COMMUNITY CATALYST

Community Catalyst
Board of Directors Meeting
December 18, 2015 – 8:00-2:30 PM
Conference Line: 877-594-8353; Passcode 92690821

1. **Welcome** **8:00**

   ⊡ Executive Director's Report

Chair: Wendy Warring
Staff Lead: Rob Restuccia

2. **Corporate Business** **8:15**
   a. Approval of September Meeting Minutes **(VOTE)**
   b. Year-to-Date Financials
   c. 2016 Proposed Budget **(VOTE)**

Staff Leads: Rosemarie Boardman, Donna Pina Robinson

3. **Evaluating our 2015 Organizational Outcomes** **8:45**

   ⊡ During this session we will briefly review our advocacy evaluation framework and use the framework to evaluate our 2015 anticipated outcomes. We will focus on what we have accomplished and the gaps that we need to fill in 2016.

Staff Leads: Jacquie Anderson, Susan Sherry

4. **Our Environment: Trending Issues in the Polity and Political Landscape** **9:15**

   ⊡ Opportunities and threats in the environment

5. **Health System Transformation** **9:45**

   ⊡ We will continue our discussion of CC's HST work by discussing the high-level policy agenda that has been developed. As time permits we will also touch on the some of the national and state opportunities to advance this agenda, the challenges for consumer advocates and how we plan to use the Center to help meet those challenges.

Staff Lead: Michael Miller/Renee Markus Hodin

Break	**10:45**

6. **Visibility and the Center**

   ⊡ A key but challenging step over the next year of branding and positioning for the Center will be putting the brand into action to build the Center's visibility with key audiences, particularly thought leaders in the Health System Transformation field. Given the priorities noted above, where do we need to be visible and how? What are the other gaps? How can the board help?

Staff Lead: Kathy Melley

COMMUNITY CATALYST

7. Development **11:30**

a. Individual Giving: Lori Fresina and Diane Pickles from M & R Strategic Services will join us for a discussion about their assessment of avenues Community Catalyst might take in an effort to grow an individual donor base.
Discussion:
- ⊡ Reactions and feedback about proposed next steps.
- ⊡ The potential role for board members (current and future) in our individual giving efforts.

b. Federal Funding: Jay Himmelstein will attend and report on progress since the last board meeting on identifying potential roles for Community Catalyst in the federal funding landscape. We will discuss the importance of timing (e.g., what is possible during this Administration and what might be better to hold off on until the next Administration is on office), the specific assets Community Catalyst brings and for/to whom, and areas that do not appear fruitful.
Discussion:
- ⊡ Reactions (agreement/disagreement) and creative approaches that we might have missed.

Staff Lead: Diane Felicio

Working Lunch **12:30**

8. In the Loop **12:45**

⊡ The conversation on ***In the Loop*** will focus primarily on sustainability. We have learned that similar online communities have also struggled with securing on-going funding. Having extensively explored over the past year both Foundation funding as well as federal funding, we believe the best opportunity for sustainability is through developing a business plan to market both the community, the platform and our expertise in managing online communities.

Staff Lead: Amy Rosenthal

9. 2016 Organizational Outcomes/Impacts **1:00**

⊡ Review 2016 anticipated organizational outcomes.

Discussion
- ⊡ Are these the right priorities, outcomes and impact we should be focusing on?
- ⊡ Any key areas missing?

10. Governance Committee **1:45**

11. Executive Session **2:00**

12. Close **2:30**

Table of Contents

Community Catalyst
The Colonnade - DoubleTree by Hilton
September 11, 2015 (4:45-6:00 PM)
4 W University Pkwy, Baltimore, MD 21218
Board of Directors Meeting

Board Minutes

In attendance:

Members of the Board: Kate Villers, Wendy Warring, Anthony So, Diane MacDonald, Robert Phillips, Dan McGrath, Kavita Patel, Mark Schlesinger, Karen Hicks and Anton Gunn

Apologies: Amy Whitcomb Slemmer, Joia Crear Perry

Community Catalyst Staff: Jacquie Anderson, Diane Felicio, Robert Restuccia, Rosemarie Boardman, Amy Rosenthal, Sue Sherry, Michael Miller, Marla Shatkin, Kathy Melley, Alexis Brimage-Major (EA)

Guests: Vincent DeMarco, Executive Director, Healthcare for All, President of the Maryland Citizens' Health Initiative; Isazetta Spikes, Director of Annual Giving at St. Agnes Foundation, Board Member, Healthcare for All, NAACP member

Wendy Warring, Chair, opened the meeting at 4:53 PM

Perspectives from the Field

Wendy Warring opened the meeting by welcoming the guest speakers; Robert Restuccia gave a brief background on both speakers.

Vincent DeMarco, Isazetta Spikes, staff and Board Members engaged in a robust discussion facilitated by Kathy Melley that touched upon the accomplishments of Health Care for All and three goals the organization is trying to achieve: making the ACA work, raising cigarette tax and the implementation of health system transformation. Isazetta Spikes spoke about her work with Health Care for All as a volunteer representative of the NAACP.

Discussion

Advocates talked about the coalition structure they work with: specifically how it is changing as the result of a focus on new issues, and the desire to build relationships with new constituents to strengthen it. The strategic advice and on-going policy support received from Community Catalyst, along with the opportunity to learn from other states, underpinned by the funding they receive, have been invaluable. Vincent DeMarco said it would be beneficial to have more communication with other states as a part of the Community Catalyst learning community.

Dr. Leana Wen, City Health Commissioner, for the City of Baltimore was the guest speaker for dinner.

Community Catalyst
The Colonnade - DoubleTree by Hilton
September 12, 2015 (8.30am – 2.00pm)
4 W University Pkwy, Baltimore, MD 21218
Board of Directors Meeting

Board Minutes

In attendance:

Members of the Board: Kate Villers, Wendy Warring, Anthony So, Diane MacDonald, Robert Phillips, Dan McGrath, Kavita Patel, Mark Schlesinger, Karen Hicks, Anton Gunn and Amy Whitcomb Slemmer (by phone)

Apologies: Joia Crear Perry

Community Catalyst Staff: Jacquie Anderson, Diane Felicio, Robert Restuccia, Rosemarie Boardman, Amy Rosenthal, Sue Sherry, Michael Miller, Marla Shatkin, Kathy Melley, Alexis Brimage-Major (EA)

Guests: Cindy Mann, Manatt, Phelps & Phillips, LLP; Melanie Nathanson, Nathanson+Hauck; Alfonso Perrilo, Edelstein and Co. (joined by phone); Dr. Jay Himmelstein Professor of Family Medicine and Community Health and Quantitative Health Sciences and Chief Health Policy Strategist and Senior Advisor for Office of Health Policy and Technology for the University of Massachusetts Medical School's Center for Health Policy and Research. (Joined by Skype and phone)

Wendy Warring, Chair, opened the meeting at 8:35 AM

Corporate Business

Approval of June 5, 2015 Meeting Minutes.

Robert Phillips moved, Karen Hicks seconded and it was

VOTED: unanimously, to approve the minutes of the June meeting.

Executive Director's Report

Rob Restuccia highlighted his excitement at being in Baltimore and bringing together the Board. He also thanked the Board for their discussion during the Executive Committee session. He noted the focus on health system transformation, strategic planning in 2016 and the recent shift with funders and their perspectives around the ACA as being of particular importance. He flagged that the advocates Community Catalyst supports will have a difficult time raising resources to continue their work.

Amy Rosenthal gave highlights of the recent conversations between the federal government and In the Loop, which did not result in a contract. No additional funding will be provided by the Ford Foundation; additional funding sources are being vetted and the search for funding will continue.

NEXT STEPS

- The Board asked Amy Rosenthal to develop a document detailing lessons learned and create a one-pager outlining the different strategies and tactics used in marketing In the Loop.

2015 Financial Update and Review of the 990

Rosemarie Boardman provided a brief financial update and noted that the organization is expected to end the year with a budget surplus. This has allowed the organization the opportunity to obtain strategic advice to better leverage its capacity, including hiring of consultants Cindy Mann and Jay Himmelstein.

Review of the 990. Alfonso Perillo from Edelstein and Co. provided a high-level overview of the 990, which reflected key financial information. The checklist of required schedules, board independence and the public support percentage were also reviewed.

Discussion

- Board members discussed the public support test*, and the importance of continuing to monitor the percentage of funding Community Catalyst's receives from any one foundation, but should not avoid getting funds form private foundations.
  - The IRS uses the public support test to check if a nonprofit receives substantial support from the general public, as outlined by Section 509(a) of the Internal Revenue Code. This test determines if a nonprofit is a private foundation or a public charity. A private foundation, on the other hand, usually derives its principal fund from a single source, such as an individual, family, or corporation, and more often than not is a grantmaker

NEXT STEPS

- Community Catalyst will continue to monitor the status of the public support test

Our Work: Reflecting on the Last Three Months: MergerWatch

Rob Restuccia provided an overview of the potential programmatic collaboration between MergerWatch and Community Catalyst. A memo regarding this possible merger was included in the board packet.

Discussion

Board members were very supportive of a potential merger between Community Catalyst and MergerWatch given the synergies that exist between both organizations. If the merger proceeded the work would be incorporated into Community Catalyst's existing structure.

Next Steps with MergerWatch and Community Catalyst.

Kate Villers moved, Anton Gunn seconded and it was

VOTED: unanimously, to conduct as assessment of the benefits of a merger between Community Catalyst and MergerWatch and report back to the board with the findings and recommendations at the March board meeting.

Our Work: Reflecting on the Last Three Months: Management Restructuring

Jacquie Anderson presented on the updated management restructuring, the organization's process in making these changes, the importance of succession planning, incorporating diversity within the senior management

structure, and the overall rationale for the organization's plans for growth and change. Sue Sherry provided brief context on the reaction received from program managers once the restructuring document was shared. She noted there were no surprises and managers seemed to respond positively.

Discussion

While state organizations are an important part of Community Catalyst's work, state advocates were not included in the assessment because of its internal nature. This process will not change the experience of state advocacy partners. The organization has put a very strong emphasis on every state having a relationship with a lead staff member, so they will not see any changes resulting from the structure being implemented. This structure will require strong oversight by the leadership team to ensure that any new issues developed are placed appropriately in each bucket of work. Each new issue will be vetted and discussed at the senior management team level to determine the most appropriate area the new potential project falls under. The leadership team will be evaluating these new changes every six months to ensure the goals of the restructuring process are being met.

Development: Current Work and Federal Funding Landscape for Health System Transformation

Diane Felicio provided brief background on the assessment of individual giving being conducted by M+R Strategic Services. Representatives from M+R will be at the December board meeting to provide an update and for discussion with the board. Diane noted that the organization had recently received a $100,000 gift from an individual donor: $25,000 of these funds will go towards *On Message* in order to help meet a $50,000 match challenge from Phil Villers. Collectively, the $25,000, plus funds from SEIU and donors who contributed online, resulted in Community Catalyst exceeding the $50,000 needed to meet the match.

Jay Himmelstein joined the discussion and presented various federal funding strategies under investigation with his support: direct outreach to funding agencies (e.g., AHRQ, CMMI, and CMS), either for a grant or contract directly to Community Catalyst, and/or partnerships with others who have existing federal contracts (e.g., Research, Measurement, Assessment, Design and Analysis [RMADA] procurement program).

Discussion

Partnering with large federal agencies carries a number of risks since Community Catalyst would likely be a junior or minor partner. It is important that the organization carefully assesses the benefits and risks associated with each partnership and fully determines how each might work. Playing a role in federal contracts may require a different skillset than presently exists at Community Catalyst (e.g., answering to "clients"). How would the organization address this potential lack of capacity? It needs to be determined if this potential move into the federal funding landscape will be value-added for the advocacy t partners Community Catalyst partners with. How can it be ensured that key priorities (e.g., community voice and agenda setting) are built into every contract? It needs to be certain that whatever new work entered into does not compromise the organization's advocacy capacity. This will be a critical factor in the decision-making process. The Board posed important questions pertaining to matters of "fit" that should be explored carefully and cautiously as investigations proceed. Staff will provide an update to the Board at the December 2015 meeting.

NEXT STEPS:

- Diane Felicio will follow up with Kavita Patel, who has extensive experience with the types of contracts discussed. Kavita Patel will share language used in previous partnering relationships. Diane Felicio will report back to the Board in December.

Our Environment: Trending Issues

Amy Rosenthal introduced Cindy Mann and Melanie Nathanson. Both women provided an overview of the different types of capacity and support they provide to Community Catalyst. The meeting engaged in a discussion that touched upon the anticipated outcomes for 2016, current opportunities and challenges facing Community Catalyst.

Discussion

Prior to summer 2015, health care was anticipated to remain a critical topic in the upcoming 2016 election. However, since this summer, the ACA took second place to other issues. Regardless, repeal and replace will continue to be on every Republican presidential candidate's agenda. While there are many in Congress who want to work with both sides of the aisle, the ongoing polarization will make it difficult to move things on a federal level and there will be more freedom within states to move a more proactive agenda. Given the continued undermining of the ACA, it will be important to push forward the positive messaging in a deliberate and strategic way. It will also be vital to make sure that enforcement of regulations around Essential Health Benefits and consumer protection is promulgated fully.

The Future of Medicaid and Community Catalyst's Role

This discussion focused on the future of Medicaid and the areas to which the organization should pay attention. Cindy Mann gave a high level explanation and review of the current Medicaid environment and the challenge in getting it seen in a positive light.

Discussion

A multi-prong campaign showing the importance of Medicaid is necessary and should occur regardless of which party is in office. There is a critical need to tell the story that Medicaid is an effective insurance program and to think about messengers for and champions of this campaign. Medicaid has always been viewed negatively so the campaign would need to be strategic about messaging approaches.

There is much debate on whether or not the Arkansas Private Coverage Option is a good or bad approach. Cindy Mann indicated that the answer it is not yet clear and she is watching it closely to determine its effectiveness.

Cindy Mann closed the session highlighting five areas that Community Catalyst should pay particular attention to: 1) simplification and coordination; 2) delivery system reform in terms of where to go with the Medicaid program; 3) care for people with disabilities; 4) high cost of drugs; and 5) closing the coverage gap.

Health System Transformation

Sue Sherry outlined the intersection between various Community Catalyst projects and the Center for Consumer and Community Engagement, the organization's policy priorities and its theory of change as it relates to health system transformation. Michael Miller provided brief context on the issues being focused on and progress towards reaching the goals.

Discussion

Board Members raised the needs for a theory of change and to determine the types of campaigns/work the organization engages in based on this. This will be especially critical as Community Catalyst moves forward on identifying various Health System Transformation (HST) issues to focus on.

Given the amount of emphasis placed on HST, to what extent should focus on access and coverage continue? Is the organization pivoting towards the issue of coverage being affordable? HST is only one part of Community Catalyst's work and it is imperative that it does not shift the organization away from other important issues, such as access and coverage. There needs to be a clear articulation of purpose and vision statement for HST that is easy to understand and interpret. Additionally, it would be beneficial to have an elevator speech that is sharp and compelling. The communications team is in the process of working on the branding of the Center, which will be an opportunity to work on developing this messaging and framework.

Jacquie Anderson provided an update on the Center Director search process. To date, the organization has identified ten candidates and intends to interview those candidates towards the end of September. Once the pool of candidate's decreases to two or three, the organization will ask for the Board's involvement. A deep discussion related to HST will be postponed until the Center Director has been hired and oriented.

NEXT STEPS:

- Community Catalyst staff will develop and disseminate a framing document for the Board prior to the December board meeting. In December, one hour of this meeting will be dedicated to this document, recent changes and relevant updates.

Governance Committee

Kate Villers asked the Board to actively participate in the selection process of potential new Members. She provided selection criteria and expressed the hope of narrowing down the pool of candidates to two or three. Kate Villers asked to have a future conversation with Board Members once the pool of candidates had decreased.

The meeting was adjourned at 1:49 PM

COMMUNITY CATALYST

Memorandum

TO: **Board of Directors**
FROM: **Rob Restuccia**
DATE: **December 8, 2015**
RE: **Executive Director Report**

The September meeting in Baltimore seems now like a long time ago. I am looking forward to getting together next Friday. Kate, Wendy, Joia, Diane, Anthony, and Amy will be at the meeting in person and Karen, Anton and Robert will join us by phone. Mark and Dan will not be able to attend. It has been an extremely busy three months and the Board reports in the packet provide an excellent overview of organizational activity during that time. I hope that you get a chance to read them carefully.

We have had a number of staff transitions and one new hire since the last meeting.

Ann Hwang, M.D. Director, Center for Consumer & Community Engagement. Ann Hwang is the Director of the Center for Consumer Engagement in Health Innovation (the Center), a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health innovation. In this role, Dr. Hwang is charged with launching and developing a strategic direction for the Center that maintains the long-term focus on centering the new American health system on the consumer. This entails overseeing research and evaluation, investments in state advocacy, leadership development, fundraising, consultative services to health plans and delivery systems, and efforts to build a strong presence in Washington D.C. and state capitals.

Dr. Hwang received her medical degree from the University of California, San Francisco, completed her residency in Internal Medicine at Brigham and Women's Hospital in Boston and has worked as an attending physician at Brigham and Women's Hospital and the VA Boston Healthcare System. In addition to leading the Center, she will continue her clinical practice in Internal Medicine, focusing her practice on care for vulnerable communities.

Quynh Chi Nguyen was promoted to Policy Analyst

Kate Lewandowski, (NEACH Project) and William Dean, (Voices for Better Health) have resigned.

I also want to note that Marcia Hams will be retiring before the March Board meeting. Marcia worked at HCFA and Community Catalyst for over 20 years.

A true health care renaissance woman, in her time at Community Catalyst she has worked on many projects including our first quality project, the hospital conversion project, and more recently health system transformation.

Marcia is best known for her work on pharmaceuticals. Ten years ago she did the research and planning for the Prescription Project and led our work in states around our policy agenda. Since that time she has directed the pharmaceutical work and is viewed as a national expert in this area. She combines a strong research background, a keen eye for organizing, and a total commitment to the mission of the organization. Marcia also was a leader in the effort for Marriage Equality. She and her wife Susan were the gay couple in Massachusetts to receive a marriage license. She will be missed but we know that she will continue to be part of the fight for social justice.

The agenda for the Board meeting is as always, quite full.

Financial Report

Following the approval of the minutes Rosemarie will give you the report from the Finance Committee. We are showing a significant surplus for this year. The budget for next year is slightly smaller than this year due to less revenue for sub-grants. At the same time a number of new positions are being budgeted so we will be adding to our internal capacity to fit people into our office at One Federal.

Evaluating 2015/Discussing the Outcomes for 2016

It is the last meeting of the year so we will spend some time reflecting on what we have accomplished in the past twelve months and then discuss our plans for next year in the afternoon. In the morning we will be going over the 2015 Organizational Outcomes. A detailed list of the most significant outcomes is in the packet. While the list captures many of the specifics, I thought that it would be helpful for me to provide you with a higher level overview.

It was a very good year for Community Catalyst and we have made significant progress as an organization on reaching our goals:

Goal 1: *Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide*. We have greatly enhanced our capacity to support advocates in all components of the "system of advocacy". We have begun to focus more on leadership development as a critical component of their success. Also, our increased focus on health equity is reflected in the progress made connecting to organizations of color.

Goal 2: *Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.* We demonstrated our ability to assist state advocates move their political agendas through organizing and campaigns in Dental, Close the Gap, and our work among Children's advocates.

The Community Catalyst Action Fund has become an important arm of the Community Catalyst supporting campaign activity in multiple states through "The ACA is Here to Stay" and Close the Gap.

Goal 3: *Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.* A major focus of the past year was establishing our leadership around health system transformation. In January we laid the groundwork for consumer involvement in health care transformation with the publication *of The Path to People Centered Health System*. The Atlantic Philanthropies grant in March has allowed us to carry out our vision and since that time we have been working on building out the Center. Voices for Better and the Value Advocacy Project have provided us the resources to support state efforts and enhance our visibility nationally. Our connection to policy makers in Washington was greatly enhanced through the work of the External Affairs and Communications Departments.

