



BUILDING **resilient inclusive** COMMUNITIES

State Profiles 2021-2023

CENTER FOR ADVANCING
HEALTHY
COMMUNITIES



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.



Contents

LETTER FROM THE CEO	3
ABOUT THE BRIC PROGRAM	4
PURPOSE OF STATE PROFILES	4
ALASKA STATE PROFILE	5
ARKANSAS STATE PROFILE	7
COLORADO STATE PROFILE	10
CONNECTICUT STATE PROFILE	13
HAWAI'I STATE PROFILE	16
ILLINOIS STATE PROFILE	18
KENTUCKY STATE PROFILE	21
LOUISIANA STATE PROFILE	23
MINNESOTA STATE PROFILE	25
MISSISSIPPI STATE PROFILE	28
MISSOURI STATE PROFILE	31
NEW YORK STATE PROFILE	34
NORTH CAROLINA STATE PROFILE	37
OHIO STATE PROFILE	40
PENNSYLVANIA STATE PROFILE	42
SOUTH CAROLINA STATE PROFILE	44
TEXAS STATE PROFILE	48
UTAH STATE PROFILE	50
WASHINGTON STATE PROFILE	53
WEST VIRGINIA STATE PROFILE	57



Letter from John W. Robitscher, CEO

Dear Colleagues,

Though challenges surfaced due to the COVID-19 pandemic, including disruptions to the food system, restrictions on movement and travel, social isolation, financial pressures, and uncertainty about the future, so did opportunities to support states in addressing equity and health risk factors, and increasing overall community resiliency for chronic disease prevention.

In collaboration with the Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO) and the Division of Population Health (DPH), and a team of nationally recognized experts, the National Association of Chronic Disease Directors (NACDD) funded 20 states (including 15 DNPAO State Physical Activity and Nutrition (SPAN)-funded states and five DNPAO Ambassador states) between January 2021 and December 2023 to implement the Building Resilient Inclusive Communities (BRIC) program. As part of BRIC, states are engaging more than 60 communities to address food and nutrition security, safe physical activity access, and social connectedness through policy, systems, and environmental change strategies. Social determinants of health, health equity, and social justice principles are integrated into the planning and implementation of all three strategy areas, in addition to accounting for the impact of the COVID-19 pandemic on groups most impacted.

The purpose of this resource is to share the state- and community-level activities planned by each BRIC state related to food and nutrition security, safe physical activity access, and social connectedness strategies. Learn more at www.chronicdisease.org/bric.

We are grateful to the 20 BRIC states for their partnership and their dedication and tireless efforts to improve the public health of our nation during the unprecedented times of the COVID-19 pandemic: Alaska, Arkansas, Colorado, Connecticut, Hawai'i, Illinois, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, Utah, Washington, and West Virginia.

We also want to thank the members of the NACDD BRIC team, BRIC National Technical Assistance Partnership, CDC, and NACDD Board of Directors for their guidance, support, and encouragement throughout this project.

NACDD BRIC Team

Joann Donnelly
Crystal E. Doxie
Mara Galic
Jennie Hefelfinger
Leah Rimkus
Vishwarupa Vasani

Kylie Peterson, Levitt Partners
Debbie Plotnick, Mental Health America
Jillian Racoosin, Foundation for Social Connection
Gita Rampersad, Feeding America
Jadi Romero, Feeding America

CDC Subject Matter Experts

Laura Kettel Khan
Nathalie Celestine
Heather Devlin
Diane Harris
Sarah Kuester
Kelly Ann Regan
Brianna Smarsh
Sharrice White-Cooper
Hatidza Zaganjor

National Technical Assistance Partnership

Phillip Bors, Healthy Places by Design
Charles T. Brown, Equitable Cities LLC
Edward Garcia, Foundation for Social Connection
Patrick Hendry, Mental Health America
Shana Patterson Holland, Association of State Public Health Nutritionists
Angela Odoms-Young, Cornell University and Nutrition Equity and Justice LLC

We hope this resource inspires action across states and communities to build a healthier future where all people reach their full health potential, free from burdens of chronic disease.

Sincerely,

John W. Robitscher, MPH
Chief Executive Officer

About the Building Resilient Inclusive Communities Program

Building Resilient Inclusive Communities (BRIC) is a program of NACDD’s [Center for Advancing Healthy Communities](#). NACDD and its more than 7,000 Members seek to improve the health of the public by strengthening leadership and expertise for chronic disease prevention and control in states, territories, and at the national level. Established in 1988, in partnership with the CDC, NACDD is the only membership association of its kind serving and representing every state and U.S. territory’s chronic disease division.

In collaboration with CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) and the Division of Population Health (DPH), and a team of nationally recognized experts, NACDD is providing funding to 20 states (including 15 DNPAO SPAN-funded states and five DNPAO Ambassador states) to implement BRIC. As part of the program, states are engaging more than 60 communities to address food and nutrition security, safe physical activity access, and social connectedness through policy, systems, and environmental change strategies. Social determinants of health, health equity, and social justice principles are integrated into the planning and implementation of all three strategy areas, in addition to accounting for the impact of the COVID-19 pandemic on groups at highest risk.

The initial project period was January 1, 2021 – December 31, 2021; additional years of funding were awarded in 2021 and 2022, expanding the project period to December 31, 2023. Learn more about the [BRIC program](#) or e-mail BRICinfo@chronicdisease.org.

Purpose of BRIC State Profiles

The purpose of this resource is to share the state- and community-level activities planned by each BRIC state related to food and nutrition security, safe physical activity access, and social connectedness strategies. The estimated reach of each community-level activity is also provided, where available, in addition to documenting at least one example of health equity in action. To learn more about a state’s BRIC activities, reach out to the program contact listed.



The Improving Food Security, Access to Safe Physical Activity, and Social Connectedness (otherwise known as the Building Resilient Inclusive Communities, or BRIC) program is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$15,908,391 with 100 percent funded by CDC/HHS Cooperative Agreement #OT18-1802, Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health, in response to the COVID-19 pandemic. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Alaska State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Alaska Physical Activity and Nutrition program will inform Alaska's Healthy and Equitable Communities Strategic Plan 2022-2025 and implement activities guided by the Strategic Plan.

Food and Nutrition Security

- Sponsor Alaska Farmers Market Association in support of Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) Program voucher acceptance, encouragement of new applications, as well as point-of-purchase healthy eating marketing materials at farmers markets statewide and in priority communities.
- Sponsor Alaska Food Policy Council to promote BRIC food and nutrition security priorities in their annual conference including expansion of SNAP and WIC benefits.
- In partnership with the Alaska Food Coalition, coordinate two training workshops on food bank nutrition standards and donation of traditional foods at food banks/pantries/distribution sites.
- Facilitate focus groups to inform and develop a messaging campaign and resources aimed at utilizing Early Care Education partnerships statewide to connect families with SNAP, WIC, Farmers Market Electronic Benefit Transfer programs, and other sources of healthy food in communities disproportionately experiencing food and nutrition insecurity.

Safe Physical Activity Access

- Serve on the Anchorage Metropolitan Area Transportation Solutions Bike and Pedestrian Advisory Council as a Public Health representative to ensure transportation plans include a public health/health equity focus.
- Participate in the Physical Activity workgroup of the Statewide Health Improvement Plan, Healthy Alaskans 2030, with a focus on health equity in physical activity.

Social Connectedness

- Collaborate with the Alaska Commission on Aging and Division of Senior and Disabilities Services to increase implementation of strategies that support social connectedness in the Alaska State Plan for Senior Services 2020-2023 and other partnership opportunities.

Community-Level Activities

Anchorage (Urban)

Safe Physical Activity Access (*Reaching an estimated 291,247 residents*)

- Support the Anchorage Trails Coalition and Inclusive Play Work Group; convene meetings quarterly.
- Advance the implementation of the Inclusive Play Plan including Fairview Recreation Center Master Plan and the Anchorage Non-Motorized Plan work.
- Expand the Indigenous Place Names Project.

Northwest Arctic Borough (Rural)

Food and Nutrition Security, Physical Activity and Social Connectedness (*Reaching an estimated 7,560 residents*)

- Convene a community workgroup to prioritize steps for further action based on importance, feasibility and policy, systems and environmental change (PSE) focus. The workgroup includes people and organizations from across the Northwest Arctic including Tribes, businesses, non-profits, government agencies, the school district, and more, including multiple departments of the Maniilaq Association (the region's Tribal Health Organization). The workgroup gathered to review data on the region, make decisions about where to focus, and to put effort into projects to improve community health.
- Engage the childcare setting as a central hub and place that allows for work on food and nutrition security, safe physical activity access and social connectedness while supporting families and the community. Childcare emerged as the most commonly noted priority within the Kotzebue community.
- Pass down the traditional ways of subsistence food gathering as an important priority that supports physical activity, nutrition and social connectedness as well as spiritual well-being. Elders passing traditions to young people is a systems approach for all three BRIC focus areas. The BRIC team will develop a film for young people and anyone in the Northwest Arctic who is curious about how (and why) to siifish, and how to process the fish after catching.
- Conduct in-depth community assessment to determine barriers to breastfeeding and develop an action plan to guide future breastfeeding activities in the community.

Health Equity Spotlight

- Conduct health equity training for State Health Department staff including keynote from Charles T. Brown of Equitable Cities, as part of 2022 Alaska Public Health Association conference.
- Guided by NACDD's *State Health Department Organizational Self-Assessment for Achieving Health Equity* toolkit, conduct surveys of staff and community partners and key informant interviews/focus groups with staff and health department leadership; summarize results and develop recommendations.

Contact Information

Katie Reilly, MPH

katie.reilly@alaska.gov

Physical Activity & Nutrition Unit Manager

Alaska Department of Health and Social Services



Arkansas State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Contribute to the Arkansas Department of Health's COVID-19-specific Strategic Plan.
- Engage Arkansas Department of Transportation to advise on built environment projects.
- Conduct quarterly meetings of the Arkansas BRIC (ArBRIC) Partnership. Partners include Office of Health Equity, Arkansas Minority Health Commission (AMHC), Arkansas Disability and Health Program (ADHP), Tri-County Rural Health Network, Arkansas Coalition for Obesity Prevention (ArCOP), Hometown Health Improvement Northeast and Southeast Regions, Arkansas Delta Regional Obesity Program, Healthy Active Arkansas, Arkansas Arthritis Program, and Arkansas Department of Transportation.

Food and Nutrition Security

- Coordinate Nutrition Pantry Program (NPP) training for seven partner organizations to increase capacity and support local pantries.
- Coordinate with the ADHP to assess the NPP Program for accessibility and provide technical assistance to farmers markets and pantries to ensure accessibility.

Safe Physical Activity Access

- Partner with ADHP to participate in community walk audits and ensure inclusion of people with disabilities from the local community.

Social Connectedness

- Partner with Tri-County Rural Health Network to support communities in authentic community engagement related to social connectedness.
- Partner with Arkansas Chronic Disease Coordinating Council on the Arkansas 2030 Chronic Disease State Plan to ensure strategies that support social connectedness and equity are included.
- Build relationships with new staff at the Arkansas Department of Human Services, Aging and Adult Services Division to provide input into the next State Aging Plan.

Community-Level Activities

Chicot County (Rural)

Food and Nutrition Security (*Reaching an estimated 2,736 residents*)

- Collaborate with Arkansas Hunger Relief Alliance to assist pantries in conducting trainings for food pantry personnel on trauma-informed nutrition; dignified distribution; and newly revised nutrition standards for adoption by the organization.
- Administer a survey to assess food insecurity rates with local worksites and identify best practices to improve access and nutrition quality in the workplace, such as on-site food pantries and/or arrange mobile delivery options to meet food insecurity needs.
- Work with food banks, food pantries, and feeding sites to train food pantry personnel on best practices for Pantry Rx to support disease-specific food needs, such as diabetes, and work to develop food preference lists for clients with various clinical conditions.



Safe Physical Activity Access (Reaching an estimated 10,208 residents)

- Support at least two changes in the characteristics of the community that demonstrate equitable walkability and improved safety. Ideas proposed by the community include pop ups, wayfinding signage, and crosswalk art via youth engagement.

Social Connectedness (Reaching an estimated 10,208 residents)

- Collaborate with healthcare (local clinics and hospitals) and church organizations to implement a train-the-trainer program to deliver social connectedness educational programs and activities for older adults.
- Collaborate with local organizations that support older adults (e.g., Area Agency on Aging, American Association of Retired People local chapter, and senior centers) to implement intergenerational programs such as a Story Walk project.

City of Gosnell, Mississippi County (Rural)

Food and Nutrition Security (Reaching an estimated 460 residents)

- Conduct at least three community planning meetings to establish a sustainable farmers market and implement Double Up Food Bucks program (DUFB).
- Join the Arkansas Farmers Market Association to obtain technical assistance, identify a Market Manager, and coordinate with ArCOP for DUFB application.

Safe Physical Activity Access (Reaching an estimated 3,025 residents)

- Conduct at least two community engagement meetings to create a local improvement plan to improve walkability and safety.
- Develop and implement a community design plan for safe and equitable access to transportation.
- Develop a Master Bike and Pedestrian Plan.



Social Connectedness *(Reaching an estimated 3,025 residents)*

- Host two community forums with community health workers to identify community appropriate and equitable strategies for social connectedness, educate community members, and collect feedback.
- Identify at least two equitable programs in the community to foster healthy, ongoing, supportive relationships between older adults and youth.

Helena-West Helena, Phillips County (Rural)

Food and Nutrition Security *(Reaching an estimated 3,662 residents)*

- Collaborate with Arkansas Hunger Relief Alliance to implement training on the newly revised nutrition standards for adoption by the organization.
- Conduct community planning meetings to establish a sustainable farmers market along with Double Up Food Bucks (DUFB) program.
- Join the Arkansas Farmers Market Association (AFMA) to obtain technical assistance, identify a Market Manager, and coordinate with ArCOP for DUFB application.

Social Connectedness *(Reaching an estimated 16,568 residents)*

- Develop partnerships with organizations serving older adults to bridge community services and support offered to seniors. Organizations include a local senior center, housing authority, Mid-Delta Health System and Christopher Homes.
- Establish procedures and a referral system with partners to connect seniors with local community programs.
- Collaborate and engage local community health workers in the development of community partnerships to expand services and interventions to address loneliness and isolation among the senior population.
- Engage with community members living in high burden communities to identify solutions to social isolation for older adults.

