

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

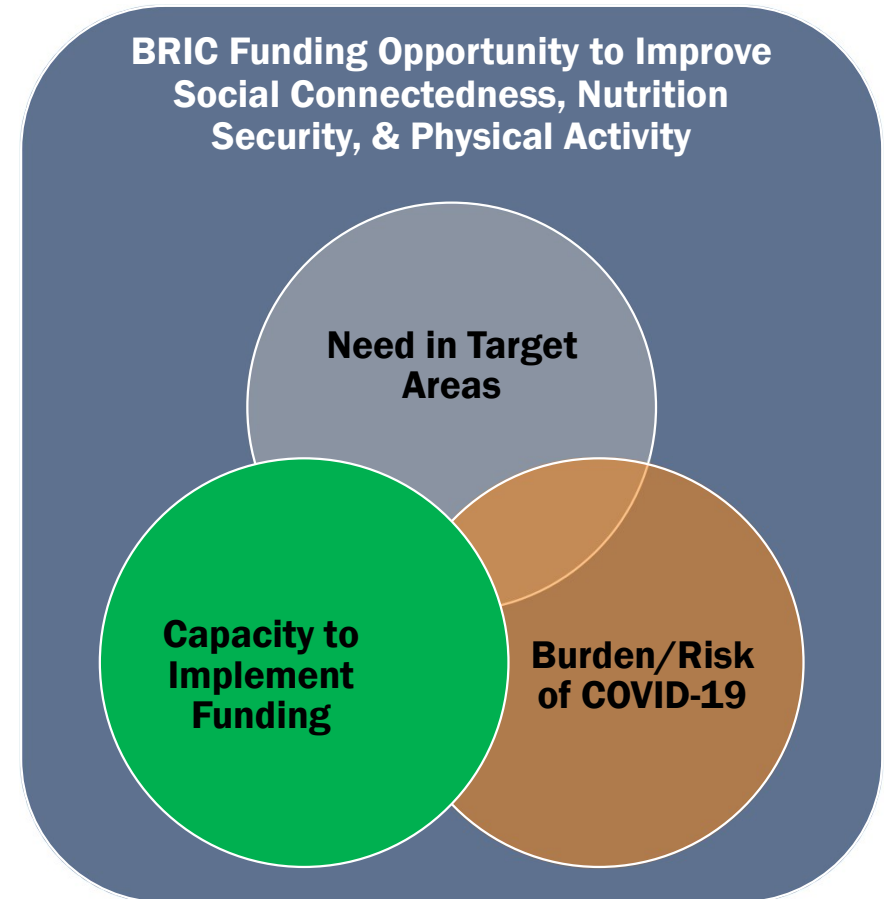
Model Overview

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:

