NACDD

Building Resilient Inclusive Communities (BRIC) Community Selection Model and State Profile





Outline

Executive Summary Model Overview State Profile

Next Steps

<u>.</u>

SECTION 1

Executive Summary

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.

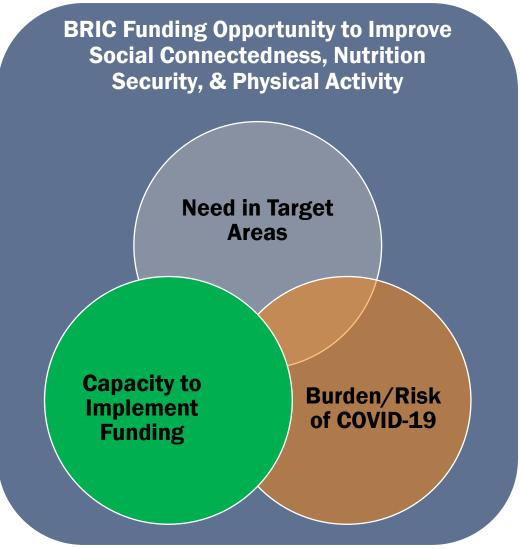


Prioritizing BRIC Funding Across States

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

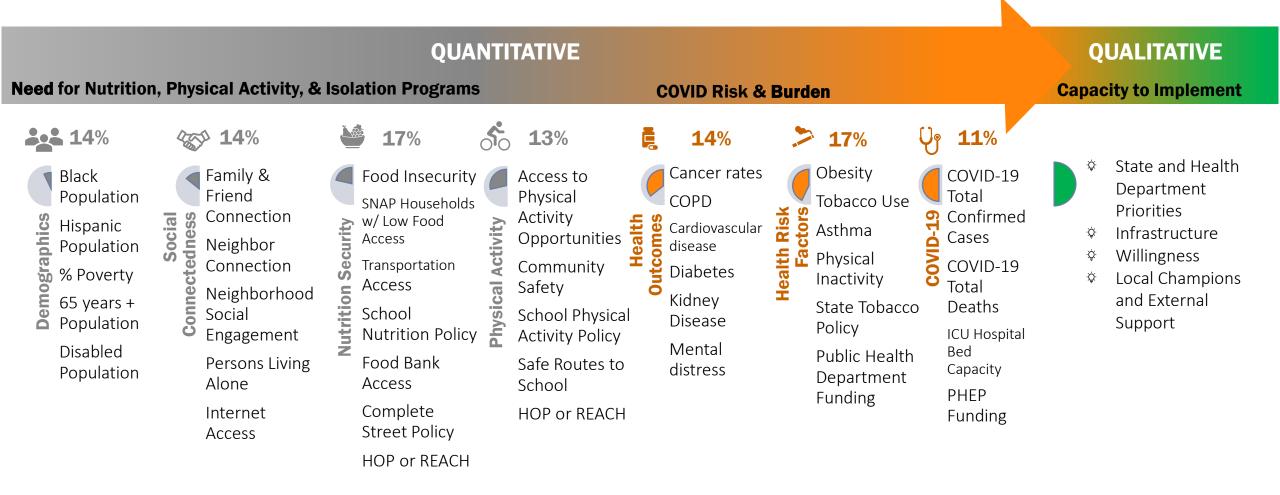
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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.

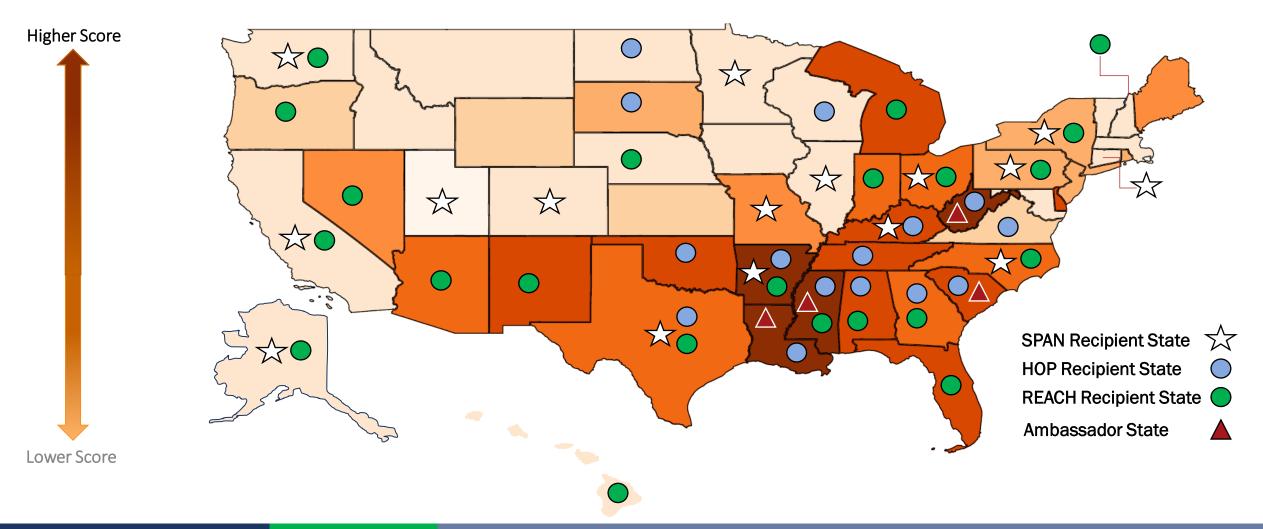
BRIC Opportunity Geographic Ranking Model

