



Building Resilient Inclusive Communities Advancing Social Connectedness

Commit to Connect, Office Hour March 19, 2024

NACDD Mission

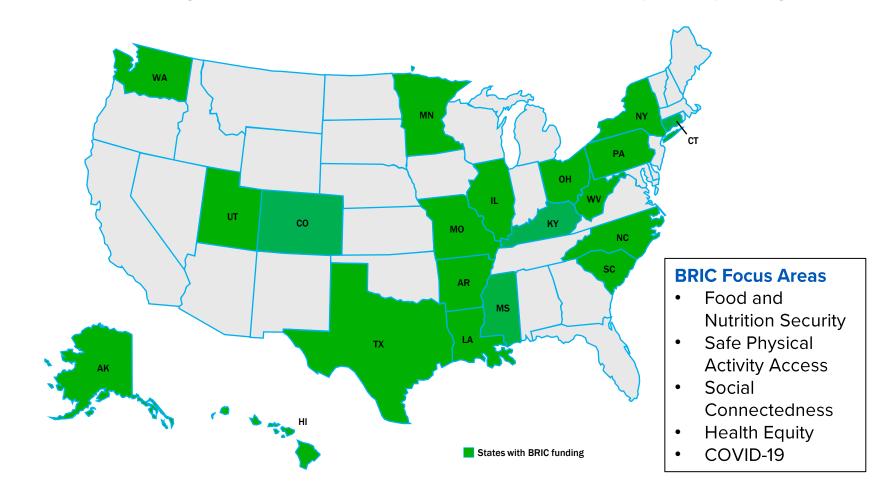
Improve the health of the public by strengthening state and national leadership and expertise for chronic disease prevention and control.



Promote social justice and wellbeing so that communities can build healthier futures.



About the Building Resilient Inclusive Communities (BRIC) program



BRIC Communities

- Number of BRIC communities = 67 communities across 20 states
- Summary of urbanicity/community type*
 - Non-Metro (rural): 53%
 - Metro (urban and suburban): 47%
- Number of Tribal communities = 4 (6%) AK, UT, WA, MN
- Number of communities that selected to work on 1+ social connectedness outcome = 47 (70.1%)

* Urbanization of partner communities was coded using 2013 NCHS urban-rural classification scheme for counties



State-level BRIC Outcomes

- Integrated SC into State Health
 Improvement Plans and/or State Plans on Aging
- Formed state-level task forces/coalitions to address social isolation
- Developed new cross-sector partnerships
- Created tools and implemented trainings to build capacity



Communitylevel BRIC **Outcomes**

- Leveraged multi-sector partnerships to implement intergenerational mentoring programs in libraries
- Enhanced parks, trails, and public spaces
- Partnered with healthcare providers to integrate screening for social isolation





Building Resilient Inclusive Communities

https://chronicdisease.org/bric/

Center for Advancing Healthy Communities

https://chronicdisease.org/the-center-foradvancing-healthy-communities/



Mississippi State Department of Health: Social Connectedness

☐ BRIC Social Connectedness partnerships

- Central MS Planning and Development District (CMPDD) and the Agency on Aging (AAA)
- Brown University School of Public Health and TRIO Community Meals
- Southern MS PDD and the AAA – Age & Dementia Friendly Communities





Social Isolation: UCLA Loneliness Scale Assessment

- Developed by University of California Los Angeles (UCLA) consisting of 3 questions.
 Scores ranged from 3 points to 9 points, and a score of 6 or greater indicated an individual was lonely.
- CMPDD and AAA developed the Telephone Reassurance Program (TRP). Individuals calling into the TRP line were assessed by the Mississippi Access to Care (MAC)
- Forty-eight respondents (over 7 counties), who identified as lonely, requested that information be sent to them about the TRP.
- Additional questions were asked about social connectedness.

Table 1: Demographic Characteristics of Loneliness Scale Respondents (n=339)

Demographic Characteristic	n (%)	Demographic Characteristic	n (%)
Race (n=336)		Gender (n=336)	
Black / African American	250 (74.4)	Female	216 (64.3)
White / Caucasian	82 (24.4)	Education (n=337)	
American Indian or Alaskan Native	1 (0.3)	Less than high school	69 (20.5)
Other or Multi-racial	3 (0.9)	High school graduate or GED	105 (31.2)
Ethnicity (n=335)		Some college	56 (16.6)
Non-Hispanic	331 (98.8)	Associate's degree	44 (13.1)
Age (n=333)		Bachelor's degree	18 (14.2)
18-29	16 (4.8)	Graduate degree or higher	11 (3.3)
30-39	26 (7.8)	Prefer not to answer	4 (1.2)
40-49	25 (7.5)	Annual Income (n=333)	
50-59	39 (11.7)	Less than \$15,000	247 (74.2)
60-64	43 (12.9)	\$15,001 - \$25,000	40 (12.0)
65-69	50 (15.0)	\$25,001 - \$35,000	17 (5.1)
70-74	42 (12.6)	\$35,001 - \$45,000	15 (4.5)
75-79	35 (10.5)	\$45,001 - \$55,000	8 (2.4)
80-84	20 (6.0)	More than \$55,000	3 (0.9)
85+	37 (11.1)	Prefer not to answer	3 (0.9)

