

RAO TRANSITION FROM HIV-RELATED SUPPORT SERVICES TO COMMUNITY HEALTH.

Success Story By RAO Community Health

AT A GLANCE

Within the Charlotte regional area, the rates of health and social disparities among the African-American population are among the highest. Issues continuously faced by this population include structural lack of access, availability of resources, economic barriers, food insecurity and food deserts, and lack of access to health care and preventive health care programs. Traditionally, RAO Community Health provided services for mostly minority individuals living with HIV. With the funding from the Centers for Disease Control and Prevention (CDC), RAO Community Health has been able to broaden their reach within the population in which they serve, as well as build a community network to provide access to resources that are needed within the African-American communities in the greater Charlotte area.

PUBLIC HEALTH CHALLENGE

Currently, there are almost 7,000 people living with HIV in Mecklenburg County (AIDSVu, 2018). Of this number, 70.8% are African-American. In 2018, there were 253 new HIV diagnoses in the county, of which 69.9% were African-American in comparison to 15.1% that were white (AIDSVu, 2018). Statistically, HIV prevalence rate ratios are much higher among African-Americans than those of their White counterparts -- with African-American men being 6.3 times higher, and African-American women being 16.4 times higher (AIDSVu, 2018). Comparably, 95% of the client population that RAO Community Health provides services to are African-American. Prior to the receipt of the REACH grant, RAO quickly realized that the needs of their clients extended beyond the services provided as the issues being faced weren't just issues related to HIV, but issues attributed to other social determinants of health that are applicable to the African-American population as a whole.

MECKLENBURG COUNTY CHRONIC DISEASE HEALTH INDICATOR BY RACE

Baseline Measurements						
ADULTS: 30% of adults in Mecklenburg County report having high blood pressure (BRFSS, 2018)						
Relevant Data Selected Health Indicator <i>(data source)</i>	MECK	NC	Trend in Mecklenburg compared to previous years	Racial and Ethnic Health Disparity Ratios		
				African American/Black		Whites
2018, Adults reporting current smoking (BRFSS)	14%	17%			1.4 to 1	
2018, Adults reporting obesity (BRFSS)	32%	32%			1.5 to 1	
2018, Adults reporting no physical activity (BRFSS)	20%	26%			1.6 to 1	
2018, Adults reported with High Blood Pressure (BRFSS)	28%	35%			1.3 to 1	
2018, Adults reported with High Blood Cholesterol (BRFSS)	29%	34%			1.0 to 1	

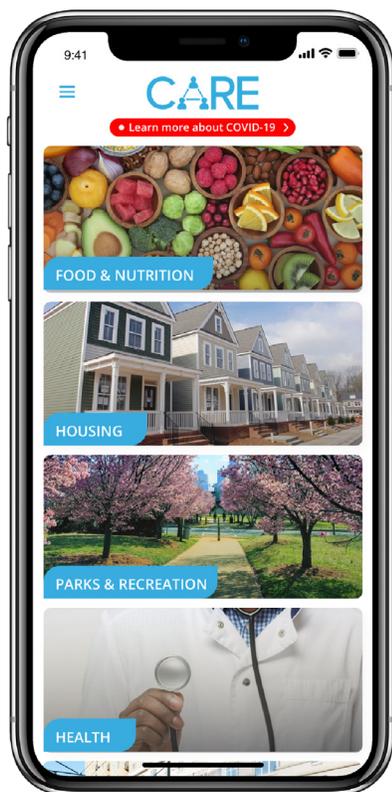
Throughout the greater Charlotte area, health disparities, such as chronic diseases and food insecurity, affect racial and ethnic minorities at higher rates. These disparities are driven by societal and systemic responses to race that include racism and generational wealth disparities. The results of these disparities reflect inequitable access to quality health care, preventive testing, and other resources such as affordable housing and healthier food options (2019 REACH Community Assessment Report, 2019). In 2018, heart disease and stroke ranked 2nd and 4th as leading causes of death in Mecklenburg County, where being overweight or obese affected over half of the population (64%). Specifically, African-Americans were three times more likely to be affected by diabetes as compared to their White counterparts (Mecklenburg County Public Health Dept., 2019). In 2016, diabetes and heart disease were listed as two of the top ten leading causes of death in Cabarrus County. In fact, almost half (46.9%) of Cabarrus County residents reported access to health and wellness programs were important to them as most issues related to chronic disease prevention and health promotion indicators have shown promising trends towards health improvements in the past years (Cabarrus Community Needs Assessment, 2016). In addition to diabetes and heart disease, food insecurity and food deserts are issues that are plaguing African-Americans communities within the Charlotte regional area. In 2018, Forbes ranked Charlotte the fifth best place for business and careers. Yet in 2014, a Harvard University/UC Berkeley study (Chetty, Hendren, Kline, & Saez, 2014) ranked Charlotte last out of 50 cities for economic mobility. With nearly \$146.2 billion gross metro production in the city, residents continue to fall short of providing equitable resources for the community.

