2006

Introduction: The Leading Indicators Project

Dmitri N. Shalin

University of Nevada, Las Vegas, shalin@unlv.nevada.edu

Follow this and additional works at: https://digitalscholarship.unlv.edu/social_health_nevada_reports

Part of the Sociology Commons

Repository Citation


Available at: https://digitalscholarship.unlv.edu/social_health_nevada_reports/2

This Report is brought to you for free and open access by the Social Health of Nevada at Digital Scholarship@UNLV. It has been accepted for inclusion in Reports by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.
Introduction: The Leading Indicators Project*

Introduction

Policy makers of all ages have sought to ground their decisions in sound knowledge. As early as 1790, President George Washington told Congress that “Knowledge is in every country the surest basis of public happiness. In one in which the measures of government receive their impressions so immediately from the sense of the community as in ours it is proportionably essential.” In our time, generating and disseminating reliable information has become a passion. This modern attitude is captured in buzzwords like “knowledge-based interference,” “data-informed decision making,” “information-driven needs assessment,” and it finds a powerful expression in the Leading Indicators (LI) movement that has been gathering momentum for several decades.

The LI movement is global in scope, it cuts across state boundaries, and it has a strong regional footing. We can see that in the “United Nations Human Development Index” tracking social progress around the world; in the “European System of Social Indicators” focused on the welfare of European Union member states; in the national surveys of key indicators conducted in countries like Germany, Canada, Australia, or South Africa; in the “Gross Domestic Happiness” index compiled in Bhutan; in the “Minnesota Milestones” and “Oregon Benchmarks” monitoring programs; as well as in the “Truckee Meadows Tomorrow” annual quality of life reports issued by Washoe County.

The Social Health of Nevada Report that I am pleased to introduce here is part of this broad movement. The report, the first of its kind in the Silver State, draws on the vast experience accumulated by professionals monitoring social health in the U.S. and around the world. While consistent with the general trend towards systematic community needs assessment and data-driven policy debate, the present report differs from similar projects in several respects that will be discussed below. This introductory essay begins with a historical overview that situates the Social Health of Nevada report in the broader movement. After describing the structure of the
report and highlighting its main conclusions, I discuss the work ahead and policy implications. At the end of this introduction, readers will find a reference section with a sample of studies on social indicators, followed by a community resources section with web links to, and brief notes on, various organizations tracking leading indicators and measuring quality of life. A prototype of the National System of Social Indicators unveiled in 2003 at an interagency forum on leading indicators is appended at the end of this essay.

**Historical Overview**

The leading indicators movement came into its own in the latter half of the 20th century, but its roots stretch back to the previous century when social scientists moved from speculations to empirical research that provided philanthropists, policy makers, and reformers of all stripes with the fodder for policy debate. First in England and then the United Stated, social surveys would become a valued tool for gauging social trends and developing local, regional, and national strategies for coping with urgent social problems (Balaswamy and Dabelko, 2002; Conner et al., 1999; Ester, 2003; Johnson, 2002; Noll, 2005; Sawicki and Flynn, 1996; Schultz et al., 2000; Telfair & Mulvihill, 2000; Wong & Hillier, 2001; Zackary, 1995; Zimbalist, 1977).

These developments occurred during the Progressive era in American politics that brought together “men and women longing to socialize their democracy” (Addams, 1910, p. 116), looking for “a more balanced, a more equal, even, and equitable system of human liberties” (Dewey, 1946, p. 113), and trying to bridge the gap between the academic community and the political elite. Scholars across the nation were increasingly perceiving their host institutions “not as an office of experts to which the problems of the community are sent to be solved [but as] a part of the community within which the community problems appear as its own” (Mead, 1915, p. 351; See also Shalin, 1986, 1988).

In 1913, the U.S. Department of Labor published the *Handbook of Federal Statistics of Children*, a pioneering effort to collate data on children welfare. A year later, the leading philanthropic
publication, *Charities and Commons*, changed its name to *The Survey* – a move underscoring the growing importance that reformers attached to scientific data gathering and community needs assessment as a precondition for policy making.

The Great Depression spurred efforts to organize systematic monitoring of economic development. In the 1930’s, the **National Bureau of Economic Research** introduced the **Business Cycle Indicators** designed to track stock prices, employment, and consumer prices in the U.S. In 1933, the Hoover **Committee on Social Trends** issued an influential report on social conditions. Written by W. F. Ogburn, this report looms large today as a prototype for a reporting system assessing the nation’s performance in key life domains.

After World War Two, the United Nations assumed the leadership in measuring the level of human welfare around the world. Commissioned by the U.N. in the 1950’s, Jan Drenowski formulated innovative ideas concerning a unified system of social indicators which gave impetus to international collaboration in this area (Drenowski and Wolf, 1966). Soon after, the **Social & Economic Council of the United Nations**, http://www.un.org/docs/ecosoc/, sprang into existence, generating much excitement with its **System of Social and Demographic Statistics**, http://unstats.un.org/unsd/demographic/products/dyb/dyb2.htm. By the end of 1960’s, a worldwide research agenda focused on the quality of life evolved into what would become known as the “leading social indicators movement” (Noll, 1996).