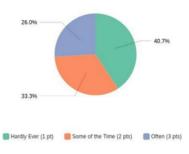


Social Isolation: UCLA Loneliness Scale Assessment

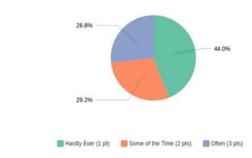
Assessment Findings:

26.8% (n=149) of respondents reported feeling isolated from others,
 23.0% (n=78) often felt left out, and
 26.0% of respondents (n=88) reported feeling that they often lacked companionship.

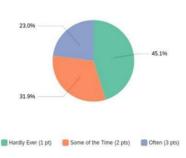
How often respondents felt as though they lacked companionship (n=339)



How often respondents felt isolated from others (n=339)



How often respondents felt left out (n=339)





Social Isolation Project: More Than A Meal

- MSDH partnered with Brown University to create a <u>Training Video</u>: <u>Reducing Social Isolation among</u> <u>Homebound, Older Adults - YouTube</u> and additional resources to educate, empower, and encourage social engagement among persons who may interact with older, homebound adults.
- Website <u>Social Isolation Among</u> <u>Older Adults | (brown.edu)</u> resources:
 - Question prompts that delivery drivers, or anyone who interacts with homebound older adults, can use to inspire conversation and meaningful interactions
 - o A discussion guide for teams based on the video's contents
 - A link to additional education information on social isolation.

Table 1. Demographic results overall and by survey site

	All Sites n=94	Site 1 n=70	Site 2 n=15	Site 3 n=9
Position*	11-34	11-70	11-13	11-5
Volunteer	53 (56.4)	53 (76)	-	-
Employed	41 (44)	17 (24)	15 (100)	9 (100)
Age*		, ,		
18-34	10 (10.6)	6 (8.6)	4 (26.7)	-
35-64	45 (47.9)	29 (41.4)	11 (73.3)	5 (55.6)
65 and older	39 (41.5)	35 (50.0)	-	4 (44.4)
Race/Ethnicity*				
African American or Black	9 (9.5)	-	2 (13.3)	7 (77.8)
Hispanic or Latino/a	5 (5.3)	5 (7.1)	-	-
White	74 (78.7)	61 (87.1)	11(73.3)	2 (22.2)
prefer not to answer	3 (3.2)	2 (2.9)	1 (6.7)	-
Other or mixed race	3 (3.3)	2 (2.8)	1 (6.7)	-
Gender				
Male	34 (36.2)	27 (38.6)	4 (26.7)	3 (33.3)
Female	60 (63.8)	43 (61.4)	11 (73.4)	6 (66.7)

^{*}significantly different by site at p<0.05



Qualitative and Quantitative Responses to the Resources

Questions pertaining directly to the usefulness and relevance of the educational resources:

- When asked about how the resources improved their understanding of how to reduce social isolation, nearly 9 in 10 (89.4%) found the video to be "helpful" to "very helpful"
- 8 in 10 (84.0%) found the website to be "helpful" to "very helpful"
- When asked about how helpful the resources on the website were, nearly 9 in 10 (86.2%) reported that they were "helpful" to "very helpful"
- When asked: "What thoughts do you have about the video?" and were allowed to provide open-ended responses. Many respondents commented on how it could impact their interactions with the clients they serve.

Table 4. Changes in respondents' agreement on key domains after educational resources.

	Neutral	Improved	Decreased
"Social isolation and loneliness can lead to serious health problems."	89.4%	9.6%*	1.1%
"My job is important in reducing social isolation among older adults."	77.7%	16.0%*	6.4%
"I have the skills to regularly engage in meaningful social conversations with my older adult clients."	86.2%	10.6%*	3.2%
"I am confident that I can have meaningful social interactions with the clients I see."	79.8%	12.8%	7.5%
"I believe that I can reduce social isolation among the clients I see."	70.2%	26.6%**	3.2%
"If I have meaningful conversations with the clients I see, it will improve their physical and/or mental health."	76.6%	12.8%	10.6%
"I intend to regularly have meaningful social conversations with the clients I see."	75.5%	22.3%*	2.1%

