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

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

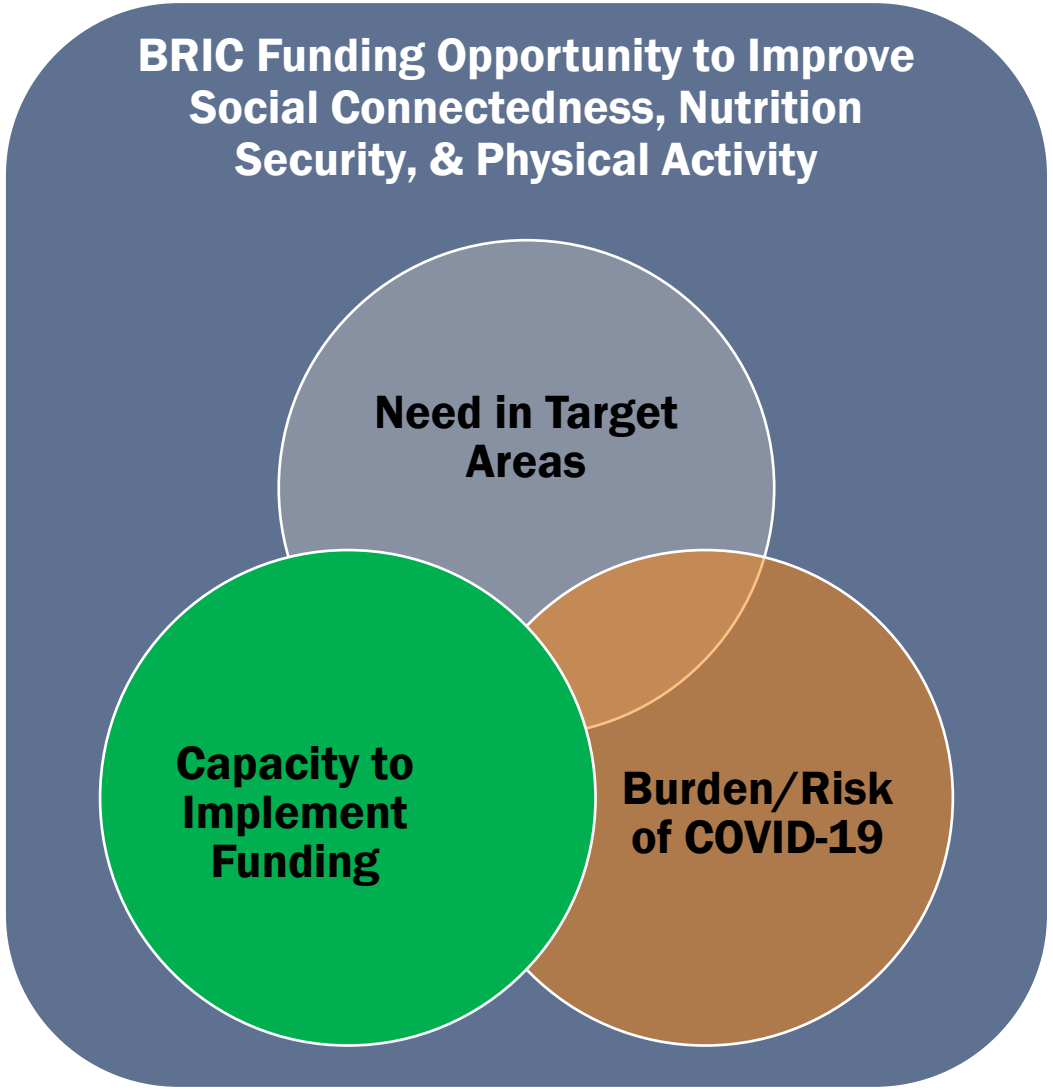
Model Overview

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:

