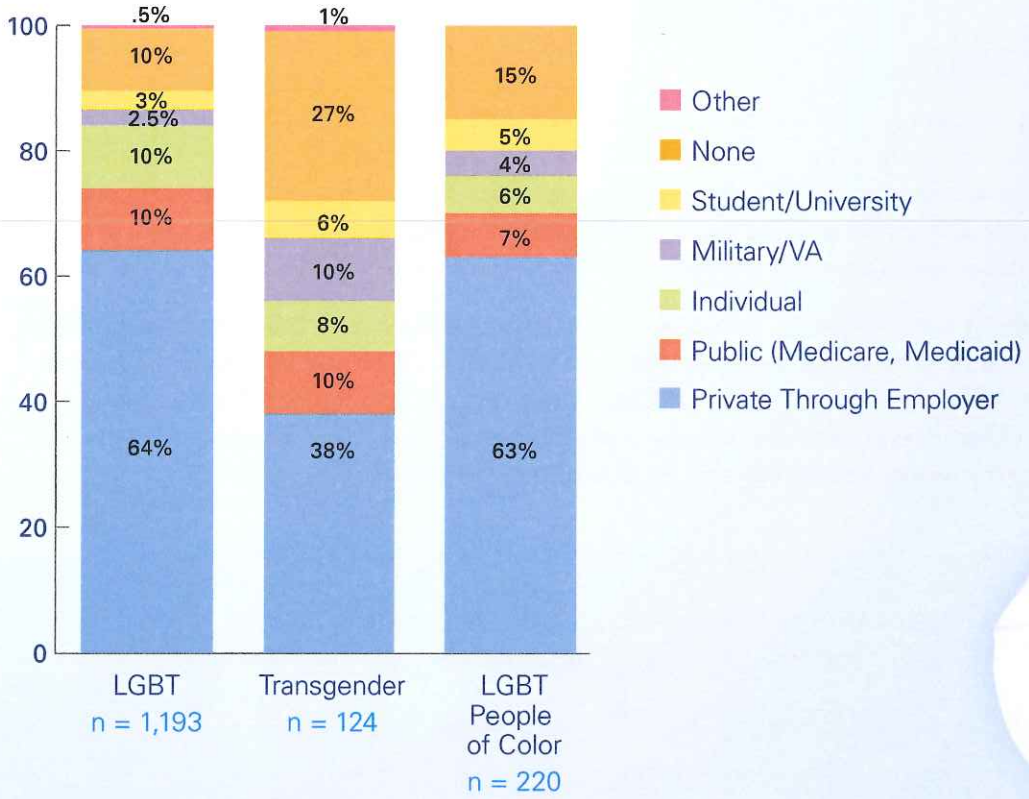
Insurance Coverage

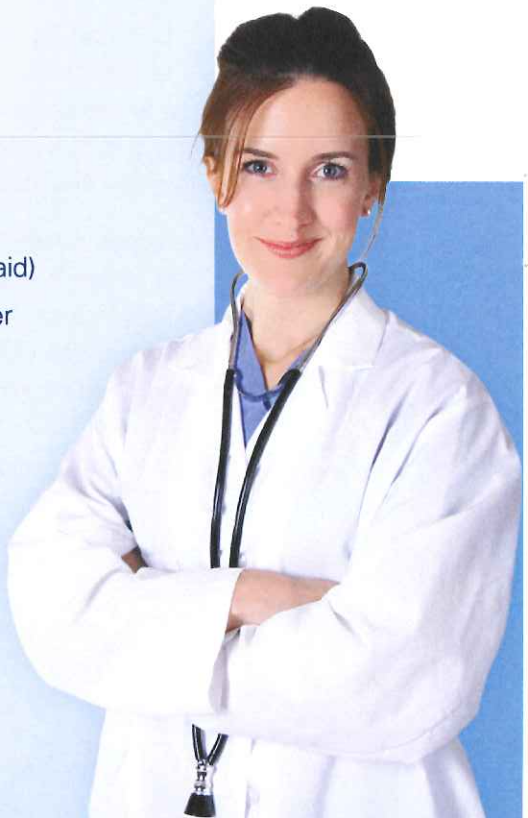
Many people have experienced the fear of not having the health coverage they need when they need it. This is an even greater concern for LGBT people who face additional access barriers such as denial of coverage because of sexual orientation or gender identity/expression or an inability to obtain coverage through partner or family benefits offered by an employer. As a result, many LGBT Coloradans and their families are paying more for coverage, are underinsured, or go without coverage altogether.

- Half of all LGBT health dialogue participants said they did not have access to health insurance to cover their medical needs, and 20 percent of survey respondents disagreed or strongly disagreed that they have sufficient coverage.
- One out of three LGBT Coloradans who have children living with them said that their children are covered by safety net health insurance programs or are growing up with no coverage at all.
- Though, in this survey, only 10 percent of the overall LGBT population stated they are living without health insurance coverage, 15 percent of LGBT persons of color and 27 percent of transgender Coloradans reported being without coverage.

> "Being gay makes it much harder to get health insurance."
>
> — *Transgender Health Dialogue Participant*

Overall, LGBT Coloradans have access to insurance coverage, but transgender Coloradans and LGBT people of color do so at lower rates than the overall LGBT community. (Percentage reporting varied health care payers)



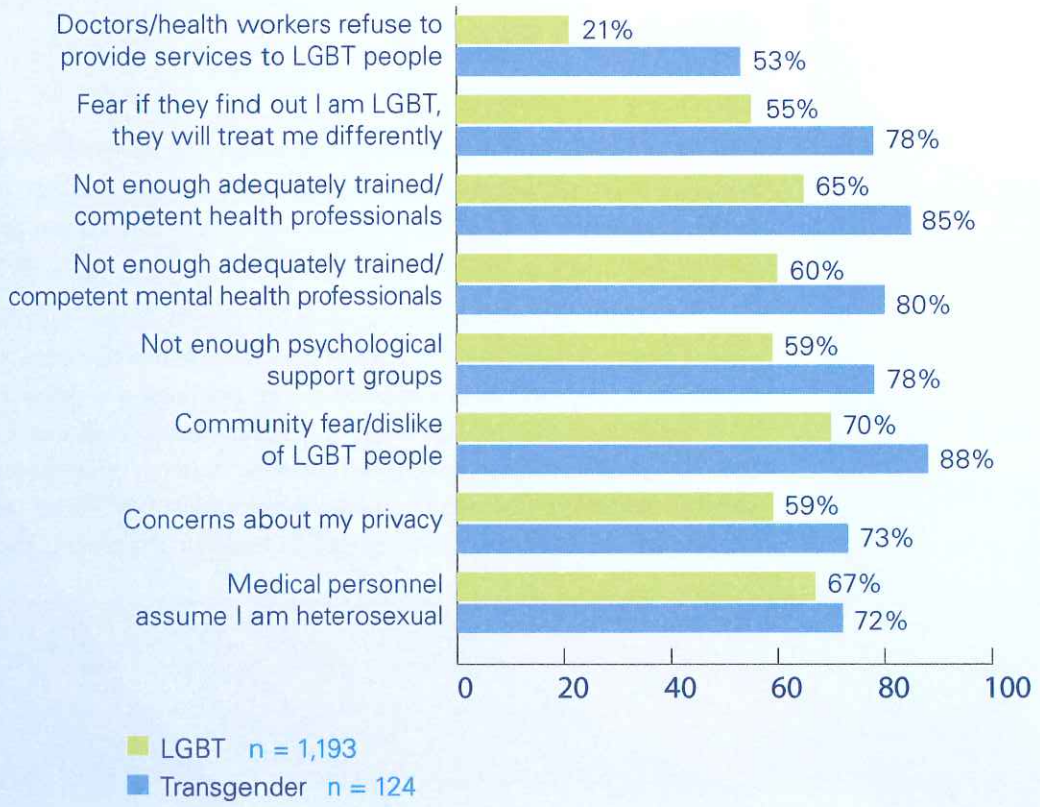


Finding LGBT-friendly Providers

Health-care providers are trusted and counted on to provide patients with competent and compassionate care. But after decades of discrimination, stigmatization, and even violence, for many in the LGBT community, trusting and relying on providers does not come easily, if at all. For this reason, many LGBT people avoid or delay care, leading to negative health outcomes. Thus, access to LGBT-friendly providers is a critical need for the LGBT community:

