



Health Foundation
for Western & Central New York

CELEBRATING 20 Years on the Path Toward HEALTH EQUITY

20
Years
**Toward
Health Equity:**



AN ORAL HISTORY OF THE HEALTH FOUNDATION



On paper, the creation of the Health Foundation for Western & Central New York might look like a simple business transaction. In 2001, when health plans Univera and Excellus merged, the terms of the deal—as typically happens in deals involving nonprofit entities—included setting aside \$100 million to create a foundation for the benefit of the community.

But the leaders who took up the charge of the new foundation’s work—executives and physicians who worked with the two original health plans—had a goal, a mission, and passion that went far beyond simple grantmaking.

The founders believed that the Community Health Foundation of Western and Central New York, as it was called then, should work to address the issues the founders had witnessed during their time delivering health care: social factors like poverty, lack of health coverage access, and other systemic challenges to good health.

In the years since, the Health Foundation’s approach and programmatic areas have evolved, but the core values of community collaboration and ‘beyond the check’ partnership have remained true.

The following is a snapshot of the **Health Foundation’s 20 years of impact**, in the words of trustees, leadership, and community partners.





Origins of the Health Foundation

Art **GOSHIN**
Founder:

The Health Foundation's story begins in the 1970s with the formation of Health Care Plan in western New York and Prepaid Health Plan in central New York. Both were independent, community-based, not-for-profit health plans. Both were committed to serving those at high risk, in poverty, and the elderly. Each saw themselves then as part of a leading edge to transform the way health care was to be financed and provided in America.

Their leaders and their boards enjoyed a long history of collaboration to advance the principles of ready access to high-quality comprehensive health care.



Bob LUDWIG

Health Care Plan Senior Vice President and
Health Foundation Trustee:

All of that was radical for the times. It was also a moment of opportunity—riding an ascending wave toward health care that is group-centered. [Co-founder Ed Marine] and Art were at the radical edge and wanted to change American health care. Collegiality in group practice was very important at the time.

THE IDEA WAS
[THE ZULU PROVERB]

“I am
because,
we are”



The Foundation was founded after two mergers. The first occurred in 1998 when Health Care Plan and Prepaid Health Plan merged to create Univera Healthcare. At that point the combined organization had in excess of 500,000 members state-wide over \$1 billion in annual revenue, and 2,900 staff. This brought the then-existing leadership and boards of directors together. Since they had been closely collaborating for years, the combining of the boards and leadership occurred smoothly. The second merger was in 2001, between Univera and Excellus BlueCross BlueShield. The object of the second merger was to give the members and staff of Univera a safe landing with a quality, upstate, nonprofit health care organization, and to create the Foundation.

The founders of the Health Foundation were the leaders of the health plans and their boards of directors. Their hope was that the Health Foundation would be the continuing legacy of their health plans by achieving outcomes that improved the health of their communities, especially for the most at-risk populations.





Lito GUTIERREZ:

FORMER CHAIR, Trustee 2004-2015

In the early days, the pioneers of the Health Foundation—and I really think of them as pioneers—worked hard to define the mission and the vision of the foundation, and to identify those focus areas of improving the health of children up to age five who were impacted by poverty, and what we called then ‘frail elders.’



GOSHIN

Health Care Plan and Prepaid Health Plan, and the merged Univera Healthcare, were mission-rich, not-for-profit, health care organizations with commitments to also serve the most vulnerable in their communities. The decision to focus on children in communities of poverty and the elderly were natural extensions of their 25 years of history. The Health Foundation benefited from that experience in both defining its purpose and in the implementation of its programs.

In 2003, Ann Monroe stepped into her position as the first president of the Health Foundation. She wasn't sure what to expect—but she knew what her vision for the foundation would be. Monroe, who was previously with the California Health Care Foundation, had seen firsthand what can happen when philanthropy serves a purpose beyond writing checks.



