BECOMING VISIBLE:
Working with Colorado Physicians to Improve LGBT Health

www.one-colorado.org
Since its inception, one of the Denver Medical Society’s core missions has been to support the maintenance and improvement of the health of Denver’s population. That means making all of our patients feel comfortable, welcomed by the medical community, and confident that their health care needs will be fully recognized and met. We are committed to working with LGBT patients and organizations, like One Colorado Education Fund, to improve access to inclusive, personal care for all members of the LGBT community. We also seek to support Denver physicians in their efforts to ensure LGBT patients feel supported and valued when seeking health care services. We are excited to have participated in this project and the creation of this report. With the data and recommendations included here, we know there will be future opportunities in Denver to improve the delivery of care to the LGBT community. We are excited to partner with LGBT advocacy organizations and consumers to continue this positive momentum!

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DENVER HEALTH
Level One Care for ALL

All of the non-medical photographs in this publication are of LGBT people who live throughout the state of Colorado, and were taken by photographers: STEVIE CRECILIUS and MARK MANGER.
INTRODUCTION

As the movement to secure and protect the rights of lesbian, gay, bisexual and transgender people in our communities advances, so does our understanding of how sexual orientation and gender identity and expression are part of our everyday lives. And our health system is front and center in that ongoing conversation.

One thing we have learned from LGBT Coloradans is that they often feel invisible in our health system. With that in mind, a fundamental priority for One Colorado is making Colorado’s health care system a place where LGBT Coloradans can feel comfortable and safe. To make this goal a reality, we know we need partners in our health care system.

In this report, we highlight our most recent project with the Colorado Medical Society and the Denver Medical Society to better understand how physicians see, include, and treat LGBT patients. This initial project – one of many we hope to carry out with Colorado providers – is an important first link between the LGBT community and Colorado’s health system. We know that as we create more of these critical links, the ultimate result is truly healthier communities.
In 2011, One Colorado released a report: *Invisible: The State of LGBT Health in Colorado*. This report was based on a survey of close to 1,200 LGBT Coloradans, as well as 10 LGBT community focus groups. We asked LGBT Coloradans about their personal and family health, in addition to their experiences in Colorado’s health care system. Looking at the data in *Invisible*, we found that like all Coloradans, LGBT Coloradans are concerned about access to adequate health care and affordable options.

In response to the survey findings, One Colorado has sought ways to take part in every aspect of health reform and provide a voice for LGBT Coloradans. This effort includes supporting new coverage options for thousands of Coloradans – many LGBT families among them – like Colorado’s Medicaid expansion, which in January 2014 will provide a safety net for our state’s neediest families. One Colorado has also supported the creation of a new private insurance marketplace with consumer protections and affordable options: Connect for Health Colorado. (www.connectforhealthco.com)

In addition, we are working to ensure that LGBT Coloradans and their families have access to the care they need – making sure these systems develop policies with inclusive language, encouraging enrollment of LGBT Coloradans in coverage plans, and eliminating coverage exclusions for transgender Coloradans.

According to the *Invisible* report, many LGBT Coloradans feel that alienation and fear in Colorado’s health care system are a daily reality. Additionally, the majority of LGBT Coloradans are not open with their provider about their sexual orientation or gender identity and expression. They worry about the treatment they will receive if they share this information. On top of these fears, LGBT Coloradans face very real barriers to getting the health care they need – including providers not knowing about the specific health needs of LGBT individuals.

“One of the biggest barriers for myself and my partner of 30 years…is being heard by doctors who don’t want to acknowledge us as a couple. And in the process of a major illness, my voice was rejected…because the doctor wouldn’t listen, and my partner was too ill and too embarrassed to have to assert herself in that situation, which of course, she shouldn’t have to even consider when ill.” (*Invisible* Survey Respondent)
Colorado’s LGBT community faces very real health disparities.

