shake the very oundation

"It is our obligation to shake the very foundation.

And we look at that word with both a small 'f' and a capital 'f.' Because, even as we work to shake the very foundation of health systems, we have to keep shaking ourselves up, too."

-Katherine Ill, M.D., Founding Board Member

The Connecticut Health Foundation
(CT Health) is the state's largest
independent health philanthropy
dedicated to improving lives by changing
health systems. Since its establishment
a decade ago, CT Health has supported
innovative grant-making, public health
policy research, technical assistance and
convening leaders in pursuit of its
mission: to improve the health status
of people in Connecticut.

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For CT Health, shaking the very foundation is the means of achieving its mission. It describes what the organization sets out to do and how it is purposefully built to do it.

Though well-funded from the beginning, CT Health eschewed the traditional charity model and instead chose to invest in change itself. Changing public will. Changing the system. Though built by experienced and accomplished professionals, CT Health chose to expand its collective knowledge and learn even more. And though driven by a sense of urgency, CT Health chose to pursue change deliberately, responsibly, over time. To shake the very foundation. Not break it.

While the first 10 years of CT Health are colored with vivid success stories in this regard, perhaps one of the most important accomplishments of the decade was simply building the foundation. CT Health has been recognized as a leader nationally, with a framework for governance and a manner of pursuing its mission that can serve as a model for other foundations. CT Health is shaking the very foundation of foundation building.

Ten Years Ago

The current national debate on health care reform amplifies what the founders of CT Health grasped a decade ago. One of the most glaring challenges in the state's health care system is ensuring equal access to quality care.

Consider the health landscape in the state at the turn of the millennium. Connecticut, though small in size, was great in income disparity and diversity, with 125 ethnic and racial groups represented. And though the state boasted a wide range of health care resources, distribution and use of those resources was very uneven.

In 1999, about 12 percent of the state's population and 8 percent of working adults had no health insurance. Data from the Connecticut Department of Public Health (DPH) revealed consistently large disparities in health indicators between whites and minority groups, such as African Americans, Latinos and Asian Americans. These indicators were significant and included mortality, chronic diseases, infectious diseases, hospitalizations and pregnancy and birth outcomes.

In specific areas, a 1998 DPH survey showed that 40 percent of all second graders and 50 percent of low-income second graders in the state had untreated dental problems. And, according to the Surgeon General, approximately 1 in 5 children experienced the signs and symptoms of a psychological disorder during the course of a given year, with 5 percent experiencing "extreme functional impairment."

Justice for All

To CT Health, these were more than statistical disparities; they were injustices. The richest state in the country had some of the most severe results of poverty. People falling through safety nets. Neglected. Ignored. People were suffering because forces stood in the way of their basic human right to health and happiness.

United around the higher ideal of righting health injustices, CT Health penned its mission:

To improve the health status of people in Connecticut.

Before the ink was dry, it seemed, CT Health embarked on turning these powerful words into real actions. And those actions would not be aimed at plugging cracks in the system, but on changing the system, and building an organization that can do it most effectively and consistently.

What followed was a decade of developing core values. Refining principles. Convening influential leaders. Devising strategies. Seeking partnerships. Building consensus and coalitions. Succeeding. Failing. Fixing. And all the while, learning intensely. Learning in order to fuel constant improvement on every front, in every aspect of operations.

The story of CT Health at 10 years is largely a story of how the mission has been pursued with passion and tenacity. While the organization has grown, changed, even shifted strategies over the course of a decade, its higher ideals remain intact. And its mission stands impervious to the passage of time.

The mission of the Connecticut Health Foundation is to improve the health status of people in Connecticut. With this mission, CT Health aims to make qualitative and measurable differences in the health and well-being of individuals and families. The foundation actively strives to serve the unmet needs of the state and its communities and to be responsive to underserved and unserved populations.

To fulfill its mission, CT Health pursues the following goals

- Increase access to quality and affordable health services for all Connecticut residents
- Promote wellness, prevention of disease, and active management of chronic illnesses and conditions
- Encourage improvement of health outcomes and wise use of health care resources





"We knew we had to think really strategically about how we could have a stronger impact on systems change, what we saw as trying to fix the system, rather than fund it. There were choices to make. But we went into this with a commitment to do it right. We determined we'd set our bar high. We knew that when we 'hit the switch,' we wanted to have something special, so we spent almost two years mapping, thinking about governance and building a structure we thought would work well and set us apart. We were going to start out with a fair amount of money. We were going to need to be beyond reproach."

- Leo Canty, Founding Board Chairman



"The thing that I think we shook up from the very beginning was some settled notions about what a foundation is and who makes it up. Everything since 1999 has simply been the orderly implementation of the original design. We have stayed faithful to the dream that we had at the beginning of making this foundation different from any other one we knew of."

Raymond Andrews Jr.,
 Founding Board Member

CT Health faced a number of difficult decisions early on. The foundation that exists today is the result of the decisive, bold, often courageous choices made by the founders more than a decade ago. Though there is one exception. The initial formation of CT Health was less a choice and more a mandate.

Transition

CT Health had "foundation-shaking" in its genes. Its parent, ConnectiCare, was formed in 1981 as a nonprofit health maintenance organization (HMO), grounded in a culture of inclusion and diversity. The ConnectiCare board was roughly divided into two categories: individuals focused on the business of being an HMO and those focused on activities serving the community.

In the late 1990s, circumstances suggested that, like many others in the industry, ConnectiCare should convert into a for-profit managed care company. As mandated by the state, the conversion would fund the creation of a charitable foundation to serve the people of Connecticut. So the part of the board with their hands and hearts in the charitable work convened a Transition Committee in 1997 and set about building the governance structure of what would soon become the Connecticut Health Foundation.

Governance

The founders knew these "conversion foundations" would be under intense scrutiny by the attorney general. They understood the value and impact of having a strong governance process to back up the things they planned and hoped to do. According to Raymond Andrews Jr., a founding board member and governance committee chairman who had helped establish ConnectiCare 10 years earlier, "We set up a committee and established the goal of creating the best possible foundation that could be created." From day one, the foundation set out to be a leader and model for the state and beyond.

The key to the governance structure was responsibility – to create an organization that accepted it, took it seriously and was capable of living up to it now and far into the future. The founders realized that it wouldn't happen by accident. They built a deliberate plan of screening and analyzing potential board members and a precise process to deal



ConnectiCare, Inc. creates ConnectiCare Holding Company, Inc. as part of its reorganization into a for-profit entity, and launches the Connecticut Health Foundation.



Establishes founding board of directors and hires first executive director.

..... 199

• 1999



Foundation Board approves mission, vision, values and principles.

with the sequencing of board members, chairs and committee members so that the organization always could be in motion. They then created a framework that allowed these members – even forced them – to operate at their best. It was a stable and orderly structure that gave people the opportunity to be dynamic.

The foundation's mission and vision also came out of these initial meetings. And, for all, they were more than words on a page. According to founding Board Chairman Leo Canty, "Every time we had a board meeting, the board packet always included the mission and vision on the front page, reminding us that they never end. When we're working as board members, those are our guiding principles. It's who we are, why we're here and what we try to do all the time."

Conversion

On July 1, 1999, under an agreement approved by Connecticut's attorney general, CT Health was formed, receiving 100 percent of the equity in ConnectiCare. CT Health was billed as "a historic step in addressing the dire, dangerous shortage in community health resources." Two years later, ConnectiCare and CT Health announced an agreement with two private equity firms set to make a sizable investment in ConnectiCare. As a result of the agreement, CT Health became independent of the health care company, receiving its initial endowment of over \$130 million in June of 2001 in exchange for its shares. Five percent of this endowment was to be directed toward grant-making operations each year.

Leadership

Shortly after the conversion was complete in 1999, CT Health undertook a search to find a dynamic and courageous foundation leader. That search found Patricia Baker. "Pat demonstrated a no-fear attitude by coming in and saying we are going to make something great out of essentially nothing except a bunch of paper with a bunch of brilliant ideas on it," says Canty. "That was the element of energy and enthusiasm we needed. Pat started building the program and immediately started doing everything we could to be a part of the health community and to get to work on our mission." Patricia Baker has been the foundation's leader ever since.

"The attorney general's office was determined that they were going to keep us honest. And I think we proved to them that that's exactly what we were going to be."

> - Susan Addiss. Founding Board Member



Commissions Connecticut Health Needs Assessment and Gaps Analysis Report, which informs board's decision to be strategic versus responsive in grant-making in its three priority areas: children's oral health, children's mental health, and reducing racial and ethnic health disparities.



Funds first advocacy organization dedicated to oral health at \$100,000.

2000 · · · · · 2000 · ·

2000 ...

2000



Conducts six focus groups throughout the state to help understand needs and issues of the community in establishing foundation priorities.



Commissions first policy research and analysis study of the state budget spending cap.



Choices

There was a tremendous sense of passion and purpose even in the earliest days. The group rallied around the idea of setting a high bar and doing it right, right out of the gate. "Doing it right" meant creating a strong internal process, striving for excellence, being transparent, adhering to solid fiduciary principles and, perhaps above all, steadfastly committing to organizational structure and governance.

The greatest number or the greatest need?

A decision that defined CT Health's path early on was choosing to focus its dollars and efforts on the underserved and unserved population. After extensive research, the founders focused further, pinpointing three priority areas based on levels of need and the potential to affect sizable change.

Open or closed?

CT Health chose to swing its doors wide open to public comment and input. Early on, founders went around the state voluntarily eliciting feedback from the health care community and Connecticut residents. Likewise, the organization was forthcoming in sharing its thoughts and activities with the public. This embodiment of partnership as well as transparency continues today with the operation of CT Health's Community Advisory Committee.

Grant-makers or change agents?

Though having priority areas narrowed the target, it didn't minimize the scope of the challenge. The founders often stated that they could throw all their money at the problems and solve them. For about five minutes. Making grants would always be part of the operation, but enduring change would only come by getting to the roots. Setting out to change systems and change public will through partnerships and policymaking made CT Health foundation-shakers from the very beginning.

Play it safe or take risks?

CT Health would not be a foundation that does safe things. Righting injustices and shaking foundations are risky activities. But it would pursue them with vigor, assuming responsibility to engage with the State of Connecticut as well as the service providers and health organizations it sought to improve.



