

# Core Service Report

## Food Banks / Food Suppliers

Consumer Category:  
**Basic Needs**

Primary Consumer Group:  
**Persons Who Are  
Food Insecure**



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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This report was written by a team under contract with MCS Consulting Service, LLC including the following in alphabetical order:

- Renee Aten, Aten Enterprises
- Jennifer Forshey, IntelliSolve, Inc.
- Karen Gillooly, IntelliSolve, Inc.
- Carey Wiant Nyberg
- Jennifer Slusser, IntelliSolve, Inc.
- Marlene C. Stoiber, MCS Consulting Service, LLC.
- Jacqueline Kirby Wilkins, IntelliSolve, Inc.

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## SNAPSHOT

**AIRS Code Level I: B – Basic Subsistence**

**AIRS Code Level II: BD - Food**

**Core Service: Food Banks BD-200**

**Investment Committee: Strong Families = Successful Children**

**Cluster: Basic Needs**

**AIRS Definition:** Nonprofit food clearinghouses that gather, sort, store and distribute to participating charitable agencies surplus food products and edible but unmarketable food that has been acquired from grocery stores and other sources. Also included are the supermarket chains, food manufacturers, wholesalers, restaurant suppliers, agencies that organize food drives, government departments (e.g., the USDA or Agriculture and Agri-Food Canada in Canada) and other organizations that donate food on a regular basis to food banks and/or directly to food pantries, meal programs, homeless shelters and other human service agencies with food programs.

**Special Note:** There are three core services related to food-insecure consumers that are part of a system of service: emergency food, meals, and food banks. “Emergency food” is considered to be the 3 to 5 day supply of food that clients pick up at a given location. “Meals” are considered to be the food served in soup kitchens where individuals or families go for a hot meal. Finally, “food banks” are intermediary organizations that supply to food pantries, hunger centers, and other organizations.

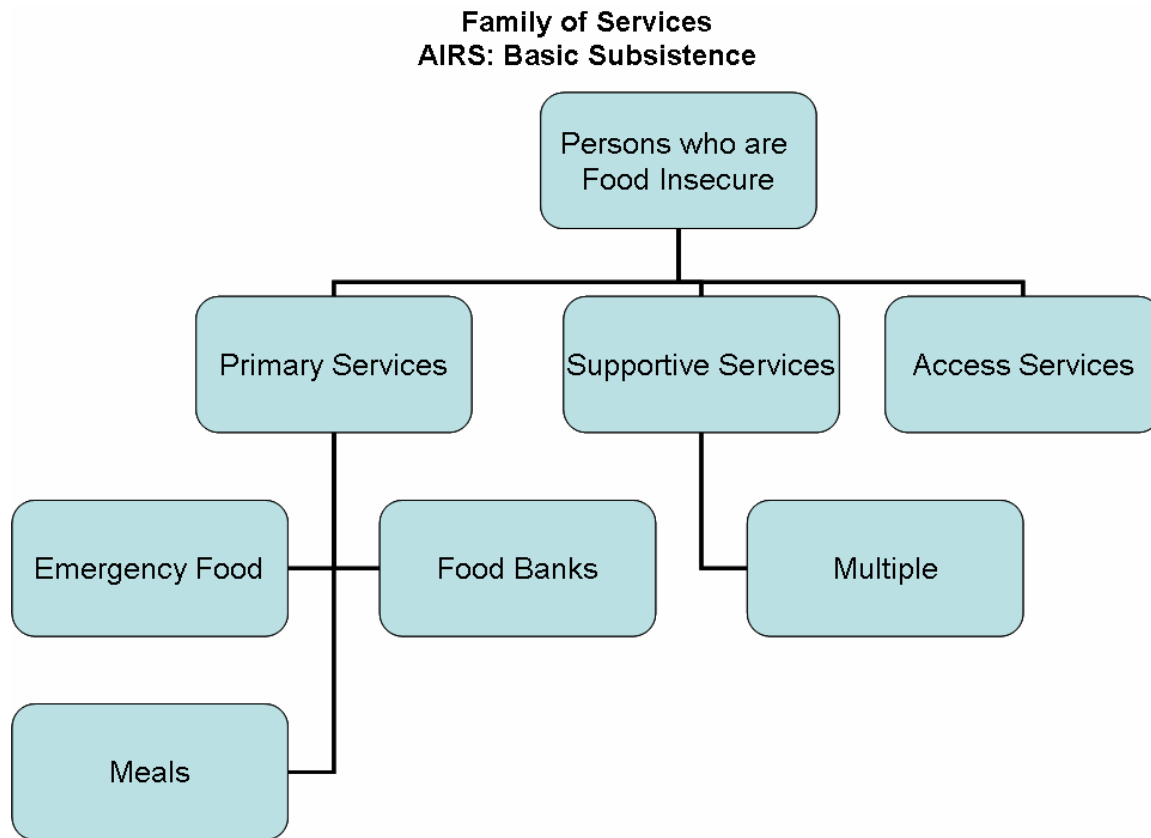
Our approach is to repeat the following sections in each report because the research overlaps across the 3 services:

- Service Environment
- Public Policy
- Demographic Characteristics (except for sections mentioned below)
- Background on Core Service (except for section mentioned below)
- Reimbursement/Cost
- Impact on Individuals/Families
- Impact on Community
- Accreditations/Standards/Certifications

However, the following sections in each report will be unique to that service:

- Definition of Target Populations
- Estimated Persons in Need
- Realized Access to Service
- Core Service Definition
- United Way - First Call for Help Call Data
- Funding of Core Service and Identified Revenues
- Gap Analysis

The Food Banks Program is part of a family of services for persons who are food insecure. It is one of three services targeting this consumer group. (See figure below.)



*Core Service Environment*

Hungry households are those in which adults have reduced the quality of food they consume because they lack financial resources to the point that they are quite likely to be hungry on a frequent basis, or in which children’s food intake has been reduced to the point that they are likely to be hungry on a regular basis and adults’ intake is severely reduced. Even when hunger is not present, adults in food-insecure households are so limited in resources that they are running out of food, reducing the quality of food their family eats, feeding their children unbalanced diets, skipping meals so their children can eat, or taking other steps that impair the adequacy of the family’s diet (Rosso and Weill, 2006).

A new report released by The Center for Community Solutions (2006) shows that hunger has increased in Cleveland and surrounding suburbs, as well as in the state and the country. The report measures hunger in Cuyahoga County based on the number of food stamp recipients and the number of calls to the local 211 agency for help finding food assistance in 2000 and 2005.

According to “A Blueprint to End Hunger” from the National Anti-Hunger Organizations (2004a), in 1996 the World Food Summit established a goal to reduce food insecurity in half by 2015. The official U.S. commitment is to cut hunger and food insecurity in half by 2010, and to end both by 2015.

At the federal level, President Clinton signed the Bill Emerson Good Samaritan Food Donation Act in 1996 to encourage the donation of food and grocery products to nonprofit organizations for distribution to needy individuals. And in 2005, the Hunger-Free Communities Act was introduced to increase federal funding available to local organizations working to reduce hunger in communities nationwide and established an ambitious commitment to end hunger in the United States by 2015.

In its annual report (2004), the Children’s Hunger Alliance made recommendations to Ohio policymakers to improve access to meals by increasing participation in the School Breakfast Program, expanding utilization of USDA snack and meal programs and improving the “direct certification” process to ensure that all eligible children receive the free school meals they deserve.

*Core Service Consumers*

The target consumers specifically addressed in this core service report are the food pantries, meal programs, emergency shelters, and other organizations that are the recipients of food gathered, sorted, stored and distributed from the food bank.

Food insecurity and hunger are concentrated in low-income households. In 2001, over 23 million Americans sought emergency food assistance from churches, food banks, soup kitchens, meal sites and shelters. On a month-to-month basis, this is six million more low-income individuals than were enrolled in the federal Food Stamp Program. Between 2001 and 2002, the demand for emergency food assistance in American cities increased by an average of 19 percent, with 48 percent of requests coming from families with children (Center on Hunger and Poverty, 2002).

In Ohio, the Children’s Hunger Alliance reported that 1.2 million Ohioans are hungry, and 400,000 of Ohio’s children are hungry or at risk of hunger (Children’s Hunger Alliance, 2004). In addition, the Food Research and Action Center’s “State of the States 2006” report computed three-year averages between 2002 and 2004 and concluded that 11.4 percent (511,000) of all Ohio households were food insecure. The households that were food insecure with hunger totaled 3.4 percent (153,000) of Ohio households (Rosso and Weill, 2006).

In Cuyahoga County, the Second Harvest’s “2006 Hunger in America Study” found that of the Cleveland Food Bank’s nearly 160,000 clients served annually, 31 percent were under the age of 18 and 12 percent were elderly; 80 percent were food insecure and 70 percent were food insecure with children in the household. Seventy-two percent of clients were below poverty level in the month prior to service. Households with at least one employed adult accounted for 31 percent of all families served, and the median monthly household income was \$650.

More people than ever before are visiting Cleveland’s suburban hunger centers. Over the past year, while city residents’ usage has leveled off, suburban hunger grew and has been climbing since the year 2000, but at a much faster rate than Cuyahoga County overall (Ohio Hunger Network, n.d.).

*Core Service Delivery*

The definition of the core service for this report is as follows: nonprofit food clearinghouses that coordinate and distribute donated food from supermarket chains, food manufacturers, wholesalers, restaurant suppliers, agencies that organize food drives, government departments

(e.g., the USDA or Agriculture and Agri-Food Canada in Canada) to participating charitable agencies.

Historically, hunger programs were basically anti-hunger approaches that primarily focused on federal food assistance programs or emergency food distribution. However, recently, Community Food Security (CFS) encourages progressive planning to address the underlying causes of hunger and food insecurity at the community level (Hamm & Bellows, 2003).

A network of emergency food providers directly deliver food and groceries to consumers either in the form of food pantries that will supply several days of groceries (“Emergency Food” is United Way’s comparable service), soup kitchens that provide hot meals (“Meals” is United Way’s comparable service), or emergency shelters that provide meals as part of a package of services for residents (“Homeless Drop-ins,” “Homeless Shelters,” or “Transitional Shelters” are United Way’s comparable services).

Locally, the Hunger Network of Greater Cleveland serves as the largest distribution network for emergency food in Cuyahoga County; it works to ensure that the food provided is both nutritionally balanced and equitably distributed wherever it is needed.

Based on United Way - First Call for Help’s (FCFH) database (February 2005), there is one nonprofit food bank provider operating from 2 different sites. In FY 2004 (July 2003 to June 2004), United Way did not fund any providers. FCFH call data shows an increase in the number of total requests for food bank programs in the county: from 22 in 2000 to 28 in 2004 (27 percent increase). Over the same five-year period, FCFH had 158 requests for information about food banks. Of these requests, they were able to make referrals to 97 percent of callers.

When looking at federal nutrition programs and emergency food assistance systems in meal equivalents per month, the Food Stamp Program is clearly the largest contributor at 48 percent, followed by WIC at 17 percent, and the School Lunch Program at 14 percent. Food pantries (comparable to United Way’s Emergency Food) and emergency kitchens (comparable to United Way’s Meals) together contribute 10 percent. Together, the School Breakfast Program and the Child and Adult Care Food Program are each 6 percent of the total.

Funding of food banks, meals, and emergency food in the form of groceries is often blended. Much of the governmental support for emergency food programs is in the form of commodities (food products) that are distributed to states and to local grantees. Of the relatively smaller amount of government dollars available for emergency food programs, most of these funds do not go to the purchase of food commodities, but to administration and capacity building to collect and store unmarketable food products donated by local grocery stores, caterers, farmers, etc. Individual cash and commodity donations, as organized by the Harvest for Hunger annual campaign, are also a large portion of funding available for emergency food. Major sources of government funding include:

- Community Development Block Grant (CDBG) – County and City of Cleveland
- FEMA Emergency Food and Shelter National Board Program
- Social Services Block Grant (SSBG) and Temporary Aid to Needy Families (TANF)
- Temporary Emergency Food Distribution Program
- Commodity Supplemental Food Program
- Ohio Food Program
- Ohio Agricultural Surplus Production Alliance

- Cuyahoga County General Revenue Fund

As of May 11, 2006, \$230,000 in revenues for food banks has been identified countywide. Government sources are not included in this total because they cover more than one core service. In FY2004, United Way of Greater Cleveland did not fund this core service.

The Harvest for Hunger campaign is an essential non-government funder of emergency food programs. Harvest for Hunger is an annual effort of Northeast Ohio's food banks to benefit the hungry in 19 counties and is one of the largest food and fund drives in the nation.

#### *What Works; What Doesn't*

The success of America's Second Harvest is the relationships established with food growers, processors, retailers, manufacturers, wholesalers, and restaurants. By encouraging these food providers to donate food, rather than dispose it, America's Second Harvest will pick up and move food and grocery products that are able to feed millions of Americans. A network of food banks and food rescue organizations safely store the food and distribute it to local service agencies (America's Second Harvest, 2005).

As the Children's Hunger Alliance (2004) suggests, successful hunger eradication efforts are tied to ending poverty. Therefore, programs that provide assistance to families to achieve self-sufficiency will also help to end hunger.

Many model state government programs are approaches to increasing food stamp utilization. Private model programs include The Greater Chicago Food Depository, which implemented an innovative job training program as a way of breaking the cycle of poverty for unemployed and underemployed people; and the SHARE Food Program, which provides healthy, nutritious food at an affordable price. For 16 dollars and two hours of their time, a family can receive 35 to 40 dollars worth of food.

The consequences of hunger or food-insecurity are biological, psychosocial, and academic. Research has concluded that hungry or food-insecure children tend to have more health problems, exhibit disruptive behavior, are more likely to be tardy or absent from school, and score lower on achievement tests (Center on Hunger and Poverty, 2002).

According to a USDA survey (Ohls et al., 2002), many food banks have implemented policies to limit agencies that may obtain food, and the quantity of food that they receive. Of the 61 percent of food banks that limit food, 58 percent base the limitations by linking the amount of food to the number of people that the agency serves. In addition, agencies are screened before they can receive food. The most common screening process is determining if the agency is a 501(c)(3) organization. Roughly one-third of the food banks surveyed require that agencies be certified or complete an approval process administered by the food bank.

#### *Gap Analysis*

Because the consumers are organizations rather than people, no gap analysis has been conducted for this service. There is also no service site index.

## 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

A new report released by The Center for Community Solutions (2006) shows that hunger has increased in Cleveland and the surrounding suburbs, as well as in the state and country. The report measures hunger in Cuyahoga County based on the number of food stamp recipients and the number of calls to the local 211 agency (United Way – First Call for Help) for help finding food assistance in 2000 and 2005. The report tracks food stamp recipients and food assistance calls to show that poverty and hunger increased inside and outside the central city since 2000. The report concludes that, if this trend continues, food assistance sites may need to be redistributed and their capacity may need adjustments to efficiently serve all of the poor and hungry, not only in Cleveland, but in the suburbs as well.

What does it mean to be hungry? The American Institute of Nutrition and the United States Department of Agriculture (USDA) define hunger as a circumstance in which an individual unwillingly goes without food for intermittent or extended periods of time (Children’s Hunger Alliance, 2004). Food insecurity is a widely accepted, statistically verified method by which hunger is measured. The food insecurity measure, devised by the USDA and the Bureau of the Census in cooperation with several anti-hunger organizations, is the limited or uncertain availability of safe, nutritionally adequate food that can be obtained in “socially acceptable” ways (e.g., without stealing or scavenging) (Children’s Hunger Alliance, 2004).

USDA measures food insecurity and hunger only as it relates to financial constraints. Food secure households have access at all times to enough food for an active, healthy life. Food-insecure households do not have access to enough food at all times to fully meet basic needs. Some food-insecure households reach a level of severity such that one or more household members are hungry. Hunger is defined as the uneasy or painful sensation caused by lack of food (Rosso and Weill, 2006).

Hungry households are those in which adults have reduced the quality of food they consume because they lack financial resources to the point that they are quite likely to be frequently hungry, or in which children’s food intake has been reduced to the point that they are likely to be hungry on a regular basis and adults’ intake is severely reduced (Rosso and Weill, 2006).

Even when hunger is not present, adults in food-insecure households are so limited in resources that they are running out of food, reducing the quality of food their family eats, feeding their children unbalanced diets, skipping meals so their children can eat, or taking other steps that impair the adequacy of the family’s diet (Rosso and Weill, 2006).

