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| Institution: University of Brighton | | |
| Unit of Assessment: A3 – Allied Health Professions, Dentistry, Nursing and Pharmacy | | |
| Title of case study: Delivering strategic change through policy and training interventions to reduce inequalities for LGBTI individuals and communities | | |
| Period when the underpinning research was undertaken: 2009 – 2020 | | |
| Details of staff conducting the underpinning research from the submitting unit: | | |
| Name(s): | Role(s) (e.g. job title): | Period(s) employed by submitting HEI: |
| Nigel Sherriff | Professor of Public Health and Health Promotion | 2007 – to date |
| Kath Browne | Professor of Human Geography | 2003 – 2017 |
| Nick McGlynn | Lecturer/Senior Lecturer | 2014 – to date |
| Laetitia Zeeman | Principal Lecturer | 2009 – to date |
| Period when the claimed impact occurred: 2013 – 2020 | | |
| Is this case study continued from a case study submitted in 2014? N | | |
| 1. Summary of the impact | | |
| <p>University of Brighton (UoB) research into health inequalities within the LGBTI community has generated a series of interventions that have resulted in strategic change in policy and health education at local, national and European levels. Research evidence was utilised in a UK government policy inquiry (2018), which fed into the resulting UK Government LGBT Action Plan (2018). The research has underpinned training recommendations in the first ever EU strategy for LGBTI health equality (2020) and provides evidence for the review of inclusion agendas across OECD countries. Research-led training packages for health professionals and students addressing LGBTI equality have subsequently been initiated in Austria, Italy, Netherlands, Portugal and Switzerland.</p> | | |
| 2. Underpinning research | | |
| <p>A series of projects, led by UoB, have built capacity around the structural and causal effects of inequalities in healthcare and services for LGBTI citizens. This research has focused primarily on overcoming barriers including access to health care, health inequalities, definitions, healthcare systems and classification methods as well as adequate awareness of needs amongst healthcare professionals. These projects examine interactions between lived experience, policy and clinical practice and how these affect physical and mental health and well-being of individuals identifying as LGBTI in the UK and Europe. The research programme uses mixed methods approaches based on co-production with end-users and partners across Europe to tackle key challenges arising in public policy, service delivery and health professionals' education.</p> <p>This research within LGBTI communities was underpinned by comprehensive studies into the structure of health inequalities and the social determinants of health. The GRADIENT project [3.7] was a collaborative research project involving 12 institutions (universities, research institutes and public health institutes) in six countries across Europe. UoB researchers led on the development of the Gradient Evaluation Framework (GEF) [reference 3.1] created as a European action-oriented policy tool to guide and inform technical experts in (modern) public health working at the Member State level. Linked directly to the health and wellbeing policy cycle, GEF is designed to assist those involved in the development, implementation, and evaluation of policies to reduce health inequalities and level-up the gradient in health and its social determinants among children, young people and their families. This project developed a consensus-based tool, built on the theoretical model for use by policy makers, researchers and practitioners to monitor and evaluate public health policies and their impact on the social determinants that generate health inequalities.</p> <p>A second project, SODEMIFA [3.8], funded by the Norwegian Research Council, expanded the underpinning evidence derived from the GRADIENT project. In Norway, the adoption of the Public Health Act (2012) moved the country towards a comprehensive policy landscape in this area. The main aim of the act is to reduce social inequalities in health by adopting a 'Health in All Policies' approach. In collaboration with the University of Bergen the project</p> | | |

addressed the implementation of the Norwegian policy and utilised the expertise from UoB to use the GEF in the Norwegian context [3.2]. This project studied local implementation processes of the Public Health Act and considered whether local services were adhering to the recommendations for the reduction of inequalities. A mixed-methods approach was applied, and the data consisted of policy and planning documentary analysis, nation-wide surveys (eg to key national political actors, chief executive leaders, and leaders of local government educational authorities), as well as qualitative interviews. The findings showed that the municipalities had limited understanding of the concept of health inequalities, and of the social gradient in health. The most common belief was that policy to reduce social inequalities concerned disadvantaged groups, with policies and measures then directed at these groups, rather than addressing the social gradient [3.2].

