



Connecticut Health
FOUNDATION

Changing Systems, Improving Lives.

**Diverse Advocacy and Consumer Engagement
Request for Proposals
Informational Webinar
June 29, 2015**

Agenda



CT Health Presentation

- Welcome
- Who is CT Health?
- What Health Equity Means to CT Health
- What is Systems Change in Health Reform?
- Our Toolkit

Overview of RFP Grant Opportunity

- Rationale & Objectives
- RFP Applicant & Criteria
- Grant Award & Time Frame
- Technical Assistance
- Your Questions

Who is the Connecticut Health Foundation?



- The Connecticut Health Foundation (CT Health) is the state's largest independent health philanthropy.
- Since 1999, the foundation has supported innovative grant-making, public policy research, technical assistance and convening to achieve its mission – to improve the health of the people of Connecticut.
- Over the past 15 years, CT Health has awarded grants totaling \$54M throughout the state.
- Our theory is that by investing in systems change, we will make a more sustainable impact for more people.



**Like millions of other Americans, André is having a
hard time getting and staying healthy.**

BUT GOOD HEALTH IS NOT ALWAYS EASY TO ACHIEVE.

FOR EXAMPLE:

André lives in an underserved community. Affordable, high-quality health care is not the norm.

We may think it would be enough to simply provide him with good health care, or even just teach him how to be healthy.

The reality is, all around us there are *people, places, and rules* that make it easier or harder to stay healthy

HOW THESE THINGS CONNECT AND INTERACT IS CALLED A *SYSTEM*.



The more people, places, and rules that are interacting, the more complicated the system becomes.

**OUR HEALTH CARE SYSTEM
IS A GOOD EXAMPLE OF A
REALLY COMPLICATED
SYSTEM.**

WE'VE ALL HEARD

THE ADAGE ABOUT THE FISH:



If you **GIVE** a man
a fish, he will eat
TODAY.

But

If you **TEACH** a man
to fish, he can feed himself
FOREVER.

SOUNDS NICE, RIGHT?

But there's more to it. *We have to ask ourselves some critical questions...*



Our approach is quite simple.
CREATING CHANGE TAKES:



THE RIGHT PEOPLE

Systems are made up of and driven by people, like you and me. Changing a system begins with investing in people who understand how a system works and how to make it better.



OPENING PLACES

Systems work best when there are equal amounts of transparency and access. When people don't understand the many facets of a system, or are denied access, the system is not working.



RE-WRITING RULES

Rules make systems run. There are laws, regulations, best practices, and just the old-fashioned "that's just the way we do things." If a system is to work better, we must constantly ask ourselves, "Are the rules fair?"



A NEW FOCUS ON EXPANDING HEALTH EQUITY

HOW WE DEFINE IT

When some think of Health Equity, they see an end – in other words, that we should all enjoy the same level of health. When we think of health equity, we see the beginning – that first we must all have a fair shot to take ownership of our health. So while we continue to believe in the importance of eliminating disparities, our immediate focus will be to expand health equity by helping more people gain access to better care – especially those who disproportionately lack it now, people of color.



HOW WE ACHIEVE IT

We will leverage our resources and relationships so more people can:



1 Get Enrolled

It starts by helping people get enrolled and stay enrolled in an affordable health insurance plan.



2 Navigate The System

Once enrolled, show them how to navigate the health care system to get the kind of care they need, when they need it. This includes bringing care to where they are – including community health centers, hospital clinics and school-based health centers.