The CT Health Vision

CT Health is a model of philanthropy that makes a difference in the quality of life for individuals and families in Connecticut. It serves as a catalyst, building consensus and coalitions to create sustainable improvements in health services so that people can pursue and enjoy optimum health in body, mind and spirit.

Our core principles

- To hold the health interests of the people of Connecticut as paramount
- To promote diversity in our organization and the foundation's work, which will deepen our understanding and approach to improving health outcomes
- To aspire to the highest standards of accountability to the public
- To promote meaningful public engagement and participation so that a broad cross-section of views is represented and considered
- Whenever possible, to leverage resources through community collaboration and partnership
- To continually assess and improve the foundation's performance in meeting its mission and abiding by its core principles



Be impulsive or be deliberate?

Connecticut is the land of steady habits. CT Health realized that, no matter how hard it worked, things wouldn't change quickly. A precise and measured process brought the organization to its mission, vision and values. A deliberate process would be the key to making change.

Gadflys or "Troublemakers Who Can't Get into Trouble"?

The latter was a favorite phrase among the founders. CT Health decided it wouldn't go around town shouting about injustice. It wouldn't just dig its fingers into cracks because that would merely make the cracks bigger. Instead, it chose to be so diligent, so data driven, so responsible that, even if it wasn't always popular, its methods would be beyond reproach.

Charity or philanthropy?

Seeking long-term systems change didn't preclude CT Health from including grant-making as part of the process. The founders had a lot of discussion about whether they wanted grant-making to be strategic and long range or responsive and short term. The prevailing view was to be very strategic.

Lunge or learn?

Nothing if not humble, the founders of CT Health recognized early on what they didn't have; that they were far from being perfectly prepared for the task ahead. Instead of lunging forward, devising strategies based on what they did know and what they did have, the founders' decision to acknowledge shortcomings made CT Health a learning organization. It would constantly strive to improve itself and continually expand staff, board and partnerships to make the organization wiser, stronger and more capable.

Realists or idealists?

CT Health chose to be realistic, creating a highly structured and deliberate, data-driven approach to identifying and solving challenges. However, the other extreme could not be denied. There was always something less tangible that drove the organization right from the start. There was passion. There was a heart. There was a belief that the work was the most important thing in the world. More important than the foundation or the individual. A belief that even its enormously ambitious mission was achievable. In fact, it had to be achieved.

Porty Million in Change:

Center for Children's Advocacy, Inc.

"We have the richest state in the country with two cities that have the highest child poverty rates. The disparities in graduation rates between the 'haves' and 'have nots' is one of the worst in the country. The disproportionate minority overrepresentation in the juvenile justice system is one of the worst. We're really trying to affect those outcomes."

- Martha Stone, Executive Director

The Center for Children's Advocacy (CCA) is a nonprofit organization committed to partnerships with experts and policy analysts to promote and protect the legal rights and interests of Connecticut's poorest children and youth.

CCA focuses its efforts on children who are dependent upon the judicial, child welfare, health and mental health, education, and juvenile justice systems for their care. Observing that racial disparities in health and in access to mental health services were "profound," CCA painted a portrait of what that often means for poor and minority children caught up in the cross-currents of the many legal and governmental systems upon which those youngsters are reliant.

A lot of CCA's work over the years has been to represent hundreds of kids in the state's juvenile detention centers and advocate for community-based services. In the adult criminal justice system, the state had begun to develop alternatives to incarceration for adults. But for children, there was basically nothing. If they did something wrong, they got arrested, ended up in juvenile detention center and then stayed there for weeks, if not months, either waiting for a psychiatric assessment or for services to get them back into the community.

With support from CT Health, the CCA has been able to maintain an advocacy presence within the major systems that serve poor and minority children. Lawyers embedded within the health and mental health, child protection, education, and juvenile justice systems train and collaborate with parents and human service professionals to identify poor and minority youngsters who have health and mental health needs. CCA lawyers provide legal consultation and representation for these children in order to increase their access to health and mental health care. The center's staff also works cross-functionally to identify systemic issues within the health and mental health systems that are barriers to providing services for many minority youngsters.

"A few years after the start-up, I attended a health care governance conference in Boston, and one of the presenters was the assistant attorney general from the State of Connecticut. When he spoke, he included an anonymous example. He said, 'I know of a specific foundation in the State of Connecticut that set up exactly the way they should have. They didn't require a lot of correction, they did it as a model.' I went up to him afterward and said, 'Do I know who you were talking about?' He said, 'Of course you do.'"

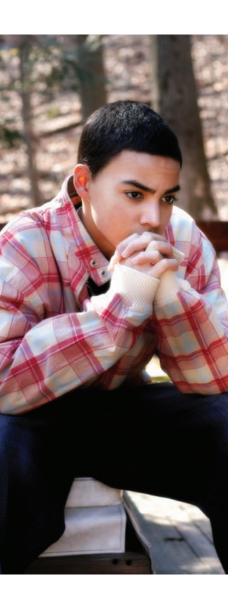
- Raymond Andrews Jr., Founding Board Member

"Data is one of the absolute keystones of the foundation. Determining our priority areas demonstrated that what we do has got to be grounded in data. We needed more information about the various health status indicators in Connecticut. Margaret Patricelli, a public health consultant, was approached and asked if she could do a data scan. That data scan, though quick, also turned out to be quite thorough. It laid the foundation for our priority-setting and our grant-making, right from the very first day, so it was terribly important."

– Susan Addiss, Founding Board Member



TOCUS
Prioritizing Change



As the shape of the foundation was being defined, CT Health made the decision to focus funds and efforts on the underserved and unserved, seeking to pinpoint specific areas where need was the greatest. It undertook the comprehensive *Connecticut Health Needs Assessment and Gaps Analysis* data scan of various health status indicators in Connecticut to better understand the state's needs and to determine how it could best deploy its resources to maximize impact.

Through this data scan, as well as a series of focus groups and one-on-one interviews, CT Health listened intently to health care providers, oral and mental health advocates, policymakers, representatives from other foundations and, perhaps most importantly, people from a variety of communities. The compelling and sometimes heartbreaking stories that the board members listened to played a significant role in shaping the foundation and its future plans. Ultimately, CT Health identified its three priority areas:

- Improving access to children's mental health services
- Reducing racial and ethnic health disparities
- Expanding access to and utilization of oral health services for children

Children's Mental Health

You're a parent. Your 12-year-old son is sullen, withdrawn. One day his condition is so pronounced it scares you. You spend most of the day trying to console him in the waiting room of a hospital emergency room because you have no place else to turn.

Mental health refers to how a child thinks, feels and acts in response to different life situations. This includes handling stress, relating to other people and making decisions. There are numerous disorders and they affect 1 in 20 children in Connecticut, severely disrupting their basic functioning in the home, the school and the community.

It's not a new problem. Since the mid-1980s, Connecticut had worked to reform public services for children with severe behavioral health problems. But challenges persisted. Children were being sent out of state rather than staying in their home communities to get proper mental health services. In addition, the lion's share of dollars was applied



Makes a strategic decision to exercise option to sell equity of ConnectiCare, creating an endowment of \$130 million to function as a private foundation to carry out its mission.



Appoints first slate of Community Advisory Committee members.

2001

2001 ...

2001 · ·



Approves funding at the community level for a multi-year oral health strategic initiative to improve access to oral health care throughout the state totaling \$1.4 million.

to children in the most dire situations, in juvenile justice facilities or "deep-end treatment." Twenty percent of the kids were getting 80 percent of the resources. Children of color in particular were not getting treatment until they were in a juvenile justice facility.

CT Health found this to be fundamentally unacceptable and determined that reform was absolutely essential for children in Connecticut. Absolutely essential and unquestionably possible. Learning from its partners in the field, CT Health surmised that a more effective plan might be to address the other 80 percent of children in hopes of preventing their situations from turning dire in the first place. And that would require focusing dollars and efforts, literally where they live – coordinating local resources and bolstering the ability of the community to identify issues early, assess them accurately and provide services immediately.

Today, CT Health's strategic plan seeks to reduce the number of at-risk children ages 6 to 14 entering intensive treatment and/or the juvenile justice system due to mental health problems. Key objectives include promoting a community-based system of early identification and intervention for children at risk and developing and disseminating knowledge in early identification and effective interventions.

"The mental health issues that we see manifest themselves in different ways. We'll see kindergarteners getting suspended from school because of behavioral outbursts or not paying attention to the teacher or hitting other children. I think it's absolutely ridiculous to suspend a child who is that young who, when we see their problems, we find out that they may have some serious emotional disturbances. A lot of times we'll see mental health issues manifest in the family dymanic, the child as well as the parent. One of our goals in looking at and pushing the system is to look at what other places around the country are doing. And it's working. The Connecticut Health Foundation has been both an integral partner and really one of our greatest sources of funding. And I think a lot of the work we couldn't have done without them."

– Martha Stone, Executive Director, Center For Children's Advocacy, Inc.



Executes three-year strategic plan for 2003 – 2005: Goals: Improve the oral health of HUSKY-enrolled children in Connecticut; Improve the mental health of seriously emotionally disturbed children in Connecticut; Improve the health status of racial/ethnic minority populations in Connecticut.

2002 . .

2002



Approves \$1 million in grant funding to multicultural health initiative, making it the first step in CT Health's long-term commitment to eliminate racial and ethnic health disparities.

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

– Dr. Martin Luther King Jr.



Racial and Ethnic Health Disparities

One morning you wake up feeling ill. You seek out health care services unaware that the color of your skin or the language that you speak will be a significant factor affecting the quality of care you receive and your potential health outcome.

People of color are subject to unequal treatment in Connecticut's health care system. While remarkable medical advances have improved the length and quality of life for millions, underrepresented populations, including – African Americans, Latinos, Native Americans, Asian Americans – are at a greater risk of suffering from poor health outcomes compared to whites. The health disparities obviously affect these citizens, but also impact the well-being of the society and add enormous and unnecessary cost burdens to the health care system.

