NACDD

Building Resilient Inclusive Communities (BRIC)

Community Selection Model and State Profile

December 2020

Outline

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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

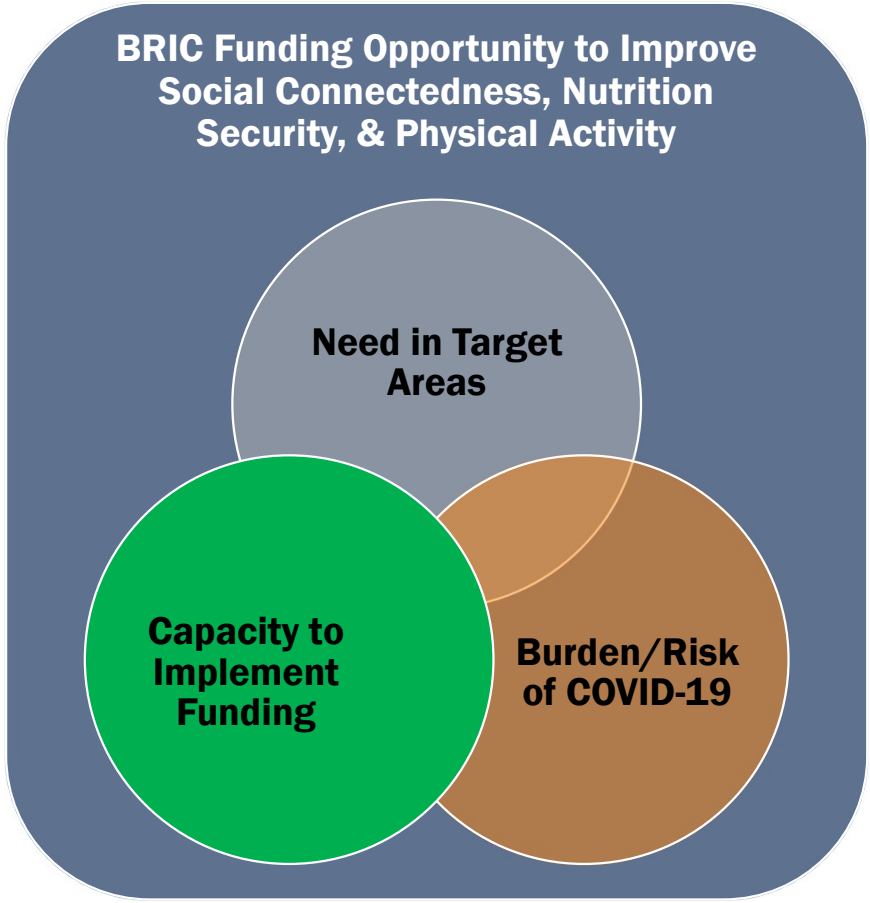
Model Overview

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:

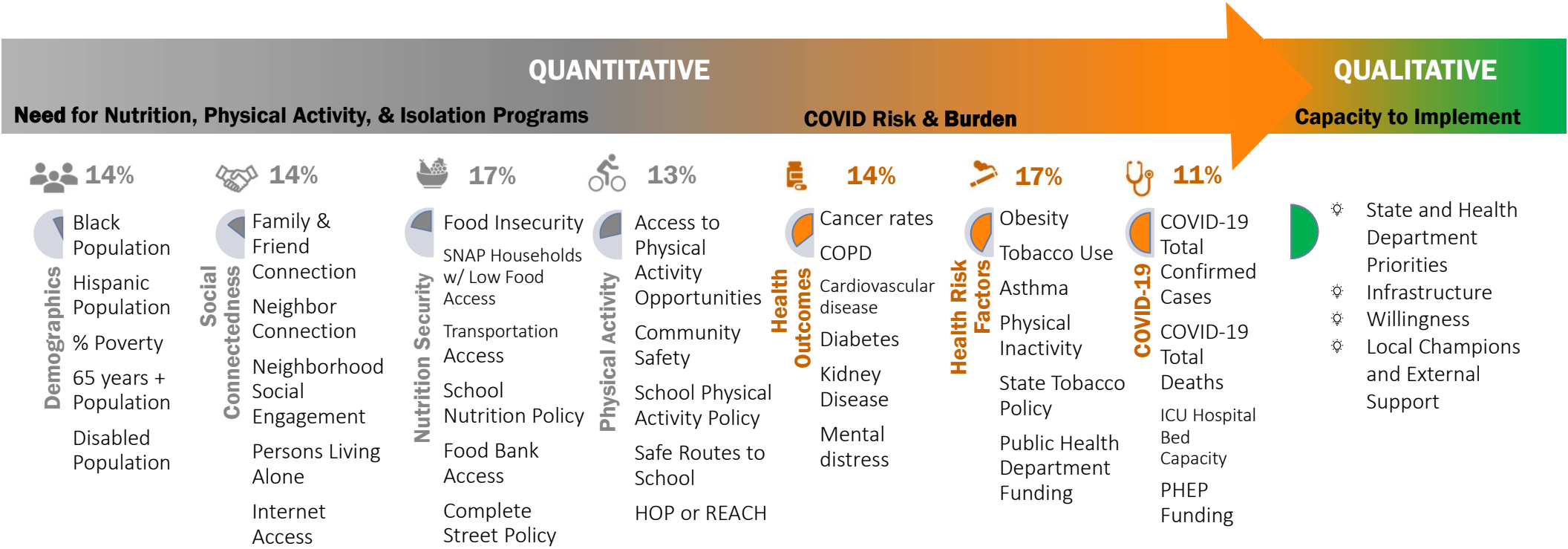
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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.

