

# LGBTQ+ Health


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Deputy Training Programme  
Director, Bolton GP Training

pronouns: he/him/they/them

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## Warnings

- **Terminology is fluid and changing. I might get it wrong.**
  - I might use the terms "LGBT" and "LGBTQ" interchangeably but they do mean different things. Lots of syllables though.
  - **Feel free to correct me, but be cautious and respectful of each other**
- **Trigger warnings**
  - References in session to LGBTQ+, sexual intercourse, domestic violence, sexual violence, gender identity and gender surgery




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## Summary

**LGBTQ History**  
**Language and Terminology**  
**Health Issues**  
**Gender Identity Clinics**  
**Talking to Patients and Families**  
**Intersectionality**



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- 
- It's called pride because:
    - *"A lot of people were very repressed, they were conflicted internally, and didn't know how to come out and be proud. That's how the movement was most useful, because they thought, 'Maybe I should be proud.'"*
    - **L. Craig Schoonmaker**

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## Why does this matter?

"A focus on identity benefits everyone. I believe that the NHS is at its best when it focuses on the individual in the context of their identity, not as a credential but rather as a way of ensuring that we are recognising all who are vulnerable and tackling inequity in all its forms."

"At the end of the day it is about safe, effective and compassionate care."

*Peter Molyneux, Chair of Sussex Partnership NHS Foundation Trust, writing for NHS England in 2018*



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## Map of countries where homosexuality is criminalised

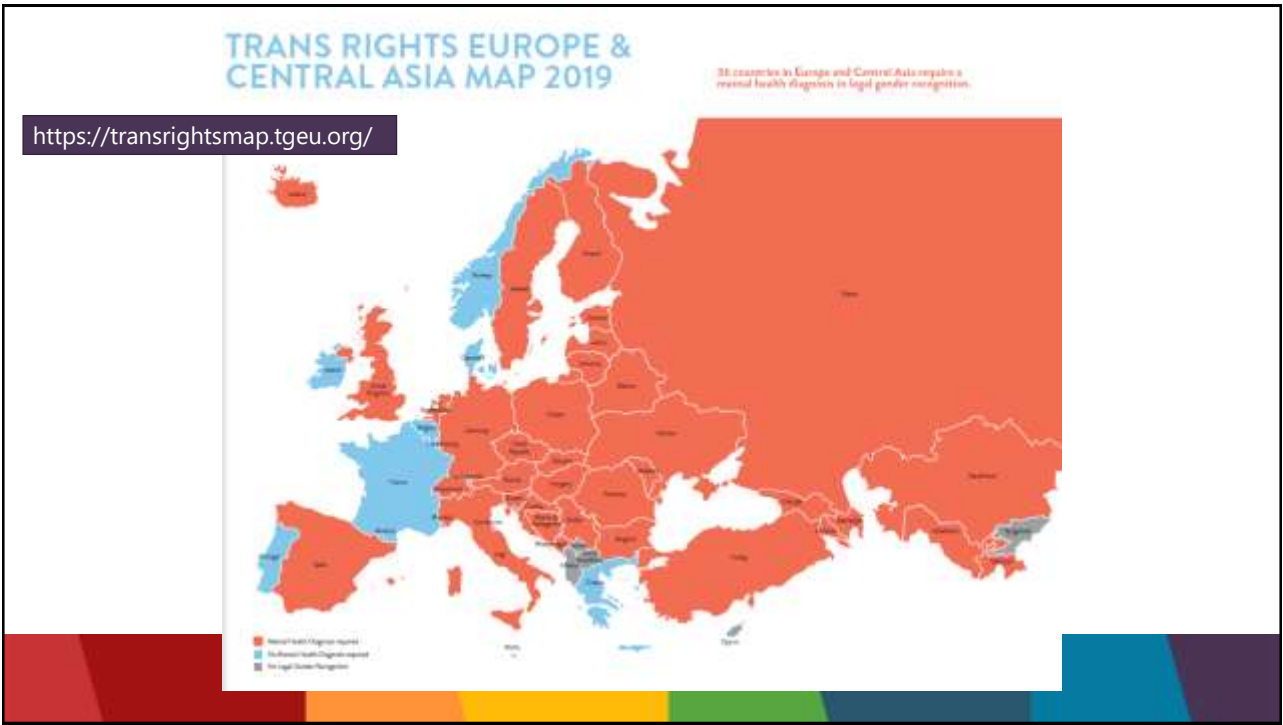


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Uganda's Constitutional Court rejects petition against anti-gay law

Anti-Homosexuality Act 2023 imposes penalties of up to life in prison for consensual same-sex relations and possible death in 'aggravated homosexuality' cases.

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The importance of being 'ourselves' is critical when dealing with our health care. If medics don't know about us, how can they treat us appropriately? If my doctors know I have a wife, it saves important time when I need help in a medical crisis as I have life threatening conditions.

When we were first a couple it was a nightmare. There was a lot of prejudice and hostile treatment from staff at the surgery and hospital and there have been times of real difficulty for me as a vulnerable patient.

Today, there is real acceptance of us and professional behaviours, which show ALL people are equally valued, are life-changing. We know that some LGBT people need a more sensitive approach as they may have more susceptibility to certain health challenges such as mental health or isolation, substance dependency etc.



