



Designing and Conducting a Community-Based Civic Health Index

A Primer for Local Leaders

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Purpose

Since 2009, the Carsey School at the University of New Hampshire (UNH) has conducted three statewide assessments of New Hampshire's civic health (2009, 2012, 2020).¹ In broad terms, a Civic Health Index measures the degree to which residents of a state or community:

- are aware of the civic activities where they live and how to participate in those activities
- connect with and trust each other when it comes to working together to improve their communities
- volunteer in their communities and contribute their time and resources to public and nonprofit causes

The data needed to measure civic health at the state level typically come from the U.S. Census Bureau Current Population Survey. In New Hampshire, we opted to use supplemental state-level surveys to gather further data about civic life in the state, such as UNH's Granite State Poll. Due to the limitations of these instruments, current Civic Health Indices cannot measure civic health in locations that are smaller than the state's largest cities like Manchester.

Although this statewide information is helpful, access to data about how local communities within New Hampshire experience civic health is critical for a full picture of understanding civic life in the Granite State. This primer offers suggestions for designing and conducting a *community-based civic health index* (CB Index). A CB Index allows local leaders to determine what is most important to measure in a particular town or small city and to then collect local data that reflect the specific civic activities of that community's residents. With these data in hand, local leaders and community members can together decide what actions they might take to strengthen local civic health so that all residents can thrive in a healthy, engaged community. At the core of this effort is a commitment to equity. All residents should have the opportunity to participate and have a voice in the public affairs of their towns regardless of such factors as social class, gender, race, ethnicity, age, or how long they might have lived there. A CB Index can help to assess the degree to which those opportunities are experienced equally or if there are disparities in civic health that might lead to inequities regarding who gets to participate in civic life and have their voices heard.

1. Past statewide Civic Health Index reports are available [here](#).

In order to design a CB Index that fits your community's needs and interests, there should be a deliberate process of organizing and planning that is inclusive of the diverse population of residents.

Getting Started

In order to design a CB Index that fits your community's needs and interests, there should be a deliberate process of organizing and planning that includes the diverse population of residents. This can be done by inviting a mix of local leaders and residents to form a local civic health index steering committee. It will take time for the steering committee to get organized and plan before the Index is actually conducted—likely at least six months, but it may be possible to accelerate the process. Here are some roles and responsibilities of a local steering committee:

1. Representation

The initiation of a CB Index can come from any interested community leader or organization. Examples include a municipal entity like a planning board or town manager's office or a trusted local nonprofit organization (e.g., United Way, youth organizing group, interfaith organization). The size of the steering committee will depend partly on the size of the community. A working group of 10 to 15 volunteers may be needed to divide up the tasks and to assure that all segments of the community are represented. A diverse mix of members in terms of *social identity* (age, gender, race, ethnicity, class, etc.), *community roles* (business owner, clergy, social worker, police officer, etc.), *neighborhood*, *length of residence*, and *political affiliation* are the kinds of differences that can assure a rich representation of interests and experiences. A small leadership group might be needed to set agendas, speak on behalf of the effort, and oversee all aspects of the effort. This "executive" group should be as diverse as the full committee.

2. Framing

The most important role of the steering committee is to “frame” the Index so it captures information that is most relevant and useful to the community. The two most important questions to ask at the beginning of the process are:

What do we want to know?

There is a wide range of data that could be gathered to measure civic health (see below). Some questions might be more important than others in a particular community.

For example, a community experiencing growth might want to be sure that those who are newcomers are informed about how to participate in civic opportunities and that they feel welcomed into the community. Another community might be concerned about the exodus of younger residents and emphasize questions related to the social and economic experiences of young adults living there. The steering committee should devote several meetings to discussing what is important to know about the community in order to decide on the most important indicators of civic health to focus on in the Index. The committee might ask itself:

- What are we doing well now with respect to civic health?
- What information are we missing that could help us better make plans for strengthening civic life and our community?
- Where do we think we have challenges in civic life and what specific indicators should we use to learn more about those challenges?

Ideas for civic health indicators can be gleaned from the statewide Indices conducted in the past (see footnote 1 for clarity). Some sample survey tools can be found at the end of this primer, which can be adapted by a steering committee.

An important principle for guiding the creation of a CB Index is to keep the process as focused as possible. Don't collect information that will not be useful or meaningful for your community. Identify the most important areas to focus on and avoid temptation to collect data for data's sake. You will have finite resources to do this work, and you want to be sure you have the capacity to make sense of the data that are collected. A community might plan to do a series of CB Indices over several years, each one to

focus on a different aspect of civic health, in order to use resources wisely and address the most important concerns facing the town. Periodic measures of civic health also can demonstrate changes, for better or worse, over time.

