



PLACE MATTERS Design Lab Five: A Concept Paper
July 18-20, 2007 – Albuquerque, New Mexico

Prepared by: Vincent Lafronza, Ed.D., M.S., and Natalie Burke, Senior Consultants

OVERVIEW & PURPOSE

We are delighted you are joining us for this PLACE MATTERS Design Lab (DL) meeting. For the benefit of all participants, and especially for new members of our national learning community, this concept paper provides a brief overview of the PLACE MATTERS initiative and context for the meeting in Albuquerque, our fifth design lab. *Additionally, June 2007 marked an important milestone in the PLACE MATTERS journey as participating Teams completed the first year of activity. We congratulate all Team members on your interest in, commitment to, and progress made on developing plans to address the social determinants of health impacting your respective communities.*

We believe this learning experience will be particularly stimulating as the Bernalillo County (Albuquerque) Team has put together a three-hour learning excursion to add to our knowledge base and understanding of social determinants of health.

We are grateful for the Bernalillo Team's willingness to host us at this DL and for their dedicated planning efforts that will contribute to our national learning community. Additionally, we are pleased to share good news regarding the growth of our national family; please help us extend a warm 'PLACE MATTERS welcome' to representatives of our newly forming Teams from Baltimore, Prince George's County, MD, and Washington, DC. These three Teams will develop their individual action plans for their respective locales and where practical, will work together as a regional force to impact social determinants of health with common ground in the metropolitan Washington, D.C. region. We also extend a warm welcome to Ms. Gina Wood, the new Deputy Director of the Joint Center's Health Policy Institute, and Dr. Kathleen Maloy, a returning HPI consultant whose contributions helped create PLACE MATTERS.

Design Lab Five: Meeting Goals

1. Clarify and encourage "upstream" approaches
2. Plan for sustainability of PLACE MATTERS on the county team level
3. Discuss strategies to communicate PLACE MATTERS activities effectively
4. Learn about the Bernalillo Team's SDOH challenges/progress and how their lessons learned can be applied to other PLACE MATTERS sites
5. Identify next steps for implementation of county strategy plans
6. Engage in teambuilding activities that support the continued development and implementation of county strategy plans
7. Convene and network with colleagues participating in PLACE MATTERS counties
8. Provide a safe place to brainstorm and test new approaches
9. Share milestones achieved and active progress to address social determinants of health in participating counties

We also acknowledge the exemplary leadership of Dr. Gail Christopher, Place Matters architect and visionary. We wish Dr. Christopher well in her new and important role as vice president of health programs with the W.K. Kellogg Foundation. We're equally delighted that Gail will join us during this Albuquerque DL as she continues to support the Place Matters effort.

The HPI technical assistance facilitator team holds monthly conference calls to discuss our collective progress as a national effort. These discussions, together with the monthly conference calls held with each PLACE MATTERS Team, informed the development of DL5. Reducing health disparities by

addressing the social conditions that lead to poor health is the core mission of PLACE MATTERS. HPI has and will continue to encourage and support all PLACE MATTERS Teams to design interventions that address social issues, i.e., the social determinants of health. As we have discussed during previous DLs, a growing science base demonstrates that effective prevention requires strategy to address social issues that trigger increased morbidity and mortality. To add to our previous learning experiences, during DL5, the Praxis Project will conduct a workshop to help Teams enhance their intervention strategies. During the workshop, Teams will explore opportunities to impact upstream social issues associated with the health challenges PLACE MATTERS Teams wish to address.

As in previous meetings, this DL meeting provides an opportunity to provide peer networking and collaborative learning across PLACE MATTERS communities through discussion and strategizing within and among your Teams. We hope you find this working meeting productive and invite you to leverage your participation in PLACE MATTERS to enhance your efforts and to strengthen your capacity to improve the health and well-being of your community. We especially encourage participants to provide feedback via the evaluation forms disseminated at the meeting.

PLACE MATTERS: BRIEF RECAP

PLACE MATTERS is a national initiative of the Joint Center for Political and Economic Studies, Health Policy Institute (HPI) designed to improve the health of participating communities by addressing social conditions that lead to poor health. As of July 2007, our national learning community now consists of 16 PLACE MATTERS Teams responsible for designing and implementing strategies that address the **social determinants of health** impacting residents in 24 counties.

