



The Index Explosion

A Curated Collection of
Social Sector Indexes,
Rankings and
Measures to Inform
Grantmaking in the
United States

Brandeis

THE HELLER SCHOOL
FOR SOCIAL POLICY
AND MANAGEMENT
Sillerman Center
for the Advancement
of Philanthropy

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By Allen J. Smart

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The **Sillerman Center at Brandeis University's Heller School for Social Policy and Management** informs and advances social justice philanthropy through educational opportunities, publications and creative programming for grantmakers, philanthropy-related organizations and individual donors across the United States. To learn more about us, visit our website at heller.brandeis.edu/sillerman/.

PhilanthropywoRx is a consulting and partnering organization engaged in effort on a local, regional and national levels to promote and implement better philanthropic practice – particularly at the convergence of community, field building, research and grantmaking. Rural is a passion and a specialty – the R is for rural. philanthropyworx.com

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The purpose of this report is to assist the philanthropic community in selecting and using the large and growing collection of publicly available indexes and rankings that measure a variety of social conditions and challenges that concern funders in the United States.

Part I explores the history of such rankings and seeks to explain their seemingly wide appeal.

Part II, is a curated and categorized collection of indexes and rankings that we think are particularly useful to funders. We believe this is the first curated overview of available indexes and rankings with a funder audience in mind.

Part III draws upon interviews with grant makers across the United States and offers observations about how the philanthropic community uses indexes and rankings. We also offer related recommendations for funders.



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PART I

America in Shorthand

We Americans increasingly use rankings and indexes as shorthand measures of society's degree of success or failure in a variety of areas such as health, educational achievement or crime. We also use them to measure how assessments might differ by geography, race, class, ethnicity, age, disability status and other distinctions. Political campaign rhetoric is even couched in the language of comparison. "If I am elected, we will no longer be at the bottom" or "With a new set of policies, our children will be top performers in the nation."

The social sector is no different. Solutions that demonstrate measures of success are often captured by the catch-all phrase "best practices." And these practices, too, are compared along various measures of impact. For example, there are more than 15 maternal and child home visiting programs recognized by the Maternal and Child Health Branch of Health Resources and Services Administration (HRSA). Each one vies for recognition from private and government funders and policymakers.

The spawn of social sector rankings and indexes reflects two demands. The first is for shorthand analyses, which are popularized, in large part, by on-line news sources. The second emerges from an attention exhaustion brought on by an overload of available information. A 2019 study in the journal *Nature Communications* finds an overall global decline in attention span with regard to books, films, television, all forms of written communication and explication, and social media sites.¹ It stands to reason, then, that there are simply fewer people willing to engage with traditional, written social sector analyses. Yet, for better or worse, people do seem to find their way to some kind of engagement via interactive tools. With a few clicks, these tools can tell us if a particular place falls in the 2nd or 3rd quartile in, say, walkability, opportunities for social mobility, or educational equality.

How Did We Get Here?

Education and population health rankings have a long, well-documented history. The first collections of education statistics trace back to the 1870s. For decades after that, education data remained fundamental and general, including such measures as attendance, enrollment, and teacher salaries. Though important to know about, such measures don't inform meaningful conclusions about the status of education in the United States. Thus, in the 1960s, the U.S. Commissioner of Education Francis Keppel led the inception of a national educational assessment intended to shed light on what the nation's children know and are

1 Philipp Lorenz-Spreen, Bjarke Mørch Mønsted, Philipp Hövel, Sune Lehmann. **Accelerating dynamics of collective attention.** *Nature Communications*, 2019.



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able to do. This goal drove the development of the National Assessment of Education Progress, which to this day, still measures students' performance across subjects like science, reading, geography, and civics. It also disaggregates data by public/private institutions, teacher experience, and race/ethnicity.

Population health rankings, meanwhile, also gained a foothold in the 1960s, beginning with the Center for Disease Control's Morbidity and Mortality Weekly Report (MMWR), which reported on the leading causes of death and disability in the United States. In 1987, the MMWR began ranking health risk behaviors by state, revealing wide variations. The report stimulated new kinds of media coverage by outlets that had not typically engaged with public health issues. This then led to establishment of **America's Health Rankings** and later **County Health Rankings and Roadmaps** as state and local officials, media, and the public grew more interested in comparative, categorized health information.

The insurance company Northwestern National Life, first released "America's Health Rankings" as a pilot report in 1989. Its aim was to contribute to the public health discourse which at the time focused primarily on just two dimensions: morbidity and mortality. By incorporating additional measures, America's Health Rankings provided a broader, multidimensional definition of health and wellness. The 1990 version of America's Health Rankings was published during a particularly pivotal time in Americans' awareness of public health, as policymakers responded to an ever-increasing body of evidence on the harm of smoking.

Like America's Health Rankings, the ranking of health status by county responded to a growing awareness of factors apart from healthcare use and access that affected large portions of a population. Researchers working with the Wisconsin Department of Health Services Division of Public Health first recommended the concept of county health rankings in 1994. However, policymakers resisted, voicing concerns that the rankings could be misused and misinterpreted. In 2003, the University of Wisconsin Population Health Institute published "Wisconsin County Health Rankings. This was the first ranking of its sort. The releases attracted attention within Wisconsin, and other officials expressed a desire for similar health rankings for their states. While the initial expansion plan was to add an additional five states for each of the following three years, Dr. Jim Marks, then Senior Vice President of Healthcare at the Robert Wood Johnson Foundation, encouraged the leaders at the University of Wisconsin's Population Health Institute to pursue a national all-county rankings effort. The Institute issued the first such rankings report in 2010.

The trajectories of the National Assessment of Education Progress, America's Health Rankings, and County Health Rankings are similar. All were designed to meet a demand for more holistic and integrated measures. All started as some form of pilot assessment that was subjected to feedback from state officials and experts in the field. All reports underwent growth and development that included the streamlining of processes, technical improvements in metrics and statistical analyses, and the creation and collaboration of expert teams and



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advisory boards. The wide appeal and accessibility of these rankings built the foundation on which recent rankings and indexes grew.

In the 21st century, existing rankings and indexes continue to evolve at the same time new ones develop and get released. Many of these more recent rankings and indexes were born out of increased social awareness and mobilization, as well as the growing realization of the need for more inclusive variables that wholly represent the racial, cultural, socioeconomic, and regional diversity of the nation.

Movements such as Black Lives Matter helped grow concern for racial equity and manifestations of systemic racism. This is reflected in some new measures. For example, the Schott Foundation's Loving Cities Index, created in 2018, supports equity and justice movements by presenting data that reveals how social systems do or do not promote health and opportunity across racial and ethnic groups. Similarly, the National Equity Atlas produced by PolicyLink and the USC Equity Research Institute helps community leaders advance sustainable, equitable growth by measuring myriad contributions of various racial and ethnic groups and demonstrating the measurable, collective benefits of equity-focused policy and practice.

