

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

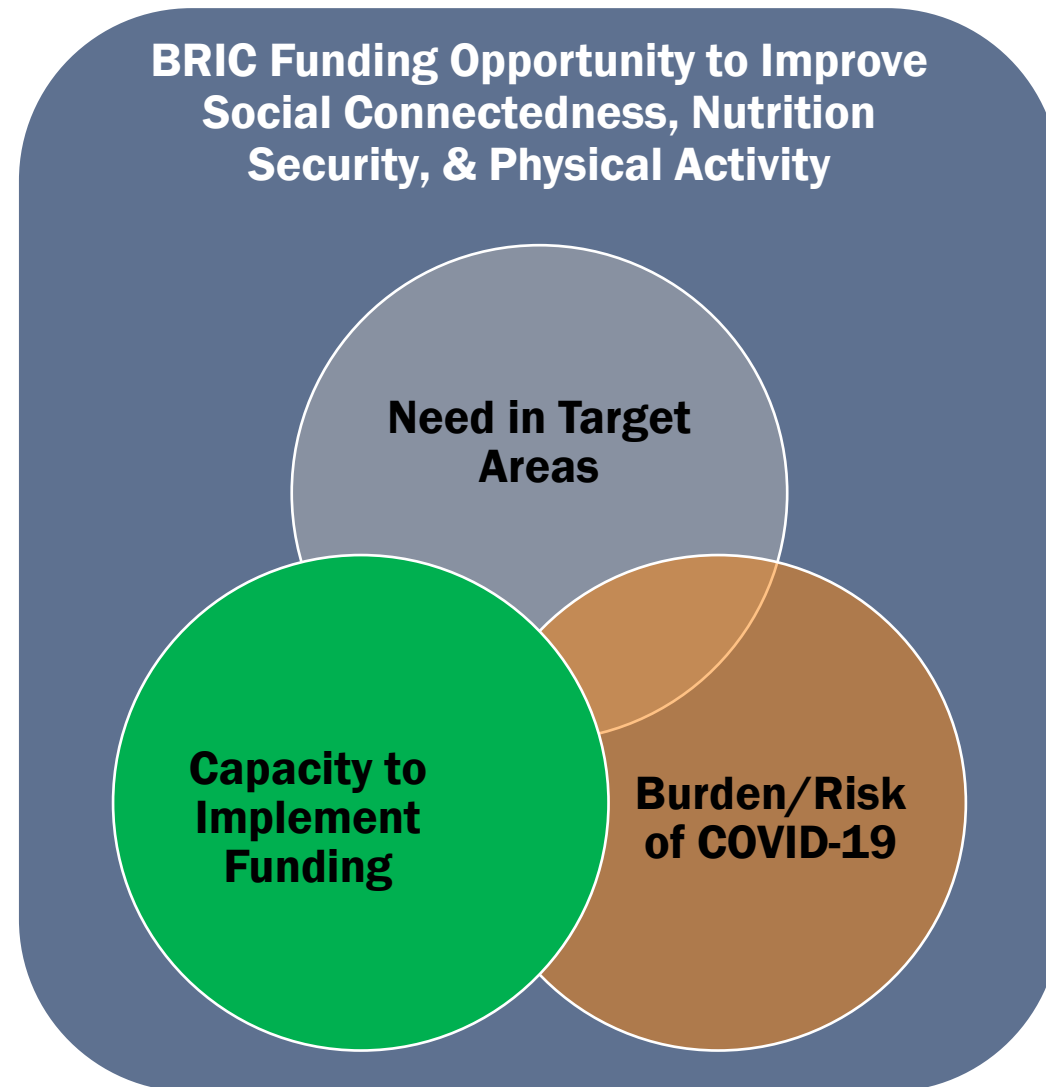


Prioritizing BRIC Funding Across States

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

