Setting an Agenda for Local Action: The Limits of Expert Opinion and Community Voice

Diana Silver, Beth Weitzman, and Charles Brecher

Many social programs, funded by government or philanthropy, begin with efforts to improve local conditions with strategic planning. Mandated by funders, these processes aim to include the views of community residents and those with technical expertise. Program leaders are left to reconcile public and expert opinions in determining how to shape their programs. The experience of the Robert Wood Johnson Foundation’s Urban Health Initiative suggests that although consultation with experts and the public failed to reveal a clear assessment of the community’s problems or their solutions, it did assist in engaging diverse groups. Despite this engagement, however, core leaders wielded substantial power in selecting the agenda.

Introduction

Who sets the agenda for social policy? Given the intense competition for resources and attention among pressing problems, who decides which issues become priorities and which are tabled?

In setting social policy agendas, two groups can be influential. The first is experts on the nature of the problems, the alternative solutions, and their costs and effectiveness. The second is “the community,” that is, residents of an area, or those who suffer the consequences of the problem. Although accommodation of the two groups is possible, tension arises if experts and the community disagree. This article uses evidence from the evaluation of a national foundation initiative to examine the nature and resolution of this tension.

In 1996, the Robert Wood Johnson Foundation’s Urban Health Initiative (UHI) funded entities in eight economically distressed cities to create a plan to improve the health and safety of children. The Foundation required the sites to consult both experts and the community in setting their agenda. At the end of a 2-year planning process, proposals identifying activities intended to have a significant impact on the health and safety of children were submitted to the Foundation. Five cities were funded for eight years for implementation of their plans.

This article addresses three questions. First, in what ways did these planning efforts include both community residents’ opinions and experts’ advice? Second, did these two perspectives yield differing views about the problems that deserved the highest priority and about the solutions that most effectively addressed them? Third, if there were differences in priorities and solutions, how were these conflicts resolved?

Background—Alternative Norms for Agenda-Setting

The desire to include both community voices and expert advice in planning reflects a commitment to two distinct values—technical effectiveness and political
legitimacy. Funders of initiatives want them to be effective, that is, to make a difference in the targeted conditions. Using a "technocratic" approach to achieve effectiveness, the decision maker relies on experts using a range of analytical techniques to (1) identify the problem to be addressed, (2) specify the goals to be sought through public policy, (3) identify or invent the available policy alternatives, (4) estimate the effects of each of the alternatives on each of the goals, (5) impute values assigned to these alternatives into a single metric, and (6) recommend the "best" policy alternative.1

The value of political legitimacy leads to an argument for a "bottom-up" approach to planning, in which both problem definition and the assessment of possible solutions rests with community residents, rather than with experts. The primary concern is control of the activities of planning, not the techniques of planning. For instance, the "community development" model of public health planning relies on a "bottom-up" approach but includes careful investigation of community conditions through data analysis, the exploration of interventions that have been shown to be effective in other communities, and the evaluation of the interventions (Haglund, Weisbrod, & Bracht, 1990), but the power to define the problems and select solutions is in the hands of community leaders.

The values of technical effectiveness and political legitimacy need not be contradictory or incompatible. Multiple efforts have been made to design processes that accommodate both concerns. One effort at reconciliation suggests that communities should have input into designing interventions or policies; the proponents emphasize that program success requires sensitivity to local culture. Accommodation between community and "expert" involvement can be achieved, since communities are consulted to shape interventions that can respond to their norms, values, and attitudes. Green and Kreuter's (1999) PRECEDE-PROCEED model for community health planning notes the importance of community involvement in adapting "proven" interventions in order to respond to local conditions.2 This concern has been echoed in other arenas of governmental planning, such as environmental policy. Beierle and Konisky (2000) note, for instance, in their investigation of participatory environmental planning that "the push for more participation is being driven by considerable optimism about its ability to improve the substantive and procedural quality of decisions" (p. 587).

However, the case for reconciling legitimacy and effectiveness goes beyond arguments that community values must be recognized in order to design effective programs. Three additional lines of reasoning support the need for considering both values.

First, community involvement is predicated on a commitment to democracy as a political principle and citizen participation as a professional principle (Steckler, Dawson, Goodman, & Epstein, 1987). This philosophical belief extends from notions of the value of social participation in an open society.