According to One Colorado’s *Invisible* survey:

- 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.
- Only 42 percent felt that health care providers would understand their legal rights and the rights of their partners, despite arrangements to ensure medical decision-making for themselves and their children.
- Only a minority of LGBT respondents said they had sufficient choice of access to LGBT-competent providers.
- Colorado’s bisexual community is twice as likely to be uninsured.\(^1\)
- More than half of transgender respondents said they have been denied services outright in Colorado’s health care system.\(^2\)

“I have had many providers who don’t understand trans issues at all, and some who have been ignorant and even nasty about my being trans.” (*Invisible* Survey Respondent)

**LGBT-friendly health care matters, plain and simple.**

From our conversations, we know that when physicians and providers are more inclusive with LGBT patients, the health of LGBT Coloradans improves greatly.

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Provider is LGBT-friendly (n = 764)</th>
<th>Provider is not LGBT-friendly or don’t know (n = 427)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw a primary care physician (in past six months)</td>
<td>72%</td>
<td>41%</td>
</tr>
<tr>
<td>Received a physical/wellness exam (in past year)</td>
<td>79%</td>
<td>49%</td>
</tr>
<tr>
<td>Received flu shot (in past year)</td>
<td>61%</td>
<td>45%</td>
</tr>
<tr>
<td>Went to the dentist (in past six months)</td>
<td>83%</td>
<td>75%</td>
</tr>
<tr>
<td>Ever received HIV test</td>
<td>89%</td>
<td>86%</td>
</tr>
<tr>
<td>Got 30 minutes of exercise (in past two to three weeks)</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

\(^1\) Invisible: *The State of LGBT Health in Colorado*  
\(^2\) Invisible: *The State of LGBT Health in Colorado*
The Invisible report gave us tools to help change the health system so that LGBT Coloradans feel more comfortable and receive improved health care – in other words, making them and their health care needs visible. However, the report also showed that for this to become a reality, the LGBT community must work with members of Colorado’s health care community.

Consequently, One Colorado, the Colorado Medical Society, and the Denver Medical Society have forged a new partnership. This partnership’s initial project has been to measure and change both physician knowledge and treatment of LGBT Coloradans. The project began with the creation of an advisory group of physicians who are interested and experienced in LGBT health. With the help of this group and OC staff, leadership from CMS and DMS, and guidance from Kupersmit Research, a comprehensive survey on LGBT health care was developed and sent to physicians across the state. The survey included questions for physicians about their attitudes, knowledge, and willingness to improve how they serve LGBT communities.

We are pleased to say the survey had very good news. It showed Colorado physicians care about how they are serving the LGBT community. They overwhelmingly recognized that sexual orientation and gender identity and expression are part of individual health, and they are generally interested in taking steps to eliminate and lessen the fears that LGBT individuals and their families experience in Colorado’s health system.

Based on the responses we received from Colorado physicians, it is clear we have come far as a state in changing attitudes about the importance of sexual orientation as well as gender identity and expression. We believe this survey illustrates a larger picture of social change in support of LGBT equality, including in our health care system. Physicians who took this survey felt strongly about being inclusive of LGBT patients in the care they provide, and they want to be part of the effort to make the LGBT community visible in Colorado’s health system.

However, with every step we take, there are lessons to be learned. In the survey, while physicians reported they are open to the LGBT community and believe they treat their LGBT patients equally, the reality is they have not put many policies into practice to make their LGBT patients feel welcome and comfortable.

Through this partnership with the Colorado Medical Society and the Denver Medical Society, we are taking the first steps to better understand how we can start to bridge the gap between LGBT Coloradans’ fears in the health system and health providers’ role in this process. It’s time for LGBT Coloradans to become visible – and it’s the intersection of partnerships, knowledge, and empowerment that will lead us to what we all deserve: healthy, thriving lives.
MAJOR FINDINGS:

1. Colorado physicians overwhelmingly reported high levels of comfort in serving lesbian, gay, and bisexual patients. They reported being comfortable if and when a patient discloses their sexual orientation. Physicians reported slightly lower numbers with respect to serving transgender patients, but still, a super-majority reported they are comfortable.

2. Colorado physicians believe their staff members are generally comfortable serving lesbian, gay, and bisexual patients. Again, however, they felt their staff was less comfortable serving transgender patients.

3. Colorado physicians reported they are more comfortable with patients self-disclosing their sexual orientation or gender identity and expression, and less comfortable asking their patients directly.

