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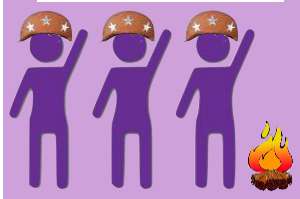

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Health Policies for LGBT Population, Cultural Competence, And The Organization For Access To Services:
A Systematic Review

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Resumo: This is a literature review that aimed to analyze the scope of public health policies for the LGBT population countries with public universal health systems and the United States health system to identify the differences and similarities in content and organization of services and programs. 24 articles were selected to compose the corpus of this review. The results demonstrated the existence of different scopes of health policies for LGBT in the USA, Canada, Australia and the United Kingdom and a heterogeneous result with regard to the objective of the implementation of actions, with emphasis on directions related to LGBT aging, smoking cessation, control of alcohol and other drugs use, as well as cancer and HIV care policies. There was a predominance of approaches limited to the diseases (or unsafe sexual practices, instead focus to comprehensive health care to the LGBT population at different levels of complexity in health care. Furthermore, cultural differences imply granting comprehensive or restrictive health rights. It's necessary to improve the design of public health promotion policies for gender and sexual diversity that are more inclusive and concatenated with other determinants that permeate comprehensive health care.

PALAVRAS-CHAVE: Sexual and Gender Minorities, Health Policy, Review, Health care system, Culture.

Introduction

Access to adequate health care is a fundamental right for all human beings (WHO, 2012). In the meantime, the LGBT population is included, which has been fighting to achieve social rights for decades, despite being recognized and established in the international human rights regime based on the Universal Declaration of Human Rights and subsequently agreed upon in international treaties (UN, 2009; WHO, 2011).

The scenario of conquering fundamental rights and protecting citizens, including health, was leveraged through the articulation of transnational social and political movements, with greater emphasis from the 1970s and 1980s, which sought to increase these rights, both as an individual practice as well as social and political practice (MCRAE, 2018). At the same time, many groups and anti-hegemonic movements questioned and sought to deconstruct the rigid binarisms present in traditional gender categories and proposed public policies linked to the health needs of specific populations (BOURCIER; MOLINER, 2008; RIBEIRO, 2011; WHO, 2011).

However, this public's first health care initiatives are linked to government initiatives to minimize the advent of the HIV epidemic in the 1980s (HOUCK, 2015). Bearing in mind that, historically, public health researchers have not recognized LGBT people as a population with particular health problems outside of a structure of sexual deviation or Sexually Transmitted Infections – STI (COLPITTES; GAHAGAN, 2016).

The most current determinations have shifted the focus of the guidelines, including recognizing that LGBT populations are diverse communities with specific health concerns (MAYER *et* al., 2008). On the other hand, discrimination, stigma, and social exclusion have been determining aspects of access to health for LGBT people (BRIGNOL *et* al., 2015). There are also historical and epidemiological factors that reflect, for example, the tendency to associate demands from certain groups within the LGBT population with stigmatizing and blaming health issues such as relating gay and bisexual men and the

theme of HIV (MAIORANA *et* al., 2016; SPSTEIN, 1998; PARKER; AGGLETON, 2003).

Add to that scenario an incipient implementation of the planned policies, which has been identified as one of the factors responsible for the removal of the LGBT population from health services and the abandonment of treatments, reflecting a high rate of absenteeism (MARTHOS; WILSON; MEYER, 2017; PRADO; SOUSA. 2017; SOUZA; HELAL, 2015).

LGBT people across all socioeconomic, ethnic-racial, age, gender, (disability), religious, geographical location, education, and relationship status lines. Consequently, for many in these communities, their existence comprises multiple intersecting social identities. These identities intersect and are affected by dynamics of social power that can result in oppression or privileges that act structurally (macro) or individually and interpersonally (micro) (MULÉ *et al.*, 2009).

Determinants of health related to culture, gender, and sexually diverse populations are not mentioned in these policies or discussed independently. Although culture as a determinant of health intends to capture experiences of racism and colonialism, there is little research on how they intersect with marginalization and stigma due to gender identity and sexual orientation. In political terms, this manifests itself in policy design that does not exclude contradictions and divergences in the face of heterosexual domination that reduces the body to erogenous zones due to asymmetric gender distribution.

However, considering the complex, conflicting, and contingent nature of public policies for the LGBT population, the importance of the theoretical delimitation on the policies and organization of services is emphasized, and the need to explain the options adopted in the different selected countries to expand their assessment, including performance.

Under this scope, the following problem arises: how are organized, and what are the similarities between the actions and public health services directed to the LGBT population in Europe, North America, and Oceania?

Based on the assumptions discussed above, this study analyzes the scientific production on public health policies for the LGBT population in different countries in North America, Europe, and Oceania, to identify the differences and similarities in the content, listed actions, and the organization of specific services or that include this population.

The relevance of this study lies in the possibility of contributing to the updating of knowledge with information that can implement in the practice of health care for the LGBT population, as this will give visibility to advances and vulnerabilities or health needs in different societal conjunctures and to analyze the applicant and adequacy of the models derived from the policies and services for the LGBT population, that respond to disparities in health status and provides timely and appropriate.

Methodology

This is a systematic review of the literature on public health policies for the LGBT population. This review followed the recommendations of PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyzes) (figure 1), a guide that describes the specific requirements for studies of systematic reviews and meta-analyzes (MOHER *et* al., 2009).

Eligibility Criteria

Studies addressing public health policies directed to the LGBT population, included in the 10-year timeline (2009-2019) were adopted as inclusion criteria, according to the following systematization criteria: countries with public health systems (Australia, Canada, Spain, France, Portugal and United Kingdom) and the USA because of the historical LGBT activism; health policies involving the LGBT population (lesbian, gay, bisexual, transgender and transvestites), its aspects, organization of services and challenges to its implementation and methodology used for

research. The general characterization of this selected studies is presented in the chart 01.

Chart 1. General characterization of the selected articles, according to country, year of production, periodical and methodology.

