Lesbian, Bisexual & Queer Women’s Health Conference
connections – creativity – care

27th of May, 2016
The Jasper Hotel,
489 Elizabeth St, Melbourne.

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Director, Centre for Lesbian, Gay, Bisexual and Trans Research
Structure of this presentation

- Personal background
- Who are LBQ women?
- Locating LBQ women within a health inequalities framework;
- Implementing health interventions for LGQ;
- Influencing the cultural and policy landscape.
Personal background

- Particular focus on participatory approaches (PPI);
- Work with voluntary and statutory sector agencies;
- 21 years of research in LB women’s health;
- Director, Centre for LGBTQ research at DMU;
- Involved in LGBQ community activism since early 1990s.
What do we know about LBQ women?

- LGB people who ‘self-identify’ in UK: 2.4%
- LBQ women who partner with women: 11.5%
- Among LBQ aged 16-24 years: 19%
- LGQ women sexual relations: 7.6%

(Mercer et al 2013)
Intersectional identities

- Aboriginal/TSI/ BME LBQ women
- Trans women who identify as LBQ
- LBQ women with disabilities
- Older & younger LBQ women
Conceptualising health inequalities

Figure 1
The causes of health inequalities

The wider determinants of health
- Major wider determinants
  - Financial status
  - Employment and work environment
  - Education
  - Housing

The lives people lead
- Leading risk factors
  - Tobacco
  - High blood pressure
  - Alcohol
  - Cholesterol
  - Being overweight

The health services people use
- Accessibility and responsiveness
  - Primary care (e.g. GP practice)
  - Secondary care (e.g. hospital)
  - Preventative care (measures taken to prevent diseases)
  - Community services

Source: National Audit Office literature review
4 points of intervention to break cycle of LBQ marginalisation

- Development of the evidence base
- Increase the knowledge and engagement of policy and decision makers
- Increase capacity in LBQ voluntary sector
- Improving services/training professionals

08/06/2016
Does the model adequately capture LBQ women’s health?

“Grace was refused a razor (because she was sectioned) which means ultimately she was growing a beard whilst in there.
And I think that sort of atmosphere just made her look in the mirror, feel bad, she got worse, and it was a kind of spiralling thing. I don’t think there was any acknowledgement whatsoever by the staff towards her being trans”.
(Willis, Ward & Fish, 2011)
Discrimination is a ‘part of life’

“...harassed, spat at, run over in one instance, sexually assaulted, beaten, having dog faeces thrown at me, stones thrown at me, head-butted, even my carer was physically assaulted for associating with me because I am trans” Ryan Hughes (HOC, 2015)
Health and healthcare

- LBQ women are more likely to report fair/poor health:
  - 20% of heterosexual women
  - 25% lesbians
  - 31% bisexual women;
- 1½ times more likely than heterosexual women to report poor experiences of primary care.

Sample: over 2 million people - including 27,497 people who described themselves as LGB

- Health disparities greater for women than for men
- Larger for bisexuals than for lesbian and gay male respondents
- Sexual minority patients were more likely to live in deprived areas.

The GPPS (Elliott et al. 2015)
UNHEALTHY ATTITUDES

YouGov research for Stonewall of 3,001 health and social care staff reveals unhealthy attitudes towards lesbian, gay, bi and trans people...

1 IN 4
patient-facing staff have heard their colleagues making homophobic or biphobic remarks

1 IN 5
have heard colleagues make transphobic remarks such as ‘tranny’ and ‘she-male’

3 IN 5
staff with direct responsibility for patient care don’t believe sexual orientation is relevant to healthcare

1 IN 10
staff with direct responsibility for patient care have heard their colleagues express the belief that someone can be ‘cured’ of being lesbian, gay or bi. In London, that number rises to

1 IN 5

26%
of lesbian, gay and bi staff say they have been bullied or discriminated against by colleagues

15%
of doctors say they don’t feel confident in their ability to meet the specific care needs of lesbian, gay and bi patients

28%
of doctors aren’t confident that they’re able to respond to the specific care needs of trans patients

FIND OUT MORE ABOUT THE REPORT AT www.stonewall.org.uk/unhealthyattitudes

Mental health inequalities

- Lesbian and bisexual women are more likely to report a longstanding psychological or emotional problems than heterosexual women:
  - 12.3% lesbian and 18.8% bisexual women (Elliott et al 2015);
  - Almost twice as likely to have attempted suicide.
  - Depression twice as likely in LBQ women (King et al. 2008).
Alcohol and substance misuse