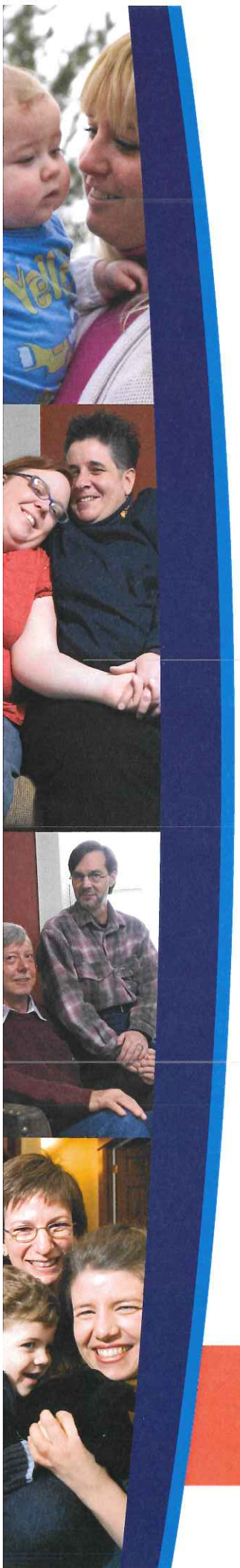
- Only a minority (46 percent) of LGBT respondents said that they have sufficient choice of and access to LGBT-competent providers, and 92 percent of the sample said that they would use a list of providers who were certified as being trained in, knowledgeable about, and sensitive to LGBT issues, if it was available.
- Twenty-one percent of LGBT Coloradans report health-care workers refusing services to LGBT people.
- Fifty-five percent of respondents fear that if their provider finds out they are LGBT, they will be treated differently.
- Six in ten LGBT persons feel as if there are not enough adequately trained/competent mental health-care professionals.
- Twenty-eight percent of respondents reported that their sexual orientation has kept them from seeking physical health or mental health services.
- Eighteen percent of LGBT people of color report that discrimination on the basis of their race or ethnicity has kept them from seeking services often or sometimes.
- Sixty-seven percent of LGBT Coloradans reported that they feared their provider assumes them to be heterosexual or to have an opposite-sex partner. This fear was felt by 72 percent of transgender people.
- Finding a retirement and assisted living community that accepts same-sex couples or that is LGBT-friendly is difficult and is a concern for the aging LGBT population.

LGBT Coloradans report many barriers to receiving culturally responsive health-care services. (Percentage reporting problems in the varied categories)



"A lot of people might not come out to their doctor because it's very scary. You don't know how people will react. They might think there is something wrong with gay people."

— *People of Color Health Dialogue Participant*



Uniqueness of LGBT Families

LGBT families, with and without children, are unable to access the rights automatically granted to other couples through conventional forms of relationship recognition. As a result, LGBT families are unfairly affected by the financial burden of establishing legal protections through other means. This financial burden is compounded by the emotional toll of constant anxiety, worrying that the protections in place simply won't be enough. This reality leaves LGBT people with the difficult choice of spending thousands of dollars on legal arrangements to protect themselves and their families—or remaining at risk. For lower income LGBT people, without disposable income, access to legal protections may not be an option at all.

- Nearly three out of four LGBT Coloradans view legal fees and services needed to create designated beneficiary agreements, medical power of attorney, or other legal protections for their partners, families, and children to be a barrier to seeking health-care services.
- Even with protections in place, less than half of respondents who are partnered were satisfied with their ability to participate in medical decision making for their partner.
- Only 42 percent of respondents felt that health-care providers would understand their legal rights and the rights of their partners, despite arrangements made to ensure medical decision making for themselves and their children.

> "I have ALL the papers. I have her power of attorney, and a trust, I have everything legally that I am supposed to have, and I take it with me, ALL of it every damn time. And they ask, 'Who are you, why are you here?' And it's hard.... It's demeaning. She is my partner and I have to explain that over and over again."
>
> — *Health-care Providers' Health Dialogue Participant*

IMPROVING QUALITY

Culturally Responsive Care

Individual health-care experiences are influenced by every person with whom a patient interacts in the process of accessing care. From the person on the phone or at the front desk to the provider and the pharmacist, patients expect to be treated with respect, courtesy, and compassion—and provided with clinically competent and culturally responsive care.

To deliver culturally responsive care to LGBT people, providers must have knowledge of the unique physical health needs of LGBT persons, particularly transgender people; the sexual health needs of people who have same-sex sexual partners; an inclusive definition of what it means to be a family; and an understanding of specific mental/behavioral health concerns experienced by LGBT people. Furthermore, providers must develop an understanding of the intersections of identity, considering how to be culturally responsive both to someone's sexual orientation or gender identity and expression as well as their race, ethnicity, language, and other factors.

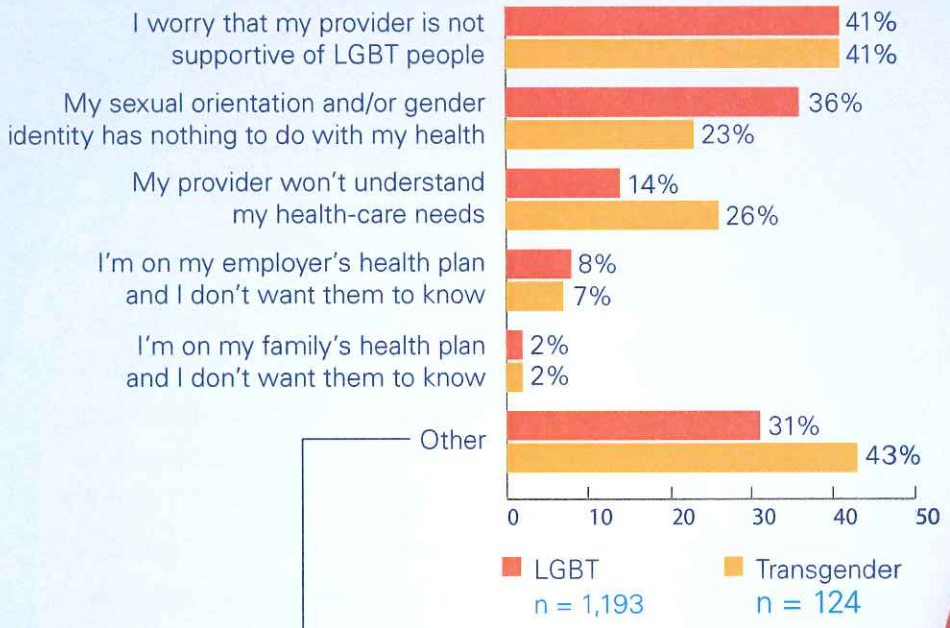
> "Growing up, I was picked on, called names, and ridiculed. That takes a toll on your mental health. I was stressed and worried all the time. That had an impact on my body too." — *Men's Health Dialogue Participant*

Building Patient-Provider Relationships

For many LGBT Coloradans, simply searching for an LGBT-friendly provider is a luxury because they lack health insurance, are part of a network with limited options, or live in rural areas with few providers. These Coloradans are left avoiding services or hiding their sexual orientation or gender identity and expression from their providers to ensure safe, unbiased treatment. As a result, thousands of LGBT Coloradans are at risk for incomplete or incorrect treatment while suffering an additional psychological toll of hiding who they are.

No one should have to pick and choose which aspects of their health they reveal to their provider. Overall, LGBT Coloradans feel that being "out" to your provider is good for your health—when being "out" is safe—yet only 59 percent of LGBT people surveyed described being very open to their health-care provider about their sexual orientation or gender identity and expression.