Authors	Home country	Year	Periodic	Methods
Berger, I., Mooney-Somers J.	Australia	2017	Nicotine & Tobacco Research.	Qualitative
McPhail, R., Fulop, L.	Australia	2016	Australian Health Review.	Quanti/Qualitative
Pineaar, K., et al.	Australia	2018	Elsevier: International Journal of Drug Policy.	Qualitative
Bolderston, A., Ralph, S.	Canada	2016	Radiography, Elsevier.	Qualitative
Colpittes, E. Gahagan, J.	Canada	2016	International Journal for Equity in Health.	Qualitative
Grigorovich, A.	Canada	2016	Scandinavian Journal of Caring Sciences.	Qualitative
Munro, L. *et al.*	Canada	2017	Journal of the association of nurses in AIDS care	Qualitative
Smith, J.; Thompson, S.; Lee, K.	Canada	2016	SAHARA-J: Journal of Social Aspects of HIV/AIDS	Qualitative
Boehmer, U.	USA	2018	Seminars in Oncology Nursing.	Qualitative
Elk, R et al.	USA	2018	Seminars in Oncology Nursing.	Qualitative
Elwood, W. N., et al.	USA	2017	LGBT Health	Quantitative
Geter, A., *et al.*	USA	2016	LGBT Health	Qualitative
Glasper et al.	USA	2016	British Journal of Nursing	Qualitative
Gonzales, G.; Ehrenfeld, J. M.	USA	2018	Int. J. Environ. Res. Public Health	Quantitative
Houck, J.	USA	2015	Int. Encyclopedia of the Social & Behavioral Sciences	Qualitative
Jennings, L., et al.	USA	2019	Elsevier: Preventive Medicine Reports.	Quanti/Qualitative
Krinsky, L.; Cahill, S.	USA	2017	LGBT Health	Qualitative
Kurtz, S. P.; Buttram, M. E.	USA	2016	LGBT Health	Qualitative
Matthews, P. A., et al.	USA	2018	TBM practice and public health policies.	Qualitative
McDowell, A.	USA	2019	LGBT Health	Quantitative
Ream, G. L.	USA	2018	Elsevier: Journal of Adolescent Health.	Quantitative
Rice, D.; Schabath, M. D.	USA	2018	Seminars in Oncology Nursing.	Qualitative
Tan, J. Y.; Baig, A. A.; Chin, M. H.	USA	2017	Journal of General Internal Medicine	Qualitative
Shannon, G. et al.	United Kingdom	2019	The Lancet.	Qualitative

Source: the authors (2019).

Search Strategy And Article Management

Independent reviewers performed the search for papers in the Web of Science, Science Direct and VHL databases, using the following keyword combinations: “Health Policy”, “LGBT”, “Sexual and Gender Minorities”. In addition, the lists of bibliographic references of the relevant studies were examined in order to identify those potentially eligible. The publications were managed in the Mendeley application (https://www.mendeley.com/) to remove duplicates. Data collection took place between April and December 2019.

There was no exclusion, a priori, of any methodological approach, and both qualitative and quantitative articles were excluded and there was not even exclusion in the term used to define transgender women (*transvestite, transsexual woman, aravanis, hijras, metis* etc.) published in English, Portuguese, and Spanish. Articles with no analysis and discussion of aspects strictly related to health policies aimed at the LGBT population or service organization were excluded. It should be noted that, although the search included other countries, such as Spain, France and Portugal, no productions on the theme were found.

The selection of studies was initiated by reading the titles and abstracts, observing the inclusion criteria. The selected articles were read in full. A spreadsheet of the Excel® containing the following terms: authors, year of publication, country of study, study design/methodology, number of people investigated, objectives, population studied, public health policy for the LGBT population and main results.

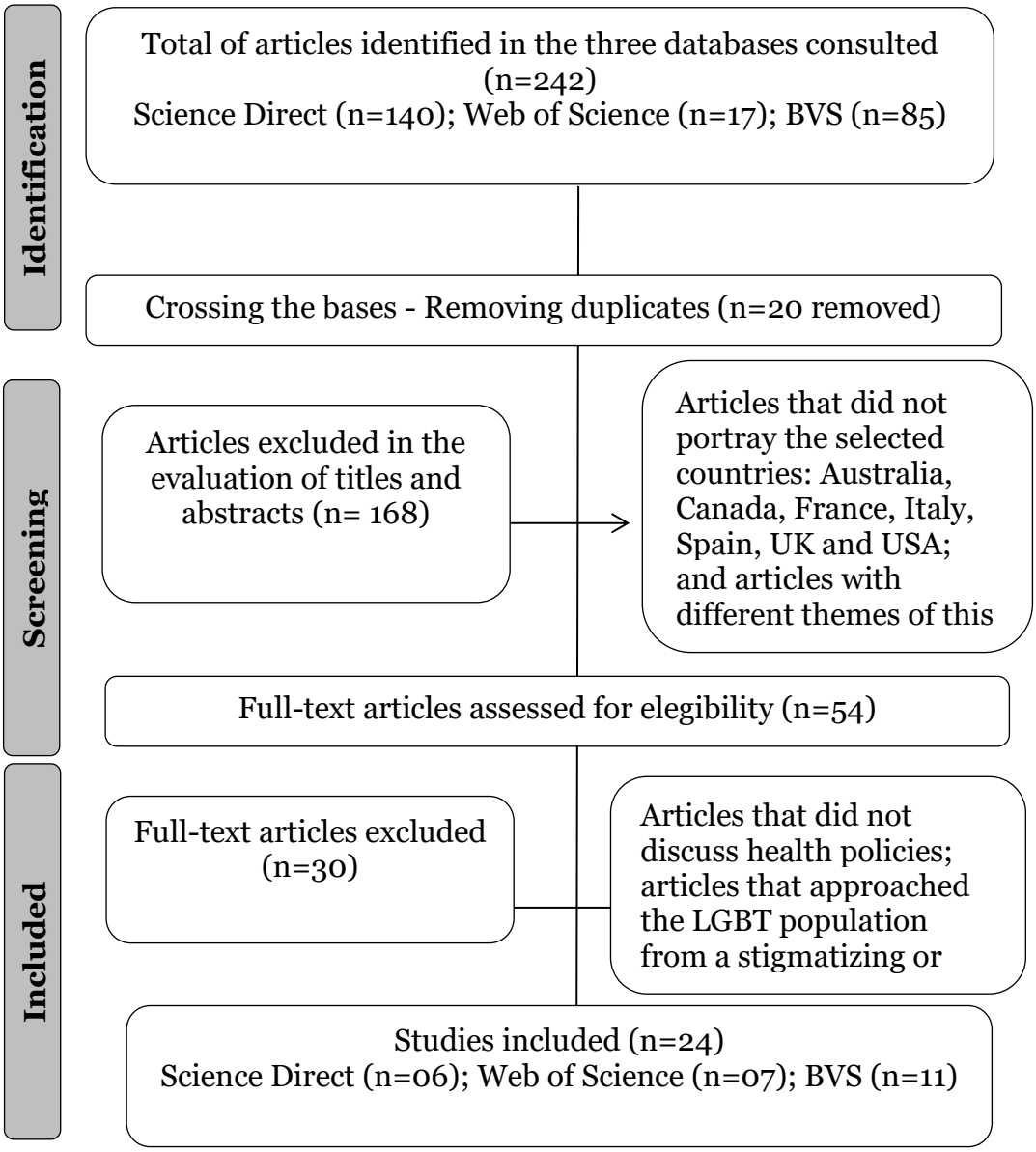
Methodological Quality Assessment

To assess the methodological quality of the selected studies, the instrument proposed by the Critical Appraisal Skills Programme (CASP) was used, utilized in the critical analysis of qualitative research. This instrument presents ten questions that lead the evaluator to think systematically about the rigor, credibility, and relevance of the study, considering 10 items that can evaluate since objectives, methodological design and methodological procedures that are presented and discussed,

the sample, the source and instruments to the data collection; the relationship between researcher and researched; ethical aspects and the results and their contribution to the knowledge (ESPÍNDOLA; BLAY, 2009; WHO, 2008).