- Lesbian and bisexual women are at risk of substance dependence in comparison with heterosexual women:
  - alcohol (4 times more likely)
  - drug dependence (3.5 times)
  - any substance use (over 3 times)
  King et al 2008

- LBQ women twice as likely to have a history of cigarette smoking at age 18/19 years
  (Hagger-Johnson et al. 2013)
Sexual Health

- Bisexual students most likely to have had a STD;
- Lesbians least likely to have a routine gynae exam (Lindley et al. 2008);
- BV common in LB women
  - Associated with number of female sexual partners, smoking but not sex with men (Bailey et al. 2004)
Breast and cervical cancer

Inequalities in cervical screening

- 15% of LB women have never accessed cervical screening;
- 1 in 5 of those screened told they are not at risk; (Hunt and Fish, 2008)
- 37% of LB women told they do not need a test (Light & Ormandy 2011)

Breast and cervical cancer

- LB women diagnosed with cancer at a younger age;
- Bisexual women report cervical cancer at more than twice the rate of other women.
- LB breast cancer patients have higher stress associated with the diagnosis, lower satisfaction with the doctor’s care and with the perceived availability of emotional support (Boehmer et al. 2011; Quinn et al. 2015).
Impact of austerity on LGBT people

- Increase of 22% of LGBT UK hate crime in 2015;
- LGBT young people make up 24% of youth homeless population;
- Reduction in sexual health and mental health services that addressed their specific needs;
- Greater feelings of marginalisation and invisibility as specialist LGBT services and support disappear.

- Syndemics are multiple inequalities which have an additive or synergistic effect.
Cycle of policy/ research into action

Policy development

LGBT Cancer Taskforce

Knowledge exchange

Joint research

Policy implementation
Improving the LBQ women’s cancer care pathway: Public and Patient Involvement

**Policy briefing:**
*Lesbian and bisexual women with breast cancer.*
Key learning event with cancer professionals:
Practice guidance: Supporting LGBT people with cancer.

**Developing the organisational ethos:**
Equality and Diversity strategy, user audits of services, inclusive imagery and language, health promotion materials and services. Disseminated to Breast Care Specialist nurses in E&W, the NHS, Cancer Networks and cancer charities (300 in the nursing network, 50 cancer networks) and cancer service users.

**Who?** Two national cancer charities; two LGBT VCS; an Equality and Diversity Manager in the NHS; academics specialising in cancer; and five cancer service users and carers.

**How?** PPI contributing to the application for funding, developing research questions, designing the project, analysing the data and communicating the findings (process impacts). (Fish, 2016).
Coming Out About Breast Cancer

Research on lesbian and bisexual women's experiences of breast cancer

Lesbian and bisexual women and breast cancer

ESRC knowledge exchange programme RES-192-22-0111
Impact activities

- Presented to NCEI;
- Breakfast launch at Breast Cancer Care;
- 10 Downing St reception *Progress in beating cancer*;
- Training for 4,000 Macmillan staff.
Multi-levelled interventions

- Public policy: equalities and rights across the lifespan; equal marriage; hate crime; tackling discrimination; inclusion and consultation.

- In public services: addressing homophobic and transphobic bullying in schools; care for older people; workplaces; embedding equality; practice guidelines (McNair & Hegarty, 2010).

- Engagement with voluntary sector: LBQ and mainstream, resilience building; co-produced interventions.
Impact on policy and practice

Stonewall

NSPCC

Leicester
Open
Mind
service

Public
Health
England

ESRC
ECONOMIC
& SOCIAL
RESEARCH
COUNCIL

WE ARE
MACMILLAN.
CANCER SUPPORT

LOROS
Hospice Care for Leicester, Leicestershire & Rutland
Taking the agenda forward

- Roundtable with Deputy Chief Medical Officer in Whitehall
- WSW health strategy launch July 2016
- Research within the NHS
- Stonewall health equity index/ HSJ awards
- Collaborating with politicians
- Centre for LGBTQ Research at DMU
Asset mapping in LBQ women’s health

... identifies and makes visible the health-enhancing assets in LBQ communities:

• sees LBQ women as the co-producers of health and well-being

• promotes LBQ community networks that can provide caring and mutual help

• identifies potential to improve health and well-being

• supports individuals’ health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources

• empowers communities to control their futures and create tangible resources

Underpinned by salutogenesis: promotes movement towards the ‘ease’ part of the health ease–dis-ease continuum:

dis-ease - health-ease
References


Thanks for listening

- Prof. Julie Fish
- Centre for LGBTQ research
  De Montfort University, Leicester UK
- Twitter: @lgbtequalhealth