Community Research Partners

300 E. Broad St., Suite 490
Columbus, OH 43215
Phone: 614.224.5917
Fax: 614.224.8132
www.communityresearchpartners.org

CLARK COUNTY

NEEDS ASSESSMENT PRIORITY REPORT

APRIL 2005

Partnerships for Success

A partnership of United Way of Central Ohio, the City of Columbus and the John Glenn Institute at The Ohio State University

United Way of Central Ohio

THE JOHN GLENN INSTITUTE FOR PUBLIC SERVICE & PUBLIC POLICY

CONTENTS

1 **Introduction**

1 Partnerships for Success

2 Clark County Partnerships for Success

2 The Partners

3 The Planning Process

6 Clark County Profile

15 **Youth and Families**

29 **Early Childhood Education**

37 **Public Health**

45 **Housing and Neighborhoods**

53 **Vulnerable Adults and Families**

55 **Economic Development**

57 **Appendix**

58 Workgroup Members

59 Workgroup Data

143 List of Sources

Youth and Families

The Youth and Families workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. **School Success**
2. **Violence**
3. Juvenile Delinquency
4. Substance Abuse
5. (tie) Mental Health Behaviors
6. (tie) Teen Sexual Behavior

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders' Forum on February 25, 2005. These groups supported moving both high-priority targeted impacts (shown in bold) into the Resource Assessment phase.

Justification and rationale

The Youth and Families workgroup selected School Success as the highest-priority Targeted Impact. School Success indicators include graduation rates, attendance rates, and proficiency test scores for all public schools in the city and county.

Graduation rates in several county school districts and the city school district fall short of state standards. Overall, graduation rates have increased slightly in recent years. However, these improvements are threatened by state and local funding issues. Existing programs and supports, including mediation and truancy officers, are at great risk of being scaled back or eliminated. Such cutbacks will likely have a negative effect on school success indicators.

Proficiency test scores vary from district to district in the county as a whole, from building to building within districts, and from grade level to grade level within school buildings, suggesting the need for targeted strategies.

Success measures

The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Lack of supervision of students by parents and other caregivers
- Value placed on education by family members
- Significant attachment to a prosocial adult (positive role model)
- Parent involvement in schooling
- Supportive communication between parents and students
- Specialized instruction for at-risk students
- Student and family attachment to neighborhood

Community values

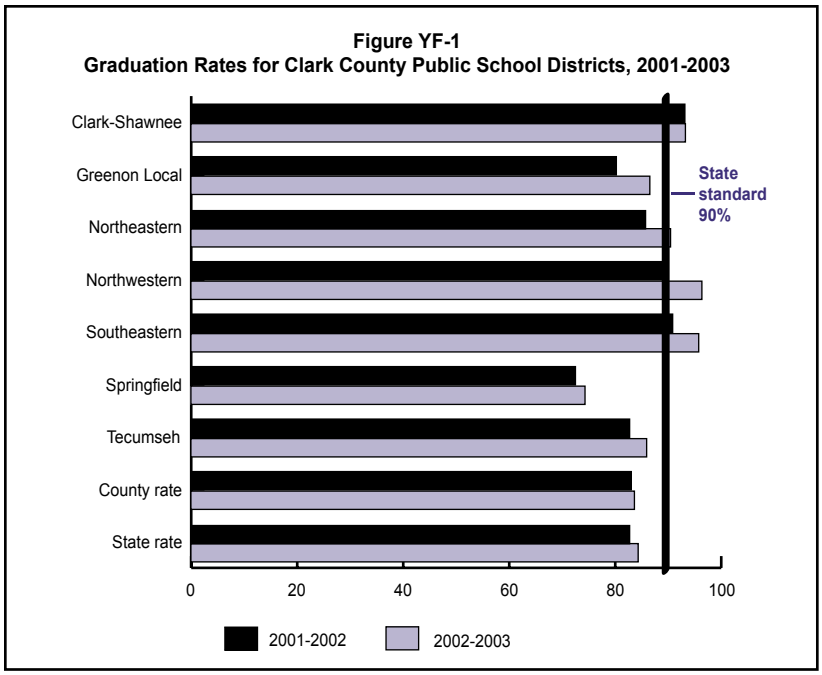
Workgroup members brought a wealth of experience to the process, which was apparent in the discussions and in worksheets completed. Similar discussions in the Community Planning Team were also captured. The following comments are indicative of the discussion of community values:

> "All six Targeted Impacts are interrelated. Success in school definitely is a major factor in healthy children; if a child is successful, then many of the Targeted Impacts are addressed. In other words, the other impacts are seen as products of a lack of school success."

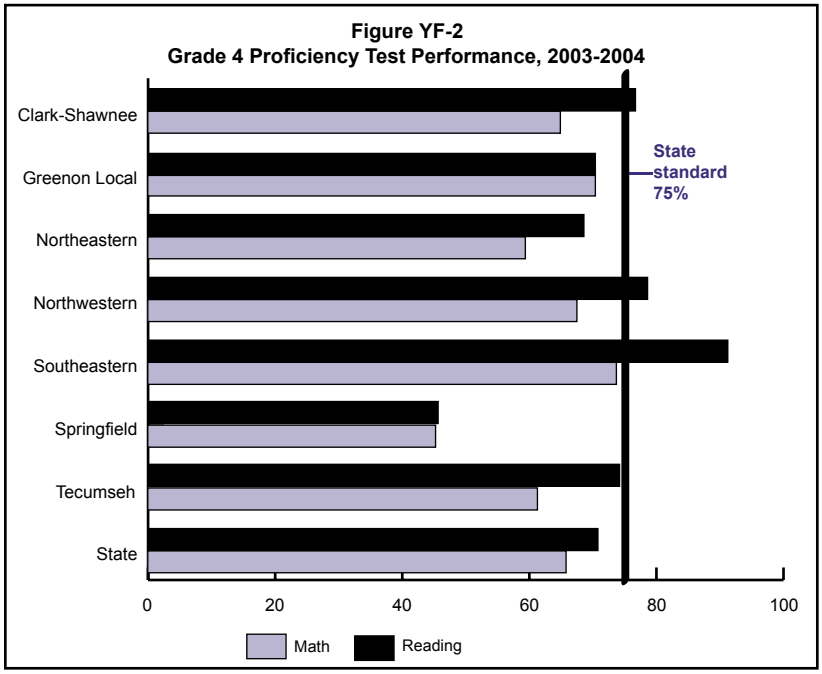
> "Given the failure of a number of school levies, there is concern about how much our community values education. Our community needs to value education as the number one priority. Our children determine the future of Springfield's success."

> "The community's attitude appears to be supportive but resentful—school issues pit people on fixed incomes against something they might really value."

> "We see school success as the school's problem rather than a community problem. We need to value and respect all parents and create an environment that encourages parents to interact with their kids and demonstrate that commitment to school success outside of the school itself."



Source: Ohio Department of Education, Interactive Local Report Card



Source: Ohio Department of Education, Interactive Local Report Card

Definitions

Graduation rate: The Ohio Department of Education defines the graduation rate as the percentage of students who entered high school who received a regular diploma or honors diploma during the reporting year, including students who graduated the summer after the 12th grade and students who completed the course work and came back to finish the proficiency test and passed.

To meet the federal AYP (Adequate Yearly Progress) requirements, all student groups (all races, all income levels, and students with disabilities) must be at or above the annual goals or make improvement over last year. Graduation and attendance goals must be met for the "all students" group.

Graduation Rate

- The overall graduation rate for the county was below the state standard in 2001-2002 and 2002-2003.
- All seven school districts showed an increase in the overall graduation rate between 2001-2002 and 2002-2003.
- Four school districts (Clark-Shawnee, Northeastern, Northwestern, and Southeastern) met the state standard for graduation in 2002-2003. These four districts account for 37 percent of total student enrollment in the county.
- Springfield city schools have the lowest graduation rate (74.3 percent) among the seven Clark County school districts. The district accounts for 40 percent of total student enrollment in the county.

Proficiency Test Performance

Grade 4

- Overall, the county did not meet the state standard for fourth-grade proficiency test performance in reading and mathematics in the past 3 years.
- Proficiency test results improved in most school districts between 2001-2002 and 2003-2004. However, only 3 of 7 school districts and 8 of 27 school buildings met the state standard for reading in 2003-2004. (See Figure FY-4.)
- None of the 7 school districts and only 3 of 27 school buildings met the state standard for fourth-grade mathematics in 2003-2004 school year. (See Figure FY-4.)

Proficiency Test Performance

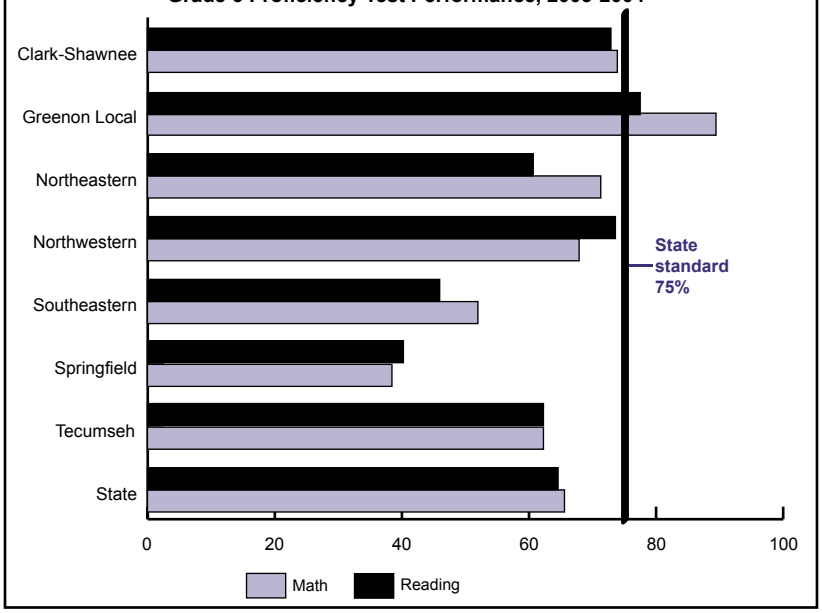
Grade 6

- Overall, the county did not meet the state standard for sixth-grade proficiency test performance in reading and mathematics in the past 3 years.
- Most of the school districts showed improvements in proficiency test scores between 2001-2002 and 2003-2004. However, only 1 of the 7 school districts and 3 of the 16 school buildings met the state standard for sixth-grade reading in 2003-2004 school year.
- Only 1 of the 7 school districts and only 3 of the 16 school buildings met the state standard for sixth-grade proficiency test performance in mathematics in 2003-2004 school year.

Grade 10

- The county met the state standard for 10th-grade proficiency test performance in all five parts of the test (reading, mathematics, writing, science, and citizenship) in 2003-2004.
- The county also showed improvements for all five parts of the 10th-grade proficiency test between 2001-2002 and 2003-2004.

Figure YF-3
Grade 6 Proficiency Test Performance, 2003-2004



Source: Ohio Department of Education, Interactive Local Report Card

Table YF-1
District and Building Performance on Proficiency Tests, 2001-2004

	2001-2002	2002-2003	2003-2004
Reading Grade 4			
Districts meeting state standard (of 7)	1	0	3
Buildings meeting state standard (of 27)	5	4	8
Mathematics Grade 4			
Districts meeting state standard (of 7)	0	0	0
Buildings meeting state standard (of 27)	3	2	3
Reading Grade 6			
Districts meeting state standard (of 7)	0	3	1
Buildings meeting state standard (of 16)	0	5	3
Mathematics Grade 4			
Districts meeting state standard (of 7)	2	0	1
Buildings meeting state standard (of 16)	3	1	4

Source: Ohio Department of Education, Interactive Local Report Card

VIOLENCE

Justification and rationale

The Youth and Families workgroup selected Violence as its second highest-priority Targeted Impact. Violence indicators include the incidence of violent acts committed by juveniles as well as the incidence of youth exposure to violence.

