

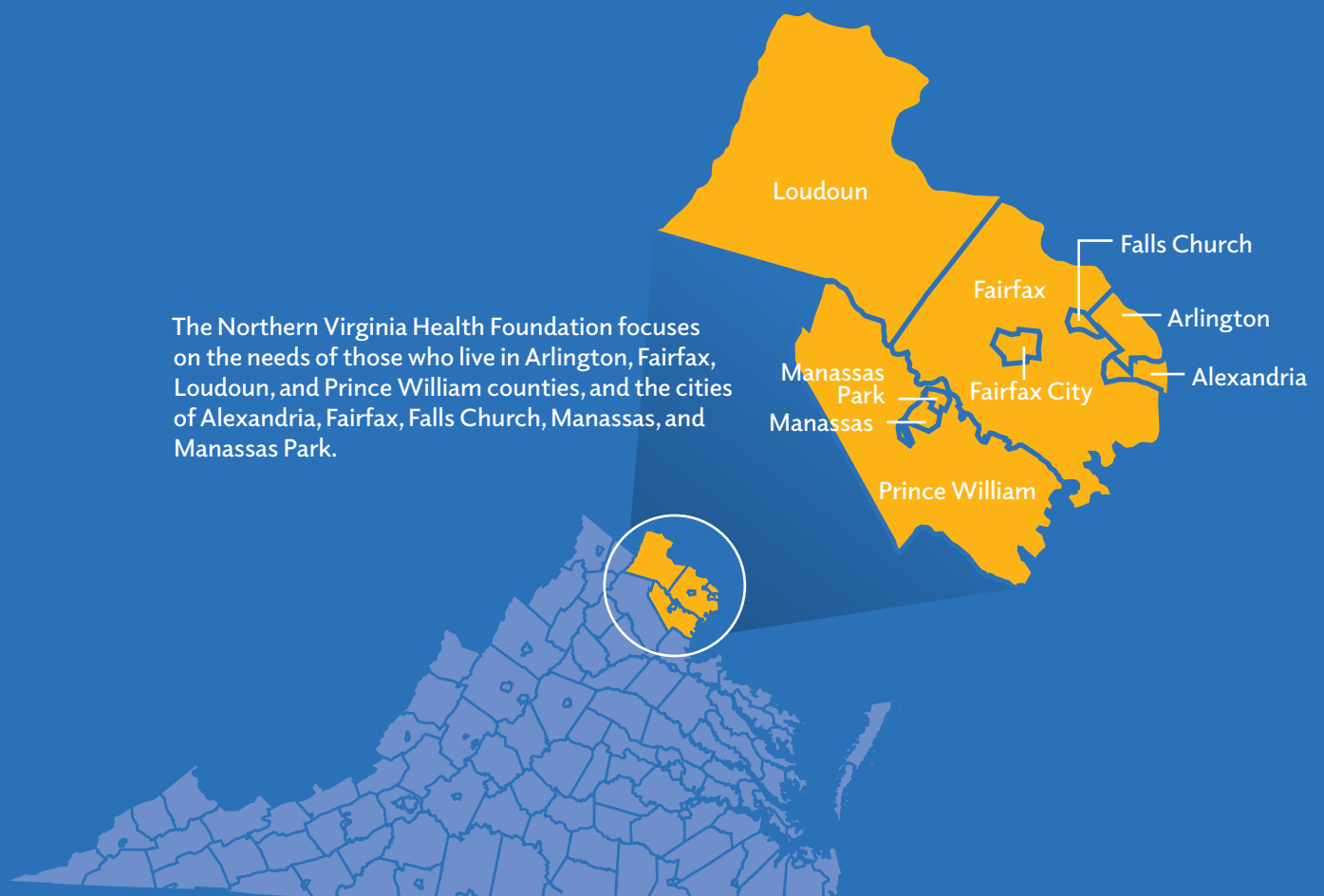


Northern Virginia
Health Foundation

10 Years

of Working Together to Improve
the Health of Northern Virginia

The Northern Virginia Health Foundation is dedicated to improving the health and health care of residents of Northern Virginia, with a particular emphasis on low-income, uninsured, and underinsured persons.



What a Decade of Investing in the Region's Health Care Safety Net Has Taught Us

Much has changed since the Northern Virginia Health Foundation was created a decade ago. Events such as the enactment of the Affordable Care Act and the Great Recession have significantly altered how national, state, and local health leaders and health care providers work toward improving health and health care for the uninsured. And in Northern Virginia, as in many parts of the country, population growth has added to the already strong demand for high-quality, affordable health care services, for everyone.

When the Northern Virginia Health Foundation first formed 10 years ago as the result of a legal settlement surrounding the closing of Jefferson Memorial Hospital, low-income and uninsured residents had fewer health care options than they do today. Since that time, thanks to the tireless work of the Foundation's safety net grantees and our many community partners, the health care safety net in the region has become stronger and many more low-income residents are getting the care they need. While our work is far from over, we are proud of what we've accomplished in these first ten years. We invite you to read more about what we've learned and what lies ahead.

As we take a moment to reflect on the occasion of our 10th anniversary, there is so much that we have learned. But three lessons stand apart:

1. PROVIDING GENERAL OPERATING SUPPORT IS ESSENTIAL. To see real progress, investments by a funder must help build the capacity of an organization, not merely support a program that appeals to that funder. We've seen this approach result in impressive enhancements in clinical care and significant improvements in the strategic planning and administrative capabilities and effectiveness of all our safety net grantees.

2. GRANTMAKING IS IMPORTANT, BUT IT ISN'T ENOUGH. To tackle health problems, you certainly need to make sure quality health care is being delivered. But you also need to work with local governments and community leaders on changes to systems that inadvertently created health problems in the first place. Systems change is hard work. But, at the end of the day, it is systems change that will result in lasting change.

3. WORKING IN PARTNERSHIP WITH GRANTEEES IS REQUIRED. To ensure that grantees are successful, funders need to do more than assure themselves that final reports reflect the requests in the original proposals. You also need to find opportunities to bring grantees together so that they can learn from experts and from one another and identify ways in which to work collaboratively.

Beyond these lessons, our most important reflection is how grateful we are. We are honored to have worked with such deeply committed partners over the last decade. And we would like to thank our colleagues for lending their voices in this report, helping us tell the story of the many challenges that we have faced together in our first 10 years—and of what we have achieved, together. We invite you to learn more and consider joining us to tackle the problems that this region will face in the next 10 years.



Patricia N. Mathews
President & CEO



Lisa G. Kaplowitz, M.D., M.S.H.A.
Chair, Board of Directors

OUR GRANTMAKING

Ten years ago, the Northern Virginia Health Foundation (NVHF) was charged with a mission that remains in place to this day: to improve the health and health care of residents of Northern Virginia, with particular emphasis on those who are low-income and uninsured. At the time, these individuals and families had limited options when it came to receiving high-quality, affordable health care services. All too often, they sought their health care from very few small health centers, privately funded free clinics, health departments, and hospital emergency rooms—all of which comprised Northern Virginia’s health care “safety net.” Strengthening and expanding that safety net quickly emerged as a critical grantmaking priority for NVHF.

