



Fighting Poverty Beyond City Limits
JANUARY 11, 2017



About Us



- ▶ **We help leaders** who have dedicated their lives to social impact develop the systems, tools, and processes that catalyze impact.
- ► **Services include** strategy, financial modeling, performance measurement, and implementation support.
- ▶ We're issue agnostic—we believe that there is no single social issue that improves communities. There are many levers for change, and they all matter to us.
- ► Functional expertise over content expertise. We leverage your knowledge of the field and our experience with strategy development and implementation.
- ▶ We spun off from Root Cause's consulting practice in October 2016 to focus on the organizational health of social enterprises.



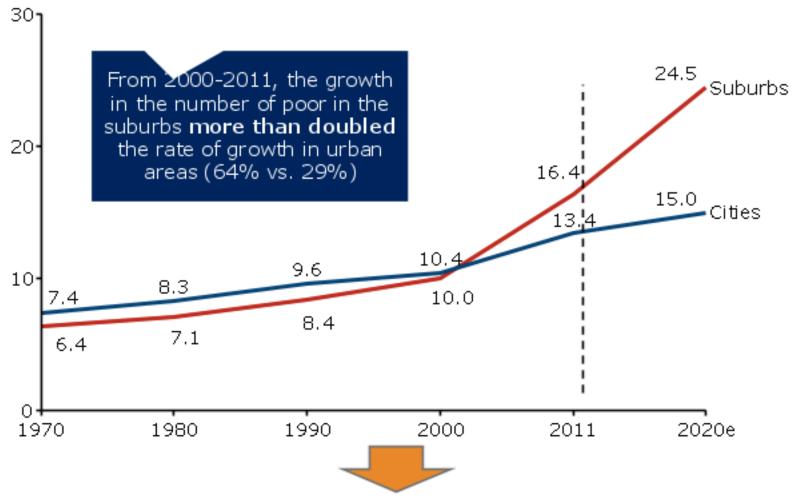
Diffusion/Suburbanization of Poverty

- In 1999, large U.S. cities and their suburbs had roughly equal numbers of poor residents
- By 2008 the number of suburban poor exceeded the poor in central cities by 1.5 million.
- ► Although poverty rates remain higher in central cities than in suburbs (18.2 per-cent versus 9.5 percent in 2008), poverty rates have increased at a quicker pace in suburban areas.

Source: Brookings Institution, "Strained Suburbs: The Social Service Challenges of Rising Suburban Poverty," Oct. 7, 2010



Number of poor residing in suburbs and cities from 1970 to 2011 (Figures projected for 2020 based on 2000 to 2011 growth rates)



Suburban poverty is the "new normal"



Massachusetts Poverty Data

State and County	Number in Poverty	Percent
Massachusetts	632,158	10%
Suffolk County	124,624	20%
Bristol County	61,702	10%
Essex County	67,698	11%
Middlesex County	115,388	18%
Plymouth County	33,963	5%
Norfolk County	38,958	6%
5 County Total	317,709	50%



Key Drivers

- Job sprawl
- Urban revival and gentrification
- **▶** Immigration
- Graying population
- Great Recession hangover



Fewer Services, More Clients...

- Suburban safety nets rely on relatively few social services organizations, and tend to stretch operations across much larger service delivery areas than their urban counter-parts.
- ▶ **Demand is up significantly** for the typical suburban provider, and almost three-quarters (73 percent) of suburban nonprofits are seeing more clients with no previous connection to safety net programs.