In parallel, the European Parliament and the EU parliamentary intergroup on LGBTI rights were lobbied by ILGA-Europe (a partner of Eurohealthnet who were involved in 3.7) to release a tender to inform future strategic priorities. This was taken forward by the Directorate-General for Health and Food Safety of the European Commission (DG SANTE). As a result of their successful tender UoB researchers led two of five research work packages for the European Parliament's Health4LGBTI project – a two-year EU-funded project in collaboration with partners in six EU countries (Belgium, Bulgaria, Italy, Lithuania, Poland and the UK) [3.9]. This project was a response to growing evidence that LGBTI populations across and within EU countries experience significant health inequalities both in terms of poorer health outcomes and negative experiences of accessing healthcare compared to non-LGBTI populations. These experiences can translate into a risk of depression, suicide and self-harm, violence, substance misuse and HIV infection. The project aimed to improve understanding of how best to reduce specific health inequalities experienced by LGBTI people.

The Health4LGBTI project completed the first-ever global analysis of LGBTI health inequalities in LGBTI scientific literature, together with an integrated comprehensive scoping review of grey literatures across 28 EU member states. This highlighted the existence of key barriers and discrimination based on sexual orientation, gender identity, and sex characteristics of LGBTI people [3.3]. The review found that there was limited understanding of discrimination based on more than one marker of difference such as sexuality and gender, sex, age, disability or ethnicity. Due to multiple marginalisation(s), LGBTI people with disabilities may have a greater need to access health services for physical and psychological support. The study focused on the barriers faced by health professionals when providing care and uncovered a lack of cultural competence concerning the needs of LGBTI people, a lack of awareness relating to gender identity, and a lack of specialist mental health and counselling services [3.4]. This was supported by focus groups across the six EU partner countries with LGBTI service users and health professionals. The research showed that three assumptions about LGBTI-related healthcare held by HCPs underpinned discrimination: 1) that patients are heterosexual, cisgender, and non-intersex by default; 2) that LGBTI people do not experience significant problems due to their sexual orientation, gender identity, and/or sex characteristics; and, 3) that a person's LGBTI subjectivity is mostly irrelevant for healthcare. The data suggested that these assumptions manifest as significant barriers for LGBTI people seeking healthcare in EU Member States [3.5, 3.6].

3. References to the research

- [3.1] Davies, J. K. and Sherriff, N. S. (2014). Assessing public health policy approaches to level-up the gradient in health inequalities: the Gradient Evaluation Framework (GEF). *Public Health*, 128(3) 246-253. <http://dx.doi.org/10.1016/j.puhe.2013.11.011> [Quality validation: peer-reviewed article in leading journal/evidence of peer-reviewed funding].
- [3.2] Fosse, E., Helgesen, M., and Sherriff, N. S. (2019). Levelling the social gradient in health at the local level: applying the Gradient Equity Lens to Norwegian local public health policy. *International Journal of Health Services*, 49(3): 538-554. <https://doi.org/10.1177/0020731419842518> [Quality validation: peer-reviewed article in leading journal/evidence of peer-reviewed funding].
- [3.3] Sherriff, N.S., Zeeman, L., McGlynn, N., Pinto, N., Hugendubel, K., Mirandola, M., Gios, L., Davis, R., Donisi, V., Farinella, F., Amaddeo, F., Costongs, C., Browne, K., and the

Health4LGBTI Network (2019). Co-producing knowledge of lesbian, gay, bisexual, trans and intersex (LGBTI) healthcare inequalities via rapid-reviews of grey literature in 27 EU Member States. *Health Expectations*, 22(4), 688-700. <https://doi.org/10.1111/hex.12934> [Quality validation: peer-reviewed article in leading journal/evidence of peer-reviewed funding]

[3.4] McGlynn, N., Browne, K., Sherriff, N.S., Zeeman, L, Mirandola, M., Gios, L., Davis, R., Donisi, V., Farinella, F., Rosinska, M., Niedźwiedzka-Stadnik, M., Pierson, A., Pinto, N. and Hugendubel, K. (2019). Healthcare professionals' assumptions as barriers to LGBTI healthcare. *Culture, Health & Sexuality*, 22(8), 954-970.