Goal 4: *Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development.* We have identified new funders for both Community Catalyst and the Action Fund. Through our individual giving program we generated a large contribution for *On Message*. Our evaluation of both business planning opportunities for projects and federal support is well underway.

Goal 5: *Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.* We are projecting a large surplus for the year ending in December. The organizational evaluation with Root Cause and the implementation of the new management structure has positioned the CC for the future. The management team and the overall staff at Community Catalyst has become much stronger as a result.

While we have accomplished a lot, there are significant areas we need to continue to focus on:

- Diversifying both our staff and the organizations that we support to more reflect the people that we represent continues to be an important focus;
- A number of the state advocacy organizations that we work have significant management issues that are inhibiting their ability to function effectively;
- With the ending of Consumer Voices for Coverage a number of those organizations will likely be under-resourced;

- We need to continue to grow a flexible pool of resources to allow us more flexibility in funding new initiatives.
- We have not found resources to support the continuation of ITL beyond next spring.

In the afternoon we will discuss our proposed outcomes for 2016. It is an ambitious agenda and we are looking forward to your feedback. In the Executive Session at the end of the meeting I will present my revised goals for the next two years. My evaluation for previous years is complete and I will send the goals in a separate email.

The Political Environment

Just as you think that the political discussion could not get any crazier, there is a public discussion of banning Muslins from entering the country! Building on our discussion at the last meeting we will brief you on our assessment of the political environment with a focus on challenges and opportunities facing the consumer health movement.

Health Care Transformation

We are excited that you will be able meet the new Center Director, Ann Hwang, M.D at the Board meeting. Ann is a great addition to the staff, brings broad knowledge and experience in health system and with a deep commitment to our mission (her resume is attached). She is working part-time in December but is already fully engaged. She will continue her clinical practice a day a week.

We have set aside time on the agenda for discussion of our policy priorities and the visioning statement for the HST work and the Center specifically. We are planning to launch the Center at the National Press Club on January 15th with Don Berwick as the featured speaker. We will provide more additional information about the launch and plans for the future.

Development

At the last Board meeting we started the discussion of federal funding for the work of Community Catalyst. Jay Himmelstein will attend and report on progress since the last board meeting. Also, Diane Pickles from M&R will give her assessment of our individual giving program and the steps we can take to enhance it.

In the Loop

We have been doing considerable work looking for additional funding for ITL including business planning. At lunch we are going to report on our activities to date and solicit your ideas about how to move forward.

Governance Committee

The Governance Committee will be recommending two candidates to one for the CC Board and the other for the Action Fund Board for further consideration and a process of Board self-evaluation.

Community Catalyst 2015 Anticipated Outcomes - RESULTS

CC Strategic Goal 1: Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.

Peer to peer learning community strengthened

- ⊡ Developed SHP specific peer-to-peer learning for Southern Health Partners, as evidenced by quarterly calls, new southern partners newsletter, continued Red state caucus calls, and Southern Health Partners convening.
- ⊡ In the process of launching a new Executive Directors' round table to facilitate their discussions with one another about organizational development, staffing, strategic planning, membership, etc.

New partnerships developed and strengthened among Community Catalyst network

- ⊡ Health Access and CPEHN in California are equal partners in HST work and are working together to elevate health equity in CA's HST efforts.
- ⊡ TAMN is working with Waite House to develop a value-based model of care for undocumented immigrants.
- ⊡ NJCA partnered with three different community based organizations (CBOs supporting transgender people, Latino families, and the Southeast Asian Boat People) to create a targeted OEE video, focused on targeted communities.
- ⊡ In Missouri, non-assister organizations who work directly with the Latino community were connected with assisters to help educate and enroll members of the Latino community. specifically focused on engaging the Latino community on OEE.
- ⊡ FL CHAIN developed stronger relationship with National Council of La Raza, including subgranting to them to develop paid radio ads aimed at educating and informing Spanish-speaking populations about the coverage gap and its impact on Latino communities in Florida.
- ⊡ The HAP team has built relationships with several state-based and regional entities who have been researching and assessing the first round of Community Health Needs Assessment's conducted by non-profit hospitals.
- ⊡ Advocates have incorporated our proactive and rapid response messaging on a variety of topics including King v. Burwell, enrollment, Medicaid expansion and "ACA Is Here to Stay" into their communications (press outreach, social media, communication with policymakers, events, etc.).
- ⊡ The "ACA is Here to Stay" focus groups and poll helped contribute to strong results for pro-ACA campaigns in the states, including solid media coverage, op-eds, and messaging groups are using in meetings with legislators.
- ⊡ Several VAP grantees are building and strengthening relationships with partners outside of the health sector to address social determinants of health.
- ⊡ Increased the collaboration amongst social service nonprofits invested in successful outreach and enrollment as a result of *In the Loop* connecting assister groups with consumer health advocates in their states.
- ⊡ HAP staff have built new relationships with some non-traditional partners, including an Area Agency on Aging, some Community Development Corporations (CDCs), as well as national, state and local housing groups.
- ⊡ Connections on health system transformation issues between state advocates across sites and nationally are being established, and real-time learning, best practice strategies, tools and resources are already being shared via CC convenings, conference calls, newsletters and email listservs
- ⊡ Wisconsin Citizen Action forged a partnership with Rise Together, a youth-oriented heroin/opioid recovery and awareness network, as part of their SBIRT work. Together, the two groups surveyed high school students on drug use and shared those results publicly. The survey results and the corresponding press event were picked up by numerous media outlets across the state.
- ⊡ In 5 regional hubs across Missouri, CC helped to strengthen the capacity of local networks ability to communicate cross-share effective strategies of outreach and enrollment and collaborate on outreach and enrollment events through technical assistance.

- ⊡ Best practices regularly spreading across states on Medicaid Expansion campaigns. Examples: successful Virginia CTG chartbook replicated SC, GA, and UT; grassroots and social media tactics used around hearings in TN used by several other states, including MT (#getittothefloor hashtag, and posters for rally with county name & number of people in the gap from that county.)
- ⊡ New partnerships in TN, PA, and MD with faith partners. Partnerships in KY in with criminal justice community. Strong LGBT partnerships in the south and with Raising Women's Voices in NY .

CC Strategic Goal 2: Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.

Increased knowledge of partners to design and implement issue campaigns.

- ⊡ In New Mexico dental therapist advocates mobilized over 7,500 constituents to take action in the campaign to establish dental therapist.
- ⊡ Dental therapist online petitions were launched in Kansas, Washington, Ohio, Vermont as well. As a results, thousands of community members weighed in
- ⊡ Massachusetts Children's Vision coalition was successful in their campaign to include children's eyeglasses as a pediatric benefit in the state's Essential Health Benefits.
- ⊡ Masschusetts advocates won new state funding for training school staff to do SBIRT and won Senate passage of a bill to mandate SBIRT in middle and high schools.
- ⊡ On-the-ground campaigns in WI, NC, and PA coupled with On Message-sponsored focus groups and a national poll, equipped advocates and policymakers with more positive ACA messaging that meets conflicted voters where they are. Through this we've further developed relationships with c4 state-based groups that have strong campaign skills.
- ⊡ Our grantees successfully closed the coverage gap in Montana and Alaska, providing coverage to 110,000 otherwise uninsured adults (70,000 in Montana and 40,000 in Alaska.) Montana Governor Bullock singled out the essential role of both Montana Women Vote and the ***Close the Gap*** national campaign team**,** when he wrote a hand-written note to Rob and Community Catalyst for our support to them.
- ⊡ Health equity has been directly addressed through SUD and Close the Gap Campaigns, both at the national level and in a number of our state campaigns.

CC Strategic Goal 3: Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.

Increase knowledge, skills and ability of CC staff on health system transformation subjects and strategies.

- ⊡ launched a new cross-organizational HST staff training series. Staff across projects are participating in these regularly and are building their understanding of HST issues.
- ⊡ Established a cross-program HST Policy Team

Launched, fully staffed and developed an long term implementation plan for the Center for Consumer and Community Engagement

- Made significant progress toward launching, staffing and developing a long-term implementation plan for the Center for Consumer and Community Engagement by:

  Hiring a Center Director;

Community Catalyst 2015 Anticipated Outcomes - RESULTS

Posting the Strategic Policy Manager position
Developing the Center's policy priorities
Broadening the scope and readership of The Dual Agenda to account for the broader focus on HST

Increased our ability to influence the conversation happening at the policy, delivery system and individual levels regarding health system transformation and the role of consumers and consumer advocates in HST efforts

- ⊡ Increasing CC's responsiveness to CMS requests for comments on a wide variety of HST issues
- ⊡ Organizing and facilitating two webinar series (1) Geriatrics-Competent Care: Alzheimer's Disease and Dementia and (2) Meaningful Consumer Engagement
- ⊡ Developed and piloted a training curriculum for members of Consumer Advisory Committees
- ⊡ The VAP team led and/or contributed to efforts to comment on the following federal regulations or plans: HHS' goals and timeline for shifting Medicare reimbursements from volume to value; Senate Finance Committee letter on chronic care solutions; MACRA RFI; Medicare Program's Comprehensive Care for Joint Replacement Model; HHS Office of Minority Health's Health Equity plan for Medicare; and Revisions to payment policies under the physician fee schedule and other revisions to Medicare Part B.

Increased the capacity of advocates to influence the non-profit hospital Community Health Needs Assessments process

- ⊡ The HAP staff developed a relationship with Trinity Health, a major hospital system with 88 hospitals in 21 states who have begun strategizing how Community Catalyst might consult on community engagement strategies focused on community benefit and health system transformation. A proposal to Trinity Health is in the process of development.
- ⊡ The HAP team offered several learning community sessions over the course of 2015 focused on hospital CHNAs and Financial Assistance Policies. Those webinars were very well attended with a range of participants from advocates and community-based organizations, legal services, national partners, and hospitals. Each call/webinar had between 85 and 240 participants, and received strong evaluation scores as being useful and applicable to the on-the-ground work.

Unanticipated Outcomes

- ⊡ Through efforts organized by the dental therapist project, including a 183-page memo and numerous comments submitted, followed by a fact sheet and conference calls discussing the implications, the Commission on Dental Accreditation developed and agreed to implement accreditation standards for dental therapy training programs. The establishment of these standards will ultimately pave the way for the widespread acceptance and use of dental therapists as well as drastically change how, where and by who dental care is delivered in the country.
- ⊡ Community Catalyst hosted a webinar for the Cover Missouri Coalition, Enrolling Immigrant Consumers: Tips and Tricks for Complex Cases, in partnership with the National Immigration Law Center. Health and Human Services Region VII office shared the webinar invitation with the entire region resulting in enrollment assisters from Iowa, Kansas, Missouri and Nebraska participating in the webinar. This was the first time to our knowledge that HHS/CMS promoted a webinar with the region that was not hosted by HHS/CMS.
- ⊡ Texas shared CC's Network Adequacy Checklist and "wish list" tool with their coalition broadly and used it as a catalyst to pick up the conversation on gains and challenges in the world of private insurance in Texas
- ⊡ The Alliance for Children's Health successfully engaged advocates across te country toweigh in on the federal CHIP debate through comments, letters and

phone calls, contributing to the successful re-funding of CHIP.

- ⊡ In the Loop has reported and synthesized trends in the enrollment process and communicated them to federal officials with specific recommendations. Of the recommendations In the Loop made to federal policymakers, 39% were addressed, leading to either a partial of full resolution of the issue.
- ⊡ CC represented the consumer voice at various federal/national tables, including: weekly calls/in person meetings at the White House, monthly meetings with HHS senior staff, weekly CCIIO meetings, and regular more informal contact with White House and HHS officials. These strong relationships are exemplified the following outcomes:

  Before the King v. Burwell decision, we were selected as the point group for HHS if the ruling was unfavorable (this was unofficial and off the record.)

  In the Loop received federal recognition, including the project name being mentioned by the President in a video for the enrollment community, as well as the White House asking a Looper to introduce the President on a call to kick off the third open enrollment period.

  Connected staff in Community Catalyst program areas to relevant Congressional and Administration offices to inform the content of legislation and regulations, as well as to foster support for certain policies. Of note, this included working with CC's Children's Health team to refund the Children's Health Insurance Program through 2017 as well as with the Substance Use Disorders team to establish themselves as a go-to resource for Hill staff working on the Comprehensive Addiction and Recovery Act and the Mental Health Reform Act.
- ⬘ Increased On Message Today readership by 6.2%, double our goal and introduced "The Takeaway" and added 3 new organizations to On Message national collaboration meetings

CC Strategic Goal 4: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development.

Foundations giving to more CC programs/projects

- ⊡ Kresge – Proposal pending for joint HST/ Medicaid expansion/Social determinants of health project
- ⊡ Civic Participation Action Fund: For assessment of Medicaid expansion opportunities nationally. In partnership with Community Catalyst Action Fund
- ⊡ Annie E. Casey Foundation for HAP learning community
- ⊡ Open Society Foundation: For criminal justice/incarceration

Increased number of funding types

- ⊡ Individual giving: First-time match opportunity for On Message (two individual donors + online giving by subscribers). More than $100,000 raised.
- ⊡ Business planning underway. New potential contracts in the works (e.g., for Community Benefit), but nothing formally secured just yet.
- ⊡ Federal funding – Assessment underway for CC's role as lead and/or sub-contractor

Federal funding for In the Loop

- ⬘ Outcome not achieved

Community Catalyst 2015 Anticipated Outcomes - RESULTS

CC Strategic Goal 5: Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.

Financial Health

- ⊡ At the end of 2014 our unrestricted net assets were $1,994,467, nearly $500,000 more than the stated goal. We anticipate that at the end of 2015 we will have unrestricted net assets of $2.1-$2.2 ml. Our healthy level of net assets or reserves has allowed the organization to do 'off budget' spending when special opportunities arose.

Increase in the cross organizational collaborations between HCFA, HLA and Community Catalyst

The Children's Health team increased cross-organizational collaboration with HCFA in multiple ways, including:

a. Joint work on Neo-natal Abstinence Syndrome (NAS) and Substance Exposed Newborns (SEN)
b. Collaboration on efforts around HCFA's HHH bill
c. Collaboration on the inclusion of children's eyeglasses as a pediatric benefit in MA's EHB.

- ⊡ Community Catalyst SUD team and HLA have increased collaboration on behavioral health parity, weighing in jointly on recent proposed parity regulations and developing a joint concept paper proposing to improve nation-wide infrastructure for legal and advocacy support on parity appeals and complaints.
- ⊡ HAP staff represent Community Catalyst on HLA's medical debt working group. This group meets regularly with a focus on medical debt issues in Massachusetts. The membership of the group includes staff from HLA and HCFA.

Community Catalyst continues to evolve as a "learning organization" with 75% of staff members using at least 50% of their annual professional development resources.

- Exceed our goal: 90% of Community Catalyst have utilized their PD funds allocated in the budget and evey employee has participated in some form of non-paid professional development activity, either in-house or externally. $53,000 was spet on professional development activities in 2015.
- Trained staff on both media and PPT presentations, with very positive feedback from evaluations. Reviewed PPTs developed by handful of trainees after training and saw improvements

Staff members have a clear understanding of their strengths and areas of growth as a result of our 2014/2015 performance review process.

- 90% of staff members have completed their 2014/2015 performance reviews and as a result have understanding of their areas of strengths and areas of growth

Our Vision

The Center's vision is a people-centered health system that delivers better care, better value and better health for every person in every community.

Our Experience

The Center builds upon Community Catalyst's many years of success working on the ground in more than 40 states and across the stakeholder spectrum—with advocates, academics, state and federal policymakers and industry—to examine problems and identify practical solutions to improve the consumer health care experience. The Center's team has honed their expertise as leaders in state and federal health innovations—from the creation of the Commonwealth Care Alliance, a groundbreaking delivery system in Massachusetts, to shaping the design of demonstration projects for Medicare and Medicaid patients in more than a dozen states. The Center harnesses this experience to tackle the complicated components of America's health care system and the pressing challenges we face in achieving the vision of better care, better value and better health.

Our Approach

The Center works directly with consumer advocates to increase the skills and power they have to establish a permanent and effective voice at all levels of the health care system. We help health plans, hospitals and providers incorporate the consumer experience into the design of their coverage and care delivery to increase quality outcomes, improve coordination of care, and reduce costs. The work of the Center informs our partnerships with state and federal policymakers as they create and implement policy changes that aim to improve the health system.

Our Priorities

Our focus on policy and practice change is centered on six priority areas:

- **Building structures for meaningful consumer engagement** to ensure that people have a voice in policy decisions, the delivery systems that serve them and their own health care
- **Designing payment arrangements that incentivize people-centered health care** by paying for the right outcomes, improving affordability and reducing excessive prices
- **Promoting comprehensive, coordinated high-quality care** through the adoption of care models and best practices that meet the specific needs of the population being served and the integration of physical health, behavioral health and community supports and services

- **Ensuring that consumers are protected** through the application of safeguards and the rigorous use of quality measures that matter most to improving people's quality of life
- **Reallocating resources to community and population health** in order to address the social and economic factors affecting the health of people in their communities
- **Advancing health equity** for underserved populations in all health system transformation efforts by expanding the collection of data, promoting a culturally competent workforce and using financing approaches that encourage high-quality care

Our Work

The Center engages multiple stakeholders to move a consumer-centered health system transformation agenda through:

- **Investments in State and Local Advocacy**
  Many states are leading the way in efforts to improve existing delivery systems and introduce new models of care that have the potential for national impact. The Center makes strategic investments through sub-grants and assistance in states where an aggressive consumer advocacy campaign will make a notable difference in realizing health system improvements.
- **Leadership in Action**
  A leadership development program run by The Center engages leaders in the health care community broadly to collaborate and share knowledge with advocacy organizations while also exposing these leaders to the advocacy and policymaking expertise of consumer advocates.
- **Research and Evaluation**
  The Center partners with other organizations to conduct research and evaluation that builds the evidence base for people-centered care, including supports and services, and for consumer and community engagement becoming an essential part of "the rules of the road."
- **Providing Support Services to Delivery Systems and Health Plans**
  The Center provides consultative services on consumer engagement to health plans and providers seeking to participate in new systems of care, including Accountable Care Organizations, health homes and demonstration programs for those eligible for both Medicare and Medicaid.

For additional information, please contact Ann Hwang, Director, The Center for Consumer Engagement in Health Innovation, at ahwang@communitycatalyst.org.

COMMUNITY CATALYST

Date: December 2015
To: Community Catalyst Board Members
RE: Renaming the Center for Consumer & Community Engagement in Health System Transformation:

Strategy and Recommendations

Criteria for an Effective Name:

- Relates to health system transformation (HST)
- Emphasizes the consumer role
- Makes it clear what distinguishes the Center from others in the HST space
- Establishes the Center's work as aligned with the mission and values of Community Catalyst, but distinct enough to not compete with or repeat too closely the overall work of Community Catalyst
- Maintains space for the Center to adapt & expand its work in the future

Challenge:

The Center must establish itself as a robust entity within the already crowded spaces of health system transformation and consumer-centered care. To do so, there must be great clarity about what the Center does that makes it distinct within the field. The Center must also maintain alignment with the mission and values of Community Catalyst while creating a distinction between its work and the broader work of Community Catalyst. This distinction is important to funder confidence in potentially funding both organizations at the same time, and relevant to the Center's ability to be sustainable over the long-term.

Process:

Senior Community Catalyst and Center staff members were engaged to respond to a diverse list of potential new names. That list was then culled down through both group discussions and individual feedback. A subsequent short list of names was then shared with external reviewers representing community advocates, senior congressional staff, health leaders who work closely with industry, and marketing/branding colleagues.