In the last decade, the Foundation has made significant investments in the health care safety net, awarding \$10,027,319 to 25 organizations across the region—community health centers, free clinics, dental programs, mental health programs, and other providers of high-quality health care services. Collectively, these organizations provide primary care, oral health services, behavioral health care, and access to medications for people and families in need.

Our grantmaking approach has been strategic. We fund a range of organizations that, either independently or by coordinating care with other safety net providers, offer low-income

residents a patient-centered medical home, where they can receive well-coordinated, high-quality, and integrated care—something every person deserves, regardless of ability to pay.

These investments matter because patient-centered medical homes are the backbone of a good health care system. They move us away from a fragmented, episodic system in which a patient has a single visit with a health care provider and leaves with instructions that may be too complicated to understand. That patient may never return. With episodic care, there may be no continuum of care, no mechanism for ensuring follow-up or monitoring of patient health. But in a medical home,

health care providers have an ongoing relationship with the patient. Providers can track the patient’s care over time, encourage preventative care, know what medications the patient is taking, and make sure that patient’s care is coordinated, thereby preventing unnecessary tests and medical errors.

Our investments have paid off. While still fragile, the safety net has been strengthened significantly through the tireless work of the Foundation’s grantees and other partners. Now, five health care organizations serve as medical homes, offering high-quality health care to low-income and uninsured patients across nine jurisdictions.

Northern Virginia is a highly diverse region of 2.4 million people, nearly one-third of all Virginia residents. It has a land mass larger than the state of Rhode Island.

However, our safety net grantees continue to face significant challenges. Approximately 130,000 Northern Virginia residents under age 64 living below the federal poverty level are uninsured, primarily because Virginia has one of the country's most stringent Medicaid policies, and it has not expanded the program under the Affordable Care Act. For example, to qualify in Virginia, working parents must have an income below \$10,464 for a family of three; childless adults are not eligible for Medicaid at all. As a result, many low-income residents must still depend on safety net programs for health care.

Looking Upstream

All over the country, conversations are now happening about health equity and social determinants of health—those factors that affect one's health beyond health care, such as income, housing, education, ethnicity, race, gender, transportation, and even access to healthy foods. That is certainly the case in Northern Virginia, where more than ever before, health leaders are looking at whether or not certain differences in health outcomes could be attributed to social, economic, and environmental conditions that

are avoidable and how they can address those inequities.


For example, in 2015, NVHF served on the Fairfax County Equity Task Force and was one of three co-signers of the Fairfax Economic Equity Growth Profile. This report from PolicyLink and the Program for Environmental and Regional Equity described how inequities in income, employment, education, and other areas are making it harder for low-income residents and people of color in Fairfax to be healthy and achieve success.


Through our participation in numerous partnerships and coalitions across the region, we have come to understand the importance of looking upstream—of recognizing that most of what makes us sick has less to do with health care, and far more to do with where we live, work, play, and pray. And we realized that one sector couldn't address these issues on its own. That's why, in 2015, we made "upstream" interventions a strategic focus of our grantmaking for the first time. We awarded \$125,000 in planning grants to five organizations engaged in upstream interventions that tackle social factors contributing to health problems. And each of the five organizations has created a coalition of community partners

from other sectors to assist them in tackling health problems in their community.

On the pages that follow, you can learn more about our priorities as well as the various successes and challenges the Foundation has seen, told from the perspective of our grantees and other community partners.~

Poverty in Northern Virginia

In 2005,  ~250,000 Northern Virginia residents were living at 200% FPL

In 2014,  ~400,000 Northern Virginia residents were living at 200% FPL

A family of four currently living at the federal poverty level (FPL) has an income of \$24,300/year. At 200 percent FPL, that income is \$48,600/year.

BOARD OF DIRECTORS

Orange = current board member

Current Officers

Lisa G. Kaplowitz, M.D., M.S.H.A., Chair

Senior Medical Advisor,
Office of Policy Planning and
Implementation, Substance
Abuse and Mental Health
Services Administration,
US Department of Health
and Human Services

Jane Woods, Vice Chair

Lobbyist, Driftwoods Consulting,
LLC and former Virginia Secretary
of Health and Human Resources,
Governor Mark Warner

Jeff Schragg, Treasurer

Partner, McLean Office, BDO

Patricia N. Mathews, Secretary

President & CEO, Northern
Virginia Health Foundation

Former Officers

**Jane Delgado, Ph.D., M.S.,
Founding Board Member,
Former Chair (2014-2016)**

President and CEO, National
Alliance for Hispanic Health

**Verdia Haywood, Founding
Board Member, Former Chair
(2012-2014)**

Retired, former Deputy County
Executive, Fairfax County

**Marsha Allgeier, Founding
Board Member, Former Chair
(2010-2012)**

Retired, former Deputy County
Manager, Arlington County

**Lisa Chimento, Founding
Board Member, Former Chair
(2008-2010)**

CEO, The Lewin Group

**Thomas C. Brown, Jr., Esq.,
Founding Board Member,
Founding Chair (2005-2007)**

Partner, McGuire Woods, LLP

**April Y. Young, Ph.D., Founding
Board Member, Former
Treasurer (2005-2012)**

Managing Director, Hercules
Technology Growth Capital, Inc.

Board Members

**William Cleveland,
Founding Board Member**

Retired, former Vice Mayor,
City of Alexandria

Thomas Connally, M.D.

Retired, former Medical Director,
Arlington Free Clinic

Judy Feder, Ph.D.

Professor of Public Policy and
former Dean of McCourt's School
of Public Policy, Georgetown
University

Jeanne F. Franklin, Esq.

Health Care Attorney,
Franklin Solutions

**Mark Kington,
Founding Board Member**

Managing Director, Kington
Management, LLC

E. Anne Peterson, Ph.D.

Founding Board Member

Senior Vice President, Programs,
AmeriCares

David G. Speck, Ed.D.

Managing Director-Investments,
Speck-Caudron Investment Group
of Wells Fargo Advisors

PARTNER VOICES

STORIES OF OUR WORK

- 6** Then and Now: The Foundation's Story, as Told by Three Original Board Members
- 10** Capacity Building That Leads to Better Care: Arlington Pediatric Center
- 12** Growing With the Community: Comprehensive Health Care in Prince William County
- 14** The Changing Landscape of Getting Medications to Those in Need
- 16** The Oral Health Lifeline that Created a Decade's Worth of Smiles
- 18** Specialty Care: A Gap Local Clinics Can't Fill
- 20** Looking Upstream: Non-traditional Partnerships Making a Difference in Health
- 24** Public Health as Team Sport: An Interview with the Health Directors of Alexandria, Arlington, and Fairfax Counties on a Decade of Partnering to Improve Health

**Then and Now:
The Foundation's
Story, as Told by
Three Original
Board Members**



**Marsha Allgeier, Retired, former Deputy
County Manager, Arlington County**



**Jane Delgado, Ph.D., M.S., President and
CEO, National Alliance for Hispanic Health**



**Verdiana Haywood, Retired, former Deputy
County Executive, Fairfax County**

On January 11, 2006, when the nine newly appointed board of directors of the Northern Virginia Health Foundation gathered for the first time, no one had heard of the Affordable Care Act. The Great Recession had yet to hit.

