This morning’s session builds on the key note from Gary and Kasey.

If our donors are interested in hearing more about our work and what we do. How do we position our impact work better to feed this process?

Who’s in the room?
- By size of UW – small- midsize
- By function (Impact, RD, Marketing, Executive, other)
What is your “Why?”

Why are you here? What do you want to see happen?
Why am I here?

Overall:
- Share lessons learned, successes, and pitfalls in our United Way’s experience as it embraced the role of convener and backbone organization for collective impact efforts targeting Education, Income and Health.

Take-aways:
- Lessons learned from the last three years
- What it could look like and what this means for your own UW
- Opportunities to maximize resources in your own community
Where is your UW on this journey?

Three years ago, our UW was solidly in the program funding category… what was our WHY for moving to the next level?
- Donor giving down
- Long history of funding but overall community indicators weren’t changing?

Is it necessary to go through these stages? That is something your UW has to answer – this will be largely local. What is your community’s tolerance for change? The blue areas help facilitate the move to the next stage. In our experience, it was helpful to be able to build on something but the change doesn’t have to be glacial.
Community conversations and volunteer involvement

We were at a key decision point in 2012 - the same decision point that you and your UW will face. And how you respond will shape the rest of the direction of your work.

Our United Way’s WHY when we started

- More people in our community were struggling
- Annual campaign was starting to decline, losing donors
- New ideas and innovation is required to improve lives and strengthen our community

Conclusion: Need to be more strategic and innovative
- Build on efficiency, effectiveness and accountability
- Greater focus on collaborations and adaptation
- Act bigger and adapt better
In our case, our response was to redefine our impact areas around Education, Income and Health. We made conscious choices at that point that impact how we carried out the rest of our work:

- Our goals descriptive rather than numerical (our excuse – we covered several jurisdictions and we wouldn’t be able to get buy-in to declare a single goal for all of them).

- We would function as a hybrid model (we were not going to walk away from funding programs, basic needs was going to be incorporated into our priorities, we would focus on giving people a “hand up” – preventive approaches)
The Good: we used our priorities in each area to drive our investments (funding, staff time, partnerships, etc.)

• Focus on alignment, impact and accountability
• Move to more preventive strategies
• Encourage collaboration
• Invest to build our own capacity
• Seek out new partners by competitive process
The new focus gave us a platform to partner with others on the same issue. In the last 3 years, we grew from having 1 signature initiative to 3 initiatives corresponding to each area. We’ll be covering a few examples of what those looked like and how the idea of goal setting for impact was shaped by each of these partnership experiences.
Took advantage of a growing statewide movement on this issue started in 2005 during the tenure of Gov. Warner.

Success by 6 funding was winding down, and was reinvigorated with funding from state sources. At that time, UW fought for legitimacy at the table – we were not direct service providers, we were funders. Another entity in the community took on the role until UWRV took over again in 2009.

Moving to EIH allowed us to have a bigger stake on the ground. UWRV was already working on this issue, and setting a goal that was tied to others in a statewide movement allowed us to leverage funding opportunities.
Our growth over the last 8 years.

1. Expanding access to quality
   - Regional implementation of the VA Star Quality Initiative
   - Regional implementation of the Infant & Toddler Specialist Network
   - Partner in the Early Head Start Expansion Grant

2. Parent Education
   - Developmental screenings
   - Parent Education classes

3. Raising Awareness
   - Lunch and learns
   - Buy-in from local and state governments
What We Did Right

- Numerical goal
- Part of a large statewide movement
- Focus on evidence-based practice
- Diverse grant funding sources (corporate and foundation grants, tapped into local, state and federal funding)
First ever numerical goal that we had in front of us. To a certain extent, UWRV was scared of it and never formally adopted the goal as an organization. SBGR could be bolder because of its statewide affiliation.

Potential for working across UWs that are involved in the same movement – maximizing the power of our local presence for regional impact.
Guided by the findings of surveys in select census tracts identified as having the largest percentage of unbanked households, United Way in partnership with the City of Roanoke and with the support of other municipalities, and community partners, began to convene local financial institutions to address some of the barriers to banking, and lay the groundwork for the establishment of a Bank On Roanoke Valley. These partners have been meeting since the summer to develop a collaborative approach to implementing Bank On.

Launched in January 2014
We started the conversation with financial institutions in Summer 2013. We were already armed with data from the joinbankon.org and validated that with neighborhood surveys. Everyone wanted to be a part of it. We had the benefit of a national movement with other communities already having samples of work, and a toolkit from the National League of Cities.

