

# **NACDD**

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

December 2020



# Outline

**Executive Summary**



**Model Overview**



**State Profile**



**Next Steps**





SECTION 1

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# 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.



SECTION 2

# Model Overview

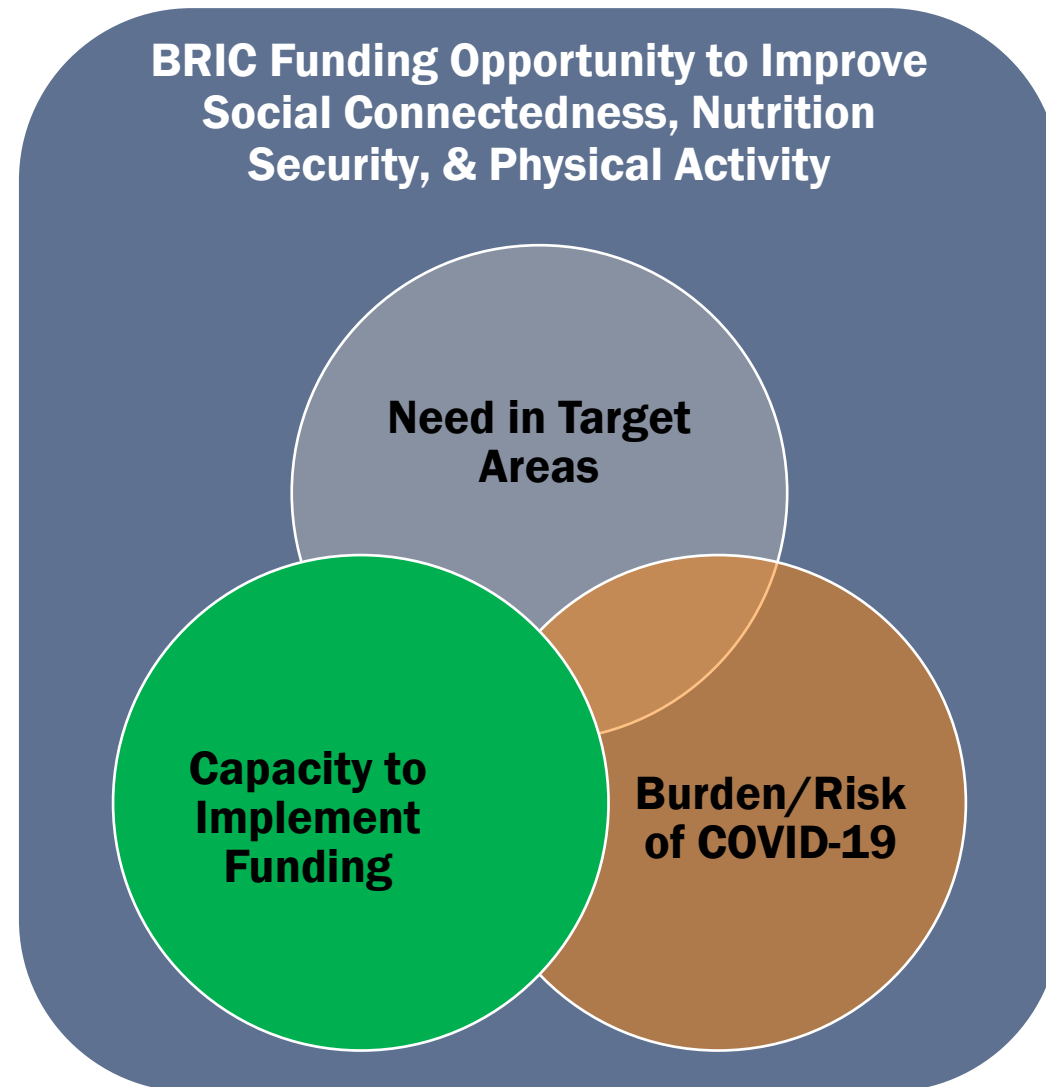


# Prioritizing BRIC Funding Across States

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

