## NACDD

Building Resilient Inclusive Communities (BRIC)

Community Selection Model and State Profile



## **Outline**

**Executive Summary** 

**Model Overview** 

**State Profile** 

**Next Steps** 











## **This Project**

Our work supported NACDD and the CDC in identifying high potential DNPAO Ambassador states for funding and will support existing State Physical Activity and Nutrition (SPAN) states in identifying priority communities for improving health among high-risk and vulnerable populations, as well as providing additional support and resources to increase nutrition security, access to safe physical activity, and social connectedness in the COVID-19 environment.

## **Phase 1:** Selection of 4 DNPAO Ambassador States for Additional Funding

• Developed an approach to select four (4) DNPAO Ambassador states to receive additional funding, using criteria to both identify need and determine capacity to implement programs, while considering COVID-19 burden and vulnerability.

### **Phase 2:** State Profile to Support State Selection of Communities

Developed state-specific profiles for sixteen (16) SPAN states and four (4) DNPAO
 Ambassador states to support identification of priority communities. State profiles will
 provide a holistic picture of state need in the COVID-19 context and insights
 around partner selection.

## **Phase 3:** State Technical Assistance and Funding Implementation

• The National Technical Assistance Partnership (NTAP) will provide technical assistance to support states in understanding their data, further assessing community health, and directing funding to communities with need and existing public health initiatives.



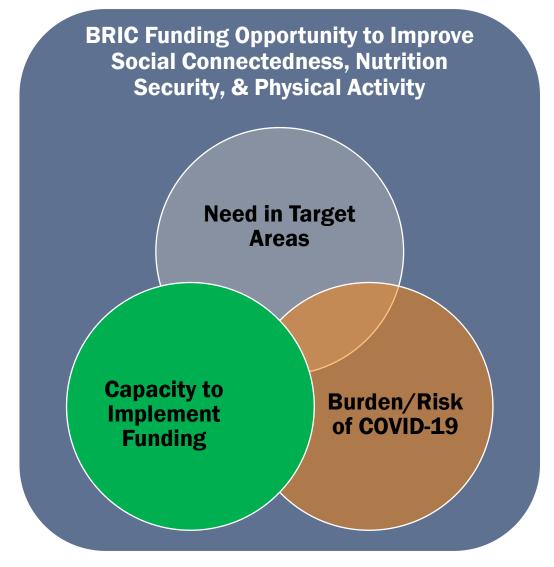


## **Prioritizing BRIC Funding Across States**

To quickly and effectively deploy new BRIC funding to improve social connectedness, nutrition security, and physical activity in the time of COVID-19:

We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

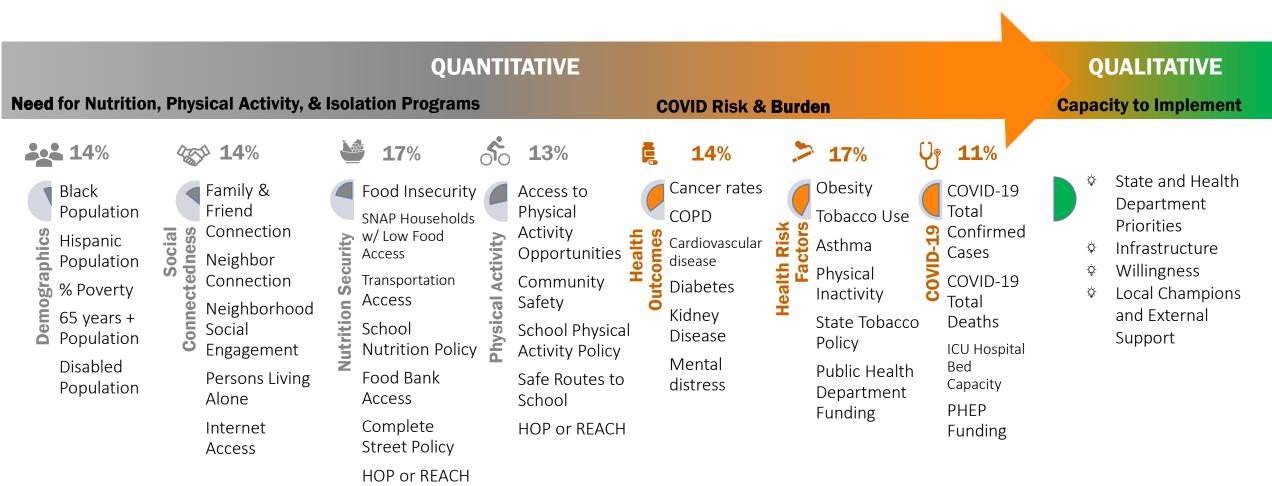
- The 16 SPAN states have existing public health initiatives, particularly with HOP and REACH programs.
- Among the 34 non-SPAN states, four were chosen that demonstrated capacity (evaluated qualitatively and quantitatively) to implement funding, as well as meeting criteria for needs and burden.