The potential names were then narrowed to two:

- Center for Consumer Voice in Health Innovation
- Center for Consumer Engagement in Health Innovation

New Name:

There was a healthy split among senior Community Catalyst and Center staff regarding which of these should be the final name. After detailed research, discussion, and consideration, we recommend the name that will best serve the Center to help it establish resonance and distinction in the overlapping fields of health advocacy, health systems transformation, and health policy, is:

The Center for Consumer Engagement In Health Innovation

We make this recommendation for very specific reasons. While "Voice" would provide continuity with Voices for Better Health, its drawbacks outweigh the benefits of continuity:

1) "Voice" does not distinguish the Center enough within in the non-profit health space:
    i. Consumers Union listens to the voice of consumers.
    ii. Families USA is "The Voice for Health Care Consumers."
    iii. Community Catalyst's mission is to "organize and sustain a powerful consumer voice"

2) The Center's work is more specific and multi-dimensional than being a voice for health care consumers and helping consumers make their own voices heard. The Center seeks to have consumers actively participating in the process of innovation and change at every stage. While "voice" or "voices" conveys expression and empowerment, which is one piece of the Center's work with advocates, "engagement" means to actively take part in something and requires two or more things to come together and have an effect on each other—it conveys collaboration and partnership.

3) It is important to create both connection and distinction between the Center's focus and the overarching work of Community Catalyst. Community Catalyst's mission is to "organize and sustain a powerful consumer voice."

4) The "consumer engagement" space is the opposite of saturated. While most of the names on our short list were already dominant in the health care space, there are only two existing entities with names close to "Center for Consumer Engagement in Health Innovation." Those entities are: The Center for Patient & Consumer Engagement at the American Institutes for Research and the Optum Consumer Engagement Center.

5) "Consumer Engagement" resonates with all of our key stakeholders—with an advocacy audience as well as policymakers and leaders in the health sector.

The Center is a unique entity within the advocacy, health sector, and policy space in both structure and focus. The name, **The Center for Consumer Engagement in Health Innovation**, conveys both the specific area of influence the Center will lead in the exciting transformation of the health system and how it will lead for years to come—through partnership and collaboration.

COMMUNITY CATALYST

Memorandum

DATE: December 2015
TO: Board of Directors
FR: Diane M. Felicio, PH.D., Director of Development
RE: Quarterly Report on Development Activities

There was progress across all fundraising strategies during the final quarter of 2015. The number of proposals submitted to and successfully secured from foundations was up overall; we hosted a very well received annual breakfast for existing and prospective donors, with attendance the highest ever; we are continuing our exploration of the federal landscape with support from senior fellow, Jay Himmelstein and, as we will discuss at the board meeting, are getting clearer about the "sweet spot" for Community Catalyst; and we are well immersed in business planning for *In the Loop* and for the Center for Consumer Engagement in Health Innovation (the Center).

FOUNDATION AND PROGRAM HIGHLIGHTS

Proposals and Reports Submitted

	FY15	FY14	FY13	FY12	FY11
Proposals	40	26	40	36	28
Reports	48	66	48	49	41

New Opportunity with the Kresge Foundation – The Kresge Foundation has been a core supporter of our Community Benefit work through their Health Program. As a result of our existing relationship, we were given an opportunity to submit a proposal for a new project to their Human Services Program (which focuses on strengthening of and access to social services). After many discussions internally and with Christine Robinson (program officer at Kresge), we developed a proposal that sits at the intersection of our joint interests in Medicaid expansion, health system transformation, and social determinants of health. Several of our teams (Substance Use Disorders, Medicaid Expansion, Children's Health, Hospital Accountability), worked together to develop an advocacy approach that will strengthen community-based efforts to address social determinants of health and push towards integrating human services and health care within one delivery system. We see a real opportunity here to raise local stories to the state level for the purpose of defending/supporting Medicaid Expansion. We will be working in two urban communities from two of these four states: Georgia, Kentucky, North Carolina, and Pennsylvania (TBD). The grant request includes $150,000 annually for subgrants to state groups.

Program Highlights

- **The Center for Consumer Engagement in Health Innovation**

It is hard to believe that one year ago, nearly to the day of the December 2015 board meeting, we *submitted* our proposal for the Center to The Atlantic Philanthropies. Within that timespan we have, along with a number of programmatic successes (see Sue's report), secured 80% of our required $4 million match. As a reminder, we can count toward our match funds that are directed to Health System Transformation (HST) efforts and/or any of the elements of the Center funded through the proposal. We are obligated to raise the full match by the close of 2016. We are being particularly strategic about how we develop our proposals organization-wide in order to be able to "count" toward the match any/all HST dollars.

Funder Name	*Award Date*	*Full Amount*	*AP Match*	*Program*
The Jacob and Valeria Langeloth Foundation*	4/16/2015	400,000	132,000	ACA Fund
Wyss Foundation*	4/28/2015	2,660,000	877,800	Close the Gap
Robert Wood Johnson Foundation		625,697	625,697	Value Advocacy Project
The Hartford Foundation	8/13/2015	1,525,757	1,525,757	Voices for Better Health
P. Villers	9/26/2015	50,000	50,000	On Message Project
The Lewin Group		51,700	51,700	Voices for Better Health
National PACE Association		19,000	19,000	Voices for Better Health
Totals		**5,332,154**	**3,281,954**	
Match requirement			4,000,000	
Balance to raise			718,046	

** Per an agreement between the foundation and The Atlantic Philanthropies, Community Catalyst is designating 1/3 of this award toward the $4M AP match requirement. The portion of which is related to HST.*

BUSINESS PLANNING: THE CENTER AND *IN THE LOOP*

Community Catalyst is required, as part of our Legacy grant from The Atlantic Philanthropies, to complete a Phase II business plan (to supplement the Phase I plan completed by Root Cause). Completion of a viable Phase II plan will trigger the release of an additional $500,000 of our Atlantic award. As you may recall from your knowledge of the Atlantic grant and/or presentations that you attended, we had designed a revenue-generating partnership between the Center and CCA as part of our sustainability plan. Soon after our grant was awarded, we began to take steps to implement this plan. However, during the last several months CCA has had to turn its attention to serious issues concerning the One Care program, which provides integrated care to under-65 dually eligible beneficiaries with disabilities. Because of these emergent issues, CCA has not been in a position to be a major partner on the development of a business plan related to the Center and we do not believe they will be in such a position for some time. We explained this situation to our program officer, Sara Kay, and we were granted an extension on submitting our Phase II plan (originally due in December 2015, and now due March 31, 2016).

Given this turn of events, we have begun to explore other options for identifying additional revenue generating products and potential partners for the Center (along with staying tuned in with CCA and what may be possible with them down the line). Further, we are also taking this opportunity to think more broadly—across the organization—about revenue generating opportunities to support other programs at Community Catalyst.

To this end, using funds designated for this purpose from the Atlantic grant, we hired Alan Frohman of Frohman & Associates to serve as our lead business planning consultant (Alan has worked at length with CCA). We have also hired Allison Salke, a business planning strategist who knows the health care sector, to serve as a "fellow" to support Community Catalyst staff through the business planning process.

Following an initial set of meetings, we concluded that we will focus on three programmatic areas that we believe have the greatest potential to yield fruitful revenue generating alternatives: 1. We are going to stick with our original plan and investigate more deeply the interest in the market for Community Catalyst's consumer engagement expertise (i.e., we would consult to providers and payers aiming to advance their community engagement efforts starting, in all likelihood, with seniors and dual eligibles); 2. We are going to investigate market interest in our Community Benefit consumer outreach/engagement approach, and 3. We are going to explore options for *In the Loop* that will generate revenue for its "traditional" (i.e., original) use as a resource for navigators, as well as potential new/non-traditional uses, perhaps in service to hospitals, hospital systems, plans, etc.

We have begun interviewing key stakeholders to help inform our decision-making (e.g., Mark Schlesinger is being interviewed by the ITL team), and we will be assessing the financial returns of the opportunities that appear to be most viable. Alan and Allison will be especially helpful with the latter. The answers to these questions will serve as the crux of our business plan to Atlantic:

1. What is the product or service that we are selling (based on customer needs and requirements)?
2. Who are our customers? (i.e., What are our markets and why are they attractive markets?)
3. What is the competitive advantage that we have - that CC does better than anyone else?
4. Why would a customer buy this product? (Why do they need it? - the "Why buy.")
5. What does revenue forecasting tell us about the ROI over time?
6. What do we need that we do not already have in order to be effective?

FEDERAL FUNDS/CONTRACTS

At the last board meeting, a number of concerns were raised about federal contracts including that these contracts may require different skill sets than presently exist at Community Catalyst and that federal contracts often come with limitations on publications and advocacy efforts which might be at odds with our interests and culture. After further discussion with Kavita Patel and current federal contract holders, we think that Community Catalyst should focus on specific federal funding opportunities where we have capacity, interest and flexibility to leverage our experience to further our agenda.

One particular opportunity has risen to the top as both timely and relevant. The Center for Medicare and Medicaid innovation (CMMI) will soon be announcing funding to support the development of "accountable health communities (AHCs)," a new funding model designed to promote coordinated care and address social as well as medical needs. Track #3 of this funding opportunity will offer up to $4.5 million over five years for up to 20 sites throughout the country.

Community Catalyst may be well positioned to build on experience and existing community relationships to provide technical assistance to one or more communities in developing applications and assisting with the establishment and development of functional community-based backbone organizations. Specifically, Community Catalyst's experience and relationships coming out of the Hospital Accountability Project might position us as a technical assistance provider for establishing community based "backbone" organizations that can implement and test the Accountable Health Community model.

High Level Work Plan: Given the expected release date by end of 2015, we have started to identify partners and a role for Community Catalyst in advance of the release of the funding announcement in December. On a parallel track, we have held conversations with one of the current CMMI evaluation contract holders to explore participation in federal AHC contracts for AHC model evaluation, learning and diffusion support, and implementation support. These opportunities are not scheduled to be released until the federal Q3 (April 2016): we will plan on tracking these opportunities, but currently think that the possibility of partnering with AHC community based applicants as a TA provider is more promising and relevant to Community Catalyst's interests and capacity.

INDIVIDUAL GIVING PROGRAM

You will be hearing at the board meeting from our consultant, Diane Pickles, from M+R Strategic Services about their recommendations for building our individual donor base. In the meantime, I have attached a memo that they prepared that provides an overview of fundraising and development tactics utilized by a few like-us (to one degree or another) organizations.

As I have reported previously, one of the approaches we have been building up since we hired Assistant Director of Development, Tory Stephens one year ago is the extent to which we have been reaching out to our existing donor base. We are communicating with those folks more regularly and trying to engage them more in our work. Those efforts paid off at this year's annual breakfast at which we had record breaking attendance (we started this breakfast four years ago and had about 25 people in the room). This year, the breakfast presentation focused on our polling activities with PerryUndem on perceptions of the ACA in several battleground states. It was a huge success.

We instituted a new stewardship tactic this year. Each table was “hosted” by a member of the Community Catalyst staff. After the breakfast, every attendee received a personal phone call or email from their host thanking them for attending. The response to this personal touch was outstanding. It is too soon to tell, but the goal is that these rave reviews are reflected in increased giving this year to the organization.

ANNUAL BREAKFAST PARTICIPATION RATES 2014/2015		
2015	**Registrants**	**Attendees**
	106	66
2014	**Registrants**	**Attendees**
	65	41

ACA Implementation Fund Update – Chart shows contributions and pledges to date.

The ACA Implementation Fund has been a very successful model of funder collaboration in supporting consumer advocacy to move health system reform forward. The Fund allows contributors to leverage their contributions for collective impact informed by Community Catalyst's expertise and advocacy capacity, all of which make for an efficient administrative process. While we continue to see the commitment of a number of funders to the ACAIF - and in fact overall dollars to the fund have increased - we also acknowledge that the actual number of funders has decreased over the last two years. We are taking this trend into account as we consider the future of the Fund and our sub-granting activities generally. As a reminder, when we created the Fund we projected it would have a three-year lifespan. The fact that it is in its fifth year, with commitments until 2017, speaks to the important role it continues to play in the health advocacy landscape.

	Contributions to the ACA Implementation Fund by National Organizations							
	2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**Total**
The Nathan Cummings Foundation	500,000	500,000	500,000	150,000				1,650,000
CVS Caremark			75,000	15,000				90,000
Ford Foundation	500,000	500,000	500,000					1,500,000
HJW Foundation	500,000	500,000	500,000					1,500,000
HJW Foundation (Medicaid Expansion)				2,150,000	2,000,000	2,000,000		6,150,000
Langeloth Foundation	500,000	400,000	400,000	400,000	400,000			2,100,000
The Atlantic Philanthropies ($2M/4yrs til 2017)	500,000	500,000	500,000	500,000	500,000	500,000	500,000	3,500,000
The Atlantic Philanthropies (Legacy Grant) Non-Lobbying ($4.1M til 2020)					785,000	1,157,000	845,000	2,787,000
Rockefeller Foundation	200,000							200,000
Wellspring Advisors		80,625	100,000	150,000	150,000	150,000	150,000	780,625
The California Endowment	300,000	300,000	300,000					900,000
Total	**$ 3,000,000**	**$ 2,780,625**	**$ 2,875,000**	**$ 3,365,000**	**$ 3,835,000**	**$3,807,000**	**$1,495,000**	**$ 21,157,625**

To: Diane Felicio and Tory Stephens, Community Catalyst

From: Lori Fresina and Diane Pickles, M+R

Date: December 3, 2015

As you know, we have been conducting research into the fundraising and development tactics of organizations similar to Community Catalyst. We are writing to provide you with a summary of that research to date. As you will see, there are still a few individuals with whom we hope to conduct phone interviews. Should that occur, we will update our memo with any new information uncovered.

We would be happy to walk you through this memo with you and discuss some of the "takeaways".

An Overview of our Research Methodology:

There were five organizations that we identified in collaboration with you that we believed held some similarity to Community Catalyst in terms of the work you do, i.e. not direct service work and a lot of technical assistance to other organizations. These organizations were:

- Change Lab Solutions
- Southern Poverty Law Center
- Center on Budget and Policy Priorities
- Policy Link
- Campaign for Tobacco-Free Kids

In each case, our research involved the following:

- A review of their online website presence;
- An online search for annual reports and fundraising appeals (we were disappointed to find very few annual reports and no fundraising appeals, case statements, or other fundraising collateral);
- A review of their tax filings (990 forms);
- Outreach to their Development staff to request a telephone interview.

Summary of Research Findings:

Change Lab Solutions:

Net assets: $3,889,146 [For comparison – Community Catalyst's Net Assets (from its 2013 990 form) is $15,693,314.]

What they do: "Specializes in researching and drafting model laws and policies, providing analysis and recommendations on environmental change strategies, developing educational toolkits and fact sheets, and providing on-demand training and technical assistance to support stakeholders in their policy reform efforts."

Funding sources (from 2013 990 form):

- Federated campaigns: $0
- Membership dues: $0
- Fundraising events: $0
- Government grants: $2,119,058
- All other contributions, gifts, grants: $4,053,876
- Program service revenue: $68,193

Have a "Donate" section on their website, set up for one time and for recurring donations.
https://salsa4.salsalabs.com/o/51374/p/salsa/donation/common/public/?donate_page_KEY=10017

Website contains an extensive list of federal, state, county, and city governments; foundations; academic institutions; community-based organizations; and private entities as funders. http://www.changelabsolutions.org/content/funders

Their 2013 990 form does not contain a supplemental section on fundraising activities. (This form needs to be completed if the organization reports a total of more than $15,000 of expenses for professional fundraising services.)

We reached out to the Development Department to request a phone call but have not yet been able to speak with anyone there as of yet. However, we have mutual colleagues who we have asked for an introduction – I am optimistic this will come through. We will seek information as to their fundraising strategies for individual donors, but it does appear that the vast majority of their funding comes from grants.

Southern Poverty Law Center:

Net assets: $314,748,132 [For comparison – Community Catalyst's Net Assets (from its 2013 990 form) is $15,693,314.]

What they do: "Dedicated to fighting hate and bigotry and to seeking justice for the most vulnerable members of our society. Using litigation, education, and other forms of advocacy, the Center works toward the day when the ideals of equal justice and equal opportunity with be a reality."

Funding sources (from 2013 990 form):

- Federated campaigns (such as United Way): $196,085
- Membership dues: $0
- Fundraising events: $0
- Government grants: $0
- All other contributions, gifts, grants: $43,471,290
- Program service revenue: $1,219,629

More detailed break-down (also from 2013 990 form):

- Public support:
    - Contributions: $39,186,630
    - Grants: $1,987,373

Held contracts with several fundraising consultant organizations in 2013, but it does not appear that all of these activities were particularly lucrative (2013 990 form – supplemental section on fundraising activities):

Fundraising entity	**Activity**	**Gross receipts from activity**	**Amount paid to fundraiser**	**Amount retained by SPLC**
Grassroots Campaign Inc.	Canvassing	$581,478	$1,712,158	-$1,130,680
Telefund Inc.	Telemarketing	$561,102	$422,292	$138,811
Harris Marketing Group	Telemarketing	$213,694	$192,928	$20,766
TOTALS		$1,356,274	$2,327,378	-$971,103

Have a "Donate" section on their website, set up for one time and for recurring donations. https://donate.splcenter.org/sslpage.aspx?pid=463

Additional information about donations on their website:

- "We never take legal fees from our clients, and we accept no government funding. Rather, we rely on the compassion and generosity of people like you."
- "Supporters who give $25 or more will receive our quarterly newspaper"
- "We also welcome donations by both phone and mail."
- "Friends of the Center pledge a modest amount each month"
- "We invite you to become a partner in the struggle for tolerance and justice" through planned giving.

From Wikipedia about their finances:

The SPLC's activities including litigation are supported by fundraising efforts, and it does not accept any fees or share in legal judgments awarded to clients it represents in court.[140] Starting in 1974, the SPLC set aside money for its endowment stating that it was "convinced that the day (would) come when nonprofit groups (would) no longer be able to rely on support through mail because of posting and printing costs."[140] The SPLC has received criticism for perceived disproportionate endowment reserves and misleading fundraising practices. In 1994, the *Montgomery Advertiser* ran a series reporting that the SPLC was financially mismanaged and employed misleading fundraising practices.[141][142] In response, SPLC co-founder Joe Levin stated: "The *Advertiser's* lack of interest in the center's programs and its obsessive interest in the center's financial affairs and Mr. Dees' personal life makes it obvious to me that the *Advertiser* simply wants to smear the center and Mr. Dees."[143] The series was a finalist for but did not win a 1995 Pulitzer Prize in Explanatory Journalism.[144] In 1996, *USA Today* called the SPLC "the nation's richest civil rights organization", with $68 million in assets at the time.[145][146] In the past, Alexander Cockburn writing in *The Nation* and Ken Silverstein writing in *Harper's Magazine* were sharply critical of the SPLC's fundraising appeals and finances.[15][16][17] Charity Navigator rates the SPLC an 83.5 out of 100 on financial health matters and 97 out of 100 on accountability and transparency of its operations.[147] The SPLC stated that during 2014 it spent about 68% of total expenses on program services, and that at the end of 2014 the endowment stood at approximately $303 million.

There were some articles online that referred to controversy about the high salary of the ED (in excess of $300,000), his successful yet misleading scare tactic direct mail appeals, and an endowment that is too large. Without spending an inordinate amount of time looking at sources, authors, etc., I could not ascertain whether these criticisms are coming from both the left and the right or just from those on the right who politically hate the work of the Center.

We reached out to the Development Director but did not receive a response. Given what we read about their criticisms, I am not surprised that they would not wish to speak with me. It seems safe to assume from what we were able to find online and in

their tax filings that they get a significant amount of money from federated campaigns like the United Way and invest significantly in individual donor strategies like canvassing and telemarketing.

Center on Budget and Policy Priorities:

Net assets: $65,354,868 [For comparison – Community Catalyst's Net Assets (from its 2013 990 form) is $15,693,314.]

