

Core Service Report

Research

Report Category:
Capacity Building



February 2007

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COMPANION REPORTS

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

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SNAPSHOT

AIRS Code Level I: Organizational/Community/International Services (T)

AIRS Code Level II: Information Services (TJ)

Core Service: Research TJ-700

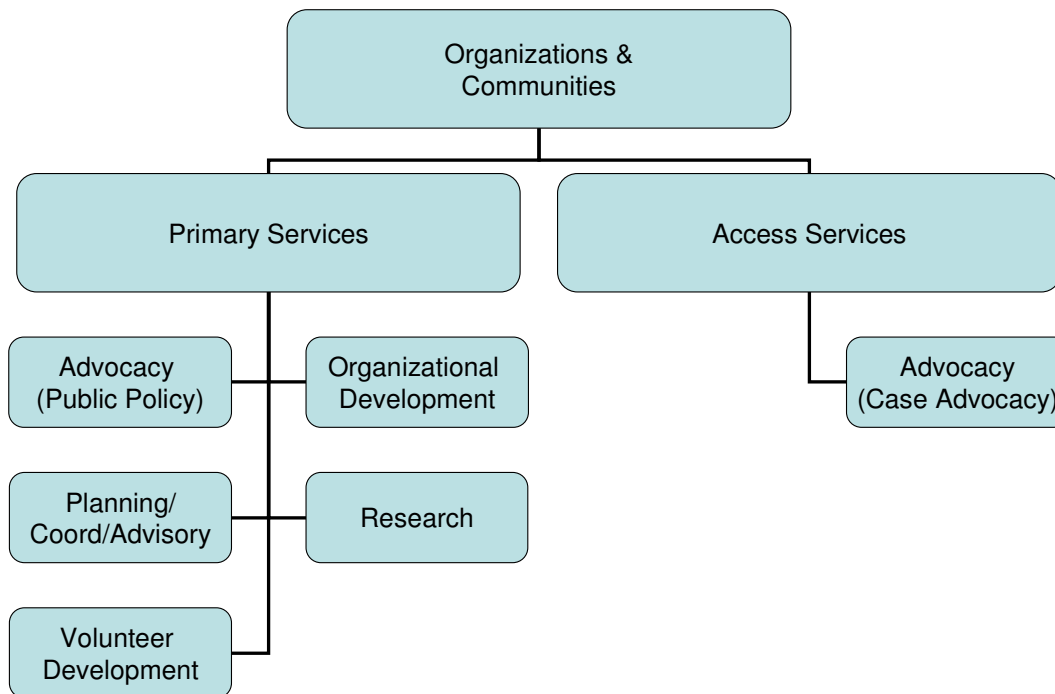
Investment Committee: Capacity Building

Cluster: N/A

AIRS Definition: Programs that engage in basic, applied, or developmental research that involves the investigation, collection, and analysis of demographic and other data with the objective of advancing our knowledge in the physical and social sciences, enhancing our understanding of the major problems that confront our communities and finding solutions to basic human problems.

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

Family of Services



Core Service Consumers

The target population addressed in this core service report is health and social service providers, funders, and planners that are consumers of research.

Core Service Definition

The definition of the core service for this report is: applied social inquiry that involves the investigation, collection, and analysis of demographic and other data with the objective of advancing knowledge to guide social/economic/political planning, to implement evidence-based best practices for health and social service practitioners, or to strengthen programmatic outcome results.

Capacity Building Question: Who is using the research?

Many local agency respondents to the United Way Capacity Building Strategic Input Survey indicated they utilize research to help them and stakeholders understand their target populations, to inform grant writing efforts, to develop data-informed programming and to advocate for clients.

Capacity Building Question: What sources do they use?

The primary sources of research used by local agency respondents to the United Way Capacity Building Strategic Input Survey include books, journals, newsletters, special publications, Internet, census, county records, health and other survey data, local foundations, and social indicators data.

Capacity Building Questions: Who in the community creates research relevant to health and human services? For what purposes? What is the organizational auspice?

Based on First Call for Help's (FCFH) database (February 2005), there are 20 research providers operating from 22 different sites, 13 of which are nonprofit and 7 are government organizations. Additional large-scale research programs in the area of health and human services were identified beyond those listed in FCFH. The majority of them are either nonprofit public interest organizations (including institutions of higher learning) or government organizations (including local, state, and federal government).

The identified areas of research varied greatly among local agency respondents to the United Way Capacity Building Strategic Input Survey, with most organizations focusing on only one or two primary areas. The most frequent research areas included public policies, human services, health, welfare, education, urban communities, arts and culture, the environment, workforce development, economic development, population and social demographics, gerontology, and social work. The primary purposes of the research included basic research, causal research, census data, demonstration/pilot projects, and human services statistics.

Capacity Building Questions: What research related to health and human services do the foundations fund? How much?

Like many indirect service programs, funding for research is scarce. Most United Way Capacity Building Strategies Input Survey respondents indicated that their funding comes primarily from government contracts, grants, foundations, and direct giving. Agencies also obtain funding through client fee-based services.

Many research providers receive foundation and association funding. Some of the primary foundations and associations identified include: Alfred P. Sloan Foundation, Alzheimer's Association, American Cancer Society, American Heart Association, Commonwealth Fund, David and Lucile Packard Foundation, James S. McDonnell Foundation, John D. and Catherine

T. MacArthur Foundation, Robert Wood Johnson Foundation, Rockefeller Foundation, The Andrew W. Mellon Foundation, and The Whitaker Foundation.

As of May 11, 2006, \$615,914 in revenues for research has been identified countywide. Approximately 24 percent of the identified revenues are from United Way of Greater Cleveland; the remaining 76 percent comes from foundations.

Capacity Building Question: How do other United Ways support research that meets their needs and the needs of the agencies they support?

None of the four United Ways that responded to the United Way Capacity Building Strategies Input Survey reported funding research as a core service.

Capacity Building Questions: What are models for disseminating relevant research to consumers and assuring that it is user friendly? How is effectiveness measured and what evidence is there of the effectiveness of the models?

Local agency United Way Capacity Building Strategies Input Survey respondents were asked to identify the best strategies for disseminating relevant research to consumers and assuring that it is user friendly. Responses included: free reports with data included, translating research into digestible “bites” for consumers, periodic presentations and discussion groups, electronic (Internet and CD) access to data, maps, graphs, tables, providing training and context for the use of data, e-mail reports or links to reports, and FAQ formats on various research topics, info sheets/fact sheets.

Health and human services (HHS) seek to disseminate preventive health information to target audiences so as to be relevant and applicable at the point of decision-making. Evaluation of the HHS dissemination process found the following:

- Providers can be effective disseminators of prevention messages.
- Collaboration with selected dissemination partners can be essential.
- The level of scientific evidence does not necessarily correlate with effectiveness of the prevention effort.
- Integration of multiple dissemination and intervention strategies may be required to reinforce prevention messages.
- The adoption of a prevention tactic may depend on the simplicity of its message.
- Evaluation is needed to assess effectiveness of prevention dissemination programs.

Parenting the First Year newsletters were evaluated to see if parents really use them and if their behaviors change as a result of reading the newsletters (Riley, 1991). The three major findings were: high readership, people found it useful, and most respondents said that reading the newsletters made them change their parenting.

A second study of the newsletter, with a new and larger sample, used a treatment and control group design, allowing stronger inferences about causality. Two of the findings are noteworthy: the newsletter reduces the frequency of parents striking their babies, and the newsletter causes parents to provide a more intellectually stimulating home environment for their babies.

Beginning in September 2001, UW-CTRI (University of Wisconsin Center for Tobacco Research and Intervention) dissemination staff brought together the major tobacco cessation funding (public and not-for-profit) organizations to develop a plan to help guide and integrate future tobacco cessation dissemination activities on a national level. The result of these efforts is a document entitled “A National Blueprint for Disseminating and Implementing Evidence-Based Clinical and Community Strategies to Promote Tobacco-Use Cessation” that contains a series of objectives and strategies to promote tobacco-use cessation in the United States (Center for Tobacco Research and Intervention, 2003).

United Way focus group participants and key informants (2005) were asked to identify the primary barriers to using research. Other respondents felt that the timeliness of research is often limited for many issues requiring quick response. Some respondents mentioned that the limited amount of funding available for applied research is a barrier for them. Finally, some respondents identified issues of relevancy as barriers.

Capacity Building Question: What are the current research needs identified through other core service planning qualitative research?

United Way core service planning focus group participants and key informants (2005) identified the following areas as needing additional research: adult mental health, advocacy, basic needs, child mental health, child care, community services, health and caring, disease/disability, education, emergency services, employment, family substitute services, individual family services, legal, medical family support, rehabilitation, seniors, vocational rehabilitation, volunteer development, and youth development.

I. FOREWORD

INTRODUCTION

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

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

METHODOLOGY

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

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

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

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

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

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

- Who in the community creates research relevant to health and human services?
 - For what purposes?
 - What research related to health and human services do the foundations fund? How much?
 - What are the organizational auspices for various research efforts?
- Research Consumers
 - Who is using the research?
 - What sources do they use?
 - What barriers are there to using the research?
- Best Practices
 - What are models for disseminating relevant research to consumers and making it more user-friendly?
 - How is effectiveness measured and what evidence is there of the effectiveness of the models?
 - How do other United Ways support research that meets their needs and the needs of the agencies they support?
- What are the current research needs identified through other Core Service Planning qualitative research?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member and non-member agencies, and key informant interviews with 93 experts in their respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those that have unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.