Improvements I've seen include LGBT Foundation posters and the Pride in Practice Gold award displayed clearly in my GP surgery. Patients are involved in the practice and LGBT issues are taken seriously. Staff may ask sensitive questions about marital status or next of kin etc. as heterosexuality is not assumed. My wife is included in all my health care decisions and is recognised as a Carer who has her own needs; this is so different than it was 7 years ago.

When Pride in Practice started I was one of the first volunteer health champions to tackle these inequalities in Primary Care by taking around leaflets and materials. This was important to help make our needs visible and the medics more aware of appropriate responses. It was hard work. I covered around 40 GP practices over the whole of Bolton. Many of them were not happy to take the leaflets or posters, and a large number of Practice Managers said they didn't want the material, as "they had no gay people in their practice!" I asked how they knew if they didn't ask? They said they just knew!

It was an uphill battle, but I am glad I stuck with it. Now all GP practices in Bolton are fully on board and trained up. This also had that ripple effect of bringing about support from the CCG and Council. After many years of being the seventh most homophobic place in the UK, Bolton now has a 'Pride' weekend, an LGBT Partnership and the museum and the central library recently launched an exhibition about LGBT history about how the town is now more inclusive.

- Rosie, Bolton

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## 2017 National LGBT Survey

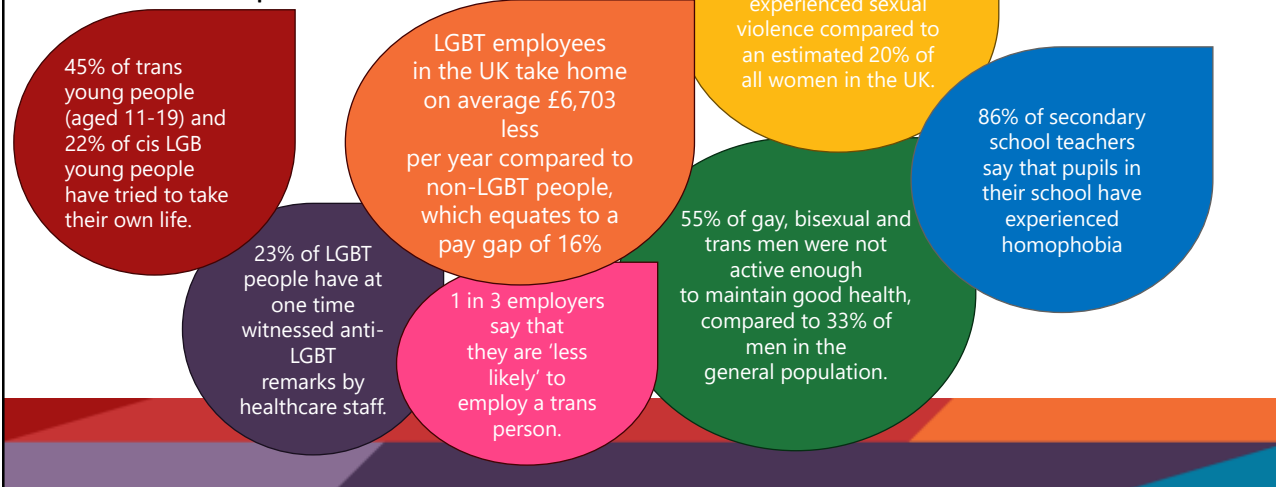
The 2017 National LGBT survey, with over 108,000 responses, described a situation where LGBT communities face discrimination, felt their specific needs were not being met, had poorer experience and had major concerns about accessing healthcare that should be a right for all.

- at least 16% of survey respondents who accessed or tried to access public health services had a negative experience because of their sexual orientation, and at least 38% had a negative experience because of their gender identity.
- 51% of survey respondents who accessed or tried to access mental health services said they had to wait too long, 27% were worried, anxious or embarrassed about going and 16% said their GP was not supportive.
- 80% of trans respondents who accessed or tried to access gender identity clinics said it was not easy, with long waiting times the most common barrier.

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# Hidden Figures (2023)

## LGBT Health Inequalities at a Glance



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## LGBT equality in the workplace

**Over 70% of those surveyed said they had endured one or more types of experience short of harassment or abuse in the last two years related to their sexual orientation.**

- These ranged from feeling unable to talk about their private life at one end of the spectrum to homophobic name-calling at the other.
- 12% said they had experienced at least one form of harassment or abuse at their place of work or study.
- 12% felt they had suffered some form of discrimination in their employment or studies as a result of being lesbian, gay or bisexual.
- Only a fifth of those feeling discriminated against attempted to take the matter further to try to get it resolved.



