

Research Update: LGBTQ Health in Rural Northeastern Montana
Preliminary Findings Summary

Key Research Questions:

- How does acceptance or rejection in a community context influence health and behavior?
- How does acceptance or rejection in interpersonal relationships influence health and behavior?

Methodology:

- Semi-structured qualitative interviews were used to gather information from LGBTQ community members about how acceptance and rejection in different socio-ecological contexts influenced personal well-being and health behaviors.

Sample Characteristics:

- To date there are 12 participants; 9 were included in this initial research update. The mean age was 32, with a median of 26 and standard deviation of 13.3. Participants were excluded from the study if they had lived in Northeastern Montana for less than 2 years; the mean length of residency was 14 years. The most common sexuality of sample members was homosexual (44%), followed by pansexual (22%), and an equal number of participants identified as asexual or bisexual (11% each). The majority of participants were cisgender (66%), followed by trans male participants (22%) and non-binary participants (11%).

Frameworks:

- Three frameworks were used in coding interview data. A scale of acceptance and rejection was used to code for how LGBTQ people were treated or perceived (see fig. 1). The socioecological model was used to code for contexts in which LGBTQ people experienced acceptance or rejection (see fig. 2). The minority stress model was used to understand the causal relationships between experiences of minority stress and health outcomes (see fig. 3).

Interview Findings:

- Levels of acceptance in a community context included how LGBTQ people were treated in healthcare, workplace, school, faith community, or other community settings. A greater sense of well-being was correlated with higher levels of acceptance or appreciation, while poor well-being was correlated with higher levels of rejection or hostility (see fig. 4).
- Levels of acceptance in interpersonal contexts included relationships with family, friends, or significant others. Acceptance or appreciation in interpersonal contexts was correlated with feelings of being supported, and greater self-confidence. Rejection or hostility was correlated with negative mental health outcomes (see fig. 5).

Key Points:

- Higher levels of acceptance and appreciation led to positive health outcomes
- Higher levels of rejection and hostility led to negative health outcomes
- Tolerance led to anxiety and uncertainty in interpersonal and community contexts
- Experiences of rejection, tolerance, and acceptance were more common than experiences of hostility or appreciation
- Richland County participants reported lack of awareness about services for mental health offered by the Local Mental Health Advisory committee
- Richland County participants had reservations about accessing services that had a faith-based component