<https://doi.org/10.1080/13691058.2019.1643499> [Quality validation: peer-reviewed article in leading journal/evidence of peer-reviewed funding].

[3.5] Zeeman, L., Sherriff, N.S., Browne, K., McGlynn, N., Mirandola, M., Gios, L., Davis, R., Sanchez-Lambert, J., Aujean, S., Pinto, N., Amaddeo, F., Farinella, F., Donisi, V., Niedźwiedzka-Stadnik, M., Rosinska, M., Pierson, A., Amaddeo, F. and the Health4LGBTI Network (2019). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health*, 29(5), 974-980.

<https://doi.org/10.1093/eurpub/cky226> [Quality validation: peer-reviewed article in leading journal/evidence of peer-reviewed funding].

[3.6] Donisi, V., Amaddeo, F., Zakrzewska, K., Farinella, F., Davis, R., Gios, L., Sherriff, N. S., Zeeman, L., McGlynn, N., Browne, K., Pawlega, M., Rodzinka, M., Pinto, N., Hugendubel, K., Russell, C., Costongs, C., Sanchez-Lambert, J., Mirandola, M., and Rosinska, M. (2020). Training healthcare professionals in LGBTI cultural competencies: exploratory findings from the Health4LGBTI pilot project. *Patient Education and Counselling*, 103(5), 978-987.

<https://doi.org/10.1016/j.pec.2019.12.007> [Quality validation: peer-reviewed article in leading journal/evidence of peer-reviewed funding].

Key research grants

[3.7] Nigel Sherriff [Co-I], EC FP7 framework [223252], 2009 – 2012, Tackling the Gradient - applying public health policies to effectively reduce health inequalities amongst families and children [GRADIENT]. Total funding EUR1,881,257. UoB allocation EUR280,183.

[3.8] Nigel Sherriff [PI], Norwegian Research Council, 2012 – 2015, Addressing the social determinants of health: Multilevel governance of policies aimed at families with children [SODEMIFA]. Total funding GBP10,235.

[3.9] Nigel Sherriff [PI], European Parliament [SANTE/2015/C4/035], 2016 – 2018, Health4LGBTI. Total funding EUR440,000. UoB allocation GBP62,464.

4. Details of the impact

The body of research led by UoB has offered new critical perspectives on policy, practices, and service delivery that support understandings of the context and lived experience of LGBTI citizens and (health) service-users. A variety of interventions including development of policy tools, frameworks, guidance and training programmes have delivered health policy and healthcare education changes in the UK and Europe that are helping to reduce the structural inequalities affecting the health and wellbeing of the LGBTI community.

4.1 Impact on national and international public policy

The outcomes of the Health4LGBTI research were used by the UK Parliament's Women and Equalities Committee inquiry into health care provisions for LGBT communities in October 2018 [Source 5.1]. The results of this inquiry fed into the LGBT Action Plan 2018 from the Government Office. This plan has over 75 commitments to improving the lives of LGBT people and a further GBP4,500,000 of funding was allocated as part of this work to deliver on the commitments in this plan [5.2]. In November 2020 the European Commission presented its first-ever strategy on LGBTIQ equality in the EU. The Health4LGBTI project is used to underpin guidance in relation to LGBTI health inequalities with recommendations for good practice for Member States to utilize while developing national LGBTI training plans. This is documented as part of the strategy's overall mission relating to tackling discrimination and combating inequality in education, health, culture and sport [5.3]. In a related initiative Horizon Europe and EU4Health, the European health alliance will dedicate funds to consider the health of LGBTI persons, with a focus on mental health. Based on the comprehensive research underpinning all aspects of the programme, and with the support of the Task Force

on Equality, the Commission has committed to integrate the fight against discrimination affecting LGBTI people into all EU policies and major initiatives [5.3].

