

A large, stylized letter 'B' graphic on the left side of the page. The 'B' is filled with a vibrant pink color and has a thick black outline. The interior of the 'B' is divided into sections of yellow and light blue. The graphic is set against a teal background.

COMMUNITY HEALTH PROFILES

Understanding the health needs of the bisexual community: using the Bisexual Community Health Profile

A BOLDER HEALTHIER BIRMINGHAM

Language: Relevant Definitions

Biphobia

- Fear or dislike of someone who identifies as bi based on prejudice or negative attitudes, beliefs or views about bi people

Coming out

- When a person first tells someone about their orientation and/or gender identity

Heteronormativity

- The assumption that somebody is straight/heterosexual as the 'default' option; often erasing LGBTQ+ identities

Data Collection

2021 Census:

- Two **new questions** were included on the 2021
- *Q1: Which of the following best describes your sexual orientation?*

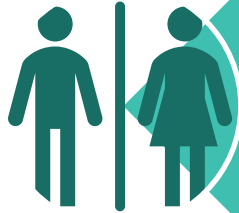


Other Considerations:

- Data that are relevant to the experiences of bi people may include:
 - Sexual orientation identity
 - Sexual behaviour
 - Sexual attraction
 - Relationship status
 - Gender identity and sex assigned at birth



Data Limitations



Grouping by gender: At times bisexual men have been grouped with gay men and bisexual women have been grouped with lesbian women.



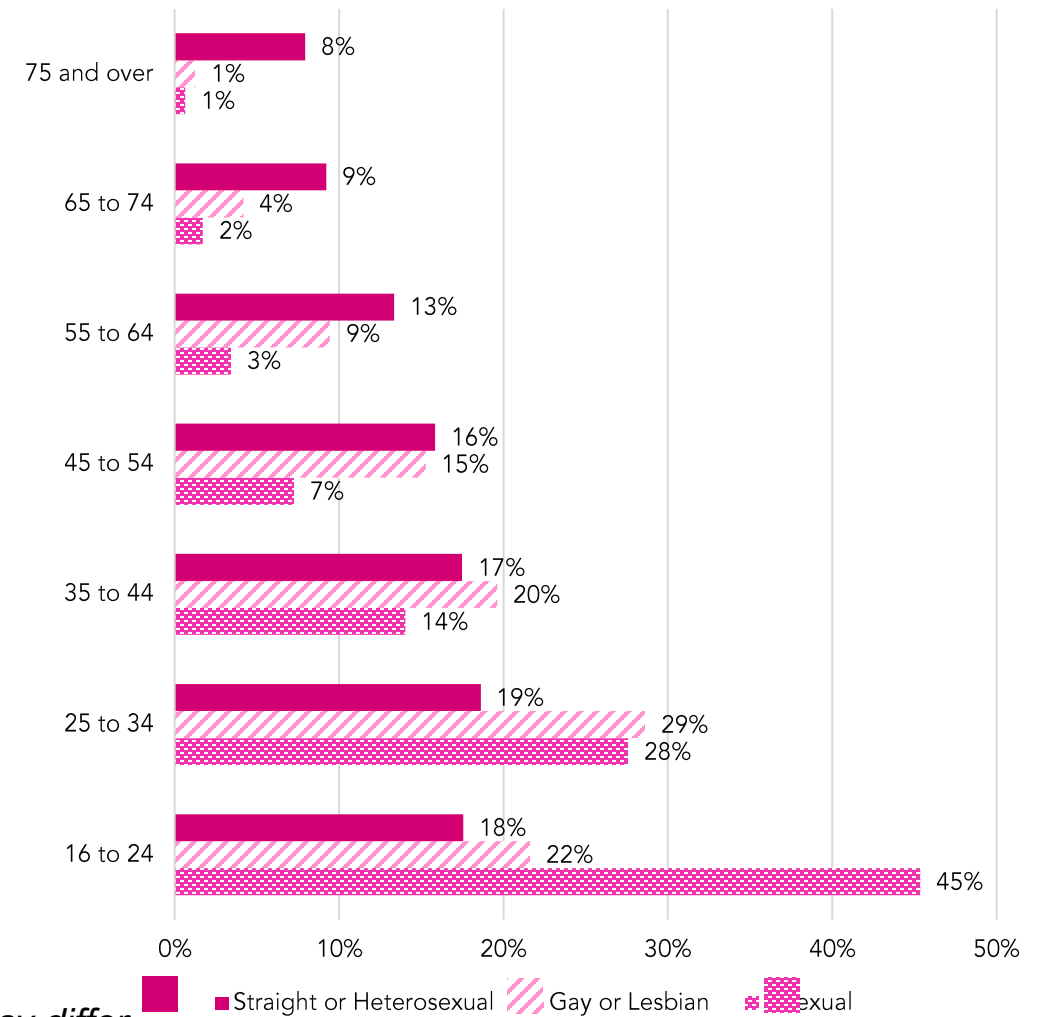
Grouping by LGBTQ+: Often specific bisexual data is unavailable, often being presented as part of the wider LGB+ or LGBTQ+ cohort



