

NACDD

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

December 2020



Outline

Executive Summary



Model Overview



State Profile



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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.



13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

SECTION 2

Model Overview

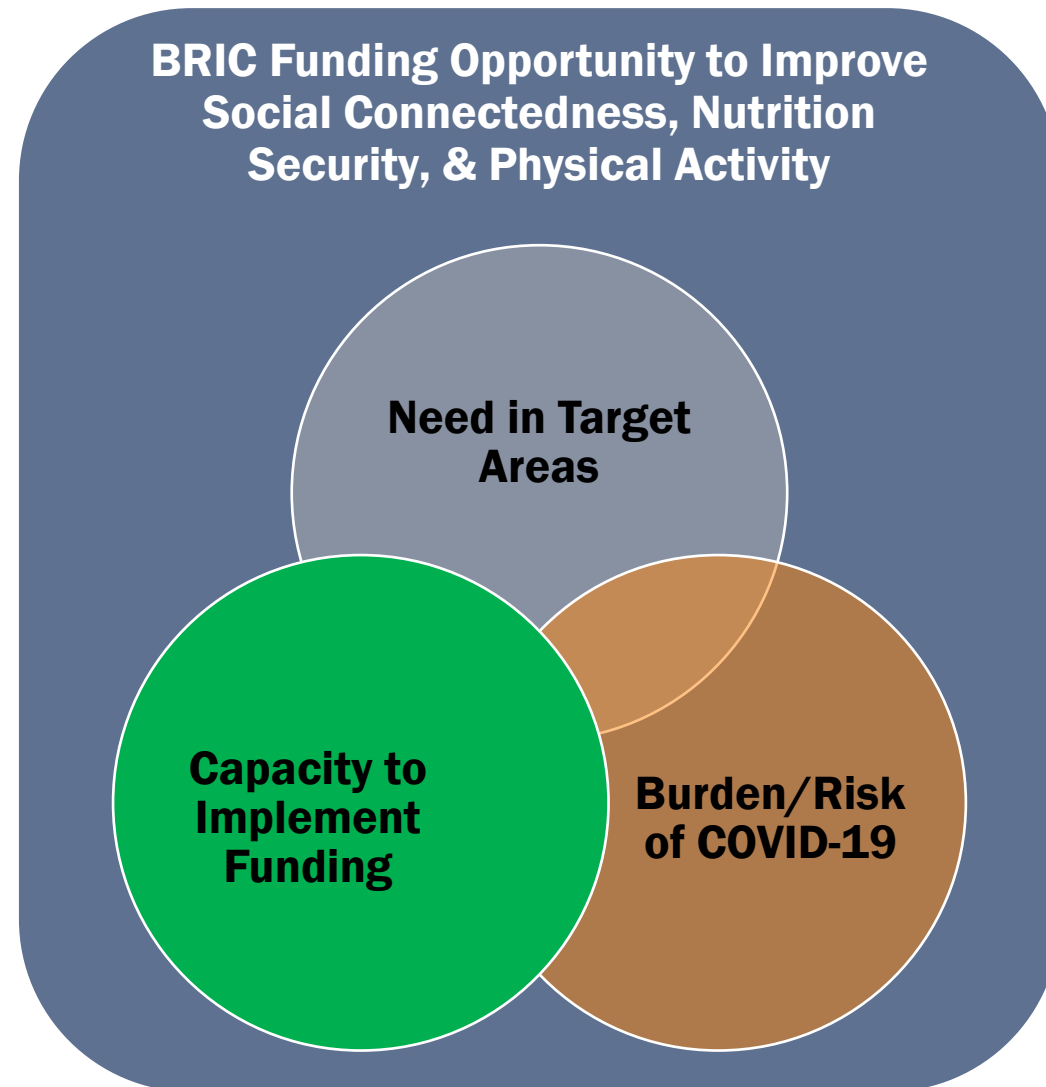


Prioritizing BRIC Funding Across States

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

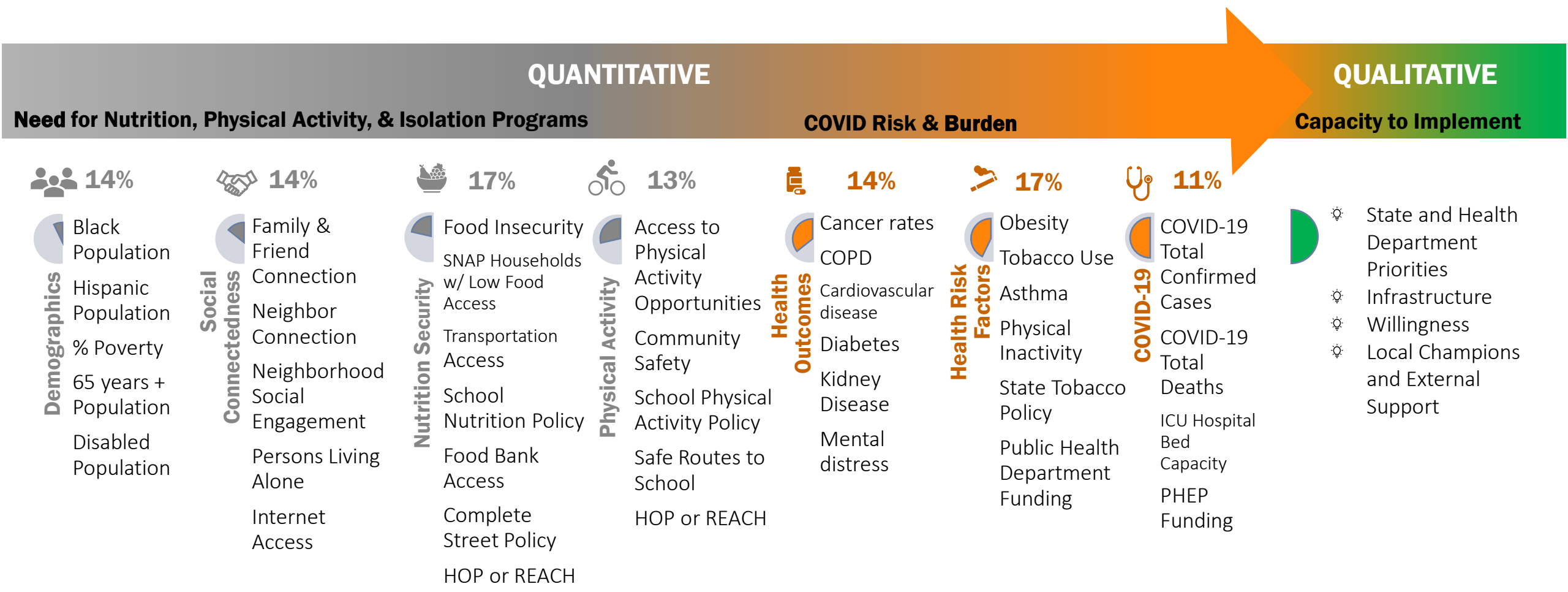