In a different type of evolution of social sector data, The American Communities Project was developed to better reflect the diversity of populations and changes within and across states. The Project has developed 15 population categories, grouping counties by cultural, political and socioeconomic changes. Based at the George Washington University's School of Media and Public Affairs, the effort looks to better see divides within these population groups and better understand receptivity to policy and political changes.

One of the oft-noted complications of so much data, is that it rarely comes with the context necessary to understand the historical and contemporary underlying drivers of disparities. This can lead to a simplistic "blaming the victim," for, say, higher rates of poverty or COVID-19 infection in particular communities. To understand such differences, many scholars urge, the data would ideally be presented alongside explorations of systemic conditions such as racial discrimination, racial violence and historic disinvestment of particular communities and too, housing and education policies and private practices in banking, insurance, and healthcare that advantaged white communities.²

2 ie: see, Krieger N. Structural Racism, Health Inequities, and the Two-Edged Sword of Data: Structural Problems Require Structural Solutions. *Front Public Health*. 2021

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PART II

A Curated Collection of National Rankings and Indices

To complete this section, we explored more than 75 national rankings and indexes. The majority of these receive funding from private foundations. To narrow this collection, we first determined, through interviews, personal experience, and published reports and statements, which were most prominent and influential in philanthropic, media, and social sector discourse. With equal rigor, we looked for lesser-known indexes that merited inclusion because of their seeming usefulness to funders or their uncommon approach. We include 42 rankings and indexes in this list. Each was thoroughly reviewed and tested by three experts on philanthropy. This includes the author, a research assistant, and the director of the Sillerman Center. The curated list is by no means representative of the universe of such work. There may be, in fact, many hundreds of national rankings and indexes that currently exist within the sphere of philanthropic participation. These, however, we've deemed as relevant to funders' needs, intuitive and, with appropriate context, one important source of information to inform and improve grantmaking decisions.

For ease of use, we offer this catalog, here, with relevant links and then elaborate on each measure later in this section.



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Children and Youth



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The Child Opportunity Index

The Institute for Child, Youth and Family Policy at the Heller School for Social Policy and Management at Brandeis University launched diversitydatakids.org to track the well-being, growing diversity, opportunity, and equity of American children. The project is funded by the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation.

In 2014, a collaboration with the Kirwan Institute for the Study of Race and Ethnicity at Ohio State University, led to the launch of the Child Opportunity Index (COI).

The COI illuminates inequities in child opportunity across the United States. Data are available in the form of interactive maps that evaluate child opportunity in Metropolitan areas. Reports and downloadable data sheets provide data for 72,000 census tracts from 2010 and 2015.

The COI forms a comprehensive picture of child opportunity using indicators in education, health, environment, social well-being, and economic well-being. Examples of indicators measured include:

- College enrollment
- Early childhood education
- Employment rate
- Exposure to extreme heat
- Food access
- Median household income
- Presence of hazardous waste dump sites
- Reading proficiency levels
- Walkability

[LINK](#) [The Child Opportunity Index & DiversityDataKids](#)

[LINK](#) [Impact Report – The Heller School](#)

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Kids Count Data Center

The Kids Count Data Center is a project funded by the Annie E. Casey Foundation. It evaluates the well-being of American children. The project examines indicators of economic well-being, health, family, and community.

The project includes indicators of child well-being in a map, Kids Count Data Book reports, and interactive versions of reports. Kids Count Data Book has been published on a yearly basis since 1990 and the latest edition was published in 2020.

Economic well-being, education, health, and family and community are the four domains used to measure children's well-being. In each domain, measured indicators include:

- Child and teen death rates
- Childhood poverty
- Health insurance coverage
- Low birth weight
- On-time high school graduation
- Parental secure employment
- Reading proficiency
- Single-parent families
- Teen birth rate

These indicators are also disaggregated by race/ethnicity. Data are collected from federal sources including the U.S. Census Bureau and the American Community Survey.

LINK [Annie E. Casey Foundation Interactive Databook](#)

LINK [Kids Count Data Center](#)

The Price of Child Care

Child Care Aware of America works to improve child care quality and access while also researching and advocating for better child care policies. The organization produces a Price of Child Care map with information about the cost and affordability of child care.

Information is available as an interactive map and has in-depth reports most recently published in 2019. The map includes information for all states and county-specific information is supplied for 11 states.

Child Care Aware of America partners with Child Care Resource and Referral agencies to gather data on child care prices and to produce the reports. In addition to child care prices and affordability, reports also include millennial salary information, cost modeling studies, and analyses of disparities in child care subsidy eligibility.

LINK [The Price of Childcare](#)

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Community Well-Being



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AARP Livability Index

The **American Association of Retired Persons (AARP) Public Policy Institute** created the AARP Livability Index. It helps determine whether communities and neighborhoods are easy places to live for aging citizens whose incomes, mobility, and housing needs change over time.

The Livability Index is presented as an interactive map and scores are searchable by zip code, state, city, or address. The Index examines seven categories of livability with numerous subcategories. Data for metrics in all categories are gathered from federal organizations including the U.S. Department of Transportation and the U.S. Department of Health and Human Services.

The seven categories are:

- Engagement
- Health
- Neighborhood
- Transportation
- Environment
- Housing
- Opportunity

LINK [The Livability Index](#)

American Communities Project

The American Communities Project is produced through a collaboration between **The George Washington University School of Media and Public Affairs, School of Journalism at Michigan State University**, the **Robert Wood Johnson Foundation**, the **Arthur M. Blank Family Foundation, Simmons Research**, and **Gallup Inc.**

The Project creates a new approach to grouping American communities by analyzing themes in economics, political beliefs, race and ethnicity, and cultural characteristics. These groupings aim to improve how indicators of health, culture, economics, diversity, and education are measured.

Information is available in the form of an interactive map as well as spotlight stories and long-term studies. The 15 identified community types can be searched by county. The American Communities Project strives to identify the characteristics across a diverse array of communities in the United States. Based on an analysis of 36 indicators, experts identified 15 specific community types:

- African American South
- Exurbs
- Military posts
- Aging farmlands
- Graying America
- Native American lands
- Big cities
- Hispanic centers
- Rural middle America
- College towns
- LDS enclaves
- Urban suburbs
- Evangelical hubs
- Middle suburbs
- Working-class country

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These community types are analyzed across health, culture, economics, racial and ethnic diversity, and education. Data were gathered from the U.S. Census American Community Survey (2008-2012) and the Religious Congregations and Membership Study (2010).

LINK [The American Communities Project](#)

Community Well-Being Index

The Community Well-Being Index is a collaboration between [ShareCare](#) and the [Boston University School of Public Health](#) (BUSPH). ShareCare is a digital health platform that brings together communities and providers while helping people monitor and take control of their health.

