PROFILE OF COMMUNITY-WIDE OUTCOMES IN ALBANY, RENSSELAER AND SARATOGA COUNTIES

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January, 2001

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Prepared for:
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SUMMARY

In recent years a national movement has emerged to develop community-wide priority outcomes or performance targets, and to document community progress against a set of defined outcomes/ targets and related indicators and measures of success. The United Way of Northeastern New York, Inc. – representing the counties of Albany, Rensselaer and Saratoga – has taken the lead to develop such outcomes and measures to track how well the three-county community is doing in addressing selected community needs.

The United Way has defined six priority *Focus Areas* – Family Care, Youth, Basic Needs, Community Development, Elder Care, and Health – in which the community is investing considerable financial and volunteer resources to effect improved outcomes throughout the region. As part of an area wide needs assessment process, the United Way has initiated this three-county community profile of progress against priority outcomes in those six areas.

CGR (the Center for Governmental Research Inc.) has worked over the past several months with the United Way of Northeastern New York (UWNENY) to develop and produce this first, or baseline, community-wide profile. The profile was designed to objectively assess, on a periodic basis, changes over time in the region's "well-being" across the six broad Focus Areas and 25 specific "Issue Areas" which further define them.

Purpose of the Community Profile

The community profile is designed to provide objective information necessary for the community to make informed decisions on an ongoing basis about priorities and strategies. It also provides information needed to shape the community investments, policies and service provision initiatives most likely to have the greatest positive impact on the future well-being of the three-county region.

As the community invests its valuable and finite resources in priority areas, and defines the outcomes it expects as a result of those investments, it ultimately needs to be able to determine what impact the investments are having. Thus, the community needs to be able to measure progress against the desired outcomes over time, thereby allowing for an assessment of where the community is on track in improving outcomes and where corrective actions may be needed in the future. By periodically gathering and analyzing in one document the agreed-upon community-wide outcomes and measures, the profile helps enable the community to assess on a comprehensive basis the extent to which it is effecting change across the region and on a county-by-county basis in the six priority Focus Areas. Thus, *in order to have maximum value, this baseline document should be updated every two or three years, so that the community can objectively track progress against desired outcomes and goals.*

To supplement the profile and the measures included in it, CGR also obtained input from more than 40 selected community leaders/stakeholders concerning the following: their perceptions of unmet community needs and opportunities; priority issues facing the region as a whole and its individual counties; any need for changes in emphasis in the six United Way Focus Areas; and opportunities for new initiatives and partnerships.

Even though the United Way commissioned this project, and will begin immediately to use the information to help shape allocations decisions, it is important to emphasize that *the data, observations, conclusions and many of the specific recommendations for consideration should have just as much direct pertinence and value for various sectors of the larger community as they have for the United Way. Indeed, many, if not most, of the issues discussed in the profile cannot be adequately solved by the United Way (and its individual member agencies) working in isolation from the rest of the*

community. Thus the intent of this document in the final analysis is to stimulate broad community discussion and ultimate action around a variety of priority issues facing the region.

This Summary highlights the major findings from the analysis of more than 90 community outcome measures and from the stakeholder interviews. It also summarizes a few of the many recommendations and suggestions offered in the full report. Among those recommendations is one that *this Summary should be widely distributed to interested parties throughout the region.* The major findings are organized by the six Focus Areas, preceded by several cross-cutting issues that transcend, and potentially affect, each of the Focus Areas.

Infrastructure

Stakeholders consistently raised the following issues as major unmet or insufficiently-addressed needs in the three-county region:

❖ Transportation and access to services, with particular concerns about access to jobs, especially for those in urban and rural areas who are attempting to access growing numbers of jobs in often-difficult-to-access suburban locations.

❖ A number of stakeholders mentioned the need for expanded housing opportunities in the region, with particular emphasis on increased distribution of subsidized low-income housing and subsidized congregate living housing for the growing numbers of older residents, especially in Saratoga County.

❖ Although there are positive aspects of the regional economy, several stakeholders expressed concerns about the lack of a regional economic identity or focus, and about the fact that most of the economic growth in the past decade has been in relatively low-wage jobs in the service and retail sectors, often in locations that are relatively inaccessible to many who are most in need of the jobs.

Overall Service Delivery

Stakeholders frequently commented on the need for better coordination of services within and between both public sector and non-profit service providing agencies. There is a perceived need to do a better job of maximizing available resources through

greater agency and program internal efficiencies, reduced duplication of services, increased evidence of pooling resources across agencies and programs, and breakdowns of categorical funding restrictions.

Many stakeholders also cited the need for more focus on preventive and early intervention services, and for expanding resources devoted to such initiatives over time.

Family Care Focus Area

The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ With the exception of infant mortality, where some progress has been made in recent years, measures reflecting healthy birth outcomes and early childhood development have shown little improvement over time, and the region consistently falls short of meeting national Year 2000 Healthy People goals. Public officials particularly emphasized the need for more community focus on healthy births and related preventive approaches.

❖ Stakeholders also emphasized the need for more adequate, affordable child care, particularly during non-traditional hours such as evenings and weekends. There are also increasing reports of children entering child care programs with significant behavior problems and inadequate social skills.

❖ The numbers of children receiving preventive services, placed in foster care, and involved in PINS cases have all been relatively stable in recent years, but those stable numbers involve thousands of families and children. Furthermore, the numbers of reported cases of domestic violence and indicated child abuse and neglect cases have both increased significantly since the early 1990s, with several stakeholders in particular pointing to the increasing evidence of the impact of domestic violence on the behavior of children.

❖ The region has improved in such family-related economic measures as increased per capita personal income, reduced

public assistance caseloads, and reduced unemployment rates (consistently well below the Upstate rates).

❖ In general, Albany County has consistently exhibited the worst performance on most family care measures, with Rensselaer in the middle and Saratoga the best. However, Saratoga ranked lower on such measures as per capita income, unemployment, and domestic violence, and its child abuse and neglect rates have increased more rapidly in recent years than those of the other counties. Rensselaer has the worst regional rates on measures such as early prenatal care, PINS cases, unemployment rates and per capita income levels.

❖ Insufficient parenting skills were mentioned by a number of stakeholders as a major problem facing the community.

Youth Focus Area

The following observations and conclusions, in addition to youth-related issues raised in the Family Care section, are suggested by community outcome data and stakeholder perceptions:

❖ Youth in the region typically attend school at relatively high rates, exhibit low and declining dropout rates, and more than 80% plan to continue on with post-secondary education. While in school, most appear to perform well academically in elementary school, although seemingly at somewhat lower levels beginning in middle school, as indicated by the first two years of the State's new test/ performance standards. School suspensions have declined in middle schools and remained fairly constant in high schools in recent years. However, suspensions have almost doubled in elementary schools, to almost 1,200 suspensions during the last school year, primarily in Rensselaer and Albany counties.

❖ Rates of teen pregnancy and sexually transmitted diseases have declined dramatically throughout the region in recent years.

❖ The region's rates of youth arrests, though declining, remain well above Upstate rates, as do rates of Juvenile Delinquency and PINS case openings. Despite the statistical decline in youth arrests, several stakeholders expressed alarm at the increases in recent years in gang-related activities, violence, and drug trafficking among youth in the Albany and Troy urban areas.

❖ In general, Rensselaer County has the worst performance on most of the youth outcome measures, though it has the lowest youth arrest rates. Conversely, Saratoga, with the best performance on most youth measures, has relatively high youth arrest rates and teen suicide rates. Albany demonstrates relatively good performance on several of the educational measures, but has the highest youth arrest and JD rates and typically has higher rates on the sexuality-related measures.

❖ Although reliable data were typically not available to confirm or refute the perceptions of the stakeholders on unmet or insufficiently-addressed youth needs, they expressed strong concerns about several issues. The concern raised most frequently was the need for expanded formal after-school programs to reduce the amount of unstructured, unsupervised time after school.

❖ Most stakeholders perceive a gap in the number of positive, structured activities for youth, particularly older youth 15 or 16 and older. There are perceived to be few mentoring programs and few opportunities for youth and adults to work together on constructive volunteer/ community service opportunities, or for youth in general to find opportunities to make positive contributions to the larger community. Service gaps in general are viewed as being particularly pronounced in urban areas, especially among minority youth.

❖ Gaps are perceived in services to address needs of runaway and homeless youth.

❖ There are concerns about the number of children and older youth who, for a variety of reasons, are not regularly seen

by a primary care physician. There is also a perceived gap in mental health and basic counseling types of services for young people throughout the region.

Basic Needs Focus Area

The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ Although welfare and food stamp rolls have declined by significant amounts in recent years, other poverty estimates suggest that the numbers of people living below poverty may have increased since the early 1990s. In particular, the number of poor children, as measured by the number of school children eligible for the free and reduced price lunch program in area schools, has increased by almost half since 1991 to 29% of the region's school enrollment – more than 31,000 students.

❖ Economic circumstances appear to be improving for many in the region, as unemployment rates are consistently 2 percentage points lower than in the early 1990s. Per capita income continues to increase, although it lags behind Upstate levels by about $2,000. Thus people are finding jobs, and are being paid at higher wages than a few years ago, but wages in these jobs may not be comparable to wages in other Upstate areas.

❖ Albany County leads the region by a substantial margin on per capita personal income and consistently has the lowest unemployment rates of all three counties, yet also has the highest proportions of people on public assistance and the free/reduced lunch program. By contrast, Saratoga has the lowest poverty and free/reduced lunch rates, and the smallest public assistance and food stamp rolls, but it lags behind Albany on unemployment and per capita income measures, and has recently experienced increases of more than 60% in the numbers of people receiving emergency food. Rensselaer ranks at the bottom or in the middle of the region on most economic measures, and consistently has the highest unemployment rates and lowest per capita income level in the region.

❖ Stakeholders perceive that more support services are needed for individuals and families in the process of making the transition from welfare rolls to work and self-sufficiency. For example, child care may not be easily available when it is needed during non-traditional (evening and weekend) child care hours.

❖ Moreover, in a number of cases, it is perceived by several stakeholders that those moving off welfare are not always made aware of, or encouraged to follow up on, the opportunities to continue to obtain Medicaid coverage and to receive food stamps for which they remain eligible. Although cause and effect cannot be determined, it is worth noting that the numbers of people receiving emergency food from various "food pantry" agencies has increased since 1996 by 8.5%.

❖ Particular concerns were raised as to how well prepared the area is for dealing with the impact of the impending five-year limit on lifetime enrollment on public assistance rolls. There is a sense from stakeholders that relatively little has been done to prepare for these transitions, and that more supports may need to be put in place to facilitate entry for as many of these cases as possible into the world of work.

Community Development Focus Area

The following observations and conclusions are suggested by community outcome data and stakeholder perceptions of how the region is doing on a series of broadly-defined "quality of life" measures:

❖ Despite substantial manufacturing job losses, the region has experienced modest growth of about 9,600 in the number of jobs over the past decade, with virtually all the net growth in Saratoga County. Job growth has been most prominent in the generally-lower-paying service sector (compared with most manufacturing jobs), with an increase of about 20,000 new service sector jobs helping to offset losses in other sectors. Unemployment rates remain consistently low throughout the region.

❖ Estimates suggest that as many as 35 to 40 percent of the region's adults may not meet basic literacy standards,

suggesting the possible need for increased attention to adult literacy issues in the future.

❖ Many stakeholders expressed concerns about: (1) the perceived mismatch between the skills of many in the workforce and the skills needed to successfully acquire and be successful in the region's available jobs, and (2) a mismatch in many cases between where the jobs are located and where many potential jobseekers live. Particular concerns were expressed about the relatively high unemployment rates and inadequate work skills of many Troy and Albany city residents.

❖ Job placements for people with disabilities have increased across the region since the mid-1990s, particularly in competitive employment opportunities. During that time, each year between about 135 and 150 people with disabilities have been able to move from welfare rolls to jobs after receiving VESID vocational and educational services.

❖ Reported serious crime rates have declined significantly in recent years, as have youth arrest rates. However, both sets of rates remain consistently higher than overall Upstate rates. Reported cases of domestic violence have increased substantially in recent years throughout the region. Public officials and service provider stakeholders suggested that the community needs to focus more on reducing violence in the region, especially among youth.

❖ Although formal mechanisms exist in the region to address conflicts and disputes between various parties, the proportion of cases successfully resolved through these conflict resolution mechanisms has steadily declined over the past few years from 65 percent to about 35 to 40 percent.

❖ Rensselaer County has the lowest adult educational levels and consistently has the highest unemployment rates, but it also has maintained the lowest youth arrest rates and the lowest levels of reported domestic violence. Albany is at or near the bottom on all the crime measures, yet it has the

lowest unemployment rate and the highest level of successful dispute resolutions. Saratoga, while having the best record of job growth and consistently low crime rates overall, has less desirable youth arrest, reported domestic violence, and unemployment rates, and has the lowest ratio of successfully resolved dispute resolution cases.

Elder Care Focus Area

The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ Since 1990, the 65 and older population has remained virtually constant in Rensselaer and Albany Counties, but in Saratoga, the 65+ population has grown by more than 4,000 (+22%), to almost 23,000 people in that age group. The fastest growing segment of the senior population is among those 85 and older; within that age group, the regional population has increased by about 30%, to an estimated 1999 total of about 11,500. The 85+ population has increased by about 25% in both Albany and Rensselaer Counties, and by almost 50% in Saratoga.

❖ About 8% of the region's seniors in 1990 lived below the poverty level; for those 75 and older, the proportion increased to about 11%. Updated information is needed from the 2000 Census. The number of seniors receiving Supplemental Security Income has declined slightly in recent years to about 2,600 people, or about 3% of the region's senior population – less than the comparable Upstate NY rate.

❖ About 30% of all seniors lived alone in 1990, and the percentages increase with age. This proportion is significantly higher than the Upstate rate, and may well prove to be higher when the 2000 Census data are released.

❖ During the 1990s, the number of meals served in congregate settings for seniors, and the numbers of people 60 and older served those meals, declined by 11% and 25%, respectively, across the region. Simultaneously, the number of home-delivered meals and the numbers of

individuals receiving them *increased* by 40% and 37%, respectively. Overall, the total numbers of meals served by both approaches increased 18%, although total numbers of individuals served declined by almost 3%. More people are served in congregate settings, but more separate meals are delivered directly to peoples' homes.

❖ Senior mortality rates have been relatively stable during the past decade. Senior suicides have declined significantly from the first half of the 1990s to the latter half.

❖ Several stakeholders suggested that there is a growing need for more subsidized housing for seniors; reportedly there are already long waiting lists, which are expected to grow as the population ages. In particular, service providers noted the need for more middle-income senior congregate housing/independent living units with support services.

❖ Stakeholders suggested that one of the major issues likely to need significant attention in the near future has to do with the growing numbers of people who will be acting as caregivers for older parents. Many of these caregivers also will have responsibilities for raising their own children, and thus will be part of a growing "sandwich generation."

Health Care Focus Area

The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ What can be measured suggests that the three-county region is doing quite well in addressing a number of health-related issues: The incidence of AIDS has begun to decline in recent years. Morbidity and STD rates are all down and well below (better than) national Healthy People 2000 goals. Mortality rates are stable, and some appear to be declining, and the impact of alcohol on highway crashes and fatalities has declined.

❖ On the other hand, there is much we do not know about the region's health status. For example, we know far too little about the overall incidence of substance abuse and

mental illness in the community, and about the impact of related treatments and services other than facility-based treatments. We know far too little about a variety of disabilities and their impact on residents of the community, and about how people overcome the negative impacts of those disabilities. And we know little, except anecdotally, about how changes in peoples' lifestyle decisions might further improve bottom-line mortality health measures. These gaps in our knowledge are important to recognize and hopefully address if the community is to continue to make progress in building on its already impressive health status.

❖ Stakeholders noted that, due primarily to other employment options in the current economy, there has been a consistent recent shortage of health care personnel such as home health aides and CNAs, which has had significant implications for the provision of community-based health care.

❖ Frequently, concerns were expressed about access to health care for the working poor, particularly those in jobs offering few if any health care benefits. Particular concerns were expressed for health care coverage for children.

❖ Mental health services for the poor are generally considered to be insufficient, particularly services for children and youth. Crisis services are perceived to be available as needed, but preventive services, counseling, and ongoing mental health services are typically insufficiently funded to meet the needs.

❖ Increased community education is needed about the impact healthy lifestyles can have on reducing cardiovascular and stroke morbidity and mortality.

❖ Alcohol-related crashes have declined from their peak level in 1990, although the total number has begun to slowly increase again over the past few years. Fatalities have been reduced from an average of 26 at the beginning of the decade to about 10 a year since then.

Selected Recommendations and Suggestions for Consideration

Among the profile report's many recommendations and suggestions for United Way and community consideration are the following:

❖ *This community profile and assessment of needs should be updated every two or three years*, to enable the community to track progress against priority goals and outcomes.

❖ *Increasingly, funders should emphasize programs and services that promote prevention and early intervention*, including initiatives focusing on improving healthy birth outcomes, early and continuing access to primary health care, provision of early childhood development and of early intervention with children when problems first surface, promotion of healthy lifestyle behaviors at childhood to help improve long-term health outcomes, etc.

❖ *Increasingly, funders should promote programs and services that emphasize and show evidence of collaboration, co-location where appropriate, and internal and cross-agency efficiencies*, e.g., sharing of administrative services.

❖ *All sectors of the community should consider how they can work together, in complementary approaches, to stimulate the development of a broad community asset-building approach throughout the region.* Such strength-based approaches could ultimately be helpful in strengthening youth and family values and self-sufficiency, in preventing problems, and in improving a number of community outcome measures affecting youth and families.

❖ *More positive supportive services and adult role models and mentoring programs for youth are needed in all areas of the region, but particularly in urban neighborhoods.* More outreach workers may need to be deployed to reach "kids on the street."

❖ *There is a perceived need by many for expanded opportunities for youth and their parents to experience and practice conflict resolution, anger management and other approaches to resolving problems in non-violent ways.*

❖ *The community should focus on how to provide opportunities for youth to feel valued by adults, and to have constructive opportunities available to work with adults and/or with their peers in various community service activities.* Leaders within the faith community should be challenged to find ways to reach more youth through various constructive activities.

❖ *As the baby boom population reaches "senior status," there is likely to be increasing demand for various services for the older segment of the population.*

❖ Part of the public appeal for raising additional United Way contribution dollars should increasingly be to *emphasize big collaborative projects and/or new initiatives with the potential for having a significant impact on some major identified priority problems facing the community. Ideally such appeals should be done in conjunction with other funders in the community*, rather than the United Way acting unilaterally, so that potential givers understand the leveraging and synergistic impact of their donations.

❖ *Ideally, the UW should set aside funds each year, either on its own, or preferably with other funders, to establish and maintain a New Initiatives Fund.* The intent would be to challenge groups to come up with new approaches and then come to the United Way or other funders, or a combined fund, to seek dollars to implement the proposed innovative approaches on a pilot project basis.

❖ *A goal for the UW should ideally be to fund more collaboratives and fewer individual agencies in the future.* When soliciting proposals, preference should be given to applicants that work as part of a collaborative to address defined issues, and perhaps collaboration should even be *required* as a condition of receiving funding.

❖ *To the extent that the UW continues to fund existing programs, they should be geared to meet specified community needs, based on priorities set after careful review of the community profile and needs assessment data*, and agencies should be invited to respond to those priorities. Existing agencies may continue to be funded, but the *funding should be more directly linked to specific priorities*

and how the services would impact on those priority needs, and the funding may be more related to demonstrated collaborative efforts.

❖ *Ideally, future funding of individual programs or services, or of multi-provider collaboratives, should be put on a multi-year funding cycle.*

❖ Ideally*, in the future the United Way should be more in the forefront of developing new initiatives and providing leadership in responding to emerging or expanding priority community needs.* The UW should actively explore community needs, building on the community profile efforts, and it should take the lead where appropriate in convening key community leaders and governmental officials on a more regular and extensive basis to explore future opportunities.

❖ There are opportunities for greater collaboration and cooperative efforts between local and state governments and the United Way. *The UW should increasingly serve as a coordinator to bring the public sector, faith community, business community, educational community, non-profit service providers, and volunteer sectors together to expand/enhance service provision, help to access public funds, and develop new approaches to address unmet needs.*

❖ CGR believes that *an expanded role for the United Way would have a significant impact in increasing the ability of the community to successfully tackle a variety of difficult issues – in collaboration with leaders/stakeholders in all sectors of the region, who must also step forward and agree to become active partners in the process.*

❖ *Whether it be representatives of the public sector, the business community, the faith community, schools, grantmakers/funders, service providers, youth, or other groups, each has a role to play in working collaboratively to strengthen the regional community.* It is hoped that this document, by helping to focus community attention on a number of issues which need attention (and often, but not always, new financial resources), will help stimulate a wide range of community stakeholders to begin to develop and undertake new initiatives and creative new partnerships in response to documented community priorities and unmet needs.

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ACKNOWLEDGMENTS

CGR gratefully acknowledges the leadership and vision of the United Way of Northeastern New York, Inc. in undertaking this project and understanding the implications a project of this type could have in mobilizing community resources to tackle priority issues facing the region. United Way President Katherine Pelham and Executive Vice President Bruce Stanley understood the potential value and opportunities that could result from this effort from the beginning, and were instrumental in making it happen. Bruce and Community Building Associate Monica Keith were CGR's primary liaisons throughout the project, and we are grateful for their many helpful suggestions, insights, logistics assistance, good humor and other contributions too numerous to mention, without which this project could not have been successfully completed. We also had the good fortune to work with a wonderful volunteer oversight committee, the UW's Community Building Committee, chaired by Paul Hoole, whose members challenged us, asked tough questions, offered many constructive suggestions, listened carefully and responded to our requests, and in general made many contributions which strengthened this document, and who deserve much of the credit for its successful completion – and who will energetically work to assure that the report's recommendations will be addressed by the regional community. Finally, we are very grateful for the unfailingly helpful responses we received to our requests for data from numerous State and local officials, and for the community stakeholders who were generous with their time, insights, and thoughtful suggestions.

Staff Team

Although this project was directed by Donald E. Pryor, CGR's Director of Human Services Analysis, much of the credit for completion of the document goes to Shalini Sarin and Kimberly Hood, who were responsible for most of the data collection and analysis efforts, and who wrote much of the report itself.

I. INTRODUCTION AND METHODOLOGY

Background

In recent years a national movement has emerged to develop community-wide priority outcomes or performance targets, and to document community progress against a set of defined outcomes/ targets and related indicators and measures of success. The United Way of Northeastern New York, Inc. – representing the counties of Albany, Rensselaer and Saratoga – has taken the lead to develop such outcomes and measures to track how well the three-county community is doing in addressing selected community needs.

The United Way has defined six priority *Focus Areas* – Family Care, Youth, Basic Needs, Community Development, Elder Care, and Health – in which the community is investing considerable financial and volunteer resources to effect improved outcomes throughout the region. As part of an areawide needs assessment process, the United Way has initiated this three-county community profile of progress against those priorities.

CGR (the Center for Governmental Research Inc.) has worked over the past several months with the United Way of Northeastern New York to develop and produce this first, or baseline, community-wide profile. The profile was designed to objectively assess, on a periodic basis, changes over time in the region's "well-being" across the six broad Focus Areas and 25 specific "Issue Areas" which further define them.

Purpose of the Community Profile

Why is this effort important? Why is the production of a profile of community-wide measures worth undertaking? As the community invests its valuable and finite resources in priority areas, and defines the outcomes it expects as a result of those investments, it ultimately needs to be able to determine what impact the investments are having. Thus, the community needs to be able to measure progress against the desired outcomes over time, thereby allowing for an assessment of where the community is on track in improving outcomes and where corrective actions may be needed in the future. By periodically gathering and analyzing in one document the agreed-upon community-wide outcomes and measures, the profile helps enable the community to assess on a comprehensive basis the extent to which it is

effecting change regionally and on a county-by-county basis in the six priority Focus Areas. Thus, in order to have maximum value, this baseline document should be updated every two or three years, so that the community can objectively track progress against desired outcomes and goals. More specifically, the purposes of the community profile include the following:

❖ To provide an objective assessment of how well the region as a whole, and its individual counties, are doing in achieving desired outcomes and an improved quality of life for the region's residents in each of the defined Focus Areas;

❖ To educate and inform the community as a whole (and its leaders, policymakers, funders, donors, planners, service providers) about the degree of progress against desired outcomes;

❖ To measure changes in community outcomes over time, and to compare progress where possible against upstate New York data and relevant national goals;

❖ To provide the United Way, and ultimately the larger community, with the information necessary to understand and track human service needs by Issue Area, and to set allocation targets for each United Way Allocations Panel;

❖ To guide United Way Board policy on funding and program priorities.

In short, the community profile is designed to provide dispassionate diagnostic information necessary for the community to make informed decisions on an ongoing basis about priorities and strategies. It also provides information needed to shape the community investments, policies and service provision initiatives most likely to have the greatest positive impact on the future well-being of the three-county community covered by the United Way of Northeastern New York (UWNENY).

Even though the United Way commissioned this project, and will begin immediately to use the information to help shape allocations decisions, it is important to emphasize that the data, observations,

conclusions and many of the specific suggestions for consideration should have just as much direct pertinence and value for various sectors of the larger community as they have for the United Way. Indeed, many, if not most, of the issues discussed in this document cannot be adequately addressed by the United Way and its individual member agencies working in isolation from the rest of the community. Thus the intent of this document in the final analysis is to stimulate broad community discussion and ultimate action around a variety of priority issues facing the region.

Project Methodology

CGR has worked closely with key United Way staff and with the volunteers on the UW Community Building Committee (CBC) to design the approaches used throughout this project. United Way staff and volunteers conceptualized the community profile/ community assessment project, developed the outcome/goal statements for each of the 25 Issue Areas, and worked closely with providers, community experts and CGR to determine the measures ultimately included in this document.

Determination and Analysis of Measures

Based on outcome measures developed by New York State agencies, and experiences with other communities throughout the state, CGR proposed a number of measures for possible inclusion in the profile. In addition, the United Way staff and CBC suggested possible measures, and the United Way solicited suggestions from various governmental agencies, service providers, planners and other experts in various fields. More than 200 possible measures were assessed against a series of criteria to determine whether they should be included in the profile document. Only measures that provided *community-wide data* were considered for inclusion; that is, data that only pertained to individual agencies or programs, and that could not be collected and analyzed for the larger community, were not included.

In determining the final list of more than 90 measures that are included in the profile, two criteria were especially important: the practical feasibility of collecting and tracking the measure over time; and the ready availability of, and ability to easily access and analyze, the data. Only existing measures were considered for inclusion, as the project was not able to devote resources to developing new measures from scratch. This meant that in some of the 25 Issue Areas of concern to the United Way, few if any

viable measures were identified. To the extent that this is the case, such data gaps are noted in the appropriate Focus Area chapters that follow, in hopes that concerted efforts may be undertaken in the future to develop viable, useful measures in those areas.

Once the measures were agreed upon by CGR and the United Way, data were collected from the appropriate state and local agencies, entered into a database, analyzed and displayed in tables and graphs. The format for presenting the data is described below. The sources for all measures are cited at appropriate places in the report. Where possible, we used New York State sources of data, rather than collecting data from each individual county, in order to ensure, as much as possible, consistent definitions and reporting across counties, and to enable us to make consistent and reliable comparisons with Upstate New York counties.

It should be noted in reviewing the data that there are few "perfect" measures. Nearly all have some flaws and limitations. Nonetheless, CGR is comfortable that the measures, individually and collectively, have enough positive attributes and value to offset any limitations. In some cases, there are several measures that are adequate, but none that are perfect reflections by themselves of a particular outcome or Issue Area. In those instances, several measures have been used to cumulatively "capture the essence" of that outcome.

In that context, it is also important to note that no single measure should be reviewed in isolation without putting it into a larger context. Rarely does a single measure – or even a group of measures – in isolation tell a story that sufficiently explains the community's progress or lack of progress around a particular outcome or Issue Area. Without discussing the interrelationship of different measures, the presentation of the measures is likely to be relatively unhelpful to the community, and worse, some data could potentially be misinterpreted or taken out of context, resulting in misleading conclusions. Thus, it is important to keep in mind not just each individual measure under consideration, but also how combinations of measures across Issue Areas may interact to convey a picture of progress or lack thereof in a given area. This underscores the importance of the summary

interpretive discussions included at the beginning and end of each of the six Focus Area chapters.

Finally, a reminder that even the best combination of measures is only one of many decision-making tools, albeit a useful one, available to funders, service providers, planners and policymakers. Thus this document is not meant to substitute for the experiences and judgments of community leaders, or to prescribe specific solutions for issues facing the community. Rather, the document should be used as an important supplementary tool to help identify areas where the community appears to be doing well, along with issues needing further attention.

Contents and Format of Community Profile

For each measure ultimately included in this profile document, data are presented in "reader-friendly" graphs, which emphasize documentation of trends and rates for each county and for the region as a whole. More specifically, this profile includes the following:

❖ For each measure, the core information is presented in a consistent format, with a graph and an analytical narrative which includes four brief sections: **Definition** of the measure; **Trends** in the data over time; **Comparisons** with Upstate New York data and, in a few cases, with pertinent available national goals; and **Caveats** that readers should be aware of when interpreting the data. Several measures are applicable to outcomes in more than one Focus Area. In such cases, the graph and narrative are presented separately in each Focus Area. We have built in the redundancy so that those focusing on a particular Focus Area will have ready access to all measures affecting that area.

❖ More detailed data tables for each measure are presented by county and for the overall region in an appendix, which includes the raw data on which the graphs are based.

❖ Baseline data are presented for 1999, or the most recent year available. Where readily available, historical data as far back as 1990, or as close to that as possible, are presented

in the graphs and tables for initial trending purposes. Future community profiles would be trended against this initial profile's baseline data. It should be noted that caution should be exercised in analyzing trends, so that conclusions not be drawn based on fluctuations in data from one year to the next. *Year-to-year fluctuations, even if substantial, typically are not sufficiently reliable for planning and assessment purposes.* Thus we have noted cautions wherever appropriate about not attributing too much significance to changes that only occur across a year or two. For us to suggest that a trend exists (e.g., "a particular measure has increased/decreased significantly over time"), there must typically be a clear pattern of consistent movement of a measure in the same direction over several years.

❖ Upstate New York comparison data are presented where readily available. Such benchmark data also include, in a few cases, national goals or standards such as the Healthy People 2000 national goals.

❖ At the beginning of the chapters for each of the six Focus Areas, we list the included Issue Areas for each, and their corresponding desired outcome or goal statements. In addition, a summary is presented of trends across the various measures and specific Issue Areas that make up each broad Focus Area. These summary discussions include overall conclusions and interpretations of significant themes or directions. At the end of each Focus Area chapter, following the presentation of the individual measures, a section of "Implications and Community Discussion Points" suggests areas in which new initiatives, policies and/or funding or programmatic strategies may need to be considered by the community in the future. Such summary trends, implications and "community discussion points" are intended to stimulate United Way and overall community thinking around the issues dealt with in each Focus Area.

❖ The executive summary at the beginning of this document highlights the profile's major themes, trends and issues that cut across outcomes and Focus Areas.

Key Stakeholder Perceptions

To supplement the profile and the measures included in it, CGR also obtained input from selected community leaders/stakeholders concerning the following: their perceptions of unmet community needs and opportunities; priority issues facing the region as a whole and its individual counties; United Way and other community resources currently available vs. those needed in the future to respond to those needs; suggestions as to how those resources should be developed and/or allocated; any need for changes in emphasis in the six United Way Focus Areas; and opportunities for new initiatives and partnerships.

This process focused on individual and group interviews with key stakeholders/community leaders selected in conjunction with the United Way. Those interviewed included key city and county elected officials, representative county government department heads, non-profit service provider executives, key local funders, selected United Way donors, local leaders of the business and religious/faith communities, etc. Almost 40 key stakeholders were interviewed during the project. Summaries of the findings from those interviewed are presented in Chapter VIII, following the presentation of the profile data on outcome measures. Some of the issues and views raised in those discussions are also woven into the summary discussions at the end of each of the Focus Area chapters, to the extent that they add useful perspective to the data.

A Word About the Three Counties

To put what follows in perspective, the three UWNENY counties together have an overall 1999 population, as estimated by the Census Bureau, of 643,184 – an increase of 14,686 (+ 2.3%) from 1990. However, two of the counties have actually lost population during that period, according to the estimates: Albany, with a decline of almost 800 to a 1999 estimated population of 292,006, and Rensselaer, with an estimated decline of almost 3,000 to an estimated 151,445 people in 1999. By contrast, Saratoga's population increased by almost 18,500 (+ 10.2%) to a 1999 estimate of 199,733 people.

All three counties have experienced growth in the population between the ages of 45 and 64. Overall, the region has grown since 1990 by almost 21,500 people in that age range (+ 18.5%), to a total of about 137,000 residents. Albany and Rensselaer both have experienced increases of about 15% in that age range, with

Saratoga increasing by an estimated 27.5% since 1990. The 65 and older population in Albany and Rensselaer grew by a minuscule 1% in each county, but in Saratoga, those 65 and older increased by more than 4,000 (+ 22%), to almost 23,000 people in that age range. Among those 85 and older, the regional population has increased by about 30%, to an estimated 1999 total of about 11,500. The 85+ population has increased by about 25% in both Albany and Rensselaer counties, and by almost 50% in Saratoga.

Outline of Community Profile Document

Chapters II through VII of this document present the measures and interpretive/broad themes discussions for each of the six Focus Areas, in the following order: Family Care, Youth, Basic Needs, Community Development, Elder Care, and Health. Chapter VIII discusses the results of the key stakeholder interviews. Chapter IX provides a summary discussion of major conclusions, along with CGR's suggestions and recommendations resulting from our interpretation of the data. The appendix includes the detailed tabular data on which the graphs are based.

II. FAMILY CARE FOCUS AREA

Introduction

This first Focus Area is designed to track how well the community is doing in developing and maintaining strong, stable family units. Within this broad Focus Area, there are four subsets, or Issue Areas: Child Care, Abuse and Neglect, Domestic Violence, and Family Dysfunction. The United Way of Northeastern New York (UWNENY) believes the following outcome or goal statements are appropriate for the community for each of the four Issue Areas:

Child Care: A community where there is safe, affordable and accessible child care available to all who are in need of it. (This Issue Area has also been more broadly defined to include the creation of an environment in which young children are born healthy and develop and thrive at levels appropriate to their age.)

Abuse and Neglect: A community in which the infliction of injury, physical or psychological abuse or neglect of a dependent individual – principally occurring within families or households, or individuals involved in an established relationship – does not occur.

Domestic Violence: A community where there is no domestic violence and where comprehensive support services exist to help victims maintain a life free of violence.

Family Dysfunction: A community where a family can learn to cope with stress and has the ability to promote the healthy development and optimal functioning of its individual members.

Several of the measures used to define progress in this Focus Area and its individual Issue Areas overlap to some extent with measures in other Focus Areas. In such cases, the data are presented in each of the relevant Focus Areas.

For a few of the measures in this chapter, reference is made to national Year 2000 Healthy People goals. Healthy People 2000 refers to a set of objectives, or measurable targets, designed as part of a national strategy to improve the health of all Americans. Although they may not necessarily have been formally adopted as

community-wide goals for the UWNENY/Capital District region, these goals provide useful health-related benchmarks for the region and its counties.

Summary of Trends

In reviewing the 14 measures which follow in this chapter, some trends and themes emerge from the data. The highlights are summarized below:

Child Care

The region's record in this area is mixed. While generally doing better than upstate New York, data indicate little improvement on these measures in recent years, and in most cases the region falls short of national Healthy People Year 2000 goals.

❖ The region substantially exceeds the upstate New York proportion of women receiving early prenatal care. However, the region and all three counties fall short of the national Year 2000 goal of early, first trimester care being initiated in 90% of all births.

❖ The proportion of low-birth-weight babies was higher in 1998 in each county than in 1994. Each year, more than 500 low-birth-weight babies are born throughout the region. In all three counties in the region, the rate is consistently higher than the Year 2000 goal of no more than 5 low-birth-weight babies per 100 live births.

❖ The region's infant mortality rate has remained stable at the upstate New York level, and rates in the past three years have fallen below (are better than) the national goal of no more than 7 infant deaths per 1,000 live births.

❖ The rates of children entering kindergarten fully immunized have been consistently higher in all counties in the region than in upstate New York. However, sample data suggest that the region is well below the national Year 2000 goal of 90% of all children having age-appropriate immunizations by their second birthday.

Family Dysfunction, Abuse and Neglect, and Domestic Violence

Economic indicators affecting families have generally improved, although there has been little improvement in such family-related measures as children covered by preventive services, out-of-home placements and PINS case openings. Meanwhile, child abuse and

neglect cases and reported domestic violence cases have increased since the early 1990s.

❖ After declines in the early 1990s, the number and rates of indicated cases of child abuse and neglect for the region have increased to the highest levels since 1992, with more than 1,800 cases per year.

❖ The rate of preventive service case openings increased steadily throughout the region from 1990 through 1994, but has stabilized since then at an average of about 1,200 cases per year. Meanwhile, foster care rates have remained relatively stable since 1993, with about 900 to 1,000 out-of-home placements at a time per year. Case openings for Persons in Need of Supervision have also remained relatively stable, though the numbers of openings have exceeded 1,400 for the first time in two of the past three years. PINS rates in the region have far exceeded the upstate New York rates.

❖ Reported cases of domestic violence have more than doubled in the region since 1993. Reported rates in all three counties were significantly higher in 1998 than in 1993. Reported domestic violence rates for the region as a whole have consistently been lower than for upstate New York, although the two rates have grown much closer together in recent years.

❖ Almost 30,000 children in the region lived in single-parent households in 1990 – about one of every five children in the region.

❖ The number of people on public assistance caseloads has been reduced by more than 50% across the region since 1993. At the same time, per capita personal income has increased across the region, although the region's per capita income has increasingly fallen behind the upstate New York level – in recent years by more than $2,000.

❖ Unemployment rates have declined by more than 2 percentage points in each county in the region since 1992.

Regional unemployment rates consistently have been .5 to 1.5 points lower than the upstate rate.

Summary Conclusions

Other than on various economic indicators affecting families, on most remaining measures the region as a whole has shown little improvement during the 1990s, and in many cases has lost ground. Within the regional figures, wide variations exist county by county.

❖ In matters related to healthy births and early childhood development, with the exception of infant mortality, the measures have shown little improvement over time, and the region falls short of meeting national Year 2000 Healthy People goals.

❖ The region has improved in such family-related economic measures as increased per capita personal income, reduced public assistance caseloads, and reduced unemployment rates.

❖ The numbers of children receiving preventive services, placed in foster care, and involved in PINS cases have all been relatively stable in recent years, but those stable numbers involve thousands of families and children. Furthermore, the numbers of reported cases of domestic violence and indicated child abuse and neglect cases have both increased since the early 1990s.

❖ Beyond the overall regional numbers, it is important to examine individual county numbers and rates, as on most measures there are significant differences across counties. For example, Albany County consistently has exhibited the worst – often by substantial margins – performance on most of the family care measures shown in this chapter. However, its performance has been much more impressive on such measures as per capita income, unemployment rates, and early prenatal care. At the other end of the spectrum, Saratoga County is typically the best of the region's counties on most of the measures, but it ranked lower on such measures as per capita income, unemployment, and domestic violence and, even though it still has the lowest rate of child abuse and neglect, its rates have increased in recent years more rapidly than those of

the other counties. Rensselaer County ranks between Saratoga and Albany on most measures, but has typically had the best/lowest (albeit increasing) domestic violence rates, and has also ranked worst of the region's counties on such measures as early prenatal care, PINS cases, unemployment rates, and per capita income levels.

A reminder that in addition to the measures presented in this Family Care Focus Area, substantial numbers of other measures presented in each of the other Focus Areas also have implications for how families function, communicate and deal with issues facing them.

FOCUS AREA: FAMILY CARE

Issue Area: Child Care

Measure: Early Prenatal Care

Definition: The number of births to women who initiated prenatal care in the first trimester of pregnancy, expressed as a rate per 100 live births.

Early Prenatal Care

Source: New York State Department of Health
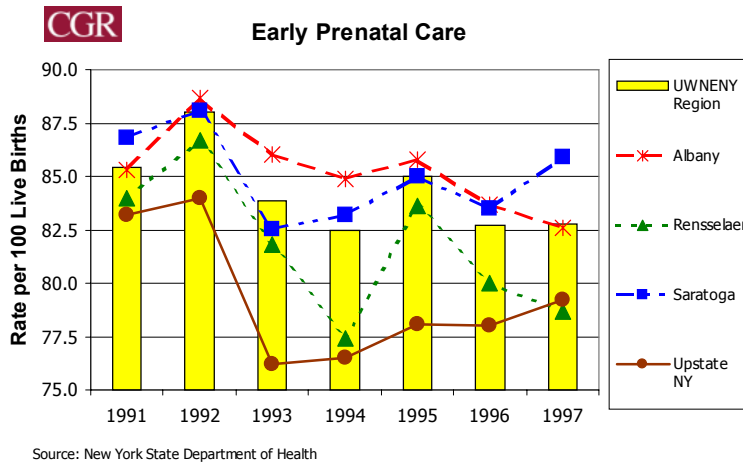
Trends: Since 1993, the proportion of women in the UWNENY Region receiving early prenatal care has remained at or just below the 85% level. Rensselaer County has consistently had lower proportions than Saratoga and Albany. (Appendix 1: Data Table 1)

Comparisons: Compared to Upstate NY, a substantially higher proportion of women in the UWNENY Region consistently receive early prenatal care. Nonetheless, this region and each of the counties fall short of the national Year 2000 Healthy People goal of 90% of all live births.

Caveats: The rate is based on the total number of live births minus the number of births for which date of entry into prenatal care is unknown. In 1993 the NYS Health Department changed the method of determining when prenatal care began. Therefore, data from prior years may not be directly comparable.

Measure: Low Birth Weight

Definition: The number of live births (per 100 live births) with birth weights less than 2,500 grams. Babies with higher birth weights are less likely to experience medical and developmental problems than those with low birth weights.

Low Birth Weight

Source: NYS Department of Health
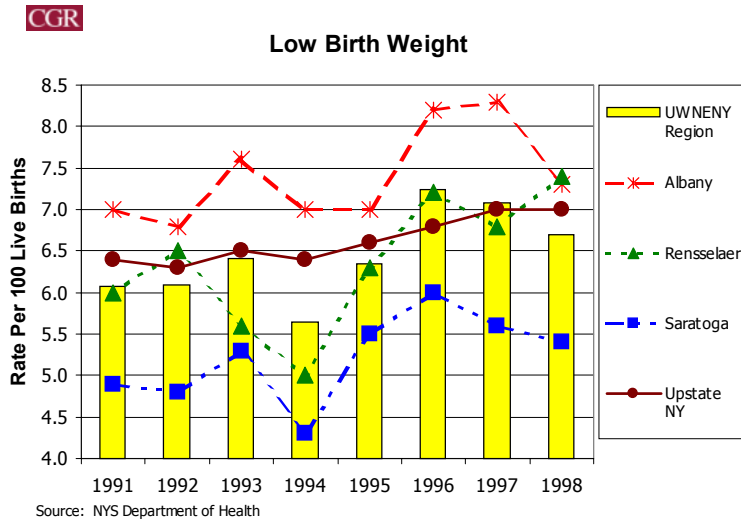
Trends: Low birth weight rates have held fairly constant in the region during the 1990s, with variances for the most part not exceeding 1 birth per 100 over the decade. However, rates have risen in each county since 1994. Each year, more than 500 low birth weight infants are born throughout the region. Rates in Albany County have been significantly higher than those of the other counties and the region. Low birth weight rates in Rensselaer County have risen substantially since 1994, and rates in Saratoga County have consistently been about one birth lower than the regional rate. (Appendix 1: Data Table 2)

Comparisons: Throughout the 1990s the low birth weight rate slowly but steadily increased in Upstate NY. The regional and Upstate rates have been quite comparable in most years. The low birth weight rate in the region, and in each of the three counties, is greater than the Healthy People 2000 goal for the nation of 5 per 100 live births.

Caveats: None.

Measure: Infant Mortality

Definition: The three-year-average number of deaths among infants under one year of age, per 1,000 of the three-year-average number of live births. Because of significant year-to-year fluctuations in the number of infant deaths, the three-year-average is viewed by health professionals as a more reliable and useful way of presenting the data for analysis and planning purposes.

CGR **Infant Mortality, Three Year Average**

Source: New York State Department of Health, *MCAH Profile*

Trends: Infant mortality rates have remained relatively stable in the UWNENY Region since 1990, with slightly lower rates the last three years for which data were available. Albany County has generally experienced the highest rates of infant mortality and Saratoga County the lowest. In recent years, the rate in Rensselaer County has declined, and has been at or below the regional rate. (Appendix 1: Data Table 3)

Comparisons: The infant mortality rate in the UWNENY Region has been at about the same level as in Upstate NY throughout the study period. The infant mortality rate for the region from 1995 through 1997 for the first time dipped below the Healthy People 2000 goal of 7 per 1,000 live births. However, Albany's rate remains above the national goal.

Caveats: Infant mortality rates tend to be disproportionately higher in cities and for African Americans and other minority groups.
This measure also appears in the Health Focus Area—Illness/Disease/Injury Issue Area.

Measure: Children Fully Immunized at Entry to Kindergarten

Definition: Percent of children entering kindergarten fully immunized.

Children Entering Kindergarten Fully Immunized

Source: NYS Department of Health
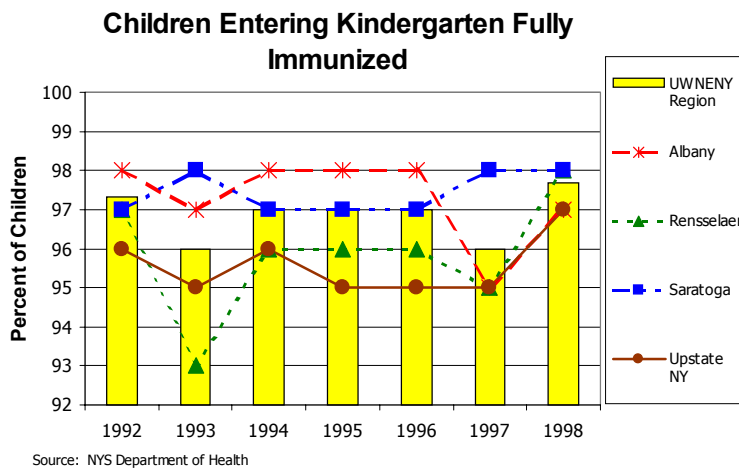
Trends: Rates of immunization for the UWNENY Region have consistently been between 96 and 98 percent during the study period. Among the individual counties, Rensselaer has typically experienced slightly lower immunization rates among kindergarteners. (Appendix 1: Data Table 4).

Comparisons: The UWNENY Region has consistently had a slightly higher proportion of children fully immunized at entry to kindergarten compared to Upstate NY.

