



HEALTH4LGBTI Conference Summary Report

1-2 February 2018

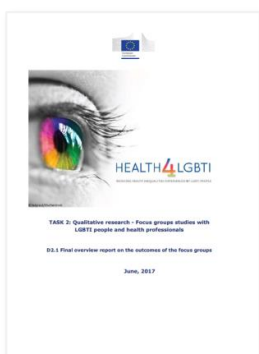
Reducing Health Inequalities Experienced by Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) People

This report is the summary of the final conference of the European Commission funded pilot project HEALTH4LGBTI, which took place on 1-2 February 2018 at the Permanent Representation of the Federal Republic of Germany in the EU and at the European Committee of Regions. Nearly 120 participants from public bodies from national level as well as civil society organisations from both EU and national level took part.

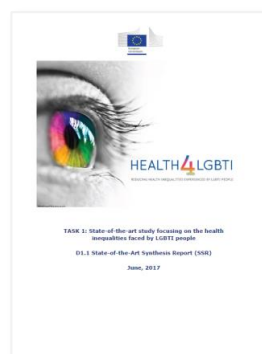
HEALTH4LGBTI set out to better understand how best to reduce health inequalities experienced by lesbian, gay, bisexual, trans and intersex (LGBTI) people, focusing on overlapping inequalities stemming from discrimination and unfair treatment on other grounds (e.g. older, younger, refugee, immigrant, disability, rural location, poverty).

The project explores the particular health needs and challenges faced by LGBTI people and analyses the key barriers experienced by health professionals when providing care. The aim was to raise awareness of these challenges and to provide European health professionals the tools, skills, and knowledge needed to overcome the barriers identified, to contribute to the reduction of health inequalities.

Find the training material developed for health professionals at https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment2



State of the Art Synthesis Report on Health Inequalities Faced by LGBTI People



Focus Groups Report with LGBTI People and Health Professionals



Training Modules (.ppt) for Health Professionals (see topics on p. 4)



Trainer's Manual for the Training Modules

For more information about HEALTH4LGBTI, please contact HEALTH4LGBTI Consortium Leader Dr. Massimo Mirandola, Verona University Hospital at massimo.mirandola@aovr.veneto.it

Addressing the challenge of health inequalities experienced by LGBTI people

*Speakers: **Dennis van der Veur**, Head of Sector Fundamental Rights Forum & Major Events, European Union Agency for Fundamental Rights (FRA); **Ortwin Schulte**, Head of Unit Health Policy, Permanent Representation of the Federal Republic of Germany to the European Union. and **Dr. Ralf-René Weingärtner**, Head of Family Affairs, Senior Citizens, Women and Youth Division Permanent Representation of the Federal Republic of Germany to the European Union; **Sirpa Pietikäinen**, Finnish MEP in the EPP group; **Katrin Hugendubel**, Advocacy Director, ILGA-Europe (moderator); **Ian Askew**, Director of Department of Reproductive Health and Research; **John F. Ryan**, Director of Public Health, Country Knowledge and Crisis Management, DG SANTE, European Commission; **Massimo Mirandola**, Verona University Hospital, Director of CREMPE (the Veneto Regional Coordination Centre for European Project Management), and Coordinator of Health4LGBTI; **Maja Österlund**, Programme Manager, Swedish National Board of Health and Welfare; **Moninne Griffith**, Executive Director, BeLonGTo.*



***Ian Askew**, Director of
Department of Reproductive
Health and Research, WHO*

New vision: Leave No One
Behind. WHO is not just about
health but also well-being.

The main conclusion of the conference was that health inequalities among LGBTI people are a serious challenge, but there are many ways to address it. The sessions were alternately chaired by **Katrin Hugendubel**, Advocacy Director at ILGA-Europe and **Caroline Costongs**, Director at EuroHealthNet.

The conference was opened by the hosts **Dr. Ralf-René Weingärtner** and **Ortwin Schulte** from the German Permanent Representation to the EU: Germany has had a painful history when it comes to the human rights of LGBTI. They are taken very seriously now; today, Germany is at the forefront of fighting for the rights of LGBTI people and defending their needs.

