



# Building a New Foundation for Health Care Access

Landmark Center  
401 Park Drive  
Boston, MA 02215  
617-246-3744  
[www.bcbsmafoundation.org](http://www.bcbsmafoundation.org)



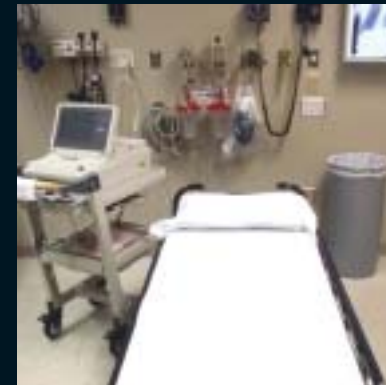
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# Health Care Safety Net in Jeopardy.

Almost 500,000  
Massachusetts residents  
have no health insurance.

Nearly 7% are uninsured in Massachusetts.<sup>1</sup>



*Don't say you don't know me.*

I sat beside you on the subway this morning on my way to work.

Yesterday you looked right at me while we were both stuck in gridlock on 495.

I cared for your mother when she recovered from her hip surgery at home last year.

Once, when you were in the Berkshires, you drove right by my family farm.

I even saw you working late last night while I cleaned your office.

You see me, and some of the nearly 500,000 like me every day, all across the Commonwealth.

I'm the one who cannot afford to get sick. Ever.

*I'm the one who is uninsured, who may never feel the security of dependable health care.*



You may not see me very often in the doctor's office, the pharmacy or the dentist. More likely, you will see me in the ER. I will probably be very sick.

***Almost a half million people cannot be invisible.***  
We do not have health insurance. But we are not going away. Our numbers are rising daily.

Almost 75% of the uninsured in Massachusetts work.<sup>2</sup>

50% of uninsured employees can't get insurance at work.<sup>3</sup>







People of color in Massachusetts are more likely to be uninsured than whites.

Latinos are twice as likely as whites.<sup>4</sup>

The uninsured are four times less likely to see a physician.<sup>5</sup>

The safety net of services meant to protect others like me is beginning to fray. The progress Massachusetts has made is deteriorating, making us more vulnerable than ever. Strategic and thoughtful responses are needed to improve the State's health care system. *We just want the peace-of-mind that comes from having health insurance.*



# Taking Action. Providing Support.

Over a half a century ago, a group of Boston philanthropists realized the need to address an important social issue: to make affordable health care available to the people of Massachusetts. They put their ideas into action and established the private, not-for-profit company, Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA), which today provides health coverage for more than 2.5 million people. However, many in Massachusetts still lack the security of dependable health care.

In keeping with the company's tradition of service, late in 2000, the BCBSMA leadership again took action. They set in motion a new, philanthropic plan that reflected the original mission of the company founders: to serve those in need. As an expression of this commitment, the Blue Cross Blue Shield of Massachusetts Foundation was created in 2001. With a corporate pledge of \$55 million to an endowment over four years, and the support of one of the State's leading health care companies, this independent foundation was established as a new resource for the community.



*"Despite the gravity of the issues we are dealing with, there is enthusiasm about a new resource to the community, and a sense of optimism that we can make a difference."*

*Philip W. Johnston,  
Chairman of the Board of Directors  
Blue Cross Blue Shield of  
Massachusetts Foundation*



STAFF L-R: Sarah Kerr Iselin, Barbara Bergman, Mabel Barahona, Celeste Reid Lee, and Andrew Dreyfus.

## Our Mission.

We are a new and different foundation with the sole mission of expanding access to health care. Through grants and policy initiatives, the Foundation builds partnerships with public and private organizations to broaden health coverage and reduce barriers to care. We focus on developing lasting solutions that make a meaningful difference in the lives of the uninsured, vulnerable and low-income families across the Commonwealth.

## Laying the Foundation.

With the mission defined, a 17-member Board of Directors with expertise in health policy and care delivery was assembled. A president and staff began the work of fulfilling the Foundation's mission. As the newest and one of the largest health philanthropies in the State, the Foundation began to make connections with the people and institutions that would help the staff and board meet its goals. Community forums were held to introduce organizations to the Foundation, attracting hundreds of participants; a web site was constructed; grant guidelines were developed and 172 funding proposals were received. The result: within nine months, the first grants were awarded to 47 health care organizations for a total of \$1.6 million.

*"I thought it was important to jump start the Foundation... to begin investing in policy initiatives... to get funds in the hands of the organizations that really need it to serve the uninsured."*

*Andrew Dreyfus, President  
Blue Cross Blue Shield of Massachusetts  
Foundation*

# One Vision. One Team. One Strategic Approach.

We had a clear plan from the start. We would direct our energies and resources to expanding access to care. What makes us unique is our commitment to bolstering the impact of our grantmaking with health policy endeavors. By blending these efforts, the Foundation strives to focus greater attention on the issues of the uninsured, while encouraging and sustaining creative initiatives for change. In addition, we look for collaborative funding opportunities with other foundations.

