



**NC Rural Coalition Fighting COVID Zoom Meeting
March 24, 2021, 9:00-10:00 AM
Meeting Notes**

Speakers:

- Robyn Seamon, Appalachian Healthcare Training & Consulting
- Stephanie Wroten, Chief Nursing Officer, Roanoke Chowan Community Health Center
- Weyling White, Executive Director, Care Share Health Alliance, and Mayor of Ahoskie, NC
- Lwiza Escobar Garcia, Community Engagement Specialist, Wake County Public Health

Facilitator:

- Kelly Calabria, President & CEO, Foundation for Health Leadership & Innovation

Kelly welcomed the speakers and guests and reviewed the purpose of the coalition. Leaders from the NC Rural Center, Hometown Strong, North Carolina AHEC, Governor's Office of Public Engagement, and the Foundation for Health Leadership & Innovation (FHLI), are partnering with the NC DHHS Office of Rural Health (ORH) to extend the ORH's reach in disseminating vital resources and messaging to rural communities. They also serve as a feedback loop to NC Department of Health and Human Services to report what is working and what is not, on the ground. She also referred the group to the resources on the Foundation's landing page. [Bit.ly/ruralfightsCOVID](https://bit.ly/ruralfightsCOVID)

Kelly introduced the speakers and asked Robyn to begin the conversation by explaining what a transcultural nurse is.

Robyn explained that a transcultural nurse has extra training and certification in addressing cultural values of different population groups to improve healthcare outcomes. This applies to many marginalized groups that need a voice. She shared a story where a patient was misunderstood because of a physical therapist's lack of familiarity with local jargon.

The Appalachian region has the highest rate of health disparities in the nation. Twenty-nine counties in western NC are considered part of Appalachia. Outsiders see the beauty of the area, but don't see the problems that people in this region struggle with.

There is distrust in public health, people from the government and healthcare. Local folks will avoid the healthcare system and turn to family, friends or a church instead. Trust is a core issue. These residents want outsiders to spend time getting to know them. People who are from rural, underserved communities, who are conservative, low-income and have low education levels, are most likely to refuse the vaccine. Advocacy can bring awareness of the importance of the issue. Most don't have internet, smart phones, or social media access. Emphasis on good results of the vaccine, such as getting to see grandkids again, and see positive outcomes, is essential.

Robyn added that it would help providers to know the history of the region. There is a long history of exploitation by timber and coal mining companies. Although it was long ago, the stories are still being told. The trusted messengers in each community must be identified. In western NC, it's usually the faith

leaders. Dolly Parton created a video when she received her vaccine. Something similar could be created to advocate for the vaccine.

Kelly asked Stephanie and Weyling to discuss rural transportation challenges.

Stephanie replied that in Eastern NC, there are significant barriers to transportation for those who want access to testing, vaccine and healthcare. When the vaccine is allocated, time is a barrier. Notice of vaccine availability is short. Agencies may hear on Saturday or Monday morning that the vaccine is being delivered on Wednesday or Thursday, but they're told not to announce it to the public until they've received a tracking number. Generally, that leaves a few days or even hours to organize a vaccine clinic and arrange transportation.

Weyling developed the TRIP program in Ahoskie to provide transportation at no cost to the citizens. However, it needs more drivers to support the need to transport people with little notice. There is a strong demand for the vaccine, but transportation is a barrier. When there's no transportation, there are worse health outcomes. People can't get to vaccine clinics, specialists or other providers and have no access to telehealth, since they lack smartphones and access to broadband. People often walk to the health centers.

Targeting the most vulnerable who are in need can be facilitated through several means. They utilized the Hertford Health Access Program at the health center, the Patient Navigator, the Vidant Roanoke Chowan Hospital, which also has a Patient Navigator, and case managers, who could help arrange transportation and who were most familiar with the patients.

COVID prompted some changes, especially due to concerns about driver safety and exposure to COVID. The drivers however, put the patients first and continued driving during the pandemic. Additional needs for transportation arose during the pandemic, such as access to local churches for food pantries. With regular transportation, the health center also saw more compliance with medical appointments and care.