## **BRIC Opportunity Model & Domains**

To best deploy BRIC funds and maximize the opportunity, Leavitt Partners developed a model and calculated a composite score using seven specific domains measuring aspects of need, burden, and capacity, weighted for appropriate influence.



Note: Proportional weights for each domain are listed as a percentage above each domain in the graphic (ex. Demographics represents 14% of the total composite score). Each variable is standardized to the national average.



## **BRIC Opportunity Geographic Ranking Model**

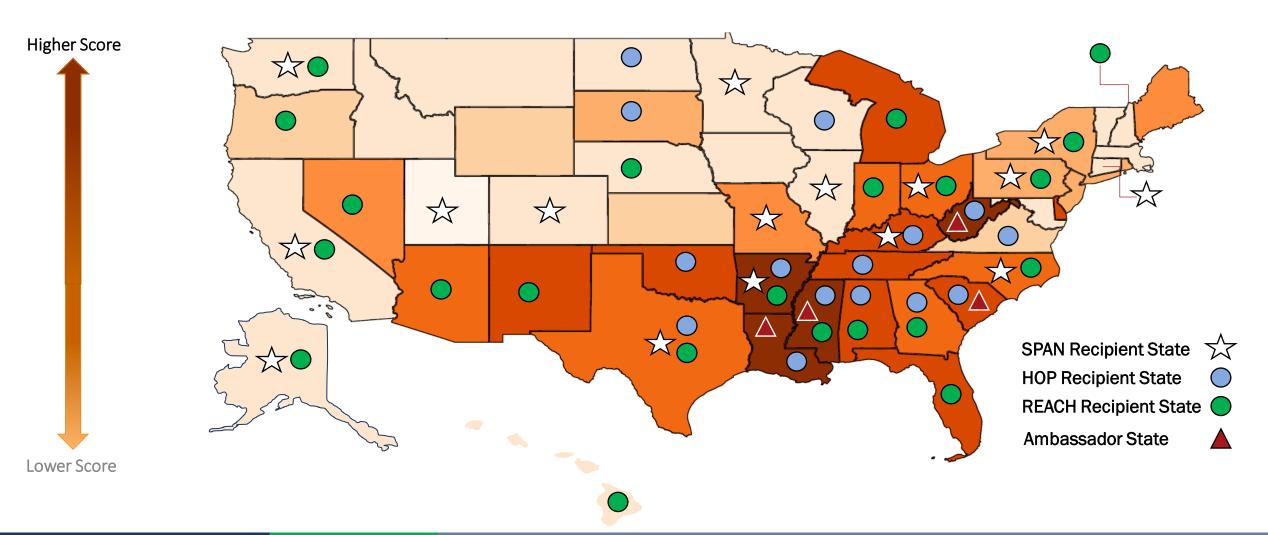
The quantitative model used combinations of variables and weights for the relative importance of those variables to produce a Composite Opportunity Score illustrating a confluence of all factors of interest across all states, inclusive of SPAN and Ambassador states.

