



University of Brighton



Reducing health inequalities for LGBTI people: A European training programme for health professionals

**Prof. Nigel Sherriff,
Dr Laetitia Zeeman, Dr Massimo Mirandola**

Symposium on Health Equity: LGBTQI populations.
Centre universitaire de médecine Générale, Lausanne,
Switzerland, 11th June, 2021.

HEALTH LGBTI

REDUCING HEALTH INEQUALITIES EXPERIENCED BY LGBTI PEOPLE

Health4LGBTI Consortium

5 partners:

- Verona University Hospital (Italy)
- EuroHealthNet (Belgium)
- ILGA Europe (Belgium)
- University of Brighton (UK)
- National Institute of Public Health –
National Institute of Hygiene (Poland)

Plus 2 additional EU Member States where research and training implemented (Bulgaria, Lithuania)





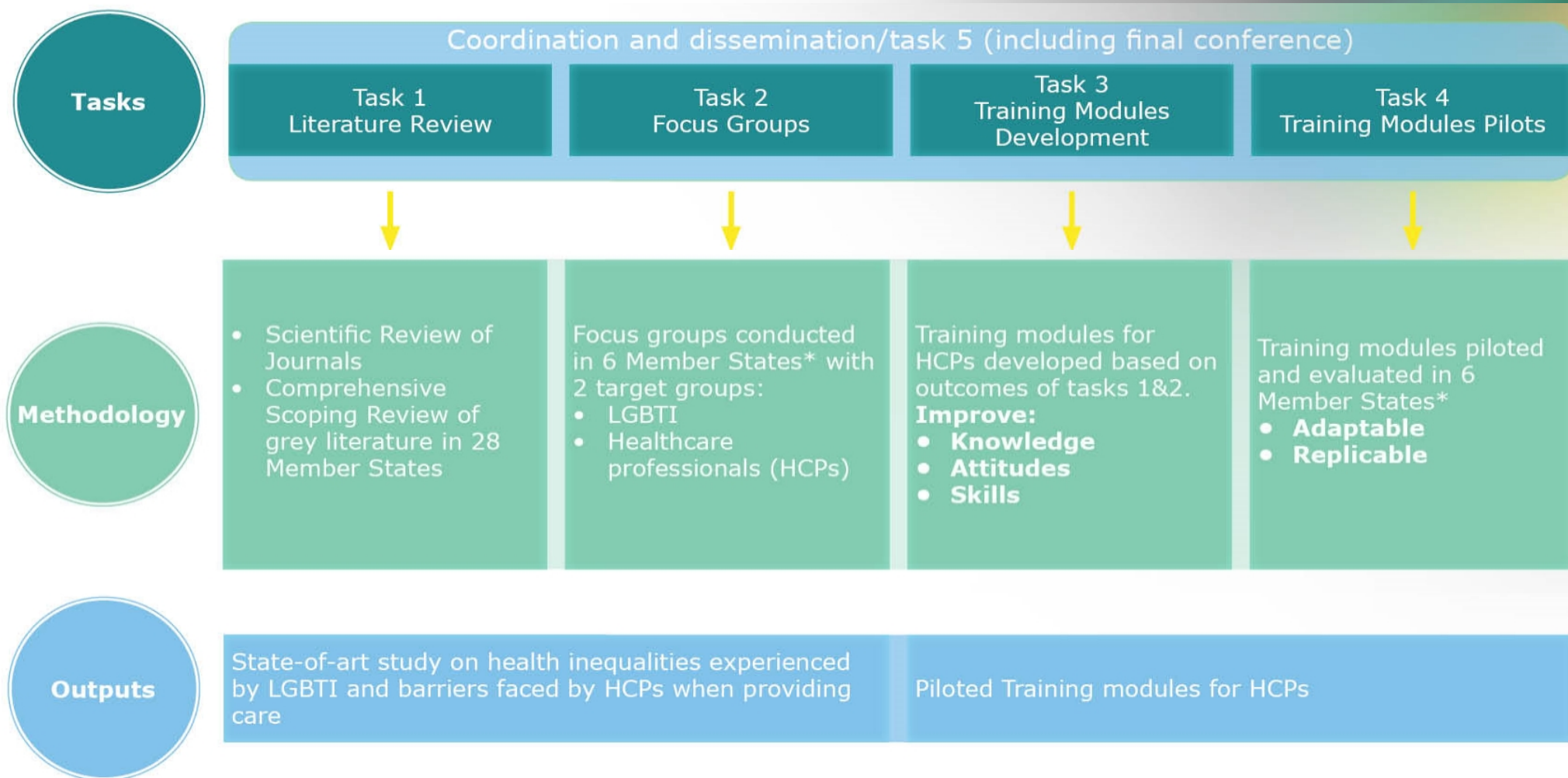
Background to the Project

- LGBTI people experience significant health inequalities that have an impact on their health outcomes.
- **Stigma and discrimination** combined with social isolation and limited understanding of their lives by others, lead to **significant barriers** in terms of accessing health and social care services.
- Healthcare and other professionals commonly assume that LGBTI people's health needs are the same as those of heterosexual and/or cisgender peoples'. **They are not.**
- Many health inequalities are preventable. EU Member States must work towards the development of high quality health services across the Union that are **equally accessible** to all.

Health4LGBTI: Three key objectives

- To gain a better understanding of the **specific health inequalities** experienced by LGBTI people
- To gain a better understanding of the **barriers** faced by **health professionals** when providing care to these groups, and the **barriers LGBTI people** face when accessing care.
- To raise awareness about the **needs of LGBTI people** and provide healthcare professionals with specific tools to ensure that they have the **right skills and knowledge** to overcome the identified barriers.

