



# Strategic Plan for Lesbian, Gay, Bisexual & Transgender Health in Colorado



**Results of the LGBT Health Outcomes  
Planning Project  
June 2011 - June 2012**



Colorado Department  
of Public Health  
and Environment

# STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment

June 13, 2012

Dear Fellow Coloradans,

It is with great pride and enthusiasm that we announce this first-ever strategic plan to address the health of our fellow Coloradans who are lesbian, gay, bisexual or transgender (LGBT). Thanks to decades of research and many individuals sharing their experiences, we now recognize that LGBT people are not getting what they need in order to live the healthy, happy lives we all want and deserve.

As servants of the public health for all our residents, the Colorado Department of Public Health & Environment has plotted a course for responding to these health inequities in our LGBT communities. While the development of this plan and the community engagement it has inspired are already great accomplishments, ultimately the success of any plan lies in the results of its implementation. We at CDPHE are willing and ready to dive into this work, and we are keenly aware we cannot achieve success without the help of many partners at multiple levels. Because health happens where we live, learn, work and play – and not strictly in doctors' offices – realizing the aims here call for a broad and deep collaboration.

The vitality of Colorado's many diverse communities is one of our most splendid assets. I commend our team of dedicated staff who initiated this effort, and the many community partners who joined them to transform their vision into an actual path forward toward greater health for LGBT Coloradans. Now I invite you to join us in getting down to work on making that vision into reality.

Christopher E. Urbina, MD, MPH

Executive Director and Chief Medical Officer

# Executive Summary

In May 2011, the Colorado Department of Public Health and Environment (CDPHE) was awarded funding from the U.S. Department of Health and Human Services (HHS) to conduct a Healthy People 2020 Action Project. The project, proposed by a small team of staff at CDPHE, was to conduct a participatory strategic planning process for addressing health disparities of Colorado's lesbian, gay, bisexual and transgender (LGBT) population.

A report by the Institute of Medicine released just two months earlier confirmed findings by national experts that LGBT people across the country face a range of disproportionate health conditions and risk factors largely due to the effects of the chronic stress they experience as a result of societal marginalization at multiple levels. Fledgling data collection to date on Colorado's LGBT population is consistent with national findings and demonstrates significantly higher rates of tobacco and alcohol abuse, depression, HIV/AIDS, and harassment or violence.

Many LGBT Coloradans report significant barriers to health, including health insurers that do not recognize same-sex families or cover transgender care and providers untrained in culturally-competent care to non-heterosexual or gender variant people. Despite these challenges, Colorado's LGBT communities have not only survived but thrived. Today, with essential support from straight and non-transgender allies, LGBT people in Colorado are stronger, more resilient and capable of eliminating these preventable disparities from their communities.

This project brought together more than two dozen community organizations and several CDPHE program units. A facilitated planning approach guided participants through establishing a vision for improved LGBT health, identifying barriers, prioritizing strategic directions and articulating goals, objectives and two-year action steps. After extensive personal and online collaboration, plans outlined in this report were developed to accomplish the following goals:

- **Goal 1:** Competent and LGBT-affirming prevention, early intervention and health care services are accessible throughout Colorado.
- **Goal 2:** LGBT Coloradans and community organizations are engaged and participating in efforts to shift social patterns toward healthier living and to improve the health and wellness systems that serve their communities.
- **Goal 3:** LGBT-affirming policies and political actions are strengthening individual and community partnerships to advance mutual aspirations.
- **Goal 4:** Data and research informs the state of Colorado about LGBT-specific health outcomes.

Evaluation of this project yielded useful feedback. Findings indicate that participating partners had mixed perceptions about the degree of inclusiveness, organization and effectiveness of project communication. Key stakeholders reported a willingness to contribute resources toward implementing the plans, a need to collaborate and a desire for improved communication.

In addition to the development of plans to improve LGBT health, the project was also successful in increasing the visibility of LGBT health needs throughout CDPHE and the alignment with multiple sector partners.

The Colorado Department of Public Health and Environment is committed to reducing, and ultimately eliminating, the health disparities faced by LGBT communities in our state. We invite and rely on collaboration with our many outstanding partners to achieve the collective impact envisioned in these plans.



## Terms Used

|                              |   |
|------------------------------|---|
| <b>Bisexual</b>              | A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women.   |
| <b>Coming out</b>            | The process through which a person identifies, acknowledges and decides to share information about his or her sexual orientation and/or gender identity with others.  |
| <b>Consumer</b>              | The term used in this set of plans to refer to the “patient”, “client”, or “participant.” The individual who is both participant in their own healthy choices and recipient of services from a wide range of providers.   |
| <b>Gay</b>                   | A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men. <i>Note: The term gay may be used by some women who prefer it over the term lesbian.</i>   |
| <b>Gender expression</b>     | The manner in which a person represents or expresses his or her gender identity to others. <i>Note: Gender expression may be conveyed through behavior, clothing, hairstyles, voice and/or body characteristics.</i>  |
| <b>Gender identity</b>       | A person’s internal sense of being male, female or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others.   |
| <b>Gender Non-Conforming</b> | A person whose gender expression is different from societal expectations related to their perceived gender.   |
| <b>Lesbian</b>               | A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.  |
| <b>LGBT</b>                  | Lesbian, Gay, Bisexual and Transgender  |
| <b>LGBT Community</b>        | A phrase referring to the group or geographic region of LGBT people as well as LGBT-serving organizations, collectively. In this set of plans, we often used the plural communities to emphasize the many important differences between lesbians, gay men, bisexual and transgender people. When these separate and distinct communities are combined, such differences are obscured.             |
| <b>MSM</b>                   | An acronym used to identify men who have sex with men. MSM is a term used to identify and describe a behavior among males and is not the same as a sexual identity or sexual orientation.   |
| <b>Provider</b>              | The term used in this set of plans to refer to the “practitioner”, “specialist”, or service organization. The professional individual or organization offering health-related or wellness services to a consumer, across a wide range of services including prevention, intervention and health care.   |
| <b>Queer</b>                 | A term usually used to refer to specific sexual orientations (e.g., lesbian, gay, bisexual). <i>Note: Some individuals use queer as an alternative to gay in an effort to be more inclusive, because the term queer does not convey a sense of gender. However, depending on the user, the term can have either a derogatory or an affirming connotation.</i>                                     |
| <b>Questioning</b>           | A term referring by someone who may feel uncertain, or undecided, about their sexual orientation or gender identity.  |
| <b>Sexual Orientation</b>    | A person’s emotional, sexual and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual or homosexual (i.e., lesbian and gay).  |
| <b>Transgender</b>           | A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth. <i>Note: The term transgender has been used to describe a number of gender minorities including, but not limited to, transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people. “Trans” is shorthand for “transgender.”</i> |
| <b>WSW</b>                   | An acronym used to identify women who have sex with women. WSW is a term used to identify and describe a behavior among females and is not the same as a sexual identity or sexual orientation.   |

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# The National Landscape of LGBT Health

## The Institute of Medicine Releases a Groundbreaking Report

In March 2011, the Institute of Medicine (IOM) released an unprecedented and comprehensive report presenting the current state of knowledge about the health of sexual and gender minorities in the United States.<sup>1</sup> As timing would have it, the IOM report was released just after the Colorado Department of Public Health and Environment (CDPHE) had applied for the Healthy People 2020 Action Project grant that funded this project. Such a ground-breaking and comprehensive compendium from such a reputable source has been both affirming and informative to our efforts in Colorado.

The expert committee that authored the IOM report emphasized many contextual and contributing factors surrounding the health of LGBT people across the country that must be understood beyond disparate health outcomes. Historically, interactions between lesbians, gay men and bisexual people and the health care system have been shaped by the fact that, until 1973, homosexuality was included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, published by the American Psychiatric Association. Still today, “gender identity disorder” is included in this compendium. In the decade following that listing, another round of health-related collective trauma began with the death of thousands of gay and bisexual men during the HIV / AIDS epidemic, which both rattled and galvanized LGBT communities. For LGBT Coloradans, and those across the country, these collective and individual memories are still affecting perceptions about health systems and providers today.

Another cornerstone of the IOM report is the articulation of four conceptual frameworks, or lenses, which help make sense of the research to date on LGBT health.<sup>1</sup> As leaders of the HOPP project, we felt these lenses were critically valuable not only for considering research findings, but for guiding our actions moving forward:

**Minority Stress:** This body of evidence suggests that people from stigmatized social groups, including sexual and gender minorities, experience excess chronic stress and negative life events beyond

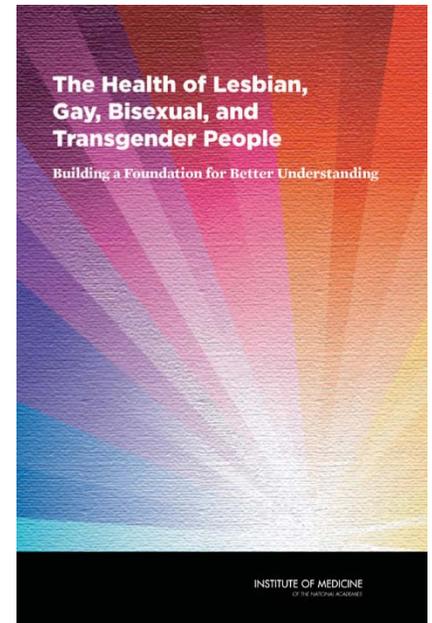
the general stressors experienced by all. To survive and thrive, people from these groups must have an above-average capacity for adaptation. The minority stress model attributes documented higher rates of anxiety, depression, alcohol, tobacco use, substance abuse, suicide and other health outcomes to this cumulative stress.<sup>2,3</sup>

**Intersectional:** This perspective acknowledges that LGBT people have multiple identities, including those of racial/ethnic groups, religious affiliations, socioeconomic classes, etc. It is the combined intersection of these identities that characterize a person’s whole experience in life.

**Life Course:** The life course perspective reminds us that the experiences of any individual at each stage of her/his life informs and influences later experiences. Furthermore, people born within the same period in history may experience events differently from those born earlier or later. For LGBT people alive today, the experiences of older birth cohorts are vastly different from the experiences of younger cohorts.

**Social Ecology:** The social-ecological approach to thinking about health, acknowledges both individual- and population-level determinants of health. Factors of health beyond the individual include families, peer networks, work environments and society at large. For LGBT people, stigma can and does take place at all of these levels.

The following summary is reprinted from the 2011 Institute of Medicine report entitled *The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding*.<sup>1</sup> Drawing on the life-course framework, the IOM committee examined the health status of LGBT populations in three life stages: childhood and adolescence, early/middle adulthood and later adulthood. Within these age blocks, the committee looked at



mental health, physical health, risk and protective factors, health services and contextual influences. Some of the key findings of this study across the life course are summarized below.

### Childhood / Adolescence

- The burden of HIV falls disproportionately on young men, particularly young black men, who have sex with men.
- LGB youth are at increased risk for suicidal ideation and attempts as well as depression. Small studies suggest the same may be true for transgender youth.
- Rates of smoking, alcohol consumption and substance use may be higher among LGB than heterosexual youth. Almost no research has examined substance use among transgender youth.
- The homeless youth population comprises a disproportionate number of LGB youth. Some research suggests that young transgender women are also at significant risk for homelessness.
- LGBT youth report experiencing elevated levels of violence, victimization and harassment compared with heterosexual and non-gender-variant youth.
- Families and schools appear to be two possible focal points for intervention research.

### Early/Middle Adulthood

- As a group, LGB adults appear to experience more mood and anxiety disorders, more depression, and an elevated risk for suicidal ideation and attempts compared with heterosexual adults. Research based on smaller convenience samples suggests that elevated rates of suicidal ideation and attempts as well as depression exist among transgender adults.
- Lesbians and bisexual women may use preventive health services less frequently than heterosexual women.
- Lesbians and bisexual women may be at greater risk of obesity and have higher rates of breast cancer than heterosexual women.
- HIV/AIDS continues to exact a severe toll on men who have sex with men, with black and Latino men being disproportionately affected.
- LGBT people are frequently the targets of stigma, discrimination and violence because of their sexual- and gender-minority status.

- LGB adults may have higher rates of smoking, alcohol use and substance use than heterosexual adults. Limited research among transgender adults indicates that substance use is a concern for this population.
- Gay men and lesbians are less likely to be parents than their heterosexual peers, although children of gay and lesbian parents are well adjusted and developmentally similar to children of heterosexual parents.

### Later Adulthood

- Limited research suggests that transgender elders may experience negative health outcomes as a result of long-term hormone use.
- HIV/AIDS impacts not only younger but also older LGBT individuals. However, few HIV prevention programs target older adults, a cohort that also has been deeply affected by the losses inflicted by AIDS.
- There is some evidence that LGBT elders exhibit crisis competence (a concept reflecting resilience and perceived hardiness within older LGBT populations).
- LGBT elders experience stigma, discrimination and violence across the life course.
- LGBT elders are less likely to have children than heterosexual elders and are less likely to receive care from adult children.

For an additional summary of LGBT health outcomes, the reader is referred to an even more recent compilation published by the Substance Abuse and Mental Health Services Administration.<sup>4</sup>

*“In the past, we have come together to reduce health disparities for women, ethnic, racial and religious minorities, those with disabilities, and others who were denied access to the health care they need. Now, we need to take the next step and do the same for millions of our fellow LGBT countrymen and women.”*  
*(Kathleen Sebelius, Secretary of the Department of Health and Human Services, May 21, 2012)*

## A Shifting Tide: Advances in LGBT Health at the National Level

During the past few years, public health workers, health care professionals and advocates for LGBT equality across the country witnessed an unprecedented level of attention and action by the federal government to address the health needs of LGBT people. These actions will undoubtedly impact health and health care at the state level and influence implementation of the Colorado HOPP plans.

