The Pride of Rural Virginia

Kickoff Celebration





We will start at 1pm

The Pride of Rural Virginia

Hosted by the Virginia Rural Health Association

In Partnership with:

- Equality Virginia
- Farmville Pride
- LewisGale Hospital Pulaski
- Planned Parenthood South Atlantic
- UVA Cancer Center
- Unite Virginia
- Valley Health
- Women's Resource Center of the New River Valley



Today's Agenda

- 1) Welcome
- 2) Background
- 3) Project Overview
- 4) Project Implementation
- 5) Next Steps
- 6) How to Get Involved
- 7) CELEBRATE!



Welcome Dr. Levine!

Rachel L. Levine, M.D. Assistant Secretary for Health Department of Health and Human Services







Welcome Deputy Siddiqui!

Deputy Chief Diversity Officer and Senior Policy Advisor Office of Diversity, Equity, and Inclusion Office of Governor Ralph S. Northam

IT Guidelines

- Stay muted unless speaking
- Use the chat box to respond to questions
 - Limited phone function
 - *6 mute/unmute
 - *9 raise hand

Include preferred name and pronouns on screen



Welcome from VRHA

Bryan Price (he/his) President Virginia Rural Health Association

Background

Beth O'Connor, M. Ed. (she/her) Executive Director Virginia Rural Health Association



What does "Rural Pride" Mean to You?

Rural Pride is...

- Proud to be LGBTQ and proud to live in rural Virginia
- Rural is for EVERYONE
- Breaking barriers
- Being present
- Proud to be ME
- All LGBTQIA+ citizens feel supported
- Breaking language barriers
- Be an ally and raise awareness
- Being an ally, raising awareness
- standing up for both queer values and rural values, some 'progressive' and some 'conservative', and always respecting the hard work it takes to live in rural Virginia (to get to health care, to get to school, to have and keep a job and get to work, to share our values, etc)

- Being open to having difficult conversations
 - Helping to be an educated health care provider and being an advocate for my patients and friends/ family that are a part of the LGBTQ community

Terminology

• LGBTQIA+ umbrella term for all people who have nonnormative gender identity or sexual orientation with acknowledgement that there are non-cisgender and non-straight identities which are not included in the acronym.

> The language used to talk about LGBTQIA+ people is constantly evolving. New terms appear. Terms that were forgotten or unused, even terms that at some point were deemed derogatory, have been reclaimed and have entered into common parlance today.

> > - OutRight International

Terminology

- Health Equity: every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances
- Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.
 - CDC

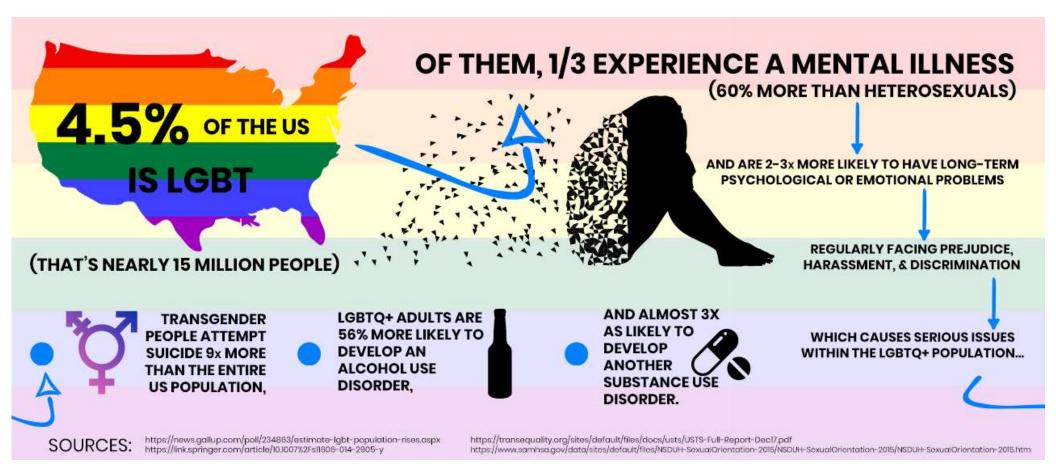


What do we know about health inequity

for the LGBTQIA+ population?

