

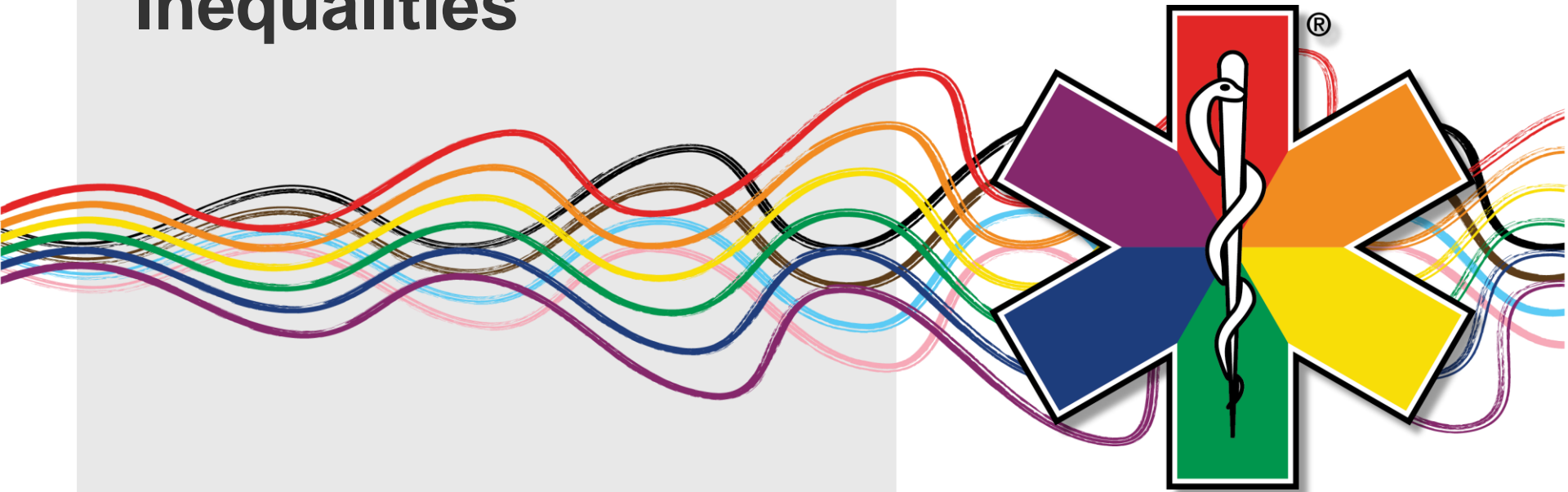
Understanding LGBT+ Health Inequalities

Alex Ewings and
Alistair Gunn

15 January 2023



**National Ambulance
LGBT+ Network**



**Celebrating the sexual orientations
and gender identities of all our
patients, staff and communities**

Copyright © NALGBTN, 2023

This 15 Minute Read

Copyright © National Ambulance
LGBT+ Network, 2023

Contributors to this 15 Minute Read
are Alex Ewings and Alistair Gunn.

The information included in this
15 Minute Read is produced in good
faith and every effort is taken to make
sure information is correct. All views
expressed are those of the author
and may not be representative of the
National Ambulance LGBT+ Network.
All information and links included
were correct at time of production.

An Editorial Team oversees the
production and consistency of all
15 Minute Reads. Members of the
team are Tony Faraway,
Alistair Gunn, Jen Palmer-Violet and
Kirsten Willis.



The rainbow and trans star of life
symbols are registered trade marks of
the National Ambulance LGBT+
Network, and should only be used
with permission.

LGBT+ Network Information

The National Ambulance LGBT+
Network exists to provide support to
LGBT+ staff within UK ambulance
services and ensure LGBT+ patients
receive the right care.

The national committee is made up
from two members from each NHS
ambulance service and additional
members with specialist roles. The
committee meets four times a year.

Further information about the
network, copies of our resources, link
to our online shop and a calendar of
events can be found on our website.

Information about LGBT+ networks in
each NHS Trust, including contacts,
can also be found on our website.

You can also contact members of the
committee using the *Contacts* feature
on our website.

ambulanceLGBT.org

Follow us on social media:



National Ambulance LGBT+
Network



@NatAmbLGBTUK

Getting Involved

15 Minute Reads

If you have an idea for a 15 Minute
Read, or you'd like to author an
edition, please get in touch with our
Editorial Team using the *Contacts*
feature on our website.

Author guidance information and a
style guide are available to support
aspiring authors.