Second, on the practical side, changes in health behavior and resulting health status are more likely to occur when larger social forces support such changes. As Thompson and Kinne (1990) suggest:
The increasing focus on "community" in health promotion is due, at least in part, to growing recognition that behavior is greatly influenced by the environment in which people live... local values, norms and behavior patterns have a significant effect on shaping an individual's attitudes and behaviors. (p. 45)

A third line of reasoning extends from the concern over an eroding public trust in government decision making, Schneider, Teske, and Marschall (1997) examine public school choice and suggest that agencies may rebuild trust through greater public control over decision making. Similarly, Ruckleshaus (1996, November) suggests that the rigid managerial approach to environmental decision making has produced outcomes that are out of sync with the values and the opinions of the public, leading to dissatisfaction with environmental policies.

In addition to the issues raised by those who argue for greater community involvement, some political scientists argue that the technocratic model is difficult, if not impossible, to implement in "real world" situations because it ignores important features of the policy process. The process for defining a "problem" is complicated by the availability of solutions; that is, the process for identifying problems and weighing alternatives for solutions is not linear (Kingdon, 1995). Several critics note that finding a single way to quantify the costs and effectiveness of policy alternatives is unrealistic. They argue that important criteria for weighing policy alternatives such as equity, national security, and economic efficiency cannot be gauged with a single metric and require an acknowledgement of differing values when assessing an alternative (Stone, 1997). Others (e.g., Jenkins-Smith, 1990) note that policy analysis is constrained and channeled through the development of "policy subsystems," and some argue that the technocratic model in practice favors more powerful players. For example, several studies regarding the regulation of tobacco detail the ability of large tobacco companies to limit options considered and enacted (Kessler, 2001).

Efforts to combine technocratic and community approaches are evident in government programs and foundation initiatives. For instance, the National Institute on Drug Abuse Office of Substance Abuse Prevention's Community Partnership Program funded coalitions in 252 communities to develop plans for reducing substance abuse that charged the coalitions with the tasks of using data to understand the problem of substance abuse and of investigating community-based solutions (Cook, Roehl, Oros, & Trudeau, 1994). The Annie E. Casey Foundation's (1998) Family to Family initiative advocated bringing together child welfare agencies in "working partnerships with community organizations and neighborhood residents" (p. 3) to develop new approaches to foster care. Their planning process, however, paid "a great deal of attention to generating and using solid information and data. The sites were encouraged to develop specific, measurable objectives, with time frames for implementation" (Annie E. Casey Foundation, 1998, p. 4). Subsequent evaluation of the initiative noted the ongoing clashes and difficulties between agency leaders and community residents in defining problems and evaluat-
ing solutions, even as they eventually moved forward together (Research Triangle Institute & University of North Carolina, 1998, November).

Few evaluations of community initiatives analyze how, and in whose favor, such clashes are resolved; instead, they suggest that compromises among different positions are made to create consensus—a consensus that does not impede rational planning. This article uses the experience of the Robert Wood Johnson Foundation's Urban Health Initiative to examine how planning processes that sought to include both experts and community residents developed agendas for social policy.

**Background—The Urban Health Initiative**

The Robert Wood Johnson Foundation's Urban Health Initiative promised long-term funding with a relatively loose set of conditions in exchange for a commitment by the participating organizations to change measurably the health and safety outcomes for children citywide. The Foundation believed that meeting its goals would require broad, cross-sector participation in both planning and overseeing the work in each city. To this end, the Foundation sent letters to 50 leaders in each of 20 cities inviting them to submit a single proposal from their city that reflected the breadth of potential involvement. In each city, these leaders came together, selected a single lead agency to receive the planning funds, and developed both a general vision for the initiative and governing structures to carry forward the work. For the purposes of this article, sites refers to these governing structures, lead agency refers to the organization that is the grant recipient, and city refers to the geographic and political entity.

The Foundation sought a "population-based approach"; that is, it expected the sites to develop plans that would address a range of problems confronting young people. Furthermore, the mandated 2-year planning process was to draw on analyses of administrative data and, if available, survey data, as well as to integrate "community voice" to select the most pressing health and safety problems facing youth in their city. This integration of data analyses and community voice was to shape consideration of policy and intervention alternatives and the development of a plan of action. Sites were directed to have a "top-down and bottom-up" planning process that was "data driven." Although 8 (of the original 20) sites were funded for the planning process (Baltimore, Chicago, Detroit, Miami, Oakland, Philadelphia, Richmond, and Sacramento), only 5 were funded for the 8-year implementation period. Table 1 identifies the cities that participated in the planning process and the types and names of the lead agencies responsible for the effort.