- United Way Program Report data for FY 2004 (July 2003 to June 2004): Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, consumers' residence zip codes, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004). United Way - First Call for Help (FCFH) provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide, and the zip codes in which they are located and those they serve, number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to refer to. Note that First Call for Help only collects information on some of the capacity building services.
- Literature reviews on service trends and issues as well as best practices, i.e., what works/what doesn't work in service delivery.
- Searches for information on public policies that currently impact consumers or service delivery where relevant.
- A survey of comparable United Ways across Ohio and the U.S. to solicit information about how they handle funding of capacity building services. (See Attachment 2 for a copy of the survey.) Four United Ways (in Colorado, Louisiana, Missouri and Washington) responded to the surveys. The specific research questions addressed for research are:
 - Who in the community creates research relevant to health and human services?
 - ◆ For what purposes?
 - ◆ What research related to health and human services do the foundations fund? How much?
 - ◆ What is the organizational auspices?
 - Research Consumers/ Relevance
 - ◆ Who is using the research?
 - ◆ What sources do they use?
 - ◆ What barriers are there to using the research?
 - Best Practices
 - ◆ What are models for disseminating relevant research to consumers and making it more user-friendly? How is effectiveness measured and what evidence is there of the effectiveness of the models?
 - ◆ How do other United Ways support research that meets their needs and the needs of the agencies they support?
 - ◆ What are the current research needs identified through other core service planning qualitative research?
 - What are the current research needs identified through other core service planning qualitative research?

- The United Way Capacity Building Strategic Input Survey was also sent to 185 agencies that provided capacity building services and were listed in the First Call for Help database. Sixty-seven agencies responded:
 - Planning/Coordination/Advisory Groups (21 responses);
 - Organizational Development (12 responses);
 - Volunteer Development (11 responses);
 - Public Policy Advocacy (27 responses);
 - Case Advocacy (12 responses); and
 - Research (36 responses).

II. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET CONSUMERS

For this core service report, the consumers of research are health and social service providers, funders, and planners.

BACKGROUND ON CONSUMERS

Capacity Building Question: Who is using the research?

Many local agencies indicated they utilize research to help them and stakeholders understand their target populations, to inform grant writing efforts, to develop data-informed programming, and to advocate for clients. The local agencies responding to the United Way Capacity Building Strategic Input Survey specifically indicated they were utilizing research. Additionally, public officials and businesses utilize research to direct their efforts in many areas, including economic development.

Capacity Building Question: What sources do they use?

Local agency United Way Capacity Building Strategic Input Survey respondents indicated that the primary sources of research used by local agencies include books, journals, newsletters, special publications, Internet, census, county records, health and other survey data, local foundations, and social indicators data.

Survey respondents identified the most frequently noted research providers, which include: Administration on Aging, America's Second Harvest, Annie E. Casey Foundation, Center on Urban Poverty and Social Change at Case Western Reserve University, Cleveland Department of Public Health, Cuyahoga County Board of Health, Federal Reserve Bank, Health Policy Institute of Ohio, Invest in Children, Kent State University, Mandel Center of Nonprofit Organizations, The Maxine Goodman Levin College at Cleveland State University, Office of Homeless Services, Scripps Gerontology Center at Miami University, Starting Point, and the U.S Department of Labor.

REALIZED ACCESS TO SERVICE

Note that research providers reported actual consumers for this service. This is different from the definition in the section above, likely because of United Way's reporting requirements.

In FY 2004, the research providers funded by United Way served 1,000 persons. There is no available demographic or zip code data for these consumers. (See Attachments 3 and 4.)

III. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

For the purpose of this core service report, research is defined as applied social inquiry that involves the investigation, collection, and analysis of demographic and other data with the objective of advancing knowledge to guide social/economic/political planning, to implement evidence-based best practices for health and social service practitioners, or to strengthen programmatic outcome results.

BACKGROUND ON CORE SERVICE

Research is often described as an active, diligent, and systematic process of inquiry aimed at discovering, interpreting, and revising facts. This intellectual investigation produces a greater knowledge of events, behaviors, theories, and laws and makes practical applications possible. The term *research* is also used to describe an entire collection of information about a particular subject, and is usually associated with the output of science and the scientific method. (Wikipedia, 2006a)

Applied research is done to solve specific, practical questions; its primary aim is not to gain knowledge for its own sake. It can be *exploratory*, but is usually *descriptive*. It is almost always done on the basis of basic research. Applied research can be carried out by academic or industrial institutions. Examples of questions asked in applied research:

- ◆ How can Canada's wheat crops be protected from grasshoppers?
- ◆ What is the most efficient and effective vaccine against influenza?
- ◆ How can communication among workers in large companies be improved?
- ◆ How can the Great Lakes be protected against the effects of greenhouse gas?
- ◆ How can a policy on time use increase transit services to low-income neighborhoods? (Wikipedia, 2006a)

Social research refers to research conducted by social scientists (primarily within sociology and social psychology), but also within other disciplines such as social policy, human geography, political science, social anthropology and education. Sociologists and other social scientists study diverse things: from census data on hundreds of thousands of human beings, through the in-depth analysis of a life of a single important person to monitoring what is happening on a streets today - or what was happening few hundreds years ago. (Wikipedia, 2006b)

Social scientists use many different methods in order to describe, explore and understand social life. Social methods can generally be subdivided into two broad categories. Quantitative methods are concerned with

attempts to quantify social phenomena and collect and analyze numerical data, and focus on the links among a smaller number of attributes across many cases. Qualitative methods, on the other hand, emphasize personal experiences and interpretation over quantification, are more concerned with understanding the meaning of social phenomena and focus on links among a larger number of attributes across relatively few cases. While very different in many aspects, both qualitative and quantitative approaches involve a systematic interaction between theories and data. (Wikipedia, 2006b)

Common tools of quantitative researchers include surveys, questionnaires, and secondary analysis of statistical data that has been gathered for other purposes (for example, censuses or the results of social attitudes surveys). Commonly used qualitative methods include focus groups, participant observation, and other techniques. (Wikipedia, 2006b)

Capacity Building Questions: Who in the community creates research relevant to health and human services? For what purposes? What is the organizational auspice?

The following information sources were used to respond to this question:

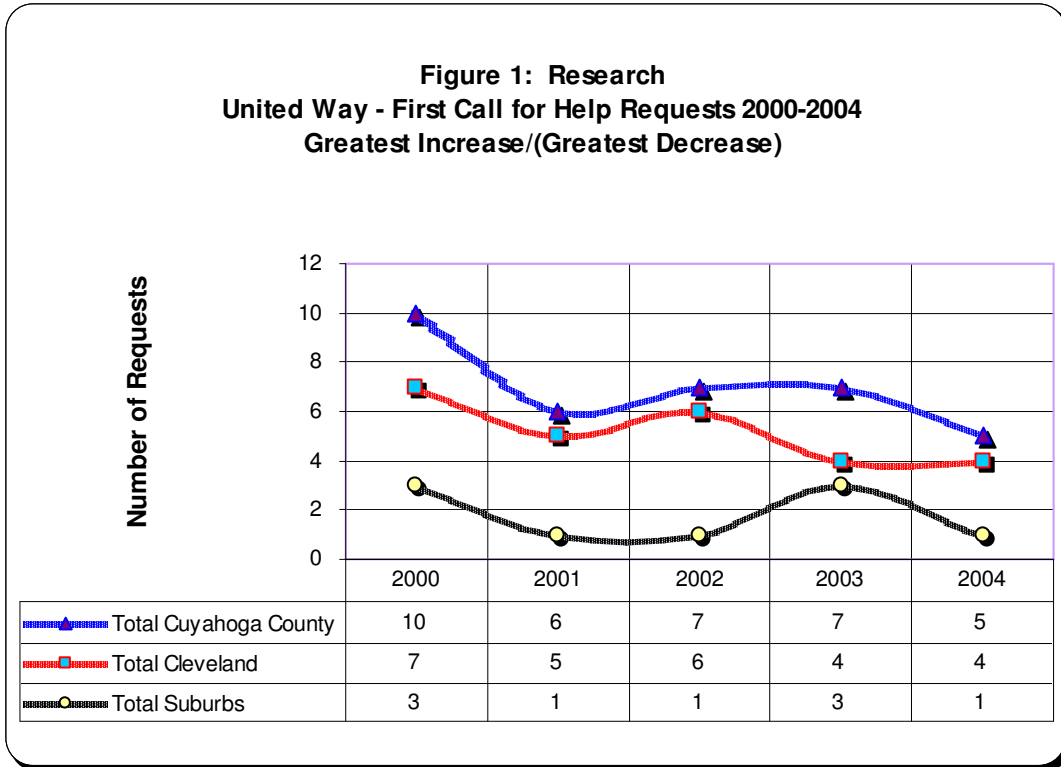
- United Way – First Call for Help (FCFH) data;
- Internet searches for research in Cuyahoga County;
- Internet links through identified provider websites;
- United Way key informant and focus group data (2005); and
- The United Way Capacity Building Strategies Input Survey.

United Way First Call for Help Call Data

Based on First Call for Help's (FCFH) database (February 2005), there are 20 research providers operating from 22 different sites, 13 of which are nonprofit and 7 are government organizations. United Way funded one of these organizations. (See Attachments 5 and 6.)