What they do: "A nonpartisan research and policy institute. We pursue federal and state policies designed both to reduce poverty and inequality and to restore fiscal responsibility in equitable and effective ways. We apply our deep expertise in budget and tax issues and in programs and policies that help low-income people, in order to help inform debates and achieve better policy outcomes."

Funding sources (from 2013 990 form):

- Federated campaigns: $10,696
- Membership dues: $0
- Fundraising events: $0
- Government grants: $0
- All other contributions, gifts, grants: $36,105,427
- Program service revenue: $656,758

From Wikipedia:

"The Center is supported by a number of foundations, including the Annie E. Casey Foundation, the John D. and Catherine T. MacArthur Foundation, and the Ford Foundation, as well as individual donors. The Atlantic Philantrohopies is a major donor to CBPP, as is George Soros. CBPP has received funding through the Democracy Alliance. In fiscal year 2012, it accepted $1,533,2336 in government grants."

From MacArthur Foundation Website – lists several different grants to the Center, totaling $8,839,000.

Have a "donate" section on their website which enables one time and recurring gifts. Also encourages planned giving and gifts of stock. Members of the government and military can support them through "Combined Federal Campaign #11163". http://www.cbpp.org/donate

Their 990 tax form from 2013 does not contain a supplemental section on fundraising activities. . (This form needs to be completed if the organization reports a total of more than $15,000 of expenses for professional fundraising services.)

Found a listing of their 2014 Honor Roll of Donors – vast majority is foundations at the highest giving levels with a few individuals interspersed; a healthy list of individual donors at the $100 to $5,000 level.

We reached out to their Development team but did not get a response. However, it appears from the information we gathered that the vast majority of their funding comes from large foundation grants.

Policy Link:

Net assets (from 2013 990 form): $7,988755 [For comparison – Community Catalyst's Net Assets (from its 2013 990 form) is $15,693,314.]

What they do: "A national research and action institute advancing economic and social equity by Lifting Up What Works…connects the work of people on the ground to the creation of sustainable communities of opportunity that allow everyone to participate and prosper. Such communities offer access to quality jobs, affordable housing, good schools, transportation, and the benefits of health food and physical activity."

Funding sources (from 2013 990 form):

- Federated campaigns: $0
- Membership dues: $0
- Fundraising events: $0
- Government grants: $0
- Contributions and grants: $11,708,450
- Program service revenue: $2,310,090

Have a donate section on their website that allows for one time donations.
https://www.tfaforms.com/399262

Their 990 tax form from 2013 does not contain a supplemental section on fundraising activities. . (This form needs to be completed if the organization reports a total of more than $15,000 of expenses for professional fundraising services.)

They hosted an Equity Summit in October. While the website does not list sponsors, that is a possibility and it is clear that there is a registration fee to attend (though we could not identify the price online).

Have reached out to Development but have not been able to speak with them. May have some mutual colleagues – we are pursuing that connection. In addition, we will reach back out to them since their summit is over and this might be a more responsive time for them.

Campaign for Tobacco-Free Kids

Net assets: $25,655,759 [For comparison – Community Catalyst's Net Assets (from its 2013 990 form) is $15,693,314.]

What they do: " A leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world. We advocate for public policies proven to prevent kids from smoking, help smokers quit and protect everyone from secondhand smoke. Learn more about our key initiatives."

Funding sources:

- Federated campaigns: $0
- Membership dues: $0
- Fundraising events: $257,560
- Government grants: $0
- All other contributions, gifts, grants: $8,639,507
- Program service revenue: $0

More detail (from 2013 990 Supplemental form on Fundraising activities) about their fundraising events:

	Gross receipts	**Less contributions**	**Gross income**
Dinner May 2013	$171,636	$45,435	$126,201
Dinner May 2014	$227,470	$212,125	$15,345

Have a donation section on their website that enables one time and recurring donations.
https://ne.salsalabs.com/o/501/p/salsa/donation/common/public/?donate_page_KEY=7055

We were able to speak with Stevan Miller, the VP of Development. This is a summary of the discussion – please note that these comments should be kept confidential:

- Stevan was hired 2 years ago because "CTFK hasn't figured this out" and the organization recognized a need to invest in diversifying its funding.
- Have always had generous support for our work from RWJF – there really wasn't a need to diversify previously.
- Have started to take projects outside of the tobacco world and it's fee for service – CTFK provides technical assistance to help advocates learn how to do work on their issues. Beyond that, haven't figured out how to make money for their core advocacy work – in other words, can fund their consulting services through fee for service, but haven't figured out how to sustain their state and federal advocacy work which is central to their organization.
- For an advocacy organization to have big gifts, it will be foundations or large major gifts. Working to select 4 or 5 very specific areas/specific proposals that are fundable. Have "outlawed" general appeals to funders – will only allow staff to put together proposals that are very specific.
- They have no pipeline for individual major gifts. Defining specific projects now that might appeal to individuals with big money to give. Hiring a Director of Major Giving.
- They have only raised $20-100K over the last few years from individuals.
- They will be launching a national umbrella campaign in 2017 around their annual Kick Butts Day event – public facing campaign that will allow for corporate sponsorships. (Interestingly, I shared with Stevan that we did something similar around Kick Butts Day when I was the ED at Tobacco Free Mass and we raised approximately $30,000 in sponsorships)
- Not focusing on online at all right now. Will do some online marketing of the umbrella campaign. Says we don't have an online list that is substantial enough.
- Essential elements when an organization is beginning to diversify funding: we have to create the opportunity; we have to be much more focused and targeted; we can't take on too much at once.

American Heart Association, Voices for Healthy Kids Initiative

While this was not identified as a comparable organization, the Voices for Healthy Kids Initiative (a grant-making and technical assistance initiative focused on childhood obesity prevention through policy change) functions in some ways that overlap with Community Catalyst. In particular, the initiative provides funding to state-based policy campaigns as well as provides technical assistance to these grantees and others

working on obesity policy across the country. While they do not conduct any lobbying activities, the initiative/AHA does work at the national level to set policy priorities.

We spoke with Debbie Hornor, Mission Advancement Director of the AHA who is integrally involved in development efforts for the Voices initiative to seek her input and recommendations.

- She emphasized the importance of investing time in qualifying prospective donors and outreaching to them to build and cultivate relationships. She said they struggle to integrate this internally and to be strategic about their cultivation and asks.
- What strategic partners/individuals are you already working with that you could sit down with and ask about their network and spheres of influence? Ask them to make introductions for you. Setting up these informational interviews with key partners is critically important. Pull out examples of how your work has accelerated their impact.
- When we asked about competing for funders with state partners, Debbie's response was to make the case for your work and don't feel bad about asking – let the donor decide whether they would prefer to invest in a national organization or with a state-based partner. Debbie said, "We could learn a lot from political campaigns. They are relentless and they don't feel at all bad about it."
- Train every staff member to know how to talk about fundraising and the organization and the value and impact of your work.
- Identify places where others who care about your work are already convening and make it a priority to get out to those conferences, meetings, and convenings. For example, when we spoke with Debbie, she was attending the Southern Obesity Summit – she said there are a lot of people/organizations there that understand and value the work of Community Catalyst – these are the types of places where the organization should be a presence.

Some summary data (rounded up):

	Community Catalyst	Change Lab Solutions	Southern Poverty Law Center	Center on Budget and Policy Priorities	Policy Link	Campaign for Tobacco-Free Kids
Net revenue	$15.7M	$3.9M	$314.7M	$65.4M	$8.0M	$25.7M
Federated campaigns	$0	$0	$196.1M	$10,700	$0	$0
Membership dues	$0	$0	$0	$0	$0	$0
Fundraising events	$0	$0	$0	$0	$0	$257,560
Government grants	$0	$2,.1M	$0	$0	$0	$0
All other contributions, gifts, grants	$20.7M	$4.1M	$43.5M	$36.1M	$11.7M	$8.6M
Program service revenue	$1.0M	$68,000	$1.2M	$657,000	$2.3M	$0

Big Picture Takeaways:

- You are definitely NOT alone in being largely foundation grant-dependent. Among the organizations we investigated, this is definitely a common theme.
- We found evidence of only one organization doing large-scale fundraising from individuals through canvassing and telemarketing (Southern Poverty Law Center). It seems that the individual donor fundraising happening within these organizations is from a small to moderate number of high level gifts rather than large numbers of smaller individual gifts.
- All but one of these organizations are adding significantly to their funding portfolio through fee for service work (contracts and/or consulting).
- Only the Campaign for Tobacco-Free Kids lists a fundraising event (annual dinner) in their tax forms.

intheloop:

Connecting the Enrollment Community

connecting
the enrollment
community

The passage of the Affordable Care Act (ACA) and its key reforms drastically changed the health care landscape in the United States. But government officials, advocates and funders knew that the success of the ACA rested primarily upon the successful enrollment of millions of consumers in the newly created health insurance marketplaces.

In 2013, in preparation for the crucial first open enrollment period and with generous support from the Ford Foundation, Community Catalyst and the National Health Law Program created ***In the Loop***, an online community for enrollment assisters nationwide to address the problem of how information from the states would be communicated to federal officials who were positioned to make improvements to the enrollment process.

In The Loop: Connecting the Enrollment Community is a unique, password-protected online community of over 4,200 enrollment assisters from all 50 states. ***In the Loop*** uses a custom-built web site to create a safe space for enrollment assisters to share their experiences, ask questions and problem-solve issues around the health insurance enrollment process. ***In the Loop*** staff maintains and updates policy information on the site to ensure accuracy and creates materials to support assisters and their needs. For example, ***In the Loop*** provides tailored resources, such as tip sheets, as assisters need short, actionable resources. Assisters often refer to ***In the Loop*** as their "go-to" source for timely enrollment information where everything they need is located in one place.

A HIGHLY INFLUENTIAL COMMUNITY WITH FEDERAL OFFICIALS

The community provides a two-way feedback loop with the federal government, giving federal officials insight into the challenges and questions assisters and consumers are facing so they can work to fix problems and answer questions from the field. ***In the Loop*** also serves as a tool for communicating changes and policy updates to the broader enrollment community quickly and efficiently.

In the Loop has been highly successful in elevating issues to federal officials and improving the enrollment process as a result. ***In the Loop*** aggregates and analyzes information reported on the site and sends written updates to federal officials that include what assisters are experiencing and specific recommendations for improvement. The feedback loop has helped to inform changes at the federal level that directly benefit assisters on the ground. Of the recommendations ***In the Loop*** made to federal officials in the second open enrollment period, close to 40% were addressed. By highlighting challenges and potential enrollment fixes directly informed by assisters, ***In the Loop*** makes it possible for federal officials to create meaningful improvements to the enrollment process.

> "***In the Loop*** provides an invaluable perspective from assisters on the ground that we don't receive from any other source. It's critical to the work we do."
>
> *– Senior Administration Official*

A LEARNING NETWORK THAT SUPPORTS ASSISTERS FROM ACROSS THE COUNTRY

One of the early lessons learned in this project is the importance of actively using "community management" strategies to build a healthy online community. Community management is an established field that has not been widely used in health care advocacy work that dually focuses on recruiting members to join and then regularly use an online community. For example, when an assister joins ***In the Loop*** they might need to be actively "driven" to the site through emails with teasers about new materials that are posted on the site. Community management best practices have also taught us that using incentives (which can be as simple as ***In the Loop*** personalized M&Ms) can increase participation. We have also learned that providing access to policy experts who are on the site answering questions serves as a strong incentive for participation. It is the combination of these strategies – and the ability to be nimble and adapt to the needs of the users on the site – that has made this project so successful.

USING THE PLATFORM FOR STATE-BASED WORK

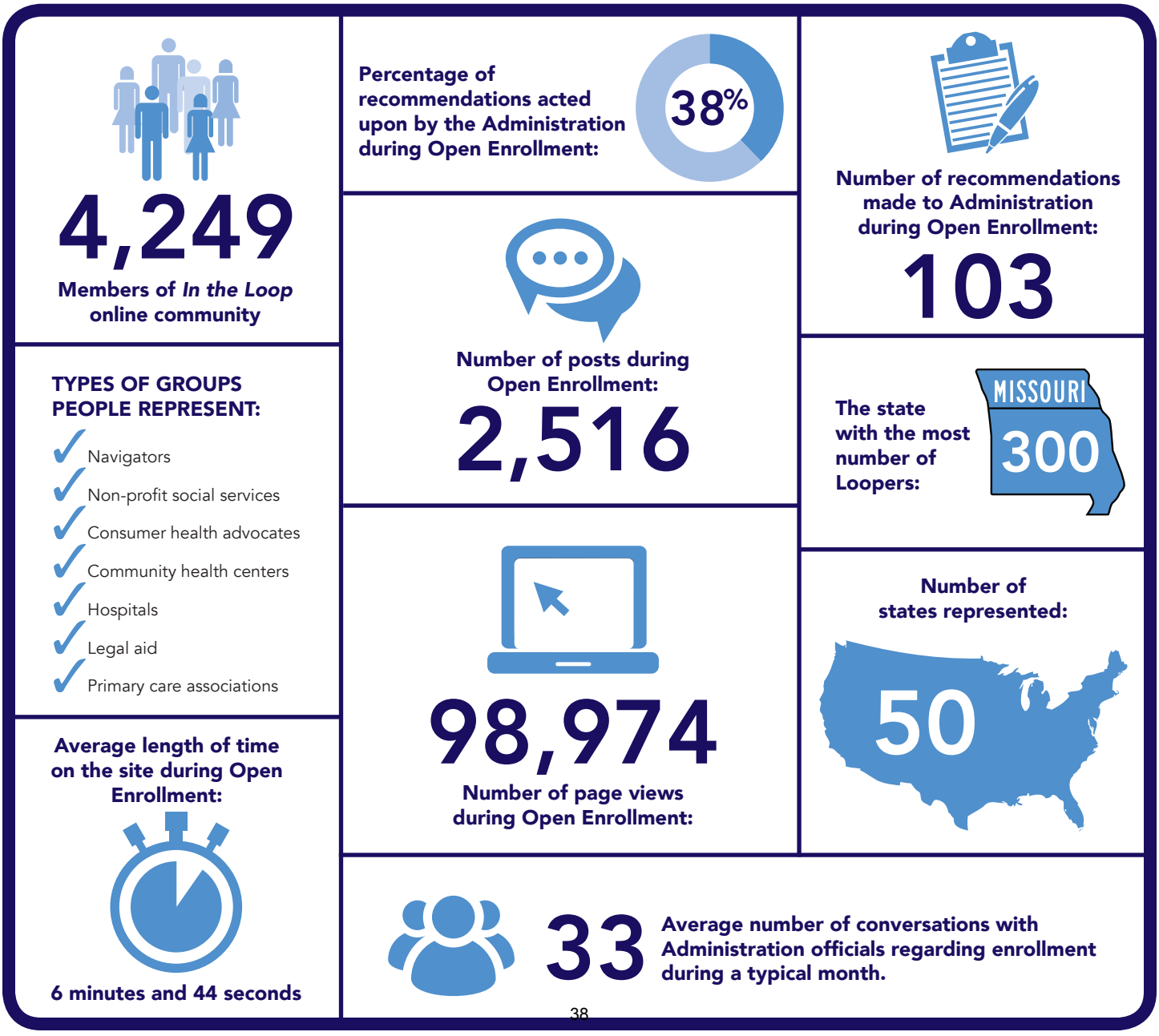
In the Loop has spun out its technology platform and community management expertise by creating a "mini-loop" in Massachusetts. With strong support from the ***In the Loop*** team, Health Care for All has developed their own online community for assisters to share their experiences which are then communicated with state Administration officials. This

project has provided tangible benefits to Massachusetts enrollment efforts and also serves as evidence that the model can be replicated and scaled to fit different needs and environments.

LOOKING FORWARD

As we have seen with our mini-loop project, there is vast potential to leverage the lessons learned and the technology platform to affect change. We have begun to identify potential spin-offs and will be developing a business plan aimed at diversifying the uses of, and the sources of revenue we can generate from, *In the Loop*. For example, as more people enroll in health insurance it will be increasingly important for consumers to learn how to use their health insurance and increase their "health insurance literacy." *In the Loop* is already supporting assisters in learning best practices for improving health insurance literacy. Additionally, as health system transformation issues come to the forefront of the health care debate, the *In the Loop* platform could be replicated to connect a new cohort of professionals working in delivery and payment reform. For example, the platform could be leveraged to connect care coordinators in various settings, such as caregivers for dually eligible Medicare and Medicaid beneficiaries. We are in discussion with the funder community, federal and state officials and other organizations about the possibilities of replication.

Finally, in order to sustain *In the Loop* over time, we need a plan that will enable us to secure regular sources of income. Therefore, we have launched a business planning process to identify various uses for the *In the Loop* platform and community, potential customers and their needs, and our competitive advantage in meeting these needs. We will conduct revenue forecasting analyses as part of this process to assure that the direction we take shows promise for strong returns on our investment, and we will involve a wide-range of stakeholders for meaningful feedback and engagement.



Community Catalyst 2016 Anticipated Outcomes

CC Strategic Goal 1: Build a stronger advocacy infrastructure (resources, skills and relationships) to increase the power and influence of consumers in the health system nationwide.
1. Community Catalyst identified new funder(s) interested in supporting state health advocacy organizations and helped 2-3 organizations secure funding
2. State health advocacy organizations have tools to increase organizational stability through stronger executive leadership.
3. Strengthened the health system transformation and health equity advocacy capacity of stated advocates
4. Contributed to the diversification of the health care advocacy movement
5. Developed new and strengthened partnerships, and collaborative action, between state wide policy advocates, local advocates representing diverse constituencies and advocates representing CC's priorities (e.g. substance use disorders services, criminal justice advocates, communities of color, LGBT advocates, kids group).
6. Prepared state advocates with the policy and message tools to defend the ACA in an election year.
CC Strategic Goal 2: Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.
1. Increased knowledge, skills and expertise of state partners and Community Catalyst staff on designing and implementing issue campaigns.
2. Increase access to health care by Closing the Coverage Gap (Medicaid Expansion) in two states
3. Utilized CCAF to employ CCAF tools/strategies than enhance Community Catalyst work.
CC Strategic Goal 3: Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.
1. Increased consumer participation in delivery system redesign through changes in policy, legal and/or regulatory frameworks in 3-5 states
2. Increased collaborations on policy and practice with provider and plan stakeholders.
3. Increased our ability to influence and shape the dialogue occurring at the federal and state level regarding the role of consumers and consumer advocates in: 1) health system transformation efforts, 2) substance use disorder, 3) affordability of health insurance, 4) hospital accountability, 5) children's health care financing and coverage.
4. Increased our connections , engagement and visibility on the national level on issues related to of health equity, health system transformation, hospital community benefits, affordability
5. Enhanced our relationships with Congressional offices across the political spectrum to lay the ground work and prepare for a post-2016 environment
6. Increased Community Catalyst visibility and presence in the media
7. Shape the public debate on health system transformation and the positive narrative on the ACA through our On Message platform
CC Strategic Goal 4: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program developm
1. New federal funding partnerships/target opportunities identified, pursued (as appropriate/relevant) and awards, contracts/sub-contracts obtained.

2. AP-required business plan completed and is in the process of being implemented (TBD by March 2016)
3. Increased our individual giving as a result of the implementation of our individual giving assessment - targeted fundraising goals (based on the assessment) TBD by February 2016.
4. Achieved funding goals established for programs across the organization
5. Increased our unrestricted income stream through the development of a cash investment strategy
CC Strategic Goal 5: Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.
1. Ensured financial stability by increasing our unrestricted net assets
2. Increased our ability to analyze and provide recommendations regarding spending for off budget strategic investments
3. Developed project funding and staffing retention scenarios for projects with funding ending in 2016
4. Increased the visibility for the Center and its activities through the creation of a communications plan and a new website .
5. Increased the racial diversity of staff and set diversity goals for all hiring
6. Increased cross organizational collaborations between HCFA, HLA and Community Catalyst
7. Demonstrated integration of evaluation into their annual programmatic work plans by outlining SMART outcomes and the tools that they will use to measure the outcomes.