^{*=}p<0.05



^{**=}p<0.001

Southern MS PDD and Area Agency on Aging

Age-Friendly and Dementia Friendly Communities

- Collaboration with CDC BOLD (Alzheimer's) Program – Memory Café's
- Collaboration with AARP MS and MPHA (Healthy Aging Champions)
- Sustainability of Building Resilient Inclusive Communities (BRIC) Social Connectedness strategies



Age and Dementia Friendly Communities

Since age is the greatest risk factor for dementia, communities working towards agefriendly resources may want to consider adding dementia friendly elements to their efforts. The list below, shows dementia friendly elements that communities may want to consider adding to their age-friendly efforts

Age Friendly	Dementia Friendly	Features
-	,	The city is clean and pleasant, with enforced regulations.
	~	The environment is familiar (the functions of buildings are obvious) and distinctive (urba and building form is varied).
	~	The physical environment is easy to navigate and includes a variety of landmarks to aid wayfinding.
1		A spectrum of quality housing options, including support for aging in place, is available for older people as their needs change over time.
	1	A range of quality housing options, including memory care services and supports, exists for people with dementia at various stages of the disease.
~		A wide-variety of affordable, convenient and accessible activities is offered to older adults and their companions.
	~	People with dementia and their caregivers have access to organized activities designed specifically for their needs.
1		Public transport is reliable, frequent, safe and affordable; serves all city areas; and has priority seating for older adults.
	1	Transport does not require passengers to handle money, and supportive assistance is available along the way to help passengers with dementia travel successfully
~		Drivers (public transport, taxis, other services) are courteous and sensitive to older riders.
	1	Drivers are trained to recognize passengers with dementia and how to help them.
~		Roads are well-maintained, well-lit, and well-signed, and priority parking and drop-off spots are readily available.
	~	Transportation services for people with dementia are well-advertised and promoted as supportive.
/		Older people are valued and respected by the community
	~	Community is dementia-aware and puts forth a spirit of support; people with dementia including those from seldom-heard communities, are free from stigma.
1		Older species receive requires and products adapted to their people and professors





Social Connectedness Training Video

https://youtu.be/BEiN7j_gx6s



Thank You

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"Commit to Connect, the experience of BRIC in Missouri."

Diana C. Parra, PT, MPH, PhD

Assistant Professor

Prevention Research Center

Brown School at Washington

University in St. Louis





EVOLUTION OF BRIC



Determining the needs to address within the BRIC project

Is there Equity?



Food Apartheid:

The systematic destruction of Black self determination to control our food (including land, resource theft and discrimination), a hyper-saturation of destructive foods and predatory marketing, and a blatantly discriminatory corporate controlled food system that results in our communities suffering from some of the highest rates of heart disease and diabetes of all times. Many tend to use the term "food desert" however food apartheid is a much more accurate representation of the structural racialized inequities perpetuated through our current system.

-Dara Cooper & LaDonna Redmond, National Black Food and Justice Alliance

Redlining



Fig. 3. "Redlining our core neighborhoods to ruin." Modern Cities. Accessed May 14, 2021. https://www.moderncities.com/article/2018-apr-redlining-our-core-neighborhoods-to-ruin-page-2

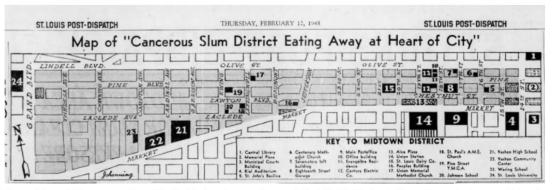


Fig. 4. "Map of "Cancerous Slum District Eating Away at Heart of City" (1948)." St. Louis Post-Dispatch. Accessed May 6, 2021. https://www.newspapers.com/clip/7640579/map-of-cancerous-slum-district-eating/

The legacy of segregation

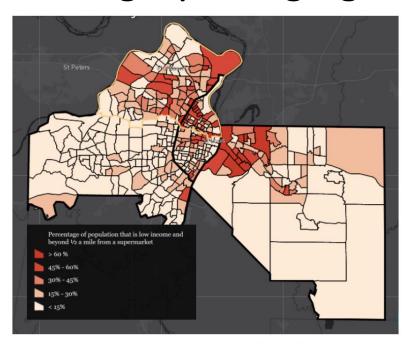


Fig. 6. "Food Access in St. Louis." Missouri Coalition for the Environment. May 6, 2021. https://mocoenviro.maps.arcgis.com/apps/Cascade/index.html?appid=f5d925c4e5e3444ca55a3655539583d7