LGBT people not very open with their providers about their sexual orientation or gender identity and expression report a variety of reasons for not being so. (Percentage reporting the varied concerns)



Respondents reported a variety of other reasons for not being very open about their sexual orientation or gender identity, including:

"No one brings it up; [it's] easier to say nothing"

"I don't know him well enough to be open to that extent"

"My provider has lots of religious materials in the office but nothing indicating openness to other worldviews"

"Don't want it on my records"

"Worried I may lose all medical coverage"

"Orientation isn't relevant to all types of medical problems"

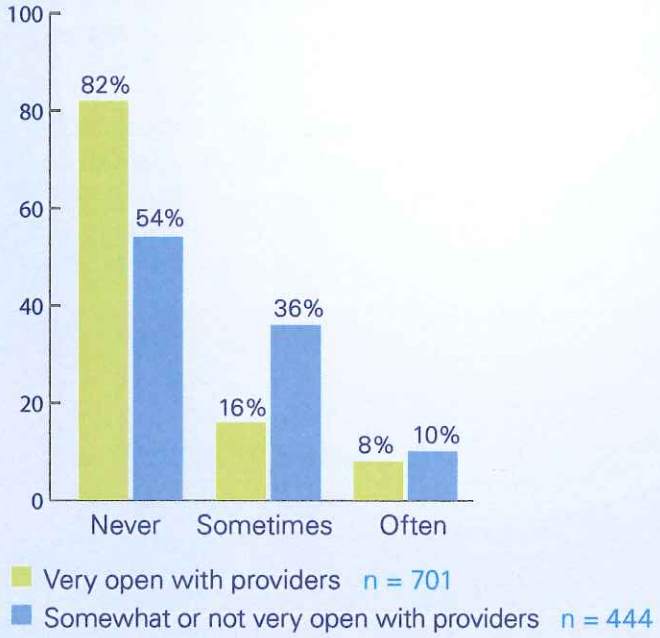
"I am open when I think it is relevant or when it is on the intake forms"

"I am concerned my quality of care would go down"

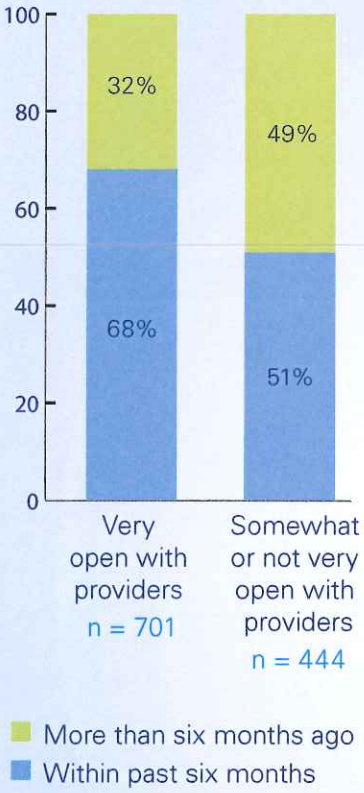
"I feel uncomfortable bringing it up if my provider doesn't ask"

"I don't trust physicians"

How often has your sexual orientation kept you from seeking health-care or mental health services?



When was the last time you saw a primary care provider?



Those respondents who reported that they were very open with their provider appeared to have fewer barriers to care than those who reported that they were less than very open or not yet out to their providers. Those very open with their providers were more likely to:

- Report never having their sexual orientation stand as a barrier to seeking health-care services (82 percent versus 54 percent for those not very open with their provider).
- Have seen a primary care provider in the last six months (68 percent versus 51 percent).
- Have made specific legal arrangements to help support their family including:
  - Designated beneficiary (43 percent versus 26 percent).
  - Medical power of attorney (39 percent versus 18 percent).
  - Living will (34 percent versus 15 percent).

> "A doctor needs to understand your mental health, needs to be comfortable communicating with our families, and needs to understand our sexuality and the difference from straight people."
>
> — *Seniors' Health Dialogue Participant*

Unfortunately, only 50 percent of all LGBT Coloradans surveyed said they have been asked by their doctor about their sexual orientation, gender identity and expression, or domestic partnership status.

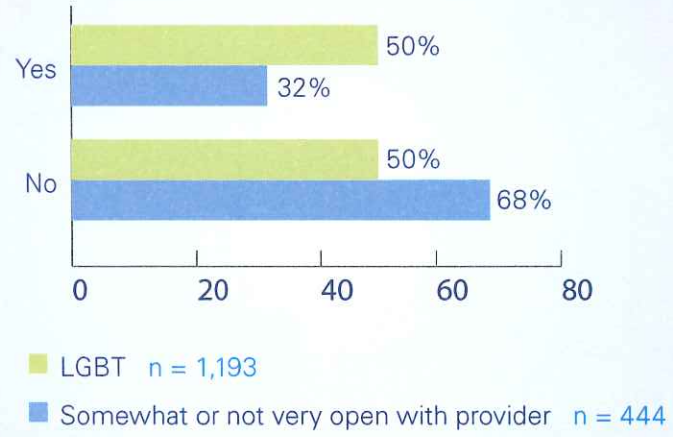
When asked what would make a provider more LGBT-friendly, respondents relayed that they felt the provider should specifically ask about a patient's sexual orientation, gender identity and expression, or domestic partnership status and be truly comfortable with responses. According to respondents, LGBT-friendly providers should have specific knowledge or training to deliver health-care services to LGBT people, use LGBT-inclusive forms, and use gender neutral language when talking about reproductive or sexual health and relationship status.

Better Care for People with LGBT-friendly Providers

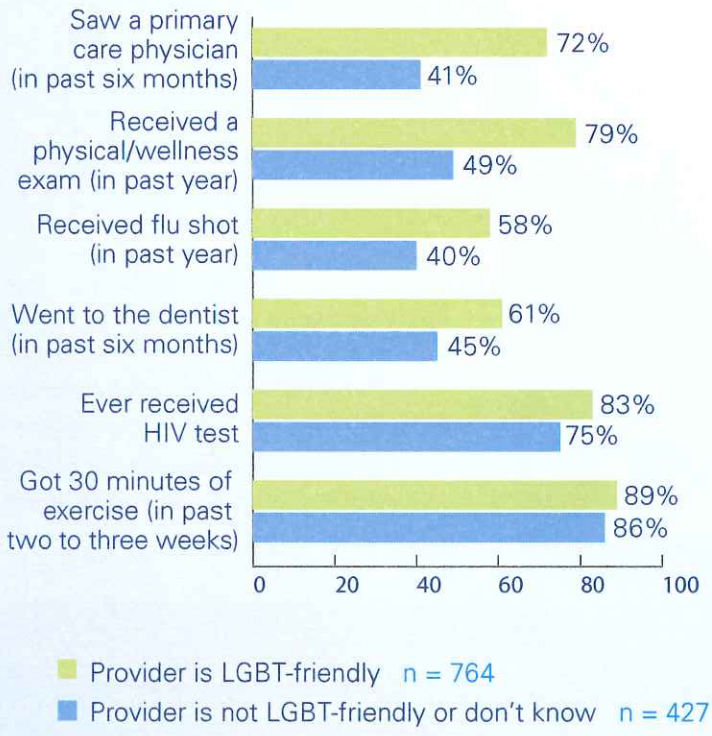
The quality of the patient-provider relationship has long been associated with the perceived, or even actual, quality of care being offered in a health setting. The *One Colorado Education Fund LGBT Health Study* found this to be true for LGBT Coloradans as well. Participants were asked if they perceived their provider to be LGBT-friendly; 64 percent of respondents answered "yes." When compared to those respondents who answered "no" or "don't know" to the same question related to perceived LGBT-friendliness, those with a friendly provider were more likely to report:

- Having seen a provider in the last six months (72 percent for those reporting LGBT-friendly providers versus 41 percent for those who perceived their provider to not be LGBT-friendly or did not know if they were LGBT-friendly).
- Receiving a physical or wellness exam in the last year (79 percent versus 49 percent).
- Receiving a flu shot in the past year (58 percent versus 40 percent).
- Having seen a dentist in the past six months (61 percent versus 45 percent).
- Having ever received an HIV test (83 percent versus 75 percent).

Has your primary health-care provider ever asked you about your sexual orientation, gender identity, or domestic partner status?