Project structure and activities



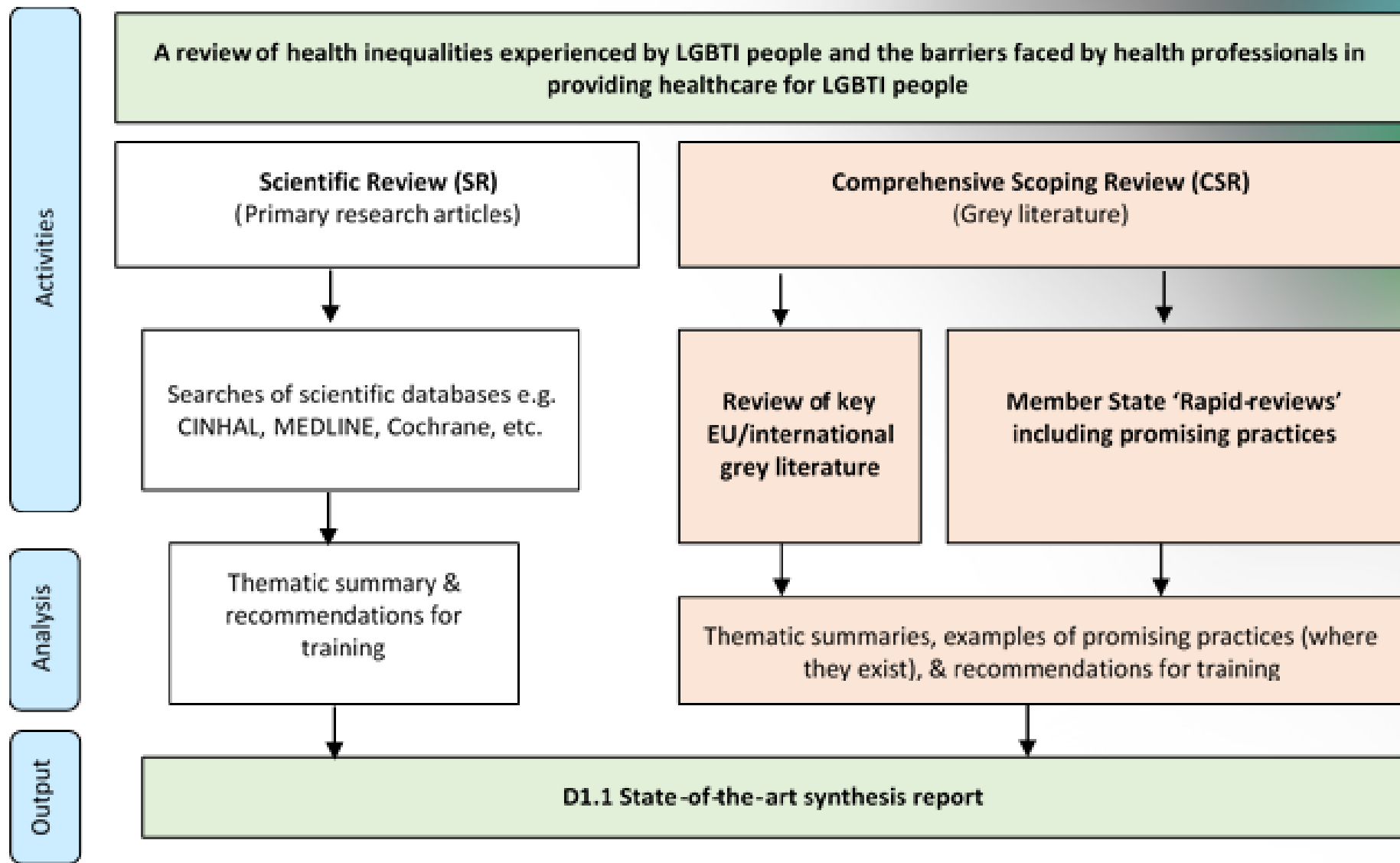
(*) The 6 Member States are: Belgium, Bulgaria, Italy, Lithuania, Poland, UK

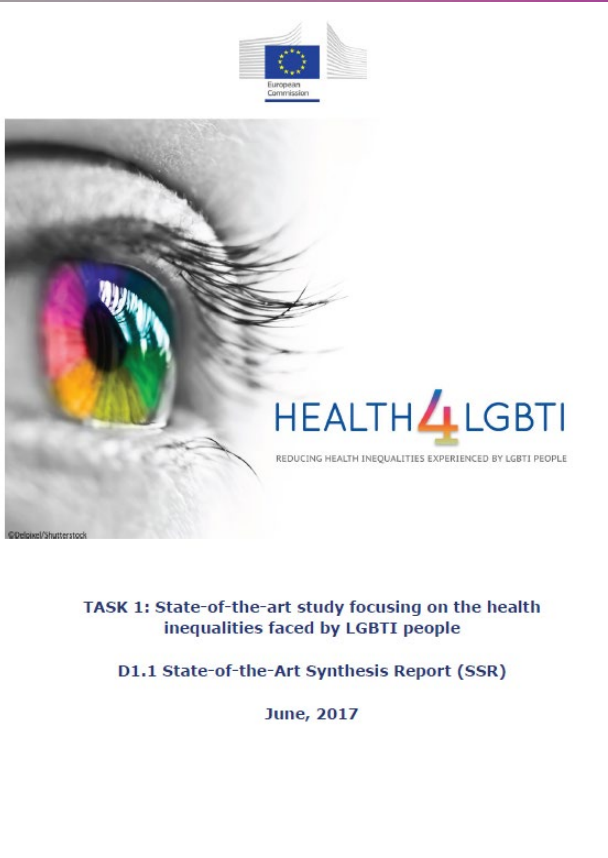
Task 1 :

A review of health inequalities experienced by LGBTI people and the barriers faced by health professionals in providing healthcare for LGBTI people

Deliverable :

D1.1 State of the art synthesis report





D1.1 – State-of-the-art Synthesis Report (SSR)

Received: 18 December 2018 | Revised: 12 May 2019 | Accepted: 24 May 2019
DOI: 10.1111/hex.12934

SPECIAL ISSUE PAPER

WILEY

Co-producing knowledge of lesbian, gay, bisexual, trans and intersex (LGBTI) health-care inequalities via rapid reviews of grey literature in 27 EU Member States

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The study was funded by the European Parliament and implemented by the European Commission's Health and Food Safety Directorate-General, Directorate C-Health and Unit C4 Health determinants (SANTE-2015-C4-033). A pilot project related to reducing health inequalities experienced by LGBTI people. The information and views set out in this paper are those of the authors and do not necessarily reflect the official position of the European Commission. The Commission does not guarantee the accuracy of the data included in this paper. Neither the

Abstract
Background: The health inequalities experienced by lesbian, gay, bisexual, trans and intersex (LGBTI) people are well documented with several reviews of global research summarizing key inequalities. These reviews also show how the health-care needs of LGBTI people are often poorly understood whilst suggesting that targeted initiatives to reduce inequalities should involve LGBTI people.
Objectives: To determine what is known about the health-care inequalities faced by LGBTI people? What are the barriers faced by LGBTI people whilst accessing health care, and health professionals when providing care? What examples of promising practice exist?
Design: Rapid reviews of grey literature were co-produced with LGBTI people in 27 countries followed by a thematic analysis and synthesis across all data sets. The review included grey literature from each country that might not otherwise be accessible due to language barriers.

