RESULTS FRAMEWORK

United Way of Central New York is committed to making sure every dollar invested creates measurable impact. To do that, we are introducing a clear and consistent way to track results across all funded programs. This framework helps us answer two simple questions donors and the community care most about:
- How many people were reached?
- How many lives were improved?

By using the same approach across all programs, we can add results together and tell a stronger story of how we are helping more people in Central New York thrive–especially those facing the greatest barriers.

HOW IT WORKS

United Way is adopting a Results-Based Accountability (RBA) approach. This simple framework asks:
- How much did you do? (# served)
- Is anyone better off? (% better off or dollar outcome)

Applicants will:
1. Select one Impact Area that best matches their program.
2. Choose the path within that area that describes their work.
3. Report on two measures:
    - # Served – how many people you reached
    - % Better Off – how many achieved the intended outcome

Calculating "% Better Off"
To calculate this measure: divide the number of participants who improved by the total number served, then multiply by 100.
- Example: 150 of 200 attended scheduled appointments = 75%.

Outcomes will be reported as "of surveyed participants" to reflect only those who provided feedback. These results will be reviewed alongside other qualitative and quantitative data. Funded partners will also receive ongoing support and training to ensure consistent reporting while minimizing burden.

RESULTS FRAMEWORK
HEALTHY COMMUNITY

Our Goal: Help people live healthier lives with access to care, support, and connection.

PATH	MEASURE (# SERVED)	MEASURE (% BETTER OFF)	PRIORITY POPULATION	EXAMPLE SERVICES
Increase access to mental health or emotional well-being services	Individuals served	% reporting reduced stress, anxiety, or improved coping	ALICE adults, caregivers, underserved residents	Counseling, peer support groups, stress reduction classes
Connect individuals to preventive or primary health care	Individuals connected to care	% who attended a scheduled appointment	Low-income and uninsured individuals	Screenings, navigation to clinics, assistance scheduling appointments
Improve health literacy or knowledge	Individuals receiving health education	% demonstrating improved knowledge or confidence	Residents in high-risk neighborhoods	Health workshops, chronic disease self-management programs
Reduce isolation through wellness programming	Individuals participating	% reporting increased connection or well-being	Older adults, caregivers, vulnerable adults	Senior social programs, caregiver respite activities, group fitness or wellness classes

UNITED WAY Central New York

2026-2027 Impact Agenda

RESULTS FRAMEWORK
YOUTH OPPORTUNITY

Our Goal: Give every young person the chance to learn, grow, and succeed.

PATH	MEASURE (# SERVED)	MEASURE (% BETTER OFF)	PRIORITY POPULATION	EXAMPLE SERVICES
Improve early literacy or math skills	Children/youth served	% showing improved academic skills	K–12 students, ALICE families	Tutoring, small group instruction, literacy coaching
Provide safe, enriching out-of-school experiences	Children/youth served	% attending regularly (10+ sessions)	Children from low-income households	Afterschool programs, summer camps, arts/sports clubs
Support social-emotional learning (SEL) and youth mental health	Youth participating	% reporting improved confidence, coping, or SEL skills	Youth facing barriers to success	Mentoring, youth leadership programs, SEL curriculum in schools
Expand school readiness and family engagement	Children/families served	% demonstrating readiness or parent engagement	Families with young children, low-income households	Early education, childcare, home visiting, kindergarten readiness workshops

RESULTS FRAMEWORK
FINANCIAL SECURITY

Our Goal: Help people stay housed, strengthen their finances, and move from crisis to stability.

PATH	MEASURE (# SERVED)	MEASURE (% BETTER OFF)	PRIORITY POPULATION	EXAMPLE SERVICES
Prevent eviction or homelessness	Households served	% who remained housed	ALICE households, renters	Rental assistance, landlord mediation, housing stabilization services
Increase income or access to financial supports (VITA, benefits)	Individuals filing taxes or benefits	$ value of refunds/benefits accessed	Low-income filers, ALICE households	Free tax preparation, benefits enrollment,
Stabilize households through crisis financial assistance	Households receiving assistance	% reporting greater financial stability	Families including ALICE and older adults in financial crisis	Emergency utility help, one-time financial assistance, debt reduction supports

RESULTS FRAMEWORK
COMMUNITY RESILIENCY

Our Goal: Help people meet basic needs so they can build a better future.

PATH	MEASURE (# SERVED)	MEASURE (% BETTER OFF)	PRIORITY POPULATION	EXAMPLE SERVICES
Provide emergency food or shelter	Households served	% with immediate need met	ALICE households, low-income families	Food pantries, soup kitchens
Connect individuals to services through navigation and outreach	Individuals connected to care	% who attended a scheduled appointment	Low-income and uninsured individuals	Screenings, navigation to clinics, assistance scheduling appointments
Reduce transportation or access barriers	Individuals receiving Rides/passes provided	% reporting improved access to work, health, or services	Residents without reliable transportation	Bus passes, rides to medical appointments, transportation vouchers