Source: Brookings Institution, "Strained Suburbs: The Social Service Challenges of Rising Suburban Poverty," Oct. 7, 2010

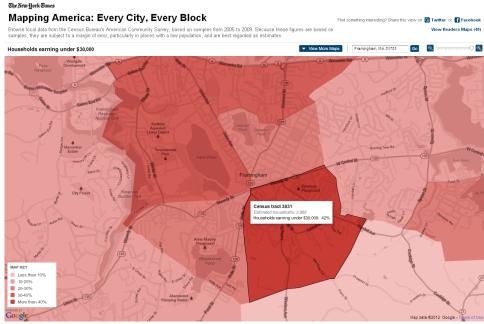


A Tale of Two Census Tracts



Grove Hall

South Framingham





Concentration vs. Spread

Grove Hall—Census Tract #903

Households Earning < \$30k/Yr	882
Rate	71%
# of Nonprofit Afterschool & Daycare Providers	17
Poor Households/Provider	52

South Framingham—Tract #3831

Households Earning < \$30k/Yr	2,968
Rate	42%
# of Nonprofit Afterschool & Daycare Providers	9
Poor Households/Provider	330



...And less funding

Giving Restricted to Boston

Giving Restricted to MetroWest

Foundations	Assets
99	\$4,318,586,775

Foundations	Assets
4	\$121,081,376

Less than 8% of total funding from the top 15 U.S. foundations explicitly addressing poverty went to suburban nonprofits



Case Study #1





PHF At A Glance

- ► Health conversion foundation established in 2009 through the sale of Potomac Hospital in Woodbridge, VA to Sentara Health
- \$5.5M annual giving budget
- Serves eastern half of Prince William County, VA, a suburb at the southern edge of the Washington, DC metro area
- Staff of 3

Mission: "To improve the health of the community by increasing access to primary health care for the medically underserved."



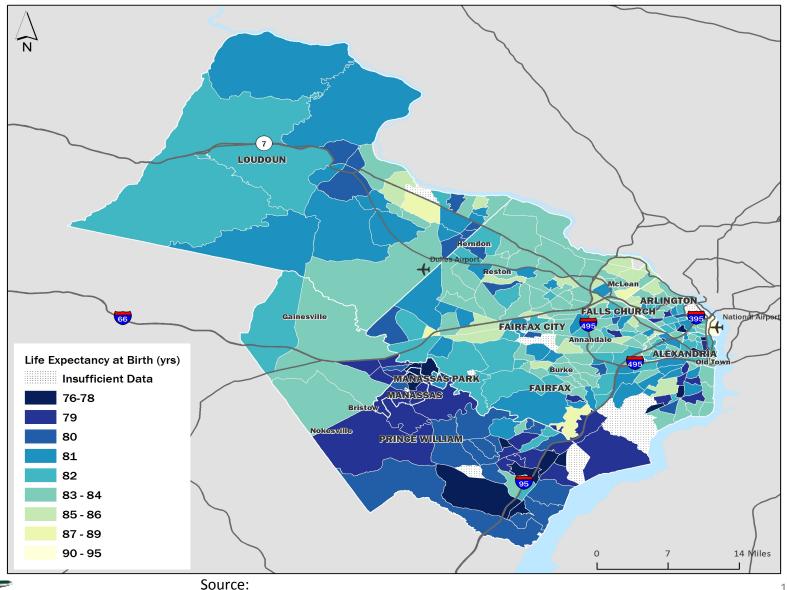
Service Area Demographics

Measure	Service Area 2000 est.	Service Area 2014 est.	County 2014 est.
% below poverty level	4%	6%	7%
% below 200 percent of poverty level	13%	18%	18%
% unemployed	3%	6%	6%
% uninsured	n/a	13%	14%
% renters	27%	29%	28%
% of renters paying 35 percent or more of income on rent	n/a	39%	39%

