

## Riverside County Health Coalition Meeting | July 19, 2023

### Meeting Notes

Present: Salomeh Wagaw, Mary Obideyi and 200+ other attendees (in-person & virtual)

Next meeting: October 18, 10:00 am – 12:00pm

Scribes: Luis Castillo, RUHS-PH; James Jo, RUHS-PH

#### Welcoming Remarks and Introduction:

Mary Obideyi, RUHS-Public Health, Program Coordinator II

Daisy Ramirez Bell, RUHS-Public Health, Program Coordinator II

- Daisy welcomed everyone. Mary thanked the IT department, City of Moreno Valley, and Cottonwood Golf Center.

#### Land Acknowledgement/Housekeeping/Agenda

Mary Obideyi, RUHS-Public Health, Program Coordinator II

- Mary gave a Land Acknowledgement, acknowledging the ancestral land on which the meeting is taking place.
- Daisy provided housekeeping rules in Spanish and English for participants.
- An overview of the agenda was given.
- An introductory icebreaker poll was conducted. Daisy recognized each sector represented at the coalition. These sectors consisted of students, academia, government, healthcare/public health, housing, law enforcement/first responder, social services, and others. Over 200 participants registered for the meeting.
- Mary asked the question, “Why are we here?”, and encouraged attendants to think of the reasons for gathering together. The reasons include ensuring people have the resources and tools to thrive and do well in the community.

#### RUHS – Public Health Presentation

Aaron Gardner, RUHS-Public Health, Senior Epidemiologist

- Aaron G. gave a broad overview of LGBTQIA+ social detriments of health.
- He shared the definition of LGBTQIA+, gender identity, and the difference between sexual orientation and gender identity.
- He reminded everyone that no matter what race, ethnicity, abled body or disabled, religious background, or age, they can be LGBTQIA+
- He reminded everyone that we all have stress, but people have added stress if they’re from an oppressed or marginalized group.

- Mentioned all the health consequences stress brings on and how it affects the body and mind.
- Discussed the current headlines across the country related to the LGBTQIA+ community.
- Shared the stigmas associated with the LGBTQIA+ community, which are substance abuse issues, depression, and obesity, among others.
- Brought to attention the concept of intersectionality, in which many people belong to multiple stigmatized groups adding stress.
- There is resiliency work that is being conducted in the LGBTQIA+ community here in Riverside County.

Questions/Answers:

- What have been the biggest changes in Riverside County in the past 20 years?  
It's pretty amazing how much progress has been made. Before, there was really no understanding of equity, particularly health equity. Now, understanding of queer rights and health concerns have become integrated into our programs. We had to work hard to get support from the executive office before, but now we have the support of them on equity.
- There is a need for more data on LGBTQIA+. What can the coalition do collectively to obtain more data?  
Data is available, but still lacking. For example, we should be asking questions on sexual orientation. Our goal should be to work with our community groups more closely, e.g., advisory groups, and also assist with the interpretation of data.

**Break – 5 minutes**

**Panel Discussion**

Kevin Phalavisay, RUHS-Behavioral Health, LGBTQIA+ Cultural Community Liaison, Facilitator

- Kevin welcomed the panelists to the meeting. He introduced each member of the panel.

***Question 1: Please share your name and title, plus a brief bio.***

**Dr. Jill Hingston** - Director of Behavioral Health Services at the LGBTQIA+ Community Center of the Desert. I have had a private practice in Palm Desert since 2008, working with individuals, couples, adolescents, and children. I have had extensive training and experience with couples, teenagers, parenting, cognitive-behavioral therapy (CBT), dialectical behavioral therapy (DBT), and LGBTQIA+ issues.

**Ariel Savage** - Public Affairs Manager at TruEvolution Inc. I have expertise in public policy and government affairs, centering on housing and health equity for LGBTQIA+ communities of color.

**Mackenzie Lussier** - Transgender Health & Health & Wellness Center, Case Manager

**Gustavo Hurtado** - Rainbow Pride Youth Alliance, Director of Strategic Partnerships. I am passionate about the Inland Empire, public health, youth development, food access, and sexual education. I plan to become

a physician in the future and work with my community to deal with the upstream issues that affect health care in the Inland Empire.

***Question 2: How do you define LGBTQIA+ inclusion? How do you create safe places for the community in your line of work?***

**Dr. Jill** - Where I work in the behavioral health field, historically our community has suffered a lot of stigma and discrimination. Many clients expressed how they have been harmed by therapists in the past. To provide a safe space means that queer people can go to places and not get discriminated. We want to make sure we have diverse staff who look like our clients. We have been successful because we have been intentional about providing safe spaces. Simple things can help a lot.

**Ariel** - When I think of LGBTQIA+ inclusion, I think there is two things that have a symbiotic relationship. They are ease of access and social support, which are very important. Making sure we provide access to gender affirming behavior therapists and housing that is LGBTQIA+ affirming would be important. We are excited about Project Legacy, where it is seen as a beacon in the heart of Riverside. We want to ensure components such as ease of access, housing, social support groups, and community garden, are all provided in the same space.

**Mackenzie** - Inclusion is active acceptance of people. It is not just about making sure we have all of the various ethnicities represented, but also all of the age groups represented, all of the various gender identities and sexualities are represented. It means that one group is not dominating the conversation, but actively working to empower all voices and willing to listen to each other. It means that trans and non-binary groups are represented and welcomed.

