

Core Service Report

Advocacy

Report Category:
Capacity Building



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

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SNAPSHOT

AIRS Code Level I: Criminal Justice & Legal Services (F)

AIRS Code Level II: Legal Assistance Modalities (FP)

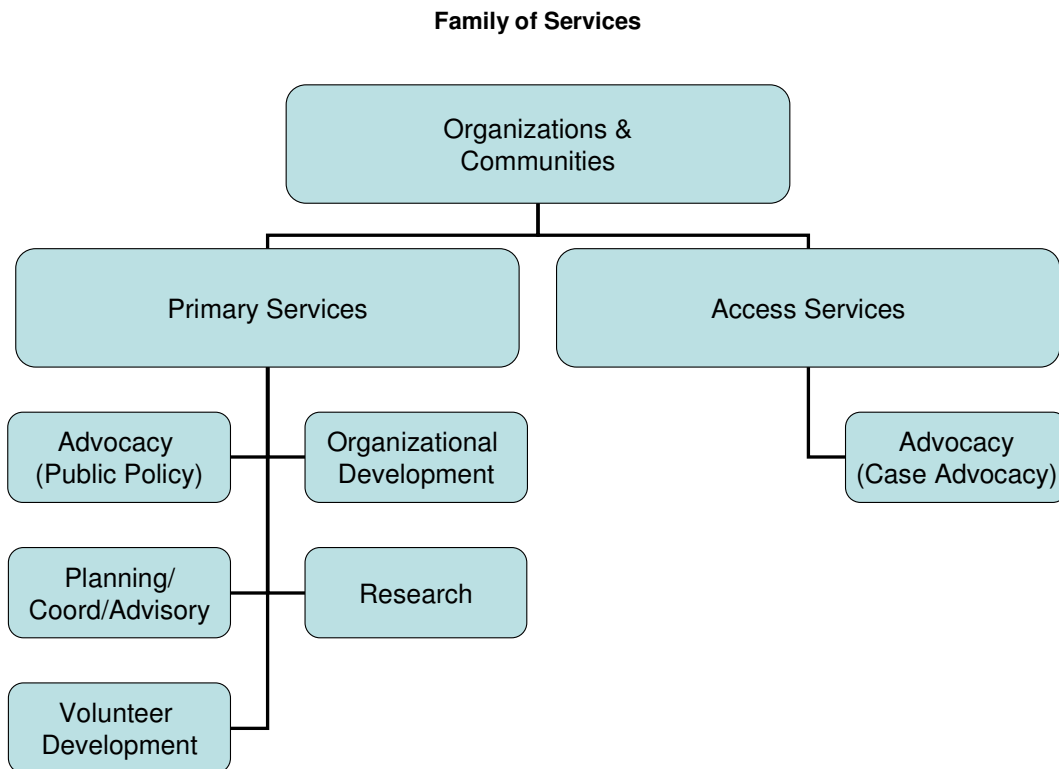
Core Service: Advocacy (FP-050)

Investment Committee: Capacity Building

Cluster: N/A

AIRS Definition: Programs that seek to influence legislation in order to benefit specific interest groups or achieve specific social, policy, or environmental goals; or that intercede on behalf of individuals and/or groups to ensure that they receive benefits and services to which they are entitled and their rights guaranteed by law are protected and enforced. Most advocacy programs do not utilize attorneys and are therefore not qualified to offer legal opinions or represent their clients in court.

Advocacy is part of a family of services that target organizations and communities as their consumer. Public policy advocacy is one of 5 primary services in this group and case advocacy helps direct service consumers access needed services. (See figure below.)



Core Service Environment

Advocacy consists of organized efforts and actions seeking to highlight critical issues, to influence public attitudes, and to enact or implement laws and public policies. The main goal of advocacy is to bring clear improvement to people's lives. It may focus on an individual's rights in a specific instance or on system changes that may benefit a larger targeted group or class. Traditionally, advocacy organizations draw their strength from their members and constituents.

Core Service Consumers

Public Policy Advocacy - The target population addressed in this core service report is public officials, including administrative and elected, with responsibility for decision making on legislation, regulation, or administration of publicly supported programs.

Case Advocacy addresses any client of a health or human service organization who needs assistance in articulating his/her need for service because of limited education, cognitive functioning, or other disabilities.

Core Service Definition

Public Policy Advocacy is defined as influencing legislation or other public regulations to benefit specific interest groups or achieve specific social, policy or environmental goals.

Case Advocacy is defined as interceding on behalf of individuals and/or groups to ensure that they receive benefits and services to which they are entitled and that their rights guaranteed by law are protected and enforced.

Capacity Building Question: What is the agenda of the United Way Government Relations Committee? How was the agenda established?

The United Way Government Relations Committee does not establish an annual policy agenda, but monitors and is responsive to current legislative, electoral, and regulatory issues that broadly affect health and human service delivery in Cuyahoga County. The committee regularly makes recommendations on these issues to the board of directors for its review and approval.

Capacity Building Question: What is the public policy agenda of the Council of Agency Executives? How was the agenda established?

During 2006 the committee's emphasis has been on developing advocacy skills among the agencies.

Capacity Building Question: What are the current public policy issues affecting target populations served by UW agencies identified through the other core service planning qualitative research?

Focus groups conducted for United Way's Core Service Planning (2005) identified the following advocacy issue areas:

- Basic Needs
- Case Management
- Child Care
- Education
- Emergency Services
- Family Substitute Services
- Health Care
- Mental Health

- Individual Family Support Services
- Legal Services
- Overall Seniors
- Rehabilitation Residential Living Options
- Substance Abuse
- Youth Development

The Center for Community Solutions (CCS) is engaged in advocacy on the following issues currently facing United Way of Greater Cleveland target populations (2005):

- Developing Human Capital/Workforce Development
- Clean Indoor Air/Tobacco Use Reduction
- Early Care and Education
- Family Planning & Sexual Health
- Health Care Disparities
- Medicaid
- Social Security
- Tax Policy
- Youth Development/Urban Education

Capacity Building Questions: Who in the community provides public policy advocacy? What is their focus (neighborhood; local, state, or federal government)? What is their content area (e.g. health, education, etc.)? What is their organizational auspice (e.g. division of a social service agency, an ad hoc community group, etc.)? How do they establish their advocacy agenda?

United Way First Call for Help does not collect data on advocacy providers. A separate survey identified twenty-five provider organizations. The organizational auspices were varied, with the majority of advocacy groups identifying themselves as either nonprofit human services or nonprofit public interest groups. Most survey respondents reported that public policy advocacy appears to be in the health, human services, housing, education, and economy areas. A few were focused on the environment and community development/urban policy. Most were participating in state and federal advocacy, with approximately two-thirds also participating at the local level and one-fourth at the neighborhood level.

The majority of organizations that replied to the capacity building strategies survey indicated that their respective board typically defines the advocacy agendas based on staff recommendations. The issues identified for advocacy efforts tend to grow out of their experience with consumers they serve.

Capacity Building Questions: Who in the community provides case advocacy? Who are the targeted populations?

Forty case advocacy providers were identified. These organizations offered case advocacy services to a variety of populations. Most survey respondents reported case advocacy in the health, human services, housing, education, and economy areas. Nearly all were aimed at providing advocacy for disenfranchised individuals and families. A few were focused on providing self-advocating skills to individuals.

The United Way of America recently surveyed United Way organizations across the country in regard to their involvement in public policy advocacy initiatives. The organization concluded that, in general, United Ways are not optimally embracing public policy advocacy.

Capacity Building Questions: How are they funded? How much funding is available community-wide?

For most of the capacity building strategies, survey respondents indicated that their funding comes primarily from government sources, foundations, corporate entities, United Way, Community Shares, fundraising, and private donations. Some receive membership dues and individual gifts. Funding for advocacy programs varies and is usually dependent upon the funder's area of interest.

Locally, The Cleveland, Gund, and Jennings Foundations also have been historically significant supporters of advocacy efforts. However, recent contributions from these and other foundations have decreased significantly.

As of May 11, 2006, \$880,518 in revenues for advocacy has been identified countywide. Approximately 46 percent of the identified revenues are from United Way of Greater Cleveland; the remaining 54 percent comes from foundations and other federated organizations.

Capacity Building Question: How do other United Ways approach funding of advocacy?

Two of the four United Way respondents to the United Way Capacity Building Strategic Output Survey reported funding advocacy; the other two did not fund it, although they both consider it an important service to be funded.

Capacity Building Questions: What are models for doing advocacy, including coordinated systems approaches? What evidence is there of the effectiveness of the models?

Five models of public policy advocacy are:

- Minnesota Council of Nonprofits purports that a nonprofit is an essential element of democracy, serving as a vehicle through which individuals organize and speak together to achieve a common mission.
- The Strategic and Tactical Aggressiveness model considers confrontation versus consensus-building, inside versus outside approaches, and professionalization. Each approach has its own advantages and disadvantages.
- Data-based Advocacy is a framework for strengthening connections between raw data and final policies, between data and programs that advocate for and serve people, and ultimately, between data and the people themselves.
- The E-Advocacy/Mobilization and Lobbying model is based on setting-up a planned, directed flow of information to build strong virtual allies to complement actions in the real world (Nath, 2000).
- Network-centric Advocacy is the adaptation of advocacy and traditional grassroots organizing to the age of connectivity. It focuses on supporting individual engagement through connected grid resources (that may reside with individuals or organizations) (Kearns, n.d.).

Capacity Building Questions: What are best models for doing case advocacy? What are the pros and cons of each model? What evidence is there of the effectiveness of the models?

Comhairle (2003) has identified multiple case advocacy models, their effectiveness, and the pros and cons of utilizing these models. The three primary models are: self advocacy, either as

individuals or groups; peer advocacy, either through family members or community; and personal/professional advocacy, using trained workers or case managers. There are pros and cons for each method along the dimensions of autonomy, empowerment, skill, and conflict of interest. There were no consistent evaluation findings due to invisibility of the interaction and diversity of groups.

When reviewing best practices, several sources outline very similar practices. Ultimately, they call for a client-centered approach where information is accessible and providers are held accountable.

Capacity Building Question: What are the pros and cons of United Way coalescing all its forces on behalf of certain issues vs. funding-specific agencies?

Every new nonprofit requires significant time, expertise, and money to create an infrastructure for advocacy. Often nonprofit leaders possess abundant programmatic vision and experience but have little expertise in providing advocacy. Lacking the resources and/or knowledge to do it properly, leaders take time away from critical mission-related work to piece together inadequate advocacy infrastructures.

By joining economic justice issues and direct action methods, local communities all over the country can organize for increased collective and economic power. By tying together local organizations around a specific issue, larger-scale change can be achieved (Immergluck, 2003).

Capacity Building Question: What evidence is there on the importance of investment in advocacy compared to direct service areas with respect to impact on target populations? How is effectiveness measured?

One way of looking at a program's return on investment is by utilizing the socio-economic value creation, which considers both economic and social value. It is this combined value creation process that an SROI (socio-economic return on investment) analysis attempts to measure.

In the capacity building survey distributed to local organizations, interviewees were asked "What evidence are you aware of to suggest that there is a return on investment for advocacy efforts?" Many respondents noted legislative changes as their primary indicator of success.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community's safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue funding a broad array of "safety net" services that are important to the Greater Cleveland area; but it is hoped that the research findings will guide how UW dollars could be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way of Greater Cleveland contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information is available and where there are significant gaps.

The standard questions addressed in reports for core services other than the capacity building reports are:

- Including public policies, what are the environmental influences that impact both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by the government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fundraising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn't work in service delivery?
- Are there service gaps, duplication, under-utilization?

The core services encompassed in the Capacity Building Investment Committee (advocacy, organizational development, planning/coordination/advisory groups, research, and volunteer development) required an alternative methodology for the following reasons:

- The core services in capacity building do not follow typical direct service patterns. Most capacity building core services are indirect services that often target other core services providers.
- Sometimes there is no consumer demographic tracking for capacity building core services.
- United Way First Call for Help does not gather call data for some of the capacity building core services.

