GOALS FOR THE COMMON GOOD
THE UNITED WAY CHALLENGE TO AMERICA
WHAT GETS MEASURED GETS DONE
GOALS FOR THE COMMON GOOD

FOR MANY MILLIONS OF HARD-WORKING FAMILIES, the basic ingredients for a good life are increasingly beyond reach. Almost one in four working parents don’t earn enough to provide for their families. An alarming 25 percent of teenagers will not graduate on time, imperiling their chances to make a successful transition to adulthood. Only one in three adults can be considered healthy, based on risk factor data from the Centers for Disease Control and Prevention, and more than 49 million Americans lack even basic health insurance.

Our nation can’t accept these conditions. We need to challenge our systems—to create opportunities for a better life for everyone. To move more aggressively in this direction, United Way drew on research and sought input from a broad range of partners to gauge where progress has—and has not—been made over the last 10 years. This information is the foundation for these Goals for the Common Good.

By 2018, we as a nation must:

- **Cut by half** the number of young people who drop out of high school
- **Cut by half** the number of lower-income families that lack financial stability
- **Increase by a third** the number of youths and adults who are healthy and avoid risky behaviors

These targets—one in the area of **education**, another focused on **income** and a third focused on **health**—are building blocks for a good life.

You need a quality education that leads to a stable job, enough income to support a family and good health.

United Way has a theory about how to create changes of this magnitude. It begins with **declaring bold goals**. When the stakes are high, Americans will rise to the occasion. That leads to **partnership**, the second critical element. We have to think differently about partnerships and set aside our special interests if we want to make real progress. This work requires collaboration across all sectors—big businesses, small businesses, elected officials, nonprofits, academia, the faith community, the labor movement, the media, parents and neighbors. Working together, we can accomplish things that no organization, no individual and no government can accomplish on its own.

With this challenge to America, United Way hopes to reignite a movement that is committed to creating opportunities for everyone—and we invite you to be a part of it. Visit WWW.LIVEUNITED.ORG to find out how you or your organization can make a difference.

Together, united, we can inspire hope and create opportunities for a better tomorrow.

Brian A. Gallagher
President & CEO
United Way
Education, income and health are the building blocks for a good life. Education is essential to getting and keeping a job with a livable wage and health benefits. An income adequate to pay for today’s necessities and save for the future provides families some sense of financial stability. Access to quality health care keeps children on track in school and adults productive at work. Remove any one of these building blocks and the other two topple.

Working with many partners, United Way continually looks for the most effective ways to help people gain access to educational, economic and health-related opportunities. To achieve further progress, it is now necessary to measure where we stand in these areas and look ahead to where we need to be as a country. For this reason, United Way launched an effort in 2005 to identify and track troubling social issues that are common across communities. The 12 indicators presented here show how America has fared in improving education, income and health status. They are based on the most reliable and relevant data available.

Taken together, these indicators show isolated signs of progress, but, overall, underscore the enormity of the task ahead.

The three 10-year goals pull together the individual indicators, so that the sum is indeed greater than the parts:

- **Cutting the number of students who drop out by half** requires improved readiness for kindergarten and closer attention to students as they move through the school system.
- **Cutting the number of financially unstable working families by half** requires strategies to help people increase income, save, and grow long-term assets.
- **Increasing by one-third the percentage of healthy youth and adults** requires that more Americans have access to health coverage and to good primary care from (and even before) birth, as well as the resources to avoid or stop substance abuse and other risky behaviors.