Hunger, poverty, economic insecurity and unequal opportunity continue to be profound problems in this country. ... Nationwide 38 million people live in households suffering from hunger or are living on the precipice of hunger (“food insecure without hunger”). This is up from 33 million in 2000. Nationwide, 37 million live in poverty. This is up from 32 million in 2000. These dismal trends are confirmed by the America’s Second Harvest report *Hunger in America 2006*, showing an 8 percent increase since 2001 in use of that network’s emergency food services. Similarly, a

24-city U.S. Conference of Mayors survey reported that requests for food assistance increased by 12 percent in 2005. The poverty and food insecurity numbers are snapshots at a particular time. Over longer periods much larger numbers of Americans face hunger and poverty. Professor Mark Rank in the book *One Nation, Underprivileged: Why American Poverty Affects Us All* estimates that half of Americans will have fallen into poverty for at least one year of their adulthood by the time they reach age 65, and nearly 40 percent by age 45. Two-thirds will spend at least one year with income below 1½ times the poverty line by age 65.” (Rosso and Weill, 2006)

Nationally, 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. Recent data indicates that over one half of all food-insecure households participate in one or more of the three largest federal food programs (National School Lunch Program, Food Stamp Program, 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).

According to the “Millennium Declaration to End Hunger in America,” the root cause of hunger is a lack of adequate purchasing power in millions of households, also known as poverty, low or inadequate income (The National Anti-Hunger Organizations, 2004). According to the Food Research and Action Center (Nord, Andrews, and Carlson, 2005), factors associated with hunger are:

- Households with incomes below the federal poverty line.
- Households headed by single women with children.
- Men living alone.
- African American and Hispanic households (double the national average).
- Being a resident of central cities.
- Unemployment: nationally, a one-percentage-point increase in the unemployment rate leads to about 700,000 more Food Stamp recipients in the first year and in the long run this increase leads to 1.3 million more Food Stamp recipients (Hanson and Gunderson, 2002).

Census data indicates that 13 percent of Ohioans lived in poverty in 2005, up from the previous year at 12.5 percent. During the same periods, Cuyahoga County’s poverty rate increased from 13 percent in 2004 to 16.9 percent in 2005. The official 2006 poverty threshold is \$20,000 for a family of four. For both Ohio and Cuyahoga County, this increase was both in the number and percentage of the total population. According to the Cleveland Hunger Network, if one parent works full-time at minimum wage, he/she will take home less than half that pay and studies illustrate that it takes two to three times the official poverty level just to make ends meet and provide basic family stability. In 2004 and 2006, the City of Cleveland topped the list as the nation’s poorest large city. For 2005, Cleveland’s ranking improved to 12th. Among other Ohio cities in the 2006 rankings, Cincinnati is in the top 10 poorest cities. More than 25 million people, including over one million in Ohio, depend on food stamps each month for food. Eighty percent of food stamp households are families with children (Cleveland Hunger Network, 2005).

## PUBLIC POLICY ISSUES

### NATIONAL

#### *Federal Acts and Regulations*

- Hunger-Free Communities Act of 2005 - The Hunger-Free Communities Act of 2005 was introduced in both the House and Senate of Congress. Its purpose is to increase federal funding available to local organizations working to reduce hunger in communities nationwide and establishing an ambitious commitment to end hunger in the United States by 2015. The bill had bipartisan support and would preserve current funding levels for federal food programs and to protect nutrition and hunger-relief initiatives. Additionally, it would direct the Census Bureau to collect data annually on food insecurity in the United States and the United States Department of Agriculture to prepare annual reports on the status of efforts to eliminate domestic hunger and recommendations for reducing hunger.

A first of its kind grant program would be authorized through this act to allow up to \$50 million a year for five years to help hunger-relief organizations reduce hunger locally through efforts such as infrastructure improvements, training and technical assistance, and expanding access to more nutritious food including protein and produce. This public-private partnership focuses on addressing hunger at the local level while promoting collaboration among groups with mutual visions. As of the date of publication of this report, it had not been passed by Congress.

- Bill Emerson Good Samaritan Food Donation Act of 1996 - In 1996, President Clinton signed the Bill Emerson Good Samaritan Food Donation Act to encourage the donation of food and grocery products to nonprofit organizations for distribution to needy individuals. This law makes it easier to donate:
  - It protects donors from liability when donating to a nonprofit organization.
  - It protects donors from civil and criminal liability should the product donated in good faith later cause harm to the needy recipient.
  - It standardizes donor liability exposure. Donors and their legal counsel no longer have to investigate liability laws in 50 states.
  - It sets a liability floor of “gross negligence” or intentional misconduct for persons who donate grocery products.
  - Congress recognized that the provision of food close to recommended date of sale is, in and of itself, not grounds for finding gross negligence. For example, cereal can be donated if it is marked close to code date for retail sale.
- Katrina Emergency Tax Relief Act of 2005 - In September 2005, Congress enacted the Katrina Emergency Tax Relief Act of 2005 to encourage donation of foods to food banks. Section 305 of the act provides a new incentive for donating wholesome food to hunger relief agencies to assist with disaster relief and recovery efforts and to help encourage donations of food in all other areas of the country where the problem of hunger persists.

#### *National Coalitions*

- Blueprint to End Hunger - According to “A Blueprint to End Hunger” from the National Anti-Hunger Organizations (2004a), in 1996 the World Food Summit established a goal

to reduce food insecurity in half by 2015. The official U.S. commitment is to cut hunger and food insecurity in half by 2010, and to end both by 2015. The following is the agenda of the blueprint that involves all sectors of society:

**Federal Government:**

- Live up to the official U.S. commitment to cut hunger and food insecurity in half by 2010, and commit to ending both by 2015.
- Invest in and strengthen the national nutrition safety net.
- Invest in public education to increase outreach and awareness of the importance of preventing hunger and improving nutrition for health, learning, and productivity.

**State and Local Government:**

- Strengthen local use of federal nutrition programs.
- Invest in public education to increase outreach and awareness of the importance of preventing hunger and improving nutrition for health, learning, and productivity.

**Schools and Community Organizations:**

- Provide eligible children the full range of federal nutrition assistance programs, including free and reduced-price breakfast and lunch, after-school snacks and supper, the summer meals program, and the child and adult care meals program.
- Ensure that all eligible children who wish to participate are enrolled in the school meal and child nutrition programs.
- Invest in public education to increase outreach and awareness of the importance of preventing hunger and improving nutrition for health, learning, and productivity.

**Nonprofit Groups:**

- Work to increase public awareness of the problem of hunger in the community and advocate for policies to end hunger.
- Ensure that state and local governments take advantage of all federal nutrition assistance programs.
- Educate low income people about their potential eligibility for nutrition assistance and help connect them with the appropriate programs.
- Monitor program performance in food stamp offices, schools, and community.
- Ensure that once families are connected with food assistance, they also have access to affordable nutritious food.
- Continue to acquire and distribute balanced and nutritious food.

**Labor and Industry:**

- Collaborate with government and community groups to connect low-wage workers to federal nutrition programs.
- Contribute time, money, food, warehouse space, and/or transportation capacity to local anti-hunger organizations.
- Support workplace giving campaigns that target hunger.
- Advocate for improved public policies to end hunger.

**Individuals:**

- Urge elected officials to do more to reduce hunger by improving and expanding the national nutrition programs.
- Become involved with local anti-hunger organizations by donating time, money and/or food.

- Raise local awareness of hunger by talking to friends and family, and working in your local community.

Within the U.S. public policy arena, there remain a number of challenges to achieve the goals of the *Blueprint* while at the same time there have been some accomplishments.

The number of people living in poverty has increased by 5.4 million since 2000, as rising health, energy and housing costs have outstripped any job and wage gains among hard working families. And the federal government's actions and inactions, particularly outside the nutrition program context, have exacerbated the situation. The minimum wage has not increased since September, 1997 – inflation has been eroding its value for 8 ½ years. Congress and the President just finished another piece of legislation. The Deficit Reduction Omnibus Reconciliation Act of 2005 – that cuts low- income supports, weakening TANF (Temporary Assistance for Needy Families), child support enforcement and child care, among other programs. And while Congress, thanks to the hard work of advocates around the country, rejected the President's Food Stamp cuts in 2005, the President has proposed again this year a reduction that the Congressional Budget Office says would amount to \$782 million over five years in Food Stamps (and an additional \$32 million from spillover effects in school meals eligibility). He has proposed as well the elimination of the \$150 million per year Commodity Supplemental Food Program that mostly helps seniors. (Rosso and Weill, 2006)

However, from a public policy point of view, in numerous ways, the nutrition programs have been demonstrating real strength according to the *State of the States: 2006 – A Profile of Food and Nutrition Programs Across the Nation* (Rosso and Weill, 2006):

- The U.S. Department of Agriculture's food stamp participation rates, which estimate the number of potentially eligible persons who are actually participating in the program, rose from 53 percent in 2001 to 56 percent in 2003, according to the most recent data available. (An alternative measure from USDA – less precise but more current, estimating the proportion of low- income persons being served, shows even bigger gains through 2004, rising from 55 percent in 2000 to 66 percent in 2004.)
- The number of food stamp participants rose from 17 million in August 2000 to nearly 26 million in August 2005 (the last month before post-hurricane emergency Food Stamp recipients make it harder to track trends.
- The Congressional Budget Office in 2005 increased its estimate of food stamp spending over the next 10 years by \$30 billion because of increased outreach, eligibility expansion, simplification in state and local access practices, and the resulting increase in participation rates. In other words, the growth trend should continue.

- A conservative Congress making painful cuts in numerous low-income entitlement programs refused to cut Food Stamps or Child Nutrition Programs in 2005, even as the President proposed hundreds of millions of dollars worth of cuts and some powerful voices urged that the bulk of the \$3 billion in required agriculture committee spending reductions come from nutrition programs rather than commodity programs.
- School breakfast participation by low-income children increased in the 2004-2005 school year at the fastest pace in a decade.
- Children's Hunger Alliance - The following recommendations about improving access to meals were made by Children's Hunger Alliance in its annual report (2004).

*Ohio Policymakers should work to provide more children with breakfast by increasing participation in the School Breakfast Program.* Hungry children have difficulty learning and meeting their full potential. Research shows that providing these children with a nutritious school breakfast will boost student achievement, reduce absenteeism, improve student nutrition and health, and reduce the risk of obesity. Additionally, Ohio is one of the top 10 states in the nation that leave federal funds on the table that could otherwise go toward child nutrition programs. Implementing the following measures will provide more Ohio children the benefits of a nutritious meal to start their day, while also bringing federal dollars to our state's economy.

- Require all Ohio publicly funded schools to offer the School Breakfast Program when 20 percent or more students qualify for free lunch. Currently, Ohio guidelines only require school breakfast to be served in schools where 1/3 of students qualify for free lunch. By adopting this new policy, 91,413 additional students can participate in the School Breakfast Program.
- Require all non-public and community schools to offer the School Breakfast Program when 20 percent or more of students qualify for free lunch. In Ohio, currently less than half of eligible students attending community schools are served school breakfast. With implementation of this policy, an additional 29,686 students will have access to a nutritious breakfast to start their day.

*Ohio Policymakers should expand utilization of USDA snack and meal programs.*

- Require all public schools that offer summer intervention programs to also offer the Summer Food Service Program or an extension of the school's lunch program. In 2004, 631,688 children were eligible to participate in the Summer Food Service Program, but couldn't access the program. This is largely due to the lack of summer program implementation in Ohio communities, despite recent changes that ease program administration.
- Require all certified child care providers to utilize USDA snack and meal programs. As of December 2005, there were 11,517 certified family child care providers in Ohio. Currently, only 4,688 providers qualify to receive federal reimbursement for USDA snack and meal programs. Implementation of this policy would assure that all certified child care homes have some monitoring for basic health and safety and that ALL children in these homes receive nutritious meals and snacks.

*Ohio Policymakers should work to improve the "direct certification" process to ensure that all eligible children receive the free school meals they deserve.*

- Require the Ohio Department of Job and Family Services, the Ohio Department of Education and local school districts to create a compatible data-sharing system for direct certification. Policymakers should require that this system be in place by 2008 school year by requesting that a detailed report on the system be provided to the legislature by July 1, 2008. Each successive year, school districts shall update the State Board of Education on their direct certification process and the number of children certified. Implementation of this requirement will help to ensure that all eligible children are certified for free meals.
- Require, at a minimum of twice per year, that all school districts update student enrollment information to reflect those students who are directly certified. Currently school districts are only required to do so one time each year. By increasing the number of occasions direct certification is processed, additional children who go on cash assistance throughout the school year can be reached.

### III. CORE SERVICE CONSUMERS

#### DEFINITION OF TARGET POPULATION

The target consumers specifically addressed in this core service report are the food pantries, meal programs, emergency shelters, and other organizations that are the recipients of food gathered, sorted, stored and distributed from the food bank.

#### DEMOGRAPHIC CHARACTERISTICS

##### NATIONAL

Food insecurity and hunger are concentrated in low-income households. In 2003, households with incomes below 130 percent of the poverty line had a prevalence of food insecurity nearly three times the national level. More than two-thirds of the households that reported hunger had incomes under 185 percent of the poverty line. Close to one-third of female-headed households—and more than 20 percent of black and Hispanic households—are uncertain of having or are unable to acquire enough food to meet the basic needs of the household due to insufficient money to buy food (Center on Hunger and Poverty, 2002).

In 2001, over 23 million Americans sought emergency food assistance from churches, food banks, soup kitchens, meal sites, and shelters. On a month-to-month basis, this is six million more low-income individuals than were enrolled in the federal Food Stamp Program. Between 2001 and 2002, the demand for emergency food assistance in American cities increased by an average of 19 percent, with 48 percent of requests coming from families with children (Center on Hunger and Poverty, 2002).

Second Harvest sponsored the “2006 Hunger in America Study.” This report presented the results of a study conducted in 2005 for America's Second Harvest (A2H), the nation's largest organization of emergency food providers. The study is based on completed in-person interviews with 52,878 clients served by the A2H National Network, as well as on completed questionnaires from 31,342 A2H agencies. The study summarized below focuses mainly on emergency food providers and their clients who are supplied with food and other services by members of the A2H Network. Here, emergency food providers are defined to include food pantries, soup kitchens, and emergency shelters serving short-term residents. It should be recognized that many other types of provider organizations and programs served by food banks are, for the most part, not described in this study. The providers that are not covered include such services as congregate meals for seniors, day care facilities, and after school programs.

Key findings relevant to service consumers are summarized below:

*How many clients received emergency food from the A2H network of food banks?*

- The A2H system served an estimated 24 to 27 million unduplicated people annually, with a midpoint of 25.3 million. This includes 22 to 25 million pantry users, 1.2 to 1.4 million kitchen users, and 0.8 million shelter users.
- Approximately 4.5 million different people receive emergency food assistance from the A2H system in any given week.

*Who receives emergency food assistance?*

A2H Network agencies serve a broad cross-section of households in America. Estimates of key characteristics include:

- Thirty-six percent of the members of households served by the A2H National Network are children under 18 years old.
- Eight percent of the members of households are children age 0 to 5 years.
- Ten percent of the members of households are elderly.
- About 40 percent of clients are non-Hispanic white; 38 percent are non-Hispanic black, and the rest are from other racial groups. Seventeen percent are Hispanic.
- Thirty-six percent of households include at least one employed adult.
- Sixty-eight percent have incomes below the official federal poverty level during the previous month.
- Twelve percent are homeless.

*How many clients are food insecure or are experiencing hunger?*

- Among all client households served by A2H National Network emergency food programs, 70 percent are estimated to be food insecure, according to the U.S. government's official food security scale. This includes client households who are food insecure without hunger and those who are food insecure with hunger.
- Thirty-three percent of the clients are experiencing hunger.
- Among households with children, 73 percent are food insecure and 31 percent are experiencing hunger.

*How many clients report having to choose between food and other necessities?*

- Forty-two percent of clients served by the A2H National Network report having to choose between paying for food and paying for utilities or heating fuel.
- Thirty-five percent had to choose between paying for food and paying their rent or mortgage.
- Thirty-two percent had to choose between paying for food and paying for medicine or medical care.

*Do A2H clients also receive food assistance from the government?*

- Thirty-five percent of client households served by the A2H National Network are receiving Food Stamp Program benefits; however, it is likely that many more are eligible.
- Among households with children ages 0-3 years, 51 percent participate in the Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Among households with school-age children, 62 percent and 51 percent, respectively, participate in the federal school lunch and school breakfast programs.

