**National Neighborhood Indicators Partnership Application**

*Thank you for your interest in joining the National Neighborhood Indicators Partnership (NNIP). Please fill out the following application completely along with the data inventory workbook. Submit the entire package to Kathy Pettit, Co-Director of NNIP at* kpettit@urban.org*. If you have any questions you can also reach her at (202) 261-5670.*

**Applicant Organization(s):**

Children’s Optimal Health

**Organization Website:** www.childrensoptimalhealth.org

**Main Contact for NNIP** (Name, Contact information)**:**

Susan Millea, MSW, Ph.D.

Community Systems Analyst

smillea@childrensoptimalhealth.org

1206 W. 38th St.    Suite 4220

Austin, Texas 78705

**Organizational Structure** (University, Community Development Organization, etc.)**:**

Texas Unincorporated Non-profit Association (TUNA)

(This structure allows public and non-profit organizations in Texas to form a separate 501 (c) 3)

**Current Geographic Area of Focus** (e.g. Washington D.C. metropolitan area, Cuyahoga County, etc.)**:**

Austin metro area and Travis County, building out to 5 county area.

**Current Staffing: 1) Total organization size and 2) list of key staff members involved in your indicators work along with a sentence describing their roles:**

Children’s Optimal health has four staff members:

1. Maureen Britton, Executive Director, interfaces with Board of Directors, represents COH at community events and meetings, collaborates with community organizations including Community Action Network (which maintains indicator dashboard)
2. Susan Millea, Community GIS Facilitator, collaborates with community organizations, establishes data sharing agreements and data acquisition, and facilitates community awareness and use of COH services.
3. Mohan Rao, Spatial Data Analyst, oversees GIS mapping and spatial analysis tasks for COH projects and coordinates with partners in requesting data and maps.
4. Lindsey Ripley, Project Manager, manages project progress, approval, and publication, manages finances, and assists with project scoping and establishing legal agreements.

**Current Major Funding** (Funding sources and total organization budget)**:**

Board Member Contributions: 245K

Fee for Service: 15K

Grants: 50K

Total: 310K

**Board/Advisory Board Composition** (List members and affiliations)**:**

Charles Barnett (COH Board Chair), CEO, Seton Family of Hospitals

Dr. Bill Sage (COH Vice Chair), Vice Provost for Health Affairs, University of Texas at Austin

Ellen Balthazar, ED, Any Baby Can

Dr. Meria Carstarphen, Superintendent, Austin Independent School District

Patricia Young, CEO, Central Health

Susan Dawson, ED, E3 Alliance

Drew Scheberle, Senior VP for Education and Talent, Greater Austin Chamber of Commerce

Jeff Thomas, Sr. Vice President/Leslie Sweet, Director of Public Affairs, HEB

Jim Hargrove CEO Housing Authority of the City of Austin

Susan McDowell, ED, Lifeworks

Pete Perialas, CEO, Lone Star Circle of Care

Bob Rutishauser, Workforce Solutions

Bobbie Barker, VP of Grants and Community Programs, St. David’s Foundation

Integrated Care Collaboration

Carlos Rivera, Director of Health and Human Services, City of Austin

Sherri Fleming, Travis County Executive for Health and Human Services and Veterans Service

Dr. Steven Kelder, University of Texas School of Public Health at Austin

Dr. Stephen Pont, The Michael and Susan Dell Center for Healthy Living

**Organizational Mission:**

**Through a commitment to shared data, collaboration, and ongoing communication**, Children’s Optimal Health is a collective leadership initiative to ensure that every child in Central Texas becomes a healthy, productive adult engaged in his or her community. **The goal of COH** is to use visual images to inform policy, improve operations, promote research, and mobilize the community to better the lives of our children and youth.

**Brief History of Organization:**

COH began as an informal collaborative committed to improving the health and well-being of children by working across organizational institutions. Eighty-four agencies came together and identified 4 areas of focus: linking and leveraging our existing resources; coordinating community messaging and education; using technology; and research and best practices to solve community problems. After a year and a half of exploring these areas through task forces, a handful of community leaders identified the need to form a more permanent association.

In 2006 COH held its second community summit adopting task force goals and objectives and in 2007 GIS was identified as an innovative tool to identify community hotspots. COH became a TUNA in 2008 and in 2009 became a 501(c)3 non-profit organization. Since formation, COH has completed several projects on child obesity, young children, child injury, and behavioral health. Each of these projects are made available online and are typically released at a community summit where stakeholders are invited to view, discuss, and plan action steps based on project findings. Our efforts in mapping child obesity and engaging the community were published in *Health Affairs* in March 2010. COH has presented at six national conferences in the last 2 years.

