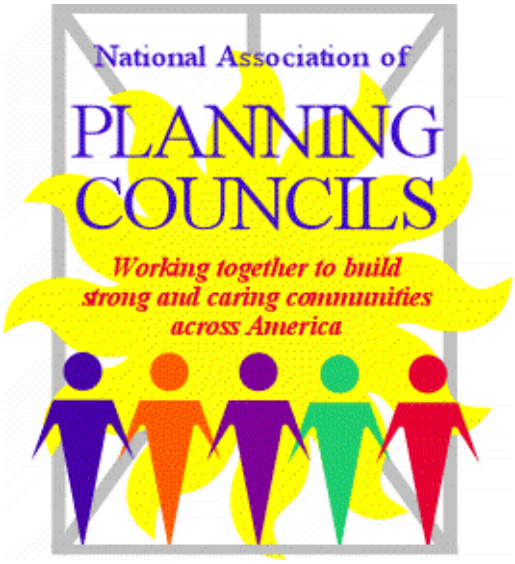

National Association of Planning Councils (NAPC)

From the Bottom Up

A Report on the NAPC Social Indicators Project

- May 2002 -

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A publication of the

National Association of Planning Councils (NAPC)

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Dedicated to working together
to build strong and caring communities across America

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I. Introduction

Introduction by David Swain - Jacksonville Community Council, Inc.

Social indicators are an important tool.
However, indicators themselves do not create positive change.
They are most effectively used when imbedded in a process
of civic engagement that includes visioning, strategic planning, advocacy,
implementation, and assessment of program results.

Social indicators are important not because they're numbers but because they tell important stories about aspects of our lives and well-being that are important to us and about trends or changes that affect our lives and well-being. The stories may tell of individual or family situations—needs they have, service-provider responses to their needs, and the resulting outcomes in their lives and well-being. Stories may also tell of community or "systemic" situations—public policies, civic and political decision making, bureaucratic operations and procedures—how these influence people's lives and well-being, and how they are changed or resist change.

Social indicators are an important tool that can have a tangible and significant positive impact on the lives and well-being of individuals and families and on communities at a systemic level. However, indicators themselves do not create positive change. They are most effectively used when imbedded in an effective process of civic engagement that includes visioning, strategic planning, advocacy, implementation, and assessment of program results. Communities engage in this process in diverse ways. In a number of communities, "planning councils" play major roles in this process as collectors of data and reporters of indicators, conveners of citizens and stakeholders for visioning, planning, advocacy, and assessment and, in certain cases, even as implementers of particular programs.

Planning councils work with social indicators primarily at the community level. Other efforts are underway to develop and use social indicators at the national level. At each of these levels, important reasons exist to develop indicator sets that are unique to the scope, character, and values of the jurisdiction. A good case can also be made for the development of comparative indicators as well. Important comparisons can be made both "vertically" (national/state/community/neighborhood) and "horizontally" (among communities, for instance). For comparative indicators to be useful, they must be standardized.

The purpose of this document is to report on the National Association of Planning Councils' first steps toward developing a standard set of social indicators, to be measured at the community level across the nation, and to be comparable with key indictor sets at the national level.

II. Background

The National Association of Planning Councils

The National Association of Planning Councils (NAPC) is a private, non-profit national organization which promotes quality community planning and supports its members as they provide leadership for community-based human services and health planning and action.

Planning councils bring people together to identify needs and work toward solutions, mobilizing community involvement, developing and coordinating services, advocating for informed decisions by funders and policy makers, and linking people with community resources.

Defining Characteristics of Planning Councils

- Citizen-led board of directors, with leaders from all sectors ... people from business, health, education, religion, labor, government, civic groups, and geographic areas
- Incorporation as a separate 501(c) 3 charitable non-profit (or possibly within one)
- Non-partisan and non-sectarian
- Driven by a mission to broadly build the quality of community life through community-wide planning focused on addressing human development needs
- A merging of lay and professional interests, skills, and experience to guide and ensure effective community planning and organizations
- A highly competent, skilled professional staff with varied knowledge, experience, and abilities

Core Competencies of Planning Councils

- Building Community Infrastructure
- Mobilizing Resources
- Research and Evaluation
- Public Policy Analysis
- Community Organizing
- Advocacy
- Information Services
- Facilitation

Background of the NAPC Social Indicators Project

The NAPC Social Indicators Project grew out of a panel discussion which focused on one of the core competencies of planning councils—information services. In April 2000, at the annual NAPC Conference, a five-member panel discussed *Health and Human Services Indicator Data Preparation, Distribution and Applications*. Panel members included:

Gretchen Kunkel, Director, Research and Administration
Federation for Community Planning, Cleveland, Ohio
Joseph A. Connor, CEO
The Collaboratory for Community Support, Ann Arbor, Michigan
David Swain, Associate Director
Jacksonville Community Council, Inc., Jacksonville, Florida
Nancy Findeisen, Executive Director
Community Services Planning Council, Inc., Sacramento, California
Robert Spinks, Executive Director
Community Council of Central Oklahoma, Oklahoma City, Oklahoma

Response to this session on indicators was so strong that a group of member councils and the Board of NAPC decided to pursue three courses of action:

1. Identify the member planning councils involved in indicator efforts;
2. Explore the feasibility of a compilation of the indicators that planning councils measure;
3. Convene a meeting that same year in Washington, D.C. with NAPC and other national organizations interested in social indicators.

NAPC Social Indicators Survey

NAPC sent out a *Social Indicators Survey* to each of its member councils to:

1. Identify the planning councils involved in indicator efforts, and
2. Develop a compilation of the indicators that planning councils measure.

Councils were given the following criteria: "An indicator is not just a piece of data. It is a time series of data that a council uses to track a particular project, or for other purposes related to the organization's mission as a planning council." (See Appendix C, summary of survey responses.)

Meeting in Washington, D.C.

In November, 2000, representatives of NAPC met in Washington D.C. with experts involved in social indicator work at the national level. These experts included representatives from national nonprofit groups, national foundations, and federal government agencies. (See Appendix A for the meeting agenda and participants.)

The meeting generated strong interest both from member planning councils and from national experts. Based upon this interest, member councils and the NAPC Board continued to gather information on indicators and data sets used by planning councils and to explore possible links between the indicator work of councils and the efforts occurring at the national level.

Social Indicators Symposium

In April 2001, in conjunction with the annual conference, NAPC hosted a one-day *Social Indicators Symposium*. Nearly 40 people attended the symposium. (See Appendix B for the program agenda for the Indicators Symposium.) Highlights of the day included Chris Paterson from Sustainable Measures who discussed the importance of getting all the interests around the table. Judy Rothbaum, Community Council of Central Oklahoma, gave a status report on the Social Indicators Survey. Dennis P. Andrulis, State University of New York, and co-author of *The Social and Health Landscape of Urban and Suburban America*, presented on the social and health landscape of the nation.

Following the symposium, member councils and the NAPC Board reaffirmed their desire to pursue a social indicators effort based upon two primary goals:

- Identify common community-based social indicators and measures used by identified councils, and
- Determine if, and how, community-based indicators could be linked to national efforts.

Social Indicators Project Components

Individuals working on the project became known as the Social Indicators Work Group. The Group confirmed that the project would consist of the following components:

- A purpose or vision statement for the project
- Dissemination of the survey results
- A framework for the project based upon the criteria that social indicators are defined within the context of the core competencies of councils and the collection of social indicators data cannot be divorced from the community engagement process
- Identification of the primary challenges that will need to be addressed in order to collect common data sets accurately, with comparability among very diverse communities with very different reporting protocols
- A compilation of stories that illustrate how social indicators fit within the context of council work, particularly the community engagement process
- Examination of the role that communication plays in the dissemination and sharing of indicator data and information within communities, especially the role the media plays or could play
- A status report to be presented at the May 2002 NAPC Conference to share findings with member councils

III. Vision

The Social Indicators Work Group agreed that a statement outlining the purpose for the project, and its relationship to the NAPC vision of communities, would be a useful instrument, providing a touchstone to keep the project on track as it moved forward.

In March, 2001, Claudia Gooch, Vice President, Community Planning and Development, The Planning Council of Norfolk, Virginia, developed the following vision statement for the NAPC Social Indicators Project:

> Planning councils bring people together to identify needs and work towards solutions. NAPC has a vision of communities in which citizens:
>
> - enjoy wellness and safety in their homes and neighborhoods
> - secure their economic well-being
> - achieve their academic potential
> - participate in community decision-making
> - live in a nurturing, inclusive environment
> - have adequate, accessible transportation
>
> In order to measure how well communities can achieve that vision, a series of community indicators has been identified for each of these objectives. It is NAPC's goal that each community utilize this framework to describe itself and track its progress through these community indicators.
>
> For citizens to make informed decisions, it is necessary to develop common capacity to understand data. Through the use of community indicators, planning councils turn data into information which citizens and communities can use in shaping decisions about their futures.

It is important to note that the first sentence is: ***Planning councils bring people together to identify needs and work towards solutions.*** The heart of councils' work is civic engagement—bringing people together, getting them involved in understanding the issues, and participating in the solutions.

IV. Looking at Common Ground

Common Frameworks

From summer, 2001 through winter, 2001, Judy Rothbaum surveyed member councils and analyzed the information received from the sixteen councils who responded to one of the two Indicators Surveys. (See Appendix C for the Summary of the Indicators Survey.)

The surveys showed that the most common indicators used by councils fit within a framework of seven broad social categories:

- Wellness and Safety
- Economic Well-being
- Educational Preparedness
- Community Participation
- Nurturing, Inclusive Environment
- Transportation
- Demographics

Indicators are usually described as useful for assessing the status of a community and for tracking trends and progress. Indicators are described as telling "stories" about communities and the people in them.

But the survey information received from councils revealed that **most importantly, indicators are a diagnostic tool leading to vision and action**. In other words, indicators are a tool in a four-part effort of:

1. Civic Engagement (bringing people together)
2. Diagnosis (identifying areas of concern/analysis)
3. Vision (determining the desired outcomes)
4. Action (seeking solutions to make improvements)

Community Engagement

Community-based social indicators and the data they provide are wonderful tools in the process of community engagement. People enjoy learning about the community they live in and work in; they enjoy the shared experience of learning together. There's a feeling of energy and of confidence that comes from having information—the "power" of knowledge.

Looking at the data, reviewing it and trying to understand it, helps initiate discussion. Indicators provide a framework for that discussion. Indicators help organize the "collective thinking" of the group by shaping a more focused group dialogue about common community issues and concerns. Discussing the data keeps the focus on those things that we have in common—the issues that we care about—rather than the differences we have between us. The process of reviewing and understanding the data helps the group to reach a common level of knowledge and helps focus the group energy toward development of a common vision and a common direction for community action.

Comparisons

The use of social indicators allows comparisons to be done in several ways:

- Trends—comparing changes in the data over time
- Micro to Macro—comparing the status of a neighborhood to the county or comparing the county to the state as a whole
- Peer to peer—comparing one county to another or comparing one city to a similar city
- Target goals—comparing the current condition to the desired target goal

It is comparison that gives data meaning. Because comparison is an essential part of understanding and using indicators, a set of common indicators among councils would be beneficial.

Common Indicators

The value of a common set of community-based social indicators allows for comparability across communities in the areas of well-being and quality of life. Although there have been some efforts to do this, there is nothing cohesive and nothing that has been done consistently across as broad a sector of communities as those represented by NAPC member councils.

