Collaborations between 2-1-1 systems and academic researchers should be based on a mutual dedication to helping populations in need, and will be most successful when they provide needed help to 2-1-1 callers, improve the 2-1-1 system’s service to callers, and generate useful knowledge that is beneficial to both partners. Can a single collaboration do all that? It can, especially if it is designed that way. The researchers and 2-1-1 leaders involved with the projects reported in the papers in this supplement to the American Journal of Preventive Medicine and elsewhere have faced some of the common challenges of research collaboration and emerged with successful research–service partnerships. This paper draws on their experiences as well as lessons from team science and participatory research to propose a set of guiding principles for conducting collaborative research with 2-1-1 systems.

For decades, researchers have strived to build mutually beneficial partnerships with community organizations. This work has generated valuable new knowledge as well as recommendations and best practices for establishing and sustaining such partnerships. Developing research partnerships that integrate multiple disciplines, such as 2-1-1 and academic collaborations, requires that several processes be followed in the development phase. Hall et al., in a model of transdisciplinary team-based research, identify some of these crucial processes as generating a shared mission and goals, developing a critical awareness of the strengths and limitations that each partner brings to the team, defining the problem and creating a concrete representation of where each team member can contribute to the solution, and creating a psychologically safe environment where partners are comfortable to share ideas and opinions openly in a mutually respectful discussion. When this environment is established, issues and challenges that arise during a partnership can be addressed in a constructive and productive manner, contributing to the success of the collaboration.

Among partnerships applying these recommendations, perhaps the most similar and relevant to the 2-1-1–academic collaborations described in this supplement is the Cancer Information Service Research Consortium (CISRC). The CISRC partnership joined the National Cancer Institute’s Cancer Information Service (CIS)—like 2-1-1, a telephone information and referral system—and scientific investigators dedicated to cancer control research. The CISRC produced a laboratory for research advancing the field of health communication, which resulted in improvement in the reach, quality, and effectiveness of CIS service to its clients, as well as the publication of five monographs compiling CISRC-based research over 12 years.

The CISRC provides a model for academic and service organization partnerships and has published guidelines and lessons learned based on the collaboration. Because the majority of CISRC research was intervention research, many of the guidelines are specific to intervention research implemented by the service organization staff. The research conducted to date in partnership with 2-1-1, however, spans four broad categories: (1) surveillance of 2-1-1 service requests; (2) secondary analysis of existing 2-1-1 call data and service quality indicators; (3) proactive screening/referral and intervention; and (4) research to increase service reach to specific populations.

Therefore, building on guidelines recommended by the Cancer Information Service Research Consortium as well as lessons learned from prior and ongoing 2-1-1 research collaborations, including research reported in this supplement and in previous publications, we propose ten guiding principles for successful collaborative research with 2-1-1.

1. Adhere to the Philosophy and Values of 2-1-1

The goal of 2-1-1 is to provide vital information to improve the lives of individuals and communities. The vision of United Way, which funds many 2-1-1 systems nationally and launched the first 2-1-1 in 1997, is a world where “all individuals and families achieve their human potential through education, income stability, and healthy lives.” In establishing a 2-1-1–research partnership, both parties should work together to set objec-
tives, respect these objectives, and trust in the common mission of the collaboration.

The 2-1-1 system is first and foremost a service organization. It is steadfast in its protection of callers’ anonymity and adherence to a mission of empowering callers. Any research proposed to 2-1-1 must include these principles and be cognizant that a very low-income population lacking basic human needs is a vulnerable population and must be treated with the utmost respect and care. Partnerships should aim not only to maintain regular service of 2-1-1 to its callers but to improve and enhance that service.

2. Be Respectful and Protective of 2-1-1 Clients

Callers to 2-1-1 are predominantly low-income and are calling because they are having difficulty filling a basic human need. They are lacking shelter, food, or health care and are often in crisis when they reach out to 2-1-1. This is a vulnerable population, and the standard guidelines for working with vulnerable populations apply to 2-1-1 collaborations as well.

Many of the 2-1-1 and academic partnerships that exist have found that although calls are emotional and callers are stressed, they are still willing and interested in staying on the line to gain additional help, or to participate in projects that will help their fellow callers. Because callers often lack the income needed to purchase basic goods, care must be taken when providing incentives for participation in projects for 2-1-1 callers. A small incentive is motivating and greatly appreciated, but a large incentive may be coercive. The unique insight 2-1-1 leadership and staff have into the lives of 2-1-1 callers can help guide all aspects of a project that directly affect the clients that 2-1-1 serves.

Again, the primary goal of 2-1-1 is to provide information to improve the lives of the people they serve. It is the responsibility of a project team to ensure that this goal is not only protected but also enhanced by the aims of the project.