Unadjusted Variables: data from GP patient survey (GPPS) and Health Survey for England (HSE) have not been adjusted

Demographic Overview

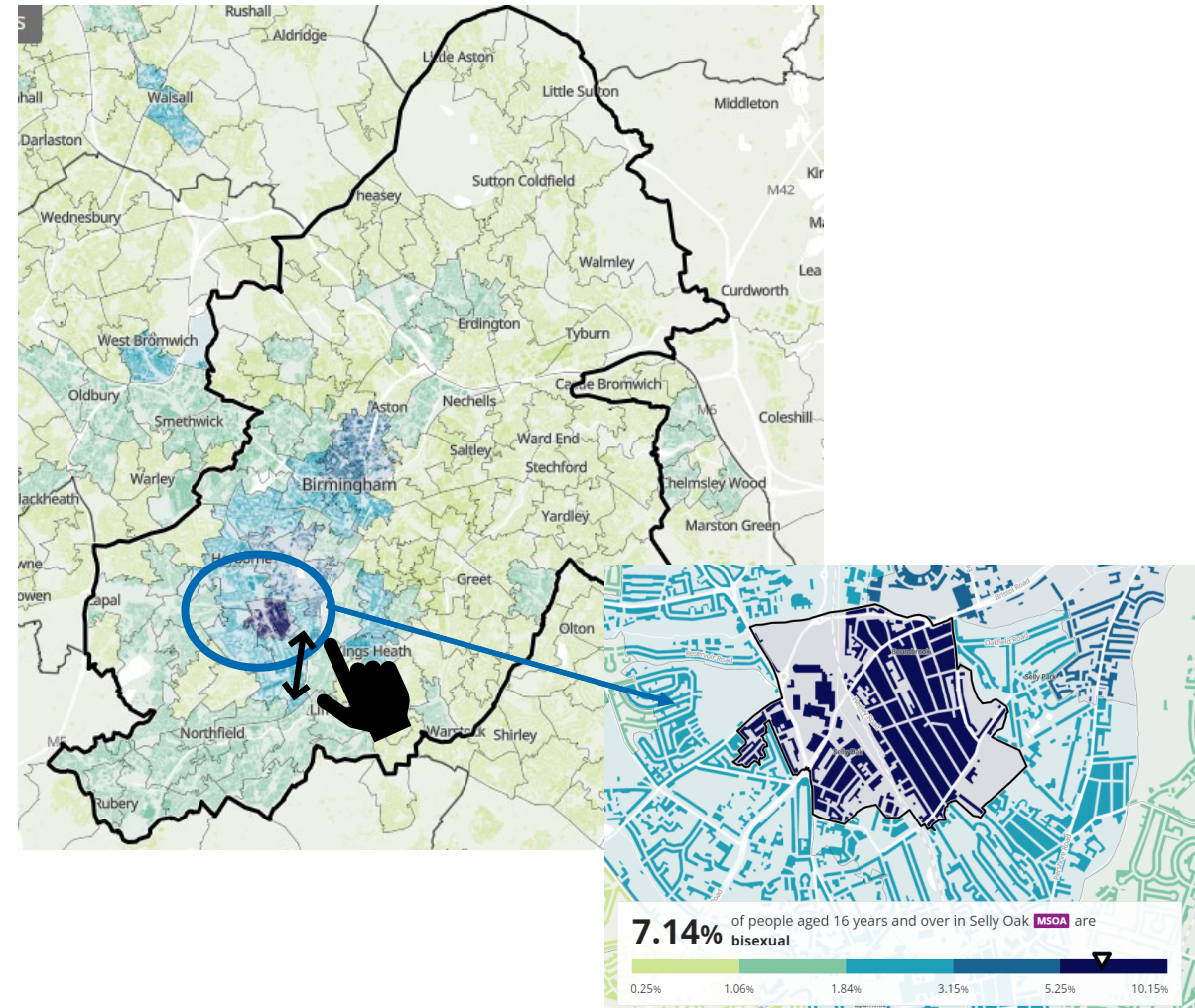
- **Population size:** 11,258 (1.27% of total population)^[1]
- **Sex:** 69% female, 31% male^[1]
- **Religion:** 60% identify as having ‘no religion’ (compared with 24% general population)^[1]
- **Ethnic group:** higher percentage of bisexual people identified as White British (61%) than those identifying as heterosexual or straight (47%)^[1]
- **Age:** 45% of bisexuals were aged 16 to 24^[1]



