## Community Resilience Planning Understanding & Integrating Social Stressors for Vulnerable Populations

Least Prepared – Hardest Hit – Longest Recovery

CAPE COMMUNITY COORDINATION FOR COVID- 19



BUILDING LOCAL CAPACITY

ONE COMMUNITY' S STORY



## Cape Community Coordination for COVID-19

Connecting, Coordinating, Evolving As WeGo





Who? Voluntary coalition of civic & community organizations with 80+ partners

**What?** Filling a gap: Coordinating local pandemic response in the Cape region - skills, resources, information, & logistics

#### How? Communications!

> Facilitate connections & regular communications among partners

- Identify issues & critical needs
- Landscape research & analysis
- > Collaborate to define/implement solutions: share resources; organize logistics; issue public appeals
- Facilitate connections and/or opportunities [County/State/Federal/Philanthropic]

#### Why?

- Give vulnerable populations a seat at the table
- > Stretch collective reach of finite, aggregate resources to adequately serve vulnerable populations
- > Shed light on social needs, inequities, and impact to influence planning & policy

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#### Impacts to Date

#### Health

Coordinated thousands of masks during early shortages Promoted blood donations

#### Nutrition

Located and mapped emergency food resources overlaying social vulnerability indicators countywide Identified gaps, redundancies, inefficiencies, and opportunities Organized logistics for better coverage and distribution Developed more effective communications strategies to reach vulnerable populations

#### Connection

Partnered with a New Castle foundation to provide technology devices to students Ongoing subcommittee to address senior isolation through outreach, wellness checks, and errand support

#### General

Developed resource infographics for individuals/families and nonprofits/small businesses, providing links to navigate help for nutrition, housing, utilities, unemployment assistance, education, grants, loans, business support, and consulting

## Critical Need Case Study

*Nutrition: Emergency Food & Related Resources* 







# Critical Need Case Study

Data/Information > Analysis > Action





#### Organizing the 'Mess'

#### **Barriers**

Access/Fear Language Lack of internet connectivity & devices No vehicle

#### **Resource Adequacy**

Supply chain disruptions Short supply of non-SNAP-eligible items Clean drinking water

#### Inefficiencies

Recently unemployed/First-time/Didn't know how to navigate Some clients driving long distances Individual food deliveries to homeless students & sheltered Sussex resources underrepresented on statewide maps

#### Knowledge Gaps

Continuity of school lunch program Location & adequacy of emergency food resources, especially western Sussex Overall extent of need

#### Process

#### Partner Feedback Loop

Data, process, capacity, and obstacles Updates and outcomes

#### Research [extended countywide]

Statistical Data Local Information 'Boots on the ground'

#### **Mapping Analysis Tools**

Simple public-facing map for electronic access More comprehensive internal map [UD collaboration]

- Plot information
- Overlay Social Vulnerability factors
- Interactive/all relevant analytic 'layers'
- Customizable

#### Communications

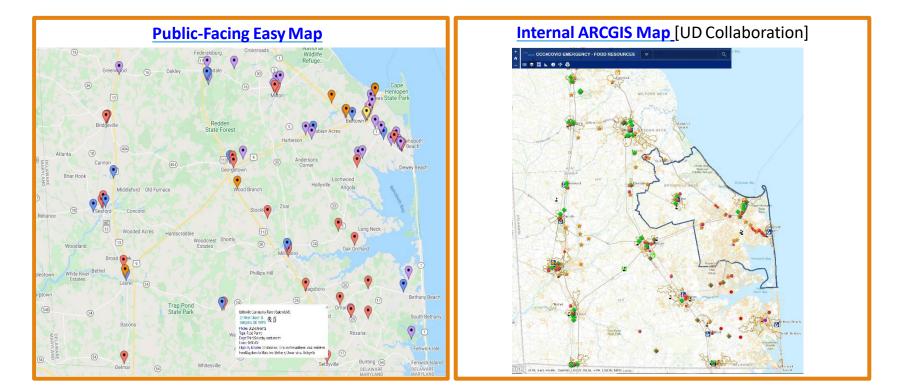
Landscape report Electronic v. Hard copy Dissemination plan

# Mapping - Visualization

Public Info Resource v. Internal Analysis Tool







One-Click for Pop-up Site Info

CCC4COVID Area Outlined [CHSD]