Health Equity Spotlight

Partner with Arkansas Minority Health Commission, Arkansas Disability and Health Program and Tri-County Rural Health Network community health workers to design and implement community forums with the intent to give voice to community members most impacted by inequity.

Contact Information

Becky Adams, DrPH, RD, CDCES

becky.adams2@arkansas.gov

Director, Partnership & Policy Support
Section Chief, Nutrition, and Physical Activity
Arkansas Department of Health

Colorado State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Establish partnerships with Area Agencies on Aging (AAA) in Regions 6, 7, and 8 representing Bent, Crowley, Otero, Pueblo and Costilla counties.
- Support the implementation of strategies in The Colorado Public Health Improvement Plan (PHIP) completed in 2020. The priorities identified include COVID-19 Response, Racism as a Public Health Crisis, Behavioral & Mental Health, Climate Action & Air Quality, Transforming Colorado's Governmental Public Health System, and Trending and Emerging Issues. The next PHIP is due in 2025.

Food and Nutrition Security

- Identify a community food council/coalition/task force to partner with AAA regions on equitable food and nutrition security for residents during COVID-19.
- Invite food banks/pantries in priority counties to participate in a training on food service guidelines for food banks.

Safe Physical Activity Access

- Connect AAAs in Regions 6, 7, and 8 to the SPAN-funded Quick Win technical assistance to enhance equitable access to safe places for physical activity and essential travel through plan development and community engagement.

Social Connectedness

- Collaborate with the State Unit on Aging and State Action Planning Group on Aging to enhance the State Aging Plan and potentially incorporate recommendations related to BRIC strategies.
- Identify and meet with state-level partners working on social connectedness, social isolation, and mental health of older adults to assess what is being done from a state-level perspective and how BRIC aligns with these efforts.

Community-Level Activities

Bent, Crowley, and Otero Counties (Rural)

Food and Nutrition Security (*Reaching an estimated 50 residents*)

- Host four community meetings, each in Bent, Crowley, and Otero counties, to assess community needs and generate an overall report with recommendations.
- Enroll in the American Association of Retired People Lifelong Colorado Livable Community initiative.
- Order and install four convection ovens, one walk-in cooler, and 34 meal bags in Lower Valley AAA to increase meals prepared and distributed to older adults who are homebound.
- Increase meal delivery in Crowley County from three to four days per week.

Safe Physical Activity Access (*Reaching an estimated 50 residents*)

- Convene a meeting between Lower Arkansas Valley AAA and Southeast (SE) Transportation Coordination in Bent, Crowley, and Otero counties to provide education and increase awareness of existing transportation programs as well as to identify gaps in service areas. SE Transportation will summarize the feedback from education sessions and begin to identify resources to meet the gaps identified including recruiting for volunteer transportation providers to meet the increased demand for rides to essential services such as jobs, groceries, and healthcare.

Pueblo County (Rural)

Food and Nutrition Security (Reaching an estimated 30 residents)

- Enhance safety of outdoor congregate meal sites by adding freestanding, covered gazebo; picnic tables; and shade canopies to McHarg Community Center and covered gazebo and picnic tables to Fulton Heights Community Center.
- Meet with representatives of Pueblo School District 60 and Pueblo School District 70 to discuss interest in co-locating congregate meal sites for older adults in high schools within the school districts.

Safe Physical Activity Access (Reaching an estimated 30 residents)

- Add portable wayfinding signage at the Senior Recreation Office to guide seniors to the new location and programs in McHarg Community Center and Fulton Heights Community Center.
- Partner with Pueblo Parks and Recreation to add outdoor benches along the walking path at Fulton Heights Community Center and Lake Beck to increase safety of those utilizing the walking path for physical activity.
- Install ADA Accessibility wheelchair ramp kit to Fulton Heights Recreation Office.



Social Connectedness

- Add outdoor benches to McHarg Community Center to allow seniors to gather and socialize with their families and accompany grandchildren who utilize the outdoor facilities and playground.
- Meet with McHarg Community Center to discuss intergenerational mentoring programming opportunities at the Center.

Costilla County (Rural)

Food and Nutrition Security

- Expand South-Central Colorado Seniors homebound delivered meals from one to five days per week, specifically for clients residing in Blanca/Fort Garland community.
- Equip the Blanca/Fort Garland meal site with one new refrigerator, thermal delivery bags, and heating equipment for meal delivery.
- Hire a meal delivery driver.
- Train volunteer staff at Blanca/Fort Garland meal site on food safety guidelines and food service guidelines.

Social Connectedness

- Co-locate intergenerational mentoring programs at Blanca/Fort Garland Community Center and Sierra Grande School District.

Health Equity Spotlight

Host four community meetings each in Bent, Crowley, and Otero counties to assess community needs and input related to pandemic/emergency response, quality and affordable food, transportation options, and equitable community design, to generate an overall report with recommendations for Region 6 AAA strategic plan.

Contact Information

Joan Brucha, MPH

joan.brucha@state.co.us

Healthy Eating Active Living Manager

Health Promotion and Chronic Disease Prevention Branch

Colorado Department of Public Health and Environment



Connecticut State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Collaborate with Connecticut Department of Public Health (DPH) staff from Chronic Disease, State Physical Activity and Nutrition, and Public Health Systems and Equity (PHSE) to inform assessment of existing state partners related to health equity.
- Partner with the DPH PHSE and other organizations, as needed, to inform the implementation of the State Health Improvement Plan (SHIP) including participating in at least one SHIP coalition working group – the Healthy Food and Housing work group – to develop and implement action plan items that support food and nutrition security, equity, resilience, and COVID-19 recovery.
- Collaborate with the Department of Aging and Disability Services (DADS) and other organizations to coordinate the implementation of the Connecticut State Plan on Aging 2021-2023.

Food and Nutrition Security

- Partner with Connecticut Foodshare to develop and implement a series of trainings for food pantries/anchor organizations on recovering from COVID-19 and improving equity through Supporting Wellness at Pantries (SWAP) and client choice implementation.
- Participate in the Connecticut Food Policy Council meetings to coordinate state efforts and report on BRIC progress.
- Partner with Connecticut Foodshare to conduct capacity assessments with select food pantries to identify agencies most ready to implement client choice and nutrition guidelines with SWAP.
- Partner with Connecticut Foodshare and Connecticut's SNAP-Ed programs to further expand SWAP and client choice in five additional pantries.
- Purchase materials for SWAP implementation, such as posters, shelf tags, and training materials, and produce up to three short videos for use on social media, website, and other communication channels on stigma associated with seeking food assistance, how to access food assistance, and volunteer opportunities.

Safe Physical Activity Access

- Partner with Capitol Region Council of Governments (CRCOG) to address equity statewide by providing a training on racial equity, the importance of expanding partnerships, and addressing COVID-19 impacts to improve access to physical activity for statewide Active Living and Active Transportation (ALAT) committee and community partners. ALAT is a statewide committee, which provides oversight to SPAN and BRIC physical activity and active transportation activities.
- CRCOG will convene the ALAT statewide committee and present community-level information on BRIC activities related to physical activity access, health equity, and COVID-19 to ensure state coordination of equitable access.

Social Connectedness

- Develop a partnership with the DADS to identify state- and community-level partners and potential PSE activities/initiatives.
- Collaborate with DADS to coordinate efforts and support implementation of social connectedness strategies in State Plan on Aging.
- Meet with SHIP 2020-2025 Community Strength and Resilience workgroup members to ensure coordination of efforts related to social connectedness, equity, and COVID-19 recovery.



Community-Level Activities

Bridgeport (Urban)

Food and Nutrition Security (Reaching an estimated 9,514 residents)

- Establish a mobile fresh produce/pantry at three low-income senior housing complexes in the East End Neighborhood of Bridgeport with support from trained local youth.
- Identify at least one site to participate in financial incentive programs such as Double Up Bucks or Supplemental Nutrition Assistance Program (SNAP).
- Conduct a survey with East End seniors to assess needs related to food and nutrition security and social connectedness. East End Neighborhood Revitalization Zone committee will distribute the survey to lower income, Black, Hispanic, Haitian, and Jamaican senior residents in the East End neighborhood of Bridgeport.
- Support greater access to healthy foods for East End seniors living in low-income senior housing complexes in collaboration with Bridgeport Food Pantries and engage youth volunteers from schools and community-based organizations to support food distribution.

Social Connectedness (Reaching an estimated 1,260 residents)

- Secure partnership agreements between the East End Neighborhood Revitalization Zone Committee, United Cerebral Palsy of Eastern Connecticut, Connecticut Tech Act Project, and other community partners to support seniors and seniors with disabilities (from senior housing complexes) in accessing technology through donated devices and broadband access with training and support from local youth. The technology training will be the gateway for youth and seniors to connect on life experiences among other topics.
- East End Neighborhood partners will develop partnerships and supporting Memorandums of Agreement with schools and youth serving organizations to help sustain the partnership and programs.

Hartford (Urban)

Food and Nutrition Security (Reaching an estimated 26,900 residents)

- Collaborate with Connecticut Foodshare to implement the following activities:
 - Partner with existing food pantry networks, Mayor's committee on food access, and Hartford Food Policy Commission to identify planning process and priorities towards building a coordinated food pantry network in Northeast Hartford. A community advisory group of residents will inform the project plan and implementation and ensure equity is considered in terms of client experience and food choices.
 - Host two to four focus groups with Hartford residents to understand barriers to accessing charitable food, inform planning priorities, and ensure equity is considered.
 - Engage Hartford Food Policy Commission to draft and share associated policy related to recommendations from pantries and residents.
 - Fund up to 10 food pantries to support efforts to distribute healthy foods and improve infrastructure through refrigeration and shelving.

Safe Physical Activity Access (Reaching an estimated 14,660 residents)

- Convene an advisory group with community representatives from Frog Hollow neighborhood to provide guidance and ensure that equity considerations are at the forefront.
- Conduct an initial infrastructure assessment and a series of community meetings to install diverters and inform neighborhood of active transportation plan.
- Install diverters at select intersections in Frog Hollow and Clay Arsenal neighborhood; locations will be based on community input.
- Develop final active transportation plan based on lessons learned from diverter pilot.
- Develop final neighborhood traffic calming plan.

New Haven (Urban)

Safe Physical Activity Access (Reaching an estimated 5,175 residents)

- Install a series of demonstration projects at key neighborhood intersections that will improve safety in neighborhoods with vulnerable populations; expand the existing city-wide plan with lessons learned. Demonstration projects will be based on previously held community meetings.

Health Equity Spotlight

Partner with DPH PHSE and other organizations to inform implementation of SHIP; participate in the Healthy Food and Housing work group of the DPH SHIP coalition to develop and implement action plan items that support food and nutrition security, equity, resilience, and COVID-19 recovery.

Contact Information

Debora Brandon, MS, CFPM

debora.brandon@ct.gov

Nutrition Consultant, Community Health, Family Health, and Prevention Section
Connecticut Department of Public Health

Hawai'i State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Expand partnerships that were developed through COVID-19 efforts to focus on BRIC strategies.
- Contribute to the development of the next State Health Improvement Plan (SHIP) with the Office of Planning, Policy, and Program Development (OPPPD) at the Department of Health (DOH).
- Develop a Memorandum of Agreement (MOA) with a community organization to coordinate both a statewide early childhood coalition and parent network focusing on asset limited, income-constrained, employed (ALICE) populations and communities to coordinate the Early Childhood Care and Education Coalition Member Honorarium project.

Food and Nutrition Security

- Convene stakeholders to create healthy guidelines for emergency food systems.
- Develop an MOA with a community organization that works with low-income communities, as well as Pacific Islanders, Filipinos, and Native Hawaiians to coordinate the development of the food bank nutrition standards. The MOA will specify that nutrition standards address cultural appropriateness for populations disproportionately affected by COVID-19 and other health disparities, such as Pacific Islanders, Filipinos, and Native Hawaiians.
- Develop an MOA with a community organization to coordinate the Women, Infants and Children (WIC) Electronic Benefit Transfer (EBT) expansion at farmers markets project and Supplemental Nutrition Assistance Program (SNAP) EBT expansion at farmers markets project. The MOA will include specifications to implement work in areas/counties with high proportions of low-income individuals and populations disproportionately affected by COVID-19 and other health disparities, such as Pacific Islanders, Filipinos, and Native Hawaiians.

Safe Physical Activity Access

- Convene and expand membership in the statewide active transportation equity working group (TEWG), ensuring that the unique experience and needs of Hawai'i's most impacted populations are represented.
- Develop a draft TEWG sustainability plan and provide five capacity building trainings for workgroup members to develop strategies for community activation.

Social Connectedness

- Coordinate with the State Executive Office on Aging (EOA) and attend Hawai'i BOLD Alzheimer's Disease & Related Dementia (ADRD) Initiative workgroup and Advisory Committee meetings.

Community-Level Activities

Hawaii County, Honolulu City & County, Kauai County, Maui County

Food and Nutrition Security (*Reaching an estimated 181,910 residents*)

- Partner with Hawai'i Farmers Market Association to coordinate the WIC EBT expansion and SNAP EBT expansion at farmers markets in areas with high proportions of low-income individuals and populations disproportionately affected by COVID-19.

- Partner with Hawai'i Farmers Market Association to develop and coordinate the SNAP and WIC EBT Expansion at farmers markets through nineteen (19) mini-grants and provide technical assistance as needed.
- Coordinate the development of culturally appropriate food bank nutrition guidelines along with a resource toolkit to support implementation.

Safe Physical Activity Access *(Reaching an estimated 254,000 residents)*

- Assess peer organization best practices, user experiences, and community partner feedback for Kalihi Valley Instructional Bike Exchange (KVIBE) and develop a needs and opportunities report. KVIBE is a program of Kokua Kalihi Valley.
- Provide professional bike mechanic trainings for KVIBE members and the community; develop a mentorship model for other community bike co-ops.
- Coordinate the development and adoption of an equity framework and strategic plan to advance equitable access to active transportation and physical activity opportunities in Hawai'i County.
- Expand the West Hawaii Community Health Center BikeRx program to East Hawaii Community Health Center.

