# THE SOCIAL INDICATORS PROJECT, CLEVELAND, OHIO

## Building Provider Capacity to Use Data in Support of Communities, Advocacy and Planning
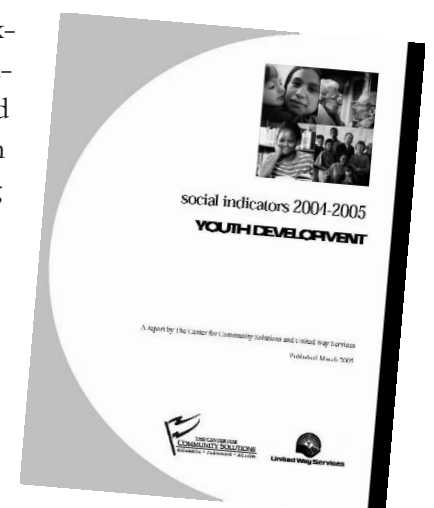
### INTRODUCTION

Initiated in 1998 by The Center for Community Solutions (Community Solutions) and United Way of Greater Cleveland (United Way), the Social Indicators Project includes a six-volume series of reports outlining the social and health trends of the eight-county Northeast Ohio area, with particular emphasis on communities in Cuyahoga County and neighborhoods in Cleveland. Since 2002 the work has been supplemented by technical assistance from the Northern Ohio Data & Information Service (NODIS), which is a research center in the Maxine Goodman Levin College of Urban Affairs at Cleveland State University. Community Solutions and NODIS continue to produce indicator reports as new data become available.

Community Solutions describes its work as "helping the people who help people." Specifically, Community Solutions provides health and social service professionals the information, support, and advocacy they need in order to deal with the significant problems faced by Northeast Ohioans each day. They do this through three core competencies: research, public policy, and communications/training. The Social Indicators Project is one of several components of Community Solutions' broader efforts to compile health and social status data that reflects the reality of conditions in communities, transform the data into accessible forms that can be used easily by community-based professionals and advocates, and disseminate the information to the community and provide training on its use and management.

The reports address many of the social determinants of health including education, employment, and income; children and families; community health; older persons; housing; and youth development. As both educational and planning tools, the six-volume Social Indicators series is intended to provide information for program planning and public resource allocation (public policy), serve as a general evaluation and monitoring of the status of neighborhoods and communities (research and communications), and function as a resource to assist in advocacy efforts (research and training). United Way develops its priorities and resource alloca-

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tions based on information from the reports, and together, Community Solutions and United Way make the reports available to agencies and organizations, community stakeholders, advocates, and policymakers to promote and facilitate informed and community-relevant decision making.

## THE PLACE: NORTHEAST OHIO AND CLEVELAND

Cleveland is the county seat of Cuyahoga County, the most populous county in Ohio, and is at the center of Greater Cleveland, the largest metropolitan area in the state. Located in the northeast corner of the state, on the southern shore of Lake Erie, Cleveland was a major early manufacturing center and was incorporated as a city in 1836. With the decline of heavy manufacturing, however, Cleveland was forced to expand into the service economy, including predominantly financial, insurance, and health care services. The city is populated by over 470,000 people; approximately 51% are African American, 41% are Caucasian, 1% are Asian American, 5% are of other races, and 2% are from two or more races. Although Cleveland has been recently recognized as one of the most livable cities in the nation and the best city for business meetings in the continental US, it faces continuing challenges. Poverty is of particular concern, with almost 23% of families, 38% of those under age 18, and 17% of those over 65 living below the poverty line. In 2006, Cleveland was named the poorest major city in the US, with an overall poverty rate of 32.4%.

## THE PROBLEM

The Social Indicator Reports arose from increasing calls throughout the region for accountability and effective investments of public and private resources to address community needs. The desire among local government agencies, foundations, and community-based organizations to help target resources became increasingly apparent in a city and county experiencing declines in population and the increased spread of poverty and associated social problems to the suburbs.