Within a decade, countries around the world began to sport the national systems of indicators for monitoring performance in the economic, environmental, social, and cultural domains. Among the first to jump on the LI bandwagon were countries of the European Union, starting with United Kingdom (1970), followed by France (1973), Netherlands (1974), Norway (1974), Denmark (1976), Austria (1977), Federal Republic of Germany (1983), Sweden (1987), Hungary (1990), Italy (1990), Spain (1991), and Portugal (1992). About the same time, similar programs began to appear on other continents, in countries like South Africa (1983), Australia
The Leading Indicators Movement in the United States

The U.S. is one of the few developed countries still lacking a national system of social indicators, and that is in spite of the fact that American scholars made important contributions to measuring social trends. In 1966, Raymond Bauer edited the volume *Social Indicators* that highlighted the need for integrating data gathered in domains like health, education, and labor into a cumulative indicator system gauging the country’s performance. The same year, Daniel Bell published a book titled *Toward a Social Report* where he urged to open the communication lines between policy makers and social scientists. The 1960’s political awakening provided a fitting backdrop for such inquiries, as the nation embarked upon self-examination and reached out to its disadvantaged members. President Lyndon Johnson captured some of this yearning for new quality of life when he announced in 1964 that “the great society is concerned not with how much, but with how good – not with the quantity of goods but with the quality of their lives” (quoted in Noll, 1996).

With the enthusiasm for social change waning in the next two decades, the LI movement lost some of its momentum in this country, and it was not until the start of the 21st century that efforts to devise a nationwide system of social indexing came back on track. A turning point was the Forum on Key National Indicators (FKNI), http://www.keyindicators.org/Forum_Summary_Report.pdf, that took place on February 27, 2003, in Washington, DC. Sponsored by the United States Government Accountability Office, the forum brought together leaders from various national institutions who laid the groundwork for a national system of social indicators. In his letter to forum participants, David Walker, Controller General of the United States, wrote:

To be a leading democracy in the information age means producing objective, independent, scientifically grounded, and widely shared quality information on where we are and where we are going, on both an absolute and relative basis, including comparisons to other
nations. Such information must be useful to the public, professionals, and leaders at all levels of our society. . . . Developing a comprehensive, independent, quality resource of key indicators for a nation as large, complex, and diverse as the United States is a daunting task. If it is to be done, we must work hard and work together to avoid the mistakes of the past and take advantage of new opportunities that have emerged in the 21st century (FKNI, pp. 1-2).

Forum participants were presented with several questions that furnished the basis for a lively exchange:

- How are the world’s leading democracies measuring national performance?
- What might the United States do to improve its approach and why?
- What are important areas to measure in assessing U.S. national performance?
- How might new U.S. approaches be led and implemented?

The participants agreed that the country needs a national accounting system that would aggregate economic, environmental, social, and cultural indicators to provide a baseline for future assessments of the nation’s progress. The forum acknowledged the vast experience accumulated in other countries and regions with the established blueprints for social indexing and reporting that must be studied and, where appropriate, utilized. The contributors agreed that the existing national data gathering projects can serve as a model for the LI set, notably the Federal Interagency Forum on Child and Family Statistics, http://www.childstats.gov/, that produces annual reports assessing the well-being of American children. Another federal indexing and reporting initiative was mentioned in the same context, Federal Interagency Forum on Aging Related Statistics, http://www.agingstats.gov/chartbook2000/default.htm, which has generated a wealth of data about older Americans.

Successful efforts to measure quality of life in several U.S. states and communities were also duly noted as worthy of close examination, and so was the need for pooling resources of public, private, and nonprofit organizations engaged in the LI research. A
A comprehensive indicator system, the forum report advised, “must be appropriately focused, have a definable audience, be independent, pay attention to quality issues, and be adequately funded both in terms of its development and sustainability” (FKNI, p. 13).

Several participants stressed that commonly used indicators related to the economy and business cycle tend to gloss over the quality of life, and that they must be supplemented by the social and environmental indicators. Security was another emerging area singled out for inclusion in the national LSI set. The indicator systems deployed in the U.S. tend to focus on objective measures and leave out the perceived quality of life, which does not always correspond to actual living conditions. The situation is marginally better overseas. For instance, 29 of the 307 indicators in the French LSI set convey the public’s perception of their situation, and the UK national report has over 100 indicators, of which 3 are subjective measures. Both types of evidence, the forum concluded, must be used in a comprehensive assessment.

A straw proposal developed by Dr. Martha Farnsworth Riche and called USA Series 0.5 was unveiled at the forum as a starting point for the debate about a national indicator set USA Series 1.0. The later was to supplant its predecessor once the project gets off the ground.

Much time was devoted to identifying key information areas for data gathering and specific indicators belonging to each area. The forum started with 11 target information areas: community, crime, ecology, education, governance, health, the macroeconomy, security, social support, sustainability, and transparency. After intense debate, 4 additional information areas were added to this list: communications, diversity, individual values, and socioeconomic mobility (see Appendix for the USA Series 0.5 proposal).