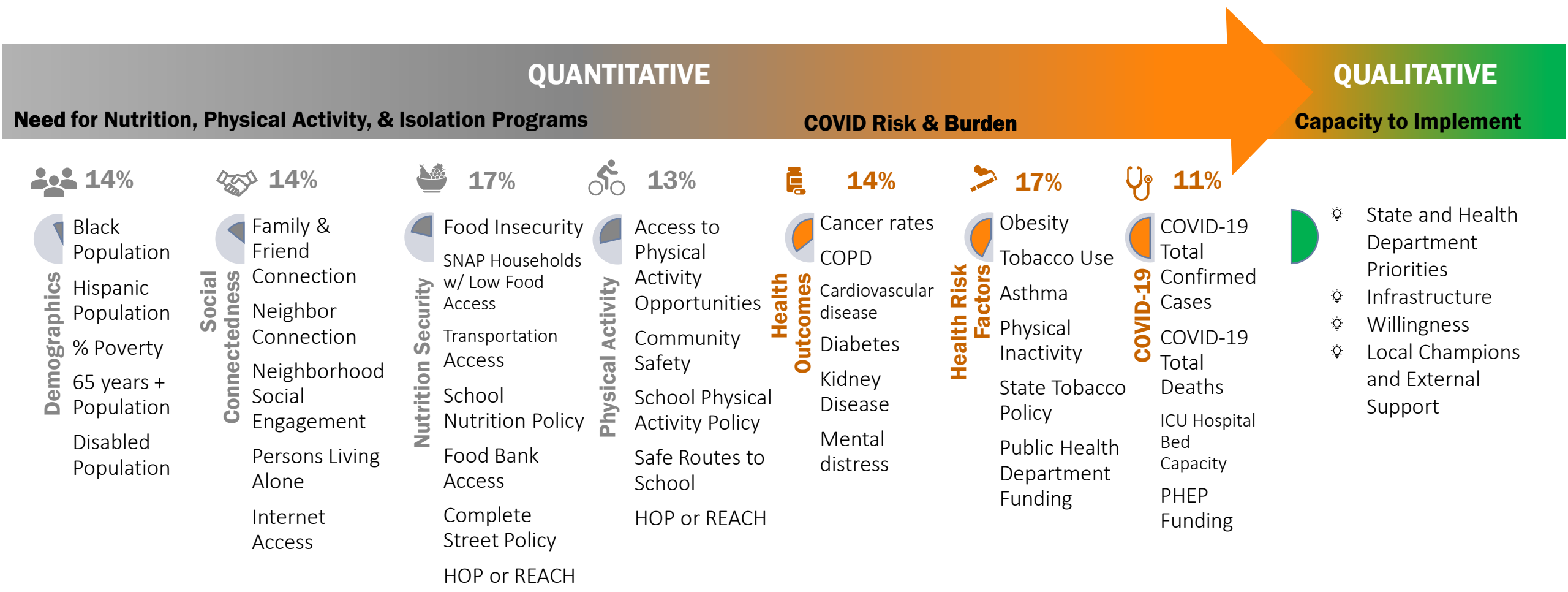
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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.*

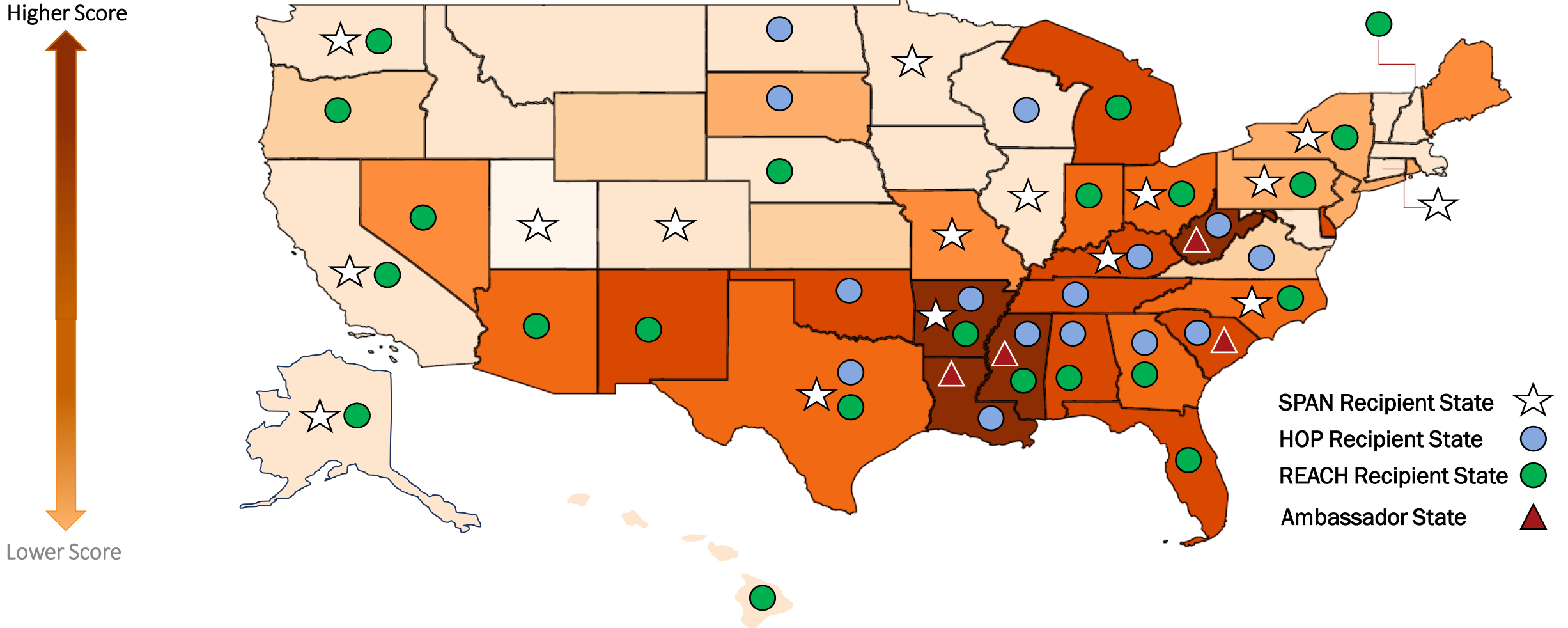
	Domain	Weights	Proportion Model Weight
	Nutrition Security	23	17%
	Health Risk Factors	22	17%
	At-Risk Demographics	18	14%
	Social Connectedness	19	14%
	Chronic Disease	19	14%
	Physical Activity	17	13%
	COVID-19 Burden	15	11%
	Full Model	133	100%