It was a clean slate. The directors of this newly formed Foundation were charged with “how best to make a difference in Northern Virginia with respect to provision of health care for the underserved.” They had approximately \$41 million to work with.

Board members Marsha Allgeier, Jane Delgado, and Verdia Haywood were there that first day. Here is the story, in their own words, of how the Foundation took shape from that moment forward, including early challenges they faced and some of their proudest moments since.

What was it like when you first started? What were some early challenges?

DR. DELGADO: We decided early on that we wanted to listen. We invited area health officers and community leaders to come and tell us about the health needs in the region.

MS. ALLGEIER: We had to make many important decisions. Should we focus on a handful of places where the need is great or give grants across the region? Should we support all kinds of health care needs—from primary care to mental health, or just one? Should we spend all the money as quickly as possible, or use it as an

endowment? Consensus began to build that we wanted to make a longer-term impact.

DR. DELGADO: Some of the board members weren’t even sure if we needed a CEO. The thinking being, maybe we can just distribute the funds ourselves and not spend the costs on staff. I’m glad we decided against that! Hiring Pat was one of our best decisions.

MR. HAYWOOD: Yes, I agree. We didn’t have the knowledge or time that a hired CEO would. I would add that our mission really began to take shape after these meetings with health directors and others. We began to see quickly that the safety net was very fragile in the region. Primary care needs were not being met. So we started there.

MS. ALLGEIER: Yes, we met early on with a range of providers, including oral health, mental health, social services, and housing, and we could see their needs were great. But we wanted to be strategic in order to make the most impact, so we just focused on the safety net. Not long after we made this decision, the Great Recession hit, and we were one of the only foundations supporting those organizations, so we knew we had to continue funding them. And we did.

How has your vision changed since that time?

DR. DELGADO: Since settling on our mission, it really hasn’t changed. We’ve been very disciplined about staying on course.

MS. ALLGEIER: Foundations like to fund snazzy programs. We learned quickly that these safety net clinics don’t need to add programs, they need basic operating support—accounting, bookkeeping, back-end stuff. It’s not sexy, but it’s important.

MR. HAYWOOD: At first, we decided to focus on just Alexandria, Arlington, and Fairfax residents. We soon realized that the need is great across the region. Low-income residents may work in one area but live in another. We decided the Foundation’s service area should also include Loudoun, Prince William, Falls Church, Fairfax City, Manassas City and Manassas Park.

MS. ALLGEIER: At the time, the region was seeing a significant geographic shift. More and more residents, of all income levels, were moving from the inner suburbs into outer Fairfax, Prince William, and Loudoun counties where, at that time, housing was becoming more affordable. But those outer suburbs offered few affordable health care options for people who were low-income and uninsured. This influenced our decision to expand our service area.

Why did you decide to also focus on going “beyond grantmaking”?

MS. ALLGEIER: To stretch our dollars further and make a bigger impact. Strategically, we always felt that the work of the NVHF staff—bringing partners together, sharing ideas and lessons learned, the inter-organizational work they do—was very important and effective.

DR. DELGADO: Yes, we don’t just give out money. In addition to our grantmaking, we function somewhat like an operating foundation, in that we do research, we commission reports, and we look at systems and policy. Our CEO actually participates in the work. It’s what makes us unique.

MR. HAYWOOD: We soon saw the need for more formalized coalitions who could do more sharing and bring more expertise. And getting good data out there—the oral health study, the health indicators report, the health and wellness directory—these are helping us share and learn best practices across the region.

MS. ALLGEIER: It’s also important to have data that provides a picture of the whole region’s health, which the Foundation has done with “How Healthy Is Northern Virginia?” and most recently, the mapping tool. Some jurisdictions are very close to one another, and people work, shop, breathe, and eat in various places across the region, not just in the county or city where their home resides. It doesn’t make sense to just look at the health of each community separately.

What are some of the Foundation’s biggest accomplishments? What are you most proud of?

MR. HAYWOOD: Our focus on oral health. The extent of the challenges in accessing oral health services was somewhat surprising to me. We are really making an impact here, both through grantmaking but also because our staff have provided leadership and guidance to various oral health coalitions.

MS. ALLGEIER: We have also made sure that safety net clinics had key resources at critical financial times—as they got up and running, when the Great Recession hit, as ACA was enacted. Without Foundation funding, many Northern Virginia residents would have had to go without critical health care and other services.

DR. DELGADO: From the beginning, we’ve taken a unique approach in our RFP process. Instead of, “here is what we want you to do with the funding,” which is what most foundations do, we said to potential grantees: “tell us what your needs are and what you would do with the money.” This has helped ensure we are meeting the community’s needs.

What lies ahead?

MS. ALLGEIER: We are hoping to see a broader look at health, such as greater integration of primary care with mental health, more focus on wellness. Some health care providers are already integrating care in this way, and we hope to see more.

DR. DELGADO: We are now starting to fund upstream interventions, improved housing, access to healthy foods, and other factors that we know influence people’s health.

MR. HAYWOOD: Yes, where you live, employment, income, education, and other social factors impact health outcomes. We are starting to look at these social determinants of health in decision-making and design of delivery systems, and we will continue to do so into the future.

We’ve taken a unique approach in our RFP process. Instead of, “here is what we want you to do with the funding,” we said to potential grantees: “tell us what your needs are and what you would do with the money.”





**Capacity Building
That Leads to Better
Care: Arlington
Pediatric Center**

Tatiana Zenzano, M.D., M.P.H., Medical Director

Acute care, well-child visits, access to a physician-on-call 24/7, lab and radiology services, language interpretation—these are just a few of the services that low-income families in Arlington can get for their children at Arlington Pediatric Center (APC). Since opening its doors in 2001, APC has grown from a small clinic to a patient-centered medical home caring for more than 3,600 kids a year.

This kind of progress would not have been possible without the Northern Virginia Health Foundation's willingness to invest in APC's infrastructure and capacity. The Foundation has long recognized that improvements in "back office" functions are essential to high-quality health care, which is why they provide this kind of capacity building support to all grantees.

"General operating grants and capacity building aren't flashy, but they support everything we do," said APC Medical Director Dr. Tatiana Zenzano. "Without them, we would be half the clinic we are today."

Capacity building support is akin to building blocks, one step supporting the next, which eventually leads to substantial progress toward better patient care. For example, NVHF's 2008 support of an organizational and operational assessment of APC indicated that electronic medical records (EMRs) could improve APC's efficiency and ability to track data. This led to a grant to purchase and implement a new EMR system, giving APC the foundation it needed to become the first health center in Virginia to be certified as a Level III Patient Centered Medical Home by the

National Committee on Quality Assurance (NCQA) using the new federal standards.

These efforts translate into real improvements for patients. Patient satisfaction surveys that APC conducted to secure its NCQA re-certification revealed patients wanted after-hours care. Now they have it—APC is now open in the evenings and early mornings. A concerted

providers assign the appropriate billing codes and fully document the services they provide. As a result, APC saw a 45 percent increase in patient revenue.

