What do we know about the Health and Wellbeing of LGBTIQA+ People in Regional & Rural Victoria?

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Executive Summary:

Lesbian, gay, bisexual, trans & gender diverse, intersex, queer and asexual (LGBTIQA+) people are often challenged by significant levels of stigma and discrimination, which impact their health and wellbeing in many negative ways. Research shows these challenges are greater in regional and rural Australia. In recent years some regional and rural health services have initiated LGBTIQA+ specialist services or adapted mainstream services to be LGBTIQA+ inclusive, however others have not. A reason for lack of action being that data sources currently used in evidence-based planning do not include data on LGBTIQA+ health.

This paper identifies why data sets used by regional and rural health service providers and their advising consultants lack LGBTIQA+ data. It then reviews Australian and Victorian literature on the health status of LGBTIQA+ people living in regional and rural areas. A secondary analysis and interpretation is presented of LGBTIQA+ health and socio-economic data, that was published as appendices but not interpreted, by the Victorian Agency for Health Information. The information presented here can and should be used today by regional and rural health agencies in their strategic, operational and budgetary planning.

The findings of this review demonstrate clearly and unambiguously that LGBTIQA+ people in regional and rural Victoria experience significant disadvantage and reduced health and wellbeing when compared to (i) their equivalent local non-LGBTIQA+ community members, and (ii) LGBTIQA+ people in metropolitan areas. In regional and rural Victoria LGBTIQA+ people are significantly more likely to experience a lower health status, including 50% more likely to experience two or more chronic illnesses, report poorer life satisfaction, lesser acceptance (including at health care services), higher diagnoses of mental health conditions (incl. greater diagnoses of anxiety or depression), experience higher psychological stress and greater difficulty in accessing inclusive mental health services. Suicide risk is higher, with both LGBTIQA+ adults and youth experiencing significantly higher suicide ideation and suicide attempts. LGBTIQA+ people in regional and rural Victoria are more likely to smoke daily, be higher users of alcohol and other drugs (AOD) (incl. less likely to have AOD harm reduction campaigns inclusive of them) and more likely to have poorer dental health.

Socio-economic life of LGBTIQA+ people regional and rural Victoria is also poorer when compared to their non-LGBTIQA+ counterparts, a factor known to be associated with health inequalities. LGBTIQA+ people in regional and rural Victoria experience greater feelings of being unsafe, feel less valued, have

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less trust, and feel greater isolation from friends & neighbours. They experience higher levels of verbal or physical harassment or assault and family violence. LGBTIQA+ young people experience lower levels of support in educational institutions, and LGBTIQA+ people more often experience life in lower socio-economic households with lower household incomes, higher unemployment, a greater inability to raise $2k in event of emergency, and twice the likelihood of experiencing food insecurity.

Three studies in the Loddon Mallee area of Victoria are reviewed which identify ways to improve GP and health service delivery to LGBTIQA+ people, and, that social connectedness and health benefits flow from LGBTIQA+ health promotion interventions.

1. BACKGROUND:

The health status and healthcare needs of lesbian, gay, bisexual, trans and gender diverse, intersex, queer and asexual people in regional and rural Victoria are not well understood by their local health care providers. LGBTIQA+[2] people are often challenged by significant levels of stigma and discrimination, impacting their health and wellbeing. However, data most-used by regional and rural health services and their advising consultants do not include state-wide, or regional and rural LGBTIQA+ health data, nor do they draw on data comparing the health and wellbeing between LGBTIQA+ people and non-LGBTIQA+ people in regional and rural Victoria at either Statewide or LGA (local government areas) level. Consequently, in the strategic, budgetary, and operational planning by regional and rural health care providers LGBTIQA+ people are invisible. Their health needs not understood, unintentionally neglected, leading to a compounding of health inequalities.

In Victoria the data sets used by health care providers (Hospitals and Community Health Centres) and their consultants in evidence-based priority setting are often drawn from 'Victoria-in-the-Future' (VITF) data sets [3] for population data, but do not include health status data that is health condition related. Data is also drawn from the Commonwealth Australian Institute of Health and Welfare's (AIHW) 'Australian Burden of Disease Database'[4]. AIHW generally presents data based on a subject's reported sex or gender, but not both [5]. AIHW draws data from more than 150 data sets [6] of which few, if any, report sexuality or gender identity.

While there are several state-wide and national evidence-based studies of LGBTIQA+ health and wellbeing, the data available in these is rarely, if ever, used in regional and rural settings. Some health services and their consultants are unaware of these reports and the diversity of sexuality and gender identity in their communities. Another reason for the data not being used is that they allow only generalised or Statewide conclusions, and not specific condition-based data analysis at the Local Government Authority (LGA) or SA3 levels (SA3s represent the area serviced by regional cities that have a population over 20,000 people). Thus, health status of LGBTIQA+ people cannot be compared with

[2] For definitions of each element LGBTIQA+ acronym and inclusive language see https://www.vic.gov.au/inclusive-language-guide
[3] https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future
[4] https://www.aihw.gov.au/about-our-data/our-data-collections/australian-burden-of-disease
[5] https://www.aihw.gov.au/about-our-data/aihw-data-by-sex-and-gender
[6] https://www.aihw.gov.au/about-our-data/our-data-collections

others in the same LGA , limiting its ability to make conclusive statements in the given population catchment.

Therefore, evidence-based decisions affecting the health and wellbeing of LGBTIQA+ in regional and rural settings are not drawing on LGBTIQA+ specific date. Later in this paper, it is questioned whether such granular LGA level analysis is needed with such great health disparities.

The Victorian Population Health Survey 2017 estimates that 5.7 per cent of Victorian adults identify as LGBTIQA+ [7], that is over one person in 18. Some rural areas have attracted significant higher proportion of LGBTIQA+ people to their communities; the Mount Alexander Shire is one such LGA. The Loddon Campaspe Healthy Heart of Victoria Active Living Census noted that 7.9% (1 in 12) of participating Mount Alexander Shire residents identified as LGBTQIA+[8] , compared to 3.4% across the whole Loddon – Campaspe region [9]. This report also shows their LGBTIQA+ cohort reported higher health risk factors when compared to the general population with 21.6% of LGBTIQA+ respondents rating health has "fair or poor" compared with 16.8% of the non-LGBTQIA+ respondents, and greater levels of obesity and smoking.

With about 1 in 18 people identifying as LGBTIQA+ in regional and regional Victoria, and likely 1 in 12 people identifying as LGBTIQA+ in in some LGA's (Mount Alexander Shire, and possibly others, for example Hepburn Shire), there is an urgent need to bring together what is currently known about LGBTIQA+ health and wellbeing in regional and rural Victoria and apply it to healthcare planning.

This paper reviews and summarises the published research to assist regional and rural health service providers in their planning.

2. WHAT WE KNOW ABOUT LGBTIQA+ HEALTH AND WELL-BEING - VICTORIA-WIDE

Health outcomes of LGBTIQA+ people across Victoria (aggregated metropolitan, regional and rural) are generally poorer then their non-LGBTIQA+ peers. The Australian Research Centre in Sex, Health and Society (ARCSHS) at Latrobe University, and other University-based studies are summarised in the Victorian Government discussion paper informing 'Pride in our future: Victoria's LGBTIQA+ strategy 2022-32 [10]. It shows LGBTIQA+ people have significantly poorer physical and mental health compared to national averages, including significantly:

