

The Measure of America Approach to Gauging Well-Being and Opportunity in the United States: Concept, Application and Impacts at the Community-Level

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Introduction

Measure of America (MoA) is a non-profit, non-partisan research group that works on measuring the distribution of well-being and opportunity in the United States. Inspired by the Human Development Report series produced by the United Nations Development Programme (UNDP), and the human development and capabilities approach that informs and guides its work, MoA has produced numerous detailed studies of disparities in well-being at the national, state and local levels in the US. This paper provides an overview of the human development concept and how MoA has applied it in its research, particularly at the local level. This paper also explores how local indicators of well-being from MoA research are beginning to have an impact in one specific community where MoA work has found an audience, gained traction and holds the potential to influence public policy. This is explored through a case study of MoA work in Sonoma County, one of two California counties where human development “portraits” have been produced. The case study is presented with the following questions in mind: Can human development indicators be effectively measured at the local level? When and how can these data be used by citizens and local leaders to drive change in their communities? Under what conditions can this culminate in policy change and innovation?

While current debates in disciplines such as sociology, political science and geography

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could undoubtedly provide a useful theoretical backdrop for this discussion, a literature review thorough enough to do these discussions justice is well beyond the scope of this paper. What follows is a brief overview of the work of MoA and the human development and capabilities approach that informs its work and the case study of how this approach has been applied in Sonoma county. The paper concludes with some preliminary lessons learned from the case about how and when local indicator work on well-being can be used to help steer policy in a direction conducive to expanding human capabilities and giving people more choices in what they can do and become (Nussbaum, 2011).

Measure of America and the Human Development and Capabilities Approach

More than two decades ago, UNDP released its first global Human Development Report. This work introduced the world to a new way of thinking about development and put forward a new measure meant to help policymakers move past their over-reliance on economic measures such as Gross Domestic Product (GDP) as a proxy for human well-being. Since then, the Human Development Index that debuted in 1990 has become an influential and globally recognized metric. Some 700 national and sub-national human development reports have been published in 135 countries in addition to the annual global human development report series (UNDP, 2014).

MoA was founded in 2006 to bring this approach to the United States. The group became the first organization to publish a human development report for a high-income country with the 2008 publication of *The Measure of America: American Human Development Report 2008-2009* (Columbia University Press, 2008). Featuring a forward by Nobel Laureate and human development theorist Amartya Sen, the first Measure of America volume introduced the human development and capabilities approaches to American audiences beyond university walls and outside international development circles. The report also presented a modified American Human Development (HD) Index for the fifty states and all 435 congressional districts from which members of the U.S. House of Representatives are elected. Since the launch of this volume, MoA has produced two more national volumes and has partnered with philanthropic organizations and the public sector to produce human development “portraits” of Louisiana, Mississippi and California, including local-level reports for two counties within California. The group has also produced thematic research briefs on economic opportunity and mobility, women’s well-being and “disconnection” among young people from education and employment.

The theoretical roots of Measure of America's work lie in the human development and capabilities approach:

“Human development is formally defined as the process of improving people’s well-being and expanding their freedoms and opportunities — in other words, it is about what people can do and be. The human development approach puts people at the center of analysis and looks at the range of interlocking factors that shape their opportunities and enable them to live lives of value and choice. People with high levels of human development can invest in themselves and their families and live to their full potential; those without find many doors shut and many choices and opportunities out of reach.” (Burd-Sharps & Lewis, 2014, p.14)

The main proxy indicator of human development used in MoA research is the American HD Index, an adapted version of the Human Development Index first developed by Sen and Mahbub ul Haq and used by UNDP since 1990. The American HD Index uses life expectancy at birth as a proxy for the capability to live a long and healthy life, educational attainment among adults 25 and older and educational enrollment among 3-24 year-olds to measure access to knowledge, and median personal earnings for all workers 16 and older to measure material standards of living. Indicators are normalized based on a standard methodology and then the health, education and living standards proxies are averaged together to calculate the overall HD Index²⁾. To differentiate with the global Human Development Index which ranges from 0 to 1, the American HD Index is set on a scale of 0 to 10 where 10 reflects the best possible outcomes in all three dimensions of well-being.