The need to act is great. But America’s energy and creativity in finding long-lasting solutions are great as well. A few examples of how communities are advancing the common good are presented here. Their strategies have reduced the dropout rate, increased income and promoted health in cities and counties of all sizes. Now it’s time to take these strategies to scale.
### ISSUES AND INDICATORS AT-A-GLANCE

#### EDUCATION
**Helping Children and Youth Achieve Their Potential**

<table>
<thead>
<tr>
<th>Target Issue: Readiness to achieve in school</th>
<th>Intended result: Children enter school developmentally on track in terms of literacy and social, emotional and intellectual skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of 3- to 5-year-olds with 3 or 4 (of 4) school readiness skills</td>
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</table>

<table>
<thead>
<tr>
<th>Target Issue: Academic achievement</th>
<th>Intended result: Elementary students are prepared to succeed in later grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of fourth graders who are proficient readers</td>
<td></td>
</tr>
<tr>
<td>Intended result: Young people graduate from high school</td>
<td></td>
</tr>
<tr>
<td>Indicator: Percentage of public high school students who graduate on time</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Issue: Productive and engaged youth</th>
<th>Intended result: Young adults make a successful transition from high school to work life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of 18- to 24-year-olds who are not working or in school</td>
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</tbody>
</table>

#### INCOME
**Promoting Financial Stability and Independence**

<table>
<thead>
<tr>
<th>Target Issue: Achieving greater financial stability</th>
<th>Intended result: Lower-income working families move toward financial independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of lower-income working families that spend more than 40% of their income on housing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Issue: Increasing income</th>
<th>Intended result: Working families increase their income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of working families that are lower-income</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Issue: Building savings</th>
<th>Intended result: Lower-income working families have savings or checking accounts and money saved for emergencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of lower-income working families that have a checking or savings account with a minimum of $300</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Issue: Gaining and sustaining assets</th>
<th>Intended result: Lower-income working families build appreciating assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Rate of homeownership for lower-income working families</td>
<td></td>
</tr>
</tbody>
</table>

1. family income less than 250% of the federal poverty level

#### HEALTH
**Improving People’s Health**

<table>
<thead>
<tr>
<th>Target Issue: Maternal health and infant well-being</th>
<th>Intended result: Babies are born at low risk for preventable health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of babies who are born low birthweight (5 pounds, 8 ounces or less)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Issue: Basic health care coverage and prevention</th>
<th>Intended result: Children and youth receive timely, regular preventive health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator: Percentage of children under the age of 18 who are not covered by health care insurance</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Issue: Healthy youth and adults</th>
<th>Intended result: Youth and adults are healthy and avoid risky behaviors (for a definition of “healthy,” refer to the table on page 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators: Percentage of students grades 9–12 who are healthy and avoid risky behaviors; percentage of adults 18 and over who are healthy and avoid risky behaviors</td>
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</tbody>
</table>
HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL

“The Ad Council directs 80% of its efforts to improving our children’s future. The early childhood education campaign, Born Learning, is strengthened by local United Ways and their partners, who deliver quality experiences to millions of parents and caregivers across the country.”

—Peggy Conlon, President and CEO, The Ad Council
10-YEAR GOAL

Cut America’s High School Dropout Rate in Half

- By 2018, 87 percent of high school seniors will graduate on time, up from 73.9 percent today.

- That increase translates to 560,000 more youth who will receive diplomas in 2018.

- An ill-prepared 12th grader does not one day magically appear in a cap and gown ready to pick up a diploma. This 10-year goal means we must engage with children and families from birth.

EDUCATION 10-YEAR GOAL: Raise the Graduation Rate

Source: Common Core of Data, National Center for Education Statistics.
still means more than 1 million students each year fail to get their diploma on time, as reported by the National Center on Education Statistics.

That number is unacceptably high. Dropping out means these young people will more than likely never earn enough to make ends meet. It means their children will be similarly disadvantaged and perhaps start kindergarten unprepared, thus perpetuating the cycle.

Finally, the last piece in understanding how education contributes to achieving the potential of children and youth:

Young adults, age 18 to 24, are making a successful transition from high school to the working world. They may be in college, in a training program or working, acquiring the experience they need to succeed as adults. The measure for this is the percentage of 18- to 24-year-olds who are neither working (full or part time) nor in school. This indicator should trend downward: that is, a decrease in the indicator means an increase in the percentage of young adults productively engaged after high school. And while the U.S. Census Bureau's American Community Survey shows a slight improvement over the past decade, too many young adults—more than one in seven—are neither working nor attending school, even part time. When they fall between the cracks, our country suffers the consequences.

