LGBTQ HEALTHY EATING AND ACTIVE LIVING REPORT

MARCH 2017

BRIGHTON AND HOVE LGBT SWITCHBOARD

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LGBT Health and Inclusion Project
LGBTQ Healthy Eating and Active Living Report
March 2017

The LGBT Health and Inclusion Project

Brighton and Hove NHS Clinical Commissioning Group (BH CCG) and Brighton and Hove City Council (BHCC) have commissioned the LGBT Health and Inclusion Project at Brighton and Hove LGBT Switchboard to conduct a series of consultation and engagement activities with local lesbian, gay, bisexual and trans people (LGBTQ) people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP, and should not be taken as a position statement of Brighton and Hove LGBT Switchboard or of any participating organisation.

1. INTRODUCTION

This report presents data from an online survey of LGBTQ people in Brighton and Hove on their experiences with healthy eating and active living, including barriers to healthy living and support needed to overcome these. The report also presents feedback gathered through a focus group with local LGBTQ people with relevant experience.

1.1 Background

Physical activity:

In 2011, the Department of Health's Chief Medical Officers recommended adults to do 75 minutes of vigorous intensity, or 150 minutes of moderate intensity activity each week, as well as sitting less and doing activity which builds strength and balance on 2 days a week[1]. Public Health England reported in 2014 that 33% of men and 45% of women do not reach these recommendations, and that 19% of men and 26% of women are 'physically inactive.[2]' In 2014-15, data taken from Sport England's Active People Survey found that 68.4% of adults in the city met the guidelines for physical activity.

There is little research available on the physical activity levels of LGBTQ people. Sport England's Active People Interactive Tool shows that in 2014 (Mid-January 2014 to Mid-January 2015) 63.9% of

[1] Department of Health, Physical Activity, Health Improvement and Protection, *Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers* (2011).
[2] Public Health England, *Everybody Active, Every Day An evidence-based approach to physical activity* (2014) [data sources cited therein: Health Survey for England 2012 and Active People Survey 2014].

gay/lesbian people, 62.9% of bisexual people and 44.9% of 'other' (non-heterosexual) people in England met the criteria for being physically active (mean = 57.2%). This is compared to 56.7% of heterosexual people surveyed in the same period. However, the survey did not monitor respondents' trans status, nor give options other than male or female for people to define their gender.

The National LGB&T Partnership published research in 2016 into their survey of 1000 LGBTQ people living in England[3]. They found that over half (52%) of LGBT people do not meet the Department of Health recommendations for physical activity. They learned that there was a slight difference in rates of physical activity between male and female respondents, with 56% of LGBT women and 55% of LGBT men not reaching the recommendations, compared to 45% of women and 33% of men in the general population. People who do not identify as male or female were more likely to not do enough physical activity, with 64% of this group not meeting the recommendations. Trans people overall were also less likely to be meeting physical activity guidelines, with 60% not reaching the recommended levels.

Brighton & Hove City Council's 2012 Physical Activity and Sport Needs Assessment[4] found that within the LGBTQ community, people with disabilities, older more isolated people and young LGBT men were identified as being underrepresented in sport and physical activity. The researchers also reported that a number of community-led initiatives are seen as successful ventures in getting people more active, particularly those targeting specific groups of people in the city and specific lifestyles, including the LGBTQ population.

The 2008 Count Me in Too research into the general health of LGBTQ people in Brighton & Hove found that 79% of survey respondents wanted to be more physically active[5]. Of those respondents, 44% reported that a lack of time and 30% reported that cost posed barriers to them being more physically active. 43% of the trans respondents who wished to be more physically active named a lack of trans spaces as a barrier. Respondents aged 36 to 45 were more likely to cite homophobia or transphobia as barriers to physical activity than other age groups for both male and female respondents.

In 2015, LGBT HIP reported on local Lesbian, Bisexual and Queer Women's Health[6]. While a high proportion of respondents (73%) rated their general health as either good, very good or excellent, bisexual and transgender respondents generally reported a lower standard of general health. 30% of survey respondents indicated that they were getting less than an hour of exercise a week. 28% of respondents indicated a disability/chronic health conditions (this percentage was highest amongst bisexual respondents). Generic (non LGBTQ) services and facilities were sometimes less accessible to LBQ and T women due to a lack of 'safe space' and a fear of and/or past experiences of homo/bi/transphobia.

Healthy eating:

In 2014 the Department for Environment, Food & Rural Affairs (DEFRA) published research[7] into UK household shopping and eating habits. They found that £42 per person was spent on food and drink per week in 2014. With inflation taken into account, this was 2.8% less than 2013, and 3.5% less than 2011.

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[3] The National LGB&T Partnership, *Survey of Exercise and Physical Activity in LGB&T Lives in England* (2016).
[4]David Brindley, *Physical Activity and Sport Needs Assessment* (2012).
[5] Dr. Kath Browne and Dr. Jason Lim, *Count Me In Too: LGBT Lives in Brighton & Hove*, (2008).
[6] LGBT HIP, *Lesbian, Bisexual and Queer Women's Health* (2015).
[7] The Department for Environment, Food & Rural Affairs, *Family Food* (2014).

The NHS Eatwell Guide provides recommendations for eating a balance of healthier and more sustainable food. DEFRA's research found that neither low income households nor all households are close to the Eatwell Plate as a whole, and that they are above recommendations for milk/dairy products and foods and drinks high in fat or sugar.

Poverty can present a major barrier to following the guidelines for healthy eating. 2013 research into poverty and sexual orientation[8] in the UK found that that gay men, and bisexual men and women experience some degree of material disadvantage as compared to heterosexuals. Lesbian disadvantage may be more related to their status as women than their sexuality.

Locally, LGBT HIP's 2015 research into local lesbian, bisexual and queer women's health found that 52% of survey respondents felt they had a good general understanding of healthy eating and 37% had an excellent understanding of nutrition and healthy eating. Just under half (49%) of respondents indicated that they ate a healthy and balanced diet most of the time. 22% of respondents felt that their relationship with food was problematic.

A 2007 NHS briefing on healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people[9] reported that gay men are more likely than heterosexual men to repeatedly binge eat and purge. Eating disorders in gay men are more likely to be related to the ideal gay male body shape, which is both slim and muscular. The briefing also stated that lesbians are believed to be more likely to have a higher body mass index than heterosexual women, and that on average lesbians weigh more than heterosexual women and have a bigger waist circumference and waist-to-hip ratio. Some research that suggests they may be more likely to be at risk of obesity; however, there is little research about lesbians' patterns of exercise or use of gyms. The report did not address trans people's eating habits or weight/body shape.

1.2 Aim

The aim of this research exercise was to gather LGBTQ experiences with physical activity and healthy eating in Brighton & Hove, and with barriers to healthy lifestyles. This is to ensure that LGBTQ people's voices are heard and that their needs can be taken into account in any developments to promote healthy lifestyles.

2. METHOD

2.1 Survey

Questions were developed in line with questions suggested Brighton & Hove City Council's Sports Development Team and Brighton & Hove Food Partnership, and adapted to reflect concerns specific to the LGBTQ population. The survey was conducted using SurveyMonkey over a period of three weeks in February - March 2016. Paper copies of the survey were also advertised alongside links to the SurveyMonkey online form, and offered to local community organisations for distribution to their clients, but none were requested. The survey was promoted and distributed through a variety of channels including the LGBT HIP members' list, LGBT HIP's social media presence on Facebook and Twitter, email lists for Community Works, Community Base and LGBT Switchboard staff and volunteers.

[8] Institute for Social and Economic Research, *An Examination of Poverty and Sexual Orientation in the UK* (2013).
[9] The Department of Health, *Healthy Lifestyles for Lesbian, Gay, Bisexual and Trans (LGBT) People* (2007).

Survey responses have been analysed and reviewed by the LGBT HIP Support Officer, Chris Brown, and qualitative responses were reviewed to identify key themes and extend quantitative findings.

2.2 Case studies

In addition to the survey, two interviews were carried out with local LGBTQ individuals with relevant experiences. We initially tried to hold a focus group, of which details were posted on several pages including Brighton & Hove LGBT Network, Disabled Person's Group, Queer Mutiny, Trans Swimming, Trans Can Sports and BLAGGS. We did not have enough people to form a focus group so held two interviews instead.

3. DEMOGRAPHICS

3.1 Case Studies

LGBT HIP carried out two interviews with members of the local LGBTQ community who responded to a callout for people willing to share their experiences of barriers being physically active or eating healthily. The demographics of the interviewees were as follows:

- A 43-year old lesbian
- a 37-year old FTM male

3.2 Internet Survey

Participants were all first presented with an initial screening question, which limited the sample, by self-exclusion of participants who did not meet certain criteria. The screening question limited the sample to *'lesbian, gay, bisexual, transgender and queer people who live, work, study or socialise in Brighton and Hove'.* After this question, there were a total of 38 eligible respondents. At the end of the survey, data was collected on participants' age, sexual orientation, gender identity, ethnicity and disability.

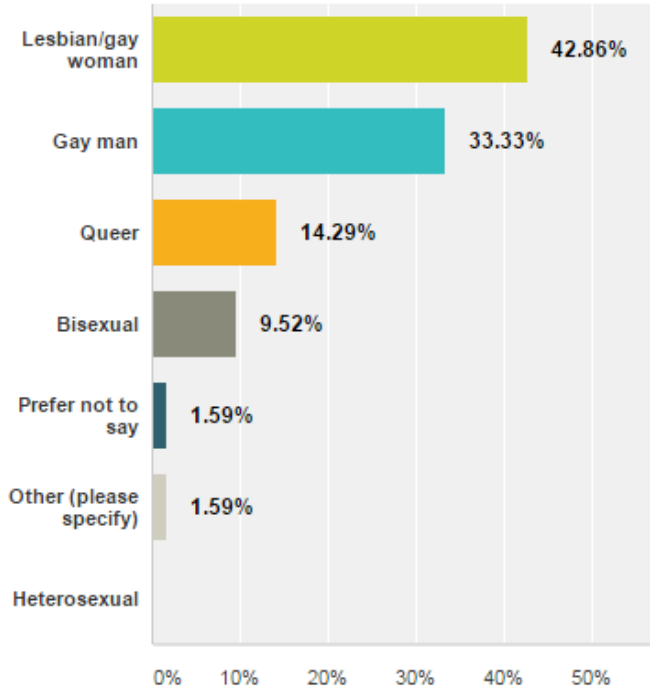
***Age** (63 respondents)*

Participants were asked to select their age from a range of banded options. The age distribution was showed the highest proportion of respondents to be between the ages of 45 and 54. 11% (7) of respondents were aged 18-24 and 11% (7) were 25-34 years old. 21% (13) were 35–44. 27% (17) were 45-54. 17% (11) were 55-64. 11% (7) were 65-74, with one participant (2%) aged 75 or over.

