NACDD

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

December 2020

Outline

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.

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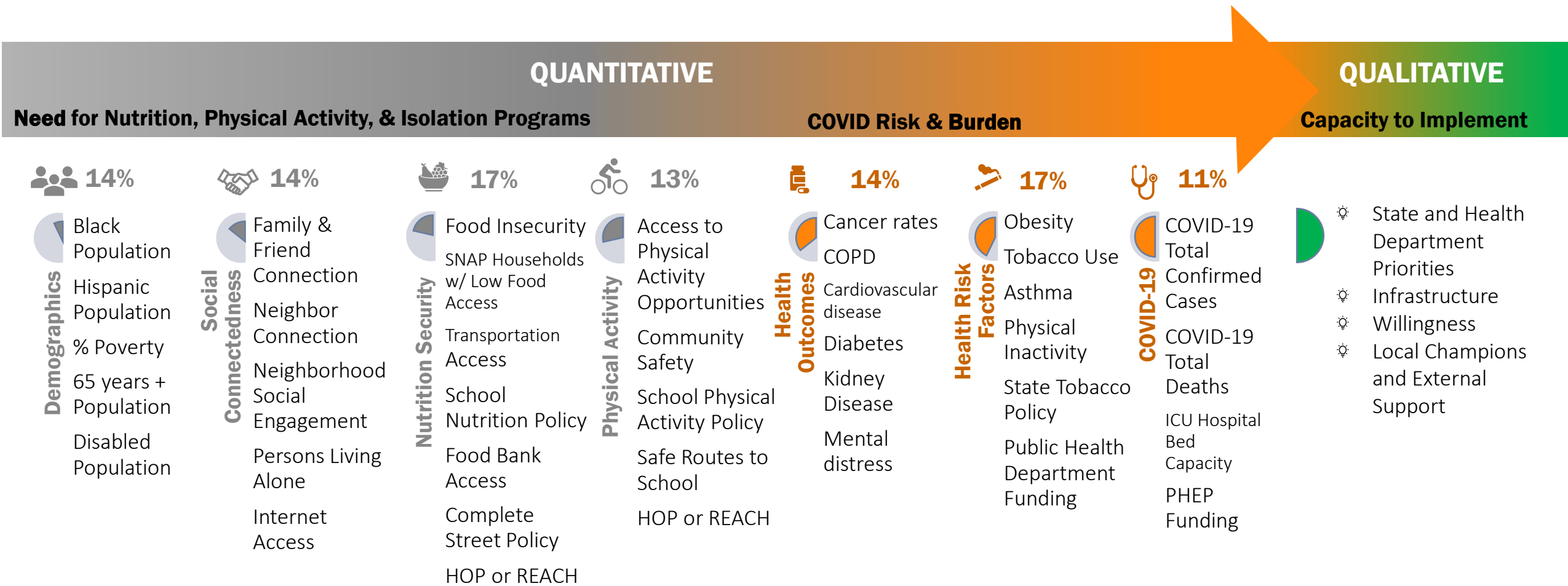
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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 Funding Opportunity to Improve Social Connectedness, Nutrition Security, & Physical Activity