**Gustavo** - It means that queer and trans people are allowed to be themselves and feel safe. It's hard to be queer and trans people. In schools, there is really no space or muscle for LGBTQIA+ students. There needs to be a voice and space for these students. How we create safe space is by allowing youth voices matter and queer and trans voices matter.

***Question 3: What are the barriers, and how do you overcome them?***

**Dr. Jill** - One barrier is financial difficulty. Since most don't have children, they can't access public assistance programs. We provide a food bank that addresses food disparities. Stress and health issues are addressed by nearby medical facilities.

**Ariel** - When someone wants a gender transition procedure, they have to drive to another area because there aren't many facilities in the IE, if any, that offer those services.

**Mackenzie** - Finding jobs is difficult, it is unclear why because there isn't enough data which makes it hard to get grants to address this issue. It seems people are outed during the employment application process. Other barriers include the name change process, which should be made easier and surgeries should be covered by medical insurance.

**Gustavo** - Transportation is a barrier since cars are needed to get around the Inland Empire (IE); financial difficulties as well; LGBTQIA+ acceptance in the IE where before people would feel the need to leave the IE to find tolerance, now they're staying.

**Question 4: *When thinking about authentic allyship, how can we open the conversation to folks, whether engaging with community members and can we engage with folks who are resistant to working with the community, whether it is due to personal and/or religious views?***

**Dr. Jill** - In my clinic, I started seeing a 12-year-old trans boy, and his parents were super resistant to him transitioning. The parents brought the boy to me because he tried to kill himself three times. But, as a parent myself, I tried to let the parents know that if my child came to me with the same problem, I would want to support the child if that is what he/she wanted. Counseling the parents through the struggle and the grief process and as their thinking changed, they finally got on board with supporting their child after nine months. Once this kid began hormonal shots, he was a different person. He told his mom that he didn't need to see Dr. Jill again.

**Ariel** - What Dr. Jill pointed out is worthwhile mentioning. As someone who is exhausted by those conversations, just affirming your child's decision can be lifesaving and change the trajectory of their whole life. These are more worthy conversations to have.

**Mackenzie** - Conversations without allyship are not going to happen. People who are resistant to working with the community will not listen to queer people. Breaking down the resistance is where allyship comes in. It is folks like you who need to go out and have conversations with those who are resistant to working with LGBTQIA+ community. It is exhausting to have the same conversation over again with those who are resistant. This is where allies can take the role and take away the burden from queer people.

**Gustavo** - There is so much work that needs to be done with allies, partners, and community. I would say that generally people would have to go on their own path and figure out how they're going to relate to the queer community. It takes commitment, time, energy and action to engage with folks who are resistant.

**Kevin** - I will add that one call to action for all our allies here listening to please reach out to folks and explain why it is important to be inclusive. It is lifesaving for the LGBTQIA+ community.

**Question 5: *What is call to action that this coalition can take moving forward thinking about allyship and inclusivity?***

**Dr. Jill** - Learn about trans people and non-binary people. Follow activists on social media. Do a deeper dive and learn about pride, but that doesn't mean you understand the community.

**Ariel** - Being an ally needs to be an active process. There is so much misinformation on trans people. Call these things out. The majority of Americans will say they don't know about trans people. They are real people, and they are next to us. There is nothing more powerful than bringing joy to queer people.

**Mackenzie** - Create opportunities for professional development. This is one of the most important steps. Make an active effort to accept and acknowledge queer and trans people.

**Gustavo** - We really have to fight for the acceptance and rights of people of LGBTQIA+ community. Work with colleagues and others for this cause.

### Q & A

- How can we get ideas from areas that are rich in resources like Palm Springs and Los Angeles to help innovate areas in the Inland Empire that are lacking?  
It takes lots of time, effort, and work to create resources. One has to be committed to making changes. In Riverside, there are lots of queer people, but they are spread out over different organizations. We don't have a critical mass of queer people working together towards a common goal like LA and San Francisco. In Riverside County, it is hard for the queer community to get accepted by others. This work needs to be community driven and needs allies to accomplish.

### Partner Updates

Daisy Ramirez Bell, RUHS-Public Health, Program Coordinator

- Daisy thanked the panelist. A certificate of appreciation was presented to Kevin and all the panelists. She encouraged coalition members to reach out to the program and panelists, if they have additional questions/comments.
- Coalition members were asked to fill out the coalition satisfaction survey. The coalition is currently looking for individuals/agencies willing to present and participate in future coalition meetings.
- No partner updates were provided due to time.

### Health Equity Program Updates:

Mary Obideyi, RUHS-PH, Program Coordinator

- Mary thanked everyone for their participation. She encouraged coalition members to follow social media.
- Andrea Tovar shared about EquiTEA podcast and its mission/goals. She shared a short snippet of the previous podcast.
- Community COVID-19 Impact Hub - listening sessions are ending in August. If any organization is interested in including their info, please reach out to RUHS-PH. If you would like to hold a listening session with RUHS-PH, please contact the program.
- Healthy Places Index Training is scheduled for August 9, 2023.
- Next meeting is scheduled for October 18<sup>th</sup>.

**Wrap Up:**

Daisy Ramirez Bell- Program Coordinator II

- Daisy adjourned the meeting at 11:58 am.