



REACH WORK PLAN - YEAR 2

Targeted Priority Population(s): African Americans (primary) and Asian Americans (secondary)

Targeted Geographic Locations: Mecklenburg and Cabarrus County

Program Funder: CDC - National Center for Chronic Disease Prevention and Health Promotion

Years Awarded Funding: 5

REACH (Racial and Ethnic Approaches to Community Health) is a national program designed to reduce racial and ethnic health disparities. As a chosen recipient of the REACH grant, RAO Community Health is looking to bring together members of the communities that we will be serving to build and/or expand a powerful community coalition to plan and carry out different strategies to address racial and ethnic health disparities among our priority population(s).

PROGRAM STRATEGIES

Strategy 1: Nutrition

Sub-strategy 1.1: Healthy Nutrition Standards/Food Service Guidelines

Establish healthy nutrition standards in key institutions: food banks, community college, and university settings.

Loaves & Fishes

- Monitoring monthly fresh produce data reports.
- Reviewing health nutrition standards policy for their full-size pantries/mini-sites and ensure their policy aligns with the CDC's FSG.
- Implement any amendments made to L&F's health standards policy.
- Begin work on building capacity with L&F to provide an increase of produce to mini-sites.

PROGRAM STRATEGIES

Strategy 1: Nutrition

Sub-strategy 1.1: Healthy Nutrition Standards/Food Service Guidelines (continued)

Central Piedmont Community College

- Review existing nutrition standards of food provided to Loaves & Fishes mini-pantry site, and assess alignment with the current FSG.
- Develop culturally tailored educational materials to be disseminated to recipients receiving food items from the mini-site on-campus.
- Pilot a bi-monthly nutrition program to be hosted on-campus.

UNC Charlotte, Davidson College, & Johnson C. Smith University

- Assist Davidson & Johnson C. Smith University in fulfilling 23 of 41 wellness guidelines within three years (Partnership for a Healthier America).
- Partner with JCSU to review their campus health nutrition standards and implement food service guidelines.
- Review food vendor's current nutrition guidelines and food contract (JCSU).
- Identify administrative staff, students and vendor representative to form a campus food advisory council (JCSU).

Sub-strategy 1.2: Food Systems

- Collaborating with the Charlotte-Mecklenburg Food Policy Council and other partners on the planning and development of the 2020 State of the Plate report.
- Continue partnership with Rivendell Farms and their Charlotte Area Food Systems Project.
- Partner with UNCC's geography department to build a GIS-based vulnerability map of the greater Charlotte region.
- Continue partnership with Mecklenburg County Health Dept. and their work with farmers markets/SNAP Double-Up funding.
- Begin work with the Fair Food Network implementing Double Up Bucks program model at local grocery stores.

Sub-strategy 1.3: Breastfeeding

- Working with the WIC office to review the current breastfeeding community resources, current nutrition policies, and identify gaps in services based on need assessment findings.
- Work with Novant Health system, Mecklenburg County WIC Dept., and JCSU to explore and possibly begin planning and development of a pilot breastfeeding hotline that will operate outside of traditional working hours.

PROGRAM STRATEGIES

Strategy 2: Physical Activity

Partnering with Sustain Charlotte to accomplish work that will engage residents in the neighborhoods of the West Blvd. corridor and Lakeview neighborhood.

Activities include:

- Create and conducting walkability audits with neighborhood residents.
- Developing and hosting workshops to teach residents how to use walkability audits results to advocate for infrastructure to improve connectivity.
- Hosting of meetings with neighborhood association boards to assess neighborhood area plans.
- Creating, installing, and evaluating temporary wayfinding signage.
- Hosting bi-monthly transit coalition meetings to engage residents in aligning public transit investment with connectivity and active living needs.
- Share results of walkability audits, ACT modules, and resident feedback with staff from Charlotte DOT and CATs transit agency to begin dialogue about appropriate land use and transportation interventions to improve connectivity for residents.

Strategy 3: Community-Clinical Linkages

Sub-strategy 3.1: Health and Preventative Programs

Partnering with clinics, community resource platforms, & MedLink.

Cabarrus-Rowan Community Health (McGill Family Medicine and Logan Family Medicine) and Amity Medical Group

- Adapt educational materials to be culturally tailored for dissemination to patients enrolled into the piloted Living Healthy with Diabetes program for both locations (Cabarrus county), and Diabetes Self-Management Education and Support program for both locations (Amity Medical Group – Mecklenburg County).
- Assist with development of social media marketing and other communications to promote health and preventive programs related to the pre-diabetes/diabetes program.
- Develop and evaluate a post survey to measure patients and/or community's awareness based on communication efforts of health and preventive programs related to pre-diabetes/diabetes.

PROGRAM STRATEGIES

Strategy 3: Community-Clinical Linkages

Sub-strategy 3.1: Health and Preventative Programs (continued)

Atrium Health's Community Resource Hub (Aunt Bertha) and NCCARE360

- Coordinate with both platforms to help recruit organizations not listed on the platforms by implementing population-level chronic disease management by initiating referrals and utilizing the systems to monitor bi-directional referrals.
- Develop and sign data sharing agreements with on-boarded organizations, and monitor referral data reports (Atrium Health's Community Resource Hub).

Sub-strategy 3.2: Clinical and non-Clinical Professionals

- Partnering with Cabarrus-Rowan Community Health Centers and Amity Medical Group to build capacity of non-physician teams to increase recruitment and referrals of priority populations by assisting in Certified Diabetes Educator (CDE) and diabetes paraprofessional trainings.
- Partnering with Smith Family Wellness Center in designing a Community Health Worker Program.
- Collaborate with Rowan Cabarrus Community College and Central Piedmont Community College in adopting the pilot North Carolina Standardized Competency Training for NCCHWs.