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Systematic Review and Meta Analyses

A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities

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Background: Lesbian, gay, bisexual, trans and intersex (LGBTI) people experience significant health inequalities. Located within a European Commission funded pilot project, this paper presents a review of the health inequalities faced by LGBTI people and the barriers health professionals encounter when providing care.
Methods: A narrative synthesis of 57 papers including systematic reviews, narrative reviews, meta-analysis and primary research. Literature was searched in Cochrane, Campbell Collaboration, Web of Science, CINAHL, PsychINFO and Medline. The review was undertaken to promote understanding of the causes and range of inequalities, as well as how to reduce inequalities. Results: LGBTI people are more likely to experience health inequalities due to heteronormativity or heterosexism, minority stress, experiences of victimization and discrimination, compounded by stigma. Inequalities pertaining to LGBTI healthcare vary depending on gender, age, income and disability as well as between LGBTI groupings. Gaps in the literature remain around how these factors intersect to influence health, with further large-scale research needed particularly regarding trans and intersex people. Conclusions: Health inequalities can be addressed via changes in policy, research and in practice through health services that accommodate the needs of LGBTI people. With improved training to address gaps in their knowledge of LGBTI health and healthcare, health professionals should work in collaboration with LGBTI people to address a range of barriers that prevent access to care. Through structural change combined with increased knowledge and understanding, services can potentially become more inclusive and equally accessible to all.

Introduction

International research increasingly demonstrates that lesbian, gay, bisexual, trans and intersex (LGBTI) people are frequently marginalized and experience significant health inequalities.^{1–4} Reducing health inequalities is a fundamental goal of public health and is regarded by the European Union (EU) as being one of the most important public health challenges facing its Member States.^{5–6} This emphasis is vital as inequalities impact on both the health outcomes of LGBTI people as well as their experiences of accessing healthcare.^{1,7} Evidence suggests that LGBTI people are more likely than the general population to report unfavourable experiences of healthcare including poor communication from health professionals and dissatisfaction with treatment and care received.^{1,2,8} LGBTI patients can face bias and discrimination in healthcare settings,^{1,9,10} with trans patients reporting most dissatisfaction resulting in some avoiding mental treatment, including emergency care.⁹

Major legislative reform in recent years have resulted in significant progress towards achieving equality for LGBTI people.⁴ Acknowledgement of the need to endorse and exercise the rights of LGBTI people are increasing within the EU where people are broadly protected against discrimination on grounds of sexual orientation (lesbian, gay, bisexual people), gender identity (trans people) and sex characteristics (intersex people). However significant obstacles remain to full recognition of LGBTI people's fundamental rights. These rights include legal recognition of gender, non-discrimination in the workplace, freedom of expression and freedom of movement.¹¹ Despite such advances however, social exclusion, stigmatization and discrimination experienced by LGBTI people persist in many healthcare settings.^{1,2} This is not only a social justice issue, but growing evidence links these experiences and related minority stress to health inequalities by showing that discriminatory behaviour can impact negatively on both mental health and physical health outcomes.¹²

Task 2 :

Qualitative research:
Focus groups studies with
LGBTI people and Health professionals

Deliverable :

D2.1 Overview report on the
outcomes of the focus groups





D2.1 – Final overview report on outcomes of the focus groups



Culture, Health, & Sexuality

doi.org/10.1080/13691058.2019.1643499

Task 3 & 4 :

Training modules development and piloting

Deliverable :

Training package for HCP

How was the training course developed?

1. Definition of contents and structure of the training modules informed by the research in Phase 1&2 of the Project

2. Preparation of training materials

3 Pre-piloting of the training modules (2 phases)

4. Consultation with DG SANTE and Advisory Board

5. Refinement of the training modules

6. Piloting in 6 Member States

7. Brussels conference - fine-tuning of the training modules

Health4LGBTI Training Programme



Module 1

Introduction,
Awareness Raising,
Concepts & Terms (2h)

Presentation & training overview

Terminology & concepts

Module 2

Health & Health Inequalities (2h20)

Health
Inequalities &
root causes

LGBTI Health
& healthcare
provision

Intersectionality
& Health
Inequalities

Module 3

Communication & practice (2h15)

Inclusive &
non-judgmental
language

Inclusive
environment &
practice

Module 4

Trans & Intersex Health (2h)

Myths on trans
& intersex
people

Trans
Health

Intersex
Health

Health4LGBTI Training: Programme

Module 1

Introduction,
Awareness Raising,
Concepts & Terms (2h)

Presentation & training overview

Terminology & concepts

Module 2

Health & Health Inequalities (2h20)

Health
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Inclusive &
non-judgmental
language

Inclusive
environment &
practice

Module 4

Trans & Intersex Health (2h)

Myths on trans
& intersex
people

Trans
Health

Intersex
Health

Module 1: Learning objectives

After this module, participants will:

- ✓ Understand the Health4LGBTI project and the background of the training;
- ✓ Have a greater awareness and knowledge about terms and concepts;
- ✓ Feel more comfortable in discussing LGBTI issues;
- ✓ Be able to correctly use the relevant terminology.

Module 2: Learning objectives

After this module, participants will have a better understanding of:

- ✓ factors that affect LGBTI people's health outcomes;
- ✓ specific health needs of LGBTI people;
- ✓ access and barriers to proper care faced by LGBTI people;
- ✓ barriers and challenges faced by healthcare professionals in providing care;
- ✓ the concept of intersectionality.



