



## Health4LGBTI Training

**Reducing health inequalities experienced by LGBTI people: what is your role as a health professional?**

**HEALTH  LGBTI**

REDUCING HEALTH INEQUALITIES EXPERIENCED BY LGBTI PEOPLE

# Health and health inequalities

## Module 2

## Module 2: Learning objectives

After this module, participants will have a better understanding of:

- ✓ factors that affect LGBTI people's health outcomes;
- ✓ specific health needs of LGBTI people;
- ✓ access and barriers to proper care faced by LGBTI people;
- ✓ barriers and challenges faced by healthcare professionals in providing care;
- ✓ the concept of intersectionality.

# MAIN CONTENTS

- 1) Health inequalities and root causes
- 2) LGBTI health and healthcare provision
- 3) Intersectionality

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# *Activity 1: Position & Privilege exercise*

**5 minutes**

**“When I seek healthcare, I am afraid I will have to disclose my sexual orientation, gender identity or sex characteristics”**

**“When I seek healthcare, I am afraid  
my sexual orientation, gender  
identity or sex characteristics will be  
disclosed to others against my will”**

**“When I seek healthcare, I am afraid I will face mockery, hostility or discrimination if my sexual orientation, gender identity or sex characteristics are known”**



**“When I seek healthcare, I am afraid I will be denied medical care or treatment because of my sexual orientation, gender identity or sex characteristics”**

**“When I need to go to the doctor, I specifically look for a LGBTI friendly healthcare professional”**

# *Health inequalities*

**“Health inequalities refer to the avoidable and unfair differences in health that are strongly influenced by the actions of governments, stakeholders, and communities and can be addressed by public policy”**

(EC, 2009 ; Gugglberger et al., 2016; Marmot, 2010; NHS Health Scotland, 2015; Sherriff et al., 2014)