	Domain	Weights	Proportion Model Weight	
	Nutrition Security	23	17%	
>	Health Risk Factors	22	17%	
	At-Risk Demographics	18	14%	
Carrie Contraction of the Contra	Social Connectedness	19	14%	
Ę	Chronic Disease	19	14%	
्र	Physical Activity	17	13%	
Ų	COVID-19 Burden	15	11%	
<u>lil.</u>	Full Model	133	100%	



# **BRIC Opportunity Model Results:**National View of All States

Using the BRIC Composite Opportunity Score, we ranked states according to specific BRIC funding criteria. Overlayed below are indicators for HOP, REACH, SPAN, and the four new Ambassador states for reference.





## **Adapting the BRIC Opportunity Model to Prioritize State Funding Using County Indicators**

To help all 20 states prioritize funding to address need and burden within the state, we created a similar BRIC Composite Opportunity Score at the county level to identify preliminary targets; leveraging this score, states can then look at specific need and burden domains to refine choices for investment. Note that not all data from the BRIC Opportunity Model is available at the county level.

### QUANTITATIVE

### **Need for Nutrition, Physical Activity, & Isolation Programs**

### **COVID Risk & Burden**

**Health Risk** 





Demographics Hispanic Population

% Poverty

65 years + Population

Disabled Population



Social

**14**%

Alone

Social

pop.

Persons Living

**Associations** 

% population

receiving

support

emotional

per 10,000



**17**%





Nutrition Security

**SNAP** Households w/ Low Food

Access **REACH or HOP** Recipient County



13%



**Physical** Activity Opportunities

Violent Crime

REACH or HOP Recipient County



14%



distress

Outcomes

**17**%

Obesity Tobacco Use

**Physical** activity

> Deaths **ICU** Hospital Bed Capacity

COVID-19

Confirmed

COVID-19

Total

Cases

Total

### Indicators not available at a city/county level:

School Physical Activity Policy Safe Routes to School Family & Friend Connection Neighborhood Social Engagement Internet Access PHEP Funding Public Health Department Funding Kidney Disease Cancer Rates COPD

> Transportation Access Food Bank Access Complete Street Policy State Tobacco Policy Cardiovascular Disease Asthma

<sup>\*</sup>Percentages reflect weights by domain in the final composite score



## **State Profile Orientation: Using Model Results**

Leavitt Partners State Profiles provide county level data from the BRIC Opportunity model inputs. To help all 20 states prioritize funding to address need and burden within the state, the Composite Opportunity Score by county allows us to find preliminary targets and look at specific need and burden domains to refine choices for investment.

- The purpose of the state profile is to provide actionable guidance to prioritize funding between one and five communities in a state to help residents improve their health during the Coronavirus pandemic
- Our team has provided state-specific health burden and health outcome data for seven key domains
- Counties of greatest opportunity, as it pertains to nutrition security, access to safe spaces for physical activity, and social connectedness, are highlighted in this state profile



## State Profile Charts

- Domain Analysis of States
- County Ranking by Composite
   Opportunity Score and Key Need
   Domains
- Top Five Counties Performance Across All Seven Domains
- Highest Need Counties by Key Need Domains



## **State Profile Companion Data**

- All Indicators Used to Generate Domain Scores and BRIC Opportunity Score for Counties
- Detailed Description of Each Indicator, Source, and Year of Data
- Indicators Presented by Domain to Inform Understanding of Key Domain Composition



