REACH WORK PLAN - YEAR 4

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

- Identify additional community and clinical partners to increase referrals to L&F and distribution of specialty boxes.
- Implement nutritional guides using F2E (Food to Encourage) guidelines for volunteers/ staff at Loaves & Fishes to follow when creating Specialty Box Program (SBP).
- Monitor fresh produce data reports provided monthly by Loaves & Fishes.
- Monitor monthly report on intermediate performance measures around the establishment of Specilaty Box Program (SBP).

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Johnson C. Smith University

- Survey students and administrative staff on Johnson C. Smith University campus (and/or maybe online) on the current nutritional option accessed on campus- currently under development.
- Evaluate survey and disseminate results to responsible parties within Johnson C. Smith University students and staff community also with campus food vendors.
- Implement Federal FSG at Johnson C. Smith University through partnership with Perkins Management Services Company.
- Identify administrative staff, students, and vendor representative to form a campus food advisory council.

Sub-strategy 1.2: Food Systems

- Continue project with UNC Charlotte Geography department to create additional combination map layers with multiple variable to vulnerability map.
- Analyze findings from combination map layers.
- Integrate map into community resource apps and organization website.
- Disseminate findings to the community and community partners via press release and/or media campaign.
- Continue collaboration with the Charlotte-Meck Food Policy Council and other community partners on the planning and development of the 2020 State of the Plate Report.
- Assist Charlotte-Meck Food Policy Council with dissemination of the survey via the C.A.R.E. App. The survey will be available thru our app, clients directed to the app will be asked to participate in the State of the Plate survey.
- Partner with Carolina Food Trust to provide technical assistance in the planning and development of the local food distribution center/food hub for the Charlotte region.
- Collaborate with Loaves & Fishes and Friendship Trays to leverage new merger, and strategically plan how the new merger of the two organizations can help in addressing food system gaps within our scope of activities.
- Collaborate with Food System Coalition members to utilize Vulnerability map to address local food system initiatives and gaps in access to food resources.
- Collaborate with Sustain Charlotte to use Vulnerability Map to work to align and improve active transportation routes, transit access, and future trails to SNAP retailers.
- Collaborate with North Carolina State University (NCSU) and SNAP Ed to develop and host free gardening education course for SNAP recipients.

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- Encourage SNAP eligible corner stores in priority population community to sell seeds and post SNAP Garden signage.
- Collaborate with SNAP Ed, and carolina farm trust on marketing campaign to spread awarness of SNAP Garden and encourge its usage.
- Collaborate with SNAP Ed to recruit SNAP recipients to participate in free gardening education course.

Sub-strategy 1.3: Breastfeeding

- Begin planning and development with QC Cocoa Beans, WIC and other community based organizations to create a pilot breastfeeding and parenting peer-to-peer support/mentoring program for fathers.
- Create culturally tailored curriculum adapted from the WIC “Loving Support Breastfeeding Peer Support” materials.
- Plan training sessions for identified facilitators for pilot peer-to-peer breastfeeding and parenting support group.
- Recruit participants to be trained to lead and facilitate peer-to-peer support group for fathers.
- Collaborate with Novant Health, WIC and/or community-based organizations to conduct training to train identified facilitators for pilot peer-to-peer breastfeeding and parenting support group.
- Develop culturally tailored media campaign to promote recruitment and enrollment of African American fathers into the program.
- Implement pilot breastfeeding and parenting peer-to-peer support/mentoring program for fathers.
- Improve community access to existing prenatal/postpartum breastfeeding resources by continuously updating professional breastfeeding and early childhood nutrition resources and educational information in the app.
- Create and launch a student doula match-up landing page where mothers can search for and match with doulas (both certified and student doulas).
- Develop media campaign for community partners to disseminate among their networks to encourage local doulas to add their information to website.
- Continue partnership with Novant Health’s Diversity team to increase the number of minority doulas certified as Novant Health Certified Doulas within Novant’s system
- Improve community access to existing prenatal/postpartum breastfeeding resources by adding breastfeeding and early childhood nutrition resources and educational information into the app.

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- Design culturally tailored materials to increase utilization of the lactation
- Continue partnership with Novant Health (Lugenia Grider) to ensure that newly trained doulas complete their last phase of the pilot doula program (certification and career development).
- Collaborate with JCSU to provide assistance in enrolling JCSU students and/or community members in two Doula Training sessions to increase the number of African American doulas in the community (DONA Trainings will be hosted during the Fall and Spring semesters).
- Develop an extended learning plan/toolkit to aid newly trained doulas in lactation education, certification, and career pathing.
- Implement extended learning sessions for student doula cohorts.
- Design marketing materials to increase enrollment among students of color into the Doula and Childbirth Educator programs on campus.
- Disseminate marketing materials during designated periods of enrollment for the programs.
- Evaluate doulas trained at JCSU by: a). Measuring quality and effectiveness of DONA training and capacity at JCSU. b). Measuring quality and effectiveness of extended learning plan; c). Measuring quality of clinical learning experience; and, d). Monitoring effectiveness and rates of increase in black mothers breastfeeding and continuity of care.
- Identify at least two additional community-based organizations to increase maternal specialty box referrals to Loaves & Fishes.
- Evaluate breastfeeding specialty box distribution program.

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.