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## Equality & Diversity

**The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.**

**Discrimination means treating you unfairly because of who you are. The Equality Act 2010 protects you from discrimination by:**

- employers
- businesses & organisations which provide goods or services like banks, shops & utility companies
- health and care providers like hospitals and care homes
- someone you rent or buy a property from like housing associations and estate agents
- schools, colleges and other education providers
- transport services like buses, trains and taxis
- public bodies like government departments and local authorities

**9 Protected Characteristics:**

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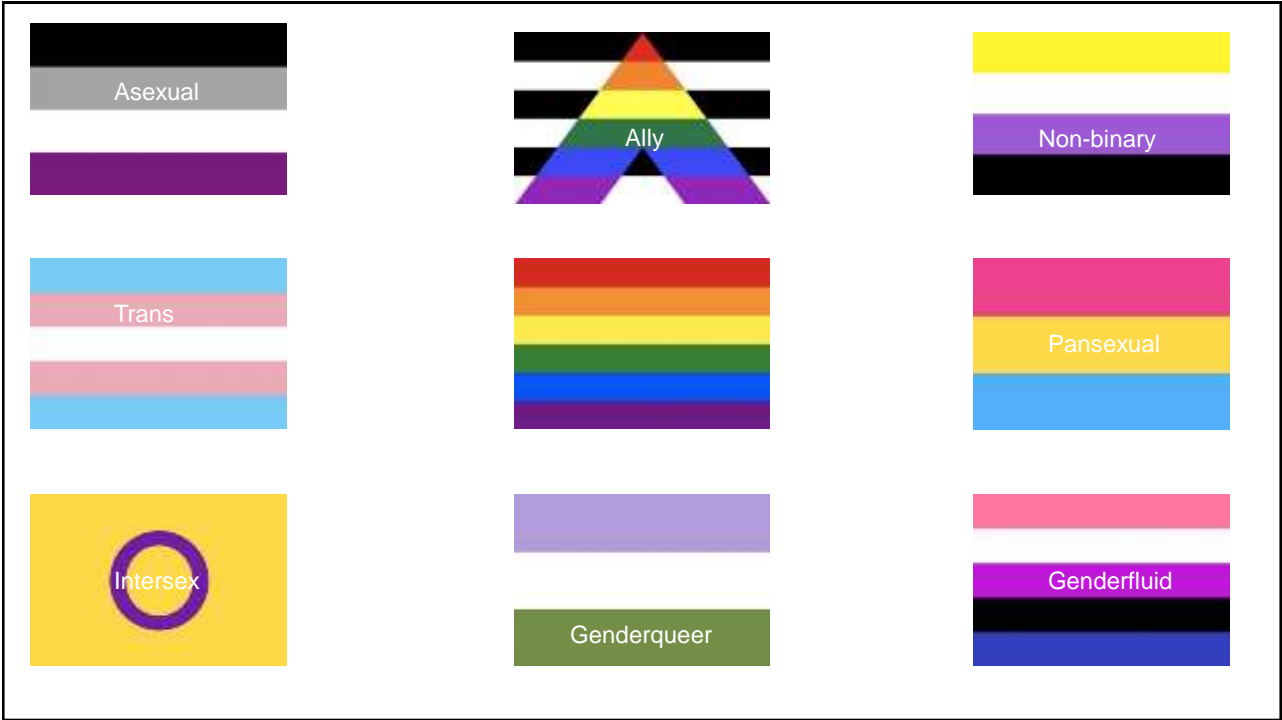
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# LGBTQIA+

Language and Terminology

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**LGBTQI+****Lesbian****Gay****Bisexual****Trans****Queer/Questioning****Intersex****+ “and others”****Asexual/Aromantic**

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**LGBTQI+**

Cis(gender)	Same gender as sex assigned at birth
Trans	Different gender than sex assigned at birth
Non-binary	Not conforming to purely male/female
AFAB	Assigned female at birth
AMAB	Assigned male at birth
Drag queen/king	A performer who adopts a flamboyant/caricaturised version of a woman/man
MSM	Men who have sex with men
WSW	Women who have sex with women



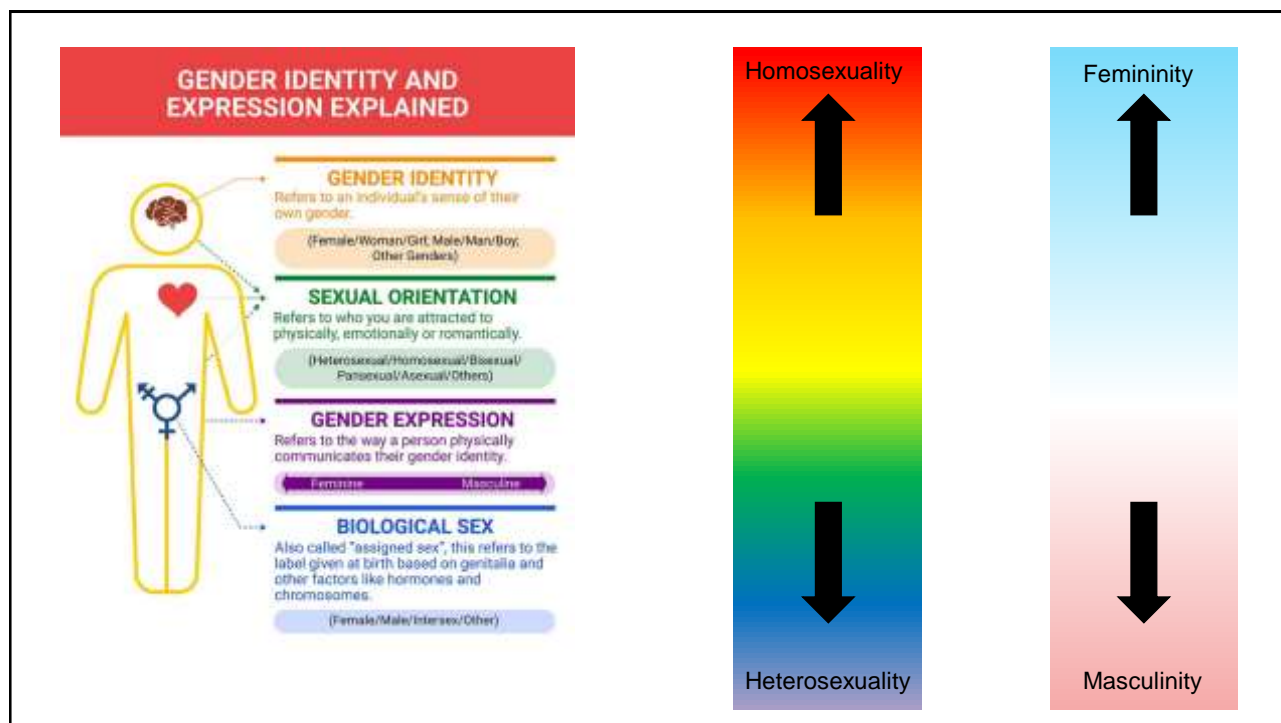
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## Sexuality

