Why it is important not to ignore LGB&T health inequalities

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Introduction

Good quality research on health inequalities in people of minority sexual orientation and gender identity is available. The UK Office for National Statistics standardised sexual orientation data collection in 2009, and gender identity was also collected in the UK Census 2021, but the research community seems not to have kept up with developments, and lesbian, gay, bisexual and trans (LGB&T) health inequalities are still omitted from many influential publications.

Below is a summary of minority sexual orientation and gender identity health inequalities research. Also presented are some of the influential publications that omit mention of minority sexual orientation and gender identity health inequalities. Then we discuss of the consequences of these omissions, and actions that can be taken to remedy the problem. The intention is to tackle these health inequities, which are unnecessary, avoidable and unjust.

Evidence on LGB&T health inequalities

#UK adults who identify as lesbian/gay have higher prevalence of common mental disorders when compared to heterosexuals. (Semlyen et al 2016, Saunders et al 2021). Association different by age:

- under 35 OR = 1.78 (95%CI 1.40 to 2.26)
- 35-54.9 OR = 1.42 (95%CI 1.10 to 1.84)
- 55+ OR = 2.06 (95%CI 1.29 to 3.31) (Semlyen et al 2016)

#Higher rates in UK trans people of dementia (OR = 3.1 (95%CI 2.5 to 3.9), and mental health problems (OR = 2.0 (95%CI 1.9 to 2.2) (Saunders et al 2023)

#Higher rates of long-term conditions (adjusted for deprivation, ethnic group, region and age) in UK sexual minorities:

- Women: angina or heart problem, arthritis or joint problem, asthma or chest problem, blindness or severe visual impairment, deafness or severe hearing impairment, diabetes, epilepsy, kidney or liver disease, long-term back problem, long-term neurological problem, all other conditions
- Men: asthma, cancer, epilepsy, kidney or liver disease, neurological conditions, all other conditions (Saunders et al 2021)
- There were no conditions for which sexual minority adults were at lower risk

#Higher rate of pregnancy in adolescent girls who subsequently come out as lesbians or bisexual women (Hodson et al 2016). Women who have sex with women (with 1 male partner in the past) are less likely to attend for smear tests (OR=0.10 (95%CI 0.08 to 0.13) but more likely than women who have sex with men to have cervical intraepithelial neoplasia (OR= 2.25 (95%CI 1.19 to 4.24) (Saunders et al 2021b)

#UK lesbians and bisexual women have worse health experiences impacting negatively on access, service uptake and health outcomes. Significant barriers included heteronormative assumptions, negative responses to coming out, ignorance and prejudice from healthcare professionals, and barriers to raising concerns or complaints. (Meads et al 2019)

"I was scheduled for a small bit of surgery and was asked to give a pregnancy test. I pointed out that I was not only a gay woman but also post-op male-to-female trans. The reply was 'Well, best to be sure'"

Negative responses were frequently reported in the context of coming out during cervical screening:

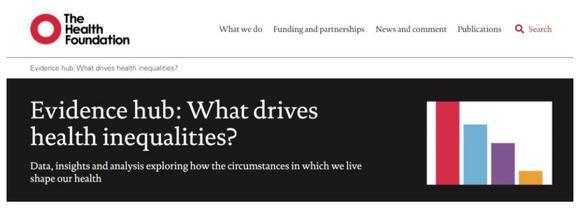
"It was her face, I'll never forget it, but she was physically repulsed, and that is how it felt, she was absolutely appalled"

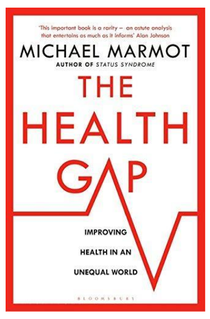
References

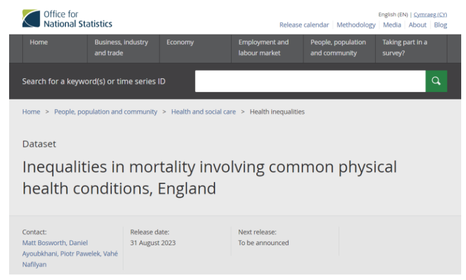
Hodson K, Meads C, Bewley S. Lesbian and bisexual women's likelihood of becoming pregnant: a systematic review. BJOG 2016 DOI:10.1111/1471-0528.14449. **Meads** C, Hunt R, Varney J. A systematic review of sexual minority women's experiences of healthcare in the UK. International Journal of Environmental Research and Public Health 2019;16:3032; doi:10.3390/ijerph16173032. **Saunders** C, MacCarthy S, Meads C, Massou E, Mant J, Saunders A, Elliott MN. Long-term conditions among sexual minority adults in England. BJGP Open 2021; DOI: 10.3399/BJGPO.2021.0067. **Saunders** CL, Berner A, Lund J, et al. Demographic characteristics, long-term health conditions and healthcare experiences of 6333 trans and non-binary adults in England: nationally representative evidence from the 2021 GP Patient Survey. BMJ Open 2023;13:e068099. **Saunders** C, Massou E, Waller J, Meads C, Marlow LA, Usher-Smith, J. Cervical screening attendance and cervical cancer risk among women who have sex with women. Journal of Medical Screening 2021b;28(3):349-356 **Semlyen** J, King M, Varney J, Hagger-Johnson G. Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysisof 12 UK population health surveys. BMC Psychiatry (2016) 16:67.

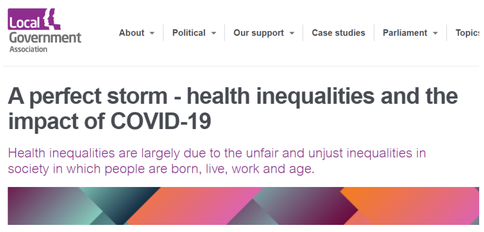
Where are LGB&T health inequalities omitted?

Numerous health inequalities publications/initiatives and websites omit LGB&T health inequalities information. Below are just some:









Also, up to 2020, NIHR Public Health funded only 1 LGB&T project out of 192 in total. It was a systematic review of sexual health in men who have sex with men.

Consequences of omitting LGB&T health inequalities

When major public bodies omit to measure or report on LGB&T health inequalities it is as if those health equalities do not exist.

For example, during the COVID-19 pandemic, there was no government/ONS/NHS data on rates on infections, hospitalisations or deaths by sexual orientation or gender identity, yet the then Minister for Equalities (The Rt Hon Kemi Badenoch MP) stated that

"we have not found that LGBT groups specifically have been disproportionately affected"

Most health inequalities assessments from Directors of Public Health ignore LGB&T health inequalities in their populations.

The NHS Sexual Orientation Monitoring Standard is not mandated so most NHS Trusts do not collect this data. As a result, there is no useable data on cancers by sexual orientation from cancer registries. There is no approved Information Standard for gender identity or trans status monitoring as yet.

Conclusions

The NHS Constitution for England states that: "**The NHS provides a comprehensive service, available to all, irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. "**

The evidence shows that NHS services to sexual and gender minorities fall short, and significant health inequalities are not being addressed. Health professionals need training in how to treat sexual and gender minority patients appropriately, particularly those with comorbid conditions, and all health inequalities initiatives looking at protected characteristics must include sexual orientation and gender identity.