Caveats: Survey results were calculated to include non-responding schools as well as responding schools. Students in non-responding schools are calculated as totally unimmunized. The State does not currently track the proportion of children fully immunized at 24 months, which is the preferred immunization measure. The State has undertaken a *Provider-Based Immunization Initiative* to assess the immunization levels of two-year-olds and analyze provider immunization practices. Fourteen provider-based assessments conducted in Albany County yielded immunization rates ranging from 51% to 90%. In Rensselaer County, 16 assessments revealed immunization rates for two-year-olds ranging from 28% to 97%. In Saratoga County, 17 provider-based assessments found immunization rates of 20% to 100%.

Measure: Children Covered by DSS Subsidized Day Care

Requested data still being processed by NYS Office of Children and Family Services at the time of this report's publication.

Measure: Children with High Blood Lead Levels

Definition: Of children under age six screened for lead poisoning, the percentage that had blood lead levels greater than or equal to 20 micrograms/deciliter.

Trends: In 1994 and 1995, the UWNENY Region had a higher proportion of children with high blood lead levels when compared to the Upstate Region. (See Appendix 1: Data Table 5).

Children with High Blood Lead Levels
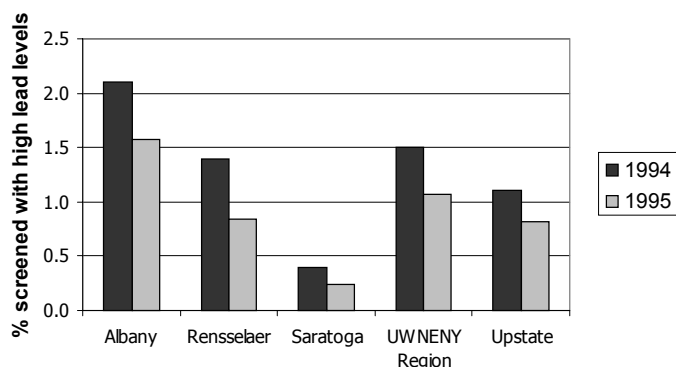
Source: NYS Lead Poisoning Prevention Advisory Council

Comparisons: Data were available for 1994 and 1995 only (counties do not regularly track/report data to the State), and do not allow for further comparisons of trends.

Caveats: 1995 is the most recent year for which county-level data are available from the State, and individual counties do not regularly track these data on their own (the State provides individual counties with assistance in collecting/reporting blood lead level data).

Issue Area: Abuse and Neglect

Measure: Indicated Cases of Child Abuse and Neglect

Definition: Number of indicated Child Protective Service reports per 1,000 children under 18. Reports are indicated as abused, neglected or maltreated when a parent or legal guardian allows or inflicts/creates/commits physical injury or a sex offense that causes or creates substantial risk of death, serious or protracted disfigurement, impairment to physical or emotional health, or loss or impairment of any bodily organ. Reports of abuse and neglect are registered with the State Central Register, then investigated and determined as indicated or unfounded.

Indicated Cases of Child Abuse and Neglect
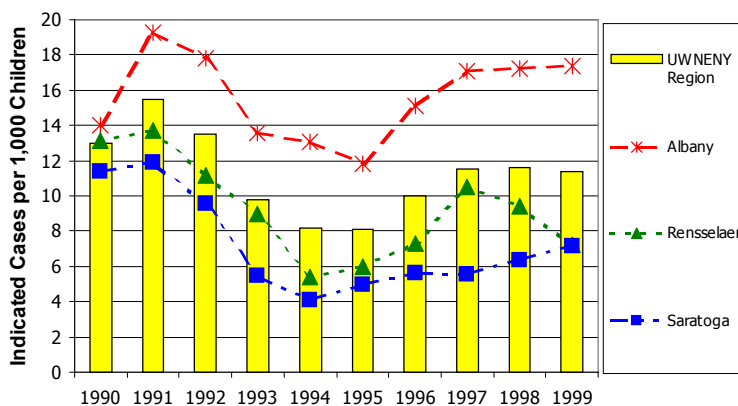
Source: NYS Office of Children and Family Services

Trends: Following significant declines in all three counties during the first half of the 1990s, the numbers and rates of *indicated* cases for the total Region increased and have leveled off in recent years at the highest levels since 1992 (more than 1,800 a year) – though remaining below the peak levels of 1991-92. Albany County rates have consistently exceeded the regional rates, and since 1994 have been twice as high as those in Rensselaer and Saratoga. Although Saratoga's rates have consistently been the lowest of the three counties, the number of indicated cases in that county in 1999 was almost twice as high as in 1994. (Appendix 1: Data Table 6A; also see Data Table 6B for data related to CPS *Reports* of Child Abuse and Neglect.)

Comparisons: Upstate data were not available for this measure.

Caveats: The number of initial reports of abuse or neglect may be influenced by many extraneous factors such as outreach, education, and media publicity. Since a case may contain more than one child, the number of cases understates the number of actual children in indicated cases. The 1999 rate does not include some 1999 cases indicated after March 2000; the final 1999 rate may be somewhat higher when data are updated in the future.

Measure: Children Covered by DSS Preventive Services

Definition: The number of children for whom a Mandated Preventive Services Case was opened during the year, per 1,000 children under age 18. Preventive Services are all supportive and rehabilitative services provided to children and their families to avert a disruption of the family or enable a child placed in foster care to return to his/her family at an earlier time.

DSS Preventive Services Cases Opened
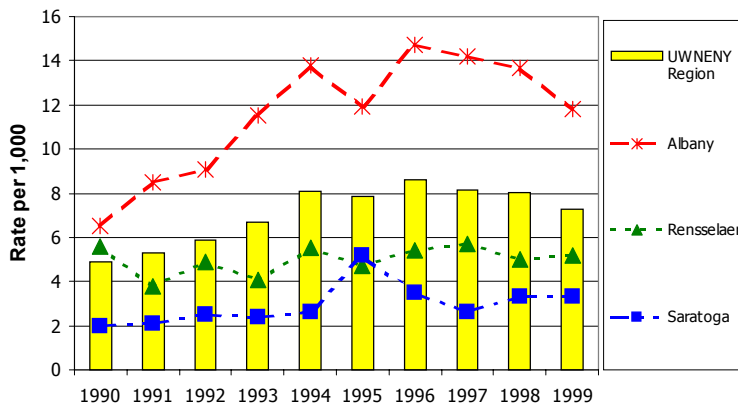
Source: NYS Office of Children and Family Services

Trends: The UWNENY Region experienced a steady increase in the rates of DSS Preventive Services case openings between 1990 and 1994; however, since 1994, the rate at which cases have opened has remained relatively stable with about 1,200 preventive cases opened in the region each year. Rates in Albany County have been consistently higher than the overall region rate, and several times higher than the rates in Rensselaer and Saratoga Counties. While the rates have been declining in Albany County in recent years, it is too early to tell whether this represents a significant trend. (Appendix 1: Data Table 7).

Comparisons: Upstate data were not available for this measure.

Caveats: This measure may not be an accurate reflection of need, as the number of children receiving services may be influenced in part by resource limitations unrelated to actual need for services.

Measure: Children in Foster Care

Definition: Foster care includes all activities and functions provided relative to the care of a child under 18 years of age away from his/her home 24 hours per day in a foster family home or a duly certified foster family boarding home, group home, agency boarding home, child care institution, health care facility or any combination thereof. *In care* is defined as the total number of children in foster care on the last day of each year per 1,000 children in the county.

CGR

Children in Foster Care

Source: NYS Office of Children and Family Services
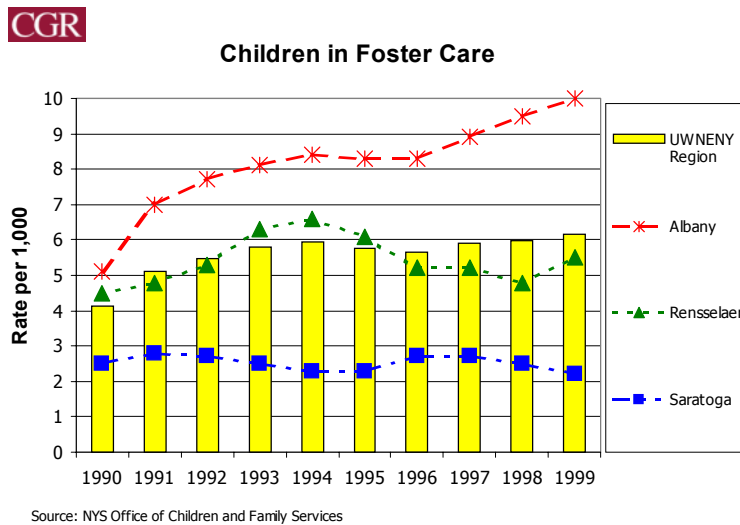
Trends: In the UWNENY Region, the rates of children in foster care on December 31 of each year have remained relatively stable since 1993. In recent years, this has meant between 900 and 1,000 children placed out of home at that time each year. In Albany County, which has consistently had the highest rate, the number of children in care increased steadily from 1990 – 1999. Rates in Rensselaer County have declined since 1994 and Saratoga County's rates have been relatively stable at about half of Rensselaer's rate.(Appendix 1: Data Table 8).

Comparisons: Upstate data were not available for this measure.

Caveats: Reduced placements may not necessarily mean a reduced number of children in need of foster care. For example, capacity limits or cost reduction policies may affect placement rates.

Measure: Reported Cases of Domestic Violence

See Issue Area Domestic Violence below.

Issue Area: Domestic Violence

Measure: Reported Cases of Domestic Violence

Definition: The number of domestic violence incidents that have come to the attention of law enforcement authorities, regardless of whether a formal complaint was filed or an arrest made. This measure is expressed as a rate per 100,000 population.

Domestic Violence Reports

Rate per 100,000

1,200 — 1,050 — 900 — 750 — 600 — 450 — 300 — 150 — 0

1990 1991 1992 1993 1994 1995 1996 1997 1998

Source: NYS Division of Criminal Justice Services

Legend: UWNENY Region, Albany, Rensselaer, Saratoga, Upstate NY

Trends: Reported domestic violence rates have registered a substantial increase in the UWNENY region, more than doubling since 1993. In 1998, there were more than 4,800 reports of domestic violence incidents in the region. In fact, domestic violence rates in all three counties were substantially higher in 1998 than in 1993. Saratoga reflects a decline since 1996 and Rensselaer a significant increase after 1993. Albany's domestic violence rates have more than tripled since 1993 and more than doubled from 484 per 100,000 in 1996 to 1,155 per 100,000 in 1998. (See Appendix 1: Data Table 9).

Comparisons: UWNENY region rates have been consistently lower than those of Upstate NY, which have also gone up substantially since 1994. However the region's rates have increasingly grown closer to the Upstate rates in recent years.

Caveats: Reports represent only a fraction of all cases; not all victims report abuse to the police, for various reasons. Domestic violence definitions may differ between and within police departments. Domestic violence mandatory arrest legislation took effect in 1996, along with standardized reporting forms.

Measure: Indicated Cases of Child Abuse and Neglect

See Issue Area Abuse and Neglect above.

Issue Area: Family Dysfunction

<u>Measure: Single Parent Households and Children in Them</u>

Definition: The number of households in 1990 which were headed by a single parent with children under the age of 18, and the number of children under age 18, living in a single-parent household.

Single Parent Households - 1990

Source: 1990 Census & NYS Department of Health, *MCAH Profile*

Trends: In 1990 there were more than 15,000 single-parent households within the UWNENY Region, and almost 30,000 children in these families. Albany County has nearly twice as many single-parent households and children living in such households compared to Rensselaer and Saratoga Counties. Proportionately, Albany also has more children living in single-parent households: 25% of the children in Albany live with a single parent, compared with 20% of the children in Rensselaer and 15% of those in Saratoga. (See Appendix 1: Data Table 10; this measure also reported in Focus Area: Youth, Issue Area: Personal Development).
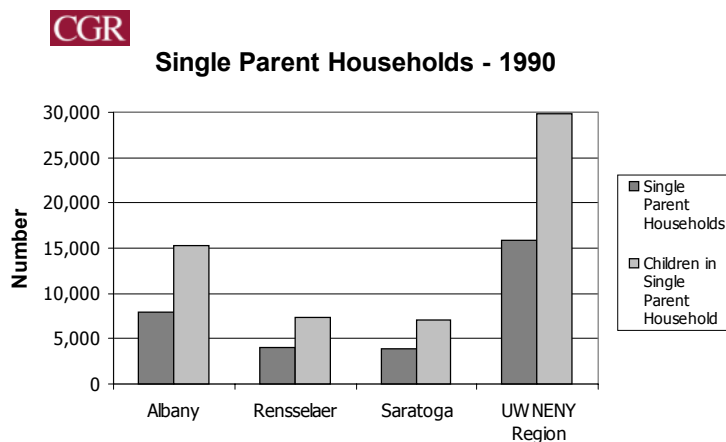
Comparisons: Data were available for 1990 only; we are awaiting 2000 Census data. Therefore, further comparisons are not possible at this time.

Caveats: 1990 data are significantly outdated, but are presented as a baseline to be updated when the 2000 Census data become available.

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Issue Area: Family Dysfunction

<u>Measure: Single Parent Households and Children in Them</u>

Definition: The number of households in 1990 which were headed by a single parent with children under the age of 18, and the number of children under age 18, living in a single-parent household.

Single Parent Households - 1990

Source: 1990 Census & NYS Department of Health, *MCAH Profile*

Trends: In 1990 there were more than 15,000 single-parent households within the UWNENY Region, and almost 30,000 children in these families. Albany County has nearly twice as many single-parent households and children living in such households compared to Rensselaer and Saratoga Counties. Proportionately, Albany also has more children living in single-parent households: 25% of the children in Albany live with a single parent, compared with 20% of the children in Rensselaer and 15% of those in Saratoga. (See Appendix 1: Data Table 10; this measure also reported in Focus Area: Youth, Issue Area: Personal Development).

Comparisons: Data were available for 1990 only; we are awaiting 2000 Census data. Therefore, further comparisons are not possible at this time.

Caveats: 1990 data are significantly outdated, but are presented as a baseline to be updated when the 2000 Census data become available.

CGR

Measure: Rate of Persons In Need of Supervision (PINS) Case Openings at Probation Intake

Definition: This measure reflects the rate of PINS case openings at individual county Probation Departments in a given year. A PINS is defined as a male less than 16 and a female less than 18 years of age who does not attend school regularly or who is deemed to be incorrigible, ungovernable or habitually disobedient and beyond lawful control of parent or other lawful authority.

PINS Cases Opened

Source: NYS Division of Criminal Justice Services

Trends: The rate of PINS openings has remained fairly constant for the UWNENY region over the study period, although the number of PINS case openings has exceeded 1,400 per year in the region for the first time in the last three years. Rensselaer and Albany rates are consistently higher than the overall region level. (Appendix 1: Data Table 33; this measure also reported in Focus Area: Youth, Issue Area: Delinquency).

Comparison: The Upstate NY rates have consistently been well below UWNENY rates and have also remained almost constant over time.

Caveats: These data reflect an unduplicated count of cases opened at Probation Intake as opposed to individuals. Also, they do not reflect the disposition of those cases. It is conceivable for a single case to be counted more than once during the course of a year. For example, a PINS case opened for service in January could have a final action of "terminated matter not pursued" in July. A new request for a petition could be made in September

Measure: Population on Public Assistance

Definition: Monthly average number of cases and persons in income maintenance programs (basic cash assistance) including Temporary Assistance to Needy Families (TANF - formerly AFDC/ADC), Safety Net (formerly Home Relief), and Emergency Assistance programs.
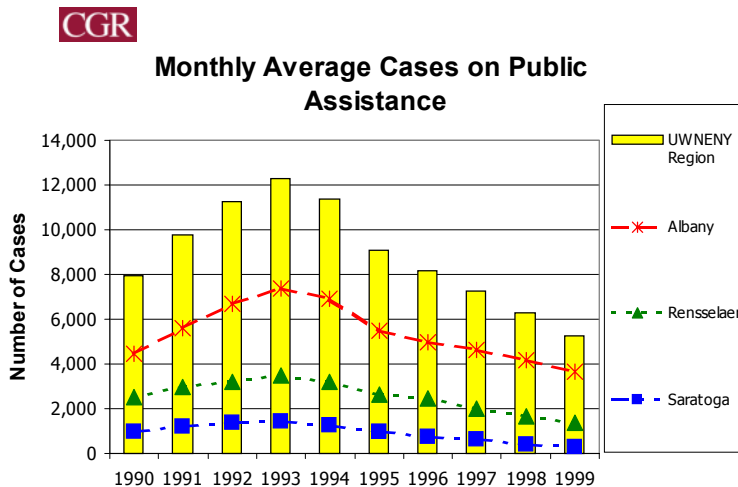
Trends: Public assistance caseloads increased steadily till 1993 after which they have dropped consistently across the UWNENY region. Albany has witnessed a 56% drop in caseloads, Rensselaer 61%, and Saratoga a dramatic 81%. This measure is also reported in the Basic Needs Focus Area—issue Area: Poverty; Appendix 1: Data Table 40A; Table 40B presents caseload data by program.

CGR

Monthly Average Cases on Public Assistance

Source: NYS Office of Temporary and Disability Assistance

Comparisons: Overall, the UWNENY region witnessed at 57% drop in caseloads, while Upstate NY compared at 49%.

Caveats: Total number of cases and recipients may continue to decline, regardless of need, due to welfare reform regulations limiting time spent on public assistance. Nonetheless, the numbers had begun to decline even before the new regulations took effect.

Measure: Per Capita Personal Income

Definition: Total personal income is derived from net earnings, dividends, interest, rent, and transfer payments (income maintenance, unemployment, insurance, retirement, and other), divided by total population. Data have been adjusted to 1997 dollars.

Annual Per Capita Income (Adjusted)

Source: US Bureau of Economic Analysis

Trends: Beginning in 1994, annual per capita personal income has steadily increased across the UWNENY Region. When comparing the individual counties of Albany, Rensselaer and Saratoga, throughout the decade, per capita personal income has been significantly higher in Albany County. Rensselaer County has experienced the lowest annual income level; in 1998 it was $24,285, or $5,824 less than Albany County. (This measure is also reported in the Basic Needs Focus Area – Poverty; Appendix 1: Data Table 45).

Comparisons: The overall UWNENY Regional per capita income has consistently been below that of the Upstate Region. Since 1993 the income gap between the UWNENY Region and Upstate has been steadily increasing; in recent years the Upstate per capita income has exceeded the UWNENY level by more than $2,000 per year.

Caveats: Annual per capita income data have been adjusted to 1997 values using the Consumer Price Index.

Measure: Unemployment Rates

Definition: This index measures the percent of the labor force that is without work and is actively seeking employment.

CGR

Unemployment Rate

Trends: The unemployment rate has steadily declined across all counties in the UWNENY Region since 1992. After peaking in 1992, unemployment rates returned to their 1990 levels by the end of the decade in Albany, Saratoga, and Rensselaer counties. Rensselaer County has consistently experienced the highest unemployment rates in the region, about one percentage point higher than Albany, the county with the lowest rate— with Saratoga typically about midway between the two. This measure is also reported in the Community Development Focus Area—Unemployment/Underemployment; Appendix 1: Data Table 57.

Source: NYS Department of Labor

Comparisons: Unemployment rates in the UWNENY Region have consistently been .5 to 1.5 points below the rate for the entire Upstate Region.

Caveats: The unemployment rate represents only those who are actively seeking employment and does not account for under-employment or discouraged workers who have stopped looking for jobs. County rates are based upon NYS survey data.

Implications and Community Discussion Points

The data presented in this chapter, and points raised in our interviews with key community stakeholders, raise a number of questions and suggest a number of issues for consideration by the United Way and the larger three-county community. Among those are the following, offered in no particular order of priority:

❖ Can more be done to educate the public regarding the need for and value of preventive and early intervention efforts designed to increase early prenatal care, reduce low-birth-weight babies, increase immunization levels, etc.? How can such resources be made more available and accessible to those most in need and not now receiving them?

❖ Although public assistance rolls are down dramatically, what has happened to those no longer on the rolls? Are there implications in other sectors of the community? Are additional efforts needed to ensure that those no longer on welfare are, and remain, productively employed, and able to obtain the skills needed to be self-sufficient on an ongoing basis?

❖ What resources and support services are needed to meet the work-related needs of the hard-to-place persons still on the welfare rolls, and how does the community collaborate to ensure that this population finds productive employment?

❖ To what extent should parenting classes and parent support groups be strengthened and expanded, and with what focus and what target audiences? What needs to happen to get those most in need of such resources to access them? Can the business community help by offering parenting support programs during lunch hours, for example, to make such training or support more accessible to working parents?

❖ How can domestic violence and child abuse and neglect be more effectively addressed within the region? What types of educational/preventive and treatment programs might be most effective? What is needed in rural areas where needs may exist but resources may be scarce?

❖ Does the community need more supervised visitation programs and training in areas such as anger management and conflict resolution to help parents and children work through problems without resorting to violence?

❖ Are sufficient comprehensive services in place to address needs of entire families, rather than often focusing exclusively and perhaps too narrowly on the isolated needs and problems of children? Is more unrestricted funding needed to pay for "wraparound" services or resources to address family needs?

❖ What aftercare programs or other resources are needed to ensure effective transitions from foster homes and other placement facilities back to the original homes? What assets need to be put in place to prevent or reduce the numbers of families reaching that point in the first place?

❖ Are more resources needed to recruit and train additional foster care families, so that those in need of out-of-home placements can be maintained, to the extent possible, within the community and without having to go to other more costly, less accessible treatment facilities?

❖ What is the appropriate resource allocation balance between targeting special needs and the high incidence of problems in individual counties, while maintaining a preventive focus in all counties and seeking regional solutions and approaches to cross-cutting regional issues?

III. Youth Focus Area

Introduction

This Focus Area addresses issues related to children and youth from elementary school through high school, and adolescents in general. It is designed to track how well the community is doing in developing strong, self-sufficient young people. This broad Focus Area contains six subsets, or Issue Areas: Youth Education, Teen Pregnancy, Delinquency, Substance Abuse, Personal Development, and Social Recreation. The United Way of Northeastern New York (UWNENY) believes the following outcome or goal statements are appropriate for the community for each of the six Issue Areas:

Youth Education: Communities where youth succeed in educational disciplines and social environments, and which enhance positive conditions that lead to positive self-sufficient lifestyles.

Teen Pregnancy: Communities where there are no unwanted teen pregnancies but there are supportive, enriching educational opportunities for parenting teenagers.

Delinquency: Communities where adolescents have a safe, secure environment, positive influences, enjoyable social activities and opportunities to succeed in life.

Substance Abuse: Communities where there are positive enriching activities for adolescents as alternatives to substance abuse that provide youth with the capability to succeed in life.

Personal Development: Communities where youth have the opportunities to develop the skills to fulfill their personal potential, basic life skills, and job readiness, and to enhance self-esteem so that they may succeed in life.

Social Recreation: Communities where youth can learn positive behaviors and social skills and become responsible members of society.

Several of these Issue Areas overlap considerably, and measures which pertain to one may pertain almost equally well to another. As noted in the first chapter of this document, this is a reminder that no individual measure, and no single Issue Area, should be

reviewed in isolation. Instead, all of the youth-related measures should be viewed together as contributing to the personal development of the youth of the region and its various communities.

For a few of the measures in this chapter, reference is made to national Year 2000 Healthy People goals. Healthy People 2000 refers to a set of objectives, or measurable targets, designed as part of a national strategy to improve the health of all Americans. Although they may not necessarily have been formally adopted as community-wide goals for the UWNENY/Capital District region, these goals provide useful health-related benchmarks for the region and its counties.

To put much of what follows in perspective, the Census Bureau estimates that there were 173,533 children and youth from birth through age 19 in the three-county region in 1999 (a 2.6% increase of about 4,400 people since 1990). As shown in the table below, about 40,000 of those children are of preschool ages (0-4). According to the population estimates, the preschool population has been declining since the mid-1990s, and is now at the lowest total in the past ten years. The 5-9 population peaked in 1997, and has declined slightly since then, to about 46,000 children. The 10-14 age group has continued to grow throughout the past decade, to its current high of about 42,000. The number of older adolescents (15-19) declined but has recently begun to increase again, to about 45,000 estimated in 1999, almost as many as at the beginning of the decade.

Youth Population Estimates by Age: UWNENY Region

UWNENY Region				
0-4	**5-9**	**10-14**	**15-19**	**0-19**
1990 43,638	41,077	38,447	45,952	169,114
1991 45,140	42,172	39,388	43,566	170,266
1992 46,284	42,989	40,174	42,998	172,445
1993 46,892	43,822	40,895	42,663	174,272
1994 47,015	45,053	41,426	43,058	176,552
1995 46,164	46,107	41,695	43,448	177,414
1996 44,704	46,800	41,891	43,776	177,171
1997 42,972	47,032	41,773	44,133	175,910
1998 41,410	46,673	41,747	44,765	174,595
1999 40,290	46,006	42,193	45,044	173,533

Source: U.S. Census Bureau

As shown in more detail in Appendix Table 37, the youth population of Albany and Rensselaer both closed out the decade within a few hundred youth of the numbers in 1990. By contrast, Saratoga's youth population increased by about 9% during the decade, to an estimated 56,762. Each of the counties now has fewer preschool-aged children than in 1990. On the other hand, each county had more children in 1999 between the ages of 5-9 and 10-14 than it had in 1990, but only Saratoga had slightly more adolescents between 15 and 19 in 1999 than in 1990.

Summary of Trends

In reviewing the 29 measures which follow in this chapter, some trends and themes emerge from the data. The highlights are summarized below:

Youth Education

Although the education data available for the region yield somewhat mixed signals, on balance they are relatively positive.

❖ Since there are only two years of experience with the new State standard Math and English Language Arts (ELA) performance tests, no trends exist yet. Initial indications suggest that about 75% of the region's 4th-graders passed the Math test, and between 60% and 70% met or exceeded the ELA standards, with marked improvements on the latter in the second year. However, performance levels were lower in the 8th grade: just over half passed the Math test, and between 55% and 60% passed the ELA test.

❖ Elementary school suspensions almost doubled during the 1990s, to almost 1,200 suspensions across the region during the last school year. In middle schools, following several years of increases, suspensions have declined in recent years to the lowest level since 1993 (rate of less than 8%), comparable to the Upstate suspension rate. High school suspension rates consistently average about 10%, comparable to the Upstate average.

❖ High school dropout rates have generally been dropping throughout the region, to just over 2% per year. Moreover, proportions of graduates going on to post-secondary education have increased during the 1990s, with more than 80% of all graduates consistently reporting plans to continue their formal education.

Teen Pregnancy

Regional trends related to teen pregnancy and sexually transmitted diseases are generally positive (i.e., rates are down).

❖ Teen pregnancy and teen birth rates have both declined by more than 20% since the early 1990s. Pregnancies for girls and young women 10-19 declined from 1,500 to 1,183 in 1998, and births to adolescents went from 757 to 590. Repeat births remain steady at about 20% of all annual teen births. In each case, UWNENY regional rates are at or below Upstate NY rates.

❖ Sexually transmitted diseases have been reduced dramatically in the region, paralleling Upstate patterns. Gonorrhea among teens has been reduced by more than 50% since 1994, and rates are well below the national Year 2000 goal. Early syphilis is now virtually non-existent. Also, in the last four years, there have been only two newly-diagnosed cases in the region of AIDS among youth through the age of 19.

Delinquency and Substance Abuse

The regional data on youth delinquency and "anti-social" behavior are somewhat mixed in their implications.

❖ Youth arrests for serious/Part I crimes are down 31% in the region since 1995. Youth arrests for more prevalent Part II crimes had been increasing through 1996, followed by reductions in 1997 and 1998, but it is too early to tell if the recent years represent the beginning of a more hopeful trend. Despite these reductions, both Part I and II arrest rates remain significantly higher than comparable Upstate NY rates.

❖ Other than minor year-to-year fluctuations, there has been little change in the rate of Juvenile Delinquency case openings over time, with roughly 1,600 cases opened per year. Case openings for Persons in Need of Supervision (PINS) have also remained relatively stable, though the numbers have exceeded 1,400 for the first time in two of the past three years. Both JD and PINS rates have far exceeded Upstate rates on a consistent basis.

❖ Local data are needed for teen patterns of substance abuse. There is a statewide Youth Risk Behavior Survey which is implemented every two or three years, but findings are not available for most individual counties in the state. Local officials should lobby to assure that the findings can be made available for the area's three counties or, at the least, as a regional summary.

❖ The number of alcohol-related crashes with teen drivers in 1998 was only about half the total in 1990 (115 to 60), but the number has been gradually increasing back upwards from a low of 39 in 1993. Nearly all the crashes involve injuries and, typically in three to four cases a year, fatalities.

Personal Development and Social Recreation

There are few new measures currently available for these Issue Areas. The region has had relatively low rates of teen suicides over the years, sometimes exceeding and other years falling below the national Year 2000 goal for teen suicides. Also it is of note that some 30,000 children and youth in 1990 lived in single-parent families in the region (about 20% of the region's children) – numbers and percentages which are in all likelihood greater today, as can only be verified when the 2000 Census data become available. Other measures discussed above are also of relevance and contribute to understanding how well the community is doing in fostering the personal development of youth in the region. In addition, better measures are needed in the future, especially ways of tracking such things as positive youth behaviors, youth involvement in volunteer and other community activities, etc. Such measures can hopefully be developed in time for inclusion in the next community profile update.

Summary Conclusions

There are a number of positive indicators of strong personal youth development in the region, although there are some other areas that are not so positive, and others still that cannot be adequately measured at this point. Within the overall regional figures, significant variations exist across counties.

❖ Youth in the region typically attend school at relatively high rates, complete high school, and more than 80% plan to continue on with post-secondary education. While in school, most appear to perform well academically in elementary school, and seemingly at somewhat lower levels

beginning in middle school, as indicated by the first two years of the State's new test/performance standards.

❖ Rates of teen pregnancy and sexually transmitted diseases have improved dramatically throughout the region.

❖ The region's rates of youth arrests, though declining, remain well above Upstate rates, as do rates of Juvenile Delinquency and PINS case openings.

❖ Beyond the overall regional numbers, it is important to also examine individual county numbers and rates to determine where there may be significant differences in how well different areas do on various measures. For example, Saratoga County consistently has the best performance of the three counties on nearly all the educational, sexuality and PINS/JD measures, but its teen suicide and youth arrest patterns are less desirable. Rensselaer is often the reverse of Saratoga: it is typically the worst of the three counties on many of the various educational measures, has high teen birth rates and high PINS rates, but it also has the lowest youth arrest rates of the three counties (it is also similar to Saratoga in its relatively low JD rate). Albany does well on some of the educational measures, less well on others, has the highest youth arrest and JD rates, and typically has higher rates than the other counties on the sexuality-related measures.

FOCUS AREA: YOUTH

Issue Area: Education

Measure: Students Passing Grade 4 Math Test

Definition: The NYS Education Department began a new statewide testing program in 1998 to assess the performance of Grade 4 students in Mathematics. This test is designed to ensure that all students reach the higher learning standards set by the Board of Regents and challenges students to meet more than the minimum competency requirements of the previously-used Pupil Evaluation Program (PEP) tests. Student performance is measured on a scale of 448-810. Students passing, or demonstrating the desired level of performance, score at Level 3 or above (or 637 or higher). Students at Level 2 need extra help to meet the standards and those at Level 1 have serious academic difficulties. The graph presents the proportions of students meeting or surpassing the desired performance levels.

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Desired Performance: Grade 4 Math Test
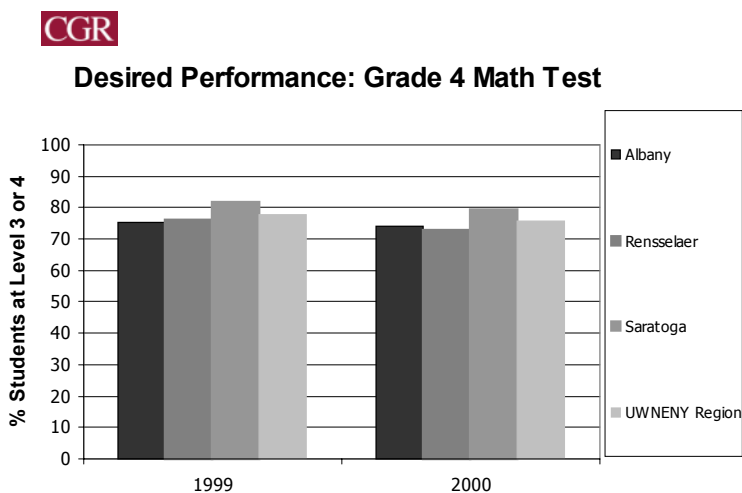
Source: NYS Education Department

Trends: Few conclusions can be drawn from only two years of data, but it is fair to say that more than ¾ of the region's 4th-graders have met the standards in the first two years, with relatively small differences from year to year and between the students in each county. (Appendix 1: Data Table 11).

Comparisons: No Upstate data were available for comparison.

Caveats: Since the tests and standards are new, no historical comparisons are possible, and caution should be exercised in comparing data until at least three years of test scores are in place. Data are for public school districts only.

Measure: Students Passing Grade 4 ELA Test

Definition: The NYS Education Department began a new statewide testing program in 1998 to assess the performance of Grade 4 students in English Language Arts (ELA). This test is designed to ensure that all students reach the higher learning standards set by the Board of Regents and challenges students to meet more than the minimum competency requirements of the previously used Pupil Evaluation Program (PEP) tests. Student performance is measured on a scale of 455-800. Students passing, or demonstrating the desired level of performance, score at Level 3 or above (or 645 or higher). Students at Level 2 need extra help to meet the standards and those at Level 1 have serious academic difficulties. The graph presents the proportions of students meeting or surpassing the desired performance levels.
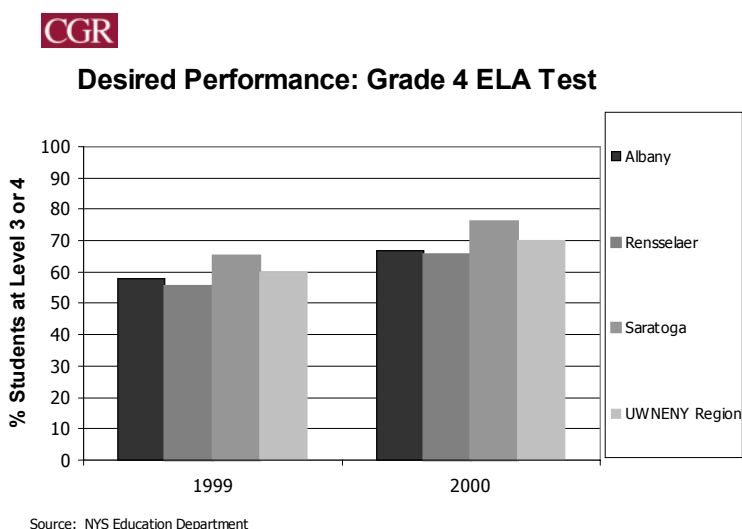

CGR

Desired Performance: Grade 4 ELA Test

Source: NYS Education Department

Trends: Although few conclusions can be drawn from only two years of data, the proportion of students passing this test increased substantially over the two years, with increases of about 10% in each county. In each year, Saratoga students had substantially higher passing rates than did students in the other two counties. (Appendix 1: Data Table 12).

Comparisons: No Upstate data were available for comparison.

Caveats: Since the tests and standards are new, no historical comparisons are possible, and caution should be exercised in comparing data until at least three years of test scores are in place. Data are for public school districts only.

Measure: Students Passing Grade 8 Math Test

Definition: The NYS Education Department began a new statewide testing program in 1998 to assess the performance of Grade 8 students in Mathematics. This test is designed to ensure that all students reach the higher learning standards set by the Board of Regents and challenges students to meet more than the minimum competency requirements of the previously-used Pupil Evaluation Program (PEP) tests. Student performance is measured on a scale of 517-882. Students passing, or demonstrating the desired level of performance, score at Level 3 or above (or 716 or higher). Students at Level 2 need extra help to meet the standards and those at Level 1 have serious academic difficulties. The graph presents the proportions of students meeting or surpassing the desired performance levels.
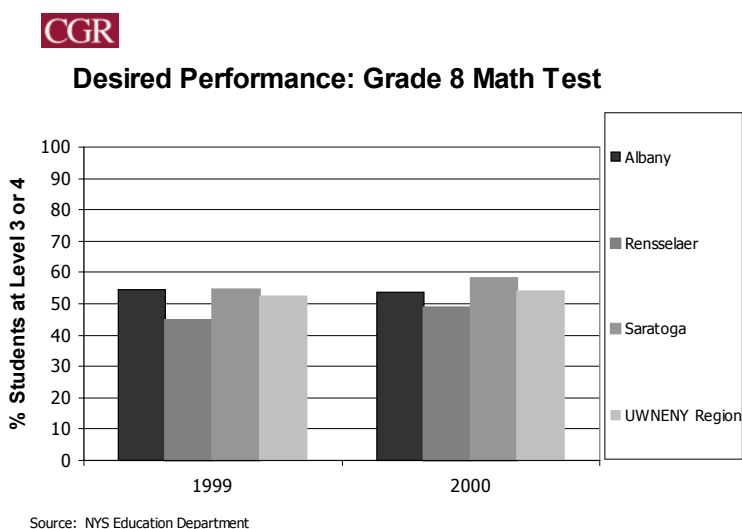
CGR

Desired Performance: Grade 8 Math Test

Source: NYS Education Department

Trends: Few conclusions can be drawn from only two years of data, but it is fair to say that just over half of the region's 8th-graders met the standards in the first two years, with relatively small differences from year to year. Rensselaer students had substantially lower passing rates than did students in the other two counties. (Appendix 1: Data Table 13).

Comparisons: No Upstate data were available for comparison.

Caveats: Since the tests and standards are new, no historical comparisons are possible, and caution should be exercised in comparing data until at least three years of test scores are in place. Data are for public school districts only.

Measure: Students Passing Grade 8 ELA Test

Definition: The NYS Education Department began a new statewide testing program in 1998 to assess the performance of Grade 8 students in English Language Arts (ELA). This test is designed to ensure that all students reach the higher learning standards set by the Board of Regents and challenges students to meet more than the minimum competency requirements of the previously-used Pupil Evaluation Program (PEP) tests. Student performance is measured on a scale of 527-830. Students passing, or demonstrating the desired level of performance, score at Level 3 or above (or 701 or higher). Students at Level 2 need extra help to meet the standards and those at Level 1 have serious academic difficulties. The graph presents the proportions of students meeting or surpassing the desired performance levels.
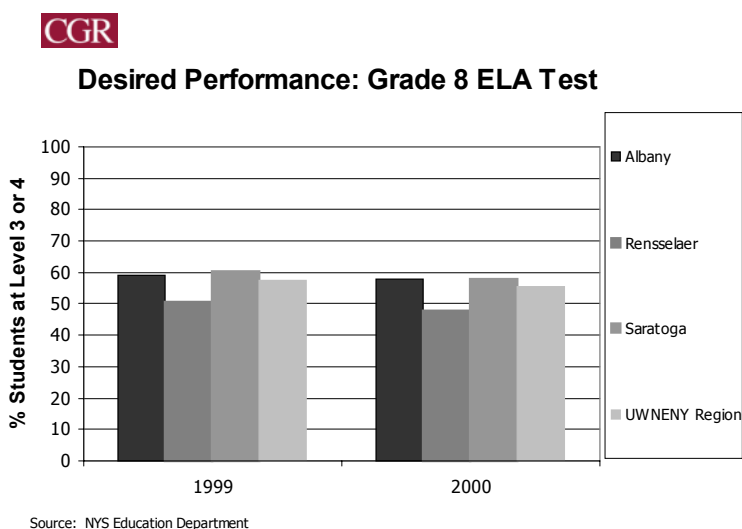
CGR

Desired Performance: Grade 8 ELA Test

Source: NYS Education Department

Trends: Few conclusions can be drawn from only two years of data, but it is fair to say that between 55% and 60% of the region's 8th-graders met the standards in the first two years, with relatively small differences from year to year. Rensselaer students had substantially lower passing rates than did students in the other two counties. (Appendix 1: Data Table 14).

**Comparisons:** No Upstate data were available for comparison.

Caveats: Since the tests and standards are new, no historical comparisons are possible, and caution should be exercised in comparing data until at least three years of test scores are in place. Data are for public school districts only.

Measure: Elementary School Attendance Rates (Grades K-6)

Definition: Attendance rates (measured as a percent) are defined as the actual average daily attendance divided by possible average daily attendance for public school districts.

CGR

Elementary School Attendance Rates
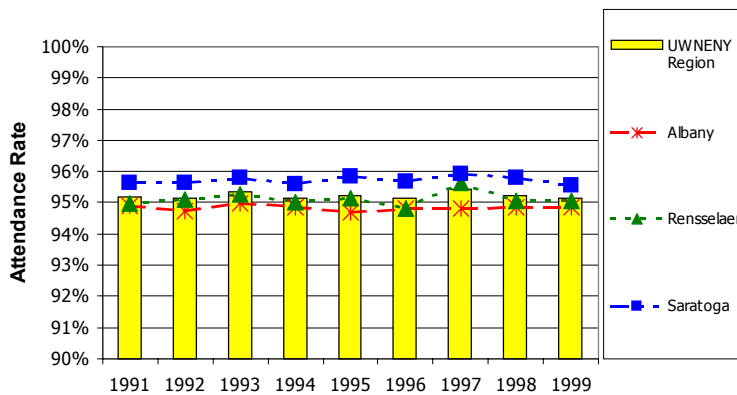
Source: NYS Education Department

Trends: Elementary school attendance rates in the three counties and for UWNENY region remained fairly stable around 95% from year to year. Saratoga consistently averaged about 0.5% higher each year than the rest of the region. (Appendix 1: Data Table 15).

Comparisons: No Upstate data were available for comparison.

Caveats: Data are for public school districts only. Schools that fall into the grade organization K-12 or Special are excluded from this analysis. This measure shows overall attendance rates and does not address the degree to which individual students exhibit attendance problems.

Measure: Middle School Attendance Rates (Grades 7-8)

Definition: Attendance rates (measured as a percent) are defined as the actual average daily attendance divided by possible average daily attendance for public school districts.

CGR

Middle School Attendance Rates

Source: NYS Education Department

Trends: UWNENY region attendance dropped slowly but steadily by 0.5% from 1990 to 1995, but has increased back to its earlier level since then. Albany reflects the lowest middle school attendance rates between 92.8 and 94.5 percent. Rensselaer attendance rates are between 94.2 and 95.1 percent, and Saratoga shows attendance between 94.6 and 95.2 percent. (Appendix 1: Data Table 16).

Comparisons: No Upstate data were available for comparison.

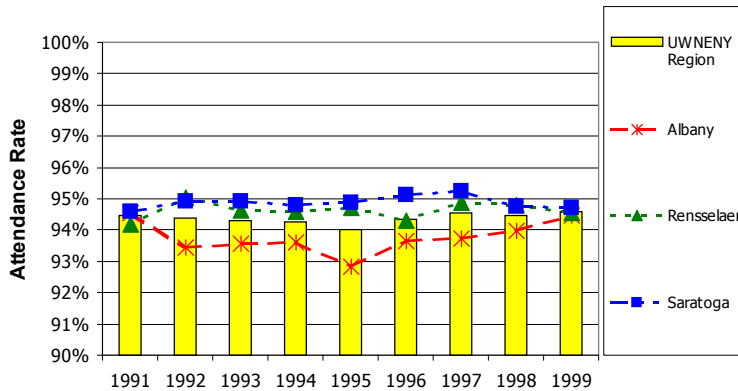**Caveats:** Data are for public school districts only. Schools that fall into the grade organization K-12 or Special are excluded from this analysis. This measure shows overall attendance rates and does not address the degree to which individual students exhibit attendance problems.

Measure: High School Attendance Rates (Grades 9-12)

Definition: Attendance rates (measured as a percent) are defined as the actual average daily attendance divided by possible average daily attendance for public school districts.

High School Attendance Rates

Source: NYS Education Department

Trends: UWNENY region students have registered marginally lower high school attendance rates over the study period, hovering consistently around 93 percent in recent years, after two years approaching 94 percent. Rensselaer has had the lowest attendance rates since 1996, averaging about 92 percent each year. (Appendix 1: Data Table 17).

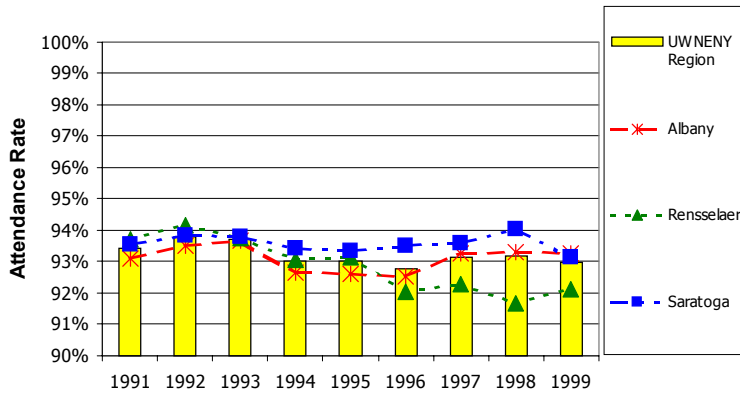**Comparisons:** No Upstate data were available for comparison.

Caveats: Data are for public school districts only. Schools that fall into the grade organization K-12 or Special are excluded from this analysis. This measure shows overall attendance rates and does not address the degree to which individual students exhibit attendance problems.

Measure: High School Drop Out Rates

Definition: A drop out is defined as any pupil who left school prior to graduation, for any reason except death, between July 1 and June 30, and did not enter another school or program leading to a GED. The rate (measured as a percent) is derived from the number of public school dropouts during the school year, divided by grade 9-12 enrollment, including the portion of ungraded secondary enrollment that can be attributed to grades 9-12.

CGR

High School Drop Out Rates
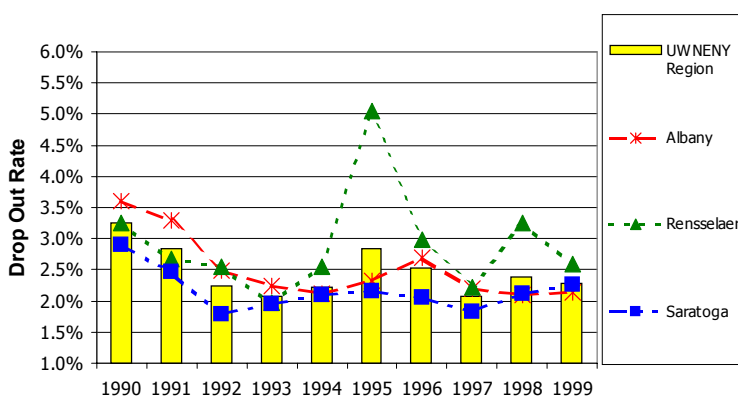
Source: NYS Education Department

Trends: Albany has registered the greatest decrease in high school dropout rates since 1990. In several years Rensselaer has had higher dropout rates than either of the other counties. Overall, high school dropout rates have fallen slightly throughout the UWNENY region. (Appendix 1: Data Table 18).