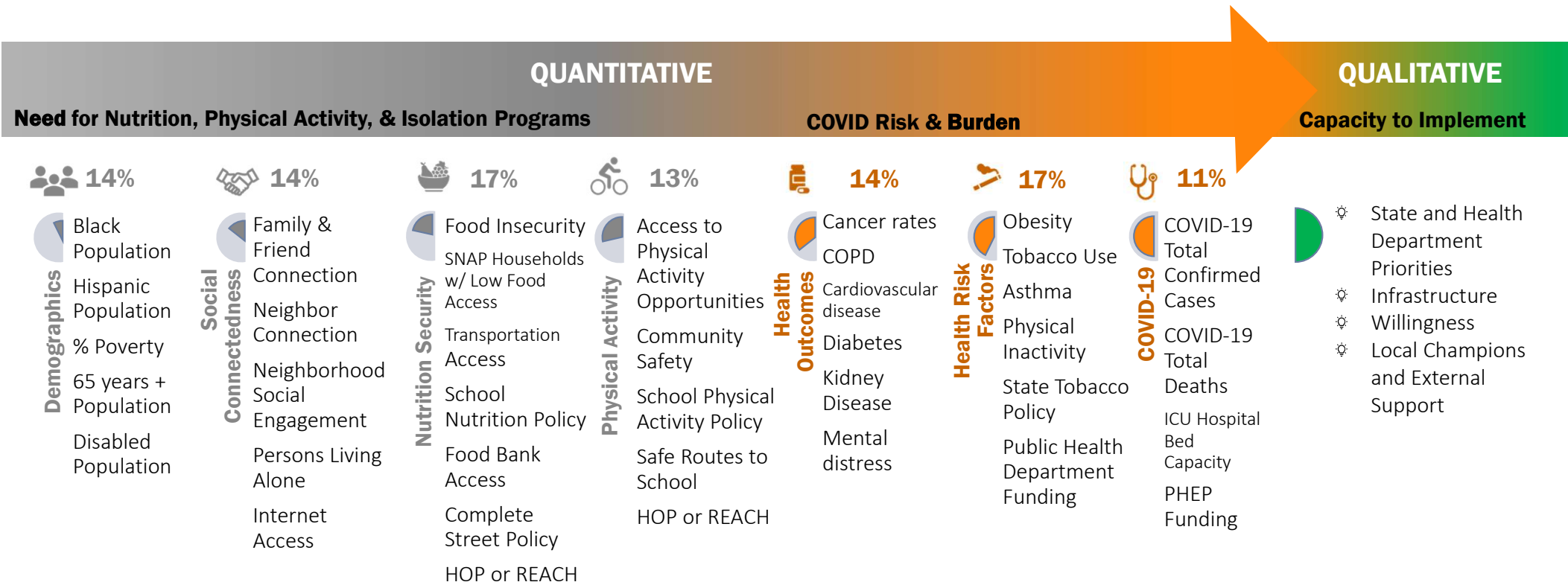
We created a model of state data to assess needs, burden (COVID-19 burden and chronic disease risk), and capacity to implement the funds among the four Ambassador states.

- 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

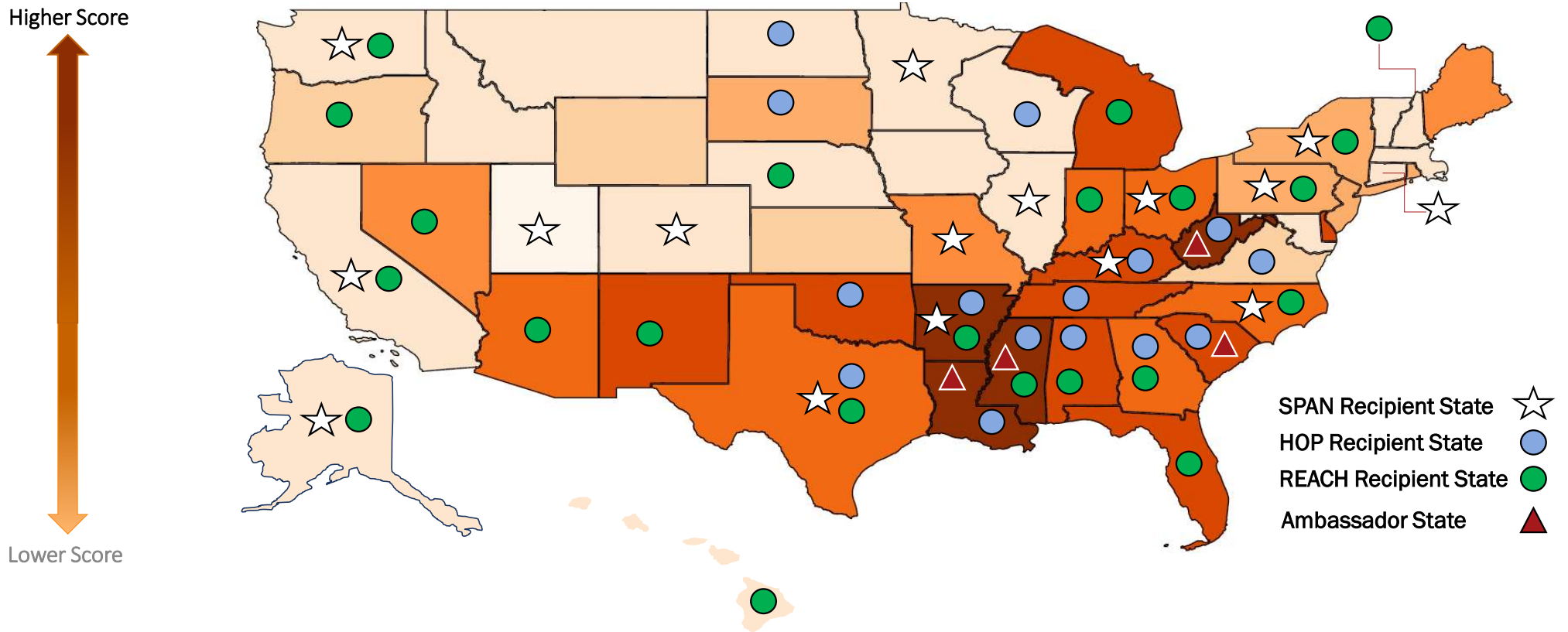
The quantitative model used combinations of variables and weights for the relative importance of those variables to produce a Composite Opportunity Score illustrating a confluence of all factors of interest across all states, inclusive of SPAN and Ambassador states.