COMMUNITY CATALYST

Memorandum

TO: Board of Directors
FROM: Susan Sherry, Deputy Director
DATE: December 2015
RE: Program Report

Strategic Goal 1

Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.

Supporting Advocacy Infrastructure

The ***Consumer Voices for Coverage (CVC)*** annual meeting was held in September with the largest and most diverse participation (140) in the eight years of ***CVC***. A plenary session on racial and social justice led by board member Anton Gunn was especially well-received. Community Catalyst made clear that while the RWJF ***CVC*** program is ending, we will continue to hold an annual State Consumer Advocacy meeting. In a sign of how valued the CVC work has been, we finalized our last year of CVC funding with over double the originally planned RWJF allocation.

As we enter the final year of ***CVC***, Community Catalyst and the state advocacy network face the challenge of losing a core national funder. Developing a strategy to compensate for this loss will be a major 2016 focus for senior management, development and ***State Consumer Advocacy Program (SCHAP)*** leadership. There remain major consumer advocacy issues ranging from health literacy to insurance markets to affordability and coverage for remaining uninsured. It is likely that our sustainability strategy will involve multiple funders for different issues and populations while we seek to cultivate new core national funders. New resources for state advocates on sustainability were developed and more will come in 2016. Two state funder briefings about delivery system reform and consumer engagement were held in PA and OH as part of the RWJF ***Value Advocacy Project (VAP)*** with the PA briefing helping to clinch a first time grant from a local funder. This type of increased visibility for the work of state advocates will be of increased importance in the coming years.

A key element of supporting the infrastructure is organizational development assistance especially during times of transition. ***SCHAP*** has been very involved in supporting leadership transitions in MI, OH and FL including participation in hiring new EDs and having them come to Boston to learn about our services and to develop working relationships. A new Executive Director support group will begin in 2016 providing a place to address both strategic and organizational management issues. A contract for advocacy training and support for the grantees of a TN funder was finalized with work beginning in January. KS funders initiated conversations around how Community Catalyst might assist that state to tackle consumer leadership and advocacy development.

The ***ACA Implementation Fund (ACAIF)*** issued seven marketplace implementation grants (CA, CO, GA, NJ, NY, TX and WA) and two ***Close the Gap (CTG)*** grants (KY and LA). Requests for proposals (RFPs) for ***CTG*** year two grants were sent to eight states (FL, GA, LA, NC TN, TX, VA and UT).

A special opportunity communications RFP was sent to MI for targeted media around the success of Medicaid expansion due to the threat that the expansion could be rescinded.

An evaluation of ***SCHAP*** technical assistance and Community Catalyst's grant-making process was completed with generally favorable results. Staff will be taking an in-depth look at the findings and incorporate these into 2016 planning. Part of the recent organizational restructuring included implementing a proactive organization-wide approach to assuring consistency and continual improvement in our TA so the evaluation is timely. A video about our technical assistance (TA) based on interviews with several state advocates is in development. It is expected that the video will be helpful in explaining our TA approach to advocates and funders.

The learning community remains vibrant with broad participation including strong engagement from the ***Southern Health Partners (SHP)*** states.

ACA Implementation

This quarter was the start of the third ACA open enrollment period. Community Catalyst provided support to advocates with new toolkits, materials and learning community calls. ***In the Loop (ITL)*** retooled supports for its over 4,200 participants with an outreach push, updated fact sheets, reorganized website and improved reporting to federal officials. Support for the ***Cover Missouri Coalition (CMC)*** included annual regional summits, webinars and training. ***CMC*** identified specific populations (African-American and Latino) for focused efforts by helping to build new partnerships between assistors and organizations of color.

Private insurance market issues continue to demand the attention of state advocates. Issues related to affordability especially cost-sharing, adequacy of provider networks, rate review, surprise medical bills, parity compliance and more are being tackled by state advocates. The topics outlined in the activity chart below provide give a more detailed list of specific concerns.

As the Administration enters its final 18 months, we are seeing a marked increase in proposed regulations (see Comment Letters section of activity charts). Policy staff from across the organization collaborated to meet the increased demand for comments – including template comments for state advocates in priority areas. We expect this regulatory demand to increase in the first part of 2016 (regulations issued in the final months of the administration can be undone by a new administration).

CTG has continued to generate slow but steady momentum. Montana finalized it waiver and closed the Medicaid gap. LA and AL are now in play so funding and technical assistance support have stepped up in those states. The 2016 election will slow progress in most gap states so staff are working with state advocates to establish interim outcomes that will lay the foundation for a stronger push in 2017.

STRATEGIC GOAL #1
Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.
NEWSLETTERS:
Southern Health Perspective: August 5 Edition
TOOLKITS:
Open Enrollment 3: Here We Go!

New Materials On Starting A Fundraising Campaign
COMMENT LETTERS:
Section 1557 Nondiscrimination in Health Programs and Activities
Comments on Montana 1115 Waiver Application
FACT SHEETS:
Letter To Consumers About Renewing Coverage
WEBINARS:
Enrolling Immigrant Consumers: Tips and Tricks for Complex Cases
Plan Comparison and Selection for MO Assisters
Helpful Resources for Grassroots Outreach to Maximize Enrollment (GOME) Grantees
Kids' Advocates Testify on Connected Food, Housing and Health Issues
Have You Checked Your State's Essential Health Benefits Selection Lately? It's Worth a Look.
Membership Discussion
Red State Caucus Call on Open Enrollment 3
LEARNING COMMUNITY CALLS:
Evaluation training
Sustainability Discussion And Grassroots Outreach to Maximize Enrollment (GOME) Grantee Update
Race Equity and the Organization
Provider Assessments to Fund Medicaid
New Coverage Gap Focus Group Findings
Empowering Consumers Through Task-Force Representation
BLOGS , PAPERS, REPORTS:
Grasstops Engagement and Grassroots Activation: How Advocates Improved Pennsylvania's Medicaid Waiver
Life Changes that Give Consumers a Special Enrollment Period
Parent Eligibility Roll-Back in Rhode Island: Causes, Effects and Lessons Learned
ACA Enrollment: Reaching People with Substance Use Disorders
How Common Medicaid Waiver Provisions Impact People and State Budgets
MAJOR CONVENINGS :
Cover Missouri Coalition Regional Summits: St. Louis, Springfield and Columbia
Grassroots Outreach to Maximize Enrollment (GOME) Orientation
Pennsylvania Funder Briefing
New England Alliance for Children's Health - 2015 Summit
2015 CVC Meeting

Strategic Goal 2

Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.

Community Catalyst projects continued to support development and strengthening of new partnerships and more diverse constituency engagement in state advocacy systems. Successful work with criminal justice reform advocates under the ***Substance Use Disorder (SUD) Project*** led to a new grant to deepen this collaboration. The ***SUD*** work also led to new state health advocacy and youth organization partnerships in two states. Outreach and enrollment work across the states is increasingly focused on

the harder to reach populations that remain uncovered including racial and ethnic groups, mixed status families and LGBT people. This is deepening local and community-based linkages. As noted below, all of the Health System Transformation projects directly address health equity in some way.

Following assessment of how effectively program convenings and materials promote health equity, the internal ***Health Equity Team*** helped the organization to incorporate a stronger emphasis on health equity at recent meetings, in federal comments, materials and learning community calls. An internal staff survey about level of knowledge and comfort around health equity was conducted and will inform 2016 staff training and development. Community Catalyst will seek to provide more direct funding to organizations of color during 2016. An intern will assist in evaluating health equity in grant-making. Plans for a stronger 2016 investment in building up state campaign capacity are being finalized. It is clear that advocates will continue to face a challenging political environment in the coming years making more robust campaign skills and infrastructure increasingly important.

STRATEGIC GOAL #2
Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.
TOOLKITS:
Social and Economic Determinants 101 Training for Northwest Bronx Community and Clergy Coalition (NWBCCC)
Community Benefit 101 and Strategy Development for Northwest Bronx Community and Clergy Coalition (NWBCCC)

Strategic Goal 3

Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs.

Program staff from across the organization and projects contributed to work around consumer engagement in delivery system reform. This included development of the new ***Center for Consumer Engagement in Health Innovation (The Center)*** and numerous comments on proposed federal regulations. (Community Catalyst's operational development of the Center is covered in other reports. The focus in this memo will be program-related activities). Internally, staff education about Health System Transformation (HST) continues at a consistent pace with high levels of interest across programs.

We undertook a successful effort to better integrate and coordinate HST work across ***Voices for Better Health (VBH)***, ***VAP*** and the ***ACAIF***-funded HST projects strengthening the learning community and maximizing our own policy activities. The annual ***VBH*** convening extended to all of these projects bringing 70 advocates from 15 states together with providers and select health plans. The convening also included a separate advocates-only half day focused on grassroots engagement and planning. Feedback from advocates was very positive with many advocates noting that the lessons from the duals demo are relevant to all HST work. The Dual Agenda publication of VBH was revamped to cover a

broader HST issues (beyond the "duals") and to expand the readership to over 2,600. VBH completed the final set of CMS-sponsored webinars with very high levels of participation.

The RWJF ***VAP*** grantees convened for the first time at the CVC meeting and also participated in the VBH meeting enabling staff to gain a better understanding of the specific challenges grantees face. In response, VAP shifted resources to provide grantees with additional communications technical assistance to develop individualized communication goals and plans. Several of the issues briefs in the chart below arose directly from VAP grantee needs. Health disparities issues remain prominent in the VAP work. One challenge for many grantees which parallels the VBH experience is balancing time and attention between policy-making arenas and on-the-ground direct engagement with consumers that is necessary to fully understand consumer experience and needs.

The ***Hospital Accountability Project (HAP)*** has focused on pilot site work, the national learning community and development of relationships with leading hospital systems. Discussions with Trinity Health, Ascension Health and other providers are focused on potential collaboration around strengthening community engagement in pilot sites within the system as well as linking community benefits and clinical transformation within the institution. There is very strong demand for community benefit information from a broad cross-section of stakeholders so all of our products are well-received. However, audience needs around level of detail, focus and approach vary. While the HAP team is able to strike this balance demand is greater than capacity.

The ***Substance Use Disorders Project (SUD)*** has produced new materials and tools (see chart) along with contributing specialized knowledge to Community Catalyst's Outreach and Enrollment resources and organizational comments on proposed federal regulations. The project continues to build new partnerships between state health advocates and substance use disorders organizations including with youth recovery groups. In December, with support from an Open Society Foundations grant, the project will extend its focus on people at risk of incarceration and how the health system could better serve this population. The Substance Use Disorders Project has increased its national visibility (speaking at 7 conferences) and strengthened its partnerships with key national organizations working on parity. Active discussions are underway about a possible collaboration with The Kennedy Forum and others to build ~~a~~ stronger state-based parity campaign capacity.

The ***SUD Project*** successfully piloted a new strategy to build policy maker support for SBIRT (Screening Brief Intervention Referral to Treatment) by bringing two dozen state and school officials and advocates together with experts for a full-day intensive program, followed by a trip to Gloucester, MA which is implementing SBIRT as part of a community-wide comprehensive approach to addiction. Policymakers from GA, NJ, OH, WI and MA attended. In addition to the increased knowledge and cross-state learning about SBIRT, this pilot could be a model for other Community Catalyst programs and projects.

The ***Children's Team*** held the New England summit this quarter beginning discussion about the upcoming 2016 CHIP campaign and jumpstarting conversation about social determinants of health with an emphasis on housing. Other areas of focus included strategies to address increasing incidence of substance exposed newborns (SEN) and leveraging blended funding to connect children to community based services. Technical assistance support in a number of states helped to connect child advocates with state consumer health organizations around Close the Gap, delivery system reform and health equity. Staff integrated child-focused content into Community Catalyst's federal regulatory comments including those on Medicaid Managed Care and Essential Health Benefits (EHB). Of note, children's team advocacy led directly to improvements in the Massachusetts' EHB pediatric vision benefit. The

benchmark now includes glasses for children. The children's team supported Maine advocates in winning a more robust autism benefit for all ages in their benchmark. The Children's Team worked with partners in Ohio to implement ICHIA (a state option to drop the 5 year bar on newly immigrated women and children so they can gain public coverage) and in Florida campaigned for the adoption of ICHIA and expanded immigrant child coverage through story-banking.

The ***Dental Project*** held a national convening in Portland, OR which is the site of a new tribal dental therapist demonstration project. Community Catalyst is supporting the Northwest Portland American Indian Health Board as they develop the demonstration as well as another in Washington state. There were extensive discussions with the WK Kellogg Foundation about the most strategic investments to move the dental therapy agenda. Momentum has clearly begun to shift toward support with more policymakers viewing the ADA position as untenable. Staff urged ongoing support for those the 2 -3 state campaigns that are closest to passage along with investing in advocacy in the demonstration sites. The Foundation only committed to support the existing five state campaigns through July with an assessment of where things stand at that time. Community Catalyst will continue to receive funding but will take on a national support and communications role around the dental therapist issue while continuing to support the state campaigns. This will require rethinking about how to structure the project in 2016. The uncertainty about resources for state campaigns poses challenges.

STRATEGIC GOAL #3
Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.
WEBINARS:
Treating Maternal Depression: The Need for a Two-Generation Approach
Children's Health Watch: Policy Prescriptions for Federal Nutrition Programs to Improve Child Health
Lessons from the Field: Effective Identification and Enrollment of Medically Frail Individuals
Next Steps in Hospital Financial Assistance, Billing and Collections
First Round of Non-profit Hospital Community Health Needs Assessments: Lessons Learned and What's to Come
Next Steps in Hospital Financial Assistance, Billing and Collections
LEARNING COMMUNTIY CALLS:
Approaching Mental Health Care Through A Two-Generation Lens
Community Health Needs Assessments: Processes and Results in Rhode Island
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Open Enrollment Period Update
Screening, Brief Intervention, and Referral to Treatment (SBIRT) State Updates and 1115 Waivers
Leveraging Consumer Complaints as a Tool for Change
NEWSLETTERS:
New England Alliance for Children's Health Monthly Checkup
TOOLKITS:
Consumer Complaints Toolkit
BLOGS, PAPERS. REPORTS:
Recovery Is Possible: Why We UNITE To Face Addiction
Trusted Voices: The Role of Community Health Workers in Health System Transformation
Maternal Depression: Implications for Parents and Children and Opportunities for Policy Change
Demographic Health Disparities in Health System Transformation: Drivers and Solutions
State Innovation Models Round 1: Grant Summary and Analysis
Funding Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Public Schools

Leveraging "Medically Frail" Medicaid Rules to Help Consumers: Advocacy in States Considering Existing Policies
FACT SHEETS:
Talking Points On Health Care Sharing Ministries
Leveraging 'Medically Frail" Medicaid Rules to Help Consumers: Advocacy in States Considering New Policies
Leveraging 'Medically Frail" Medicaid Rules to Help Consumers: Advocacy in States with Existing Policies
COMMENT LETTERS:
Massachusetts 2017 Essential Health Benefits Benchmark Plan Comments
Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016
Medicare Program; Comprehensive Care for Joint Replacement Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services; Proposed Rule
Office of Minority Health's Plan to Address Health Equity in Medicare
Proposed regulations updating requirements for long-term care facilities
Proposed Rule on Nondiscrimination in Health Programs and Activities
Request for Information Regarding Implementation of the Merit-Based Incentive Payment System, Promotion of Alternative Payment Models, and Incentive Payments for Participation in Eligible Alternative Payment Models
The Health Care Payment Learning & Action Network's Draft White Paper on Alternative Payment Model (APM) Framework
Proposed Changes to the CMS-HCC Risk Adjustment Model
Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016 (September 2015)
Medicare Program; Comprehensive Care for Joint Replacement Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services; Proposed Rule (September 2015)
Office of Minority Health's Plan to Address Health Equity in Medicare (October 2015)
Proposed regulations updating requirements for long-term care facilities (October 2015)
Proposed Rule on Nondiscrimination in Health Programs and Activities (November 2015) (also created a state template for comments)
Request for Information Regarding Implementation of the Merit-Based Incentive Payment System, Promotion of Alternative Payment Models, and Incentive Payments for Participation in Eligible Alternative Payment Models (MACRA) (November 2015)
The Health Care Payment Learning & Action Network's Draft White Paper on Alternative Payment Model (APM) Framework (November 2015)
Proposed Changes to the CMS-HCC Risk Adjustment Model (November 2015)
SPEAKING ENGAGEMENTS:
Essential Health Benefits at Florida CHAIN Conference
Pennsylvania Homes Within Reach Conference
Creating Constituencies of Consequence: Uniting a Movement to Face Addiction, Hilton Foundation Screening, Brief Intervention, and Referral to Treatment (SBIRT) Conference
Advocacy for Screening, Brief Intervention, and Referral to Treatment (SBIRT), Association of Addiction Professionals (NAADAC)
Consumer Complaints and Provider Advocacy, New Hampshire Alcohol and Other Drug Service Providers Association
Consumer Complaints and Parity Enforcement, Mental Health Legal Advisors Committee

COMMUNITY CATALYST

Memorandum

DATE: December 2015
TO: Board of Directors
FR: Amy Rosenthal
RE: External Affairs: Health Equity, The ACA is Here to Stay Update, and *In the Loop*

Health Equity

Expanding our health equity work continues to be a priority for Community Catalyst's Board, Senior Management Team, and staff. Within the past six months, the External Affairs team decided to work with our Health Equity team to further develop relationships with a diverse set of national organizations focused on health equity. This new focus dovetailed nicely with the Health Equity team's recent shift in leadership resulting in State Advocacy Manager, Alberto Gonzalez, being tasked with focusing on national partner outreach. The goal of this work is to build off of existing relationships and identify new opportunities for future collaboration. The strategic goals that this relates to are #1 and #3.

As part of this, Amy Rosenthal, Alberto Gonzalez, and Eva Marie Stahl, the children's health program director, dedicated a day in DC to meeting with groups such as the National Council of La Raza (NCLR), National Immigration Law Center (NILC), and the Asian Pacific Islander Health Action Forum (APIHA), as well as held a call with the National Medical Association to launch this effort and find intersections in our work.

The meetings have been a strong launching off point for building our relationship with each organization, including connecting various Community Catalyst projects to the staff we met with. They also led to new connections with other staff members at these partner organizations. These connections will further our work and will continue to allow us to integrate a Health Equity lens into all of our programs, while establishing Community Catalyst as an organization at the forefront of health equity issues.

There are four organizations we targeted for the first phase of this work:

National Medical Association

Last year, Joia Crear-Perry introduced Community Catalyst to the National Medical Association, the collective voice of African American physicians and the leading force for parity and justice in medicine as well as the elimination of disparities in health. We reconnected with the new Executive Director this past quarter, shared with him information about our Close the Gap work, and are planning to partner on issues such as CHIP reauthorization and advancing health

system transformation efforts (e.g., promoting Accountable Care Organizations). We also continued to offer our support for their yearly conference, as well.

National Immigration Law Center (NILC)

Community Catalyst has worked with NILC over the years in several ways. Our children's health care team has leveraged their messaging during the CHIP debate, particularly as it related to the Immigrant Children's Health Improvement Act (ICHIA), to help support our partners in Ohio and Florida. In Florida, we also have coordinated our Close the Gap efforts.

We have also partnered with NILC to do outreach and enrollment work during the second open enrollment period in order to address the significant under-enrollment of Latinos, Asian Pacific Islanders, and other families of color and with mixed statuses. They serve as experts as well on ***In the Loop***, providing immigrant enrollment information for assisters across the country.