One particular study was an eye-opener for CT Health and made clear what was at stake. The Peter Bach study looked at blacks and whites with lung cancer equally covered by Medicare. There was no difference in the prevalence of the disease among the two groups. There was no difference in outcome if they pursued the surgical intervention outlined by their physicians. There was no difference in mortality rate if they refused treatment. However, by more than a 12 percent margin, the black patients were less likely to be offered the surgical intervention. "That's health disparity that results in unnecessary death," says Patricia Baker.

"I was pleased that the notion of racial and ethnic health disparities entered the conversation. When we started talking about it, we said, if we're going to do this, we need to do it right. And we have to tackle the issue of race, and we have to be intentional about talking about the issue of race. It dawned on everyone that we really can't hold others accountable until we look around our own table and make the decision as to whether or not we are truly living up to the same principles and values that we're holding others to. And that brought about some very difficult conversations about racial and ethnic diversity on the Connecticut Health Foundation's Board."

- Michael Williams, Founding Board Member



"It is an innate sense that everybody should have an opportunity, that fairness does have an important value and premise in our health delivery system. And that we are striving for a more just system. This idea of health justice and equity was not just talked about, it was acted on."

- Patricia Baker, President & CEO

In a CT Health publication entitled *Pathways to Equal Health: Eliminating Racial and Ethnic Health Disparities in Connecticut*, current Board Chairman Sanford Cloud Jr. wrote, "One of the important lessons we have learned through our intensive study and listening to people from across Connecticut is that we have all we need, in terms of talent and experience, to fully and completely eliminate health disparities if we, as a community, have the will to do so."

Ten years after choosing this priority area, it remains a priority. In its current strategic plan, CT Health is focused on creating public will to decrease racial and ethnic health disparities and improving the quality of systems that enhance patient-provider interactions in order to promote health equity.

Children's Oral Health

You're a child. You're in unspeakable pain. It's so intense, sometimes you can't sleep. And many times, you wake up in the middle of the night crying. There are days when your mother even keeps you home from school. You have a toothache.

Tooth decay continues to be the single most common chronic disease among U.S. children. It is five times more common than asthma and 80 percent of cases are found in just a quarter of children. Low-income children are much more likely to have it, yet much less likely to get dental care. Three times more children are in need of dental services than medical services. More than twice as many children lack dental insurance as lack medical insurance. Across the country, an estimated 4 million to 5 million children have dental problems so severe it impacts their lives.



Tooth decay is a national public health problem that hasn't escaped the children of Connecticut, a state with among the strongest dental care resources in the country. When CT Health was formed, access to dental services for Connecticut's low-income children was declining year after year. Perhaps most tragic, however, is the fact that tooth decay is overwhelmingly preventable.

In 2001, CT Health and its partners commissioned a comprehensive report entitled, *Elements of Effective Action to Improve Oral Health & Access to Dental Care for Connecticut's Children and Families*. Spearheaded by Burton Edelstein and James Crall, it was considered the first report on oral health for children in the state with a clear course of recommended action. It discussed expanding available resources, increasing reimbursement for dentists and helping families negotiate the system of care. The report identified five different strategies that have been CT Health's guides in its pursuit and achievement of significant change in this priority area for the past decade.

Today, marked successes in changing the oral health care system embolden CT Health to shake this foundation even more vigorously. Its current strategic plan prescribes improving the oral health of children from low-income families by supporting the incorporation of oral health at every point where children and their families intersect with health care, human service and education systems. Key objectives focus on increasing access specifically for pregnant women and children ages 0 to 5 from low-income families and supporting the implementation of school-focused policies and systems that promote family oral health.

"When we first started work in 1999, very few people were talking about oral health. It just was not on the radar screen. And now many people are talking about oral health. The legislators talk about oral health. The Connecticut State Dental Association is out there and active on advocacy and access to oral health care. School-based health centers are looking at how they incorporate oral health into their programming. We have physicians being reimbursed to provide oral health services in their offices. That's an amazing amount of activity in a little over 10 years, and I think a lot of that was through the perseverance of the work that the Connecticut Health Foundation has done in conjunction with community partners."

- Joanna Douglass, DDS, Oral Health Consultant

forty Million in Change:

Connecticut Department of Public Health, Office of Oral Health

"I give so much credit to the Connecticut Health Foundation for improving the awareness of the importance of oral health and improving oral health in our state. Without CT Health, that would not have happened."

– Linda Ferraro, *Program Coordinator*

Dental caries is the most common, chronic infectious childhood disease – five times more common than asthma and seven times more common than hay fever. Fully half of children between the ages of 5 and 9 have experienced tooth decay, and by age 17, 78 percent have dental decay.

Despite that grim picture, Connecticut did not have a systematic process to routinely collect data on the most prevalent oral diseases. To address that problem, the Connecticut Department of Public Health (DPH) implemented a Basic Screening Survey, screening 9,100 pre-school and elementary school youngsters during the 2006-2007 school year.

The goal was to gather statewide information on the oral health of children that could be used as a baseline for measuring ongoing progress. DPH wanted to collect statewide oral health status data for children in our state, providing information that would inform programmatic interventions and policy development.

Before DPH received financial support from CT Health, there was a lot of anecdotal information, but nothing that accurately spoke to the state of children's oral health in Connecticut. When the survey results were analyzed, DPH found that 1 in 3 children ages 3 to 5 in the Head Start population had tooth decay already, and 43 percent of third graders had decay.

DPH used information from this survey to support applications for additional funding that would create or expandintervention programs. They provided education materials and resources to parents, especially parents who are in the Women and Infant Children (WIC) program, many of whom, it was discovered, did not understand the importance of oral health. They also taught people how to be advocates for oral health and for themselves and their communities.

"The very first thing that the Connecticut Health Foundation did that was absolutely to be commended was that it did a thorough needs assessment and identified issues. And when that is done, then universally, oral health comes to the top. Many conversion foundations don't do that well and if you don't do it well or if you answer your questions only specific to medical issues, then you don't get to hear about the dental issues. Subsequently, the foundation has become highly regarded nationally for the kind of work that they are doing for oral health, for the range and depths and persistence."

- Burton Edelstein, DDS, MPH, Oral Health Consultant and Founder and Chair, Children's Dental Health Project, Washington, D.C.





"Passion drives me. I am here because I believe very much in the work of the foundation and our mission. I believe in an equitable world, a world that doesn't define itself by those that don't have, but rather talks about fairness and potential. A world that understands that injustice is something that we must work toward eliminating, step by step, day by day. You have to really believe in these principles, because the work is really hard. You're not going to be successful much of the time, you're going to be told you can't do things, so you have to persevere. It's about taking a step, even when you're unsure and you're scared. Leadership is saying the cause is more important than me. The cause is more important than my uncertainty. It's about all of us in the foundation — board, staff, partners - rolling up our sleeves and moving this together, because not one of us can do it alone."

- Patricia Baker, President & CEO





The people of CT Health – the board, the staff, the partners – represent an intriguing dichotomy. They are, at once, two different bodies. A group of passionate, almost romantic idealists who view overwhelming challenges and say, "Why not?" People who make no excuse for their altruism, their optimism and their unbridled enthusiasm in the face of a most daunting mission.

Yet, at the same time, this is a highly realistic and responsible body that understands what it takes to make deep, meaningful change happen. And they're not afraid to do the work. To get their hands dirty. To take on the challenge of changing systems gradually, respectfully, over time, rather than let emotion alone guide their actions without substantiation. They no doubt wear their hearts on their sleeves. But their passion never becomes a liability, because their sleeves are rolled up.

Heart, Passion, Purpose

Founding Board Member Michael Williams remembers a watershed moment in the realization of the foundation's values. "We were having a retreat, and there was this kind of surreal moment. A board member who came from ConnectiCare stepped up and it seemed like everything just stopped and a spotlight hit him. He said, 'You know, I just really urge you all to make sure you do not lose the heart of the work that we do."

The gentleman in the "spotlight" was retiring Board Member Arthur Wolf, M.D. Referencing the symbol of a heart dotting the "i" in ConnectiCare's logo, he wanted to leave his peers and successors with this simple reminder. His statement caused people to stop and realize that there was more going on than creating an ordinary organization to do particular work. There was, indeed, a heart and an emotion and a spirit that caused CT Health to be. "And if we ever lose that, the work itself will not be extraordinary. It will be average, just like everyone else," said Williams. Wolf's statement has been a guiding force for CT Health, succinctly summing up the emotional base of the organization and the shared drive to do the right thing. In fact, a decade later, "the right thing" is known by all at CT Health as "the heart."



Awards \$1.2 million over three years to support the state's mental health initiative, Connecticut Community KidCare, based on a "local systems of care" model.



Amends bylaws to establish a Public Policy Committee.

2003

2003 · ·

2003



Publishes first policy brief that provided an in-depth analysis of the impact of Medicaid changes that would impose premiums and co-pays on families enrolled in HUSKY, which contributed to a reversal of the Connecticut General Assembly's decision.

"I can give you money, I can give you my professional experience and great skill if I have that. But if I haven't given you some heart in a way that helps you to accept what I'm giving you and to be encouraged and hopeful that you can get better, that you can live better, that life is good, then I haven't done all that I could for you. The organization has to be smart in every way to survive and it has to be very strategic and very ruthless with itself in terms of what we are doing and how well we are doing it. But ultimately, to be successful, we have to have a lot more on the plate. That's what the heart is all about."

– Katherine Ill, M.D., Founding Board Member

Experience, Dedication, Drive

For a decade, all CT Health board members and staff members knew that they could and would have their own impact to make. In fact, it's a job requirement to think and act that way. CT Health had to make change. To affect public will. To shake foundations. To do those things that require not just smart and strategic thinking, but strong, bold actions. This was a group that was actually doing the work. Hard work. Skilled labor. So it needed skilled workers. People with impressive track records of success and the courage to take on the most difficult challenges.

Over the course of a decade, CT Health's board and staff would welcome some of the most experienced and respected people in their fields, including elected officials, hospital administrators, state agency commissioners, CEOs, esteemed physicians and lawyers, industry and community leaders, nonprofit presidents and many others.

Describing the foundation's people, founding member and long-time governance committee chairman Raymond Andrews Jr. used the term "Board of Distinction." but with a caveat. "Distinction has two meanings here: the CT Health board is both distinctive - different from others - and distinguished - an example of excellent governance. It is the most engaged group of any board that I have been involved with."





Relocates to Vine Street in New Britain.