APPROACH

With the receipt of the CDC's Racial and Ethnic Approaches to Community Health (REACH) funding, RAO Community Health has been able to expand its scope to meet the needs of the African-American community within the greater Charlotte region. RAO has been working to create a network of resources among community-based organizations. The purpose of this network is to help increase access and awareness of resources available in the community that not only assist those living with HIV, but the entire African-American population within the area. At the beginning of 2019, RAO partnered with the University of North Carolina Chapel Hill to conduct a needs assessment within Mecklenburg and Cabarrus counties that specifically targeted African-Americans. From this needs assessment, RAO obtained key information relating to gaps in access and resources -- specifically relating to chronic disease and food access.

RESULTS

Since the conclusion of the needs assessment, RAO has developed multiple partnerships with local key institutions to improve nutrition and fresh produce access in African-American communities -- as well as to increase referrals and access to community-based health programs in an effort to decrease chronic disease rates among African-Americans. With the results from the needs assessment, RAO has:



- Contracted a software developer to design, develop and build a community resource app titled C.A.R.E. - Charlotte Area Resource Explorer (www.careappnc.org).
- Developed a formalized partnership with Loaves & Fishes (www.loavesandfishes.org) -- a local food pantry that has multiple sites and mini-pantries throughout the county.
- Formal partnership with the University of North Carolina Charlotte to develop a vulnerability map - the "Spatial Assessment of Socioeconomic Vulnerabilities to Health Disparities and Nutrition in Mecklenburg and Cabarrus Counties, North Carolina".

- Developed a formal partnership with Amity Medical Group (AMG). In this partnership, RAO is working with Amity Medical Group to help build the capacity of their non-physician team to increase recruitment and referrals of African-Americans by assisting in Certified Diabetes Educator (CDE) and diabetes paraprofessional trainings. To date, two PharmDs have completed diabetes paraprofessional training.
- Developed a formal partnership with Cabarrus Health Alliance (CHA) to assist in continuing diabetes preventive work (Prevent T2 (Diabetes Prevention Program) that they began as the 2014 REACH recipients.

“THE DEVELOPMENT OF THE COMMUNITY RESOURCE APP IS JUST WHAT MY NEIGHBORHOOD NEEDS! IT IS CLEAN, EASY TO USE, AND FULL OF BENEFICIAL RESOURCES THAT THE COMMUNITY NEEDS.”

-JAMALL KINARD, EXECUTIVE DIRECTOR, LAKEVIEW NEIGHBORHOOD ALLIANCE

SUSTAINING SUCCESS

Through REACH funding, RAO will continue to work with their community partners to address health disparities. In the coming year, RAO has several new community organizations that they will be formalizing relationships with, as well as continuing work with current partners that has been delayed due to COVID-19. Through the receipt of another grant, RAO has hired a medical provider that will see patients for preventive visits. With the establishment of their clinic, RAO will be able to train medical staff to host chronic disease management classes -- thus adding another site for referrals and prevention to the community.

CONTACT FOR MORE INFORMATION:

Ashley Carmenia, MPH

acarmenia@raoassist.org

REACH GRANT RECIPIENT:

RAO Community Health

321 W. 11th Street.

Charlotte, NC 28202

www.raoassist.org



REFERENCES

AIDSVu. (2018). Local Data: Charlotte (Mecklenburg County). <https://aidsvu.org/local-data/united-states/south/north-carolina/charlotte/#:~:text=In%202018%2C%20there%20were%206%2C866,were%20newly%20diagnosed%20with%20HIV.>

2019 REACH Community Assessment Report. (2019). https://raoassist.org/wp-content/uploads/2019/12/1_reportFinal_RAO-REACH-Cabarrus-and-Mecklenburg-Assessment-2019.pdf

