# Healthcare experiences at the intersection of LGBTQ+ identity and chronic illness

An interdisciplinary understanding

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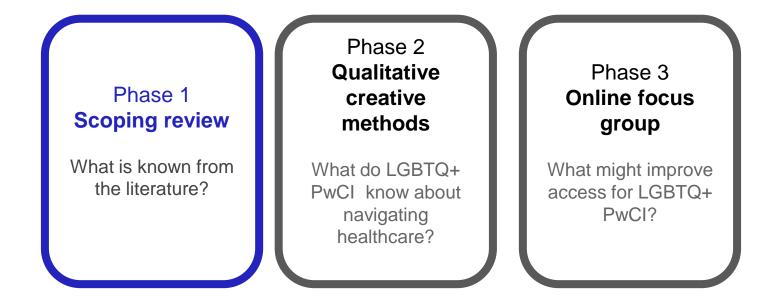
# Background

- Evidence that LGBTQ+ people experience health inequalities both internationally (Jennings et al, 2019; Zeeman et al, 2019) and in the UK (Elliot et al, 2015; Booker et al, 2017; Cross et al, 2023; Kneale et al, 2020).
- LGBTQ+ people may have poorer overall health and have worse healthcare experiences than their heterosexual, cisgender peers (Meads et al, 2019; Elliot et al, 2015; Saunders et al, 2023)
- Evidence suggests LGBTQ+ people experience higher rates of some long term conditions, and increased multimorbidity (Saunders et al, 2021; Saunders et al, 2023; Han et al, 2020)
- Health inequalities contributed to by complex interaction of factors (Zeeman et al, 2019)

• People living with chronic illness (PwCI) have also been shown to experience barriers to accessing healthcare (Schulman-Green et al., 2016; McManimen et al., 2019).

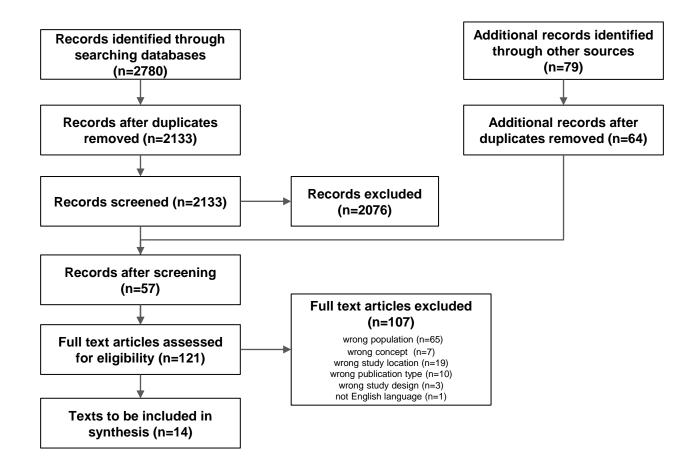
- Differences in healthcare systems can make generalising research difficult, particularly between US healthcare and UK healthcare (Schneider et al, 2021).
- Exists an association between deprivation and chronic illness (Raymond et al, 2024). For LGBTQ+ people the picture is more mixed (Askoy et al, 2017; McKechnie, 2023) In particular, LGBT people in the US more likely to experience poverty (Badgett et al, 2019).
- In US, cost of access to healthcare is a prominent barrier (Dahlhamer et al, 2016). This does not translate to UK context.

# How can we improve access to healthcare for people who are LGBTQ+ and living with chronic illness in England?



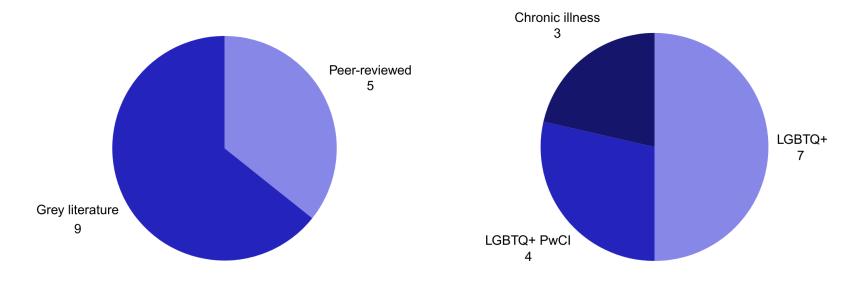
# **Methods**

- Aim: To understand what is known from the existing literature about healthcare for LGBTQ+ people living with chronic illness in the United Kingdom
- Method: Scoping review (Arksey and O'Malley, 2005)
- Population: LGBTQ+ people living with chronic illness; Concept: healthcare;
  Context: UK, all healthcare settings including community
- Systematically searched PubMed, Scopus, Academic Search Complete, ScienceDirect, and JSTOR
- Grey literature search covered 2 grey lit databases, nhs.uk domains, 53 organisational websites
- Excluded studies relating to cancer and HIV/AIDS only



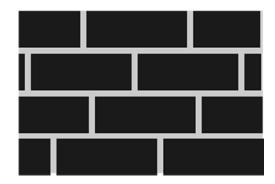
# **Results**

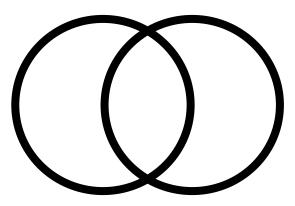
### 14 publications included



### **Shared barriers**

Consistent with wider LGBTQ+/chronic illness literature (Heteronormativity: Meads et al, 2019; language: Brooks at al, 2018; disbelief: McMannion et al, 2019)



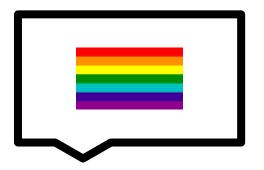


### **Intersectional discrimination**

Ableism in trans health care (Pepe, 2021; Evans et al, 2023)

Homophobia/transphobia in secondary health care (Hord and Metcalf, 2021; Pepe, 2021)

Intersectional? (Evans et al, 2023; Lampe and Nowakowski, 2020)



### **Disclosure and disbelief**

Conditions affect likelihood of disclosing sexual orientation/gender identity (Evans et al, 2023; Healthwatch North Yorkshire, 2020; Healthwatch Luton, 2023)

### Training

8 studies recommended more training for healthcare professionals(Kokay et al, 2023; Hord and Metcalf, 2021; Tollemache et al, 2021; Healthwatch Merton, 2015;Varney and Newton, 2018; Evans et al, 2023; Healthwatch North Yorkshire, 2020; Healthwatch Luton, 2023)



### **Transition-related care**

Long waits lengthened (Hord and Medcalf, 2021; Healthwatch North Yorkshire, 2020)



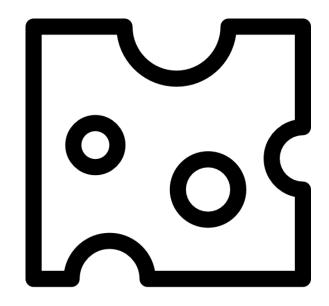


### **Data systems**

Current NHS system recording sex/gender challenging (Braybrook et al, 2023; Evans et al, 2023; Hord and Medcalf, 2021)

# **Current gaps in the literature**

- Exploration of intersectional nature of experiences
- Accounts of navigating care
- Evaluating effectiveness of recommendations
- Accounts in particular settings



# Next steps

## Phase 2 Qualitative creative methods

What do LGBTQ+ PwCl know about navigating healthcare?



### Note: Reference in bold have been included in the review

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