As a result, the Capacity Building Investment Committee developed a unique set of questions for each core service. We have integrated the responses to these questions into the standard core service report outline and re-stated the question. The specific research questions addressed for advocacy are:

Public Policy Advocacy:

- Who in the community provides public policy advocacy?
 - What is their focus (neighborhood; local, state, or federal government)?
 - What is their content area (e.g. health, education, etc.)?
 - What is their organizational auspice (e.g. division of a social service agency, an ad hoc community group, etc.)?
 - How are they funded? How much funding community-wide?
 - How do they establish their advocacy agenda?
 - Are there duplications? Gaps?
- Best Practices
 - What are models for doing advocacy, including coordinated systems approaches? How is effectiveness measured and what evidence is there of the effectiveness of the models? What are the pros and cons of United Way coalescing all its forces on behalf of certain issues vs. funding specific agencies?
 - How do other United Way's approach funding of advocacy?
- Return on Investment
 - What evidence is there on the importance of investment in advocacy compared to direct service areas with respect to impact on target populations?
- Relationship to Other United Way Advocacy Efforts
 - What is the agenda of the UW Governmental Relations Committee? How was the agenda established?
 - What is the agenda of the Council of Agency Executives? How was the agenda established?
- What are barriers for nonprofit organizations engaging in public policy advocacy?
 - What are the legal limitations?
 - Conflicts between funders and advocacy groups.
 - Other
- What are the current public policy issues affecting target populations served by United Way agencies identified through the other Core Service Planning qualitative research?

Case Advocacy:

- Who in the community provides case advocacy?
 - Who are the targeted populations?
 - How are they funded? How much funding is available?
 - Is there duplication? Gaps?
- Best Practices
 - What are models for doing case advocacy? How is effectiveness of the different models measured and what evidence is there of the effectiveness of the models? What are the pros and cons of each model?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member and non-member agencies and key informant interviews with 93 experts in their respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those that have unmet needs; they provided insight about specific service gaps and duplication as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004): Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, consumers' residence zip codes, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004): United Way - First Call for Help (FCFH) provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide, and the zip codes in which they are located and those they serve, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to refer to. Note that First Call for Help only collects information on some of the capacity building services.
- Literature reviews on service trends and issues as well as best practices, i.e., what works/what doesn't work in service delivery.
- Searches for information on public policies that currently impact consumers or service delivery where relevant.
- The United Way Capacity Building Strategic Input Survey solicited comparable United Ways across Ohio and the U.S. for information about how they handle funding of capacity building services. (See Attachment 2 for a copy of the survey.) Four United Ways (in Colorado, Louisiana, Missouri and Washington) responded to the surveys. Respondents were asked to answer the following questions specific to both public policy and case advocacy:
 - Do you provide public policy advocacy? Yes ____ No ____ If yes...
 - ◆ What is your advocacy focus (neighborhood; local, state, or federal government)?
 - ◆ What is your advocacy content area (e.g. health, education, etc.)?

- ◆ Who funds your advocacy efforts and at what level?
- ◆ How do you establish your advocacy agenda?
- ◆ Are there advocacy duplications in the community? Gaps? Please explain.
- ◆ What evidence are you aware of to suggest that there is a return on investment for advocacy efforts?
- ◆ What are barriers for nonprofit organizations engaging in public policy advocacy?
 - What are the legal limitations?
 - Describe any conflicts between funders and advocacy groups.
 - Please describe any other barriers.
- Do you provide case/individual advocacy? Yes ____ No ____ If yes...
 - ◆ Who is/are your target population(s)?
 - ◆ How are you funded? How much funding is available to you?
 - ◆ Are there duplications in case advocacy? Gaps? Explain.
- The United Way Capacity Building Strategic Input Survey was also sent to 185 agencies that provided capacity building services and were listed in the First Call for Help database. Sixty-seven agencies responded:
 - Planning/Coordination/Advisory Groups (21 responses);
 - Organizational Development (12 responses);
 - Volunteer Development (11 responses);
 - Public Policy Advocacy (27 responses);
 - Case Advocacy (12 responses); and
 - Research (36 responses).

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

Advocacy consists of organized efforts and actions seeking to highlight critical issues, to influence public attitudes, and to enact or implement laws and public policies. The main goal of advocacy is to bring clear improvement to people’s lives. It may focus on an individual’s rights in a specific instance or on system changes that may benefit a larger targeted group or class. Traditionally, advocacy organizations draw their strength from their members and constituents.

Cambridgeshire (1997) defines several forms of advocacy:

- *Self advocacy*- an individual, or group of people, speak or act on their own behalf in pursuit of their own needs and interests.
- *Citizen advocacy* – an advocate speaks on behalf of the service user(s) or helps them to speak for themselves. It is based on the idea of a “valued citizen” (i.e., someone with access) working with a person who may not have the access or experience to advocate for him- or herself. The relationship may lead to the development of the service users’ skills or confidence to manage their own situation.
- *Crisis advocacy*- an advocate is found to help with a one-time difficult situation or crisis that may require immediate action.
- *Peer advocacy* - service users who have experienced similar problems of not being heard may help others to speak for themselves. A peer advocate is likely to have a very good understanding of what other service users are going through.
- *Professional advocacy* - experts in a professional field who are commissioned to speak on behalf of an individual service user or group. They may or may not receive payment for acting as an advocate.
- *Collective advocacy* - a group of people, sometimes from very different backgrounds, campaign on behalf of themselves or others to try to change policies, procedures, or funding. This could be a national or local organization focusing on either national or local issues.

Lobbying is one form of collective advocacy that seeks to influence legislation and public policy. Nonprofits often use lobbying and advocacy opportunities to influence legislation that relates to their mission, and that can bring about changes to improve the lives of the people they work with. Nonprofits’ efforts must be non-partisan as they engage in voter and candidate educational activities. Otherwise, there are generally no legal limits of time or money that nonprofits may spend on public policy related issues, including community organizing, holding rallies, advocating on administrative rules and conducting public education campaigns, producing and disseminating research, or engaging in other advocacy related activities.

Grassroots advocacy organizations are usually smaller and may lack the financial and professional resources (i.e., staff, budget, professional training) of larger lobbying organizations. Many begin as a handful of concerned people who rally around a local common cause—often something as personal as neighborhood issues. These groups, while often less experienced initially, must still operate under certain guidelines to be effective.

Activist communities seek some sort of structural change in existing social, political, or economic systems, or in some combination of those arenas. They are often distinguished from mutual-aid or self-help organizations that tend to avoid seeking government policy related or social change. Activist movements are often categorized by the type of community in which they organize. These include communities delineated by *geography* (that may become involved in, for instance, neighborhood organizing), *issue* (civil rights, labor, and health care), and *identity* (coming together for social activism based on shared gender, race, ethnicity, religion, age, or disability). (Immergluck, 2003)

Activist communities can also be distinguished by the methods and mechanisms they use to pursue change. These include direct service, research, advocacy, and direct action. Direct service organizations (which some do not consider activists) focus on the development of resources and services for people in a community. For example, they might organize a soup kitchen or housing program. Groups employing research as their principle method typically conduct applied research on problems and issues to stimulate public discussion and promote solutions. (Immergluck, 2003)

Advocacy movements tend to focus on organizing individuals and groups to affect governmental policies. They employ a variety of methods including research, education, media campaigns, and lobbying to gain changes in public policy. Advocates may be representative organizations (membership groups such as the NAACP), or they may be independent organizations without a membership base. Like advocacy groups, direct action groups tend to seek policy changes. They also use some of the same tools as advocacy groups, including research and education. However, a main goal of direct action movements is involvement of community members directly in the activism and in the development of relationships with governmental officials. (Immergluck, 2003)

OMB Watch (2002) Tufts University and Charity Lobbying in the Public Interest launched a multi-year study in 2000 to investigate factors that motivate nonprofit organizations to participate in public policy advocacy. The process included surveying 1,738 nonprofit organizations, follow-up telephone interviews with 45 of the respondents, and 17 focus groups with executive directors, board members, and foundation staff from organizations across the country. The initial findings included:

- Roughly 75 percent of nonprofits say they have engaged in public policy activities at least once, including grassroots lobbying or testifying at a legislative or administrative hearing. A like percentage encouraged their members to write, call, or fax on behalf of or against a proposed bill or issue.
- Most nonprofits recognize that public policy participation is essential to carrying out their mission but report that they actively participate infrequently. Most cite lack of time and the day-to-day responsibilities of providing direct service programs as the reason for their lack of participation. Many fear retribution from public funding sources.
- Most do not think of themselves as having great influence over public policy issues.

- Nonprofits report that the top three barriers to nonprofit policy participation are limited financial resources, IRS regulations, and limited staff and/or volunteer skills.

PUBLIC POLICY ISSUES

There are several areas covered in this section:

- History of Foundation Involvement in Nonprofit Policy Advocacy;
- Internal Revenue Service Regulations for Advocacy;
- United Way’s Governmental Relations Committee’s Agenda;
- Center for Community Solution’s Public Policy Agenda;
- United Way’s Council of Agency Executives Public Policy Agenda; and
- Current Public Policy Issues Affecting Target Populations Served by United Way Agencies.

History of Foundation Involvement in Nonprofit Policy Advocacy

The history of foundation involvement in supporting nonprofit policy advocacy in the U.S. is a somewhat tumultuous one. Historically, many of the early large foundations were quite heavily involved in funding policy development work, oftentimes to a greater extent than they are today. However, there have been a variety of efforts to regulate or limit foundation involvement in the policy process.

In the 1950s, there were two congressional committees established to investigate foundations, including involvement in public policy activities (Brilliant, 2000). In particular, there was concern that foundations were supporting anti-American causes. The first, the Cox Committee, named after Eugene Cox (D-GA), heard testimony from foundation leaders. Overall, the commission was not highly critical of foundations. However, Representative Carroll Reece (R-TN) was not satisfied and continued the committee as the Reece Committee. Reece particularly questioned Carnegie’s funding of Myrdal’s work and Rockefeller’s funding of Dr. Alfred Kinsey’s work on sexual behavior. Reece’s committee asked no foundations to testify. The committee’s work occurred in the context of the McCarthy hearings.

The next phase of congressional oversight of foundations and public policy was led by Wright Patman (D-TX), who initiated a subcommittee on foundations in 1962 (Brilliant, 2000). Meanwhile, a number of events in the 1960s triggered additional public attention to foundation activities. The Sierra Club was forced to change its tax status to 501(c)4 after the I.R.S. determined its lobbying activities went beyond those permissible by a 501(c)3. A group called the National Student Association was discovered to be involved with the Central Intelligence Agency. Also, the National Urban Coalition received substantial press in its efforts, funded by foundations, to organize a large pro-urban lobbying drive. Moreover, the Ford Foundation, led by Paul Ylvisaker, became quite activist in its urban initiatives, shifting from using research to gather data toward using it to build consensus and seek out the most promising points of policy intervention (Smith, 2002).

The 1969 Tax Reform Act included a number of measures to increase the regulation of foundation activity. Foundations could no longer provide funding specifically for direct or grassroots lobbying or electioneering. Voter registration drives were restricted but still permitted under certain circumstances. Following the 1969 act, two more national commissions followed—the Peterson and the Filer Commissions. Both commissions looked at the issue of foundation funding for “political social action.” The Filer Commission splintered into a majority and minority report group. The latter

called itself the Donee Group, which felt that the majority group did not adequately represent advocates of social change, particularly from the point of view of the poor (Brilliant, 2000).

Internal Revenue Service Regulations

The Internal Revenue Service regulates nonprofits' lobbying activities and expenditures. A nonprofit *may*:

- Hold forums where all candidates are invited and given equal time to speak.
- Spend up to 5 percent of their budget to influence legislation through lobbying either directly or indirectly, if the IRS does not consider it "substantial activity."
- Have elected officials speak at events.
- Endorse candidates individually as private citizens.
- Educate people about issues and distribute educational material that does not favor one party or candidate.
- Conduct impartial voter registration.

A nonprofit *may not*:

- Donate money or services to candidates.
- Donate money or services to political parties.
- Engage in campaigning—working for or against a candidate's election to office.
- Endorse candidates.
- Do anything else that is obviously partisan.

United Way's Governmental Relations Committee's Agenda

Capacity Building Question: What is the agenda of the United Way Government Relations Committee? How was the agenda established?

The United Way Government Relations Committee does not establish an annual policy agenda, but it monitors and is responsive to current legislative, electoral, and regulatory issues that broadly affect health and human service delivery in Cuyahoga County. The committee regularly makes recommendations on these issues to the board of directors for its review and approval. Examples of the results of Government Relations Committee recommendations in 2006 include board endorsement of a campaign in opposition to the previously proposed Tax Expenditure Limitation (TEL), support of county Issue 3 (Health and Human Services levy), support of state Issue 5 (smoking ban), recommendation against state Issue 4 (industry-sponsored smoking limits), and endorsement of Groundwork, a statewide early childhood policy and budgetary campaign.

Since United Way has very limited internal capacity to support advocacy and lobbying, it has chosen not to pursue an ambitious advocacy agenda. Instead, it has elected to support community-wide advocacy efforts through the community investment process and through participation in county and statewide advocacy groups.