2019 Mecklenburg County Community Health Assessment. (2019). <https://www.mecknc.gov/HealthDepartment/HealthStatistics/Documents/Mecklenburg%20CHA%202019.pdf>

2016 Cabarrus Community Needs Assessment. (2016). Cabarrus Community Planning Council. <https://www.cabarrushealth.org/DocumentCenter/View/1472/2016-Cabarrus-Community-Needs-Assessment?bidId=>

Chetty, R., Hendren, N., Kline, P., & Saez, E. (2014). Where is the Land of Opportunity? The Geography of Intergenerational Mobility in the United States. doi:10.3386/w19843

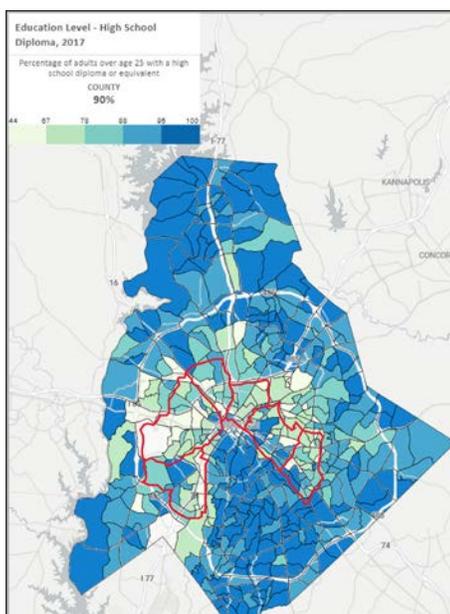
CHARLOTTE, NC ENCOURAGES PHYSICAL ACTIVITY AMID COVID-19 WITH SHARED STREETS INITIATIVE.

Photo Documentary Success Story By RAO Community Health

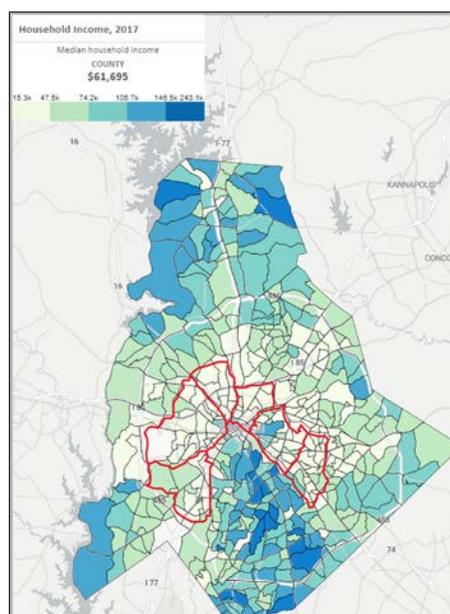
PUBLIC HEALTH CHALLENGE

Daily physical activity has been proven to be beneficial in order to live a healthier life. Yet, only half of adults get the physical activity they need to prevent or reduce chronic disease. People with less education (see image A) and income (see image B) tend to live in communities that lack access to safe places to exercise. Thus, attributing to the higher rates of chronic disease and deaths that negatively impact a wide range of health outcomes. In Mecklenburg County, communities located within the “crescent” (outlined in red in maps) around the center city of Charlotte tend to lack the conditions that impact positive community well-being. These communities are categorized as priority population areas, which are predominately populated by African Americans (see image C). Conditions such as: health and healthcare, education, social and community context, economic stability, and neighborhood and built environment are all attributing factors that impact an individual’s health. According to the 2019 Mecklenburg County Community Health Assessment, low income adults are “1.6 times more likely to be physically inactive than adults with higher income levels”, thus increasing the probability of living with a chronic disease. These conditions or social determinants of health attribute to the lack of physical activity in the “crescent”, thus impacting how these communities live, learn, work, and play.

