

Improving Access to LGBTQIA+-Friendly Care in Rural Areas

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Key Findings

- Patient experience of care is an important component of accessing health care services, yet not all rural health care providers are lesbian, gay, bisexual, transgender, queer/questioning and asexual/agender (LGBTQIA+)-friendly or affirming.
- This case series profiles two organizations doing unique work in the area of rural, LGBTQIA+ health care: The Pride of Rural Virginia and Rural TransECHO.
- Both organizations in this case series emphasized the need for everyone working in the health care space, not just clinicians, to receive training in LGBTQIA+ cultural sensitivity.
- Organizations working to improve the experience of care for LGBTQIA+ individuals serve a critical role in expanding access to culturally sensitive health care in rural areas.

Purpose

The purpose of this case series is to highlight organizations doing exemplary work to improve access to and experiences of health care among lesbian, gay, bisexual, transgender, queer/questioning, and asexual/agender (LGBTQIA+) individuals in rural communities across the US. These may serve as examples to others considering this work.

Background and Policy Context

Accessing high quality, inclusive, and affirming health care is a key component to maintaining good physical and mental health. However, LGBTQIA+ individuals face many barriers to accessing health care, including lack of health insurance, a shortage of health care providers that are skilled in treating LGBTQIA+ patients, as well as stigma and discrimination in health care settings.^{1,2}

Many rural LGBTQIA+ residents have the added challenge of finding a knowledgeable and affirming health care provider in areas with existing provider shortages and fewer providers available, compared with urban areas.³ LGBTQIA+ individuals may choose to forgo or avoid care due to fear of discrimination, which can lead to poorer health outcomes.⁴ Among transgender and non-binary rural residents, higher ratings of stigma have been associated with worse ratings of self-reported health, higher prevalence of chronic conditions, and lower utilization of health care.⁵

Having a supportive, knowledgeable provider is an integral part of access to health care and has been associated with several positive outcomes for LGBTQIA+ patients. Among cisgender lesbian, gay, or bisexual (LGB) rural patients, disclosure of their sexual orientation has been correlated with higher use of primary care, perhaps because of built trust and rapport with their provider.⁵ However, there continues to be a gap in education for rural health care providers in the area of LGBTQIA+ health.⁶ In a survey of rural primary care providers, the vast majority of respondents had experience with LGBTQIA+ patients but only about half had

received education specific to LGBTQIA+ health concerns.⁶ Other clinical staff may have even less training on how to be inclusive for LGBTQIA+ patients.

This case study series features two organizations that are working toward improving health care for rural LGBTQIA+ patients. These examples provide insights into how best to provide accessible and affirming health care for all.

Approach

We identified organizations working to improve access to health care for LGBTQIA+ individuals in rural communities. This was done by a combination of an online environmental scan of existing programs, and contacting rural or health care organizations of whom we had existing knowledge to ask about exemplar programs. Programs were also identified by consulting with subject matter experts in LGBTQIA+ health and using a snowball sampling technique, through which we asked respondents to identify additional exemplar programs.

Primary data were collected through key informant interviews, conducted via Zoom between fall 2021 and winter 2022. We analyzed each case study individually in order to identify key themes, including challenges and opportunities related to improving access to LGBTQIA+-affirming care in rural areas.

Case #1: The Pride of Rural Virginia

Organizational Overview

Pride of Rural Virginia is an initiative of the Virginia Rural Health Association (VRHA) working to “address LGBTQIA+ health & healthcare priorities in rural areas across Virginia.”⁸ In 2019, the VRHA Board of Directors discussed the many outstanding health needs within the LGBTQIA+ community in rural Virginia, and how VRHA could meet them. With the help of a Rural Health Network Development Planning Grant⁹ from the Federal Office of Rural Health Policy, they developed a network of health care providers, individuals who identify as LGBTQIA+, and allies. Their ultimate goal is to ensure that every LGBTQIA+ individual in rural Virginia has the opportunity to receive health care in a safe and affirming environment.

Initially, the program began by hosting a series of “Community Conversations” in small towns across the Commonwealth of Virginia. These conversations brought together rural health care providers, individuals from the local LGBTQIA+ community, and their allies in a shared space to understand the experience of being LGBTQIA+

and accessing health care in rural Virginia. These conversations pointed to a need for health care providers to receive high-level training in cultural sensitivity with the LGBTQIA+ community. Pride of Rural Virginia is now in the midst of developing a basic curriculum to provide to rural hospital and/or clinic staff on every level, with the understanding that a patient’s experience starts the moment they walk in the front door. The curriculum may be delivered virtually or in person. As VRHA Executive Director Beth O’Connor stated, “The way our LGBTQIA+ residents are treated by everyone matters, so if the person at the front desk is rude to them, even if their doctor is very respectful, they’ve had a negative experience accessing care.”