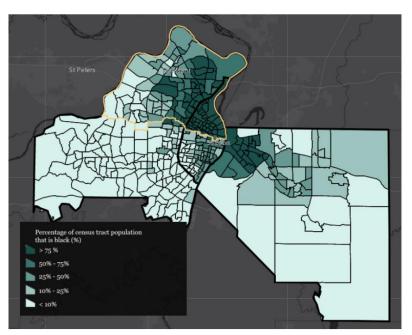
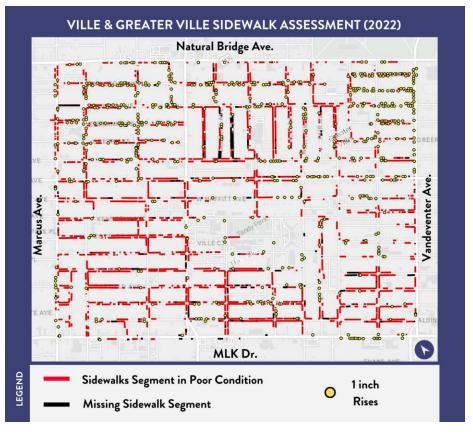


Fig. 7. "Intersectionality of Food Access: Race." Missouri Coalition for the Environment. May 6, 2021. https://mocoenviro.maps.arcgis.com/apps/Cascade/index.html?appid=f5d925c4e5e3444ca55a3655539583d7

The legacy of segregation



Overview of equitable strategies & partnerships

- 1. Intergenerational gardening programs at Senior centers
- 2. Partnership of mobile markets with the St. Louis Public Library and senior centers for food delivery and for delivery of books, dvds, computers.
- 3. Computer and technology classes for senior centers
- 4. Support local urban agriculture and black farmers in St. Louis, many of them seniors
- 5. Virtual Cooking classes and demonstrations (Wesley House, YMCA Emerson, Fit and Food Connection, A Red Circle)
- 6. Partner with local community podcast to disseminate information and resources

Building Resilient Inclusive Communities (BRIC) Program









Building Resilient Inclusive Communities

(BRIC) Program



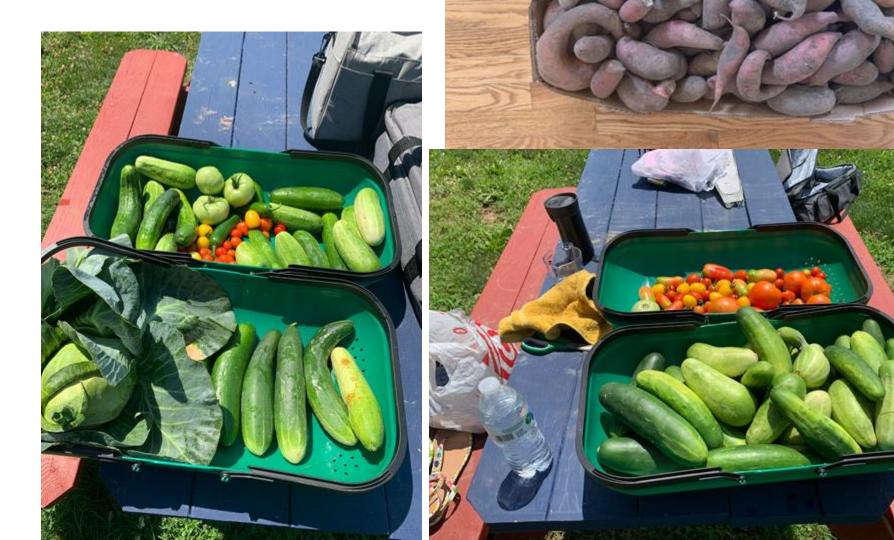
























Featured Profile on the SLAAA's Newsletter



Safely connecting communities



Safely connecting communities



Before Demonstration

Average Speed	35 MPH

% over 35 MPH **27**%

% over 40 MPH **8%**

During Demonstration

Average Speed 25 MPH

% over 35 MPH **10%**

% over 40 MPH **0.9**%

Lessons learned in implementing strategies/activities

- Partner with local community organizations
- Listen, respect, understand, be humble and inform yourself... "nothing about us without us"
- Intersectionality
- Understand the history and the legacy of the communities as well as their strength and wisdom
- Be an advocate and an ally
- Be flexible

Recommendations in implementing strategies/activities

- Listen to community members/leaders
- Look for work that is already ongoing, not trying to reinvent the wheel
- Assess for existing coalitions
- Listen, listen, listen
- Honor local knowledge
- Understand the history and the legacy of the communities you will be working with
- Put equity and intersectionality at the center, not just a lens
- Compensate community members for their time, expertise, value and work

Thank you!!

































MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES



