To focus attention on the future, the participants articulated 10 questions to guide the discussion:
• What is the purpose and value of the national indicator system to be developed? In particular, what do we need to do differently, why, and what net risk-adjusted benefits might the system achieve?
• Who are the audiences (e.g., general public, educators, policymakers, and professionals), and how will they benefit?
• What would a broadly accessible and useful collection of key national indicators look like?
• How would the indicator system be designed, developed, implemented, operated, used, improved, and communicated? In particular, how will the need to build short-term momentum be balanced against the need for longer-term persistence and perspective on the initiative?
• What data exist to serve as a foundation for a national effort? Are there important data gaps, and what is the quality of the available data?
• What is an appropriate standard for progress, and what are the potential unintended consequences or behavior changes from efforts to demonstrate progress?
• What is the response system and how does it work when an indicator increases or decreases? Is there a response system in place to make use of national indicators in everyday life?
• What are the experiences of other countries regarding unintended consequences of meeting performance measures?
• Are there examples of how national indicators have been used to inform decision making?
• How much time and how many resources will a national effort require?
• How will those resources be allocated to alternative uses, such as making existing indicators more widely available and usable by broader audiences versus building existing institutional capacity to produce more and better indicators?
• Do the nation’s leading institutions (e.g., governmental, commercial, and nonprofit organizations) have the capacity to carry out this effort?

The alliance for the national LI system was formed at the forum, which included the American Association of Universities, The Conference Board, the Council for Excellence in Government, the
Government Accountability Office, the International City/County Management Association, The National Academies, the National Association of Asian American Professionals, the Office of Management and Budget, and the White House Council on Environmental Quality.

The next milestone in the LI system development was a report *Informing Our Nation: Improving How to Understand and Assess the USA Position and Progress*, (ION) [http://www.gao.gov/new.items/d051.pdf](http://www.gao.gov/new.items/d051.pdf), published by the GAO at the end of 2004. The report issued guidelines for developing a comprehensive national indicators system, defined key terms, and sampled several LI programs as candidates for the best practice model. According to the ION report,

- An **indicator** is a quantitative measure that describes an economic, environmental, social or cultural condition over time. The unemployment rate, infant mortality rates, and air quality indexes are a few examples.
- An **indicator system** is an organized effort to assemble and disseminate a group of indicators that together tell a story about the position and progress of a jurisdiction or jurisdictions, such as the City of Boston, the State of Oregon, or the United States of America. Indicator systems collect information from suppliers (e.g., individuals who respond to surveys or institutions that provide data they have collected), which providers (e.g., the Census Bureau) then package into products and services for the benefit of users (e.g., leaders, researchers, planners, and citizens).
- **Topical indicator systems** involve specific or related sets of issues, such as health, education, public safety, employment, or transportation. They also form the foundation of information resources for the general public, the media, professionals, researchers, institutions, leaders, and policymakers.
- **Comprehensive key indicator systems** pull together only the most essential indicators on a range of economic, environmental, social and cultural issues, as opposed to a group of indicators on one topic. Comprehensive systems are only as good as the topical systems they draw from.
Drawing on the experience of other countries and U.S. jurisdictions with successful LI programs, the report concluded that a key national indicators system is more likely to succeed if it does the following:

- Aggregates publicly and privately produced data
- Brings to the effort diverse groups and organizations with the stake in a LI system
- Meets the government’s demand for performance measurement
- Secures adequate funding for the project
- Effectively leverages information technology
- Identifies the target audience
- Delivers information to the stakeholders
- Systematically trains and retains experienced personnel

**State and Regional Leading Indicators Projects**

The GAO 2003 forum produced a consortium on the **Key National Indicators Initiative** (KNII). Since then, the alliance has grown to include a diverse group of over 200 leaders from government, business, research, and the nonprofit sector, including experts from the National Academies, who had been formally organized and funded, and whose goal is to create and test a prototype “State of the USA” Web site. The consortium now operates a web site, [http://www.keyindicators.org/](http://www.keyindicators.org/), that offers regular updates on the progress toward the US Series 1.0.

Despite these important advances, the U.S. Series 1.0 remains on the drawing board, with federal and state agencies still debating funding, the time line, and the division of labor in administering the national LI system. But much work has been done on the local level by state governments, community councils, private, and nonprofit organizations. You will find a number of useful links in the community resources section at the end of this introductory essay. Here, I want to provide a more detailed overview of the two better known programs whose history can serve as a case study of the different ways in which LI programs could evolve into a sustainable enterprise.
The Oregon program dates back to the late 1980’s when Governor Neil Goldschmidt set in motion the economic planning process designed to diversify the state’s economy and build an educated workforce capable of meeting technological challenges. Close to 200 leaders from public and private sectors took part in the process, submitting reports that formed the foundation for the governor’s strategic plan, *Oregon Shines: An Economic Strategy for the Pacific Century*. With a broad economic strategy in place, the legislature created the Oregon Progress Board, an agency within the Governor’s office empowered to track the progress toward achieving objectives spelled out in the *Oregon Shines* strategic plan. The board consists of 9 volunteer members appointed by the Governor, with the Governor chairing the body. The Progress Board meets once a month, deliberates on the short and long-term goals, and approves a master list of benchmarks. The Board issues a biennial report documenting progress towards Oregon’s strategic vision, which aims to provide (a) quality jobs for all Oregonians, (b) safe, caring and engaged communities, and (c) healthy, sustainable surroundings. The historical data surveyed by the Board went back to the 1970’s, while the 1990 figures served as a baseline for future progress measurements. The target benchmarks were issued for 1995, 2000, and 2010, with specific goals set for various information areas (e.g., 97% of teens would have to graduate from high school in 2010; 0.0% were to live below poverty line, and so on).