4. The survey showed that a number of physicians and care systems are already taking steps to create practices that are LGBT-friendly – such as the development of written policies prohibiting discrimination, providing domestic partner coverage options, and using LGBT-friendly forms. Unfortunately, those already moving in the direction of LGBT inclusivity remain the minority. But most physicians expressed much willingness to take additional steps to be more LGBT-friendly.

5. Colorado physicians generally believe they are already treating their LGBT patients equally to their other patients, and LGBT patients should feel comfortable. However, equal treatment does not mean LGBT Coloradans are getting the care they need.

6. Primary care physicians were more likely than their specialty care counterparts to acknowledge the role that sexual orientation and gender identity and expression play in patient health. And similarly, they were more likely or more willing to be taking steps to be more LGBT-friendly.

7. The survey revealed a greater interest in becoming more LGBT-friendly among physicians practicing in the Denver metro area, among younger physicians in the state, and among male physicians.

“I think the LGBT community should feel comfortable seeking care from any physician, but know there are physicians who carry a bias. As a consequence, since I am heterosexual, I think any member of the LGBT community might feel initially wary, but I would hope we could establish a respectful relationship, just as I would develop with any other patient who would come to my office.” (Physician Survey Respondent)
The survey instrument was developed collaboratively by a clinician advisory board, members of the Colorado and Denver Medical Associations, One Colorado staff, and Kupersmit Research. Questions were intended to: 1) reflect the provider viewpoint of similar questions asked of LGBT Coloradans in the Invisible report; 2) parallel questions previously utilized in an unpublished survey of American Medical Association physicians by the Gay and Lesbian Medical Association; and 3) prioritize tools and educational resources that clinicians might need to move their practice forward.

The survey was disseminated to all Colorado Medical Society members through two emails from the group’s president and to varied local provider organizations (such as Denver Health) through local contacts. The survey was hosted online from June 3 to July 11, 2013.

Respondents include 370 Colorado physicians. Of this number, 280 are members of the Colorado Medical Society, and roughly 80 were recruited through the additional outreach described above. Responses were aggregated for the purposes of this report.
**Affordability:** The ability of LGBT people 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 or 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 has 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.
THE FINDINGS: PHYSICIANS’ RESPONSES TO LGBT HEALTH SURVEY

IMPORTANCE OF BOTH SEXUAL ORIENTATION AND GENDER IDENTITY AND EXPRESSION IN PROVIDING HEALTH CARE

- Colorado physicians recognize that it is important for medical offices to be welcoming to LGBT Coloradans. According to the survey, three-quarters (73%) of Colorado physicians believe it is either “extremely” or “pretty” important that “medical practices take active steps to show lesbian, gay, bisexual, and transgender individuals that they should feel comfortable in Colorado’s hospitals and medical offices.”
- Primary care physicians are more likely than specialists to believe that taking such steps is important. Scores for importance are higher among physicians in metro Denver (80%) than in other cities in Colorado (62%), or in towns/rural areas (63%).
- Physicians who know LGBT Coloradans are more likely to recognize the need to make sure medical offices are welcoming to LGBT patients. Physicians who have at least one close friend who is LGBT versus those who have no close friends who are LGBT are more likely to say “important” by an 83%-57% margin.

PHYSICIAN EXPECTATION OF PATIENT COMFORT

- Physicians believe LGBT Coloradans should be comfortable in their medical offices. Nearly all physicians in Colorado expect a lesbian, gay, or bisexual individual to feel either “totally comfortable” (49%) or “pretty comfortable” (45%), while just 3% believe they would feel uncomfortable over the course of receiving medical care.
- Some physicians are already taking steps to make their medical offices more attentive and welcoming to LGBT patients. In open-ended questions, physicians offered specific evidence that they are making efforts to show they are LGBT-friendly – such as having LGBT staff, offering policies regarding discrimination in the workplace, or trying to have gender-neutral discussions in their interviews. But most say they feel they should treat every patient as an individual deserving of compassionate care, and not treat anyone differently based on their LGBT (or any other) status.
- Physicians acknowledge there is still work to do in terms of serving transgender patients in their medical offices. They reported lower levels of comfort among transgender individuals than among LGB individuals in their offices – with 25% saying they expect transgender individuals would be “totally comfortable” over the course of care, 50% saying they would be “pretty comfortable,” 11% saying they would be “pretty uncomfortable,” and 14% saying they are unsure. Additionally, female physicians were more likely to say they are “totally comfortable serving transgender patients” than male physicians, by a 31%-18% margin (a gap that we do not see in responses concerning LGB patients).
Physician & Staff Comfort Serving LGB Patients

Generally, physicians felt that they and their staff are comfortable serving lesbian, gay and bisexual patients. However, when asked about serving transgender patients, the numbers dropped significantly.

