

Research by One Colorado Education Fund, the state's largest advocacy organization dedicated to securing protections and opportunities for lesbian, gay, bisexual, transgender, and queer Coloradans and their families.

CLOSING THE GAP

The Turning Point for LGBTQ Health



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WHAT YOU NEED TO KNOW TO READ THIS REPORT

Definitions

Access - The ability of LGBTQ Coloradans to obtain quality health care services.

Affordability - The ability of LGBTQ Coloradans to cover the monetary expenses of quality health care services.

Behavioral Health - An inclusive term that encompasses the connection between physical and mental health, as well as considers external environmental factors that influence an individual's well-being, such as poverty, discrimination, or trauma. This differs from mental health, although they are sometimes used interchangeably.

Bisexual - A term used to describe a person whose romantic, physical, and emotional attractions are with both men and women.

Clinical Competence - The ability to provide care based on standards or principles that satisfy the health needs of a given patient.

Conversion Therapy - Change efforts that include a range of dangerous and discredited practices aimed at changing a person's sexual orientation or suppressing a person's gender identity. These efforts are based on the claim that being LGBTQ is a mental illness that needs to be cured. Every mainstream mental health and medical professional association in the country has rejected this view as scientifically invalid. Sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," conversion therapy uses rejection, shame, and psychological abuse, and has been shown to lead to depression, decreased self-esteem, substance abuse, and suicide.

Cultural Responsiveness - The ability to understand, relate, and respectfully respond to the different cultural backgrounds of the people they serve.

Discrimination - The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, sex, sexual orientation, and/or gender identity.

Lesbian - A term used to describe women whose romantic, physical, and emotional attractions are with other women.

Gay - Someone's romantic, physical, and emotional attractions to those of the same gender. It is sometimes used as a shorthand term encompassing gay, lesbian, and bisexual orientations, though not transgender people or gender identity. While many lesbians may identify as gay, the term "lesbian" is clearer when talking only about a woman or women.

Gender Expression - A person's way of reflecting and expressing their gender to the outside world – this can show in mannerisms, fashion, and presentation.

Gender Fluid - A term for people whose gender identity is fluid, changing, and not at a fixed point.

Gender Identity - A person's deeply rooted understanding of their own gender.

Gender Neutral - Creating or adapting words to be applied to people of any gender.

Definitions (CONTINUED)

Health Care - Any and all efforts made or given to maintain or restore physical, mental, or emotional well-being.

Health Care Provider - A company or person, including all current and future health care providers, medical doctors, nurse practitioners, physician assistants, pharmacists, alternative medicine providers, oral health practitioners, mental and behavioral health practitioners, and their staff.

Intersex - A term used to describe people whose primary or secondary biological characteristics (i.e. chromosomes, anatomy, genes) don't fit typical definitions of male or female. This term is not interchangeable with transgender or non-binary.

LGBTQ-Competent Care - Care that addresses the unique experiences of LGBTQ people and implements practices that affirm and respect them.

Mental Health - A person's condition with regard to their psychological, emotional, and social well-being that impacts how a person thinks, feels, and acts. This differs from behavioral health, although they are sometimes used interchangeably.

Non-Binary - A term for people whose gender identity is neither male/man nor female/woman. The idea that there are only two genders is sometimes called a "gender binary," because binary means "having two parts" – male/man and female/woman. Therefore, "non-binary" is one term people use to describe genders that don't fall into one of these two categories.

Non-Transgender/Cisgender - A word used to describe a person whose gender matches the sex assigned at birth.

Pansexual - A word used to describe a person whose romantic, physical, and emotional attraction is to people, regardless of gender.

Queer - An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual. Typically, for those who identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting and/or fraught with cultural connotations they feel don't apply to them. Some people may use queer, or more commonly genderqueer, to describe their gender identity and/or gender expression. Once considered a pejorative term, queer has been reclaimed by some LGBTQ people to describe themselves; however, it is not a universally accepted term even within the community.

Quality - The extent to which health care services in Colorado are culturally responsive and clinically-competent regarding LGBTQ people and how this impacts their utilization of the health care system.

Sexual Orientation - A person's emotional, romantic, 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, or something else.

Transgender - An umbrella term that refers to a person whose gender identity differs from the sex they were assigned at birth.

Two-Spirit - A term to describe indigenous individuals who simultaneously fulfill both a masculine spirit and a feminine spirit in their physical bodies. This idea originated with Indigenous cultures, and it can also mean they fulfill both binary gender roles.

Executive Summary

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) Coloradans often face many challenges and barriers in achieving a healthy life. While LGBTQ individuals have many of the same concerns as the general population, like affordability, access, and quality of care, they also face several unique challenges that affect the ability to live healthy and affirmed lives. Lack of understanding, discrimination, stigma, violence, higher rates of health problems, as well as other barriers, can compound and produce worse health outcomes.

In 2018, One Colorado Education Fund (OCEF) conducted a multi-method survey of the health needs and experiences of more than 2,500 LGBTQ Coloradans, who shared their individual health stories and experiences. *Closing the Gap: The Turning Point for LGBTQ Health* serves as a comparison to the data collected and reported on in 2011 in [*Invisible: The State of LGBT Health in Colorado*](#). It summarizes the findings from the 2018 survey to shed light on the many obstacles faced by LGBTQ Coloradans and their families, as well as provides recommendations to continue to advance their health.

The study found that while the LGBTQ community has made many advancements towards legal equality in the last few years, there is still much more work to do. Similar to their heterosexual and non-transgender peers, LGBTQ people still have difficulty in obtaining quality and affordable care. However, issues remain with finding providers who are knowledgeable about LGBTQ issues, their specific health needs, and who are respectful and affirming.

Transgender Coloradans continue to experience worse health outcomes and greater disparities compared to their LGBTQ counterparts, particularly in regards to discrimination, mental and behavioral health issues, and the high cost or potential denial of care due to insufficient insurance coverage.

Improved health outcomes for LGBTQ Coloradans and their families is achievable. This report offers actionable recommendations for policy makers, health systems, health care providers, as well as the LGBTQ community and community organizations, to reduce disparities and create a more fair and just Colorado for all.



Introduction

OCEF is the state's largest advocacy organization dedicated to securing protections and opportunities for lesbian, gay, bisexual, transgender, and queer (LGBTQ) Coloradans and their families. Founded in 2010, the organization focuses on issues like protecting advancements for LGBTQ equality, ensuring every student feels safe and welcome in their school, ensuring LGBTQ Coloradans have equitable access to health care, advocating for transgender equality, and advancing opportunities for LGBTQ Coloradans. This health assessment, conducted during the summer of 2018, serves as a comparison to the data collected and reported on in 2011 in [*Invisible: The State of LGBT Health in Colorado*](#).

Background

In 2011, OCEF implemented a multi-method study of the health needs and beliefs of nearly 1,300 LGBTQ Coloradans and published [*Invisible: The State of LGBT Health in Colorado*](#) to share the study's results. The study created a foundation of health policy priorities for OCEF and offered the state's first quantitative look at the experience of LGBTQ Coloradans in the health care system.

Since then, the LGBTQ community has seen many improvements in daily life, such as access to health care and coverage, discrimination protections, increased visibility of transgender individuals, and overall societal acceptance. These advancements have been due to many policy changes like the passage of the Affordable Care Act (ACA), Medicaid expansion, the Colorado Division of Insurance Bulletin No. B-4.49 – which barred insurance companies from discriminating against or denying coverage to individuals based on sexual orientation and gender identity – and the freedom to marry.

However, in response to these advances for LGBTQ equality, there has been a noticeable backlash in the form of anti-LGBTQ policies and legislation in the state and across the country. Some of these measures have been broad in scope; allowing businesses and individuals to pick and choose which laws they want to follow. Others have been narrow, such as attempting to bar same-sex couples from adopting children. Furthermore, religious exemption laws permit people, churches, corporations, and non-profit organizations – including health care centers – to claim their religion allows them to exempt themselves from laws they don't like. These regressive attempts negatively and disproportionately affect LGBTQ people and further hinder the safety, health, and happiness of all Coloradans.

As of this report, there have been 11 religious exemption bills introduced in the Colorado General Assembly in the last five years, some of which would have allowed health care providers to deny care to patients. In July 2018, the Trump administration announced the creation of the Religious Liberty Task Force at the United States Department of Health and Human Services (HHS). This group would enforce the 2017 Department of Justice (DOJ) memo that ordered federal agencies to take the broadest possible interpretation of "religious liberty" when enforcing federal laws, including non-discrimination protections, essentially allowing discrimination based on someone's sincerely held religious beliefs. Freedom of religion is important, which is why it is already protected by the First Amendment to the Constitution. But that freedom doesn't give anyone the right to impose their beliefs on or to discriminate against others.

OCEF knows the landscape of LGBTQ health in Colorado has changed dramatically since it was last studied in 2011. It also knows that previous and current data collection efforts – nationally and across Colorado – often

lack information related to sexual orientation or gender identity, creating a significant gap in the understanding of LGBTQ health experiences. It is the intention of this report to compare the current landscape of LGBTQ health in Colorado to that of the inaugural health assessment in 2011, as well as contextualize health outcomes compared to non-LGBTQ Coloradans today. It also intends to highlight the continued health needs of the LGBTQ community. Additionally, across all aspects of living healthy and affirmed lives, transgender Coloradans often face even greater barriers. This report highlights a number of those barriers, as well as the work needed to create a more fair and just state for all LGBTQ Coloradans and their families. There is much more work to do.

The Impact of the Affordable Care Act on LGBTQ Coloradans

The ACA, also known as “Obamacare,” provided access to insurance and strengthened protections for millions of Americans, including transgender people and the broader LGBTQ community. Before the passage of the ACA, being transgender was considered a pre-existing condition, a transgender individual could be charged more for the same service as their non-transgender peer, and there were strict annual and lifetime limits on individuals who had chronic conditions – like Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) – among many other barriers to care. The ACA extended health insurance coverage to more than 600,000 Coloradans through the public health exchange and Medicaid expansion, eliminated pre-existing conditions and transgender-specific exclusions, established cost parity, clarified that spousal benefits must apply to same-sex couples, and removed limits on annual and lifetime spending for people with chronic conditions. Currently, only 5 percent of the LGBTQ community in Colorado are uninsured, compared to 10 percent in 2011.



Notable Policy Changes that Have Impacted LGBTQ Health Since 2011

2011

----- The state of Colorado passed House Bill 11-1254, "**School Bullying Prevention and Education Grant Program**," a comprehensive anti-bullying bill that prohibited bullying on the basis of a student's actual or perceived sexual orientation or gender identity, as well as provided funding to schools to implement anti-bullying efforts.

2013

----- After two previous attempts in 2011 and 2012, the Colorado General Assembly passed the **Colorado Civil Union Act**. It provided thousands of committed couples with critical legal protections and responsibilities, including the ability to take employment leave to care for a partner, make medical and end-of-life decisions for a partner, and adopt children.

2013

----- The Colorado Division of Insurance (DOI) published Bulletin No. B-4.49, which **protects Coloradans from discrimination** based on sexual orientation and transgender status in private insurance plans sold in Colorado.

2014

----- As part of the ACA, **Medicaid expansion** in Colorado went into effect expanding access to more than 160,000 additional Coloradans, including LGBTQ Coloradans.

2015

----- The **Birth Certificate Modernization Act** is the first transgender-specific legislation introduced in Colorado, which would have removed significant barriers to accessing identity documents for transgender Coloradans. OCEF first introduced legislation to **ban conversion therapy on minors**. More information on conversion therapy can be found on page 2.

2016

----- The Obama administration officially **allowed transgender Americans to serve openly in the military** and covered costs of those who transition during their service.

2013

----- Section 3 of the **Defense of Marriage Act (DOMA)**, which restricted federal marriage benefits and allowed states to refuse to recognize same-sex marriages, was struck down by the United States Supreme Court in *United States v. Windsor*.

2014

----- The Patient Protection and Affordable Care Act, often shortened to the **Affordable Care Act (ACA)**, went into effect, expanding health insurance coverage to an estimated 20 million Americans, including over 600,000 Coloradans.

2015

----- In *Obergefell v. Hodges*, the United States Supreme Court ruled that state-level bans on same-sex marriages were unconstitutional, **legalizing same-sex marriage** across the country.

2016

----- The Colorado General Assembly passed Senate Bill 16-146, "**Modernize Statutes Sexually Transmitted Infections**," which repealed human immunodeficiency virus (HIV) criminalization language and allowed for all sexually transmitted infections (STI) to be treated uniformly under Colorado law.

2017

The Colorado Department of Health Care Policy and Financing (HCPF) Medical Services Board passed MSB 17-03-21-B, a comprehensive transition-related care benefit to **support transgender Coloradans on Medicaid**.

2017

All plans on the public exchange, Connect for Health Colorado, are in compliance with the DOI Bulletin No. B-4.49 and **no plans offered in Colorado have transgender-specific exclusions**.

2018

In **Masterpiece Cakeshop v. Colorado Civil Rights Commission**, the U.S. Supreme Court ruled very narrowly that the Commission showed bias when considering the bakery's religion-based defense when the baker refused service to a gay couple. This decision left ambiguity in future civil rights disputes, and it did not affect current Colorado protections.

2017

Donald J. Trump is inaugurated as the 45th President of the United States and launches an aggressive anti-LGBTQ agenda, including efforts to repeal the ACA.

