



Memorandum

DATE: March 2015
TO: Board of Directors
FR: Amy Rosenthal
RE: External Affairs Update: Opportunity for Federal Contract

The Department of Health and Human Services is currently thinking about ways to improve the ACA open enrollment process. They have held several small, senior-level meetings with a variety of stakeholders to discuss improvements that can be made to the enrollment process in general and their work in particular. One area where they are interested in making improvements relates to the work of and support for enrollment assisters. Community Catalyst has been part of several of these group conversations.

In addition, Community Catalyst has been having parallel conversations with the leadership of the Consumer Support Group at HHS's Consumer Information and Insurance Oversight (CCIIO), the agency within HHS tasked with supporting enrollment assisters. I approached their director to ask for federal funding for *In the Loop* for 2016 and beyond. In addition to discussing *In the Loop*, we also started to brainstorm opportunities for Community Catalyst to use its expertise – providing technical assistance to numerous health care organizations across the country, working directly with enrollment assisters like we do in Missouri, supporting Health Care for All's helpline, etc. – to contract with CCIIO/HHS to increase their bandwidth and provide robust support to enrollment assisters.

This would be a significant opportunity that will allow us to carry out our strategic vision by diversifying our funding streams, enhancing capacity in the states and building our DC presence. Because it would be a sizeable project (as proposed, it would be in the range of \$6 million per year) that would have significant funding and staffing implications for the organization, all aspects of this project would need to be thought through and challenges would need to be addressed. If this moves forward, the actual vehicle for how a Community Catalyst contract would be structured (federal contract v. subcontract) would need to be worked out.

The Opportunity

Based on several brainstorming conversations with HHS, three streams of work were identified:

1. *Initial Certification:* CCIIO currently contracts with IBM to manage the training certification technology and process for all enrollment assisters. However, IBM does not have content expertise. We are proposing that Community Catalyst provide policy expertise to improve the trainings; convene groups of national, state and local experts to provide input; and create supplemental materials to make the trainings more robust. We are also proposing that we create a set of core capacities for enrollment assisters (modeled after the CVC core capacities) to help define and tailor training materials.

2. *Ongoing Technical Assistance*: We want to leverage our vast experience and innovative model in providing technical assistance and coaching to help build and professionalize the enrollment assister community. This work would include implementing enrollment assister learning communities on a variety of topics and developing materials to meet their needs. We would also seek funding through this contract to support ***In the Loop***
3. *Assister Call Center*: CCIIO contracted with a separate firm to create and run a pilot call center to answer questions from assisters (in contrast to the national call center which supports individual consumers).

As CCIIO seeks to enhance this call center and provide greater support for enrollment assisters, Community Catalyst is well-positioned to help them do so by leveraging learnings from Health Care for All's experience operating the Massachusetts HelpLine as well as experiences from other state partners.

CCIIO recognizes the significant role that agents and brokers play in enrollment, and they are invested in providing support to them. If this contract moves forward, Community Catalyst may be asked to partner with a national organization that works with agents and brokers to provide a parallel structure of support for agents and brokers.

Alignment with Community Catalyst's Strategic Plan

As we make decisions about whether or not to pursue new opportunities, it is important to understand how aligned they are with our strategic plan. This current opportunity would help Community Catalyst achieve at least two important aspects of our strategic plan:

- *Strategic Goal 4*: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development
 - *Subgoal 2*: Identify streams of federal funds which could support our work and monitor the release of those funds, applying for funds directly or with partners.
- *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
 - *Subgoal 1*: Identify emerging issues that are ripe for action, forecast opportunities that are under the radar, and invest in effective and innovative strategies to address them.
 - *Subgoal 5*: Utilize our DC presence to promote our issues at the federal level.

Challenges

There are clearly a number of challenges if we move forward with this opportunity. We will need to navigate the government contract process, clearly define our technical assistance role for enrollment assisters, answer questions about how we would work with the call center contractor and think through the other entry points for providing enhanced support, etc. In addition, while we are well-versed in how to relate to the enrollment community, the agents and broker community will be a departure for us requiring us to cultivate effective and collaborative partners.

Lastly, the scope of this project could rival some of the larger projects at Community Catalyst so we would need to think strategically about how to appropriately staff and manage this work.

Next Steps

This contract opportunity would be for open enrollment 2016-2017 with the preliminary thought being that this contract would start at the end of 2015 to allow for ramp-up. We are setting up key meetings with a number of individuals in HHS so we can continue to build support and momentum for this project. Internally, we will want to ensure we have Board and SMT agreement that this project is something we want to move forward with. We will then need to diligently devise a plan for taking on this large role, managing a government contract and providing the high-level of technical assistance that we are accustomed to providing.

CONFIDENTIAL



Memorandum

TO: Board of Directors
FROM: Susan Sherry, Deputy Director
DATE: March 20, 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 the Advocacy Infrastructure

Seven states received funding for *Close the Gap (CTG)* campaigns three of which were just-in-time special grants in response to emerging opportunities. Three grants to support stronger engagement of substance use disorder partners in CTG were finalized this quarter. With an Atlanta-based staff person, Community Catalyst has had a stronger in-person presence in Southern Health Partners states providing us with more in-depth knowledge about specific state environments. A theme throughout this quarter's report is the high value and effectiveness of the communications and messaging support provided to advocates as demonstrated by their extensive use of the content and materials. The learning community among state advocates continues to be vibrant covering a wide range of topics (see charts). Community Catalyst is supporting new leadership in Colorado and Virginia and assisting in a leadership transition in Michigan. The framework for the RWJF Mathematica evaluation of the *Consumer Voices for Coverage (CVC)* program was finalized.