The data collected for Violence are alarming. Although state figures seem to indicate a decline in reports of abuse and neglect, locally collected data show sharp increases. Exposure to abuse and neglect often leads to problems of delinquency, mental illness, substance abuse, and teen sexual behavior. In-school fighting and violent behavior occur at a higher rate in middle schools than in elementary and high schools in the Springfield school district and three other county school districts.

Success measures

The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Community norms against violence
- Consistent age-appropriate discipline at home
- Lack of adult monitoring of youth
- Alienation of children and youth from the mainstream
- Family history of violence

Community values

Discussion with Community Planning Team members provided the following comments, indicative of community values:

> "Community awareness is lacking. Violence, whether perceived or actual, is a very real part of the community. It seems to be a hidden topic."

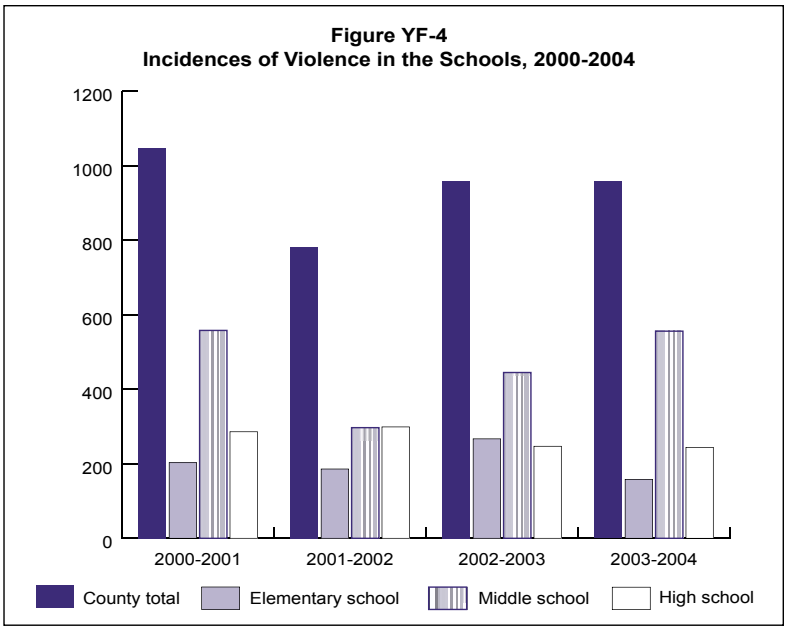
> "People want to be safe. They want to be protected from violence. People want enforcement but not effort to get at causes."

Incidences of Violence

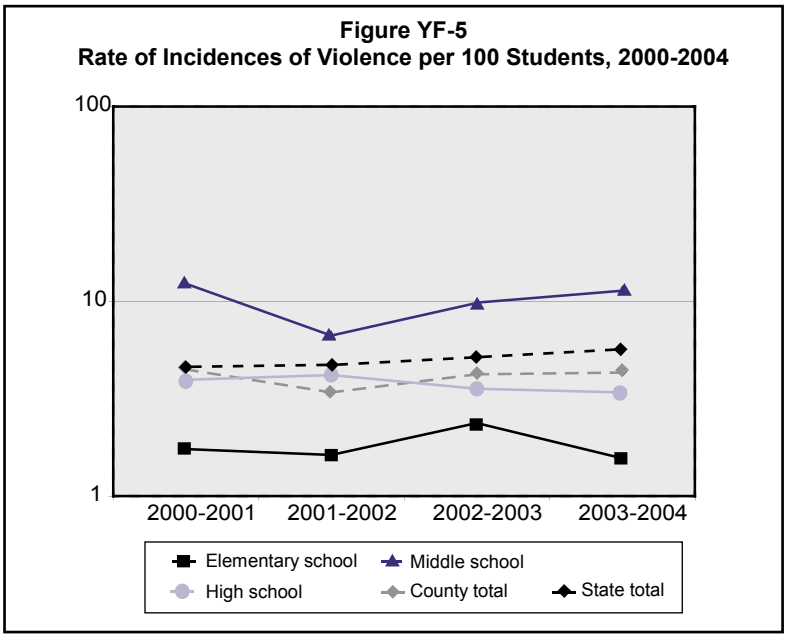
- The overall rate for incidences of fighting/violence in Clark County schools has been below the state rate in the past 3 school years.
- Springfield city schools had the highest rate of incidences at all three levels; this district accounts for 40 percent of the total county enrollment. Tecumseh had a rate above the county average only in middle schools.
- Five of the seven districts had rates below the county average at most levels.
- The number of juvenile adjudications for violent offenses has fluctuated between 2000 and 2003. The 2003 total is 7 percent higher than the number in 2000.

Domestic Violence

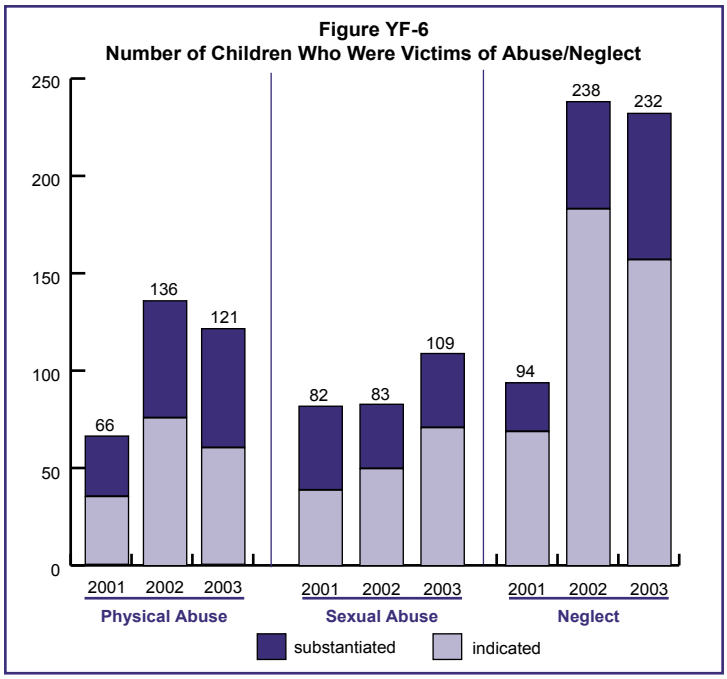
- In 2003, the city rate for domestic violence crimes per 1,000 population (109.8) was more than 10 times the average for the rest of the county (10.4).
- Of 11 townships/towns in Clark County, 4 (Bethel, Mad River, New Carlisle, Springfield township) had rates of domestic violence higher than the county average.
- Within the city of Springfield, the Southeast quadrant had the highest rate (152.7 per 1,000) of domestic violence crimes.



Source: Ohio Department of Education, Interactive Local Report Card



Source: Ohio Department of Education, Interactive Local Report Card



Sources: Clark County Children Services; Public Children Services Association of Ohio, Fact Book

Abuse and Neglect

- The number of indicated/substantiated reports of abuse or neglect in Clark County increased from 190 in 2000 to 462 in 2003 (143 percent increase). The state of Ohio overall showed a decline between 2002 and 2003.
- Of the total reports of abuse or neglect in 2003, 26.2 percent were related to physical abuse, 23.6 percent were related to sexual abuse, and 50.2 percent were related to neglect.
- The number of neglect reports showed a four-fold increase between 2000 and 2003.
- The number of physical and sexual abuse reports nearly doubled between 2000 and 2003.

Definitions

Child abuse/neglect can include (1) physical abuse—a child with bruises, marks, or injuries inflicted by other than accidental means; (2) sexual abuse—any sexual activity between a child and adult; (3) emotional abuse—a child who is belittled, ignored, or subject to mental or psychological maltreatment; (4) neglect—a parent or caregiver fails to act on behalf of a child to provide adequate food, shelter, clothing, medical care, supervision, or education; or (5) dependent child—a child who is homeless, destitute, or without adequate parental care and support through no fault of the parent or caregiver, or a child who lives in a home in which another child is abused, neglected, or dependent.

Substantiated report of child abuse/neglect: Report finds an admission of child abuse or neglect by the person responsible, an adjudication of child abuse or neglect, other forms of confirmation deemed valid by the Public Children Services Agency, or professional judgment that the child has been abused or neglected.

Indicated report of child abuse/neglect: Report finds that there are circumstantial, medical, or other isolated indicators of child abuse or neglect, but confirmation is lacking.

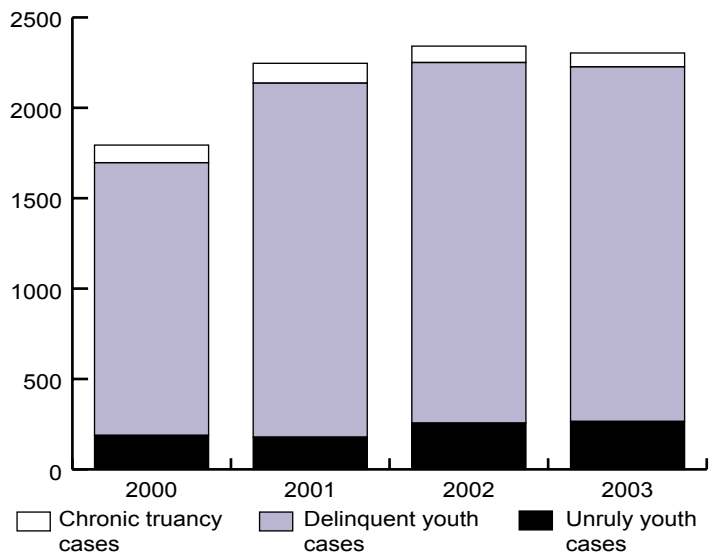
Juvenile Delinquency

- Between 2000 and 2003, the number of unruly youth cases in Clark County has increased by 40.7 percent. In comparison, the overall numbers for Ohio declined by 16.9 percent during this period.
- Between 2000 and 2003, the number of delinquent youth cases in Clark County has increased by 30 percent. In comparison, the overall numbers for Ohio increased by 7.8 percent during this period.
- Between 2000 and 2003, the number of chronic truancies in Clark County decreased by 21.4 percent.

Juvenile Detention

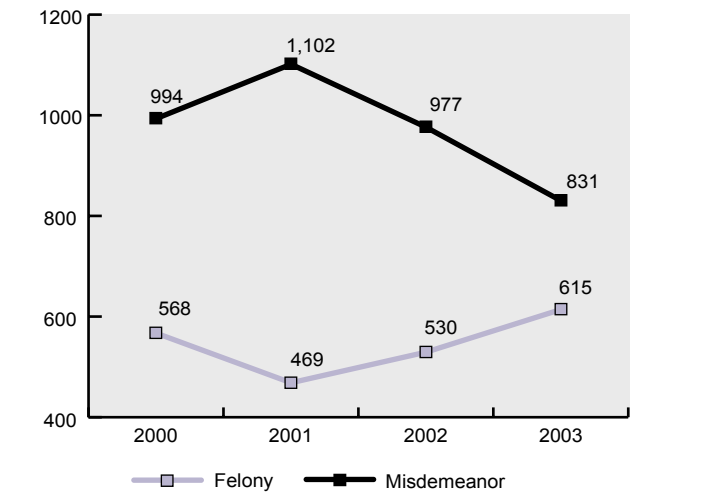
- Total admissions to the Juvenile Detention Center decreased by 7.4 percent from 1,562 in 2000 to 1,446 in 2003.
- Between 2000 and 2003, the admissions for misdemeanors decreased by 16.4 percent. However, the admissions for more serious felony crimes increased by 8.3 percent during the same period.
- The number of Clark County youth bound over to adult court increased from 13 in 2000 to 30 in 2003. The overall numbers for Ohio declined during this period.