# EQUALITY VERSUS EQUITY

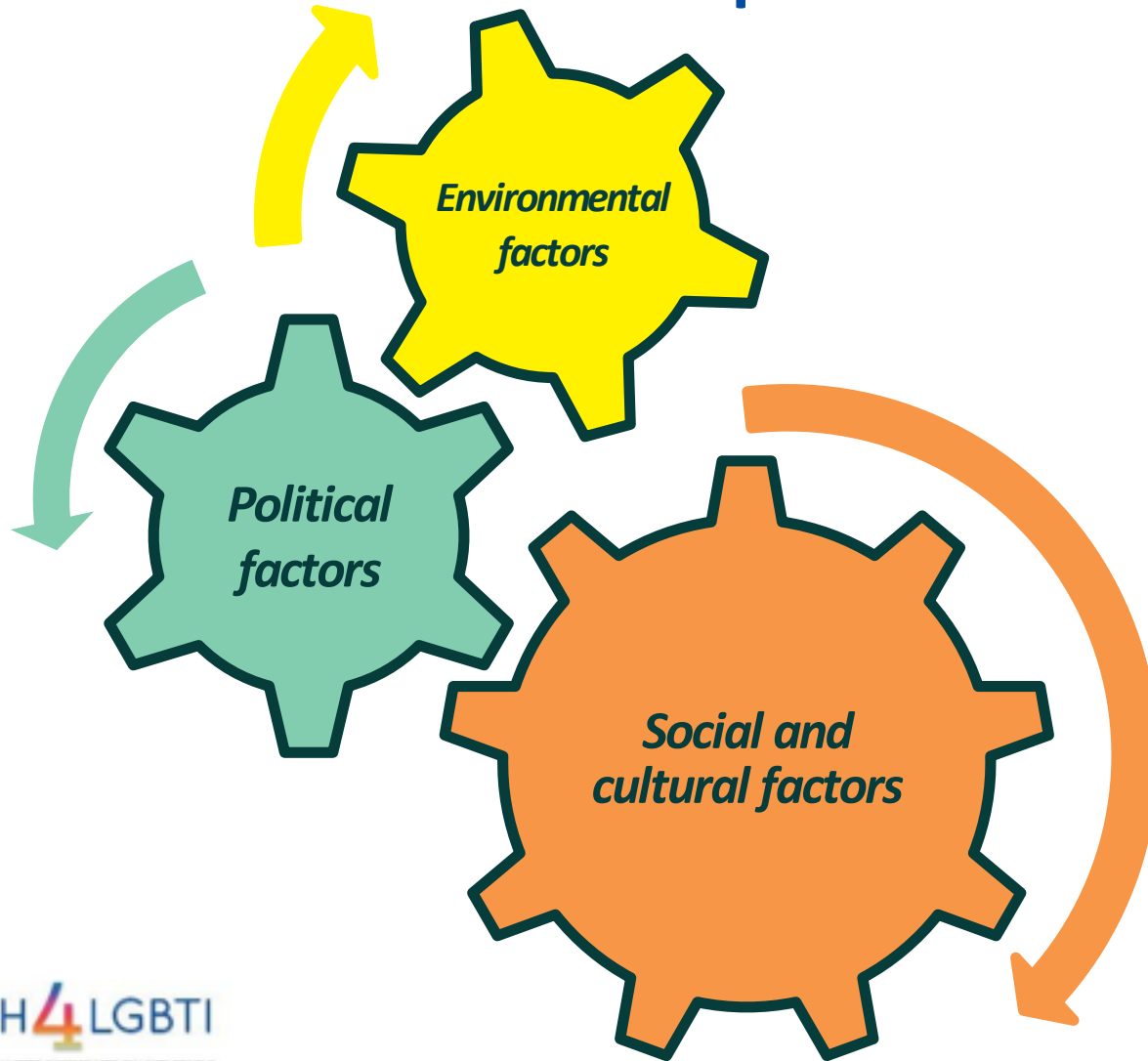




**“LGBTI people in Europe experience significant health inequalities within heteronormative [and cis-normative] contexts where heterosexuality based on binary gender is upheld as the social and cultural norm, as well as minority stress associated with sexual orientation, gender identity and sex characteristics, victimisation, discrimination and stigma”**

*(Zeeman et al., 2017 - Health4LGBTI Scientific Review)*

# Root causes of health inequalities



## Root causes

- **Heteronormativity / Cis-normativity**
- **Heterosexism / Cis-sexism**
- **Victimisation**
- **Institutional Discrimination**
- **Stigma (anticipated, internalised, enacted)**
- **Minority stress**



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# *Activity 2: Let's talk about LGBTI healthcare experiences*

**20 minutes**

# Large group discussion:

***“Which could be the potential causes of health inequalities in these quotes?”***

***“Which could be the potential barriers faced by health professionals and LGBTI patients/clients in this healthcare setting?”***

***“Which potential impact could they have on the healthcare pathways?”***

***“After experiencing the first symptoms of an illness, I feel huge emotional stress, because I know that after turning to a healthcare facility either I will have to come ‘out’ as lesbian and shock my doctor or I will have to conceal this fact and to face many misguided questions. As long as I have the choice, I will stay at home and will try to treat myself independently. The healthcare sector is alien, unsafe and not understanding my needs.”***  
***(Lesbian woman, Lithuania)***

(Source: Brochure – LGL 2010 Ten things about LBT women’s health. The National LGBT\* Rights Association)

***“I went to my doctor with a stress-related illness and mentioned that ‘coming out’ to my family had been a recent source of stress.***

***He responded by telling me that his sister had recently ‘come out’, told me that he was still revolted by it, and said that his family were operating a ‘don’t ask don’t tell’ policy.***

***He didn’t seem to have any awareness that this might have an impact on my reaction to him!”***

***(Bisexual woman, UK)***

**(Source: Report – TLGF 2014 Beyond babies & breast cancer: Expanding our understanding of women's health needs. The Lesbian and Gay Foundation)**

***“I have contacted 16 doctors from [name] and local towns. Most of them wrote back to me explaining that they do not work with people like me and they have no information [about the options of transitioning in Slovakia]. They know nothing, they are not trained or they simply wrote to me that they are not interested in meeting me.”***  
***(Anonymous, 20 year-old, Slovakia)***