Qualitative studies were classified into two categories: in the first, papers with high methodological rigor were classified, since they filled at least 9 out of 10 items; in the second category, those with moderate methodological rigor were classified, when at least 5 of the 10 items were met (ESPÍNDOLA; BLAY, 2009; WHO, 2008).

Figure 1. Flowchart for the systematic article selection process. PRISMA



Source: The Authors.

Theoretical And Conceptual Framework

Data analysis was guided by the theoretical frameworks of public health policies. The concept disseminated by WHO (2008) was used, which discusses how government institutions take positions or procedures to define priorities in response to the population's health demands. The theoretical-conceptual understanding of this construct has expanded the scope of analysis of the articles, including studies involving the policy cycle, which relate the organizational aspects of the policy, such as the barriers to access to health services.

Results

A total of 242 articles were identified, of which 20 articles were excluded after crossing the databases. After reading titles and abstracts, 168 articles were excluded, as they did not come from the selected countries. Of the 54 remaining articles, 30 were excluded, since they did not discuss the central theme of this study or addressed aspects concerning the health of the LGBT population with stigmatizing biases, which blame the population for certain practices (chart 02). Finally, after reading in full, 24 articles were selected. We present these outcomes based on 02 dimensions: general organizations of health systems a central aspects of public health policies for the LGBT population to demonstrate the similarities, the differences, and the lack in these health system to

General organization of health systems.

The health systems in the countries analyzed, except the USA, although they have ideological and structural distinctions, were inspired by the Welfare State, broad social protection systems with which they reorganized societies in more egalitarian arrangements corresponding to the structure and social dynamics of each country (FLEURY, 1994; ESPING-ANDERSEN, 1991; RODRIGUES, 2017).

The health system adopted by the USA is based on inverted citizenship models (FLEURY, 1994), based on residual, liberal or charitable assistance, with peculiarities that keep it away from nations that have incorporated the Welfarian model of social protection, with the prevalence of private insurance (RODRIGUES, 2017; NORONHA *et* al., 1995). However,

since 1965, there are two residual assistance programs in the country, Medicare and Medicaid "while the former was conceived in the spirit of social insurance under the responsibility of the federal government, the latter was configured according to the typical models of welfare policy, whose access was linked to the presentation of poverty certificate" (NORONHA *et* al., 1995, p. 186).R

regarding health policies for the LGBT population, specific health needs, health, and access to assistance to LGBT communities are shaped by federal laws and state policies on insurance, compensation and benefits and marriage. Individuals not eligible for Medicaid can purchase coverage in insurance markets, with subsidies available to many people with low socioeconomic income, to help offset costs or to add protections against nondiscrimination and to increase coverage for LGBT individuals (KATES *et* al., 2018). By other insurances, the Affordable Care Act included significant measures to help improve the health and well-being of LGBT Americans, by ensuring equal access to preventive care coverage at no additional cost; encouraging non-discrimination based on pre-existing health conditions; coverage for all families equally and improving the availability of preventive services for women in new health plans and the elderly in Medicare (KATES *et* al., 2018).

The thematic field of LGBT productions in Australia, the United Kingdom and Canada is little expressive as the results demonstrate and there is a gap in the productions that investigate such phenomenon. The United Kingdom, for example, despite having a free and universal healthcare system, the National Health Service (NHS) has in its political composition a predominance of center-right parties, in addition to having the Conservative Party in power for nearly two-thirds of the 20th century (BBC, 1999).

Although the United Kingdom is consistently recognized as one of the best countries for LGBT rights in Europe, several disparities in LGBT health care still exist such as discrimination against older transgender individuals (KNEALE *et* al., 2019). To mitigate this context, programs and policies that integrate not only the health system, but education, social assistance, work, and other sectors of society are concerned with reducing or eliminating such inequalities (GOVERNMENT OF CANADA, 2018). Qualification policies of primary care health professionals for LGBT care are

highlighted, such as, for example, the “Pride in Practice” that was created after the publication of the Equality Law in 2010 and implemented in all health units in Primary Care, with 100% of trained professionals (LGBT FOUNDATION, 2018), which, from 2019, enables NHS England to reconfigure gender identity services for adults with greater clinical capacity, especially for the transgender population and mental health (GOVERNMENT OF CANADA, 2018).

In Australia, health policies for LGBT were expanded between 2003 and 2004, Australia developed a series of policies that recognized health inequalities and the specific health needs of sexual minorities fostered by the “Creating a safe clinical environment for lesbian, gay, bisexual, transgender, and intersex (LGBTI) patients” who provided health care providers with strategies for the LGBT population (MCNAIR; HEGARTY, 2010). Currently, new policies are being built and existing ones updated, according to the new needs of the population, such as the “National LGBTI Health Alliance”, to propose models of programs and services, with the aim of increasing cultural competence for LGBT care (NATIONAL LGBTI HEALTH ALLIANCE, 2016).

As for health policies for the Canadian population, they are based on demands from LGBT communities, according to each province (CASEY, 2019). It should be noted that after the implementation of changes to the Canadian Human Rights Act to provide explicit protections to Canadians based on gender identity and gender expression several policies have been revised to consider impacts on the health of transgender people, non-binary and two-spirit (transgender, non-binary and two-spirit - TNB2), as well as to support more targeted care, improve outcomes for certain populations, and ensure that Canadians are treated with respect and dignity.

There is a diversification of laws and rights concerning the health of the LGBT population in the different countries analyzed that influence the process of organizing actions and services. Even among member countries of the European Union, legislation on LGBT rights is largely a matter of national competence

Chart 2. Characteristics of public health policies directed at the LGBT population in selected countries, 2009-2019.

Author (year)	Country	Method/ Study design	Scope of the study	Objectives	Study sample	Policy aspects	Score CASP
Berger, Mooney-Somers (2017)	Australia	Sistematic Review	Not mencioned	To evaluate the results and to characterize the populations attended, cultural modifications and behavior change (CBT) techniques of interventions to reduce LGBTI smoking.	LGBT	LGBTI population is a priority in Australia's health policies, particularly in mental health; there are smoking cessation programs with specific interventions in women with pregnancy-related complications; interventions in men are focused on long-term health; financial support from local and national government is essential to reduce high rates of smoking among LGBT people;	**08**
Boehmer (2018)	USA	Qualitative	Published data on cancer treatment and studies of LGBT individuals.	To describe barriers of lesbian, gay, bissexual and transgender induviduals to access and recieve quality cancer care.	LGBT	Affordable Care Act (ACA) brought advances in recognizing the LGBT population and their cancer care needs; American Society of Clinical Oncology: tries to provide equal care.	**04**
Bolderston, Ralph (2016)	Canada	Literature review	Studies available at Pubmed, Academic Search Complete, CINAHL Plus, Proquest Nursing.	To explore discrimination against LGBT people and examine LGBT health and social issues.	LGBT	Guarantees of access to civil marriage; anti-discrimination policies; anti-discrimination legislation in radiology: Suggestions to improve the care of LGBT patients: changes in the environment, forms of organizational health admission and awareness training.	**06**
Colpittes, Gahagan (2016)	Canada	Literature review	LGBT individuals	To explore the utility of resilience as a conceptual framework for understanding and measuring LGBTQ health	LGBTQ	Measuring LGBTQ health determinants and well-being is critical to the development of culturally competent health care services, systems and policies for LGBT populations;	**10**
Elk et al. (2018)	USA	Literature review	Peer review studies avaiable on: Google Scholar, PubMed, MEDLINE, and Web of Science	To identify patterns of access and use or provision of palliative care services in medically disadvantaged and vulnerable groups diagnosed with cancer .	LGBT	Need to transform inclusive palliative care settings for the LGBTQ population (reduce cancer health disparities between sexual and gender minority populations).	**08**