3. Establish Processes and Responsibility for Communication Between Partners

It is important to establish joint leadership between partners and monitor the process of collaboration. Both partners should assign point people from their team who have clear responsibility and authority. Establishing a Memorandum of Understanding can help set the project’s goals and define each partner’s roles and responsibilities. The relationship between partners is important to nurture and develop. Keeping regular contact and meeting face to face when possible can help to maintain clear communication. Both partners should be active participants in problem-solving not only project-related issues but also the partnership itself. For partnerships that involve multiple 2-1-1 call centers or systems, a committee or external advisory group may be more useful for achieving these goals.

Involve both partners early in concept development. Begin by working together to assess the needs of 2-1-1 and their client population. Explore how partners can work toward a shared goal that benefits the 2-1-1 calling population, the 2-1-1 system, and the research team. Leadership and staff at 2-1-1 have a unique perspective and insight into the callers they serve every day. They are an invaluable resource that can and should be utilized when developing a research project.

4. Assure That 2-1-1 Partners Have the Resources They Need to Make Research Collaboration Possible

The mission of 2-1-1 is to provide callers in need with information and referrals in the most efficient and thorough way possible. Research projects have the potential to draw staff time away from the core service mission of 2-1-1. To avoid this happening, research collaborations should be structured to fully support themselves. For instance, if any new data are to be collected that extend beyond standard 2-1-1 service, a research partner should compensate 2-1-1 for staff training, time, and resources, as well as administrative and overhead costs for any long-term project administered through 2-1-1. In addition, 2-1-1 systems should feel comfortable requesting this compensation for time committed to a project. Funding is often linked to new and specialized projects (e.g., health initiatives), but it is the core funding for 2-1-1 that is often most tenuous, being dependent on the allocation of resources from its funding body or bodies, which are primarily nonprofit and local governmental agencies.

5. Communicate the Importance of Research to the Service Mission

If staff and leadership of 2-1-1 believe that a project is important to their callers, the project is more likely to be successful. The commitment of leadership and staff to a project may be uneven, but if each person involved understands how this collaboration will help the people they talk to every day, the odds of success will grow. The importance of the project should be communicated throughout 2-1-1 and to stakeholders by 2-1-1 staff and leadership. Lift the veil off of the research project for all of the 2-1-1 staff, making its goals, mechanics, and limitations transparent.
Be clear on how research can help a partner 2-1-1 system better serve its callers. Because 2-1-1 systems are seeking constantly to improve their service quality, contributing to the betterment of 2-1-1 should be a priority for any research partner. Integrating new referral providers into the resource database of the 2-1-1, administering assessments that may lead to increased quality of life for callers, and proactively enrolling callers into benefits that will improve their health are all ways in which a research project can contribute to the overall service quality of a 2-1-1 system.

6. Involve 2-1-1 Partners in Data Analysis and Sharing Results

Any 2-1-1 partnership should be reflected when publishing results of collaborative research. These results are important not only for advancing science, but also for improving the service provided by 2-1-1 systems. The perspective a 2-1-1 partner can bring to understanding and reporting results of a project is invaluable, and there is a system for disseminating papers and results through the information and referral (I&R) accreditation body, the Alliance of Information and Referral Systems (AIRS) annual conference and website. For example, reports in this issue by Paradis and by Cortinois et al. describe how insights from 2-1-1 staff provided important context for understanding the response to problems the community faced in each situation: a blackout, an epidemic, and being a new immigrant to a foreign country. Without the dedication to service that 2-1-1 staff embody, many of the underlying issues facing the community during these crises would have remained undetected.

In addition, there may be multiple outlets for 2-1-1 to share results of projects that promote and leverage resources for their system. A news release demonstrating the cost effectiveness of the service 2-1-1 provides may be more immediately valuable to a 2-1-1 than a publication in a peer-reviewed journal. Although both are important, ensuring that a 2-1-1 system is able to utilize the output of a project for betterment of their service mission complements the valuable input 2-1-1 provides to research manuscripts that will enhance the dissemination of findings to the scientific community.

7. Facilitate the Dissemination of Successful Research

Researchers can serve as facilitators once projects are tested and ready to be disseminated to other systems. In this way, 2-1-1 systems can “become idea champions and exemplars” for the next generation of replication studies or for integration into regular service. The Alliance of Information and Referral Systems, the professional accreditation body for 2-1-1, holds an annual training conference that provides an avenue for disseminating research and ideas to other 2-1-1 systems. In addition, AIRS and United Way Worldwide have open channels of communication such as listservs where 2-1-1 systems can communicate with one another and national leadership. Promising ideas can and do disseminate through these channels. For instance, Shank, in this issue, illustrates how this network of 2-1-1 can function as a dissemination network, describing the rapid diffusion of 2-1-1 across states. The paper by Shah et al. describes how a partnership between a 2-1-1 and its local Public Broadcasting System television affiliate increased awareness and calls to 2-1-1 through television programming promoting 2-1-1 as a resource for mortgage assistance. This successful partnership became a model of the power of utilizing public media and 2-1-1 to focus community attention on social and health issues, which spread to other 2-1-1 systems across the nation with, and through, the Public Broadcasting System.