As vaccinations increase, more care managers are being recruited. When a patient is diagnosed with COVID, they are assigned to a case manager at the health center. They realize that patients need more transportation for post-care. The lack of transportation existed pre-COVID, but was amplified by the pandemic. A shortage still exists. There were originally 4 companies in rotation, but now there's only one, a local company. The community takes care of the community, and they didn't want to bring in Uber or Lyft. There are heart-warming stories of how the drivers and patients connect. More transportation leads to more compliance with health care; however, transportation issues still exist.

Kelly remarked that the issues seen now have been there for generations, long before COVID and she asked how they are beginning to plan for a recovery phase post COVID to address these lingering problems.

Stephanie emphasized the need for CCHCs to develop a method to go to the people in need. They are working on a mobile unit to be available in the late spring or early summer. Health care can't be brick and mortar anymore; the healthcare workers must go to the patients. There are remote areas more

than an hour away from Ahoskie. The mobile unit will expand equity and accommodate people who hesitant to vaccinate. Those seeking mental health assistance want privacy to discuss their medical issues, which this will provide.

Weyling added that the Hertford Health Maintenance Alliance was formed in 2011 in Hertford County, NC to focus on millennials and GenXers. That group is particularly vaccine hesitant due to mistrust and misinformation on social media. The group is using innovative ways to connect with them via social media with accurate information.

Kelly introduced Lwiza Escobar Garcia and asked about her work with Resolve to Save Lives.

Lwiza stated that Resolve to Save Lives is an organization working to prevent epidemics. It focuses on preparedness and public health issues and operates internationally, but not in the US. In response to COVID, personnel have been embedded into local public health departments. The US has invested in international public health and at the same time is divesting support in public health departments in the US. Now, people are being reassigned to deal with COVID and other work isn't getting done. In response to that, people have been embedded to help with that effort. The Wake County Health Department has 5 embedded personnel.

Kelly asked about specific strategies around LatinX and Hispanic Communities.

As an embedded community engagement specialist, Lwiza works with community leaders who are engaged with highly marginalized communities, especially LatinX and Hispanic. Targeted messaging and assessing needs is different for each community; one size does not fit all. It was important to identify key stakeholders and trusted messengers. Multiple groups were identified and a strategy was developed to address them.

Town hall meetings are held to specifically address each community's needs. The standard meeting format was discarded and the new format included a short introduction; the balance of the time was for questions from the attendees. One session, conducted in English, was "Ask the Doctor", and the panel included a physician, a pharmacist and an epidemiologist. The LatinX town hall included a physician, an immigration attorney and a community health worker.

Kelly asked all the speakers how to find trusted voices.

Robyn suggesting going into the communities and find messengers. Go to health departments and ask. Talk to people and ask who they trust. Faith communities and small organizations are a good place to start. It's difficult, though, without being able to go in person due to COVID.

Kelly asked Weyling to discuss his plan for increased economic opportunities for small businesses through transportation by not going to Uber or Lyft.

In the past, institutions have come into communities, collected data and left, leaving the communities unchanged. He added that there was lack of follow through to solve the transportation problem, so they

had to address the issue and have confidence in themselves. Stephanie added that they had reached out to Uber Health to support the transportation needs, but they were not in the area. This created a workforce development opportunity to start a program and develop courses. Drivers were recruited, trained and certified, giving them an employment opportunity at the same time solving the transportation issue. Drivers were employed by the TRIP program, and there was no need to bring in an outside company such as Uber.

Robin received an email from a western NC foundation, chronicling what a community did to get through COVID. It was an uplifting story of how the community came together and took ownership of the situation. There is lots to learn from it and she offered to share it.

Lwiza stated that there's a workforce development opportunity in the highly marginalized populations. Many are essential workers and don't stop working; they shift from one type of job to another. They are underpaid and underserved, and their value is now evident and they're holding society accountable for their added value. It has created opportunities for entrepreneurship.

Policy is being created from advocacy from work on the ground and these issues can be brought to the legislature. Leadership involved in funding discussions don't want a two-year fund, but want to hold themselves accountable to be a long term solution.

The next meeting will be Wednesday, March 31 at 9:00am and will feature Todd Brantley and Misty Herget discussing the economic effect of COVID on communities.