- Sexuality is not about who you have sex with, or how often you have it.
- Sexuality is about your sexual feelings, thoughts, attractions and behaviours towards other people.
- You can find other people physically, sexually or emotionally attractive, and all those things are a part of your sexuality.
- Sexuality is diverse and personal, and it is an important part of who you are. Discovering your sexuality can be a very liberating, exciting and positive experience.
- **Sometimes, it can take time to figure out the sexuality that fits you best. And your sexuality can change over time.**



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## Labels

- It is clear from the number of LGBT advocacy organizations around the world that the fixing of particular labels of identity – like lesbian, bisexual, gay and transgender – can be useful for establishing global networks and mobilizing people to claim their rights.
- Like all terminology, it can be used in different ways by different people, so risks misunderstanding
- Labels often suggest sexuality is fixed, when for many LGBTQ people, it is more fluid

<https://www.asexuality.org/>

*“A label is “not an inner truth, not a medical diagnosis.”  
“If it feels useful, use it. If it ever stops feeling useful, stop using it.”*

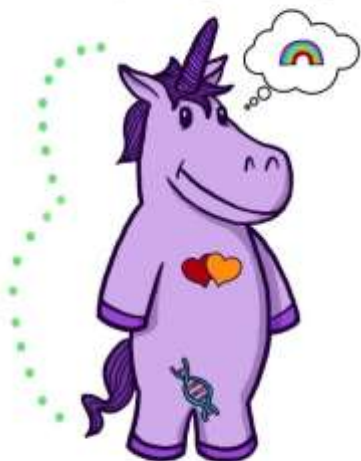
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## Gender Expression

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# The Gender Unicorn

Graphic by: **TSER**



**Gender Identity**

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

**Gender Expression**

- Feminine
- Masculine
- Other

**Sex Assigned at Birth**

- Female
- Male
- Other/Intersex

**Physically Attracted to**

- Women
- Men
- Other Gender(s)

**Emotionally Attracted to**

- Women
- Men
- Other Gender(s)

To learn more, go to: [www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

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## Football's first fa'afafine: trans rights trailblazer Jaiyah Saelua on stardom and sisterhood

Fa'afafine athlete and advocate Jaiyah Saelua and Kairansa, the fa'afafine actor who will play her in Taika Waititi's latest film, find shared celebration in a uniquely Polynesian story



▲ Jaiyah Saelua is the world's first transgender professional footballer. Saelua is featured in the 2023 documentary film Good Will: Photographs from Samoa (The Guardian).

Indigenous North Americans groups also tend to recognise a non-binary group of people, who may be referred to as "two spirited". A Two Spirit person is considered to have been blessed with both a male and a female spirit. These spirits allow them to experience the world through the eyes of both cisgender groups.



Up to 5% of the population of Samoa currently identify as fa'afafine.

Hijra/Aravani/Kinnar are officially recognized as third gender in the Indian subcontinent



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## Pronouns



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## LGBTQ Health Issues

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**What questions do you have about LGBTQ+ Health? (Ask anything, this is anonymous!)**

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## LGBTQ Health Issues

### Mental health:

- Suicide and suicidal thoughts
- Mood disorders and anxiety
- Eating disorders
- Alcohol, tobacco, and substance abuse

### Physical health:

- Lesbian and bisexual women have higher rates of breast cancer, and transgender men and women are at greater risk.
- LGBTQ+ people have higher rates of HPV infection.
- Lesbian and bisexual women may have a higher risk of cervical cancer, and gay and bisexual men may have a higher risk of anal cancer.
- LGBTQ+ people are more likely to be obese.
- Gay and bisexual men are more likely to have HIV/AIDS.