## Creating a Culture for Change.

The culture at the Foundation promotes openness, collaboration, accessibility, trust, respect, support and excellence. To our grantees and partners, we strive to be viewed as fair, thoughtful and deliberate in evaluating grant proposals. We are committed to working closely with those who are funded, and to provide productive feedback to those we are unable to support.



# Expanding Access: New Models. Stronger Voices.

The Foundation established five grant program areas: the **Innovation Fund for the Uninsured**, **Connecting Consumers with Care**, **Strengthening the Voice of Access**, **Pathways to Culturally Competent Care** and **Building Bridges in Children's Mental Health**. The availability of the Foundation's grants — a new source of funding — gave organizations that are committed to expanding access to care renewed energy and encouragement about the work they have been tirelessly performing with limited resources. Our 2001-2002 grants supported existing innovative initiatives and generated new models for delivering care to uninsured, underinsured, and low-income Massachusetts residents.



## Programs That Make a Difference.

With Foundation support, an innovative, volunteer physician program has expanded care for chronically ill, uninsured people in North Adams and surrounding towns. In Boston, we support the Mayor's Health Line, which offers low-income residents, immigrants and refugees a direct, personal source for health coverage information. Through an advocacy grant to the Paraprofessional Healthcare Institute, uninsured health care workers in Massachusetts have a stronger voice and are being heard by those who can influence policy change.

In the Brockton area, bi-lingual medical interpreters are being trained to help promote better communication between clinicians and culturally and linguistically diverse residents, leading to greater comfort and better medical outcomes. In Quincy, children with mental health needs will have a better chance of being identified and treated through a collaboration of social service agencies, schools and primary care providers.



North Adams, home of Ecu-Health Care volunteer physician program for the uninsured.

In addition, the associates of Blue Cross Blue Shield of Massachusetts donated funds to create the **Catalyst Fund**, the Foundation's mini-grant program. Through the generosity of the company's employees, community health centers and community-based agencies that serve the health care needs of low-income residents have received support for one-time, infrastructure-building expenses. **The Catalyst Fund** is a way for BCBSMA associates to become engaged with the mission of the Foundation.

The impact of our funding is felt in all parts of the Commonwealth from Beacon Hill to the Berkshires to Cape Cod and the Islands. We are fulfilling our mission, reaching underserved citizens and making a difference in the quality of their lives by supporting the organizations which serve them.

## Programs for Change:

- ▶ Innovation Fund for the Uninsured
- ▶ Connecting Consumers with Care
- ▶ Strengthening the Voice of Access
- ▶ Pathways to Culturally Competent Care
- ▶ Building Bridges in Children's Mental Health
- ▶ Catalyst Fund

*"The Foundation has stepped up to the plate to support organizations and programs that are fighting the back slide in health care access... and are committed to empowering people disenfranchised by our current health care system."*

*Robert Restuccia, Member, Board of Directors,  
Blue Cross Blue Shield of Massachusetts Foundation  
Executive Director  
Community Catalyst*

### The Challenge

In Massachusetts, the uninsured are better cared for than in most states. We are fortunate to have hospitals and community health centers as points of access for the uninsured. Innovative state initiatives have led to the Children's Medical Security Plan, the Uncompensated Care Pool and other safety net plans. But major cuts in state funding, the rise in health care costs, and the increasing drain on safety net resources threaten the stability of the system and have widened the gaps in care.

In response to this threat, the **Innovation Fund for the Uninsured** provides grants to health care

In 2001 and 2002, the Foundation awarded 24 organizations grants ranging from \$25,000 to \$75,000 to develop programs to improve health and access for the uninsured. Diverse models are working in a variety of settings, from community health centers and hospitals

### Innovative Programs Changing Lives.

On Martha's Vineyard, uninsured Islanders who do not qualify for MassHealth are getting help in navigating a complex system to coordinate care on and off-island. In Boston, homeless women are receiving expanded care from an organization of volunteer physicians and nurses. At Great Brook Valley Health Center in Worcester, uninsured Brazilians are healthier and better managing their chronic medical problems including asthma, diabetes and cardiovascular disease. They are part of an innovative program that ensures that one nurse case manager is responsible for the integrated care of patients who have more than one health issue. The nurse and patient work as partners toward specific goals. It is a model of planned care rather than more costly symptom-driven treatment. These are just a few examples of how programs supported by the Foundation have the potential to change the system.

## Innovation Fund for the Uninsured

delivery organizations in Massachusetts that demonstrate fresh solutions and strategies to improve continuity of care. Current grantees include: inventive approaches to collaboration among primary care providers and specialists; more efficient collaboration and shared funding with community-based organizations for more targeted and effective delivery of services; and improved health through disease management and prevention programs.

to a medical van that is providing enrollment assistance in underserved neighborhoods. Alternative approaches are resulting in more patients receiving coordinated care.