Social Connectedness *(Reaching an estimated 10,878 residents)*

- Work with the Trust for Public Land (TPL), the community, and partners to conduct twelve (12) community workshops and develop a proof-of-concept plan for A'ala Park and the surrounding community. Partners include Age-Friendly Honolulu, Blue Zones, TPL, Department of Parks and Recreation, AARP, Lanakila Senior Center, Afterschool Alliance, and Executive Office on Aging.
- Partner with community around A'ala Park to create a temporary, community-inspired mural that activates the park and builds intergenerational connections and to implement a story walk that reflects the history of the area from its founding as an open space during a typhoid outbreak a century ago, through today and towards a vibrant, inclusive future.
- Develop and implement a Play Streets pilot to promote safe play and physical activity for young children and their families as well as foster community relationships and connections.
- Identify a viable platform such as the Kupuna Outreach Management Platform for scaling virtual multi-lingual kupuna outreach efforts to incorporate social connectedness resources and develop guidelines for social connectedness that can be incorporated into the platform.

Health Equity Spotlight

- Increase opportunities for healthy food access for low-income populations and communities disproportionately impacted by COVID-19 through expansion of WIC and SNAP EBT acceptance at farmers markets.
- Convene stakeholders to create healthy and culturally relevant guidelines for emergency food systems.

Contact Information

Heidi Hansen Smith, BA

heidi.hansen-smith@doh.hawaii.gov

Primary Prevention Branch Manager
Hawai'i Department of Health

Illinois State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Convene the Illinois Alliance to Prevent Obesity (IAPO), a long-standing state-level coalition focused on policy, systems and environmental change, focused on nutrition, physical activity, and chronic disease prevention.

Food and Nutrition Security

- Support multiple pantries in St. Clair County, Peoria, and the Southern Seven region in adopting and implementing nutrition guidelines and expanding capacity for distributing healthier foods. The focus includes increasing cold storage and engaging communities in high need regions to address local and cultural preferences.
- Develop a webinar for food and nutrition security partners to increase understanding of how racism, oppression, and colonialism have shaped American food and nutrition culture and how these issues show up at food pantries, emergency food programs, and nutrition programs.

Safe Physical Activity Access

- With support from Active Transportation Alliance, conduct a community walk audit in the city of Cairo to help prioritize improvements that will promote walkability.
- Build new partnerships with neighborhood associations, faith-based coalitions, and others interested in promoting walkability in St. Clair County and capacity to improve the built environment and promote physical activity.
- Conduct a Complete Streets and Crime Prevention Through Environmental Design (CPTED) audit in the Washington Park community in collaboration with Equitable Cities LLC.

Social Connectedness

- Educate IAPO coalition members on the connection between public health and social connectedness, a newer topic area for IAPO. As a result, social connectedness considerations will be integrated into coalition strategic planning discussions.
- In collaboration with the Area Agencies on Aging in Southern Seven and St. Clair Counties, support new partnerships and programs to promote social connectedness.

Community-Level Activities

St. Clair County/Healthier Together (Rural)

Food and Nutrition Security (*Reaching an estimated 2,190 residents*)

- Revitalize gardens in the East St. Louis and Washington Park communities and develop a sustainable community gardening plan to help get food from the garden to nearby residents.
- Adopt, implement, and evaluate nutrition policies at eight feeding sites and food pantries.

Safe Physical Activity Access

- Connect with and assist local advocacy organizations, coalitions, and neighborhoods seeking to re-establish or build their community plans for promoting community-based active living.

- Initiate select recommendations from the Complete Streets and CPTED audit conducted and co-align these initiatives with similar Complete Streets efforts re-initiated in 2021 with the Belleville Bike/Walk advocacy group.

Social Connectedness

- Build faith- and school-based partnerships and coalitions with organizations that serve older adults and youth in the Washington Park neighborhood to develop or expand existing programs and opportunities for intergenerational mentoring, social interaction, and educational and physical activities.

Southern Seven Region (with focus on Alexander and Pulaski Counties, City of Cairo)

Food and Nutrition Security *(Reaching an estimated 5,125 residents)*

- Work with the Tri-State Food Bank to expand partnerships and access to fresh produce and dairy via the new cold storage site in Vienna, IL. Pilot a new delivery route for the food bank to deliver fresh foods from the cold storage facility to local pantries in Alexander and Pulaski counties.
- Partner with the SNAP educator in the region to support three local pantries to set up new cold storage capacity and adopt nutrition guidelines for their sites.
- Launch a new food pantry in Cairo, Illinois including cold storage units at the site. It is the first-of-its-kind client choice pantry in the region, open five days a week.





Safe Physical Activity Access *(Reaching an estimated 1,733 residents)*

- Conduct a walkability assessment with the Southern Five Regional Planning District and Development Commission (S5RPC), Active Transportation Alliance and the City of Cairo. The results will support development of a walkability improvement plan that prioritizes locations for walkability improvements based on essential services/destinations and census-level data on high-concentration areas of priority populations.
- Establish a committee of volunteers through the Mayor's Office to help prioritize the walk audit recommendations and guide the implementation process. This will build community capacity to pursue funding opportunities to install infrastructure improvements in the town.

Social Connectedness *(Reaching an estimated 151 residents)*

- Expand computer skills training programs offered by local colleges to more sites supporting older adults, with tablets provided by American Rescue Plan Act funds via the Egyptian Area Agency on Aging.
- Work with Egyptian Area Agency on Aging to establish more partnerships and referral mechanisms to expand the telephone reassurance program that addresses loneliness among high-need vulnerable older adults.

Health Equity Spotlight

IPHI focuses its BRIC work in counties that were impacted significantly by the COVID-19 pandemic and that had high rates of chronic disease, food and nutrition insecurity, and social isolation. Through technical assistance and funding, IPHI encourages local partners to engage community members to help shape and implement initiatives, and to focus on addressing the needs of communities that have been the most disinvested.

Contact Information

Janna Simon, MPH

janna.simon@iphionline.com

Director, Center for Policy & Partnership Initiatives
Illinois Public Health Institute

Kentucky State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Review Kentucky State Health Improvement Plan to ensure food and nutrition security, access to physical activity, social connectedness, and health equity are considered.

Food and Nutrition Security

- Examine readiness of BRIC community pantries to informally assess pantry status as it relates to COVID-19 and readiness for adopting nutrition guidelines, among other strategies, to increase equitable distribution of healthy foods.

Safe Physical Activity Access

- Work with each of the BRIC communities to maximize new and/or existing opportunities to implement physical activity strategies including enhancements to infrastructure.

Social Connectedness

- Review state plan on aging in partnership with Kentucky Department for Aging and Independent Living for inclusion of social connectedness strategies and equity in services; provide recommendations.

Community-Level Activities

City of Frankfort, Franklin County (Rural)

Food and Nutrition Security

- Increase capacity of the St. Vincent DePaul Society food pantry by providing funding for the purchase of cold food storage to store healthier food options provided by God's Pantry food bank.

Safe Physical Activity Access

- Collaborate with the City of Frankfort to provide pedestrian striping and signage for an intersection in an area that includes a senior citizen center, independent living facility, assisted living facility, schools, and medical facilities.

Social Connectedness

- Enhance outdoor capacity for social distancing to allow for continued social activities through the Frankfort/Franklin County Council on Aging (senior center) by purchasing portable gazebos, reusable water bottles, and hands-free water stations.

Kentucky River Area Development District – Lee County, Wolfe County, Leslie County, Letcher County, Owsley County, and Perry County (Rural)

Food and Nutrition Security

- Increase Cumberland Mountain Outreach food pantry capacity to distribute fresh and nutritious foods by providing cold food storage and a portable out-building to store donations, allowing for better product placement within the food pantry.
- Purchase emergency generators to support pantry during power disruptions and emergency weather conditions.
- Provide funding for a part-time food pantry manager.

Social Connectedness

- Provide wellness checks and friendly visitor calls to vulnerable seniors through the Kentucky Area Agency on Aging and Independent Living.

City of Hickman, Fulton County (Rural)

Food and Nutrition Security

- Provide funding to the Fulton County Alternative Resources for Kentuckians food pantry for space rent, along with cold food storage space to store an array of nutritious client food options.

City of Louisville, Jefferson County (Urban)

Food and Nutrition Security

- Enhance the ability of two food pantries in south and west Louisville to provide food to residents affected by the COVID-19 pandemic and beyond through cold food storage units, rent for space, and staffing to address equity in their communities.

Social Connectedness

- Fund a part-time Senior Social Activity Coordinator at South Louisville Community Ministries to address social connectedness among its senior community members facing isolation due to the COVID-19 pandemic.

Health Equity Spotlight

All communities selected to participate in BRIC were chosen using the report provided by Leavitt Partners, which highlighted areas of poverty and racial inequality. With equity at the forefront during the COVID-19 pandemic, the Cabinet for Health and Family Services provided numerous opportunities at the state level for program staff to become more engaged in the equity process and incorporate it into BRIC and State Physical Activity and Nutrition (SPAN) work.

This opportunity allowed the BRIC team to create partnerships with community-based organizations whose stated mission was to engage people who have not been treated equitably and provided a framework for the BRIC team to better access grant funding through state and federal sources.

Contact Information

Brian Boisseau

brian.boisseau@ky.gov

Program Administrator, Kentucky Physical Activity and Nutrition Program
Kentucky Department for Public Health

Louisiana State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Serve on the State Health Assessment/State Health Improvement Plan planning committee to ensure that integration of food and nutrition security, safe physical activity access, social connectedness, health equity, and policy, systems and environmental changes are considered.

Food and Nutrition Security

- Assess and increase the number of food policy councils that serve high need areas in the state.
- Collaborate with the Northeast Louisiana Food Bank to assess food distribution methods and related successful COVID-19 pivots.



Safe Physical Activity Access

- Create a statewide Healthy Community Design Guide in collaboration with Center for Planning Excellence.
- Review resources provided by Equitable Cities regarding arrested mobility and over-policing to inform physical activity access considerations.

Social Connectedness

- Engage and collaborate with the Governor's Office of Elderly Affairs and Office of Aging and Adult Services through the Louisiana Alzheimer's Coalition to incorporate social connectedness strategies statewide.

Community-Level Activities

City of Bunkie, Avoyelles Parish (Rural)

Safe Physical Activity Access and Social Connectedness (*Reaching an estimated 3,858 residents*)

- Spearheaded by Move Bunkie Forward, and with the support of Center for Planning Excellence and Jefferson Highway Association, plan and implement a historical walking tour and two pocket parks.
- Implement medium- and long-term Complete Streets and social cohesion recommendations, designated as priorities by the community, from the Bunkie Complete Streets Action Plan.

City of Tallulah, Madison Parish (Rural)

Food and Nutrition Security (*Reaching an estimated 10,017 residents*)

- Spearheaded by the Northeast Louisiana Food Bank, increase capacity of food pantries by providing refrigeration/freezers, allowing for storage of healthier food options.
- In partnership with Southern University AgCenter, enhance and implement community gardens to increase the number of people who receive healthier foods at no cost.

Health Equity Spotlight

Well-Ahead Louisiana has an internal Health Equity Action Team (HEAT) that works to ensure all Bureau work has an equitable approach. HEAT provides resources on operationalizing equity in public health programming and WellSpot Designation staff utilize these resources to spark discussions around health equity and social determinants of health. The HEAT team is working to advance equity bureau-wide by creating a Health Equity Division.

Contact Information

Ashlynn Dyess, MS

ashlyn.dyess@la.gov

BRIC Program Manager

Louisiana Department of Health



Minnesota State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Convene an interagency committee to gather information to address equity in COVID-19 response.
- Review and assess Minnesota Board on Aging State Plan 2019-2022 to identify strengths and gaps in relation to BRIC strategies.
- Meet with Minnesota Board on Aging to discuss their State Plan planning process to ensure food and nutrition security, safe physical activity access, and social connectedness, along with health equity and the impact of COVID-19, are considered in future planning.
- Participate on the Minnesota Department of Health (MDH) Cultural, Faith, and Disability Communities Branch incident command center to gather information to better address equity in COVID-19 response.

Food and Nutrition Security

- Assess opportunities to expand Super Shelf implementation.
- Partner with University of Minnesota Extension to provide technical assistance to community partners and participating food shelves to implement food guidelines, become SuperShelves, and adopt SafeChoice policy.

Safe Physical Activity Access

- Assess the capacity of communities to engage in community planning for parks and pedestrian plans.
- Promote active transportation planning and pedestrian safety across all jurisdictions.
- Provide technical assistance to communities hosting Walkable Community Workshops and implementing community planning processes.
- Revise MDH's *Inclusive Walk Audit Facilitators Planning Guide* and *Let's Go for a Walk Guide* to address equity. The documents provide guidance to local planners and communities on inclusive strategies for facilitating walk audits.

Social Connectedness

- Assess state-level partnerships and other social connectedness resources.
- Convene local public health SHIP staff to learn about social connectedness opportunities and existing social connectedness and mental health partner activities.
- Meet with Minnesota Board on Aging staff to identify areas of collaboration regarding social connectedness and other BRIC strategies.
- Connect with the Minnesota Central Council on Aging and their coalition for ending social isolation and loneliness.
- Collaborate and align BRIC work with the MDH's CDC-funded Accelerating Social Determinants of Health planning grant, which includes social connectedness, and the MDH Building Our Largest Dementia (BOLD) grant.

Community-Level Activities

Aitkin County (Rural)

Food and Nutrition Security (Reaching an estimated 978 residents)

- Aitkin County Coordinating Area Resources Effectively (CARE) will collaborate with Aitkin County State Health Improvement Plan Coordinator and Community Leadership Team (CLT) on equitable food and nutrition security for Aitkin Food Hub, including an online purchasing and distribution platform to distribute local foods and establish a Super Shelf at the Aitkin Community Food Shelf.
- Distribute local foods via market boxes.
- In collaboration with the school and the City of Hill City, support the development and construction of an intergenerational community garden.
- Secure a Memorandum of Agreement (MOA) between local schools and the Aitkin Farmers Market to foster sustainability for the Aitkin Food Hub.
- Develop a Food Shelf Coalition of County food shelves.
- Identify a convenience store and establish an MOA with the owner to merchandise healthy foods and beverages.