Figure YF-7
Juvenile Adjudication or Unruly by Category in Clark County, 2000-2003

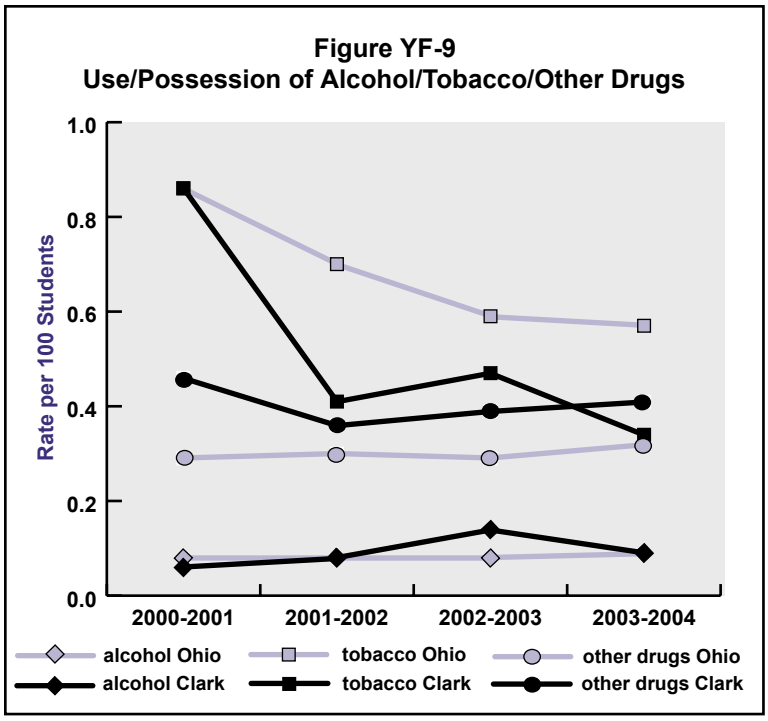


Source: Clark County Juvenile Court

Figure YF-8
Juvenile Detention by Offense Type in Clark County, 2000-2003



Source: Clark County Juvenile Court



Source: Ohio Department of Education, Interactive Local Report Card

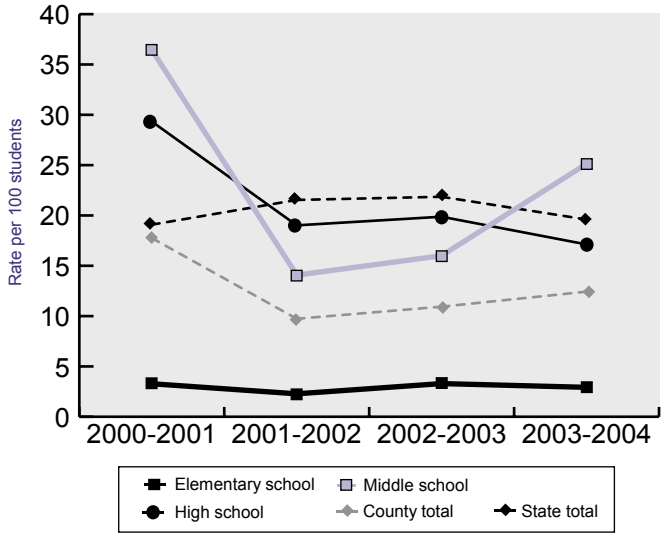
Substance Abuse

- The number of Clark County youth assessed by local treatment providers for substance abuse increased from 108 in 2000 to 286 in 2003.
- In Clark County schools, the number of student incidents involving use, possession, or sale of alcohol, tobacco, or other drugs decreased from 337 in the 2000-2001 school year to 204 in 2003-2004 school year. The state numbers showed a similar trend during this period.
- In the 2003-2004 school year, Northeastern Local had the highest rate per 100 students for incidents involving use/possession of tobacco and alcohol among the Clark County school districts. Southeastern Local had the highest rate per 100 students for incidents involving use/possession of other drugs.

Mental Health Behaviors

- In Clark County schools, the number of student incidents involving behavioral problems has decreased from 4,156 in the 2000-2001 school year to 2,756 in 2003-2004 school year. The state numbers have increased during this time period.
- The Clark County rate per 100 students for incidents involving behavioral problems has remained substantially below the state rate in the past 4 school years.
- In the 2003-2004 school year, the rate per 100 students for incidents involving behavioral problems was highest for middle schools (25.1) followed by high schools (17.1).
- In 2003-2004 school year, Springfield city middle schools had the highest rate per 100 students for incidents involving behavioral problems among the county middle schools. Tecumseh Local high schools had the highest rate per 100 students for incidents involving behavioral problems among the county high schools.

Figure YF-10
Discipline Incidences Involving Behavioral Problems



Sources: Ohio Department of Education, Interactive Local Report Card (county); Ohio Department of Education, Office of Data Services (state)

Table YF-2
Births to Teens, 2000-2002

	Clark			Ohio		
	2000	2001	2002	2000	2001	2002
Number of births, age < 15	6	6	4	310	279	265
Rate per 1,000 women in the age group	1.2	1.2	0.8	0.8	0.7	0.6
Number of births, age 15-17	99	99	94	5,797	5,251	4,779
Rate per 1,000 women in the age group	32.1	32.4	31.1	24.3	22	19.9

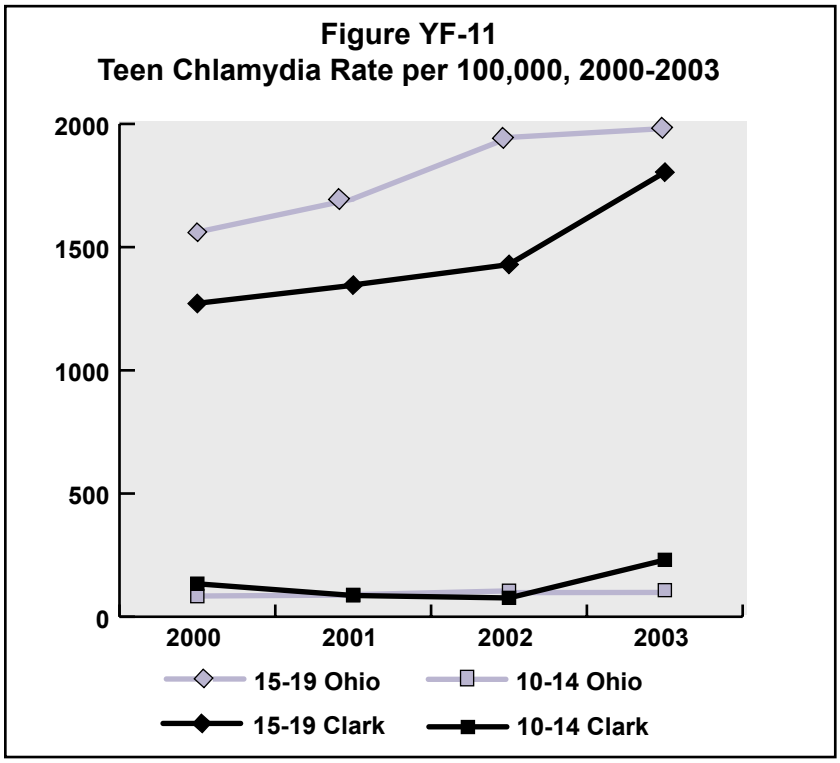
Source: Ohio Department of Health, Information Warehouse

Births to Teens

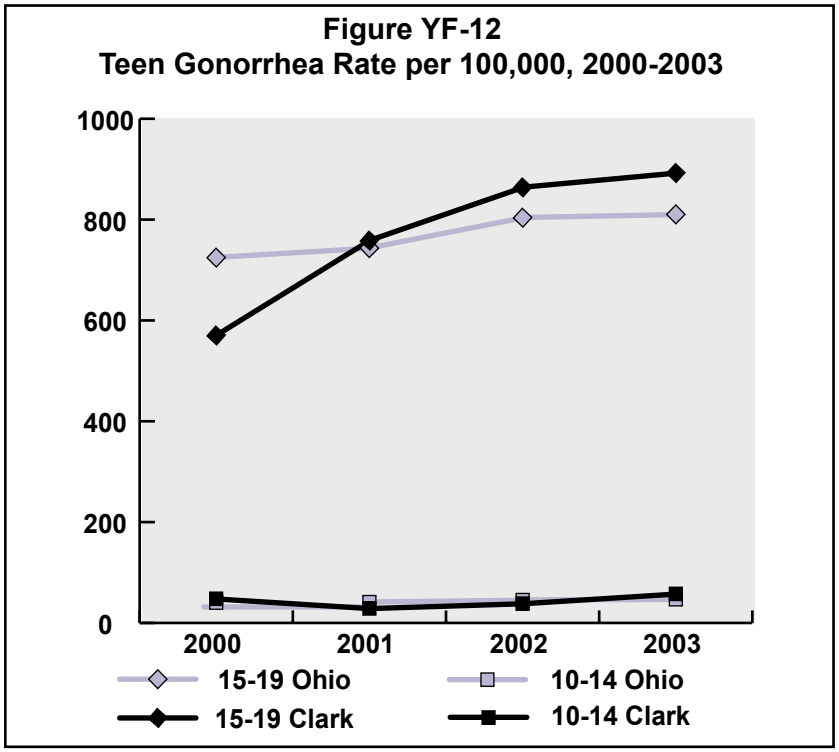
- Between 2000 and 2002, the rate (per 1,000 women in the age group) of births to teens declined slightly in Clark County both in the under 15 and 15-17 age groups. The overall rates for Ohio showed a more noticeable decline during this period.
- However, Clark continues to be among Ohio counties with a high rate of births to teens. In the past 3 years, the Clark rate is among the seven highest in the state for births to 15-17 year olds.

Prevalence of STD

- In Clark County, 10-19 year olds had the highest rate of incidence for chlamydia and gonorrhea over the past 4 years among all age groups. These rates have shown substantial increases in the past 4 years.
- The rate of incidence for chlamydia in Clark County has increased from 134.6 per 100,000 in 2000 to 231.3 per 100,000 in 2003 among 10-14 year olds. The state rates show a similar but less drastic increase.
- The rate of incidence for chlamydia among 15-19 year olds in Clark County has increased substantially from 1,271.1 per 100,000 in 2000 to 1,803.9 per 100,000 in 2003. The state rates show a much less drastic increase.
- The rate of incidence for gonorrhea among 10-14 year olds in Clark County has increased from 48.1 per 100,000 in 2000 to 57.8 per 100,000 in 2003. The state rates show a similar trend.
- The rate of incidence for gonorrhea among 15-19 year olds in Clark County has increased substantially from 570.1 per 100,000 in 2000 to 892.3 per 100,000 in 2003. The state rates show a much less drastic increase.



Source: Ohio Department of Health, Information Warehouse



Source: Ohio Department of Health, Information Warehouse

School Success

- Early intervention is critical. Families need to be identified and worked with intensively at their children's earliest age.
- Cultural differences, for example, in terms of parental involvement, should be considered in developing success measures.

