

KING COUNTY COMMUNITIES COUNT

Fostering Partnerships, Involving Residents, and Changing Policy to Alter the Determinants of Health

INTRODUCTION

In 2000, after an extensive process of indicator selection and development and the formation of a core group of partners, the first Communities Count report was issued. Additional reports followed in 2002 and 2005. Since the initiative began, it has gained momentum with an increase in partners, media attention, and policy influence. Reports will be developed and issued every three years to track progress and identify areas for intervention. Communities Count is one of the best established and most highly regarded indicator report projects in the country and has been identified numerous times as a good example of public health agencies measuring the socio-ecological determinants of health.¹

While the initiative is notable for its attention to sustainability and involvement of multiple sectors, a consistent commitment to and success in involving county residents is its most impressive accomplishment. The reports provide a picture of the issues that most concern residents of the county, and lead to changes in both understanding of the social factors that determine health and policy, and funding decisions that address those social factors.

THE PLACE: KING COUNTY, WASHINGTON

King County covers roughly 2,000 square miles (about twice the size of Rhode Island) in northwestern Washington. Almost one-third of the county's population of 1.8 million lives in Seattle; the remaining two-thirds live in 38 other cities and smaller communities. The population is clustered primarily along the Puget Sound at the western end, with the density dropping considerably in the eastern half of the county. The county's geography ranges from dense urban environments to suburbs to sparsely inhabited rural and wilderness areas. The population is 69% Caucasian, 14% Asian American, 7% Latino, 6% African American, 1% Native American and 3% two or more races. The area is one of the most highly educated in the country, and has spawned new economy giants such as Microsoft, Amazon, and Starbucks. In spite of these successes, persistent health and social issues exist in King County. For example, 10% of the population in the county lives at or below the poverty line, but among African Americans the rate is 24%.



Images from the *Communities Count Report*

¹ Boyce E, Stine J, Jones E. The role of health departments in advancing a new community health and wellness agenda. *Prev Chronic Dis* [serial online] 2007 Jul [date cited]. Available from: www.cdc.gov/pcd/issues/2007/jul/07_0005.htm. The California Endowment featured Communities Count as a model at its April 2006 Indicator Symposium.

THE PROBLEM

The Communities Count project arose in response to two fundamental problems:

1. Indicators used to track the health of the county were not measuring determinants of health that are key to understanding disparities across racial, ethnic, socioeconomic, and geographic groups within the county.
2. A stark disconnect existed between the data being collected and the issues of most concern to residents. Many factors influence how data is typically collected, including the ease of collection from existing sources, ease of tracking and comparison (both with data that has been collected over time and that collected in other regions), and whether data is requested by elected officials and other policy makers. The result was a collection of indicators (such as population data from the census) that didn't accurately represent the vision of residents and that failed to engage broad interest or stimulate action.

THE PROJECT

Communities Count began with the goal of getting beyond the “usual suspects” in both data collected and participants engaged. To achieve this goal, the initiative had to develop an effective process for engaging community members, and create a product that reflected community concerns and informed policy-makers. This combination of a thorough and thoughtful process with a high-quality and carefully constructed product provided the base for the initiative's success.

Sandy Ciske is Regional Health Officer for Public Health, Seattle & King County and one of the original partners who shaped and developed Communities Count. To create what she calls “a broad and deep community process that identified what mattered most to residents and what they wanted to see tracked over time,” input for the first report was garnered through a range of methods including

- random-digit dialing surveys;
- interviews with hard to reach populations (such as non-English speakers and very low-income individuals);



Richard Conlin, Seattle City Council member, at a Communities Count press conference.

- surveys;
- focus groups; and
- community forums.

This process was used to create the set of indicators that are reported. Subsequent reports have reviewed this indicator set, added two sections (Arts and Culture and Built and Natural Environment) and selected theme areas for additional qualitative data collection.

The process ensured that community voice would be critical in selecting indicators. There are a number of advantages to a community-driven indicator-selection process: the selected indicators are likely to be more precise in reflecting the social determinants affecting community members' health, community members can become partners in data collection and analysis enabling a move beyond traditional data sources, and the data collected is more likely to be used in community-driven advocacy for policy changes. The result of the Communities Count process was an extensive body of information and opinion from which emerged a set of potential conditions valued by the community and reflective indicators. Community members were again involved in selecting the final 29 indicators.

After the report was issued, the iterative process continued as initiative staff visited communities to present the results, highlight the implications for each community, and solicit feedback for use in future reports. The indicators were reviewed and emerging indicators were added. This dynamic adjustment was necessary to

respond to changing conditions in the county, but in order to maximize comparability over time, emphasis is placed on keeping the list of indicators stable.