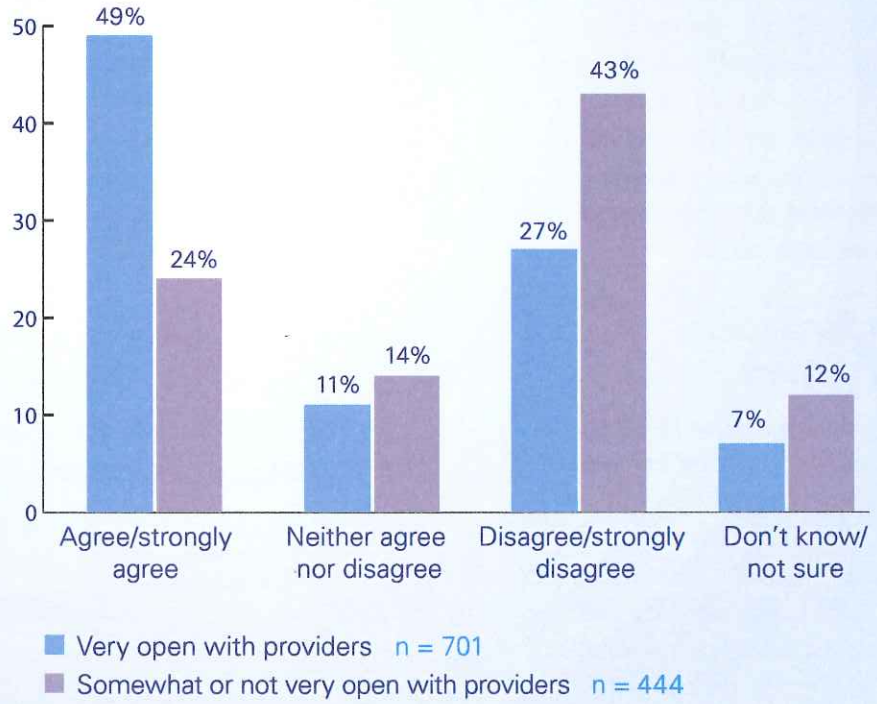


Those who perceive their provider to be LGBT-friendly are more likely to report participating in health-promoting activities. (Percentage reporting each activity)



In addition, 50 percent of those with a provider perceived to be LGBT-friendly felt their provider would understand the rights afforded to them and their families through legal arrangements—compared to only 24 percent of respondents who perceived their provider to not be LGBT-friendly or didn't know if their provider was LGBT-friendly.

Percentage of persons reporting that they were satisfied with the extent to which they were able to participate in medical decision-making and caregiving for their partners



Patient-provider relationships are complex, and many providers are not likely to provide differential care for patients who identify as LGBT. But the above data suggest that a belief in LGBT-friendliness by patients leads to perceived differences in the quality of care received in health-care settings. Though more research needs to be undertaken to better qualify these findings, the data above underscore the importance of building an open and trusting relationship between providers and their LGBT patients.

"Another thing doctors need to be aware of is that several of us gay men who are older have been through significant loss. We have survivor issues. Doctors need to know what to do with that."

— *Seniors' Health Dialogue Participant*

Factors to Improve Patient-Provider Relationships for LGBT Persons

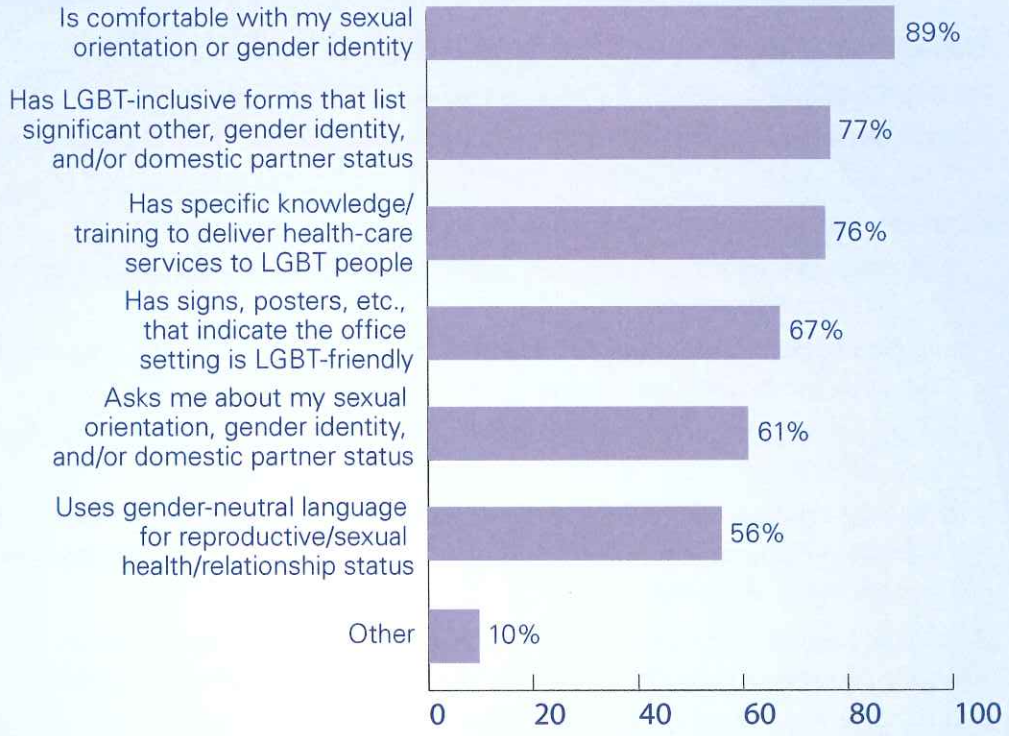
Almost 90 percent of respondents felt that if their provider was comfortable with their LGBT identity, they would consider that provider to be LGBT-friendly. LGBT Coloradans, both those with LGBT-friendly providers and those without, agreed there were simple and straightforward changes that health systems and providers could make to improve relationships and outcomes.

- Fifty-seven percent of those who perceived their provider to be LGBT-friendly and 61 percent of those who did not perceive their provider to be LGBT-friendly or did not know felt that a provider simply asking about sexual orientation or gender identity and expression is important.
- Twenty-nine percent of those with friendly providers, and 76 percent of those not describing their provider as friendly, stated that LGBT-specific provider training would improve health outcomes.
- Seventy-seven percent of those who did not feel their provider was friendly thought their provider should have forms that are inclusive of LGBT people. Of those with friendly providers, 27 percent of respondents stated their provider currently utilizes inclusive forms.
- Sixty-seven percent of patients seen by perceived non-friendly providers believe that signs or posters reflecting an LGBT-friendly office would be helpful. Respondents report that 14 percent of friendly providers currently use such signage.
- Fifty-six percent of respondents describing their provider as non-LGBT friendly report that using gender neutral language in the office would be helpful. Twenty-eight percent of respondents with friendly providers stated their provider already used inclusive language.

Unfortunately, 4 in 10 survey respondents who reported not being very open with their health-care provider believe that their sexual orientation has nothing to do with their health care—highlighting the need for ongoing education from within the LGBT community.

> "I didn't always know I was gay, but I had a sense I was different. I never had the friendships I wanted or needed. That wears on you. I didn't come out until I was 36. And I think that's why I gained a lot of weight. I was on a quick downward spiral, and I think it would have ended very badly if I didn't come out. I had trouble with depression. Coming out saved my life."
>
> — *Men's Health Dialogue Participant*

If you didn't feel that your provider was LGBT-friendly, what would make a provider so?



Base: Those who said their primary healthcare provider is not LGBT-friendly or they aren't sure if their primary healthcare provider is LGBT-friendly

CARING FOR TRANSGENDER COLORADANS

Transgender people in Colorado experience discrimination and injustice in almost every aspect of their lives—in school, at home, at work, with law enforcement, on public transportation, at the grocery store, and particularly in seeking and receiving health-care services. There is little research about transgender people nationwide or in Colorado. Their needs are often dismissed, under-researched, and neglected as a priority by policymakers and even advocates from within the LGBT community.

Nationally, the effects of social and economic marginalization of transgender people in America has resulted in higher rates of HIV infection, smoking, drug and alcohol use, and suicide attempts than the general population. For this already at-risk community, seeking regular health-care services is vital, and yet transgender people's ability to seek care is impacted by being refused services and having to teach medical providers about the needs of transgender patients. Also, because they fear discrimination or because they cannot afford it, transgender Coloradans often delay or avoid medical care.

In Colorado, access to health-care coverage for transgender people is extremely difficult to come by, and trusted and competent providers are limited or unavailable. This situation is compounded by the fact that most insurance companies won't cover the care many transgender people need, including the cost of hormones or surgery, making transitioning possible only for those who can pay out-of-pocket. Because many transgender people are unable to transition in a healthy way, they are left feeling physically and emotionally unbalanced and unhappy in their bodies on a daily basis.