Center for Community Solution's Public Policy Agenda

John Corlett from The Center for Community Solutions (CCS) provided the following comments on issues currently facing United Way of Greater Cleveland target populations (2005):

- *Developing Human Capital/Workforce Development.* An overriding theme of CCS’ work is the importance of “human capital development” building the capacity of the community’s greatest resource—its people. Through published articles and public forums such as a two-part series with the City Club (October 12 and November 16, 2005), CCS has been drawing attention to the need to bring together strategies for human capital development and strategies for economic development. The intent is to advance the message that a coordinated approach to both strategies is necessary for either one to succeed.
- *Clean Indoor Air/Tobacco Use Reduction.* The Public Health team continues its involvement in the move toward clean indoor air and tobacco use reduction, including participation in health fairs and provision of testimony in support of legislation limiting smoking in public places.
- *Early Care and Education.* CCS’ Early Care & Education team is educating legislators, professionals, and the public, and is building support for a statewide campaign to provide substantial support in the state budget for early care and education opportunities for all of Ohio’s children.
- *Family Planning & Sexual Health.* Community Solutions continues its 30-year role as administrator of Title X family planning funds in the five-county region. In a related topic, the sexual health team is in the planning stages of a community-based project around parent/child communication on issues of sexuality.
- *Health Care Disparities.* CCS’ health team works with other community groups to identify, examine, and consider solutions for the problems of health disparities. The Ohio Family Health Survey was one tool that helped to identify such disparities with expanded research on Hispanic households and households with children in Cuyahoga, Lorain, and Summit counties.
- *Medicaid.* From 2003 to 2005, senior fellow (and former executive director) John Begala served as one of nine members of the Ohio Commission to Reform Medicaid, a nonpartisan advisory body appointed by the governor, speaker of the house of representatives, and president of the Senate. He chaired its Subcommittee on Eligibility and Managed Care. The commission's recommendations led to the most comprehensive changes in Ohio Medicaid's 40-year history, most of them adopted during the 2006-07 biennial budget. Details of the commission's recommendations and subsequent policy decisions may be found at www.ohiomedicaidreform.com.
- *Social Security.* Through the Council on Older Persons (COOP), Community Solutions has made a concerted effort to educate community groups about Social Security: what it is, why it is, what is happening to it, and what is being proposed. COOP has maintained an active speakers’ bureau of volunteers throughout the year.
- *Tax Policy.* Through recognized experts like David Ellis, Ph.D., and John Corlett, Community Solutions actively analyzes public policy (tax-related and other policy) as it evolves, educates both the policymakers and the community about the meaning and implications of such policies on health and social services, and makes recommendations on how tax policy might better serve the needs of Ohioans, especially those who find themselves most vulnerable.
- *Youth Development/Urban Education.* Much of Community Solutions’ focus in youth development has been on working with the Cleveland Municipal School District (CMSD) in (1) further developing formal partnerships and protocols between CMSD and various health and social service systems that serve the same children and families, and (2) implementation of the Comprehensive Health Plan (CHP) to ensure that non-academic conditions support children/youth in learning. Community Solutions staff coordinate each of

the CHP's workgroups, which include safety and security, behavioral health, health and physical education, community engagement, and physical health services.

United Way's Council of Agency Executives Public Policy Agenda

Capacity Building Question: What is the public policy agenda of the Council of Agency Executives? How was the agenda established?

United Way provides staff support to the Public Policy Committee of the Council of Agency Executives. During 2006, the committee's emphasis was on developing advocacy skills among the agencies. Four presentations were conducted: a lobbying "how-to" emphasizing the importance of taking the IRS lobbying election; a session on using the Internet as a public policy tool; a program on effective communication with legislators; and a 2006 election wrap-up and 2007 statehouse forecast.

Current Public Policy Issues Affecting Target Populations Served by United Way Agencies

Capacity Building Question: What are the current public policy issues affecting target populations served by UW agencies identified through the other core service planning qualitative research?

Feedback from the focus groups conducted for United Way's core service planning (2005) follows. One of the focus groups specifically addressed the public policy topic. There was a question about public policy for the service focus groups. All groups cited funding as a primary concern.

- *Basic Needs.* Most respondents agreed that federal and state support for the homeless was decreasing. In fact, several respondents noted that the state contributes heavily to the problem with its corrections, drug and alcohol, and mental health systems

If people would come out with a proper ID, they wouldn't have to end up at a hunger center right away, they could go straight to the county for food stamps or to a job program for job placement, instead of ending up without money, food, and not knowing where to go.

Several of the respondents pointed out that the policy makers don't see the consequences of their decisions.

How can we really drive home what's happening here to the appropriate officials, so they pay attention? They never are going to get called on it, if we don't tell them you made X-thousand people hungrier because you made this law.

Leadership at the federal level and a commitment to fund basic services is needed.

- *Case Management.* Requirements imposed by agencies for documentation leads to additional time allocated to administrative, rather than clinical work. (*"It looks like people are spending more time writing records and reports for us; to impress us rather than providing services."*)

Having volunteers is another issue the group cited as being impacted by policy. These days, with significant budget cuts, agencies are actively seeking volunteer assistance. However, with the increase in government regulations regarding access to confidential information, such as HIPPA, there are a number of positions where volunteers cannot be used.

- *Child Care.* Two respondents stated that changes in welfare reform are going to impact funding, that parents will have to pay higher child care co-pays, and that they will be forced to make a choice around the quality of child care they can afford.
- *Education.* A couple of respondents discussed education accountability legislation.

The highly qualified teacher legislation component of the No Child Left Behind is very difficult to embrace.

Increasing expectations for adult basic education is student achievement that will translate into some tangible outcome, not just remediation and skill building...

Hope for the passage of universal preschool legislation was articulated by one respondent (“...one of the best things the state could do under Governor Taft ... you would have an enormous impact so that the goal of a five-year-old being ready to read could happen...”) as well as the hope that more individuals being trained in nonprofit work will find ways to enter the business world (“...so you start getting business people who understand the importance of nonprofit and service. Getting them involved in understanding literacy and high school transformation is so critical...”).

- *Emergency Services.* House Bill 85 (to authorize the Ohio Ambulance Licensing Board to license private non-emergency medical service organizations that operate ambulant vehicles for transporting persons requiring a wheelchair and private air medical transport service organizations) may be amended by the Ohio General Assembly. Focus group participants are of the opinion that the amendment to this bill will increase the cost of medical transportation services. (“House Bill 85 ... is another example of legislation that has a price tag. There are new regulations, the regulations are there, and the rules are being considered now as to how you are going to carry out the regulations.”)

A participant also pointed out the countywide strategic plan for senior transportation that could aid transportation needs. According to the participant, this plan is

...designed to address not specifically just medical transportation which you know might be a stronger focus for today or congregate meal transportation, but it is designed to address transportation for disabled seniors and frail seniors all over the county ... The plan was developed in 2004, and it's being implemented now with about one million dollars in federal funding and 180 thousand dollars over three years from the state and about 1.8 million in foundation funding.

- *Family Substitute Services.* One respondent discussed policy issues related to access to records for adult adoptees, specifically birth certificates. (“It's a civil rights issue that

adoptees are the only citizens in our country who aren't allowed to have this basic document that everyone else is allowed to have.”)

- **Health Care.** The general need is for more funding, including concerns about the future of Medicaid:
 - The need for more flexible funding mechanisms;
 - The desirability of providing funding for collaboration-related activities;
 - The gap in services for people with significant but less than severe disturbances;
 - The importance of counseling services within the array of interventions needed by people with severe mental illnesses;
 - The shortage of psychiatric services;
 - Expanding the number of activities that are billable as mental health services; and
 - The importance of meeting needs not traditionally viewed as falling under the “mental health” rubric, such as job training and housing.

Some interviewees also expressed concern about the scope of services Medicaid is mandated to provide. They said that, because of the focus on “medically necessary” services, useful supplementary services have become impossible to support. For instance, in partial hospitalization programs (*“It has to be all psychotherapy—no activities. So if we’re going to get reimbursement, the kids can’t have any fun.”*).

- **Mental Health.** On the federal level, President Bush appointed a new commission (the Freedom Commission) and appointed State Director of Medical Health Mike Hogan as the person to run it and to make recommendations about service delivery and the way business is done. This new commission focuses on recovery from mental illness and offers the stakeholders within the mental health system a direction for achieving a positive transformation of the current system. The goals of this commission include:
 - Americans understand that mental illness is essential to overall health.
 - Mental health care is consumer and family health driven.
 - Disparities in mental health services are eliminated.
 - Early mental health screening, assessment, and referrals of services are common practice.
 - Excellent mental health care is delivered, and research is accelerated.
 - Technology is used to access mental health care and information.

There is lack of parity in Ohio. There are only 26 states that have parity. For example, mentally ill Ohioans who are employed and have insurance may be covered for cancer or heart disease, but may not be covered for mental illness. When insurance does cover mental illness, it is very limited. (Note that legislation has since been passed in Ohio to allow parity for some mental health conditions.)

There are areas that could benefit from public policy advocacy. One is local funding for mental health. Hamilton and Franklin Counties combined get \$86 million through local funding and Cuyahoga County gets only \$19.5 million. State funding is uneven also. Cuyahoga County is much different than the other large counties in the State of Ohio.

There is no comparison in the geographic, economic, and social areas of Cuyahoga County. Neither Franklin County nor Hamilton County has the proportionate urban size and “ills” that Cuyahoga County has. However, decisions are often made based on the population in and

around Columbus. According to the respondents, such decisions are not practical because Cuyahoga County has the largest population and the largest need and should be getting the largest share of the funding. (*“Those decisions may be good for Franklin County and the rest of the state, but they are not good for Cuyahoga County.”*)

- *Individual Family Support Services.*
 - The need for increased general financial support for low-income families, including the “working poor.”
 - More flexibility in funding so families’ needs can be met despite the arbitrary boundaries in traditional funding categories.
 - Increased help for families having difficulty getting basic material needs.
 - Increased availability of anger management programs.

- *Legal.* One respondent noted:

I think they need to hear that there is a segment of population here, in the area of which they operate or where they live, that is in need of an array of services, legal assistance being one of them, and that the corporate community has relied on the federal government to provide these services for so many years, and that that particular source is drying up. The corporate community needs to step forward to provide some monies and resources to assist the agencies in providing services to these communities, as well as trying to provide some services to the communities themselves.

- *Overall Seniors.* The recent reduction in Title III funding under the Older Americans Act is another policy that has impacted services. Also, a key informant cited a lack of a policy to help the informal caregiver at home. Some caregivers leave their jobs to take care of seniors, but there is no public policy that recognizes these caregivers, despite the fact they have a higher mortality rate than non-caregivers.

One benefit from public policy advocacy is education research through entities such as the Health Policy Institute of Ohio. Advocacy also results in programs such as PASSPORT and Adult Protective Services receiving appropriate funding at the state level. Key informants also mentioned the need for home repair advocacy for seniors, including more funding and the creation of a national home repair program.

- *Rehabilitation Residential Living Options.* The historic deinstitutionalization movement has already had a tremendous impact on the disabled population. A major implication of these policy decisions is the shift toward expecting families to provide more services. Families that are aging will need to care for their adult disabled children, who are also aging. (*“...a lot of the parents are aging and a lot of the clients are aging; parents can’t lift them and carry them up the steps anymore. They can’t do a lot of things that a facility can provide.”*) Families will also have to do more with their disabled young child at home. (*“...you just cannot ask parents to become therapists; they are carrying such a burden already; some of them are better equipped than others to do some of these therapeutic activities and home programs.”*)
- *Substance Abuse.* An informant thought that there is no driving force to champion the interests of Hispanics to legislators. Also, the informant stated that HIPAA regulations

impact agencies, and that some agencies have cut programs to become HIPAA compliant. Additionally, the informant felt that the state's requirements for certification and licensing for agencies and their personnel is a challenge.

One respondent discussed how changes increase the need for volunteers and that her organization is constantly trying to understand and meet the demand.

Changes in public policy have an impact on us as to what the needs are for the nonprofits, because we will get more and more calls on helping with boards and restructuring boards, fund raising and volunteers as well.

- *Youth Development.* One interviewee responded to this question by expressing frustration with policies related to community re-entry for people leaving prison. Ex-felons are placed in an impossible position because if they don't find employment it will be difficult for them to avoid prison. But a variety of laws and licensing regulations make it almost impossible for them to find work. (*"We're setting them up for failure."*)

Some interviewees expressed alarm about public policies that treat juvenile offenders as adults. (*"The state of Ohio is really trying to get rid of juvenile justice—they want to send everyone 14 and older into the adult system."*) This policy shift was described as *"mean-spirited."*

Many of the observations and ideas presented by the group about youth development do not necessarily have straightforward policy implications. However, the group did cite needs and make suggestions that could be implemented by policy makers. The group as a whole advocated the following social policies:

- Increased general support for youth development activities.
- Increased support for low-income families so they will be able to access youth development services.
- Solicitation of input from youth about the activities they find attractive so that participation in youth recreation centers and activities will increase.
- Increased use of school buildings during afterschool hours for youth development activities.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET CONSUMERS

Public Policy Advocacy

For this core service report, the consumers are defined as public officials, including administrative and elected, who have responsibility for decision making on legislation, regulations or administration of publicly supported programs.

