

# **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

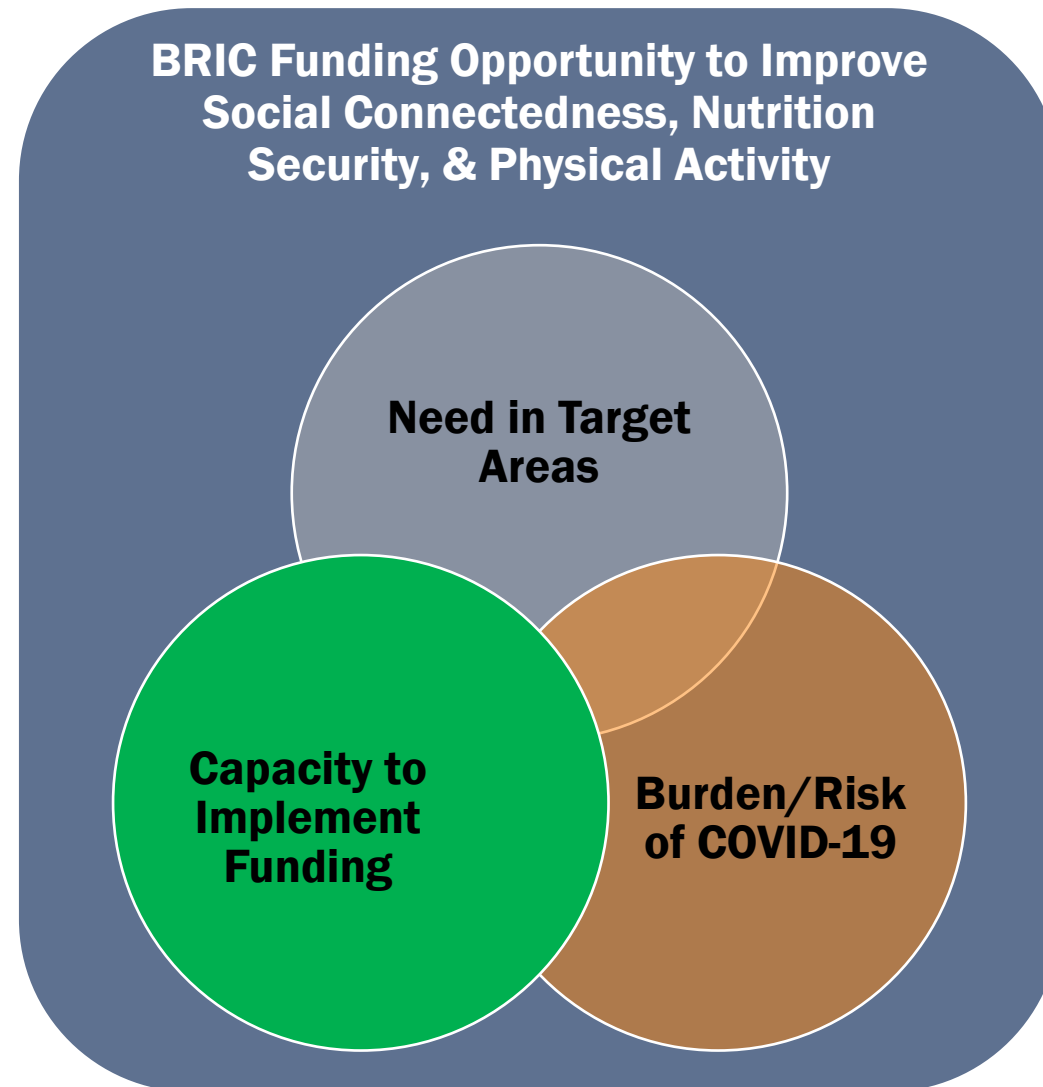


# Prioritizing BRIC Funding Across States

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