The Social Indicators Work Group also compared the indicators used by the councils with a number of national efforts, including:

- Marc Miringoff – *The Social Health of the Nation*
- Dennis P. Andrulis – *The Social and Health Landscape of Urban and Suburban America*
- *The United Way State of Caring Index* - Jeff Elder
- Knight Foundation: *Community Profiles: An Overview of the Knight Communities*
- *Indicators of Sustainability*

The results of this analysis and comparison resulted in the following recommended list of NAPC "Core Indicators."

NAPC CORE INDICATORS

Wellness and Safety

- Resident infant deaths per 1,000 live births by race/ethnicity
- Percentage of live born infants weighing less than 2,500 grams at birth
- Percentage of births to women entering prenatal care in the first trimester
- Percentage of two-year olds who are up-to-date on their immunizations
- Youth suicide
- Age adjusted death rates per 100,000 population for leading causes of death: heart disease, cancer, cerebrovascular disease, chronic obstructive pulmonary disease, unintentional injuries
- Reported incidence of (causes) per 100,000 population (suggested causes include all STDs, lung cancer, breast cancer, prostate cancer, HIV/AIDS, diabetes
- Life expectancy age 65
- Index crime rate per 100,000 population
- Number of arrests of juveniles under age 17 for violent and serious offenses (index crimes)
- Percentage of residents (18-64 and 65 and over) reporting health insurance coverage
- Percentage of children and youth under 18 with health insurance
- Percentage of children and youth under 18 receiving Medicaid services
- Percentage of hospital discharges with pay status listed as uninsured
- Number of citizens receiving community mental health services
- Number of persons in community substance abuse treatment programs
- Nursing home patient days per persons 65 years of age and older
- Adults 18 and older who smoke on a regular basis
- Adults 18 and older who are overweight
- Percentage of 8th and 11th grade students reporting involvement with alcohol, tobacco, and illegal drugs within the past month
- Alcohol-related traffic fatalities

Continued ...

Economic Well-Being

- Percentage of children under the age of 18 living below 100% of the Federal Poverty Level
- Percentage of public school students eligible for free/reduced price lunch
- Elderly poverty
- Poverty rate by race/ethnicity
- Net job growth
- Average annual wage
- Unemployment
- Percentage of renters paying more than 30% of income on housing
- Children by employment status of parents
- Number of wage and salary jobs per household
- Income gap – top/bottom fifth

Educational Preparedness

- Percentage of citizens 18-64 with a high school diploma or GED as their highest educational level
- Percentage of citizens 18-64 with a Bachelor's degree as their highest level of educational achievement
- Percentage of citizens 18-64 with a Bachelor's degree and beyond
- Percentage of students with established skill levels in reading and math as measured by standardized tests (nationally normed and/or state)
- Live births to mothers with at least 12 years of education
- Public school drop-out rates
- High school graduation rates
- Percentage of public school kindergartners retained
- Percentage of school-age children for whom English is a second language
- Percentage of citizens for whom English is a second language
- Number of hours per week devoted to instruction in the arts for elementary, middle and secondary schools
- Percentage of high school graduates going on to 2 or 4-year educational institutions

Continued ...

Community Participation

- Percentage of eligible voters who vote in general elections
- Percentage of people reporting participation in volunteer activities in the past 12 months
- Percentage of citizens reporting volunteering 7 or more hours each week
- Percentage of citizens 65 years and older reporting engaging in volunteer activities at least 15 hours per week
- Percentage of citizens who reported making a charitable contribution with the past year

Nurturing, Inclusive Environment

- Number of births to girls 10-14
- Births to females 15-19
- Confirmed cases of child abuse and neglect
- Domestic violence reports to local law enforcement agencies
- Number of substantiated referrals for elder abuse, neglect and exploitation

Transportation

- Percentage of citizens reporting access to affordable, reliable transportation
- Average number of rides provided by special needs transportation system/providers

Demographics

- Population by age
- Population by race/ethnicity
- Population by gender
- Population growth

V. Differences & Challenges

A set of common core indicators will provide an important starting place for councils to identify common issues and to share strategies used in their communities. However, there is also value in looking at the differences in the indicators used in our communities and in looking at the challenges to selecting and tracking a common set of indicators.

One size doesn't fit all. Acknowledging the differences in the indicators we use acknowledges the differences in our communities and the issues we face. Often it is in dealing with the differences within our communities, and in dealing with the challenges of data collection, where the magic of civic engagement begins to happen. It is in that process of struggling to understand the data that we begin to better understand the issues and one another.

Challenges

It will be helpful to understand some of the challenges that exist in identifying and tracking a set of common indicators in multiple councils, across the country:

- Data is different because the sources are different. Even the secondary data from institutional or government sources will vary from state to state, county to county. Finding relevant data can be impossible, and "surrogate" data is often used.

- Even within a single county, the geographic boundaries in which data are compiled or made public are different. Data may be available by school district, police district, zip code, or census tract; however, these geographic boundaries do not match up.

- Data may be available at a county or state level, but cannot be disaggregated, or broken down, into smaller geographic levels which would be more meaningful to a group working in the community.

- There may be a lack of data because it is expensive to collect.

- Data may be poor quality because there is no consistent definition or methodology.

- The data may be collected, but there are insufficient resources to make it available to the public.

- The indicators may be different based upon the focus of the participants: Environment, Children, Healthcare, etc.

- Issues will often be different at different geographic levels. Issues that are relevant at a regional

level such as air quality, freeway commute time, and loss of farmland are not as meaningful at a small neighborhood level where the focus is on alley cleanup, street lights, and abandoned cars.

- Interpretation of the data can vary, reflecting what may be an unintentional bias or an intentional "agenda." Even the selection of particular indicators and data sets may be guided by a particular bias.

- The question of who "owns" the data will often come up. Does the organization collecting the data own it, or the group that analyzes the data and publishes the report, or does it really belong to the people from whom it was collected and to the people whom the data is about?

- One of the key challenges in developing indicators and compiling the data is that it is labor intensive. It requires time, money and skilled staff to:

    - Engage the community partners
    - Compile data
    - Get feedback
    - Develop analysis
    - Publish report
    - Market
    - Implement an action plan
    - Track progress

  This challenge is probably the least understood and most underestimated. The presumption is that through technology, computers and the internet, information is readily available and easy to collect.

VI. Conclusions

Imbedded in a Community Process

Indicators used by councils arise from a community purpose and within a community process.

Using indicators is more than using data and numbers, it's about the process of bringing people together, creating a common vision with common goals, and moving forward to make improvements.

There is a similar, systematic process among councils in choosing indicators, developing basic criteria, selecting data to use as measures, agreeing how the data will be used and shared, and working within a network of community partnerships.

Linkages with National Efforts

There are indeed distinct similarities in the indicators used by councils and in national indicator efforts.

Already, NAPC has taken the first steps toward developing a standard set of social indicators, to be measured at the community level across the nation, and to be comparable with key indicator sets at the national level.

The value of a common set of community-based social indicators allows for comparability across communities in the areas of well-being and quality of life. Although there have been some efforts to do this, there is nothing cohesive and nothing that has been done consistently across as broad a sector of communities as those represented by NAPC member councils.

NAPC is positioned as the organization capable of generating this data set across communities over time, communicating this information to a variety of audiences and serving as a credible voice for talking about progress in the health and human service arenas where councils work.

NAPC would be a credible voice on the national scene as to what is happening at the community level in a broad cross-section of communities across the country. This work would be complementary to work being done on the national and state levels.

VII. Recommendations

NAPC has developed a cluster list (based on the NAPC Vision Statement) and a set of core indicators. The next step is to ask NAPC member councils for their input and to develop specific measures. Most important will be the level at which the data are collected (county, neighborhood, etc.) and the frequency.

Other next steps:

- Identify those councils willing to participate in collecting core indicators.
- Assess the ability of councils to collect a core set of indicators, using the same measures, at a common geographic level, on an annual basis.
- Assess the ability of councils to include, and give priority to, indicators that align with a national effort.
- Identify the resources needed to support individual councils in this effort.
- Identify the resources needed by NAPC to compile, review and analyze this data.

The above steps can be outlined in a more detailed planning phase for implementing a pilot project. Other issues to be addressed in a planning process:

- The role of participating councils, NAPC, NAPC Board, Social Indicators Work Group, a national entity, and possible consultants.
- Developing clear communication lines during planning and implementation phases between participants.
- Communication to/from the national level and a communication/marketing plan that addresses the role of media.

VIII. Stories

Introduction

There are many ways that planning councils are utilizing indicators to support community engagement and to help move communities forward into action and systems change.

This report/project would not be complete if we did not include stories (case studies) about how indicators are used in our communities.

For example, Jacksonville has been publishing Quality of Life indicators for more than 15 years. Each year the Jacksonville Community Council selects two issues for concentrated study. The Community Council of Central Oklahoma publishes their annual report, *Vital Signs,* and works closely with the media to help disseminate the information. This report, which presents issues and proposed solutions, includes data collected through an annual household survey. The Federation for Community Planning in Cleveland, Ohio just published their social indicator reports and is working on a five-year youth development initiative. In San Francisco, the Northern California Council for the Community serves as the Secretariat for the Bay Area Partnership, a nine-county, regional initiative that consists of federal, state, local, nonprofit and business partners working together to assure progress, particularly in the 52 lowest income neighborhoods in the Bay Area.

The following stories are examples of how councils are utilizing social indicators. This is only the beginning of what promises to be an expanding library of stories.

To learn more about the work being done by these NAPC member organizations, please contact them. Contact information for all members is available on the "Meet Our members" section of the NAPC website, www.communityplanning.org.

Editor's notes and disclaimers:

1. This collection of stories is a work in progress. NAPC members, please e-mail additional stories -- and updates on those in the report -- to napc@communityplanning.org. They will be continually added to the version of this report published on the NAPC website: www.communityplanning.org.

2. NAPC took editorial license, by preparing these versions of our members' indicators stories using members' responses to a survey questionnaire (see Appendix D) ... and then, by selecting the quotes and phrases which are emphasized.

ISSUE: Immunization of infants (birth - two years)

Community Council of Greater Dallas - Dallas, Texas

In Dallas, when we learned that only 34% of infants were completely immunized by age two, a community partnership researched the reasons. They have upgraded outreach and education efforts, eliminated barriers, educated providers, and advocated for adequate funding.

Immunize Kids! Dallas Area Partnership, a coalition facilitated and staffed by the Community Council of Greater Dallas, was originally started in 1989 under the leadership of Dr. Louis Sullivan, the US Surgeon General. At that time, the coalition was seeking ways to improve medical delivery of immunizations. There were not enough community locations that were open when people needed to bring in their children. For a few years, there was a shortage of vaccines, creating an additional barrier to improving the immunization rates. With the direction and support of local health authorities, including Dr. Charles E. Haley, then Medical Director of Dallas County Health and Human Services Department, the coalition responded to the 1990 measles outbreak that claimed the lives of ten Dallas area citizens. The goals were to increase community awareness and access to free or low cost immunizations. The Community Council was a member of the original coalition and became its facilitator in 1995, at a time when the rate of infants completely immunized by age two was 34%. **The community needed to upgrade its outreach and educational efforts to greatly improve this immunization rate.**

Statistics gathered by Centers for Disease Control & Prevention and the Texas Department of Health were used to determine a need for education about the importance of vaccinating infants against vaccine-preventable diseases. **Focus groups were conducted among community members to determine the barriers to immunizations. Information garnered was then used to develop programs to help eliminate those barriers.** Key findings included a general lack of knowledge about vaccines and vaccine-preventable diseases, lack of trust of the medical community in general among some populations, lack of importance placed on preventive medicine, cost of vaccinations, work missed by parents to keep immunization appointments, and difficulty accessing the health care system.