**(Source: Guidebook - Transfúzia 2015 The standards of trans-inclusive environment in the healthcare system. Transfúzia)**

***LT LGBTI 2: I feel horrible when they refer to me as 'she' only because it is in my documents... There was a situation. I went to see an eye doctor, and they referred to me as 'she', 'she', 'she', 'she'. I felt horrible, I hate to hear this. Hence, I try not to go there.***

***LT LGBTI 9: Did you ask them to refer to you as "he"?***

***LT LGBTI 2: I did. Funnily, when I came they were saying 'he', 'he', then they read 'she' in my documents and that was it. I was referred to as 'she' for the rest of my visit.***

***(Lithuania LGBTI Focus Group)***

***“They made [asked] me various intimate questions, including on my biology and sexuality. I was so uncomfortable that I left as soon as possible. I was afraid for my well-being.”***

***(Trans man, 21 years old, Portugal)***

***(Source: Report/brochure - Pinto, et al., 2015 Equality on health. Associação ILGA Portugal)***

***“A trans woman went to the pharmacy with a valid receipt.  
The pharmacist did not fill the prescription and said: ‘You  
won’t get female hormones, I can see that you are a man’.”***

*(Trans woman, Austria)*

**(Source: Magazine Article – Kunert, C. 2014 What’s the point of that masquerade?  
WLP News, Zeitschrift des Wiener Landesverbandes für Psychotherapie)**



<https://www.youtube.com/watch?v=2asPSMg0HDk>

From min 4:30 to min 6:28

## *Video*

**2 minutes: watching the video**

**20 minutes: large group discussion**

# Large group discussion:

***“Which could be the potential causes of health inequalities in these quotes?”***

***“Which could be the potential barriers faced by health professionals and LGBTI patients/clients in this healthcare setting?”***

***“Which potential impact could they have on the healthcare pathways?”***

**20 minutes**

# Barriers for health care professionals



## Examples of barriers LGBTI people face when accessing care

- Prejudicial attitudes and intolerant or discriminatory behaviour of staff including inappropriate curiosity;
- Unequal treatment;
- Needs being ignored or not recognised;
- LGBTI people being subjected to humiliation;
- Denial of access to treatment;
- Disclosure of gender identity, sexual orientation or sex characteristics;
- Fear of any of the above.

*What is known about the health inequalities faced by LGBTI people as it relates to healthcare settings?*

# *Activity 3: Quiz on health inequalities*

**5 minutes**

# True or false?

## 1. Lesbian women are at increased rates of polycystic ovaries and polycystic ovary syndrome

It's true. Figures: In a study of 254 lesbians and 364 heterosexual women, a higher rate of polycystic ovaries (80% vs. 32%) as well as higher rates of polycystic ovary syndrome (38% vs. 14%) was found in lesbian women compared to heterosexual women. (see Meads et al., 2012).

## 2. Only half of lesbian and bisexual women in one sample attended cervical screening

It's true. (Boehmer et al., 2011a; Cochran & Mays, 2012; Meads et al., 2012; Meads & Moore, 2013).

## 3. More than one fifth of gay and bisexual men are depressed and more than half of them experience anxiety

It's true. The figures are respectively 21.3% and 56.4 % (Hickson et al., 2016; See also Meads et al., 2012).

## 4. One fifth of lesbian and bisexual women had deliberately self-harmed (in the past year before the study was conducted)

It's true. (King et al., 2008; Meads et al., 2012)

# True or false?

## 5. More than half of trans women suffer of depressive symptoms

It's true. (Budge et al., 2016)

## 6. Almost two-thirds of intersex people have considered suicide (compared to 3% of the general population)

It's true. The exact figure is 60%. (Jones, 2016)

## 7. Gay and bisexual men are more than at twice at risk of developing drug dependence than their heterosexual counterparts

It's true. The exact figure is 2.4 times higher. (King et al., 2008)

## 8. Almost nine out of ten HIV-positive gay men carry the human papilloma virus

It's true. The exact figure is 89%. (Blondeel et al., 2016)



