

Key Informant Perspectives on Supporting Health and Well-Being for LGBTQ+ Rural Residents

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Key Findings

- Respondents from national LGBTQ+ support and advocacy organizations identified the two most common health challenges for rural LGBTQ+ residents as a lack of resources and limited cultural competency among providers and health care staff.
- Recommendations for policy changes to improve health and well-being for rural LGBTQ+ individuals highlighted the importance of non-discrimination policies and provider and community education.

Purpose

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) individuals live in every community in the U.S., but may not experience equally hospitable and supportive environments. This policy brief presents findings from interviews with national LGBTQ+ support and advocacy organizations regarding challenges to physical and mental health and well-being for LGBTQ+ individuals in rural communities, as well as recommendations for improving the ability to meet the needs of LGBTQ+ individuals living in rural areas.

Background and Policy Context

Estimates indicate that LGBTQ+ individuals make up approximately 3-5% of rural residents in the U.S., equaling approximately 3 million people.¹ While rural areas have many strengths, including strong social cohesion, larger friend and family networks, and myriad examples of innovation and resourcefulness, it is not clear whether or how those benefits extend to LGBTQ+ rural residents.²⁻⁵ Rural areas also face specific challenges related to health and well-being, including lower socioeconomic status, fewer health care resources, and health care workforce shortages.⁶⁻⁸ The impact of intersecting challenges related to rurality combined with those related to sexual orientation and gender identity are not well known. More information is needed from experts focused on LGBTQ+ health on the specific challenges and opportunities related to supporting the well-being of LGBTQ+ rural residents.

Approach

For this study, we reached out to representatives from 22 national LGBTQ+ support and advocacy organizations. These organizations were selected based on their national reputation and expertise in LGBTQ+ issues, with input from subject matter experts, the Federal Office of Rural Health Policy and other federal agencies, and the key informants themselves.

Of the 22 organizations contacted, we interviewed representatives from 14 organizations (Table 1). These 14 organizations are located across the U.S. with largely national foci on LGBTQ+ issues. They included organizations dedicated to support, education, capacity-building, advocacy, research, direct service provision, and fostering community partnerships. Some organizations are directly involved in physical or mental health services, though all representatives were able to speak about how their work related to health and well-being among rural LGBTQ+ individuals. While no organizations were solely focused on rural individuals, they all noted the importance of including rural individuals and rural communities in their work.

Interviews were completed between October 2021 and January 2022 via Zoom, with one respondent answering questions in writing. Participants answered questions

about their organization's role nationally and in rural areas, as well as two other open-ended questions:

- What do you see as the biggest challenges to supporting the mental and physical health needs of LGBTQ folks in rural communities?
- What are examples of policy changes that you think would improve the ability to meet the mental and physical health needs of LGBTQ folks in rural communities?

Open-ended responses were coded by two research team members and the themes for each question were agreed upon by both team members.

Results

Challenges Experienced by Rural LGBTQ+ Populations

Respondents discussed many different challenges to physical and mental health and well-being faced by LGBTQ+ individuals in rural communities (Figure 1). The top two themes noted by respondents were **lack of resources** and **lack of cultural competency** in rural communities. (Note: the term "cultural competency" was the language used by respondents). The lack of resources conveyed by key informants were mostly related to the scarcity of financial and tangible resources to support LGBTQ+ individuals in rural communities, particularly when compared to the wealth of resources available in most urban communities. These challenges also included responses about the lack of specific resources and infrastructure, such as broadband, transportation, and housing, as well as a lack of resources for health care providers. One respondent summarized,