Safe Physical Activity Access (Reaching an estimated 21 residents)

- In consultation with Developmental Achievement Center (DAC), participate in City of Aitkin's Park Committee Task Force to be a voice for older adults and adults with disabilities.
- Engage community to contribute to a concept map for Aitkin's Park Community Design.
- Support City of Aitkin's Park Committee Task Force in implementation of community-driven physical activity opportunities appropriate for active aging during COVID-19.
- Develop a Walk Audit for the City of Aitkin.



Social Connectedness *(Reaching an estimated 259 residents)*

- Develop a coalition addressing social isolation.
- In collaboration with the school and the City of Hill City, secure partnerships to support the construction of an intergenerational community garden.
- Develop a partnership with Aitkin Friends of the Arts and others to offer opportunities including ongoing calendar of events to promote regular social interaction for older adults.
- Establish a system of support and referral to train Aitkin CARE staff and volunteers of CARE Call – Pay it Forward when making calls to older adults. Develop a manual, which will include policies, guidelines, and reporting system of referrals to social resources for staff and volunteers.
- Continue the Grandfriend Program to encourage social connectivity between elementary students in Aitkin and McGregor school district and older adults.

Mahnomen County/White Earth Tribal Nation (Rural)

Social Connectedness *(Reaching an estimated 1,314 residents)*

- Develop and/or enhance relevant partnerships with organizations in the community.
- Focus on multi-generational storytelling, while bridging oral tradition and cultural knowledge and skills with youth to pass on to future generations as part of a systems change. Traditions passed on to youth will include ribbon skirt making, beadwork, traditional skills used for gathering wild foods such as manoominike (wild ricing), and fishing. These traditions are quintessential components of Anishinaabe culture and lifeways.
- Secure Elder involvement in community connectedness through advertisement in the Anishinaabeg Paper.
- Create a sustainability plan for the intergenerational mentoring activities and elder programming.

Health Equity Spotlight

Minnesota has prioritized equity in COVID-19 response planning. Incident Command System includes the Cultural, Faith, and Disabilities Branch which is composed of over 70 staff serving in a variety of roles to deepen partnerships with community organizations and build trust in communities experiencing health inequities. In order to develop an effective response for these communities, capacity building among decision makers and staff around issues of historical trauma, racism, and white supremacy are necessary to change response efforts and to assure barriers to inclusion are addressed.

Contact Information

Cherylee Sherry, MPH, MCHES

cherylee.sherry@state.mn.us

Healthy Systems Supervisor, Office of Statewide Health Improvement Initiatives
Minnesota Department of Health

Mississippi State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Coordinate meetings with Mississippi State Department of Health (MSDH) Office of Performance Improvement to update State Health Improvement Plan (2016-2021) and present BRIC priorities for alignment and strategic implementation.

Food and Nutrition Security

- In partnership with Mississippi Food Network, conduct needs assessment with food banks and pantries across the state to identify gaps and assets, and develop and implement a technical assistance plan based on the needs assessment.

Safe Physical Activity Access

- Convene a meeting of existing and new physical activity partners to educate on physical activity access, health equity, and COVID-19 impact including Mississippi Delta Health Collaborative, Mississippi High Obesity Program (HOP) Advancing, Inspiring, and Motivating Community Health through Extension (AIM for CHangE) Coalition, Mayoral Health Councils, American Association of Retired People (AARP), Partnership for a Healthy Mississippi, American Heart Association, Blue Cross Blue Shield Foundation of Mississippi, and Parks and Recreation.
- Meet with key stakeholders in each county and conduct walkability audits to assess capacity to implement physical activity/built environment initiatives in Holmes and Humphreys counties.
- In partnership with HOP, train MSDH Community Health Directors in walkability audits and community action planning for walkability and safety.
- Convene a statewide training on strategies to increase access to equitable opportunities for physical activity.

Social Connectedness

- Meet with the Department of Human Services State Unit on Aging to share information about the BRIC program and discuss opportunities to include social connectedness and health equity in the 2022 Mississippi State Plan on Aging.
- Collaborate with HOP partners and AARP to discuss BRIC priorities to support social connectedness.
- Assess MSDH Chronic Disease Quality Improvement Initiative's Clinical Community Health Worker Initiative strategies to determine social connectedness collaboration opportunities.

Community-Level Activities

Holmes County (Rural)

Food and Nutrition Security (*Reaching an estimated 17,000 residents*)

- Partner with local coalition in Holmes County as a part of HOP AIM for CHangE Coalition and Mayoral Health Councils.
- Explore partnership with Mississippi Double Up Bucks to expand fruit and vegetable access.
- Conduct assessment of three food pantries in collaboration with Mississippi Food Network, Mississippi Extension and HOP AIM for CHangE Coalition.
- Engage the community to determine their food preferences and ensure the nutrition policies and procurement practices reflect the local needs and cultural preferences.

- In collaboration with Connecticut Foodshare, implement training for food pantry staff on nutrition standards for food banks and the Supporting Wellness at Pantries (SWAP) program.

Social Connectedness (*Reaching an estimated 17,000 residents*)

- Collaborate with Council on Age-Friendly Public Health Systems Advisory Committee regarding activities related to social connectedness.
- Partner with the North Central Holmes County Area Agency on Aging Planning and Development District and HOP AIM for CHange Coalition to enhance the meal delivery service for older adults by introducing the *More than a Meal* pilot program. As demonstrated in the More than a Meal pilot study, trained AAA workers briefly engage with older adults along with meal delivery, helping to reduce social isolation and improve overall health outcomes.
- Develop training materials including a video in collaboration with Brown School of Public Health to train volunteer meal delivery drivers on social connectedness and social isolation amongst older adults.
- Pilot test training materials with Mississippi's statewide TRIO Community Meals volunteer drivers and adjust as needed.
- Work with TRIO Community Meals Services to integrate the social isolation training within their organization's policy and procedures as required for all volunteer drivers.



Humphreys County (Rural)

Food and Nutrition Security (Reaching an estimated 7,785 residents)

- Convene community partners to support food and nutrition security and assess needs and assets. Community partners include City of Belzoni, elected officials for the City of Belzoni, Town of Louise and Town of Isola, Brotherhood Association, Belzoni Seventh Day Adventist Church/Food Pantry, Delta Hub, Mississippi Food Network, Louise Community Baptist Church, South Delta Planning and Development District, Sunflower/Humphreys Senior Citizen Companion Program, and Guaranty Bank.
- Conduct food pantry assessment (Belzoni and Louise Food Pantries) in collaboration with Mississippi Food Network and Mississippi Extension/HOP AIM for CHangE Coalition.
- Engage the community to determine their food preferences and ensure the nutrition policies and procurement practices reflect local needs and cultural preferences.
- In collaboration with Connecticut Foodshare, implement training for food pantry staff on nutrition standards for food banks and SWAP program.
- Collaborate with faith-based organizations to provide support for storing healthy foods for distribution such as refrigeration and freezers.

Safe Physical Activity Access (Reaching an estimated 7,785 residents)

- Partner with HOP AIM for CHangE and the Mayoral Health Councils, municipalities, and other stakeholders to conduct an environmental scan to review current physical activity policies, parks, signage, organized sports programs, and other physical activity outlets in City of Belzoni.
- Develop a physical activity committee to assess the needs and assets of the community, and secure community and local leadership buy-in.
- Share results with community partners and community residents for feedback and prioritization of strategies around safe walking and bicycling.
- Convene training on strategies, including policy, systems and environmental change strategies, to increase access to equitable opportunities for physical activity (e.g., active friendly destinations), for community leaders, stakeholders, and members.
- Conduct walkability assessment.
- Fund up to two neighborhoods/community leaders to develop a community improvement plan to increase access to equitable opportunities for physical activity in the community (e.g., active friendly destinations).

Health Equity Spotlight

- Assess existing state health equity partners, and identify new partners, for increased engagement, collaboration, and translatable action of BRIC strategies. Current statewide health equity partners include MSDH Office of Health Equity, Institute for Minority Advancement, MSDH Hispanic Task Force, National Association for the Advancement of Colored People - Mississippi Chapter, 100 Black Men, Black Greek Letter Organizations and the Immigrant Alliance for Justice in Equity of Mississippi.
- Demonstrate commitment to hearing voices from the community, considering power dynamics of the collaboration, and centering health equity in planning and decision-making.

Contact Information

Kina L. White, DrPH, MHSA, FACHE

Director, Office of Community Health Improvement

kina.white@msdh.ms.gov

Mississippi State Department of Health



Missouri State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Assess existing state partners and available resources related to health equity and BRIC strategies.
- Identify how implementation of BRIC activities within the areas of food and nutrition security, safe physical activity access, and social connectedness can support the current Missouri State Plan on Aging 2020-2023 and the next State Plan.
- Participate in the assessment and prioritization development processes, as permitted, that informs the development of the Missouri Health Improvement Plan.
- Participate in the implementation of the Missouri Health Improvement Plan, released in 2022.

Food and Nutrition Security

- Meet with the local Area Agency on Aging (AAA), St. Louis Area food bank, Operation Food Search, community level pantries, community gardens, and urban farms to explore ways in which BRIC can support increased distribution of healthier foods to community members; develop one local community plan.

Safe Physical Activity Access

- Collaborate with the Missouri Livable Streets Advisory Team partners to identify how COVID-19 has impacted physical activity access among low-income audiences and explore potential solutions.
- Meet with Missourians for Responsible Transportation to encourage consideration of COVID-19 impacts on development of community active transportation plans for the St. Louis neighborhoods of The Ville Greater Ville and Jeff-Vander-Lou.
- Provide feedback on the State Active Transportation Plan and Outdoor Recreation Plan.

Social Connectedness

- Identify how implementation of BRIC activities can support the Missouri Department of Health and Senior Services, Missouri Health Improvement Plan 2020-2023, and future Missouri State Plan on Aging around social connectedness.
- Explore connections and partnerships with community health workers (CHW) to address social connectedness.

Community-Level Activities

St. Louis County and City (Urban)

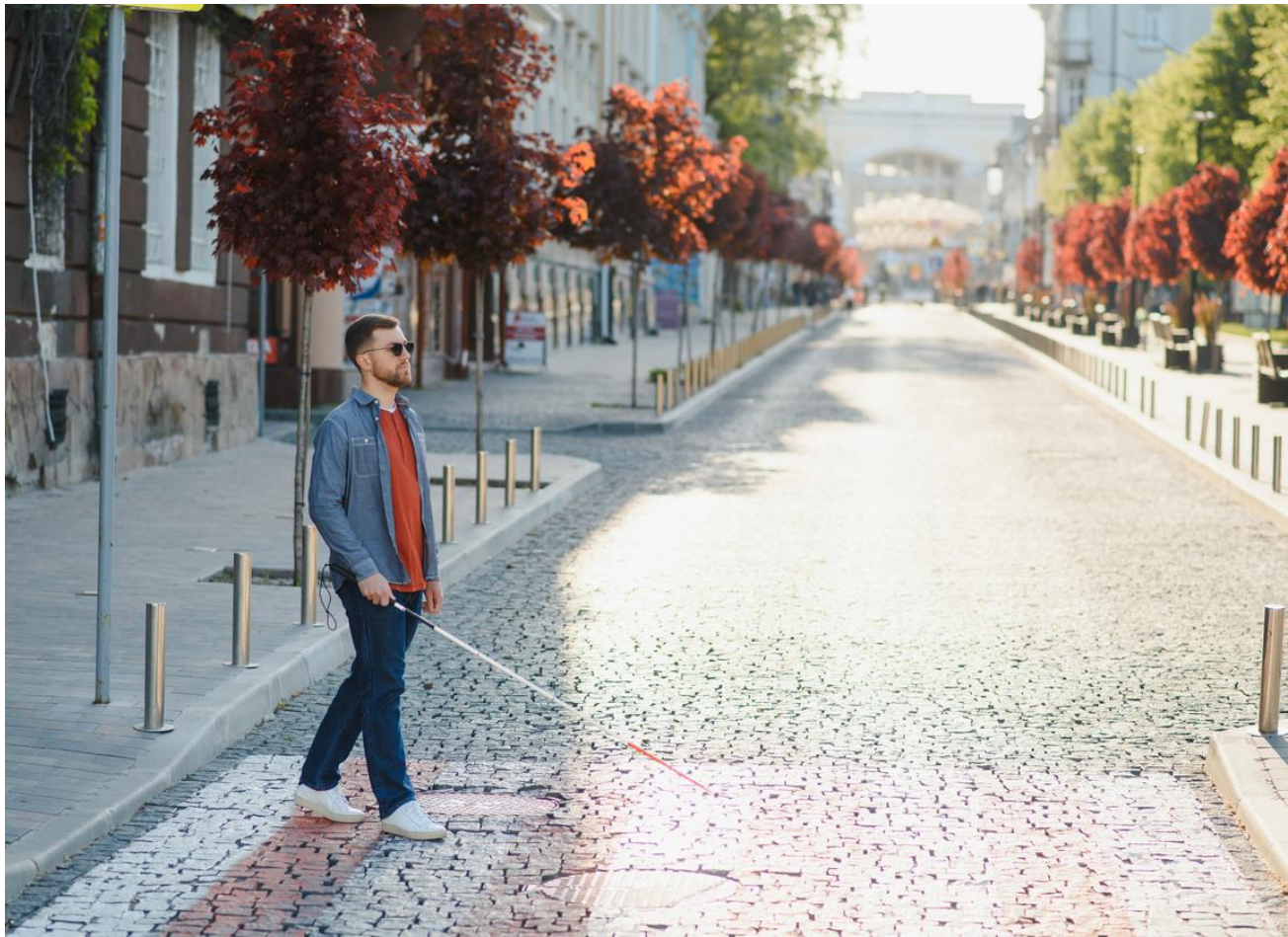
Food and Nutrition Security (*Reaching an estimated 2,250 residents*)

- Meet with the local AAA, local education agencies, St. Louis Area food bank, Operation Food Search, community level pantries, community gardens, and urban farms to explore ways in which BRIC can support increased distribution of healthier foods to community members.
- Provide training to each local community organization on the adoption and implementation of food service guidelines, or other identified strategies, to expand capacity for providing healthier foods.
- Provide cold storage equipment to participating food organizations to increase capacity for storage and improve nutritional quality and distribution of healthy foods.

