

Core Service Report

Child and Adult Care Food Program

Consumer Category:
Educational / Employment Limitations

Primary Consumer Group:
**Persons with Educational Disadvantages
Preschool and K-12**



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>.

ACKNOWLEDGEMENTS

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SNAPSHOT

AIRS Code Level I: Basic Subsistence (B)

AIRS Code Level II: Food (BD)

Core Service: Child and Adult Care Food Programs (BD-500.145)

Investment Committee: Learning and Earning for Life

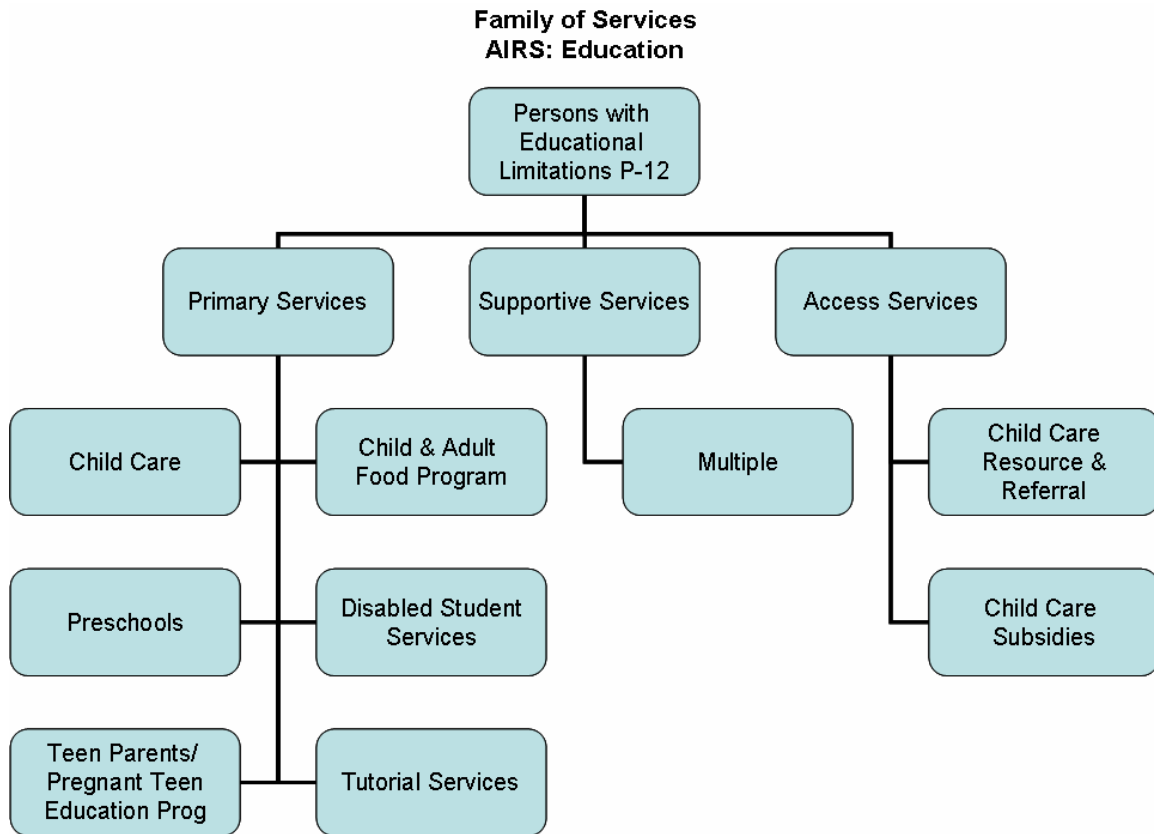
Cluster: Early Learning

AIRS Definition: A program that provides supplementary nutrition in the form of healthy meals and snacks for preschool and school-age children and adults receiving day care. Licensed child care centers, Head Start programs, family day care homes, adult day care centers, and homeless shelters serving families are eligible to participate and are reimbursed for a portion of the meals served. In the United States, the program is administered at the federal level by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture.

Special Note: There are five core services related to early childhood education and preschool: child care, child care subsidies, child care food program, child care resource and referral, and preschools. To avoid as much duplication as possible across reports, the content of the core service reports were organized as follows: Child Care deals with children ages 0-12 who need full day care. Preschools are defined as part time programs for children ages 3 to 5 years. However, it is recognized that at times families use preschools as part of a larger package of child care services and thus consumer data from Starting Point is included in the Child Care report. By making these distinctions, it does not suggest that the standards of quality preschool programs are not or should not be implemented in child care programs. The ideal is for all child care and preschool programs to achieve the highest standards possible to benefit the children who are their primary consumers.

Another distinction is made between the subsidies included in the Child Care report and the Child Care Subsidies report. The former includes all public sources of subsidy for child care; the latter deals only with subsidies from alternative, non-traditional sources.

The Child Care Food Program is part of a family of services for persons with educational limitations P-12. It is one of six services that target this consumer group. (See figure below.) In addition, there are two services that facilitate access to some of these services.



Core Service Environment

According to the Food Research Action Council (FRAC), food insecurity has been on the rise in the United States. More than 36 million people nationwide—including more than 13 million children—live in households that struggle to put food on the table (Nord, Andrews, & Carlson, 2004). The Child and Adult Care Food Program (CACF) was founded in 1968 as an extension of the National School Lunch Program to address the nutritional needs, including food insecurity and quality of nutrition, of children in child care homes and centers (FRAC, 2005).

The National Nutrition Summit in May 2000 attracted nearly 2000 nutrition and health professionals to discuss, debate and develop a national nutrition safety net plan for the next quarter century (USDA/DHHS 2000). One recommendation was that targeted research is required to identify benefits resulting from improved diets and physical activity and how to translate this information into programs and policies. (Kennedy & Cooney, 2001)

There have been attempts to terminate a federal role in school nutrition programs and return administration to the local level. All such attempts have been met with strong bipartisan opposition. (Kennedy & Cooney, 2001)



On June 30, 2004, President Bush signed the Child Nutrition and WIC Reauthorization Act into law. The act is meant to encourage healthy environments and strengthen the federal child nutrition programs.

Core Service Consumers

The target population addressed in this core service report is preschool and school-aged children in child care facilities and family homes that receive supplementary nutrition paid for by the government. The children are generally from households living at less than 185 percent of the federal poverty level.

Children who lack adequate nutrition are more likely to experience difficulty in school and suffer from health problems (FRAC, 2005).