As a result, transgender Coloradans often go on and off hormones as they can afford them, putting their bodies through a physical and emotional roller coaster. Some transgender people turn to "street drugs" or buy hormones online from other countries to transition on their own. Some are even attempting to do their own surgeries.

"For me it's hard to feel healthy without surgery. And the frustration that goes along with that is that I cannot afford surgery. And I don't understand why my insurance company considers it to be cosmetic, when it's not at all. It's needed for survival." – *Transgender Health Dialogue Participant*

Transgender People at an Even Greater Risk of Health Inequity

For a broader comparison of the state of transgender health nationally, data were analyzed from the National Transgender Discrimination Survey (NTDS) conducted in 2010 by the National Gay and Lesbian Task Force and the National Center for Transgender Equality.[3]

Some key findings from this analysis include:

- Twenty-seven percent of Colorado respondents surveyed by the NTDS were found to be uninsured, compared to 21 percent nationally.
- Colorado participants reported a higher rate (57 percent) of being concerned about access to transgender-sensitive health care than the overall national sample (47 percent).
- Transgender and gender non-conforming Coloradans have postponed medical care because they could not afford it.
- Seventy-eight percent of transgender/gender non-conforming Coloradans have received counseling related to being transgender/gender non-conforming, and 61 percent have received a gender-related mental health diagnosis.

These data suggest that transgender/gender non-conforming Coloradans endure even greater challenges to accessing, affording, and receiving quality mental and physical health care when compared to transgender people nationwide.

[3] *The National Transgender Discrimination Survey (NTDS) was conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality. The NTDS was the largest survey of transgender people ever conducted in the United States with more than 6,000 transgender and gender non-conforming participants. Data for the overall national sample were reviewed as well as the specific data collected from Colorado.*

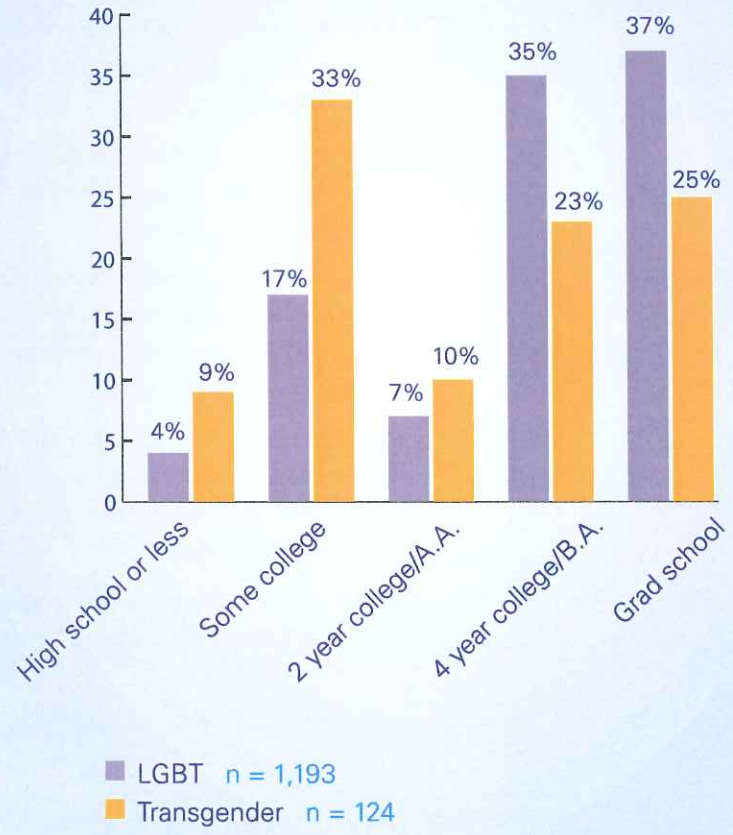
Transgender Coloradans Desire Health Equity

Results from the *One Colorado Education Fund LGBT Health Study* bring to light, in great detail, the health-care experience of transgender Coloradans. The experiences of transgender people are framed in the context of the three major themes of affordability, access, and quality.

AFFORDABILITY

- Twenty-seven percent of transgender survey respondents did not have health insurance.
- Seventy-four percent reported lack of or limited insurance to be a problem.
- Eighty-three percent of transgender respondents reported health-care expenses to be a barrier to seeking services.
- Compared to overall LGBT respondents, fewer transgender people have a college degree, and more had annual incomes of less than $35,000. Sixteen percent were unemployed.

Education of transgender respondents compared to LGBT respondents as a whole



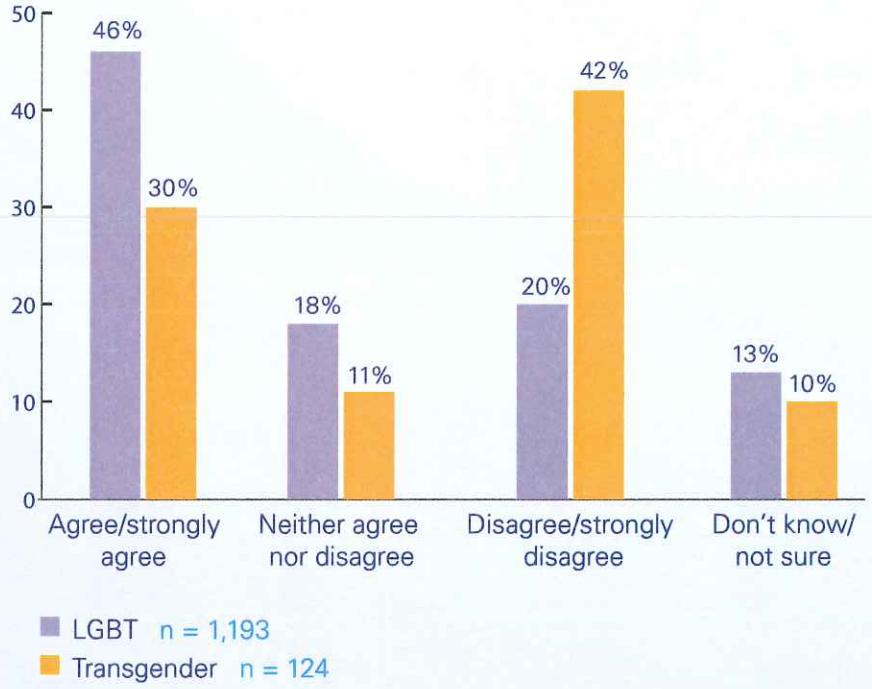
Income levels of transgender respondents compared to LGBT respondents as a whole

ACCESS

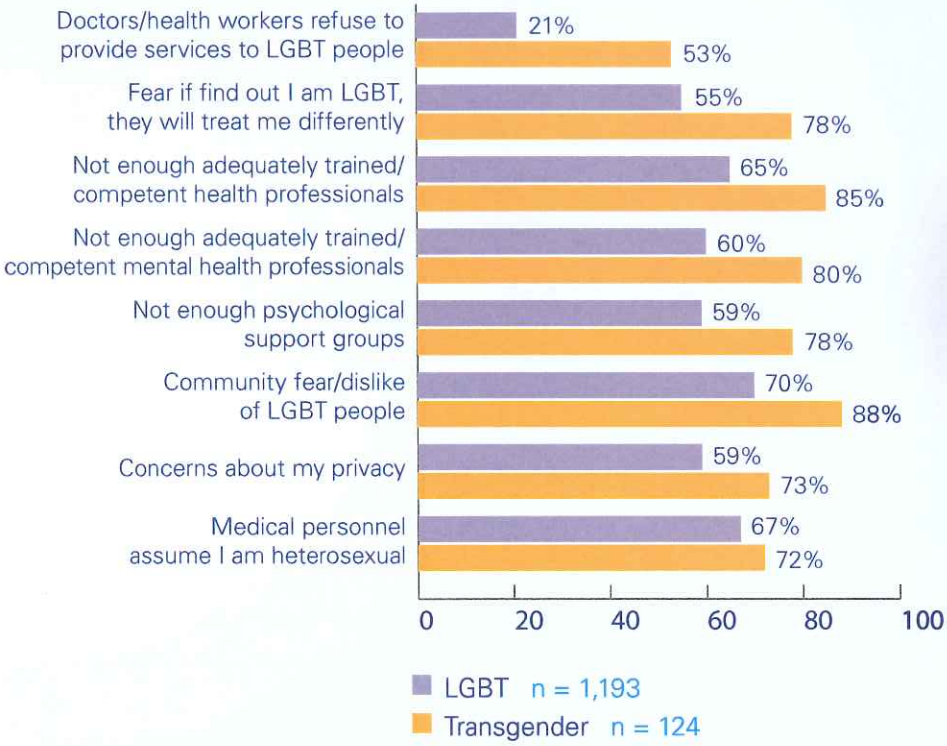
- Not one transgender health dialogue participant said that they had access to everything they needed to be healthy.
- Sixty-one percent of transgender respondents (versus 11 percent of overall respondents) reported that their gender identity or expression has stopped them from seeking services.
- Eleven percent of transgender respondents have traveled more than 100 miles to seek services from an LGBT-friendly provider—compared to only 3 percent of the overall LGBT community.
- Four in ten transgender respondents reported lack of adequate or affordable housing as a problem in seeking health-care services.
- Only 38 percent of transgender Coloradans agreed that they have sufficient coverage for the care and services they need.
- Twice as many transgender people compared to respondents as a whole disagree that they have sufficient choice of and access to LGBT-friendly providers.