LGBTQIA+ healthcare access and experience

- Harsh or abusive language:
 - 9% of LGB patients
 - 21% of transgender patients
- 33% of transgender patients reported a negative encounter with a healthcare provider in the last year
- Forgo medical care
- Limited state protections



LGBTQIA+ suicidality



- 3x higher rate of contemplating suicide
- 5x higher rate of attempts among youth



LGBTQIA+ health outcomes

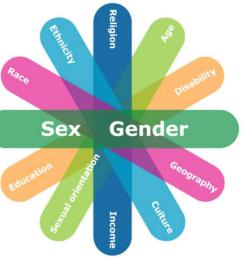
- 2x more likely to lack health insurance coverage
- Increased risk of physical health issues
- Decreased access to services for fertility, STIs, gender affirmation
- Increased chronic health concerns



Intersectionality

The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage

• Kimberlé Williams Crenshaw



What do we know about health inequity for the

rural LGBTQIA+ population?

LGBTQIA+ experience in rural America

- 3-5% of adults and 10% of youth
- Fewer targeted health services
- Rural communities are still on average less likely to be supportive of protections for LGBTQIA+ individuals

Lack of Options

"If the local clinic decides it won't treat an LGBTQ+ person or if an employer won't give an LGBTQ+ person a job, alternatives are almost impossible to find. That's not the case in cities."

- Movement Assistance Project



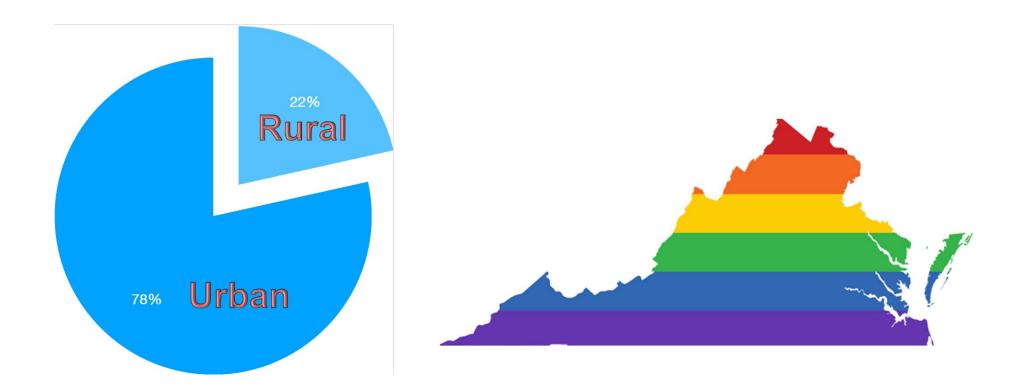
Lack of Confidentiality

"Everyone sees the same doctor. Every member of my family went to the same doctor," said one patient when describing his own rural healthcare reality. "At 14, I wouldn't tell the doctor my sexual orientation because I'd know he also sees my parents. "

- Rural Monitor



There are an estimated 426,000 people who identify as LGBTQIA+ statewide



How can The Pride of Rural Virginia make a difference?

Promote healthcare settings which provide a safe and affirming environment



ALL COUNTRY BOYS ARE BIGOTS

HAPPY PRIDE MONTH

Slide 25

OB1 O'Connor, Beth, 6/8/2021

Federal Office of Rural Health Policy

<u>Objective 1:</u> provide educational and community opportunities to increase knowledge of LGBTQIA+ issues among healthcare providers and community stakeholders.

<u>Objective 2</u>: create and disseminate tools to determine the future needs for addressing health for LGBTQ+ persons in rural Virginia.

Phase 1

- Host 5 community chats across the state to better understand local challenges and opportunities to address health priorities of LGBTQIA+ people in rural areas
 - o Virtual?
- Use information from the chats to determine next steps



Phase 2

- LGBTQIA + cultural humility trainings in healthcare settings
- "Pride of Rural Virginia" certification program for providers who have completed the training
- Launch a portal which gives LGBTQIA+ community members the opportunity to recommend providers who are affirming and anonymously report those who are not.

