

'Hidden Fairfax' Needs Urgent Attention

Elected officials discuss ways to support county's residents in need.

BY ANDREA WORKER
THE CONNECTION

“We can't do enough to spread the word that in the midst of affluent Fairfax County there is another, 'hidden Fairfax' that needs our urgent attention.” That was her response when Margery Leveen Sher, executive director of the Medical Care for Children Partnership (MCCP) Foundation, was asked what was the organization's goal for the Business Leaders' Breakfast hosted by MCCP on Tuesday, Sept. 15. Held in the offices of McGuireWoods Consulting in Tysons, the “Hidden Fairfax” gathering featured discussions on the topic by elected officials U.S. Rep. Gerry Connolly (D-11), U.S. Rep. Barbara Comstock (R-10) and State Sen. George Barker (D-39). MCCP board member, and president of Madison Services Group Ann Sullivan, served as MC and moderator.

After welcoming remarks by MCCP Board of Directors president Penny Bladich and an introduction by Sher, Sullivan prompted the panelists to start with their views on the needs in the community and to talk of past and current efforts to provide services, particularly health-related, to the children of the region. Rep. Connolly went straight to the heart of the matter as the opening panelist speaker.

“When I was elected to Congress in 2008...Fairfax was the wealthiest county in the country as defined by median household income,” said Connolly. “Today, Fairfax is number three or four, with a median income of \$110,000. Poverty for a family of three is defined at about \$25,000. Guess what? About 6 percent of our population meets that criterion. That may not seem like a high percentage, but when you take the base, about 1.1 million, that's a lot of people.”

ACCORDING TO CONNOLLY, another indicator that there are Fairfax residents in need “below the surface and often out of sight” is the fact that 29 percent of the county's school children are availing of free or reduced-cost school lunches. “The need is real,” added Connolly, “and sometimes masked by low percentages.”

Connolly praised the work of MCCP in spearheading a public-private partnership to bring medical and dental assistance to the children of those families struggling in our midst, and paid tribute to the medical institutions and the individual physicians and dentists and other medical profession-

als who provided their services for free or at greatly reduced prices.

As for current efforts to alleviate these needs, “Let me put in one plug for the federal level,” Connolly requested. “Passing the Affordable Health Care Act was one of the most significant things Congress has ever done in terms of health care.” What he believes is critical to effect a better health care outcome for the citizens of Virginia and a financial advantage to the taxpayers is to implement the expansion of Medicaid as available under the Act. Connolly says that key element is being stalled by partisanship and “a political problem in Richmond. Four hundred thousand of our fellow citizens would benefit...68,000 of them right here in Northern Virginia.” Under the rules, 100 percent of the monies spent under the expansion in the first three years would be federal dollars, and 90 percent thereafter. Connolly also reminded the attendees that if the federal government doesn't keep up its end of the bargain, “we are not committed, we can get out at any time.”



From left — Moderator Ann Sullivan, MCCP board member, with elected officials and event panelists Rep. Gerry Connolly (D-11), Rep. Barbara Comstock (R-10) and state Sen. George Barker (D-39).



Margery Leveen Sher, executive director of MCCP, welcomes the gathering to the “Hidden Fairfax” discussion.



Fairfax County Board of Supervisors Chairman Sharon Bulova was last up on the agenda, citing statistics about the county's residents in need and efforts to address those needs through public-private partnerships.

Rep. Comstock also acknowledged the needs of “Hidden Fairfax.” The congresswoman appreciates the MCCP model because “it is a great community solution, incorporating all aspects of the community...doing what the government alone cannot.”

Comstock also supports the 21st Century Cures Act, passed this summer by the House. She sees the bill, which promises significant additional funding for the National Institutes of Health and the FDA and reform to bring treatments to market more quickly, as a way of ultimately freeing up more funds to apply to other healthcare issues. Calling on her experiences as Chair of the subcommittee on Research and Technology and past work on technology issues as a delegate in the Virginia Legislature, Comstock also places a lot of faith in technological solutions that would bring more health care options more quickly to more

people in “our on-demand demand society.”

