



Memorandum

TO: Board of Directors
FROM: Susan Sherry, Deputy Director
DATE: September 19-20, 2014
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 the Advocacy Infrastructure

This quarter Community Catalyst continued to direct or manage financial support for state consumer health advocates. The **ACA Implementation Fund (ACAIF)** has been especially active. The first round of seven RFPs for the **Close The Gap Campaign (CTG)** = Medicaid expansion) were issued for those states mostly likely to move forward in the short-term (NH, ME, PA, VA, MI, FL, UT). Planning for the second round of additional CTG grants is well underway. The ACAIF also finalized three grants for state advocate work on Health System Transformation (HST). **Seven states received ACAIF grants for "Telling the Story of ACA Success"**. One funder is contributing to the ACAIF so that Community Catalyst will be able to support additional states for LGBT health work. These funds will be directed toward southern states. The **Substance Use Disorder (SUD) Project** awarded two subgrants for work on SBIRT (Screening Brief Intervention Referral to Treatment). Staff are completing grant processing for the 18 RWJF **Consumer Voices For Coverage (CVC)** states to assure the start coincides with next open enrollment period. The new CVC grant round will place strong emphasis on evaluation. RWJF has engaged Mathematica to conduct an evaluation of its outreach and enrollment funding. Staff will work closely with the Mathematica team to assure that the methodology is one that captures the complexity of the outreach and enrollment work.

Organizational development support this quarter included finalizing an organizational assessment of Michigan Consumer for Health and planning for joint/board staff meeting to review the assessment. Community Catalyst planned and facilitated a panel of 4 experienced state health advocate leaders to speak with the board of Kansas Health Consumer Coalition to assist them to determine the type of leadership it requires to move forward. Community Catalyst will work closely with Virginia Interfaith Center on an upcoming CVC staff leadership transition.

Community Catalyst support to boost the communications capacity of state advocates has been especially effective as outlined in the Communications Report. The rapid response materials are especially valued by state advocates. Products such as the "Connecting Consumers to Coverage" report and the upcoming video about southern enrollment efforts also keep the work of state advocates visible to funders.

The finishing touches are being put on a case study of how Take Action Minnesota has used the **“system of advocacy” approach to increase its effectiveness. This collaborative effort** is designed to be used with funders (and advocates) including non-health funders.

The June **Southern Health Partners** meeting in Atlanta was very well-received by advocates from 12 southern states. Reflecting the deeper community engagement required by outreach and enrollment work, there were a significant number of new and more diverse participants at **this year’s meeting. The content integrated a focus on all six advocacy capacities tailored to the** unique needs and circumstances of the southeast. Despite all of the challenges posed by the political environment, the outreach and enrollment work brought new energy to the group.

ACA Implementation

Preparations for the next outreach and enrollment period are in full swing while navigators and assisters also work to meet the health literacy needs of those already enrolled. Post open enrollment provided the opportunity to take lessons from the last round and develop plans to **address gaps and improve efforts. This has been the focus of Community Catalyst’s** Missouri Outreach/Enrollment staff. This staff team is planning 6 regional summits across Missouri prior to the start of the next enrollment period. Community Catalyst staff facilitated discussions in Missouri between insurers, navigators and assisters. Staff used work group calls, grant reports, and the **State Consumer Health Advocacy Program** google group to collect and disseminate outreach and enrollment best practices. In response to the increasing demand to address health literacy needs Community Catalyst set up and maintains a drop box of literacy materials and information developed and used by advocates. For the second year, Community Catalyst will receive and manage a RWJF grant that will support increased consumer application counseling capacity in nine target states with federal marketplaces.

In the Loop (ITL) finally saw a drop off in site activity this quarter which allowed staff to focus on engaging inactive users and redesigning the website based on feedback from a user survey and one-on-one user interviews. Staff focused on planning and **development of “mini-loops”** tailored for State Based Marketplaces (SBMs) with Massachusetts Health Care For All being the first one to move forward with funding from the Blue Cross Blue Shield Foundation of Massachusetts. New contracts with the National Immigration Law Center and the

SOLVING A FEDERAL BARRIER TO ENROLLMENT

Numerous assisters shared their confusion and frustration on In the Loop regarding the process consumers have to go through to designate assisters as third-party representatives to communicate with the Call Center. A **common concern was that the consumer’s consent didn’t** last long enough or carry over from one call to the next. In the Loop reported these concerns to federal officials and as a result, the Call Center now accepts and records a **consumer’s verbal authorization for an assister to** communicate on her behalf for 12 months. CMS explained this new protocol in their CMS Assister Newsletter on August 19th, and In the Loop was able to share this information back with the In the Loop community who are now better able to assister consumers.

Georgetown Center for Health Insurance Reform will boost technical expertise around immigration and private insurance for ITL users. Since ITL is funded through April 2015 a focus for the coming quarter will be longer term funding.

Much of our Medicaid expansion effort this quarter focused on the CTG grant-making process which took more than typical time and effort due to the close collaboration with two other national partners (Center for Budget Policy Priorities and Center for Children and Families). The Medicaid state advocate workgroup has been especially vibrant with strategies and tactics being actively shared across states including fostering great engagement from local elected officials. Community Catalyst added Wyoming to the nine states that already have Medicaid Counters tallying lost federal dollars. The Counter continues to help generate media coverage.

Community Catalyst’s Medicaid messaging toolkit continues to be heavily used by advocates. In collaboration with CTG national partners staff are working to craft a discussion guide for focus groups that will take place in 5 key states and will help refine messaging.