- Assist the St. Louis Area Food Bank with adopting the Supporting Wellness at Pantries (SWAP) program and a client choice model at North St. Louis food pantries to increase the availability and selection of healthy foods.
- Collaborate with various North St. Louis community-based organizations to update and begin implementing the St. Louis Food Policy Coalition strategic plan; increase the number and sustainability of urban farms, community gardens, and farmers markets; and conduct a feasibility study for a cooperative grocery store in a North St. Louis food apartheid zone.
- Support Urban Harvest to launch an apprenticeship program to increase capacity for local urban farming among youth leaders of low resourced communities in North St. Louis.
- Retrofit two Metro buses to be used as a Metro Market, a mobile market that serves the area of North St. Louis.

Safe Physical Activity Access (Reaching an estimated 2,271 residents)

- Establish a connection with ongoing local efforts in North St. Louis in relation to the Calm Streets project involving Alderman in North St. Louis, the National Association of City Transportation Officials, and Equitable Cities.
- Establish a partnership with Metro Transit and Bi-State Development/Metro to support local access to and distribution of healthy foods.
- Create Community Mobility Hubs that will improve connections to everyday destinations and support multi-modal transportation, as well as places and sites for food distribution.



Social Connectedness *(Reaching an estimated 1,200 residents)*

- Establish partnership with St. Louis AAA Executive Director to support ongoing efforts around social connectedness and food and nutrition security in three senior centers located in North St. Louis - Northside Youth and Senior Service Center, Inc., Wesley House, and Robert Fulton Development Home. Strategies include:
 - Utilize community gardens as a vehicle to implement intergenerational mentorship programs between senior centers and local youth. Garden freezers will also help preserve foods for future distribution from the food pantry. Interagency agreements between senior centers (Wesley House and Robert Fulton Development Home), Missouri Coalition for the Environment, and Urban Harvest will provide sustained support for the maintenance of the community gardens and intergenerational programs.
 - Implement intergenerational computer technology programs through the partnership and Memorandum of Understanding with the St. Louis Network of Public Libraries. Seniors and youth (Northside Youth and Senior Service Center) will have an opportunity to use and/or practice newly acquired computer skills, which will help them decrease social isolation.
- Provide mobile infrastructure to arrange outdoor congregate meals at the three senior centers in North St. Louis utilizing produce from the community garden and supporting farmers markets.
- Explore a partnership with the St. Louis Integrated Health Network, working specifically with CHWs in St. Louis.
- Establish a partnership with Spanish Lake Community Development Corporation and conduct community engagement activities at the North Node area to identify resident ideas and solutions to improve social connectedness; ideas include an art project at bus stops to help develop a sense of place for residents.
- Support a local community podcast that features various community stories and social events.

Health Equity Spotlight

The BRIC team assures that all program solutions and interventions are community-driven, placing a high value on food sovereignty, dignity, and food justice. The approach is to support the communities experiencing health inequities by providing accurate information as well as funding in the form of mini-grants. This enables communities to identify effective, practice- and evidence-based solutions and the resources needed to implement their community improvement plans. The BRIC team's funding has mostly supported Black-owned, non-profit organizations in North St. Louis City and County.

Contact Information

Diana C. Parra, PhD, MPH

parrad@wustl.edu

Research Assistant Professor, Prevention Research Center
Brown School at Washington University in St. Louis

New York State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Collaborate with the New York State Office for the Aging (NYSOFA), Health Forward, LLC, The Association on Aging in New York, and other partners to develop and disseminate a systems-level Health Equity-focused, virtual, micro-learning module staff training series (Health Equity Training) for the statewide network of aging agencies and a Friendly Phone Calls program for aging agency providers and volunteers.
- Expand implementation of the Health Equity Training and Friendly Phone Calls program by:
 - Conducting a focus group/meeting and filming interviews with community leaders to use as training tools for the NYSOFA aging network and to promote NYSOFA services to underserved communities experiencing disparities; and
 - Developing three new Friendly Calls training videos.

Community-Level Activities

Sullivan County (Cornell Cooperative Extension) (Rural)

Food and Nutrition Security (*Reaching an estimated 1,600 residents*)

- Gather community partners (Renaissance, Community Resources, Action Towards Independence Coalition (ATIC), Office for the Aging (OFA), food pantries, Sullivan 180, A Single Bite) to assess and strategize around meeting current food and resource access gaps, and engage community members in food and resource access discussions at the neighborhood/grassroots level.
- Work with two additional food banks/pantries and partners to adopt a nutrition policy.
- Adopt and launch web-based food pantry inventory management system function for Sullivan Fresh Community Cupboard.
- Develop and implement formal and informal pantry networking and referral system with Action Towards Independence Coalition.

Safe Physical Activity Access (*Reaching an estimated 24,250 residents*)

- Work with Move Sullivan to assess the least safe bus stops for pedestrians and engage young leaders in developing traffic calming measures to ensure safe passage.
- Add the Extension Education Center as a stop on the Move Sullivan line to increase access for individuals with disabilities to a shared educational space and shared use commercial kitchen.
- Provide support to the Department of Transportation in soliciting community input regarding demand for additional stops.

Social Connectedness (*Reaching an estimated 50 residents*)

- Build on successful pilot of the Fiber Arts for All (FAFA), formerly known as the Intergenerational Textile Project, and create two Make and Take series, both with existing older adult volunteers.
- In partnership with the Office for the Aging, seek to enhance the Make and Take series, beyond a one-time engagement between adults and youth, to projects which take course over at least six hours, with volunteers.
- Expand the FAFA pilot, which occurred in partnership with the Liberty Library, to include the Library in Monticello.

- Work with County Transportation to increase Move Sullivan ridership and access to community gathering spaces by offering rider training for the bus lines.

Chemung County (Genesee Valley, Board of Cooperative Educational Services) (Rural)

Food and Nutrition Security *(Reaching an estimated 750 residents)*

- Collaborate with feeding site partners to support data collection to identify and address clients' needs for healthier foods, culturally appropriate foods, and/or healthy food preparation strategies.
- Compile assessment data to identify strategies and supports needed to address clients' food and nutrition security needs.
- Document increase in the number of people who receive healthier foods distributed by food pantries, food banks, or other feeding sites.

Safe Physical Activity Access *(Reaching an estimated 27,402 residents)*

- Collaborate with partners to identify priority locations within the community to support walkability and/or increased safety for those most in need.
- Identify at least two changes within the community that increase walkability and/or safety for those most in need.

Social Connectedness *(Reaching an estimated 450 residents)*

- Enhance collaborations with community organizations to inventory existing efforts, explore gaps in programming, and determine older adults' perceptions of their connectedness in order to identify tangible action steps for co-developing programming that increases opportunities for regular social interaction for older adults.
- With partners, identify and support the implementation of at least one new or improved equitable program for older adults that offers opportunities for regular interaction with an emphasis on opportunities related to food and nutrition security and the built environment.





Bronx Institute for Family Health (Bronx Health REACH) (Urban)

Food and Nutrition Security *(Reaching an estimated 6,900 residents)*

- Coordinate the Healthy Pantry Initiative's training and technical assistance efforts for up to four food pantries, run by New Covenant Development Corporation, Beth-el House of Yahweh, and two feeding sites, to adopt the Federal Food Service Guidelines for Federal Facilities.
- With Plentiful program staff, coordinate training on the Plentiful app with two food pantries to streamline reservations and make it easier to serve more people in the community.

Safe Physical Activity Access *(Reaching an estimated 318,700 residents)*

- Partner with Church of St. Helena to engage and educate one Bronx local elected official about the need for a Complete Streets transformation at the intersection of Westchester Avenue and White Plains Road and request their official endorsement of the campaign to be brought to the New York City DOT.
- Work with the Bible Church of Christ to conduct a needs assessment regarding pedestrian and bicycle pathways as well as transit systems.
- Work with Transportation Alternatives to create a strategy chart for Complete Streets improvements at the intersection of Morris Ave and 170th Street.

Social Connectedness *(Reaching an estimated 80 residents)*

- Coordinate with St. Jerome HANDS Community Center to train up to four representatives from three churches – Church of God of Soundview, New Life Rehoboth Church, and Thessalonians Christian Church – as well as New Settlement Community Center on the Healthy Heart, Healthy Life (Corazon Saludable, Vida Saludable) program.
- Collaborate with institutional partners, community groups, and faith-based organizations to deepen a referral pathway for community members to participate in social connectedness strategies. This will include working with peer coordinators trained in the Corazon Saludable, Vida Saludable program, who will inform sustainability and lead the program in the long-term.

Health Equity Spotlight

Developed and disseminated a health equity micro-learning training series, Health Disparities in Aging, composed of four modules: an introduction to health equity, health equity-a deeper look, partnerships and reaching populations. The training series is available online and promoted statewide.

Contact Information

Daniel French, MS

daniel.french@health.ny.gov

Program Manager, State Physical Activity and Nutrition Program
New York State Department of Health



North Carolina State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Convene the North Carolina Healthy Aging Taskforce, led by the North Carolina Institute of Medicine (NCIOM) with funding provided by North Carolina Division of Public Health (via BRIC), North Carolina Division of Aging and Adult Services (DAAS), American Association of Retired People (AARP) North Carolina, and the Duke Endowment, to make recommendations for incorporating social isolation, food and nutrition security, health, mobility, injury and violence prevention, aging in place, and equity.
- Collaborate with partners, such as DAAS, to define elements of social isolation/connectedness and create a snapshot of integration opportunities.
- Engage the Social Isolation Loneliness and Elevated Suicide (SILES) coalition to identify strategies that combat the impact of social isolation including developing a one-on-one support system and building a system for easy entry into virtual programming.

Community-Level Activities

Edgewood, Halifax, and Northampton Counties, University of North Carolina Charlotte Campus

Food and Nutrition Security (*Reaching an estimated 33,000 residents*)

- Draft a report of current food and nutrition security models on campus and recommendations for expansion with a health equity lens.
- Submit Supplemental Nutrition Assistance Program (SNAP) application to USDA for SNAP authorization of the University of North Carolina Charlotte (UNCC) on-campus convenience stores.
- Draft a food and nutrition security plan/policy for UNCC campus.

Safe Physical Activity Access (*Reaching an estimated 3,451 residents*)

- Enhance Steps to Health/Faithful Families Walk Audit Toolkit to include training on how to conduct audits during the COVID-19 pandemic.
- Train Extension staff and community partners working with select communities on the Steps to Health and Faithful Families Walk Audit Toolkit.
- Collaborate with local partners to complete walk audits and other assessments, as appropriate, to identify needs among high-risk populations to access essential services and vaccine distribution sites via active routes to destinations.
- Create or enhance a plan for increasing active routes and/or transportation to essential services and vaccine distribution sites for those most at risk for COVID-19.

Social Connectedness (*Reaching an estimated 3,451 residents*)

- Revise the Faithful Families Walking Challenge to incorporate intergenerational programming that encourage older adults to walk (in-person or virtually) with younger people in their faith communities.
- Identify needs related to social connectedness and physical activity through stakeholder engagement interviews, using the modified version of the Association of American Medical Colleges Stakeholder Accelerating Health Equity template.
- Conduct an environmental scan of each community using the Neighborhood Environment Walkability Survey (NEWS) Audit Tool.
- Partner with faith communities, parks and recreation departments, and community organizations to provide opportunities for social connection within communities at highest risk of COVID-19.

Alamance/Guilford Counties with Mustard Seed Community Health

Food and Nutrition Security (Reaching an estimated 560 residents)

- Partner with Piedmont Health Services and Sickie Cell Agency (PHSSCA) and key food providers to establish a food pantry site in East Greensboro.
- Partner with Guilford County Cooperative Extension to adopt and implement Food Service Guidelines for the food pantry and distribution program, and develop nutrition plans that focus on hypertension, diabetes, seniors, and infants as part of the food distribution program.
- Collaborate with faith-based communities to support the pantry and distribution program through food donations.
- Adopt and implement new screening tools to assess food and nutrition insecurity and social determinants of health as part of the in-home screening process.

Social Connectedness (Reaching an estimated 560 residents)

- Establish a partnership with the Creative Aging Network of North Carolina to identify opportunities for social connection and potential programming.
- Adopt and implement new social isolation and social determinants of health screening tools into the patient intake process.
- Collaborate with CoMetta Connect to identify opportunities for community alignment around social connection and mental well-being.
- Conduct a survey with the food distribution program participants to assess interests and identify social connection opportunities to inform future programming.



Wake County with Advance Community Health

Food and Nutrition Security (Reaching an estimated 12,810 residents)

- Launch the Interfaith Food Shuttle including the adoption of a food and nutrition insecurity screening policy and reliable electronic referral methodology.
- Join the Capital Area Food Network and actively participate in the food access/security and economic development circles.
- Complete one food distribution event at the Southeast Raleigh Clinic per month.

Safe Physical Activity Access (Reaching an estimated 80,973 residents)

- Implement systems changes to promote the Walk with a Doc program among Advance Community Health (ACH) patients.
- Implement electronic YMCA referral system to increase participation in YMCA programs among ACH patients.
- Develop a community improvement plan and utilize recommendations to implement a demonstration project supporting active routes to destinations.

Health Equity Spotlight

An important tenet for the North Carolina BRIC program is to prioritize equity in both state- and community-level strategies, policies, and programming. One community partner is leading their efforts by employing Community Health Workers to coordinate and implement efforts to address food and nutrition security as well as social connectedness. A second community partner is working on a community improvement plan that will inform active routes to destinations within disproportionately affected areas of the county.

Contact Information

Tish Singletary

tish.singletary@dhhs.nc.gov

Branch Head, Division of Public Health, Community and Clinical
Connections for Prevention and Health Branch
North Carolina Department of Health and Human Services

Ohio State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Partner with public health offices and other organizations, as needed, to inform future development of the Ohio State Health Improvement Plan based on timing of the next version and/or submit ideas for inclusion in future iterations of the plan.