- *Throughout 2010 – National Resource Center for LGBT Older Adults* - Funded by the Administration on Aging (AoA), this center supports communities across the country as they aim to serve the estimated 1.5 to 4 million LGBT individuals 60 years and older.
- *July, 2010 – National HIV/AIDS Strategy* – The U.S. Department of Health & Human Services' (HHS) Kathleen Secretary Sebelius announced the National HIV/AIDS Strategy, a rigorous effort to increase access to care and lower the number of new HIV cases in the United States by 25 percent within the next five years, focusing on health disparities, including LGBT.
- *November, 2010 – Hospital Visitation* – HHS establishes rules enforcing the President's Memorandum to ensure hospitals receiving Medicare or Medicaid payments respect the rights of patients to designate visitors, regardless of sexual orientation, gender identity or any other non-clinical factor.
- *March 2011 – Institute of Medicine Study on LGBT Health* (See previous section).
- *March 2011 – www.StopBullying.gov* – HHS launched a new website that contains a dedicated section for LGBT youth with specific resources, assistance and counseling referrals. Secretary Sebelius and many other respected leaders taped an "It Gets Better" video to address LGBT youth who have been bullied and are at risk of depression and suicide.
- *April 2011 – Non-discrimination Policy* – HHS Secretary Sebelius issued a new policy explicitly requiring HHS employees to serve all individuals eligible for the Department's programs, without regard to race, national origin, color, religion, sex, sexual orientation, gender identity, physical or mental disability, age, parental status or genetic information.
- *June 2011 – Long-Term Care* - The Centers for Medicare & Medicaid Services (CMS) issued guidance affirming states' ability to extend the protections of a married individual to same-sex partners in receiving long-term care under Medicaid.
- *July 2011 – Improved National Data Collection* – HHS announced a plan to integrate questions on sexual orientation into the National Health Interview Survey by 2013 and to convene a series of research roundtables with national experts to determine best practices for collecting data specific to gender identity.
- *September 2011 – Advance Directives* – CMS clarified the rights of same-sex couples to name a representative, including a same-sex partner, who can make medical decisions on a patient's behalf. HHS added additional guidance that explains these rights.
- *September 2011 – National Training and Technical Assistance Center* - The Health Resources and Services Administration (HRSA) awarded \$248,000 to create a center to help community health centers (CHCs) provide improved care for LGBT patients.
- *February 2012 – "Top Issues" Resource Kit* - Substance Abuse & Mental Health Services Administration (SAMHSA) released a summary of the critical health issues faced by LGBT people, including resources for health care providers and prevention specialists.
- *May 8, 2012 – Healthy People 2020 Objectives* - Healthy People is a set of measurable objectives to improve the nation's health status by decade. State health departments set priorities based on these objectives. For the first time ever, Healthy People added objectives targeting improved data collection on sexual orientation and gender identity.

*"Lesbian, gay, bisexual, and transgender individuals have unique health experiences and needs, but as a nation, we do not know exactly what these experiences and needs are."  
(Institute of Medicine, 2011)*

## The Affordable Care Act: Benefits for LGBT Health

According to the National Coalition for LGBT Health, the policies of The Affordable Care Act (ACA) will benefit LGBT Americans:

- At [www.healthcare.gov](http://www.healthcare.gov), LGBT health care consumers can find immediate coverage options, including coverage for domestic partners in states that recognize domestic partnerships.
- The law targets health disparities by prioritizing programs, research and data collection focused on systematically disadvantaged groups.
- The law includes mental health and substance use recovery services among essential benefits that all qualified insurance plans must offer and expands accessibility.
- The law prioritizes the implementation of cultural competency standards and training for providers and health systems.
- The law aims to build a diverse health care work force reflective of American society, including self-identified LGBT people.

While implementation of The Affordable Care Act is still being worked out at the state level, experts suggest four ways to focus efforts in Colorado to ensure the new health law delivers positive results for the LGBT community upon implementation in 2014:

- Establish comprehensive and LGBT-inclusive nondiscrimination policies and practices in health insurance exchanges.
- Improve the knowledge base on LGBT health disparities through expanded data collection.
- Include LGBT families in the new health law through family definitions that do not exclude LGBT.
- Support community-based health interventions responsive to the needs of LGBT people.



# LGBT Health in Colorado: What We Know So Far

It is estimated that more than 186,000 LGBT individuals live in Colorado, including 12,000 transgender people. Among these Coloradans, census data shows nearly 16,000 same-sex couples in our state, 14 percent of whom are raising children.<sup>5</sup> These couples are racially and ethnically diverse and include partners that depend on one another financially. Experts believe these numbers are very likely underestimated due to underreporting by LGBT people reluctant to disclose sexual orientation and gender identity.

One Colorado Education Fund (OCEF), a key partner to CDPHE in these efforts, conducted a community needs assessment survey of more than 4,600 LGBT Coloradans in 2010. Results indicate that health care and public health issues rank third among LGBT needs, trailing only relationship recognition and employment discrimination. In 2011, OCEF conducted a second statewide survey, this one focused on health and health-related issues among Colorado LGBT people. Combining those results with data from Colorado's Behavioral Risk Factor Surveillance Survey (BRFSS), the 2010 National Transgender Discrimination Survey and rich qualitative data from dialogue sessions across the state, OCEF released *Invisible: The State of LGBT Health in Colorado*.<sup>6</sup> This ground-breaking report offers a broad and deep perspective on the previously unseen health experiences of LGBT Coloradans. The Invisible report has guided HOPP planning throughout.

HOPP leaders surveyed the landscape of Colorado LGBT health through an environmental scan, summarizing available data from the BRFSS, the Colorado HIV Surveillance Report, and Boulder County's Youth Risk Behavior Survey (YRBS) to clarify known health disparities. In addition to health outcome data, state-level and national-level policies were summarized in terms of social determinants of health.

To describe the status of LGBT health in Colorado, we have relied upon the *Invisible* report to produce the following summary in two categories: 1) actual data regarding health conditions and behaviors and 2) social policy factors contributing to these health outcomes.

## Colorado's Disparities in Health Outcomes

In Colorado, our ability to know about the health of LGBT people and communities is extremely limited. We have just begun to systematically collect health data on sexual orientation and we do not currently collect data on gender identity. Filling the void of adequate information about what, where and with whom the disparities lie within Colorado must be a top priority if we are to know how to effectively support better health in LGBT communities.

Colorado is one of less than a dozen states that include a demographic question about sexual orientation on their annual BRFSS:

*Research has shown that some sexual minority community members have important health risk factors. We are collecting information about sexual orientation to learn whether this is true in Colorado.*

*Do you consider yourself to be: Heterosexual, that is, straight; Homosexual, that is, gay or lesbian; Bisexual, or something else?*

Data collection for sexual orientation on Colorado's BRFSS began in 2006, creating unprecedented opportunities to make population-based estimates of the demographics and health status of Colorado's adult lesbian, gay and bisexual (LGB) population. In early 2011, One Colorado Education Fund (OCEF) provided funding for CDPHE to conduct a preliminary analysis of Colorado's BRFSS data by sexual orientation. Colorado's LGB population, consistent with trends in national-level data, is more likely to engage in risky behaviors (smoking and binge drinking) and disproportionately experience poor health outcomes. *Invisible: The State of LGBT Health in Colorado*, used BRFSS data to conclude that LGB respondents were more likely than their heterosexual peers to report factors associated with poor health outcomes due to work place and societal discrimination, family and social rejection, and minority stress.

- Eight percent of lesbian and gay people and 4 percent of heterosexual people reported they had been unemployed for more than one year.
- Lesbian, gay and bisexual persons were twice as likely to report being smokers than their heterosexual counterparts.
- Twenty-five percent of lesbian and gay respondents and 28 percent of bisexual persons reported binge drinking, compared to 16 percent of heterosexuals.
- Nearly 10 percent of lesbian and gay participants reported drinking and driving at least once, compared to 4 percent of heterosexuals.

- Lesbian, gay and bisexual people reported having asthma nearly two times as often as heterosexuals.
- Half of LGBT Coloradans surveyed reported lacking companionship and feeling isolated <sup>6</sup>

Data on infectious disease collected and analyzed by the Disease Control and Environmental Epidemiology Division (DCEED) at CDPHE reveals additional disparities for gay men in Colorado:

- The majority of people living with HIV or AIDS in Colorado are men who have sex with men (MSM) (6,979 cases representing an estimated 64 percent of living cases).
- In 2009, 89 percent of syphilis cases reported MSM exposure and 56 percent of primary and secondary syphilis diagnoses who reported MSM risk were co-infected with HIV.
- Colorado data shows that 18.9 percent of acute Hepatitis B Virus (HBV) cases in 2010 were attributed to MSM.
- Black MSM with new HIV disease diagnoses represent 8 percent while comprising 4 percent of Colorado's male population. Hispanic MSMs are also disproportionately affected.<sup>7</sup>

The One Colorado Education Fund LGBT Health Study noted that Coloradans identifying as bisexual and transgender appeared to be the most at risk for negative health outcomes:

- Bisexual Coloradans reported experiencing stress, depression or emotional problems for a greater number of days during the preceding month than heterosexuals and lesbian and gay persons. Bisexual females reported the highest number of days.
- Bisexual respondents felt they were the most lacking in emotional support.
- Twenty-one percent of bisexual Coloradans were obese.
- Only 37 percent of transgender Coloradans responding had received an HIV test in the last year, and only 30 percent had received an STD screening.
- Transgender Coloradans report experiencing depression, social isolation and hopelessness at greater rates than the overall LGBT population.<sup>6</sup>

The only health-related data available on Colorado LGBQ youth is currently being collected on the Youth Risk Behavior Survey (YRBS) in Boulder County. Data collected since 2003 reveals significant

differences between LGBQ high school youth and those who identify as heterosexual. While this data only represents youth from one of Colorado's 64 counties, it serves as a model of much-needed data collection and a call to action for service providers across the state. In 2009, 9 percent of Boulder County Youth identified as LGBQ. According to the survey, they are engaging in risky behaviors, such as smoking and substance abuse, while also experiencing lower levels of protective factors such as having someone to talk to or eating meals with family. Compared to their heterosexual peers, LGBQ students in Boulder County:

- Have fewer regular meals with family - 64% LGBQ; 77% heterosexual
- Felt safe in their neighborhood - 78% LGBQ; 91% heterosexual
- Felt they have someone to talk to - 73% LGBQ; 82% heterosexual
- Experienced cyber-bullying - 30% LGBQ; 13% heterosexual
- Avoided school because it felt unsafe - 13% LGBQ; 4% heterosexual
- Were threatened or injured on school property - 15% LGBQ; 6% heterosexual
- Had first sexual experience younger than age 13 - 11% LGBQ; 2% heterosexual
- Felt sad or hopeless - 52% LGBQ; 22% heterosexual
- Had seriously considered suicide - 35% LGBQ; 11% heterosexual
- Had planned for suicide - 30% LGBQ; 9% heterosexual
- Had attempted suicide - 20% LGBQ; 4% heterosexual
- Currently use tobacco - 39% LGBQ; 24% heterosexual
- Currently use alcohol - 52% LGBQ; 42% heterosexual
- Currently use marijuana - 20% LGBQ; 4% heterosexual
- Are obese - 12% LGBQ; 5% heterosexual <sup>8</sup>

## Colorado's Disparities in Policies Supporting Health

Colorado has made some important advances over the past decade, with still much left to address in terms of social policies impacting LGBT health. Gov. John Hickenlooper called a special session of the State Legislature this year to encourage additional consideration of a bill that would allow same-sex couples to obtain a civil union, a legal recognition of their committed relationships that carries many of the same rights as legal marriage. The public health case acknowledging the extensive health benefits of this type of legal recognition is well established and documented. The bill did not pass.<sup>9</sup>

Beyond the ongoing struggle for relationship recognition, Colorado policymakers recently have secured several legal rights and protections for LGBT individuals, couples and families:

- Employment Nondiscrimination
- Housing and Public Accommodations
- Hate Crimes
- Second-Parent Adoption
- Designated Beneficiaries
- Domestic Partnership Benefits for State Employees
- Safe Schools Bullying Prevention

The wealth of information collected by One Colorado Education Fund (OCEF) in its 2011 health study offers many important insights into the experiences of LGBT people living in Colorado today and ways in which our current policies, or lack thereof, affect health.

## Access to Care - Connections in Policy

LGBT Coloradans face additional barriers in accessing health care and health-promoting services in three primary ways: 1) Denial of coverage based on sexual orientation or gender identity/expression or an inability to obtain coverage through partner benefits offered by an employer; 2) Unavailability of providers known and trusted to provide affirming and competent care or services to LGBT people; and 3) Lack of effective, affordable legal protections concerning health beneficiaries and medical decision-making. The OCEF Health Study highlights the following from participants:

- Half of all LGBT health dialogue participants said they did not have access to health insurance to cover their medical needs.