Dr. Zenzano anticipates the need for services will only continue to grow as the wealth gap in the metropolitan area increases and more low-income families need affordable care for their children. However, she believes APC's

"What is most exciting to me is not all that we have accomplished, but how well positioned we are to continue to grow with our patients and community."

effort to educate patients and providers about the benefits of the human papilloma virus (HPV) vaccine, also part of the NCQA application, resulted in a 20 percent increase in their HPV vaccine rates over a three-month period.

APC's bottom line has benefited from capacity building too. NVHF supported a medical chart review and training to ensure APC

solid foundation will serve them well as they work to meet their community's ever-growing needs.

"In 15 years, we have grown from a small startup to a truly modern health care center," said Dr. Zenzano. "What is most exciting to me is not all that we have accomplished, but how well positioned we are to continue to grow with our patients and community."

Growing with the Community: Comprehensive Health Care in Prince William County



**George Barker, Virginia State Senator and Executive Director,
Greater Prince William Community Health Center**



In the early 2000s, a few local officials in Prince William County were looking for a solution to a costly problem—people in the community who didn’t have health insurance were going to the emergency room for routine health care because there was no primary care safety net.

They knew there was a better way to get their neighbors the health care they needed, so on a shoestring budget, Greater Prince William Community Health Center (GPWCHC) opened its doors in late 2006. Initially, the Center had one small primary care clinic located in Woodbridge. Nearly 10 years later, GPWCHC is about to open a third site and currently offers services to residents of Prince William County and the cities of Manassas and Manassas Park, as well as other surrounding areas.

Today, GPWCHC offers much more than primary care, including on-site oral health services, behavioral health care, and obstetrics and gynecological care. In fact, the Center is the largest prenatal care provider in the county—its “Centering Pregnancy” program guides mothers from early in their pregnancy through childbirth and beyond, offering breastfeeding help and new mother support groups. GPWCHC is the first Federally Qualified Health Center (FQHC) in Virginia to use this nationally recognized program.

“We were a mom-and-pop operation in the beginning,” said GPWCHC Executive Director and Virginia State Senator George Barker. “Now, we are providing

modern, high-quality health care in more than 30,000 visits to more than 10,000 patients. And even better, we can provide them with much more behavioral health and dental care.”

Having a big picture vision of what it takes to be healthy has been critical to the Center’s success. And, it matters a great deal to its patients. A grant from the Northern Virginia Health Foundation helped the Center lay the groundwork for becoming a FQHC in 2009, guaranteeing a high-quality health care experience and strengthening GPWCHC financially.

A strong focus on better, more efficient care has made sure that patients’ data can easily be shared between providers and that care is truly integrated. And patients can now get comprehensive health care—families can have their medical and dental visits in the same afternoon. Someone whose depression screening during a primary care visit raises a red flag can immediately see a mental health counselor.

This stable, integrated approach has allowed GPWCHC to grow with its community and respond to crises. For example, when the only local midwifery practice

closed, the Center had the capacity to take on any patient that came its way. “We made a conscious decision not to turn any pregnant woman away. And we didn’t, even when it meant canceling staff vacations and working longer hours,” said Sen. Barker.

GPWCHC is deeply committed to its community and its patients. Sen. Barker sees great potential for expanding the Center’s services down the road and creating partnerships with other health care facilities to meet the needs of the most vulnerable patients. For example, he hopes to join forces with local hospitals to provide more intense case management services for the small, but costly, subset of patients with unmanaged health care conditions who continue to rely on repetitive emergency room visits for medical care. Then, instead of relying on the emergency room, he envisions that those patients would turn to the Center’s primary care physicians.

“We have always taken a broad perspective on what will make a difference to our patients’ health,” said Sen. Barker. “We will carry that vision forward as we continue to look for ways to provide integrated, high-quality health care in greater Prince William.”



The Changing Landscape of Getting Medications to Those in Need

Donney John, Pharm.D., Executive Director of NOVA ScriptsCentral



The Northern Virginia Health Foundation has supported NOVA ScriptsCentral since this non-profit, central-fill pharmacy first opened in 2007. In his own words, Executive Director Donney John, Pharm.D., describes how medication access has changed over the last decade and the role the Foundation has played in helping them provide medications and quality pharmaceutical care for the uninsured in Northern Virginia.

When we first started nine years ago, if you didn't have prescription drug insurance, you had limited options for getting the medicine you needed. Medications weren't affordable. People would share pills with friends and relatives who couldn't afford them. Sometimes they'd borrow money to get them. Often, they would go without.

Thankfully, today, it's a somewhat different story. NOVA ScriptsCentral partners with 13 different safety net clinics in the region to help low-income patients get drugs for problems like diabetes, hypertension, high cholesterol and asthma. The clinics provide the health care, and we provide the medication. We fill 20,000 prescriptions a year.

We also provide pharmacist counseling which means once the patient's prescription is filled, a licensed pharmacist advises that individual on how to take medications properly and why it's important to keep taking them. Patients are asked to contribute \$5 for each prescription filled. If they can't afford it, we waive the fee.

As one of our original funders, the Northern Virginia Health Foundation was instrumental in helping us launch. In our first year, we served 143 patients in four

clinic sites. Now, we serve close to 3,000 individuals in 19 different clinic locations across the region.

This year, Foundation support will help us get our electronic medical record system in place, connecting us to all our partner clinics. This system will help us track our patients and know what other medications they are taking. Until now, we have always had to call up our clinic partners to confirm this. Now, all the information will be there.

The new system also makes it more possible to track health outcomes in a way that no other pharmacy-based clinic in the state is doing. Take one of our diabetes patients, as an example. When we look at her EMR, we can see what her vitals and sugar levels were at her last clinic visit. If her health isn't improving, we can manage her medications better. We can also manage costs better. For example, we can more easily track if a patient isn't taking her cholesterol medication and the drugs are just going to waste.

The help we provide is invaluable to patients, but more needs to be done to address the root of the problem—the high costs of prescription drugs. Because while the costs of drugs have been going

up steadily over the last 10 years, people's ability to pay has not. Even those who have insurance are burdened by the costs and often can't afford to pay for their medications. We're trying to combat these rising drug prices by advocating for smarter use of prescription medications and reducing overuse.

Looking ahead, in addition to skyrocketing drug prices, the care we provide will also be impacted by trends such as pharmacogenomics, where scientists develop drugs tailored to genetic makeup, such as a heart medication proven to be most effective for African-American men. We will need to make sure that our clinic partners understand them so patients are given the drugs that are best for them. We'll need to make sure consumers understand them too.

I went into this work because I wanted to help people, and I have become passionate about helping to improve health outcomes for the uninsured. It's not enough to just provide the service, we also need to ask: does the service benefit them? Just because someone is uninsured doesn't mean the quality of care they receive should be any less.



The Oral Health
Lifeline that
Created a Decade's
Worth of Smiles



Tom Wilson, Executive Director, Northern Virginia Dental Clinic

1,200 volunteers. 200,000 procedures performed. 25,000 patients served. These numbers reflect a decade's worth of service by just one safety net clinic serving all of Northern Virginia.

That clinic, the Northern Virginia Dental Clinic (NVDC), is the only one of its kind in the Commonwealth that provides comprehensive dental care to individuals with incomes at or below 200 percent of the federal poverty level. Today, NVDC serves as a lifeline for many low-income Northern Virginia residents.