- The approach is collaborative
- Shared goals and resources among financial institutions, local governments, and nonprofit community partners. With United Way of Roanoke Valley serving as the backbone for Bank On Roanoke Valley we are able to use it as a leverage opportunity in moving the needle in Education, Income and Health
It is estimated that the average unbanked person spends FIVE percent of net income on unnecessary fees, which is about ONE THOUSAND dollars a year for a lower-to-median income worker.

Imagine how life-changing that can be for them and what that stability
means for this community!
What We Did Right

- Localized data on need
- Early engagement of financial institutions and local governments
- Relatable goal, easy sell
- Learned from others
If We Could Do it Over Again

- Clearly defining a long-term goal
- More focused strategies that generate outcomes not just outputs
  - series vs. stand-alone classes
  - people actively saving not just opening bank accounts
- Greater involvement of human service partners to create an integrated path towards financial stability for families
- Balancing public message with targeted outreach of specific populations
Next example is something that is easily accessible for most of our communities -- and where our greatest asset will be our public will and leadership.
• CHNAs are an IRS requirement for non-profit hospitals every 3 years and are funded by the HRSA Bureau of Primary Health Care
• Started with a 12-month needs assessment, gap analysis, and strategic planning process led by Carilion Clinic. Primary and secondary data collected
• Studied Roanoke MSA with a focus on the City of Roanoke and Medically Underserved Areas
• Resulted in a partnership of over 50 cross-sector organizations and 160 individuals committed to improving the health of our community

Collective Impact: A way to address health issues that allows us to work as a collective rather than in our silos
Best practice philosophy to creating a civic infrastructure that is able to address social problem(s)

All involved agreed that additional tactical planning was needed to create an action-oriented response to the CHNA and these strategic priorities
Access to Oral Health Services

**New Horizons Dental Care**
- Opened November 2014
- Secured over $400,000 in start-up funds
- Sliding fee program for those who qualify
- HRV Oral Health Action Team actively participated in the planning of these services

*Where do you go for dental care?*

“I do not go to the dentist for regular care”
- 24.9% in the MSA
- 26.9% in city of Roanoke

*Which health care services are hard to get in our community?*

Adult dental care
- #1 response
- 47.5% in the MSA
- 49.5% in the city of Roanoke

In the MSA, ~50% of adults 18 years & over report not seeing a dentist in the past 2 years

We are now one of the recipients of the DentaQuest Foundation grant for grassroots initiative around oral health. Building the oral health IQ of people.
Food deserts: an area where residents are poor, lack transportation, & have no supermarkets

100% of residents in City of Roanoke census tracts 5, 11, 25, & 26 have no access to supermarkets or large grocery stores

Piloting in the summer – based on the Wholesome Wave national model that started in CT. Tied to a payer system
Stakeholders & Providers noted a need for a Centralized Coordination of Care system.

Target population’s barriers to access to care:

Unable to navigate the healthcare system
Limited understanding & compliance to treatments
Overall lack of understanding of health
Lack of understanding of existing resources
Poor communications with their healthcare providers
Involves utilizing community health workers and connecting people not just for health services but for their other needs. UWRV/HRV will be taking the lead in this. Can you think of another UW-related resource that would be critical to engage in this effort? 2-1-1.
A framework gave us a standard to follow – adapted the model to solving health problems
Realizing that health solutions required addressing social determinants of health
If We Could Do it Over Again

- Clearly defining a long-term goal
- Gain common understanding/language on collective impact
- Greater focus
- Defined opportunities for community to be engaged
- Active communication with communities surveyed
What is the one thing that is uniting our EIH messages? What does this lead up to? We did not answer this at the beginning.

For alignment — use the ARSCI approach — accountable, responsible, support, coordinate, inform

Are we aligning ourselves internally to do this work? Otherwise, we will end up competing with ourselves. Back to the concept of the single business model.
Think about sustainability on the front-end. Getting more grants isn’t the solution. How is this part of your RD work? Even more important for smaller UWs – where we all have to be heading in the same direction. Concept of reinforcing strategies.
Our lessons learned have led to a recommend a course of action that will allow UWRV to put in place some strategic changes that we want to see in the future of UWRV’s impact work.

This time, we want to get it right!
What Questions Do You Have?
Tools You Can Use for building your WHY:

- Bold Plays – what is happening in the movement?
- Best practices from other UWs
  - CI Practices survey as a mirror
  - Business Performance Matrix (look at your peers)
- Local data about needs in your community
- Annie E. Casey Foundation
- Grade Level Reading Campaign
- Joinbankon.org and http://assetsandopportunity.org/localdata/
- County Health Rankings
- Community Commons
- Healthy People 2020
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