- One of three LGBT Coloradans who have children living with them said that their children are covered by safety net health insurance programs or are growing up with no coverage at all.
- 92 percent of the sample said that they would use a list of providers who were certified as being trained in, knowledgeable about and sensitive to LGBT issues, if it was available.
- 55 percent of respondents fear that if their provider finds out they are LGBT, they will be treated differently.
- Six in 10 LGBT persons feel as if there are not enough adequately trained/competent mental health-care professionals.
- 67 percent of LGBT Coloradans reported that they feared their provider assumes them to be heterosexual or to have an opposite-sex partner. This fear was reported by 72 percent of transgender people.
- Nearly three of four LGBT Coloradans view legal fees and services needed to create designated beneficiary agreements, medical power of attorney, or other legal protections for their partners, families and children to be a barrier to seeking health care services.<sup>6</sup>

## Quality of Care - Connections in Policy

LGBT Coloradans are experiencing a diminished quality of care and services in two basic ways: 1) They do not feel safe or comfortable being truthful with their providers about their sexual orientation or gender identity; and 2) Providers are untrained and unskilled in addressing the needs of non-heterosexual or transgender patients.

- Half of LGBT Coloradans surveyed said they have been asked by their doctor about their sexual orientation, gender identity and expression, or domestic partnership status.
- According to respondents, LGBT-friendly providers should have specific knowledge or training to deliver health care services to LGBT people, use LGBT-inclusive forms and use gender neutral language when talking about reproductive or sexual health and relationship status.
- Those who perceived their provider to be LGBT-friendly were more likely to report:
  - Having seen a provider in the past six months
  - Receiving a physical or wellness exam in the past year
  - Receiving a flu shot in the past year
  - Having seen a dentist in the past six months
  - Having ever received an HIV test

- 67 percent of patients seen by perceived non-friendly providers believe that signs or posters reflecting an LGBT-friendly office would be helpful.<sup>6</sup>

The gaps in policy-supported health and health care practices for transgender Coloradans are far wider and deeper than those of services to lesbian, gay and bisexual people.

- 74 percent reported lack of or limited insurance to be a problem.
- 83 percent of transgender respondents reported health care expenses as a barrier to seeking services.
- Not one transgender participant said that he or she had access to everything needed to be healthy.
- 61 percent of transgender respondents reported that their gender identity or expression has stopped them from seeking health services.
- Transgender respondents' top priority for improving their health and wellness is training for health providers, health professional students and mental health professionals.<sup>6</sup>

HOPP leaders are aware of zero health care facilities in Colorado participating in the Health Care Equality Index<sup>10</sup> of the national Human Rights Campaign (HRC), which measures how equitably health care facilities in the United States treat their lesbian, gay, bisexual and transgender patients and employees. HOPP Leaders could identify only one major health care organization in the state that has taken steps to train providers in culturally responsive care of LGBT patients.

In the realm of policy, much like in the realm of data and research, Colorado has made some important strides. But much work must be done before state laws, standards and public expectations will be aligned with values of health equity. One thing is clear: The voices of LGBT Coloradans tell us rules as they are now written are not only unsupportive but in many ways barriers to health and well-being. As stewards of health for our state, we have the power and the responsibility to eliminate discriminatory policies to support the highest standard of healthy living for all Coloradans.

### The Strength & Resiliency of LGBT Coloradans

Researchers and health professionals are most often focused on risk factors, and far less on protective factors. IOM report authors suggest that resilience, the capacity to recover from psychological trauma and to adapt successfully to adversity, is likely an important

element in buffering against minority stress and supporting health for LGBT people.

A 2003 Colorado study on LGB resilience<sup>11</sup> surveyed more than 300 lesbian, gay and bisexual Coloradans. The survey asked about their responses to the passage of Amendment 2 in 1992, a referendum that prohibited extending legal protections against discrimination based on sexual orientation or gender identity. The U.S. Supreme Court later ruled Amendment 2 unconstitutional. This study found several factors considered sources of resilience for the LGB Coloradans who completed the survey, including:

- The ability to put anti-gay events into a expansive 'movement perspective'
- Using discrimination or stigmatization as a springboard for personal growth
- Expression of affect, including anger
- Successful witnessing by heterosexual family, friends and public officials
- Engagement with LGB community as a source of information, support and collective action

Further research is needed to better understand how such resilience and protective factors improve health for LGBT people, and how health services and prevention programs can best enhance and encourage their development. Authors of the HOPP plans felt strongly that this effort to improve LGBT health in our state is not viewed as "coming to the rescue" of a helpless or dependent group, but a manner of removing unnecessary barriers and encouraging new perspectives for improving the health of all Coloradans. Many LGBT people, as a result of their struggle coming to terms with their sexual orientation, gender identity or the societal stigma that followed – have successfully navigated extreme stress. The vast majority find ways to live and to love, to be healthy and happy. Through accomplishment of these plans, that health and happiness can become just a little easier to attain in Colorado.

*“Colorado offers up its natural wonders to everyone, and for GLBT people, it is often not just where we find our home, but where we find ourselves.” (Kailey, 2007)*

# Alignment with Broader Public Health Efforts in Colorado

Colorado's LGBT Health Outcomes Planning Project took place amidst ongoing state efforts to define health priorities and rebuild public health infrastructure. HOPP participants conclude that the work of addressing LGBT health can best be accomplished if partners maintain the focused efforts outlined in these plans while remembering the needs of LGBT communities and other health-disparate groups within the scope of the broader work. In terms of public health priorities in Colorado, the directions outlined here for improving the health of LGBT Coloradans are consistent with important key state and local public health efforts.

## Colorado's 10 Winnable Battles

Colorado's Winnable Battles are key public health and environmental issues where progress can be made in the next three years. These 10 Winnable Battles were selected because they provide Colorado's greatest opportunities for ensuring the health of its citizens and visitors and the improvement and protection of our environment. In five of the 10 winnable battles\*, LGBT communities have disproportionately worse health outcomes than the overall population at the national level. In Colorado, BRFSS data and other state-specific research show disparities in tobacco, substance abuse and mental health and infectious disease.

Colorado's 10 Winnable Battles include:

- Clean Air
- Clean Water
- Infectious Disease Prevention\*
- Injury Prevention
- Mental Health and Substance Abuse\*
- Obesity\*
- Oral Health
- Safe Food
- Tobacco\*
- Unintended Pregnancy\*

CDPHE selected these Winnable Battles to champion because of sufficient capacity, evidence and funding. Social determinants – health inequities and environmental injustices – impact every winnable battle. Coming together to tackle these goals will benefit all Coloradans through expanded and strengthened partnerships, new and leveraged funding, and a more skilled work force

## Colorado's Public Health Improvement Plan

The public health improvement process has a specific emphasis on promoting health equity and reducing health disparities. Historically, racial and ethnic health disparities have been the primary focus of these efforts in Colorado. Other disparities such as age, socio-economic status, rural or urban residency, sexual orientation, and gender identity have received less systematic consideration. The HOPP process has engaged multiple divisions across CDPHE and many of our partners in a strategic effort to bring necessary attention to the health inequities endured by LGBT Coloradans. As a result, this project has inspired all involved to develop a broader understanding of health disparities and improve public health in Colorado. Colorado's Public Health Improvement Plan outlines the following goals for Colorado's public health system:

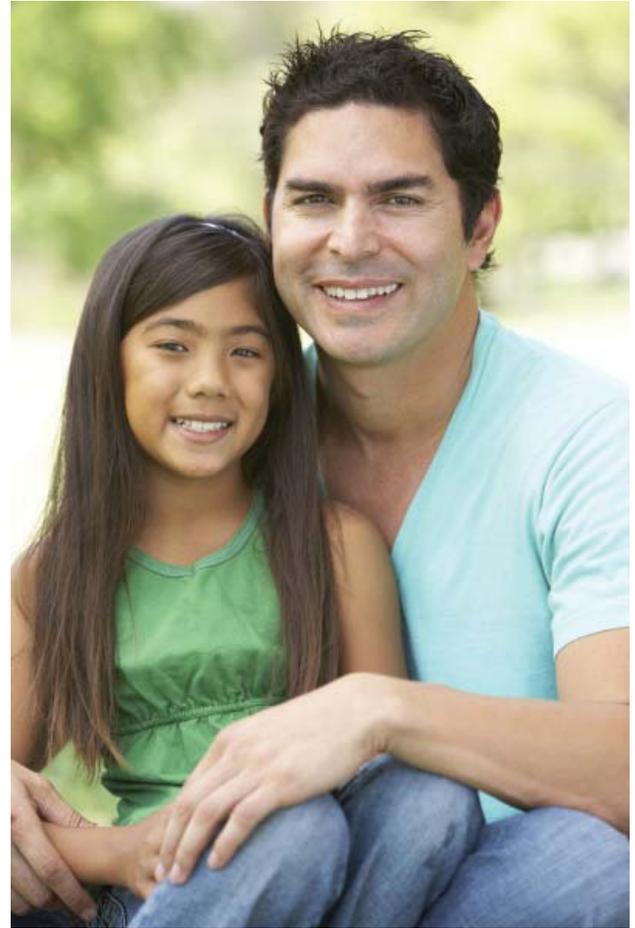
- Colorado's public health system will ensure optimal health for Coloradans from birth to old age.
- Colorado's public health system will ensure every Coloradan in every county has equal access to public health services.
- Colorado's public health system will continuously improve the quality of its services and programs.
- Colorado's public health system will effectively maximize the use of public health resources.
- Colorado's public health system will consistently communicate the value of public health.
- Partnerships among Colorado's public health system stakeholders will be the driving force necessary for the statewide public health system to flourish.
- Colorado's public health system will develop, employ and maintain a highly trained, competent workforce.
- Public health begins with the community, and inclusion of and representation by community members is needed for successful public health initiatives.

These goals provide an overarching vision to direct shared, comprehensive efforts, such as the LGBT HOPP process, to lay the foundation for improving Colorado's health. The HOPP planning process to date, and the many intersecting collaborations called for in the goals and objectives, exemplify the spirit and substance of Colorado's Public Health Improvement Plan.

# The “HOPP”: A Healthy People 2020 Action Project for Colorado

The LGBT Health Outcomes Planning Project (HOPP) was led by staff from the Epidemiology, Planning and Evaluation (EPE) Branch within CDPHE’s Prevention Services Division and actively supported by staff across a number of the division’s health programs.

The HOPP Leadership Team led, organized, and facilitated an ongoing series of community planning meetings that included a kick-off event, two half-day sessions, two full-day sessions, two online public comment periods, and ongoing small group work sessions.



# The Planning Process: An Invitation to Partners

Beginning in June 2011, after being notified by Healthy People 2020 that CDPHE was awarded the grant, staff identified and convened the Leadership Team and started compiling a list of known or likely partners. Community-wide participation in planning was of the utmost importance to the Leadership Team. In addition to several individuals who participated as independent consultants, private practitioners or unaffiliated community members, the following is a list of partners who participated in the HOPP:

- Axis Health System
- Boomers Leading Change in Health
- Boulder County Public Health
- Boulder Valley Women's Health
- Boys & Girls Clubs of Metro Denver
- Caring Hands Chiropractic
- Center for Public Health Practice, Colorado School of Public Health
- Children's Colorado/University of Colorado, Denver
- Colorado Department of Education
- Colorado Health Institute
- Colorado State University, Fort Collins
- Colorado Coalition for the Medically Underserved
- Colorado Consumer Health Initiative
- Colorado School of Public Health University of Colorado, Epidemiology
- Colorado State University Department of Ethnic Studies
- Colorado Youth Matter
- University of Colorado at Denver
- Denver Health
- Denver STD/HIV Prevention Training Center, Denver Public Health
- Denver's GLBT Commission
- Division of Behavioral Health, Colorado Department of Human Services
- EMBRACE Denver
- Gender Paradigm
- Gill Foundation / One Colorado
- Health Care Policy and Financing
- HealthTeamWorks
- Jefferson County Public Health
- Kaiser Permanente of Colorado, Institute for Health Research
- Lincoln County Public Health
- NARAL Pro-Choice Colorado
- National Jewish Health
- National Native American AIDS Prevention Center
- Northern Colorado AIDS Project
- OMNI Institute
- One Colorado Education Fund
- Planned Parenthood of the Rocky Mountains
- School of Human Sciences, University of Northern Colorado, Colorado School of Public Health
- School of Human Sciences, Community Health Program, University of Northern Colorado, Colorado School of Public Health
- Sexual Assault Victim Advocates Center
- St. Anthony Hospitals
- Strategies 360
- The GLBT Center of Colorado
- The GLBT Center of CO, Sage of the Rockies Program
- Tri-County Health Department
- U.S. Department of Health & Human Services, Region 8
- U.S. Department of Labor, Regional Office
- U.S. Social Security Administration, Denver Region
- University of Colorado Denver, Department of Radiology
- University of Colorado, School of Pharmacy
- University of Denver

## One Key Partnership: One Colorado Education Fund

One Colorado Education Fund (OCEF), a critical partner throughout this project, deserves special recognition. Founded in 2010, One Colorado is a nonprofit organization dedicated to securing and protecting equality and opportunity for lesbian, gay, bisexual and transgender Coloradans and their families.

After a 2010 needs assessment identified health care and health-related issues as a top priority for Colorado LGBT, One Colorado began to build an LGBT Health and Human Services coalition. The coalition completed a series of regional town hall meetings across the state focusing on LGBT health issues and administered a statewide quantitative survey examining LGBT Coloradans' perceptions of existing health services. One Colorado's report, *Invisible: The State of LGBT Health in Colorado*, summarizes the findings from these ground-breaking efforts and outlines a set of recommendations.

CDPHE and OCEF have collaborated closely throughout the past year, and our shared focus on LGBT health has been mutually informative. The HOPP Leadership Team has noted which of the OCEF recommendations each of the action steps fulfills.



