

Building Back Better in High Vulnerability Communities Requires Focus Upon Neighborhoods and Children

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Through funding in the American Rescue Plan Act of 2021, the White House has dedicated \$3 billion to the Centers for Disease Control and Prevention (CDC) to:

create a new grant program to provide under-resourced health departments with the support they need to hire staff and build a strong public health workforce. This grant program will offer community health workers and others hired for the COVID-19 response an opportunity to continue their careers beyond the pandemic as public health professionals. ... Ultimately, the program will allow the United States to continue to support the nation’s public health infrastructure, particularly in lower-income and underserved communities.ⁱ

The White House further has emphasized that:

All awardees ... will be asked to prioritize recruiting individuals from the communities they will serve and from backgrounds underrepresented in critical public health professions.ⁱⁱ

This represents a major opportunity to reshape America’s response to health within the nation’s most vulnerable communities and to begin to address health disparities and inequities. **To maximize the impact of this investment, however, will require defining “community” at a neighborhood level that, in most instances, is much below that of a county. It will require understanding the particular demographics within those neighborhoods and responding accordingly.**

The Centers for Disease Control and Prevention has constructed a Social Vulnerability Index (SVI) to “help local officials identify communities that may need support before, during, and after disasters.”ⁱⁱⁱ The SVI uses fifteen different indicators from the American Community Survey

(ACS) for constructing the Index and provides a sixteenth indicator, on uninsurance rates. The SVI is provided at both the county level and at the census tract level and scores above .9 (on a normalized 0-1.0 scale) are considered particularly at risk. While the SVI does not provide all information relevant to a community’s vulnerability that might be gathered from the ACS, it is sufficient to provide a good, overall picture of a community and its demographics. Most recently, HRSA encouraged its use in its new grant program for a community-based workforce.^{iv}

The SVI can be employed at either the county or the census tract level. The Table below shows the SVI and its indicators for both counties and census tracts with the highest SVI scores, compared with the statistics for the country as a whole. As the Table shows, while the highest vulnerability counties have higher rates of poverty, unemployment, adults without a high school diploma, and single parenting, the highest SVI county rates are much lower than those for the highest SVI census tracts. The same holds for their minority population and the proportion of limited-English households. Further analysis shows that only four of the 315 counties with SVI scores above .9 are in Illinois, Massachusetts Michigan, New York, New Jersey, Ohio, or Pennsylvania, although almost one-quarter of the highest vulnerability tracts (1,755 of 7,220) are from these states. **Targeting at the county level misses two-thirds or more of the census tracts which score highest at the census tract level.**

Of the 45 counties with populations over 1 million residents, with 71 million people, only three (San Bernadino CA, the Bronx NY, and Philadelphia PA, with a combined population of 5.2 million) are among the highest SVI counties and none of the top twelve population counties are. At the same time, all these 45 counties have substantial numbers of people within census tracts with high SVIs. Differences in terms of vulnerability as reflected in the indicators simply are much greater within counties than across them, particularly for more urban counties.

**Centers for Disease Control and Prevention Social Vulnerability Index (SVI)
Scores and Indicators for High SVI (.9+) Census Tracts and Counties and the
United States as a Whole, 2014-2018 Data from the ACS**

	.9+ SVI Tracts	.9+ SVI Counties	United States
Total Population	30,583,483	21,832,672	322,903,030
Number Tracts/Counties	7,220	315	72,837/3,142
<u>Demographics</u>			
Percent Population 65 and Over	12.3%	16.4%	18.4%
Percent Population 17 and Under	27.9%	24.4%	22.4%
Percent Minority Population*	77.9%	55.2%	23.5%
Percent Lim. Engl. Prof. Pop.	11.7%	3.6%	1.7%

<u>Socio-Economic Status</u>			
Median Per Capita Income	\$ 16,266	\$ 19,820	\$ 27,028
Percent Poverty	33.8%	25.9%	15.6%
Percent Unemployed	12.1%	9.5%	5.8%
Percent 25+ No High School Dipl.	29.5%	22.1%	13.4%
Percent Single Parent Families**	18.4%	12.2%	8.3%
Percent Uninsured	16.4%	15.2%	10.1%
Percent Households No Vehicle	22.6%	11.3%	6.4%
Percent over 3 with Disability	16.8%	18.3%	15.9%
<u>Housing</u>			
Percent Overcrowded Housing	9.6%	4.7%	2.3%
Percent Multi-Unit Housing	19.9%	3.1%	4.7%
Percent Group Quarters	3.3%	5.5%	3.5%
Percent Mobile Homes	6.6%	21.5%	12.9%
<u>SVI Score***</u>	0.950	0.950	0.500

*This is the percentage of the population that does not designate itself as White, only, and non-Hispanic. Data is available through the American Community Survey (ACS) providing other racial and ethnic break-outs.

** This is the percent of single parent families as a percent of all households. More commonly, and also available from the ACS, is the percentage of children living in single parent families as a percent of all children. That overall percentage is roughly 2.8 times greater than shown in this table, or 24 percent of all children for the country as a whole and 53 percent of all children in .9+ SVI tracts.

*** The SVI scores are normalized (0 to 1.0) and are separately calculated for counties and for census tracts.

This analysis was conducted by the Integrated Care for Kids-InCK Marks Initiative from the database provided on the CDC/ATSDR website, <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>. More information is available at: www.2020visionforchildren.com/no-place-like-home.

The Table also provides two other pieces of information with critically important implications.

First, high SVI tracts are predominantly populated by people of color. In one tract or set of tracts, this might be Hispanic, in another African American, and in another a mixture that includes particular immigrant and refugee groups. In generally, these are highly racially and ethnically segregated tracts. Recruiting individuals from within these tracts requires recognizing the racial and ethnic composition of the tracts to a much greater degree than looking at the county as a whole. It also involves giving concerted attention to developing alternatives to academic education and credentialing as standards for employment eligibility.