4.2 Improved training programmes for health professionals

A key structural challenge and primary reason that LGBTI people experience inequalities in health is due to invisibility in health systems including poor/no data. This research advocates for best practice for better data collection by health professionals including how systems can record more appropriate recognition of gender identity. This can help ensure LGBTI people are afforded dignity, respect, and appropriate care. Since participating in the Health4LGBTI training, Brighton and Sussex University Hospitals NHS Trust used the project resources to rapidly upskill staff in the recognition of LGBTQ+ health inequalities, and requirement to collect relevant data to improve their services for patients. These data are instilled into other work within the Trust via inclusion outreach activities and training [5.4]. As part of this the resources have been disseminated to 10 other NHS Trusts for use in their LGBTQ+ Networks and/or Inclusion Teams to help move forward the LGBTQ+ health agenda. Each of these have 20-30 core members, plus wider networks [5.4]. In addition, the Health4LGBTI project was one of the main drivers behind the decision to train all therapists working in psychological (IAPT) services in West Sussex in LGBTQ+ affirmative therapy as part of a project to improve access to the psychological therapies service for the LGBT+ population [5.5]. This project promoted affirmative practice with the LGBT+ population by establishing a baseline of staff experience, confidence, and knowledge. The Health4LGBTI project publications were identified as key research outputs to identify potential needs and to help guide the project deliverables. As a result, 250 staff have now been trained to deliver LGBT+ affirmative therapy to increase access to psychological services across West Sussex [5.5].

The Health4LGBTI project team developed a comprehensive training programme that focuses on knowledge, attitudes and skills of healthcare professionals when providing healthcare to LGBTI people and accounted for the needs of diverse European settings. Training was piloted in the 6 participating countries with a total of 110 participants including doctors, nurses and other medical professions (psychologists, social workers, pharmacists, physiotherapists) or auxiliary medical professions (administrative support, reception workers, medical managers, medical researchers). Using pre and post training questionnaires an increase in knowledge occurred in all pilot countries. Since the completion of the training more than half of the participants (57.4%) were able to apply the knowledge in their role. These findings were mobilised to raise awareness within LGBTI communities, the European Commission, European Parliament (MEPs), and Ministers of Health and their equivalents (134 persons registered from 25 EU countries, and health ministry's officials from 16 EU countries) [5.6, 5.7]. The evaluation showed that 93% of the 110 healthcare participants agreed that training in LGBTI issues should be a part of general medical education. This finding, supported by evidence from the wider project findings, has led to five European institutions committing to roll out the training as a core part of the medical curriculum. The Ministry of Health in Portugal has launched a new nationwide initiative, including policy and training interventions, based on the learning from this project. In July 2020, the Ministry launched a National Health Strategy for LGBTI people with an inaugural programme dedicated to Health promotion of transgender and intersex people. Following this launch guidelines and recommendations are being prepared for health professionals that are being disseminated nationally. This includes the roll out of the trainers' manual: *Reducing health inequalities experienced by LGBTI people: What is your role as health professional?* [5.8].

Dissemination of the training programme developed through the Health4LGBTI project has led to new curricula for student healthcare professionals at the University of Lucerne (Switzerland), Lausanne University (Switzerland), the Medical University of Innsbruck (Austria) and the University of Verona (Italy). In Lithuania, following the pilot, the trainers have established direct contact with the leadership of the national association and are planning the dissemination of the training among general practitioners [5.8]. At the University of Verona, the programme has been used to train medical students and residents with approximately 20 students undergoing the programme in the first year. This is now being extended to nursing students where plans are in place to use the project's learning with 400 current nursing students to evaluate specific student needs to extend the impact of this

training. All organisations are developing these roll-out schemes in the context of a wider need to focus on LGBTI sensitive health care and to fill a known knowledge gap in terms of LGBTI needs and the potential for bias in the healthcare professional community [5.8].