2017

The United States Department of Justice and the Department of Education **rescinded previous guidance from the Obama administration** that nondiscrimination laws require schools to allow transgender students to use the bathrooms of their choice.

2017

The United States Congress passed the **Tax Cuts and Jobs Act of 2017**, which destabilized the ACA by removing the individual mandate, and eliminated medical expense tax deductions for medical expenses, especially impacting people living with HIV/AIDS and transgender individuals.





HOW THE REPORT WAS DONE AND WHAT IT INCLUDES

Methodology and Limitations

OCEF commissioned Simon Analytics to conduct a 30-minute survey available online and in paper form from June 11, 2018 through September 30, 2018 that 2,572 qualified respondents completed. To be qualified, respondents needed to be a current Colorado resident, identify as LGBTQ or as a parent or legal guardian of a LGBTQ child, and complete the survey only once.

The survey, which was available in English and Spanish, was disseminated through strategic and easily shareable email communication from OCEF board and staff reaching more than 70,000 people and was advertised and shared on social media platforms reaching 35,942 people, some of which targeted Spanish speakers and the transgender community. The survey was also advertised throughout the statewide Colorado Pride season, during which 5,468 people signed OCEF petitions and 1,318 were sent the survey via email after being contacted at one of 12 events. Further, a 20-person advisory committee shared the survey widely with their networks of organizations and community members in order to gain the perspective of LGBTQ people not traditionally connected to the OCEF statewide network.

OCEF recognizes transgender people have different experiences and identify in different ways. A sub-analysis of transgender health data was completed for this report, and for the purposes of this report, any respondent who identified as transgender female/transgender woman, transgender male/transgender man, two-spirit, intersex, non-binary/gender neutral, male and assigned female at birth, or female and assigned male at birth was included.

The Williams Institute at the University of California, Los Angeles School of Law estimates that 4.6 percent of Coloradans identify as LGBT, and the most recent census data at the time of the survey indicated that there were

5,456,574 individuals living in Colorado.¹ Given this information, Simon Analytics estimates 200,000 LGBTQ individuals live in the state. The survey's margin of error ranges from two to three percent at the 95 percent confidence interval, depending upon whether partially completed surveys were included.

When applicable, the survey results were compared to data on the general adult population in Colorado. A brief description of the surveys used to obtain this comparative data is provided below:

Colorado Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is a federally funded random telephone survey of adults 18 and older designed by the Centers for Disease Control and Prevention and implemented every year by the Colorado Department of Public Health and the Environment. Both 2016 and 2017 data were used based on relevancy and is noted in the applicable comparison.

Colorado Health Access Survey (CHAS): The CHAS is a random telephone survey that collects information from over 10,000 households in Colorado on health insurance coverage, access to health care, and use of health care services. The CHAS is managed by the Colorado Health Institute and funded by The Colorado Trust.

U.S. Census Bureau American Community Survey (ACS): The ACS is a yearly survey in which households across the country are randomly selected based on their home address. The ACS is conducted by the U.S. Census Bureau and collects a wide range of information such as income, educational attainment, home ownership, and more.

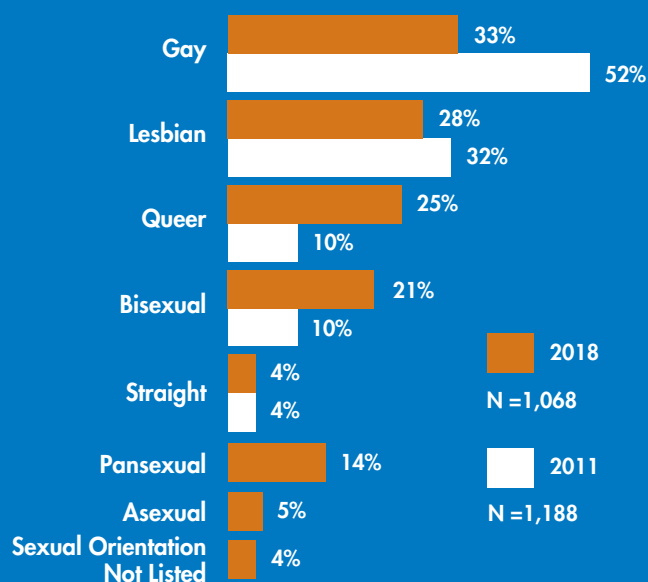
This survey and survey data has limitations. The length of the survey may have limited the number of respondents who completed the entire survey. Most respondents were from the Denver Metropolitan area and the survey was only available in English and Spanish, which are not the only languages spoken in Colorado. The survey was predominantly disseminated online, limiting most respondents to people with regular access to internet use. Lastly, the language and terminology used to describe conditions of accessing health care, such as provider "friendliness" versus "competency," and comprehension of sexual orientation and gender identity have greatly evolved. Since the 2011 survey, the understanding of LGBTQ issues, and in particular LGBQ and transgender-specific health, has improved, and therefore, the landscape being analyzed has also changed. While this limitation reflects unavoidable contextual changes over time, it is noteworthy because this impacts the way the data is analyzed and compared from each year (e.g. LGBT in 2011 versus LGBTQ in 2018).

Lastly, the survey was released at the same time the *Masterpiece Cakeshop v. Colorado Civil Rights Commission* decision was released from the U.S. Supreme Court, described on page 8 of this report. Despite non-discrimination protections remaining in place, the highly visible Colorado-based court decision created much confusion, apprehension, and fear of being denied public services due to one's identity. It is important to note this contextual factor, as this survey inquired about experience with harassment, discrimination, and denial of care.

Demographic Information

For the first time, a parent or legal guardian was able to take the survey on behalf of an LGBTQ dependent, and this was represented by 4 percent of the respondents. More respondents were from the Denver metropolitan area than in 2011. Nearly a quarter of respondents have children in their household, almost double than in 2011. LGBTQ respondents – especially transgender respondents – had lower incomes than the general public in Colorado.² Respondents were able to “check all that apply” for questions related to sexual orientation, current gender identity, race and ethnicity, and employment and/or school status.

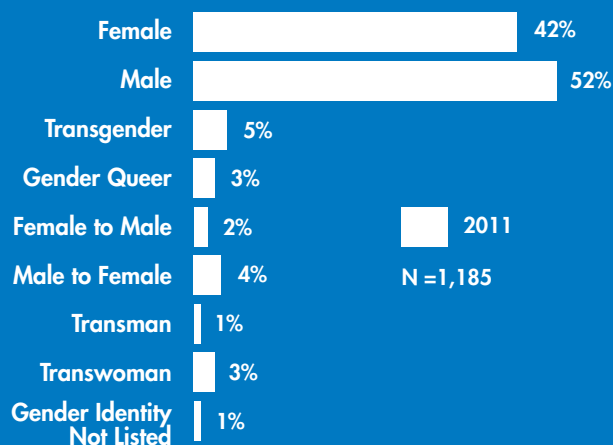
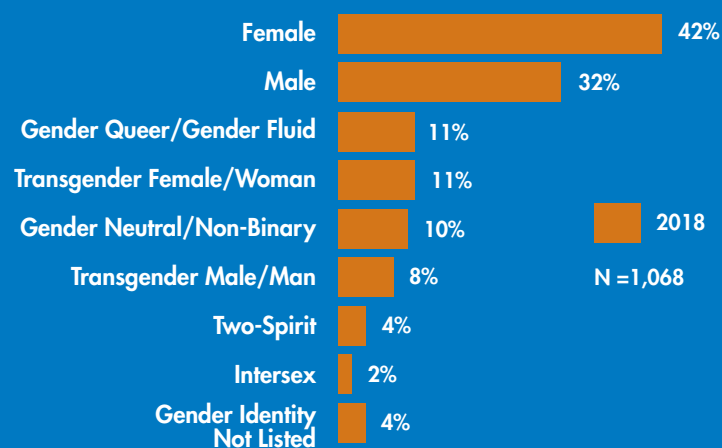
SEXUAL ORIENTATION OF ALL RESPONDENTS



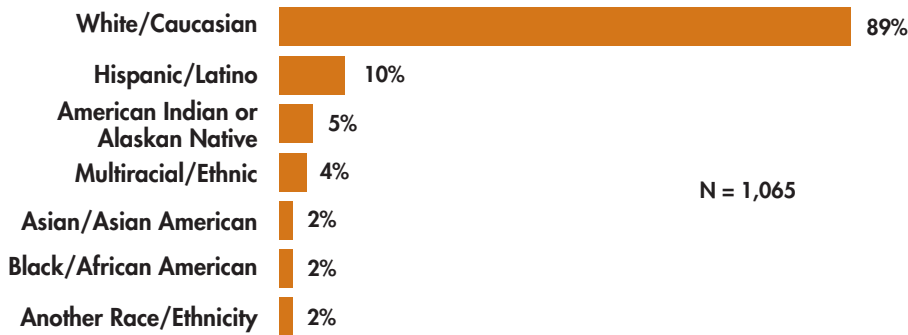
Queer and bisexual respondents more than doubled since 2011. Pansexual and asexual were not offered as sexual orientation responses in 2011, but reflect 14 percent and 5 percent of respondents, respectively. A third of respondents identify as gay, down from more than half in 2011. Intersex, two-spirit, and gender-neutral/non-binary were not offered as gender identity responses in 2011, but reflect 2 percent, 4 percent, and 10 percent of respondents, respectively. In 2018, 11 percent of respondents who identify as female were assigned another identity at birth, and 7 percent of respondents who identify as male were assigned another identity at birth.

As discussed in the limitation section of this report, language around gender identity as evolved since 2011, which makes a direct comparison challenging. The gender identity responses offered in both 2011 and 2018 are shown in separate graphs below.

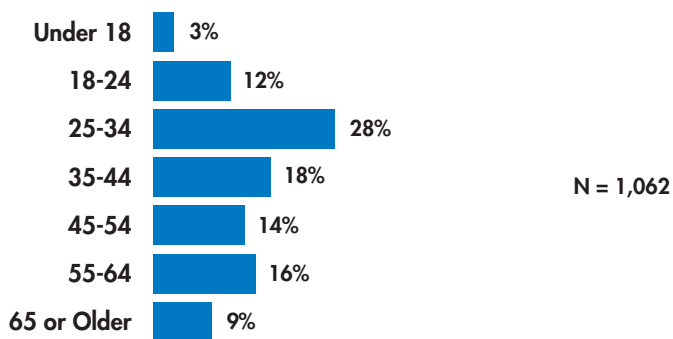
CURRENT GENDER IDENTITY OF ALL RESPONDENTS