Information is disseminated in the form of annual research and an interactive map available on the ShareCare website. The most recent annual research report was published in 2019. Rankings are provided for states and dimensions can be viewed by county.

The Index measures 10 dimensions of well-being:

- Community
- Economic security
- Financial security
- Food access
- Healthcare access
- Housing and transportation
- Physical health
- Purpose
- Resource access
- Social relationships

LINK [The Well-Being Index](#)

Distressed Communities Index

The Distressed Communities Index was first created in 2015 and is supported by the [Economic Innovation Group](#) (EIG), a public policy organization that uses research and advocacy to address economic issues in the United States. One of EIG's primary focuses is economic inequality across the varied geographic areas of the United States.

The existence of geography-based disparities in economic health is the driving force behind the formation of the Distressed Communities Index. This interactive index analyzes poverty and prosperity in 25,000 American zip codes, encompassing 99% of the American population. Information is disseminated in the form of an interactive map, reports, and analyses. The most recent Distressed Communities Index report was published in 2020.

The Distressed Communities Index uses metrics including high school graduation, poverty rate, unemployment, housing vacancy, household income, and employment status to evaluate

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economic well-being. Depending on the metrics, communities are then ranked as prosperous, comfortable, mid-tier, at-risk, or distressed. Data are gathered from national sources like the U.S. Census Bureau's Business Patterns and American Community Survey 5-Year Estimates.

[LINK](#) **The Distressed Communities Index**

[LINK](#) **Distressed Communities Report**

[LINK](#) **Distressed Communities Analysis**

Diversity and Disparities

The Diversity and Disparities Project is a collaboration between Brown University, the American Communities Project, and the Russell Sage Foundation. The aim of the Diversity and Disparities Project is to raise awareness and provide information about disparities and inequities across the United States.

The Project provides a tool that displays 1980-2010 census information about the racial and ethnic composition of communities and how these percentages change over time. The Project provides a database of information about residential segregation, racial and ethnic diversity, income segregation, school segregation, and more topics that can be searched by metropolitan area or city.

The Diversity and Disparities Project publishes reports, independent research, and peer-reviewed research investigating the changes in American society over time. Research and reports cover social factors including:

- American family unit
- Gender disparities in education
- Housing organization
- Immigration
- Income
- Residential segregation

[LINK](#) **Diversity and Disparities**

[LINK](#) **Diversity and Disparities Explainer**

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Gallup Health and Well-Being Index

The Health and Well-Being Index is supported by Gallup Inc. Measurements for the Gallup Health and Well-Being Index began in 2008 and include information across five pillars that contribute to well-being: financial security, career or purpose, social connection, community, and physical environment.

The Health and Well-Being Index is a comprehensive ranking of citizens' well-being by state, with findings and trends regularly published on Gallup's website. Information is available in the form of articles as well as a subscription-based portal.

Gallup gathers data for the Health and Well-Being Index by administering surveys by phone, mail, and internet to adults residing in all states and Washington D.C. Since 2008, Gallup has administered over 2.7 million surveys. Survey collection is ongoing, with survey invitations administered monthly. Gallup weights its samples according to the demographics of the United States, including gender, age, race, ethnicity, education, and population density.

[LINK](#) [Well-Being Index](#)

[LINK](#) [Well-Being Index Explainer](#)

Index of Deep Disadvantage

The Index of Deep Disadvantage is a collaboration between researchers at the [University of Michigan](#) and [Princeton University](#), with funding from the Robert Wood Johnson Foundation. The Index measures indicators of health, poverty, disparities, and social mobility.

The data culminate in an interactive map that reveals disadvantaged communities across the United States. Unlike many other rankings, the Index of Deep Disadvantage allows comparisons between counties, cities, and states. The analyses available in the Index reveal that most of the places that have been lagging behind for decades are rural and Tribal areas.

The project offers a multidimensional, comprehensive illustration of poverty in the United States by bringing together expansive datasets with qualitative interviews and ethnographic research.

[LINK](#) [Understanding Communities of Deep Disadvantage](#)

[LINK](#) [100 Most Disadvantaged Communities](#)

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Opportunity Index

The Opportunity Index was developed by **Opportunity Nation**, **Child Trends**, and the **Forum for Youth Investment's Opportunity Nation** campaign. The Opportunity Index first launched in 2011 and produces an annual report that describes factors influencing opportunity access for communities. Opportunity is defined by indicators of community well-being, economy, education, and health.

Opportunity scores are provided for all states, the District of Columbia, and more than 2,000 counties. Information is disseminated in the form of interactive visuals and reports. The most recent report was published in 2019. The Opportunity Index provides a comprehensive view of opportunity in different areas of the United States by measuring four main dimensions that contribute to opportunity: community, economy, education, and health. Data are collected from federal sources including the U.S. Department of Labor Statistics and the U.S. Department of Justice. Data are rescaled and the dimensions of measures are weighted equally to produce opportunity scores.

Indicators include:

- Food access
- Incidence of incarceration
- High school graduation rate
- Percentage of households with broadband internet
- Percentage of the population living below the poverty line
- Population without health insurance
- Unemployment rate
- Voter registration

[LINK](#) **The Opportunity Index**

[LINK](#) **The Opportunity Index (Resources)**



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Social Vulnerability Index

The Centers for Disease Control and Prevention (CDC) created the Social Vulnerability Index to measure the vulnerability of certain populations to stressors such as natural disasters and disease. The measures are intended to help guide distribution of resources, including preventative measures, emergency personnel, food, and shelter.

Data is expressed in an interactive map that provides county-specific data and vulnerability scores, drawing from analyses in 2000, 2010, 2014, and 2016. In 2021, the Social Vulnerability Index helped to identify populations that are disproportionately harmed by COVID-19 and those that have inequitable access to vaccines.

The Index includes 15 U.S. Census measures across four categories:

- Household composition
- Housing and transportation
- Race and ethnicity
- Socioeconomic status

LINK [The Social Vulnerability Index](#)

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Disabilities



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Disability Equality Index

Founded in 2013 and supported by the nonprofits [American Association of People with Disabilities](#) and [Disability:IN](#), the Index measures the extent to which companies achieve inclusive workplaces for people with disabilities. The Index is a benchmarking tool that highlights progress and areas for improvement.

Individual companies choose to be a part of the analysis, report, and benchmarking project. In 2020, 247 companies were part of the Disability Equality Index. These companies benefit from insights about their inclusion practices. Companies also receive invitations to annual conferences for networking and sharing best practices for creating an inclusive work environment.