*Many A2H clients are in poor health.*

- Twenty-nine percent of households served by the A2H National Network report having at least one household member in poor health.

## **OHIO**

In Ohio, the Children's Hunger Alliance reports on the state and county hunger statistics. According to their data, 1.2 million Ohioans are hungry and one in six (400,000) Ohio children are hungry or at risk of hunger (Children's Hunger Alliance, 2004).

The Food Research and Action Center's "State of the States 2006" report computed three-year averages between 2002 and 2004 and concluded that 11.4 percent (511,000) of all Ohio households were food insecure. Those households that were food insecure with hunger totaled 3.4 percent (153,000) of Ohio households (Rosso and Weill, 2006).

## **CUYAHOGA COUNTY**

In Cuyahoga County, the Cleveland Food Bank is the local member organization of Second Harvest. The Second Harvest's "2006 Hunger in America Study" found the following for clients of the Cleveland Food Bank:

### People Served:

- Annual estimated number of clients: 159,600
- Weekly estimated number of clients: 43,100
- Percentage under 18: 31.0 percent
- Percentage of elderly: 12.0 percent

### Poverty Statistics:

- Percentage below poverty line in previous month: 72.0 percent
- Percentage who are homeless: 5.0 percent
- Percentage who are food insecure: 80.0 percent
- Percentage who are food insecure with kids: 70.0 percent
- Percentage who are food insecure with hunger: 29.0 percent
- Percentage with hunger with kids: 12.0 percent
- Percentage who receive Food Stamps: 52.0 percent
- Percentage who received General Assistance, welfare, or Temporary Assistance for Needy Families (TANF) in the past two years: 17.8 percent

### Working Poor:

- Percentage of households with at least one employed adult: 31.0 percent
- Median monthly income: \$650

### Choices:

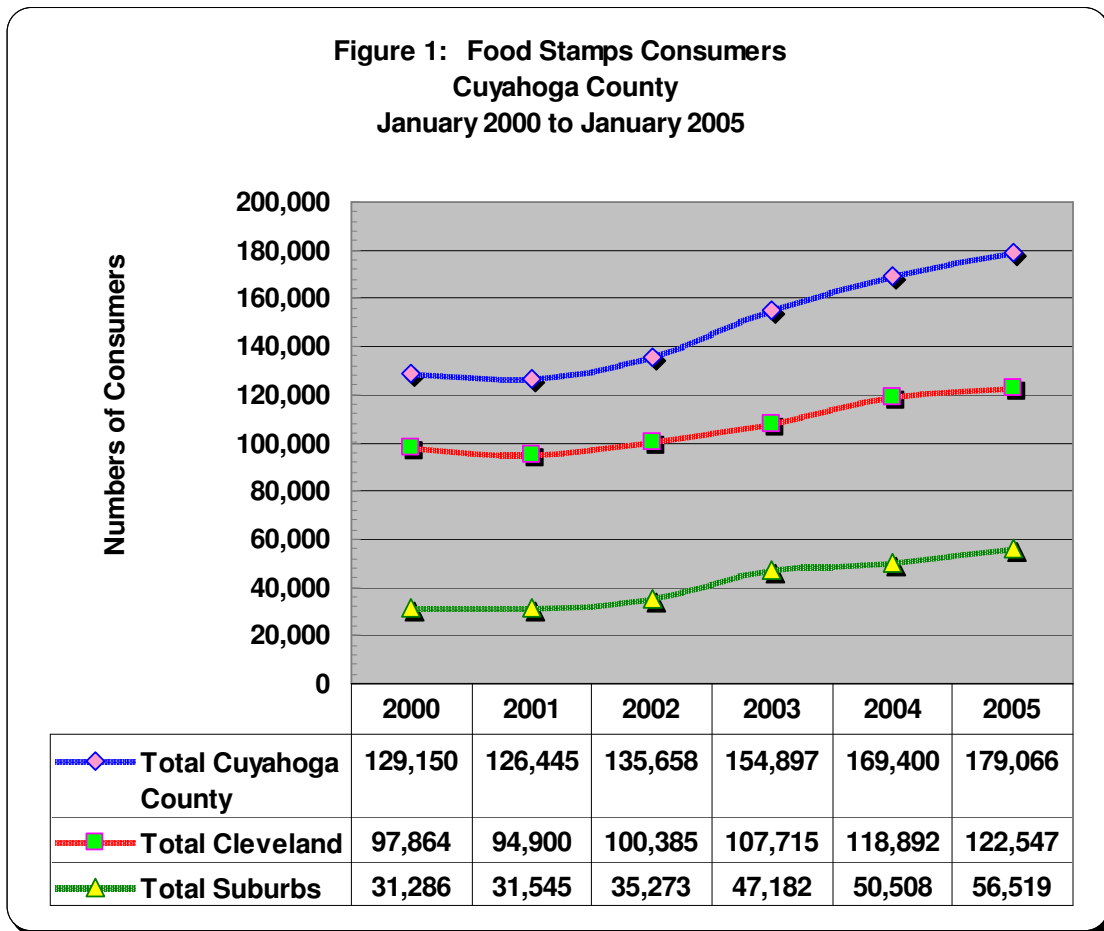
- Percentage who made the choice between food and utilities: 38.0 percent
- Percentage who made the choice between food and housing: 35.0 percent
- Percentage who made the choice between food and health care: 31.0 percent

More people than ever before are visiting Cleveland's suburban hunger centers in Cleveland Heights, Euclid, Lakewood, Parma, Rocky River, Shaker Heights and Bedford Heights. Over the past year, while city residents' usage has leveled off, suburban hunger grew. In fact, it has been climbing since the year 2000, but at a much faster rate than Cuyahoga County overall. Suburban hunger rose 33 percent compared to the overall 27 percent increase. Southeast

suburbs, hit hard with the massive loss of manufacturing jobs, have shown an astounding 212 percent increase in need. Overall, more elderly are visiting these programs, too. Suburban centers serve their suburbs and, in most cases, two or three adjacent suburbs (Ohio Hunger Network, n.d.).

Consistent with national trends, the State of Ohio's participation in the federal Food Stamp Program has fluctuated over the last decade. From 1989 to 1993, the percentage change in food stamp recipients was 21.9. However, from 1993 to 1997, the percentage change was a negative 39.8. Recently, the numbers have begun to rise again. In 2002, over 823,000 people participated in the program, up from nearly 612,000 in 2000.

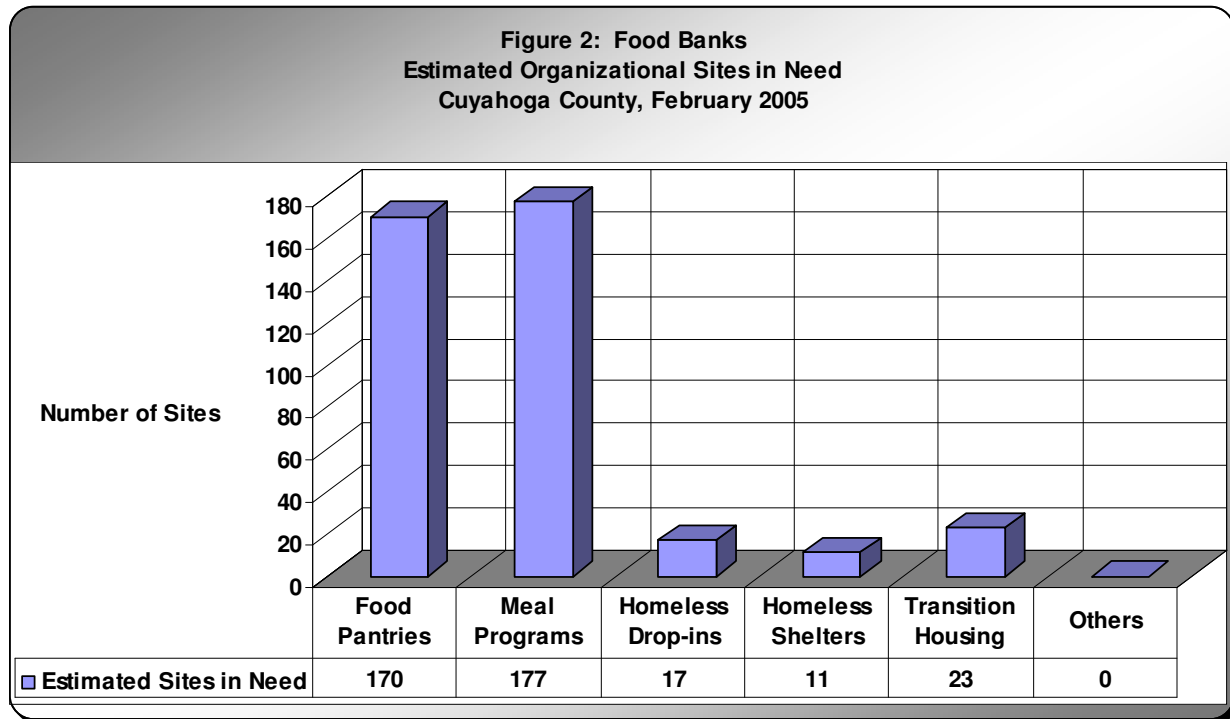
Cuyahoga County's statistics generally mirror the State of Ohio's and have been increasing since 2000; however, while the numbers are substantially higher in Cleveland, the increase is more dramatic in the suburbs. Food Stamp Program participation grew from nearly 129,150 in 2000 to 179,066 in 2005—a 39 percent increase. Cleveland's participation went from 97,864 in 2000 to 122,547 in 2005 (a 25 percent increase) while the suburbs went from 31,286 to 56,519 (an 81 percent increase) during the same period. (See Figure 1.)



Source: NEO CANDO system, Center on Urban Poverty and Social Change, MSASS, Case Western Reserve University (<http://neocando.case.edu>).

*Estimated Organizations in Need*

The clients of the food bank are organizations including food pantries, meal program, homeless drop-in centers, homeless shelters, transitional housing, and a variety of other organizations such as child care programs, Head Starts, youth development programs, and senior centers. The numbers are sites from the United Way - First Call for Help data base in February 2005. This represents a total of 398 sites. (See Figure 2.)



Source: United Way – First Call for Help, February 2005

It is recognized that this is a conservative estimate of organizational sites in need of food banks because it does not include the total number of other organizations served by the food bank. However, it is a number that begins to offer some clarity about the extent of need in Cuyahoga County.

It is estimated that in Cuyahoga County, the food bank must generate enough food for 195,490 persons, which reflects those who are food insecure plus 20 percent more. Cuyahoga County had approximately 65,163 households classified as food insecure with each household having an average of 2.4 persons per. Thus, the estimate is that there are approximately 156,391 food insecure persons (65,163 x 2.4 = 156,391). Only 80 percent of consumers of food banks in Greater Cleveland were food insecure according to America’s Second Harvest “2006 Hunger in America Study.” Accounting for the additional 20 percent (156,391 ÷ 80%) results in an estimated 195,490 persons. Specifically, this represents 179,850 consumers of food pantries, 9,775 of meal programs, and 5,865 for emergency shelters. These numbers were determined by applying the percentages of actual consumers from the Second Harvest study to the number above. These percentages are 92 percent, 5 percent, and 3 percent, respectively. Again, these numbers do not include other organizations whose missions are not specifically focused on emergency food.

## REALIZED ACCESS TO SERVICE

Realized access to service is represented by the numbers of consumers actually served. Included is 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 any food banks programs. Because the consumers of food banks are organizations there are no actual consumer demographics and actual consumer zip codes tables for this service.

## IV. CORE SERVICE DELIVERY

### CORE SERVICE DEFINITION

Building on the AIRS definition of food bank programs, the definition of the core service for this report is as follows: nonprofit food clearinghouses that coordinate and distribute donated food from supermarket chains, food manufacturers, wholesalers, restaurant suppliers, agencies that organize food drives, government departments (e.g., the USDA or Agriculture and Agri-Food Canada in Canada) to participating charitable agencies.

### BACKGROUND ON CORE SERVICE

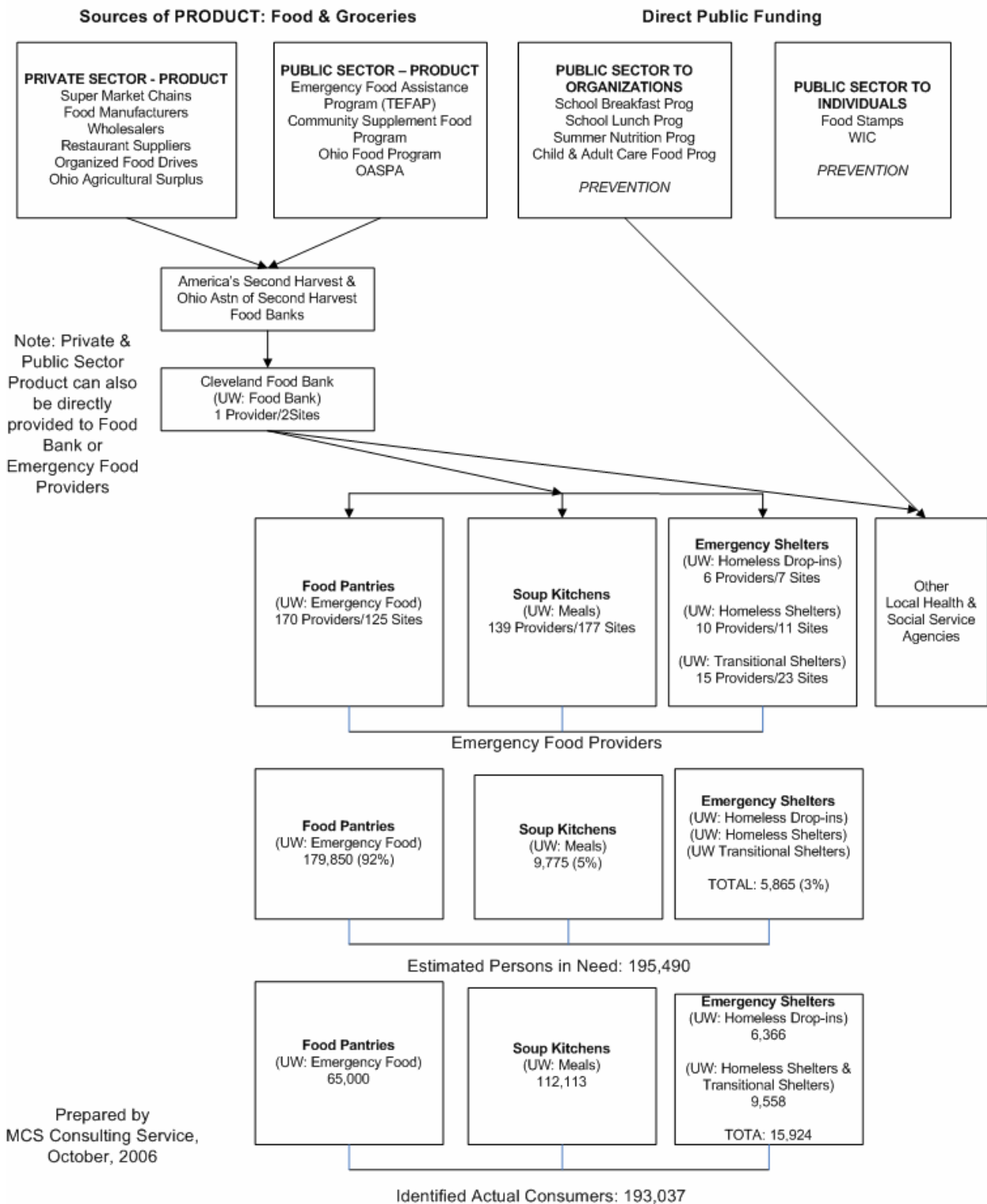
Historically, hunger programs were basically anti-hunger approaches that primarily focused on federal food assistance programs or emergency food distribution. However, recently, Community Food Security (CFS) encourages progressive planning to address the underlying causes of hunger and food insecurity at the community level (Hamm & Bellows, 2003). CFS is an extension of food security, which occurs when all households have available to them nutritionally adequate and safe food, or the ability to acquire food in socially acceptable ways. CFS places the concept of individual or household food security directly in a community context, which implicitly recognizes the important role that the larger food system must play to ensure food security. The most commonly used definition of community food security is a “condition in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance, social justice, and democratic decision-making.”

