

**COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH  
HALIFAX COUNTY  
EXPAND JOBS AND ECONOMIC SECURITY  
PRIORITIES AND STRATEGIES**

**STRATEGIES TO EXPAND JOBS AND ECONOMIC SECURITY IN RURAL NORTH CAROLINA**

- 1. Invest in infrastructure (e.g. water, sewer, technology, transportation, health care)**
- 2. Develop regional industries and local resources (e.g. farm to table, fishing, tourism, agriculture, solar)**
- 3. Recruit and retain industry**
- 4. Create workforce development programs to support local economy**

**Invest in infrastructure (e.g. water, sewer, technology, transportation)**

*Existing efforts:* The Rural Center grants program was working, however, the Community Development Block Grants (CDBG) have funded infrastructure improvements.

*Barriers:* Policies need to have longitude, sustainability and dependability to support long-term economic development efforts; change policies on CDBG uses so the funding can be used for community-building, not just for infrastructure. Entitlement policies need to be changed; should not be subject to political whim. Need a Rural Prosperity Task Force again, to identify current needs, opportunities and challenges. Put rural back in the state agenda for economic development and recovery, especially in the wake of the shift of funds away from the Rural Center.

**Develop regional industries and local resources (e.g. farm to table, fishing, tourism, agriculture, solar)**

*Existing efforts:* The county needs to adopt a self-help strategy, such as strategies around local, healthy food systems and industries. Additionally, Roanoke Valley Community Health Initiative – recreation plan is getting input from people who are affected. Also, there is an economic competitiveness report for Nash and Edgecombe counties by Dr. Jim Johnson.

*Barriers:* Participants reported the need for a special focus on investment in small farms to increase access to healthy foods as they are expensive and there are no farmers markets in rural areas. Similarly, the community needs state economic development policies to encourage and support local foods. Also, Halifax County would benefit from education about healthy eating and cooking as it relates to nutrition and cooking classes. Likewise, salad bars in fast food restaurants are necessary.

**Recruit and retain industry**

*Existing efforts:* The county should focus on community colleges to promote recruitment and retaining efforts.

*Barriers:* Participants requested increased investment in healthy communities; otherwise rural counties will not get any industry coming here. They recommended including a quote from Secretary Decker in the Rural Health Task Force final report about how the health of the workforce is an economic development issue. Participants expressed a need to invest in jobs focused on promoting wellness. They also wanted companies to partner with community colleges to share what technology and skills are needed for their industry positions, and to help people get and grow in jobs. Participants want to educate young people about all the jobs in health care – not just doctors and nurses.

**Create workforce development programs to support local economy**

*Existing efforts:* Efforts are being made through community colleges, along with having an education infrastructure in place.

*Barriers:* Participants expressed the need to talk about the health of the workforce as an economic development issue. Also, they wanted more investments in health care industry.

**Other Strategies**

- Invest in equity-based models of sustainable economic development → see Dr. Jim Johnson's report – economy, environment, equity
- Invest in small business / entrepreneurship with training, incentives, support, loans, etc. help with identifying opportunities, channel people to do what they like to do
- Engage vulnerable / underserved people in these conversations; work with churches and others – the folks who are most affected

**COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH  
HALIFAX COUNTY  
IMPROVE EDUCATIONAL OUTCOMES  
PRIORITIES AND STRATEGIES**

**STRATEGIES FOR IMPROVING EDUCATIONAL OUTCOMES IN RURAL NORTH CAROLINA**

- 1. Increase support for quality childcare and education (birth-5) and parenting supports to improve school readiness**
- 2. Better recruitment and retention of strong teachers**
- 3. Increase technology/internet infrastructure**
- 4. Increase K-12 parent engagement and involvement (e.g. PTA/PTO, classroom visits)**
- 5. Promote innovative/non-traditional educational programs and strategies**
- 6. Increase adult learning opportunities and professional development**