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%	
2	Health Risk Factors	22	17%	
	At-Risk Demographics	18	14%	
ALL H	Social Connectedness	19	14%	
Ē	Chronic Disease	19	14%	
ోం	Physical Activity	17	13%	
Ü	COVID-19 Burden	15	11%	
<u>hh.</u>	Full Model	133	100%	

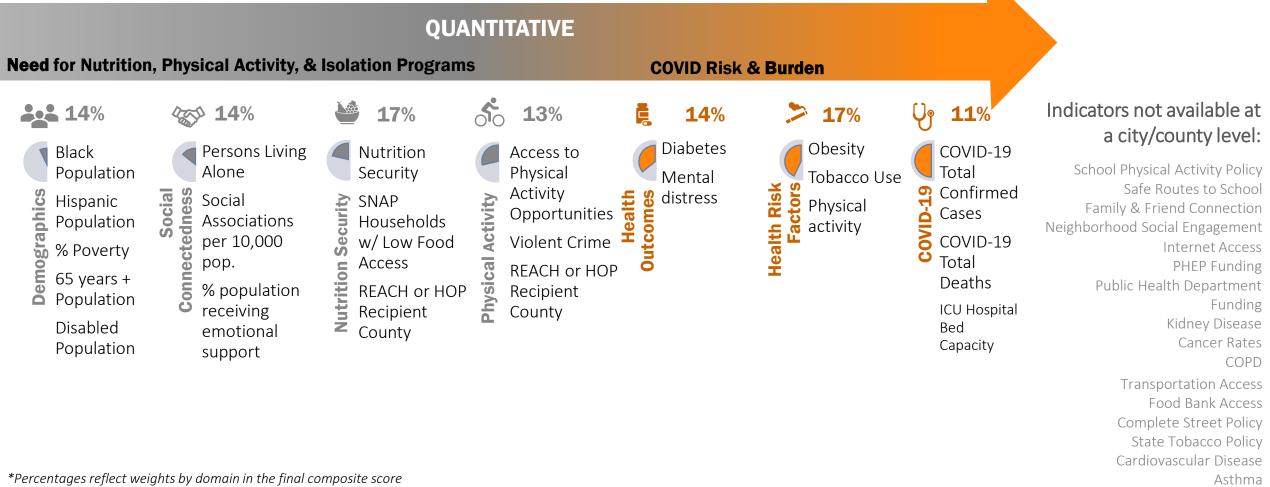
BRIC Opportunity Model Results: National View of All States

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.



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



- 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



Arkansas – Key Takeaways from Domains

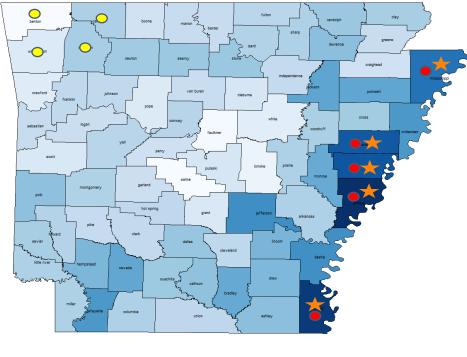
LEAVITT PARTNERS

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	•Arkansas ranks high in the proportion of demographic groups at greater risk for complications of COVID-19 and chronic diseases. The state has the third highest proportion of disabled persons among all 50 states (15%) and the fifth highest proportion of the population living in poverty (18.8%). These groups are disproportionately impacted by COVID-19.	
Social Connectedness	•Arkansas residents report above average rates of frequent connection with family and friends (41.6%). The state reports one of the lowest rates of internet access among households (71% of households) and fewer centers for community engagement (recreation center, community centers). Arkansas may disproportionately struggle to maintain meaningful connection with increased physical distancing resulting from COVID-19.	*
Physical Activity	•Arkansas residents report below average rate of access to spaces for physical activity (66% population with access) and the state reports above average rates of violent crime, potentially further reducing resident's likelihood of seeking opportunity for physical activity. While the state has been active in working to improve upon access to safe physical activity through a state mandate on school recess or general activity and participating as a REACH and HOP state, the state ranked among the lowest in progress towards safe routes to school.	*
Nutrition Security	•Arkansas exhibits high need for improved Nutrition Security, driven by above average rate of food insecurity (18%). Among SNAP participants, Arkansas reports the tenth highest proportion of SNAP participants with less access to grocers (approximately 1.2% of total state population). The state is active in working to improve upon nutrition security through participating as a REACH and HOP recipient state and a state mandate on school nutrition standards	*
Health Outcomes	•Arkansas ranks among the top 5 states on five of six measures of chronic disease prevalence tracked at the state level (Diabetes, Cardiovascular disease, COPD, Kidney disease, and mental distress).	
Health Behavior	•Arkansas ranks among the top ten states on high rates of obesity, smoking, and physical inactivity. Arkansas's public health funding per capita is above the national average.	
COVID-19 Impact	•Arkansas is a state more impacted by COVID-19 in terms of total case count and deaths (as of November 1, 2020). Arkansas reports near the national average on ICU beds per capita and Emergency Preparedness Funding per capita.	