The Joint Center Health Policy Institute (HPI) approach to reducing/eliminating health disparities involves identifying the complex underlying causes of health disparities and defining strategies to address these root causes. A growing body of research clearly supports the notion that interventions targeting the social determinants of health can indeed modify patterns of health, illness, and health disparities. Systematic and evidence-based translation of this knowledge into policy and practice remains limited. Targeting upstream causes of health and measuring the indicators associated with social determinants of health are at the heart of our PLACE MATTERS work. With generous funding provided by the W.K. Kellogg Foundation, the PLACE MATTERS initiative attempts to address this gap.

To date, HPI has invited the many resource partners to join on this important journey, including but not limited to: The California Endowment, the National Association of Counties (NACo), the National Organization of Black County Officials (NOBCO), the National Association of County and City Health Officials (NACCHO), the International City/County Management Association (ICMA), the Henry J. Kaiser Family Foundation, PolicyLink, the Praxis Project, The MXD Collaborative, Inc., CommonHealth ACTION, Burrell Project Consultants, and M. Hunter Assoc. Our CommonHealth ACTION role is to develop and implement the DL learning experiences and to provide technical assistance to PLACE MATTERS participants. CommonHealth ACTION is a national, nonprofit organization whose mission is to help people and organizations maximize their potential to improve the health of individuals, families, and communities (for additional information, visit www.commonhealthaction.org).

What are Social Determinants of Health?

Social conditions are major determinants of health. Social forces acting at a collective level shape individual biology, individual risk behaviors, environmental exposures, and access to resources that promote health. There is a graded relationship between social position and health status that affects people at all levels of the social hierarchy. While public health programs alone cannot ameliorate the social forces that are associated with poor health outcomes, developing a better understanding of the social determinants of health is critical to reducing health disparities among Washington State residents of differing socioeconomic position.

From *The Health of Washington State: The Social Determinants of Health*. 2002.

PLACE MATTERS PROGRESS: MOVING FROM PLANNING TO IMPLEMENTATION

Over the past year, participating PLACE MATTERS Teams laid critical groundwork for framing and defining Team plans. As we enter our 13th month of PM activity, we focus on implementation. In many instances, Teams will necessarily need to refine their goals and to identify measurable and achievable benchmarks informed by locally relevant indicators to track progress. To facilitate effective implementation, in addition to the questions posed below in Table 1, we encourage each Team to consider the following questions to guide its work:

Implementation:

1. Moving forward with your refined, achievable and measurable goals, do you have the necessary partners on board to implement PLACE MATTERS activities effectively?
2. Where practical and useful, to what extent can you tie PLACE MATTERS activities to existing efforts currently underway?
3. How might your PLACE MATTERS Team become ‘opportunists’ with respect to leveraging resources to support your implementation activities?
4. Perhaps most importantly, to move from planning to implementation, what specific actions will the Team take within the next three months to achieve its goals and to measure its progress?

Sustainability:

1. To what extent does the Team building process include strategy to achieve **breadth** (within your organization) and **depth** (across participating organizations)?
2. To what extent has your Team put in place **succession planning**?
3. How might your Team **formalize** the PLACE MATTERS infrastructure (e.g., establish a new division or area within an existing organization or create a collaborative entity to address social determinants of health in an ongoing manner)?
4. How might your Team support positive **culture change** to ensure that addressing the **social determinants of health** becomes a usual way of conducting business in your organizations and community?
5. How might your Team secure additional **resources** (e.g., primarily financial and human)?
6. What roles can **policy** play to ensure **sustainability**?
7. How might your Team leverage the *messaging* exercise to **communicate** the issues and goals?

LEVELS OF UPSTREAM-NESS: SUCCESS BY DESIGN

Once each Team has refined its achievable and measurable goals, revisiting the strategies to achieve the goals will be helpful. Remember: reducing health disparities by addressing the social conditions that lead to poor health is the core mission of PLACE MATTERS. *Over a period of three to five years, PLACE MATTERS participants should be able to demonstrate and document progress, as well as the reasons for progress, toward redressing the social conditions associated with health inequities—and thereby toward reducing health disparities.*

Joint Center Mission and History

The Joint Center for Political and Economic Studies, a national, nonprofit research and public policy institution, informs and illuminates the nation's major public policy debates through research, analysis, and information dissemination in order to: improve the socioeconomic status of black Americans and other minorities; expand their effective participation in the political and public policy arenas; and promote communications and relationships across racial and ethnic lines to strengthen the nation's pluralistic society. Founded in 1970 by black intellectuals and professionals to provide training and technical assistance to newly elected black officials, the Joint Center is recognized today as one of the nation's premier think tanks on a broad range of public policy issues of concern to African Americans and other communities of color.