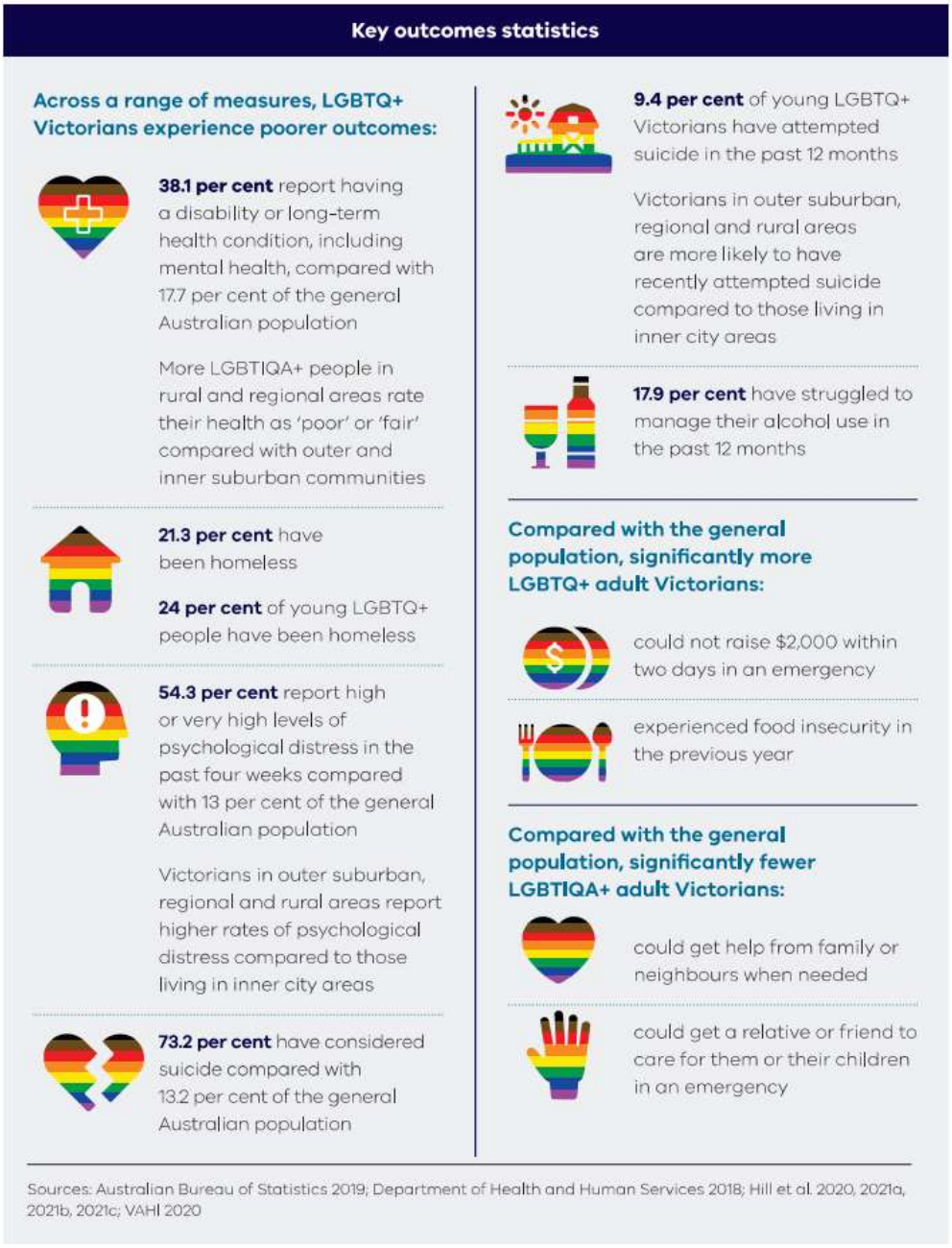
- higher rates of drug use, alcohol, smoking, chronic disease, homelessness, and disability
- higher rates of anxiety and depression, psychological stress, low satisfaction with life

Recent Victorian studies provide a more detailed and nuanced picture of the health and wellbeing of LGBTIQA+ people, reported below in Fig 1 [11] [12]:

[7] https://vahi.vic.gov.au/sites/default/files/2021-12/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria.pdf
[8] https://www.healthyloddoncampaspe.au/sites/default/files/2023-05/ALC_MtAlexander_web_.pdf (See page 24)
[9] https://www.rdv.vic.gov.au/__data/assets/pdf_file/0007/1884859/Active-Living-Census-Prelim-Selected-Findings_Loddon-Campaspe.pdf
[10] Discussion Paper for the Victorian LGBTIQ Strategy Govt of Vic, June 2020
[11] https://vahi.vic.gov.au/sites/default/files/2021-12/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria-facthseet1.pdf
[12] https://vahi.vic.gov.au/sites/default/files/2021-12/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria-facthseet2.pdf

Fig 1: The Health and Wellbeing of the LGBTIQ+ population in Victoria

Fig 2: From Victoria's LGBTIQA+ strategy, 'Pride in Our Future 2022-2032', quantified the poorer health outcomes in the Key Outcome Statistics below [13].



These key State-wide health outcome statistics provide an important starting point to guide regional and rural health care service providers understand the health care needs of their LGBTIQA+ populations.

[13] https://www.vic.gov.au/pride-our-future-victorias-lgbtiq-strategy-2022-32 page 16.

3. A DEEPER LOOK – LGBTIQA+ HEALTH AND WELLBEING IN REGIONAL & RURAL VICTORIA +/or AUSTRALIA

There have been several LGBTIQA health and wellbeing surveys conducted nationally, in Victoria, or on a particular health condition reported during the last decade. Some reports provide comparative health data for LGBTIQA+ people living in metropolitan with regional and rural/remote areas or comparing LGBTIQA+ people with population-wide data. These reports are summarised below.

3.1. Private Lives 3 (2020) *the largest national survey*

Private Lives 3[14] (PL3) is the third iteration of the Private Lives surveys, with the first conducted in 2005 and the second in 2011. The Private Lives 3 survey was conducted from July to October 2019. The survey is Australia's largest national survey of the health and wellbeing of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people to date. It was conducted by the Australian Research Centre in Sex Health and Society (ARCSHS) at La Trobe University.

The report provides a comprehensive snapshot of the LGBTIQ Australians' everyday lives, based on data covering a wide range of topics such as households, mental health, use of health services, intimate partner and family violence, experiences of stigma and discrimination, and more. It is intended to provide a broad picture. Where possible, results are broken down by sexual orientation, gender identity and other variables. While PL3 notes that it is beyond its scope to report on all possible intersections or LGBTIQA+ sub-populations some data are provided on: LGBTIQA+ people living with disability or long-term health condition; those from different cultural backgrounds; and those living in different locations (e.g. living in urban, regional, or rural and remote areas).

The findings summarised here only relate to health differences between LGBTIQA+ people living in urban or regional and rural/remote areas. It is recommended readers view the full report and its recommendations to understand the broader findings.

In the following section 'participants' all identify as LGBTIQA+ and data cited refers to those in Private Lives 3 (2020) report.

- Overall, the proportions of participants residing in outer suburban areas, regional cities or towns or rural/remote areas who felt accepted a lot or always were lower than those living in inner urban areas.

- When accessing a health or support service a lower proportion of participants in outer suburban areas (38.5%; n = 648) reported feeling accepted a lot or always when accessing a health or support service compared to those in regional cities or towns (40.9%; n = 549) or rural/remote areas (43.1%; n = 162).

[14] https://www.latrobe.edu.au/__data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf

- Just over a third (36.7%; n = 158) of participants residing in a rural/remote location rated their health as poor or fair, followed by 34.6% (n = 516) in a regional city or town, 34.9% (n = 649) in outer suburban areas and 25.7% (n = 758) in inner suburban areas.
    - This finding compares poorly to the 14.7% of the general population aged over 15 years who reported their health as poor or fair (Australian Bureau of Statistics, 2018) [15].

- Outer suburban areas had the largest proportion of participants who reported high or very high levels of psychological distress (64.3%;n = 1,176). This was followed by those in regional cities or towns (61.9%; n = 910) and those in rural/remote areas (55.7%; n = 233), while inner suburban areas had the lowest proportion (50.7%; n = 1,466).
    - In stark contrast, only 13.0% of the general Australian population report high or very high levels of psychological distress (Australian Bureau of Statistics, 2018) [16]

- Overall, outer suburban areas had the largest proportion (55.4%; n = 1,002) of LGBTIQA+ participants who reported being diagnosed or treated for a mental health condition in the past 12 months, followed by 53.5% (n = 779) in regional cities or towns, 50.5% (n = 213) in rural/remote areas and 49.4% (n = 1,384) in inner suburban areas.

- Of participants who reported high or very high levels of psychological distress, a higher proportion of those living in an inner suburban area reported accessing a mental health service that is LGBTIQA+ inclusive (27.3%; n = 399) than those living in outer suburban areas (19.0%; n = 223), regional towns or cities (18.4%; n = 167) or rural/remote areas (17.6%; n = 41).
    - Furthermore, a higher proportion of those in an inner suburban area reported accessing any mental health service (63.2%; n = 923) than those living in outer suburban areas (57.8%; n = 678), regional towns or cities (54.5%; n = 494) or rural/remote areas (56.3%; n = 130).

- Overall, 46.3% (n = 862) of participants in outer suburban areas, 45.8% (n = 198) in rural/remote areas and 44.0% (n = 659) in regional towns or cities reported having experienced suicidal ideation in the past 12 months. This compared to 37.7% (n = 1,108) of participants in an inner suburban area.
    - A stark comparison with 2.3% among the general Australian population who had experienced suicide ideation (Johnston et al., 2009) [17].

[15] Australian Bureau of Statistics. (2018, December 12). Self-assessed health status. www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Self-assessed%20health%20status~10

[16] Australian Bureau of Statistics. (2018, December 12). Mental health. www.abs.gov.au/statistics/health/health-conditions-andrisks/mental-health/latest-release

[17] Johnston, A. K., Pirkis, J. E. & Burgess, P. M. (2009). Suicidal thoughts and behaviours among australian adults: Findings from the 2007 National Survey of Mental Health and Wellbeing. Australian & New Zealand Journal of Psychiatry, 43(7), 635–643. doi: 10.1080/00048670902970874

- Rural and remote areas had the largest proportion (8.4%; n = 27) of participants who reported having attempted suicide in the past 12 months, followed by 6.2% (n = 73) in regional towns or cities, 5.9% (n = 87) in outer suburban areas and 3.8% (n = 86) in inner suburban areas.
    - This is a further stark comparison, as they compare with 0.4% among the general Australian population (Johnston et al., 2009) [16].