*All demographic data relates to the Birmingham population only. National data may differ.

Geography Overview

- [Census mapping tool](#): sexual orientation available to MSOA level
- Bisexual identity ranges from 0.3% to 7.1% of MSOAs
- MSOAs by population density:
 1. Selly Oak (7.1%)
 2. Edgbaston South and University (5.2%)
 3. North Central and Dartmouth Circus (3.4%)



Getting the Best Start in Life

- LGBTQ+ young people have a high degree of mental health problems compared with heterosexual peers.
- Analysis of bisexuals conducted from the 2014 Youth Chances project (n=3,275 LGB young adults aged 16 to 25).^[2]

1.7X Higher

odds of lifetime suicide attempt (OR 1.7, 95% CI 1.37 to 2.10)*

1.7X Higher

odds of suicide ideation (OR 1.67, 95% CI 1.42 to 1.95)*

2.1X Higher

odds of future suicide risk (OR 2.09, 95% CI 1.65 to 2.66)*



**Compared with lesbian and gay youth (aged 16 to 25)*

Mental Wellness and Balance

Smoking (STS) and Alcohol Toolkit (ATS) Series^[3]

- Hazardous alcohol consumption: score of 8+ on the [Alcohol Use Disorders Identification Test \(AUDIT\)](#)
- Smoking: when adjusted for sociodemographic factors, statistically significant differences observed only for women.

Hazardous Alcohol Consumption (2014 to 2016)

Bisexual: 24%
(both men and women)

Heterosexual:
18% men, 8% women

Smoking Prevalence (2013 to 2019)

Bisexual: 28%
men, 30% women

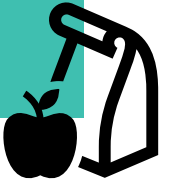
Gay and lesbian:
22% men, 18% women

Heterosexual: 20% men, 17% women



Healthy and Affordable Food

Identified gap for primary data collection: national surveys on food, diet and nutrition do not typically collect data or report results by sexual orientation.




Some data to indicate more bisexual people engage in disordered eating, including:[4]

