Field Action Report

Creating a Community Report Card: The San Diego Experience

Carefully selected statistics form an annual snapshot of community health and well-being.

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San Diego County's population is the second largest in California and the fourth largest in the United States. The 2.7 million people of this large and heterogeneous area represent diverse racial and ethnic backgrounds and present many challenges to those providing public health and social services. Recent changes—welfare reform, the movement of Medicaid to managed care, and restructuring of the county's Health and Human Services Agency—further challenge the ability to improve outcomes for children and families.

The County Board of Supervisors and the members of the community wanted to know what impact these changes might be having on the health and well-being of children and families. The board ordered the development of a monitoring system, and in response, the San Diego County Child and Family Health and Well-Being Report Card was created to monitor community-level outcomes.

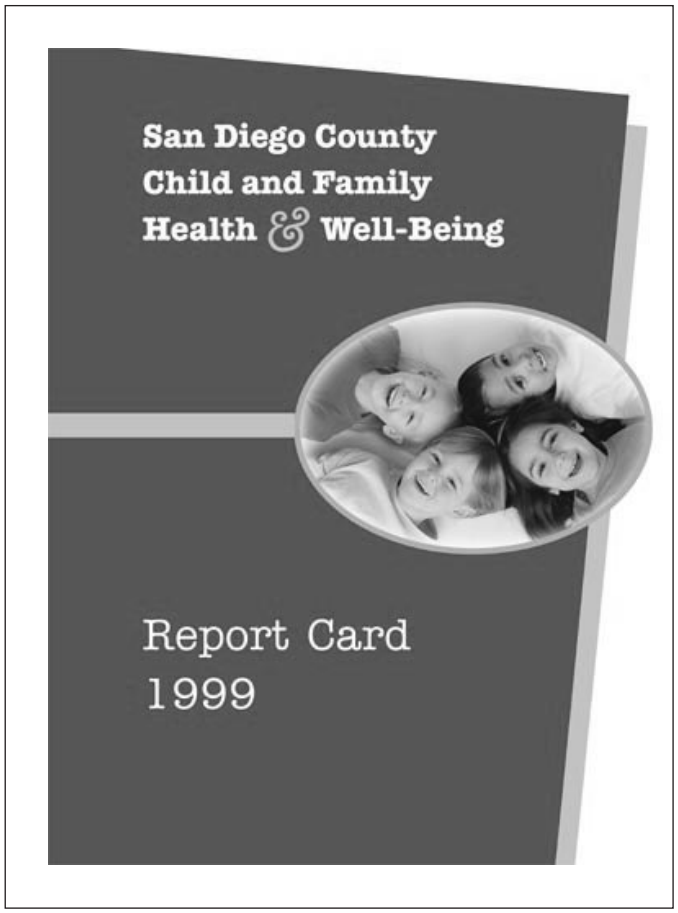
Community report cards provide a snapshot of the overall health and well-being of a community through the use of indicators or measurements of local trends. Such reports are used increasingly across the United States[1] to bring critical information to community members, service groups, and policymakers. A national directory of such report cards has recently been released[2] and is described elsewhere.[3]

The San Diego Health and Human Services Agency (HHSA), which was in the process of creating performance measures for its operations, partnered with Children's Hospital and Health Center to develop the components of the community report card. There were 5 key stages of development: an evaluation of other community report cards, a literature review, an extensive community information gathering process, reviews by technical and community advisory groups and a national consultant, and final approval from the board.

Technical, community, and scientific advisory groups were established to firmly ground the development process in local technical and political realities. More than 20 local data experts reviewed and helped refine a list of indicators that would require no primary data collection.

The members of the Child Well-Being Subcommittee, 13 people from diverse professional backgrounds, served as community ambassadors and provided broad policy guidance. Also, a scientific advisory committee of 8 local leaders from the fields of public health, social work, pediatrics, and medicine provided scientific oversight throughout the development process. These 2 committees reviewed the preliminary list of indicators and made recommendations for refinement.