Comparisons: No Upstate data were available for comparison.

Caveats: These data are for public schools only. The intensity with which districts encourage dropouts to return to school varies among districts and school years. Many students who are encouraged to return drop out again. Higher dropout rates, therefore, are not always indicative of worse performance. A better measure of dropout rates would be to determine what percentage of entering 9th grade students graduate. Unfortunately, that information cannot now be obtained consistently from all school districts.

Measure: Elementary School Suspension Rates

Definition: The number of elementary school students who were suspended from school for at least one full day, divided by the total elementary school enrollment. Data pertain to only out-of-school suspensions and include both short-term and long-term suspensions.

Elementary School Suspension Rates
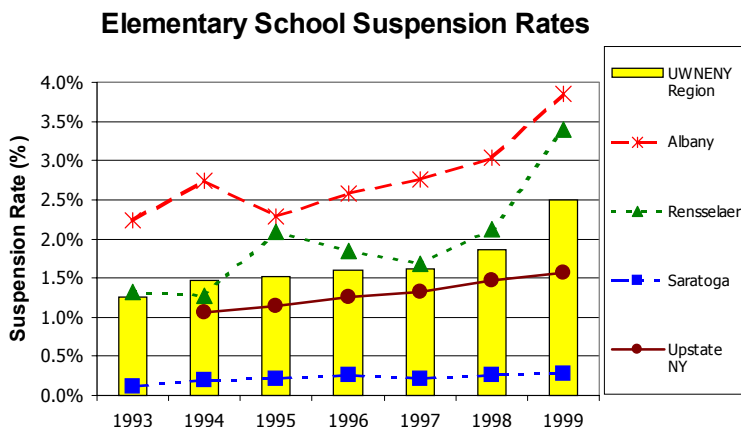
Source: NYS Education Department

Trends: Elementary school suspensions have increased over the study period. Saratoga has very few elementary suspensions and has registered a fractional increase over time, while Albany and Rensselaer have both reflected more marked increases. UWNENY region rates have increased from 1.3% to 2.5% since 1993. In 1999, there were 1,193 elementary school suspensions in the region. (Appendix 1: Data Table 19).

Comparisons: Upstate NY suspension rates are consistently lower than UWNENY region rates throughout the study period.

Caveats: Higher suspension rates can sometimes reflect a more disciplined/stricter learning environment, i.e., rates may vary by policy and implementation between schools, and so lower rates do not necessarily mean that students are doing better. This measure includes only public school data for elementary school students. Separate information on number of short- and long-term suspensions is not available from the State Education Department.

Measure: Middle School Suspension Rates

Definition: The number of middle/junior high school students who were suspended from school for at least one full day, divided by the total middle/junior high school enrollment. Data pertain to only out-of-school suspensions and include both short-term and long-term suspensions.

CGR

Middle School Suspension Rates
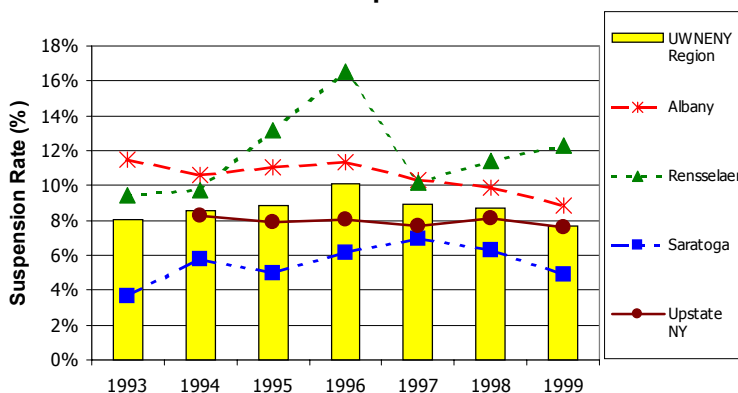
Source: NYS Education Department

Trends: The overall UWNENY regional middle school suspension rates steadily increased through 1996, after which they have declined from 10.1% to less than 8%. Albany school districts most closely reflect the regional pattern. Rensselaer's suspension rates consistently and significantly exceed the regional rates, and in most cases exceed the Albany rates as well. Saratoga's rates have increased somewhat over time, though they remain much lower than those in the rest of the region. (Appendix 1: Data Table 20).

Comparisons: UWNENY region middle school suspension rates have generally been somewhat higher than Upstate rates, although the gap has narrowed in the past two years.

Caveats: Higher suspension rates can sometimes reflect a more disciplined/stricter learning environment, i.e., rates may vary by policy and implementation between schools, and so lower rates do not necessarily mean that students are doing better. This measure includes only public school data for middle/junior high school students. Separate information on number of short- and long-term suspensions is not available from the State Education Department.

Measure: High School Suspension Rates

Definition: The number of junior/senior high and high school students who were suspended from school for at least one full day, divided by the total junior/senior high and high school enrollment. Data pertain to only out-of-school suspensions and include both short-term and long-term suspensions.

CGR

High School Suspension Rates

Source: NYS Education Department
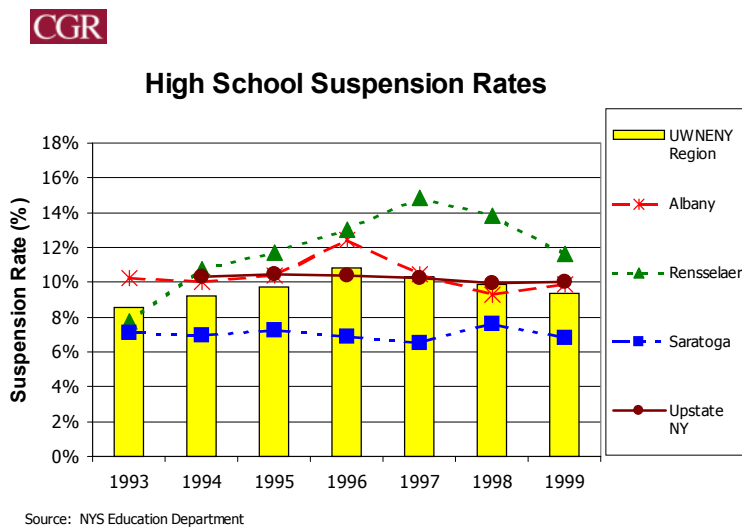
Trends: Since 1993, overall regional high school suspension rates have averaged about 10% per year. Rates increased through 1996, and have slowly but steadily been falling since then. Beginning in 1994, Rensselaer schools have consistently had suspension rates significantly higher than schools in the other two counties, with rates of about 12% or more for each of the last five years. Albany suspension rates have averaged about 10% per year, and Saratoga's rates have consistently been stable around 7% per year. (Appendix 1: Data Table 21).

Comparisons: UWNENY regional suspension rates have been quite similar to Upstate NY rates virtually every year.

Caveats: Higher suspension rates can sometimes reflect a more disciplined/stricter learning environment, i.e., rates may vary by policy and implementation between schools, and so lower rates do not necessarily mean that students are doing better. This measure includes only public school data for junior/senior high and high school students. Separate information on number of short- and long-term suspensions is not available from the State Education Department.

Measure: Graduate Destination Distribution

Definition: Information on graduate destination is reported by school principals in the fall following graduation. This measure represents the reported plans of public school graduates at the time of graduation. Post-secondary education includes in-state and out-of-state 2-year or 4-year college degrees or other education. Employment includes military service and "Other" designates a graduate who does not fit into any of the named categories.

Trends: The proportion of students planning to pursue post-secondary education has steadily increased since 1990 across the UWNENY region. The percent of students planning to continue their education has remained consistently over 80% in Albany and Saratoga counties since 1995 and just under 80% in Rensselaer. Conversely, the percent of students planning to work has been steadily decreasing over the years. (Appendix 1: Data Table 22).

Comparisons: UWNENY region almost mirrors Upstate trends.

Caveats: Verification of the extent to which plans are actualized is not conducted by school districts.

CGR
Graduation Destination: Post-Secondary Education

Source: NYS Education Department

CGR
Graduation Destination: Employment

Source: NYS Education Department

Issue Area: Teen Pregnancy

Measure: Teen Pregnancy Rates, Age 10-14

Definition: Number of pregnancies per thousand females ages 10-14.

Teen Pregnancies:
Females Age 10-14

Source: NYS DOH, Vital Statistics & *Coutny Health Indicator Profiles*

Trends: Overall, in the UWNENY Region, teen pregnancy rates among 10 – 14 year olds have declined slightly since 1991. While Albany County rates declined as well, they have consistently been higher than the regional rates. In Saratoga County, rates have been steadily declining since 1993, and have consistently been lower than the UWNENY rates over the study period. Rates in Rensselaer County have fluctuated somewhat, and at times have exceeded regional rates. (Appendix 1: Data Table 23).

Comparisons: Upstate and region rates have been similar over the study period. Between 1991 and 1998, teen pregnancy rates have also declined in Upstate NY.

Caveats: Even though these rates seem to be fluctuating quite a bit, it should be remembered that they are typically varying from year to year by less than one percent.

Measure: Teen Pregnancy Rates, Age 15-19

Definition: Number of pregnancies per thousand females ages 15-19.

Teen Pregnancies:
Females Age 15-19
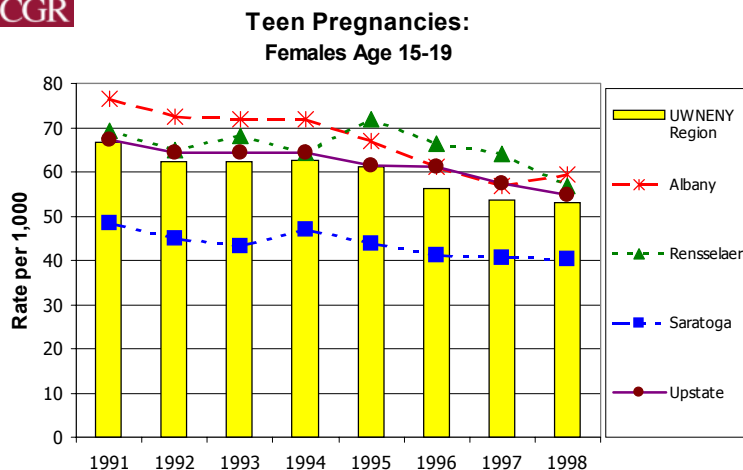
Source: NYS DOH, Vital Statistics & *County Health Indicator Profiles*

Trends: Since 1991, there has been a significant and steady decline in the pregnancy rate among 15 – 19 year olds across the UWNENY region and each of its counties. The number of pregnant 15-19 year olds has been reduced from 1,460 in 1991 to 1,152 in 1998, a 21% reduction. Teen pregnancy rates in Albany and Rensselaer Counties comparable and are consistently higher than the regional rate, while rates in Saratoga County are substantially below the regional rate. (Appendix 1: Data Table 24).

Comparisons: UWNENY Region pregnancy rates have consistently been at or just below Upstate NY rates over the study period.

Caveats: None.

Measure: Live Births to Teens Age 15-19

Definition: Number of live births per 1,000 females age 15-19.

Live Births to Teens Age 15-19
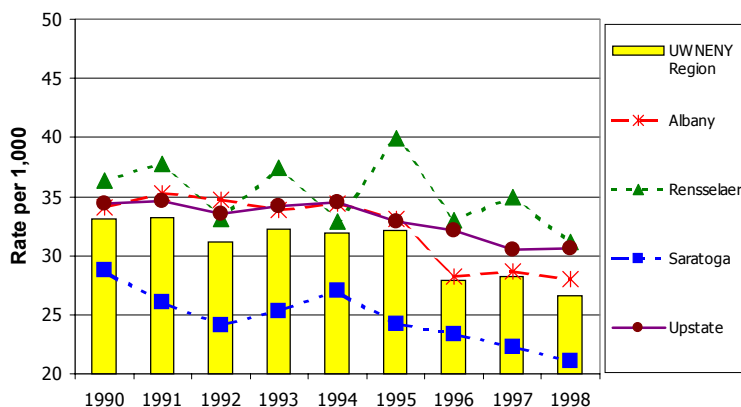
Source: NYS DOH, *Maternal, Child and Adolescent Health Profile*

Trends: Overall, live birth rates among teens age 15-19 in the UWNENY Region declined significantly between 1990 and 1999, consistent with the reduction in teen pregnancies. This represents a reduction of 22% in births to teens, from 743 in 1990 to 579 in 1998. Birth rates among teens in Saratoga County represent the lowest rates in the region, while Rensselaer County has generally experienced the highest rates in the region (consistently higher than the UWNENY rate and generally higher than the Upstate rate). Since 1994, the teen birth rate has decreased in both Albany and Saratoga Counties, while the rate has fluctuated quite a bit in Rensselaer County, where it reached a high of 40 births per 1,000 females age 15-19 in 1995. (Appendix 1: Data Table 25B; note that data on live births to teens age 10-14 are also presented in Table 25A).

Comparisons: Birth rates among teens in Upstate NY also declined between 1990 and 1999; however, the rate of decline in Upstate was not as great as that experienced by the UWNENY region. Throughout the 1990s, the birth rate among teens was consistently higher in Upstate NY than in the UWNENY region.

Caveats: None.

Measure: Repeat Births to Teens

Definition: Among adolescents age 10 – 19 giving birth, the percentage that had previously given birth.

Repeat Births to Females Age 10-19
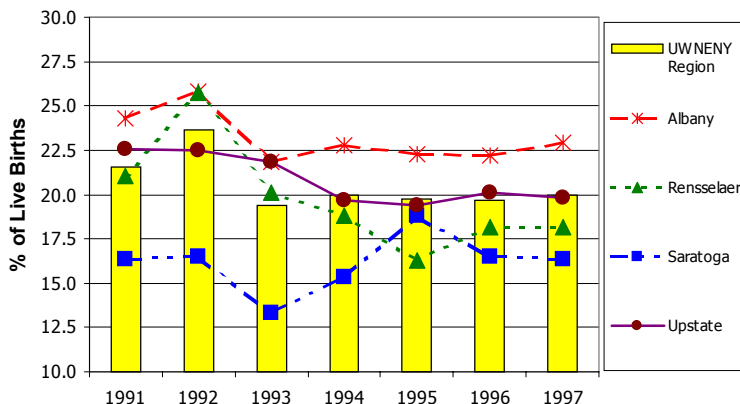
Source: NYS DOH, *Maternal, Child & Adolescent Health Profile*

Trends: Since 1993, repeat births to teens have remained stable at about 20% in the UWNENY region. Trends among adolescents in Albany County parallel regional trends, with repeat births to teens remaining relatively stable since 1993, at rates just slightly above the regional rates. Since 1993 repeat births to teens in Rensselaer County have been at or below the regional level, and Saratoga has consistently had the smallest proportion of repeat births among teens. (Appendix 1: Data Table 26).

Comparisons: The UWNENY region and Upstate NY experience very similar proportions of repeat births among its teens.

Caveats: Does not include teens who experienced a prior pregnancy that did not result in a live birth.

Measure: Sexually Transmitted Diseases – Teen Gonorrhea

Definition: Reported cases of gonorrhea among youth ages 15-19 and expressed as a rate per 1,000 youth by county.

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Teen Gonorrhea: Ages 15-19

Source: NYS Department of Health; Bureau of STD Control

Legend:
- UWNENY Region
- Albany
- Rensselaer
- Saratoga
- Upstate NY
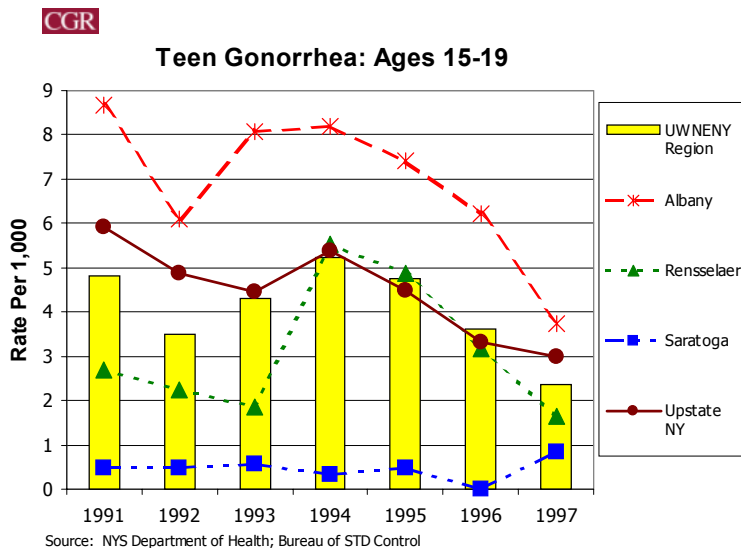
Trends: Since 1994, the teen gonorrhea rate has declined by more than 50% in the UWNENY region. Reductions have occurred in both Albany and Rensselaer, and Saratoga's rates have remained consistently below 1%. Albany has had the highest rates over the study period. An average of about eight 10-14 year olds contract gonorrhea each year. (Appendix 1: Data Tables 27A and 27B provide data on Gonorrhea incidence among 10-14 and 15-19 year olds.)

Comparisons: Since 1993 UWNENY region and Upstate trends have remained almost identical. The regional teen gonorrhea rate has consistently been well below (better than) the national Year 2000 Healthy People goal of 7.5 per 1,000 youth 15-19. Rensselaer and Saratoga have consistently met the goal, and Albany has done so since 1995.

Caveats: None

Measure: Sexually Transmitted Diseases – Early Syphilis in Teens

Definition: Reported cases of Early Syphilis (under 1 year's duration) among youth ages 15-19 and expressed as a rate per 1,000 youth by county.
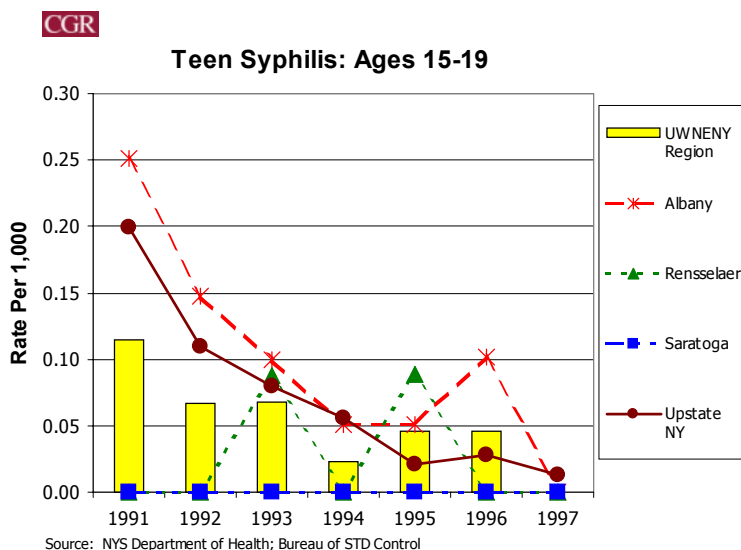
Trends: Overall early syphilis rates are less than 0.25/1,000 youth. In the entire region, the maximum number of early syphilis cases in the 1990s was five in 1991 – all in Albany County. Since then, there has been an average of about two cases per year, and there were none at all in 1997, the last year for which data were available. (Appendix 1: Data Table 28).

Comparisons: As in the UWNENY region, the number of early teen syphilis cases in Upstate New York has been dwindling steadily to just a handful (9 in 1997).

Caveats: None

CGR

Teen Syphilis: Ages 15-19

Source: NYS Department of Health; Bureau of STD Control

Measure: Pediatric (0-12 Yrs) and Adolescent (13-19 Yrs) AIDS Morbidity

Definition: Total AIDS incidence expressed as a rate per 100,000 children ages 0-19 by county of residence and year of diagnosis through 1999. AIDS case definition includes HIV-infected individuals with CD4+ T-lymphocyte counts of less than 200 cells per cubi millimeter or less than 14 percent of total lynphocytes. This definition was expanded for adolescents and adults (those under 13 years of age excluded) in 1993 to include individuals diagnosed with pulmonary tuberculosis, recurrent pneumonia or invasive cervical cancer.
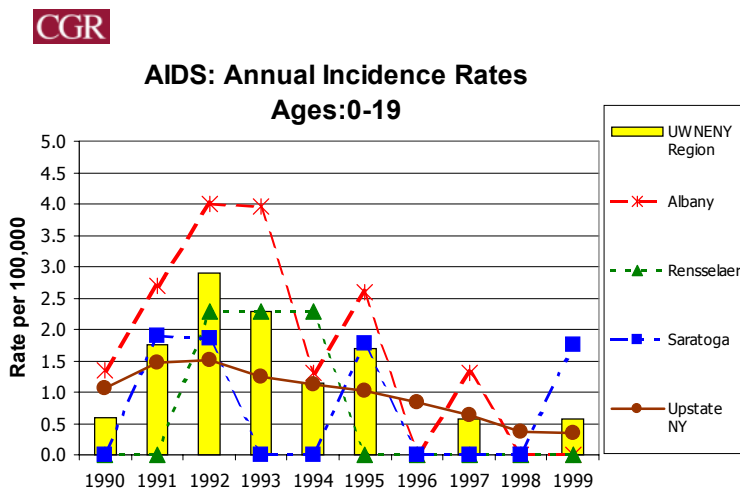
Trends: The numbers of newly-diagnosed AIDS cases are quite small and vary slightly from year to year. The slight variation in rates from year to year may mask the fact that the *total* number of newly-diagnosed AIDS cases among teens in the entire region in all of the 1990s was only 20 individuals – 15 pediatric cases under the age of 13, and five between the ages of 13 and 19. Only two of the 20 cases have occurred since 1995. Thirteen of the 20 involved Albany County residents. The higher number of pediatric AIDS cases can be attributed to perinatal HIV transmission. (Appendix 1: Data Table 29 provides age breakdowns for 0-12 and 13-19 year olds with AIDS).

AIDS: Annual Incidence Rates Ages:0-19

Source: NYS DOH - Bureau of HIV/AIDS Epidemiology

Comparisons: UWNENY Region and Upstate rates have been similar and small throughout the 1990s.

Caveats: The number of AIDS cases over time are strongly impacted by the expansion of the case definition.

Issue Area: Delinquency

Measure: Youth Arrests for Part I Crimes

Definition: The number of arrests of youth, ages 10-17, for Part I crimes, expressed as a rate per 1,000 youth. Part I crimes, defined for consistent reporting purposes across jurisdictions by the FBI, include murder, negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, and motor-vehicle theft.

Youth Arrests Part I Crimes Ages 10-17

Source: NYS Division of Criminal Justice Services

Trends: Youth arrests for Part I crimes have been going down since 1995 for the UWNENY Region as a whole. The number of youth arrests in 1998 was 31% lower than the 1995 total. Albany rates, however, have been consistently higher, while Rensselaer rates have been lower than UWNENY region rates throughout the 1990s. (Appendix 1: Data Table 30).

Comparisons: Despite declining youth arrest rates, the UWNENY rates have remained relatively higher than Upstate NY rates over the comparable period.

Caveats: Many reported crimes do not result in arrests. Arrest rates can be affected by changes in law enforcement policies, staffing patterns, etc. Data reflect the number of arrests, and some youth are arrested more than once, so these arrest rates somewhat overstate the actual number of youth arrested. Arrests are recorded where they occur, and do not necessarily reflect the youth's residence.

Measure: Youth Arrests for Part II Crimes

Definition: The number of arrests of youth ages 10-17 for Part II crimes, expressed as a rate per 1,000 youth. Part II crimes, defined for consistent reporting purposes across jurisdictions by the FBI, include simple assault, disorderly conduct, DWI, sale/use of a controlled substance, criminal mischief, fraud, stolen property, unauthorized possession of weapons or burglar tools, forgery, prostitution, sex offenses other than forcible rape, arson, kidnapping, extortion, gambling, embezzlement, family offenses, unauthorized use of motor vehicle, bribery, loitering, disturbing public order, breaking liquor laws, and various other offenses.

Youth Arrests Part II Crimes Ages 10-17

Source: NYS Division of Criminal Justice Services

Trends: Youth arrests for Part II crimes, after increasing through 1996, have declined marginally in the UWNENY region in the last two years, although it is too early to determine if these two years represent a trend. Albany rates are generally higher, while Rensselaer and Saratoga rates are at or below region levels. Rensselaer typically has the lowest rates among the three counties. (Appendix 1: Data Table 31).

Comparisons: UWNENY region rates have been consistently and significantly higher than Upstate NY rates throughout the 1990s.

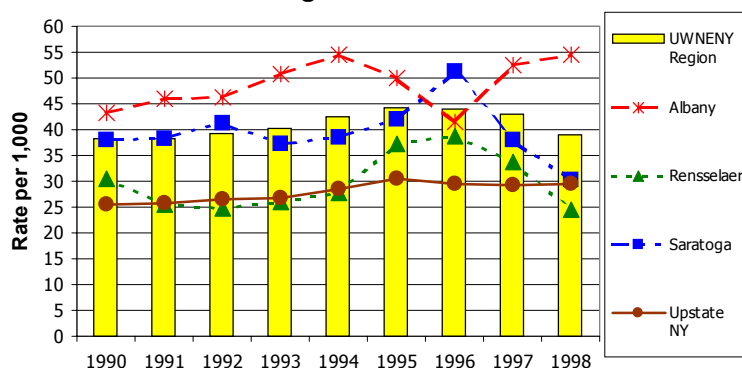**Caveats:** Many reported crimes do not result in arrests. Arrest rates can be affected by changes in law enforcement policies, staffing patterns, etc. Data reflect the number of arrests, and some youth are arrested more than once; thus these rates somewhat overstate the actual number of youth arrested. Arrests are recorded where they occur, and do not necessarily reflect the youth's residence.

Measure: Rate of Juvenile Delinquency Case Openings at Probation Intake

Definition: This measure reflects the rate of Juvenile Delinquency (JD) case openings at individual Probation Departments in a given year. JD is defined as a person over seven and less than 16 years of age, who has committed a crime but is not held criminally responsible for his/her action because of their age, and is tried in Family Court.

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Juvenile Delinquency Cases Ages 7-16
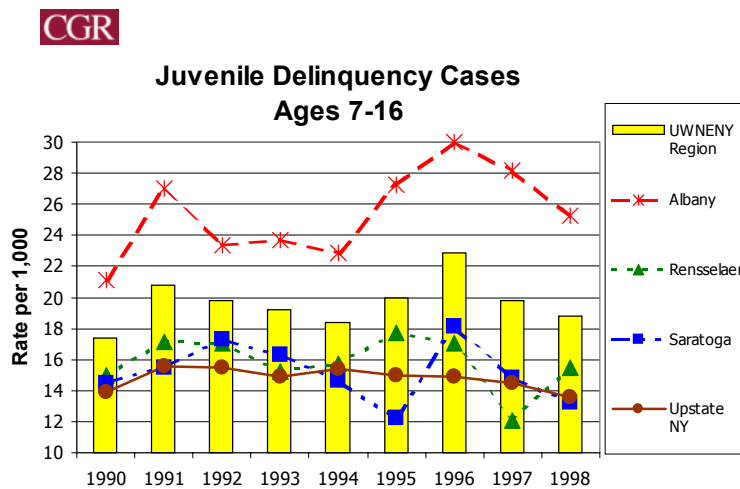
Source: NYS Division of Criminal Justice Services

Trends: The JD rates for the UWNENY region, with some minor exceptions, have typically averaged about 20 cases per 1,000 youth each year. Albany county rates have remained significantly higher than the other two counties, whose rates have been similar, in the comparable study period. (Appendix 1: Data Table 32).

Comparisons: Upstate NY rates are consistently lower than UWNENY region rates.

Caveats: These data reflect an unduplicated count of cases opened at Probation Intake as opposed to individuals. Also, they do not reflect the disposition of those cases. It is conceivable for a single case to be counted more than once during the course of a year.

Measure: Rate of Persons In Need of Supervision (PINS) Case Openings at Probation Intake

Definition: This measure reflects the rate of PINS case openings at individual county Probation Departments in a given year. A PINS is defined as a male less than 16 and a female less than 18 years of age who does not attend school regularly or who is deemed to be incorrigible, ungovernable or habitually disobedient and beyond lawful control of parent or other lawful authority.

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PINS Cases Opened

Rate per 1,000

Source: NYS Division of Criminal Justice Services

Trends: The rate of PINS openings has remained fairly constant for the UWNENY region over the study period, although the number of PINS case openings has exceeded 1,400 per year in the region for the first time in the last three years. Rensselaer and Albany rates are consistently higher than the overall region level. (Appendix 1: Data Table 33; this measure also reported in Focus Area: Family Care, Issue Area: Family Dysfunction).

Comparison: The Upstate NY rates have consistently been well below UWNENY rates and have also remained almost constant over time.

Caveats: These data reflect an unduplicated count of cases opened at Probation Intake as opposed to individuals. Also, they do not reflect the disposition of those cases. It is conceivable for a single case to be counted more than once during the course of a year. For example, a PINS case opened for service in January could have a final action of "terminated matter not pursued" in July. A new request for a petition could be made in September.

Issue Area: Substance Abuse

Measure: Youth Self-Reported Substance Abuse

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Self-Reported Cigarette Use
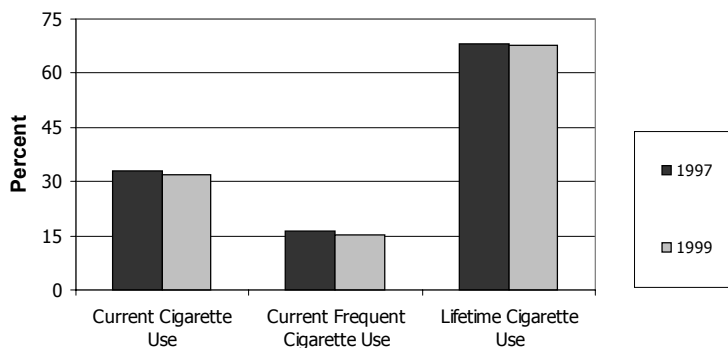
Source: Youth Risk Behavior Survey

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Self-Reported Drug Use
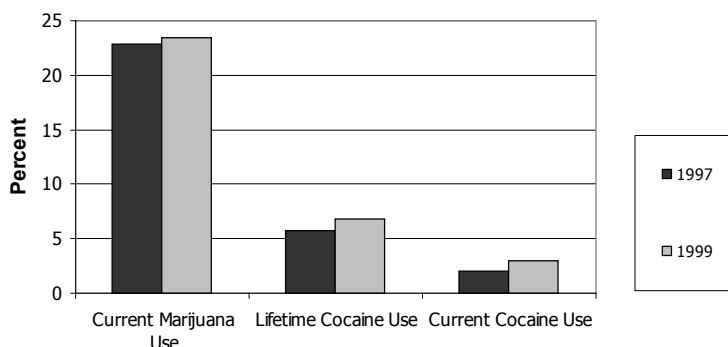
Source: Youth Risk Behavior Survey

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Self-Reported Alcohol Use
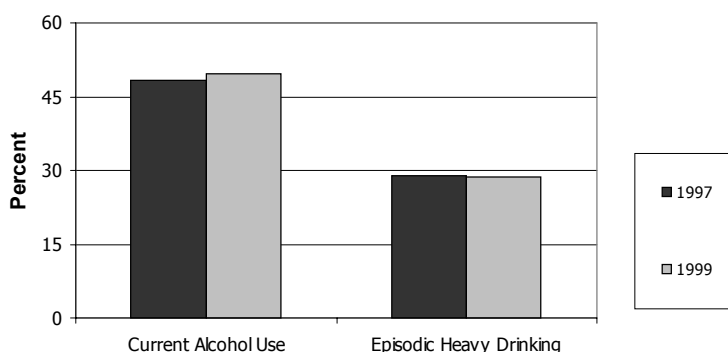
Source: Youth Risk Behavior Survey

Definition: The Youth Risk Behavior Surveillance System includes a national school-based survey conducted by the CDC to assess health risk behaviors among high school students. Data from the two most recent Youth Risk Behavior Surveys (1997 and 1999) related to substance use among youth in New York State are presented here.

Current cigarette use: smoked cigarettes on 1+ of the 30 days preceding the survey. Current frequent cigarette use: Smoked cigarettes on 20+ of the 30 days preceding the survey. Lifetime cigarette use: Ever tried smoking, even one or two puffs.

Current marijuana use: used marijuana 1+ times during the 30 days preceding the survey. Lifetime cocaine use: Ever tried any form of cocaine. Current cocaine use: used cocaine 1+ times during the 30 days preceding the survey.

Current alcohol use: drank alcohol on 1+ of the 30 days preceding the survey. Episodic heavy drinking: drank 5+ drinks of alcohol on one or more occasions on 1+ of the 30 days preceding the survey. (Appendix 1: Data Table 34)

Caveats: Data are for New York State; county-level data are not available.

Measure: Alcohol-Related Motor Vehicle Crashes (Under 21)

Definition: Number of alcohol-related motor vehicle accidents, where youth under 21 years of age were drivers. The data include total accidents broken out by property damage, injuries to driver or passengers, or fatalities.

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Alcohol-Related Vehicle Crashes: Under 21 Years

Source: NYS Department of Motor Vehicles
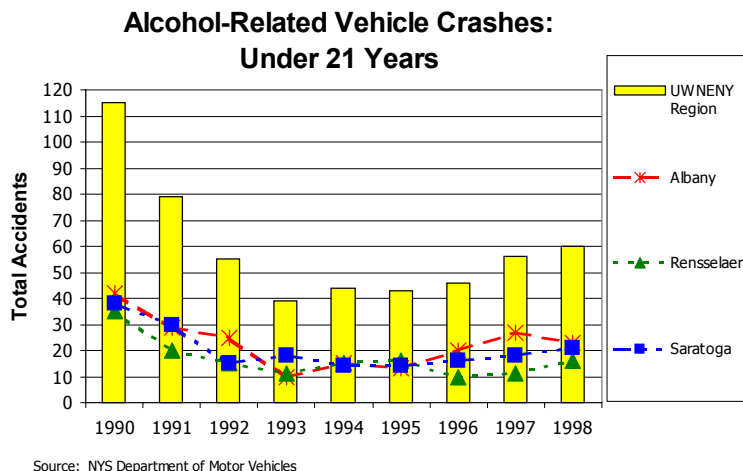
Trends: Although the total number of alcohol-related crashes involving young drivers in 1998 was only about half the total in 1990, the number has been increasing steadily upward again since reaching a low of 39 in 1993. This pattern is true to varying extents within each of the three counties. Overall, the rate of alcohol-related accidents in drivers under 21 years of age is less than 0.25% of all licensed drivers within that age group. For breakdowns by property damage, injury and fatality, see Appendix1: Data Table 35.

Comparisons: No Upstate data were available for comparison.

Caveats: Changes in number of alcohol-related crashes may be affected by factors such as varying levels of awareness regarding the dangers of drinking and driving, increased or decreased use of designated drivers, and targeted surveillance by law-enforcement agencies.

Issue Area: Personal Development

Definition: Deaths per 1,000 youth aged 15-19 due to suicide, by county of residence.

Teen Suicide Rates Ages 15-19
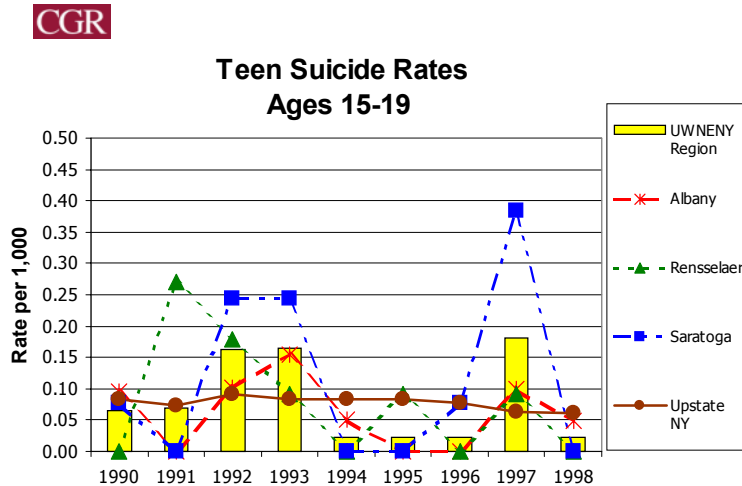
Source: NYS DOH - Bureau of Biometrics

Trends: While suicide rates among youth ages 15-19 are very small, they display a wide variation over the study period. These rates reflect a maximum of 10 youth suicides in one year, with a total of one in each of four different years. There is no consistent pattern of suicides by county, although surprisingly large numbers have occurred in three different years in Saratoga County. (See Appendix 1: Data Table 36).

Comparisons: While Upstate NY trends have remained fairly consistent at 0.06-0.09/1,000 over the study period, UWNENY region rates have at times been higher and at others been lower than Upstate rates. Similarly, in various years, the region has done better or worse than the national Year 2000 goal of no more than 0.08 suicides per 1,000 teens 15-19.

Caveats: None

Measure: Single Parent Households and Children in Them

Definition: The number of households in 1990 which were headed by a single parent with children under the age of 18, and the number of children under age 18, living in a single-parent household.

Trends: In 1990 there were more than 15,000 single-parent households within the UWNENY Region, and almost 30,000 children in these families. Albany County has nearly twice as many single-parent households and children living in such households compared to Rensselaer and Saratoga Counties. Proportionately, Albany also has more Children living in

Single Parent Households - 1990

Source: 1990 Census & NYS Department of Health, *MCAH Profile*

single-parent households: 25% of the children in Albany live with a single parent, compared with 20% of the children in Rensselaer and 15% of those in Saratoga. (See Appendix 1: Data Table 10; this measure is also reported in Focus Area: Family Care, Issue Area: Family Dysfunction).

Comparisons: Data were available for 1990 only; we are awaiting 2000 Census data. Therefore, further comparisons are not possible at this time.

Caveats: 1990 data are significantly outdated, but are presented as a baseline to be updated when the 2000 Census data become available.

Issue Area: Social Recreation

<u>Measure: Youth Population Estimates</u>

Definition: Number of youth age 0 –19 residing in the specified region. These figures can be used as a proxy to estimate youth social recreation service needs by age.

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Youth Population Estimates
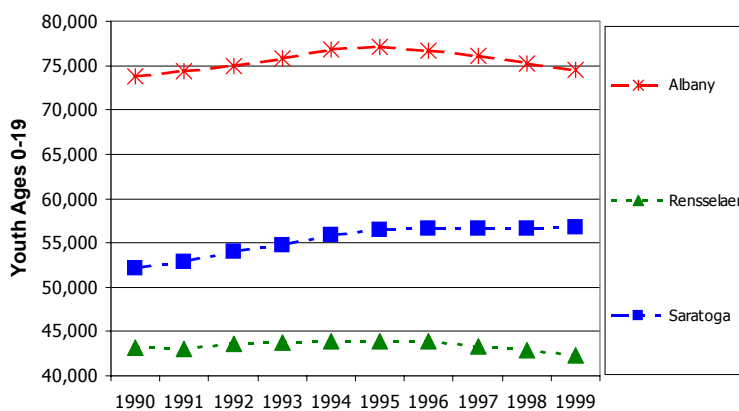
Source: U.S. Census Bureau

Trends: Overall, as noted in the Introduction to this chapter, the number of youth age 0-19 in the UWNENY Region increased slightly (+2.6%) between 1990 and 1999. The number of youth in Saratoga County steadily increased during the 1990s. Conversely, since 1995, Albany County's youth population declined, although it did not fall below its 1990 level. Between 1990 and 1999, the youth population of Rensselaer County remained fairly consistent, dropping off slightly. (Appendix 1: Data Table 37).

Comparisons: The youth population (age 0-19) in Upstate NY grew slightly (about 25,000 youth, or less than a 1% increase) from 1990 to 1999. Over the decade, the individual UWNENY counties, the region, and Upstate all experienced declines among the population age 0-4, increases among the populations ages 5-9 and 10-14, and with the exception of Saratoga County, slight declines in the number of youth ages 15-19. (See Appendix for data broken out by ages 0-4, 5-9, 10-14, and 15-19.)

Caveats: Population estimates are based on the 1990 Census. The estimates were produced by a method that is still in a developmental stage. Estimates may not be accurate for populations that are very small or have unusual distributions. These estimates should be compared with 2000 official Census enumerations when they become available in 2001.

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Elementary School Enrollment:
Grades K-6

Source: NYS Education Department

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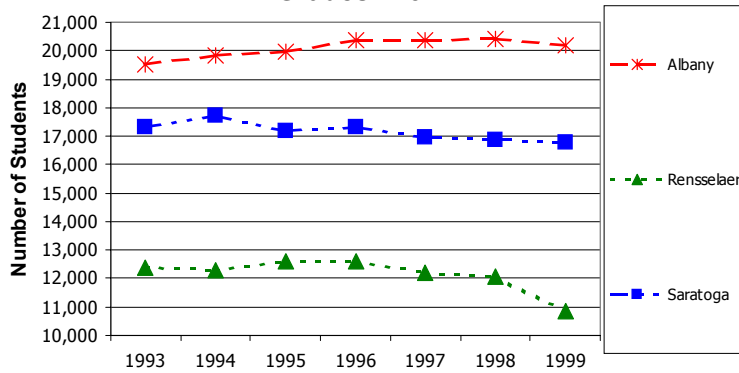
Middle School Enrollment:
Grades 7-8

Source: NYS Education Department

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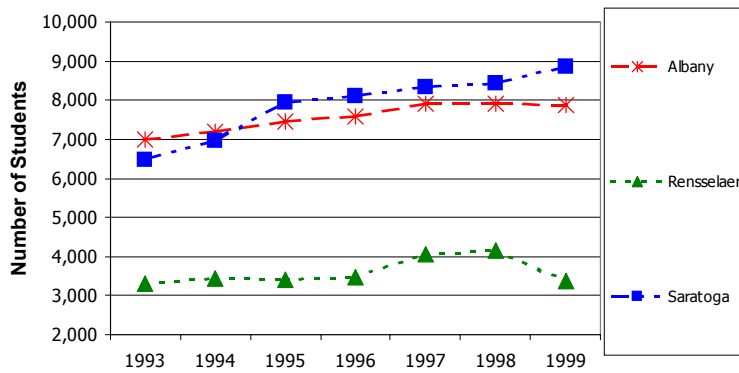
High School Enrollment:
Grades 9-12
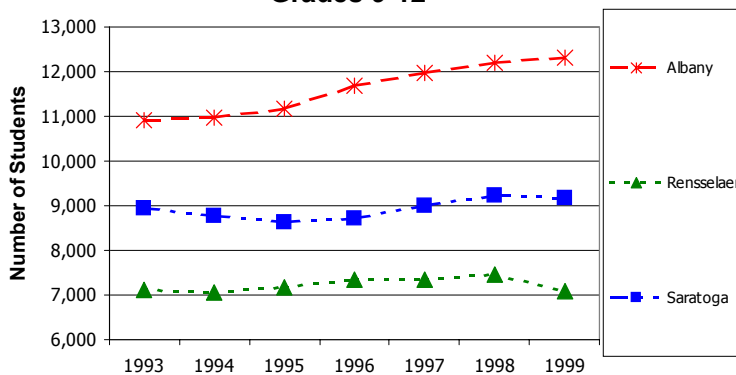
Source: NYS Education Department

Measure: School Enrollment

Definition: The number of students enrolled in public elementary, middle and high schools by county of residence. These figures can be used as a proxy to estimate youth social recreation service needs by age.

Trends: Raw numbers are presented for information only.

Comparisons: Upstate NY and UWNENY region numbers presented in Appendix 1: Data Table 38A-C.

Caveats: Enrollment data is limited to public school districts only.

CGR

Implications and Community Discussion Points

The data presented in this chapter, and points raised in our interviews with key community stakeholders, raise a number of questions and suggest a number of issues for consideration by the United Way and the larger three-county community. Among those are the following, offered in no particular order of priority:

❖ Is there a need throughout the region for more teen centers or other safe places for youth to hang out, socialize, play music, access computers, do homework, play games, etc.? Is it feasible to offer such opportunities in scattered sites around the region? Can school facilities be used more effectively to meet at least some of these needs during non-school hours?

❖ To what extent are youth valued in the region's communities? How much is their input valued and sought? Are there ways to create more youth leadership and decision-making roles in the community?

❖ How can the community provide more opportunities for youth to be involved in various community service activities?

❖ Should various types of after-school activities and programs be expanded? Is it feasible to expand evening and weekend hours of selected programs and activities? Are enough constructive activities in place for older youth?

❖ Although our measures could not confirm it, some of those we talked to suggested that there are increasing gang activities and gang-related violence and drug trafficking among older youth in the region. How can that be confirmed, and to the extent that it may be a problem, how can the community respond most effectively?

❖ Is there a need for expanded outreach activities and "street workers" to address gangs and older youth who may be disaffected and not show up in traditional programs and services?

❖ How can the faith/religious community reach more youth through various activities?

❖ How does the community do a better job of reaching youth who are not involved in traditional school, sports, extracurricular and religious activities?

❖ There appears to be a need to expand community mentoring/role modeling programs for youth. How can more adults be recruited to work one-on-one with youth?

❖ Should the community expand school-based collaborative efforts involving other agencies working in schools with youth? Should expanded mental health and counseling services for youth be created, and should more of them be based in schools?

❖ Should more programs focus on the entire family, rather than focusing on the child's issues alone?

❖ What should be done to help improve communications between adults and youth within families? Does the community need more training in such techniques as anger management and conflict resolution to help parents and children work through problems?

❖ How can domestic violence and child abuse and neglect be more effectively addressed within the region?

❖ What community assets need to be strengthened or developed to address the needs of children in foster homes and their families, and of those in families at risk of having a child placed out of home? What assets need to be put in place to prevent or reduce the numbers of families reaching that point in the first place?

❖ What aftercare programs or other resources are needed to ensure effective transitions from foster homes and other placement facilities back to the original homes?

❖ To what extent are the region's communities "youth-friendly"? How do communities develop assets to enrich the lives and opportunities available for youth and families throughout the region?

❖ More attention needs to be focused on creating measures of youth development activities, using such things as regional surveys to track various youth behaviors and attitudes, use and abuse of various substances, presence or absence of various assets/resources in their lives, extent of involvement in various activities and community service/ volunteer opportunities, etc.

IV. BASIC NEEDS FOCUS AREA

Introduction

This third Focus Area addresses issues related to the region's economic well-being. It is designed to track how well the community is doing in creating an economic environment in which people are able to meet their needs without having to be dependent on others, and to monitor the extent to which supports are necessary to meet needs of those who are not able to be self-sufficient. This broad focus area contains four subsets, or Issue Areas: Poverty, Hunger and Nutrition, Homelessness, and Disasters. The United Way of Northeastern New York (UWNENY) believes the following outcome or goal statements are appropriate for the community for each of the four Issue Areas:

Poverty: A community where there are sufficient financial resources to purchase products or services to meet the subsistent personal or physical needs.

Hunger and Nutrition: A community where basic needs, such as food, shelter, clothes and utilities are provided for individuals and/or families.