In Philadelphia, the lead agency was a unit of local government accountable to the mayor, and in Detroit, a local government agency partnered with a nonprofit agency. A community foundation partnered with a not-for-profit in Baltimore, and in Oakland, a community foundation alone was the lead agency. Only in Richmond did the business community assume a leading role; here, the local Chamber of Commerce acted as the lead agency.
Table 1. Lead Agencies in Cities Funded for Planning Phase of the Urban Health Initiative

<table>
<thead>
<tr>
<th>City and local initiative name</th>
<th>Lead agency(ies)</th>
<th>Lead agency type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baltimore:</strong> Safe and Sound</td>
<td>Associated Black Charities and the Baltimore Community Foundation</td>
<td>Not-for-profit; community foundation</td>
</tr>
<tr>
<td><strong>Detroit:</strong> Children/Youth Priority Project (CHYP)</td>
<td>Detroit Health Department and the Greater Detroit Area Health Council</td>
<td>Government agency; Not-for-profit</td>
</tr>
<tr>
<td><strong>Chicago:</strong> Metro Youth Bridges</td>
<td>Children and Youth 2000</td>
<td>Not-for-profit</td>
</tr>
<tr>
<td><strong>Oakland:</strong> Safe Passages</td>
<td>East Bay Community Foundation</td>
<td>Community foundation</td>
</tr>
<tr>
<td><strong>Philadelphia:</strong> Safe and Sound</td>
<td>Mayor’s Cabinet for Children and Families</td>
<td>Government agency</td>
</tr>
<tr>
<td><strong>Miami:</strong> Miami’s Challenge</td>
<td>The Miami Coalition for a Safe and Drug-free Community</td>
<td>Not-for-profit</td>
</tr>
<tr>
<td><strong>Richmond:</strong> Community Collaborative for Youth</td>
<td>Greater Richmond Chamber of Commerce</td>
<td>Business association</td>
</tr>
<tr>
<td><strong>Sacramento:</strong> Sacramento ENRICHES (Engaging Neighborhood Resources for Improving Children’s Health, Education and Safety)</td>
<td>Sierra Health Foundation</td>
<td>Local philanthropy</td>
</tr>
</tbody>
</table>

The national evaluation of the UHI is being conducted by New York University’s Center for Health and Public Service Research. Before sites were funded for planning, the principal investigator for the evaluation was invited to observe the selection process. Once sites were funded for planning, the evaluation team visited each of the sites for several days two times during the planning phase to meet with key staff and board members. In addition, evaluation team members spoke regularly with the site directors by telephone, reviewed all documents produced by the site, and attended six national meetings for the initiative. Site visit reports were shared with the sites, and sites were encouraged to correct factual errors and to clarify points if they differed with the findings of the evaluation team. At the same time, the team developed its evaluation design for the 8-year implementation period. This article uses the information gathered by the national evaluation team during the planning phase and refers to findings from a telephone household survey and fiscal analyses conducted during the first year of implementation.
Did the sites engage experts to identify the “most pressing” problems and their most effective solutions?

Consistent with the Foundation’s mandate, each of the sites engaged technical experts to help select the most pressing health and safety problems for youth and to design programs to address these problems. Experts were used in three ways—national “best practice” models were sought and their designers consulted, local experts were consulted for their recommendations, and special efforts were launched to analyze available local data to guide the selection of priority issues. Table 2 provides examples of the ways in which experts and the community were engaged at each site.

Strategies being proposed by experts at national forums and by national think tanks played a large role in the development of the sites’ plans. Colin Powell’s America’s Promise, a national effort to focus greater attention and resources on the nation’s youth, began during UHI’s planning process, and some of the site planners attended its opening summit in April 1997. America’s Promise emphasized connecting children with caring adults, creating safe places for children, and helping children develop marketable skills. At the same time, national models for addressing multiple health problems such as those from Minnesota’s Search Institute (Benson, 1996), the Center for Youth Development (O’Brien, Pittman & Cahill, 1992), the Center for the Study of Social Policy’s papers on youth development outcomes and public spending (Schorr, 1994), Hawkins and Catalano’s (1992) Communities that Care model for designing community-based youth interventions, and Kretzmann and McKnight’s (1993) theory of neighborhood asset planning were discussed among the sites at national meetings. These models stress “comprehensive approaches” to youth problems, a concept that became enormously influential among the sites.7

Although the sites’ leaders embraced these general solutions, “how-tos” for implementing these approaches did not exist. The sites turned to local experts to identify or develop specific models for implementation. In Richmond, for instance, in focusing on ensuring that by third grade, students read at grade level (which they linked to better long-term health and safety outcomes), site planners were assisted by a local academic who had developed a tutoring approach. In Baltimore, site staff convened groups of service providers and charged them with using their experience and the literature to develop specific “best practice” approaches to improve outcomes for families with very young children.