Strategic Goal #1
Build a strong advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide
Webinars
Utilizing Volunteers in Outreach, Education and Enrollment Work - Cover Missouri Coalition
Learning Community Calls
Introduction to Health Literacy for Missouri Certified Application Counselors
Tips for applying for federal Navigator funding
How State Based Advocates Made Open Enrollment a Success
State savings resulting from expansion of substance use disorder treatment through Medicaid expansion
Efforts to engage local officials and local leaders in Closing the Coverage Gap
Outreach and enrollment opportunities for former foster youth
Workgroup call for Federally Facilitated Marketplace States
Toolkits
Responding to 2015 insurance rates (communications tools, fact sheets and tips for advocacy and work with your state Dept. of Insurance) http://www.communitycatalyst.org/resources/alerts/alert-responding-to-2015-rates
Blogs, Papers and reports
Report: "Mobilizing for Enrollment: Connecting Consumers to Coverage"
Video: Olivia's Story
Fact Sheets
Regulations on enrollment renewals
Working with your Dept. of Insurance on premium rate
What rates and premium increases mean
Comment Letters
Signed on to NILC & ICIRR’s letter to Secretary Burwell – recommendations to fix barriers to immigrant enrollment.
Private Insurance: Compiled, drafted, and coordinated sign ons for recommendations to improve federally facilitated Marketplaces to CCIIO. 71 sign ons

Signed on to NAIC consumer representative comments letters on network adequacy and improvements to model law

Strategic Goal 2

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

Community Catalyst recently provided planning grants to 8 locally based organizations of color in targeted geographic areas with high concentrations of uninsured immigrants, Asians and Latinos. The grants are to help local groups assess gaps and develop plans to address these in the next enrollment period.

Partnerships and collaboration with LGBT groups continued to deepen over this quarter. In Missouri Community Catalyst partnered with a local LGBT group to offer 4 LGBT Access Trainings for assisters and navigators throughout the state. Two of the local LGBT leaders attended White House briefing mentioning Community Catalyst as a local enrollment partner. Other outreach and enrollment collaborations included national promotion of Out2Enroll materials, fact sheets from Farmworker Justice, as well Missouri webinars on Latino and faith-based engagement.

Strong Collaboration Gets Things Done

“We’ve spoken to national organizations in the past about training opportunities and they **didn’t always follow-up**, you spoke with us, followed up immediately and we now have 3 **trainings scheduled. Thank you!**”

Comment from local Missouri group about the Community Catalyst Missouri LGBT Health Access trainings

The Dental Project continues to develop and strengthen working relationships with tribal organizations including the Center for Native American Youth, the National Council of American Indians, and the National Indian Health Board.

Voices for Better Health began work on a forthcoming paper about using the dual eligible demonstration projects to promote health equity. This paper is an in-depth examination of the provisions contained in numerous documents related to the demonstrations and contains recommendations for states, CMS and advocates on how to reduce disparities among the dual eligible population. **The Hospital Accountability Project** continues to support diverse pilot sites working on hospital community benefits and to deepen connections with community and economic development networks. The **Community Catalyst Alliance for Children’s Health Project (CCACH)** recently issued RFPs for new work focused on health equity with invited grantees focused on engaging immigrant parents and children in Ohio; parent stories related to Medicaid expansion in Virginia; and parents with special needs children in Arizona. The **Roadmaps to Health** Community Grants project began a Grassroots Engagement Webinar series focused on initiating and deepening community engagement and tactics for making grassroots work authentic and high-impact

All of our sub-grant programs require grantees to identify specific strategies and actions that build meaningful engagement from communities of color and other under-represented constituencies. Almost all grantees receiving support from **CVC** and the **ACAIF** make sub-

grants or contracts with a wide range of Latino, African-American, Asian and immigrant organizations. The new CVC grants that start in October continue this trend with many states expanding their engagement with criminal justice and re-entry organizations and with organizations from under-enrolled ethnic communities. Each of our **VBH** coalitions developed a workplan that specifically identified how they would create a diverse coalition and how they would reach older adults and people with disabilities from communities of color. VBH also works with each grantee develop their attendance list for the VBH annual meeting in order to ensure diversity in participation.

Strategic Goal #2
Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change
Webinars
"Engaging Special Populations: Latino and faith-based outreach strategies"; Cover Missouri Coalition
Blogs
Blog: Medicaid and CHIP: Proven Tools for Health Disparity

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.

The "roadmap" to health system transformation report for consumer advocates is now in the drafting phase and should go to internal and external readers (including some board members) in next few weeks. Planning for dissemination has begun. The timing of the report release should coincide with the start of a new RWJF grant project – **Consumer Voices for Better Health (CVBH)** which we were invited to apply for and which is on track for a November start-up. Under the CVBH project Community Catalyst will design and implement a competitive process to select 6 state-based consumer advocacy health system transformation efforts for an 18-month grant and technical assistance program.

The relevant RWJF program staff and we recognize that this is a very short period of time to tackle the complex issues involved with meaningful delivery system reform so are working to establish interim outcomes that can lay the foundation for longer term investment by the foundation. The program design incorporates a proactive local funder outreach strategy.

In an effort to address concerns about the lack of accountability for Medicaid managed care plans, Community Catalyst researched information about for-profit plans that operate in multiple states. The plans operate under different names in different states and even within a state. Information about corporate structure, quality of care, serious sanctions, etc. is difficult to compile and compare. The research produced information that would be useful to advocates, policymakers and media once put into a searchable database. After several discussions and a face to face meeting this summer, the Kaiser Family Foundation (KFF) decided to make this information available on their site in a searchable format. Community Catalyst will be credited with conceptualizing the project. KFF will continue to consult with Community Catalyst about design and additional content.

This information is especially timely as more states, especially in the south, rapidly move their Medicaid populations into managed care.

The visibility of the **Voices for Better Health (VBH)** project took a significant leap forward with its participation in two Centers for Medicare and Medicaid Services national webinar series. In June and July, VBH delivered three webinars as part of the [Meaningful Consumer Engagement series](#). In August, in partnership with the American Geriatrics Society, staff delivered the [Geriatrics Competent Care series](#).

The webinars were well-attended by hundreds of health plans, providers, advocates and others from across the country. (The latter series was provided under a contract from The Lewin Group as part of their federal CMS TA contract. Community Catalyst hopes to see future revenue of this type.)

NATIONAL EXPOSURE FOR CONSUMER ENGAGEMENT		
CMS Webinars	Participants	State
Meaningful Consumer Engagement: Consumer Advisory Committees	296	43
Meaningful Consumer Engagement: Member Meetings	217	44
Meaningful Consumer Engagement: Training Consumers	272	40
Geriatrics Competent Care: Introduction and Overview	227	38
Geriatrics Competent Care: Geriatric Assessment	276	TBD

VBH continues to deepen working relationships between geriatrics providers and consumer advocates in VBH states. The geriatrics providers are thrilled to be at the policymaking tables which advocates have access to and the expertise of the providers is invaluable to advocates. Relationships with health plans continue to expand.