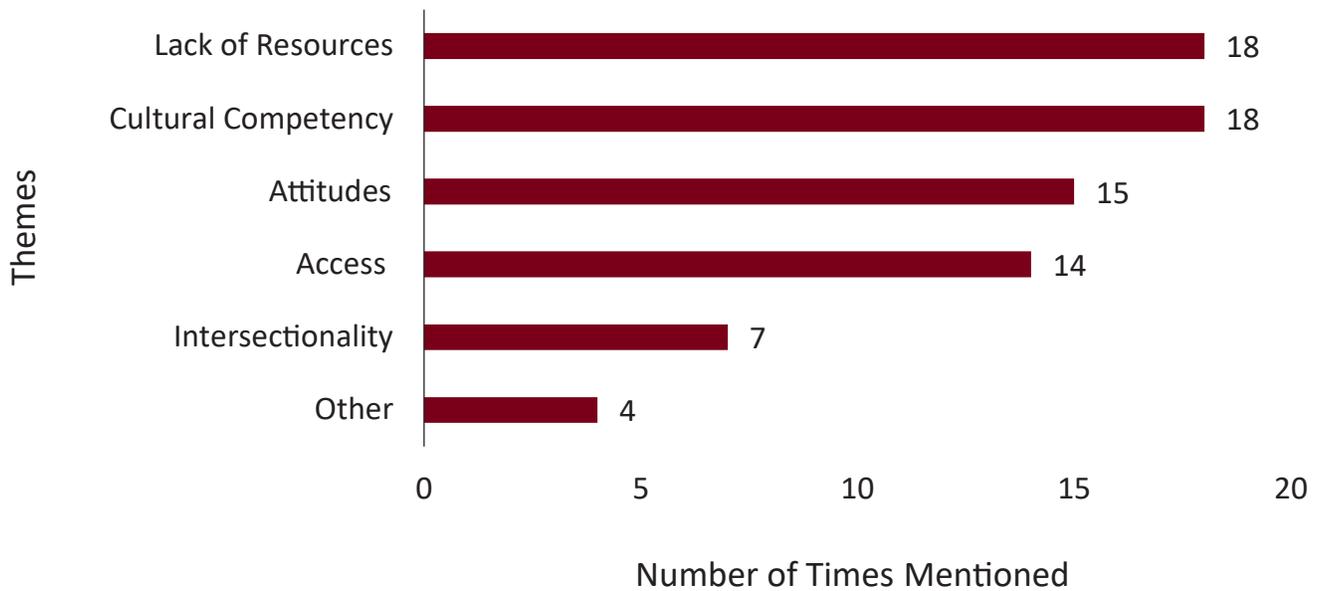
"There are just fewer resources available to rural areas. When we think about being a minority within an already underserved rural area, it compounds barriers that people experience"

The theme of limited cultural competency encompasses challenges faced by LGBTQ+ individuals in rural communities, particularly with health care providers. Respondents noted concerns with providers who are not LGBTQ+-affirming and/or do

Table 1. List of Organizations

Organization Name	Link to Website
Centerlink - The Community of LGBT Centers	https://www.lgbtcenters.org/
Fenway Institute - The National LGBTQIA+ Health Education Center	https://fenwayhealth.org/the-fenway-institute/education/the-national-lgbtia-health-education-center/
FORGE	https://forge-wi.org/
GLSEN	https://www.glsen.org/
HealthHIV	https://healthhiv.org/
Human Rights Campaign (HRC)	https://www.hrc.org/
Movement Advancement Project (MAP)	https://www.lgbtmap.org/
NALGAP - The Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies	https://nalgap.org/
National Institutes of Health - Gender & Sexual Minority Research Office	https://dpcpsi.nih.gov/sgmro
National LGBT Cancer Network	https://cancer-network.org/
PFLAG	https://pflag.org/
SAGE - Advocacy & Services for LGBTQ+ Elders	https://www.sageusa.org/
The Rainbow Clinic (University of Nebraska - Lincoln)	https://psychology.unl.edu/pcc/specialty-clinics
WPATH - World Professional Association for Transgender Health	https://www.wpath.org/

Figure 1. Challenges to LGBTQ+ Health and Wellness in Rural Communities



Note: Some themes were mentioned in multiple separate instances within the same interview; in those cases, each instance was counted.

not have up-to-date information for treating LGBTQ+ patients. One respondent commented,

“If there is discrimination or lack of cultural competency at the doctor, there may be no alternative in town – discrimination is not uniquely rural, but when it happens in rural the impact is much more profound.”

Some respondents specifically described a lack of knowledge for the care of transgender individuals in rural areas or concerns about treatment and care for more specific populations, such as older LGBTQ+ rural residents living with HIV.

Key informants raised other challenges for rural LGBTQ+ populations, including **attitudes**. This included fear among rural LGBTQ+ individuals about their own safety and well-being that prevented them from accessing care or led to individuals remaining closeted. Attitudinal concerns also included stigma (stemming from conservatism or an assumption that LGBTQ+ individuals did not live in their communities) and discrimination (in health care settings, often resulting in negative experiences receiving care) targeting LGBTQ+ people that negatively impacted their health and well-being.