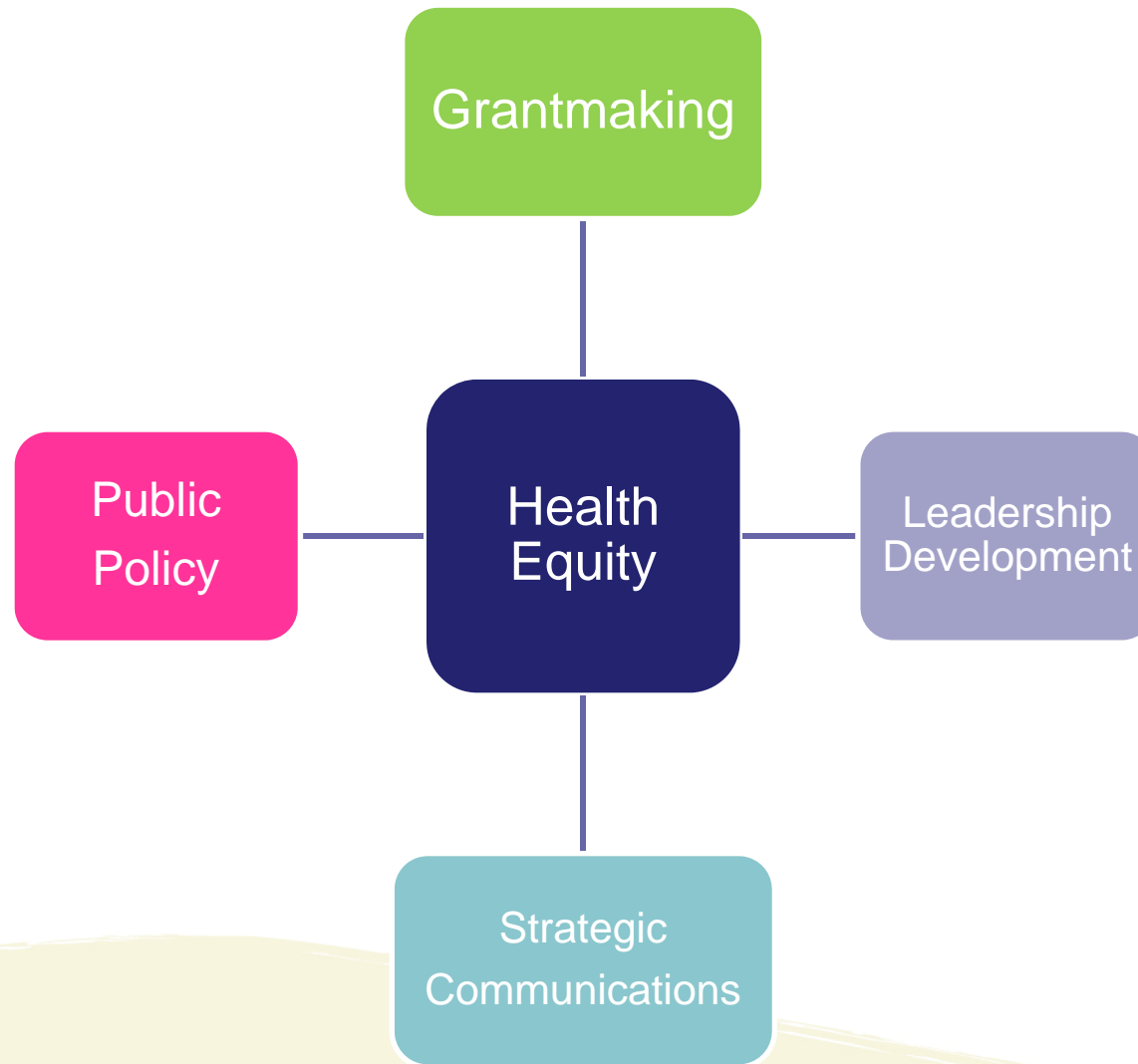
3 Access Better Care

Finally, make sure that their providers are offering the kind of care we all want to receive – care that is affordable, comprehensive (including mental, oral and physical health), and accountable to the goal of improving our health.

From Coverage to Care: 2015 Focus for CT Health

- Health Care Quality
- Payment Reform
- System Navigation
 - Health Insurance Literacy
 - Community Health Workers
- Integration of medical, behavioral, and dental care
- Protecting and strengthening the safety net

Our Toolkit for Expanding Health Equity





Health Leadership Fellows Program

Health Equity Focus

10 Classes

194 Fellows

Over 70% Leaders of Color

Public Policy Research and Advocacy

Consequences of Proposed Eligibility Reduction of HUSKY A Parents

MARCH 2013



FINDINGS

- Under a new budget proposal, 37,500 low-income working parents currently insured under Medicaid will lose eligibility in 2014; many of these current enrollees will be eligible for transitional Medicaid assistance for up to one year.
- Tighter HUSKY eligibility requirements effective in 2014 will immediately restrict eligibility for low-income parents who are not currently enrolled.
- While current HUSKY parents will be eligible to purchase commercial insurance through the Connecticut Health Insurance Exchange in 2014, their out-of-pocket health care costs will increase by an average of \$1,800 per year.
- Of the 37,500 parents affected, an estimated 7,500 to 10,000 may not purchase health insurance offered through the exchange – even with federal subsidies – because of increased out-of-pocket costs.
- Parents who purchase insurance through the exchange may find it more difficult to use of needed health care due to higher cost sharing obligations.
- Low-income children are less likely to have health insurance coverage if their parent or parents are uninsured.