Ann MONROE:

I was new to Buffalo. The board and I really wanted to make a difference in a variety of ways. We knew it was going to require partnership and innovation, trying to think ahead about what might be needed, and with an eye always on sustainability. It was a very good education for us in the beginning!

We wanted to focus on communities that were often left behind – young children in poverty and older adults. We knew those two groups needed strong advocates, and the organizations that served them often worked on a shoestring.

We didn't want to dictate what we should be working on, but instead wanted to know what was on people's minds. So our first RFP was actually a "request for conversations." We started with an informational meeting – it was so important to us that the communication be open. So many people came to that meeting!

We ended up receiving 162 letters of intent. That was a great opportunity to learn what was on people's minds and craft some strategies from there.



GUTIERREZ

In the early years after the Foundation was created, there was an educational time where we needed to learn about ourselves as an organization, and we needed to learn about the community. As we went through that time and became more and more recognized by the community, our work began to build and grow and develop.

From those first connections with the community, a number of long-lasting initiatives began to grow at the Health Foundation—some that continue to this day—within our focus areas of older adults, children ages zero to five, and eventually community health capacity.



Building a Strong Network of Health Care Leaders



One of the Foundation trustees' earliest priorities was to help build a stronger, more collaborative network among the organizations and systems that served community health.



MONROE

While I was trying to get the lay of the land, I could see that there were—as happens commonly in health care—some siloing of services in the community. There was an opportunity for them to be better networked.



GUTIERREZ

There was a recognition among the trustees that there was a need to develop our regional network of leaders to encourage collaboration and working together, which led to the development of the Health Leadership Fellows Program.





MONROE

The board saw this as a priority. They came to realize that traditional models like a national training program, while very helpful for those who take part, might not have the long-term impact on the capacity of our health care system that we wanted. So we said, why don't we turn that model on its head and build something that would foster long-term learning and collaboration? Instead of sending a select few off to a program, why don't we bring those experts and that curriculum and network here? That was where the Health Leadership Fellows Program came from

Launched in 2005,

the Fellows program brings together health and social care leaders from across western and central New York for an intensive 18-month fellowship that seeks to build new collaborations, address common challenges, and strengthen our regional networks of care providers to better meet the needs of the people they serve.

During the program, cohort members are assigned to small teams, and together develop projects that aim to address a community health issue. Since the program was founded, more than 400 leaders have become Fellows—a growing network with lasting impact across western and central New York.





Immediately we knew this program was dynamite. The quality of the Fellows themselves, combined with the excellent curriculum—it was quite impactful right away. Now, years later, you can still see the impact, as so many Fellows continue to serve as leaders in nonprofit organizations throughout the region.

BRITTANY PEREZ

COHORT 8 FELLOW:

The Fellows program has a major impact on your self-development. It gives you the ability to reflect on your leadership and communications skills and examine how you work with and collaborate with others. And because there are so many Fellows in the community, you can start to see the influence of that focus across a lot of our efforts.

improvement in health
and health care
by investing in the
people and organizations
that serve young children
and older adults.



KARL SHALLOWHORN

COHORT 8 FELLOW:

My experience with the Health Leadership Fellows program was outstanding. The work I did with my team helped me better understand both collaboration and developing our own strengths as individuals. We each had our own leadership and personality styles, but we brought those strengths together for the purpose of the project we developed.

LEOLA RODGERS

FELLOW AND FORMER CHAIR,
BOARD OF TRUSTEES:

The Health Leadership Fellows program was unbelievable for me. I was with people that were, I thought and still think, the most intelligent people that I had ever met. It was amazing to see the impact that we could make and the level of diversity of the Fellows themselves at a time where I didn't see that in other health care spaces.





LUDWIG

The institutional structure of health care is made up of people. If you want to make change, you have to go to them. Talk to them and talk with them. The Fellows program involved deeper thinking in terms of mapping the network of health care leaders—how are they working with themselves and with each other?