Addressing **Substance Use Disorders (SUD)** is a critical element of reforming the health delivery system. The SUD project developed tools to address the economic benefits and savings from more SUD treatment resulting from Medicaid expansion. The SBIRT (Screening Brief Intervention Referral to Treatment) component of the SUD project was officially launched this quarter a message platform for advocates, a Health Affairs blog, and pick-up from at least 15 state media outlets. Supporters of improved SUD services, including law enforcement, continue to expand their involvement in Medicaid expansion efforts.

This quarter **Dental Project** focused on preparing for the 2015 state legislative sessions through state-specific planning meetings and a convening of national and state partners. Strengthening grassroots engagement along with stronger messaging and communications, including social media, will be important to countering continued opposition from organized dentistry. Staff continue to work with national partners to enlist dentist champions including within FQHCs including making the business case for mid-level practitioners on the dental team. The national partners are also collaborating to establish educational requirements and to enlist support within community colleges.

CCACH staff continued their efforts to promote renewal of the federal Children’s Health Insurance Program (CHIP) by supporting state-level stakeholder education with a variety of **policy and communications tools**. Staff coordinate closely with national children’s advocates including collaboration with CCF on coverage for former foster youth and a joint CHIP toolkit. As noted in Goal 1 above, CCACH is supporting building new organizing capacity in Arizona, Ohio and Virginia. Extensive planning and site visits took place to determine the best opportunities for engaging parents and for strengthening the connection between child advocates and health reform advocates in each state.

The **Hospital Accountability Project (HAP)** has been working over the past year to create new resources and tools that build community capacity for meaningful engagement with hospital community benefit planning and activities. A new curriculum, *Putting People First: Working with Hospitals to Improve Community Health*, was developed and successfully piloted in three communities. In August, the entire curriculum and other related resources were organized into a new section of the [Community Catalyst website](#) that makes a wealth of materials available to communities everywhere. The HAP staff will feature this new section of the website on a September 26th conference call for members of our hospital community benefit learning community. Staff made significant progress in assisting researchers at The George Washington University (GWU) in their effort to develop and test a prototype web tool that will improve the accessibility and utility of the financial data hospitals submit annually as part of their IRS 990 community benefit reports. This project is funded by the Robert Wood Johnson Foundation and as part of this effort Community Catalyst will be developing complementary tools to familiarize community members with community benefit background and concepts.

Strategic Goal #3
Influence health system policies and practices to be sensitive and responsive to consumer interests and needs
Webinars
Meaningful Consumer Engagement: <ul style="list-style-type: none"> • Consumer Advisory Committees • Member Meetings • Training the Consumer
Geriatric Competent Care: <ul style="list-style-type: none"> • Introduction and Overview • Comprehensive Assessment
Change AGENTS Initiative Webinar: Joining Forces Working with Consumer Advocates to promote Integrated Care
Learning Community Calls
“Shining a Light on Drug Company Payments to Doctors”
How the Substance Use Disorder (SUD) community is impacted by the coverage gap and strategies for incorporating the voice of the SUD community into coverage gap campaigns
Toolkits
Conflict of Interest Toolkit on Samples - http://www.communitycatalyst.org/resources/publications/document/Toolkit-9-Samples.pdf
Conflict of Interest Toolkit on Pharmacy and Therapeutics Committees
Messaging the Coverage Gap for SUD advocates

Messaging Platform for Youth SBIRT project
Talking points on SBIRT effectiveness
Meaningful Consumer Engagement : Training Consumers for Engagement - http://www.communitycatalyst.org/resources/tools/meaningful-consumer-engagement/training-consumers-for-engagement
Meaningful Consumer Engagement: Focus Groups - http://www.communitycatalyst.org/resources/tools/meaningful-consumer-engagement/focus-groups
Blogs, papers and reports
Blog: FAQs on CHIP - a messaging tool
Paper: "Evaluation of a Model Comparative Drug Price Resource in Fostering Physician - Patient Engagement, Lowering Consumer Costs and Improving Adherence" published in on-line journal Innovations in Pharmacy
Post Script Blogs: <ul style="list-style-type: none"> • "Who's Watching the Chicken Coop? The FDA's Flawed Drug-Approval Process" • "Use as Advertised Rather than Directed" on direct to consumer advertising and the impact on prescribing " • "21st Century Snake Oil" on overuse of treatment driven by advertising and screening"
Blog: Health Affairs Blog: Alcohol & Drug Prevention: A New Initiative to Keep Youth on a Healthy Path
Good Luck with That! (July 1, 2014)
Blog: A National Food Fight: Congress v. our Children When?
Fact sheet
What is SBIRT one-pager
Comment letters
Letter to manufacturer Gilead Sciences about high price of Sovaldi
Sign on letter to FDA about guidance that would weaken standards drug labeling
Sign on letter to US Trade representative to protect public programs (Medicaid, Medicare, etc.) from possible legal challenges under international trade agreements.
Speaking engagements
Improve Oral Health In Rural Communities/Association of Healthcare Journalists
Dental Therapy Accreditation Standards
Voices for Better Health and Geriatric Provider Engagement -- The John A. Hartford Foundation Trustees
Engaging Older Consumers in Health Care Design and Delivery -- Practice Change Leaders Program
Integrated care for Dually Eligible Beneficiaries: Overview -- Rhode Island Integrated Care Initiative Consumer Advisory Committee
Meaningful Consumer Engagement -- CEO Summit, Association of Community-Affiliated Plans
Dual Eligibles – Tennessee Health Care Campaign
Dental Therapy Accreditation Standards/Dental Therapist Project Convening
Connecticut Voices - Presentation on Churn at Connecticut Voices

Two Community Catalyst programs are in transition and phasing out - the **Roadmaps to Health Community Grants** program will wrap up its grant program early next year and the bulk of **Prescription Access and Quality** project will end this year.

The new RWJF strategy plan emphasizing a “Culture of Health” resulted in the Foundation shifting its programmatic strategy around the Roadmaps to Health Program and ending the Community Grants Program managed by Community Catalyst. The focus of staff efforts this quarter has been to provide robust technical assistance and support to the current grantees and to draw out lessons and case examples of effective strategies to promote community health.