### Access to care:

- More likely to be refused health care services and be harassed by health care providers

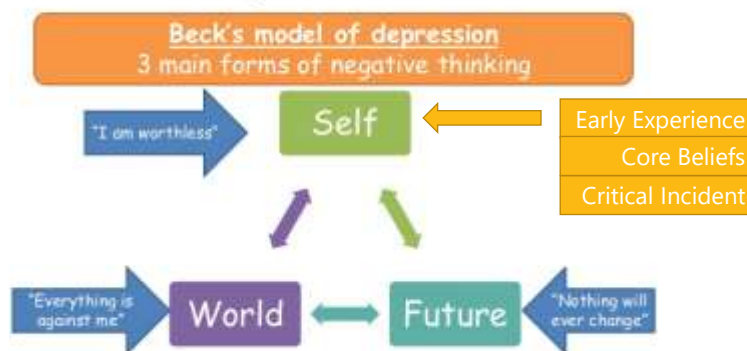
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In 2017, 52% of LGBT people reported experiencing depression in the previous year. This includes 67% of trans people and 70% of non-binary people.

45% of trans young people (aged 11-19) and 22% of cis LGB young people have tried to take their own life. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.

## Depression/Anxiety

### Negative Triad



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## Starting Well

**Hidden Figures:**  
LGBT Health Inequalities in the UK

**LGBT**  
foundation

“

*Growing up gay under Section 28 was incredibly difficult and isolating – I felt like there was no one else out there like me. Even though I had loving parents who made it clear that I would be accepted, not hearing this message from outside of the home led me to believe that I wasn't 'normal' and there was something inherently wrong with me. The shame I experienced during this time has left a lasting impact, and I have spent a long time trying to overcome the effects of this.*

”

- Joe, gay man, 30, Manchester.

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## Starting Well

**Hidden Figures:**  
LGBT Health Inequalities in the UK

**LGBT**  
foundation

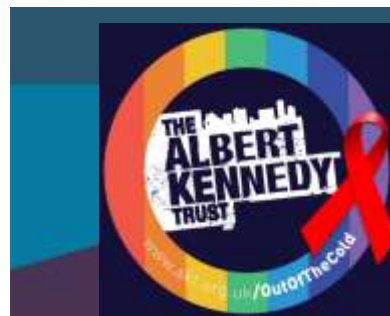
### Homelessness:

- 24% of homeless young people (aged 16 to 25) are LGBT.
- 77% of homeless young LGBT people stated that being LGBT was a causal factor in rejection from home.

### An AKT survey showed a significant proportion of parents did not accept their LGBT children:

- 26% disagreed that they would feel 'proud' to have an LGBT child.
- 11% would feel uncomfortable living at home with their child if they came out as LGBT.
- 28% would not be willing to change the pronouns they used for their child if they came out as trans.

48% of LGBT pupils, including 84% of trans pupils, are bullied for being LGBT at school.<sup>19</sup>



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## Alcohol

1 in 6 LGBT people reported drinking almost every day in the last year, this compares to 1 in 10 adults in the general population who report drinking alcohol on five or more days per week.



LGBT Foundation's Part of the Picture research revealed that binge drinking is around twice as common in GB men compared to men in general, and almost twice as common in LB women compared to women in general.

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## Substance Misuse


Of LGBT Foundation service users who reported drug use\*\*

- 15%** said that either they or another person had been hurt as a result of their drug taking.
- 50%** stated that they used more than one type of substance on at least a monthly basis.
- 22%** stated that they experienced the feeling of being unable to stop.
- 19%** stated that they had experienced the need to use drugs in the morning.

The 2013/14 Crime Survey for England and Wales found that:

- **28.4% of LGB adults had taken drugs in the last year**, including 33% of GB men and 22.9% of LB women. This compares to 8.1% of heterosexual adults.
- This higher prevalence was also true for Class A drug use with 10% of LGB adults compared with 2.7% of heterosexual adults having taken Class A drugs in the previous year.
- 6.6% of men who have sex with men in England have used any one of the three chemsex drugs (crystal meth, GHB and mephedrone) in the last 4 weeks, this rises to 21.9% of MSM living with HIV.

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## Smoking

Smoking rates are generally much higher in the LGBT community compared to cis heterosexual counterparts:



- 18.8% heterosexual people
- 27.9% of lesbian women.
- 30.5% of bisexual women.
- 23.2% of gay men.
- 26.1% of bisexual men.

“  
Self-medicating [with smoking] like I am with anxiety is common for trans people because medical professionals routinely discriminate us and abuse us.  
”

- Trans person, <sup>90</sup>

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In 2017, 21% LGBT people reported that they had experienced a homophobic, biphobic or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.

