

# High Impact Philanthropy in the Downturn

Focus on Housing, Health, and Hunger: A Guide for Donors



**The Center for High Impact Philanthropy**

School of Social Policy & Practice | University of Pennsylvania

## ABOUT THE AUTHORS

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## ABOUT THE CENTER FOR HIGH IMPACT PHILANTHROPY

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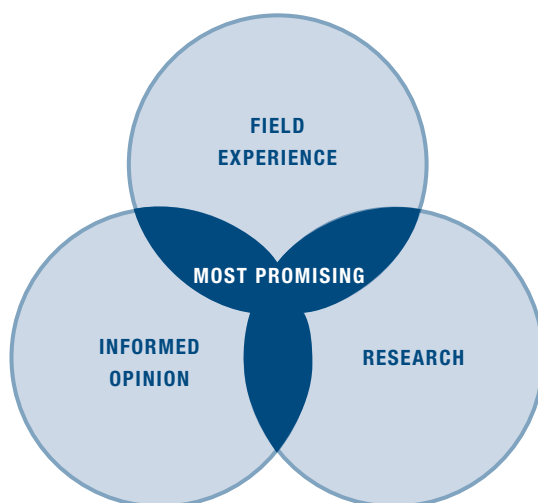
The nonprofit Center for High Impact Philanthropy was founded in 2006 by Wharton alumni and is housed at the University of Pennsylvania's School of Social Policy & Practice. Our aim is to provide information and tools to help philanthropists determine where their funds can have the greatest impact in improving the lives of others. With expertise in business, medicine, the law, and public and social policy, our team brings a multidisciplinary approach, in-depth knowledge of research methods, and seasoned judgment to the analysis of high impact philanthropic opportunities.

## OUR MULTI-PERSPECTIVE, EVIDENCE-INFORMED APPROACH

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To meet our goal of providing smart, practical guidance to individual philanthropists, we synthesize the best available information from three domains: research, informed opinion, and field experience. By considering evidence from these three sources, we seek to leverage the strengths while minimizing the limitations of each. We believe the most promising opportunities exist where the recommendations of these three domains overlap.

### SOURCES OF INFORMATION



#### FIELD EXPERIENCE

- Practitioner insights
- Performance assessments
- In-depth case studies







#### INFORMED OPINION

- Expert opinion
- Stakeholder input
- Policy analyses

#### RESEARCH

- Randomized controlled trials and quasi-experimental studies
- Modeled analyses (e.g., cost-effectiveness)

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 *Model In Practice in this section*



## WHY THIS, WHY NOW

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Three years ago, the Center for High Impact Philanthropy was founded to provide analysis and decision-making tools to help philanthropists determine where their funds can have the greatest impact in improving the lives of others. Given the breadth and severity of the current economic downturn, the question we needed to answer was clear: Where can individual donors make a significant difference in addressing the suffering caused by the economic crisis?

We began this effort in April when we issued [High Impact Philanthropy in the Economic Downturn - Action Agenda](#). Since then, there have been many new developments, including major federal funding initiatives and hopeful signs that the economy is stabilizing. Yet as we write this, unemployment and foreclosure rates remain alarmingly high; foundation assets and state and municipal budgets have been drastically cut; and the nonprofits that provide a critical safety net in communities around the country continue to face heightened demand for their services precisely when their resources have shrunk.

Now, more than ever, donors need to understand where their resources can deliver big results.

To help donors understand where such high impact opportunities exist, our multidisciplinary team relied on numerous sources of information. These sources included available academic research, policy briefs, financial and performance data from nonprofits, and emerging statistics on the overall economic situation. We interviewed dozens of experts including economists, funders, nonprofit staff, government officials, and researchers. To understand client needs and the day-to-day realities of the nonprofits working with them, we conducted site visits, including observing housing counselor sessions and listening in on outbound and inbound help lines. (SEE INSIDE BACK COVER FOR THE FULL LIST OF INDIVIDUALS WHO CONTRIBUTED TO OUR WORK.)

Our hope is that by doing much of this legwork for you, we provide the kind of independent, practical advice that will move you to translate concern and good intentions into impact.

### **Why we focus on housing, health, and hunger**

Although the needs for philanthropic support are great in many areas, this guide focuses on three issues in particular. They are:

- Preventing foreclosures
- Sustaining primary and preventive healthcare programs
- Ensuring access to food

We focus on these areas because in each case, the need has clearly spiked due to the downturn. Even with the recent surge in government stimulus, there remain structural gaps that philanthropic capital is well positioned to fill. Effective and cost-efficient nonprofit solutions exist. Acting now means not only addressing an immediate need, but also avoiding enormous future costs. In short, these are three areas where individual donors can obtain a big bang for their philanthropic buck.

### **What you can expect in each section**

This guide was written for individuals seeking to turn their philanthropic capital into a meaningful difference in people's lives. To that end, each section includes the following:

- A brief analysis of the current situation
- A description of high-impact models to improve the situation, including an estimate of the impact and cost of each model. These estimates were derived either from our team's analysis of available data or from rigorous cost-benefit analyses
- Examples of the model in practice to help potential donors understand how nonprofits target these issues effectively
- Contact information for nonprofits mentioned and tips for finding a local nonprofit delivering these models in your community

As with all of our work, we have vetted this material with content experts, individual philanthropists, and advisors to ensure that our guidance is both smart and actionable. It represents the best advice we can offer at this time. We welcome continued input and are exploring ways to update this material to incorporate new information and new developments. To receive notices of updates to this guide, please contact [impact@sp2.upenn.edu](mailto:impact@sp2.upenn.edu).



## OPPORTUNITY 1

Prevent foreclosures through housing counseling and outreach to at-risk households

“We lived in a home for 3 years and we lost it . . . almost a year ago. It was the first American Dream my parents could’ve accomplished but they did not know interest would rise—they would not be able to pay the mortgage. So we moved in with our aunt. There are currently 12 of us in a one-room house, so do the math.”<sup>1</sup>

- **EVELYN**, student at Village Academy High School  
*Is Anybody Listening? A testament by Village Academy High School students on the economic crisis*

“Refinancing . . . could that have been a factor? I’m not 100% sure but that company sure as heck didn’t want to work with me. You’re not looking for a free handout, you’re looking for someone to give you a fresh start . . . Well, if the deal isn’t reached they say by the end of the month, there will be a Sheriff’s sale. Now I know they initiated the stimulus package to help people but it seems like you don’t know where to go to get that help.”<sup>2</sup>

- **KENNETH KRUSE**, at-risk homeowner  
*The Faces of Foreclosure: People across the New York region tell their stories*

*An unprecedented number of people across the country face losing their homes to foreclosure. However, for many families like Evelyn’s and Keith’s, effective housing counseling and targeted outreach can prevent foreclosure’s enormous emotional, social, and economic toll. Such efforts now represent great bang for philanthropic buck.*

## THE CONTEXT

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Foreclosures can be devastating. Beyond the loss of shelter, affected households experience significant instability, anguish, loss of important social support, and continued financial distress. When foreclosures mean transferring schools and day care facilities, children’s learning suffers.<sup>3</sup> For already vulnerable families, the risk of homelessness becomes real.<sup>4</sup>

When foreclosures are clustered—as they have been in many communities during this recession—affected neighborhoods see significant declines in property values,<sup>5</sup> increases in violent crime,<sup>6</sup> and increases in related municipal costs, such as inspections, unpaid water and sewage bills, and trash removal.<sup>7</sup> (SEE FIGURE 1: FORECLOSURES RATES ACROSS THE COUNTRY—A NATIONAL CRISIS, CONCENTRATED PAIN).

As we write, foreclosure rates are at the highest ever recorded since the Mortgage Bankers Association

began tracking such data in 1979 (SEE CHART 1: RECORD HIGH DELINQUENCY & FORECLOSURE RATES). The proportion of mortgage holders not current on their mortgages is at a record 13.16 percent.<sup>8</sup> The Center for Responsible Lending projects that 9 million foreclosures will occur between 2009 to 2012. In addition, due to the increasing spillover effects of foreclosures on neighboring homes, it estimates that 91.5 million homes will lose a combined \$1.86 trillion in property value during that same period.<sup>9</sup>

In response to this national crisis, the federal government has committed \$75 billion in incentives for loan servicers and borrowers to complete loan modifications, permanent changes in the terms of a mortgage loan that can prevent borrowers from losing their homes.

**FIGURE 1: FORECLOSURE RATES ACROSS THE COUNTRY—A NATIONAL CRISIS, CONCENTRATED PAIN**

Estimated percent of mortgages to start foreclosure process or be seriously delinquent in the past 2 years



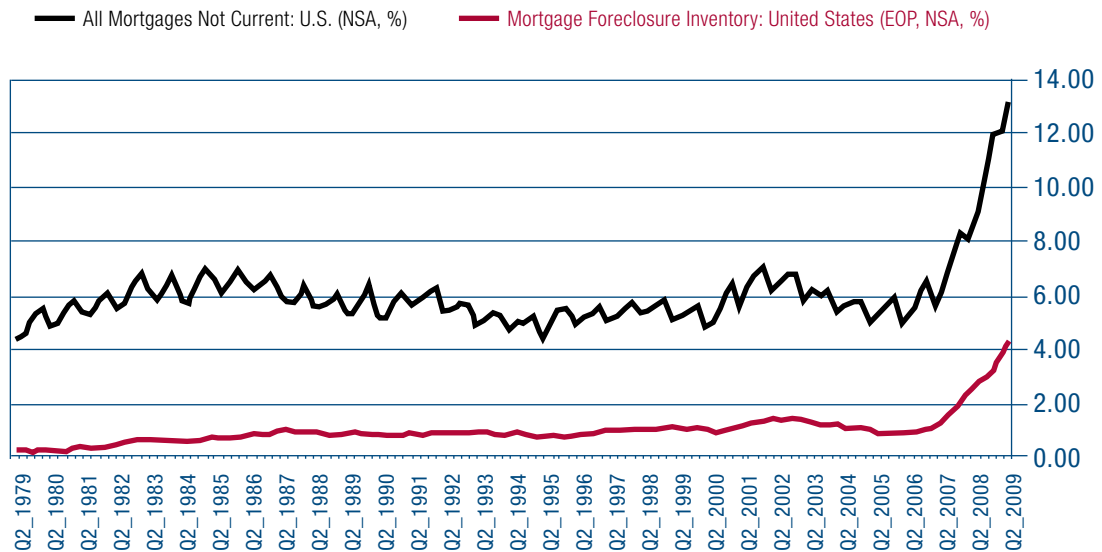
Source: The Policy Map, a service of The Reinvestment Fund

Yet for many at risk of foreclosure, the process of securing a loan modification is too daunting to navigate on their own. Others, as Kenneth's story illustrates, remain unaware that such help is even available.