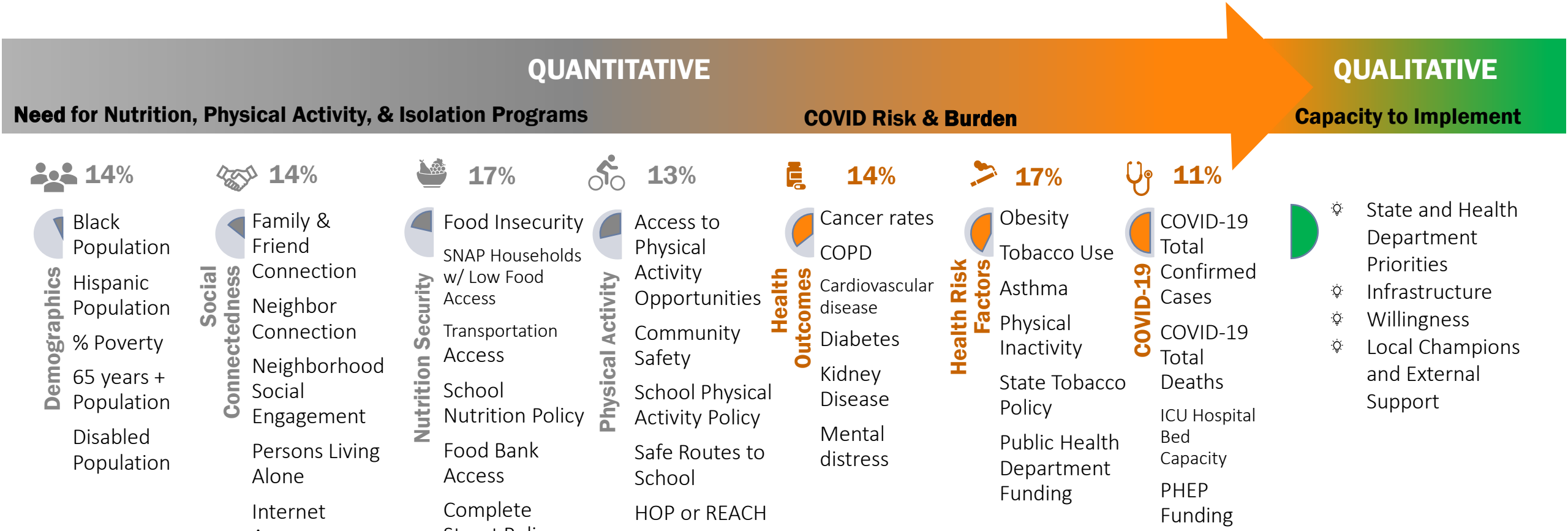
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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.