Sirpa Pietikäinen, MEP, added that the European and international actions are essential; the European Parliament had a central role in the HEALTH4LGBTI project in that the European Parliament had taken the initiative and pushed for the project. Sirpa reiterated that we can go even further: she called for a Strategy for LGBTI health issues, among others, to remove any laws that undermine the rights of LGBTI people.

Massimo Mirandola, the Coordinator of the HEALTH4LGBTI project, Director of the Veneto Regional Coordination Centre for European Project Management (CREMPE) - Verona University Hospital presented the work of the HEALTH4LGBTI project. HEALTH4LGBTI delivers training material (training modules and a trainer's manual) for health professionals developed on the basis of the scientific evidence outlined in the state-of-the-art report on the health inequalities faced by LGBTI people and the focus groups studies with LGBTI people and health professionals.

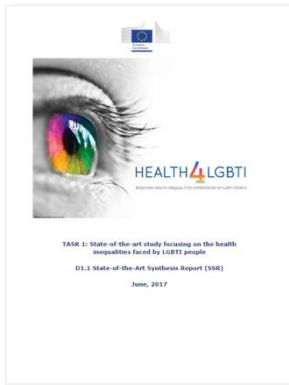
John F. Ryan, Director in DG SANTE in the European Commission, explained how he valued the attention to health promotion approaches demonstrated in HEALTH4LGBTI. The European Commission has several work streams within the field of addressing health inequalities by the means of health promotion and disease prevention; notable activities include an upcoming Joint Action on Health Inequalities and the recently concluded VulnerABLE project.

Ian Askew, Director at WHO, welcomed the HEALTH4LGBTI results, he reminded the audience that health is more than a mere attention to diseases/ill-health, it is about well-being.

Moninne Griffith, BeLonGTo (Ireland) explained that it is hard to get equality, visibility and inclusion, when stigma and discrimination is still experienced in the workplace and in healthcare settings. **Dennis van der Veur**, European Union Agency for Fundamental Rights shared how LGBTI people experience inappropriate curiosity, which may lead them to avoid going to the doctor. **Maja Österlund**, Swedish National Board of Health and Welfare, emphasised the importance of national actions to reduce health inequalities faced by LGBTI people as well as the necessity of working together across agencies and sectors, since many others, not just health care professionals play a role in relation to the health and wellbeing of LGBTI people.

Findings and lessons learned from the Health4LGBTI research

Speakers: *Nigel Sherriff, Laetitia Zeeman, Nicholas McGlynn, Kath Browne* from University of Brighton, the United Kingdom. Moderator: *Caroline Costongs*, Director, EuroHealthNet.



State of the Art Synthesis Report, June 2017

57 papers were reviewed; many of which systematic reviews of international research. In total, 400 research studies were comprised in the scientific review.



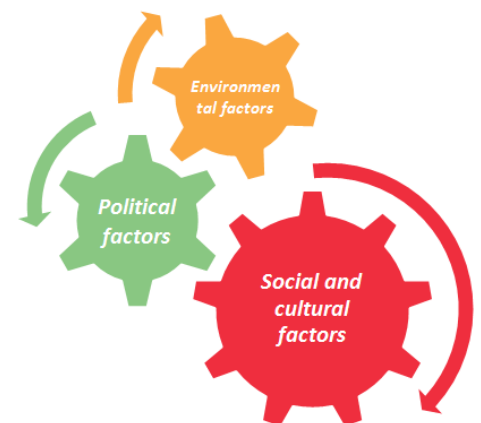
Focus Groups Report with LGBTI people and health professionals, June 2017

The focus group study was conducted in 6 diverse countries; Belgium, Bulgaria, Italy, Lithuania, Poland and the United Kingdom.