Local Networks

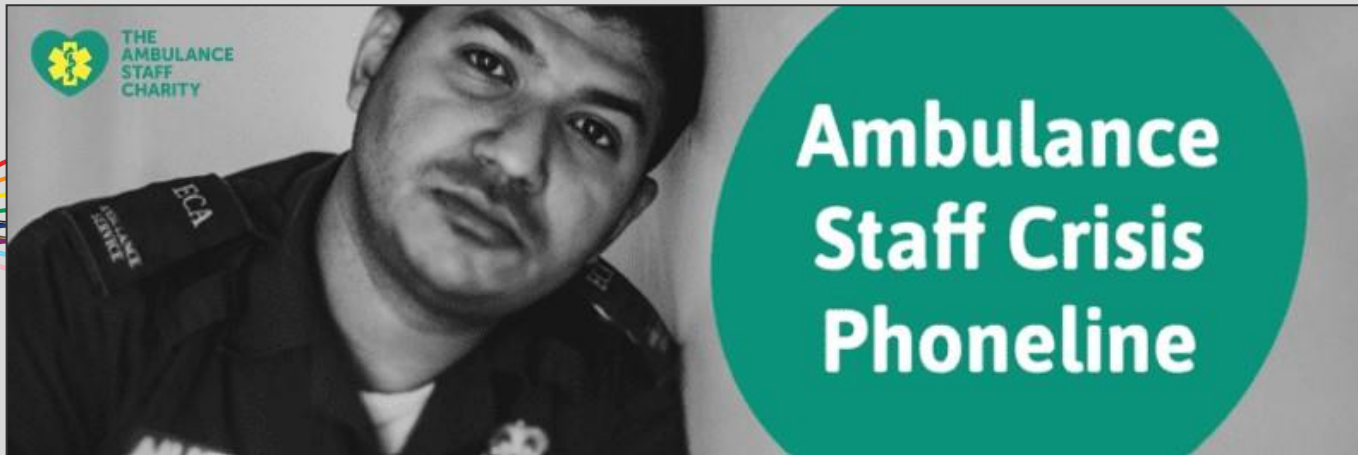
All of our local networks are always
looking for people to get involved.
Have a look at the *Networks* feature
on our website for contact
information.

National committee members are
appointed by local networks.

Events

We publish a calendar of events
that you can get involved with, which
includes our annual conference.
Special events happen in LGBT+
History Month (February) and
throughout the Pride season (June to
August each year).

It is always worth contacting your
local network to see if they are
planning any additional events.

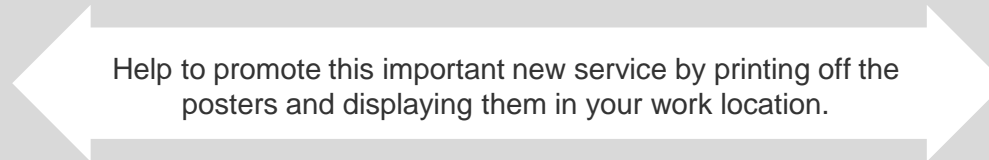


The Ambulance Staff Crisis Phonenumber

This new dedicated telephone line is available 24-hours a day, seven days a week and is operated by trained personnel. The number to call is **0300 373 0898**.

The service is available to all ambulance personnel.

More information is available at theasc.org.uk/crisis.



Introduction



Health inequalities are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- **Health status**, for example, life expectancy.
- **Access to care**, for example, availability of given services.
- **Quality and experience of care**, for example, levels of patient satisfaction.
- **Behavioural risks to health**, for example, smoking rates.
- **Wider determinants of health**, for example, quality of housing.

Definition from the King's Fund

In this month's 15 Minute Read, **Alex Ewings**, our Patient Experience Lead, and **Alistair Gunn**, Network Chair, set out to update our knowledge of health inequalities linked to LGBT+ people and communities. This is more complex than most people think as LGBT+ isn't just one thing. Read on to find out more.



Health Inequalities



As we strive to attune the care we provide to different communities we serve, we need to understand the health inequalities that are at play. Health inequalities are complex and in this article we are going to concentrate on two areas; firstly those health statuses and determinants that are more prevalent in LGBT+ people and secondly how the experience of health services varies as a result of belonging to that particular group.

