A guide for health information creators

Beyond words, into practice: Developing LGBTQIA+ inclusive health resources



About this guide

Why it matters

Healthcare should be accessible, welcoming, and effective for everyone. Yet, LGBTQIA+ people often face barriers that prevent them from fully engaging with health services. This group makes up around 10% of the adult population, including lesbian, gay, bisexual, transgender, queer, intersex, asexual, and aromantic individuals, and people of other minority genders and sexual orientations. [1]

The need for inclusive health communications is both urgent and relevant. Many LGBTQIA+ people experience discrimination in healthcare settings, leading to poorer health outcomes, higher rates of chronic illness, and greater difficulties accessing care. [2, 3] As a result, around 1 in 7 have avoided healthcare services for fear of discrimination. [4]

When health information fails to reflect their realities, it reinforces these challenges and increases the likelihood of disengagement. While there is wider work to be done to tackle inequalities, health communications remain an important interface between patients and providers throughout a health journey, where trust can be formed or broken.

This guide is intended to help health information creators produce inclusive, adaptable, and thoughtful materials that support better health outcomes for LGBTQIA+ individuals. It focuses on underlying principles needed to stay responsive to the changing language, perspectives, and needs of diverse communities.

Building these principles into your workflow will help you develop health materials that are not only accurate and accessible — but also respectful, affirming, and reflective of the people they serve.



Who it's for

This resource is for anyone producing health information, including organisations, brands, service providers, and agencies, who want their materials to be inclusive and accessible to LGBTQIA+ audiences. However, it focuses on health communications in the UK and may not reflect the cultural and systemic factors shaping experiences in other regions.

The intent is to offer adaptable principles that support an evolving approach to inclusive health communication. It can be used as a supplement to existing guidance from advocacy organisations and charities that lay out current recommended language and frameworks for LGBTQIA+ inclusive communication, detailed in the additional resources.

Whether you're writing patient leaflets, digital content, or professional guidance, this guide can support you in making a meaningful difference.

How it was developed

This resource has been developed by Wallace Health, a **Trusted Information Creator** certified by **PIF TICK**. It was produced in response to the need for guidance on writing inclusively that goes beyond simply using the right words. The recommendations focus on principles and processes that support a thorough and adaptable approach.

Our medical writers conducted secondary research, interviews, and co-production with LGBTQIA+ community members in the UK to establish five core principles for writing inclusive health materials for this audience.



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Actively involve your audience

Inclusive writing starts with the people you're writing for. There's no substitute for lived experience, and LGBTQIA+ individuals are the best to guide on what language resonates, what information they find valuable, and to flag issues that might otherwise be overlooked.

By actively asking and listening, you show respect for their identities and experiences – so that you can create information that's relevant and affirming.

Ways of 'asking' include: [5]

Initial research: Before creating content, gather insights through focus groups, surveys, or interviews to identify needs or gaps. What information gaps or needs are there? What challenges do people face with existing materials? Which topics matter most?

Co-production: Involve LGBTQIA+ people directly in shaping the content itself.

What language feels right? What details should be included? How should information be framed?

Feedback loops: Once your content is created, seek input from LGBTOIA+ audiences.

Is it clear? Useful? Inclusive? Are there any concerns?

Secondary research: If direct engagement isn't possible, consult up-to-date guidelines from advocacy groups like <u>Stonewall</u>, <u>ABC of LGBT inclusive communication</u>, and <u>LGBTGreat</u>.



When deciding who to seek feedback from, remember that LGBTQIA+ people are not one single community. So, depending on your audience, you might want to target specific demographics.





Choose neutral words to include more people



Neutral language creates space for a broad spectrum of sexual orientations and gender identities. It's a way to show that your content is for everyone, not just people who fit into certain categories.

Using words like 'you' and 'people' is one way to leave out unnecessary gendering. It lets people decide for themselves if the information is for them.