Poor performance early in school is a major risk factor for dropping out of school. According to labor statistics, educational attainment is perhaps the greatest indicator of job and income mobility, so the impact of childhood hunger can be lifelong. Studies have also shown time and time again that even mildly undernourished children may potentially suffer abnormal brain, cognitive, and psychological impairment that, if not corrected, can be irreversible. (Farmers and Hunters Feeding the Hungry, n.d.)

The following are some facts regarding child nutrition as reported by Farmers and Hunters Feeding the Hungry (n.d.):

- Over 9 million children are the recipients of food from a pantry, kitchen or shelter (America's Second Harvest, 2001).
- 22.2 percent of shelter clients indicated that their child/children was/were hungry at least once during the previous 12 months but couldn't afford more food (America's Second Harvest, 2001).
- Between 2000 and 2001, requests for emergency food assistance increased by an average of 23 percent in American cities, with 54 percent of requests coming from families with children (U.S. Conference of Mayors).

In Cuyahoga County, 19,277 children (16,505 in child care centers and 2,772 in family day care homes) participated in the CACFP.

Core Service Delivery

The definition of the core service for this report is as follows: programs that provide supplementary nutrition in the form of healthy meals and snacks for preschool and school-aged children in child care centers and family day care homes. Participating programs are reimbursed for a portion of the meals served.

The USDA administers the Child and Adult Care Food Program (CACFP), which is the largest nutritional assistance program for children in child care. The program is available to licensed public and nonprofit child care centers, family child care, Head Start, recreation centers, group child care homes, and public and nonprofit private schools that provide organized after-school programs. Children under the age of 12 can receive up to 2 meals and 1 snack a day through the program. High risk individuals, persons in homeless shelters, and the elderly can also qualify with specific criteria. Rates for the meal are based on the family's income (FRAC, 2005).

CACFP reimburses participating centers and day care homes for part of their meal costs (CACFP covers only the actual cost of food but not the labor costs of preparing, delivering, etc.). Programs receiving benefits must be offered in areas where at least 50 percent of the children are eligible for free and reduced-price meals based upon school data.

The USDA’s School/Child Nutrition Commodity Programs (CNP) provide USDA-purchased food for lunches served in schools through the National School Lunch Program, Child and Adult Care Food Program, and the Summer Food Service Program.

According to the Ohio Department of Education, there were 2.8 million meals served to children in Ohio in 2004 and 2.6 million in 2005. In 2005 1,079 of the certified child care providers in Ohio participated in the CACFP program. This represents only 39 percent of the providers.

In addition to providing funding for meals, the United States Department of Agriculture (USDA) encourages child care providers to engage the children in nutritional education activities. USDA developed a kit called “Changing the Scene: Improving the School Nutrition Environment,” with the goal of promoting a healthy school nutrition environment (Rainville, Choi, & Brown, 2003).

There is limited United Way - First Call for Help data available regarding child care food programs. Only 5 providers were identified by FCFH’s 2005 database. The Ohio Department of Education reported over 160 programs as certified child care food program providers in Cuyahoga County in September 2004. In FY 2004 (July 2003 to June 2004), United Way funded none of the providers. Between 2000 and 2004, there were 18 calls. Data indicates that all of the calls for assistance were met. Note that Starting Point’s resource and referral service for early childhood education handles most of the calls for this service.

The key source of government funding for food for child care programs comes from the Child and Adult Care Food Program (CACFP). Federal funding is increasing rapidly. Nationally, in FY 2001, \$1.7 billion was spent for both case payments and commodities. In FY 2005, \$2.1 billion was spent. In FY 2005, \$2.05 billion was allocated; in FY 2006, \$2.16 billion was allocated; and in FY 2007, \$2.27 billion was allocated. The state of Ohio has also received increasing allocations.

As of May 11, 2006, \$11,500,699 in revenues for child and adult care food programs has been identified countywide. These funds came from the Ohio Department of Education. United Way did not fund this core service in FY 2004. However, due to fewer children participating in the program, allocations in Cuyahoga County decreased from \$12.5 million to \$11.5 million between 2002 and 2004. Note that this includes more than children in formal child care settings.

Eligibility for free meals is for children with family incomes under 130 percent of federal poverty (\$21,580 for a family of three in FY2007). Reduced-price meals are for those between 130-185 percent of federal poverty (\$30,710 per year for a family of three in FY 2007).

What Works; What Doesn’t

In 1983, Abt Associates released the findings of a USDA financed “Evaluation of the Child Care Food Program”. A key finding was that “the nutritional quality of the diet and the quality and variety of food served are significantly better in participating day care facilities than in non-participating facilities” (Abt 1983). A U.S. General Accounting Office (GAO 1994) report cited the effectiveness of the program: “Because of its



unique combination of resources, training, and oversight, experts believe the food program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide.” (Kennedy & Cooney, 2001)

A study by the Families and Work Institute (1995) cited participation in the Child Care Food Program as one of the major factors influencing quality care. The study reported that “87 percent of the family child care homes considered to be providing good quality care participated in the Child and Adult Care Food Program.” (Families and Work Institute, 1995 in Kennedy & Cooney, 2001)

The school personnel surveyed by The National Food Service Management Institute (Rainville, Choi, & Brown, 2003) found that some children who qualify for food programs choose not to participate because of the perceived stigma associated with poverty, especially with the School Breakfast Program because the only children who eat breakfast at the school are those participating in the program.

Gap Analysis

Since the CACFP is an entitlement program and all eligible children are guaranteed the benefit, a gap analysis was not conducted.

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 to fund a broad array of “safety net” services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way 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 questions addressed are:

- Including public policies, what are the environmental influences that are impacting 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 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 fund raising 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 primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with 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, the zip codes where the consumers reside, 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 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 and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

According to the Food Research Action Council (FRAC), food insecurity has been on the rise in the United States. More than 36 million people nationwide—including more than 13 million children—live in households that struggle to put food on the table (Nord, Andrews, & Carlson, 2004). The prevalence of food insecurity rose from 11.2 percent of households in 2003 to 11.9 percent in 2004, and the prevalence of food insecurity with hunger rose from 3.5 percent to 3.9 percent. In Ohio, 10.9 percent of all households during a three year average (2001-2003) were characterized as food insecure, and 3.6 percent as food insecure with hunger (Food Research and Action Center [FRAC], 2005).

Recent data indicates that over one half of all food insecure households participated in one or more of the three largest federal food programs (National School Lunch Program, Food Stamp Program, and Supplemental Nutrition Program for Women, Infants, Children [WIC]) during the month prior to the survey conducted in 2004. Roughly 20 percent of food insecure households obtained emergency food from a pantry at some time during the year (Nord, Andrews, and Carlson, 2005).