RWJF will be winding down the CVC program by the end of 2016. This project has had an especially long life at the Foundation. The last 2016 grant round will be at a reduced level from the current 2015 amount. We are working closely with RWJF and their communications team to carefully plan how to announce this information to the 18 grantees as well as to funders. We want to provide as much notice as possible and expect to inform advocates by April. Sustainability will be a major focus over the next two years.

Community Catalyst received 43 letters of intent in response to the *Value Advocacy Project* solicitation. Twelve organizations were invited to submit full proposals with the expectation that six will be funded. We will be analyzing all of the proposals for insights into the issue and capacity needs of state and local advocates. While a few proposals were for service programs, most directly addressed delivery system reform or health literacy.

We used this quarter to re-engage state advocates in federal issues including a discussion on the new Congressional landscape and toolkits to address King vs. Burwell. As described below under Strategic Goal #3 advocates were supported in engaging with federal policymakers on a range of specific policy issues.

ACA Implementation

The second enrollment period demanded much of the time and attention of Community Catalyst and state advocates. We continue to compile best practices in outreach and enrollment and disseminate these through blogs, videos and alerts (see chart). This is the first tax reconciliation period under the ACA so ***In The Loop (ITL)*** created a tax resource hub and developed new partnerships with two organizations with tax expertise. Given the shorter enrollment period, staff worked to provide high value and efficient support to the ***Cover Missouri Coalition***. This support included giving Missouri assisters tools to rectify problems with tax preparers that led to consumers in the Medicaid coverage gap being wrongly charged a tax penalty. ITL has provided federal officials with a memo outlining both short and longer term fixes that would enhance the enrollment process.

As noted earlier, the CTG team has actively responded to rapidly developing events in different states with grant funds and intensive technical assistance. Focus group research has enabled us to refine messages and communications strategies and state groups have proactively incorporated these results. Community Catalyst equipped advocates with new tools to fight against organized opposition from Americans for Prosperity and the Foundation for Government Accountability. Other support has included preparing advocates for waiver negotiations and strengthening collaboration with American Cancer Society and Heart Association.

Special Opportunity Funds Push TN Medicaid Debate Forward

Close the Gap special opportunity funds were quickly infused into Tennessee. Although the special session ultimately failed, our funds helped push the debate further than it otherwise would have gone and laid a strong foundation for the next round of the fight. Advocates used the funds to

- *Place 16 op eds across the state by conservative voices, such as local business leaders, the Roman Catholic Diocese of Nashville and even Alberto R. Gonzales (the former United States attorney general and counsel to the president in the George W. Bush Administration)*
- *Generate 974 grassroots calls to legislators and 1,916 emails over just a week and a half*
- *Arranged for seven witnesses – mostly working adults who fall into the coverage gap and nurses and doctors who care for this population – to testify before one or more committees, and brought dozens more to meet with their legislators. The testimony the advocates arranged was extensively covered in the print and electronic media. One had such a compelling testimony that he received standing ovation from the House Committee on Health and the gallery, including Americans for Prosperity activists.*

Private insurance market issues continued to require attention although advocate bandwidth to fully engage with these issues was limited due the demands of enrollment, CTG and King v Burwell. Community Catalyst addressed this challenge by providing template comments, actively sharing resources across states, and by developing a 2015 private insurance agenda so that advocates can better plan for the coming year.

The specific issues addressed this quarter included the revision of the NAIC network adequacy model law, Essential Health Benefits (EHB) and a range of state-specific issues such as stop-loss legislation, balance-billing and provider directories (this latter being a federal issue as well). The SUD project engaged advocates and federal officials around network adequacy and prevention

STRATEGIC GOAL #1
Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.
WEBINARS:
Impending Private Insurance Priorities: What's Coming and Where Are We Going?
"March Madness"- King v. Burwell, Taxes, and Stories
North Carolina League of Women Voters Conference Call - Close the Gap Messaging and Waiver Trends
North Carolina Community Health Center Association Conference Call - Close the Gap messaging and Waiver Trends
De-Briefing Open Enrollment Year 2
The Benefits and Payment Parameters Regulations
Coverage Options for Undocumented Consumers
Surveying the (New) Federal Landscape
Moving the ACA Conversation Forward
Preparing for 2016 Marketplaces: Timeline and Action Steps for Advocates
LEARNING COMMUNITY CALLS:
New Close the Gap Messaging Strategies: Focus on Drug and Alcohol Problems
BLOGS , PAPERS, REPORTS:
What Are You Thankful For? Proposed Regulation Around Essential Health Benefits!
So Long, Farewell. But first, a Few of my Favorite Things
It's Time to Start Talking About Essential Health Benefit Benchmark Plans!
Preparing for 2016 Marketplaces: What Can Consumer Advocates Do?
State Template Version of Closing the Coverage Gap Helps Combat Drug and Alcohol Problems
Network Adequacy Paper with NEACH
Health Equity In Focus: Outreach and Education Come First in Bhutanese Refugee Community
Thanksgiving Reflections: Open Enrollment and Children's Health
'Tis the Season for Network Adequacy
Telling the consumer assistance story: Evaluation of outreach and enrollment efforts
Health Insurance Never Sounded So Good!
Boosting Latino Coverage: Strategies for Open Enrollment 2.0
We're Calling the Play: Ready, Set, Enroll!
Making Renewals a Success
Comedy Central + Health Insurance = Enrolling in Laughter!
Two Weeks Out: New Materials for Open Enrollment
Alert with final focus group results
Memo: Legislative Language Linking Medicaid Expansion to the Approval of 1115 Waivers
FACT SHEETS:
MAGI: When to Count Dependents' Social Security Income
Marketplace & Medicaid Eligibility: What Definition of Child Applies
A Chance to Weigh in: Children's Marketplace Coverage