A **comprehensive listing of countywide immunization sites where free or low cost immunizations could be obtained was compiled, translated into multiple languages, and disseminated** throughout the community. An incentives program was developed to entice parents to keep follow-up appointments for their children's immunizations. **Educational materials** were

developed and distributed throughout neighborhoods and community health fairs. **Neighborhood outreach** programs were offered including education, free immunizations and free incentive items. Community organizations provided 1,000 volunteers to do **door-to-door canvassing** in neighborhoods with especially low immunization rates. An annual rally is held to bring **media and public attention** to the issue.

City and County health officials, local hospitals, private physicians, and social service organizations were involved in the initial response phase. Today, community groups, businesses, and pharmaceutical companies have joined the partnership.

The Community Council has provided **stable, long-term, professional staffing and continuity for the ongoing efforts** on infant immunization. Additional funding has been awarded to the partnership because of the council's leadership and reputation as an outstanding fiscal agent. The Council has played multiple roles in this initiative. Here is a partial list of these roles: Paid professional staff to facilitate all meetings and initiatives; held focus groups in neighborhoods and among ethnic groups; **continually seeks to bring interested partners into the coalition**; stays current on research into best practices and medical advisories about infant immunizations, consulting with medical professionals on a regular basis; produces *Immi* News at regular intervals, and distributes it throughout the community; participates in other health coalitions, such as the Children's Health Insurance Coalition, and the Good Neighbor Senior Immunization Program; staff provides clerical and administrative support to all functions of the coalition; **published a tool kit** for Childhood Immunization Outreach efforts; conducts training; reaches consumers by sponsoring and presenting a puppet show at area clinics, schools and other public venues; organizes special events including an annual rally, volunteer appreciation event, and health fairs; sponsors pilot efforts specifically aimed at the African American community and new mothers of Hispanic babies; **provides financial management for the initiative;** evaluates the program; actively seek additional private, corporate, foundation and public funds to support infant immunization efforts; provides information to funders including United Way , the Dallas County Health and Human Services Department, the Dallas Environmental and Health Department, and the Texas Department of Health; and works with several public policy advocacy groups.

Many positive outcomes have resulted. **More parents know what immunizations their children should have, and get their kids immunized.** Some ethnic and cultural barriers to immunization in the many immigrant communities have been overcome. Media, businesses and civic groups have demonstrated their awareness by becoming part of the partnership and working on outreach campaigns. Consumer access to and utilization of services has increased. We have linked infant immunization outreach efforts with the outreach to get seniors their flu shots.

The partnership was **able to increase by three times the amount of funds directed towards improving infant immunization rates** in our community. The coalition has cooperated with a local public policy advocacy organization to persuade the city and county to increase their funding for immunization efforts. The Partnership collaboratively wrote a state grant for innovative funds for the Senior Citizens of Greater Dallas to send volunteers and trained outreach personnel to the hospitals to work directly with mothers of Hispanic newborns.

Outcomes were measured by self-report of parents, improvement of the immunization rate from

34% in 1994 to 74% in 2000, and increased funding from a variety of sources. Local immunization programs were enhanced and new programs were added. Local government agencies reported working more cooperatively toward a unified goal. **The coalition served as a forum out of which other partnerships developed.**

Incentives programs proved to be less effective than we had first thought. **Neighborhood outreach programs proved to be very successful**, especially when partnered with an event. For example, each December we host several events throughout the County in conjunction with winter holidays. Toys are donated and given to every child who receives an immunization screening. A "festival-like" atmosphere is created with toys, refreshments, music, games, entertainment, and of, course, education, screenings, immunizations, and other health services. All services are free.

The media is typically involved when we bring in guests of some notoriety. Some guests we have hosted in the past include former First Lady of The United States of America, Rosalynn Carter and former First Lady of Arkansas, Betty Bumpers, Co-Founders of Every Child By Two, a national immunization advocacy group. This spring we hosted First Lady of Texas, Mrs. Anita Perry, for National Infant Immunization Week, April 14-20. In 2000, we developed a creative campaign promoting chicken pox education in conjunction with new school entry requirements for the immunization. The campaign was entitled, "Get Shots-Not Spots!". The campaign was so successful, coverage aired not only on three major local news stations, but also in markets as far away as Houston. We also have regular coverage in local and neighborhood newspapers for our neighborhood outreach events.

Much work remains to be done, primarily with our legislators and promotion of a statewide registry program that is confidential, user friendly and cost-effective for private providers and public facilities. A committee has been formed to keep partners informed about **pending legislation** so they may contact legislators with their concerns.

We have added a **provider education** event each spring to our schedule of regular programs. The event targets physicians and their staff members for regular "immunization updates". Immunization experts are brought in from around the country to make presentations on a variety of childhood immunization-related topics.

Because there is a never-ending stream of babies being born, **we can never slack off on our efforts to make sure mothers and caregivers are aware of the importance of full immunization and take these actions for their children**. We note that whenever governmental agencies feel they must make cuts in their budgets, immunization funding is at risk, unless advocates speak out clearly and loudly. It would seem that immunization is a proven effective public health strategy, and should always be funded and supported. However, at a time when "bioterrorism" is on everyone's lips and minds, we must remain constant in our support for making sure infants are fully immunized against preventable childhood diseases.

Submitted by:
Janet Stoufflet, Partnership Manager
Community Council of Greater Dallas
Dallas, Texas

ISSUE: Early Childhood Education & Development

The Planning Council - Norfolk, Virginia

The issue of early childhood development bubbled to the top of priority lists as a result of convincingly poor indicators. Partners are now committed to funding early childhood education to change the indicators, and monitoring progress.

In 2000, the **Investment in Priorities, Visions and Indicators report was published**. Local radio and newspaper participated in the initial community exposure.

The report recorded the following education indicators: Children Entering School Ready to Learn; Reading Comprehension in the Third and Fourth Grades; Dropouts; SAT Scores; Public School Students Promoted; Students Graduating High School; Continuing Education; Vocational Education Opportunities; Number of Higher Education Degrees Conferred; Need for Remedial Education for College Freshmen; Adult Literacy; Public Library Inventories and Expenditures.

As a result of the report's publication, **we conducted priority setting meetings with each of the ten regional funders** who were part of the Investment in Priorities Partnership. **The issue of early childhood development bubbled to the top of priority lists as a result of convincingly poor indicators.** Early childhood development has been recognized by business leaders in this region as the foundation of a sound workforce and the basis of economic growth and quality community. The Planning Council has been involved with early childhood development since the inception of our child care division in the 70's.

One Investment in Priorities partner called for and underwrote a **city-wide focus group to gather baseline community input** on the early childhood issue in one particular city. Over twenty participants attended, from the School superintendent to local program administrators to business leaders and volunteer citizens, the United Way, parenting groups and private schools.

Effort is in the formative stages with **four local foundations** (partners in the original Investment in Priorities) **committed to funding early childhood education to change the indicators**. Many outcomes are envisioned. These include increased public awareness and understanding, development or expansion of programs, better coordination of services, increased or redirected resource allocation to better address this issue or need, agencies and other community entities

working better together to address this issue or need, and new partnerships or relationships created which strengthen the community's capacity to address issues cooperatively.

The four partners have recently addressed a letter to two local university presidents and two local school board chairs **offering to fund the planning and development of a three-year pilot program in three schools that will improve children's readiness to learn upon entering kindergarten**. Next steps will be based on responses to that invitation. The intention is to initially **fund a planning grant to develop a program approach and then to fund its implementation and evaluation**.

Our council played a number of roles in this initiative. These included: leadership, convening to study the issue or problem, researcher, information source - compiling data, providing it to those involved, participant/member in a coalition or partnership, staff support to a coalition or partnership, technical assistance, special event organizing, financial management for the initiative, social marketing, fund development, and information and/or consultation to funders.

Recommendations for similar efforts in the future include:

- **Ensure broad community participation** through focus groups, radio and TV call-ins, the website and other measures.
- **Partners should include media and press** for wide distribution.
- Update data regularly.

The Investment in Priorities Visions and Indicators will be updated in 2003 to see any trends or changes. Also, the original **partners are supporting a community report card to give a brief overview on a regular basis of change in indicators for key issues**.

Submitted by:
Mary Louis Campbell, President
The Planning Council
Norfolk, Virginia

ISSUE: Public Education
Seeking Systemic Change

Jacksonville Community Council, Inc. (JCCI)
- Jacksonville, Florida -

Indicators help to define the issues meriting JCCI's attention; they also provide a vehicle for measuring progress (or lack thereof) on issues on which JCCI has worked. Indicators do not substitute for the learning and planning necessary to understand community issues and how to address them effectively or for the advocacy necessary to bring about systemic change.

This case study reports on systemic change in progress but by no means complete. It reflects the difficulties of seeking such change and the complex context in which **social indicators can, and do, make a difference toward at least some positive change**.

The Jacksonville Community Council Inc. (JCCI), a local, private nonprofit organization, seeks **community improvement through citizen-based learning and advocacy**. Indicators help to define the issues meriting JCCI's attention; they also provide a vehicle for measuring progress (or lack thereof) on issues on which JCCI has worked. Indicators do not substitute for the learning and planning necessary to understand community issues and how to address them effectively or for the advocacy necessary to bring about systemic change.

In the late 1980s and early 1990s, **indicator trends revealed increasingly severe inadequacies in local public education** (Jacksonville/Duval County has a single, large public-school system with about 127,000 students in about 155 schools). Key among these indicators were measures of the graduation and dropout rates, student performance on standardized tests, average teacher salaries, and level of school desegregation. Partly because of the visibility of these indicators through JCCI's Quality of Life Indicators project, **community concern increased, along with calls for reform. JCCI responded by conducting two major citizen-based studies** related to public education—one in 1988 on dropout prevention and the other in 1993 on the "cost of quality" for public education (JCCI's study and indicator reports are available at www.jcci.org).

Advocacy over several years by JCCI citizen volunteers toward implementation of these studies' recommendations led to frustration and few tangible results. Both JCCI and the elected School Board identified the problem as primarily bureaucratic and essentially systemic.

By 1996, JCCI volunteers were discouraged to the point of giving up. However, **public reporting of this result led to a new intervention** by the business community, which had its own reasons for being frustrated with public-education inadequacies, and because of ongoing, direct involvement by Chamber of Commerce leaders in JCCI's indicators project.

A major turning point was reached in 1997 when the School Board, finally responding to the accumulated community pressures, convened **a reform commission** charged with making recommendations for systemic change. Well over 1,000 citizens participated in this massive and lengthy effort, which was informed by substantial research conducted through a local university. The City of Jacksonville and School Board financed the effort.

By 1998, the commission had produced 155 recommendations, the School Board had hired a new superintendent, and **the superintendent made a major commitment** to lead an effort commensurate with the reform process to implement the recommendations within the system.

Today, in 2001, the superintendent continues his efforts, and some progress clearly has been made. However, the level of systemic change envisioned to overcome the negative indicator trends and to meet the expectations of the reform process has not yet been realized. **Systemic change does not occur quickly.**

Meanwhile, the key indicators for public education have, if anything, worsened rather than improved, so much so that a new wave of citizen concern and criticism has arisen. Both the efficacy of the previous reform process and the effectiveness of the system's implementation efforts are actively being questioned. Improving Jacksonville's public education remains very much an unfinished agenda item.