In summary, PL3 reports LGBTIQA+ people in regional and rural/remote locations experience: lesser acceptance, including at health or support services; only poor or fair health; higher levels of psychological distress; higher diagnoses of mental health condition; greater difficulty in accessing a mental health service that is inclusive of LGBTIQ people; and substantially higher levels of suicide ideation and substantially higher levels of attempted suicide, when compared to the general population.

While not all LGBTIQ people living in metropolitan, regional or rural/remote experience challenges in their lives, many do, as reflected in the PL3 data. Mental health challenges, suicidal ideation and attempts, harassment and abuse, homelessness, challenges with alcohol and drug use, and intimate partner and family violence are some of the areas that are disproportionately experienced by LGBTIQ people, with specific subgroups experiencing additional burdens.

The PL3 report, together with the other research summarised here, contain sufficient data to assist regional and rural health strategic, budgetary, and operational planning.

3.2. Writing Themselves In 4 (2021) – *The Health and Wellbeing of LGBTIQA+ young People in Australia*

Writing Themselves In 4[18] is the fourth national Australian survey of health and wellbeing among self-identifying LGBTIQA+ young people (ages 14 to 21 years), conducted by the Australian Research Centre for Sex, Health and Society, at La Trobe University. The survey was open between September and October 2019, and the data analysed from several intersectional lens, including ethnicity, disability, religion/ spirituality, Aboriginal or Torres Strait Islander, and area of residence. Only findings relating to area of residence are summarised here. It is recommended readers view the full report and its recommendations to understand the broader findings.

Most participants (57.8%) lived in the suburbs of state or territory capital cities, while 24.9% lived in regional towns or cities, 10.5% in rural or remote locations and 6.8% in the centre of capital cities. This is the first major study in Australia to include an examination of area of residence in a sample of young LGBTIQA+ people (referred to below as 'participants'), and thus provides useful information to assist regional and rural organisations better understand and address the challenges to young LGBTIQA+ related to living outside metropolitan areas.

This study of young LGBTIQA+ people's experiences found:

[18] https://www.latrobe.edu.au/arcshs/publications/writing-themselves-inpublications/writing-themselves-in-4

- Almost three-fifths (57.0%) of participants in rural/remote areas reported they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity, followed by 52.7% in regional cities or towns, 50.0% in outer suburban areas, and 40.1% in inner suburban areas.

- A greater proportion of participants in inner suburban areas reported feeling supported by classmates about their sexual identity, gender identity and/or gender expression (52.9%) than was the case for those in outer suburban areas (45.3%), regional cities or towns (36.1%), or rural/remote areas (29.6%).

- More participants in rural/remote areas reported experiencing high/very high psychological distress (87.5%) than those in regional cities or towns (83.3%), outer suburban areas (79.8%), or inner suburban areas (73.2%).

- More participants in rural/remote areas reported in the past 12 months experiencing verbal harassment based on their sexuality or gender identity (45.4%) than those in regional cities or towns (41.0%), outer suburban areas (40.4%), or inner suburban areas (37.0%).

- Almost two-thirds (65.1%) of participants in rural/remote areas reported experiencing suicidal ideation in the past 12 months, followed by three-fifths (60.5%) in regional cities or towns, 57.1% in outer suburban areas, and 49.2% in inner suburban areas.

- Participants in rural/remote areas reported the highest levels of suicide attempts in the past 12 months (14.0%), almost twice that of those in inner suburban areas (7.1%).

The authors summarised the findings, with LGBTQA+ young people in rural and regional areas face: lower levels of support in educational institutions; more frequent verbal and physical harassment or assault based on their sexuality or gender identity; and higher levels of psychological distress and suicidality than those in larger metropolitan areas.

Recommendations that may play an important part in improving the health and wellbeing of young LGBTIQA+ people living outside of large metropolitan areas in Australia included:

- a push for campaigns embracing diversity to be conducted in educational settings,
- development and expansion of LGBTIQA+ services in regional towns and rural/remote areas, and
- future quantitative and qualitative research.

Writing Themselves In 4 provides clear guidance to regional and rural health care service providers and health practitioners of the experiences faced by LGBTIQA+ young people in their area, and especially the need for specialised mental health and suicide prevention services.

3.3. Gay Community Periodic Survey (2022)

The Melbourne Gay Community Periodic Survey[19] is an annual cross-sectional survey of gay and bisexual men recruited from a range of gay venues and events in Melbourne and online throughout Victoria; it is part of a larger annual national survey led by the Centre for Social Research in Health at the University of New South Wales. The aim of the survey is to provide data on sexual health, drug use, testing practices, and prevention methods related to the transmission of HIV and other sexually transmissible infections (STIs) among gay and bisexual men. In Victoria, the most recent published survey was conducted in January and February 2022 to coincide with the Midsumma Festival. Most participants lived in Greater Melbourne (86.5%). The findings did not present any comparison between Greater Metropolitan and Regional/Rural respondents.

This periodic survey provides significant data for planning healthcare responses to sexual practices and drug use of men who have sex with men and should be used by regional and rural health service providers as a starting point in designing their sexual health and alcohol and drug (AOD) health priorities. It is recommended that service providers read the full report and consult specialist LGBTIQA+ sexual health and AOD service providers (e.g. Thorne Harbour Health).

3.4. Alcohol and Other Drug Use (AOD) by LGBTIQA+ communities in Australia:

A recently (2023) commissioned national consultation on alcohol and other drug (AOD) use in LGBTIQA+ communities, funded by Pride Foundation Australia,[20] has found:

- LGBTIQ+ communities are more likely to smoke, use illicit substances / drugs and drink at higher levels than non-LGBTIQA+ people.

- There has been some decline in smoking and alcohol use among LGBTQ+ communities, but recent use of illicit drug use has not declined.

- There are differences in the frequency of the types of drug use, when analysed by sexual and gender identity.
    - LBQ+ (lesbian, bisexual and queer) women drink alcohol at higher levels when compared to other women.
    - GBMSM (gay, bisexual and men-who-have-sex-with-men) use crystal meth at a higher proportion than the general population. Recently use has declined among these men in Sydney and Melbourne, though this may be due to the impact of the COVID-19 pandemic.

- Importantly, higher alcohol and illicit drug use do not mean respondents report struggling to manage their use.

[19] https://www.unsw.edu.au/research/csrh/our-projects/gay-community-periodic-surveys
[20] Findings from Alcohol and Other Drugs Consultation, Aldo Spina, Evaluation Consultant. Prepared for LGBTIQ+ Health Australia, Suite 2101, Level 21, 233 Castlereagh Street, Sydney NSW 2000, March 2023.

- Data on AOD use among people with an intersex variation was noted by the authors as a gap in the research.

The report noted the lack of LGBTIQA+ specific AOD programs in rural Australia, and recommended future investment in AOD harm minimisation needs to be inclusive of rural and regional areas. Pride Foundation Australia [21] is developing AOD health interventions as a new Focus Area and will launch a philanthropic funding program for selected areas of intervention.

3.5. Loddon Mallee – Victoria

The Loddon Mallee area or northern Victoria is unusual in that three studies of LGBTIQA+ healthcare have been reported in recent years.

3.5.1. LGBTIQA+ healthcare GP Clinics

A study by Thorne Harbour Health and Cobaw Community Health [22] (now Sunbury Cobaw Community Health) in ~2018 conducted a limited survey and met with patients, GP clinicians and clinic managers, to understand their experiences in provision of medical services to LGBTIQA+ people in the Loddon Mallee area. The aim was to advise on strengthening the delivery of GP services in the Loddon Mallee.

Findings included the need to:

- Work actively with clinics (GP's, Nurses, Practice Managers, Administrators and Reception staff etc.) to emphasise the value of and support participation in LGBTIQA+ Inclusive Practice training and share these learnings with other clinics.
- Build and share a regional LGBTIQA+ referral guide for medical practitioners.
- Promote the first point of contact in a GP clinic should be welcoming to LGBTIQA+ people (eg LGBTIQ+ related posters, brochures and information should be displayed, up-to-date and replenished in waiting room (also recommended removal of heterosexist language and images).

3.5.2. Pathways to Pride

The Pathways to Pride report [23] of work conducted during 2019-20 identified systemic barriers LGBTI+ young people face in accessing appropriate, safe, and current evidence-based health and wellbeing services through General Practitioners (GPs) across the Loddon Area. It also identified gaps in existing and emerging resources and training, and opportunities for change to reduce those systemic barriers and thereby increase LGBTI+ young people's access to the care. It is likely

[21] https://pridefoundation.org.au/

[22] GP Medical Clinics and the provision of equitable LGBTIQA+ healthcare across the Loddon Mallee Region, Claudia Validum, Program Coordinator, Thorne Harbour Country and Belinda Brain Country LGBTIQA+ Inclusion Program Cobaw Community Health. Occasional publication, Sunbury Cobaw Community Health, 12-28 Macedon Street, Kyneton, Vic, 3444, Australia.