# BRIC Opportunity Model Results: National View of All States

Using the BRIC Composite Opportunity Score, we ranked states according to specific BRIC funding criteria. Overlaid 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

**14%**

**Demographics**

- Black Population
- Hispanic Population
- % Poverty
- 65 years + Population
- Disabled Population

**14%**

**Social Connectedness**

- Persons Living Alone
- Social Associations per 10,000 pop.
- % population receiving emotional support

**17%**

**Nutrition Security**

- Nutrition Security
- SNAP Households w/ Low Food Access
- REACH or HOP Recipient County

**13%**

**Physical Activity**

- Access to Physical Activity Opportunities
- Violent Crime
- REACH or HOP Recipient County

**14%**

**Health Outcomes**

- Diabetes
- Mental distress

**17%**

**Health Risk Factors**

- Obesity
- Tobacco Use
- Physical activity

**11%**

**COVID-19**

- COVID-19 Total Confirmed Cases
- COVID-19 Total Deaths
- ICU Hospital Bed Capacity

### 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

\*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



SECTION 3



# Connecticut State Profile

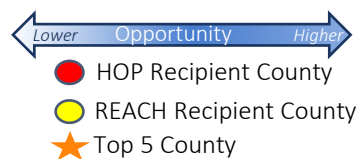
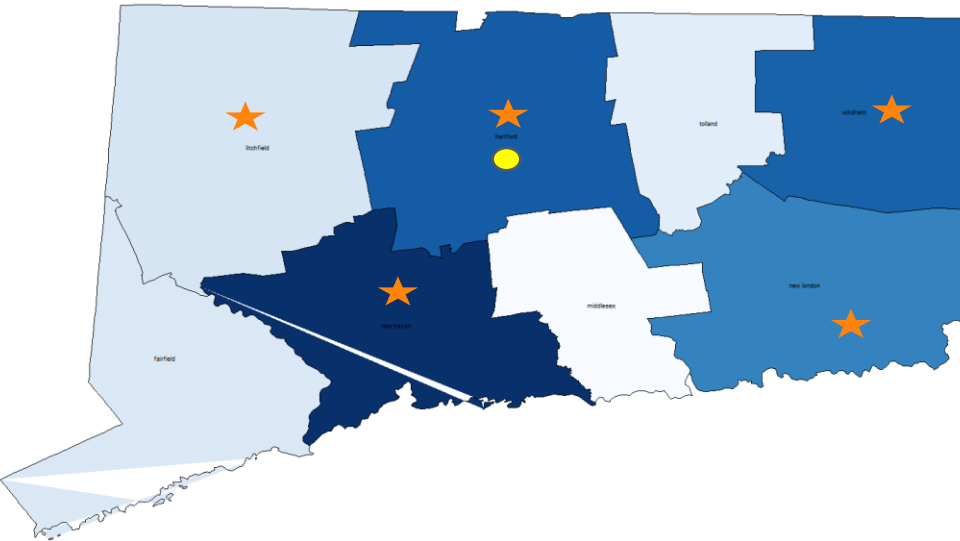
# Connecticut – Key Takeaways from Domains