- Need in Target Areas
- Capacity to Implement Funding
- Burden/Risk of COVID-19
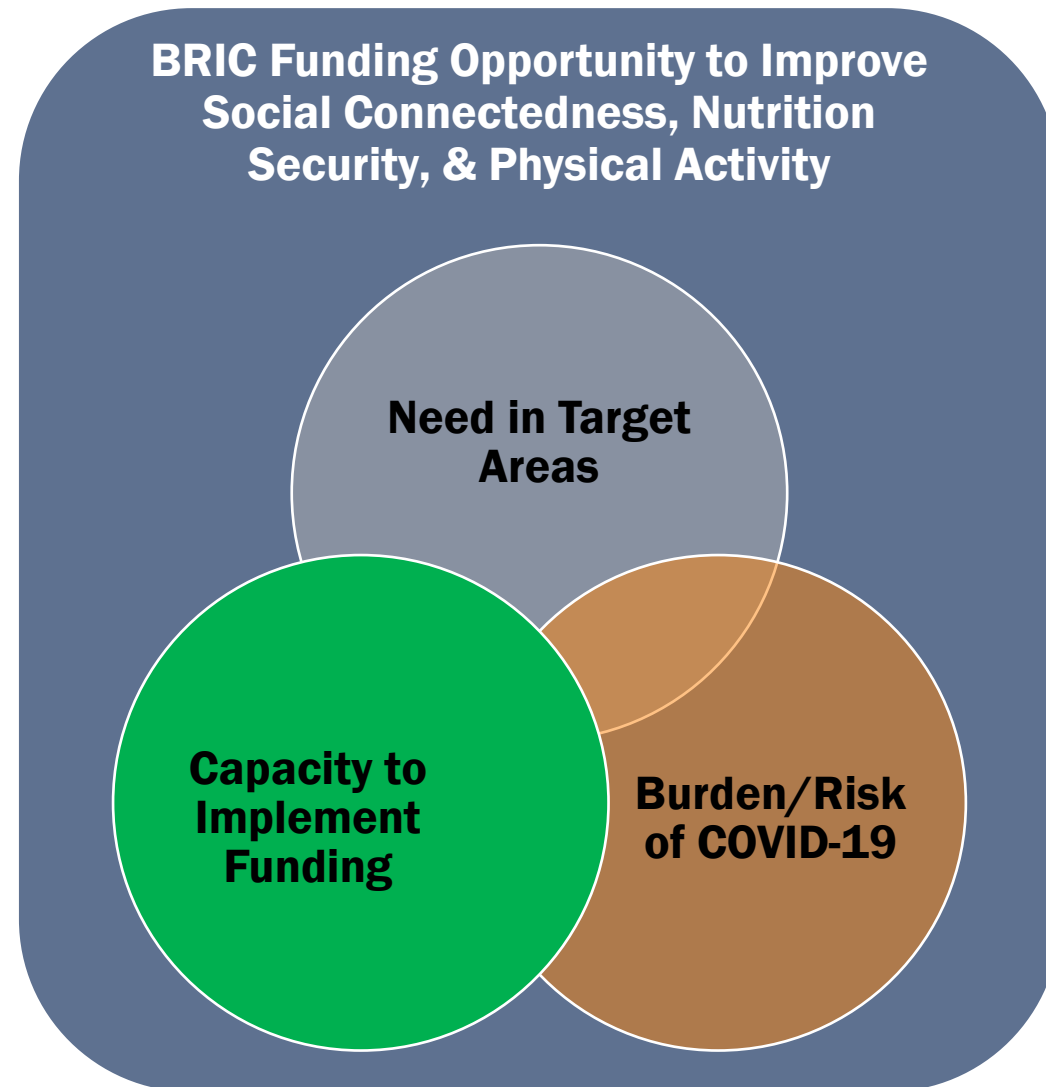
BRIC Opportunity Model & Domains

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.

QUANTITATIVE → **QUALITATIVE**

Need for Nutrition, Physical Activity, & Isolation Programs | **COVID Risk & Burden** | **Capacity to Implement**

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

Social Connectedness — 14%
- Family & Friend Connection
- Neighbor Connection
- Neighborhood Social Engagement
- Persons Living Alone
- Internet Access

Nutrition Security — 17%
- Food Insecurity
- SNAP Households w/ Low Food Access
- Transportation Access
- School Nutrition Policy
- Food Bank Access
- Complete Street Policy
- HOP or REACH

Physical Activity — 13%
- Access to Physical Activity Opportunities
- Community Safety
- School Physical Activity Policy
- Safe Routes to School
- HOP or REACH