Answer Choices	Responses	
18-24	11.11%	7
25-34	11.11%	7
35-44	20.63%	13
45-54	26.98%	17
55-64	17.46%	11
65-74	11.11%	7
75+	1.59%	1
Prefer not to say	0.00%	0
Total		63

Sexual Orientation *(63 respondents)*

Participants were asked to select which of the orientations listed described them and were permitted to select more than one option.



43% (27) indicated that they identified as a lesbian or gay woman

33% (21) indicated that they identified as a gay man

14% (9) indicated that they identified as queer

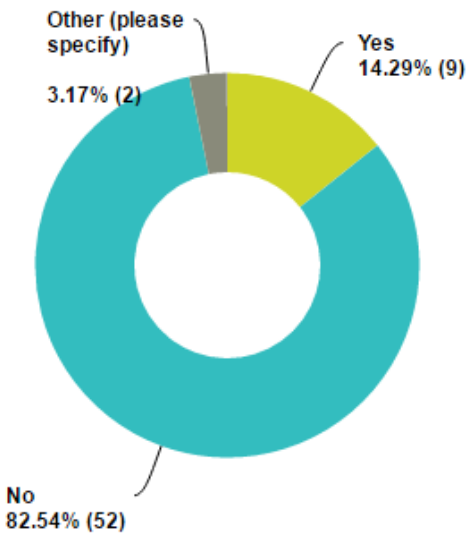
10% (6) indicated that they identified as bisexual

2% (1) preferred not to say

2% (1) respondent indicated that they identified with an 'other' sexual orientation which was not listed: bisexual lesbian

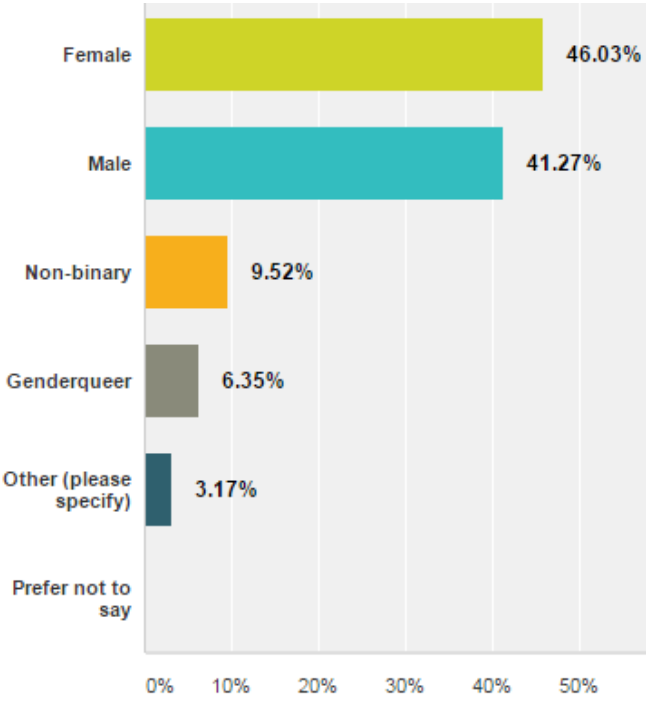
Transgender identity *(63 respondents)*

Participants were asked: *'Do you identify as transgender or trans, or have you in the past?'* 14% (9) of respondents to this question indicated that they did identify as transgender or trans or that they had in the past. 3% (2) of respondents marked the 'other' field; one specified being on the trans spectrum and the other asked whether people born as intersex are considered to be trans.



Gender Identity *(38 respondents)*

Participants were asked to select which of the gender identities from the following list best described them: male, female, genderqueer, non-binary, other, or prefer not to say. Respondents could select more than one option and were also presented with an open field in which to describe other gender identities which did not fit into those options.



46% (29) of respondents identified as female

41% (26) of respondents identified as male

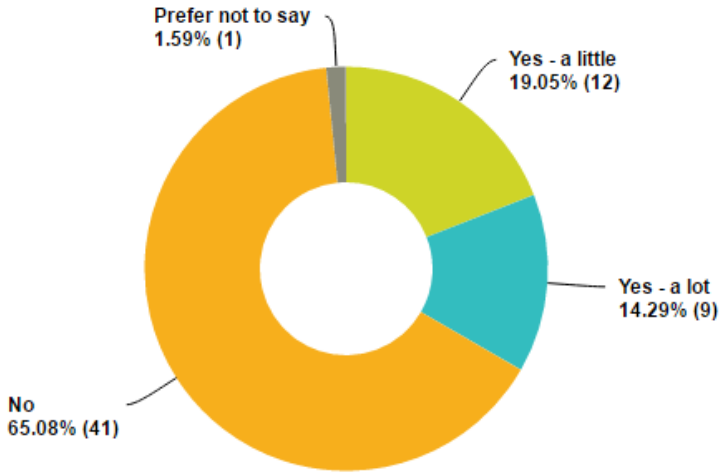
10% (6) of respondents identified as non-binary

6% (4) of respondents identified as genderqueer

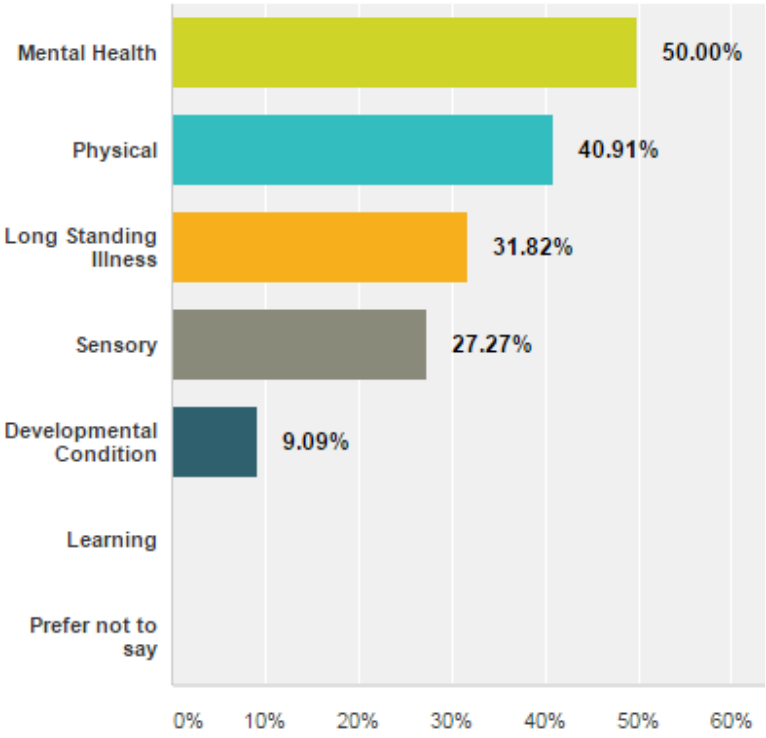
3% (2) identified with 'other' gender identities which was not listed: genderfluid and transmasculine

Disability/Long Term Health Condition *(63 respondents)*

Participants were asked: *Are your day to day activities limited due to being a disabled person?*



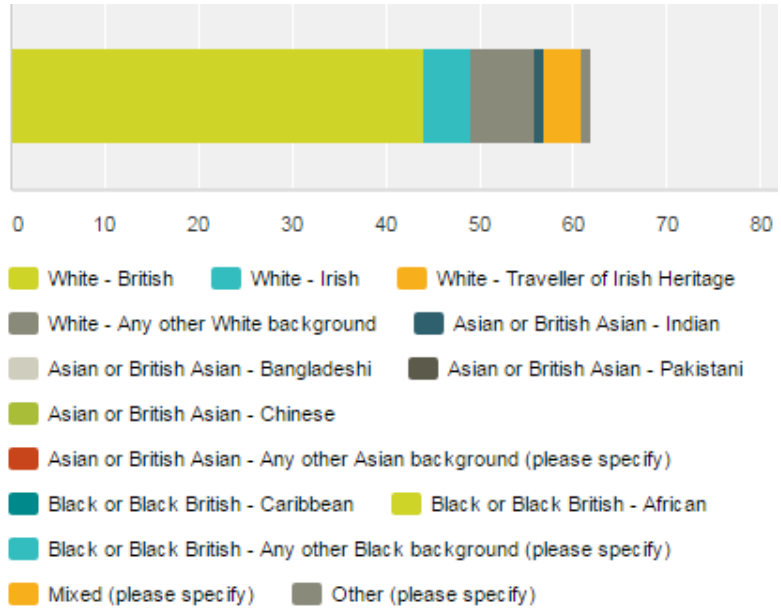
In total, 33% (13) of respondents indicated that their day to day activities were limited due to a disability. 19% (12) of respondents indicated that their day to day activities were limited a little and 14% (9) indicated that their day to day activities were limited a lot. One person (2%) preferred not to say.



Of those respondents (21) who indicated that their day to day activities were limited due to a disability, 50% (11) indicated they had a mental health condition; 41% (9) indicated that they had a physical impairment; 32% (7) indicated they had a long standing illness; 27% (6) indicated that they had a sensory impairment and 9% (2) indicated that they had a developmental condition.

Ethnicity *(62 respondents)*

Respondents were asked to select from a list of terms to describe their ethnic background. 71% (44) identified as being of White British heritage. 8% (5) of respondents identified as being of White Irish heritage. 11% (7) of respondents identified as being from any other White background. 2% (1) indicated they were Asian or British Asian – Indian. 8% (5) of respondents indicated that they were of mixed or 'other' heritage; they stated their backgrounds as continental Europe, white European, mixed white/Asian, white British/Scandinavian, Latin American and white Welsh. The total percentage of respondents identifying as being of BME heritage was 13% (12).



Neighbourhoods *(61 respondents)*

Respondents were asked to indicate the first four digits of their postcode. 8% (5) of respondents indicated that they lived outside of Brighton & Hove.