Homelessness: A community in which people who are homeless can access safe, secure, stable, local emergency shelters where they are treated with non-judgmental dignity and respect; a community which provides places to live while teaching skills needed to live in the community as a self-sufficient, productive, healthy person.

Disasters: Individual victims of catastrophic, natural, physical or man-made events resulting in physical, financial or psychological hardship will have all their emergency needs met, thus enabling them to resume living independently and to return to pre-disaster status faster by providing them with the means to purchase what they need most.

Several of these Issue Areas and their measures overlap considerably, as measures which pertain to one may pertain almost equally well to another. As noted in the first chapter of this document, this is a reminder that no individual measure, and no single Issue Area, should be reviewed in isolation. Instead, all of

the basic needs-related measures should be considered together; indeed, they are integrated together in the summary discussion which follows.

Summary of Trends

In reviewing the 13 measures which follow in this chapter, some trends and themes emerge from the data. Although the measures are subsequently organized within the four Issue Areas, their interrelationships are emphasized as they are first discussed in summary fashion below:

❖ Although there are no estimates of the region's overall poverty rates after 1995, at that time estimates were that there were about 8,500 more people below poverty in the region than in 1990 – an estimated 9.3% of the population. Among children and youth, the estimate was 14.5% below poverty. Although both figures were higher than 1990, they had declined from higher poverty rate estimates in 1993. The region's poverty rate is slightly lower than the Upstate New York rate for the same years.

❖ A proxy measure often used as an indication of the poverty rate among a community's children is the number and proportion of school children eligible for the free and reduced price lunch program. Using that measure, the number of poor children in the region increased by 49% between 1991 and 1999, to more than 31,000 students – 29% of the region's school enrollment. The regional proportion each year has been slightly lower than the comparable Upstate rate. Increases occurred in each of the region's counties.

❖ Even though rates of poor people within the region seem to be increasing, the numbers of people on public assistance/welfare rolls declined dramatically during the 1990s in each county – a reduction of more than 15,500 people from the 1993 regional peak (minus 56%), to a 1999 monthly average of just over 12,000 people.

❖ Data through 1996 suggested that the number of applications for public assistance, and for food stamps, continued to be high, even as caseloads declined, with fewer proportions of applications being approved. But

even though many people no longer eligible for basic cash assistance could still be eligible for food stamps, the non-public assistance food stamp population (people receiving food stamps only) declined by 29% between 1996 and 1999 in the region, thus suggesting either real reductions in the numbers of poor people in the region and/or improvement in the economic circumstances of many of the area's lower-income population, or that many may be unaware that they may still be eligible for food stamps and are simply not applying.

❖ The numbers of people receiving emergency food in the region have increased by 8.5% since 1996, although the total numbers of meals served declined by 12% during that same period.

❖ Unemployment rates have declined by more than 2 percentage points in each county in the region since 1992. Regional unemployment rates consistently have been between .5 and 1.5 points lower than the Upstate rate.

❖ Per capita personal income, adjusted for inflation, increased by almost $2,000 since 1993, although the region's per capita income level has increasingly lagged behind the overall Upstate level – in recent years by more than $2,000.

❖ The numbers of people 65 and older receiving Supplemental Security Income (SSI) have declined slightly in recent years, to about 2,600, or about 3% of the total senior population in the region. Conversely, people with disabilities receiving SSI have increased by more than 50% since 1990, an increase of more than 3,500 people in the region, to a total of more than 10,000 blind and disabled people on SSI in recent years. For both seniors and people with disabilities, the regional SSI rates are lower than comparable Upstate rates of coverage.

Summary Conclusions

In summary, there are a number of positive trends related to the region's economic well-being, some that are less promising, and some where the implications are somewhat ambiguous. Within

the overall regional figures, significant variations exist across counties.

❖ Although measures of poverty suggest growing numbers of poor people in the region, especially among children and youth, the rates remain lower than Upstate rates, and welfare and food stamp rolls have declined by significant amounts in recent years. Many expected non-public assistance food stamp rolls to increase as people moved off public assistance rolls, but this has not occurred. It is unclear whether the actual number of poor people may have declined, as people enter the work force or find other ways of surviving, or if the numbers of poor remain high but they are simply not being approved for services, or if they are finding other ways to cope and become self-sufficient, and/or if many are not being made aware that they are still eligible for food stamps and are therefore not receiving legitimate resources that could ease their transition from welfare. What is known is that between 1996 and 1999, the number of individuals receiving emergency food increased by 8.5% across the region.

❖ Other data suggest that economic circumstances are improving for many in the region, as unemployment rates are consistently 2 percentage points lower than in the early 1990s, with a reduction of more than 50% (about 7,000 people in an average month) in the numbers of unemployed people in the region. Per capita income continues to increase, even though lagging behind Upstate levels. Thus people are finding jobs, and are being paid at higher wages than a few years ago, but many of the jobs are apparently not at the same pay levels as many jobs in other Upstate areas.

❖ Fewer seniors in the region are now receiving SSI, but significantly more people with disabilities now receive SSI payments. In both cases, the proportions are lower than Upstate rates. It is unclear if this means the region has fewer poor seniors or if there are different standards and procedures in the region for enrolling seniors on SSI. Similarly, are there increasing numbers of poor people with

disabilities in the region, or are people making better use of the system? And either way, are there still fewer poor people with disabilities in the region than elsewhere in Upstate, or different standards, awareness and procedures for moving people to SSI rolls?

❖ Beyond the overall regional numbers, it is important to also examine individual county numbers and rates to determine where there may be significant differences in how well different areas do on various measures. For example, Albany typically has the highest proportions of people on public assistance, on the free/reduced lunch program, receiving emergency food, and people on SSI – Disabilities, but it leads the region by a substantial margin on per capita personal income and consistently has the lowest unemployment rates of all three counties. By contrast, Saratoga has the lowest poverty and free/reduced lunch rates, the smallest public assistance and food stamp rolls, and the lowest SSI rates, but its performance is not as good on unemployment and per capita income measures, and it has recently experienced increases of more than 60% in the numbers of people receiving emergency food, and in the total numbers of emergency meals served. Rensselaer ranks at the bottom or in the middle on most measures, and consistently has the lowest per capita income level and the highest unemployment rate in the region.

FOCUS AREA: BASIC NEEDS

Issue Area: Poverty

Measure: Persons Living in Poverty

Definition: 1990 Census data reflect the number of persons whose income in 1989 was below the poverty level, expressed as a rate per 1,000 residents. (Note: the graph represents all *persons* rather than *households* living in poverty.) 1993 and 1995 data represent Census Bureau estimates for those years.

Trends: Poverty rates increased substantially between 1990 and 1993 in the Region as a whole and within each county. Between 1993 and 1995, the estimated rates declined, but still remained higher (about 8,500 more people) than they were in 1990. No estimates have been published since then. Rensselaer County has generally experienced the region's highest poverty rates, and Saratoga's rates have been well below the other counties. Data broken out by age and presented in Appendix 1: Data Table 39 reveal that children age 0-17 experience the highest rates of poverty across the region (a 1995 rate of 145 per 1,000 compared to 93 for the entire population).
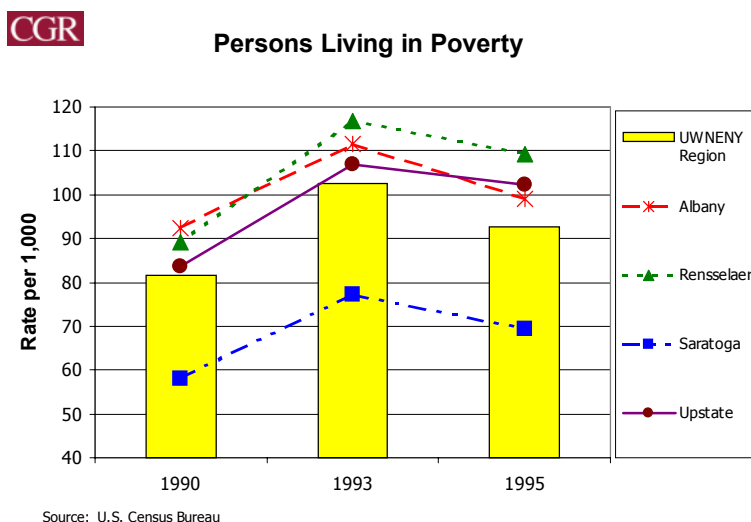
Persons Living in Poverty

Source: U.S. Census Bureau

Comparisons: Overall, the UWNENY Region's poverty rate has been a bit lower than the Upstate rate, although the rates in Albany and Rensselaer have remained at or above the Upstate rate.

Caveats: 1990 data are Census data, while 1993 and 1995 data are estimates based upon the 1994 and 1996 Current Population Surveys respectively. No more current information will be available until the 2000 Census data are released.

Measure: Population on Public Assistance

Definition: Monthly average number of cases and persons in income maintenance programs (basic cash assistance) including Temporary Assistance to Needy Families (TANF - formerly AFDC/ADC), Safety Net (formerly Home Relief), and Emergency Assistance programs.
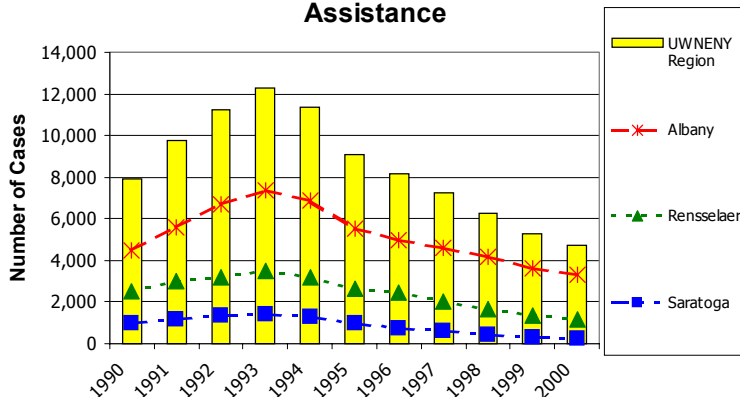
Trends: Public assistance caseloads increased steadily until 1993, after which time caseloads consistently decreased across the UWNENY region. Between 1993 and 2000, Albany has witnessed a 55% drop in caseloads, Rensselaer 66.7%, and Saratoga a dramatic 84.2%. (Appendix: Data Table 40A; Table 40B presents caseload data by program).

CGR

Monthly Average Cases on Public Assistance

Source: NYS Office of Temporary and Disability Assistance

Comparisons: The UWNENY Region experienced significant caseload reductions as well; in 2000 there were about 7,600 fewer cases than in 1993 (a 62% decrease). Upstate saw similar reductions of its caseload (57%) during the same time period.

Caveats: Year 2000 data represent August 2000 caseload. Total number of cases and recipients may continue to decline, regardless of need, due to welfare reform regulations limiting time spent on public assistance. Nonetheless, the numbers had begun to decline even before the new regulations took effect.

Measure: Public Assistance Applications and Approvals

Definition: Annual number of applications for assistance received and disposed of by program.

ADC Applications: Number Approved

Source: NYS Office of Temporary and Disability Assistance

Home Relief Applications: Number Approved
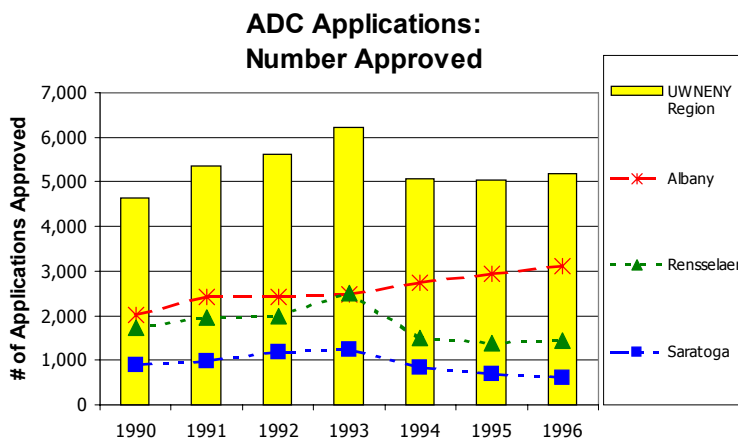
Source: NYS Office of Temporary and Disability Assistance

Trends: The number of applications for public assistance (ADC and HR) have continued to increase in the UWNENY region but the number that are approved have dropped since 1993, with the exception of an increase in HR approvals in 1996. Albany is the only exception, reflecting an overall 53% increase in approvals over the base year 1990. (Appendix 1: Data Table 41A-C for program specific data).
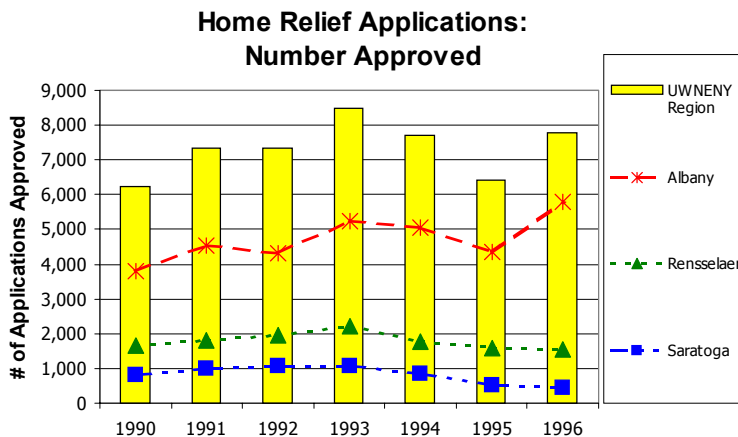
Comparisons: Unlike the UWNENY region, applications for public assistance started dropping after 1993 in Upstate NY. Approvals, however, dropped steadily in both the region and Upstate NY.

Caveats: Approvals, denials and withdrawals will not add to total applications since not all applications are processed. Data not available beyond 1996, and are needed to determine effect of welfare reform on patterns of applications and approvals. These data reflect unduplicated counts of caseloads and not individuals for ADC, and mostly individuals for HR.

Measure: Non-Public Assistance Food Stamps Applications and Approvals

Definition: The number of applications each year to open new food stamps cases from individuals who do not qualify for financial assistance/income maintenance (AFDC/TANF or Home Relief/Safety Net), and the number of applications actually approved. Each application involves an average of about two persons per case.

Non-Public Assistance Food Stamps: Number Approved

Source: NYS Office of Temporary and Disability Assistance
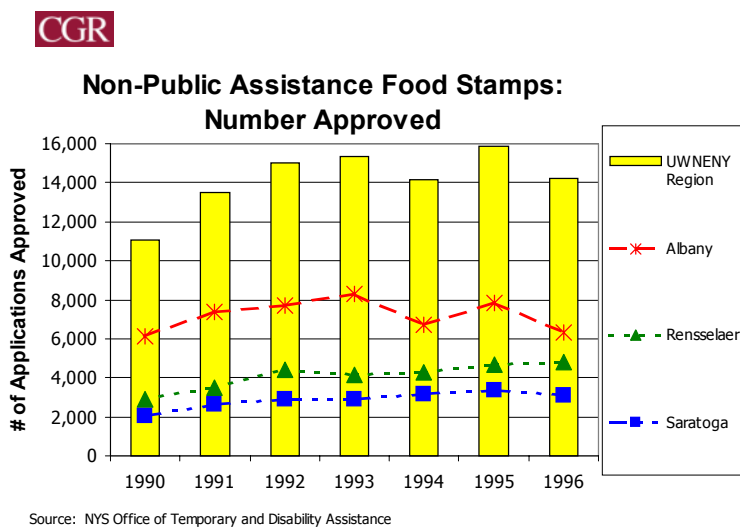
Trends: Non-PA food stamps approvals steadily increased in the UWNENY region until 1993. Since then, annual approvals have fluctuated between 14,000 and 16,000. Over 70% of all applications made are approved. Rensselaer and Saratoga counties reflect steady increases throughout the decade, with over 85% and 75% of all applications being approved. In Albany the number of applications have tended to fluctuate over the study period and approvals have dropped close to its 1990 levels. Less than 70% of all applications are approved in Albany. (Appendix 1: Data Table 42).

Comparisons: Upstate NY mirrors UWNENY trends in rising food stamp applications and percentage of approvals.

Caveats: Welfare reform restrictions place limits on the number of times a person can receive food stamps within a 36-month period. Unless the individual is working, caseloads are likely to decline in the future, regardless of need. This measure should be reviewed in conjunction with total food stamp caseloads under Issue Area Hunger and Nutrition.

Measure: Medicaid Applications and Approvals

Data request still being processed at NYS Office of Temporary & Disability Assistance at the time of this report's publication.

Measure: Seniors Receiving SSI

Definition: Supplemental Security Income (SSI) is a federal cash assistance program that provides monthly payments to low income aged, blind and disabled persons. The program is based on nationally uniform eligibility standards and payment levels. The Federal SSI payment is determined by the recipient's countable income, living arrangement and marital status. As of January 1999, the maximum monthly Federal SSI payment for an individual living in his or her own household and with other countable income is $500, and for a couple $751. A state may supplement the payment levels of all or selected categories of recipients. This measure reports people 65 or older, both low income and disabled, who receive SSI cash assistance as a rate per 10,000 senior residents per county.

CGR

SSI Recipients: Seniors 65+

Source: Social Security Administration

Trends: Since 1994 there has been a slight reduction in the rate of seniors receiving SSI in the UWNENY region as a whole. Rensselaer has the highest rate of seniors receiving SSI, while Saratoga is at the lower end of the spectrum. (Appendix 1: Data Table 43; this measure is also presented in Focus Area: Elder Care, Issue Area: Dependent Care).

Comparisons: Rates in both the UWNENY region and Upstate have been declining, although Upstate has typically had a substantially higher rate than the region. In 1999, Upstate NY's rate was 382 per 10,000. The regional rate was 299 per 10,000.

Caveats: Ideally, SSI data could be supplemented by data on seniors receiving food stamps who did not qualify for SSI. However, such age breakdowns are not readily available for food stamp recipients. These SSI data reflect the poorest of the senior population living in non-institutionalized community-based settings.

Measure: Disabled Receiving SSI

Definition: Supplemental Security Income (SSI) is a federal cash assistance program that provides monthly payments to low income aged, blind and disabled persons. The program is based on nationally uniform eligibility standards and payment levels. The Federal SSI payment is determined by the recipient's countable income, living arrangement and marital status. As of January 1999, the maximum monthly Federal SSI payment for an individual living in his or her own household and with other countable income is $500, and for a couple $751. A state may supplement the payment levels of all or selected categories of recipients. This measure reports disabled and blind of all ages who receive SSI cash assistance as a rate per 100,000 county residents. The vast majority of these SSI recipients receive aid to the disabled, with small percentages receiving aid to the blind.

Disabled SSI Recipients: All Ages
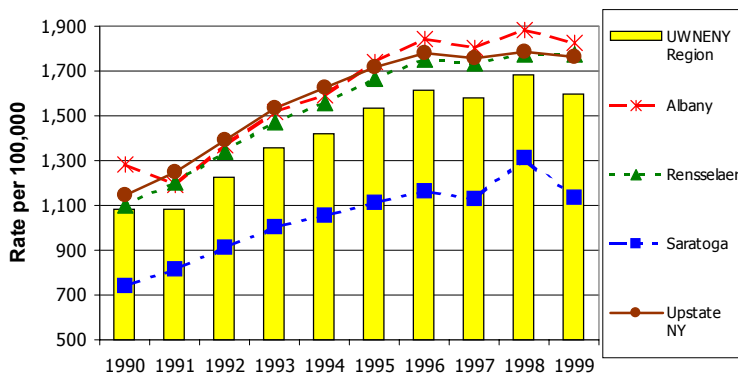
Source: Social Security Administration

Trends: Since 1990, there has been a significant increase in the rate of disabled receiving SSI across the UWNENY region. The rates in Albany and Rensselaer Counties have been similar since 1991, and Saratoga's rates have been the lowest in the region throughout the decade. (Appendix 1: Data Table 44).

Comparisons: The Upstate rate has experienced an increase throughout the decade, similar to the region, although the regional rate consistently has been below the Upstate rate.

Caveats: Some of the decline in 1997 was due to changes in substance abuse eligibility. It is not always clear whether increases indicate that more people with disabilities are poor, or that more people are making better use of the system. No breakdown is available by disability type.

Measure: Per Capita Personal Income

Definition: Total personal income is derived from net earnings, dividends, interest, rent, and transfer payments (income maintenance, unemployment, insurance, retirement, and other), divided by total population. Data have been adjusted to 1997 dollars.

Annual Per Capita Income (Adjusted)

Source: US Bureau of Economic Analysis

Trends: Beginning in 1994, annual per capita personal income has steadily increased across the UWNENY Region. When comparing the individual counties of Albany, Rensselaer and Saratoga, throughout the decade, per capita personal income has been significantly higher in Albany County. Rensselaer County has experienced the lowest annual income level; in 1998 it was $24,285, or $5,824 less than Albany County. (This measure is also reported in the Family Care Focus Area –Family Dysfunction; Appendix 1: Data Table 45).

Comparisons: The overall UWNENY Regional per capita income has consistently been below that of the Upstate Region. Since 1993 the income gap between the UWNENY Region and Upstate has been steadily increasing; in recent years the Upstate per capita income has exceeded the UWNENY level by more than $2,000 per year.

Caveats: Annual per capita income data have been adjusted to 1997 values using the Consumer Price Index.

Measure: Average Annual Salary

Definition: The adjusted average annual salary is the average annual salary, adjusted for inflation, using the Consumer Price Index for all employees covered by unemployment insurance. The data reflect an average annual salary per *worker,* not per family or household. Data have been adjusted to 1997 dollars.

CGR

Average Annual Salary (Adjusted)
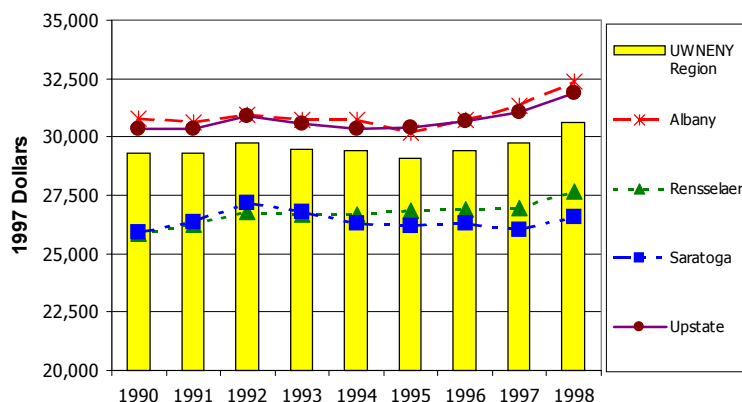
Source: NYS Department of Labor & US Bureau of Economic Analysis

Trends: Average annual salaries have been slowly but steadily increasing in the UWNENY Region since 1995, with this upward trend occurring within each of the individual counties. The average annual salary has consistently been the highest in Albany, and typically the lowest in Saratoga. In 1998, average salaries in Albany were about $5,800 higher than in Saratoga. (Appendix 1: Data Table 46).

Comparisons: Throughout the decade, average salaries in the UWNENY Region have been about $1,000 - $1,200 lower than average salaries in Upstate.

Caveats: Salaries are counted in the county in which the employee works, not the county in which he/she resides. For example, if a resident of Albany County works in Saratoga County, her salary is included with the Saratoga County data. Workers on more than one payroll are counted more than once. Both full and part-time employees are included.

Data are derived from information obtained from the administration of the Unemployment Insurance Program, and as such, may be affected by changes in UI coverage, dictated by UI law. Therefore, abrupt changes in wage levels may be at least in part the result of administrative or legal changes rather than economic events.

Issue Area: Hunger and Nutrition

<u>**Measure: Free/Reduced Lunch Program Enrollment**</u>

Definition: Percentage of total student enrollment in both public and private schools who are eligible (applied for and accepted) for the free/reduced lunch program. This measure is often used as a proxy for children in poverty, although it overstates the actual poverty rate.

CGR
Enrollment in Free/Reduced Lunch Program

Source: NYS Department of Education
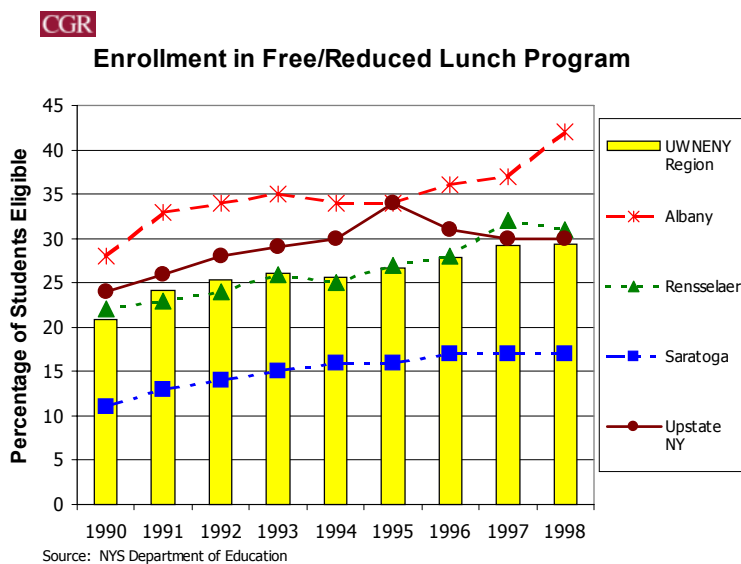
Trends: Enrollment in the Free/Reduced Lunch Program steadily increased from 1990 to 1998. In recent years this has represented greater than 30,000 students in the region, or a 49% increase since 1991. Each of the three counties experienced steady increases in enrollment during the decade and Albany has typically had the highest proportion of eligible students (42% in 1998), and Saratoga the lowest (17% in 1998). Appendix 1: Data Table 47.

Comparisons: By using this measure as an indicator of poverty, it appears as though until recent years, the Upstate NY region had a higher poverty rate than the UWNENY region. However, since 1995, rates in Upstate have declined, while rates in the region have increased to the point where the rates of both regions have been comparable since 1997. Further data are necessary to determine whether this represents a significant trend.

Caveats: Actual program participation may be less; some eligible students do not take a meal each day. School enrollment totals used to calculate the percent of students participating does not include students enrolled in Boards of Cooperative Educational Services (BOCES).

Measure: Non-Public Assistance Food Stamp Caseload

Definition: Monthly average households and persons, who do not qualify for financial assistance/income maintenance (AFDC/ TANF or Home Relief/Safety Net), who receive food stamps benefits.

CGR

Non-PA Food Stamp Participation

Source: NYS Office of Temporary and Disability Assistance
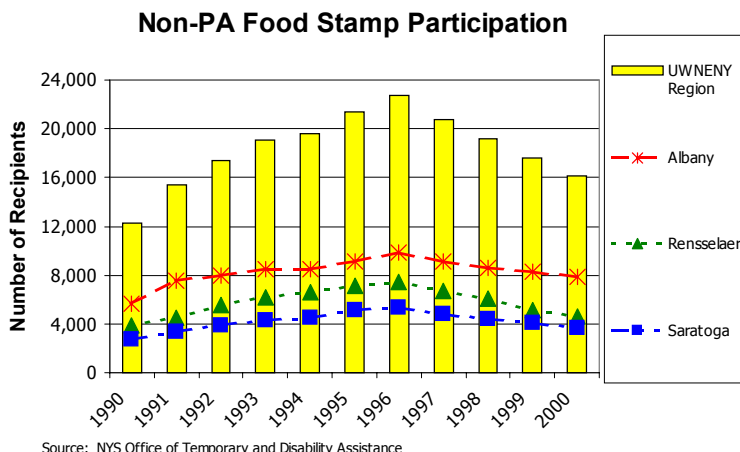
Trends: The number of households and individuals not on public assistance who receive food stamps has steadily declined since 1996 across the UWNENY region as a whole, although between 1990 and 2000 the number of food stamp recipients increased by almost 4,000. The individual counties have all experienced declines in program participation during the latter half of the 1990s. Albany County has historically had the highest food stamp participation, followed by Rensselaer and Saratoga Counties. In 2000, Albany had nearly twice the number of participants (almost 8,000) as Rensselaer or Saratoga. (Appendix 1: Data Table 48.)

Comparisons: Upstate NY has also seen a significant drop (21%) in non-public assistance food stamp recipients between 1996 and 2000, compared with a 29% reduction in the UWNENY region.

Caveats: As welfare reform places limitations on the amount of time a person can receive food stamps within a 36-month period, unless a person is working, caseloads are likely to decline in the future, regardless of need. Ideally, this total caseload measure should be compared with data on applications and approvals, if the earlier measure could be made available for years subsequent to 1996.

Measure: Individuals Served Emergency Food

Definition: The total number of individuals served emergency food by county of residence. The NYS Hunger Prevention and Nutrition Assistance Program (HPNAP) funds meals served at soup kitchens and food pantries to homeless and destitute persons.

Individuals Served Emergency Food: HPNAP Program

Source: NYS Department of Health - Division of Nutrition
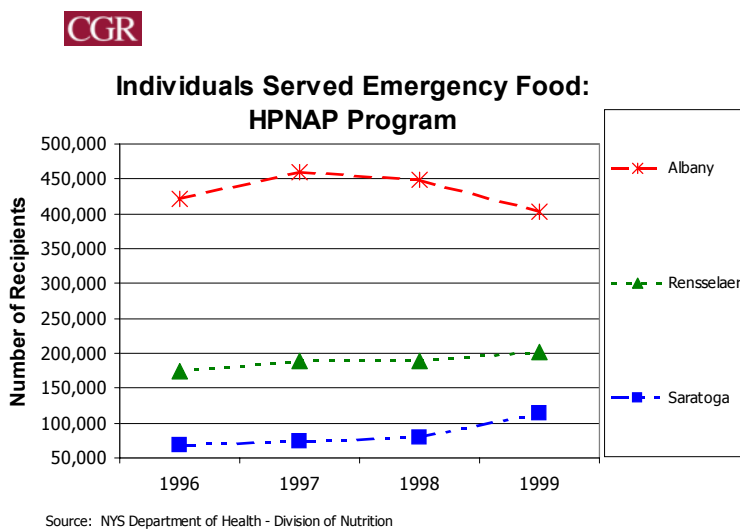
Trends: While the total number of individuals receiving emergency food decreased by 4.5% in Albany from 1996 to 1999, Rensselaer and Saratoga counties reflect 17% and 67% increases, respectively. Overall, the UWNENY region registered an 8.5% increase in individuals served from 1996 to 1999. Also, as seen in Appendix 1: Data Table 49, the total number of meals served have fallen by 24% and 18% in Albany and Rensselaer, and increased by 63% in Saratoga. The UWNENY region as a whole reflects a 12% decrease in total meals served. The age breakdowns presented in Table 51 are not completely reliable as a person's age is generally guessed by the staff person serving the food.

Comparisons: No Upstate data were available for comparison.

Caveats: A decrease in the number of individuals receiving emergency food may not mean reduced hunger in the community, as resources available for these services may have declined. Also, these data are limited to those agencies receiving HPNAP funds only.

Measure: Unemployment Rates

Definition: This index measures the percent of the labor force that is without work and is actively seeking employment.

CGR

Unemployment Rate

Source: NYS Department of Labor

Trends: The unemployment rate has steadily declined across all counties in the UWNENY Region since 1992. After peaking in 1992, unemployment rates returned to their 1990 levels by the end of the decade in Albany, Saratoga, and Rensselaer counties. Rensselaer County has consistently experienced the highest unemployment rates in the region, about one percentage point higher than Albany, the county with the lowest rate— with Saratoga typically about midway between the two. This measure is also reported in the Community Development Focus Area—Unemployment/Underemployment; Appendix 1: Data Table 57.

Comparisons: Unemployment rates in the UWNENY region have consistently been .5 to 1.5 points below the rate for the entire Upstate NY area.

Caveats: The unemployment rate represents only those who are actively seeking employment and does not account for under-employment or discouraged workers who have stopped looking for jobs. County rates are based upon NYS survey data.

Issue Area: Homelessness

Measure: DSS Emergency Placements and Duration Statistics

Data are not consistently tracked.

Issue Area: Disasters

Measure: Number of Families Impacted by Non-Natural Disasters

CGR

**Non-natural Disasters
Residential Fires, 1999-2000**
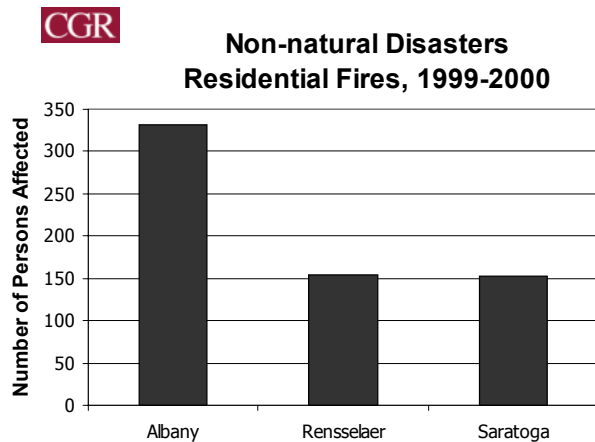
Source: American Red Cross of Northeastern New York

Definition: The number of residential fire disasters where victims were assisted by the Red Cross. Appendix 1: Data Table 50.

Trends: Data are available for one year only, for one type (fire) of disaster only.

Comparisons: No Upstate data were available for comparison.

Caveats: Obviously, the nature of the disaster is unpredictable and the number, type and impact of disaster can vary greatly from year to year. For example, the period of July 1999 – June 2000, for which data are available, did not include any winter storm related incidents, which are a common recurrent disaster in the UWNENY Region. Nor did the 12-month period include any hazardous materials incidents either—another incident type that recurs with some regularity in the region.

Implications and Community Discussion Points

The data presented in this chapter, and points raised in our interviews with key community stakeholders, raise a number of questions and suggest a number of issues for consideration by the United Way and the larger three-county community. Among those are the following, offered in no particular order of priority:

❖ Does the fact that welfare rolls are sharply lower than a few years ago mean that the overall economic climate in the region has improved, and that most of those no longer on welfare have found employment, or are some of these people becoming added burdens to family and friends, and to other parts of the service system?

❖ Better tracking is needed of what happens to those coming off the public assistance rolls – e.g., how many obtain jobs, how many obtain separate food stamps, housing implications, etc. Updated information is needed on the numbers and dispositions of public assistance, Medicaid, and food stamps applications.

❖ Are additional efforts needed to ensure that those no longer on welfare are, and can continue to remain, productively employed, and are able to obtain the skills needed to be self-sufficient on an ongoing basis? Are added support resources such as transportation, food stamps, and child care being productively utilized to create incentives for individuals to enter and remain in the work force? Is there a need for expansion of such resources as budget planning and credit counseling for those coming off welfare and beginning to manage their own resources?

❖ What resources are needed to meet the work-related needs of the core, hard-to-place persons who remain on the welfare rolls, and how does the community collaborate to ensure that as many as possible of those individuals find productive employment? What support services are needed to make work more feasible for such people? Are adequate assessment procedures in place, and adequate job development efforts to find opportunities for such people? What can be done with employers to make it more realistic

and feasible for them to be willing to hire people with various types of disabilities and work-related problems?

❖ Is there a need for more child care offered at non-traditional hours, such as evenings, late nights, weekends, etc. in order to create more opportunities for people with children to work at "off-hours" when jobs may be available? Is there a role for the corporate community to be part of the solution in expanding such resources?

❖ To the extent that all efforts to place those with disabilities prove unsuccessful, are appropriate procedures and resources in place to facilitate appropriate applications to, and coverage by, SSI?

❖ What efforts can be initiated in the region to increase the supply of higher-paying jobs? The region is blessed with low unemployment, but it appears to lag behind other areas of the state in per capita income and average salary figures.

❖ Given the impact of welfare reform and the reduction in numbers of people receiving food stamps in the region, are sufficient soup kitchens and food pantries in the most appropriate locations and serving at the most appropriate times throughout the region? Are the substantial number of resources already in place adequately coordinated to assure their most cost effective use?

❖ Better measures are needed in the future to monitor the extent of homelessness and emergency housing, and the extent to which people are affected by, and need support to cope with, natural or man-made disasters.

V. COMMUNITY DEVELOPMENT FOCUS AREA

Introduction

This fourth Focus Area is designed to track how well the community as a whole is doing on a series of broadly-defined "quality of life" measures. This broad Focus Area contains five subsets, or Issue Areas: Adult Education, Crime, Unemployment/ Underemployment, Discrimination, and Disputes and Conflicts. The United Way of Northeastern New York (UWNENY) believes the following outcome or goal statements are appropriate for the community for each of the five Issue Areas:

Adult Education: To ensure that all adults in the community are able to understand, speak, read and write at a level that will enable them to achieve their personal, family, educational and employment goals.

Crime: Communities free of crime and negative circumstances that surround or create an environment conducive to criminal behavior.

Unemployment/Underemployment: A community in which the unemployed/underemployed are provided with the skills needed to achieve their career and personal goals.

Discrimination: A community where there is equal opportunity and access to services regardless of race, religion, age, handicap, marital status, sexual orientation, family composition, national origin and/or ethnic status.

Disputes and Conflicts: A community in which there are no unresolved major arguments, disagreements or misunderstandings between individuals, groups or organizations.

Some of the measures used to define progress in this Focus Area and its individual Issue Areas overlap to some extent with measures in other Focus Areas. In such cases, the data are presented in each of the relevant Focus Areas. Also, it should be noted that at this point, few if any good measures are known to exist in the Discrimination Issue Area.

Summary of Trends

In reviewing the 17 measures that follow in this chapter, some trends and themes emerge from the data. The highlights are summarized below:

Adult Education

Although the only available data are dated, based on the 1990 Census, about 20% of the adult population in the region at that time (about 78,000 adults 25 and older) had not completed high school. An estimated 35 to 40 percent of the adult population did not meet basic literacy competency standards. These data need to be updated via the 2000 Census to determine current education and literacy levels.

Crime

There are both positive and disturbing trends among the measures in this Issue Area.

❖ Although both reported serious violent crime and serious property crime rates in the region have typically been slightly higher than in Upstate NY, both of these regional serious crime rates have declined significantly since the mid-1990s. Murder rates have also declined in three of the past four years, and remain lower than Upstate rates.

❖ Youth arrest rates, while substantially higher than Upstate rates, have also declined in recent years in the region, especially among the most serious Part I crimes.

❖ Reported cases of domestic violence have more than doubled in the region since 1993, with significant increases in all counties in the region.

Unemployment/ Underemployment

The regional trends in the employment area are not stunning, but they are generally positive.

❖ Unemployment rates have declined by more than 2 percentage points in each county in the region since 1992. Regional unemployment rates consistently have been .5 to 1.5 points lower than the Upstate rate.

❖ Rates of job growth in the region have been slightly better than Upstate rates, but there has been a net loss of jobs in five of the past nine years. On the other hand, the net effect of these changes is that by the end of the decade,

there were about 9,600 more jobs in the region than had existed in 1990 (about a 3% net increase).

❖ Job growth was most prominent in the service sector, with an increase of about 20,000 new jobs helping to offset the loss of more than 5,600 manufacturing jobs in the region. The total number of jobs remained virtually unchanged from beginning to end of the decade in Albany and Rensselaer counties, but jobs increased by almost 20% in Saratoga county.

❖ Job placements for people with disabilities have increased across the region since the mid-1990s, particularly in competitive employment opportunities. During that time, each year between about 135 and 150 people with disabilities have been able to move from welfare rolls to jobs after receiving VESID vocational and educational services.

Discrimination and Disputes and Conflicts

Little good data exist to track evidence of discrimination in the community. On the other hand, there are mechanisms in place to address conflicts and disputes between various parties, potentially including discrimination as well as numerous other issues. These dispute/conflict resolution resources received increased use through 1997, before declining in the past two years. However, over the past few years the proportion of the cases successfully resolved has steadily declined from 65% to about 35% to 40%. It is not clear from the available data what has caused such reductions.

Summary Conclusions

On a series of broadly-defined "quality of life" measures, the region appears on balance to have made progress, though areas of concern remain. Within the overall regional figures, significant variations exist between counties.

❖ The region has experienced modest growth in the number of jobs over the past decade, despite losing substantial numbers of manufacturing positions. It has created an even larger number of jobs in the service sector. The primary location of new jobs has been in Saratoga County. Unemployment rates remain consistently low throughout the region. Some progress seems to have been made in

finding competitive and other job placements for people with disabilities.

❖ Estimates suggest that substantial proportions of the region's adults may not meet basic literacy standards, suggesting the possible need for increased attention to adult literacy issues in the future, if more recent data confirm the earlier estimates.

❖ Reported serious crime rates have declined significantly in recent years, as have youth arrest rates, although each of these rates have remained higher than the comparable Upstate rates. Reported cases of domestic violence have increased substantially in recent years throughout the region.

❖ Beyond the overall regional numbers, it is important to examine individual county numbers and rates, as on most measures there are significant differences across counties. For example, Rensselaer County has the lowest adult educational levels and consistently has the highest unemployment rates, but it also has maintained the lowest youth arrest rates and the lowest levels of reported domestic violence. Albany is at or near the bottom on all the crime measures, yet it has the lowest unemployment rate and the highest level of successful dispute resolutions. Saratoga, while having the best record of job growth and consistently low crime rates overall, has less desirable youth arrest, reported domestic violence, and unemployment rates; has the lowest ratio of successfully resolved dispute resolution cases; and has a small number of subsidized housing units for those with disabilities.

FOCUS AREA: COMMUNITY DEVELOPMENT

Issue Area: Adult Education

<u>Measure: Educational Attainment of Adults 25 Years and Older</u>

Definition: This measure shows the percent of the adult population (age 25 and older) who have completed less than the ninth grade; between ninth and twelfth grade, but not received a diploma; and those whose highest education attainment is the completion of high school (including high school equivalency). The data are from the 1990 Census and thus only exist for that year. They will be updated when the 2000 Census data become available.

CGR
Educational Attainment of Adults Age 25+ 1990
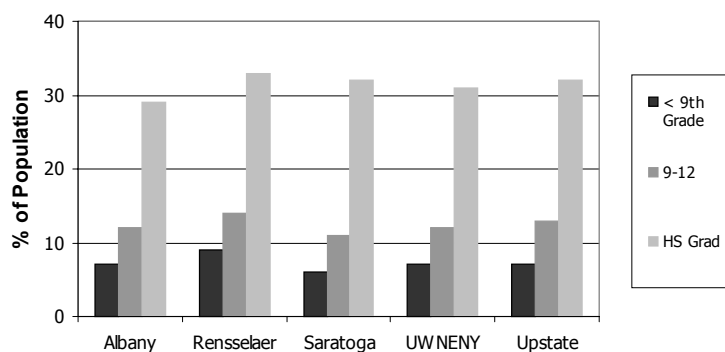
Source: US Census Bureau

Trends: The 1990 educational attainment levels among adults completing high school or less were fairly consistent across the individual counties of the UWNENY Region, the Region as a whole, and Upstate. About 20% of the adults in the region had not completed high school, ranging between 17% in Saratoga County and 23% in Rensselaer. This represents about 78,000 adults throughout the region, as of 1990. (Appendix 1: Data Table 51)

Comparisons: Data are available for 1990 only and do not allow for further comparison of trends.

Caveats: Totals do not equal 100%, as the measure does not include those persons who have completed formal education beyond high school.

Measure: Adult Literacy Estimates

Definition: The National Center for Education Statistics contracted with the Education Testing Service (ETS) to measure adult literacy through the National Adult Literacy Survey (NALS). A random sample of 25,000 adults, 16 years and older, were surveyed across the country, and rated between 0 and 500 on three scales: Prose, Document and Quantitative. Individual states have been using two of five levels-- Level 1 (225 and under) and Level 2 (226-275)-- and the mean proficiency of the adult population to report progress on adult literacy goals. Those not exceeding Level 2 scores are considered to not meet basic literacy standards. To assist states that did not conduct concurrent State Adult Literacy Surveys, the Office of Vocational and Adult Education contracted with Portland State University to develop techniques for synthetic estimation of adult literacy proficiencies from the 1990 U.S. Census data for smaller areas. These are reported here.

Trends: County and City estimates are presented as a baseline. Comparing across the three counties and three cities, Albany County and City show a higher percent of the population at Level 1 (15 and 21%), while Rensselaer and Troy show a greater combined percent at Level 1 or 2 (39 and 47%). About 40% of the adults in Albany and Rensselaer Counties, and 35% of those in Saratoga, are considered, based on the estimates from the 1990 Census, not to have met basic literacy competency standards. (Appendix 1: Data Table 52)

Adult Literacy Estimates

Source: Portland State University

Comparison: No UWNENY region or Upstate estimates were available.

Caveats: The synthetic estimation model applies reasonably well to larger geographic areas (such as state), and there is no direct evidence available about the validity of the model's predictions to small geographic areas such as congressional districts, cities, or counties. It is not clear when, or if, this measure will be updated.

Issue Area: Crime

Measure: <u>Reported Part I Violent Crime Rates</u>

Definition: Number of reported Part I violent crimes per 100,000 population including murder, non-negligent manslaughter, forcible rape, robbery and aggravated assault. Part I violent crimes are defined for consistent reporting purposes across jurisdictions and reported by law enforcement agencies on Uniform Crime Reports to New York State and the FBI.

Reported Violent Crimes

Source: NYS Division of Criminal Justice Services
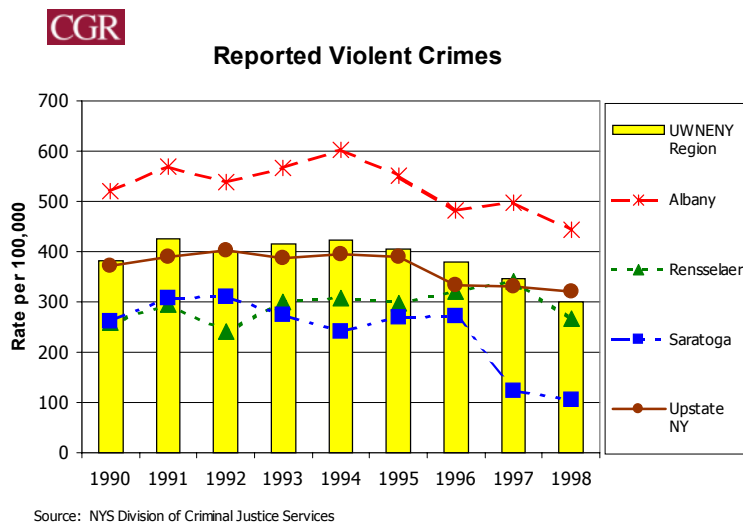
Trends: Rates of reported Part I violent crimes have been declining since 1994 in the UWNENY region and in Albany. Despite its recent reduction, Albany registers a consistently higher crime rate than that of the region over the study period. Reported crimes in Rensselaer have remained fairly consistent throughout the 1990s. Saratoga's reported violent crime rate appears to be the lowest in the region. (Appendix 1: Data Table 53)

Comparisons: The reported Part I violent crime rates for the UWNENY region are similar to Upstate NY trends, but have typically been slightly higher than the Upstate rates.