The Index scores companies on a scale from 0 to 100, with lower scores signifying less disability inclusion and higher scores indicating more disability inclusion. Companies with scores that fall above 80 are designated as “Best Places to Work for Disability Inclusion.” The Index is produced using self-reporting data from all companies. The data span across six categories:

- Community engagement
- Culture and leadership
- Employment practices
- Enterprise-wide access
- Non-U.S. operations
- Supplier diversity

[LINK](#) [Disability Equality Index](#)

[LINK](#) [Best Places to Work for Disability Inclusion](#)

Case for Inclusion

First published in 2006, the Case for Inclusion is an annual report supported by [United Cerebral Palsy](#) and the [ANCOR Foundation](#). The Case for Inclusion provides information about how effectively each state supports and encourages individuals with disabilities to become integral members of the communities in which they live. The Case for Inclusion is intended to inform advocates, policymakers, and community members about inclusion for people with intellectual and developmental disabilities.

The Case for Inclusion presents data in reports and interactive graphs that display state-specific information. The most recent report was published in 2021. An online outreach toolkit is also available to help community members advocate for and raise awareness of the importance of inclusion of people with disabilities.

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Data evaluated in the Case for Inclusion include dozens of measures across topics such as:

- Addressing a workforce in crisis
- Promoting productivity
- Reaching those in need
- Tracking health, safety, and quality of life

For example, factors measured in the promoting productivity issue area include:

- Employment outcomes for disabled individuals in vocational rehabilitation settings
- Number of disabled individuals in integrated employment
- Trends and rankings for individuals in vocational rehabilitation

Data for the report are collected from key sources such as the University of Colorado's State of the States in Intellectual and Developmental Disabilities Project; the University of Massachusetts Boston's Institute for Community Inclusion; the Kaiser Family Foundation; and the University of Minnesota's National Core Indicators and the Residential Information Systems Project.

LINK [The Case for Inclusion State Scorecards](#)

Policygenius, The Best States for Living with a Disability

Policygenius is an insurance marketplace that helps people understand insurance options and purchase policies that fit their needs. Policygenius provides access to an online toolkit, library, and experts to help explore and choose insurance policies. Tailored insurance information specific to people with disabilities is also provided. Policygenius offers its own index of the best states for living with a disability.

Data are compiled in each issue area for all states. Information is disseminated in the form of an interactive map and graph. States are then ranked, with #1 being the best state to live for people with disabilities, and #50 being the worst state for individuals with disabilities. Data are collected from both public and private sources including the U.S. Census Bureau, the Social Security Administration, and the Living Wage Calculator at MIT. Policygenius uses indicators in economics, housing affordability, quality of life, and healthcare. For example, metrics included in the economics section are:

- Median earnings for people with a disability
- Poverty rate for disabled people
- Unemployment rate for disabled people in the workforce

LINK [Policygenius: Best States for Living with a Disability](#)

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Economics/ Economic Inequality



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Income Inequality in the United States

The index of Income Inequality in the United States provides information about income trends and metrics for individual states. The index is supported by the [Economic Policy Institute](#).

Presented as an interactive map, the information is based on the Economic Policy Institute report *The New Gilded Age: Income Inequality in the U.S. by State, Metropolitan Area, and County*. Measures are provided at the county and state levels. Each state is then ranked in a national context.

The map and report provide information about income trends and metrics, including average income of the top 1%, average income of the bottom 99%, and the share of income captured by the top 1% over time.

[LINK](#) [Income Inequality in the United States](#)

[LINK](#) [Unequal States of America - Multimedia](#)

Index of Economic Health

The Index of Economic Health is developed and supported by the [University of Kansas Institute for Policy & Social Research](#). The project began as an initiative to evaluate the economic health and performance of counties across Kansas. The index includes five measures and evaluates economic health across individual states and Washington D.C. Economic health of counties and states is measured using the following indicators:

- Labor force-to-total population ratio index
- Per capita market income index
- Per capita transfer payments-to-per capita market income ratio index
- Population change index
- Unemployment rate index

[LINK](#) [Index of Economic Health](#)

Poverty USA

Poverty USA is supported by the Catholic Campaign for Human Development (CCHD), a subcommittee of the [United States Conference of Catholic Bishops](#).

Poverty USA provides an interactive map with metrics of economic well-being. Users can choose a state and county and get information about the population and poverty rate. The most recent version of the map was created in 2018.

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Economic metrics include:

- Median rent
- Deep poverty rate
- Percentage of the population without health insurance
- Supplemental poverty measure

Poverty rate is also provided by race/ethnicity, gender, employment status, adults with disabilities, and age.

[LINK](#) **Poverty USA**

[LINK](#) **Poverty USA Data 2018**

The United States Prosperity Index

Based on the [Legatum Institute Foundation's](#) work on the Global Prosperity Index, the USPI is funded by the [Legatum Institute](#). It evaluates prosperity using indicators of safety, economic well-being, health, and environment. Findings are presented in a report that breaks down prosperity by category for all states and Washington D.C. The report also maps each state with rankings and information for counties within each state. The most recent USPI report was published in 2020. There are 11 pillars that define prosperity, including:

- Business environment
- Economic quality
- Education
- Governance
- Health
- Living conditions
- Market access and infrastructure
- Natural environment
- Personal freedom
- Safety and security
- Social capital

More than 200 indicators are measured across all categories at state and local levels. Data are collected from 80 sources such as the American Civil Liberties Union, Center for American Women and Politics, County Health Rankings, and the Institute for Health Metrics and Evaluation.

[LINK](#) **US Prosperity Index**

[LINK](#) **US Prosperity Index Reports**

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Education



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Quality Counts

The Quality Counts rankings assess the quality of education in America. The rankings include indexes like the Chance for Success index, K-12 Achievement, and School Finance. The rankings are produced by [Education Week](#). Data are available as an interactive map. Scores are provided for individual states, with each state having individual chance for success, school finance, and K-12 achievement scores, as well as combined overall scores.

The rankings system is scored with both letter grades and numerical values, much like a traditional school report card. To assign the grades to each state, *Education Week* measures 13 indicators across three broad categories: early childhood, education through college, and adult outcomes. Education Week Research Center uses data from federal sources including the U.S. Department of Education and the U.S. Census Bureau.

Examples of measures in each category include:

- Adult outcomes category: Examples of measures include educational attainment, income levels, and employment status.
- Early childhood category: Examples of measures include percent of children above low family income level, percent of children who have a parent with a postsecondary degree, and percentage of children with a steadily employed parent.
- School years category: Examples of measures include preschool enrollment, kindergarten enrollment, and elementary enrollment.

[LINK](#) [Quality Counts Mapping](#)

[LINK](#) [What's Behind the Grades and Scores](#)

National Assessment of Educational Progress

First administered in 1969, the National Assessment of Education Progress (NAEP) measures academic progress of American students on national and state levels, as well as in some urban areas. The NAEP is supported and administered by the U.S. Department of Education's [National Center for Education Statistics](#) and [Institute of Education Sciences](#).

Data are available in reports and an interactive chart.