Answer options	Response percent	Response count
BN1 1	9.84%	6
BN1 2	3.28%	2
BN1 3	6.56%	4
BN1 4	3.28%	2
BN1 5	3.28%	2
BN1 6	3.28%	2
BN1 7	3.28%	2
BN1 8	1.64%	1
BN1 9	0.00%	0
BN2 0	1.64%	1
BN2 1	13.11%	4
BN2 3	1.64%	1
BN2 4	4.92%	3
BN2 5	4.92%	3

BN2 6	0.00%	0
BN2 7	0.00%	0
BN2 8	4.92%	3
BN2 9	6.56%	4
BN3 1	3.28%	2
BN3 2	3.28%	2
BN3 4	3.28%	2
BN3 5	3.28%	2
BN3 6	1.64%	1
BN3 7	0.00%	0
BN3 8	0.00%	0
BN41 1	0.00%	0
BN41 2	4.92%	3
BN41 3	0.00%	0
BN41 4	0.00%	0
BN41 5	0.00%	0
BN41 6	0.00%	0
BN41 7	0.00%	0
BN41 8	0.00%	0
BN41 9	0.00%	0
I live outside Brighton & Hove	8.20%	5

4. FINDINGS: CASE STUDIES

The two interviews that were carried out are outlined in the case studies below.

4.1 Case Study One

The first case study interview was with a 43-year old lesbian with a diagnosis of narcolepsy. Healthy living to her means exercising, keeping relatively fit and engaging with her community. When she described the barriers to her being as physically active as she would like, she noted that Brighton & Hove has plenty of sports and exercise facilities but that her lack of time and motivation get in the way of using them. Integrating exercise into her day though running to work would be the best option for her but she'd need to build in time to shower, change etc., and would then be more tired for work.

Because of her health condition she finds that exercise tires her, so she needs to budget how she allocates her energy during the day, and usually doesn't have the energy to exercise as well as work, manage her home, etc.

This person also identified barriers related to her LGBTQ identity. She loves swimming but, as a woman with short hair and unshaven body hair she is self-conscious about being perceived as 'the big old lesbian' in the swimming pool, and has been mortified by previous homophobic comments made about her. Internalised homophobia from this experience affects how she feels now, even in a women-only environment.

The impact of these barriers is that she exercises less than she would like, and is less fit, less strong and more stressed. She would be most helped to exercise by more workplace initiatives and facilities, including being able to shower, having a locker, access to a safe bike rack, a Bike to Work scheme and exercise classes near to her workplace. She also commented on the influence of the media in causing people to feel self-conscious about their bodies, and highlighted This Girl Can as a really positive campaign. She suggested that gyms have posters/images of ordinary people exercising, rather than people who look very fit and 'beautiful.'

In terms of healthy eating, this person feels that healthy eating is too expensive; when she is tired (a daily experience with her health condition) and hungry it is much cheaper and quicker to buy a frozen pizza for £2. A lack of energy and motivation make it difficult for her to cook a meal from scratch. As a result, unless her partner can cook, her diet is poorer. She would be enabled to eat better if cheaper, healthy food (including ready meals) were more available.

4.3 Case Study Two

The second interview was with a 37-year old trans male. For him, active living means being able to go to exercise classes, be out and about in nature, share food with people, cook food and have a good varied social life that isn't too focused on drinking.

He has experienced several barriers, related to his trans identity, to attending exercise classes. These including direct transphobia, gendered changing spaces, the language used by class instructors and being misgendered. He gave the example of being told he couldn't use the men's toilets at a leisure facility until he looked more masculine, and was asked by an instructor to sit at the front of the class and explain that he was trans. He never returned to this facility. He notes a lot of transphobia and biphobia at LGBTQ exercise events.

Health barriers also make it harder for him to exercise, particularly ME and anxiety (the latter related directly to his LGBTQ identity). Some physical health issues such as dyspraxia and problems with his knees were overlooked by healthcare professionals who were more focused on his trans-related issues. In addition, this person talked about the culture of drinking in the LGBTQ community, saying that he never drank until he came out, and then gradually playing pool in pubs replaced exercise for him. Financial barriers exist too, e.g. a £33/month fee for gym membership which is unaffordable on benefits.

As a result of all these barriers, this person gradually dropped out of all classes and didn't exercise for several years. He finds it difficult to keep on top of doing stretches that would help his condition, and finds it hard to be motivated to exercise alone. His mobility has worsened as a result, and his mental health (the latter also due in part to an LGBTQ drinking culture). His confidence in attending classes is seriously dented, and even attending Trans Can Sport classes is still intimidating for him.

This person feels that support would help him to be more physically active, particularly social support to attend activities. Some support with being able to afford to exercise (and wear appropriate clothing) would also be helpful; he was asked to leave three Brighton & Hove swimming pools for wearing a t-shirt, but can't afford an acceptable alternative (e.g. a rash vest). Low-cost clothing, classes and grants to take part would all help. A trans clothes swap, measuring service and online advice about trans-affirmative outlets would also help, and also cheaper binders/binder swaps, as it is expensive to have three binders (one for everyday use, one for exercise and one in the wash). He also said he would be helped by support workers and health champions being more trans/LGBTQ aware. He highlighted the importance of free snacks being available at classes to remove a barrier for people who otherwise couldn't afford to consume the extra calories required following exercise. Nutritional advice would also be helpful. As he is dyslexic he also thought it would be helpful to have a range of options for promoting healthy lifestyles in LGBTQ community spaces.

This person also spoke about barriers to eating healthily, primarily the lack of money that he has, but also some people in his friendship group. Living alone, he finds it very hard to cook for one and to organise healthy, affordable food to eat out and about in town (particularly as he lives a long way out of town). His lack of energy and health problems also make it harder to eat well, and to shop. As a result he prepares very quick food or skips meals. Other barriers related to low self-esteem, resulting in part from media representations and pressure for gay and trans men to be fit and good looking. He said "It's a lost cause expecting my body to be any different – it's so far off the perceived norms."

The impact on him of these barriers for him means that he is really struggling with his weight – and that putting it on is worsening some of these barriers, such that he is 'giving up on exercise.' Not eating properly impacts on his physical health, energy levels, stress levels, depression and anxiety. He is embarrassed to be in this situation; if, for example, he attends a social meeting with friends where food is shared, he will prioritise bringing something to share but will eat less food for the rest of the week. This can lead to him being more isolated and feeling down, and also means he is more self-conscious about finding partners. He closed by noting that local food projects are great, and would benefit from more LGBTQ awareness.

5. FINDINGS: INTERNET SURVEY

5.1 Active living: meaning *(68 respondents)*

Participants were asked *'What does active living mean to you?'* Their responses were categorised as follows (some responses were allocated more than one category):

- **Accessibility** [being able to access activities as desired]: 9% (6)
- **Community involvement** [engaging in community activities]: 15% (10)
- **Control over life and body** [being able to make choices about active living]: 20% (13)
- **Emotional and mental wellness**: 21% (14)
- **Healthy eating**: 7% (5)
- **Physical activities**: 82% (56)
- **Socialising**: 16% (11)

Accessibilty View all • Edit • Delete		8.82%	6
Community Involvement View all • Edit • Delete		14.71%	10
Control over life+body View all • Edit • Delete		19.12%	13
Emotional+Mental Wellness View all • Edit • Delete		20.59%	14
Healthy Eating View all • Edit • Delete		7.35%	5
Physical Activities View all • Edit • Delete		82.35%	56
Socialising View all • Edit • Delete		16.18%	11

Comments included:

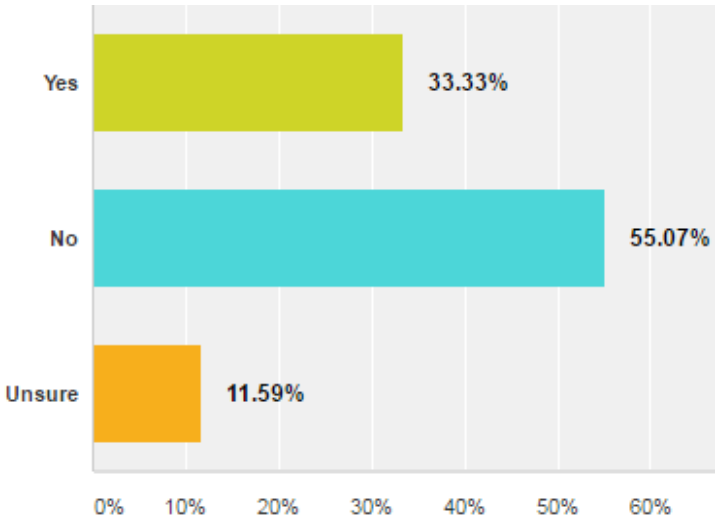
> Taking part in work-orientated and social/community activities such as sport, health walks, swimming, cycling and enjoying physical motion every day-non-sedentary..”

> Exercise, cycling, swimming, being in a community of active people.”

> Active living to me means keeping fit through being busy mentally and physically. Involving in various different activities that makes me feel fresh and alive.”

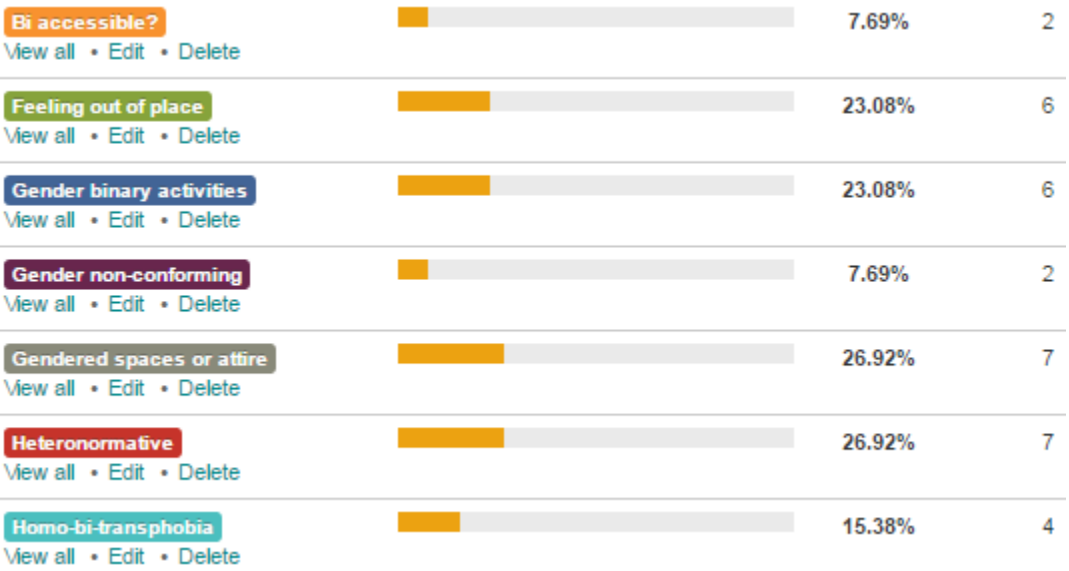
5.2 Barriers to physical activity related to LGBTQ identity *(69 respondents)*

Participants were asked *‘Do you feel there are any barriers to being physically active that relate to your LGBTQ identity?’* 33% (23) of respondents answered ‘yes’, with 55% (38) answering ‘no’ and 12% (8) being unsure.