One grantee, Priority Spokane, received a 2014 *RWJF Culture of Health Prize* for its efforts to give everyone the opportunity for a healthy life. The award recognized the grantee’s work developing supportive models to prevent middle school truancy. In the coming quarter, staff will focus on maintaining grantee support and closing out the grant program. With grant extensions and close-out the Roadmaps project will continue into the first quarter of the year. RWJF has expressed interest in continuing to have Community Catalyst involved in its evolving County Health Rankings and Roadmaps work including in strategic planning discussions. In the coming month we will explore more fully what this role may look like. We will explore the potential to integrate a potential hospital community benefits component to the Rankings and Roadmaps effort.

The **Prescription Access and Quality (PAQ)** project is wrapping up its Conflict of Interest (COI) work with completion of a Toolkit on Samples; drafting of COI on Pharmacy and Therapeutics Committees; a draft journal article about COI and academic medicine; and, piloting of COI Policy Effectiveness Survey at 3 institutions. Planning is underway for a final COI Roundtable for medical schools and academic medical centers in October.

Staff published an article based on our original research showing potential connection between provider knowledge of drug costs and their willingness to engage patients in shared decision making on drug selection and drug affordability. Community Catalyst submitted information to CMS Office of Program Integrity to help describe different types of industry payments to physicians on the CMS Open Payments website.

PAQ has funding for a small 2015 research project (one day/week) to analyze the four COI pilot sites and conduct a comparative analysis. The research will strengthen the ability of institutions to effectively use the instrument to improve the implementation of their policies, and will contribute to our understanding of current on-the-ground COI policy implementation opportunities and challenges. It will also help in assessing the overall impact of institutional COI policies.



Memorandum

TO: September 8, 2014
DATE: Board of Directors
FR: Amy Rosenthal, Director of External Affairs and Policy
RE: Quarterly External Affairs Report to Community Catalyst Board of Directors

Over the past quarter, our External Affairs team and various Project Directors have worked closely with a range of national partners and held numerous meetings with Administration and Congressional offices.

When we participate in high-profile meetings in Washington, DC, these meetings not only help us achieve specific policy goals, but they also advance Community Catalyst as an organization and help us achieve two of our strategic goals:

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

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.

There are two meetings in the past quarter that we wanted to elevate to your attention that help further these strategic goals.

Meeting the New Secretary of Health and Human Services

Secretary Burwell assumed office in mid-June 2014. As part of her senior staff's effort to get her up-to-speed, they quickly scheduled a meeting with 12 leading health care organizations involved in ACA implementation; Community Catalyst was one of these groups. While the meeting had to be pushed back due to unforeseen Cabinet responsibilities for the Secretary, the meeting occurred in August.

Amy Rosenthal attended the meeting. The Secretary gave each individual the chance to raise 1-2 issues that we thought were important for HHS to know going into year two of open enrollment. Community Catalyst was able to raise three issues:

- the incredible importance of funding enrollment assistors, including consumer assistance programs and non-profit Navigators
- the great need to emphasize health literacy and a reminder that while the number of insured is important, the value of having people understand and use their coverage to lead healthier lives is the real goal
- the strategic value of HHS not "giving away the bank" on upcoming Medicaid waivers, making it harder for us to advance our Medicaid expansions campaigns

As an aside, HHS staff assigned meeting participants seats, and it became apparent the most influential groups straddled the Secretary and those less influential were at the far end of the table. It is worth noting that HHS staff positioned us on par with the Center for American Progress and with just two organizations between us and the Secretary. It was a subtle statement but another reminder about the prominent role we have come to play within HHS and the growth in visibility we have experienced in how those in the Administration view us.

Strategy Meetings with the White House and HHS

Valerie Jarrett is a key advisor to the President and someone we previously tried to reach out to. Over the past several months, her White House staff has become more active and is playing a leadership role within the White House on ACA implementation, outreach and enrollment. They are doing this work in close partnership with HHS External Affairs, staff who are some of our closest Administration allies.

Valerie Jarrett's staff contacted us over the summer to get a better understanding of Community Catalyst – our scope, our reach and our influence. Our first background meeting was extremely positive, and we have recently joined a very small group of organizations – Enroll America, SEIU, Center for American Progress, Planned Parenthood, and us – to serve as advisors to and partners with the White House and HHS as we enter into the second year of open enrollment.

Meetings occur every week, and alternate between in person meetings and phone meetings. We review messaging documents, event calendars for Administration officials, thematic week schedules (women's health week, faith week, etc), regional HHS Summit plans, etc. While we have only had a couple of meetings thus far, we have already offered ways of using our networks to enforce Administration plans, and we have pushed back on plans that we believe are not strategic.

If the Board is interested, we will be happy to report back on how these meetings progress over the next quarter.



Memorandum

TO: BOARD OF DIRECTORS
FROM: DIANE M. FELICIO, PH.D., DIRECTOR OF DEVELOPMENT
DATE: SEPTEMBER 2014
RE: QUARTERLY REPORT ON DEVELOPMENT ACTIVITIES

As the Board is well aware, the Atlantic Philanthropies site visit was a top priority during this last quarter. A report summarizing the visit and outcomes was sent to the full Board on August 22 and we will be spending a chunk of time at the September meeting discussing the visit, our proposal, and the status of our business planning work. *Therefore, this third quarterly report provides an overview of other development related activities, June – August, aside from Atlantic and business planning.* As always, what is highlighted here is meant to complement, in particular, Sue’s report on programmatic activities and Rosemarie’s report on the budget.

FOUNDATION AND PROGRAM HIGHLIGHTS

Proposals and Reports Submitted¹

FY14 (to date)	FY13	FY12	FY11
18 Proposals	40 Proposals	36 Proposals	28 Proposals
47 Reports	48 Reports	49 Reports	41 Reports

- Consumer Voices for Coverage**
 - This program remains a foundational element of our funding from RWJF. Our grant was recently renewed for another year at \$1,775,730, a \$200,000 increase over last year. During the upcoming grant period Community Catalyst, as NPO, will provide TA that helps strengthen OEE efforts and advance current and emerging ACA implementation issues; further develop our strong national Peer to Peer Learning Community; and continue to help advocates hone their coordinated voice as they engage with federal and state policymakers and opinion leaders.