*"The grant from the Foundation gives us the opportunity to test different systems of care on a small scale that may be a benefit in cost-savings to the community, offer improved health outcomes, and become a model that reaches beyond this center."*

*Dr. Daniel O'Donnell, Medical Director  
Great Brook Valley Health Center, Worcester*



Great Brook Valley  
Health Center,  
Worcester



Ecu-Health Care,  
North Adams

Grant:  
2001 - \$50,000  
2002 - \$50,000

*"Whenever I don't feel well, I diagnose myself, because I can't afford to go to the doctor. If I think I need an antibiotic, I just go to the local feed store, because I can get antibiotics cheap over the counter." The woman who spoke these chilling words is no longer self-diagnosing or self-dosing because she is one of the 4,000 uninsured residents in the North Adams area who can now see a doctor through a volunteer physician program organized by Ecu-Health Care. "It's people like this woman who remind me every day why we do this work," says Charles Joffe-Halpern, Ecu-Health Care Executive Director.*

Established in 1995, Ecu-Health Care's aggressive goal is to make sure that people don't have to

think twice about where to go for health care services. Their programs are integrated into the fabric of the community and touch every aspect of health care, including dental and prescription programs. This successful volunteer physician model has been replicated and is operating at two other sites in Massachusetts, also supported by Foundation grants.



### The Challenge

Both long-time residents and newcomers to Massachusetts are the beneficiaries of a health care system that has made a concerted effort to connect all Massachusetts residents to care. The expansion of MassHealth, Massachusetts' Medicaid program, is indicative of the State's commitment. But the advancements made in the

## Connecting Consumers with Care

late 1990's are being systematically eroded by dramatic cuts in state funding. Nearly 40,000 people lost their MassHealth Basic coverage in April 2003. They join thousands of others who struggle to stay connected to care.

**Connecting Consumers with Care** supports community-based organizations that ensure that low-income families and individuals, especially new MassHealth members, receive the information and guidance they need to access the health care services to which they are entitled. For those who are eligible for MassHealth, getting connected to the right provider can be daunting. Hurdles such as disability determination, immigration questions, language barriers and lack of transportation complicate enrollment and keep consumers from medical appointments. Grantee organizations work to smooth the process from eligibility, to educating clients on MassHealth managed care procedures, to selecting a doctor, and making and keeping appointments.

### Making the Right Connections.

In 2001 and 2002, the Foundation awarded 17 grants each year, ranging from \$10,000 to \$20,000. Funded projects include a collaborative solution to transportation problems faced by MassHealth members in the hill towns of Western Massachusetts. In Everett, a grant funds a volunteer *promotoras* or health care educators program that links Latinos with community care. Homeless and Vietnamese MassHealth members in Springfield are connected to comprehensive health services and case

*"It's terrific to see a new foundation effectively and thoughtfully target its dollars to make a difference in terms of access to care for individuals and families among some of our most vulnerable populations."*

*John Auerbach, Executive Director  
Boston Public Health Commission*

management through the *Health Care for the Homeless* program at The Mercy Hospital. These are a few of the programs that the Foundation supports that make it easier for the underserved in Massachusetts to connect with the health care services they need.



Mayor's Health Line  
Phone Center,  
Boston



Boston Public Health  
Commission

Grant:  
2001 - \$15,000  
2002 - \$15,000

At a Boston Public Schools Parent Center in Dorchester, a pregnant mother arrived to register her twins for school. She had recently moved to Boston from Haiti. She spoke little English and was having trouble understanding the enrollment process. A field worker from the Mayor's Health Line came to help her. This outreach service provided by the Boston Public Health Commission served over 5,000 at-risk residents in 2002.

The children sat by tight-lipped as their mother learned that both she and the twins were eligible for MassHealth and that the boys would get the immunizations they needed to go to kindergarten. When the children did open their mouths, it was clear they needed dental care. Their rotting teeth caused them pain and kept them from eating. Care was arranged for the twins. The expectant mother received prenatal care and ongoing information to ensure that she continues to understand her MassHealth benefits. The woman called her contact at the Mayor's Health Line recently to report that her children are eating right and smiling and that her new baby was healthy and doing well.



### The Challenge

How can you work if you are injured or sick? How can you pay for health insurance when there's nothing left after you pay for rent and food? Who will speak for those who are homeless and disabled, disenfranchised, the unemployed, uninsured and underserved who need care?

Because of the accomplishments of many hard working advocacy groups throughout the state, Massachusetts is seen as a national leader in health care reform. The creation of safety net measures, the expansion of MassHealth, and the funding for community health centers have improved the health and access to care of millions of Bay State residents. These advances are a result of the State's strong array of health care

### Promoting Policies for Change.

To strengthen the voice of existing and new constituencies, the BCBSMA Foundation awarded 12 grants each year in 2001 and 2002, ranging from \$30,000 to \$50,000. Funds were granted to organizations to develop strategies for sustaining and improving health care access. Current recipients are engaged in policy analysis, development of access initiatives, consumer education and collaboration with specific interest groups and public officials. Through the Foundation, these advocacy groups meet quarterly to share ideas, and build resource networks.

One of our grantees, the Paraprofessional Healthcare Institute, received \$40,000 to develop and initiate a policy framework to expand health

The Institute is organizing workers and employers, utilizing their input and efforts to help promote policy changes for this at-risk group of employees to obtain adequate, affordable health insurance coverage.