Hospitals and clinics that complete the curriculum will be “Pride of Rural Virginia Certified” and will be able to display that certification in their facilities and marketing materials. Entities that are certified will be included in the Pride of Rural Virginia web portal, which members of the LGBTQIA+ community can search to find an affirming provider close to home. The portal will also allow for identifying health care providers who are in need of the curriculum, to give Pride of Rural Virginia a way to openly communicate with that entity.



Pride of Rural Virginia “Community Conversation” in Danville, Virginia, July 2021.

Key Features

As a rural-focused organization that is newly engaging in LGBTQIA+ work, Pride of Rural Virginia has encountered unique opportunities for new partnerships. O’Connor spoke about how meaningful it has been to have so many community-level organizations, which have been working on LGBTQIA+ advocacy

for years, come alongside VRHA in this new chapter of their work. “We fully realize we are stepping into this in the middle of a long game...we are trying to learn from the folks with greater expertise, and it has been wonderful that they are trusting us in this work, and willing to help us do it.” As a statewide rural health association with a wide reach, VRHA has also been able to leverage connections with groups they have worked with for past projects, which has in turn fostered additional connections. They also raised awareness broadly via a post on their Facebook page sharing their new initiative and inviting people to join them in their work.

While the “Community Conversations” were just the first step in the work, these conversations were critical and even generated some immediate resource-sharing. For example, in one conversation, a rural transgender woman shared that she needed to drive more than three hours for hormone replacement therapy (HRT), despite cisgender, post-menopausal women being able to get HRT at any primary care provider. Just minutes into the event, someone else in the meeting had shared two options that were closer to her home.



Presenting on the Pride of Rural Virginia at the Appalachian Studies Association Conference, March 2022.

Challenges and Opportunities

In addition to finding ways to fund the curriculum sufficiently, and the logistical concerns around delivering training in health care settings across a state with far-reaching rural areas, there is the ongoing concern of database upkeep. Pride of Rural Virginia will aim to

maintain accurate, up-to-date information on safe and affirming providers while determining how to manage clinical staff changes and field feedback from LGBTQIA+ patients. They want to support rural clinicians on the journey to provide equitable care for all rural Virginians, and hope to utilize any negative patient experiences as a starting place for conversations about affirming care in order to improve the experiences and health outcomes of future LGBTQIA+ patients.

More broadly, O'Connor identified stigma as a challenge they still face in some rural areas in Virginia. They are making progress with individuals and communities, but the process of destigmatizing LGBTQIA+ sexual orientation and gender identity can take years. The impact of stigma can be compounded by the challenges surrounding confidentiality in rural communities. As O'Connor stated, “HIPAA only means so much when your healthcare provider is also your neighbor, or your aunt, or your Sunday School teacher. And in rural communities, your doctor might be your neighbor, AND your aunt, AND your Sunday School teacher. It is especially difficult for LGBTQIA+ youth to come out to their healthcare professional in that environment.” However, she added, on a hopeful note – the announcement of Pride of Rural Virginia on Facebook was met largely with great excitement and anticipation, and very little animosity. Only one individual made a negative comment, and, rather than losing any followers, they had actually gained more than 150 in the first month of the project. As VRHA continues the work to advance health equity for LGBTQIA+ individuals across rural Virginia, they look forward to continuing partnership in these efforts.

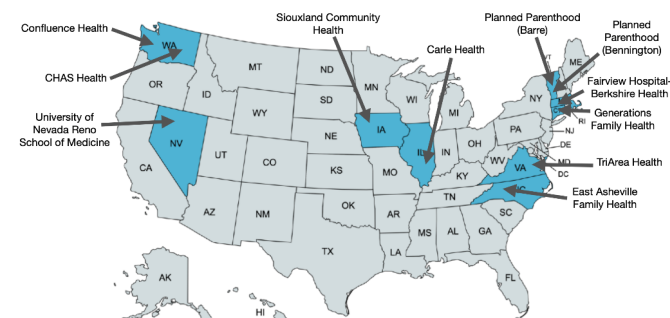
Case #2: Rural TransECHO

Organizational Overview

Rural TransECHO is a new initiative out of the National LGBTQIA+ Health Education Center, which is part of the Division of Education and Training at The Fenway Institute (TFI), Fenway Health.¹⁰ The program launched in January 2022 with the goal of improving access to culturally-responsive and affirming healthcare for transgender and gender-diverse individuals in rural areas across the US. It is based on a prior initiative, TransECHO, which started in 2016.¹¹

Both TransECHO and, more recently, Rural TransECHO, build on the framework of Project ECHO, which was founded almost two decades ago and has been widely used as a way to make specialized knowledge more broadly accessible to primary care provid-

ers.¹² The model for Rural TransECHO is a yearlong community-based learning program for medical and behavioral health care providers as well as their front-line staff, who are located in and/or serve predominantly rural areas of the US. They recruited widely by reaching out to rural clinicians and hospital staff, who in turn, spread the word.