> "I don't see why I have to be diagnosed with a psychological disorder in order for me to lead a healthy life."
>
> — *Transgender Health Dialogue Participant*

Do you agree or disagree with the statement: I have sufficient choice of and access to LGBT-friendly providers?



Transgender Coloradans report many barriers to receiving culturally responsive health-care services. (Percentage reporting problems in the varied categories)



- Eighteen percent of transgender people have not seen a primary care physician in more than two years.
- Nearly 9 out of every 10 transgender-identified respondents reported a community fear/dislike of LGBT persons to be a problem when receiving health-care services.
- Fifty-three percent of transgender respondents have been refused services by a health-care provider or their staff. This was reported as a problem by 21 percent of all LGBT respondents.

QUALITY

- Despite being at increased risk, only 37 percent of transgender persons have received an HIV test in the last year, and only 30 percent have received an STD screening.
- Transgender Coloradans report experiencing depression, social isolation, lack of companionship, and feeling left out and hopeless at rates that are much greater than the overall LGBT population.
- The top priority of transgender respondents for improving the health and wellness of LGBT Coloradans is training for health providers, health professional students, and mental health professionals.

"As an intersex person, I have become OK with where I am physically, but there is so much emotional trauma I have been through. I have PTSD. I have a ways to go to get myself to a healthy place mentally." — *Transgender Health Dialogue Participant*

METHODOLOGY

SECONDARY DATA REVIEW

Secondary data were analyzed from Colorado's Behavioral Risk Factor Surveillance System for the period beginning in 2006 and ending in 2009. These data were provided to One Colorado Education Fund by the Center for Health and Environmental Information and Statistics at the Colorado Department of Public Health and Environment.

Additional secondary data were analyzed from National Transgender Discrimination Survey conducted in 2010 by the National Center for Transgender Equality and National Gay and Lesbian Task Force. Overall, this survey garnered 6,456 participants from all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. There were 154 participants from Colorado specifically. These data were generously provided to One Colorado Education Fund by the research team of the National Transgender Discrimination Survey.

COMMUNITY DIALOGUES

One Colorado hosted 10 community dialogues in Grand Junction, Fort Collins, Colorado Springs, and Denver from May 11, 2011, to July 6, 2011, to discuss issues of health with people who identify as LGBT. There were 93 participants in these community health dialogues organized around LGBT men, women, people of color, seniors, transgender people, and health-care providers. The dialogues covered specific populations within the LGBT community to assess experiences based on age, gender, gender identity and expression, race, and region.

One Colorado Education Fund facilitated each dialogue with the same set of core questions relating to accessibility and quality of care for LGBT people. Some examples of questions used included:

- Do you feel as though you have access to the health-care services that you need, and if not, what are the barriers to getting those services?
- Are you out to your doctor?
- Does your sexual orientation or gender identity and expression affect your health?

Dialogue participants were also asked to share specific suggestions or recommendations for increasing access and quality of care in response to the following questions:

- What are some of the things you think might decrease the barriers to having the health care you need?
- What would an ideal relationship with your doctor look like?
- What would make you feel safer about being out to your doctor/health-care professionals?

STATEWIDE ONLINE SURVEY

Simon Analytics, an independent research firm, conducted online surveys in English and Spanish between August 1, 2011, and September 2, 2011, targeting LGBT Coloradans aged 18 or older. To reach the intended audience, use of social media websites and One Colorado Education Fund and partner organizations' e-mail lists were used. Twenty $25 cash prizes were also awarded as incentives to increase the number of respondents.

The survey focused on health-care access, violence and victimization, attitudinal beliefs of the quality of health-care services, use of LGBT-specific services, social and mental health, and demographic information.

The survey had 1,193 respondents, of whom the majority (87 percent) were white, 9 percent Latino, 4 percent black or African American, 3 percent American Indian, and 1 percent Asian or Asian American. Participants were on average 42 years old, and three-quarters resided in the Denver-metro area. In addition, 7 in 10 survey participants had an annual household income (in 2010 before taxes) of more than $35,000, and 8 in 10 had a two-year college/associates degree or higher.

STUDY LIMITATIONS

A convenience sample was used for this study to reach those LGBT Coloradans open to discussing health care. While the sample provided a much deeper look at the experiences and needs of LGBT Coloradans than has previously been documented, the study is not without some limitations. Community dialogues were held in four cities across the state; thus, the sample skewed toward LGBT Coloradans living in more urban areas. The online methodology of the survey also impacted the sample—skewing toward people with online access; people who are more affluent and educated; people who are white; people who are living in urban areas, especially Denver; and people who identify as male.

An increased sample size of participants selected at random would undoubtedly yield a more diverse representation of the health-care experiences and circumstances of LGBT Coloradans and provide for a greater understanding of the disparities that exist at the intersections of sexual orientation, gender identity, and gender expression and race/ethnicity, income, and education.

RECOMMENDATIONS FOR A HEALTHY COLORADO

The research above and the following recommendations are the result of a collaborative effort among statewide and local partners and stakeholders. To assist One Colorado Education Fund in the development of this study and report, a steering committee of LGBT community members, public health experts, and health providers carefully guided this project, reviewing the research and resulting data. This steering committee was primarily responsible for developing the following recommendations to improve the health of LGBT Coloradans.

Upon reviewing the data fully, One Colorado Education Fund feels strongly that no one simple solution exists to improve health outcomes for LGBT Coloradans. Indeed, many parties must work collaboratively to move LGBT health forward. In some cases, policy or systems changes must take place. Yet, in the absence of broader systems change, providers themselves can create environments that are more welcoming to LGBT people. Finally, data from elsewhere have shown that the more people come out to their friends and family about their sexual orientation or gender identity or expression, the more supportive those people become of LGBT issues. There is no reason why this would not also be the case in health care. LGBT Coloradans must lead in advocating for their own health both by coming out to their medical providers and by taking an active role to educate their providers.

Recognizing that these varied realms must work collaboratively to improve access and quality, the following recommendations fall into one of three domains: systems, providers, and community.

RECOMMENDATIONS FOR HEALTH SYSTEMS

Goal One: Health systems will require that all demographic data specify and track sexual orientation, gender identity and expression, and relationship status.

The LGBT population is one that is still largely hidden, rarely studied, and poorly characterized. The key to beginning to address inequities within LGBT health is to better qualify the population and its needs and assets. In addition to improved qualifying data, better characterization of the LGBT community is likely to result in reduced societal and health biases based upon ignorance. Furthermore, if health providers are aware that they have LGBT people in their practice, they are likely to make fewer assumptions about those patients and, accordingly, provide culturally responsive care.

1. All health-care systems that are recipients of government or foundation funding will collect and report data on sexual orientation, gender identity and expression, and relationship status inclusive of the LGBT population.
2. All state-level data collection systems in Colorado will collect and report data on sexual orientation, gender identity and expression, and relationship status inclusive of the LGBT population.
3. All state-level health research will collect and report data on sexual orientation, gender identity and expression, and relationship status inclusive of the LGBT population.
4. All health systems will protect data on sexual orientation, gender identity and expression, and relationship status with robust privacy protections.