The survey invited the 38 participants who experience barriers to physical activity related to their LGBTQ identity to comment on those barriers. Their responses were categorised as follows (some responses were allocated more than one category):

- **Bi accessible** [concerns that bi people might be read as straight in LGBTQ spaces]: 8% (2)
- **Feeling out of place** [due to LGBTQ identity, body size/shape or other]: 23% (6)
- **Gender binary activities** [sports or activities either for only men or only women]: 8% (2)
- **Gender non-conforming** [concerns about how gender expression will be received]: 8% (2)
- **Gendered spaces or attire** [includes only male staff]: 27% (7)
- **Heteronormative** [assumptions are made that all participants will be heterosexual]: 27% (7)
- **Homo/bi/transphobia** [concerns about, or experience of, stigma or discrimination]: 23% (6)



One participant commented on barriers regarding swim attire and male staff in relation to her ethnicity:

> "I do not feel comfortable swimming in appropriate swim wear for women, nor with sharing the pool with men. I attend the weekly women's swim at King Alfred - but this is only available for one hour once a week. I have also noticed that the life guards are usually male, which creates another barrier for women from ethnic minority communities."

A second person was concerned about homophobia:

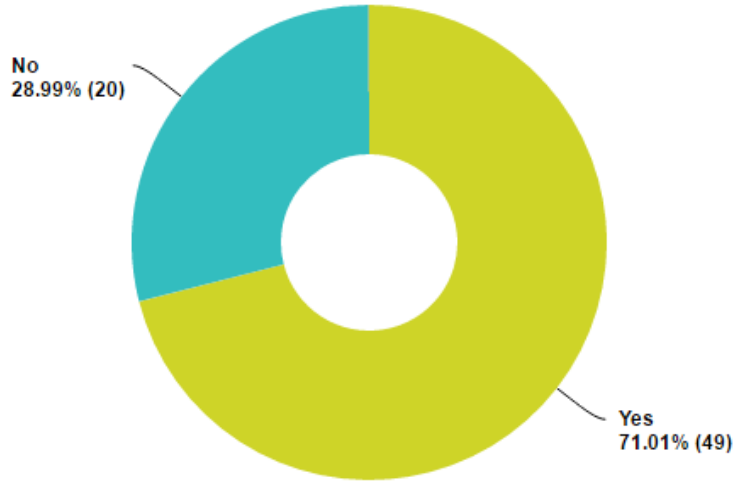
> "Homophobia within many sports and feeling isolated from the heteronormative environment of the sporting culture."

A genderqueer respondent (along with some trans respondents) raised the issue of gendered facilities:

> "Anything from going to the toilet to fitting rooms- I identify as gender queer and never know where to get changed."

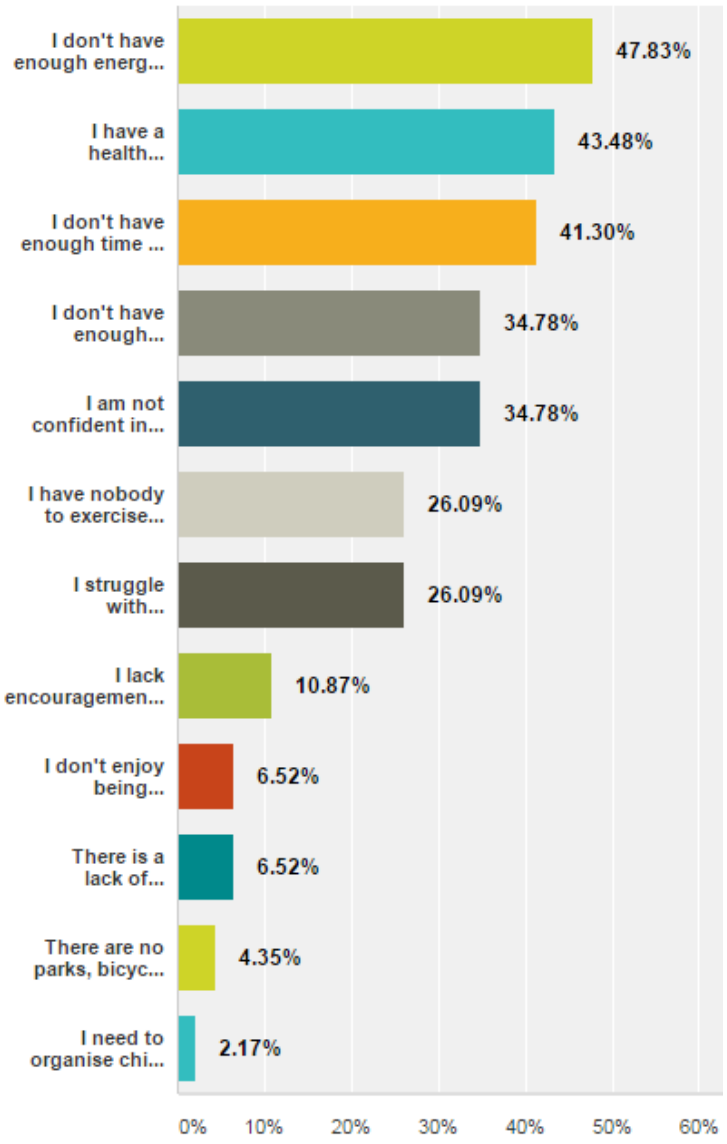
5.3 Other barriers to being physically active *(69 respondents)*

Participants were asked, *'Are there any other barriers that prevent you from being as physically active as you would like?'* 71% (49) replied 'yes' and 30% (20) replied 'no'. Nobody selected 'unsure'.



Of the 49 participants experiencing other barriers to being physically active, 46 selected the barriers that applied to them from a selection offered by the survey.

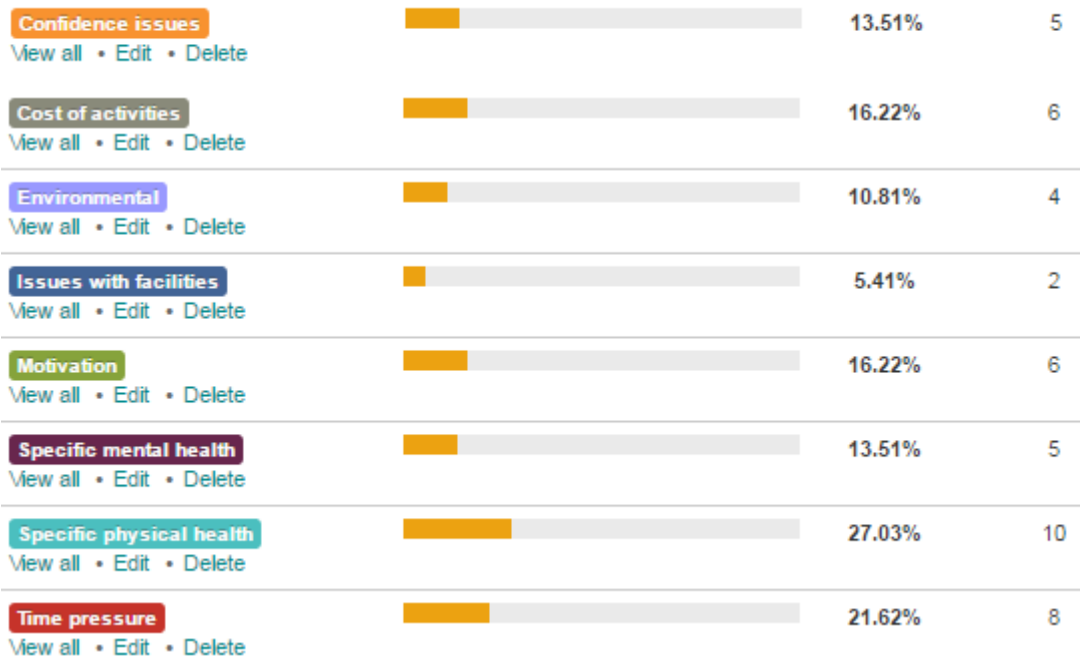
- I don't have enough energy to be physically active: 48% (22)
- I have a health condition or disability that makes it difficult for me to be physically active: 44% (20)
- I don't have enough time to be physically active: 41% (19)
- I don't have enough motivation to be physically active: 35% (16)
- I am not confident in my ability to be physically active: 35% (16)
- I have nobody to exercise with: 26% (12)
- I struggle with self-management skills, such as the ability to set personal goals, monitor progress, or reward progress towards goals: 26% (12)
- I lack encouragement, support, or companionship from family and friends: 11% (5)
- I don't enjoy being physically active: 7% (3)
- There is a lack of facilities near my home: 7% (3)
- There are no parks, bicycle trails or safe and pleasant walking paths close to home or the workplace: 4% (2)
- I need to organise child care in order to be physically active: 2% (1)



Given the opportunity to comment on these barriers, 37 respondents did so. Their comments have been categorised as follows (some responses were allocated more than one category):

- **Confidence** [concerns about body image, gender identity, weight]: 14% (5)
- **Cost of activities** [including cost of travel to and from activities]: 16% (6)
- **Environmental** [speeding drivers, cold/dark conditions, distance to work or facilities]: 11% (4)
- **Issues with facilities** [no showers at work, lack of parking]: 5% (2)
- **Motivation** [lack of motivation, lack of support, health issues]: 16% (6)
- **Specific mental health** [impact of mental health problems including eating disorders, depression and anxiety]: 14% (5)
- **Specific physical health** [impact of mental health problems including eating disorders, depression and anxiety]: 27% (10)

- **Time pressure** [work, studies and other demands]: 22% (8)



For one trans respondent, body image was a significant barrier:

> “I am trans and very body conscious, a lot of physical activity is in public and I find this very hard. People have made comments and it's very difficult not to be affected by them.”