## Health inequalities faced by LGBTI people

- Scientific review and review of grey literature in all Member states overwhelmingly suggest that significant health inequalities exist for LGBTI people
- LGB people are 1.5 times more likely to report unfavorable experiences of primary care provision compared to the general population and reported less satisfaction
- Trans people felt they had to educate health professionals, as they did not have sufficient knowledge to address trans related health needs, issues and experiences

# Health inequalities faced by LGBTI people

- Endocrinological
- Oncological
- Long-term medical conditions
- Mental health
- Substance use and mis-use
- HIV-STI

## Endocrinological care

<b>Polycystic ovaries</b>	✓ <b>Lesbian women:</b> increased rates of polycystic ovaries and polycystic ovary syndrome (research is needed to gain an understanding of the underlying reasons) (Meads <i>et al.</i> , 2012)
<b>Weight discrepancies</b>	✓ <b>Lesbian and bisexual women:</b> higher risk of raised weight with an increased BMI or a higher ratio of BMI over 30 (Eliason <i>et al.</i> , 2015)  ✓ <b>Gay and bisexual men:</b> 44% of gay and bisexual men were overweight. The ratio increased with age, older gay and bisexual men were more likely to be overweight. An upward level of education, showed lower rates of being overweight (Bourne <i>et al.</i> , 2016)

## Oncological care

<p><b>Cervical cancer</b></p>	<ul style="list-style-type: none"> <li>✓ Only half of <b>lesbian</b> and <b>bisexual women</b> attended cervical screening due to the perception that they do not need screening, placing them at a higher risk of developing cancer (Meads <i>et al.</i>, 2012)</li> <li>✓ <b>Bisexual women:</b> cervical cancer rates more than twice than other women (Boehmer <i>et al.</i>, 2011)</li> </ul>
<p><b>Prostate cancer</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Gay men</b> with prostate cancer may experience significant body changes such as surgical scars, loss of sexual function and weight gain leading to negative body image for some (Hill &amp; Holborn, 2015)</li> </ul>
<p><b>Anal cancer, liver cancer and Kaposi sarcoma</b></p>	<ul style="list-style-type: none"> <li>✓ 53.6% of HIV-negative <b>gay men</b> vs 89% of HIV-positive <b>gay men</b> carry the human papilloma virus and human herpes virus infections, gay men are considered at high risk of anal cancer (Blondeel <i>et al.</i>, 2016)</li> </ul>

## Long-term medical conditions

### Arthritis, spinal problems, and nerve damage or chronic fatigue syndrome

- ✓ 10.2% of gay men in the sample had long-term conditions or a disability that restricted their activities of daily living and their ability to work.
- ✓ Most prevalent health problems in the total sample included musculoskeletal problems (arthritis, spinal problems, and nerve damage or chronic fatigue syndrome) in 3.4% of **gay male** participants. (Meads *et al.*, 2012)

# Mental health 1/2

## Psychological or emotional conditions and mental distress in general

- ✓ **Bisexual** patients: greater risk of poor mental health due to an enduring psychological or emotional condition compared to heterosexual, gay and lesbian counterparts (Elliott *et al.*, 2015)
- ✓ **Trans people**: considerably higher rates of mental distress (Reisner *et al.*, 2016).
- ✓ 28% of **intersex** participants experienced difficulties accessing specialist care; the majority of participants had never been offered access to psychological support services and reported the lowest satisfaction with care (Thyen *et al.*, 2014)

## Mental health 2/2

<b>Eating disorder</b>	✓ <b>Gay and bisexual men:</b> approximately 7% had eating disorders (Meads <i>et al.</i> , 2012)
<b>Depression and anxiety</b>	✓ <b>Gay and bisexual men</b> suffer worse mental health than heterosexual populations; 21.3% of them were depressed, 56.4% experienced anxiety (Hickson <i>et al.</i> , 2016; Meads <i>et al.</i> , 2012)  ✓ <b>Trans people:</b> rates of depressive symptoms (51.4% for trans women; 48.3% for trans men) and anxiety (40.4% for trans women; 47.5% for trans men) were significantly higher than those for the general population (Budge <i>et al.</i> , 2016)