The early years of the Health Foundation also saw the beginning of long-term work in community health that has grown not only within the foundation, but across the sector, like trauma-informed care.



MONROE

A lot of our funding initially was systems work. Taking on efforts like trauma-informed care—that was a combination of a board that was willing to trust the staff, an executive that was willing to take a risk, the shared confidence that we could pull it off, and a community willing to try something new.

I saw the Foundation's role as a resource center. I am a strong believer in best practices, and making them understandable and available to local programs. The foundation can be a real partner to help them with the opportunity to look beyond what they do day-to-day. I think that was what helped the community start to see us differently as these efforts began.



GUTIERREZ

When you have an entity like the Health Foundation that has a very specific focus, we can help break down silos and isolation among the organizations that work in these areas. We can bring people and organizations together to understand how all of us can gain strength by joining together to work on a need in the community.

From the beginning, the Health Foundation's board and trustees were committed to building programs that met the community's needs with sustainable solutions. At times, that meant going beyond philanthropy to advocate for systems change that would make programs strong.





Healthy Kids, Brighter Futures

The Health Foundation's trustees and staff recognized that a person's earliest years can have an impact on their health for the rest of their lives. Over 20 years, Health Foundation initiatives have taken on the critical issues that shape our youngest community members—from social-emotional learning and trauma-informed care to oral hygiene.

MONROE

A problem that we identified was many children having oral health problems and limited or no access to dental care. Amber [Slichta, former VP for Programs] was my partner on all this work. We learned that dentists who were serving low-income populations weren't able to get Medicaid reimbursement for treating children. Amber and I dug in and said, how we can get Medicaid to cover this?

Launched in 2010, CHOMPERS! was a key part of the Health Foundation's efforts to bring dental education, prevention and treatment to places young children already go—like Head Start programs and child care centers—in order to help them develop lifelong healthy dental habits and better oral health.

Over 7,000 young children in western and central New York received oral hygiene support through CHOMPERS! and its Cavity Free Kids curriculum, an approach first developed in 2001 by the Arcora Foundation in Seattle, WA.



MONROE

CHOMPERS! was the perfect example of the long-term, sustainable approach we hoped to bring to our programs. We knew we needed the Head Start programs and other child care providers to bring this portable dental care to kids, and they needed us to help fund the equipment. This was an example of how foundations can respectfully partner with work already happening in the community, and help enrich it.





PEDALS Positive Emotional Development and Learning Skills

The Positive Emotional Development and Learning Skills program, or PEDALS, was launched in 2012 to bring training and resources for these skills to early childhood teachers. Initially developed in western New York through a partnership between the Health Foundation and the Peter and Elizabeth C. Tower Foundation, the program was later brought to Onondaga County in central New York, and to Southeast Michigan by our partners at the Ralph C. Wilson, Jr. Foundation.

**NADINE
DELUCA**
PEDALS
TEACHER:

Every year that I've used the PEDALS curriculum, I've seen growth within my classrooms consistently. The children are able to identify their emotions, regulate their emotions, problem solve, work together and make friends and follow rules and routines. And once the children have those skills, then they are able to learn better.

In its first year, PEDALS reached 48 classrooms and 700 children across Erie and Niagara counties. After just one year, there was a remarkable 57 percent decrease in the number of children in the PEDALS program who had social-emotional needs, and 31 percent drop in the number of children with self-control problems.