5. All health systems will use data collected on sexual orientation, gender identity and expression, and relationship status to develop and implement services, programs, and initiatives that meet the needs of LGBT patients, as well as to contribute to tracking population-level disparities affecting the LGBT population.
6. Research will be funded that assesses barriers to care and systems change that improve access, affordability, and quality of care for the LGBT population.

Goal Two: Health systems will promote access to affordable and quality health care for lesbian, gay, bisexual, and transgender people.

Systems of care have opportunities to expand access and affordability of care for persons identifying as LGBT. From offering equitable benefits to formally recognizing LGBT families, reforming systems of care will lead to improved health outcomes for LGBT persons. Recognizing that systems change often follows cultural change, institutes of health education should review and expand curricula to be inclusive of LGBT people. So too, must they assure that their faculty, leadership, and student bodies are reflective of the full diversity of the community, including LGBT people.

1. Health maintenance, managed care organizations, and accountable care organizations will identify and support providers and staff in their network who are trained and/or experienced in treating LGBT patients.
2. The Colorado General Assembly will ensure that the LGBT community is given equal access to health services provided though workplace and individual payer marketplaces and through the health insurance exchanges.
3. The Office of Health Disparities at the Colorado Department of Public Health and Environment will expand its focus to include sexual orientation and gender identity or expression.
4. Health-care systems will provide services or referrals to LGBT Coloradans, particularly to transgender Coloradans who are disproportionately underserved.
5. All health systems, health-care providers, and employers will equalize health-care coverage and other offered benefits to same-sex partnered and transgender employees.
6. Commissions and boards related to health care and prevention will actively seek out openly LGBT members.
7. Medical and health profession schools will actively recruit LGBT persons as faculty and for enrollment.
8. The governor will create a cabinet-level position to oversee and assess the state of health and health care for LGBT Coloradans and to make and implement recommendations for improvement.

"It's incredibly important that my doctor is LGBT-friendly; probably the most important factor."

– Seniors' Health Dialogue Participant

Goal Three: Health systems will promote, expect, and require cultural responsiveness to and clinical competence of lesbian, gay, bisexual, and transgender people and ensure patient satisfaction at all levels of care.

As the first step to assuring health equity for all of their patients, health-care systems should take a proactive role to educate their current workforce on the needs and experiences of LGBT people.

1. Health-care employers will require that existing providers and medical office staff receive training on caring for and responding to the unique needs of LGBT people.
2. All health-care systems that are recipients of government or foundation funding will review and update their nondiscrimination policies to ensure the inclusion of sexual orientation and gender identity and expression and to respect the rights of LGBT families.

> "There should be classes in every medical program about LGBT health."
>
> — *Men's Health Dialogue Participant*

3. Health-care payers will develop and implement quality assurance measures that are specific to LGBT people and mandate provider compliance in order to receive reimbursement.
4. Medical and health profession schools will evaluate, update, and/or develop curricula to train health-care students on being culturally responsive and clinically competent regarding the unique needs of LGBT people.
5. Health professions education governing agencies (e.g. LCME, ACGME, NBME) will require all training programs to contain curricula on cultural responsiveness to and clinical competence in the care of LGBT people, and these agencies will require trainees to demonstrate competence in these areas as part of their accreditation criteria.
6. Health systems will develop clear mechanisms for reporting and addressing instances of intimidating, disrespectful, or discriminatory treatment of LGBT patients and families.
7. Health systems will identify leadership directly responsible for the oversight of culturally responsive and clinically competent care of LGBT patients and families.

> "I want amazing health care in the communities that I'm a part of. I want to go places where people look like me, in my neighborhood and get great, stellar services." — *People of Color Health Dialogue Participant*

RECOMMENDATIONS FOR PROVIDERS

1 Goal One: Providers will collect data regarding sexual orientation, gender identity and expression, and all forms of relationship recognition status from all patients.

Health-care providers have an ethical duty to care for all persons in a manner that is just, fair, and compassionate. Even in the absence of systems change, providers must begin to ask questions that allow for the identification of those within their care who identify as LGBT. Knowing that a person identifies as LGBT is the first step toward creating an environment of acceptance and safety for that patient. Providers must ask questions that allow them to know whom they are treating and that begin to build relationships with their LGBT patients.

1. Health-care systems and individual health-care providers will modify enrollment and data collection forms to include sexual orientation, gender identity and expression, and relationship status to be inclusive of LGBT patients.
2. Health-care systems and individual providers will review and update nondiscrimination policies to ensure inclusion of sexual orientation, gender identity and expression, and respect for the rights of LGBT families.
3. Health-care systems and individual health-care providers will ensure that the disclosure of sexual orientation, gender identity and expression, and relationship status information is voluntary.
4. Health-care providers and their staff should be trained on the methods of collection and specific usage of sexual orientation, gender identity and expression, and relationship status data.

2 Goal Two: Health-care providers and their staff will be culturally responsive and clinically competent to the unique needs of the lesbian, gay, bisexual, and transgender population.

Though knowing that LGBT persons are seen in a practice is the first step toward providing equitable care, awareness of sexual orientation or gender identity and expression alone is insufficient. In order to begin to provide culturally responsive and clinically competent care, providers must strive to expand their knowledge base about the life experiences of their LGBT patients and integrate that knowledge into their practice of medicine.

1. Health-care providers will participate in education and training regarding the specific health-care needs and health disparities that exist within the LGBT population.
2. Providers will encourage a friendly office atmosphere by taking steps to be overtly welcoming to the LGBT community and by requiring competence training for all staff.
3. Providers competent in transgender care will develop a network to serve as a mechanism for the transfer and sharing of resources related to the transgender population.
4. Health-care systems and individual health-care providers will conduct patient satisfaction surveys that include questions on sexual orientation, gender identity and expression, and relationship status.
5. Health-care systems and individual health-care providers will actively engage with the LGBT community to continually assess needs, uncover gaps in service, and identify areas for improvement.
6. Health-care systems and individual health-care providers should demonstrate their commitment to serving the LGBT community by marketing in LGBT media, identifying specific services or programs that meet the needs of LGBT patients, and participating in LGBT-specific events.

"The whole staff needs to be trained, not just the doctors."
– Transgender Health Dialogue Participant

RECOMMENDATIONS FOR THE LGBT COMMUNITY

1 Goal One: The LGBT community will advocate for accessible, affordable, and quality care for LGBT people.

Though systems of care bear a significant burden in the provision of equitable health care, patients cannot remain passive. In order to better assess needs, assets, and progress made in reducing inequities, the LGBT community must actively engage health providers and systems of care.

1. The LGBT community will create a coalition of community members and organizations to conduct ongoing oversight, assessment, and advocacy for the development and implementation of strategies that promote accessible, affordable, and quality health care for LGBT people.
2. The LGBT Health Coalition will conduct a periodic assessment of the state of health and health care for the LGBT population.
3. The LGBT Health Coalition will establish partnerships with health systems and health-care providers to determine areas for collaboration regarding LGBT health.

2 Goal Two: The community will develop and disseminate resources to assist lesbian, gay, bisexual, and transgender people in accessing the care they need.

Recognizing that providers and patients share equally in the creation of health equity, LGBT people must lead by promoting opportunities to better educate the health workforce. This education should occur both through formal curricula and tools as well as through one-on-one interactions with individuals in the health community.

1. The community will build upon current LGBT provider databases to expand interactivity and functionality.
2. The community will develop an LGBT-friendliness scale upon which providers can be ranked and credentialed.
3. The community will advocate for the development of LGBT-specific health services either housed within current health-care systems or independently established.
4. The community will develop provider toolkits inclusive of guidelines on the clinical care for LGBT people and documents describing the rights of LGBT persons as they pertain to health.
5. The LGBT Health Coalition will work with health systems and health-care providers to review existing training and education programs to ensure that they are LGBT-inclusive.

3 Goal Three: Community organizations serving lesbian, gay, bisexual, and transgender people will commit to an increased focus on health and health care.

LGBT people and organizations must do more to improve the health and wellness of our community. Not all LGBT Coloradans are aware of the specific health needs of our community, and we must narrow this knowledge gap. So too must we reduce our dependence upon resources from sponsors marketing products that are harmful to health, most notably those from the tobacco and alcohol industries.