#EU4LGBTI stories



0:10 / 3:15



Module 3: Learning Objectives

After this module, participants will have a better understanding of:

- ✓ The relevance of using inclusive language taking into account sexual orientation, gender identities and sex characteristics;
- ✓ How to approach LGBTI people in an inclusive and non-judgmental way;
- ✓ How to make their practice / the healthcare setting more welcoming for LGBTI people by respecting privacy and ensuring trust and comfort.

Module 4: Learning objectives

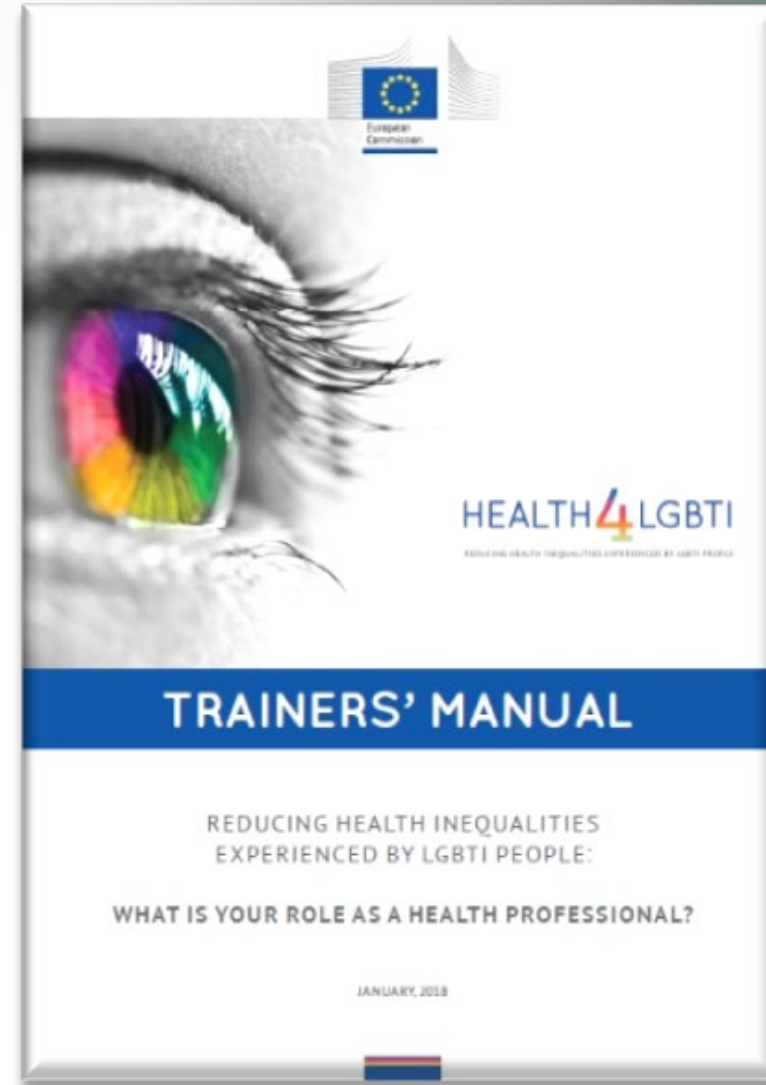
After this module, participants will:

- ✓ Have a greater awareness and improved knowledge of concepts in the field of gender identity and sex characteristics;
- ✓ Be more familiar with the health needs of trans and intersex people;
- ✓ Be aware of the standard of care and human rights of trans and intersex people.

The training programme comprises the following:

TRAINERS' MANUAL

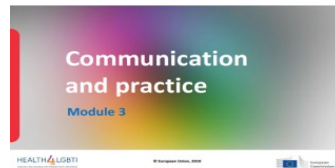
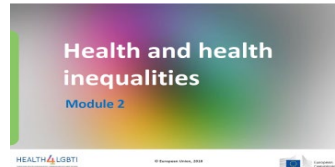
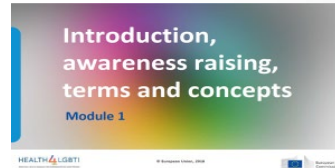
- ➔ Structure and contents of the training course
- ➔ Detailed description of the content of the training course (slides, training documents, training materials)
- ➔ Recommendations for managing a proper delivery of the training modules



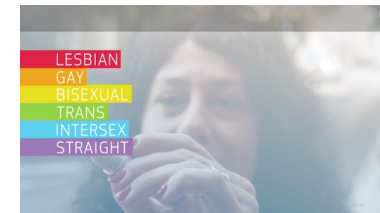
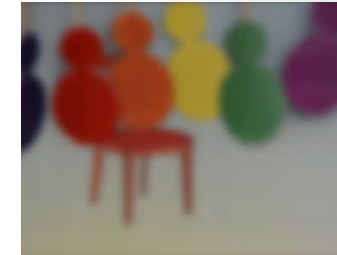
TRAINING MATERIALS

- ➔ PPT slides
- ➔ Videos
- ➔ A take-home reference manual for participants with additional resources to support the participants after the training

Slides



Videos



Take-Home Manual

Annex 8. Take-home tool for trainees

Subject to available resources, it is recommended that trainers print the following material to be given to each participant on conclusion of the training course:

Presentation of the Health4LGBTI project;

Available for download at the following link:

https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment2

The Glossary (Annex 1);

The online link to Health4LGBTI State-of-the-art Report and Health4LGBTI Focus Group Studies Report;

Available for download at the following link:

https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment2

A brief report on HIV and STIs topics and Trans and Intersex topics created ad hoc for the training (Annex 2 and 3)

Evaluation Grids per Module

Evaluation description

	Evaluation Step	Instrument	Format	Completed by	Timing
1	Pre-training Evaluation	Questionnaire (Appendix 10.1)	Paper only/ electronic database	Participants	Immediately preceding training
2	Post-training Evaluation	Questionnaire (Appendix 10.2)	Paper only/ electronic database	Participants	Immediately after completion of training
3	Evaluation by Trainer	Swot matrix (Appendix 10.5)	Electronic	Trainers	Immediately after completion of training
4	Site visit	Site Visit Form (Appendix 10.4)	Electronic	External Evaluators	After completion of training.
5	Follow-up Evaluation	Questionnaire (Appendix 10.3)	On-line	Participants	2 months after training

Table A10.1 Summary of the evaluation steps.