Further evidence of the sites’ use of local experts is the extensive participation of senior government officials and leaders of nonprofit organizations in the planning stages. The co-chair of Baltimore’s initiative was the city’s health commissioner, a national leader in his field. Detroit’s lead agency had been responsible for the implementation of the federal government’s Healthy Cities program and based the plan for the UHI on that experience. A physician with considerable experience in treating trauma helped the Philadelphia site leaders better understand the problem of youth violence.

Past experience in planning for specific grants directly influenced the way in which experts were involved in the process at one site. In Miami, the planning
### Table 2. Examples of Using Experts and Community Involvement in Cities Funded for Planning Phase of the Urban Health Initiative

<table>
<thead>
<tr>
<th>City and local initiative name</th>
<th>Examples of using experts</th>
<th>Examples of community involvement</th>
</tr>
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<tbody>
<tr>
<td><strong>Baltimore:</strong> Safe and Sound</td>
<td>Consulted with national expert and local Healthy Start program to design comprehensive family support system</td>
<td>Interviewed community residents on street corners, in meetings, and at home to identify community’s priorities</td>
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<tr>
<td><strong>Chicago:</strong> Metro Youth Bridges</td>
<td>Examined the Chicago Department of Health’s community-based projects to reduce unwanted pregnancies and STDs</td>
<td>Trained youth to facilitate community focus groups</td>
</tr>
<tr>
<td><strong>Detroit:</strong> CHYPP</td>
<td>Used city/county agencies and academic scholars to gather and analyze administrative data</td>
<td>Held neighborhood meetings to review “expert” data</td>
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<tr>
<td><strong>Oakland:</strong> Safe Passages</td>
<td>Hired a local data analyst to map indicators by block</td>
<td>Hired young people to interview other youth</td>
</tr>
<tr>
<td><strong>Miami:</strong> Miami’s Challenge</td>
<td>Explored national “best practice models” which have improved youth health and safety outcomes</td>
<td>Conducted countywide telephone survey to identify community needs and attitudes</td>
</tr>
<tr>
<td><strong>Philadelphia:</strong> Safe and Sound</td>
<td>Consulted with local expert on youth violence</td>
<td>Engaged youth to identify and “map” community resources</td>
</tr>
<tr>
<td><strong>Richmond:</strong> Community Collaborative for Youth</td>
<td>Adopted local expert’s model for improving reading by third grade</td>
<td>Held region-wide meeting of young people</td>
</tr>
<tr>
<td><strong>Sacramento:</strong> Sacramento ENRICHES</td>
<td>Consulted with local experts on data analysis, best practices, and strategy development issues</td>
<td>Administered a survey to community members</td>
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</table>

*Note. This table is not an exhaustive list of the ways in which local initiatives included experts and the community in the planning process.*

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group was also the lead agency for another Robert Wood Johnson Foundation initiative—Fighting Back, a substance abuse prevention initiative. When the Miami site began planning for UHI, site leaders turned to the many of the same local experts who had been involved in the planning process for Fighting Back.
In addition to identifying best practices and utilizing local experts, the sites were required by the Foundation to engage in "data-driven" planning. Since the leaders of the initiatives were typically drawn from a community-organizing background, they themselves had little expertise in data analysis. To conduct the appropriate data analyses, the sites relied on specially created "data committees" or other special arrangements. These committees were chaired by a local academic or senior city staff person—people perceived by the site leaders to have access to data and able to discern the "story" within the data. In Oakland, a consultant with substantial experience in gathering and analyzing government data for small area analyses was hired to provide this information. In Baltimore, faculty from the maternal and child health department at Johns Hopkins University took the lead.

The Foundation had recognized that using data to drive the planning would be technically difficult. As a result, the Foundation offered the sites outside consultants expert in obtaining and analyzing administrative data. But the project directors lacked analytic training and thus were highly reliant on their local experts to shape the analysis and its interpretation. Confident in their own abilities, these local experts felt little need to consult with the Foundation's designated experts. Consequently, local requests for use of the Foundation's consultants were rare.

Regardless of the manner of organizing and staffing the data analysis, critical problems emerged in giving meaning to a "data-driven" planning process. First, the concept of a data-driven process was elusive, in part, because there were too many data relating to too many problems. As a result, the data that were used were typically those most familiar to the participating experts; ironically, their expertise constrained the analysis.