Take John Bryant, for example, who likely would have died had he not visited the clinic.

A routine oral exam revealed that John had a cancer growing in his sinus cavity and it was quickly spreading to his eyes, causing him to go blind. NVDC's resident doctor performed a tissue biopsy to confirm the diagnosis and the clinic's dentist provided oral health treatment to prepare John for an oncology specialist to take over. Shortly after, with the help of a NVDC health care coordinator, NVDC connected John to that specialist who, volunteering his services, performed John's surgery to remove the cancer before it could reach his brain.

In addition to significantly improving their health, having better access to oral health care also makes a big difference in other aspects of patients' lives, according to NVDC Executive Director Tom Wilson. "Most of the people we treat haven't seen a dentist in five to seven years,

and some never have. Patients have come back to thank us because they got a job after having dentures made, or because they feel confident enough to laugh or smile in public."

These are just some of the reasons that the Northern Virginia Health Foundation has provided a steady stream of support to the clinic for the last decade. Foundation funding has helped NVDC purchase new equipment, hire additional staff, and significantly expand its service capacity.

Over the last decade, demand for care has grown considerably at NVDC, according to Mr. Wilson. "I believe this is largely due to widening income disparities across the region. Fewer people can afford dental care," he said. Fortunately, the clinic's growth has enabled them to expand care to patients.

In its early days, NVDC operated as a single clinic in Falls Church with just four dental chairs to treat patients. In September 2010, the Foundation's funding helped NVDC open a second clinic in Sterling, VA, doubling its service capacity. And in 2015, NVDC relocated its primary facility in Falls Church to an expanded facility in Fairfax County.

NVDC also fostered a new collaboration with the

Inova Juniper Program—Northern Virginia's largest provider of HIV/AIDS care—to help increase access to dental services for Juniper Program patients. This new initiative provides dental care during evenings and non-traditional hours, which meets the needs of their working clients without interfering with NVDC's ongoing patient caseload, which uses daytime slots.

As part of this collaboration, the Juniper Program and NVDC work together to help refer patients to the dental clinic and schedule their dental appointments, a system that has made it easier and more cost effective for Inova Juniper Program's patients to receive dental services, such as cleanings, fillings, and root canals.

When Mr. Wilson took over the NVDC in 1997, the clinic provided care for more than 900 patients. Today, that figure has risen to more than 2,300. Mr. Wilson expects that number to soon eclipse 3,000 patients for a total of approximately 12,000 visits annually.

"When you go without cleanings and exams for years and years, getting access to oral health care can be life-changing. We're glad that we'll be able to provide that opportunity to even more of our neighbors in Northern Virginia," he said.



Specialty Care: A Gap Local Clinics Can't Fill

Basim Khan, M.D., Executive Director, Neighborhood Health



When Dr. Basim Khan talks about the care his health center, Neighborhood Health, provides in Northern Virginia, he is rightfully proud. The Center offers an array of services, including primary care from birth through old age, basic gynecological care, dental services, behavioral health care, lab services, language interpretation, and medication assistance.

Neighborhood Health, which has received support from the Northern Virginia Health Foundation since 2007, now sees patients in nine sites across the City of Alexandria, Arlington County, and Fairfax County.

But, there is one type of care Neighborhood Health has difficulty obtaining for its patients—specialty care. Like most primary care clinics, the Center doesn't employ specialists, such as cardiologists and neurologists, so patients are referred for specialty care outside the clinic.

"Getting an appointment with a specialist is often a challenge because most of our patients either lack health insurance or get it through Medicaid," said Dr. Khan, executive director and former medical director for Neighborhood Health. "Specialists are in high demand, and they often don't take patients with Medicaid because they get paid less for those visits than for visits from people with private health insurance," he added.

Specialists will sometimes see small numbers of patients with Medicaid or treat uninsured patients for free, or at a reduced cost, but this is not enough to meet the community's needs. Therefore, when patients need specialty care, Neighborhood

Health's staff have limited local options. They spend a substantial amount of time calling local specialists to try to find a physician willing to take on more Medicaid patients or volunteer his or her time to provide care. If local care isn't an option, patients are referred to the University of Virginia's (UVA) medical center in Charlottesville, funded by the state to provide outpatient specialty care to the uninsured.

Not having nearby access to specialty care presents serious challenges for patients. Dr. Khan cited an example of a young mother diagnosed with rheumatoid arthritis—a progressive autoimmune disease that dramatically impacts one's functioning. This patient needed regular treatment by a rheumatologist to stop her disease from progressing. Her only option was to make regular five-hour round trips to UVA. She had to miss work and had to find and pay for childcare.

Neighborhood Health referred a significant number of its patients for specialty care last year. According to Dr. Khan, this problem is not unique to Neighborhood Health.

"Across the region, primary care clinics struggle to help

their low-income, uninsured patients get specialty care. We need a comprehensive regional solution that will give patients access to specialty care locally so they won't have to travel long distances," said Dr. Khan. Given limited resources, he also feels that it is critical to further strengthen the primary care safety net so that primary care providers are equipped to take care of more problems on their own while only calling on specialists when absolutely necessary.

"Key influencers, including the Northern Virginia Health Foundation, have tried on more than one occasion to create a specialty care network for safety net patients in Northern Virginia, but finding a solution is complicated and takes time. There is still no coordinated strategy for specialists to help meet the health care needs of safety net patients," said Dr. Khan.

"It is clear that clinics and foundations cannot solve this problem alone. We need health leaders to come together with us to focus on this problem. After all, a patient who can get specialty care when it is needed and when it is affordable is one less patient going to an emergency room and one less patient in a hospital bed—or worse," he added.



Looking Upstream: Non-traditional Partnerships Making a Difference in Health



Patti Klein, Executive Director, Rebuilding Together-Arlington/Fairfax/Falls Church

Sonia Quinonez, Executive Director, Stop Child Abuse Now

The Northern Virginia Health Foundation has long recognized that health is significantly influenced by “upstream factors”—problems like inadequate housing, child neglect, limited access to healthy foods, and other issues that influence our health beyond access to health care. The Foundation believes that addressing these factors, often called social determinants of health, requires collaboration with organizations from non-health sectors in order to improve health.

That’s why in 2015, for the first time, NVHF awarded \$125,000 in planning grants to five local coalitions of health and non-health organizations that, together, are working to address social factors that contribute to poor health outcomes in Northern Virginia. Each of these coalitions includes a mix of local government agencies, community organizations, and health care providers that will use the planning grants to develop collaborative strategies to enhance their work.

One of these coalitions, led by housing-focused non-profit **Rebuilding Together Arlington/Fairfax/Falls Church (Rebuilding Together-AFF)**, is using part of its Foundation funding to launch a new, year-round home repair service. Until receiving the NVHF grant, Rebuilding Together-AFF mostly focused on repairing entire homes once a year on National Rebuilding Day, when hundreds of volunteers join together to provide much needed repairs for vulnerable families. But this activity only assisted a small fraction of low-income homeowners in critical need of home repairs in Northern Virginia.