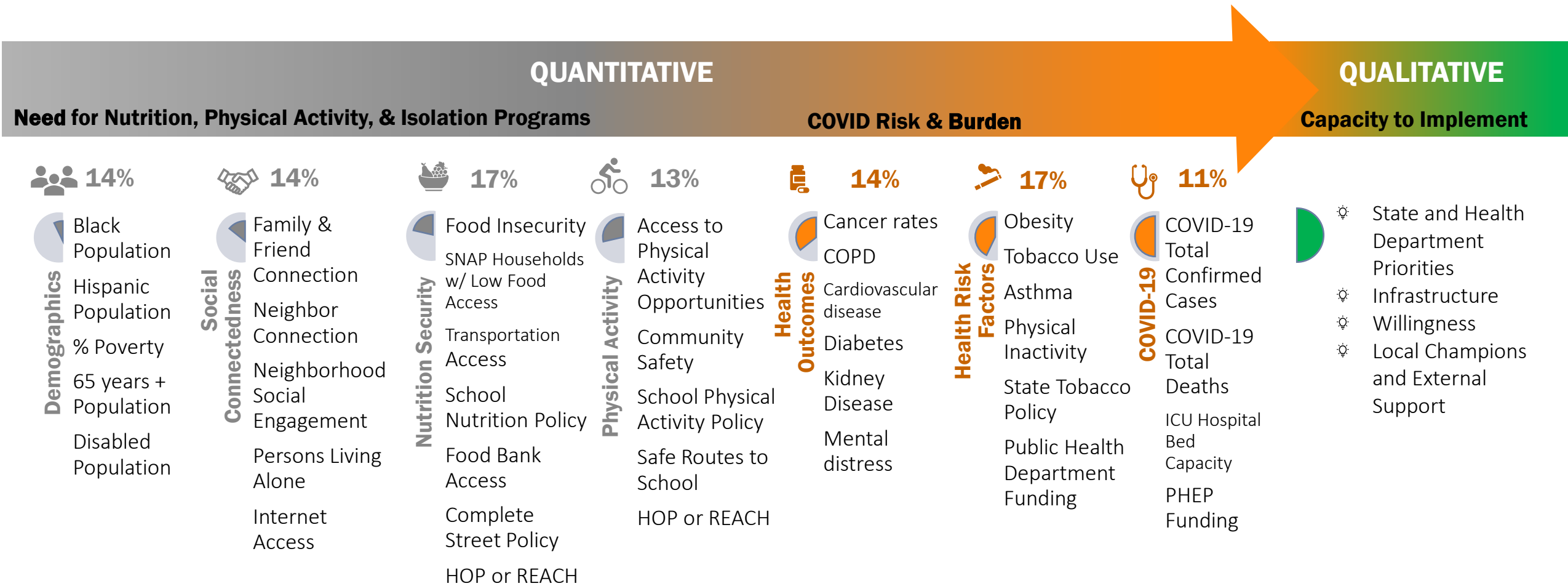
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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.