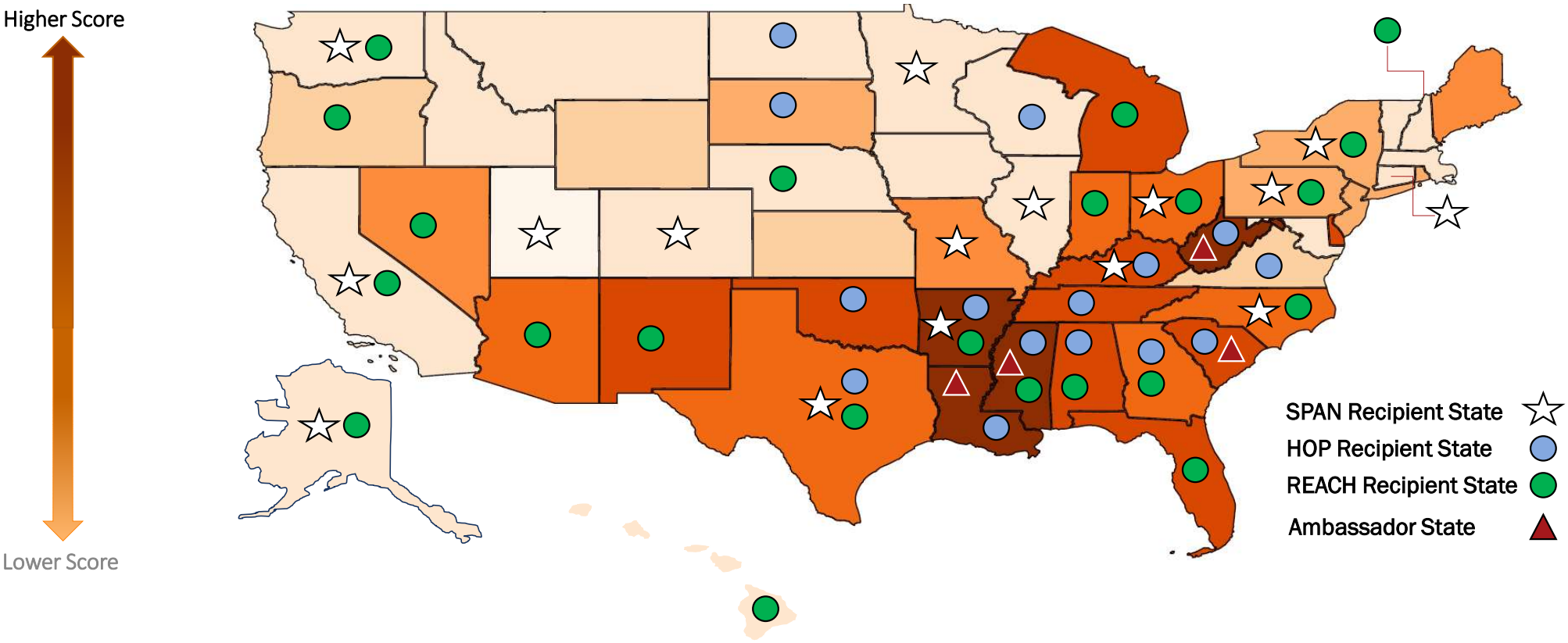
BRIC Opportunity Geographic Ranking Model