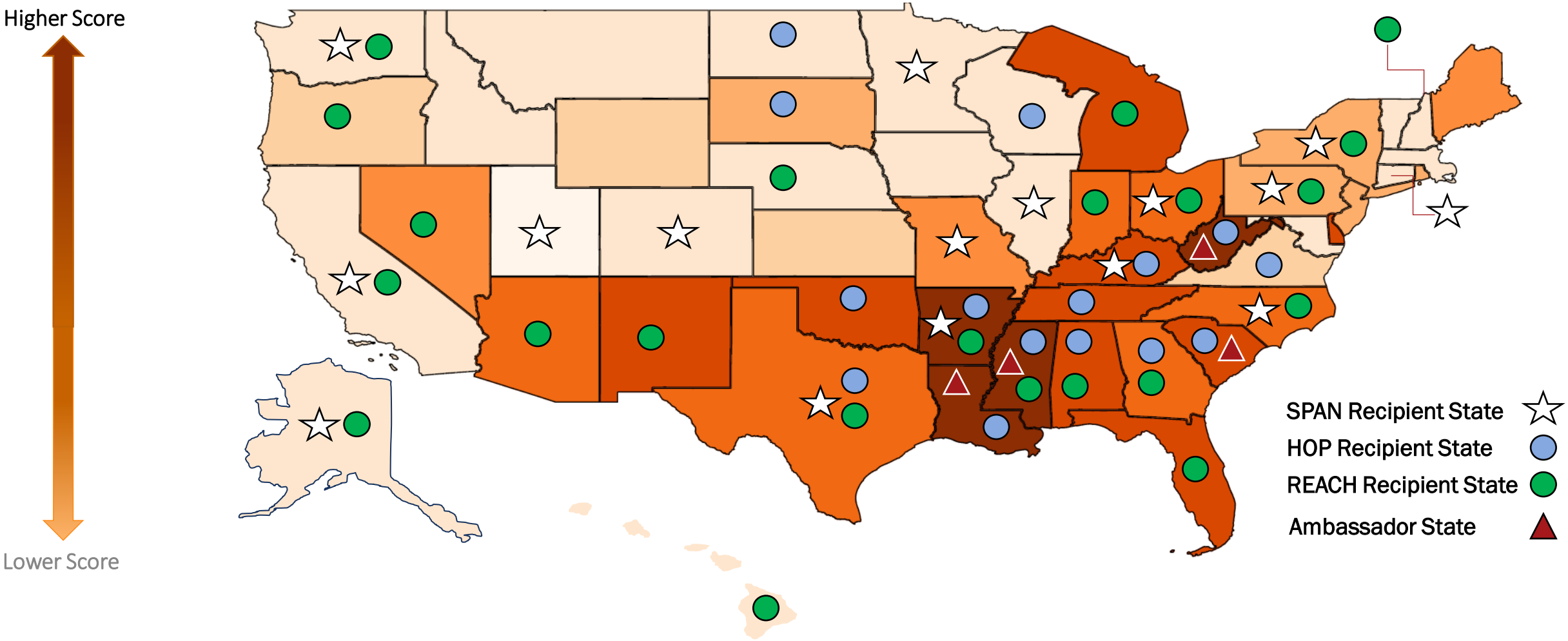
BRIC Opportunity Geographic Ranking Model

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. 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**

Demographics — 14%
- Black Population
- Hispanic Population
- % Poverty
- 65 years + Population
- Disabled Population

Social Connectedness — 14%
- Persons Living Alone
- Social Associations per 10,000 pop.
- % population receiving emotional support

Nutrition Security — 17%
- Nutrition Security
- SNAP Households w/ Low Food Access
- REACH or HOP Recipient County

Physical Activity — 13%
- Access to Physical Activity Opportunities
- Violent Crime
- REACH or HOP Recipient County

Health Outcomes — 14%
- Diabetes
- Mental distress

Health Risk Factors — 17%
- Obesity
- Tobacco Use
- Physical activity

COVID-19 — 11%
- 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.

