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# TECHNICAL REPORT

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## Priorities for Investments in Children and Families in Caddo and Bossier Parishes

Application of a Unique Framework  
for Identifying Priorities

M. Rebecca Kilburn, Shannon I. Maloney

Sponsored by the Community Foundation of Shreveport-Bossier



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## Summary

After an initial inventory of community indicators in its 2008 Shreveport–Bossier City *Community Counts* annual report, the Community Foundation of Shreveport-Bossier decided to focus existing funding related to children and families on the areas of education, health, and poverty, as well as develop new funds in these areas. These focal areas were very broad, and the foundation realized that further prioritization was required to inform the distribution of the funds in a way that would provide the most benefit to the community. In early 2009, the foundation asked the RAND Corporation to assist with further refinement of priorities for investments, with an emphasis on children and families. In addition to informing the development of funds for the Community Foundation, the findings of this report are likely to be of interest to the broader Shreveport–Bossier City community. Furthermore, the approach used to refine priority areas of investment for this community may be of interest to other communities seeking to prioritize their own investments in children and families.

## Approach

We began early in 2009 by convening a series of community meetings, which allowed us to obtain input from community members on the values that should guide a framework for prioritizing investments in children and families. While the Community Foundation would ultimately oversee the disbursement of funds, the foundation wanted the priorities to reflect community values. A broad set of stakeholders in the community joined the meetings: nonprofit organizations that serve children and families, local businesses, grantmakers, faith-based organizations, school districts, volunteer organizations, postsecondary institutions, Latino and African-American organizations, women’s organizations, health care providers, early education institutions, justice and law enforcement organizations, government agencies, representatives from the foundation, and others. A few preferences emerged in terms of the relative value placed on different factors that should contribute to selecting priority investments in this community. Community members placed greater emphasis on data and evidence rather than public opinion as a desirable construct for identifying community needs. Furthermore, discussion participants indicated that addressing areas of greatest need was a priority. Individuals also expressed a preference for directing resources toward activities that had been established as “best practices” through evidence-based research.

In parallel with this series of dialogues with community stakeholders, we also conducted a literature review encompassing different strategies for prioritizing investments. We review three major approaches that have been used in similar contexts: assessing needs, inventorying assets, and documenting best practices. Needs assessment generally involves focusing on the outcomes for which the geographic area does the “worst”—or exhibits the greatest “needs”—relative to some comparison group, such as other, similar communities. The asset inventory approach would emphasize building on community strengths that are available for improving child and family outcomes, and these strengths may include an available workforce, infrastructure, volunteer sector, or other community resources. A third popular approach to prioritizing investments has been to employ strategies for which a solid evidence base has demonstrated the potential for effectiveness, so that scarce resources are committed to strategies that have the greatest probability of having an impact.