# The Community Planning Sessions

## Aug. 31, 2011 – Kick Off Event

CDPHE welcomed more than 80 attendees to a two-hour project launch that featured speakers from One Colorado, Kaiser Permanente's LGBT health care film "Out", and an overview of the planning process, scope of work and opportunities for participation.

## Sep. 8, 2011 – Setting the Stage: Data & Policy

This half-day session offered an overview of the relevant surveillance data and social policies connected to LGBT health in Colorado. 27 attendees (3.5 hours). One Colorado Education Fund presented recent survey and community dialogue findings; CDPHE presented LGBT health data and policy scans and the attendees discussed data and insights.

## Sep. 20, 2011 – Planning Phase I: The Vision

This full-day meeting guided 23 attendees through brainstorming and small group discussions to develop a collective vision. They completed an environmental scan discussed current trends and capacity, named focus areas and established the three pillars of the group's vision "To Move LGBT Health in Colorado..."

- 1. Towards Excellence in LGBT health programs & services**
  - a) Access to High Quality LGBT-specific prevention, intervention and care
  - b) Competent and LGBT-affirming health workforce
- 2. Towards Healthy, Happy LGBT People and Communities**
  - a) A community that practices and promotes healthy living
  - b) Equity across the life course
  - c) Measured improvement in LGBT health
- 3. Towards Liberating Policies, Partnerships and Strategic Action**
  - a) LGBT-affirming policies and political environment
  - b) Partnerships that advance mutual aspirations

## Oct. 11, 2011 – Phase II: Identifying Barriers & Phase III: Strategic Directions

The morning of this full-day session focused on identifying barriers. The afternoon session was spent brainstorming, focusing on strategic directions to move Colorado toward the vision.

### • Primary Obstacles

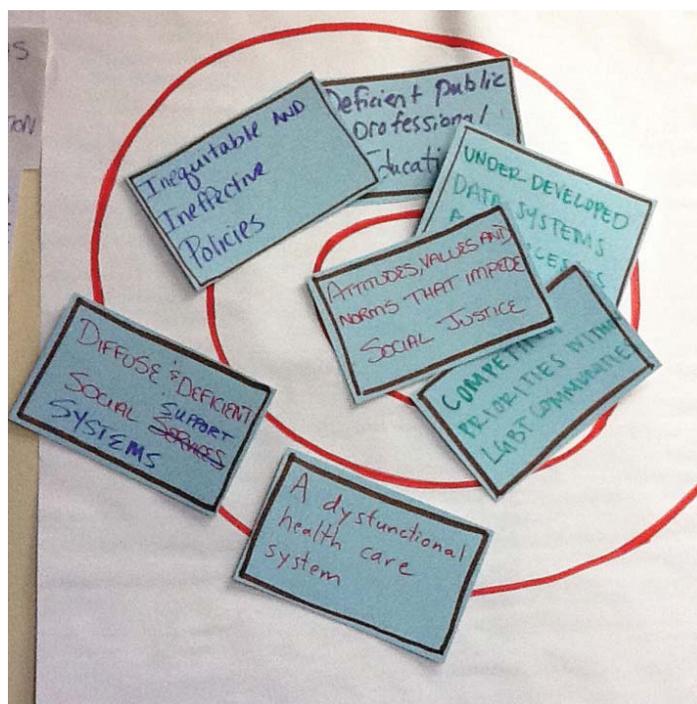
1. Inequitable and ineffective policies
2. Deficient public and professional education
3. A dysfunctional and biased health care system
4. Diffuse and deficient social support systems
5. Attitudes, values and norms that impede social justice
6. Under-developed data systems and processes
7. Competing priorities within LGBT communities

### • Strategic Directions

1. Enhance skills and education
2. Identify and promote an inclusive LGBTQ policy agenda
3. Develop a sustainable process to coordinate research and develop benchmarks
4. Change attitudes and beliefs
5. Compile existing information and resources on the state of LGBTQ health in Colorado
6. Engage community partners

## Nov. 15, 2011 – Listening Session on LGBT Health

U.S. Department of Health and Human Services hosted this two-hour session. Director Marguerite Salazar offered an overview of the many significant national actions taken in recent months to improve LGBT health and facilitated a discussion among the more than 40 community members in attendance.





# THE PLANS

## Defining Plan Components

### Components of Colorado's Plan

Systems change efforts require coordinated efforts at multiple levels across many sectors of society. CDPHE is committed to lending its capacity and resources to the work of improving LGBT health in Colorado. Some of the objectives outlined here fall squarely within the departments scope and activities; in those instances the departments is actively aligning itself to pursue them. However, the action plans herein call for a far more extensive initiative than the department can accomplish alone. Future efforts require focused collaborations across the spectrum of stakeholders, all working simultaneously on their respective “pieces” of this plan. For some action steps, CDPHE will be a partner, a resource, or will monitor the work; but in many cases it is not positioned to lead the charge. In those instances, CDPHE will rely on committed partners, some known and some yet to emerge, for leadership.

*“Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions.” (Kania & Kramer, 2011)*

Reducing health disparities among the LGBT community is a large-scale social problem that requires more than just a commitment to continuous funding, it requires a collective impact. The Collective Impact model recognizes the complex nature of most social problems and recognizes that even the most well managed and well funded organizations cannot singlehandedly create large-scale change. There are five key conditions to achieve collective impact: a common agenda, shared measurements systems, mutually reinforcing activities, continuous communication, and the presence of a backbone agency. Agencies that have met these conditions have achieved significant progress in impacting large social change. The concepts that comprise the Collective Impact framework shaped the

planning process and the way roles were conceived and allocated across the community of citizens and organizations concerned with LGBT health.

In an effort to produce the most actionable road map for pursuing the goals envisioned by HOPP participants, planning leaders felt it was important to identify potential liaisons within CDPHE for each action step in the resulting plan as well as potential external “co-champions.” This designation represents a commitment of interest and likely alignment with the intent of the action step. Co-champion groups have agreed to stay in touch with CDPHE leadership regarding their particular action step and help their counterparts initiate conversation among a set of committed partners sometime after July 1, 2012. Co-Champions, in their designation here, have not committed funding, other resources, or taken on responsibility for execution of the action step. These more advanced commitments will need to be clarified and established once implementation efforts get underway. For community co-champions listed in these plans, the commitment being made here varies among the named entities from “being at the table” for the initial conversations to determine their level of involvement, to one of serving as the “driver” to oversee and coordinate the action step moving forward.

The following components comprise each action plan:

- *Goal:* The four overarching goals that structure the plan were derived, at the culmination of the first three planning phases, from the vision, identified barriers and strategic directions. These goals represent the focused pathway for moving toward the cumulative vision. Accomplishment of each goal is not entirely within CDPHE’s sphere of influence, but that clarity, transparency and shared understanding of the overall direction is necessary for all partners to maintain a coordinated effort.
- *Objective:* Within each of the four goals, focused priorities are written as objectives. Each objective is intended to be “S.M.A.R.T.” (specific, measurable, achievable, relevant and time-bound). Objectives need to be met in chronological order as they build upon one another as progress is made toward the overall goal.
- *Indicator of Success:* For each objective, the indicator of success listed is a description of “evidence” that would indicate its accomplishment. Whether quantitative or qualitative in nature, this is a statement of a specific target that represents the criteria

by which the objective will be considered met. The indicators of success represent a form of a built-in evaluation plan for the implementation efforts.

- *1-2 Year Action Step:* The first of the four columns after each indicator of success describes the high-level activities, or strategies, necessary for moving collaborative work toward achievement of the objective. Depending on the nature of the work and the structure of collaborations, partners may decide that more detailed work plans are needed.
- *CDPHE Liaison & Role:* The second column lists the entity within CDPHE that will serve as a liaison on the action step. Liaisons represent the CDPHE entity whose work is most closely aligned with the activity or which is best positioned to contribute to advancement of the action step. CDPHE liaisons can be classified into one of four categories – lead, partner, resource or monitor. When a CDPHE entity is identified as the lead it indicates this entity will initiate the action and direct the work. It will be responsible for obtaining additional resources if necessary, but in almost all cases, the CDPHE lead was identified because current work and responsibilities already encompass a good deal of the delineated actions. CDPHE partners are similarly aligned with the steps in the plan, but the expectation is that they will share responsibility for the accomplishment and resourcing of the task with an outside champion. When a CDPHE entity is unlikely to play such a prominent role or when it is not currently funded to do the work associated with the action step, it has been designated a resource or a monitor. When the entity is a resource, it will be available to provide guidance or technical assistance on the work but it is unlikely to have the capacity to do the work itself. In other cases, the CDPHE entity is merely tasked with monitoring the completion of the action step so that accomplishment is noted and shared with all stakeholders.
- *Potential Community Co-Champions:* The identified co-champions from our partnering organizations are listed in the third column; they have agreed to collaborate after the HOPP formally ends to bring committed and interested potential partners “to the table” to discuss implementation relative to the specific action step. Designation here represents a strong interest in contributing to the work of addressing LGBT health and in collaborating with CDPHE to that end, but is in no way a commitment of specific resources or funding at this time.

- *One Colorado Recommendation:* The far right-hand column of each set of action plans indicates the areas of alignment, as interpreted by HOPP planning leaders, between that action step and recommendations set forth in January 2012 by One Colorado Education Fund in its report: *Invisible: The State of LGBT Health in Colorado* .
- *3-5 Year Recommended Objectives:* In order to acknowledge and allow for the natural evolution and adjustments inherent to any collaborative implementation process, HOPP planning partners were reluctant to prescribe foci or specific objectives beyond the foreseeable future. These longer-term objectives are offered as recommendations grounded in this planning process but are likely to require time beyond the first two years. These suggestions are for consideration by partners when the time comes to articulate objectives for 2015 and beyond.



# At-a-Glance Plan Summary

## BUILDING OUR VISION INTO REALITY

### Excellence in LGBT Health Programs & Services

### Healthy, H... People and...

What is in place in the year 2021 to address health and wellness for LGBT communities across Colorado?

#### Objective 1.5

Providers promoting access to health insurance coverage for LGBT consumers

#### Objective 1.4

Updated linkage resource helps LGBT consumers select competent, highly-rated providers

#### Objective 1.3

Providers involved in targeted quality improvements in data collection and best practice

#### Objective 1.2

Providers benefitting from technical assistance to enhance cultural competence

#### Objective 1.1

Provider guidelines created that support high-quality, evidence-based services for LGBT consumers

**Goal 1:** Competent and LGBT-affirming prevention, early intervention, and healthcare services are accessible throughout Colorado.

**Goal 2:** LGBT community organizations and participating providers are developing patterns toward health equity to improve the health systems that serve...

**Goal 4:** Data and research informs the state of Colorado about LGBT-specific health outcomes.

**Objective 4.2** An LO...

**Objective 4.1** YRBS...

Foundation: Collection and Sha...

# EQUALITY FOR LGBT HEALTH IN COLORADO

## Happy LGBT Communities

- Objective 2.3** Self-advocacy resources supporting healthy communication between consumers and providers
- Objective 2.2** Outreach and education messages promote healthy living in areas of LGBT disparities
- Objective 2.1** LGBT Health Coalition is established and promoting health and wellness for LGBT Coloradans

Coloradans and organizations are engaged in efforts to shift social norms toward healthier living and to improve health and wellness in their communities.

## Liberating Policies, Partnership and Strategic Action

- Objective 3.2** Rights and legal protections of LGBT health consumers in Colorado are compiled and disseminated
- Objective 3.1** Model organizational policy statements and implementation guidance are available

**Goal 3:** LGBT-affirming policies and political actions are strengthening individual and community partnerships to advance mutual aspirations.

LGBT Health Research and Evaluation Collaborative is established and informing health efforts across Colorado and BRFSS state surveys include sexual orientation and gender identity demographics

## Sharing of Relevant Community Data

## Goal 1: Competent and LGBT-affirming prevention, early intervention and health care services are accessible throughout Colorado.

This goal focuses on LGBT health-related services and covers the full spectrum of prevention, intervention and health care. Prevention services include those that promote healthy living or prevent disease. Intervention means services that address the needs of people identified with minimal but detectable signs or symptoms suggesting a health issue or disorder. Health care involves the diagnosis and treatment of acute and chronic health conditions once they have reached clinical significance. Goal 1 aims to improve the quality, access and availability of these services through training, resources and outreach.

This goal and its associated objectives flow directly from the first pillar of the original HOPP Vision, “Toward Excellence in LGBT health programs and services.” Health care providers can ensure optimal health care services by identifying the specific needs of LGBT Coloradans disparately affected by tobacco use, obesity, HIV/Aids, colon and anal cancers, and behavioral and mental health issues. Life course can be addressed through enhanced screening and intervention services for youth and case management and in-home support services for senior LGBT people.

### Objective 1.1:

By July 31, 2013 guidelines exist in support of high-quality, evidence-based prevention, intervention, and care services for LGBT consumers.