Chart 2. Characteristics of public health policies directed at the LGBT population in selected countries, 2009-2019. **(continue)**

Author (year)	Country	Method/ Study design	Scope of the study	Objectives	Study sample	Policy aspects	Score CASP
Elwood et al. (2017)	USA	Quantitative	Data collected by CHIS from 2009 to 2013	To compare health-related results among gay, lesbian and heterosexual men who reported being in a legally recognized partnership.	Gay/Lesbian and homosexual	It only discusses legal marriage as a way to promote LGBT health since heterosexuals in legally recognized partnerships report better health, the coverage of health insurance and use of medical services compared to its counterparties that are not in such partnerships.	**10**
Geter *et al.* (2016)	USA	Qualitative/ Interview with focus groups	09 focus groups with a total of 54 black men who have sex with men in the 18 to 29 years age group.	Explore how cultural norms on anti-homosexual attitudes can interfere with safe sexual practices and relationship norms of young black MSM	Men who have sex with men (MSM)	Three major themes were discussed: resiliency and condom use; inconsistent condom use among closeted young Black MSM; and intimate partner violence (IPV) among closeted young Black MSM. Black MSM in Mississippi continue to be highly stigmatized within their social networks (i.e., families, sexual partners, and community). The cultural and community norms regarding antihomosexual attitudes may be a barrier to the practices of safe sex and a contributing factor to IPV among young Black MSM. There is a need for tailored interventions that address these cultural norms and establish social and community support for young Black MSM in Mississippi.	**10**
Glasper et al. (2016)	USA	Discussion paper	Not mencioned	To discuss the Policy published by the Royal College of Nursing (RCN).	LGBT	The policy published in 2016 by RCN, entitled: Caring for lesbians, gays, bisexuals or trans or patient clients: Guide for nurses and health care support workers; Equality Act 2010 specifically prohibits any overt or covert discrimination against individuals and groups because of their sexual orientation or gender identity.	**06**
Gonzales and Ehrenfeld (2018)	USA	Quantitative/ cross-sectional	Data collected from the Behavioral Factor Surveillance System 2014-2016 (BRFSS)	To examine how self-assessed health disparities vary across the United States and whether self-assessed health disparities are modified by comprehensive legal protections for sexual minorities	LGB	Living in a state with public attitudes and laws that support legal protections for sexual minorities was associated with better self-rated health among lesbian and gay participants. Policy makers should consider the benefits of legal protections for the health of sexual minorities when discussing new proposals and legislation	**10**

Chart 2. Characteristics of public health policies directed at the LGBT population in selected countries, 2009-2019. **(continue)**

Author (year)	Country	Method/ Study design	Scope of the study	Objectives	Study sample	Policy aspects	Score CASP
Grigorovich (2016)	Canada	Qualitative/Case study.	46 women who identified as lesbian or bisexual until the age of 55 living in Ontario.	Investigating how older lesbian and bisexual women who use the auxiliary care service understand the meaning of "Quality of care".	Lesbians and bisexual women	It does not discuss aspects of aging policy with great emphasis, however, it does bring that the increased awareness of homecare professionals is fundamental to enable the quality of care for lesbian and bisexual women.	**08**
Houck (2015)	USA	Essay	Not mencioned	Rescue the history of lesbian health in its various forms: as an area of unmet need, an institutional specialty, a research subject, and a social movement.	Lesbian women	Discusses the expansion of health services for lesbian women through activism, such as the gay liberation movement in the mid-1960s and movement to grant health services to women (feminist movement), that led to the foundation of lesbian health clinics as well the managed to improve the state's attention to lesbian health in 1994.	**05**
Jennings et al. (2019)	USA	Quantitative/Qualitative	Data from the Wisconsin Health Survey (SHOW) from 2014 to 2016 (n=1957).	To describe LGB and transgender demographics, socioeconomic status, and occupation, and compare these measurements between LGB with non-GBG adults and transgender to non-GBG/cisgender adults in Wisconsin.	LGBT and non LGBT individuals	Discusses the gains in the OBAMA administration: anti-discrimination regulations; conducting more research that focuses on how healthcare is provided to LGBT populations in the healthcare system and provider levels; better understanding barriers to receiving necessary and appropriate healthcare; assess the patient's experience so that this data can be used to design healthcare systems and provider training programs that are focused on improving health services and health outcomes for LGBT populations.	**10**
Krinsky and Cahill (2017)	USA	Essay	Not mencioned	Assessing gains over LGBT ageing policies	LGBT elders	Aging policy with project and advancement in LGBT equality; legal equality for LGBT elders; Guarantee of access to civil marriage for homosexual couples (2004); creation of the LGBT Aging project (2013); creation of the Commission in the House and Senate on LGBT Aging Project; the Massachusetts legislature passed the anti-discrimination law concerning transgender people that guaranteed the right to public accommodation consistent with the gender identity of a individual, including for older adult transsexuals.	**08**

Chart 2. Characteristics of public health policies directed at the LGBT population in selected countries, 2009-2019. **(continue)**