How will the information we collect be used?

The steering committee should be clear about the reason it is embarking on this ambitious project. The “end-users” should be identified early in the process. Will the information be directed at elected and appointed local policy makers (select board, town council, school board, planning board), youth-serving organizations, religious organizations, civic clubs like Rotary or Lions? How would each of those groups use the Index findings to inform their decisions and priorities? Is there buy-in from the beginning by these audiences to participate in the design and data collection phases, and to translate the findings into actions? Are these key audiences and users included in the steering committee?

3. Resources

The steering committee will need to gather the resources needed to carry out civic health research and analysis. A lot of volunteer time will be needed on the part of steering committee members. Some expert technical assistance may be required that could either be donated or compensated. Partner organizations that can provide labor, technology, meeting space, social media support, or consumable expenses like printed copies of surveys should be identified and approached.

The amount of cash resources required will vary depending on in-kind contributions, the size of the community, and scope of the Index. Data collection and analysis are labor-intensive activities. For comparison, a full statewide civic health index in New Hampshire has historically cost between \$75,000 to \$100,000. This cost covers data collection and analysis, writing, graphic design, and dissemination of findings. We share this to provide a sense of the level of work that creating a statewide index generally takes. To create a community-level index, these costs would vary by scope and purpose. Building in time to fundraise or find volunteer commitments is an important part of the planning process. Partnerships with high schools, community colleges, or civic organizations like Rotary or a Chamber of Commerce might be a way of reducing fundraising burdens.

4. Outreach for Public Awareness

The steering committee should conduct an outreach campaign to inform the community of plans for the Index. Taking time to build awareness about the purposes and process of an Index will make it more likely that residents will participate in the data collection activities described below. Partnerships with local print, electronic, and social media can help to get the word out. A spokesperson for the effort should be identified who can attest to the value and purpose of the effort (perhaps the chair of the steering committee or a trusted figure such as town moderator or director of the public library). This spokesperson can help to write press announcements and speak at public meetings prior to the launch of the data collection phase.

Data Collection

Once the key indicators for a CB Index have been determined by the steering committee, the next step is to create a strategy for data collection related to said indicators. There are three primary ways to collect civic health data, described here.

1. Community Conversations

One valuable way to gain insight directly from community stakeholders is through facilitated dialogue, where people can convene physically or virtually to share personal stories about their community, and identify assets and barriers to participation in civic life. [New Hampshire Listens](#) provides resources to communities wishing to use facilitated dialogue to bring large groups of people together for conversations about important and sometimes sensitive topics. This process could be used to gather input on the civic health of a community. If significant efforts are made to assure an authentic cross-representation of the community participates, a facilitated conversation can address broad questions tied to the key indicators of interest such as:

- Who shows up at community events, town meetings, or other gatherings? Who doesn't show up? Whose voices are heard at such events, and whose voices might be ignored? What barriers may be discouraging participation?
- Where are there opportunities for residents to come together to discuss the issues of the day or deliberate on specific topics that need to be addressed? Do residents trust the conveners of those meetings and are they comfortable in the venues that are chosen?

Are the times and days of those events convenient for most community members, especially those who work during the day and need child care or transportation support in order to participate? Are there social media platforms that could be used to increase participation?

- What are the biggest threats to our community's civic health? What are the causes of those threats? What are some steps we can take to address them?
- What are the community's greatest assets for civic health that can be built upon or strengthened?

Minutes or recordings of these kinds of conversations can be curated and analyzed by the steering committee to get a general sense of how residents view the civic health of their community. This might be a preliminary step in an Index process that serves to identify more specific factors that can be explored subsequently in more focused forms of data collection. Community conversations allow for data that speak to how many different people in the community are thinking about and experiencing civic health, and how they make meaning of it collectively, or where points of disagreement are.

2. Focus groups

Focus groups of 5 to 10 members chosen to represent specific populations living in the community can be another way to collect broad impressions and perceptions of civic health. Focus groups allow for detailed sharing of personal stories. For example, high school students, those who have recently moved into the community, retirees, people who rent, downtown business owners, religious leaders, organizers of neighbor associations, or advocates for low-income families could be enlisted for focus groups to ask the same kinds of questions listed above for community conversations. Or given their shared identities or experiences, they could be asked questions such as:

- How is your voice heard in this community?
- Where do you find places to make a difference?
- How easy is it for you and your peers to get involved in public meetings?
- Do you have access to the information you need to get involved or to voice your opinion?
- Where and how do you talk with others about community issues that are important to you?
- Do you feel like a welcomed and valued member of the community?