MODULE 1: Introduction, Assessment, Training, Concepts and Terms	
Topic	<ul style="list-style-type: none"> • To introduce Trainers and Participants; • To introduce the Health4LGBT Project and the Training course; • To establish group cohesion and a positive learning environment; • To introduce assessment and improve knowledge on terms and concepts related to LGBT topics; • To allow to understand the overall aim, background and contents of the project and of the training; • To have a greater awareness and knowledge about terms and concepts in the field of gender identity, sexual orientation and sex characteristics; • To have participants be comfortable in discussing LGBT issues and be able to correctly use the relevant terminology.
After this module, the participants will:	<ul style="list-style-type: none"> • Be able to understand the overall aim, background and contents of the project and of the training; • Have a greater awareness and knowledge about terms and concepts in the field of gender identity, sexual orientation and sex characteristics; • Be more comfortable in discussing LGBT issues and be able to correctly use the relevant terminology.
Planned duration: 2 hours	
Start time: _____	
End time: _____	
Main issues presented:	<ul style="list-style-type: none"> • Presentation of the Health4LGBT project □ Yes □ No • Presentation of the work carried out to date and how it forms the basis of the training □ Yes □ No • Presentation of the objectives of the training □ Yes □ No • Presentation of ground rules - recognition of privacy, consent, etc., respect, participation and experience were asked if they wanted to add any ground rules □ Yes □ No • Terminology (sexual orientation, sexual characteristics, gender identity) □ Yes □ No
Activity:	
Introduce Yourself	Comments: _____
Start time: _____	
End time: _____	
Video: Experience of Healthcare settings: LGBT people tell their stories	Comments: _____
Start time: _____	
End time: _____	
Ground rules - large group discussion	Comments: _____
Start time: _____	
End time: _____	

EVALUATION MATERIALS

➔ Description of the training evaluation tools, timing and procedures

➔ Questionnaires

➔ Grids for site-visits

➔ SWOT matrix for trainers

Pre, post, follow-up questionnaires

Appendix 10.1 Pre-training Evaluation questionnaire

REDUCING HEALTH INEQUALITIES EXPERIENCED BY LGBTI PEOPLE: WHAT IS YOUR ROLE AS A HEALTH PROFESSIONAL?

PURPOSE

Please put here the 3 initial letters of the oldest parent/guardian's first name and the day and month of the oldest parent/guardian's birthday.

QUESTIONS

Please complete the following questions to reflect your opinion as accurately as possible and answer the last questions to the best of your knowledge. There are no "right" or "wrong" answers. Your responses will be anonymous and will never be linked to any personally. Once you have completed this questionnaire, please put it in the envelope provided and return it to the trainer.

Instructions: Please put a ✓ in the box □ next to the answer of your choice or write in the space provided in the case may be.

The acronym LGBTI means Lesbian, Gay, Bisexual, Trans and Intersex.

Appendix 10.2 Post-training evaluation questionnaire

REDUCING HEALTH INEQUALITIES EXPERIENCED BY LGBTI PEOPLE: WHAT IS YOUR ROLE AS A HEALTH PROFESSIONAL?

PURPOSE

Please put here the 3 initial letters of the oldest parent/guardian's first name and the day and month of the oldest parent/guardian's birthday.

QUESTIONS

Please complete the following questions to reflect your opinion as accurately as possible and answer the last questions to the best of your knowledge. There are no "right" or "wrong" answers. Your responses will be anonymous and will never be linked to any personally. Once you have completed this questionnaire, please put it in the envelope provided and return it to the trainer.

Instructions: Please put a ✓ in the box □ next to the answer of your choice or write in the space provided in the case may be.

The acronym LGBTI means Lesbian, Gay, Bisexual, Trans and Intersex.

Appendix 10.3 Follow-up questionnaire

REDUCING HEALTH INEQUALITIES EXPERIENCED BY LGBTI PEOPLE: WHAT IS YOUR ROLE AS A HEALTH PROFESSIONAL?

PURPOSE

Please put here the 3 initial letters of the oldest parent/guardian's first name and the day and month of the oldest parent/guardian's birthday.

QUESTIONS

We would like to hear from you to know how you are doing in attending training while Health4LGBT project. It has been two months since we had a chance to foster our skills of working with LGBTI patients and clients.

Now we would like to ask you to fill in short survey which will enable us to assess effectiveness of the training and benefits for participants. This information will be used to evaluate and improve future courses.

All records are kept anonymously and will not be in any way associated with your identity.

Thank you!

SWOT Matrix

Appendix 10.5. SWOT matrix for the Trainers

REDUCING HEALTH INEQUALITIES EXPERIENCED BY LGBTI PEOPLE: WHAT IS YOUR ROLE AS A HEALTH PROFESSIONAL?

Trainer's feedback form (SWOT matrix)

This form is meant to collect the trainer's critical opinions based on the knowledge of the local context and the experience of the conducted pilot training on the following issue:

<< In your country, if an organization, which is independent but willing to collaborate with relevant stakeholders, would plan for wider dissemination of this Training course, what would be the factors which could have an impact on such initiative? >>

The SWOT matrix is a tool for identifying and understanding the internal and controllable (strengths and weaknesses) and uncontrollable external forces (opportunities and threats) affecting possible future training courses.