COMMENTS:
2016 Letter to Issuers in Federally Facilitated Marketplaces
Notice of Benefit and Payment Parameters proposed rules
MAJOR CONVENINGS:
Regional Hub Meetings (Missouri)

Strategic Goal 2

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

Outreach and enrollment work continues to be an opportunity for advocates to engage more fully with a range of different constituencies. Community Catalyst's blog authored by different Navigators from across the country illustrates well the range of engagement. ITL worked with the Coalition for Immigrant Equity in Health Care to address misinformation and fraud around taxes as it relates to immigrants enabling the team to incorporate this information into the navigator network. Targeted outreach efforts around Ryan White consumers, in drug courts and with people re-entering the community from prison have deepened consumer health advocates ties with a more diverse set of organizations. The Children's Team worked closely with Ohio advocates to enhance their efforts to elevate the availability of Medicaid coverage for children of immigrant families. Playing a leadership role around this immigrant children issue is new for this state advocacy group. The Children's Team facilitated the Virginia children's advocates to initiate more direct constituency engagement through story-banking and collaboration with a grassroots organizing partner. The Cover Missouri Coalition co-hosted with the CMS Regional Office a training for assisters on how to work effectively with the Latino community.

The ***Voices for Better Health (VBH)*** paper on racial and ethnic health disparities in the dually eligible demonstration projects resulted federal officials responsible for the demonstrations reaching out to collaborate with the federal Office of Minority Health.

As a result of an internal evaluation including a staff survey, the Community Catalyst Health Equity Team has revamped how it operates and in the coming year will play an internal advisory/technical assistance role to program staff around health equity related issues.

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 Path to a People-Centered Health System/Next Generation Consumer Health Advocacy" report was released in January. The release was well-timed in a number of ways -- with the end of open enrollment advocates attention started to turn to delivery system issues; the report helped inform the thinking of state advocates as they responded to the Value Advocacy Project Letter of Intent; and, a forthcoming Grantmakers In Health report documents growing funder interest in this area and the need for more strategic thinking about how best to engage around these issues.

The Children's team has worked closely with state advocates and local funders around the renewal of CHIP at the federal level offering messaging tools, strategic advice and support for effective engagement with federal policymakers. Efforts to include children's hospitals/providers as Essential Community Providers beginning in 2017 were successful.

The IRS issued final hospital community benefit regulations on December 29th requiring the **Hospital Accountability Project (HAP)** to quickly analyze the regs and reach out to press and advocates. While not achieving all we desired, it is clear that Community Catalyst had a huge impact on the final rules, in effect, moving the IRS from tax enforcement to consumer protection. While the financial assistance provisions are receiving much attention there is minimal interest from current funders in this important area. The HAP team has continued its efforts on the community health aspects of community benefits pursuing collaborations with national partners focused on community and economic development and social determinants of health. Staff continue collaboration with George Washington University testing with community groups their pilot 990H tool that analyzes hospital 990 financial reports. The HAP team is now focused on developing the next generation of community benefit work and seeking funding partners to pursue this.

In the face of intense opposition from organized dentistry, the **Dental Access Project** continued to press the case for mid-level dental therapists on multiple fronts. (It is of note that, historically, scope-of-practice fights have a ten-year time horizon for an initial breakthrough.) Following unprecedented levels of public comment orchestrated by the Project, the Council On Dental Accreditation adopted accreditation standards for dental therapists taking an important step forward to establishing educational programs. A meeting of community colleges helped to build support and leadership for establishment of dental therapist training programs. Efforts to make the economic case for dental therapists to FQHCs continued. State legislative sessions are in full swing with stepped up levels of ADA opposition. While we do not expect any state to pass legislation this year we do see increasing levels of public support. The willingness of the WK Kellogg Foundation to sustain its commitment for these long haul state fights will be a critical factor in the strategic decisions state advocates must make in the next year.

The **Substance Use Disorder (SUD) Project** has been active at both the state and federal levels. As a result of Community Catalyst's advocacy proposed bi-partisan federal legislation to address the opioid epidemic incorporates a strong prevention focus making Screening Brief Intervention Referral and Treatment (SBIRT) a priority area under State Demonstration Grants. After learning of problems with the definition of medical frailty in some state Medicaid programs, staff sent federal officials recommendations for stronger federal guidance. At the state level, new SUD partners continue to join Medicaid expansion fights with advocates utilizing the new CTG/SUD messaging platform. A number of states received more intensive technical assistance for their SBIRT campaigns including support around fundraising to meet the required match.