In today's economy, a high school diploma is an absolute necessity, although good jobs that require no more than a high school education are getting much harder to find. Through Destination: Graduation, United Way of Metropolitan Dallas aims to help youth on the path toward a productive future by preparing them for college. Started in 2005, the program combines an emphasis on completing high school with encouraging students to pursue further education. It prepares students for academic success by teaching them how to take notes, how to study and test-taking strategies—as well as offering mentoring and counseling. Another component helps parents interact with teachers and administrators, learn about college entrance requirements and communicate with their teens about school issues.

The program began in one high school in 2005. During its first year, participating students increased their Preliminary SAT scores by an average of 120 points, which brought many over the critical 1000 scoring mark. They advanced to the next grade level at a rate that was 19 percent higher than their peers. Parents swelled the membership of the PTA and initiated a monthly breakfast with the principal. By 2007, Destination: Graduation had expanded to five high schools.
In the mid-1990s, Madison, Wisconsin, set an ambitious 10-year goal: to close the gap between the average reading scores of white third graders and those of other racial groups. Through Schools of Hope, more than 20 government, business, nonprofit and other organizations met this goal.

Schools of Hope began as a civic journalism project of the Wisconsin State Journal and WISC-TV, which brought public attention to the school district’s achievement gap and the many causes behind it. United Way of Dane County accepted the challenge to mobilize a community-wide effort to tackle the problems highlighted in the media.

The Schools of Hope leadership team deliberately set a specific, bold target. With that focus, 18 Vista workers coordinated the efforts of hundreds of volunteer tutors. A summer program targeted bilingual children in kindergarten and first grade. Parents read with their children more frequently. Continuing to work with the media was critical to success, as was the decision to go to scale and involve all 24 elementary schools in the district.

In October 2004, the superintendent was able to announce the district no longer had evidence of a racial achievement gap at the third grade reading level.

“Failure to graduate hurts our children, damages our economy and weakens our national security position in the world.”

—General Colin L. Powell (Ret.), Founding Chair of America’s Promise

### Closing the Achievement Gap

In October 2004, the superintendent was able to announce the district no longer had evidence of a racial achievement gap at the third grade reading level.

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Share of 18- to 24-year olds who complete high school, or obtain GED, or other certificate — 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>92.3%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>85.9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>78.2%</td>
</tr>
<tr>
<td>Asian/Pacific Island, Non-Hispanic</td>
<td>95.8%</td>
</tr>
<tr>
<td>More than One Race</td>
<td>89.5%</td>
</tr>
</tbody>
</table>

PROMOTING FINANCIAL STABILITY

Helen Keller, Abe Lincoln, Irving Berlin, Frederick Douglass—these inspirational Americans have exemplified the uniquely American ideal that hard work will lead to success, and that no matter how humble one’s origins, the sky is the limit in the land of plenty and opportunity.

That ideal is in peril. Even with more than one family member bringing in wages—or with one person holding down two or three jobs—many families are barely getting by, with no ability to save for college, a home or retirement. Wages have not kept up with the rising cost of housing, health care, child care, gas and other needs. Just one unanticipated expense—a car break-down, an uninsured illness, a week without a paycheck—can lead to crisis.

Achieving greater stability allows lower-income working families to move toward financial independence. A revealing indicator of this level of stability is the percentage of lower-income working families who spend more than 40 percent of their income on housing. This tenuous balance between income and housing costs gives a sense of the hardship faced by many as they attempt to pay for the single biggest expense for a typical family.

The situation has worsened significantly since 2000, according to data from the American Community Survey. More than one-third of lower-income working families spend more than 40 percent of their income on housing. On average, a family needs to earn at least $15 per hour so that housing does not overwhelm their monthly budget. With the minimum wage less than $7 an hour in most states, many millions of families earn far less than $15 per hour—even when two members are pooling their wages.

Given the cost of living today, a family needs to earn at least 2.5 times the federal poverty level to be considered financially stable in most communities. But the percentage of working families that earn less than this has stagnated over the past decade. Currently, about 23 percent of working families fall below that level; with the percentage of financially unstable African American and Latino families significantly higher.
10-YEAR GOAL

Cut in Half the Number of Lower-Income Families Who Are Financially Unstable

- By 2018, 1.9 million more working families will become financially stable and able to take the next steps to long-term independence.