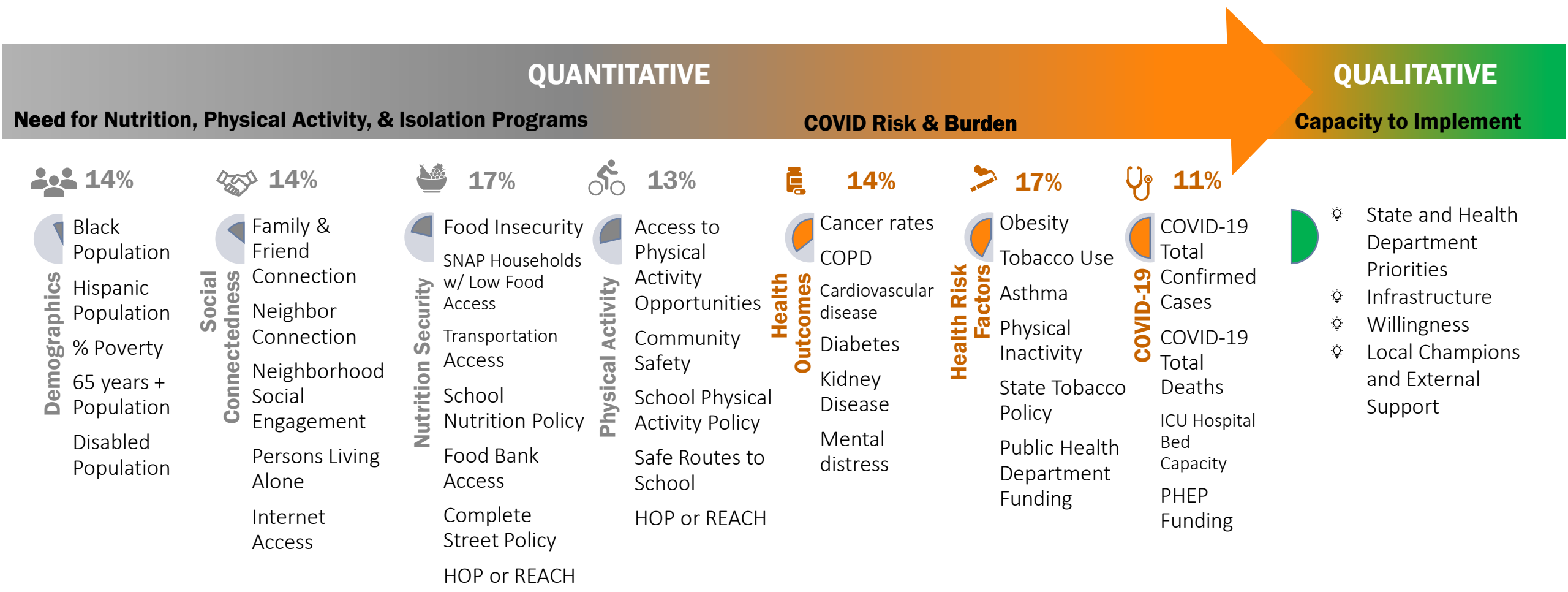
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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.*