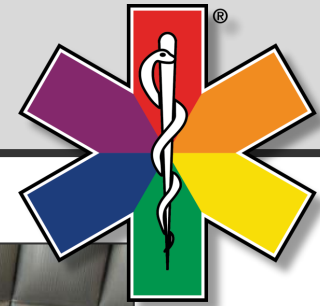
For the health status and determinants part, the more awareness clinicians have of health inequalities the more likely it is that we will identify the opportunities to do something about them. In actual fact, there are very few health inequalities for LGBT+ people that will be the primary cause of an ambulance callout, however we hope this short article will help you identify some of the underlying issues for which you may be able to provide support. These will be different depending on whether we are considering a person's sexual orientation or gender identity, or indeed both.

The area upon which we can certainly have an impact is people's experience of health services. As the front-end service for many people, it's really important we get this right and do not alienate people. A bad experience at the start will very often translate to a poor experience of all NHS services. To many people the NHS is one body and the ambulance service is one component of that.

Back in 2020, just as the Covid-19 pandemic was taking hold, the LGBT Foundation released a fantastic report called *Hidden Figures*, which provides an up-to-date look at the health inequalities for LGBT+ people. The report is incredibly comprehensive, and structured around understanding people's needs in the early part of their life, as they enter later life and everything in-between. The pandemic has certainly stopped this report from being socialised as much as it could have been, but it's well worth considering the content.



Hidden Figures Report



The *Hidden Figures* report is structured in three main sections:

Starting Well

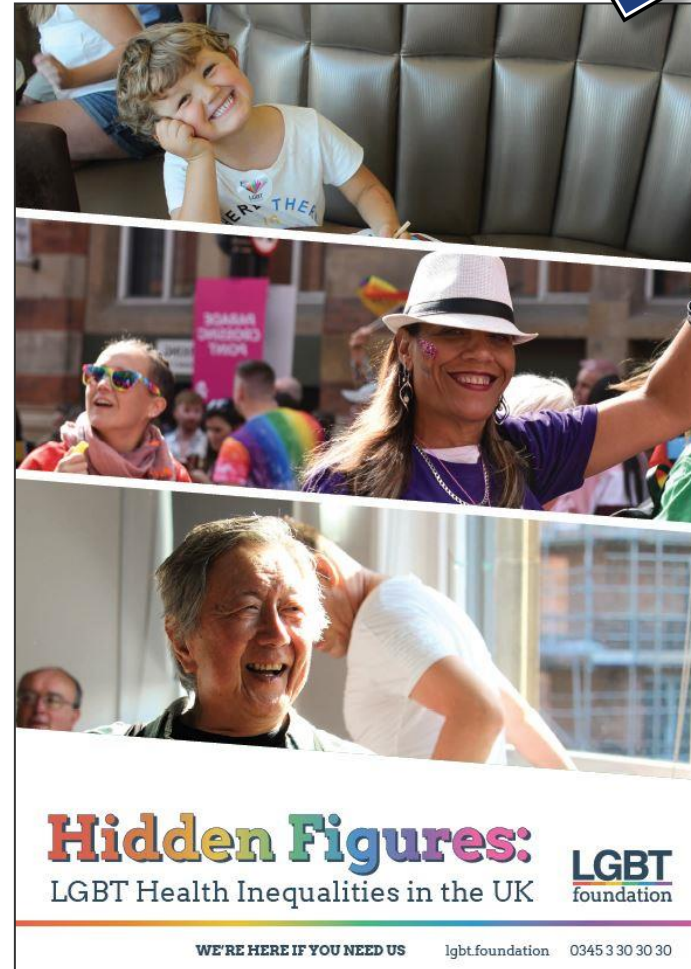
Despite our consciousness of issues for LGBT+ people, and changes in legislation, acknowledging sexuality and starting a trans journey are still major sources of stress and anxiety for LGBT+ people.

Living Well

The largest part of the *Hidden Figures* report concerns itself with the wide range of health issues that have an impact on LGBT+ people in adult life. This includes health concerns, risk-taking behaviours, accessing screening services and barriers to healthcare and mental health services.

Ageing Well

Many services seem to be ill-equipped to deal with the needs of older LGBT+ people, or fail to acknowledge their existence. This stops many people accessing the care they really need.



Well worth a read! You can access a copy of this report at:
[ambulancelgbt.org/resources/committee-zone/
useful-documents](http://ambulancelgbt.org/resources/committee-zone/useful-documents)

Deconstructing LGBT+



Sexual Orientation

Def: Sexual orientation is about who you're attracted to romantically, emotionally and sexually, and with whom you want to have relationships with.