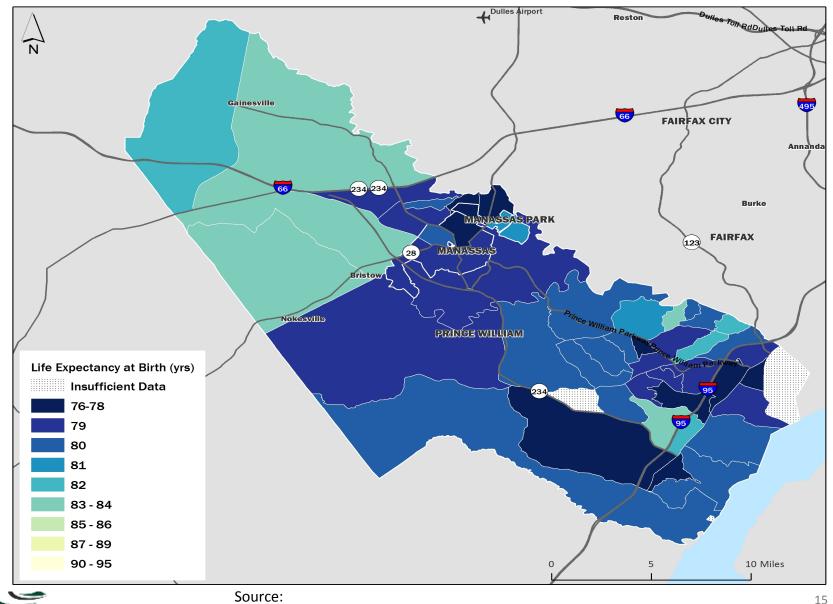
The population in the foundation's service area is changing: there is a growing low-income population.



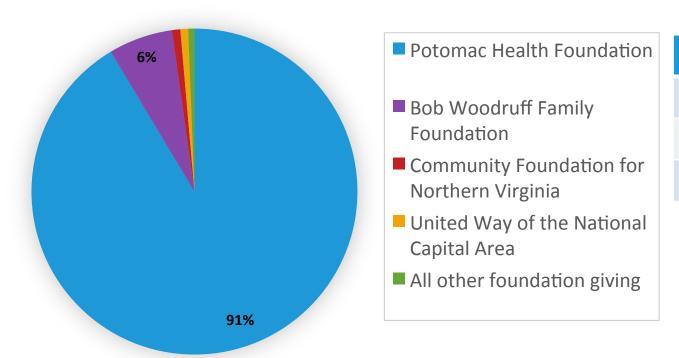
Life Expectancy in Northern Virginia



Life Expectancy in Prince Wm. County



Foundation Giving to Health/Human Services Organizations in PWC in 2015



2015 Statistics

\$2,590,418 in grants*

11 funders

13 recipients**

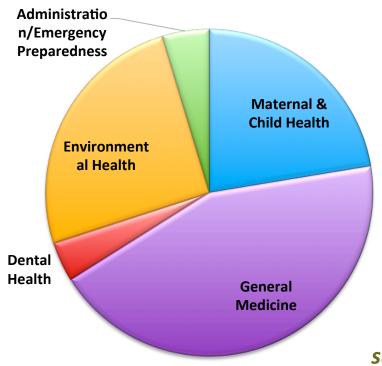
*PHF 2015 grant totals are self-reported. All other foundations' grant totals from Foundation Center.

**Only included grants to organizations headquartered in PWC

Potomac Health Foundation provided most of the foundation funding to health/human services organizations located in Prince William County.