The root causes of health inequalities faced by LGBTI people are complex. They often lie in the environmental, social, political and cultural factors surrounding LGBTI people. The causes of health inequalities include a range of factors such as minority stress, victimisation, individual and institutional discrimination and stigma. In addition, heterosexism and heteronormativity may lead to barriers that prevent access to care where health professionals may (un)intentionally and (un)knowingly be disrespectful and insensitive. With increased knowledge and understanding health professionals can work in partnership with LGBTI people to address these barriers and ensure service provision becomes more inclusive and accessible for all.

Dialogue with the audience touched upon the lack of research of older and ethnic minority LGBTI people, and the balance between universalism and targeted services, where ultimately both would be preferable (proportionate universalism). Participants and speakers also shared how many health professionals fail to recognise that they are themselves in need of specific training on how to address the needs of LGBTI people.

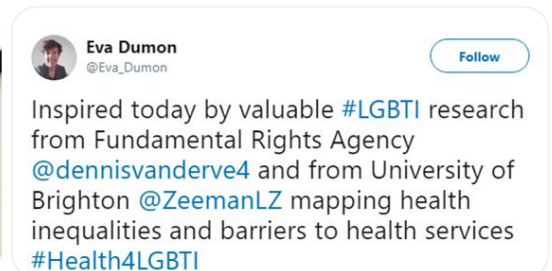
Causes of health inequalities



Source: Meads *et al.*, 2012; Utamsingh *et al.*, 2016; Whitehead, Shaver, & Stephenson, 2016.

Recommendations:

- > Further research is needed to determine the general health profile of trans and intersex people.
- > LGBTI people should be included in research about their health needs and in decision-making about healthcare delivery.
- > Training of health professionals in all member states should be put in place to raise awareness of LGBTI people's health needs and to promote cultural competence in healthcare settings.
- > Access to mental health services for LGBTI people should be improved, particularly for trans and intersex people.
- > Medical literature should be updated particularly on trans and intersex health.
- > Health care professionals should work in partnership with LGBTI people to reduce the barriers that prevent access to healthcare.



Tweet from a participant at the HEALTH4LGBTI conference, 1 Feb

The Health4LGBTI training package: Engaging health professionals to tackle LGBTI health inequalities

Speakers: Paul Lindquist, Commissioner at Stockholm County Council, Swedish Member of the Committee of Regions; Francesco Amaddeo, Valeria Donisi, and Francesco Farinella, Verona University Hospital, Italy; Nuno Pinto, ILGA-Europe Consultant, Portugal; Tomas Vytautas Raskevičius, Human Rights Policy Coordinator, LGBT Rights Organization LGL, Lithuania; Magdalena Rosińska, Associate Professor, National Institute of Public Health-National Institute of Hygiene, Poland, and Ruth Davis, Project Manager, Verona University Hospital; Katrin Hugendubel, Advocacy Director, ILGA-Europe (moderator).*

Paul Lindquist from Stockholm City Council, spoke on behalf of the Committee of Regions which hosted the conference. Lindquist stated that HEALTH4LGBTI is important to local authorities, and suggested an Erasmus+ Programme for health professionals.

Francesco Amaddeo, from Verona University Hospital, and **Nuno Pinto**, from the Board of ILGA-Portugal, presented the training modules developed for HEALTH4LGBTI. The training modules were based on the scientific findings of the Focus Group Study and the State of the Art Synthesis Report. The training courses were designed for health care professionals, but are also suitable for support staff in healthcare environments (e.g. secretaries, administrative staff).

Module 1: Introduction, awareness raising, terms and concepts

Module 2: Health and health inequalities

Module 3: Communication and practice

Module 4: Trans and intersex health

Recruitment for the pilot training was easy. The participants were very LGBTI-friendly. **Tomas Raskevičius** from LGL explained how the pilot training was received in Lithuania. The modules on *Concepts & Terms* and *Communication & Practice* were perceived very useful. Participants were very interested in the module on *Trans & Intersex Health*, but also seemed overwhelmed with the complexity of information. The module on *Health Inequalities* was deemed a bit heavy on scientific data.