Parts of LGBT+ acronym involved:



Historically, it was estimated that around **10%** of the UK population identify as *non-heterosexual*. Information from the last two censuses indicates that number is slightly lower, at around **7%**. It is believed that the information in the last two censuses is more reliable, as people become more comfortable disclosing such information with the equalisation of rights and introduction of the Equality Act in 2010.

The census information also indicates there are regional differences in the number of gay people, many preferring to live in larger cities where people perceive there to be better facilities.

Gender Identity

Def: Gender identity is who each of us are as a person in relation to being male, female, transgender, or gender diverse. It defines who we are, how we're seen by the world around us, and the way we express ourselves through behaviours, characteristics and thoughts.

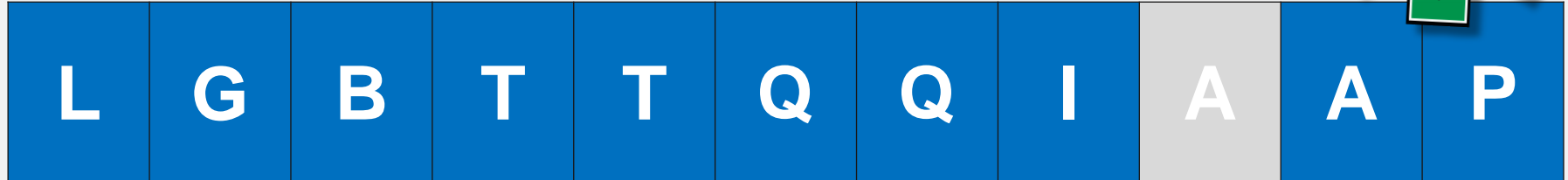


Information from the UK Census in 2021 showed that **0.5%** of people indicated that their gender is different from their sex registered at birth. That equates to around 1 in 200 people and is evenly split between transitioning to male and female. This is the first time this information has been collected and therefore it is not possible to say if the number of people transitioning in the UK is increasing.

There are only a small number of clinics providing specialist services for trans people in the UK and long waiting lists for people to access them.



The Full Acronym



What does the full acronym mean?

The full LGBT+ acronym stands for *lesbian, gay, bisexual, transgender, transexual, queer, questioning, intersex, ally, asexual and pansexual*. These are the ten main ways people identify in terms of sexual orientation and/or gender. There is one additional group of people described next.

Why is one of the letters greyed out?

The eagle-eyed amongst you will note that one of the letters is greyed out. The first A stands for *ally*, which is any person, usually not gay or trans, that actively support those that are. The health inequalities we are talking about in this resource do not apply to allies, and therefore we have coloured it grey to acknowledge this.

The two Q's are highlighted for both sexual orientation and gender identity. Is that right?

The term *queer* is not limited to either one of these groups and is a term used, often by younger people, to say they are non-heterosexual or their gender is not that assigned at birth. The term *questioning* describes a period of time that many non-heterosexual people experience on their journey to understanding their own sexual orientation or gender identity.

Can I find out more?

The National Ambulance LGBT+ Network has produced a professional development resource to help people understand the LGBT+ acronym even more. Find out more at ambulanceLGBT.org.



Sexual Orientation Inequalities



Health status and determinants:

- ❖ **22%** of young* LGB people have tried to take their own life.
- ❖ **61%** of young* LGB people have deliberately harmed themselves.
- ❖ **52%** of LGB people reported experiencing depression.
- ❖ **15%** of LB women have never had a smear test (compared to 7% for all women).
- ❖ **41%** of LGB people live alone, compared to 28% of non-LGB people.
- ❖ Figures for alcohol consumption, drug use and smoking are higher amongst LGB people.

Experience of health services:

- ❖ **23%** of LGB people have experienced anti-LGBT remarks from healthcare staff.
- ❖ **19%** of LGB people have not revealed their sexual orientation to their GP. This rises to **40%** for bisexual men and **29%** for bisexual women.
- ❖ **7%** of LGB people have been outed without consent by healthcare staff. This increases to **15%** for LGB people with a disability.
- ❖ **25%** of LGB people experienced 'inappropriate curiosity' from healthcare staff.

* Young people in the report are those aged 11 to 19 years.



Sexual Orientation Inequalities



When it comes to identifying the most vulnerable LGB people the story has changed little over the years, despite many rights equalising and representation being stronger. The two main areas of concern are the young and the elderly.