Paradoxically, a second problem faced in attempting a data-driven process was the lack of data. Although the sites were drowning in data from a myriad of fields, they often found that the particular data that they sought relating to priority concerns or programs were unavailable. Data, for example, on after-school activities, such as the number of available slots or the number of children served, were virtually nonexistent in each city. Issues of confidentiality and government regulation often stood in the way of obtaining juvenile crime data. Expenditure data were rarely available; for instance, Richmond wanted to know the amount spent on early childhood education but found that the school budget was not maintained in that way. Indeed "getting the data" turned out, in some cases, to absorb more than a year of the planning period.

These difficulties increased the experts' reliance on data they already knew well. Most of these data were from administrative sources and were outcome data. In a few of the sites, the data committees were also able to locate survey data related to youth behavior and attitudes, but these came late in the process and the committees found it difficult to effectively integrate from different sources. The data analysis was constrained both by data availability and by the experience of the experts. Consequently, the product of the analyses was typically a description of the magnitude of widely recognized health and safety problems in the community with little attention to the dimensions of the problems or their causes.
Finally, data alone could not determine a problem’s relative importance, and the experts did not share a common definition of “most pressing.” Crime data could indicate the magnitude and trend in specific crimes committed by or against youth, and health statistics could reveal the magnitude and trend in specific sources of mortality and morbidity. But these data could not determine, for example, whether youth homicide was more important than sexually transmitted diseases, teen pregnancy, or asthma. A problem such as youth homicide has dramatic consequence but affects relatively few children; whereas asthma is widespread, but the consequences are often less serious.

Some of the experts argued that “deep end” problems (meaning those affecting relatively few people but bearing very high treatment costs) were “most pressing” because their high costs compromised the local government’s ability to invest in prevention for a large number of others. Budgetary data to support this contention were hard to come by, yet those engaged in planning strongly held this belief. Subsequent analyses of government expenditures by the national evaluation team, however, complicated this picture. These analyses indicated that of all public expenditures on children’s services, in three of five of the localities, less than a quarter of funds spent on deep end problems for children came from the city or county budget. In many cases, the list of problems that emerged reflected the particular values and interests of the experts and site leaders participating in the process, rather than “rational analysis” of data. Thus, technical expertise failed to reveal the “most pressing health and safety problems” for children.

Did the sites engage community residents in identifying the “most pressing” problems and most effective solutions?

Most sites hired project directors with substantial experience in community organizing. Their efforts to engage community residents in planning were widespread and creative. Community was typically understood as residents of low-income neighborhoods, whose children were at greatest risk of multiple health and safety problems. These people generally lack influence in public decision making. The term community leader was not interpreted to mean citywide civic leaders (although many of these people served on the sites’ boards) but instead to mean leaders of neighborhood organizations.

Activities to engage community residents included town meetings, focus groups, and interviews. In Philadelphia, organizers held town meetings with residents and leaders of local community boards to understand the ways in which the city might better deliver youth services. In Richmond, members of the lead agency board went to neighborhood meetings to hear directly from the residents their views on problems facing youth. In Baltimore, young people were trained to interview other youth and report their views to the site board. The lead agency in Sacramento mobilized the city’s extensive volunteer neighborhood block association network to consult directly with community residents.

Young people were a particular focus for much of this community activity. The Foundation had encouraged the involvement of young people in the planning but did not specify their roles. In Oakland and Baltimore, the lead agencies used
youth advisory groups for selecting proposals for small grants, had youth representatives on their boards, and had youth co-chairing various committees and task forces. Other sites also included youth representatives on their boards.

Nearly all the sites chose to involve youth in “community asset mapping,” a process described by Kretzmann and McKnight (1993) and publicized by the Institute for Policy Research at Northwestern University, community asset mapping engages community members in investigating the community groups, individuals, norms, and settings that can contribute to addressing a community’s problems. These advocates suggest that classifying communities by their “deficits” or problems misses the important assets or strengths and resources that a community can build on to make changes. In the UHI sites, staff trained and then employed young people to “map” the assets of different neighborhoods.

Chicago strictly interpreted the foundation’s mandate to involve youth and required 50% youth membership on all planning committees and task forces. This requirement ultimately created an unworkable planning structure. Because young people were often inexperienced both in the tasks such groups had to perform and in the process of planning and consensus building, adult staff were forced to spend considerable time training and preparing youth for participation.