Food and Nutrition Security

- Build relationships with local food banks to learn more about the needs of food insecure Ohioans impacted by COVID-19.
- Focus outreach to the Ohio Association of Food Banks to determine additional supports for the charitable food system.

Safe Physical Activity Access

- Utilize transportation and community engagement experts from Toole Design to assist in the development of plans and services that address mobility barriers related to COVID-19.
- Leverage existing contract with Toole Design to expand Transportation Demand Management to other communities in Franklin County who have experienced increased disparities due to COVID-19.

Social Connectedness

- Work with local communities to ensure their efforts focus on systems-level change rather than programs to ensure sustainability beyond the grant period.
- Communicate regularly with the Ohio Department of Aging to ensure coordination between departments in support of the Ohio State Plan on Aging.

Community-Level Activities

Lucas County (Urban)

Food and Nutrition Security (*Reaching an estimated 37,440 residents*)

- Provide safe distribution of healthy foods through a produce box distribution program run by the YMCA, with financial support from Partnerships for a Healthier America; provide recipients with food choice along with educational opportunities, such as cooking classes on nutrition, to ensure equitable access to healthy foods.

Safe Physical Activity Access (*Reaching an estimated 431,271 residents*)

- Develop an Active Transportation Plan that provides opportunities for safe transportation regardless of transportation mode and socioeconomic status. This plan will address needs as gathered from all community sectors and through support from both local government and municipalities.
- Guide the adoption of the Active Transportation plan by the Toledo City Council and the Lucas County commissioners for incorporation into local projects.
- Develop an educational plan and timeline to educate county residents on the newly adopted Active Transportation Plan.

Social Connectedness

- Partner with the YMCA to form a committee with organizations that serve the older adult population to help assess their needs to improve social connectedness.

- Develop a community assessment survey focusing on the social connectedness needs of older adults using American Association of Retired People (AARP) survey examples.
- Develop, facilitate, execute, and evaluate programming for older adults at two community sites based on participant input; programming may include virtual and in-person (socially distanced) educational, social, and physical activity classes.

Marion County (Rural)

Food and Nutrition Security *(Reaching an estimated 4,654 residents)*

- Inventory area food banks, pantries, and feeding sites to identify current nutrition assistance programs and availability in areas most impacted.
- Collaborate with Food Access team to educate food assistance personnel and staff on Nutrition in Food Banking Guidelines; obtain and support three organizational commitments regarding the continued adoption of Nutrition in Food Banking Guidelines.
- Collaborate with the Ohio State University of Marion to identify strategies to utilize the on-campus micro farm for procurement of produce for local pantries.

Social Connectedness *(Reaching an estimated 17 residents)*

- Conduct an assessment to identify organizations serving older adults and collaboratively develop a community action plan to address social isolation in older adults.
- Work with low-income residential housing facilities and communal gardening strategies to mitigate social isolation in older adults.
- Provide individual and group counseling sessions for older adults at Council on Aging.

Franklin County (Urban)

Safe Physical Activity Access *(Reaching an estimated 100 residents)*

- Create, market, implement (including training), and evaluate the Transportation Ambassador program system in the City of Columbus.
 - Focus on two high priority neighborhoods and clients of organizations such as Franklin County Jobs and Family Services.
 - Train paid Transportation Ambassadors to provide bicycle and bus rides to their networks, increasing the awareness and use of active transportation facilities as well as individual confidence in traveling around Columbus without a car.
 - Collect post-ride evaluations to ensure the program is utilized and rides are helpful in improving mobility. Participants complete evaluations of the ride and the Transportation Ambassador.

Health Equity Spotlight

The Transportation Ambassador Program helps community members, in two priority neighborhoods in the City of Columbus, Franklinton and Linden, learn how to bicycle and ride the bus for transportation purposes. Transportation Ambassadors, individuals who live, work, or play in these communities, deliver bicycle rides and bus rides to community members and teach them bicycle and bus safety. The Ambassadors help participants feel more comfortable traveling by bus or bike to a destination that previously seemed inaccessible without a car.

Contact Information

Julia Hansel, RDN, LD

julia.hansel@odh.ohio.gov

Health Promotion Manager, Bureau of Health Improvement
Ohio Department of Health

Pennsylvania State Profile

Building Resilient Inclusive Communities

State-Level Activities

Food and Nutrition Security

- Assess existing Pennsylvania Healthy Pantry Initiative (PA HPI) materials for cultural relevance and identify gaps.
- Support and guide a new Task Force to explore the procurement of culturally relevant foods in charitable food systems. The Task Force will provide recommendations to PA HPI and Feeding Pennsylvania.
- Explore partnership with Philadelphia Community Garden Network to grow and supply culturally relevant produce to food pantries participating in PA HPI.
- Make progress toward including food and nutrition security objectives in the Pennsylvania State Health Improvement Plan (SHIP).

Safe Physical Activity Access

- Develop a compendium of resources on the importance and benefits of active transportation in rural communities.
- Develop and implement a WalkWorks capacity building plan to increase reach of WalkWorks to vulnerable communities and identify additional strategies to enhance equity and anti-racism.
- Implement a tactical urbanism project in coordination with Pennsylvania Department of Transportation.

Social Connectedness

- Strengthen partnership with the Department of Aging and explore opportunities to support equity objectives in the State Plan on Aging to ensure populations experiencing disproportionate impact related to BRIC strategies are included.
- Partner with Equitable Cities to offer training and technical assistance aimed at increasing the capacity of Area Agencies on Aging (AAA) and Senior Centers to engage populations disparately impacted by COVID-19 in social connectedness programming.
- Build the capacity of stakeholders engaged in developing and supporting the PA SHIP to implement and support social connectedness objectives.

Community-Level Activities

Philadelphia

Food and Nutrition Security (Reaching an estimated 3,610 residents)

- Continue to support a strong food policy and urban agriculture network in Philadelphia that implements key pieces of the Growing from the Root urban agriculture plan and the Philadelphia Food Policy Advisory Council's (FPAC) long term vision.
- Continue installation of signage, raised beds, and other physical improvements to community gardens in Philadelphia Park and Recreation's Community Gardens network to increase accessibility and production.
- In partnership with Philadelphia Parks and Recreation (PPR) and the Free Library, support the creation of an Agriculture Book Collection.
- Support the Urban Tree Connection's Food Sovereignty Share project through farming, staff recruitment and training, and educational workshops to support food distribution in the West Philly community.



- Support the Agriculture/Horticulture Resource Center in Fairmount Park through solar panels, signage, and refrigeration to enhance its ability to support gardening equipment for community gardens and urban agriculture enterprises across the city.
- Support the Office of Sustainability's FPAC to develop a communications plan and quarterly communications campaigns; update, design, create, and/or manage media including website, social media, newsletters and emails, digital and print resources, press, events, and others, as needed, with support from contractor.

Safe Physical Activity Access (*Reaching an estimated 108,283 residents*)

- In partnership with the City of Philadelphia's Office of Transportation, Infrastructure, and Sustainability, implement a series of low-cost safety improvements within the Mantua neighborhood, informed by citywide goals and community leaders' priorities and insights.
- Purchase and install park improvements to increase pedestrian safety and accessibility in Hunting Park.

Social Connectedness (*Reaching an estimated 2,379 residents*)

- Integrate relevant social connectedness programs and resources (e.g., We Walk PHL and Gardening) into Resource Connects (Findhelp.org) and other appropriate community/clinical referral systems.
- Coordinate, as appropriate, with implementation of the AARP Livable Community plan and disseminate BRIC social connectedness outcomes and lessons learned.

Health Equity Spotlight

- Ensure PA HPI materials are culturally inclusive, and collaboration occurs to increase access to culturally relevant foods in state charitable food systems.
- Increase inclusivity of vulnerable community voices in strategies to increase access to safe physical activity.
- Provide training and technical assistance to support systems in improving engagement of populations disparately impacted by COVID-19 in social connectedness programming.

Contact Information

Tiffany Bransteitter, MSW

tstrickle@pa.gov

Obesity Prevention and Wellness Section Chief
Pennsylvania Department of Health



South Carolina State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Communicate with the Alliance for a Healthier South Carolina to support the State Health Improvement Plan.
- Establish partnership with Social Carolina Office of Rural Health.
- Serve on the Administrative Core Team for the South Carolina Roadmap to Address Social Determinants of Health.

Food and Nutrition Security

- Establish partnership with FoodShare South Carolina to expand and support infrastructure for FoodShare hubs in each of the selected BRIC communities.
- Explore the opportunity for FoodShare South Carolina to accept Women, Infants and Children (WIC) program vouchers as a payment option statewide.
- Serve as faculty on the South Carolina Roadmap to Food Security Learning Collaborative.
- Align BRIC food and nutrition security efforts with relevant state-level food and nutrition security efforts including Healthy Palmetto Leadership Council, South Carolina Roadmap to Food Security Team, and South Carolina Food Policy Council.

Safe Physical Activity Access

- Participate in and provide a public health and health equity voice to the South Carolina Department of Transportation State Bicycle and Pedestrian Safety Action Plan Committee.
- Communicate and collaborate with other state-level partners working on physical activity access in the four BRIC communities to align efforts. Partners include South Carolina Office of Rural Health, Wholespire, South Carolina Hospital Association, and Clemson University.
- Align BRIC physical activity access efforts with relevant state-level physical activity efforts including Healthy Palmetto Leadership Council, South Carolina Department of Transportation State Bicycle and Pedestrian Safety Action Plan Committee, and South Carolina Food Policy Council Planning and Transportation Committee.
- Plan and host South Carolina Walkability Action Institute, facilitated by NACDD. BRIC Communities will be considered when local WAI teams are being chosen. Teams with a rural focus will be given priority in the selection process.

Social Connectedness

- Work with the South Carolina Department of Health and Environmental Control, Alliance for a Healthier South Carolina, and South Carolina Department on Aging to inform SHIP and State Plan on Aging (existing and upcoming) as it relates to BRIC strategies.
- Establish/expand partnerships with American Association of Retired People South Carolina and South Carolina Department on Aging that focus on senior populations.
- Provide Walk with Ease training and resources to at least two senior service providers in each BRIC community.
- Participate in the Social Isolation in Older Adults Task Force Steering Committee. The Steering committee is led by the South Carolina Institute of Medicine and Public Health in partnership with the South Carolina Department on Aging. The Task Force will develop and publish a report, *Addressing Social Isolation in Older Adults as a Determinant of Health*, which includes state-specific recommendations to reduce social isolation in older adults.



Community-Level Activities (All Rural)

Dillon County

Food and Nutrition Security (Reaching an estimated 499 residents)

- Establish a FoodShare hub to expand distribution of fresh fruits and vegetables throughout Dillon County.
- Purchase refrigeration/storage for the FoodShare hub.
- Recruit and train community champions to build trust in underserved communities.
- Re-examine existing food access support services to ensure they reach and address the needs of underserved communities and individuals with disabilities; host community listening sessions.

Safe Physical Activity Access (Reaching an estimated 2,096 residents)

- Based on strategic planning process results, install wayfinding signage to connect Pages Millpond with two other recreational areas (Hilltop and Centennial Park) in the Town of Lake View.

Social Connectedness

- Expand the South Carolina Department on Aging digital literacy training initiative.
- Recruit and train community champions to build trust in underserved communities.

Marlboro County

Food and Nutrition Security (Reaching an estimated 808 residents)

- Establish a FoodShare hub to expand distribution of fresh fruits and vegetables.
- Assist with expansion and reach of the existing Marlboro FoodShare hub.
- Purchase refrigeration/storage for the FoodShare hub.
- Recruit and train community champions to build trust in underserved communities.
- Reexamine existing food access support services to ensure they reach and address the needs of underserved communities and individuals with disabilities; host community listening sessions.

Lee County

Food and Nutrition Security (Reaching an estimated 3,433 residents)

- Assess community needs to ensure the voices of underserved populations are heard and engaged in decision-making.
- Establish a FoodShare hub to expand distribution of fresh fruits and vegetables.
- Assist with expansion and reach of the existing Lee FoodShare hub.
- Purchase refrigeration/storage for the FoodShare hub.

Safe Physical Activity Access (Reaching an estimated 3,246 residents)

- Install portable recreation/fitness equipment suitable for all ages and abilities, especially seniors, to engage with each other and their grandchildren, at the Lee County Council on Aging in Bishopville
- Review existing plans and progress and conduct community needs assessment, including listening sessions, related to safe physical activity, food and nutrition security, and social connectedness, as needed, to ensure all voices are heard and part of planning and decision making.
- Partner with Clemson University High Obesity Program and partners to re-evaluate needs, existing resources, and community assets related to safe physical activity access.
- Review existing Santee-Lynches Council of Governments (COG) Comprehensive Plan and engage COG in a discussion to identify improvements to existing community physical activity access.
- Community will identify and implement at least one improvement based on assessment.

Social Connectedness (Reaching an estimated 3,246 residents)

- Assess community needs to ensure the voices of underserved populations are heard and engaged in decision-making.
- Incorporate social connectedness into food and nutrition security and physical activity access efforts.
- Expand the South Carolina Department on Aging digital literacy training initiative.

Williamsburg County

Food and Nutrition Security (Reaching an estimated 2,510 residents)

- Assess community needs to ensure the voices of underserved populations are heard and engaged in decision-making.
- Increase the reach of food pantries, especially in high need areas.
- Establish a FoodShare hub to expand distribution of fresh fruits and vegetables.
- Assist with expansion and reach of the existing Williamsburg FoodShare hub.
- Purchase refrigeration/storage for the FoodShare hub.

Safe Physical Activity Access (Reaching an estimated 3,458 residents)

- Led by youth, enhance walking trail in downtown Kingstree with the addition of trail markings; create and distribute a walking map.
- Led by Williamsburg County Recreation, Buildings, and Grounds, enhance existing walking trail through signage, benches, and outdoor fitness stations in Kingstree.