Through funding key statewide advocacy organizations, the BCBSMA Foundation is helping to broaden the debate on access to health care for seniors, Latinos, the homeless, immigrants, refugees and other uninsured and underserved residents in Massachusetts, and is monitoring current events and policy decisions that affect these Massachusetts residents.

## Strengthening the Voice of Access

advocacy organizations with considerable experience in coalition building and collaborative problem solving. However, as the Massachusetts economy slows and funding to essential health care initiatives shrinks, we are in danger of losing ground and disrupting the system of care on which so many depend.

**Strengthening the Voice of Access** grants focus on supporting organizations that are on the front lines of policy initiatives and advocating for access for low-income and uninsured people. Through Foundation support, these organizations come together to share ideas and best practices, and individually raise awareness of the plight of the uninsured. They keep access to care on the Commonwealth's public policy agenda.

insurance for direct care workers. One in four direct care workers in Massachusetts is uninsured.<sup>6</sup> Those with insurance are also at risk. As premiums increase, employers are forced to cut health plans. Many workers cannot afford the co-payment for services that are not covered and go untreated.

*"Strengthening the Voice of Access has helped grantees to learn from one another, share resources, and build on each other's work. The synergy of effort is developing into a critical mass that's a powerful force for change."*

*Barbara Frank, Massachusetts Policy Director  
Paraprofessional Healthcare Institute*



Laurie Martinelli of Health Law Advocates and other grantees share ideas.



### Health Care For All

Grant:  
2001 - \$50,000  
2002 - \$50,000

She lives in the Metrowest region. She's a community organizer and a mother and she depends on MassHealth benefits to cover her medical costs. It's getting harder and harder for her to get around. She has a painful condition called drop foot and without her leg brace, she is in danger of falling. Braces don't last forever and require periodic adjustments. But in 2003, MassHealth cut all benefits for prosthetics and orthotics. This woman is worried. If she can't keep up, how can she keep her job? In the last round of MassHealth cuts, she and thousands of others also lost dental, chiropractic and eyeglass benefits. Her night vision is impaired and she needs new glasses every year. Now, she can't get them and is concerned because it's dark when she drives her children home from child care. But this woman is not walking alone. Through the advocacy organization Health Care for All and the Health Care Policy and Consumer Leadership Network, initiatives are being developed to expand health care options and defend MassHealth programs. Their goal is to encourage Massachusetts policymakers to take a step in the right direction.

## The Challenge

Our cities and towns are safe havens for thousands of immigrants and refugees from Africa, Asia, Eastern Europe, Latin America, and the Pacific Islands. However, these and other underserved people are often excluded from our world-class medical system. If you have ever been ill in a foreign country where you do not speak the language or understand the medical care system, then you know how many of our culturally diverse residents feel every time they need medical attention. It is more than language. It is more than limited staff diversity. Each ethnic

# Pathways to Culturally Competent Care

group brings its own cultural beliefs and practices about medical care and how it is delivered. It is the inability for patients and clinicians to communicate their respective norms that creates problems on both sides.

Latinos are more than twice as likely to have difficulty communicating with their doctor than whites. Many feel the doctor doesn't listen or understand them. One-fourth of Asian American and African Americans feel the same.<sup>7</sup> Fear and distrust may keep people from diverse cultures from seeking care.

## Pathways to Culturally Competent Care

grants are given to health care organizations that make systemic changes in the way they welcome, communicate with, and treat those in their community from varied ethnic backgrounds or sexual orientations. To be effective, the changes must permeate all areas of the organization, affecting

every level of care. The 24 planning and implementation grants funded in 2002, ranging from \$10,000 to \$50,000, supported models committed to shifting attitudes, practices, policies and behaviors of health care organizations. These are one-year grants designed to strengthen existing initiatives or seed new programs with high potential for sustainability and replication.

## Supporting Concepts for Change.

At the Lowell Community Health Center, funds were targeted to improve access to care for a new Brazilian population and a growing, diverse African community. Portuguese language classes have made the medical and frontline staff more accessible to patients. Working with community organizations like the African Assistance Center, outreach workers teach newcomers in their own dialect how the American health system works and how to apply for insurance, MassHealth or

free care. The health center's goal is to recruit more staff members who are more reflective of the people they serve. In addition, the Foundation's funding of other cultural competence programs in Merrimack Valley will ultimately help each organization leverage the impact of their grants for greater benefit to a multicultural patient population.

In Brockton, Caritas Good Samaritan Medical Center is delivering a 60-hour certification program that is expanding the supply of highly-trained, bilingual/bicultural medical interpreters. They will work in the medical center, the Brockton Community Health Center and 50 private physician practices in the area. Physicians are instructing 52 students who speak Portuguese, Cape Verdean Creole, Spanish and Haitian how to appropriately communicate with patients and doctors regarding the top 20 medical conditions seen in the ER. They are also creating their own dictionary with regional, national and colloquial vocabulary. This and other programs funded through **Pathways to Culturally Competent Care** grants are helping to transform health care delivery institutions throughout Massachusetts and opening doors to care for all.