What will happen in the Community Chats?

- Information from community members and healthcare providers will be collected to give a picture of what is happening in the community
- Participants can share ways to improve health outcomes, resources, and provider experiences in a chat moderated by their community peers



Who should attend? Folks who are excited to improve health access, quality of care, and resources for the LGBTQIA+ community, including:

Folks that identify as LGBTQIA+

- Folks that are in solidarity with the LGBTQIA+ community or identify as an ally/advocate
- Health providers that identify as LGBTQIA+ and/or want to stand in solidarity with the LGBTQIA+ community

Where do we start?

All events will be 1-3pm 1)July 10: Danville/Pittsylvania 2)July 31: Martinsville/Henry 3)August 21: Farmville/Prince Edward County 4) August 28: Pulaski County 5 5)September 18: Shenandoah County 3

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Where should we go next???

Tell us in the chat box

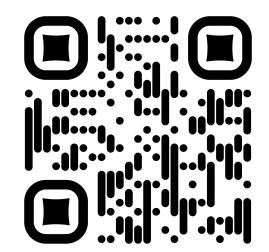
- Radford
- Northern Neck/Middle Pennisula
- Montgomery County
- Roanoke
- Bedford County
- Eastern Shore
- Giles
- Central Virginia
- Tazewell
- Wytheville
- Floyd
- Big Stone Gap
- Fredericksburg/Emporia



How do I sign up?



vrha.org/pride



https://linktr.ee/VRHA

Make sure to RSVP by the Wednesday before your community date

Where can I learn more and get involved?



On Apple or Android



@varuralhealth



vrha.org



staff@vrha.org



facebook.com/ VaRuralHealth/



540-231-7993



Planned Parenthood South Atlantic



UVA CANCER CENTER An NCI-Designated Cancer Center

Farmville

PRIDE





Healthier, together.



UNITE VIRGINIA



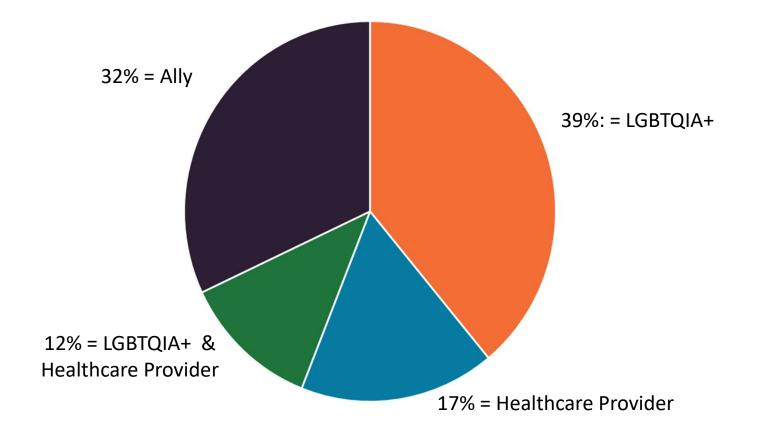


HRSA Federal Office of Rural Health Policy for their grant which made this program possible

VDH State Office of Rural Health for their assistance with this project

Office of the Governor

Who's here today?



What excites you about this project?

Tell us in the chat box:

- Opportunity to have a structure through which to deliver additional suicide prevention resources in rural areas
- Support system
- · Hope to learn more to serve patients equitably
- Making connections locally, regionally and statewide!
- I've experienced some issues in my community getting informed care for my LGBTQIA+ family members
- I'm excited to help people get ideas about where to look for friendly providers
- True Heath equity can't be achieved until everyone's needs are thoughtfully addressed
- Helping folks in rural settings know that we are not alone.
- I think hope, when there isn't a connection or there's not visibility a lot of people feel isolated even more so when the hate voices can be so loud and visible



 rural disparities, inequities, injustices must be overcome ... and only collective effort will convince legislators to pay to overcome them (since most legislators are NOT from rural areas)



Afterparty!

Don't forget to register for your community!





https://linktr.ee/VRHA

