

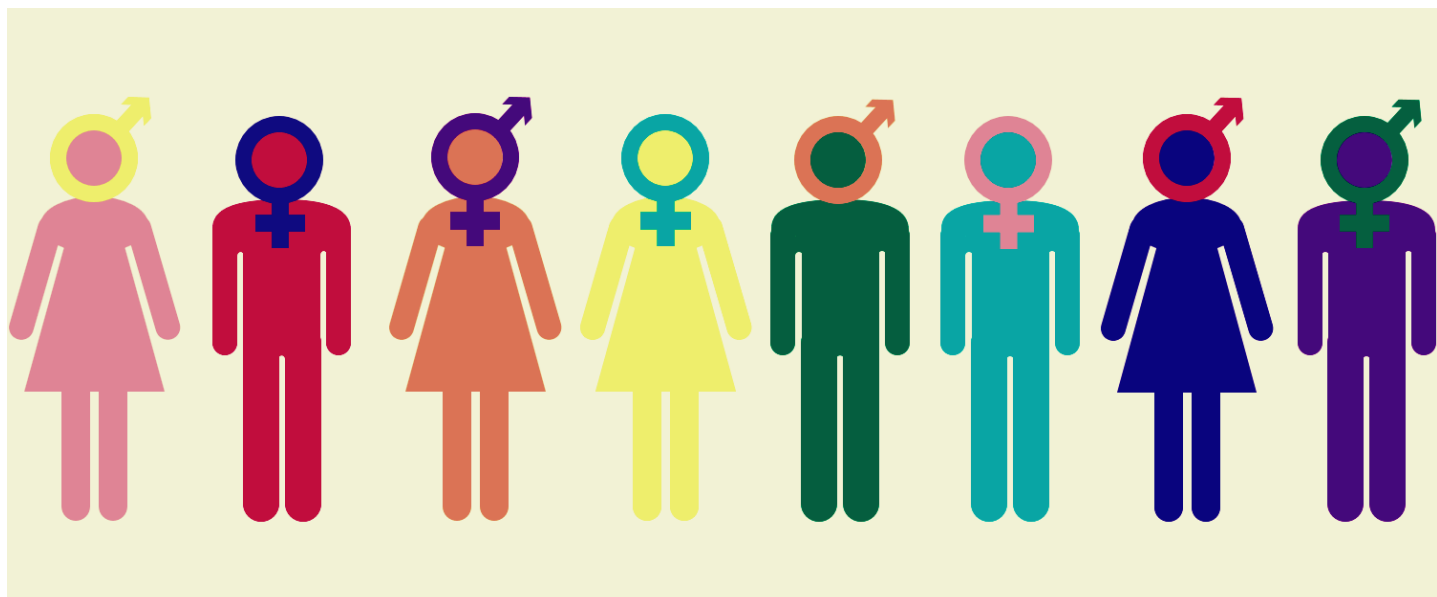
# Coming Out, Losing Out, Moving Out:

The Exodus of the LGBTQ+  
Community from Rural America



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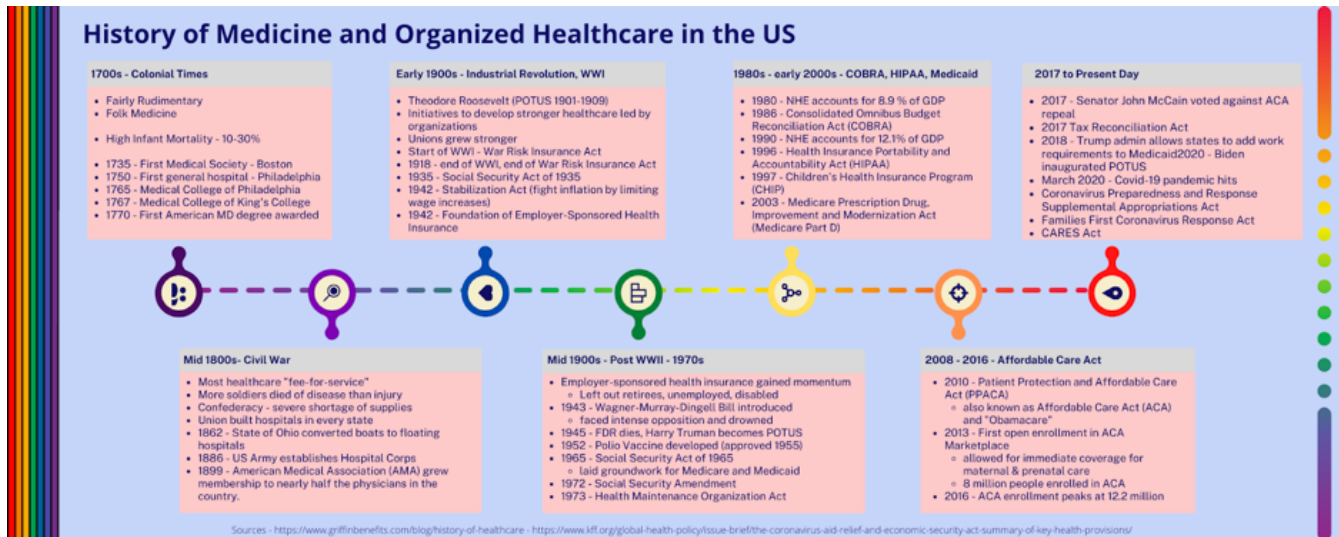


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# Introduction

The queer population is leaving rural communities due to lack of access to affirming healthcare. This is a result of stigma, judgment, lack of education, lack of funding, lack of understanding, all create a toxic environment that no one would prefer to exist in. This judgment results in an exodus to larger areas, where affirming healthcare is more prevalent and visible, and where communities embrace difference, not persecute it.



Most LGBTQ individuals will tell you that all they want is to be respected and understood by their healthcare providers. As a member of the LGBTQ+ community, I can attest to this statement. We want to be respected as human beings, and receive healthcare from individuals who are well-versed in the ways queer individuals experience the world.

**Our team's primary research question is:**

**Do rural communities provide affirming healthcare for queer populations?**

Unfortunately, there is little research to show the impact of community size to access to affordable, affirming healthcare for LGBTQ+ individuals. There are small, independent studies, however, our group has been unable to locate any nationally-funded research studies focusing on the queer population and community size. This lack of research puts forward the notion that there is not a problem with queer individuals finding and accessing affirming healthcare. If research is not being done, no problems can be identified. Our group conducted a survey, with results indicating that rural communities may not have the resources, education, or training necessary to provide affirming healthcare to the queer population. Due to the lack of resources available, queer individuals are relocating to communities that have resources and affirming healthcare options available.



# Challenge Landscape

## Root Causes

### Causal Loop Link:

- [Health Care Provided to LGBTQ Members \(link\)](https://bit.ly/LGBTQ-Healthcare)  
<https://bit.ly/LGBTQ-Healthcare>

- **Rural Depopulation**

One root cause that contributes to the lack of LGBTQ+ affirming healthcare in rural communities is the major depopulation that has taken place over the past couple decades. Across the United States 24 percent of counties are depopulating, and of those, 91 percent are defined as rural (Johnson & Lichner, 2019). This outmigration is mostly due to younger adults moving away, which in turn leads to fewer births for rural communities. Overall, depopulation has general effects on rural communities as it adds to a lowering of services, markets, activities, and diversity, making it hard to seek affirming healthcare for individuals of the LGBTQ+ population. Further, finding allies in a declining population that was small to begin with can be difficult.

- **Stigma/Media Representation**

Stigma against the LGBTQ+ community has been active in this country since European settlers obliterated the Native American population through disease and colonization. Until 1973, when the Diagnostic and Statistical Manual officially removed homosexuality from the list of mental illnesses, many non-heterosexual activities were deemed immoral, unethical, or illegal. Anecdotal accounts support the evidence that LGBTQ+ individuals "experience inequality when receiving health care services." (Ayhan Balik et al., 2020). Prior to HIPAA regulations, the fear that medical personnel would "out" clients to their families and community was a primary reason for not disclosing LGBTQ+ status. It still happens today: in rural areas, the fear of discrimination and "outing" to families and community members is a great deterrent to seeking affirming healthcare. LGBTQ+ individuals "experience dissatisfaction in health care settings, are less likely to seek health care services than heterosexuals, receive less benefit from health care services, and experience negative communication with health care professionals." (Ayhan Balik et al., 2020).

