

Connections



Consumer Health
Foundation

Dedicated to making a difference
in the health of the community

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IONA Senior Services Advocates on Behalf of the District's Low-Income Elderly Residents

Among the District of Columbia's most vulnerable residents are low- and moderate-income senior citizens and people with disabilities. Some 43,000 of the city's Medicare beneficiaries live on annual incomes that hover near the federal poverty level—around \$10,000 for individuals and \$14,000 for couples. Many of them struggle with chronic and costly illnesses and disabilities, which Medicare subsidies and Medicaid services are intended to help alleviate. Unfortunately, the Medicare and Medicaid programs are fragmented, bureaucratic, and exceedingly difficult for many seniors to navigate—so much so that many simply give up and go without much-needed healthcare services.

These challenges have engaged advocates at IONA Senior Services, a nonprofit community organization whose mission is to help Washington, D.C.'s elderly residents live with dignity and independence. Each year, IONA provides direct services to more than 4,000 seniors and responds to more than 2,500 referrals and requests.

Currently, the Consumer Health Foundation (CHF) helps fund two different projects through IONA: an outreach effort around the Medicare Savings Program, which helps eligible seniors enroll in subsidized Medicare programs; and the D.C. Coalition

on Long-Term Care, which is focused on improving affordable long-term care options for people enrolled in Medicaid.

Helping Seniors Enroll in Medicare Savings Program

IONA Senior Services has been working hard to address troubling issues around the federal Medicare Savings Program, which was established in 1988 to help low-income seniors who are not eligible for Medicaid pay for all or some of their Medicare premiums. While states have jurisdiction to adjust eligibility requirements and enrollment processes, the program, which provides significant help with the costs of Medicare, has failed to enroll many eligible individuals. In fact, many seniors aren't even aware that the program exists, while others are unable to navigate the barriers that prevent them from enrolling.

In Washington, D.C., only 2,400 of an estimated 25,000 eligible seniors are enrolled in the Medicare Savings Program. To help change this statistic, IONA began an educational outreach program that includes a telephone helpline to answer callers' questions and help enroll applicants. IONA also has met with representatives from physicians' offices, hospitals, churches, synagogues, and senior centers to provide information



Barbara Strother, chief of D.C. Adult Protective Services, speaking to D.C. Long-Term Care Coalition members at a meeting in March.

about the Medicare Savings Program that can be passed along to potential enrollees. Last year, the helpline processed more than 400 phone calls and IONA enrolled 214 seniors in the Medicare Savings program, saving those seniors hundreds of thousands of dollars in healthcare costs they otherwise might have paid out of pocket.

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CHF Welcomes Naomi Mezey

In December 2007, Naomi Mezey, a law professor at Georgetown University, was appointed to a three-year term on CHF's Board of Trustees.

According to Chris DeYoung, IONA's community outreach coordinator, the low enrollment rates are due, largely, to the systemic barriers that prevent people from learning about and applying for financial assistance as well as the fact that allowable income and asset limits have not kept pace with inflation. "Medicare out-of-pocket expenses are high, whether or not you're enrolled in the new prescription benefit," says DeYoung. "An enrollee can spend thousands of dollars in out-of-pocket costs each year."

In some cases, she says, seniors are forced to choose between paying their rent or taking their medications, many of which are for chronic conditions like diabetes, high blood pressure, and high cholesterol. She says some people have even dropped their Medicare Part B coverage because "they can't afford that \$96.40 monthly premium, and they never even picked up the Part D prescription plan because that's an additional \$30 every month."

And it's not just individuals living near the poverty level, DeYoung adds. Individuals with incomes between \$20,000 and \$30,000 may pay 10 percent or more of their incomes in Medicare premiums and copayments.

To make the program more accessible, IONA worked with city health officials to expand eligibility by proposing to raise the asset caps. The allowable asset levels—set at \$4,000 for an individual and \$6,000 for a couple—have not changed since 1989, nor have they kept pace with the cost of living. IONA discovered the problem two years ago when it began to enroll people through its helpline. While 100 percent of applicants were eligible based on the income limit, close to 40 percent were disqualified because their asset levels were over the limits.

DeYoung worked with the D.C. Department of Health's Medical Assistance Administration to propose eliminating the asset test, which did not reflect the cost of living index and involved a tedious and extensive paperwork process that often discouraged many people from even applying for the Medicare Savings Program. In October, the D.C. Committee on Health approved eliminating the test, and implementation is awaiting final

passage from the City Council and the federal Centers for Medicare and Medicaid Services.

Challenges remain, however, and IONA is organizing a Medicare Savings Coalition—a network of senior service and advocacy organizations—to expand outreach and awareness around the Medicare Savings Program. The next goal, DeYoung says, is to continue pushing for administrative changes that will break down barriers to enrollment, such as the creation of a simple, two-page, large-print application form. "There are so many simple changes like this that would make it much easier for an individual person to apply," DeYoung says.

Expanding Long-Term Care Options in Washington, D.C.