### Social Vulnerability Index Factors Resilience Barriers





| <b>Overall Vulnerability</b> | Socioeconomic<br>Status                  | Below Poverty                      | Cape Community Cr<br>fo   |
|------------------------------|--|------------------------------------|---|
|                              |  | Unemployed                         |   |
|                              |  | Income                             |   |
|                              |  | No High School Diploma             |   |
|                              | Household<br>Composition &<br>Disability | Aged 65 or Older                   | Scale: 0 – 1<br>0 = least vulnerable<br>1 = most vulnerable<br><u>Observation</u> :<br>Internet connectivity<br>not among the SVI<br>variables. [Hold that<br>thought.] |
|                              |  | Aged 17 or Younger                 |   |
|                              |  | Older than Age 5 with a Disability |   |
|                              |  | Single-Parent Households           |   |
|                              | Minority Status<br>& Language            | Minority                           |   |
|                              |  | Speaks English "Less than Well"    | <u> </u>  |
| é                            | Housing Type &<br>Transportation         | Multi-Unit Structures              | ň   |
| Ó                            |  | Mobile Homes                       |   |
|                              |  | Crowding                           |   |
|                              |  | No Vehicle                         |   |
|                              |  | Group Quarters                     |   |

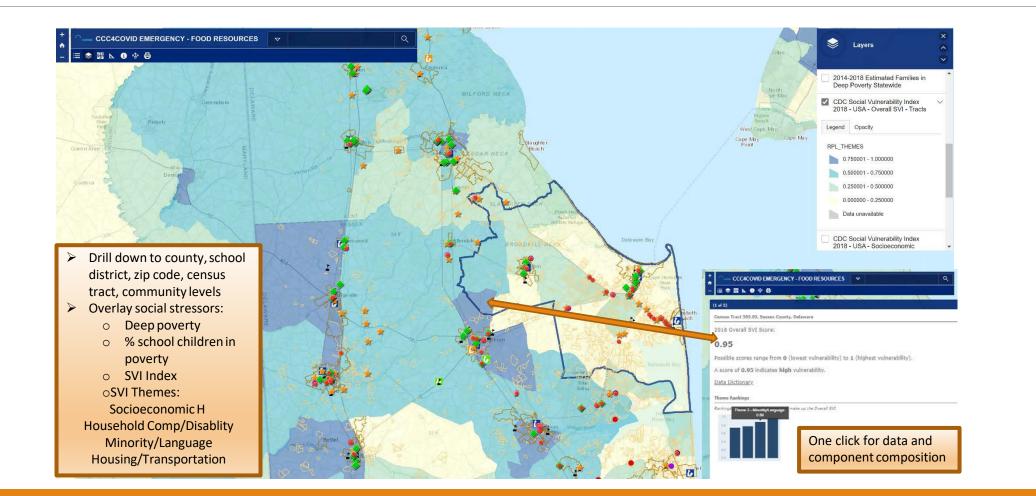
#### Link: CDC SVI Documentation



# Mapping

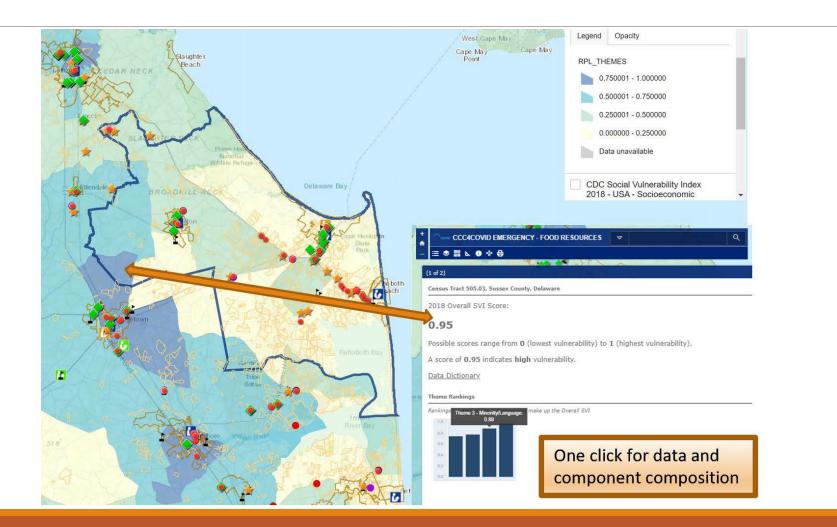


## Overlay SVI Factors - Gauge Coverage/Identify Issues





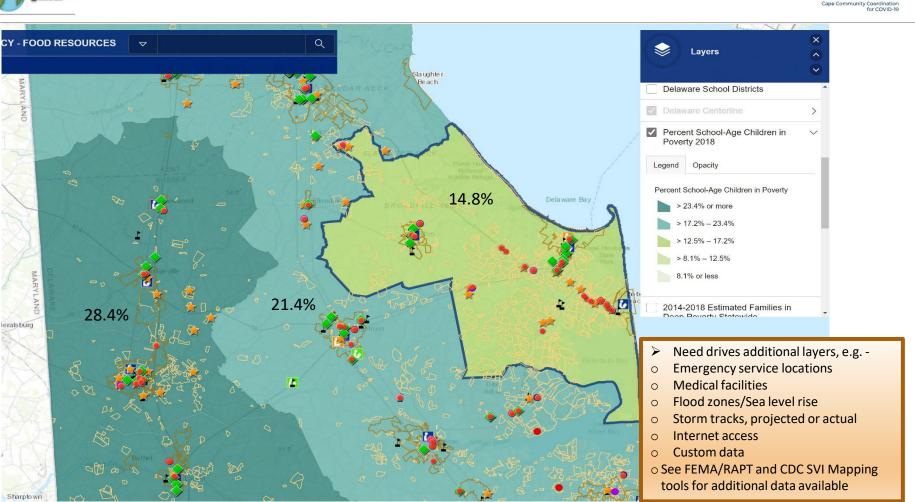
## Mapping Overlay SVI Factors – Drill into Detail