Another person experiences multiple barriers to being physically active:

> “There is a gym locally but it's too far to walk and I can't afford to bus/drive and park. Where there is free parking the car park is up a hill that I can't manage even though I'm not disabled enough to warrant a blue badge.”

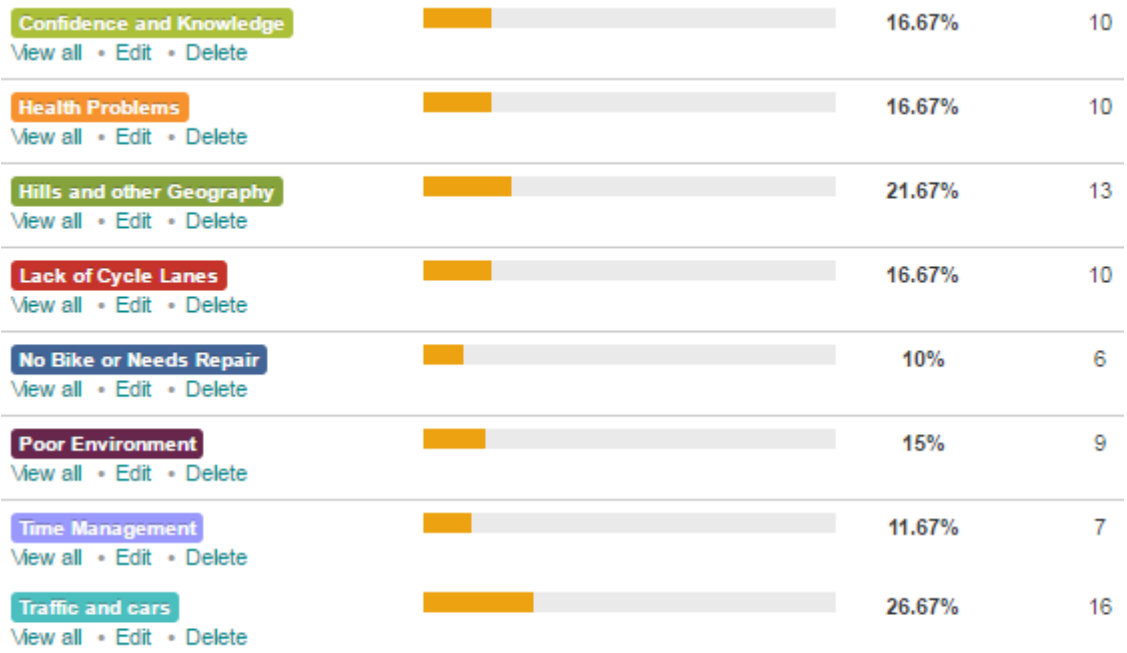
5.4 Barriers to walking or cycling around Brighton & Hove *(60 respondents)*

Participants were asked, *‘What things (if any) make it more difficult for you to walk or cycle more frequently when travelling around Brighton & Hove?’*

60 respondents to this question commented on their experiences of issues with walking or cycling round the city. Their responses were categorised as follows (some responses were allocated more than one category):

- **Confidence and knowledge** [concerns re: cycle safety, uncertain about cycling skills]: 17% (10)
- **Health problems** [a range of physical health issues]: 17% (10)
- **Hills and other geography** [includes distance from work, narrow pavements]: 22% (13)

- **Lack of cycle lanes** [also poor design and maintenance, obstacles]: 17% (10)
- **No bike or needs repair:** 10% (6)
- **Poor environment** [dark spaces, pedestrian hazards, crowds, roadworks]: 15% (9)
- **Time management** [walking and cycling take longer, distances from work] 12% (7)
- **Traffic and cars** [heavy traffic, inconsiderate drivers, traffic noise]: 27% (16)



16 people commented on issues with traffic and cars in the city, including this respondent:

> “Cars, cars, cars, cars, cars and the crowds of tourists who block every street, seafront or path... the seafront is a nightmare at the moment, huge works forming bottlenecks which makes getting from Hove to Brighton a pain during the day and a real pain during the weekend.”

10 participants commented on problems with cycle lanes, and one person also had a problem accessing Brighton & Hove City Council cycle training:

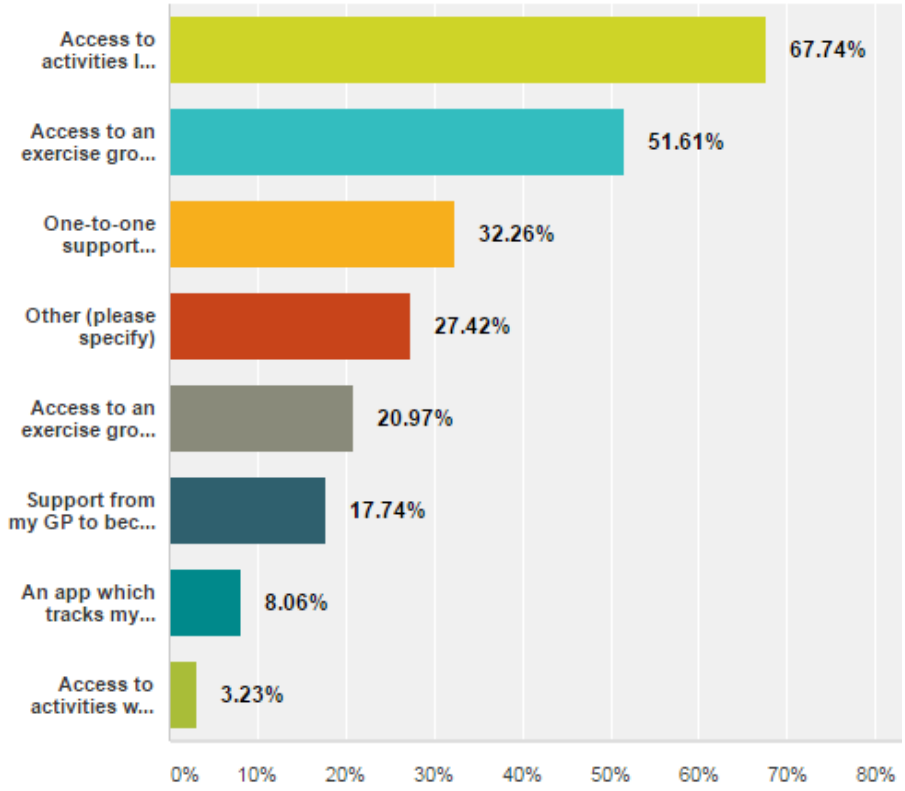
> Cycle lanes are a joke. they suddenly stop only to reappear on the other side of incoming traffic a few feet later. I've been enquiring about council cycle training for over a year but no follow up every comes through.”

5.5 Support to become more physically active *(62 respondents)*

Survey participants were asked *‘What kind of support would enable or encourage you to become more physically active?’* They could select more than one category, and responded as follows:

- Access to activities I can do for free or low cost: 68% (42)
- Access to an exercise group especially for LGBTQ people: 52% (32)
- One-to-one support sessions from a Health Trainer to meet my exercise goals: 32% (20)

- Other [see analysis below]: 28% (17)
- Access to an exercise group specifically for people with disabilities/ health conditions: 21% (13)
- Support from my GP to become more active: 18% (11)
- An app which tracks my activity levels: 8% (5)
- Access to activities with childcare facilities: 3% (2)



Where participants selected 'Other', they were asked to specify what support would be helpful. Responses were too varied to be categorised by theme but included the following:

- Cheaper facilities
- Gender neutral changing/toilet facilities
- More mixed gender activities
- More swimming pools
- Assistance to attend activities

5.6 Preferred activities for which support is required (*30 respondents)*

Participants were asked, *'What types of activity would you most like support to participate in?'*

The most frequent responses were as follows:

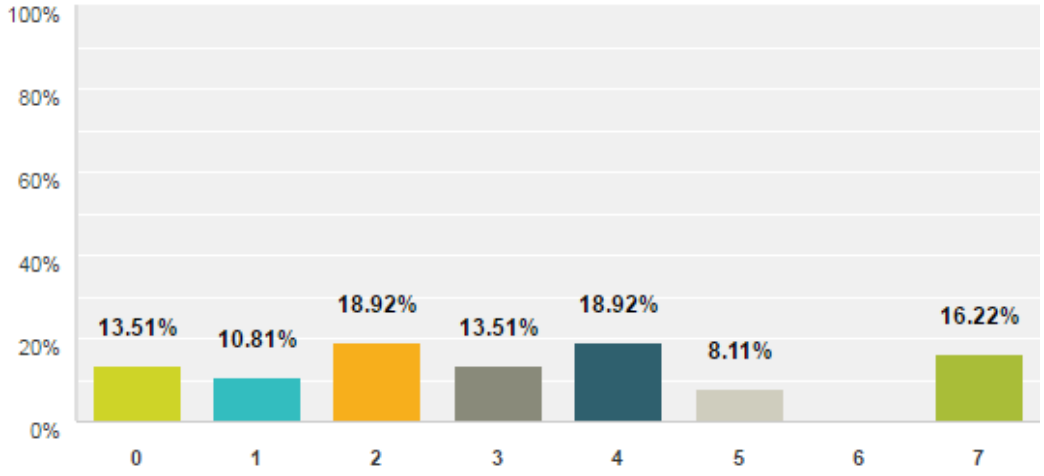
- **Outdoor activities** other than walking, running, or cycling [e.g. bouldering/climbing, rounders, kayaking]: 17% (5)
- **Yoga and Pilates:** 13% (4)

- **Group exercise** [gym group, non-competitive sports, walking]: 13% (4)
- **Cycling:** 10% (3)
- **Gym or weights:** 10% (3)
- **Dancing and aerobics:** 7% (2)

5.7 Physical activity screening questions (SCOT-PASQ)

5.7.1: In the past week, on how many days have you been physically active for a total of 30 minutes or more? *(37 respondents)*