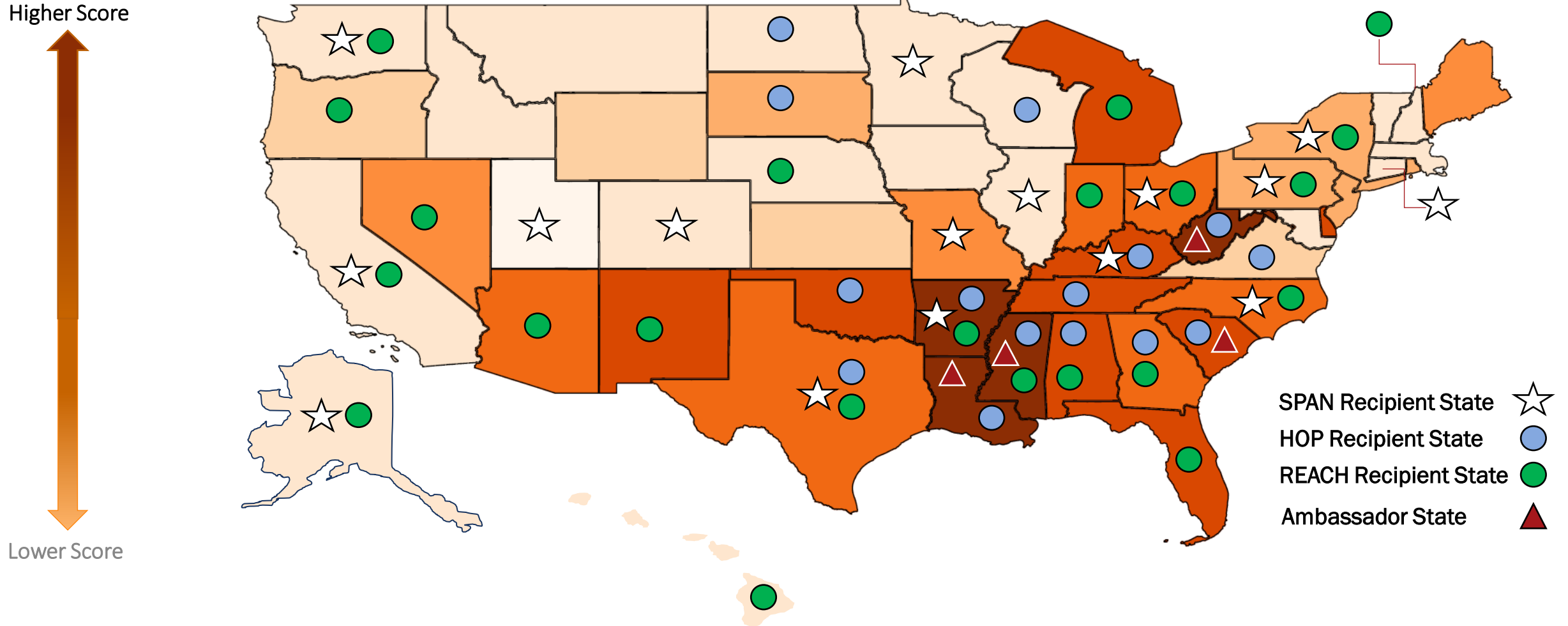
|   | Domain               | Weights | Proportion Model Weight |
|---|----------------------|---------|-------------------------|
|    | Nutrition Security   | 23      | 17%                     |
|    | Health Risk Factors  | 22      | 17%                     |
|    | At-Risk Demographics | 18      | 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.





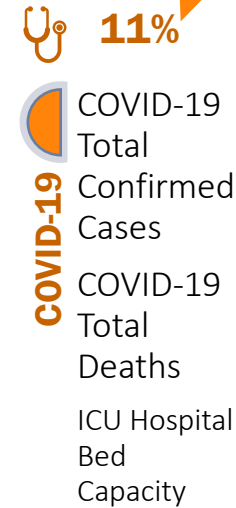
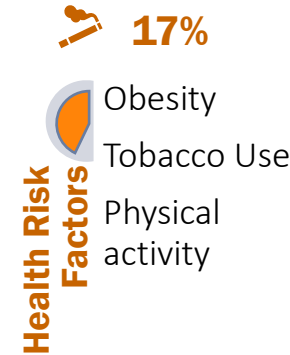
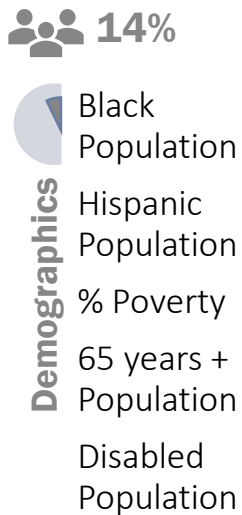
# Adapting the BRIC Opportunity Model to Prioritize State Funding Using County Indicators