The ability of the nutrition safety net to respond to the changing needs of the intended recipients is seen as a strength. However, the nutrition safety net's effectiveness is closely linked to the overall social safety net and the influences of the broader economy. It is clear that the nutritional status of children, on average, improves as household poverty rates decrease. Recent data indicate that not only has the decline in the number of poor children decreased since 1995, but those children who remained poor became somewhat poorer (Porter & Primus, 1999). Part of this finding relates to the lower level of participation of children in some nutrition safety net programs. In 1995, 88 children received Food Stamps for every 100 children who were poor compared with only 72 of 100 poor children in 1998 (Porter & Primus, 1999). Not only does the nutrition safety net continue to be important for underserved children, but the benefits from the safety net may come to represent an increasing share of overall household income. (Kennedy & Cooney, 2001)

The empirical results strongly suggest that a nutrition safety net will continue to be important even in the best of economic times. Yet there continues to be tension between those policy makers who advocate broad-based economic reforms as a means of achieving nutrition objectives vs. those suggesting more targeted, programmatic approaches. The data ... would suggest that both types of strategies are needed. Indeed, the working poor (those who despite being fully employed still fall below the poverty level) will continue to rely on programs such as WIC, School Feeding Programs, CACFP, Summer Food and Food Stamps to ensure an adequate diet. (Kennedy & Cooney, 2001)



The long-term solution to persistent poverty and its resultant negative nutrition consequences will undoubtedly involve a combination of macro-economic policies with investments that benefit at-risk populations as well as targeted public health nutrition interventions. (Kennedy & Cooney, 2001)

PUBLIC POLICY ISSUES

NATIONAL

There are many reasons why child nutrition programs were created in America. The most obvious reason is that the nutrition and health status of our children is a high national priority. Another obvious reason was that our agricultural abundance, particularly in the early part of the 20th century, could be better utilized by feeding children in schools. War was a less obvious reason. Yet when young recruits were rejected from service in World War II in increasing numbers for nutrition-related problems, Congress created the National School Lunch Program (National School Lunch Program 1946) in part “as a measure of national security,” i.e., healthy children equal healthy soldiers. (Kennedy & Cooney, 2001)

In the late 19th and early 20th centuries, many religious organizations provided meals to school children. For some groups, such efforts were regarded as charity. Others felt that the State should provide such meals as a matter of right. Aspects of these distinct philosophical views remain firmly in place today. (Kennedy & Cooney, 2001)

The development of child nutrition programs post-World War II was assisted by the dynamic interaction of many very diverse groups. These include local, state and national anti-hunger groups, university-based researchers, health and nutrition officials, Congress and the executive branch of government. Religious groups also played a major role. The mid-1990s debate over welfare reform bears a remarkable semblance to the debates in Parliament establishing the 1906 Provision of Meals Act in England and the Congressional debates over the creation of the 1946 National School Lunch Act. Would a nutrition program for children enhance learning or would such programs enhance dependence of the poor upon federal government. (Kennedy & Cooney, 2001)

Another major factor in the development and creation of child nutrition programs was the Civil Rights movement and media coverage of hunger in America in the 1960s. Discovery of widespread hunger in the South by a team of physicians focused attention on the plight of poor, hungry Americans. These events culminated in the 1969 Nixon White House Conference on Food, Nutrition and Health (White House Proceedings, 1970). This was a watershed event not only because it brought together the best thinking on issues related to public health nutrition but more importantly because it led to a very action-oriented agenda that helped shape the U.S. nutrition safety net. (Kennedy & Cooney, 2001)

In May 2000, the successor to the 1969 conference was held in Washington, DC. The National Nutrition Summit attracted nearly 2000 nutrition and health professionals to the nation’s capital to discuss, debate and develop a national nutrition safety net plan for the next quarter century (USDA/DHHS 2000). Hunger issues were a significant part of the agenda. There was also significant attention paid to identifying interventions for Americans. In addition, the role of physical activity in improving nutritional status and the epidemic of childhood obesity were key topics of discussion. One clear recommendation was that targeted research is required to identify the range of benefits resulting from improved diets and physical activity and how to translate this information into programs and policies. (Kennedy & Cooney, 2001)

There have been attempts to terminate a federal role in school nutrition programs and return administration to the local level. All such attempts have been met with strong bipartisan opposition. In 1981, the Administration pursued a New Federalism proposal, and in 1994 the House majority proposed to “block grant” child nutrition programs. All of these efforts had a similar goal ... return administration of child nutrition programs to the local level. In each instance, the existence of federal nutrition standards played an important role in reversing these proposals. Congressional leaders and the general public understood that providing nutritious meals to children at school was good for all children and good for the country. Without federal nutrition standards, there would be no way to ensure that we as a nation were actually addressing the nutritional needs of our children. (Kennedy & Cooney, 2001)

Child Nutrition and WIC Reauthorization Act

On June 30, 2004, President Bush signed the Child Nutrition and WIC Reauthorization Act into law. This legislation Included reauthorization of the National School Lunch and Breakfast programs, Child and Adult Care Food Program, After-School Snack Program, Summer Food Service Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) along with making improvements to these programs. The act is meant to encourage healthy environments and strengthen the federal child nutrition programs. Some of the benefits of the legislation are:

- Helps states and schools fight childhood obesity—establishes local wellness policies.
- Improves integrity of the school lunch program—ensures eligible children have access to the program by streamlining the certification process.
- Improves access to nutrition for vulnerable children—reduces paperwork.
- Improves integrity of the WIC program—improves the certification process and implements cost containment measures (Committee on Education and the Workforce, 2004).

OHIO

State Regulations

Ohio Food and Nutrition Services Policy

The Ohio Department of Education (2006) recently announced a new food and nutrition services (FNS) policy for the feeding of school children who relocated to Ohio from areas recently devastated by Hurricane Katrina. The agency will continually monitor the situation and provide updates as appropriate.

- Schools in the disaster area that are unable to maintain normal accountability systems but are able to operate will be allowed to serve free meals to all attending children. This waiver was valid through September 30, 2005.
- Meal pattern flexibility is allowable. Schools may be exempt from the milk and other component requirements. In addition, flexibility is allowed as to time of meal service.
- Households certified for emergency food stamps are automatically eligible for free school meals.
- When there are large numbers of homeless families and children because of property loss or damage, school officials may keep a list to document free meal eligibility in lieu of individual applications (this is current policy for homeless children).
- In cases where a household from a designated disaster area moves in with another household, the displaced individuals may be considered homeless and consequently automatically eligible for free meals. However, the host family would have to provide a revised application (and can include those displaced by the disaster as long as any income provided to the host family is also included on the application) in order to be eligible for free or reduced-price meal benefits.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

The target population addressed in this core service report is preschool and school-aged children in child care facilities and family homes that receive supplementary nutrition paid for by the government. The children are generally from households living at or below 185 percent of the federal poverty level.