The history of the Joint Center has not only mirrored the progress African Americans have made since the passage of the 1965 Voting Rights Act, but has also mirrored the nation's political and socio-economic progress over the last three decades. When the Joint Center first opened its doors, there were 1,469 black elected officials (BEOs). There are now over 9,000 BEOs in the United States.

Health Policy Institute Mission

The mission of the Joint Center Health Policy Institute (HPI) is to ignite a “Fair Health” movement that gives people of color the inalienable right to equal opportunity for healthy lives. Our goal is to help communities of color identify short- and long-term policy objectives and related activities in the following key areas:

- Identifying and addressing the economic, social, environmental and behavioral determinants that can lead to improved health outcomes.
- Increasing resource allocations for prevention and effective treatment of chronic illness.
- Informing the policy and practice of reducing infant mortality and improving child and maternal health.
- Reducing risk factors and supporting healthy behaviors among children and youth.
- Improving mental health and reducing factors that promote violence.
- Optimizing healthcare access and quality.
- Creating conditions for healthy aging and improving the quality of life for seniors.

The consultants HPI paired with each Team will continue to provide technical support through conference calls and site visits. In preparation for our convening in Albuquerque, HPI requested that CommonHealth ACTION share the evolving plans of the strategy Teams and challenge each Team to consider enhancing strategies to bring the interventions even further upstream. To accomplish this task, we leveraged input from each HPI facilitator and also include herein a review of Doak Bloss’s *Levels of Upstream-ness*.¹ Additionally, we’ve included the updated description of Team goal areas (Table 1) and our collective thoughts for consideration on enhancing interventions to move further upstream. We offer our suggestions in a positive spirit in the hopes of stimulating Team dialogue during this DL, in Team meetings, and during technical assistance consultations with each Team facilitator in the ensuing months. We strongly encourage Team self-assessment of each strategy vis-à-vis the Bloss *levels of upstream-ness*. Table 1 also includes a preliminary *gestimate* of these levels for the interventions proposed

by each Team. **These estimates reflect preliminary assessments based on the information we have about each Team’s work as of July 1, 2007.** We acknowledge that data presented in Table 1 might not be fully reflective of each Team’s progress to date, and we invite revisions and updates to your Team goals accordingly.

The Levels of Upstream-Ness assessment is included as a means to stimulate Team dialogue on opportunities to move interventions further upstream to impact social conditions that support health and impede threats to health.

Level 1 – UPSTREAM: An activity that attempts to eliminate those things in the social structure that deny certain people voice, power, and political influence in society (e.g., class exploitation, racism, and gender discrimination).

Level 2 – MODERATELY UPSTREAM: An activity that directly attempts to give people access to the things that will help them obtain an equal footing with those who are currently privileged (e.g., quality education, low-interest loans, inclusion in social networks).

Level 3 – A LITTLE UPSTREAM: An activity that moves people from conditions that impede health into conditions that support health (e.g., secure and good-paying jobs, quality and affordable housing, access to transportation).

Level 4 – DOWNSTREAM: An activity that relieves stress or changes unhealthy behaviors (e.g., support groups, smoking cessation campaigns, family planning education).

¹ Bloss, D. Initiating Social Justice Action Through Dialogue in a Local Health Department: The Ingham County Experience. Chapter Two in Tackling Health Inequities Through Public Health Practice: A Handbook for Action. National Association of County and City Health Officials, July, 2006, p. 33-58.