¹ See below for a full listing of 2014 proposals and reports.

- **Health System Transformation**

- Building on our strong relationship with RWJF, we have been invited to submit a proposal for our HEALTH SYSTEM TRANSFORMATION efforts. Changes underway in the organization and financing of medical care have created new opportunities to address current deficiencies in the delivery of care. At the same time, care for vulnerable populations could be undermined by these same delivery and financing structures depending on how they are designed. While there is federal and national support for these changes, the actual implementation is taking place at the state policy and local delivery system levels. Fortunately, advocates are at many of the relevant decision-making tables. However, hospitals, doctors, insurers and other institutional stakeholders are all better informed and better positioned than individual consumers to influence the shape of these system changes. Advocates lack the dedicated resources and capacity necessary to effectively focus on these issues. Our work funded through this RWJF initiative will directly address these capacity needs. During the grant period, Community Catalyst will plan and implement a 12-month grant and technical assistance program to enable advocates in six targeted states (TBD) to carry out state and local health system transformation campaigns. We are optimistic that this grant will extend beyond the initial 12-month timeframe, which positions us well to use Year 2 (and any funding thereafter) towards any matching requirements associated with the prospective Atlantic Philanthropies award.

- **Substance Use Disorders**

- This has been a stellar year for the SUD program. Along with funds from Conrad Hilton Foundation and Open Society Foundations (detailed in previous Development reports), the program received a gift through Shatterproof (<http://www.shatterproof.org/>), a new non-profit dedicated to eradicating alcohol and drug addiction among youth. This \$100,000 award (over two years) was made possible due to an over year-long round of cultivation activities with the organization's founder and CEO, Gary Mendell, and it stands as one of our most successful individual donor success stories. The award was the first ever made by the foundation and Mr. Mendell was thrilled to select Community Catalyst for the honor and recognition.

SITE VISITS

Along with an active proposal and report schedule, the third quarter was also marked by several site visits in addition to The Atlantic Philanthropies visit. For example, representatives from the **Federal Agencies Project, funders of our LGBT work** (\$100,000 annually), visited with Community Catalyst staff in July to learn more about our Outreach & Enrollment and Medicaid Expansion efforts. Over the last two years, Community Catalyst has been supporting consumer health advocates as they bring LGBT health equity to the forefront of the implementation of the ACA (e.g., state-specific efforts to enact the ACA's non-discrimination standards and best

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practices for enrollment). We recognize the necessity of building strong partnerships between consumer health and LGBT advocates in states and identifying common issues across political and geographic identities. Our reach on LGBT health equity extends to Alabama, Colorado, Georgia, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, Texas, and Utah.

In addition, the **anonymous funder that supports NEACH** visited Community Catalyst in August. This funder was initially responsible for extending NEACH’s reach beyond New England to Ohio, Arizona, and Virginia. Following this most recent site visit we were invited to request additional funding to increase the number of states outside New England to include North Carolina, Florida, and Colorado. These are priority states for the funder and for Community Catalyst. We expect \$200,000 to support our TA and \$250,000 in sub-granting dollars. The emphasis will be on ACA implementation, Medicaid, and CHIP. (Note: we have been referring to our children’s work out of New England as Community Catalyst Alliance for Children's Health (CCACH)).

Finally, the executive director and senior health policy officer from the **Tufts Healthplan Foundation met with Voices for Better Health staff** to begin a discussion about potential partnerships. This visit was a direct outcome of a presentation Renee Marcus Hodin gave to the Hartford Foundation board. The policy officer from Tufts was also at that meeting and was impressed with Renee and VBH’s work. We have not received a grant from Tufts previously (their emphasis has been on direct service), but they are beginning to move into the policy arena and as a result we see much more promise for funding.

- **ACA Implementation Fund**

	Contributions to the ACA Implementation Fund by National Organizations						
	(in thousands)						
	2011	2012	2013	2014	2015	Total	
The Nathan Cummings Foundation	\$500	\$500	\$500	\$150		\$1,650	
CVS Caremark			\$75	\$15		\$90	
Ford Foundation**	\$500	\$500	\$500			\$1,500	
HJW Foundation	\$500	\$500	\$500			\$1,500	
HJW Foundation (Medicaid Expansion)				2,590		2,590	
Langeloth Foundation	\$500	\$400	\$400	\$400		\$1,700	
The Atlantic Philanthropies (\$2M/4yrs)	\$500	\$500	\$500	\$500	\$500	\$1,500	
Rockefeller Foundation	\$200					\$200	
Wellspring Advisors		\$150	\$300	\$300		\$750	
The California Endowment**	\$300	\$300	\$300			\$900	
Total	\$3,000	\$2,850	\$3,090	\$3,940		\$12,380	

Community Catalyst is a national non-profit advocacy organization building consumer and community leadership to transform the American health care system.

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2014 Grant Reports & Proposals: Due Dates and Staff Responsible

Orange = CC Proposal Red = CCAF Proposal Blue = Report Yellow = LOI
Last Updated: 08/28/2014