Submitted by:
David Swain
Jacksonville Community Council, Inc. (JCCI)
Jacksonville, Florida

ISSUE: Juvenile Justice and Delinquency Prevention

Federation for Community Planning - Cuyahoga County, Ohio -

Using indicators offers a scientific approach to gathering data, analyzing this data and tracking progress. Action based upon use of indicators can result in positive change.

The Federation for Community Planning developed a report of community health indicators in October 1998 and social indicators in October 1999. We used this information to help in the planning and creation of the Comprehensive Strategy for Juvenile Justice and Delinquency Prevention Report. An Advisory Council composed of **community leaders and stakeholders used the indicators to evaluate the current condition of our juvenile justice system and to recommend governance, operating, prevention and graduated sanction changes.**

For several years **our community has felt that our juvenile justice system was not helping youth and protecting the community**. More youth were entering the juvenile justice system at the same time innovative services and programs were being implemented and reform efforts engaged. The community also believed that there was a lack of leadership exhibited at the Court for remedying administrative Court issues. The operating systems at the Court were inefficient causing mistakes leading to ineffective sanctions and dispositions. **The community recognized the need to collect, organize and analyze data and track indicators at the Court to determine community progress.**

Our community has determined that we need to use indicators to help us allocate Court resources and target governance, operating, prevention and graduate sanction issues and offer programs and services to enhance the well-being of youth in the juvenile justice system. The youth minority and female population is statistically over-represented in the juvenile justice system. This community after several years of discussion has not been able to discover what is the cause for the over-representation in the system. **Using indicators offers a scientific approach to gathering data, analyzing this data and tracking progress.** We need to become systemic in our approach to solving the problems of our juvenile justice system in this community.

In our attempt to improve the juvenile justice system in Cuyahoga County, the following partners are involved: County Commissioners, County Administrators, Juvenile Court Judges, local law enforcement, Municipal Court Judges, human service providers, City of Cleveland Mayor, academicians, youth advocates, public school representatives, faith-based organizations, civic organizations, corporate organizations, and foundations.

This effort involved using these indicators:

- Cuyahoga County Juvenile Court -- Total Delinquency Cases; Total Unruly Cases; Minority Representation; Gender.

- Cuyahoga County Child and Family Well-Being Indicators -- Maltreatment Rate; Birth Rate; Children in Poverty.

- Cleveland Police Department Data -- Domestic Violence Complaints.

As a result of this work, **positive action is under way.** The County Commissioners and Juvenile Court Judges are currently **discussing ways to reallocate available funds** based upon the recommendations in the report **and incorporate improvements** outlined by the advisory council.

Currently the County is **working to implement an integrated information system** that will allow all County systems, schools, and law enforcement organizations to share and exchange information on youth as they become involved in the juvenile justice system.

An Associate Editor of our local newspaper attended all the planning meeting of the advisory Council and wrote **many editorials** about the process and the final report.

We have not yet seen change in our juvenile justice indicators. We anticipate movement in juvenile justice indicators by 2005.

Submitted by:
John Begala, Executive Director
Federation for Community Planning
Cleveland, Ohio

ISSUE: Delivering Basic Needs Services

Travis County Health & Human Services Department, Research & Planning Division - Austin, Texas -

Basic service providers have worked together to create "clusters" of services to better assist impoverished people.

When needs for services increased this year, partners studied the problem, raised awareness, coordinated services, found increased funding, and planned together for the future.

To improve the ability of the Basic Needs service delivery system to meet the needs of impoverished residents of Travis County for services such as food, clothing, and housing - rent/utilities, we have encouraged the formation of assistance "clusters" among non-profit organizations, government agencies, and faith-based communities to better coordinate their resources.

Historically, people in need of assistance have been forced to seek aid at multiple sites of all types, public, private and faith based, in order to meet their immediate needs: food from one provider, rent assistance from another, clothing from still another. It is extremely difficult, if not impossible, for persons forced to subsist in this manner to look for work, participate in job training or other education, or do anything that could allow them to become more self-sufficient. These **clusters have collaborated to provide services with a more client-centered approach** in order to minimize the number of systems that the client has to navigate.

The Travis County Health and Human Services Department, Research and Planning Division (R&P), as one of 14 Community Action Network (CAN) partners, conducted an **assessment of Basic Needs** in August of 1999. Focus groups were conducted among Basic Needs Service providers, and research was conducted on demographics of people with Basic Needs. Community members were asked to review the assessment before it was published. This assessment **outlined the current Basic Needs Service Delivery System, identified best practices in our community, and developed recommendations for improving the current system**. (See www.caction.org for information on the CAN and the Basic Needs assessment.)

One of the recommendations in the Basic Needs assessment was that "**Providers should be encouraged to cooperate in efforts like the assistance 'clusters'** facilitated by Austin Metropolitan Ministries." In the early 1990's, Austin Metropolitan Ministries (AMM), a local non-profit organization representing a wide variety of faith congregations, encouraged the formation of

assistance "clusters" among faith-based communities to better align their resources with public efforts. They originally organized 10 geographic clusters, two of which were still active in the fall of 1999.

After the release of the Basic Needs assessment, the Travis County Health and Human Services Department, Research and Planning Division called together a comprehensive group of Basic Needs providers who began discussing the "cluster" model recommendation from the assessment. The Basic Needs Work Group was comprised of approximately 13 providers of Basic Needs Services, including county government, city government, non-profit organizations, congregations, the United Way, etc.

The Travis County Health and Human Services Department, Research and Planning Division acted as the key **organizer and facilitator of a Basic Needs Cluster Conference**. More than 125 people attended the conference on October 6, 200 at a local Catholic church. The CAN sent out a press release before the conference, and information was announced over local radio stations encouraging attendance at the conference. Attendees were divided into groups – depending on where their organization was located geographically. **The groups identified the key issues that they wanted to address** in their clusters (contact us for a summary).

Seven new Basic Needs Geographic Clusters were formed. **The Basic Needs Clusters have been a very successful model for our community, providing a vehicle for different Basic Needs Service Providers to collaborate when providing services to people in their neighborhoods.** Positive outcomes have included increased community involvement, improved access to services, development and coordination of programs, systemic change, better resource allocation to address the needs, expansion of prevention-related activities, agencies and other community entities working better together to address the issues, and creation of new partnerships and relationships which strengthen our community's capacity to address issues cooperatively.

To measure and facilitate progress, each Basic Needs cluster was contacted by Research & Planning on a regular basis to find out about their progress and projects they were working on, and to provide any technical assistance that was needed.

Roles played by our organization in this initiative included leadership, convening, research, information, partnership participation, staff support and technical assistance, community mobilization, special event organizing, and providing information and consultation to funders.

Although we were successful in starting seven7 new Basic Needs Geographical Clusters, some of these clusters are more active than others. The clusters that are already established have learned lessons that the "younger" clusters will also learn with time.

Data in the Basic Needs assessment is currently being updated by the CAN's Planners Network. Updates regarding the activities of the seven Basic Needs clusters continue to be given to the CAN

and to Basic Needs Service Providers.

Our community has seen a serious increase in demand for Basic Needs Services.
The next part of this story outlines the response from the community to meet the demand.

In the summer of 2001, several Basic Needs (food, clothing, & housing – rent/ utilities) Service Providers came together to form the Community Action Network (CAN) Basic Needs Services Committee. The Travis County Health and Human Services Department, Research and Planning Division (TCHHS R&P) provided technical assistance to this committee. In October of 2001, TCHHS R&P conducted a survey of all service providers in the community, asking them how the recent downturn in the economy has affected their operations. This survey showed that **the demand for Basic Needs services had increased exponentially**.

Several events in the past year have raised significant challenges for our community.
First, we are experiencing the first sustained, substantial economic slowdown in over a decade. Second, a series of state and federal policy changes have had major impacts on some key social services. Third, the events of September 11 and the lingering threat of terrorism have brought a whole new set of issues to the forefront.

In November of 2001, TCHHS R&P developed a Community Overview document (contact us for a copy) to provide information about what is happening in all sectors of the community – public, private, non-profit, and faith based. This document **brought attention to the increased demand for Basic Needs Services in our community**. The Basic Needs presentation went before both the City Council and the Commissioners Court, each of which were televised. Two newspaper articles were published about the initiative in the Austin American Statesman. Every local TV station covered the issue as well. In January, 202, the CAN held a retreat of its planning committees, where TCHHS R&P facilitated the Basic Needs section. All of the 14 CAN partners were involved. Basic Needs was identified as the most pressing community condition. Finding resources to meet the current Basic Needs crisis became an immediate priority for the Community. The Basic Needs Services Committee developed an Emergency Request of $1.5 million, and presented this request to the City, County, and private sector. To date, $1.1 million has been identified to address this request. The City Council has designated $500,000 to address the need, The County Commissioners have designated $500,000, and the Dell Foundation has designated $100,000. Contracts with each of the four non-profit organizations have been negotiated, for spending to begin in April of 2002. Performance measures are included that will require each agency to report on progress on a quarterly basis. Once the funds have been expended and results can be measured, R&P will be reviewing the process for recommended improvements.

The Basic Needs Service Committee is also in the process of developing a more comprehensive and efficient Basic Needs Service Delivery System for the long-term.

Submitted by:
Blanca Leahy, Director
Travis County Health & Human Services Department, Research & Planning Division
Austin, Texas

ISSUE: Early Childhood Care and Education

United Community Services
- Johnson County, Kansas -

Indicators played a role in helping the Coalition secure its first grant and will continue to play a role in monitoring the success of this initiative. A new, broad public/private partnership, new pilot programs, proposed policy changes, and increased community awareness are among the positive results.

This case study examines a collaborative multi-county initiative, called the Tri-County Smart Start Kansas Coalition. This initiative is part of the national recognition of the importance of early childhood to later life success. **The Coalition's goal is to improve the quality of early childhood care and education in three Kansas counties** in the Kansas City metropolitan area. Indicator and other demographic data played a role in helping the Coalition secure its first grant and will continue to play a role in monitoring the success of this initiative.

United Community Services of Johnson County (UCS) served as member of the planning group that convened representatives from three counties to participate in responding to a state grant opportunity called Smart Start Kansas. UCS continues to be presented on the advisory board that is implementing the pilot created from the grant award. The lead agency providing staff support to the grant planning effort was the Metropolitan Council on Child Care.

Indicator data collected (primarily collected through an **annual child care provider survey** conducted by Metro Council on Child Care):

- Number and percentage of child care centers serving ages birth through six that are nationally accredited (collected by UCS).
- Education levels of child care provider staff by:
  - Some college in child development
  - CDA
  - One year certificate in child development
  - AA in child development

    - BA in child development
    - GD in child development
- Teacher wages
- Annual staff turnover rates
- Percent of program that offer health insurance to teachers
- Waiting lists for types of care by:
    - Infant
    - Toddler
    - Preschool
    - School age
- Children with developmental or economic needs by number and percent of centers that :
    - Accept children on public subsidy
- Have children on subsidy enrolled
- Accept children with special needs
- Have children with special needs enrolled.

The majority of these indicators were developed approximately seven years ago. **These indicators have resulted in and served as resources to several different initiatives to improve early education** in the seven-county Kansas City metropolitan area.