**Increase support for quality childcare and education (birth-5) and parenting supports to improve school readiness**

*Existing efforts:* Halifax Community College does have a certified childcare center with a five star rating. Reach out and Read partners with local providers that deliver primary care to children and encourages them to talk to parents about the importance of reading. Reach out and read distributes books to these providers that they can in turn give to parents so that their children will have books at home. This program's goal is to support school readiness for children entering kindergarten. The Down East Partnership for Children's (DEPC) "Ready Communities" initiative is working to engage diverse community leaders in supporting early child-care and education. DEPC also offers a scholarship program funded by Smart Start that subsidizes quality childcare for low-income families. In addition, DEPC helps organizations offering childcare to improve their star ratings, implement best practices and prepare for licensing visits.

*Barriers:* Participants noted that there is a gap in dedicated resources for younger children compared middle and high school students.

*Strategies to overcome these barriers:* One member from a local church wants to start a regular tutoring service at her church would could also serve as after school care for children in the area. Seeing that churches are a cornerstone of the community, they could serve as a site for early education, particularly for those families that cannot access or afford other means of care. However, these churches will need to be supported by organizations that are well-versed in quality childcare and education.

**Better recruitment and retention of strong teachers**

*Existing efforts:* Teach for America provides much needed quality teachers in the area. The participants agreed that TFA is a critical program and has a positive impact on the educational system. The Down East Partnership for Children recently hired two former TFA teachers who taught in the area, revealing that teachers can/do choose to stay in rural areas and serve the community through different organizations.

*Barriers:* Participants are concerned about retaining talent from TFA as well as their high-performing students, who often go to college and do not come back to the community.

*Strategies to overcome these barriers:* Participants discussed recruiting more volunteers to support the educational system by requesting for an increased participation in the AmeriCorps VISTA program. Although this would not increase the number of teachers, having VISTA participants working in the county could support the school system through other projects that would help student performance.

**Increase technology/internet infrastructure**

*Existing efforts:* No existing efforts were discussed.

*Barriers:* Residents in the county do have issues accessing the internet and having cellular reception in certain areas.

*Strategies to overcome these barriers:* Halifax Community College is looking into ways to expand access to internet in the county.

**Increase K-12 parent engagement and involvement**

*Existing efforts:* DEPC's Ready Schools initiative is targeted at consulting schools in several areas including parent engagement.

*Barriers:* Some parents in the county may feel less apt to participating in their child's education because of low literacy or low educational attainment.

*Strategies to overcome these barriers:* Need to ensure that parents have volunteer opportunities in the school that do not require them to help students in the learning process.

**Promote innovative/non-traditional educational programs and strategies**

*Existing efforts:* The Career and College Promise program allows for high school eleventh graders to take college level courses, giving them a head start in their career and in college preparation. A Better Chance a Better Community was founded as a youth and teen organization to supplement students' education with entrepreneurial skills. The Poe center provides comprehensive health education for schools throughout the state.

*Barriers:* Schools are constantly being forced to focus on standardized testing. If an organization wants to introduce a new program, the school will often not want to engage unless they know that it will positively impact test scores.

*Strategies to overcome these barriers:* Nonprofit organizations need more support in providing evidence to schools that their strategies can improve students' performance.

**Increase adult learning opportunities and professional development**

*Existing efforts:* Halifax Community College currently offers GED, ESL, Adult Basic Education and career readiness classes.

*Barriers:* No barriers were discussed.

*Strategies to overcome these barriers:* No strategies were discussed.

**COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH  
HALIFAX COUNTY  
FOSTER STRONG, COLLABORATIVE LEADERS  
PRIORITIES AND STRATEGIES**

**STRATEGIES FOR FOSTERING STRONG, COLLABORATIVE COMMUNITY LEADERS**

- 1. Encourage communication between community leaders (e.g., health, business, education, faith) to support local economic development, education, health care, and other issues of vital importance to the community.**
- 2. Educate state and local leaders about health and health care issues, including the economics of health care and the impact of the health of the community on other areas of development. Encourage them to factor health data into their decision-making.**
- 3. Support or build opportunities for local leaders to come together around health issues in a way that encourages collaboration and supports the implementation/replication of successful programs/policies/practices (e.g. Healthy Carolinians or Partnership for Children model).**
- 4. Identify and support development of local leaders in all disciplines in order to strengthen rural communities.**

**Encourage communication between community leaders (e.g., health, business, education, faith) to support local economic development, education, health care, and other important community issues.**

*Existing efforts:* Participants noted several such activities. For example, Halifax Horizons is an entity with \$400K budget that gets things started in economic development. In addition, The Leadership Development Program Roanoke Valley – Out of Roanoke Valley Chamber of Commerce – meets once per month for six months to develop identified leaders. The Community Health Initiative Group is made up of health entities in community to address health care concerns in the region. This group was started by Halifax Regional Hospital and has grown to approximately 40 members who meet quarterly. Also, the Recreation Committee along with various community leaders are working together on a regional recreation master plan. There is also the Transformation Zone, which pulls together community leaders around improvement activities, primarily in children’s health care and reading skills.

*Barriers:* Participants reported a need for economic development funding strategy and allocation. Transportation funding has changed, thus adversely affecting rural communities; there is a necessity to be more in balance to avoid urban drain of rural communities.

**Educate state and local leaders about health and health care issues, including the economics of health care and the impact of the health of the community on other areas of development. Encourage them to factor health data into their decision-making.**

*Existing efforts:* Halifax Horizons is paying for a study being conducted by NC State University looking at the economic benefit of Halifax Regional Hospital.

*Barriers:* There is inadequate education and lobbying of General Assembly around Medicaid expansion. The county need to step up education around this issue in order to get this important issue passed. Also, agencies are often silos, thus preventing collaboration.

**Support or build opportunities for local leaders to come together around health issues in a way that encourages collaboration and supports the implementation/replication of successful programs/policies/practices (e.g. Healthy Carolinians or Partnership for Children model)**

*Existing efforts:* Community Health Initiative (see number 1 above).

*Barriers:* Participants did not discuss any barriers.

**Identify and support development of local leaders in all disciplines to strengthen rural communities.**

*Existing efforts:* There is the Leadership Development Program through the Roanoke Valley Chamber of Commerce (see number 1 above).

*Barriers:* Participants noted that time away from work to engage in the activities of Leadership Development Program was a barrier.

**HEALTH BEHAVIORS  
HALIFAX COUNTY  
PROMOTE HEALTHY EATING AND ACTIVE LIVING  
PRIORITIES AND STRATEGIES**

**TASK FORCE STRATEGIES TO PROMOTE HEALTHY EATING AND ACTIVE LIVING**

- 1. Educate families to support healthy eating and active living**
- 2. Work within the education systems (including early education through college) to support healthy eating and active living**

**Educate families to support healthy eating and active living**

*Existing efforts:* Smart Start in Nash and Edgecombe Counties coordination is housed at Health Department. Roanoke Rapids Farmers market, can now accept from both the Electronic Benefits Transfer and Supplemental Nutrition Assistance Programs (SNAP). Also there is a need for policies that influence community involvement, mapping of recreation spaces, implementation of Kate B. Reynolds initiative Healthy Places, also a community advisory committee recreation plan for Halifax County, and utilization of the Kaboom grant and other reinforcements towards healthy eating and active living. There are also healthy workplace strategies, such as the Co-Office Wellness Program for Employees and the Halifax Wellness Program. There was a Family Festival with 500 to 700 people in attendance during the spring (what's available in communities) and also a Summer Feeding Program. There is a comprehensive plan to address making it easier for people in town by building infrastructure to ensure safety for walking trails. The Conetoe Family Life Center brings programs and resources into the community that will educate and empower the local citizens regarding areas of health and wellness such as diabetes, nutrition and physical education. They also engage the youth and offer economic lessons and empowerment to grow foods. The greatest impact on health is combining and interconnecting strategies based upon what level you're hoping to impact. For example, marketing all areas, including undeserved communities, partnerships, meeting families where they are, and organizations coming together working towards the same goals. Similar to the work of Down East Partnerships, which builds better collaborations to best meet needs of community members. Health Initiative Down East Partnership