[23] 'Pathways to Pride' Author: Kate Phillips, Project Lead, Thorne Harbour Country, Published: May 2022. Available from Thorne Harbour Country, 58 Mundy St, Bendigo VIC 3550; E: thcountry@thorneharbour.org NB: *The participants involved in this report gave permission to include their views or opinions for the purpose of system improvement. This report is to be used for this purpose and this purpose ONLY.*

that these findings are applicable across regional and rural Victoria, and regional and rural areas nationally.

This summary is limited to those findings about the experiences of young people accessing medical services. The most common concerns LGBTI+ young people have when searching for a healthcare provider generally, and in the Loddon Area, include:

- Confidentiality
- Will this doctor be competent in LGBTIQA+ matters and know the answers to my questions?
- Will they understand my unique health needs?
- Is this doctor LGBTI+ friendly, and will their clinic be a safe space for me?
- That young people will be taken seriously (because of their age) and not be told it's "Just a phase".

Research cited shows concerns about being treated respectfully are one of the key barriers to young people accessing health services. LGBTI+ young people who have questions related to their sexual orientation and/or gender identity can be fearful about disclosing same sex attraction, sex and gender diversity to their GP due to stigma, discrimination and perceived assumptions about:

- Their gender or sexual identity;
- The sex of a partner/s;
- Relationship characteristics (monogamous, single, partner, polyamorous);
- Sexual practices (e.g. assuming all gay-identified young men engage in anal sex); and
- Sexual desire (including not acknowledging asexuality).

LGBTI+ young people's experience with GPs is not only informed by whether they encounter outright queer or trans phobia, but also heterosexist attitudes and language, and any assumption of heterosexuality, conscious or otherwise. These experiences commonly result in 'closed' communication with patients.

This study found that LGBTI+ young people in the Loddon Area had mixed and inconsistent experiences when visiting a GP, ranging from ignorant to harmful interactions. It finds this is, in part, due to a lack of consistency in GP training in provision of safe, appropriate, and contemporary evidence based LGBTI+ inclusive health and wellbeing care. As a result, LGBTI+ young people are finding their own ways to get healthcare. They are asking peers and LGBTI+ community members for recommendations, utilising online resources and services, and increasingly relying on informal health promotion such as TikTok videos.

The report notes LGBTI+ young people need to be protected from the dangers of accessing misinformation, and of not accessing professional healthcare when needed, and, that LGBTI+ young people need to be able to access affirming healthcare, which in turn would have a positive impact on their mental health and wellbeing, contributing to longer term health benefits and outcomes.

The systemic barriers identified included location-specific barriers, such as: the concentration of services in regional cities and particularly in Melbourne; the lack of GPs in rural and regional Victoria generally; the lack of GP's in rural and regional Victoria trained and knowledgeable in LGBTI+ issues and able to provide informed, individualised care; and, negative experiences with rural and regional clinics. These barriers are seen alongside broader systemic barriers such as a lack of safety, autonomy and privacy; lack of inclusive support; and lack of connection into the LGBTI+ community for peer support.

3.5.3. Supporting LGBTIQA+ communities in small rural settings

A targeted LGBTIQA+ health promotion intervention [24] in 2020-22 in the regional town of Castlemaine, in Central Victoria outlines an initial needs assessment to inform the intervention, the role and activities of the health promotion officer (HPO), and, presents evaluation data on the program outcomes.

It notes historical attempts to establish a voluntary committee to support the local LGBTIQA+ community were unsuccessful, with previous attempts placing too much responsibility on volunteers, and being symptomatic of fragmented health interventions.

It concludes that modest ongoing funding of a HPO role, in combination with existing support of partner organisations, resulted in volunteers being more willing to lead community activities and participate in creating a wider network of social and health supportive activities. This connection and support of individuals in a small regional community lead to better health and wellbeing outcomes.

4. THE VICTORIAN 2017 POPULTATION HEALTH SURVEY + SECONDARY DATA ANALYSIS

4.1. Background

The health and wellbeing of the LGBTIQA+ population in Victoria is analysed and reported by the Victorian Agency for Health Information from data extracted from the 2017 Victorian Population health Survey and published in 2020 [25] [26]. It reported significant detail on the socio-economic characteristics and health status of Victoria's LGBTIQA+ adult populations on a state-wide basis, through 36 tables and detailed conclusions. The report also published 87 tables in its appendices, for which no interpretation, discussion or conclusions were presented.

Twenty-nine (29) of these appendices provided tabulated data and statistical analysis comparing the socio-economic and health status of LGBTIQA+ adults and non-LGBTIQA+ adults living in Rural Victoria.

[24] 'Supporting LGBTIQA+ communities in small rural settings: a case study of health promotion in a community health service.' Couch D and Clow S (2023) Australian Journal of Primary Health, 29(4), 306–311.
[25] Victorian Agency for Health Information 2020, The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017, State of Victoria, Melbourne.
[26] https://vahi.vic.gov.au/sites/default/files/2021-12/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria.pdf

These 29 tables have been analysed and are reported below. Appendix 1 reproduces the relevant tabulated data. This data provides another 'piece in the jig-saw puzzle' to guide evidence-based health service priority setting in regional and rural Victoria. While limited in health reach, they provide the most comprehensive data yet in showing the differences in health and wellbeing of LGBTIQA+ people with non-LGBTIQA+ people living in regional and rural Victoria.

4.2. About the 2017 survey

Victoria's Population Health Survey 2017 conducted approximately 426 interviews in each of the 79 Victorian LGAs (local government areas), totalling 33,654 interviews. As for previous surveys in the series, the target was not treated as a hard quota. All survey respondents were asked questions on their sexual orientation and gender identity. Respondents were given the option to answer, or not answer, any of the questions or skip the entire section of the survey.

4.3. The LGBTIQA+ population of Victoria

In their responses to the Victorian Population Health Survey 2017, 1.8% of adults identified as 'gay or lesbian' and 2.8% identified as 'bisexual', while all other groups were estimated to be a fraction of 1%. A further 2.8% did not know if they were non-LGBTIQA+ and 3.4% refused to answer the question or skipped the entire section. The remaining adults identified as being non-LGBTIQA+ (88.1%).

The adult sub-population identifying as lesbian or gay, bisexual, transgender, intersex, queer or other (LGBTIQA+) was 5.7% and grouped, for analytical purposes, into lesbian or gay, bisexual, transgender, gender diverse, intersex, queer, pansexual, asexual or other. These figures were aggregated across all Local Government Areas (LGA's). As noted previously (see Section 1, Background) the proportion of LGBTIQA+ people can vary across Regional or Rural LGA's, with evidence that LGBTIQA+ people may make up 7.9% of the population in Mount Alexander Shire of Victoria, which is about 50% greater than the Victorian Statewide average of 5.7%.

'Metro' (Metropolitan Melbourne) is defined by local government areas (LGA's) and extends from city of Wyndham in the west to Yarra Ranges in the east, and Whittlesea in the north to Mornington Peninsula in the south[27], LGA's not defined as 'Metro' are defined as 'Rural'.

4.4. Statewide LGBTIQA+ socio-economic and health status findings

On a Statewide basis the report outlines the issues that contribute to LGBTIQ+ health inequalities, including demographic characteristics, socioeconomic status, social capital and discrimination. Experiences of discrimination are significantly higher for LGBTIQ+ respondents compared with the proportion in non- LGBTIQ+ respondents, and these persist across ages up to 64 years. The dimensions of social capital measured (trust, support and community engagement) are significantly lower for LGBTIQ+ respondents, as are food security and home ownership.

[27] https://www.planmelbourne.vic.gov.au/__data/assets/pdf_file/0008/376640/Map_13_Metro_Melb_regions.pdf

Consistent with other findings of 'Private Lives 3', 'Writing Themselves In' and other research reports, the Victorian Population Health survey finds the mental health and general physical health are shown to be poorer for LGBTIQ+ adults compared with non- LGBTIQ+ adults, and a higher proportion have two or more chronic illnesses. Smoking is much more common in this group compared with non-LGBTIQ+ respondents, as are asthma diagnoses.

The report supports the well-established theories that minority stress and structural stigma are the key drivers of LGBTIQ+ health differences. The results also indicate that within the LGBTIQ+ community there exists significant differences in health and wellbeing outcomes. For several measures, bisexual, pansexual and/or queer adults experience even greater disadvantage compared with lesbian, gay and heterosexual Victorians. This includes lower income, higher unemployment and lower private health insurance coverage.