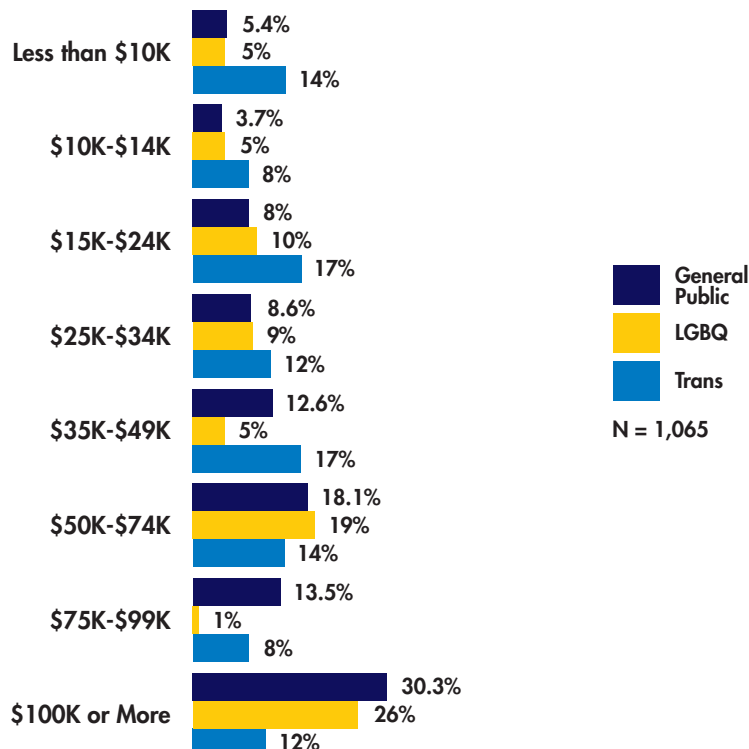
RACE/ETHNICITY OF ALL RESPONDENTS



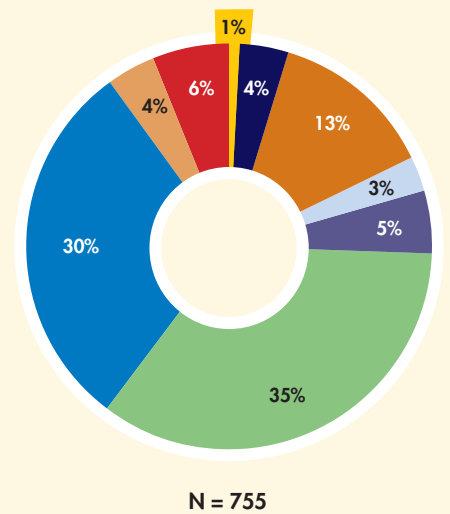
AGE OF ALL RESPONDENTS



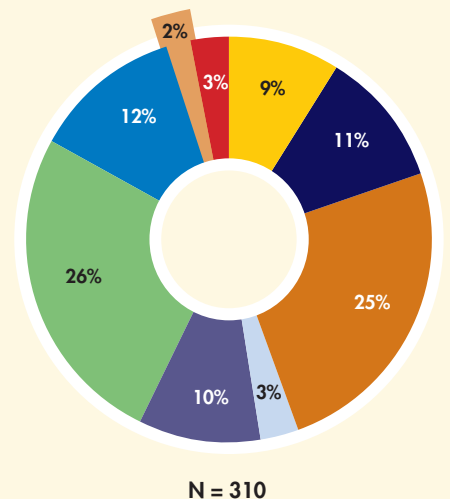
ANNUAL HOUSEHOLD INCOME LEVEL OF ALL RESPONDENTS



EDUCATION LEVELS OF LGBTQ RESPONDENTS

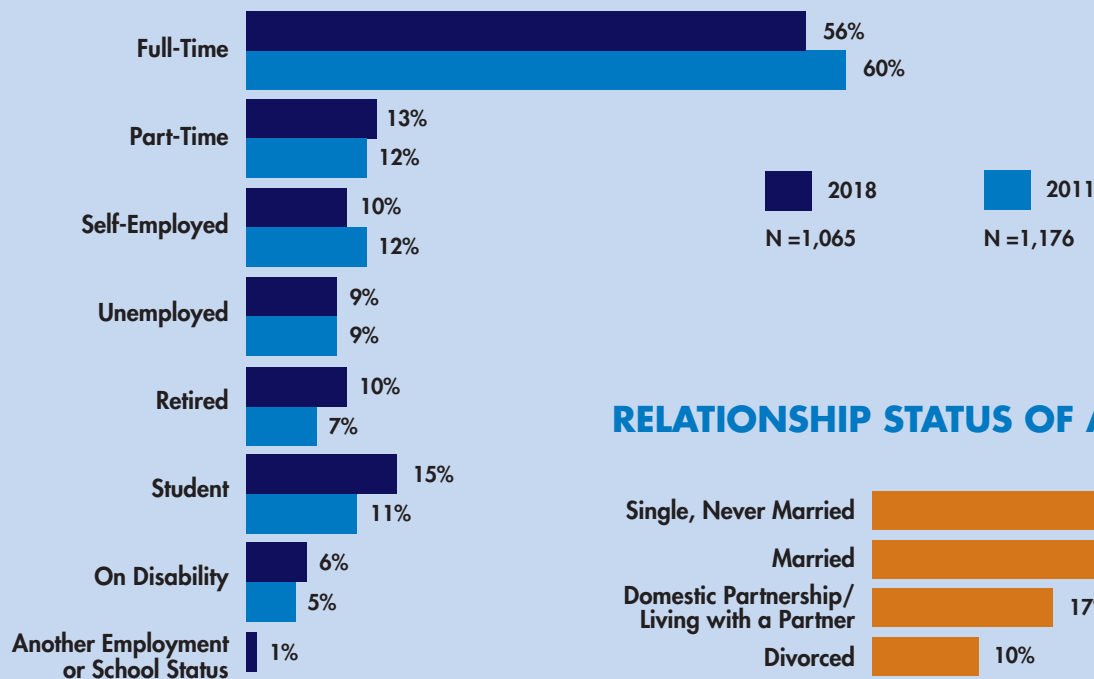


EDUCATION LEVELS OF TRANS RESPONDENTS

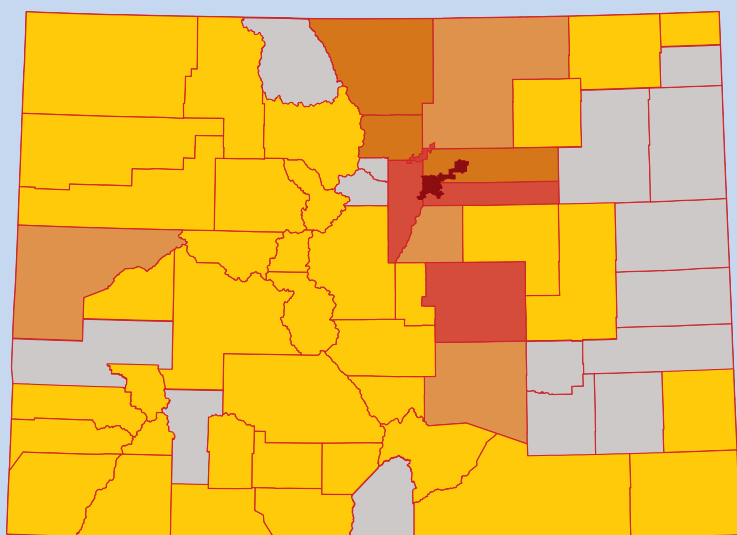
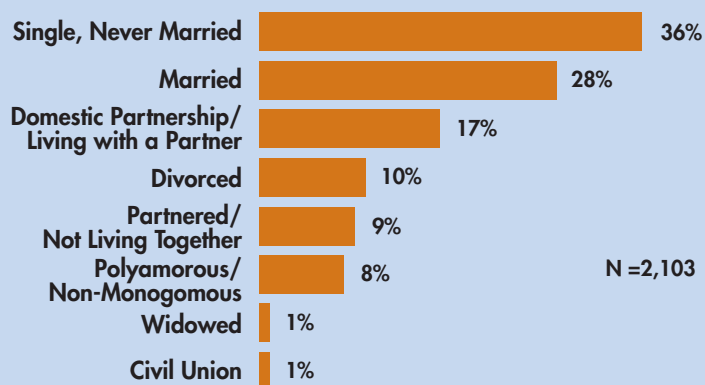


Demographic Information (CONTINUED)

EMPLOYMENT STATUS OF ALL RESPONDENTS



RELATIONSHIP STATUS OF ALL RESPONDENTS



COUNTY OF RESIDENCE OF ALL RESPONDENTS

Respondents live in 46 of CO's 64 counties; 64% are in Denver metro (34% in Denver, 10% in Jefferson, 9% in Arapahoe, 6% in Adams, 3% in Douglas, <1% in Gilpin, <1% in Clear Creek), which is up from 48% in 2011. The darker colors on this map indicate the areas from which a greater number of responses was received.

N =1,067

WHAT THE HEALTH ASSESSMENT SAID

Access to Health Care

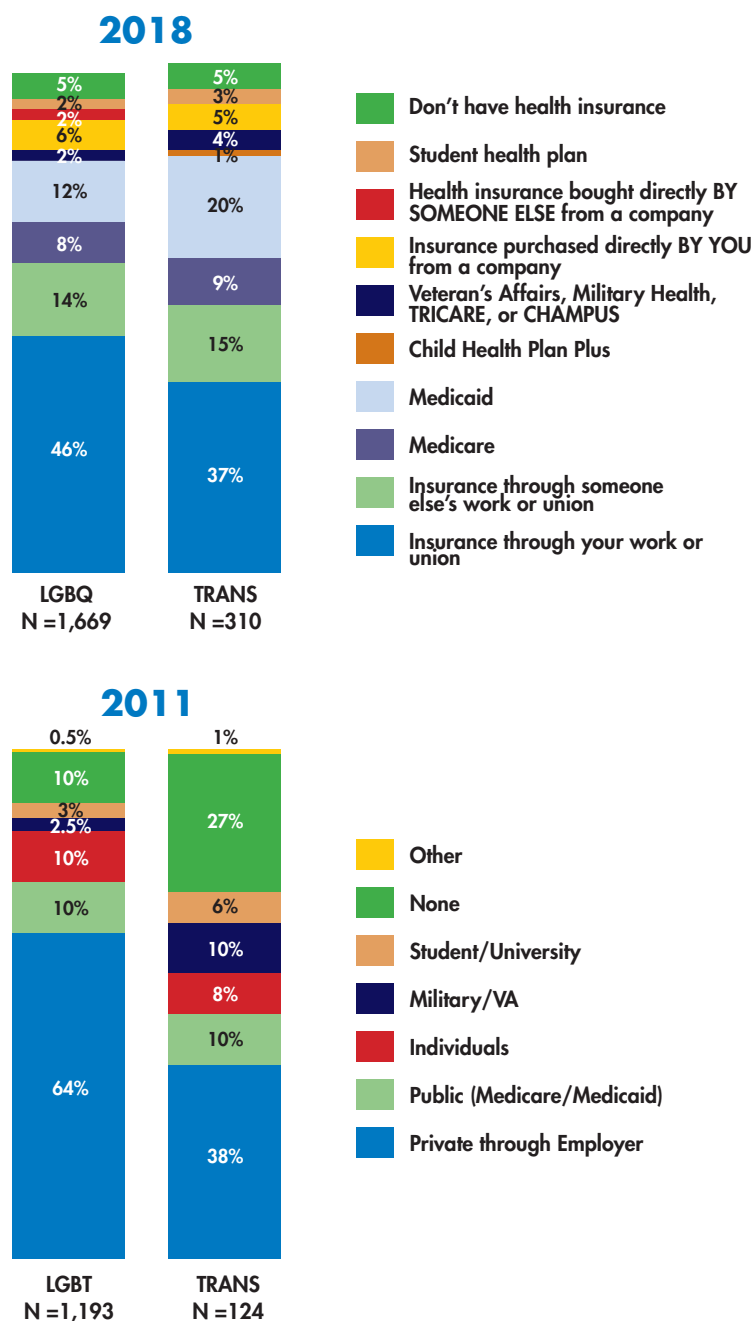
LGBTQ Coloradans have experienced some improvements in accessing health care since 2011, but there are still many barriers that limit an individual's ability to get safe, affirming, quality health care that every person deserves. This section examines the changes in the rates, types, and quality of health insurance coverage, access to LGBTQ-competent and -inclusive health care providers, rates of openness with providers and other community members, and the barriers that remain in place impacting an individual's ability to receive care.

HEALTH INSURANCE COVERAGE

More LGBTQ Coloradans have insurance coverage than in 2011, with an uninsured rate of 5 percent compared to 10 percent in 2011, and more children of respondents have insurance coverage than 2011.

Respondents who get insurance through an employer or union are covered under their spouse/partner's or parent's employer nearly double the 2011 percentage, from 14 percent to 27 percent. 20 percent of transgender respondents are covered by Medicaid, which includes comprehensive transition-related care and 5 percent of transgender respondents purchase health insurance on Connect for Health Colorado. It should be noted that the 2011 and 2018 insurance responses differ because of the additional health insurance options offered after the ACA was implemented in 2014.

Further, 32 percent say they do not have sufficient choice of and access to LGBTQ-competent providers who are in-network with their insurance carrier, up from 21 percent in 2011. Please note that the 2011 data set reviewed health insurance coverage rates of all respondents compared to transgender respondents, and the 2018 set reviewed data on the experience of LGBTQ respondents compared to transgender respondents.

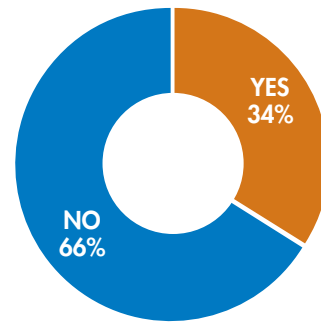


QUALITY OF COVERAGE

More people, 83 percent in 2018 compared to 73 percent in 2011, said their health insurance coverage was comparable to their non-LGBTQ coworkers. At least 65 percent said their medical leave available to them is comparable to non-LGBTQ coworkers, the same as in 2011. More than a quarter say they do not have sufficient coverage for themselves and their dependents, compared to 20 percent in 2011.

DENIAL OF LGBTQ-SPECIFIC MEDICAL SERVICES FOR TRANSGENDER RESPONDENTS

In 2018, 34 percent of transgender respondents have been denied coverage for an LGBTQ-specific medical service, like HIV medications, hormones, PrEP, PEP, HPV vaccine, gender-affirming care.

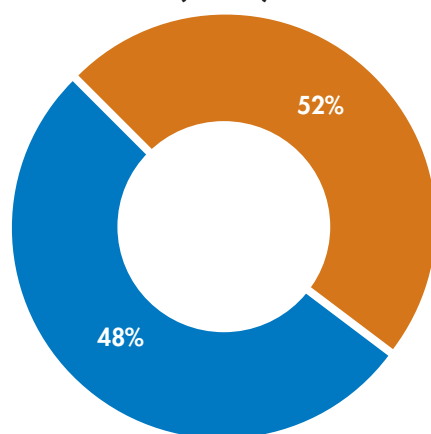


N = 307

ACCESS TO COMPETENT AND INCLUSIVE PROVIDERS

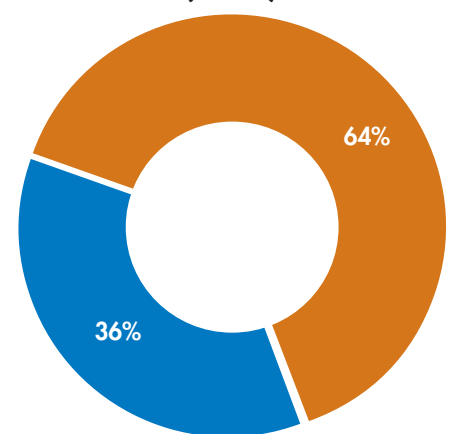
More than half of respondents have a “LGBTQ-competent” primary health care provider, whereas in 2011, 64 percent of respondents stated they had a “LGBT-friendly” primary health care provider. The difference in language is important to note, as it may impact the significance of the finding. Most people find their provider through word-of-mouth, although 84 percent said they would use a directory of LGBTQ-competent providers, should one be available.