Much of the indicator data is part of an annual metropolitan wide survey of child care providers that is conducted by the Kansas City metropolitan area's planning entity on early childhood education, the Metropolitan Council on Child Care. An annual report, called the Status of Early Education, is published on the results of the survey.

This initiative covered Johnson, Leavenworth and Wyandotte Counties, part of the Kansas side of the Kansas City metropolitan area. One-fourth of children in Kansas live in these three counties.

One of the **initiatives** that resulted from this examination of child care was an "**accreditation project**" to target resources to centers working towards national accreditation. In each of the participating counties, less than 10 percent of child care centers serving children birth through three are accredited. To monitor accreditation, the indicator of number and percentage of accredited centers was added. As an outgrowth of the previous work to improve child care quality, staff turnover was recognized as one of the major stumbling blocks to child care providers achieving accreditation. At the same time, the Kansas Legislature created a community-based grant program called Smart Start Kansas. The Coalition was brought together to respond to this grant opportunity.

A broad cross-section of public and private providers of early education services, as well as planning and funding entities came together. Grant planners included representatives from United Ways, planning entities, child care providers, infant and toddler programs, schools, health departments, and parent education programs. The Tri-County Coalition that resulted from the grant

created an "advisory committee" with six representatives from each county. Each county was asked to include a parent and a representative from their local United Way.

The Tri-County Coalition received the largest of seven grants given to Smart Start Kansas projects. The grant required local matching dollars, both in-kind and new dollars. The project is just in the first six months of implementation, but there is already **interest by local private funders**.

The **pilot program** designed by the Coalition is a wage-compensation project for child care centers serving children ages birth through six. Modeled after a program in Washington State, the pilot will provide supplemental compensation in each paycheck.

Media coverage has had an impact. Print media covered the announcement of the grant. In addition to a news story, the largest local newspaper ran an editorial column endorsing the effort. Television and radio coverage also occurred during a second press conference prior to the opening of the legislative session.

A **policy change** is being sought. The state is being encouraged to recognize the child care providers who pursue quality by paying a higher subsidy rate to those providers that are accredited. Currently, this would not be expensive for state government, as less than four percent of centers are currently accredited.

The pilot project has defined outcomes and indictors to measure those outcomes. The outcomes relate both the quality early education and the success of the collaboration. It is too early to have data collected that documents the outcomes.

Submitted by:
Carol Smith, Research Director
United Community Services
Johnson County, Kansas

ISSUE: Toddler Immunizations

Community Services Planning Council
- Sacramento, California -

In the six years Shots for Tots has been developing and implementing its programs, the immunization rate in the region has moved from a 1994 low of 42% to 65.2% in 2000.

A decade ago, public health officials and child advocates were troubled to learn that three out of five toddlers were not fully immunized. These data, plus the fact that fifty children under age four died in California as a result of a measles epidemic in the early 1990s, led to community action. Although school age children had immunization rates of 94-96%, the epidemic caused health officials to realize that younger children were not receiving their immunizations based on the recommended schedule of full immunizations by age two. In Sacramento County, in 1994, the immunization rate for two-year-olds was 42%.

To address the issue of low toddler immunization rates, the Sacramento County Health Officer and the Community Services Planning Council established the Sacramento Toddler Immunization Coalition in 1994. In 1996, the Coalition expanded its mission to include El Dorado, Placer, Yolo and Nevada Counties in order to more effectively plan for health service delivery to a population that regularly crosses county boundaries to receive health care. The new organization became Shots for Tots Regional Coalition and soon added Sutter and Yuba Counties to help implement **a comprehensive plan to achieve a 90% immunization rate for two-year-olds by the year 2003**.

The Mission of Shots for Tots Regional Coalition is to **promote immunizations to protect the health of all infants and toddlers**. The Coalition is a **public/private partnership** of health care providers, businesses, community-based organizations and concerned individuals from seven north central California counties (El Dorado, Nevada, Placer Sacramento, Sutter, Yolo and Yuba) who are working together to achieve a 90% immunization rate for two-year-olds in the region by the year 2003. In support of the mission, the Coalition is dedicated to:

- Removing barriers to immunization service delivery
- Providing public health education to families and care givers
- Advocating for the development of a comprehensive immunization registry program
- Coordinating public and private efforts in our region with state and national immunization efforts.

Key initiatives of this plan include:

- **Parent Education Materials:** provide immunization education materials (in 8 languages) to the parents of newborns at every birthing hospital in 7 counties. The packet includes information on Medi-Cal and Healthy Families enrollment, as well as where to go for low cost or free immunizations. Over 73,000 packets have been distributed since 1996.

- **Provider Outreach Project:** assess immunization rates and practices in 145 private providers' offices. Our goal is, through a process of feedback and education, to increase practice rates by an average of 10%.

- **Training for Immunization Providers:** Provider Outreach Project Consultants provide educational courses for staff from offices/clinics and institutions to enhance immunization knowledge. Promote use of State curriculum in high school Regional Occupational Programs and Vocational Schools.

- **Immunization Registry:** provide an electronic immunization tracking system (registry) accessible to every immunization provider in the 7-county region and ultimately linked to a statewide database.

- **Toddler Immunization Outreach Project:** develop community-based collaborative groups in neighborhoods with low immunization rates to assess barriers to health care and adopt a plan of action for improving the local toddler immunization rate. Our goal is 6 community plans adopted.

- **"Why Immunize?" Program:** offer free immunization seminars for parents/caregivers led by volunteer physicians and nurses from the SPIRIT Project (Sacramento Physicians' Initiative to Reach-out Innovate and Teach) of the Sierra Sacramento Valley Medical Society. Our annual goal is to offer 24 parent/caregiver seminars and 12 train-the-trainer sessions.

Reducing the incidence of missed opportunities to immunize is a critical element in Shots for Tots overall strategic plan. The Provider Outreach Project has just concluded its third year of a program that conducted a free immunization assessment in 134 provider offices throughout the region. Our two nurse consultants perform a chart assessment to establish a baseline of the provider's current immunization practice rate for two-year-olds. This is followed by feedback and education about how to improve immunization levels. A year later, a second assessment is taken to determine whether there has been an improvement based on implementation of the suggested practice changes.

Data from the Provider Outreach Project report for years one through three indicate:

- In the first year, 60 providers were assessed and the average rate for two-year-olds up to date on the full series of recommended vaccines was 50%.

- By the end of year three, 77 (or 74%) of the 104 providers that had participated in the project showed improvement in their immunization rate.

- 7 (or 7%) already had practice rates of 90% or better.

- 20 (or 19%) showed no improvement, of which 10 did not receive a follow-up due to sale of practice, stopped providing immunizations, or declined follow-up.

- The average rate of increase was 15%.

In the third year, 27 new assessments were conducted and their average rate was 84%. Only those providers whose levels fall below 85% (8) will receive follow-up assessments in year four, which will conclude the program.

In the six years Shots for Tots has been developing and implementing its programs, the immunization rate in the region has moved from a 1994 low of 42% to 65.2% in 2000.

Submitted by:
Nancy Findeisen, Executive Director
Community Services Planning Council
Sacramento, California

ISSUE: Prenatal Care
for teens and minorities from low income households

Community Service Council of Greater Tulsa
- Tulsa, Oklahoma -

An effort as major as this requires time, expertise, and vision. You must have skilled people working on all aspects of a major effort like this or it will not work.

The availability of credible, accurate data is imperative.

The need for prenatal care for pregnant teens and minority women from low-income households emerged as a key issue as a part of our organization's overall priority on prevention and health promotion (and early childhood development). It is of high importance in our organization.

Community Service Council has been involved with this issue for over a decade. **We sponsor a large coalition**, the Family Health Coalition (formerly the Tulsa Area Coalition on Perinatal Care), to address this and related health care issues for women and young children. More than twenty different health, social service, and civic groups are involved in the coalition. Several consumers and community volunteers are involved in the coalition and its many subgroups.

Our council has played a comprehensive, multi-faceted leadership role in this initiative.

We **submitted and received for the county a large federal Healthy Start grant** (administered through the local health department) **to expand access and followup care** (case management and education) to target populations. We are in the first year of our second "four year" grant.

Over the years the Coalition's work has had positive outcomes in many areas. These include, most importantly, positive changes in the lives of people affected. Other outcomes have included: increased public awareness and understanding (the media has been involved in helping promote the availability of services and reporting on the work of the coalition), creation of a coordinated system of services, improved access to and utilization of services, positive effects on resource allocation and public policy, more focus on prevention, and enhanced relationships which have strengthened our community's capacity to address issues cooperatively.

We have gathered data on infant mortality, low birth weight babies, and entry into prenatal care for the county as a whole and different age subgroups, and different racial and ethnic subgroups. This data largely comes from the public health department. The availability of credible, accurate public health data is imperative. (Some of the data we have worked with has not been useful at different points in time because it is not accurate.)

We collect data from our Babyline telephone access line that sets over 4,000 prenatal appointments per year. This data provides an array of **client information that enables us to very accurately describe the functioning of our local prenatal system**. The data base developed through the Babyline telephone access system is invaluable. We use it to develop simulation of the impacts of certain program, policy, and funding changes. We continue to build the data base, especially related to services provided. We can document some of the quantitative outcomes with available data.

This story is a good example of how social indicators can be useful in identifying a need; building momentum among service providers, policy makers, funders, and the general public for working together to address the need; developing and coordinating an improved system of services to better assist the people affected; and continually assessing the system's effectiveness so that further action can be planned and implemented.

An effort as major as this requires time, expertise, and vision. You must have skilled people working on all aspects of a major effort like this or it will not work. The comprehensiveness and usefulness of it is unique in our organization. We have other indicator projects but nothing compares with this effort that began over 12 years ago.

Submitted by:
Phil Dessauer, Jr., Executive Director
Community Service Council of Greater Tulsa
Tulsa, Oklahoma

ISSUE: Excessive School Absenteeism

SCOPE
- Sarasota, Florida -

This story has to do with the impact of multi-sectoral review and the synergy that can occur.

We are publishing our first indicators report this month.

Excessive school absenteeism has not been identified as a priority -- it is one of many indicators. But the story has to do with the impact of multi-sectoral reiew and the synergy that can occur.

Information was gathered about excessive absenteeism, defined as the percentage of students absent twenty-one days or more in a year. A multi-sectoral panel of experts was used as the final review group. Though the school representative said there was nothing surprising in the "learning" section, the police chief said he was surprised by this indicator and will use it to change his programs and staffing.

Our council has played several roles in this initiative: leadership; convening, to study the indicators(s); researcher; information source -- compiling data and providing it to those involved; and technical assistance.

It is too early to tell what positive outcomes will result. Perhaps we'll have more to report next year.

Submitted by:
Tim Dutton, Executive Director
SCOPE
Sarasota, Florida

ISSUE: Welfare Reform
Improved outreach for food stamps and other under-used public programs

United Community Services
- Johnson County, Kansas -

Our council has a long history of monitoring poverty trends. Our statewide research project documented the presence and nature of a problem. Based on this information, community groups worked together cooperatively to address the documented needs. Action has brought positive, measurable outcomes.

United Community Services (UCS) has **a long history of monitoring poverty trends**. A **state wide research project** conducted by UCS documented that eligible low-income families were not accessing transitional or other public support services, such as food stamps and child care subsidy.

Indicator data was collected for food stamp usage, poverty rate, and child care subsidy usage. A **consumer survey** was conducted at emergency assistance sites across the state.