Lowell Community Health Center

Grant:  
2001 - \$40,000

The Brazilian woman had been crying for months. She needed to talk to someone. But what doctor would understand her language? She was afraid her breast cancer was coming back and she'd lose her other breast. She had no insurance. Her daughter brought her to the Lowell Community Health Center, the only free community-based primary health care service in the area that treats non-English speaking patients. The staff counseled her in her own language. She started anti-depressant medication and began to feel better. They linked her to specialists in Boston, and she received excellent care for her reoccurrence of breast cancer. She now feels very comfortable during her follow-up visits at the health center. Maybe it has something to do with the Brazilian music they play in the waiting room.

*"The Foundation's decision to fund more than one project in the Merrimack Valley enhanced our success with our patients. We took advantage of interpreter training at Lowell General Hospital and Merrimack Valley Area Health Education Center. AHEC offered Spanish classes at the health center. It's an extremely forward-thinking strategy."*

Dorcas Grigg-Saito, Executive Director  
Lowell Community Health Center





### The Challenge

In Massachusetts, ensuring the health and well-being of every child is a community priority. However, access to children's mental health services is complex and elusive to many families. The system is fragmented and incomplete. The lack of integrated services can be a major obstacle, especially for poor and uninsured children and their families.

In response to this growing problem, **Building Bridges in Children's Mental Health** supports community-based collaborations committed to reducing the fragmentation of mental health services, so that low-income and uninsured families can receive continuity of mental health care for their children and support services for the entire family.

## Building Bridges in Children's Mental Health



In 2002, the Foundation attracted funding from an anonymous private family foundation to support three additional programs. As a result, 15 collaborations are being funded for three years, for a total commitment of more than \$1.8 million for children's mental health programs. In addition, the Foundation is working with the Georgetown University National Technical Assistance Center and the Schneider Institute for Health Policy at Brandeis University to provide technical assistance and evaluation support to the grantees and to the Foundation in this grant program area.

### Bridging the Gaps.

The projects are now in their first year, the planning phase. Grantees are solidifying the partnerships and determining the most effective ways to design programs that will promote coordinated mental health services and support to families. The Brightwood Health Center in Springfield, for example, is partnering with a local school, the Massachusetts Society for Prevention of Cruelty to Children and Health and Addictions Outreach to develop the *Children's Health Integration and Referral Project (CHIRP)*. Its goal is to improve home outreach and early detection for underserved children and their families, particularly in that city's Latino community.

*"Through Building Bridges in Children's Mental Health, we're able to train people who aren't traditional mental health providers... like teachers, day care workers, physicians, nurse practitioners... to screen, make appropriate referrals, and coordinate with them for improved integration of services."*

Marcy Ravech,  
Vice President,  
South Shore Mental Health

The Boston Medical Center is collaborating with the South Boston Health Center and South Boston High School to strengthen the *Suicide Prevention Project*, which offers effective interventions for teens on the high school campus and at the health center. Vietnamese children in Worcester will receive mental health services from integrated treatment teams who understand their culture and speak their language. Through the initiative called, *Building on Vietnamese Family Strengths*, primary care providers, community mental health professionals, Worcester Public Schools and community-based organizations serving the Vietnamese community are working to provide a more seamless system of care for children and their families. These are a sample of the types of partnerships fostered by the **Building Bridges in Children's Mental Health** grant program.



South Shore Mental Health,  
Quincy

Grant:  
2002 - \$25,000  
2003 - \$50,000  
2004 - \$50,000

When your life is spinning out of control, how do you get your six-year old to a therapist or early intervention for your two-year old? You've got your own stresses, moving from one relative's house to another, changing the kids' schools every few months. You can barely put food on the table, let alone figure out what to do about your baby's uncontrollable tantrums and your older child's violent behavior. And you don't have health insurance anyway. So, when it gets really bad, you'll probably go to the ER. This is a portrait of a fractured family that South Shore Mental Health's multi-disciplinary, interagency pilot program is designed to try and begin to mend. The organization is committed to building strong resources for these families and possibly making inroads to policy change in children's mental health.

# Advancing the Debate: Building a Consensus

Support of individual community programs will change the lives of some. Policy initiatives in health and access to care could touch us all. Fuse the two efforts and you have a more potent strategy for change. This idea is central to the way we approach our work at the Foundation and a critical factor in achieving our objectives and fulfilling our mission.

Our policy goals are to raise the profile of the uninsured, provide information to the public, policymakers, the media, health care providers and advocates, and stimulate public conversation geared toward change. In 2002, our policy efforts resulted in an array of studies, research data and reports, along with a one-of-a-kind, annual journalism fellowship, a leadership meeting, and support for our community-based organization grantees in the development of public policy initiatives.