DEMOGRAPHIC CHARACTERISTICS

Children who lack adequate nutrition are more likely to experience difficulty in school and suffer from health problems (FRAC, 2005).

Children who are denied an adequate diet are at a greater risk than other low income children of not reaching their full potential as individuals. Children who are undernourished have trouble concentrating and bonding with other children and are more likely to suffer illnesses that force them to be absent from school. They consistently perform more poorly on standardized tests. Poor performance early in school is a major risk factor for dropping out of school in later years. According to labor statistics, educational attainment is perhaps the greatest indicator of job and income mobility, so the impact of childhood hunger can be lifelong. Studies have also shown time and time again that even mildly undernourished children may potentially suffer abnormal brain, cognitive, and psychological impairment that, if not corrected, can be irreversible. (Farmers and Hunters Feeding the Hungry, n.d.)

The following are some facts regarding child nutrition as reported by Farmers and Hunters Feeding the Hungry (n.d.):

- Over 9 million children are the recipients of food from a pantry, kitchen or shelter (America's Second Harvest - 2001).
- 22.2 percent of shelter clients indicated that their child/children was/were hungry at least once during the previous 12 months but couldn't afford more food (America's Second Harvest - 2001).
- Between 2000 and 2001, requests for emergency food assistance increased by an average of 23 percent in American cities, with 54 percent of requests coming from families with children (U.S. Conference of Mayors).

The current generation of children is the most inactive generation in history and, therefore, at the greatest risk for obesity. Excessive weight causes many health issues for children, including asthma, Type 2 diabetes, hypertension, orthopedic complications, sleep apnea, and psychosocial effects (American Obesity Association, 2005). While there are several federal child care food programs, many of them are available for participation during the school year, with fewer options for help during the summer.



Estimated Persons in Need

In Cuyahoga County, 19,277 children (16,505 in child care centers and 2,772 in family day care homes) participated in the CACFP (personal communication, Sheri Roe, Interim Assistant Director, Ohio Department of Education Office for Safety, Health, and Nutrition, September, 2004).

REALIZED ACCESS TO SERVICE

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

In FY 2004, United Way did not fund child care food programs. The Ohio Department of Education funded 19,277 consumers through the USDA funded Child and Adult Care Food Program. All of these individuals were at less than 185 percent of poverty and younger than 13 (per eligibility requirements), but no other information is available.

This is an entitlement program; thus the number of actual consumers is equal to the number of the estimated persons in need.

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The definition of the core service for this report is: programs that provide supplementary nutrition in the form of healthy meals and snacks for preschool and school-aged children in child care centers and family day care homes.

BACKGROUND ON CORE SERVICE

USDA administers four major domestic food assistance programs that exclusively or primarily serve the nutritional needs of children. Together, the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, and the Summer Food Service Program account for a quarter of the USDA's domestic food assistance outlays. The child nutrition programs work individually and in concert to provide a nutrition safety net for children.

The largest nutritional assistance program for children in child care is the Child and Adult Care Food Program (CACFP)> the program was founded in 1968 as an extension of the National School Lunch Program to address the nutritional needs, including food insecurity and quality of nutrition, of children in child care homes and centers. The program is available to licensed public and nonprofit child care centers, family child care, Head Start, recreation centers, group child care homes, and public and nonprofit private schools that provide organized after-school programs. Children under the age of 12 can receive up to 2 meals and 1 snack a day through the program. Migrant children and children with disabilities under the age of 15 qualify as well. High risk individuals, persons in homeless shelters, and the elderly can also qualify with specific criteria. Rates for the meal are based on the family's income. The program does not provide assistance for summer programs (FRAC, 2005).

CACFP reimburses participating centers and day care homes for part of their meal costs (CACFP covers only the actual cost of food but not the labor costs of preparing, delivering, etc.). It is administered at the federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture. In most states, the state education or health department administers CACFP. In Ohio it is the Ohio Department of Education. Independent centers and sponsoring organizations enter into agreements with their state agencies to operate the program. Programs receiving benefits must be offered in areas where at least 50 percent of the children are eligible for free and reduced-price meals based upon school data.

USDA's Child and Adult Care Food Program plays a vital role in improving the quality of day care and making it more affordable for many low-income families. In FY 2005, average daily attendance in child care centers was 2 million children; approximately 900,000 children were served through family day care homes. CACFP reaches even further to provide meals to children residing in emergency shelters, and snacks and suppers to youths participating in eligible afterschool care programs (USDA, 2005).

The USDA's School/Child Nutrition Commodity Programs (CNP) provide USDA-purchased food for lunches served in schools through the National School Lunch Program, Child and Adult Care Food Program, and the Summer Food Service Program. The National School

Lunch Act requires a mandatory level of commodity assistance (roughly 17.3 cents per lunch in FY 2005) for these programs. Other farm laws provide for donations of commodities using Section 32 agricultural surplus removal funds and commodities acquired under farm support programs (Section 416- CCC commodities).

The Food Distribution Division of USDA’s Food and Nutrition Service (FNS) coordinates the distribution of commodities to many of the more than 94,000 public and private nonprofit schools and summer food and child and adult care food programs that use commodities as part of their lunches. In FY 2005, the USDA provided commodities and cash-in-lieu of commodities valued at a total of \$1.06 billion to child nutrition programs—\$848 million in entitlement commodities and \$120 million in bonus commodities. Most of the assistance provided (\$968 million) was in the form of actual commodities, as opposed to cash-in-lieu of commodities that are provided to a limited number of school districts and to child and adult care facilities.

The following describes the types of child care facilities that provide CACFP benefits (USDA, 2006).

Child Care Centers

Public or private nonprofit child care centers, Head Start programs, and for-profit centers that are licensed or approved to provide day care may serve meals and snacks to infants and children through CACFP.

Family Day Care Homes

CACFP provides reimbursement for meals and snacks served to small groups of children receiving nonresidential day care in licensed or approved private homes. A family or group day care home must sign an agreement with a sponsoring organization to participate in CACFP. The sponsoring organization organizes training, conducts monitoring, and helps with planning menus and filling out reimbursement forms.