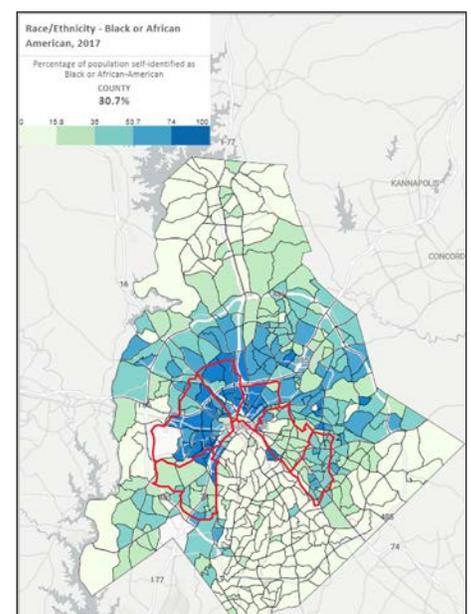
A



B

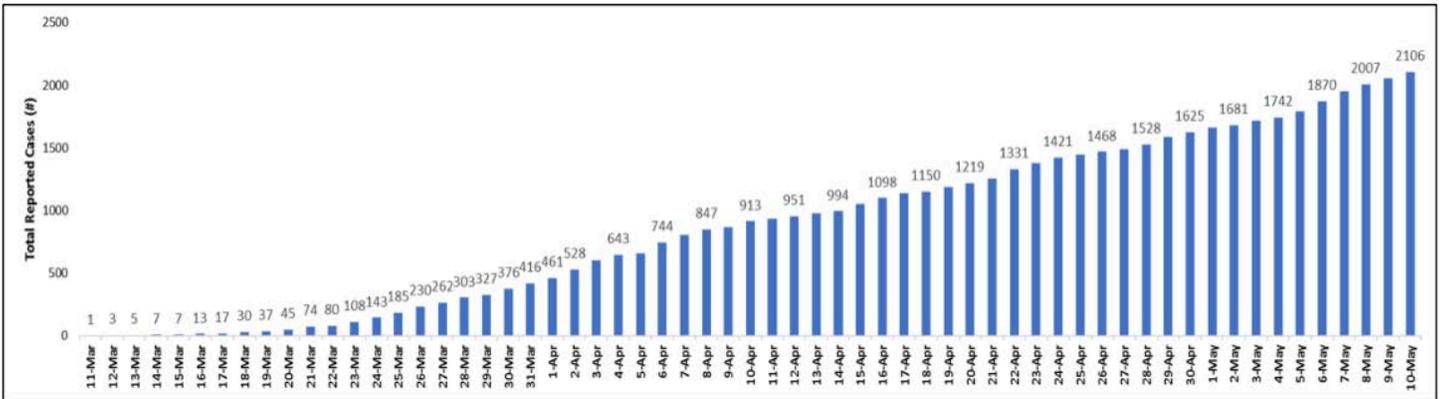


C



In response to the rising coronavirus pandemic, Mecklenburg County issued a Stay at Home Order on March 26, 2020. At that time, there were 230 reported cases of the virus. By May 8, 2020, reported cases had skyrocketed to 2,007 infected by the virus. Stay at Home Orders mandated gyms, playgrounds, indoor and outdoor places of recreation to close until further notice. In addition to, social distancing guidelines ordered the prohibition of gatherings of more than 10 people and that residents stand 6ft apart from another.

COVID-19 REPORTED CASES MARCH 11 - MAY 10, 2020



APPROACH

To promote and encourage physical activity in communities amid COVID-19, the City of Charlotte launched Phase 1 of the Shared Streets Initiative on May 9, 2020. Shared Streets allows residents to walk, run, bike, rollerblade, skateboard, and wheelchair roll safely while practicing social distancing in designated areas marked by signage. Each street location, provides connectivity to a nearby park in the area. According to Sierra Bratton, Media Relations & Strategic Communications Specialist from Charlotte Department of Transportation, “We wanted to launch quickly and expand as we learned more. So, the initial list of streets was selected based on on-going resident interest already being communicated with city staff. This allowed us to act quickly to develop a pilot program and get feedback on the implementation, signing and future locations as we considered expanding the program.” As of August 15, 2020, Phase 3 has been implemented with currently 9 streets marked as a Shared Street.