## Access to Healthcare

- **A 2018 survey by Stonewall found that:**
  - 23% of LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff.
  - 14% of LGBT people have avoided treatment for fear of discrimination because they're LGBT.
  - 13% of LGBT people have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Across all primary care services just over half of people had a positive response when they disclosed their sexual orientation and just under half had a positive response when they disclosed their trans status.
- 62% mentioned the importance of improving LGBT visibility in healthcare, for example having LGBT literature and posters, or a Pride in Practice award

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## Violence



- Recent evidence suggests that LGBT people are more likely to suffer from domestic abuse with more than 11% of LGBT people having faced domestic abuse from a partner in the last year in comparison to 6% of women and 3% of men in the general population who experienced domestic abuse from a partner in the past year.
- An LGBT Foundation survey found:
  - 42.8% of respondents said that they had experienced sexual violence and just under 10% were unsure. For non-binary people, this figure was 57.5%.
  - *The Crime Survey of England and Wales estimates that 20% of women and 4% of men have experienced some type of sexual assault since the age of 16*

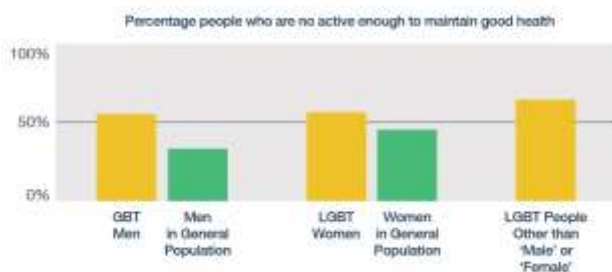
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In addition, the prevalence of homophobia, biphobia and transphobia in sports means that significant barriers to participation still exist, with changing rooms and gendered facilities being a significant barrier to transpeople accessing leisure centres and sports clubs.



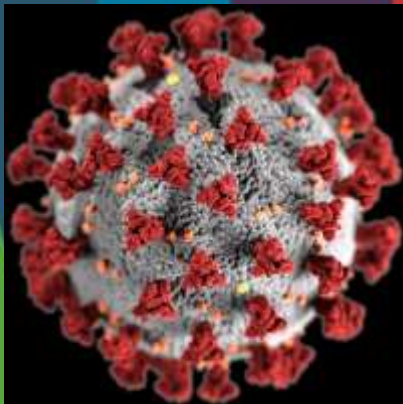
**Gay Prem star: I'm afraid to come out**

## Physical Activity



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## Viral Diseases



- **HIV**
  - In 2017, 61% of all new diagnoses in North West residents were in gay, bisexual and other men who have sex with men (MSM)
  - Five NW local had a diagnosed HIV prevalence in excess of 2 per 1,000 population aged 15-59 years in 2017 (which is the threshold for expanded HIV testing); they were Blackpool (4.1), **Bolton (2)**, Liverpool (2.2), Manchester (5.8\*) and Salford (4.7).
    - \*considered extremely high prevalence.
- **HPV**
  - Increases risk of cervical cancer, genital warts, as well as anal, penile and oropharyngeal cancers
  - All MSM aged less than 45 are eligible (along with all 13-14 year-olds as part of NHS vaccination programme)
- **Hepatitis B**
  - MSM eligible for vaccination under Green Book guidance as an at-risk group

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**U = U**
  
 Undetectable
   
 means
   
 Untransmittable

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2022

## Heterosexual HIV diagnoses overtake those in gay men for first time in a decade

7 February 2022 · [Press release](#)

This signals the changing shape of the epidemic as National HIV Testing Week launches.

For the first time in a decade, the number of new HIV diagnoses among heterosexuals is higher than for gay and bisexual men, according to new figures for England from the UK Health Security Agency.

Half of all new HIV diagnoses were in heterosexuals (49%) in England in 2020, compared to 45% in gay and bisexual men.

This comes as [free HIV test kits](#) are made available for National HIV Testing Week, which launches today. Anyone who's sexually active is encouraged to test and know their HIV status.

### Share this

SHARE

SHARE

SHARE

EMAIL

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## Cardiovascular Disease



- There is mounting evidence that (LGBTQ) adults experience disparities across several cardiovascular risk factors compared with their cisgender heterosexual peers.
- These disparities are posited to be driven primarily by exposure to psychosocial stressors across the life span.
- Higher smoking, alcohol & drug use, HIV prevalence, physical activity and obesity rates also contribute
- Diabetes

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## Dementia

- LGBT people are almost twice as likely to experience cognitive impairment or **dementia** than heterosexual people when sociodemographic factors are adjusted for
- This difference is partially explained by higher rates of depression: a risk factor for cognitive impairment and dementia
- Being a sexual and gender minority, is a concealable stigmatized identity, so the process of having to decide which situations are safe enough to disclose is a cognitively taxing process and contributes to an added burden

Care is an important issue, many won't have traditional family support, and will fear institutionalisation with non-LGBT people

Manchester was proud to be the first place in the country to announce such a scheme so it's great to see this scheme come to fruition.

We've been working closely with the LGBT Foundation and local people for some time to ensure the site, location, the principles of the scheme, and eventual design principles work - both for the LGBT+ community, but also for the local people in Whalley Range.

We already know LGBT+ people are more likely to be lonely later in life, and as this community is growing, it shows that this Extra Care is not only welcome but absolutely needed.

Clr Bev Craig, exec member for adult health and well-being



Proposals to deliver the UK's first purpose built and co-produced LGBT+ older person's housing scheme are moving forward as Anchor Hanover has been chosen as preferred partner to deliver the scheme.