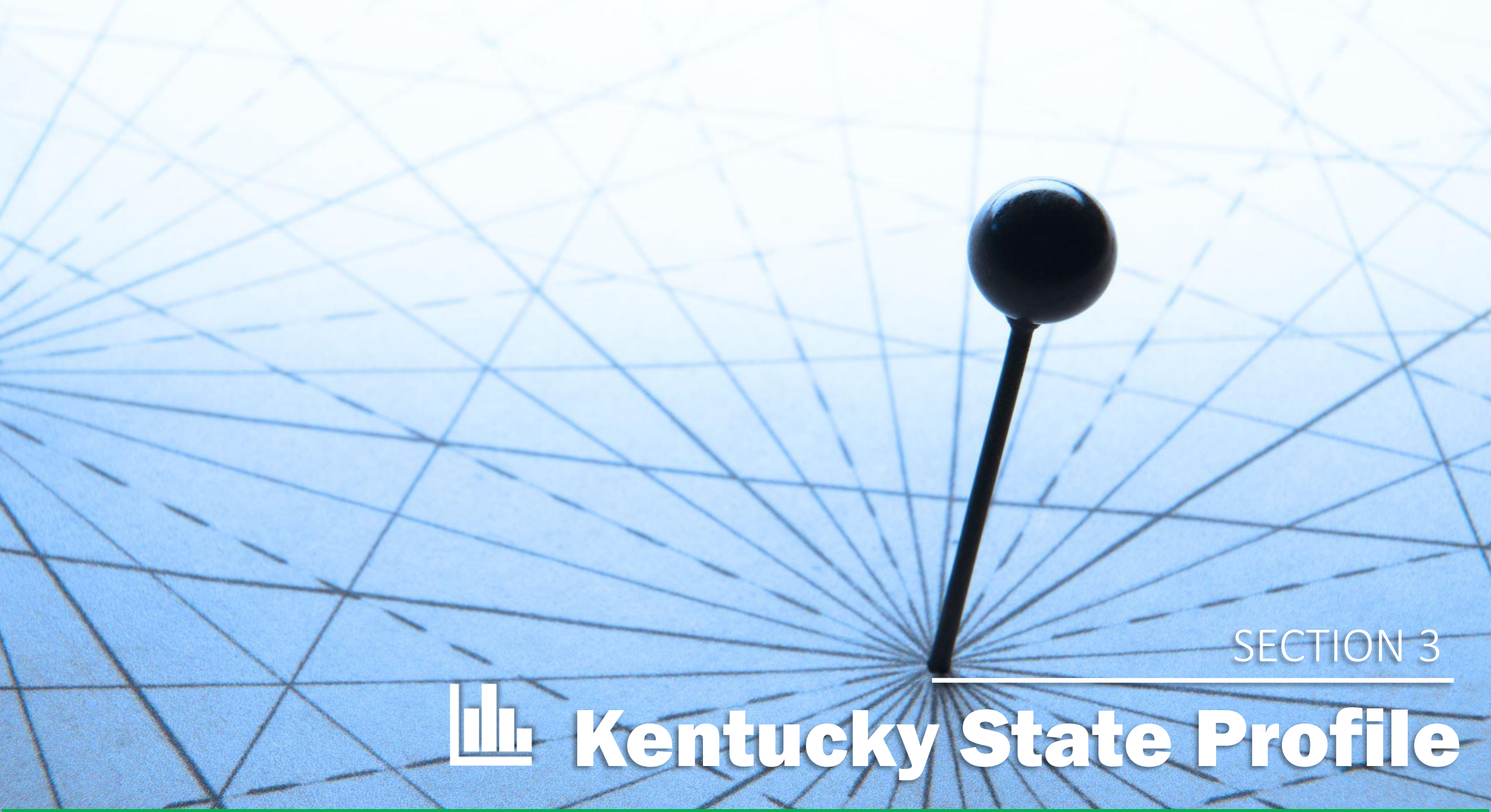
- The purpose of the state profile is to provide **actionable guidance to** prioritize funding between one and five communities in a state to help residents **improve their health** during the Coronavirus pandemic
- Our team has provided **state-specific** health burden and health outcome data for **seven 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