Bisexual, pansexual and/or queer respondents were shown to be more likely than heterosexual or lesbian/gay respondents to have poorer self-reported health, low satisfaction with life, feeling life is not worthwhile, higher psychological distress and higher rates of family violence. While the very small numbers of trans or gender diverse respondents prevented identifying significant differences on most measures, some measures were so different that statistical significance was reached. This included experiences of discrimination in the past year, reported by 56.1% of trans or gender diverse adults, 39.9% gay or lesbian and 31.5% bisexual, queer or pansexual respondents compared with 15.6% in non-LGBTIQ+ adults. Trans or gender diverse adults also had a significantly higher prevalence of food insecurity, psychological distress and diagnoses of anxiety or depression.

4.5. Secondary analysis – a comparison of adult LGBTIQA+ people and adult non-LGBTIQA+ people in regional and rural Victoria

This secondary analysis reviewed each of the 29 Appendices tables that compared the health or socio-economic status of LGBTIQA+ adults and non-LGBTIQA+ adults living in Rural Victoria [28] . Each observation was tabulated, and statistical significance of results reported (at 5% confidence limit) for differences between rural LGBTIQA+ and rural non-LGBTIQA+ populations. Statistical significance tests were not available for comparisons between Rural and Metro populations, so it is noted when differences are high. These are presented in Appendix 1 of this paper. The findings of this secondary analysis follow. interpretation.

4.6. Differences in Health Status between LGBTIQA+ and non-LGBTIQA+

Physical Health

- A significantly greater proportion of LGBTIQA+ adults (29.3%) reported their health as Fair or Poor compared to non-LGBTIQA+ adults (19.0%) in Rural Victoria.

[28] Victorian Agency for Health Information 2020, The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017, State of Victoria, Melbourne.

  - While this is a similar finding to Metro, Metro also showed significantly fewer LGBTIQA+ adults reporting Excellent & Good health compared to their Metro non-LGBTIQA+ peers.

- LGBTIQA+ adults in Rural Victoria are more likely to have two or more chronic diseases (36.6%), significantly greater likelihood than non-LGBTIQA+ adults (23.7%).
  - LGBTIQA+ adults living in Metro also show greater incidence of morbidity compared to Metro living non-LGBTIQA+ adults.

- Smoking cigarettes daily was significantly greater amongst of LGBTIQA+ adults (21.4%) compared to non-LGBTIQA+ adults (14.1%) in Rural Victoria, with about 1 in 4.5 LGBTIQA+ adults smoking daily in Rural Victoria c
  - A similar result was observed in Metro, with about 1 in 6 in LGBTIQA+ adults smoking daily in Metro.

- Family violence was experienced by a significantly greater proportion of LGBTIQA+ adults in Rural Victoria (11.8%). This is twice the proportion that non-LGBTIQA+ adults (5.6%) living in rural Victoria experience family violence.
  - In both Rural and Metro LGBTIQA+ people experience about twice the level of family violence than non-LGBTIQA+ adults do.

- Poorer dental health was reported by a significantly greater proportion of LGBTIQA+ Rural adults (32.9%) about 50% more than non-LGBTIQA+ Rural adults (23.7%) who self-report 'Fair or Poor' dental health.
  - In Metro areas there was no significant differences in dental health between LGBTIQA+ and non-LGBTIQA+ populations.

It is noted that there was no Significant difference in diagnosis of asthma between LGBTIQA+ and non-LGBTIQA+ people living in Rural Victoria. However, in Metro a significantly greater proportion of LGBTIQA+ (29.4%) compared to non-LGBTIQA+ people (19.2%) have an asthma diagnosis.

Mental Health

- Diagnoses of anxiety or depression were experienced by a significantly greater proportion of LGBTIQA+ people (49.4%) compared to non-LGBTIQA+ adults (31.7%) in Rural Victoria.
  - Similar significant differences are found in Metro data.
  - The data indicates there may be a greater proportion of LGBTIQA+ people (49.4%) diagnosed with anxiety or depression in Rural Victoria than Metro (43.6%), however the analysis does not allow us to determine if this is a significant difference.

- Significantly greater proportion of LGBTIQA+ adults (26.3%) were experiencing levels of 'High or very High' psychological stress than non-LGBTIQA+ adults (15.5%) in Rural Victoria.
  - Similar significantly different results were found between Metro living LGBTIQA+ (24.0%)and non-LGBTIQA+ adults (14.3%).

Table 1: Summary Health Status Differences: When comparing LGBTIQA+ adults living in Rural Victoria with non-LGBTIQA+ adults living in Rural Victoria, significant health differences were found. LGBTIQA+ people are more likely to:
➢ Have lower health status.* ➢ Greater diagnoses of anxiety or depression.* ➢ More likely to smoke daily.* ➢ More likely to have poorer dental health.* ➢ Experience higher psychological stress. ➢ Experience twice the level of family violence. ➢ Be 50% more likely to suffer from two or more chronic health diseases. **Indicates areas where LGBTIQA+ adults in Rural Victoria experience greater health disadvantage compared to LGBTIQA+ adults in Metro Victoria (differences not subject to statistical analysis).*

4.7. Differences in Socio-economic Status between LGBTIQA+ and non-LGBTIQA+

Economic

- A significantly greater proportion of LGBTIQA+ people (36.1%) were in the low-income group, earning up to $40k in Rural Victoria compared to non-LGBTIQA+ Rural adults (22.6%). A significantly smaller proportion of LGBTIQA+ people (13.8%) earned a high household income of over $100k compared to non-LGBTIQA+ adults (26.7%) in Rural Victoria. There was no significant difference between the two groups in the middle-income range ($40k-$100k).
    - In Metro similarly significant differences were found, except differences were less pronounced, with proportionally fewer LGBTIQA+ in the low-income group and proportionally greater in the high-income group.

- Employment rate was significantly lower amongst LGBTIQA+ adults (54.8%) living in Rural Victoria when compared to non-LGBTIQA+ adults (63.9%) living in Rural Victoria.
    - In comparison there is no significant difference in employment status between LGBTIQA+ and non-LGBTIQA+ people living in Metro Melbourne.

- LGBTIQA+ adults (23.5%) were less able to raise $2k quickly in event of an emergency, compared to non-LGBTIQA+ adults (14.2%), in Rural Victoria.
    - A similar result was found in Metro, except this measure of poverty was less, at 18% of LGBTIQA+ adults in Metro could not raise $2k in event of an emergency.

- Food insecurity was experienced by a significantly greater proportion of LGBTIQA+ adults (14.5%), about double the proportion of non-LGBTIQA+ (7.5%) adults who had experienced food insecurity in Rural Victoria.
    - In Metro, significantly more LGBTIQA people also experienced food insecurity (11.6%) compared to non-LGBTIQA+ people (5.4%).

Personal and Community Connectedness

- Being married or living with a partner was a significantly lower proportion of LGBTIQA+ adults (46.0%) than non-LGBTIQA+ adults (64.8%) in Rural Victoria, and a significantly greater proportion of LGBTIQA+ adults had never married. The latter an unsurprising finding, given how recent marriage equality has been attained.
    - A similar finding to Metro, where 50.3% LGBTIQA+ were married or living with a partner, significantly less than 62.2% non-LGBTIQA+ adults married or living with a partner.

- Social isolation is greater for LGBTIQA+ indicated by a significantly greater proportion of LGBTIQA+ people (29.0%) who had spoken to only between 1-4 adults in the last day compared to non-LGBTIQA+ adults (19.8%). While not statistically significant there was a trend for Rural LGBTIQA+ people to have spoken on fewer occasions to 5-9 or 10+ people in the 24hr period prior to completing the questionnaire.
    - In Metro no significant differences were found between LGBTIQA+ and non-LGBTIQA+ adults in the number of people they had spoken to in the last 24 hrs.

- The feeling of not being valued by society was experienced by a significantly greater proportion of LGBTIQA+ adults (20.6%) who felt 'never or not often' valued by society compared to non-LGBTIQA+ adults (12.6%) in Rural Victoria. A lower proportion of LGBTIQA+ adults (37.1%) felt 'Yes, definitely' valued by society compared to non-LGBTIQA+ (48.8%) in Rural Victoria.
    - In Metro the only significant finding was that a lower proportion of LGBTIQA+ adults (42.5) felt 'yes definitely' valued by society, compared to non-LGBTIQA+ adults (49.1%)

- The period of living in the same neighbourhood was found to be significantly lower proportion of LGBTIQA+ adults (39.6%) compared to non-LGBTIQA+ adults (47.5%) lived in the same neighbourhood for greater than ten years.
    - In Metro, LGBTIQA+ people also tended to live in the same neighbourhood for a shorter time than non-LGBTIQA+ people.