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



### 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

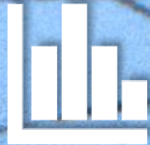


## State Profile Companion Data

- 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



# New York State Profile

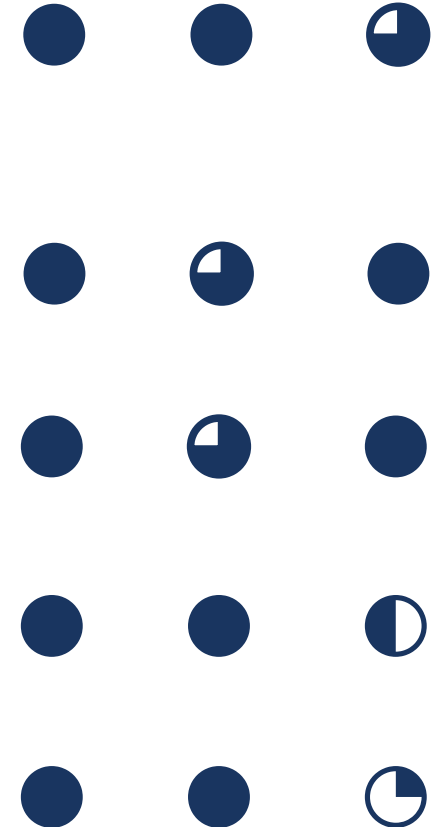
# New York – Key Takeaways from Domains

| Domain               | Key Domain Indicators (relative to all 50 states)  | Areas of Highest Risk/Burden  |
|----------------------|--|---|
| At-Risk Demographic  | <ul style="list-style-type: none"> <li>New York’s population is composed of a higher proportion of demographic groups at greater risk for complications of COVID-19 and chronic diseases. New York’s Hispanic population represents approximately 19% of the population, 9<sup>th</sup> highest among states and the Black population represents 14.4% of the population, 14<sup>th</sup> highest. New York reports above average rate of persons living in poverty (15.5%). These groups are disproportionately impacted by COVID-19.</li> </ul>  |   |
| Social Connectedness | <ul style="list-style-type: none"> <li>New York ranks 11th among states in factors for social isolation. Residents of New York report low rates of frequent connection with family and friends (36%) and are more likely to live alone (29.8%). The state’s rates of centers for community engagement (recreation center, community centers, senior centers) is near the national average. Internet access among New Yorkers is above average (82%) potentially enabling meaningful connection despite increases in physical distancing resulting from COVID-19.</li> </ul>  |    |
| Physical Activity    | <ul style="list-style-type: none"> <li>The majority of New Yorkers report access to spaces for physical activity (93%). While the state does not have a 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>New York state reports below average rates of nutrition insecurity (13%). Among SNAP participants, New York reports the second lowest proportion of SNAP participants with less access to grocers (&lt;0.05% of total state population). The state does have below average food banks per capita. New York is second highest in the nation for proportion of the population with no access to a vehicle. New York does have one of the highest rates of public transportation use and is a Complete Street Policy state which may reduce the burden of vehicle access issues. Note: New York is a REACH participating state.</li> </ul> |   |
| Health Outcomes      | <ul style="list-style-type: none"> <li>New York reports below average rates of chronic disease prevalence compared to all other states.</li> </ul>   |   |
| Health Behavior      | <ul style="list-style-type: none"> <li>New York ranks below average on rates of health risk factors (Exception: physical inactivity rate 25%, above national average). New York has the sixth highest public health funding per capita among all states.</li> </ul>  |   |
| COVID-19 Impact      | <ul style="list-style-type: none"> <li>New York is a state more impacted by COVID-19. While New York’s total case count per capita is near the national average, New York reports a disproportionate death rate from COVID-19 (as of November 1, 2020). New York does report below average ICU beds per capita and Emergency Preparedness Funding per capita.</li> </ul>   |  |

# New York – 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 |
|----------------------|-------------------|--------------------|
|----------------------|-------------------|--------------------|