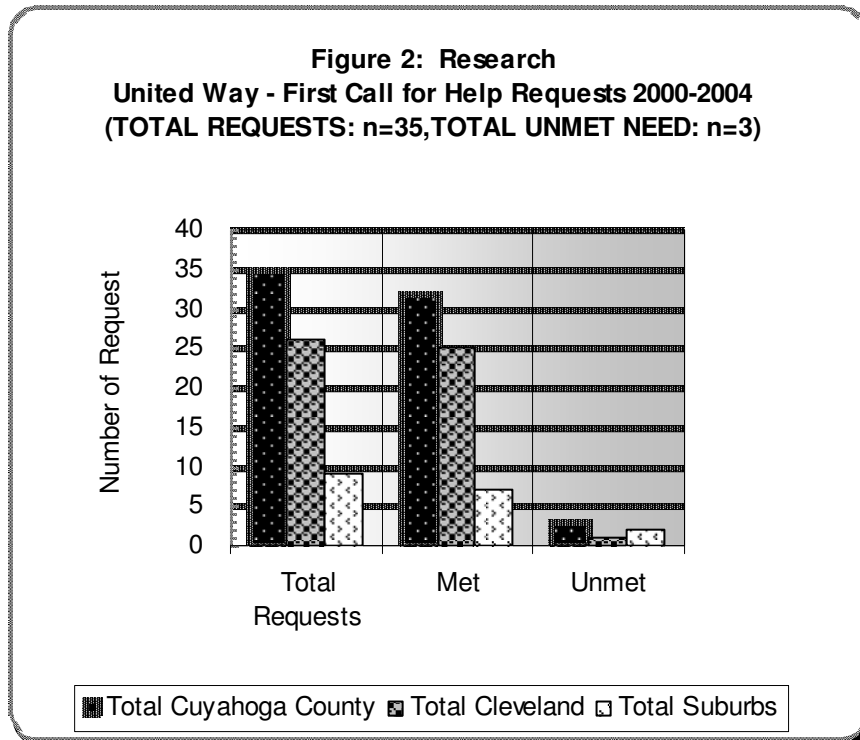
Additional large-scale research programs in the health and human services area were identified beyond those listed by FCFH (total 21). (See Attachment 6a for a list and description of those additional providers.) This list was generated from an Internet search and may not be representative of all existing providers. The majority of them are either nonprofit public interest organizations (including institutions of higher learning) or government organizations (including local city, state and federal government).

FCFH call data shows a decrease in the number of total requests for research programs in the county: from 10 in 2000 to 5 in 2004 (50 percent), with a 43 percent decrease in Cleveland (7 to 4 requests) and a 67 percent decrease in the suburbs (3 to 1 requests). Note that percentages are inflated because of small numbers. (See Figure 1 and Attachment 7.)



Over the same five-year period, United Way - First Call for Help had 35 requests for information about research programs. Of these requests, they were able to make referrals to 91 percent of callers; however, 9 percent of all Cuyahoga County callers, 4 percent of Cleveland callers, and 22 percent of suburban callers had an unmet need, meaning there was no organization to which to refer the caller.

(See Figure 2 and Attachment 8.)



The identified areas of research varied greatly among local agency respondents to the United Way Capacity Building Strategic Input Survey, with most organizations focusing on only one or two primary areas. The most frequent areas of research included public policies, human services, health, welfare, education, urban communities, arts and culture, the environment, workforce development, economic development, population and social demographics, gerontology, and social work. The primary purposes of the research included basic research, causal research, census data, demonstration/pilot projects, and human services statistics.

FUNDING OF CORE SERVICES

Capacity Building Questions: What research related to health and human services do the foundations fund? How much?

Like many indirect service programs, funding for research is scarce. Agencies that do provide research often do not report the funding earmarked specifically for that purpose. Most local agency United Way Capacity Building Strategies Input Survey respondents indicated that their funded providers' funding comes primarily from government contracts, grants, foundations, and direct giving. Agencies also obtain funding through client fee-based services.

The total amount of research dollars available across the county overall was difficult to determine as each research provider either gave no funding information or collapsed funding across research areas. This made the identification of funding by provider or area extremely problematic. It is safe to estimate, however, that well over \$300 million dollars was available for research around health and human services in Northeast Ohio and the Greater Cleveland area.

The majority of research funding received by academic institutions identified in this analysis came from the federal government (approximately 60 percent), followed by the State of Ohio (20 percent), foundations (10 percent), and other sources including other government agencies and direct giving (10 percent).

Most of the colleges and universities identified their primary sources of funding as the following:

Federal Agencies

A very large portion of research dollars comes from federal agencies and state agencies acting as pass-throughs for federal dollars. Some of the primary federal funders include:

- AFOSR (Air Force Office Of Scientific Research);
- Army;
- ARPA (Advanced Research Projects Agency);
- Department Of Education;
- DOE (Department of Energy);
- EPA (Environmental Protection Agency);
- FDA (Food and Drug Administration);
- NAVY (Office Of Naval Research);
- NIH (National Institutes of Health);
- NSF (National Science Foundation);
- NASA (National Aeronautics and Space Administration); and
- USDA (Department of Agriculture).

Foundations and Associations

Many research providers receive foundation and association funding. Some of the primary foundations and associations identified include:

- Alfred P. Sloan Foundation;
- Alzheimer's Association;
- American Cancer Society;
- American Heart Association;
- Commonwealth Fund;
- David and Lucile Packard Foundation;
- James S. McDonnell Foundation;
- John D. and Catherine T. MacArthur Foundation;
- Robert Wood Johnson Foundation;
- Rockefeller Foundation;
- The Andrew W. Mellon Foundation; and
- The Whitaker Foundation.

IDENTIFIED REVENUES

As of May 11, 2006, \$615,914 in revenues for research has been identified countywide. This includes information from foundations; federated fundraising organizations; regional, county, and municipal government; and United Way. (See Table 1.)

Approximately 24 percent of the identified revenues are from United Way of Greater Cleveland; the remaining 76 percent comes from foundations.

Table 1: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Research, 2003/2004.

Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Joyce Foundation, The		450,010			
Woodruff Foundation, The		15,750			
Other Private Foundations - Not Elsewhere Classified				75,000	
Total - Foundations & Trusts		465,760	75.62%	75,000	12.31%
Summit County Department of Job and Family Services				170,000	
Subtotal Summit County Funding Sources			0.00%	170,000	27.90%
Total - Contracts/grants from government organizations				170,000	27.90%
Total - Prior Period balances/interfund transfers				214,206	35.15%
Subtotal Non - UWGrCle Support		465,760	75.62%	459,206	75.36%
Total - UWGrCle investment committee allocation		150,154	24.38%	150,154	24.64%
Subtotal UWGrCle Support - 4001, 4701 & 4703		150,154	24.38%	150,154	24.64%
Total Support/Revenue		615,914	100%	609,360	100%

Capacity Building Question: How do other United Ways support research that meets their needs and the needs of the agencies they support?

United Way respondents to the United Way Capacity Building Strategies Input Survey were asked to answer the following research-specific questions:

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

None of the four United Ways that responded to the survey reported funding research as a core service. Three respondents provided additional comments regarding approaches to funding capacity building core services in general. Their responses are provided in full below:

Through the resource investment process we consider two types of investments. One is investing in programs that deliver direct services to individuals and families and address basic human needs and crisis services as well as prevention programs. The other investment is in efforts to influence community change or systems of services. The latter category is where programs focusing on advocacy, planning, etc. would fall. Both types of investments are essential to advance the resource investment plan vision and goals. Unfortunately, the second category does not appear to be fairing as well in our allocation process and allocation teams have recommended that we reconsider how we fund these indirect programs.

Our funding of these areas is not as specific as our direct service areas. We are funding these areas primarily through partnerships and coalitions.

Our Safety Net site remained relatively unchanged when we rolled out Impact. The vast majority of our funding goes to direct services. Impact funding is small and typically one-time funding to support coalitions in the kind of work they do be it planning/coordination or advocacy. So, in that sense we value direct services above Impact work...

REIMBURSEMENT/COST

Cost and reimbursement vary by the project. No set amounts were identified.

IV. WHAT WORKS; WHAT DOESN'T

Capacity Building Questions: What are models for disseminating relevant research to consumers and assuring that it is user friendly? How is effectiveness measured and what evidence is there of the effectiveness of the models?