As this Targeted Impact is revisited, additional data that would be helpful include—

- A survey of youth to have a better view
- Actual measures of the stated risk and protective factors and assets
- Education level of all age groups of the population
- Funding for students by district and compared to state and regional average

Violence

- Violence has a negative impact on the development of healthy children and families.
- Violence manifests itself in numerous ways: parent to child, adult to child, child to child. Information, training, and early intervention for parents and children are critical.

As this Targeted Impact is revisited, additional data that would be helpful include—

- Age-specific data to establish a priority of need
- Data across or between cultures

Early Childhood Education

The Early Childhood Education workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. **Birth to 3 Services**
2. **Preschool Programs**
3. Family and Environmental Risk Factors
4. Childcare Settings
5. Programs for Children in Grades K-3
6. Before- and After-school Programs, Including Year-Round Programming

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders' Forum on February 25, 2005. These groups supported moving both high-priority targeted impacts (shown in bold) into the Resource Assessment phase.

Justification and rationale

Addressing physical needs of children from birth to age 3 can improve children's lives and opportunities to learn and grow appropriately. Research on human growth and development reveals windows of opportunity for brain development in young children. Once children grow beyond those windows, opportunities may be lost forever. Research indicates the need for language stimulation; physical exercise; warm, loving relationships; and proper nutrition.

This targeted impact was ranked first because serving the needs of young children provides opportunities to make a difference in children's lives as well as in the future life of the community. The Early Childhood Education workgroup examined data related to the efficacy of prenatal care: number and percent of preterm births, number and rate of births to mothers with medical risk factors by age of mother, percent of births by the educational level of the mother, number and percent of children living in poverty, immunization rates for children under age 3, and number of children served through the current Help Me Grow program. In addition, the workgroup reviewed data sorted by race/ethnicity for preterm births, births with medical risk factors, and children living in poverty. This analysis indicated the following:

- Local data regarding births to mothers with medical risk factors compare unfavorably with state data.
- Local data regarding children living in poverty—especially for very young children—compare unfavorably with state data.
- Data indicate racial/ethnic disparities across the population in Springfield/Clark County.

Success measures

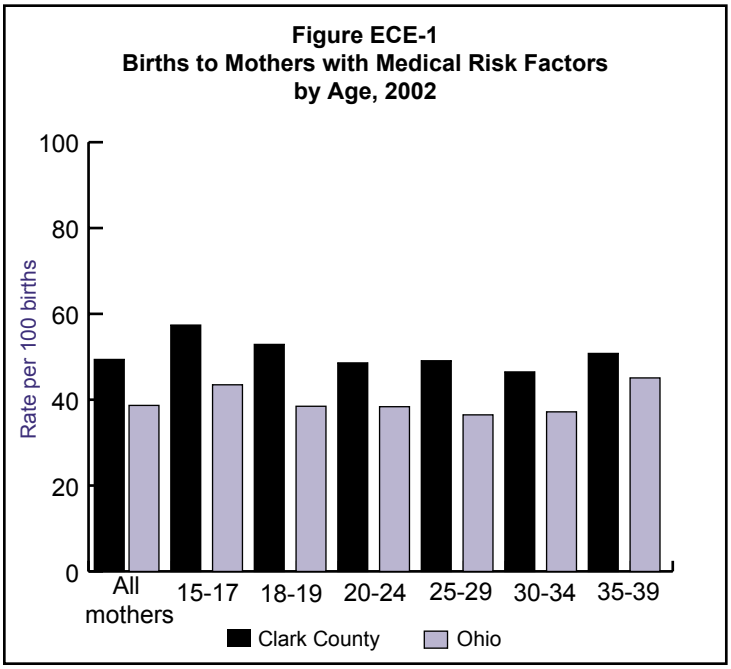
The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Efficacy of prenatal care
- Reduction in rate of births to mothers with maternal risk factors
- Reduction in racial/ethnic disparity

Community values

Discussion with Community Planning Team members elicited the following comments, indicative of community values:

> "I think a lot of parents do not know how to parent or have support to parent when they have a child. Also, if children do not have the support or direction they need early on, it is going to affect the other five workgroup issues."
>
> "Many parents are just not able to do what is needed."
>
> "It is easy in our community to maintain an 'out of sight, out of mind' attitude, although all would certainly say they value high-quality care for all children."
>
> "This is the foundation block for future success."



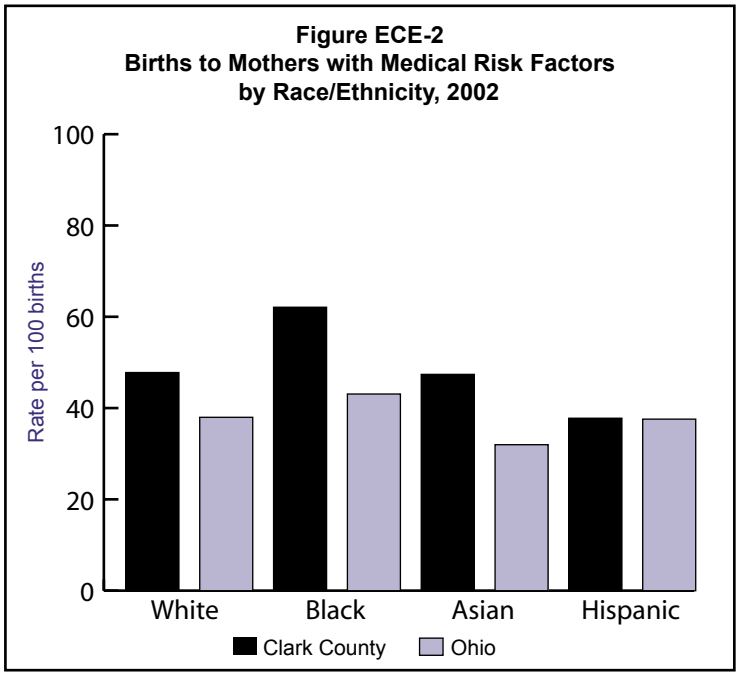


Table ECE-1
Births by Education Level of the Mother, 2000-2002
(Percent of Total Births)

	Clark			Ohio		
	2000	2001	2002	2000	2001	2002
Grades 1-8	1.6%	1.8%	2.5%	2.9%	3.0%	3.1%
Grades 9-11	21.8%	21.5%	21.5%	14.6%	14.1%	13.8%
Grade 12	40.1%	40.4%	37.4%	34.5%	34.5%	33.4%
College 1-3 years	21.6%	22.4%	24.6%	22.2%	22.1%	22.4%
College 4 or more years	14.6%	14.0%	14.1%	24.9%	25.5%	26.4%
Unknown	0.3%	0.0%	0.1%	0.9%	0.9%	1.0%

Efficacy of Prenatal Care

- In 2002, the Clark County rate for births to mothers with medical risk factors[1] (49.4 per 100 births) was more than 10 percentage points higher compared to the state rate (38.7 per 100 births). The rate for Clark has increased by more than 6 percentage points since 2000.
- Of the total births in Clark County in 2002, 13.7 percent were preterm (< 37 weeks). The rate for black mothers was 4.5 percentage points higher than the rate for white mothers. The proportion of preterm births in the county has been 1 to 2 percentage points higher than the proportion in the state for the past 3 years.
- In 2002, mothers in the 15-19 age group had the highest rate for births with medical risk factors in Clark County. Among races, black mothers had the highest rate (62.1 per 100 births).
- In 2002, the rate of births to teens (15-17 years) in Clark County (31.1 per 1,000) was substantially higher than the state rate (19.9 per 1,000).
- Compared to the state, a higher percentage of births in Clark County in the past 3 years have been to mothers with an education level of high school or lower.

Definition

[1]Medical risk factors include anemia, pregnancy-associated hypertension, and diabetes.

Source, Figures ECE-1, ECE 2, and ECE-3: Ohio Department of Health, Information Warehouse

Children Living in Poverty

- In 2000, there were 5,531 children in Clark County living in poverty. Of these, 1,785 were less than 5 years of age. The poverty rate[1] for children in Clark County was slightly higher compared to the rate for the state.
- Black and Hispanic children in Clark County were more than twice as likely to be poor compared to white or Asian children.

Immunizations[2]

- The percentage of 19-35 month olds who received their scheduled immunizations in Clark County has increased from 50 percent to 70 percent between 2000 and 2003 but is still below the state rate of 82.3 percent and the state target of 90 percent.
- Help Me Grow[3] served 576 children in the county in 2003.

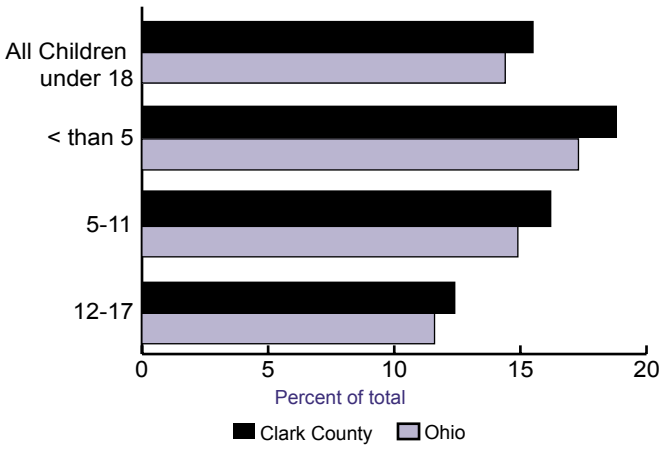
Definitions

[1]Poverty rate: The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is poor. Poverty rate is the percent of all persons/families for whom poverty status is determined with incomes less than the poverty thresholds. Poverty status is not determined for select population groups, such as those in group quarters.

[2]Immunization refers to 4:3:1:3:3 series combination = 4 doses DTP or DTaP, 3 doses Polio, 1 dose MMR, 3 doses Hib, and 3 doses Hepatitis B vaccine.