## 1. Bronx County (NYC)

- Highest percentage of the population within at-risk demographic groups driven by; 29.5% Black and 56% Hispanic populations, and the highest poverty rate in the state (30.5%).
- Highest Area of opportunity with regards to Physical Inactivity driven by very high violent crime rate (620 per 100,000). Bronx County is a REACH recipient county.
- Social Isolation; 33% of residents noted not receiving any or very little emotional support. Lowest reported number of social associations (2.6)

## 2. Kings County (NYC)

- Highest reported Food Insecurity rate (18.8%).
- Social Isolation; 31.3% of residents reported never or rarely receiving emotional support, They also reported the 3<sup>rd</sup> lowest number of social associations (4.5).

## 3. Montgomery County

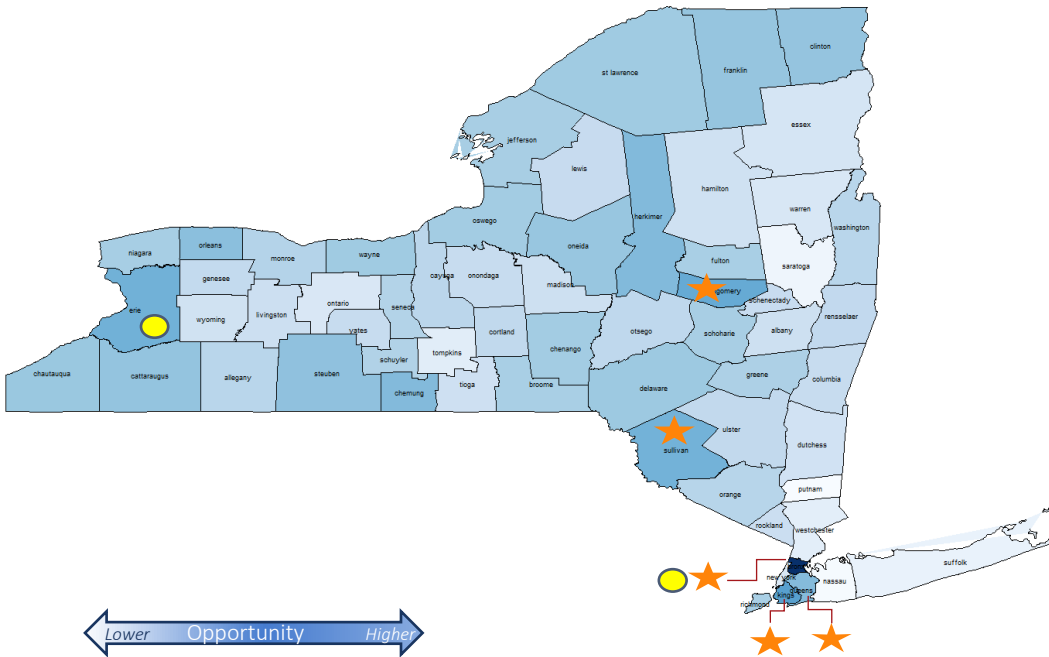
- Food Insecurity; 3<sup>rd</sup> highest SNAP assistance (3.95%).
- Social Isolation; 24% of residents reported never or rarely receiving emotional support, they also reported an average of 4.8 social associations per person.

## 4. Sullivan County

- High-Risk Demographic Groups; driven by above average figures across demographic variables.
- Social Isolation; 27% of residents reported never or rarely receiving emotional support.

## 4. Queens County (NYC)

- Highest ranked with regards to COVID-19 Impact burden; 2nd highest number of COVID-19 deaths (7,354) high number of confirmed cases by population (340.2 per 10k people).