Date	Title	Type	Responsible	Required	Notes
Jan					
6	Ford Foundation: ACA Fund	Final Report	Jacque	Narrative and Financial	
10	Wellspring Advisors (Anon)	Report	Jacque	Narrative and Financial	
10	Atlantic Philanthropies	Final Report	Jacque	Narrative and Financial	
13	RWJF #70986 Outreach and Enrollment	Budget Report 1	Donna, Reena/Christine	Financial	
15	Nathan Cummings: Technical Assistance	Proposal	Jacque, Reena	Narrative and Financial	
15	Nathan Cummings: ACA Fund	Proposal	Jacque	Narrative and Financial	
20	Packard Foundation: NEACH	Final Report	Eva	Narrative and Financial	
22	MFH Proposal: Advocacy Renewal	Proposal	Reena, Angela	Narrative and Financial	
31	Langeloth Foundation: ACA	Final Report	Jacque	Narrative and Financial	
31	Public Interest Projects: LGBT	Final Report	Reena, Emily	Narrative and Financial	
31	Endowment for Health: NEACH	Final Report	Eva	Narrative and Financial	
31	MFH: Report on Activities	Interim Report	Angela	Narrative	
Feb					
14	RWJF Proposal: Roadmaps	Proposal	Phillip	Narrative and Financial	
14	Nathan Cummings: ACAIF	Report	Jacque	Narrative and Financial	
14	Nathan Cummings Foundation: Technical Asst	Report	Reena	Narrative and Financial	
17	California Healthcare Foundation	Report	Marcia	Narrative and Financial	
18	Wyss Foundation: Medicaid Expansion	Proposal	Jacque, Reena	Narrative and Financial	
25	Alki Fund: SHP	Final Report	Reena	Narrative and Financial	
26	Wyss Foundation: Medicaid Expansion	Final Proposal	Jacque, Reena	Narrative and Financial	
28	HIW: ACA	Final Report	Jacque	Narrative and Financial	
28	RWJF	Final Report	Donna/Diane	Financial	
28	GWU Schedule H Web Tool	Interim Report	Jessica/Michele	Narrative	
28	Scan Foundation	Interim and Final Expenditure	Alice	Narrative and Financial	
Mar					
11	OSF Proposal: ACA and Latino Enrollment	Proposal	Sue, Christine	Narrative and Financial	
15	Scan Foundation	Evaluation Report	Alice	Narrative and Financial	
15	MFH: #13-0630-COV-13	Interim Report	Dara	Narrative and Financial	
18	Wellspring Proposal: NEACH/Subgrants	Proposal	Eva	Narrative and Financial	
31	MFH: #13-0692-HPC-3	Final Report	Angela	Narrative and Financial	
31	Wellspring LGBT Proposal	Proposal	Emily	Narrative and Financial	
31	Federal Agencies Project	Proposal	Emily	Narrative and Financial	
Apr					
2	Physicians Foundation	Proposal	Diane, Rob	Narrative and Financial	
11	Colorado Health Foundation - Health Literacy	Proposal	Reena	Narrative and Financial	
15	Pew:PACME	Quarterly Report	Marcia	Narrative and Financial	
24	Kentucky Foundation for Health: SHP	Proposal	Reena	Narrative and Financial	
30	RWJF: CVC	Interim Finance Report	Reena/Donna	Financial	
30	Consumer Health Foundation: SHP	Proposal	Reena	Narrative and Financial	
May					
9	Healthcare Georgia Foundation: SHP	Proposal	Reena	Narrative and Financial	
9	Hagens Berman TriCor	Proposal	Wells, Marcia	Narrative and Financial	
15	Atlantic Philanthropies	Interim Report	Renee	Narrative and Financial	
30	RWJF: CACI	Interim Report	Reena/Christine, Donna	Financial	
31	Cox Charitable Trust: NEACH	Report	Eva, Amy	Narrative and Financial	
Jun					
2	Gund: Technical Assistance	Interim Report	Reena	Narrative and Financial	
2	Hartford Foundation	Interim Expenditure Report	Donna, Renee	Financial	
6	RWJF: CVC TAD	Proposal	Reena	Narrative and Financial	
6	Roadmaps Network Lead	Proposal	Phillip, Sue	Narrative and Financial	
9	RWJF HST	Proposal	Sue	Narrative and Financial	
15	MFH: #13-0630-COV-13	Interim Report	Dara, Donna	Narrative and Financial	
15	MFH: #14-0022-HPC-14	Quarterly Report	Reena, Angela	Narrative	
30	RWJF: Roadmaps #70788	Final Report	Phillip	Narrative and Financial	
30	PIP	Interim Report	Emily	Narrative	
July					
1	Packard Foundation 2014: NEACH	Interim Report	Eva, Donna	Narrative and Financial	
14	RWJF 70986 Budget Period 2	Financial Report	Donna, Reena	Financial	
15	PEW: PACME	Quarterly Report	Marcia, Donna	Narrative and Financial	Online submission to pewtrusts.org/pewportal
22	BCBSMA	Proposal	Amy	Concept Paper	
27	Foundation for a Health Kentucky - SHP	Final Report	Reena	Narrative and Financial	
31	Consumer Health Foundation - SHP	Final Report	Reena	Narrative	"Brief report summarizing the highlights of the conference"
31	California Endowment	Final Report	Jacque	Narrative and Financial	
31	Ford - In The Loop	Final Report	Amy	Narrative and Financial	Report templates here
Aug					
1	Kresge - Community Benefits	Third Annual Report	Jessica, Sue	Narrative and Financial	Reporting details in grant agreement
1	GWU - Schedule H Web Tool	Interim Report	Jessica, Michele	Narrative	Reporting details in grant agreement
11	Kresge - LOI (Close the Gap)	Proposal	Michael	Narrative and Financial	First stage application/LOI
15	RWJF #70986: Outreach and Enrollment	Report	Reena, Christine	Narrative and Financial	
18	RWJF #71426 Renewal, Outreach and Enrollment	Proposal	Reena, Christine	Proposal	
18	RWJF Health System Transformation	Proposal	Sue/Angela	Proposal	
29	Surdna Final Report	Report	Jessica	Narrative and Financial	Instructions on filing a report: www.surdna.org
29	WK Kellogg - Oral Health	Annual Report	David, Sue	Narrative and Financial	
31	CT Children's and Boston Children's	Final Report	Eva	Narrative	No written agreement
Sep					
2	Shatterproof Interim Report (SUD)	Interim Report	Alice	Narrative	
10	Open Society Foundation	Proposal	Alice	Proposal	
15	CT Health Foundation	Proposal	Eva	Proposal	On churn
15	Hartford Foundation (VBH)	Annual Progress Report	Renee	Narrative	Hyperlink is to reporting dates, not agreement
15	MFH: #14-0022-HPC-14	Quarterly Report	Reena, Angela	Narrative	Quarterly report of activities (6/14-8/14)
22	Missouri Foundation for Health	Proposal	Dara	Proposal	TA ECTCA
30	PIP: Second Interim Report	Interim Report	Emily	Narrative and Financial	
Oct					
15	MFH #13-0630-COV-13	Final Report	Dara	Narrative and Financial	
15	Wyss (Herndon)	Final Report	Kathy, Donna	Narrative and Financial	Grant information in Herndon file in Development Folder
15	Surdna: Community Benefit	Proposal	Jessica	Proposal	
30	RWJF CVC TAD #71235	Final Report	Reena	Narrative and Financial	
31	Open Society Foundation: ACA Enrollment	Final Report	Sue, Christine, Donna	Narrative and Financial	
Nov					
1	PACME Final Report	Final Report	Marcia, Donna	Narrative and Financial	Online submission to pewtrusts.org/pewportal
14	Packard Foundation: NEACH 2014 Work	Final Report	Eva	Narrative and Financial	Check reporting process with Trisha Violette
15	Wyss Foundation: Medicaid Expansion Campaign	Interim Report	Jacque	Narrative and Financial	
30	RWJF #71426: CAC	Final Report	Reena, Christine	Narrative and Financial	
31	RWJF #71426 Enrollment	Final Report	Christine	Narrative and Financial	
Dec					
1	Hartford Foundation (VBH)	Ann. Expenditure Report	Donna, Renee	Financial	Hyperlink is to reporting dates, not agreement
1	Atlantic Philanthropies #22392: ACA Fund	Interim Report	Jacque	Narrative and Financial	
15	MFH: Activities 9/14-11/14 #14-0022-HPC-14	Quarterly Report	Reena, Angela	Narrative	
15	Atlantic Philanthropies/Herndon	Final	Kathy	Narrative and Financial	
19	Wellspring Advisors	Final	Eva, Donna	Narrative and Financial	
31	Open Society Foundations - SUD	Final	Alice	Narrative and Financial	
31	MFH (Herndon): Activities through 11/14	Final	Kathy	Narrative	
31	RWJF #70882 Business Leaders	Final Report	Amy, Donna	Narrative and Financial	Submit to: grantreports@rwjf.org