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%***

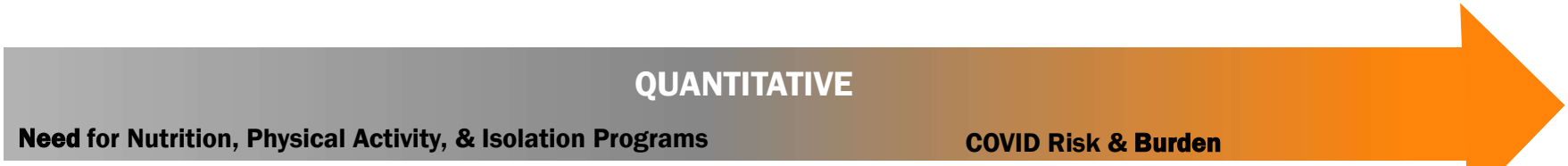
BRIC Opportunity Model Results:
National View of All States

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.



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.

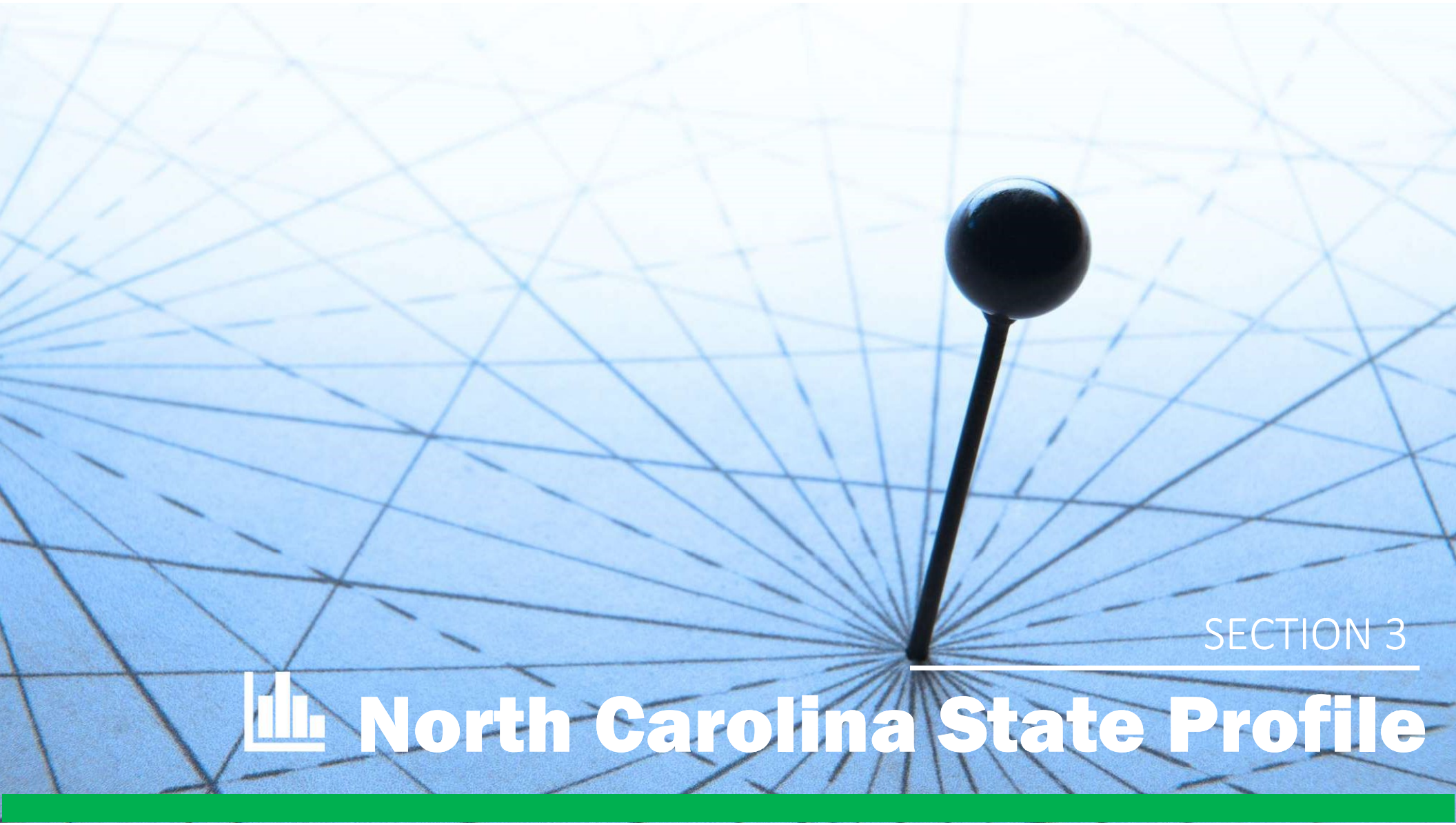
- The purpose of the state profile is to provide **actionable guidance to** prioritize funding between one and five communities in a state to help residents **improve their health** during the Coronavirus pandemic
- Our team has provided **state-specific** health burden and health outcome data for **seven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