For 14 years, IONA's D.C. Coalition on Long-Term Care has worked with the D.C. government to ensure that low- and moderate-income seniors and people with disabilities have long-term care options beyond nursing home care. The Coalition's efforts have been directed toward achieving what D.C. residents want most: to receive personal care and long-term care services in their own homes or in small, home-like, assisted-living residences.

To develop such options for D.C. residents, the Coalition has undertaken many successful advocacy efforts. For example, the Coalition led a campaign in 1999 to expand the availability of home care under Medicaid. In 2000, it developed regulations for licensing D.C. assisted-living residences. A third effort, currently underway, is the creation of a single point of entry into long-term care services to replace the current multiple gateways.

Related to these efforts to expand long-term care delivery options is the need to also expand and improve the wages, benefits, and training of the home care and assisted living workforce. The Coalition's first step was to advocate for increasing the wages of Medicaid home care workers from an average of \$8 per hour to \$10.50 per hour. With the enactment, in 2006, of the D.C. Living Wage Law, wages will increase to \$11.75 per hour when the program is funded.

In October 2007, the Coalition helped the D.C. Department of Health implement the Assisted Living Residence Regulatory Act of 2000. According to Vera Mayer, coordinator for IONA's D.C. Coalition on Long-Term Care, the implementation involved several initiatives, including setting Medicaid rates and provider fees. Once these issues were resolved, the Coalition turned its attention to helping small long-term-care providers—those most likely to serve low-income residents—navigate the bureaucratic application process. The Coalition holds workshops for potential providers to help clarify the process for them, and is also seeking to simplify the process itself. Currently, the application process involves applying to four different D.C. agencies, two of which have application forms that are 40 pages long.

The Coalition is also helping small providers arrange financing that can be invested in chairlifts, wheelchair ramps, and other necessary home modifications to ensure complete accessibility for people with disabilities. "It is extraordinary how many different bits and pieces there are to the process, which is especially challenging for small providers," Mayer says. Mayer is encouraged, however, by D.C. Mayor Adrian Fenty's recent pledge to help seniors "age in place."

While challenges remain in addressing the systemic barriers that D.C. seniors face with Medicare and Medicaid, IONA has made significant progress in beginning to address these concerns. DeYoung and Mayer agree that CHF's support has enabled IONA to begin to play a major role in developing consumer-focused Medicare and Medicaid policies, and in making the needs of low-income seniors and persons with disabilities known to policymakers.

"CHF is a pioneer in sustained support for advocacy around systemic changes of this type," Mayer says. "It understands the need for consumer-focused health policies and the need for persistent effort over time to help governments respond effectively."

For more information on the Medicare Savings Plan, contact Chris DeYoung at (202) 895-9446 or cdeyoung@iona.org. For more on the D.C. Coalition on Long-Term Care, contact Vera Mayer at (202) 895-9435 or vmayer@iona.org.

CHF Trustee Spotlight

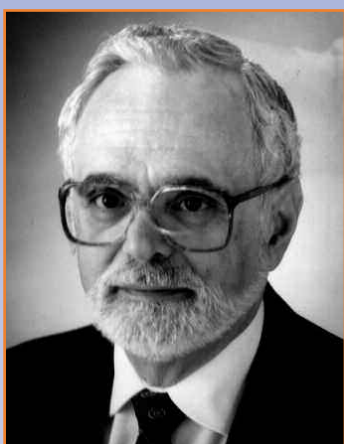


Robin Kelley

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Robin Kelley was elected to the CHF Board of Trustees in 2004, and currently serves as chair of the Nominations and Governance Committee. Kelley, a native Washingtonian, was a member of Group Health Association, the nonprofit health maintenance organization that preceded CHF. She graduated from Vassar College in 1982, went on to Columbia University, and, in 2002, graduated from the University of Maryland, College Park, with a Ph.D. in public and community health. Kelley also studied family interactions at the University of Geneva in Switzerland and was part of a women's research team in Tokyo, Japan, looking at women who have been sexually abused.

As the recipient of a Fulbright Senior Specialist Award, Kelley currently travels back and forth between Washington, D.C. and the Muhimbili University in Dar Es Salaam, Tanzania. There, she teaches, writes, and is engaged in a project called "Man Talk," involving African and African American men and reproductive health topics, including HIV/AIDS. She also helped develop projects for African youth regarding HIV/AIDS and substance abuse prevention; has served as an evaluator on HIV/AIDS and reproductive health projects; and has conducted research on women and HIV/AIDS, domestic violence, and mental health. In her leisure time, Kelley teaches health education in resource-limited and faith-based communities; enjoys traveling, reading and cooking; and is currently learning how to speak Swahili.



Matthew Watson

Matthew Watson

Matthew Watson, who retired as a judge on the D.C. Contract Appeals Board, has served on the CHF Board of Trustees since 2002, and is currently chair of the Audit Subcommittee. Watson received his B.A. and M.A. degrees in economics from Johns Hopkins University, and was a Root-Tilden Scholar at New York University School of Law, receiving his law degree in 1965. He received an LL.M. in Government Procurement Law from the George Washington University in 1967. Following a clerkship in the 4th Circuit Court of Appeals, he was an associate in the Washington, D.C. office of Fried, Frank, Harris, Shriver & Jacobson. In 1974, while a senior attorney in the General Accounting Office, Watson became General Counsel to the D.C. Board of Elections during the first home-rule elections. In 1975, he was appointed as the first District of Columbia Auditor.

