



**Addressing Hunger through a
Community Centered Health Intervention Model**
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The Problem

- Halifax County is a rural, Tier One county with a high rate of social and health disparities.
- 9.5 % unemployment rate (2014)
- 27.4 % of individuals live below the poverty level.
- One in 2 children (39.4 percent) lives in poverty.
- 13,640 individuals (25.1%) and 3,610 children (29.5%) are estimated to be food insecure.
- The challenges facing rural areas differ from metro/urban areas.

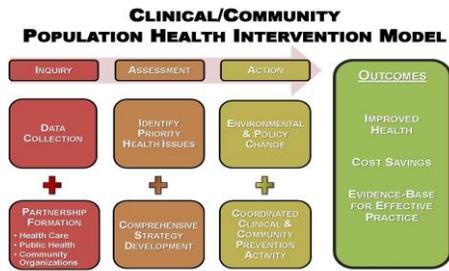


Health Associated Outcomes of Hunger

- Halifax County ranks 99th for health outcomes and 96th health factors (County Health Rankings & Roadmaps, 2015).
- Increased chronic diseases and psychosocial consequences:
 - Food insecurity negatively affects dietary intake and increases stress (Coleman-Jensen, Nord, & Singh, 2013).
 - Obesity significantly higher in households that were food insecure (Olsen, 1999).
 - Pediatric Symptoms Checklist (PSC) scores higher with risk of hunger and hunger (Olsen, 1999).
 - Food insecurity has been associated with chronic diseases and an independent predictor of diabetic control (Laraia, 2012; Seligman, Jacobs, López, & Tschann, 2012).
 - Adults aged 30 to 59 years with high food insecurity showed evidence of increased cardiovascular disease risk (Ford, 2013).



Broad Approach to Address Hunger and Health

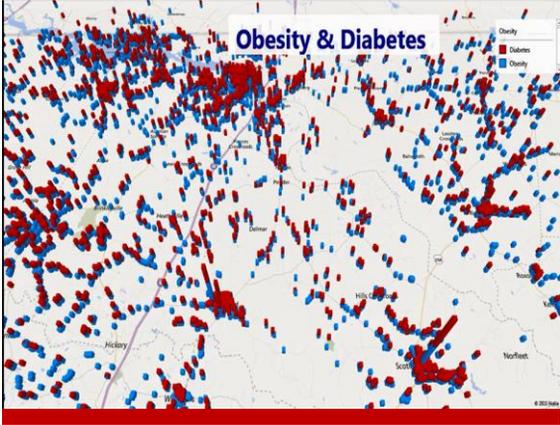


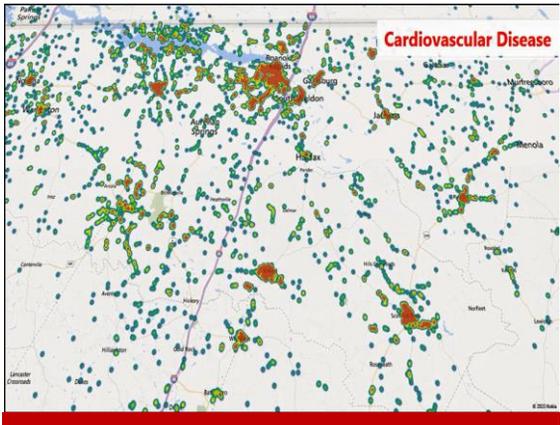
Broad Approach to Address Hunger and Health

- Halifax CCHH Collaborative is a partnership between healthcare and community stakeholders:
 - Halifax County Public Health System (HCPHS)
 - The Rural Health Group (RHG)
 - Halifax Regional Medical Center (HRMC)
 - Southeastern Halifax Coalition
 - Hobgood Citizens Group
 - Regeneration Development Group
- The action learning period focused on the “inquiry” phase of the CCHH model.

Broad Approach to Address Hunger and Health

1. **GIS-mapping project**
 - Compiled and analyzed data to complete GIS mapping of the top health concerns.
 - Data received from RHG, Public Health, HRMC, and EMS.
 - Health concerns geo-mapped was based on the 2014 Community Health Assessment (CHA) results.
 - Unique to Halifax County and each respective community.

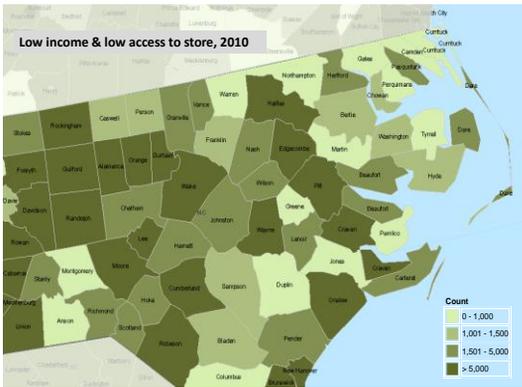




Broad Approach to Address Hunger and Health

2. Conducted seven "Listening Sessions" (community forums) in various communities in Halifax County to share health data unique to their community.

- Listening Session Results (N=151)
- Common Themes included:
 - Education
 - Employment opportunities
 - Lack of transportation
 - Shift in individual's lifestyle
 - Recreation Outlets (e.g. Exercising/Family Activities/Places to play/Physical Activity)
 - Accessible Health Care (e.g. mobile clinics)
 - Meeting people where they live
 - **Lack of access to food (e.g. limited community gardens and grocery stores)**
 - Lack of trust in government and healthcare organizations.
- Further indicated the social determinants that affect health



Our Solution

- A multifaceted approach that includes both intervention and prevention:
 - Integrated Health Collaborative built around the Community Centered Health Model.
 - Twice-monthly collaborative case management meetings which focuses on whole family care and coordination of needed resources.
 - Increasing accessibility of food particularly healthier food options:
 - Cooking Matters at the Store
 - Backpack Buddy Program
 - Mobile Markets
 - Healthy Corner Store Initiative
 - EBT/SNAP acceptance at Farmers Markets

References

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4. Olson, C. M. (1999). Nutrition and health outcomes associated with food insecurity and hunger. *The Journal of Nutrition*, 129(2), S521-S545.
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6. University of Wisconsin Population Health Institute (2015). *County Health Rankings & Roadmaps*. Retrieved from www.countyhealthrankings.org.