Discrimination, Safety and Trust

- Discrimination had been experienced by a significantly greater proportion of LGBTIQA+ adults (25.2%) than non-LGBTIQA+ adults (13.9%) in Rural Victoria.
    - Metro data indicated a similar significant difference, except a greater proportion of Metro LGBTIQA+ adults (32.3%) experienced discrimination.
    - The data published does not enable testing if this difference between Rural and Metro is statically significant but is does suggest discrimination against LGBTIQA+ in Rural Victoria may be less than Metro.

- The feeling of a lack of personal safety was experienced by a significantly greater proportion of LGBTIQA+ adults (22.0%) who 'never' or 'not often' felt safe walking down a street at night,

compared to non-LGBTIQA+ adults (15.3%) in Rural Victoria. Also, significantly fewer LGBTIQA+ (56.2%) felt 'definitely' felt safe walking down a street at night compared to non-LGBTIQA+ adults (64.5%) in Rural Victoria.

  - This contrasts with Metro there were no significant differences in feeling of safety when walking down a street at night between LGBTIQA+ and non LGBTIQA adults.

- The feelings of a lack of trust were experienced by a significantly greater proportion of LGBTIQA+ adults (23.1%) who "never or not often'' had feelings of trust, compared to non-LGBTIQA+ adults (15.1%) in Rural Victoria.
  - This result contrasts with Metro there were no significant differences between LGBTIQA+ and non-LGBTIQA+ adults in feelings of trust.

Table 2: Summary Socio-economic Differences: When comparing LGBTIQA+ adults living in Rural Victoria with non-LGBTIQA+ adults living in Rural Victoria, significant socio-economic differences were found, making it more likely LGBTIQA+ people to :
➢ Live in households with lower income.* ➢ Are unemployed.* ➢ Are unable to raise $2k in the event of an emergency.* ➢ Experience less trust.* ➢ Feel less safe.* ➢ Feel less valued.* ➢ Are more isolated from friends and neighbours.* ➢ Experience more discrimination.* ➢ Are not married or living with a partner. ➢ Have experienced twice the likelihood of food insecurity. ➢ Stay in the same neighbourhood over ten years. **Indicates areas where LGBTIQA+ adults in Rural Victoria experience greater socio-economic disadvantage compared to LGBTIQA+ adults in Metro Victoria (differences not subject to statistical analysis).*

4.8. Similarities in socio-economic status between LGBTIQA+ and non-LGBTIQA+

When comparing LGBTIQA+ people living in rural Victoria with LGBTIQA+ adults, there were no statistically different findings in the following areas:

Economic:

No differences between LGBTIQA+ and non-LGBTIQA+ in Rural were found for:

- Educational attainment (i.e. High school; TAFE or Trade; or, University): A similar result to that found in Metro.
- Likelihood of having private health insurance: A similar result to that found in Metro.
- Home ownership: A similar result to that found in Metro; however, at a State-wide level a significantly greater proportion of LGBTIQA+ people's homes were mortgaged or rented.

Personal and Community Connectedness

No differences between LGBTIQA+ and non-LGBTIQA+ in Rural were found for:

- Country of birth: In Metro a significantly greater proportion of LGBTIQA+ adults were born in Australia than overseas.
- Language spoken at home: In Metro a significantly greater proportion of LGBTIQA+ homes spoke English compared to non-LGBTIQA+ people's homes.
- Aboriginal or Torres Strait Islander status: A similar result to that found in Metro.

Discrimination, Safety and Trust

No difference between LGBTIQA+ and non-LGBTIQA+ in Rural were found for:

- Feelings about 'opportunities to have a say' in society, a similar result to Metro.
- Tolerance in feeling multiculturalism has made life better. However, in Metro a significantly greater proportion of LGBTIQA+ people (66.5%) felt multiculturalism made life better than non-LGBTIQA+ people (55.8%).
- Life satisfaction (Low, Medium, High or Very high). In Metro a significantly greater proportion of LGBTIQA+ people report Low or Medium life satisfaction than non-LGBTIQA+ people
- Feeling of being worthwhile in society. In Metro significantly greater proportion of LGBTIQA+ people (22.7%) report Low or Medium feeling that life is worthwhile than non-LGBTIQA+ people (16.6%).

Table 3: Summary - Similarities:
When comparing LGBTIQA+ adults living in rural Victoria with non-LGBTIQA+ adults living in Rural Victoria, there are no significant differences in:

➢ Country of birth. ➢ Language spoken at home. ➢ Aboriginal or Torres Strait Islander status. ➢ Educational attainment. ➢ Likelihood of private health insurance . ➢ Feelings about 'opportunities to have say' in society.	➢ Diagnosed with asthma. ➢ Home ownership. ➢ Life satisfaction. ➢ Feeling of being worthwhile in society. ➢ Tolerance in feeling multiculturalism has made life better.

5. DISCUSSION AND CONCLUSIONS

5.1. Unambiguously, there are health inequalities.

The findings of this review demonstrate unambiguously there is a significant health inequality for LGBTIQA+ people living in regional and rural Victoria when compared to (i) their equivalent non-LGBTIQA+ people living in regional and rural areas, and (ii) to LGBTIQA+ people living in metropolitan areas.

In recent years important legislative advances have been made in areas of anti-discrimination law, banning of 'gay conversion' therapy, legalisation of marriage equality and the ability for birth certificates to reflect gender identity (in some states and territories). These have all led to greater

social acceptance and knowledge of LGBTIQA+ lives, including in regional and rural Australia. LGBTIQA people are now staying in regional and rural areas, and LGBTIQA+ 'tree-changers' are moving from metropolitan areas. These social advances are expected to improve the health and wellbeing of LGBTIQA+ people in the longer term, however, this review shows such improvements are not yet reflected in LGBTIQA+ populations in regional/rural settings and a need for targeted services exists.

The reports reviewed here provide a valuable insight across a range of key health and wellbeing measures amongst the LGBTIQA+ sub-population. While these findings are generally based on self-reported health conditions and lack clinical diagnoses that would provide greater definition and better guide health promotion interventions, they are nevertheless valuable and collected on the same self-reporting basis used by the Victorian Population Health Survey.

Indices of LGBTIQA+ health do not exist at the LGA (Local Government authority) level, the level of statistics often used in health service planning, however given the consistency of LGBTIQA+ health inequality indicators across the Victorian Population Health Survey and published University research findings, data at the LGA level is unlikely to add any significant new information to that which is already known. Therefore, data at the LGA level does not seem essential for change. Should LGA level data become available in a reliable form (sample size may be too small) it should be used.

The information presented in this report can, and should, be used today by regional and rural health services in their evidence-based strategic, budgetary, and operational planning.

5.2. Summary of health inequalities

In summary, LGBTIQA+ people living in regional and rural Victoria are more likely to experience:

- **A lower health status**, including:
  - 50% more likely to experience two or more chronic illnesses.
  - Poorer life satisfaction.
  - Lesser acceptance, including at health care services.
- **Higher diagnoses of mental health conditions**, including:
  - Greater diagnoses of anxiety or depression.
  - Experience higher psychological stress (including young people).
  - Greater difficulty in accessing inclusive mental health services
- **Higher suicide risk** (both LGBTIAQ+ adult and youth), including,
  - Higher suicide ideation
  - Higher suicide attempts
- **More likely to smoke tobacco daily**.
- **Higher use of AOD**, including,
  - Higher alcohol use
  - Higher illicit drug use
  - Less likely to have AOD harm reduction campaigns inclusive of LGBTI+ people and issues they face.

- **More likely to have poorer dental health**.
- LGBTI+ young people likely to have **mixed and inconsistent experiences when visiting a GP, ranging from ignorant to harmful interactions**.

This review also shows socio-economic life of LGBTIQA+ people in regional and rural Victoria is likely to be poorer than non-LGBTIQA+ people in regional and rural Victoria. LGBTIQA+ people are more likely to experience:

- **Greater social isolation,**
  - Lack of community connectedness
  - Greater isolation from friend s and neighbours
  - Feelings of being unsafe, less valued, have less trust
- **Verbal or physical harassment or assault** (including based on sexuality of gender identity)
  - Especially youth (14-21 yrs.)
  - Experience twice the level of family violence.
- **Lower levels of support in educational institutions** for young people.
- **Greater financial hardship, living in lower economic households**
  - Lower household incomes
  - Higher unemployment'
  - Higher inability to raise $2k in event of emergency
- **Experience twice the likelihood of food insecurity**

The compounding relationships between socio-economic disadvantage and poor health outcomes are well established[29] with a discussion of this area outside the scope of this paper. However, it is noteworthy that the VAHI data and discussion reported here are the first analyses to compare both the health and socio-economic status of LGBTIQA+ adults and non-LGBTIQA+ adults living in Rural Victoria, and surprising that is shows such significant differences in both areas.

Knowledge of this socio-economic disadvantage is a factor for health services to consider when crafting their responses to meet the LGBTIQA+ health inequality.

This review also demonstrates that addressing this LGBTIQA+ health advantage needs to be addressed in both GP and Community Health levels.