Overall, these efforts to listen to the community depended on individuals volunteering to become active; no effort was made for scientific sampling or the use of other standard techniques to identify “representative” members of the community. Instead, with a few exceptions, organizing this work was in the hands of staff and other consultants with training as community organizers, not as social scientists.

Not surprisingly, people from low-income communities indicated that youth faced many problems and these problems were interconnected. The problems ranged from broad economic conditions (“poverty is the problem”) to narrow complaints about service delivery by a particular organization (“the rec center closes too early”). Additionally, there was a tilt towards adolescent problems—for example, youth crime, substance abuse, teen parenting—perhaps reflecting the inclusion of adolescents in the information gathering activities and the high visibility of these problems to low-income communities. Listening to the community did not reveal the “most pressing” problem, nor did it reveal a strong endorsement of a given approach to addressing these problems.10

Problems and solutions were, in fact, offered interchangeably. For example, the communities’ cries that “the schools are failing” included both the problem identification (“kids can’t read”) and the proposed solution (“improve the schools”). Indeed, the qualitative methods used to collect this information encouraged the melding of problems and solutions by not limiting or posing closed choices for respondents.

Did experts and community members agree on the most pressing problems facing youth and on their most effective solutions? How were differing perspectives reconciled?

Neither the technocratic nor the community voice approach led to a clear set of priorities. Both approaches resulted in a “laundry list” of significant and overlapping problems and their potential solutions. Indeed, the items identified by both
the experts and the community were expansive and varied little across sites. Youth violence, early sexual activity, substance abuse (use and sale), lack of educational attainment and poor job prospects, and child abuse and neglect were on the “list” in each site. In all locations, these problems were understood as arising from a fragmented and nonresponsive social service system, a lack of parenting skills, substantial unsupervised nonschool time, and failing school systems. Proposed solutions emerged from this framework.

The challenge to site leaders was not to reconcile two conflicting lists; instead, the difficulty lay in narrowing the focus to develop a manageable plan of action that would produce measurable results in eight years. Most site leaders recognized this problem three to five months before the proposals were due.

How did the sites’ leaders ultimately set their agendas? With relatively little time remaining, they relied on decision-making processes that reflected their early orientations and basic values. Thus, in Richmond, a site with strong support from the business community and led by the Chamber of Commerce, the site leaders hired a business consultant to move the executive committee through a modified Delphi process, forcing them to choose among competing priorities. According to site staff and some board members, their decision to focus on reading by the third grade reflected the agenda of the business community—that is, to improve the labor force. As a problem, “reading” also provided staff with flexibility to plan a set of supplemental initiatives.

In Baltimore, the site director had been a community organizer with a strong commitment to community control. To choose among the priorities, the site held a town meeting attended by over 3,000 people. Community residents were asked to vote among priorities. and five, from a possible 12, emerged as the top vote getters. In Philadelphia, the site was housed in the Mayor’s Cabinet for Children and Families. The cabinet steered the final selection of approaches toward those that they judged politically feasible. Late in his administration, then-Mayor Ed Rendell had developed a strong interest in new approaches to reducing violence in Philadelphia’s low-income communities, including gun buybacks and community policing. The selection of violence as a priority for the initiative reflected the priorities of the administration and set the stage for greater political support and visibility. Finally, in Detroit and in Oakland, staff members ultimately selected among the problems—weighing for themselves the relative importance of the problem, the constituency advocating for it, and their own sense of how the Foundation might respond to its selection.

The plans submitted by the three sites that the Foundation chose not to fund for implementation were not, on the face of it, less feasible than the plans that received funding. However, Chicago, Miami, and Sacramento’s plans—and the processes that their plans reflected—failed to demonstrate “buy-in” from both opinion leaders and influential policymakers, as well as community support.

In the end, solutions that were comprehensive enough to affect many problems were selected in all sites. Increasing the number of after-school activities appeared in the plans of the five sites selected for the implementation phase, and
improving educational outcomes for children appeared in five as well. These plans, as indicated, reflected some of the national push to address these issues. Table 3 lists a selection of problems and solutions identified by each site in their final proposal.