1. The community will develop a campaign prioritizing the health of the LGBT community, will promote health-focused events, and will secure a commitment from LGBT and allied organizations to encourage healthy living.
2. The community will work to reduce the promotion of alcohol and tobacco in LGBT-specific media and events.
3. The community will work to develop and implement an LGBT health campaign in order to educate communities on their consumer and legal rights, on coming out to their providers, and on advocating for their own health.
4. The community will develop self-advocacy and resource education materials specifically for transgender individuals.

> "We need to educate ourselves. We need to share resources. That will build a community. It empowers us. We can go in and know our rights from A to Z. And maybe there is not a great accountability measure now, but we can speak up for ourselves."
>
> — *People of Color Health Dialogue Participant*

ONE COLORADO EDUCATION FUND HEALTH STEERING COMMITTEE:

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- Dede de Percin, *Executive Director, Colorado Consumer Health Initiative*
- Courtney Gray, *Transgender Advisory Committee, The Center*
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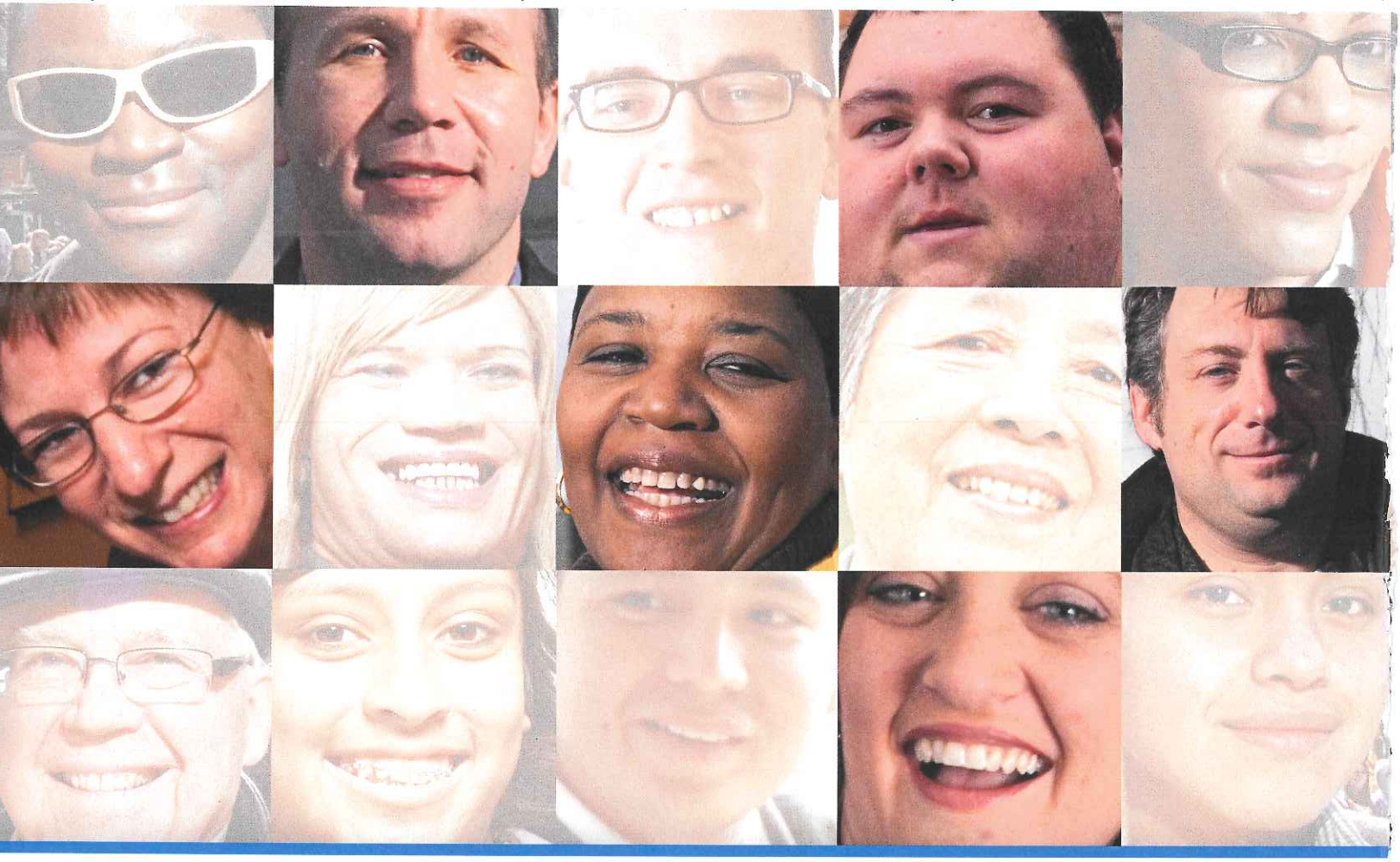
- Tim Sweeney, *President and CEO, Gill Foundation*
- Dr. Mark Thrun, *Director of HIV/STD Prevention & Control, Denver Health*
- Jamie Van Leeuwen, *Senior Advisor, Governor John Hickenlooper*

Most of the photographs in this publication are of LGBT people who live throughout the state of Colorado and were taken by photographer **MARK MANGER.** From Grand Junction to Fort Collins and Denver to Colorado Springs, LGBT individuals and families live in all parts of our state.



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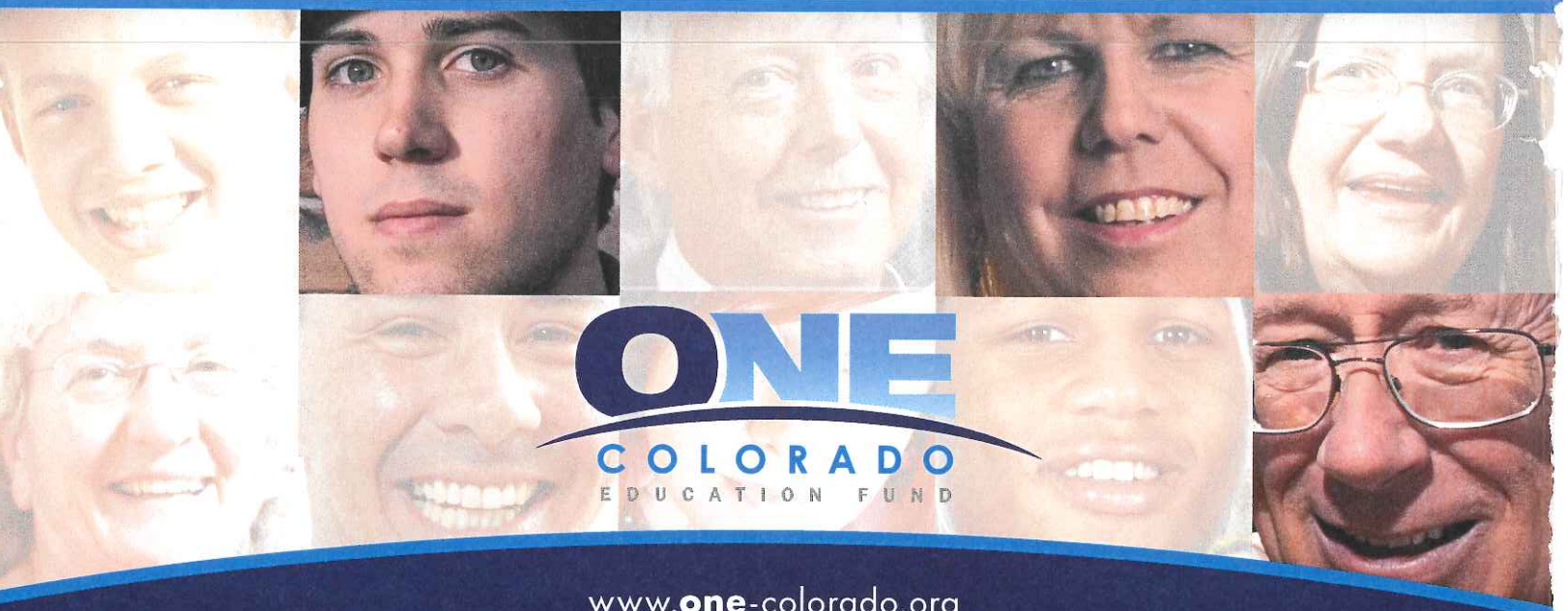

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