TABLE 1: PLACE MATTERS ACTIVITY SNAPSHOT AS OF JULY 2007

PLACE MATTERS Team	Brief Description of Team Goal Areas	Relevant Social Determinants & Levels of Upstream-Ness	Input for Consideration, July 07
Alameda County (CA)	<ul style="list-style-type: none"> • Create community health policy objectives that reflect a healthy Oakland vision. Find research, baseline data and identify appropriate indicators and indexes that are sound, irrefutable that help measure those objectives and vision • Generate and present data on those objectives and indicators to assess how the county is doing • Build public/community dialogue about how policies such as land use planning affects the health of the city • Influence the policy making processes to account for short range and long range health impacts • Improve interdepartmental cooperation to achieve community health goals 	Land use policy Physical environment Political influence Upstream-Ness: Levels III, II, I	<ul style="list-style-type: none"> • Critical issues identified. Consider honing focus and identifying specific and achievable goals for the next 3-months, inclusive of greater specificity beyond community dialogue (e.g., does the Team envision a finalized county-wide policy agenda or community dialogue to inform policy as an outcome)? • What indicators does the Team plan to use to measure success?
Baltimore (MD)	<ul style="list-style-type: none"> • New Team; Goals under development. 		
Bernalillo County (NM)	Develop land use policies that: <ul style="list-style-type: none"> • Address the disproportionate environmental pollutant burden on minority, low-income and vulnerable communities, and • consider the cumulative impact of multiple environmental and social stressors on the health of the community 	Land use policy Physical environment Racism/environmental justice Distribution of goods/services (lack of access to culturally appropriate health care) Upstream-Ness: Level I	<ul style="list-style-type: none"> • Critical issues identified. Consider identifying specific and achievable goals for the next 3-months, perhaps inclusive of a briefing/green paper that frames the issues and possible solutions. • What indicators does the Team plan to use to measure success?

PLACE MATTERS Team	Brief Description of Team Goal Areas	Relevant Social Determinants & Levels of Upstream-Ness	Input for Consideration, July 07
Coahoma, Sunflower, and Washington Counties (MS)	<p>Reduction of Obesity, Type II Diabetes and Cardiovascular disease</p> <ul style="list-style-type: none"> Working with local school districts and the Delta Revitalization Commission, the team will develop implementation protocols for the newly passed Mississippi Healthy Kids Act. This will include health assessments, staff development and partnerships for healthier lunches, exercise, etc., and increasing community literacy on food and recreation issues. The team will also partner with HeadStart and local daycare centers to conduct health assessments at the pre school level. 	<p>Quality of education</p> <p>Distribution of goods and services</p> <p>Upstream-Ness: Levels IV, III</p>	<ul style="list-style-type: none"> Critical issue identified. A focus on the Healthy Kids Act and building a partnership with the Delta Revitalization Commission could result in a focused initiative with a great deal of impact on a limited budget. To what extent has the Team considered honing focus and identifying specific and achievable goals for the next 3-months that address more upstream issues (e.g., Levels II and I) such as relationship of culture of rural poverty and culture of eating (school and neighborhood options for healthy foods, fast food establishments, food costs, availability, etc.)? What indicators does the Team plan to use to measure success?
Cook County (IL)	<p>Regional Strategic Planning</p> <ul style="list-style-type: none"> Identifying and addressing the economic, social, environmental and behavioral determinants that can lead to improved health care outcomes Improved access to care 	<p>Distribution of goods and services</p> <p>Neighborhood environmental conditions</p> <p>Quality/availability of education</p> <p>Upstream-Ness: Levels III, II</p>	<ul style="list-style-type: none"> Critical issues identified. To what extent has the Team considered clarifying the relationship between the overarching social determinants listed and 'improved access to care'? If we miraculously gave every resident of Cook County 100% access to care as of this moment, would this address the improved health care

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			<p>outcomes to the satisfaction of your Team? To what extent would this eliminate health disparities?</p> <ul style="list-style-type: none"> • What indicators does the Team plan to use to measure success?
Cuyahoga County (OH)	<p>Access to Health Care</p> <ul style="list-style-type: none"> • HHS will develop a business case plan by Dec. 31, 2007 that demonstrates the connection between improving healthcare access and the economic stability of Cuyahoga County • Decrease inappropriate use of emergency services; reduce avoidable hospitalizations; increase target populations insurance enrollment (Medicaid, etc.) • Establish community-based participatory approaches within four catchment areas to advance county-wide plans to connect the target populations to a medical home • Increase knowledge of community leaders regarding the economic impact of inappropriate emergency department use on various sectors of the community • Garner funding to support goals of project from various sources (foundations, CDC, etc.) <p>Healthy Living Environments</p> <ul style="list-style-type: none"> • Improve living conditions / environment of East Cleveland residents with Cardiovascular Disease (CVD) and other chronic illnesses • Utilize vacant land for community gardens and green spaces. Engage stakeholders via the Healthy Communities committee to develop additional strategies. 	<p>Distribution of goods and services</p> <p>Political influence</p> <p>Upstream-Ness: Levels III, II</p>	<ul style="list-style-type: none"> • Critical issues identified. Addressing both access to health care and improving healthy living environs is ambitious. Consider prioritizing areas, perhaps only focusing in the next three months on specific tasks needed to make the business case for health care and the relationship to economic stability. • To what extent does the Team have on board the necessary partners to develop a business case related to health care and economic stability? • What are the Team's data and expertise needs? • What indicators does the Team plan to use to measure success?