Access to care was another prevalent theme, referring to the general concern about the lack of access to care

experienced in rural areas, such as limited health care facilities, a lack of providers – including mental health providers—high health care costs, and delayed care. One respondent noted,

“There’s a problematic assumption among many people that if you’re LGBTQIA+, you’d want to move to urban areas. But, many people would prefer to remain in their rural communities, but just need access to services there.”

Finally, **intersectionality** was mentioned by multiple key informants. Specifically, respondents discussed the concerns that are elevated at the intersections of rurality and LGBTQ+ identity, and how those may combine to negatively affect the health and well-being of LGBTQ+ rural residents.

Recommendations Provided by Key Informants

Interview participants provided numerous recommendations for how to best leverage public policy to improve the physical and mental health and well-being of LGBTQ+ rural residents. The top two themes among participant recommendations were for policies related to non-discrimination and for policies to improve education (Figure 2).

Non-discrimination protections were most often the

first recommendation named by participants. These suggestions focused on improving non-discrimination laws and other protections for LGBTQ+ individuals in all realms of their lives (inside and outside of health care), both federally and on the state and local levels. One respondent commented that,

“Religious exemptions in health care are especially difficult, allowing people to exclude themselves from non-discrimination laws.”

When a rural provider is allowed a religious exemption, there may not be other providers for rural LGBTQ+ residents to visit in their community. The shortage of mental health providers in rural areas may only worsen access to mental health care for rural LGBTQ+ populations when mental health providers deny patients based on religious grounds. Key informants also included specific policy recommendations for assuring non-discrimination on the basis of sexual orientation and gender identity in harassment policies, including in rural education, employment, and housing settings.

The focus of many of the policies in the education

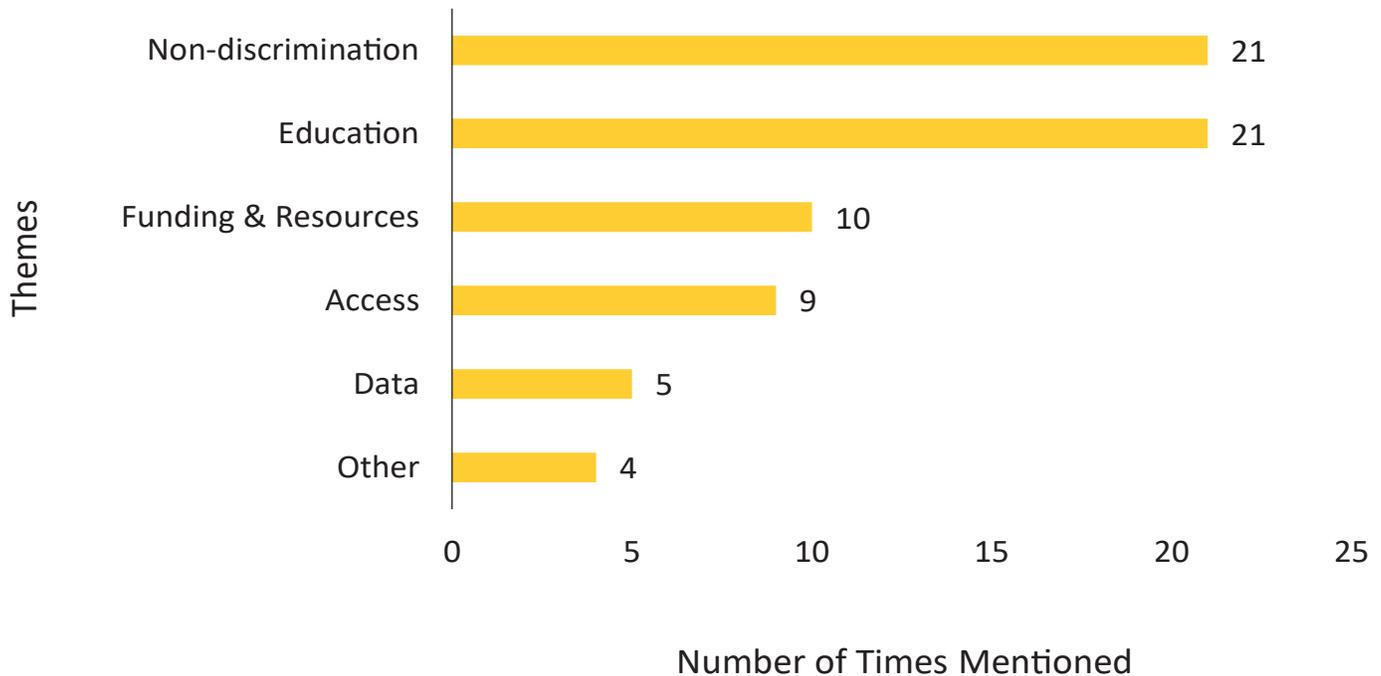
theme was to improve and mandate training for providers and health care staff to focus on how best to provide care to LGBTQ+ patients. These suggestions included education through medical school, on-the-job training, and continuing education, and several noted the need for all health care staff (not just providers) to be educated about interacting with LGBTQ+ patients. One participant mentioned,