# Suicide and deliberate self-harm

- ✓ A meta-analysis showed that **lesbian and bisexual women** are 1.82 times at higher risk of suicide attempts compared to heterosexual women. 5% of lesbian and bisexual woman attempted suicide and 20% had deliberately self-harmed (King et al., 2008; Meads et al., 2012)
- ✓ **Gay and bisexual men** are at two-fold higher risk of suicide attempts, and four times higher risk over a lifetime compared to men in general (King et al., 2008)
- ✓ Increased levels of suicidal ideation and suicide attempts emerged in **trans populations** (22-43 % of trans people reporting a history of suicide attempts; 84% lifetime prevalence of suicidal ideation) (Bauer et al., 2014; Bauer et al., 2015; Haas et al., 2010; Reisner et al., 2016)
- ✓ Incidence of suicide attempts amongst **intersex people** were 19%, with 60% having considered suicide compared to 3% people in mainstream populations; 26% had self-harmed (Jones, 2016)



## Substance use

<b>Smoking</b>	<b>Bisexual women:</b> high risk of smoking for weight control (Meads et al., 2012); 25% of <b>gay and bisexual men</b> smoke compared to 21% heterosexual men (Bourne <i>et al.</i> , 2016)
<b>Alcohol use</b>	43% of a sample of gay and bisexual men in England drank alcohol on four days per week or more, compared to 24% heterosexual men. Of those men, alcohol consumption was highest for those over the age of 45 and lowest for men aged 16 to 35 (Bourne et al., 2016; Gonzales et al., 2016)
<b>Illicit drug use</b>	19% of gay and bisexual men had used illicit drugs vs 12% heterosexual men. Illicit drug use was highest in gay and bisexual men aged 25 to 45, and lower in those aged 45 and beyond (Bourne et al., 2016; King et al., 2008)

*Questions and comments?*

## An example of social stigma affecting individual behaviour: HIV-STI testing

- Structural stigma against LGBTI at the country level is deeply influencing behaviour and **self-identification** (Pachankis et al, 2016)
- Stigma influences the health seeking behaviour, such as **accessing to HIV-STI testing services** (Oldenburg et al, 2014; Pachankis et al, 2015; Mirandola et al, 2016)

→ Literature confirms the role of both broader (structural stigma) and personal (e.g. perceived homophobia) factors in substantially shaping the health of LGBTI persons, with particular reference to access to HIV and STI testing services.

## Multiple stigmas among HIV positive LGBTI persons

Multiple stigma might play a role in at least three different components:

- the disclosure of sexual orientation (and often HIV status) is linked with **fear and anxiety when accessing the healthcare system** (Wao et al., 2016)
- HIV-related stigma impacts a **proper treatment adherence** (Katz et al, 2013)
- Multiple stigmas related to HIV positivity might therefore heavily impact the **serum-status disclosure before sexual encounters**

→ Research confirms that stigma plays a detrimental role on the health of HIV positive people, particularly affecting their access to healthcare services.

*Questions and comments?*

# *Activity 4: “Situations in the clinical practice”*

**20 minutes: small group discussion**

**20 minutes: large group discussion**

# Situations in clinical practices

Questions for each situation:

- **What are the specific health issues at stake in this situation?**
- **Who are the stakeholders and what is their role?**
- **What are the factors that lead to this problematic/positive situation?**
- **What are the consequences on persons' health in case of intervention or lack thereof?**
- **Which preventive measures were / should be taken to address the situation?**

# Gina

Gina is a woman of 78 years old. When she was younger, she struggled to have her family accept her being in a same sex relationship. Unfortunately, this never quite worked out, and until today, Gina has a rather distant relationship with her family. She lived together with her partner for 33 years until her partner died. They never had children. After the death of her partner, Gina lived alone for 3 years. One day, though, she fell from the stairs at home and after a few weeks in the hospital, her family proposed that she move to a senior health care facility. They said she would have appropriate health care and company there so she would not feel lonely. Gina opposed going to the facility as she mistrusts health institutions, painfully recalling how they tried to “cure” her sexual orientation when she was younger. Besides, one of her friends came out in his senior health care facility a couple of years ago and said that he did not feel welcome anymore after his coming out. Therefore, Gina started to feel very anxious, thinking that her health may deteriorate further and force her to move to a senior healthcare facility. She did not go to her general practitioner anymore as she feared he may speak to her family and insist that she could not stay at home any longer.