Fortunately, effective nonprofit housing counselors remove much of the complexity from the process of

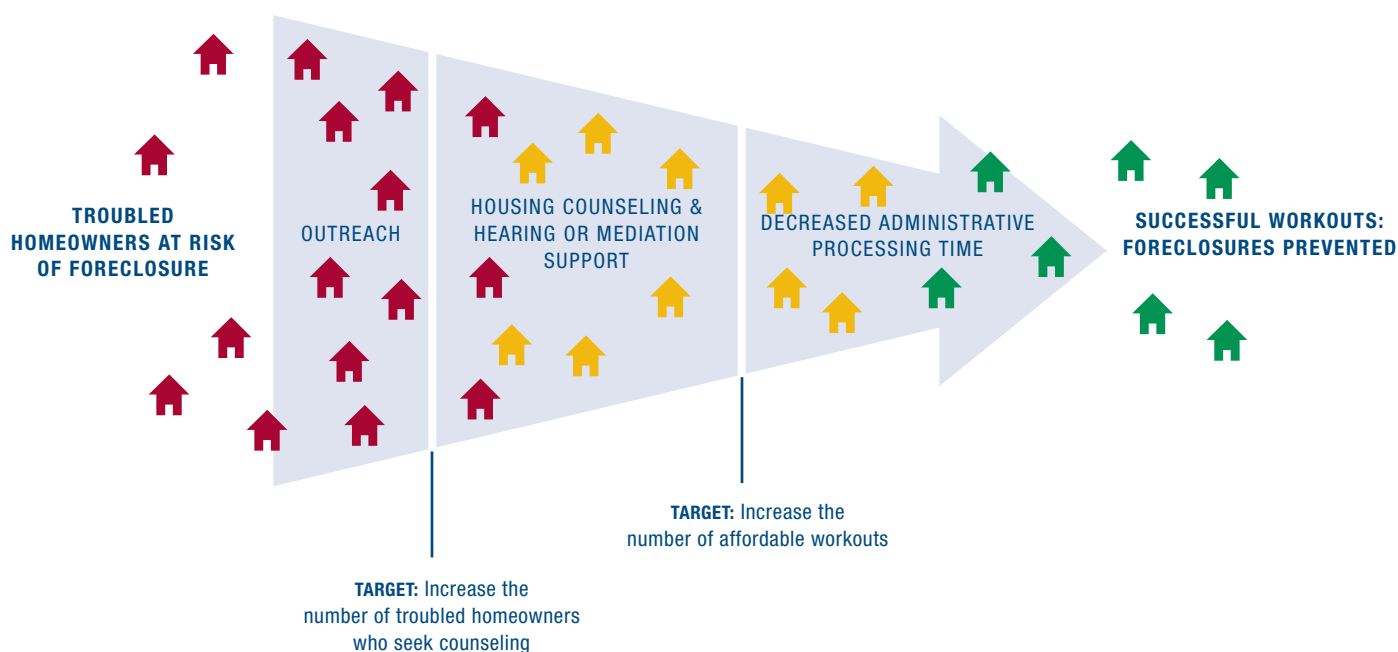
seeking a loan modification. Coordinated and targeted outreach efforts get the word out so that those at risk of foreclosure seek available help before it is too late. While these activities will not prevent every foreclosure, they do represent a critical last mile of foreclosure prevention that philanthropic capital can cover now.

**CHART 1: RECORD HIGH DELINQUENCY & FORECLOSURE RATES**



Source: Mortgage Bankers Association<sup>8</sup>

FIGURE 2: HOW NONPROFITS WORK TO PREVENT FORECLOSURES



## HOW PHILANTHROPIC CAPITAL CAN CHANGE THE SITUATION

Given the devastating toll that each foreclosure can inflict, donors can make a meaningful difference by funding:

**SOLUTION 1: Nonprofit housing counseling:** Seeking a loan modification can be daunting for anyone, let alone a household in financial distress. Effective nonprofit housing counselors help troubled borrowers navigate the process of seeking an affordable loan modification from their servicer and work with the borrower and servicer to negotiate a loan modification that can succeed (i.e., the homeowner does not redefault on the loan).

**SOLUTION 2: Coordinated outreach and public education:** Too many people remain unaware that help is now available. Worse still, scam artists, sometimes posing as representatives of legitimate nonprofits, are targeting desperate homeowners with high-priced (and worthless) loan modification services.<sup>10</sup> Coordinated outreach and public education help troubled homeowners gain access to legitimate counseling and avoid becoming victims of fraud.

### SOLUTION 1: NONPROFIT HOUSING COUNSELING

Freddie Mac studies found that the majority of borrowers who lost their homes to foreclosure never had meaningful contact with their lenders before foreclosure was completed.<sup>11</sup> This should come as no surprise. When people are behind on payments, typically the last person they want to speak with is

the person to whom they owe money. Yet, seeking a loan modification—a permanent change in the terms of a mortgage loan such as an extension of the time in which the borrower will repay the loan and/or a reduction in the loan’s interest rate—is often a necessary first step to averting a foreclosure.

Nonprofit housing counselors act as neutral intermediaries between the borrower and the servicer to help negotiate an affordable loan modification for the client. Effective housing counselors assess the client's financial situation, determine what the client can afford to pay for housing, and create an action plan. Such counselors will verify the homeowner's budget by reviewing a credit report and comparing the report to documents provided by the client. They will also create a detailed plan that may involve budgeting and financial management strategies such as renting out a room, asking adult children to contribute, or cutting off cable. If requested by the client, counselors will contact the servicer and negotiate on behalf of the borrower.

This last activity can be especially impactful as effective housing counseling agencies understand the new rules and incentives for loan modifications, have experience working with the major servicers, and have access to data exchange systems with servicers. These capabilities enable them to expedite the loan modification process. Many nonprofit counseling agencies are now actively working with Hope Now, a cooperative effort of nonprofit counseling agencies, mortgage companies, trade associations, investors, and mortgage insurance companies to continue to forge solutions to keep people in their homes. (SEE TAKING ACTION, P 10).

We estimate that it costs between \$300 and \$3,800 to provide effective counseling that keeps a client at risk of foreclosure in his or her home for at least 12 months. These estimates are based on available industry reports regarding average costs and success rates. We do not yet have estimates beyond 12 months because these programs are still so new. However, if a homeowner is able to make payments for 12 months, it is a good sign that a permanent solution has been found. Equally important, this "cost per foreclosure prevented" is small compared to the damage done by each foreclosure. (SEE BELOW: GREAT BANG FOR BUCK: NONPROFIT HOUSING COUNSELING)

An affordable loan modification cannot always be reached. In those cases, effective nonprofit housing counselors map out a strategy to help homeowners exit with the least amount of disruption or damage to their credit history. Such counselors often negotiate a "graceful exit," or "cash for keys." Such cash can serve as a down payment for a rental and an incentive for the homeowner to maintain the property before vacating.

In the *Taking Action* section (SEE PAGE 10), we tell you how to find an effective nonprofit housing counseling agency to support. In addition, to help you better understand how philanthropic capital can help, we provide an example of the *Model in Practice* on the next page.

#### GREAT BANG FOR BUCK: NONPROFIT HOUSING COUNSELING

Cost per impact: **\$300 to \$3,800** to help a homeowner at risk of foreclosure reach a successful loan modification with a servicer. Compare this to:

- Costs to **Society**: As much as **\$34,000** in municipal costs per foreclosure.<sup>12</sup> Given that 9 million foreclosures are anticipated over the next four years,<sup>13</sup> the total bill to cities could reach \$306 billion.<sup>14</sup> The reduction in property values could reach \$1.86 trillion.<sup>15</sup>
- Costs to **Communities**: When a foreclosure occurs in a neighborhood, each neighboring home loses an average of **\$7,200** in value.<sup>16</sup> Neighborhood violent crime rises an estimated 2.33 percent with each percentage point increase in that neighborhood's foreclosure rate.<sup>17</sup>
- Costs to **Individual**: Increased risk of homelessness, continued financial distress, increased rates of stress and mental illness; for children, loss in learning and development.

## MODEL IN PRACTICE:

### Preventing foreclosures through effective housing counseling



Image by NeighborWorks® America/Gregory Miller Photography

**About the model:** In conversations with funders and policymakers over the last several months, Consumer Credit Counseling Services (CCCS) of Atlanta, soon to be known as CredAbility, was cited as a nationally recognized leader in effective housing counseling. It provides face-to-face counseling in 30 locations in Georgia, Florida, Mississippi, and Tennessee and over-the-phone counseling nationally, 24-hours a day in both English and Spanish. One of eight nonprofit credit counseling agencies responding to callers of the national HOPE hotline, it answered more than 175,000 calls and provided housing counseling to 73,573 clients in 2008.<sup>18</sup> In addition to foreclosure prevention assistance, it serves as a “financial emergency room,” providing budget and credit counseling, money management education and outreach, debt management plans, and bankruptcy counseling and education.

**Impact:** 80% of CCCS clients were still in their homes 12 months after their initial counseling session.<sup>19</sup> This compares favorably with the industry comparison data of 23%, a reasonable benchmark and the best available figure against which to compare CCCS’s results.<sup>20</sup>

**Costs:** CCCS of Atlanta reported a cost of \$1 to \$1.50 per minute for counseling with an average per client cost of \$208.<sup>21</sup> Industrywide, the average cost per client counseled is \$431 and the median cost per client is \$225, based on a survey of HUD-approved counseling agencies, including CCCS of Atlanta.<sup>22,23</sup>

**Cost per impact:** We estimate that it costs CCCS of Atlanta approximately \$300 to keep one client in his or her home and avoid future foreclosure activity for a year. By

comparison, industrywide, the cost ranges from \$500 to \$3,800, based on the complexity of the case.<sup>24</sup>

We attribute several factors to CCCS of Atlanta’s strong cost-per-impact profile:

- Experience: Founded in 1964, it had a track record of working with clients in financial distress long before the current economic crisis.
- Strong commitment to data-driven decisions and investment in data management systems, including its Early Resolution Counseling Portal (ERCP), an online portal developed in collaboration with servicers and the Ford Foundation. ERCP acts as a bridge between the Early Resolution platform used by servicers for decision analysis and CCCS counseling agencies’ terminals.
- Strong, professional culture reflected in its knowledge and working relationships with servicers.

For more detail on this model see [High Impact Philanthropy in the Downturn: Additional Sources and Due Diligence](#), available on our website: [www.impact.upenn.edu](http://www.impact.upenn.edu).

To learn more about CCCS of Atlanta, visit its website: <http://www.cccsatl.org/index.jsp>. Alternatively, contact Suzanne Boas, president, at [suzanne.boas@cccsinc.org](mailto:suzanne.boas@cccsinc.org) or (404) 653-8809.

To learn how to identify an effective housing counselor in your local area, see our *Taking Action* section on p. 10.

## SOLUTION 2: OUTREACH TO AT-RISK HOMEOWNERS

Borrowers typically gain access to counselors through a hotline or by submitting an online application to counseling agencies. However, many at-risk households, unaware of new incentives for servicers and lenders to modify loans, do not seek housing counseling. With no knowledge of legitimate options for help, desperate homeowners become victims to increasingly sophisticated scam artists, peddling bad information and worthless loan modification services.

Outreach can take many forms including direct mail, cold calls, robocalls from city officials, high profile counseling fairs, public service announcements on TV and radio, billboards and bus advertisements,

and door-to-door canvassing. When well coordinated, such activities can reach troubled homeowners, serving as a check against scams.

However, as with all outreach activities, the most successful are able to 1) target those at risk and 2) remove existing barriers to access (e.g., lack of computer or phone access, language differences, and trust issues).

In the *Taking Action* section (SEE PAGE 10), we tell you how to find local outreach efforts to support. In addition, to help you better understand how philanthropic capital can help, we provide the following description of an outreach *Model in Practice*.