## Policy Reports and Studies 2001-2002

The BCBSMA Foundation is a resource for information and studies designed to provoke public policy dialogue and offer possible strategies to expand access and reduce the barriers to health coverage in Massachusetts. Reports include:

- ▶ **Health Coverage in Massachusetts: Far to Go, Farther to Fall**, written by Sara Rosenbaum and colleagues at George Washington University, commissioned by the Foundation, documents the progress Massachusetts has made in health coverage and the impending risks of losing the advances as a result of rising health care costs, a weakened economy and budget cuts affecting MassHealth;
- ▶ **MassHealth: Dispelling Myths and Preserving Progress**, an overview of MassHealth financing provides a reference tool for legislators when discussing these issues, funded by the Massachusetts Health Funders Network, a new collaborative among Massachusetts philanthropies;
- ▶ **Life on the Edge of the Health Care System: The Growing Problem of the Uninsured in Massachusetts**, produced by the Foundation, explores the consequences of Massachusetts residents living without health insurance and highlights gaps in the safety net;
- ▶ **Speak Out for Access: The Experiences of Massachusetts Families in Obtaining Mental Health Care for Their Children**, developed by the Parent/Professional Advocacy League in collaboration with Health Care for All, documents the experiences of 300 families and highlights their issues with the current system.

## Policy Study Funding Includes:

- ▶ A study grant to Brandeis University Heller School to examine the impact that overcrowding in emergency departments in Massachusetts has on uninsured and underserved populations;
- ▶ A policy brief being developed by The Access Project, to explore the extent to which medical debt serves as an access barrier in Massachusetts and to consider potential policy solutions.

## Policy Convenings 2002

Our inaugural leadership conference, **Health Coverage Matters: Summit on Access**, brought together elected officials and leaders from health care, business, labor, and advocacy communities throughout Massachusetts. Our intent was to engender a renewed debate and provide a fresh perspective on the issues surrounding health security and access to care. At the meeting, Sara Rosenbaum – a nationally-renowned expert on Medicaid and low-income health issues at George Washington University – presented recommendations from *Health Coverage in Massachusetts: Far to Go, Farther to Fall* on how the Commonwealth might reduce its risk of losing its leadership position in health care reform. The Summit also featured presentations by leading public officials and an interactive panel discussion. Our hope is that this conference will fuel a more informed, spirited dialogue among those who can affect policy change.

The Foundation was also the catalyst in the



formation of the Massachusetts Health Funders Network, a health philanthropy collaborative. Meetings are held periodically with eight other Massachusetts health funders to discuss opportunities for leveraging collective resources to advance policy initiatives. In 2002, the group jointly funded and released a policy analysis of the state's Medicaid program to health care leaders and policy decision makers.

*"The Foundation is masterful at identifying points in the system where money goes a long way. . . ultimately, policy initiatives will have the most substantial, lasting effect. Linking grantmaking and policy is what makes the Foundation's strategy so effective."*

*Nancy Turnbull, Vice Chair, Board of Directors,  
Blue Cross Blue Shield of Massachusetts Foundation  
Director of Educational Programs  
Health and Policy Management Department  
Harvard School of Public Health*



Massachusetts Attorney General  
Thomas C. Reilly



# Educating the Media. Educating Us All.



Larry Tye

In May 2002, the Blue Cross Blue Shield of Massachusetts Foundation launched a first-in-the-nation annual **Health Coverage Fellowship** for Massachusetts journalists. Ten medical reporters and editors from newspapers, radio stations and television outlets gathered at Babson College for nine days of intensive training. The goal was to deepen their understanding of the complex and changing world of medicine and health care and the special problems facing low-income and uninsured Massachusetts residents. A panel of prominent journalists and the program director, Larry Tye, selected the participants. Formerly with *The Boston Globe*, Tye is an award-

winning veteran journalist and journalism teacher. For more than 15 years, he reported on health care, medicine and the environment for the newspaper. Tye continues to mentor these Fellows for one year, and the journalists exchange ideas and sources through a Fellowship web site.

## 55 Speakers. 12 Field Trips.

### A Long List of Story Ideas.

The learning environment was more dialogue and debate than lecture. Fellows received a broad perspective on medicine and health care from hospital executives, health economists, researchers and public officials. They dug deep into special issues that Massachusetts faces regarding the uninsured, shortages of nurses and rising health care costs. They garnered invaluable insights from guest journalists from around the country. From field trips to the hospital emergency department and visiting halfway houses for the mentally ill, they learned the right questions to ask and new sources for information.

To learn more about the caliber of the Health Coverage Fellows and the in-depth stories they are generating because of their Fellowship experience, you can visit WFCR Public Radio's web site at [www.wfcr.org/brownreports.html](http://www.wfcr.org/brownreports.html). Listen to a comprehensive, moving, two-part series on the plight of the homeless mentally ill in Springfield, reported by Karen Brown. In less than two weeks and with no cost to their media outlets, she and the nine other Fellows returned to their newsrooms better able to cover their medical beat, better able to keep us all informed about the policies and issues that affect our health.