8. Plan for Times of High Service Activity at 2-1-1

The 2-1-1 systems are especially taxed in times of crises such as tornadoes, floods, heat waves, or blackouts. A research partner working with 2-1-1 should recognize that at certain levels of call volume, 2-1-1 is functioning at its maximum and may need to suspend research activity in order to continue to meet service quality standards. Nearly every 2-1-1 experiences this in some form. Although seasonal variability in call volume occurs and is somewhat predictable, most surges cannot be foreseen. Careful planning and forethought can prevent frustration and surprise on the part of both the 2-1-1 and researchers when crises occur.

In addition, 2-1-1 systems have many competing responsibilities, and if possible, times of high service activity should be planned into a project. For example, if there is a time period in the project year when 2-1-1 will be making outbound calls to thank United Way donors, the project team should plan with 2-1-1 leadership how the project will be affected during this time. Therefore, 2-1-1 directors constantly juggle access to funding, reporting to funding agencies, meeting accreditation standards, and dealing with staff and referral service turnover. Respecting a 2-1-1 system’s concern that engaging in research may detract from their service mission, and keeping planning and communication open for times when 2-1-1 may be overwhelmed and unable to respond to project needs quickly will help foster the collaborative relationship and ensure that the project can remain a priority within 2-1-1 systems.
without becoming a burden. Likewise, alerting 2-1-1 partners when a project director also may be deeply committed elsewhere, and setting up a designated point of contact to be present for 2-1-1, will ensure that project needs can be met.

9. Establish a Feedback Loop for Sharing Findings Among Partners

Results provided during and after a project can be helpful to 2-1-1 systems in leveraging funding, affecting policy, and providing feedback to service providers and advisory boards. Moreover, 2-1-1 systems often do not have the resources to do rigorous evaluation of the 2-1-1 services provided to clients, or the services provided by referral organizations. Research can enhance the ability of the system to evaluate its service delivery program by supplementing or supporting it in research projects.

The 2-1-1 systems nationwide are struggling to ensure continuous funding and to acquire the resources they need to succeed. Assisting a 2-1-1 partner to apply for funding opportunities and continuing to include them in future research partnerships can enhance the quality of service they provide to the callers they serve. In addition, 2-1-1 partners should be able to provide feedback to research partners on how a project may be improved, revised, or refined, as well as share new ideas for additional projects or research questions as the partnership progresses.

10. Involve 2-1-1 Staff in Research Planning, Implementation, and Evaluation

Solicit the input and involvement of 2-1-1 leadership, I&R specialists, call center management, and resource specialists in project development and throughout the project period. Because the types of projects pursued in a 2-1-1–academic collaboration vary, different projects will benefit from 2-1-1 input at different stages and in different ways. There are at least four distinct times during a project when input might be needed: (1) when designing a research project; (2) during training; (3) during implementation; and (4) when examining study or evaluation results.

When designing a research project, the input of 2-1-1 leadership and staff can contribute an understanding of what the needs of 2-1-1 callers (or systems) are, what type and level of research the 2-1-1 partner is capable of supporting, and what resources may be needed to support the project. For instance, in planning a media campaign, 2-1-1 can provide a history of media outreach, provide insight into gaps in calls from particular service areas or populations, define how much of an increase in calls the particular call center or centers can handle, and provide a rich understanding of what media content might appeal to their specific calling population. For a project utilizing existing 2-1-1 data for a secondary analysis, 2-1-1 can delineate what data are present, in what forms they exist, and how much of the 2-1-1 resources can be committed to the data management needed to contribute usable data to a project team. For survey and intervention research, 2-1-1 leadership and staff can identify unmet caller needs, identify gaps in existing resources in their referral database for those needs, clarify whether the call center may need to acquire additional staff to deliver an intervention, and provide exceptional input on any project content that 2-1-1 callers will directly experience. I&R specialists and call center management interact with callers daily and can convey whether they feel callers will understand and accept survey instruments or intervention protocols and materials.