Dr. Mark Salling, Research Director at Community Solutions, leads a data training.
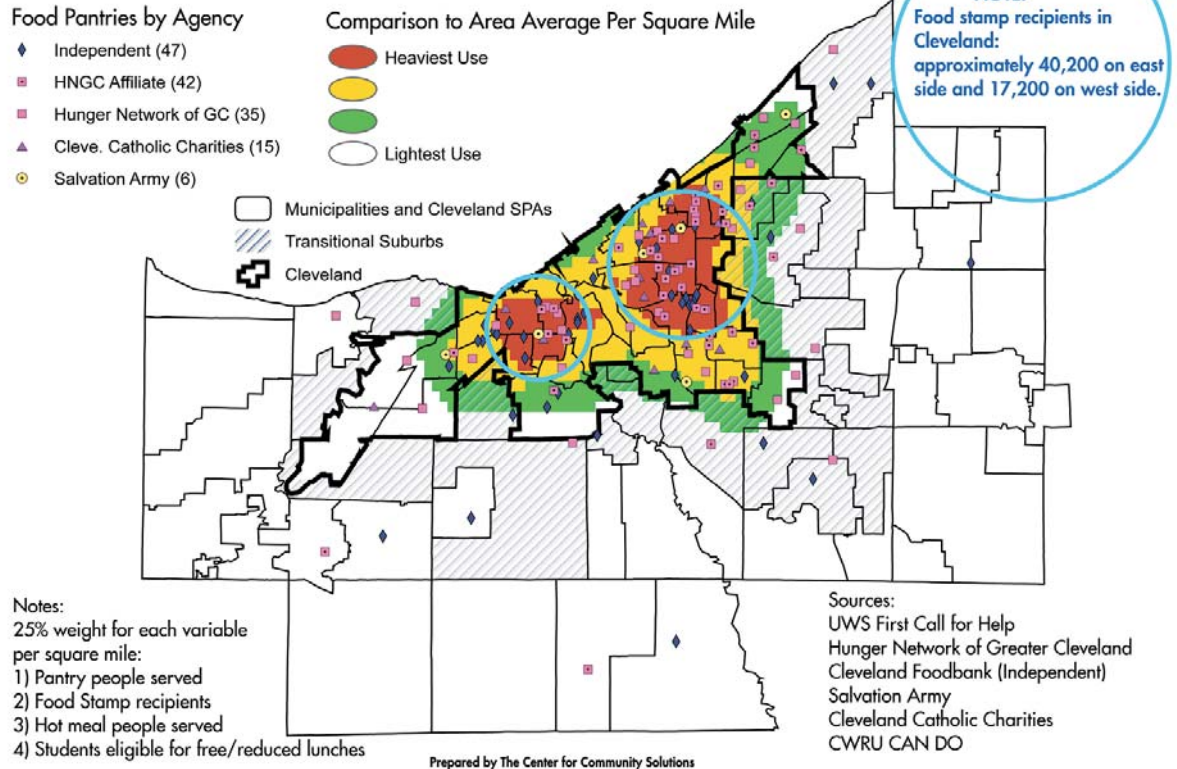
Meanwhile, a national movement for social indicators was emerging along with the increasing use of Geographic Information Systems (GIS) to manage data and report conditions at a neighborhood level. Those factors, combined with the presence of several institutions (including Community Solutions, NODIS at CSU, and the Case Western Reserve University's Center on Poverty and Social Change) with strong data resources and technical skills, inspired the creation of the Social Indicator Project.

## THE PROJECT

Community Solutions quickly realized that in order to most effectively help health and social service providers and other community leaders make decisions about the delivery of human services, they needed an accessible and easily updated source of information on social trends and conditions in the region. This acknowledgement, coupled with increasing calls for accountability and effective investment of public and private resources to address community needs, led to an investment in developing and monitoring economic and social indicators.