Caveats: Not all Part I crimes are reported to the police. Rape, for example, is under-reported. Kidnapping and arson numbers are not reflected in these trends although they are considered violent felony offenses in NYS. This is because the FBI considers them Part II crimes for reporting purposes. Due to erroneous and incomplete data reporting, Saratoga rates prior to 1996 may be inflated and 1996 Albany rates should be treated with caution.

Measure: <u>Murder Rates</u>

Definition: The murder rate is the number of reported murders per 100,000 population. Excluded from this category are deaths caused by negligence, suicide or accidents, justifiable homicides, and attempts to murder, which are classified as assaults. Murders are reported on Uniform Crime Reports to the FBI.
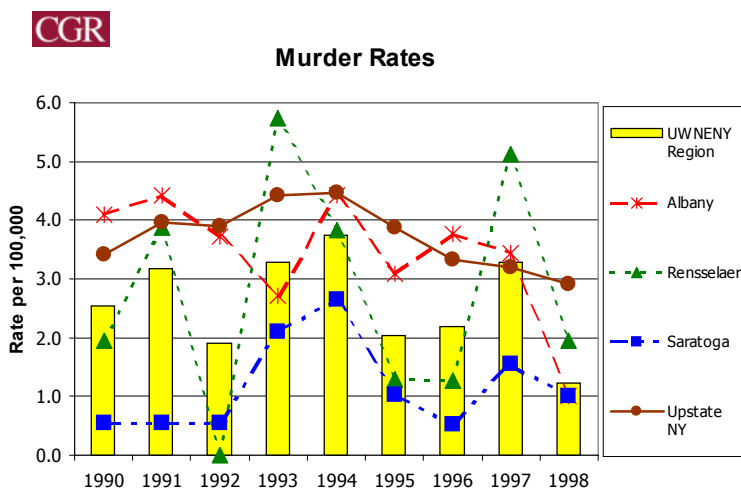
Trends: Murder rates in the UWNENY region have fluctuated over the study period, registering an overall decline in three of the last four years. Albany has remained generally higher than the region trends as has Rensselaer in some years. Saratoga's murder rate is consistently well below region and Upstate rates. (Appendix 1: Data Table 54)

CGR

Murder Rates

Rate per 100,000

	UWNENY Region
	Albany
	Rensselaer
	Saratoga
	Upstate NY

1990 1991 1992 1993 1994 1995 1996 1997 1998

Source: NYS Division of Criminal Justice Services

Comparisons: The UWNENY region has generally had lower murder rates than Upstate NY. In some years, however, Rensselaer and Albany have surpassed or matched Upstate rates.

Caveats: These rates represent reported murders and not necessarily the charges reflected in the ultimate disposition of the cases.

Measure: Reported Part I Property Crime Rates

Definition: Number of reported serious, or Part I property crimes per 100,000 population, including burglary, larceny, and motor vehicle theft. Part I property crimes are defined for consistent reporting purposes across jurisdictions and reported on Uniform Crime Reports to New York State and the FBI.

CGR

Reported Property Crimes

Rate per 100,000

UWNENY Region	
Albany	
Rensselaer	
Saratoga	
Upstate NY	

1990 1991 1992 1993 1994 1995 1996 1997 1998

Source: NYS Division of Criminal Justice Services
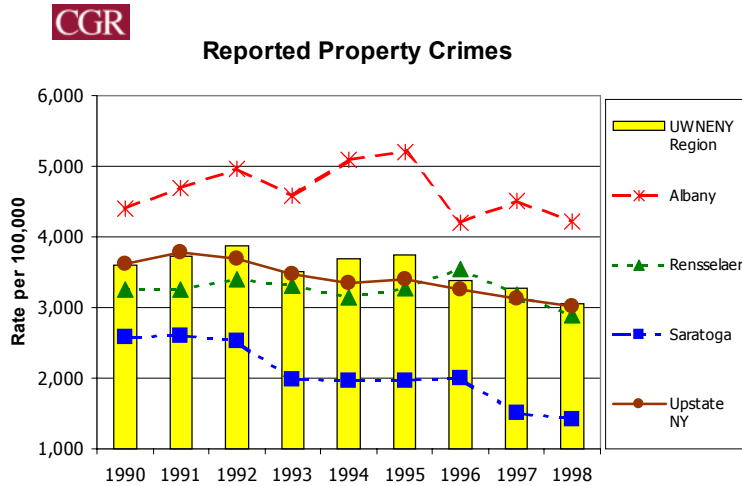
Trends: The UWNENY region has shown an 18% decline in reported property crimes since 1995, with Saratoga reflecting the sharpest decrease. Saratoga's property crime rate the last two reporting years was half that of Rensselaer's, and one-third of Albany's rate. Albany rates remain significantly higher than region levels. (Appendix 1: Data Table 55)

Comparison: The rate of Part I property crimes in the UWNENY region are similar to but slightly higher than Upstate NY rates.

Caveats: Not all Part I property crimes are reported to the police. For example, property crimes such as burglary and motor vehicle theft tend to be reported more frequently because of insurance issues.

Measure: <u>Reported Part II Crime Rates</u>

Definition: Number of reported Part II crimes per 100,000 population, including simple assault, disorderly conduct, DWI, sale/use of controlled substances, criminal mischief, fraud, forgery, stolen property, unauthorized possession of weapons or burglar tools, prostitution, sex offenses other than forcible rape, arson, kidnapping, extortion, gambling, embezzlement, family offenses, unauthorized use of motor vehicle, bribery, loitering, disturbing public order, breaking liquor laws and various other offenses.

CGR

Reported Part II Property Crimes
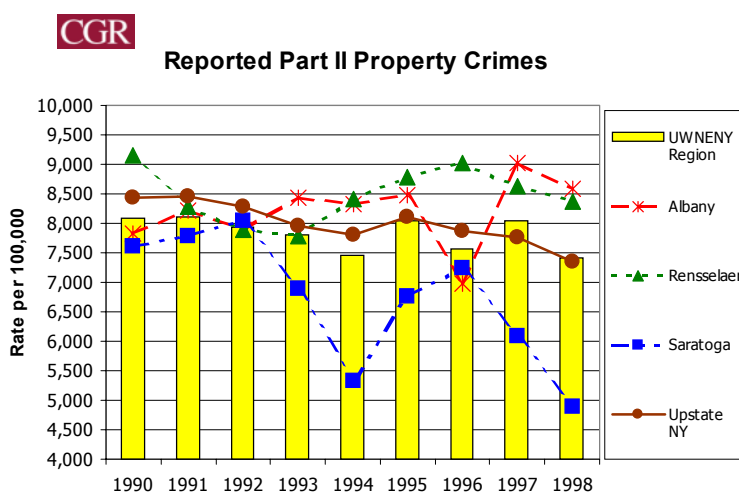
Source: NYS Division of Criminal Justice Services

Trends: The reported Part II crime rates in the UWNENY region have varied up and down since 1993. While Albany has shown a slow but steady increase since 1992, with the exception of 1996, Saratoga has reflected a general decline over the same time period. Rensselaer's reported Part II crimes have been higher in more recent years than in the early 1990s. (Appendix 1: Data Table 56)

Comparisons: UWNENY region trends are similar to Upstate trends with the latter showing a more consistent decline in recent years.

Caveats: As with Part I crimes, not all Part II incidents are reported to police.

Measure: Reported Cases of Domestic Violence

Definition: The number of domestic violence incidents that have come to the attention of law enforcement authorities, regardless of whether a formal complaint was filed or an arrest made. This measure is expressed as a rate per 100,000 population.

Trends: Reported domestic violence rates have registered a substantial increase in the UWNENY region, more than doubling since 1993. In 1998, there were more than 4,800 reports of domestic violence incidents in the region. In fact, domestic violence rates in all three counties were substantially higher in 1998 than in 1993. Saratoga reflects a decline since 1996 and Rensselaer a significant increase after 1993. Albany's domestic violence rates have more than tripled since 1993

Domestic Violence Reports

Rate per 100,000

Legend:
- UWNENY Region
- Albany
- Rensselaer
- Saratoga
- Upstate NY

1990 1991 1992 1993 1994 1995 1996 1997 1998

Source: NYS Division of Criminal Justice Services

and more than doubled from 484 per 100,000 in 1996 to 1,155 per 100,000 in 1998. (This measure also reported in Family Care Focus Area, Issue Area: Domestic Violence; see Appendix: Data Table 9.)

Comparisons: UWNENY region rates have been consistently lower than those of Upstate NY, which have also gone up substantially since 1994. However the region's rates have increasingly grown closer to the Upstate rates in recent years.

Caveats: Reports represent only a fraction of all cases; not all victims report abuse to the police, for various reasons. Domestic violence definitions may differ between and within police departments. Domestic violence mandatory arrest legislation took effect in 1996, along with standardized reporting forms.

Measure: Youth Arrests for Part I Crimes

Definition: The number of arrests of youth, ages 10-17, for Part I crimes, expressed as a rate per 1,000 youth. Part I crimes, defined for consistent reporting purposes across jurisdictions by the FBI, include murder, negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, and motor-vehicle theft.
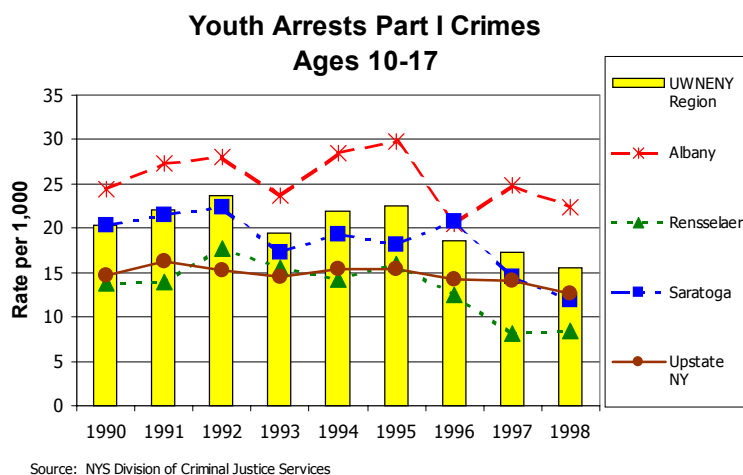
Trends: Youth arrests for Part I crimes have been going down since 1995 for the UWNENY Region as a whole. The number of youth arrests in 1998 was 31% lower than the 1995 total. Albany rates, however, have been consistently higher, while Rensselaer rates have been lower than UWNENY region rates throughout the 1990s. (This measure also reported in Youth Focus Area, Issue Area: Delinquency; see Appendix: Data Table 30.)

Youth Arrests Part I Crimes Ages 10-17

Source: NYS Division of Criminal Justice Services

Comparisons: Despite declining youth arrest rates, the UWNENY rates have remained relatively higher than Upstate NY rates over the comparable period.

Caveats: Many reported crimes do not result in arrests. Arrest rates can be affected by changes in law enforcement policies, staffing patterns, etc. Data reflect the number of arrests, and some youth are arrested more than once, so these arrest rates somewhat overstate the actual number of youth arrested. Arrests are recorded where they occur, and do not necessarily reflect the youth's residence.

Measure: Youth Arrests for Part II Crimes

Definition: The number of arrests of youth ages 10-17 for Part II crimes, expressed as a rate per 1,000 youth. Part II crimes, defined for consistent reporting purposes across jurisdictions by the FBI, include simple assault, disorderly conduct, DWI, sale/use of a controlled substance, criminal mischief, fraud, stolen property, unauthorized possession of weapons or burglar tools, forgery, prostitution, sex offenses other than forcible rape, arson, kidnapping, extortion, gambling, embezzlement, family offenses, unauthorized use of motor vehicle, bribery, loitering, disturbing public order, breaking liquor laws, and various other offenses.

Trends: Youth arrests for Part II crimes, after increasing through 1996, have declined marginally in the UWNENY region in the last two years, although it is too early to determine if these two years represent a trend. Albany rates are generally higher, while Rensselaer and Saratoga rates are at or below region levels. Rensselaer typically has the lowest rates among the three counties. (This measure also reported in Youth Focus Area, Issue Area: Delinquency; see Appendix: Data Table 31).

Youth Arrests Part II Crimes Ages 10-17

Source: NYS Division of Criminal Justice Services

Comparisons: UWNENY region rates have been consistently and significantly higher than Upstate NY rates throughout the 1990s.

Caveats: Many reported crimes do not result in arrests. Arrest rates can be affected by changes in law enforcement policies, staffing patterns, etc. Data reflect the number of arrests, and some youth are arrested more than once; thus these rates somewhat overstate the actual number of youth arrested. Arrests are recorded where they occur, and do not necessarily reflect the youth's residence.

Issue Area: Unemployment/ Underemployment

<u>**Measure: Unemployment Rates**</u>

Definition: This index measures the percent of the labor force that is without work and is actively seeking employment.

Unemployment Rate

Source: NYS Department of Labor

Trends: The unemployment rate has steadily declined across all counties in the UWNENY Region since 1992. After peaking in 1992, unemployment rates returned to their 1990 levels by the end of the decade in Albany, Saratoga, and Rensselaer counties. Rensselaer County has consistently experienced the highest unemployment rates in the region, about one percentage point higher than Albany, the county with the lowest rate— with Saratoga typically about midway between the two. (Appendix 1: Data Table 57).

Comparisons: Unemployment rates in the UWNENY Region have consistently been .5 to 1.5 points below the rate for the entire Upstate Region.

Caveats: The unemployment rate represents only those who are actively seeking employment and does not account for under-employment or discouraged workers who have stopped looking for jobs. County rates are based upon NYS survey data.

Measure: Labor Force Participation Rates

Definition: This index is calculated by dividing the total number of persons employed or looking for work by the total labor pool (persons age 16 or older).
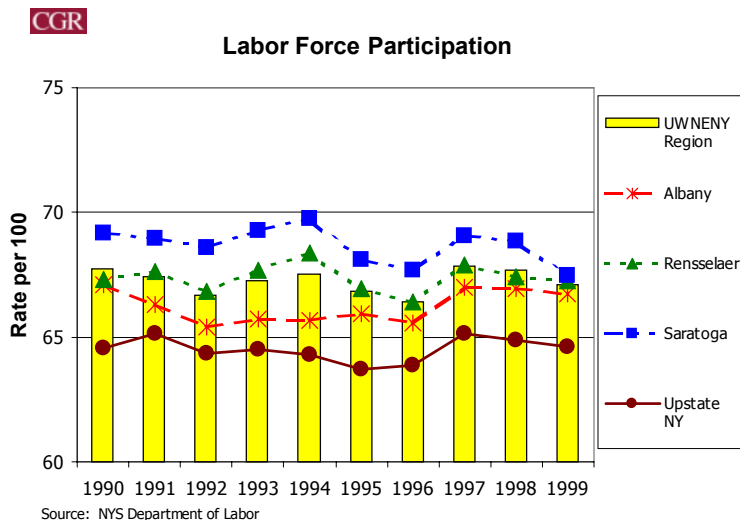
Trends: Over the study period, the labor force participation rate varied only slightly between 66 and 68 percent across the UWNENY Region as a whole. Participation rates among the individual counties have varied slightly, with Albany dropping below 66% in some years, and Saratoga often at 69% or above. (Appendix 1: Data Table 58).

Labor Force Participation

Source: NYS Department of Labor

Comparison: In all three UWNENY Counties, the labor force participation rate has exceeded the rate for the entire Upstate Region, which is typically around 64 or 65%.

Caveats: This measure does not provide estimates of underemployment, nor does it account for discouraged workers who are no longer actively seeking employment.

Measure: Public Assistance Cases Closed Due to Employment

No known data are available for this measure.

Measure: <u>Those with Disabilities Moved from Welfare to Work</u>

Definition: The number of disabled persons (cognitive, mental illness, alcohol and substance abuse, and physical) receiving SSI and/or Basic Assistance who are moved from public assistance to employment after receiving Vocational and Educational Services for Individuals with Disabilities (VESID) services. Employment is defined as having a public assistance case closed due to employment and holding a job for at least two months in a competitive, supported or sheltered workshop setting.
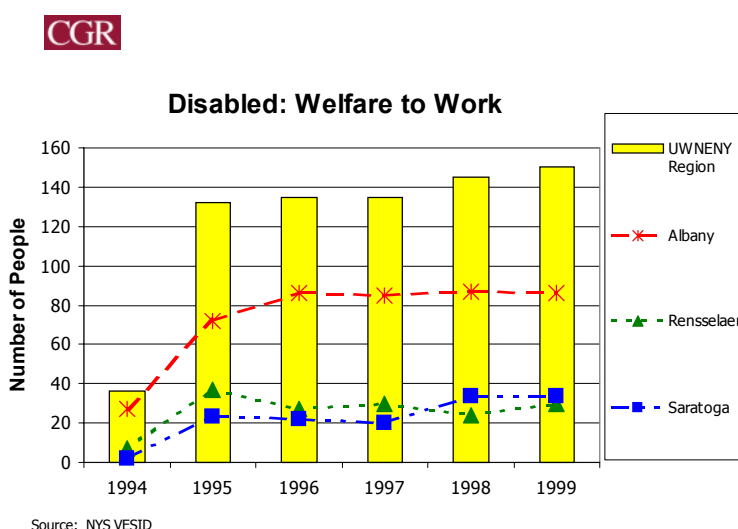
Trends: The number of disabled moved from welfare-to-work witnessed a steep increase in 1995 in all three UWNENY counties, probably as a result of the Americans with Disabilities Act of 1991 taking effect. Albany registered the highest number of placements over the study period. As seen in Appendix 1: Data Table 59, larger numbers of those with alcohol and substance abuse or physical disabilities are being moved from welfare-to-work.

Source: NYS VESID

Comparisons: No Upstate data are available for comparison.

Caveats: Not all disabled persons receive public assistance. Not all persons receiving VESID services go off welfare. Recipients of VESID services may fall into any one of the following categories: 1) those on public assistance at the start of VESID services and still on welfare at program completion and job placement; 2) those not on public assistance at start and on public assistance at completion and placement; 3) those not on public assistance at start and completion of VESID program; and, 4) those on welfare at start and off at program completion and placement. Factors such as extent of disability, personal choice, and financial support from other sources may determine whether a disabled person will apply for or remain on public assistance.

Measure: <u>Job Placements by Type for Those with Disabilities</u>

Definition: The number of VESID placements in competitive, supported or sheltered workshop settings for adults with cognitive, physical, alcohol and substance abuse, and mental illness disabilities. Competitive employment involves working in the community without any support and earning at least the minimum wage; supported employment may or may not pay the minimum wage and involves being placed in jobs under the supervision of a special instructor who assists in on-the-job learning and acclimatization to the social environment. Sheltered employment legally allows workers to receive less than the minimum wage and involves working in a federally certified rehabilitation facility under constant supervision.

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Disabled Job Placements - All Types

Source: NYS VESID

CGR

Disabled Job Placements - Competitive

Source: NYS VESID

Trends: Job placements of all types registered a steep increase in all three UWNENY counties in 1994 and 1995, probably as a result of the Americans with Disabilities Act of 1991 taking effect. Albany has placed the highest number of disabled over the study period. Appendix 1: Data Table 60 presents annual breakdowns for competitive, supported and sheltered placements in each county; this measure also presented in Focus Area: Health, Issue Area: Disabilities.
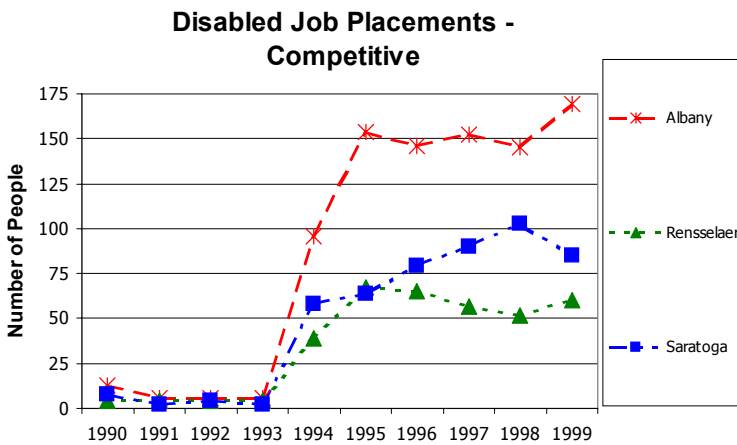
Comparisons: No Upstate data are available for comparison.

Caveats: While some of those placed may include recidivists, experts suggest that the lengthy VESID eligibility and treatment process makes this proportion small. Also, data may be understated, as they do not include direct placements by other state-funded agencies or direct hires with no special training. Means- testing is not likely to affect eligibility, but rather the range of services that a person may receive while in treatment.

Measure: Growth in New Jobs

Definition: The net number of new jobs created is calculated from annual average employment data. The graph for this measure represents the growth in new jobs, or the percent change in the total number of jobs.
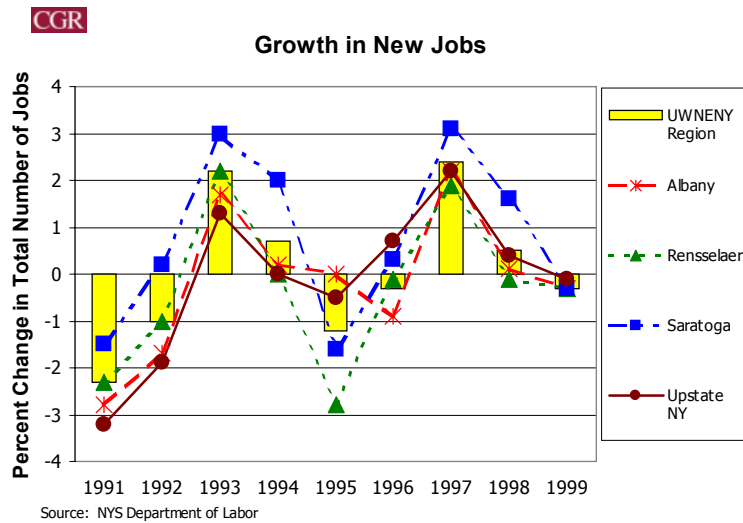
Trends: Over the study period the number of jobs in the UWNENY Region remained relatively stable, with year-to-year fluctuations. In four of the nine years, some level of growth occurred. The net effect is that by the end of the decade, there were more than 9,600 more jobs in the region than had existed in 1990. (Appendix 1: Data Table 61).

Growth in New Jobs

Source: NYS Department of Labor

Comparisons: Job growth in the UWNENY Region was slightly better than for the Upstate Region throughout the decade of the 1990s. In six of the nine years, the region outperformed Upstate.

Caveats: Includes full and part time jobs.

Measure: Employment By Sector

Definition: This measure shows the percentage of the labor force employed in various sectors of the economy. The graph depicts the percent change in employment in the two sectors of the economy that experienced the greatest changes between 1990 and 1998 – the manufacturing and services sectors. Annual data for each sector are presented in Appendix 1: Table 62.

Employment by Sector

Source: NYS Department of Labor
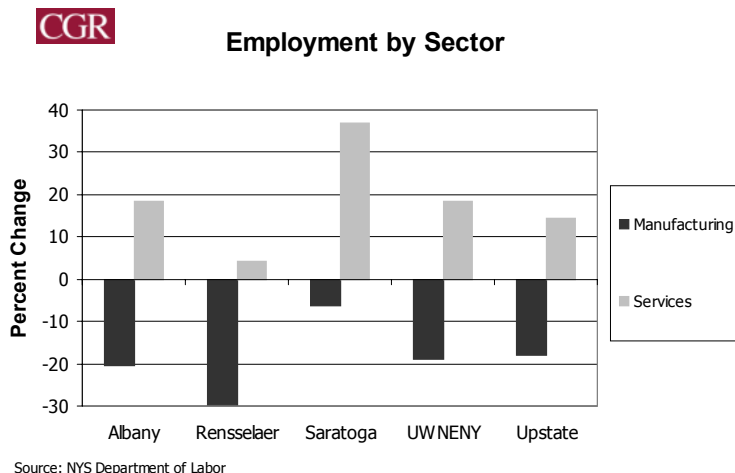
Trends: Between 1990 and 1998, there was a significant decline in the proportion of manufacturing jobs and an even greater increase in the proportion of jobs in the service sector. In the overall UWNENY Region, between 1990 and 1998, more than 5,600 manufacturing jobs were lost and about 20,000 new service sector jobs were created – each representing changes of almost 20% from the 1990 totals. By 1998, there were 30 percent fewer manufacturing jobs in Rensselaer County than in 1990. During the same period, Saratoga County lost about 500 manufacturing jobs while gaining about 6,400 service sector jobs, a 37% increase. The number of service sector jobs grew by nearly 13,000 in Albany County, although nearly 3,200 manufacturing jobs were lost. Overall, while total jobs in Albany and Rensselaer remained virtually unchanged through 1998, Saratoga gained almost 10,000 new jobs (+19%) during that period.

Comparison: Trends in the UWNENY Region reflect trends in the Upstate Region as a whole; throughout the decade, Upstate has seen a decline in the number of jobs in the manufacturing sector while the need for service sector employees has grown, though at a slower rate than in the UWNENY Region.

Caveats: While employment in other sectors of the economy has fluctuated, none of the fluctuations have been as significant as the changes that have occurred in the manufacturing and service sectors.

Issue Area: Discrimination

<u>Measure: Inventory of Accessible and Adaptable Rental Units</u>

Definition: Cumulative totals of subsidized Senior Housing units (Section 202 Subsidized Elderly Housing, Public Housing and New York State bond financed assisted housing) and Section 202 Subsidized Housing for disabled units.

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HUD Housing Units for Seniors

Source: US Department of Housing and Urban Development

CGR

Subsidized Housing for the Disabled

Source: US Department of Housing and Urban Development
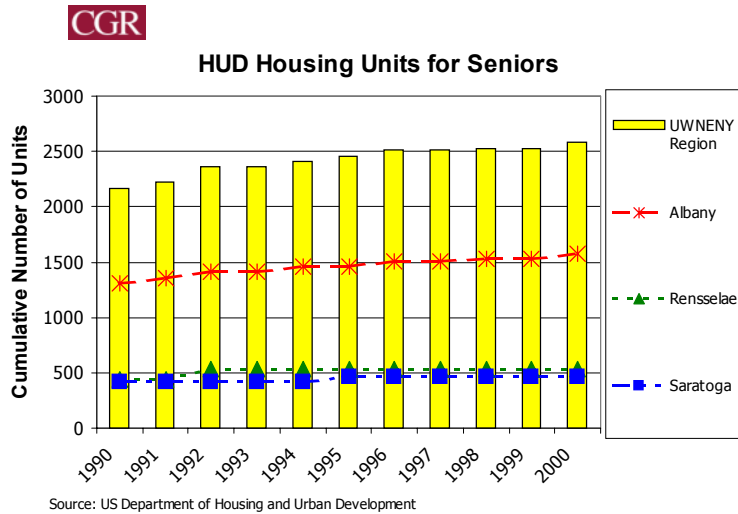
Trends: The number of HUD-subsidized elderly housing units in the Region increased by 19% between 1990 and 2000, from 2,169 to 2,578 units, with about 60% of the units in Albany county.

Subsidized housing for the disabled more than doubled across the UWNENY Region during the decade, although the total numbers of units remain relatively small. In 1990 there were 42 units across the region, and by 2000 that number had increased to 105 units. While the number of units in Albany County more than doubled and the number in Rensselaer County more than tripled over the course of the decade, the number of units in Saratoga County remained constant. (Appendix 1: Data Table 63).
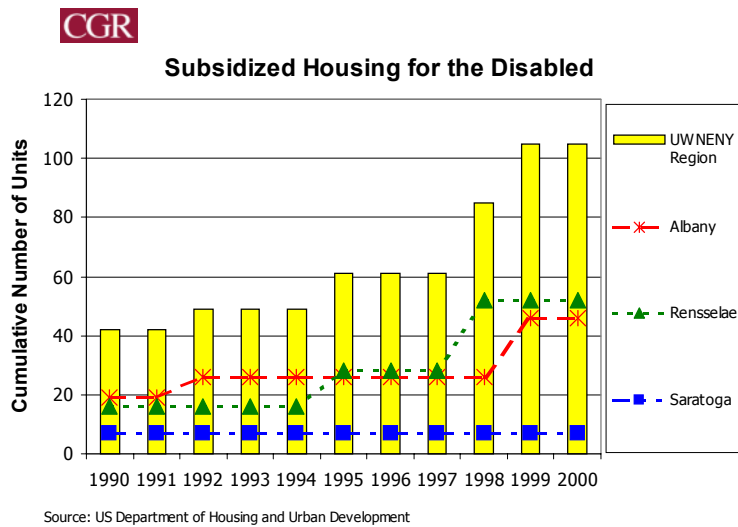
Comparisons: Upstate data are unavailable for this measure.

Caveats: HUD housing represents only a portion of all elderly and disabled housing construction in the County. The data provided by HUD's Economic and Market Analysis Section should be used for basic reference only; the data may not be all-inclusive.

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Measure: Referrals to Adult Protective Services

Data request still being processed at the NYS Office of Children and Family Services at the time of this report's publication.

Measure: Discrimination Claims or Claims of Human Rights Violations

No county level data are available for this measure. Tracked only at state level.

Issue Area: Disputes and Conflicts

Measure: Alternative Dispute Resolution Cases Resolved

Definition: The Community Dispute Resolution Centers Program administers, funds, and oversees NYS's network of community based, not-for-profit dispute resolution centers. These centers serve as a community resource where individuals can discuss and resolve interpersonal disputes. Alternative Dispute Resolution (ADR) personnel determine whether an applicant's case is appropriate for dispute resolution, after which a neutral 3rd party mediator trained in ADR including criminal, civil and/or family matters, conducts conciliations, mediations, and arbitrations to help the parties develop a mutually agreeable solution and prevent minor matters from escalating into serious offenses. The most common relationships among disputants who were not members of the same family are client-agency, neighbors, landlord/tenant, acquaintances, consumer-merchant, and individual-corporation.

Alternative Dispute Resolution Cases Resolved
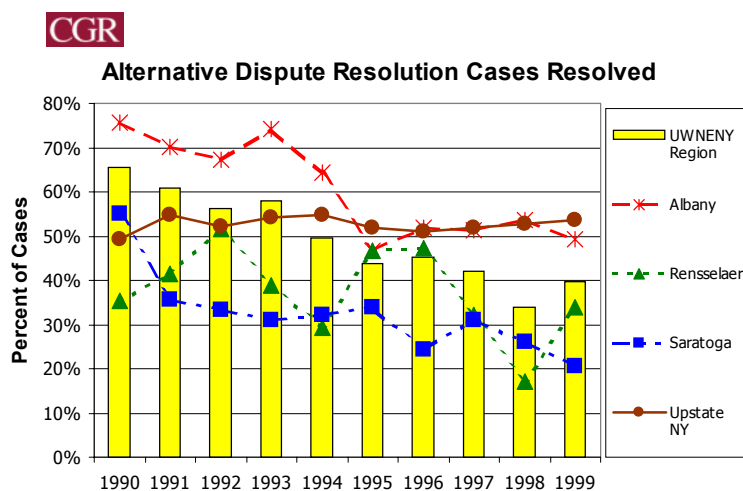
Source: NYS Unified Court System - Division of Court Operations

Trends: During the 1990s, the total number of cases submitted and approved for dispute resolution increased through 1997, before declining in each of the last two years. As the numbers of cases increased, the proportion resolved steadily declined, from a high of 65% to a low in 1998 of 34%. Although the numbers of cases and the resolution rates have varied considerably from county to county, they all experienced reductions in resolutions over time, with Saratoga having the smallest proportions of resolutions in most years. (Appendix1: Data Table 64).

Comparison: Since 1993, the percentage of cases resolved in the UWNENY region has been consistently lower than in Upstate NY, where the resolution of cases has been maintained steadily between 50% and 55% during the 1990s.

Caveats: It is not clear why the proportion of cases resolved has declined so dramatically. There are no data indicating whether the types of cases have changed significantly over this period of time.

Implications and Community Discussion Points

The data presented in this chapter, and points raised in our interviews with key community stakeholders, raise a number of questions and suggest a number of issues for consideration by the United Way and the larger three-county community. Among those are the following, offered in no particular order of priority:

❖ Is there a need for expanded efforts to increase adult literacy in areas of the region?

❖ Are more focused regional economic development efforts needed to spur the creation of more higher-paying jobs throughout the region, especially in Albany and Rensselaer counties?

❖ In addition, are expanded efforts needed to expand training opportunities to better match employer needs and employee skills?

❖ What does the community need to do to improve the combination of job location, transportation access to jobs, and provision of child care at non-traditional hours in order to begin to reduce the mismatch that too often exists between, on the one hand, where jobs are located and at what hours and, on the other hand, where many potential job seekers live and their ability to access available jobs?

❖ Has the community done enough to provide adequate supplies of subsidized housing for seniors and for people with disabilities?

❖ Given that crime rates, although declining, remain higher than comparable Upstate rates, and given the perception that gang-related violence has been increasing, what should be the community's response? How should it respond to reported increases in domestic violence? How should the community better coordinate its criminal justice/anti-violence efforts, and to develop and implement best practices to address community violence?

❖ What can be done to expand the numbers of disputes and conflicts successfully resolved through trained conflict resolution experts in the region?

❖ Efforts are needed to develop better mechanisms for tracking the extent to which discrimination exists within the region, and for monitoring efforts to combat it.

VI. ELDER CARE FOCUS AREA

Introduction

This fifth Focus Area addresses issues related to the well-being of the region's older citizens, those 65 and older. An estimated 87,000 people 65 and older currently live in the region. This Focus Area is designed to track how well the community is doing in meeting a variety of their needs, and helping them remain as independent and self-sufficient as possible for as long as possible. This Focus Area contains two subsets, or Issue Areas: Dependent Care and Social Recreational Needs. The United Way of Northeastern New York (UWNENY) believes the following outcome or goal statements are appropriate for the community for each of the two Issue Areas:

Dependent Care: Communities where periodic or extended care for senior citizens are available for those in need of such care by reason of age, illness or disability.

Social Recreational Needs: Communities where there are opportunities for elders to participate in positive social recreational activities with their peers to alleviate social isolation and loneliness.

To put some of what follows in perspective, it should be kept in mind that the 65 and older population in Albany and Rensselaer counties has been fairly stable during the 1990s, although they are likely to begin to grow later in the current decade, while the older population in Saratoga county has grown by more than 4,000 people since 1990, an increase of about 22%.

As is the case in other communities that have developed community profiles, it is difficult, compared to measures related to children and families, to find adequate measures of all community-wide outcomes for seniors. In particular, there are no good measures concerning seniors who work or volunteer, and no age-specific data are available on crime affecting seniors or on the mental health status of this population. Little data exist on degree of socialization of the elderly. No one currently consistently maintains usable data on degree of institutionalization of seniors or complete data on good senior housing options. No one tracks data on needs of caregivers of the elderly. Thus, we know there

are gaps in our data for the older sector of the population, and the challenge will be for the community to find ways to close those gaps before the next profile is produced.

Summary of Trends

In reviewing the seven measures that follow in this chapter, some trends and themes emerge from the data. The highlights are summarized below:

❖ About 8% of the region's seniors in 1990 lived below the poverty level; for those 75 and older, the proportion increased to about 11%. The proportions were fairly consistent across counties. Updated information is needed from the 2000 Census. The number of seniors receiving Supplemental Security Income has declined slightly in recent years to about 2,600 people, or about 3% of the region's senior population – less than the comparable Upstate NY rate.

❖ The fastest growing segment of the senior population is those 85 and older. That subset of the population has grown by about 30% during the 1990s, to an estimated 11,500 people in 1999.

❖ About 30% of all seniors lived alone in 1990, and the percentages increase with age. This proportion is significantly higher than the Upstate rate.

❖ During the 1990s, the number of meals served in congregate settings for seniors, and the numbers of people 60 and older served those meals, declined by 11% and 25%, respectively, across the region. Simultaneously, the number of home-delivered meals and the numbers of individuals receiving them increased by 40% and 37%, respectively. Overall, the total numbers of meals served by both approaches increased 18%, although total numbers of individuals served declined by almost 3%. More people are served in congregate settings, but more separate meals are delivered directly to peoples' homes.

❖ Senior mortality rates have been relatively stable during the past decade. Senior suicides have declined significantly from the first half of the 1990s to the latter half.

Summary Conclusions

As the senior population grows in future years, especially those 85 and older, this will have significant implications for family members who act as caregivers, as well as for service providers in the public and non-profit sectors. The high proportion of seniors living alone, particularly in rural portions of the region, also has significant implications for how they remain self-sufficient and for how services are delivered in the future.

FOCUS AREA: ELDER CARE

Issue Area: Dependent Care

Measure: Number of Elderly Living Below Poverty

Definition: 1990 Census data reflect the number of persons whose income in 1989 was below the poverty level, expressed as a rate per 1,000 residents. Poverty levels, calculated by the Federal Government, are the income thresholds below which a family or individual is considered to be living in poverty. Thresholds vary by person or family size and composition, and are updated annually for inflation using the Consumer Price Index. (Note: the graph represents all *persons* rather than *households* living in poverty.)

In 1990, the poverty threshold for a single person age 65 or over was $6,268.

CGR
Elderly Living Below Poverty - 1990

Source: 1990 Census
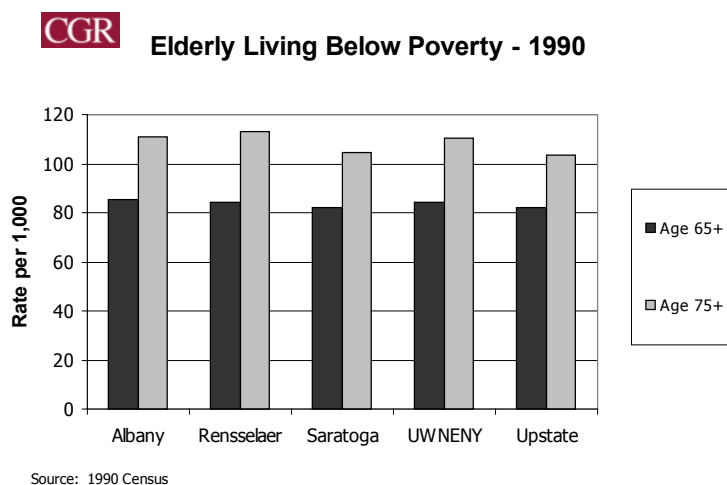
Trends: The poverty rate among the population age 65 and older in 1990 varied little across the individual UWNENY Region counties, the Region as a whole, and Upstate NY, ranging from 82 to 85 persons living in poverty per 1,000 elderly age 65+. Seniors age 75 and above experienced substantially higher rates of poverty. For the region as a whole, 110 of every 1,000 persons 75 and older lived below the poverty level in 1990, ranging from 105 in Saratoga to 113 in Rensselaer. (Appendix 1: Data Table 65).

Comparisons: Poverty rates for the region and Upstate NY were similar in 1990. Data reflecting the number of elderly living below poverty are available for 1990 only, and further comparisons will not be available until 2000 Census data are released.

Caveats: None.

Measure: Seniors 85 Years and Older

Definition: Number of seniors age 85 years and older residing in the specified area. Although not necessarily the case, this portion of the senior population is most likely to need support to continue to live in the community, rather than in an institutional setting.
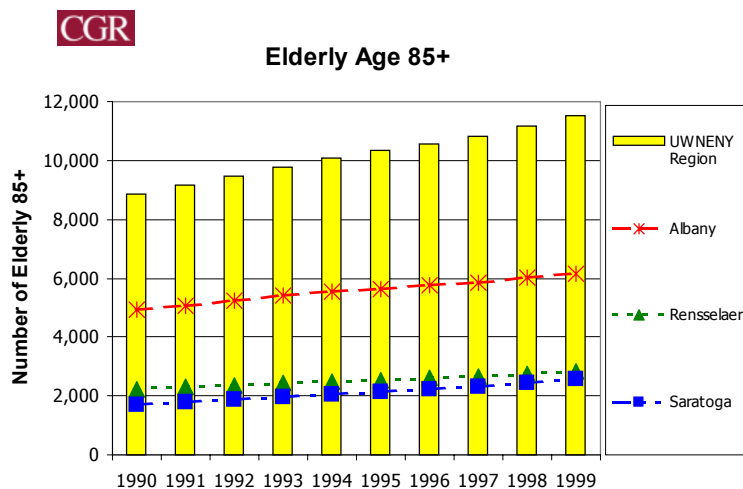
Trends: Population estimates indicate that the number of seniors age 85 or above in the UWNENY Region steadily increased by 30% during the 1990s. While the elderly population has been growing, seniors age 85 and above typically represent less than 2% of the total population.

Elderly Age 85+

Source: U.S. Census Bureau

Comparisons: The Upstate region (see Appendix 1: Data Table 66) also experienced a steady increase in the elderly population during the 1990s. Between 1990 and 1999, the elderly population age 85+ in the Upstate region increased by approximately 45,000 persons—also a 30% increase.

Caveats: Population estimates are based on the 1990 Census. The estimates were produced by a method that is still in a developmental stage. Estimates may not be accurate for populations that are very small or have unusual distributions. The accuracy of the estimates should become clearer once the 2000 Census data are made available.

Measure: Senior Mortality Rates – All Causes

Definition: Number of deaths per 100,000 county residents ages 65 and older.

CGR

Senior Mortality Rates: All Causes
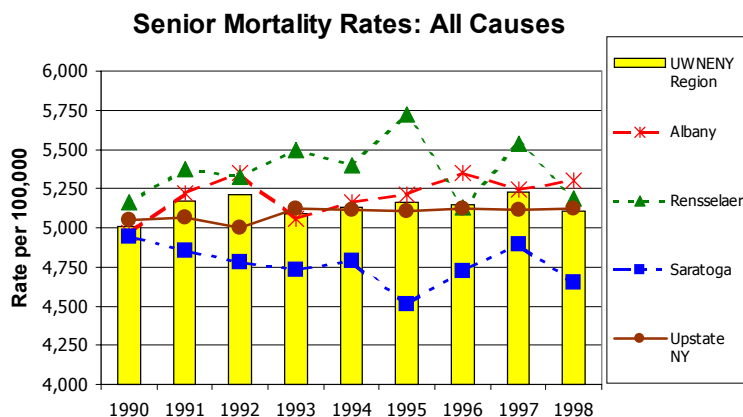
Source: NYS DOH - Bureau of Biometrics

Trends: Mortality rates among seniors have remained relatively stable during the 1990s, across the region, its individual counties, and in Upstate NY. Albany and Rensselaer mortality rates have remained higher than the UWNENY region and Upstate rates. Senior mortality rates for specific causes including malignant neoplasms, diabetes, disease of the heart, pneumonia, and accidents are listed in Appendix 1: Data Tables 67A - F.

Comparison: UWNENY region rates almost mirror Upstate trends, and both have remained fairly stable over time.

Caveats: These are crude death rates. Rates would need to be adjusted for age and gender differences in the population to determine whether real differences exist between the region and Upstate rates. While an aging population virtually assures increases in the *numbers* of deaths for seniors, the key objective would be to reduce the *rate* of deaths, or delay their impact to the older age ranges.

Measure: Senior Suicide Rates

Definition: Number of suicides per 100,000 county residents who are 65 years and older.

Senior Suicide Rates: Ages 65+

Rate per 100,000
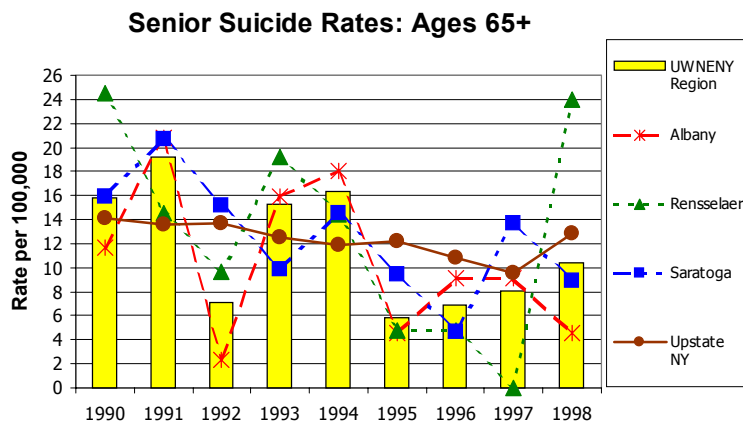
Source: NYS DOH - Bureau of Biometrics

Trends: Senior suicide rates reflect wide fluctuations in the region since 1990. Between 1990 and 1994, 62 seniors committed suicide, an average of 12.4 per year. By contrast, between 1995 and 1998, there were only 27 suicides, an average of 6.75 per year. This general pattern has held true for each of the three counties, with the exception of one or two yearly fluctuations. Senior suicide breakdowns by age are presented in Appendix 1: Data Table 68.

Comparison: From 1990 through 1994, UWNENY regional suicide rates typically exceeded Upstate NY rates, often by considerable amounts. Since then, the situation has been reversed, with consistently higher Upstate rates from 1995 on.

Caveats: None

Measure: Seniors Receiving SSI

Definition: Supplemental Security Income (SSI) is a federal cash assistance program that provides monthly payments to low income aged, blind and disabled persons. The program is based on nationally uniform eligibility standards and payment levels. The Federal SSI payment is determined by the recipient's countable income, living arrangement and marital status. As of January 1999, the maximum monthly Federal SSI payment for an individual living in his or her own household and with other countable income is $500, and for a couple $751. A state may supplement the payment levels of all or selected categories of recipients. This measure reports people 65 or older, both low income and disabled, who receive SSI cash assistance as a rate per 10,000 senior residents per county.

CGR

SSI Recipients: Seniors 65+

Source: Social Security Administration

Trends: Since 1994 there has been a slight reduction in the rate of seniors receiving SSI in the UWNENY region as a whole. Rensselaer has the highest rate of seniors receiving SSI, while Saratoga is at the lower end of the spectrum. (Appendix 1: Data Table 43; this measure is also presented in Focus Area: Basic Needs, Issue Area: Poverty).

Comparisons: Rates in both the UWNENY region and Upstate have been declining, although Upstate has typically had a substantially higher rate than the region. In 1999, Upstate NY's rate was 382 per 10,000. The regional rate was 299 per 10,000.

Caveats: Ideally, SSI data could be supplemented by data on seniors receiving food stamps who did not qualify for SSI. However, such age breakdowns are not readily available for food stamp recipients. These SSI data reflect the poorest of the senior population living in non-institutionalized community-based settings.

Measure: Elderly Applicants for Food Stamps

Data are not available with age breakdowns.

Measure: Seniors Entering Mental Health Treatment

Do not have mental health data by age; see Focus Area Health, Issue Area Illness/Disease/Injury for Hospital Discharges with Psychiatric Service Category for mental health discharge data for *all* ages.

Measure: Seniors in Adult Protective Services

Data are not available with age breakdowns.

Measure: <u>Home Delivered Meals Served to Seniors</u>

Definition: Home-delivered meals are available to homebound persons 60 and older (including spouses and disabled dependents of any age).   Allied services include nutrition education and nutrition counseling.