OVERVIEW

Connecticut Gov. Dannel Malloy's 2014-2015 biennial budget proposal to reduce HUSKY A parent eligibility may adversely affect an estimated 37,500 low-income working adults with children and could lead to thousands of newly uninsured residents. Currently, parents who are enrolled in HUSKY A, the state's Medicaid program, are individuals with:

- 1) an annual family income between 133 percent and 185 percent of the Federal Poverty Level (FPL) [\$23,595 - \$36,131 annually for a family of three in 2013]; and
- 2) have children under age 19 who are enrolled in the HUSKY A program.

Under this proposal, a reduction in HUSKY A eligibility will take effect in 2014 for low-income parents who are not currently enrolled. Some current HUSKY A parent

enrollees will receive up to one year of Medicaid transitional assistance and lose Medicaid coverage in 2015. However, low-income parents will qualify to purchase subsidized private health insurance through the Connecticut Health Insurance Exchange (also known as Access HealthCT) beginning in 2014. While the federal government, under provisions of the Affordable Care Act, will provide premium assistance and cost sharing (copayment and deductible) subsidies, individuals' annual out-of-pocket health insurance costs will increase from \$0 to an average of \$1,800 per year.

An estimated 7,500 to 10,000 HUSKY parents may forgo health insurance – even with federal subsidies – because of increased out-of-pocket costs. Others may curtail use of needed health care services. Research indicates that parents' lack of insurance also may negatively affect their children's coverage.

CONSEQUENCES OF PROPOSED ELIGIBILITY REDUCTION OF HUSKY A PARENTS | PAGE 1

No Wrong Door

Improving Health Equity & the Health Coverage Consumer's Experience in Connecticut

Under the current system, individuals and families may knock on different "doors" for health insurance coverage, many of which may not open, preventing them from getting covered. But what if, during the implementation of the Affordable Care Act (ACA), every door was the right door to get enrolled in health coverage?

The **No Wrong Door (NWD)** approach to getting people covered ensures that no matter how consumers apply for health insurance affordability programs, they will be seamlessly routed to the program that meets their eligibility needs. Connecticut leaders have committed to full implementation of NWD by the end of 2015.



A consumer can apply for all ACA insurance affordability programs using one simplified form. No matter how the form is filed, all agencies offering those programs work together to ensure that each consumer is routed to the correct program. Eligibility will only need to be determined once, saving public resources.



No Wrong Door Will Increase the Number of Insured

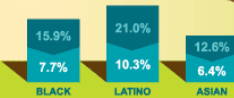
The Affordable Care Act affords a tremendous opportunity to get people covered. ACA enrollment efforts will be even more effective with NWD in place, especially for people of color.

Implementing the Affordable Care Act with NWD would create a **13% increase** in the number of Connecticut residents enrolled in health insurance, compared to implementing ACA alone, with people of color disproportionately gaining coverage.



NWD would prevent **36,000** Connecticut residents from going without health insurance coverage for at least part of the year.

People of color stand to benefit the most from NWD. With NWD in place, the uninsured rates for Blacks, Hispanics, and Asian Americans will drop.



At any point in time, about 6,000 additional children would have insurance coverage, primarily through Medicaid and CHIP.



NWD will not be fully implemented until the end of 2015.

Until full implementation, consumers are likely to encounter wrong doors or partially-open doors.



Careful monitoring of many operational details will be needed over the next two years to see how effectively policymakers can put this inspiring vision into place.



Experience shows that most consumers eligible for insurance affordability programs under the ACA will participate, particularly if NWD is fully implemented. Linguistically and culturally competent community education and hands-on assistance will increase enrollment. Full implementation of NWD is critical in order for the ACA to accomplish its goals.

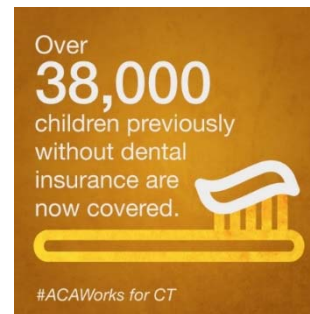
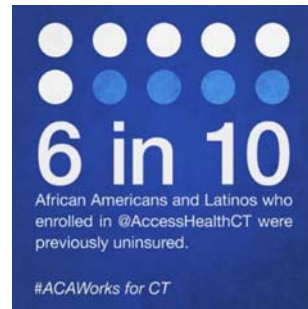
The full policy brief, commissioned by the Connecticut Health Foundation from the Urban Institute, can be found here: <http://bit.ly/nowrongdoor>



Strategic Communications



Talking points in speeches



Digital and Social Media



Media Placements & Op-Eds

Print & digital ads

Working to ensure all Connecticut residents have access to the care they deserve.