2004



Conducts cultural and linguistic evaluation, which informs decision to amend the mission to reflect a commitment to cultural and linguistic competence, grant-making, staffing and board composition.



"It has no deadwood and that's very unusual to find in a nonprofit board. Frequently you have a small number of people carrying all of the burden and the other ones just being passengers, bystanders. Here, people have a reason to show up and a reason to be engaged and involved and active. I don't know of a board member who doesn't see board service as both an obligation and a wonderful opportunity to add to what good is being done by the organization. That's what you see in evidence when you see the board at work. And this applies equally to the CT Health staff."

Through the years, the CT Health staff have been working on the ground level, rolling up their sleeves just as high as the board members. The staff have contributed mightily to building the infrastructure and fostering the organizational culture of the foundation. They've created and populated committees, served on commissions and advisory bodies, presented at conferences, collected and managed data and performed important health reform work in support of the mission. Embedded in the community, the staff also give back regularly, volunteering their time beyond 9 to 5, to important causes like Habitat for Humanity.

Articulating "Us"

Though it was always evolving, CT Health knew what it was at its core a decade ago. But in 2007, the board felt it needed to communicate its identity, its mission and its principles more clearly to its varied audiences. Thus began a two-year branding process, aimed not to change what the foundation is and what it stands for, but rather to rearticulate it in a more concise and compelling manner.

"We came up with a brand promise, 'supporting innovative solutions for health justice,' based on four brand dimensions, the cornerstones of how we do our work," says Monette Goodrich, vice president of communications & public affairs. "Once we rearticulated this in a way that staff, future board members, grantees and our other partners could understand, it really helped us align our behavior, clarify our messages and discipline us in really following our mission."

The development of the CT Health brand, along with its attendant elements, such as a refreshed logo and endorsement title, visual identity and robust website, also helped the foundation attract employees and board members of a like mind. And it provided greater transparency in its activities, making its priorities clear to potential partners and grantees.







forty Million in Change:

Hispanic Health Council, Inc.

"The confidence and innovative leadership demonstrated by the Connecticut Health Foundation has enabled us to really focus the work of our organization more effectively on the elimination of health inequities."

leannette Delesús, President and CEO

Based in Hartford, the Hispanic Health Council, Inc. serves a diverse community and seeks to improve the health status of Latinos and other underserved populations. The council's relationship with CT Health has been instrumental in its ability to address health injustices in the state through research and policy advocacy.

The council has received several grants over the years, but places significant emphasis on a policy grant issued in 2006, funding a Latino policy summit. The council's policy institute hosted the event, bringing together nearly 200 leaders from across Connecticut, in an effort to give a voice to Latinos and other underserved groups not traditionally involved in health policy.

The summit led the council to formulate a list of priorities that would guide its work in the years to come, as well as guide the work of other Latino agencies across the state. One of these priorities was also one of the recommendations of CT Health's policy panel years earlier – to propose legislation that would allow medical interpretation services to be reimbursed through Medicaid.

CT Health supported additional research and funding to address medical interpretation, which contributed to the passage of a health care bill that reads: "The Commissioner of Social Services shall amend the Medicaid state plan to include foreign language interpreter services provided to any beneficiary with limited English proficiency as a covered service under the Medicaid Program."

"We found that as we go and recruit board members, more and more often people kind of had this reaction like, 'Oh my! You want me to be a part of the foundation?' They're so proud. And they're humbled by the fact that we actually seek them out because they have a talent set that we really need and we really want."

– Leo Canty, Founding Board Chairman

"There are a couple of different ways to look at shaking the foundation. One is looking at the foundations of the system, shaking them up — changing them — by being different and aggressive. Another is shaking up the settled view of what a foundation is and setting up one that's quite different. A third way is to look at the foundation that we have now. I consider it relatively unshakable."

Raymond Andrews Jr.,Founding Board Member





Theory of Change in brief

- The majority of CT Health's efforts will focus on systems change to:
 - Influence public opinion to change policy
 - Change institutional policy/practice/behavior
 - Change professional practice
 - Advance knowledge to influence action
 - Invest in leaders who can influence change
 - Fund direct service projects that inform/influence systems change
 - Change structures that produce disparities based on race/ethnicity
 - Provide technical assistance
- Evaluation/assessment will be used to determine effectiveness of systems change
- CT Health will not directly educate the public to change individual behaviors, but fund others to do so
- CT Health will seek others to fund in advancing our efforts, but will identify issues and develop strategies if no other organization can advance an issue
- CT Health will coordinate efforts with other organizations to disseminate knowledge
- Systems change may require 10 years or more to achieve impact

Founded, focused and fervent, CT Health was a bundle of potential energy in the health care space of Connecticut. But it was a carefully planned, precisely structured bundle of energy. And its modus operandi, its operational template, would likewise be well-defined and measured. It's never enough to simply write a check and give a hearty pat on the back.

Changing Systems

CT Health works to have a positive, sustained impact on the interconnected set of policies, regulations, funding streams, institutions and professional practices, beliefs, behaviors and attitudes that affect the health of all Connecticut residents. In simpler terms, CT Health works to change the system.

Stated a decade ago and reaffirmed through a self-assessment process begun in 2004, CT Health established that systems change should inform and shape virtually every facet of its work. The founders realized early on that \$130 million dollars was actually not that much money. In order to have real impact, they needed to go out there and try to make things work better by impacting the processes and programs that created health injustices.

CT Health also realized that merely the word "change" can make people uncomfortable. So, it built a data-driven approach that would provide the adequate backup of research and experimentation, so there was understanding going in and coming out of change efforts. And there was a deep commitment to make sure the foundation was firmly grounded in whatever system it chose to effect and whatever means it devised to do it.



Launches Health Leadership Fellows Program.



Endorses new "theory of change" — a process that enables an organization to determine how it can best invest its human and financial resources to bring about meaningful, positive change.

2005

• 2005 ·····

2005



Policy Panel on Racial and Ethnic Health Disparities unveils 14 state policy recommendations outlined in their report, *Pathways to Equal Health: Eliminating Racial & Ethnic Health Disparities in Connecticut.*

In 2005, CT Health even adopted a "theory of change," essentially a process designed to place even greater structure and consistency in this effort. This process would enable the foundation to determine how it can best invest its human and financial resources to bring about meaningful, positive change.

Aligning People and Ideas

A true partnership is built on mutual respect. Each partner offers something of value to ensure that, together, the whole is greater than the sum of its parts. It is with that belief system at its core that CT Health seeks to build collaborations and coalitions, engage an ever-growing number of partners, convene experts and otherwise team up on the problems that threaten the health of Connecticut residents.

CT Health joins with other foundations, health care organizations, health advocates and grantees to pool resources, disseminate information or simply share ideas and insights. Meaningful collaborations are forged with government agencies in providing services. Sometimes the partnership results in funding for the agency. Other times, CT Health provides an unbiased perspective and fresh set of eyes on an issue, helping agencies identify gaps in their services.

Much of what fueled CT Health's early development and strategy was the result of partnering with the community. The Community Advisory Committee serves as the foundation's eyes and ears in the community. A representative collection of members works with communities on the ground to gather more intimate information about needs and challenges. In turn, they provide input to CT Health to support existing initiatives and inspire future programs.

"The Connecticut Health Foundation fosters public policy debate and discussions surrounding public health issues to optimize health care for all through avenues such as educational briefings, conferences, meetings, and workshops."

– M. Jodi Rell, Governor of the State of Connecticut







Commissions two policy briefs that provide in-depth analysis about barriers and solutions to providing dental care, which contributed to an increase in the state's reimbursement rate for dentists.

2006

2006



Passes board diversity policy.

"Without a doubt, the thing that I am proudest about in the foundation is its belief in systems change and its working toward that goal. Everything else is a Band-Aid. It is fundamental. The concept is fabulous and unusual."

– Jean Rexford, Founding Board Member



Creating partnerships and aligning people of like minds but varying perspectives can increase learning, uncover truths, bolster resolve, redouble efforts and break down barriers. And, sometimes, partnerships can create a critical mass that can truly affect public opinion.

The public will, along with public accountability and ownership of ideas, is part of the system. So CT Health strives to change it. The foundation alone can't say that health disparities are unacceptable or that Connecticut's mental health system is damaged. For change to begin, the state and the communities must say it, too. In its early years, the foundation chose to shift significant focus and resources to affecting public opinion around its priority areas and to creating the public will to make meaningful change. It can't happen overnight. But it can happen over time.

Researching and Affecting Policy

Aligning people and ideas is a vitally important function. But perhaps more significant is battling in the halls of state and local governments and institutions where public health policy is written.

In 2003, policymakers came out of a legislative session having decided to begin charging premiums on Medicaid to low-income families for the first time in history. That certainly commanded the foundation's attention as it would have had a huge impact on everything it was attempting to do around children's mental health, oral health and health disparities.

To make sure policymakers knew what was at stake, CT Health engaged researchers from Georgetown University to do an economic analysis of the impact of the policy. And to do it quickly. What they found was the new policy would result in a 43 percent increase in the number of uninsured children and the loss of coverage for thousands of elderly and disabled people. All told, the health of 96,000 residents would be severely threatened. Further, the reports showed the negative long-term effect on the state's economy as more uninsured citizens would be forced to use expensive emergency room care.

"The foundation represents a place where data and facts matter. The board is a cross-section of the diversity of Connecticut where all views are important and, more importantly, listened to. As the richest state, in the richest country in the history of the world, we simply cannot accept the status quo, and the Connecticut Health Foundation does not. I am proud of the work we are doing together to advance oral health, children's mental health and the elimination of racial and ethnic disparities in health."

– Gregory Butler, CT Health Board Member; Senior Vice President & General Counsel, Northeast Utilities; Former Senior Attorney-Advisor in the U.S. Department of Justice under President George H.W. Bush

"When we decided to adopt as an objective changing the public will about disparities in health, my initial thought was that it was the most formless – and perhaps quixotic – objective we could possibly take on. There seemed to be no way to get our arms around it, no way to measure progress and no way we could succeed. But somebody should be doing it, and we were somebody. Nobody had tried it before, so why not us? We could only fail, but we might actually succeed. If we couldn't get all the way, we could certainly get a good part of the way, doing something that needed doing."