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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.

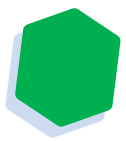


BRIC Opportunity Model & Domains

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

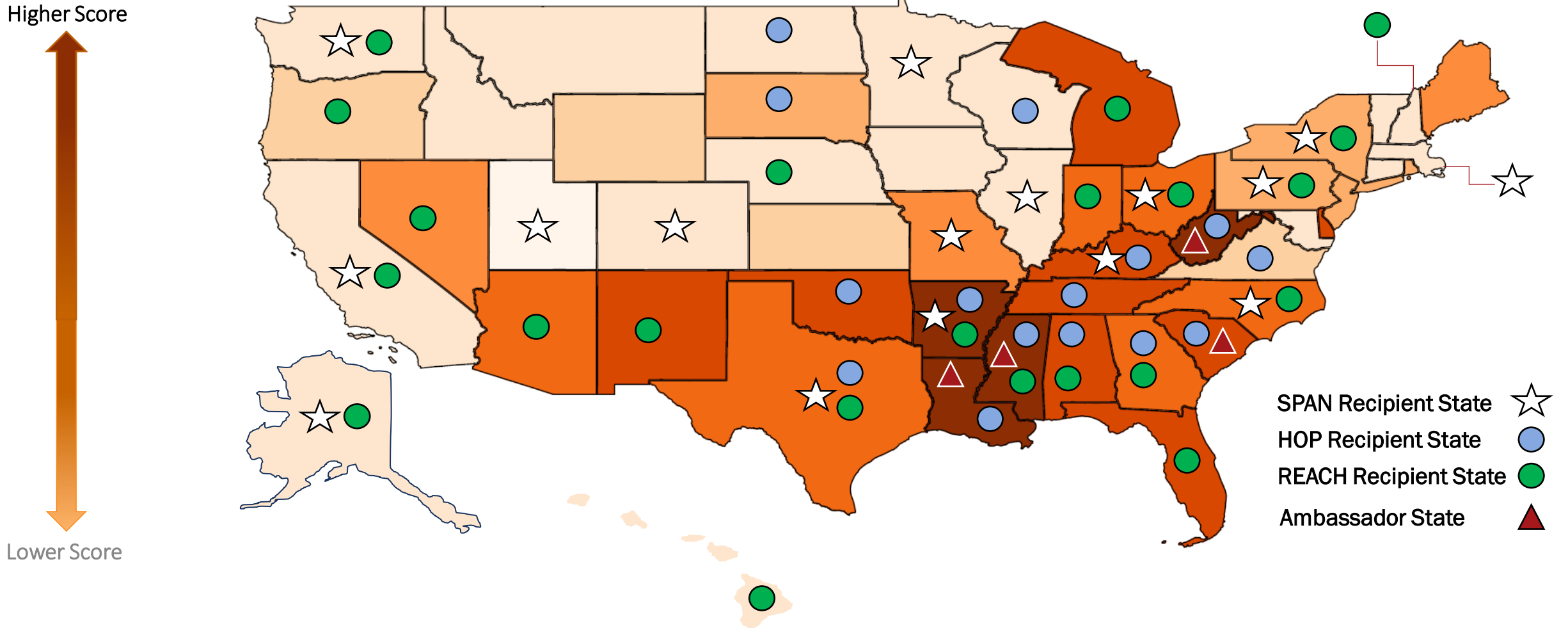
The quantitative model used combinations of variables and weights for the relative importance of those variables to produce a Composite Opportunity Score illustrating a confluence of all factors of interest across all states, inclusive of SPAN and Ambassador states.