Today, more than 250,000 Connecticut residents have received quality, affordable health coverage through Access Health CT. Tomorrow, we continue our work to ensure all Connecticut residents have access to the health care they deserve.

We are honored to celebrate the 21st Annual Awards Celebration of the Connecticut Hispanic Bar Association honoring:

Achievement Award: Dr. Elva M. Nolas, President, Eastern Connecticut State University
Corporate Award: MassMutual
Community Service Award: The International Institute of Connecticut

To see what we're working on, visit www.cthealth.org

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We are honored to celebrate the 21st Annual Awards Celebration of the Connecticut Hispanic Bar Association.

Sharing stories



State Must Keep Health Care Assistance
Hartford Courant



PATRICIA BAKER, FRANCES G. PADILLA AND NANCY L. HEATON



Connecticut Health
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Changing Systems, Improving Lives.

Diverse Advocacy and Consumer Engagement Request for Proposals

Why CT Health Wants to Support Diverse Advocacy & Consumer Engagement in Health Reform

CT Health's theory is that including the voices of consumers of color in health reform will mean:

- The needs, values, and preferences of consumers affected by health disparities are represented in opportunities to change the health care system
- Leaders of color are effective messengers for health equity in health reform
- Bridges between health care systems and consumers of color are built or strengthened

RFP Applicant Criteria--Person of Color (PoC) led nonprofit:

Nonprofit must meet at least **2 out of 3 criteria** for being a PoC led nonprofit:

- Led (e.g., executive director, CEO) by a person of color; and/or
- Governed by a board composed of a majority (51%+) of people of color
- Serves populations/communities of color

CT Health defines a person of color as someone who identifies as being from one or more of the following groups:

- African-American/Black
- Latino/Hispanic
- Asian/Asian-American
- Native American

Grant Award and Timeframe

- CT Health will award **2 to 4 grants**
- Grants will range from **\$25,000 to \$50,000**
- Grant period will be from **October 1, 2015 – September 30, 2016**

RFP Program Objectives

Applicants must meet all of the (3) three program objectives that **leverage opportunities to advance health equity in reforming health care**:

1. Supporting efforts to ensure that newly insured individuals, particularly people of color, obtain knowledge, resources, and tools to improve their health insurance literacy.

Example:

- Advocate for Access Health CT and/or DSS, or private health insurance carriers to provide timely and clear information about health insurance coverage to support consumer decision making about plan selection.

RFP Program Objectives (Cont'd)

2. Creating and maintaining mechanisms for newly insured consumers of color to provide feedback on health insurance literacy needs to continuously improve the diverse consumer experience of health reform implementation (such as feedback loops). Applicants will need to develop an effective advocacy strategy to get traction from obtaining consumer feedback to make needed systemic changes.

Examples of activities:

- Social media campaigns
- Focus groups
- Community forums

RFP Program Objectives (Cont'd)

3. Developing and utilizing methods and strategies to bring the voices of consumers of color to key health reform decision making tables and organizations.

Examples:

- Gaining perspectives of newly insured individuals about their experiences in navigating health care by systematically communicating successes and challenges regarding continuous coverage to Access Health CT, Department of Social Services or other important systems.
- Advocating for health care access alternatives for remaining uninsured (such as legally present and undocumented immigrants)

Places Where Important Health Reform Decisions Are Being Made

- Access Health CT (CT's health insurance marketplace)
- State Innovation Model (Planning process to transform the way health care is delivered in CT to 80% of the population)
- Department of Social Services (Administers Medicaid)
- Accountable Care Organizations (ACO) (a health care provider system)
- Healthy CT (Nonprofit cooperative formed because of ACA)
- CT State Legislature
- Other key organizations and/or state agencies (DCF, DPH, DMHAS, DOC)
- Access Health Analytics (CT's All Payer Claims Database)
- Other places?

Technical Assistance to Grantees

- A funding requirement of successful grantees will be participation in technical assistance sessions and convenings about health reform/the ACA, consumer engagement, health insurance literacy, and advocacy.
- Includes up to two (2) grantee meetings.
- CT Health will also make technical assistance responsive to the stated needs of grantees.

RFP Application – Key Dates & Grant Information

Activity	Date
Release of RFP Grant Application	June 8, 2015
RFP Informational Webinar	June 29, 2015
Application Deadline	July 24, 2015
Notification of Successful Award	September 24, 2015
Grant Award Period	Oct. 1, 2015 – Sept. 30, 2016



Your Questions and Reactions
WE ARE LISTENING



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