Memorandum

TO: Board of Directors
FROM: Kathy Melley, Communications Director
DATE: September 9, 2014
RE: Quarterly Report – Q3 2014

I. Key Communications Accomplishments

Related Strategic Plan Goals:

- #1: *Build a stronger advocacy infrastructure to increase the power and influence of consumers in the health system nationwide*
- #5: *Invest in Organizational Capacity*

1.) Effective message development and penetration

Fifteen of our state advocate groups used messaging we developed on the Halbig/King court cases, which could determine the fate of ACA subsidies for people in federal Marketplace states. Advocates were quoted in 34 news outlets and quotes reflected messaging we developed. (See more detail on social media results under the Social Media section below.)

2.) Positive reception to the *Connecting Consumers to Coverage: Mobilizing for Enrollment* report

We worked on the content and design for the Outreach and Enrollment report, which was very positively received by the White House, HHS and advocates. It also got a mention in *POLITICO PULSE* and it was one of the topic content pieces on our website.

3.) We welcomed Jessicah Pierre to the team as a Communications Associate.

Jessicah is responsible for compiling and framing the *On Message* Daily News Summary and supporting the work of the Communications team. She is a graduate of UMASS Amherst, and she previously worked at NARAL Pro-Choice Massachusetts, where she served as the Communications and Policy Advocacy Fellow.

II. Key Communication Highlights

Media (see press coverage document)

- Wells Wilkinson spoke to the *Wall Street Journal* about the benefits of generic drugs for a story on Novartis's attempt to stifle generic competition for their brand-name drug.

- Physician consultant Dr. Stephen Smith was quoted in a *Washington Post* article about physician perspectives on the Physician Payments Sunshine Act.
- Christine Barber was quoted in a *Washington Post* story on new ACA-enrollee struggles with understanding their plan benefits.
- Michael Miller talked to the *Washington Post/Kaiser Health News* about how hospitals are changing charity care policies in light of the ACA.

Press Releases and Statements:

- We drafted national and state press releases to announce the Substance Use Disorders' team new Screening Brief Intervention and Referral to Treatment (SBIRT) project and reached out to national media. This led to an invite for Project Director Alice Dembner to blog on the new project for the *Health Affairs GrantWatch* blog. The blog was also published in the hard copy issue of *Health Affairs*. *Reuters* is also working on a story about the project.
- We issued statements on: the appointment of Sylvia Matthews Burwell as Secretary of Health and Human Services; CHIP legislation introduced by Sen. Rockefeller; new Marketplace leadership positions at the Department of Health and Human Services; and the Supreme Court ruling on Hobby Lobby.

Products

ACAIF Report

- We worked with design firm Mad*Pow to finalize infographics to illustrate the fund's success thus far. We are working on integrating the infographics with text for a final report to be completed in time for the September ACAIF meeting in Philadelphia.

Branding:

- We have redesigned our letterhead, business cards and other branded materials to coincide with the move to One Federal Street.

Project and Issue Team Support

On Message (formerly The Herndon Alliance)

On Message Daily Media Summary:

- We conducted a reader survey about the daily media summary to assess our effort thus far and to generate ideas for any changes. We are still doing some follow up with respondents who agreed to be interviewed, but we were pleased with the positive feedback and have already made some changes. The clips go out to more than 2,000 health care opinion leaders.

Leading Washington, DC Convenings:

- We hosted our fourth DC convening in June with pollster Celinda Lake of Lake Partners as our guest speaker presenting on the latest ACA polling results. The convenings continue to be well attended by national groups including Georgetown Center for Children and Families, Moveon.org, Young Invincibles, United Way, Enroll America, Consumers Union, National Women’s Law Center, and the Center for American Progress among others.

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ACA Positive Narrative and Defense:

- To respond to the needs to advocates, we provided timely rapid response talking points on key implementation events and issues:
 - The Halbig and King court cases, which threaten ACA subsidies
 - A report by the Council of Economic Advisors on the economic benefits of closing the coverage gap
 - 2015 premium rates

Research (focus groups and polling):

- We are partnering with ACS-CAN to conduct focus groups on potential “fixes” to the ACA. We know from ACA polling that Americans don’t want the law repealed, they want it fixed. After discussions with several leading pollsters and with several partner groups at the national level, we see a need and a strategic opportunity to get ahead of the discussion on “fixing” the ACA rather than repealing it. Our aim is to have good messaging on potential fixes going into the next session of Congress, in which we will likely see Republican majorities in the House and Senate and an escalated effort to chip away at the law. We will do six focus groups in Cleveland, Houston and Denver. We hope to have results in early October.