PLACE MATTERS Team	Brief Description of Team Goal Areas	Relevant Social Determinants & Levels of Upstream-Ness	Input for Consideration, July 07
Jefferson County (AL)	<ul style="list-style-type: none"> • Create intervention on the issue of obesity in Jefferson County, championed through the Pulpits of the community and supported by institutional stakeholders from the community • Build upon current ministerial alliance with the following local groups serving communities which CPH currently serves: Ministerial Brotherhood; Clergy That Care: Alabama Department of Public Health-Office of Minority Health; and Alabama Obesity Task Force • Grow relationship with University of Alabama-Birmingham School of Public Health to gain the support and services of other disciplines within the university in addressing the issue of obesity • Work with Alabama State Legislature to enact legislation to address obesity in targeted community as well as Birmingham and Jefferson County overall 	<p>Distribution of goods and services</p> <p>Physical environment</p> <p>Political influence</p> <p>Upstream-Ness: Levels II, IV</p>	<ul style="list-style-type: none"> • Critical issues identified. What are the steps necessary to fortify the sustainable effort from the pulpit into action that would bring changes to local laws and/or institutional operating procedures likes school nutrition or fast-food zoning, etc? • To what extent has the team identified policy targets for the school systems (e.g., governing vending machines, lunch menus, etc.)?
King County (WA)	<ul style="list-style-type: none"> • A robust policy agenda developed through a collaborative stakeholder engagement process • Community mobilization to gain political access and exercise political power • Salient and explicit discussion of racism, discrimination and privilege to raise awareness about the causal relationships to health inequity • Policy implementation 	<p>Racism (institutionalized)</p> <p>Political influence</p> <p>Public policy</p> <p>Upstream-Ness: Level I</p>	<ul style="list-style-type: none"> • Critical issues identified. Does the Team have/will Team develop a model that is driving the activities aimed at addressing causal relationships? Policy implementation planned to address institutional racism? • What indicators does the Team plan to use to measure success?

PLACE MATTERS Team	Brief Description of Team Goal Areas	Relevant Social Determinants & Levels of Upstream-Ness	Input for Consideration, July 07
Marlboro County (SC)	<p>Reduce Emergency Room (ER) admission due to untreated/undetected diseases by rerouting primary care out of the ER to connect those patients to Primary Health Care Providers and Mental Health Center</p> <p>Increase the number of youth in Marlboro County that graduate high school and go on to become the leaders of our communities by increasing programs that prepare our children for college and a high technology job market</p>	<p>Distribution of goods and services</p> <p>Quality of education</p> <p>Employment opportunity</p> <p>Upstream-Ness: Levels IV, III, II</p>	<ul style="list-style-type: none"> • Critical issues identified. To what extent has the Team considered tying legislation to economic development, education and health issues? • How will Team track impact of target audiences to be addressed?
Orleans Parish (LA)	<p>Access to Health Care</p> <ul style="list-style-type: none"> • Develop strategic plan to get the care they need <p>Commence Dialogue on Healthy Kids</p> <ul style="list-style-type: none"> • Communication/Social Marketing to stress availability of LCHIP • Advocate with Parks and Recreation to get more playgrounds open for summer • Create places to play by closing off streets • Address Safety for use of parks, neighborhood watch • Advocate for improved built environment 	<p>Distribution of goods and services</p> <p>Neighborhood environmental conditions</p> <p>Upstream-Ness: Levels IV, III, II</p>	<ul style="list-style-type: none"> • Critical issues identified. Has the Team considered clarifying the relationship between the overarching social determinants discussed and access to care? If we miraculously gave every resident of Orleans Parish 100% access to care as of this moment, would this address the improved health care outcomes to the satisfaction of your Team? To what extent would this eliminate health disparities? • How are youth representatives involved in this effort? • What indicators does the Team plan to use to measure success?
Prince George's County (MD)	<ul style="list-style-type: none"> • New Team; Goals under development. 		

