



**NC Rural Coalition Fighting COVID  
Wednesday, March 10, 2021  
9:00-10:00am  
via Zoom**

Speakers:

- Rebbly Kern, Director of Education Policy, Equality NC
- Jada Brooks, PhD, MSPH, RN – Assistant Professor, School of Nursing, UNC Chapel Hill
- Dr. Crystal Moore, Director of Health Services, UNC Pembroke
- Andy Shoenig, Partnership Manager, Rural Forward, a program of the Foundation for Health Leadership & Innovation
- Gretchen Mason, Intern, Rural Forward, a program of the Foundation for Health Leadership & Innovation

Topic: The impact of COVID-19 on the LGBTQ and Tribal communities, which are historically marginalized.

Kelly Calabria welcomed the participants and reviewed the mission of the Coalition – to facilitate conversation, share information regarding COVID-19 prevention and vaccination, which is available on the Foundation’s landing page, and to provide a feedback loop. Knowing what’s working and not working to fight COVID will be shared with NC DHHS, and will help evolve and adapt the response strategy to those on the ground.

Kelly stated that the LGBTQ community across the country was already a group at risk pre-pandemic, and COVID-19 has revealed and increased the disparities that already existed. A recent study by the Movement Advancement Project (MAP), a gender equality focused non-profit think tank, revealed economic upheaval, high unemployment, and large obstacles to healthcare access in the LGBTQ community.

Rebbly Kern discussed what the LGBTQ community has faced and continues to face as the result of the pandemic. COVID-19 is not the first impact the community has endured. The community has confronted the long-term erasure of HIV and AIDS in the community and its stigma and long-term generational impact. At the intersection of LGBTQ identity, rural Americans and race, the LGBTQ people have lower access to healthcare, not necessarily due to economic barriers, but sometimes because of the difficulty of finding an inclusive provider. If someone is not comfortable sharing their identity with a provider, concerned about needing to either teach the provider about their identity or possibly facing discrimination, they will avoid seeking care.

Regarding employment, the MAP report found that more LGBTQ community members are still frontline workers, who need to leave their home to work during the pandemic and face unemployment, layoffs and furloughs, compared to white, non-LGBTQ counterparts.

Racism in rural communities, layered with non-gender identity and socio-economic status, increases the impact of the pandemic. Young people are not interested in getting vaccinated because they don’t want to navigate the healthcare system.

Kelly asked Rebbly to discuss what they’re seeing through the work of Equality NC to help empower communities regarding healthcare.



Rebby responded that their focus is on young people 18-28 years of age and have created a youth fellowship. They redistribute funding and resources into rural LGBTQ communities. These individuals have deep ties to their rural communities.

There are many challenges to seeking healthcare for this group. Setting up an appointment can be either by phone, online or in person and they are concerned about how much information they will need to disclose, possibly on the phone or in front of other people, and worried whether or not they will be challenged.

Getting identity documents changed is expensive; it costs around \$400, in addition to making numerous calls to update other records, including employment, bills and different accounts. So, if an individual hasn't had their documents updated, they risk being outed by being mis-named. Another concern is whether the provider is asking for their pronouns, and whether they know how to use them in conversation— another barrier for the community. Individuals are navigating a hetero-normative space in healthcare, and feel embarrassed or outed by questions directed to heterosexual behavior. Hopefully, some providers are unlearning some of their bias. Members of the LGBTQ community want to be respected.

Dr. Jada Brooks is co-leading the American Indian /Native American Community Response team with Kim Pevia, who was unable to attend the meeting. According to the CDC, tribal communities are among the hardest hit by COVID and are among the minorities with the highest risk of severe COVID-19 outcomes. As an Assistant Professor at UNC Chapel Hill, she has conducted research with tribal communities for more than 20 years. They have high rates of chronic conditions such as diabetes, which create a higher risk for severe outcomes of COVID . The tribal communities have a higher number of cases of COVID than other populations as a whole, and have high rates of hospitalizations and deaths from COVID.

Dr. Brooks has worked on an NIH funded project to increase trust around COVID prevention, testing and vaccines. A NC Community Response Team was formed and leaders of tribal communities were invited to join. A majority of the NC tribes are represented, with a mission to increase cultural representation and specificity. Native Americans are not depicted in materials or images distributed in NC or nationally. A community artist has been brought onboard to increase representation in those materials.

Their work also includes increasing access to resources and identifying barriers and finding solutions. The team is working to improve communications by leveraging existing networks within the communities. They have created #vaccinative, which will be introduced through social media and a Facebook page is being created, to reduce disparities due to COVID.

Dr. Brooks was asked to address the topic of trust issues and how they are overcoming them. She added that most misinformation is due to lack of education or mis-education stemming from accessible sources such as social media, the internet and discussions across the communities. Many marginalized communities have an historical mistrust of the scientific community. By bringing in American Indians as advocates and experts there to help navigate information, people can make informed decisions. They are seen as reliable sources. Trust with providers known to the community with similar cultural backgrounds works well.