Rural TransECHO 2022 cohort participants.

Nikk Selik, the Rural TransECHO Project Coordinator at The Fenway Institute, spoke to the novelty of this program, “To my knowledge, it is the first of its kind, in that it is specifically rural-focused, but available to providers nationwide.” He emphasized the importance of access to comprehensive, gender-affirming health care – from more specialized services like hormone therapy or surgery, to basic primary care – as being vital to a transgender or gender-diverse person’s overall well-being.

Funding for Rural TransECHO comes largely in the form of a grant from a private foundation,¹¹ which views health disparities faced by transgender and gender-diverse people in rural areas as a human rights issue, and supports organizations in their work.

Key Findings

A central feature of Project ECHO is the use of technology to span geographical distances and bring knowledge to providers locally. Rural TransECHO has followed this model and while they are based in Boston, MA, they are able to provide services to rural communities nationwide. Selik had anticipated the virtual learning environment of Rural TransECHO might be a challenge, but has been pleasantly surprised to find this is not the case, saying, “People are so much more comfortable using technology and interacting in virtual learning environments. That is maybe the one silver lining of the pandemic.”

The project staff worked hard to gather and enroll participants from health care centers across the rural

US. Rural TransECHO requires each participating clinic to enroll non-clinical frontline staff in the cohort as well, recognizing from past TransECHO work that simply having an affirming health care provider is not enough to create a welcoming and inclusive environment. For example, a transgender person could be checking in for an appointment with a gender-affirming provider, but if the person at the front desk misgenders the patient or asks invasive questions loudly in the waiting room, this is not an environment in which they would feel safe and comfortable.

While the program is only a few months old, much has already been accomplished. Selik was impressed with the composition of the cohort – both in terms of quantity and quality, “This is an outstanding, dedicated group of participants kicking off the Rural TransECHO program.” There are 80 participants total, from 11 health care centers across nine different states; they include medical and behavioral healthcare providers, as well as non-clinical frontline staff, such as HR, leadership, and receptionists. These participants learn from a knowledgeable team of experts from Fenway Health, as well as affiliate experts in trans health, who guide the content of the sessions.



Rural TransECHO cohort meeting, 2022.

Challenges and Opportunities

Program-specific challenges stem from the ongoing COVID-19 pandemic, which has strained the health care industry in unprecedented ways.¹³ This has increased provider burnout, decreased clinicians’ availability, and generally made getting people involved in any new initiative much more challenging.^{14–16}

More broadly, challenges for the populations of transgender and gender-diverse people in rural areas are in many ways similar to the major health care access challenges experienced by all rural residents. They must travel long distances to seek care, especially specialty

care; they often face transportation issues, financial barriers, and are more likely to be uninsured or underinsured.^{17–19} However, they face stigma and discrimination that their cisgender (and especially straight, cisgender) rural counterparts do not.^{5,20} They may deal with a range of harmful interactions, like disrespectful comments or misgendering,²¹ or they may even be refused the care they need.²²

The presence of stigma and its impact on the health of transgender and gender-diverse individuals in rural areas makes the work that Rural TransECHO does all the more important. Selik and others doing this work have the sense that they are increasingly gaining momentum and are finding ways to stop and recognize small wins. Pointing to a moment in the first session, he said that “to see all these providers, from all different rural areas of the country, from all walks of life, all coming together to support the trans community...it was really powerful.” The early feedback they have received makes them hopeful, too. Providers are really appreciative to have the program available. They want to learn, and are engaging in the work to make their clinics more inclusive spaces.

Conclusion

Access to high-quality, inclusive, welcoming, and affirming health care is important for everyone. Rural LGBTQIA+ residents face additional barriers to accessing such care, which likely contributes to poorer health outcomes in that population. Yet, there are multiple ways to intervene to improve access to LGBTQIA+-affirming care. This case study series highlights two examples of organizations working to do just that, and other rural community leaders and providers can apply their lessons learned in their own efforts to improve LGBTQIA+ care in their rural community.

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