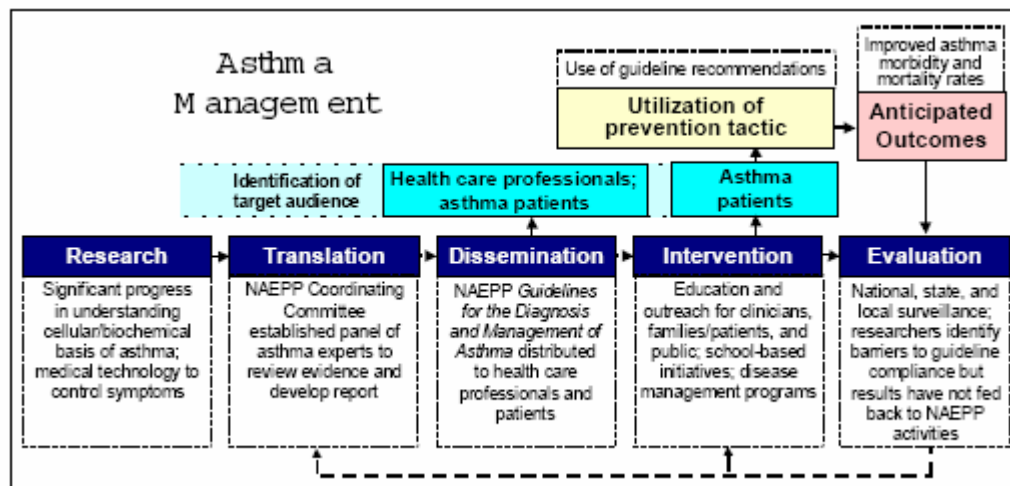
Local agency United Way Capacity Building Strategies Input Survey respondents were asked to identify the best strategies for disseminating relevant research to consumers and assuring that it is user friendly. Responses included:

- Free reports with data included;
- Translating research into digestible “bites” for consumers;
- Periodic presentations and discussion groups;
- Electronic (Internet and CD) access to data;
- Maps, graphs, tables;
- Providing training and context for the use of data;
- E-mail reports or links to reports;
- FAQ formats on various research topics; and
- Info sheets/fact sheets.

What Works

Models for disseminating relevant research to consumers and assuring that it is user friendly have primarily been introduced by the health and human services, land-grant university outreach programs, and public health education models (such as the Tobacco Cessation Dissemination Model. These models have been proven to be both relevant and user friendly for consumers. (See Figure 3.)

Figure 3:



Source: Center for Tobacco Research and Intervention (2003)

Health and Human Services

According to The Lewin Group, 2001:

Health and human service agencies (HHS) seek to disseminate preventive health information to target audiences so as to be relevant and applicable at the point of decision-making. HHS dissemination partners, including medical specialty associations and consumer groups, nonprofit organizations, foundations, health plans, and consumer product manufacturers are also involved in the dissemination of prevention messages. Partners play a role in all stages of prevention program development and are often sought for their community outreach ability and/or the added resources they can contribute to a program. Collaboration is especially important at the dissemination stage, given that these partners may have well-established access to the target populations of interest, such as the memberships of health professional societies or market populations of consumer products (The Lewin Group, 2001).

The prevention process typically begins with, or is based on, research. Research may involve the identification of factors contributing to the risk of disease onset in particular populations as well as the efficacy of preventive interventions in these populations. Research findings are then translated into findings and recommendations (e.g., in the form of practice guidelines or other types of proposed policies) concerning the indications or appropriate use of interventions in target populations. The translated findings and recommendations must then be disseminated to targeted audiences in such a way to promote access to and uptake of the preventive interventions. Prevention programs must be evaluated for their ability to attain their goals, and findings should be used to improve and optimize future iterations of the program. Two components of the prevention process that are integral to all five phases are target audiences and HHS partners. The demands and needs of target audiences are central considerations in the design and implementation of prevention efforts. Non-federal partners contribute unique resources and expertise to HHS activities (The Lewin Group, 2001).

Health and human service agencies select an appropriate dissemination vehicle based on factors pertaining to the target audience (e.g., culture, education, literacy) or the category of the intervention (e.g., behavior change, screening, or medical therapy). Collaboration with public or private sector dissemination partners often plays a crucial role in getting the message to the target audiences (The Lewin Group, 2001).

Effectiveness of the HHS Process for Disseminating Research-Based Preventive Health Information.

To determine the effectiveness of the dissemination of preventive health information, HHS hired the Lewin Group, Inc. to evaluate the effectiveness and identify opportunities to improve the process. Evaluation of the HHS dissemination process found the following:

- ***Providers can be effective disseminators of prevention messages.***
While public education is important, most individuals can be expected to value the recommendations of their personal health care providers. For example, the recommendation from an infant's physician has been shown to be the most influential in increasing the probability that primary caretakers put their babies to sleep on their backs in order to reduce the risk of SIDS. Similarly, physician advice plays a significant role in adult males' decisions to be screened for prostate cancer. However, in many cases, physicians may not even be aware of effective prevention measures, as is often the case with asthma management. Thus, clinician education and outreach is needed to promote awareness of recommendations and to encourage physicians to relay this information to their patients (The Lewin Group, 2001).
- ***Collaboration with selected dissemination partners can be essential.***
According to HHS (2001), public/private partnerships are successful when partners coordinate their efforts to take advantage of each other's strengths and ensure that efforts are not duplicated. In the case of the 5-A-Day nutrition program, the National Cancer Institute's strengths included procuring funding for research, conducting research, and providing access to interagency committees and state health departments. The Partnership for Better Health Foundation contributed access to industry knowledge of the market and flexibility and timeliness of implementation efforts. The success of the "Back To Sleep" campaign is attributable in part to the commitment and ability of parties involved (government agencies, non-government organizations, members of industry) to work together efficiently toward the common goal of improving infant health. Dissemination partners can often contribute uniquely and usefully in areas where the researcher lacks access or resources. Many dissemination partners can contribute significant financial support, expertise in policy and program development, technical assistance, and initiating public awareness campaigns to disseminate important prevention messages to a broader audience (The Lewin Group, 2001).
- ***The level of scientific evidence does not necessarily correlate with effectiveness of the prevention effort.*** A strong evidence base may be necessary for the uptake of many prevention measures, but it may not be sufficient. For example, there is strong and sufficient scientific evidence supporting methods to prevent morbidity and mortality due to asthma (e.g., daily use of inhaled corticosteroids, monitoring the disease with peak-flow meters, and avoiding known environmental triggers). However, the majority of patients have not benefited from advances in asthma care and physician adherence to asthma management guidelines remains low (The Lewin Group, 2001).

On the other hand, a lack of strong scientific evidence does not necessarily preclude uptake of prevention tactics. An intuitively appealing prevention message, such as screening to prevent morbidity due to prostate cancer, may be successfully disseminated and adopted in practice even if its effectiveness is ambiguous or unproven. Finally, even

- in instances when the prevention message is not complex (e.g., babies should be placed on their backs to sleep to reduce the risk of SIDS), professionals often fail to take the message to the masses (The Lewin Group, 2001).
- ***Integration of multiple dissemination and intervention strategies may be required to reinforce prevention messages.*** Public education campaigns may not be enough to influence behaviors in at-risk or vulnerable populations; physician advice has a significant effect on patient receptivity to prevention messages compared to printed materials alone. Multiple outreach interventions may be essential for promoting awareness about specific prevention recommendations. Also, interventions that address system barriers to the uptake of prevention tactics should be included when possible. The use of multiple dissemination vehicles, to the extent that they deliver consistent messages, may increase the chances of reaching all members of the target audience. For example, the “Back to Sleep” campaign has been successful in reducing the incidence of SIDS through public service announcements, brochures in physicians’ offices, messages posted on the Internet, and messages printed on diapers. The use of multiple dissemination and intervention strategies can help to ensure that the prevention message reaches a greater proportion of the target population. For example, through a diverse range of menu and recipe options, the Obesity Education Initiative illustrates the necessity to recognize and address the social, cultural, and ethnic differences in the population, and to provide applicable messages in relevant languages and formats (The Lewin Group, 2001).
 - ***The adoption of a prevention tactic may depend on the simplicity of its message.*** A simple or straightforward prevention message may increase the likelihood of its adoption. For example, the SIDS prevention efforts have benefited from a message that is simple, easily transmitted, easy to adhere to, and relatively inexpensive to implement. Easy name recognition (“Back to Sleep”) appears to have contributed to the effectiveness of this campaign (The Lewin Group, 2001).
 - ***Evaluation is needed to assess effectiveness of prevention dissemination programs.*** Without program evaluation, the level of success of a research dissemination program and opportunities for improvement are unknown or difficult to justify. Formal evaluations, particularly those that assess processes as well as outcomes over time, are important to assess effectiveness and to promote implementation of effective research dissemination programs. Evaluation can help to ensure that disseminated messages remain relevant and applicable over time (The Lewin Group, 2001).

University Research Dissemination

The outreach aspect of many universities is the process of extending the intellectual expertise and resources of the university through teaching and applied research to address the social, civic, economic, and environmental challenges and opportunities facing individuals, families, communities, and the world. Outreach is an organized, planned program of activities that brings the resources of the universities to bear in local communities and with local, state and federal decision-makers.

University outreach generally involves the active engagement of faculty with constituents where they live or work. This is consistent with the university's basic mission in instruction, research, and public service. The application of knowledge to consequential problems derives from the active interaction of the university directly with society. The effectiveness of outreach often relies heavily on active constituency building. Constituency building is the engagement of people and partners supporting the university mission. Constituent building includes student internships, service learning, involvement in international programs, community relations, fund raising, alumni activities, student recruiting, and governmental relations.

Examples of outreach formats generally utilized include newsletters, adult education classes, public service announcements, fact sheets, research articles, research-based curriculum, and public issues education. One of the most effective models of university research dissemination/outreach is the Cooperative Extension System, a university outreach program federally mandated and funded through the Smith-Lever Act of 1914 that established the Cooperative Extension Service and provides federal funds for cooperative extension activities.