The NAEP is an assessment of a nationally representative sample of students in 4th, 8th, and 12th grades across a variety of socioeconomic, ethnic, and racial groups. NAEP also

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administers questionnaires to students, teachers, and school officials to get information about school experiences, instruction methods, and school policies.

[LINK](#) **NAEP-Nation's Report Card**

[LINK](#) **NAEP Overview**

NEA Rankings & Estimates

The **National Education Association** (NEA) is perhaps best known as a teacher's union, but it also conducts research, administers grants and produces media products to advocate for educational improvement. For 70 years, NEA's Research Department has produced an annual Rankings and Estimates Report that offers state and national data on education metrics. Data are available in the form of reports with the most recent published in 2021. Education indicators include student enrollment, spending, teacher salaries, and public education statistics. The rankings section of the report compares state data such as enrollment, revenue, financial resources, and student-teacher ratios.

Data for the NEA Rankings and Estimates Reports are gathered from state affiliates of the NEA and state departments of education. Data are also collected from the American Community Survey and the National Center for Education Statistics.

[LINK](#) **NEA Rankings & Estimates**

Stronger Nation

The **Lumina Foundation** created Stronger Nation, a tool that organizes and tracks data and trends in postsecondary educational attainment. While the original tool included only associate's and bachelor's degrees, the current version also considers certificates. Information from Stronger Nation is presented in the form of interactive metrics and downloadable annual reports. Data are presented on a national and statewide basis, with focused spotlights on specific metropolitan areas. Stronger Nation published its first report in 2009 and its most recent report in 2019.

Stronger Nation organizes data to show differences in attainment by race and ethnicity and provides the opportunity to compare state-specific data. In addition to data presentation, Stronger Nation also presents the Goal Exploration Tool that predicts future educational attainment based on trajectories.

Data are collected from a combination of public and private organizations including the U.S. Census Bureau and **Georgetown University's Center on Education and the Workforce**.

[LINK](#) **Lumina Foundation's Stronger Nation**

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Health & Health Equity



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America's Health Rankings

The **United Health Foundation** and the **American Public Health Association** collaborate to produce America's Health Rankings. Since the first published report in 1990, America's Health Rankings has provided information on strengths, trends, and challenges in population health outcomes while also illuminating health disparities by race/ethnicity, education level, socioeconomic standing, gender, and age.

Data from America's Health Rankings are available in an Annual Report, a Senior Report, and a Health of Women and Children Report that details the health of the American people for each state. America's Health Rankings also produces a report on the health of military members and veterans and health disparities across service members by age, gender, race/ethnicity, income, and education level. Additionally, America's Health Rankings publishes Spotlights and Issue Briefs on relevant and targeted topics like healthcare costs and prevention methods that provide state-specific information.

The model of measurements includes not only the incidence of disease but also social determinants of health, economic measures, environmental factors, clinical care, behavioral variables, and health outcomes. Each of these categories includes several subcategories, and a state score is created using weighted values for each category. Data are gathered from numerous national sources such as the Environmental Protection Agency, the USDA Report on Food Security, and the Centers for Disease Control and Prevention.

The model is regularly revised to more accurately identify disparities and improve subcomponent measurements. For example, the 2020 Annual Report uses an adapted model with additions like measures of the low birthweight racial gap and premature death racial inequality. Examples of measures include:

- Causes of death
- Health care-associated infections policies
- Measures of air pollution
- Measures of food insecurity
- Vaccination rates

[**LINK** ➤ America's Health Rankings](#)

[**LINK** ➤ America's Health Rankings – Data Sources and Measures](#)

[**LINK** ➤ America's Health Rankings 2020 Annual Report](#)

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County Health Rankings and Roadmaps

The County Health Rankings and Roadmaps (CHR&R) project is driven by a collaboration between the [University of Wisconsin Population Health Institute](#) and the Robert Wood Johnson Foundation. Beginning in 2010, CHR&R has published reports and presented models that deepen the perspectives and knowledge of people and institutions that aspire to improve the health of communities and the nation. CHR&R measures health using a model that links policies and programs, health factors, and health outcomes. The CHR&R provides weighted measures of how environment, clinical care, health behaviors, and socioeconomic factors affect health.

CHR&R measures how policies and programs that work in counties, states, and the nation might benefit quality of life and health. CHR&R also provides tools to help dissect community-level indicators of health, to support an accurate and detailed understanding of health in specific communities. Information about indicators of health in CHR&R is disseminated in the form of interactive maps, reports, and webinars. The most recent reports and data were published in 2020. Data for these measures are collected from numerous national sources including the United States Diabetes Surveillance System, the USDA Food Environment Atlas, and the American Community Survey.

Examples of measures included in CHR&R are:

- Children in poverty
- Drinking water violations
- High school graduation
- Housing availability and quality
- Insurance coverage
- Life expectancy
- Low birth weights
- Physical inactivity levels
- Premature death rates
- Preventable hospital stays

[LINK](#) [County Health Rankings](#)

[LINK](#) [County Health Rankings – Measures and Data Sources](#)

Dartmouth Atlas of Health Care

The Dartmouth Atlas of Health Care is part of the Dartmouth Atlas Project and highlights disparities in medical resource distribution across the United States. The Atlas has been produced by [The Dartmouth Institute for Health Policy and Clinical Practice](#) at Dartmouth College for more than 20 years. It aims to inform researchers, regulators, and policymakers about the landscape of healthcare spending and use.

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Depending on the metrics analyzed, data are organized by hospital referral regions, hospital service areas, counties, states, regions, and the country as a whole. Information is disseminated in the form of interactive maps and reports. Special topics and issue briefs are also published regularly.

The Dartmouth Atlas Project explores several indicators that analyze the landscape of healthcare in the United States across hospital service areas and hospital referral regions. Markers analyzed for the Project include medical personnel, hospital beds, and the physician workforce. Interactive maps provide information about healthcare areas including COVID-19, post-acute care, and primary care access and quality measures. Data for the Atlas Project are collected from national data sources including the Centers for Medicare and Medicaid Services, the American Hospital Association, the U.S. Census, the National Center for Health Statistics, and the American Medical Association.

[LINK](#) [Dartmouth Atlas of Health Care](#)

Healthy Marketplace Index

The Healthy Marketplace Index (HMI) is a project of the [Health Care Cost Institute](#) and funded by the Robert Wood Johnson Foundation. The HMI offers information about the healthcare marketplace and measures price and utilization of healthcare services.

The aim of the Healthy Marketplace Index is to illuminate realities and variation in healthcare marketplaces and to present data in a way that is accessible for researchers, policymakers and consumers.

The HMI provides healthcare spending information for 124 cities. Information is disseminated in the form of an interactive map and in reports that monitor prices of healthcare services, the level of healthcare use, and the type of healthcare service received.