County Public Health Budget 2017: \$3,323,535

Prince William County Public Health Budget
Allocations 2017



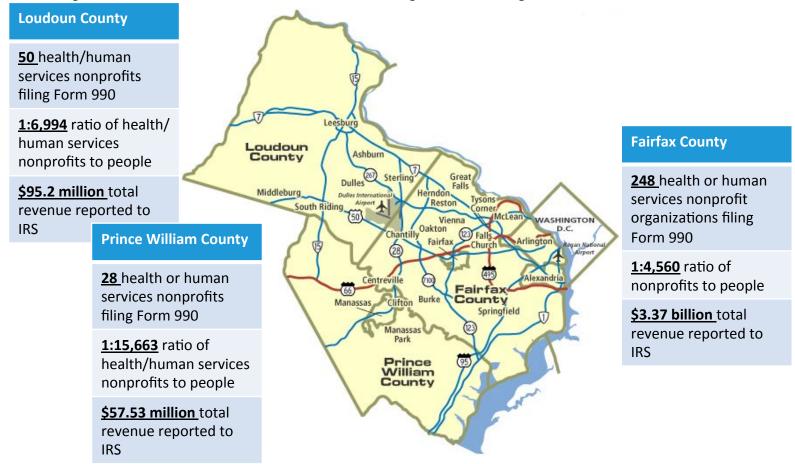
County	Budget	Per Capita
Prince William	\$3,323,535	\$7.58
Loudoun	\$4,793,726	\$13.71
Fairfax	\$58,526,590	\$51.75

2013 Federal spending on health care access programs in county: **\$675.4 million**

Potomac Health Foundation has both the opportunity and challenge to provide more support to the county's health than the county's public health office.



Nonprofit Sector Capacity in 2016



Prince William County has fewer health/human services nonprofits per capita than neighboring counties.



Closer Look by Census Tract:

Montclair vs. Dumfries

Montclair

Life Expectancy of 84 years

1.9% below poverty level

88.4% married families

47.8% Bachelor's degree or higher



Dumfries

Life Expectancy of 77 years

14.5% below poverty level

45.1% married families

15.5% Bachelor's degree or higher



Strategic Plan Overview 2017-2020

The strategic plan will:

strengthening the capacity of the community to meet the health needs of the community

Position the foundation and organizations in the service area to increase access to health care

Identify mental health care access as an explicit focus of the foundation



2017-2020 Strategic Plan: Key Changes

Funding focus areas of Access, Prevention, and Innovation

Responsive large grants constituted most of the foundation's grantmaking strategy

Built the capacity of organizations through the Management Assistance grant program

Convened grantees at least twice per year

Foundation focus on health access and mental health; funding focus areas will be identified through an assessment process

Directed grantmaking will constitute most of the foundation's grantmaking strategy

Build the capacity of organizations through a combination of programming and grants

Convene community, including grantees, potential grantees, businesses, and government leaders, at health-focused meetings



Strengthen Nonprofit Capacity

Assess the viability of the following strategies, and identify any other strategies:

- Capacity building grants
- Capacity building program and/or resource center
- Provision of technical assistance and/or training on specific topics



Strategies To Improve Health Care Access

Primary Health Care Access

 Fund and/or provide health consumer outreach, education, and insurance enrollment support

Mental Health Care Access

- Promote integrated model of care
- Build awareness about mental health and wellness in community
- Promote substance abuse screening and early intervention approaches

Both Primary and Mental Health Care Access

- Address social determinants of health as an explicit grantmaking focus
- Change health systems and policies through policy and advocacy work



Convene Community Conversations

Strategy	Tactics
Convene conversations on primary care access	 Develop partnerships with government and business sectors
Convene conversations on mental health access	 Develop and hold series of conversations on health challenges and solutions for service area