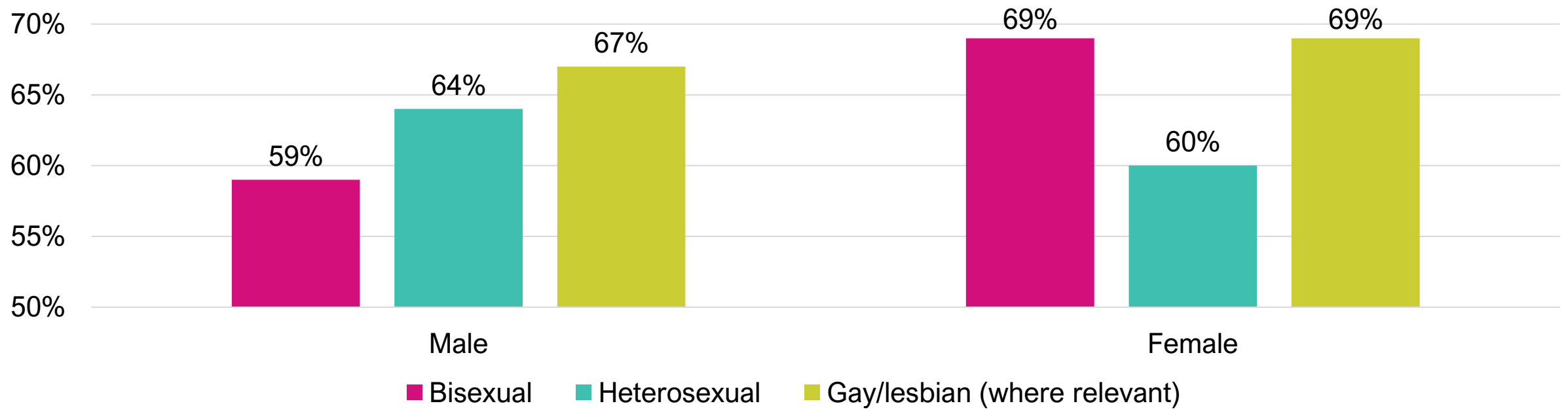
- Increased binge eating, purging and other disordered eating behaviours*
- Bisexual men at higher risk for eating disorders*
- Bisexual women (adolescent and adults) reported greater frequencies of fasting, purging, diet pill use, laxative use, weight cycling, skipping meals*
- Greater body dissatisfaction and weight and appearance concerns*

**compared with heterosexuals*

Active at Every Age and Ability

Active Lives Survey (2020 to 2021)^[5]

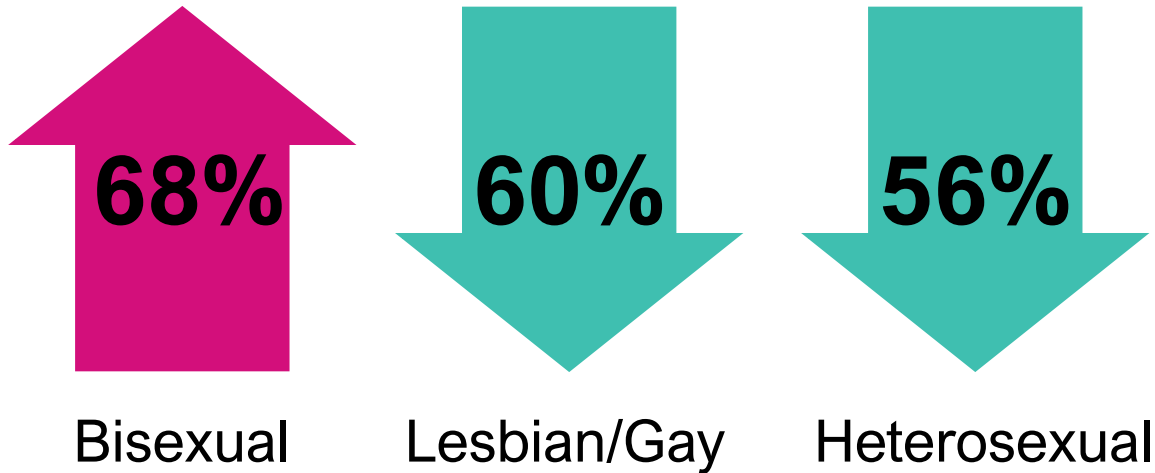
- Physically active: 150 minutes (or more) or moderate physical activity per week 
- Bisexual people reported higher levels of physical activity on average (66%) than heterosexual people (62%)



Living, Working and Learning Well

GP Patient Survey (2023)^[6]

- Long-term health condition, disability or illness:



UK Household Longitudinal Survey (UKHLS) (2011 to 2012)^[7]

Also showed bisexuals were:

- **2.2 times more likely** to report long-term limiting illness (OR 2.17, 95% CI 1.40 to 3.36)
- **2.3 times more likely** to report having one or more disabilities (OR 2.28, 95% CI 1.38 to 3.76)

compared with heterosexual people

Protect and Detect

UKHSA (2021)^[8]

Sexual health data: bisexual men often grouped with gay men and other MSM. Bisexual women often grouped with lesbians and other WSW.