Second, high SVI tracts (and, to a lesser extent, counties) have much higher proportions of children and lower proportions of seniors than the country as a whole. These SVI tracts simply

are much younger, and other analyses show this is particularly true with respect to young children.^v While the COVID-19 pandemic did not have its biggest medical impact upon children, there is no guarantee the next pandemic or disaster will not affect children disproportionately. In addition, children were affected in many ways by the COVID-19 pandemic, with disruptions and adversities that can have consequences upon their health over their life course. While public health has sometimes focused upon health maintenance of adult populations and responding to their existing health conditions and infirmities, from a preventive perspective, public health also needs to focus upon child populations and their healthy development – physical, cognitive, social, emotional, and developmental.

Assuming that the proportion of children who are minority is equivalent to the proportion of all people who are minority,^{vi} the data further show that 39.1 percent of all minority children live in the highest SVI tracts, while only 3.4 percent of White only, Nonhispanic children do. For highest SVI counties, these figures are still substantial, but very much less pronounced. There, 17.4 percent of all minority children in highest SVI counties, compared with 7.4 percent of all White, only, Nonhispanic children.

The COVID-19 pandemic has made clear the critical importance of a public health infrastructure and the need to build back better. It also has made clear the critical importance of addressing issues of inequity and disparity and to building back better in historically underserved and minority communities. Reducing disparities in health and well-being for children of color compared to White only, nonHispanic children requires addressing the social determinants of their health in the high vulnerability tracts.

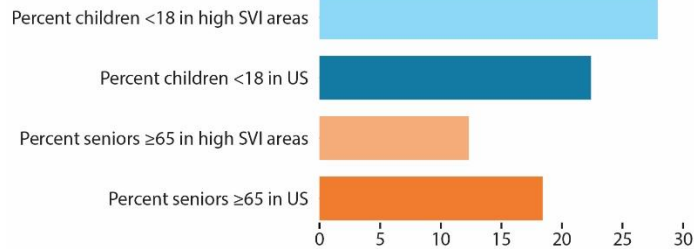
In short, the COVID-19 pandemic has made clear the critical importance of a public health infrastructure and the need to build back better. It also has made clear the critical importance of addressing issues of inequity and disparity and to building back better in historically underserved and minority communities.

To maximize impact – both in terms of returns-on-investment and reducing inequities – requires focusing attention and investments at the neighborhood level and recognizing children and their families as a prevalent and priority population within those neighborhoods.

For further information on this topic, including the opportunity and imperative to make children and their families a priority population in building a community and relational health workforce, see the work of the Integrated Care for Kids/InCK Marks Initiative.^{vii}

INFOGRAPHIC OF HIGH SOCIAL VULNERABILITY INDEX (SVI) CENSUS TRACTS (.9+) COMPARED WITH NATION AS A WHOLE – 2014-2018 ACS DATA

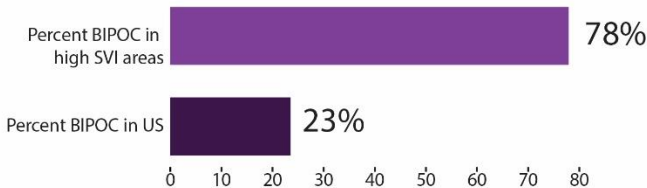
Concentration of Population Living in SVI Varies by Age



Poverty rate in high SVI neighborhoods is more than double the US average

Poverty rate in high SVI areas **34%**
 US poverty rate overall **16%**

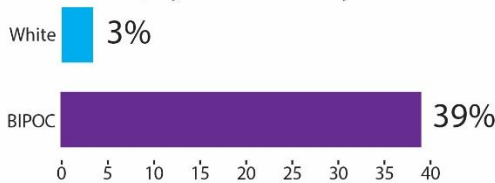
BIPOC in High SVI Neighborhoods



Adults living in high SVI neighborhoods with no high school diploma



Children in High SVI Neighborhoods as a Percent of All US Children <18, By Race/Ethnicity



8.5 million of the 72 million US children live in high SVI neighborhoods



REFERENCES:

ⁱ Fact Sheet: Biden-Harris Administration to Invest \$7 Billion from American Rescue Plan to Hire and Train Public Health Workers in Response to COVID-19 (May 13, 2021). White House website. Retrieved at: <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/13/fact-sheet-biden-harris-administration-to-invest-7-billion-from-american-rescue-plan-to-hire-and-train-public-health-workers-in-response-to-covid-19/>

ⁱⁱ Ibid.

ⁱⁱⁱ CDC/ASTDR SVI Fact Sheet. ASTDR Webpage. Retrieved at: https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html

^{iv} HRSA Local Community-Based Workforce to Increase COVID-19 Vaccination Rates. Web page. Retrieved at: <https://www.hrsa.gov/grants/find-funding/hrsa-21-140>

^v Bruner, C (2017). ACE, race, place, and poverty: Building hope for children. *Academic Pediatrics*. Vol. 17; Issue 6. Supplement. S121-S129. Retrieved at: [https://www.academicpediatricsjournal.net/article/S1876-2859\(17\)30352-2/fulltext](https://www.academicpediatricsjournal.net/article/S1876-2859(17)30352-2/fulltext)

^{vi} The Svi does not provide sufficient information to produce a precise calculation, but other analyses of vulnerable and/or opportunity census tracts show that, if anything, this is a conservative way to assess the percentage of children of color who live in these highest SVI census tracts.

^{vii} Additional resources available at: www.inckmarks.org and www.2020visionforchildren.com/no-place-like-home