To achieve a community-wide approach to food security requires a broad network of public and private entities to assist with gathering and disseminating food to those persons and families who need the service. Essentially the system consists of four supply entities (See Figure 3):

- Private sector suppliers of product
- Public sector suppliers of product
- Direct public funding through organizations for prevention programs
- Direct public funding to individuals for prevention programs

In addition, a network of emergency food providers directly deliver the food and groceries to consumers either in the form of food pantries that will supply several days of groceries (“Emergency Food” is United Way’s comparable service), soup kitchens that provide hot meals (“Meals” is United Way’s comparable service), or emergency shelters that provide meals as part of a package of services for residents (“Homeless Drop-ins,” “Homeless Shelters,” or “Transitional Shelters” are United Way’s comparable services). Each of these is described below.

**Figure 3: The Emergency Food System  
Cuyahoga County**



Prepared by  
MCS Consulting Service,  
October, 2006

In August 2002, the USDA released its final report on the Emergency Food Assistance System (EFAS), which included findings from its provider survey. Of the 402 food banks contacted, 395 or 98 percent responded. The survey found that 87 percent of food banks serve food pantries, 79 percent distribute to kitchens, and 77 percent serve shelters. A typical large-sized food bank can serve 195 pantries and 25 kitchens on a regular basis (Ohls et al., 2002).

### **Private Sector Suppliers of Product**

The private sector is a major actor in the provision of food resources to low-income households in need. There are many ways that emergency food program providers raise the funding to get food to those who can benefit from them. Three major intermediary organizations are:

- America's Second Harvest
- Ohio Association of Second Harvest Food Banks (OASHF)
- Local food banks (The Cleveland Food Bank)

#### **America's Second Harvest**

In the late 1960s, John van Hengel, a volunteer with St. Vincent de Paul in Phoenix, Arizona, began collecting food industry leftovers that could be converted into nutritious meals for the hungry in the Phoenix-area. In its first year of operation, this food bank distributed more than 250,000 pounds of food. In 2004, van Hengel's vision—now a national network of more than 200 food banks and food-rescue programs known as America's Second Harvest—distributed over 1.8 billion pounds of food. This collaborative effort serves more than 23 million Americans annually (America's Second Harvest, 2005).

America's Second Harvest—The Nation's Food Bank Network is the nation's largest charitable hunger-relief organization. It has a network of more than 200 member food banks and food-rescue organizations serving all 50 states, the District of Columbia, and Puerto Rico. The Cleveland Food Bank is the local member. The America's Second Harvest Network secures and distributes nearly 2 billion pounds of donated food and grocery products annually. The Network supports approximately 50,000 local charitable agencies operating more than 94,000 programs including food pantries, soup kitchens, emergency shelters, after-school programs, Kids Cafes and BackPack Programs (America's Second Harvest Network, 2006).

In 2005, the America's Second Harvest Network provided food assistance to more than 25 million low-income hungry people in the United States, including more than 9 million children and nearly 3 million seniors. The America's Second Harvest Network supplies nearly two billion pounds of food and grocery products annually.

- 486 million pounds from national product donors
- 494 million pounds from US Government programs
- 843 million pounds from local product donors
- 198 million pounds from purchase (America's Second Harvest Network, 2006)

See the figure below for a diagram of how the system works:



Source: America's Second Harvest Network, 2006

Second Harvest sponsored the “2006 Hunger in America Study.” This report presents the results of a study conducted in 2001 for America's Second Harvest (A2H), the nation's largest organization of emergency food providers. The study is based on completed in-person interviews with more than 32,000 clients served by the A2H Network, as well as completed questionnaires from nearly 24,000 A2H agencies.

Key findings relevant to service delivery are summarized below:

*Most clients are satisfied with the services they receive from the agencies of the A2H national network.*

- Ninety-two percent of adult clients said they were either “very satisfied” or “somewhat satisfied” with the amount of food they received from their A2H provider; 93 percent were satisfied with the quality of the food they received.

*How large is the A2H national network?*

- The members of the A2H National Network participating in the study include 43,141 agencies, of which 31,111 provided usable responses to the agency survey. Of the responding agencies, 21,834 had at least one food pantry, soup kitchen, or emergency shelter.
- The A2H National Network includes approximately 29,700 food pantries, 5,600 soup kitchens and 4,100 emergency shelters.

*What kinds of organizations operate emergency food programs of the A2H national network?*

- Seventy-four percent of pantries, 65 percent of kitchens, and 43 percent of shelters are run by faith-based agencies affiliated with churches, synagogues, mosques and other religious organizations.
- At the agency level, 69 percent of agencies with pantry, kitchen, or shelter and 56 percent of all agencies including those with other programs are faith-based.
- Private nonprofit organizations with no religious affiliation make up a large share of other types of agencies.

*Have agencies been experiencing changes in the need for their services?*

- Sixty-five percent of pantries, 61 percent of kitchens, and 52 percent of shelters of the A2H National Network reported that there had been an increase since 2001 in the number of clients who come to their emergency food program sites.

*Where do these agencies obtain their food?*

- Food banks are by far the single most important source of food for the agencies, accounting for 74 percent of the food distributed by pantries, 49 percent of the food distributed by kitchens, and 42 percent of the food distributed by shelters.
- Other important sources of food include religious organizations, government, and direct purchases from wholesalers and retailers.
- Sixty-nine percent of pantries, 49 percent of kitchens, and 46 percent of shelters receive food from government commodity programs.

*Volunteers are extremely important in the A2H network.*

- As many as 90 percent of pantries, 86 percent of kitchens, and 71 percent of shelters in the A2H National Network use volunteers.
- Many programs rely *entirely* on volunteers; 66 percent of pantry programs and 40 percent of kitchens have no paid staff at all.

### The Ohio Association of Second Harvest Food Banks (OASHF)

The mission of the Ohio Association of Second Harvest Food Banks is to assist Second Harvest Food Banks in Ohio in providing food and other resources to people in need and to pursue areas of common interest for the benefit of people in need. (OASHF, 2006)

Ohio Food banks began in 1985 to develop the federally funded Temporary Emergency Food Assistance Program (TEFAP) within the state of Ohio. Working in conjunction with the Department of Education and then the Ohio Department of Agriculture and finally with the Ohio Department of Job and Family Services the Ohio Food banks struggled through many years of programmatic development, burdensome federal bureaucratic processes, repeated threats of cuts to the TEFAP food sources, and the constant recognition that even in the best of times, the food was generally in insufficient amounts to meet the growing needs of the hungry people in Ohio. (OASHF, 2006)

Ohio Food banks work collaboratively, growing from a loose knit coalition to a cohesive working group seasoned in the procurement, storage, sharing, and distribution of millions of pounds of food, and managing hundreds of paid and volunteer employees. In 1991 the group incorporated as the 501(c)(3) nonprofit organization The Ohio Association of Second Harvest Food Banks (OASHF). Throughout these years, OASHF has worked closely work with the Ohio Department of Job and Family Services has been replicated in other USDA regions. (OASHF, 2006)

Specifically, OASHF has dedicated state dollars to the Ohio Food Program (OFP), the Ohio Agricultural Surplus Production Alliance Program (OASPA) and a capacity building grants program. Dollars directed to OFP take advantage of the power of buying in bulk to supply local food pantries and soup kitchens with nutritional, shelf-stable foods. OASPA funds are used to buy surplus fresh vegetables and fruits from Ohio farmers. Capacity building grants are provided to local food pantries to purchase equipment such as freezers and refrigerators to improve distribution efforts, thereby strengthening the infrastructure of Ohio's emergency food assistance network. Since 1997, over 59.7 million pounds of food has been acquired and distributed to help feed the hungry in Ohio. (OASHF, 2006)

As a result of state support for these programs, OASHF:

- Provided more than 16.8 million pounds of OFP and OASPA food to emergency food pantries in state fiscal year 2004.
- Provided more than 20 percent of all the emergency food distributed by OASHF in Ohio during SFY 2004.
- Served over 2.7 million low-income households (duplicated counts) as a direct result of funding for the Ohio Food Program and Ohio Agricultural Surplus Production Alliance Program in 2004. About 43

percent of those served were children and 33 percent of the households contained at least one elderly or disabled adult.

- Has purchased and distributed more than 27.2 million pounds of OFP groceries to 12 food banks serving more than 3,000 member charities. This has provided 21.3 million meals to hungry Ohioans.
- Has reimbursed Ohio farmers, growers, and commodity producers for picking, packing, production, and transportation costs for more than 32.5 million pounds of surplus fruits, vegetables, chicken, and eggs. This has provided over 25.4 million meals to hungry Ohioans.
- Has distributed over \$1,180,000 in 4,369 capacity building grants to over 3,000 member soup kitchens, food pantries and homeless shelters. (OASHF, 2006)

### The Cleveland Food Bank

In 1979, a group of civic-minded individuals joined together to create the Cleveland Food Bank, an innovative method for confronting the critical issue of hunger in the community. Some of these people represented the food industry and expressed concern about the large amount of nutritious food going to waste each day. Others stood on the front lines in the fight against hunger and worried about the limited supply of food available to feed the hungry (The Cleveland Food Bank, n.d.).

Working together, these individuals resolved that a single clearinghouse could solicit, collect, sort, and distribute food in a more efficient manner, ensuring improved operations for local charities in the Greater Cleveland area. The Cleveland Food Bank was incorporated to serve as a resource for both food industry donors and local charities feeding the hungry. Currently it serves 6 counties in Northeast Ohio (The Cleveland Food Bank, n.d.).

In the food bank's first year of operation, the organization distributed 400,000 pounds of food to 100 local hunger relief organizations. In 2005, the Cleveland Food Bank distributed 18 million pounds of food and other essential products to more than 400 member charities. This year, the agency anticipates distributing over 19 million pounds of food to 450 agencies (The Cleveland Food Bank, n.d.).

In March of 2001, after years of collaboration, the Cleveland Food Bank merged with Food Rescue of Northeast Ohio, another local nonprofit food distributor. Since its founding, the food bank had primarily focused on the distribution of nonperishable food, while Food Rescue of Northeast Ohio focused on providing fresh, frozen and prepared food. The food bank is now able to provide local hunger centers with access to a wider variety of nutritious food for their clients (The Cleveland Food Bank, n.d.).

In July of 2003, the Cleveland Food Bank merged with the Greater Cleveland Committee on Hunger, the organization that ran the Harvest for Hunger food and funds drive. The Harvest for Hunger Campaign is now under the food bank roof and already the efficiencies from the merger are being seen. The campaign will continue to run every March and collect food and money for member agencies to use (The Cleveland Food Bank, n.d.).

Currently, the food bank supplies a majority of the food used in local soup kitchens, shelters, and food pantries. In addition, it provides food to child care centers, group homes, and programs for the elderly. The food bank works closely with other Northeast Ohio hunger relief organizations, providing food and nonfood products to hunger centers administered by the

Hunger Network of Greater Cleveland, the Catholic Hunger and Shelter Network, and the Salvation Army, among others (The Cleveland Food Bank, n.d.).

Each March, the Cleveland Food Bank participates with other Northeast Ohio area food banks in the Harvest for Hunger campaign. Harvest for Hunger food and funds are used by local food bank agencies to serve low-income Ohioans in 19 Ohio counties. Organizations are asked to donate the “super six” items that most frequently needed by area food banks: peanut butter, cereal, canned soup, canned vegetables, beef stew, and tuna fish. Donated funds allow food banks to purchase food; one dollar enables a hunger center to acquire seven pounds of food, which is enough for four nutritious meals from a food bank (Harvest for Hunger, n.d.).

In August 2002, the USDA released its final report on the Emergency Food Assistance System (EFAS), which included findings from its provider survey. Of the 402 food banks contacted, 395 or 98 percent responded. The survey found that 87 percent of food banks serve food pantries, 79 percent distribute to kitchens, and 77 percent serve shelters. A typical large-sized food bank can serve 195 pantries and 25 kitchens on a regular basis (Ohls et al., 2002).

### **Public Sector Suppliers of Product**

The federal government provides the foundation of the community food security system through its multiple nutrition programs. Two of these programs are funded by the United States Department of Agriculture (USDA) which supplies to either food banks or directly to emergency food providers and two are Ohio programs:

- The Emergency Food Assistance Program (TEFAP)
- Commodity Supplemental Food Program (CSFP)
- The Ohio Food Program (OFP)
- The Ohio Agricultural Surplus Production Alliance Program (OASPA)

### **The Emergency Food Assistance Program (TEFAP)**

The Temporary Emergency Food Assistance Program (TEFAP) is a federal program that helps supplement the diets of low-income Americans by providing them with emergency food and nutrition assistance at no cost. TEFAP was first authorized as the Temporary Emergency Food Assistance Program in 1981 to distribute surplus commodities to households. The name was changed to the Emergency Food Assistance Program under the 1990 farm bill; however, it is still known as TEFAP.

Under TEFAP, the U.S. Department of Agriculture (USDA) makes commodity foods available to state distributing agencies. TEFAP is administered at the federal level by the Department of Agriculture’s Food and Nutrition Service. State agencies receive the food and supervise overall distribution. Available products include such items as canned and dried fruit and vegetables, dried eggs and milk, peanut butter, rice grits, etc. The portion that each state receives out of the total amount of food is based on the number of unemployed persons and the number of people with incomes below the poverty level. States provide the food to local agencies they select, usually food banks which in turn distribute the food to local organizations such as soup kitchens and food pantries that directly serve the public. States also provide the food to other types of local organizations, such as community action agencies that distribute the foods directly to needy households. These local organizations distribute the donated commodities to eligible recipients for household consumption, or use them to prepare and serve meals in a congregate setting. Recipients of food for home use must meet income eligibility criteria set by the States.

### Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) works to improve the health of low-income pregnant and breastfeeding women, other new mothers up to one year postpartum, infants, children up to age six, and elderly people at least 60 years of age by supplementing their diets with nutritious USDA commodity foods. It provides food and administrative funds to states to supplement the diets of these groups.

CSFP provides commodities primarily to seniors age 60 years or older, but also to some pregnant and postpartum women, infants, children up to 6 years old. (Individuals can only participate if they are not concurrently participating in WIC.) Seniors currently comprise an overwhelming majority of the participants served. Individuals are eligible for the program if they reside in a State participating in the program and if they meet federal or State income eligibility criteria. CSFP operates in 32 states, the District of Columbia and two Indian Reservations. For seniors, household income must be 130 percent of the federal poverty level or less. Women, infants, and children must meet state eligibility criteria – in most states, household income must be 185 percent of the federal poverty level or less. An estimated 512,433 people were served by CSFP in FY 2005. Each monthly food package, which contains foods high in protein and calcium and other nutrients these populations often lack, is valued at \$50 average retail. In Ohio in FY 2005, there were 13,197 average monthly participants. (Rosso and Weill, 2006)

### The Ohio Food Program (OFP)

The Ohio Food Program (OFP) is funded by the Ohio Department of Job and Family Services through an annual grant for the purchase and distribution of food products by the Ohio Association of Second Harvest Food Banks to eligible households through the Ohio food bank network to be distributed as meals and/or groceries. These food items supplement the distribution of food products acquired through TEFAP, private purchase, and/or donation.

The OFP is, at its core, a purchasing program. First, a purchasing committee assesses the wants and needs of the state's food banks, and develops a "shopping list" that is distributed to food companies and vendors. Then, companies bid and contracts are awarded. Finally, food is distributed and the process is repeated every four months. (OASHF, 2006)

### The Ohio Agricultural Surplus Production Alliance Program (OASPA)

Ohio Agricultural Surplus Production Alliance funds buy surplus and unmarketable fresh, nutritious fruits, vegetables, meats, and eggs from Ohio farmers. All the state dollars allocated to OASHF's food programs are used to either purchase food or improve the infrastructure of Ohio's charitable food network. Through OASPA, Ohio farmers, growers and commodity producers are reimbursed for the costs associated with picking, producing, packing and transporting surplus agriculture products. Funded by the Ohio Department of Job & Family Services through the Ohio Association of Second Harvest Food Banks, this partnership provides fresh processed Ohio-grown products to eligible persons and supports enhancements to improve storage and distribution systems for emergency food providers. OASHF has reimbursed Ohio farmers, growers and commodity producers for nearly 32 million pounds of

surplus and unmarketable fruits, vegetables, chicken, and eggs. These surplus products are then distributed to all 88 Ohio counties and given to hungry Ohioans served by charitable food providers as meals or groceries. This has provided more than 25 million meals to hungry Ohioans (OASHF, 2006).