Media outlets are the mouthpiece to the world. Headlines, social media clickbait, soundbites; they all contribute to opinions and marketing of those opinions. There are pros and cons to the use of social media, particularly when attending to controversial topics. "The squeaky wheel gets the grease" is one way to describe the social media realm. The more clicks, likes, followers, etc, the more popular the conversation, which results in higher representation (positive and negative). "Researchers found the lesbian, gay, bisexual, transgender (LGBT) community runs into obstacles when trying to access healthcare due to gaps in coverage, social stigmas, and discrimination, among others." ("Diversity & Inclusion in Nursing | Duquesne University", 2020)



- **Economics**

Economics are a large root cause for the lack of affirming healthcare in rural LGBTQ+ communities. With the rate of uninsured people in the LGBTQ+ community being at least 4% higher than those who are not in the LGBTQ+ community (Emlet, Charles A), oftentimes those who are uninsured will have to bear the full financial burden of medical treatment on their own. Having to pay for medical expenses on their own leads LGBTQ+ community members to not seek the medical treatments they may need, due to being unable to afford treatments. "While North Dakota has a lower percentage of uninsured people than America as a whole, the rates of non-insurance climb for persons living in rural areas and on American Indian reservations" (University of North Dakota).

Another economical issue is providing a place to receive affirming healthcare, "North Dakota has fewer rural physicians per 10,000 residents than the United States as a whole" (University of North Dakota), Most rural communities in the US are heavily economically driven. In order to provide affirming healthcare in rural communities it will cost money for; education, facilities, providers, and many other factors. Since there are less affirming healthcare providers in rural communities that leads to LGBTQ+ members leaving. This inaccurately shows these economically driven communities there is "less" of a need to provide the funding for affirming healthcare since there are less members, which has created a loop in which no change is created even though it is desperately needed.

## **Symptoms**

- **Lack of Legal Protections**

Legal protections in America are something that a lot of people count on. Whether it is protection for work, housing, health, and economically. However, unfortunately legal protections is a huge issue for the LGBTQ+ community, in fact, "In 31 states there is still no employment discrimination protection for transgender people. While the Supreme Court declared same-sex marriage legal in 2015, the precedent of denying and discrediting people's relationships has left its mark; today private businesses and individuals continue to discriminate against same-sex couples."(Centerforhealth) The lack of protection that LGBTQ+ communities face legally especially rurally, often causes more discrimination and stigmas that affect their lives in the long term for example; because of the discrimination and lack of protection "LGBTQ+ people are less likely to have access to higher education, larger salaries, safe housing, and other resources that make good health possible. They're more likely to face barriers to good behavioral, oral, and overall health, from the toxic stress of stigma and violence to the denial of coverage for their health needs"(Centerforhealth).