Home Delivered Meals Served to Seniors 60+
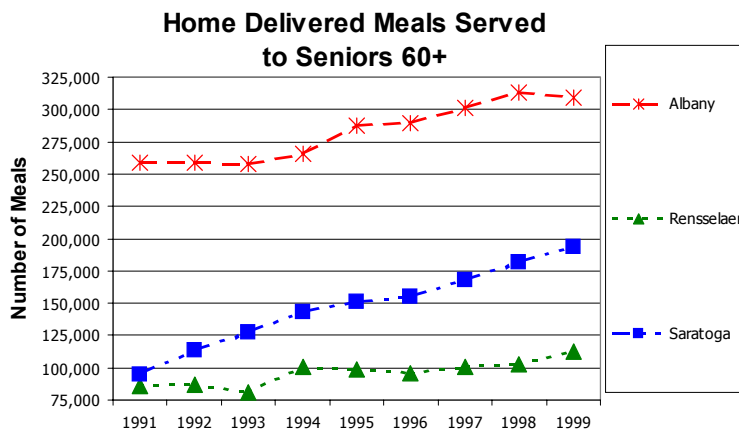
Source: NYS Office for the Aging

Trends: The number of home-delivered meals served increased between 1991 and 1999 by 19% in Albany, 30.5% in Rensselaer, 104% in Saratoga, and an overall 40% in the UWNENY region. The number of individuals (unduplicated) receiving home-delivered meals increased by 20%, 22.5%, and 83.5% in Albany, Rensselaer and Saratoga counties, and by 37% in the region. These data suggest that Saratoga County has a rapidly increasing demand for these services.   Partial data for 2000 presented in Appendix 1: Data Table 69 show that in Rensselaer county the number of individuals served home-delivered meals through the fall had already exceeded the 1999 total.

Comparisons: No Upstate data are available for comparison.

Caveats: A decrease in the number of seniors receiving home-delivered meals may not mean reduced hunger in the community, as resources available for these services may have declined as well. An increase in the number of home-delivered meals, on the other hand, may or may not reflect an increasing need for this service. Neither shed light on capacity issues, however. These data are limited to those agencies funded by the NYS Office for the Aging.

Measure: <u>Congregate Meals Served to Seniors</u>

Definition: Seniors age 60 and older (including spouses of any age) are served hot, nutritious meals in congregate settings, up to five days a week. Congregate nutrition sites are located in senior centers, senior clubs, senior housing complexes, town halls, and other community settings. Allied services include nutrition education, nutrition counseling, and transportation.

Congregate Meals Served to Seniors 60+

Source: NYS Office for the Aging
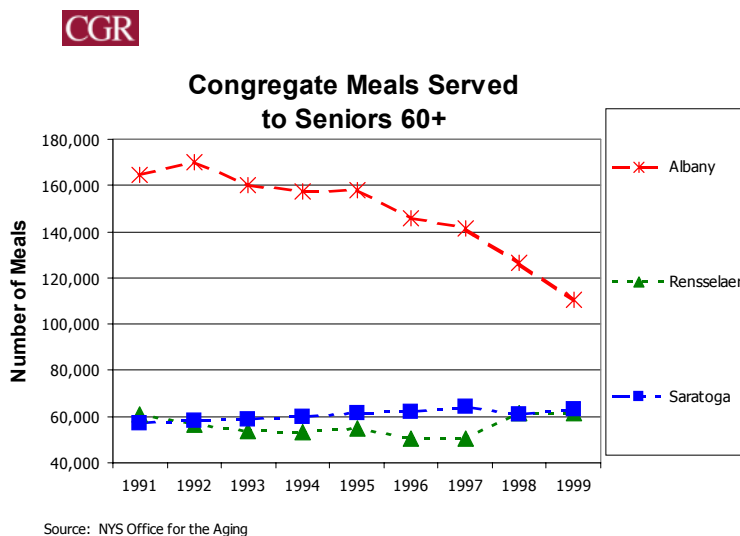
Trends: Over the study period Albany registered a 33% decline in the number of congregate meals served and a 2% decrease in the number of individuals (unduplicated) served. Rensselaer shows a 0.5% increase in meals served and a 35% drop in the people served. Saratoga reflects an 11% increase in meals served and a 25% increase in the number of people served. Overall, the UWNENY region has registered a 17% decline in the number of congregate meals served and a 13% decrease in the number of people being served. (Appendix 1: Data Table 69).

Comparisons: No Upstate data are available for comparison.

Caveats: A decrease in the number of seniors receiving congregate meals may not mean reduced hunger in the community, as resources available for these services may have declined as well. It may also be possible that resources have been shifted to meet the dramatic increase in the demand for home-delivered meals. Moreover these data do not shed any light on capacity issues. Data are limited to those agencies funded by the NYS Office for the Aging.

Issue Area: Social Recreational Needs

<u>Measure: Seniors Living Alone</u>

Definition: The number of seniors age 65 and above living alone per 1,000 seniors age 65+.

Seniors Living Alone

Source: 1990 Census
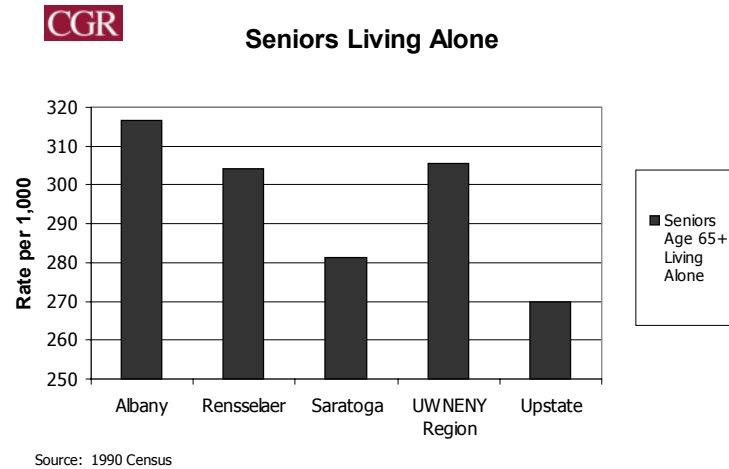
Trends: In 1990, Albany County had the highest rate of seniors living alone (316 per 1,000) within the UWNENY Region. In Saratoga County, the rate was significantly lower (281 per 1,000). For the region as a whole, 305 of every 1,000 seniors in 1990 lived alone. (Appendix 1: Data Table 70).

Comparisons: Compared with the Upstate Region as a whole, the rate of seniors living alone in 1990 was significantly higher in the UWNENY Region. Data reflecting the number of elderly living alone are available for 1990 only, and further comparisons will not be available until 2000 Census data are released.

Caveats: None.

Implications and Community Discussion Points

The data presented in this chapter, and points raised in our interviews with key community stakeholders, raise a number of questions and suggest a number of issues for consideration by the United Way and the larger three-county community. Among those are the following, offered in no particular order of priority:

❖ No good community data exist to address the extent to which family members are acting as caregivers for older parents. Caregiver needs are likely to become more significant in future years as the older population grows, and the children of seniors are increasingly placed in the situation of balancing needs of their parents and their own children. What implications does this have for possible needs in the not-too-distant future for various support groups, needs for respite care, education related to the types of community resources available, and other related support services for caregivers?

❖ As the older population grows, does this create an increasing need for the region to develop long-term care policies, strategies and programs to meet the needs for continuity of care from self-sufficiency to independent living to planned institutionalization as needed?

❖ Increased emphasis is likely to be needed for expansion of various types of housing and independent living arrangements for the growing older population, and for various types of home-based services designed to help people remain in the community and as independent as possible for as long as possible.

❖ What resources will be needed by the community to address the needs of the growing numbers of older people living alone, especially in more rural areas of the region?

❖ Are programs and services which offer home-delivered meals as well as companionship and social opportunities for seniors likely to need increased emphasis in the future? What is the most appropriate mix of home-delivered meals vs. meals served and social opportunities offered in congregate meal settings?

❖ Opportunities for making use of the skills and time and experiences of seniors in their retirement years may become increasingly important. Will there be an increasing need for expanding cross-generational programs which link seniors with children and youth, to work on tasks together, to become mentors, to tutor, etc.?

❖ The community should ideally spend some time over the next few years developing better measures of community outcomes for seniors. In particular, measures are needed on seniors who work or volunteer, on crime affecting seniors and on the mental health status of this population. Better data are needed on the degree of socialization of the elderly and on the degree of institutionalization of seniors. The challenge will be for the community to find ways to close these data gaps before the next community profile is produced.

VII. HEALTH FOCUS AREA

Introduction

This final Focus Area addresses the health status of the region. It is designed to track how well the community is doing in creating a healthy environment for its residents. This broad Focus Area contains four subsets, or Issue Areas: Substance Abuse, AIDS, Disabilities, and Illness/Disease/Injury. The United Way of Northeastern New York (UWNENY) believes the following outcome or goal statements are appropriate for the community for each of the four Issue Areas:

Substance Abuse: Communities where there are positive alternatives and opportunities to alleviate the misuse or illegal use of substances by youth and adults, including alcohol.

AIDS: Communities where people are educated about HIV and AIDS, services and care, and where those diagnosed with HIV and/or AIDS have the opportunity to receive information and referral, linkage to services, opportunities to participate in social and recreational programs and continue a positive lifestyle.

Disabilities: Communities where people with disabilities have opportunities to actively participate in social and recreational activities and succeed in life. Disabilities include physical, developmental, mental illness, injuries or perceived disabilities that substantially prevent or interfere with an individual's ability to perform mental or physical tasks normally in the range of human capability.

Illness/Disease/Injury: Communities where the presence of a non-disabling condition that impairs an individual's health and well-being does not affect that person's ability to participate in social and recreational activities or opportunities to succeed in life.

For a few of the measures in this chapter, reference is made to national Year 2000 Healthy People goals. Healthy People 2000 refers to a set of objectives, or measurable targets, designed as part of a national strategy to improve the health of all Americans. Although they may not necessarily have been formally adopted as community-wide goals for the UWNENY/Capital District region,

these goals provide useful health-related benchmarks for the region and its counties.

Summary of Trends

In reviewing the 19 measures that follow in this chapter, some trends and themes emerge from the data. At this point, little information is available about those with disabilities, other than what is covered in other sections under substance abuse, AIDS and mental health. Thus no separate disability subsection is highlighted in this summary. The other highlights are summarized as follows:

Substance Abuse

Insufficient data related to substance abuse are available at the county or regional level. Most of what is available relates specifically to treatment facilities only, so little information exists concerning the broader use, abuse and community-based treatments related to alcohol and substance abuse in the region. What data we have suggests the following:

❖ Alcohol-related crashes have declined from their peak level in 1990, although the total number has begun to slowly increase again over the past few years. Fatalities have been reduced from an average of 26 at the beginning of the decade to about 10 a year since then.

❖ Admissions to alcohol/substance abuse facilities has increased about 5% in the past three years to more than 6,000 adults a year. Three-quarters of each year's admissions are repeaters, having been admitted at least once before.

AIDS

In general, the impact of the AIDS epidemic, while still devastating in its personal and societal implications, appears to be declining in the region.

❖ Total newborns with HIV typically number between 15 and 20 per year across the region.

❖ The number of newly-diagnosed AIDS cases has recently been about half of what it was in 1995. In general, fewer people are now living with AIDS in the region than was true in the middle of the 1990s.

Illness/Disease/Injury Using traditional measures of morbidity, mortality, and STD (sexually transmitted disease) measures, the region appears to be doing better than many other communities.

❖ On such morbidity measures as tuberculosis, hepatitis A and B, and lyme disease, the region has very few cases per year, is typically at or below the Upstate incidence rates, and is well below (better than) the Healthy People 2000 national goals.

❖ On such STD measures as gonorrhea and early syphilis, rates have declined significantly, are similar to Upstate rates, and are well below the Year 2000 Healthy People goals.

❖ Overall mortality rates for the region are stable, and mortality rates for breast cancer and diseases of the heart appear to be gradually declining over the years. Although suicide rates vary from year to year, they remain below the Healthy People national goals. Infant mortality rates have also recently fallen below the national goal.

❖ Insufficient data are available to monitor the community's progress in dealing with its mentally ill residents. As with substance abuse, what is available is limited to some information about institutional care, and even that is primarily limited to data on hospital discharges for psychiatric services. Those rates have been stable over time, with about 5,000 to 5,500 discharges per year.

Summary Conclusions

What can be measured suggests that the three-county region is doing quite well in addressing a number of health-related issues: The incidence of AIDS has begun to decline in recent years. Morbidity and STD rates are all down and well below national goals. Mortality rates are stable, and some appear to be declining, and the impact of alcohol on highway crashes and fatalities has declined.

On the other hand, there is much we do not know about the region's health status. For example, we know far too little about the overall incidence of substance abuse and mental illness in the community, and about the impact of related treatments and

services other than facility-based treatments. We know far too little about a variety of disabilities and their impact on residents of the community, and about how people overcome the negative impacts of those disabilities. And we know little, except anecdotally, about the personal habits and lifestyles of community residents and how changes in their lifestyle decisions might further improve bottom-line mortality health measures. These gaps in our knowledge are important to recognize and hopefully address if the community is to continue to make progress in building on its already impressive health status.

FOCUS AREA: HEALTH

Issue Area: Substance Abuse

<u>**Measure: Alcohol-Related Motor Vehicle Crashes**</u>

Definition: Number of alcohol-related motor vehicle accidents, by drivers of all ages by county of residence. These data include total accidents broken out by property damage, injuries to driver or passengers, or fatalities.

CGR

Alcohol-Related Vehicle Crashes: All Ages

Source: NYS Department of Motor Vehicles
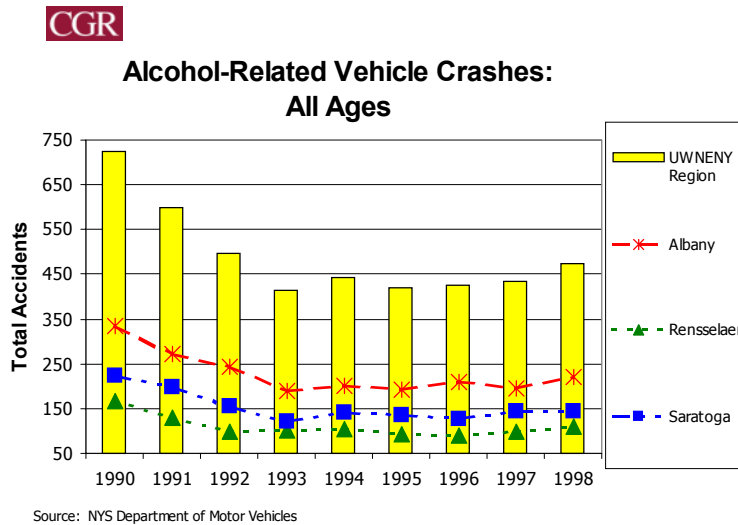
Trends: The total number of alcohol-related crashes has decreased in all three counties, since 1990. Although the numbers of crashes each year are significantly fewer than in 1990, in each county they have begun to increase slowly from their lowest levels of the decade. Overall, the rate of alcohol-related accidents involves less than 0.12% of all licensed drivers in the UWNENY region. For breakdowns by property damage, injury and fatality, see Appendix 1: Data Table 71. Since an average of 26 fatalities in 1990 and 1991, there has been an average of 10 fatalities a year in the seven years since then.

Comparisons: No Upstate data were available for comparison.

Caveats: Changes in the number of alcohol-related crashes may be affected by factors such as varying levels of awareness regarding the dangers of drinking and driving, increased or decreased use of designated drivers, and targeted surveillance by law-enforcement agencies.

Measure: Admissions to Alcohol and Drug Abuse Treatment Facilities

Definition: The number of admissions of residents of the specified county to alcohol and drug abuse treatment facilities located in the UWNENY Region (Albany, Rensselaer, or Saratoga Counties).

Admissions to Alcohol or Substance Abuse Treatment Facilities*
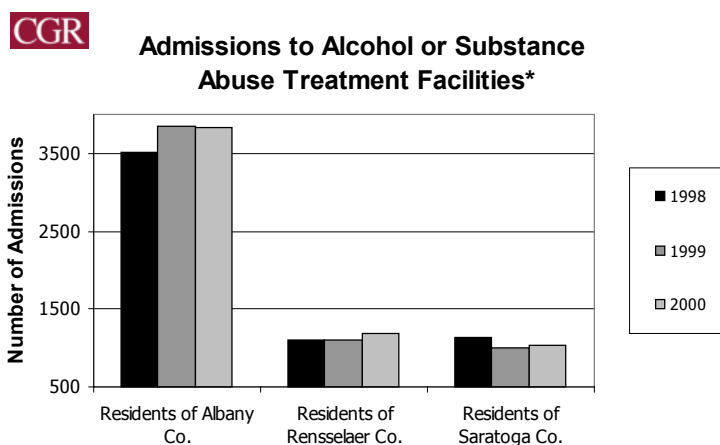
*Amissions to treatment facilities in Albany, Rensselar, or Saratoga Counties.
Source: NYS Office of Alcoholism and Substance Abuse Services

Trends: From 1998 through 2000, admissions of residents of the entire UWNENY Region increased about 5% to just over 6,000 admissions per year (see Appendix 1: Data Table 72). Admissions numbers for Albany County residents have been nearly twice as high as Rensselaer and Saratoga Counties combined. Only Saratoga experienced a decline in admissions over the three years for which data were available.

Comparisons: No Upstate data are available for this measure.

Caveats: Data do not provide an unduplicated count of individuals, as a person admitted more than once in the same year would be counted each time. The data also do not capture those county residents who are admitted to treatment facilities located outside of the UWNENY Region.

Data do not represent the total number of admissions to treatment facilities in the UWNENY Region, as individuals from counties outside this region (and even outside of New York State) may be admitted for treatment.

The report years run from 4/1/XX to 3/31 of the following year.

Measure: First Time Entrants to Alcohol/Substance Abuse Treatment

Definition: The proportion of admissions to alcohol/substance abuse treatment facilities in the specified county (regardless of client's county of residence) which were individuals entering treatment for the first time.

First Time Entrants to Alcohol/Substance Abuse Treatment
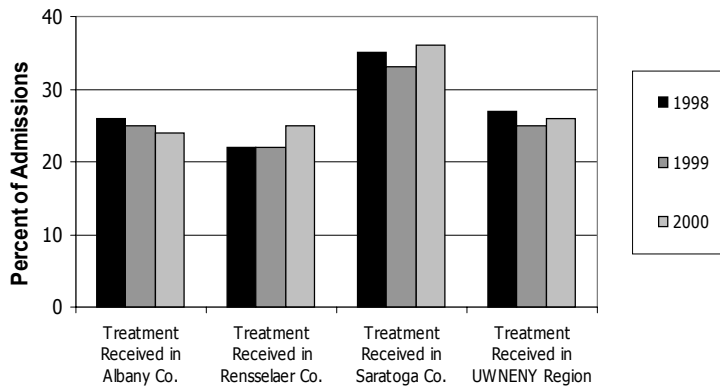
Source: NYS Office of Alcoholism and Substance Abuse Services

Trends: Of the total number of admissions to treatment facilities in the UWNENY Region (regardless of client's county of residence), only about one-quarter were first time entrants to treatment. That is, three-fourths are repeat admissions, having been in treatment at least once, and often more times before. First-time entrants are more frequent in Saratoga County. (Appendix 1: Data Table 73).

Comparisons: Data for the Upstate NY are not available for this measure.

Caveats: Data reflect *all* admissions to the treatment facilities in the specified area, including individuals who live outside of the three-county UWNENY region. Data on first time entrants to treatment could not be broken out according to the individual's county of residence, although on average, 79% of admissions in Albany County were individuals residing in one of the three UWNENY counties, about 81% of Rensselaer's admissions were UWNENY region residents, and nearly 95% of Saratoga's admissions were region residents.

Issue Area: AIDS

Measure: AIDS Morbidity - Annual Incidence Rates

Definition: Total AIDS incidence expressed as a rate per 100,000 residents and year of diagnosis through 1999. AIDS is defined as individuals with HIV-infection including CD4+ T-lymphocyte counts of less than 200 cells per cubi millimeter or less than 14 percent of total lymphocytes. This definition was expanded for adolescents and adults in 1993 to include individuals diagnosed with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer or severe immunodeficiency.

CGR

AIDS: Annual Incidence Rates
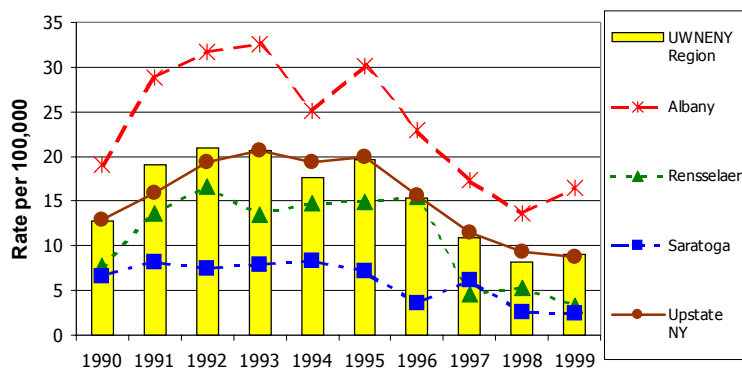
Source: NYS DOH - Bureau of HIV/AIDS Epidemiology

Trends: The number of newly diagnosed AIDS cases in a year has declined to half the rate it was in 1995. This general pattern is true for all three counties, although the decline has been especially dramatic in Rensselaer County. The vast majority of new AIDS cases continue to be in Albany, with proportionately few in Saratoga. (Appendix 1: Data Table 74).

Comparisons: UWNENY region practically mirrors Upstate trends.

Caveats: Data of prison inmates with AIDS are excluded from these rates so that counties housing Department of Correctional Facilities may not show inflated numbers of AIDS cases attributed to them. All graphs which present AIDS cases over time were strongly impacted by the expansion of the case definition.

Measure: Persons Living With AIDS

Definition: Number of people that are presumed alive and living with AIDS at the end of each year. Expressed as a rate per 100,000 residents.

CGR

Persons Living With AIDS
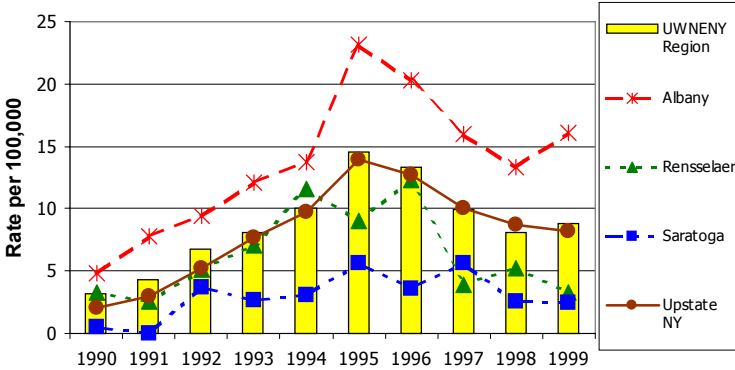
Source: NYS DOH - Bureau of HIV/AIDS Epidemiology

Trends: The number of persons living with AIDS has varied over the study period in the three counties. Overall there are fewer people living with AIDS in the years since 1995. (Appendix 1: Data Table 75).

Comparison: UWNENY has trends that are almost identical to those of Upstate New York.

Caveats: The number of persons living with AIDS may increase in the future with continuing medical advances that enable them to live longer.

Measure: AIDS Mortality – Death Rates

Definition: Number of deaths due to AIDS per 100,000 residents.
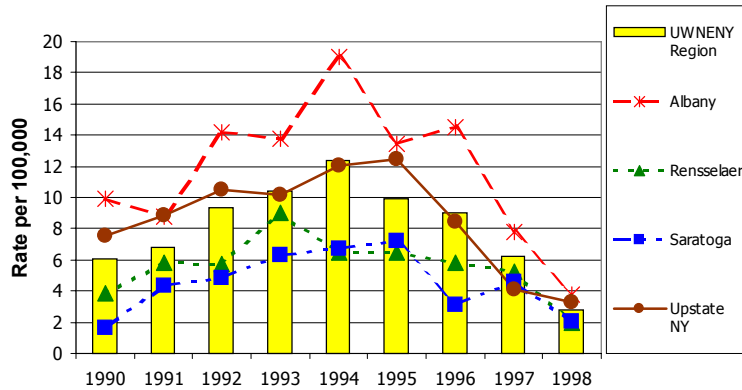
Trends: The number of deaths from AIDS has been dropping in the region since 1994. Albany remained consistently higher than Rensselaer and Saratoga throughout the 1990s. (Appendix 1: Data Table 76).

Comparison: The UWNENY region rates appear to have been higher or equal to Upstate trends most years since 1993.

Caveats: Number of deaths due to AIDS may decrease as continuing medical advances allow persons with AIDS to live longer.

AIDS Death Rates

Rate per 100,000

Source: NYS DOH - Bureau of Biometrics

Measure: Newborn HIV Seropositivity

Definition: Newborns testing positive for HIV Seropositivity expressed as a rate per 100 live births.

Newborn HIV Seropositivity
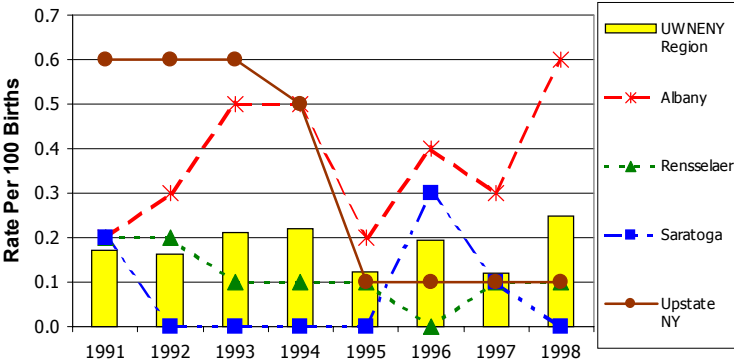
Source: NYS DOH - County Health Indicator Profiles

Trends: The total number of newborns born with HIV remain below 20 per year in the entire region. Albany contributes nearly all the newborns with HIV each year. (Appendix 1: Data Table 77).

Comparison: Since 1995, UWNENY region rates have remained consistent with Upstate trends, which have remained at 0.1/100 births since 1995.

Caveats: None

Measure: HIV Prevalence Among Childbearing Women

Definition: The NYS Department of Health has conducted unlinked HIV prevalence studies and data from two - Survey of Childbearing Women and the Comprehensive Newborn Screening Program - were combined to examine trends of HIV prevalence among childbearing women. Findings were reported in NYSDOH's: AIDS in New York State 1998-99 Edition. Survey of Childbearing Women (November 1987 to April 1996) performs HIV antibody testing on leftover blood specimens from the NYS Newborn Screening Program after all identifying information has been removed. The presence of HIV antibodies in a newborn indicates infection of the mother but not necessarily of the infant. Newborn Screening Program (February to December 1997): all NYS infants are tested for HIV infection. Infants testing positive are referred for follow-up testing to confirm actual infection.
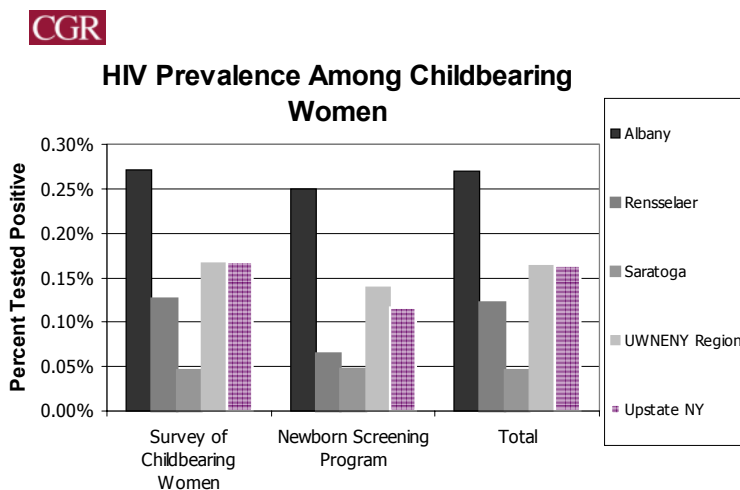
Trends: HIV prevalence is found to be the highest in Albany, based on these two studies. (Appendix 1: Data Table 78).

Comparison: UWNENY region and Upstate reflect similar trends with the former showing slightly higher rates in the Newborn Screening Program results.

Caveats: Results from the Survey of Childbearing Women cannot be generalized to other reproductive age women because they represent only women carrying pregnancies to term.

HIV Prevalence Among Childbearing Women

Source: NYS DOH - Bureau of HIV/AIDS Epidemiology

Issue Area: Disabilities

Measure: Job Placements by Type for Those with Disabilities

Definition: The number of VESID placements in competitive, supported or sheltered workshop settings for adults with cognitive, physical, alcohol and substance abuse, and mental illness disabilities. Competitive employment involves working in the community without any support and earning at least the minimum wage; supported employment may or may not pay the minimum wage and involves being placed in jobs under the supervision of a special instructor who assists in on-the-job learning and acclimatization to the social environment. Sheltered employment legally allows workers to receive less than the minimum wage and involves working in a federally certified rehabilitation facility under constant supervision.

Trends: Job placements of all types registered a steep increase in all three UWNENY counties in 1994 and 1995, probably as a result of the Americans with Disabilities Act of 1991 taking effect. Albany has placed the highest number of disabled over the study period. Appendix 1: Data Table 60 presents annual breakdowns for competitive, supported and sheltered placements in each county; this measure also presented in Focus Area: Community Development, Issue Area: Unemployment.

Comparisons: No Upstate data are available for comparison.

Caveats: While some of those placed may include recidivists, experts suggest that the lengthy VESID eligibility and treatment process makes this proportion small. Also, data may be understated, as they do not include direct placements by other state-funded agencies or direct hires with no special training. Means-testing is not likely to affect eligibility, but rather the range of services that a person may receive while in treatment.

CGR

Disabled Job Placements - All Types

Source: NYS VESID

CGR

Disabled Job Placements - Competitive

Source: NYS VESID

Issue Area: Illness/Disease/ Injury

<u>**Measure: Morbidity Rates – Tuberculosis Incidence**</u>

Definition: Number of reported cases of tuberculosis per 100,000 residents.

CGR

Disease Morbidity: Tuberculosis
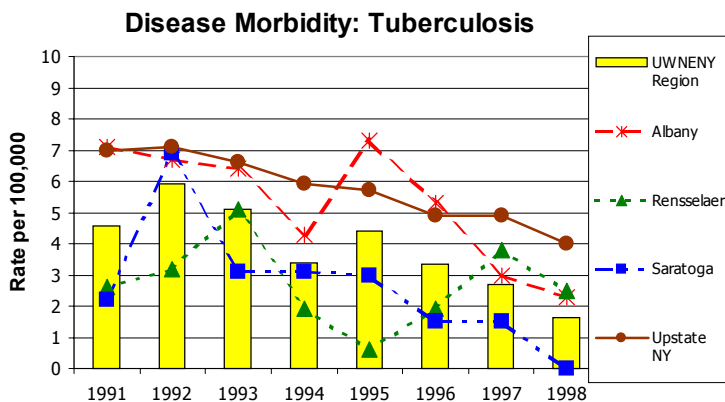
Source: NYS DOH - County Health Indicator Profiles

Trends: The incidence of tuberculosis has been fairly varied in each county over the study period. Overall the UWNENY region rate has been declining since 1995, to a total of just 11 new cases in 1998. Although there have been some yearly fluctuations, in general, the trend has been downward in each of the three counties. (Appendix 1: Data Table 79A).

Comparison: UWNENY region rates have remained consistently lower than Upstate rates since 1991. In four of the past five years, the region's TB incidence rate has been below the Healthy People 2000 goal of 3.5/100,000.

Caveats: None

Measure: Morbidity Rates – Hepatitis A

Definition: Number of reported cases of Hepatitis A per 100,000 residents.

Trends: Hepatitis A rates show a wide variation in the three counties, though they register a decline over the study period. In 1999, there were only two reported Hepatitis A cases in the entire region. (Appendix 1: Data Table 79B).

Disease Morbidity: Hepatitis A

CGR

Rate per 100,000

Source: NYS DOH - Bureau of Communicable Disease Control

Legend: UWNENY Region, Albany, Rensselaer, Saratoga, Upstate NY

Comparison: Upstate rates reflect a significant decline, but UWNENY regional rates have typically remained lower during the decade. Throughout the 1990s, the region and each of its counties have remained well below (better than) the Healthy People 2000 goal of 23/100,000.

Caveats: None

Measure: Morbidity Rates – Hepatitis B

Definition: Number of reported cases of Hepatitis B per 100,000 residents.

Disease Morbidity: Hepatitis B
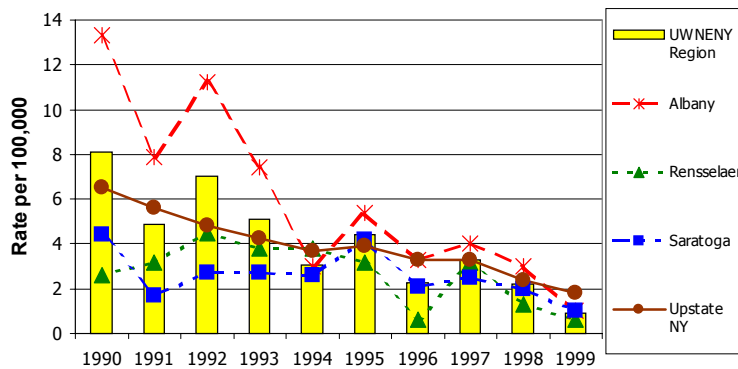
Source: NYS DOH - Bureau of Communicable Disease Control

Trends: Hepatitis B rates have fallen over the study period in the UWNENY region, to a total of 6 cases in 1999. Albany has shown a consistent decline while Rensselaer and Saratoga have been more varied. (Appendix 1: Data Table 79C).

Comparison: UWNENY rates were higher than Upstate rates until 1993, after which they have remained very similar. Each year during the 1990s, the region and each of the counties have remained far below the Healthy People 2000 goal of 40/100,000.

Caveats: None

Measure: Morbidity Rates – Lyme Disease Cases

Definition: Number of reported cases of Lyme Disease per 100,000 residents.

CGR

Disease Morbidity: Lyme Disease
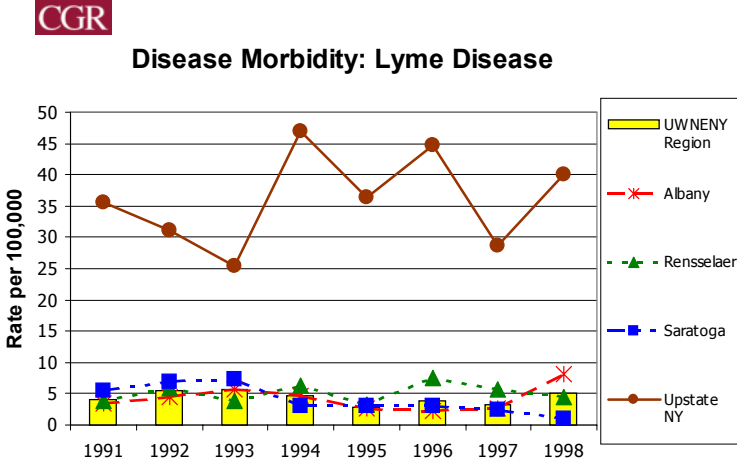
Source: NYS DOH - County Health Indicator Profiles

Trends: Lyme Disease case rates have been consistent and low in the three counties since 1991.

Comparison: UWNENY rates have remained significantly lower than Upstate rates. (Appendix 1: Data Table 79D).

Caveats: None

Measure: Sexually Transmitted Diseases – Gonorrhea

Definition: Reported cases of gonorrhea expressed as a rate per 100,000 residents.

CGR

STD Rates: Gonorrhea
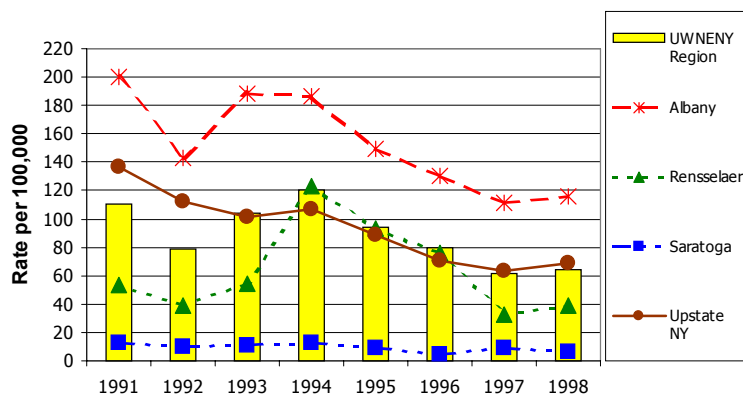
Source: NYS DOH - Bureau of STD Control

Trends: Overall Gonorrhea rates have been declining significantly since 1994, across the region and in each county. In most years, more than 80% of the cases in the region involve Albany County residents. Its gonorrhea rate is typically several times the rates of the other counties, and also well exceeds the Upstate NY rate. Breakdowns by sex are listed in Appendix 1: Data Table 80A.

Comparison: Since 1993, UWNENY region and Upstate trends have remained almost identical. Throughout the 1990s, the regional rate, and even the higher Albany County rate, have been well below the Healthy People 2000 goal of 225 reported cases per 100,000 population.

Caveats: None

Measure: Sexually Transmitted Diseases – Early Syphilis

Definition: Reported cases of Early Syphilis (under 1 year's duration) expressed as a rate per 100,000 residents.

STD Rates: Early Syphilis
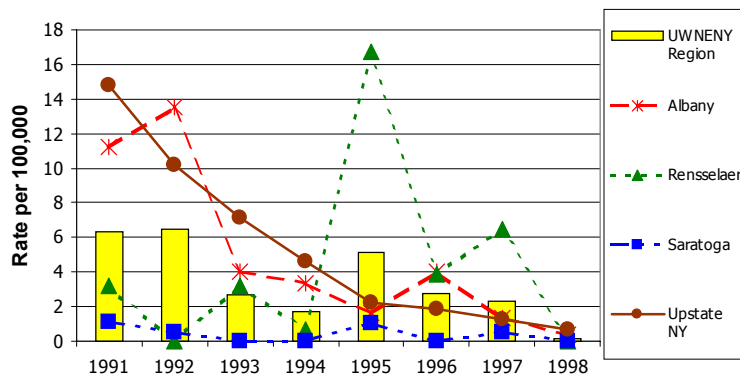
Source: NYS DOH - Bureau of STD Control

Trends: The region reflects a drop in Early Syphilis rates from 1995 to a single case in 1998. With the exception of two years of abnormally large numbers of cases in Rensselaer, the individual county trends have also been declining. Breakdowns by sex are listed in Appendix 1: Data Table 80B.

Comparison: UWNENY region rates have typically remained higher than Upstate rates since 1995. However, both the Upstate and regional rates are below the Healthy People 2000 goal.

Caveats: None

Measure: Suicide Rates

Definition: Number of deaths from suicide per 100,000 residents.

CGR

Suicide Rates

Source: NYS DOH - Bureau of Biometrics
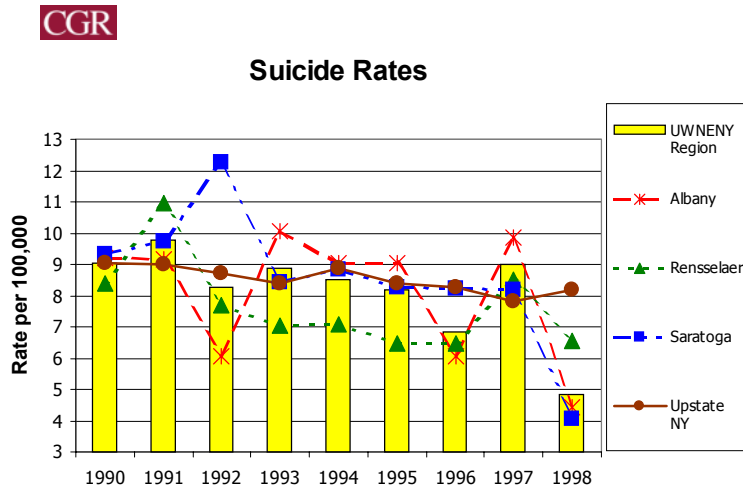
Trends: The region suicide rate remained fairly stable till 1995 after which there has been variation up and down in the number of suicides per year. During the 1990s, the counties have alternated having the highest suicide rates, with Saratoga and Albany having the most consistently high rates. (Appendix 1: Data Table 81).

Comparison: UWNENY region rates mirror Upstate trends till 1995, after which region rates have fluctuated both higher and lower than Upstate rates. Throughout the decade, however, the region, its counties, and Upstate have all consistently been below (better than) the Healthy People 2000 goal of 10.5 suicides per 100,000 population.

Caveats: None

Measure: Mortality Rates – All Causes

Definition: Number of deaths per 100,000 residents of all ages.

Mortalily Rates: All Ages
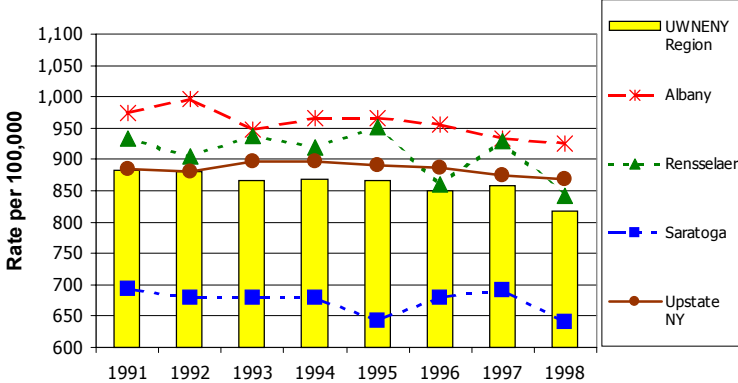
Source: NYS DOH - County Health Indicator Profiles

Trends: Both Rensselaer and Albany reflect a higher death rate than Upstate NY, and a consistently higher rate than Saratoga County. UWNENY region rates have remained fairly stable over time. Death rates from specific causes including lung, breast and cervical cancers, diseases of the heart, and unintentional injury are detailed in Appendix 1: Data Tables 82A – 82F. Death rates for breast cancer and diseases of the heart appear to be slowly declining over time.

Comparison: UWNENY region trends have been somewhat lower than Upstate during the 1990s.

Caveats: These are crude death rates. Rates would need to be adjusted for age and gender differences in the population in order to determine whether real differences exist between the region and Upstate rates.

Measure: Incidence of Mentally Ill Receiving Services

Definition: Rate of discharges from hospitals in the specified area with a psychiatric service category.

Hospital Discharges with Psychiatric Service Category
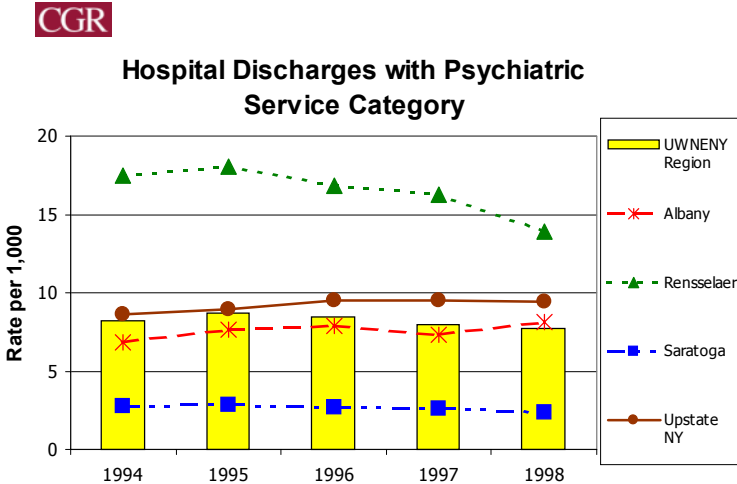
Source: Statewide Planning and Research Cooperative System (SPARCS)

Trends: Between 1994 and 1998, psychiatric discharges remained relatively stable throughout the UWNENY region as a whole at a rate of about 8 per 1,000. An average of 5,000 to 5,500 people with psychiatric diagnoses are discharged from area hospitals each year. Rensselaer County has experienced the highest psychiatric discharge rate with rates 2 or more times higher than those in Albany, and 5 or 6 times higher than those in Saratoga. (Appendix 1: Data Table 83).

Comparisons: Psychiatric discharge rates in the UWNENY region are slightly below the rates of the entire Upstate NY.

Caveats: The service categories are based on categories developed by the New York State Department of Health and are defined in terms of diagnosis and procedure codes from the International Classifications of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Data reflect psychiatric-related inpatient hospitalizations only, and likely represent the most serious cases of mental illness. Additional outpatient treatment data were not available.

Measure: Infant Mortality

Definition: The three-year-average number of deaths among infants under one year of age, per 1,000 of the three-year-average number of live births. Because of significant year-to-year fluctuations in the number of infant deaths, the three-year-average is viewed by health professionals as a more reliable and useful way of presenting the data for analysis and planning purposes.

Infant Mortality, Three Year Average

Source: New York State Department of Health, *MCAH Profile*

Trends: Infant mortality rates have remained relatively stable in the UWNENY Region since 1990, with slightly lower rates the last three years for which data were available. Albany County has generally experienced the highest rates of infant mortality and Saratoga County the lowest. In recent years, the rate in Rensselaer County has declined, and has been at or below the regional rate. This measure is also reported in the Family Care Focus Area—Child Care; Appendix1: Data Table 3.

Comparisons: The infant mortality rate in the UWNENY Region has been at about the same level as in Upstate NY throughout the study period. The infant mortality rate for the region from 1995 through 1997 for the first time dipped below the Healthy People 2000 goal of 7 per 1,000 live births. However, Albany's rate remains above the national goal.

Caveats: Infant mortality rates tend to be disproportionately higher in cities and for African Americans and other minority groups.

Implications and Community Discussion Points

The data presented in this chapter, and points raised in our interviews with key community stakeholders, raise a number of questions and suggest a number of issues for consideration by the United Way and the larger three-county community. Among those are the following, offered in no particular order of priority:

❖ Does the region have the right combination of mental health and substance abuse treatment and preventive services? Current data focus primarily on treatment facilities and institutional care, and substance abuse data are too often not readily available at the county level. Better, more systematic community data are needed to determine and monitor the overall incidence of substance abuse and mental illness in the region, and about the impact of related services.

❖ Far too little is known about those in the community with various types of disabilities. Ideally, before the next community profile is produced, the community will have developed better ways of tracking how well it is doing in meeting the needs of its disabled residents.

❖ How should the community allocate public health resources, so that it maintains the gains it has made in reducing various morbidity, mortality, AIDS and STD rates, while at the same time making further advances to educate the community and promote healthy lifestyles that promote various prevention approaches designed to improve bottom-line disease incidence and mortality rates?