Health Outcomes — 14%
- Cancer rates
- COPD
- Cardiovascular disease
- Diabetes
- Kidney Disease
- Mental distress

Health Risk Factors — 17%
- Obesity
- Tobacco Use
- Asthma
- Physical Inactivity
- State Tobacco Policy
- Public Health Department Funding

COVID-19 — 11%
- COVID-19 Total Confirmed Cases
- COVID-19 Total Deaths
- ICU Hospital Bed Capacity
- PHEP Funding

(Capacity to Implement)
- State and Health Department Priorities
- Infrastructure
- Willingness
- Local Champions and External Support

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.
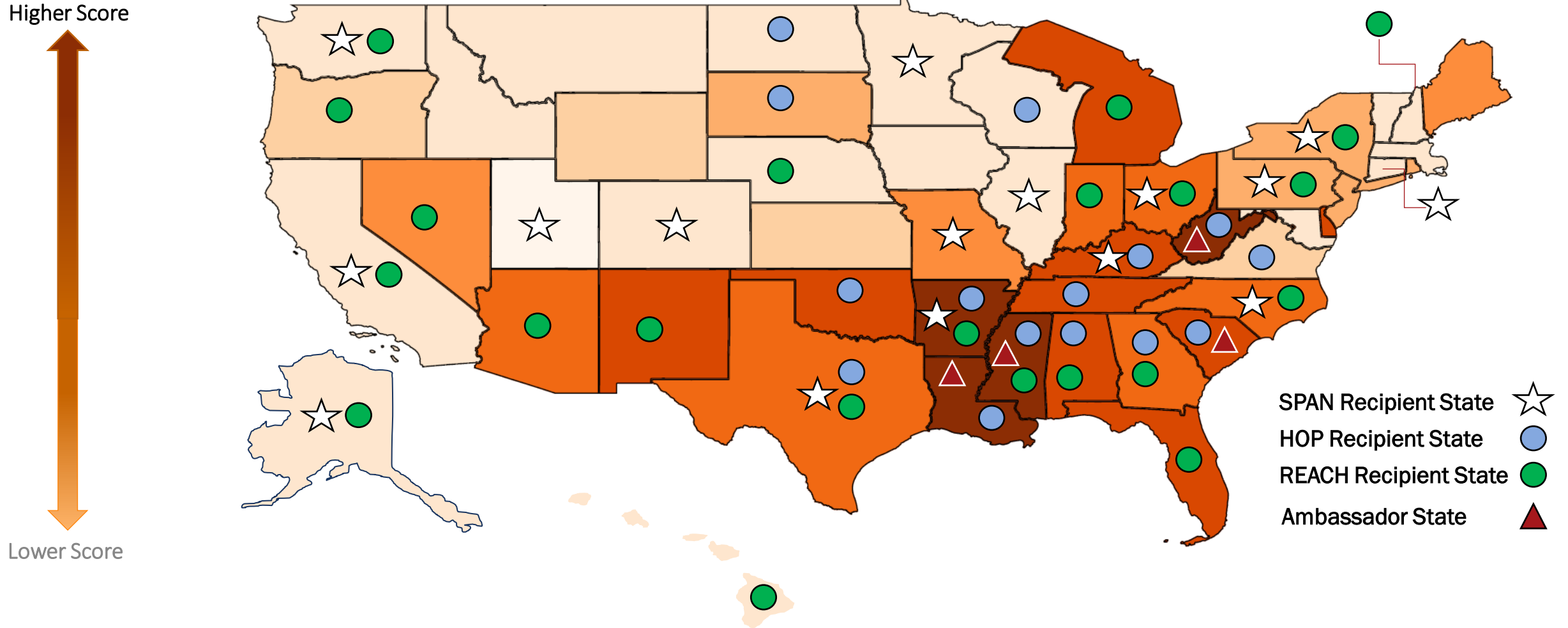
BRIC Opportunity Geographic Ranking Model

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.