Author (year)	Country	Method/ Study design	Scope of the study	Objectives	Study sample	Policy aspects	Score CASP
Kurtz, Buttram (2016).	USA	Qualitative/ focus groups	31 men who have sex with men aged 18 to 35	Report qualitative research findings on the informal sale of Prep	Men who have sex with men (MSM)	Problematic: Illegal sale of PREP on the streets of South Florida; use of PREP without guidance and prescription by men who have sex with men; need guidance on what Prep is and the therapeutic regimens; awareness of vulnerable groups for the use of Prep with medical guidance and prescription; implementation of guidance programs on Prep for groups more vulnerable to HIV; creation of national information campaigns on Prep by national health agents; standardization of health insurance coverage and reduction of the costs of obtaining PREP for vulnerable groups.	**10**
Matthews et al. (2018)	USA	Discussion paper	Tobacco industry publications and campaigns, economic data.	Assess disproportionate marketing to lesbian gay, bisexual and transgender communities by the tobacco industry, especially for tobacco and menthol products.	LGBT	Monitoring tobacco industry advertisements; LGBT are at high risk for health disparities, are more likely to be exposed to involuntary smoking than their heterosexual counterparts. Few studies correlate smoking. High rates of discrimination in health services among LGBT people. The tobacco industry offers disproportionate marketing to LGBT communities.	**06**
McPhail, Fulop (2016)	Australia	Quantitative/ Qualitative/ Longitudinal/ Exploratory	150 participants of the Aged Care Champion (trained health workers) were invited, but only 62 completed the online questionnaire.	Explore opportunities, barriers and challenges perceived by trained employees on the implementation of the LGBT Care Strategy	LGBT elders	The Australian Government launched in 2012 the LGBTI health and ageing department (ensuring inclusive and supportive healthcare for all Australians); the Commonwealth has suggested that the experience of caring for the elderly can be improved through such things as staff training, cultural awareness and updating policies and procedures so that they create an inclusive environment for all the elderly;	**09**
McDowell (2019)	USA	Quantitative	IBM Marketscan Commercial Database 2009-2015.	Characterize the health status of privately insured minority gender individuals	LGBT	Existence of recent federal and state policies that include hormonal therapy and various surgical procedures. Since 2012, 20 states and Washington DC have enacted policies prohibiting categorical exclusion of services to sexual minorities in private health insurance (several insurers receive government funding)	**08**

Chart 2. Characteristics of public health policies directed at the LGBT population in selected countries, 2009-2019. **(continue)**

Author (year)	Country	Method/ Study design	Scope of the study	Objectives	Study sample	Policy aspects	Score CASP
Munro *et al.* (2017)	Canada	Qualitative/Interview	14 transsexual women participating in Trans-PULSE	Contribute to the theoretical development of the means of social exclusion, transphobia, unemployment combined produce unique health needs for trans people living with HIV .	Transexual women	HIV Case Management; HIV Treatment Adherence Management; HIV Prevention Counseling; Mental Health Services; Meal Services; Domestic Violence Services; Creating a Welcoming Environment for LGBT Patients: (a) avoid using names of programs that appear welcoming for only one gender. (b) establishing gender-neutral toilets, and (c) altering forms of admission and electronic records to collect information on pronouns and gender identity.	**10**
Pineaar et al. (2018)	Australia	Qualitative/ Essay	Analysis of post-structuralist policies to analyze alcohol and other drug use (AOD) between sexual and gender minorities	Analyze how "substance use among sexual and gender minorities" is produced in the policies of three Australian LGBTIQ health organizations	LGBTQI	Formation of advice to address specific health policies, such as the fight and prevention of AIDS; The use of crystal methamphetamine - and increased risk of HIV transmission; Little academic attention has been given to the way these organizations problematize and seek to solve the phenomenon of LGBTIQ substance use within their policies and programs; Rates of alcohol and drug use are higher among LGBTIQ populations than general; There are currently no published studies using diagnostic criteria (for mental health problems or drug use); Alcohol and drug use is related to social exclusion, stigma and discrimination.	**09**
Ream (2018)	USA	Quantitative	National System Data Reports (NVDRS) for all 12 to 29 year olds who died by suicide in NVDRS participating states	To Explore variability in circumstances around suicide deaths among young adults by gender/sexual identity category	LGBT	Suggestion: online intervention via internet; Clinical attention (received before death); Homophobia and transphobia creates a hostile social environment, which causes stress and increases the risk of various mental health problems; LGBT people are more likely to develop mental illness. Young bisexuals and young adults are at risk of marginalization within sexual minority communities and are often found at higher risk of suicide.	**10**
Rice and Schabath (2018)	USA	Literature review	Not mencioned	Synthesize the state of knowledge and propose future directions for the practice of cancer, education, research and advocacy lesbian, gay, bisexual and transgender (LGBT).	LGBT	The American College of Physicians offers position statements and recommendations favorable to the LGBT population (advocating practical health policies supported by empirical research, and working to eliminate laws that discriminate against the LGBT community and their families).	**08**

Chart 2. Characteristics of public health policies directed at the LGBT population in selected countries, 2009-2019.**(continue**

Author (year)	Country	Method/ Study design	Scope of the study	Objectives	Study sample	Policy aspects	Score CASP
Smith; Thompson; Lee (2016)	Canada	Qualitative/ Document analysis	Analysis of documents on the tobacco industry and healthcare organizations for people living with AIDS	To analyze the history of the tobacco industry and its influence on AIDS	Lesbian, gay, bisexual, transgender, queer and intersex	The strength of the tobacco industry in trying to subvert health policies that control smoking through donations to charitable causes, including for Non-governmental Organizations to care for people with AIDS; Use of AIDS to combat tobacco measures and control; Refusal by organizations of aid from tobacco companies to adhere to broader health goals; Cooperation and convergence of policies between health sectors aiming at health care without commercial interests.	**08**
Shannon et al. (2019)	United Kingdom	Literature review	MEDLINE, Embase, Google Scholar, Greenfile, e Scopus.	Provide evidence that gender equality in science, medicine and global health is important for health-related outcomes.	Sexual and gender minorities	Contemporary social movements have helped shape the global gender and health landscape; Gender equality is recognized as one of the most important determinants of health and economic development; In many countries, women do not have access to resources: including productive land, finance, technology and education needed to support and engage in science. The quantity and quality of gender data is improving over time.	**09**
Tan; Baig; Chin (2017)	USA	Discussion paper	Not mencioned	Discuss important political issues affecting the health of patients belonging to gender and gender minorities of color.	Sexual and gender minorities of color	Federal Law 1557: Civil Rights Act prohibits discrimination based on sex, which the Department of Health and Human Services (HHS) interpreted as including discrimination based on gender identity. Patient care: Advocacy to improve the health of SGM patients (movement of clinicians to defend their individual patients).	**10**

Central aspects of public health policies for the LGBT population

The central aspects of the policies were mentioned in publications from 2016 to 2019 (chart 02). Public health policies were mentioned in 13 of the 24 articles included, at the heart of policies that emphasized gender equality, cancer care, care for people living with HIV, alcohol and other drug policies and LGBT aging policies, with greater emphasis on cancer care policies (CASEY, 2019; SHANNON *et* al., 2019; BOHEMER, 2018; BERGER; MOONEY-SOMERS, 2017; ELK *et* al., 2018; MUNRO *et* al., 2017; KRINSKY; CAHILL, 2017; RICE; SCHABATH, 2018).

The USA concentrated the largest number of publications (n=5) 18%, on the formulation of policies, specifically those promoting nondiscrimination and gender equity, so that they were included in existing policies (CASEY, 2019; KRINSKY; CAHILL, 2017; RICE; SCHABATH, 2018; MATTHEWS *et* al., 2018).

Among the strategies or actions derived from the policies and cited in the articles, stand out specially, the combat and prevention of suicide, mental problems developed by the set of adverse experiences and to reduce the consumption of drugs, alcohol, and tobacco, to improve the quality of these people's lives (BERGER; MOONEY-SOMERS, 2017; MUNRO *et* al., 2017; REAM, 2018; PIENAAR *et* al., 2018; MCDOWELL *et* al., 2019).