Case Study #2



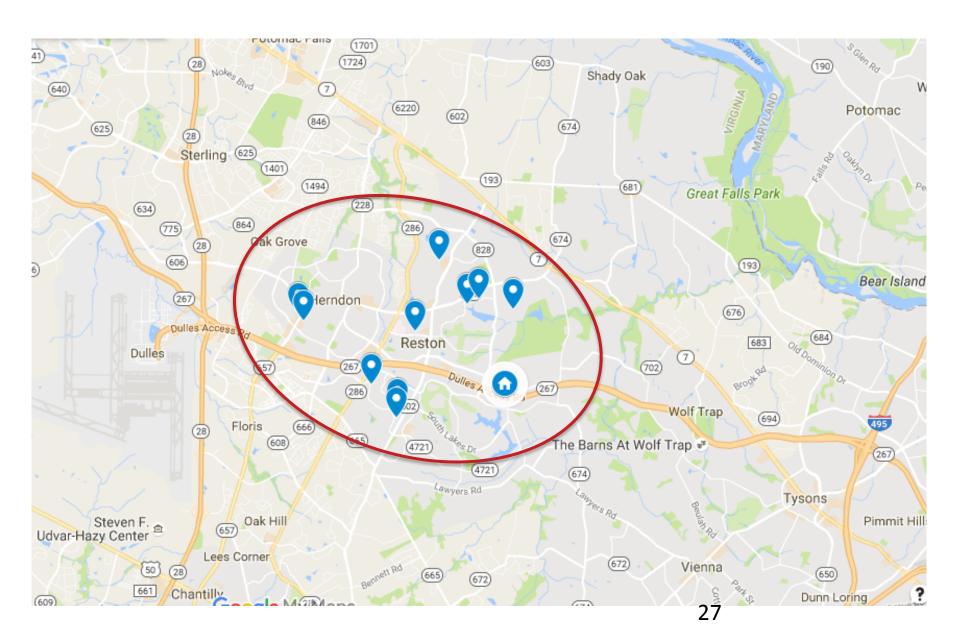


Cornerstones At A Glance

- ► Founded in 2000 as Reston Interfaith, an affordable housing coalition
- Grew to \$4M multi-service agency with 12 sites and 6 service lines
- Dealing with growing demand for services, declining county and state funding, limited private philanthropy



Site locations except scatter-site townhomes



Stability Empowerment/
Self-Sufficiency Hope

Food	X		
Housing	X	X	
Education/ Youth		X	
Employment		X	
Case Management		X	
Community Building		X	X

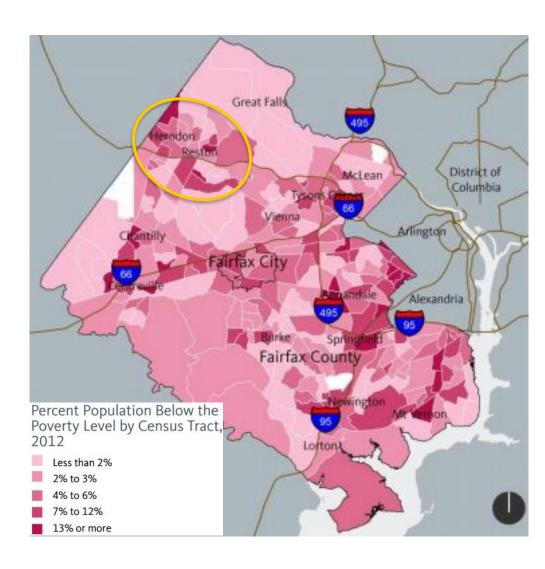
Community Needs

Poverty

- Poverty is on the rise in the county, and the rate is higher for communities of color; Black and Latino children have the highest poverty rates
- Pockets of higher poverty appear in tracts near the county's larger towns and places (i.e. Reston)

Affordable Housing

- In several communities the majority of renter households are rent burdened (paying more than 30 percent of income on rent) – communities on the outskirts of Fairfax City and in and around the other major towns have high rates of rent burden
- Low-wage workers in the county are not likely to find affordable rental housing



Source: Policy Link National Equity Atlas

Community Needs cont'd

Access to transportation

- Car access varies by neighborhood but is lower in areas closer to Washington, DC
- Commute times are highest in the outer edges of Fairfax County

Access to good jobs

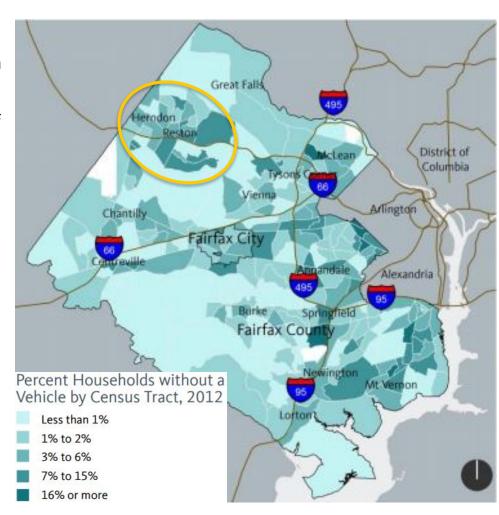
Latino immigrants with college degrees have the least access to good jobs.