### MODEL IN PRACTICE:

#### Linking troubled homeowners to assistance through targeted, “door-knock” campaign

**About the model:** General outreach activities (e.g., public service announcements, bill inserts) can raise overall public awareness. But in urban areas with a high concentration of households at risk of foreclosure, a targeted “door knock” campaign can be a cost-effective way to link borrowers with housing counseling. The city of Philadelphia incorporated such a campaign in its Residential Mortgage Foreclosure Diversion Program. The city partnered with 15 local nonprofits to conduct door-to-door outreach to approximately 400 to 500 eligible homeowners a month.<sup>25,26</sup> Representing the city, trained nonprofit staff received a list of at-risk, owner-occupied households. Households could receive up to 3 visits. If representatives successfully reached a homeowner, they explained that help was available and urged the borrower to call the city hotline to set up a free housing counseling session. The city is currently working with a foundation to understand the impact and cost effectiveness of its efforts, but the program has already been recognized nationally by mayors such as Michael Bloomberg of New York and Antonio Villaraigosa of Los Angeles.<sup>27</sup>

**Impact:** It will be some time before rigorous studies are available on programs created to respond to the current crisis. In the meantime, we applied the success rates of one of the City’s nonprofit partners to estimate the potential impact of a door-knock campaign. In a nonprofit pilot of 117

households contacted, of which 94 were actually reached, 65%—or 61 households—called the hotline immediately to set up a housing counseling appointment.<sup>28</sup> We don’t know the effects of the campaign isolated from other aspects of the program. In an early attempt to understand this, the city observed a 12% increase in response rates by those covered by the door-knock campaign versus those who were not.<sup>29</sup>

**Cost:** An estimated \$25 to \$75 per household “knocked,” that is, per name on the list.<sup>30</sup> This is not the cost to the city, but simply an estimate provided by a nonprofit partner of its costs to deploy staff as part of a city campaign. Cost includes transportation, canvassers’ compensation, and cellphones.<sup>31</sup>

**Cost per impact:** We estimated it cost \$60 to \$200 for every homeowner who seeks help by scheduling a housing counselor appointment, based on figures provided by the nonprofit pilot.<sup>32</sup>

In our conversations with those involved in outreach efforts, two criteria emerged as central to the success of any door-knock campaign. The first is the availability of a good quality, targeted list of at-risk households. The second is the availability of experienced canvassers who already have, or can quickly gain, the necessary trust from the low-income and minority communities most at-risk of foreclosure.

## MODEL IN PRACTICE (CONTINUED):

For more details on this model see [High Impact Philanthropy in the Downturn: Additional Sources and Due Diligence](#), available on our website: [www.impact.upenn.edu](http://www.impact.upenn.edu).

To learn more about Philadelphia's Residential Mortgage Foreclosure Diversion Pilot Program, contact Terry Gillen, executive director, Redevelopment Authority, City of Philadelphia, at (215) 209-8720, [terry.gillen@phila.gov](mailto:terry.gillen@phila.gov) or Laura Taylor, contract administrator, City of Philadelphia at (215) 686-9711, [laura.taylor@phila.gov](mailto:laura.taylor@phila.gov).

## TAKING ACTION

### How to find a housing counselor in your local area

As we mentioned earlier, CCCS of Atlanta is a national leader in providing nonprofit housing counseling and other services for those in financial distress. It currently provides face-to-face counseling in 30 locations in Georgia, Florida, Mississippi, and Tennessee and over-the-phone counseling nationally, 24-hours a day in both English and Spanish. To learn more about CCCS of Atlanta, please visit its website, <http://www.cccsatl.org/index.jsp>. Alternatively, contact Suzanne Boas, president, at [suzanne.boas@cccsinc.org](mailto:suzanne.boas@cccsinc.org) or (404) 653-8809.

For those wishing to support nonprofit housing counseling in other areas, **NeighborWorks America** <http://www.nw.org/network/home.asp> was also cited by those we spoke to for its strong work in foreclosure prevention. Founded in 1978 (as Neighborhood Reinvestment Corporation), it is a national nonprofit corporation created by Congress that supports a network of more than 235 nonprofit community-based organizations providing affordable housing, technical assistance and finance for community-based revitalization efforts. NeighborWorks America administers the National Foreclosure Mitigation Counseling (NFMC) Program, distributing to agencies the federal dollars set aside to cover transactional costs of counseling. On its website, [http://www.finda-foreclosurecounselor.org/network/nfmc\\_lookup/](http://www.finda-foreclosurecounselor.org/network/nfmc_lookup/), users can search for housing agencies by state and

### TIPS FOR ASSESSING HOUSING COUNSELING AGENCIES

There is significant variation in the quality of housing counseling, so look for the following when assessing an organization's strength:

- Commitment and capacity to go beyond simply providing and collecting information to actually negotiating and advocating for an affordable loan modification from servicers
- Experience working with clients in financial distress, relationships with servicers, and ability to address other financial needs (e.g., financial literacy and debt management)
- Systems to support data-driven decision making and to expedite the loan modification process
- Status as a HUD-approved housing counseling agency <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> and a responder to the national HOPE hotline, which provides free phone counseling 24-hours a day <http://www.hopenow.com/members.php>. (See also Hope Now Alliance in "How to find an outreach provider.")
- Capacity to provide counseling in languages other than English since low-income, new immigrant, and minority communities have been especially hard hit

by zip code. Donors interested in funding housing counselors in their local communities can identify candidates through this resource.

### How to find an outreach provider

Any housing counseling organization you identify from the guidance we provide above should be able to discuss related outreach efforts in the areas they serve.

In addition, for donors interested in supporting outreach and community education, we recommend **Hope Now Alliance** as a source of information on effective outreach models currently being implemented in communities across the country. Hope Now is

a cooperative effort of nonprofit counseling agencies, mortgage companies, trade associations, investors, and mortgage insurance companies. It works to increase awareness of the availability of free help for troubled homeowners and provides free phone counseling 24-hours a day, in multiple languages, via its national hotline.

Contact information:

- Website: <http://www.hopenow.com/>
- HOPE Hotline: (888)-995-HOPE (4673)
- Executive Director: Faith Schwartz: (202) 589-2406 or [faiths@hopenow.com](mailto:faiths@hopenow.com)

#### GREAT BANG FOR BUCK: HOW YOUR DOLLARS COULD HELP

For **\$300 to \$3,800**, effective housing counseling can help a homeowner at risk of foreclosure reach a successful loan modification with a servicer. Examples of how philanthropists can make this model more effective and efficient include:

- \$15,000 to \$20,000 will enable housing counselors like CCCS of Atlanta to recruit, hire, train, and provide necessary resources (e.g., computers, desks, and office supplies) for a new housing counselor, who will work with 800 to 1,000 clients per year.<sup>33</sup>
- \$15,000 will enable counseling agencies to purchase early resolution portal software. Right now, servicer capacity to process loan modifications remains a severe bottleneck. Such data exchange systems can alleviate servicers' overload and expedite the loan modification process.

In addition, funding targeted outreach and community education ensures that more troubled borrowers connect with available, effective housing counseling.

We offer these not as a menu but rather simply to provide you with examples of the types of unmet needs we heard from leaders in foreclosure prevention.





*Image provided by Nurse-Family Partnership*

## **OPPORTUNITY 2**

Sustain access to primary and preventive healthcare through support of community health centers and targeted outreach

“Since sales at the Sebring, Fla.-area car dealership where Christopher Pye works have dwindled, so have the commissions that were 40% of his income in good times. Barely able to afford his \$850 monthly mortgage and pay for groceries, he says something had to give: his two young sons’ annual medical checkups. ‘It’s just a little too expensive right now,’ says Mr. Pye, 32-years old, who says he can’t afford to have his family on the company health plan or to pay up front for the visits. This month, Mr. Pye is canceling his own insurance, hoping the \$56 he’ll save in weekly premiums will pay for the exams of his boys, ages 3 and 4, later.”<sup>1</sup>

*By supporting community health centers, donors can help families like the Pyes stay healthy and avoid the more serious health problems that come from foregoing care. In addition, existing nonprofit models provide cost-effective programs targeting families who are especially vulnerable.*

## THE CONTEXT

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One of the most troubling consequences of this downturn is that more and more families like the Pyes are postponing or foregoing healthcare, often leading to more serious conditions and costs in the future.<sup>2</sup> For women, that can mean foregoing a routine Pap smear that could prevent the advancement of cervical cancer. For children, that can mean foregoing recommended vaccines that have prevented thousands of hospitalizations, disabilities, and deaths from measles, influenza, and other preventable diseases. When a new health crisis hits already strapped, uninsured families, it can push them over the edge into bankruptcy or force them to choose between health and other basic needs such as food and housing.<sup>3</sup>

For society as a whole, the swelling ranks of those without access to healthcare mean skyrocketing costs from increased hospitalizations and emergency room visits, as well as higher rates of sickness and death.

As we write this guide, there is ongoing and impassioned debate regarding what to do about healthcare in this country. Much of the debate focuses on

health insurance coverage. Indeed, this recession has brought the largest loss of jobs since the Great Depression and with it, millions of Americans have lost their job-based health insurance.<sup>4</sup> Currently, nearly 47 million people in this country are uninsured.<sup>5</sup> Researchers estimate 6.9 million more Americans will lose health coverage by the end of 2010.<sup>6</sup> This translates into 44,230 people losing health insurance each week.<sup>7</sup> In addition, the sudden and dramatic drop in state and municipal tax revenues has resulted in cuts to even the most effective and cost-efficient children’s health insurance and community outreach programs.

However, access to healthcare is not just about insurance. Many currently insured through Medicaid find that they cannot access care, either because private providers do not accept public insurance or because private providers are often not located in rural and inner-city communities where patients live.

Fortunately, cost-effective nonprofit models exist that remove these barriers to access. They represent high impact opportunities for donors to help.

## HOW PHILANTHROPIC CAPITAL CAN CHANGE THE SITUATION

In the midst of this recession and regardless of the outcomes of the current healthcare policy debate, donors can make a difference by funding:

**SOLUTION 1: Community health centers (CHCs):** More than just clinics, these nonprofits provide comprehensive primary and preventive care regardless of a patient's ability to pay or type of insurance. Located in rural and urban areas of high need, they remove both financial and logistical barriers to access. In addition, they provide services such as translation and social service referrals that further reduce barriers to access and increase their ability to help those in need. Philanthropic capital can play a strategic role in increasing their capacity to meet heightened demand and reach the newly poor and uninsured.

**SOLUTION 2: Targeted prevention and education programs:** For especially vulnerable populations (e.g., first time moms), targeted home-based education and prevention programs are another way to remove barriers to access. Such programs have demonstrated that intensive support earlier can have huge payoffs later, not just for patients/clients but also for their families and communities. The use of philanthropic capital to maintain such programs now can prevent enormous suffering and costs in the future.

### SOLUTION 1: INCREASE ACCESS TO COMPREHENSIVE PRIMARY AND PREVENTIVE CARE BY SUPPORTING COMMUNITY HEALTH CENTERS

Community health centers are nonprofit organizations that provide comprehensive, high-quality care to patients regardless of a patient's income or insurance coverage. The national network of community health centers represents the largest system of com-

prehensive care in the United States, serving 18 million people at more than 7,000 sites in every state and territory.<sup>12</sup> In the *Taking Action* section (see page 23), we tell you how to find one in your state or county.

#### GREAT BANG FOR BUCK: COMMUNITY HEALTH CENTERS

Average cost: **\$560 per person/year** for access to comprehensive primary care<sup>8</sup>

##### REPRESENTATIVE IMPACTS:

- For **communities**: significantly better health outcomes, such as 11% lower rate of low birth weight infants and 8% higher rates of blood pressure control (compared with national average) despite serving communities at higher risk for both<sup>9</sup>
- For **society**: an estimated \$10 billion to \$18 billion saved by averting more costly hospital- or ER-based care<sup>10</sup>
- For **local economies**: for every \$1 million invested, \$6 million in direct and indirect economic benefits through job creation and local business stimulus<sup>11</sup>

**FIGURE 1: COMMUNITY HEALTH CENTERS MAKE PRIMARY CARE ACCESSIBLE**

**COMPREHENSIVE PRIMARY CARE:**

- Well checkups
- Treatment when sick
- Complete care during pregnancy
- Immunizations and checkups for children
- Dental care and prescription drugs
- Mental health and substance abuse care



**SUPPORTIVE SERVICES TO HELP FAMILIES ACCESS CARE AND STAY HEALTHY:**

- Outreach and health education
- Social workers
- Translation
- Transportation and mobile units

Community health centers:

- are located in or serve the most medically underserved communities
- provide comprehensive primary care services with a focus on prevention
- are open to all with sliding scale fees based on ability to pay
- are governed by a community board to ensure responsiveness to community needs

These criteria designate them as Federally Qualified Health Centers (FQHCs) or FQHC look-alikes, a designation that allows them to receive federal funding to cover some portion of their operations.<sup>13</sup>

**Demonstrated impact**

The community health center model has demonstrated impressive results for the people it serves:

- **Improved health outcomes:** Communities served by CHCs have rates of low birth weight infants 11% lower than national rates, despite these communities' higher risk populations.<sup>14</sup>
- **Higher levels of preventive care:** Patients served by CHCs receive more preventive care (e.g. screening for diabetes, hypertension, and cervical cancer) than patients served in other primary health care settings. For example, studies have found that for

uninsured women needing Pap smears, rates of screening in CHCs were 22% higher than rates seen in other primary healthcare settings.<sup>15</sup>

- **Decreased health disparities:** Studies indicate that as the proportion of a state's low income population served by CHCs grows, gaps in health outcomes along racial lines decline in important key areas such as prenatal care, infant mortality, and age adjusted death rates.<sup>16</sup>

Furthermore, studies show that the quality of care in CHCs meets or exceeds the quality of care in the private sector.<sup>17</sup>

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[T]he community health center model has proven effective not only in increasing access to care, but improving health outcomes for the often higher-risk populations they serve.