Meeting in early October with Matt Lopas, Health Policy Attorney for NILC, allowed us to reconnect, solidify and expand on this existing partnership. After the meeting, we were asked by the organization to become a Founding Partner of their new 10-year campaign to "change the hearts and minds" of how this country thinks about immigrants. This campaign is a high priority for NILC, and they are inviting about 10 organizations to be Founding Partners. While we are still reviewing the criteria to be a Founding Partner and determining if it is a good fit for us, we are very committed to working with NILC on this work. We are planning to offer our support in the following ways:

- Making meaningful introductions (more than just an introductory email) between our state partners and their lead groups in the 7 target states (MA, MD, NY, CA, CO, IL, MN)
- Providing insights on how to allocate resources between a national office and state partners to maximize effectiveness and build capacity on the state level
- Serving as a sounding board to think through and align their campaign strategy and tactics
- Connecting them with national thought leaders who worked on the gay marriage issue, another issue that required a massive shift in cultural norms and perception
- Providing health care policy support, if needed

Additionally, as a result of this meeting we connected partners at NILC with our HAP team to partner on shared hospital work.

National Council of La Raza

NCLR has partnered with Community Catalyst in the past, namely in Florida working on the Close the Gap campaign. Specifically, we awarded a Special Opportunity Communications Fund grant to NCLR in Florida for radio ads as part of this project. We have also asked staff from NCLR to present at various Community Catalyst events (like Southern Health Partners and our Consumer Voices for Coverage annual convening).

Meeting with Steven Lopez at NCLR provided a chance to build off our work together to date and consider where we could potentially partner going forward. There were two immediate, tangible outcomes from the meeting. First, NCLR has now joined our OnMessage table. Steven had expressed an interest in our new messaging work, and we were able to immediately connect him with Kathy Melley and have him join us at the in-person meeting in D.C. Second, we learned that NCLR has a c4 organization, NCLR Action Fund. We are following up with the head of the c4 arm learn more about how they operate and see if there are synergies with the Community Catalyst Action Fund.

Asian Pacific Islander American Health Forum

After meeting with Amina Abbas, Director of Government Relations and Communications at APIAHF, we have continued to work together on multiple issues. First, we connected Amina with our staff working on Network Adequacy and on our hospital accountability work. Our program staff were able to answer Amina's questions about Community Health Needs Assessment regulations specifically. Also, we connected her with our staff working on the 1557 proposed rule comments, and ended up including some of their language access comments into the letter we submitted.

Additionally, Amina reached out to flag a letter from Senator Hirono asking for stronger language access protections in the 1557 proposed rule. We were able to reach out to Senator Warren's office and advocate that she sign on, which she subsequently did. This partnership is already proving to be mutually beneficial for both of our organizations.

ACA is Here to Stay Update

In addition to our focus on health equity over the last quarter, we have also dedicated much of our time wrapping up and rolling out the results from our ACA is Here to Stay Campaign, a campaign that included six focus groups (2 each in NC, PA and WI), funded campaigns in each of the three target states to apply our messaging research to ground-level action including grassroots organizing and earned and social media, and a national poll done in partnership with SEIU. These campaigns contributed to Community Catalysts strategic goals #1, #2, and #4.

The key messages from this work are:

- **Likely voters believe the ACA is here to stay.** Two-thirds of likely voters agree with this (64%). They want Congress to work to improve the law (71% agree) and they would rather have elected officials focus on improving the law than keep trying to repeal it (58% vs. 40%).
- **They prefer a candidate who will keep the law and improve it.** They would choose a keep/improve candidate over one who wants to repeal the law and start all over (55% vs. 40%).
- **They value the outcomes of the law but generally do not agree that "the ACA is working."** Across party affiliation, likely voters say a number of outcomes of the law are important

(e.g.,93% say no more exclusions due to pre-existing conditions is important. While individuals support these individual provisions, they do not broadly agree that "the ACA is working," primarily because their own personal costs continue to rise (only 46% agree).

- **They support a number of ideas to improve the law.** Across party lines, voters want to see the law improved. The improvements with greatest support reflect likely voters' interest to make premiums and cost-sharing more affordable, not just in the ACA marketplaces but broadly.

State Campaigns

Since we reported on this campaign at the September board meeting, the state-level campaigns have wrapped up. Over the three months of the campaigns, the groups on the ground did an incredible job of lifting up the messaging that we now know resonates with consumers. While the experience of state advocates reinforced what we learned through the focus groups and polling, they also provided new insights as to how to apply these messages on the ground in effective, impactful ways. We found that:

- The message frame we developed appeals to consumers across ideologies.
- Personal stories of people who benefit from various provisions of the law remain an important way to communicate about both the benefits of the ACA generally and underscore why people should enroll (and implicitly why it should be preserved).
- "Fixing the law" doesn't mean making specific tweaks to the ACA. Instead, people responded more favorably to proposals that are designed to lower personal health care costs for individuals and their families whether or not those proposals are specific to the ACA per se.

These campaigns provide helpful guidance for future efforts to elevate a more positive ACA message that could be replicated in other states.

Briefings in Washington, DC

We spent multiple days in DC doing briefings on the research and answering specific questions and requests. During this time, we briefed Senate Democratic Leadership (including staff from the Senate Democratic Policy and Communications Committee, Senate Finance Committee , Senate HELP Committee, and the Senate Democratic Leaders Office), House Democratic Leadership (including staff from Ways & Means, Energy & Commerce, the House Education and the Workforce Committee, the House Democratic Leaders office, the House Minority Whips office, and Congressman Steve Israel's office). We also briefed the staff in Senator Chuck Grassley's office.

We also briefed contacts at the White House and at the Department of Health and Human Services. At the White House, we briefed the usual attendees of the White House's weekly ACA meetings, in addition to several other White House Staff including representatives from the Vice President's office, the Press Secretary's office, the Domestic Policy Council, and the Office of Communications. At HHS, the staff we briefed included the Office of the Secretary, the Office of Health Reform, the Office of Communications, Centers on Medicaid and Medicare Services, Intergovernmental and External Affairs, and the Office of the Assistant Secretary for Public Affairs.

The interest in our research and its applications was substantial across the board. We received both positive feedback and requests for follow up materials and resources from multiple offices. Most notably, Leslie Dach Senior Advisor to the Secretary reached out to learn more about how we used our new messaging in The ACA is Here to Stay Campaigns. We provided a summary of how our state partners used the information (the report is in Attachment 1). We were then asked to come to DC on December 8th for a follow-up meeting with Leslie and his team, who is interested in partnering with us to replicate the campaign in three additional states (between March-June) and combine it with several large scale events that HHS and SEIU would plan. This campaign is still in the early stages of formation, but we are exploring this work with HHS.

In the Loop and President Obama

Each year at the start of Open Enrollment, President Obama and HHS Secretary conduct a "pep-up" launch call for enrollment assisters across the country. This year, the White House asked Community Catalyst to identify an enrollment assister from ***In the Loop*** to introduce the President. We worked with the White House to select Steve Goldman from the OK Primary Care Association and a long-time Looper.

Steve was an eloquent speaker who shared his insights and deep commitment to enrolling individuals from a wide range of backgrounds (in fact, he did the call while at a Tribal event in rural OK). As part of his remarks, Steve credited ***In the Loop*** as part of his success as an enrollment assister and gave out the web address on the call. We had close to 100 new Loopers join the site that afternoon! ***In the Loop*** is now over 4,100 Loopers strong as a result of a busy summer of outreach to new assisters and the boost from Steve's endorsement on this call.

It is worth noting that when Community Catalyst provides these high-profile opportunities to dedicated advocates and enrollment assisters, it is highly meaningful to them and their work. Steve sent us a thank you email which read, in part: "Thanks again for the memorable opportunity to introduce the President. Growing up in Gary, Indiana, my parents took me to presidential candidate speeches and we deeply discussed at the dinner table the social issues of the late 1960s and 1970s.....so today is a high point of my family's political involvement!"

In the Loop will continue to provide more of these personal opportunities. Shortly after December 15th, multiple Loopers will be receiving personal calls from Senior White House

officials thanking them for their hard-work and dedication during open enrollment. We made these connections this last year, and it proves to be a very important for the Loopers and their colleagues to be recognized in this way.

Date: November 22, 2015

To: Leslie Dach

From: Amy Rosenthal & Michael Miller, Community Catalyst

RE: Lessons Learned from *ACA Is Here To Stay Campaign*

Executive Summary

The *ACA is Here to Stay Campaigns* in North Carolina, Pennsylvania and Wisconsin applied our messaging research to ground-level action including grassroots organizing and earned and social media. The results in these three states reinforce our findings as to what messaging resonates with consumers, as well as how to apply these messages on the ground in effective, impactful ways. Broadly, the experience of state advocates reinforced what we learned through the focus groups and polling. We found that:

- The message frame we developed appeals to consumers across ideologies.
- Personal stories of people who benefit from various provisions of the law remain an important way to communicate about both the benefits of the ACA generally and underscore why people should enroll (and implicitly why it should be preserved).
- "Fixing the law" doesn't mean making specific tweaks to the ACA. Instead, people responded more favorably to proposals that are designed to lower personal health care costs for individuals and their families whether or not those proposals are specific to the ACA per se.

These campaigns provide helpful guidance for future efforts to elevate a more positive ACA message that could be replicated in other states.

Background

Following this summer's historic win in the *King v. Burwell* case, Community Catalyst thought it might be possible for the national and state health care advocacy community to seize the moment and try to pivot our Affordable Care Act (ACA) messaging to a more positive frame.

As a result, Community Catalyst launched a short-term campaign, "*The ACA is Here to Stay"*, to develop and test new messaging. The campaign started in August 2015 when Community Catalyst worked with PerryUndem, a national pollster, to run six focus groups in three states (North Carolina, Pennsylvania, and Wisconsin). From these focus groups, we created new messaging designed to meet more conservative and conflicted voters where they are. Community Catalyst then worked with advocacy groups in these three states to see if we could gain traction on the state and local level with this new messaging. With support from Community Catalyst, these state partners developed and implemented three-month campaigns (beginning in September 2015) that encompassed grassroots mobilization as well as earned and social media.

In October, Community Catalyst worked with SEIU to contract with Perry/Undem to conduct a national, public poll on the ACA in five battleground states – Florida, Nevada, Ohio, Pennsylvania, and Virginia. The poll was designed to further test our new messaging and give us a vehicle for sharing this information with a wide-range of audiences. The five main takeaways from the poll (which were consistent with the focus group findings) are included in Attachment 1 (pg 6), and the message framing we provided to the advocates on the ground is included in Attachment 2 (pg 7).

The following sections include details on the campaigns in each state as well as lessons learned.

North Carolina

North Carolina focused heavily on mobilizing existing supporters to sign an online petition and organizing field events that targeted policymakers who were openly supportive of ACA repeal. They also built support for the ACA by targeting and engaging likely voters through door knocking. Overall, they found consumers from across the political spectrum to be receptive to the new messaging.

Activities & Results

To engage existing supporters, Action North Carolina launched a petition that tapped into voter frustration with efforts to repeal the ACA and the failure to expand Medicaid in the state. The petition garnered nearly 2,000 signatures and generated emails to members of North Carolina's Congressional delegation, urging them to stop wasting time trying to repeal and replace the ACA and to focus instead on improving it.

Focusing on the need to move forward, Action North Carolina engaged supporters in a Halloween event in Charlotte in front of Congressman Pittenger's office, calling for him to stop wasting time on repeal efforts. This generated both local TV and print media coverage including this Raleigh News & Observer op-ed. At a Veteran's Day event, veterans called on members of the North Carolina's Congressional delegation to work on bringing the cost of care down for veterans and urged state legislators and the Governor to expand Medicaid. The event was covered by local radio and TV, and resulted in this op-ed. The op-ed called out members of the Congressional delegation for wasting time on repeal efforts, as well as state policymakers for failing to take action to expand Medicaid.

Action North Carolina also focused its campaign on other policymakers by working collaboratively with North Carolina Insurance Commissioner Wayne Goodwin to highlight the issue of individuals' health care costs at a time when the media was interested in rates because of open enrollment. Action North Carolina was able to place this article about ACA rate hikes and the need to work together to implement the law and reduce costs for the residents of North Carolina.

Further, Acton North Carolina engaged new constituents through a canvassing operation that targeted likely voters. As part of the canvassing operation, Action North Carolina engaged over 3,000 people and resulted in over 300 new supporters as well as new stories of people who have benefited from the ACA.

Lessons Learned

Action North Carolina Executive Director Pat McCoy found the *ACA Is Here to Stay* frame to be very popular with supporters and a great tool to engage new constituents. The media responded well to the framework of moving forward to improve the law, as well as to efforts that bring down costs. However, not all policymakers want to pivot and focus on improving the law. Thus, according to McCoy, we need to continue to drive that message home through multiple channels.

Pennsylvania

Pennsylvania Health Action Network (PHAN) organized on and offline around the *ACA Is Here to Stay Campaign* and aggressively promoted ACA messaging through earned and social media. PHAN actively used the new messaging and polling results to mobilize their grassroots work around the benefits of the ACA, engage their elected officials, and focus on key policy issues that reduce costs for individuals and their families. PHANs story collection proved to be one of their most successful tools for engaging consumers around the ACA and elevating the messaging.

Activities & Results

PHAN used this opportunity to pivot their existing campaign work around the ACA's benefits. They mobilized advocates against repeal and focused instead on moving forward to improve health care. In total, over 1,500 members signed their petition and sent post cards urging members of Congress to stop wasting time on repeal and replace. Over 70 new consumer stories were collected including this video featuring a member that has benefitted from the law. They also actively used social media to promote the *ACA Is Here to Stay Campaign*.

PHAN used the *ACA Is Here to Stay Campaign* to let their Congressional delegation who favor repeal know that the majority of voters in the state are at odds with their stance on the law. PHAN Executive Director Antoinette Krauss developed this Philadelphia Inquirer op-ed that was also included in the Kaiser daily media round-up, which called on members of Congress to stop wasting time on repeal efforts. PHAN promoted the positive poll results through a press call that generated several radio stories, a Pennsylvania Legislative Services story and a Beaver County Times story.

PHAN has a large network of partners, so they equipped them to take action and have their voices heard with the campaign's messaging. For instance, volunteers attended several Congressional town hall meetings as part of the work. At one in Congressman Rothfus' district, they confronted him about his support for repealing the law, and subsequently made this short video targeting Congressmen Rothfus' position on the ACA. PHAN also held events that targeted Senator Toomey in Erie and Allentown, at which PHAN members delivered petition signatures and called on him to halt efforts to repeal the law and focus on improving it.

In terms of ways to move forward from the ACA, PHAN focused on lowering costs through tackling surprise hospital billing. PHAN highlighted surprise billing as an important consumer issue that needed to be addressed and generated media coverage on the issue throughout the state. As a result of PHAN's work, state legislators sponsored a bill and held a hearing on the topic.

Additionally, PHAN took advantage of the release of 2016 health insurance rates by issuing statements that highlighted the insurance department's efforts to control rates. In a Lancaster online story, Antoinette Kraus praised the insurance department for working "to protect consumers from unfair and excessive rate increases," and asked opponents of the law to "move away from their fixation on repeal and work together in finding ways to lower people's health care costs, whether it's by taking steps to stop balance billing, requiring more transparency around the cost of care, or limiting how much insurance companies can make people pay out-of-pocket."

Lessons Learned

PHAN Executive Director Antoinette Kraus reported that the campaign created an important opportunity for their members to use their stories to highlight that the law is here to stay and that efforts to repeal and replace are harmful. Also, Kraus noted that many of the new stories and newly engaged members came from people they enrolled over the last two years. Kraus was encouraged that consumers who have benefited from the law want to be engaged and share their stories, and these individuals can be powerful messengers highlighting the negative impacts of repeal. Also, as was true in the other states, there is an opportunity to proactively pitch cost-savings measures to get attention and change the conversation around the ACA. As result, PHAN is pro-actively pursuing balanced billing policies to improve the law and to use a positive entry into discussing the next steps going forward.

Wisconsin

Citizen Action Wisconsin used the *ACA Is Here to Stay Campaign* to promote broad proposals that could lower costs for people in Wisconsin. In doing so, they generated significant media coverage and bi-

partisan support from state legislators, and they found that the broad frame of lower costs resonated more than talking about specific, technical fixes to the ACA itself. The campaign was also used to enhance their enrollment work, as well as engage supportive elected officials and call out elected officials who continue to work to repeal the law.

Activities & Results

Reducing costs was a central component of the work in Wisconsin. Citizen Action drew attention to the high costs of insurance in Wisconsin compared to Minnesota. To address the high cost of care, Citizen Action worked with legislators to propose rate review legislation. Using rate review as the opportunity to improve the ACA, Citizen Action organized events throughout the state for media, members of the public, and partner groups such as nurses. The efforts resulted in dozens of media stories on rates in Wisconsin and established rate review as a tool to improve the ACA. One of the most notable media placements was an op-ed on rate review authored by Citizen Action Executive Director Robert Kraig that appeared in the Milwaukee Journal-Sentinel, the state's largest newspaper. Also, as a result of the work, a rate review bill was introduced in the state legislature, which gave the opportunity for state legislators to begin championing the message that the ACA is here to stay and the need to focus on improving it by bringing down costs for residents of the state.

Citizen Action also elevated the high costs of prescription drugs as an issue to tackle going forward, creating a report on the high costs and price variability of prescriptions across the state. They approached Republican and Democratic legislators to join them in developing the framework for a bill and positioned the legislators as champions of the issue on a press call that generated significant media coverage including a story that ran in Madison. Citizen Action also targeted this issue by organizing events at Senator Ron Johnson's office with hundreds of constituents urging Senator Johnson to abandon efforts to repeal and to instead focus on improving the ACA by reducing prescription drug prices. Former Senator Russ Finegold was briefed on the campaign messaging and has adopted it, championing stronger efforts to control prescription drug costs.

Citizen Action also used open enrollment to promote the *ACA Is Here To Stay Campaign*. Citizen Action launched their robo-call campaign that engaged 26 state legislators to record messages that informed constituents that the "ACA is here to stay" and they should check out Healthcare.gov during open enrollment. Nearly, 60,000 calls were made to households in areas with high uninsurance rates, which were targeted as highly likely to benefit from the ACA.

Citizen Action quickly mobilized at the beginning of the campaign to push back on Governor Walker's presidential campaign's health care plan. Citizen Action launched a 1000+ mile statewide media tour where they highlighted that the ACA is here to stay and that efforts to repeal and replace the law, like Walker's proposal, were a waste of time and money. The tour received substantial attention from local media. The succinct messaging was quickly adopted from media coverage and utilized by state and national groups, as well as the state and national democratic committees.

Lessons Learned

The work in Wisconsin highlighted that the media and legislators from both sides of the aisle were interested in issues that would bring down the cost of care. Rates drew significant interest from the media, while prescription drug costs was an issue that resonated with Democrats and moderate Republican state legislators. The campaign also created hero opportunities for Democratic Congressmen to champion the ACA, which garnered media coverage. Using state legislators to record calls regarding open enrollment allowed Citizen Action to spread the ACA message, promote open enrollment and create message champions in the state legislature around the ACA. From an organizing standpoint, over 5,000 actions were taken, which highlights that grassroots members want to be

engaged in the conversation that holds elected officials accountable for wasting time on repeal efforts as well as a desire to be part of policy efforts aimed at reducing the cost of care. Citizen Action highlighted that costs issues, even complex ones, can be translated into organizing opportunities and issues that resonate with the media.

Conclusion

The *ACA is Here to Stay Campaign* efforts in the three states reinforces the findings of the messaging research – voters want to move forward and focus on improving the law. The lessons learned highlights that there is an appetite from the media and state legislators to focus on fixes that improve the law by bringing down costs. The policy proposals used in the campaigns – rate review, prescription drug cost containment, surprise/balanced billing – all generated interest because the public wants to see leadership. Additionally, advocates on the ground and their supporters wanted to and were excited to be working on issues that improve and build on the ACA's successes rather than merely defending it.