- HOP Recipient County
- REACH Recipient County
- ★ Top 5 County

# New York – 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.

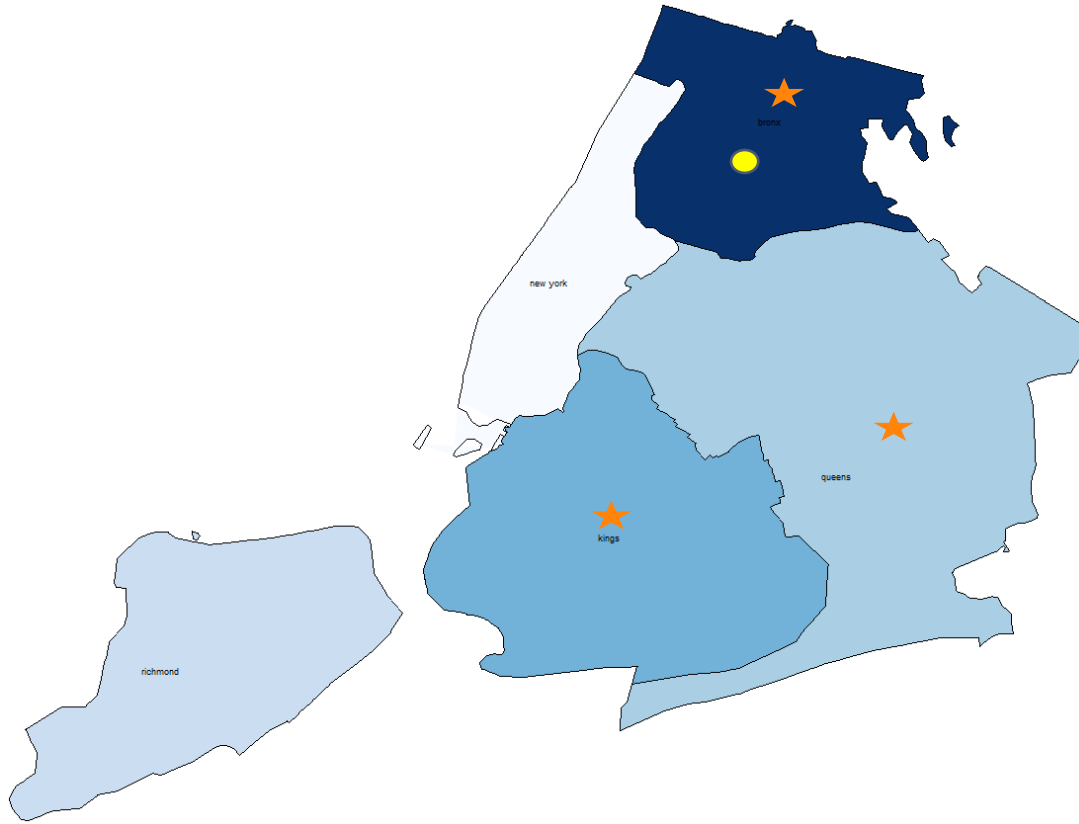
| Rank | Notable Counties   | At-Risk Demographic | Social Connectedness | Physical Activity | Nutrition Security | Health Outcomes | Health Behaviors | COVID-19 Impact |
|------|--------------------|---------------------|----------------------|-------------------|--------------------|-----------------|------------------|-----------------|
| 1.   | Bronx County (NYC) | ●                   | ●                    | ●                 | ◐                  | ●               | ●                | ●               |
| 2.   | Kings County (NYC) | ●                   | ●                    | ◐                 | ●                  | ◐               | ◐                | ●               |
| 3.   | Montgomery County  | ●                   | ●                    | ◐                 | ●                  | ●               | ●                | ◐               |
| 4.   | Sullivan County    | ●                   | ●                    | ●                 | ◐                  | ●               | ●                | ●               |
| 5.   | Queens County      | ◐                   | ●                    | ●                 | ◐                  | ◐               | ◐                | ●               |