4.3 Influencing wider reform initiatives

The Health4LGBTI project developed a comprehensive set of resources including a bespoke rapid-review template to generate extensive datasets for analysis. Following a conference to disseminate the project results, the European Commission and the WHO committed their institutional support to the reduction of health inequalities experienced by LGBTI people and to promote cooperation among different sectors. DG SANTE, the European Commission's Directorate-General for Health and Food Safety, has set up a resource centre for best practices and a new 'Steering Group on Health Promotion and Disease Prevention'. The EC representative confirmed that project materials from Health4LGBTI will be shared with these groups to further the results of this work [5.9]. The Health4LGBTI project is also used in a report from the Organisation for Economic Cooperation and Development (OECD): *Over the Rainbow? The Road to LGBTI inclusion*. This report follows a Call to Action signed by 12 member countries to support progress with nationwide inclusion agendas. It is the first comprehensive overview of the laws in OECD countries to ensure equal treatment, and of the complementary policies that could help foster LGBTI inclusion. This report references key parts of the Health4LGBTI project including the findings from the focus group studies, the project report and evaluation and the 'Trainer's Manual'. This report is used to provide evidence that all OECD countries have made progress in their reform agendas across the last two decades, but highlights remaining challenges to help drive forward change.

5. Sources to corroborate the impact

- [5.1] House of Commons Women and Equalities Committee. Health and Social Care and LGBT Communities. First report of session 2019-20. Published 22 October 2019. Available as a PDF. Supported by the document 'Written evidence submitted by the School of Health Sciences, University of Brighton (HSC0052)'. [Accessed on 18th January 2021]. <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/health-and-social-care-and-lgbt-communities/written/91033.html>
- [5.2] Government Equalities Office. July 2018. LGBT Action Plan. Improving the lives of lesbian, gay, bisexual, and transgender people.
- [5.3] European Commission. Brussels 12.11.2020. Union of Equality: LGBTIQ Equality Strategy 2020 – 2025. Supported by additional materials as appendages to the strategy including a Strategy Factsheet. [Available as a PDF].
- [5.4] Testimonial from the Associate Director, Workforce Strategy & Transformation & LGBTQ+ Network Convenor at BSUHT. This confirms the ongoing developments resulting from evidence provided by the project.
- [5.5] Testimonial from the Regional Programme Manager - South East LGBTQ+, Wellbeing, Equality, Diversity & Inclusion Team. NHS England and NHS Improvement. This confirms the ongoing developments resulting from evidence provided by the project.
- [5.6] Health4LGBTI. March 2018. Piloting the health4LGBTI training course in 6 European countries: Evaluation report: [2018 lgbti evaluationreport en.pdf \(europa.eu\)](#) [Accessed 18th January 2021]. This includes all data and analysis relating to the evaluation.
- [5.7] Training healthcare professionals in LGBTI cultural competencies: Exploratory findings from the Health4LGBTI pilot project. Patient Education and Counseling 103(5) May 2020, 978-987 [Training healthcare professionals in LGBTI cultural competencies: Exploratory findings from the Health4LGBTI pilot project - ScienceDirect](#). [Accessed 18th January 2021].
- [5.8] A report produced and approved by the lead partner of the Health4LGBTI project. This confirms adoption and roll out of training and project resources at the University of Verona and across associated states. PDF available.
- [5.9] HEALTH4LGBTI Conference Summary Report, February 2018. [2018 lgbti confsummaryreport en.pdf \(europa.eu\)](#) [Accessed on 15th March 2021].
- [5.10] 'Over the Rainbow? The Road to LGBTI inclusion' https://www.oecd-ilibrary.org/social-issues-migration-health/over-the-rainbow-the-road-to-lgbti-inclusion_1088607a-en