Higher Score

Lower Score

SPAN Recipient State ☆
HOP Recipient State 🔵
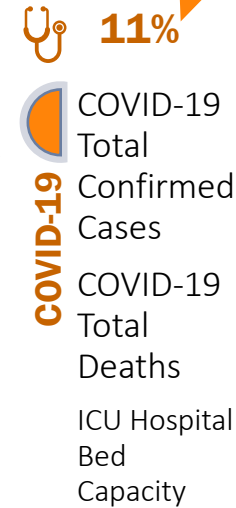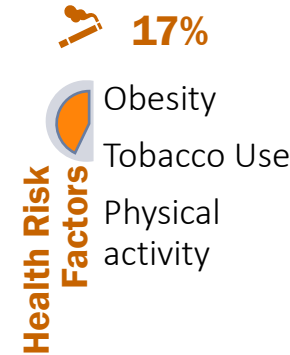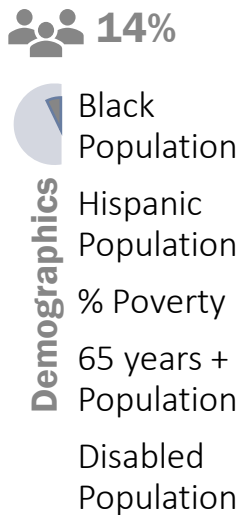REACH Recipient State 🟢
Ambassador State 🔺

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
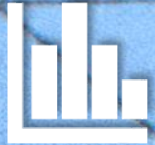- Highest Need Counties by Key Need Domains

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

Pennsylvania State Profile

Pennsylvania – Key Takeaways from Domains

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	•Pennsylvania's population is composed of a lower proportion of demographic groups at greater risk for complications of chronic diseases and COVID-19. Pennsylvania does have one of the oldest populations with 17% of the state population over the age of 65 years. This group is disproportionately impacted by COVID-19.	
Social Connectedness	•Residents of Pennsylvania report below the national average on rates of frequent connection with family and friends (39%) but one of the highest rates of connecting with neighbors on a frequent basis (46%). The state's rates of senior centers is near the national average which may be disproportionate to the relative high senior population of the state. Pennsylvania reports higher than average rates of living alone (29.6%) and rates of internet access near the national average (81%). Increased internet access may support sustained or improved meaningful connection despite increases in physical distancing resulting from COVID-19, especially among the senior population.	★
Physical Activity	•Pennsylvania reports below the national average in population with access to spaces for physical activity (68%). 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.	★
Nutrition Security	• Pennsylvania reports below average rates of nutrition insecurity (13% of population). Among SNAP participants, Pennsylvania reports a relatively lower proportion of SNAP participants with less access to grocers (<.6% of total state population). Pennsylvania does not have a state school nutrition policy and no complete street policy. Note: Pennsylvania is a REACH participating state.	★
Health Outcomes	• Pennsylvania reports rates of chronic disease near the national average, with the exception of higher rates of mental distress (13% of population).	
Health Behavior	•Pennsylvania reports rates of health risk factor near the national average, with the exception of higher rates of asthma (10th highest, 11% of population). Pennsylvania's public health funding per capita is among the lowest in the nation (6th lowest).	
COVID-19 Impact	•While Pennsylvania reports total case count per capita for COVID-19 below the national average, the death rate in the state ranks 17th (as of November 1, 2020). Pennsylvania reports above average ICU beds per capita and low Emergency Preparedness Funding per capita (3rd lowest).	