Measuring human development with the American HD Index has several benefits. First, it provides a meaningful alternative to the financially-focused metrics too-often used as proxies of human well-being. As years of UNDP and MoA research can attest to, growth in Gross Domestic Product (GDP) does not necessarily translate into increasing human well-being. GDP is useful for understanding how the economy is doing but far less so for understanding how people are doing. The HD Index also shows how well-being is a multi-dimensional phenomenon and encourages the formulation of responses to well-being challenges that cut across disciplinary and programmatic silos. Finally, the HD Index helps

2) For more detail on the construction of the HD Index and data sources see the methodological note from the most recent national MoA report, available at: http://www.measureofamerica.org/Measure_of_America2013-2014MethodNote.pdf

communities see themselves on a continuum of well-being, breaking traditional “us versus them” dichotomies of poor compared to non-poor or advantaged compared to disadvantaged (Burd-Sharps & Lewis, 2014).

One drawback of the Human Development Index and its national offshoots is that they capture only a small part of the wider human development framework (Fukua-Parr, 2003). Critical elements of human capabilities, in particular participation in decision-making and political freedoms, are not captured in this composite index. For this reason, MoA reports always include a suite of other indicators of civic participation, personal and community security, and other aspects of health, education and material well-being not captured in the HD Index. Several MoA reports have also featured a different youth-focused human development indicator: the percentage of young people not working and not in education. This indicator touches on a number of the interconnected freedoms that Sen originally identified as being central to the capabilities approach, among them the economic and social opportunities potentially lost due to experiencing “disconnection” from school and work during the youth years (Sen, 1999).

Case Study: *A Portrait of Sonoma County* and Local Health Goals

Sonoma County is located in Northern California on the shores of San Francisco Bay and the Pacific Ocean. Home to about half a million residents, the county contains modestly-sized urban centers such as Santa Rosa and Petaluma as well as a beautiful coastline and countryside home to some of California’s most productive agricultural fields and best-known vineyards. Sonoma County scores 5.42 on the American HD Index, higher than both the national figure of 5.07 and the California state score of 5.39. Sonoma County residents enjoy longer lifespans and higher levels of secondary school completion compared to the respective national averages. However, wide disparities hide behind this aggregate performance. A considerable margin separates the high HD Index scores of white and Asian American residents of Sonoma from their African American and Latino neighbors. For example, Asian American life expectancy at birth in Sonoma is 86.2 years, more than eight years longer than life expectancy for African Americans in the county. Fewer than 5 percent of white Sonoma adults never completed high school, compared with nearly 44 percent of Latinos in the county. Spatially, the top-ranked neighborhood of East Bennett Valley, which scores 8.47 on the Index, is only 5 miles (8 km) east of bottom-ranked Rose-land Creek, which scores only 2.79 out of a possible 10 (Burd-Sharps & Lewis, 2014).

These findings are taken from *A Portrait of Sonoma County 2014*, a MoA publication released in May 2014 that was commissioned by the Sonoma County Department of Health Services (DHS), the county public health authority. DHS commissioned the report to help inform its work towards meeting the ambitious goal of making Sonoma County the healthiest county in California by the year 2020. The report mapped disparities in human development outcomes across the county by gender and by race and ethnicity as well as for each of the county's 99 census tracts³⁾.

Besides this fine-grained spatial analysis of disparities in well-being, two other unique features of the Portrait were its "Pledge of Support" and "Agenda for Action." The Pledge was a statement of commitment that local leaders were invited to sign onto, thus dedicating themselves to use the Portrait and its findings to support the county's goal of becoming the healthiest in the state. As of December 2014, the Pledge has been signed by more than 55 organizations in Sonoma County, including service providers, media outlets, businesses, non-profit groups and government agencies. Public officials including the mayors of Petaluma and Sebastopol, local superintendents of schools and members of city councils across the county also signed the Pledge. The report concluded with an "Agenda for Action," a set of broad policy recommendations that DHS and its allies could implement to improve well-being for the residents of Sonoma and help the county advance towards achieving its health goal. The Agenda included a variety of population-based and place-based recommendations, among them instituting universal high-quality preschool for young children, reducing tobacco use among teens and adults, and encouraging cross-sectoral approaches to improving well-being in communities that scored lowest on the American HD Index (Burd-Sharps & Lewis, 2014).