To address the needs documented through this research, UCS and partner agencies selected improved outreach efforts as a strateby. The state developed an **outreach brochure designed for consumers**. It has been revised, to make it more "user friendly." To inform community-based groups about eligibility guidelines, UCS **organized outreach training for community-based organizations**. Local welfare staff delivered the training to 150 people. It will be an annual event.

Involved in cooperative efforts were the state welfare department, United Way, and **a local advisory council** including agency representatives, consumers and volunteers. Our **council's roles** in this initiative included leadership; convening, to study the issue and mobilize community action; research; special event organizing; and evaluation.

This initiative resulted in improved access to and utilization of services. These positive outcomes were measured by an increase in usage of food stamps and child care subsidy.

Submitted by:
Karen Wulfkuhle, Executive Director
United Community Services
Johnson County, Kansas

ISSUE: Filling High-Demand Jobs
Employer involvement in creating workforce development solutions

Travis County Health & Human Services Department, Research & Planning Division - Austin, Texas -

We will continue working to move all of the industry clusters through the stages of maturity: from talking (confirming common interests, agreement to work together), to planning (deciding what actions can be taken to meet industry needs), to doing (first steps), to sustaining (ongoing efforts, funded, at least in part, by the industry).

Our community faced a critical shortage of workforce to fill high demand occupations. A related secondary issue was the lack of meaningful employer involvement in development and implementation of education and workforce development solutions.

This issue emerged as a result of two related efforts: the Community Action Network Workforce Development Assessment, and the first Greater Austin@Work Summit. The Community Action Network (CAN), **a public/private partnership of 14 organizations interested in the social well-being of Austin and Travis County**, conducts assessment and planning efforts in several issues areas, including Early Education and Care, Education, Workforce Development, Health, Basic Needs, Homeless-ness, and Public Safety. In August 1999, the CAN's Workforce Development Assessment was released. The first recommendation was to **convene all the stakeholders, organized by industry cluster, to identify local workforce challenges and potential solutions**. This process began with the first Greater Austin@Work Summit. Involved were The Community Action Network, the City of Austin, Travis County, Greater Austin Chamber of Commerce, Austin Area Research Organization, Educators (St. Edwards University, Austin Community College), Employers (Advanced Micro Devices, State Farm, Seton and St. David's hospitals), WorkSource – Greater Austin Area Workforce Development Board.

This Summit signaled the beginning of a new way to deal with education and workforce issues. A shift took place to focus on "demand" driven efforts that would be most relevant to those opportunities that actually exist in our community. It also was the first such event in the area organized around industry clusters.

This effort was then, and continues to be, **based upon two sets of indicators**: First, the traditional labor market information that has historically guided planning (unemployment rates, employment by industry and occupation, projected growth, etc.). Second, a loose network of industry clusters has been developed to solicit non-traditional indicators – in essence, these **industry clusters serve as standing focus groups that guide local workforce related planning**.

Since the first Greater Austin@Work Summit, working industry clusters have been established in 8 industries: finance, automotive, health care, semiconductor, public service, hospitality, information technology, high tech manufacturing. **All of these clusters have initiated some activity to address their specific workforce needs.** These range from basic steps like a public service job fair, to "Destination Digital" the semiconductor industry's multi-faceted plan to address workforce needs through public schools, the community college, and private non-profit providers.

We are seeing a number of positive outcomes: **A significant shift has been made from supply driven to demand driven workforce development.** Organized industry clusters have implemented program activities to meet industry specific needs. **Private sector investment in education and workforce development has increased. Education and training providers are more closely engaged with and receptive to employer involvement.**

To measure positive outcomes, we are looking for:

- Process indicators – of cluster involvement and activity, how many organizations at the table, documented action plans, monitor steps implemented.
- Outputs – numbers of people reached through industry cluster initiatives.
- Outcomes – we will, in the future, try to track the number of people served through these activities that move into either higher education or careers.

While it seems obvious that employers are central to the success of workforce development efforts, figuring out how to involve employers in a meaningful way has been problematic. If each individual education and training provider works with individual employers, the multiplication of connections becomes paralyzing – each employer becoming inundated with requests from numerous providers, and each provider running ragged making and keeping contacts with numerous providers.

Initial efforts to improve this process brought together employers of all types with providers of all types. While this could cut down a little bit of the demand for individual connections, it did not lead to much meaningful dialogue due to the great diversity "at the table". Employers of different types altogether produce a muddled message to education and training providers. Greater Austin@Work has taken the next step, bringing together employers from common industries in ongoing forums where they can present a unified message to providers, and providers have a single place to go if they want to reach a specific industry cluster. Organizing in this way has proven effective in **engaging and sustaining lasting, meaningful involvement and investments of human, financial, and material resources**.

The two Greater Austin@Work Summits have proven to be extremely valuable. They have been a great way to foster involvement and accelerate progress. Both of these events (June 1999, June 2001) **brought together a critical mass of stakeholders** (employers, educators, training providers, policy makers) who have made great strides toward addressing local workforce challenges.

Media have become involved in publicity for the two summits and some cluster based activities.

Our role in this initiative has included: convening, to study the issue ; research; information; partnership participant; staff support and technical assistance; community mobilization; fund development; and marketing/communications.

We will continue working to move all of the industry clusters through the stages of maturity: from talking (confirming common interests, agreement to work together), to planning (deciding what actions can be taken to meet industry needs), to doing (first steps), to sustaining (ongoing efforts, funded, at least in part, by the industry).

Submitted by:
Blanca Leahy, Director
Travis County Health & Human Services Department, Research & Planning Division
Austin, Texas

ISSUE: Identifying Priority Issues
Developing community quality of life indicators

South Florida Regional Planning Council
- Hollywood, Florida -

The Quality of Life Committee, by bringing together representation from almost all of the collaborative stakeholders, has helped focus attention on issues that cut across the many institutional silos, leading to recognition of the deep linkages among many of the issues.

At the same time, the focus on outcome-based indicators and community quality of life has helped many participants turn a revisionist eye on internal agency strategic plans.

The Coordinating Council of Broward (CCB) (www.theccb.org) is **a collaborative of health, public safety, economic and human services agencies** that has met monthly since 1995. Its mission is **"to create and support collaborative systems that more efficiently and effectively meet community needs."** The CCB created the Access Committee in 1996 to search for ways to improve access to services in Broward County. The South Florida Regional Planning Council (SFRPC), which had begun providing technical support services to The CCB, hosted the twice-monthly committee meetings for the first year and a half, during which time it evolved into the Quality of Life Committee.

The CCB's benchmarks report, which is modeled on The Florida Commission on Government Accountability to the People's *Florida Benchmarks Report*, **includes nearly 300 indicators, arranged in seven chapters**: Our Families and Communities, Our Safety, Our Learning, Our Health, Our Economy, Our Environment, and Our Government. The Quality of Life Committee oversees the **biennial Quality of Life Survey** of 2,400 Broward County residents by Professional Research Consultants (PRC) and the collection of statistics for the non-survey indicators. **The SFRPC organizes the data and prepares it for publication and web-posting.** The fourth edition of The Broward Benchmarks is scheduled for completion in June, 2002.

After the initial set of indicators was compiled in 1997, a series of Quality of Life Committee discussions resulted in the compilation of a set of 36 preliminary priority issues. The SFRPC conducted a series of three **public forums and focus group meetings** for The CCB in early 1998, leading to the selection of four priorities by The CCB, and the **designation of corresponding stakeholder**

groups to convene action committees to address those priority issues. (See www.sfrpc.com/ccb/ccbprepr.htm.)

The CCB board **includes the CEOs of the primary funders of health, public safety, education, economic and human services in Broward County, as well as major providers and four private sector representatives.** (See www.sfrpc.com/ccb/board.htm.) The CCB Quality of Life Committee includes represenation from these same agencies and others on The CCB Steering Committee (www.sfrpc.com/ccb/steering.htm), as well as other interested parties. The public forums were open to the general public and the focus groups reached out to other community groups.

Main roles played by our council included: convening, to study issues; researcher; information source -- compiling data, providing it to those involved; staff support and technical assistance to a coalition or partnership; and special event organizing. Although collaboration is hard work, it is a key to success.

The creation of a common set of quality of life indicators for the agencies engaged in The CCB has not only heightened the understanding of outcome-focused indicators in the community, but has ensured that we will be working with the same indicators across a wide array of agencies.

As a result of the efforts of the stakeholer group identified by The CBC to address the "mobility and transportation access" priority issue, a Job Access, Reverse Commute (JARC) **grant for $3 million** was awarded to Broward County, with 50% federal dollars and 50% state match, to support improved transportation access services targeted at welfare-to-work clients.

Another stakeholder group developed recommendations that were considered as community input into the update of the School Board of Broward County's strategic plan.

Outcomes have included agencies and other community entities working better together to address this issue, and new partnerships and relationships created which strengthen the community's capacity to address issues cooperatively.

Community stakeholders have taken responsibility for updating indicators in four of the seven sections of *The Broward Benchmarks* report. The School Board of Broward County agreed to take responsibility for the "Our Learning" section -- and for establishing goals and integrating it into its strategic planning process, working in coordination with the Broward Business Coalition on Education. The Broward Regional Health Planning Council has taken ownership of the "Our Health" section and has integrated the indicators into its strategic and action plans. The Broward Alliance is now reviewing and updating indicators in the "Our Economy" section. Finally, the Broward County Department of Planning and Environmental Protection has done the

same with the "Our Environment" section of the report.

The Quality of Life Committee, by bringing together representation from almost all of the collaborative stakeholders, has helped focus attention on issues that cut across the many institutional silos, leading to **recognition of the deep linkages among many of the issues**. At the same time, the focus on outcome-based indicators and community quality of life has helped many participants turn a revisionist eye oninternal agency strategic plans.

A proposal has been developed for a web-enabled database to house the quality of life indicators, making it possible for users to search more easily for indicators they need, and for designated stakeholders to update the indicators in real time, ensuring availiability of the most current data. It also will make it possible to make available more extensive time-series data on indicators, as well as age, gender, and race/ethnic breakdowns, sub-county geographic breakdowns, state and national comparison data, and so on, where available. The proposal is awaiting funding and/or a volunteer host.

Submitted by:
Carolyn A. Dekle, Executive Director
South Florida Regional Planning Council
Hollywood, Florida

ISSUE: Homelessness
A step towards ending homelessness in Mid-Fairfield County

Human Services Council of Mid-Fairfield - Norwalk, Connecticut -

The data are used to indicate the demographics and service needs of homeless households. Since the same data are collected bienially, comparisons are made to indicate changes -- and used to make the case for additional housing and support services.

Advocates To End Homelessness (ATEH), the Human Services Council's area-wide task force concerned with issues of homelessness, realized that **hard data was needed to document the needs of the homeless households in the area**. The 1990 Census data did not indicate what providers thought was the true homelessness situation based on their own experiences. And now the Census Bureau has indicated that it will not report out homeless data collected in the 2000 Census.