Pennsylvania – 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 Connected-ness	Physical Activity	Nutrition Security
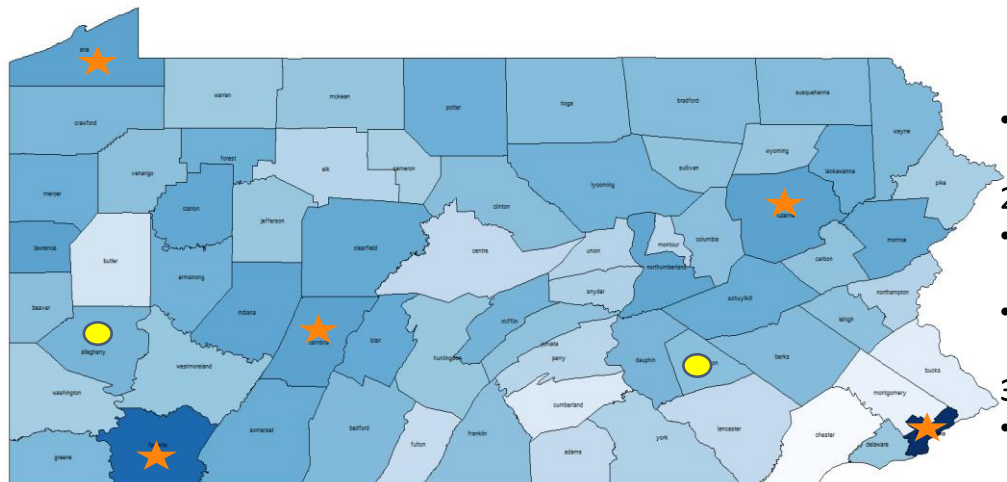
1. Philadelphia County
- Highest percentage of the population within at-risk demographic groups driven by; Highest poverty rate (25.9%), largest Black population (41.3%).
- Highest ranked in Social Isolation and Connectedness driven by: Lowest reported average number of Social Associations (7.49/person), 29.2% of citizens reported never or rarely receiving emotional support, Highest percentage of persons living alone (38.7%)
- Other: Highest rate of food insecurity (21%), highest rate of frequent mental distress (14.4%).

2. Fayette County
- Highest ranked in health risk factors: Highest rate of physical inactivity (31.9%), 2nd highest obesity rate (39.2%), highest rate of smoking (19.72%).
- Other: Highest diabetes prevalence (16%), 2nd highest reported food insecurity (15.3%).

3. Cambria County
- Cambria county consistently ranked highly across all domains, notably driven by; 2nd highest number of adults reporting never or rarely receiving emotional support (26.5%).

4. Erie County
- Higher than average poverty rate, 4th highest food insecurity (14.1%), 3rd highest percentage of population receiving SNAP assistance with low access to grocer (4.38%)

5. Luzerne County
- Ranked highly in Social Isolation and Connectedness driven by; Low number of Social Associations (10.58/person).
- Other: high percentage of population within at-risk demographic groups.

Lower Opportunity Higher
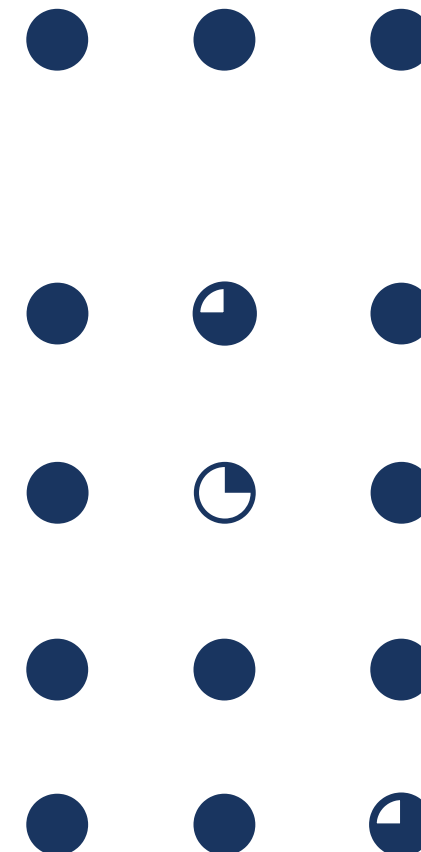
- 🔴 HOP Recipient County
- 🟡 REACH Recipient County
- ⭐ Top 5 County