- This 10-year goal means helping these families increase income, build savings and grow assets so they have reduced debt and are working toward a goal that might be stable housing, business, retirement or postsecondary education.

INCOME 10-YEAR GOAL: Reduce the Number of Lower-Income Working Families Who Are Financially Unstable

Source: American Community Survey.
Note the emphasis on lower-income working families: those in which one or two adults together work the equivalent of a full-time (or even more than full-time) job and simply cannot earn enough to make ends meet. Our 10-year goal is to cut in half the number of these families who lack financial stability. This goal aims for financial independence, not a street of gold. Many families lack the opportunity to earn a decent income and the skills to manage their money, save even a small portion or build assets for the future.

Building savings is vital to deal with unexpected, unbudgeted expenses. Only 37 percent of lower-income working families have a checking or savings account with at least $300 saved, according to an analysis of the Survey of Income and Program Participation of the Bureau of Labor Statistics. That amount—$300—is what is needed to weather a single typical emergency, as evidenced by the average loan obtained through payday loan services. Just as important as the dollar amount, an account means building a relationship with a bank, credit union or other mainstream financial institution and not having to rely on a high-fee check-cashing or payday loan service. It also allows a family to set goals to build savings and ultimately assets, whether for higher education, a business, retirement funds or a home.

This leads to the third step in a continuum: building assets. The largest asset for many Americans is their home. Even with the current downturn in the real estate market, a home’s value increases over the long term so the owner’s assets grow. About 50 percent of lower-income working families own a home, according to the American Community Survey. However, this figure hides a great disparity in homeownership, with Latinos and African Americans only one-third to one-half as likely to own a home as white working families.

“Helping working individuals and families achieve financial stability is a key priority for Bank of America. We applaud United Way’s ambitious 10-year goals, and we are honored to work with them on initiatives such as the United Way Financial Stability Partnership.”

—Ken Lewis, Chairman and CEO, Bank of America
United Way Financial Stability Partnership

Step 1: Increase Income
The first step in the financial stability continuum offers tools and strategies that help individuals and families increase their income—by fully accessing available public and employer benefits, reducing debt and increasing credit ratings, claiming the Earned Income Tax Credit, learning to budget, and seeking workforce development opportunities to enhance job skills.

Step 2: Build Savings
Low- to moderate-income families struggle to build and increase their personal savings, often because immediate needs take priority over longer-term financial needs, yet savings give individuals the flexibility to make financial decisions that benefit themselves and their families and are critical to helping families manage crises.

Step 3: Gain and Sustain Assets
Before the 1990s, few believed that acquiring assets—retirement accounts, homes, postsecondary education or life insurance—could help move families out of poverty. However, research conducted over the past decade demonstrates that assets increase household stability, decrease economic strain, and decrease the likelihood of poverty transmittal from one generation to the next.

Technology as a Financial Tool
United Way of Metropolitan Atlanta and its partners saw the need for a more efficient system to connect individuals and families with health, safety net and asset-building benefits. They piloted an electronic benefits calculator, a tool that streamlines the eligibility screening and enrollment process for federal, state and community benefits.

Initially targeted to families with young children, the success of the program led United Way to offer the tool to workforce development agencies, free tax preparation sites and 2-1-1 call specialists.

From 2006 to 2008, the total value of benefits received through this screening partnership has increased from $665,000 to $1,118,000.

By the end of 2009, United Way of Metropolitan Atlanta and other United Ways around the country will be using Web-based software that calculates benefits but also has far more extensive capabilities. Nets to Ladders, as the name signifies, helps people climb the ladder of independence.

PARTNERS
- Department of Human Resources
- Social Security Administration
- Department of Community Affairs
- IBM
- AT&T
- Annie E. Casey Foundation
- Arthur M. Blank Family Foundation
- The Atlanta Community Food Bank
- Internal Revenue Service
According to an Arabian proverb, “he who has health has hope, and he who has hope has everything.”