IS YOUR PRIMARY HEALTH CARE PROVIDER LGBTQ-COMPETENT? (2018)



N = 1,202

IS YOUR PRIMARY HEALTH CARE PROVIDER LGBT-FRIENDLY? (2011)



N = 1,191

YES
NO OR
DON'T KNOW

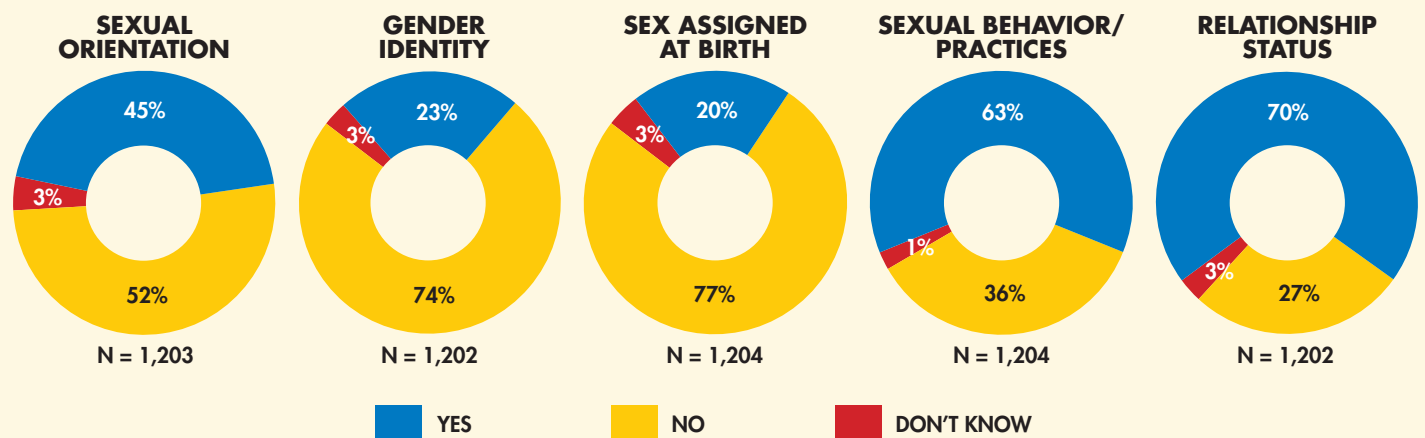
QUALITIES OF A COMPETENT PROVIDER, AS DETERMINED BY RESPONDENTS

- Is comfortable with my sexual orientation or gender identity
- Asks me about my sexual orientation, gender identity, and/or relationship status
- Has LGBTQ-inclusive forms that list sexual orientation, gender identity, and/or relationship status
- Uses gender-neutral language when talking about reproductive health, sexual health, or relationship status
- Has signs, posters, and other visible signals that the office setting is LGBTQ-inclusive
- Includes sexual orientation and gender identity in the organization's posted non-discrimination statement
- Has gender-neutral restrooms in the office and/or clinic setting
- Has LGBTQ people on staff
- Asks me and addresses me by my correct pronouns
- Asks me and addresses me by my chosen name, rather than my legal name
- Has trained frontline and medical support staff on LGBTQ competency
- Has knowledge on transgender-specific and related health care needs
- Is comfortable with patients who identify as transgender
- Addresses my transgender-specific health care needs, not only other medical needs
- Has office policies and forms that are transgender-inclusive
- Has specific knowledge or training to deliver health care services to LGBTQ people

HEALTH RESOURCES AND SERVICES ADMINISTRATION COMPLIANCE

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Human Services (DHS) that provides funding to and sets guidelines for different qualifying health centers across the country. According to the Uniform Data Reporting guidelines established by HRSA, any health center that receives federal funding under Section 330 of the Public Health Services Act, which includes Federally Qualified Health Centers (FQHC), is required to report on specific demographics of the patients they serve. This includes sexual orientation, gender identity, and sex assigned at birth.³ Further, in order to provide high-quality care, it is also best practice for providers to ask about sexual behaviors or practices and relationship status when collecting background information from patients.

In 2011, only 50 percent of respondents said their primary health care provider had asked them about their sexual orientation, gender identity, or relationship/domestic partnership status. This question combined the three indicators, so is not directly comparable to the question asked in 2018.



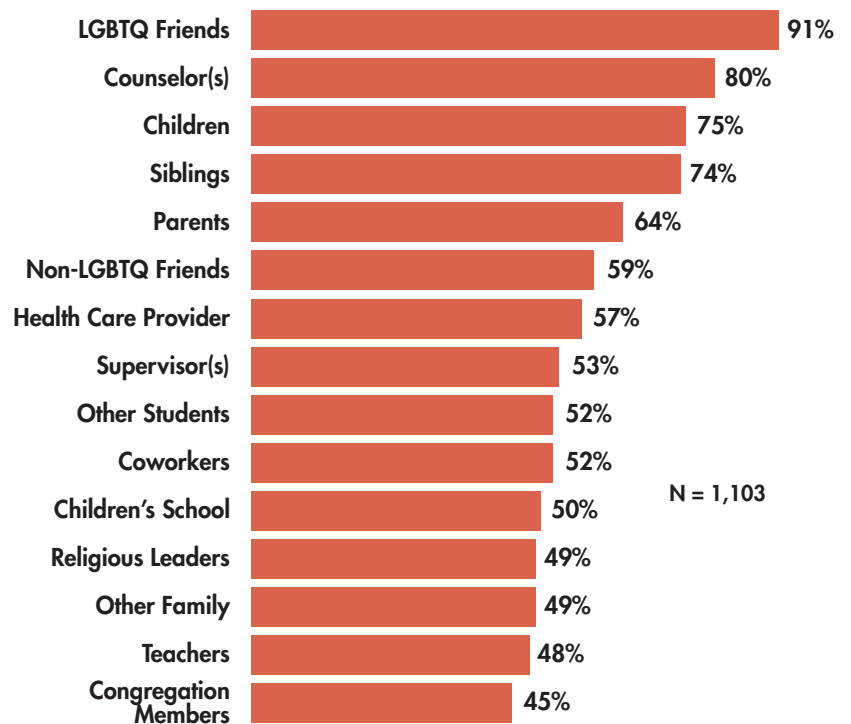


OPENNESS

Respondents were slightly less open with their health care providers in 2018. In 2011, 59 percent of respondents were “very open” with their health care providers, whereas in 2018, only 57 percent of respondents say they are “very open.” Despite policy advancements that protect LGBTQ people and improve access to care, LGBTQ people still experience barriers in coming out to health care providers.

In 2011, participants were asked how open they were with their family, friends, health care providers, and coworkers. However, it is important to take a more comprehensive approach to openness, as this relates to an LGBTQ individual’s ability to live a supported and authentic life, as well as receive appropriate care. In 2018, participants were asked how open they were with the following categories of people:

RATES OF ALL RESPONDENTS SAYING THEY ARE “VERY OPEN”

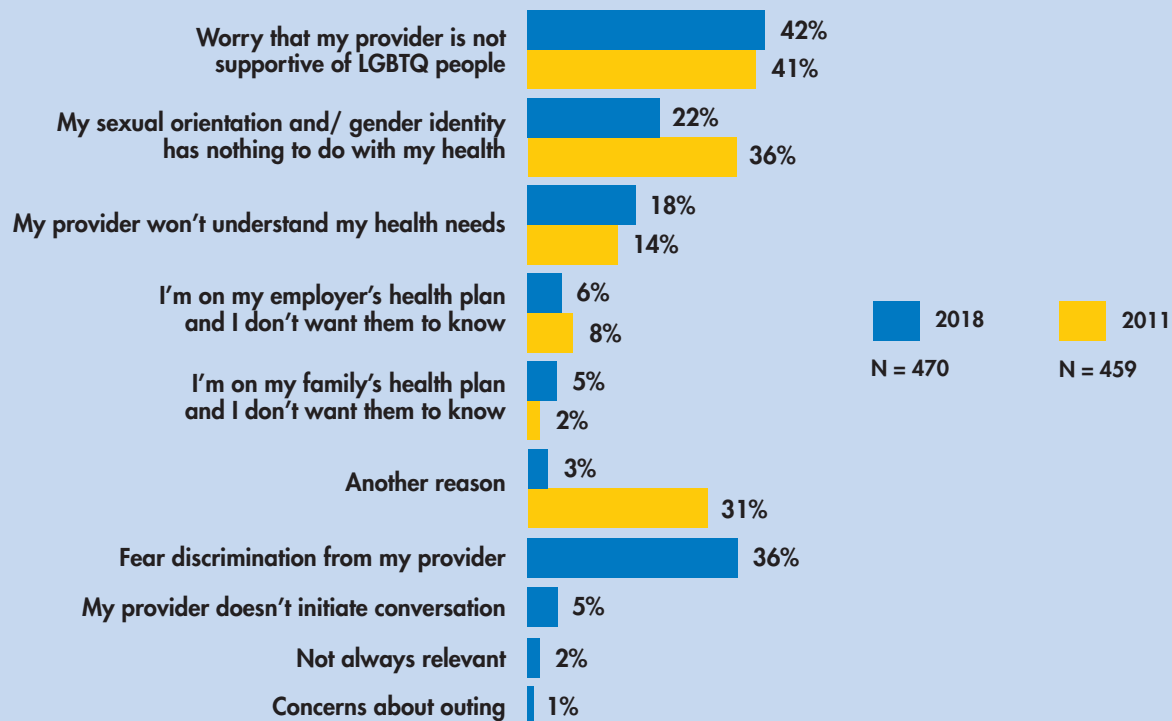


OPENNESS: IF NOT, WHY NOT?

When asked why respondents are not open with their provider, 42 percent reported they worry their provider is not supportive of LGBTQ people and 36 percent fear discrimination from their provider.

OPENNESS: IF NOT, WHY NOT? (CONTINUED)

Another 22 percent report their sexual orientation and gender identity has nothing to do with their health, down from 36 percent in 2011. By being out to one's health care provider, providers can better understand patients' specific health needs and prevent, screen, and detect conditions that disproportionately affect LGBTQ people. On the graph below the response options of "fear of discrimination from my provider" and "my provider doesn't initiate conversation" were not offered on the 2011 survey, thus there is no comparison data.



BARRIERS TO CARE

Health care expenses remain the greatest barrier to seeking services, increasing from 70 percent in 2011 to 76 percent in 2018. In general, the burden of legal services – such as power of attorney and protection for spouses and children – have significantly lessened, with 75 percent of respondents reporting those as barriers to care in 2011, although more than half still state it as a barrier today. Respondents were significantly more confident and satisfied with their ability to make medical decisions for their spouses or partners than in 2011.

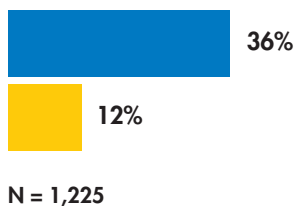
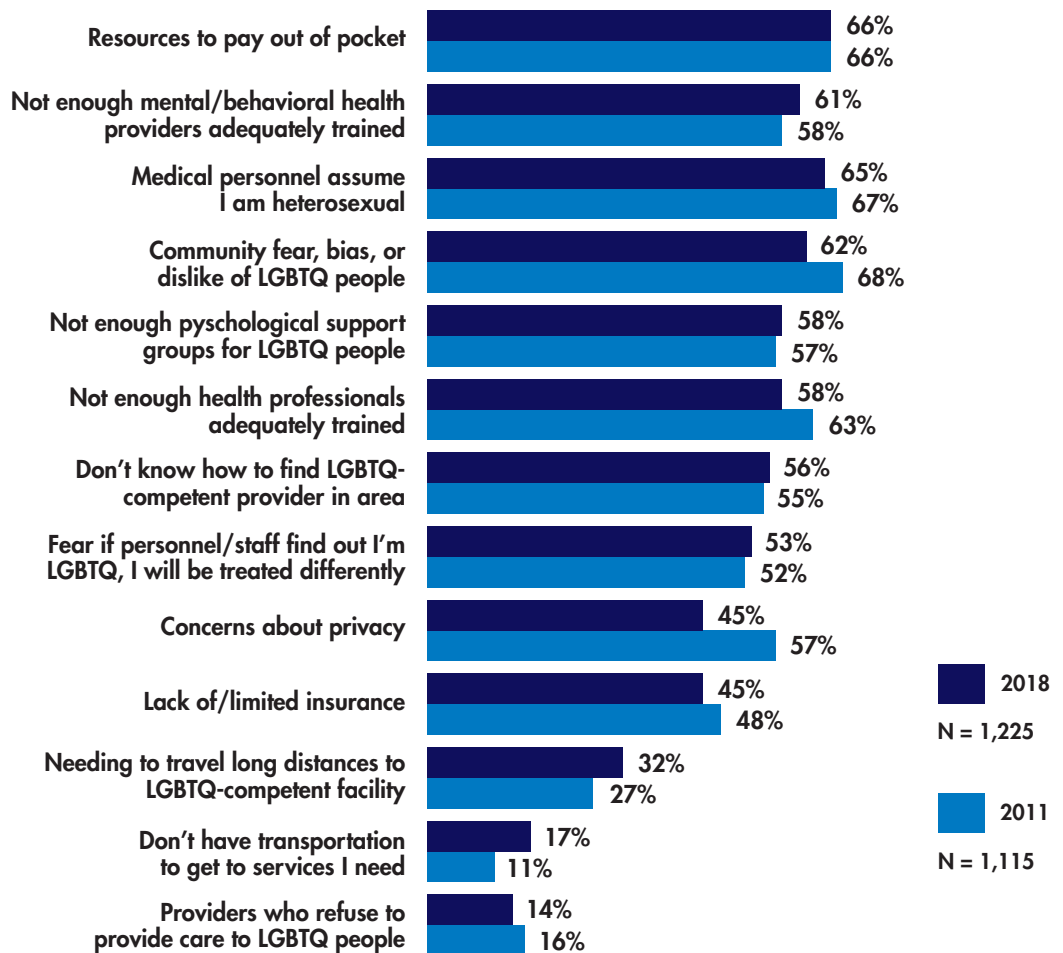
Further barriers to care include provider competency around LGBTQ health, understanding coverage, and finding in-network providers, limited hours and provider availability for appointments, fear of discrimination and bias by provider or staff, ability to take time away from work or school to seek care, and the distance or transportation challenges to reach providers who meet their needs.