Case Advocacy

For this core service report, the consumers are defined as any client of a health or human service organization who needs assistance in articulating his/her need for service because of limited education, cognitive functioning, or other disabilities.

REALIZED ACCESS TO SERVICES

Realized access to service is represented by the numbers of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. Thus, it is an under-estimate of actual numbers of consumers receiving service.

In FY 2004, providers funded by United Way reported serving 4,588 persons through advocacy. (See Attachment 3.) Of these, it was reported that 20 percent were male and 32 percent female; 16 percent Caucasian, 30 percent African American, and 0.5 percent Asian. Three percent were Hispanics; 18 percent had income under \$14,999. There was much unreported data. These compare to the following U.S. Census data for the total Cuyahoga County population: male (47 percent) and female (53 percent); Caucasian (67 percent), African American (27 percent), Asian (2 percent), and Hispanics (3 percent).

In 2000, thirty percent of the county's population resided in Cleveland and 70 percent in the suburbs. For consumers funded by United Way, 48 percent were Clevelanders and 10 percent resided in suburbs. The rest were not reported. (See Attachment 4.)

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

Public Policy Advocacy

For this core service report, the service is defined as influencing legislation or other public regulations to benefit specific interest groups or achieve specific social, policy-related, or environmental goals.

Case Advocacy

For this core service report, the service is defined as interceding on behalf of individuals and/or groups to ensure that they receive benefits and services to which they are entitled and that their rights guaranteed by law are protected and enforced.

BACKGROUND ON CORE SERVICE: PUBLIC POLICY ADVOCACY

Capacity Building Questions: Who in the community provides public policy advocacy? What is their focus (neighborhood; local, state, or federal government)? What is their content area (e.g. health, education, etc.)? What is their organizational auspice (e.g. division of a social service agency, an ad hoc community group, etc.)? How do they establish their advocacy agenda?

The following sources were used to identify the providers of public policy advocacy services in Cuyahoga County:

- Internet search;
- Identified provider websites; and
- Key informant and focus group data.

Note that United Way First Call for Help does not collect data on advocacy providers. A capacity building strategies survey of identified organizations was conducted to obtain information about focus, advocacy content area, and organizational auspice. (See Table 1.)

Table 1: Public Policy Advocacy Service Providers: Focus, Advocacy Content Area, Organizational Auspice

Agency	Focus	Advocacy Content Area	Organizational Auspice
Alcohol And Drug Addiction Services Board Of Cuyahoga County	Local	Substance Abuse	Local City Government
Benjamin Rose	National	Aging	Human Service Agency & Research Center
Brooklyn City Of -	Local	City Planning	Local City Government

Table 1: Public Policy Advocacy Service Providers: Focus, Advocacy Content Area, Organizational Auspice (continued)

Agency	Focus	Advocacy Content Area	Organizational Auspice
Case Western Reserve University	National	Nonprofit Organizations, Human Services, Economic Development	College or University
Center For Community Solutions – The	National	Human Services	Human Services Research Organization
Center For Health Affairs	National	Health	Hospital or medical center
Cleveland City Planning Commission	Local	Economic Development, Planning & Zoning	Local City Government
Cleveland Public Library	Local	Various	Public Library
Cleveland State University	National	Human Services, Law, Environment	College or University
Ecocity Cleveland	Local	Sustainable Community Design/ Community Development	Nonprofit Public Interest
Hanna Perkins Center For Child Development	Local	Child Development	Local Nonprofit Human Service Agency
Housing Research And Advocacy Center	National	Housing	Research and Advocacy Center
Lakewood City Of - Dept. Of Planning And Development	Local	Vital Statistics	City government
Menorah Park Center For Senior Living	Local	Aging/Older Adults	Local Nonprofit Human Service Agency
MetroHealth Medical Center	Local	Health	Hospital or Medical Center
Northeast Ohio Area wide Coordinating Agency	Regional	Planning And Research - Transportation/Environmental Issues, Information - Transportation/Environmental Issues	Regional Coordinating Agency
Policy Matters Ohio	State	Human Services, Child Care, Housing, Employment, Economic Development	Policy Research Center
University Hospitals Of Cleveland	Local	Health	Research - Biomedical/Clinical
Center for Community Solutions	Local	Health and Human Services	Policy Research Center
Center for Mental Retardation	Local	Developmental Disability	Local Nonprofit Human Service Agency
Citizens of CC Ombudsman Office	Local	Legal	Local City Government
Empowerment Center	Local	Basic Needs	Local Nonprofit Human Service Agency

Table 1: Public Policy Advocacy Service Providers: Focus, Advocacy Content Area, Organizational Auspice (continued)

Agency	Focus	Advocacy Content Area	Organizational Auspice
League Park Center	Local	Education	Local Nonprofit Human Service Agency
Merrick House	Local	Health and Human Services	Local Nonprofit Human Service Agency
Voices for Children of Greater Cleveland	Local	Child Advocacy	Local Nonprofit Human Service Agency

Source: IntelliSolve, Inc. Community Scan (February, 2005)

Twenty-five provider organizations were identified. As the table above indicates, the organizational auspices were varied, with the majority of advocacy groups identifying themselves as either nonprofit human services or nonprofit public interest groups. Most local agency United Way Capacity Building Strategic Input Survey respondents reported that public policy advocacy appears to be in the health, human services, housing, education, and economy areas. A few were focused on environment and community development/urban policy. Most were participating in state and federal advocacy, with approximately two-thirds also participating at the local level and one-fourth at the neighborhood level.

The majority of organizations that replied to the United Way Capacity Building Strategies Survey indicated that their local board typically defines the advocacy agendas, with the staff recommending to the board. The issues identified for advocacy efforts tend to grow out of their experience with consumers they serve. As agencies work closely with consumers, they become aware of the need for change in local, state, or federal policies. Agencies also receive assistance in setting their advocacy agendas via the professional and organizational alliances they have. Often, there is research shared by professional affiliations that highlights the need for decision-makers to address change to improve the lives of individuals. Most respondents also reported that they solicit constituent input from their target populations. Other respondents indicated they were reactive to government and outside forces, identified systemic issues, and relied on data collection.

BACKGROUND ON CORE SERVICE: CASE ADVOCACY

Capacity Building Questions: Who in the community provides case advocacy? Who are the targeted populations?

The same methodology described in the public policy section above was used to identify providers of case advocacy and their targeted population. (See Table 2.) This list is not exhaustive as many organizations do not advertise their case advocacy services.

Table 2: Case Advocacy Service Providers & Targeted Population

Agency	Targeted Population
ACLU of Ohio Foundation	People facing discrimination
Adoption Network Cleveland	Children needing foster and adoptive parents
Alzheimer's Association Cleveland Area Chapter	Older adults suffering from Alzheimers
American Lung Association	People with medical concerns/issues
American Medical Association	People with medical concerns/issues
Amistad Development Corporation	Community Development
Big Brothers/Big Sisters of Greater Cleveland	At-risk Youth
Center for Health Affairs	People with medical concerns/issues
Citizens of Cuy Cty Ombudsman Office	Individuals with legal issues
Cleveland Re-Entry	Formerly incarcerated individuals
COSE (Council of Smaller Enterprises)	Small business owners
Diabetes Association of Greater Cleveland	People with medical concerns/issues
Domestic Violence Center	Battered Women and Children
East Side Organizing Project	Individuals participating in citizen action
Empowerment Center of Greater Cleveland	Individuals participating in citizen action

Table 2: Case Advocacy Service Providers & Targeted Population (continued)

Agency	Targeted Population
Hard Hatted Women	Women in non-traditional careers
Housing Advocates, Inc.	Individuals/Families with housing needs
Housing Research & Advocacy Center	Individuals/Families with housing needs
Interact Cleveland	Individuals participating in citizen action
League of Women Votes of Cleveland Educ. Fund	Individuals participating in citizen action
Learning Disabilities Assoc. of Cuy Cty Educ and Training Center	Individuals with learning disabilities
Legal Aid Society of Cleveland	Individuals with legal issues
Leukemia and Lymphoma Society	People with medical concerns/issues
Linking Employment, Abilities, and Potential	Individuals with special employment needs
Long Term Care Ombudsman	Individuals with legal issues
Multiple Sclerosis Assn. of America - Midwest Regional Office	People with medical concerns/issues
Naral Pro-Choice Ohio Foundation	Women
National Alliance for the Mentally Ill – Cuyahoga County	Individuals with mental health issues
Northeast Ohio Coalition for the Homeless	Homeless Individuals/Families
Ohio Citizen Action Education Fund	Individuals participating in citizen action

Table 2: Case Advocacy Service Providers & Targeted Population (continued)

Agency	Targeted Population
Ohio Right to Life	The Unborn
Ohio Youth Advocate Program	At-risk Youth
Organize! Ohio	Individuals participating in citizen action
Planned Parenthood of Greater Cleveland	The Unborn
The Lesbian/Gay Comm. Service Center of Greater Cleveland	People facing sexual discrimination
The Racial Fairness Project	People facing racial discrimination
Universal Health Care Action Network of Ohio	People with medical concerns/issues
Western Reserve Area Agency on Aging	Older adults
Women's Center of Greater Cleveland	Women
Department of Senior & Adult Services	Older adults

Source: IntelliSolve, Inc. Community Scan (February 2005)

Forty case advocacy providers were identified. Each of these was invited to complete the United Way Capacity Building Strategic Input Survey. As the table above indicates, the organizations offered case advocacy services to a variety of populations. Most survey respondents reported case advocacy in the areas of health, human services, housing, education, and the economy. Nearly all were aimed at providing advocacy for disenfranchised individuals and families. A few were focused on providing skills to individuals to self-advocate.

UNITED WAY OF AMERICA SURVEY ON PUBLIC POLICY ADVOCACY

The United Way of America recently surveyed United Way organizations across the country regarding their involvement in public policy advocacy initiatives. The findings will be released in a report titled “Public Policy Update, 2005 Community Impact Practices Survey.” The organization concludes that, in general, United Ways are not optimally embracing public policy advocacy. Following is a summary of a few of the key findings.

Board-level Committee Responsible for Public Policy.

While few United Ways have a board level committee that is engaged in public policy advocacy (13.1 percent), large organizations tend to be much more likely to have such a committee (29.2 percent for Metro 1’s).

Non-CEO Staff Responsible for Public Policy.

A slightly larger number (26.2 percent) reports having staff (not the CEO) dedicated to, and responsible for, public policy advocacy. More than half of large United Ways have a public policy staff person, while about one of five Metro-4s have such a staff person.

United Ways Engaging in Public Policy Advocacy at Different Levels of Government.

The vast majority of United Ways do not have public policy agendas (73 to 81 percent) that they advocate for at the local, state, and/or national level. The agendas consist of legislative or regulatory issues that are relevant to United Way concerns. Larger United Ways advocate much more often—a slim majority of Metro 1 United Ways have a specific United Way agenda and advocate for it at the *local* (50.1 percent) and *state* level (52.1 percent). Though fewer engage in national lobbying, still more than a third of Metro-1 United Ways have a national agenda and work toward enacting changes in *federal* policy.

United Ways That Advocate on Their Own United Way Public Policy Agenda

Seventy-three percent of United Ways do not advocate on their own United Way public policy agenda at the local (city hall, county boards, city council) level or at the state (legislature/ assembly) level. Eighty-one percent of United Ways do not advocate their own United Way public policy agenda at the national (congressional/executive branch) level. (See Table 3.)

Table 3: United Way of America Survey Responses: Advocating for an Advocacy Agenda

		Not Answered	No, we don't have one or we don't advocate much	Yes, we have one and we advocate a little	Yes, we have one and we advocate a great deal
System	Local	2.4%	73.4%	16.7%	7.5%
	State	3.6%	72.6%	16.3%	7.5%
	National	3.2%	80.6%	11.9%	4.4%

Source: United Way of America

United Ways Registering to Lobby

The IRS offers Form 5786 to make it easier for organizations to track their advocacy activities. Yet many United Ways that lobby at the federal level (and other levels) have not filled out this IRS form to indicate that they are an organization that lobbies. Almost 90 percent of United Ways either do not know about or have not completed Form 5786.

FUNDING OF CORE SERVICES

Capacity Building Questions: How are agencies funded for advocacy? How much funding is available community-wide?