“The most important thing is to make sure everybody who is coming out of medical school, and therapist training, is prepared to work with LGBTQ folks, so when they end up in small towns they know what to do.”

Respondents also stated a need to increase general awareness in rural communities about LGBTQ+ individuals and to promote diversity more broadly.

Other recommendations provided by key informants included improved funding and resources for programming and supports, both tangible and intangible, and improving access to health care. Ideas for addressing access included a focus on telehealth as an essential pro-

Figure 2. Recommendations for Policy Change



Note: Some themes were mentioned in multiple separate instances within the same interview; in those cases, each instance was counted.

vider for rural patients to ensure their ability to access affirming and competent providers. One respondent commented that,

"I do think the trans community has a unique relationship with the internet, which is a tremendous tool for reaching rural populations. I think we too often think in terms of face-to-face service providers. Now, especially in our post-Zoom world, that thinking is way too limiting."

Finally, improvements in data and data collection were suggested by multiple respondents, stressing the importance of collecting sexual orientation and gender identity data through a variety of mechanisms.

Discussion and Implications

Our interviews with national LGBTQ+ support and advocacy organizations indicate that there are many barriers to health and well-being specific to rural LGBTQ+ individuals, but they also indicated opportunities for policy change to improve health, well-being, and quality of life for LGBTQ+ rural populations. Other rural health organizations are also recognizing the importance of addressing concerns related to LGBTQ+ health,⁹ which is critical to seeking changes in policy and practice to improve health and well-being among rural LGBTQ+ individuals.

Respondents identified multiple barriers, including a lack of resources in rural communities and a scarcity of culturally competent providers for LGBTQ+ patients. However, there are ongoing efforts that could improve these situations. Telehealth is one area of opportunity that could help connect patients with LGBTQ+ affirming providers, and the past two years under the national Public Health Emergency have enabled higher rates of utilization of telehealth with increased reimbursements for telehealth providers.¹⁰ While telehealth could improve access to care, internet-based health care presents its own issues, including state-by-state provider licensure laws and whether health plans cover telehealth, as well as broadband internet access challenges still common in many rural communities.¹¹⁻¹³ Though there are some potential solutions to improving access to care, including licensure compacts and/or reciprocity between states for some types of practitioners,¹⁴ more research is needed to investigate and identify best practices in

telehealth care specifically for rural LGBTQ+ patients.

Respondents also stressed the importance of passing and implementing non-discrimination policies at the federal, state, and local levels that protect people on the basis of sexual orientation and gender identity. The need for such protection has taken on new urgency in the face of recent anti-transgender legislation in several states that seeks to restrict access to health care and other opportunities on the basis of gender. This year, 2022, is currently on pace to have a record-breaking amount of state legislation designed to limit access to services, resources, and information for transgender individuals, with a particular focus on transgender youth;¹⁵ such legislation negatively impacts access to social services, resources, and health care for LGBTQ+ rural residents, and anti-LGBTQ+ legislation can have a direct negative impact on health and well-being by increasing stigma and discrimination.¹⁶⁻¹⁸

Overall, this study demonstrated that there are many challenges faced by LGBTQ+ rural residents, but representatives of national LGBTQ+ support and advocacy organizations also saw some hope and opportunity for improvement. One respondent noted that,

"People in rural [areas] may assume that people around them aren't supportive and don't talk about it [being LGBTQ+]. Most people are supportive, but there is just no one talking about it. If someone can speak out, it gives speech for others."

The considerations summarized here regarding policy recommendations for improving health and well-being for LGBTQ+ individuals in rural communities can help to advance discussions and further research for how to address the challenges faced by LGBTQ+ individuals in rural communities.

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