### **Direct Public Funding through Organizations for Prevention Programs**

There are 4 federal government programs funded by the United States Department of Agriculture (USDA) which can be considered prevention responses to food insecurity in the U.S. with funding going to schools, out-of-school programs, and child and adult day care programs:

- School Breakfast Program
- National School Lunch Program
- Summer Food Service Program
- Child and Adult Care Food Program

#### **School Breakfast Program**

The federal breakfast program as a whole is a more recent initiative, created as a pilot program by Congress in 1966 and first permanently authorized in 1975. Breakfast participation numbers (for both schools and students) lag behind lunch numbers, but they slowly are catching up. The studies show that, in addition to ensuring that students do not start the day hungry, school breakfast also promotes healthier eating to fight obesity; improves students' achievement, behavior and test scores; and reduces absenteeism, tardiness and visits to the school nurse. In the 2004-2005 school year, breakfast was available in 81 percent of the schools where lunch was available, up from 76 percent four years earlier and 42 percent in 1989. On a typical day in the 2004-2005 school year, 9.2 million children participated in the program, up from 8.7 million in the prior year. Ohio's average daily participation rate is 254,340 in school year 2004-05. There was a 40 percent rate increase over the past 10 years for free and reduced price participants. (Rosso and Weill, 2006)

#### **National School Lunch Program**

The National School Lunch Program, which began in 1946, is the oldest and largest of the child nutrition programs. It serves lunch every day to more than half of America's school children, and the majority of the participants are low-income children. The amount of federal funds going to a school for each child's lunch depends on that child's family income. For children who are not low-income, a nominal federal payment is made, but the child's family pays most of the cost. These are called "paid" meals. If family income is below 130 percent of the poverty level, the federal government pays the whole cost of the lunch – the lunch is free to the child. For children with family incomes between 130 and 185 percent of poverty, the government payment is 40 cents less than for a free lunch, and the school can charge the child up to 40 cents (hence, it is a "reduced price lunch"). (Rosso and Weill, 2006)

During the 2004-2005 school year, on an average day more than 29.1 million children received lunches through the National School Lunch Program, up from 28.4 million the year before. From

the prior year, the number of low-income participants increased by more than 552,000. The number of public schools participating in the program was 98,922, up more than 500 from the prior year, and up by nearly 2,000 from 2001-2002. In Ohio, the average daily participation was 1,058,742 students in school year 2004-05 (Rosso and Weill, 2006).

Summer Food Service Program

The Summer Food Service Program (SFSP) provides nutritious meals and snacks to low-income children during this time of particular need. A USDA evaluation of SFSP showed that 95 percent of summer food sites provide activities as well as nutrition, meeting the needs of families for supervised, positive activities that help children keep up in school. In addition to the SFSP, the National School Lunch Program continues to operate during the summer to provide meals and snacks to children in summer school or year-round schools. Attendance in the SFSP is still much higher than it was in the late 1980s and early 1990s. But recent progress has been halting. The 1996 welfare law reduced reimbursement amounts for summer food and ended Summer Food Service Program start-up grants. The total number of children attending summer nutrition programs fell by nearly 40,000 from July 2003 to July 2004. When the Summer Food Service Program and summer National School Lunch Program attendance are combined, serving just over 3.2 million children in July 2004, they still reach fewer than one in five (19 percent) of the low-income children receiving free and reduced price meals during the regular school year. In Ohio, the average daily participation in July 2004 was 51,261. Over the past 10 years, participation increased by 1.1 percent (Rosso and Weill, 2006).

The Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides meals and snacks to children in child care centers, Head Start programs, family child care homes, homeless and domestic violence shelters, and afterschool programs. CACFP reaches nearly 2.1 million children in child care centers and Head Start programs, and almost 900,000 children in family child care. The number of participating child care centers increased from 36,005 in 1996 to 38,430 in 2000 and 45,692 in 2005. The number of children fed in centers by CACFP grew by more than 25 percent in those same years, from a little more than 1.5 million average daily participation in 1996 to nearly 2.1 million in 2005 (Rosso and Weill, 2006).

There has been a sharp drop in the number of homes participating, from 196,550 in 1996 to 152,314 in 2005 because of a 1996 change in policy for the CADFP program that cut in half the federal reimbursement for meals and snacks if the provider's and the child's family incomes exceed 185 percent of the federal poverty level and the home is not in a low-income area. The number of children participating also fell, albeit not as sharply, from just over one million in 1996 to 910,130 in 2002, before increasing to 913,071 in 2004. From 2004 to 2005, the number of children participating in child care homes dropped again, to 899,942. (Rosso and Weill, 2006)

In Ohio in FY 2005, 1,804 centers (including Head Starts) and 92,448 children participated. There was a 53.7 percent increase in participation of children in centers over the past 10 years. For the same period, there were 3,398 homes with 19,988 children in the program. However, reflecting the national pattern, there was a 9.3 percent decrease in participating children over the past 10 years (Rosso and Weill, 2006).

### **Direct Public Funding to Individuals for Prevention Programs**

There are two federal government nutrition programs funded by the United States Department of Agriculture (USDA) which can be considered prevention responses to food insecurity in the U.S and that are provided directly to consumers:

- The Federal Food Stamp Program (FSP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

#### **The Federal Food Stamps Program (FSP)**

Without food stamps many more people in this country would go hungry. The monthly Food Stamp allotment is one of the most crucial public supports because it reaches across the spectrum of low-income individuals and families with few categorical limitations. Food Stamps and the Earned Income Tax Credit (EITC) together often can be almost as much as take-home pay, and lift low-income working families above the poverty line. For these low-income families, In addition to preventing hunger, food stamps also are preventive medicine in the fight against obesity. Research shows that school-age girls in food-insecure households are at less risk of overweight if they receive food stamps or eat school meals – or both – than if they do not participate in any of these programs. The researchers found that “these results point to the importance of food assistance to children in food-insecure households not only in alleviating food insecurity, but also in potentially protecting them from excess weight gain. (Rosso and Weill, 2006)

Participation in the FSP has varied over the last decade. From 1989 to 1993 the percent change in food stamp recipients was 43.7. During the economic boom of the 1990s, the numbers fell to a negative percent change of 20.4. In 2002, over 20 million people participated in the FSP, up from over 17 million in 1999. The average food stamp benefits totaled just over \$1,000 per participant in 1999, the last year that this data was available (U.S. Department of Agriculture, 2006b).

As of FY 2003 (the latest year with complete data), about 56 percent of potentially eligible people actually received food stamps. The recent rise to nearly 26 million people receiving food stamps only brings program participation back to 1995 levels—before Congress and the states pushed millions of needy people off the program through the 1996 welfare law and its implementation aftermath. For every 100 low-income children who eat school lunch each day, only 44 participate in school breakfast. And participation in summer nutrition programs is only half the breakfast rate (Rosso and Weill, 2006).

The Ohio Department of Jobs and Family Services administers the Ohio Food Stamp Program (FSP). Qualified families have gross incomes at or below 130 percent of the federal poverty level and net income at or below 100 percent of poverty. A person may qualify for food stamp benefits if the household's gross monthly income is within 130 percent of the federal poverty guidelines and within 100 percent of the poverty level after all allowable expenses (net adjusted income), and if the person's resources such as cash, savings, stocks, and etc., do not exceed \$2000 (\$3000 if a person is at least 60 years old or disabled). The income and resource limits do not apply if each person in the household assistance group receives income from any of the following programs: Supplemental Security Income (SSI), Ohio Works First (OWF), Ohio's

Disability Financial Assistance (DFA) or Ohio’s Medical Assistance (DMA) program. Resources of an SSI or OWF household member are excluded (Ohio Department of Job and Family Services, n.d.).

Some individuals will be ineligible for food stamp benefits. For example, able-bodied adults without dependent children who are not employed or in a work program have time-limited eligibility unless the individual is residing in a county that is currently waived from this work requirement. Individuals who have failed to comply with work requirements are ineligible (Ohio Department of Job and Family Services, 2006b).

The Ohio Department of Job and Family Services is now using magnetic-stripe cards that rely on phone lines to access account information instead of its “smart card.” This will cost 89 cents per month to operate while the smart cards cost \$4.73 per caseload per month to operate (OASHF, n.d.).

In Ohio in FY 2005, there were 1,007,172 average monthly participants, a 65.2 percent increase over the past 5 years. The average monthly benefit per person is \$95.72. Ohio’s FY 2003 participation rate was 61 percent, ranking 18 among the states (Rosso and Weill, 2006).

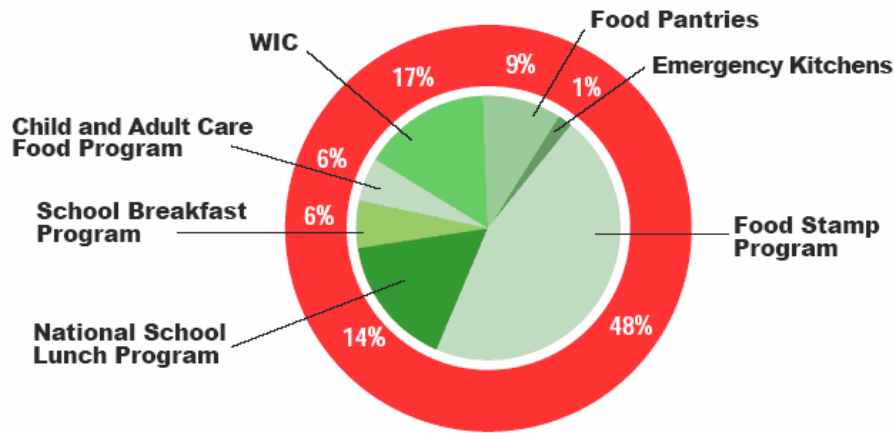
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutritious foods, nutrition education, and access to health care for low-income pregnant women, new mothers, and infants and young children at nutritional risk. Numerous studies have shown the positive benefits of participation in WIC. For example, it is estimated that every dollar spent on WIC results in between \$1.77 and \$3.13 in Medicaid savings for newborns and their mothers. The program has been proven to increase the number of women receiving prenatal care, reduce the incidence of low birth weight and infant mortality, reduce anemia, and enhance the nutritional quality of the diet of participants. As the economy continues to struggle, families are increasingly turning to WIC for assistance. In FY 2005 nearly 7.8 million pregnant women, infants, and children participated in WIC in an average month. This is up from 7.7 million in FY 2004. While participation in WIC grew 16 percent from 1995 to 2005, a significant number of potentially eligible children still remain unserved. In Ohio in FY 2005, there were 272,632 participants. This represents a 5.2 percent increase over the past 10 years (Rosso and Weill, 2006).

Total Federal Programs

The diagram below offers the relative sizes of the federal nutrition programs and emergency food assistance system in meal equivalents per month. The Food Stamp Program is clearly the largest contributor at 48 percent, followed by WIC at 17 percent, and the School Lunch Program at 14 percent. Food pantries (comparable to United Way’s “Emergency Food”) and emergency kitchens (Comparable to United Way’s “Meals”) together contribute 10 percent.

*Relative Sizes of the Federal Nutrition Programs & Emergency Food Assistance System, In Meal Equivalents Per Month  
Due to rounding, percentages add up to more than 100%  
Source: USDA Food and Nutrition Service*



Source: Children’s Hunger Alliance, 2004

**Emergency Food Providers**

Cleveland Hunger Network

Locally, the Hunger Network of Greater Cleveland serves as the largest distribution network for emergency food in Cuyahoga County by working to ensure that the food provided is both nutritionally balanced and equitably distributed wherever it is needed. The Hunger Network has 36 hunger centers that distribute a 3 to 5 day supply of food and 18 hot meal sites that prepare and serve an evening meal at the end of each month. The network also coordinates activities of 96 smaller programs. Partnerships with 144 religious congregations and 6 neighborhood programs further strengthen the Hunger Network. In addition, the Hunger Network provides client liaison services that link needy individuals to existing services for needs other than food (Hunger Network of Cleveland). Other Cleveland and Cuyahoga County providers of emergency pantry food include the Salvation Army and Catholic Charities.

In total, the Hunger Network works with 145 locations. Catholic Charities and Salvation Army also work with another 60 locations in Cuyahoga County that are coordinated into a system to provide access and service. The food bank charity warehouse has another 50+ sites that are completely independent. There is uncertainty about whether there are duplicated efforts.

The sites vary widely in the number of days they open (from 1 – 20 per month), where they are located (some are closely clustered while other neighborhoods are scarcely served), the number of volunteers on hand, their level of expertise, the amount of supervision and support the volunteers get from professional staff, available transportation to pick up food from donors and buy from the food bank, and the capacity of the food bank and other vendors to deliver food inside of church basements, Sunday school rooms, etc. (Hunger Network of Cleveland, n.d.)

One thing that is unique to the Cleveland area is that Cuyahoga County gives the Hunger Network funding to provide pantry coverage to the entire county. The county is divided into

specific areas and persons would be directed to “their” pantry program based on place of residence. The intention is to both reduce the potential for fraud and ensure that all areas of the county are covered.

Both positive and unique to the Cleveland area, the Greater Cleveland Committee on Hunger (since merged into the food bank) provided funding to Catholic Charities, the Salvation Army, and the Hunger Network to coordinate and organize both hot meals and pantry services to reduce duplication, increase efficiency, and bring “lone/independent” providers under someone’s larger umbrella. For example, there were small neighborhood churches doing hot meals that were buying all their food instead of using the food bank (and getting more for their dollars). Furthermore, many providers did not know that the church down the street was doing a meal the same night. They received training on safe food handling and even equipment (freezers, tables, etc.) to help strengthen and support their program. This effort to coordinate, collaborate, and bring together a wide range of people was encouraged by the local foundations who wanted to see evidence of collaboration and reduced overlap.

This coordination project did not continue when the Greater Cleveland Committee on Hunger ended and the Harvest for Hunger program merged with the Cleveland Food Bank. However, the Hunger Network and others have taken on and continued to work with many of the programs—especially hot meals—that Catholic Charities was unable to maintain due to funding cuts from the community.

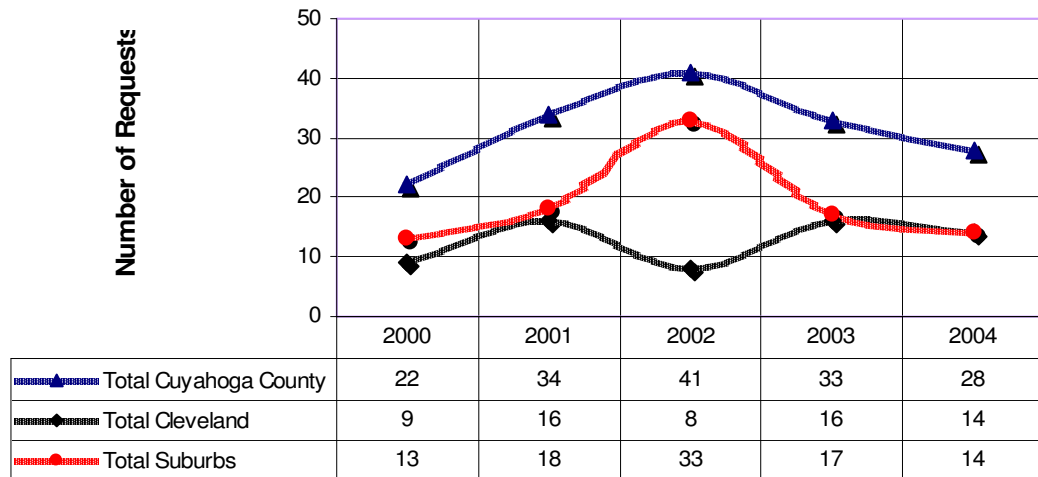
Greater Cleveland’s emergency shelters are part of the emergency food provider network through homeless drop-in centers, homeless shelters, and transitional shelters.

*United Way-First Call for Help Call Data*

Based on United Way - First Call for Help’s (FCFH) database (February 2005), there is 1 nonprofit food bank program provider operating from 2 different sites. In FY 2004 (July 2003 to June 2004), United Way did not fund any food bank providers. (See Attachments 3 and 4.)