Indicator of Success: A general guideline and supplements for each subpopulation (L-G-B-T) exist and are being disseminated.

| 1 - 2 Year Action Steps  | CDPHE Liaison & Role  | Potential Community Co-Champions  | One Colorado Recommendation |
|--|---|---|-----------------------------|
| a) Identify “champions” who are delivering high quality services responsive to the needs of LGBT consumers. (By September 1, 2012) | <ul style="list-style-type: none"> <li>STI/HIV Section, Care and Treatment Program (in accordance with existing HRSA funding)</li> <li>Health Equity &amp; Access Branch</li> </ul> <p><i>Monitor</i></p> | <ul style="list-style-type: none"> <li>HealthTeamWorks</li> <li>Boulder County Public Health Department</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul>   | Community 2:4, pg 26        |
| b) Compile national, state, and local models and examples. (By December 1, 2012)   | <ul style="list-style-type: none"> <li>Prevention Health Policy, Systems &amp; Analytics</li> </ul> <p><i>Resource</i></p>  | <ul style="list-style-type: none"> <li>HealthTeamWorks;</li> <li>Boulder County Public Health Department;</li> <li>Planned Parenthood of the Rocky Mountains</li> <li>Colorado School of Public Health</li> </ul> | Community 2:4, pg 26        |
| c) Collaborate with champions and other partners to develop the guidelines. (By May 1, 2013)                                       | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> </ul> <p><i>Monitor</i></p>   | <ul style="list-style-type: none"> <li>HealthTeamWorks</li> <li>Boulder County Public Health Department</li> <li>Planned Parenthood of the Rocky Mountains</li> <li>Colorado Physician Health Program</li> </ul>  | Community 2:4, pg 26        |
| d) Disseminate the guidelines. (By July 31, 2013)  | <ul style="list-style-type: none"> <li>Primary Care Office</li> <li>Office of Health Disparities</li> </ul> <p><i>Partner</i></p>   | <ul style="list-style-type: none"> <li>HealthTeamWorks</li> <li>Boulder County Public Health Department</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul>   | Community 2:4, pg 26        |

## Objective 1.2:

By July 31, 2015, twelve prevention, intervention, and health care providers are benefitting from technical assistance around delivery of high-quality, culturally competent services for transgender people and for LGBT people of color. *Indicators of Success: 85 percent success rate on curriculum learning objectives as measured through evaluation survey.*

| 1 - 2 Year Action Steps   | CDPHE Liaison & Role  | Potential Community Co-Champions   | One Colorado Recommendation     |
|---|---|--|---------------------------------|
| a) Identify potential members of a “Transgender Health Technical Assistance Network.” (By March 31, 2013)                 | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> </ul> <p style="text-align: center;"><i>Monitor</i></p>                                       | <ul style="list-style-type: none"> <li>Boulder County Public Health Department</li> <li>One Colorado</li> </ul>                              | Provider 2:3, pg 25             |
| b) Establish the “Transgender Health Technical Assistance Network.” (By June 30, 2013)                                    | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> </ul> <p style="text-align: center;"><i>Monitor</i></p>                                       | <ul style="list-style-type: none"> <li>Boulder County Public Health Department</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul> | Provider 2:3, pg 25             |
| c) Secure resources (financial, human, technological, etc.) for ongoing support of this Network. (By December 31, 2013)   | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> </ul> <p style="text-align: center;"><i>Monitor</i></p>                                       | <ul style="list-style-type: none"> <li>Boulder County Public Health Department</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul> | Provider 2:3, pg 25             |
| d) Select or develop a training curriculum on culturally competent services for LGBT people of color. (By March 31, 2013) | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> <li>Office of Health Disparities</li> </ul> <p style="text-align: center;"><i>Partner</i></p> | <ul style="list-style-type: none"> <li>Colorado Public Health Training Center</li> </ul>   | No corresponding recommendation |
| e) Conduct the first cultural competence training using the curriculum referenced in Action Step d. (By June 30, 2013)    | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> </ul> <p style="text-align: center;"><i>Monitor</i></p>                                       | <ul style="list-style-type: none"> <li>Colorado Public Health Training Center</li> </ul>   | No corresponding recommendation |
| f) Develop and administer an evaluation survey to gauge the impact of the technical assistance. (By June 30, 2014)        | <ul style="list-style-type: none"> <li>Epidemiology, Planning, &amp; Evaluation Branch</li> </ul> <p style="text-align: center;"><i>Resource</i></p>                        | <ul style="list-style-type: none"> <li>Colorado Public Health Training Center</li> </ul>   | No corresponding recommendation |

### Objective 1.3:

By July 31, 2017, fifteen prevention, intervention, and health care providers will be involved in quality improvement for LGBT consumers, including patient satisfaction surveys, implementation of best-practice guidelines, and monitoring health outcomes unique to LGBT consumers. *Indicator of Success: A survey of targeted providers shows involvement in training, data improvements, and/or specific quality improvement efforts around LGBT consumer.*

| 1 - 2 Year Action Steps  | CDPHE Liaison & Role   | Potential Community Co-Champions  | One Colorado Recommendation   |
|--|--|---|---|
| <p>a) Train prevention, intervention, and health care providers on: (By December 31, 2013)</p> <ol style="list-style-type: none"> <li>1. Health-care needs and health disparities that exist within the LGBT population, particularly among transgender people and LGBT people of color</li> <li>2. Making services more welcoming for LGBT consumers</li> <li>3. Building staff competence to serve LGBT consumers</li> <li>4. Implementing and conducting patient satisfaction surveys that include questions on sexual orientation, gender identity and expression, and relationship status</li> <li>5. Collection of data on sexual orientation, gender identity and expression, and relationship status</li> <li>6. Maintaining confidentiality and understanding privacy regulations</li> <li>7. Using data to improve health outcomes for LGBT consumers</li> </ol> | <ul style="list-style-type: none"> <li>• STI/HIV Section, Care and Treatment Program (in accordance with existing HRSA funding)<br/><i>Partner</i></li> </ul>                  | <ul style="list-style-type: none"> <li>• HealthTeamWorks</li> <li>• Colorado Public Health Training Center</li> </ul> | <p>Provider 2:1, pg 25<br/>           Provider 2:2, pg 25<br/>           Provider 2:2, pg 25<br/>           Provider 2:4, pg 25<br/>           Provider 1:4, pg 25<br/>           Provider 1:4, pg 25</p> |
| <p>b) Develop and administer an evaluation survey of providers showing involvement in training, data improvements, and/or specific quality improvement efforts around LGBT consumer. (By June 30, 2014)</p>  | <ul style="list-style-type: none"> <li>• Epidemiology, Planning, &amp; Evaluation Branch</li> <li>• STI/HIV Section, Care and Treatment Program<br/><i>Resource</i></li> </ul> | <ul style="list-style-type: none"> <li>• Colorado Public Health Training Center</li> </ul>                            | <p>All listed above</p>   |

### 3 -5 Year Recommended Objectives

|   |  |
|---|--|
| <p>By July 31, 2015 at least 10 providers will implement the clinical guidelines for LGBT consumers.</p>  | <p>Provider 2:1, pg 25<br/>           Provider 2:2, pg 25<br/>           Provider 2:4, pg 25</p> |
| <p>By July 31, 2017 at least 6 providers will demonstrate that their quality improvement efforts improve health outcomes and/or quality of care.</p>  | <p>Provider 2:2, pg 25<br/>           Provider 2:4, pg 25</p>                                    |
| <p>By July 31, 2017 a study is completed on the adequacy of existing privacy protections for sexual orientation and gender identity data (such as HIPAA) that identifies options for enhanced privacy protection, so that such data is only accessible to agencies or people designated by LGBT consumer.</p> | <p>Provider 1:3, pg 25</p>   |

### Objective 1.4:

By July 31, 2017, LGBT Coloradans have access to a dependable, up-to-date resource to help them select prevention, intervention, or care providers best suited to their needs. *Indicator of Success: Number of requests for assistance logged by the linkage resource database since its re-launch has increased by at least 30% since its re-launch.*

| <b>1 - 2 Year Action Steps</b>   | <b>CDPHE Liaison &amp; Role</b>  | <b>Potential Community Co-Champions</b>  | <b>One Colorado Recommendation</b>           |
|--|--|--|--|
| a) Develop the “linkage resource,” expanding on current LGBT provider databases, including indicators of providers’ LGBT cultural competence and types of insurances that are accepted. (By December 31, 2014) | <ul style="list-style-type: none"> <li>STI/HIV Section, Care and Treatment Program (in accordance with existing HRSA funding)</li> </ul> <p><i>Monitor</i></p> | <ul style="list-style-type: none"> <li>GLBT Community Center of Colorado</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul> | Community 2:1, pg 26<br>Community 2:2, pg 26 |
| b) Facilitate the linking of interested providers with the Human Rights Campaign Health Care Equality Index Survey. (By July 31, 2013)   | <ul style="list-style-type: none"> <li>STI/HIV Section, Care and Treatment Program</li> </ul> <p><i>Resource</i></p>   | <ul style="list-style-type: none"> <li>Kaiser Permanente of Colorado</li> <li>Colorado Chapter- Human Rights Campaign</li> </ul>       | Community 2:1, pg 26                         |

### Objective 1.5:

By July 31, 2017, at least 15 prevention, intervention, and health care providers will be engaged in promoting access to health insurance coverage for LGBT consumers. *Indicator of success: Respondents indicating lack of access to health insurance has dropped from 50 percent to 40 percent or less on the One Colorado health survey.*

| <b>1 - 2 Year Action Steps</b>  | <b>CDPHE Liaison &amp; Role</b>  | <b>Potential Community Co-Champions</b>  | <b>One Colorado Recommendation</b>         |
|---|--|--|--|
| a) Ensure that the LGBT-competent health care provider database (Objective 1:4) captures the type of health insurance coverage and plans accepted by the medical providers, including government-sponsored health insurance (i.e., Medicaid, Medicare, and Children’s Health Plan Plus). (By December 31, 2014) | <ul style="list-style-type: none"> <li>STI/HIV Section, Care and Treatment Program (in accordance with existing HRSA funding)</li> </ul> <p><i>Monitor</i></p> | <ul style="list-style-type: none"> <li>GLBT Community Center of Colorado</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul> | Community 2:1, pg 26<br>Systems 3:3, pg 24 |

### **3 -5 Year Recommended Objectives**

|  |  |  |                    |
|--|--|--|--------------------|
| By March 31, 2015, determine the extent to which providers included in the LGBT-friendly database (Objective 1:4) accept a variety of private health insurance plans as well as government sponsored health insurance.   |  |  | Systems 3:3, pg 24 |
| By July 31, 2015, analyze the LGBT-friendly health care provider database (Objective 1:4) and address identified gaps in the type of coverage and plans accepted by the included medical providers.  |  |  | Systems 3:3, pg 24 |
| By July 31, 2016, provide targeted outreach and technical assistance to 10 “safety net providers” (such as federally qualified health centers) and/or providers who accept Medicaid and Medicare to promote a welcoming environment and quality improvement for lower income LGBT consumers who depend on government-sponsored health insurance. |  |  | Systems 3:3, pg 24 |
| By July 31, 2017, at least 15 prevention, intervention, and health care providers will actively promote health care benefits available to address LGBT health concerns.  |  |  | Systems 3:3, pg 24 |

## Goal 2: LGBT Coloradans and community-based organizations are engaged and participating in efforts to shift social patterns toward healthier living and to improve the health and wellness systems that serve their communities

Preventable health issues for LGBT youth, adolescents and elders are evident. This goal proposes an LGBT Health Coalition, in coordination with One Colorado Education Fund, to develop to develop a system for gathering and distributing information among LGBT individuals, allies and organizations. This information can be used to inform the community with culturally congruent health education to strengthen health care systems. An active coalition also can promote healthy living, broaden resource allocation and availability and engage health care providers to improve LGBT health.

A statewide LGBT Health Coalition, representing every sexual orientation, gender, gender identity, race, ethnicity, age and geographic location, can establish a unified approach to positive social change that improves health education and systems in Colorado. The related pillar for this chapter is “A community that practices and promotes healthy living.” The Coalition can be a resource for LGBT health needs, including consumer health education, drug and suicide counseling, tobacco and cancer screening, and other LGBT-inclusive services.