– *The Institute of Medicine* <sup>18</sup>

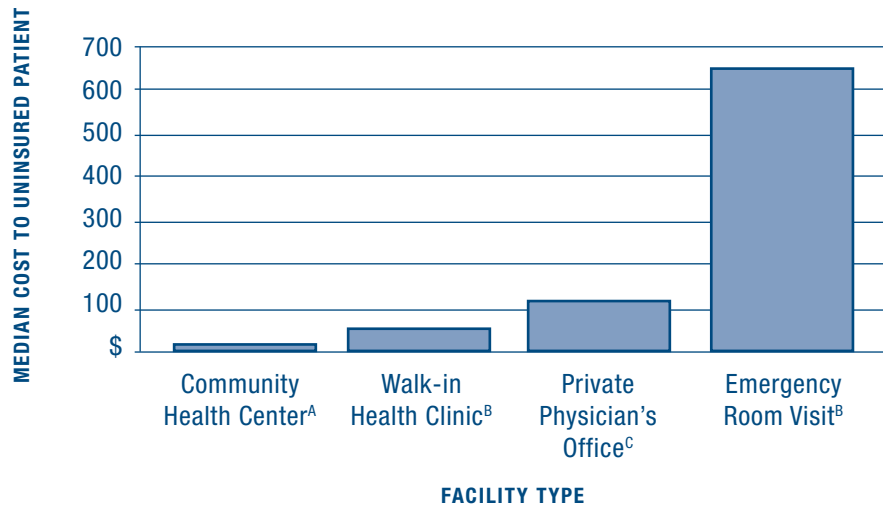
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These impressive results are achieved at a relatively low cost. For a typical community health center, the estimated cost of serving a patient is approximately \$560 per year.<sup>19</sup> CHCs' costs are among the lowest of healthcare providers. For example, in South Carolina, treating patients with diabetes at community health centers costs \$400 less than treatment by a typical private provider.<sup>20</sup>

**CHART 1: COMMUNITY HEALTH CENTERS: AN AFFORDABLE OPTION FOR UNINSURED FAMILIES**

*Comparison of out-of-pocket costs incurred by an uninsured, low-income patient for treatment of a common ear infection at different provider sites*

Sources: A – Salud health center pricing chart; B – Aetna; C – Healthcare Blue Book<sup>21</sup>



Several factors account for CHCs' high impact at a relatively low cost. First, CHCs do not provide expensive specialty care such as complex surgery or high-tech radiology. Instead, they emphasize comprehensive primary and preventive care. This is a more cost-effective way to address health outcomes, rather than foregoing early care only to pay the higher price of addressing a more serious condition later. A second factor is its delivery of community education, case management, transportation, and translation services. These services are high impact because they not only improve access to CHCs' clinical services, but also help patients take better care of themselves outside of the CHC.

### Where philanthropic capital is especially needed

In our conversations with community health centers around the country over the past several months, two types of opportunities emerged where private philanthropic capital can fill the gaps and leverage the strengths of the CHC model:

- Increase capacity to meet heightened demand
- Enhance outreach to newly uninsured and hard to reach populations

For any given CHC, the specific ways in which donors can increase capacity or enhance outreach will

depend on the unique health needs of the community that CHC serves and its specific funding gaps. The recent federal stimulus bill, the American Recovery and Reinvestment Act of 2009 (ARRA), includes additional resources for CHCs, primarily for capital projects and electronic medical records. However, facing large tax revenue shortfalls, certain states and municipalities are now cutting or threatening to decrease funding for CHC services and public insurance (CHCs' main source of revenue) despite the increasing demands for CHC services.

As of September 2009, at least 27 states have implemented cuts that will restrict low income childrens' or families' eligibility for insurance or restrict their access to healthcare services.<sup>22</sup> Philanthropic capital is particularly useful given its flexibility and speed in filling strategic gaps while leveraging the public investments already made. In our *Taking Action* section (see page 23), we provide tips on approaching and assessing a local CHC to understand the specific, strategic funding gaps your capital can fill.

In addition, to help you better understand how CHCs work and how philanthropic capital can help, we provide the following descriptions of the *Models in Practice*.

## MODELS IN PRACTICE:

### Increasing community health center (CHC) capacity to meet growing demand

Escalating unemployment rates mean community health centers see more uninsured and underinsured patients. This demand comes at a time when essential funding from state grants and public insurance is threatened by state budget shortfalls. In order to bring more quality care to more people, CHCs need additional staff, infrastructure, and systems. Philanthropic support can bridge the gap between public funding and the cost of providing CHCs' core services to the growing number in need.

CHCs like [Salud Family Health Centers](#) in Colorado have experienced a steady increase in demand for services, mostly from the newly uninsured. In 2008, fifty-two percent of its patients were uninsured and eligible for sliding-scale



Teaching a patient with diabetes how to self-administer insulin  
Image provided by [Clinica Sierra Vista](#)

payment based on family size and family income. As federal and state grants cover only a small portion of costs for uninsured patients, there is an increasing gap between the cost of services provided and funds to cover those costs.

Private philanthropic capital can expand a core program such as dental health services that are currently underfunded. Examples of core staff that are needed are nurses, doctors, pharmacists, and health educators.

In addition to human capital, CHCs need capacity investments in systems that increase their quality and efficiency. For example, [Clinica Sierra Vista](#) in Fresno, Calif., an area hard hit by the recession, seeks to expand its electronic patient registry and tracking program. By creating an interface between patient records, lab reports, and clinic visits, these programs help clinic staff understand who needs what tests, who is doing fine on their own, and who needs more help. For chronic illnesses such as diabetes and asthma, as well as outreach efforts for breast and cervical cancer, such systems can help CHCs target their limited resources to where they can do the most good. They are particularly needed for outreach to mobile or migrant populations to ensure that patients receive appropriate screening and follow-up care.

### Enhancing outreach to newly uninsured and hard-to-reach populations

Many people in need of care, especially the newly uninsured, are unaware of the services at CHCs and how to get access to them. Private philanthropy can help by supporting community outreach workers and support personnel who ensure that families in need know about and can obtain clinic services.

For example, [Community Healthcare Network](#) (CHN) of New York estimates that four out of five people who could use its services do not come in. Instead, they often end up in emergency rooms when their health deteriorates. Community health educators and skilled call center/customer service staff can overcome access barriers and help the newly uninsured get the care they need.

A community outreach educator provides information about a clinic's services to those at greatest risk for being

uninsured, and delivers health programs in areas such as nutrition and sexual health to teenagers in high schools. Well-trained support staff, such as call center personnel, answer calls, link patients to the services they need (e.g., doctor visits, case management, translation, transportation), and provide answers to basic health questions. For some CHCs, mobile units help reach rural families spread out over large distances or engage urban teenagers who would rarely come to a clinic. Quality information and communication on first contact with the CHC mean more families get the care they need and take advantage of the effective CHC model.

For more details on these models see [High Impact Philanthropy in the Downturn: Additional Sources and Due Diligence](#) on our website [www.impact.upenn.edu](http://www.impact.upenn.edu).



Nine-year-old Michael was carried into the dental clinic of the Community Health Center of Southeast Kansas (CHCSEK) in Pittsburg, Kansas, with a high temperature and an abscessed tooth. He hadn't eaten solid food in weeks. There was no dentist in the community that accepted Medicaid. The school nurse contacted the nearby CHCSEK clinic and was told to bring Michael to the center right away. Crying and frightened when he arrived, Michael was bundled into blankets and comforted while the dentist examined him. It was evident that Michael had been enduring an enormous amount of pain for weeks and he was within hours of having to be hospitalized. Michael was given a large dose of antibiotics and the tooth was extracted. Michael's face immediately lit up with relief despite his discomfort due to the infection.

The health center continues to provide care for the extensive decay persisting throughout Michael's mouth. When staff went to Michael's school a few months later to screen 700 other children, he took the hands of CHCSEK staff, led them into his classroom and announced "These are my friends and they will help you."

*Adapted from U.S. Department of Health and Human Services. (2008, June). "Health Centers: America's Primary Care Safety Net, Reflections on Success, 2002-2007." Rockville, MD. [http://ftp.hrsa.gov/bphc/HRSA\\_HealthCenterProgramReport.pdf](http://ftp.hrsa.gov/bphc/HRSA_HealthCenterProgramReport.pdf)*

## SOLUTION 2: SUPPORT TARGETED PREVENTION AND HEALTH EDUCATION PROGRAMS FOR ESPECIALLY VULNERABLE POPULATIONS

For many vulnerable populations (e.g. new moms with few social supports), intensive help early on can have huge payoffs in preventing bad health outcomes and future costs to society. Home or school-based programs have been effective in helping high-risk populations make decisions and establish habits that result in a positive, life-long impact on their health. Examples of such programs include:

- home-based prevention and early treatment for asthma that keep at-risk children healthy and out of the emergency room
- programs that decrease the risk of falls and help the elderly live independently
- education initiatives that equip teenagers with the information and skills they need to make positive choices, particularly regarding nutrition and sexual health

Philanthropic capital is especially needed now. More people have become vulnerable and isolated as a result of the downturn. Yet, community prevention and

education programs are often the first to get cut with budget shortfalls, despite evidence of their ability to improve health outcomes and decrease long-term costs. Many of the most effective outreach initiatives use community health workers. Studies have shown that they can be essential to the success of prevention programs for asthma,<sup>25</sup> diabetes,<sup>26</sup> cervical cancer,<sup>27</sup> and other chronic diseases.<sup>28</sup>

In the *Model in Practice* call-out box, we provide an example of an evidence-based nurse home visitation program for first-time, low-income mothers and their babies. This model has been replicated in over 20 states. Nurse-Family Partnership (NFP) is a successful and cost-effective community outreach program whose positive impact on children, mothers, and society has been well established. At the end of the section, we also provide tips on finding other agents in your local area who target especially vulnerable populations.

### GREAT BANG FOR BUCK: TARGETED PREVENTION AND HEALTH EDUCATION PROGRAMS

#### A 5x return for every dollar invested

##### EXAMPLE – COMMUNITY EDUCATION AND PREVENTION

- After five years, an investment of \$10 per person per year in **evidence-based community education and prevention programs** directed at physical activity, healthy eating, and reduction in smoking **returns an estimated \$5.60 for each dollar invested**, taking into account only reductions in healthcare costs and not including improvements in productivity, school achievement, or quality of life.<sup>23</sup>

##### EXAMPLE – TARGETED HOME-BASED SUPPORT

- Nurse-Family Partnership (a nurse visitation program for first-time moms): a 2005 cost-benefit analysis by RAND found that **for every one dollar invested, the program returned \$5.70**, providing a net benefit to society of over \$34,148 per high-risk family served.<sup>24</sup>

## MODEL IN PRACTICE:

### Home-based prevention: Helping first-time parents succeed

**About the model:** Pioneered by the nonprofit Nurse-Family Partnership (NFP), this program targets low-income mothers pregnant with their first child. Participating mothers are partnered with a registered nurse early in pregnancy and receive in-home support and guidance through their child's second birthday. Support from nurse home visitors begins with education for the women and their families about healthy pregnancy practices such as good nutrition, regular and early prenatal checkups, and quitting smoking. It then progresses to coaching parents in providing care for their newborn, infant, and toddler, planning future pregnancies, and developing skills to reach education and work goals.