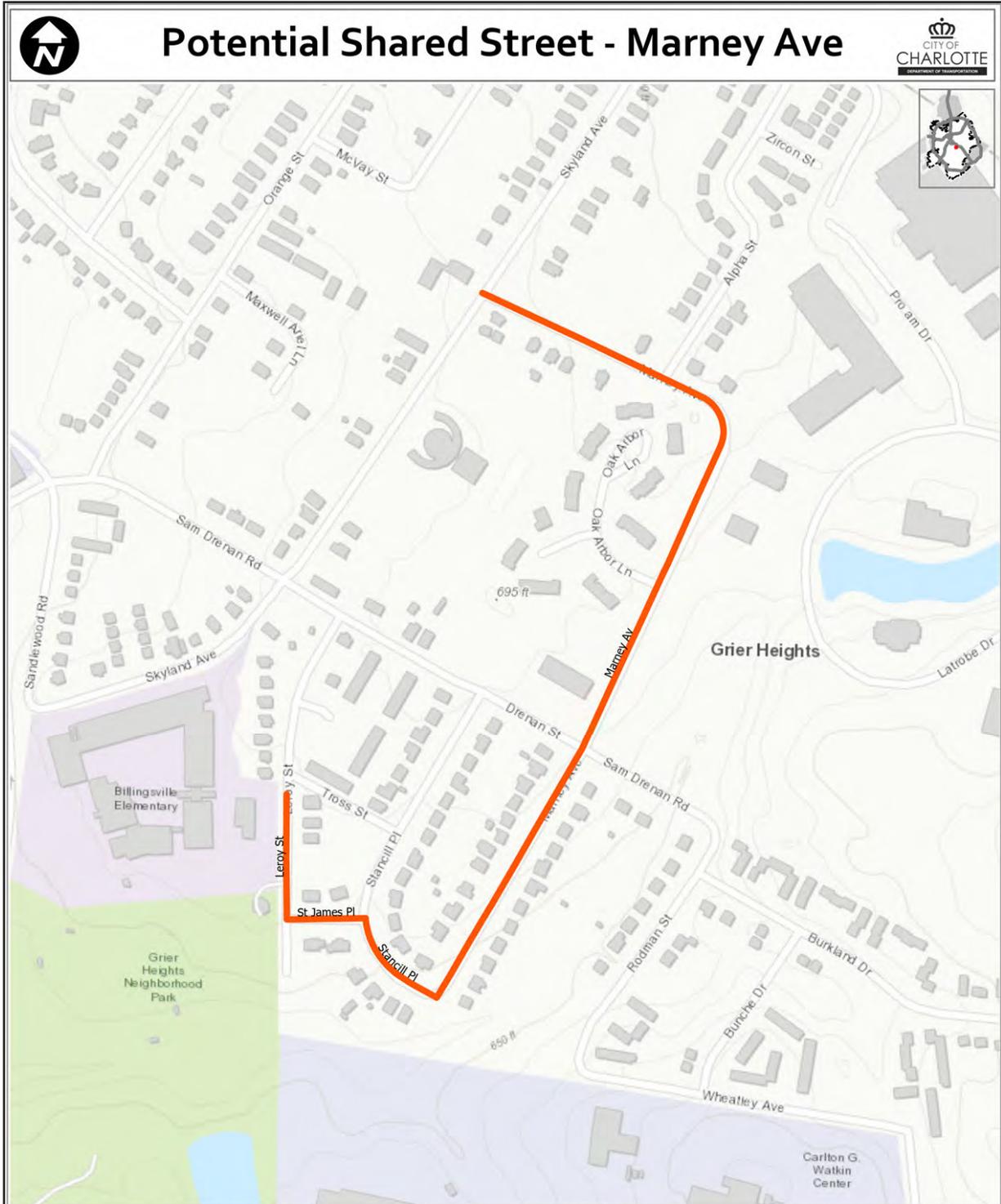


RESULTS

On June 27, 2020, Phase 2 of the Shared Streets Initiative was launched in 3 priority population neighborhoods: Marney Avenue, State Street, and Andrill Terrace. Upon visiting each site under Phase 2 for observation, there were hardly anyone to no one outside. To see if all Shared Streets locations were low in activity, curiosity led further observations to Romany Road, one of the Phase 1 sites. Here, there were people out during the day, walking and running. However, it is important to note that locations under Phase 1 are primarily populated by Caucasians, not considered a priority population. Social determinants of health, including working class differences, can be attributed to a clear distinction between Phase 1 and 2 resident activity. However, despite the lack of activity, this is a good starting point to begin conversations with communities that they can be active, even in their own backyards. With continued promotion and information provided on the Shared Streets Initiative, there's hope to see in an increase of foot traffic in these areas.