- Raymond Andrews Jr., Founding Board Member

CT Health created concise policy briefs and sent them not only to legislators, but to advocacy organizations, pediatricians, news outlets and other interested parties to generate vocal support and media coverage. Through the foundation's work, legislators recognized the negative impacts for the first time. And they promptly repealed the policy. It was the role of the foundation to say, "You haven't understood all the implications and ultimately you may hurt the most disenfranchised in our state."

One of the unfortunate realities of policymaking is that leaders are asked to make decisions on big, complex issues, yet often do so with very little information. CT Health recognized early on that good policy decisions are the result of getting solid data and analysis into the hands of these decision-makers. So only a few years into the foundation's life, it faced one of its biggest questions: What is our role in public policy, considering we are not allowed to lobby?

Susan Addiss was a strong voice in early decisions about policy. "We looked at the various alternatives and one of them is for a foundation to set up a policy institute, separate from the foundation. Another one is to hire an outside institute to do our policy work. We wanted to keep the policy function in the foundation. We wanted to have control over it ourselves and that meant establishing a policy committee."

And so the Public Policy Committee was established with Susan Addiss as chair. The committee members went through training by an outside consultant and pledged to go into the arena of public policy with an understanding that it is the welfare of those most in need that drives their actions. To carry with them the values of the foundation. And to help ensure that policymakers have the best information to make the best decisions.

With this great addition to the foundation's capability comes great responsibility. CT Health is always under a microscope. It has to be very careful that no segment of the political spectrum can criticize or discredit it. To be effective, the Public Policy Committee must be perceived as absolutely objective. In the words of Susan Addiss, "We did it with data." The committee ensures everything it does is evidence-based, grounded in data so that when critics pop up, "we can say these are the facts."

"What I think that we have been able to do because of the foundation's work is move forward public policy to increase access in all areas. I think that's been their greatest role ... to actually educate policymakers about what is needed and what is lacking in the State of Connecticut."

- Vickie Nardello, Connecticut State Representative, 89th District



Making Grants

Grant-making for CT Health goes far beyond writing a check and saying, "Now go out there and do good work." When the foundation commits financial resources to a grantee, it is making a long-term investment in a partner who shares its vision. Grant-making is strategic. It's two-sided, not only funding an organization or initiative but engaging that body in a bigger shared mission.

Before many aspects of the operational template of CT Health were in place, the foundation was making grants and seeking to change the nature of partnerships between a funder and a grantee. What is unique is the foundation's ability, before a check is even written, to start relationship-building with the grantee. The foundation doesn't assume it knows the answers to whatever the problems may be. And it doesn't accept the grantees' challenges at face value. Instead, grant-maker and grantee join voices to describe the conditions that exist and begin to talk about what a solution looks like.

That's the start of an effective strategic alliance. And it leads to a more fruitful funding relationship. One that's truly strategic, infinitely collaborative and constantly ongoing. It's in constant dialogue. It's reviewed and measured. It's able to stop and change course in the middle if need be. It learns and it grows. Perhaps the most significant impact that the foundation has made in the community with grant-making is causing organizations to rethink funding relationships. It's not just, "give me" and "here you go." It's "let's build a relationship together to accomplish a goal in partnership."

CT Health has awarded 510 grants in its first decade. On paper, their total value was over \$40 million. But they have had a far greater cumulative impact than those more easily measured in dollars and cents. By supporting people and organizations with the like minds and strong wills to make more of every penny and sustain their efforts beyond the grant, the foundation's innovative grant-making has resulted in broader systemic improvement and change throughout the state. Every grantee is essentially another tentacle of CT Health, reaching new places, pursuing the mission in new ways.

"It is vital that an organization with the standing of the Connecticut Health Foundation take leadership on the very difficult work of eliminating health disparities."

- Toni Harp, Connecticut State Senator, 10th Senatorial District and Chair, Appropriations Committee

forty Million in Change:

Child FIRST

"Children have such strengths and such richness and such potential. I really believe in my heart that if we can reach them early, we can make a difference. We can change their outcomes."

- Darcy Lowell, M.D., Founder and Executive Director

Launched 10 years ago, Child FIRST is a cost-effective, home-based intervention for young, vulnerable children and their families. Developed at Bridgeport Hospital, it is an innovative, early childhood model, serving young children and their families who are facing multiple challenges, and optimizing child social-emotional development, learning and health.

The Child FIRST organizational model involves collaborative effort among early childhood and adult providers, parents and other stakeholders, forming an early childhood system of care. Their model also includes a single lead agency within a community, which hires and supervises a clinical staff. Together, they work to prevent serious emotional disturbance, developmental and learning problems, and abuse and neglect.

In 2001, Child FIRST approached CT Health with a request for funding. Employing a range of tools, including screening, mental health consultation, and intensive services involving parent-child therapy and care coordination, Child FIRST has generated strong data that shows statistically significant improvement in maternal depression, parenting stress, child behavior, language development, and service access, and decreases in child protective service involvement. Each intervention they documented costs approximately \$6,000. If they could save a single child from psychiatric hospitalization, they would save Connecticut over \$700,000, which would allow many more children and families access to services.

Since then, CT Health has continued to support the program as it has expanded and proven its effectiveness. Today, it has more than 25 funders. And this year the organization received a \$3.2 million grant from the Robert Wood Johnson Foundation for statewide replication. The goal is to change Connecticut policy and practice for the most vulnerable young children and families.

Saving Starfish

A grandfather and grandson are walking on a beach after a hurricane. They come upon a stretch of sand and see thousands of starfish washed up on shore. They're stranded and helpless. Without hesitation, the grandson starts picking them up and throwing them back in the water one by one. The grandfather says, "Michael, you're wasting your time. You can't make a difference. There are too many of them." And the little boy says, "I just made a difference for the one I threw back."

Regarding grant-making, CT Health has always believed in measurement. But the foundation also believes that you can never measure compassion and you cannot measure kindness. Once seen, the plight of humanity in Connecticut cannot be unseen. Early board members – Raymond Andrews Jr., Laura Green and Jean Rexford – pushed to create a special fund, a sum of money that could be given out in very small increments to people in immediate need. It's a grant without judgment. Without the need for statistical analysis. The foundation simply entrusts several of its Community Advisory Committee members to distribute the funds to ease people's pains. In order to keep the activity from impinging on other work, the fund is run entirely by a small committee of board members. It's called the Starfish Fund.

"As the Connecticut Health Foundation was going about its work, we said we want to make a difference in racial and ethnic health disparities, so it makes sense to connect with black, Latino and Native American leaders as allies. But in attending meetings and looking around the rooms, we realized that's going to be a little bit of a challenge, because they're not always present. There aren't always leaders of racial and minority groups who are present or even known to the current leaders making decisions about health in the state. The Health Leadership Fellows Program is a commitment and effort to realize a dream of having a leader present in the places where they need to be present, with the influence they need to have to create the kind of change in the system to reduce and eliminate health disparities."

Heidi Brooks, Ph.D., Health Leadership Fellows Consultant and Faculty;
 Director, Leadership Development Program, Yale University School of Medicine

Developing Leaders

In 2005, staff member Will Crimi had a great idea. It involved seeking out influential young leaders throughout the state, people of diverse backgrounds with some personal stake in racial and ethnic health disparities. The core of the idea was to bring them into the foundation for a year of formal leadership training to increase their knowledge and skills, and help transform them into even stronger advocates for strategies and programs that can improve the health and well-being of those most vulnerable. It was to be a program that fosters, supports and promotes a generation of leaders committed to reducing racial and ethnic health disparities in Connecticut.

Crimi had birthed the Health Leadership Fellows Program. Through it, the foundation plants seeds. And grows leaders.

Since its founding, more than 100 people from every corner of the state have participated. These leaders are diversity personified. Each has a dramatic personal story to tell. They come from a wide range of fields, including law, education, human services, health care and public policy. They represent an extraordinary range of backgrounds. They have lived and worked all over the world.

Though they come to the foundation with many different life experiences, they have common strengths, each a leader in his or her own right. And they share the common characteristic of having a passion for shaking foundations and making things better. These are not followers, but strong thinkers and doers, each with an agenda for action and change.

The innovative program is not grant-making, nor is it policy analysis or research. It's something else the foundation can do that is equally as important to pursuing the overall mission. It's rather fitting that it's called a "fellows" program because it trains professionals in the system and makes them fellow system changers. Fellow crusaders for health justice. Fellow foundation shakers.

Through the first 100 fellows, the program was primarily a 10-month professional development program, ending upon graduation. Moving forward, it has been expanded to include more ongoing activities. CT Health will strive to maintain relationships with fellows to focus on increasing their readiness, willingness, ability and opportunities to act as health equity change agents, working alongside the foundation over the extended period of time necessary for creating public will.

Fellow Foundation Shakers

Eric Arzubi, M.D., was a reporter in Argentina and a bond trader in New York before pursuing a career in child and adolescent psychiatry. Motivated by his view of a severe shortage of child and adolescent psychiatrists for underserved populations in

Azubi has already founded Raging Knowledge, a Westport children's learning center. He's created an education initiative at the Clifford Beers Clinic supporting underserved New Haven children. And he's spearheaded a literacy and learning initiative at the Hospital of Saint Raphael in New Haven for children experiencing behavioral problems. He is currently a resident physician in the Department of Psychiatry at the Yale School of Medicine, and he serves as Chairman of the Children's Committee for the Keep the Promise Coalition.

Connecticut, he strives to use his multicultural background and training in psychiatry to work for change.

Alyssa Norwood began down a path to practice medicine, yet found herself pursuing a law degree and training to fight racial and ethnic disparities. Throughout her graduate education, she examined these disparities through three distinct lenses



 from a clinician's perspective, a public health perspective and a legal and policy perspective. "From every angle, the broad view is the same," she says. "Disparities are pervasive, insidious and violate basic notions of social justice."

Norwood's resolve to eliminate disparities has only been strengthened by the program. And it's been translated into extensive community service, serving on the board of the Connecticut Public Health Association and the University of Connecticut Health Center Ethics Committee, chairing the West Hartford Beth David Synagogue Social Action Committee and volunteering at the Hole in the Wall Gang Camp for children with cancer and other life-threatening illnesses. She is currently a Program Associate for the Connecticut Association of Directors of Health.

