New York State Profile

Building Resilient Inclusive Communities

Overview

Building Resilient Inclusive Communities (BRIC) is a program of the National Association of Chronic Disease Directors (NACDD) 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 U.S. Centers for Disease Control and Prevention (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 the 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 at both a state and local level. 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 (PSE) 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 Jan. 1, 2021 – Dec. 31, 2021; an additional year of funding was awarded in 2021 and again in 2022, expanding the project period to Dec. 31, 2023. These profiles represent the state- and community-level activities planned by each BRIC state.

Learn more about the BRIC program or e-mail BRICinfo@chronicdisease.org.

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 riskiest 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 (DOT) 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 (2) 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 verifiable 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 three 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 two to four representatives from three churches – Church of God of Soundview, New Life Rehoboth Church, and Thessalonia 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 (4) modules an introduction to health equity, health equity -a deeper look, partnerships and reaching populations. The training series is available online and promoted statewide.

BUILDING resilient inclusive COMMUNITIES

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