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	<ul style="list-style-type: none"> <li>Connecticut’s population is composed of a lower proportion of demographic groups at greater risk for chronic disease prevalence and complications of COVID-19. Connecticut’s Hispanic population represents approximately 15.7% of the population and the population over the age of 65 years represents 16% of the population. These groups are disproportionately impacted by COVID-19.</li> </ul>	
Social Connectedness	<ul style="list-style-type: none"> <li>Residents of Connecticut report near the national average on rates of frequent connection with family and friends (41%) and meaningful connection with neighbors (45%). The state’s rates of centers for community engagement (recreation center, community centers, senior centers) is above the national average. Connecticut residents are less likely to live alone and more likely to have access to internet (84%), factors potentially enabling meaningful connection despite increases in physical distancing resulting from COVID-19.</li> </ul>	
Physical Activity	<ul style="list-style-type: none"> <li>Connecticut residents report above average rates of access to spaces for physical activity (94% residents have access) and below average rates of violent crime, creating greater opportunity for safe physical activity. Connecticut is active in improving access to physical activity through a state mandate on school recess or general activity requirements, the state is a REACH participating state, and the state is making meaningful progress towards safe routes to school.</li> </ul>	
Nutrition Security	<ul style="list-style-type: none"> <li>Connecticut reports below average rates of food insecurity (12%). Among SNAP participants, Connecticut is below the national average for SNAP participants with less access to grocers (&lt;0.7% of total state population). The state is active in improving upon nutrition security through the passing of a Complete Street Policy, a state mandate on school nutrition standards, and as a REACH participating state.</li> </ul>	
Health Outcomes	<ul style="list-style-type: none"> <li>Connecticut reports below average rates of chronic disease prevalence compared to all other states.</li> </ul>	
Health Behavior	<ul style="list-style-type: none"> <li>Connecticut reports below average rates of health risk factors (exception: asthma rates are above the national average, 10.5% of population). Connecticut’s public health funding per capita is near the national average.</li> </ul>	
COVID-19 Impact	<ul style="list-style-type: none"> <li>Connecticut is a state more impacted by COVID-19 with the fourth highest total death rate (as of November 1, 2020). Connecticut reports below average ICU beds per capita and Emergency Preparedness Funding per capita near the national average.</li> </ul>	★

# Connecticut – 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.

Social Connectedness	Physical Activity	Nutrition Security
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### 1. New Haven County

- Highest ranked in percentage of the population within at-risk demographic groups driven by; Highest poverty rate (12.8%), 2nd highest Hispanic (17.6%) and black (12.55%) population.
- Other: Highest percentage of residents reporting no emotional support (20.8%), Highest percent of residents living alone (31.1%), Highest food insecurity (12.9%).

### 2. Windham County

- Highest ranked in health risk factors; Highest rate of Physical Inactivity (23.6%), Highest Obesity rate (29.2%), Highest Smoking rate (16.4%).
- Other: Highest Diabetes prevalence (10.3%), Highest reported Frequent Mental Distress (11.4%).

### 3. Hartford County

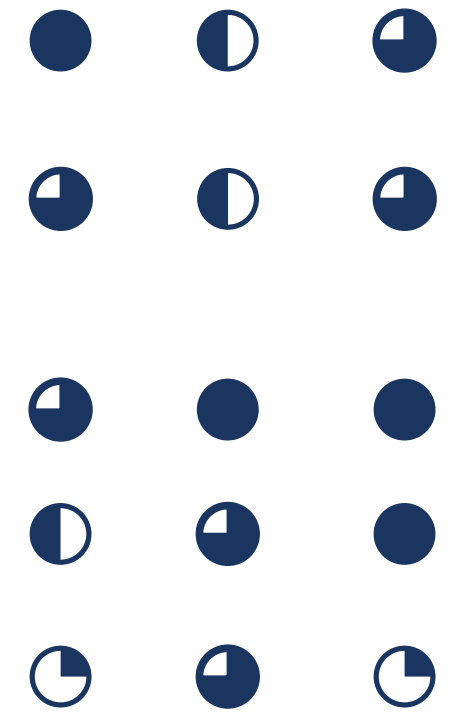
- 2<sup>nd</sup> highest poverty rate (11.6%), highest percentage black population (13.1%), REACH recipient county.

### 4. New London County

- Highest ranked in Food Insecurity; highest percentage of residents relying on SNAP assistance with low access to grocers (3.8%), high Food Insecurity (12.2%).

### 5. Litchfield County

- Highest percentage of population over 65 years old (19.72%).