As with community conversations, minutes or recordings of focus groups can be analyzed by the steering committee to draw conclusions about civic engagement and participation as they are experienced by different segments of the community. These key findings could also be used to inform design of survey instruments to get a wider view of civic health.

3. Surveys

The community conversation and focus group methods listed above can produce broad impressions of how civic health operates or is perceived by those who participate in the data-gathering activities. This can be very useful for community leaders and decision-makers, but the data might only reflect the views of those who choose to show up. Carefully designed surveys can reach large numbers of people in the community. Surveys can be distributed via mail, through town websites and social media, or by canvassing at residences or in public spaces (farmer's markets, grocery stores, community festivals, town parks). To help you design your own surveys, at the end of this document we include survey instruments used in the past to collect civic health data. You may want to consult with an experienced survey researcher to help you design and distribute your questionnaire, and to analyze data.

A gold standard in survey research is the random sample. For communities, this might mean identifying a list of residents' telephone numbers or addresses, then selecting a random group from this population to participate in the survey. (Voter registration lists from local municipalities can be a good source for residents' contact information.) However, achieving a good response from a random sample often requires extensive efforts, and can require contacting many more people than actually participate in order to achieve a sample that is large and diverse enough to statistically represent the community.

On-line survey tools, such as Survey Monkey, Alchemer, and Qualtrics, are relatively easy to use. Communities may want to use tested civic health survey questions used in previous New Hampshire Civic Health Indices, especially the 2020 version which includes a wider range of questions than the 2012 version. These are available on [UNH's Carsey 2020 New Hampshire Civic Health Index webpage](#). Communities can draft their own locally relevant questions, too, as long as the wording of the questions is consistent with standards used in survey construction.

A community might choose to stratify its survey sample to be sure it hears from particular subgroups such as those between 18 and 34 years old or those living in certain zip codes. This requires access to public databases (e.g. voter registration lists) and the ability to create targeted mail or phone lists. In either case, volunteers or paid staff are needed to create the survey sample lists, place phone calls or mail printed surveys, and then record responses.

Surveys can also be pushed out through community social media platforms such as Front Porch Forum, Nextdoor, or local Facebook groups, or through town-operated websites, with requests for responses by users of those media. This approach may reach a large number of people, including non-residents. Findings will be influenced by the characteristics of people who are most likely to engage with these kinds of platforms, and therefore won't necessarily represent the community and its diverse residents. This is a less expensive and labor-intensive approach and when combined with some of the face-to-face methods described earlier may yield useful information for community leaders. However, the risk of overlooking some segments of the community should be considered—those who do not use social media, those who may not trust the source of the survey, those without access to the internet, etc.

“Person-on-the-street” surveys are similar to those just described. In this case volunteers might go door-to-door or set up a booth at a community event or a shopping venue and invite people to respond verbally or in writing to a set of survey questions. Again, who chooses to participate affects the ability to capture a representative picture of civic health. This approach can augment the impressions gleaned in community conversations or focus groups, but it risks leaving out the views of residents who might not attend such events or venues for a variety of reasons.

A more informal but creative way to capture a community's views of its civic health would be through participatory action research methods that engage residents directly in shaping key research questions, collecting data, and analyzing the results. One example is [Photovoice](#), which uses photos taken by community members of places and spaces that represent civic life. Once photos are collected and displayed publicly, residents come together in dialogue to discuss the meanings of what they see and what the implications might be for strengthening civic health. As in the methods above, summaries of those dialogues are then reviewed by the steering committee to translate into actionable findings.

Data Analysis

Analyzing the input received in public conversations or focus groups or compiling the results of surveys is the biggest and most difficult part of conducting a CB Index. Those who analyze the data and draw conclusions from them need to have some training and experience with this kind of work, and they must be committed to objective interpretation of the data regardless of their own interests or roles in the community. A steering committee might seek technical assistance from nonprofit organizations or businesses that regularly use focus groups or surveys. Faculty and students from post-secondary institutions could be helpful, too. For example, a sociology department might have resources to assist with analyzing the qualitative data from community conversations and focus groups. An applied mathematics department might assist with analyzing quantitative data from surveys. This is one part of the process where funds to hire an expert to oversee the data analysis would be useful to assure accuracy, objectivity, and trustworthiness.

It is the steering committee's responsibility to oversee data analysis and translate the findings of data into language that is meaningful to the community and can lead to recommendations for action. This might include sharing preliminary findings and conclusions with key community partners in order to "ground truth" the process. The steering committee can ask itself and others:

- What does this tell us about our community?
- Do these findings resonate with our understanding of civic health here?
- Do these findings leave out the experiences or perspectives of any segments of our community?
- Do we need to conduct further outreach and data collection to fill any gaps in the information we have gathered?