The project includes six printed volumes including updates to earlier volumes on *Children and Families, Community Health, Older Persons,* and *Housing*, and adding volumes on *Education, Employment, and Income,* and *Youth Development*. Community Solutions maintains a relationship with United Way and has had local foundation funding to update the indicator reports,

## The circled areas of heaviest food resource use include about half of all Cleveland food stamp recipients...

**Food Pantries by Agency**
♦ Independent (47)
▣ HNGC Affiliate (42)
▪ Hunger Network of GC (35)
▲ Cleve. Catholic Charities (15)
◉ Salvation Army (6)

**Comparison to Area Average Per Square Mile**
🔴 Heaviest Use
🟡
🟢
⬭ Lightest Use

▢ Municipalities and Cleveland SPAs
▨ Transitional Suburbs
✠ Cleveland

**NOTE:**
Food stamp recipients in Cleveland: approximately 40,200 on east side and 17,200 on west side.

Notes:
25% weight for each variable
per square mile:
1) Pantry people served
2) Food Stamp recipients
3) Hot meal people served
4) Students eligible for free/reduced lunches

Prepared by The Center for Community Solutions

Sources:
UWS First Call for Help
Hunger Network of Greater Cleveland
Cleveland Foodbank (Independent)
Salvation Army
Cleveland Catholic Charities
CWRU CAN DO

*GIS maps provide a pictorial representation of the relative prevalence of a condition within a population, as well as the number of people affected. According to data from the 2007* Social Indicator Report, *about half of Cleveland's food stamp recipients live within two concentrated areas in Cleveland.*

and periodically issues up-to-date supplements via their website as new data becomes available.

Community Solutions recognized the dual, and potentially counter, implications of its indicator reports. On the one hand, the reports can be used to encourage positive development of public policies to improve community health. On the other hand, they can serve to isolate and stigmatize segments of the population that are already vulnerable. In response, the Center has taken steps to encourage their productive use. According to Dr. Mark Salling, Research Director at Community Solutions and Director of NODIS, Community Solutions has trained over 300 staff from non-profit organizations on how the data were gathered and how to best use the information to catalyze positive action and minimize stigmatization.

## THE PROCESS

The Social Indicators Project uses only secondary source data, primarily from the Bureau of the Census the Ohio Department of Health, and an online data delivery system, NEOCANDO, maintained at Case's Poverty Center. They rely heavily on partners at NODIS and the Center for Housing Policy Research (CHPR) at the Levin College of Urban Affairs for data and analysis. Indicators were selected for the Project based on three factors:

1. Indicators conform to accepted standards of data collection, reporting, and analysis as reflected in social science literature
2. Indicators are useful to human service planners and service providers in Northeast Ohio
3. Data on the indicators is readily available

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In general, the indicators were chosen for their relevance, their ability to be measured over time, the consistency of their meaning, and their conformity with rigorous collection and reporting standards.

## THE PRODUCT

Recognizing that social indicators can vary dramatically from community to community, and that interventions are usually most effective at the local level, the six-volume indicator series, whenever possible, focuses data at the neighborhood level in Cleveland and at municipalities in the suburbs. Each of the six volumes (Education, Employment, and Income; Children and Families; Community Health; Older Persons; Housing; and Youth Development) contains approximately 25 to 40 social indicators, selected based on the above factors. Each indicator is described through a general definition; a description of why the indicator is considered important; and a combination of maps and tables depicting how the region, county, city, and/or suburb are doing on that particular indicator. Based on user feedback (because many of the issues are regional, rather than county-specific), the reports feature maps and tables showing other counties in Greater Cleveland. The reports display recent trends, such as poverty, school proficiency and graduation rates, and HIV/AIDS prevalence rates, and geographically compare the eight counties of Northeastern Ohio. Within Cuyahoga County, the reports also compare Cleveland, what are termed "transitional" suburbs (the older,

inner-ring of Cuyahoga County suburbs nearest to Cleveland), and the remaining suburbs farthest from Cleveland. Maps provide a pictorial representation of the relative prevalence of a condition within a population, as well as the number of people affected.

## THE PEOPLE AND PARTNERS

United Way was a partner from the beginning of the project but Community Solutions and NODIS now continue to provide updates and additional indicator reports that are disseminated through the Internet. In terms of data analysis, the Social Indicators Project benefits immensely from its research partners at Cleveland State University, as well as the Cuyahoga County Board of Health, the City of Cleveland's Department of Health, and the Cuyahoga County Child and Family Health Services Program. In addition to providing financial support, its partnership with United Way has provided access to and credibility within a variety of community-based organizations in the region. Support has also been provided by the Cuyahoga County Board of Commissioners, the Bruening Foundation, The Cleveland Foundation, the George Gund Foundation, the Sisters of Charity Foundation, Saint Lukes Foundation, and the Mt. Sinai Health Care Foundation.