Health is strongly linked to education and income: Good health allows children to learn better and adults to increase their income through productive work. Conversely, health problems often lead to increased school absences (a predictor of dropping out of high school) among children, as well as increased on-the-job absences by adults. To further connect the dots, entry level and lower paying jobs are often without health benefits. A lack of health care coverage often means that primary care—so important to preventing or treating illness before it becomes more serious—is an unattainable luxury. A serious illness with no or insufficient health insurance has driven thousands of Americans into financial crisis. Fifty percent of bankruptcies in 2005 and 2006 were caused by medical debt.

Key markers contribute to a healthy progression through life: a normal birthweight, preventive health care beginning in earliest childhood, and avoiding risky behaviors and staying healthy as a youth and adult.

**Maternal health and infant well-being start children off in the right direction.** It is ironic that underweight babies are a concern when America is simultaneously worried about obesity among children and adults, but low birthweight (5 pounds, 8 ounces or less) can lead to developmental problems later in life.

The number of babies born at a low birthweight increased over the last 10 years, to 8.2 percent, according to the National Center for Health Statistics. That’s 1 in 12 babies. Among the many causes of low birthweight—pregnant women’s poor nutrition, teen pregnancies, smoking and substance use, and lack of prenatal care—are preventable factors that can be addressed at the community level.

Health care coverage for children means they are more likely to receive preventive health care (such as immunizations, physicals and non-emergency treatment).

### How We’re Measuring Health

**Healthy Youth**
- Are not involved in violence
- Do not use tobacco
- Do not use drugs
- Do not abuse alcohol or drive drunk
- Practice abstinence or safe sex
- Are not overweight

**Healthy Adults**
- Have good overall health
- Do not use tobacco
- Do not abuse alcohol
- Do not have high blood pressure
- Are not obese
Increase by One-Third the Number of Youth and Adults Who Are Healthy and Avoid Risky Behaviors

- By 2018, the percentage of youth who are healthy and avoiding risky behaviors will increase from 34 percent in 2005 to 45 percent in 2018—that means 1.9 million more healthy young people.

- The percentage of adults (age 18 and older) who are healthy and avoiding risky behaviors will increase from 35 percent in 2005 to 47 percent by 2018—that means 29.2 million more healthy adults.

Achieving this goal requires us all to become more aware of health risks and the potential effects they have on ourselves and others, starting from before birth. Working to change policies and practices, such as by extending health care coverage, will also enable more people to live healthier lives.

Source: Youth Risk Behavior Survey and Behavior Risk Factor Survey, Centers for Disease Control and Prevention.
Those with health insurance are more likely to receive regular care. The percentage of children with health coverage has increased slightly, but data from the Current Population Survey of the U.S. Census Bureau show that almost 12 percent (one in eight) of America’s children remain without such insurance coverage.

The health of America’s youth and adults is also a serious concern. In looking at data from the Centers for Disease Control and Prevention, just over one-third of youth in grades 9 to 12 and one-third of adults can be considered healthy, with the percentage stagnating for youth and worsening for adults when compared to a decade ago. For this reason, boosting the number of healthy youth and adults is our third goal for advancing the common good.

“As we approach our goals for Healthy People 2020, United Way will be an important partner in creating strong local relationships to address the prevention of risky behaviors and the root causes of poor health outcomes and disparities among groups.”

—Dr. Janet Collins, National Center for Chronic Diseases and Health Promotion, Centers for Disease Control and Prevention

“This year marks the 35th anniversary of the NFL partnership with United Way, and we’re very proud to be working on our joint commitment to improving youth health and fitness. Together, we hope to make a positive impact on the health and well-being of our nation’s children. We’re inviting the public to join us in this work.”

—Joe Browne, NFL Executive Vice President

A Healthier Start to Life

Many of the more than 350 United Way Success By 6® coalitions around the country recognize that success for six-year-olds begins literally before they are born.