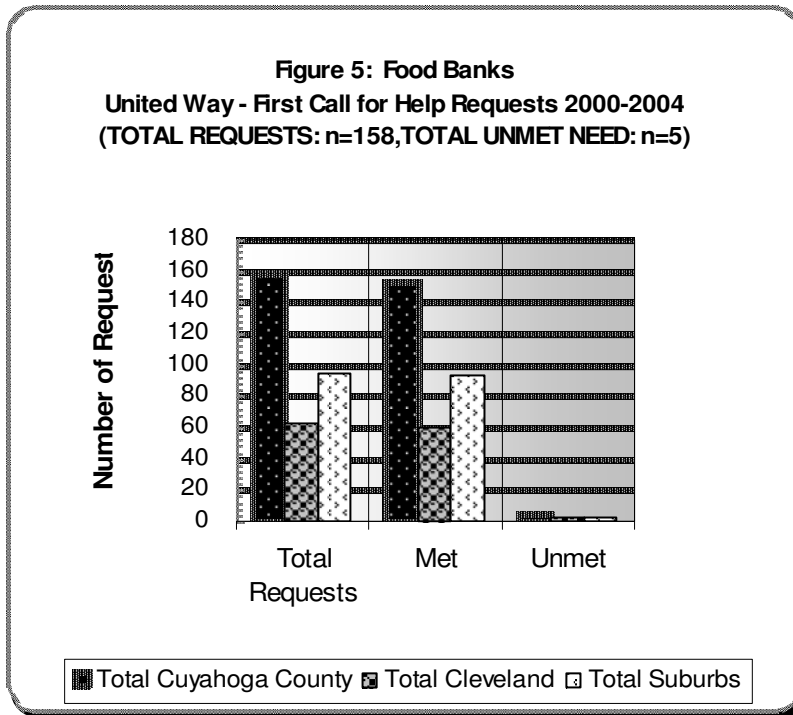
FCFH call data shows an increase in the number of total requests for food bank programs in the county: from 22 in 2000 to 28 in 2004 (27 percent increase) with an 56 percent increase in Cleveland (9 to 14 requests) and a 8 percent in the suburbs (13 to 14 requests). (See Figure 4.) Calls came from about one-third of Cuyahoga County zip codes with 44107 (Lakewood/Cleveland) experiencing the highest average number of calls from 2000-2004 at 4 calls. (See Attachment 5.)

**Figure 4: Food Banks**  
**United Way - First Call for Help Requests 2000-2004**  
**Greatest Increase/(Greatest Decrease)**



Over the same five year period, FCFH had 158 requests for information on food banks. Of these requests, they were able to make referrals to 97 percent of callers; however, 3 percent of all Cuyahoga County callers (5) had an unmet need, meaning there was no agency to which to refer the caller. Callers from the City of Cleveland had a 5 percent unmet need rate and from the suburbs, 2 percent.

(See Figure 5 and Attachment 6.)



**FUNDING OF CORE SERVICES**

Funding of food banks, meals, and emergency food in the form of groceries is often blended. Much of the governmental support for food bank programs is in the form of commodities (food products) which are distributed to states and to local grantees. Of the significantly smaller amount of government dollars available for food banks, most of these funds do not go to the purchase of food commodities, but to administration and capacity building to collect and store food products that are unmarketable that are donated from local grocery stores, caterers, farmers, etc.

The major sources of government support for food banks are:

- Social Services Block Grant (SSBG) and Temporary Assistance to Needy Families (TANF)
- Temporary Emergency Food Distribution Program
- Commodity Supplemental Food Program
- Ohio Food Program
- Ohio Agricultural Surplus Production Alliance
- Cuyahoga County General Revenue Fund

**FEDERAL**

Social Services Block Grant (SSBG) and Temporary Aid to Needy Families (TANF)

Title XX of the Social Security Act is the Social Services Block Grant program. A formula grant made to states allocated based on state population relative to total U.S. population, SSBG has no matching funds requirement and is an extremely flexible source of funding for a broad range of social services. Funded services can be provided through governmental agencies or through

grants or contracts with private organizations. The law has a broad list of authorized services that can be funded through SSBG, which includes education and training services that may include emergency food programs. Federally, appropriations from the SSBG were \$1.7 billion in 2006 and have remained unchanged since FY 2002, but are down significantly from the 1990s when they were \$2.8 billion (Rubenstein and Mayo, 2006).

In addition, on several occasions the Bush administration has attempted to significantly decrease the block grant. Amounts available in SSBG funds are expected to be flat or decrease. Ohio uses the SSBG as a source of its funds for the Ohio Emergency Food Program. The initial source of these SSBG funds, however, is TANF. The state is able to transfer a percentage of its TANF block grant to the SSBG. The SSBG has fewer restrictions in how states can spend the funds. In SFY 2005 \$5.5 million, or 13.5 percent of the state's TANF allocation, was transferred from TANF to Title XX for the Ohio Association of Second Harvest Food Banks (ODJFS, 2006a). Through the association, 12 regional food banks distributed food to approximately 2,000 local food bank facilities. All 88 counties were covered by the program and provided resources to supplement the assistance available through food banks under the Emergency Food Assistance Program (TEFAP, as described below) and the Commodity Supplemental Food Program (CSFP, as described below). In 2006 and 2007 \$5,050,000 in Social Security Block Grant funds were blended into other funding sources (including TEFAP and CSFP) and distributed to local emergency food networks.

#### Temporary Emergency Food Distribution Program

As described in Section IV of this report, the Temporary Emergency Food Assistance Program (TEFAP) is a federal program to help supplement the diets of low-income Americans by providing them with emergency food and nutrition assistance at no cost. Congress appropriated \$189.5 million for TEFAP for fiscal year 2006—\$140 million to purchase food, and another \$49.5 million for administrative support for state and local agencies. This is approximately the same level of funding as was provided in fiscal year 2005. In addition to the \$189.6 million that was appropriated for TEFAP in fiscal year 2005, about \$154 million worth of surplus commodities were delivered to states for distribution through TEFAP (USDA, 2006b). The State of Ohio anticipates receiving \$2.6 million in FY 2006 and \$2.8 million in 2007. TEFAP, along with the Commodity Supplemental Food Program, provided 31 percent in 2004, and the TEFAP program alone provided in 2005 24 percent of food distributed in the state of Ohio (OASHF, 2005).

#### Commodity Supplemental Food Program

As described in Section IV of this report, the Commodity Supplemental Food Program (CSFP) works to improve the health of low-income pregnant and breastfeeding women, other new mothers up to one year postpartum, infants, children up to age six, and elderly people at least 60 years of age by supplementing their diets with nutritious USDA commodity foods. For FY 2006, Congress appropriated \$107.202 million for CSFP. Annual appropriations may be supplemented by unspent funds carried over from the previous fiscal year, if available. President Bush's fiscal year 2007 budget would eliminate funding for the Commodity Supplemental Food Program (CSFP), terminating food assistance for 420,000 low-income seniors in an average month. In Ohio, the typical food package, which is designed to supplement low-income seniors' diets with nutrient-rich foods, costs the government less than \$20 per participant a month and includes items such as canned tuna fish, peanut butter, cheese, cereal, and canned soup (Ohio Association of Second Harvest Food Banks, 2006). The program operates only in 32 states. Ohio does have a CSFP program, but it does not operate in Cuyahoga County.

**STATE**

Ohio Food Program

As discussed in Section IV of this report, the Ohio Food Program (OFP) is an annual grant for the purchase and distribution of food products by the Ohio Association of Second Harvest Food Banks to eligible households through the Ohio food bank network to be distributed as meals and/or groceries. The source of funding for this program is Title XX SSBG/TANF as earmarked by the state. In SFY 2004, the Ohio Food Program provided to the Cleveland Food Bank 830,552 pounds of food and spent \$470,904. The Cleveland Food Bank serves multiple counties in northeastern Ohio, and this allocation is utilized across their service area. For both the Ohio Food Program and the Ohio Agricultural Surplus Production Alliance, 14,643,519 pounds of food were distributed to 792,071 people from 369 agencies specifically in Cuyahoga County in SFY 2004. In SFY 2004 14,998,889 pounds of food were distributed to 728,145 people from 387 agencies specifically in Cuyahoga County. Note that breakout of the OFP and the OASPA was not available (OASHF, 2006).

Ohio Agricultural Surplus Production Alliance

As discussed in Section IV of this report, Ohio Agricultural Surplus Production Alliance funds buy surplus and unmarketable fresh, nutritious fruits, vegetables, meats, and eggs from Ohio farmers. The source of funding for this program is Title XX SSBG/TANF as earmarked by the state. In SFY 2004, the Ohio Agricultural Surplus Production Alliance provided to the Cleveland Food Bank 1,202,891 pounds of food and spent \$260,346. In SFY 2005, the OASPA provided to the Cleveland Food Bank 580,462 pounds of food and spent \$149,104. The Cleveland Food Bank serves multiple counties in northeastern Ohio, and this allocation is utilized across their service area. For both the Ohio Food Program and the Ohio Agricultural Surplus Production Alliance, in SFY 2004 specifically in Cuyahoga County, 14,643,519 pounds of food were distributed to 792,071 people from 369 agencies. In SFY 2004 specifically in Cuyahoga County, 14,998,889 pounds of food were distributed to 728,145 people from 387 agencies. Note that breakout of the OFP and the OASPA was not available (OASHF, 2006).

**LOCAL**

Cuyahoga County General Revenue Fund

The Cuyahoga County Department of Development has provided money to the Cleveland Food Bank for capital costs associated with their food distribution center. In 2004, the department provided them with \$50,000 for equipment and another \$450,000 for the food distribution center.

In addition, the Cuyahoga County Commissioners only provided a \$54,000 grant to the Cleveland Food Bank in FY 2006.

**IDENTIFIED REVENUES**

As of May 11, 2006, \$230,000 in revenues for food banks has been identified countywide revenues. (See Table 1.) This includes information from foundations. There was no government funding identified specifically for food banks (see descriptions above). United Way of Greater Cleveland did not fund the food banks core service in FY2004.

**Table 1: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland , Food Banks Programs 2003/2004**

Funder	Period	A		B	
		Identifiable Total Dollars County-wide		Total Dollars UW-Funded Agencies	
		Amount	% of Total (A)	Amount	% of Total
1525 Foundation		50,000			
Cleveland Foundation,The		94,000			
Deaconess Community Foundation		15,000			
Murphy Foundation, The John P		10,000			
Prentiss Foundation, Elisabeth Severance		50,000			
Saint Ann Foundation		10,000			
ab		1,000			
<b>Total - Foundations &amp; Trusts</b>		<b>230,000</b>	<b>100.00%</b>	<b>0</b>	<b>N/A</b>
<b>Subtotal Non - UWGrCle Support</b>		<b>230,000</b>	<b>100.00%</b>	<b>0</b>	<b>N/A</b>
<b>Total Support/Revenue</b>		<b>230,000</b>	<b>100.00%</b>	<b>0</b>	<b>N/A</b>

**REIMBURSEMENT/COST**

The national standard for food bank commodities is that an average meal weighs 1.3 pounds. The Cleveland Food Bank charges agencies \$0.14 per pound for donated food, and \$.04 per pound for TEFAP food. All bread, dairy, and produce and OFP food is free (Anne Campbell Goodman, personal communication, October, 2006). For \$1, a charity can get seven pounds of food, which equates to more than five meals.

Per the Hunger Network, hot meals cost 79 cents when prepared from food bank and grocery store items made from scratch by volunteers, and grocery bag meals average about 24 cents per meal (Hunger Network, 2005).

## V. WHAT WORKS; WHAT DOESN'T

### IMPACT ON INDIVIDUALS/FAMILIES

#### *What Works*

The success of America's Second Harvest is in the relationships established with food growers, processors, retailers, manufacturers, wholesalers, and restaurants. By encouraging these food providers to donate rather than dispose of food, America's Second Harvest will pick up and move food and grocery products that can feed millions of Americans. A network of food banks and food rescue organizations safely store the food and distribute it to local service agencies (America's Second Harvest, 2006).

The Center on Budget and Public Policy (CBPP) contends that the Food Stamp Program is both effective and efficient (Rosenbaum, 2005). According to CBPP, food stamp benefits average just \$1 per person per meal. Further, food stamp error rates are at an all-time low, with over 98 percent of food stamp benefits going to eligible households. Lastly, food stamps can respond quickly to changes in the economy.

Community Food Security (CFS) – Common threads across the 3 models in Hartford, Connecticut, the state of Oregon, and Chicago, Illinois (Winnie, n.d.):

- Address the food and nutrition needs of low-income households and communities
- Synthesize two or more fields, e.g. food production and nutrition education
- Unite rural and urban concerns as well as producer and consumer concerns
- Achieve multiple benefits, e.g. create new supermarkets in low-income areas and provide job opportunities for neighborhood residents
- Incorporate community food system assessment, research, and planning into their work
- Take a systems approach to food system problems
- Create a broader constituency for food system issues

The Food Research and Action Center (2000) identified model programs in its 2000 report on how state governments are responding to the food assistance gap. Below are highlighted examples of these model state programs. Many of these are approaches to increasing food stamp utilization.

- California extended its hours to accept food stamp applications from 7 am to 9 pm. Day and night shift employees work on staggered schedules and share resources such as desk space.
- Michigan assists legal immigrant households to stretch their federal food stamp assistance by opting to exclude the income of ineligible legal immigrants when computing food stamp benefit allocations for those eligible legal immigrants or US citizens who reside with ineligible legal immigrants.
- New Hampshire has a comprehensive outreach program that targets selected populations, such as the homeless, elders, migrants, refugees, and children who have left Temporary Assistance for Needy Families (TANF) cash assistance. New Hampshire state funding is matched by federal funds.
- In 2000, Illinois enacted the School Breakfast and Lunch Program Act to provide start-up grants for schools that inaugurate a new school breakfast program. Schools with 80

percent or more students eligible for free or reduced price meals operate a Universal Free Breakfast Program that allows all students to eat a free breakfast.

*Characteristics of High Quality Programs in the Core Service*

The consequences of hunger or food-insecurity are biological, psychosocial, and academic. Research has concluded that hungry or food-insecure children tend to have more health problems, exhibit disruptive behavior, are more likely to be tardy or absent from school, and score lower on achievement tests (Center on Hunger and Poverty, 2002).

Kids Cafe is a national program, founded by America's Second Harvest, where children can receive a free, nutritious evening meal in a safe and supportive environment. The Food Bank of Southeastern Virginia currently sponsors 27 Kids Cafes at area after school programs, six of which are located in Norfolk. Through Kids Cafe, 465 Norfolk children were served 43,813 meals during FY 2003-2004.

There are also direct correlations between the country's macro-economic conditions and the need for food assistance programs. For example, since the Food Stamp Program is tied to economic eligibility criteria, when people lose jobs, they lose income and then become eligible for food stamps. USDA-conducted research found that a one-percentage-point increase in the unemployment rate leads to about 700,000 more food stamp recipients in the first year and in the longer run, this increase leads to 1.3 million more food stamp recipients (Hanson and Gunderson 2002). As the Children's Hunger Alliance suggests, successful hunger eradication efforts are tied to ending poverty. Therefore, programs that provide assistance to families to achieve self-sufficiency will also help to end hunger (Children's Hunger Alliance, 2004).

Food assistance programs that are flexible and accommodating help ensure that more qualifying families are able to take advantage of the services. For example, several states have extended hours of operation and allow families to report changes in circumstances without returning to the administrative offices (Food Research and Action Center, 2000).

An example of using technology to improve access and efficiency can be found in Boston, Massachusetts: Project Bread received a grant from the Department of Agriculture to develop an online food stamp application that allows clients and intake workers to enter client information directly to the electronic system and allows it to be tracked and modified electronically. The result is in increased access to food stamps that help income-eligible households become less reliant upon emergency food pantries.