	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. 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

- 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

 **West Virginia State Profile**



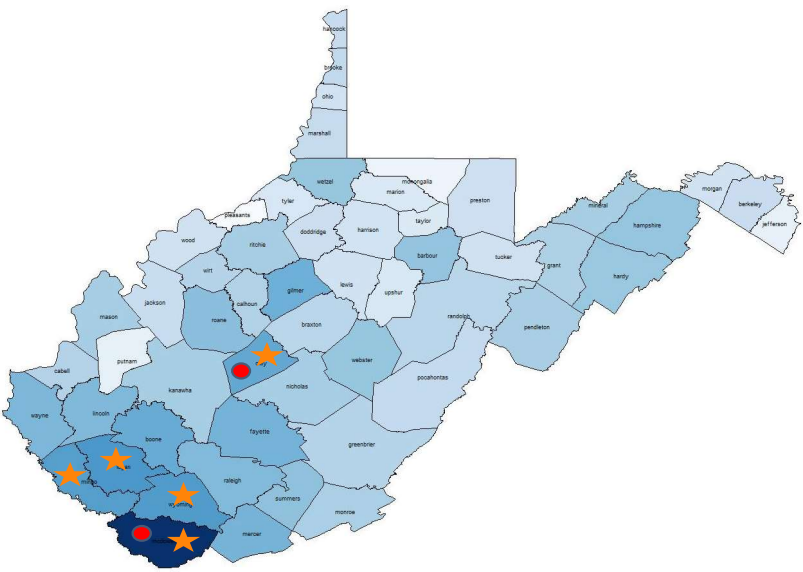
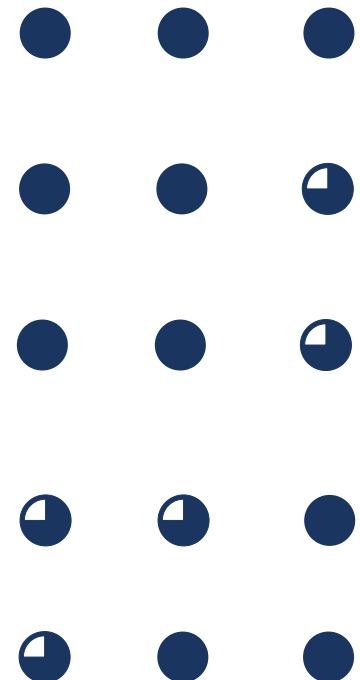
West Virginia – Key Takeaways from Domains