### Objective 2.1:

By December 2013, the LGBT Health Coalition, a diverse community-agency collaborative has been established and is working proactively with provider networks, health systems, non-profit organizations, government and other agencies to promote health and wellness for LGBT people. *Indicator of Success: A minimum of 20 members, representing L-G-B-T, with 40% persons of color. Coalition has finalized a scope of work for its priority focus and activities in the first two years of operation.*

| 1 - 2 Year Action Steps  | CDPHE Liaison & Role   | Potential Community Co-Champions   | One Colorado Recommendation |
|--|--|--|-----------------------------|
| a) Execute necessary steps to allow CDPHE to have a formal role in the Coalition. (By December 2012)   | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> <li>Office of Health Disparities<br/><i>Partner</i></li> </ul> | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>   | Community 1:1 pg 26         |
| b) Develop guidelines for recruitment, fundraising progress and accountability for the Coalition. (By December 2012)   | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch<br/><i>Monitor</i></li> </ul>                                       | <ul style="list-style-type: none"> <li>One Colorado</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul>      | Community 1:1 pg 26         |
| c) Propose a sub-committee structure for the Coalition that prioritizes Communities of Color, Transgender, K-12, Elders and diverse Socio-economic community-level health outcomes. (By December 2012) | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch<br/><i>Resource</i></li> </ul>                                      | <ul style="list-style-type: none"> <li>Kaiser Permanente</li> <li>Planned Parenthood of the Rocky Mountains</li> </ul> | Community 1:1 pg 26         |
| 3 -5 Year Recommended Objectives   |  |  |                             |
| By December 2014 the LGBT Health Coalition has conducted a “State of LGBT Health” statewide assessment and compared to 2011 results to inform Coalition decisions.                                     |  |  | Community 1:1 pg 26         |
| By December 2015 A sustainability plan for The LGBT Health Coalition is approved and resourced by a minimum of one source of funding.  |  |  | Community 1:1 pg 26         |

### Objective 2.2:

By January 2014, consistent outreach and education campaign messages that promote healthy living in areas of LGBT disparities have been designed and disseminated through the LGBT Health Coalition. *Indicator of Success: 2014 LGBT Health Survey indicates that 50% of respondents report receiving at least one healthy living message associated with the outreach campaign during prior calendar year.*

| 1 - 2 Year Action Steps  | CDPHE Liaison & Role   | Potential Community Co-Champions  | One Colorado Recommendation |
|--|--|---|-----------------------------|
| a) Develop and implement a Social Norms Campaign to increase healthy social norms among LGBT communities. (By January 2014)                    | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch<br/><i>Monitor</i></li> </ul> | <ul style="list-style-type: none"> <li>CO Anti-Violence Program</li> <li>LGBT Health Coalition</li> </ul> | Community 3:1 pg 27         |
| <b>3 -5 Year Recommended Objectives</b>  |  |   |                             |
| By December 2016 campaign messaging to reduce alcohol and tobacco sponsorship of LGBT media venues and events has been developed and launched. |  |   | Community 3:2 pg 27         |

### Objective 2.3:

By January 2014, self-advocacy and resource education materials that specifically promote communication about sexual orientation, gender identity, and relationship status between LGBT health consumers and providers have been developed through the LGBT Health Coalition. *Indicator of Success: 2014 LGBT Health Survey results indicate that 70% of LGBT Coloradans are “very open” with their health provider. (11% increase from 2011)*

| 1 - 2 Year Action Steps   | CDPHE Liaison & Role   | Potential Community Co-Champions   | One Colorado Recommendation |
|---|--|--|-----------------------------|
| a) Develop campaign messaging to promote consumer-provider communication specific to gender expression and sexual orientation. (By December 2013)   | <ul style="list-style-type: none"> <li>Disease Control &amp; Environmental Epidemiology Division, HIV/STI Section</li> <li>Health Equity &amp; Access Branch<br/><i>Partner</i></li> </ul> | <ul style="list-style-type: none"> <li>Planned Parenthood of the Rocky Mountains</li> <li>OASOS, Boulder County Public Health</li> <li>Colorado Physician Health Program</li> <li>HealthTeamWorks</li> </ul> | Community 3:3 pg 27         |
| b) Develop self-advocacy and education resources including: <ol style="list-style-type: none"> <li>The importance of coming out to your provider</li> <li>How to come out to your provider</li> <li>Transgender health education</li> </ol> (By March 2013) | <ul style="list-style-type: none"> <li>Injury, Suicide &amp; Violence Prevention Branch<br/><i>Resource</i></li> </ul>   | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>   | Community 3:3 pg 27         |

## Goal 3: LGBT-affirming policies and political actions that strengthen individual and community partnerships to advance mutual aspirations

The HOPP participants identified policy as a necessary aspect for comprehensive change to support and protect LGBT Coloradans. The objectives under this goal include organizational changes within CDPHE to ensure that LGBT health has a programmatic home where oversight of implementation efforts can be housed to support needed policy changes and communication with the public about current rights and protections. State legislation covering health and other social determinants should be pursued and supported to provide an environment in which LGBT persons

have the public supports necessary to stay healthy. This plan aims to address some of the socially determined factors of health for LGBT people.

Current public and private policy efforts in Colorado include relationship recognition, health agency and Public Health Plan acknowledgement of LGBT health disparities and correcting funding disparities. Anti-bullying policies can support LGBT youth and health care visitation rights policies can support LGBT seniors. Policies should be advanced that reduce barriers to effective health care and promote healthy living among LGBT Coloradans.

### Objective 3.1:

By December 2013, a model organizational policy statement and implementation guidance that explicitly addresses LGBT health needs will be available for use by CDPHE units and community-based partners who wish to elevate attention to LGBT health. *Indicator of Success: A minimum of two CDPHE units and two community partners accept policy as guiding document in their work.*

| 1 - 2 Year Action Steps  | CDPHE Liaison & Role  | Potential Community Co-Champions   | One Colorado Recommendation                          |
|--|---|--|--|
| a) Develop LGBT health program guidance and policy document that creates and sustains LGBT-inclusive practices into health promoting organizations, programs and initiatives. (By December 2012)         | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch<br/><i>Partner</i></li> </ul>                                      | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>                     | Health Systems 3:2 pg 24<br>Community 3:3, pg 27     |
| b) Disseminate LGBT health program guidance and policy across all health divisions at CDPHE. (By March 2013)   | <ul style="list-style-type: none"> <li>Office of Health Disparities</li> <li>LGBT Employee Resource Group<br/><i>Lead</i></li> </ul>        | <ul style="list-style-type: none"> <li>CDPHE is singular Champion</li> </ul>       | Health Systems 2:3 pg 23<br>Health Systems 3:2 pg 24 |
| c) Modify Request for Applications and Proposal that are released from the Office of Health Disparities to allow grantees to address LGBT health disparities in communities of color (By July 2012)      | <ul style="list-style-type: none"> <li>Office of Health Disparities<br/><i>Partner</i></li> </ul>   | <ul style="list-style-type: none"> <li>Minority Health Advisory Council</li> </ul> | Health Systems 2:3 pg 23<br>Health Systems 3:2 pg 24 |
| d) Identify community partners interested in adopting the model policy in a) above (i.e.; civil rights organizations, bar associations, local community centers and health associations). (By June 2013) | <ul style="list-style-type: none"> <li>Health Equity and Access Branch</li> <li>Office of Health Disparities<br/><i>Resource</i></li> </ul> | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>                     | Health Systems 3:2 pg 24                             |
| e) Monitor legislative activity related to LGBT Health and provide public health information so that policy makers can make informed choices. (By January 2013)  | <ul style="list-style-type: none"> <li>Prevention Health Policy, Systems &amp; Analytics<br/><i>Monitor</i></li> </ul>                      | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>                     | Supports most goals                                  |

### 3 -5 Year Recommended Objectives

|  |                     |
|--|---------------------|
| By December 2015, written commitment from five community partners regarding LGBT health program guidance and policy into their organization is established.  | Community 3:1 pg 27 |
| By December 2017 written commitment from two Colorado based health foundations to incorporate LGBT health program guidance and policy with an emphasis on changing their granting practices, is established. | Community 3:1 pg 27 |

#### Objective 3.2:

By December 2015, the rights and legal protections of LGBT Coloradans regarding health care and health care settings have been inventoried into a document that is tailored for both the community and health systems and disseminated widely. *Indicator of success – A Colorado-specific document exists and has been disseminated widely to all CDPHE stakeholders.*

| 1 - 2 Year Action Steps  | CDPHE Liaison & Role  | Potential Community Co-Champions  | One Colorado Recommendation   |
|--|---|---|---|
| a) Review and compile current rights and protections as delineated in the following policies and accreditation agencies:<br><ol style="list-style-type: none"> <li>1. the Affordable Care Act</li> <li>2. Joint Commission</li> <li>3. the Centers for Medicare and Medicaid Services</li> <li>4. Spousal Protection for Medicaid Recipients</li> <li>5. Colorado Public Health Improvement Plan</li> </ol> (By June 2013) | <ul style="list-style-type: none"> <li>• Prevention Health Policy, Systems &amp; Analytics</li> </ul> <p style="text-align: center;"><i>Resource</i></p>                | <ul style="list-style-type: none"> <li>• HRSA/Fenway Institute</li> </ul> | Health Systems 3:6 pg 23<br>Community, 1:3, pg 26<br>Community 3:3, pg 27 |
| b) Develop “State of LGBT Protection” document from review of policies and accreditation agencies, to inform LGBT community about health care rights and protections. (By October 2013)  | <ul style="list-style-type: none"> <li>• Health Equity &amp; Access Branch</li> </ul> <p style="text-align: center;"><i>Monitor</i></p>                                 | <ul style="list-style-type: none"> <li>• One Colorado</li> </ul>          | Health Systems 2:5 pg 23<br>Community 3:3, pg 27                          |
| c) Disseminate “State of LGBT Protection” through health networks and social media.  | <ul style="list-style-type: none"> <li>• Office of Health Disparities</li> <li>• PSD Communications Branch</li> </ul> <p style="text-align: center;"><i>Partner</i></p> | <ul style="list-style-type: none"> <li>• One Colorado</li> </ul>          | Health Systems 2:5 pg 23<br>Community 3:3, pg 27                          |

### 3 -5 Year Recommended Objectives

|  |  |
|--|--|
| By June 2017, documents developed will be updated with the most recent rules and legislation adopted by federal and state governments. | Health Systems 2:5 pg 23<br>Community 3:3, pg 27 |
|--|--|

## Goal 4: LGBT data and research that inform the state of Colorado about LGBT-specific health outcomes

The lack of population-based data on sexual orientation and gender identity make it incredibly difficult for public health agencies to identify and address LGBT-specific health disparities. The exclusion of sexual orientation and gender identity data from national and state health surveillance systems makes it difficult for states to improve LGBT health.

Data and research were identified in the strategic planning session as the foundation of the 3 vision pillars, one that, one that crosscuts all aspects of the plan. Goal 4 aims to improve the data collection systems by including sexual orientation and gender identity on state population-based surveys and develop a LGBT Health Research and Evaluation Collaborative in Colorado to identify and promote LGBT specific research.

### Objective 4.1:

By December 2014 the Youth Behavioral Risk Survey (YRBS) and the Behavioral Risk Factor Surveillance Survey (BRFSS) will include sexual orientation and gender identity among the demographic items gathered in these Colorado surveys. *Indicator of Success: Sexual orientation and gender identity are added to the YRBS and BRFSS.*

| 1 - 2 Year Action Steps   | CDPHE Liaison & Role  | Potential Community Co-Champions                                 | One Colorado Recommendation  |
|---|---|--|--|
| a) Establish a funding source for BRFSS state-added questions until CDC adds sexual orientation and gender identity as core BRFSS questions.<br>1. Track national status of these questions on core BRFSS.<br>2. Work with the Primary Care Office and Health Equity & Access Branch to financially support sexual orientation and gender identify state-added questions.<br>(By June 2013) | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch</li> <li>Health Statistics Section</li> </ul> <i>Partner</i>             | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>   | Health Systems 1:1 pg 22<br>Health Systems 1:2 pg 22                             |
| b) Develop a set of standard LGBT health benchmarks, including key social determinants of health, for each survey instrument<br>1. Dashboard of adult LGBT health based on Winnable Battles (trending from 2006 to 2011). Health topics: tobacco, obesity, oral health, seat belt usage, mental health, substance abuse, healthcare access)<br>(By June 2013)                               | <ul style="list-style-type: none"> <li>Health Statistics Section</li> <li>Epidemiology, Planning and Evaluation Branch</li> </ul> <i>Resource</i> | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>   | Health Systems 1:1 pg 22<br>Health Systems 1:2 pg 22<br>Health Systems 1:5 pg 23 |
| c) Gather data to support the addition of sexual orientation and gender identity on the YRBS. (By June 2013)  | <ul style="list-style-type: none"> <li>Epidemiology, Planning and Evaluation Branch</li> </ul> <i>Resource</i>                                    | <ul style="list-style-type: none"> <li>Omni Institute</li> </ul> | Health Systems 1:1 pg 22<br>Health Systems 1:2 pg 22                             |

| <b>1 - 2 Year Action Steps</b>  | <b>CDPHE Liaison &amp; Role</b>   | <b>Potential Community Co-Champions</b>   | <b>One Colorado Recommendation</b>                   |
|---|---|---|--|
| d) Develop strong justification to add gender identity as a state-added question on BRFSS or explore alternatives to collecting gender identity such as screening for identity on BRFSS and doing a call back survey. (By June 2014)  | <ul style="list-style-type: none"> <li>Health Equity &amp; Access Branch<br/><i>Partner</i></li> </ul>  | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>                            | Health Systems 1:1 pg 22<br>Health Systems 1:2 pg 22 |
| e) Explore the feasibility and priority directions for adding sexual orientation and gender identity data collection to additional state-funded surveillance instruments. (By June 2014)  | <ul style="list-style-type: none"> <li>Health Statistics Section</li> <li>Epidemiology, Planning and Evaluation Branch<br/><i>Partner</i></li> </ul>  | <ul style="list-style-type: none"> <li>One Colorado</li> <li>Kaiser Permanente</li> </ul> | Health Systems 1:1 pg 22<br>Health Systems 1:5 pg 23 |
| f) Develop a master plan for adding questions on any statewide population-level data surveillance instruments that would inform health care systems about LGBT health (i.e. rotating core of questions on health care provider relationship, feeling discriminated by a health care provider, etc.). (By June 2014) | <ul style="list-style-type: none"> <li>Epidemiology, Planning and Evaluation Branch</li> <li>Health Statistics Section<br/><i>Resource</i></li> </ul> | <ul style="list-style-type: none"> <li>One Colorado</li> </ul>                            | Health Systems 1:2 pg 22<br>Health Systems 1:5 pg 23 |

#### Objective 4.2:

By December 2014, an LGBT Health Research and Evaluation Collaborative is established and informing academic and public health efforts across Colorado. *Indicator of Success: A two-year work plan for the collaborative is established and disseminated.*

| <b>1 - 2 Year Action Steps</b>  | <b>CDPHE Liaison &amp; Role</b>   | <b>Potential Community Co-Champions</b>  | <b>One Colorado Recommendation</b>                   |
|---|---|--|--|
| a) Identify existing academic centers currently conducting health research. (By June 2014)  | <ul style="list-style-type: none"> <li>Epidemiology, Planning and Evaluation Branch</li> <li>Health Statistics Section<br/><i>Resource</i></li> </ul> | <ul style="list-style-type: none"> <li>Kaiser Permanente</li> <li>LGBT Health Coalition (see Objective 2:1)</li> </ul> | Health Systems 1:3 pg 22<br>Health Systems 1:6 pg 23 |
| b) Develop a two-year work plan through the following activities:<br>1. Identify researchers and establish core leadership of the collaborative.<br>2. Identify a social media outlet to identify ongoing LGBT health research projects and opportunities for students.<br>3. Develop a two-year plan. (By December 2014) | <ul style="list-style-type: none"> <li>Epidemiology, Planning and Evaluation Branch<br/><i>Monitor</i></li> </ul>                                     | <ul style="list-style-type: none"> <li>Kaiser Permanente</li> <li>Colorado Public Health Training Center</li> </ul>    | Health Systems 1:3 pg 22<br>Health Systems 1:6 pg 23 |

#### **3 -5 Year Recommended Objectives**

|  |  |
|--|--|
| By December 2017, implement a coordinated effort by identified academic centers to increase funding for LGBT cross-sector health research. | Health Systems 1:3 pg 22<br>Health Systems 1:6 pg 23 |
|--|--|

# Project Evaluation

## Evaluation Design & Methods

The Epidemiology, Planning and Evaluation Branch (EPE) evaluated the LGBT Health Outcomes Planning Process (LGBT HOPP), executing a multi-method evaluation designed in collaboration with the project's leaders and including an electronic survey and key informant interviews to answer five key evaluation questions.