The third panelist, Virginia Senator George Barker, pointed out that the “Hidden Fairfax” residents are not just those below the designated poverty line. “There are many others [15 percent of the population, 172,000 people] in the category of 200 percent above the line who still qualify for some assistance in some cases, and are definitely struggling.”

Barker has degrees in Economics and Public Health from Harvard. He also earned a master's in Health Policy and Management and worked for three decades for the Health Systems Agency of Northern Virginia. In his expert opinion, people need a medical “home” versus the emergency waystation. The current situation of medically underserved county residents “has real implications. People suffer in two ways: their health status is generally much worse than what you and I enjoy, and their life expectancies are much shorter.” Barker supports further integrating Medicaid and Medicare as “good for people and for taxpayers.”

Moderator Sullivan next steered the conversation toward what she called “the elephant in the room.” Should medical and dental assistance such as provided through MCCP include undocumented children?

“These are innocent kids. Health needs to be addressed, period,” replied Connolly. “And remember, disease doesn't check your status. It's to everyone's benefit to help keep people healthy.” Barker, also supporting assistance regardless of immigration status, shared statistics showing that 18 percent of immigrants fall below the poverty line for the first three years of their

residency. By 10 years, the numbers show that they have “caught up with the rest of us.” After 20 years, the majority have improved their status to be “better than the people born here – mostly hard-working people who deserve good health and a chance at the same life expectancy that we have.”

Rep. Comstock sees the “faith-based community, the entire community” as important to bringing aid to this sector of our population, without having to question status or “fill out forms.” She also cited a program in the Loudoun County portions of her district that sends mobile health vans into the community, “bringing medical services to the people who need it most.” Comstock acknowledged that these solutions don't address the underlying problem, but suggested that a Medicaid overhaul similar to Welfare

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reform might be a longer-term solution, giving money to the states in "block grants" and to let them decide how to use the funds to address the issues. Channeling funds in this manner would encourage more creative public-private solutions, "more targeted resources, versus a one-size-fits-all solution," in Comstock's opinion.

Connolly, who feels that when block grants go directly to Richmond, Northern Virginia cannot be sure to receive its fair share, met this idea with skepticism. "I can tell you from my time on the Board of Supervisors, as can Sharon Bulova (Chairman of the Fairfax County Board of Supervisors) time after time when this was the case." Referring back to his earlier remarks,

"Poverty for a family of three is defined at about \$25,000. Guess what? About 6 percent of our population meets that criterion. That may not seem like a high percentage, but when you take the base, about 1.1 million, that's a lot of people."

— U.S. Rep. Gerry Connolly (D-11)

Connolly responded that the real elephant in the room was the Commonwealth's failure to enact Medicaid expansion to bring needed funds to bear on the situation.

IN THEIR CLOSING REMARKS, the panelists were more aligned, each expressing their belief that that the Northern Virginia business community was instrumental in addressing the problems to date, and that their continued support and creative problem-solving would be required going forward to leave no child in the "Hidden Fairfax" zone.

MCCP began as a project of the Fairfax County government. By 2007 the organization had proven a successful public-private partnership model and plans to become a separate, 501(c)(3) nonprofit.



PHOTOS BY ANDREA WORKER/THE CONNECTION

From left — Ian Thomas with Cardinal Bank, Penny Bladich, president of the MCCP Board of Directors and SVP with Cardinal Bank, and Patricia Stevens with the Fairfax County Office of Public Private Partnerships, do a bit of catching up before the start of the agenda at the Medical Care for Children Partnership Foundation leadership breakfast.

Margery Sher came onboard at the start of the new organization in 2009, and continues to direct its efforts with her staff of two — that includes herself. Current website im-

provements works may cause some inconvenience, but for more information on MCCP visit www.mccpfoundation.org. or call 703-286-0881/0882.



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