*Barriers:* Barriers to access are physical and financial. There was a potential strategy to improve access by creating mobile farmer's market through Community Supported Agriculture, but the mobile market did not work. Farmers faced barriers and struggle to produce because of weather challenges. Also they need policies (Are there any policies to support Community Supported Agriculture markets?) that influence and support farmers efforts to influence planning and policy implementation to make it easier for people to be active outside. Aging farmers need to be replaced, also some farmers aren't interested in running Community Supported Agriculture themselves, there are 10 to 15 who grow produce to support Community Supported Agriculture. The challenge is for farmers who don't grow produce as a priority since most have other jobs and farming is their 2<sup>nd</sup> job. Really need an overhaul of transportation system – current transportation system not adequate people can't get to farmers markets. Meanwhile, SNAP resources should be operated as an economic benefit for farmer incentives, and spread out along with infrastructure to support it. In addition, SNAP vouchers should be distributed in smaller communities as only Rocky Mount accepts them. Farmers Markets in Nash don't have SNAP and EBT capacity as a whole. Individual farmers getting SNAP face challenge from participants of the SNAP program because even if they can buy through SNAP and EBT many don't know how to prepare foods or make healthy choices. Additionally, most restaurants are fast food; citizens are not having home cooked foods. There are fast food restaurants on every corner, encourage local convenience stores to carry fresh foods. Challenges for eating healthy foods are too expensive, increased mark up. For example, Hobgood is 1 convenience store, no grocery stores – exploring options here. There needs to be more packaging of healthy snacks to make more convenient distribution centers. In contrast, people may not want healthy food solutions. Promote campaigns to make healthy sexy through social media

marketing, using marketing campaign strategies to encourage healthy eating and active living. Get community involved, peer to peer similar to the twin counties, NC AC DC who focuses on health. Invest more in resources for (buildings and playgrounds) and appreciation by community members. There is a small market in Enfield, some community gardens (there are also some farm stands), schools, and churches. Utilize outdoor learning environments (get out of healthy centers and into communities); provide nutritional education outside of classroom, such as integrating community gardens and using joint agreements to reach multiple goals. Work within education, faith, workplace and other community systems. Faith-based, do some activities already exist; is this a strategy within one of the identified strategies? Get churches involved, some have created safe, well-light walking trails doing health screenings and teaching on healthy food policies. Also include law enforcement to address issue of safety – not safe to go outside to be active, improve availability of the recreation through joint use. The North Carolina Parent Teacher Association requires money to do family education. There is a need for funding healthy eating education from the Health Department to support a wide range of target populations, including children and elderly. When working directly with health care providers to educate families about health and nutrition – address nutrition during visits. Utilize prescription pads to prescribe healthy eating and active living, what does this look like for individual, i.e., strategies – take stairs, park further away. Incorporate; move more there are 6 to 8 strategies from National model. Use existing infrastructures and improve upon them (i.e., WIC) and inform participants who don't know about WIC vouchers and healthy food nutrition.