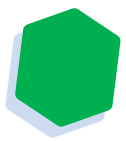


BRIC Opportunity Model & Domains

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

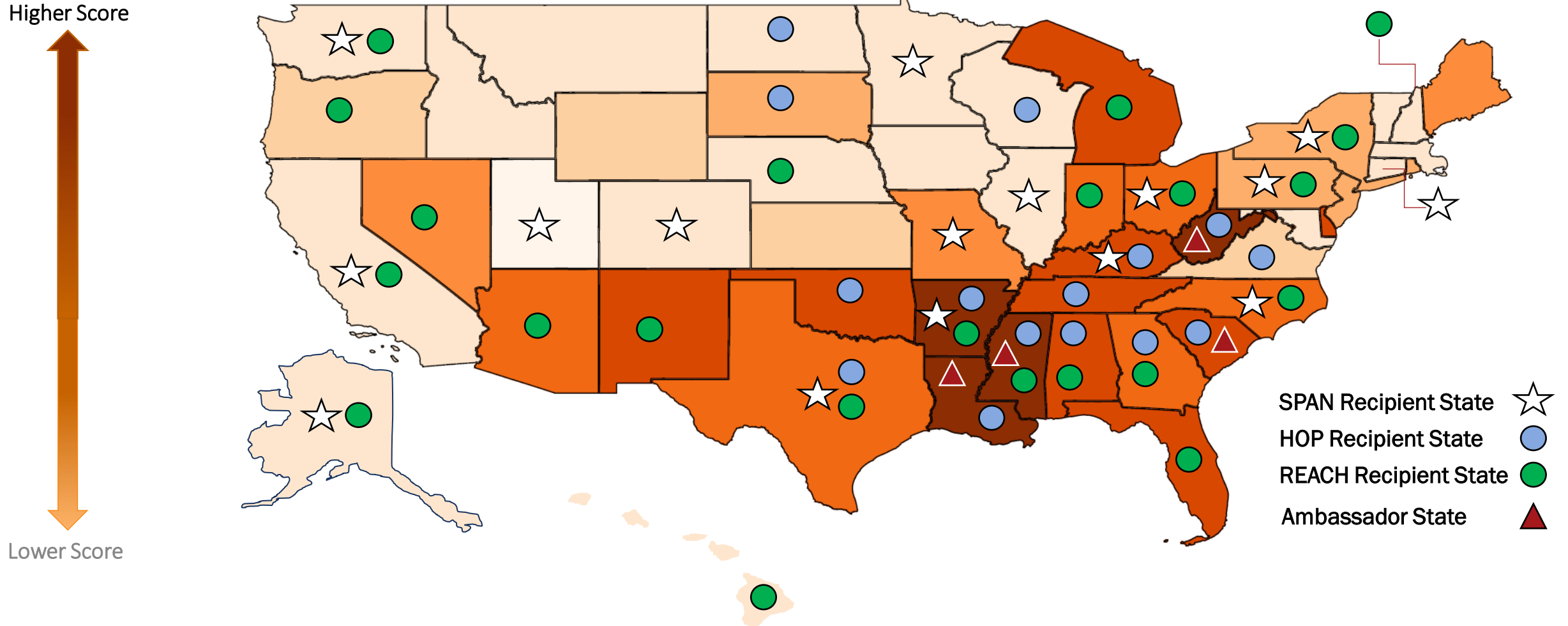
The quantitative model used combinations of variables and weights for the relative importance of those variables to produce a Composite Opportunity Score illustrating a confluence of all factors of interest across all states, inclusive of SPAN and Ambassador states.

	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. Overlaid below are indicators for HOP, REACH, SPAN, and the four new Ambassador states for reference.





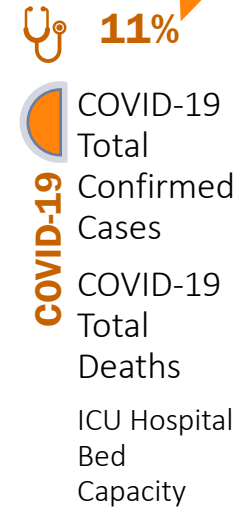
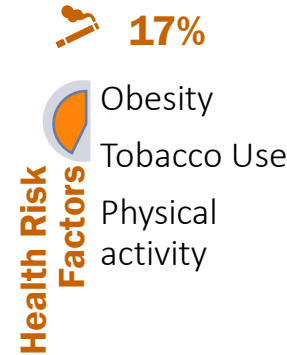
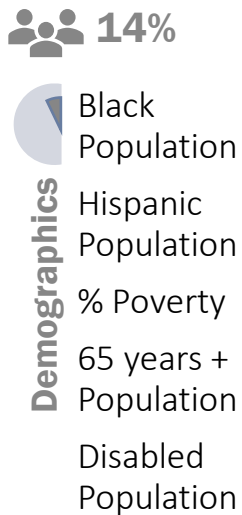
Adapting the BRIC Opportunity Model to Prioritize State Funding Using County Indicators