To gain the trust and support of the large, diverse community, the project team also solicited extensive feedback from more than 40 community groups; distributed an information packet and survey in Spanish, English, and Vietnamese; and modified the list of indicators to reflect comments made during this process. Surveys were also distributed by



Key Findings

- The impact of changes in policy and in services and programs can be monitored through use of data collected from other sources.
- Community participation is crucial to the development and usefulness of a report card monitoring system.
- A community report card can be integrated into a broader performance measurement system; for example, the report card's indicators are now used as outcome measures for county HHSA programs.

community groups, welfare offices, and local advocacy organizations.

The resulting report card reflected a broad definition of health and well-being. The 5 domains—economics, health, safety, education, and access to services—are further defined by 29 scientifically based or consensus-driven indicators (Table 1). Data sources ranged from local health, education, and law enforcement entities to state and federal agencies. Included are 3 to 5 years of historical data, state and national comparative data, and, where available, race/ethnicity data. Compilation of these comprehensive statistics creates a population-based, data-driven monitoring system.

Funding and Evaluation

Establishing a monitoring system documented within an annual report card is a proactive approach to evaluating the effects of public service and policy changes. Using indicators with timely, reliable statistics allows for the quantitative assessment of a community's general health and well-being. Most important, a report card can serve as a powerful information tool that can be used by policymakers, advocacy organizations, community members, and service providers to make informed decisions on issues affecting local children and families. The report card provides a basis from which investigations into problem areas can be undertaken and can help the community arrive at solutions to these problems.

A grant of $88 450 was provided by the Alliance Healthcare Foundation to Children's Hospital and Health Center to develop this monitoring system. In addition, the HHSA contributed in-kind staff support of approximately $20 000 during the 6-month development process. This early county investment strengthened the project's momentum and credibility. Additional funding was provided the following year, when further work and development were devoted to implementing and producing the first report card. One major impact of the first year and a half of work was the incorporation of report card indicators into the Health and Human Services Agency performance objectives.

A survey is being conducted to assess how organizations are using the report card and how its usefulness can be improved. Early feedback has called for more positive indicators—such as the numbers of children who are read to and of high-school graduates who are college bound—as well as data within geographic boundaries smaller than counties. The sustainability of this project depends on its usefulness to the community and the Health and Human Services Agency. The content of the report card, therefore, should be adapted over time to reflect changing community concerns or improvements in data collection and reporting.

Next Steps

San Diego County's work only begins with the production of its first report card. San Diego will lead the country by linking the report card to performance measures. This is a bold move toward developing true public accountability. □

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Table 1—Community Report Card Indicators: San Diego County, Calif

Economics
Average percentage unemployed
Percentage of children living in poverty
Rate of public assistance to children
Percentage of parents receiving public assistance who are working or involved in work-related activities
Rate at which children receive food stamps
Rate at which children are identified as homeless
Health
Infant mortality rate
Percentage of babies born with low birthweight
Rate of births to teenagers
Rate of youth suicides
Rate of hospitalization of children and youth for mental illness
Percentages of adolescent health risk behaviors: cigarette use, binge drinking, marijuana use
Access to Services
Number of subsidized child care spaces
Average wait time for publicly funded outpatient alcohol and drug treatment services for adolescents
Average wait time for publicly funded nonemergency outpatient mental health services for children and youth
Percentage of children who are adequately immunized
Percentage of children with health insurance
Safety
Rate of delinquency petitions filed in juvenile court
Rate of child and youth homicides
Rate of children living in out-of-home placement owing to abuse/neglect
Number of domestic violence reports
Rate of unintentional injuries and unintentional injury–related deaths
Rate at which children and youths are killed or injured in alcohol/drug-related motor vehicle crashes
Education
Annual percentage of students who drop out of high school
Percentage of students who attend school daily
School suspension rate
School expulsion rate

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Contributors

D. R. Simmes wrote the narrative of the community report card development. M.R. Blaszcak assisted with drafting the paper's outline, provided statistical information, and created the table. P. S. Kurtin reviewed and added detail to the narrative. N. L. Bowen reviewed and edited the paper for content and accuracy. R. K. Ross contributed to the revision by providing further information about the project's incorporation into the ongoing public health fabric of the community.

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