It was understood that achieving the state's objectives will be a collective, bipartisan effort, and not the sole responsibility of the government. The broad nature of the consensus can be gleaned from the fact that the Oregon Benchmarks was approved unanimously by the Oregon legislature in 1991, even though Governor and the majority in the legislature hailed from the Democratic Party at the time. But once the Republicans gained control of the House of Representatives, the bipartisan support for the Oregon Benchmarks broke down. Some of the Republicans were inclined to view the endeavor as a Democrats' pet project. Governor Barbara Roberts, supporter of the program, gave a helping hand to
the Progress Board by promising additional funding to the state agencies that linked their new programs to the targets spelled out in the Oregon Benchmarks. From that point on, the Progress Board became an increasingly important government tool, an agency dedicated to performance measurement. The byproduct of this development was the pressure to increase the number of benchmarks to fulfill specific agencies’ plans, which brought the number of benchmarks from 158 to 272.

The state legislature voted to continue funding for the Oregon Benchmarks in 1993, but by 1995, when the Oregon Progress Board Act came for reauthorization, the Republicans refused to provide the funds. The organization survived due to the next Governor's executive order that gave the Progress Board a reprieve. The Board regained strength as Governor Kitzhaber continued to link funding for state agencies to their willingness to tie their programs to the Benchmarks' targets. As the economic situation improved, *Oregon Shines II: Updating Oregon’s Strategic Plan* was released in 1997, with the total number of indicators reduced to 92. The same year, state legislators permanently reauthorized the Oregon Progress Board, but with an understanding that its primary goal is to be an accounting tool for measuring government’s performance.

The Board lost much of its funding during the 2002 legislative session when all government spending was cut back drastically. By the end of 2003, the Board had a skeleton staff of three workers and a modest budget, its survival tied to the Board members’ ability to convince the legislators that they help keep the 87 state agencies accountable.

What the above experience suggests is that an LI initiative must win bipartisan support. If it is perceived as a pet project of one party, the situation may change dramatically when the opposition party comes to power. Housing an LI project in the government has undeniable advantages, as it ensures the project visibility and provides much needed funds, but building a broad public coalition of community activists, business leaders, and university scholars may help the project survive in rough economic and political waters.
The Boston Indicators Project
http://www.tbf.org/indicatorsProject/

The Boston Indicators Project started in 1997 by the Boston Foundation and the City of Boston for the purpose of developing indicators of sustainability that would measure natural assets, economic well-being, and human development for the City of Boston and its neighborhoods. The Boston Redevelopment Authority and the Metropolitan Area Planning Council joined the project later, and the Washington DC based Urban Institute aided the effort as well. The alliance’s long-term goals were to “democratize data” by creating a repository for local data, research, and reports; provide a common ground for civic discourse and collaborative strategies; track progress on shared goals along the lines of civic health, cultural life and the arts, economy, education, environment, housing, public health, public safety, technology, and transportation; and disseminate results and best practices to a wide audience.

From the start, the emphasis was on community assets and opportunities rather than on criticism and apportioning blame. The stirring committee included some 74 individuals – community practitioners, university scholars, political leaders, and representatives from nonprofits. Over 300 individuals took part in meetings to identify desired outcomes and the way to measure progress toward shared goals. A draft proposal was unveiled in the Summer of 1999 at a Boston Citizen Seminar hosted by Boston College, with the Boston Mayor giving the keynote address to an audience of some 250 people.

The Boston Foundation commissioned a study to the Center for Survey Research at the University of Massachusetts in Boston that produced a report *The Wisdom of Our Choices: Boston’s Indicators of Progress, Change and Sustainability 2000*, which was presented at a Boston Citizen seminar attended by about 350 people. Some 7,500 copies of the report were circulated in the Boston Metropolitan area to the interested parties. The Boston Indicators Project maintains a web site that posts the updates every two years, upgrades the LI structure, refines measurement techniques, develops educational curricula, offers seminars, and conducts media briefings. The
project staff works closely with various stakeholders in articulating a long-term vision for the Boston metropolitan area and formulating short-term, readily achievable outcomes.

In 2003, the organization released a new report, *Creativity and Innovation: A Bridge to the Future*. Important upgrades to the web site were made at about the same time to make the site interactive and allow easier access to the various findings. Visitors can now search the database with the help of information filters according to specific LI categories, city areas, demographic groupings, and other specifications. A group of civic leaders formed around the project meets on a regular basis to identify the city’s needs and find the most effective ways to mobilize the public and reach out to policymakers.

The Boston Indicators Project underscores the importance of forming broad public alliances, involving stakeholders at every level, and sustaining momentum through community-wide actions. It shows how the project focus can shift from indexing to reporting to strategizing and, finally, to policy making. It also suggests the need for refining the organization of data that must be presented in a user-friendly format. To facilitate this objective, the organizers whittled down the number of indicators initially used (e.g., by reducing in half the number of civic health indictors).

**The Social Health of Nevada Project**

While several community assessment projects have been mounted in Nevada over the course of years, no attempt has been made so far to compile a comprehensive statewide report assessing the Silver State performance as a whole. **The Social Health of Nevada (SHN)** report, [http://www.unlv.edu/centers/cdclv/healthnv/health_contents.html](http://www.unlv.edu/centers/cdclv/healthnv/health_contents.html), aims to fill this gap.

