



LETTER/OP-ED

It's Time to Mobilize in Support of *Inclusive* LGBTQ+ Community Needs Assessments

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An increasing number of individuals are openly identifying as lesbian, gay, bisexual, transgender, gender nonconforming, or queer (LGBTQ+), with Ohio patterning national trends.¹ Dr. Gary Gates, a forefront expert in LGBTQ+ demography, estimates that 4.5% of Ohio's total population self-identify somewhere on the LGBTQ+ spectrum.¹ Despite increasing numbers of LGBTQ+ Ohioans with very specific health and social service needs, few Ohio cities are engaging in LGBTQ+ specific community needs assessments, and even fewer rural areas engage in the practice at all. Capturing insight about the health status, strengths, and weaknesses in community services and resources designed for members of the LGBTQ+ communities in Ohio, *including its marginalized communities* (eg, rural, low income, people of color), would better inform key stakeholders to serve and support the LGBTQ+ community in all domains of life.

Traditionally, community needs assessments are geographically bound; however, this strategy is not sufficient for assessing LGBTQ+ community needs. Published literature documents a history of gentrification in gay districts and 'gayborhoods' as well as a painful history of exclusion and discrimination resulting in the diffusion of specific LGBTQ+ subgroups from these geographically bound built gay communities into surrounding neighborhoods.² Geographically binding LGBTQ+ specific community needs assessments to known gay districts and noninclusive gay community structures leads to the exclusion of marginalized LGBTQ+ individuals from engaging in the community needs assessment data collection process. Overlooking the importance of intentionally capturing inclusive data, caters to a predominately white upper-class and middle-class gay male demography, yielding a misrepresentation in the actual health status and needs of the entire population. This results in disproportionate distribution of resources to marginalized members of the LGBTQ+ community, specifically people of color and low-income communities.³

Obtaining *inclusive* community needs assessment data is possible in urban and rural settings of Ohio, although it is no easy task. With more individuals openly identifying as part of the LGBTQ+ community each year, there is a palpable LGBTQ+ presence in Ohio cities and increased need in the most rural areas. Expanding data collection outside of metronormative⁴ gay spaces dominated by white, cisgender men who populate "gayborhoods"⁵ to inclusive queer spaces that encompass diverse members of the LGBTQ+ community who may be underrepresented in traditional community needs assessments⁶ is a necessary first step (eg, transgender and gender expansive communities, people of color, cisgendered women, low-income and rural populations).

Public health professionals within local health departments and hospital systems throughout the state of Ohio can provide resources and leadership to community organizations and stakeholders who otherwise do not have the expertise or funding to mobilize collaboratively in conducting *inclusive* community needs assessments that inform their support of and advocacy for the LGBTQ+ community on an ongoing basis. Approaching community needs assessment methodologies with the intentionality of inclusion is essential to secure the voices and needs of all members of the LGBTQ+ community. This approach results in a better-informed public health system and an improvement in the health and well-being of the LGBTQ+ community.

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