In the six months since the release of the Portrait, DHS and its allies have rolled out an extensive awareness-building campaign to communicate the findings of the report to audiences across the county and across sectors. DHS staff have made 90 public presentations of the Portrait and its data as of December 2014, addressing other local government entities, community groups, business leaders and the general public. Influential groups in the county such as the Latino Health Forum, Los Cien Sonoma County Latino Leaders and superintendents of Sonoma County public schools have all used or referenced data from the Portrait in events of their own (Dadko, personal interview, December 4, 2014). Copies of the

3) Census tracts are geographic units defined by the US Census Bureau for small-area statistical reporting. Sonoma County has 99 inhabited census tracts with an average population of about 5,000 residents.

report are widely available, including in Spanish translation, and data from the report may be downloaded free of charge from the MoA website. The next steps in the roll-out of the Portrait are to move from awareness building to encouraging local ownership of the data. The final step will be using the Portrait and its data for strategic planning and taking action to reduce health disparities and improve well-being in communities across the county.

There is some evidence that the Portrait is already being put to use to change public policy and organizational programs. Shortly after the release of the Portrait, the county Board of Supervisors, which is the executive branch of the county government, imposed new limits on the use of electronic-cigarettes across Sonoma County (Sun News, June 11, 2014). Although the Board did not directly reference the Portrait's findings about the harms of tobacco use in the county in its decision, this new policy was in line with the Portrait's Agenda for Action recommendation to intensify efforts to reduce tobacco use, based on findings from the report about high tobacco use among teens and adults in some communities across the county. Municipal governments in Sonoma County have followed suit with new tobacco regulations of their own. In October 2014, the community of Healdsburg became the first city in California to raise the minimum age to legally purchase tobacco products from 18 to 21 (Mason, 2014). Another item in the Agenda for Action, making high-quality preschool available across the county, moved closer to realization at a Board of Supervisor's meeting on December 2nd, 2014. Supervisors accepted a report at the meeting that presented a costed model for implementing universal preschool county-wide, indicating their support for moving this plan towards implementation (Sonoma County Board of Supervisors, 2014). MoA analysis of download requests from its website also suggests that a variety of local organizations are using data from the Portrait for grant applications and strategic planning purposes.

Findings from the report have are also being used in novel ways by organizations outside of the coalition that guided its creation and have supported its use. Advocates of instituting a county "living wage" of \$15 per hour have cited figures from the Portrait on the very low median earnings in some Sonoma communities as evidence that a higher minimum wage is needed (Martin, 2014). A local non-profit group is organizing an "urban hike" through the Sonoma census tracts that rank highest and lowest on the HD Index, both of which are located near the city of Santa Rosa. The hike will invite residents from these two communities to explore their respective neighborhoods together with the goal of fostering connections between members of these communities and stimulating discussion about the assets

and challenges of both neighborhoods. Similarly, a Santa Rosa-area high school is planning an exchange for students in these same Santa Rosa communities to visit each other's neighborhoods and schools. Initiatives such as these are intended to "humanize" the data presented in the Portrait and to help build bridges between communities that are close in physical proximity but vastly different in their human development profiles (Dadko, personal interview, December 4, 2014).