The project was launched in 2004 by the **UNLV Center for Democratic Culture (CDC)**, [http://www.unlv.edu/centers/cdclv/](http://www.unlv.edu/centers/cdclv/). Established in 2002, the Center is a research and service institution promoting civil engagement in Southern Nevada. “Democracy,” according to the CDC mission statement inspired by John Dewey,
“begins at home, in a neighborly community, and is first and foremost a quality of experience. We take this to mean that civic virtues are as central to democracy as political institutions, that civil society thrives in the culture which encourages trust, tolerance, prudence, compassion, humor, and withers away when overexposed to suspicion, hatred, vanity, cruelty, and sarcasm” (http://www.unlv.edu/centers/cdclv/mission/mission.html). In keeping with its agenda, CDC board of directors spearheaded several initiatives in the areas of community building, civic culture education, emotional intelligence, and crosscultural dialogues. Its signature projects, the Social Health of Nevada report, was made possible, in part, by a UNLV Planning Initiative Award that the CDC received for its project “Civic Culture Initiative for the City of Las Vegas.”

The SHN project began as a public forum on the Leading Social Indicators in Nevada, http://www.unlv.edu/centers/cdclv/archives/civility.html, that took place on November 5, 2004, at the William S. Boyd School of Law as part of the CDC Justice & Democracy forum series. The forum participants surveyed about a dozen major areas affecting the quality of life in Nevada, identified the most urgent problems, and agreed to work on a comprehensive LSI report for the Silver State. To fulfill this agenda, the CDC director assembled a 39 member team, which later grew to 46 members, that included the University of Nevada faculty, Clark County professionals, and Nevada administrators. The team members reached beyond institutional divides to gather up-to-date information, secure critical input from diverse sources, and insure cross-fertilization. In this respect, the SHN report is a genuinely collaborative exercise that shows what can be done when community activists and institutional players work together.

A preliminary draft of the SHN report was unveiled at the Justice & Democracy forum held at the Boyd School of Law on November 15, 2005. Governor Kenny Guinn gave keynote address on the Social Health of Nevada in which he urged the scholars, administrators, and community practitioners who compiled the report to turn it into an annual exercise. “The Social Health of Nevada report, the first of its kind in our state,” Governor Guinn observed, “will allow those in elected offices to better prioritize and budget in areas such as
health and human services, education and the environment.” “I applaud your dedication,” he went on to commend the CDC team, “and your spirit of cooperation in making a difference in the lives of so many and . . . bring[ing] a new quality of life to less fortunate than we are” (forum transcripts will be posted on the CDC web site; see also http://www.unlv.edu/centers/cdclv/healthnv/address.html).

The SHN project differs in some respects from similar undertakings, in that it strives to do more than summarize the relevant findings and make them available to the community. The document presented here encompasses indexing, social reporting, community needs assessment, and policy option analysis. Specifically, the SHN report (a) places our state’s performance in the national and international context; (b) provides a historical overview of the current trends; (c) compares Nevada’s performance with that of the other states and regions; (d) supplies an in-depth analysis of the existing patterns; (e) offers practical suggestions to community members with specific problems; (f) assesses data collection needs; (g) gives the latest legislative updates; and (h) formulates recommendations for policy makers and administrators. It also contains sections which might be considered idiosyncratic but which reflect Nevada’s status as a state with legalized gambling, as well as the only state in the nation with legalized prostitution. Chapters devoted to “Problem Gambling and Treatment” and “Sex Industry and Sex Workers” in Nevada cover these specialized areas that might be less germane to other jurisdictions.

The SHN report strives to be comprehensive. It currently contains 25 chapters, each reporting on a key area where the performance of the Silver State is compared to that of other states and regions. We plan to add a few more chapters in the future, covering “Homeland Security Needs and Resources,” “Health Care Quality and Options,” “Philanthropy and Corporate Giving,” and “Volunteerism and Civic Engagement” in Nevada. Still, the SHN report is fairly comprehensive insofar as it covers environment, education, poverty, economy, taxation, crime, housing, disabilities, aging, suicide, infant mortality, child abuse, teen sexuality, health access, disease prevalence, family life, religious life, cultural participation,
labor relations, problem gambling, sex industry, immigration and ethnic minorities.

Addressing an overly broad audience posed a potential problem for our team. General readers, community activists, policy makers, administrators, educators, scholars, and students are likely to look for different things in such a document. To address the issue, we tried to keep the language clear, avoided overly technical discussions, relegated to the appendices more specialized methodological points, and assembled summary tables and charts in the supplementary materials section at the end of each chapter.

To make the SHN readily available, we posted the SHN report on the CDC web site. We also made efforts to provide readers with practical guidance in areas where they may have a special need. What do you do when you encounter a suicidal person, witness child abuse, face sexual exploitation, grapple with a disability, look for an assisted living arrangement, or wish to secure a high school equivalence certificate? The community resources section in each chapter lists the organizations where one can turn for help, with the address, telephone numbers, and web links provided whenever such can be found. The problem is that individuals with the greatest needs – poor, disabled, elderly – are the ones least likely to have ready access to the internet. Turning the SHN report into a true community resource will require effort, with volunteers and advocates mobilized to assist those living on the other side of the digital divide.