This educational system includes professionals in each of America's 1862 land-grant universities (in the 50 states, Puerto Rico, the Virgin Islands, Guam, Northern Marianas, American Samoa, Micronesia, and the District of Columbia) and in the Tuskegee University and sixteen 1890 land-grant universities. State specialists are located at each of the land-grant universities and provide statewide technical support on a wide variety of issues ranging from agriculture, economic and community development, and family and consumer sciences. Within the above mentioned areas, each county has extension agents who then disseminate the research from the university to local consumers. The act requires that states provide a 100 percent match from non-federal resources (i.e. local, state, and county governments). The act also authorizes special extension projects under section 3(d). Current projects funded under this authority include the Expanded Food and Nutrition Education Program, Farm Safety, Integrated Pest Management, and Children, Youth and Families at Risk.

Extension professionals are required to evaluate the effectiveness of the outreach they provide. There are literally hundreds of thousands of extension outreach efforts happening across the nation. One specific example of the outreach effectiveness of a nationally distributed newsletter that translated research findings regarding parenting to consumers during the first year of their child's life is provided below.

Evaluations of *Parenting the First Year* Newsletter (Riley, 1991)

Parenting the First Year newsletters were evaluated to see if parents really used them and if their behaviors changed as a result of reading the newsletters. Parents who had given birth in six maternity hospitals in four counties surrounding the Milwaukee metropolitan area were surveyed. Monthly for six months, each family received a free *Parenting the First Year* newsletter in the mail. The sample of 297 families represented 41

percent of those contacted. The data was collected by self-report questionnaire.

Finding 1: High readership. Two-thirds of respondents reported reading "all articles in all issues." Over two-thirds reported two or more readers for each issue, so that readership was doubled. The most common additional reader was the spouse.

Finding 2: People found it useful. Parents were asked to rate how useful several sources of information for parenting information were, including their own parents, books and magazines, other new parents, and relatives including their own parents. The *Parenting the First Year* newsletter was placed last on this list so that respondents' answers regarding its usefulness would be gauged against their answers for all other sources. Surprisingly, respondents rated the newsletter series "very useful" more often than any other source (61 percent of respondents gave it this rating).

Finding 3: Most respondents said that reading the newsletters made them change their parenting. Parents reported talking with their baby more, hugging their baby more, being less angry when baby is difficult, responding more quickly when baby cries, and providing more stimulation to baby.

A second study of the newsletter, with a new and larger sample, used a treatment and control group design (i.e. a field experiment), allowing stronger inferences about causality. It also used a self-report measure of parental beliefs, the AAPI (Adolescent-Adult Parenting Inventory), which has considerable validity (it has been able to differentiate abusing from non-abusing parents in validation studies). It also used a shortened form of the Home Screening Questionnaire (HSQ, based on the HOME scale), which is a measure of home environment that correlates with IQ at age 4. Thus, both measurement and research design have been strengthened.

All data collection took place during the second half of 1990 in six southeast Wisconsin counties. Approximately 55 percent of 2,000 recruited subjects completed and returned the mailed questionnaire (n = 1104). Half received the newsletter series for a year, and half did not; all had 14-month olds at the time of the study. Two of the findings are noteworthy.

Finding 1: The newsletter reduces the frequency of parents striking their babies. First, parents who received the newsletter scored significantly lower than control group parents on the AAPI scale that measures strong belief in the use of corporal punishment.

Finding 2: The newsletter causes parents to provide a more intellectually stimulating home environment for their babies. This effect is limited to parents who are socially isolated from other young parents.

Again, thousands of outreach programs are offered across the nation each day, and consumers have continued to evaluate them as relevant, accessible, and motivators of behavioral change. This model has existed for nearly 100 years and continues to be replicated by non-land-grant universities across the nation that now have designated administrative-level professionals focused solely on outreach and engagement within the community to disseminate research to consumers in user-friendly formats.

Tobacco Cessation Dissemination Model

Beginning in September 2001, UW-CTRI (University of Wisconsin Center for Tobacco Research and Intervention) dissemination staff brought together the major tobacco cessation funding (public and not-for-profit) organizations to develop a plan to help guide and integrate future tobacco cessation dissemination activities on a national level. The collaboration members include the Agency for Healthcare Research and Quality, the American Cancer Society, the American Legacy Foundation, the Centers for Disease Control and Prevention, the Center for Medicare and Medicaid Services, the Center for Tobacco Cessation, the Health Resources and Services Administration, the National Cancer Institute, the National Heart Lung and Blood Institute, the Robert Wood Johnson Foundation, and the Substance Abuse and Mental Health Services Administration (Center for Tobacco Research and Intervention, 2003).

The result of these efforts is a document entitled “A National Blueprint for Disseminating and Implementing Evidence-Based Clinical and Community Strategies to Promote Tobacco-Use Cessation” that was presented to the blueprint collaboration members and their agencies in late January 2002; it was revised based on comments from a concept mapping process and other external reviewers throughout Spring 2002. The blueprint contains a series of objectives and strategies to promote tobacco-use cessation in the United States that are based on the Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence and the CDC community preventive services guide as it relates to tobacco-use cessation (Center for Tobacco Research and Intervention, 2003).

UW-CTRI dissemination staff has given over 50 presentations about the clinical practice guideline throughout Wisconsin and the nation. In order to promote the adoption of its recommendations by clinicians and healthcare systems, UW-CTRI outreach specialists have trained over 500 healthcare providers on best practices based on the clinical practice guideline recommendations. The Outreach staff has presented over 400 how-to packets to clinicians across Wisconsin (Center for Tobacco Research and Intervention, 2003).

The dissemination program provides technical assistance for groups and organizations that promote, fund, and organize smoking cessation programs around the country. This assistance has consisted of reviewing documents and training materials, participating in working groups, and providing talks/trainings. Through these efforts UW-CTRI attempted to

ensure that programs nationwide incorporate tobacco dependence treatments as a part of their standard of care and that existing programs are guideline-consistent. Organizations included researchers and health professionals at universities, clinics, hospitals, worksites, and public health departments (Center for Tobacco Research and Intervention, 2003).

What Doesn't Work

United Way focus group participants and key informants (2005) were asked to identify the primary barriers to using research. The most common response was the time it takes to look up information and interpret it for a specific purpose. Most agencies felt they were already understaffed and facing significant budget constraints and could not afford the resources in time and personnel to perform research searches.

Other respondents felt that the timeliness of research is often limited for many issues requiring quick response. In other words, data or research findings are often outdated and the time it takes to locate relevant and recent research to meet time-sensitive needs is scarce.

Some respondents mentioned that the limited amount of funding available for applied research is a barrier for them.

Finally, some respondents identified issues of relevancy as barriers. For these respondents, the available information is simply not meaningful for their specific needs. For example, the research might discuss child care findings for rural communities or for primarily Caucasian families, or families with income levels above what local agencies are serving. Much of the research, in their opinion, does not reflect current realities in and around Greater Cleveland.

V. GAP ANALYSIS

Capacity Building Question: What are the current research needs identified through other core service planning qualitative research?

The following are responses from United Way focus group participants and key informants (2005).

Adult Mental Health

- Respondents said the mental health field needs more research on the causes of mental disorders, and especially on effective interventions. One respondent said there should be research on effective diagnostic assessment and on individual differences between providers in the effectiveness of their work with clients.
- One respondent said there is a particular need for outcome research on treatment for elderly people with mental health disorders.
- One interviewee complained that, while outcome measurement is a potentially valuable activity, agencies are sometimes required to measure variables that are “silly.”

Advocacy

- Most of the respondents were in agreement that research supports advocacy efforts. One respondent shared:

To be the most effective in advocacy you have to demonstrate to the decision maker or to the politician that this is a win-win ... the more we can demonstrate that these dollars will have a positive impact, the greater influence we will have.

- Another respondent suggested that the challenge with research is first comprehension and then communicating the research in ways that others can digest and understand.
- One respondent stressed the need for more research on the effectiveness of various programs and suggested that funding for outcome-based evaluations be increased. (“If funders could fund the evaluation efforts, that would be great.”)

Basic Needs

- All respondents agreed that there still are questions that need to be researched.
 - Who makes up the growing senior population and what are their incomes?
 - What is the best way to move people into housing quickly and cheaply?
 - What is the best way to use the resources that exist and are they effective?
 - How can we verify that the system is working for homeless, drug & alcohol addiction and mental illness?
 - What is the best way to serve the hungry—vouchers to grocery stores or pantries & soup kitchens? How many clients are heart patients or have diet related problems that we serve?

- Most respondents agreed that there was plenty of data already available but there wasn't any means to manipulate it and make it useful.

Child Mental Health

- Respondents said the mental health field needs more research on the causes of mental disorders, and especially on effective interventions. They said there is particular need for more research on:
 - Early childhood mental health interventions;
 - School-based services as compared to outpatient therapy and residential treatment; and
 - Ethnic group variables in treatment outcome.

Child Care

- All respondents agreed that there is more research conducted on child care needs, especially in the areas of quality care, childhood investment payoffs, children with special needs, and more longitudinal data to track children and what the long term impact is of programs that have been put in place.

I think that you could look at communities that provided quality child care and how those communities prosper in the long run in respect to attracting industry, and stabilizing families.

Community Services

- Key informants felt that research is needed for senior centers to generate measurements to quantify how care may “forestall or put off illness” to a certain age.

That kind of research needs to be done. There seems to be research now that shows that those are the things that forestall, maybe even eliminate things like Alzheimer's disease, and so on.