Evelyn Richardson's motto is, "Every day we have an opportunity to make a positive difference in the lives of women and children.



'Utilize it!" A single mother of seven with three still at home, Evelyn believes women have a unique opportunity to make a difference because they pass on what they learn to their children. She also believes awareness plays a big role in conquering problems, including racial and ethnic health disparities. Her goal is to couple awareness with education about the legislative process, so women can be heard in their communities and by their health providers.

Richardson earned a certificate from the Women's Leadership Institute at Hartford Seminary in 2009 and a certificate in black ministries in 2008. She founded the Daughters of Eve, which empowers community women and children. All this after obtaining a nurse's aide certificate in 2003 and working as a youth program coordinator in the social services department of the Salvation Army in Hartford. Richardson currently serves as a family specialist for Catholic Charities.

Margaret Steinegger-Keyser grew up in South Africa under the oppressive apartheid regime. It didn't crush her. It transformed her, shaping her deeply entrenched commitment to correcting injustices. She is committed to issues of social, political



and economic justice, reconciliation and peace.

Steinegger-Keyser has worked in this regard around the world, but over the past decade in particular, she's seen the need for the U.S. to step up in its commitment to its people, especially as it relates to health justice. Exposure to groups such as the World Health Organization and the World Council of Churches also has played a significant role in her work. "They have helped me with my understanding of the connection between race and various social issues, including health care," she says. She is currently executive director of the Greater Hartford Interfaith Coalition for Equity and Justice.





"In the 10 years that it's been in place, the Connecticut Health Foundation has really changed the way foundations can work and think about the way they work. I really believe it's had a contribution way beyond its money. Money is important, but all the other pieces of what it has done I think are almost more important. And I congratulate them for their leadership and their model-setting for the state. For what they've been able to do and what they will be able to do"

Nancy Roberts, President,
 Connecticut Council for Philanthropy



What is success for an organization only 10 years young? On a case-by-case basis, CT Health's grantees have made marked improvements in cities and towns across the state. Barriers to equality have broken down. And many of those who, just 10 years ago, were among the underserved and unserved, now have greater access to the services they need and deserve.

But more often, success simply means progress made. And it can be difficult to measure. The foundation's goal has always been long-term systems change. The kind of change that takes years, maybe generations. Gradually, carefully, deliberately, the foundation has made progress. Sometimes that progress equals new partnerships that expand the foundation's capacity and reach. Sometimes progress suggests valuable lessons learned to heighten resolve. And sometimes, progress does indeed mean deep, meaningful change that improves the health status of the people in Connecticut.

Children's Mental Health: Progress = Partnering

Since the mid-1980s, Connecticut had worked to reform public services for children with severe behavioral health problems by embracing a local "systems of care model" in which services are driven by the needs and preferences of the child and his or her family. The state's efforts called for redistribution of funding to place greater emphasis on a wider array of culturally competent services delivered in the child's home and community.

In 2000, identifying "an impending crisis in mental health care," the state embarked on a statewide reform effort known as Connecticut Community KidCare (KidCare). Most notably, KidCare established efficient administrative infrastructures and expanded community-based services, creating 26 "community collaboratives," typically comprising mental health service providers, parents and other community members responsible for monitoring their local systems of care. The reform effort, however, provided little ongoing support for these collaboratives on the ground.

Noting this shortcoming in the very infrastructure of the solution, in 2003 CT Health resolved to partner with the state in its efforts and approved a three-year Children's



Implements new 10-year strategic plan for 2007-2017, which focuses on changing systems to produce the greatest impact over time.



Implements a policy that requires Finance & Investment Committee to require diversity in management.

2007 · · ·

2007

2007 · ·



Implements Health Literacy in Adult Education Settings Initiative to respond to CT Health's racial and ethnic health disparities strategic objective to improve patient-provider interactions for improved health outcomes, awarding \$420,700 to six colleges.

Mental Health Initiative. The foundation evaluated and supported 12 of the collaboratives in their efforts to become change agents for reforming local systems of care. Ongoing technical support and initial grants totaling \$1.25 million would help collaboratives create a strong infrastructure, identify and address barriers to effective services, promote evidence-based practices and increase the meaningful role of parents within the collaborative.

By 2004, the first phase of a multi-year evaluation of the program was already showing promising results. The collaboratives that were funded had demonstrated increased capacity for collective action. The project's principal evaluator noted, "Parents are becoming more involved. They now serve as co-chairs in 80 percent of the collaboratives, compared with 30 percent before. More than a quarter of collaborative members are also parents, and each collaborative now includes parent advocates." The foundation's work also served as a model for the rest of the 26 collaboratives to follow.

A Shift in Focus

Where initially the foundation's focus was assisting children in crisis, those needing the highest level of care, CT Health took an innovative turn from "treatment" to prevention in January of 2008. As a result of listening to feedback from grantees, it changed focus to working toward preventing children from requiring intensive levels of care in the first place.

CT Health partnered with 11 communities across Connecticut, providing them with 18-month planning grants. The strategy was to help them develop a secondary prevention system in the community, including early identification, assessment and individually appropriate intervention. While such efforts may have already existed in certain instances, to function efficiently, they needed to be better integrated. The grants would help ensure that each community take ownership of the process.

Implementing the strategy would involve everyone - from the parents and children affected, to local educators and school administrators, churches and civic organizations, the juvenile justice system and mental health providers. Each community is the expert on its strengths and needs. For the plan to succeed, each community had to develop a system that's right for itself.

A long-term goal is that these plans eventually become pilot programs for other Connecticut communities. By partnering with other foundation shakers, CT Health could turn a handful of 18-month grants into a perpetual catalyst for change.



Launches a new brand identity to clarify its aspirational promise: Innovative Solutions for Health Justice.



Awards 510 grants totaling \$40 million to 44 Connecticut towns during 1999-2009.

2008

2009 2009



Commissions report that outlined a strategy to cover medical interpreter costs for Medicaid enrollees with limited English proficiency, and eliminate language barriers contributing to racial and ethnic differences in health care.



Governor M. Jodi Rell presents CT Health with a proclamation designating July 9, 2009, as Connecticut Health Foundation Day to celebrate 10 years of making a difference.

Racial and Ethnic Health Disparities: Progress = Learning

In addition to making grants specific to this priority area, CT Health strives to change systemic and institutional policies that perpetuate health disparities. Among the most important steps forward, in 2003, CT Health created an independent policy panel made up of community, business, nonprofit and government leaders. For 18 months, the panel studied racial and ethnic disparities in Connecticut and developed 14 specific and fully supported recommendations for addressing these inequities. The recommendations were both a blueprint for the foundation and a "wake-up call" to state decision-makers to "rid Connecticut of unjust racial and ethnic health disparities," says Sanford Cloud Jr., the foundation's current board chairman.

The recommendations covered such varied ground as improving social and environmental factors like air quality and insurance coverage, improving data collection to help develop effective public health policy, decreasing language barriers and increasing workforce diversity in health care. The foundation then dedicated close to \$5 million in grants to fund organizations and initiatives in direct support of these recommendations. One of the most important and immediate results of this activity was simply the fact that someone, finally, was taking a leadership role in eliminating health disparities in Connecticut.

Lessons

Three years ago, the foundation provided funding to create The Connecticut Health Disparities Project. It was a two-year effort by the Connecticut Department of Public Health to improve the statewide infrastructure for documenting, reporting, and addressing health disparities among racial and ethnic minority residents of Connecticut.

The resulting 2009 Connecticut Health Disparities Report portrayed meaningful improvements, narrowed gaps. For instance, many infectious disease risk ratios for African Americans and Latinos decreased. But there was still evidence of injustices. Racial and ethnic health disparities persisted. Progress in this priority area is thus better defined by what's been learned, rather than what's been ultimately changed. The report suggested there must be increased public demand for health equity in Connecticut. Concerned citizens should be asking policymakers, state agencies, health care providers and corporate leaders how they are going to reduce disparities and then hold them accountable for measurable progress.

A Shift in Focus

The lessons learned prescribed a course of action. So, today, the foundation's strategic plan retains the commitment to eliminating disparities, but has shifted from supporting programs to an approach with two specific objectives: creating public will and improving patient-provider interactions.

Building public will takes time and perseverance. It starts with raising awareness, but must go further to engage people in action. One innovative tactic in this strategy took the form of a documentary entitled, "The Deadliest Disease in America," produced by URU, The Right To Be, Inc. The film, funded by CT Health in 2007, is a revealing portrayal of racism in health care delivery. "The grant was approved because the foundation believes a well-done documentary can be a powerful communications tool for generating public will," says Elizabeth Krause, CT Health senior program officer.

The film is part of a robust educational program that also includes workshops structured to encourage dialogue among a diverse group of health care providers, patients, policymakers and health care advocates. The film is part of a program to engage the public in taking action that stretches from Connecticut across the U.S. A key component is workshops structured to encourage dialogue among a diverse group of health care providers, patients, policymakers and health care advocates. Since its initial airing in Connecticut, the film has been shown at the Kaiser Family Foundation in Washington, D.C., and at a number of special screenings for Congress on Capitol Hill.

In improving patient-provider interaction, CT Health took an innovative approach in 2008: partnering with practicing physicians through the Connecticut State Medical Society. This involved surveying physicians on their sensitivity to racial and ethnic health disparities and using the findings to develop an educational program to enable health care professionals to become more responsive to their patients. A nontraditional but important partnership approach, its goal is to help physicians achieve equitable treatment and outcomes for their minority patients by enhancing the quality, knowledge, skills and infrastructure of their practices.

forty Million in Change:

Greater Hartford Interfaith Coalition for Equity and Justice

"When you are faced with oppression that is deep and widespread, you look first within yourself and ask the question, 'How much risk am I willing to take to bring voices to the table, to find those people who have the ability to act, and the means to change?' Sometimes we cannot simply make excuses for a system that creates these kinds of injustices. We must choose to change it, and we can't do that alone."

Margaret Steinegger-Keyser, Executive Director

The Greater Hartford Interfaith Coalition for Equity and Justice (GHICEJ) is a faith-based community organization committed to addressing systemic issues of racial and economic disparities throughout the Greater Hartford region. Its membership includes more than 30 faith communities representing eight Greater Hartford municipalities.