## 2002 Health Coverage Fellowship

### Inaugural Class:

Ellen Barry, *Boston Globe*

Karen Brown, WFCR-FM, Amherst

Allison Connolly, *Boston Business Journal*

Elizabeth Cooney, *Worcester Telegram and Gazette*

Michelle Hillman, *Metrowest Daily News*

Julie Jette, *Patriot Ledger*

Michael Lasalandra, *Boston Herald*

John Laueran, *Springfield Union-News*

Jennifer Lorenz, WGBH-TV, NOVA

Rhonda Mann, WCVB-TV

*"After just nine days, our Fellows go back to work with new insights, expanded sources and a better understanding of how to report the issues of the fast-changing medical and health care beat in Massachusetts. It's intense, it's energizing and it has resulted in a range of informative, thought-provoking stories that have reached every corner of our state."*

Larry Tye, Director  
Health Coverage Fellowship

# Building Leadership Momentum.

The following are highlights of our 2001-2002 effort to establish the Foundation and move toward our goal: **accessible health care for everyone in Massachusetts:**

- ▶ Created a new, independent Foundation from mission to first grant awards in nine months, with Blue Cross Blue Shield of Massachusetts' corporate pledge of \$55 million to an endowment over four years;
- ▶ Assembled an impressive board of directors representing the State's best thinkers and advocates in health care;
- ▶ Awarded 153 grants totaling \$4.7 million to 100 principal organizations and 191 collaborative partners;
- ▶ Developed and launched a fellowship program exclusively for health and medical journalists, the first-in-the-nation Health Coverage Fellowship;
- ▶ Organized and presented our first annual leadership conference for the health care community in Massachusetts, Health Coverage Matters: Summit on Access;
- ▶ Leveraged resources to build new collaborations to expand policy initiatives including the founding of the Massachusetts Health

Funders Network and partnering with a private family foundation to expand funding for children's mental health;

- ▶ Developed the BCBSMA Foundation web site to build awareness of the Foundation's activities, trends and reports on health care access and connect our grantees;
- ▶ Commissioned and published reports intended to enliven the health care debate and stimulate policy change and initiated ongoing research and evaluation studies to strengthen programs;
- ▶ Built a reputation as a fair, thoughtful, responsive organization, a neutral site where health care leaders can convene;
- ▶ Became recognized as a new, leading voice in Massachusetts on issues of the uninsured and health care access and formed strong partnerships with government and not-for-profit agencies.

*"The Foundation pledges to stimulate change in Massachusetts: creating a more thoughtful public dialogue, influencing the development of policy, convening key organizations, supporting innovative programs, and creating lasting solutions."*

Andrew Dreyfus, President  
Blue Cross Blue Shield of Massachusetts Foundation



Chair, Philip W. Johnston  
Vice Chair, Nancy Turnbull

### A Message From the Foundation Board and Staff

The Blue Cross Blue Shield of Massachusetts Foundation was created in 2001 in a spirit of **idealism** and **optimism**.

The **idealism** sprang from the Foundation's mission to expand access to health care to poor and uninsured residents of our Commonwealth. This mission was in turn rooted in the origins of Blue Cross and Blue Shield of Massachusetts, Inc., which was founded in 1937 by a group of Boston-area philanthropists to make affordable health care available to the people of Massachusetts.

The **optimism** grew from the hopeful environment in early 2001: the economy was strong, health programs for low-income families were expanding, and the number of people without health insurance in Massachusetts was at an historic low. Unfortunately, these trends quickly reversed. The economy slowed, state and federal budget deficits grew, health care costs began escalating rapidly, and the environment for poor and uninsured people became ominous. In April, tens of thousands of people in the Commonwealth lost their Medicaid coverage, joining the growing ranks of the uninsured, and placing greater strain on a fragile health care safety net.

In these troubling times, the Foundation's philanthropic commitment stands as a source of financial support for struggling organizations and a source of ideas for policymakers. In less than two years, we have distributed \$4.7 million to 100 organizations in 35 communities across the state. Our policy initiatives are stimulating new thinking, educating journalists, and bringing together health, government, and business leaders to face the difficult questions posed by our increasingly inequitable health care system.

As we take stock of our inaugural efforts, we are proud of what we have accomplished, deeply grateful for the generosity of Blue Cross Blue Shield of Massachusetts, and committed to the spirit of idealism and optimism that prompted our creation.

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### Endnotes

- 1 Health Insurance Status of Massachusetts Residents, Massachusetts Division of Health Care Finance and Policy, January 2003.
- 2 Health Insurance Status of Massachusetts Residents, January 2003.
- 3 Health Insurance Status of Massachusetts Residents, January 2003.
- 4 Health Insurance Status of Massachusetts Residents, January 2003.
- 5 Health Insurance Status of Massachusetts Residents, January 2003.
- 6 M. Hams, M. Lee, Health Insurance Access Survey of Direct Care Workers in Nursing Homes and Home-Based Care Agencies in Boston, New Bedford/Fall River (Massachusetts: Health Care for All, April 2002)
- 7 K. Scott Collins, D. Hughes, M. Doty, B. Ives, J. Edwards, K. Tenney, Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans (New York: The Commonwealth Fund, March 2002).