The Healthy Marketplace Index uses healthcare claims data for 50 million Americans with commercial health insurance coverage. The data analyzed include commercial claims from 2013 to 2017. De-identified claims information consistent with the Health Insurance Portability and Accountability Act (HIPAA) are included. Claims are then analyzed to explore metrics such as cost of healthcare, healthcare spending, and the volume of healthcare use.

[LINK](#) [Healthy Marketplace Index](#)

[LINK](#) [Understanding Commercial Healthcare Markets](#)

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National Health Security Preparedness Index

The National Health Security Preparedness Index (NHSPI) is produced by the [University of Kentucky](#) and the Robert Wood Johnson Foundation. This index is a tool designed to increase public knowledge of health preparedness, facilitate collaboration in improving health security, and inform policymaking and health security improvement projects. The NHSPI measures state and national preparedness in managing threats and events that may harm health. The NHSPI provides a yearly evaluation of health preparedness by state. The NHSPI was first published in 2013 and the most recent was released in 2020.

The measures included in the NHSPI report span across dozens of categories, including:

- Community planning
- Countermeasure management
- Environmental risks
- Healthcare operations
- Health security surveillance
- Information management

[LINK](#) [National Health Security Preparedness](#)

[LINK](#) [National Health Security Preparedness – Tools and Resources](#)

[LINK](#) [National Health Security Preparedness 2020 Key Findings](#)

Scorecards on State Health System Performance

The Scorecards on State Health System Performance are annual reports produced by [The Commonwealth Fund](#).

The Scorecards on State Health System Performance provide information about how the nation, individual states, and communities stand on health. Information is available as a full report, individual state summaries, and a visual report that provides graphics and comparative data. The most recent Scorecard was released in 2020.

Measures span across four categories, with the 2020 Scorecard including indicators such as:

- Access and affordability: Examples of measures include youth health insurance coverage rates and out-of-pocket spending for medical care and insurance.
- Healthy lives: Examples of measures include health risk behaviors and premature death.

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- Prevention and treatment: Examples of measures include access to mental healthcare and quality of hospital care.
- Potentially avoidable hospital use and cost: Examples of measures include possible preventable emergency department visits and per-person spending.

Each annual report highlights major trends, challenges, and new relevant measures of healthcare performance. For example, the 2020 Scorecard includes metrics on public health spending for states, prices for healthcare for states, and primary care spending for individuals with employer insurance or Medicare.

[LINK](#) **Scorecards on State Health System Performance**

[LINK](#) **2020 Scorecards on State Health System Performance**

State Health Facts

State Health Facts is supported by the [Kaiser Family Foundation](#).

State Health Facts is a compilation of health information for individual states, the District of Columbia, and the nation. Data are available in the form of an interactive map as well as tables and reports. Users can also generate a custom state report with a choice of indicators for a particular state. The Kaiser Family Foundation consistently publishes updates to indicators to ensure that reports and mapping are as current as possible. For example, new February 2021 indicators include recent COVID-19 cases, vaccinations, and deaths by race/ethnicity.

State Health Facts includes more than 800 indicators with data collected from private and public sources such as government surveys, Kaiser Family Foundation reports, and other organizations. Indicators are organized across subsections including:

- Affordable Care Act
- COVID-19
- Demographics and economy
- Disparities
- Health costs & budgets
- Health insurance & managed care
- HIV/AIDS
- Medicaid & CHIP
- Medicare
- Mental health & substance use
- Women's health

[LINK](#) **The Kaiser Family Foundation's State Health Facts**

[LINK](#) **The Kaiser Family Foundation's State Health Facts - About**

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Healthcare Equality Index 2020: Promoting Equitable and Inclusive Care for LGBTQ Patients and Their Families

The Healthcare Equality Index (HEI) measures the inclusivity of healthcare practices for the LGBTQ community. The HEI is produced by the **Human Rights Campaign Foundation** with funding from **Pfizer Inc.** and the **Pharmaceutical Research and Manufacturers of America (PhRMA)**. The HEI informs healthcare systems of inclusive practices while also helping LGBTQ patients choose facilities that prioritize equitable and inclusive healthcare.

The HEI has four primary goals: ensuring protection and providing cultural competency training, encouraging inclusion in LGBTQ patient care, encouraging an LGBTQ-inclusive workforce, and publicly advocating for the LGBTQ community.

The HEI provides data for individual healthcare systems across the United States. Data are disseminated in the form of an interactive map, published reports, and resources for LGBTQ patients and employees. The HEI began in 2007, and the most recent report was published in 2020.

The HEI measures healthcare practices and indicators of inclusivity for LGBTQ patients and employees. Information is collected using a survey that asks questions evaluating cultural competency and inclusion. In the most recent HEI, 765 healthcare facilities participated in the survey. Examples of questions asked in the survey include:

- Does your patient non-discrimination policy include the term “sexual orientation” AND the term “gender identity or expression?”
- Does your visitation policy grant equal visitation to LGBTQ patients and their visitors?
- Is your employment non-discrimination policy communicated publicly in at least one way?

In addition to administering surveys, the Human Rights Campaign conducted research on the practices and policies of more than 1,000 additional hospitals.

[**LINK** Healthcare Equality Index 2020](#)

[**LINK** About the Healthcare Equality Index](#)

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Lown Institute Hospitals Index

Produced by the [Lown Institute](#), the Lown Institute Hospitals Index ranks hospitals using 42 metrics across three major categories: civic leadership, health outcomes, and care value. By using a comprehensive measure that centers racial and ethnic equity, the Index aims to guide hospitals in providing inclusive care for all populations and help hospitals improve the overall health of their communities.

Information is disseminated in the form of an interactive ranking that allows the user to sort and view metrics. Supplemental reports are also available. Data are collected from federal sources including the U.S. Census Bureau's American Community Survey and Medicare inpatient data.

Across the three categories, the Lown Institute Hospitals Index measures indicators including:

- Avoiding overuse and unnecessary procedures
- Clinical outcomes for patients
- Hospital community health and charity spending
- Patient satisfaction with their hospital experience
- Pay equity for executives and healthcare workers
- Race, education, and income levels of the patient population and community
- Safety of patients and risk of events such as falls and accidental punctures

[LINK](#) **Lown Hospital Index**

[LINK](#) **Lown Hospital Index – Why This Matters**

[LINK](#) **Lown Hospital Index Rankings**

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Racial and Ethnic Equity – Various Sector



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Loving Cities Index

Produced by the **Schott Foundation**, the Loving Cities Index assesses how well social systems serve city residents by racial and ethnic groups. The Index measures indicators across a variety of sectors including education, housing, and healthcare.

The Index was first produced in 2018 and was most recently published in 2020, with each edition exploring 10 cities. The Index is presented in both an interactive map and comprehensive report.