To publicize findings, the report was not only made available online and sent to decision makers and community leaders, but also condensed into a shorter, reader-friendly version and placed as an insert in the major Seattle and King County newspapers (*Seattle Post-Intelligencer*, *Seattle Times* and *King County Journal*). The insert was a paid supplement to the papers, but on the same day the report was released, editorials and articles were written in Seattle's papers about the findings and what could be done to address social conditions influencing health in local communities.

THE PRODUCT

The product itself, a series of reports, has maintained overall consistency as it has been refined. The research team has used existing data for many of the

indicators selected, but for others original research was initiated. Throughout the process of identifying indicators, technical advisors considered issues such as validity, reliability, and consistency of measurement to ensure the quality of the data collected. The use of solid statistical techniques was emphasized, and differences were not

reported unless the results were statistically significant. That rigor was particularly critical in the early years of the initiative, when skepticism about the value of collecting such information existed. In addition to data quality, near the beginning of the process the initiative steering committee limited the number of indicators to make the report manageable and to emphasize the importance of those indicators selected.

The 2005 report is divided into six sections:

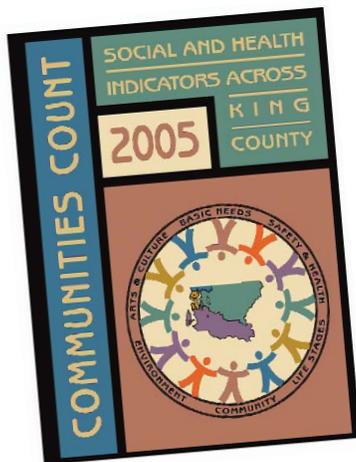
- Basic Needs and Social Well-Being

- Positive Development through Life Stages
- Safety and Health
- Community Strength
- Natural and Built Environment
- Arts and Culture

The foundation of each section is a list of “Valued Conditions Expressed by King County Residents.” Examples of valued conditions range from, “People create a balanced daily lifestyle with adequate time for interaction with families, friends, for leisure activities, and for volunteer activities in the community” in the *Positive Development through Life Stages* section to “There are many clean and well-maintained public places for recreational use” in the *Natural and Built Environment* section.

These Valued Conditions were selected based on resident opinions (the selection process is described above in the Project section) and input from community leaders, and were used to assure that community concerns were reflected throughout the report. The list of indicators ranges from those that would be expected in more traditional reports (such as *Crime*, *Air Quality*, and *Academic Achievement*) to less-traditional measures of similar outcomes (*Family Violence*, *Commute Choices*, and *School Readiness*) to more subjective measures (*Perceived Neighborhood Safety*, *Freedom from Discrimination*, and *Neighborhood Social Cohesion*). The combination goes beyond statistical outcomes to describe how residents perceive their communities. Indicators such as *Time to Read to Children* show the emphasis on individual outcomes and identifying social conditions reflecting quality-of-life that can be correlated to a number of outcomes (in this case: school performance, mental health, etc.).

The report includes qualitative data to illustrate key issues identified by stakeholders. In 2005, two issues were selected for in-depth focus: homelessness and early childhood development. The qualitative information and related discussion of these issues gives a more complete context for these complex issues and also allows often unheard local voices to emerge. For instance, focus groups of working homeless people identified underlying factors creating homelessness and contributing policies most in need of reform.



THE PEOPLE AND PARTNERS

A number of key groups came together to make the initiative a success. The King County Children and Family Commission played a key role by providing initial funding for the initiative and worked with Public Health—Seattle & King County’s Epidemiology, Planning and Evaluation Unit—to handle data collection and analysis, getting formal agreements for participation in the initiative from necessary department heads, and identifying potential members of a steering committee. Finding individuals with keen interest in the initiative proved instrumental to building momentum. Ciske remarks that, “Most of the members of the steering committee were in middle- to upper-management positions within their agencies, and it’s impressive how much can be accomplished with such a committed group.” Leadership has been very stable since the initiative began.

In addition to County support, a number of key partners stepped forward, including United Way King County, Sustainable Seattle, and the City of Bellevue. These initial partners were important for lending resources and expertise to the initiative, as well as drawing in additional funders and partners. After dissemination of the 2002 report, the Bill and Melinda Gates Foundation, the Paul Allen Family Foundation, The Seattle Foundation, the Annie E. Casey Foundation, the Marguerite Casey Foundation, and local corporations such as The Boeing Company, Microsoft Corporation, and Safeco Insurance began supporting the initiative’s process and also highlighting the report. According to Ciske, that publicity boost proved to be “helpful in promoting the report as way to shape funding and investments, as well as generating contacts with editorial boards.”

THE RESULTS

The reports have had numerous and broad effects within King County. Some of the results reflect the initial intention of the steering committee, while others reflect emerging opportunities and unexpected

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directions. The impact has been particularly pronounced in the following areas.