The United States Conference of Mayors annually produces a status report on hunger and homelessness in America's cities. The most recent report, released in December 2005 (Lowe, 2005), found the following comments from the city officials on exemplary programs or efforts underway that prevents or responds to the problems of hunger:

**Chicago:** The Greater Chicago Food Depository has implemented an innovative job training program, Chicago's Community Kitchens, as a way of breaking the cycle of poverty for unemployed and underemployed people. Established in 1998, the Chicago's Community Kitchens program is a twelve week training program to empower people desiring a life change. The program enables participants to develop the skills necessary to pursue a career in the food service industry. This program's dual focus is to: 1) assist unemployed or underemployed people in Cook County (which includes Chicago) in learning marketable job skills and; 2) provide nutritious, hot meals to Chicago children enrolled in the Food Depository's Kids Cafe

after school feeding programs. Chicago Community Kitchens students undergo culinary training, sanitation class, life skills classes, and financial planning classes. Enrollees must learn hundreds of pages of college-level material, excel on tests, and complete a two-week internship with a restaurant, cafeteria, or other food service operation. The Greater Chicago Food Depository's Food Bank and training facility contains a state-of-the-art kitchen with a cook/chill meal production center that can produce up to 3,500 nutritious meals daily. Students not only practice more traditional culinary techniques, they also learn to operate the cook/chill system, which is used by more and more hospitals, universities, and large corporations in the Chicago area. This cook/chill system, which cooks stews, soups, and noodle dishes, then cools them to be packaged and refrigerated, is the device that makes it possible for students to learn culinary skills while simultaneously providing meals for hungry children. These packaged, chilled meals are transported daily to 29 Kids Café sites around Chicago. Students work with a full-time career counselor on site to find internships and job placements. Some have gone on to work at hospital or university dining facilities; others at food service providers like SODEXHO; and still others at fine Chicago restaurants. Last year, the four graduating classes maintained a 92.5 percent job retention rate after six months.

**Louisville:** The YUM! Brands Corporate partnership underwrites the agencies in the Dare To Care Food Bank network. YUM rebates the financial commitment of churches and community-based organizations, allowing food to flow into the extremities of the community at a systemic and re-vitalizing level. As an extension of that partnership, the Louisville Metro Police Department worked with YUM! Brand Corporate to establish the Senior Homebound Program on a test level in two police districts, and then expanded the program throughout the entire Louisville Metro area. The Back-Pack Buddies program furnishes a backpack to every participating child. Now in seven schools, the pack is filled with food on Friday and returned on Monday. This allows children who eat nutritious meals at school during the week to supplement with child-friendly products, thus bridging a nutritional gap over the weekend. As part of the Neighborhood Place Partnership Program, the Dare To Care Food Bank has placed shelf-stable USDA/TEFAP products at the community's one-stop Neighborhood Place service sites. These facilities are situated throughout the community where the public may access government programs and resources, including WIC, food stamps, TANF, preventive health care, etc. Rather than refer families and individuals in a food crisis to the nearest Dare To Care Food Bank distribution center, valuable time and travel resources are saved by giving them "hold over" food supplies on-site until they are able to access the regular Dare To Care Food Bank network.

**Philadelphia:** The SHARE Food Program provides healthy, nutritious food at an affordable price. For 16 dollars and two hours of their time, a family can receive 35 to 40 dollars worth of food. The food package includes meat, fresh fruits and vegetables, and other staple items. Families can use their food stamps to purchase the food packages. During the months of June through November, they can purchase a farm-fresh package and use their Farmers Market's checks as payment. The SHARE Food Program also has a required volunteer component. Therefore, when families purchase a food package, they participate in their community in a meaningful way.

**Phoenix:** An innovative program to provide more hungry people with foods they know, like, and can afford was launched by Desert Mission Food Bank in July 2005 with praise from one of the nation's leading authorities on hunger and poverty issues. H. Eric Schockman, Ph.D., chairman of the National Anti-Hunger Organizations, lead the grand opening ceremonies for Desert Mission's new 4th Street Market, which he sees as an attractive and creative approach to

nutritional assistance. Designed to help those who may not be eligible for free food programs, 4th Street Market lets qualified low-income people choose and purchase their own groceries at reduced prices. The first of its kind in the metro Phoenix area, 4th Street Market is the newest community service for the John C. Lincoln Health Network, the only Arizona organization recognized with the coveted Foster G. McGaw Prize for excellence in community service. According to Desert Mission Food Bank administrative director Jerry Ketelhut, John C. Lincoln's Desert Mission Food Bank has long helped people in financial crisis with free emergency food boxes. However, the remodeled 4th Street Market lets low-income individuals stretch their budget and progress to greater self-sufficiency by buying groceries at prices 30 percent below local stores' averages. Not only does the 4th Street Market allow people to get foods they like and know how to prepare, but it will help families learn appetizing ways to cook foods with which they may not be familiar. Culinary students from the Art Institute of Phoenix present regular food preparation demonstrations. 4th Street Market incorporates its reduced-price groceries for sale along with all of Desert Mission's existing free food programs—emergency food bag and baby bag programs, Commodities Supplemental Foods and daily Grab-n-Go fresh fruits and vegetables.

**San Francisco:** For over 55 years St. Anthony Dining Room has responded to the needs of hungry San Franciscans serving an average of 2,400 meals each day. The dining room has also collaborated with the Department of Human Services Food Stamp Office to develop the “Food Stamps in a Day” program. The program discovered that many of the dining room guests qualify for food stamps.

**Trenton:** Mt. Carmel Guild distributes coupons to seniors to shop at the local farmers market. The Trenton Area Soup Kitchen has an adult education program.

Children's Hunger Alliance works with schools, community-based organizations, churches, and governmental agencies to expand use of the USDA Summer Food Service Program (SFSP). Its work focuses on:

- Engaging community-based groups to act as sponsors or sites for the Summer Food Service Program;
- Encouraging schools to provide meals for children during summer proficiency intervention;
- Promoting the summer meals to parents and children via mailers, billboards, bus promotions, and media events; and,
- Encouraging programming at the sites to increase participation and help children continue learning in the summer months.

Only 46.3 percent of Ohio schools offer School Breakfast, ranking Ohio 48th in the nation according to the Children's Hunger Alliance (2004). This not only impacts the children who suffer behaviorally, developmentally and academically, but Ohio suffers too. By increasing statewide student participation in the School Breakfast Program to just 55 percent, comparable to the participation rate of West Virginia, the schools would bring an additional \$17 million+ dollars into their local economies. There are a number of strategies used by schools to implement and deliver breakfasts in their building:

**Breakfast at No Charge:** Schools serve breakfast in the cafeteria to all students, regardless of income. This approach works best in schools with a large number of low-income students and helps to reduce the stigma of receiving a free meal.

**Breakfast in the Classroom:** Breakfast items are available in a central location or within each classroom, and available to all students. Students eat in their homeroom during attendance and announcements. This strategy provides the benefit of having all students in their seats, ready to begin the school day. It also significantly increases participation in the school breakfast program and leads to a stronger community within the school.

**Grab'N'Go Breakfast:** Students stop into the cafeteria or other designated location to pick up breakfast items to take to their classroom before school starts. This approach works especially well in middle and high schools.

**Midmorning Breakfast:** Some schools opt to take a break later in the morning. These schools make the breakfast foods available on carts in the hallways at a designated time. Students can pick up something nutritious to eat between classes. This approach is also very good at building stronger school community and greatly increases student participation.

*What Doesn't Work*

Inflexible, difficult-to-navigate assistance programs create barriers. A study released by America's Second Harvest in 2000 found that the average food stamp application was 12 pages long and required non-essential information. Repeat visits and poor customer service were further unnecessary obstacles that caused families to drop out of the application or re-certification process (O'Brien and Predergast, 2000). Ridding these barriers to enrollment and simplifying the application process will encourage participation.

**IMPACT ON COMMUNITY**

The Center on Budget and Public Policy (CBPP) contends that the Food Stamp Program is both effective and efficient. According to CBPP, food stamp benefits average just \$1 per person per meal. Further, food stamp error rates are at an all-time low, with over 98 percent of food stamp benefits going to eligible households. Lastly, food stamps are able to respond quickly to changes in the economy. Food stamp participation and costs have grown since 2000, primarily due to the economic slowdown that became a recession in 2001 and a rise in the number of people living in poverty.

Every dollar donated to a food pantry can provide 5 meals for those in hunger (OASHF, 2005).

According to "The Importance of Nutrition on Aging and Health Care Cost and Outcomes" on the NYS Community Food, Hunger & Nutrition Information Site (Olsen, n.d.):

- For every \$1 invested in nutrition programs, \$3.25 is saved in health care costs
- Cost of treating a malnourished hospital client is four times greater than costs for treating a well-nourished client
- Seniors in poor nutritional status are more likely to need home care or be institutionalized
- Nutrition is especially important for the elderly, because of their vulnerability to health problems and physical and cognitive impairments

According to the "Hunger in Ohio: 2006 State of the State" report by Children's Hunger Alliance, the return on investment, while difficult to quantify is substantial.

For the children whose education, health and development are diminished, the cost of hunger is obvious. But the cost reaches further than this. The long-term effects of hunger harm all of us. Regular, healthy eating leads to improved school attendance, better behavior in school, better grades and ultimately, a more educated workforce. Ohio recoups long term economic benefits by having a better educated workforce, drawing higher paying jobs to Ohio and generating food security for future generations.

## ACCREDITATIONS/STANDARDS/CERTIFICATIONS

One of the elements of the Community Coordination Plan mentioned previously in the report was working closely with the City Health Department to form a positive working relationship that would serve to support and improve the emergency food system rather than be a negative barrier to helping people. The funding available through the coordination plan allowed small independent churches, etc. to access the equipment and supplies and items they needed to operate a safe and healthy program with the official blessing of the Health Department.

According to a USDA survey (Ohls et al., 2002), many food banks have implemented policies to limit agencies that may obtain food, and the quantity of food that they receive. Of the 61 percent of food banks that limit food, 58 percent base the limitations by linking the amount of food to the number of people that the agency serves. In addition, agencies are screened before they can receive food. The most common screening process is determining if the agency is a 501(c)(3) organization. Roughly one-third of the food banks surveyed require that agencies to be certified or complete an approval process administered by the food bank.

The Community Coordination Plan, discussed previously in this report, once served to enhance collaboration among the food service providers worked with the City Health Department to bring their services and certifications to the many emergency food programs that previously did not have a relationship with the Health Department. Some of the services that were brought to those pantry and hot meal sites were:

- **Food Protection Program** – Its primary responsibility was to protect residents and visitors against food-borne illnesses resulting from health code violations and improper handling of food.
- **Food Safety ServSafe® Essentials Course** is the nationally recognized training program developed by the National Restaurant Association Educational Foundation. This voluntary program is designed to educate foodservice operators in food safety, safe food handling practices, food borne illness prevention, and all related areas to ensure a safe and productive operation.

If food is prepared on site, the local health departments must conduct an assessment of the safety of the facility and issue a certificate.

Member agencies of the Cleveland Food Bank must fulfill the following requirements:

- Maintain a 501(c)(3) as determined by the IRS.
- Operate a feeding program that serves the needy, ill, infants/children or elderly through a meal program (i.e., pantry or hot meal) without regard to race, creed, national origin, religious affiliation, sexual preference, sex, age, or handicap.
- Must be located in an area of need where services will not be duplicated due to the existence of other charitable feeding programs.
- Cannot require a fee for meals or pantry bags of food, nor require or solicit donations from clients.
- Cannot require clients to participate in religious ministry in order to receive food or a meal.
- If the feeding program is part of an afterschool program or day care, a notarized letter must be submitted attesting that at least 51 percent of the students are from homes at or below the federal poverty level.
- Maintain hours of operation that are published to the community.
- Have appropriate storage at the site of distribution to ensure the integrity of the food until used or distributed.
- All food products must be stored according to safe food handling procedures (i.e., dry product must be stored 6 inches off the floor and 18 inches from the ceiling, non-food items must be separated from food items by either different shelves or in a different room).
- Maintain appliances with the capacity to store frozen and refrigerated food at the proper temperature. These appliances must be located at the site of distribution and contain thermometers to ensure proper storage temperatures.
- Maintain a system to verify client eligibility by determining household income. Income must fall within the range as identified by the Department of Job and Family Services.

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## VI. GAP ANALYSIS

As discussed in Section III of this report, the consumers of food banks are organizations. Therefore, no gap analysis has been conducted for this service. There is also not a service site index.

## VII. SUMMARY

The following are the major findings from the research on food banks:

- Nationally, 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.
- A new report released by The Center for Community Solutions (2006) shows that hunger has increased in Cleveland and surrounding suburbs, as well as in the state and country. The report tracks food stamp recipients and food assistance calls to show that poverty and hunger increased inside and outside the central city since 2000. The report concludes that, if this trend continues, food assistance sites may need to be redistributed and their capacity may need adjustments to efficiently serve all of the poor and hungry, not only in Cleveland, but in the suburbs as well.
- According to “A Blueprint to End Hunger” from the National Anti-Hunger Organizations (2004), the goal established by the World Food Summit in 1996 is to reduce food insecurity in half by 2015. The official U.S. commitment is to cut hunger and food insecurity in half by 2010, and to end both by 2015.
- The Children’s Hunger Alliance, in its annual report (2004), made recommendations to Ohio policymakers to improve access to meals by increasing participation in the School Breakfast Program, expanding utilization of USDA snack and meal programs and improving the “direct certification” process to ensure that all eligible children receive free school meals.
- Historically, hunger programs were basically anti-hunger approaches that primarily focused on federal food assistance programs or emergency food distribution. However, recently, Community Food Security (CFS) encourages progressive planning that addresses the underlying causes of hunger and food insecurity at the community level.
- Funding of food banks, meals, and emergency food in the form of groceries is often blended. Much of the governmental support for emergency food programs is in the form of food products that are distributed to states and to local grantees. Of the relatively smaller amount of dollars available for emergency food programs, most of these funds do not go to the purchase of food commodities, but to administration and capacity building to collect and store unmarketable food products that are donated by local grocery stores, caterers, farmers, etc. Individual cash and commodity donations as organized by the Harvest for Hunger annual campaign are also a large portion of funding available for emergency food.
- As of May 11, 2006, \$230,000 in revenues for food banks has been identified countywide. This includes information from foundations.
- Food assistance programs that are flexible and accommodating help ensure that more qualifying families are able to take advantage of the services.
- Food stamps can respond quickly to changes in the economy and benefits average just \$1 per person per meal. Further, food stamp error rates are at an all-time low, with over 98 percent of food stamp benefits going to eligible households.
- The clients of the food bank are organizations that include food pantries, meal programs, homeless drop-in centers, homeless shelters, transitional housing, and a variety of other organizations like child care programs, Head Starts, youth development programs, and senior centers.

