



LGBTQIA+ health in rural America

Authors: Beth O'Connor, Kaitlin Phelon, Bryan Price, Nikki King, Hannah Putnam-Johnson, Rachel H. Blanton, Eneka Lamb, Lauren Canary

Introduction

LGBTQIA+¹ populations have historically faced health disparities linked to stigma and discrimination.ⁱ LGBTQIA+ individuals have a higher prevalence of mental health disorders and are less likely to disclose their sexual orientation or pursue treatment due to past discrimination.ⁱⁱ These disparities can be exacerbated when LGBTQIA+ individuals live in rural communities because of limited choices in health services and closer social networks.ⁱⁱⁱ

This policy brief will help expand understanding on how rural communities can be better prepared to support LGBTQIA+ individuals and their families.

Approximately 2.9 to 3.8 million LGBTQIA+ individuals live in rural communities across the United States.^{iv} These individuals face the same challenges as many other rural Americans, including limited access to care, education, and housing; a growing opioid epidemic; and job loss. These challenges can be even more difficult for those who identify as LGBTQIA+ because of fewer providers and employers with specific training in LGBTQIA+ health issues.^v Therefore, many LGBTQIA+ individuals experience poorer health outcomes compared to their heterosexual and cisgender counterparts.^{vi} LGBTQIA+ individuals in rural communities also tend to experience more disparities in health outcomes and develop more health risk behaviors compared to LGBTQIA+ individuals in urban areas, potentially impacting access to quality health care over time.^{vii}

Limitations in addressing the issue

One major limitation to addressing LGBTQIA+ health and health care in rural areas is the lack of research on the individual and group experience of LGBTQIA+ individuals. This is due to the fact that individuals within this community have been historically excluded from research participation and collaboration.^{viii} With the exception of HIV, programs and policies specific to LGBTQIA+ populations are underfunded, prone to bias, and challenged by anonymity/confidentiality issues.^{ix} Moreover, questions regarding sexual orientation and gender identity are also excluded from the

A rural case study

Six years ago, when Kyle and Jennifer Christianson's firstborn child was in ninth grade, he came out to them as a gay man. Kyle and Jennifer quickly realized that they did not know where to turn for medical guidance in their rural Iowa community. Although Kyle was a family practice physician and Jennifer a nurse at UnityPoint Health, a regional medical provider, they had little personal or professional experience in dealing with the health care and behavioral health needs of LGBTQIA+ youth.

As they reached out to colleagues and conducted research, Kyle and Jennifer learned how few in-person behavioral health options were available for patients like their son, Ben, in the vicinity of their home in Cedar Falls, a town in the northeastern section of Iowa. "We spent probably a year seeking help," recalled Kyle, a broad-shouldered man of 50, with open features and an empathetic presence. "My physician colleagues couldn't direct me. My insurance sent me to a sex therapist who had never had a LGBTQIA+ youth patient. In other words, nobody knew what to do. I didn't know what to do as a physician or as a parent to support my child." (Tuller, 2020)

This vignette illustrates the reality facing many LGBTQIA+ individuals, their families, and clinicians living in rural areas.

¹ LGBTQIA+ is an umbrella term that includes a member of lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual populations.



census, the leading source of information on the United States population.^x This results in limited information on core issues facing the LGBTQIA+ community and how to best address them.

Many health care providers do not routinely discuss sexual orientation or gender identity (SO/GI) with patients, and many health care facilities have not developed systems to collect structured SO/GI data from patients.^{xiv} Without this information, LGBTQIA+ patients and their specific health care needs may not be identified and the health disparities they experience may not be addressed, resulting in important health care services not being delivered. Such services include appropriate preventive screenings, assessments of risk for sexually transmitted diseases and HIV, and effective interventions for behavioral health concerns that can be related to LGBTQIA+ experiences.^{xiv}

Policy considerations

As previously noted, there are fewer health care providers and services in rural communities compared to urban and suburban areas. This results in less access to specialty and general care, as well as limited options when specific LGBTQIA+ services are not available. Programs must be designed to engage rural communities, promote unity, and enact beneficial change for the entire community. Among other challenges, rural LGBTQIA+ people are less likely to have explicit nondiscrimination protections and have fewer alternatives when facing discrimination.^{xiii} Although LGBTQIA+ people in rural areas face many of the same challenges as their neighbors, they experience different consequences, and the many structural challenges of living in rural communities can often amplify LGBTQIA+ experiences of both acceptance and rejection.^{xiii}