Most of the local agency United Way Capacity Building Strategies Survey respondents indicated that their funding is provided primarily from government sources, foundations, corporate entities, United Way, community shares, fundraising, and private donations. Some receive membership dues and individual gifts. Funding for advocacy programs varies and is usually dependent upon the funder’s area of interest.

Locally, The Jennings Foundation, The George Gund Foundation, and The Cleveland Foundation have also historically been significant supporters of advocacy efforts. Only some foundation funders are listed in Table 4 below. While foundation funding information as included below indicates a decrease in the amount of advocacy funding, one local advocacy expert noted that foundation funding for advocacy actually has been increasing.

Table 4: Identified Foundation Funders of Advocacy, Cuyahoga County, 2002 to 2004

Source*	2002	2003	2004
Bruening Foundation, Eva L. and Joseph M.	\$100,000	N/A	\$45,000
Cleveland Foundation, The	\$547,314	\$184,606	\$155,405
Gund Foundation, The George	\$194,800	\$77,500	\$40,000
Jennings Foundation, Martha Holden	\$1,759,953	\$50,000	\$50,000
Reuter Foundation, The	N/A	N/A	\$38,000
Saint Ann Foundation	\$35,000	N/A	\$35,000
Sisters of Charity Foundation of Cleveland	\$10,000	\$25,000	\$45,000
Wean Foundation, The Raymond John	N/A	N/A	\$28,000
Key	N/A	\$20,000	N/A

Source: 990’s and Foundation Annual Reports

*It was not possible to distinguish between public policy advocacy and case advocacy funding and, hence, funding for both is included in the tables above. There is likely additional funding for this service that was not able to be identified from the source documents for a variety of reasons.

IDENTIFIED REVENUES

As of May 11, 2006, \$880,518 in revenues for advocacy has been identified countywide. Due to the difficulty in identifying advocacy funding in general, and public policy advocacy and case advocacy funding specifically, all funding was reported together. This includes information from foundations; federated fundraising organizations; regional, county, and municipal government; and United Way. (See Table 5.)

Approximately 46 percent of the identified revenues are from United Way of Greater Cleveland; the remaining 54 percent is from foundations and other federated organizations.

Table 5: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland: Advocacy, 2003/2004.

Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	9,457	0.61%
Bruening Foundation, Eva L. and Joseph M.		45,000		4,760	
Cleveland Foundation, The		155,405		62,065	
Deaconess Community Foundation				9,520	
Gund Foundation, The George		40,000		145,000	
Jennings Foundation, Martha Holden		50,000			
Joyce Foundation, The				125,000	
Mt. Sinai Health Care Foundation, The				20,000	
Reuter Foundation, The		38,000			
Saint Ann Foundation		35,000		10,000	
Saint Luke's Foundation				4,838	
Sisters of Charity Foundation of Cleveland		45,000			
Wean Foundation, The Raymond John		28,000			
White Foundation, The Thomas H.				13,750	
Other Private Foundations - Not Elsewhere Classified		17,000		38,074	
Total - Foundations & Trusts		453,405	51.49%	433,007	27.86%
Total - Special Events - Growth			0.00%	49,740	3.20%
United Black Fund of Greater Cleveland		18,000		9,000	
Total - Federated Fundraising Organizations		18,000	2.04%	9,000	0.58%
Department of Health				97,846	
Department of Job and Family Services				27,000	
Subtotal State of Ohio			0.00%	124,846	8.03%
Board of Mental Retardation and Developmental Disabilities (169 Board)				8,060	
County Commissioners				208,273	
Subtotal Cuyahoga County Funding Sources			0.00%	216,333	13.92%
Community Development Block Grant				7,104	
Other City of Cleveland Funders - Not Elsewhere Classified				20,000	
Subtotal City of Cleveland Funding Sources			0.00%	27,104	1.74%
All Other Funding - Not Elsewhere Classified				70,649	
Subtotal Other Govt Funding Sources			0.00%	70,649	4.54%
Total - Contracts/grants from government organizations			0.00%	438,932	28.24%
Total - Membership dues under \$150				1,001	0.06%
Total - Investment Income				11	0.00%
Total - All Other Revenue				24,074	1.55%
Total - Prior Period balances/interfund transfers				180,111	11.59%
Subtotal Non - UWGrCle Support		471,405	53.54%	1,145,333	73.68%
Total - UWGrCle designations applied to program		21,794	2.48%	21,794	1.40%
Total - UWGrCle investment committee allocation		387,319	43.99%	387,319	24.92%
Subtotal UWGrCle Support - 4001, 4701 & 4703		409,113	46.46%	409,113	26.32%
Total Support/Revenue		880,518	100%	1,554,446	100%

Capacity Building Question: How do other United Ways approach funding of advocacy?

Two of the four United Way respondents to the United Way Capacity Building Strategic Output Survey reported funding advocacy; the other two did not fund it, although they both consider it an important service to be funded. One of the respondents who funds the service said: *“We currently fund one agency program specific to advocacy through our resource investment process. We also have funded advocacy work through initiative funding.”*

REIMBURSEMENT/COST

The cost of advocacy service depends on the complexity of the issue and the size and scope of the organizations involved. A grassroots organization may operate with volunteer help and the largest costs could be printing and postage. On the other hand, a statewide coalition requires greater expense. Research is a vital component for more complex issues and may require very qualified and experienced full-time resources.

V. WHAT WORKS; WHAT DOESN'T

BEST PRACTICES: PUBLIC POLICY ADVOCACY

Capacity Building Questions: What are models for doing advocacy, including coordinated systems approaches? What evidence is there of the effectiveness of the models?

What Works

Five models of public policy advocacy are discussed:

- Minnesota Council of Nonprofits;
- Strategic and Tactical Aggressiveness Model;
- Data-based Advocacy;
- E-Advocacy/Mobilization and Lobbying Model; and
- Network-centric Advocacy.

In addition, there are some overall observations about advocacy.

Minnesota Council of Nonprofits

The Minnesota Council of Nonprofits (n.d.) purports that a nonprofit is an essential element of democracy, serving as a vehicle through which individuals organize and speak together to achieve a common mission. Nonprofits ensure an informed public policy debate by bringing information and insight into the process through organizing, education, and research. In its 1994 “Principles and Practices for Nonprofit Excellence,” the fundamental values of quality, responsibility, and accountability are highlighted. They are:

Promoting Public Participation

- A nonprofit should encourage voting and citizen participation in local, state, and federal policy making and elections.
- A nonprofit should promote citizen participation in civic organizations to inform public dialogue about the social contract and the values that drive societal decisions.

Public Policy Advocacy

- A nonprofit should have a written policy on advocacy that defines how decisions are made, what resources will be devoted to policy work, and the process by which the organization determines positions on specific issues.
- A nonprofit should ensure that information provided to policy makers and the media, or distributed to the public, is accurate and provides sufficient context.
- A nonprofit engaged in promoting public participation in community affairs should ensure that the activities of the organization are nonpartisan.
- A nonprofit engaged in lobbying that is subject to state and federal reporting requirements should file accurate and timely reports on the activities of its board and staff.

Strategic and Tactical Aggressiveness Model

This model considers confrontation versus consensus-building, inside versus outside approaches, and professionalization. Each approach has its own advantages and disadvantages. For example, Gittel and Vidal (1998) argue that while traditional confrontational approaches can build social-bonding capital-strengthening ties within communities or across similar organizations, more consensus-based approaches may be better at building “bridging capital” that enables resource-poor communities to connect with and gain the support of outside resources, government, and the private sector. Moreover, consensual approaches might be preferable in certain environments and for certain policies. When common ground can be identified, and there is little concentrated opposition to a policy proposal, consensus might prove readily attainable. However, when advancing more controversial proposals where opposition is readily mobilized, purely consensus-based approaches may prove less promising. (Immergluck, 2004)

“Inside” strategies involve working closely (and often quietly) with elected officials and policy makers to suggest policy changes or initiatives. This approach usually requires building up long-term relationships with elected officials. “Inside” approaches are more likely to involve incremental gains where many compromises are accepted. Highly antagonistic tactics tend to be avoided, particularly with regard to legislators or other elected officials. Nonprofits that receive or wish to receive government funding, for example, may be more likely to adopt inside strategies so as not to upset their relationships with policy makers who might be involved with other issues affecting the nonprofit. (Immergluck, 2004)

“Outside” strategies include a variety of tactics, including the use of media in promoting grassroots action, releasing reports critical of government agencies, challenging the current consensus among policy makers, or organizing demonstrations or “actions.” Some research suggests that, at least at the state level, outside strategies may be less effective than inside strategies (Hoefler, 2001). Such research is methodologically challenging, however, and may suffer from selection bias because many groups that use outside strategies may have already exhausted their inside strategies. That is, many groups may first attempt inside strategies and, only when those are unsuccessful, resort to more public, and often more expensive, outside strategies. (Immergluck, 2004)

Some advocacy efforts rely heavily on professional and more specialized staff, while others rely more on grassroots citizen involvement. Frequently, especially at the local and state level, grassroots approaches are associated with more confrontational advocacy, such as Alinsky-style community organizing. In Alinsky or neo-Alinsky organizing, citizens are directly involved in meeting with policymakers and in negotiating and promoting policy proposals. Grassroots approaches, however, do not have to be highly confrontational. They may involve simply voicing support for a policy proposal and attempts to persuade policy makers in non-confrontational ways. Moreover, while grassroots efforts are often used in outside strategies, inside strategies can involve grassroots tactics. (Immergluck, 2004)

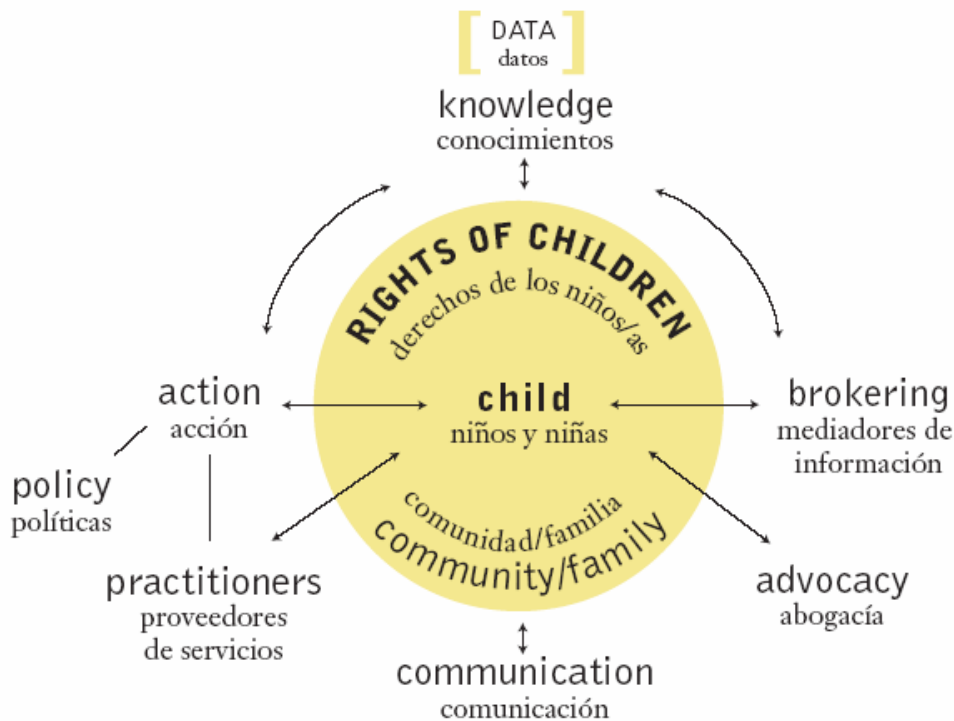
Of course, for each of these parameters, any particular advocacy effort is unlikely to fit neatly into one category (e.g., inside versus outside). Rather, most policy advocacy can be characterized across each of the three parameters by varying degrees of “insideness,” consensus-building, and professionalization. (Immergluck, 2004)

Data-Based Advocacy

A key development has been a shift within advocacy organizations from information transmittal to strategic communications, from a focus on policymakers to multiple audiences, and from one-way

communication of data to multiple feedback loops that enable continuing improvements in research and policy. Data-based advocacy (Annie E. Casey Foundation, 2003) is a framework for strengthening connections between raw data and final policies, between data and programs that advocate for and serve people, and ultimately, between data and the people themselves. The glue that makes these connections possible is strategic communications, defined broadly to include the processes by which data is transformed into information and then knowledge, knowledge is translated into messages, and messages are tailored and delivered to multiple audiences in a way that effectively equips them to support children and youth in their own realms so that people can advocate and make decisions on their own behalf.