STRENGTHS	WEAKNESSES	INTERNAL ANALYSIS
<p>THE STRENGTHS are the training course is doing well:</p> <ul style="list-style-type: none"> • Which aspects of the training content and delivery were most appreciated? • Which aspects of the training material and resources were most useful? • What are the benefits of the training for the participants? • What competencies of the trainer help? • What capacities of the organization would be useful for wider implementation? 	<p>THE WEAKNESSES are the areas in need to improve:</p> <ul style="list-style-type: none"> • Which aspects, implementation strategies did not work? • Which content turned out to be the least useful and what was the reason? • What should be added to the training manual? • Which were the drawbacks of the recruitment strategy? • What could the trainers improve? • What support capacities may be lacking in the organization? 	
<p>OPPORTUNITIES are factors or situations that exist or may occur and that may contribute to the training success:</p> <ul style="list-style-type: none"> • What benefits could the trainers gain by completing this training? • What needs can support applying the lessons learnt in medical practice? • What structures are available where such training could be implemented? • Who (individuals, organizations) could support future training implementation? 	<p>THREATS are factors or challenges that exist or may occur and that may affect the training in a negative way:</p> <ul style="list-style-type: none"> • What characteristics of participants may hinder successful training? • What are the institutional barriers to applying the skills acquired during training in work? • What are the barriers to future use of training in the formal education system? • Are there other competing activities that could prevent training and/or application of the lessons learnt? 	<p>EXTERNAL ANALYSIS</p>

POSITIVE FACTORS

NEGATIVE FACTORS

Evaluation

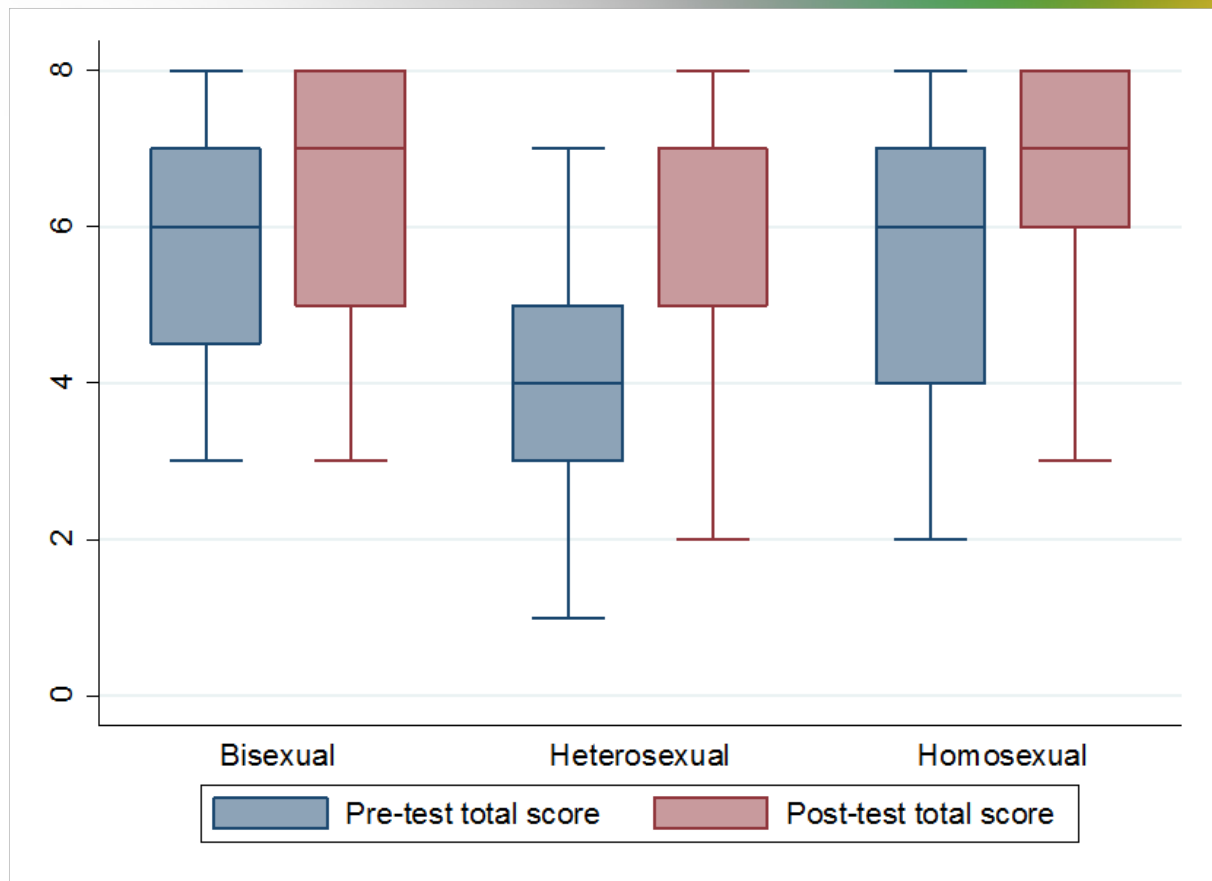
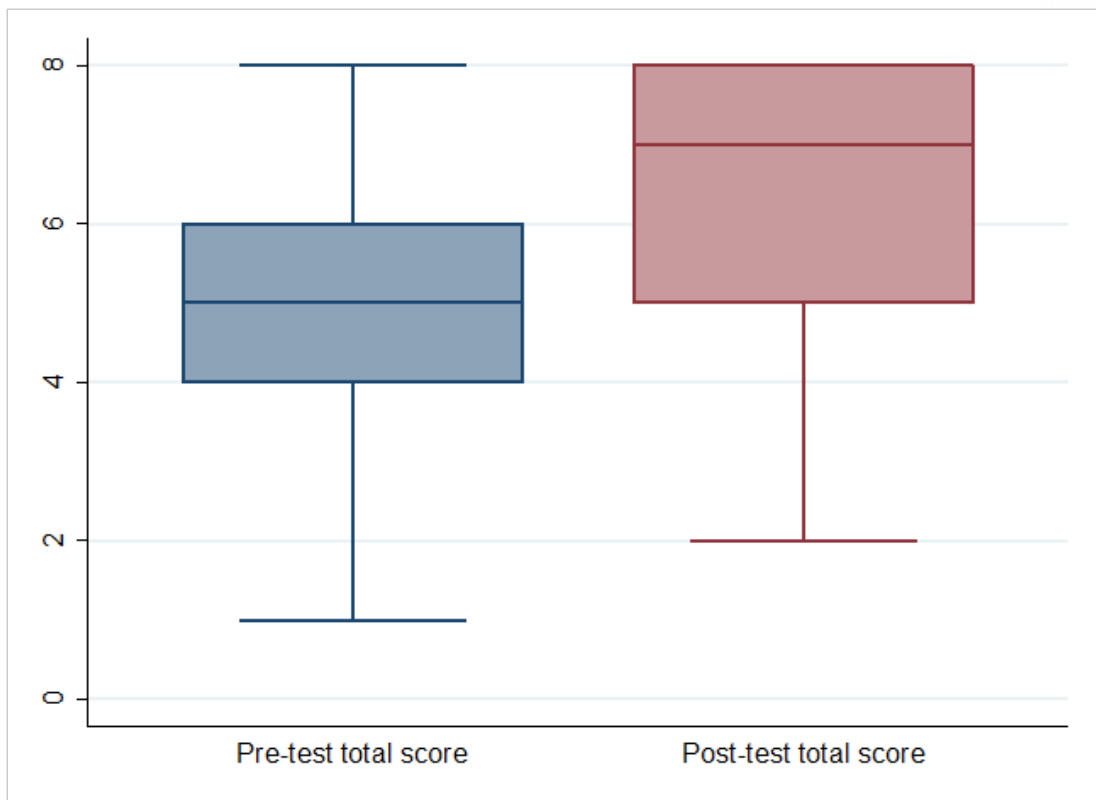
The evaluation components