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



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



Mississippi State Profile



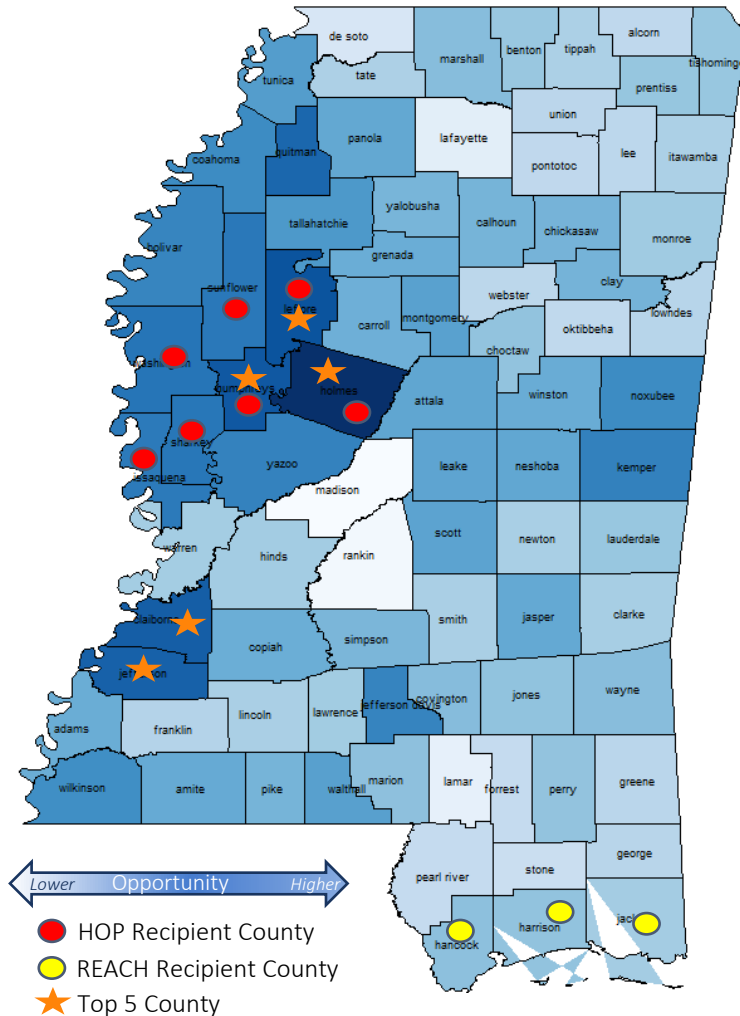
Mississippi – Key Takeaways from Domains

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	•Mississippi ranks high in the proportion of the state population represented among demographic groups at greater risk for complications of COVID-19 and chronic diseases. The state has the highest proportion of the population living in poverty among all 50 states (19.6%), the fourth highest disabled population (14.8%), and a greater percentage of Black residents (37%). These groups are disproportionately impacted by COVID-19.	
Social Connectedness	•While Mississippi report frequent and meaningful connection with family, friends and neighbors, the state’s rate of centers for community engagement (recreation center, community centers, and senior centers) is one of the lowest. the state has the lowest rates of internet access (71% of households). Mississippi residents may disproportionately struggle to maintain meaningful connection with increased physical distancing resulting from COVID-19.	
Physical Activity	•Mississippi residents report the lowest access to spaces for physical activity (54.5% residents have access) compared to all 50 states. Mississippi is a REACH participating state. Compared to other safe route to school policy states, Mississippi ranks among the lowest in progress towards safe routes to school.	★
Nutrition Security	•Mississippi exhibits high need for Nutrition Security measures, driven by the highest rate of nutrition Security nationwide (15.7%), and second highest in the percentage of housing units receiving SNAP benefits living over one mile for a grocer (1.54%). Note that Mississippi is a HOP recipient State.	★
Health Outcomes	•Mississippi ranks among the top 10 states on four of six measure of chronic disease prevalence tracked at the state level (Diabetes, Cardiovascular disease, COPD, and mental distress).	
Health Behavior	•Mississippi ranks among the top five states on highest obesity rates, rates of physical inactivity, and rates of smoking. Mississippi’s public health funding per capita is near the national average.	
COVID-19 Impact	•Mississippi ranks 7th among states most impacted by COVID-19; with higher-than-average number of cases (3,861cases/per 100k) and comparatively lower than average Emergency Preparedness Funding.	★



Mississippi – 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. Holmes County

- Social Connectedness: 38.2% of residents report never or rarely receiving emotional support (lowest). 31.6% report living alone. Comparatively low rate of social associations per person.
- Reported the 3rd highest food insecurity rate (34.6%). Holmes County is a HOP recipient county.
- Other: Highest reported poverty rate (45%), 3rd highest ranked in health risk factors and 2nd highest in chronic disease prevalence.