In 2008 the GHICEJ submitted a proposal to CT Health requesting funding to support a multi-component campaign to build awareness among member congregations of the problem of racism and inequitable access to health care. That process was intended to culminate in a large public forum in which GHICEJ congregations would join with GHICE, partners and key health care stakeholders in "an important discourse on the dynamics of this injustice," that would result in an exploration of policy changes and clarification of actions for the future.

The leaders soon found that moving the project from proposal to reality was harder work than they had anticipated. Some of the congregations that had initially supported the plan dropped out. But the GHICEJ intensified its efforts and found that it had a tenacious partner in CT Health.

The foundation helped GHICEJ recruit experts who could educate program participants to better understand the scope of the inequity issue and its meaning to them and their members. By the autumn of 2008, a core group had coalesced. The GHICEJ began experiencing more significant, measurable progress and the remaining congregations embraced the project with enthusiasm.

CT Health continues to partner with GHICEJ, most recently through a new grant to engage faith communities in activism in a more structured, measured manner, by developing a strategic action plan that focuses on conditions systems, policies and programs.

"During this decade, CT Health traveled far, especially in seeking more equitable health policy. As an innovative, learning organization, CT Health explored and discovered ways to impact the body, mind and spirit of our state's underserved and unserved. Today, there are fewer children with toothaches lacking access to care. CT Health also elevated the status and dignity of families with children trapped in a mental health system unable to respond to their growing problems and diminishing access to treatment. And it started the chorus calling for increased attention to the unrecognized or ignored disparate treatment in our health care system for people of different races, cultures and languages."

– Leo Canty, Founding Board Chairman

"When Pat Baker first came and spoke to me about doing work, she asked me to consider doing a project to educate and urge physicians to apply fluoride varnish. I looked at her and I said, 'I don't think that's the project that you want to do. I think it's very controversial. I don't think it's the right time. I think it's very important to educate family physicians and pediatricians about oral health, but applying and allowing them to bill for fluoride varnish? I don't think the dental community is ready to accept that.' That was back in 1999. By 2005 we were advocating for it and by 2008 it had been implemented in the State of Connecticut. I think that one example speaks to the change around oral health and that it takes more than one way of delivering health care to make a change."

– Joanna Douglass, DDS, Oral Health Consultant

Oral Health: Progress = Changing

Ten years ago, there was an access problem. Families who wanted dental services weren't able to get them. Only an estimated 100 of the 3,000 dentists in Connecticut regularly participated in HUSKY, the state's Medicaid program for children. There was also a utilization problem. Families didn't really understand the importance of oral health in their overall health.

It became evident that the foundation could funnel all of its money into oral health for children and it wouldn't do much of anything. Some things had to happen way beyond grant-making in order for children's oral health to really be improved. Some foundations had to be shaken. But how do you build momentum to change the system?

CT Health pursued change through a number of tactics. In 2001, the foundation identified a strong partner and began supporting the Connecticut Oral Health Initiative (COHI), a coalition of health professionals and community and business leaders working to resolve the state's oral health issues. Numerous grants were aimed at promoting sound oral health policies and advocating changes in the health care system. In 2002, a CT Health grant helped COHI become an independent, nonprofit organization. Utilizing more than a half million dollars in grants over the following years, COHI and CT Health have teamed to raise public awareness of oral health issues and advocate for key changes in the state's Medicaid program.

CT Health also commissioned a landmark oral health study by nationally known professionals, James Crall and Burton Edelstein: *Elements of Effective Action to Improve Oral Health & Access to Dental Care for Connecticut's Children & Families*. In the report, they identified five different strategies that became pillars for how the foundation has pursued increasing access to care for children. Perhaps the most important strategy was working to increase reimbursement to dentists for providing care to children on Medicaid, compelling them to more readily accept these patients.

With the report providing the backup, the foundation began partnering with like minds, including professional organizations and community advocates. Though the collaboration brought significant attention to the issue, change wouldn't come easily. In fact, it took a lawsuit to ultimately shake the foundation of oral care in Connecticut – a class action suit against the Connecticut Department of Social Services, representing more than 280,000 children and challenging the lack of access to oral care services for Medicaid recipients.

Demonstrating its resourcefulness and tenacity, CT Health made another key grant, this one to Greater Hartford Legal Aid. The funding gave this consortium the equivalent of five full-time attorneys dedicated to health care work. And that support, along with the advocacy work and technical services of the foundation, played a pivotal role in settling the suit, late in 2008.



Change Happens

The landmark settlement, approved by the Connecticut General Assembly, was intended to make participation as a Medicaid provider more financially viable for dentists, thus increasing access to care by increasing the pool of available providers. Details of the settlement included a state commitment of at least \$80 million over four years to fund a significantly increased dental provider payment reimbursement schedule. Ultimately, the system was changed and the number of dentists accepting children on Medicaid has risen precipitously - almost 33 percent between 2009 and 2010 alone.

As a result of this work and a number of other grants, initiatives and collaborations, CT Health has helped the state of Connecticut make the grade. A report by the Pew Center on the States gave Connecticut an "A" for improving children's oral health over the last 10 years. Connecticut now also ranks fourth nationwide for its Medicaid reimbursement rate to dentists.

Efforts to address the access problem have made great strides, but the work continues. Today, the foundation's strategy centers around improving the oral health of children from low-income families by supporting the incorporation of oral health at every point where children and their families intersect with health care, human service and education systems. This includes linking families to care by institutionalizing community-based services, funding ongoing research and disseminating information to families, schools and medical professionals in an ongoing effort to increase the public's understanding of and value placed on good oral health.

Progress = Foundation

A decade after breathing its first breath, CT Health has dedicated more than \$40 million in grants to hundreds of people, programs and organizations. And it has impacted far more people, more deeply through advocacy, public policy research and collaboration. Though varied in size, scope and impact, every foundation action has shared two things in common. Each has been aimed squarely at improving access to children's mental health services, reducing racial and ethnic health disparities or expanding access to and use of children's oral health services. And, second, each has supported grantees and partners that are primed to tackle tough, long-standing challenges with innovative thinking and a roll-up-the-sleeves attitude. In a word, foundation-shakers.

"The work that we did at the Connecticut Health Foundation informed work that goes on in Washington. There are three major pieces of federal legislation where Connecticut Health Foundation work is reflected. Sometimes very specifically and sometimes more in the way of the conceptual development into the elements of effective action."

- Burton Edelstein, DDS, MPH, Oral Health Consultant and Founder and Chair, Children's Dental Health Project, Washington, D.C.

"We have made great progress, but have to continue to shake the very foundation that is the system of health care as we know it today — its accesses, challenges and disparities. Not only will we continue doing the necessary research and studying associated problems, but we'll make sure we understand what continues to go on with respect to disparities, so we can develop programmatic applications. We'll continue making sure public policymakers have the right information so they can make smart, informed decisions and build good legislation. We are going to remain a strong, visible systemic change agent in this state with respect to health. I'm proud to be part of this movement that's shaking the health foundation"

- Sanford Cloud Jr., Board Chairman



Looking back through 10 years of choices, priorities, values, processes and progress describes a look ahead another decade or two into the future. From how the influence and work of CT Health has been felt locally, statewide and nationally, to how it will continue to make impacts in relentless pursuit of its mission.

In the following, the people of CT Health – board members and staff past and present, grantees, fellows, key contributors, consultants and partners – share their thoughts on the foundation's overall contribution and its potential in the coming years. They offer advice for future system changers. Or, they simply express hopes and dreams for the future of health and wellness in Connecticut and beyond.

"We have done quite a bit to lay a foundation for an organization that has more capacity to do greater things. The new generation of board members moving forward can really move at a more rapid pace because they don't have to worry about building the organization around them. They've already got the plane and they're flying it, so they can get somewhere faster, as opposed to anyone who actually has to build the plane while they're flying it."

- Leo Canty, Founding Board Chairman

"A 20-year success would be where the world of foundations would be different. Foundations would see their role in communities as one where they are partnering. I think the foundation has done well by going to tables that already exist in communities rather than creating new tables and only selectively inviting who they want to be at those tables. And I see that as the way of doing business from now on in Connecticut, that you respect the voices of the people who are struggling with the issues that they're struggling with, and you join them at their table, rather than bringing them out of their environments to be with you. That's the Connecticut that I think that we all want 20 years from now."

- Michael Williams, Founding Board Member

"A 20-year view would be a Connecticut where you cannot find disparities that exist in health status based on race and ethnicity and culture. It would be a world where children who are experiencing mental health difficulties or emotional needs are having those needs met in their communities, in their families, with a support system designed to address the needs of children, rather than having those children be confined to institutional-based care. We would see children now be able to sit in class rooms and get their educational needs met because their mental health needs are being addressed, and addressed appropriately."

- Darcy Lowell, M.D., Founder and Executive Director, Child FIRST, and CT Health Grantee

"We're at a juncture having graduated the 100th Health Leadership Fellow. They are hungry and ready for more and while it may not be true in every individual case, it is true of the program and the people who make up the fellowship. The idea of where we'll be with twice this much time, with 200 fellows, and all of the things that they've been able to organize and inspire in each other and in their networks, which at this point, reach quite broadly, is exciting."

Heidi Brooks, Ph.D., Health Leadership Fellows Consultant and Faculty; Director,
 Leadership Development Program, Yale University School of Medicine

"The Connecticut Health Foundation has so much potential to make a significant impact on our state, we're only seeing the tip of the iceberg at ten years. When I think about the commitment and perseverance of our many partners, who have been advocating for institutional or policy change for 25 or 30 years, I am inspired to keep moving forward even when progress seems painfully slow."

- Monette Goodrich, Vice President of Communications & Public Affairs



"I think this foundation has come to be seen across the country as a trailblazer and other foundations look to it and say, 'Tell us how you did that?' I think the role of going beyond just giving out money has been a model for some other foundations around the country. The foundation, across its coming history, has a sub-mission: to shake those foundations and see if you can make those people work with each other and collaborate. We have chosen an appropriate theme, not only for the past 10 years, but for the future of the foundation."