The framework below reflects the key features of data-based advocacy and anchors it within the community/family and rights of children.



Source: Annie E. Casey Foundation (2003)

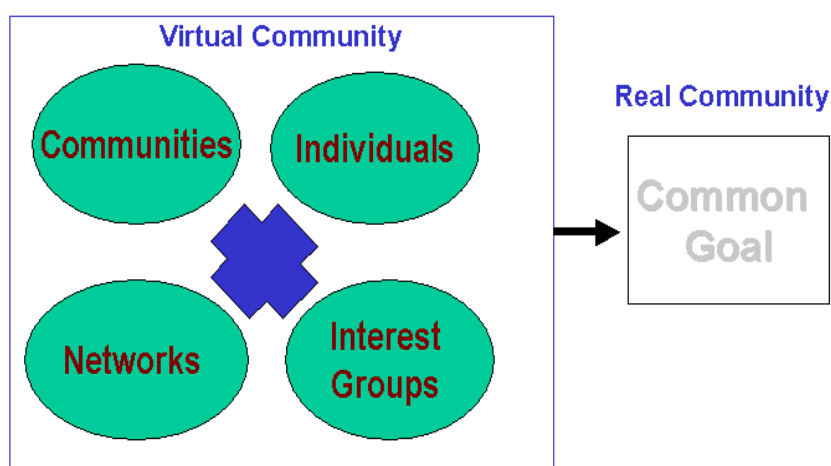
An example of data-based advocacy is the Annie E. Casey *KIDS COUNT Data Book*, which is accompanied by a strategic communications campaign that integrated national and state-level efforts to influence policy. Information from the Casey Foundation, a national organization, and its state-level grantees was provided to media organizations and, at the state-level, the information was filtered through local policy agendas. Resulting media coverage was extensive and substantive, and 80 percent of the unique newspaper stories were generated locally, thus reflecting local priorities and policy contexts.

E-Advocacy/Mobilization and Lobbying Model

An additional electronic model, the E-Advocacy/Mobilization and Lobbying model (Nath, 2000), is one of the most frequently used digital governance models and has often come to the aid of the global civil society to impact on global decision-making processes.

The model is based on setting up a planned, directed flow of information to build strong virtual allies to complement actions in the real world. Virtual communities that share similar values and concerns are formed, and in turn these communities link up with or support real-life groups/activities for concerted action. The strength of this model is in its diversity of the virtual community, and the ideas, expertise and resources accumulated through this virtual form of networking. The model is able to mobilize and leverage human resources and information beyond geographical, institutional, and bureaucratic barriers and use them for concerted action.

Mobilisation and Lobbying Model Networking Networks for Concerted Action



Source: Nath (2000)

This model could be applied in the following possible ways:

- Fostering public debates on issue of larger concerns, namely on the themes of upcoming conferences, treaties etc.
- Formation of pressure groups on key issues to force decision makers to take their concerns into cognizance.
- Making opinions of suppressed groups that are not involved in the decision making process available in the wider public domain.
- Catalyzing wider participation in the decision making processes.
- Building up global expertise on a particular theme in absence of localized information to aid decision making.

Several organizations such as the Greenpeace Cyber-activist Community, Drop the Debt Campaign, Independent Media Centre, and IGC Internet currently use this model for projects (Nath, 2000).

Network-centric Advocacy

Network-centric advocacy (Kearns, n.d.) is the adaptation of advocacy and traditional grassroots organizing to the age of connectivity. It focuses on supporting individual engagement by connected grid resources (that may reside with individuals or organizations). The network-centric approach relies on dense communication ties to provide the synchronizing effects, prioritization, and deployment roles of the organization. The potential for network-centric advocacy increases with each advancement in connectivity technology (web meetings, phone wi-fi, teleconference, voice mail, cell phones, voice over IP, etc.) and drop-in transportation cost (flights, low cost shipping, etc.). The network relies on loose and flexible collections of participants taking advantage of technologies and communications tools to collect and deploy in “campaign time.” The goal is to tip policy debates and create policy effects that are disproportionate to the resources expended.

Networks are very difficult to counter. The benefits of adopting a network-centric model include:

- A shift in the style that would “irregularize” advocacy, making efforts much harder to predict, monitor, and therefore disrupt.
- Creating “swarming” effects that neutralize consistent disadvantages in funding and staffing resources.
- Campaigns would be locally planned.
- Leadership would evolve at more levels.
- Actions would be more flexible and incredibly fast paced.
- Collaboration across the progressive movement would increase civil rights, community development, environment, health care, and human rights; and labor staff and volunteers would be able to work on joint campaigns.

Advocacy Evaluation Tool for Grant Makers

The Alliance for Justice has produced a publication specifically for grant makers to evaluate the effectiveness of their advocacy grantmaking. “Build Your Advocacy Grantmaking: Advocacy Evaluation Tool & Advocacy Capacity Assessment Tool” and the legal guide “Investing in Change: A Funders’ Guide to Supporting Advocacy” were developed with input from advocates and funders. These tools were designed to help funders get the information they need about the results of their advocacy grantmaking. At the same time, grantees will gain insight into how to strengthen their advocacy work. Grantees can use the tools to evaluate their work and report back to funders on their progress and successes. Included is a detailed check off list for assessing a nonprofit’s capacity to engage in advocacy work. These publications are available for \$60 from the Alliance for Justice’s website at www.afj.org.

Overall Advocacy

Regardless of the advocacy strategy chosen, the Dorothy A. Johnson Center for Philanthropy and Nonprofit Leadership (n.d.) identifies additional considerations for improving advocacy success:

- Train staff and board members to track their advocacy and lobbying expenditures using time sheets. When managing a grassroots network, it is helpful to build an internal system that allows for the tracking and monitoring of advocacy and lobbying activities of all involved.
- Use an outside lobbyist as part of an advocacy campaign. After creating an internal public policy program within an organization, using an outside lobbyist can be an effective strategy.

- Know that a 501(c)(3) nonprofit can engage in unlimited educational activities. There are no legal limits on the many effective advocacy activities that do not constitute lobbying. Distinguish partisan vs. nonpartisan activities. Nonpartisanship is essential to maintaining a 501(c) 3 tax exempt status; keeping this in mind will help to keep advocacy and lobbying activities on safe legal ground.
- Lobby for change in funding in the legislative appropriations process.
- Be a helpful resource to elected officials regarding areas of expertise. Establishing credibility as a helpful and trustworthy resource is an effective means to creating a long-term relationship with elected officials and enhancing ability to influence decisions on policy.

What Doesn't Work

Immergluck (2003) has identified several pitfalls for advocacy, including:

- Failing to develop a “reservation position” that is accepted by all members of a coalition. If some groups want “more” than others, or want to stake out “higher ground,” this may be feasible. However, within the coalition there needs to be an understanding of what everyone is ultimately willing to accept, at least privately.
- Not having a comprehensive, balanced approach in an advocacy campaign. There is caution about relying too much on technical and policy expertise without establishing the sort of grassroots constituent support likely to move individual elected officials; at the other extreme, relying only on grassroots constituent support without the technical and policy expertise needed to fashion strong arguments and win influential allies such as editorial boards may not be the best approach.
- Failing to understand that the appropriations process in the legislature is distinctively different from the lawmaking process. When lobbying for change in the legislative appropriations process and the congressional authorization process, care should be taken to understand the separate committees, unique processes and timelines for action as part of the budget formulation process.
- Being fearful of losing a nonprofit organization’s tax exemption because of lobbying activities. Basic training in nonprofit lobbying law will quickly dispel many common myths that discourage nonprofit lobbying, and heighten awareness of the ample lobbying limits permitted under the law.
- Not realizing that asking for participation in policy formation is distasteful to many people. As a grassroots advocacy network is built, it is important to keep individuals’ strengths in mind and enlist those with strong communication skills and policy-related interest to take the lead in advocacy activities (adapted from *The Legislative Labyrinth* by Walter Pidgeon, Jr.).
- Limiting impact by not clearly distinguishing lobbying activities from advocacy activities. Advocacy refers to any activity that attempts to change government policy, while lobbying is a subset of advocacy that aims to influence specific legislation, which means it is aimed at a legislative body (adapted from *Speak Up: Tips on Advocacy for Publicly Funded Nonprofits* by The Center for an Urban Future).
- Trying to convince a legislator of the merit of a cause without any support from the legislator's constituents. Elected officials rely heavily on constituents for advice on policy, the essence of effective grassroots advocacy.

In “Executive Summary: Overview of Findings of Strengthening Nonprofit Advocacy Project” (OMB Watch 2002), nonprofits report the top three barriers to policy participation are limited financial resources, tax law or IRS regulations, and limited staff or volunteer skills. Three of four (77 percent) respondents that receive government grants feel that government funding is a barrier to their participating in policy matters—a significant difference from those who do not receive government grants. Moreover, as government funding increases as a share of the organization’s revenue, so too does the perceived barrier to participating in public policy.

Staff and budget size are also strong predictors of public policy participation. More analysis on this is needed as it may have implications for civic engagement; small groups may be too busy providing services or raising funds to stay in existence to engage in public policy matters, leaving their voice and those they serve out of public policy debates.

There is a broad understanding of the general laws and regulations governing policy participation. For example, 94 percent of nonprofits report that they know they cannot use federal funds to lobby, and 91 percent know that they can talk to elected officials about public policy matters. However, even among groups who claim they know the rules, most did not know the basic limits on lobbying or even the definition of what constitutes lobbying under IRS rules. The survey showed that only 72 percent know that they can support or oppose federal legislation, and only 79 percent know that they can support or oppose federal regulations.

Two areas that present potential major problems for nonprofits deal with federal grant rules governing lobbying and voter education activities, specifically candidate forums. Half of nonprofits incorrectly thought that they could not lobby if part of their budget comes from federal funds. While nonprofits know they may not use government funding for lobbying expenditures, most are unaware or uncertain of the legal opportunity to lobby with private funds even though their organization receives government funding for other services. Also, 43 percent of nonprofits incorrectly thought they could not sponsor a candidate forum or debate. There is a need to simplify the rules governing lobbying, advocacy, and voter education in order to strengthen nonprofit public policy participation.

Organizations most involved in public policy—whether testifying before a legislative or administrative hearing, lobbying on behalf of or against a proposed bill or other policy pronouncement, encouraging members to write, call, fax or email policymakers, or releasing research reports to the media, public or policymakers—have staff, a board committee or an outside lobbyist assigned the responsibility for public policy (OMB Watch, 2002).

The local agency respondents to the United Way Capacity Building Strategic Input Survey identified several barriers with public policy advocacy that are consistent with the research described above. The primary barrier cited was the lack of funding for advocacy, including the fact that funders generally do not fund advocacy or projects that work on justice issues or systemic advocacy. Other identified barriers included:

- Lack of professional staff devoted to advocacy issues;

- Lack of knowledge about effective advocacy;
- Lack of board knowledge about the role of advocacy in the nonprofit sector;
- Lack of funding for advocacy and systemic advocacy;
- Advocacy competes with survival issues of clientele (e.g., housing, food, etc.); and
- Loss of confidence that advocacy makes a difference.

Some respondents identified the potential conflict between funders and advocacy groups, citing a possible alienation of some agency board members, the risk to funding resulting from taking a position on certain issues, and the choice of funders that often choose to fund direct service over advocacy. As one respondent put it, “*Funders seem to choose charity (direct service) over justice (eliminating root causes of need for direct services).*”

When asked to describe any other barriers, some additional comments included:

Current climate, the government bashing (starve-the-beast tax “reform” people), lack of commonly held priorities besides economic growth (for business and wealthy).

We are a faith-based organization and members often don’t think they should be advocates. Many people have lost hope that advocacy makes a difference for a variety of reasons, many the same as why they chose not to vote.

Lack of professional staff devoted to advocacy, lack of knowledge on how to successfully engage in advocacy, lack of board knowledge about the role of advocacy in the non profit sector.

Many human service organizations are so enveloped in providing direct services without adequate funding, that they do not have the time to devote resources to advocacy.

BEST PRACTICES: CASE ADVOCACY

Capacity Building Questions: What are best models for doing case advocacy? What are the pros and cons of each model? What evidence is there of the effectiveness of the models?

What Works

Comhairle (2003) has identified multiple case advocacy models, their effectiveness, and the pros and cons of utilizing these models. The findings of this review are summarized in Table 6 below. The three primary models are:

- Self Advocacy;
- Peer Advocacy; and
- Personal/Professional Advocacy.