Registered nurses receive more than 60 hours of training in the NFP model, meet with supervisors on a regular basis, and come together as teams for case conferences to learn from one another and ensure the highest standard of care.

**Impact:** Evidence from more than thirty years of research and three randomized controlled trials substantiates significant benefits for both mother and baby. They include:<sup>29</sup>

- 48% decrease in child abuse and neglect
- 56% reduction in ER visits for accidents and poisoning
- 67% reduction in behavioral and intellectual problems at age 6
- 59% reduction in arrests by the time child is age 15
- 83% increase in labor force participation by the mother

**Cost-benefit:** In addition, studies have found the program provides an excellent return on investment for society. RAND researchers found that for every one dollar invested, the program returned \$5.70, providing a net benefit to society of over \$34,148 per high-risk family served.<sup>30</sup> The best returns were achieved by targeting the program to



*Image provided by Nurse-Family Partnership*

## MODEL IN PRACTICE (CONTINUED):

families at highest risk as the return on investment (ROI) was less for lower-risk families. Societal savings came from increased tax revenues from increased employment, decreased welfare costs, lower criminal justice costs, and reduced costs for healthcare and other social services. (SEE CHART 2: NURSE-FAMILY PARTNERSHIP: MONETARY BENEFITS TO SOCIETY.)

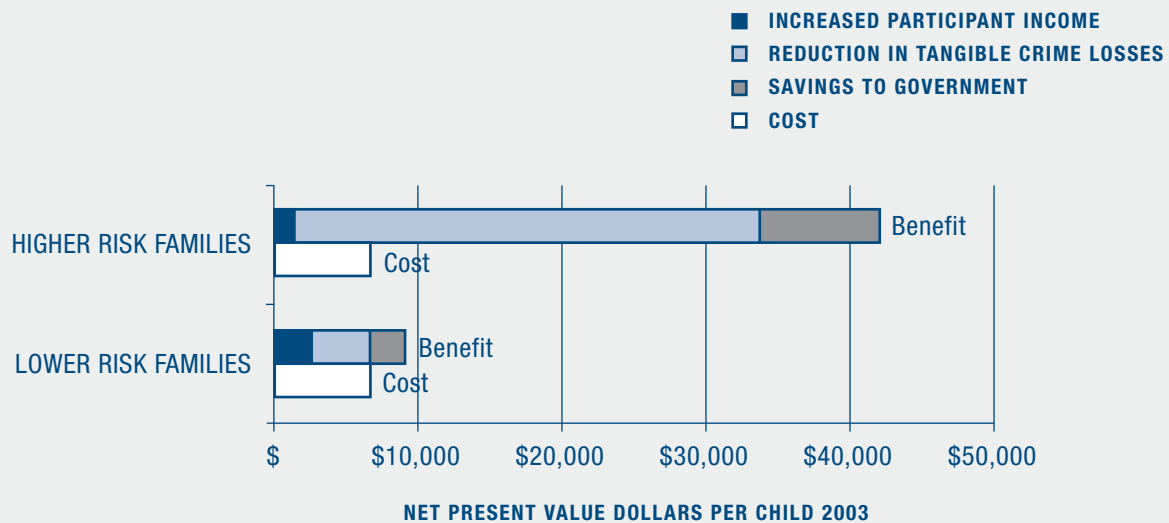
**Role for philanthropy:** While the Obama administration has expressed support for the expansion of nurse home visitation programs, states hard hit by the recession have had to cut funding for these programs. For example, Detroit and surrounding counties in Michigan cut state funding to their well-established NFP program as of July 1, 2009. Such funding cuts provide a high leverage opportunity for private philanthropy to step in and keep the programs running, especially as there are federal dollars available to match local funds. In general, private philanthropy can support activities that will enhance the impact of existing

programs and enable the replication of the model in more communities of need. Private philanthropists can increase the impact and capacity at current sites by providing funds for nurses, nursing practice consultants, information systems for tracking outcomes, and training and oversight to ensure implementation fidelity.

For more details on this model see [High Impact Philanthropy in the Downturn: Additional Sources and Due Diligence](#) available on our website: [www.impact.upenn.edu](http://www.impact.upenn.edu).

To learn more about NFP, visit its website: [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org) or contact Scott Shirai, chief development officer, at [scott.shirai@nursefamilypartnership.org](mailto:scott.shirai@nursefamilypartnership.org) or (303) 327-4246.

CHART 2: NURSE-FAMILY PARTNERSHIP: MONETARY BENEFITS TO SOCIETY



Source: 2005 RAND Corporation Study<sup>31</sup>

## TAKING ACTION

### SOLUTION 1: How to find a community health center in your local area

There are over 7,200 sites in the United States where community health centers provide care mainly in economically challenged urban and rural communities. To find a community health center in a particular state or city, use the following link and mapping tool: <http://findahealthcenter.hrsa.gov>

All of the health centers listed are Federally Qualified Health Centers (FQHCs) or FQHC-look-alikes. As discussed on page 16, all FQHCs or FQHC look-alikes meet the following criteria:<sup>32</sup>

- Are located in or serve the most medically underserved communities
- Provide comprehensive primary care services with a focus on prevention
- Are open to all with sliding scale fees based on ability to pay
- Are governed by a community board to ensure responsiveness to community needs

Though intended primarily as a screen for government support, the criteria used to designate a CHC as a Federally Qualified Health Center also provide a useful screen for individual donors seeking to increase access to care by supporting the CHC model. If you find a clinic that is not officially designated as FQHC (e.g., a free clinic), we recommend applying the FQHC criteria as a standard by which to assess that center's ability to deliver the CHC model we discuss in this guide.

About 30% of CHCs are also accredited by The Joint Commission (JCAHO), the preeminent national accrediting association for health service organizations. For those CHCs that have gone through the time-consuming and sometimes expensive process, JCAHO accreditation can be yet another signal of achievement of high standards of quality care, patient safety, and commitment to continuous performance improvement.<sup>33</sup>

### TIPS FOR ASSESSING COMMUNITY HEALTH CENTERS

#### *Talk to health center leadership*

As the most urgent unmet needs will differ greatly depending on the particular community served and state funding levels, we recommend that potential donors talk with the leadership of their target health center so that funding can meet locally defined priorities. An interested philanthropist can schedule a time to talk with the clinic's executive director or medical/nursing director. A good CHC should:

- be able to articulate the main health issues for its target population and point to effective programs in place to meet these local needs
- have done a needs assessment to see what barriers individuals face in accessing services at the clinic and have an outreach plan for addressing them
- be able to identify priority areas where cost-effective solutions could be implemented with additional funding

If you would like to support a CHC in your local area, but don't see one on the mapping tool linked above, here are suggestions of places to start.

1. City, County, or State Health Departments – Most city and county health departments can direct you to the local health safety net providers. If no information is available at the county level, try the state health department. They often have information available online or you can call the main number and ask for contact information for the local safety net provider.
2. United Way – Many counties have an active United Way chapter that is linked to the 2-1-1 information system, which is a database that allows people in need to find help. You can search online by “health center” or “medical care.” You can also call your local United Way chapter office. <http://www.211.org>

As you talk with people, keep in mind that not everyone will be familiar with the term “community health center” or “safety net provider.” You may need to explain that you are looking for a place that will care for people regardless of income or ability to pay.

In the box below, we provide examples of ways do-

nors can support CHCs to provide care to those in need. These examples come from conversations we had with CHC leaders over the past several months.

### **GREAT BANG FOR BUCK: HOW YOUR DOLLARS COULD HELP**

For less than \$600 per person per year, CHCs deliver impressive health outcomes (see page 15.)

#### **EXAMPLES OF HOW PHILANTHROPISTS CAN EXTEND THIS MODEL TO MORE PEOPLE AND/OR IMPROVE THE EFFICIENCY OF EXISTING CHCS:**

- \$35,000 would allow [Salud Family Health Centers](#) to equip a dental exam room with X-ray equipment and instruments, and \$150,000 will cover a dental team comprised of a dentist and a hygienist, making it possible for an additional 2,000 patients to receive a year of standard dental care.<sup>34</sup>
- \$45,000 will cover a typical performance tracking program, including personnel and computer expenses, at one of [Clinica Sierra Vista](#)'s health centers, to track patients and provide appropriate follow-up.<sup>35</sup> Such programs allow CHCs to target their limited resources to where they can make the most difference in patient care.
- At [Community Healthcare Network](#), an investment of \$35,000 will fund a community health educator who can provide important health information (e.g., substance abuse prevention, child nutrition, HIV prevention), as well as guide community members to appropriate clinic services. In addition to providing health education to at-risk communities, one additional outreach worker could also mean, conservatively, that three to five new patients each week, or an additional 150 to 250 patients each year, would take advantage of clinic services.<sup>36</sup>

We offer these not as a menu but rather simply to provide you with examples of the types of unmet needs we heard from leaders of CHCs across the country.

### **SOLUTION 2: How to find targeted home-based programs in your community**

To find a Nurse-Family Partnership Program, contact Scott Shirai, chief development officer, at [scott.shirai@nursefamilypartnership.org](mailto:scott.shirai@nursefamilypartnership.org) or (303) 327-4246 or visit its website <http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showMap&navID=17>

The link has a mapping tool of the more than 20 states with active NFP programs and includes contact information for the local implementing partners

in each state and county, which philanthropists can also contact. If your state is not listed, contact the national NFP office for information on how to help support new pilot sites for the program.

To find other outreach programs in your area, community health centers and public health departments are your best bet for identifying good local nonprofit agents. When contacting the CHC, we recommend talking to the community programs director or medical/nurse director as they are likely to be the most knowledgeable about outreach programming in your community.

#### TIPS FOR ASSESSING GOOD OUTREACH PROGRAMS

When you are thinking of supporting a community prevention, education, or visitation program, we recommend selecting a non-profit agent that has:

- a level of trust and experience working within the target community
- a system to assess quality of program implementation and evidence of its impact
- language skills and cultural understanding to communicate health messages effectively

Often, the best programs will train and employ members of the local community as part of their outreach teams.

#### Exploring ways to improve access and care beyond individual communities and CHCs

We focused on community health centers and community prevention and outreach programs because of their ability to meet health needs using highly effective and efficient models. If you are trying to affect access and care beyond individual communities and CHCs, you will need a network of public and nonprofit partners to address larger structural determinants of health and well-being. From conversations with leading health foundations, we compiled the following resources that were recommended as sources of useful local information and potential collaborators. These will be helpful for philanthropists interested in broader efforts to address community health challenges.

#### Additional resources for partnerships on the county, state, or national level

To find up-to-date information on unmet needs, health priorities, and potential opportunities and partners on a county or state level:

- **Primary Care Associations (PCAs)**. Every state has a PCA whose members represent the community health centers in that state and can direct donors to specific CHCs based on current priorities, unmet needs, or geographic interest. A listing of all the state PCAs is at: <http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm>.

- **Public health institutes** exist in many states and play a complementary role to government. They are good places to find out which community based organizations are key players on specific issues in specific areas. The National Network of Public Health Institutes has a map with contact information by state at: [www.nnphi.org/home/section/2/members](http://www.nnphi.org/home/section/2/members).