Figures

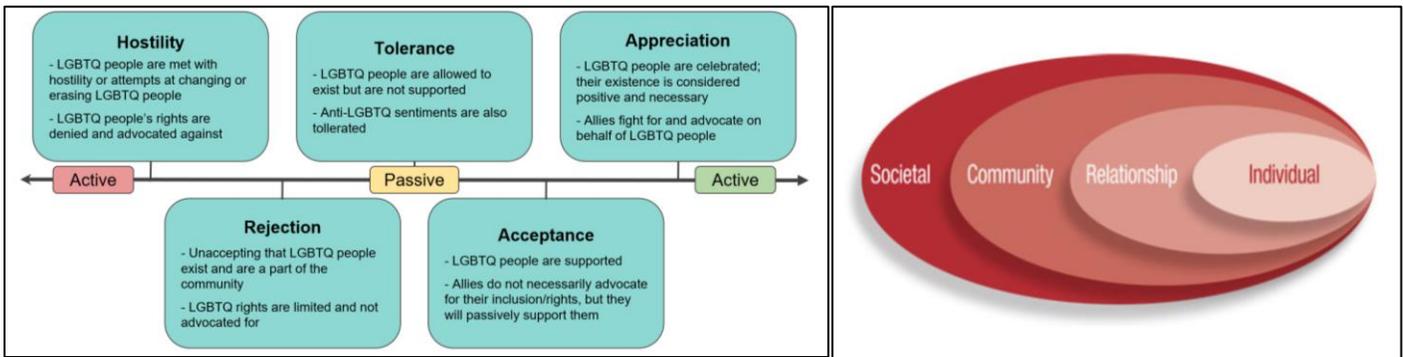


Figure 1: Scale of Acceptance and Rejection

Figure 2: The socioecological model of health

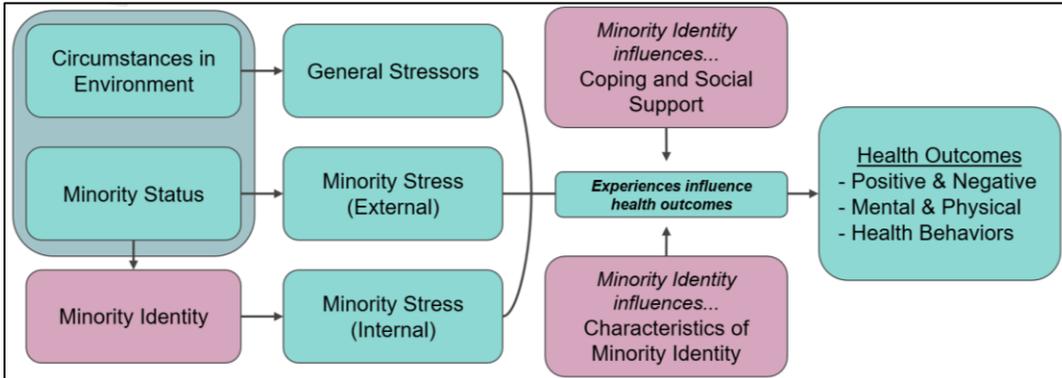


Figure 3: The minority stress model

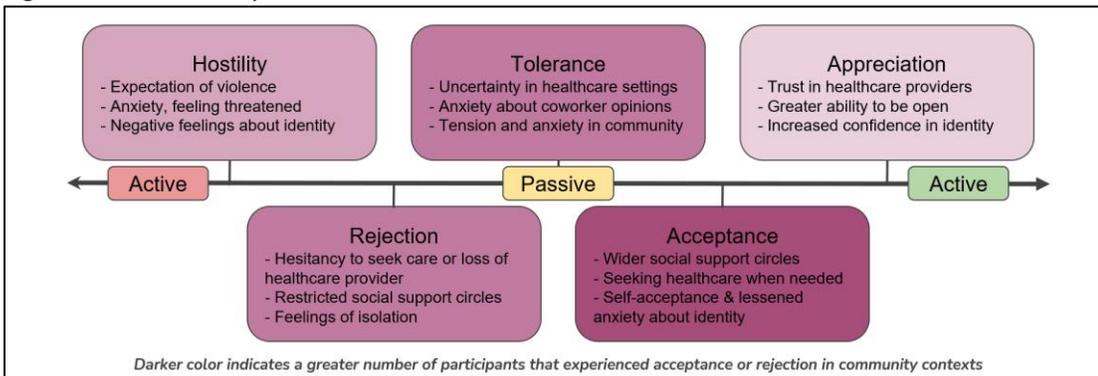


Figure 4: Interview data visualization for community contexts

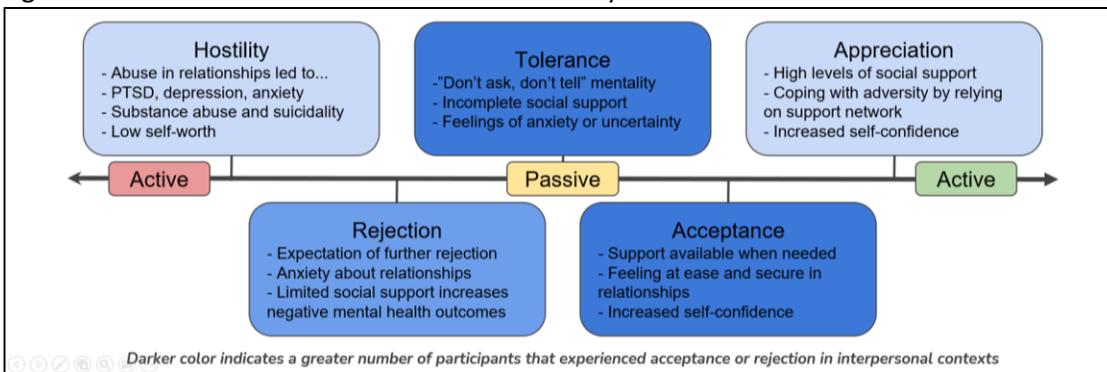


Figure 5: Interview data visualization for interpersonal contexts