❖ What more should the community be doing about the concern expressed by several community stakeholders that better access to health care is needed for the working poor, and in particular for their children?

❖ What more should be done to improve the community's healthy birth outcomes? What additional prevention and early intervention programs and services are needed?

VIII. PERCEPTIONS OF KEY COMMUNITY STAKEHOLDERS

Introduction

All of the measures presented in the previous chapters convey extensive information and raise important issues about the well-being and quality of life of the residents of the three counties in the United Way of Northeastern New York (UWNENY) region. They help educate and inform the community about how well the region as a whole and each of its individual counties are doing over time in achieving desired outcomes. However, even a careful analysis of those data and their implications cannot by itself substitute for the experiences, judgments and insights of knowledgeable community leaders.

Thus, in order to supplement the profile and place the measures in context, CGR also obtained input from selected community leaders/stakeholders concerning their views about important issues facing the community. In our interviews with these community stakeholders, we asked about the following: their perceptions of unmet community needs and about issues and opportunities that need to be addressed in the region and its individual counties; what needs to be done to address these needs and issues; the resources currently available, and likely to be needed in the future, to address the expressed concerns; perceptions about the United Way's current and future roles in addressing community needs; implications for future fund-raising and allocation of resources; and perceived opportunities and need for new initiatives and partnerships in the future.

These stakeholder discussions helped flesh out and shed light on many of the measures in the previous chapters. Many of the discussions focused on the practical implications of various measures, and on how the community should respond to what the data say. But just as important, the stakeholder interviews also surfaced numerous issues not addressed at all, or only in part, by the approximately 90 measures in the earlier chapters of this profile. As indicated earlier, it was recognized from the beginning that a number of important issues facing the community, and

applicable to the United Way's six Focus Areas, could not be adequately and reliably measured by any available community-wide indicators. Thus to analyze only the measures described in the previous chapters of this document would be to provide too narrow an assessment of the comprehensive array of issues addressed within each of the Focus Areas. Accordingly, the community stakeholders' perceptions of unmet needs – and of what should be done in response – add an important dimension to any comprehensive assessment of community needs within the region.

Perceptions can of course be misleading, and even incorrect. Thus no needs assessment should rely on perceptions alone to create a portrait of community needs. But neither should outcome measures be used by themselves, given their incompleteness and the caveats noted in the earlier chapters. The combination of the two, however, especially when perceptions are consistent across groups of interviews – as was often the case in our stakeholder discussions – can together paint a picture of community needs and possible responses to them that can be quite powerful and valuable in guiding resource allocations decisions throughout the region. We believe that to be the case here.

Who Was Interviewed   The process focused on individual and group interviews with key stakeholders/community leaders selected by the United Way from categories jointly determined by CGR and the UW. Those interviewed included city and county elected officials, representative county government department heads, non-profit community advocacy and service provider executives, representatives of local school districts, key local funders and foundation representatives, selected United Way donors, and local leaders of the business and religious/faith communities.

A total of 39 individuals were interviewed in 31 different settings: 26 individual interviews (in a few cases with additional staff members present) and 13 people in five focus groups. For analysis purposes, those interviewed were grouped into three broad categories:

Public Officials/Department Heads – 10
Donors and Funders/Business Community Representatives – 7
Service Providers/Faith Community/Community Advocates – 22

In selecting those to be interviewed, the United Way attempted to include a representative sample of community leaders knowledgeable about each of the three counties in the UWNENY region. Although each of the 39 stakeholders was able to speak about issues from a broad regional perspective to some extent, several were most knowledgeable about, and focused most of their comments on, a particular county. Of the 39, 11 focused almost exclusively on the region as a whole, 10 concentrated most of their comments on Albany County, 8 on Rensselaer, 8 on Saratoga, and another 2 commented on both Rensselaer and Albany.

Consistency of Findings Across Groups

In general, the profile of issues raised was fairly similar across categories of stakeholders and geographic areas, with relatively consistent overall aggregate profiles across the respective groups of perceived unmet needs and of what should happen in response. Thus the summary of responses which follows is presented for the entire group of stakeholders, rather than presenting separate summaries for each subgroup or geographic area. Issues which pertained primarily or exclusively to a particular geographic area, or which were emphasized by a particular subset of community leaders, are so noted, but otherwise the reader should assume consistent patterns of perceptions across groups. The following summary is an abstract of the highlights and most consistently-referenced perspectives from the stakeholder interviews. What follows represents the distillation of more than 65 typed pages of more detailed comments from the interviews.

Value of the Comments

First, a reminder: the comments that follow are *perceptions*. As such, they may not always be correct, or they may be partially correct – or they may be correct but only in a limited context. As such, they should not be uncritically accepted as absolute fact or truth. On the other hand, many of the perceptions are supported by data in the preceding chapters of this report. And, even where there are no data to either support or refute many of the perspectives, it is worth noting that most of the perceptions summarized below were mentioned in one form or another by many of the stakeholders – and typically, unless otherwise noted, by stakeholders representing a variety of sectors of the community. Thus, *the frequency and consistency of what we heard, while not in and of itself equaling fact or truth, at the least suggests a prevailing*

conventional wisdom about many of these views – and that the views have a level of credibility that should be taken seriously.

The stakeholders collectively were knowledgeable, thoughtful, and insightful in their comments. Most went out of their way to express their appreciation to the United Way for instituting this process, and for the opportunity to offer their perspectives. Given that opportunity, most took full advantage of it, offering their candid assessments of issues facing the region and its individual communities. Stakeholders were promised that their comments would be treated confidentially, and that findings would only be presented in the aggregate, with no ability to attribute comments to particular individuals. The comments were typically balanced, reflecting both positive and negative perspectives on community efforts, but since the primary focus of the interviews was on "major unmet or insufficiently addressed needs in the region," and what should be done in response, concerns about the community dominated most of the discussions.

Many of the stakeholders were passionate in their articulation of particular community needs, and in their views of who should do what in response in the future. While many of the proposed solutions pointed at what various "others" could and should do, many of the stakeholders were equally forceful in accepting responsibility for at least some aspects of certain problems and in acknowledging that they and/or groups they represent need to be part of the solutions. Thus, even where comments may have been critical, and even self-critical, our observation is that *the stakeholders as a group were willing and even eager to be part of ongoing discussions about how to use the results of this community profile and the collective wisdom of the stakeholders to craft partnerships and new initiatives to tackle pervasive issues facing the residents of the region.*

Presentation of Data

The remainder of the chapter is organized into the following sections:

- ❖ Perceptions of major unmet needs (by Focus Area)
- ❖ What is needed to address these issues
- ❖ Adequacy of community resources
- ❖ Role of the United Way in addressing issues
- ❖ Resource allocation issues

❖ Potential for partnerships/collaborations

Perceptions of Major Unmet Needs in Region

The first thing the stakeholders were asked in the interviews was what they considered to be the major unmet or insufficiently-addressed needs in the region and/or in individual counties. Most of the perceived unmet needs that were mentioned had relevance to one or more of the six United Way Focus Areas. In order to make the findings most helpful for the United Way in its allocations process, we have therefore organized the summary of perceived unmet needs/service gaps by Focus Area. In addition, some of the comments fell into more overarching, cross-cutting categories, which we have called Infrastructure and Overall Service Delivery. Comments about unmet needs in those two broad areas are presented first, followed by summaries of the perceived needs related to each of the Focus Areas. As noted above, the perceptions were heard consistently across the various subcategories of stakeholders, and should be thought of as pertaining to the entire region, unless otherwise noted.

Infrastructure

Across all of the stakeholder groups, three broad sets of infrastructure topics were raised consistently as unmet or insufficiently-addressed issues: transportation, housing, and the economy. The perceived needs or service gaps in each of these are discussed briefly below:

Transportation

Transportation is viewed as a problem throughout the region, particularly in rural areas, with particular impact on older residents, those with disabilities, and working poor attempting to access jobs.

❖ Services are most typically located in or near the region's cities; they are often difficult for frail elderly and poor residents of rural areas to get to easily, due to the inability to readily access private or public transportation options. Similarly, increasingly many of the area's jobs are located in suburban locations which are often difficult for people in both the cities and rural areas to easily access via public transportation. Often there is a mismatch between the public transportation routes and times and riders' needs. Apparently some progress has been made in making bus routes more consistent with needs of employers and employees, but more still needs to be done.

❖ Many agencies offer their clients transportation to various services as needed, but these efforts are for the most part fragmented and uncoordinated. Many vans, buses and drivers are not in constant use, and it is believed by a number of those we talked to that it should be possible for coalitions of agencies to make more efficient use of their existing transportation resources to supplement whatever services the transportation authority is able to develop and maintain.

Housing

Stakeholders across all groups mentioned the need for improved housing, particularly improved housing for the working poor and expanded housing for the elderly:

❖ Several mentioned the need for increased subsidized housing for seniors, including middle-income housing offering congregate living and independent living with support services. The need was viewed as being especially acute in Saratoga, with its rapidly growing senior population.

❖ Upgrading low-income neighborhoods in Albany was mentioned as a significant community development issue, involving the development of new housing, more home ownership opportunities for working poor families, and improving the maintenance of parks in low-income city areas.

The Economy

Several stakeholders suggested that the region has no real economic identity or focus. The traditionally strong governmental sector of the local economy has been downsizing, as has the industrial sector. Only Saratoga County seems to be growing new jobs. But even there, the primary growth in jobs has been in minimum wage, service economy and retail opportunities, often in locations relatively inaccessible to many who are most in need of the jobs. Some spoke of the need to either create new job opportunities in or near city neighborhoods or to make suburban jobs more accessible to city and rural residents. Increased access to training opportunities is also viewed as necessary in order to improve the ability to match low-income residents to available jobs. Finally, some of the donors and funders we talked to linked the state of the local economy to the perception that, despite

significant levels of philanthropic giving in the region, corporate giving levels are not at appropriate levels, and ideally should be increased in the future for the well-being of the community.

Overall Service Delivery

Within each of the categories of stakeholders interviewed, and for each of the counties in the region, comments were made about the need for better coordination of services among both public sector and non-profit service providing agencies. The consensus seemed to be that there are enough, and maybe even more than enough, service providers in the region, but that they must become more efficient and work more closely together in order to make the best use of available resources. In particular, the interviewees raised a consistent concern that agencies and programs tend to focus piecemeal on limited aspects of the needs of a young person or family, when a more comprehensive, holistic approach is needed. These services are not coordinated often enough, and are viewed as being too fragmented, often as a direct result of categorical funding restrictions, which too often do not encourage agencies to focus on the overall needs of the person or family. There is the sense that there is too much duplication of services, too little overall case management, and even some signs of agencies working at cross-purposes.

Access to services was also noted as a problem, particularly in rural areas, in part due to the fact that most services tend to be located in more urbanized areas, and in part due to the transportation problems noted above. Some suggested that maybe more satellite offices, outreach efforts, or occasional office hours are needed in rural communities. The need for expanded evening and weekend hours for various services was also mentioned, regardless of where services are geographically located.

The need for more preventive and early intervention services was also frequently mentioned. The perception is that too many of the community's resources go into "fixing or treating problems" after the fact, rather than being focused on preventing them in the first place or intervening at early stages. It is recognized that it is often difficult to provide sufficient resources for such efforts, because funders often want relatively immediate indications of success; and often the push to show success against outcomes encourages that, while the impact of preventive initiatives often isn't visible on a

short-term basis – and is often difficult to measure even in the long term.

Family Care

Stakeholders noted a number of unmet or insufficiently-addressed needs related to this first Focus Area. The most frequently mentioned were the following:

❖ The need for more adequate, affordable child care. Several aspects of the issue were noted. Overall gaps in the availability of child care were mentioned by several stakeholders, with particular reference to perceived gaps in services during non-traditional hours, such as evenings and weekends. Child care services were viewed as being a barrier to many working poor, who are said to have insufficient access to convenient and affordable options consistent with job hours and locations. On the other hand, some noted that dollars available to access child care resources are not fully used, and that more needs to be done in some areas to increase awareness of the opportunities and resources that do exist. Others suggested that financial subsidies for child care may be needed for longer periods of time to support the transition from welfare rolls to self-sufficiency. Some service providers also talked about the increasing incidence of children entering child care programs with significant behavioral problems, lack of social skills, and inadequate bonding and relationships between child, parent, and other adults.

❖ Domestic violence is viewed as an increasing problem, and available data confirm the perceptions. Several people noted that there are gaps in capacity of domestic violence shelters, and that too often victims of domestic violence are forced to seek relief in generic shelters, which are viewed as inappropriate and unsafe for the victims. The problem is exacerbated in rural areas, where few services exist, often forcing women to choose between staying in an abusive relationship or leaving and going to an area with a shelter, which may mean having to pull their children out of a stable school situation. Several of the service providers interviewed noted that they are seeing increasing

evidence of the effect of domestic violence on children, with increasing incidence of violent behavior, and drifting into gangs and drug use. The perception is that not enough attention or services are directed to the children who are also the victims of domestic violence.

❖ As noted above, too often services to families are viewed as fragmented and uncoordinated. Several of those interviewed, particularly among service providers, noted the need for more comprehensive services for families, with particular reference to the need for expansion of "wraparound" services and resources which can be used to meet specific needs of families as they arise, without being limited by categorical funding restrictions.

❖ Child abuse and neglect, and resulting increases in the need to access foster care and other out-of-home placements, were mentioned by several stakeholders, especially in Rensselaer County, where increases in Family Court cases were reported. An inadequate number of foster homes was mentioned in Saratoga County, thereby forcing other, less appropriate options to be considered, including increased use of higher-cost, often non-local placement facilities. Frequently noted was the need for more aftercare services for children and families, in order to facilitate the transition from placements back into the home and to prevent recidivism.

❖ Families are experiencing a number of crises (e.g., economic) that exacerbate the lack of parenting skills. Insufficient parenting skills were frequently mentioned as a major problem, and the perception is that there are too few parent skills training and parent support programs available in the region at little or no costs to parents. Those programs that do exist are perceived to be "swamped and overwhelmed." On the other hand, several stakeholders commented that many of those most in need of such parenting classes are not the ones attending.

❖ Public officials were most likely to mention concerns about the need to increase the number of healthy births. Even

though data suggest that the region is doing reasonably well in this area compared to upstate New York and has reduced infant mortality rates to below the national standards, it nonetheless falls short of national goals in areas such as low birth weight babies, and has too many "unhealthy births" and infant deaths in various geographic areas. In general, little improvement has been shown in recent years in child health indicators throughout the region.

Youth

The issues raised in the previous Family Care section also obviously pertain to youth. In addition, the following service gaps/major unmet needs were mentioned most frequently with regard to the Youth Focus Area:

❖ Probably the concern raised most often was the need for more formal after-school programs. The perception is that with large numbers of single parents and two-parent working families, too many young children and teenagers have too much unsupervised time after school, and that the demand and need for more structured programs during this time far exceeds the supply.

❖ Several stakeholders expressed alarm at the increases in recent years in gang-related activities and violence among youth, especially in Albany and Rensselaer counties. Increased numbers of children are viewed as exhibiting violent behavior, with fewer social skills and less evidence of civility toward others, at earlier ages. Few positive supportive services and adult role models are perceived to be in place in city neighborhoods. More outreach workers may need to be deployed to reach kids "on the street."

❖ The community as a whole has done very little to address the needs of special populations such as minority youth in general, the growing Latino community and the increasing number of Asian students in colleges. The perception: insufficient outreach, little cultural training, and language barriers.

❖ Some service providers perceived increases in drug abuse problems and drug trafficking among youth, sometimes related to gangs.

❖ There is a perceived need by many for increased mentoring programs and opportunities to model appropriate behavior for youth, and in general for expanded opportunities for youth to experience and practice conflict resolution, anger management and other approaches to resolving problems in non-violent ways.

❖ In general, stakeholders perceive a dearth of positive, structured activities for youth. Some expressed the concern that many young people feel left out and ignored within the larger community. More structured recreational and social programs are needed in each county, and several particularly noted the need for more activities outside of traditional sports and other school extracurricular activities for older youth 15 or 16 and older. Some noted the need for more opportunities for youth to work with adults in constructive volunteer activities. The need for a concerted effort to develop more strength-based positive community assets or resources was mentioned by several.

❖ There is a perception among several public officials and service providers that there are inadequate services in place to address needs of runaways and homeless youth, especially youth 16 to 18. This appears to be a combination of insufficient shelters and of the need for relatively-undefined "less structured services" for youth who are not comfortable using existing shelters or programs.

❖ There is a perceived gap in mental health and counseling types of services for young people. Often insurance may not cover the costs, and more preventive services are needed in the community, perhaps best provided in school-based collaborative settings.

❖ In general, too many children and older youth do not receive adequate health care. Even when enrolled in Child Health Plus or with other insurance coverage, too often

they or their families do not go beyond the enrollment to actually access primary care providers on a regular basis. More efforts are perceived to be needed, working with community organizations and public health officials, to educate youth and families about the need for preventive approaches to health care.

Basic Needs

Although donors and funders did not mention any major concerns in this Focus Area, a number of issues were mentioned by the representatives of the public sector and service provider community:

❖ More support services are needed for individuals and families in the process of making the transition from welfare rolls to work and self-sufficiency. Often the supports put in place, such as transitional food stamps, Medicaid and child care, are time-limited, when longer-term supports may be needed to assure that a successful transition can be maintained. In addition, child care, even when eligibility for subsidies continues to exist, may not be easily available when it is needed to facilitate maintaining jobs during non-traditional child care hours.

❖ Moreover, in a number of cases, it appears that those moving off welfare are not always made aware of, or encouraged to follow up on, the opportunities to continue to obtain Medicaid coverage and to receive food stamps. This in turn has led to reports of substantial increases in the numbers of people using food pantries (one service provider reported an increase in the past three to five years from about 8,000 meals served annually in two food pantries to about 20,000 in the past year). Also, service providers reported increases in the numbers of people served in homeless shelters as a result, at least in part, of reductions in public assistance rolls.

❖ Particular concerns were raised as to how well prepared the area is for dealing with the impact of the impending five-year limit on lifetime enrollment on public assistance rolls. Later this year, those who have been on public assistance for five years or more will be removed from Temporary Assistance to Needy Families rolls; if eligible, some will be

transferred to the Safety Net rolls, at added costs to county governments. There is a sense from stakeholders that relatively little has been done to prepare for these transitions, and that more supports may need to be put in place to facilitate entry for as many of these cases as possible into the world of work. Some spoke of the need to work more closely with the business community to help employers become more willing to hire more of these hard-to-place individuals, as long as incentives and supports are in place to help the transitions to occur effectively.

Community Development

Relatively few service gaps or major unmet needs were mentioned by stakeholders in this Focus Area:

❖ Although reported violent crime rates have declined throughout the region in recent years, public officials and service providers suggested that the community needs to focus more on reducing violence in the community, especially among youth. Donors and funders suggested that not enough resources have been targeted by the funding community on criminal justice issues and crime prevention.

❖ As noted earlier, there are concerns among many stakeholders about: (1) the perceived mismatch between the skills of many in the workforce and the skills needed to successfully acquire and be successful in the region's available jobs, and (2) a mismatch in many cases between where the jobs are located and where many potential jobseekers live. Particular concerns were expressed about the relatively high unemployment rates and inadequate work skills of many Troy and Albany city residents.

Elder Care

Across stakeholder groups, there was substantial awareness that as the baby boom population reaches "senior status," there is likely to be increasing demand for various services for the older segment of the population. This is particularly true among the older and typically more frail segment of the population (usually defined as those 85 and older, which is the fastest growing segment of the 65 and older population). The need for expanded services for seniors is likely to be felt soonest in Saratoga County, which has

experienced a growth of more than 4,000 residents 65 and older during the past decade, including a growth of more than 2,800 among those 75 and older. More specific concerns mentioned with regard to this Focus Area were:

❖ There appears to be a growing need for more subsidized housing for seniors; reportedly there are already long waiting lists, which are expected to grow as the population ages. In particular, service providers noted the need for more middle-income congregate housing/independent living units with support services.

❖ Some service providers expressed the view that historically, relatively few United Way, public sector and other financial resources have been spent on local services for the older population, compared with resources devoted to children and families. They suggest that reallocations will be necessary over the next few years, as more services are needed by the growing older population.

❖ Those services which currently exist for seniors are perceived to be relatively fragmented, with an inadequate information and referral system in place. This is exacerbated by problems in accessing services in many cases, particularly in outlying areas of the region.

❖ One of the major issues likely to need significant attention in the near future has to do with the growing numbers of people who will be acting as caregivers for older parents. Many of these caregivers also will have responsibilities for raising their own children, and thus will be part of a growing "sandwich generation." Increasing numbers of adults may have growing needs for respite care, for caregiver support groups, for information as to the best resources for dealing with the needs of their parents, and for possible other related support services for caregivers.

Health Care   The following concerns were mentioned most frequently pertaining to the Health Care Focus Area:

❖ Due primarily to other employment options in the current economy, there has been a consistent recent shortage of

health care personnel such as home health aides and CNAs, which has had significant implications for the provision of community-based health care.

❖ Frequently, concerns were expressed about access to health care for the working poor, particularly those in jobs offering few if any health care benefits. Particular concerns were expressed for health care coverage for children. Despite the important Child Health Plus initiative, stakeholders, particularly those in the public sector, are concerned that once children are enrolled in CHP, more needs to be done to ensure they are actually accessing health care services, especially routine preventive services. More early intervention services are perceived to be needed to improve birth outcomes and to help parents facilitate appropriate early childhood development.

❖ Mental health services for the poor are generally considered to be insufficient, particularly services for children and youth. Crisis services are perceived to be available as needed, but preventive services, counseling, and ongoing mental health services are typically insufficiently funded to meet the needs.

❖ Increased community education is needed about the impact healthy lifestyles can have on reducing cardiovascular and stroke morbidity and mortality.

❖ Increasing attention is needed to help create a climate in which employers are more receptive to hiring people with various types of disabilities. There is also a perceived need for expanded services for the developmentally disabled population, with particular gaps in housing/supportive living facilities, and in respite care for families with children with disabilities. These needs were noted explicitly in Saratoga County, but may well exist more broadly within the region.

What is Needed to Address These Issues

Given the stakeholders' perceptions of the community's major unmet needs or insufficiently-addressed issues, they were then asked to identify what they thought should be done to better address those issues. While many of the proposed solutions were

general in nature, others were quite specific. Although many of the proposals were offered in the context of a specific service gap or need, they often have pertinence to other needs or service systems as well. Thus our summary below is not organized by specific Focus Area. Instead, the major themes and ideas that were suggested are summarized briefly without being categorized, in hopes that they might offer useful suggestions to a wide range of funders, allocations committees, policymakers and service providers throughout the region. The suggestions are summarized below in no particular order of priority:

❖ It is helpful that the UW is conducting this needs assessment; use the ideas from this effort to spark community discussions and to bring potential funding and service provider partners together to develop solutions to the issues raised.

❖ Volunteerism is key. People don't have the same sense of giving back to the community through volunteer activities as they once did. This community has a strong pool of volunteers, although it could be better organized. A role for the UW might be to support a speaker's bureau that has a real focus on volunteerism, and it could set up a clearinghouse/volunteer registry system to link volunteers and opportunities within agencies.

❖ Expanded access to services is needed, with more services open on weekends and in evenings, for working parents, older youth and others. More flexible scheduling by agencies and staff would make this possible without major increases in costs.

❖ If people want to work, there are typically job opportunities available, but the key is to provide sufficient incentives and transition supports to make them attractive. We need to do a better job of making the jobs more accessible, and to provide child care at times and places that eliminate roadblocks to taking the jobs. It is not clear who could help make this happen, as it would require a lot of money to get a program going. It may be that existing child care providers should be paid a differential rate to

cover non-traditional hours. Moreover, there is a need for the corporate sector to come together to develop off-hour day care in geographic areas where it could help enhance employment opportunities for the working poor.

❖ To increase the number of health care workers we need to do a better job promoting the health care field in schools, and increase the number of training slots at institutions training healthcare personnel. These efforts should be funded by a combination of community resources (e.g., the United Way, the Community Foundation, private philanthropists, and the government). Such jobs could be valuable starter jobs for people coming off public assistance.

❖ It may be worth considering converting an existing homeless shelter to a designated domestic violence shelter to meet the growing reported incidence of domestic violence.

❖ Government and other service-providing agencies need an information resource that provides knowledge of all the programs being offered by the service providers to connect all the dots and weave their clients through them at the right time and the right place.

❖ "After care" and "wrap-around" services: the United Way has the ability to make this happen, but doing so doesn't fit into an outcome model. UW may need to re-think its model.

❖ The community needs to develop better case management/coordination across non-profit and governmental agencies to help assure that more comprehensive services and, where needed, wraparound services are available to families, rather than the more traditional fragmented services. Ideally, more "1-stop shopping" would be helpful, where with a single point of entry families could address a number of issues rather than having to go multiple places to address a combination of issues.

❖ The community needs to develop a pool of funds that can be made available to try new things, e.g., pilot projects, test new approaches, set up new initiatives. Something like a New Initiatives Fund could be used to stimulate people and organizations to come up with new ideas and seek financial support. Not all the new efforts would necessarily be successful, but it would be stimulating to have a resource that would motivate people to try new approaches. The intent would be to challenge groups to come up with new ideas and then come to the United Way or other funders, or a combined fund, to seek dollars to implement the proposed approaches.

❖ Community groups can help change the mindset of employers and others in the community to be more open to working with those with disabilities and providing opportunities for them to be more self-sufficient.

❖ Community organizations such as the faith community, PTAs, etc. can help promote the need for foster homes and help recruit potential foster parents and expand the resource pool of existing homes.

❖ The religious community often deals in helpful ways with symptoms, such as helping with transportation, providing soup kitchens, etc. These are important efforts, but not enough, and there needs to be more of an effort to become involved in more systemic change issues.

❖ The community needs to find ways to provide more positive programs for youth to show that they are valued, and to expand mentoring programs for youth. We need to start teaching kids at early ages new behavior models, e.g., how to parent and engage in caring relationships, anger management and conflict resolution courses and role-playing, mutual respect, anti-violence, etc. Youth need to be exposed to more positive types of behavior and expectations.

❖ There needs to be an expansion of things for adolescents to do in the community to help keep them off the streets and out of trouble. Expanded outreach services are

needed to make connections with kids, to hook them up with needed services. This would include increased recreation/social activities, increased GED and work readiness training programs, etc.

❖ Schools and human service providers should start developing approaches to intervene earlier with kids at the first sign of problems, such as when they first note early patterns of illegal/unexcused absences in schools. Collaborative models of cooperation and resource sharing between schools and community and various non-profit agencies should be developed and expanded, including the ability to get more mental health services to kids, perhaps in school settings, at earlier ages.

❖ The community needs to place increasing emphasis on changing lifestyle issues such as smoking, inappropriate use of alcohol, developing proper diet/nutrition, engaging in exercise, etc. Particular focus is needed on instilling appropriate behaviors among youth, so that lifelong behaviors can be reinforced from early ages, as a means of improving long-term health outcomes.

❖ The community needs to assure that it has appropriate programs, services, and educational efforts in place to promote healthy birth outcomes, and to promote and help assure appropriate access to health care for increasing numbers of children. Partnerships are also needed to assure not only enrollment, but that children obtain direct access in a timely manner to needed primary care services.

❖ Various scattered efforts to deal with community violence need to be better coordinated across the criminal justice system, schools, and community-based organizations, to assure the best use of resources and minimal duplication of efforts. The community needs to develop and implement best practices for addressing community violence. More emphasis is needed on the development of positive community assets/resources to meet the needs of youth and families.

❖ The Community Foundation and UW can designate funds for criminal justice issues.

❖ UW could be a community *leader* in researching and recognizing issues and needs in the community, and in bringing appropriate resources to the table to address those needs.

❖ The United Way, the Community Foundation and the Council of Community Services have to find a way to work together for the betterment of the community.

❖ The community needs to find its voice. The UW could play a key leadership role in getting members of the community to better communicate with each other (CBO's, service providers, business and faith community leaders, schools, etc.), and in giving those who are trying to do so greater resources.

❖ A possible future role for the UW: help build agency capacity by providing technical assistance in fundraising and grant writing, and fund training programs for agencies in grant writing. Establish a mentoring program for agency directors by linking them with other colleagues in the community to address common issues. The UW could take the lead in identifying potential mentors, the costs of which would likely be low.

❖ Increase the availability of free or heavily subsidized after school programs, and programs that operate during vacations and the summer.

❖ Invest in existing programs so that they may broaden their clientele and increase services, rather that increasing the number of providers to meet narrowly defined needs.

❖ A program in Saratoga County may be worth replicating elsewhere, whereby a revolving loan fund has been established that can be used to help low income people make security deposits, purchase fuel and the like, and then pay the fund back later. It's a way of helping people deal with expenses that they might otherwise not be able to pay

for or obtain credit for, and at the same time, when they pay them back, it helps to establish a credit history for them. This is a collaborative effort of DSS, the local religious community, local businesses, and a local bank.

Adequacy of Community Resources

Stakeholders were asked whether they believe the community has sufficient resources (financial, staffing, volunteers, etc.) to adequately address the unmet community needs, and whether it is realistic to think the United Way, by itself or in conjunction with others, could raise more money and/or recruit more volunteers in the future.

The responses were mixed across the various stakeholder groups, but there was general consensus that resources are tight, but that there is more that the community can and would do (both financially and by contribution of time and talents) if approached in the right way and educated as to the value and likely impact of additional resources. Several people suggested that there are particular segments of the community that could be more effectively targeted, and many stakeholders believe that the key is to seek additional resources not for traditional programming, but to be used to fund new initiatives, particularly partnerships involving multiple agencies and sectors of the community. The following summary of comments illustrates the types of conclusions stakeholders reached about the adequacy of resources and the suggestions they made for future efforts to generate additional resources:

❖ We do not currently have sufficient resources, but it is possible to do a better job of raising more dollars. The community needs to engage folks who have not been previously engaged. For example, the United Way has been able in the past to primarily generate funds through its corporate appeals. Now it needs to find ways to reach other types of potential donors, including making aggressive efforts to tap retirees. Professional groups such as doctors and lawyers also should be more aggressively recruited as potential significant donors. Also, the religious community can assist in tapping the volunteer pool in areas such as elder care and health care. It's an enormous source of volunteer labor, and we need to figure out how to tap

into it more effectively. The UW should also find ways to use its corporate campaigns to recruit year-round volunteers as well as to raise money; it is successful in getting people involved in its day of caring efforts, so it may be able to expand on this to recruit more mentors, for example.

❖ UW methods for fund raising have not changed in years and are out-dated. The workforce has changed but UW is still trying to raise money like it did 20 years ago. They continue to do payroll deduction well, especially in companies that have 200+ employees. In recent years, however, this region has seen a significant growth in companies with less than 50 employees. Payroll deduction does not work as well in these small organizations.

❖ We as a community need to raise more money, but it is hard to do. The UW, better than any other organization, has alliances in the community that are beneficial when it comes to fundraising. There is not a thriving corporate community in the region, GE has downsized, banks have moved out, and the largest employer, the State, has downsized, so access to big money to help solve big problems isn't available. Nonetheless, if the UW identifies a set of focus issues, tells the world about the issues, tells people with whom the UW works what they are hoping to accomplish, then the UW might improve its chances of getting more money from the public. Often, the public isn't aware of the magnitude of a particular issue, or some of the things the UW might address just aren't issues on the public's radar screen. The UW and other funders need to educate the public if you expect to raise more money from it.

❖ Yes, it is possible, even with tight resources in the community, for the UW to raise more money. Though there are many competing fund-raising appeals and some loss of control over funds as a result of donor-designated giving, it is still possible for the UW to be more visible and raise additional funds. It needs to be more aggressive, and emphasize the value to the givers/donors of the "1-stop

giving" approach. UW needs to promote what it does, how the funds it raises address demonstrated community needs, how the community profile effort will help assure even more effective allocation of funds, how funds are being used to improve community outcomes, etc.

❖ There is a major workforce crisis. It is difficult to hire and retain help across all the human services. For example, there are waiting lists for senior housing, senior transportation, and home care (5-8 month waiting list) because of a worker shortage. Today, workers can earn more money in retail. At the same time, we aren't doing anything to address the need for better pay and better career ladders in these health/service occupations. Financial resources are clearly not adequate to pay and retain staff who are not totally dedicated to this field.

❖ Human service providers experience a high staff turnover and are forced to hire people today they never would have hired 5 years ago due to today's good economy. The low wages paid to agency staff perpetuates the "working poor"—many of the staff are eligible for entitlement services themselves. With low unemployment, childcare centers are forced to hire workers who have lower skills than in the past (and at the same time centers are seeing kids with more problems).

❖ It seems as though the United Way could raise more money in this economy. If people can see and know what the UW does, they will give more money. The UW needs more and much better public relations.

❖ Yes, the UW can raise more dollars, but increasingly it should be attempting to do so around new initiatives to respond to major community problems, and should be thinking about how to do this in conjunction with other funders in the community, rather than acting unilaterally.

❖ Funders may need to take some of the additional dollars that are raised to carefully assess or evaluate the impact of what is being funded. That in turn should be carefully communicated to the community. If people see the

objectively-determined impact of how their dollars are making a difference, they will be willing to give more.

❖ Currently, the UW is going after a broad base of funding; and to attract a wide variety of donors, the UW tries to serve every little need out there by giving out little bits of money that don't necessarily serve people in the best way. To really expand the funding pool, the focus should increasingly be on new initiatives and funding big collaborative projects with the potential for having a significant impact on some priority problem(s) facing the community.

❖ Yes, the UW could raise more money, and should to expand services such as outreach/youth workers and expanded service hours, but for the most part, existing resources are adequate if agencies work more closely with each other. New services require new resources, and they can be raised collaboratively by the UW and other funders. The UW can do a better job of soliciting from neighborhoods and churches if they do a better job of making the linkage between funds raised and the creation of needed new initiatives and/or establishing the link between dollars raised and improved community outcomes. There would need to be different types of campaigns, but there should be payoffs in added campaign dollars and resources for new community initiatives.

❖ If the UW does a better job of educating donors about the community needs, and about how their dollars will impact on those needs, ultimately this may lead to donors easing up on restrictions.

❖ The UW should consider hiring a couple of full-time grant writers and work with community agencies to go after big foundation/grant money to support comprehensive service provision. This should be done in collaboration with other agencies, to fund initiatives bigger than what any individual agency could do by itself. In this way, the UW could provide leadership to address one or more issues of

importance to the community in far more profound ways than is possible by limiting funding to existing programs.

❖ There used to be a time when the UW was the only game in town. Now, choice is the name of the game. UW needs to keep pace and form partnerships with all the similar organizations that have mushroomed. Not sure of the dynamics between the UW and the State Employees Benevolent Fund, but all state employees, a large number in this area, generally contribute to this Fund that is used for philanthropic giving. Similarly, GE matches funds to agencies their employees contribute to. These may represent options for the UW to consider in the future.

❖ A decade ago there used to be a committee in the UW that contacted churches and the clergy. This is not happening any longer and there has been no effort to reach out to the religious community. Even if religious communities cannot give funds, they have newsletters that go out to their congregations which can be used to both raise money and volunteers for the UW, and interpret what the UW is doing for the community.

❖ Funding needs rather than programs will generate more giving. Success by Six is just that. It was identified as a need and has multiple agencies involved in service provision. Ideally, the UW should use this as a model and develop more targeted, comprehensive approaches like this around other priority community issues.

Role of the United Way in Addressing Issues

Not surprisingly, stakeholders expressed a wide range of opinions as to the current role the United Way plays in addressing community needs, and the role it should play in the future. In general, *the UW received high marks for its efforts to focus more on community outcomes and to hold agencies more accountable, for undertaking this assessment of community outcomes and unmet needs, and for its efforts to encourage coalitions around particular issues. On the other hand, most stakeholders felt that it has not provided as much leadership around developing new initiatives as it hopefully will in the future, and many argued that the UW should increasingly seek ways to focus more of its efforts on "big picture" issues facing the community*, rather than spending almost all of its resources on traditional agency programs. Some expressed

concerns that the allocations process is not as objective and consistent in its decision making process as it should be. For the most part, *the stakeholders painted a picture of an agency that can be more of a force for positive community change in the future.* A sampling of the most frequent issues raised follows, broken down into current efforts and potential future roles:

Perceived Current Role

The prevailing perception of the United Way's current role is of a fund-raiser and distributor of funds to a wide range of community agencies. It is generally viewed as performing those roles well and with competence, and receives praise for its regional approach to fund-raising and allocations, though some questions were raised about the need to change fund-raising approaches (as discussed above), and a number of stakeholders question how much impact the UW is able to have with funds spread so broadly across 25 different Impact Areas within the six overall Focus Areas. Within the context of general support for its role, a number of questions were raised about specific decisions or patterns of activities that stakeholders hope will be different in the future, so that the UW will be able to build on its strengths to play an even more forceful leadership role in the region in subsequent years. The following summary comments illustrate the primary perceptions we heard about the UW's current community roles:

❖ The United Way's allocations pattern has tended to be to give money to standard organizations doing the same things they've always done, though now with more attention paid to making decisions in the context of what difference (i.e., outcomes) the funding is likely to make. In light of parochialism and the lack of agency capacity, it's likely that some needs are being taken care of to a higher degree than they need to be, while other community needs are going unmet.

❖ It's great that the UW provides a regional perspective to issues and is able to raise funds and allocate them equitably across counties in what appears to be a fair process.

❖ It may be that the regional focus, and the need to be more accessible to three counties, led to the decision to move the UW offices out of Albany, but it appears to be pretty isolated and away from where people can easily reach

them. It would be helpful if it had more representatives on the board from counties other than Albany.

❖ The UW is viewed as being quite visible in many sectors of the community, but several of the public officials interviewed said that its efforts are often fragmented and relatively invisible in some areas, and that there is too little apparent sense of strategic vision or direction.

❖ The UW's planning initiatives were positively received, although there was a desire on the part of many of those we met with that there be more planning and strategic initiatives in the future.

❖ The community profile effort was viewed by most as an important undertaking that is hopefully symbolic of future leadership roles around community issues. However, the prevailing view is that the UW has not done as much as it needs to be doing in reaching out to various sectors in the community such as representatives of the public sector, the faith community, the business community, other funders, and various community advocates. There are obviously significant exceptions to that statement, in each of those groups, but in general the perception is that there has not been the level of ongoing relationships with key community leaders in all sectors of the region that stakeholders hope will be more the case in the future.

❖ A fairly prevalent view is that the UW has primarily focused on funding traditional programs and that it hasn't typically been in the forefront of developing new initiatives or providing leadership around responding to emerging or expanding priority community needs. This view suggests that it would be great for the UW to actively explore community needs, building on the community profile efforts, and also sitting down with key community leaders and governmental officials on a more regular and extensive basis to explore future opportunities. The profile and this interview are viewed as being very good beginnings of such a process.

❖ Some expressed the view that the UW has traditionally been a funding mechanism, and that it is perceived by many as too bureaucratic, making agencies jump through too many hoops for relatively small amounts of money in some cases. Some agencies seem to be deciding that it may not be worth the effort to seek UW funds, and are initiating more of their own fund-raising efforts that wind up having the effect of undercutting the UW's efforts, so it's a bit of a vicious cycle.

❖ For the most part, the UW is not viewed as a major partner in efforts to address various public health issues in the community such as preventive health care, early intervention, and reducing the level of community violence. It is viewed as a resource that could be very helpful in addressing such issues in partnership with others. Its values and mission are viewed as being consistent with those of health officials in the regional community. UW's development of the community profile and benchmark outcome data are viewed as positive steps that should dovetail well with, and complement, the monitoring by public health officials of public health indicators and outcomes. There is interest in coordinating these efforts in the future.

❖ It's great to see the UW providing leadership in undertaking this study to enable us to have a better sense of community outcomes and how those should affect future funding. The key is to make this information available to the larger community so its various sectors can become partners in addressing issues raised by the profile.

❖ Currently the UW is not working to bridge the gap between the service providers and government bodies and other funders. But it *can* play the role of a neutral party, as it has the community stature to do so.

❖ The UW may try too hard to offer something for everyone. Its wide range of funding may wind up being too fragmented and offering too little to most programs in most focus areas to make a significant impact. Maybe it

needs to consider at least some redirection of funds to more targeted priority areas. Although the UW presents itself as a community problem-solver, it is in reality primarily a fund-raising organization.

❖ The UW has become more active in the past couple years in spearheading collaborative approaches to community priority issues, such as the commitment to youth. It has begun to play more of a leadership role, which is good; it should do more of the same in the future. It has done a particularly good job of engaging the business community in the commitment to youth effort, by raising funds and recruiting volunteers.

Potential Future Role   Many of the views of stakeholders concerning the ideal future role for the United Way in addressing future needs are suggested in the comments above. Although not all would agree, the consensus view of those we interviewed is that, for the good of the community, the UW needs in the future to play a more activist role in advocating for more comprehensive approaches to issues affecting the region, and that it should increasingly focus more of its staff and financial resources on collaborative partnerships to tackle issues broader than what individual agencies can solve by themselves. Illustrative comments are summarized below:

❖ It is important to widely distribute this profile and needs assessment. Then it is important to begin to bring together key community leaders to discuss the identified issues and what should be done to address them, and where the realistic priorities should be set for initial actions. Hopefully, the UW will share this report with the Association of Grant Makers and will conduct forums around issues they are addressing and funding.

❖ There are a lot of volunteers in the community, but they could be better organized. The UW could help organize this resource pool, and it could lead the group in brainstorming related to issues/needs and roles for volunteers. Experienced volunteers probably have a good sense of what the issues are in the community, as well as some new and creative approaches to meeting those needs.

❖ Some expressed the view that they would rather have the UW give large amounts of funds to a few organizations rather than "dribble small amounts to 40 agencies." Although not all stakeholders shared that view, it is fair to say that at the least, most would hope that some increased proportion of UW resources in the future would be devoted to higher-impact community initiatives, preferably as part of broadly-funded efforts. This view would suggest that the UW role should not be to start new programs by itself, and that it should continue to allocate resources to existing programs to meet needs. However, it is worth exploring creating new initiatives in collaboration/ partnership with others, with UW playing a visible leadership role through its board and CEO.

❖ Ideally, future funding should be put on a multi-year funding cycle.

❖ The UW could do a better job partnering with providers. The UW should become more embedded in the community, and could play more of a role by helping to identify emerging issues and to identify what works/what doesn't work. A goal for the UW should be to fund more *collaboratives* and fewer individual agencies. When soliciting proposals, preference should be given to applicants that work as part of a collaborative to address the issue at hand, and perhaps collaboration should even be required as a condition of receiving funding. One view would prefer the UW to follow a more entrepreneurial system, e.g., three-year contracts to accomplish a goal and then the funding stream is cut off, or could potentially be renewed if goals were clearly being met. Such a process would help with priority setting. Coalition building, and playing the role of advocate and catalyst for change, could become key roles for the UW in the future.

❖ The UW could provide technical support to the smaller and less sophisticated agencies in the community, helping them apply for grants, helping them structure their boards, etc. The UW could coordinate an effort to pair established agency executives with the newer agencies – experts who

would serve as enablers and would help the agency develop, and then withdraw once the mentoring was complete.

❖ Several stakeholders would like to see the UW be more of a funding partner with local government and perhaps the business community and foundations to set up a New Initiatives Fund and to encourage proposals to try new approaches throughout the community in a variety of need areas. Such an approach could be very helpful in challenging groups from the community to take leadership in developing new initiatives that wouldn't happen otherwise.

❖ While doing a good job of engaging the business community around youth efforts, the UW still has a long way to go to engage the faith community, especially in the black church community. The UW needs to make conscious efforts to make better linkages with the religious community, both as a source of volunteers and donor money, and also as potential collaborators on various projects. The UW needs to make clearer the connections between dollars raised and improving community outcomes and creating new initiatives to address community needs.

❖ The UW should consider using more funds to create flexible funds (unrestricted) to support preventive services, wraparound funds, after-school programs, and other special needs discussed above.

❖ The UW has good connections with the business community, and should use them to greater advantage. It should bring the key corporate and foundation grantmakers in the community together to discuss ways they can work together to address community concerns in collaborative ways. This might involve shared pools of funds to address priority issues, establishing a new initiatives resource, providing technical assistance and grant-writing assistance to smaller agencies, etc.

❖ This is an opportunity for the UW to take a bold step to raise money with other funders and act as a catalyst to bring providers to the table and challenge them to provide services in a more creative and cost-effective way, rather than just providing more services as before. The UW can change how providers interact and reach their objectives. This can also be used as a great public relations tool to raise more money in the community.

Allocation of Resources

Stakeholders were asked if the United Way should reallocate existing resources between programs and/or between Focus Areas, and whether it should add any new Focus Areas. In general, the consensus seemed to be that there should not be *major* shifts, though most seemed to think that some reallocations were likely, in light of issues raised by this profile and needs assessment. The major hope expressed by most stakeholders was that any major shifts would focus on increased collaborations and that major expansion of resources allocated to particular Focus Areas would primarily be via new funding rather than having to significantly reduce existing allocations to other areas. Ideally, such expansion of resources would involve multiple funding sources, and not just the United Way.

In general, the consensus was that the six existing Focus Areas work well and shouldn't be expanded. However, a couple stakeholders suggested that it may be important to develop additional resources in the housing and community development/ commercial development areas. Such funds could be used to strengthen neighborhoods, expand minority businesses, and/or develop incubators and economic development zones to stimulate new employment opportunities and strengthen neighborhoods in selected areas within the region. The UW could play a key role in helping to bring key funding partners together to help make this happen, rather than creating such a new funding focus area by itself.

Otherwise, there was a general consensus that services to children and families are the highest priority, and that they impact on the greatest number of people. Thus most stakeholders would strongly urge that resources devoted to those areas not be cut. On the other hand, a minority opinion emphasized the growing senior

population and their needs, which will grow substantially in the coming years, and suggested as a result that there should a shift of resources from the Family Care and Youth Focus Areas to Elder Care.

A different perspective suggested that funds should be reallocated from crisis intervention and emergency family support programs to *structured* youth programs (after school, etc.). This perspective emphasizes that the costs to society of not focusing on preventive and early intervention services for children and families are far greater than the service costs themselves. The crisis intervention and emergency programs are admittedly needed, but the stakeholders advocating this position argue that we also need to think in terms of providing more services to youth that will reduce the future costs and burdens to society.

Perhaps the overall consensus position is best expressed by the position that ideally, the UW would not make major reallocation shifts across focus areas. Generally the allocation decisions and giving patterns are perceived to have been fair and comprehensive, though some stakeholders were uncertain as to how allocations decisions are made, and whether the process is more subjective than objective. However, *it is generally viewed as important that the UW work with others to expand the funding pool, so that resources will be available to set up more new collaborative initiatives as needed, e.g., for creation of pilot projects to be tested for two or three years and then evaluated as to whether they should continue or not. Evaluation dollars should be part of the initial funding for such pilot projects.*

Other comments made by stakeholders included the following:

❖ To the extent that the UW continues to fund existing programs, they should be geared to meet specified community needs, based on priorities set after careful review of the community profile and needs assessment data, and agencies should be invited to respond to those priorities. Existing agencies may continue to be funded, but the funding may be more directly linked to specific priorities and how the services would impact on those priority needs, and the funding may be more related to demonstrated collaborative efforts. Such opportunities as co-location of services, establishment of one-stop services,

and other demonstrated efficiencies within and between agencies could be taken into consideration in subsequent allocation of funds.