- Many **state and county health departments** have associated NGOs working in close collaboration with government programs that can take private donations to support the public health and prevention needs of local populations. For example, through The Fund for Public Health in New York, <http://www.fphny.org/index.php>, private donors can support the blending of the expertise and scale of the public sector with the efficiency and flexibility of a nonprofit model.

To support CHCs on a national or regional level:

- The **National Association of Community Health Centers** can act as an intermediary for philanthropists who want to support CHCs on a national scale or through a competitive grants program. Additional information on the impact of CHCs can be found on the association's website: <http://www.nachc.com>.





### **OPPORTUNITY 3**

Ensure access to food by supporting emergency food providers and linking eligible families to benefits such as SNAP (formerly, food stamps)

Since losing her job, it has become impossible for Sarah Hammer to make ends meet. Every day, she takes her two daughters to Boston Medical Center for their severe asthma. Their heat and lights had been cut off. To make sure the girls were getting their nebulizer treatments, her landlord was letting her run an electric cord from the basement, and the neighbors were letting the girls bathe at their apartment to avoid their asthma from being triggered by cold showers. To pay the rent, the family had cut back as far as they could on food.<sup>1</sup>

*Shoring up existing networks of emergency food providers and linking eligible families to benefits can prevent a family like Sarah Hammer's from going hungry. Making sure families have access to nutritious food, in particular, can help prevent lost productivity and health problems for adults and irreversible losses in cognitive skills and development in children.*

## THE CONTEXT

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Historic rates of unemployment, foreclosure, and lack of access to healthcare have stretched families to the limit. As a result, many are increasingly unable to meet the most fundamental of needs—food. In 2007, the most recent year for which USDA data is available, 36.2 million Americans lived in food insecure households – i.e., households experiencing difficulty providing adequate food for all members due to lack of income or other resources. Over a third, or 12.4 million, were children.<sup>2</sup> Experts agree that the severity of the current recession has dramatically worsened the situation.

Given substantial evidence that lack of adequate and nutritious food has a negative and irreversible impact

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We are able to show quite precisely that because people can't afford to pay for housing, health care, transportation, child care, other basic expenses, as well as all the food they need, they are forced to frequently ration food.<sup>3</sup>

*– Joel Berg, author of All You Can Eat:  
How Hungry Is America*

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on a child's development, ensuring access to food not only addresses clear, immediate suffering, but also represents a critical investment in the future health, welfare, and productivity of our communities.

## HOW PHILANTHROPIC CAPITAL CAN CHANGE THE SITUATION

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There are two linked and complementary solutions that philanthropists can fund to prevent people from going hungry.

**SOLUTION 1: Emergency Food Providers:** Expand the capacity of food banks and their affiliate soup kitchens and pantries to provide free and healthy emergency food. Food drives can be an excellent way to raise awareness of the need for emergency food. However, the providers and funders we spoke to emphasized that providing philanthropic capital, rather than actual food donations, is a more efficient and effective way to support their efforts. Thanks to their relationships with food wholesalers and distributors,

nonprofits can obtain food at very low costs.

**SOLUTION 2: Benefits Access Programs:** Connect eligible households with available public benefits programs. Some of these benefits programs, such as SNAP (Supplemental Nutrition Assistance Program, formerly known as food stamps), are specific to nutrition. Others can serve as work supports (e.g., childcare subsidies) and/or help offset a portion of household expenses (e.g., LIHEAP or Low-Income Energy Assistance Program to help with heating bills), thereby reducing the need for families to go without food.

Each of these solutions can be successful depending on a family's situation. However, each solution has its limitations.

Many emergency food providers are small, local operations operated by religious organizations. By leveraging donations of food, money, and volunteer time, these nonprofits can provide food at a relatively low cost. Unfortunately, these same characteristics mean that they can run out of food unpredictably, have limited hours of operation, restrict the number of times a client can visit, and lack the space or refrigeration to handle fresh or perishable food. While philanthropic capital for capacity-building activities can help, even an immediate and massive influx of philanthropic capital is unlikely to be able to meet

the scale of need brought on by the recession.

Federal benefit programs such as SNAP allow recipients to use an existing, national network of grocery and convenience stores. As a result, SNAP is a more dependable support for a family who needs help beyond the few days or weeks that the emergency food providers were designed to address. However, this dependability comes at a cost. For every taxpayer dollar spent on SNAP, the beneficiary family receives only \$0.78 to spend on food due to administrative costs, especially the cost required to certify household eligibility.<sup>4</sup> Even with recent increased funding, SNAP covers only a portion of monthly food expenses and many poor families must rely on emergency food providers to make up the difference.

## SOLUTION 1: EMERGENCY FOOD PROVIDERS

Emergency food providers—food banks, soup kitchens, and food pantries—mitigate hunger by offering free food to households in need. Currently, however, emergency food providers are struggling to keep up with demand. Food banks across the country have seen a surge in the number of clients and frequency of visits<sup>5</sup>, reporting a 29% to 38% increase in demand for their services.<sup>6</sup> In the most recent survey of the US Conference of Mayors in December 2008, all 21 cities with available data reported an increase in the number of people requesting food assistance for the first time.<sup>7</sup>



Source: Olsen, E., Almeida, M. (2009, July 29). *A Year of Struggle at a Food Bank*. Retrieved August 6, 2009, from <http://video.nytimes.com/video/2009/07/29/us/1247463625625/a-year-of-struggle-at-a-food-bank.html>

### GREAT BANG FOR BUCK: EMERGENCY FOOD PROVIDERS USING HIGHLY EFFICIENT SOURCING AND DISTRIBUTION STRATEGIES

**Cost per impact: As little as \$16 to \$37 to feed a family of four for a week<sup>8</sup>**

Choice and/or bulk purchasing models (see *Model in Practice* sections that follow) represent a particularly efficient and effective strategy for emergency food providers. By comparison, the US Department of Agriculture (USDA) estimates that it costs a family of four on a low to moderate budget \$150 to \$220 to purchase enough food to feed themselves for a week.<sup>9</sup>

However, the choice model is a relatively recent innovation, and a typical food bank can spend \$150 or more to feed a family of four for a week. Philanthropists can help local providers become more efficient by funding regional networks that provide logistics and bulk purchasing capabilities, making monetary donations instead of food donations, and supporting providers' efforts to incorporate other aspects of the choice model into their operations.

Philanthropy can fill the gap by directly supporting local emergency food providers. We present two promising models for overcoming the limitations of traditional food banks. The first is a pioneering new operating model that reduces costs while better meeting client needs. The second illustrates how new outreach and delivery strategies can cost effectively

meet increased demand while also providing healthy food. In the *Model in Practice* below, we provide detailed descriptions of these models, including benchmarks for linking cost and impact. In the *Taking Action* section on page 36, we tell you how to identify an agent in your local area and we provide tips on supporting its work.

## MODEL IN PRACTICE:

### “Waste Not, Want Not” or choice model for providing emergency food

**About the model:** In the choice model, food banks purchase food at significantly discounted wholesale prices, far more cheaply than the general public can. Food banks then allow clients to select their own food from super-market-style displays. This approach differs significantly from that used by most food pantries, where volunteers pre-sort food into identical boxes that are then distributed to clients regardless of client needs. The choice model has been pioneered by Feeding America West Michigan Food Bank (formerly Second Harvest Gleaners Food Bank of West Michigan, Inc.), the region’s nonprofit clearinghouse for food since 1981. In its implementation of the model, West Michigan refers to it as the “Waste Not, Want Not” program.

**Impact:** The model has helped increase West Michigan’s distribution from 8.3 million pounds of food in 1994 to 22 million pounds in 2008. Using this model, the food



Image provided by Feeding America West Michigan Food Bank

bank expects to distribute 24.5 million pounds by the end of 2009, providing food to 400,000 needy people annually. Compared with traditional practices, it wastes half as much food, drops the cost of addressing hunger, and ensures that people are fed according to their needs.<sup>10</sup>

**Costs:** 15 cents per pound to acquire and distribute food.<sup>11</sup>

**Cost per impact:** We estimate that it costs between \$16 to \$20 to feed a family of four for a week. We calculated this estimate based on food provider and US Department of Agriculture estimates of per person average daily consumption and nonprofit-reported costs.<sup>12</sup>

For more details on this model see [High Impact Philanthropy in the Downturn: Additional Sources and Due Diligence](#) available on our website: [www.impact.upenn.edu](http://www.impact.upenn.edu).

For more information and a detailed guide on how to establish a “Waste Not/Want Not” or choice model pantry in your community, visit: [www.endhungerinamerica.org/EndHunger.pdf](http://www.endhungerinamerica.org/EndHunger.pdf).

To learn more about Feeding America West Michigan Food Bank, contact John Arnold, executive director, Feeding America West Michigan Food Bank, at (616) 784-3250, x206 or [johna@wmgleaners.org](mailto:johna@wmgleaners.org). You can visit their website at: [www.wmgleaners.org](http://www.wmgleaners.org).

The economic downturn has increased not only rates of hunger, but also concerns that the costliness and inaccessibility of fresh food will increase rates of obesity, diabetes, and poor health. Of particular concern

is the lack of access to healthy food for low-income children. In the following *Model in Practice*, we describe how one emergency food provider is tackling both hunger and nutrition.

## MODEL IN PRACTICE:

### Addressing both hunger and nutrition through improved outreach and provision strategies

**About the model:** By employing a multi-pronged approach to emergency food provision, emergency food providers can help meet heightened demand while also making healthy food more accessible to those in need. For example, Philabundance, the largest hunger relief organization in the ten-county region surrounding Philadelphia, has responded to the downturn by:

- Delivering fresh produce to hard-hit neighborhoods where residents select perishable items right off the truck. Philabundance has doubled the number of its year-round *Fresh for All* delivery sites from six to twelve in response to increased demand.
- Implementing the *Emergency Food Response* system, a toll-free hotline for individuals seeking information about food assistance
- Introducing pick-up points beyond established pantries for one-time emergency food box with three days' worth of food for a family of five
- Partnering with St. Joseph's University and the Mayor's Office of Community Service to pilot choice model of distribution as pioneered by the Feeding America West Michigan Food Bank (SEE PREVIOUS MODEL IN PRACTICE ON P 30).

These represent promising strategies that other food banks can adopt.

**Impact:** Provides approximately 65,000 people per week with five pounds of food to supplement what they obtain from other sources, or enough food to cover the weekly consumption needs of 9,000 to 15,000 people.<sup>13</sup> In 2008, Philabundance distributed 17 million pounds of food within its ten-county service area and exported six million pounds of additional food, primarily produce, to food banks in the Feeding America network.<sup>14</sup>

**Costs:** 28 cents per pound to acquire and distribute food, well below the wholesale rate of \$1.50 per pound, because of significantly discounted prices from the food industry. The organization also receives some food at no cost from distributors for whom it is cheaper to give away food than to dispose of it in landfills at \$65 per palette.<sup>15</sup>



Image provided by Philabundance

**Cost per impact:** We estimate that it costs between \$30 and \$37 to feed a family of four for a week.<sup>16</sup> Although this is twice the cost of the “Waste Not/Want Not” or choice model pioneered by West Michigan, it is still significantly lower than the USDA estimate of \$150 to \$220 for a family of four on a low to moderate budget to purchase enough food to feed themselves for a week<sup>17</sup> and therefore represents a useful benchmark for efficiency for donors interested in supporting their local agents who may not have existing infrastructure to implement the choice model at this time.

For more details on this model see [High Impact Philanthropy in the Downturn: Additional Sources and Due Diligence](#) available on our website: [www.impact.upenn.edu](http://www.impact.upenn.edu).

To learn more about Philabundance, contact Martha M. Buccino, senior vice president and chief development officer at (215) 339-0900 x 30, or [Mbuccino@philabundance.org](mailto:Mbuccino@philabundance.org). Visit its website at: [www.philabundance.org](http://www.philabundance.org).