Table 1: Summary of Physician, Staff and Patient Comfort

<table>
<thead>
<tr>
<th></th>
<th>% “Totally” Comfortable</th>
<th>% “Pretty” Comfortable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB – Physician</td>
<td>82%</td>
<td>16%</td>
<td>98%</td>
</tr>
<tr>
<td>LGB – Expected</td>
<td>49%</td>
<td>45%</td>
<td>94%</td>
</tr>
<tr>
<td>LGB – Staff</td>
<td>39%</td>
<td>47%</td>
<td>86%</td>
</tr>
<tr>
<td>Transgender –</td>
<td>51%</td>
<td>37%</td>
<td>88%</td>
</tr>
<tr>
<td>Transgender –</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Transgender –</td>
<td>19%</td>
<td>47%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Note: In patient surveys, only 64% of patients reported that their care provider is LGBT-friendly.

“Physician comfort and physician-estimated patient/staff comfort

Physician comfort

Expected patient comfort

Estimated staff comfort

98% Total of combined “Comfortable” Responses

LGB = Lesbian, Gay, or Bisexual   T = Transgender

“My health care provider is LBT-friendly, but not all staff is equally friendly. Some are only as friendly as they feel is required, like saying the provider has a statement and that is it.” (Invisible Survey Respondent)
The majority of Colorado physicians reported that they believe it’s important for a physician to know a patient’s sexual orientation. Three-quarters believe it is important that a physician is “aware of a patient’s sexual orientation as part of the doctor-patient relationship.”

Virtually all Colorado physicians (99%) say they are comfortable if someone “discloses their sexual orientation” in a clinical setting – with 85% saying they are “totally comfortable” and 14% saying they are “pretty comfortable” when this happens.

However, knowing an LGBT person helped improve physician comfort with a patient coming out to them. Physicians with at least one close friend who is LGBT are somewhat more likely to say “totally comfortable” than those with no close friends who are LGBT, by an 88%-72% margin, but overall comfort levels do not vary.

While physicians are generally comfortable (87%) asking someone directly “about their sexual orientation or gender identity in a clinical setting,” we do see relatively softer levels of comfort.

“I think our facility does a great job trying to welcome all individuals but as in all aspects of patient care, there is still room for improvement. We can do better.”

(Physician Survey Respondent)
COLORADO PHYSICIANS’ COMFORT IN ASKING ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY AND EXPRESSION

The number of physicians in Colorado who ask their patients about their sexual orientation or gender identity and expression is still relatively low. As the graphs to the right indicate, nearly 1 in 5 Colorado physicians report that they never ask their patients about their sexual orientation or gender identity. The survey also showed that physicians in the Denver metro area are more likely to ask a higher percentage of their patients about their LGBT status, while those in other Colorado cities and towns/rural areas are less likely.

Why do physicians not ask their patients about their sexual orientation or gender identity and expression? For starters, they are split on believing that their patients are comfortable being asked this question.

- One-third of physicians agree that “LGBT individuals are more comfortable volunteering this information” than being asked directly, roughly an equal percentage disagree, and the other third (35%) say it depends.

- The survey did show generational differences in comfort when it comes to physicians asking their patients about their sexual orientation or gender identity and expression. Physicians over the age of 55 are far more likely to say patients are uncomfortable sharing this information (43%), while those under that age dropped to 25%.

- Physicians who practice in cities outside of Denver, or in other towns or rural areas in Colorado, are much more likely to agree that patients are uncomfortable sharing this information – 40% and 38%, respectively – than physicians in metro Denver (24%).

Invisible Survey Insight

In the Invisible survey, we saw that 64% of LGBT individuals believe their primary care provider is LGBT-friendly, while 32% said they are unsure, and 4% said they are not.