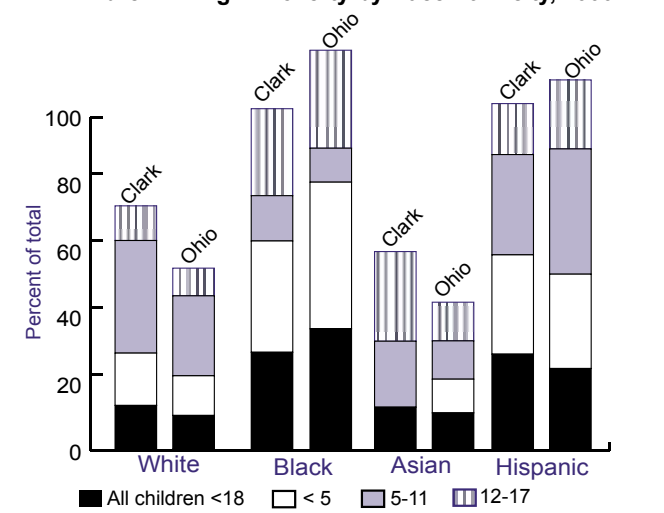
[3]"Help Me Grow is a program that provides prenatal services and newborn home visits along with information about child development. The program provides service coordination and ongoing specialized services to eligible families with young children. Help Me Grow also provides services to children with disabilities from birth through age 3. This part of the program ensures that children with developmental delays and disabilities have access to and receive needed intervention services." (Ohio Department of Health, Help Me Grow website; www.ohiohelpmegrow.org)

Figure ECE-3
Children Living in Poverty by Age, 2000



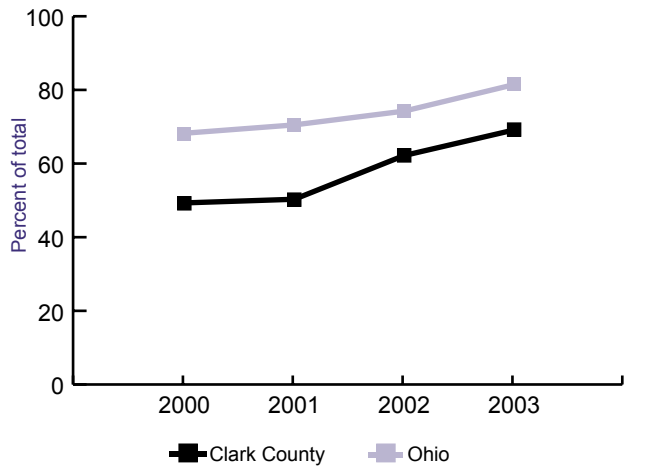
Source: Census 2000, Summary File 3

Figure ECE-4
Children Living in Poverty by Race/Ethnicity, 2000



Source: Census 2000, Summary File 3

Figure ECE-5
Immunization Coverage of Children Ages 19-35 Months



Source: Clark County Combined Health District, CASA Report

Justification and rationale

The workgroup examined data related to the following indicators as measures of the availability and effectiveness of preschool programs: number and percent of 3-4 year olds enrolled in special education preschool, number and percent of children enrolled in preschool Head Start, performance of children on kindergarten readiness assessments, and number and percent of children living in poverty. The analysis indicated the following:

- Local data regarding children living in poverty—especially for very young children—compare unfavorably with state data.
- Preschool programs are available; however, eligibility requirements change frequently, sometimes disallowing the participation of some children in preschool programs.
- Readiness assessments can predict a child's readiness to participate in kindergarten learning experiences. Although all districts administer such assessments, data were not easily retrievable and may not be comparable across districts.

Success measures

The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Improvement of kindergarten students' performance on readiness assessments
- Access to prenatal care
- Access to birth to 3 services
- Generational poverty
- Cultural barriers
- Teen pregnancy
- Illiteracy
- Availability of housing
- Access to pediatric care
- Family issues
- Access to high-quality preschool programs for all children
- Access to comprehensive literacy programs for all parents and children
- Illiteracy levels of parents
- Access to formal parenting/mentoring programs
- Lack of services and supports for 3-6 year olds
- Limited funding for programs
- Family poverty

Community values

Discussion with Community Planning Team members provided the following comments, indicative of community values:

> "Although the community values high-quality child care and families, it is also easy to keep this 'out of sight, out of mind.' I suspect most community members are not aware of the current status of preschool programs."

> "The community does not perceive the value of early childhood education…look at the success of Head Start."

> "We have not done much."

Special Education

- During the December reporting period for school year 2004-2005, 300 children (3-5 year olds) with disabilities were enrolled in Clark County preschool special education programs.

Head Start Enrollment

- Between the 2001-2002 and 2003-2004 school years, state Head Start enrollment decreased by 64.8 percent. These trends are similar to the trends for the state totals.
- Of all the eligible children (below 185 percent of poverty) in Clark County, only 37.5 percent were funded through state or federal Head Start funds in 2001-2002 compared to 49.7 percent of all eligible children funded in the state. As in the state overall, not all eligible children are enrolled in Head Start due to lack of funding.

Kindergarten Readiness

- The composite score for the city of Springfield increased between 2003 and 2004, but is lower than in 2002.
- Motor scores are declining.
- There is a need to focus on language—preparing children for school.

Table ECE-2
Head Start Enrollment, 2001-2004

	Clark			Ohio		
	2001-2002	2002-2003	2003-2004	2001-2002	2002-2003	2003-2004
Total Enrollment	676	676	732	59,599	54,218	47,774
Federal Head Start	477	477	549	36,521	36,041	36,102
State Head Start	199	199	183	23,078	18,177	11,672

Source: Ohio Department of Education, Office of Early Learning and School Readiness

Table ECE-3
Kindergarten Readiness Scores, Springfield City Schools

	Combined Scores 2002	Combined Scores 2003	August 2004
Motor	63	61	60
Concepts	50	46	53
Language	49	42	45
Composite	54	48	52

Source: Springfield City School District Developmental Indicators for the Assessment of Learning (DIAL-3) data

Birth to 3 Services

- The community must do a better job of working with expectant mothers regarding health education about risk factors.
- Keeping teens in school through graduation is crucial.
- Improved services for prenatal care could have a significant impact.
- The community needs to remain diligent to help families with the healthy development of their children.

Preschool Programs

- Children are not coming to school prepared.
- More work needs to be done with young children in language development.
- A composite tracking system of screening data is lacking. Screening scores are placed into individual student files and given to teachers.
- Difficulty in retrieving data regarding kindergarten readiness assessments from respective school districts indicates the need for some standardization in implementing assessments as well as for maintaining data across years.

Public Health

The Public Health workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. Health Risk Behaviors
2. Immunizations and Preventive Screenings
3. Oral Health Care
4. Access to Health Care Services
5. Leading Causes of Death
6. Health-Related Environmental Issues

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders' Forum on February 25, 2005. These groups supported moving the highest-priority targeted impact, Health Risk Behaviors, immediately into the Resource Assessment phase.

Justification and rationale

The workgroup chose to assign the highest priority to Health Risk Behaviors (HRB) not only on the weight of the behavioral data, but more compellingly because everything done to improve risk behaviors drives further positive outcomes in other public health areas: leading causes of death (chronic lung disease on the rise in the county and the state related to smoking behavior), preventive screenings (for weight management, diabetes, hypertension, colon and breast cancer related to overweight), and oral health (related to smoking, alcohol, and drug effects on teeth). Targeting risk behaviors can thus have comprehensive effects.

The group discussed each area of concern in detail. Group members had a wealth of anecdotal experience, but were at times frustrated by the lack of concrete evidence with which to measure and compare the subjects. The data on health risk behaviors revealed some of the most worrisome trends:

- Although Clark County has a lower percentage of adult smokers than the state, the percentage of pregnant women who smoke is significantly higher than the state, and this category is trending upward while the state is trending downward.
- The number of overweight and obese adults in the county is also significantly higher than in the state, and both the state and county numbers are trending upward.
- The most dramatic changes are noted in the increasing incidence of sexually transmitted diseases (STD), specifically chlamydia and gonorrhea, and to a lesser extent, HIV. Although we did not ask for data on human papilloma virus (genital warts) and genital herpes (it is almost impossible to collect), national research indicates that these two incurable viral diseases are by implication tied to the increases noted in chlamydia and gonorrhea.
- Both the county and the state show substantial increases in alcohol and substance abuse treatment; the county increase is double the state increase. This information was a bit problematic in that better identification of alcohol and substance abuse and more use of treatment services could account for the increase. However, the workgroup felt that alcohol use, even if not increasing, still represents a major hurdle in public health. National data indicate that alcohol use is relatively stable, except in teenagers and young adults, where there has been a decrease in the age at which alcohol use is initiated and an increase in the incidence of “binge” drinking among young users.

These trends are, in and of themselves, serious public health issues, but it was the way in which risk behaviors manifest themselves in multiple public health spheres that caused the group to conclude unanimously that this should be the highest priority.

Success measures

The group selected as a preliminary success measure reduction of 10 percent over 5 years in the targeted health risk behaviors. This may include any or all of the following areas as the community completes the resource assessment and strategic initiative phases of this process:

- Percentage of births to women who smoke
- Percentage of overweight or obese persons
- Chlamydia, gonorrhea, and HIV rates
- Alcohol-related incidents

Community values

Discussion with Community Planning Team members provided the following comments, indicative of community values:

"The community is supportive overall; at the individual level, a tough sell."

"In general, I believe that the community would agree that a reduction in HRBs would be positive; in practice, I believe it will be a challenge to get people to change behaviors. However, a challenge worth taking on."

"I believe that this community has a high prevalence of alcohol use and smoking. Most activities in this city that are 'fundraisers' seem to revolve around alcohol. I do not know with everything else going on in this community that anyone has considered this Targeted Impact."

"This will have a high resonance; however, obesity and teen sexuality still meet with cynicism and defensiveness among many."

"The community doesn't seem too concerned about it in general, but programs are in place."

"We like to eat and many like to smoke. Change will be difficult."

"These problems are higher in Clark County due to the lower education level."

"I believe we value good health and personal responsibility. Education gives individuals more choices."

Smoking

- Clark County has a lower percentage of adult smokers (23.1 percent) compared to the state (27.2 percent).
- In 2002, the percentage of pregnant women who smoked was substantially higher in Clark County (26.7 percent) compared to the state (17.9 percent). Between 2000 and 2002, the Clark County rate increased slightly whereas the state rate declined.

Alcohol and Substance Abuse

- In 2003, 1,391 adults in Clark County received treatment for alcohol or substance abuse. Of these, 12.7 percent were 18-21, 75.9 percent were 22-45, 11.2 percent were 46-64, and 0.2 percent were 65 or older.
- Between 2000 and 2003, the number of persons receiving treatment for alcohol or substance abuse in Clark County increased by 28.1 percent. The state numbers increased by 16.3 percent during the same period.

Figure PH-1
Births to Mothers Who Smoked, 2000-2002

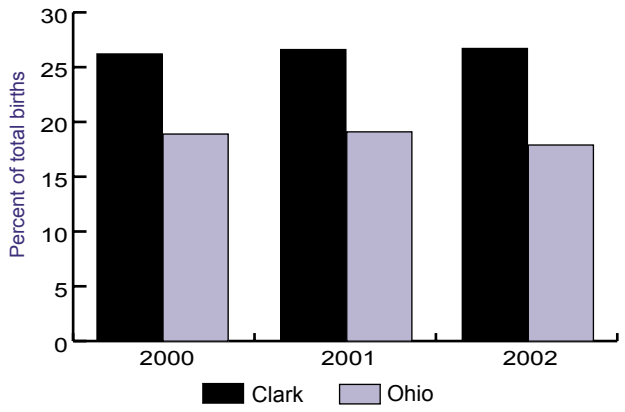


Figure PH-2
Adults Engaged in Alcohol and Substance Abuse by Age Group, 2000-2003