The Index includes 25 indicators across four categories: care, stability, commitment, and capacity. Data are collected from both federal and state sources. Examples of indicators in each category are:

- Capacity: Access to rigorous coursework, school economic integration, and teacher salaries.
- Care: Health insurance coverage for children, healthy food access, and mental healthcare access.
- Commitment: Access to early childhood education, K-12 suspensions, and referrals to law enforcement.
- Stability: Affordable housing access, livable wages, and access to financial services.

LINK [Loving Cities Index](#)

National Equity Atlas

The National Equity Atlas provides accessible information about economic and racial equity in the United States. It is a project of **PolicyLink** and the **University of Southern California Equity Research Institute**. The Atlas provides information about demographic shifts, racial and economic inclusion, and the potential economic growth from racial equity across the United States.

Information can be accessed, categorized, and compared by indicator, region, state, and city. Users can produce their own customized downloadable charts and graphs. For specific categories, predictive data for trends are available through the year 2050. Information is made accessible through maps, charts, and reports. The Racial Equity Index and local indexes such as the Bay Area Equity Atlas are also included within the National Equity Atlas.

The Atlas includes indicators across several categories such as demographics, economic vitality, and connectedness. Examples of indicators include:

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- Car access
- Commute time
- Educational attainment
- Income growth
- Income inequality
- Population growth
- Racial and cultural diversity
- Wages

LINK [National Equity Atlas](#)

Race Segregation Indices for Large Metro Areas

The **Population Studies Center (PSC) Institute for Social Research at the University of Michigan** created the Race Segregation Indices for Large Metro Areas to provide information about patterns of segregation and integration between racial and ethnic groups. The indexes are provided in the form of spreadsheets for large metropolitan areas that have populations larger than 500,000.

Further information is offered in reports that explore neighborhood dissimilarity indexes at neighborhood levels as well as trends in demographics and segregation over time in various regions of the United States. The report also analyzes social and economic conditions and inequalities that are related to segregation.

The Race Segregation Indices were developed from Decennial Census tract data from 1990, 2000, and 2010. These indexes analyze the dissimilarities in distribution of minority groups and whites across census tracts. Information is provided in attachments, with scoring indicated for each area between 0 and 100. A score of 0 corresponds to complete integration of racial groups, while 100 corresponds to complete segregation.

LINK [Race Segregation Indices for Large Metro Areas](#)



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Racial Disparities and Disproportionality Index

The Racial Disparities and Disproportionality Index (RDDI) was developed by the **Corporation for Supportive Housing** (CSH). The CSH strives to increase housing and services for vulnerable populations. The CSH developed the RDDI with support from a **Bank of America Charitable Foundation** grant.

The RDDI aims to inform leaders working to equitably restructure systems and to raise awareness about disparities between and within specific racial groups. The RDDI is a tool that shows specific disparities indexes by state. Information is disseminated in the form of graphs and interactive maps. The RDDI examines the representation of racial groups in 16 public systems and evaluates this number for proportionality. It also provides information about disparities across racial groups and geographic locations.

Examples of systems measured are:

- Aging
- Child welfare
- Chronic homelessness
- Prison
- Substance abuse
- Veterans

[**LINK**](#) **Interactive Tool – Disparities and Disproportionality Index**

[**LINK**](#) **Racial Disparities and Disproportionality Index – Overview**

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Nutrition/Food



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Environments Supporting Healthy Eating Index

The Environments Supporting Health Eating (ESHE) Index was launched by the African American Collaborative Obesity Research Network (AACORN) in 2015 in collaboration with the [University of Missouri Center for Applied Research and Engagement Systems](#) (CARES). The ESHE is currently produced by the [Council on Black Health](#), hosted by the CARES Engagement Network, and supported by the Robert Wood Johnson Foundation. Indicators are informed by national and state data sources such as the National Center on Child Care Quality Improvement and State Snack and Soda Sales Tax Data.

Information is produced in the form of reports and an interactive map. Data are provided on a county-specific level. Data measured in the ESHE Index include:

- Food and nutrition quality in schools and childcare facilities
- Food product prices
- Food retail stores
- Nutrition information dissemination and advertisements

Examples of specific indicators include:

- Adult fruit and vegetable consumption
- Farmer's market access
- Healthy food access across low-income populations
- Tax on snacks

[LINK](#) [About the Environments Supporting Healthy Eating Index](#)

[LINK](#) [Overview – The Environments Supporting Healthy Eating Index](#)

Food Access Research Atlas

The Food Access Research Atlas is a tool created by the [Economic Research Service](#) of the U.S. Department of Agriculture (USDA). The Atlas provides information on community food access and diet patterns.

The Atlas is an interactive map that includes food access measurements across varying census tracts that can be layered and compared. The map metrics can be viewed by indicator, compared between 2010 and 2015 data, and assessed by subpopulation.

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Indicators on the map include population, poverty rate, urban/rural status, low-income and low-access distances, and vehicle availability. Data come from federal and local sources like the Census of Population and Housing and supermarket directories with SNAP benefit authorization.

The USDA also produces a Food Environment Atlas that provides information about food store and restaurant locations, assistance programs, food prices, and community characteristics. The Food Environment Atlas aims to inform and guide research on factors influencing diet as well as increase awareness of how access to healthy food varies by community.

[LINK](#) **Food Access Research Atlas**

[LINK](#) **Food Access Research Atlas – Overview Food Access**

[LINK](#) **Food Access Research Atlas – Overview Food Environment**

Map the Meal Gap

Since 2011, Map the Meal Gap has offered data related to food insecurity across the country. It is supported by [Feeding America](#), a hunger relief organization with food banks across the United States. The Map the Meal Gap project is funded by [Conagra Brands Foundation](#) and [The Nielsen Company](#).

Data are presented via an interactive map and can be viewed by state, county, and congressional district. The most recent Map the Meal Gap report was released in 2020 and uses data from 2018. Feeding America also produces annual reports and briefs that cover such issues as child food insecurity and food prices. The project provides data on demographic indicators associated with food insecurity, including disability status, socioeconomic status, unemployment rates, and race and ethnicity. Data are collected from the U.S. Census Bureau, the Bureau of Labor Statistics, and Nielsen. In 2020, Feeding America also produced an additional map displaying the predicted impact of the COVID-19 pandemic on food insecurity. Map the Meal Gap measures include:

- Total number of food-insecure people
- Average cost of a meal
- Food insecurity rate
- Annual food budget shortfall
- Eligibility percentage for nutrition assistance programs

[LINK](#) **Map the Meal Gap Interactive Map**

[LINK](#) **Feeding America – Map the Meal Gap Report**

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Physical Activity



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American Fitness Index

The American Fitness Index was created in 2008 by the [American College of Sports Medicine](#) and is supported by the [Anthem Foundation](#). The Index helps inform community leaders, community members, and health organizations about factors influencing their community's health. In particular, the Index measures indicators that influence physical fitness.