After completing his six-year term as auditor, Watson returned to private practice, representing large and small nonprofits in the District. He was involved in the formation of the Washington Council of Agencies, now the Center for Nonprofit Advancement, and helped to reestablish the D.C. Jewish Community Center, where he remains a director. Currently, Watson spends much of his time traveling with his wife. Most recently, they traveled to Bilbao, Spain and to Israel, where Watson participated in the excavation of an ancient village on the Dead Sea.

CHF's Commitment to Mission-Consistent Investing

Managing a \$41 million portfolio of investments is a critical responsibility of the board and staff of the Consumer Health Foundation (CHF). After all, these investments finance the Foundation's grantmaking and other activities to improve the health and health care of our community. The investment process can be a strategic tool for supporting a foundation's mission, and CHF has joined a small, but growing number of philanthropies that are engaging in mission-consistent investing.

The mission-consistent investment actions CHF has taken over the years include:

Investing in Local and Minority Fund Managers—Very early in CHF's history, our board expressed an interest in supporting mission-consistent business practices. This included using local, minority contractors for catering, office supplies, and other services, but was eventually expanded to include minority investment fund managers. Since that time, the board and staff have worked closely with CHF's professional investment advisors to aggressively support and promote the role of minority-owned money management firms and senior minority managers in other firms. Currently, CHF has approximately \$7.1 million (18% of our total funds) invested in minority-owned or -managed funds.

Screening for Harmful Industries—Our board's interest in using minority fund managers led CHF to also look into prohibiting investments in industries and corporations whose business practices run counter to our public health-driven mission. These are called screens on investments. In 1997, the board passed a resolution prohibiting CHF's investment in tobacco-related securities. In 1999, the board decided to also screen for manufacturers of firearms.

Program-Related Investments—In 2000, CHF President and CEO Margaret O'Bryon suggested to the board that CHF begin making low-interest loans to local nonprofit partners who were working to fulfill the Foundation's mission. The board was particularly excited about the opportunity to use these program-related investments (PRIs) to support the growth and development of quality nonprofit healthcare clinics. The Foundation made its first PRI (\$750,000 loaned at 1% interest over 15 years) to a local intermediary, the Local Initiatives

Support Corporation. CHF's second PRI was made to the Nonprofit Finance Fund, which helped launch the D.C. Primary Care Association's Medical Homes D.C. initiative, a clinic-based quality and capital improvement project.

Socially Responsible Investments—Since 2000, CHF has also sought out socially responsible fund managers. These are fund managers who intentionally integrate social and/or environmental criteria into their financial analysis process. CHF currently holds a significant investment in the Calvert Group, a large, socially responsible fund manager based in the Washington, D.C. metropolitan region.

In 2006, based on the success of its various mission-consistent investment efforts, CHF amended its Investment Policy Statement (below) to include new language (in italics):

"The Trustees feel that grants to be made in the future are as important as grants made today. This is consistent with the philosophy that this Foundation is to exist in perpetuity and, therefore, should provide for grant making in perpetuity. To attain this, the overriding financial goal of the Foundation is to maintain purchasing power. That is, net of spending, the goal is to increase the aggregate value of Foundation assets at a rate at least equal to the rate of inflation over the Foundation's investment horizon. *It should be stressed: CHF's investments will be made, to the extent feasible, in a manner that is consistent with CHF's mission to improve the health status of Washington, D.C. area communities—particularly the most vulnerable members of those communities—and with CHF's fundamental commitment to a marketplace that encourages social responsibility, social justice, diversity, and sustainability.*"

The current value of CHF's mission-consistent investments using all of the strategies listed above is \$11.7 million, or 28% of our entire fund. It is important to note that the tremendous progress CHF has made in mission-consistent investing has been years in the making and has involved significant discussion and debate. But throughout the process, both the board and staff have been open to exploring new ideas and engaging in challenging conversations. We see all of our work to date, including our mission-consistent investment practices, as parts of "chapter one" in our story—the first episode of many as we build the competency of the Consumer Health Foundation to "make a difference" in the life of our community.

Connections is the award-winning bi-annual newsletter of the Consumer Health Foundation. Established in 1994, the Foundation is dedicated to improving the health status of Washington, D.C. area communities, particularly the most vulnerable members of those communities, and supporting activities that enable people to be more actively involved in their own health.

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Unnatural Causes: Is Inequality Making Us Sick? is Now Available Online!

CHF previewed segments of the documentary *Unnatural Causes: Is Inequality Making Us Sick?* at its last two annual meetings. The film reveals how social policies, economic inequality, and structural racism cause health inequities, and offers insight into creating healthy, equitable communities. The seven-part, four-hour documentary, which aired on PBS in March and April of this year, can be purchased online at: www.unnaturalcauses.org.