	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

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



Texas State Profile

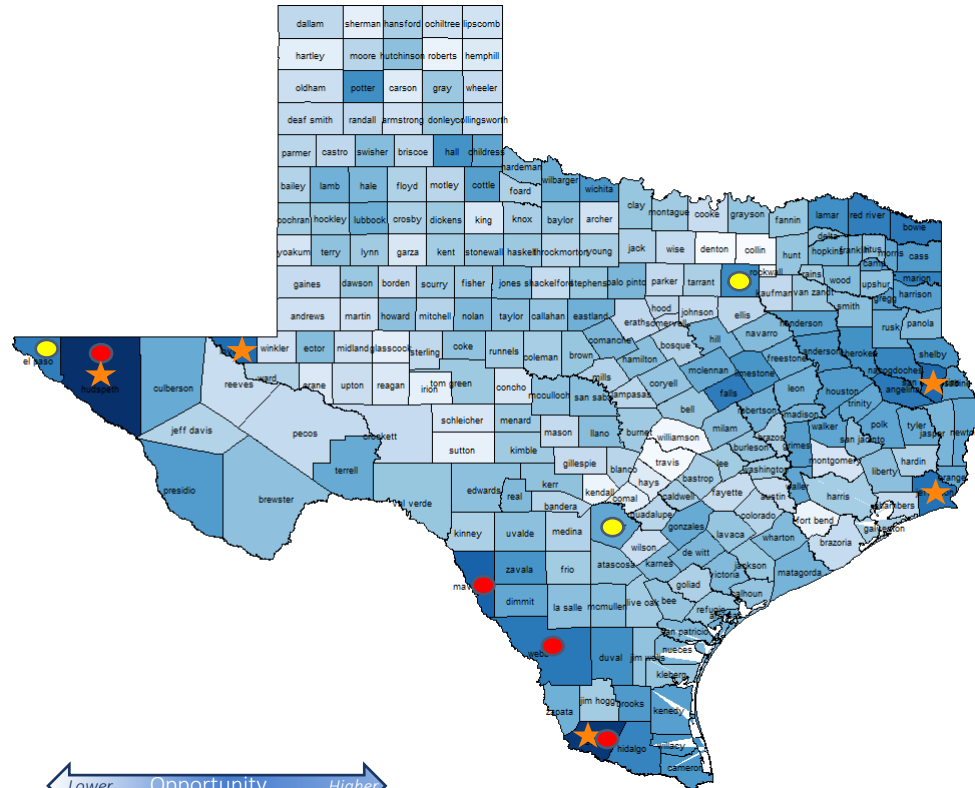
Texas – Key Takeaways from Domains

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	<ul style="list-style-type: none"> Texas's above the national average at-risk demographic groups are the Hispanic population (39%, 2nd highest among states) and the proportion of the population living in poverty (16.7%, 11th highest among states). These groups are disproportionately impacted by COVID-19 and have a greater likelihood of higher prevalence of chronic diseases. 	
Social Connectedness	<ul style="list-style-type: none"> Residents of Texas report below average rates of connecting with family and friends (39%), and neighbors (38%). The state's rates of centers for community engagement per capita (recreation center, community centers, senior centers) is among the lowest in the nation. Texas residents, however, are less likely to live alone and more likely to have internet access relative to other states. These factors may enable continued social engagement despite increased social distancing with COVID-19. 	★
Physical Activity	<ul style="list-style-type: none"> Texas reports near the national average in the proportion of the population with access to spaces for physical activity (80%). The state is active in working to improve upon access to safe physical activity as a REACH and HOP participating state and by making meaningful progress towards safe routes to school. 	
Nutrition Security	<ul style="list-style-type: none"> Texas ranks 9th in the nation for rates of food insecurity (16% of population) and 15th in fewest food banks per capita. Among SNAP participants, Texas reports a relatively higher proportion of SNAP participants with less access to grocers. Texas is active in working to improve upon nutrition security through a state policy on nutrition in schools, a complete street policy, and participating in the REACH and HOP programs. 	★
Health Outcomes	<ul style="list-style-type: none"> Texas reports above the national average for rates on two of six measure of chronic disease prevalence, diabetes and kidney disease. 	