Afterschool Care Programs

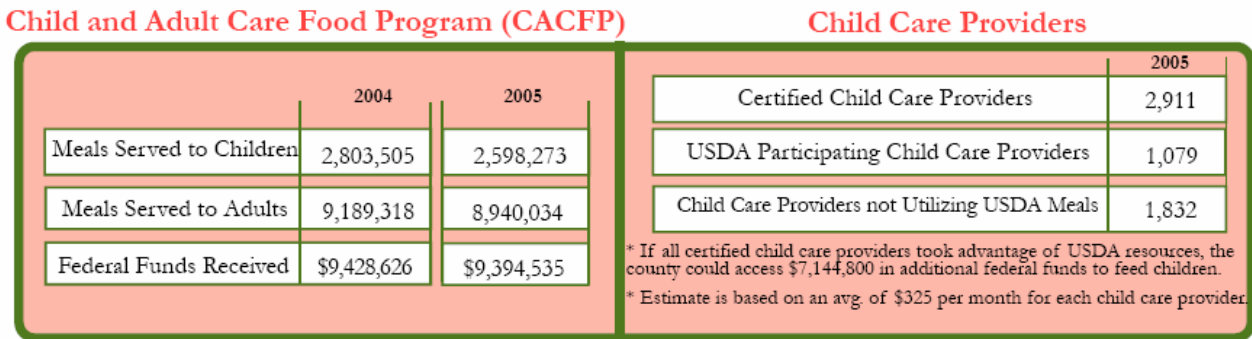
Community-based programs that offer enrichment activities for at-risk children and teenagers after the regular school day ends can provide free snacks through CACFP. Reimbursable suppers are also available to children in eligible afterschool care programs in seven states—Delaware, Illinois, Michigan, Missouri, New York, Oregon, and Pennsylvania.

Homeless Shelters

Emergency shelters that provide residential and food services to homeless families may participate in CACFP. Unlike most other CACFP facilities, a shelter does not have to be licensed to provide day care.

According to the Ohio Department of Education, there were 2.8 million meals served to children in Ohio in 2004 and 2.6 million in 2005. In 2005 1,079 of the certified child care providers in Ohio participated in the CACFP program. This represents only 39 percent of the providers. (See Figure 1 below.)

Figure 1:



In addition to providing funding for meals, the United States Department of Agriculture (USDA) encourages child care providers to engage the children in nutrition education activities. USDA developed a kit called “Changing the Scene: Improving the School Nutrition Environment,” with the goal of promoting a healthy school nutrition environment. A healthy school nutrition environment gives students reliable health information with ample opportunity for use. The National Food Service Management Institute – Applied Research Division, conducted a nationwide survey asking school personnel to identify the most important components to promoting a healthy environment. Eighty-nine percent of respondents were from districts that participate in the National School Lunch Program. Some of the components identified were:

- Behavior-focused nutrition education;
- Adequate funds from all levels of government;
- A la carte menu items that contribute to healthy eating patterns;
- Involvement of students and parents in creating nutrition policy;
- Meal schedules that meet children’s hunger needs;
- Adequate time for lunch;
- Meals that meet USDA nutrition standards and provide choices; and
- Sufficient serving areas to reduce wait time (Rainville, Choi, & Brown, 2003)

USDA adapted the original Food Guide Pyramid to provide special guidance for young children. The USDA Food Guide Pyramid for Young Children targets children 2 to 6 years old. Like the traditional pyramid, the pyramid for young children is an outline of foods to eat each day based on dietary guidelines. It similarly promotes balanced meals, moderation, and a variety of food choices with special emphasis on grain products, fruits, and vegetables. Notice that there are pictures of children playing around the pyramid. The message is that physical activity is also important to good health.

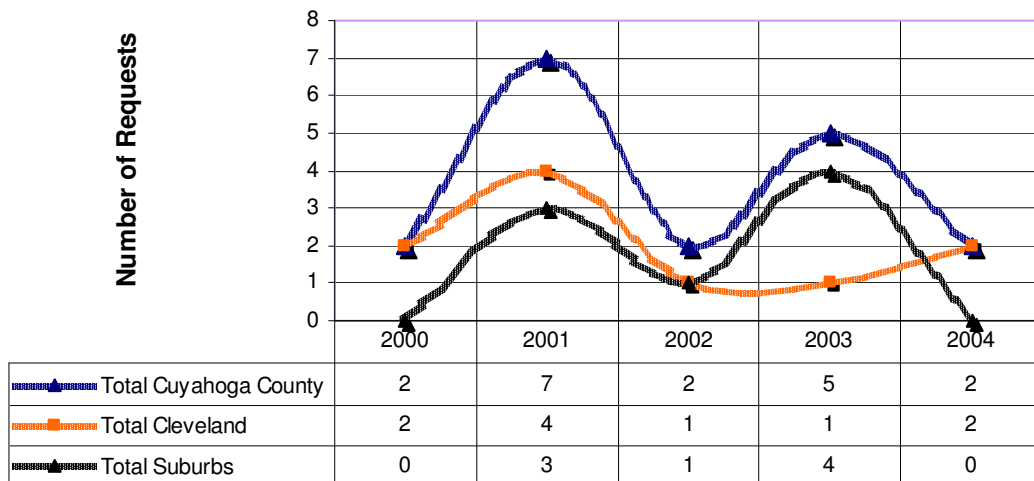


United Way First Call for Help Call Data

There is limited United Way - First Call for Help data available regarding child care food programs. Only 5 providers were identified by FCFH's 2005 database. (See Attachments 3 and 4.) The Ohio Department of Education reported over 160 programs as certified child care food program providers in Cuyahoga County in September 2004. In FY 2004 (July 2003 to June 2004), United Way funded none of the providers.

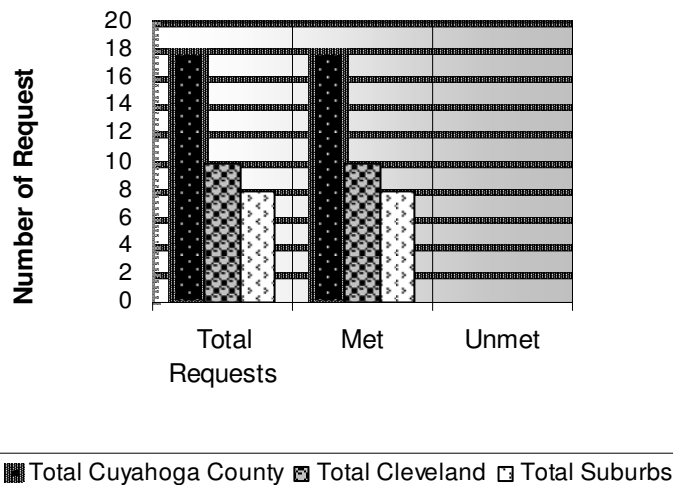
United Way – First Call for Help call data shows a fluctuation in the number of total requests for child care food programs in the county, ranging from a low of 2 calls per year to a high of seven in 2001. (See Figure 2 and Attachment 5.) Note that Starting Point's resource and referral service for early childhood education handles most of the calls for this service.