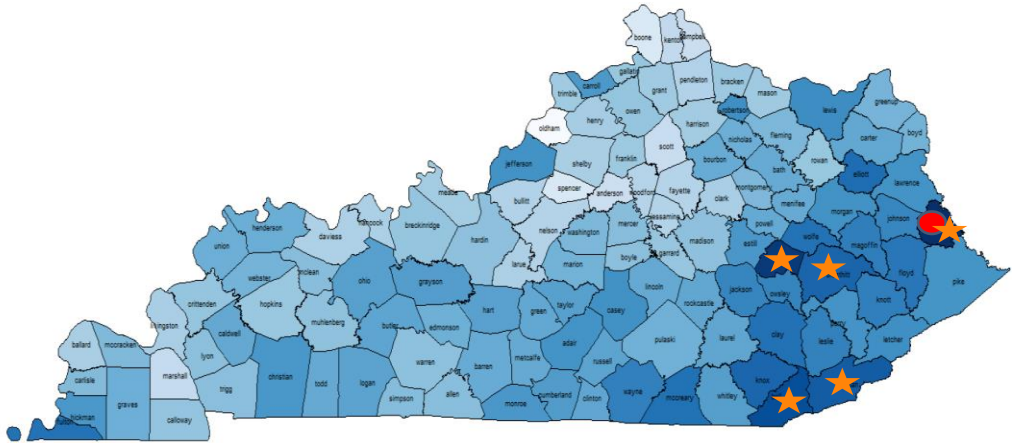
Kentucky State Profile

Kentucky – Key Takeaways from Domains

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	•Kentucky has the 2nd highest proportion of disabled persons among all 50 states (15.8%) and the fourth highest population living in poverty (18.8%). These groups are disproportionately impacted by COVID-19 and have a greater likelihood of higher prevalence of chronic diseases.	
Social Connectedness	•Kentucky is near the national average in factors for social isolation. While residents of Kentucky report above average rates of frequent connection with family and friends (42%), meaningful connection with neighbors is below the national average (40%). The state's rates of centers for community engagement (recreation center, community centers) is lower than the national average as is access to internet (78%) potentially reducing the ability for Kentucky residents to maintain meaningful connection with increased physical distancing resulting from COVID-19.	★
Physical Activity	•Kentucky reports below average rates for access to spaces for physical activity (72%). While the state does not have a mandate on school recess or general activity requirements, Kentucky is making meaningful progress towards safe routes to school and is a HOP participating state.	★
Nutrition Security	•Kentucky reports below average rates for food insecurity (16% of population). The state does have above the national average food banks per capita and is a HOP participating state.	★
Health Outcomes	•Kentucky ranks among the top 10 states on all six measures of chronic disease prevalence tracked at the state level (Diabetes, Cardiovascular disease, COPD, Kidney disease, and mental distress).	★
Health Behavior	•Kentucky ranks in the top 5 among states for highest rates of Obesity, Smoking, and Physical Inactivity. Kentucky's public health funding per capita is near the national average.	★
COVID-19 Impact	•Kentucky is a state less impacted by COVID-19 in terms of total case count and deaths (as of November 1, 2020). Kentucky reports above average ICU beds per capita and below average Emergency Preparedness Funding per capita.	

Kentucky – 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.



Lower Opportunity Higher

HOP Recipient County

REACH Recipient County

Top 5 County

1. Lee County
   - Highest ranked in Social Isolation and Connectedness driven by; highest percentage of residents living alone (37.5%) and high percentage of residents reporting never or rarely receiving emotional support (28.9%).
   - County with the highest COVID-19 burden; Joint lowest ICU capacity (0) and highest number of reported cases per 10,000 (1,373.1).
   - Other; High poverty rate (38.4%), High diabetes prevalence (16.8%).
2. Bell County
   - Low Nutrition Security; food insecurity (21.6%) and 6.53% of population receiving SNAP assistance with low access to grocer.
   - Bell county ranked 3rd highest in health risk factors; ranked 1st in physical inactivity (39.6%).
   - Other; 3rd highest diabetes prevalence (16.2%).
3. Martin County
   - Nutrition Security; HOP recipient county, High food insecurity (20.8%).
   - Other; Highest ranked in physical inactivity, 4th highest poverty rate (32.4%), highest number of COVID-19 confirmed cases (1,373 per 10,000), highest percentage of people living alone (37.5%).
4. Harlan County
   - Ranked highest in health risk factors driven by; 2nd highest physical inactivity (39.2%).
   - Other; Highest diabetes prevalence (18%), 2nd in percentage of people not receiving emotional support (30.7%),
5. Breathitt County
   - 4th highest ranked in Social Isolation and Connectedness, 2nd highest disability rate (34.67%), 5th highest obesity rate (40.7%).

Social Connected-ness	Physical Activity	Nutrition Security
●	◔	◔
●	◔	◔
●	●	●
●	◑	◑
●	◔	◔

Lower Higher

Opportunity Opportunity

Kentucky – County Domain Results

LEAVITT PARTNERS

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.