2. Claiborne County

- Ranked highest in health risk factors; 2nd highest obesity rate (46.2%), high physical inactivity rate (38.7%).
- Other: 3rd highest county in need for safe physical activity opportunities.

3. Leflore County

- Nutrition Security; 33% food security rate with 12.4% of SNAP recipients with low access to grocer. Leflore county is a HOP recipient county.
- Other: High opportunity score in factors measuring social connectedness. 4th highest in COVID burden (as of November 1, 2020).

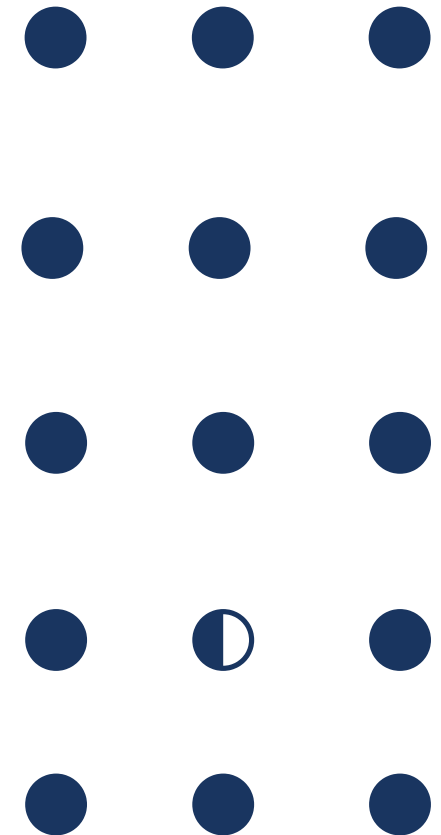
4. Jefferson County

- Highest ranked in opportunity to improve social connectedness driven by; below average social associations per person and 36.5% of the population living alone.
- Other; poverty rate (39.7%) and a large black population (85%). These groups are at greater risk of complications of COVID and chronic disease prevalence.

5. Humphreys County

- Highest ranked in chronic disease prevalence; Highest in Diabetes prevalence (18.1%), 2nd highest rate of frequent mental distress (17.2%).
- Other: 2nd highest poverty rate (42.5%). HOP Recipient County

Social Connectedness	Physical Activity	Nutrition Security
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Mississippi – 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.	Holmes County	●	●	●	●	●	●	●
2.	Claiborne County	●	●	●	●	●	●	◐
3.	Leflore County	◐	●	●	●	●	◐	●
4.	Jefferson County	●	●	◐	●	●	●	◑
5.	Humphreys County	●	●	●	●	●	●	◐

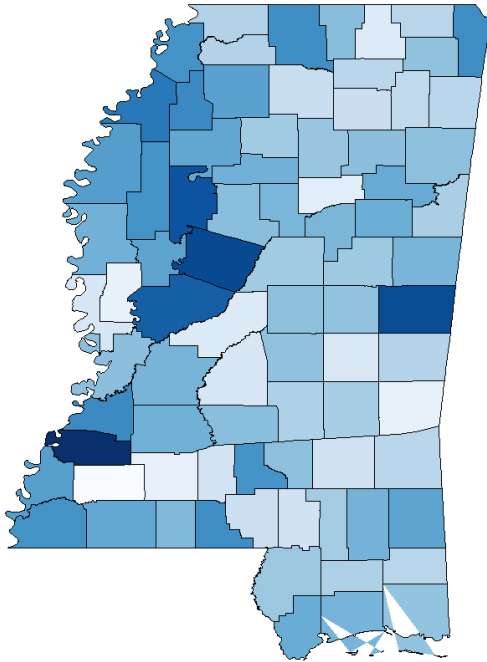
Notes: * identifies counties with population less than 5,000 persons. ** identifies counties with population less than 1,000 persons.