Given that the vast majority of physicians believe LGBT individuals should already feel comfortable, in addition to personally feeling comfortable with caring for LGBT individuals and with patients disclosing their LGBT status, there is clearly at least some room for many physicians to do a better job of communicating their existing attitudes to their patients about serving LGBT individuals.
COLORADO PHYSICIANS’ LGBT-FRIENDLY HEALTH POLICIES AND PRACTICES

The table below illustrates the percentage of Colorado physicians who have taken specific steps in terms of written forms or policies to demonstrate they are a medical practice that actively seeks to make LGBT patients feel comfortable. It also shows the percentage who would approve or disapprove of taking such steps, if they have not done so already.

A majority of Colorado’s physicians (60%) report that their medical practice currently has a written policy prohibiting discrimination on the basis of sexual orientation or gender identity, and another 29% say they would approve of doing this. Just 3% say they would disapprove, while 9% say they are unsure. In the GLMA-AMA survey, 63% of physicians reported that their medical practice has such a policy in place.

Most practitioners would approve of additional means to make their practice more LGBT-friendly – such as establishing domestic partner workplace benefits, incorporating written forms to record sexual orientation or gender identity, training staff on LGBT-responsive care, or even incorporating LGBT-centric brochures and posters into their clinical setting.

<table>
<thead>
<tr>
<th>In your practice setting, do you have...?*</th>
<th>Already Have This</th>
<th>Would Approve</th>
<th>Would Disapprove</th>
</tr>
</thead>
<tbody>
<tr>
<td>A written policy prohibiting discrimination on the basis of sexual orientation or gender identity.</td>
<td>60%</td>
<td>29%</td>
<td>3%</td>
</tr>
<tr>
<td>A policy in the workplace providing domestic partner benefits for same-sex couples.</td>
<td>22%</td>
<td>49%</td>
<td>8%</td>
</tr>
<tr>
<td>Written forms with an option for a patient to disclose their sexual orientation or gender identity.</td>
<td>16%</td>
<td>52%</td>
<td>15%</td>
</tr>
<tr>
<td>Staff training/in-service about LGBT health issues</td>
<td>8%</td>
<td>68%</td>
<td>10%</td>
</tr>
<tr>
<td>Written forms with the option for children of same-sex couples to indicate their parental status (not only “Mother/Father”).</td>
<td>6%</td>
<td>62%</td>
<td>10%</td>
</tr>
<tr>
<td>Brochures or posters in the waiting room or other public areas that relate to LGBT health issues.</td>
<td>6%</td>
<td>56%</td>
<td>22%</td>
</tr>
</tbody>
</table>

*Percentages for “not sure/prefer not to say” are not shown.

Invisible Survey Insight

Among the 64% of LGBT individuals who say their provider is LGBT-friendly, the most important factors are that the physician is “comfortable with my sexual orientation or identity” (89%), has asked about their status (57%), has specific training on caring for LGBT people (29%), uses gender-neutral language (28%), has LGBT-inclusive forms (27%), and has visible signs indicating that the office is LGBT-friendly (14%).

Clearly, these are important steps in demonstrating to LGBT individuals that their medical provider is LGBT-friendly, and it is encouraging that substantial percentages of Colorado physicians (even higher percentages among PCPs) approve of taking these steps.
There is a great opportunity to improve the clinical setting so that it’s more LGBT-responsive in Colorado. The majority of Colorado’s physicians express an interest in making their offices more LGBT-friendly, with 43% saying they are either “extremely interested” or “very interested.” An additional 25% are “somewhat interested,” while 18% are “not that interested,” and 11% are “not at all interested.”

Again, respondents’ interest was higher among PCPs than specialists, with 49% of primary care physicians being “extremely” or “very” interested (versus 32% of specialists). Again, the age of the physicians impacted their interest in implementing such LGBT-friendly policies, as well as having at least one close friend who is LGBT.