For all the data assembled and indicators presented in this report, we hesitate to pass a definite judgment on the quality of life in our state. The concluding section in this report is the closest we come to judging Nevada’s overall performance, and even this chapter is silent on whether our world class gambling institutions and robust sex industry contribute or detract to the quality of life in the Silver State. Our team members grappled with the issues involved and tried to come up with balanced, considered judgments that took into account different sides of the problem in question.

Integrating data in macro indexes is another vexing issue to contend with. There is little consensus over the relative weight of
different information areas, and the cumulative measures of national or community wellbeing are yet to be fully fleshed out. It is well known, also, that people living in objectively good conditions may have poor subjective indicators, and those living under strained circumstances may carry positive emotional attitudes. This paradox has been at the center of an international conference recently held at St. Francis Xavier University where participants sought to explain why people in less developed countries (e.g., in Latin America) often score higher on self-reported happiness than their counterparts in more affluent regions (Revkin, 2005). A lot more collaborative efforts are needed to address the philosophical, theoretical, and methodological problems surrounding the quality of life issues.

**The Work Ahead and Policy Implications**

The Social Health of Nevada project is very much a work in progress. We shall continue augmenting our report, exploring new data sources, and disseminating the findings assembled in this document. Above all, we are determined to make sure that our endeavor will not end up as yet another academic exercise with little practical import.

It is doubtful a document of this scope can be updated annually, partly because much relevant data becomes available on a biennial (and in some cases on a quadrennial) basis, and partly because of the logistical and funding problems. But there is no reason why this exercise in self-examination could not become an ongoing concern, producing every two-four years an update on where Nevada is coming from and where it is heading. The CDC is currently working with the Governor’s office on institutionalizing the Social Health of Nevada report. Crucial in this respect is the issue of sponsorship, which would ideally involve the state government, the legislative body, the university system, and the private sector.

CDC is ready to cosponsor a workshop on the Leading Indicators in Nevada for a wide range of community activists, policy makers, government officials, and county professionals with a stake in tracking the state’s performance in particular areas. Such a workshop would focus on the LI set appropriate for the state, ways
to improve data gathering, balancing objective and subjective measures of wellbeing, and coordinating efforts of various agencies and groups involved with the LSI project.

Another important initiative stemming from the SHN report is the **Nevada Partnership for Social Health**, [http://www.unlv.edu/centers/cdclv/programs/partnerships.html](http://www.unlv.edu/centers/cdclv/programs/partnerships.html), that would bring together private business, Nevada government, the Nevada legislature, and university community. The partnership will aim to improve the social conditions in Nevada by focusing on the plight of pregnant teens, school dropouts, disabled people, senior citizens, and especially Nevada children who have less access to medical health care than children in the 49 other states. The Nevada partnership plans to issue an appeal to the UNLV and UNR medical faculty and students, who will be asked to provide some free medical services (medical exams, immunization, emergency treatment) to Nevada children aged 1-12. Simultaneously, the appeal will be made to medical doctors in our state to join the Nevada Partnership for Social Health and offer medical services to children in poverty on a pro bono or reduced-payment basis. Once we have started the ball rolling, we shall ask the Nevada business community to join forces with us in helping children lacking medical coverage (e.g., by contributing to the Health of Nevada Fund). If Governor's office lends his authority to this undertaking, it is likely to bring more business men and women on board, as well as stimulate legislators to swing into action. The ultimate goal is to make sure that no parent in Nevada is forced to choose between putting food on the table and getting a child to the doctor.

Establishing a university-wide service teaching and learning center is another promising avenue for expanding the CDC initiatives. A **Civic Engagement and Learning Center** that is currently discussed by UNLV administrators would coordinate campus-wide community building efforts. Such an interdisciplinary facility would provide a true home for the faculty working on service projects, offer our students a chance to acquire first-hand experience doing community work, and teach them basic principles of civic engagement and community service.
The CDC is also seeking to expand its Leading Indicators project by adding to it a Leading Emotional Indicators component, which will include administering an emotion survey called MoodCounts, http://131.216.2.227/, and conducting workshops on the role of emotions in the workplace for public and private organizations.

This is just a sample of projects and initiatives that have gained momentum after the Leading Social Indicators forum and the Social Health of Nevada report.

This essay has been written by Dmitri N. Shalin, Professor and Director, UNLV Center for Democratic Culture. Dr. Shalin can be reached at Center for Democratic Culture, University of Nevada Las Vegas, 4505 Maryland Parkway, Box 455033, Las Vegas, NV 89154-5033. Tel. 702-895-0259, Fax: 702-895-4800, Email: shalin@unlv.nevada.edu.

Acknowledgments

I wish to thank all those who contributed to this project, starting with Governor Kenny Guinn who found time to address the CDC Forum on the Social Health of Nevada; Lisa Foster, Governor Guinn’s Deputy Chief of Staff, for her assistance with the project; and Nevada administrators who contributed chapters to our report and worked closely with the authors, generously sharing their data and offering their expert advise: Alex Haartz, Administrator, Nevada State Health Division; Glen Whorton, Director, Nevada Department of Corrections; Charles Duarte, Administrator, Health Care Financing & Policy, Nevada State Health Division; Carlos Brandenburg, Nevada Mental Health and Developmental Services, Nevada State Health Division; Judy Wright, Chief, Bureau of Family Health Services, Nevada State Health Division; Cynthia Huth, Bureau Family of Health Services; Diane Nassir, Management Analyst IV, Department of Health and Human Services, Director's Office; Phil Nowak, Chief of Business Lines, Division of Health Care Financing
My final thanks go to 46 men and women who joined the CDC team and lent their expertise to this project. The Social Health of Nevada report is our chance to repay the Silver State for our good fortunes and help, in a modest way, improve the lives for all its residents.