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## Cancer & Screening

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## Cervical Cancer

- Cervical cancer is caused by sexually acquired infection with certain types of HPV. Most people are infected with HPV shortly after the onset of sexual activity.
  - Two HPV types (16 and 18) cause 70% of cervical cancers and pre-cancerous cervical lesions.
  - There is also evidence linking HPV with cancers of the anus, vulva, vagina, penis and oropharynx.
- Nearly half of LB women who hadn't had a cervical screen test said they were 'scared' to have the test.
- One factor which could be contributing to lower uptake may be that people who don't have penetrative sex may find the procedure more uncomfortable and invasive.
- To reduce this discomfort, LB people may need a smaller speculum, however they may be reluctant to discuss this with healthcare professionals.
- A small-scale US study found half of trans men had not had a test in the previous 3 years.

15% of LB women over 25 have never had a smear test compared to 7% of women in general

1 in 50 have been refused a test

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## Breast Cancer Screening

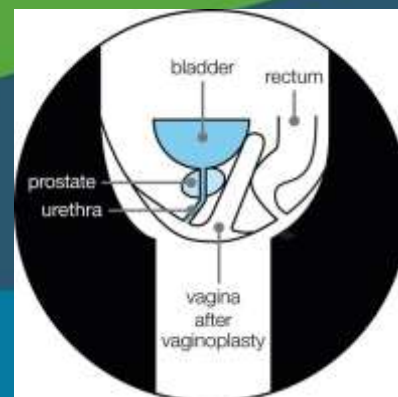
- Rates are comparable between heterosexual and LB women
  - However, among women over 40, 80% of heterosexual women would go to the doctor within a week of finding a lump, compared to 75% of lesbians and 68% of bisexual women.
- A recent study found that breast cancer was more common in trans women than cisgender men, but less common than in cisgender women.
  - The possible increased risk of breast cancer may be due to feminizing hormones (include oestrogens, progesterone, and cyproterone acetate) that help breasts develop. The risk of breast cancer may increase with the amount of time exposed to these hormones.
- If taking feminising hormones, they take some time to act on the breasts; after 2 years, patients should consider breast screening. It's worth telling the radiographer about any breast implants

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## Prostate Cancer

- The following people have a prostate:
  - cis men
  - trans women
  - non-binary people who were assigned male at birth
  - some intersex people.
- The prostate in cis men increases in size with age. This increase in size is less if taking feminising hormones or anti-androgens.
- Although the risk of prostate cancer is likely to be low, it's important to consider carefully because
  - Patients unlikely to have any classical LUT symptoms
  - If listed as "female", clinician may not be aware and won't be called in national screening programmes
  - PSA levels are likely to be lower if patient taking feminising hormones so may not be a reliable sign of prostate problems.



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## Endometrial Cancer

- Some trans men and non-binary people assigned female at birth take the hormone testosterone. Some studies have suggested that these people may have an increased risk of thickening of the endometrium
- This can lead to womb cancer. But the research is not clear and in most cases, testosterone causes thinning of the womb lining.
- As a precaution, a pelvic ultrasound is currently recommended every 2 years to monitor the womb lining. This applies to trans men and people who are non-binary and assigned female at birth who:
  - have not had a hysterectomy
  - have been taking testosterone for two or more years

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## Other Cancers

- Bowel cancer screening:
  - In England, Wales and Northern Ireland, everyone aged 60 to 74 years old is invited to screening regardless of their gender. In Scotland, screening starts at age 50.
- The hormone cyproterone acetate is sometimes offered to trans women and people who are non-binary to lower testosterone. It has a small increased risk of benign brain tumours called meningiomas.

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## NHS England Screening Programmes

NHS Registered as:	Transwomen/AMAB		Transmen/AFAB	
	Female	Male	Female	Male
Breast	✓	can request	✓	can request
Bowel	✓	✓	✓	✓
Cervical	n/a	n/a	✓	can request
AAA	can request	✓	✗	✓*
Prostate	can request	can request	n/a	n/a

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## The key questions

- What genitals does the patient have?
- What internal organs does the patient have?
- Is the patient on exogenous hormones?



### Which screening can you have?

	Trans woman	Trans man
Breast screening	✓	✓ <small>(if you have breast tissue)</small>
Cervical screening	✗	✓ <small>(see page 12)</small>
Abdominal aortic aneurysm screening	✓	? <small>(see page 17)</small>
Bowel screening	✓	✓

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## Gender Identity Clinics



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Service	2023/24 Male only	2023/24 Female only	Total 2023/24
Belfast	75	0	75
Belfast ROI	24	0	24
Cardiff	15	>12	12-25
Edinburgh	23	0	23
Exeter	88	12	100
Glasgow	65	0	65
Glasgow Youth	58	0	58
Grampian	24	12	36
Inverness	29	0	29
Leeds	58	10	68
London GIC	61	10	71
London GIDS	Not accepting new patients		
London TransPlus	0	0	0
Newcastle	Not accepting new patients		
Northants	53	9	62
Nottingham	27	11	38
Sheffield	65	16	81





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## What does a GIC do?