Health and Caring

- Key informants felt there should be additional research on health insurance coverage. They would like to know how people are using their hospitalization coverage and their health coverage. They would like to see a family health survey conducted. Also, the informants wish to see more research on the patterns and trends of Medicaid usage; namely, when there is an established eligibility followed by a lapse and then a re-establishment of coverage. Furthermore, there should be additional analysis and utilization of data from other governmental agencies that have specific data.
- Additional research data is also needed to effectively provide services; an informant cited the areas of biomedical research (stem cell research, uterus fibroid research) and HIV/AIDS research that could have dramatic impacts on the community.
- There is a significant amount of research and data on health care, but it needs to be more accessible to the decision makers in health care organizations. Most agencies have access to data; however, the informants felt that the leaders of these organizations

do not always actually access or utilize this data to help them to make more informed decisions. Furthermore, agencies also need to measure the effectiveness of the services they provide.

An agency can do all the right things they want to do to improve the health care system, but without research and data to measure the effectiveness of what they are doing, they do not know the magnitude of the impact they have made.

- The Center for Community Solutions and United Way of Greater Cleveland have collaborated effectively to produce excellent data on certain social indicators. They have done indicator reports on public safety, employment issues, housing issues, and profiling older persons and their needs. There is a lot of research data available that can be used to solve social problems.

Disease/Disability

- The State of Ohio collected data from providers of all consumers. Called the Ohio Consumer Outcomes Systems data, it looks at numbers of adults and children and those who received specific types of treatment over different periods of time, including areas such as hospitalization, pharmaceutical, etc. The informants mentioned a letter suggesting that they look at the database as a research project that was sent to all the higher education institutions. This research data could then be used to help agencies effectively provide these services.

Education

- A couple of respondents highlighted the need for more outcome-based assessments that address accountability and effective and efficient service delivery. One of the challenges faced by many agencies is how to fund this type of research. As one respondent shared:

Outcome measurements require collection of data and automated systems that are capable of collecting data and producing reports. Computer hardware and software is needed, but are expensive to purchase and maintain.

- Other respondents listed program- or population-specific research needs such as more demographic data on persons in financial trouble (no bank account, bankruptcy, debt), assessment of teacher quality, studies to assess costs of educating children of poverty, tracking information in workplace education, identifying effective strategies for successful learning of learning disabled adults, and defining effective strategies for delivery of workforce education to English as a second language learners.
- One respondent expressed frustration that important policy makers and legislators are not paying attention to quality research studies. She noted:

We have a number of potential answers for fixing school funding and the legislature is not paying attention or doesn't care or has too much else to read or their term limit is up ... I would love to see research put into action.

Emergency Services

- The respondent who works with emergency services stated that they could use some assistance and research data on the interoperability of various public safety communications and why public safety agencies are unable to communicate with one another because of different frequencies.

It is a big issue throughout the country right now, and you saw it with the 9/11 attacks on the World Trade Center response. As a matter of fact police and fire couldn't communicate with each other. There needs to be standards set forth by the federal government or some research wherein the frequency spectrum for public safety would be best suited and how to get the public safety agencies connected in a manner to be able to talk with one another via radio.

- The respondent who works with immigrants thinks a lot more research is needed on what happens to post 180-day refugees.

What is the English level competency and how does that affect their level to be self-sufficient after 2 to 3 years upon arrival. What is the mental health and substance abuse impact?

- The various operating systems of the safety agencies and hospitals throughout the county.

You would have to go to each individual data source to get the information, and it would take time to get ... the information is not easily accessible in a database.

Employment

- Most of the respondents were in agreement that although research is challenging, it is helpful. One respondent stressed the need to understand what is happening to the economy and become more adept at job growth predictors. (*"We expanded our global trade agreements, but didn't fully understand how it would affect jobs or job loss."*) Another reflected that we need an honest and fresh approach to measuring effectiveness by first asking the questions *"What is it that we see ourselves working to in Northeast Ohio? Where do we want to take the community?"* In the same spirit, another respondent stated, *"A lot of things feel good, but they may not always be effective."*
- Accurately tracking points of contact and employment placements with service users was described as a research challenge by one respondent. (*"Often times there can be multiple points of contact with multiple agencies in any given day."*) When asked how the tracking system could be improved, the respondent suggested developing a joint report card across agencies indicating where all agencies made placements in a given period

of time. It was also suggested that Labor Market Statistics could be more helpful if the information was tracked by city or municipality instead of by county or region.

Family Substitute Services

- Both respondents were in agreement that adoption services and practices are under-researched, reporting that virtually all areas of the “adoptive world” need more research. Although one respondent did note that international adoption seems to have a larger research body than domestic adoption.
- When asked what additional data or studies would help them be more effective in their work, one respondent asked for specific data on outcomes for families that adopt—what types of services make the adoption more successful, how often are adoptions successful, and what are the challenges faced by children in the system waiting to be adopted. The other respondent was interested in more research studies looking at matching and selection adoption processes.

Individual Family Services

- Both interviewees said they hoped to see more outcome research that would enable them to evaluate the effectiveness of the interventions they provide, both internally in their organizations and in their fields as a whole. They emphasized the need for longitudinal research.

Legal

- When queried on research needs, the respondent stated that the majority of his research needs were in the legal area in order to prepare a legal brief. Otherwise, he felt that things can be studied to death, and was not sure how any additional research was going to help his organization in the delivery of service.

Medical Family Support

- When asked about areas where additional research data is needed to effectively provide these services, the key informant responded that there is not any “new or exciting” research, but there are many reports that indicate what sort of mental issues children in Cuyahoga County are facing. This research is helpful in determining what can be done in the community to develop better, smarter policies for the children in Cuyahoga County.

Rehabilitation

- There are areas where evaluations to determine the effectiveness of programs or the effectiveness of delivery services should be assessed both for their effectiveness as well as their economic impact. Questions such as the following should be asked: What is the cost of those services? What is the cost of the alternative programs that are either known elsewhere or performed elsewhere that might be considered? Such evaluations need to be done. In addition an evaluation component should be integral to every significant financial outlay that they engage in. With the Vision Council Initiatives, an evaluation component needs to be integral to the design of any program so that at the

end of the limited funding that is available for those programs, they are able to say that they either worked or didn't work, so that money is not thrown away and programs that are effective can be invested in.

- Cuyahoga Community College's Center for Applied Gerontology and the Center for Health Industry Solutions did a study on the long-term care workforce. They found that the long-term care industry is experiencing high rates of direct-care worker vacancies and turnover. The result is that service providers are often forced to limit care, turn clients away, or hire workers with limited skills and training. The impact of this shortage will compromise the spectrum of care for older adults.

The whole industry of home care is something that the county is trying to take a look at through United Way ... who is paying for this initiative, to recruit and maintain a good, qualified workforce in the county so there will be sufficient number of personnel to deal with the growing senior population. That is going to be a real problem in the future.

- In terms of research in the field of substance abuse, the informant felt that is little being done in terms of tracking the effectiveness of treatment programs once an individual is released. Also, the informant felt there should be additional research on the education of youth who end up dropping out of high school; namely how many youth who drop out end up enrolling and graduating from vocational programs or technical schools.
- Additionally, the informants felt that agencies need money for evaluation of midpoint and long-term outcomes, where currently the system looks at outcomes at the point of discharge. The informant is interested in looking at outcomes that are beyond six to eighteen month time frames. The informant knows that this takes money and feels that others on the outside are allowed to define what reasonable and acceptable outcomes should be.

In terms of outcomes, people should put money where their mouth is if they are really interested in knowing what is happening with those folks post-discharge and really getting to some consensus around that piece and working with the planning entities in order to make it happen so that the outcome expectations are in alignment, and providers don't have to scramble and try to answer multiple questions in a different way.

- There is also a segment of the Hispanic community, the illegal or "not documented" population, that should be researched further. Also, the informant felt there should be more research conducted on domestic violence within the Hispanic community. Lastly, the informant stated that the research conducted by academic institutions such as Cleveland State University and Case Western Reserve University should be utilized more frequently.

Seniors

A research question was posed to the key informants who indicated a desire for more research that can be applied to the community to generate evaluative results. This includes any specific research that could enhance measuring the effectiveness of provided services.

- Respondents desired continuing research on how to effectively recruit, retrain, and retain front line workers in health and long-term care practices. This included research in the two areas of:
 - What makes a difference in all of the major chronic and acute experiences that an aging population has and what would improve the outcome.
 - Knowing what to do and knowing how to motivate people to make changes and maintain them.

Vocational Rehabilitation

- Most of the respondents were in agreement that although research is challenging, it is helpful. One respondent stressed the need to understand what is happening to the economy and become more adept at job growth predictors. (*“We expanded our global trade agreements, but didn’t fully understand how it would affect jobs or job loss.”*) Another reflected on the need for an honest and fresh approach to measuring effectiveness by first asking the question *“What is it that we see ourselves working to in Northeast Ohio? Where do we want to take the community?”* In the same spirit, another respondent stated, *“A lot of things feel good, but they may not always be effective.”*
- One respondent described a research challenge as accurately tracking points of contact and employment placements with service users. (*“Often times there can be multiple points of contact with multiple agencies in any given day.”*) When asked how the tracking system could be improved, the respondent suggested developing a joint report card across agencies indicating where all agencies made placements in a given period of time. It was also suggested that labor market statistics could be more helpful if the information was tracked by city or municipality instead of by county or region.

Volunteer Development

- When asked about research needs, one respondent identified two main areas: the effects of nonprofit governance on volunteerism and how to develop successful leadership succession for both staff and volunteers.