PLACE MATTERS Team	Brief Description of Team Goal Areas	Relevant Social Determinants & Levels of Upstream-Ness	Input for Consideration, July 07
<p>San Joaquin Valley Counties (CA) <i>Fresno, Kern, Kings, Madera, Merced, & Tulare</i></p>	<ul style="list-style-type: none"> • Reduce # of MVA in San Joaquin Valley • Identify social determinants that lead to disparities in MVA morbidity and mortality • Seek funding and other resources to pilot 	<p>Neighborhood environmental conditions</p> <p>Political influence</p> <p>Social exclusion</p> <p>Upstream-Ness: Level III</p>	<ul style="list-style-type: none"> • Critical issues identified. How will the Team engage community leaders/representatives? • To what extent has the Team mapped out the linkages between the programmatic intervention planned and clearly exposing social determinants of health?
<p>Sharkey-Issaquena Counties (MS)</p>	<ul style="list-style-type: none"> • The community will be more aware that obesity may increase the risk of many serious disease and health conditions (diabetes type11, HTN, CHF kidney diseases, to name a few) • Core leaders in the community will become involved with this project including school officials and the local medical community • Physical activity will be increased evidenced by more utilization of the walking trail, local gym and other forms of exercise 	<p>Neighborhood environmental conditions</p> <p>Built Environment</p> <p>Distribution of goods and services</p> <p>Quality/availability of education</p> <p>Upstream-Ness: Levels IV, II</p>	<ul style="list-style-type: none"> • Critical issues identified. Has the Team considered the extent to which environmental conditions contribute to childhood obesity (e.g., school policies, distribution of fast food restaurants, availability of healthy food, etc.)?
<p>Suffolk County (MA)</p>	<ul style="list-style-type: none"> • Reduce levels of obesity for residents of color by increasing their accessibility to healthy food options • Aggressively fundraise to support activities from the Team • Strategize on ways to support community leadership and involvement in the Suffolk County PLACE MATTERS activities • Reduce community-level violence, a new area of 	<p>Distribution of goods and services</p> <p>Neighborhood environmental conditions</p> <p>Quality of education</p> <p>Upstream-Ness: Level II</p>	<ul style="list-style-type: none"> • Critical issues identified. To what extent has the Team considered the underlying relationships between youth obesity and violence? • How are youth representatives involved in this effort? • How will you measure your success?

PLACE MATTERS Team	Brief Description of Team Goal Areas	Relevant Social Determinants & Levels of Upstream-Ness	Input for Consideration, July 07
	growing significance in terms of racial and ethnic disparities in health		
Washington (DC)	<ul style="list-style-type: none"> New Team; Goals under development. 		
Wayne County (MI)	<ul style="list-style-type: none"> Reduction in infant mortality in the African American population (AAP) Increase in numbers of planned pregnancies in AAP Increased healthy birth outcomes in AAP Focus on bringing best practices related to planned pregnancies and prevention of unwanted pregnancies to the city of Inkster in Wayne county by working with families and children Work with teenagers within various organizations e.g. school based clinics, boys and girls clubs, boy scouts and girl scouts, community based organizations, faith based organizations, youth centers, mayors programs for teens etc. 	<p>Neighborhood environmental conditions</p> <p>Distribution of goods and services</p> <p>Quality of education</p> <p>Upstream-Ness: Levels IV, III</p>	<ul style="list-style-type: none"> Critical issues identified. To what extent will the Team leverage its Place Matters lens in collaboration with the county 5-year strategic business plan address the root causes associated with infant mortality (e.g., education, poverty, etc.)? In light of what's known about the strengths and limitations of the medical model, what are the relationships between reproductive risk and social determinants of health? If your Team could impact one or two critical social determinants associated with reproductive risk, on what would you focus? How will you measure your success?

PLACE MATTERS Communities as of July 2007