Here’s how a few United Ways have targeted infant health:

• In Baltimore, participants in the Success By 6 partnership coordinated by the United Way of Central Maryland received center- and home-based services when they were pregnant. Infant mortality was half of that for other mothers in their neighborhoods, preterm births occurred 50 percent less often and low birthweights were 24 percent less frequent compared to those not in the program.

• Lubbock (Texas) Area United Way set up a pilot program to improve infant health. Only 2 percent of the women who participated gave birth to low birthweight babies, compared to 11 percent in the prior three years.

Reducing Teen Drug and Alcohol Use

In 1995, teen alcohol and drug use in Santa Cruz County, California, exceeded national averages. Community leaders, parents and teens formed Together for Youth/Unidos para Nuestros Jovenes (TFY/UPNJ) to change that.

TFY/UPNJ envisions a community where youth are healthy, successful, valued and respected and are community leaders. Strategies known as the Seven Essential Components underlie projects to reduce harmful behaviors.

Outcomes measured have included alcohol and drug use among youth, as well as related indicators such as the high school dropout rate and community tolerance of youth alcohol and drug use. More than 10 years later, TFY/UPNJ is seeing results, targeting binge drinking, adult provision of alcohol to teens, methamphetamine usage and other problems identified through community input.

This effort has turned the curve on binge drinking, reducing the percentage of underage binge drinkers from 66 percent of teens age 16 to 20 in 2006 to 59 percent in 2007.
The Common Good Index indicates how conditions in education, income and health have declined during recent years in America. Using 1998 as a base year—and setting conditions that existed in 1998 at an index number of 100—the Common Good Index fell to 93.1 by 2006 (see Notes About the Indicators for methodology). This indicates that significant efforts must be made to lift the index back to its 1998 level and higher.

The Common Good Index Shows Decline

(1998 = 100)

104 | 100 | 99.8 | 100.6 | 100.4 | 98.1 | 96.9 | 96.7 | 94.6 | 93.1

1998 | '99 | '00 | '01 | '02 | '03 | '04 | '05 | '06

“With this report on where we stand, there shouldn’t be any question that this work needs doing.”

—Leslie Ann Howard, President, United Way of Dane County, and Chair, United Way National Professional Council
Through the indicator research summarized in this publication, we’ve gained a clear picture of the state of education, income and health in America.

Three indicators are worsening:

- Working families that spend 40 percent or more of their income on housing
- Low birthweight babies
- Healthy and risk-avoiding adults over age 18

Four indicators show little or no improvement:

- Working families that remain lower-income
- Lower-income families with checking or savings accounts and a balance of at least $300
- Homeownership among lower-income working families
- Healthy and risk-avoiding youth

Five indicators show some improvement, but progress has been too slow and there’s still a long way to go:

- Kindergarten readiness
- Fourth grade reading proficiency
- On-time high school graduation
- Productivity among young adults
- Children’s health insurance

This information gives us a way to effect change by affecting individuals. Already, in communities large and small, people are working together to challenge the status quo and create opportunities for everyone to gain the education, income and health needed to succeed and plan for the future.

Where the Data Come From

- Early Childhood Program Participation Survey of the National Household Education Surveys
- National Assessment of Educational Progress
- National Center for Education Statistics
- Population Reference Bureau calculation of the American Community Survey, U.S. Census Bureau
- National Center for Health Statistics
- Current Population Survey, U.S. Census Bureau
- Youth Risk Behavior Survey, Centers for Disease Control and Prevention
- Behavior Risk Factor Survey, Centers for Disease Control and Prevention
Percentage of lower-income working families that spend more than 40% of their income on housing

- Worsening

![Graph showing percentage of lower-income working families that spend more than 40% of their income on housing]

Working families have one or two parents who worked 50 or more weeks (combined) during the previous year. Lower-income means that family income was 250% of the federal poverty level. Housing expenses include rent, mortgage and home maintenance costs.

*Source: Population Reference Bureau calculation of data from the American Community Survey.*

Percentage of low birthweight babies born annually

- Worsening

![Graph showing percentage of low birthweight babies born annually]

Low birthweight is defined as below 2.5 kilograms (5 pounds, 8 ounces).