I think the whole Carver model of policy governance is completely flawed and is actually detrimental to volunteerism, which I believe is at the core of charitable contributions or charitable organizations. My organization and myself are pretty much opposed to policy governance.

- Another respondent stated that research data is needed on *“how to document civic engagement, and how to effectively engage people.”*

Volunteer Development Senior Centers

- The group felt that their funding is often based on numbers and quality of service is often overlooked. Also, funding cuts will pose a significant challenge to agencies. Funding organizations request that they quantify everything that they do. Services to older adults are hard to quantify.

How do you put a number on maintaining the quality of life? Numbers can't tell the story for a senior site, there has to be some things kept in perspective.

- They would like funding organizations to redefine a quality program and not base it solely on outcome measurements and strategic plans. It has to be based on communicating with the people in the neighborhoods where the seniors live. They have to look at the agency as part of the community.

I think that is something that I'm hoping that the people that read this understand. Everything is not quantifiable. Everything is not something where you can look at the numbers and say, "Ok, that is an effective program." A lot of times you don't see a lot of things that happen at a senior center site.

Youth Development

- Most respondents expressed a high degree of regard for research, saying there is an urgent need to learn more about young people's problems and interventions that are effective at preventing and remedying these problems. They expressed their highest level of interest in outcome research on specific interventions.
- One interviewee expressed a slightly dissenting view from the above. This person noted that research is expensive and that the money spent on it cannot be used to provide services. These expenses include those associated with agency collection of pre/post-test data. This interviewee also complained that researchers often lack an understanding of the nitty-gritty reality of youth work and, when agencies are pushed into conducting "best practices," the result may be reduced effectiveness of services for local populations.
- Some respondents said researchers should solicit direct input from youth about what they want in programming.

There is always a need for good practical research. And if that leads to more effective use of funds, it could result in people receiving better quality services. Additional research in autism is needed. As mentioned earlier, more individuals are being identified with autism and additional research enables agencies to better serve these new clients. Another area needing additional research is on soldiers returning home from the Iraq war. There are more persons returning home from the war with disabilities than in previous wars and planning for that is needed.

VI. SUMMARY

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

- For this core service report, the consumers of research are health and social service providers, funders, and planners.
- Many local agencies indicated they were utilizing research to help them and stakeholders understand their target populations, to inform grant writing efforts, to develop data-informed programming, and to advocate for clients.
- Based on First Call for Help's (FCFH) database (February 2005), there are 20 research providers operating from 22 different sites, 13 of which are nonprofit and 7 are government organizations.
- Additional large-scale research programs in the area of health and human services were identified beyond those listed in FCFH.
- The most frequent areas of research included public policies, human services, health, welfare, education, urban communities, arts and culture, the environment, workforce development, economic development, population and social demographics, gerontology, and social work.
- Like many indirect service programs, funding for research is scarce.
- It is safe to estimate, however, that well over \$300 million dollars was available for research around health and human services in Northeast Ohio and the Greater Cleveland area.
- The majority of research funding received by academic institutions identified in this analysis came from the federal government (approximately 60 percent), followed by the State of Ohio (20 percent), foundations (10 percent), and other sources including other government agencies and direct giving (10 percent).
- As of May 11, 2006, \$615,914 in revenues for research has been identified countywide.
- None of the four United Ways that responded to the United Way Capacity Building Strategies Input Survey reported funding research as a core service.
- Methods of disseminating relevant research to consumers and assuring that it is user friendly ranged from provision of free reports, translating research into digestible "bites" for consumers, presentations and discussion groups, Internet and CD access, emails, FAQs, and fact sheets.
- Models for disseminating relevant research to consumers and assuring that it is user friendly have primarily been introduced by health and human services (HHS), land-grant university outreach programs, and public health education models (such as the Tobacco Cessation Dissemination Model) have been proven to be both relevant and user friendly for consumers.
- Evaluation of the HHS dissemination process for prevention messages found the importance of provider involvement, collaboration, use of multiple dissemination strategies, simplicity of message, and need for evaluation.
- Barriers to use of research include non-timeliness, limited amount of funding for applied research, and lack of relevancy.
- United Way focus group participants and key informants (2005) identified multiple areas in need of additional research.

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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

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Debra Zanglin, Ella & Associates, IntelliSolve, Inc.

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

Attachment 2: United Way Capacity Building Strategies Input Survey

UW Capacity Building Strategies Input Survey

Name of Respondent _____

Organization _____

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

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

Section 1: Planning/Coordinating/Advisory Groups

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

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

If no, please skip to section 2

If yes...

- Please list the different types of organizational planning, coordinating, advising that you provide (e.g. strategic planning, planning at organizational transition points, etc.)? To whom?
- Please describe the planning, coordinating and advising assistance you provide.
- What is the frequency that each of the following is needed (planning, coordinating and advising assistance and support)?
- What needs for assistance do health and human services organizations in the community have for planning, coordinating and advising?
- Who funds your planning, coordinating or advising and at what level?

Section 2: Organizational Development

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

Do you provide organizational development services? Yes ____ No ____

If no, please skip to section 3.

If yes...

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

Section 3: Volunteer Development

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

Do you provide volunteer development services? Yes ____ No ____

If no, please skip to section 4.

If yes...

- What is the focus of your volunteer development?
- Who funds your volunteer development services and at what level?
- What are the trends in volunteer development services?
- What are the current needs and issues relative to volunteer development?

Section 4: Public Policy Advocacy

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

Do you provide public policy advocacy? Yes _____ No _____

If no, please skip to section 5.

If yes...

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

Section 5: Case/Individual Advocacy

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

If no, please skip to section 6

If yes...

- Who is/are your target population(s)?
- How are you funded? How much funding is available to you?

- Are there duplications in case advocacy? Gaps? Explain.

Section 6: Research

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

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

**We thank you in advance for your prompt and informative response!
Please return your response, no later than September 9th, to:**

Jacqueline Kirby Wilkins, IntelliSolve, Inc.
807 E. Washington Street, Suite 220, Medina, OH 44256
Fax: 330-725-6328/E-mail: intellisolve@zoominternet.net

Attachment 3: Actual Consumer Demographics

Core Service: Research TJ-700		
		Actual Number/Percent of Consumers by Funding Source **
	Total Population (%)*	UW Program Report Data (%)
PERIOD	12/31/2000	6/30/2004
TOTAL	1,393,978	1,000
GENDER		
Male	47.2%	0.0%
Female	52.8%	0.0%
Unknown Data***		100.0%
Missing Data****		0.0%
RACE*****		
White alone	67.1%	0.0%
Black or African American alone/combo	27.9%	0.0%
Asian alone/combo	2.1%	0.0%
American Indian and Alaska Native alone/combo	0.7%	0.0%
Native Hawaiian and Other Pacific Islander alone/combo	0.1%	0.0%
Some other race alone/combo	2.1%	0.0%
Unknown Data***		100.0%
Missing Data****		0.0%
HISPANIC*****		
	3.3%	0.0%
AGE		
0-4	6.5%	0.0%
5-9	7.3%	0.0%
10-14	7.1%	0.0%
15-19	6.4%	0.0%
20-34	19.1%	0.0%
35-54	29.3%	0.0%
55-64	8.7%	0.0%
65-74	7.8%	0.0%
75+	7.8%	0.0%
Unknown Data***		100.0%
Missing Data****		0.0%
HOUSEHOLD INCOME*****		
	2.4	
\$0-\$9,999	11.3%	0.0%
\$10,000-\$14,999	6.9%	0.0%
\$15,000-\$19,999	6.7%	0.0%
\$20,000-\$29,999	13.6%	0.0%
\$30,000 and above	61.5%	0.0%
Unknown Data***		100.0%
Missing Data****		0.0%
Total	100.0%	100.0%

Attachment 3: Actual Consumer Demographics (continued)