5.3. What can health services do today?

There is much that regional and rural health services can do today, and it is pleasing that some are making significant progress in addressing LGBTIQA+ health inequality.

[29] Se for example https://www.aihw.gov.au/getmedia/11ada76c-0572-4d01-93f4-d96ac6008a95/ah16-4-1-social-determinants-health.pdf.aspx and https://www.health.vic.gov.au/your-health-report-of-the-chief-health-officer-victoria-2018/health-inequalities/social .

The first step for change is to acknowledge the problem is real - regional and rural communities include about 6% LGBTIQA+ people, in the past often 'the hidden people' and often still so today for older people, and for those younger people coming to understand their non-heteronormative sexuality and gender identity. It is also important to acknowledge those at the intersection of low socio-economic status and being LGBTIQA+ experience the greatest health disadvantage.

Any person using a health service may be LGBTIQA+, only a few will present making their identity visible. So a visibly welcoming and safe environment is important so that they feel safe to attend and when in consultation to disclose, if relevant, their sexuality / gender identity and health issues. Staff training needs to support this, from the front desk, to nursing, medical and allied health staff so that all are confident with LGBTIQA+ people and LGBTIQA+ people feel respected, valued and errors such heteronormative assumptions and mis-gendering are avoided. Many resources are available to assist health services. One is the Victorian Government's resources to support community health services in inclusive service planning and practices for LGBTIQA+ communities[30]. Another is La Trobe University's 'Rainbow Tick'[31] a world first quality framework to help health and human services organisations become safe and inclusive for the LGBTIQ community.

The data in this report can be used today for planning immediate and longer-term changes. Existing services addressing health issues of mental health, suicide, AOD , needle exchange, cigarette & vaping, family violence, housing services and social connection can be reviewed and adapted to ensure they are inclusive of LGBTIQA+ needs, or, specialist strands developed (even within existing budgets) that especially target ill-health impacting LGBTIQA+ people.

Additional new services can be created within the current funding cycle from philanthropic sources, bidding new government funded initiatives, and cost savings elsewhere in the organisation. Longer term, new services need to be included in the usual 5-year strategic planning cycle.

Health services should collect health data that, under appropriate confidentiality arrangements, includes sexuality and gender identity, and that this data is analysed regularly and used to continuously improve the scope and details of health services.

An LGBTIQA+ advisory committee of people with lived experienced in the local community, demonstrates good-will, and enable health service providers in gaining important insights into LGBTIQA+ health concerns, support community engagement and priority setting.

Regional and rural health care services could also share their experiences and evaluation of successful LGBTIQA+ health programs with other Regional and Rural services through a regional and rural LGBTIQA annual health forum, or similar.

[30] https://www.health.vic.gov.au/community-health/community-health-pride-lgbtiq-inclusive-practice-resources
[31] https://rainbowhealthaustralia.org.au/rainbow-tick

5.4. What don't we know ? …further research needed

This paper does not review LGBTIQA+ health promotion interventions in regional and rural communities, however we did note one recent intervention in the Mount Alexander Shire in central Victoria[32]. It was successful in increasing the social connectedness of LGBTIQA+ individuals, improving social cohesion and increased likelihood of individuals engaging with the local health services, all positive indicators in overcoming physical and mental health disadvantage.

Understanding which targeted LGBTIQA+ health interventions work in regional and rural communities is needed. An Australian and international literature review of effective LGBTIQA+ health intervention models and techniques for regional and remote communities is a high priority. The review should be presented as a resource for regional and rural health services to use in improving or developing their new services.

Some information is missing from this review. The specific experiences of regional and rural Trans, bi and intersex people are not included. Such information is essential to guide their healthcare needs and should be reviewed and reported. Similarly, the intersections of sexuality and gender diversity with those living with aboriginal and Torres Strait Islander heritage, disability, and from cultural/religious diverse families in regional and rural communities, also needs to be understood and reported in ways useful to regional and rural healthcare shaping their services.

In recent years many regional and rural areas hold 'Pride' celebrations of various types, some supported by not-for-profit groups such as Rural Pride Australia (RPA) [33] or Q+[34] . When these organisations attend regional and rural pride events, they make contact with many LGBTIQA+ groups and people. RPA and Q+ have expressed great interest in working with LGBTIQA+ health researchers to collecting survey data from the regional and rural communities they visit.

Further analysis of the Private Lives 3 database, and other data sets La Trobe University hold should be considered if it has prospect for providing new evidence to assist shaping of regional and rural LGTIQA+ heath services.

5.5. What does success look like?

Success for a LGBTIQA+ person in regional and rural Australia is:

- Feeling welcome, safe and respected at a health service.
- Staff do not make heteronormative assumptions, or mis-gender clients.
- A comprehensive model of health is used, including: sexuality and gender identity; physical; cultural; emotional; economic and social aspect of an individuals life are considered.

[32] Couch D and Clow S (2023) 'Supporting LGBTIQA+ communities in small rural settings: a case study of health promotion in a community health service'. Aust Journal of Primary Health **29(4) 306-311**.
[33] http://www.niche.org.au/
[34] https://quplus.com.au/

- GP staff are knowledgeable of LGBTIQA+ health matters and are willing to refer to specialist physicians as needed.
- Some ill-health prevention and early intervention services are specifically tailored to LGBTIQA+ needs (e.g. mental health, suicide prevention, AOD, sexual health), while others are mainstream and designed to be inclusive of LGBTIQA+ people.

For a fair, rationale, evidence-based decisions in regional and rural health care planning and delivery, new investment is needed in (i) comparative data that identifies health status and care needs of LGBTIQA+ sub-populations in regional, rural and remote settings, compared to the general population in regional, rural and remote population, (ii) sufficient targeted funding for health services to provide specific training of staff in LGBTIQA+ health, and, health interventions to overcome the inequality 'gap' in health and wellbeing status for LGBTIQA+ people and the general community.

6. **RECOMMENDATIONS –** *under development*

APPENDIX 1 – Original data and it's interpretation from 'The health and wellbeing of the LGBTIQ population in Victoria [35]

Parameter	**Rural Non-LGBTIQA+**	**Rural LGBTIQA+**		**Interpretation of data, including comparison of Rural with Metropolitan**
Table 3. Country of birth - Australia	86.6%	87.4%	No Sig difference	• No significant difference in the proportion of LGBTIQA+ and non-LGBTIQA+ people born in Australia or Overseas in Rural Victoria. • In Metro a significantly greater proportion of LGBTIQA+ were born in Australia than overseas.
Table 6. Language spoken at home English	93.0%	91.2%	No Sig difference	• No significant difference in the proportion of LGBTIQA+ homes and non-LGBTIQA+ homes that spoke English or a language other than English at home in Rural Victoria. • In Metro significantly a greater proportion of LGBTIQA+ homes spoke English compared to non-LGBTIQA+ people's homes.
Table 9: Aboriginal / Torres Strait Islander	1.5%	4.2%	No Sig difference (Caution)	• No significant difference between the proportion of LGBTIQA+ and non-LGBTIQA+ people identifying as Aboriginal / Torres Strait Islander. • At a State level (Rural & Metro combined), a significant 2.1% of Aboriginal and Torres Strait Islander people identified as LGBTIQA+, but it is noted this should be interpreted with caution.
Table 12: Marital Status [Married or living with partner / widowed divorced or separated / never married]	68.8%	46.0%	Married or living with partner Sig. diff 5%	• A significantly lower proportion of LGBTIQA+ people (46.0%) than non-LGBTIQA+ people (64.8%) reported being married or living with a partner in Rural Victoria, and, a significantly greater proportion of LGBTIQA+ people had never married. • A similar finding to Metro, where 50.3% LGBTIQA+ were married or living with a partner, significantly less than 62.2% non-LGBTIQA+ people married or living with a partner.
Table 15: Household income -up to $40k	22.6%	36.1%	Sig. diff 5%	• Less $40k:Significantly greater proportion of LGBTIQA+ people (36.1%) were in the low-income group, earning up to $40k in Rural Victoria compared to non-LGBTIQA+ people (22.6%). • $40-$100k: No significant difference between LGBTI+ and non-LGBTIQA+ people in the middle-income range $40-100k in Rural Victoria.
Table 15: Household income -$40-$100k	35.4%	34.5%	No Sig difference	
Table 15: Household income - Over $100k	26.7%	13.8%	Sig diff 5%	

[35] https://vahi.vic.gov.au/sites/default/files/2021-12/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria.pdf