LGBTQ people still experience inadequate mental and behavioral health care. Compared to 2011, more Coloradans say there is a lack of sufficient providers – especially ones who understand and are trained with

BARRIERS TO CARE (CONTINUED)

up-to-date knowledge of the unique needs of the LGBTQ community or mental health issues. Respondents reported fear of being treated differently because they are LGBTQ, needing to travel long distances, and not having transportation to get services. Many do not know how to find an LGBTQ-competent provider in their area and do not believe there are not enough psychological support groups. On the other hand, fewer people have concerns about privacy and community fear, bias, or dislike of LGBTQ people when accessing health care.

BARRIERS TO CARE FOR LGBTQ RESPONDENTS

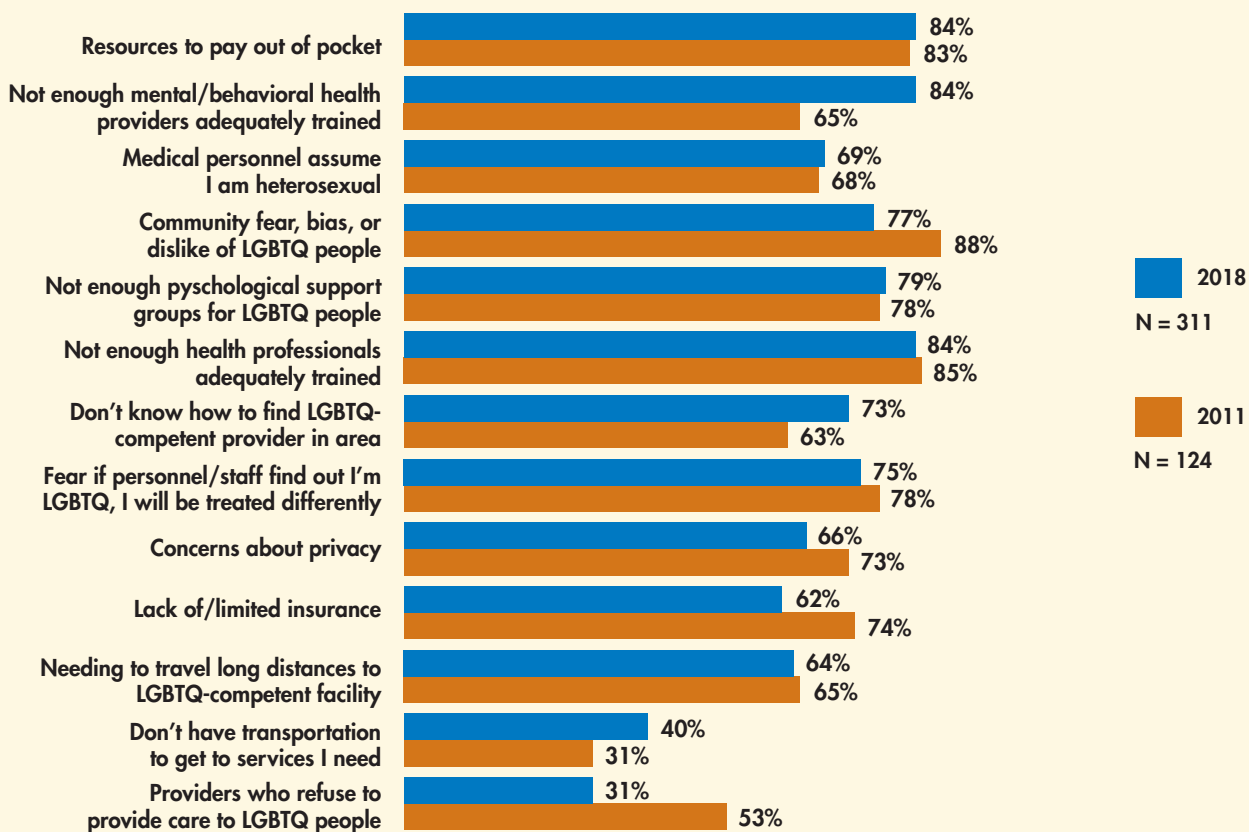


COST AS A BARRIER TO SEEKING CARE

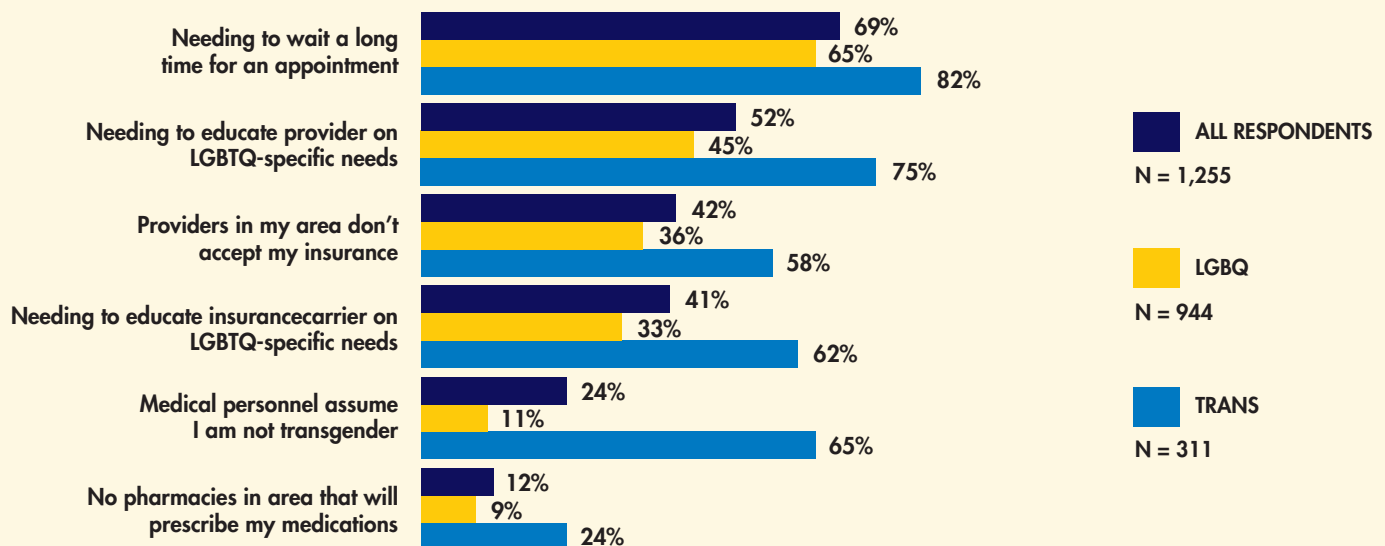
Thirty-six percent of LGBTQ respondents reported needing to see a health care professional, but not being able to due to cost in the previous year, compared to 12.9% of the general public (2017 BRFSS).⁴



BARRIERS TO CARE FOR TRANSGENDER RESPONDENTS



ADDITIONAL BARRIERS TO CARE NOT STUDIED IN 2011



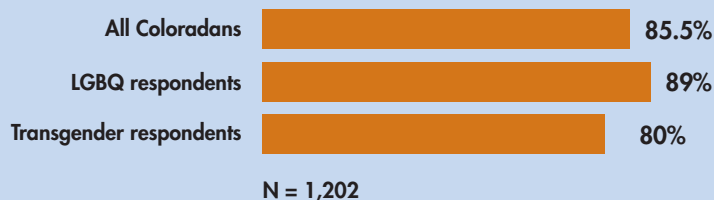
Other than access to a competent provider, the distance needed to travel continues to be a significant barrier to care. For example, more people now have to travel more than 100 miles to get to a provider that can best serve them. Respondents receive LGBTQ-competent care in 19 of the 64 counties in Colorado, most commonly in Denver, El Paso, Archuleta, Jefferson, and Arapahoe counties. The impacts of this are extensive, which includes having financial resources, reliable transportation, child care services, and the ability to take time off of work, among others.

Personal Health and Well-Being

OCEF knows the health care system must treat more than just the LGBTQ community's physical health in order to improve health outcomes for the LGBTQ community. [Previous One Colorado reports](#) show the importance of addressing mental and behavioral health factors of LGBTQ Coloradans – [especially transgender individuals](#) – as well as community safety, economic security, and access to resources like nutritious food. A multidimensional approach must be taken to improve and achieve health equity for the LGBTQ community in Colorado. This section explores physical and oral health outcomes, as well as the frequency of medical screenings, mental and behavioral health outcomes, experiences with harassment and discrimination, and other social determinants of health.

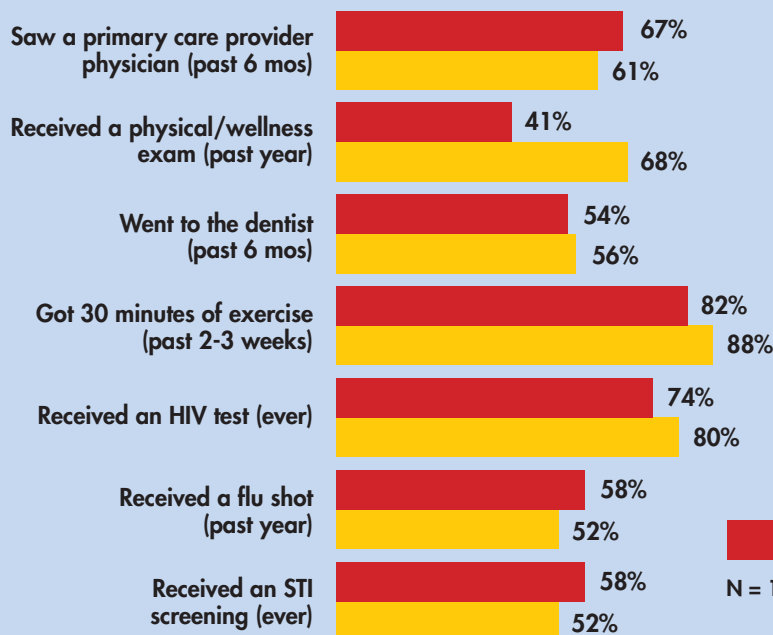
OVERALL PHYSICAL HEALTH

When asked how LGBTQ respondents rated their overall health, 86 percent reported good, very good, or excellent, compared to 85.5 percent of adult Coloradans.⁴

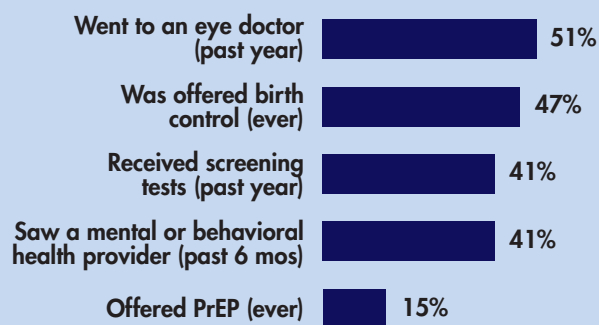


WELLNESS SCREENINGS

Compared to 2011, respondents were less likely to have exercised for at least 30 minutes in the last two to three weeks, to have ever had a screening for STI or test for HIV, or to have had a physical or wellness exam in the previous year.