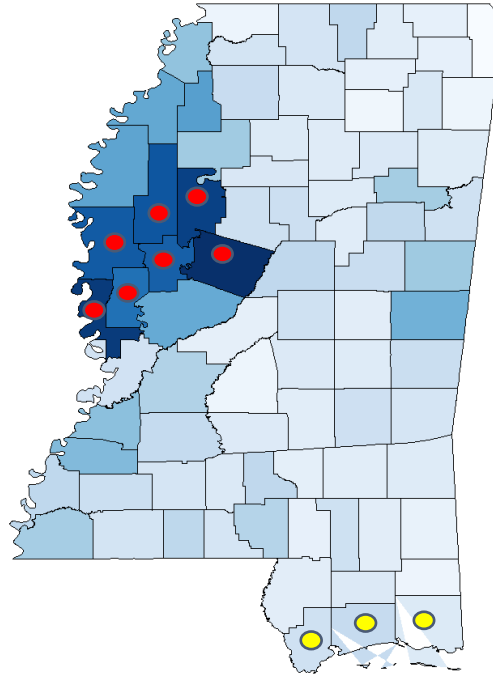
Mississippi – Quantitative Model Results

Using the county level composite scores, we can focus on specific domains for the three priority funding areas (Social Connectedness, Nutrition Security, and Access to Safe Physical Activity). The darker shading signifies greater opportunity – different counties rise to the top, highlighting areas of opportunity for improvement.



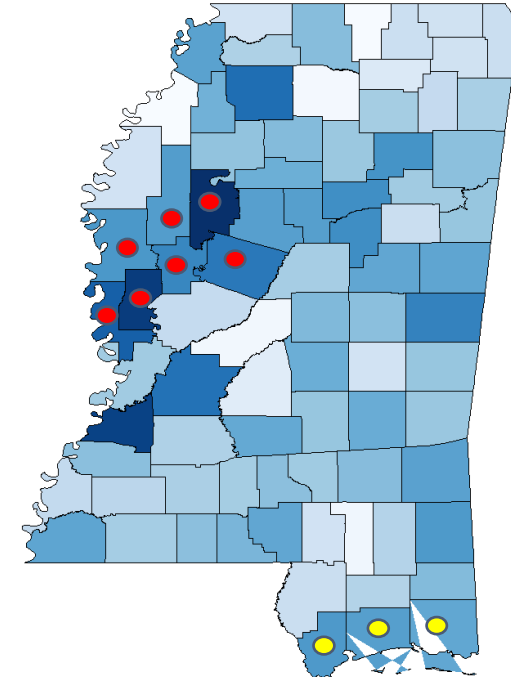
Social Connectedness Domain

1. Jefferson County
2. Holmes County
3. Kemper County
4. Leflore County
5. Yazoo County



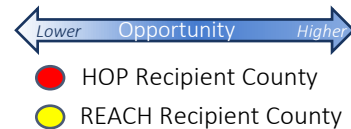
Nutrition Security Domain

1. Holmes County
2. Issaquena County*
3. Leflore County
4. Sunflower County
5. Washington County



Physical Activity Domain

1. Leflore County
2. Sharkey County*
3. Clairborne County
4. Issaquena County
5. Panola County



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



SECTION 4



Next Steps



Mississippi – Public Health Highlights

Opportunities for advancing nutrition, physical activity and social connectedness in a COVID-19 context and the changing economic and policy landscape (highlights from selection call).

Nutrition Security

- One-year grants program to promote partnerships between Farmers' Markets and Early Childhood Education
- State prevention team priority area: Provide access to communities with food insecurity
- Historically Black Colleges and Universities (HBCU) food pantry program

Physical Activity

- Complete streets policies and shared use agreements
- State prevention team priority area: Improve access to active transportation

Social Connectedness and Health Equity

- Matter of Balance and Walk with Ease: Physical activity programs for older adults
- Trust for America's Health: Age-friendly communities program
- Office of Preventive Health and Health Equity

Economic and Policy Landscape

- Nine prevention health teams across the state
- Obesity Summit host for the past two years



Mississippi – 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