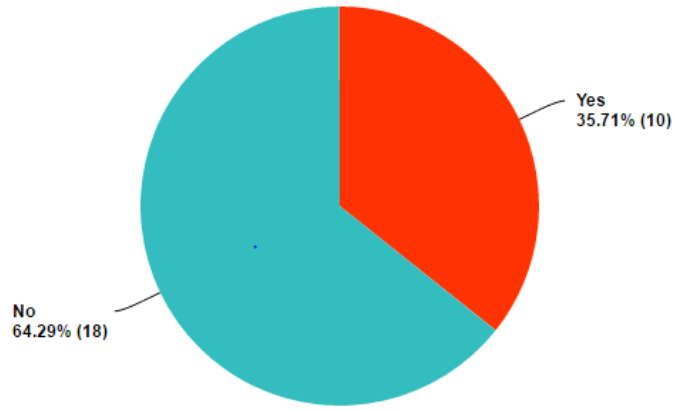
The highest percentage of participants is physically active for 30+ minutes on two or four days per week:



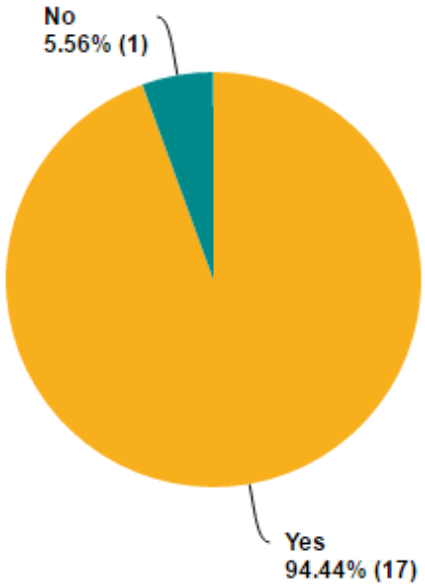
0 days:	14% (5)
1 day:	11% (4)
2 days:	19% (7)
3 days:	14% (5)
4 days:	19% (7)
5 days:	8% (3)
6 days:	0%
7 days:	16% (6)

5.7.2: **Participants who were physically active on four days or less were asked a second question:** ***Have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?*** *(28 respondents)*

Just over a third of participants [36% (10)] responded with a yes, and 64% (18) said no.



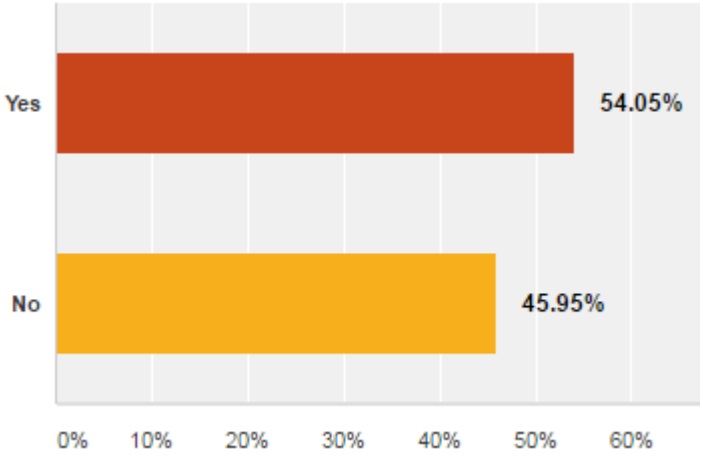
5.7.3: **Participants who answered 'No' to the previous question were asked*: Are you interested in being more physically active?*** *(18 respondents)*



Of the 18 participants who had not been physically active for at least two and a half hours (150 minutes) over the course of the past week, 94% (17) were interested in being more physically active, while 6% (1) were not interested in this.

5.8 Barriers to healthy eating *(37 respondents)*

Survey participants were asked: *'Are there barriers that stop you [and your family] eating as healthily as you would like?'*



Over half of the participants [54% (20)] experience barriers to healthy eating.

The remaining 46% (17) do not experience barriers.

Participants were asked to describe the barriers preventing them from eating as healthily as they'd like, and 20 comments were received. Their responses were categorised as follows:

Comfort eating/eating disorders [mainly comfort eating; 1 person with an eating disorder]: 30% (6)

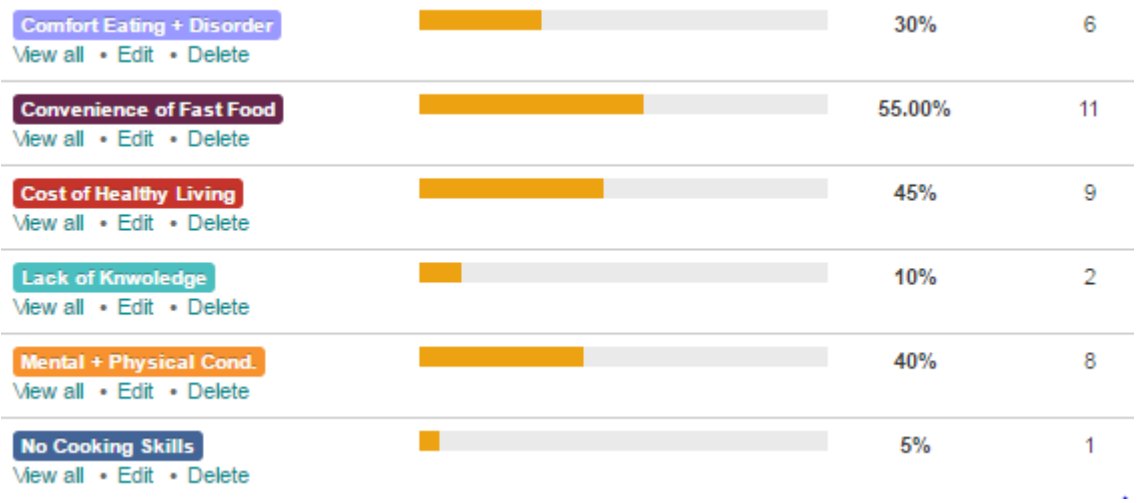
Convenience of fast food [short of time/motivation to cook from scratch]: 55% (11)

Cost of healthy living [cheaper food is poorer quality, fresh food expensive]: 45% (9)

Lack of knowledge [struggles with meal planning, cooking]: 10% (2)

Mental and physical health conditions [impact of depression, disabilities, and impairments]: 40% (8)

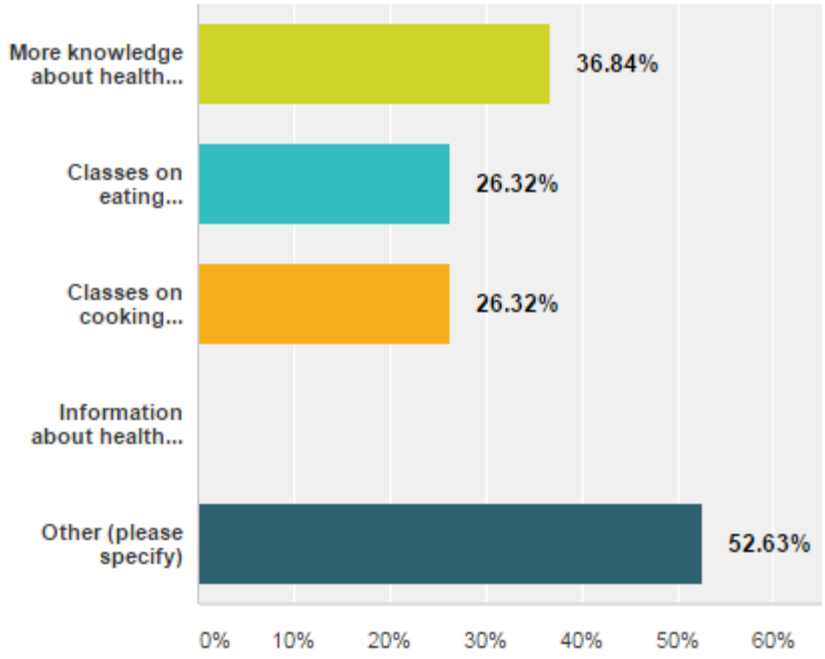
No cooking skills: 5% (1)



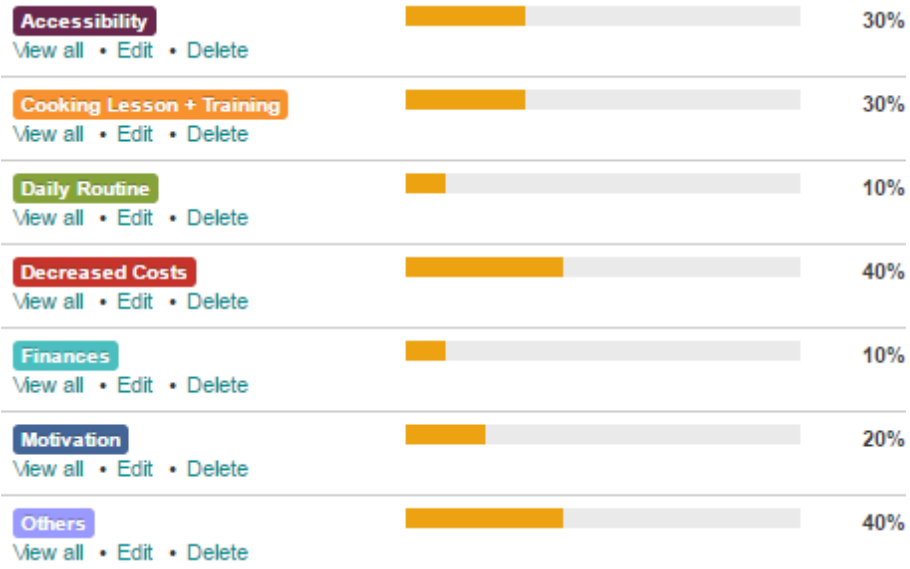
5.9 Enabling healthier eating *(19 respondents)*

Survey respondents were asked *'What would enable you to eat more healthily?'* Participants responded as follows:

- More knowledge about healthy food: 37% (7)
- Classes on eating healthily: 26% (5)
- Classes on cooking healthily: 26% (5)
- Information about healthy eating in community languages: 0%
- Other: 53% (10)



Where participants selected 'Other', they were invited to comment on their response. 10 did so, and their comments were categorised as follows:



Accessibility: 30% (3)

Cooking lessons/training: 30% (3)

Daily routine: 10% (1)

Decreased food costs: 40% (4)

Increased finances: 10% (1)

Motivation: 20% (2)

Other: 40% (4)

One participant commented on their psychological relationship to food:

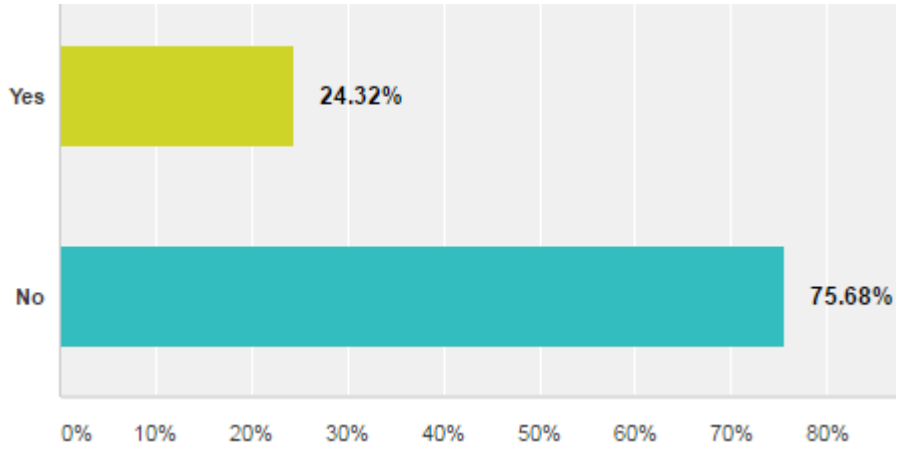
> "Psychological support to undo years of crap eating. Fat= barriers, helps in not attracting male/sexist attention."

Other participants mentioned vegan classes, community gardens and cheaper organic food.

5.10 Food poverty *(37 respondents)*

Participants were asked *'Is food poverty (being able to afford or access a healthy diet) a problem for you?'*

Just under a quarter of participants (24% [9]) said that food poverty is an issue for them, with the remaining 76% saying it is not a problem.



Just under a quarter of participants (24% [9]) said that food poverty is an issue for them, with the remaining 76% saying it is not a problem.

Invited to comment, nine participants did do. The majority (89%) of those respondents commented on issues with their personal finances: their lack of budget to buy food, low incomes, concerns about savings running out and uncertainty around future income.

One participant noted that healthy eating is difficult even on an average income:

> As a single woman on an average income with a rental property, my monthly disposable income is nil. My food budget is limited and I often have to rely on lower quality and frozen foods.

Another commented that:

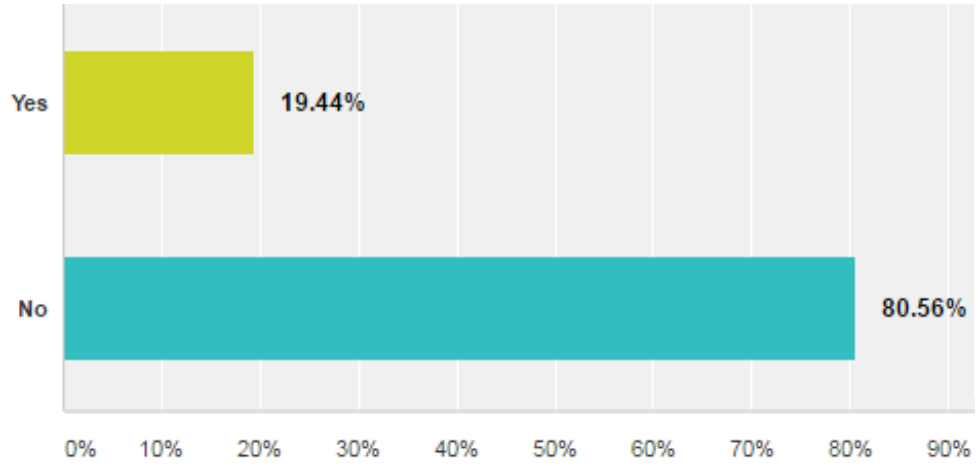
> I have very little income to spend on food so although I know how to eat healthily, and would like too...I can't afford it."

For someone else, a fluctuating income means healthy eating cannot be assured:

> I work part time and my hours can change one month to the next. Even though I know I can afford healthy food this month I do not have certainty about next month.

5.11 Meal reductions due to food costs *(36 respondents)*

Survey respondents were asked *'In the last 2 months, did you (or other people in your household) ever reduce the size of your meals because you couldn't afford enough food?'*



Of the 36 respondents to this question, 19% (7) had reduced meal size and the remaining 81% (29) had not reduced meal size.

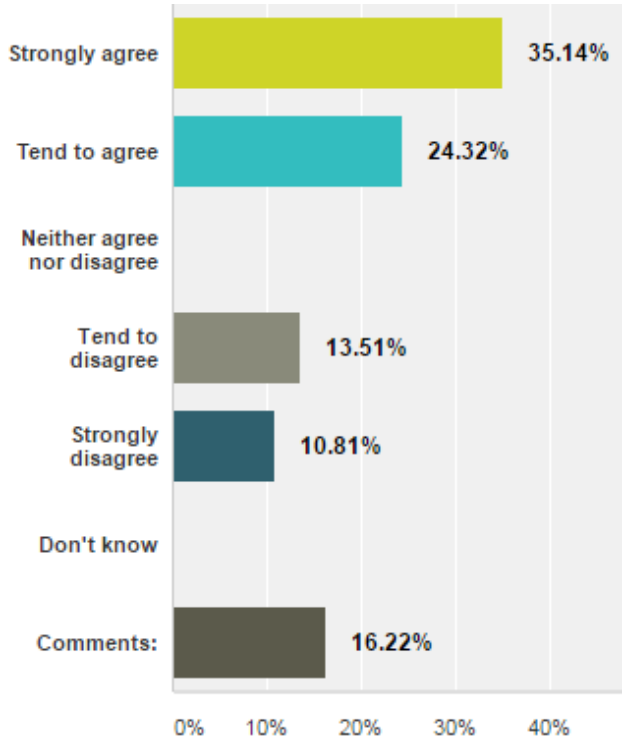
Five participants commented on their experiences with reducing meal size, including one person who had been helped by a local group:

> “I have gone without food until I was referred to Brighton Women Centre and now it has reduced the times I go without food.”

Another person had just been declared bankrupt so said ‘everything is an issue at the moment.’ Other commenters qualified their responses by indicating that rather than reduce their meal sizes they had cut out takeaway/eating out, or were eating processed food rather than healthy food.

5.12 Paying for food, water and housing over the next year *(37 respondents)*

Survey participants were asked: *‘Thinking about next year, how much do you agree or disagree that you will have enough money, after housing costs, to meet basic living costs [by which we mean enough to pay for food, water and housing]?’*



Of the 37 respondents to this question:

- 35% (13) strongly agreed
- 24% (9) tended to agree
- 0% neither agreed nor disagreed
- 14% (5) tended to disagree
- 11% (4) strongly disagreed
- 0% did not know
- 16% (6) left a comment

Given the opportunity to comment, six participants did so. One person described their situation thus:

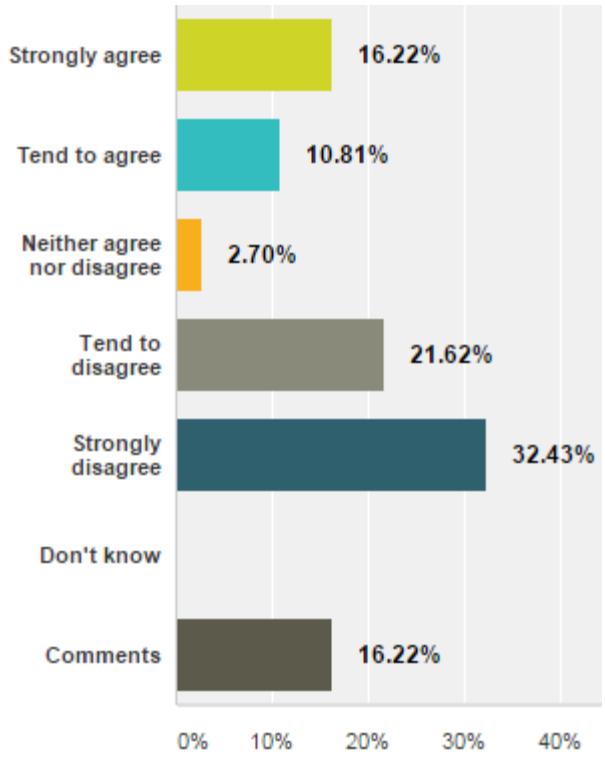
> “I work full time, earn the average wage and after I have paid my rent, bills, food and travel I have only a few pounds to spend each week. It is truly soul destroying.”

Three people felt that they were managing, one person was concerned about rent, and another mentioned the challenges of local funding cuts:

> “with local government cuts and delayed decisions local charities (such as my employer) will face difficult choices and scenarios.

5.13 Not affording healthier options *(37 respondents)*

Participants were asked: *‘Thinking about your diet, do you feel that you (or other people in your household) tend to eat less healthily because you can't afford healthier options?’*



Of the 37 respondents to this question:

- 16% (6) strongly agreed
- 11% (4) agreed
- 3% (1) neither agreed nor disagreed
- 22% (8) tended to disagree
- 32% (12) strongly disagreed
- 0% did not know
- 16% (6) left a comment

Of the six participants who commented on their situations, three people noted healthy food is more expensive: 'it is easier to eat rubbish cheap food.' One of these people added that 'What people don't get is that if you don't know what is coming up - you don't want to go out and spend all your money in one go on food.....'

Another participant eats healthy food but sometimes only one meal a day. Somebody else commented on the processes needed to eat healthily, and on barriers:

> "I have managed to eat healthy with less which means eat more simple and eat enough amount of food, on occasions we eat more that we need. However to do this is not easy it take time to build up new taste for simple food and not everybody has the time to shop or plan meals. Also food can be addictive which can create a lot of challenge when you are under a budget. Unhealthy food tend to link with addiction, easily."