### Survey

The survey was administered electronically via Survey Monkey to 75 participants. The survey contained 32 questions probing how well respondents felt about the LGBT HOPP process and plan for reducing disparities and improving the health of LGBT Coloradans. Of 70 participants invited to respond, 27 percent (19) completed a majority of the survey; 15 of 19 completed the survey (see Table 1, pg.33).

### Key Informant Interviews

The EPE evaluator approached each participant on a list proposed by the leadership team and invited them to participate in a 30-45 minute interview. The evaluator interviewed 10 participants from CDPHE, community groups and nonprofit organizations who were involved in the planning process to varying degrees.

### Evaluation Question #1: How were parity, inclusion and representation demonstrated in the planning process?

**Survey :** Although survey responses generally indicated that meeting locations and times were accessible and participation was encouraged, several comments indicated that the times and locations could have prevented individuals from participating without permission and/or support from their employers. Comments also overwhelmingly pointed to a lack of representation in the planning process from communities of color, rural communities, transgender individuals and socio-economic groups (see Table 1, pg.33).

**Key Informant Interviews:** All five interviewees stated that positive efforts were made to include communities in the planning process. Two thought expectations for working in each of the tiers may have scared some community members away; two interviewees stated that meetings run by and held at CDPHE during the day hindered attendance from many community individuals; two stated that

barriers of trust with government made full participation difficult; one noted that many community members don't have necessary online access necessary; three would have preferred more transgender involvement; and one commented that facilitators did a "Good job of explaining a complex process."

### Evaluation Question #2: How organized and effective were planning meetings?

**Survey:** Most respondents felt that the meetings were organized and effective. Of note, 14 of 18 respondents disagreed or did not know if the process had generated the attention needed on the issue of LGBT health.

**Key Informant Interviews:** All interviewees felt that LGBT health issues were presented clearly. Two felt that the Wiggio tool was a barrier; one felt decisions could have been made more quickly; and two others felt decision-making time seemed right. One interviewee summed it up: "Facilitation of discussions went well and they had a good community feel."

### Evaluation Question #3: What factors of the planning process have contributed to or detracted from participants feeling ownership of the plans?

**Survey:** The data show that a majority of participants felt ownership factors were present in the planning process. Comments suggest that, for at least a few participants, the quantitative data reflect their feelings about the structured strategic planning meetings early in the process. Some participants did not feel that meetings in the action plan phase were well communicated or well organized (see Table 1, pg.33).

**Key Informant Interviews:** All interviewees felt there was a lot of opportunity to provide feedback. One appreciated the equality of all voices; three would have felt better with more community people at the table; two regretted they were not involved enough to feel ownership of the plan; and one felt that the lack of transgender data made it hard to feel buy-in.

### Evaluation Question #4: To what extent are the plans being developed seen as complete and actionable by those who would be asked to implement them (from both public health and community-based perspectives)?

**Survey:** The data show that a majority of participants feel that the plan is complete and actionable. Survey data and several comments point to a need to better clarify specific roles and ways for participants to “plug in” to the plan. Several comments also stated that the lack of diversity from a number of communities, particularly the transgender community, will limit the implementation of the plan.

**Key Informant Interviews:** Interviewees’ responses to this question varied widely. The most prominent theme was that the plan is actionable. The variation came when asked how the plan could be implemented. Each answered concretely and passionately from their professional subject area of specialty or focus. There was also a good deal of variation on the perceived amount of effort and time required to implement the plan. Interviewees’ responses break down into six different thematic areas that will be discussed later: implementation resources, roles and responsibilities, communication, data and research, trust, and medical community participation (see Table 1, pg.33).

**Evaluation Question #5: Beyond the plans themselves, what may have been other secondary outcomes of the project?**

**Survey:** Data show that a majority of participants indicated that the process was a positive one which resulted in meaningful connections and new insights, knowledge and skill (see Table 1, pg.33).

**Key Informant Interviews:** Interviewees reiterated previous responses on the identification of a health advocate at CDPHE, integration of LGBT concerns into clinical guidelines, training health providers on LGBT issues, and building new toolkits to support LGBT health and including transgender individuals.

## Discussion

The evaluation of the LGBT HOPP project sought to answer five key evaluation questions related to the project’s goals of parity/inclusiveness, organization and effectiveness, ownership by project participants, and comprehensiveness and actionability of the plan. In addition, feedback was gathered from participants regarding outcomes of the project that were unrelated to the plan itself. Although data were limited, a number of salient, overarching conclusions can be drawn from the responses provided.

The evaluation demonstrated that the planning process was largely inclusive, efficient and collaborative. Participants reported an overall sense of ownership of the plan and could describe it as reasonable, its recommendations as guiding, and its goals as important to improving LGBT health. Some struggled with their roles in the plans and recommended additional efforts to build trust between CDPHE and LGBT communities.

The use of a participatory planning process to engage community members and organizations has resulted in an environment rich with thoughtful individuals and comments. Though it was not the primary purpose of the evaluation, a number of insights related to implementation of the plan were shared during the key informant interviews and were included among comments on the survey. These insights are summarized below because they lend important perspective to future work.

## Trust

The HOPP process engaged a number of community members and organizations with CDPHE in new ways, creating an atmosphere in which disparate voices could be heard as equal partners. But the historical distrust of government will not go away overnight. CDPHE will need to continue to build trust with the LGBT community and community organizations will need to help CDPHE build bridges to LGBT communities if action on the plan is going to be taken quickly and effectively. Interviewees held out some hope for improved relations, with many participants committed to supporting CDPHE and other organizations in their efforts to improve LGBT health.



interviewee who said, “I’ve been really impressed with the leadership of CDPHE. When I told my national partners that this is going on people were really excited about it. Our folks have been pleased with the message that it sends.”

## Resources

After communication, the next most important ingredient for successful implementation of the plan will be the availability and allocation of resources. People and money were the two types of resources most often mentioned during the interviews. All interviewees committed to using their existing resources to achieve plan goals, but worried about the recession’s effect on future resources. An assessment of current resources and efforts are already under way. CDPHE and its partners will need to come together immediately to explore avenues for additional private, state and federal funding for goals in the plan.

## Coordination

The planning process taught participants a number of valuable lessons about coordination and the need to clarify roles and responsibilities. As roles are more clearly defined and partners begin to move forward with their parts of the plan, efforts to strengthen the coordination of statewide strategies and action steps will be key. The strengths that partners have identified – working in the communities, developing policy, acting quickly to change direction and being advocates for change – will need to be married to strengths that CDPHE staff identified – data analysis, developing new data sources, and tasking staff with appropriate integration of goals – to build trust in the communities and make effective coordination possible.

## Other

A number of other factors mentioned during interviews and in the comments drawn from the survey should be considered by CDPHE and LGBT communities as part of ongoing improvement and implementation efforts. For instance, several interviewees discussed ways that CDPHE could modify the funding it controls to give greater attention, priority and inclusion to the needs of the LGBT communities. It was suggested that periodic reviews of the plans may be needed to ensure progress and inform future efforts. It also is important to develop a specific set of outreach strategies to solicit input from

rural communities, people of color and economically disadvantaged individuals.

## Conclusion

The LGBT HOPP plan is a unique opportunity for the staff at the Colorado Department of Public Health and Environment and members of the lesbian, gay, bisexual and transgender communities to work together to address the health concerns of LGBT Coloradans.

The process for developing the plan had flaws but most who participated in it felt it was respectful, empowering and encouraging. Though the process achieved a level of inclusiveness that was laudable, it did not fully meet many expectations related to the participation of people of color, transgender individuals, rural individuals and economically disadvantaged individuals.

The evaluation of the process to develop the plan has revealed that there are historical trust issues between the department and the communities that need to be addressed in order to effectively implement the plan.

Lastly, most interviewees in the process believe that data are a crucial part of implementing the plan but are not yet available. Efforts to obtain quantitative and qualitative data from providers, LGBT community members, public health partners and the general population will take a consistent long-term commitment that must begin immediately.

*“I’ve been really impressed with the leadership of CDPHE during this project. When I told my national partners that this project was going on, people were really excited about it.”*  
*(Evaluation interviewee)*

Table 1: Survey Respondents' Opinions on the LGBT HOPP Plan Process, April 2012 (n/%) N=19

| Survey Question  | Agree/<br>Strongly<br>Agree | Disagree/<br>Strongly<br>Disagree | Not<br>Applicable | Do Not<br>Know |
|--|-----------------------------|-----------------------------------|-------------------|----------------|
| 1. Sufficient input from LGBT communities                  | 9/47.4                      | 4/21.1                            | 0/0               | 6/31.6         |
| 2. Sufficient input from diverse communities               | 7/36.9                      | 7/36.9                            | 0/0               | 5/26.3         |
| 3. Community meetings were in accessible locations         | 16/84.2                     | 2/10.5                            | 0/0               | 1/5.3          |
| 4. Planning meetings were in accessible locations          | 14/73.6                     | 1/5.3                             | 10.5              | 10.5           |
| 5. Community meetings were at accessible times             | 15/79.0                     | 2/10.5                            | 0/0               | 2/10.5         |
| 6. Planning meetings were at accessible times              | 14/73.3                     | 1/5.3                             | 2/10.5            | 2/10.5         |
| 7. Participation was encouraged                            | 15/78.9                     | 3/15.8                            | 0/0               | 1/5.3          |
| 8. Process showed respect for participants views           | 16/88.9                     | 1/5.6                             | 0/0               | 1/5.6          |
| 9. Process empowered participants                          | 15/83.3                     | 2/11.1                            | 0/0               | 1/5.6          |
| 10. Process encouraged participation from LGBT community   | 12/66.7                     | 2/11.2                            | 0/0               | 4/22.2         |
| 11. Process encouraged input from LGBT community           | 11/61.1                     | 3/16.7                            | 0/0               | 4/22.2         |
| 12. Process generated attention needed                     | 4/22.3                      | 7/38.9                            | 0/0               | 7/38.9         |
| 13. Pride in how plan is turning out                       | 14/77.7                     | 3/16.7                            | 0/0               | 1/5.6          |
| 14. Feel responsibility to implement plan                  | 14/77.8                     | 2/11.2                            | 1/5.6             | 1/5.6          |
| 15. Wiggio was effective for communication                 | 4/22.3                      | 11/61.1                           | 1/5.6             | 2/11.1         |
| 16. Communication between meetings was effective           | 9/50.0                      | 5/27.8                            | 0/0               | 4/22.2         |
| 17. Overall communication was clear and understandable     | 13/72.3                     | 4/22.2                            | 0/0               | 1/5.6          |
| 18. Expectations of participants were reasonable           | 11/61.1                     | 4/22.3                            | 0/0               | 3/16.7         |
| 19. Meetings were managed effectively                      | 12/66.7                     | 3/16.7                            | 0/0               | 3/16.7         |
| 20. Meetings were a good use of my time                    | 11/61.1                     | 4/22.2                            | 0/0               | 3/16.7         |
| 21. Participatory method during large groups was effective | 12/66.6                     | 1/5.6                             | 1/5.6             | 4/22.2         |
| 22. Participatory method during small groups was effective | 10/55.5                     | 3/16.7                            | 2/11.1            | 3/16.7         |
| 23. Sufficient time for tasks in planning workgroups       | 11/61.2                     | 1/5.6                             | 3/16.7            | 3/16.7         |
| 24. Sufficient leadership for tasks in planning workgroups | 10/55.6                     | 3/16.7                            | 3/16.7            | 2/11.1         |
| 25. Objectives and actions in the plan seem reasonable     | 15/88.3                     | 1/5.9                             | 0/0               | 1/5.9          |
| 26. Plan addresses LGBT health priorities                  | 12/70.6                     | 1/5.9                             | 0/0               | 4/23.5         |
| 27. Provides guidance for existing CDPHE units             | 14/82.4                     | 2/11.8                            | 0/0               | 1/5.9          |
| 28. Provides guidance for existing community organizations | 12/88.2                     | 2/11.8                            | 0/0               | 0/0            |
| 29. Have clear sense of where I "plug in" to plan          | 10/58.9                     | 5/29.4                            | 1/5.9             | 1/5.9          |
| 30. Gained or deepened meaningful connections              | 13/81.3                     | 2/12.6                            | 0/0               | 1/6.3          |
| 31. Gained new insights, knowledge or skills               | 13/81.3                     | 3/18.8                            | 0/0               | 0/0            |
| 32. The process is an effective method for the future      | 11/68.8                     | 1/6.3                             | 0/0               | 4/25.0         |

# Moving Ahead to Improve LGBT Health in Colorado

## Coordination within CDPHE

The department-wide Strategic Plan guides all health improvement efforts and prioritizes issues of health equity and environmental justice. Departmental leaders convened an unprecedented cross-divisional collaborative in Spring 2012 and charged the group with focusing specific strategies and resources to support the departments cross-cutting health equity and environmental justice priorities. CDPHE will lend coordination and oversight to the implementation of these plans through a number of related and overlapping efforts.