Growing Partnerships in Substance Use Disorders

The SUD team continues to develop new and deepen existing partnerships in this important issue area. Staff are actively exploring collaboration with NAMI and the National Association of County Behavioral Health & Developmental Disability Directors. The team deepened connections and advocacy collaboration with Trust for America's Health. Community Catalyst launched a partnership with the Kennedy Forum on parity and benefit issues, particularly in private insurance. The relationship with Faces & Voices of Recovery was rekindled through engagement with the new executive director.

The SUD team is increasingly focused on behavioral health parity.

The **Voices for Better Health (VBH)** Project faced a number of challenges. As more duals demonstrations launched more problems arose (e.g. personal care attendants not being paid for months, inadequate provider participation, care disruptions, etc.) To meet the challenge of presenting a balanced view of the risks and opportunities associated with the demonstrations a new messaging platform was developed for state and national advocates. VBH identified a set of common concerns across demonstration sites and raised these with the federal Medicare-Medicaid Coordination Office (MMCO) including organizing an in-person/phone meeting with 20 advocates across 7 states.

An Integrated Health Network in St. Louis, MO invited Community Catalyst to be part of a federal proposal in which we would structure and support community engagement in this safety net health system. VBH staff in collaboration with our Missouri team crafted this proposal. Following a stellar evaluation of VBH's geriatrics collaboration project, VBH was invited to submit an expanded renewal. Similar to the SUD/health advocate collaborations, this type of provider/advocate partnership is likely to be a key strategy for future work on delivery system reform.

The **Roadmaps to Health** Community Grants Program is wrapping up. The focus is on final materials including lessons learned, community spotlights and final grantee reports. Maintaining relations with former grantees has also been a priority. The program staff have worked hard to extract and convey learning that is relevant to Community Catalyst's overall approach to technical assistance and community engagement. Staff presentations have proven to be the most effective tool for doing so. As Community Catalyst engages more with issues of population health these lessons will be especially important.

STRATEGIC GOAL #3
Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.
WEBINARS:
Dual Demonstration Ombudsman Offices
Budget Projections for Expansion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Schools
Highlights from State Screening, Brief Intervention, and Referral to Treatment (SBIRT) Work
Closing the Coverage Gap Helps Combat Drug and Alcohol Problems
Guidance for Advocates: Identifying Parity Violations & Taking Action
The Smart Shopper's Guide to Medicaid Managed Care Plans
BLOGS, PAPERS, REPORTS:
It's a New year, so Let's Renew Our Commitment to CHIP
Literature review on impact of length of training on nurse practice settings
Procedure Analysis of Dental therapists in Federally Qualified Health Center (FQHC) Settings
Economic Impact of Dental Therapist - Beginning Stages
Impact of Length of Training on Nurse Practice Settings
TOOLKITS:
Eldercare Workforce Alliance Toolkit
Curbing Substance Use Among Young People: Ask them. They Want to Talk.
FACT SHEETS:
Council On Dental Accreditation CODA Dental Therapy Accreditation

One-pager on True Talk project
Updated CHIP Messaging and FAQ resource
COMMENT LETTERS:
Recommendations to CMS for More Guidance to State Medicaid Programs on Medical Frailty
SPEAKING ENGAGEMENTS:
Building Public Will Through Media/Social Media
Integrated Care for Dual Eligibles: Importance of Consumer Engagement (Medicaid Managed Care Summit)
Herding Cats: Building and Maintaining Successful Stakeholder Groups
MAJOR CONVENINGS :
Community College Meeting on Dental Therapists
Dental Therapy National Project Planning Meeting February 6 th Gainesville
Florida Student Dental Association Meetings
Substance Use and Mental Health Networking Breakfast at Health Action Conference



Memorandum

TO: BOARD OF DIRECTORS
FROM: DIANE M. FELICIO, PH.D., DIRECTOR OF DEVELOPMENT
DATE: MARCH 2015
RE: QUARTERLY REPORT ON DEVELOPMENT ACTIVITIES

The following is a summary and analysis of activities during the first quarter of 2015. January in particular was marked by a series of final, quick-paced activities associated with The Atlantic Philanthropies grant¹ and preparing our program officer, Sara Kay for her presentations to the foundation president, Chris Oechsli (in January) and to the Atlantic Board (March 8-9). The first quarter is typically a busy proposal and reporting time for Community Catalyst given the timing of many of our grants. By the end of March we will have submitted twelve reports and thirteen proposals. This is also the time of year when we finalize our year-end (2014) fundraising results for the Catalyst Fund, and this year marks the very first time we will be launching a spring appeal which is already well underway and due to be mailed on/around March 4.