*Source: National Center for Health Statistics.*

Percentage of healthy and risk-avoiding adults over age 18

- Worsening

![Graph showing percentage of healthy and risk-avoiding adults over age 18]

A composite indicator of the percentage of adults 18 and older who reported being healthy and avoiding risky behaviors: good overall health, no smoking, no alcohol abuse, not being obese and not having high blood pressure. (See page 22 for detail.)

*Source: Center for Advancement of Public Health calculation of data from the Behavior Risk Factor Survey, Centers for Disease Control and Prevention.*

Percentage of working families that are lower income

- Little or No Improvement

![Graph showing percentage of working families that are lower income]

Lower income means that family income was less than 250% of the federal poverty level. Poverty level varies by household size and location (Alaska and Hawaii levels are higher).

*Source: Population Reference Bureau calculation of data from the American Community Survey.*
Percentage of lower-income working families with at least $300 in a checking or savings account

- Little or No Improvement

---

Homeownership rate among lower-income working families

- Little or No Improvement

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Percentage of healthy and risk-avoiding youth

- Little or No Improvement

---

Percentage of children age 3 to 5 who have at least three of four school-readiness skills

- Improvement But Gains Still to Be Made

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Working families are families where one or some combination of adults in the family worked at least as many weeks in the previous month as there were weeks in that month.


Working families have one or two parents who worked 50 or more weeks (combined) during the previous year. Lower-income means that family income was less than 250% of the federal poverty level. Housing expenses include rent, mortgage and home maintenance costs.

*Source: Population Reference Bureau calculation of data from the American Community Survey.*

A composite indicator of the percentage that reported being healthy and avoiding risky behaviors: not involved in violence, no smoking or drug abuse, no alcohol binge drinking (including drunk driving), practicing abstinence or safe sex, and not being overweight. (See page 22 for detail.)

*Source: Center for Advancement of Public Health calculation of data from the Youth Risk Behavior Survey, Centers for Disease Control and Prevention.*

The specific cognitive skills assessed are the ability to 1) recognize letters, 2) count to 20 or higher, 3) write their names, and 4) read or pretend to read.

*Source: National Household Education Survey, National Center for Education Statistics.*
Percentage of fourth graders reading at the “proficient” level

- Improvement
- But Gains Still to Be Made

The scoring levels on the reading tests are: advanced, proficient, basic, and below basic. For more detail, see Notes About the Indicators.

Source: National Center for Education Statistics.

On-time high school graduation rate

- Improvement
- But Gains Still to Be Made

The averaged freshman graduation rate is an estimate of the percentage of high school students who graduate on-time derived by dividing the number of graduates with regular diplomas by an averaged estimate of the size of the incoming freshman class 4 years earlier.

Source: National Assessment of Educational Progress.

Percentage of 18- to 24-year-olds who are not in school or working full or part time

- Improvement
- But Gains Still to Be Made

This indicator is defined as 1) not working full or part time, 2) not having a degree beyond high school (associate, bachelor’s, etc.) or not having completed at least 1 year of college.

Source: Population Reference Bureau calculation of data from the American Community Survey.

Percentage of children not covered by health insurance

- Improvement
- But Gains Still to Be Made

“How wonderful it is that nobody needs to wait a single moment before starting to improve the world.”

—Anne Frank
NOTES ABOUT THE INDICATORS

Numerous public, academic and private organizations collect data; choosing from among the range of choices took great care and deliberation. As much as possible, the 12 indicators meet three criteria:

- **Contribution to improvement of a community issue.** Research had to show that making progress in the broader area (education, financial stability, health) would truly improve a critical community issue. Otherwise, it could be an interesting statistic, but not worth allocating time and resources.

- **Availability of data.** Data had to be available, timely and trustworthy. Many issues that are critical to solve do not have reliable, periodic data at this point.

- **Relevance to United Ways’ current work and relationships.** The indicator had to relate to community objectives already defined by a substantial number of United Ways or to relationships that they could build on.