- Susan Addiss, Founding Board Member

"The foundation has brought progressive policy focus to a national audience. In terms of public policy, there is greater awareness amongst policymakers at all levels of government that oral health is an important issue. There is greater awareness of the relationship between oral health and systemic health. There is a greater awareness of the disease burden and its consequences. There is far greater attention to children's oral health. We have nearly two dozen provisions in the health reform bill that impact children's oral health and dental care. What is critical for the future in Connecticut is that some voice for oral health, particularly the foundation, continue its efforts, because as soon as it backs off, then there will be insufficient pressure on policymakers to continue their attention to the issue."

- Burton Edelstein, DDS, MPH, Oral Health Consultant and Founder and Chair, Children's Dental Health Project, Washington, D.C.

"It's essential that people who are interested in funding from CT Health first even realize that the foundation exists. A big challenge is that people who might benefit from the foundation don't know it's there, don't know it's receptive, don't know its objectives and its willingness to help. That's an important area in which this 10-year history will clearly play a role beyond being simply a record of the past."

- Raymond Andrews Jr., Founding Board Member

"We have to take the knowledge, the experience and keep striving to do it better. Because for every step forward, we stumble and ultimately, we have to stick with it over the long term. And that's the ultimate value that the Connecticut Health Foundation offers. We promise to be here for the long term. We're here to invest in the future of Connecticut."

- Patricia Baker, President & CEO

"We will see, obviously with new health legislation coming from the federal government and possibly the new health legislation passed in Connecticut, there's going to be a lot of need going forward to implement policy that works for the people of Connecticut. I think that the ability of the Connecticut Health Foundation to continue the leadership in this area is going to be really important in the future. They will continue to shake foundations as they have in the past."

- Nancy Roberts, President, Connecticut Council for Philanthropy



"The Connecticut Health Foundation really has been the main catalyst in making sure that people understand why oral health is important. But we need more. We have more to do so I'm anxious to see what the next 10 years are going to look like. I really congratulate the foundation for doing what they have done, for making sure that oral health is important, for making it a priority to the foundation and to make sure that it's going to continue to be a priority for our state. Where we started 10 years ago and where we are now is dramatically different. I'm hoping that 10 years from now, we're going to see a lot more improvements in the health – the oral health and the overall health – of Connecticut residents."

- Linda Ferraro, Program Coordinator, Office of Oral Health, Connecticut Department of Public Health; CT Health Grantee

"I have enormous respect for this foundation. I congratulate the staff, the president and CEO, the board, for taking risks with us as fellows and taking risks with us as organizations doing this kind of work and giving their support to us. I think it's a foundation that needs to stay for many years. It's a foundation that needs to be seen as a central institution to the work of health and particularly on this issue of health disparities."

– Margaret Steinegger-Keyser, Executive Director, Greater Hartford Interfaith Coalition for Equity and Justice; Health Leadership Fellow; CT Health Grantee

"I'm going to share a quote from Gandhi that I shared at the graduation for my fellowship class. 'First they ignore you, then they ridicule you, then they fight you and then you win.' That's how I feel about the challenge in the battle to eliminate racial and ethnic health disparities. CT Health has already gotten us past the ignoring part. We're not being ignored any more. So, now I actually believe that we are somewhere in between the ridicule and the fight, because there are still people who don't think that we are really going to do this thing. But I want to be involved in the process because we're going to win this one sooner or later."

- Evelyn Richardson, Health Leadership Fellow

"The health leadership fellows program is a movement, this big movement that is just starting to bubble. It's just happening, I can feel it growing into something large and very powerful. It's going to build into something where all these like-minded people are, by sheer force, going to start pushing issues through slowly and passionately and surely in Connecticut."

– Ela Mata, Health Leadership Fellow

forty Million in Change:

Naugatuck Valley Project, Inc.

"A 14-year-old girl who had been translating for her mother since she was nine told us how worried she was that she wasn't doing the job right. Another woman told of how a co-worker translating for her confused the word gonorrhea with diarrhea, which led to three days of unnecessary and costly tests."

- Carol Burkhart-Lyons, Former Executive Director

There are 65 different languages spoken in the Naugatuck Valley. In 2002, the Naugatuck Valley Project, Inc. (NVP) – a community-based organization comprised of faith-based organizations, labor unions, housing cooperatives and small businesses – started the Latino Hispanic Resources Committee with 14 bilingual volunteers willing to help people connect to various health services. But it was just scratching the surface.

CT Health helped the organization gain momentum by funding an assessment of the needs of community members, identifying medical interpretation as a major concern. One story in particular illustrated the drastic need – a woman who miscarried waiting for an interpreter in the emergency room. With the support it needed, NVP convened 300 people within and outside its 28 member groups to discuss the need for more interpretation services with leaders from the valley's four major hospitals.

Since the May 2006 convening, representatives from member organizations have been meeting monthly with hospital CEOs, presidents and other decision-makers – as well as those in need – to map out a strategy to improve medical interpretation services, primarily through the provision of face-to-face interpreters and by advocating that the cost of these services be reimbursable under Connecticut's Medicaid program.

Funding provided through a second CT Health grant may result in the development of a business plan on how to set up a medical interpretation company that would serve all the people in the Naugatuck Valley, including the deaf.

"I have absolute confidence that if you define your values and guiding principles, define why you're there and then work like hell, you can leave the world a little bit better than you found it — and I think the Connecticut Health Foundation is busy doing that."

-Katherine Ill, M.D., Founding Board Member

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Shake the Very Foundation

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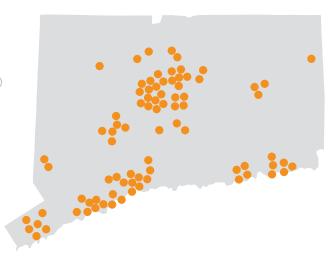
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Lower Naugatuck Valley System of Care Collaborative (Derby)

Malta House of Care Foundation, Inc. (Hartford)

Manchester Youth Service Bureau (Manchester)

Maria Seymour Brooker Memorial, Inc. (Torrington)

Mashantucket Pequot Tribal Nation (Mashantucket)

Middlesex Hospital Center for Behavioral Health and Family Advocacy

(Middletown)

Middletown Community Health Center, Inc. (Middletown)

Middletown School Readiness Council (Middletown)

Naugatuck Valley Community College Nursing Program (Waterbury)

National Medical Association - Connecticut Affiliate (Statewide)

Naugatuck Valley Project, Inc. (Waterbury)

New Britain Oral Health Collaborative (New Britain)

New Britain Police Department (New Britain)

New Britain Youth & Family Services, Inc. (New Britain)

New Covenant House of Hospitality (Stamford)

New Haven Adult Education Center (New Haven)

New Haven Family Alliance, Inc. (New Haven)

New Haven Oral Health Collaborative (New Haven)

New Haven Public Schools (New Haven)

Norwalk Community Health Center (Norwalk)

Northeast District Department of Health (Brooklyn)

Northeast Food Collaborative (Windham County)

Northwest Caring Connection (Torrington)

Northwestern Connecticut Area Health Education Center (Middlebury)

Norwich Adult Education (Norwich)

Nubian Sisters Cancer Support Group (New Haven)

Nutmeg Big Brothers Big Sisters (Hartford)

O.N.E./ C.H.A.N.E., Inc. (Hartford)

One Connecticut, Inc. (New Haven)

One World Progressive Institute, Inc. (Hamden)

Operation Hope of Fairfield, Inc. (Fairfield)

Operation Fuel, Inc. (Statewide)

Phillips Metropolitan Christian Methodist Episcopalian Church (Hartford)

Planned Parenthood of Connecticut, Inc. (Statewide)

Prayer Tabernacle Church of Love Ministry (Bridgeport)

Prevent Blindness Connecticut (Statewide)

Proyecto El Parto, Inc. (New London)

Qualidigm (Statewide)

Regional Youth Adult Substance Abuse Project (Bridgeport)

Saint Francis Hospital and Medical Center, Department of Pediatrics

(Hartford)

Saint Francis Physician Hospital Organization (Hartford)

Saint Joseph College (West Hartford)

Saint Luke's Services, Inc. (New Haven)

Saint Philip House, Inc. (Plainville)

SHOUT - Student Health Outreach (New Haven)

Sickle Cell Disease Association of America, Southern Connecticut, Inc. (Bridgeport)

Society for New Communications Research (Nationwide)

Southeast Connecticut Oral Health Collaborative (New London County)

Southeast Mental Health System of Care Collaborative - LEARN (Old Lyme and New

London County)

Southwestern Area Health Education Center - Oral Health Bridgeport Initiative

(Bridgeport)

Southern Connecticut State University (New Haven)

Stamford Oral Health Collaborative (Stamford)

Stamford Public Schools Adult & Continuing Education (Stamford)

StayWell Health Center, Inc. (Waterbury)

The Consultation Center (New Haven)

Third Sector New England - The Purpose Project (Hartford)

Town of Manchester, Youth Service Bureau (Manchester)

True Colors, Inc. (Hartford)

Tunxis Community College (Farmington)

United Action Connecticut (Middletown)

United Community and Family Services (Norwich)

United Way of Eastern Fairfield County (Bridgeport)

University of Connecticut (Storrs)

University of Connecticut Health Center (Farmington)

University of Connecticut Migrant Farm Worker Clinics (Farmington)

University of Connecticut School of Dental Medicine (Farmington)

Upper Room Unlimited, Inc. (New Haven)

Urban League of Greater Hartford (Hartford)

URU, The Right To Be, Inc. (West Haven)

Visiting Nurses Association of Central Connecticut, Inc. (New Britain)

Wallingford Department of Youth and Social Services (Wallingford)

Waterbury Family Focus Partnership (Waterbury)

Waterbury Oral Health Collaborative (Waterbury)

Waterbury Prevention Policy Board - The Governor's Prevention Partnership (Waterbury)

Waterbury Youth Service System, Inc. (Waterbury)

West Haven Community House Association, Inc. (West Haven)

Watershed Partnership, Inc. (Guilford)

Wheeler Clinic, Inc. (Plainville)

Witness Project of Connecticut, Inc. (Bridgeport)

Yale Child Study Center (New Haven)

Yale-Griffin Prevention Research Center (Lower Naugatuck Valley)

Yale University School of Medicine, Department of Pediatrics (New Haven)

Total Awarded: \$40,300,000 Grants: 510

NOTE: Does not include unused funds that grantees returned or declined grants.