Health care facilities should develop systems to collect structured SO/GI data from all patients. Without this information, LGBTQIA+ patients and their specific health care needs may not be identified, targeted, and addressed. Similarly, without insights into social determinants, health professionals may be hampered from truly delivering quality care.^{xv} Collecting SO/GI information from patients in health care settings and entering the data into electronic health records has been recommended by the Institute of Medicine, the Joint Commission, and other medical and policy experts as key steps to measuring and addressing multiple health disparities among LGBTQIA+ populations.^{xi xii} Routine SO/GI data collection and reporting are considered critical not only for population health management but also for facilitating clinical decision support and promoting culturally affirming, patient-centered care. Adequate surveillance data on LGBTQIA+ health disparities are needed to guide health care efforts at organizational and national levels. For clinicians, knowing the SO/GI of patients helps tailor prevention and improve rapport, as long as clinicians also receive training in effective communication, SO/GI core concepts, and LGBTQIA+ health care best practices.^{xvi}

Finally, general socioeconomic disparities intersect with LGBTQIA+ identity due to compounding experiences of discrimination. For example, people who identify as LGBTQIA+ are less likely to have employer-provided health insurance.^{xiii} The socioeconomic disparities within this community must be addressed to ensure all individuals regardless of financial status are able to reap the benefits of any health programs. This is especially important in rural communities that have seen limited Medicaid expansion.

Call to action

Health care workers in rural communities have the unique opportunity to promote diversity, inclusion, equity, and cultural competence within the greater community. This can be done by providing support to the LGBTQIA+ community through the promotion of an inclusive and affirming health care setting with education and resources regarding LGBTQIA+ health that are easily accessible to all. This will help



improve community health overall as well as cultural values and norms regarding LGBTQIA+ individuals. Rural stakeholders need to explore how to leverage rural culture as a positive aspect to support affirming rural environments.^{xiv}

It is also important to consider intersectional identities among LGBTQIA+ individuals and the increased barriers they may face. For example, those who are transgender may face additional discrimination due to their gender identity compared to their fellow cisgender community members, who may face discrimination regarding their sexual orientation. Members of the LGBTQIA+ community who are also persons of color may also face additional discrimination based on their race, ethnicity, or immigration status, which is only compounded by the bias they may face based on their sexual orientation, gender identity, or gender expression.^{xv}

Policy recommendations

Rural health care organizations have the opportunity to take a leadership role in addressing community-level disparities in LGBTQIA+ care. Recommended policy actions include:

- Provide federal grant funding for educational programs designed to train health care workers in rural communities on how to address LGBTQIA+ health inequities and offer workers support to complete those programs (e.g. time off, CEUs, cultural competence training) similar to existing cultural competency programs.
- Create inclusive medical and behavioral health guidelines and recommendations in promoting and including pronoun usage in rural health care settings or modifying health information technology and electronic medical records to include pronouns and gender identities. Guidelines should follow recommendations made by the Centers for Disease Control and the American Hospital Association.
- Enhance and establish policies to create more protections for LGBTQIA+ individuals seeking health care in rural areas.
- Begin collecting information and research specifically on LGBTQIA+ individuals within rural communities regarding health care challenges and how it may affect overall health and outcomes.

Conclusion

LGBTQIA+ individuals face the same challenges as many other rural Americans, but these disparities can be exacerbated when LGBTQIA+ individuals live in rural communities because of limited choices in health services and closer social networks. Concerted efforts need to occur in rural areas around health care workforce education, inclusive systems of care, policies that address discrimination, and targeted data collection efforts.

ⁱ US Department of Health and Human Services Office of Disease Prevention and Health Promotion. (2022). Lesbian, Gay, Bisexual, and Transgender Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

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- ^v Fadel, L. (2019, April 4). New study: LGBT people a 'fundamental part of the fabric of rural communities'. NPR. https://www.npr.org/2019/04/04/709601295/lgbt-people-are-a-fundamental-part-of-the-fabric-of-rural-communities?utm_campaign=storyshare&utm_source=facebook.com&utm_medium=social
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- ^x United States Census Bureau. (2019, October 3) *Census Bureau 101 for Students*. United States Census Bureau. <https://www.census.gov/programs-surveys/sis/about/students101.html#:~:text=The%20U.S.%20Census%20Bureau%20is,changing%20characteristics%20of%20our%20communities>
- ^{xi} Institute of Medicine. 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13128>
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- ^{xv} HHS Updates Interoperability Standards to Support the Electronic Exchange of Sexual Orientation, Gender Identity and Social Determinants of Health, 2021 <https://www.hhs.gov/about/news/2021/07/09/hhs-updates-interoperability-standards-to-support-electronic-exchange-of-sogi-sdoh.html>
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