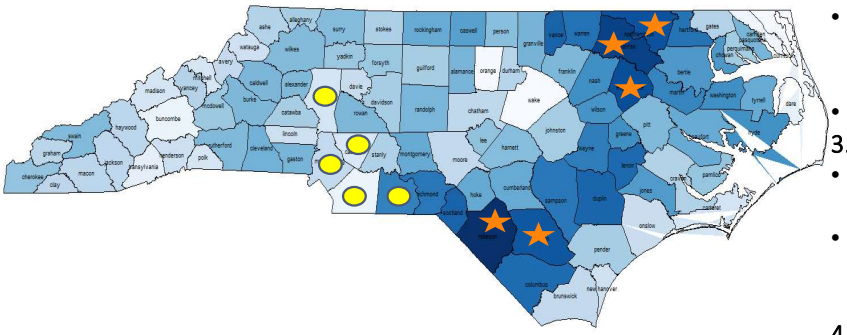
North Carolina State Profile

North Carolina – Key Takeaways from Domains

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	•North Carolina's population is composed of a higher proportion of demographic groups at greater risk for chronic disease prevalence and complications of COVID-19. North Carolina's Black population represents approximately 21% of the population, 8th highest among states and the population living in poverty represents 16.8% of the population. North Carolina reports an above average rate of disabled persons (11.7%). These groups are disproportionately impacted by COVID-19.	
Social Connectedness	•North Carolina is near the national average in factors for social isolation. Residents of North Carolina report below average rates of frequent connection with family and friends (40%) and meaningful connection with neighbors (44%). The state's rates of centers for community engagement (recreation center, community centers, senior centers) is lower than the national average as is access to internet (79%), potentially reducing the ability for North Carolina residents to maintain meaningful connection with increased physical distancing resulting from COVID-19.	★
Physical Activity	•North Carolina ranks 10th among states in lower access to spaces for physical activity (76% access) and near the national average in rates of violent crime. Violent crime rates can further reduce resident's likelihood of seeking opportunity for physical activity. North Carolina is actively working to improve in this area with a state mandate on school recess or general activity requirements, as well as participating in the REACH program and making meaningful progress towards safe routes to school.	★
Nutrition Security	• North Carolina reports above the national average in rates of food insecurity (17% of population). Among SNAP participants, North Carolina reports near the national average in proportion of SNAP participants with less access to grocers (1% of total state population). The state is below the national average in food banks per capita. However, the state is actively working to improve in this area with a complete street policy, a state policy on school nutrition, and participating as a REACH state.	★
Health Outcomes	• North Carolina reports above average rates on five of six measures of chronic disease prevalence tracked at the state level (Diabetes, Cardiovascular disease, COPD, Kidney disease, and Cancer).	★
Health Behavior	•North Carolina reports above average rates of obesity (30%) and smoking (18.5%). North Carolina's public health funding per capita is among the lowest in the nation (9th lowest among states).	
COVID-19 Impact	•North Carolina is a state less impacted by COVID-19 in terms of total case count and deaths (as of November 1, 2020). North Carolina reports above average ICU beds per capita and comparatively low Emergency Preparedness Funding per capita.	

North Carolina – 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. Robeson County

- Highest percentage of the population within at-risk demographic groups driven by; Highest poverty rate (30.5%), 4th highest disability rate (26.5%), 2nd largest Black population (26%).
- Highest ranked for health risk factors: highest physical inactivity (39.4%), 2nd highest smoking rate (27%).
- Other: High food insecurity (24.6%), highest rate of mental distress (17.9%).