Skilled workforce

The education levels of the county's Latino immigrant population aren't keeping up with employers' educational demands

Health Access

While the social determinants of health are favorable in Fairfax County overall, communities in the southeastern portion of the county and in Herndon and Reston are least likely to have positive health outcomes



Source: Policy Link National Equity Atlas

Community Needs Detail Reston & Herndon

Population Size (data from 2010)

of households: 32,994

of families: 20,166

families with children under 18: 9,397

children under 18: 27,169

Low-Income Population (data from 2014)

- ▶ **6,177** residents in total live below federal poverty level
 - 17.6% of Black or African American population
 - 13.35% of population of Hispanic or Latino origin (of any race)
 - 12.8% of the population that identifies as other race
 - 9.75% of Asian population
 - 5% of White population
 - 1.65% of American Indian population

- ► 14,374 residents live below 200% of poverty level
- ▶ **1,877 children** live in poverty
- Median household income is \$104, 200

Homelessness

► The majority of people without homes in Fairfax county are children and working families; 146 individuals were experiencing chronic homelessness at the time of the 2016 point-incount survey

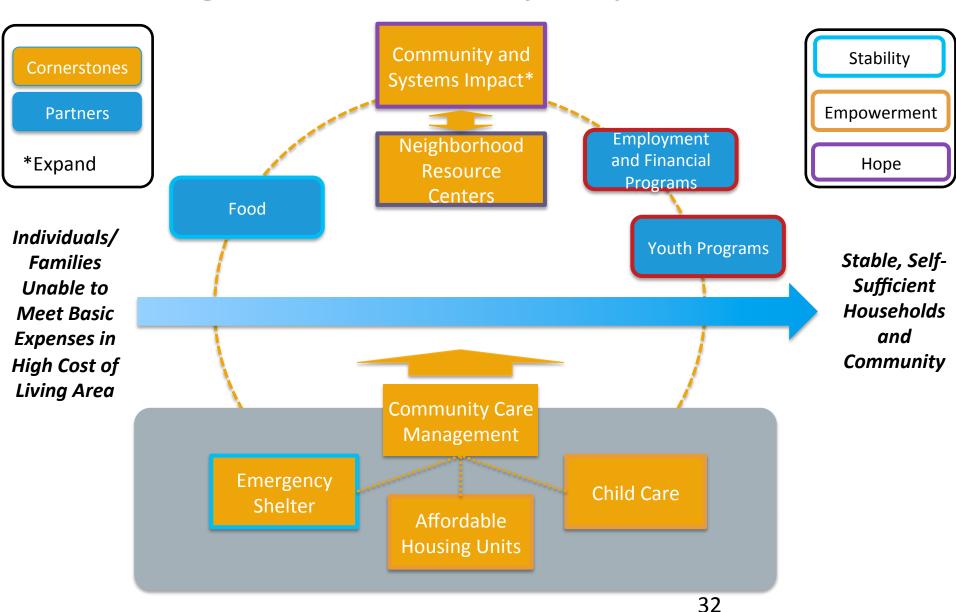
Hunger/Food Insecurity

- 6% of families receive SNAP assistance
- % of students receiving free and reduced price meals: Forest Edge (40%), Fox Mill (5%), Lake Anne (38%)

Employment

Overall employment of civilian labor force 16 years and over: 77.85%

Moving to Community Impact Model



Discussion





Thank you! Please stay in touch.



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