FOUNDATION AND PROGRAM HIGHLIGHTS

Proposals and Reports Submitted

	FY15	FY14	FY13	FY12	FY11
Proposals	13	26	40	36	28
Reports	12	66	48	49	41

- **On Message** – Now that On Message is fully integrated into Community Catalyst we are actively fundraising to support its sustainability. As the Board is aware from the presentation Kathy Melley and her team gave at the December meeting, we have been working closely with Michael Perry of PerryUndem on a series of focus groups and polling about the ACA. Our objective is to collect information that will help ready advocates for the purported “fixes” opposition groups will be proposing to the ACA. We have secured a generous, \$50,000 challenge grant from Phil Villers to support this work. We have reached out to other funders—the Wyss Foundation, The California Endowment, Missouri Foundation for Health, to name a few. We have sparks of interest, but have yet to formally secure additional resources. The challenge funds will be released upon the match being met. Any leads or support from the Board on this item would be most appreciated.

¹ An update on the AP grant is included under separate cover as a joint memo with Finance.

- **In the Loop (ITL):** Following some excellent networking and follow-up, we were very pleased to be invited by the Ford Foundation, for what we truly believe will be the last time, to request an additional \$500,000 for ITL (plus an additional \$500,000 for our partner organization NHeLP). Our proposal with Ford was submitted and is pending final approval. Further, Amy will provide the details, but we are in the early stages of pursuing a potential, large-scale contract with HHS to provide ITL-type support to enrollment assisters and others. Despite repeated efforts, we have yet to secure a call with Bob Kocher from Castlight Health. Board members may recall that we first identified this opportunity to network with this software/venture expert at our September meeting. Wendy and Kavita were instrumental in getting ITL on Castlight's radar and we have a presentation ready to go. Unfortunately, scheduling (and rescheduling) has been dreadful.
- **Hospital Accountability Project (HAP):** I reported in December 2014 that we had several irons in the fire for HAP, but no funding raised to date. Since then, we were invited to submit a proposal to the Kresge Foundation. Kresge has been HAP's core stream of support, so we were very excited to receive the news. We have a proposal under consideration for \$600,000 over three years to fund the development of a Community Benefit Scorecard, to continue our efforts with community pilot sites, to formalize connections with anchor institution and delivery system reform networks, and continue our relationship with Treasury to assure the IRS regulations have their full impact. Furthermore, we have an invited proposal under review with the Annie E. Casey Foundation. We were asked to propose three options: what we would do with \$50, \$75, and \$100K, respectively.
- **Close the Gap:** We have been invited by the Wyss Foundation to submit a proposal to continue our work on Medicaid expansion. We will be negotiating the details over the next month or so.
- **ACA Implementation Fund Update**

	Contributions to the ACA Implementation Fund by National Organizations						
	2011	2012	2013	(in thousands)		Total	2016
				2014	2015		
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)				2,150		2,150	Proposal invited
Langeloth Foundation	\$500	\$400	\$400	\$400		\$1,700	Proposal submitted
The Atlantic Philanthropies (\$2M/4yrs)	\$500	\$500	\$500	\$500	\$500	\$2,500	
Rockefeller Foundation	\$200					\$200	
Wellspring Advisors		\$80,625	\$100	\$150		\$330,625	Proposal invited

The California Endowment	\$300	\$300	\$300			\$900	
Total	\$3,000	\$2,780,625	\$2,875	\$3,365	\$500	\$12,520,625	

THE CATALYST FUND

Background/Reminder: In July 2012 we contracted with M+R Strategic Services to assess and make recommendations about an individual giving program at Community Catalyst. We knew from the start that we were not aiming to have an individual giving program to rival our foundation work, or even what we were beginning to expect could be a greater emphasis on federal funds and fee-for-service. Our goal was to remove from our list of considerations fundraising approaches that we did not believe would prove fruitful and launch those that would. As a reminder, the first Catalyst Fund appeal was in December 2010.

In short, M+R concluded that: 1. Community Catalyst should not pursue a robust online fundraising strategy; 2. there was value in focusing on the cultivation and stewardship of high-net worth individuals; and 3. targeted outreach (e.g., through house parties) in order to grow our individual donor base at a slow, but steady pace, could prove fruitful.

2014 Catalyst Fund Appeal

- Since 2010 we’ve grown our Catalyst Fund solicitation list from 147 to nearly 600 people. This growth was due in large part to two events in 2013: the 15th anniversary event and party at Wendy Warring’s home.
- The 2014 appeal raised, to date, \$96,522 from 75 donors. (Half of this total is from one donor)
- As predicted, this is significantly reduced from the \$286,000 we raised in 2013 (as a result of the anniversary event and house party), and about the same as we raised in 2012. The difference, however, is that this year we will be following up the year-end appeal with a spring appeal to try to capture additional contributions (see below).
- Other than the anniversary, 75 is the highest number of individual donors we have had in any given year.
- Twelve donors increased their giving relative to previous years, 31 decreased (which we would expect after an event year when people tend to give more), and we had 17 new donors.
- Three gifts we expected but did not get would have added another \$20,000 to our total. I am noting these here to show that the total dollar amount raised is quite affected by the loss of just a small number of five-figure gifts. Losing donors is to be expected. No person or organization gives - or gives at the same level – indefinitely, that’s why it is important to always have a robust pipeline of new donors to, ideally, absorb any losses and add to the overall bottom line. We are not quite there yet. The three changes were as follows:
 1. \$10,000 from BCBSMA that we received in years past but they stopped gifting in 2014;
 2. An individual donor who had given \$10,000+ previously gave \$5,000 this year;
 3. An individual donor pledged \$5,000 but that gift has yet to be realized.