ADDITIONAL FACTORS NOT STUDIED IN 2011

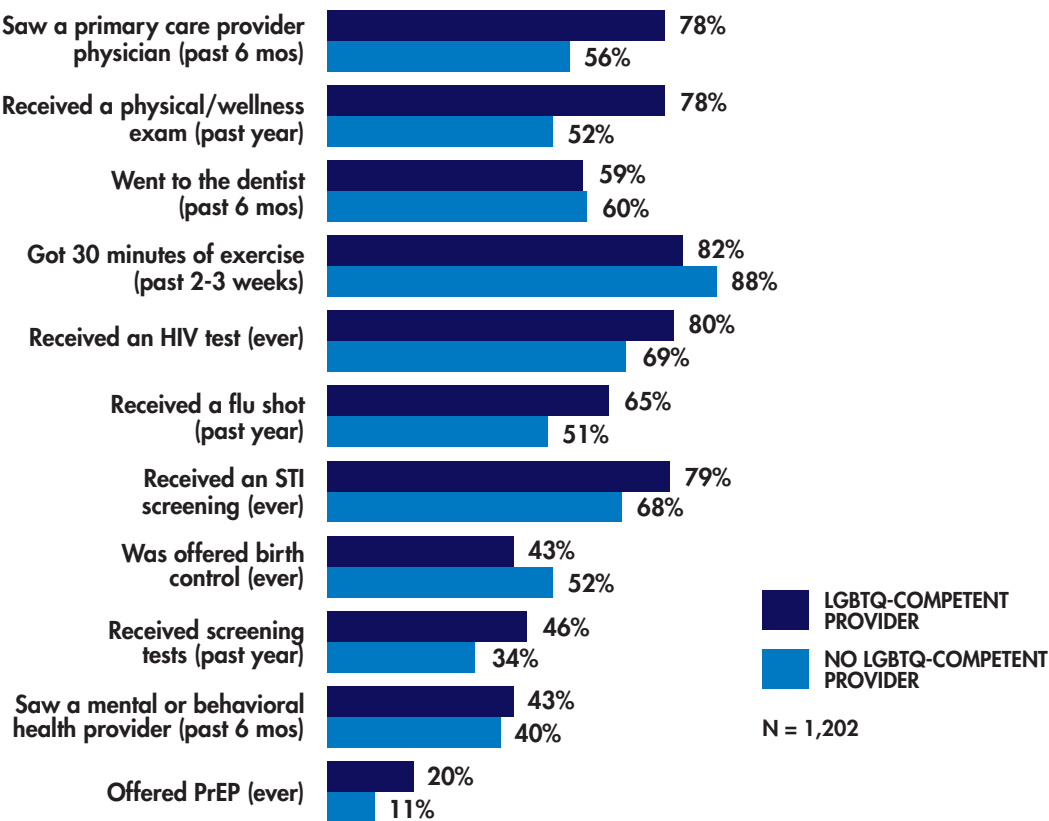


N = 1,202

2018 (red bar) N = 1,202
2011 (yellow bar) N = 1,181

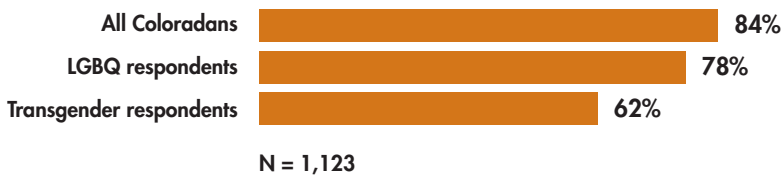
WELLNESS SCREENINGS (CONTINUED)

Further, respondents with an LGBTQ-friendly or LGBTQ-competent provider are more likely to receive health screenings.



ORAL HEALTH

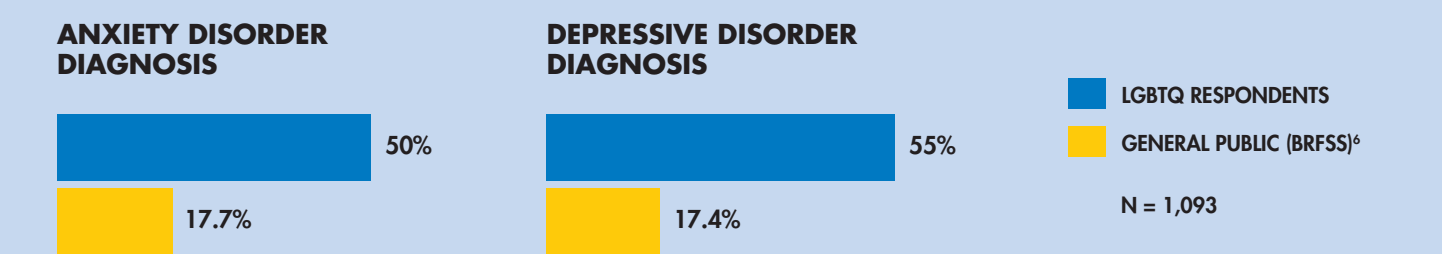
Oral health is an integral component of a person’s overall physical, mental, and behavioral health. It enhances a person’s ability to interact, communicate, and socialize with other people, as well as impacts physical health outcomes like cardiovascular disease, diabetes, bone health, and pregnancy. Positive oral health outcomes are a direct link to other health outcomes.



This compares to 83.8 percent of adult Coloradans who rated their oral health as good, very good, or excellent.⁵

ANXIETY DISORDER DIAGNOSIS

LGBTQ Coloradans are more than three times as likely to have ever been diagnosed with an anxiety disorder and nearly three times as likely to ever have been diagnosed with depression than non-LGBTQ Coloradans.^{4,6} They're also more likely to report poor mental health conditions than in 2011. More than half, 57 percent, of LGBTQ Coloradans have had little interest or pleasure in doing things, and 64 percent have felt down, depressed or hopeless in the last two weeks, as compared to 32 percent and 36 percent, respectively, in 2011.



MENTAL AND BEHAVIORAL HEALTH OVER THE LAST 30 DAYS

LGBTQ Coloradans – especially transgender respondents – report worse physical and mental health outcomes within a 30-day period than their non-LGBTQ counterparts. LGBTQ Coloradans are almost three times more likely than the general public to say that their mental health was not good fourteen of the previous 30 days with 33 percent compared to twelve percent.⁴

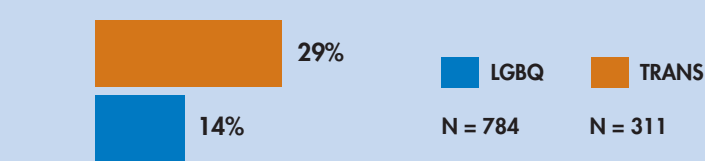
NUMBER OF DAYS IN THE PAST 30 DAYS

Averages	2018 LGBTQ Health Assessment		
	LGBQ	TRANS	2017 BRFSS
Poor physical or mental health kept you from doing usual activities	5	8	N/A
Physical health not good	5	6	N/A
Mental health not good	9	13	N/A
Mental health not good 14+ days	29%	46%	11.6%

(LGBQ) N = 787

(TRANS) N = 310

CONVERSION THERAPY



Almost one in five LGBTQ respondents said that someone – whether a counselor, therapist, or religious advisor – had tried to change their sexual orientation or gender identity.

SOCIAL CONNECTEDNESS

Respondents are more likely to say they lack companionship, feel left out, and feel isolated from others compared to in 2011. About half of LGBTQ respondents reported feeling depressed, down, and/or having little pleasure or interest in doing things at least several days of the month. About 75 percent of transgender respondents reported these emotions at least several days of the month, with 16 percent reporting feeling down, depressed, or hopeless nearly every day. All respondents indicated the following frequencies of feeling isolated from others, left out, and lacking companionship.

LGBQ RESPONDENTS

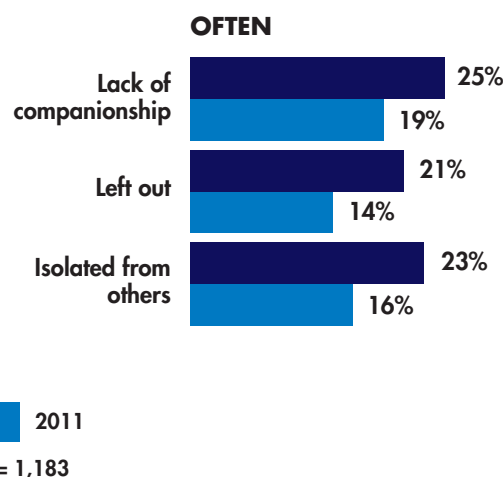
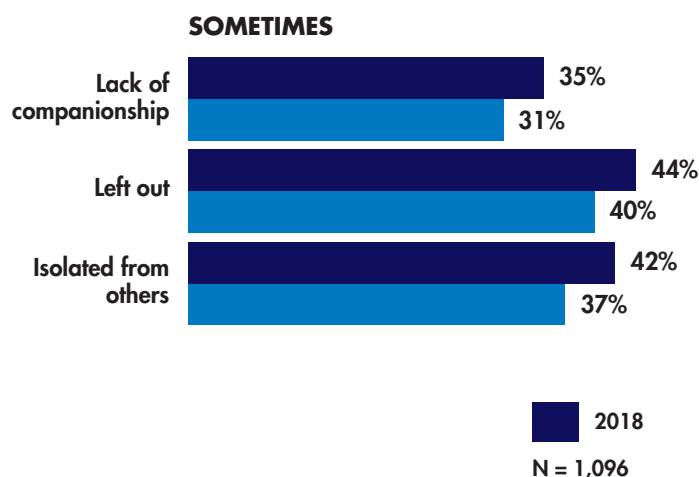
	Not at All	Several Days	More than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	47%	39%	9%	5%
Feeling down, depressed, or hopeless	43%	43%	8%	6%

N = 787

TRANSGENDER RESPONDENTS

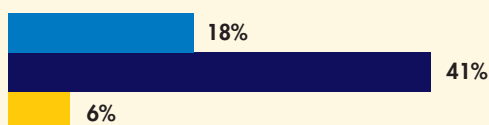
	Not at All	Several Days	More than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	29%	44%	14%	13%
Feeling down, depressed, or hopeless	23%	48%	13%	16%

N = 310

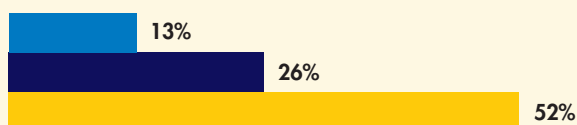


THOUGHTS OF SUICIDE

SUICIDE CONTEMPLATION



OF THOSE, ATTEMPTED

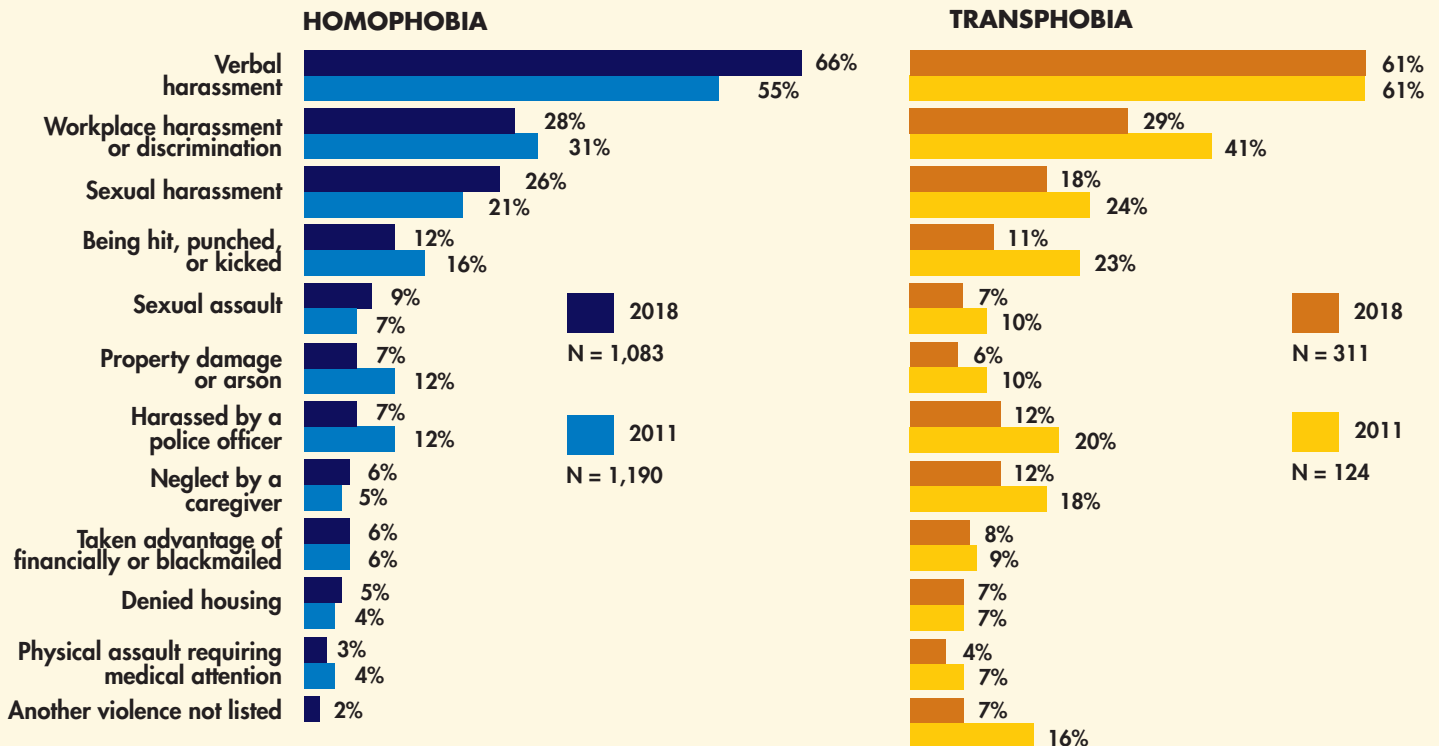


Legend: LGBTQ (Blue), TRANS (Dark Blue), GENERAL PUBLIC (Yellow)