Table 3. Selected Problems and Solutions Identified by Cities Funded for Planning Phase of the Urban Health Initiative

<table>
<thead>
<tr>
<th>City and local initiative name</th>
<th>“Most pressing” problems selected</th>
<th>Policy solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore: Safe and Sound</td>
<td>Educational attainment</td>
<td>Coordinate dropout prevention programs in school &amp; communities</td>
</tr>
<tr>
<td>Chicago: Metro Youth Bridges</td>
<td>Early sexual activity</td>
<td>Enhance opportunities for positive communication with adults</td>
</tr>
<tr>
<td>Detroit: CHYPP</td>
<td>School and community violence</td>
<td>Develop new after-school programs</td>
</tr>
<tr>
<td>Oakland: Safe Passages</td>
<td>Youth safety in and outside of schools</td>
<td>Implement truancy prevention program</td>
</tr>
<tr>
<td>Miami: Miami’s Challenge</td>
<td>Crime and violence</td>
<td>Integrate law enforcement and community efforts</td>
</tr>
<tr>
<td>Philadelphia: Safe and Sound</td>
<td>Youth violence</td>
<td>Develop new after-school and mentoring programs</td>
</tr>
<tr>
<td>Richmond: Community Collaborative for Youth</td>
<td>School achievement in elementary school</td>
<td>Expand early childhood reading program</td>
</tr>
<tr>
<td>Sacramento: Sacramento ENRICHES</td>
<td>Quality of family life</td>
<td>Develop family supports by expanding childcare and family friendly business policies</td>
</tr>
</tbody>
</table>

Note. This table is not an exhaustive list of the problems and solutions identified by the local Initiatives.

Discussion

The potential clash between community voice and expert opinion did not emerge in the UHI sites. Instead, neither approach provided the site leaders with a clear direction. Experts, with narrow expertise and professional commitments to particular policy or programmatic approaches were unable to complete successfully the technocratic model. At the same time, community residents typically did not differentiate between problems and solutions. Constrained by knowledge of only the local institutional structures responsible for addressing the problems that concerned them, they did not design new or innovative approaches. Instead, the community’s input also was constrained by political feasibility—the desire to fix existing systems with “ready” solutions.
The observed agenda-setting process fit, in many respects, the political model proposed by John Kingdon (1995). He argues that three streams determine agendas for public policy—the problem stream, the policy stream, and the political stream. The problem stream consists of objective conditions on which policymakers fix their attention because of “data” presented to them by experts, events such as disasters that focus media and public attention or feedback about failures that result in unexpected consequences. The policy stream is the set of ideas developed and promoted by “policy entrepreneurs”—including experts, advocates, and others—drawn from interest groups and independent think tanks. To survive, the ideas must be technically feasible and compatible with the dominant values of the community. The political stream encompasses the “national mood,” organized political forces, government structures, and consensus building among legislators. Kingdon suggests that only when these streams come together does an item reach the decision agenda.

The UHI sites’ experiences fit this model. The policy stream on youth issues consisted of national models of comprehensive youth development programs described earlier. The problems identified had captured the current media and expert attention—youth violence and educational attainment were particularly “hot” issues whereas access to health care for children was not. Politically, conditions in each city had created openings to push forward the chosen agenda, such as the mayor’s new focus on homicide in Philadelphia.

Although neither technocratic nor community-oriented planning activities led directly to the identification of the most pressing problems and the most effective solutions, these efforts did yield benefits for the sites. They obtained “buy-in” from leaders in a range of sectors and organizations in their cities.

For the sites funded to go forward with implementation, the difficulties uncovered during planning—for instance, in regard to data access—spurred action to address them. For example, each of the funded sites launched efforts to develop and institutionalize data repositories, to convene ongoing collaborative teams of academic experts to analyze data, and to use the data to drive organizational decisions. In some sites, nonprofit groups, schools, and community agencies have contracted for evaluation of their services and plan to use these evaluations to make improvements. In at least one site, the effort to track public expenditures is being used to make a case to the state legislature to fund more after-school programs.

The Foundation-supported planning efforts described in this article did yield some unanticipated, but valuable, results. Nonetheless, this positive outcome should not divert attention from the more sobering central conclusion: Community voice and expert opinion—either alone or together—are insufficient to set an agenda for system change. There may not be inevitable conflict between these two approaches; rather, each is inadequate for resolving competitive pressures among criteria for selecting priority concerns identified through application of each technique. Ultimately, choosing among competing issues requires exercising value judgments rooted in subjective, personal preferences. Thus, the type of person and organization in control of the planning process is a critical variable in driving the outcome of that process. Sponsors of planning activities should recognize that whom
they select to oversee the technical planning will have great weight in shaping the outcome of the process. These sponsors should also recognize that because planning processes of this type are by nature not technocratic, they are likely to result in the selection of the "solution du jour," namely, a "solution" that is circulating in what Kingdon calls the policy stream.

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**Notes**

The national evaluation of the Urban Health Initiative is an ongoing research project conducted at the Center for Health and Public Service Research, New York University. This work has been funded by the Robert Wood Johnson Foundation.