- Eleven board members were asked to give. Of those, nine have given and two have made pledges to give. As a practice, we do not ask Board members voted onto the Board just prior to the year-end appeal to give in that calendar year.

2015 Outreach & Stewardship – With the hiring of a new assistant director of development, Tory Stephens, in November 2014, we have already made improvements in our donor outreach, with more to come in 2015. Most notably, on March 10th we launched our first ever spring appeal. We have two goals for this appeal: 1. to pick up donors who have given previously but did not give at year’s end, and 2. to see if we can attract more new donors.

So far, we are working on two events for 2015: a house party in Atlanta (with help from Anton Gunn), and our annual breakfast in Boston in October. We have our sights set on an event in Washington, DC and would like to target other areas of the country, as well.



Memorandum

TO: Board of Directors
FROM: Kathy Melley, Communications Director
RE: Quarterly Report – Q1 2015

Related Strategic Plan Goals:

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

This quarter, communications technical assistance to state advocates centered on efforts to boost ACA enrollment in the second sign-up period, prepare for the King v. Burwell Supreme Court oral arguments and continue efforts to close the coverage gap in 13 states.

Outreach, Education and Enrollment:

We worked closely with the OEE and Public Education teams on a variety of communications materials designed to maximize enrollment efforts including messages emphasizing the availability of tax credits to reduce the cost of coverage, a template op-ed to be tailored to advocates' local markets, and social media content.

To remind people about enrollment strategies that work even in the most challenging environments, we turned the ***Getting to Covered: Southern Enrollment Stories*** video featuring Alabama, Florida and North Carolina into three separate, more detailed state-specific videos. Advocates in those states are using the videos to promote enrollment and to show funders how they have been successful. We continue to receive very positive feedback about the videos from HHS, the White House, the advocacy community and national and state funders.

We launched an aggressive Valentine's-themed social media campaign to coincide with the mid-February enrollment deadline. Content was designed for use by advocates and enrollers to reiterate key messages about the ease of enrollment. The content, featuring characters from popular media and famous love stories, performed well across Community Catalyst's social channels. The six graphics were shared 21 times on Facebook by partner organizations and consumers. The posts reached nearly 4,000 Facebook users. The most popular posts were posts that included images of popular characters on the TV shows "Scandal" and "Modern Family" (see below).



Like Comment Tag Photo

Community Catalyst
Uninsured? You can handle this without Olivia Pope. Head to HealthCare.gov and #GetCovered by 2/15.

Like Comment Share Edit February 12

Angela Jenkins, Carrie Mead, Ashley Blackburn and 23 others like this.

11 shares

Album: Timeline Photos
Posted by Christine Lindberg [?]
Shared with: Public

Boost Post

Tag This Photo



Fall in love with health coverage by 2/15 & #GetCoveredNow. Every modern family needs quality, affordable insurance.

REWEETS 22 FAVORITES 16

In total, the videos and Valentine’s Day campaign made more than 8,548 impressions on Facebook across eight posts. In total, our tweets on the videos and campaign images were retweeted 97 times and favorited 42 times. These posts gained above average reach – the videos and the Scandal image (above) account for four of our top five most popular posts this quarter.

Lastly, in anticipation of blowback from consumers and negative press about “reconciliation” (people who received tax credits to purchase coverage and find through their tax return they have underpaid owe the IRS that additional subsidy), we armed advocates with messages to educate consumers and combat negative media or misinformation. We also organized a Learning Community call on focus groups Michael Perry of Perry/Undem Research conducted on reconciliation.

King v. Burwell

Working closely with our colleagues on the Public Education team and our national partners to ensure the pro-ACA community is aligned in its communications strategy around the Supreme Court case, the Communications team took the lead on development and dissemination of “toolkit” materials, including talking points, guidance for planning media events, reaching out to editorial boards and creating story graphics, and a template press release and an op-ed.