Evaluation Component	Instrument	Format	Timing	Completed by
Pre-training Evaluation	Pre-training Questionnaire	Paper only	Immediately preceding training	Participants
Post-training Evaluation	Post-training Questionnaire	Paper only	Immediately after completion of training	
Follow-up Evaluation	Follow-up Questionnaire	On-line	Around 3 months after training	
Evaluation by Trainer	Swot matrix	Electronic	After completion of training	Trainers
Site visit	Site Visit Form	Electronic	After completion of training.	External Evaluators

Area of Evaluation	Evaluation Instrument	Question Ref. No
Attitude	Pre-training evaluation	11, 12, 13, 15, 16, 17, 18, 20
	Post-training evaluation	11, 12, 13, 15, 16, 17, 18, 20, 30, 31, 32
	Follow-up Evaluation	5
Behavioral Intention	Pre-training evaluation	8, 9, 10
	Post-training evaluation	8, 9, 10
	Follow-up Evaluation	2, 3, 4, 6
Demographics	Pre-training evaluation	1, 2, 3, 4, 5, 6
	Post-training evaluation	1, 2, 3, 4, 5, 6
Evaluation of the training course	Pre-training evaluation	7
	Post-training evaluation	7, 34, 35, 36, 37, 38, 39, 41, 42, 43a-f, 44
	Follow-up Evaluation	7
Knowledge	Pre-training evaluation	21, 22, 23, 24, 25, 26, 27, 28, 29
	Post-training evaluation	21, 22, 23, 24, 25, 26, 27, 28, 29
Self-Efficacy	Pre-training evaluation	14, 19
	Post-training evaluation	14, 19, 33, 40
	Follow-up Evaluation	1, 2a