Magdalena Rosińska, from the National Institute of Public Health-National Institute of Hygiene of Poland, presented the conclusions of the evaluations of the knowledge acquired at the pilot trainings sessions. HEALTH4LGBTI training model was found to be a promising intervention to improve knowledge and skills of health professionals and to close cultural competence gaps. Based on the conclusions, the following was recommended to contribute to successful dissemination: i) resources, ii) institutional support, and iii) locating integrating the modules within accredited training curricula.

Introducing the training modules developed in HEALTH4LGBTI



The participants to the final conference took part in three workshops relating to module 2-4, where they were highly engaged and found the training material to be both innovative and useful. Many deemed that it could be implemented in their work.

“Inclusiveness”, “Inspiration”, “Funding”, “Training”, and “Change” where among the main insights participants said they would take home.

The feedback from the participants included the following ideas:

- > More training on health inequalities in general is required.
- > Apply systematic approach, e.g. mainstream LGBTI health in the medical curricula and make sure that ministries work across silos.
- > Strike a balance between a bottom-up approach and top-down approach – both are equally necessary.
- > Additional cultural adaption would be appropriate.
- > There is a practical need to translate the material to the EU Member States languages.
- > Strengthen focus on the doctor-patient relationship. Even more “tips” and advice are needed.
- > The training material could be adapted even better to suit the needs of different types of health professionals.

Next steps for policy change: Going further in addressing health inequalities for LGBTI people

Speakers: **Hazal Erding**, Medical Ethics & Human Rights Director, European Medical Students' Association (EMSA); **Irena Moozova**, Director of Equality and Union Citizenship, DG JUSTICE; **Rafik Taibjee**, General Practitioner, Merton Medical Practice; **Ian Askew**, Director of Department of Reproductive Health and Research, WHO; **Caroline Costongs**, Director, EuroHealthNet (moderator); **Jürgen Scheftlein**, Policy Officer, Health Determinants and Inequality-Unit, DG SANTE, European Commission; **Sophie Aujean**, Senior Policy and Programmes Officer, ILGA-Europe.



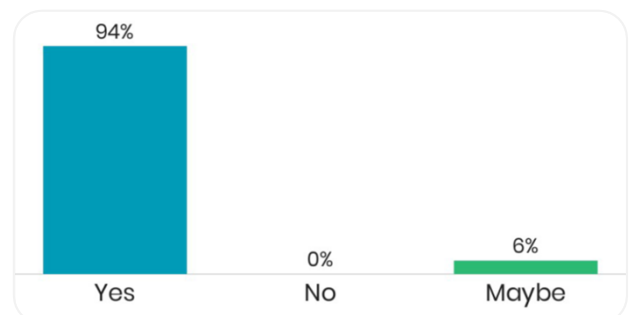
“Equality [for LGBTI people] will not deprive equality from others”

- Irena Moozova, Director of Equality and Union Citizenship, DG JUSTICE

- > Panellists and audience members jointly **called for a holistic approach** to tackle the health inequalities of LGBTI people. This also involved directing attention to well-being instead of limiting ourselves to address health. Both health and wellbeing should be considered. There is also a need to focus on the positive when addressing LGBTI health with doctors.
- > The discussions further pointed to the need for **policy action**, including anti-discrimination laws which also cover health, the need to mainstream LGBTI health into health systems, the need to uncover the further barriers in the health systems to accessing health care, and the importance of implementing existing laws.
- > Both the European Commission and the World Health Organisation offered **institutional support** in the fight against health inequalities experienced by LGBTI people. DG SANTE has set up the Resource Centre for Best Practices and a new Steering Group on Health Promotion and Disease Prevention, with whom the material from HEALTH4LGBTI will be shared. The WHO representative reiterated that the organisation is available to provide support, e.g. to promote cooperation among different sectors and professionals.
- > The need to **ensure the HEALTH4LGBTI material is actively used** was stressed. The suggestion to integrate the material in medical training and curricula was raised repeatedly. It was also noted that translation of the material would be necessary for the effective uptake and use of the deliverables.



Tweet from a participant at the HEALTH4LGBTI conference, 2 Feb



Source: “Would a follow-up conference to discuss measures to make health systems more LGBTI-inclusive be useful?” (Mentimeter tool, 54 respondents)