Table 6: Primary Models of Case Advocacy

Models of Case Advocacy	Basic Description	Effectiveness and Measurement	Pros (+) and Cons (-)
Self Advocacy	<i>Individual Empowerment.</i> A person getting information, speaking up and accessing necessary services.	No consistent evaluation on effectiveness and measurement due to the “invisibility” of the interaction.	(+) Autonomy (+) Self-empowerment (-) Lack of confidence/aggressiveness may result in a failed attempt for information
	<i>Self Advocacy Groups.</i> Groups of individuals with similar needs. Range from educational, socialization to self improvement. Typically requires a facilitator.	No cross group reports are possible due to the significant diversity of self advocacy groups. Individual effectiveness can sometimes be obtained by surveys within organizations but these can not be generalized.	(+) Independence and autonomy of individuals (-) Finding an appropriately skilled facilitator may be difficult (-) Service based groups may have conflict of interests
Peer Advocacy	<i>Family Advocacy:</i> members of the individual’s family are advocating for them.	No consistent evaluation on effectiveness and measurement due to the “invisibility” of the interaction.	(+ or -) Skills of family members (+) Independence and autonomy of individual (+) Power dynamics can be more equal due to similarities (-) Conflicts of interest
	<i>Community Advocacy:</i> Someone that has something in common with the individual is advocating for them.	There is such a diversity of goals and structures that this encompasses that the only evaluation possible would be within organization/program and thus not generalizable. This is typically a single case study.	(+ or -) Skills of family members (+) Independence and autonomy of individual (-) Conflicts of interest
Personal/Professional Advocacy	Trained workers dealing with individuals who have specific issues until that issue is resolved. Legal, housing, crisis issues are examples.	There is such a diversity of goals and structures that this encompasses that the only evaluation possible would be within organization/program and thus not generalizable across different services and organizations.	(+ or -) Availability and accessibility (+ or -) Skills of worker (+) Independence and autonomy of individual (-) Conflicts of interest (-) Structural constraints

Table 6: Primary Models of Case Advocacy (continued)

Personal/Professional Advocacy (cont.)	Case Management: Professional advocacy for longer term issues such as health, mental health, disabilities etc. which are provided by a trained professional.	There is such a diversity of goals and structures that this encompasses that the only evaluation possible would be within organization/program and thus not generalizable across different services and organizations.	(+ or -) Availability and accessibility (+ or -) Skills of worker (+) Independence and autonomy of individual (-) Conflicts of interest (-) Structural constraints
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Source: IntelliSolve, Inc. from Comhairle, 2003

When reviewing best practices, several sources outline very similar practices. Ultimately, they call for a client-centered approach where information is accessible, and providers are held accountable. A summary of key practices by researchers such as O’Sullivan and Comhairle (2003) are listed below:

- Every person, particularly those who are disadvantaged by society or personal circumstances, should have the right to be listened to, the right to claim the services he/she is entitled to, and the right to be involved in decisions affecting him/her.
- Equal access to advocacy is important. The service should be available to all people who face a structural disadvantage in society.
- The need for consistent funding should be acknowledged. Advocacy is person-intensive and advocacy initiatives cannot be effective without resources.
- Information is an important prerequisite for advocacy. Self-advocacy is not feasible without accurate and comprehensive information. Equally, an advocate must be well informed of available options.
- Individual advocacy services should be independent of service providers.
- Education and training are needed for advocates (both paid workers and volunteers). Different advocates may require different types of expertise.
- Advocates need ongoing supervision and support to safeguard themselves and the people they represent.
- People should have a choice about whether or not to have an advocate and about the type of advocacy they use in any given situation. However, without a significant increase in the level of resources, choice is unlikely to occur even where advocacy services exist.
- Advocacy projects need to have good record management systems that both guarantee confidentiality and allow continuity if an individual advocate leaves a service.
- A commitment to a review and evaluation of advocacy schemes is needed. Methods of measuring their effectiveness and accountability without compromising their independence are needed. At present, advocacy is a fluid term that attracts a high level of interest and covers a range of activities.
- Advocacy services need to have a good complaints system. Dissatisfied clients should have the possibility of recourse to an outside body.
- Advocacy projects need to remember the macro-level where policy is formulated rather than constantly evoking a “band aid” approach. Individual advocacy cases should be fed

upwards through lobbying and submissions to government so that structural change occurs at a macro-level and fewer cases require advocacy.

COALESCING EFFORTS

Capacity Building Question: What are the pros and cons of United Way coalescing all its forces on behalf of certain issues vs. funding specific agencies?

Every new nonprofit requires significant time, expertise, and money to create infrastructure for advocacy. Often nonprofit leaders possess abundant programmatic vision and experience but have little expertise in providing advocacy. Lacking the resources and/or knowledge to do it properly, leaders take time away from critical mission-related work to piece together inadequate advocacy infrastructures.

By joining economic-justice issues and direct-action methods, local communities all over the country can organize for increased policy-setting and economic power. By tying local organizations together around a specific issue, larger-scale change can be achieved (Immergluck, 2003).

Coordinated services have been cited in case advocacy issues such as legal representation and domestic violence. According to Thelen (2001), a coordinated services response is important because many of the issues facing target populations are not independent of one another. For instance, domestic violence includes emergency housing needs, educational/support groups, and advocacy in the legal, medical, and welfare system. It is also necessary for a coordinated services response to assure that victims can effectively access these services. This access is provided by the use of advocates specially trained in immediate intervention who can provide valuable information to the victim. Finally, for a coordinated services response to be effective, it must institutionalize ongoing feedback from advocates on the effect of any reform on the victim. Although each representative of an agency who comes into contact with victims can develop sensitivity to the effects of individual and agency actions on them, their involvement with a person represents only a fraction of their journey through the system. Advocates are uniquely situated to represent the totality of victims' experience because of their ongoing involvement with them in a variety of settings for an extended period of time. It appears that when case advocacy can be focused on multi-systems within an umbrella, "problem" coordinated services are successful.

RETURN ON INVESTMENT

Capacity Building Question: What evidence is there on the importance of investment in advocacy compared to direct service areas with respect to impact on target populations? How is effectiveness measured?

When considering the return on investment (ROI) for advocacy, a recent AmeriCorps example sheds light on the subject (Scott and Carson, 2003). In the wake of the September 11 attacks, President Bush called for expanding AmeriCorps, a government program that engages from 50,000 to 75,000 American volunteers in public service. Instead, mismanagement at the federal agency led to a deficit that resulted in the elimination of over 20,000 AmeriCorps positions. Since then, nonprofits participating in the AmeriCorps program have been lobbying Congress to restore funding. Working through an ad hoc Save AmeriCorps Coalition, they built a website and several of the larger groups

loaned staff and other resources to coordinate a lobbying blitz—all without an explicit lobbying budget. Their efforts led to the president signing a bill to improve AmeriCorps’ management practices, and a 71-21 vote in the Senate supporting \$100 million in emergency funding. Prospects are unsure in the House, but over 190 representatives (including about 30 Republicans) have gone on record supporting the emergency funds. (Scott and Carson, 2003)

What is the ROI for the lobbying itself when considering the economics of this lobbying effort? Paid advertising, the staff time of AmeriCorps program managers, and other expenses totaled no more than \$1 million. On the basis of this relatively meager investment, the Senate approved an extra \$100 million in funding. Assuming the Senate appropriation stands, by the simplest business metric the increased funding would constitute a 100 times ROI. (Scott and Carson, 2003)

Obviously, not all lobbying results can be measured; many campaigns have a more difficult-to-measure public policy dimension. In the U.S. context, one thinks immediately of the choice/abortion issue, gun control, and efforts of death penalty abolitionists and advocates. Regardless, by any investment measure, the AmeriCorps lobbying effort—and many like it—are a huge success. (Scott and Carson, 2003)

Another way of looking at a program’s return on investment is by utilizing the socio-economic value creation in which both economic and social value are considered. It is this combined value creation process that an SROI (socio-economic return on investment) analysis attempts to measure. Emerson, Wachowicz, and Chun (2001)

Economic value is created by taking a resource or set of inputs, providing additional inputs or processes that increase the value of those inputs, and thereby generate a product or service with greater market value at the next level of the value chain. Measures of economic value creation have been refined over centuries, resulting in a host of econometrics including return on investment, debt/equity ratios, price/earnings, and numerous others. These measures form the basis for analyzing most economic activity in the world.

Social Value is created when resources, inputs, processes, or policies are combined to generate improvements in the lives of individuals or society as a whole. It is in this arena that most nonprofits justify their existence and, unfortunately, it is at this level that one has the most difficulty measuring the true value created.

Nonprofits will need to become better at measuring both the economic and social value of advocacy. Success in this area will depend on tracking and sharing information regarding the impact on advocacy around specific advocacy efforts. One such effort was delineated recently. In 2003, the Center for Community Solutions helped to create and lead a statewide coalition of over 250 organizations that mounted a budget campaign resulting in the preservation of over \$300 million in health and human services. The campaign included lobbying state legislators, testimony before legislative committees, and peaked with a rally of more than 5,000 constituents at the State House in Columbus. Successes on the ROI for advocacy efforts such as this one need to be documented and shared widely to ensure that the value of advocacy in general, and the coordination of advocacy efforts specifically, is more widely known.

In the United Way Capacity Building Strategic Input Survey distributed to local organizations, respondents were asked “What evidence are you aware of to suggest that there is a return on investment for advocacy efforts?” Many respondents noted legislative changes as the primary indicator for success. Specific comments included:

Outcomes in state budget such as the increase in PASSPORT slots and assisted living funding... (See the Developmental Disabilities Quarterly at www.ddc.ogio.gov.) Some years ago, the Long-Term Care Ombudsman spearheaded the licensing of adult care facilities, ombudsman enabling legislation, personal needs allowance increase, Medicaid and Medicare issues, federal and state law and rule regarding nursing homes, residential care, and adult care facilities.

In the most recent state budget debate, concerted advocacy on behalf of early care and education resulted in two significant accomplishments. One was a limit on co-payments for low-income families using state child care subsidies. The other was an increase in child care reimbursement rates—the first increase in several years. In the previous state budget, advocacy efforts resulted in over \$300 million in increased and new investments in health and human services. Put simply, if you don’t ask for something, you certainly won’t get it.

The outcomes of the services that are provided and the increase in requests for those services are the primary indicator, said one respondent.

When we receive media coverage, when the issue is raised or acknowledged by public officials, when there is a legislative victory (services/funding is preserved or expanded).

VI. GAP ANALYSIS

PUBLIC POLICY ADVOCACY

Most of the local agency respondents to the United Way Capacity Building Strategic Input Survey indicated that there are not enough groups providing advocacy for there to be significant duplication. Some suggested that rather than being duplicative, broader participation could strengthen the efforts of each. Many respondents bemoaned the lack of funding specific to advocacy within their organizations. They indicated that limited resources in the way of staffing and knowledge regarding advocacy limited their ability to set and carry out a strong policy agenda. A few mentioned the usefulness of sharing advocacy resources across agencies (i.e., knowledge regarding advocacy processes, research, volunteers, technology, etc.).

The responses to the Capacity Building Survey also indicated that there were several gaps in public policy advocacy in Cuyahoga County. Identified gaps included older adults, long-term care, MMRD (especially health care), and teens in foster care. A few mentioned the gap in establishing coalitions with common goals across agencies and target populations (e.g., health care, education). Specific responses included:

We are not aware of any advocacy duplications in the community. Even those advocates who work on similar issues do a good job of collaborating. In terms of gaps, the largest unmet need in terms of advocacy is related to advocacy on issues surrounding older adults. Most of the organizations that have professional advocates on staff are focused on issues related to children rather than older adults.

No duplication known. There are gaps in addressing the interests of persons residing in long term care facilities. Most long term care advocacy concentrates on the interests of the non-institutionalized.

CASE ADVOCACY

While local agency United Way Capacity Building Strategic Input Survey respondents did not identify specific duplication or gaps regarding case advocacy, there appears to be multiple organizations providing advocacy to common target populations (e.g., housing, education, older adults, health, etc.). There may be opportunities to coordinate advocacy efforts across these areas and share resources in terms of research, personnel, funding, etc.).