Kelly introduced Dr. Crystal Moore, Director of Student Health Services at UNC Pembroke. She was asked to describe the experiences of the student population, not just from the medical perspective of



COVID-19, but also mental health concerns. Dr. Moore stated that UNC Pembroke has been an historically minority university, and the students from Robison County have faced obstacles such as food insecurity and the lack of internet needed for school assignments, and view the campus as a safe place. Prior to the pandemic, the community was already dealing with trauma from Hurricanes Florence and Matthew, and COVID-19 added more stress.

In collaboration with the Student Health Services, the College of Health Sciences and the local health department, they worked to leverage resources to serve the University and the community. They were involved with research, partnering with UNC Chapel Hill, to address antibody testing in the community. They worked with the College of Health Sciences, Department of Nursing and the health department to provide antibody and diagnostic COVID-19 testing and eventually vaccine distribution.

The College of Health Sciences has mobile units, that went to long term care facilities in early February to vaccinate the most vulnerable populations. Most of those served were minorities, and were grateful that the medical community came to them, rather than having to navigate the healthcare system themselves. Many were unable to get out to get the vaccine. They are currently working with churches and faith leaders to go out to their communities for vaccine distribution.

Kelly asked Dr. Moore to describe the importance of the provider communities being open to partnering and understanding peoples' nervousness about navigating the complexity of the healthcare system. Have you found ways to engage providers in the community?

Dr. Moore emphasized the need to understand the community being served. If they had contracted with agencies outside the community, they would not have been well received. The Health Department and nursing students brought the community knowledge and were trusted. As the team works with churches, the faith leaders have relationships with the members, which can increase vaccine uptake, because they are trusted.

Kelly introduced Andy Shoenig, Partnership Manager at Rural Forward NC, a program of Foundation for Health Leadership & Innovation, and his colleagues Gretchen Mason and Calvin Allen. Andy discussed how lessons learned through disaster recovery were adapted to fighting COVID.

A program of Rural Forward NC, the NC Inclusive Disaster Recovery program, known as NCIDR, is a collaboration of public, private, non profit and faith based organizations who come together as a community voice to find solutions and equitable access to resources in the disaster recovery system. The program was started in 1999 after Hurricane Floyd, inspired by some of the obstacles faced at the time, such as hastily made policy decisions that lacked key community voices. Recovery efforts often favored out of state resources over local. NCIDR became a way for statewide, mainstream organizations to be allies to community -based leaders.

NCIDR's mission is to be a bridge builder to provide connections and networking in a disaster. Its strategies and strengths are information sharing, program and policy development and advocacy. They have action teams including: Major Systems, Latinx Issues, and Philanthropy. The last group partnered with the NC Community Foundation and managed a participatory grantmaking project to fund minority led community organizations working on Hurricane Florence disaster recovery.

COVID-19 dramatically increased NCIDR's work. Their roles as Information exchange and connector remain a primary function. NCIDR maintains a mailing list of more than 325 contacts and all are invited to join. It is comprised of a broad spectrum of organizational leadership and meets monthly on the 4<sup>th</sup>



Thursday at 2:00pm. They are a convener and facilitator and also conduct long-term work. They maintain an online resource guide and calendar including health and safety information, funding, and engagement. <https://bit.ly/NCdisasterresources> which is now gearing up for hurricane season.

Rural Forward NC provides the backbone and capacity building support to NCIDR. Work is split into two main categories: Work through the KBR Healthy PlacesNC initiative and Beyond Local for Local, led by Calvin Allen, which includes NCIDR.

A question arose regarding a participating grant project. Andy responded that there was a one time project with the NC Community Foundation that changed the notion of philanthropy. Traditionally, Board of Directors set priorities to get funding into the communities. This project changed that. Through participatory voting, local community members established the priorities and voted on them, resulting in funding awarded to nine organizations across Eastern NC.

A comment was posed that trusting pastors is a double edged sword. Reby responded that HB2 was statewide legislation passed in 2016 that restricted certain groups from public accommodations such as restrooms and taxis. This bill prevented communities from passing non-discrimination legislation. This was repealed and replaced by HB142, which was a compromise. This bill sunsetted last December 1<sup>st</sup>, opening an opportunity to push for protection for targeted groups. Some faith based groups don't want this, claiming their rights are being infringed upon. Reby stated that they may not agree with all religious traditions, but this shouldn't take away from their identity.

Kelly wrapped up the meeting with a notice that War.4.Life, a group that spoke last week, launched a campaign last week to increase vaccine access to marginalized communities and shared a toolkit. DHHS also shared a survey for organizations interested in hosting or supporting vaccine events. The next meeting will be Wednesday, March 17 at 9:00am.