- As part of the Donnelly Neighborhood Revitalization Initiative and led by the Waccamaw Economic Opportunity Council, enhance existing walking paths with the addition of portable and accessible recreation equipment and benches as well as signage and outreach campaign targeting seniors.
- Build upon improvements to sidewalks, trails, and parks by conducting an environmental scan/assessment of safe and equitable access to physical activity.
- Identify parks in up to five underserved areas across the county – Trio, Lane, Nesmith, Greeleyville, and Cades.
- In collaboration with Williamsburg County Community Coalition; Williamsburg County Recreation, Buildings, and Grounds; and Williamsburg Sherriff's Department, assess improvements to existing spaces using community park audit tool or other data collection tool.
- Purchase and install necessary equipment for park improvements/enhancements. The community will consider and evaluate the feasibility of use by older adult populations and people with disabilities to also address social connectedness outcomes.
- Convene a local team to participate in South Carolina's Walkability Action Institute.

Social Connectedness (Reaching an estimated 6,915 residents)

- Develop a Memorandum of Understanding between Vital Aging, Boys and Girls Club of Hemingway, and other community partners to create opportunities for social connectedness including youth and senior art projects, meal delivery, and note writing.
- Vital Aging of Williamsburg County will prioritize opportunities for social connectedness as senior centers begin to re-open, including gardening, quilting circles, and opportunities for recreation at the Greeleyville Wellness Center and the Kingstree Wellness Center.
- Strengthen and build new partnerships to address social connectedness; include listening sessions with community members.

Health Equity Spotlight

South Carolina is putting many actions into place to assure that health equity is at the forefront of all SC BRIC efforts. These include having the DHEC Public Health Director of Diversity, Equity, and Inclusion serve on the SC BRIC State Planning Committee; developing GIS mapping showing census/zip code level data for the four BRIC communities, focusing on FoodShare which accepts SNAP and Healthy Bucks; and assuring that health equity is integral to the micro-grant process for physical activity access and social connectedness and community action planning process.

Contact Information

Lori Phillips, MPH, MCHES

phillilc@dhec.sc.gov

Director, Division of Nutrition, Physical Activity, & Obesity Prevention
South Carolina Department of Health & Environmental Control

Texas State Profile

Building Resilient Inclusive Communities

State-Level Activities

- Work with Feeding Texas to support the BRIC food and nutrition security strategy.
- Meet with Texas Health and Human Services' Aging Services to review current strategies that align with BRIC, primarily social connectedness and related COVID-19 pivots, in the State Plan on Aging and make recommendations for the next planning cycle.
- Determine, in the context of COVID-19, how to access communities with the greatest health inequities while honoring the traditional autonomy of local health departments.

Community-Level Activities

San Augustine County

Food and Nutrition Security (Reaching an estimated 6,550 residents)

- Conduct a community assessment to determine high need areas and partner with Care and Share San Augustine to implement new and enhanced food distribution systems.
- Increase food distribution by 38,320 pounds per month to provide an additional 100 clients with more nutritious food options through a Healthy Pantry Model.
- Alleviate the transportation barriers for 150 clients through a home delivery model.
- Conduct a campaign to increase knowledge regarding healthy food access points through diverse media and communication efforts.
- Leverage coalition partners to introduce additional food access points within the local school district to reach students with low food and nutrition security.

Safe Physical Activity Access (Reaching an estimated 5,000 residents)

- Develop and implement an action plan to improve and/or expand access points in the community to encourage safe and equitable access for physical activity.
- Collaborate with community partners to conduct informational physical activity outreach activities and place signage on current trails to encourage physical activity.

Social Connectedness (Reaching an estimated 5,000 residents)

- Collaborate with San Augustine Independent School District partners to establish a Foster Grandparent Volunteer Program, or similar community program, which provides one-on-one emotional support, mentoring, and tutoring for children with exceptional needs.
- Collaborate with community partners to establish a BRIC-related social media site and resource guide that promotes opportunities to connect older adults who are socially isolated due to COVID-19 through community planning, development, and engagement. Information shared through these modes will also promote food and nutrition security and access to safe physical activity resources.

Red River County (Rural)

Social Connectedness

- Launch the GetSetUp platform through the Lennox Health Center, creating free opportunities for older adults to join an online community to learn new skills and connect with others.

Bowie County (Rural)

Food and Nutrition Security (Reaching an estimated 480 residents)

- Grow the existing coalition membership and utilize needs assessment/asset scan to develop a workplan for improving food nutrition security among residents most impacted by COVID-19; work plan to include multiple mini food pantry locations at accessible points in the community.

Social Connectedness (Reaching an estimated 944 residents)

- Work with enhanced coalition to develop and plan monthly events for older adults at newly established community gardens.
- Launch the GetSetUp platform to create free opportunities for older adults to join an online community to learn new skills and connect with others.

Health Equity Spotlight

A growing community coalition built a network of community gardens and mini food pantries to help address equitable food and nutrition security in rural Bowie County.

Contact Information

Lauren Maxwell, MPH, RD, LD

lauren.maxwell@dshs.texas.gov

Obesity Prevention Program Coordinator

Texas Department of State Health Services



Utah State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Partner with local health departments and other partners to support the development of the next three-year cycle of the Utah Health Improvement Plan (UHIP). The current UHIP period is 2017-2020.

Food and Nutrition Security

- Actively participate in the Food Security Workgroup organized by the Multicultural Advisory Committee of the State of Utah's Covid-19 Response; chair the Food Choice Subcommittee to address equitable food choice and access.
- Partner with University of Utah Coordinated Master's dietetics program students to develop a food pantry client survey and a plan to administer statewide.

Safe Physical Activity Access

- Participate in monthly Wasatch Front Regional Council Active Transportation meetings and Active Transportation Committee meetings to encourage equitable access to physical activity statewide.
- Support Utah Department of Transportation's Move Utah program and the Move Utah Summit.
- Develop a Healthy Places indicator tool to help communities identify key factors that could improve health equity and transportation.
- Host Utah Walkability Action Institute facilitated by NACDD.

Social Connectedness

- Partner with the Utah's Healthy Aging Program and Department of Health and Human Services, Aging and Adult Services to inform future development of the Healthy Aging Plan.

Community-Level Activities

Salt Lake County (Urban)

Food and Nutrition Security (*Reaching an estimated 468 residents*)

- Increase participation in the Utah Produce Rx program in four to five Salt Lake County clinics; food vouchers provided by Utah Department of Health and Human Services.
- Improve healthy foods distributed through at least two Salt Lake County food pantries based on community needs assessment.
- In collaboration with the University of Utah, launch a website designed to centralize food pantry information across the county and state that is easy to read and utilize.
- Participate in the Utah Food Security Workgroup's Food Choice Subcommittee to address equity in food choice and access. The workgroup is organized by the Multicultural Advisory Committee of the State of Utah's COVID-19 Response to Food Security.

Safe Physical Activity Access (*Reaching an estimated 700 residents*)

- Actively participate in existing councils/groups – Wasatch Front Regional Council Active Transportation, Salt Lake County Bicycle Advisory Committee, and Kearns/Magna Active Transportation Planning Meetings – to encourage equitable access to physical activity.

- Expand Stay Safe, Stay Active streets to two specific sections of streets in areas affected disproportionately by COVID-19.
- Conduct a walkability audit in the areas that could use Stay Safe, Stay Active Streets to assess needs of the area.
- Complete tactical urbanism project to physically improve walkability and bikeability conditions in the city of Midvale, a community affected disproportionately by COVID-19.
- Participate in Walkability Action Institute, hosted by NACDD, to improve walking infrastructure in areas affected disproportionately by COVID-19.

Social Connectedness

- Develop partnerships with Salt Lake Aging and Adult Services and other partners on social isolation needs and existing activities in the county.
- Co-develop and update Salt Lake Aging and Adult Services caretaker curriculum (Caretaker Talking Points) and related train-the-trainer in collaboration with members of three refugee communities to ensure cultural relevance in addressing social isolation among caretakers.
- Develop Memorandums of Understanding/Agreement that supports a systems approach and interconnectedness between organizations to address social isolation.

San Juan County (Rural)

Food and Nutrition Security *(Reaching an estimated 522 residents)*

- Support Blanding & Bluff Food Pantry facility needs with freezer and refrigeration to store fresh vegetables, fruits, and other perishable foods.
- Coordinate with Utah Food Bank, Utah Farmers Feeding Utah, Navajo Strong, and Blanding and Bluff Food Pantry to implement drive-through events to distribute vegetables and fruits.
- Assess nutritional and cultural value of donated foods to Bluff City Food Pantry.
- Co-develop list of Navajo culturally relevant foods and nutrition needs with Navajo Services and Navajo Nation Special Diabetes Program at Bluff City Food Pantry.

Social Connectedness *(Reaching an estimated 22 residents)*

- Develop and implement an assessment in senior centers to identify the needs of older adults regarding social connection, mental health, and other interests.
- Create pleasant and safe outdoor dining space for Red Mesa Senior Center seniors to share a nutritious meal on a regular basis.
- Co-develop social connectedness strategies with elders of Navajo community that create opportunity and space to connect; strategies include a monthly Navajo cultural teaching topic for the Navajo radio hour that will help prompt conversation when seniors gather and a Navajo skirt-making program to connect elders.

Weber Morgan District (Urban/Rural)

Social Connectedness *(Reaching an estimated 709 residents)*

- Create a local coalition of community agencies and partners to support social isolation among older adults in Weber Morgan District.
- Engage and train older adults as volunteers to support opportunities for physical activity and social connection programs for older adults. Current senior-led programs include Tai-Chi and others, depending on interest.
- Develop a protocol to systematically recruit, train, and retain older adults as volunteers and connect them with volunteer opportunities.
- Secure partnership agreements between coalition partners to pilot an intergenerational mentoring program.

- Weber Human Services and Weber County Library System will develop an inter-agency agreement to support the expansion and sustainability of intergenerational mentoring programs and other social connection programs, such as Tai Chi, within library systems.

Health Equity Spotlight

Salt Lake County partnered with their county Adult and Aging Services, community health workers, and others to gain buy-in and guidance from members of various ethnicities within the Salt Lake refugee community to adopt the Caregiver Talking Points curriculum and program. This required several iterations and some major changes to the curriculum to achieve the most helpful and culturally relevant resource for the community.

Contact Information

Laura Holtrop Kohl, MS, RDN, CD

lholtrop@utah.gov

Healthy Eating Active Living Public Health Nutritionist, Utah Department of Health and Human Services



Washington State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Conduct state-level partnership assessment to identify opportunities for partnership development with strategic emphasis on supporting state plan activities that work across teams, agencies, and with external partners to center historically and currently minoritized populations that include, but are not limited to, Black, Native American, Pacific Islander, Latinx and various other populations disproportionately experiencing health inequities.
- Demonstrate Washington State's dedication and commitment to state-wide equity through representation on NACDD's Health Equity Advisory Council.
- Partner with Department of Health's Center for Public Affairs to integrate activities to mitigate, prepare, and/or respond to the impact of COVID-19. Activities aim to support state COVID-19 pivots via recommendations in the areas of improved food and nutrition security; opportunities for safe, accessible, and equitable spaces for physical activity and transportation (with social distancing); and social connectedness for the State's advanced-age population. Additional attention is given to acknowledging and addressing the intersection of these focus areas with socio-demographics known to increase risk for adverse complications from COVID-19, including advanced age, disability, and/or identifying as a minoritized population member, into the next iteration of the State Health Improvement Plan (SHIP). It is the intention of Washington State to deliberately seek input and buy-in from equity stakeholders in review and formulation of recommendations.
- Partner with Department of Social and Health Services (DSHS) to integrate actions for improving social connectedness for the State's advanced-age population, with special attention paid to age, ability, and marginalized populations, into the next iteration of the State Plan on Aging (SPOA).

Food and Nutrition Security

- Participate on the equity workgroup for the Washington State Food Policy Forum to ensure application of an equity lens in state policy and programming efforts to address COVID-19 food systems-related concerns.
- Secure funding from the Department of Agriculture to expand fruit and vegetable incentives during COVID-19. The Washington Fruit and Vegetable Incentive Program is addressing health equity through the creation of a Supplemental Nutrition Assistance Program (SNAP) Consumer Advisory Committee composed of program participants.
- Identify key strategies to address food and nutrition security priorities within the Healthy Eating Active Living program.

Safe Physical Activity Access

- Convene meetings with existing and new physical activity partners to educate on barriers to safe physical activity access with respect to health equity and COVID-19.
- Participate with Walla Walla county's Blue Zones project, upholding the State's commitment to health equity and COVID-19 response centering those most impacted.
- Host quarterly calls with the Department of Transportation to foster cross-agency collaboration between public health and transportation partners around promotion of built environments that are both activity friendly and invite active transportation. Additionally, the calls will review, and uplift emerging research related to best practices for centering health equity in physical activity promotion.
- Host NACDD's Walkability Action Institute for up to nine communities.

Social Connectedness

- Collaborate with DSHS and other stakeholders involved in updating the SPOA to incorporate strategies that support social connectedness among Washington's advanced-age population.
- Work with Arthritis partners to identify policy, systems, and environmental (PSE) changes to support safe physical activity opportunities that promote social connection through a lens of equity and acknowledge the disproportionate impact of COVID-19 on Washington's advanced-age population.
- Represent Office of Safe and Healthy Communities' committee addressing age-friendly public health systems to promote incorporation of BRIC social connectedness strategies into Washington SPOA and SHIP.

Community-Level Activities

Ferry County (Rural, Tribal)

Food and Nutrition Security *(Reaching an estimated 290 residents)*

- Rural Resources Community Action will establish a Community Collective to assess, plan and address the needs of Ferry County and Confederated Tribes of Coleville residents related to food and nutrition security. The aim of the Collective is to enhance food and nutrition security via increased access to nutritious and culturally relevant foods. Procurement strategies of culturally relevant foods include opportunities for Indigenous-led programming to grow such foods. Programming, both Indigenous and non-Indigenous led, are noted to provide social connectedness opportunities at the Inchelium Community Connection site and associated community garden.

Social Connectedness *(Reaching an estimated 1010 residents)*

- The Inchelium Community Connections site will serve as a safe space for Ferry County and Confederated Tribes of Coleville residents to gather. The site will become an established social health access resource point for the Ferry County community as well as a place offering programs for enhanced wellness. The Inchelium Community Connection Site is a permanent meeting place where individuals can safely connect, explore, and share their own unique culture while coming together to grow both traditional and western foods. The Collective will develop partnership agreements with various community stakeholders and other anchor institutions to sustain efforts and opportunities for the community to connect.