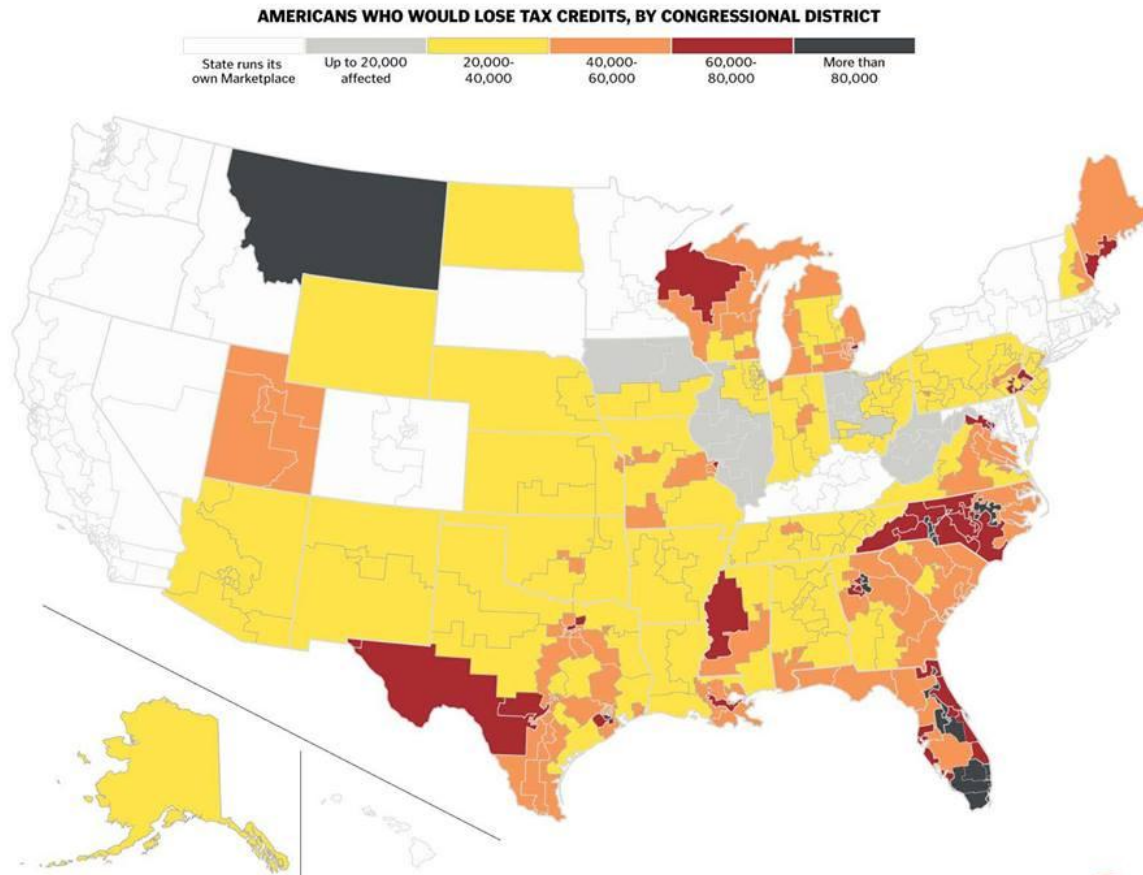
Communications team members presented King v. Burwell talking points on state partner coalition calls in Michigan, New York and Pennsylvania. We also worked with state groups to identify stories of consumers who would be negatively impacted by an adverse Court decision, and two of the consumers we referred were featured in a *Washington Post* story on potential fallout from the case. This was an impactful story as it was the first of many to follow that showed the toll this decision could take on real people. It was widely circulated in news and social media circles. *The Post* is also an outlet that members of the Supreme Court pay attention to.

The day before and day of oral arguments we broadly disseminated via email and social media a “heat map” infographic (below) we created that shows by Congressional district how many individuals stand to lose tax credits after an adverse Court decision. In addition to the national heat map, we created five heat maps for target states – Florida, Ohio, Pennsylvania, Tennessee and Texas. Our initial Facebook post on the map was shared 54 times and liked 30 times on Community Catalyst’s post and 78 times on

shared posts. Our map reached 4,520 Facebook users – our most popular post of the past quarter. Tweets about the heat map were retweeted 43 times and favorited 12 times.

Affordable Health Coverage at Risk: A Closer Look at the Impact

The Affordable Care Act has helped more than 23 million people gain access to quality health care coverage. Tax credits help ensure that coverage is affordable for hard working consumers who buy coverage through HealthCare.Gov. Unfortunately, a lawsuit before the Supreme Court would take that financial help away.



HERE'S WHAT'S AT STAKE: 13 MILLION AMERICANS WOULD LOSE MORE THAN \$65 BILLION IN TAX CREDITS - PUTTING HEALTH COVERAGE OUT OF REACH FOR MOST.



Close the Gap Campaign

We completed focus group research in key states with Michael Perry and our campaign colleagues from Georgetown Center for Children and Families and the Center of Budget and Public Priorities. Lucy Dagneau, our point person on the CTG team, presented initial research findings at the Families USA conference and at an Alabama CTG coalition meeting.

We drafted a statement by Rob Restuccia about Indiana's proposed plan to close the coverage gap, and both the *New York Times* and *Kaiser Health News* ran stories that quoted Rob cautioning the Obama Administration about allowing other states to adopt similar plans, which could have negative consequences for consumers. The stories caught the attention of the Administration, which was our primary 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 Communications team played an active role in the Health System Transformation paper and the proposal to The Atlantic Philanthropies.

The Path to a People-Centered Health System: Next-Generation Consumer Advocacy

We worked with the HST report team and our graphic designer to create a cover and layout for the report, to finalize copy and to produce the reports. We also developed a report dissemination plan that included a cover letter from Susan Sherry tailored to state advocate, funder and health opinion leader audiences as well as letters to accompany print copies of the report. We are working on a series of report one-pagers targeted at foundation funders that highlight how health system transformation affects specific populations (older adults) and connects to health issues (e.g. health disparities). The one-pagers can be used in funder briefings.

Since the report's public rollout, the landing page for the report has been visited 1,255 times. The PDF of the report has been downloaded 529 times and the executive summary has been downloaded 297 times. The release email that we sent to our newsletter list was opened by more than 30 percent of recipients (1,496/4,905) and 375 recipients clicked on the link (7.6 percent). The version of the release email that we sent to funders had a 29 percent open rate (123/424) and 51 click-throughs (9 percent) to the report. The open and click-through rates are impressive, both in comparison to other Community Catalyst mailings and industry standard. The benchmark open rate (according to M+R's annual benchmark study) is 13 percent for advocacy emails. The benchmark click thru rate is 2.9 percent. Both emails far surpass these industry standards.