Data Sources and Suggested Readings


**Community Resources**

**Nevada Organizations**

**Clark County Monitoring Program**, the project started in 2005, and it was developed by Applied Analysis, Nevada-based advisory service firm, and Urban Environmental Research, LLC, a dynamic impact assessment and strategic planning firm. The web site presents a wide range of raw economic and social data posted without comments and updated at irregular intervals as data becomes available, [http://monitoringprogram.com/](http://monitoringprogram.com/) (downloaded September 2006).

**The UNLV Center for Democratic Culture, the Social Health of Nevada Report**, is a project that derives from the Justice & Democracy forum on the Leading Social Indicators in Nevada that took place on November 5, 2004, at the William S. Boyd School of Law. The report features 21 chapters analyzing the state’s performance in key areas affecting quality of life in Nevada and offering policy recommendations. The project is a collaborative effort of the University of Nevada faculty, Clark County professionals, and state of Nevada officials, [http://www.unlv.edu/centers/cdclv/mission/index2.html](http://www.unlv.edu/centers/cdclv/mission/index2.html) (downloaded September 2006).

**United Way of Southern Nevada** is a nonprofit community organization established in 1957 for the purpose of studying social problems and improving community health. The organization conducts surveys and issues community assessment reports that track residents’ perceptions of most urgent problems in their community, [http://www.uwsn.org/sup.php?id=22](http://www.uwsn.org/sup.php?id=22) (downloaded September 2006).

**National, State, and Regional Organizations**

**The Baltimore Vital Signs** is a project developed by the Baltimore Neighborhood Indicators Alliance that tracks 40 key outcome indicators measuring progress toward strong neighborhoods, good quality of life, and a thriving city over time, [http://www.bnia.org/indicators/index.html](http://www.bnia.org/indicators/index.html) (downloaded September 2006).

**Critical Trends Assessment System, Illinois Department of Natural Resources**, a government organization created to develop the data collection tools and programs needed to monitor trends in Illinois ecosystems. Over the past several years, the CTAP team has completed an atlas of Illinois land cover, an inventory of resource rich areas, 30 regional watershed assessments, and several years of ecosystem monitoring, [http://dnr.state.il.us/orep/ctap/index.htm](http://dnr.state.il.us/orep/ctap/index.htm) (downloaded September 2006).

**Minnesota Milestones**, a state-wide program established in 1991, sponsored by the alliance of state officials, legislators, and community activists, and tracking 70 progress indicators to determine whether the state is achieving 19 publicly determined goals, [http://www.mnplan.state.mn.us/mm/](http://www.mnplan.state.mn.us/mm/) (downloaded September 2006).

**Oregon Benchmarks** is a statewide program originating in 1993 and sponsored by the Governor’s office and Oregon Legislature. The program produces a biennial report documenting progress towards Oregon’s strategic vision, Oregon Shines, which aims to provide (1) quality jobs for all Oregonians, (2) safe, caring and engaged communities, and (3) healthy, sustainable surroundings, [http://www.oregon.gov/DAS/OPB/obm.shtml#Biennial_Benchmark](http://www.oregon.gov/DAS/OPB/obm.shtml#Biennial_Benchmark) (downloaded December 2005).

**Quality of Life Indicator Project, Grand Traverse Region**, issued its first report in 1996, tracking the region’s performance in 10 areas, including Culture and Recreation, Economy, education, ethical and civil norms, government and politics, health, infrastructure and transportation, natural environment, public safety, and social environment, [http://qualityindex.nmc.edu/toc.html](http://qualityindex.nmc.edu/toc.html) (downloaded September 2006).

**Southern Carolina Indicators Project** is located at the University of Southern Carolina Institute for Public Service and Policy Research. Established in 2005 and funded by federal, state, and private sources, the program is a one-stop web site where you can learn about South Carolina and its performance in key policy areas of education, the economy, the environment, public safety, public health, social welfare, culture and recreation, and government administration, [http://www.ipspr.sc.edu/scip/default.asp](http://www.ipspr.sc.edu/scip/default.asp) (downloaded September 2006).