Advocates To End Homelessness collects indicators on the homeless population bienially. They are collected confidentially, at a specific point in time and are unduplicated data. Homeless households are confidentially surveyed by homeless service providers, mainstream service providers and through outreach to homeless persons in non-shelter and "street" sites. The 2001 year indicators are the third set of data collected. The indicators have been determined in part by questions the U.S. Department of Housing and Urban Development asks in the yearly SuperNOFA Continuum of Care community wide application for housing and support services for homeless households. Indicators for each homeless household collected are:

- Date of birth - age
- Sex
- Ethnicity: white (non-Hispanic), black (non-Hispanic), Latino/Hispanic, Asian/Pacific Islander, American Indian/Alaskan Native, Other
- Dependent minor children
- Client lives with children
- Children live in permanent or temporary housing
- United States veteran status
- Service needs: mental health, alcohol or substance abuse treatment, mentally retarded, AIDS/HIV, victim of mental or physical abuse, victim of domestic violence, vocational rehabilitation

- Current housing situation: emergency shelter, transitional housing, permanent supportive housing for the homes (e.g. Shelter Plus Care, etc.), jail, street, vacant building, hospital/treatment facility, overcrowded housing, temporarily "doubled up" with friends/family, sub-standard housing
- Source of income: Works; TFA (federal assistance) or (state assistance); Social Security/SSI recipient; unemployment; no source; other
- Previous housing: evicted from permanent housing; recently released from correctional facility; recently released from hospital or residential program; lost housing for financial reasons; other.
- Length of time homeless: less than three months; more than three months.
- History of homelessness

The data above are used to indicate the demographics of homeless households and the service needs of homeless households. Since the same data are collected bienially **comparisons are made to indicate changes in demographics and service needs** of homeless households. These changes are **used to make the case for additional housing and support services for homeless households**.

We developed a **report**, "A Snapshot of Homelessness: Results of the Demographic and Service Needs Survey of the homeless-Mid-Fairfield County." The updates will show comparisons over the years the survey has been conducted. ATEH also provided technical assistance to other areas of Fairfield County, CT, Greater Bridgeport and Greater Stamford, and hopefully will be able to report on these. Over 60 agencies participate in the survey process and over 800 volunteers are involved. **Both private not for profit agencies and city and state departments participate.** Mid-Fairfield County is about one fourth of Fairfield County, CT. The other areas to which technical assistance has been provided comprise one half of the County. As a result, results are available for three quarters of Fairfield County.

The methodology and the survey received the HUD Blue Ribbon Best Practices in Housing and Community Development John J. Gunther Award. The methodology is an accepted method for providing an unduplicated demographic and service needs survey of homeless households.

Everyone in the community has access to the data and can use it for purposes including advocacy and fund development. The community uses the data to develop the HUD Super NOFA Continuum of Care Application for housing and support services for homeless households. **The data has been used to develop additional housing and support service resources for homeless households.** Since 1996, $4.5 million in housing and support services has been awarded to agencies in the Mid-Fairfield County region through the HUD SuperNOFA Continuum of Care application. This **exceeds the allocated amount and is directly a result of excellent data.** This funding has leveraged an additional $10 million in support services for homeless households. An additional $300,000 in non-HUD funding has been garnered as well.

Twenty-three additional **housing units have been added** either through construction or Shelter Plus Care Certificates, vocational rehabilitation services for homeless households have been developed, security enhancement services at existing SRO have been added and a program serving twenty-five formerly homeless persons providing housing and support services was renewed twice.

The **media have been very interested** in the activities surrounding the survey as well as publicizing the results. There was even coverage by the AP wire.

Within the community serving homeless individuals, there has now been **greater coordination of services for the homeless among case managers**.

There are additional housing and support services for the homeless. Eventually, we will be able to indicate a change in the well-being of homeless households that are being served by these programs. However this has not ended homelessness in the area.

Submitted by:
Elaine Andersen, Executive Director
Human Services Council of Mid-Fairfield
Norwalk, Connecticut

ISSUE: Youth & Family Assessment

Travis County Health & Human Services Department, Research & Planning Division - Austin, Texas -

The inclusion of so many individuals in the planning of the concept from assessment through implementation was wonderful. It resulted in a better "product" and buy-in. It also, however, takes time to go through such a community-driven process. Implementing a new system with such a new philosophy takes time as well.

The Youth and Family Assessment Center is a "youth success" initiative that is unique because:

- **It provides a connection to prevention and early intervention services in a coordinated and holistic manner by providing comprehensive identification of needs and assets** through an assessment and Family Conference Team **and the development of a comprehensive Plan of Care.**

- It **builds upon family strengths** by utilizing both formal supports in the community, such as social services, as well as informal family and community supports.

- **Service provision is truly family driven (therefore market-driven and culturally competent).**

The Community Action Network (CAN), a public/private partnership of 14 organizations interested in the social well-being of Austin and Travis County, conducts assessment and planning efforts in several issues areas, including Early Education and Care, Education, Workforce Development, Health, Basic Needs, Homelessness, and Public Safety. In May 2000, the CAN's Public Safety, Crime Prevention, and Victimization Community Assessment was released. **One of the recommendations in the Public Safety assessment was to "Improve the Delivery of Prevention Services: Develop and implement a comprehensive prevention method that directs services to youth at risk of offending and their families and that holistically and for an effective duration addresses known risk factors for crime. "** (See www.caction.org for information on the CAN and the Public Safety assessment.)

Literature and data on the prevalence of risk factors and assets that affect public safety (and other issues such as school dropout, teen pregnancy, substance abuse, etc.) were included in the Public Safety assessment.

After the release of the Public Safety assessment, the Community Justice Council (CJC), the Public Safety Planning Body for the CAN, began discussing **an Assessment Center model as a possible strategy for addressing the Prevention recommendation** included in the assessment. At the same time, the CJC and the CAN were in the process of holding a Public Safety Planning Retreat in which **nearly 1,000 community members were invited to help develop strategies** to develop the recommendations in the Public Safety assessment. During the Planning Retreat, the concept of an Assessment Center was further supported. Consequently, the CJC appointed an Advisory Committee and Work Group to develop an implementation plan for a Youth and Family Assessment Center.

The Public Safety Assessment was led by the Travis County Health and Human Services Department's Research and Planning Division (R&P), as a CAN partner. R&P **convened a work group** to develop the outline for the Assessment and this outline received input for the CAN working groups, as well as the Community Justice Council. In addition, the work group **held focus groups and conducted a survey to get community input** for the assessment. Approximately 200 individuals were asked to review the assessment before it was published. The CAN and CJC held a press conference when the Community Assessment was released to announce the findings and the upcoming Planning Retreat. Press coverage included newspaper stories and television and radio stories and lasted about one week.

Approximately 1,000 individuals from the juvenile and criminal justice systems, schools, healthcare system, social service system, business community, County, City, or State government, community, etc. were invited to the Public Safety Planning Retreat. In addition, media coverage opened the Planning Retreat to other community members.

The Assessment Center Work Group was comprised of approximately 75 individuals from over 30 organizations, including social service providers, and representatives from the justice system, schools, healthcare system, the university, the business community, county government, city government, the United Way, etc.

Main roles our organization has played in this initiative have included leadership; convening, to study the issues and mobilize community action; research and information; partnership participation; staff support and technical assistance; special event organizing; sponsoring of a pilot project created to address the issue; information and consultation to funders.

Positive outcomes have included iincreased public awareness and understanding, improved access to and/or utilization of services, program development and better coordination of services, systemic change, increased or redirected resource allocation to better address this issue, expanded prevention-related activities, agencies and other community entities working better together to address this issue, and new partnerships or relationships created which strengthen the community's capacity to address issues cooperatively.

A grant was obtained to conduct an evaluation of the project. The evaluation includes pre- and post-tests of family functioning, interviews of system partners and social service providers to determine whether the social service system is more coordinated, and satisfaction surveys of

families to determine the ease of navigating the social service system and their feelings about the assistance they received. Data in the Public Safety assessment is currently being updated by the CAN's Planner's Network.

The inclusion of so many individuals in the planning of the concept from assessment through implementation was wonderful. It resulted in a better "product" and buy-in. It also, however, takes time to go through such a community-driven process. Implementing a new system with such a new philosophy takes time as well.

Looking to the future: updates of the activities of the Youth and Family Assessment Center continue to be given to the CAN and CJC. **The Assessment Center Work Group will be reconvening to address ongoing implementation issues**, such as implementation of a Management Information System, possible expansion of the Assessment Center pilot, etc.

Submitted by:
Blanca Leahy, Director
Travis County Health & Human Services Department, Research & Planning Division
Austin, Texas

Acknowledgements

NAPC gratefully acknowledges all those who have contributed expertise, leadership and time to NAPC's social indicators activities. The work on this project, over the two-year period, has been carried out by NAPC members in addition to their full-time work in their local communities and represents a lot of evening and weekend hours. Sincere thanks to all, from NAPC!

Social Indicators Report

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Thanks also to many other NAPC members for their valuable input and support.

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Appendix A

National Association of Planning Councils

Social Indicators Workshop

November 30, 2000

Urban Institute, 2100 M. Street, NW, Washington, DC

Focus:

- A **gap** appears to exist between national social-indicator projects using national data and community social-indicator projects using community data.
- Is there a need to fill the gap by creating a **national capacity to measure social indicators in a uniform way, at the community level, throughout the country**?
- If so, what **projects and efforts are already contributing toward creating this capacity**, and **what constructive role might NAPC play** in creating a pilot project to begin or advance the development of such a capacity?

Agenda:

9:00 Informal meeting, greeting, and networking over light breakfast

10:00 Welcome and purpose — Martha Blaine, NAPC President, Dallas, Texas

10:10 **Morning session**:
Understanding who's doing what at the national level

Questions to be addressed:

- What projects or efforts are the invited national experts involved in and/or know about that are addressing the issue of creating a national capacity to measure community-level indicators uniformly across the country?
- To what extent is such a capacity already being developed? By whom? How? How effectively?
- Is developing such a capacity important to do and worthy of devoting substantial resources toward achieving? If it were developed, who would use it for what purposes?
- What kinds of indicators would be most important to collect and report uniformly at the community level across the country, and why? (hard-data indicators; survey-data indicators; indicators on specific health and

human needs and services; indicators of other aspects of the quality of life, such as public safety, the natural environment, economic conditions, etc.; other categories of indicators)

- What is the most appropriate geographic scale (or scales) for uniform data collection and reporting of community level indicators across the country? (metropolitan areas; counties; municipalities; zip codes; census tracts; block groups; others)

Noon Working lunch (national experts are the guest of NAPC)
Continuation of morning session discussion

1:00 **Afternoon session**: ***NAPC's potential contribution and the potential for a pilot project***

Report on current data collection and indicator reporting by NAPC member agencies	Judy Rothbaum NAPC member Oklahoma City

Questions to be addressed:

- What capabilities does NAPC bring to a potential effort to develop a national capacity to measure social indicators uniformly at the community level across the country? How useful and how well targeted are the existing processes, databases, and indicator reports of NAPC member agencies in terms of contributing toward or suggesting a model for development of a nationwide capacity for community-level social indicator collection and reporting?

- From a national perspective, what would be an effective starting point and strategy toward developing a national capacity to measure community social indicators? Would the idea of a pilot project be potentially feasible and effective? If so, what role can NAPC most effectively play in such a potential? What other players should be involved? What levels of financial resources might be expected, and what would be the most likely sources of funding?

- What are the national experts interested and willing to do next?

- What specific advice can the national experts provide to NAPC members concerning what NAPC should do next? (The NAPC members present will reconvene on the morning of December 1 to develop a strategy for NAPC, which will be presented as a recommendation to the NAPC Board of Directors later in the day.)

4:00 Thanks and adjournment.