**PEDALS HAS REACHED
MORE THAN**



4,500

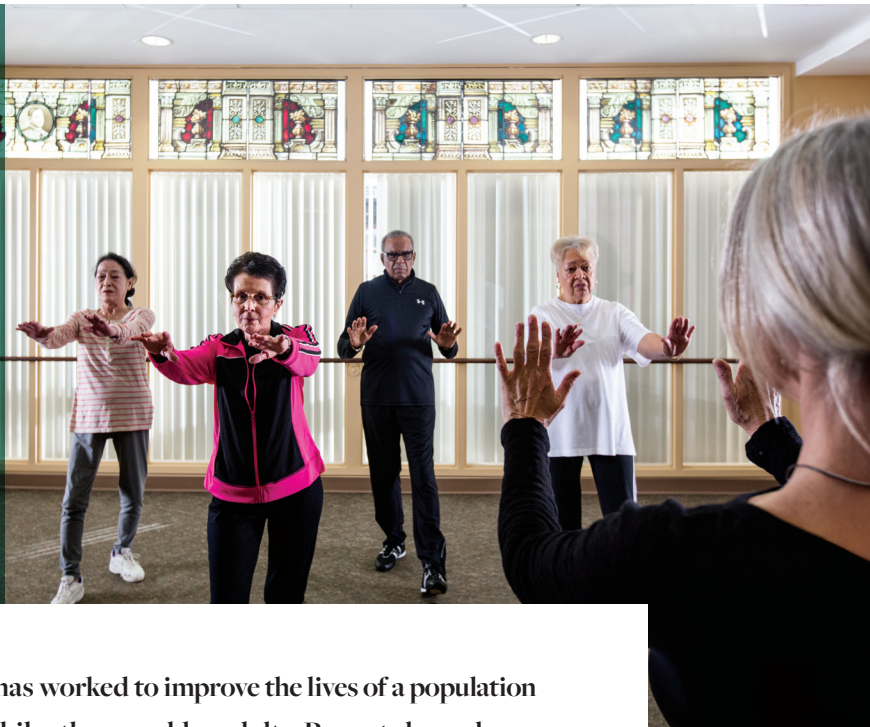
**CHILDREN
in more than**



150

**CLASSROOMS and
DAYCARE SETTINGS
IN BOTH WESTERN AND
CENTRAL NEW YORK.**

Creating a Community Where People Can Thrive at Any Age



From its founding, the Health Foundation has worked to improve the lives of a population that, unfortunately, is often overlooked in philanthropy: older adults. Reports have shown that across the U.S., less than 2 percent of philanthropic dollars are dedicated to issues related to older adults. Recognizing the importance of leadership and investment in this issue, the trustees and staff of the Health Foundation have remained dedicated to innovative efforts to improve the lives of older adults.

Programs like Sharing Your Wishes, Step Up to Stop Falls, Aging by Design, and Exhale: the Family Caregiver Initiative brought a regional focus to the specific needs of older adults and their caregivers. Advocacy and partnerships through initiatives like Age-Friendly Health Systems and the NYS Master Plan for Aging have advanced that work within a systems focus.

GUTIERREZ

The Foundation's focus on children and older adults was based in the idea that these are often two very vulnerable populations in society. Older adults face health issues, social isolation—many things that we have seen were exacerbated by the COVID-19 pandemic. Still, society will often discount our elders and not give them the resources they need.

LISA ALFORD

TRUSTEE, 2012-2019:

With older adults, many times what has occurred during their life, and their ability to have access to various services, determines how well they age. Are they close to health services? Did they get adequate nutrition throughout their lives? We know that what has occurred during their life has an impact on those later years.





Step Up to Stop Falls was an innovative program launched by the Health Foundation in 2007 to help address the prevalence of falls-related injuries in older adults. Through 2013, the Foundation invested approximately \$3 million to prevent falls, working with coalitions and organizations in seven counties. These included exercise classes like Tai Chi to maintain and improve balance; home assessment and modification programs and community and provider awareness and education programs. The program reached more than 4,000 older adults and 700 caregivers, and the rate of hospitalizations due to unintentional falls dropped significantly for nearly all Step Up counties from 2007 to 2013.



GUTIERREZ

Step Up to Stop Falls was a real wake-up call for many people—including myself! As a primary care physician, I knew the statistics about falls in older adults. I knew how it affected my patients. But the community wasn't my patient. The Foundation's approach provided the community perspective on this problem and how we could address it. How can we work with a neighborhood to improve lives or prevent falls in that particular neighborhood? I think that's an approach that makes the Health Foundation distinct.