Now, instead of completing repairs for about 60 homes each year, Rebuilding Together-AFF expects to serve 150 homeowners through its new RT Express Program. RT Express uses a team of 3-5 volunteers to deliver a menu of repairs carefully selected based on their significant health and safety benefits, affordable cost, and the relatively low skill required. This includes fixes such as repairing steps, adding handrails, and installing grab bars for older adults and people with disabilities. “Older homes in poor condition pose higher risks of falls, fires, asthma triggers and other health hazards,” said Patti Klein, executive director of Rebuilding Together-AFF. “Many repairs are relatively simple, but cost can be a barrier for low-income homeowners.”

With Foundation support, the partnering organizations—Rebuilding Together-AFF; Inova Mount Vernon Hospital; the Fairfax County Housing and Community Development Division; and the Fairfax County Department of Family Services, Adult and Aging Division—will begin to pilot the RT Express program in Fairfax County with 25 repair projects. Approximately

five of these 25 projects will take place in communities located in the service area of Mount Vernon Hospital that are known to have extensive repair needs.

As part of piloting the program, the coalition will work together to identify the one or two target neighborhoods with the greatest need, develop a system for referring homeowners who need the service, train additional volunteers to make the home repairs, and help promote the service in the community.

The planning grant will also help Rebuilding Together-AFF develop a more efficient system for referring homeowners to other service providers to address a range of needs beyond home repair. These include food security, transportation, mental health, smoking cessation, and rehabilitation from injuries. If the pilot proves successful, the program may be expanded beyond Fairfax County into other jurisdictions.

Another coalition, led by **SCAN (Stop Child Abuse Now) of Northern Virginia**, is working to shed light on child abuse in Loudoun County. Last year, more

than 1,300 children in that county were involved in cases of child abuse, and a substantial body of research shows that abuse and neglect have significant physical and emotional health impacts on children.

“Childhood trauma, in the absence of strong emotional support from caregivers, can lead to toxic stress, which can hinder a child’s ability to form healthy relationships and negatively impact his or her physical and behavioral health throughout one’s lifetime,” said SCAN Executive Director Sonia Quinonez. “One of the first steps to addressing child abuse is helping raise awareness that it exists.”

The coalition is using the Foundation planning grant to conduct a community-wide needs assessment of vulnerable children in Loudoun County to provide a better picture of the scope of the problem, a task requiring broad collaboration in order to be done effectively. As part of this initiative, SCAN is partnering with several Loudoun-based organizations: Loudoun Citizens for Social Justice/Loudoun Abused Women’s Shelter; Loudoun Child Advocacy Center;

Loudoun County Department of Mental Health, Substance Abuse and Development Services; HealthWorks for Northern Virginia; and Loudoun County Department of Family Services.

The grant will also help the coalition form a steering committee to drive the data collection process; hold three summits to educate community leaders and other residents about the needs of vulnerable children in Loudoun County; and develop recommendations that can be shared with decision-makers in the county.

The Foundation also awarded planning grants to organizations addressing other social factors influencing health in Northern Virginia (see list at right). This includes groups like Arcadia Food, Inc. and Loudoun Interfaith Relief, which are focused on improving access to healthy foods, and Cornerstones, which is looking at how cultural norms influence diabetes care and prevention. The Foundation plans to continue its focus on upstream interventions in the coming years.

“Childhood trauma, in the absence of strong emotional support from caregivers, can lead to toxic stress, which can hinder a child’s ability to form healthy relationships...”

- Sonia Quinonez

NVHF “Upstream” Grantees (2015)

Arcadia Food, Inc.

(with Partnership for a Healthier Fairfax, Fairfax County Public Schools, Fairfax County Park Authority, Fairfax County Health Department, Inova Health System, Virginia Cooperative Extension/Fairfax County Office, and Kaiser Permanente)

Cornerstones

(with HealthWorks for Northern Virginia, Fairfax County Neighborhood and Community Services, YMCA of Fairfax County/Reston, Fairfax-Falls Church Community Services Board, and the Fairfax County Health Department)

Loudoun Interfaith Relief

(with HealthWorks for Northern Virginia, Loudoun County Health Department, Loudoun Valley HomeGrown Markets Cooperative, Junior League of Northern Virginia, and Loudoun Pediatric Obesity Coalition)

Rebuilding Together Arlington/Fairfax/Falls Church

(with Inova Mount Vernon Hospital, the Fairfax County Housing and Community Development Division, and the Fairfax County Department of Family Services Adult and Aging Division)

SCAN of Northern Virginia

(with Loudoun Citizens for Social Justice/Loudoun Abused Women’s Shelter; Loudoun Child Advocacy Center; Loudoun County Department of Mental Health, Substance Abuse and Development Services; HealthWorks for Northern Virginia; and Loudoun County Department of Family Services)





Stephen A. Haering,
M.D., M.P.H., Alexandria
Health Director

Gloria Addo-Ayensu,
M.D., M.P.H., Fairfax
County Health Director

Reuben Varghese, M.D.,
M.P.H., Arlington County
Health Director

Public Health as Team Sport:
An Interview with the Health Directors of
Alexandria, Arlington, and Fairfax Counties
on a Decade of Partnering to Improve Health

When the public health system is at its best, it is more than one public health department trying to get children immunized or prevent a disease outbreak. It's a system with many important players—from government agencies and health care providers to non-profit organizations and residents themselves—doing their part to prevent illness, treat health problems, and promote good health. As Dr. Gloria Addo-Ayensu, Fairfax County Health Director, has said, "It's a team sport."

Each local public health system in our region also includes several behind-the-scenes team members, such as the Northern Virginia Health Foundation, that have played a key role in improving the public's health by lending their time and expertise as advisers over the last decade.

Here are some reflections from three of Northern Virginia's health officers: Dr. Gloria Addo-Ayensu, Fairfax County, Dr. Stephen A. Haering, City of Alexandria, and Dr. Reuben Varghese, Arlington County, about how public health has changed in their respective communities, their collaborations with the Foundation over the last several years, and the team sport of public health.

How has public health changed over the last ten years?

DR. ADDO-AYENSU: Gone are the days when communicable diseases worried us the most. Those are still of concern, but now chronic diseases, such as childhood obesity, are big challenges. And those types of illnesses don't lend themselves

to a traditional, four-walled approach to health. So, we are now looking outside the clinic walls at factors that impact health—the social determinants of health (SDOH). And with that comes engaging non-health sectors because what drives public health problems isn't solely within the purviews of the public health or health care systems. So the non-health sectors, like housing, planning, transportation, and others are important in addressing health needs.

DR. HAERING: There is definitely much more focus now on social determinants; it's part of everything that we do. The Foundation's interest in health equity has been instrumental in helping bring about this change. NVHF is well-connected, and its work touches many sectors. In 2015, the Foundation worked with the Alexandria City Public School system to get health and wellness goals for students and staff into the school district's strategic plan, for the first time. Foundation Program Officer Tricia Rodgers also worked with a cohort of school nurses to help them advocate for district employee wellness activities as part of their

involvement in the prestigious Johnson & Johnson School Health Leadership Program.