Attachment 1

Key messages from Community Catalyst and SEIU's polling research include:

- **Likely voters believe the ACA is here to stay.** Two-thirds of likely voters agree with this (64%). They want Congress to work to improve the law (71% agree) and they would rather have elected officials focus on improving the law than keep trying to repeal it (58% vs. 40%).
- **They prefer a candidate who will keep the law and improve it.** They would choose a keep/improve candidate over one who wants to repeal the law and start all over (55% vs. 40%).
- **They value the outcomes of the law but generally do not agree that "the ACA is working."** Across party affiliation, likely voters say a number of outcomes of the law are important: no more exclusions due to pre-existing conditions (93% important); more people getting preventive care (93% important); people can get insurance if they lose a job or their life circumstances change (90% important); and more women are able to get maternity care and preventive services, including birth control, without a copay (87% important). While individuals support these individual provisions, they do not broadly agree that "the ACA is working," primarily because their own personal costs continue to rise (only 46% agree).
- **They support a number of ideas to improve the law.** Across party lines, voters want to see the law improved. The improvements with greatest support reflect likely voters' interest to make premiums and cost-sharing more affordable, not just in the ACA marketplaces but broadly. Top ideas: requiring hospitals and doctors to be more transparent about their costs (91% support); preventing insurance companies from charging high copayments for medications for people with serious illnesses (87% support); and giving Medicare more power to negotiate drug prices (87%).
- **They support expanding Medicaid.** Likely voters in NV (83%), OH (81%) and PA (80%) agree with their state's decision to expand Medicaid. On the other hand, in states that have not yet expanded Medicaid, likely voters (FL 72%; VA 74%) want their state to accept federal dollars and expand Medicaid.

Attachment 2

Based on the PerryUndem research, we suggested a message framework that includes four main strategies:

- **Tap into voter frustration over on-going efforts to repeal the ACA.** The research showed that the majority of voters are frustrated with the on-going debate over ACA and believe that efforts to repeal the law are a waste of time. They offered pretty strong words to describe the debate over the health care law in the poll such as "frustrating," "disappointing," and "ridiculous." The state campaigns tapped into these high levels of frustration with their messaging.

- **Make it clear that this isn't a partisan effort to celebrate how well the ACA is working.** According to the research, voters believe the ACA is here to stay, but they don't really believe it is working. The messaging should mention some of the positive things that the law has done, but then quickly pivot to the need to improve health care for everyone. In other words, people who may have opposed the ACA until now need to be able to join this effort without feeling forced to celebrate the health law as a huge success.

- **Focus on ideas that could lower costs/save money.** The voters' biggest concerns with the ACA are focused on rising health care costs. The campaign's messages clearly and consistently highlighted the need to bring down costs as the biggest priority area for improving ACA – and highlight "improvement ideas" for reducing costs. The campaigns stayed away from "improvement ideas" that focus on other topics such as job creation, helping seniors/people with disabilities and lowering hospital readmissions.

- **Frame the next stage of work around the ACA as "moving forward."** As Perry/Undem pointed out in their focus group analysis, this will help the campaign respond to any opposition as "going backwards."

COMMUNITY CATALYST

Memorandum

DATE: December 8, 2015
TO: Board of Directors
FR: Kathy Melley, Communications Director
RE: Quarterly Report – Q4 2015

Related Strategic Plan Goals:

#3: Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs

#5: ***Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization***

A major focus of the past quarter has been brand development and planning for the launch of the **Center for Consumer Engagement in Health Innovation.** Both activities lay the foundation for our efforts to build visibility for the Center and to introduce Dr. Ann Hwang as its new leader. The goal of the of the positioning exercise was to create a Center positioning statement, new name, logo and color scheme to create a brand identity that is distinct from Community Catalyst and from others in the consumer engagement/health system transformation (HST) space, while communicating subtly, but effectively, the strength and grounding that the Center's home within Community Catalyst provides it from the outset. The foundation of branding, a positioning statement describes what an organization does, why it does it, and why it's relevant to its key audiences. Most importantly, it captures the organization's "unique selling proposition" to distinguish it from others in the space.

Center Branding Process:

We hired Communications Consultant Colleen Chapman to lead the process and development of the positioning statement, and we convened a small "positioning group" of staff representing various HST-related projects and disciplines (Kathy Melley, Renee Markus Hodin, Diane Felicio, Phillip Gonzalez, Amy Rosenthal, Carol Regan, Jack Cardinal). We began the process by prioritizing the top three audiences the Center needs to reach in the first two years: consumer advocates, policymakers (state and federal), and industry (hospitals, providers and health plans). We then gathered the groups' thinking on which aspect of the Center's work is most important to highlight with each audience, connecting that work to what each audience is most centrally focused on. We brainstormed key words and phrases that distinguish the center's work and compared that to the positioning of other perceived "competitor" organizations/entities (Consumers Union, Camden, National Partnership for Women and Families, and Families USA) in the space, as well as in Community Catalyst's space (Center on Budget and Policy Priorities, Georgetown Center for Children & Families, Families USA). We also looked at other players in the HST space (hospitals, health plans, ACOs) to understand their

positioning. Based on the research and discussions, we developed a draft statement that we discussed one-on-one with each group member. After making additional changes to reflect their comments, we got input from external reviewers with expertise in health advocacy and policy and marketing/branding, Center Director Ann Hwang, and the full HST Executive Committee. We are making some final tweaks, but we anticipate the statement will be final in the next week.

To develop a new name for the Center, Senior Community Catalyst and Center staff members were engaged to respond to a diverse list of potential new names. That list was then culled down through both group discussions and individual feedback. A subsequent short list of names was then shared with external reviewers representing community advocates, senior congressional staff, health leaders who work closely with industry, and marketing/branding colleagues. Based on the group's input, Colleen Chapman and I recommended the name be the *Center for Consumer Engagement in Health Innovation*. (See attached memo for more detail on the Center name.)

What's next? We are now working with our graphic designer on a logo and artwork. Next, we will integrate positioning language and artwork into our Center one-pager and develop language for the website and press releases. We will roll out the new name in a press release announcing Ann's appointment (on December 9) and in the invitation to the January Center launch event in Washington, DC.

Center for Consumer Engagement in Health Innovation Launch: January 15, 2016

We are helping to plan a two-hour breakfast launch event in Washington, DC targeting health care opinion leaders, national organizations, policymakers and industry. The aim is to introduce Ann Hwang and the Center, establish our DC presence, highlight the Center's policy priorities, and bring together funders, policy leaders and health system leaders to validate our work. It will feature a keynote address by Dr. Don Berwick and a panel discussion featuring a variety of health thought leaders that Ann will moderate. More detailed information to follow.

Elevating Community Catalyst's Health System Transformation Work

We organized a working group of staff representing projects working on HST issues to develop a blog series (launched November 9) to educate key audiences about our HST policy priorities. We also retooled and expanded *The Dual Agenda*, formerly the newsletter of the *Voices for Better Health* project, in terms of audience reach and HST content.

#1: Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide

On Message Public Opinion Research – "ACA Is Here to Stay"

A key 2015 goal of the Communications team was to undertake public opinion research to support consumer advocacy on key health issues (organizational goal #1) and to further

establish the *On Message* project as a go-to source for valuable research and messaging (goal #5). We met this goal by conducting research on voter perspectives on the ACA. Following on our focus group work in August, we conducted a poll with Perry/Undem on voter attitudes on the ACA and released the findings to the press. We secured coverage in *POLITICO Pulse* and in *The Hill*, both target publications for this news. We also presented findings to the national organizations that attend the *On Message* meetings, and to White House and Hill staff. We collaborated with the *ACA Is Here to Stay* campaign to develop and disseminate the messaging to state groups and hosted a call with state advocates to review the findings. Advocates have been very successful in incorporating the messaging into media, social media and policymaker outreach efforts and have had considerable success placing news articles, op-eds and LTEs. Lastly, we participated in a panel discussion on this topic at the Community Catalyst annual breakfast. (See Amy Rosenthal's report for more details on outcomes from "ACA Is Here to Stay" campaign work and DC briefings.)

State Technical Assistance:

We provided a variety of types of support to state advocates to further our goals in this area including trainings on messaging and media interviewing at both the CVC annual conference and the Missouri Foundation for Health's advocate retreat. We presented focus group/polling findings at PHAN's annual conference and at the NEACH Summit.

Project Support:

We are assisting the SCHAP team with the development of a video on CC technical assistance, and we're providing support to the SUD team for a video on SBIRT. We're helping the Health Equity team develop a vision statement and guiding principles for incorporating a health equity lens into Community Catalyst's work.

#5: Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.

Media Training

One of the team's goals for the year was to introduce new communications training for staff. To deepen our bench of media spokespeople, we developed and conducted our first in-house media training. Participants included Ashley Blackburn, policy analyst; Eva Stahl, director of Children's Health; Rachelle Rubinow, policy analyst; and Angela Jenkins, project director, Value Advocacy Project. We received very positive feedback from participating staff and plan to expand the training to include more staff in 2016.

Press Outreach and Coverage (links to coverage follow)

In addition to announcing the ACA polling results, we issued press releases on our report co-produced with the Association for Community Affiliated Plans (ACAP) on the dual eligible

demonstration projects, Susan Sherry's appointment to the Health Care Transformation Task Force, and Cindy Mann's appointment as a Senior Advisor, which *Politico Pulse* covered. We issued statements on CMS's final approval of Montana's plan to close the coverage gap and on the Senate vote on the Reconciliation bill repealing pillars of the ACA.

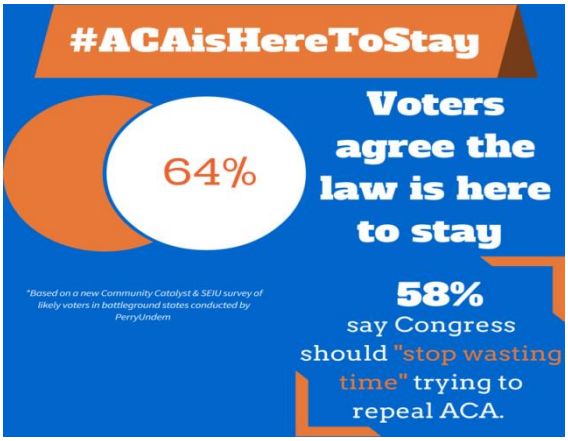
This quarter, we got good traction with reporters covering HST issues. In addition to the aforementioned media coverage, Renee Markus Hodin was quoted in a *Modern Healthcare* article on the dual demonstration projects, Carol Regan was quoted in a *New Republic* article about Hillary Clinton's long-term care proposal to support family caregivers, and Susan Sherry talked to *Modern Healthcare* about the work of the Health Care Transformation Task Force to date and the consumer perspective (coverage is anticipated). On the outreach and enrollment front, Rachelle Rubinow Brill talked to *POLITICO* about ACA enrollment strategies for year three.

Social Media

Over the course of the quarter, our Twitter account, @HealthPolicyHub gained 191 followers for a total of 5,877 followers (up 200 from Q3). On Facebook, Community Catalyst's page has nearly 50 more likes than we did at the beginning of the quarter. In total, 1,428 people like Community Catalyst's page.

Popular content on Facebook included: our graphic announcing our #ACAisHereToStay polling results (reach 1,514 people, liked 11 times, shared 22 times); a blog post our SUD staff wrote recapping their experience at the "Unite to Face Addiction Rally in D.C." (reach 1,154 people and 11 likes); our Jackson 5 ACA Open Enrollment graphic (reach 1,299 people, shared 3 times, 3 likes); a graphic we created after Alaska announced that it was closing the coverage gap (reach 1,071 people, 19 likes, 3 shares); a photo of our SUD staff with the Affordable Care Bear at the Philadelphia Recovery Walk (reach 674 people and 22 likes); and, our Thanksgiving ACA messaging recipe graphic (reach 595 people, shared 12 times and liked 12 times).

Popular share graphics:



Popular content on Twitter included: tweets linking to our #ACAisHereToStay polling results (97 clicks, 30 retweets, 20 likes); a tweet linking to Michael Miller's Takeaway "Has PhRMA PHinally

Gone Too Phar?" (22 clicks, 1 retweet, 1 like); a tweet linking to a guest blog from Kentucky Voices for Health "New Coverage Is Making A Difference in Kentucky" (15 clicks, 9 retweets, 3 likes); an NFL graphic we created announcing the opening day of open enrollment (11 retweets and 11 likes).

Note: We do not have web statistics this quarter due to the departure of Christine Lindberg, our Digital Communications Coordinator. We hope to have the position filled by January and will have a full web report next quarter.

COMMUNITY CATALYST PRESS HITS
September 2015 – December 2015

September 4, 2015: *Modern Healthcare*, Some States Iffy On Extending 'Duals' Demo
http://www.modernhealthcare.com/article/20150904/NEWS/150909975

October 8, 2015: *The Hill,* Poll: Likely Battleground Voters Say ObamaCare 'Here To Stay'
http://thehill.com/blogs/blog-briefing-room/news/256349-poll-likely-battleground-voters-say-obamacare-here-to-stay

October 23, 2015: POLITICO Pro, The Ben's Chili Bowl Recruiting Strategy for Obamacare
https://www.politicopro.com/health-care/story/2015/10/open-enrollment-opener-tk-tk-069647

December 1, 2015: *New Republic,* How Hillary Clinton Is Making Aging Parents A 2016 Issue
https://newrepublic.com/article/124806/hillary-clinton-making-aging-parents-2016-issue

COMMUNITY CATALYST PRESS RELEASES

October 8, 2015: New Poll: Likely Voters in Key Battleground States Say ACA is "Here to Stay"
http://www.communitycatalyst.org/news/press-releases/new-poll-likely-voters-in-key-battleground-states-say-aca-is-here-to-stay

October 14, 2015: Community Catalyst Joins Health Care Transformation Task Force
http://www.communitycatalyst.org/news/press-releases/community-catalyst-joins-health-care-transformation-task-force

November 2, 2015: Community Applauds Decision by Centers for Medicare and Medicaid Services (CMS) to Approve Montana's Plan to Close the Coverage Gap
http://www.communitycatalyst.org/news/press-releases/community-catalyst-applauds-decision-by-centers-for-medicare-and-medicaid-services-cms-to-approve-montanas-plan-to-close-the-coverage-gap

November 3, 2015: Cindy Mann, Former Head of Medicaid, Joins Community Catalyst as a Senior Advisor
http://www.communitycatalyst.org/news/press-releases/cindy-mann-former-head-of-medicaid-joins-community-catalyst-as-a-senior-advisor

December 2, 2015: Community Catalyst and ACAP Release Report on Survey Findings of Plans Participating in the Dual Eligible Demonstrations
http://www.communitycatalyst.org/news/press-releases/community-catalyst-and-acap-release-report-on-survey-findings-of-plans-participating-in-the-dual-eligible-demonstrations

December 4, 2015: Senate Republicans Vote to Take Away Health Care from Millions of Americans
http://www.communitycatalyst.org/news/press-releases/senate-republicans-vote-to-take-away-health-care-from-millions-of-americans

COMMUNITY CATALYST

Date: December 2015
To: Community Catalyst Board Members
RE: Governance Committee Recommendation: Potential Candidates for Community Catalyst and Community Catalyst Action Fund

Community Catalyst Board

Nancy Whitelaw,

Dr. Nancy Whitelaw (retired) was the Senior Vice President, Healthy Aging at the National Council on Aging (NCOA). Dr. Whitelaw is a nationally-recognized leader in the design and implementation of evidence-based health programs for seniors and in strengthening collaboration among aging services, public health and health care. Her work emphasizes the importance of prevention, self-management and person-centered care, moving beyond the traditional medical model and into community settings where older adults live and wish to stay. Dr. Whitelaw has a Ph.D. in Health Services Organization and Policy from the University of Michigan and B.A. and M.S. degrees in Sociology from Portland State University. In 2004, she received NCOA's Molly Mettler Award for national leadership in health promotion and in 2007 she was awarded the Maxwell A. Pollack Award from the Gerontological Society of America for distinction in bridging research, policy and practice. In 2009, she was the recipient of the Elizabeth Fries Health Education Award for "leading an innovative, effective nationwide movement to develop and deliver evidence-based health promotion and disease prevention programs through community-based, aging, and health organization networks." Dr. Whitelaw was recently elected to serve as President of the Gerontological Society of America in 2012.

Community Catalyst Action Fund Board

Eddy Morales,

Eddy Morales is Director of Latino Engagement and the Latino Engagement Fund at The Democracy Alliance, a collaborative effort of over 60 philanthropists, progressive institutions, and foundations of all sizes to maximize resources for building strong progressive Latino organizations by investing in field, research, communication and leadership development. He previously served as Deputy Director of Latino Vote, where he increased the annual operating budget and oversaw strategy and day-to-day operations and as Deputy Director of Leadership Development at the Center for Community Change, where he launched a leadership development Program to recruit and nurture low-income community organizers of color into community based organizations. He has a special interest in health care and is potentially joining the CCAF Board because he watched his mother die early because she could not get needed health care.)

COMMUNITY CATALYST

Memorandum

To: **CC Board of Directors**
From: **Rosemarie Boardman, Donna Pina Robinson**
Date: **December 11, 2015**
Re: **Finance Materials for Board Meeting**

Year To Date Financial Statements:

The October year to date financial statements are provided. We continue to project a year end surplus in line with the approved budget.

FY 16 Draft Budget:

In the 2016 budget we see our first full year of revenue and expenses for the *Center for Consumer Engagement in Health Innovation*. At the same time we also see a reduction in the number of programmatic departments and funding transitions in core areas of our work.

Our revenue in 2016 is $17,151,794, down $1.5 ml from 2015 with a similar reduction in expenses. The income reduction is driven by a number of reasons including:

- The planned retirement of two program departments in 2016, Road Maps to Health and Prescription Access. These two departments had $1 ml of income in 2015.
- The anticipated reduction of $3.6 ml in subgrants due to the end of the RWJF funded Certified Application Counselor Initiative as well as smaller reductions in other subgrant programs.
- These reductions were balanced by significant revenue growth fueled by the Atlantic Philanthropies grant for the Center.

Expenses include the addition of nine new positions for the Center, External Affairs, Development, and our state advocacy work. We continue to invest in the organization's infrastructure through increased IT resources, strengthening our evaluation work and exploring ways to manage the knowledge we have developed as an organization.

Of the $15,285,845 in program revenue in the budget, 75 % is committed. The majority of the uncommitted funds are renewals of existing grants or new grants from funders with whom we have existing relationships. We are challenged this year to raise funds for In The Loop from a source(s) as yet unidentified. We are looking to increase our fee for service work with hospitals to fund the Hospital Accountability Project.

Looking ahead to 2017 there are several funding transitions on the horizon that we will plan for in 2016. The most significant is the end of RWJF support for our State Health Advocacy work. We have provided a list of funders indicating support available in 2017.

We look forward to discussing these materials with you at the meeting next Friday.