**Work within the education systems (including early education through college) to support healthy eating and active living**

*Existing efforts:* The capital improvement grant is a joint use agreement to improve access to healthy eating active living, part of which has been expanded to both public elementary and middle schools. In addition, there are 6 community colleges working with communities to build science interest in kids between elementary and middle school. Roanoke Rapid schools have Farm to School and breakfast in classroom. In addition, Expanded Food and Nutrition Program are making an effort to get into schools around healthy eating and active living – also trying to bring EFNEP to faith organizations. Schools changed food options in cafeteria and throughout building (i.e., take out soft drink machine) by introducing healthy foods in schools and at school events. Also Backpack buddies are working through faith-based organizations and should be expanded. The school-based health clinics in Weldon and Northampton featured movie night collaboration with the police department. Through education and implementation combine all efforts working with all systems to ensure their longevity. Likewise, the CATCH Program is making effort to organize school administrators, creating opportunities to make it easy to eat healthy and be active. Finally, there is a summer feeding program through Child Nutrition Services – Roanoke Rapids is doing it but there are gaps in Halifax County also transportation is a barrier.

*Barriers:* There are barriers with transportation for kids accessing opportunities, especially during the summer. School nurses are stretched and education limited regarding how to prepare healthy food. SHAC – School Healthy Advisory Council was received by the state but not currently very active. The Community Gardens, Health Department, Housing Authority, and Habitat have seen this work in other places, but not in Halifax effort should be expanded to school. Health is part of Teaching Assistant staff in child care centers to improve rating; part is health and nutrition for example, what's on menu? Additionally, NAPSACC – Nutrition and Physical Activity Self-Assessment for Childcare Centers pushes for policy changes, for example, no cupcakes for birthdays in classroom. Also there should be strategies for employees to “sell” healthy options through education. Send a clear message throughout school system, school lunch changes, kids aren't eating healthier school lunches as it is hard for schools to prepare and store healthy foods. One strategy is reaching kids through schools to influence parents' (kids can change parents minds) behavior, because kids don't make grocery decisions is another option. Additionally, schools have so many priorities, trying to address healthy eating and active living is another challenge, many are very curriculum driven. Get parents involved in programs through schools, such as bike ride 3-5 miles in Weldon with



education involved; introduce to playground. Also integrate walking classroom. Create energizer packets for teachers and connect health student achievement; do administrators think this is a priority?

**HEALTH BEHAVIORS  
HALIFAX COUNTY  
REDUCE SUBSTANCE ABUSE  
PRIORITIES AND STRATEGIES**

**TASK FORCE STRATEGIES FOR REDUCING SUBSTANCE ABUSE**

- 1. Promote and educate doctors on the use of the statewide controlled substance reporting system to help identify people who abuse and misuse prescription drugs.**
- 2. Use Project Lazarus (a community-based overdose prevention and opioid safety program) as a model for substances in addition to opioids.**
- 3. Promote the use of drug treatment courts, an intervention program where non-violent addicted offenders enter court-supervised treatment.**
- 4. Use school-based intervention for substance abuse prevention.**

**Promote and educate doctors on the use of the statewide controlled substance reporting system (CSRS) to help identify people who abuse and misuse prescription drugs.**

*Existing efforts:* The group was not aware of ongoing efforts.

*Barriers:* Participants discussed several barriers to use of the program. They thought the main problem leading to drug use and misuse was the lack of after school and summer programs so that young people had some type of diversion. They shared that the CSRS should be used to identify at risk adolescents who providers should consider for program treatment. They discussed allowing other providers access to the system, but some noted that many counselors in recovery and it is important to limit access to the CSRS. In order for providers to feel comfortable with the CSRS, they first need training on treatment and the local system. Someone suggested linking prescribing systems to controlled substance reporting system to increase its usage. A participant noted the link between substance use and behavior problems in elementary school and the increase in children abusing substances. They also noted that the CSRS should be statewide or nationwide because people can go into Virginia or use different names to obtain prescription. Lastly, they noted the lack of accountability for input information.

**Use Project Lazarus (a community-based overdose prevention and opioid safety program) as a model to reduce the use of other substances.**

*Existing efforts:* The group was not familiar with the program.

*Barriers:* The group was concerned about knowledge of program among providers. They thought the training should include how to use medications and focus on patient barriers like the risk of older adults forgetting to take their medicine and needing family assistance. They thought it would be helpful to share this information at home health agencies that will help set up pill boxes for one month of medication and can bill Medicaid and Medicare.