DR. VARGHESE: Yes, we are focused on population health in a new way now. And to get at those social determinants, to prevent poor health in the first place, we need to think of health as something that's owned by all of society, not just the medical folks. In Arlington, like many other jurisdictions, we are starting to see a shift. For example, the Arlington Police Department has adopted a "health in all policies" perspective when it comes to community policing. When the Department of Parks and Recreation was planning the design of its turf fields, we met to talk about the health risks of certain turf materials. We're asking these and other sectors to meet with us early and often, and they are starting to see the role they play in health.

DR. ADDO-AYENSU: I would also add that when the Foundation convened the Northern Virginia Health Summit in 2013, it really moved the needle in terms of helping non-health entities think about the role they could play and supported our efforts there.

How has NVHF been involved in your public health efforts over the last decade?

DR. HAERING: The Foundation became a partner early on, advising us in Alexandria's MAPP process. MAPP, or Mobilizing for Action through Planning and Partnerships, is a planning approach many places use to prioritize public health issues and decide how to tackle them as a community. Many important coalitions have come from this process, including the Partnership for a Healthier Alexandria, and the Alexandria Childhood Obesity Action Network, or A-COAN, which Ms. Rodgers has chaired. A-COAN has made a big difference, like helping change city ordinances to allow moms to breastfeed in public and issuing a report on food insecurity in Alexandria.

DR. VARGHESE: Yes, as in Alexandria, the Foundation provided essential guidance during Arlington's MAPP process, and it has been very involved in community-based partnerships that emerged. Ms. Rodgers co-chairs the Healthy Community Action Team, which is developing a strategic plan to address the problem, including getting more kids actively involved in the Arlington County Parks and Recreation youth programs. Ms. Rodgers also serves on the Assets Committee of the Arlington Partnership for Children, Youth, and Families, which focuses on youth strengths and promotes positive experiences, opportunities, and relationships for kids.

DR. ADDO-AYENSU: NVHF President and CEO Patricia Mathews serves on the Community Transformation Leadership Team which oversees policy direction for the Partnership for a Healthier Fairfax. The Partnership is working to promote health equity and optimize health and wellbeing of all in our community. When you look at Fairfax and other parts of Northern Virginia at a 30,000-foot level, we seem to be thriving, prosperous, and one of the most healthy counties. But when you take a closer look, you can see health inequities in our community. To have a partner who also wants to advance health equity, and can serve as a champion to help others understand it, is very helpful. The Foundation has also invested in research so our work can be data-driven; this has been very important.

Why is it important to engage organizations like the Northern Virginia Health Foundation as partners when it comes to focusing on public health problems?

DR. HAERING: Groups like the Northern Virginia Health Foundation help to amplify our voice, and we amplify their voice, when advocating for important issues, like the need to focus on social determinants of health. So, it's not just a health official saying, "this is important." It's an outside organization lending its resources and credibility to the issue. NVHF also helps us think critically about problems, bringing their unique perspective and deep experience.

DR. ADDO-AYENSU: We have found true partnership with the Northern Virginia Health Foundation because the staff are not just seat warmers, they show up and work! For example, Pat Mathews co-chaired the Fairfax County Oral Health Safety Net Task Force. We charged the Task Force with helping streamline the way oral health care services were being delivered in Fairfax. It was a huge undertaking, involving interviews with dental providers and designing an eligibility and payment system. It's still not totally done, but we now have a framework for our oral health care program, and there is room for better coordination among providers. Outside, neutral players like the Foundation can be very effective partners in systems change.

DR. VARGHESE: Yes, the Foundation lends a regional perspective, so they help us think differently by sharing best practices and fresh ideas on how to approach problems. Their leadership on the Arlington Partnership for Children, Youth, and Families and Healthy Community Action Team has been invaluable. These partnerships have really solidified and relationships have deepened, making them more effective. The silos are coming down, and we're learning how to solve problems for each other and not duplicate efforts.

BEYOND GRANTMAKING

Over the last 10 years, we have seen our funding make an impact. But we have also invested in the region's future in other ways—as an engaged partner, convener, and through our other “beyond grantmaking” activities. These tasks have become a fundamental part of the Foundation's work.

Community-Based Partnerships

The Foundation has participated in several community-based partnerships over the last decade as active members, or at times, in leadership roles. These have included the Partnership for a Healthier Alexandria, Partnerships for a Healthier Arlington, and Partnership for a Healthy Fairfax, among others. These coalitions meet regularly to focus on important community-led health initiatives.

The Alexandria Childhood Obesity Action Network (A-COAN), formed under the auspices of the Partnership for a Healthier Alexandria, has made a notable impact. Over the years, A-COAN, led for a number of years by Co-Chair Tricia Rodgers, the Foundation's program officer, developed a deep understanding about the problem of access to healthy foods. Of particular concern was the fact that one in five Alexandrians lives in households struggling to make

ends meet, putting them at risk for “food hardship”—irregular access to affordable, nutritious meals.

A-COAN organized a working group to focus on the problem, and in 2014, this committee issued *Toward an End to Hunger in Alexandria*, giving policymakers and community leaders a clearer picture of hunger in the community and gaps in the emergency food system.

The community's response to the report was rapid and robust. The City of Alexandria invested in expanding local food warehouse space, thus improving food distribution. Under the name Hunger Free Alexandria, a group of local faith communities, community leaders and non-profits, including the Northern Virginia Health Foundation, stepped forward to champion the issue, resulting in 14 local faith communities pledging to help residents in need. That group now meets monthly and has helped organize activities like enrolling residents in the Supplemental

Nutrition Assistance Program (SNAP), or food stamps, at emergency assistance sites. It has also distributed excess produce from farmers markets to emergency food providers. This is just one example of the powerful role a community-based partnership can play in spurring locally driven solutions that improve health.

Community-Based Partnerships

Arlington Partnership for Children, Youth, and Families

Fairfax Equitable Growth Advisory Committee

Live Well! Prince William

Partnership for a Healthier Alexandria

Partnerships for a Healthier Arlington

Partnership for a Healthier Fairfax

Suicide Prevention Alliance of Northern Virginia

Publications

Research is the backbone of informed policy, grantmaking, and programmatic decisions. But until the Northern Virginia Health Foundation stepped in a few years ago, few data were readily available that could provide a regional picture of health.

In 2013, the Foundation published the health indicators report, *How Healthy Is Northern Virginia?*, giving policymakers, health officers, and other community leaders a first-time look at the scope of health challenges—and health disparities—across the region. The report found that while many residents are in good health,

Virginia Health Summit, which brought together community leaders to discuss approaches for improving health.

In 2011, the Foundation commissioned research on the state of oral health in Northern Virginia, the first survey of adult oral health needs in the entire Commonwealth. The results were not surprising: Lower-income adults were found to be at a distinct disadvantage when it comes to getting the oral health care services they need. This issue is not just about poverty; it is also directly linked to policy. In Virginia, unless you are pregnant, adults enrolled in Medicaid are only eligible to receive emergency

treatments, or other services that are critical to good oral health.

This year, the Foundation funded the Virginia Oral Health Coalition to create the first-ever statewide report card, which will help better identify oral health issues across the Commonwealth, design strategies to address those issues, and increase visibility of oral health challenges. Foundation funding will help facilitate local discussions about the report card and what next steps need to be taken to address the issues identified in the report.