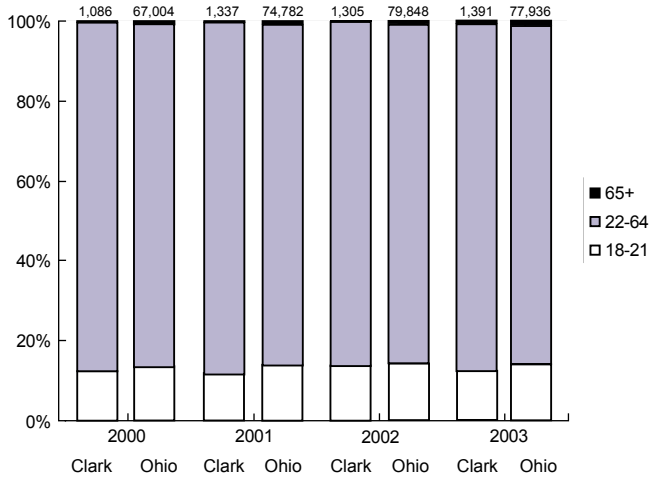
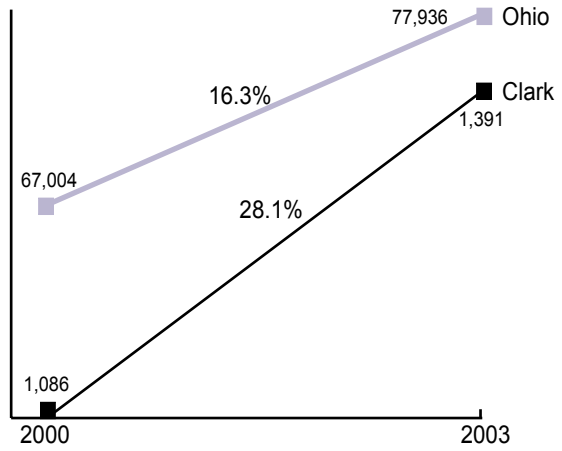
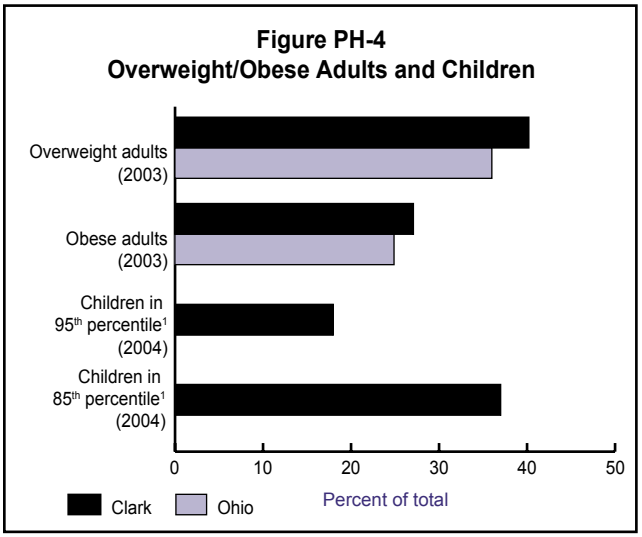


Figure PH-3
Percent Increase in Alcohol and Substance Abuse, 2000-2003



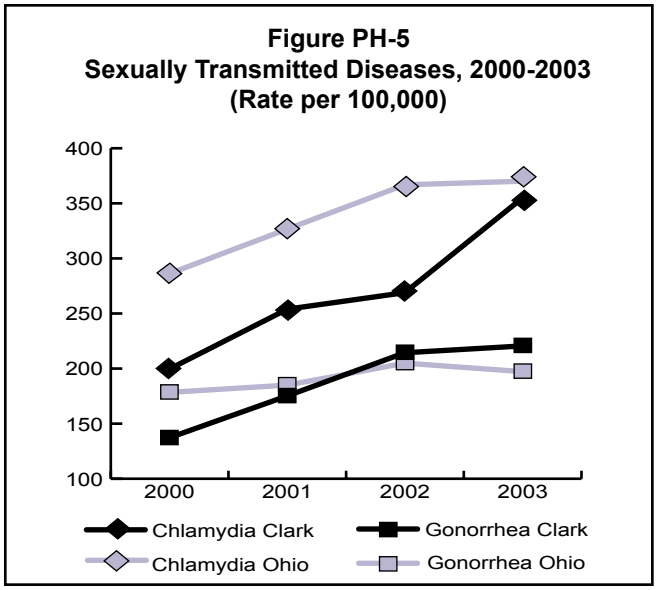
Sources—Figure PH-1: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Ohio Department of Health, Vital Statistics

Source—Figures PH-2 and PH-3: Ohio Department of Health, MACSIS Datamart

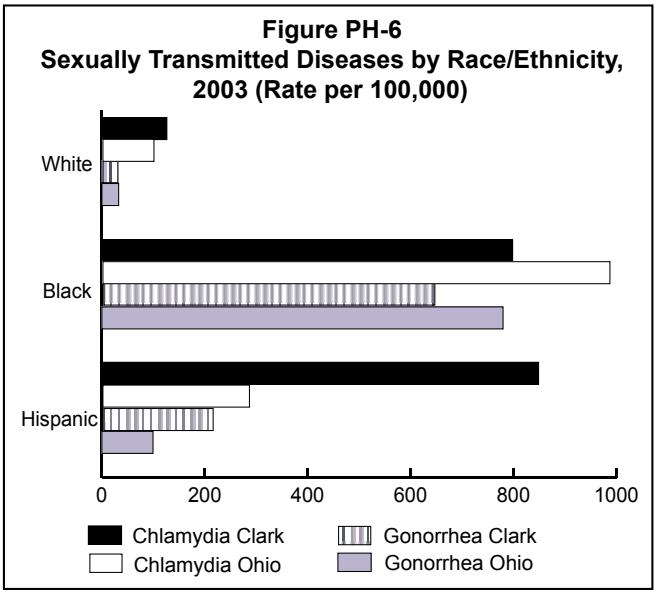


Sources: *Adults*—Behavioral Risk Factor Surveillance System (BRFSS), Ohio Department of Health and Clark County Combined Health District; *Children*—Rocking Horse Center, Springfield (subset of patients at the center)

[1]See definition c on p. **95 in the Appendix**



Source: Ohio Department of Health, Information Warehouse



Source: Ohio Department of Health, Information Warehouse

Obesity/Overweight

- The percentage of overweight and obese adults in Clark County is substantially higher compared to the state.
- In 2004, 18.0 percent of all children treated at the Rocking Horse Center in Clark County were overweight. An additional 19.0 percent were at risk of becoming overweight. Comparative data for the state were not available.

Prevalence of Sexually Transmitted Diseases

- The prevalence of STD in Clark County has increased over the past 4 years. The state data show similar trends.
- The rate of incidence for chlamydia in Clark County has increased from 199.8 per 100,000 in 2000 to 355.1 per 100,000 in 2003. Blacks and Hispanics are more than six times as likely to have chlamydia compared to whites.
- The rate of incidence for gonorrhea in Clark County has increased from 137.6 per 100,000 in 2000 to 221.1 per 100,000 in 2003. Blacks are more than 20 times as likely to have gonorrhea compared to whites.
- In Clark County, 10-19 year olds had the highest rate of incidence for chlamydia and gonorrhea among all age groups from 2000-2003.
- In 2003, there were 109 persons living with HIV/AIDS in Clark County.
- In 2001, the rate per 100,000 for black persons living with HIV/AIDS (171.0) was three times the rate for whites (56.8) in Clark County.

Justification and rationale

Clark County is doing an outstanding job with programs already in place to improve childhood immunizations, increasing the vaccination rate from 50 percent to 70 percent over the last 3 years. Nevertheless we are still short of the state target of 90 percent of children to have immunizations completed by age 2. The committee felt this provided an excellent opportunity to use a system that is clearly effective to broaden the impact to reach or exceed the 90 percent goal.

Likewise, our Pap smear and breast cancer screening rates are at about 75 percent (there is no recognized "target"). Colon cancer screening is a more recent addition to public awareness, and the 34 percent screening rate for sigmoidoscopy reflects this. The state data for 2000 indicates 96.2 percent of adults have had their blood pressure checked in the past 2 years. This is a very important finding because it is indicative of two equally important forces at work: (1) adults have been educated that hypertension must be actively looked for and (2) blood pressure screening is cheap and easy to access. The consensus was that the community values screening and preventive measures and that if cost and access were not issues, the population would continue to benefit from programs that educate them regarding a variety of preventive and maintenance issues and the availability of services to meet these ends.

Success measures

The group selected the following preliminary success measures:

- Childhood immunization rates would improve to at least 90 percent by age 2, within 5 years.
- Targeted prevention and screening measures for adults would improve compliance/participation by at least 10 percent within 5 years.

Community values

Discussion with Community Planning Team members provided the following comments, indicative of community values:

> "I think parents value this for their children and older adults value screenings for their long term health. It is the adults 18 to 45 years old that I am not sure take advantage of the information and screenings available for themselves."

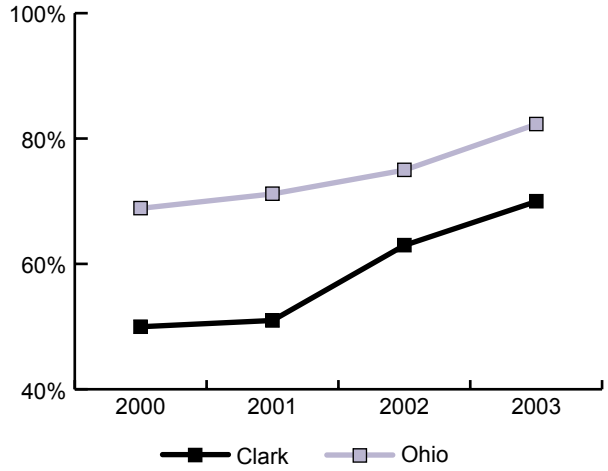
> "Based on the percentages, I believe our community would be very supportive of this."

> "We have many opportunities available at this time. Education is a need… teach the importance of vaccines."

> "Our community values good health as long as screening is easily available and cheap."

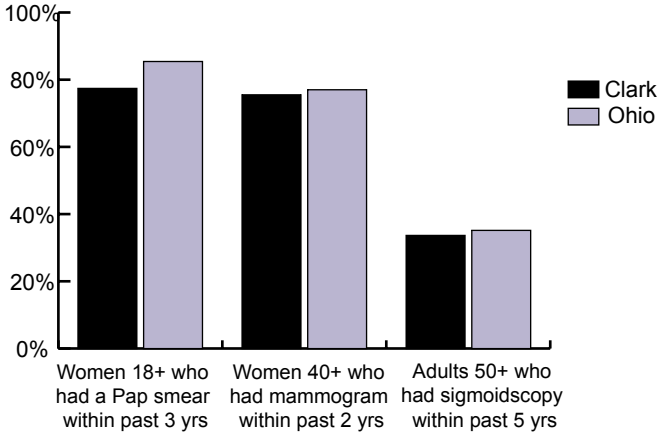
> "This is easily implemented and highly measurable. In particular, childhood immunizations can affect a person's health over their lifetime."

Figure PH-7
Immunization Coverage of Children Ages 19-35 Months, 2000-2003



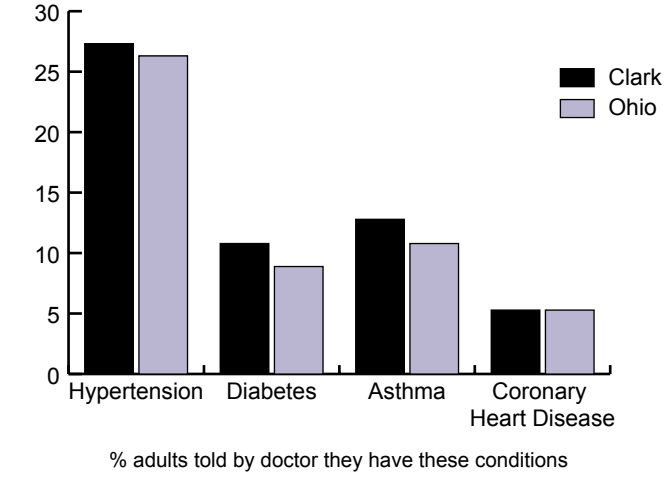
Sources: Clark County Combined Health District; Centers for Disease Control and Prevention National Immunization Survey

Figure PH-8
Adults Getting Timely Cancer Screenings, 1999-2001



Source: Behavioral Risk Factor Surveillance System (BRFSS), Ohio Department of Health

Figure PH-9
Prevalence of Key Diseases, 2003



Source: Ohio Department of Health, Behavioral Risk Factors Survey, Chronic Disease and Behavioral Epidemiology

Immunizations

- The percentage of 19-35 month olds who received their scheduled immunizations in Clark County has increased from 50.0 percent to 70.0 percent between 2000 and 2003 but is still below the state rate of 82.3 percent and the state target of 90 percent.