**Trust for America’s Health** is a non-profit, non-partisan organization launched in 2001 and dedicated to improving community health in the U.S. and working to make disease

**Links to Social Indicators Sites**

- Burlington Legacy Indicators Project
- Center for Schools and Communities – Lemoyne, PA
- Chicago Metropolis 2020
- City and Borough of Sitka, AK
- City of Santa Monica (CA)
- Community Atlas (Hillsborough County and Tampa Bay, FL area)
- Compass Index of Sustainability (Orange County/Greater Orlando, FL)
- Denver's Neighborhood Facts
- Healthy Anchorage Indicators
- Hennepin County Community Indicators (Minneapolis)
- Jacksonville Community Council (FL)
- King County, Washington
- Milwaukee Neighborhood Data Center
- New York City Department of City Planning – Social Indicators
- Orange County, Florida
- Polis Center
- Portland Multnomah Benchmarks
- San Diego’s Regional Planning Agency
- Santa Cruz County Community Assessment
- Social Assets and Vulnerabilities Indicators
- Southern California Association of Governments
- Sustainable Community Roundtable, Olympia, WA
- Sustainable Seattle
- The Baltimore Neighborhood Indicators Alliance
- The Boston Foundation
- The Planning Council, Norfolk, VA
- The Urban Institute’s National Neighborhood Indicators Partnership

**Supplementary Materials**

**Illustrative Indicators by Information Area for USA Series 0.5**


**Community Information Area**
- Rate of volunteering, through nonprofit or charitable organizations
- Youth rates of volunteering
- Charitable contributions as a percentage of incomes
- Attendance at events and institutions that address the national heritage (such as monuments, historical sites, and national parks)
- Attendance at performing arts, by categories
- Participation in organized sports
- Voting rates
- Reported hate crimes
- Allocation of free time
- Homelessness

**Crime/Public Safety Information Area**

- Crime victimization rates (by subgroups such as age, sex, and race/ethnic origin)
- National crime rate
- Violent crime rate
- Property crime rate
- Incarceration (as percentage of population, by age rates and by race/ethnic origin)
- Deaths due to transportation accidents
- Deaths due to fires
- Proportion of jail inmates who committed offense to get money for drugs
- Percentage of working age population providing protective services
- Percentage of population afraid to walk alone after dark

**Ecology Information Area**

- Level of nitrogen oxide as a percentage of acceptable levels
- Level of sulfur oxide as a percentage of acceptable levels
- Level of carbon dioxide as a percentage of acceptable levels
- Per capita water consumption
- Some measure of water quality, for example, percentage of population with access to safe drinking water
- Change in status of species at risk of loss
- Protected areas as a proportion of vulnerable areas
- Emissions of greenhouse gases per capita
- Net greenhouse gas emissions per Gross Domestic Product
- Reduction of emissions of toxic substances

**Economic Information Area**
- Real Gross Domestic Product (GDP)
- Real GDP per employed person
- Labor force participation
- Unemployment
- Expenditures on Research and Development as a share of GDP
- Real disposable income per capita
- Median household net worth
- Composition of wage rates (good jobs/bad jobs)
- Poverty
- Home ownership

**Education Information Area**
- Percentage of the population aged 25 and over that has completed postsecondary education
- National Assessment of Educational Progress (NAEP) or other measure of literacy equivalent to high school graduation
- Percentage of the population aged 15 to 29 that is neither enrolled in nor has completed high school
- Enrollment in science and engineering (National Science Foundation)
- Mathematics test scores (NAEP)
- Percentage of population with computer literacy and computer access
- Safe schools
- Gap in attainment by race and ethnic origin and other relevant factors (e.g., disability)
- Adult education participation/access

**Governance Information Area**
- Proportion of high elected offices (Congress, mayors, governors, etc.) held by women, minorities, etc.
- Proportion of high-appointed offices held by women, minorities, etc.
- Information about the “legal enforcement of constitutional guarantees of civil liberties”
- Civil rights: Enforcement data? Prevalence of complaints?
- Successful management of the voting franchise – for example, proportion of ballots that are disqualified
- Some measure of tax expenditures that reflects how effective the government is in taking care of the citizenry
- Some measure of how well government agencies are providing fair access to public services and utilities
- Some measure of how the law treats/does not treat Americans equally
- Some measure of the existence of an effective safety net
- Proportion of residents who believe that the nation is “on the right track”

**Health Information Area**

- Overweight and obesity
- Life expectancy—at birth, at different policy-relevant ages
- Health/active life expectancy
- Infant/child/youth mortality (i.e., successful survival to adulthood)
- Disability limitations—as represented by inability to perform normal activities of daily living
- Physical activity
- Tobacco use
- Substance abuse
- Immunization
- A measure of access to health care—availability, affordability, etc., for example, personal expenditures for health care as a percentage of per capita income

**Social Support Information Area**

- Elderly living alone and in poverty
- Proportion of elderly for whom Social Security is more than a “floor”
- Older Americans who are involuntarily unemployed
- Housing costs as a percentage of income for older Americans
- Percentage of older Americans unable to perform certain physical functions
- Proportion of children receiving child care, by source
- Proportion of children whose diet is “poor”
- Proportion of youth ages 16 to 19 neither enrolled in school or working
- Adolescent birth rate
- Family reading to young

*This report stems from the Justice & Democracy forum on the Leading Social Indicators in Nevada that took place on November 5, 2004, at the William S. Boyd School of Law. The report, the first of its kind for the Silver State, has been a collaborative effort of the University of Nevada faculty, Clark County professionals, and state of Nevada officials. The Social Health of Nevada report was made possible in part by a Planning Initiative Award that the Center for Democratic Culture received from the UNLV President's office for its project "Civic Culture Initiative for the City of Las Vegas." Individual chapters are brought on line as they become available. For further inquiries, please contact authors responsible for individual reports or email CDC Director, Dr. Dmitri Shalin shalin@unlv.nevada.edu.