Suggestion	Example before	Example after
Avoid gendered language This helps avoid excluding people who the information may be relevant to	Breast cancer can affect women of any age	Breast cancer can affect people of any age
	New mums can join our postnatal classes	If you've recently given birth, you can join our postnatal classes
	Men should regularly check their testicles for lumps	If you have testicles, check them regularly for lumps
Expand vocabulary to include more neutral terms These are preferred by some trans, non-binary and gender non-conforming people	During the procedure, your eggs are collected	During the procedure, your eggs or reproductive cells are collected
	Women planning to breastfeed	People planning to breastfeed or chestfeed
Use neutral relationship terms These help avoid assumptions about gender or sexuality	Husband, wife, girlfriend, boyfriend	Partner, spouse
	Mum, dad, mother, father	Parents, co-parents
	Sister, brother	Siblings
	Son, daughter	Child



Choose neutral words to include more people

Neutral language is a great baseline, but there are times when specificity matters, such as:

When sharing statistics

It's not usually possible to change the demographics for data that's already been collected, such as 'breast cancer affects 1 in 7 women'

To echo how someone self-describes

For example, an individual's pronouns, gender identity and relationships [3]

When addressing specific audiences

For example, "This booklet is about gender-affirming care for trans women, transfeminine people, and anyone considering treatment."



Tip

You should be clear when your information includes or excludes specific audiences. Where there are gaps in important information for certain groups, you should direct to where they can get more advice.



Be aware of norms that may shape your assumptions

Norms are assumptions about a person or audience based on what you believe to be 'typical' or 'standard'. These assumptions can subtly influence the words you use, the images you choose, and the stories you tell.

Common assumptions that can exclude LGBTQIA+ people include:

- A person's gender identity matches the sex they were assigned at birth
- Heterosexuality is the 'usual' sexual orientation
- Only two genders exist (man and woman), and everyone identifies as one of them
- Everyone experiences or seeks sexual and romantic attraction
- Legitimate relationships involve two people in a romantic and sexual partnership
- All bodies are male or female, and any variations, like in intersex people, need "correcting"
- Gender identity and sexual orientation are fixed

By recognising diversity beyond these norms and avoiding the assumption that they apply to all or most readers, you can create content that is affirming for a wider audience.

Tip

Reflect on the assumptions that might be shaping your information. For example – if you're discussing contraceptives – have you only addressed the information needs through a cisgender heterosexual lens, such as focusing on contraceptive use to prevent pregnancy?





Make your inclusivity intersectional

Although our focus here is on LGBTQIA+ inclusion, it's important to consider the diverse intersections within this group – beyond sexuality and gender.

Intersectionality considers how different aspects of a person's identity come together to influence lived experiences and access to services or support. These include sexuality, gender, age, nationality, religion, ethnicity, disability, neurodivergence, language fluency, education and socioeconomic status.

Without an intersectional approach, some of the most marginalised voices can be overlooked. For example, a health campaign designed for trans people may not address the specific needs of trans people of colour, who face additional discrimination in healthcare settings. [4]

Similarly, LGBTQIA+ materials aimed at an older audience should consider how additional historical experiences of discrimination have shaped their perspectives, needs and specific language preferences.

To adopt an intersectional approach, consider when to:

- Diversify your representation
- Seek perspectives and feedback from particular groups
- Create tailored information and services to address specific needs

What works for one audience may not be right for another, and no single narrative or perspective can represent everyone. An intersectional approach embraces this and tackles it head-on.



Health information that meets accessibility standards is a key intersectional approach to LGBTQIA+ inclusion, particularly for people with learning disabilities, learning difficulties, and varying levels of health literacy. These include accessible design, screen-reader compatibility, plain language, appropriate reading levels (e.g., ages 9 – 11), and alternative formats like audio or easy-read versions.





Keep learning

Inclusivity isn't a one-time effort – it's an ongoing practice. By embedding feedback and learning into your workflow, you can make your content a living document that grows alongside your audience and their needs.