- Hormone therapy
- Psychotherapy
- Speech and language therapy / Voice assessment and voice therapy
- Facial hair removal
- Surgery
- Passports
- Gender Recognition Certificate reports
- Support groups



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The poster features the NHS logo in the top right corner. The text reads: "Welcome to the NHS Gender Dysphoria National Referral Support Service (GDNRSS)". Below the text is an illustration of six diverse people (three men and three women) standing behind a blue reception desk. The background consists of large, overlapping circles in shades of blue, pink, and green.

## Referral for Surgery

Patients who have been referred for surgery will be able to access to the NHS Gender Dysphoria National Referral Support Service (GDNRSS)

When the client and their clinical team agree that they are ready for surgery, the GDNRSS will process the referral to the chosen surgical provider.

- They have a Single Point of Access support line for information about the referral, the status of the chosen provider and practical information such as travel & parking, who can accompany the client, what to take with them and where to report when you get there.

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A decorative graphic on the left side of the page, consisting of overlapping geometric shapes in shades of blue, green, purple, and orange.

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# Talking to Patients and Families

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## Introducing yourself

- **#hellomynameis**
- **Offer pronouns**
- **Ask people how to refer to them:**
  - "How do you like to be called/addressed?"
- **If you get it wrong, don't make a big deal out of it**
  - "Sorry, I'll remember to use the right pronouns next time"



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## Ask, but be respectful

- **Someone's sexuality and gender identity has a direct relevance to many aspects of good holistic care**
  - Ask yourself, if it's relevant to ask about smoking history or family history, is it relevant to know more about this person's identity?
- **Respect that past negative experience may make LGBTQ+ people reluctant to disclose their identity until they feel comfortable.**
  - Your job as a clinician is to create an atmosphere that makes them feel comfortable to do so

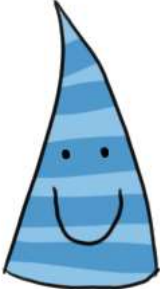


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## Intersectionality

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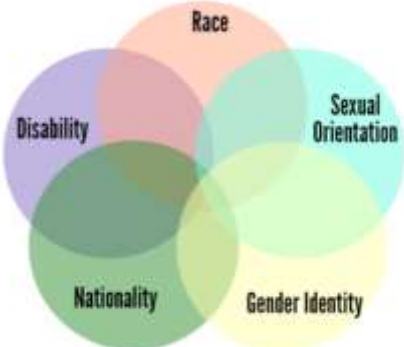
INTERSECTIONALITY IS THE BELIEF THAT OPPRESSIONS ARE INTERLINKED AND CANNOT BE SOLVED ALONE.



OPPRESSIONS ARE NOT ISOLATED.  
**INTERSECTIONALITY NOW!**



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## “Check your privilege”

- Calling for consideration of the power relations within, as well as between, social categories, intersectionality requires recognition that some accrue more privileges than others because of the intersecting categories in which they are simultaneously positioned.
- To take a simplified example, the intersection between gender, race and social class would hold different meanings and experiences for a working-class black woman living in 2010s USA and a middle-class white woman living in 2010s United Kingdom.



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'Check your privilege' used to annoy me. Now I get it  
Gaby Hinsliff



No one likes to believe they've been given a leg up in life. But in truth, whether it's by being white, or straight, or even just able to read, most of us have



**T**here are worse character traits, I know, than sanctimony. After all, it's really just good liberal instincts taken to overtly pious extremes. But the urge to sit in self-righteous judgment on everyone else, to luxuriate in one's own moral superiority, is so often what helps the

“So when the phrase “check your privilege” began to be bandied around on social media some years ago – as a sort of rough shorthand for ‘you can’t possibly know what you’re talking about, because unlike me, you have never truly suffered’ – it grated.”

“I told myself that was because it was invariably deployed by sanctimonious people when losing arguments.”

“But in the last couple of years, as “check your privilege” has gone wherever fashionable catchphrases go to die and been superseded by a more thoughtful examination of what privilege means and what responsibilities it confers, I’ve come to realise that isn’t really why I hated it. It’s probably not why anyone hated it.”

**“The real problem is that nobody likes to think of themselves as privileged, with its connotations of pampered ignorance and thoroughly undeserved success.** Yet most of us are vulnerable to the charge on some level, myself included.”

<https://www.theguardian.com/commentisfree/2017/dec/27/check-your-privilege-racism-sexism-education-income>

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## Why think about intersectionality?

- The qualities and skills that matter most for intersectional leadership are curiosity, listening, openness and creativity. By asking questions, we can look at a problem **not just through the lens of our own experience**, but also those of others whose identities might make them vulnerable to harm.
- Find out who else might be experiencing the problem you're solving, seek them out (or respond when they seek you out), listen to them deeply, share your truth and apply that new understanding to your strategy.
- There are lots of great examples to choose from. The standard isn't how intersectional is your identity, but **how intersectional is your analysis?** Regardless of identity, the analytic tools are always available to help us solve problems for everyone.

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## LGBTQ+ Health

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## Be a good Ally

[https://youtu.be/\\_dg86g-QIM0](https://youtu.be/_dg86g-QIM0)



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## New cardiovascular disease diagnosis

- What advice do we give?
- How does sexuality and gender expression come into it?
- What factors should we consider to improve our consideration of intersectionality?



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