**Figure 2: Child Care Food Program
United Way - First Call for Help Requests 2000-2004
Greatest Increase/(Greatest Decrease)**



Over the same five-year period, there were 18 calls. Data indicates that all of the calls for assistance were met. (See Figure 3 and Attachment 6.)

**Figure 3: Child Care Food Program
United Way - First Call for Help Requests 2000-2004
(TOTAL REQUESTS: n=18, TOTAL UNMET NEED: n=0)**



FUNDING OF CORE SERVICES

Major Government Funders

The major government funder of child and adult care food programs is:

- Child and Adult Care Food Program (CACFP)

Child and Adult Care Food Program (CACFP)

The CACFP is an entitlement program, meaning that benefit eligibility is guaranteed if certain guidelines are met (such as income level in the CACFP program). Federal funding is increasing rapidly. Nationally, in FY 2001, \$1.7 billion was spent for both case payments and commodities. In FY 2005, \$2.1 billion was spent. (See Table 1.) In FY 2005, \$2.05 billion was allocated; in FY 2006, \$2.16 billion was allocated; and in FY 2007, \$2.27 billion was allocated.

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
CHILD/ADULT CARE FOOD PROGRAM 5/					
Average Daily Attendance (Thous.)	2,726	2,850	2,917	3,010	3,107
Total Meals Served (Mil.)	1,680	1,736	1,765	1,800	1,834
Child Care Centers (Mil.)	923	984	1,023	1,059	1,106
Day Care Homes (Mil.)	717	708	693	687	671
Adult Care Centers (Mil.)	40	45	49	54	58
Percent Free or Reduced Price (%)	83.5	83.3	83.2	82.9	82.3
Cash Payments (Mil. \$)	\$ 1,548.00	\$ 1,657.00	\$ 1,726.00	\$ 1,812.00	\$1,905.00
Commodity Costs (Mil.\$)	\$ 52.00	\$ 57.00	\$ 59.00	\$ 65.00	\$ 70.00
Total Costs (Mil.\$)	\$ 1,737.00	\$ 1,853.00	\$ 1,926.00	\$ 2,020.00	\$2,112.00

NOTES:

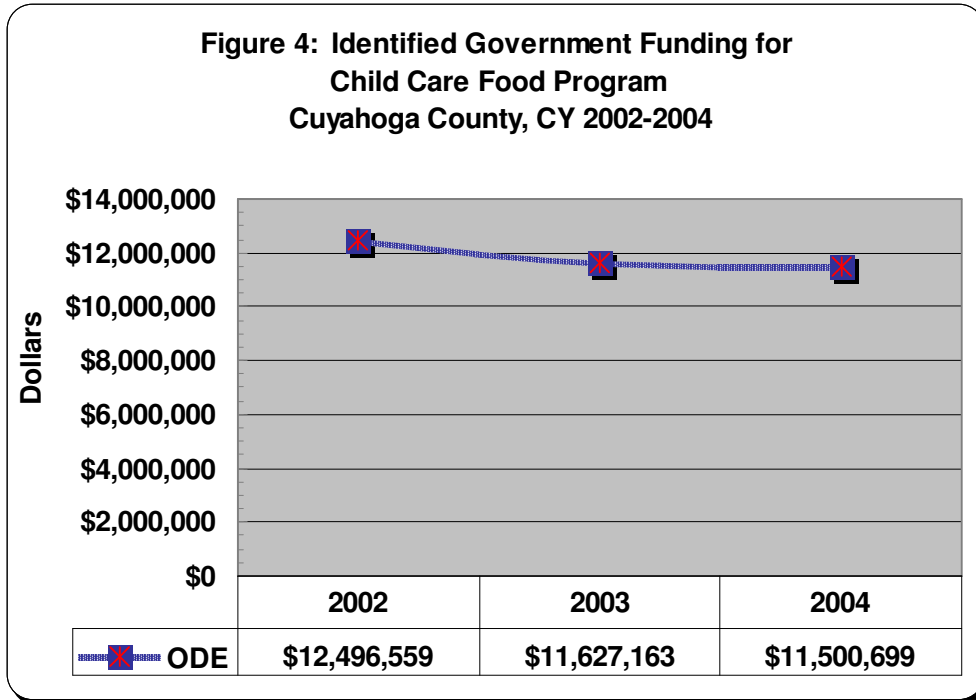
Data is provided by federal fiscal year (October through September). Commodity costs reflect the value of food distributed to participants (Food Distribution on Indian Reservations and Commodity Supplemental Food Program) or delivered to state warehouses (all other programs). All data is subject to revision. Total costs include cash payments, entitlement and bonus commodities, cash-in-lieu of commodities, sponsor administrative costs, start-up costs, and audits.

The State of Ohio has received increasing allocations. In FY 2003, \$58 million was allocated to the state; in FY 2004, \$59.6 million was allocated; in FY 2005, \$61.1 million was allocated; in FY 2006, \$66.6 million was allocated; and in FY 2007, \$68 million was allocated.

Trends of Identified Government Funders in Cuyahoga County

Allocations in Cuyahoga County decreased from \$12.5 million to \$11.5 million between 2002 and 2004. (See Figure 4.) Decreasing funding is due to fewer children receiving the benefit, not funding cuts. It must be noted that a small portion of this funding is for adult care centers and other services that do not support children of working parents enrolled in child care or day care homes.

Figure 4: Identified Government Funding for Child Care Food Program Cuyahoga County, CY 2002-2004



Source: Ohio Department of Education

IDENTIFIED REVENUES

As of May 11, 2006, \$11,500,699 in revenues for child and adult care food programs has been identified countywide. These funds came from the USDA through the Ohio Department of Education. Note that it includes more than meals for children in day care. United Way did not fund this core service in FY 2004. (See Table 2.)