King County (Urban)

Food and Nutrition Security *(Reaching an estimated 250,200 residents)*

- Prioritize access to nutritionally dense and culturally relevant foods as part of The King County Emergency Food Coordination Call formed directly in response to COVID-19. The group includes emergency food system stakeholders at the state, local, foundation, and non-profit level who meet regularly to share knowledge, resources, and funding opportunities, to network and to strategically plan for regional food and nutrition security promotion.
- Provide culturally and linguistically appropriate technical assistance to support grocers in successful business mastery of point-of-sale systems that automatically integrate SNAP/Electronic Benefits Transfer (EBT) incentive, generating a continued implementation of the SNAP/EBT incentive program and better connecting King County residents using SNAP to culturally relevant foods.
- Provide support to Washington Food Coalition (WFC) in adopting and implementing nutrition standards that align with Healthy Eating Research Guidelines and Dietary Guidelines for Americans to prioritize the procurement and distribution of nutritionally dense and culturally relevant foods.
- Support WFC member agencies in developing their own nutrition standards that promote increased food and nutrition security through access.

Pacific (Rural)

Food and Nutrition Security *(Reaching an estimated 3,738 residents)*

- Establish a diverse network of partners dedicated to addressing health inequity through the promotion of increased food and nutrition security. These efforts seek to center those at higher risk of COVID-19-related complications including those of advanced age.
- Assess needs for expansion of services due to the influx of homebound seniors amidst COVID-19.

Social Connectedness *(Reaching an estimated 7,069 residents)*

- Work with local community-based healthcare providers to implement a screening and referral system to successfully identify risk of food and nutrition insecurity and social isolation in seniors and connect them to appropriate resources. The referral will connect older adults to a local community-based organization that will serve as a “hub” and coordination point for checking-in with seniors and connecting them to resources that may fit their current needs related to food and nutrition insecurity and/or social isolation.

Wahkiakum (Rural)

Food and Nutrition Security *(Reaching an estimated 622 residents)*

- Provide support to the area food pantries to increase distribution of nutrient-dense, perishable foods by aiding in the purchase of said foods and expansion of cold storage capacity.
- Forge relationship with Wahkiakum Senior Center to support and leverage aggregate meal programs to promote connections to food and nutrition security resources and other social programming.

Social Connectedness *(Reaching an estimated 1,459 residents)*

- Participate in Community Outreach Coalition meetings to address the issue of social isolation and social connectedness amongst older adults.
- Assess and modify existing space at the Wahkiakum Senior Center where physical activity and social connectedness programming are offered for older adults in the area. Modifications will be made in collaboration with community-based organizations and community residents to provide more opportunities for gathering safely.

Yakima (Rural)

Physical Activity Access *(Reaching an estimated 96,968 residents)*

- Form community partnerships among strata of stakeholders that share the common goal and vision of addressing health equity through creating safer and more inclusive spaces for walking/biking. Partnerships include those with community groups, stakeholders, community-based organizations, and clinics that can center efforts in response to the needs specific to Yakima County. Key players include Yakima Bikes and Walks! Clinics, Cowiche Canyon Trail, Pacific Northwest University of Social Sciences, Yakima Greenway, Yakima County, Yakama Tribal Safety & HCT, and Yakima Parks and Recreation.
- Conduct at least two environmental observation assessments of trail/greenways to evaluate the environment, physical elements, and qualities of their functionality.
- Consult with the community to assess needs and improvements to Yakima County trails/greenway and Yakima Tribal Reservation using multiple community engagement methods including social media, email through interested Yakima County employers, clinics, and community-based organizations and through community health workers.
- Implement non-permanent trail improvements to Yakima Greenway based on assessment results and community feedback that reflect improved accessibility, inclusion, and health equity.
- Participate in the Eastern Park Rx Regional Advisory Committees to assist the development of pilot Parks Rx.

Health Equity Spotlight

- Washington ensures the long-term health of partnerships by continuing conversations around equity, sustainability, and looking critically at the long-term impacts of PSE change to support and foster partnerships representing those communities that have been historically excluded and those that continue to be marginalized.
- Create spaces for conversations and action planning across team, agency, and state health entities to coordinate social health access referral points to address healthy equity gaps related to and beyond COVID-19.

Contact Information

**Amy Ellings, MPH and
Margaret Chaykin, MPH, CHES, RDN, CD**

heal@doh.wa.gov

BRIC Program Managers

Washington State Department of Health



West Virginia State Profile

Building Resilient Inclusive Communities

State-Level Activities

Overarching

- Join the statewide coalition Take Back Our Health (TBOH) West Virginia committee and incorporate BRIC strategies into the overall TBOH workplan.
- Partner with public health offices and other organizations, as needed, to inform future development of the State Public Health Improvement Plan (SHIP).

Food and Nutrition Security

- Partner with Mountaineer Food Bank (MFB) to develop and implement a statewide training for BRIC community partners and MFB members across the state on food service guidelines to improve access to nutritious foods.
- Develop a Healthy Food Donation campaign in coordination with MFB to encourage donations of healthier foods at food pantries statewide.

Safe Physical Activity Access

- Collaborate with Coalition for Active West Virginia to support safe physical activity and built environment initiatives in each BRIC community.

Social Connectedness

- Partner with the Bureau of Senior Services and other organizations, and serve on the planning committee, to inform future development of the State Plan on Aging.

Community-Level Activities

Boone (Rural)

Food and Nutrition Security *(Reaching an estimated 300 residents)*

- Assess the nutritional and cultural food needs of seniors and other food pantry clients.
- Participate in county-wide nutrition standards training led by Mountaineer Foodbank.
- Partner with Mountaineer Foodbank to adopt nutrition standards to increase access to healthier foods at the Brushton, Ashford, Ridgeview, Nellis (BARN) Community Center feeding site.
- Provide support for storing healthy foods at BARN Community Center through purchase of freezers, refrigeration, and portable generator.

Safe Physical Activity Access *(Reaching an estimated 21,312 residents)*

- Collaborate with BARN Family Resource Network physical activity workgroup supporting Boone County.
- With community partners, make needed enhancements to the walking trail at the BARN Community Center to improve safety and increase usage; examples of enhancements include benches, signage, picnic tables, portable lighting, improved basketball courts, and various sports equipment.
- Plan series of outreach events to encourage community gathering at the BARN Community Center.

Social Connectedness *(Reaching an estimated 21,312 residents)*

- BARN Regional Family Resource Network, BARN Community Center, and West Virginia University (WVU) School of Public Health's, Office of Health Services Research will inventory opportunities in the county to address social isolation and include them on the West Virginia Health Connections platform for individual and physician referrals.
- Offer opportunities for youth to learn important life skills, gardening, and food preservation skills from seniors through greenhouse and apple orchard maintenance.

Clay County (Rural)

Food and Nutrition Security *(Reaching an estimated 8,051 residents)*

- Assess the nutritional needs of Risen Lord Food Pantry clients.
- Partner with Mountaineer Food Bank to explore nutrition standards/guidelines to increase access to healthier foods at the pantry.
- Purchase upright freezer, refrigerator, and cooler bags for storing healthy foods at the pantry.
- WVU Extension Service will provide support for growing healthy foods for distribution by purchasing planters and raised beds for a community garden.

Safe Physical Activity Access *(Reaching an estimated 7,892 residents)*

- Clay County Extension agents will lead a physical activity coalition to develop and implement a connectivity plan in downtown Clay.
- The coalition, along with Center for Active West Virginia and Be Healthy West Virginia (High Obesity Prevention (HOP) program) will assess the needs of the community related to physical activity via focus groups and co-design sessions with community residents to inform the plan.
- Create changes in walkability and safety through enhancements to a rail trail corridor and connections to downtown amenities including pedestrian markings and signage, crosswalk markings, trail kiosk, streetscape items such as planters and signage, multi-use path materials such as benches, sand, bike fixit stations, and other trailhead improvements.

Social Connectedness *(Reaching an estimated 7,892 residents)*

- WVU Extension agents will create a collaborative of Clay County partners including Clay Senior and Community Services, Town of Clay, Clay Family Resource Network, and Clay Fire Department to implement intergenerational programs.
- Establish a community garden partnership between senior center attendees and families from low-income housing units in downtown Clay.

McDowell County (Rural)

Food and Nutrition Security *(Reaching an estimated 3,600 residents)*

- Partner with Mountaineer Food Bank to support adoption of nutrition standards at McDowell County Commission on Aging (MCOA) Feeding Site.
- Adopt a policy to ensure that 75% of produce grown through MCOA High Tunnel will support the MCOA feeding site for older adults.

Safe Physical Activity Access *(Reaching an estimated 3,590 residents)*

- The City of Welch will collaborate with the Physical Activity Coalition, the Center for Active West Virginia, and Be Healthy West Virginia to assess the needs of the community through focus group and co-design sessions with community members around addressing access to physical activity opportunities.
- Develop and implement a connectivity plan in downtown Welch focusing on expanding physical activity access and enhancing community connections.

- Create changes in walkability and safety through enhancements to a local park and trail and connections to downtown amenities including lighting, ensuring ADA compliance, wayfinding signs and paint, additional crosswalks, and trail beautification.
- Promote City of Welch activities and co-design planning meetings through social media.

Social Connectedness *(Reaching an estimated 45 residents)*

- MCOA will train senior in-home workers to use West Virginia Health Connection to refer senior clients to places in the community for opportunities for social connection, physical activity, and other supports.
- Implement an intergenerational mentoring program between seniors at Welch Senior Center & Bradshaw Senior Center and local youth programs to enhance social connection through maintenance of the MCOA High Tunnel. Youth will be recruited from the local 4-H Program in Welch and Bradshaw, McDowell County Students Against Destructive Decisions Chapter, and Bradshaw Elementary School. Programs will be supported via interagency partnership agreements between MCOA, youth organizations, and WVU Extension. MCOA will utilize AmeriCorps summer VISTA Associates to continue the intergenerational programs.

Mingo County (Rural)

Food and Nutrition Security *(Reaching an estimated 1,000 residents)*

- Healthy in the Hills Network and Williamson Health & Wellness Center will partner to support the nutritional needs of Mingo County residents.
- Purchase freezer/refrigeration to improve food storage capacity at the local feeding site within Williamson Health & Wellness Center.
- Support refrigerated transportation to deliver food to residents via My Mobile Market (refrigerated trailer), Consumer Supported Agriculture from Williamson Farmers Market, and healthy meal kit distribution with recipe cards and produce from Williamson Farmers Market.
- Attend virtual workshops on the adoption and implementation of food services guidelines in partnership with Mountaineer Food Bank.
- Implement one new/updated policy each year based on identified pantry priorities.

Safe Physical Activity Access *(Reaching an estimated 2,500 residents)*

- Co-design planning event with Williamson Parks and Recreation to gather perspective about the bike trail project plan and bike trail map.
- Support the county's Community Health Improvement Plan, which includes interventions to improve healthy eating, active living, transportation, and behavioral health.
- Create changes in walkability and safety through enhancements to a bike trail in West Williamson including support for a community hub/meeting space, a bicycle share program, and accessibility additions to a neighborhood playground.
- Increase access to physical activity through pop-up playground and parks improvement initiative to bring mobile playground to neighborhoods that lack access to parks and equipment.
- Work with local mural artist and community volunteers to design and paint a high visibility mural to promote underutilized trails.

Raleigh County (Rural)

Safe Physical Activity Access *(Reaching an estimated 17,286 residents)*

- City of Beckley, in collaboration with Active Southern West Virginia, Beckley Pride, and Beckley Public Health will assess the food and nutrition security, safe access to physical activity, and social isolation needs of the LGBTQ community.
- Support safe physical activity access and assess current walking and biking in and around the City of Beckley using an automated bicycle/people counter.

- Along with City of Beckley, purchase exercise equipment and shelving for the West Virginia Gay and Lesbian Community Center.
- Train City of Beckley employees on the assessment of local community design and improving safe and equitable access for walking and biking with current and future projects.
- Meet with state-level policy makers to assess safe crosswalks on state roads within city limits.
- Increase/update the number of crosswalks, share the roads signs, art projects, trail improvements, benches, bike racks and trash cans to enhance existing walking and biking trails in Beckley.
- Install outdoor solar lighting on walking path between the WVU Institute of Technology main campus on Kanawha Street and the satellite building on Neville Street.
- Develop a plan to design a network of outdoor recreation to connect communities to healthy means of transportation and places to recreate in City of Beckley.

Wyoming (Rural)

Food and Nutrition Security (*Reaching an estimated 3,510 residents*)

- Expand Go Growcery Market (Mobile Farmers Market) to make additional stops in Wyoming County. Supplemental Nutrition Assistance Program (SNAP) Electronic Benefits Transfer (EBT), SNAP Stretch (Double Up SNAP program), Women, Infants and Children (WIC) and senior vouchers are accepted at all market stops. The Go Growcery Market provides residents access to fresh fruits and vegetables in this very rural county.
- Purchase additional refrigeration/freezer equipment to support Go Growcery Mobile Market.
- Onboard one local grocery store in Wyoming county to accept SNAP EBT, WIC, and senior vouchers.

Social Connectedness (*Reaching an estimated 3,510 residents*)

- Planned placemaking activities will occur at Go Growcery Market stops with community members and mayors. This will include creative events like seed exchanges, recipe swaps, and opportunities for farmers to share their experiences growing a variety of crops.
- Engage local youth in all facets of produce distribution at each route to increase opportunities for social connection. Youth will be supported by SNAP Ed/Family Education staff through activities such as Kids Market where youth receive a passport to redeem \$4 worth of goods, weekly activities, and recipes.

Health Equity Spotlight

Coordinate with the Office of Minority Health, West Virginia Health Equity Action Team, and Healthy People Healthy Places Equity Team to conduct a virtual equity workshop series for all BRIC counties.

Contact Information

James Vance

james.a.vance@wv.gov

Associate Director, West Virginia Division of Health Promotion and Chronic Disease Prevention
West Virginia Department of Health and Human Services

Building Resilient Inclusive Communities
State Profiles
Published Spring 2023

CENTER FOR ADVANCING
HEALTHY
COMMUNITIES



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.