### Specifically, how interested are you in...?  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Extremely + Very</th>
<th>Somewhat</th>
<th>Not That + Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing your practice, clinic, or hospital pursue policies and systems that help make LGBT patients feel comfortable (like standardized forms that are appropriate for LGBT people, policies against harassment or discrimination, etc.).</td>
<td>55%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Having access to the anti-discrimination policies concerning LGBT individuals that are currently being used by CMS and the AMA – and which can be used in your practice.</td>
<td>49%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Being included in a list of “LGBT-friendly” practices that would be accessible online and/or in LGBT-oriented publications.</td>
<td>47%</td>
<td>21%</td>
<td>26%</td>
</tr>
<tr>
<td>Educational materials and training tools for staff (front desk, medical assistants, nurses, etc.) on serving LGBT patients.</td>
<td>41%</td>
<td>32%</td>
<td>25%</td>
</tr>
<tr>
<td>Having brochures available for LGBT patients in your office about health issues, insurance, patient and family rights, and other relevant topics.</td>
<td>39%</td>
<td>23%</td>
<td>34%</td>
</tr>
<tr>
<td>Educational materials and training (YouTube videos, webinars, brochures, community blogs, etc.) for physicians about serving LGBT patients.</td>
<td>38%</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>Having a sticker or pamphlet from the Gay and Lesbian Medical Association (<a href="http://www.glma.org">www.glma.org</a>) visible in your office to show you are “LGBT-friendly.”</td>
<td>35%</td>
<td>15%</td>
<td>43%</td>
</tr>
<tr>
<td>Being able to link to online materials from your office website or Facebook page (or other social media), so LGBT patients can find relevant information about health issues, insurance, patient and family rights, and other relevant topics.</td>
<td>34%</td>
<td>21%</td>
<td>36%</td>
</tr>
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</table>
COLORADO PHYSICIANS’ HESITATIONS IN SERVING LGBT PATIENTS

In the survey, we also asked about hesitations that physicians feel in implementing LGBT-friendly policies. The most significant reason provided was that they already feel culturally and medically competent with LGBT individuals, with 60% citing this as a factor. This is particularly true of specialists – 70% of whom say they “already feel competent,” versus 53% of PCPs. Other hesitations that physicians cited for not changing policies to make their office more LGBT-friendly included:

- About one-quarter of physicians (27%) selected, “Not a priority,” given the numerous initiatives and programs they are already undertaking.
- An identical percentage (27%) chose, “Don’t treat many LGBT individuals in my practice.”
- One-quarter (26%) selected “Too busy, have no time” for more training or educational materials.
- Just 5% cited that they believe their other patients would feel uncomfortable if their practice took steps to become more LGBT-friendly.

PERSONAL CONNECTION

Colorado physicians, like other Coloradans, have come to see that they have many connections and relationships with Colorado’s LGBT community.

ISSUES FACING THE LGBT COMMUNITY

Physicians were asked about a range of issues facing the LGBT community. An overwhelming majority – nearly nine out of ten – strongly agrees that hospital visiting policies should allow same-sex partners to be together. Physician respondents also showed the same high support for LGBT individuals having the right to participate in medical decisions for their partners. The survey showed slightly more intense levels of support for both of these (in terms of higher “strongly” agree scores) among younger physicians (45 or younger), physicians in Denver, and physicians with at least one close friend who is LGBT.

Do you strongly agree, somewhat agree, somewhat disagree, strongly disagree or neither?

<table>
<thead>
<tr>
<th>Do you strongly agree, somewhat agree,</th>
<th>Agree</th>
<th>Disagree</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBT individuals should have the ability to participate in medical decisions and caregiving for their partner.</td>
<td>95%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Hospital visiting policies should allow same-sex partners to be together in hospital rooms, the ER, or ICU.</td>
<td>94%</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>
CONCLUSION & RECOMMENDATIONS

It is clear from this survey of Colorado physicians that there is a strong desire to have LGBT individuals feel comfortable in their care. As we learned from the survey, there is more to be done to bridge the gap that Colorado’s LGBT community feels in the health care system. We can start by partnering with Colorado providers to take steps toward change. This survey shows there is a timely opportunity for the health care community to acknowledge the view that “treating everyone equally” is not exactly the right approach in the eyes of the LGBT community – one-third of whom are not confident that physicians are actually comfortable addressing their needs.