				• Greater $100k: Significantly smaller proportion of LGBTIQA+ people (13.8%) earned high household of over $100k compared to non-LGBTIQA+(26.7%) in Rural Victoria. • In Metro similarly significant differences were found, except differences were less pronounced, with proportionally fewer LGBTIQA+ in the low-income group and proportionally greater in the high-income group.
Table 18: Educational attainment: [Did not complete high school; TAFE or Trade; University].			No Sig difference	• No significant difference in educational attainment (not complete high school; TAFE or Trade; or University) between LGBTIQA+ people and non-LGBTIQA+ people in Rural or Metro Victoria.
Table 21: Employment: [Employed, Not employed; Not in workforce]	63.9%	54.8%	Employed Sig diff 5%	• A significantly lower proportion of LGBTIQA+ people (54.8%) were employed compared to non-LGBTIQA+(63.9%) in Rural Victoria. • No significant difference in employment status between LGBTIQA+ and non-LGBTIQA+ people was found in Metro.
Table 24: Can raise $2k in event of an emergency.	83.7%	75.8%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (23.5%) could not raise $2k quickly in event of an emergency, compared to non-LGBTIQA+ people (14.2%), in Rural Victoria. • A similar result was found in Metro, except only 18% of LGBTIQA+ people in Metro could not raise $2k in event of an emergency.
Table 27: Private health insurance – Yes	45.4%	36.8%	Sig diff 5%	• No significant difference existed in the proportion of LGBTIQA+ people (36.8%) and non-LGBTIQA+ people (45.4%) who held private health insurance coverage in Rural Victoria. • Metro data showed the same finding.
Table 30: Had Experienced Food Insecurity	7.5%	14.4%	Sig diff 5%	• Significantly greater proportion of LGBTIQA+ (14.5%), about **double** the proportion of non-LGBTIQA+(7.5%) people experienced food insecurity in Rural Victoria. • In Metro, significantly more LGBTIQA people also experienced food insecurity (11.6%) compared to non-LGBTIQA+ people (5.4%).
Table 33 Feelings of Trust: [Never or not often / Sometimes / Yes definitely]	15.1%	23.1%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (23.1%) never or not often had feeling of trust, compared to non-LGBTIQA+ people (15.1%) • In Metro there were no significant differences between LGBTIQA+ and non-LGBTIQA+ people in feelings of trust.

Table 36: Feeling safe walking down a street at night: [Never or not often / Sometimes / Yes, definitely / NA]	14.2% 64.5%	22.0% 56.2%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (22.0%) 'never' or 'not often' felt safe walking down a street at night, compared to non-LGBTIQA+ people (15.3%) in Rural Victoria. Also significantly fewer LGBTIQA+ (56.2%) felt 'definitely' felt safe walking down a street at night compared to non-LGBTIQA+ people (64.5%) in Rural Victoria. • In Metro there were no significant differences in feeling of safety.
Table 39: Feeling valued by society: [Never not often / Sometimes / Yes definitely]	11.5% 48.8%	20.6% 37.1%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (20.6%) felt 'never or not often' valued by society compared to non-LGBTIQA+ people (12.6%) in Rural Victoria; also a lower proportion of LGBTIQA+ people (37.1%) felt 'Yes, definitely' valued by society compared to non-LGBTIQA+(48.8%) in Rural Victoria. • In Metro the only significant finding was that a lower proportion of LGBTIQA+ people (42.5) felt 'yes definitely' valued by society, compared to non-LGBTIQA+ people (49.1%)
Table 42: Opportunities to 'Have a say': [Never not often / Sometimes / Yes definitely]	-	-	No Sig difference	• No significant differences were found between LGBTIQA+ and non-LGBTIQA+ people in their feelings about 'having a say' in Rural Victoria. • The same was found in Metro.
Table 45: Tolerance – Does multiculturalism make life in your area better? [Never not often / Sometimes / Yes definitely.]	-	-	No Sig difference	• No Significant difference was found between LGBTIQA+ and non-LGBTIQA+ people in the extent to which they felt multiculturalism made life better in Rural Victoria. • In Metro a significantly greater proportion of LGBTIQA+ people (66.5%) felt multiculturalism made life better than non-LGBTIQA+ people (55.8%).
Table 48: Spoken to someone in last day; [None; 1-4 people; 5-9 people; 10+ people	19.8%	29.0%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (29.0%) had spoken to only between 1-4 people in the last day compared to non-LGBTIQA+ people (19.8%). While not statistically significant there was a trend for Rural LGBTIQA+ to have spoken on fewer occasions to 5-9 or 10+ people in the 24hr period. • In Metro no significant differences were found .
Table 51: Property ownership status [Owned / has mortgaged or renting / Other]	-	-	No Sig difference	• No Significant difference were found between LGBTIQA+ and non-LGBTIQA+ people in the proportion owning or mortgaged/renting their home • The same was found in Metro; however at a State-wide level a significantly greater proportion of LGBTIQA+ people's homes were mortgaged or rented.

Table: 54 Neighbourhood tenure (years) [less1 / 1-5 / 5-10; greater 10]	49.1%	39.6%	Sig diff 5%	• Significantly lower proportion of LGBTIQA+ people (39.6%) compared to non-LGBTIQA+ people (47.5%) lived in the same neighbourhood for greater than ten years. • The same result was found in Metro.
Table 57: Experiences of discrimination [Yes /No]	13.9%	25.2%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (25.2%) had experienced discrimination than non-LGBTIQA+ people (13.9%) in Rural Victoria. • Metro data indicated a similar significant difference, except a greater proportion of Metro LGBTIQA+ people (32.3%) experienced discrimination. • The data does not support testing if this difference is statically significant but is does suggest discrimination against LGBTIQA+ in Rural Victoria may be less than Metro.
Table 60: Self-Rated Health Status [Excellent & Very Good / Good / Fair & Poor]	19.0%	29.3%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (29.3%) reported their health as Fair or Poor compared to non-LGBTIQA+ people (19.0%) in Rural Victoria. • A similar result to Metro, except in Metro a significantly fewer LGBTIQA+ people reported Excellent & Good health compared to their non-LGBTIQA+ peers.
Table 63: Life satisfaction status [Low or medium / High / Very High]	-	-	No Sig difference	• No Significant Difference in the proportion of LGBTIQA+ and non-LGBTIQA+ people experiencing Low, Medium, High or Very high life satisfaction in Rural Victoria. • In Metro significantly greater proportion of LGBTIQA+ people report Low or Medium life satisfaction than non-non-LGBTIQA+ people.
Table 66: Feeling of life being worthwhile [Low or medium / High / Very High]	-	-	No Sig difference	• No Significant difference between LGBTIQA+ and non-LGBTIQA+ people in the feeling of life being worthwhile in Rural Victoria. • In Metro significantly greater proportion of LGBTIQA+ people (22.7%) report Low or Medium feeling that life is worthwhile than non-LGBTIQA+ people (16.6%).
Table 69: Psychological distress level [Mild / Moderate / High or Very High]	15.5%	26.3%	Sig diff 5%	• Significantly greater proportion of LGBTIQA+ people (26.3%) experiencing levels of 'High or very High' psychological stress than non-LGBTIQA+ people (15.5%) in Rural Victoria. • Similar significant results were found in Metro populations.
Table 72: Diagnosis of anxiety or depression [Yes / No]	31.7%	49.4%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (49.4%) diagnosed with anxiety or depression compared to non-LGBTIQA+ people (31.7%) in Rural Victoria. • Similar significant differences are found in Metro data, however data indicates there may be a greater proportion of LGBTIQA+ people diagnosed with anxiety or depression

				in Rural Victoria. The analysis does not allow us to determine if this is a significant difference.
Table 75: Experience of family violence [Yes / No]	5.6%	11.8%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (11.8%) have experienced family violence, this is twice the experience of non-LGBTIQA+ people (5.6%) living in Rural Victoria. • In both Rural and Metro LGBTIQA+ people experience about twice the level of family violence than non-LGBTIQA+ people do.
Table 78: Smoking status [Daily / Occasional / Ex-smoker / non-smoker]	14.1%	21.4%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (21.4%) smoke daily compared to non-LGBTIQA+ people (14.1%) in Rural Victoria • A similar significant result to Metro • However, about 1 in 4.5 LGBTIQA+ people smoking daily in Rural Victoria compared to about 1 in 6 in Metro.
Table 81: Diagnosed with asthma [Yes / No]	-	-	No Sig difference	• No Significant difference in diagnosis of asthma between LGBTIQA+ and non-LGBTIQA+ people. • In Metro a significantly greater proportion of LGBTIQA+ (29.4%) compared to non-LGBTIQA+ people (19.2%) have an asthma diagnosis.
Table 84: Morbidity status [No chronic disease / One chronic disease / two or more chronic diseases]	28.7%	36.6%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (36.6%) have two or more chronic diseases, **about 50% more** than non-LGBTIQA+ people (23.7%) living in Rural Victoria. • A similar result to Metro.
Table 87; Self-reported dental health status [Excellent & very Good / Good / Fair & Poor]	23.7%	32.9%	Sig diff 5%	• A significantly greater proportion of LGBTIQA+ people (32.9%) about 50% more experience than non-LGBTIQA+ people (23.7%) self-report 'Fair or Poor' dental health in Rural Victoria. • In Metro no significant differences were evident.

Ends.