# Connecticut – 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.

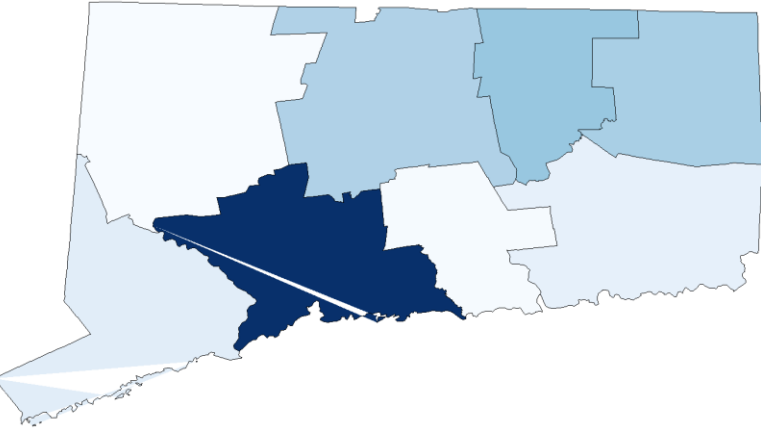
Rank	Notable Counties	At-Risk Demographic	Social Connectedness	Physical Activity	Nutrition Security	Health Outcomes	Health Behaviors	COVID-19 Impact
1.	New Haven County	●	●	◐	◑	●	◑	●
2.	Windham County	◑	◑	◐	◑	●	●	◐
3.	Hartford County	●	◑	●	●	◑	◑	◑
4.	New London County	◑	◐	◑	●	◑	●	◐
5.	Litchfield County	◐	◐	◑	◐	◐	◐	◑

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



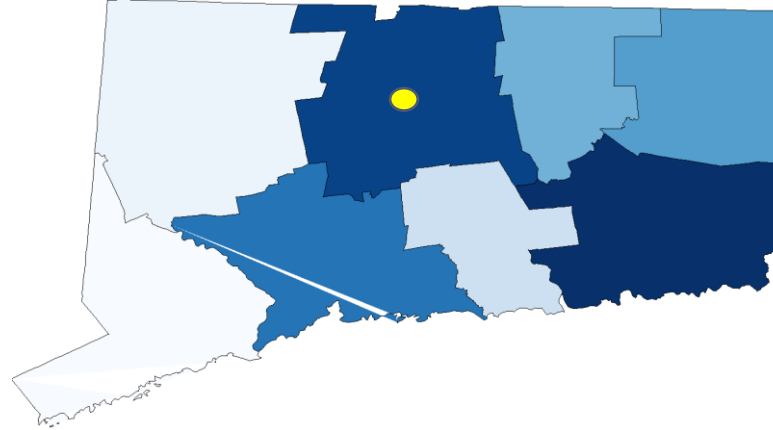
# Connecticut – Quantitative Model Results

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.



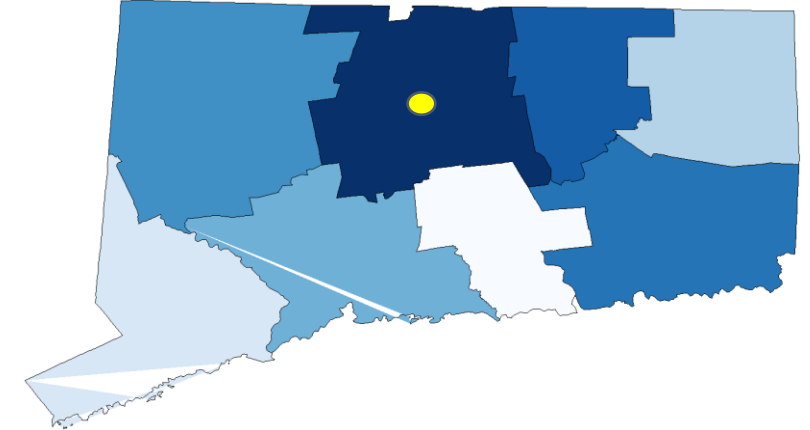
### Social Connectedness Domain

1. New Haven County
2. Tolland County
3. Windham County
4. Hartford County
5. Fairfield County



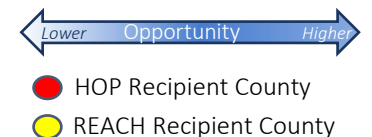
### Nutrition Security Domain

1. New London County
2. Hartford County
3. New Haven County
4. Windham County
5. Tolland County



### Physical Activity Domain

1. Hartford County
2. Tolland County
3. New London County
4. Litchfield County
5. New Haven County



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





SECTION 4



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# 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