6. KEY FINDINGS

Barriers to physical activity

A third of all survey respondents (33%) and 100% of trans survey respondents reported experiencing barriers to physical activity that related to their LGBTQ identity. The most frequently reported LGBTQ-related barriers were:

- **Gendered spaces or attire**: 27%
- **Heteronormative** [assumptions are made that all participants will be heterosexual]: 27%

- **Feeling out of place** [due to LGBTQ identity, body size/shape or other]: 23%
- **Homo/bi/transphobia** [concerns about, or experience of, stigma or discrimination]: 23%

Both case study interviewees also reported barriers related to their LGBTQ identity, including homophobia and transphobia.

Feeling unwelcome or excluded at LGBTQ activities:

67% of bisexual respondents identified barriers relating to their LGBTQ identities, including this person who commented on the issue of heteronormative assumptions being made, even in LGBTQ activities:

> "Being a monogamous bisexual I am often assumed to be straight. This can be uncomfortable as I find myself needing to be outspoken about my sexuality and often not being believed. Barrier would be having to explain myself if attending an LGBT activity or on the contrary feeling I may need to disclose my sexuality to check if it would be OK to attend."

Another respondent commented on the same theme:

> "I am very keen to access LGBT sports and activities but sometimes wonder whether they are accessible to bi people- I wonder whether my partner (who is also bi) and I might be read as a straight couple and how we might be received as such."

One of the case study interviewees also noted several experiences of biphobia and transphobia within LGBTQ exercise activities, and a lack of trans awareness. LGBTQ activities that focus on single sex groups risk excluding some trans people, including those identifying as non-binary/genderqueer.

Other (non-LGBTQ) barriers affected 71% of survey respondents. The most commonly reported general barriers to physical activity were:

- **Not having enough energy** to be physically active: 48%
- **Having a health condition or disability** that makes it difficult to be physically active: 44%
- **Not having enough time** to be physically active: 41%
- **Not having enough motivation** to be physically active: 35%
- **Lack of confidence in ability** to be physically active: 35%

The impact of barriers was a focus of the case study interviews. Themes included participants not getting enough exercise, being less fit and strong, being more stressed and experiencing worsening mental health, physical health and mobility.

The most commonly reported barriers to walking/cycling in Brighton & Hove were:

- **Traffic and cars** [heavy traffic, inconsiderate drivers, traffic noise]: 27%
- **Confidence and knowledge** [concerns re: cycle safety, uncertain about cycling skills]: 17%
- **Health problems** [a range of physical health issues]: 17%
- **Hills and other geography** [includes distance from work, narrow pavements]: 22%

Support to overcome barriers to physical activity

94% of those surveyed who did not meet the recommendations said they would like to be more physically active.

The most commonly selected types of support required by the 62 questions respondents were:

- Access to activities I can do for **free or low cost**: 68%
- Access to an **exercise group especially for LGBTQ people**: 52%
- One-to-one support sessions from a **Health Trainer** to meet my exercise goals: 32%
- **Other** [including **non-gendered activities and gender neutral toilets/changing rooms**]: 28%
- Access to an **exercise group specifically for people with disabilities/ health conditions**: 21%

The activities that most participants would like to access were:

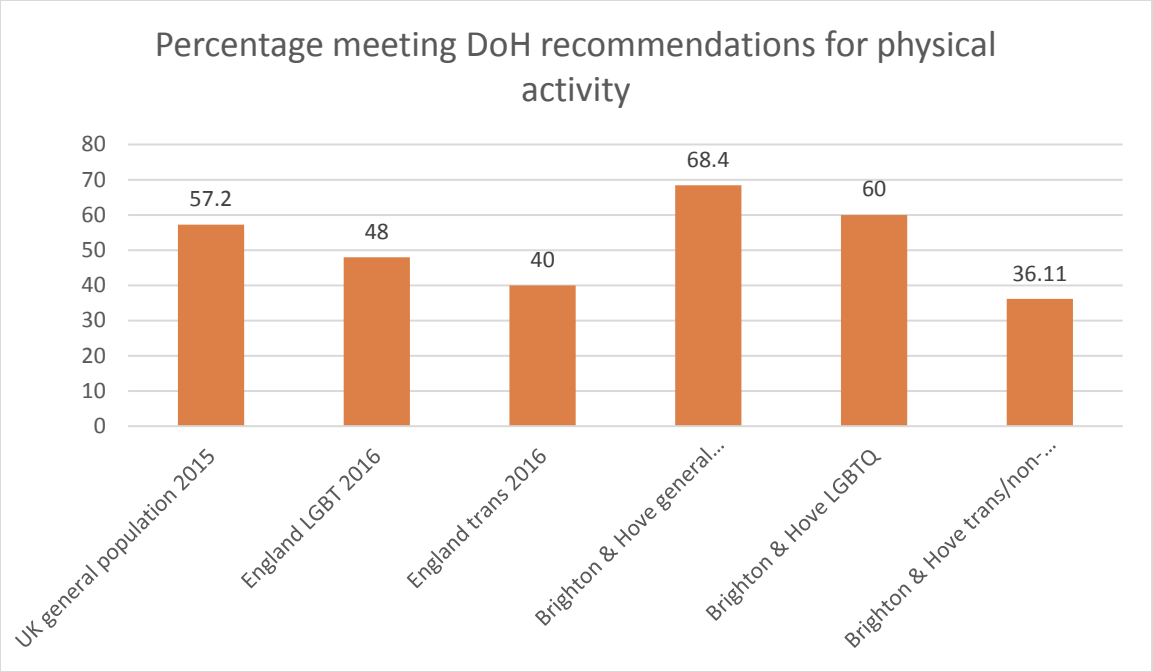
- **Outdoor activities** other than walking, running, or cycling [e.g. bouldering/climbing, rounders, kayaking]: 17%
- **Yoga and Pilates:** 13%
- **Group exercise** [gym group, non-competitive sports, walking]: 13%
- **Cycling:** 10%

Physical activity screening questions

60% of survey participants met the Department of Health's recommendation that adults should take 150 minutes of moderate intensity activity each week.

This is comparable to Sport England's 2014-15 data showing that a mean of 57.2% of LGB survey participants (63.9% of gay/lesbian people, 62.9% of bisexual people and 44.9% of 'other' (non-heterosexual) people in England met the criteria for being physically active (this data however did not include people who identified as trans).

The Brighton & Hove LGBTQ figure is higher than The National LGB&T Partnership's 2016 findings that 48% LGBTQ people living in England met the recommendations to physical activity. The figure is, however, lower than the 68.4% of adults in the city's general population (unfiltered for sexual orientation or gender identity) who met the guidelines for physical activity in 2015.



Barriers to eating healthily; enabling healthier eating

54% of survey respondents reported barriers to eating as healthy as they'd like; the most commonly reported barriers to eating healthily were:

- **Convenience of fast food** [short of time/motivation to cook from scratch]: 55%
- **Cost of healthy living** [cheaper food is poorer quality, fresh food expensive]: 45%
- **Mental and physical health conditions** [impact of depression, disabilities, impairments]: 40%
- **Comfort eating/eating disorders** [mainly comfort eating; 1 person with an eating disorder]: 30%

Asked what would enable them to eat more healthily, the most commonly received responses were:

- **Other** [primarily cheaper healthy foods]: 53%
- **More knowledge** about healthy food: 37%
- **Classes on eating healthily**: 26%
- **Classes on cooking healthily**: 26%

Food poverty, meal reduction, basic living costs and healthier options.

Just under a quarter of participants (24%) said that food poverty is an issue for them. 89% of those respondents commented on their lack of budget to buy food, low incomes, concerns about savings running out and uncertainty around future income.

In the last two months, 19% of 36 respondents to a question about meal size reduction said that they had reduced meal size because they couldn't afford enough food.

Asked about paying for food, water and housing over the next year, 25% of 36 respondents tended to disagree or strongly disagreed with the statement that they would have enough money, after housing costs, to meet basic living costs.

27% of 36 respondents strongly agreed or tended to disagree with the statement that they tended to eat less healthily because you can't afford healthier options.

7. CONCLUSIONS

It is concerning that 33% of all survey participants (including 100% of trans respondents) experience barriers to physical activity that relate to their LGBTQ identities. These barriers appear to influence a lower rate of physical activity in Brighton & Hove for LGBTQ people, and trans/non-binary/genderqueer people in particular; these local rates reflect national activity rates too. Increased LGBTQ awareness, activities and facilities would challenge many of these barriers.

A mean of 24% of survey participants experience food poverty and meal reductions and will struggle to afford healthier options and basic living costs. Healthy options at more affordable prices would help many people, as would increased knowledge of how to prepare healthier foods.

8. RECOMMENDATIONS

These recommendations have been developed out of the findings of the online survey and the case study interviews. It is hoped that the following recommendations may act as a guide for the CCG:

1. LGBTQ awareness training should be provided to Brighton & Hove gyms, leisure facilities (particularly swimming pools), Health Champions and food projects

2. Training should include a particular focus on the experience and needs of trans/non-binary people and addressing barriers to their participation in physical activities

3. Gyms and leisure facilities should be encouraged to provide gender-neutral activities, toilets and changing rooms.

4. Local swimming pools and BHCC should work together to provide clear gender-neutral dress codes, which take into account trans people's needs. Thought should also be given to financial barriers to swimming and how to reduce these, such as supplying rash vests at a subsidised cost.

5. Sports and leisure facilities should consider using images of diverse people exercising, including people with a range of body shapes and sizes, disabilities and LGBTQ people, to encourage a greater range of people to exercise

6. LGBTQ-specific exercise groups and activities should be encouraged to be aware of the specific needs of bisexual and trans people and to develop practical guidelines around bi-inclusion and trans-inclusion. Guidelines should include: how to promote diversity within the LGBTQ community, promote activities to bi and trans groups, inclusion for bi/ trans people with opposite-sex partners and the provision of gender-neutral facilities and all-gender groups.

7. Information should be shared with the local LGBTQ community about where to access LGBTQ-inclusive opportunities to be physically active

8. Information should be shared with the local LGBTQ community about where to access exercise opportunities specifically for people with disabilities or health conditions

9. Information should be shared with the local LGBTQ community about how to access support from a Health Champion

10. Information should be shared with the local LGBTQ community about where to buy affordable, healthy food and how to prepare affordable healthy meals

11. Information should be shared with the local LGBTQ community about how to access support and information relating to a lack of personal finance

Key Contacts

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