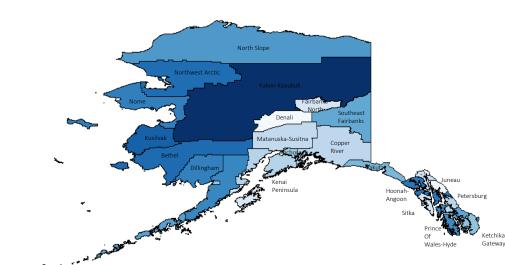




Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	•Alaska's population is composed of a lower proportion of demographic groups at greater risk for complications of COVID-19 and chronic diseases. Alaska residents are more likely to be young and less likely to live in poverty compared to other states. Alaska's Hispanic population represents approximately 7% of the population and the Black population represents 3% of the state population. These groups are disproportionately impacted by COVID-19.	
Social Connectedness	•Alaska ranks 8th among states in factors for social isolation. Residents of Alaska report below average rates of frequent connection with family and friends (40%) and report the lowest rates of meaningful connection with neighbors (28%). The state's rates of centers for community engagement (recreation center, community centers, senior centers), however, is higher than the national average. Internet access among Alaska residents is one of the highest and Alaska residents are less likely to live alone, potentially protecting against social isolation despite increases in physical distancing resulting from COVID-19.	*
Physical Activity	•While Alaska reports above average rates of access to spaces for physical activity (84%), the state also reports the second highest rates of violent crime in the nation. Violent crime rates can further reduce resident's likelihood of seeking opportunity for physical activity. While Alaska is a REACH participating state, the state is ranked among the lowest in progress towards safe routes to school.	
Nutrition Security	• Alaska reports below average rates of food insecurity (14% of population). Among SNAP participants, however, Alaska reports a relatively higher proportion of SNAP participants with less access to grocers (1.2% of total state population). The state is above the national average in food banks per capita. The state is working towards improving nutrition security as a REACH participating state.	
Health Outcomes	•Alaska reports one of the lowest rates of chronic disease prevalence compared to all other states.	
Health Behavior	•Alaska ranks below average on rates of health risk factors, with the exception of rates of smoking (19%). Alaska's public health funding per capita is second highest among all states.	
COVID-19 Impact	•Alaska is a state less impacted by COVID-19 in terms of total case count and deaths (as of November 1, 2020). Alaska reports below average ICU beds per capita and comparatively higher Emergency Preparedness Funding per capita.	

## Alaska – Quantitative Model Results

A county-level composite score was developed using a similar weighting scheme as the state-wide assessment. The map to the left reflects the scores, with darker coloring signifying greater opportunity across all domains.



### 1. Yukon-Koyukuk Area

- Highest ranked in Nutrition Security driven by; 3<sup>rd</sup> highest food insecurity rate (22.4%), Highest percentage of population on SNAP assistance with low access to a grocer (32.4%).
- Highest ranked in Chronic Disease prevalence driven by; 3<sup>rd</sup> highest Diabetes prevalence (9.1%), high reported rate of Mental Distress (16.5%)

#### 2. Kusilvak Area

• 2<sup>nd</sup> highest rate of physical inactivity (28.2%), highest Poverty rate (36%), highest reported rate of food insecurity (27.1%), highest reported rate of Frequent Mental distress (22.2%), 2<sup>nd</sup> highest percentage of adults reporting never or rarely receiving emotional support (47.7%).

### 3. Bethel Area

County with the 2<sup>nd</sup> highest COVID-19 Impact burden driven by the 2<sup>nd</sup> most cases by population (847.6 per 10,000) and no reported ICU beds.
 Other; 3<sup>rd</sup> highest Poverty rate (26.6%), 3<sup>rd</sup> highest rate of physical inactivity (27.6%), 2<sup>nd</sup> lowest number of social associations (3.9/person)

### 4. Northwest Arctic Area

• 2<sup>nd</sup> highest rate of reported food insecurity (22.4%), 4<sup>th</sup> highest poverty rate (24.5%).

### 5. Hoonah-Angoon Area\* (pop. ~2,100)

• Consistently ranked above average in most key domains.