Arkansas – Quantitative Model Results

A county-level composite score was developed using a similar weighting scheme as the statewide assessment. The map to the left reflects the scores, with darker coloring signifying

greater opportunity across all domains.





1. Philips County

- Physical Activity; 2nd highest rate of violent crime (1,243 per 10,000 people). Philips is a HOP recipient county.
- Nutrition Security; Highest rate of food insecurity (31.1%), 2nd highest in SNAP residents with low access to grocers (15.9%).
- Other; Highest Poverty rate (33.5%), 2nd highest Obesity rate (43.6%), Highest reported Frequent Mental Distress (17.2%).
- 2. Chicot County
- Nutrition Security: highest percentage of residents on SNAP assistance with low access to a grocer (17.1%), 2nd highest Food Insecurity rate (27.9%). Chicot is a HOP recipient county.
- Other; High number of residents reporting no Emotional Support (29.9%), large percentage of at-risk black population (53.8%), 3rd highest number of COVID-19 Cases (1,095 per 10,000 people), 3rd highest in Obesity (43.4&) and Poverty rates (30.9%).
- 3. Lee County
- Highly ranked in percentage of the population within at-risk demographic groups; Large black population (54%), High Poverty rate (30.1%).
- Other; Highly ranked in Food Insecurity, HOP recipient county, Largest number of reported COVID-19 cases (1,265 per 10,000 people).
- 4. St. Francis County
- Highest ranked in Health Risk Factors driven by; Highest rate of Obesity (44.5%), high Smoking rate (24.6%) and high Physical Inactivity (39.6%).
- 5. Mississippi County
- Consistently ranked highly across all categories; High Obesity Rate (41.5%), high reported Food Insecurity (25.7%), HOP Recipient County..

LEAVITT PARTNERS

Social Physical Nutrition Connected- Activity Security ness





Arkansas – 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.	Philips County							•
2.	Chicot County							
3.	Lee County							
4.	St. Francis County							
5.	Mississippi County	•						

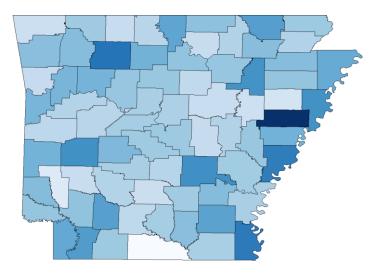




Arkansas – Quantitative Model Results

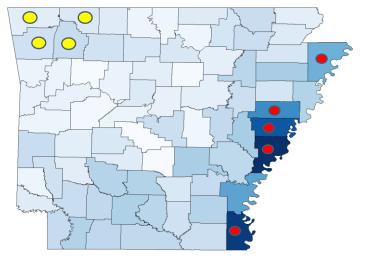


A county-level domain score was developed using a similar weighting scheme as the state-wide assessment. The maps reflect the aggregate scores in each of the three priority funding areas (Social Connectedness, Nutrition Security, and Access to Safe Physical Activity). The darker coloring of a county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



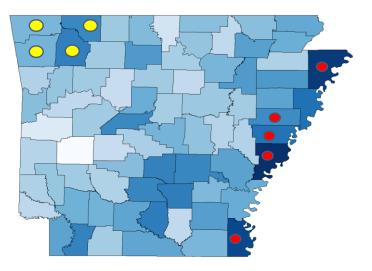
Social Connectedness Domain

- 1. St. Francis County
- 2. Newton County
- 3. Chicot County
- 4. Philips County
- 5. Jefferson County



Nutrition Security Domain

- 1. Philips County
- 2. Chicot County
- 3. Lee County
- 4. St. Francis County
- 5. Desha County



Physical Activity Domain

- 1. Philips County
- 2. Mississippi County
- 3. Chicot County
- 4. Crittenden County
- 5. Lee County



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



SECTION 4



Arkansas – Technical Assistance Opportunities

LEAVITT PARTNERS

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