**How does your mission align with the required NNIP partner activities as listed in the cover memo?**

Our mission is directly relevant to the intent of NNIP partner activities. We seek to use our analysis and maps to engage the community to improve practice, impact policy, and encourage research. We work to represent the status of children and families across the entire community, not just low income neighborhoods, helping highlight the disparity that exists across neighborhoods. It also raises community awareness that issues affect families across economic lines, as evidenced in our recent series on youth behavioral health. We are absolutely focused on the direct practical use of data by community members and local leaders to guide decisions, target resources, and monitor outcomes over time. Our published reports clearly establish our capacity and track record for pursing this work.

Our Board members are collaborating partners in each of our projects. These include Seton Family of Hospitals, St. David’s Healthcare Network, St. David’s Foundation, Austin Independent School District, Workforce Solutions, Travis County Human Services and Veteran Services, City of Austin Health and Human Services Department, Central Health (healthcare district), E3 Alliance, Lifeworks, Any Baby Can, University of Texas School of Public Health at Austin, Michael and Susan Dell Center for Healthy Living.

In addition to these, collaborating partners also include United Way Capital Area, Ready by 21 Coalition, Success by 6 Coalition, Catholic Charities of Central Texas, Community Action Network, and others depending on the topic area.

**How do you expect NNIP membership would benefit your organization?**

The greatest benefit for COH is the opportunity to participate in a learning community with others from around the country who are working on similar issues, and facing similar challenges. While that can occur remotely, I think there is significant value in periodic direct contact via the partnership meetings. The one I attended last Spring was really enlightening.

The Austin area has experienced so much rapid demographic change that the 2000 census data was not just irrelevant but misleading for decision makers. That was one of the reasons we set out to build local partnerships to share locally sourced data. With the advent of the 2010 data, and improvements in ACS (five year files), these data are becoming more relevant to our community. We are improving our acquisition and use of these data. NNIP membership would enhance this ability for us in an efficient manner if we can receive appropriate extracts of relevant data from the Urban Institute, so that we do not need to allocate resources for that acquisition.

The opportunity to participate in cross-site projects is intriguing and we would be interested in such participation if we can align the data appropriately and fund participation. I also think a benefit of membership in NNIP for COH is the ability to reference participation as a national standard for the quality of work we engage in. We are still a young organization so the ability to leverage membership in NNIP for purposes of capacity development, fundraising and impact on policy and process improvement are quite attractive.

**How do you see your organization contributing to the NNIP partnership?**

COH can be a strong contributor toward developing a learning community. We can share our knowledge and experience in the development of Data Sharing Agreements with school districts and health care providers for HIPAA and FERPA protected information. Our working areas are relevant to those of NNIP members. We typically represent our proprietary data using a methodology that differs from those who reference geopolitical boundaries (census tract, MSA, County, zip code etc.) because it allows us more granular knowledge of neighborhood status. We can provide information on our methodology for those working with person level data.

We can share regular, periodic updates of the projects we are working on, and can update the NNIP database periodically. We look forward to participation in an NNIP topic area, and to networking with others around the country doing similar work.

***For the next two questions, please include activities that demonstrate 1) facilitation of the use of data by local actors in community building and local policymaking and 2) an emphasis on using information to build the capacities of institutions and residents in distressed neighborhoods.***

**Selected Past and Current Projects on Indicators/Neighborhoods:**

Recent Projects:

* **Childhood Obesity** by neighborhood of residence (multiyear)
	+ Purpose
		- Improve community awareness of child health status related to obesity and obesity-related disease; improve community understanding of child health disparities; drive community action to improve access to healthy nutrition and physical activity for children and families; maintain community awareness and accountability for health status of children and youth with time-series maps reflecting change in health status over time.
	+ Audience
		- School District personnel (AISD and surrounding school districts), AISD School Health Advisory Council (SHAC), non-profit social service providers, after school providers, health providers, faith community, neighborhood organizations, parents, early childhood care providers; School District, City and County elected officials; state legislators
	+ Operations and Policy Relevance
		- Ready by 21 Community Outcome/indicator:
			* All children are physically healthy
				+ % Children in a healthy weight zone (v. obese/overweight)
		- Based on Institute of Medicine report, Texas State Comptroller and other resources, obesity-related disease has severe health and economic impact on US, Texas and Central Texas.
	+ Results/Operational and Policy Changes
		- Convened Community Summit on Childhood Obesity resulted in cross-sector action planning session to improve child health outcomes.
		- Provided an invited presentation to City of Austin Health and Human Services Commission
		- Provided testimony during Texas Legislative session
		- Central Health used maps with legislative district overlay to communicate about health access issues to state and federal, and local policy makers
		- Targeted allocation of resource dollars by City and County to neighborhoods of highest need as demonstrated by maps
		- City planning to include sidewalks and hike/bike trails in targeted neighborhoods
		- AISD School Board included student health as a core value
		- Improved PE curriculum in schools
		- Improved Health education in schools
		- Parental awareness and SHAC advocacy for recess during school day
		- Texas legislative advocacy to continue health data collection by schools
		- Annual time series maps are documenting improved health status (cardiovascular) in youth, especially in targeted high-need neighborhoods
* **Young Children/Families** by neighborhood of residence (initial project and follow-up)
	+ Purpose
		- Raise community awareness of the impact of rapid demographic change in Central Texas (dramatic increase in young families of low income, English Language Learners); support AISD policy decision to provide full day pre-K despite changes in state funding levels, as a mechanism to improve student readiness upon formal school entry; assist community partners that serve young families in understanding where those families are concentrated (demographic shifts); enhance community awareness of the mismatch in service availability: need for early care and education, especially for low income families
	+ Audience
		- School District personnel (AISD and surrounding school districts), AISD School Health Advisory Council (SHAC), non-profit social service providers, after school providers, health providers, faith community, neighborhood organizations, parents, early childhood care providers; School District, City and County elected officials; state legislators
	+ Operations and Policy Relevance
		- Ready by 21 Community Outcome/indicator:
			* All children enter kindergarten prepared to succeed in school
				+ % Children entering Kindergarten meeting regional school readiness standards
		- Texas has the fastest growing rate of young families in the country, and Central Texas’ rate is two-three times that of the state as a whole. Over 50% of births are to lower income families. Local health, education and social service entities are challenged to meet the needs of these families.
		- Economic stressors contribute to high rates of residential and school mobility, which negatively impacts children and families, classrooms, campuses, neighborhoods and communities.
	+ Results/Operational and Policy Changes
		- Convened Community Summit on Young Children and Families with approximately 100 participants across community sectors and organizations.
		- Summit participation by City, County elected officials and state legislators
		- United Way Capital Area/Success by 6 Coalition became key action partner to advocate for improvements in policy and services for young children and their families.
		- Any Baby Can expanded operational outreach when a new neighborhood of need was identified in map (data on need had been obscured by zip code level analysis, neighborhood need became apparent.
		- Participated in follow-up study looking at early developmental measures among children in targeted neighborhoods (using Ages and Stages Questionnaire), collaboration funded by United Way Capital Area grant, with Any Baby Can and WIC Centers.
			* Collaboration with UCLA study of Kindergarten students (using EDI)
			* Outcomes presented at annual Success by 6 planning retreat
			* Strategic Plan for Early Care and Education being finalized
* **Middle School and High School Behavioral Health** (four simultaneous projects: school and neighborhood safety, substance use, school disciplinary issues, clinical mental health and social service provision by zip code)
	+ Purpose
		- Raise community awareness around the complex interactions between early access to health and social services, school readiness, residential stability and the existence of behavioral health issues in older students.
		- Improve access to mental and behavioral health services for children and youth.
		- Reduce reported substance use by youth, improve school and neighborhood safety.
		- Reduce discretionary removals from campus for disciplinary issues.
	+ Audience
		- School District personnel (AISD and surrounding school districts), AISD School Health Advisory Council (SHAC), non-profit social service providers, after school providers, health providers, faith community, local and campus police, juvenile justices and juvenile probation, neighborhood organizations, parents, early childhood care providers; School District, City and County elected officials; state legislators
	+ Operations and Policy Relevance
		- Ready by 21 Community Outcome/Indicator
			* All children will have good mental health and are emotionally resilient
				+ % with problems requiring counseling who receive mental health care
	+ Results/Operations and Policy Changes
		- Convened Community Summit on Child/Youth Behavioral Health with about 95 participants across sectors and organizations. Summit included expert panel with representatives from AISD Program Evaluation, AISD Disciplinary Officer, Police/Gang Prevention, Juvenile Probation and a Community Child Psychiatrist.
			* Action planning activity identified a variety of steps to improve access to care, address disproportionality issues
		- AISD policy change to eliminate discretionary removals from campus for reasons other than safety.
		- Development of a school based mental health pilot to increase access to mental/behavioral health services for youth. Plan is to use Medicaid reimbursement as a revenue stream to partially offset costs of care and create a sustainable model of care.
			* Partners include AISD, City of Austin Health and Human Services Department, Lonestar Circle of Care FQHC, Austin Travis County Integral Care, Seton Family of Hospitals
		- Development of cross-sector collaboration of health, education, mental health and social service providers to improve access to behavioral health care.
		- Improved student survey tool to allow neighborhood level analysis of results.
* **Child Injury: Motor Vehicle and Bike/Pedestrian Accidents**, by location of incident and neighborhood of residence
	+ Purpose
		- Project initiated by Dell Children’s Medical Center Trauma Department as part of on-going research effort to reduce child trauma in Emergency Department
	+ Audience
		- Parents and care-takers of children, those doing child safety outreach, Austin Police Department, pediatricians, child care providers, schools, those who can educate parents and children about child safety issues and proper use of child restraint, bike and pedestrian safety.
	+ Operations and Policy Relevance
		- Ready by 21 Community Outcome/indicator:
			* All children are physically safe
				+ # of injury reports
	+ Results/Operational and Policy Changes
		- Partnered with University of Texas School of Social Work students who did site visits/analysis at sites with high frequency of accidents involving children. Students identified factors contributing to accidents, provided community feedback.
			* APD worked to implement change to improve intersection safety immediately.
			* On-going partnership with City of Austin/APD child safety experts, integration of concerns in planning of hike/bike trails
		- Partnered with Safe Walk to School initiative at a campus in high-need neighborhood and presented map reflecting pedestrian/bike accidents in the neighborhood.
			* Map had high value in getting neighborhood attention to safe driving practices where children typically play in the streets. Commended neighborhood for high rate of helmet use by children riding bikes.
		- Community Summit on Child Motor Vehicle Safety with national speaker is planned for March, 2012.