Table 2: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Child and Adult Care Food Program, 2003/2004

Funder	Period	A		B	
		Identifiable Total Dollars County-wide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
State Department of Education	2004	11,500,699			
<i>Subtotal State of Ohio</i>		11,500,699	100%	0	N/A
Total - Contracts/grants from government organizations		11,500,699	100%	0	N/A
Subtotal Non - UWGrCle Support		11,500,699	100%	0	N/A
Total Support/Revenue		11,500,699	100%	0	N/A

REIMBURSEMENT/COST

Most child care centers include meals as part of their fees. For those that receive funding from the Child and Adult Care Food Program, payments are based on the type of meal served, and the child or adult's eligibility for free, reduced-price, or paid meals. Shelters and afterschool care programs are reimbursed at the free rate. As of July 1, 2005, centers in most states receive an

average of \$0.1750 in commodities (or cash in lieu of commodities) for each lunch or supper they serve in addition to these rates (in U.S. dollars):

Meal Type	Free	Reduced-price	Paid
Breakfast	\$1.27	\$0.97	\$0.23
Lunch or Supper	\$2.32	\$1.92	\$0.22
Snack	\$0.63	\$0.31	\$0.05

(USDA, 2005)

Eligibility for free meals is for children with family incomes under 130 percent of federal poverty (\$21,580 for a family of three in FY 2007). Reduced-price meals are for those between 130-185 percent of federal poverty (\$30,710 per year for a family of three in FY 2007).

Day care homes cannot charge separate fees for meals. Higher payments (Tier I) are paid to homes in low-income areas and to low-income providers. Meals and snacks served to children who are eligible for free and reduced-price school meals also receive higher rates of reimbursement. As of July 1, 2005, Tier I and Tier II rates (in U.S. dollars) in most states are:

Meal Type	Tier I	Tier II
Breakfast	\$1.06	\$0.39
Lunch or Supper	\$1.96	\$1.18
Snack	\$0.58	\$0.16

(USDA, 2005)

Eligibility levels are the same as for centers.

Sponsoring organizations of systems of day care homes also receive payments for the cost of administering day care homes. In most states, the monthly administrative payment rate (in U.S. dollars) for each day care home as of July 1, 2005, is:

Number of Homes	Rate
1 – 50	\$91
51 – 200	\$69
201 - 1,000	\$54
Each One Over 1,000	\$48

(USDA, 2005)

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

CACF is a model program because it provides meals according to the nutrition standards set by USDA. This means that the individuals receiving the benefits are provided with balanced, nutritious meals that promote good nutrition habits. The program also has a component of nutrition education (FRAC, 2005).

In 1983, Abt Associates released the findings of a USDA financed “Evaluation of the Child Care Food Program” (Abt 1983). A key finding was as follows: “the nutritional quality of the diet and the quality and variety of food served are significantly better in participating day care facilities than in nonparticipating facilities” (Abt 1983). A more recent study found that “nutritious meals provided by the CACFP can improve diets and may promote health among young, unborn children” (Bruening et al. 1999). A U.S. General Accounting Office (GAO, 1994) report cited the effectiveness of the program: “because of its unique combination of resources, training, and oversight, experts believe the food program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide.” (Kennedy & Cooney, 2001)

A study by the Families and Work Institute (1995) cited participation in the Child Care Food Program as one of the major factors influencing quality care. The study reported that “87 percent of the family child care homes considered to be providing good quality care participated in the Child and Adult Care Food Program.” (Families and Work Institute, 1995 in Kennedy & Cooney, 2001)

In a study entitled “Maternal Employment and Children’s Nutrition,” researchers found a negative association between a mother’s employment status and her children’s diet quality. When comparing children of non-working mothers to children of full-time working mothers, the full-time mothers tended to have children with lower overall healthy eating index scores, lower intake of iron and fiber, and higher intake of soda and fried potatoes. Because households with full-time working mothers tend to have higher incomes, their children are less likely to participate in food programs that encourage healthy eating habits. The study also found that the children who do participate in food programs such as the Child and Adult Care Food Program tend to take in more of the needed nutrients and have better diets overall (Crepinsek & Burstein, 2004).

What Doesn’t Work

The school personnel surveyed by the National Food Service Management Institute (Rainville, Choi, & Brown, 2003) also identified several obstacles that hindered the promotion of a healthy school nutrition environment. These included:

- Funding;
- Competitive foods;
- Peer pressure for children;
- Television/media;

- Menus; and
- Parental attitudes.

For children who qualify for food programs, some choose not to participate because of the perceived stigma associated with poverty, especially with the School Breakfast Program because the only children that eat breakfast at the school are those participating in the program. The concern then becomes that low-income children will go to school without eating breakfast and will not participate in the program. One way to overcome the stigma would be to offer free breakfast to all students. However, this would also substantially increase the cost to the federal government (School Nutrition Association, 2004).

IMPACT ON COMMUNITY

According to the Food Research and Action Center:

CACFP supports quality care in several ways. It funds the excellent nutrition, in child care, that is crucial for children's health, growth and development. It provides a stream of income that helps reduce caretaker turnover in family child care. A family child care provider serving five low-income children can receive more than \$4,000 a year in CACFP funds. It assures inspection of family child care homes. And its funding for nutrition allows other child care monies to be spent on quality of care and other services for the children (Food Research and Action Center, 2006)

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

Eligible public or private nonprofit child care centers, outside-school-hours care centers, Head Start programs, and other institutions licensed or approved to provide day care services may participate in CACFP independently or as sponsored centers. Generally, for profit centers must receive Title XX funds for at least 25 percent of their participants, or at least 25 percent of the children they serve must be eligible for free and reduced-price meals.

A family or group day care home must sign an agreement with a sponsoring organization to participate in CACFP. Day care homes must be licensed or approved to provide day care services. Reimbursement for meals served in day care homes is based upon eligibility for Tier I rates (which targets higher levels of reimbursement to low-income areas, providers, or children) or lower Tier II rates.

VI. GAP ANALYSIS

No gap analysis was conducted for this report since the USDA Child and Adult Care Food Program is an entitlement program. Those who are eligible receive the service. United Way does not currently fund this service.