Determining grants

Coalitions and social service and other non-profit agencies are provided a rich data source that they can use to help define their objectives when applying for grants, and for reporting on their activities. Numerous agencies and efforts have reported this being of enormous benefit because the indicators in the reports are based on resident input and better reflect the situations the agencies are attempting to address than other available data sources such as the US Census.

Major funders in the county have used the reports and consultation with initiative staff to understand and respond to demographic shifts and inform their investments. The Seattle Foundation used Communities Count for their own *Healthy Communities* report to their investors and board of directors.

Identifying disparities

The indicators and data collection were designed to reveal disparities (differences in health status and social circumstances among groups in a population). The 2005 report shows clear disparities among racial and ethnic groups and regions. The infant mortality rate in the Alaskan Native/American Indian population was four times as high as for Caucasians, Latinos, and Asian/Pacific Islanders, while the rate among African Americans was over twice as high. The data also showed a clear gradient of rate increase as neighborhood poverty level increases. Rates were twice as high in the South region of the county as the East region. This sort of information demonstrates disparities of concern—even when the data for the county as a whole may look favorable—

and can provide a guide for decision makers in selecting where to apply resources.

The successes of Communities Count, and the inequalities exposed in these reports, were influential in the development of the King County Equity and Social Justice Initiative and the decision by the King County Board of Health to request a report on disparities within King County.

The initiative has continued to develop programmatic and funding relationships. For example, funding has become available to hire an Action Agenda Coordinator to focus exclusively on the transition from data to action. This individual will act as a liaison with communities, helping to coordinate responses and promote advocacy around particular indicators, and will also look to create synergy between efforts in different communities and between the findings of the Communities Count reports and other indicators.

Informing policy and legislation

The indicator reports not only influenced policy discussions but also policy decisions about underlying determinants of health. The growing acceptance of the reports' importance was seen when initial resistance to collecting and presenting income inequality data turned to calls to make sure that those results got to members of the state legislature to inform improved tax policy.

Numerous government agencies and legislative bodies have used the report to inform discussions of

policy and funding. For instance, the City of Burien, a South King County suburban city, used the report and a presentation by team members showing fewer children were ready for school in a large area of Burien to prioritize funding and allocate \$50,000 to an agency that focuses on engaging parents in early childhood development. In addition, the report helped inform decision makers in North Bend, an East King County suburban city, when they redirected funds from a downtown beautification project to youth development programming.

In April 2005, the American Journal of Public Health published *From Neurons to King County Neighborhoods: Partnering to Promote Policies Based on the Science of Early Childhood Development*. It laid out a 15-recommendation policy agenda to improve environments for early childhood development. The recommendations were developed by a diverse community partnership across King County. The focus on a policy framework for early childhood development was informed by findings from Communities Count.

WISDOM FROM EXPERIENCE

Communities Count is one of the most significant efforts of its type in the country. The steering committee and other initiative leaders were strategic and forward-thinking in cultivating the following:

- **SUSTAINABILITY:** Extensive planning positioned the initiative to build momentum and evolution by involving a broad group of stakeholders in the overall content and design of the report, and by cultivating long-term funding and data-user relationships. Establishing sustainability is critical because, as Ciske remarks, “track[ing] trend information over time is where power starts developing; the ability to provide updates at regular predictable intervals that people can use to shape needed actions.”
- **CREDIBILITY:** Some of the same relationships that supported sustainability also supported the establishment of Communities Count as a legitimate source of information and analysis. The other key step in this regard was to employ rigorous statistical

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and social science techniques in collecting and analyzing data.

- **FRAMING COMMUNITY-LEVEL SOCIAL FACTORS AS HEALTH ISSUES:** Once social factors are presented as determinants of health in a compelling way, strategy and intervention logically shift upstream to address underlying issues. When the other three themes in this section are in place, this serves to expand the conversation about health by drawing connections to issues such as education, transportation, and land conservation.
- **COMMUNITY INVOLVEMENT:** Meaningful involvement of community members led to increased community investment in the initiative, provided a basis on which to build action, and perhaps most importantly, ensured that the selected indicators accurately reflected the issues of greatest concern in the county.

CONCLUSION

The Communities Count initiative is a model for how to use community indicators to improve the health and social conditions of the population. The community-driven indicator-selection process resulted in a set of indicators that have moved the social determinants of health through policy and organizational practice changes in both local and state government as well as other institutions, including local foundations. The reports are not only consistent enough to maintain accountability among decision makers on the issues that are most important to community members but also flexible enough to allow for in-depth analysis of emerging issues. The systems that have been set up for indicator refinement and reporting intervals ensure that the indicators will continue to provide a tool for monitoring the social determinants and building community-based advocacy to improve them.