The Index includes 100 of America's largest cities and analyzes health outcomes, policies, and community infrastructure that encourage a physically active lifestyle. Data in the Index are available both in an interactive tool as well as a report. The most recent report was published in 2020.

Rankings are informed by a wide variety of indicators related to health behaviors, health outcomes, built environment, recreational facilities, policies, and funding. Data are gathered from federal and local sources including the American Community Survey, Farmers Markets Directory and Geographic Data, and the Walk Score and Bike Score.

Each category incorporates several measures. For example, health outcomes are evaluated by indicators including the following:

- Percent of people cycling or walking to work
- Percent of the population consuming 2 fruits and 3 vegetables each day
- Percent of the population exercising in the last 30 days
- Percent of the population meeting aerobic activity recommendations

[LINK](#) [American Fitness Index](#)

[LINK](#) [American Fitness Index – Summary Report](#)

National Walkability Index

The National Walkability Index was produced in 2006 by the [U.S. Environmental Protection Agency](#) (EPA) Office of Sustainable Communities. The Walkability Index helps inform people about the viability of walking as a mode of transportation in a specific area. It is also useful as a data source for informing transportation planning and land use policy and practice.

The Walkability Index evaluates walkability of all 2010 census block groups in the United States. The data are available in the form of an interactive map, allowing the user to layer different contributing factors in various geographic areas.

The Index uses data from the Smart Location Database produced by the EPA. In particular, the Index includes weighted variables from the Smart Location Database. Data were last updated



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in 2019. Index scores were developed using a formula that weights different factors impacting walkability, while taking into account employment types, occupied housing, and block groups with different sets of these factors.

LINK [National Walkability Index](#)

Physical Inactivity in the United States

The Physical Inactivity rankings are developed by the [State of Childhood Obesity](#), a project supported by the Robert Wood Johnson Foundation. The State of Childhood Obesity aggregates data, synthesizes information, and recommends policies for preventing obesity.

These rankings provide physical inactivity rates for specific states. Information is provided in the form of an interactive map. Users can also click on individual states to access state-specific information and physical inactivity measures. The data were most recently updated in 2020. Data include information about health behaviors, obesity and high blood pressure, and how federal and state policies influence health. Data are collected from the Behavioral Risk Factor Surveillance System, which is a telephone survey administered by the Centers for Disease Control and Prevention (CDC).

LINK [Physical Inactivity in the United States](#)

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Part III

The Index Explosion & US Philanthropy

We interviewed 21 philanthropic leaders and researchers working at place-based community foundations, health conversion foundations, and family foundations across the nation. We asked them about their use of rankings, their perceptions of usefulness of rankings and indexes and what they felt might be most useful about such rankings, measures and indexes. We offer the following findings from our interviews and follow-up correspondence.

1. Grantmakers often use national rankings and indexes as benchmarks or to amplify strategy. However, foundation leaders at place-based foundations find that most national level rankings lack the granularity and currency necessary to be useful to them. Frequent mention was made of the need for nuanced and disaggregated data available at the zip code level or within counties. This was a particularly prevalent concern for rural-serving funders that serve more sparsely populated areas.
2. Foundations are often investing resources in development of their own indexes, with some for public and some for internal use. These efforts often engage state agencies and universities. Examples from interviews of funder support of custom indexes include the Vital Signs report from the Community Foundation of Greater Huntsville and the Community Equity Profile created by the Community Foundation of Greater Dubuque.

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The Stronger Nation report from the Lumina Foundation began as something for the Foundation's use but has since expanded to a major national report on educational attainment.

3. Foundations do use ranking and indexes, whether national or specific to their geography, for the purposes of bringing awareness and attention to particular social concerns and challenges, for building consensus, and supporting advocacy. Several leaders were pointed in saying, however, that no rankings or indexes are going to drive action alone.
4. Foundations infrequently use measures as metrics for grantmaking or evaluation. One foundation leader did comment, however, that they dreaded when national rankings came out because they had board members that tied foundation success to whether the numbers were getting better or worse for their communities.
5. Foundation leaders see less value in using existing metrics and rankings in the evaluation of the success of philanthropic investments and strategy. Several foundation leaders and foundation-based researchers said they are more deeply exploring what success really means and how it can best be measured. This may mean new internally developed systems of measurement. This is particularly relevant for the funders that have embraced **social determinants of health** and whose practices are informed by the understanding that contemporary social problems stem from multiple, interlocking historical and current-day practices, policies, and conditions.
6. Foundation leaders pointed to the following needs and gaps related to existing metrics and indexes:
 - Health equity benchmarks
 - Benchmarks for granular community diversity, equity, inclusion and belonging across challenges and identities
 - Methods to tie changes in rankings and indexes to changes in demographics or economic shifts
 - Indicators for community capacity building. This includes non-profit capacity but also government and community readiness implement change
 - Better visual interpretations of all rankings and indexes
 - Presentations that better merge rankings and indexes with potential paths of action that can be easily implemented by local advocates

Most rankings and indexes draw upon available public data and just slice and dice it in different ways. The question isn't necessarily "Are there too few or too many?," but rather: "What is the rate of return and what are the opportunity costs of the often-significant investments in this work?" Is this explosion of indexes and rankings really informing policy change or stimulating community action? Are the rankings and indexes getting into the hands



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of the right people? Do the creators stop at the stage where the rankings and indexes are issued? Or do the creators continue to support dissemination and learning? Finally, could financial support be better used to support innovation or adaptive learning on the social sector questions the indexes are designed to address?

Interestingly, these national rankings and indexes represent just a small subset of this work. When examining any particular state, for example, one can find an assortment of rankings and indexes being produced and used, typically with local and regional foundation involvement. Understanding the question of data availability, we imagine that there would be greater use of many of the curated rankings and indexes represented in this report, if locally relevant subsets were made available. For example, this was indeed accomplished through the relationship between the National Equity Atlas and the San Francisco Foundation. The result was a fuller, more nuanced reflection of social conditions and potential for policy change in the San Francisco Bay area.

It is likely that more rankings and indexes will appear over the next few years. Given the competitive marketplace, some will garner more attention than others. Interviews with funders revealed some frustration that few robust measures of racial equity in health and education seem to exist. This is unfortunate, given that in our interviews, so many funders named racial equity as a key concern around which they build strategy.

What is lacking and may have always been lacking is (1) well-researched evidence, beyond anecdotal accounts, of how various sectors use or don't use these rankings and indexes and how these measures have or have not informed strategy and grantmaking and, (2) a trusted clearinghouse/resource center that could carefully catalogue the soundness and efficacy of these rankings and indexes. We should not just accept that because a foundation or governmental agency has provided funding, the methodology and public representation of "findings" is valid and useful. Bringing these questions to the forefront is overdue, and it will take a modest and humble group of funders to support and engage with such an effort.