Invite feedback

Provide opportunities for your audience to share their thoughts, such as through surveys, comment forms, or focus groups. Be prepared to listen with humility – it's a powerful tool for learning and improving.

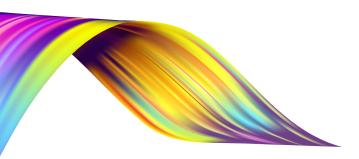
Schedule regular reviews

What felt inclusive three years ago might not work today. Plan to review your existing information, policies and language use regularly.

Stay informed

Be proactive in your learning – follow advocacy groups and engage with LGBTQIA+ communities to stay up to date on emerging terms and perspectives.





Additional Resources

Glossaries

- GLAAD. Glossary of terms: Transgender. Available: https://glaad.org/reference/trans-terms/
- Stonewall. List of LGBTQ+ terms. Available: https://www.stonewall.org.uk/resources/list-lgbtg-terms.
- University of Nottingham. Words we live by: a guide to LGBTQ+ language. 2024. *Available*: https://www.nottingham.ac.uk/Research/Groups/CRAL/Projects/words-we-live-by/documents/Words-we-live-by-digital-version-of-glossary.pdf

Guidance

- ABC of LGBT+ Inclusive Communication. ACCESSCare C team, King's College London. *Available*: https://www.kcl.ac.uk/nmpc/assets/research/projects/abc-lgbt-inclusive-communication.pdf
- Age UK. Safe to be me: Meeting the needs of older lesbian, gay, bisexual and transgender people using health and social care services. *Available*: https://www.ageuk.org.uk/siteassets/documents/booklets/safe to be me.pdf
- Patient Information Forum. Inclusive language matters. *Available*: https://pifonline.org.uk/download/file/U05CWGNtbTRKbUZrSmc2cHNpdEtOdz09/inclusive-language-matters/

Reports

- Marie Curie. Hiding who I am: The reality of end of life care for LGBT people. *Available*: https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/hiding-who-i-am-the-reality-of-end-of-life-care-for-lgbt-people.pdf
- Trans Actual. Trans Lives Survey 2021. Available: https://transactual.org.uk/trans-lives-21/
- Stonewall. LGBT in Britain Health. 2018. Available: https://www.stonewall.org.uk/resources/lgbt-britain-health-2018
- Women and Equalities Committee. First Report on Health and Social Care and LGBT Communities. 2019. *Available*: https://publications.parliament.uk/pa/cm201919/cmselect/cmwomeq/94/94.pdf

Further resources

- Gendered Intelligence. Trans and non-binary inclusion resource list for professionals. *Available*: https://genderedintelligence.co.uk/page/trans-inclusion-resource-list-for-professionals-and-organisations
- Stonewall. The truth about trans. *Available*: https://www.stonewall.org.uk/resources/lgbtq-hubs/trans-hub/the-truth-about-trans

References

- 1. Braybrook D, Bristowe K, Timmins L, et al. Communication about sexual orientation and gender between clinicians, LGBT+ people facing serious illness and their significant others: a qualitative interview study of experiences, preferences and recommendations. BMJ Quality and Safety. 2023. Available: https://www.ncbi.nlm.nih.gov/pubmed/36657773
- 2. LGBT Foundation. Pride In Practice: LGBT Patient Experience Survey 2021. *Available*: https://lgbt.foundation/wp-content/uploads/2024/01/Pride-in-Practice-LGBTQ-Patient-Experience-Survery-2021.pdf
- 3. ABC of LGBT+ Inclusive Communication: A guide for health and social care professionals. ACCESSCare C team, King's College London. *Available*: https://www.kcl.ac.uk/nmpc/assets/research/projects/abc-lgbt-inclusive-communication.pdf
- 4. Stonewall. LGBTQ+ facts and figures. *Available*: https://www.stonewall.org.uk/resources/lgbtg-facts-and-figures
- 5. Patient Information Forum. Co-production: Involving users in developing health information. *Available*: https://pifonline.org.uk/resources/involving-users/