Some additional examples of the use of COH maps include:

* Identification of newly emerging high need neighborhood with very limited community resources (Colony Park Neighborhood)
* Generally, better community understanding of rapid demographic changes, mobility of low income families, and the need to be facile in targeting resources where the families are.

**Plans for Future** (Broad goals, new projects or topic areas being developed, data acquisition plans, etc.)**:**

* We intend to continue our efforts related to childhood obesity, behavioral health, and the status of very young children.
* We have just completed a project looking at access to afterschool programs (out of school time) for low income families. We would like to repeat that effort when funding and data become available. Currently the maps are being used to identify underserved neighborhoods and community partner advocacy for resource investment.
* We are working on data acquisition to address adequacy of prenatal care and birth outcomes (NICU admits).
* We are in the process of extending our work on childhood obesity to surrounding school districts within Travis County, as well as extending it to neighboring counties.
* We are pursuing a mutual interest with Travis County Juvenile Probation to complete a DSA so that we can look at TCJP referrals by neighborhood of residence in conjunction with neighborhood demographics and assets.

In essence, we are developing high level areas of interest. Within those areas of interest we are engaging in specific projects relative to the availability of funding, data, and community interest.

**List other groups and organizations in your region that collect and disseminate data, including any current or past activities you have collaborated on with them:**

There are a number of other local organizations using administrative data in the Austin Metro area. We collaborate with one another and reference one another’s work. COH distinguishes itself from the others in that in addition to using public administrative data, we develop Data Sharing Agreements with community partners that hold significant proprietary/protected data sets. We acquire that data at the person level. We use this information to map and layer the information in a manner intended to support administrative decision making and neighborhood/community engagement and action on issues, while protecting individual privacy and confidentiality. Our maps are highly valued by our community partners. They are used and cited by local elected officials (City Council, County Commissioners, School Board). One of our challenges is in keeping up with the multiple ways our maps are used in the community.

During this past year, the Community Action Network (a collaborative we partner with) convened what is essentially an interest group that we are calling the Mappers and Planners Group. We are meeting quarterly, and the opportunity for networking has been useful. In addition to COH, organizational participants include the following: Capital Area Council of Governments/CAPCOG, City of Austin Planning Department, Travis County Research and Planning, Austin Independent School District, Capital Area Metropolitan Planning Organization/CAMPO, Austin Travis County Health and Human Services, Central Health (Travis Co. Healthcare District), Integrated Care Collaboration, Capital Metro (Transportation Authority), Williamson Co. Indicators Alliance, Hays Co. Planning, Austin Energy, United Way, Pflugerville Independent School District, Austin Community College, and others.

**References (3) and contact information:**

1. Sue Carpenter

United Way Capital Area

Senior Director for Education

(Early Childhood Development, Success by Six)

1. Laura Morrison

Austin City Council

Member Place 4

1. Vanessa Sarria

Community Action Network

Executive Director

***Please attach a completed Data Inventory with this application.***