Training needs will vary greatly by project type. Using the same examples as above, training for a media campaign may not be possible or necessary. For a secondary data analysis, training may be limited to the data manager at the 2-1-1 call center, and/or to human subjects protection training or familiarizing staff with the project. Survey and intervention research will involve intensive training for all staff involved on human subjects protection, survey implementation, adherence to research protocols, and any additional training for intervention implementation.

Training conducted for 2-1-1 staff could be most successful when it mirrors training approaches of the 2-1-1 organization and, as recommended by CISRC, is developed and implemented collaboratively between the research team and the 2-1-1 staff and management. For projects involving long recruitment/survey/intervention periods, training more I&R specialists than may be needed for a project is helpful so that they can rotate off and on the project on a regular basis, reducing burnout. In addition, trainees can provide valuable evaluative feedback on any training received to improve future iterations of the training. In addition, partnerships for training such as with health departments, funders, or media groups may be appropriate and helpful. For example, for a survey or intervention involving cancer prevention, Cancer Information Service trainers from local health organizations can provide Cancer 101 training to 2-1-1 staff, bettering their understanding of cancer and cancer prevention and control.

If possible, ensure that any additional study-specific training provided to 2-1-1 staff and management can help them gain additional certification and accreditation within their I&R field. I&R specialists and 2-1-1 management are highly trained professionals, and this ongoing
training and certification are part of their professional credentialing program. Additional training modules and certifications add to their competencies and skills as a professional.

The input received from 2-1-1 during the implementation of a project can be most valuable. It is during the implementation phase when timely input can be applied to improve and adjust a project, for the project to be implemented more easily and effectively for the best possible outcomes. For projects focused on increasing reach, 2-1-1 staff can provide feedback on how callers found out about 2-1-1, whether they see increased calls from a target population, and ensure that the increased demand is met with enough resources to successfully serve callers. For secondary data analysis, 2-1-1 may discover new ways in which collecting, analyzing, or managing data would improve both the project and the service and evaluation of 2-1-1.

When administering a survey or intervention project, pilot-testing survey questions or interventions first can help provide a structured platform for 2-1-1 to determine and provide feedback on whether the resources, training, and survey or intervention materials are adequate for carrying out a full project. Ensuring continuous interaction and communication between 2-1-1 staff involved in implementing the protocol and the research team enhances their ability to problem-solve and address issues as they arise. Likewise, providing regular, constructive feedback on the implementation team’s performance in administering study protocol can help continually improve and maintain the project’s rigor.

Additionally, if the goal of a research project is to improve usual service, then having 2-1-1 staff deliver the intervention or survey to callers may be an ideal way to determine feasibility. I&R specialists are affected most by projects that alter their daily service delivery by incorporating additional questions or responsibilities into their usual protocol. The most efficient way to test whether this will succeed is to have the I&R specialists themselves deliver the study protocol. In addition, they will be the first to receive any feedback—negative or positive—from clients, and can report this feedback to the study team. This will help ensure that interventions are exportable if they are proven effective.

When examining study or evaluation results for any project, 2-1-1 leadership can help determine what information may have the most impact for increasing awareness, funding, and resources for their callers, as well as for improving service to their callers. At the core, research partnerships with 2-1-1 aim to improve the lives and health of the 2-1-1 calling population. Few can better provide insight into these lives than the leadership and staff of the 2-1-1 systems that serve them.

Conclusion

In this issue, Hall et al.17 suggest the formation of a 2-1-1 Health, Service, Research, and Policy Consortium, and provide a thorough set of recommendations for 2-1-1 systems, researchers, policymakers, and funders, establishing a foundation for collaborative work addressing the health needs of low-income Americans. One of these recommendations is to develop guidelines and lessons learned for researchers looking to collaborate with 2-1-1. This paper provides a starting point for discussions that will establish these guidelines. We look forward to these principles being adapted, refined, and evolving over time as the body of published literature on 2-1-1 expands and as additional scientists and 2-1-1 partners engage in collaborative research.

Although an academic–service organization partnership can be challenging, smart planning, open communication, flexibility, and a common mission can overcome many barriers. The potential for successful 2-1-1–academic partnership is exciting, as demonstrated by the great variety of collaborations in this supplement. In one of the early monographs describing the work of the CISRC, Dr. Al Marcus poses the following question:

If the CIS, with its complex organizational structure and long-standing tradition of service, can mount a successful program of research, are there other health communication systems and programs that are also willing to form similar partnerships in research?29

With the experience, expertise, and commitment of research scientists and 2-1-1 leadership from across the country, we are now beginning to answer this question with a number: 2-1-1. When research partnerships support the United Way and the goals of the 2-1-1 system to provide vital information to improve the lives of individuals and communities, and help individuals and families achieve their human potential, then the 2-1-1 research collaboration is set on a foundation for success.31

References