The analyzed productions focused on the provision of specific health services such as the care of the population in cases of HIV, LGBT health care in cases of cancer, health care of transgender people during the transition process, mental health care, health promotion focusing on body weight, smoking cessation program and LGBT aging project (BOHEMER, 2018; MUNRO *et* al., 2017; KRINSKY; CAHILL, 2017; PIERNAAR *et* al., 2018; GETER *et* al., 2016; KURTZ; BUTTRAM, 2016).

But, above all, there were numerous publications that emphasized the need for the inclusion of an adequate reception in health, the overcoming of discrimination in health institutions, the creation of clinics for the care of this population, the importance of activism for the guarantee of basic rights and the use of legal devices (such as the

legalization of homoaffective marriage), such as strategies to ensure comprehensive health care for lesbians, gays, bisexuals and transsexuals (RICE; SCHABATH, 2018; ELWOOD *et* al., 2017).

In addition to exposing the challenges, the productions focus on aspects of the policy to overcome these problems, such as the promotion of sexual health education for lesbians, gays, bisexuals, transsexuals and transvestites in order to promote empowerment regarding safe sexual practices (GETER *et* al., 2016).

Another specific health demand of the LGBT population observed refers to mental health policies and the reduction of abusive consumption of alcohol, tobacco and other drugs, in addition to aspects related to the high prevalence of suicide and mental problems in view of discrimination (homophobia and transphobia), hostile social environments and physical, sexual and psychological violence suffered during the lives of these people (PIENAAR *et* al., 2018).

In general, the articles focused on unveiling specific demands for each audience within the LGBT framework.

About the organization of health services (chart 03), which translates the political guidelines into operational practices, of the 24 articles, only 11 addressed organizational aspects related to the care of LGBT people regarding the attitudes and cultural competence of providers; the patient-provider relationship; health needs of LGBT individuals; and their experiences with the provision of health services. Among the essential aspects, the following propositions were highlighted: the relationship between doctor and patient, incipience in the care provided in primary services, difficulty in access and poor quality of service, the presence of community cultural norms that interfere in the organization and reception of the LGBT population.

Scientific productions have also highlighted the various organizational barriers of services and the impacts related to access to health services and, consequently, possible delays in health care, for example, in people with cancer (HOUCK, 2015; SHANNON *et* al., 2019; BOHEMER, 2018; BERGER; MOONEY-SOMERS, 2017; ELK *et* al., 2018; MUNRO *et* al., 2017; KRINSKY; CAHILL, 2017; RICE; SCHABATH, 2018; MATTHEWS *et* al., 2018; PIENAAR *et* al., 2018; GETER *et* al., 2016;

BOLDERSTON; RALPH, 2016; GONZALES;EHRENFELD, 2018; JENNINGS *et* al., 2019).

Organizational barriers were more discussed and observed in specialized care services such as cancer and HIV care services. It is observed in some articles (MUNRO *et* al., 2017; KURTZ; BUTTRAM, 2016) the high vulnerability of the LGBT population to HIV, combined with aspects of social life, contexts of discrimination and violence, and mental health, considered factors that influence in the greater exposure to HIV/STI (MAIORANA *et* al., 2016; SPSTEIN, 1999; SALAZAR *et* al., 2017).

There were also discussions about the barriers and inadequacies of the health system adopted by countries, especially in the USA since there is no universal health system. The articles argued that LGBT individuals who need private health insurance, find it difficult to do so based on gender discrimination, or those who already have it, find it difficult to perform procedures such as hormone replacement therapy, for example (BOHEMER, 2018; MUNRO *et* al., 2017; GETER *et* al., 2016; JENNINGS *et* al., 2019).

About the services offered to the LGBT population, it is noted that the articles analyzed address the operational aspects of public health policies aimed at, especially, the guarantee of reducing discrimination against LGBT groups and combating health disparities suffered by this population.

In the USA, the greatest focus was given to disparities in access to health between LGBT and non-LGBT populations, a focus on cancer care in this population also stands out (BOHEMER, 2018; ELK *et* al., 2018; RICE; SCHABATH, 2018; JENNINGS *et* al., 2019, SULLIVAN, 2016). In countries like Canada, the main focus was on the quality of service provided to the LGBT population, in particular, lesbian and transgender, such discussions refer to the character of the Canadian health system, universal with organizational principles based on comprehensive care[40,55].

As for the level of care complexity, the studies ranged from public health services in primary care (BOHEMER, 2018; ELK *et* al., 2018; RICE; SCHABATH, 2018) prompt service and specialized service (BERGER; MOONEY-SOMERS, 2017; PIENAAR *et* al., 2018; KURTZ; BUTTRAM,

2016; GRIGOROVICH, 2016), up to the emphasis on the general organization of health systems (SHANNON *et* al., 2018; ELWOOD *et* al., 2017; GONZALES; EHRENFELD, 2018; GLASPER, 2016).

The studies discuss the organization of services at different levels of care, bringing specific aspects of LGBT care and the barriers and difficulties of access at each level, as well as how these levels are associated. The study by Boehmer (2018) , for example, discusses how the difficulty of accessing primary care for cervical cancer screening has repercussions on the high rates of cervical cancer found in lesbian women.

HIV prevention strategies and management of adherence to antiretroviral treatment in trans women and Men who have Sex with Men (MSM) were also identified (MUNRO *et* al., 2017; GETER *et* al., 2016).

Munro et al. (2017) discuss HIV care strategies for trans women from the perspective of the interaction between patient, provider, service and health system, the study addresses that the experiences of trans women in accessing social and health services are permeated by several barriers including from negative interactions with health care providers, deficits in provider knowledge, gender segregated programs and frequent pathologization of transgender identities.

In this perspective of HIV/AIDS, Pineaar et al (2018) discuss the need to form local councils or committees to address specific health policies such as combating and preventing AIDS. From the perspective of political analysis, the authors discuss how sexualized drug use is associated with “disinhibition” and a range of risks (including HIV transmission, drug addiction and mental health problems).

Geter et al. (2016) bring to the study discussions about “societal HIV risk facilitators” in Jackson, Mississippi capital, and discuss how local cultural norms influence anti-homosexual, self-hatred attitudes that contribute to inconsistent condom use, the search for anonymous partners and increased risk of HIV transmission.

Among the main challenges for the implementation of LGBT health services described in the policies, *LGBTphobia* stands out (BOHEMER, 2018; SULLIVAN, 2016; TAN; BAIG; CHIN, 2017; ACQUAVIVA; KRINSKY 2015). The impact of *LGBTphobia* on health services is related to less demand or not demand for health care, causing

a delay in the beginning of health care, as well as a lack of assistance. The greatest presence of LGBT phobia and disparities in access to health services in the USA was observed (BOHEMER, 2018; GETER *et* al., 2016).