MARNEY AVENUE - PHASE 2

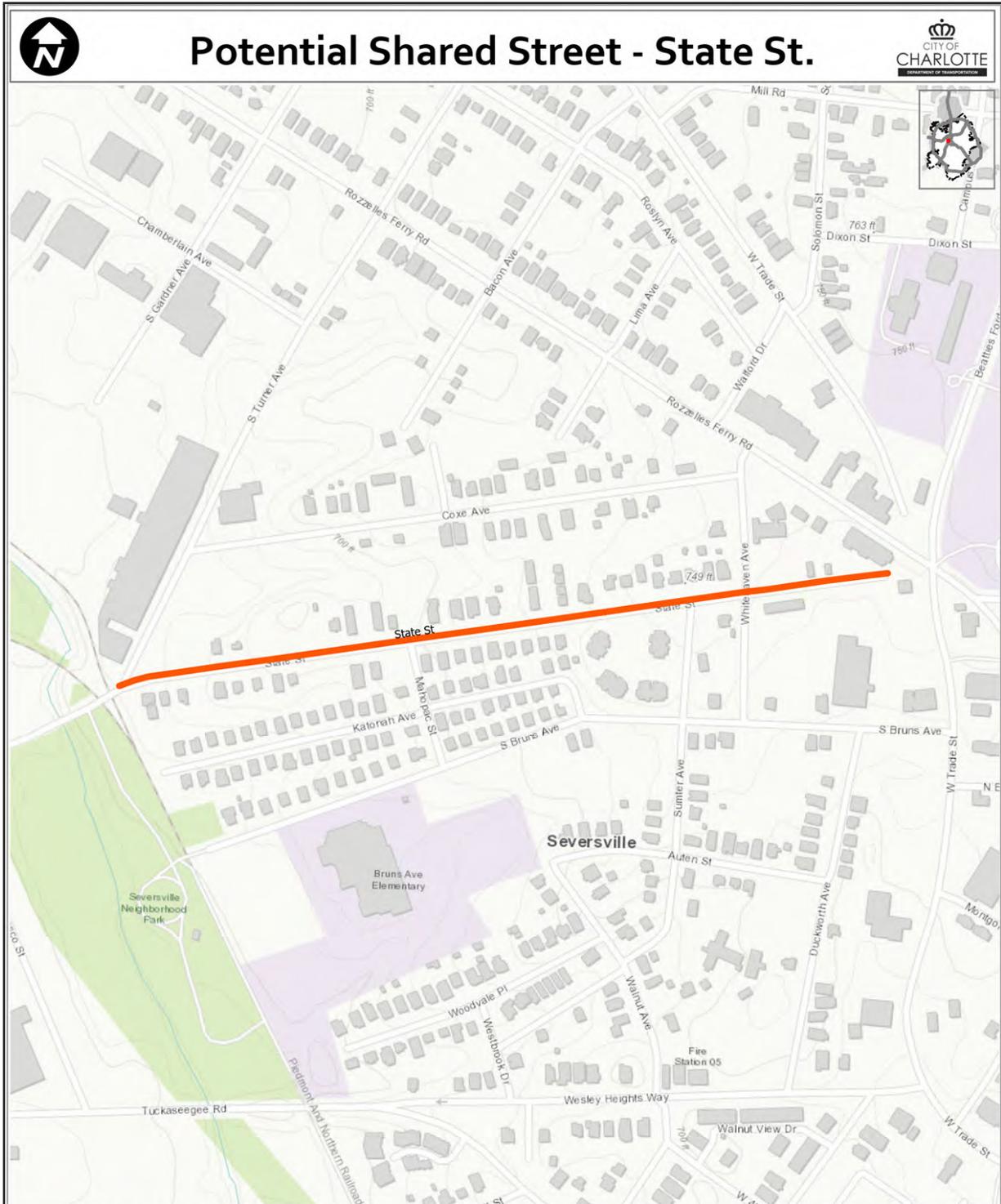
-to Stancill Pl, St James Place, to Leroy St, ending at the Grier Heights Community Center, 3,400 feet





STATE STREET - PHASE 2

-Turner Ave to the street's end, 2,500 feet





ANDRILL TERRACE & SUMMIT AVENUE - PHASE 2

-Washington Ave to N Summit Ave and ending at Martin St., 3,600 feet





CONTACT FOR MORE INFORMATION:

City of Charlotte

600 East 4th Street

Charlotte, NC 28202

CharlotteDOT@charlottenc.gov

Shared Streets: <https://charlottenc.gov/Transportation/Programs/Pages/CharlotteSharedStreets.aspx>

REACH GRANT RECIPIENT:

RAO Community Health

321 W. 11th Street.

Charlotte, NC 28202

www.raoassist.org