## SOLUTION 2: ACCESS TO SNAP (FOOD STAMPS) AND OTHER PUBLIC BENEFITS

Emergency food providers play a critical role in addressing hunger. However, as we noted earlier, they are limited in their ability to meet the scale of need brought on by the current crisis. SNAP (Supplemental Nutrition Assistance Program, formerly known as food stamps) can address the current limitations of emergency food providers.

There are major barriers to gaining access to benefits especially for those who are newly poor. In 2006, the SNAP participation rate for eligible low-income families—the working poor—was 57%. For eligible elderly, it was only 34%.<sup>18</sup> Challenges to gaining access to benefits include: lack of awareness of the existence of programs, complicated application processes, inability to take off work to enroll, language and educational barriers, lack of understanding of how even small (in dollar value) benefits can help, and even psychological barriers, such as social stigma or a belief that others are more deserving of benefits.

In our *Models in Practice* examples on pages 34 to 36, we describe innovative nonprofit models for overcoming these access hurdles. They represent promising approaches in different cities and states that could be supported with philanthropic capital.

### Evidence on impact and efficiency of public benefits programs

Supporting increased access to programs makes sense when those programs are effective and efficient at targeting the intended need. This is true whether the program is a nonprofit, or in this case, a government program. Here we briefly discuss available evidence on the impact and efficiency of the government programs to which nonprofits are working to improve access.

There is a large body of evidence regarding SNAP's impact on reducing hunger and improving nutrition.<sup>19</sup> Analysis of US Department of Agriculture data by the Center on Budget and Policy Priorities found the program to be administratively efficient, meaning it had very low error rates.<sup>20</sup> In addition, a recent economic analysis by Moodys.com chief economist Mark Zandi ranked SNAP as providing the greatest return on investment of the 13 programs examined for proposed stimulus funding, in part because of its immediate impact on local economies (SEE CHART 1: FISCAL ECONOMIC BANG FOR BUCK).<sup>21</sup>

Other public benefits programs can increase household budgets so that families have a greater pool

### GREAT BANG FOR BUCK: BENEFITS ACCESS PROGRAMS

**Cost per impact: Estimated \$70 to \$230 to successfully enroll an eligible individual or family in benefits programs that help maintain household access to basic essentials such as food<sup>22</sup>**

Some programs such as SNAP specifically target food and nutrition. Others serve as work supports (e.g., childcare subsidies) and/or help with other urgent expenses such as heating bills. Such assistance helps prevent strapped families from rationing food.

Access barriers differ by benefit program and population. These differences account for some of the range in our “cost per impact” estimates. However, all these estimates compare favorably with the median and average costs observed across the 19 USDA-funded outreach efforts for food stamps (SNAP) in 2002. The median cost to successfully enroll a client in food stamps was \$776 (with an average of \$1,558 and a range of \$126 to more than \$4,000).<sup>23</sup>

of resources to prevent them from rationing food. While we have not analyzed the efficiency of each of these programs, a 2006 analysis by the Center on Budget and Policy Priorities found that the government safety net as a whole has “cut the number of Americans living in poverty by nearly half” (i.e., 44% or 31 million) and “reduced the severity of poverty for those who remain poor.”<sup>24</sup>

*A note on reported ROI for benefits access programs*

In our research, we found that many nonprofit benefits access programs estimate a dollar amount for the benefits to which their clients have gained access, calling this a “return on investment figure”. However, since SNAP is designed to help needy families access federal dollars, any ROI should factor in the costs for the government funding and the dollars required to feed a family of four for a week. When these costs are considered along with the costs of the nonprofit benefits access program, we estimate that it costs roughly \$1.40 to provide \$1 worth of SNAP benefits to a family of four.<sup>25</sup> In other words, it would cost \$200 to \$300 to feed a family of four for a week using SNAP benefits, compared to \$150 to \$220 if they had the means to purchase the same amount of food on their own. While this cost per impact is much more

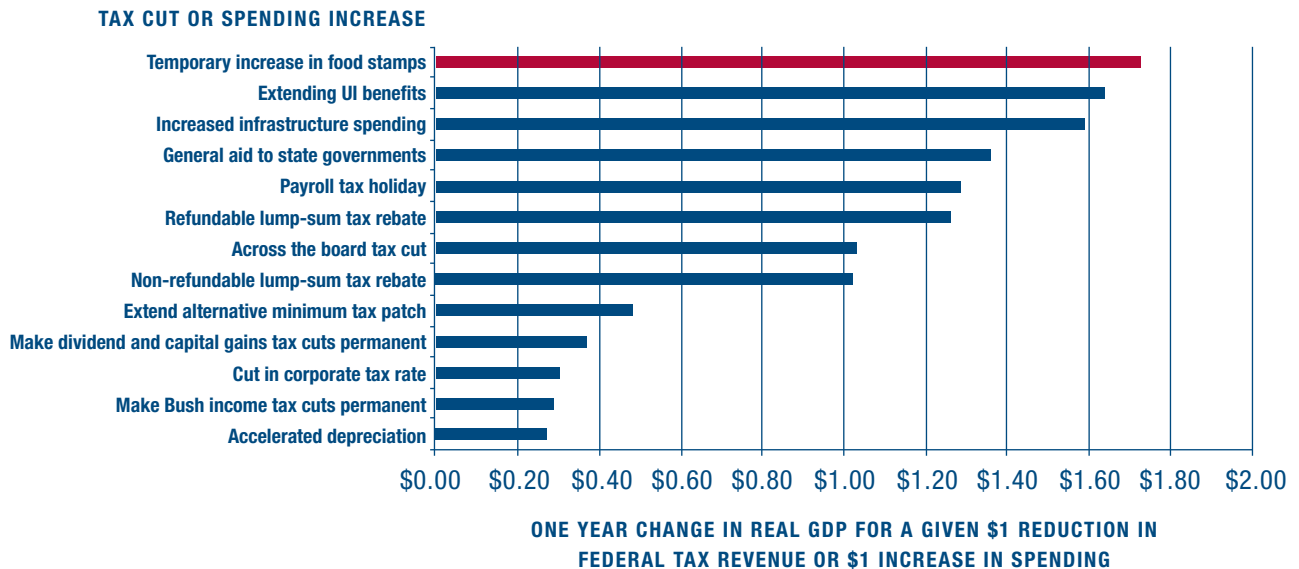
than the cost per impact of the most efficient emergency food providers (SEE GREAT BANG FOR BUCK, PAGE 32), SNAP has the advantage of addressing many of the limitations of emergency food providers and could be justified for its economic stimulus impact alone (SEE BELOW: CHART 1: FISCAL ECONOMIC BANG FOR BUCK). The nonprofit models we describe in this section are focused only on removing access barriers to SNAP. Therefore, in our *Models in Practice*, we estimate a “cost per successful enrollment” (for more on how we link considerations of cost and social impact, visit our website [www.impact.upenn.edu](http://www.impact.upenn.edu)).

For donors concerned about government inefficiency or politically or philosophically opposed to government provision of public benefits, we recommend supporting the private nonprofit emergency food providers described on pages 29 to 31.

**Nonprofit solutions to connecting eligible families to benefits**

In order to overcome existing access barriers, a number of nonprofit organizations have taken advantage of technological advances to develop web-based tools that screen people to determine their eligibility, quickly cue them as to whether it is worth their

**CHART 1: ESTIMATED FISCAL ECONOMIC BANG FOR BUCK**



Source: Zandi, M. (July 24, 2008).<sup>21</sup>

while to apply, and facilitate the application and enrollment process. While many states provide online applications for different benefits, nonprofits remove the remaining barriers to access by:

- Simplifying the complex application process and conducting follow-up. Such activities ensure that people submit appropriate documentation in the required timely manner and reduce the likelihood that an eligible family's application is rejected for administrative reasons
- Facilitating enrollment for multiple benefits
- Conducting outreach and operating in neighborhoods with high percentages of eligible households. Such efforts reduce the logistical challenges of gaining access to benefits

In addition, nonprofits are often better at gaining the trust and confidence of clients, many of whom are wary of welfare and other government offices.

There are significant differences in enrollment procedures for different programs. For example, SNAP enrollment requires the submission of multiple forms of documentation within a given time period and sometimes even an in-person interview, whereas prescription benefit programs for the elderly entail completion of a short, simple form. The following *Models in Practice* illustrate how different nonprofits are tackling both the program-specific as well as the population-specific barriers to access. As you will see, our cost per impact estimates for all of these models are well below the median and average cost per impact estimates we calculated for 19 USDA-funded outreach efforts for food stamps (SNAP). Based on reported cost and impact figures in 2002, the median cost to successfully enroll a client in food stamps was \$776 and the average was \$1,558, with a range of \$126 to more than \$4,000.<sup>26</sup>

## MODELS IN PRACTICE:

### Overcoming barriers to benefit enrollment for the working poor

**About the model:** Launched in 2004 by the national nonprofit Seedco, EarnBenefits helps the working poor gain access to benefits. Currently operating in six cities (Atlanta, Baltimore, Buffalo, Memphis, New York, and Louisville) and soon in Tulsa, EarnBenefits partners with local community organizations to assist clients through three stages of the enrollment process: outreach, eligibility screening and application, and ongoing benefits management. At partner sites and through its website, EarnBenefits provides user-friendly materials that inform low-wage workers about available benefits and their eligibility. Professional counselors provide on-site, one-on-one help, guiding clients through application processes and later following up to provide assistance with recertification as well as suggestions for additional benefits for which clients may be eligible.

**Impact:** From January 2005 through June 2009, EarnBenefits has screened 75,580 people to determine their eligibility for benefits, enrolling 46,405 in at least one ad-

ditional benefit program. In total, it has enrolled its clients in more than 57,961 benefit programs.<sup>27</sup>

**Costs:** Costs fall into three broad categories: *technology and technical assistance* (\$150,000 for year one; \$50,000 annually for subsequent years), *program management* (\$100,000 for year one; \$30,000 to \$50,000 annually for subsequent years); and *counseling* (\$50,000 annually for a professional counselor; \$20,000 annually for an AmeriCorps member).<sup>28</sup>

**Cost per impact:** On average, \$215 to successfully enroll a new client in at least one benefit program, with a potential range of \$125 to \$800, depending on the complexity of a client's situation and the cost of counseling (i.e., professional vs. AmeriCorps).<sup>29</sup>

To learn more about EarnBenefits, visit its website: <http://www.earnbenefits.org>. Alternatively, contact Michelle Henry, senior program manager for asset building, Seedco, at (212) 204-1337 or [MHenry@seedco.org](mailto:MHenry@seedco.org).

## MODELS IN PRACTICE (CONTINUED):

### Using credit card marketing techniques to provide benefits to the underserved elderly

**About the model:** Currently, only about a third of the elderly eligible for SNAP receive them.<sup>30</sup> A complex enrollment process, involving multiple forms and often requiring numerous accompanying documents and in-person interviews, presents barriers to many eligible clients, but especially the elderly poor. Benefits Data Trust (BDT) has recently pioneered an approach to overcome these barriers and is seeing impressive early results. Using an approach modeled on successful credit card marketing programs, BDT obtains lists from government and private organizations and cross references them to identify seniors who are eligible but not receiving benefits. It then contacts eligible individuals through direct mail and automated, prerecorded telephone calls. Through its call center, BDT assists those it contacts by filling out applications electronically and submitting them to the appropriate agency. A client usually can complete up to three applications during a 30-minute call. Since BDT representatives keep detailed electronic logs of their contact with clients, any representative can provide prompt service when a client calls in. Tracking also supports BDT's efforts to assess

and analyze its performance. In addition to assisting with SNAP enrollment, BDT helps low-income seniors gain access to Low Income Home Energy Assistance Program (LIHEAP) and drug benefits.