The **Office of Health Disparities** (OHD) is dedicated to eliminating racial and ethnic health disparities in Colorado by fostering systems change and capacity building through multi-sectoral collaboration. OHD staff members are committed to advancing the objectives and actions set forth here to engage Colorado's communities of color in tackling health disparities faced by LGBT people of color.

The **Office of Planning & Partnerships** (OPP) is dedicated to strengthening infrastructure and performance across the public health system through assessment, planning, technical assistance and local support. OPP staff members have participated throughout the HOPP planning process and are committed to elevating the attention to LGBT health among their networks, including all local public health agencies in Colorado.

The **Health Statistics Section** collects, analyzes and disseminates annual health survey data and will be primarily involved with objectives under Goal 4.

The **Disease Control and Environmental Epidemiology Division** (DCEED) works to track, control and prevent the spread of communicable diseases throughout the state and houses the state's workforce addressing sexually transmitted infections and human immunodeficiency virus (STI/HIV). The STI/HIV Section at CDPHE, due to its established collaborations with LGBT-serving organizations and providers, is poised to provide guidance and resources contributing to implementation of Goal 1 and Goal 2.

The **Prevention Services Division** (PSD) includes numerous work units and programs that contributed extensively to the development of HOPP plans and are already hard at work to elevate an LGBT health focus into existing initiatives. PSD programs actively promote core values of cultural competency and social equity in public health, as embodied in the nationally-touted Health Equity Framework created in 2011 by PSD's work group on social determinants of health. PSD leadership division leadership is committed to integrating LGBT-affirming policies and practices across delivery of all programs. Plans are underway to create work plan guidance for expanding LGBT cultural competence among program staff and develop standardized language for managers to utilize in writing Requests for Application that prioritize LGBT communities in PSD funding processes.

*4LGBT Health*, an active employee resource group (ERG) of LGBT and straight ally employees, is dedicated to promoting healthy living and respectful work spaces for LGBT Coloradans within and without of CDPHE. ERG members have contributed actively to the development of these plans and are dedicated to monitoring and supporting CDPHE's progress across all objectives.

## Potential Funding Considerations

For this plan to be successful, funding for initiatives to improve LGBT health outcomes must be secured from multiple and diverse sources. Community based health initiatives undertaken by LGBT serving organizations or organizations that have identified the LGBT population as a priority population are eligible to apply for community grants issued by state agencies. The partners collaborating to implement this plan will prioritize distribution of funding opportunity announcements to relevant community organizations focused on improving LGBT health outcomes within and across each goal area.

State agency allocation of personnel to lead implementation of this plan is a direct and useful way to resource the success of the plan overall. The redirection of existing funds or securing state level funding by including LGBT health outcomes in federal grant applications are also viable funding strategies. At the national level, identifying private and public funding sources like the HP 2020 grant that funded this planning process should be a priority. Leveraging the actions and partnerships outlined in this plan, together with the advocacy efforts of organizations like One Colorado, will likely lead to further resource commitment on the part of federal agencies and private foundations as the national focus on reducing LGBT health disparities grows.



## **We Need & Appreciate Your Help**

**To get involved, ask questions or become a partner for LGBT health in Colorado:**

Contact: Lorena Zimmer  
Health Equity & Access Branch  
CDPHE  
E-mail: [lorena.zimmer@state.co.us](mailto:lorena.zimmer@state.co.us)

**To view the full report on this project, including all the appendices, please visit:**

**<http://sites.google.com/site/lgbtcdpheinfo/>**

# Thank You to Our Partners

Sincere thanks to our funder for making this project possible! We look forward to continued work, supporting one another's efforts to advance LGBT health.



A huge thank you to our partners who participated in the HOPP and shared interest in the work. We look forward to working with you to put these plans into action.



Special thanks to a handful of individuals who went above and beyond to support this planning process:

- |                       |                   |
|-----------------------|-------------------|
| Christine Bakke-Oneil | Michael Ioeger    |
| Alison Grace Bui      | Kristin McDermott |
| Chris Bui             | Sarah Nickels     |
| Brad Clark            | Jennifer Woodard  |
| Danielle Cowles       | Leslie Wright     |

# LGBT HOPP Leadership Team



**Julie Graves, Project Director** - Julie is a Program Evaluator in the Epidemiology, Planning, & Evaluation Branch in the Prevention Services Division. Julie's evaluation work at CDPHE spans a variety of public health topics and employs multiple methods with specializations in evaluation capacity building, social determinants of health, and qualitative analysis. Prior to coming to CDPHE, Julie worked as an undergraduate instructor, a Licensed Professional Counselor with youth and families, and an outdoor educator. Julie has a Master's in Experiential Education (M.S.) and Community Counseling (M.S.), and is currently completing her doctorate in Educational Psychology.



**Bob Bongiovanni, Goal 1 Planning Leader** - Bob is the Manager of the HIV Care and Treatment Program at CDPHE. He began at CDPHE as coordinator of Coloradans Working Together: Preventing HIV/AIDS, a CDC-funded HIV prevention community planning process. Prior to joining CDPHE, Bob was a health educator coordinating HIV prevention services for Jefferson County Department of Health and Environment and was a founding board member and associate director of Rocky Mountain Center for Health Promotion and Education. Bob is an appointed member of the Denver Part A HIV Resources Planning Council and the Colorado Policy Steering Committee on Screening, Brief Intervention, and Referral to Treatment (S-BIRT). Bob holds a Master's in Psychology from Regis University.



**Bonnie Moya, Goal 2 Planning Leader** - Bonnie is a youth advocate and public health educator. She has diverse experience with programmatic design & implementation spanning early childhood education to primary prevention of violence. She infuses principles of Empowerment Evaluation into her work explicitly utilizing community wisdom to impact social conditions for decreased health disparities and improved wellness for all. Bonnie holds a Bachelor's in Communications (B.A.) and is a graduate student at the Colorado School of Public Health.



**Lorena Marquez Zimmer, Goal 3 Planning Leader** - Lorena has a Master's in Medical and Applied Anthropology (M.A.), and currently works as a Health Equity Coordinator for CDPHE. In this role she is leading the organizational change needed to address the social determinants of health. The Health Equity Model developed by her team is now part of the Public Health Improvement Plan and is being used as part of the assessment and planning for local public health agencies. She has also served as a public health research consultant specializing in qualitative research. She has been working with the Latino population for nearly 10 years mainly in the areas of maternal and child health, early childhood obesity, and injury prevention.



**Indira Gujral, Goal 4 Planning Leader** - Indira is a Senior Epidemiologist with the Epidemiology, Planning & Evaluation Branch in the Prevention Services Division. Dr. Gujral has a Ph.D. in Environmental Health from Colorado State University and currently assists prevention program staff with data analysis, report writing, capacity building, and training activities. Prior to coming to CDPHE Dr. Gujral worked as the Infection Control officer at the Medical Center of the Rockies. Dr. Gujral has published articles in peer-reviewed and non-peer reviewed academic journals and is currently working towards publishing a paper on health behaviors of the Colorado Lesbian, Gay, and Bisexual community.



**Arthur McFarlane II, Project Evaluator** - Arthur is a Program Evaluator with the Epidemiology, Planning & Evaluation Branch in the Prevention Services Division. Arthur has completed evaluation projects for a number of programs in PSD including key informant interviews for the Tobacco Program and focus groups for the Child and Adult Care Food Program. He is a trained facilitator and mediator and has worked at CDPHE for over 23 years in a number of statistical and managerial positions. He holds a Bachelor's degree in Psychology and is ABD for a Ph.D. in Social and Clinical Psychology.

## References

1. IOM (Institute of Medicine). (2011). *The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding*. Washington, DC: The National Academies Press.
2. Meyer, I.H. (2003). *Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence*. *Psychological Bulletin* 129(5):674-697.
3. Nemoto, T., L. A. Sausa, D. Operario, and J. Keatley. 2006. *Need for HIV/AIDS education and intervention for MTF transgenders: Responding to the challenge*. *Journal of Homosexuality* 51(1):183-202.
4. Substance Abuse and Mental Health Services Administration, *Top Health Issues for LGBT Populations Information & Resource Kit*. HHS Publication No. (SMA) 12-4684. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.
5. Romero, A.P., Rosky, C.J., Badgett, M.V.L., & Gates, G.J. (2008). *Census Snapshot: Colorado*. ([www.law.ucla.edu/williamsinstitute](http://www.law.ucla.edu/williamsinstitute) )
6. One Colorado Educational Fund. (2012). *Invisible: The state of LGBT health in Colorado*. Available at [www.one-colorado.org](http://www.one-colorado.org)
7. Colorado Department of Public Health and Environment. (2012). *Epidemiologic Profile of HIV and AIDS in Colorado*. Available at [www.stdhivco.org](http://www.stdhivco.org)
8. Boulder County Health Department. (2009). *Boulder County Youth Risk Behavior Survey*
9. Buffie WC. (2011). Public health implications of same-sex marriage. *Am J Public Health*. Jun;101(6):986-90. Epub 2011 Apr 14.
10. Human Rights Campaign. (2010). *Health Equality Index 2010*. Available at <http://www.hrc.org/resources/entry/healthcare-equality-index-2011>
11. Russell, G. & Richards, J.A., (2003). Stressor and resilience factors for lesbians, gay men, and bisexuals confronting antigay politics. *American Journal of Community Psychology*; 31(3/4): 313-328.
12. Kailey, M. (2007). *Focus on the Fabulous: Colorado GLBT Voices*. Boulder, CO: Johnson Books.
13. Kania, J. & Kramer, M. Collective impact. *Stanford Social Innovation Review*. Winter 2011, pp. 36-41.

# Resources

## National

- Center of Excellence for Transgender Health, <http://transhealth.ucsf.edu/>
- Fenway Institute, [www.fenwayhealth.org/](http://www.fenwayhealth.org/)
- Gay and Lesbian Medical Association, [www.glma.org](http://www.glma.org)
- Healthy People 2020, Lesbian, Gay, Bisexual, and Transgender Health, <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>
- Human Rights Campaign, [www.hrc.org](http://www.hrc.org)
- Joint Commission, [www.jointcommission.org/lgbt](http://www.jointcommission.org/lgbt)
- LGBT Health Families Initiative, <http://www.lgbthealthinitiative.com/>
- Lesbian Health and Research Center, [lesbianhealthinfo.org](http://lesbianhealthinfo.org)
- Movement Advancement Project, [www.lgbtmap.org](http://www.lgbtmap.org)
- National Center for Transgender Equality, <http://transequality.org/>
- National Coalition for LGBT Health, <http://lgbthealth.webolutionary.com/>
- National Resource Center on LGBT Aging, <http://lgbtagingcenter.org/resources/index.cfm?s=12>
- SAGE (Services and Advocacy for GLBT Elders), [www.sageusa.org](http://www.sageusa.org) (Thank you to SAGE for sharing photos for our cover).
- Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, [www.samhsa.gov](http://www.samhsa.gov), search for “Top Health Issues for LGBT Populations” and for “A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals”
- U.S. Department of Health and Human Services, bullying prevention project, [www.stopbullying.gov](http://www.stopbullying.gov)
- U.S. Department of Health and Human Services, Recommended Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Communities, [www.hhs.gov/secretary/about/lgbthealth.html](http://www.hhs.gov/secretary/about/lgbthealth.html)
- Williams Institute (for advancement of sexual orientation and gender identity law and public policy). <http://williamsinstitute.law.ucla.edu/>
- World Professional Association for Transgender Health, [www.wpath.org](http://www.wpath.org)

## Colorado

- Boulder Valley Women’s Center, Transgender Services, [www.boulderwomenshealth.org/our-services/for-lgbtqi/transgender](http://www.boulderwomenshealth.org/our-services/for-lgbtqi/transgender)
- GLBT Center of Colorado, [www.glbtcOLORADO.org/GeneralHealth.aspx](http://www.glbtcOLORADO.org/GeneralHealth.aspx)
- OASOS program for LBGT youth, <http://www.bouldercounty.org/family/lgbtiq/pages/oasos.aspx>
- One Colorado Education Fund, [www.one-colorado.org](http://www.one-colorado.org)

To view the full report on this project, including all the appendices, please visit:  
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Colorado Department  
of Public Health  
and Environment