COMMUNITY CATALYST, INC
DRAFT BUDGET FISCAL YEAR 2016

	FY 15	FY 16	$ Change	% Change
Income				
Unrestricted Grants	0	65,825	65,825	100%
Restricted Grants	17,271,966	15,339,564	-1,932,402	-11%
Contracts	723,106	785,179	62,073	9%
Donations	256,000	337,027	81,027	32%
Fees	118,095	132,507	14,412	12%
Subtenant Rent & Fees	274,842	434,092	159,250	58%
Investment Income	4,300	57,600	53,300	1240%
Total Income	**18,648,309**	**17,151,794**	**-1,496,515**	**-8%**
Personnel				
Salaries	4,882,549	5,943,388	1,060,839	22%
Fringe @ 23%	1,125,799	1,353,794	227,995	20%
Total Personnel	**6,008,348**	**7,297,182**	**1,288,834**	**21%**
Nonpersonnel Expenses				
Program Services	868,537	1,673,985	805,448	93%
Admin Services	169,740	228,381	58,641	35%
Contractual Services	**1,038,277**	**1,902,366**	**864,089**	**83%**
Subgrants	**9,188,261**	**5,570,020**	**-3,618,241**	**-39%**
Meetings	427,560	326,417	-101,143	-24%
Travel	628,982	469,158	-159,824	-25%
Telecommunications	102,818	94,940	-7,878	-8%
Printing & Mailing	29,674	51,849	22,175	75%
Supplies	49,512	50,381	869	2%
Staff Development	67,447	72,168	4,721	7%
Office Equipment	71,434	83,418	11,984	17%
Rent	694,111	780,406	86,295	12%
Dues, Fees & Insurance	138,671	180,720	42,049	30%
Subtotal Other Expenses	**2,210,209**	**2,109,457**	**-100,752**	**-5%**
Total NonPersonnel	**12,436,747**	**9,581,843**	**-2,854,904**	**-23%**
Total Expenses	**18,445,095**	**16,879,025**	**-1,566,070**	**-8%**
Net Income	**203,214**	**272,769**	**69,555**	**34%**

COMMUNITY CATALYST
REVENUE/EXPENSES COMPARISON
FISCAL YEAR 2015 & 2016

	Revenue	Expenses	Surplus/Deficit	% Growth of Expenses	% Growth of Revenue
Community Catalyst FY15	**18,648,309**	**18,445,095**	**203,214**		
Community Catalyst FY16	**17,151,794**	**16,879,025**	**272,769**	-8%	-8%
1000 VBH - Voices for Better Health FY15	1,712,339	1,818,658	**-106,319**		
1000 The Center / VBH - Voices for Better Health FY16	4,130,004	3,997,067	**132,937**	120%	141%
3000 R2H - Roadmaps to Health FY15	870,020	925,755	**-55,735**		
3000 R2H - Roadmaps to Health FY16	***Department was CLOSED in FY15***				
3100 NEACH FY15	884,015	801,083	**82,932**		
3100 NEACH FY16	849,305	839,223	**10,082**	5%	-4%
3500/4000 RXP FY15	312,156	301,833	**10,323**		
3500/4000 RXP FY16	***Department was CLOSED in FY15***				
4500 External Affairs FY15	273,785	283,155	**-9,370**		
4500 External Affairs FY16	478,495	478,495	**0**	69%	75%
4900 Substance Usage Disorder FY15	1,264,320	1,266,892	**-2,572**		
4900 Substance Usage Disorder FY16	840,449	839,294	**1,155**	-34%	-34%
5000/5100 State Advocacy FY15	11,733,680	11,374,322	**359,358**		
5000/5100 State Advocacy FY16	7,721,990	7,612,228	**109,762**	-33%	-34%
5200 Dental FY15	947,787	899,036	**48,751**		
5200 Dental FY16	805,618	736,798	**68,820**	-18%	-15%
6000 HAP FY15	190,000	344,534	**-154,534**		
6000 HAP FY16	459,983	515,295	**-55,312**	50%	142%

COMMUNITY CATALYST															
DRAFT BUDGET FY 16															
EXPENSES BY DIVISION															
		1000	2000	3100	4500	4900	5000/5100	5200	6000	7000	8000	9000	7060	7070	3600
	Total	Center	Communications	NEACH	Ext. Affairs	Substance Use	State Advocacy	Dental	HAP	Admin	Devt	Incubator	HCFA	CCAF	MergerWatch
Personnel															
Anderson-Wilson, Jacqueline C.	1.00									1.00					
Banks, Lauren	1.00						1.00								
Bianchi, Tera	1.00					1.00									
Blackburn, Ashley	1.00						1.00								
Boardman, Rosemarie P.	1.00									0.70			0.30		
Brill, Rachelle	1.00				1.00										
Brimage-Major, Alexis	1.00									1.00					
Cardinal, Jack	1.00	0.60					0.40								
Cordon, Yaquelin	1.00									1.00					
Craig, Michele	1.00								1.00						
Crosby, Melinda	1.00										1.00				
Crowley, Glitza	1.00									0.70			0.30		
Curtis, Jessica	0.50								0.50						
Dagneau, Lucy	1.00						1.00								
Dai, Sherry (Xue)	1.00						1.00								
Dembner, Alice	1.00	0.20				0.80									
DiSanto, Erin	0.50									0.50					
Felicio, Diane	1.00										1.00				
Gonzalez, Alberto	1.00						1.00								
Gonzalez, Phillip	1.00								1.00						
Gore, Bruce	1.00	1.00													
Hams, Marcia	0.80						0.80								
Harris, Ali	1.00														1.00
Howitt, Katherine	1.00						1.00								
Hwang, Ann	1.00	1.00													
Interns	14.50	2.00		2.00		1.00	5.00	1.00	1.00	2.00			0.50		
Jenkins, Angela	1.00						1.00								
Jordan, David	1.00							0.75						0.25	
Keefe, Donna	1.00	0.50						0.50							
Khaikin, Christine	1.00														1.00
Kinnard, Elizabeth	1.00					1.00									
Koller, Benjiamin	1.00			1.00											
Lederer-Plaskett, Aliza	1.00														1.00
Ma, Amber	1.00						1.00								
Markus Hodin, Renee	1.00	1.00													
Mayers, Trevon	1.00				0.34		0.66								
McGlaston, Kristen	1.00							1.00							
Mead, Carrie	1.00				1.00										
Melley, Kathleen	1.00		1.00												
Miller, Michael	1.00	0.25		0.05			0.70								
Mullin, Andi	1.00	1.00													
Munn, Meredith	1.00					1.00									
Nguyen, Chi Q.	1.00						1.00								
O'Connell, Nell	1.00	0.17		0.06		0.01	0.75		0.01						
Orbaek White, Gabrielle	1.00			0.74			0.26								
Ough, Melissa	1.00					1.00									
Pierre, Jessicah	1.00		1.00												
Pina Robinson, Donna	1.00									0.97			0.03		
Polak, Emily	1.00						1.00								
Polk, Emily	1.00				1.00										
Ptashkin, Amanda	1.00						1.00								
Regan, Carol	1.00	1.00													
Restuccia, Robert	1.00									1.00					
Rivera, Jacqueline	1.00									1.00					
Rogers, Carrie	1.00						1.00								
Rosenthal, Amy	1.00				0.75		0.15	0.10							
Sharma, Leena	1.00	1.00													
Shatkin, Marla	1.00									0.70			0.30		
Sherry, Susan T.	1.00	0.25		0.10			0.50	0.05		0.10					
Singh, Reena	1.00						1.00								
Stahl, Eva Marie	1.00			0.85			0.15								
Stephens, Tory	1.00										1.00				
Stock, Kyle Marie	1.00														1.00
Taylor, Dara	1.00						1.00								
Uttley, Lois	1.00														1.00

	Total	Center	Communications	NEACH	Ext. Affairs	Substance Use	State Advocacy	Dental	HAP	Admin	Devt	Incubator	HCFA	CCAF	MergerWatch
Wilkinson, Wells	0.50						0.50								
Wood, Megan	1.00						1.00								
Yee, Al	0.75							0.75							
TBH - AD of External Affairs	1.00				1.00										
TBH - Center Partnership Manager	1.00	1.00													
TBH - Center C-Suite Manager	0.50	0.50													
TBH - Center Program Assoc	1.00	1.00													
TBH - Communication Manager	1.00			0.20			0.80								
TBH- Development Manager	1.00										1.00				
TBH - Digital Communication	1.00		1.00												
TBH - Database Manager	1.00	1.00													
TBH - Fellowship	0.50						0.50								
TBH - Manager, Delivery System & Consumer	1.00	1.00													
TBH - NEACH Policy	1.00			0.77			0.23								
TBH - SCHAP Program Coordinator	1.00						1.00								
TBH - Strategic Policy Manager (DC/Center)	1.00	1.00													
TBH - VAP Policy	1.00						1.00								
Subtotal Salaries	**5,943,388**	**1,184,451**	**202,697**	**246,532**	**319,640**	**313,906**	**1,559,210**	**314,116**	**226,400**	**842,707**	**300,849**	**0**	**98,895**	**22,183**	**311,801**
Fringe (23%)	1,353,794	270,624	46,620	55,802	73,517	71,298	356,368	68,647	51,622	191,006	69,195	0	22,278	5,102	71,714
Total Salaries	**7,297,182**	**1,455,075**	**249,317**	**302,334**	**393,157**	**385,204**	**1,915,578**	**382,763**	**278,022**	**1,033,713**	**370,045**	**0**	**121,173**	**27,286**	**383,515**
Total FTE		**13.47**	**3.00**	**3.77**	**5.09**	**4.81**	**23.60**	**2.90**	**2.51**	**8.67**	**5.00**	**0.00**	**1.43**	**0.25**	**5.00**
Contractual Services															
Communications Consulting	358,175	165,400	50,000	5,000		25,000	50,275	60,000			2,500				
Evaluation/NAC/Stipends	98,750						96,000			2,750					
Finance/Audit	23,500									23,500					
Grantwriters/FR Consulting	40,000	30,000									10,000				
HCFA Admin Staff	40,681									40,681					
In-Kind Expense	100,000										100,000				
Interns/Work Study/temps	43,350									3,350					40,000
Legal	6,800						2,800			3,500	500				
Management Consulting	102,750						85,000			15,000					2,750
Nathanson + Hauck	96,858	30,000		11,143	11,143	11,143	11,143	11,143	11,143						
Program Consulting	578,902	314,720	2,500		20,182	35,000	93,500	32,500	13,000	5,000	42,500				20,000
Technology Consulting	262,600	105,000	3,500	500	500	5,000	1,500		1,500	134,600	500				10,000
UMASS	150,000	150,000													
Total Contractual Services	**1,902,366**	**795,120**	**56,000**	**16,643**	**31,825**	**76,143**	**340,218**	**103,643**	**25,643**	**228,381**	**156,000**	**0**	**0**	**0**	**72,750**
Subgrants	**5,570,020**	**897,850**	**0**	**310,000**		**68,000**	**3,969,170**	**0**	**75,000**	**0**	**0**	**0**	**0**	**0**	**250,000**
Office & Program Expenses															
Meetings & Events	326,417	88,000	150	6,007	500	35,000	100,000	30,000	750	38,000	8,000				20,010
Travel	469,158	86,000	9,000	25,846	23,800	45,000	142,512	67,850	15,000	28,000	8,000				18,150
Telecommunications	94,940	20,000	4,340	5,800	2,500	3,500	27,850	6,500	3,500	8,000	3,500				9,450
Rent	780,406	14,952			0	3,540	17,556	10,740		394,456		306,144			33,018
Print-Copy-Postage	51,849	12,000	2,500	925	2,300	1,200	7,474	1,000	750	6,300	2,400				15,000
Supplies	50,381	5,000	1,000	550	1,500	1,500	9,481	1,500	500	23,000	1,500	150			4,700
Staff Training	72,169	10,102	5,750	2,830	3,818	5,410	18,446	2,175	3,386	14,503	2,250	500			3,000
Advertising	2,000	1,500					250			250					0
Dues & Subscriptions	28,908	1,500	9,550						300	5,500	2,558	550			8,950
Fees	36,269	2,750	7,600		2,621		9,539			10,000	3,232				527
Insurance	31,336						0			31,336					0
Equip Purchase/Related	37,000	7,500	2,250	500	2,000	500	3,500	1,500	500	13,000	2,500	250			3,000
Depreciation	46,418									46,418					
Admin Fees	82,207														82,207
Total Other Expenses	**2,109,458**	**249,304**	**42,140**	**42,458**	**39,039**	**95,650**	**336,608**	**121,265**	**24,686**	**618,763**	**33,940**	**307,594**	**0**	**0**	**198,012**
Allocated Admin costs	0	353,607	78,762	98,932	133,632	126,354	619,488	76,136	66,005	-1,690,749	131,269			6,563	
Allocated Comm costs	0	77,044	-351,218	21,555	29,116	27,530	134,974	16,588	14,381		28,601			1,430	
Allocated Dev Costs	0	118,175	0	33,063	44,660	42,227	207,032	25,445	22,059		-494,855			2,194	
Allocated External Affairs Costs	0	50,893		14,239	-192,934	18,185	89,159	10,958	9,500						
Total Expenses	**16,879,025**	**3,997,067**	**75,000**	**839,223**	**478,495**	**839,294**	**7,612,228**	**736,798**	**515,295**	**190,107**	**225,000**	**307,594**	**121,173**	**37,473**	**904,277**
Revenue FY 16															
ACA Fund Fee	286,559						286,559								
ACA Fund Subgrants	3,719,170						3,719,170								
Alki-Rockefeller Fund	135,000														135,000
Atlantic Philanthropies	3,548,677	3,548,677													
Atlantic Philanthropies - CC due from CCAF	93,685	93,685													
Baptist Healing Trust	50,000						50,000								
Casey, Annie E	80,000								80,000						

	Total	Center	Communications	NEACH	Ext. Affairs	Substance Use	State Advocacy	Dental	HAP	Admin	Devt	Incubator	HCFA	CCAF	MergerWatch
Catalyst Fund	125,000										125,000				
CCAF	37,473													37,473	
Children's Hospital (Unrestricted)	60,000			60,000											
Community Services	55,000														55,000
Conference Room Rent	250											250			
Conn Health Foundation	37,500			37,500											
EFA	20,000														20,000
Fees-C4	45,000									45,000					
Fees-Merger Watch	82,207									82,207					
Fees-misc. admin	3,800									3,800					
Fees - various	1,500									1,500					
Ford - ACA Feedback Loop	232,045				232,045										
Ford Foundation (MW)	243,750														243,750
General Services Foundation (RWV)	50,000														50,000
George Washington University-RWJ contract	10,000								10,000						
Gund	41,667						41,667								
Hartford Foundation	519,269	487,642					31,627								
HCFA -shared	121,173												121,173		
On Messaging Funding	50,000		50,000												
Health Literacy Revenue (To Be Raised)	50,000														50,000
Hilton Foundation	541,449					541,449									
Hospital Contracts	100,000								100,000						
In-Kind	100,000										100,000				
Interest Income	57,600									57,600					
ITL Revenue (To Be Raised)	180,625				180,625										
JSI - HRSA contract	25,000						25,000								
Kellogg, WK - Dental	441,064							441,064							
Kellogg, WK - Dental Contract	255,675							255,675							
Kellogg, WK-Dental Contract for Special Proje	108,879							108,879							
Kellogg, WK - SCHAP	981,860						981,860								
Kresge	261,983								261,983						
Kresge	300,000			275,588			24,412								
Merger Watch donation	12,027														12,027
Missouri Foundation for Health	99,941						99,941								
Missouri Foundation for Health - ECTCA	297,643						297,643								
Ms. Foundation	32,500														32,500
National Health Law	31,000														31,000
NEO Philanthropy -MW (was Public Interest P	25,000														25,000
NEO Philanthropy - SCHAP (was Public Intere	50,000						50,000								
NH Endowment for Health	23,733			23,733											
OSF	250,000					250,000									
Packard Foundation	10,000			10,000											
Packard Foundation (MW)	230,000														230,000
Robert Sterling Clark	20,000														20,000
RWJ: CVC	683,182						683,182								
RWJF: HST-VAP	401,472						401,472								
Shatterproof	25,000					25,000									
Southern Health Partners Funding	8,200						8,200								
Subtenant Admin	3,744											3,744			
Subtenant Rent & Ops	308,925											308,925			
Surdna Foundation	8,000								8,000						
Tower Foundation	24,000					24,000									
Wellspring Foundation - TA	227,000						227,000								
Wellspring Foundation - NEACH	264,706			264,706											
Wellspring Foundation - NEACH (subgrants)	177,778			177,778											
WhyNot Initiative (Leonard & Sophie Davis Fu	50,000		25,000				25,000								
Wyss - GO	65,825				65,825										
Wyss - TA	769,259						769,259								
Total Income	**17,151,794**	**4,130,004**	**75,000**	**849,305**	**478,495**	**840,449**	**7,721,990**	**805,618**	**459,983**	**190,107**	**225,000**	**312,919**	**121,173**	**37,473**	**904,277**
Net Income for FY16	**272,769**	**132,937**	**0**	**10,082**	**0**	**1,155**	**109,763**	**68,820**	**-55,313**	**0**	**0**	**5,325**	**0**	**0**	**0**
% return	1.59%	3.22%		1.19%	0.00%	0.14%	1.42%	8.54%	-12.02%	0.00%	0.00%	1.70%	0.00%		0.00%
% Program Revenue Committed	**75%**	**100%**		**63%**	**63%**	**98%**	**59%**	**100%**	**64%**						
% Program Revenue Uncommitted	**25%**	**0%**		**37%**	**37%**	**2%**	**41%**	**0%**	**36%**						
$$ Revenue Committed	**11,444,952**	**4,130,004**		**536,217**	**303,495**	**819,616**	**4,557,518**	**805,618**	**292,483**						
$$ Revenue Uncommitted	**3,840,893**	**0**		**313,088**	**175,000**	**20,833**	**3,164,472**	**0**	**167,500**						
Total CC Program Revenue	**15,285,845**	**4,130,004**		**849,305**	**478,495**	**840,449**	**7,721,990**	**805,618**	**459,983**						

CC Program Revenue History

Program Revenue	FY 14 Actual	FY 15 (Actual 1.15-10.15; Projection 11.15-12.15)	FY 16 Projection	FY 17 Projection
Robert Wood Johnson Foundation	5,946,485	3,963,409	1,084,654	100,368
ACA Fund	1,696,852	2,367,842	4,005,729	995,000
Atlantic Philanthropies	1,682,234	1,570,270	3,680,015	3,000,000
Kellogg, WK	932,412	568,914	1,422,924	1,433,990
Anonymous (Wyss)	226,276	991,965	835,084	247,500
Hilton Foundation	699,544	873,048	541,449	325,417
OSF	857,362	296,033	250,000	221,167
Other Program Revenue Sources				
Anonymous (Wellspring)	471,472	667,848	669,484	432,516
Contracts (Various)	119,850	506,028	717,525	
Ford Foundation	523,057	412,066	232,045	
Hartford Foundation	257,718	376,662	519,269	528,487
Missouri Foundation for Health	523,322	240,392	397,584	270,833
Tides Foundation	16,000	200,000		
Cummings	179,218	175,000		
Kresge	85,145	134,127	561,983	81,304
Catalyst Fund/Program Donations	143,258	204,500	225,000	
Children's Hospital	55,250	80,000	60,000	
Gund	31,500	51,500	41,667	50,000
NEO Philanthropy (was Public Interest Project)	100,000	40,000	50,000	
CT Health Foundation		50,000	37,500	
Tower Foundation	3,000	32,000	24,000	19,000
Shatterproof		30,000	25,000	
Surdna Foundation	53,562	32,320	8,000	
Casey		37,490	80,000	20,000
Packard Foundation	50,000	20,000	10,000	
NH Endowment for Health	20,000	16,000	23,733	1,866
Healthcare GA Foundation	5,000	5,000	5,000	
Consumer Health Foundation	3,000	3,000	1,500	
NH Charitable Foundation		2,400		
Foundation for Healthy Kentucky	2,400	1,700	1,700	
Alki Foundation				
American Cancer Society	10,000			
BCBS Foundation	2,000			
California Healthcare Foundation				
CCA				
Cox Trust	35,000			
CT Children's Medical Center				
George Washington University	34,141			
Hagens Berman				
Herndon Alliance	150,750			
JSI Research	62,375			
Langeloth Foundation	300,000			
On Messaging Funding				
Pew Charitable Trust	327,858			
Piedmont Health Systems				
Scan Foundation	10,168			
State of Rhode Island				
Total CC Program Income	**15,616,208**	**13,949,514**	**15,510,845**	**7,727,448**

2014 % of Program Actual revenue	2015 % of Program Actual & Projection revenue	2016 % of Projected revenue	2017 % of Projected revenue
38%	28%	7%	1%
11%	17%	26%	13%
11%	11%	24%	39%
6%		9%	19%
	7%	5%	
	6%		
5%			
29%	30%	29%	28%
100%	100%	100%	100%