## THE RESULTS

Due to Community Solutions' work to ensure the indicators reports' productive use, the reports are used frequently by community-based organizations to evaluate their work and thereby secure additional or continued funding. In addition to providing the basis for new priorities and resource allocations, United Way requires grant applicants to consult the social indicators reports and subsequently describe how their proposed efforts will address an identified community need.

According to a 2004 survey of report recipients, the vast majority (81%) said they use the reports to understand the community or service area in which they work, while two-thirds (65%) use the reports to get a detailed picture of the community served by their particular organization and its programs. Nearly half said

they were able to use the information to write grant proposals. Of those involved in grant making, 70% said they were able to use the reports to review grant proposals. Half (50%) use Social Indicator reports to plan new programs, while one-third (32%) use the reports to review current organizational programs. If these percentages are generalized to the entire population of Social Indicator Report users (just over 900, though this is a very conservative figure because it includes only known users not those who download the reports and use them independent of any contact with Community Solutions), then approximately 750 organizations are using the reports to gain a general understanding of either the community at large or their particular service area, and 600 use the reports to get detailed information about their own service area. Approximately 450 are using the reports to plan new programs, while 300 are using them to review current programs. Clearly, hundreds of organizations have come to rely on the Social Indicator Reports to help them do their work. United Way has recently used the indicators to implement a major new agency funding model that is based on achieving community priorities. Rick Kemm, Director of Development at Eliza Bryant Village, reports that

> "When I started working here one of my roles was to work with the senior staff to develop programs and services to help fill the gaps where we don't secure funding. At the time, The Center for Community Solutions had released 5 volumes of

Social Indicators and there was one specifically for older adults. I was able to utilize that data and incorporate information in my proposals and, as a result, we have successfully received funding for 42 proposals since I have been here. I have to attribute a lot of that success to the availability of data that The Center for Community Solutions has provided for non-profit organizations to use."

## WISDOM FROM EXPERIENCE

Community Solutions is committed to developing its indicators series as a tool for program planning and resource allocation, as a general reference on the status of neighborhoods and communities, and as an asset to advocacy efforts. To be maximally effective on multiple levels, Community Solutions acknowledged the need to transform data into usable and accessible information for any audience. In achieving such an objective, Community Solutions credits both its dedication to educating providers on interpreting and using data effectively, as well as its partnerships with data-savvy institutions.

### Educating providers

Dr. Salling emphasizes the importance of supplementing indicators reports with training for community-based organizations, as well as for grant makers on what to expect from their applicants and grantees. "The data is public and it should therefore be free and easily accessible to the public," he stated. In addition to annual community education and networking events targeting local social service agencies, Community Solutions hosts seminars on the usefulness of data. As one data seminar attendee and land use planner stated, "[I got] an overview of all the various sources I can use, as well as a refresher on what we need to know about the data…I appreciated the information regarding confidence in numbers and how to compare the statistics…Cautions about misunderstanding data were especially good…This was useful for decision making."

### Building partnerships

In terms of translating data into usable and accessible information, Dr. Salling also stresses the value of building a network of data-savvy professionals and/or

organizations capable of both providing and interpreting data. Community Solutions maintains various partners within university-affiliated research centers and relies on their knowledge, use, and analysis of data, especially around GIS modeling and mapping. Training on the use of these technologies has received very favorable feedback from community-based organizations who would otherwise struggle to find the staff and financial capacity to use these tools.

## CONCLUSION

The Center for Community Solutions' Social Indicators Project focuses on the data needs of a particular population: community-based agencies. In many communities these agencies and their staff are the primary providers of social services and are leading advocates for local policies that can improve the social determinants of health. The Social Indicators Project primarily uses data that is collected from other sources and is readily accessible. They have shown the great value in building skills and staff capacity to use the data and communicate effectively about it, even if it is "easily collected." By compiling the data into readily usable form, the Social Indicators Project gives local service providers and advocates tools they can use to improve their programs, while reflecting the range of issues that affect the health and well-being of community members.