What is possible when we create solutions with people, rather than for them? This question was at the core of Aging by Design, a program developed by the Health Foundation in 2016 to improve the health of older adults using a process called Design Thinking. Aging By Design's human-centered design approach helped improve services and programs led by organizations serving adults age 60 or older who were at greater risk for one or more triggers of decline; living in poverty; and/or eligible for both Medicare and Medicaid.

KELLY WALTERS

EXECUTIVE DIRECTOR, 50FORWARD, and HEALTH LEADERSHIP FELLOW:

Our organization participated in Aging By Design. We actually use what we learned to this day—it helped us look differently at how we formulate programs.



Community-Driven Health Care:

Strengthening the Safety Net

Federally Qualified Health Centers are community-based organizations that provide comprehensive primary and preventive care, including oral health and mental health/substance abuse services, to underserved populations, regardless of their ability to pay or health insurance status.

Because these organizations are such a critical part of the safety net, the Health Foundation established a booster fund in 2010 to assist organizations with New Access Point applications, converting from "Look-Alike" to FQHC status, and in exploring opportunities to expand services and work collaboratively.



MONROE

When George W. Bush was president, he set a goal to double the number of people across the U.S. served by Federally Qualified Health Centers (FQHCs). We wanted to build on that goal and even exceed that doubling in western and central New York, so we set out to support the development and strengthening of FQHCs in the region. We accomplished this in just about two to three years by helping to start or support the stability of many of these important organizations—Jericho Road, Neighborhood Health Center, Syracuse Community Health Center, Community Health Center of Buffalo, and more.

As a result of this investment, there was an influx of more than \$3.37 million in annual Health Center New Access Point grants from the federal government to expand or establish New Access Points in western and central New York. The number of people in western and central New York seen at Federally Qualified Health Centers nearly doubled from 2010 to 2014.

MONROE

FQHCs are designed to serve people with lower incomes. Their higher reimbursement rates mean they can build health care relationships with patients that might not have access to traditional primary care. Older people also need the system of care a FQHC can provide. I'm hoping this model will continue to productively age along with the population.

RODGERS

I thought about the impact of the FQHC program when the pandemic started. I saw all the services that community health care centers were providing that other health systems couldn't. Because the FQHCs were in the community, they were trusted by the people they were trying to reach. I saw them step up to the plate and do what they need to do to meet that emergency need.

LUDWIG

Part of the Health Foundation's legacy will be demonstrating that community health works!
It used to be the public health model, but as a society we've lost that art.

A Tradition of Collaborative Leadership

In 2016, Ann Monroe announced her retirement from the Health Foundation after 13 years as president. The following is an excerpt from an open letter from Ann to the community announcing this change:

Health Foundation President Nora OBrien-Suric, PhD, with Chair Leanne Fiscoe and founding president Ann Monroe.

“

When I arrived in western and central New York in June of 2003, I came with anticipation and eagerness to develop a new foundation and to engage with people across the region who, hopefully, would welcome this new foundation and me as partners in improving the health and health care of the most vulnerable residents in our communities.”

Those hopes have not only been met, but exceeded in my more than 13 years here as part of the community. You have all been incredibly generous with your time and your willingness to try new things and overall, have been the best colleagues and allies I could ever want. The Health Foundation is thriving, our partners are better prepared for the future and the people we care about are seeing measurable gains in both health and quality of life.”



The board began a nationwide search for a new foundation leader, and after a rigorous vetting process, announced that Nora OBrien-Suric, PhD, would be the new president. At The John A. Hartford Foundation, OBrien-Suric managed a national portfolio focused on academic geriatric education, interdisciplinary education and practice in gerontology. There, she helped establish the Aging and Disability Business Institute to provide technical assistance to community-based organizations adapting to the culture change of health care reform.