Health Behavior	<ul style="list-style-type: none"> Texas reports above the national average on rates of obesity and physician inactivity. Texas's public health funding per capita is among the lowest in the nation (10th lowest among states). 	★
COVID-19 Impact	<ul style="list-style-type: none"> Texas is a state more impacted by COVID-19 in terms of total case count and deaths relative to other states with rates above the national average (as of November 1, 2020). Texas reports above average ICU beds per capita and below the national average Emergency Preparedness Funding per capita. 	★



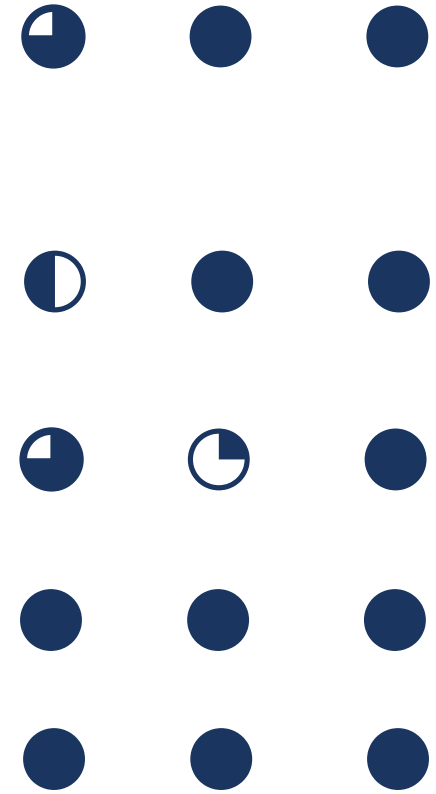
Texas – Top Opportunity Counties Overall

Using a county-level composite score we can identify the top five counties with greatest overall opportunity, with darker coloring signifying greater opportunity across all domains.



- Hudspeth County* (pop. ~4,000)**
 - At-risk demographic groups driven by; highest poverty rate (37.9%), 3rd highest in disability (25%).
 - Nutrition Security; 2nd highest population receiving SNAP assistance with low access to grocer (24.5%). Hudspeth is a HOP recipient county.
 - On average Hudspeth residents reported 2.95 social associations (compared to a state average of 13.7).
- Starr County**
 - At-risk demographic groups driven by; 2nd highest poverty rate (37.6%) and largest Hispanic population (96%).
 - 3rd highest population percentage receiving SNAP assistance with low access to grocer (21%). Starr County is a HOP recipient state.
 - On average Starr residents reported 2.66 social associations.
- San Augustine County**
 - At-risk demographic groups; reported the highest disability rate (26.3%).
 - Reported the highest food insecurity rate of all counties (25.6%).
- Loving County* (pop. <150)**
 - Highest violent crime rate (1,520 per 100,000). Lowest access to physical activity (entirety of population reported no access to physical activity).
 - Highest population of residents living alone (48.6%).
- Jefferson County**
 - Health Behavior risk factors; high rate of Physical Inactivity (32.5%), high Obesity rate (34.3%).
 - Other; Highest percentage of black population (group disproportionately impacted by COVID-19 nationally (33.3%)), high reported food insecurity (23.9%).