**Promote the use of drug treatment courts, an intervention program where non-violent addicted offenders enter court-supervised treatment, rather than prison.**

*Existing efforts:* A group member had experience with successful drug treatment courts in Kansas. They could drug test participants at any time and were required to stay sober for at least one year to remain in the program. Participants could keep jobs and were linked to half way houses with counselors available around the clock. In the KS program, only 1 person violated the conditions of the program over the course of several years. They highly publicized the success of the participants.

*Barriers:* The lack of drug treatment courts in the area and lack of funding to establish them were the barriers the group identified.

**Use school-based interventions for substance abuse prevention.**

*Existing efforts:* The group discussed several efforts at school-based substance abuse prevention. Drug Free Communities is a five year grant from the Substance Abuse and Mental Health Administration. It involves a collaborative of community organizations and holds monthly meetings aimed at decreasing and alcohol use in teens. A participant discussed a similar program through the Governor’s office in Kansas that established a toll free number to report “parties” with underage alcohol. It trained law officers to focus on prevention and was funded by the Department of Transportation. The most successful part of these programs has been having the local community involved and committed, not just to the programs, but a lifelong commitment.

*Barriers:* The group reiterated that there are not enough programs or community support like recreation programs, Boys & Girls Club, and community recreation. They suggested that faith-based and other community organizations form an alliance and work together as a community to combat substance abuse.

**HEALTH BEHAVIORS  
HALIFAX COUNTY  
IMPROVE MENTAL HEALTH  
PRIORITIES AND STRATEGIES**

**TASK FORCE STRATEGIES FOR IMPROVING MENTAL HEALTH**

- 1. Build/strengthen community supports to improve mental health**
- 2. Use primary care and public health settings to screen for and, when appropriate, provide treatment for mental health and substance abuse problems**
- 3. Educate communities about the signs and symptoms of mental health disorders and suicide**

**Build/strengthen community supports to improve mental health.**

*Existing Efforts:* Participants want to start the National Alliance of Mental Health (NAMH) in the county. In addition to several other efforts within in the county like the mental health medical home model, the Screening Brief Intervention Referral to Treatment (SBIRT) is a good model that teaches faith-based groups to assess alcohol intake. Participants want this model to be tested with mental health issues too. Likewise, the hospital will not put people back on the streets even if it takes months to get them placed with facilities. Additionally, there is training for first responders to know how to handle mental health issues. The Easter Seals has a group home for patients with cerebral palsy; while the Choanoke Area Development Association (CADA) and Disabled American Veterans provide transportation services.

*Barriers:* The participants stressed that the county needs money to fund these efforts. In addition, participants expressed the need to increase the number of Community Care of North Carolina case managers, and that the model needs to be made available to uninsured. Also, the called for the expansion of Medicaid. People get flat monthly rate to provide services. In addition, transportation is a huge issue; there is only one cab in the county. Transportation is needed outside Roanoke Rapids. Emergency departments are too stimulating with too much going on, so they are not a good place for mental health patients. Participants reported the need for separate places to help mental health patients calm down. A recovery mindset is necessary; the county needs increased patient empowerment and patient engagement. Also, mental health efforts should address negative fatalism mindset about chronic health problems.

**Use primary care and public health settings to screen for and, when appropriate, provide treatment for mental health and substance abuse problems.**

*Existing Efforts:* All primary care providers should look for mental health issues and refer to mental health providers - the relapse rate for diabetes is the same as for substance abuse. There need to be additional efforts to find additional funding to hire lay personnel to help identify mental health issues in patients are happening.

*Barriers:* Mental health patients have acute co-morbidities (multiple problems) and have to come back at different or separate times for each problem. Also, cases of uncomplicated depressions need to be treated early.