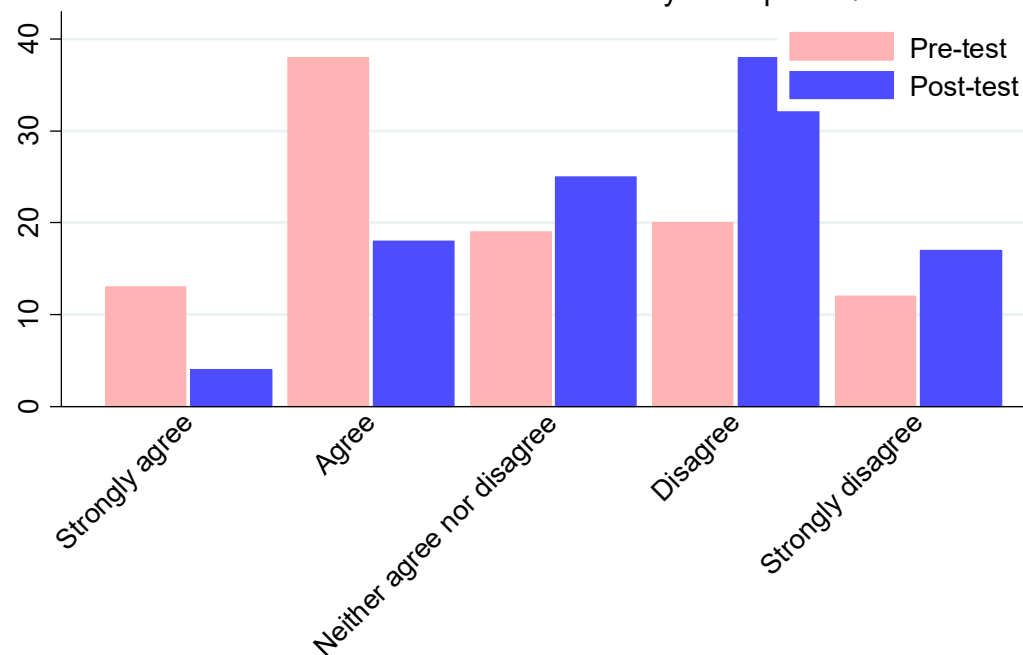
Knowledge

Knowledge before and after

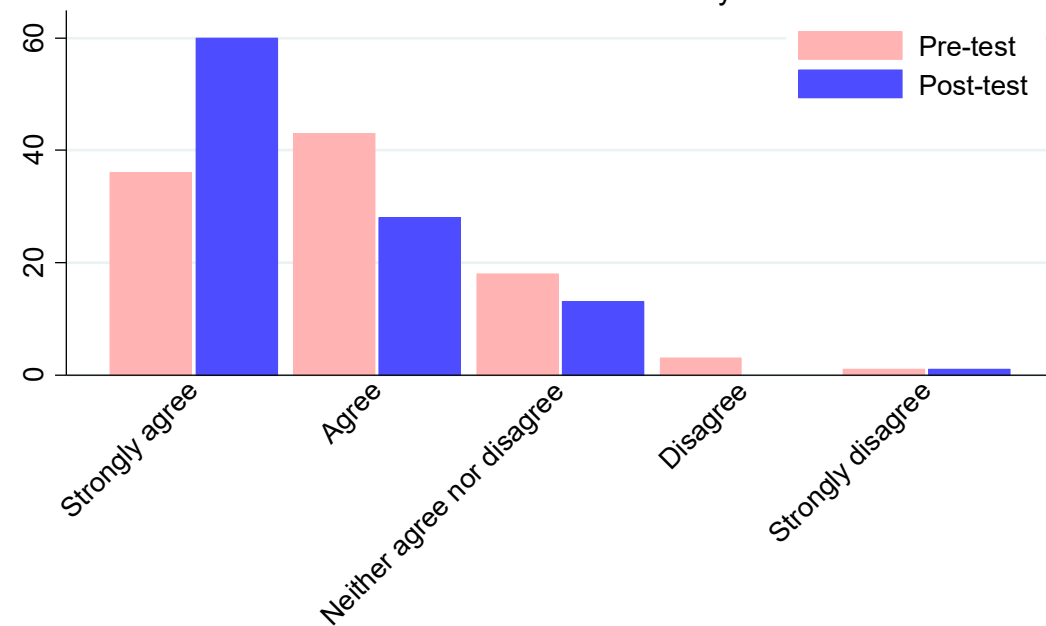


Awareness, attitudes, behavioural intention...

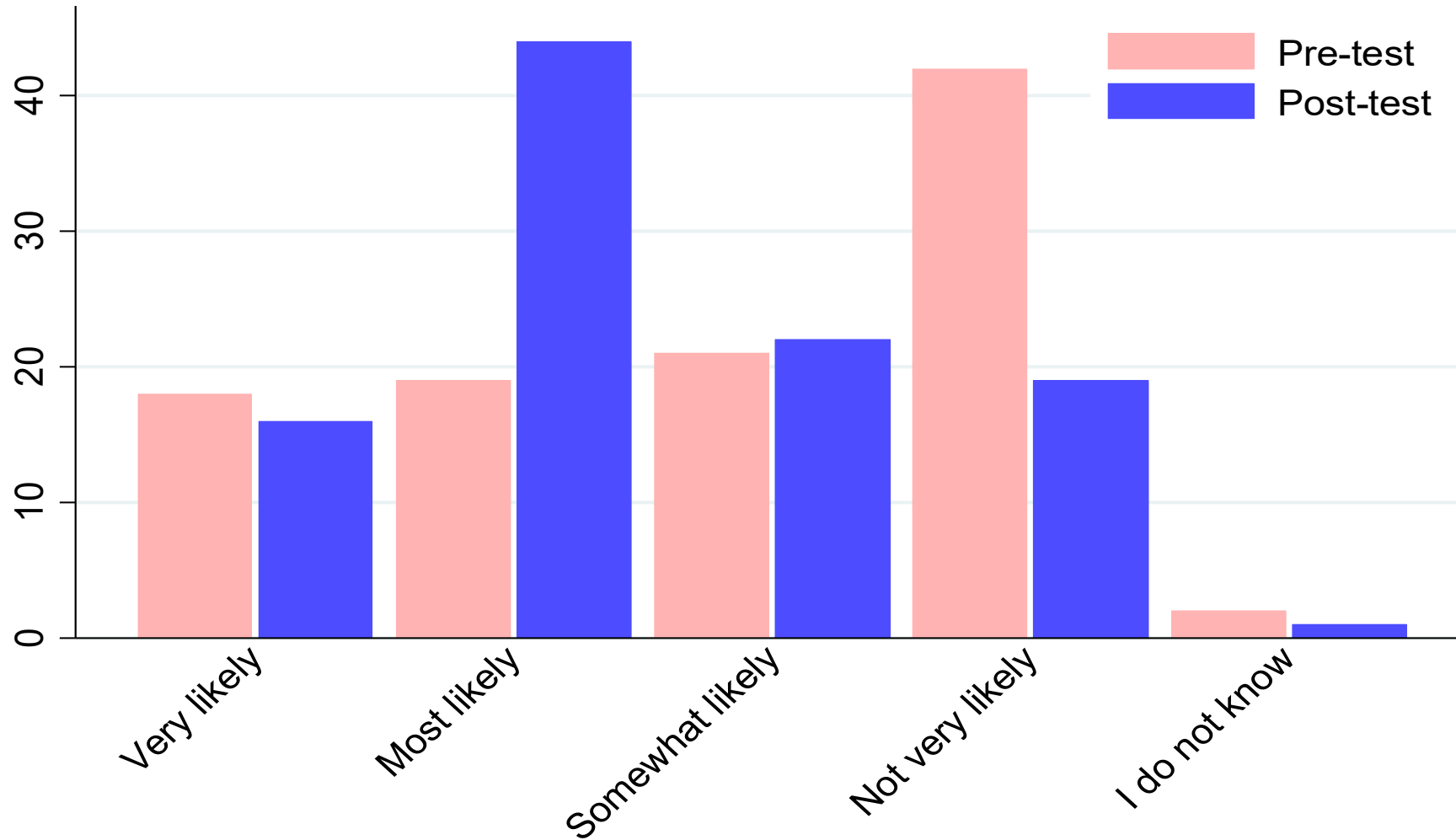
Q16: Generally speaking, in my country LGBTI people have the same access to health care as any other patient/client



Q20: If I could decide myself, I would feel comfortable to change my practice (e.g. the way my office looks like, documentation, communication style) to be more LGBTI friendly



Q9: How likely are you to ask about the sexual orientation, gender identity, and/or sex characteristics of a patient/client?



3 month follow-up

- N=61 completed follow up (55% response)

Since completing the training:

- 57.4% - were able to apply their knowledge in their job at least occasionally
- 27.9% - when witnessing stigmatising or discriminatory behaviour were able to intervene
- 68.8% - used neutral language often or very often
- 81.9% - discussed the content of their training with colleagues

Conclusions

- The Health4LGBTI training model represents a promising intervention to improve **knowledge, attitudes and behaviour/skills** of HCPs improving **cultural competence**.
- **Scaling-up** could contribute to improve person-centred healthcare for LGBTI patients and raise awareness of the relevance of the understanding of social, psychological and identity issues of patients in healthcare settings –leading towards **reductions in health/social inequalities**
- Resources, institutional support and **embedding** the training within accredited health curricula is essential to ensure HCPs and the services they provide, are truly equally **accessible and equitable** for all.

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Reducing Health Inequalities Experienced by LGBTI People (Health4LGBTI)*

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