❖ Ideally, the UW should set aside funds each year, either on its own, or preferably with other funders, to establish and maintain a New Initiatives Fund. Ideally, these funds would be new dollars and not impact on existing allocations. However, some stakeholders felt so strongly about the need for such a fund that they would be willing to have dollars reallocated away from existing services if that were the only way to make possible the creation of the new fund.

❖ The UW may need to consider re-thinking how it spends some of its resources, and perhaps reallocating some money that now goes in small doses to numerous programs and redirecting at least some of those funds to more targeted priority areas, with sufficient resources to have a real impact.

❖ There was general consensus, to the extent that the issue came up, that the UW has done a good job of allocating resources equitably across geographic areas, and that ideally there should not be major shifts from county to county.

Potential Partnerships and Collaborations

As noted throughout the above comments, it is clear that the stakeholders believe that the United Way should increasingly focus efforts in the future on the creation of and participation in a variety of collaborative partnerships, involving both funding and actual service delivery. It has had some success in the past in creating such partnerships and coalition efforts, and the consensus of the stakeholders is that it is in the United Way's interests, and ultimately in the larger community's interests, for the UW to devote more of its resources – both staff, volunteer and financial – to such efforts in the future. Examples of the most illustrative stakeholder comments follow:

❖ Certainly the UW should attempt to address more issues via a collaborative approach. *Although it is one of the region's top funders, the United Way doesn't have sufficient funds by itself to address all the needs in the community. As such, it should become*

more of a community leader in creating new partnerships to address demonstrated community needs.

❖ It makes sense to start a regional association of funders/grantmakers/donors to ensure that we are not duplicating our funding but rather pooling our grants to fund good projects.

❖ The UW could do a lot more of bringing people together, and the UW could be more inclusive of all races/socioeconomic classes—the current organization is very "waspy". The community's religious leaders, of all faiths, need to come together and work together.

❖ The UW could be helpful in working with others to stimulate the development of a broad community asset-building approach throughout the region.   Such an approach could ultimately be helpful in reducing community violence, and in strengthening youth and family values and self-sufficiency.

❖ There are opportunities for greater collaboration and cooperative efforts between the government and the United Way. Right now there are all sorts of government monies available for human services. The UW could serve as a coordinator and bring the government, faith community and volunteer sector together to expand/enhance service provision and meet unmet needs.

❖ It would be good to have expanded collaborative efforts between governmental agencies such as DSS, schools, UW, etc. to put more preventive outreach workers and social worker types of staff in schools to work with kids in need and at risk of placement. Such efforts may also provide increased access to families with problems. This is happening in some areas, but the efforts ideally should be expanded. Expanded school-based collaboratives between schools and community agencies are especially important, and the UW could certainly be a constructive force in helping more of those to occur.

❖ The UW's mission and values are consistent with those of public health officials, and there should be opportunities to forge new partnerships on a number of public health issues that affect the larger community, such as reducing violence, improving births outcomes, accessing health care, etc. Efforts could be quite complementary with appropriate planning and consultation, and there is a willingness to enter into such discussions. Agencies that the UW funds are part of some of these efforts already, so it may be logical for the UW to play a larger role in terms of leadership, possible funding, education, etc.

❖ The business community has a clear interest in impacting on community priorities affecting youth, especially related to literacy and preparation for the work force. It should be possible to get groups like the Chamber of Commerce to play more of a leadership role in recruiting mentors, helping to fund various programs designed to improve outcomes for youth, etc.

❖ The UW should develop more opportunities to collaborate with local colleges and universities around issues of concern to the larger community.

❖ Agencies are often competing against one another for funds, not just from the UW, but from the State, the County and other funders. Traditionally there has not been much collaboration among service providers when applying for these funds, so a potential role for the UW is to bring the agencies to the table, help them establish collaborations and promote/support the process of building a collaborative effort. More and better collaboration would likely result in better service provision, a greater ability to have a significant impact in addressing a priority issue, and may well also expand the potential for raising additional needed funds for collaborative efforts that would not be possible by single agencies operating alone.

❖ It was mentioned that all Rensselaer county programs that are funded by the UW have a provider conference twice a

year. Most of these programs are said to share the same families, and providers were able to identify issues on which to work together and the changing faces of the clientele. Providers found this very useful – almost a validation that they were not alone in the battle. In the last conference, it was agreed that the underlying causes for many of the problems faced by the service recipients was violence, which has a cascading effect on many other issues. The UW should perhaps hold community breakfasts on a regular basis with local government, schools, faith community, and service providers and play the role of community facilitator bringing all players to the table.

IX. SUMMARY OBSERVATIONS, CONCLUSIONS AND RECOMMENDATIONS

Based on a summary review of the measures, trends and themes explored in Chapters II through VII, and of the perceptions of key stakeholders from Chapter VIII, a number of observations and conclusions emerge. This chapter attempts to sort out the most important points raised in those preceding chapters and organize them into a set of summary observations, conclusions and suggestions/recommendations for possible consideration by the United Way and the larger community.

It is important to emphasize the role of the larger community. This report was produced at the request of the United Way of Northeastern New York (UWNENY), most of the discussion is organized around UW Focus Areas, and most of the issues and recommendations have direct implications for the United Way. Nonetheless, it is important to emphasize that the data, observations, conclusions and many of the specific suggestions for consideration also have direct pertinence to various sectors of the larger community.

Indeed, many of the actions needed to adequately address issues raised in this report require the larger community's involvement. The United Way cannot by itself solve the issues raised in this document. It can and should continue to play a pivotal role in responding to these issues, but ultimate solutions are only possible if existing partnerships are strengthened, and new ones emerge, involving the UW and other sectors of the community. Thus it is hoped that this report and its conclusions and suggestions/recommendations will receive widespread distribution, and spark extensive discussion, among a wide range of community stakeholders and leaders from all sectors across the entire UWNENY region.

The observations, conclusions and suggestions for consideration are organized into the following sections of this chapter: (1) a section on specific allocations areas and perceived unmet needs, with emphasis on the six United Way Focus Areas plus several

cross-cutting issues; (2) a number of suggestions affecting the United Way, how it operates, and its role in the community; and (3) issues and suggestions/recommendations for consideration by the larger community.

In each set of conclusions and recommendations, we attempt to differentiate those issues which CGR believes can begin to be addressed immediately in the current 2001 round of United Way allocations decisions, and those which are likely to need more time to address. In general, we recognize that processing of these suggestions will take time, and it is understood that most of them cannot be acted on in time to affect in any significant way the current round of 2001 allocations decisions. Thus *we assume that, unless otherwise noted, most of the recommendations and suggestions would not be addressed under the pressure of making immediate allocations decisions, but should begin to be considered, and where feasible implemented, beginning later in 2001*. On the other hand, evidence of any of the recommendations/suggestions which appear in applications for 2001 funding should be given favorable consideration in the current decision-making process.

Allocations Focus Areas and Major Unmet Needs

In addition to the six United Way Focus Areas, several cross-cutting issues and perceived unmet needs also arose in the stakeholder interviews, and are addressed below. Together, these latter issues and Focus Areas have implications for future fund-raising, allocations decision-making, and possible development of new funding initiatives and programs – both for the United Way and for the larger community. It is also important to note that while stakeholders view the UW primarily as a major source of funding for human service programs in the community, many also pointed out the role the UW can play in its educational, advocacy and leadership roles in the community, and that those roles may shape responses to some of the following issues.

The overarching, cross-cutting issues are addressed first, followed by issues related to each of the six Focus Areas:

Infrastructure

This profile document contains only partial data to document how well the region is doing in this broad area, but stakeholders consistently raised the following as major unmet or insufficiently-addressed needs in the three-county UWNENY region:

❖ Transportation and access to services, with particular concerns about access to jobs, especially for those in urban and rural areas who are attempting to access growing numbers of jobs in often-difficult-to-access suburban locations. Transportation and access problems are viewed as being particularly acute among older residents, people with disabilities, and the working poor and those seeking to move from public assistance to jobs and self-sufficiency.

❖ A number of stakeholders mentioned the need for expanded housing opportunities in the region, with particular emphasis on increased distribution of subsidized low-income housing and subsidized congregate living housing for the growing numbers of older residents, especially in Saratoga county.

❖ Although there are positive aspects of the regional economy, several stakeholders expressed concerns about the lack of a regional economic identity or focus, and about the fact that most of the economic growth in the past decade has been in relatively low-wage jobs in the service and retail sectors, often in locations that are relatively inaccessible to many who are most in need of the jobs.

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community:

❖ Better coordination between various agencies of currently-fragmented transportation resources, including pooling of agency vans, buses and drivers to make better, more constant use of often-idle resources.

❖ Increased efforts of the Capital District Transportation Authority, employers, the United Way and other community leaders to develop transportation routes and times more consistent with the needs of employers and employees – and/or to find other efficient, economical ways for low-income residents to access jobs, such as, for example, obtaining help in purchasing low-cost vehicles for use in getting to jobs, running vans at convenient times

between suburban job locations and urban areas with concentrations of potential employees, etc.

❖ The possibility of developing additional community development/commercial development resources to be used for such purposes as strengthening neighborhoods, expanding minority businesses, and developing incubators and economic development zones to stimulate new employment opportunities and strengthen neighborhoods. The UW could play a key role in helping to bring key funding partners together to help make this happen.

Overall Service Delivery

Stakeholders frequently commented on the need for better coordination of services within and between both public sector and non-profit service providing agencies. There is a perceived need to do a better job of maximizing available resources through greater agency and program internal efficiencies, reduced duplication of services, increased evidence of pooling resources across agencies and programs, and breakdowns of categorical funding restrictions.

There is a perception that too many agencies and programs provide fragmented, piecemeal services which address only portions of more comprehensive, holistic needs of individuals and families. Too often, funding streams force such fragmentation, rather than encouraging agencies to focus on the overall, often complex needs of the person or family. Such fragmentation is further exacerbated in many cases by insufficient access to services in rural areas and by limited evening and weekend hours for particular services.

Many stakeholders also cited the need for more focus on preventive and early intervention services, and for expanding resources devoted to such initiatives over time.

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community. Where there is evidence of the following in agency justifications for 2001 funding, that should be given favorable consideration in the decision-making process. Otherwise, the following suggestions should at least begin to be

promoted by the UW during the next year, and should be expected in applications in subsequent years.

❖ More satellite offices, outreach efforts or occasional office hours should be considered for selected key services in rural areas of the region. In addition, regardless of service location, expanded access to services on weekends and evenings should be considered for older youth and working parents.

❖ The community should develop better case management/ coordination across non-profit and governmental agencies to help assure that more comprehensive services and, where needed, wraparound services are available to individuals and families. Ideally, more "1-stop shopping" would be helpful, where with a single point of entry families could address a number of issues in one location, rather than having to go to multiple places. Funders and service providers should cooperate to begin to break down funding barriers, so that less fragmented, more comprehensive services can be more readily provided through more creative uses of existing funds.

❖ Increasingly, funders should emphasize programs and services that promote prevention and early intervention, including initiatives focusing on improving healthy birth outcomes, early and continuing access to primary health care, provision of early childhood development and of early intervention with children when problems first surface, promotion of healthy lifestyle behaviors at childhood to help improve long-term health outcomes, etc.

❖ Increasingly, funders should promote programs and services that emphasize and show evidence of collaboration, co-location where appropriate, and internal and cross-agency efficiencies, e.g., sharing of administrative services.

❖ All sectors of the community should consider how they can work together, in complementary approaches, to stimulate the development of a broad community asset-building approach throughout the region. Such strength-

based approaches could ultimately be helpful in strengthening youth and family values and self-sufficiency, in preventing problems, and in improving a number of community outcome measures affecting youth and families.

Family Care Focus Area The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ With the exception of infant mortality, where some progress has been made in recent years, measures reflecting healthy birth outcomes and early childhood development have shown little improvement over time, and the region consistently falls short of meeting national Year 2000 Healthy People goals. Public officials particularly emphasized the need for more community focus on healthy births and related preventive approaches.

❖ Stakeholders also emphasized the need for more adequate, affordable child care, particularly during non-traditional hours such as evenings and weekends. There are also increasing reports of children entering child care programs with significant behavior problems and inadequate social skills.

❖ The numbers of children receiving preventive services, placed in foster care, and involved in PINS cases have all been relatively stable in recent years, but those stable numbers involve thousands of families and children. Furthermore, the numbers of reported cases of domestic violence and indicated child abuse and neglect cases have both increased significantly since the early 1990s. Domestic violence and child abuse and neglect were both mentioned as significant community problems by many stakeholders, with several in particular pointing to the increasing evidence of the impact of domestic violence on the behavior of children.

❖ The region has improved in such family-related economic measures as increased per capita personal income, reduced public assistance caseloads, and reduced unemployment rates.

❖ In general, Albany County has consistently exhibited the worst performance on most family care measures, with Rensselaer in the middle and Saratoga the best. However, Saratoga ranked lower on such measures as per capita income, unemployment, and domestic violence, and its child abuse and neglect rates have increased more rapidly in recent years than those of the other counties. Rensselaer has the worst regional rates on measures such as early prenatal care, PINS cases, unemployment rates and per capita income levels.

❖ Insufficient parenting skills were mentioned by a number of stakeholders as a major problem facing the community.

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community:

❖ Increased efforts appear needed to improve healthy birth outcomes; to educate the public regarding the need for and value of preventive and early intervention efforts designed to increase early prenatal care, reduce low-birth-weight births, increase immunization levels, etc.; and improve outreach efforts to ensure that more children are enrolled in Child Health Plus and that more families and young children have access to primary care physicians.

❖ Although public assistance rolls are down dramatically throughout the region, additional support services may be needed to help meet the work-related needs of the particularly hard-to-place persons remaining on the welfare rolls, and to help ensure that those who have already made the transition from welfare to work are able to successfully continue their journeys to self-sufficiency. Among the supports needed are expanded affordable child care, particularly during non-traditional hours. There may be a particular need for the corporate sector to work with the United Way and public sector representatives to develop off-hour child care in geographic areas where it could help enhance employment opportunities for the working poor. Increased training and orientation may also be needed for

child care providers to help equip them to deal with increasing numbers of enrolled children with significant behavioral problems.

❖ Additional emphasis appears needed to develop new, and expand existing, educational/preventive, shelter and treatment programs and services dealing with domestic violence and child abuse and neglect. Addressing domestic violence in rural areas and focusing on the effect of domestic violence on children may need particular attention. The community may need more emphasis on anger management and conflict resolution programs to help parents and children work through problems without resorting to violence. Organizations such as the faith community, PTAs, and neighborhood groups may be needed to help recruit potential foster parents and expand the resource pool of foster homes, to enable more children in need of such services to remain in the community, rather than being sent to more isolated and expensive residential facilities. Also, there appears to be a need for more "aftercare" services for children and families, to help facilitate the transition from out-of-home placements back into the home and to prevent recidivism.

❖ There appears to be a need for more comprehensive services for families, with particular emphasis on the need for expanded "flexible funding" to cover various "wraparound" services and resources which can be used to meet specific needs of families as they arise, without being limited by categorical funding restrictions.

❖ Existing parent skills training and parent support programs appear to be insufficient to meet the needs, and too often do not attract those most in need of the services. Additional resources may be needed to expand such programs and to help assure that the programs are better able to reach those who need them. It may be helpful to attempt to enlist the assistance of the business community in offering parenting support programs during lunch hours, for example, to make such training or support more accessible to working parents.

Youth Focus Area

The following observations and conclusions, in addition to youth-related issues raised in the Family Care section, are suggested by community outcome data and stakeholder perceptions:

❖ Youth in the region typically attend school at relatively high rates, exhibit low and declining dropout rates, and more than 80% plan to continue on with post-secondary education. While in school, most appear to perform well academically in elementary school, although seemingly at somewhat lower levels beginning in middle school, as indicated by the first two years of the State's new test/performance standards. School suspensions have declined in middle schools and remained fairly constant in high schools in recent years. However, suspensions have almost doubled in elementary schools, to almost 1,200 suspensions during the last school year, primarily in Rensselaer and Albany counties.

❖ Rates of teen pregnancy and sexually transmitted diseases have declined dramatically throughout the region in recent years.

❖ The region's rates of youth arrests, though declining, remain well above Upstate rates, as do rates of Juvenile Delinquency and PINS case openings.

❖ In general, Rensselaer County has the worst performance on most of the youth outcome measures, though it has the lowest youth arrest rates. Conversely, Saratoga, with the best performance on most youth measures, has relatively high youth arrest rates and teen suicide rates. Albany demonstrates relatively good performance on several of the educational measures, but has the highest youth arrest and JD rates and typically has higher rates on the sexuality-related measures.

❖ Although reliable data were typically not available to confirm or refute the perceptions of the stakeholders on unmet or insufficiently-addressed youth needs, they expressed strong concerns about several issues. The concern raised most frequently was the need for expanded formal after-school programs to reduce the amount of

unstructured, unsupervised time after school; the perception is that the need and demand for such programs far outstrips the supply.

❖ Despite the statistical decline in youth arrests, several stakeholders expressed alarm at the increases in recent years in gang-related activities, violence, and drug trafficking among youth in the Albany and Troy urban areas.

❖ Most stakeholders perceive a gap in the number of positive, structured activities for youth, particularly older youth 15 or 16 and older. There are perceived to be few mentoring programs and few opportunities for youth and adults to work together on constructive volunteer opportunities, or for youth in general to find opportunities to make positive contributions to the larger community. Service gaps in general are viewed as being particularly pronounced in urban areas, especially among minority youth.

❖ Gaps are perceived in services to address needs of runaway and homeless youth.

❖ There are concerns about the number of children and older youth who, for a variety of reasons, are not regularly seen by a primary care physician. There is also a perceived gap in mental health and basic counseling types of services for young people throughout the region.

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community:

❖ Among stakeholders interviewed, there is strong support for expansion of structured after-school programs and activities.

❖ Increased numbers of children are viewed as exhibiting violent behavior, with fewer social skills and less evidence of civility toward others, at earlier ages. More positive supportive services and adult role models are needed in all

areas of the region, but particularly in urban neighborhoods. More outreach workers may need to be deployed to reach kids "on the street."

❖ There is a perceived need by many for increased mentoring programs and opportunities to model appropriate behavior for youth, and in general for expanded opportunities for youth and their parents to experience and practice conflict resolution, anger management and other approaches to resolving problems in non-violent ways.

❖ There appears to be a need for more structured activities for older youth, outside of traditional sports and school-based extracurricular activities. There appears to be a particular need to provide opportunities for youth to feel valued by adults, and to have constructive opportunities available to work with adults and/or with their peers in various community service activities to make contributions to their communities. Leaders within the faith community should be challenged to find ways to reach more youth through various constructive activities.

❖ There appears to be a significant need to expand mental health and basic counseling services for youth throughout the community. At least some such programs could be accessed through schools, through possible expansion of school-based collaborative efforts involving community-based agencies working in conjunction with school officials.

❖ Communities need to focus on ways to develop assets to enrich the lives and opportunities available for youth and families throughout the region. Also, more attention needs to be focused on developing measures of youth development activities, using such things as regional surveys of youth to track various youth behaviors and attitudes, the presence or absence of various assets/ resources in their lives, and the extent of involvement in various activities and community volunteer opportunities.

❖ The community needs to place increasing emphasis on changing lifestyle issues such as smoking, inappropriate use

of alcohol, developing proper diet/nutrition, engaging in exercise, etc. A particular focus is needed on instilling healthy behaviors among youth, so that lifelong behaviors can be reinforced from early ages, as a means of improving long-term health outcomes.

Basic Needs Focus Area

The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ Although welfare and food stamp rolls have declined by significant amounts in recent years, other poverty estimates suggest that the numbers of people living below poverty may have increased since the early 1990s. In particular, the number of poor children, as measured by the number of school children eligible for the free and reduced price lunch program in area schools, has increased by almost half since 1991 to 29% of the region's school enrollment.

❖ It is unclear whether the actual number of poor adults has actually declined, as people enter the work force or find other ways of surviving, or if our measures are simply not able to adequately reflect the numbers of poor people continuing to live in the community. For example, the numbers of poor may remain high but are simply not being approved for services, or they may be finding other ways to cope and become self-sufficient, and/or many may not be made aware that they are still eligible for food stamps and are therefore not receiving legitimate resources that could ease their transition from welfare.

❖ Economic circumstances appear to be improving for many in the region, as unemployment rates are consistently 2 percentage points lower than in the early 1990s. Per capita income continues to increase, although it lags behind Upstate levels by about $2,000. Thus people are finding jobs, and are being paid at higher wages than a few years ago, but wages in these jobs may not be comparable to wages in other Upstate areas.

❖ Fewer seniors in the region are now receiving SSI, but significantly more people with disabilities now receive SSI payments. In both cases, the proportions are lower than

Upstate rates. It is unclear if this means the region has fewer poor seniors or if there are different standards and procedures in the region for enrolling seniors on SSI. Similarly, it is uncertain if there are increasing numbers of poor people with disabilities in the region, or if people are simply making better use of the system.

❖ Albany County leads the region by a substantial margin on per capita person income and consistently has the lowest unemployment rates of all three counties, yet also has the highest proportions of people on public assistance and the free/reduced lunch program. By contrast, Saratoga has the lowest poverty and free/reduced lunch rates, but it lags behind Albany on unemployment and per capita income measures. Rensselaer ranks at the bottom or in the middle of the region on most economic measures, and consistently has the highest unemployment rates and lowest per capita income level in the region.

❖ Stakeholders perceive that more support services are needed for individuals and families in the process of making the transition from welfare rolls to work and self-sufficiency. Often the supports put in place, such as transitional food stamps, Medicaid and child care, are time-limited, when longer-term supports may be needed to assure that a successful transition can be maintained. In addition, child care, even when eligibility for subsidies continues to exist, may not be easily available when it is needed during non-traditional (evening and weekend) child care hours.

❖ Moreover, as suggested above, in a number of cases, it is perceived by several stakeholders that those moving off welfare are not always made aware of, or encouraged to follow up on, the opportunities to continue to obtain Medicaid coverage and to receive food stamps. This in turn has led to reports of substantial increases in the numbers of people using food pantries and to reported increases in the numbers of people served in homeless shelters. However, the supporting data are not absolutely clear, nor can the cause and effect relationship with the

reductions in public assistance rolls be determined with any degree of preciseness.

❖ Particular concerns were raised as to how well prepared the area is for dealing with the impact of the impending five-year limit on lifetime enrollment on public assistance rolls. There is a sense from stakeholders that relatively little has been done to prepare for these transitions, and that more supports may need to be put in place to facilitate entry for as many of these cases as possible into the world of work.

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community:

❖ There may be a need for the United Way and the public sector to work more closely with the business community to help employers become more willing to hire more of the hard-to-place individuals, and to ensure that sufficient incentives and supports are in place to help the transitions to occur effectively. This may include more aggressive efforts to make people aware that transitional food stamps, Medicaid eligibility, and child care assistance are available. It may also mean such things as the corporate community cooperating to develop child care opportunities during non-traditional child care hours, as suggested above. And improved transportation access to and from jobs is also likely to be needed, as suggested above.

❖ The community should examine whether adequate assessment procedures are in place, and whether adequate job development efforts exist to find opportunities for hard-to-place individuals.

❖ Better tracking is needed of what happens to those coming off the public assistance rolls – e.g., how many obtain jobs, how many obtain separate food stamps, housing implications, etc. Updated information is needed on the numbers and dispositions of public assistance, Medicaid, and food stamps applications.

❖ To the extent that all efforts to place those on public assistance with disabilities prove unsuccessful, the community should be assuring itself that appropriate procedures and resources are in place to facilitate appropriate applications to, and coverage by, SSI.

❖ As suggested above, the community should consider whether additional efforts can be initiated in the region to increase the supply of higher-paying jobs, and to more effectively match skills with jobs.

❖ Given the impact of welfare reform and the reduction in numbers of people receiving food stamps in the region, data should be developed and carefully analyzed to determine whether sufficient soup kitchens and food pantries exist in the most appropriate locations and are serving at the most appropriate times throughout the region.

Community Development Focus Area

The following observations and conclusions are suggested by community outcome data and stakeholder perceptions of how the region is doing on a series of broadly-defined "quality of life" measures:

❖ Despite substantial manufacturing job losses, the region has experienced modest growth in the number of jobs over the past decade, with virtually all the net growth in Saratoga County. Job growth has been most prominent in the generally-lower-paying service sector (compared with most manufacturing jobs), with an increase of about 20,000 new jobs helping to offset losses in other sectors. Unemployment rates remain consistently low throughout the region.

❖ Estimates suggest that as many as 35 to 40 percent of the region's adults may not meet basic literacy standards, suggesting the possible need for increased attention to adult literacy issues in the future, if more recent data confirm the earlier estimates.

❖ Many stakeholders expressed concerns about: (1) the perceived mismatch between the skills of many in the

workforce and the skills needed to successfully acquire and be successful in the region's available jobs, and (2) a mismatch in many cases between where the jobs are located and where many potential jobseekers live. Particular concerns were expressed about the relatively high unemployment rates and inadequate work skills of many Troy and Albany city residents.

❖ Reported serious crime rates have declined significantly in recent years, as have youth arrest rates. However, both sets of rates remain consistently higher than overall Upstate rates. Reported cases of domestic violence have increased substantially in recent years throughout the region. Public officials and service provider stakeholders suggested that the community needs to focus more on reducing violence in the region, especially among youth. Donors and funders suggested that more resources should be targeted in the future to criminal justice issues and crime prevention.

❖ Although formal mechanisms exist in the region to address conflicts and disputes between various parties, the proportion of cases successfully resolved has steadily declined over the past few years from 65 percent to about 35 to 40 percent.

❖ Rensselaer County has the lowest adult educational levels and consistently has the highest unemployment rates, but it also has maintained the lowest youth arrest rates and the lowest levels of reported domestic violence. Albany is at or near the bottom on all the crime measures, yet it has the lowest unemployment rate and the highest level of successful dispute resolutions. Saratoga, while having the best record of job growth and consistently low crime rates overall, has less desirable youth arrest, reported domestic violence, and unemployment rates, and has the lowest ratio of successfully resolved dispute resolution cases.

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community:

❖ Although updated information is needed from the 2000 Census to determine current education and literacy levels, it appears that increased efforts may be needed to expand adult literacy efforts within the region.

❖ Despite reductions in reported violent crime rates, they remain higher than Upstate rates, and youth violence, especially gang-related violence, remains a perceived problem, particularly in Rensselaer and Albany Counties. Moreover, all three counties have experienced significant increases in reported domestic violence. All of this suggests that funders may need to consider targeting additional future resources to crime prevention efforts and, as suggested above, to various domestic violence prevention and treatment services.

❖ It appears that various scattered efforts to deal with community violence could be better coordinated across the criminal justice system, schools, and community-based organizations, to assure the best use of resources and minimal duplication of efforts. The community needs to develop and implement best practices for addressing community violence. More emphasis is needed on the development of positive community assets/resources to meet the needs of youth and families.

❖ As suggested earlier, increased efforts may be needed to focus on regional economic development efforts, with particular emphasis on attracting more higher-paying jobs. Furthermore, additional efforts appear to be needed to focus on upgrading job skills in selected areas of the region, particularly in Rensselaer County and within the cities of Albany and Troy. As noted above, efforts are needed to focus on a combination of job location, transportation and off-hour child care issues in order to begin to reduce the mismatch that too often exists between where jobs are located and at what hours, on the one hand, and, on the other, where many potential jobseekers live and their ability to access the jobs.

❖ Better data are needed to track the extent to which discrimination exists and can be effectively addressed within the region. Also, attempts should be made to determine how to expand the numbers of disputes and conflicts which can be successfully resolved through trained conflict resolution experts.

Elder Care Focus Area The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ Since 1990, the 65 and older population has remained virtually constant in Rensselaer and Albany Counties, but in Saratoga, the 65+ population has grown by more than 4,000 (+22%), to almost 23,000 people in that age group. The fastest growing segment of the senior population is among those 85 and older; within that age group, the regional population has increased by about 30%, to an estimated 1999 total of about 11,500. The 85+ population has increased by about 25% in both Albany and Rensselaer counties, and by almost 50% in Saratoga.

❖ About 8% of the region's seniors in 1990 lived below the poverty level; for those 75 and older, the proportion increased to about 11%. Updated information is needed from the 2000 Census. The number of seniors receiving Supplemental Security Income has declined slightly in recent years to about 2,600 people, or about 3% of the region's senior population – less than the comparable Upstate NY rate.

❖ About 30% of all seniors lived alone in 1990, and the percentages increase with age. This proportion is significantly higher than the Upstate rate, and may well prove to be higher when the 2000 Census data are released.

❖ Senior mortality rates have been relatively stable during the past decade. Senior suicides have declined significantly from the first half of the 1990s to the latter half.

❖ Several stakeholders suggested that there is a growing need for more subsidized housing for seniors; reportedly there are already long waiting lists, which are expected to grow as

the population ages. In particular, service providers noted the need for more middle-income congregate housing/ independent living units with support services.

❖ Stakeholders suggested that one of the major issues likely to need significant attention in the near future has to do with the growing numbers of people who will be acting as caregivers for older parents. Many of these caregivers also will have responsibilities for raising their own children, and thus will be part of a growing "sandwich generation."

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community:

❖ As the baby boom population reaches "senior status," there is likely to be increasing demand for various services for the older segment of the population. This is particularly true among the older and typically more frail segment of the population (usually defined as those 85 and older, which is the fastest growing segment of the 65+ population). The need for expanded services for seniors is likely to be felt soonest in Saratoga County, with its substantial growth in older residents in the past decade. This may have implications for the need for increased allocation of resources to this Focus Area, possibly beginning as early as this year, and potentially accelerating over the next decade, as the older population begins to grow at faster rates.

❖ No good community data currently exist to address the extent to which family members are acting as caregivers for older parents. Caregiver needs are likely to become more significant in future years as the older population grows. This is likely to have implications for possible needs in the not-too-distant future for various caregiver support groups, needs for respite care, education related to the types of community resources available for dealing with needs of older people, and other related support services for caregivers.

❖ As the older population grows, this may create an increasing need over the next few years for the region to develop long-term care policies, strategies and programs to meet the needs for continuity of care from self-sufficiency to independent living to planned institutionalization as needed.

❖ Expansion of various types of housing and independent living arrangements may be increasingly needed for the growing older population, including various types of home-based services designed to help people remain in the community and as independent as possible for as long as possible (this recommendation assumes the availability of an adequate labor pool to cover jobs such as home health aides, which cannot now be assumed in the current economy).

❖ The high proportion of seniors living alone, particularly in rural portions of the region, has significant implications for how they remain self-sufficient and for how services are delivered in the future. Programs and services which offer home-delivered meals as well as companionship and social opportunities for seniors may need increased emphasis in the future.

❖ Opportunities for making use of the skills and time and experiences of seniors in their retirement years may become increasingly important. Some stakeholders cited the desirability of expanding cross-generational programs which link seniors with children and youth, to work on tasks together, to become mentors, to tutor, etc.

❖ The community should ideally spend some time over the next few years developing better measures of community outcomes for seniors. In particular, there are currently no good measures concerning seniors who work or volunteer, and no age-specific data are available on crime affecting seniors or on the mental health status of this population. Little data exist on degree of socialization of the elderly. No one currently consistently maintains usable data on degree of institutionalization of seniors or complete data

on good senior housing options. No one tracks data on needs of caregivers of the elderly. The challenge will be for the community to find ways to close these data gaps before the next community profile is produced.

Health Care Focus Area The following observations and conclusions are suggested by community outcome data and stakeholder perceptions:

❖ What can be measured suggests that the three-county region is doing quite well in addressing a number of health-related issues: The incidence of AIDS has begun to decline in recent years. Morbidity and STD rates are all down and well below (better than) national Healthy People 2000 goals. Mortality rates are stable, and some appear to be declining, and the impact of alcohol on highway crashes and fatalities has declined.

❖ On the other hand, there is much we do not know about the region's health status. For example, we know far too little about the overall incidence of substance abuse and mental illness in the community, and about the impact of related treatments and services other than facility-based treatments. We know far too little about a variety of disabilities and their impact on residents of the community, and about how people overcome the negative impacts of those disabilities. And we know little, except anecdotally, about the personal habits and lifestyles of community residents and how changes in their lifestyle decisions might further improve bottom-line mortality health measures. These gaps in our knowledge are important to recognize and hopefully address if the community is to continue to make progress in building on its already impressive health status.

❖ Stakeholders noted that, due primarily to other employment options in the current economy, there has been a consistent recent shortage of health care personnel such as home health aides and CNAs, which has had significant implications for the provision of community-based health care.

❖ Frequently, concerns were expressed about access to health care for the working poor, particularly those in jobs offering few if any health care benefits. Particular concerns were expressed for health care coverage for children. More early intervention services are perceived to be needed to improve birth outcomes and to help parents facilitate appropriate early childhood development.

❖ Mental health services for the poor are generally considered to be insufficient, particularly services for children and youth. Crisis services are perceived to be available as needed, but preventive services, counseling, and ongoing mental health services are typically insufficiently funded to meet the needs.

❖ Increased community education is needed about the impact healthy lifestyles can have on reducing cardiovascular and stroke morbidity and mortality.

❖ Increasing attention is needed to help create a climate in which employers are more receptive to hiring people with various types of disabilities. There is also a perceived need for expanded services for the developmentally disabled population, with particular gaps in housing/supportive living facilities, and in respite care for families with children with disabilities.

Suggestions for Consideration

Based on the data and stakeholder comments, CGR offers the following suggestions for consideration by the United Way and the larger community:

❖ Ideally, as suggested above, more attention should be focused over the next few years on developing better community measures of the incidence of substance abuse and mental illness, about various disabilities, and about resident lifestyles and their impact on health outcomes.

❖ Consideration should be given to developing new, and expanding existing partnerships between public health officials and the United Way and various community-based organizations, in order to expand access to primary health care to the working poor, and particularly to increase early

intervention services and primary health care coverage for children throughout the region. Appropriate programs, services, and educational efforts should be in place to promote healthy birth outcomes. Consistent with such an education/awareness partnership is the need for increased community education regarding specific changes in lifestyles and the impact those changes can have in affecting positive health outcomes.

❖ There appears to be a need for the community to increase the availability of mental health services, especially for the poor and children and youth, and to expand particular services for the disabled population. A more careful assessment is needed concerning the nature and scope of what specific services should be developed or expanded.

❖ Consideration should be given to ways of promoting health care career opportunities in schools, and to increasing the number of training slots in local educational institutions for such positions as home health aides and CNAs. Such jobs could potentially be important starter jobs for people coming off public assistance rolls.

Suggestions for Consideration by the United Way

Most, if not all, of the preceding discussion of allocations Focus Area issues and major unmet or insufficiently-addressed needs – and particularly the suggestions for consideration – have direct relevance for the United Way of Northeastern New York, both in the short run and longer-term. In addition, beyond potential United Way responses to those specific Focus Area-related discussions, a number of broader issues have been raised during this project that have direct relevance for how the UW operates and makes its decisions, and the larger role it can play in the community, beyond its traditional fund-raising and allocation roles. Many of those broader issues were identified in the stakeholder interview chapter. All of those comments have merit and should be considered by the UW. Based on those stakeholder comments and on our own observations, CGR offers the following somewhat-overlapping categories of suggestions and recommendations for the consideration over the next year or so of the United Way board, committees and staff:

Fund-Raising

In addition to its traditional corporate employer-based campaign approaches to fund-raising, stakeholders suggest that the United Way needs to explore a variety of new ways to reach other types of potential donors, including making more aggressive efforts to tap retirees, small businesses, and professional groups such as doctors and lawyers. Also, the religious community may be a valuable source for tapping the volunteer pool to help provide various services (at little or no cost); and in reaching more individuals from the faith community, additional dollars may also be raised. Faith community newsletters may be a source of information about UW programs, and provide opportunities to interpret what UW funds are doing for the community.

Though there are many competing fund-raising appeals and some loss of control over funds as a result of donor-designated giving, it is still possible for the UW to increase its visibility in the community, and raise additional funds. It needs to be more aggressive, and emphasize the value to the givers/donors of the "1-stop giving" approach. UW needs to more effectively promote what it does, how the funds it raises address demonstrated community needs, how the community profile effort will help assure even more effective allocation of funds, how funds are being used to improve community outcomes, etc. These messages are important to convey both to current and prospective donors.

Stakeholders emphasized, and we agree, that if the UW identifies a set of focus issues, tells the world about the importance of the issues, tells people clearly what will be accomplished with their contributions, and emphasizes that the impact of the services will be measured and reported through future community profiles, then the UW should be able to improve its chances of obtaining more money from the public. *Often, the public isn't aware of the magnitude of a particular issue; the UW and other funders need to be more visible year-round, and not just at campaign time, in educating the public as to how its funds are being allocated, and the impact and value of the contributions, in order to raise more money from it.*

Part of the public appeal for raising additional dollars should increasingly be to emphasize big collaborative projects and/or new initiatives with the potential for having a significant impact on some major identified priority problem facing the community.

Ideally such appeals should be done in conjunction with other funders in the community, rather than acting unilaterally, so that potential givers understand the leveraging and synergistic impact of their donations.

The United Way may need to take some of the additional dollars that are raised to carefully assess the impact of what is being funded. The results of such assessments, such as the community profile and any formal evaluations, should in turn be carefully communicated to the community. If people see the objectively-determined impact of how their dollars are making a difference, they are likely to be willing to give more.

The UW should consider hiring one or two full-time grant writers to work with community agencies to go after big foundation/grant money to support comprehensive service provision. This should be done in collaboration with other agencies, to fund initiatives bigger than what any individual agency could do by itself. In this way, the UW could provide leadership to address one or more issues of importance to the community in far more profound ways than is possible by limiting funding to existing programs.

Allocations Process/Decision-Making

As a direction to move toward over the next two or three years, we recommend that the United Way increasingly move away from funding numerous small programs, and gradually consolidate its resources into a smaller number of major collaborative efforts and new initiatives designed to have maximum impact on selected community problems or unmet needs. The current UW wide range of funding may be too fragmented and offer too little to many programs in many of the 25 Issue Areas to make a significant impact. Recognizing that major changes in the current allocations process may be difficult to implement from a political/ public relations perspective, we suggest that at the least, some increased proportion of annual funds be designated for allocation or redirection to more targeted high-impact community initiatives and/or collaboratives involving multiple service providers, preferably as part of broadly-funded efforts.

A goal for the UW should ideally be to fund more *collaboratives* and fewer individual agencies. When soliciting proposals, preference should be given to applicants that work as part of a collaborative to address the issue at hand, and perhaps collaboration should even be required as a condition of receiving funding. One view would prefer the UW to follow a more entrepreneurial system,

e.g., three-year contracts to accomplish a goal and then the original funding stream is cut off, or the project could potentially be renewed if goals were clearly being met (or additional sources of funding could be sought, using the proposed grantwriters noted above). Such a process would help with priority setting. Coalition building, and playing the role of advocate and catalyst for change, should ideally become key roles for the UW in the future.

As noted above, the United Way and other funders should emphasize programs and services that promote prevention and early intervention.

Ideally, the UW should set aside funds each year, either on its own, or preferably with other funders, to establish and maintain a New Initiatives Fund. Such a Fund could be used to stimulate people and organizations to come up with new ideas and seek financial support. The intent would be to challenge groups to come up with new approaches and then come to the United Way or other funders, or a combined fund, to seek dollars to implement the proposed innovative approaches on a pilot project basis.

Ideally, these funds would be new dollars and not impact on existing allocations. However, CGR suggests that the importance of having such a New Initiatives Fund is such that as a last resort, dollars should be reallocated away from existing services if that were the only way to make possible the creation of the new Fund.

To the extent that the UW continues to fund existing programs, they should be geared to meet specified community needs, based on priorities set after careful review of the community profile and needs assessment data, and agencies should be invited to respond to those priorities. Existing agencies may continue to be funded, but the funding may be more directly linked to specific priorities and how the services would impact on those priority needs, and the funding may be more related to demonstrated collaborative efforts. Such opportunities as co-location of services, establishment of one-stop services, and other demonstrated efficiencies and/or sharing of administrative support services within and between agencies should be taken into consideration in subsequent allocation of funds.

Ideally, future funding of individual programs or services, or of multi-provider collaboratives, should be put on a multi-year funding cycle (e.g., three years, with demonstrated short-term and longer-term performance expectations and outcomes clearly laid out by the providers, with the understanding that they will be held accountable for meeting those expectations as a precondition for funding renewal at the time of the next funding cycle).

Community Leadership Role

A fairly prevalent view is that the UW has primarily focused on funding traditional programs and that it hasn't typically (with some important and notable exceptions) been in the forefront of developing new initiatives or providing leadership in responding to emerging or expanding priority community needs. It is our view that the UW *can and should* increasingly play such a role in the future. This view suggests that *the UW should actively explore community needs, building on the community profile efforts, and take the lead where appropriate in convening key community leaders and governmental officials on a more regular and extensive basis to explore future opportunities.* Some, and perhaps even many of these opportunities may not ultimately involve UW funds. In many cases, simply convening community leaders around an issue, playing an advocacy role to help galvanize community attention, may be sufficient. Or playing a role in publicizing an issue and helping educate the community about its importance may be an important leadership role the UW can play, *even where funds are not available.*

The community profile effort was viewed by most stakeholders as an important undertaking that is hopefully symbolic of future leadership roles around community issues (most urged that the outcome measures and the stakeholder interviews be updated on a regular basis). The United Way should leverage this profile and the stakeholder interviews to reach out to various sectors in the community such as representatives of the public sector, the faith community, the business community, other funders, and various community advocates. The UW could play a key leadership role in getting members of the community to better communicate with each other (CBO's, service providers, business and faith community leaders, schools, etc.), and in giving those who are trying to do so greater resources.

The UW should be able to use issues raised in this document to spark community discussions and to bring potential funding and service provider partners together to develop solutions to many of the issues raised.

The UW has good connections with the business community, and should use them to greater advantage. It should bring the key corporate and foundation grantmakers in the community together to discuss ways they can work together to address community concerns in collaborative ways. This might involve shared pools of funds to address priority issues; establishing a new initiatives resource; providing technical assistance and grant-writing assistance to smaller agencies; developing common funding application procedures; creating "flexible funding" to support preventive services, "wraparound" funds, after-school programs, etc.

This is an opportunity for the UW to take a bold step to raise money with other funders and to act as a catalyst to bring service providers to the table and challenge them to provide services in a more creative and cost-effective way, rather than just providing more services as before. The UW can change how providers interact and reach their objectives. Such efforts can also be used as a great public relations tool to raise more money in the community.

An additional future expanded role for the UW might entail more effectively organizing a strong pool of volunteers, and setting up and perhaps overseeing a clearinghouse/volunteer registry system to link volunteers with needs and opportunities identified by service provider agencies.

Coalition Building and Partnerships

Stakeholders suggested, and CGR concurs, that the United Way should increasingly focus efforts in the future on the creation of and participation in a variety of collaborative partnerships, involving both funding and actual service delivery. The UW has had some success in the past in creating such partnerships and coalition efforts, and we believe that it is in the United Way's interests, and ultimately in the larger community's interests, for the UW to devote more of its resources – both staff, volunteer and financial – to such efforts in the future.

Certainly the UW should attempt to address more issues via a collaborative approach. Although it is one of the region's top funders, the United Way doesn't have sufficient funds by itself to address all the needs in the community. As such, it should become more of a community leader in creating new partnerships to address demonstrated community needs.

Agencies are often competing against one another for funds, not just from the UW, but from the State, the County and other funders. Traditionally there has not been much collaboration among service providers when applying for these funds, so a potential role for the UW is to bring the agencies to the table, help them establish collaborations and promote/support the process of building a collaborative effort. More and better collaboration would likely result in better service provision, a greater ability to have a significant impact in addressing a priority issue, and may well also expand the potential for raising additional needed funds for collaborative efforts that would not be possible by single agencies operating alone.

It makes sense to start a regional association of funders/ grantmakers/donors to ensure that funders are not duplicating each other's efforts, but rather are pooling grants to fund good projects.

The UW could be helpful in working with others to stimulate the development of a broad community asset-building approach throughout the region. Such an approach could ultimately be helpful in reducing community violence, and in strengthening youth and family values and self-sufficiency.

There are opportunities for greater collaboration and cooperative efforts between local and state governments and the United Way. The UW could serve as a coordinator and bring the public sector, faith community and volunteer sectors together to expand/ enhance service provision, help to access public funds, and develop new approaches to address unmet needs.

It would be good to have expanded collaborative efforts between governmental agencies such as the Department of Social Services, schools, the United Way, etc. to put more preventive outreach workers and social worker types of staff in schools to work with

kids in need and at risk of placement. Such efforts may also provide increased access to families with problems. This is happening in some areas, but the efforts ideally should be expanded. Expanded school-based collaboratives between schools and community agencies are especially important, and the UW could certainly be a constructive force in helping more of those to occur.

The UW should develop more opportunities to collaborate with local colleges and universities around issues of concern to the larger community.

The UW should perhaps hold community breakfasts on a regular basis with representatives from local governments, schools, the faith community, and service providers and play the role of community facilitator bringing all players to the table to discuss matters of community concern and mutual interest.

Suggestions for Consideration by the Larger Community

Throughout this chapter, we have tried to emphasize the need for the United Way to take on changing roles over time, with a particular focus on playing a more aggressive community leadership role, and being more of a catalyst for developing coalitions and partnerships around a variety of issues. CGR believes that such an expanded role for the United Way would have a significant impact in increasing the ability of the community to successfully tackle a variety of difficult issues. However, *it is obvious that the United Way can successfully take on the types of roles suggested above only if various segments and leaders/stakeholders of the region step forward and agree to become active partners with the UW in addressing the issues raised throughout this report, as well as any others that may need to be added to the lists of community priorities.*

Rather than repeating references made to potential partnerships throughout this chapter and the chapter on the stakeholder interviews, stakeholders from various sectors of the community are invited and urged to find the references in the preceding pages suggesting partnership or coalition building efforts they can be a part of, and to begin to consider the specific actions they can take for the good of the community. Whether it be representatives of the public sector, the business community, the faith community, schools, grantmakers/funders, service providers, youth, or other groups, each has a role to play in working collaboratively to

strengthen the regional community. Suggested roles each can play in the future are identified above, but those are only a few suggestions; community representatives are likely to come up with their own lists of opportunities to bring to the table for future discussions. It is hoped that this document, by helping to focus community attention on a number of issues which need attention (and often, but not always, new financial resources), will help stimulate a wide range of community stakeholders to begin to develop and undertake new initiatives and creative new partnerships in response to documented community priorities and unmet needs.

APPENDIX 1: DATA TABLES