Furthermore, the Invisible Report and this survey of Colorado physicians show that LGBT individuals and families do have different health and patient needs. With training and educational resources for providers such as those mentioned in this survey, we can go a long way in increasing LGBT patients’ comfort and, ultimately, improving clinical outcomes.

RECOMMENDATIONS FOR NEXT STEPS:

For Providers

- Physicians and other providers can improve the care they give to Colorado’s LGBT community by participating in and offering various levels of training about LGBT-friendly health care from experts in the field. This includes all levels of their staff. It is vital that LGBT individuals do not feel afraid in their health care setting.
- Providers can implement policies to make their offices more LGBT-friendly – such as gender-neutral and diverse family reporting options on forms, notice of clear anti-discrimination policies that include sexual orientation and gender identity, and other notice of LGBT-friendly practices such as signs or brochures.
- Providers can partner with LGBT organizations to help with next steps on providing LGBT-friendly care, as well as working to achieve the goal of improving health equity for LGBT Coloradans.
- Finally, physicians and providers must ask questions about sexual orientation and gender identity and expression. This can be intimidating for providers, but it can make a major difference in comfort for the person seeking help in their health care.

“In general pediatrics, I think we are sensitive about all disadvantaged populations, including LGBT. But I also think we don’t have a lot of specific training in treating this population.”
(Physician Survey Respondent)
For Health Systems

- Health systems in Colorado can implement policies and practices to improve the way they serve LGBT patients, which includes regular and various levels of training for all staff on serving LGBT individuals and their families. This should include training for all staff on how to address and ask questions of LGBT patients in a way that does not create fear or make them feel uncomfortable.
- Health systems can create data and record processes that allow for LGBT patients to share their sexual orientation or gender identity in a way that maintains confidentiality, but recognizes their specific health needs as LGBT individuals and families.
- Health systems can implement strong anti-discrimination policies, which include protections for all LGBT individuals and their families – including employees, patients, and visitors.
- Health systems can make efforts to help LGBT patients feel comfortable and included – for example, making gender-neutral bathrooms available for all, putting up signage about their LGBT-friendly policies, or providing LGBT-specific health care services and reference materials for LGBT patients and their families.

For LGBT Patients

- It is clear from this survey that Colorado physicians are comfortable caring for patients with diverse sexual orientations. They personally support LGBT equality in many ways. However, these providers may not feel completely comfortable asking LGBT people about their sexual orientation or gender identity. **Patients should feel empowered to talk to their providers about their sexual orientation and gender identity**, creating an environment for improved care while educating their provider and moving away from the fear and shame that have often served as a barrier to health care.
- LGBT patients should ask their providers and health systems to implement LGBT-friendly policies.
- LGBT patients should stand up for their rights based on recent legal protections that have been extended to LGBT families – including legislation in Colorado legalizing civil unions, Colorado’s Anti-Discrimination Act, and the Supreme Court overturning portions of the so-called Defense of Marriage Act.

This survey demonstrates how far LGBT Coloradans have come in our equality work, even in our health care systems. Physicians, like many other Coloradans, know and agree that LGBT families should be treated fairly and respected. This acknowledgment, along with a willingness to do more as shown in this survey, is a major step forward. Through partnerships like ours with the Colorado Medical Society and Denver Medical Society, we believe we can help providers embrace sexual orientation as well as gender identity and expression as part of their patients’ identity. We also believe, as part of individual health, that providers can integrate these factors into the care they provide to LGBT Coloradans. When we reach that point, we will know that LGBT Coloradans are truly and finally visible in our health care system.
CURRENT RESOURCES OF HEALTH CARE PROVIDERS AND SYSTEMS

- One Colorado  www.one-colorado.org


- Gay and Lesbian Medical Society (GLMA)  www.glma.org

- The National Coalition for LGBT Health  http://lgbthealth.webolutionary.com/

- The Centers for Disease Control and Prevention, “Lesbian, Gay, Bisexual and Transgender Health”  www.cdc.gov/lgbthealth/


- The Williams Institute, University of California Los Angeles Law, an independent legal think-tank focused on sexual orientation and gender identity law and public policy  http://williamsinstitute.law.ucla.edu/

- For information on the Affordable Care Act  www.healthcare.gov