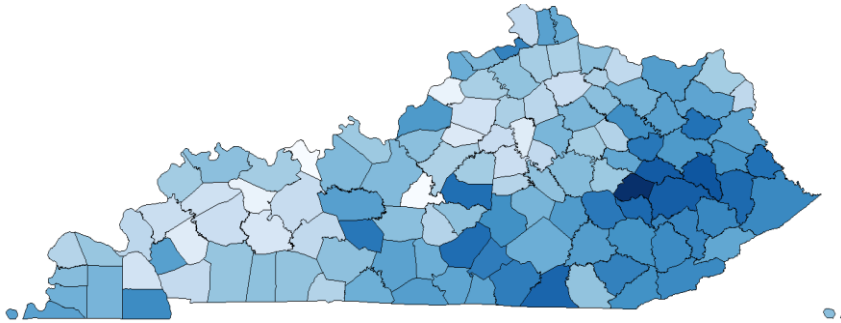
Rank	Notable Counties	At-Risk Demographic	Social Connected-ness	Physical Activity	Nutrition Security	Health Outcomes	Health Behaviors	COVID-19 Impact
1.	Lee County	●	●	◔	◔	●	●	●
2.	Bell County	●	●	◔	◔	●	●	●
3.	Martin County	●	●	●	●	◕	●	◕
4.	Harlan County	●	●	◑	◑	●	●	◑
5.	Breathitt County	●	●	◔	◔	●	●	◔

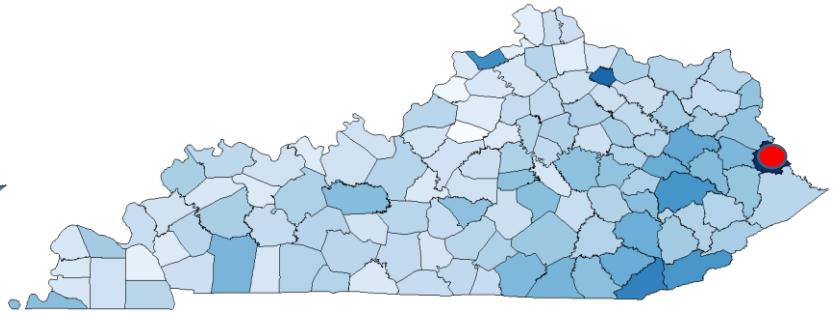
Notes: * identifies counties with population less than 5,000 persons. ** identifies counties with population less than 1,000 persons.

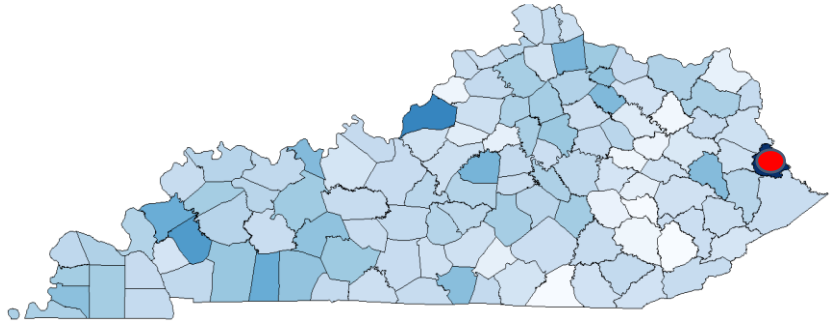
Kentucky – Quantitative Model Results

LEAVITT PARTNERS

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

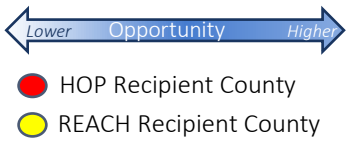
1. Lee County
2. Magoffin County
3. Wolfe County
4. Breathitt County
5. McCreary County

Nutrition Security Domain

1. Martin County
2. Robertson County*
3. Bell County
4. Carroll County
5. Breathitt County

Physical Activity Domain

1. Martin County
2. Jefferson County
3. Caldwell County
4. Todd County
5. Crittenden County



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

SECTION 4

Next Steps

Kentucky – Technical Assistance Opportunities

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