Domain	Key Domain Indicators (relative to all 50 states)	Areas of Highest Risk/Burden
At-Risk Demographic	<ul style="list-style-type: none"> West Virginia 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 disabled persons among all 50 states (17.4%) and the third highest aging population with approximately 19% of the population over the age of 65 years. 	★
Social Connectedness	<ul style="list-style-type: none"> While West Virginians report frequent and meaningful connection with family, friends and neighbors, the state has the sixth highest rates of persons living alone (30%) compared to other states and one of the lowest rates of internet access among households (74.5% of households). West Virginians may disproportionately struggle to maintain meaningful connection with increased physical distancing resulting from COVID-19. 	★
Physical Activity	<ul style="list-style-type: none"> West Virginia’s ranking on physical activity is near the national average among all states. Just over 60% of the population has access to spaces for physical activity and the state does not have a require physical activity in school policy. However, the state is making meaningful progress towards safe routes to school and is a HOP recipient state. 	
Nutrition Security	<ul style="list-style-type: none"> West Virginia exhibits high need for improved Nutrition Security, driven by the second highest rate of food Security nationwide (15%). West Virginia is the eighth highest in the percent of housing units with no vehicle access (3.7%). Among those top eight states, however, West Virginians use less public transportation. The geography of the state may create further difficulties for families without a vehicle to consistently access nutritious foods. Note that West Virginia is a HOP recipient state. 	★
Health Outcomes	<ul style="list-style-type: none"> West Virginia ranks highest among all states for rates of poor health outcomes (Chronic Disease prevalence). Notably, the state has one of the highest rates among U.S. states for Diabetes (14%), Cardiovascular disease (15.4%), Cancer (18.7%), COPD (12.3%), and mental distress (17%). 	
Health Behavior	<ul style="list-style-type: none"> West Virginia ranks highest overall in health risk factors, with a 36% Obesity rate, 11.5% of adult living with asthma (4th highest among all states), 25% of the population as active smokers, and 29% of the population reporting little to no physical activity. 	
COVID-19 Impact	<ul style="list-style-type: none"> West Virginia is a state less impacted by COVID-19 in terms of total case count and deaths (as of November 1, 2020); with lower-than-average number of cases, number of deaths, and comparatively higher than average Emergency Preparedness Funding. 	

West Virginia – 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
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← Lower Opportunity Higher →

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

1. McDowell County

- Highest rate of food Insecurity (22.3%). HOP Recipient County.
- Other: Highest ranked in health risk factors (highest smoking, obesity and physical inactivity rate) and chronic disease prevalence (highest in diabetes and 2nd in frequent mental distress).
- Highest concentration of at-risk demographic groups driven by; highest poverty rate (37.6%) and large disabled population (30.5%).

2. Logan County

- Highly ranked county for health risk factors and chronic disease prevalence driven by; physical inactivity (36.1%) obesity rate (41.8%) and diabetes prevalence (19.1%).
- Other: Below average on factors of social connectedness and less access to safe physical activity. Highly ranked for COVID-19 burden.

3. Wyoming County

- Highly ranked in health risk factors and chronic disease prevalence driven by high obesity rate (40.5%) and high frequent mental distress prevalence (17%).
- Other: One of the ranked lowest counties on factors of social connectedness, low access to safe physical activity, and high COVID-19 burden.

4. Mingo County

- High score with respect to health risk factors driven by consistently high values across domain variables.
- Second highest ranked county for COVID-19 burden and below average nutrition security.

5. Clay County

- Nutrition Security: high food insecurity (18.1%). Clay County is a HOP recipient county.
- Other: Below average social associations per person (4.48).

West Virginia – 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.	McDowell County	●	●	●	●	●	●	●
2.	Logan County	◐	●	●	◐	●	●	●
3.	Wyoming County	◐	●	●	◐	●	●	●
4.	Mingo County	●	◐	◐	●	●	●	●
5.	Clay County	◐	◐	●	●	●	●	◐