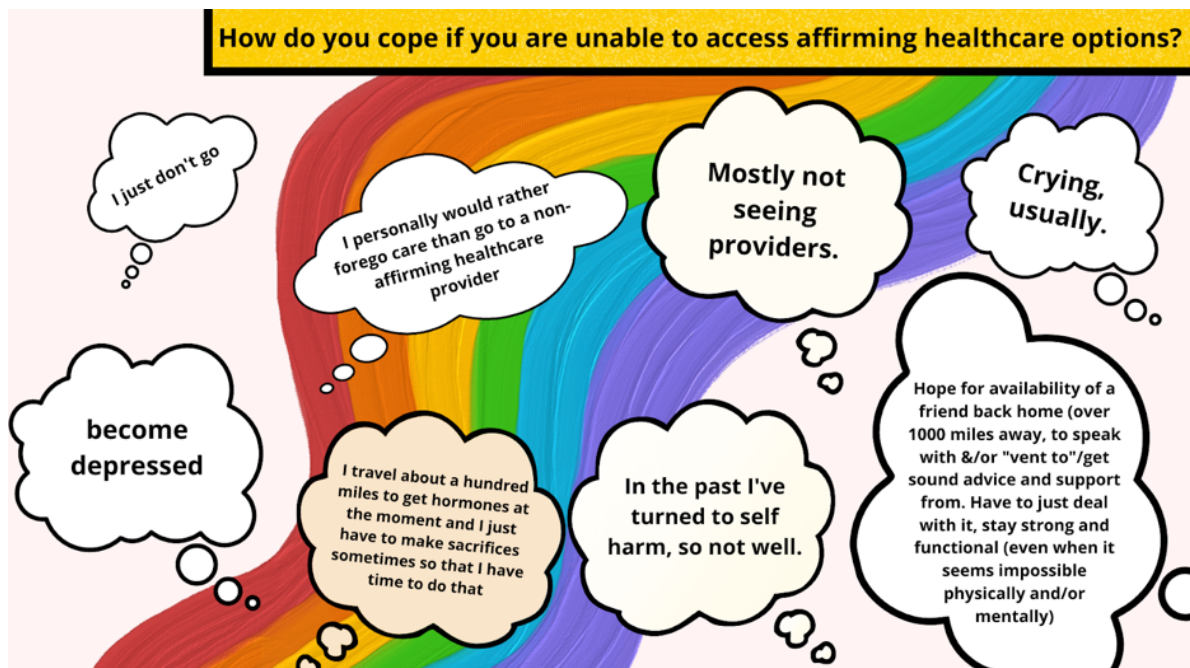
- **Lack of Research**

Locally, nationally, and globally, the amount of research that has gone into LGBTQ+ affirming healthcare is minimal. All that comes from a lack of research, is a lack of change. In order to truly understand the health needs of LGBTQ+ individuals, healthcare providers, government leaders, associations, and policy makers have to commit time and resources to research affirming healthcare. Due to root causes such as stigmas, inaccurate representation in the media, rural depopulation, and strictly economy driven communities, a lack of research overall becomes a main and problematic symptom.

- **Poor Health / Mental Health**

- Based on our survey...

- Of 21 respondents who had seen a counselor or mental health professional, 17 indicated they were diagnosed with at least one mental illness.
    - Of the 17 diagnosed individuals, five indicated that the interaction was Mostly Negative.
    - From the survey, it can be seen with the graphics below that the high number of negative outcomes leads to negative coping mechanisms.



# Solutions Landscape



## Local Level

On a local level, throughout North Dakota and its neighboring state Minnesota, there are a variety of LGBTQ+ affirming healthcare resources in the more urban or suburban areas. Many of these resources are also available to individuals through their place of employment or university they study at. An organization working to improve LGBTQ+ lives in central North Dakota is Dakota Outright. This organization provides a variety of resources to help support LGBTQ+ needs. Though organizations like this exist, they almost always are only able to provide resources that are available in cities such as Bismarck, Fargo, Grand Forks, Minot, or Williston, North Dakota, which by definition are not rural communities (LGBTQIA2S+ Organizations). Again, this proves that little to no solutions are being provided in the communities that need it the most, forcing LGBTQ+ individuals to seek affirming healthcare outside of their hometown or rural community.

## National Level

Nationally, there is more presence of LGBTQ+ affirming healthcare resources than seen in North Dakota and Minnesota. A national resource that has been part of LGBTQ+ healthcare equity is the Health Equity Index (HEI). The HEI is in its 15th year of operation and evaluates more than 1,700 facilities nationwide. This site is used as LGBTQ+ benchmarking tool to evaluate healthcare facilities on their policies and practices related to the equity and inclusion of their LGBTQ+ patients, visitors, and employees. To participate in their program, a facility typically must have 100 or more employees and offer inpatient, general medical and surgical care (Health Equality Index). This unfortunately eliminates many specialty or rural facilities, physician practices, mental health providers, or individual health practitioners. The HEI fortunately does host a page that leads to further LGBTQ+ healthcare resources. One of the major sites linked there is the Gay and Lesbian Medical Association (GLMA), which offers further resources, advocacy, donations/memberships, and general support.