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



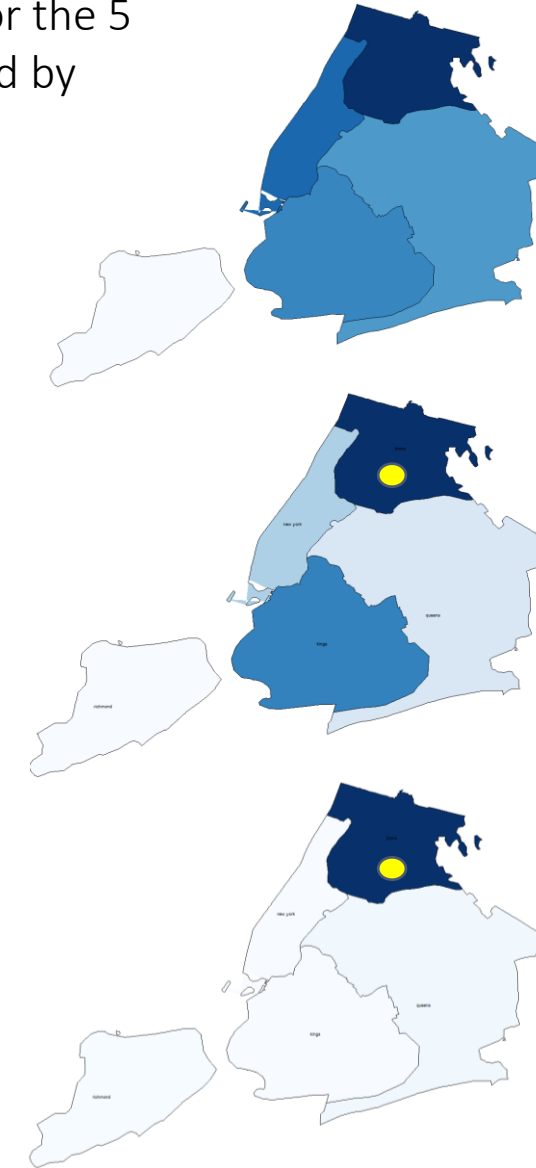
# New York – NYC 5 Boroughs Scores

We further break down the analysis of the various domains for the 5 boroughs in New York City. On the left side these are displayed by composite score. On the right, by the 3 priority domains.