Participants:

The NAPC workshop on social indicators, November 30, 2000 in Washington, DC, was attended by approximately thirty people, including:

- NAPC members (planning council administrators, planners and researchers) from planning councils located in ten cities in eight states (Sacramento and San Francisco, CA; Norwalk, CT; Albany and Ithaca, NY; Cleveland, OH; Oklahoma City, OK; Dallas, TX; Norfolk, VA; Charleston, WV)

- Attendees working at a national level on indicators:

  - Marc Miringoff, Fordham Institute for Innovation in Social Policy
  - Dennis Andrulis, PhD., SUNY/Downstate Medical Center
  - David Berry, Government's Interagency Working Group on Sustainable Development Indicators
  - Tom Kingsley, Urban Institute's National Neighborhood Indicators Project
  - Tom Kelly, the Annie E. Casey Foundation
  - Chris Paterson, Sustainable Measures Listserve
  - Mary Ellen O'Connell, U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation
  - Rika Maeshiro, MD, MPH, the Public Health Practice Program Office of the Centers for Disease Control
  - Barbara Greenberg, PhD., the Office of the Assistant Secretary for Planning and Evaluation of the US Department of Health and Human Services
  - David Moriarty, Health Care and Aging Studies Branch of the Centers for Disease Control
  - Jeff Elder, United Way of America
  - Lark Stevens, US Department of Housing and Urban Development
  - Peter Tatian, Urban Institute

Appendix B

NATIONAL ASSOCIATION OF PLANNING COUNCILS

Social Indicators Symposium

Charleston, West Virginia
April 4, 2001

- Participants -

This symposium was attended by approximately forty people, including the national expert speakers, NAPC members (planning council administrators, planners and researchers), and other interested people from several non-profit organizations, foundations, and United Way of America.

- Agenda -

Welcome and Purpose	David Swain Jacksonville, FL NAPC Facilitator
Where are we – making the bridge from DC to WV	Martha Blaine Dallas, TX NAPC President
First Key Issue – Herding Cats getting all the interests around the table	Chris Paterson Sustainable Measures
Second Key Issue – Tuning In: Indicators and the Media	Marc Miringoff Fordham University *(unable to attend at the last minute)*
Social Indicators from the bottom up – NAPC	Judy Rothbaum Oklahoma City, OK
Social Indicators from the top down - social and health landscape	Dennis Andrulis State U. of NY Brooklyn, NY
Planning for a NAPC National Project	David Swain Jacksonville, FL

Appendix C

NATIONAL ASSOCIATION OF PLANNING COUNCILS
Survey on Data Collection by Member Councils
August, 2001
SUMMARY OF RESULTS

As you know, NAPC is undertaking a social indicator initiative. One part of this initiative is to determine the types of data being collected by planning councils. This survey is a follow-up to the original NAPC indicator survey, **BUT** this time we are interested in learning about the data your council collects and uses– **WHETHER OR NOT YOU COLLECT INDICATOR DATA**.

Our planning councils bring people together to identify needs and work toward solutions. NAPC has a vision of communities in which citizens:

- Enjoy **wellness and safety** in their homes and neighborhoods;
- Secure their **economic well-being**;
- Achieve their **learning potential**;
- Participate in community decision-making (**community participation**);
- Live in a **nurturing, inclusive environment**; and
- Have adequate, accessible **transportation**.

N=16

1. Does your planning council collect data in any of the following areas? Please check all that apply.

❑ Wellness and safety	11
❑ Economic well-being	12
❑ Learning potential	10
❑ Community participation	8
❑ Nurturing, inclusive environment	11
❑ Transportation	7

2. Does your planning council collect data in any of the following areas? Please check all that apply.

❑ Arts and culture	3
❑ Recreation	5
❑ Natural environment	3
❑ Demographics	13

3. In the area of **wellness and safety**, what types of data does your council collect? Please check all that apply.
   - ❑ Low birthweight babies 11
   - ❑ Measures of entry into prenatal care 9
   - ❑ Measures of health insurance coverage 6
   - ❑ Morbidity rates 10
   - ❑ Mortality rates 10
   - ❑ Measures of juvenile violent crime 13
   - ❑ Measures of adult violent crime 11
   - ❑ Other_____

4. In the area of **economic well-being**, what types of data does your council collect? Please check all that apply.
   - ❑ Per capita personal income 10
   - ❑ Unemployment rates 10
   - ❑ Measures of job growth 7
   - ❑ Measures of poverty 11
   - ❑ Enrollment in free/reduced price school lunch 10
   - ❑ Measures of participation in food stamp program 7
   - ❑ Measures of types of housing 7
   - ❑ Other_____

5. In the area of **academic potential**, what types of data does your council collect? Please check all that apply.
   - ❑ Educational attainment of the population 8
   - ❑ Measures of public school drop-out rates 11
   - ❑ Measures of student performance 8
   - ❑ Measures of public library circulation 4
   - ❑ Other_____

6. In the area of **community participation**, what types of data does your council collect?
   - ❑ Measures of citizen participation in voting 4
   - ❑ Measures of volunteer activity 4
   - ❑ Measures of philanthropy/charitable giving 4
   - ❑ Other_____

7. In the area of **nurturing, inclusive environment**, what types of data does your council collect? Please check all that apply.
   - ❑ Measures of child abuse 9
   - ❑ Measures of domestic violence 9
   - ❑ Measures of elder abuse 7
   - ❑ Measures of births to teens 12
   - ❑ Measures of births to unmarried mothers 10
   - ❑ Measures of divorce 5
   - ❑ Measures of children and youth in foster care 5
   - ❑ Other_____

8. In the area of **transportation**, what types of data does your council collect?

- ❑ Commuting time to work 5
- ❑ Measures of the provision of mass transit 4
- ❑ Measures describing special-needs transportation 5

Other_____

9. In the area of demographics, what types of data does your council collect? Please check all that apply.

- ❑ Total population 8
- ❑ Population by age 11
- ❑ Population by race/ethnicity 11
- ❑ Population by gender 9

Other_____

10. In the area of recreation, what types of data does your council collect? Please check all that apply.

- ❑ Measures of expenditures for parks and recreation 4
- ❑ Measures of land use for parks and recreation 1
- ❑ Measures of citizen participation in sports leagues and similar activities 1
- ❑ Measures of the use of public facilities such as swimming pools 2

Other_____

11. In the area of natural environment, what types of data does your council collect? Please check all that apply.

- ❑ Measures related to recycling 2
- ❑ Measures related to water consumption 1
- ❑ Measures related to solid waste disposal 3
- ❑ Measures related to the release of toxic chemicals 3
- ❑ Measures of air quality 2
- ❑ Measures of surface water quality 2
- ❑ Measures of potable water quality 1

Other_____

Dallas: The Community Council is part of the North Texas Coalition for Children, and has access to data through that entity.

Hawaii: The Council will be part of the Hawaii Outcomes Institute and will have access to data in each of the categories.

Appendix D

NAPC SOCIAL INDICATORS "STORIES" QUESTIONNAIRE

INSTRUCTIONS:

2/22/02 — Dear NAPC Members,

The NAPC social indicators team wants to collect more "stories" showing how NAPC member organizations use data in the context of their work at the community level to bring about positive change.

We really need your help. The impact of NAPC's indicators initiative will be greatly strengthened if we can include many stories, from many communities, addressing many community issues, all involving effective use of indicators — and all illustrating the uniqueness and value of the multi-faceted "planning council approach" to making positive things happen in communities.

Katrina Middleton (Community Services Planning Council — Sacramento, CA), who is generously volunteering as team leader for the NAPC indicators report now being prepared, has asked me to contact you and request at least one story from your organization. These stories will be compiled into a report which will be presented at the conference and published online through the NAPC website. We expect to use these stories for a variety of purposes, probably including foundation fund-raising for one or more projects involving member councils in partnership with NAPC. The stories will also be a valuable information resource for NAPC members interested in learning from colleagues' experiences in using social indicators.

Please think about your initiatives, and then send us one or several stories, organized using the enclosed questionnaire. It was designed to elicit responses which will point to the uses of indicators (e.g., to document a need; to bring a need to a community's attention; to demonstrate progress in addressing that need), the roles played by councils, the kinds of positive outcomes that can result, and what councils have learned through this process.

Most NAPC member organizations are working in several areas. Please consider giving copies of this questionnaire to senior staff in as many issue areas as you'd like. (You'll also be receiving a copy of the questionnaire in the mail in the next few days.)

Please complete whichever sections of the questionnaire apply to your story, then expand or reflect on this story as you wish under "other" at the end.

Your story/stories need to reach the NAPC office by MARCH 22nd.

Email: napc@communityplanning.org
Mail: 11118 Ferndale Road, Dallas, TX 75238
Phone: 214-342-2638, or toll-free 1-800-795-9834. *(If you don't have time to write it, have your appropriate staff member call and tell me about it, and I'll write it for you! Yes — we really REALLY want to include your council's best story/stories!)*

We're counting on everyone's participation with at least one story!

Thanks,
Sharon Clark, NAPC Administrator

NAPC Social Indicators "Stories" Questionnaire — *February 2002*

1. What community issue or need is addressed in this story? *(Examples: childhood immunization rates; homelessness)*

2. Your organization:

   Your name and position:

   City and state:

3. What geographic area was involved?
   __multi-county __county __city __neighborhood ___census tracts *(how many?___)*
   __other *(describe:)*

4. How did this issue or need emerge as a priority for action? What is its importance in your community? Relevant brief history/background, including your organization's prior involvement with this issue or need?

5. What information was gathered — indicator(s) used? *(... showing the role of indicators in documenting the nature and extent of an issue or need)*

6. What action was taken to address the issue or need?

7. Who was involved? *(key organizational and individual partners at the table; any community volunteers? clients/consumers?)*

8. What main role(s) did your council play in this initiative? *(Check all that apply. Describe, if desired.)*

   __leadership
   __convening, to study the issue or problem
   __convening, for community mobilization to address the problem
   __researcher
   __information source - compiling data, providing it to those involved
   __participant/member in a coalition or partnership
   __staff support to a coalition or partnership
   __technical assistance
   __provider training
   __consumer education
   __community mobilization

__special event organizing
__sponsor of pilot project or service created to address the issue or need
__financial management for the initiative
__social marketing
__evaluation
__fund development
__information and/or consultation to funders
__legislative and/or public policy advocacy
__marketing/communications
__other:

9. What positive outcome/s resulted, in the areas of: *(Check, in column at left, if this outcome resulted; then describe briefly, if desired.)*

__positive changes in the lives of people affected?
__increased public awareness and understanding? Citizen involvement? Media involvement?
__improved access to and/or utilization of services?
__development or expansion of programs? Better coordination of services?
__systemic change?
__increased or redirected resource allocation to better address this issue or need?
__policy or legislative change?
__new or expanded prevention-related activities?
__agencies and other community entities working better together to address this issue or need?
__new partnerships or relationships created which strengthen the community's capacity to address issues cooperatively?
__other?

10. How were positive outcomes measured? *(... showing the role of indicators in demonstrating progress)* If it is still too early to have data collected that documents the outcomes, what data do you plan to look at when it becomes available?

11. Any key findings, conclusions, recommendations?

12. Were there techniques or strategies that worked much better or worse than you expected? Why?

13. How and to what extent did media become involved?

14. What next steps/future directions are planned?

15. Other information, comments, reflections:

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National Association of Planning Councils (NAPC)

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Working together
to build strong and caring communities
across America

NAPC is a private, non-profit national organization
which promotes quality community planning
and supports its members as they provide leadership for community-based
human services and health planning and action.

Planning councils bring people together to identify needs and work toward solutions,
mobilizing community involvement, developing and coordinating services,
advocating for informed decisions by funders and policy makers,
and linking people with community resources.