N = 1,084

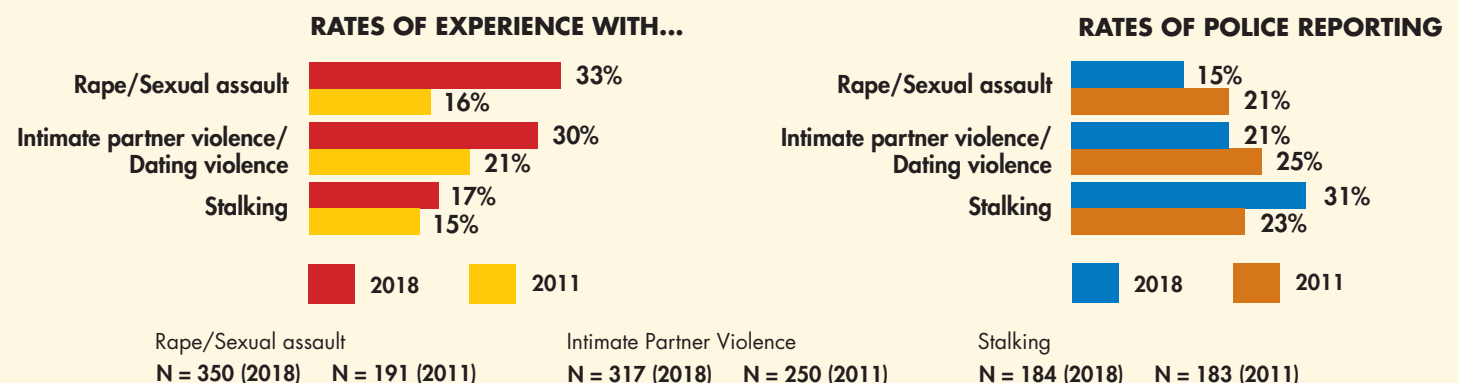
EXPERIENCES WITH DISCRIMINATION

The percent of those who have ever experienced verbal and sexual harassment motivated by homophobia and transphobia increased from 2011, although those who reported the experience to the proper authorities have either stayed the same or decreased since 2011. The percentage of those who have ever experienced rape or sexual assault (33 percent versus 16 percent) and intimate partner or dating violence (30 percent versus 21 percent) increased significantly from 2011. Only 15 percent reported the rape/sexual assault and 21 percent reported intimate partner violence to the police. Reporting of sexual harassment and property damage/arson motivated by homophobia decreased from 2011. Please note that for the purposes of this survey question, "homophobia" was defined as "fear or dislike of lesbian, gay, or bisexual people" and "transphobia" was defined as "fear or dislike of transgender people."



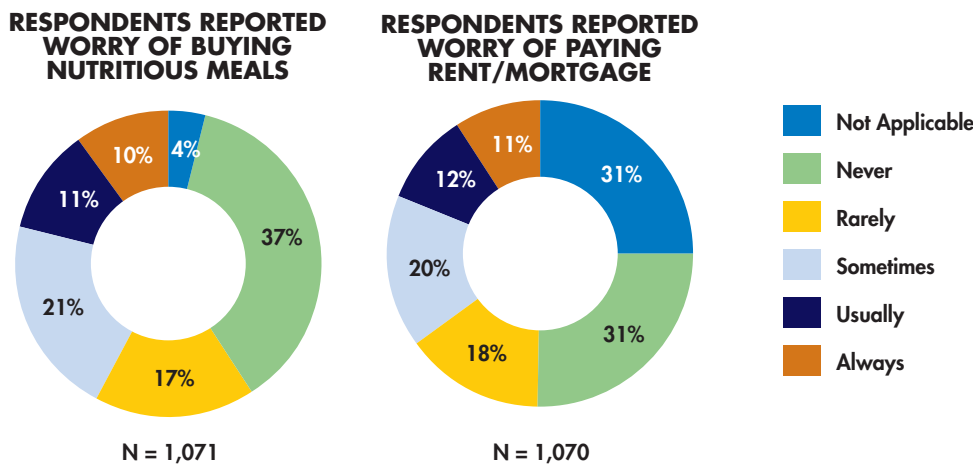
REPORTING HARASSMENT AND VIOLENCE

Reporting of sexual harassment and property damage/arson motivated by homophobia decreased from 2011. The percent of those who have ever experienced rape/sexual assault and intimate partner/dating violence increased significantly from 2011. Only 15 percent reported the rape/sexual assault and 21 percent reported intimate partner violence to the police.

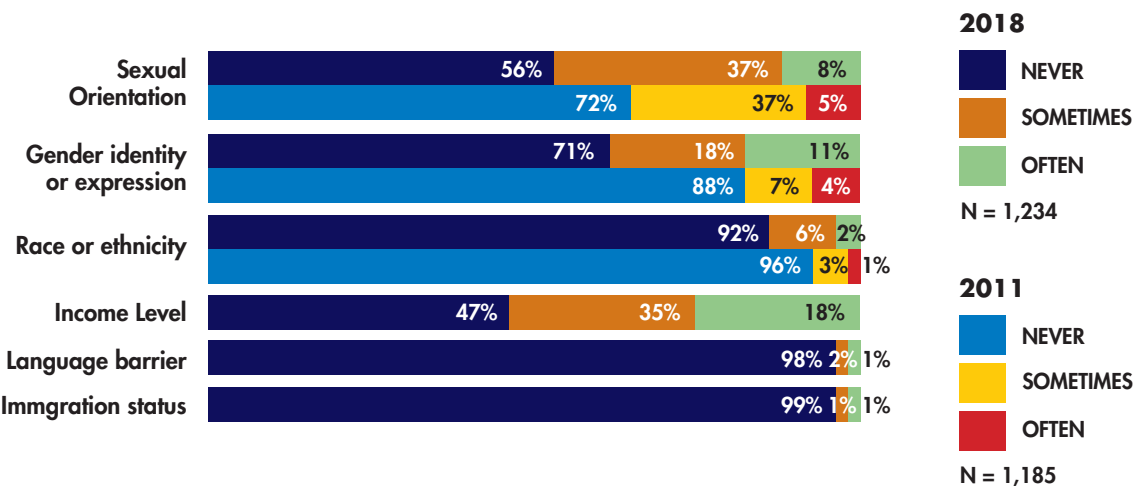


SOCIAL DETERMINANTS OF HEALTH

The ability to live full, healthy lives is more than the ability to go to the doctor. About 43 percent of respondents at least sometimes worry about the having enough money to pay their rents or mortgages, compared to 8.4 percent of the general public.⁴ Further, 42 percent of respondents at least sometimes worry about having enough money to pay for nutritious meals. This question was previously asked in the BRFSS, but has recently been updated to include other questions that ask about food availability. The most comparable question asks how often a respondent couldn't afford to eat balanced meals, to which 18.2 percent of the general public stated they sometimes or often experienced this.⁴ In addition, LGBTQ respondents had lower incomes than the general public in Colorado.² For more information broken down by sexual orientation and transgender status, see the demographic data section on page 11.



Income level has kept the highest percentage of respondents from seeking services. Additionally, the percentage of people who delay care because of their sexual orientation, gender identity or expression, or race and ethnicity has increased significantly since 2011. Income level, language barrier, and immigration status were not studied in 2011, thus there is no comparison data.

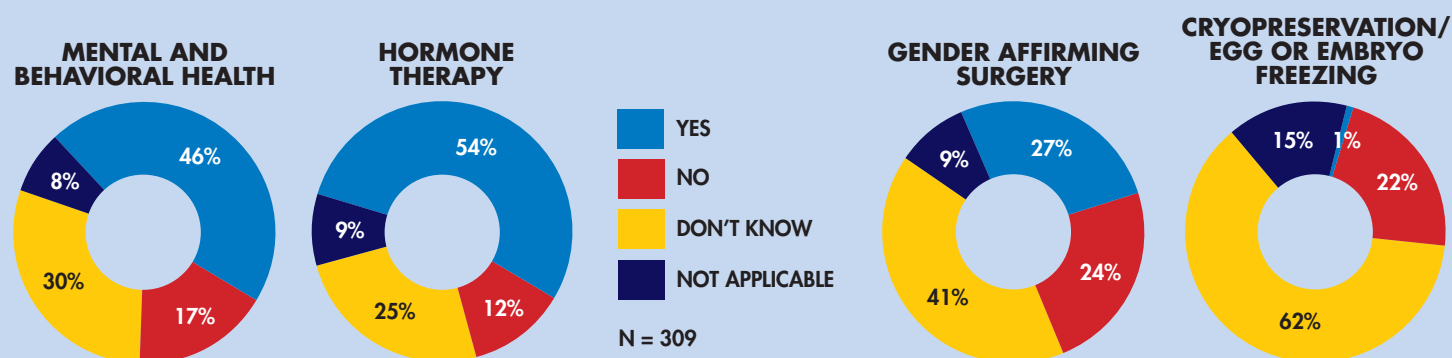


Gender-Affirming Health Care

Transgender people have unique challenges when accessing health care. Some decide to seek hormone therapy, gender-affirming surgery, or other medical services as part of their transition. Some do not want gender-affirming medical treatments, cannot afford them, or are physically unable to receive treatment. The following captures the experiences of transgender and non-binary Coloradans as they access health care and explores the landscape and barriers to accessing health care. Of note, respondents reported paying \$10,000 of out-of-pocket costs on average for surgical transition-related care, and 23 percent reported paying more than \$20,000.

ACCESS TO GENDER-AFFIRMING CARE

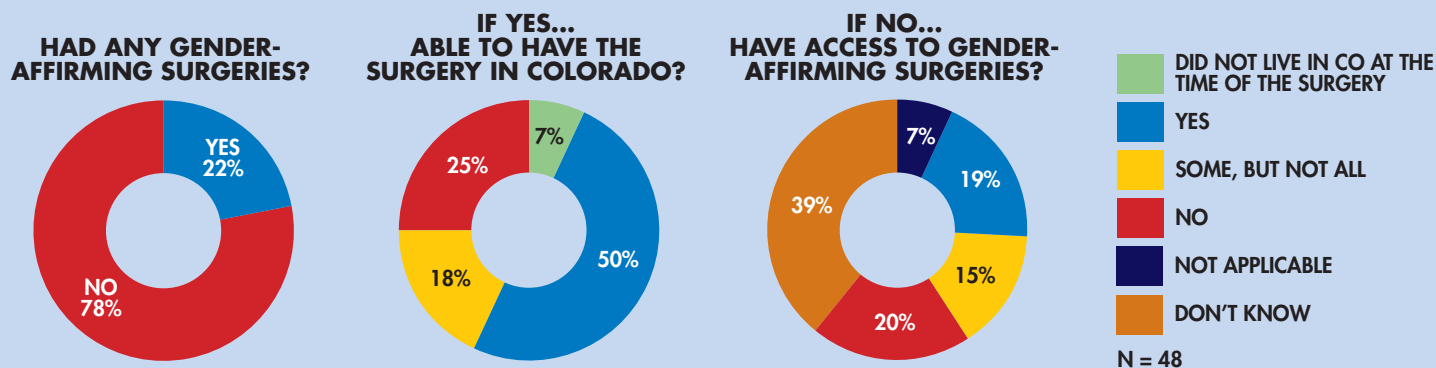
Among transgender and non-binary people with insurance, 46 percent know they have coverage for behavioral health, 54 percent know they have coverage for hormone therapy, 27 percent know they have coverage for gender-affirming surgery, and 1 percent know they have coverage for cryopreservation.



BARRIERS TO ACCESSING HORMONE THERAPY

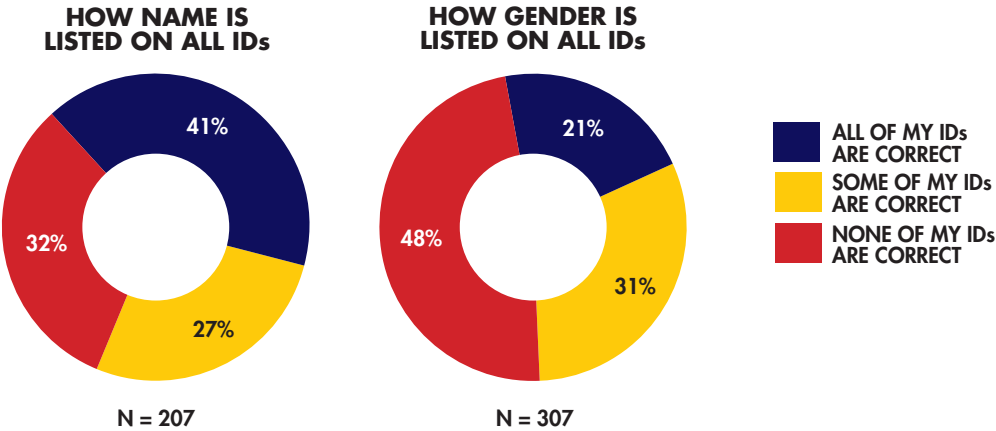
About 59 percent of respondents report taking some sort of hormone therapy. Of those, 78 percent are able to get it in the form that works best for them, whether that is an oral tablet or capsule, transdermal patches, injections, anti-androgens, implants, or another form. Of the four in ten respondents who do not use hormone therapy, 66 percent either do not have or do not know if they have access to it. Cost is the most common barrier to getting hormone therapy. Additional barriers to getting hormone therapy include issues finding a health care provider who will accept one's insurance, an insurance plan not covering hormone therapy, and a health care provider either not knowing how or refusing to cover it.