VII. SUMMARY

The following are the major findings from the research on advocacy:

- Advocacy consists of organized efforts and actions that seek to highlight critical issues, to influence public attitudes, and to enact or implement laws and public policies.
- The main goal of advocacy is to bring clear improvement to people’s lives; it may focus on an individual’s rights in a specific instance or system changes that may benefit a larger targeted group or class.
- Historically, many of the early large foundations were quite heavily involved in funding policy development work, oftentimes to a greater extent than they are today. Regulation over time has limited that involvement.
- The Center for Community Solutions (CCS) is engaged in advocacy on the following issues facing United Way of Greater Cleveland target populations (2005):
 - Developing Human Capital/Workforce Development
 - Clean Indoor Air/Tobacco Use Reduction
 - Early Care and Education
 - Family Planning & Sexual Health
 - Health Care Disparities
 - Medicaid
 - Social Security
 - Tax Policy
 - Youth Development/Urban Education
- United Way First Call for Help does not collect data on advocacy providers. Twenty-five provider organizations were identified a survey.
- Most United Way Capacity Building Strategic Input Survey respondents reported that public policy advocacy appears to be in the health, human services, housing, education, and economy areas. A few were focused on the environment and community development/urban policy.
- Forty case advocacy providers were identified and invited to respond to the capacity building strategies survey. The organizations offered case advocacy services to a variety of populations. Nearly all were aimed at providing advocacy for disenfranchised individuals and families. A few were focused on providing skills to individuals to self-advocate.
- A recent United Way of America survey of United Ways concludes that, in general, United Ways are not optimally embracing public policy advocacy.
- Funding is provided primarily from government sources, foundations, corporate entities, United Way, community shares, fundraising, and private donations. Some receive membership dues and individual gifts.
- As of May 11, 2006, \$880,518 in revenues for advocacy has been identified countywide.
- Nonprofits report the top three barriers to policy participation as being limited financial resources, tax law or IRS regulations, and limited staff or volunteer skills.
- When reviewing best practices, several sources outline very similar practices. Ultimately, they call for a client-centered approach where information is accessible and providers are held accountable.
- By joining economic justice issues and direct action methods, local communities all over the country can organize for increased policy setting and economic power.

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ATTACHMENTS

Attachment 1: Researcher List

MCS

CONSULTING SERVICE

CORE SERVICE RESEARCH TEAM

Co-Lead Consultants

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Thanks to *The Center for Community Solutions* for providing multiple sources of information.

Attachment 2: United Way Capacity Building Strategies Input Survey

UW Capacity Building Strategies Input Survey

Name of Respondent _____

Organization _____

Please take a few moments to provide us with your feedback related to any of the following services you provide: 1) planning/ coordinating/advising, 2) organizational development, 3) volunteer development, 4) advocacy, and how you utilize research in these services. Your answers will only be shared in an aggregate form and no identifying information will be made available.

Describe your organizational type (e.g. division of a social service agency, a nonprofit social service agency, an ad hoc community group, membership, etc.)?

Section 1: Planning/Coordinating/Advisory Groups

AIRS DESCRIPTION: Governing boards, advisory boards, commissions, committees and other groups that provide advice, guidance and, in some cases, formal oversight, for public and private organizations that are responsible for the provision of services to the community; that assess existing social conditions and problems and develop and assist in the implementation of specific strategies for meeting the human service needs of the community; and/or which assist community agencies and organizations to coordinate the provision of services in an efficient, nonduplicative way. Also included are entities that are composed of community agencies which have an established networking relationship that provides a collaborative approach to addressing specific identified community needs and problems.

Do you provide planning, coordinating or advising services? Yes ____ No ____

If no, please skip to section 2

If yes...

- Please list the different types of organizational planning, coordinating, advising that you provide (e.g. strategic planning, planning at organizational transition points, etc.)? To whom?
- Please describe the planning, coordinating and advising assistance you provide.
- What is the frequency that each of the following is needed (planning, coordinating and advising assistance and support)?

- What needs for assistance do health and human services organizations in the community have for planning, coordinating and advising?
- Who funds your planning, coordinating or advising and at what level?

Section 2: Organizational Development

AIRS DESCRIPTION: Programs that strengthen and support human service organizations, small businesses and other groups and enhance their capacity to deliver products and services by providing management consulting services in the area of program planning, development, administration and/or evaluation; or which relate to specific technical facets of operation including board development, community economic development, community organizing, conference planning, facility administration, fiscal administration, fund disbursement and allocations, fund raising, personnel management, public relations, resource system development, service planning and delivery or strategic planning.

Do you provide organizational development services? Yes ____ No ____

If no, please skip to section 3.

If yes...

- What are the different types of organizational development that you provide?
- What need for assistance do health and human services in the community have for organizational development?
- Who funds your organizational development services and at what level?

Section 3: Volunteer Development

AIRS DESCRIPTION: Programs that seek to maximize the effective utilization of volunteer resources in the community and which encourage the participation of individuals who want to offer their services and work on a full or part time basis without remuneration in one of the human service fields.

Do you provide volunteer development services? Yes ____ No ____

If no, please skip to section 4.

If yes...

- What is the focus of your volunteer development?
- Who funds your volunteer development services and at what level?

- What are the trends in volunteer development services?
- What are the current needs and issues relative to volunteer development?

Section 4: Public Policy Advocacy

AIRS DESCRIPTION: Programs that seek to influence legislation in order to benefit specific interest groups or achieve specific social, political or environmental goals; or which intercede on behalf of individuals and/or groups to ensure that they receive benefits and services to which they are entitled and their rights guaranteed by law are protected and enforced. Most advocacy programs do not utilize attorneys and are therefore not qualified to offer legal opinions or represent their clients in court.

Do you provide public policy advocacy? Yes ____ No ____

If no, please skip to section 5.

If yes...

- What is your advocacy focus (neighborhood; local, state, federal government)?
- What is your advocacy content area (e.g. health, education, etc.)?
- Who funds your advocacy efforts and at what level?
- How do you establish your advocacy agenda?
- Are there advocacy duplications in the community? Gaps? Please explain.
- What evidence are you aware of to suggest that there is a return on investment for advocacy efforts?
- What are barriers for nonprofit organizations engaging in public policy advocacy?
 - What are the legal limitations?
 - Describe any conflicts between funders and advocacy groups.
 - Please describe any other barriers.

Section 5: Case/Individual Advocacy

Do you provide case/individual advocacy? Yes ____ No ____

If no, please skip to section 6

If yes...

- Who is/are your target population(s)?
- How are you funded? How much funding is available to you?
- Are there duplications in case advocacy? Gaps? Explain.

Section 6: Research

AIRS DESCRIPTION: Programs that gather, maintain and interpret information about the services utilization patterns within the community and provide data regarding duplication of service and service gaps for use by public and private planning bodies and service providers in their allocation decisions.

- Who in the community creates research relevant to health and human services?
- How are you using the research?
- What sources do you use?
- What barriers are there to using the research?
- What are the best strategies for disseminating relevant research to consumers and assuring that it is user-friendly?

We thank you in advance for your prompt and informative response!

Please return your response, no later than September 9th, to:

Jacqueline Kirby Wilkins, IntelliSolve, Inc.

807 E. Washington Street, Suite 220, Medina, OH 44256

Fax: 330-725-6328/E-mail: intellisolve@zoominternet.net

Attachment 3: Actual Consumer Demographics

Core Service: Advocacy FP-050		
		Actual Number/Percent of Consumers by Funding Source **
	Total Population (%)*	UW Program Report Data 92.2% (%)
PERIOD	1/1/2000- 12/31/2000	7/1/2003- 6/30/2004
TOTAL	1,393,978	4,588
GENDER		
Male	47.2%	20.1%
Female	52.8%	32.4%
Unknown Data***		47.4%
Missing Data****		0.0%
RACE*****		
White alone	67.1%	15.7%
Black or African American alone/combination	27.9%	29.6%
Asian alone/combination	2.1%	0.5%
American Indian and Alaska Native alone/combination	0.7%	0.0%
Native Hawaiian and Other Pacific Islander alone/combination	0.1%	0.0%
Some other race alone/combination	2.1%	1.3%
Unknown Data***		52.9%
Missing Data****		0.0%
HISPANIC*****	3.3%	2.6%
AGE		
0-4	6.5%	0.7%
5-9	7.3%	1.1%
10-14	7.1%	0.8%
15-19	6.4%	3.1%
20-34	19.1%	12.0%
35-54	29.3%	21.1%
55-64	8.7%	8.5%
65-74	7.8%	2.4%
75+	7.8%	0.3%
Unknown Data***		50.1%
Missing Data****		0.0%
HOUSEHOLD INCOME*****		
	2.4	
\$0-\$9,999	11.3%	14.9%
\$10,000-\$14,999	6.9%	3.0%
\$15,000-\$19,999	6.7%	0.9%
\$20,000-\$29,999	13.6%	0.7%
\$30,000 and above	61.5%	0.3%
Unknown Data***		80.2%
Missing Data****		0.0%
Total	100.0%	100.0%

Attachment 3: Actual Consumer Zip Codes (continued)

* U.S. Census 2000, SF1 (P1); SF4 (PCT144)
**Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
***Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
***** The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone," all racial categories are "... alone or in combination with some other race." This method isolates and minimizes the non-minority population ("White alone").
*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category, which may result in more conservative estimates for children, and the "old old," which may actually have larger proportions of persons in the lower income categories.

Attachment 4: Actual Consumer Zip Codes

Core Service: Advocacy FP-050			
			Actual Number/Percent of Consumers by Funding Source **
	City/Town (% Cleveland)	Total Population (%)*	UW Program Report Data %
Period		1/1/2000-12/31/2000	7/1/2003-6/30/2004
TOTAL		1,393,978	4,588
44017	Berea	1.4%	0.0%
44022	Bentleyville	1.3%	0.0%
44040	Gates Mills/Mayfield Village	0.2%	0.0%
44070	North Olmsted	2.4%	0.1%
44101	Cleveland (100%)	0.0%	0.0%
44102	Cleveland/Brooklyn (95%)	3.7%	8.2%
44103	Cleveland (100%)	1.8%	5.4%
44104	Cleveland (100%)	2.1%	3.8%
44105	Cleveland/NewburghHts/GarfieldHts (75%)	3.9%	3.9%
44106	Cleveland/Cleveland Hts (60%)	2.3%	1.8%
44107	Lakewood/Cleveland	4.0%	0.4%
44108	Cleveland/Bratenahl (90%)	2.6%	2.5%
44109	Cleveland/Brooklyn Hts (98%)	3.3%	3.3%
44110	Cleveland/East Cleveland (98%)	1.9%	1.0%
44111	Cleveland (100%)	3.1%	0.4%
44112	East Cleveland/Cleveland	2.4%	1.9%
44113	Cleveland (100%)	1.4%	13.6%
44114	Cleveland (100%)	0.3%	0.8%
44115	Cleveland (100%)	0.6%	1.5%
44116	Rocky River	1.5%	0.2%
44117	Euclid/Cleveland	0.9%	0.2%
44118	ClevelandHts/UniversityHts/ShakerHts	3.2%	0.6%
44119	Cleveland/Euclid (50%)	1.0%	0.1%
44120	Shaker Hts/Cleveland	3.4%	2.4%
44121	University Hts/South Euclid	2.5%	0.3%
44122	Beachwood/Highland Hills/ShakerHts	2.5%	0.3%
44123	Euclid	1.3%	0.1%
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	0.2%
44125	Valley View/Garfield Hts	2.1%	0.1%
44126	Fairview Park/Cleveland	1.2%	0.1%
44127	Cleveland (100%)	0.6%	0.8%
44128	Warrensville Hts/Cleveland	2.4%	0.9%
44129	Brooklyn/Parma/Cleveland	2.1%	0.1%
44130	Parma/Cleveland	3.8%	0.1%
44131	Independence/Seven Hills/BrooklynHts	1.5%	0.0%
44132	Euclid	1.1%	0.3%
44133	North Royalton	2.0%	0.0%
44134	Parma/Cleveland	2.9%	0.1%
44135	Cleveland/Linndale (90%)	2.0%	0.5%
44136	Strongsville	3.1%	0.1%
44137	Maple Hts/Cleveland	1.9%	0.3%
44138	Olmsted Twp/Olmsted Falls	1.3%	0.0%
44139	Bentleyville/Glenwillow/Solon	1.6%	0.2%
44140	Bay Village	1.1%	0.0%
44141	Brecksville	1.0%	0.0%
44142	Brookpark/Cleveland	1.5%	0.0%
44143	Highland Hts/Richmond Heights	1.7%	0.1%
44144	Brooklyn/Cleveland	1.6%	0.1%
44145	Westlake	2.3%	0.1%
44146	Walton Hills/Oakwood/Bedford	2.3%	0.4%
44147	Broadview Hts	1.1%	0.1%
44149	Strongsville	0.0%	0.0%
	Unknown Cuyahoga County Zip Codes***	0.0%	42.5%
	Missing****	0.0%	0.0%
	Unknown ****	0.0%	8.4%
	Total Cuyahoga County*****	100.0%	100.0%
	Total Known Cleveland	30.5%	47.7%
	Total Known Suburbs	69.5%	9.7%
	Unknown & Missing	0.0%	8.4%

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census 2000, SF1 (P1)
**Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
***Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
****Missing Data - represents computational errors or incorrect completion of online report.
***** Totals vary due to rounding.



**United Way of
Greater Cleveland**

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uws.org/CoreServicesPlanning