**Educate communities about the signs and symptoms of mental health disorders and suicide.**

*Existing Efforts:* The county needs more school health clinics and use peer and family supports. Likewise, training Meals on Wheels volunteers to recognize and report symptoms of mental health challenges is vital.

*Barriers:* Community members need education on what to do, how to help when you see symptoms and signs. People mistaken folks' actions as kidding, faking or looking for attention when the individual may be facing a serious mental health crisis. In some of these instances, people do not know how to respond and are afraid to act. Therefore, the community needs models for reaching families and communities through faith groups. Also,

participants suggested that school health clinics be established in middle schools and high schools, when the symptoms of mental health problems begin to display. The community also needs multi-generational approaches that reach school children and provides education on how to fight genetic predisposed conditions.

**Other Strategies**

- Invest in consistent availability of the full continuum of evidence-based care: more local mental health professionals, and a trained workforce
- Expand Medicaid

**ACCESS TO AND AVAILABILITY OF SERVICES  
HALIFAX COUNTY  
MAXIMIZE INDIVIDUAL INSURANCE OPPORTUNITIES  
PRIORITIES AND STRATEGIES**

**Strategies for Improving Access by Maximizing Individuals' Insurance Opportunities**

- 1. Encourage employers to offer affordable coverage to more employees**
- 2. Advocate for Medicaid expansion to cover low-income adults**
- 3. Leverage safety net resources to bridge the gaps in insurance coverage for individuals, with a focus on those who are not able to obtain affordable health insurance coverage.**

**Encourage employers to offer affordable coverage to more employees.**

*Existing efforts:* Nothing was discussed.

*Barriers:* the group recognized need to work with Chamber of Commerce to encourage small businesses to offer insurance. Also a sense that many small businesses did not know about the SHOP or incentives under the ACA for small businesses to offer health insurance.

**Expand Medicaid to cover more low income adults**

*Existing efforts:* Nothing was discussed.

*Barriers:* The groups discussed a need to support access to acute care services, especially as Disproportionate Share Hospital (DSH) payments phase out. (DSH payments were given to hospitals that provided disproportionate amount of care to the uninsured and Medicaid recipients, it helped hospitals make up losses they incur in providing care to these patients). Many of the uninsured that would have been Medicaid eligible if the state chose to expand Medicaid will continue to be without insurance. This is particularly problematic from the perspective of the small rural hospital already operating near the financial margin. The group also discussed the need to educate legislators about the importance of the Medicaid expansion.

**Leverage safety net resources to bring gaps in insurance coverage focusing on those who are not able to obtain affordable health insurance coverage.**

*Existing efforts:* Not discussed

**NEW STRATEGY:**

**Educate the public about new insurance coverage options available under the ACA, as well as existing safety net resources**

*Existing efforts:* Limited

*Barriers:* Coordination of resources. Little bit happening 'here and there' some counties with HD, CHC, DSS, but lack of coordinated efforts for outreach, education, and enrollment.

**ACCESS TO AND AVAILABILITY OF SERVICES  
HALIFAX COUNTY  
SUPPORT NEW MODELS OF CARE THAT EXPAND ACCESS TO HEALTH SERVICES  
PRIORITIES AND STRATEGIES**

**Strategies to Support New Models of Care to Expand Access to Health Services**

- 1. Expand telehealth efforts**
- 2. Support and expand school-based and school-linked health centers**
- 3. Funders and policies should support new models leveraging leadership, coordination, and sustainability**

**Expand telehealth efforts**

*Existing Efforts:* Halifax Hospital is next in line to expand tele-psychiatry with Vidant Health System. Though nobody at the table was from Nash, discussants thought that there was some tele-psychiatry and tele-ICU at Nash.

*Barriers:* Barriers noted include administrative complexity, the highly regulated environment, and credentialing.

*Efforts to overcome barriers:* Waiting for investments from Vidant.

**Support and expand school-based and school-linked health centers**

*Existing Efforts:* None known to discussants.