Barriers to access health services were similarly central aspects addressed and begin with the reception of these people by professionals at the levels of care (MUNRO *et* al., 2017). The unpreparedness of health professionals for the reception of lesbians, gays, bisexuals, transsexuals and transvestites and their demands reinforces negative experiences and contexts of vulnerability and stigma in this population and has the consequence that this public is absent from health services in addition to high rates chronic diseases such as cancer, due to the lack of screening and preventive care (TAN; BAIG; CHIN, 2017).

Houck (2015) brings as an organizational strategy the expansion of health services for lesbian women and Acquaviva and Krinsky (2015) talk about health guarantees for transgender people in transition. When implementing health policies for such a wide audience as that of lesbians, gays, bisexuals, transsexuals and transvestites, it is important that government institutions and the social actors that build the policies, keep in mind that demands cannot be generalized, whereas each letter of the LGBT insignia has specific health needs marked by social and cultural factors, in addition to biological, physiological and mental ones.

Chart 3. Main aspects of public health policies for the LGBT population in selected countries, 2009-2019.

Country	Characteristics of the Health System	Public policy	Target population	Aspects Prioritized	Service organization	Challenges for Implementation
Reino Unido	National Health Service (NHS); Universal system free of charge, financed by taxes; Important figure of General Patricioner (GP)	Politics of Gender Equality	Sexual and gender minorities	Gender equality as a social and economic determinant of health	It wasn't adressed by the papers examinated	Discriminatory values, norms, beliefs and practices, differential exposures and susceptibilities to disease perpetuate gender inequality in the health system.
Austrália	Medicare; Universal System financed by taxes; reimbursement of direct expenses to the patient; figure of the GP;	Smoking cessation policy; alcohol and other drugs and Ageing policy	LGBTQI+ Elder LGBTQI+	The need for advice to deal with specific policies; Staff training, cultural awareness and updating policies provide better service to the public.	Services focused on smoking cessation and mental health policies. The National LGBTI Strategy was created in 2012 to ensure access to health care, including the improvement of health care.	Little attention given to the problem of alcohol and drugs by authorities and academia; no research into samples of Australian people. Many LGBTI elders resort to concealing their sexual identity to gain access to health services without discrimination or trial
Canada	Public system, exclusively financed by the State, presence of family doctors.	HIV Policy	Trans women	HIV Prevention Strategy; management of adherence to HIV treatment; Implementation of mental and nutritional health services for the target audience; Services with a welcoming environment;	HIV case management services are holistic with: Mental Health Services; Meal Services; Domestic Violence Support Services;	Negative interactions with healthcare providers, deficits in professional knowledge; Difficulties in using pronouns and the social name; Difficulties in adherence to treatment; Lack of inclusion of trans people in LGBT programs.

Chart 3. Main aspects of public health policies for the LGBT population in selected countries, 2009-2019. (continue)

Country	Characteristics of the Health System	Public policy	Target population	Aspects Prioritized	Service organization	Challenges for Implementation
USA	Fragmented Health System; Private insurance model; Residual care MEDICARE MEDCAID	Policy of cancer care	LGBT	The American Society of Clinical Oncology: tries to provide equal care, and to realize the early screening, as a form of prevention.	Difficulty having a health insurance, augmented by the near repeal of the Affordable Care Act, "Obamacare", as a setback in the organization of cancer care services.	Inequalities in cancer care; Lack of health insurance and high cost; higher cancer incidence in LGBT than heterosexuals; Lack of curricular training; Erasure of LGBT populations and impossibility to quantify individuals receiving cancer treatment; Absence of screening programs; Overcoming the temporary political reaction toward an improvement of health care for LGBT populations;
USA	Fragmented Health System; Private insurance model; Residual care MEDICARE MEDCAID	Gender equality policy	LGBT	LGBT human rights; Need to end health care disparities in the LGBT population; efforts to halt the spread of HIV.	Understanding the barriers that prevent the organization of health services, as well as the projection of health care systems and health plan training programs that are focused on improving health services and health outcomes for LGBT populations.	Inequalities in access and health care; discrimination and stigma LGBT; Limitations on health insurance; poor quality of services provided due to sexual orientation; lack of vocational training; LGBT disparities in physical and mental health; need for federal and state public health and anti-discrimination policies to address LGBT health disparities; Setbacks caused by the current government (Trump); all populations while LGBT are less likely to access and use health services due to cost.

Discussion

Health Policies And Different Models Of Health Systems

Although public health policies for the LGBT population are an issue that is fully or partially included in the normative and operational guidelines of health service systems in selected countries, few studies have comprehensively explained the aspects related to the policy, health care model and organization of the predominant service for the population (SULLIVAN, 2016).

This aspect is of great importance in view of the numerous and distinct policies identified. Among the various policies, there are similarities such as the development of policies for LGBT aging, observed in the USA, Canada and Australia. Although several advances have occurred almost simultaneously, there is a highlight in the productions analyzed for the advancement of these health policies in the USA. As an example, we can mention the state of Massachusetts containing in Medicaid, health care related to gender transition for trans people, in addition to being one of only 10 states and the District of Columbia, which prohibits transgender exclusions in health insurance coverage Private (HENNING, 2017).

Regarding the North American production, it is interesting to note the expressiveness of publications on the theme of public policies, although it adopts a pluralistic corporate Health System.

A possible hypothesis for the subsequent impulse to continue the North American scientific production on the subject may be related to the unfolding of some strategies spread in the country, among them, “gay pride” and the creation of magazines such as “Come on” in Nova York and “Gay Sunshine” in San Francisco. Studies like that of Henning (2017) argue that, from the end of the 1960s, the scientific field of productions on this theme grows, with evidence for analyzes on the aging process and the health of the LGBT population.

However, it is noteworthy that in the USA, the delay in access to health care is directly related to the development of chronic diseases, since

they have a long course of development, especially cancer. Boehmer (2018) argues that the delay in cervical cancer screening in lesbian women leads to later illness, the study argues that the delay in seeking care is mainly due to discrimination suffered when revealing gender identity and casualties socioeconomic conditions. Such reality is consistent with the country's health system, since it is a liberal, business, permissive system, granted only to employees with low income and elderly people in a situation of poverty, in this logic, this system reinforces the presence of residual assistance, with an exclusive discriminatory status (KATES *et* al., 2018).

Health care models that include specific guidelines for the LGBT population are rare in Europe (BOLDERSTON; RALPH, 2016; DAVIS, 2008). Given this observation, it cannot be said whether there are more effective public health policies and sensitive to the health needs of this population, configuring itself as one of the main limits of the study.

Power and hierarchy are manifested in health systems in a way that makes it more likely that some people will benefit, be supported and advanced, while others tend to be marginalized or less favored. In this perspective, the study by Gonzales Ehrenfeld (2018) discusses how the state policy environment affects the health disparities of sexual minorities, as well as public policies can have a downstream effect on the health of the population, health behaviors and resources needed for better health. Therefore, policy makers should consider the health benefits of legal protections for sexual minorities when discussing new proposals and legislation.