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

Attachment 4: Actual Consumer Zip Codes

Core Service: Research TJ-700			
			Actual Number/Percent of Consumers by Funding Source **
	City/Town (% Cleveland)	Total Population (%)*	UW Program Report Data %
Period		1/1/2000-12/31/2000	7/1/2003-6/30/2004
TOTAL		1,393,978	1,000
44017	Berea	1.4%	0.0%
44022	Bentleyville	1.3%	0.0%
44040	Gates Mills/Mayfield Village	0.2%	0.0%
44070	North Olmsted	2.4%	0.0%
44101	Cleveland (100%)	0.0%	0.0%
44102	Cleveland/Brooklyn (95%)	3.7%	0.0%
44103	Cleveland (100%)	1.8%	0.0%
44104	Cleveland (100%)	2.1%	0.0%
44105	Cleveland/NewburghHts/GarfieldHts (75%)	3.9%	0.0%
44106	Cleveland/Cleveland Hts (60%)	2.3%	0.0%
44107	Lakewood/Cleveland	4.0%	0.0%
44108	Cleveland/Bratenahl (90%)	2.6%	0.0%
44109	Cleveland/Brooklyn Hts (98%)	3.3%	0.0%
44110	Cleveland/East Cleveland (98%)	1.9%	0.0%
44111	Cleveland (100%)	3.1%	0.0%
44112	East Cleveland/Cleveland	2.4%	0.0%
44113	Cleveland (100%)	1.4%	0.0%
44114	Cleveland (100%)	0.3%	0.0%
44115	Cleveland (100%)	0.6%	0.0%
44116	Rocky River	1.5%	0.0%
44117	Euclid/Cleveland	0.9%	0.0%
44118	ClevelandHts/UniversityHts/ShakerHts	3.2%	0.0%
44119	Cleveland/Euclid (50%)	1.0%	0.0%
44120	Shaker Hts/Cleveland	3.4%	0.0%
44121	University Hts/South Euclid	2.5%	0.0%
44122	Beachwood/Highland Hills/ShakerHts	2.5%	0.0%
44123	Euclid	1.3%	0.0%
44124	Pepper Pike/MayfieldHts/Lyndhurst	2.9%	0.0%
44125	Valley View/Garfield Hts	2.1%	0.0%
44126	Fairview Park/Cleveland	1.2%	0.0%
44127	Cleveland (100%)	0.6%	0.0%
44128	Warrensville Hts/Cleveland	2.4%	0.0%
44129	Brooklyn/Parma/Cleveland	2.1%	0.0%
44130	Parma/Cleveland	3.8%	0.0%
44131	Independence/Seven Hills/BrooklynHts	1.5%	0.0%
44132	Euclid	1.1%	0.0%
44133	North Royalton	2.0%	0.0%
44134	Parma/Cleveland	2.9%	0.0%
44135	Cleveland/Linddale (90%)	2.0%	0.0%
44136	Strongsville	3.1%	0.0%
44137	Maple Hts/Cleveland	1.9%	0.0%
44138	Olmsted Twp/Olmsted Falls	1.3%	0.0%
44139	Bentleyville/Glenwillow/Solon	1.6%	0.0%
44140	Bay Village	1.1%	0.0%
44141	Brecksville	1.0%	0.0%
44142	Brookpark/Cleveland	1.5%	0.0%
44143	Highland Hts/Richmond Heights	1.7%	0.0%
44144	Brooklyn/Cleveland	1.6%	0.0%
44145	Westlake	2.3%	0.0%
44146	Walton Hills/Oakwood/Bedford	2.3%	0.0%
44147	Broadview Hts	1.1%	0.0%
	Unknown Cuyahoga County Zip Codes***	0.0%	0.0%
	Missing****	0.0%	0.0%
	Unknown ***	0.0%	100.0%
	Total Cuyahoga County*****	100.0%	0.0%
	Total Known Cleveland	30.5%	0.0%
	Total Known Suburbs	69.5%	0.0%
	Unknown & Missing	0.0%	100.0%

Attachment 4: Actual Consumer Zip Codes (continued)

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

Attachment 5: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Organizations	20	1
Number of Organizations by Type		
Nonprofit	13	1
For-profit	-	-
Government	7	-
Other	-	-
Total Number of Service Sites	22	1
Number of Service Sites per Organization		
1	18	1
2 – 5	2	-
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	3	-
44107 - Lakewood/Cleveland	1	-
44108 - Cleveland/Bratenahl	-	-
44109 - Cleveland/Brooklyn Hts	1	-
44110 - Cleveland/East Cleveland	-	-
44111 - Cleveland	-	-
44112 - East Cleveland/Cleveland	-	-
44113 - Cleveland	2	-
44114 - Cleveland	5	-
44115 - Cleveland	5	1
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.	3	-
44123 - Euclid	-	-
44124 - Pepper Pike/Mayfield Hts./Lyndhurst	-	-
44125 - Valley View/Garfield Hts	-	-
44126 - Fairview Park/Cleveland	-	-
44127 - Cleveland	-	-
44128 - Warrensville Hts/Cleveland	-	-

Attachment 5: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44129 - Brooklyn/Parma/Cleveland	-	-
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	1	-
44141 - Brecksville	-	-
44142 - Brookpark/Cleveland	-	-
44143 - Highland Hts/Richmond Heights	-	-
44144 - Brooklyn/Cleveland	1	-
44145 - Westlake	-	-
44146 - Walton Hills/Oakwood/Bedford	-	-
44147 - Broadview Hts	-	-
44149 - Strongsville	-	-

Attachment 6 - Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Alcohol and Drug Addiction Services Board of Cuyahoga County	Research and Planning
Benjamin Rose	Applied Research
City of Brooklyn	Vital Statistics
Case Western Reserve University	Applied Research
The Center for Community Solutions	Human Services Research
Center for Health Affairs	Hospital Association
Cleveland City Planning Commission	Housing/Building - Planning and Zoning
Cleveland Public Library	Research Center
Cleveland State University	Data Center/Law Clinic - Environmental Issues
Diabetes Assn. of Greater Cleveland	Research
Ecocity Cleveland	Information/Advocacy--Sustainable Community Design
Hanna Perkins Center for Child Development	Research and Information - Child Development
Housing Research and Advocacy Center	Housing Education Programs
Lakewood City of - Dept. of Planning and Development	Vital Statistics
Menorah Park Center for Senior Living	Research - Aging/Older Adults
MetroHealth Medical Center	Research Study - Cocaine Exposed Children
Northeast Ohio Areawide Coordinating Agency	Planning and Research - Transportation/Environmental Issues
Policy Matters Ohio	Policy Research
Twin To Twin Transfusion Syndrome Foundation	Financial Assistance-- Research on Twin/Twin Transfusion Syn
University Hospitals of Cleveland	Research - Biomedical/Clinical

Bold represents agency funded by United Way for this service in FY 2004.

Attachment 6a – Supplemental Providers, Research Purpose and Organizational Auspice – 2005

Service Site Name	Purpose of Research	Organizational Auspice
Administration on Aging	Long-term care that helps elderly individuals to maintain independence	Federal Department
America's Second Harvest	Food Security	Nonprofit Organization (Tax Exempt)
Annie E. Casey	Public policies, human service reforms, and community supports for vulnerable children and families	Nonprofit Organization (Tax Exempt)
Campaign to Protect Ohio's Future	Health and Human Services	Nonprofit Organization (Tax Exempt)
Center on Urban Poverty and Social Change at Case	Welfare, Children and Family, Neighborhoods, and Community safety	College/University
Cleveland Department of Public Health	Health	Local City Government
Council for Economic Opportunities	Education, training and family development activities which promote economic self-sufficiency	Nonprofit Organization (Tax Exempt)
Cuyahoga Board of Health	Health	Local City Government
Family Coverage Coalition	Health Care	Nonprofit Organization (Tax Exempt)
Federal Reserve Bank	Education, Economic Development	For-profit organization
Health Policy Institute of Ohio	Health Care	Nonprofit Organization (Tax Exempt)
Invest in Children	Early Care and Learning	Nonprofit Organization (Tax Exempt)
Kent State University	Regional Adult Literacy Center	College/University
Mandel Center	Welfare law, ethics, organization management, program evaluation, strategic alliances, leadership for nonprofit organizations, human resource management for nonprofits	College/University
The Maxine Goodman Levin College at CSU	Investigate issues and challenges facing urban communities	College/University
PEW Commission	Arts and culture, education, the environment, health and human services, public policy	Nonprofit Organization (Tax Exempt)
National Institute of Justice	Employment	Federal Department
Office of Homeless Services	Homelessness and Housing	Local City Government
The Ohio Council on Behavioral Health Care	Behavioral Health	Nonprofit Organization (Tax Exempt)
U.S Department of Labor	Employment	Federal Department
Welfare League	Child protection and well-being	Nonprofit Organization (Tax Exempt)

**Attachment 7: United Way - First Call for Help Research Requests – 2000-2004:
Greatest Increase/Greatest Decrease**

TJ-700 Research								
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		
44104	Cleveland	0	1	0	0	1	N/A	N/A
44135	Cleveland/Linndale	0	0	0	0	1	N/A	N/A
44143	Highland Hts/Richmond Heights	0	0	0	0	1	N/A	N/A
44114	Cleveland	1	0	0	0	0	(100%)	N/A
44106	Cleveland/Cleveland Hts	1	0	1	0	0	(100%)	N/A
44110	Cleveland/East Cleveland	1	0	0	0	0	(100%)	N/A
44105	Cleveland/NewburghHts/GarfieldHts	1	0	0	0	0	(100%)	N/A
44118	ClevelandHts/UniversityHts/ShakerHts	2	0	0	0	0	(100%)	N/A
44128	Warrensville Hts/Cleveland	1	1	1	0	0	(100%)	1
44102	Cleveland/Brooklyn	2	0	0	1	1	(50%)	1

**Total Cuyahoga County	10	6	7	7	5	(50%)	7
**Total Cleveland	7	5	6	4	4	(43%)	5
**Total Suburbs	3	1	1	3	1	(67%)	2

* 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 8: United Way - First Call for Help 2000-2004: Unmet Need

TJ-700 Research					
United Way - First Call for Help Requests 2000-2004					
Unmet Need					
Zip Code		TOTALS 00-04			%
		Requests	Met	Unmet	Unmet
44120	Shaker Hts/Cleveland	1	0	1	100%
44128	Warrensville Hts/Cleveland	3	2	1	33%
44115	Cleveland	4	3	1	25%

*Total Cuyahoga County	35	32	3	9%
*Total Cleveland	26	25	1	4%
*Total Suburbs	9	7	2	22%

FCFH DATA NOTES

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

Unmet = service request for which there was no referral.

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

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



**United Way of
Greater Cleveland**

1331 Euclid Avenue
Cleveland, Ohio 44115

uws.org/CoreServicesPlanning