According to the National Assessment of Educational Progress, the levels on the reading tests are defined as follows:

1. **Advanced** – Superior performance.
2. **Proficient** – Solid academic performance for each grade assessed. Students reaching this level have demonstrated competency over challenging subject matter, including subject-matter knowledge, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.
3. **Basic** – Partial mastery of prerequisite knowledge and skills that are fundamental for proficient work at each grade.
4. **Below Basic.**

**Public on-time graduation rate**
For our purposes, dropouts are those students who do not graduate on time. Thus dropouts include those who might not graduate in the expected length of time but eventually get a high school diploma or its equivalent. In 2005, for example, when looking at all students age 18 to 24 (whether having attended public or private school or having attended overseas), 87.6% gained a GED or equivalency certificate, while only 74% graduated on time in 2005–06 (which excludes those attending overseas). Research has suggested that those who earn these alternative certificates often do not fare as well as their peers who graduate “on-time.” Also note that the averaged freshman graduation rates for 1998 through 2004 were calculated and published by the National Center for Education Statistics. The rates for 2005 and 2006 were calculated by United Way of America using the Common Core of Data and the averaged freshman graduation rate formula from the National Center for Education Statistics. Also, all school years were referred to by the later year, so that the 2005–06 school year was labeled 2006.

**Financial stability**
Financial stability is defined as earning 250% of the federal poverty level or more. This amount roughly corresponds to similar thresholds defined by the Self-Sufficiency Standard (source: Wider Opportunities for Women) and family budgets (source: Economic Policy Institute). These two well-respected initiatives more accurately capture the real costs of different domains of daily life: housing, health care, child care, transportation, food, etc. The federal poverty level was used in this report. Though not incorporating cost of living differences in most cases, the poverty level is used within so many other indicators and is readily available at various levels of analysis and time periods.

**Healthy youth**
The following were used to create the “healthy and risk-avoiding” youth composite indicator: Percentage of students in grades 9 through 12 who 1) did not carry a weapon in the past 30 days; 2) did not smoke cigarettes in the past 30 days; 3) did not chew tobacco, or use snuff or dip in the last 30 days; 4) did not use cigars, cigarillos, or little cigars in the last 30 days; 5) did not binge drink in the last 30 days; 6) did not smoke marijuana in the last 30 days; 7) did not use cocaine, including powder, crack or freebase in the last 30 days; 8) did not drive after drinking alcohol; 9) did not have sex or used birth control the last time they had sex; and 10) are not overweight (as defined by body mass index (BMI) at or above the sex- and age-specific 95th percentile of the 2000 Centers for Disease Control and Prevention BMI cutoff points http://www.cdc.gov/nccdphp/dnpa/bmi/childrens_BMI/about_childrens_BMI.htm).

**Healthy adults**
The following were used to create the “healthy and risk-avoiding” adult composite indicator: Percentage of adults age 18 and over who: 1) reported good, very good or excellent health (choices were: excellent, very good, good, fair and poor); 2) did not smoke more than 100 cigarettes in their lifetime and who currently do not smoke every day or some days; 3) did not drink five or more drinks on one occasion in the past 30 days; 4) are obese (that is, body mass index greater than 30); and 5) have been told blood pressure was high.

Also, on adult data from Centers for Disease Control and Prevention: 1) alcohol use in 2003 was worded slightly differently than during other years and 2) the trend line was made comparable for high blood pressure from 2003 onward, when an improvement to the survey was made. Before 2003, pregnant women who reported high blood pressure were counted; thereafter, these women were recorded as not having high blood pressure for health risk purposes since that is a normal physiological response during pregnancy.

**Common Good Index**
The Common Good Index is calculated by dividing 100 by the total number of indicators (12). This number (8.33) became the baseline for 1998, on top of which percentage points marking improvements in each indicator were added or from which percentage points marking worsening conditions were subtracted. For each year, the points were summed to arrive at a total.
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DAY IN AND DAY OUT, IN COMMUNITIES ACROSS AMERICA, THESE NATIONAL PARTNERS LIVE UNITED
THANK YOU FOR INSPIRING HOPE AND CREATING OPPORTUNITIES FOR A BETTER TOMORROW