Medicaid

- We began work on the *Close the Gap* campaign and provided communications technical assistance to Medicaid expansion campaigns in multiple states: Maine, Pennsylvania, Wyoming, Georgia, Florida and Alabama

Outreach, Education and Enrollment (OEE)

- We worked with the OEE team to develop a report on the creative and successful strategies employed by consumer health advocates and their partners during the first open enrollment period.
- We began production of video featuring outreach and enrollment efforts in three southern states: North Carolina, Florida and Alabama. Launch will be at the CVC meeting.

- Planning has begun for the launch of Open Enrollment 2, including the development of resources for advocates on how best to message renewals, health literacy and the value of having health insurance.

Southern Health Partners and Substance Use Disorders

- Lucy Dagneau (formerly Lucy Cox-Chapman) presented on Medicaid messaging at both the SHP and SUD convenings.

Substance Use Disorders

- We worked with the SUD team to launch the new SBIRT project. We also helped the team develop an SBIRT message platform on national and state press materials to announce the new SBIRT grant funding.

Voices for Better Health

- We completed a third video featuring the benefits Independent Living Long-term Services and Supports Coordinators provide to dually eligible adults. It has been very well received by the advocacy community, national partners and project funders.

Website

- *Note: Google Analytics has made a shift in its terminology, and the language in this report has changed slightly to reflect Google's new terms. Our analytics now frequently refer to unique visitors as users and visits as sessions.

Visitors this quarter:

- CommunityCatalyst.org was visited by 15,760 users this quarter. This increased by more than 2,000 visitors from last quarter. We saw significant traffic to two key products: the *Connecting Consumers to Coverage* report and the *Meaningful Consumer Engagement* toolkit were two of the most popular pages of the website. These two products were also the result of significant collaboration between the Communications team and program staff. Additionally, while employment opportunities remained a popular driver of traffic, this quarter we saw more of our publications and foundational Community Catalyst resources (like our Mission and Values) begin to drive more traffic on the site.

Demographics:

- Our site has visitors from every state in the country. Most sessions* are from Massachusetts (7,114/22,531 visits). The other states we receive a significant number of visits from are:
 - California: 1,532 sessions
 - Washington DC: 1,410 sessions
 - New York: 1,373 sessions
 - Virginia: 724 sessions
 - Illinois: 623 sessions

- Pennsylvania: 571 sessions
- Texas: 570 sessions
- Maryland: 556 sessions
- Colorado: 524 sessions

*Note: Demographic stats count sessions versus users (i.e. Massachusetts has a disproportionately high number of sessions because our staff is primarily located here and we are all heavy users of the site. However, those sessions only count toward one user, helping to balance the influence of staff users on other metrics in the analytics).

Content:

Page	Unique Pageviews	Bounce Rate	Percent Exit
1. Homepage	7,022	28%	29%
2. Employment Opportunities	2,369	39%	24%
3. Staff page	2,003	29%	15%
4. Meaningful Consumer Engagement Tool	1,251	59%	38%
5. About Community Catalyst	1,185	36%	25%
6. Connecting Consumers to Coverage Report	939	83%*	74%
7. SCHAP Policy Analyst job posting	898	77%	47%
8. Contact Us	867	70%	57%
9. Community Catalyst Mission and Values	855	40%	21%
10. VBH SAM job posting	737	76%	50%
11. Voices for Better Health Project page	600	46%	27%
12. Medicaid Report Card Metric: Nurse Practitioners	565	82%	78%
13. Board of Directors Landing Page	539	18%	13%
14. SAM job posting	536	82%	73%
15. Blog Landing Page	512	82.5%	42.4%
16. SCHAP Program Associate job posting	506	75%	49%
17. Assistant Director of Development job posting	433	81%	56%
18. Our Approach	430	43%	20%
19. Tools Section	407	20%	10%
20. Our History and Impact	395	54%	19%

Bounce rate: The number of single page visits (i.e. the % of people who left the site from the page they entered on). An average bounce rate is between 40% – 70%.

Exit rate: The number of visits that ended on this page.

*Note that the bounce rate and exit rate for visitors to the report is inflated by the number of people downloading the PDF, which analytics counts as people leaving the site.

Social Media

- During the past quarter we were able to invest more time in cultivating our Social Leaders. Christine Lindberg met with Susan Sherry and Michael Miller twice during the quarter to answer question and create plans for increased social media use. Christine also provides rapid response social media support by identifying tweet opportunities, sending draft tweets and providing advice to social leaders on Twitter use. She is continuing to work with Michael, Sue, Jacquie and Rob to increase their Twitter use, build a follower base and learn more about the platform. Target audiences for the group include: journalists, foundation staff, national partners and thought leaders.

Twitter: @HealthPolicyHub

From June 1 to August 31:

- Grew a total of 267 followers
- 211 clicks on links we posted
 - On July 2 or number of click-throughs spike with more than 40 clicks on the four links we sent out that day. A White House report on the economic benefits of closing the coverage gap generated 29 of the clicks.
 - Other popular links this quarter included: 14 clicks on a link to a Kaiser Family Foundation infographic on the Coverage Gap in the South; 12 clicks on a dental therapist report from Pew Charitable Trusts; 11 clicks on one of the tweets we sent about the Closing the Coverage Gap report.
- We were retweeted 162 times
 - Twitter chats continue to create a spike in retweets. On June 4 we participated in a #WellnessWed chat on young adult enrollment and were retweeted 21 times.
 - Our share graphics and rapid response efforts continue to drive traffic and retweets. The share graphic we created in response to the Halbig ruling “Keep Calm and Know You’re Covered” was retweeted nine times and was even more successful on Facebook (see below).

Facebook

From June 1 to August 31:

- 67 new likes
- We had several key peaks for the reach of our posts:
 - Our most popular post of the quarter was the share graphic we created in response to the Halbig ruling. The message “keep calm and know you’re covered” resonated with our audiences and was shared by 38 individuals and organizations. The post reached more than 1,600 Facebook users and in total was liked 88 times and clicked on 171 times.

- Our Connecting Consumers to Coverage report also attracted a lot of attention on Facebook. It reached 881 people and was shared by five state advocacy groups. In total it garnered 31 likes and was 10 shares.