2. Halifax County

- Highest ranked for needed improvement in social connectedness: 44.7% of adults living alone, 27.4% of residents reported never or rarely receiving emotional support.
- Other: Ranked 1st in food insecurity (27.5%), Largest black population (46.%).

3. Edgecombe County

- Highly ranked in health risk factors: 2nd highest physical inactivity (37.3%), 26.2% of smoking rate amongst adults.
- Other: 4th highest food insecurity (20%), highest diabetes prevalence (16.2%), many citizens reported never or rarely receiving emotional support (24.5%).

4. Northampton County

- High percentage of the population within at-risk demographic groups driven by; highest poverty rate (30.5%), 3rd largest black population (24.65%),
- Other: 3rd highest food insecurity (22.1%), high diabetes prevalence (16%).

5. Bladen County

- 3rd highest ranked for health risk factors driven by above average scores in all domain variables.
- Other: systematically scored higher than average across all other variables.

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

Lower Opportunity — Higher Opportunity

North Carolina – County Domain Results

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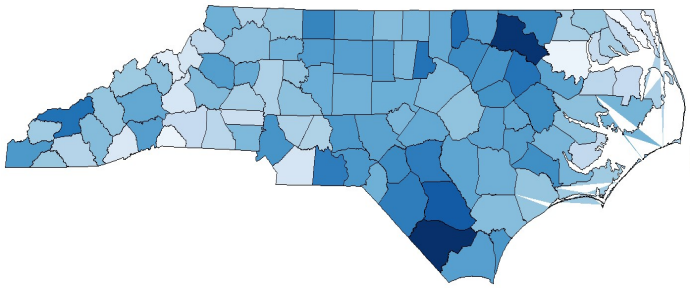
The five notable counties from the model vary in performance across domains. The table displays how counties perform across the domains of interest – fuller ● reflects areas of higher opportunity.

Rank	Notable Counties	At-Risk Demographic	Social Connected-ness	Physical Activity	Nutrition Security	Health Outcomes	Health Behaviors	COVID-19 Impact
1.	Robeson County	●	●	●	●	●	●	●
2.	Halifax County	●	●	●	●	●	●	◕
3.	Edgecombe County	●	●	●	●	●	●	●
4.	Northampton County	●	●	●	●	●	●	◕
5.	Bladen County	●	●	●	●	●	●	◕

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

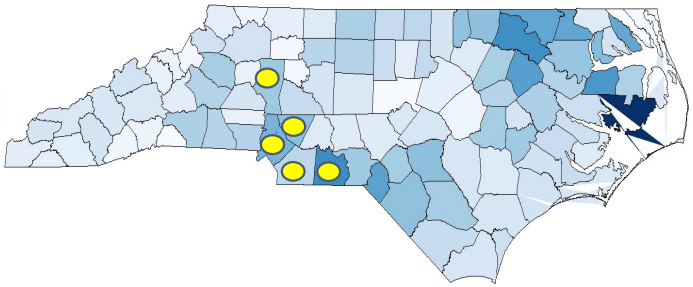
North Carolina – Quantitative Model Results

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.



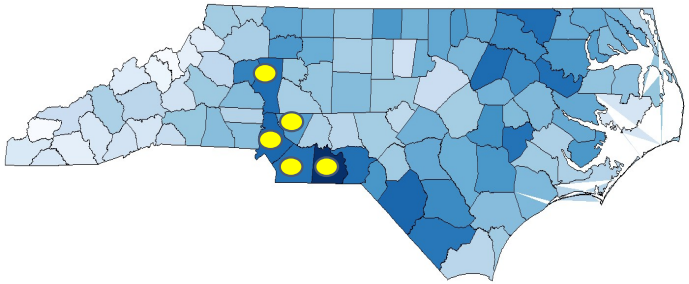
Social Connectedness Domain

1. Columbus County
2. Halifax County
3. Bladen County
4. Vance County
5. Swain County



Nutrition Security Domain

1. Hyde County
2. Anson County
3. Halifax County
4. Washington County
5. Edgecombe County



Physical Activity Domain

1. Anson County
2. Robeson County
3. Meckleburg County
4. Nash County
5. Northampton County

HOP Recipient County

REACH Recipient County

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

SECTION 4

Next Steps

North Carolina – 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