Once the steering committee has completed data analysis and developed summary assessments of the community's civic health, it should collaborate with other organizations and stakeholders to develop recommendations for future efforts aimed at assuring a healthy community. This might be similar to "community visioning" work or municipal master planning processes already in place. It is important that the recommendations in

the Index are directly linked to findings from the data that were collected. This will assure that the process has integrity and is trustworthy, not reflecting any particular ideologies or agendas on the part of the steering committee or other community leaders.

Dissemination

When the final report is completed, wide dissemination through multiple channels is important. Media coverage from both formal outlets and informal social media networks is desirable. Public events that celebrate the completion of the CB Index can be held. Steering committee members and others can present the findings and recommendations at public meetings and venues such as Rotary, Chamber, or PTA. To be sure the findings and recommendations live beyond the Index process, a dedicated website with the report and relevant data could be maintained, perhaps as a stand-alone site or as part of another public and trusted site (e.g., the public library or town offices). Ideally, the site would host future CB Index data and reports as well as related data that bear on civic engagement that might be collected by a city planning department, SAU office, or public health office.

Measurement to Action

At the end of the Index process, some will ask, what's next? How will our findings and recommendations be translated into concrete actions aimed at sustaining and strengthening our community? Residents who took time to participate in community conversations or focus groups or to complete a survey may want to see the results and benefits of their participation in the process. It is preferable that during the project, a "home" for the Index will be identified that can host the report and website as well as provide leadership for moving the findings into action. Given the energy and resources that go into creating a CB Index, no one will want it to "sit on the shelf." Again, such a home will need to be a trusted entity that aims to serve the full community. This might be a municipal office, a nonprofit coalition such as a [Main Street](#) program, a Chamber of Commerce, a 4-H Club, a Y, or similar resource that is seen as being inclusive and nonpartisan.

As actions are identified by the steering committee and other stakeholders, it's best to connect those actions to specific institutions or organizations with

missions that are related to those actions. If the focus is on youth and young adults, public schools, post-secondary institutions, or a young professionals network such as New Hampshire’s [Stay Work Play](#) could take on responsibility for moving actions forward and keeping the community up to date on progress. If the focus is on creating a welcoming community where everyone feels valued and heard, efforts such as [Welcoming America](#) could be initiated. If the goal is to increase volunteer opportunities in the community, connections could be made to AmeriCorps, Vista, or [Volunteer NH](#). Some communities may want to establish a civic health taskforce that continues to meet to keep actions moving forward.

Regardless of who takes responsibility for putting civic recommendations into action, it will be important to keep the community informed about what is happening and what changes are occurring. Transparency, regular communication, reconvening of civic health stakeholders, and celebrating progress are all part of the work of sustaining and strengthening civic health. Building trust among residents, between residents and decision-makers, and between residents and the public institutions that serve them are keys to civic health. Conducting a robust, inclusive process to measure civic health is a critical first step in the process.

Sustaining the Work

Communities may want to consider designing their CB Index so that they can continue to collect data over time to paint a picture of how civic life in the community changes over the years or in light of particular important events (like the pandemic, or a local natural disaster). When collecting information over time, it can be helpful to ask questions that aren’t too time-bound, and to use the same data collection methods consistently (like asking the same survey questions every five years). To accomplish a picture of longitudinal civic health, communities may want to create a long-term plan of who will carry out this work and when. Some communities may even want to consider creating some kind of civic dashboard that allows for them to create visualizations of how the community is changing over time. For instance, [this organization](#) from Arizona created a statewide dashboard related to “The Arizona We Want.”

Resources

Here are some tools you might want to draw on to conduct your own CB Index:

- Granite State Poll, Fall 2019—[This is the instrument](#) we used to gather data for the 2020 Civic Health Index—which includes questions from the Social Capital Community Benchmarks Survey as well as some of our own original questions.
- U.S. Census Bureau Current Population Survey Volunteering/Civic Engagement Supplement, 2017—[This is the instrument](#) we used to gather data on civic engagement and volunteering for the 2020 Civic Health Index.
- U.S. Census Bureau Current Population Survey Voting and Registration Supplement, November 2018—[This is the instrument](#) we used to gather data on voting for the 2020 Civic Health Index.
- Public Agenda’s Civic Scorecard—[Public Agenda](#) has created a tool for residents to share how they feel about the landscape of civic health in their community. To learn more, check out [this article](#) or contact Quixada Moore-Vissing at qmoore-vissing@publicagenda.org.

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