

April 15, 2021

Office of Planning, Research, and Evaluation Administration for Children and Families U.S. Department of Health and Human Services

Re: OPRE Study: Human Services Programs in Rural Contexts Study [Descriptive Study] ICR #: 202102-0970-008, 86 FR 14932

To whom it may concern:

Thank you for the opportunity to comment on the proposed data collection on the challenges and opportunities of administering human services programs in rural contexts.

The Movement Advancement Project (MAP) is a nonprofit research organization that provides rigorous research, insight, and analysis to help speed equality for all, including lesbian, gay, bisexual, transgender, and queer (LGBTQ) people and their families. MAP supports the proposed data collection on human services programs in rural contexts, and MAP advocates that this project include measures or questions about family status, experiences with religiously affiliated service providers, and discrimination based on race, sex, sexual orientation, gender identity, and religion (or lack of).

In our research, we estimate that 2.9-3.8 million LGBTQ people live in rural areas across the country. We find that LGBTQ people, children, and families in rural areas have unique experiences and challenges—both compared to their non-LGBTQ rural neighbors and to LGBTQ people in urban areas. These include:

- Unique demographic patterns. For example, LGBTQ people in rural areas are more likely to be raising children, compared to LGBTQ people elsewhere.²
- Fewer protections against discrimination. Majority-rural states are less likely to have LGBTQ-inclusive nondiscrimination protections and are more likely to have harmful laws that can facilitate discrimination, such as religious exemptions.
- Fewer alternatives in the face of discrimination. Many rural areas face the challenge of having too few doctors, employers, housing options, child services, and more. For LGBTQ people in rural areas, this poses a special challenge because if they are discriminated against, they may have no alternative place to find a doctor, job, home, or child services. This is especially true for rural LGBTQ people of color, and people of color more broadly, who also face discrimination based on their race or ethnicity.

¹ Movement Advancement Project. April 2019. *Where We Call Home: LGBT People in Rural America*. www.lgbtmap.org/rural-lgbt.

² Gary Gates. December 2011. "Family Formation and raising children among same-sex couples." Family Focus on LGBT Families. National Council on Family Relations. www.williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-Badgett-NCFR-LGBT-Families-December-2011.pdf.



Higher reliance on religiously affiliated service providers. Nonprofit and social service
providers face many challenges in serving rural areas, including low funding, high costs to deliver
services due to geographic distance and transportation expenses, diverse needs within the
community, and more. As a result, many social services—including child welfare services, job
training, food banks, homeless shelters, domestic violence shelters, and others—are provided by
religiously affiliated organizations that already exist in rural areas, and they often receive
government funding to provide such services.

For example, as of 2016, at least 45 isolated communities around the country had *only* a Catholic hospital in their entire geographic region to provide medical care.³ Nationwide, roughly 40% of government-contracted child placing agencies are religiously affiliated.⁴ For LGBTQ people in rural areas, their ability to access these needed services may depend entirely on whether the religious organization is welcoming of LGBTQ people. Additionally, religious exemption laws may allow these providers to discriminate even when providing these taxpayer-funded services. This exacerbates the problem of the relative lack of alternative providers in rural areas, such that if LGBTQ people (or people of color, or people of different religious backgrounds) are turned away by these organizations, they may never receive these critical services at all.

Research further shows that these challenges lead to disparate outcomes for economic and social wellbeing of LGBTQ people and their families in rural areas.

- LGBTQ people in rural areas have significantly higher rates of poverty (26.1%) than both LGBTQ people in urban areas (21.0%) and non-LGBTQ people in rural areas (15.9%), based on data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS).⁵
- **LGBTQ** people in rural areas face numerous health disparities. For example, LGBTQ people living in rural areas are more likely to smoke or engage in high-risk alcohol use, and lesbians are less likely to get preventative screenings for cancer and to avoid healthcare services in general. Transgender people in rural areas travel remarkable distances to access affirming medical care, though many cannot afford to do so. To be a compared to access affirming medical care, though many cannot afford to do so.

³ Lois Uttley and Christine Khaikin. 2016. "Growth of Catholic Hospitals and Health Systems: 2016 Update of the Miscarriage of Medicine Report." New York MergerWatch.

⁴ Movement Advancement Project. October 2020. *What's at Stake in Fulton: Kids in the Foster Care System*. https://www.lgbtmap.org/file/2020-fulton-issue-brief-foster-care.pdf.

⁵ M.V. Lee Badgett, Soon Kyu Choi, and Bianca D.M. Wilson. October 2019. *LGBT poverty in the United States: A study of differences between sexual orientation and gender identity groups*. Los Angeles, CA: The Williams Institute. www.williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/.

⁶ Dani Rosenkrantz, Whitney Black, Roberto Abreu, Mollie Aleshire, and Keisa Fallin-Bennett. 2017. "Health and Health Care of Rural Sexual and Gender Minorities: A Systematic Review." *Stigma and Health* 2(3), 229-243. http://www.apa.org/pubs/journals/features/sah-sah0000055.pdf.

Julia Dilley, Katrina Wynkoop Simmons, Michael J. Boysun, Barbara A. Pizacani, and Mike J. Stark. 2010. "Demonstrating the Importance and Feasibility of Including Sexual Orientation in Public Health Surveys: Health Disparities in the Pacific Northwest." *American Journal of Public Health* 100(3), 460-467. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820072.

⁷ Movement Advancement Project. November 2019. *Where We Call Home: Transgender People in Rural America*. www.lgbtmap.org/rural-trans.



However, while the unique challenges are many for LGBTQ people in rural areas, these also pose unique opportunities. Given that there are generally fewer service providers or programs in rural areas, this means that it makes an even bigger impact for those providers or programs to be intentionally inclusive of LGBTQ people and their families. Additionally, given the combination of the relative scarcity of service programs in rural areas and the heightened need for *inclusive* service programs, when a provider is LGBTQ inclusive and affirming, that knowledge often spreads quickly throughout LGBTQ communities across geographic areas. This can lead to higher utilization of service programs, with better economic, social, and health outcomes at both an individual and community level.

This only briefly illustrates the unique experiences and challenges facing LGBTQ people and their families in rural areas, including with respect to discrimination and obstacles to accessing human services programs. It also shows the opportunities for improving both individual and community level outcomes, but further research is needed to better understand these experiences and how to improve outcomes. Therefore, it is important that the ACF proposed data collection include questions about experiences with discrimination in human services programs.

In conclusion, because LGBTQ people and their families live in rural areas, they should be explicitly included in any research regarding rural contexts, such as through inclusion of sexual orientation and gender identity questions in demographic data collection. Given that LGBTQ people in rural areas also have unique experiences and challenges—particularly with respect to human services and accessing needed resources—this specific ACF proposed project should especially include measures and questions about the experiences of LGBTQ people in rural areas, especially regarding discrimination. The experiences of LGBTQ people in rural areas also highlight the need for this proposed project to include questions about experiences of discrimination more generally, including based on race and religious affiliation (or non-affiliation).

Sincerely,

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