**Funders and policies should support new models leveraging leadership, coordination, and sustainability**

*Not discussed*

**New Strategies**

**Psychiatric nurse staffing ED**

*Existing Efforts:* Halifax ED is covered 24/7 by psychiatric nurses that work collaboratively with the one staff psychiatrist to cover IVCs and admissions to 20 bed inpatient psychiatric unit. This is working well.

**Case Management**

*Existing Efforts:* Care management for Medicaid is effective and integrated into CCNC and MCO environment.

*Barriers:* Significant discussion concerning lack of care management services for those not on Medicaid. Grave concern for elders, those on disability w/o Medicaid. Vulnerable, mentally ill, left to fend for themselves until they qualify for Medicaid.

**Community-based prevention**

*Existing Efforts:* Most of the discussion focused on thinking about a new lens for community-based 'health care' delivery. Given the dire lack of clinicians in these communities-it was clear to discussants that people needed to get non-traditional services in a way that is mostly not available, not organized, and perhaps not evidence-based. There is a strong faith community in this region, and some faith-based services. One discussant talked about the 7<sup>th</sup> Day Adventists focus on the soul. Another discussed her churches health fairs (DM/HTN screening, etc), health and wellness groups (e.g. walking groups) cancer survivors groups, conversion of church space into an exercise room with equipment and exercise groups. One church is involved in a partnership with ECU around diabetes control. One discussant asked if parish nursing was still in existence but other participants did not know the answer.

There was an overwhelming sentiment from the group that if the minister is interested in and invested in health, congregants will listen.

*Barriers:* Barriers including race, education, poverty, profiteering, and lack of community development were recognized.

*Efforts to overcome barriers:* One discussant reported that the Federal Reserve and the RQWJF were interested in investing in these types of programs. Another suggested that we examine the Sparrow program and the Health Impact Pyramid as models. There was some disconnect recognized between the ‘organic’ home grown programs that a church builds with limited resources from the ground up and a program started with grant funding. The former can be sustained, but may not be based on best practice or evidence-based programs. The latter is ‘one and done’ and when the funding is gone, the program is over. The discussants wondered if there might be an opportunity to train ministers and parishioners in evidence based programs that could be based on community strengths and built from the ground up.



**ACCESS TO AND AVAILABILITY OF SERVICES  
HALIFAX COUNTY  
IMPROVE RECRUITMENT, RETENTION, AND DISTRIBUTION OF KEY HEALTH PROFESSIONALS  
PRIORITIES AND STRATEGIES**

**Strategies for Increasing Access by Improving Recruitment, Retention, and Distribution of Key Health Professionals (i.e. primary care providers, general surgeons, dental providers, and mental health professionals)**

- 1. Ensure adequate incentives to recruit health professionals into underserved areas**
- 2. Involve broader segments of community (e.g., schools, business, community leaders) in recruitment efforts**
- 3. Support health professionals new to rural communities**

**Ensure adequate incentives to recruit health professionals into underserved areas**

*Existing efforts:* Participants reported the use of retention bonuses to recruit and retain staff. (This strategy indicates a community willingness to use incentives for recruitment that could be easily adapted for health care arena.)

*Barriers:* Participants mentioned common barriers including lack of resources and non-competitive salaries (particularly with neighboring counties).

**Involve broader segments of community (e.g., schools, business, and community leaders) in recruitment efforts**

*Existing efforts:* The county uses Roanoke Valley Chamber of Commerce for introduction to community for higher level recruitment targets. Also, have the candidates meet with top level county liaisons.

*Barriers:* There are three separate school systems (3) within Halifax County with distinct racial issues. Also, the opportunities for single adults are limited.

**Support health professionals new to rural communities**

*Existing efforts:* Halifax County currently uses some retired employees to help mentor and provide a nice blend of knowledge of services. In addition, the county does make an effort to provide training and educational opportunities as much as possible..

*Barriers:* None stated.