CCCC4COVID Cape Community Coordination for COVID-19

## Mapping Other Relevant Data & Stressors





# Critical Need Case Study

Data > Analysis > Action



#### What We Learned\*

- ID'd coverage gaps/potential overlaps\*
- Better resource allocation/logistics\*
- > Unavailability of non-SNAP essentials
- Anecdotal reports of inadequate resources were inaccurate\*
- Higher eligibility barrier[s] in higher minority % areas a possible deterrent\*
- Overlap in limited internet access, higher minority %, and high socioeconomic factors needing heightened attention\*
- Inadequate, piecemeal public communication



#### Actions We Took

- Facilitated partner communication/ collaboration
  - Organized coverage/delivery logistics
  - Reallocated resources to shortfalls
- Spearheaded community drive for essential non-SNAP-eligible items
- Communications/info sharing
  - Ongoing partner feedback loop
  - 'Easy' public-facing resource map
  - Internal analytic tools [map+]
  - Detailed resource flyers in 3 languages
  - Electronic & manual distribution
- Shared mapping with DE 211 and DDA

## Critical Needs Case Study

Assessment





| Successes  | Work in Progress  |  |
|--|---|--|
| Leveraging the power of networking to communicate, analyze, collaborate, share                             | Collaboration with county & state resources   |  |
| Extending collective reach of finite, aggregate resources  | <ul> <li>Increasing learning curve on analytic tools</li> <li>Opportunity for state level developed &amp; managed interactive mapping tool at the state level [plug &amp; play]?</li> </ul> |  |
| Systemic grasp of emergency food resources and community resiliency!                                       |   |  |
| Positive public engagement   | Upkeep/maintenance of info, data, & tools   |  |
| Potential to replicate model   | Ongoing public engagement   |  |
| <ul> <li>Ag Department adopted ARCGIS map to track<br/>&amp; disseminate info on emergency food</li> </ul> | Sustainability of CCC4COVID [all-<br>volunteer]   |  |
| distribution resources* Better represent and serve vulnerable  | Replication of model to benefit other<br>communities  |  |
| populations!   | Social Vulnerability takeaways:<br>The Sussex Story   |  |
|  |   |  |

## Social Vulnerability Takeaways The Sussex County Story





#### Here is what we understand so far:

Sussex is highly dependent on small businesses Significant economic sectors are vulnerable to economic downturns, weather disasters, and pandemics [tourism/retail/education] Almost a third of residents earn \$20,000 or less 88% of SNAP benefit households need SNAP despite having at least one working member There is an acute shortage of affordable housing There is no financial cushion for people living day to day Nearly one third of residents experience three or more of 12 social vulnerability risk factors A super-majority of residents rely on automobiles for transportation We are an attractive retirement location The median age continues to increase It's likely we don't have enough medical professionals to support our growing, aging population

How to integrate these social vulnerability risks into resilience planning and building?

### Social Stressors Resource Links





CDC's Social Vulnerability Index: <u>CDC's Social Vulnerability Index (SVI)</u> CDC Social Vulnerability Fact Sheet: <u>CDC SVI Fact Sheet</u> | Place and Health | ATSDR CDC SVI Interactive Map: <u>The Social Vulnerability Index (SVI)</u>: Interactive Map | CDC FEMA Resilience Analysis and Planning Tool [RAPT]: <u>Resilience Analysis and Planning Tool (RAPT) | FEMA.gov</u> FEMA National Risk Index: <u>Primer</u> U.S. Census Data Tools: <u>https://data.census.gov/cedsci/</u> U.S. Census Academy Learning Hub: <u>Census Academy</u> University of Delaware, UDAILY, "Vulnerable Communities", Kelly Bothum, July 21, 2020 UD researchers look at social vulnerability factors and COVID-19 infection rates in the U.S. <u>Vulnerable communities | UDaily (udel.edu)</u> CCC4COVID Internal Emergency Food Resource Map <u>CCC4COVID Internal Emergency Food Resource Map</u> <u>CCC4COVID EMERGENCY - FOOD RESOURCES (arcgis.com)</u>

Cape Community Coordination for COVID-19: CCC4COVID

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# Thank You!

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