BARRIERS TO GENDER-AFFIRMING SURGERY

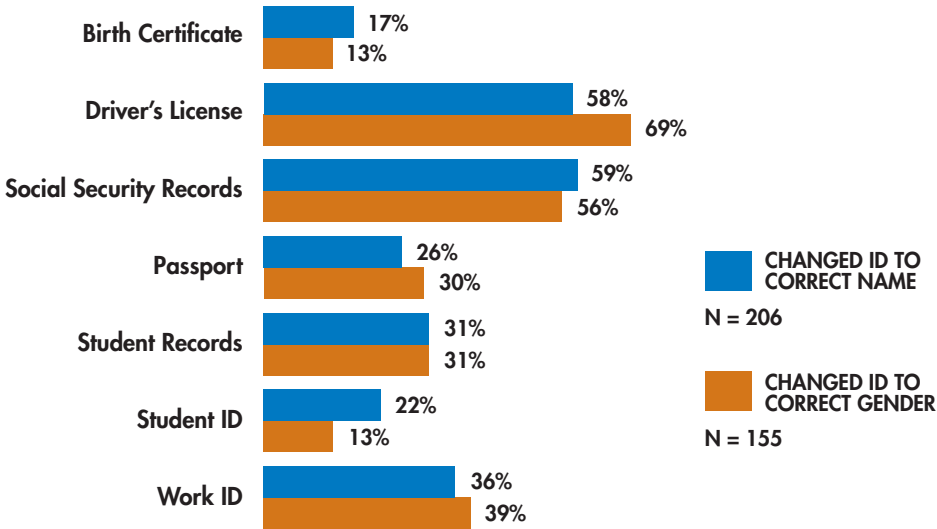


IDENTITY DOCUMENTATION

Identity documents (IDs) are needed for many activities of daily life—working, enrolling in school, opening bank accounts, voting, traveling, and accessing government resources and institutions. However, the name and gender change process is complicated and can be expensive. Many state and federal governments have intrusive and burdensome requirements—such as proof of surgery or court orders—that make it, at times, impossible for transgender people to update their IDs. To have one’s ID out of alignment with one’s gender identity exposes a transgender person to a range of negative outcomes, from denial of employment, housing, health care, and public benefits to harassment and physical violence.



NAME AND GENDER UPDATE STATUS ON VARIOUS IDs AND RECORDS



RECOMMENDATIONS

This research and following recommendations are the result of a collaborative effort among state and local partners and stakeholders. To assist OCEF in the development of this study and report, an advisory committee of LGBTQ community members, public health experts, and health providers guided this project, reviewing the survey tool, its dissemination, and resulting data. The advisory committee was primarily responsible for developing the following recommendations to improve the health of LGBTQ Coloradans and their families.

In some cases, policy or systems changes must take place. In other cases, providers themselves can create environments that are more welcoming to LGBTQ people and their families. The following recommendations discuss ways to improve health outcomes for LGBTQ Coloradans with health systems and policy makers, providers, and the LGBTQ community.

TOP PRIORITIES TO IMPROVE HEALTH AND WELL-BEING OF LGBTQ COLORADANS, AS DETERMINED BY SURVEY RESPONDENTS

When asked what respondents think should be the top priorities to improve the health and well-being of LGBTQ Coloradans, the most common responses included a statewide network of LGBTQ-competent providers, training for LGBTQ medical, mental, and behavioral health providers, and requirements for insurance carriers to cover comprehensive, medically necessary, transition-related care. The advisory committee developed further recommendations to improve the health of LGBTQ Coloradans and their families. Additionally, respondents indicated the following priorities to improve LGBTQ health outcomes:

- Statewide network of LGBTQ-competent health providers
- Training for medical, mental, and behavioral health providers and students
- Require carriers with plans in Colorado to cover comprehensive, medically necessary transition-related care
- Supporting wellness, health promotion, and disease prevention within the LGBTQ community
- Change all medical forms, policies, and procedures to be inclusive of LGBTQ people
- Development of statewide LGBTQ Health Center(s)
- Accessibility of providers who will prescribe hormone therapy and can perform gender-affirming surgeries
- Community outreach to increase awareness of the health needs of LGBTQ people

Recommendations for Policy Makers and Health Systems

Goal 1: Require demographic data be collected to include sexual orientation, gender identity, sex assigned at birth, and relationship status, and implement best practices, as required by HRSA, to collect this information at all levels.

All statewide surveys allow individuals to self-identify their sexual orientation, gender identity, sex assigned at birth, and relationship status.

All health care systems allow individuals to self-identify their sexual orientation, gender identity, sex assigned at birth, relationship status, pronouns, and family unit composition. Systems, including electronic health records, should be in place for these records to follow patients throughout the care delivery process.

The public and private philanthropic community requires funding recipients to collect and report data on sexual orientation, gender identity, sex assigned at birth, and relationship status.

All public data sets are required to standardize additional demographic information that intersects with sexual orientation, gender identity, sex assigned at birth, and relationship status, including, but not limited to, race, ethnicity, and income level.

Research is funded to assess areas of care, and systems change, that improves access, affordability, and quality of care for the LGBTQ community.

Goal 2: Increase access to affordable and quality physical and behavioral health care for LGBTQ Coloradans.

All insurance plans cover all medically necessary treatments and procedures for transgender Coloradans, as determined between patients and their providers, including procedures that have historically been considered 'cosmetic.'

Insurance plans, specifically those not regulated by the Colorado Division of Insurance, cover comprehensive, gender-affirming care.

Telehealth, and other innovative practices, are used to increase access to culturally-responsive and clinically-competent services, especially for those in rural areas.

The number of health care providers who are culturally-responsive and clinically-competent to care for LGBTQ Coloradans is increased through additional recruitment and training.

Medical and health profession accreditation and licensing bodies encourage LGBTQ-competency training in their professional standards so that members demonstrate competence in these areas.

Health insurance carriers and health systems provide lists or networks of providers who have demonstrated competence in providing culturally-responsive, clinically-appropriate care for LGBTQ persons.

Prior-authorization requirements for gender-affirming care are standardized across insurance plans and health systems.

Policy and community engagement efforts highlight and address health inequities experienced by LGBTQ Coloradans, such as gaps in data collection efforts, disparities related to social determinants of health, and issues related to stigma and bias.

Access to, and coverage of, family planning services and resources for LGBTQ families is assessed and expanded.

The Colorado Department of Health Care Policy and Financing expands the type of licensed mental and behavioral health care providers that can be reimbursed by Medicaid and Colorado Health Plan Plus (CHP+), including but not limited to, licensed professional counselors.

Mental and behavioral health policies and practices that do not affirm LGBTQ identities and people, including the use of "conversion therapy," is banned in the state of Colorado.

All transgender and non-binary Coloradans have access to identity documents that accurately reflect their gender identity and name.

Goal 3: Provide culturally-responsive, clinically-competent, and patient- and family-centered care to LGBTQ patients, families, and communities.

Health systems are required to provide and evaluate culturally-responsive and clinically-competent care in both interactions with patients and their families, as well as the health system environment, which includes, but is not limited to: comprehensive non-discrimination policies, gender neutral or inclusive restrooms, use of gender pronouns, and inclusive forms.

All health professional training programs are required to include curricula on culturally-responsive and clinically-competent LGBTQ care.

All health system employers require that new and existing providers and medical office staff receive training on LGBTQ-competency.

Health systems develop and communicate clear mechanisms for reporting and addressing instances of intimidating, disrespectful, and/or discriminatory treatment of LGBTQ patients and families.

Implementation of a Medicaid Buy-In program incentivizes more licensed physical and behavioral health care providers to participate in Medicaid and see Medicaid patients.

Increased Medicaid provider rates incentivize more licensed physical and behavioral health care providers to participate in Medicaid and see Medicaid patients.

All physical and behavioral health providers are required, as a condition of licensure, to have Medicaid patients make up at least a certain percentage of their patient panel.

Recommendations for Health Providers

Goal 1: Health providers understand the unique experiences faced by LGBTQ individuals and the community as a whole; patients should not have to educate their providers.

Providers seek out and complete continuing education and training regarding the specific experiences and disparities that exist within the LGBTQ community.

Providers partner with the LGBTQ community to continually assess needs, uncover gaps in service, and identify areas for improvement.

Providers complete implicit bias training and use consistent self-reflection techniques to understand how bias impacts patient care.

Goal 2: Health care professionals and staff provide culturally-responsive and clinically-competent care that meets the needs of LGBTQ patients.

Providers create an inclusive and explicitly welcoming environment for LGBTQ patients and their families, including comprehensive training of all staff. For more information on qualities of competent and inclusive interactions and environment, as determined by survey respondents, see page 16.

Providers seek out and participate in LGBTQ-inclusive networks, as well as communicate their availability to the LGBTQ community.

Providers educate all patients on the importance of their sexual orientation and gender identity to their overall health.

Providers use inclusive language (e.g. gender inclusive terms and gender pronouns), ask about sexual orientation, gender identity, sex assigned at birth, relationship status, and family structure, and conduct appropriate anatomical screens based on such information.

Providers modify enrollment and data collection forms to include sexual orientation, gender identity, gender pronouns, sex assigned at birth, and relationship status, inclusive of the LGBTQ patients and family units, and ensure all staff are trained on such methods.

Providers ensure organizational non-discrimination policies include sexual orientation, gender identity, and expression.

Goal 3: Educate and advocate on all levels within policy and health systems in order to improve LGBTQ health outcomes.

Providers advocate on behalf of patients accessing LGBTQ-specific care - including gender-affirming care - which includes, but is not limited to, navigating prior authorization processes and appealing insurance coverage denials.

Providers engage in public policy and advocacy to change systems and improve health outcomes within the LGBTQ community.

Recommendations for the LGBTQ Community and the Organizations that Serve the Community

Goal 1: Advocate for accessible, affordable, and quality care for LGBTQ people.

The LGBTQ community develops a coalition of community members and organizations to conduct ongoing oversight, management, assessment, and advocacy for the development and implementation of strategies that promote accessible, affordable, and quality health care for LGBTQ people.

The LGBTQ health coalition conducts a periodic assessment of the state of health and health care for the LGBTQ community.

The LGBTQ health coalition advocates to expand data collection efforts to include sexual orientation, gender identity, sex assigned at birth, and relationship status to all organizational, state, and national data sets.

The LGBTQ health coalition establishes partnerships with health systems, health providers, and researchers to determine how to address the issues identified in this report.

Goal 2: Develop and disseminate resources to assist LGBTQ people in accessing the care they both need and deserve.

The community builds upon current LGBTQ-specific provider databases to expand reach and functionality for patients.

The community develops evaluation mechanisms to determine and verify provider responsiveness and competency.

The community advocates for the development of LGBTQ-specific support services, including but not limited to, LGBTQ health navigators with each insurance carrier on Connect for Health Colorado, transgender integrated care clinics in large systems, and additional gender-affirming care providers.

The LGBTQ community and coalition partners with health systems and providers to develop educational and legal resources to improve access and quality of care.

Goal 3: Equip and support community organizations serving LGBTQ individuals to promote health and health care.

The community develops training tools for organizations, agencies, and partners to implement policies and best practices to serve LGBTQ patients.

The community communicates the importance and connection of mental, behavioral, and oral health on whole-person health.

The community develops and implements an LGBTQ health campaign in order to educate community members on the importance of coming out to one's provider, legal protections when accessing care, and self-advocacy within health care systems.

The community develops self-advocacy tools and educational resources, especially with and for transgender individuals.

The LGBTQ health coalition conducts a public education campaign on the legal protections in places of public accommodation, education, and employment, as well as the ramifications of parties found guilty of discrimination based on one's protected class status.

CONCLUSION

Significant progress has been made in Colorado and across the country that benefits the LGBTQ community and their families since the [inaugural health report](#) was published in 2011. Through improved data collection, a stronger focus on research, and an increase in understanding and acceptance of LGBTQ people, we have gained a greater comprehension of the health disparities facing these communities. And, there is still much more work to do.

LGBTQ Coloradans and their families continue to experience barriers in achieving better health – from access to affordable insurance coverage to a lack of LGBTQ-competent providers, to higher rates of behavioral health issues and instances of discrimination. Furthermore, transgender people face unique barriers to healthy, affirming lives. OCEF continues to look specifically at transgender health and at eliminating barriers including insurance coverage and enrollment, provider education, treatment and competency. OCEF continues to empower LGBTQ Coloradans to take an active role in and advocate for their own health. We also know that improvements to LGBTQ health happen at all levels of government and our continued efforts to work with policy makers, stakeholders, and community leaders on these issues will improve the health experiences of LGBTQ people.

Creating welcoming, accepting, and inclusive environments – regardless if it's at the doctor's office or in everyday life – is the only way to truly allow LGBTQ Coloradans to live healthy and affirmed lives.

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REFERENCES

- 1 **Williams Institute. Characteristics of LGBT People: Colorado. UCLA School of Law.**
<https://williamsinstitute.law.ucla.edu>. Published January 2019. Accessed February 20, 2019.
- 2 **United States Census Bureau. Colorado: 2017 American Community Survey.**
<https://factfinder.census.gov>. Accessed February 19, 2019.
- 3 **Health Resources and Services Administration. Uniform Data System: Reporting Instructions for the 2018 Health Center Data.**
<https://bphc.hrsa.gov>. Accessed February 19, 2019.
- 4 **Colorado Department of Public Health and the Environment. 2017 BRFSS Summary Tables.**
<https://drive.google.com>. Accessed February 19, 2019.
- 5 **Colorado Health Institute. Colorado Health Access Survey: 2017.**
<https://www.coloradohealthinstitute.org>. Accessed February 19, 2019.
- 6 **Colorado Department of Public Health and the Environment. 2016 BRFSS Summary Tables.**
<https://drive.google.com>. Accessed February 19, 2019.



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