← Lower Opportunity Higher →

- HOP Recipient County
- REACH Recipient County
- ★ Top 5 County



### Social Connectedness Domain

1. Bronx County
2. New York County
3. Kings County
4. Queens County
5. Richmond County

### Nutrition Security Domain

1. Kings County
2. Bronx County
3. New York County
4. Queens County
5. Richmond County

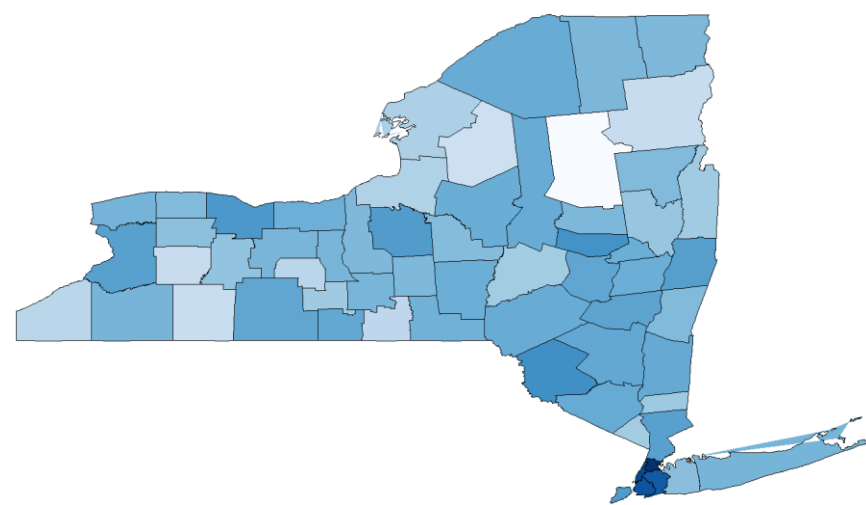
### Physical Activity Domain

1. Bronx County
2. Queens County
3. Richmond County
4. New York County
5. Kings County



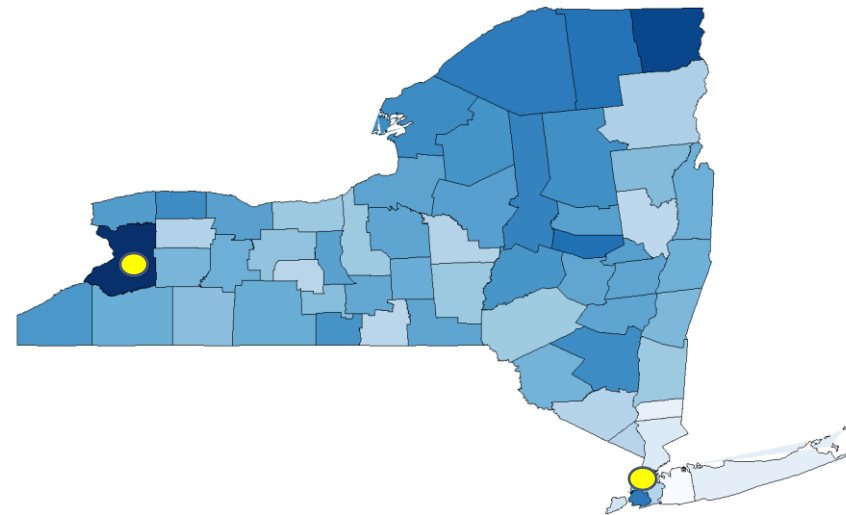
# New York – Quantitative Model Results

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.



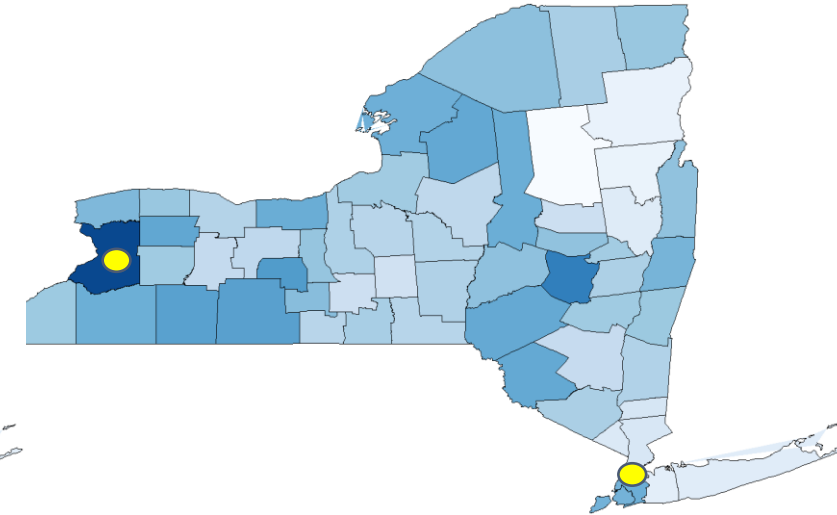
### Social Connectedness Domain

1. Bronx County (NYC)
2. New York County (NYC)
3. King County (NYC)
4. Queens County (NYC)
5. Sullivan County
6. Montgomery County
7. Monroe County
8. Richmond County



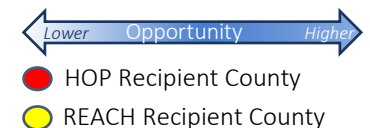
### Nutrition Security Domain

1. Erie County
2. Bronx County (NYC)
3. Clinton County
4. Montgomery County
5. Franklin County
6. Kings County (NYC)
7. St. Lawrence County
8. Herkimer County



### Physical Activity Domain

1. Bronx County (NYC)
2. Erie County
3. Schoharie County
4. Yates County
5. Steuben County
6. Allegany County
7. Genesee County
8. Lewis 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