Although many schools and colleges have LGBT+ support facilities, the issue of disclosing your sexuality continues to be a massive source of anxiety. It's not surprising when you read that 45% of LGBT+ young people reported being bullied at school because of their sexuality. Incredibly though, the age that young people first *come out* has actually fallen, with more young people likely to acknowledge they are LGB or trans whilst in education. An increasing number of young people, who get the right support, reported only experiencing positive reactions.

Where anxiety is experienced, challenges to mental health are likely and determinants around self-harm, alcohol consumption, drug use and smoking

are all higher than for the general population. The statistics for attempted suicides for LGB and trans people are shocking and clearly show there is more work to do.

Ambulance staff are only likely to interact with these young people for a completely different issue or when something has gone majorly wrong. The person's sexuality will, of course, not be the presenting complaint. These young people will be vulnerable and probably not at ease making a declaration unless they feel really at ease with the clinician. It goes without saying that sensitivity and openness are things that will help.

For older LGB people there are a completely different set of factors. Health determinants at this point are likely to be more normalised, but people's prior experience of health services will really play out. If people have not received supportive attitudes in the past, this will become their expectation in future.



Sexual Orientation Inequalities



What is more, many older LGBT state how health services forget that they have a sexuality. Whilst its common to talk about people's lives and past experiences, defaulting to assumptions about having a husband or wife will likely close down the conversation rather than promote it.



There are many older LGB people who remember times when society was not as accepting, and may even have been subject to investigations and prosecutions. It is easy to forget that the scars of such experiences can be very deep and have an impact on how people view services for the rest of their lives.

The principles for working with LGB people in general are very simple. Treat everyone with respect and avoid making judgements. Using inclusive language lets people know immediately that you are an informed person and if you want to wear a rainbow star of life pin badge it's likely people will identify you as LGBT+ friendly.

An alarming statistic in the *Hidden Figures* report is how many LGBT+ people have experienced 'inappropriate curiosity'. Around 25% of LGBT+ people stated they had been asked questions that have no relevance to the presenting condition. In our own survey we found numerous examples of this. One gay man living with HIV reported that, whilst a paramedic was attending to his broken leg, he was subjected to a searching interrogation as to how he contracted the virus. If in doubt think about the discussions and questions you would have in general. If the person wants you to know more, they will volunteer that information.



Gender Identity Inequalities



Health status and determinants:

- ❖ **45%** of young* trans people have tried to take their own life.
- ❖ **84%** of young* trans people have deliberately harmed themselves.
- ❖ **67%** of trans people reported experiencing depression.
- ❖ At least **60%** of trans people have experienced emotional, physical or sexual domestic abuse.
- ❖ **41%** of trans people have experienced transphobic hate crime.
- ❖ Statistical information about older trans people is lacking.

Experience of health services:

- ❖ **40%** of trans people experienced at least one negative experience of healthcare services.
- ❖ **18%** of trans people had received 'inappropriate curiosity' and **21%** felt their specific needs were ignored or not taken into account.
- ❖ **80%** of trans people experienced anxiety before accessing healthcare services, fearing insensitivity, misgendering and discrimination.
- ❖ In one survey almost **60%** of older trans people had concerns about availability of appropriate care.

* Young people in the report are those aged 11 to 19 years.



Gender Identity Inequalities



When it comes to understanding the needs of trans people, you only need to look at the statistics on the previous page to realise something is wrong. Many trans people experience *gender dysphoria* which is discomfort or distress because there's a mismatch between their biological sex and gender identity. After transitioning an alarming number of people suffer prejudice, bullying or rejection. It's not a recipe for happy lives.

Accessing supportive health services is also very difficult for trans people. Many health professionals are ill-equipped to deal with the needs of trans people and those that get referred into specialist services face huge waits to get an appointment. Waits of two to three years are not uncommon. There are currently only seven centres in the UK that specialise in gender identity which means most people have to travel some distance.

There is a lot of discussion in the media at the moment about trans rights. On the positive side

we now collect information in the national census that means we can understand how many people are likely to need support. On the negative side there is a lot of debate as to when people should be allowed to access services and abuse, particularly online, directed toward trans people is very prevalent.

Once again, when treating a trans patient, respect and compassion are as important as every other patient. Some trans people will naturally be suspicious or hesitant about disclosing information until they identify you as a supportive person. One thing many people have told us is that clinicians often appear to 'clam up' and interactions feel awkward. Similarly, a large number of clinicians state they feel ill-prepared to deal with trans people and fear saying something wrong. Most people can differentiate between a well-meaning mistake and someone deliberately being harmful. Informing yourself about trans people will give you more confidence and help you feel more at ease.