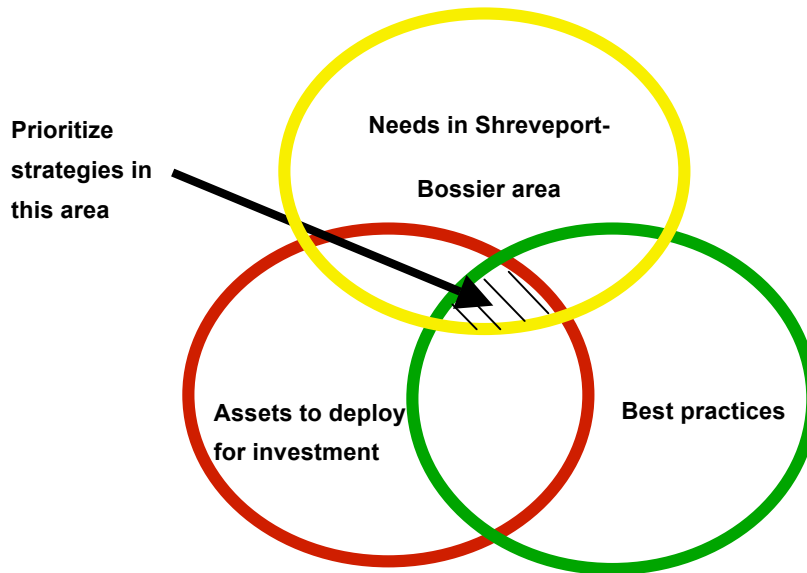
## **Framework**

Based on the values that community members expressed in the meetings and the results of our literature review, we developed a unique framework to guide the process of identifying priority investments for the community. Rather than selecting the “best” approach from the three major approaches identified in the literature review, we proposed that these approaches be combined into a framework that could be used to narrow the priorities. All three approaches—needs assessment, asset inventory, and best practices—have strengths and include components that the community values. The framework we used to identify priorities for investment in children and families finds strategies that are at the intersection of community needs, community assets, and evidence-based best practices (see Figure S.1). While each of these three standards has been extensively used in the past as a way to guide community investments, this is one of the first instances of which we are aware in which all three are used simultaneously as the organizing principle for prioritizing investments from a broad range of potential areas.

With this framework as a guide, we systematically reviewed data and information related to each of the three approaches in order to objectively identify strategies at their intersection. We reviewed existing secondary data on child and family well-being in the two parishes to pinpoint the outcomes for which the community exhibited the greatest needs. Then we reviewed data on the assets that the community could mobilize to address these needs. Last, we consulted evidence-based research from across the country to locate effective

strategies for addressing the areas of greatest need with the resources available in the community.

**Figure S.1**  
**Framework for Investment: Intersection of Need, Assets, and Best Practices**



## Findings

The analysis identified three priority **areas of need** for children and families in the Shreveport–Bossier City area:

- infant health
- educational attainment
- child maltreatment.

The **strongest assets** in the area that may represent opportunities for improving the well-being of children and families include these resources:

- large quantity of health care facilities and health care providers
- public school teachers and schools
- Barksdale Air Force Base.

Finally, **evidence-based research** indicates that there are a number of effective approaches to improving the areas of need. Table S.1 below indicates the type of approaches that could address the areas of need while taking advantage of the area resources.

We recommend that the Community Foundation consider some next steps to promote their goals of putting their funds to best use. These include creating workgroups to develop plans for implementing investments in the areas identified by this research, identifying specific programs and policies that could be used to implement the priority strategies, and communicating that information to relevant community stakeholders.

**Table S.1**  
**Evidence-Based Strategies at the Intersection of Region’s Needs and Assets**

Assets	Area of Need		
	Infant Health	Educational Attainment	Child Maltreatment
<b>Health care facilities and providers</b>	<ul style="list-style-type: none"> <li>- Improving women’s preconception and interconception health</li> <li>- Pregnancy screening and healthy pregnancy behaviors</li> <li>- Parent education and home visitation programs</li> </ul>		<ul style="list-style-type: none"> <li>- Parent education and home visitation programs</li> </ul>
<b>Public schools and teachers</b>	<ul style="list-style-type: none"> <li>- Educating young women on preconception and interconception health</li> </ul>	<ul style="list-style-type: none"> <li>- Mentoring, counseling</li> <li>- Smaller group settings and personalized instruction</li> <li>- Interventions</li> </ul>	<ul style="list-style-type: none"> <li>- Skill-based curricula or life skills training for children and youth</li> </ul>



		<p>emphasizing behavioral change</p> <ul style="list-style-type: none"> <li>- Academic-focused intensive programs</li> <li>- Data systems to monitor trends and identify at-risk students</li> </ul>	
<p><b>Barksdale Air Force Base</b></p>	<ul style="list-style-type: none"> <li>- Same approaches as in health care sector</li> <li>- Train spouses to provide education and home visiting services</li> </ul>	<ul style="list-style-type: none"> <li>- Provide mentors for preteens and teens</li> </ul>	<ul style="list-style-type: none"> <li>- Base awareness campaigns</li> <li>- Parent education and home visitation programs</li> </ul>