From time to time, the Foundation also publishes important community-based resources, such as the 2010 *Northern Virginia Health and Wellness Directory*, the first compilation of its kind to offer specific information to help people get services for adopting healthy behaviors, increasing self-care skills, improving management of common ailments, and using health care services more effectively. Non-profit organizations and local governments continue to use the directory widely.

Convenings

Over the last decade, the Foundation has also begun to play a larger role in bringing people from across the region together to learn from one another, share ideas, and leverage resources. In the early days, we convened “Lunch and Learn” meetings—opportunities for grantees and community leaders to hear from experts on

In 2011, the Foundation commissioned research on the state of oral health in Northern Virginia, the first survey of adult oral health needs in the entire Commonwealth. The results were not surprising: Lower-income adults were found to be at a distinct disadvantage when it comes to getting the oral health care services they need.

significant numbers at all ages and income levels struggle, particularly with respect to obesity, dental care, mental health, and other health problems. The report was released as part of the first-ever Northern

oral health services, such as surgery for an abscessed or broken tooth. Therefore, many low-income, working people are left with few options when they need fillings, root canals, preventative

issues such as integrating mental health into primary care settings and providing better oral health care to people with disabilities.

In 2013, we hosted the first-ever Northern Virginia Health Summit, convening policymakers and other key players from across the region to focus on how we might work together to improve health. During the Summit, meeting participants used *How Healthy Is Northern Virginia?* as a starting point for conversations about health disparities and ways to work across silos to address health problems.

Last year, we brought together mental health and behavioral health providers from throughout the region to hear about the impressive work that Greater Prince William Community Health Center is doing in integrating behavioral health and primary care. We also convened public and private stakeholders from throughout Northern Virginia to hear about and understand the implications of a grant that Fairfax County Government received to create a regional suicide prevention strategy.

In June 2016, the Foundation will host the 10th Anniversary Northern Virginia Health Foundation Community Summit, “Upstream Matters: What’s Really Affecting Our Health?” We hope that the Summit will bring more focused attention to health disparities within jurisdictions and spur conversations about strategies that can help eliminate them. The Summit will be timed with the release of a new mapping tool that breaks out, by census tract, how factors such as income, education, and race are linked to life expectancy.



LOOKING FORWARD

As we look ahead, it is likely that the Foundation's investments in upstream interventions will continue to grow—both in our grantmaking and beyond. But we are also deeply committed to the health care safety net, which must be supported so that low-income, uninsured residents have quality, affordable care—a need that has grown over time and will continue to grow.

In the coming years, we will look more closely at how to address serious gaps in the safety net, such as improving access to specialty care. We know that few specialists are willing to see uninsured patients or accept Medicaid; we know that those patients have specialty care needs that, left untreated, can be life-threatening. Another area of critical need continues to be access to oral health care for adults. The Northern Virginia Dental Clinic (NVDC) sees patients across Northern Virginia, regardless of ability to pay, and although NVDC has expanded its capacity to serve many more patients over the years, demand remains high and needs for ever-more complicated and costly oral health care are increasing.

And the Foundation will continue to focus on finding ways to better integrate primary and behavioral care, which significantly improves quality of care while reducing costs. Integrating care in this way is no easy task, but many grantees are either working hard toward this aim or have done so already.

We will continue to commission research that conveys the breadth of the serious health problems facing us as a region and the urgent need to act on these problems. And in addition to tackling these issues, we will continue to remain nimble so that we can help to meet needs as they arise and seize opportunities to make an impact.

We will continue to use our neutral role as a convener to bring people together to share ideas, exploring issues that matter across jurisdictions. And we will continue to provide support at both ends of the health care

system—helping to meet the demand for good health care, while simultaneously working for systems change to prevent the need to address ill health in the first place. These are both critical to improving the health of low-income individuals and families—the heart of our mission.

And most importantly, we will continue to appreciate the outstanding work of our exceptional grantees and steadfast community partners. We have been privileged to work with you on this journey, and we look forward to working alongside you in the years to come.

Most importantly, over the coming years, we will continue to appreciate the outstanding work of our exceptional grantees and steadfast community partners.

GRANTS

Arcadia Food, Inc.

www.arcadiafood.org
2015
\$25,000

Arlington Free Clinic

www.arlingtonfreeclinic.org
2007-2015
\$1,252,500

Arlington Pediatric Center

www.arlpedcen.org
2007-2015
\$872,000

Culmore Clinic (Bailey's Crossroads Health Access Partnership)

2007-2008
\$102,300

Community Foundation for Northern Virginia (formerly Northern Virginia Community Foundation)

www.cfnova.org
2007
\$58,000

Community Foundation for the National Capital Region (Greater Washington Workforce Development Collaborative)

www.cfnrc.org
2007-2009; 2011-2015
\$230,000

Consumer Health Foundation (Regional Primary Care Coalition & Northern Virginia Health Services Coalition)

www.consumerhealthfdn.org
2007-2009; 2011-2015
\$260,000

Cornerstones

www.cornerstonesva.org
2015
\$25,000

Ethiopian Community Development Council

www.ecdcinternational.org
2008
\$98,500

Greater Prince William Community Health Center

www.gpwhealthcenter.org
2007-2015
\$956,400

Health Systems Agency of Northern Virginia

www.hsanv.org
2008
\$25,000

HealthWorks for Northern Virginia (formerly Loudoun Community Health Center)

www.hwnova.org
2007-2015
\$928,326

Herndon Free Clinic (Jeanie Schmidt Free Clinic)

2007-2010
\$315,357

Loudoun Interfaith Relief

www.interfaithrelief.org
2015
\$25,000

Medical Society of Northern Virginia

www.msnva.org
2007
\$150,000

Neighborhood Health (formerly Alexandria Neighborhood Health Services, Inc.)

www.neighborhoodhealthva.org
2007-2015
\$1,283,524

Northern Virginia AIDS Ministry

2010
\$21,326

Northern Virginia Community College (Restorative Dental Clinic)

www.nvcc.edu
2008-2010; 2012-2013
\$312,000

Northern Virginia Dental Clinic

www.nvds.org/northern-virginia-dental-clinic
2007-2015
\$972,000

Northern Virginia Family Service

www.nvfs.org
2008-2015
\$1,052,519

NOVA ScriptsCentral (formerly NoVa Rx CentralFill Pharmacy)

www.novascriptscentral.org
2007-2015
\$866,067

Primary Care Coalition of Montgomery County

www.primarycarecoalition.org
2007
\$50,000

Rebuilding Together

www.togetherwetransform.org
2015
\$25,000

Stop Child Abuse Now (SCAN) of Northern Virginia

www.scanva.org
2015
\$25,000

Tenants and Workers United

www.tenantsandworkers.org
2007
\$20,000

Virginia Oral Health Coalition

www.vaoralhealth.org
2012-2015
\$9,000

Washington Regional Association of Grantmakers (Healthy Communities Working Group)

www.washingtongrantmakers.org
2007-2009; 2011-2015
\$67,500







1940 Duke Street
Suite 200
Alexandria, Virginia 22314
(o) 703-486-5691
(f) 703-486-5692
www.novahealthfdn.org