However, she saw a TV programme about inclusive healthcare facilities for senior people in the US. People seemed very happy there. She had no clue those existed. She took the initiative to look for such facilities in her own city. Although she didn't find one in her small city, she found one in the capital and decided to take an appointment with the Director. She asked very bluntly how it would feel for her to live there as an openly lesbian woman. The Director reassured her that all the staff was trained on diversity issues, that the facility had joined a certification programme and had adopted a code of conduct on respect and inclusion.



# Luís

Luís is a young gay man aged 17. He never felt comfortable at school as he has a learning disability. Matters got worse when he was outed as gay by a classmate at age 15. The bullying began and even sports class, which Luís used to enjoy so much, became hell as the other boys started telling him he could not share the dressing room with them because he would get aroused. Luís became very despondent. He did not see how he would make it to the end of the school year and even thought about ending his life. He started self-harming and suffered from depression. Luckily, Luís' parents are very supportive. Seeing that he had such a hard time, his father decided to take him to the doctor to look for help. Luís had never felt quite at home at the doctor and at first, he did not want to go. Finally, his father convinced him. At the doctor's they talked about mental health problems due to the school bullying. When the doctor insistently asked for the reason of the school bullying, Luís reluctantly said it was because of his sexual orientation. Upon hearing that, the doctor immediately affirmed he could not provide Luís with any support. He said that in the past, he would have proposed him a conversion therapy, but as "politically correct politicians" had disapproved of those practices, he had really no option for him. The doctor then avoided eye contact and rushed through the rest of the consultation. Luís left the doctor feeling stigmatized and depressed.

# Sarah

Sarah is a 30 year old woman of African descent. Since puberty, she has been obsessed with her physical appearance. She has suffered from eating disorders since then. When she was in high school, she had a love affair with a girl. She was afraid other students would learn about this relationship and, though she had been a very good pupil in the past, her marks fell drastically. As a result of her under-achievement at school, she was advised not to pursue a university degree but to opt for a vocational education institution where she studied accounting. There, she dated a man for a while but their relationship came to an end. She does not care about the gender of her partner. The only thing she would like is to fall in love with someone. For now, she is dating another student, a woman. Her parents are very disappointed she broke up with her boyfriend and disapprove of this new relationship. Because she was not interested at all in accounting, she put an end to her higher education and is trying to find a job, but so far without success. In the meantime, she still lives at her parents place. She has kept on going out a lot during week-ends and she engages in binge-drinking and even sometimes takes cocaine. She never goes to see her family general practitioner because she does not want her lifestyle to be judged by anyone and because health is not a priority for her right now. In addition, the last time she saw her mother's gynecologist, the doctor refused to prescribe her a contraceptive pill arguing that she did not need any as she was in a relationship with another woman.

Recently, she started to have severe stomach problems and her girl-friend encouraged her to see a doctor. She contacted a local LGBTI organisation and asked for doctors trained in LGBTI issues. Sarah went to see one of those doctors and felt listened to for the first time. She could not stop crying while telling her story. The doctor prescribed her some blood tests, set up a follow-up appointment for the next month and referred her to a colleague who is a psychologist.

## Luca

Luca is 45. He lives in a small village. He is married to a woman and has three kids but Luca feels attracted mostly to men. He has known this since he was a teenager. He has never felt ready to come out and eventually got married to a friend of his sister. A few times a year, Luca goes out to a gay club in the city. But since he found out about gay dating apps and websites, he has more and more opportunities to meet men, even in other small villages. Whereas in the sex club he was using condoms systematically, he often has unprotected sex with those men he meets online as they always discuss first about their HIV status. Luca sometimes wonders whether he should get tested but does not know where to go to get tested in an anonymous way. His family doctor would never propose him such a test without Luca telling him that he has sex with men, and Luca feels that the doctor could out him to his family. In addition, in case he tests HIV-positive, he could never face it. He would need to tell the truth to his wife, to his family. His colleagues would learn about it. He is sure that he would be fired. He would not be able to pay for the treatment. That would be the end of everything he has built. And anyway, he read that migrants, sex workers and drug users were the ones really at risk of getting HIV infected and he is sure he's never had sex with "one of them".