This fact was observed in the publications and policies of different countries, reflecting that in more democratic environments the permeability of discussions about LGBT health care is greater. On the contrary, in liberal, undemocratic countries, LGBT expressiveness is translated into a resistance movement (GONZALES; EHRENFELD, 2016; PIERNAAR *et* al., 2018).

Cultural Competency For LGBT Health Care

A gap in knowledge of LGBT cultural and clinical skills of health professionals and professionals was a common finding in the literature.

According Campinha-Bacote (2002) apud Guzman (2018), cultural competency is the process by which a health professional strives to become able to work properly/effectively within the cultural context of the person, family or community in need of their care. As a result, first of all, there must be a desire/cultural motivation for the development of cultural awareness, cultural skills and cultural meetings.

It is important to point out that the development of cultural competence for LGBT care is also linked to the services in which professionals work. These should provide conditions and a suitable environment for the development of skills. However, “Gender inequalities in health persist with little response from health systems, which is not surprising, because our models of health systems do not guide us to consider or address gender inequalities (SMITH; THOMPSON; LEE, 2016, P.06).

The lack of user embracement for LGBT individuals and the lack of training of professionals leads to the presence of health inequalities and contributes to the increase of micro-aggressions suffered by individuals. According to Patterson et al (2019), micro-aggressions include "conscious micro-aggressions", "micro-insults" and "micro-invalidations". For the authors, microinvalidations include, for example, the absence of questioning about the sexual orientation and gender of the individual by the professional, whereas microinsults refer to the transmission of stereotypes related to LGBT identities as abject or "abnormal".

In this sense, the lack of cultural competence of professionals associated with hostile environments that do not welcome individuals, and the absence of environments for peculiar care, end up restricting the care aspects to specific programs. An example is the discussion about services focused on smoking cessation and mental health, present in the Australian study by Berger and Mooney-Somers (2017), points to an increase in advertising aimed at the LGBT audience, the study highlights the importance of financial support from local and national government to reduce the high

rates of smoking among LGBT, however, points out the reduced amount of services of this nature.

Still in this perspective, Canadian studies such as that of Smith et al. (2016) point to important correlations between the tobacco industry as corporate donors of the National AIDS Fund, with the aim of increasing visibility. The article concludes that transnational tobacco companies aimed to explore competition between health issues and use the AIDS response to improve their reputation and market access. However, AIDS organizations, adhering to broader health goals, while relying on extensive resources and networks, were able to exclude the tobacco industry from much of the response, although pockets of influence still exist (KRINSKY; CAHILL, 2017; HENNING, 2017; DAVIS, 2008; MEYER, NORTHRIDGE; EDS, 2007).

It should also be noted that in addition to the lack of cultural competence by many health professionals, prejudice and the difficulty in accepting diversity make it difficult to implement programs and policies in health services (FINGERHUT; ABDOU, 2017). Discrimination based on sexual orientation and gender identity are considered determinants that lead to maltreatment and the absence of health care. The threat of health care stereotype (ELWOOD *et* al., 2017). which postulates that the threat of being judged and confronted with negative LGBT stereotypes in healthcare environments decreases the general (that is, mainly direct) use of care. The cisheterocentric approach within health services product culturally constructed by compulsory heterosexuality represents one of the main factors of absenteeism of LGBT people from health care (GASPODINI; JESUS, 2020).

In addition to the prejudice and stigma suffered in health institutions by health professionals, LGBT health policies face implementation difficulties related to social determinants of health that affect this specific population. The prejudice suffered combined with specific social contexts (low education and income, experiences of violence, not having a home) increases the risk of the LGBT population for some health situations (SALAZAR *et* al., 2017).

The deficiency in the implementation or articulation of LGBT policies as well as the gaps in their operationalization as demonstrated in this study reveals a cultural trend based on heterosexuality as the only possible

norm for experiencing the sexuality of bodies (GASPODINI; JESUS, 2020; RICH, 2010; BUTLER, 2019). These perfomatic acts inscribed in the culture, in the language repeat the norm of heterosexual sex/gender and cisgender and permeate relations within medical, school, political and family institutions (BUTLER, 2019). Thus, non-cysteronormative sexual and gender identities were historically condemned to stigma and invisibility in view of the widespread belief in the superiority of heterosexuality (FINGERHUT; ABDOU, 2017).

Final Considerations

The present study dealt with the identification and review of scientific publications about health policies for LGBT population in European, North American and Oceania countries with health systems organized according to different characteristics and allowed to identify that, although the LGBT population has conquered several rights and implementation of policies and programs for the qualification of health care, barriers to access to health services at different levels of complexity still prevail. The barriers and fragmentations in care reinforce stigma and discrimination in the health care process, consequently generating inadequate care.

The need to develop more studies is emphasized, in order to identify, for example, the publication gaps in countries such as: Spain, Italy, Portugal and France, which could not be included in this review, as well as signal proposals to overcome the challenges that oppose the implementation of concrete, resolutive policies for the LGBT population. As well as evaluations on organizational aspects of health care and a comparison of the results achieved by actions and outpatient, hospital or PHC-centered services, problematizing the difficulties of implementation of these current policies.

In the face of health inequalities, changes in policies, research and practice through health services that meet the needs of LGBT people, with improved training to address gaps in their knowledge of specific health and health care professionals, can solve several barriers that prevent access to care and potentially become more inclusive and equally accessible to all. While there are challenges to implementing cultural

competence in health systems, they can be an essential tool in reducing LGBT health disparities.

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Políticas De Saúde Para População LGBT, Competência Cultural E Organização Do Acesso Aos Serviços: Uma Revisão Sistemática

RESUMO: Este estudo teve como objetivo analisar o escopo das políticas de saúde pública para a população LGBT em diferentes países do continente europeu, América do Norte e Oceania, a fim de identificar as diferenças e semelhanças no conteúdo e organização dos serviços e programas. 24 artigos foram selecionados para compor o corpus desta revisão. Os resultados demonstraram a existência de diferentes escopos de políticas de saúde para LGBT nos EUA, Canadá, Austrália e Reino Unido e um resultado heterogêneo em relação ao objetivo da implementação de ações, com ênfase no envelhecimento LGBT, cessação tabágica, controle do uso de álcool e outras drogas, bem como políticas de tratamento de câncer e HIV. Houve uma predominância de abordagens limitadas às doenças ou práticas sexuais inseguras, em vez de focar no atendimento integral à população LGBT em diferentes níveis de complexidade no atendimento à saúde. Além disso, as diferenças culturais implicam na concessão de direitos de saúde abrangentes ou restritivos. É necessário melhorar a concepção de políticas de promoção da saúde pública para o gênero e a diversidade sexual que sejam mais inclusivas e concomitantes com outros determinantes que permeiam a atenção integral à saúde.

KEYWORDS: Minorias Sexuais E De Gênero. Políticas De Saúde. Revisão. Sistemas De Saúde. Cultura.

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