Funding Proposal to Atlantic Philanthropies

We drafted the Communications strategy and expected outcomes for the Atlantic proposal that focus on positioning Community Catalyst as a leader on HST issues and in supporting the work of the Center and state advocates through communications. We are currently developing a grant announcement strategy, talking points and press release, and working with Diane Felicio on an implementation plan.

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

On Message Project

The *On Message Project* continues to build our organizational capacity to provide valued opinion research and messaging and communications tools to state and national health advocates and policymakers. Our work this quarter also supports strategic goals #1 (*stronger state advocacy infrastructure*) and #4 (*diversifying funding sources*). Over the past few months we have focused on fundraising for the project, and we have received a \$50,000 challenge grant from Phil Villers. With Phil's support and funding from the Atlantic Philanthropies grant we plan to move forward with another round of focus groups that build off of the "fixes" work we did last Fall.

To boost readership and strengthen the *On Message Today* daily news summary, we added a weekly news analysis feature called "The Takeaway," and we have invited our state advocate partners to use the clips as a template to which they can add their own local content. Thus far, Georgia and Illinois are moving forward with sharing the news content with their networks. *On Message Today* readership has also increased from nearly 2,000 last April to nearly 2,500 in February.

Lastly, we hosted a Learning Community with Mike Perry to brief state advocates on our fixes focus group research and talk about how they could integrate messaging into their work moving forward. In addition, we met with a smaller group of state advocate leaders (AL, GA, MN, UT) at the Families USA conference to brief them on the project and fixes research to get their input about how the project can support their work moving forward.

Media Coverage (see attached document)

Our efforts to raise the visibility of Community Catalyst, our project work and our staff expertise through media coverage were very fruitful last quarter. Our statement on the hospital financial assistance regulations sparked the interest of Robert Pear at the *New York Times* and led to an article that prominently featured HAP's Jessica Curtis. *The Times* piece spurred coverage in *USA Today*.

Our work to build relationships with reporters at key media outlets led the *Washington Post* to come to us and interview Michael Miller for the story on the impact of an adverse decision in *King v. Burwell* (see *King v. Burwell* above). Michael was quoted in the story.

COMMUNITY CATALYST PRESS HITS
December 2014 – February 2015

December 12, 2014: *Modern Healthcare*, Pricey 'Breakthrough' Drugs Confound Medicaid Rate Setting
<http://www.modernhealthcare.com/article/20141212/NEWS/312129961/pricey-breakthrough-drugs-confound-medicaid-rate-setting>

January 8, 2015: *Georgia Health News*, Workers Face Increased Burden On Health Costs
<http://www.georgiahealthnews.com/2015/01/georgia-workers-face-increased-burden-health-costs/>

January 11, 2015: *The New York Times*, New Rules to Limit Tactics on Hospitals' Fee Collections
<http://www.nytimes.com/2015/01/12/us/politics/new-rules-to-limit-tactics-on-hospitals-fee-collections.html>

January 20, 2015: *Washington Examiner*, Liberals Look Past Obamacare
<http://www.washingtonexaminer.com/liberals-look-past-obamacare/article/2558901>

January 26, 2015: *The Pew Charitable Trusts*, Many African-Americans Fall Into a Health 'Coverage Gap'
http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/1/26/many-african-americans-fall-into-a-health--coverage-gap?utm_campaign=2015-01-26-Stateline%20Daily&utm_medium=email&utm_source=Eloqua

January 27, 2015: *The New York Times*, Indiana Will Allow Entry to Medicaid for a Price
<http://www.nytimes.com/2015/01/28/us/politics/indiana-will-allow-entry-to-medicaid-for-a-price.html>

January 28, 2015: *Kaiser Health News*, Indiana Medicaid Expansion May tempt Other GOP-Led States
<http://kaiserhealthnews.org/news/indiana-medicaid-expansion-may-tempt-other-gop-led-states/>

February 1, 2015: *Kaiser Health News*, Consumers Still Struggling with Medical Debt
<http://www.usatoday.com/story/news/2015/02/01/consumers-still-struggling-with-medical-debt/22587749/>

February 16, 2015: *The Washington Post*, Millions at Risk of Losing Coverage as Justices Take Up Challenge to Obamacare
http://www.washingtonpost.com/national/health-science/millions-at-risk-of-losing-coverage-in-supreme-court-health-law-case/2015/02/16/0597f6aa-ae50-11e4-ad71-7b9eba0f87d6_story.html

February 18, 2015: *Kaiser Health News*, States Add Dental Coverage For Adults On Medicaid But Struggle to Meet Demand
<http://kaiserhealthnews.org/news/states-add-dental-coverage-for-adults-on-medicaid-but-struggle-to-meet-demand/>

February 26, 2015: *HealthDay Reporter*, Fewer Americans Burdened By Medical Bills
<http://www.wtvm.com/story/28208585/fewer-americans-burdened-by-medical-bills>