1 See, for example, Stokey and Zeckhauser (1978, pp. 5–6). Bardach (2000) at the Goldman School of Public Policy at the University of California, Berkeley, defines eight “steps” in this approach, but there is little conceptual difference between six and eight steps; instead, the differences are in the practical application of the approach.

2 For a discussion of community health planning models, see Raczynski and Di Clemente (1999).

3 See, for example, Pew Research Center (1998).

4 The National Evaluation Team at New York University produced a “theory of change” map of the UHI, or logic model, for the Foundation, describing the inputs, processes, and outcomes the Foundation expected of each site. Foundation program and evaluation staff and staff at the UHI’s national monitoring office in Seattle worked with the evaluators to produce the document and agreed to the draft at the end of 1998. It is an internal document, produced by the Center for Health and Public Service Research at New York University.

5 Chicago, Miami, and Sacramento were not funded for the implementation phase that began January 1998.

6 To assess the UHI’s success in effecting citywide systems change, the national evaluation team is using a multimethod evaluation approach, which includes key informant interviews, site visits, a telephone household survey, a fiscal analysis of municipal expenditures, and a trends analysis of health and safety measures related to each city’s activity. At each site, investigators are conducting interviews with 15–20 community, city, and regional leaders. This method seeks to capture obstacles to and opportunities for improving the health and safety of young people in UHI cities, as well as changes in the ways in which agencies and institutions interact in addressing problems facing children and youth in the city and region. The Survey of Adults and Youth (SAY) component is a multiwave, cross-sectional telephone
household survey of parents and young people in each program, being conducted by the national evaluation team in cooperation with researchers at Princeton and Columbia Universities. The survey helps to gauge how successful sites are in engaging young people and in altering their perceptions of how the city or region responds to their needs. The national evaluation also includes an analysis of municipal expenditures in the sites to determine the ways in which public dollars are used to address the health and safety needs of young people. This analysis provides one measure of how the initiative is successful at a citywide scale and how the initiative stimulates change in the way city government responds to the needs of young people. Finally, the national evaluation team is tracking a set of social and economic indicators to help assess changes in children’s health and safety. The national evaluators analyze trends in these measures over time and describe their findings in regular reports to the sites and to the Foundation. In order to compare the five UHI cities to the other urban areas in the United States, the national evaluators are also undertaking these evaluation activities in a group of 10 comparison cities. Comparison cities were identified using cluster analysis and share some of the important demographic and economic characteristics of the UHI cities.

At least one of these approaches, and sometimes more than one, was cited in each of the eight proposals received at the end of the planning process.

The evaluation team’s fiscal analyses determine whether public expenditures in the five UHI sites change in ways that could be expected as a result of activities conducted in connection with the initiative. A core task of the fiscal analysis is to identify how public spending for children’s services in the demonstration sites changes over the period of the project. In order to document the changes, spending is being identified in a “base year,” that is, the fiscal year before the demonstration began or fiscal year 1997. Because one of the goals of the fiscal analysis is to document changes in spending on preventive services and on corrective services, it is necessary to classify expenditures into these two categories. However, services actually fell into three types: corrective (e.g., prisons), preventive (e.g., regular educational instruction), and what are called “maintenance” services for the purpose of this analysis. This category includes all services that are not clearly preventive or corrective; rather, they serve only to maintain children at some basic standard of living. These maintenance expenditures include cash assistance, food stamps, meals programs, and similar items.

Of note, one can identify a number of health problems, experienced by large numbers of children in these cities, which were not ever considered. These include problems such as asthma, lack of correction for vision and hearing deficits, obesity, and exercise; few experts who might have raised these problems were at the table and data were rarely, if ever, collected about them.

More systematic efforts to gauge community opinion may not have refined the answers: the evaluation team’s subsequent household survey indicates that many problems are considered “big problems” facing youth by community residents.

Among these “goals” that did not make the agenda were expanding drug treatment (the co-chair’s personal passion), reducing teen pregnancy, and improving the environmental health of the city’s neighborhoods.

For instance, in Richmond, class size reduction, expanding Head Start, improving teacher salaries, or other policy options were never seriously discussed. Instead, the presence of an expert whose tutoring program had been shown to be successful in raising reading scores became the “solution” despite its obvious limitations.
References


Kretzmann, J., & McKnight, J. (1993). Building communities from the inside out: A path toward finding and mobilizing a community's assets. Evanston, IL: Institute for Policy Research at Northwestern University.