Discussion

Measure of America's local-area work in Sonoma provides a case in which local indicators of well-being are helping to prompt and inform coordinated responses to challenges facing the county. Local leaders in Sonoma County wanted the Portrait to help inform and advance their own policy agenda to make Sonoma the healthiest county in California. Through careful planning and organizing on the part of Sonoma DHS, the report was prepared with the input and participation of 47 local leaders in a "Leadership Group" which helped guide the research process and provided feedback on early drafts of the report. *A Portrait of Sonoma County* was also released with 49 signatures on behalf of organizations and 19 influential individuals to the "Pledge of Support." The number of signatories to the Pledge has grown since the launch of the report. The result of this participatory process was significant buy-in and ownership of the report and its findings from a broad cross-section of leaders in the public and private sector across Sonoma.

In Sonoma and in other communities where MoA research has gained traction, responses to disparities in well-being documented by the research have been led by local government entities with significant support from coalitions of non-profit organizations, service providers, businesses and other government agencies. In Sonoma, this coalition began to be carefully assembled by DHS staff from existing networks in the county well before *A Portrait of Sonoma County* was even written. As Superintendent Covey, another local leader who has championed MoA research in Phoenix, Arizona has commented, "there has to be somebody who initiates, who starts the momentum," to address a problem like youth disconnection (McKenna, 2014). In the case under study, that initiator was local government although many of the organizations that are helping to publicize the report's findings and translate the research into action on the ground in Sonoma are non-profits, service providers, media groups and businesses, among others.

Finally, the role of timing and pre-existing momentum for certain policy changes cannot

be ignored in considering why and how MoA local-area research may be having an impact. For example, one policy change that *A Portrait of Sonoma County* encouraged found expression in the decision of the Sonoma County Board of Supervisors to limit tobacco use in the county. Tobacco regulation had already been an elevated issue in the public consciousness in Sonoma since at least January 2014 when the influential American Lung Association, a health lobby group, released an evaluation of local tobacco control regulations that singled-out many communities in Sonoma for their poor performance. The Portrait's findings and recommendations on tobacco regulation may have contributed to this existing momentum in favor of further regulating tobacco use in the county (Dadko, personal interview, December 4, 2014).

Conclusions

This case study and other examples from communities where MoA has worked have provided cases where local-level well-being indicators from MoA research are being used to galvanize cross-community support for new policy initiatives. These indicators have also provided a new tool for community leaders to use in their advocacy, strategic planning and grantmaking. Analysis of these cases suggests that the preliminary impacts MoA research may be having in Sonoma and elsewhere can be attributed to a few key factors. One is the importance of having local elected officials and other community leaders take ownership of the research findings, especially during the research process as in the case of Sonoma County. Local data has helped foster local accountability for the aspects of well-being summarized by MoA research. Local officials who take ownership of the data can then use their "bully pulpit" to further publicize and build awareness of the issues the data speak to and can use their ability to convene other leaders from inside and outside of government to coordinate responses to these challenges (Morris, personal interview, December 5, 2014). Another related factor is the vital role of local government as a driving force for propagating research findings and coordinating responses to the disparities the research revealed in these two cases. This does not however preclude the possibility that a similar role could not be played just as effectively by non-governmental actors. Indeed in Sonoma part of the way that MoA research is moving towards impact has been through the establishment of broad coalitions of organizations including government agencies, community groups and businesses to organize collective action to respond to challenges facing their communities. However, it was local government that initiated and led this coalition-building process.

Choosing research topics that are already the in the public consciousness, or that can be framed in a way that ties into issues already of concern to many in these communities and nationally, may have also helped MoA research gain traction and attention.

It must be stressed however that in very few cases has MoA research specifically been identified as the *cause* of any of the events that have followed the release of the reports mentioned in this paper in the cases presented here. The vast majority of the progress that has been made towards improving the health of all residents of Sonoma County area is due to the extraordinary efforts of individuals and organizations who are working diligently on these issues at the local level.

However, evidence in the case presented here suggests that having actionable data that is accessible to both non-expert citizens and policymakers has been a boon to those working to make change in Sonoma County and in other communities across the United States. For this reason alone, producing local-area data on critical aspects of well-being to facilitate this work at the grassroots level will remain central to the MoA approach to gauging well-being and opportunity in the United States.

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