## Intersectionality

**Intersections between a range of dimensions associated with social and cultural difference that people are subjected to** (Meads *et al.*, 2012; Zeeman *et al.*, 2016).

*Example: Bilal is gay and Muslim. He may be stigmatised both within the gay and the Muslim community. He may also face intersectional discrimination within the health sector, based on the combination of his sexual orientation and of his religion.*

The response to such markers of difference varies amongst European MS and is influenced by (amongst other things) a range of legal, political and economic factors

***These dimensions are interdependent and intersect to create and sustain health inequalities***

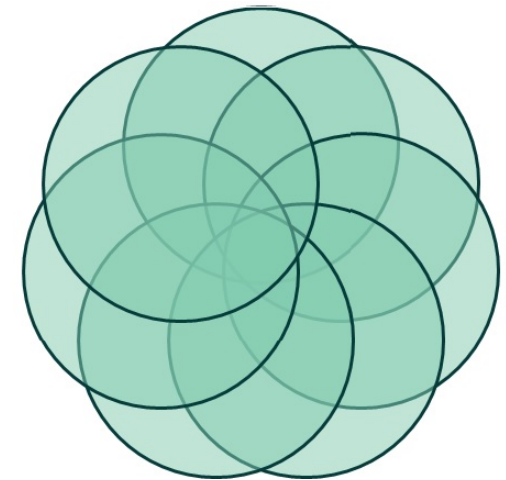
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# Large group discussion:

**Which intersections could create and sustain the health inequalities in the previous situations?**

## Intersectionality

- Being an older person
- Being a younger person
- Having a socio-economical disadvantage
- Being an asylum seeker and refugee, migrant
- Living in rural areas
- Having disabilities
- Being a LGBTI person



**In general, there appears to be very little research exploring intersectionality for LGBTI people, but particularly so for trans and intersex people.**

**Intersections of LGBT(I) identities were found to contribute to LGBTI health inequalities.**

***"Actually, so far, I haven't thought there could be a LGBT senior. I thought that only the young ones are ..."***

Manager of a health and social care institution, Czech Republic

Source: Report - Špatenková & Olecká 2016 LGBT elderly people. PROUD



***LT LGBTI 4: “I believe that everything should start with a GP because if you don’t trust your GP then you have to choose private services...”***

***LT LGBTI 6: “Only if you have money. Some people, most of the people, especially young students do not have money to spare for private hospitals and they have no other possibilities.”***

Source: Lithuania LGBTI Focus Group

*“It is so much harder to access the healthcare services that are friendly to LGBT communities especially from smaller places that have a worse contact with the community.*

*Sometimes they have to travel, can't afford it, they can't explain the travel to the family because they don't know. Because they haven't come out so they don't receive any help.”*

Source: Poland LGBTI HCP Interview

## Key Findings on intersectionality

- **Living in rural areas** appears to contribute to health inequalities and have implications for access to services
- **Older LGB people** can experience both physical and mental health difficulties as they age; social support can act as a protective factor
- Many **young LGBT** people experience mental health difficulties and substance misuse
- Mental health practitioners will benefit from increase awareness of the psychosocial impact of abuse experiences on LGBT(I) **migrants**
- LGBT(I) people on **lower incomes** may be at a higher risk of mental health problems and smoking (data limited)
- LGBT(I) people with **disabilities** due to chronic health conditions or poor physical or mental health are more likely to be disabled at a younger age

*Questions and comments?*

# Wrap-up

Think of something that you have learned.

Think of something that you would put in  
place after the training!

Share it with your neighbour.

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