Cancer Screenings

- Overall, the rate of cancer screenings in Clark County is lower than the state rates.
- The percentage of women 18 years and older in Clark County who had a timely Pap smear between 1999 and 2001 (77.4 percent) was eight points below the state average (85.4 percent).
- The percentage of women 40 years and older in Clark County who had a timely mammogram between 1999 and 2001 (75.5 percent) was 1.5 points below the state average (77.0 percent).
- The percentage of adults 50 years and older in Clark County who had a timely sigmoidoscopy between 1999 and 2001 (33.7 percent) was 1.5 points below the state average (35.2 percent).

Prevalence of Key Diseases

- In 2003, the prevalence rates for diabetes, asthma, hypertension, and coronary heart disease were higher in Clark County compared to the state rates.

Health Risk Behaviors

Caveats and Comments on the Data

- Data may not be representative of minority populations or extremely poor people.
- The increase in overall STD prevalence over time could be related to better screening and reporting by laboratories and physicians.
- Alcohol and substance abuse data are most likely not representative of Clark County, but representative of those in treatment facilities.

Additional data needs identified by the workgroup:

- Data on the effects of second-hand smoke and updated data on tobacco use in general
- Data on the number of teen pregnancies
- Additional data regarding substance abuse without the component of alcohol
- Research-validated effective interventions
- Survey of the community's middle school and high school children

Conclusions and Recommendations

- There is a need to educate the community on the given risk behaviors
- The issues of alcohol and substance abuse have a correlating effect on the numbers of STDs and the number of persons who engage in high-risk behaviors
- Smoking by pregnant women is among risk behaviors that need to change (because of the risk of cancer, low birth rates, and oral health complications).
- Action steps that focus on education and risk awareness can have an impact on all of these factors as well as increasing access to education and counseling services.
- In order to address HRBs, the community needs to ensure that people have access to services, which may include addressing cost, location, and transportation.

Immunizations and Preventive Screenings

Caveats and Comments on the Data

Additional data needs identified by the workgroup:

- An actual survey to collect current data related to this target impact
- Details on screenings in general and in relation to race

Oral Health Care

Oral health is a substantial component of childhood and adult preventive care and maintenance. There are some efforts underway to improve delivery of dental care in Clark County. The workgroup reserves the option of revisiting this need, which was ranked third, if other avenues already addressing this issue fall through.

Housing and Neighborhoods

The Housing and Neighborhoods workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. **Foreclosures (Fair Housing/Predatory Lending)**
2. **Affordable Quality Housing Stock**
3. Homeownership Diversity
4. Civic Engagement/Neighborhood Vitality
5. Homelessness
6. Special Needs

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders' Forum on February 25, 2005. These groups supported moving both of the highest-priority targeted impacts (indicated in bold) into the Resource Assessment phase.

Justification and rationale

The issue ranked first by the workgroup was the dramatic increase in the number of houses in foreclosure in Clark County. Data on new foreclosures show a steady increase from 556 in 2000 to 942 in 2003. Sheriff sales have also increased during this time. State data show similar trends.

Several members of the group have studied the foreclosure issue for a number of years in their professional capacity, and their experience provided insightful analysis of the data. The group looked in detail at a subset of recent foreclosures and the lending and appraisal history on each property. Based on information collected, the group could not conclude that the issue was either a fair housing or a predatory lending problem, but rather agreed that the escalating foreclosure rate was the base problem, no matter what the cause.

Success measures

The group selected the following as indicators of success for this Targeted Impact:

- Consumers use community programs that offer early intervention in delinquent loans.
- Community partners have reduced fraudulent lending practices and lenders.
- Community partners have included subprime lenders in partnership to intervene and offer assistance to consumers in danger of foreclosure.

Community values

Discussion with Community Planning Team members provided the following comments, indicative of community values:

> "It seems that we in Springfield have developed a tolerance for this or an unawareness of this problem. We may need to provide some community education."
>
> "It will take some selling to be considered a critical need but the data needed to make a case appear to be available."
>
> "There is a lack of knowledge that the problem exists."
>
> "In large part, community is indifferent and ignorant in regard to the issue."
>
> "It is hard to get a handle on prevention."
>
> "I think the community would agree this is a very real problem possibly tied into the mobility within our schools, i.e., leading to attendance and proficiency problems. Most people are probably not getting enough education on these types of situations prior to purchasing or renting a home."

Foreclosures

- Like the state, Clark is experiencing more foreclosure filings. Between 2000 and 2003, the number of foreclosures in Clark County increased by 69.4 percent compared to a 61.3 percent increase for the state.
- In 2003, 1 of every 60 households experienced foreclosure. Clark has the fourth-highest foreclosure filing rate in Ohio.
- Between 2000 and 2003, the number of sheriff sales in Clark County increased by 45.6 percent. Clark has the 14th-highest rate of sheriff sales in the state.

Table HN-1
Foreclosure Rates, 2000-2003

	Clark				Ohio			
	2000	2001	2002	2003	2000	2001	2002	2003
New foreclosure filings	556	733	904	942	35,377	43,419	55,274	57,083
Filing rate[i]	NA	77	NA	60	NA			78
Filing rate rank among Ohio Counties				4				
Sheriff sales	410	523	468	597		24,597		36,505
Sheriff sale rate[ii]		108		95		181		118
Sales rate rank	NA	6	NA	14		NA		

Source: Policy Matters Ohio, Home Insecurity Foreclosure Growth in Ohio—2002, 2004

Definitions

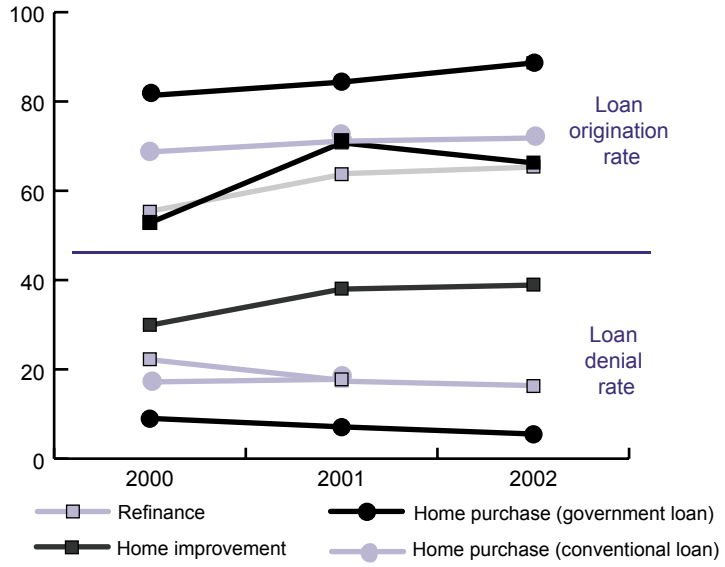
[i]Filing rate is the number of households divided by the number of new foreclosures. In Clark County in 2003, one of every 60 household

[ii]Sheriff sale rate is the number of households divided by the number of sheriff sales.

Home Mortgage Disclosure Act (HMDA) Data

- Between 2000 and 2002, origination rates[1] for home purchase loans (conventional and government), home improvement loans, and refinance loans have seen a gradual increase in Clark County.
- Between 2000 and 2002, denial rates[2] for government home purchase loans and refinance loans in Clark County have declined. However, the denial rates for home improvement loans have increased substantially during the same period.
- In 2002, the origination rates for home purchase, improvement, and refinance loans were 2 to 25 percentage points higher in Clark County than in the state. The denial rates for these loans were 1 to 15 percentage points lower in Clark County compared to the overall rate for the state.
- Loans are relatively easier to obtain in Clark County than in the state. This could be a symptom of subprime lending, when easy credit is extended to borrowers; relaxing loan requirements tends to lead to high-risk (and often high-priced) loans that may be more likely to end in foreclosure.
- The classification system does not permit a clear breakdown of prime vs. subprime. The mortgage companies are generally subprime, but banks include both prime and subprime. Therefore, the findings in this area were inconclusive.

Figure HN-1
Origination and Denial Rates on Home Loans in Clark County, 2000-2002



Sources: City of Springfield Fair Housing, Peertrax: Home Mortgage Disclosure Act Data from Centrax (Dallas, Texas)

Note on HMDA data

The Federal Home Mortgage Disclosure Act requires lending institutions to report data on home loans. Reporting institutions are classified as Banks, Mortgage Companies, Thrifts, and Credit Unions. The lenders must report data for loans originated and denied in four loan types: home purchase (conventional and government loans), home improvement loans, and refinance loans). Generally, denial rates are examined for issues of discrimination and lending to various income groups. The Community Reinvestment Act requires that banks provide lending to low income segments of the community. The Fair Housing Act prohibits discrimination on the basis of race, gender, and other protected classes.

Definitions:

[1]Origination rate: Percentage of loan applications that result in loan originations.

[2]Denial rate: Percentage of loan applications denied by financial institutions. Originations + denials do not total 100% since some applications are approved but not accepted; others are withdrawn or are incomplete.

Justification and rationale

The workgroup reviewed data on the percentage of people who are paying more than 30 percent of their income for housing (owner occupied and renter occupied). The group agreed that, in light of the information given, Clark County housing is affordable compared to the state. However, the group recognized that much of the financially "affordable" housing is of substandard quality. The group focused on strategies to affect the quality of the community's housing. Many members of the group are directly involved in the local housing industry, including real estate and nonprofit or governmental organizations. Others are indirectly involved through advocacy groups. These members brought tremendous expertise to the group deliberations.

Success measures

The group selected the following success measures:

- Economic development provides the wages needed in Clark County to support good quality housing.
- School funding issues are resolved and Springfield is a place that attracts families who are able to support good quality housing.
- Programs that support targeted areas of rehabilitation, development, and redevelopment are successful and are making an impact on the quality of housing in Springfield.

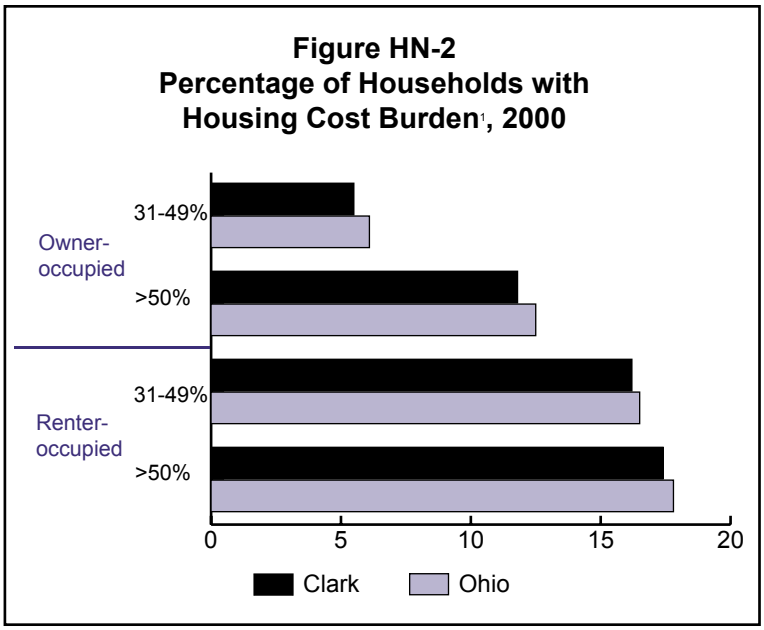
Community values

Discussion with Community Planning Team members elicited the following comments, indicative of community values:

> "Awareness is rising."
>
> "This issue will receive more support on economic, aesthetic, and moral grounds."
>
> "We have a real divide between old timers and new and young people."
>
> "I think if you asked 20 people of different backgrounds what quality housing is you would get 20 different answers."
>
> "We need more concrete success measures."