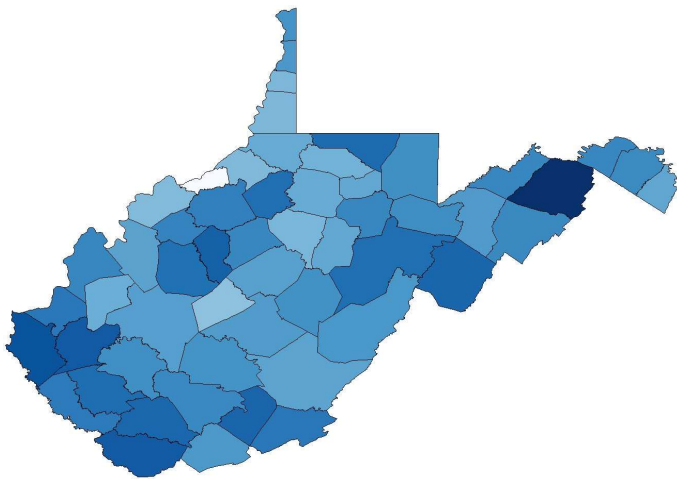
Notes: * identifies counties with population less than 5,000 persons. ** identifies counties with population less than 1,000 persons.





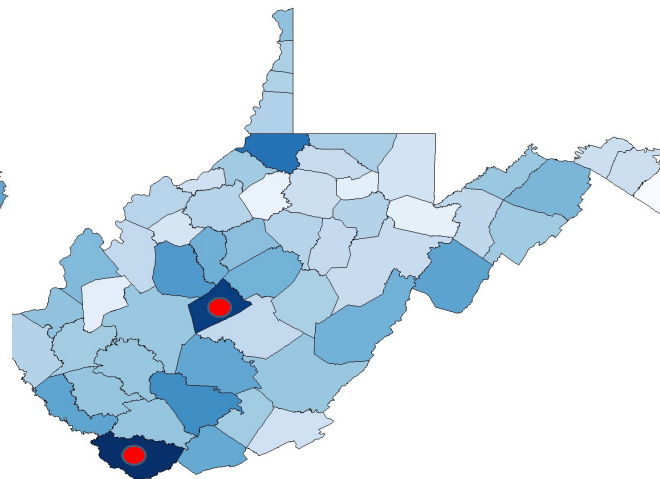
West Virginia – Domains for Priority Funding Areas

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.



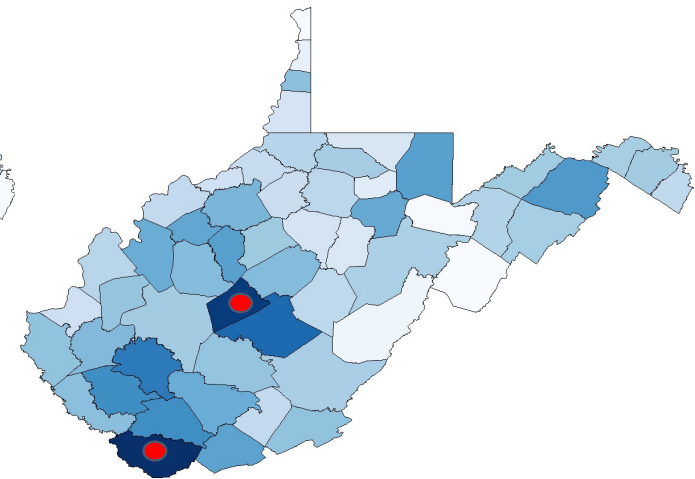
Social Connectedness Domain

1. Hampshire County
2. Wayne County
3. McDowell County
4. Lincoln County
5. Calhoun County



Nutrition Security Domain

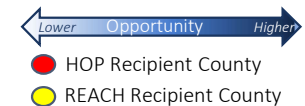
1. McDowell County
2. Clay County
3. Wetzel County
4. Raleigh County
5. Roane County



Physical Activity Domain

1. McDowell County
2. Clay County
3. Nicholas County
4. Boone County
5. Logan County

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





SECTION 4



Next Steps



West Virginia – 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

- West Virginia - Healthy People, Healthy Places: Community recognition program for nutrition security-related programs and policies
- Take Back our Health West Virginia: Coalition to address sweetened beverage consumption and other health risk factors

Physical Activity

- Mini community grants to implement Policy, System, and Environmental (PSE) changes around physical activity

Social Connectedness and Health Equity

- Bureau for Senior Services
- Office of Minority Health

Economic and Policy Landscape

- New Commissioner of Health appointed this year
- CDC HOP grant recipient



West Virginia – 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