NORA OBRIEN-SURIC

I first had the chance to work with the team at the Health Foundation in my role with The John A. Hartford Foundation. We had collaborated on a program that helped community-based organizations build their capacity for working with health systems after the Affordable Care Act passed. We had the goal of more fully integrating social determinants of health in the health care continuum.

I knew Ann was a visionary leader and I was impressed with how the Health Foundation was so embedded as a partner in the community, and how they recognized the social determinants of health had to be a priority.

My career focus has always been on delivering high-quality support to organizations serving the community, and focusing on how community-based organizations help the factors that drive health outcomes—so the role with the Health Foundation felt like a perfect fit.





Being an Advocate for Change

From the beginning, the Health Foundation was dedicated to going 'beyond the check' – a value that came to include advocating for systemic change to make health care more affordable and accessible for all.



When I first came into my new role as president, the Affordable Care Act was under attack. One of the first priorities the trustees gave me was to develop an advocacy platform for universal health care. They wanted us to be in a position to advocate for New York State to continue strengthening their already strong approach to health care through programs like Medicaid and CHIP, and to use our platform to push for all people in our community to have access to affordable, high-quality health care.

In the years since, our advocacy work has really deepened into other ways of helping more people get covered. Our 2019 report, *Reaching the Five Percent*, examined why approximately five percent—about a million people—in our

counties still didn't have health insurance. We found that affordability, a complex system of enrollment, and stigma around public programs were some of the primary reasons.

We've built off the knowledge from that report into expanded programs that help address some of those issues, like funding navigators that help people get enrolled. That infrastructure was used later for Keep New York Covered, a statewide effort to keep people enrolled in public health programs as the COVID-19 emergency ended. It's a great example of how funding an initial idea can be built upon for a long-term impact.



Master Plan for Aging

In 2021, the Health Foundation's advocacy work took a new turn when we lead the charge for New York State to launch a Master Plan for Aging.



I had seen how California had a Master Plan for Aging, and I knew it would be important for New York to do the same. So the Health Foundation took a leadership role in pulling together a coalition from across the state—other funders, organizations that serve older adults, advocates, and more—to call on Gov. Kathy Hochul to commit to a plan. And she did, at her 2022 State of the State. While there is a lot of work still to be done on the plan, this was a landmark moment both for the Health Foundation's advocacy work and for everyone who cares about healthy aging in New York.

Because we are one of the few foundations in the state that focus on older adults the health foundation has a responsibility to be a flag bearer for this issue. I'm very proud that we did it.



A New Vision for More Equitable Care:



OBRIEN-SURIC

In 2019, we engaged in a strategic planning process to determine the next stage of the Health Foundation's work. The trustees and staff engaged deeply in looking at how we were doing and what was next, and it became clear that we needed to more specifically call out race and racism in health outcomes.

CHERYL SMITH FISHER

CHAIR, 2019-2023:

When it came time in 2019 for us to develop our next strategic plan, many of us felt very strongly that we had to focus on the impact of racism and socioeconomic status on health, because it was undeniable.



ALFORD

We were especially interested in how we were serving persons who had been negatively impacted by health systems that did not recognize some of those racial, ethnic, and economic differences. We knew we had to identify those trusted messengers, the folks who have lots of lived experiences and are much more believable to the people we're trying to serve.

I was a huge proponent of the Foundation looking at how could we turn that lens and those mirrors around on the systems that we were sending people to. We tend to focus outwardly; what do we need to do so people can get these services. But if they don't come for those services, maybe we need to look at the system and say, why don't they come? Or when they do come, are they getting the type of service that really meets their needs?



In March 2020, the Health Foundation's Board of Trustees voted to accept a new organizational vision: a healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.

The re-sharpened vision came at a time when the country was thrown into the uncertainty of the COVID-19 pandemic, as well as a long-overdue global reckoning with systemic racism that followed the police murder of Minneapolis resident George Floyd.