## Global Level

On a global scale, LGBTQ+ healthcare has been an increasingly popular topic of discussion for many years. Organizations such as the World Health Organization and the United Nations have expressed their support of gender equity and human rights in healthcare. To discriminate against a specific population would in fact go against the UN's commitment to protect the rights of everyone, everywhere. Though several large organizations such as the WHO and the UN openly support equitable LGBTQ+ healthcare, countless individual countries struggle to provide basic care to those who are part of the LGBTQ+ population. Unfortunately, freedom and human rights are still not available to everyone, everywhere. Our world is a work in progress, and while the fight for equitable healthcare for all continues on, many populations are still underserved by not having their basic healthcare needs met.



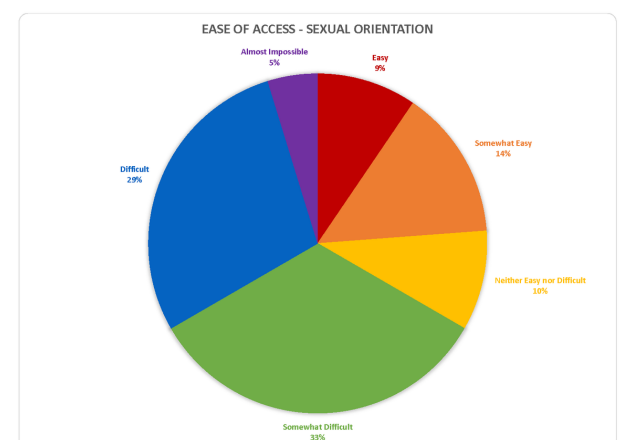
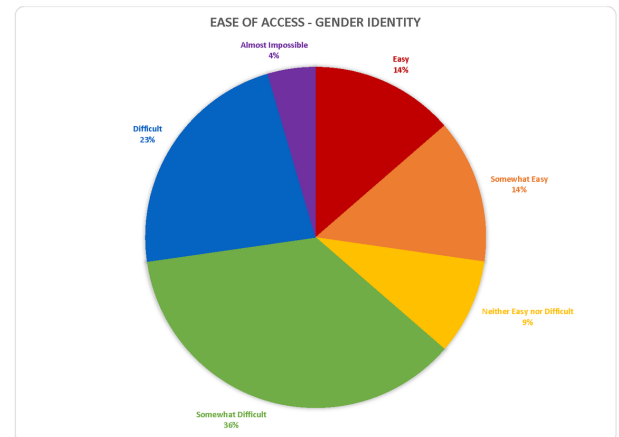
# Gaps and Levers of Change

## Gaps

Overall, there are many gaps within healthcare that cause preventable inequities. In the realm of rural LGBTQ+ healthcare, two of the main gaps include the lack of diverse communities, which in turn leads to a lack of research. Many rural communities are limited in the diversity they present. For that reason many people of color, different religious backgrounds, or the LGBTQ+ populations tend to avoid rural communities, especially for their physical and mental/emotional healthcare needs. Due to the overwhelming lack of diversity in rural communities in almost every aspect, there is insufficient and inaccurate data on what the needs pertaining to LGBTQ+ healthcare really are. Research can not be properly conducted without the correct data on such a topic. This in turn leaves many individuals part of the rural LGBTQ+ population with inequitable healthcare. It is an unjust system that unfortunately has been repeating itself, leaving LGBTQ+ individuals with little to no choice to seek affordable, accessible, and quality healthcare somewhere else.