Housing Cost Burden[1]

- In 2000, 17.3 percent (6,142 households) of all owner households in Clark County experienced housing cost burden compared to 18.6 percent of all owner households in Ohio.
- In 2000, 5.5 percent of all owner households in Clark County experienced severe housing cost burden.
- In 2000, 33.6 percent (5,318 households) of all renter households in Clark County experienced housing cost burden compared to 34.3 percent of all renter households in Ohio.
- In 2000, 16.2 percent of all renter households in Clark County experienced severe housing cost burden.
- A higher percentage of households in Springfield city (18.1 percent of all owner households; 37.5 percent of all renter households) are cost burdened compared to the overall rate for the county.



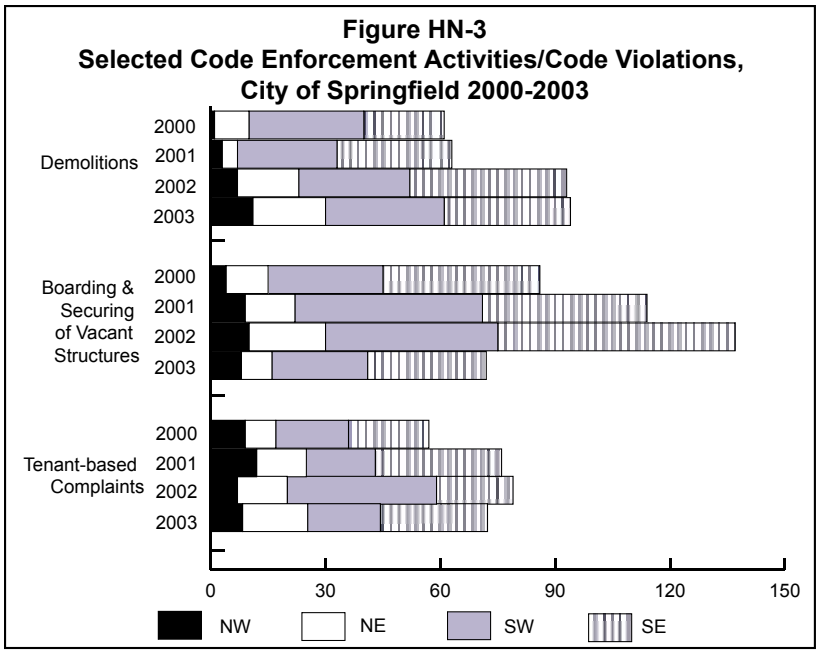
Source: Census 2000, Summary File 3

Definitions

[1]Housing cost burden is housing costs that are more than 30 percent of household income.

Severe housing cost burden is housing costs that are more than 50 percent of household income.

For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.



Source: City of Springfield Department of Engineering & Planning, Code Enforcement Division

Age of Housing Stock

- Of the total housing units in Clark County, 69.2 percent were built before 1970. Springfield city has an even higher proportion (80.6 percent) of housing units built before 1970.
- Most of the older housing stock in Clark County is concentrated in Springfield, which also has lower median household incomes compared to areas that have more housing units built after 1970.

C.E. Code Violations

- In 2003, the southeast and southwest quadrants of Springfield accounted for 77 percent of all structures boarded and secured by the city and 68 percent of all structures demolished by the city.
- Tenant-based complaints have remained fairly stable in number (76 in 2001, 79 in 2002, 72 in 2003).

Foreclosures (Fair Housing/Predatory Lending)

The group recognized the alarming increase in Clark County foreclosures as an outcome of other factors affecting the community. Although there are many causes of foreclosures, the group believes that there are intervention strategies that can reduce this secondary outcome of unemployment, medical crisis, or lending practices.

The group concluded that it is a very serious problem in the community that is getting worse and needs to be addressed.

Affordable Quality Housing Stock

The data show aging housing stock and higher cost burden in the city of Springfield. The group realized that part of the problem with Springfield's housing stock is that so many people lack an income that is sufficient to sustain good quality housing stock. Economic development and improving school funding were success measures ranked first and second respectively by four of the five workgroup members present, as these are seen as having the highest impact on improving income levels.

This impact is related to economic development and school success but should not get lost or seen as a byproduct. Having good quality and affordable housing will help relieve stress on the families so they can focus on raising healthy, educated children.

As this Targeted Impact is revisited, additional data that would be helpful include the following:

- More actual measurements of the amount of substandard housing in the community's inventory are needed.
- A values survey needs to be added as this Targeted Impact progresses. Some cultures or families may not understand or agree with what good quality housing is.
- How do we compare with other cities?
- What are the trends over time?
- What economic issues are involved?

Vulnerable Adults and Families

The Vulnerable Adults workgroup consists of members representing the Mental Retardation and Developmental Disabilities system, Job and Family Services, Elderly United, Project Woman, Catholic Social Services, United Way, Del Pueblo, Community Mercy Health Partners, interested community individuals, and the Mental Health and Recovery Board. The members brought a wealth of personal, professional, and cultural experience to the process, and the group had the opportunity to review both hard and experiential data, providing a rich and varied overview.

Over the past 4 years the demand for services such as mental health, alcohol and drug treatment, and food assistance has increased. During the same period, waiting periods for many services including assessments, psychiatric appointments, and residential services have increased. The Clark County data closely mirror state trends.

Collecting data that were comparable across different populations of vulnerable adults proved difficult in the time allotted for this Needs Assessment. The original Targeted Impacts were to beCriminal Justice Involvement; Safe, Affordable Housing; Mental Health Behaviors/Access to Services; Substance Abuse/Access to Services; Employment; and Emergency Food, Clothing, and Shelter.

Many systems, such as Mental Health and Recovery and Mental Retardation and Developmental Disabilities, collect data on many of these aspects in their clients, but data collection is not standardized between systems. Thus, the group sought to identify and rank shared priorities.

The workgroup selected two priorities:

1. Sufficient capacity/availability of high-quality, culturally appropriate services to meet the needs of vulnerable adults. Studies show that high-quality community-based services, when available at sufficient levels, are more cost effective, have better clinical outcomes, and are more acceptable to those receiving the service than institutionally based care.

   Success Measure: Adequate levels of services will be available to allow vulnerable adults to continue to live in the community as independently as possible for as long as possible.

2. Timely access to high-quality community-based services. When people are able to access services quickly and efficiently, their needs can be assessed, short-term interventions applied, and longer-term strategies developed before situations reach a crisis level, which requires more intensive, invasive, and expensive responses. It is more humane and cost effective to address needs before they reach critical levels.

Success Measure: Waiting times for services will be reduced to appropriate levels based on appropriate clinical judgment, accreditation recommendations, or regulatory standards.

The workgroup also gathered data on six other issues or populations related to Vulnerable Adults:

1. Substance Abuse
2. Mental Health Behaviors
3. Mental Retardation/Developmental Disabilities
4. Elderly Individuals
5. Domestic Violence
6. Emergency Food, Clothing, and Shelter

The data collected and reviewed are included in the Appendix.

Economic Development

Funders' Forum members convened in June 2004 to select the six assessment areas to be addressed in the Clark County PfS Community Needs Assessment. Four of 10 members identified Economic Development or one of its associated Targeted Impacts as a priority of their organization or unit of government. Each submitted a rationale defending this as a critical community need. As a result, Economic Development received the votes required to be included in the study.

The Economic Development workgroup was chartered to assess and prioritize the following Targeted Impacts:

- Jobs and Occupations
- Workforce Development and Postsecondary Education
- ssues Related to Access to Employment (Transportation and Childcare)
- Targeted Development Areas
- Arts, Tourism, and Recreation (Visitor Attractions and Quality of Life)

Despite a strong effort among all workgroup participants to adhere to the PfS Needs Assessment Process, data collection efforts were hindered by challenges in recruiting workgroup members with expertise in economic development, substantial member turnover, and challenges in adapting or translating the PfS model. Based on ongoing discussions within the workgroup and in light of the limited data collected during the PfS Needs Assessment timeframe, two new Targeted Impacts were put forth as general priorities for further review:

1. Human Capital
2. Physical and Built Environment

The workgroup felt that grouping the specific Targeted Impacts into broad categories would be helpful in focusing future data collection, needs assessment, and planning.

There was agreement that success is measured, in economic development terms, by the ability and willingness of its populace to participate in the community's employment base. The people who do the work, and their ability to do that work based on their skills, education, and experience, form the community's Human Capital.

The Physical and Built Environment is Clark County's other key asset. The phrase "Physical and Built Environment" can include discussions about transporation opportunities, development programs involving utility companies and where people decide those utilities should go, development of enterprise zones and downtown revitalization efforts, examination of resources like the local Air Force Base and understanding geographic positioning in the big picture. And it can be as broad as the application of regional economic models to assess the economic impacts of programs, policies, and investment projects.

When new companies considering Clark County as a potential home assess Clark County's value, they will certainly look at schools, quality of life issues, and health care systems. But first they will conduct an economic assessment of the community that will include a review of the workforce, human capital, and the physical and built environment.

Conclusions and Recommendations

Two new Targeted Impacts were presented to the Community Planning Team on February 15, 2005. The CPT recognized the specific challenges experienced by the Economic Development Workgroup. The CPT also confirmed the significance of Economic Development to the overall health of the entire community. In fact, Human Capital emerged as the third highest ranked Targeted Impact, in spite of the lack of supporting data. As a result, the CPT offered to extend the needs assessment timeframe for this workgroup.

The recommendation to prioritize Human Capital and Physical and Built Environment was made to the Funders' Forum and the Family and Children First Council on February 25, 2005. Several funders involved in economic development offered to facilitate better coordination with the newly reorganized and restaffed Community Improvement Corporation (CIC). The CIC is charged with being the community's leading economic development organization, working with the economic development departments of the City and the County to meet the needs of businesses investing in the community.

The PfS Core Team met with the head of the CIC in March to discuss the CIC's mission and how the PfS participants might be of service. The Core Team offered to assist with strategic planning and to share the data collected thus far. The Core Team also agreed to meet informally with the CIC as it continues to restaff and build its own capacity for planning.

Pending this capacity at the CIC, and the involvement of other key players in the economic development of Clark County, the activities of the PfS Economic Development workgroup are on hold. The workgroup's future structure is unknown at this time. It is likely that a hybrid group led by the CIC will emerge to lead Economic Development efforts within Clark County.

Success Measure: Waiting times for services will be reduced to appropriate levels based on appropriate clinical judgment, accreditation recommendations, or regulatory standards.

The workgroup also gathered data on six other issues or populations related to Vulnerable Adults:

1. Substance Abuse
2. Mental Health Behaviors
3. Mental Retardation/Developmental Disabilities
4. Elderly Individuals
5. Domestic Violence
6. Emergency Food, Clothing, and Shelter

The data collected and reviewed are included in the Appendix.

Success Measure: Waiting times for services will be reduced to appropriate levels based on appropriate clinical judgment, accreditation recommendations, or regulatory standards.

The workgroup also gathered data on six other issues or populations related to Vulnerable Adults:

1. Substance Abuse
2. Mental Health Behaviors
3. Mental Retardation/Developmental Disabilities
4. Elderly Individuals
5. Domestic Violence
6. Emergency Food, Clothing, and Shelter

The data collected and reviewed are included in the Appendix.