VII. SUMMARY

The following are the major findings from the research on this service:

- According to the Food Research Action Council (FRAC), food insecurity has been on the rise in the United States. More than 36 million people nationwide—including more than 13 million children—live in households that struggle to put food on the table.
- There have been attempts to terminate a federal role in school nutrition programs and return administration to the local level. All such attempts have been met with strong bipartisan opposition.
- The National Nutrition Summit in May 2000 made a recommendation that targeted research is required to identify benefits resulting from improved diets and physical activity and how to translate this information into programs.
- On June 30, 2004, President Bush signed the Child Nutrition and WIC Reauthorization Act into law. The act is meant to encourage healthy environments and strengthen the federal child nutrition programs.
- The key source of government funding for food for child care programs comes from the Child and Adult Care Food Program (CACFP). Federal funding is increasing rapidly. The State of Ohio has also received increasing allocations.
- Due to fewer children participating in the program, allocations in Cuyahoga County decreased from \$12.5 million to \$11.5 million between 2002 and 2004.
- As of May 11, 2006, \$11,500,699 in revenues for child and adult care food programs has been identified countywide.
- A recent study found that “nutritious meals provided by the CACFP can improve diets and may promote health among young, unborn children” (Bruening et al. 1999)
- A U.S. General Accounting Office (GAO 1994) report cited the effectiveness of the program: “Because of its unique combination of resources, training, and oversight, experts believe the food program is one of the most effective vehicles for reaching family child care providers and enhancing the care they provide.”
- The school personnel surveyed by The National Food Service Management Institute found that some children who qualify for food programs choose not to participate because of the perceived stigma associated with poverty, especially with the School Breakfast Program because the only children who eat breakfast at the school are participating in the program.
- A study by the Families and Work Institute (1995) cited participation in the Child Care Food Program as one of the major factors influencing quality care.

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ATTACHMENTS

Attachment 1: Researcher List

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

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however, seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an

aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson’s (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was “unknown,” defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, “missing” represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private

- resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of “unknown/non-consumers”*: This is the difference between the estimated number of actual consumers and the estimate of persons in need.
 - *Estimate of number of “would-be users” (unrealized access)*: This is the estimate of persons who would use a service if it were available, typically based on research.
 - *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
 - *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because



of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

References

Anderson, Ronald M. (1995, March). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10.

Wan, Thomas T. H., Odell, Barbara Gill, & Lewis, David T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press.

Attachment 3: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Providers	5	-
Number of Providers by Type		
Nonprofit	4	-
For-profit	-	-
Government	1	-
Other	-	-
Total Number of Sites	5	-
Number of Service Sites per Provider		
1	5	-
2 – 5	-	-
6 – 10	-	-
11+	-	-
Geographical Location of Service Sites, by ZIP Code		
44017 – Berea	-	-
44022 – Bentleyville	-	-
44040 – Gates Mills/Mayfield Village	-	-
44070 – North Olmsted	-	-
44101 – Cleveland	-	-
44102 – Brooklyn/Cleveland	-	-
44103 – Cleveland	1	-
44104 – Cleveland	-	-
44105 – Newburgh Hts/Garfield Hts	-	-
44106 – Cleveland Hts/Cleveland	-	-
44107 – Cleveland/Lakewood	1	-
44108 – Cleveland/East Cleveland	1	-
44109 – Cleveland/Brooklyn Hts	-	-
44110 – Cleveland/Bratenahl	-	-
44111 – Cleveland	-	-
44112 – Cleveland/East Cleveland	-	-
44113 – Cleveland	-	-
44114 – Cleveland	1	-
44115 – Cleveland	-	-
44116 – Rocky River	-	-
44117 – Cleveland/Euclid	-	-
44118 – Euclid/University Hts	-	-
44119 – Cleveland/Euclid	-	-
44120 – Cleveland/Shaker Hts	-	-
44121 – University Hts/South Euclid	-	-
44122 – Orange/Warrensville Hts	-	-
44123 – Euclid	-	-
44124 – Pepper Pike/Mayfield Village	-	-
44125 – Valley View/Garfield Hts	-	-
44126 – Cleveland/Fairview Park	-	-
44127 – Cleveland	-	-
44129 – Cleveland/Brooklyn/Parma	-	-

Attachment 3: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44130 – Cleveland/Parma	-	-
44131 – Seven Hills/Brooklyn Hts	-	-
44132 – Euclid	-	-
44133 – North Royalton	-	-
44134 – Parma/Cleveland	-	-
44135 – Cleveland/Linndale	1	-
44136 – Strongsville	-	-
44137 – Maple Hts/Cleveland	-	-
44138 – Olmsted Twp/Olmsted Falls	-	-
44139 – Bentleyville/Glenwillow/Solon	-	-
44140 – Bay Village	-	-
44141 – Brecksville	-	-
44142 – Cleveland/Brookpark	-	-
44143 – Highland Hts/South Euclid	-	-
44144 – Brooklyn/Cleveland	-	-
44145 – Westlake	-	-
44146 – Walton Hills/Oakwood/Bedford	-	-
44147 – Broadview Hts	-	-
44149 – Strongsville	-	-
44149 – Strongsville	-	-

Attachment 4: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Children's Hunger Alliance	Meal and Snack Reimbursement for Family Child Care Providers
Early Childhood Options	Meal and Snack Reimbursement for Family Child Care Providers
City of Lakewood Dept. of Human Services (DOHS)	Child Care Provider Nutrition Reimbursement
Neighborhood Centers Assn.	Funding for After-School and other Food Programs
Neighborhood Child Care	Meal and Snack Reimbursement for Family Child Care Providers

Bold represents agencies funded by United Way for this service. None was funded in FY 2004. Note that the Ohio Department of Education reported over 160 programs as certified child care food program providers in Cuyahoga County in September 2004.

Attachment 5: United Way - First Call for Help Child Care Food Program Requests – 2000-2004: Greatest Increase/Greatest Decrease

BD-500.145 Child Care Food Program								
United Way - First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change*	Avg. #
		2000	2001	2002	2003	2004	00&04	Calls 00-04
44108	Cleveland/Bratenahl	0	0	0	0	1	N/A	N/A
44102	Cleveland/Brooklyn	0	1	0	0	1	N/A	N/A
44103	Cleveland	1	0	0	1	0	(100%)	N/A
44105	Cleveland/Newburgh Hts/Garfield Hts	1	0	0	0	0	(100%)	N/A
**Total Cuyahoga County		2	7	2	5	2	0%	4
**Total Cleveland		2	4	1	1	2	0%	2
**Total Suburbs		0	3	1	4	0	N/A	2
<p>* Extremely high percentages are due to low numbers.</p> <p>** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.</p>								

**Attachment 6: United Way - First Call for Help Child Care Food Program Requests
–2000-2004: Unmet Need**

BD-500.145 Child Care Food Program				
United Way - First Call for Help Requests 2000-2004				
Unmet Need				
Zip Code	TOTALS 00-04			%
	Requests	Met	Unmet	Unmet
*Total Cuyahoga County	18	18	0	0%
*Total Cleveland	10	10	0	0%
*Total Suburbs	8	8	0	0%

FCFH DATA NOTES

Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)

Unmet = service request for which there was no referral.

Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.

* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.



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