Lower Opportunity — Higher Opportunity

Pennsylvania – 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.	Philadelphia County	●	●	●	●	●	◕	●
2.	Fayette County	●	●	◑	●	●	●	◔
3.	Cambria County	●	●	◔	●	●	◑	●
4.	Erie County	◔	●	●	●	●	◕	◑
5.	Luzerne County	●	●	●	◔	◑	◑	◕

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

Legend: Lower Opportunity ○ ◔ ◑ ◕ ● Higher Opportunity

Pennsylvania – 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.
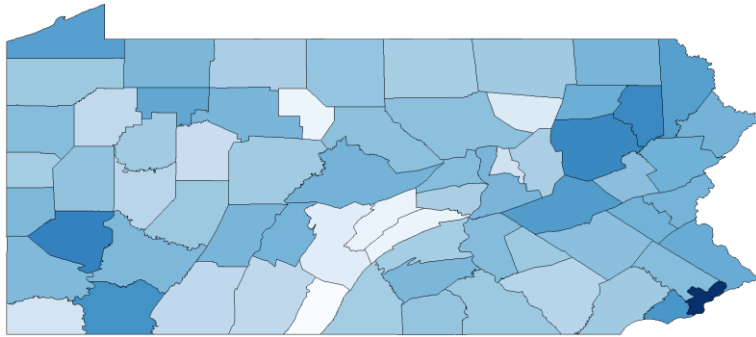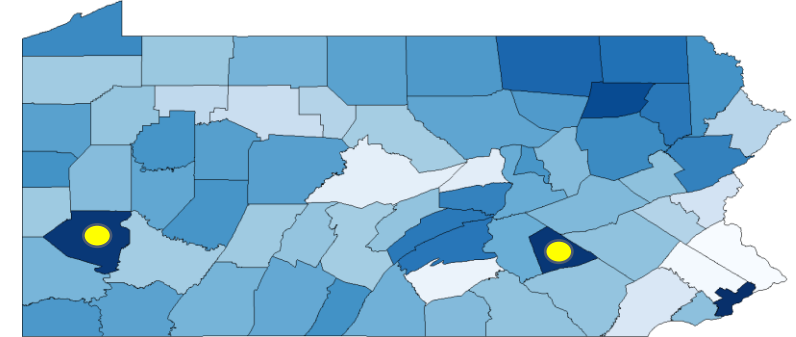

Social Connectedness Domain
1. Philadelphia County
2. Forest County
3. Fayette County
4. Luzerne County
5. Allegheny County
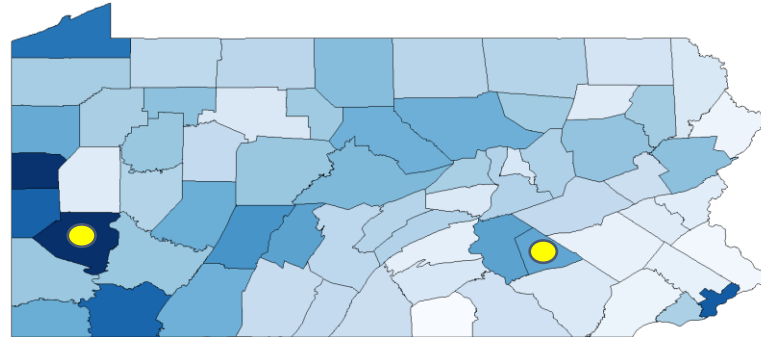
Nutrition Security Domain
1. Allegheny County
2. Lawrence County
3. Philadelphia County
4. Beaver County
5. Fayette County

Physical Activity Domain
1. Philadelphia County
2. Lebanon County
3. Allegheny County
4. Wyoming County
5. Bradford County

Lower   Opportunity   Higher

🔴 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.

Next Steps

Pennsylvania – Technical Assistance Opportunities

LEAVITT PARTNERS

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