	Social Connected- ness	Physical Activity	Nutritic Securit
)		•	
		•	
	Lower	0 0	Higher

Opportunit

**HOP Recipient County** 

REACH Recipient County

Top 5 County



## Alaska – County Domain Results



The five notable counties from the model vary in performance across domains. The table displays how counties perform across the domains of interest – fuller • reflects areas of higher opportunity.

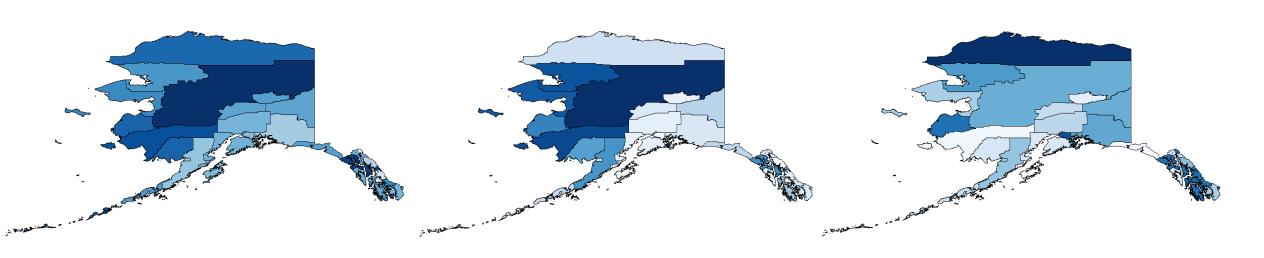
Rank	Notable Counties	At-Risk Demographic	Social Connected- ness	Physical Activity	Nutrition Security	Health Outcomes	Health Behaviors	COVID-19 Impact
1.	Yukon-Koyukuk Area			•			•	•
2.	Kusilvak Area							
3.	Bethel Area			•		•	•	
4.	Northwest Arctic Area		•					
5.	Hoonah-Angoon Area*					•	•	•

Notes: \* identifies counties with population less than 5,000 persons. \*\* identifies counties with population less than 1,000 persons.

## **Alaska – Quantitative Model Results**



A county-level domain score was developed using a similar weighting scheme as the state-wide assessment. The maps reflect the aggregate scores in each of the three priority funding areas (Social Connectedness, Nutrition Security, and Access to Safe Physical Activity). The darker coloring of a county signifies greater opportunity.



#### Social Connectedness Domain

- 1. Yukon-Koyukuk Area
- 2. Hoonah-Angoon Area\*
- 3. Bethel Area
- 4. Aleutians West Area
- 5. Kusilvak Area

### **Nutrition Security Domain**

- 1. Yukon-Koyukuk Area
- 2. Bethel Area
- 3. Northwest Arctic Area
- 4. Nome Area
- 5. Kusilvak Area

### **Physical Activity Domain**

- 1. North Slope Borough
- 2. Anchorage Borough
- 3. Kusilvak Area
- 4. Hoonah-Angoon Area
- 5. Price of Wales-Hyde

Lower Opportunity Higher

Notes: \* identifies counties with population less than 5,000 persons. \*\* identifies counties with population less than 1,000 persons.





Next Steps





The BRIC partners stand ready to help you make decisions and implement funding to address challenges in advancing nutrition security, physical activity and social connectedness in a COVID-19 context.

### Leavitt Partners Technical Assistance

- Additional support to use model and data to direct and implement funding within specific communities and programs in your state:
  - Facilitate opportunities to participate in small group Q&A and gain additional quantitative insight
  - Support one-off inquiries and requests from states as it relates to the use of data and utilizing their state profile
  - Provide updates on COVID-19 data regional burden in Q2

### Other Technical Assistance Partners and Resources

- Other BRIC Partners
  - Mental Health America
  - Equitable Cities
  - Association of State Public Health Nutritionists
  - Healthy Places by Design
  - Dr. Angela Odoms-Young/UIC/Feeding America
- Resources for More Local Data
  - City Health Dashboard
  - 500 Cities
  - CDC PLACES database