Providing Informed Care



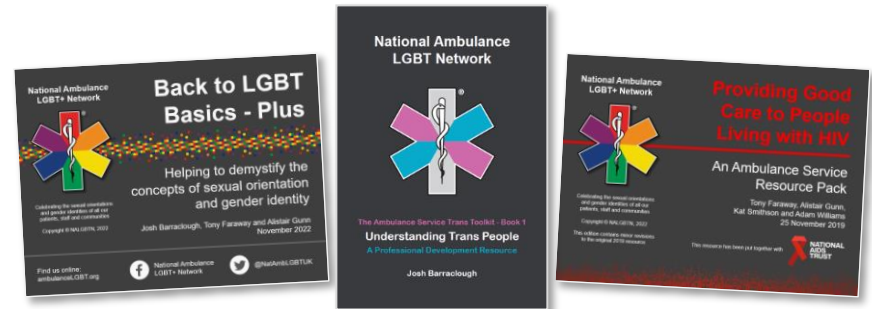
As a network we are really keen to improve the experience of our LGBT+ patients, encourage more inclusive working practices and address health inequalities where they exist. In terms of addressing health status and determinants, there may not be a great deal we can do to improve them but our awareness of the issues will certainly help to make our services better.

Our biggest opportunity is to strive to ensure all our LGBT+ patients have a positive experience. Whilst clinical knowledge will always be a priority, understanding how to attune our care to different groups of people is how we make the service exceptional. When stating this we are cognisant that there are many other sections of our society to learn about as well as our LGBT+ communities.

The National Ambulance LGBT+ Network has produced three professional development resources to help ambulance staff deliver great care. They are free to access and you can print



certificates for your portfolio. All three are available on our website at ambulanceLGBT.org.



Our three professional development resources

Our mantra is #InformedCare is great care!



An LGBT+ Friendly Service



Show the same professional courtesy to everyone you meet. You are there to look after people, not to judge them.



Take your cues from the person and mirror their terminology. If they refer to 'partner', you refer to 'partner'.



Call out bad practice and non-inclusive behaviours when you see it. If you walk past bad behaviour, you are accepting it.



Saying 'I treat everyone the same' is admitting to bad practice. Be informed and attune your care to the people you treat.



Be a true ally to LGBT+ people. Talk to people and 'walk in someone's shoes' to see what their lives are really like.





National Ambulance
LGBT+ Network



National Ambulance LGBT+ Network Conference 15 & 16 June 2023

Brooks Building, Manchester Metropolitan University



The conference will include
learning activities held in partnership
with the National Ambulance BME Forum
and National Ambulance Disability Network



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Conference 2023



After an absence of three years, we are delighted to announce that our annual conference will return in 2023. Whilst the pandemic and operational pressures may have stopped us going ahead until now, we wanted to return with something bigger and more ambitious than ever before. For our next conference we return to Manchester Metropolitan University. The conference will be held over two days, on the 15 and 16 June.

The two main themes of this conference will be intersectionality and how best the ambulance service can meet the needs of people with multiple protected characteristics as well as demystifying the LGBTTTQQAAP acronym. If all that sounds ambitious we will also look at the role of allies in supporting the development of services and creating supporting environments for staff. It is for that reason we are looking for each Ambulance Trust to identify delegates from three specific groups to attend the conference. These are:

- LGBT+ staff
- People of influence
- Aspiring allies

The first day of the conference will take the form of a traditional conference with keynote speakers and breakout workshops. The second day aims to be more informal and will provide a wide range of different learning experiences with which to engage. We will be announcing the full programme and speakers in the coming months.

Registration for the conference will begin on 1 March 2023. Each NHS Ambulance Trust will have 15 delegate places to fill and it is up to each Trust to decide on a selection process. To register you will need the promo code for your organisation's delegate places. On 1 May 2023 any remaining places will be made freely available to all NHS ambulance staff on a first come, first served basis.

INTERSECTIONALITY+

National Ambulance LGBT+ Network
Conference: 15 & 16 June 2023

Photo View



The launch of the *Hidden Figures* report at the Best Practice in LGBT Healthcare event in Manchester in March 2020.

Dr Mike Brady (left), NHS England LGBT Health Advisor, is photographed with Paul Martin, Chief Executive of the LGBT Foundation.