- Carried from Year 3 due to pandemic: Organize and host an experiential transit training for older adults to help them learn how to fully utilize Charlotte's bus and rail system. [APHN: "Activity-Friendly Routes to Everyday Destinations"]
- Carried from Year 3 due to pandemic: Organize and host 3 community walking groups in each neighborhood (6 total) during the cooler fall and spring months. [APHN: "Social Supports"]
- Carried from Year 3 due to pandemic: Work with residents to create a sustainability plan for continuing the walks [APHN: "Social Supports"]
- Work with residents to support their engagement with Charlotte's new Strategic Mobility Plan, Comprehensive Plan, and Charlotte Moves Task Force, with the goal of ensuring that

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walkability, bikeability, and vibrant destinations are prioritized. [APHN: “Activity-Friendly Routes to Everyday Destinations”]

- Continue to host 12 monthly transit coalition meetings to engage residents in aligning public transit investment with connectivity and active living needs. [APHN: “Activity-Friendly Routes to Everyday Destinations”]
- Participate in 24 twice-monthly meetings of the Community Benefits Coalition to support residents in asking developers to include Active Living opportunities in new developments. [APHN: “Activity-Friendly Routes to Everyday Destinations”]
- Meet monthly with leaders from the West Boulevard Neighborhood Coalition (WBNC) to form a long-term plan to call attention to the need for active transportation improvements to be made to the West Boulevard corridor as the planning process continues for the Silver Line light rail along nearby Wilkinson Blvd. [APHN: “Activity-Friendly Routes to Everyday Destinations”]
- Organize and host 6 in-person (approximately 1 every other month) educational events (with virtual option) to connect residents with city and county leaders on a variety of active living topics. Target attendance of 50 people per event. Evaluate learning, attitude, and level of engagement with a customized survey after each event. [APHN: “Activity-Friendly Routes to Everyday Destinations”]
- Serve on the City of Charlotte’s Vision Zero Task Force to support the adopted goal of eliminating traffic fatalities and serious injuries. Participate in creating a presentation that can be used at public and neighborhood meetings to educate residents about the importance of personal safety while walking and bicycling, and the importance of working for Complete Streets. [APHN: “Activity-Friendly Routes to Everyday Destinations”]
- Draft an Active Charlotte Neighborhoods framework with input from residents to clearly express community needs for walkable and bikeble streets, greenways, trails, and active connections to destinations. [APHN: “Access to Places for Physical Acitivity” & “Activity-Friendly Routes to Everyday Destinations”]
- Present the completed Active Charlotte Neighborhoods framework to the leadership of Charlotte Department of Transportation, Charlotte Area Transit System, and Mecklenburg County Park and Recreation.[APHN: “Access to Places for Physical Acitivity” & “Activity-Friendly Routes to Everyday Destinations”]
- Meet monthly with Mecklenburg County Public Health Dept’s Built Environment Coordinator to review resident input on the Active Charlotte Neighborhoods framework and align it with county-level efforts. [APHN: “Access to Places for Physical Acitivity” & “Activity-Friendly Routes to Everyday Destinations”]

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- Increase the impact of the Vulnerability Map by sharing it with Charlotte Area Transit System and Mecklenburg County Park and Recreation in small group meetings with staff, with the intent of helping to align active transportation routes, transit access, and future trails with the food system. [APHN: "Activity-Friendly Routes to Everyday Destinations"]
- Promote the C.A.R.E. Resource App to over 7,000 county residents in monthly e-newsletter and social media posts. [APHN: "Activity-Friendly Routes to Everyday Destinations"]

Strategy 3: Community-Clinical Linkages

Sub-strategy 3.1: Health and Preventative Programs

Expand the use of health professionals such as Community Health Workers, patient navigators, and, pharmacists, to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs

- Formalize partnership between Cabarrus Health Alliance (CHA), Avita Pharmacy, and Centralina AAA.
- Develop social media marketing and other communication campaigns to promote health and preventive programs related to chronic diseases (pre-diabetes/diabetes, hypertension, and/or obesity) and speciality programs for partner organizations (CHA and Loaves & Fishes).
- Conduct and monitor post survey to measure patients and/or community's awareness based on communication efforts of health and preventive programs related to chronic diseases (pre-diabetes/diabetes, hypertension, and/or obesity) and speciality programs for partner organizations (CHA and Loaves & Fishes).
- Collaborate with NCCARE360 (a state-wide resource and referral database platform powered by Expound/United Way NC 211/Unite Us) by enlisting RAO Community Health as a referral provider to receive/send referrals, and recruit/inform organizations not listed on platform.
- Colloborate with MedLink of Mecklenburg to inform community partners of population-level chronic disease management programs by improving access to care among our priority population.

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Sub-strategy 3.2: Clinical and non-Clinical Professionals

- Train clinical and non-clinical professionals on enrollment and referral processes into “Living Healthy with Chronic Diseases” Program via Centralina’s AAA training curriculum.
- Plan and develop a referral system within RAO Community Health among clinical (NP, MA, PharmD) and non-clinical professionals (Patient Navigators) to increase access among RAO’s patient population into DSMES Program’s.
- Implement the referral system within RAO among clinical (NP, MA, PharmD) and non-clinical professionals (Patient Navigators) to increase access among RAO’s patient population into DSMES Program’s.
- Monitor CCL intermediate measure reports provided by clinical and non-clinical partners (Loaves & Fishes, AMG, Centralina AAA/Avita/RAO, and CHA/Avita/RAO) to determine an increase of program referrals (of existing, pilot and speciality programs) among clinical and non-clinical providers.