- Bisexual men may be at higher risk from STIs, according to new STI diagnosis rates in England (2021):

7,014.4 per 100,000

Bisexual, gay and other MSM

291.9 per 100,000

Men who have sex with women

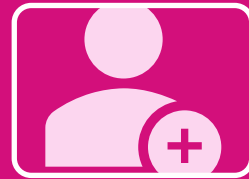


- Bisexual men may be at increased risk of HIV (2020): prevalence of 0.32% among MSM, compared with 0.04% among women.

Ageing and Dying Well

- Very limited data specifically on older bisexual community.
- GP Patient Survey (2023)^[6]:
 - 24% of bisexual people reported feelings of isolation or loneliness in the last 12 months.
 - Higher than among both gay or lesbian (17%) and heterosexual (8%) populations.
- Bisexual people are at particular risk of loneliness and social isolation.

Contributing Factors to Loneliness and Social Isolation



Limited social networks compared with lesbian and gay people



Few social support groups and spaces for bisexual people



Experiences of biphobia limiting ability to 'come out' and experiences of 'double closet'



Increased experience of poor mental health

Other Key Inequality Data and Conclusions

Other Key Inequality Data

Experience of domestic abuse

High prevalence of self-harm

Use of illicit drugs

Lack of understanding from healthcare professionals



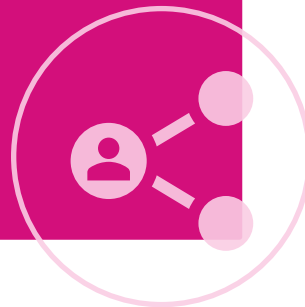
Conclusions:

- Important to decrease stigma and discrimination associated with ‘coming out’ and avoiding heteronormative assumptions to accurately map bisexual people’s experiences with health and wellbeing.
- CHP provide an evidence summary to start building co-produced solutions. Important to note that the CHP is **not** a fully inclusive document that will accurately map the experience of all bisexual people. Should use as a **starting point**.

Opportunities for Engagement: Dissemination of Findings

- ✓ Team members
- ✓ Wider organisation
- ✓ Partner organisation(s)
- ✓ Community organisations working with bisexual people

Have you shared the profile with?



- ✓ Referencing the profile in a new project
- ✓ Including findings in project/service proposal
- ✓ Influencing discussions with relevant stakeholders
- ✓ Making your daily practice more inclusive

Have you used the profile by?



References and Further Reading

General Reading

- Stonewall: [Bi Visibility Hub](#)
- ONS: [2021 census overview for sexual orientation](#)

References

[1] [ONS Custom Data Tool](#)

[2] Rimes KA, Shivakumar S, Ussher G, Baker D, Rahman Q, West E. Psychosocial factors associated with suicide attempts, ideation, and future risk in lesbian, gay, and bisexual youth. *Crisis*. 2018;40(2):83-92

[3] [Smoking Alcohol Toolkit Study](#) (*CHP report references multiple smaller research journals which have conducted data analysis on the STS and ATS*)

[4] Parker LL, Harriger JA. Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature. *J Eat Disord*. 2020;8:51

References and Further Reading (2)

References

[5] [Sport England. Active Lives Survey, 2020](#)

[6] [NHS England. GP Patient Survey, 2023](#)

[7] Booker CL, Rieger G, Unger JB. Sexual orientation health inequality: Evidence from Understanding Society, the UK Longitudinal Household Study. *Prev Med.* 2017;101:126-32

[8] [UK Health Security Agency. National STI surveillance data, 2021](#)