## REFERENCES

- America's Second Harvest. (n.d.). Website. Retrieved on October 21, 2006 from [http://www.secondharvest.org/how\\_we\\_work/](http://www.secondharvest.org/how_we_work/)
- America's Second Harvest. (2006). 2006 hunger in America study. Retrieved on October 21, 2006 from <http://www.hungerinamerica.org/>
- 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.
- Center for Community Solutions. (2006). Social indicators in 2006. Retrieved on October 22, 2006 from <http://www.communitysolutions.com/images/upload/resources/foodindicator082206.pdf>
- Centers for Disease Control and Prevention. (2003). *Consumption of fruits and vegetables per day in FY 2003*. Retrieved on August 22, 2005 from <http://apps.nccd.cdc.gov/brfss/display.asp?state=OH&cat=FV&yr=2003&qkey=4415&grp=0&SUBMIT4=Go>Children's Hunger Alliance website. Found on August 16, 2005 at: <http://www.ohtf.org/FACTS/index.html>
- Center on Hunger and Poverty. (2002). *The consequences of hunger and food insecurity for children: Evidence from recent scientific studies*. Waltham, MA: Brandeis University. Retrieved on August 16, 2005 from <http://www.centeronhunger.org/pdf/ConsequencesofHunger.pdf>
- Center on Hunger and Poverty (n.d.). Website. Retrieved on August 16, 2005 from <http://www.centeronhunger.org/hunger/facts.html>
- Center on Urban Poverty and Social Change. (n.d.). NEO CANDO system. Mandel School of Social Sciences. Case Western Reserve University. Available from <http://neocando.case.edu>
- Children's Hunger Alliance. (2004). Hunger in Ohio: The state of the state 2004. Retrieved on August 16, 2005 from <http://ohtf.org/FACTS/2004HungerReport.pdf>
- Children's Hunger Alliance website. Retrieved on August 16, 2005 from <http://www.ohtf.org/FACTS/index.html>
- Children's Hunger Alliance. (n.d.). Website: Cuyahoga County. Retrieved on August 18, 2005 from <http://www.ohtf.org/FACTS/PROFILES/cuyahoga.pdf>
- The Foodbank. (n.d.). Website. Retrieved on August 22, 2005 from <http://www.clevelandfoodbank.com/about/default.asp>
- Cleveland Hunger Network. (2005). Working poor struggling to survive. Press Release. Retrieved on <http://hungernetwork.org/news.asp>

- Cuyahoga County. (2002). Cuyahoga County Commissioners Tim McCormack, Jimmy Dimora and Peter Lawson Jones providing one million dollars to feed area hungry people. February 19, 2002 Press Release. Retrieved on October 16, 2006 from <http://bocc.cuyahogacounty.us/mediaadvisory/2002/02192002.htm>
- DeNavas-Walt, C., B.D. Proctor, C.H. and Lee.. (2005, August). *Income, poverty, and health insurance coverage in the United States: 2004 (P60-229)*. U.S. Census Bureau
- Department of Housing and Urban Development, Community Planning and Development Program (n.d.). *Formula allocations for 2002, 2003, 2004, and 2005 information by state*. Retrieved on December 12, 2006 from <http://www.hud.gov/offices/cpd/about/budget/index.cfm>
- Food Research and Action Center. (2000). *State government responds to the food assistance gap*. Washington, DC: Food Research and Action Center.
- Hamm, M. and Bellows, A. (2003, June). International effects on and inspiration for community food security policies and practices in the USA. *Critical Public Health*, 13(2): 107-123.
- Hanson, K. & C. Gunderson. (2002). *How unemployment affects the food stamp program*. Washington, DC: United States Department of Agriculture Website. Retrieved on August 17, 2005 from <http://www.ers.usda.gov/publications/fanrr26/fanrr26-7/fanrr26-7.pdf>
- Harvest for Hunger. (n.d.). Website. Retrieved on August 22, 2005 from <http://www.harvestforhunger.org/harvest/Faqs.asp>
- The Hunger Network of Cleveland. (n.d.). Website. Found on August 19, 2005 at <http://www.hungernetwork.org/aboutus.asp>
- Lowe, E. (2005). Hunger and homelessness survey: A status report on hunger and homelessness in America's cities. United States Conference of Mayors website. Retrieved on October 21, 2006 from <http://www.usmayors.org/uscm/hungersurvey/2005/HH2005FINAL.pdf>
- Mathematica. (2001, November). Hunger in America 2001. Available from <http://www.hungerinamerica.org>
- National Anti-Hunger Organizations (NAHO). (2004). A blueprint to end hunger. Retrieved on the America's Second Harvest website on August 18, 2005 from [http://www.secondharvest.org/more\\_files/Blueprint\\_final.PDF](http://www.secondharvest.org/more_files/Blueprint_final.PDF)
- The National Anti-Hunger Organizations. (2004). The millennium declaration to end hunger in America: A blueprint to end hunger. National Anti-Hunger Organizations.
- Nord, M., Andrews, M., and S. Carlson. (2005). *Household food security in the United States, 2004. Economic Research Report No. ERR11*. Washington, DC: US Department of Agriculture.
- O'Brien, D. & K. Predergast. (2000). *The red-tape divide: State by state review of food stamp applications*. Chicago, IL: America's Second Harvest.

- Ohio Association of Second Harvest Foodbanks. (2006). Hunger news network. Retrieved September 21, 2006 from <http://www.oashf.org/Newsletters/OASHF%20Newsletter%20-%20Issue%202,%20March%202006.pdf#search=%22cuyahoga%20Commodity%20Supplemental%20Food%20Program%22>
- Ohio Association of Second Harvest Foodbanks. (2005). OAHSF 2004/2005 state funded food programs bi-annual report. Retrieved September 21, 2006 from <http://www.oashf.org/>
- Ohio Association of Second Harvest Food banks website. Retrieved on August 22, 2005 from [http://www.oashf.org/oaspaofp\\_program\\_descriptions.htm](http://www.oashf.org/oaspaofp_program_descriptions.htm)
- Ohio Department of Job and Family Services. (2006). *Investing in Ohio's families: State fiscal year 2005, Ohio's TANF Program*. Retrieved October 16, 2006 from [http://jfs.ohio.gov/ofam/pdf/Tanf05\\_annual.pdf](http://jfs.ohio.gov/ofam/pdf/Tanf05_annual.pdf)
- Ohio Department of Job and Family Services. (2006, April). *The Ohio Department of Job and Family Services fact sheet: Food stamp benefits*. Retrieved on October 21, 2006 from <http://jfs.ohio.gov/factsheets/foodstamps.pdf>
- Ohio Hunger Network. (n.d.). Website. Retrieved on November 16, 2006 from <http://www.hungernetworkinohio.org/issues.htm>
- Ohls, J. and Beebout, H. (1993). *The Food Stamp Program: Design tradeoffs, policy, and impacts*. Washington D.C.: Urban Institute Press.
- Ohls, J., Cohen, R., Cox, B., & F. Saleem-Ismail. (2002). *The emergency food assistance system – Findings from the provider survey*. Washington, DC: United States Department of Agriculture.
- Olsen, G. (n.d). NYS Community Food, Hunger & Nutrition Information Site. The importance of nutrition on aging and health care costs and outcomes Retrieved on July 20, 2005 from <http://www.sensesny.org/CFN/sen5.html>
- Rosenbaum, D. (2005). The Food Stamp Program is effective and efficient. Center on Budget and Policy Priorities. Retrieved on April 18, 2006 from <http://www.cbpp.org/3-10-05fa.htm>
- Rosenbaum, D., Dean, S., and Neuberger. (2005). House reconciliation bill targets Food Stamp Program for cuts. Center on Budget and Policy Priorities. Found on December 21, 2005 at: [www.cbpp.org/12-5-05fa.htm](http://www.cbpp.org/12-5-05fa.htm)
- Rosso, R. & J. Weill. (2006, March). *State of the states: 2006 - A profile of food and nutrition programs across the nation*. Washington, DC: Food Research and Action Center. Retrieved on October 20, 2006 from [http://www.frac.org/State\\_Of\\_States/2006/2006\\_SOS\\_Report.pdf#search='State%20of%20the%20States%3A%202005.%20%20A%20Profile%20of%20Food%20and%20Nutrition%20Programs%20Across%20the%20Nation'](http://www.frac.org/State_Of_States/2006/2006_SOS_Report.pdf#search='State%20of%20the%20States%3A%202005.%20%20A%20Profile%20of%20Food%20and%20Nutrition%20Programs%20Across%20the%20Nation')
- Sullivan, A.F. and Choi, E. (2002, August). Hunger and food insecurity in the fifty states: 1998-2000. Food Security Institute, Center on Hunger and Poverty.

- The United States Conference of Mayors/Sodexo USA. (2004, December). Hunger and homelessness survey: A status report on hunger and homelessness in America's cities.
- United States Department of Agriculture .(n.d.). Website. Retrieved on August 17, 2005 from <http://www.ers.usda.gov/Data/FoodStamps/>
- U.S. Census Bureau. (2005, August). Current Population Survey, 2005 Annual Social and Economic Supplement (POV10). *Income, poverty, and health insurance coverage in the United States: 2004*.
- U.S. Department of Agriculture (2003). *Household food security in the United States, 2003*. ERS Research Briefs. Retrieved on October 13, 2006 from [http://www.ers.usda.gov/publications/fanrr42/fanrr42\\_researchbrief.pdf](http://www.ers.usda.gov/publications/fanrr42/fanrr42_researchbrief.pdf)
- U.S. Department of Agriculture. (2006a). *Food and nutrition service food distribution fact sheet: Commodity Supplemental Food Program*. Retrieved September 21, 2006 from <http://www.fns.usda.gov/fdd/programs/csfp/pfs-csfp.pdf>
- U.S. Department of Agriculture. (2006b). *Food and nutrition service food distribution fact sheet: Temporary Emergency Food Distribution Program*. Retrieved September 21, 2006 from <http://www.fns.usda.gov/fdd/programs/tefap/pfs-tefap.pdf#search=%22Temporary%20Emergency%20Food%20Assistance%20Program%22>
- United States Department of Agriculture Food and Nutrition Service. (2003). *Ohio FNS nutrition assistance programs fact sheet for FY 2003*. Retrieved on the USDA website on August 22, 2005 from <http://www.fns.usda.gov/oane/SNAP/Facts/FY2003/Ohio.htm>
- Waldron, T., Roberts, B. & Reamer, A. (2004, October). *Working hard, falling short: America's working families and the pursuit of economic security*. Working Poor Families Project. Annie E. Casey Foundation.
- Wan, T. H., Odell, B.G., & Lewis, D.T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press
- Winne, M. (n.d.) Community food security: Promoting food security and building healthy food systems. Retrieved on April 18, 2006 from <http://www.foodsecurity.org/PerspectivesOnCFS.pdf>

## ATTACHMENTS

### Attachment 1: Researcher List

# MCS CONSULTING SERVICE

## CORE SERVICE RESEARCH TEAM

### Co-Lead Consultants

Marlene C. Stoiber, Ph.D. President, MCS Consulting Service, LLC  
Bette S. Meyer, M.A.

### Research Team

Renee Aten, CFRE, Aten Enterprises, Associate, MCS Consulting Service, LLC  
Edwin A. Balcerzak, Ph.D., Associate, MCS Consulting Service, LLC  
Louis B. Burroughs, M.S.U.S., Associate, MCS Consulting Service, LLC  
Elsie Day, J.D., Associate, MCS Consulting Service, LLC  
Jennifer M. Forshey, M.P.P., IntelliSolve, Inc.

Karen Gillooly, M.Ed., IntelliSolve, Inc.  
Sue E. Grant, Ella & Associates, IntelliSolve, Inc.  
Gary Harris, B.A., M.B.A., IntelliSolve, Inc.  
Jeffry D. Harris, M.P.A., J.D., IntelliSolve, Inc.  
Kristen Haskell, M.A., Associate, MCS Consulting Service, LLC

Dion Lau, B.A., Associate, MCS Consulting Service, LLC  
Kitty Leung, M.S.S.A., Associate, MCS Consulting Service, LLC  
Marcy Hunt- Morse Ph.D., Ella & Associates, IntelliSolve, Inc.  
Carey Wiant Nyberg, M.U.P., Associate, MCS Consulting Service, LLC  
RNR Consulting, Inc.

Jeremy Shapiro, Ph.D., IntelliSolve, Inc.  
Jennifer Slusser, J.D., IntelliSolve, Inc.  
Sarah Stilgenbauer, M.N.O., Associate, MCS Consulting Service, LLC  
Kola Sunmonu, Ph.D., Associate, MCS Consulting Service, LLC  
Jamie Watkins, B.A., IntelliSolve, Inc.

Jacqueline Kirby Wilkins, Ph.D., CFLE - President/Director, IntelliSolve, Inc.  
Debra Zanglin, Ella & Associates, IntelliSolve, Inc.

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**

<b>PROFILE OF CORE SERVICE PROVIDERS - 2005</b>		
<b>Source: United Way - First Call for Help Refer Database February 2005</b>		
	Count	Sub-Count: UW-Affiliated
Total Number of Providers	1	-
Number of Providers by Type		
Nonprofit	1	-
For-profit	-	-
Government	-	-
Other	-	-
Total Number of Sites	2	-
Number of Service Sites per Provider		
1	-	-
2 – 5	1	-
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 - Cleveland/Brooklyn	-	-
44103 - Cleveland	-	-
44104 - Cleveland	-	-
44105 - Cleveland/Newburgh Hts/Garfield Hts	-	-
44106 - Cleveland/Cleveland Hts	-	-
44107 - Lakewood/Cleveland	-	-
44108 - Cleveland/Bratenahl	-	-
44109 - Cleveland/Brooklyn Hts	-	-
44110 - Cleveland/East Cleveland	2	-
44111 - Cleveland	-	-
44112 - East Cleveland/Cleveland	-	-
44113 - Cleveland	-	-
44114 - Cleveland	-	-
44115 - Cleveland	-	-
44116 - Rocky River	-	-
44117 - Euclid/Cleveland	-	-
44118 - ClevelandHts/UniversityHts/ShakerHts	-	-
44119 - Cleveland/Euclid	-	-
44120 - Shaker Hts/Cleveland	-	-
44121 - University Hts/South Euclid	-	-
44122 - Beachwood/Highland Hills/Shaker Hts.	-	-
44123 - Euclid	-	-
44124 - Pepper Pike/Mayfield Hts./Lyndhurst	-	-
44125 - Valley View/Garfield Hts	-	-
44126 - Fairview Park/Cleveland	-	-
44127 - Cleveland	-	-
44128 - Warrensville Hts/Cleveland	-	-
44129 - Brooklyn/Parma/Cleveland	-	-

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

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

#### Attachment 4: Providers and Functions - 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Cleveland Foodbank	Food Distribution – Charities, Food For Purchase - Charities

**Bold** represents agencies funded by United Way for this service. United Way does not fund the Foodbank.

**Attachment 5: United Way - First Call for Help Food Banks Requests – 2000-2004:  
Greatest Increase/Greatest Decrease**

BD-200 Food Banks								
United Way - First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change* 00&04	Avg. # Calls 00-04
		2000	2001	2002	2003	2004		
44107	Lakewood/Cleveland	1	2	1	0	4	300%	2
44113	Cleveland	1	3	0	2	2	100%	2
44106	Cleveland/Cleveland Hts	1	0	0	1	2	100%	1
44144	Brooklyn/Cleveland	0	0	1	0	2	N/A	1
44103	Cleveland	0	2	0	1	2	N/A	1
44104	Cleveland	0	0	0	0	2	N/A	N/A
44017	Berea	0	1	0	2	1	N/A	1
44135	Cleveland/Linndale	0	1	1	0	1	N/A	1
44105	Cleveland/NewburghHts/GarfieldHts	0	1	0	3	1	N/A	1
44131	Independence/Seven Hills/BrooklynHts	0	0	0	0	1	N/A	N/A
44149	Strongsville	0	0	1	0	1	N/A	N/A
44122	Beachwood/Highland Hills/ShakerHts	1	0	2	1	0	(100%)	1
44142	Brookpark/Cleveland	1	0	0	1	0	(100%)	N/A
44109	Cleveland/Brooklyn Hts	1	0	0	4	0	(100%)	1
44110	Cleveland/East Cleveland	1	1	2	0	0	(100%)	1
44118	ClevelandHts/UniversityHts/ShakerHts	1	1	2	4	0	(100%)	2
44143	Highland Hts/Richmond Heights	1	0	1	0	0	(100%)	N/A
44134	Parma/Cleveland	1	0	0	0	0	(100%)	N/A
44146	Walton Hills/Oakwood/Bedford	1	1	2	1	0	(100%)	1
44108	Cleveland/Bratenahl	2	4	2	0	1	(50%)	2
44121	University Hts/South Euclid	2	1	1	0	1	(50%)	1

<b>**Total Cuyahoga County</b>	<b>22</b>	<b>34</b>	<b>41</b>	<b>33</b>	<b>28</b>	<b>27%</b>	<b>32</b>
<b>**Total Cleveland</b>	<b>9</b>	<b>16</b>	<b>8</b>	<b>16</b>	<b>14</b>	<b>56%</b>	<b>13</b>
<b>**Total Suburbs</b>	<b>13</b>	<b>18</b>	<b>33</b>	<b>17</b>	<b>14</b>	<b>8%</b>	<b>19</b>

\* Extremely high percentages are due to low numbers.

\*\* 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.

**Attachment 6: United Way - First Call for Help Food Banks Requests 2000-2004:  
Unmet Need**

BD-200 Food Banks					
United Way - First Call for Help Food Banks Requests 2000-2004					
Unmet Need					
Zip Code		TOTALS 00-04			%
		Requests	Met	Unmet	Unmet
44143	Highland Hts/Richmond Heights	2	1	1	50%
44135	Cleveland/Linndale	3	2	1	33%
44130	Parma/Cleveland	7	6	1	14%
44113	Cleveland	8	7	1	13%
44108	Cleveland/Bratenahl	9	8	1	11%

<b>*Total Cuyahoga County</b>	<b>158</b>	<b>153</b>	<b>5</b>	<b>3%</b>
<b>*Total Cleveland</b>	<b>63</b>	<b>60</b>	<b>3</b>	<b>5%</b>
<b>*Total Suburbs</b>	<b>95</b>	<b>93</b>	<b>2</b>	<b>2%</b>

FCFH DATA NOTES	
<p><b>Met</b> = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)</p>	
<p><b>Unmet</b> = service request for which there was no referral.</p>	
<p><b>Note:</b> 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.</p>	
<p>* 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.</p>	



**United Way of  
Greater Cleveland**

1331 Euclid Avenue

Cleveland, Ohio 44115

[uws.org/CoreServicesPlanning](https://uws.org/CoreServicesPlanning)