OBRIEN-SURIC

It was a difficult time for everyone, but we knew we had an obligation to continue our work, our mission and our new vision, even as we responded to the rapidly-changing needs of our community organizations who were responding to the pandemic. We felt very privileged to be able to keep going and do our part.

SMITH FISHER

It's really a privilege to be in a position where you have anything at all to say about making people's lives better.

PEREZ

The thing that really stands out to me about the Health Foundation is they don't just outwardly ask for different programs focused on inclusion or race equity. They're also working on those issues internally, and that shows in the opportunities that are put out by the Health Foundation. I think that really sets them apart. The Health Foundation has an opportunity to help us as a region shift into proactive and preventative healthcare, and not just from a direct health care delivery system and approach. They really get that the social determinants of health make up such a huge percentage of what makes us healthy, what makes our communities healthy.



A Legacy of Learning and Partnership



GOSHIN

From its earliest days the Health Foundation has developed a unique and open approach to informing and engaging the larger general community and its health care community in its work. It has also understood that there are a large number of local, modest-sized organizations engaged in sustaining a safety net for the most vulnerable and has invested in strengthening their capabilities. It has also created better balance in supporting the unique needs of rural communities.





MONROE

Generally, one of the things I'm most proud of is the Health Foundation became the go-to place for the community; not just for money but for ideas, innovation, help, partnership, and a mutually accountable relationship. We had a lot of fun with our partners. There was a lot of energy around it.

We also have always had a great board-staff dynamic. The board is very strong and supportive, and that staff brings pride in their work and a dedication to learning to everything they do. Our organization is built on significant trust; I think because in the early days, we were a brand new foundation, and so everything we did had some risk involved. That required a sense of trust that went both ways.



RODGERS

As a trustee, I saw that the staff are exceptional. The board would bring a global perspective of what we were looking for and the strategy, but the staff brought it to light. They were exceptional in terms of putting the information together, bringing the right agencies together in terms of partnership, helping us really focus on where the money should go when we wanted to make an impact on something. For example, our doula programs—they looked at the maternal and infant mortality in different areas where we served, and helped us realize there was a simple, inexpensive way that people and the community from a grassroots level could make a difference.

When I was chair, we constantly, constantly hammered at finding out whether or not we were making a difference. Are we achieving what we said we're going to achieve? And sometimes we didn't achieve what we said we were going to achieve; we did something else. That was just as good.



MONROE

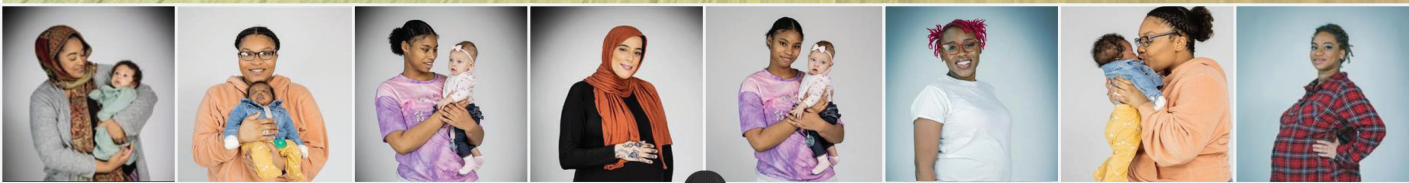
I think our legacy is as the place to go for ideas, for help, for problem solving, as well for dollars. At its core, the Health Foundation operates with a respect for the people served in the community and the people who do that work. The foundation could always be counted on – a real partner.





OBRIEN-SURIC

The Health Foundation has never shied away from taking a stand on issues—from the commitment we've made to our focus populations, to our advocacy platform, and now our vision for health equity. We have the privilege and opportunity to make bold change, and we work toward that change every day. That is our legacy.





20 Years Toward Health Equity

Health Foundation for Western & Central New York

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