Social Connectedness	Physical Activity	Nutrition Security
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Texas – Top County Results By Domain

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.	Hudpseth County*	●	◐	●	●	●	◐	●
2.	Starr County	●	◑	●	●	●	●	●
3.	San Augustine County	●	◐	◑	●	●	●	◑
4.	Loving County**	◑	●	●	●	●	◐	◑
5.	Jefferson County	●	●	●	●	●	●	◐

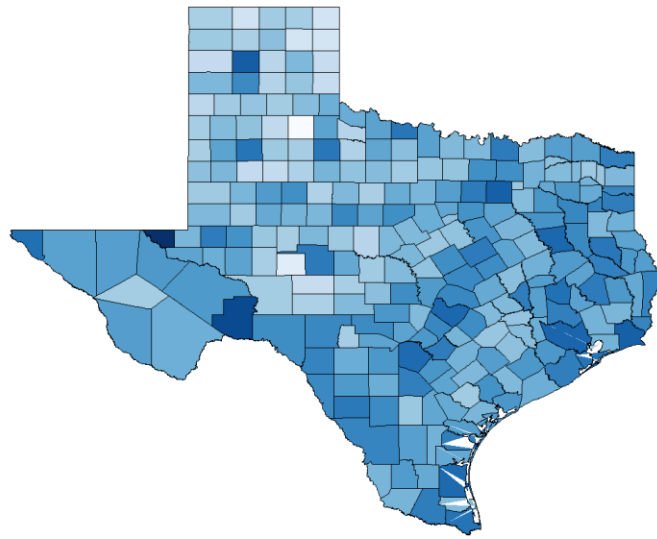
Notes: * identifies counties with population less than 5,000 persons. ** identifies counties with population less than 1,000 persons.

Lower Opportunity Higher Opportunity



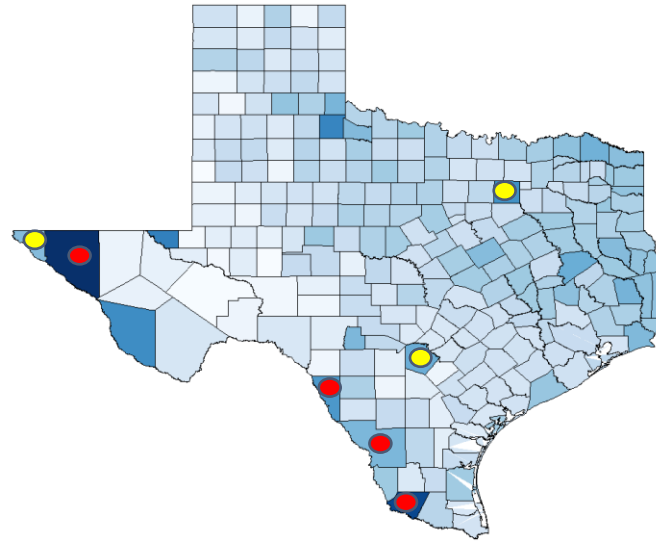
Texas – Domains for Priority Funding Areas

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.



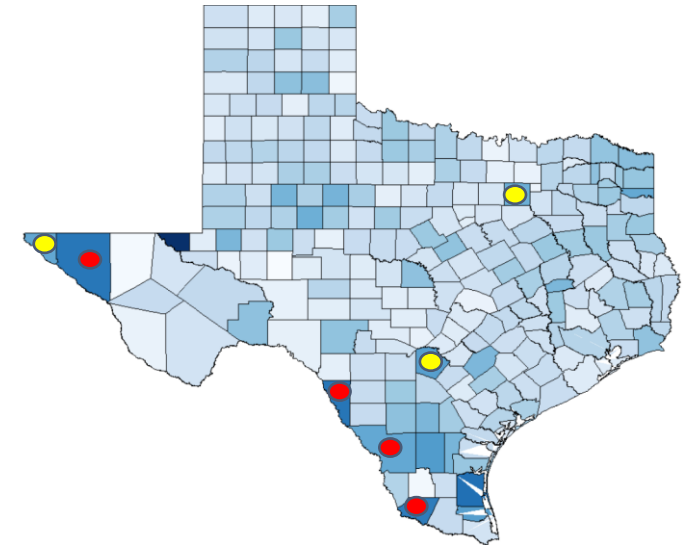
Social Connectedness Domain

1. Loving County**
2. Terrel County**
3. Potter County
4. Jefferson County
5. Dallas County



Nutrition Security Domain

1. Hudspeth County*
2. Starr County
3. Loving County**
4. Cottle County*
5. Presidio County



Physical Activity Domain

1. Loving County**
2. Kenedy County**
3. Maverick County
4. Hudspeth County*
5. Starr 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

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
- Resources for More Local Data
 - City Health Dashboard
 - 500 Cities
 - CDC PLACES database