**Impact:** Screened 11,000 clients and completed 6,166 applications, yielding 4,471 new benefits accessed between September 2008 and January 2009. These enrollments all helped people 65 and over.<sup>31</sup>

**Costs:** \$300,000 to cover computers and phones, salaries and benefits for call center representatives, programming for benefits, and direct mail costs.<sup>32</sup>

**Cost per impact:** An estimated \$67 per newly enrolled client. This number is decreasing as BDT enrolls more clients, leveraging economies of scale.<sup>33</sup>

To learn more about Benefits Data Trust, visit its website at: <http://www.bdtrust.org>. Alternatively, contact Michelle Raymond, development director, at (215) 207-9106 or [mraymond@bdtrust.org](mailto:mraymond@bdtrust.org).

### Improving state-wide access through a broad public-private partnership

**About the model:** For many programs, processes and eligibility for enrollment differ by state. The Ohio Benefit Bank (OBB) is one of nine state efforts by the Work Supports Initiative, a public-private partnership to connect low- and moderate-income families with work supports. The Ohio Benefit Bank (OBB) is a public-private partnership of the Ohio Governor's Office of Faith-Based and Community Initiatives, Ohio Association of Second Harvest Foodbanks, foundations, and other faith-based, nonprofit, governmental, and private-sector organizations. Its web-based service reduces complex tax and benefit forms to simple questions written at a 4th-grade level. A network of community-based nonprofit partners (e.g., churches, legal aid services, and food pantries) offers the web-based service, and a corps of trained volunteers assist clients with entering answers to questions. The service uses the answers to assess a person's eligibility for about 20 ben-

efits across four categories: food, medical, tax assistance, and other supports (e.g., childcare and home energy assistance). The counselor then helps the client complete and submit the appropriate applications.

**Impact:** Since its inception in 2006, OBB has trained more than 5,300 volunteer counselors who help clients at nearly 1,200 sites in all of Ohio's 88 counties. OBB has screened more than 88,000 people and completed 32,000 benefit applications. Based on assumptions made by OBB, the screenings are estimated to have produced more than 22,000 new enrollments in public benefit programs.<sup>34</sup>

**Costs:** Costs for launching an effort in a new state fall into three broad categories: initial investment in technology and technical assistance (\$950,000 to \$1,600,000 for year one); ongoing operational support (estimated at 35%

## MODELS IN PRACTICE:

### Improving state-wide access through a broad public-private partnership (cont'd)

of technology costs, or \$330,000 to \$560,000 annually); and civic engagement and counseling efforts (\$600,000 to \$650,000 annually).<sup>35</sup>

**Cost per impact:** Between \$170 to \$230 for a state with a program and client population similar to that served by OBB. State demographics and geography, state-specific technology requirements, and relationships with civic engagement partners (e.g., community colleges) are exam-

ples of factors that can influence both the cost and impact of a new program.<sup>36</sup>

To learn more about Ohio Benefit Bank, go to its website at: <http://www.obb.ohio.gov>. To learn more about the Work Supports Initiative, go to: <http://www.mdcinc.org> or contact Ralph Gildehaus, senior fellow at MDC, the North Carolina-based nonprofit founder and managing partner of the Work Supports Initiative, at (919) 251-8818.

For more details on these models see [High Impact Philanthropy](#) in the [Downturn: Additional Sources and Due Diligence](#) available on our website: [www.impact.upenn.edu](http://www.impact.upenn.edu).

## TAKING ACTION

Emergency food providers and benefits access programs play complementary roles in ensuring that needy households have access to food. A common feature among all the service providers discussed in this section is their commitment to overcoming logistical barriers to access for low-income individuals and families. Whether by partnering with established community-based groups, extending hours of operation, or launching mobile units to reach underserved

areas, these innovative models provide services where they are needed most.

Our research revealed these featured food banks and benefits enrollment organizations to be innovators in their efforts to alleviate hunger and increase household budgets, but others also exist. Philanthropists can help address hunger in their communities by building on existing efforts or funding new programs.



Images provided by Philabundance



### How to find an emergency food provider in your area:

Food banks tend to focus their services within a particular geographic region. The national organization Feeding America can help you locate a food bank in your area. Go to its website <http://feedingamerica.org> where you can enter your zip code or state to find a food bank near you. Under each listing, Feeding America provides contact information as well as basic information regarding the scale of the organization and the range of services offered.

Philanthropists can play a significant role in funding the expansion of an existing food bank so that they can accept greater quantities of donated wholesale food, thus enabling it to serve more people. They can also help their local provider set up a system to ensure access to fresh fruits and vegetables that help meet both nutritional and caloric needs.

### How to contact a benefits access organization

Organizations that inform families of their eligibility for federal benefits and assist them in the complicated application process fill a growing need during this time of economic hardship and uncertainty.

The benefits access programs we describe in our *Models in Practice* are all experienced in launching programs in new locations. Each group has already developed effective technological tools to screen and enroll individuals. Philanthropic capital can bring these organizations to new communities. If one of the organizations profiled interests you, see the following page for contact information.

### TIPS FOR ASSESSING EMERGENCY FOOD

#### PROVIDERS:

Strong providers will have the following:

- Strategies to improve access to their services, such as mobile food pantries, telephone hotline services, multiple locations, and websites with locations and hours of operations
- Healthy food options, such as fresh produce, that go beyond meeting caloric needs to help meet nutritional needs as well
- On-site application or referral to SNAP and other benefit enrollment programs that further defray costs of food for needy families

Exceptional agents often do the following:

- Buy food in bulk from distributors for increased efficiency
- Provide a choice option for clients (see *Model in Practice* page 30 for more detail). Although the choice model is not widely in practice, many providers incorporate elements of it into their work rather than handing out prepackaged boxes or bags

Because most providers are very small local distributors and pantries, many do not perform these last two activities. However, philanthropists can finance regional provider networks that can support the small but critical local providers with capacity, logistics, and bulk purchasing, leading to greater efficiencies.

Organizations profiled in this guide and where they operate:

### EARNBENEFITS

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**Client population:** Low-income workers

**Location:** Atlanta, Baltimore, Buffalo, Memphis, New York City, Louisville, Tulsa

**Contact:** Michelle Henry, senior program manager for asset building

**Email:** [MHenry@seedco.org](mailto:MHenry@seedco.org)

**Phone:** (212) 204-1337

**Web:** [www.earnbenefits.org](http://www.earnbenefits.org)

### BENEFIT DATA TRUST

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**Client population:** Low-income elderly

**Location:** Philadelphia; also operates in New York City, and Pennsylvania; experience nationwide

**Contact:** Michelle Raymond, development director

**Email:** [mraymond@bdtrust.org](mailto:mraymond@bdtrust.org)

**Phone:** (215) 207-9106

**Web:** [www.bdtrust.org](http://www.bdtrust.org)

### OHIO BENEFIT BANK

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**Client population:** Low to moderate-income individuals

**Location:** Ohio; Benefit Bank also located in PA, FL, DC, MD, MS, KS, AK

*Ohio Benefit Bank*

**Web:** [www.obb.ohio.gov](http://www.obb.ohio.gov)

*MDC*

**Contact:** Ralph Gildehaus, senior fellow at MDC

**Email:** [rgildehaus@mdcinc.org](mailto:rgildehaus@mdcinc.org)

**Web:** [www.mdcinc.org](http://www.mdcinc.org)

*Benefit Bank™*

**Contact:** Bob Brand, president and CEO of Solutions for Progress, Inc., the for-profit developer and operator of Benefit Bank

**Email:** [rbrand@solutionsforprogress.com](mailto:rbrand@solutionsforprogress.com)

**Web:** [www.thebenefitbank.com](http://www.thebenefitbank.com)

### TIPS FOR ASSESSING BENEFITS ACCESS

#### ORGANIZATIONS:

The models we discuss in this guide all had the following features that allowed them to successfully enroll eligible members of their target client populations. These features can serve as a useful due diligence checklist should you identify other organizations working to improve benefits access.

- Practices that reduce the logistical barriers for their target client populations. For EarnBenefits and Ohio Benefit Bank, that has included locating their operations in trusted nonprofit organizations or areas with a high concentration of their targeted population. For Benefit Data Trust, that has meant creating a call center that its less mobile, elderly clients can contact
- Systems for getting all the paperwork (applications, supporting documentation) to the benefits office, verifying eligibility, and conducting follow-up, all in a timely manner. This requires technological capabilities and strong relationships with state governments
- Capacity to do business in languages other than English. This addresses language and cultural barriers to access
- Commitment to developing capability in systems to handle multiple benefits to improve their efficiency

## LIST OF NONPROFITS

ORGANIZATION	WHERE THEY WORK	WEBSITE	PAGE NO.
<b>Opportunity 1: Preventing Foreclosures</b>			
<b>Consumer Credit Counseling Services (CCCS) of Atlanta (aka CredAbility)</b>	Face-to-Face counseling available at 30 locations in Georgia, Florida, Mississippi, Tennessee  Phone counseling available nationally	<a href="http://www.cccsatl.org">www.cccsatl.org</a>	8
<b>NeighborWorks America</b>	National	<a href="http://www.nw.org">www.nw.org</a>	10
<b>HopeNow Alliance</b>	National	<a href="http://www.hopenow.org">www.hopenow.org</a>	11
<b>Opportunity 2: Sustaining access to primary and preventive health care</b>			
<b>Salud Family Health Centers</b>	Colorado	<a href="http://www.saludclinic.org">www.saludclinic.org</a>	18
<b>Clinica Sierra Vista</b>	Fresno, Kern, Inyo counties, California	<a href="http://www.clinicas ierravista.org">www.clinicas ierravista.org</a>	18
<b>Community Healthcare Network (CHN)</b>	New York City, New York	<a href="http://www.chnnyc.org">www.chnnyc.org</a>	18
<b>Community Health Center of Southeast Kansas (CHCSEK)</b>	Southeast Kansas	<a href="http://www.chcsek.org">www.chcsek.org</a>	19
<b>Nurse-Family Partnership (NFP)</b>	National	<a href="http://www.nursefamilypartnership.org">www.nursefamilypartnership.org</a>	21
<b>United Way</b>	Worldwide	<a href="http://www.211.org">www.211.org</a>	23
<b>National Association of Community Health Centers</b>	National	<a href="http://www.nachc.com">www.nachc.com</a>	25

LIST OF NONPROFITS (CONTINUED)

ORGANIZATION	WHERE THEY WORK	WEBSITE	PAGE NO.
<b>Opportunity 3: Ensuring access to food</b>			
<b>Feeding America West Michigan Food Bank</b>	West Michigan	<a href="http://www.wmgleaners.org">www.wmgleaners.org</a>	30
<b>Philabundance</b>	Delaware Valley	<a href="http://www.philabundance.org">www.philabundance.org</a>	31
<b>EarnBenefits</b>	Atlanta, Baltimore, Buffalo, Memphis, New York, Louisville, Tulsa	<a href="http://www.earnbenefits.org">www.earnbenefits.org</a>	34
<b>Benefits Data Trust (BDT)</b>	Philadelphia, Pennsylvania	<a href="http://www.bdtrust.org">www.bdtrust.org</a>	35
<b>Ohio Benefit Bank (OBB)</b>	Ohio	<a href="http://www.obb.ohio.gov">www.obb.ohio.gov</a>	35
<b>Benefit Bank</b>	Pennsylvania, Florida, District of Columbia, Maryland, Mississippi, Kansas, Arkansas	<a href="http://www.thebenefitbank.com">www.thebenefitbank.com</a>	35
<b>MDC, Inc</b>	North Carolina	<a href="http://www.mdcinc.org">www.mdcinc.org</a>	36
<b>Feeding America</b>	National	<a href="http://www.feedingamerica.org">www.feedingamerica.org</a>	37

## OPPORTUNITY 1: REFERENCES AND ENDNOTES

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