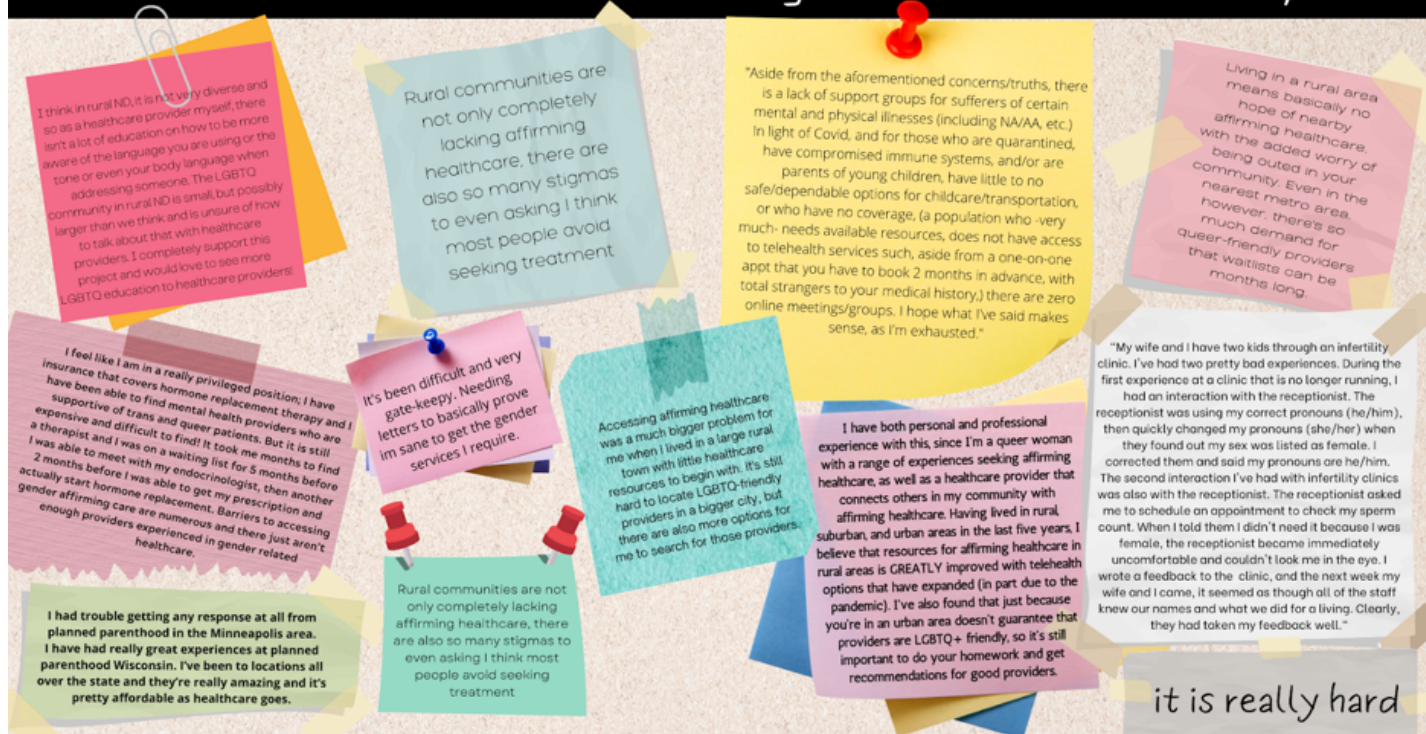
## Levers of Change

Fortunately, like many situations, there are levers of change to better provide healthcare to LGBTQ+ individuals in rural communities. These levers include an increase of education and understanding, changing the narratives, and showing benefits of diverse communities. The main cause of what leads to hate, violence, or injustice, is ignorance. Simply, a lack of education or understanding of the LGBTQ+ community has led to healthcare injustice. By educating rural communities on LGBTQ+ health can make a world of difference in the care that is delivered and received. With this, comes the ability to change the narrative of how healthcare is perceived in rural communities by LGBTQ+ individuals. There can be a movement of negative health outcomes to positive and reinforcing healthcare for the LGBTQ+ population. Finally, a lever of change can be to show the benefits of providing a diverse community in rural areas. With diversity in any sense, comes a world of opportunities. Whether it be programs or services available, or attraction to become more involved with a rural community, diversity brings opportunity for the betterment of all.





## General Comments on Affirming Healthcare Accessibility



## Key Insights & Lessons Learned

The main key insight and lesson learned from this project would be the lack of research into the healthcare needs for LGBTQ+ community members. The little research there is on LGBTQ+ affirming healthcare is staggering, as there is not one national survey asking the necessary questions to understand the needs of the LGBTQ+ population. This leads to the lack of proper education and services to provide affirming healthcare. As a whole, we need to invest more time and money into researching the healthcare needs of LGBTQ+ individuals so roots for change can grow. Eventually, the gap of equitable healthcare for the LGBTQ+ community may be closed and a system of justice may be practiced.