# 2001-2002

## BCBSMA Foundation Grantmaking

**Innovation Fund for the Uninsured**

**Connecting Consumers with Care**

**Strengthening the Voice of Access**

**Pathways to Culturally Competent Care**

**Building Bridges in Children's Mental Health**

**Catalyst Fund**

**Policy Initiative Grants**

Since its inception in 2001 through December 2002, the Blue Cross Blue Shield of Massachusetts Foundation has awarded 153 grants totaling \$4.7 million to both programs and policy initiatives to expand access to health care. The Foundation works with public and private organizations to expand access and reduce barriers to care, and focus on developing sustainable solutions that benefit uninsured, vulnerable and low-income individuals and families in the Commonwealth.

### Innovation Fund for the Uninsured – December 2001 to December 2002

These grants help Massachusetts health care organizations to improve the organization, continuity and completeness of care for the uninsured.

**Boston Health Care for the Homeless Program**  
2001: \$50,000  
Support for Collaborative Clinical Efforts program to coordinate shelter-based team nursing care between two sites for the homeless.

**Boston Medical Center/Whittier St. Health Center/Dorchester Multi-Service Center Roxbury & Dorchester**  
2001: \$75,000  
Improve access to preventive and coordinated care for the uninsured.

**Brockton Neighborhood Health Center**  
2002: \$40,000  
Diabetes Care Plan to improve coordination among multiple providers serving the Center's diabetic population who are primarily uninsured, non-English speaking.

**Cambridge Health Alliance**  
2001: \$25,000  
Geographic Information System to better target and prioritize outreach and enrollment of uninsured in Metro North area.

**Community Action Committee of Cape Cod & Islands, Hyannis**  
2001: \$50,000; 2002: \$50,000  
Expansion of the Harmonic Outreach Project to connect the uninsured to health insurance and primary care providers.

**Cooley Dickinson Hospital, Northampton**  
2001: \$50,000; 2002: \$50,000  
Hampshire Health Connect program linking uninsured patients to 100 primary care providers at very low-cost.

**Dimock Community Health Center, Roxbury**  
2001: \$50,000; 2002: \$40,000  
Projecto Futuro Saludable (Health Future Project) focused on outreach, coordinated care, case management for uninsured Latinos.

**Ecu-Health Care, North Adams**  
2001: \$50,000; 2002: \$50,000  
Expand capacity for low-cost care, medications, and case management for the uninsured North Adams area.

**Lynn Health Task Force**  
2001: \$25,000  
Supplement to federal Community Access Program (CAP) grant for multi-cultural, multi-lingual staff for the Community Access Hotline, with a focus on Cambodian clients.

**Mason, Brightwood, High Street Health Centers, Springfield**  
2001: \$75,000; 2002: \$50,000  
Nurse case manager project for coordinated disease management care and enrollment in a medical home.

**Morton Hospital and Medical Center, Taunton**  
2002: \$45,000  
Establish an evening and weekend clinic for uninsured adults at the Friedman Middle School school-based health center.

**Partners for a Healthier Community, Springfield**  
2001: \$25,000  
Planning grant to enable Pioneer Valley Health Access Coalition to improve coordination and share resources among health access projects, and enabled the organization to receive a \$945,000 Community Access Program (CAP) grant.

**South End Community Health Center, Boston**  
2001: \$70,000; 2002: \$45,000  
New Medical Home program for coordinated care for uninsured, particularly African-American and Latino populations.

**Stanley Street Treatment & Resource, Inc. Fall River**  
2001: \$25,000; 2002: \$35,000  
Support for MediCall/Health Access Program to expand access for uninsured Brazilians and Latinos to free specialty care physician services.

**Falmouth Free Clinic**  
2002: \$50,000  
Individualized case management, medication assistance and monitoring, and counseling for uninsured adults.

**Family Van, Boston**  
2002: 25,000  
Support for mobile medical van serving uninsured and low-income people in inner-city Boston neighborhoods.

**Great Brook Valley Health Center, Worcester**  
2001: \$50,000; 2002: \$50,000  
Increase nurse case manager services in the chronic disease team for uninsured diabetes, asthma and cardiovascular disease patients.

**Greater Lawrence Family Health Center**  
2001: \$25,000; 2002: \$35,000  
Funding for Nuestro Futuro (Our Future) program to involve diverse stakeholders and Latino consumers in Lawrence in health access related public policy initiatives.

**Heywood Hospital/GHAP, Gardner**  
2001: \$50,000; 2002: \$50,000  
Expansion of the Gateway Health Access Program that provides outreach, enrollment and low-cost primary care for the uninsured.

**Holyoke Health Center**  
2001: \$63,000; 2002: \$50,000  
On-site ER Patient Outreach/Case Manager to provide outreach, care coordination and case management services to reduce ER usage by the uninsured.

**Island Health Plan, Martha's Vineyard**  
2002: \$50,000  
Support for Vineyard Health Care Access Reduced Fee Plan to expand access to coordinated care at off-island facilities; counseling for uninsured Islanders.

**Kit Clark Senior Services, Dorchester**  
2001: \$45,000  
Connect uninsured Cape Verdean and Haitian immigrant elders to insurance, medical and mental health care.

**Saint Francis House, Boston**  
2001: \$75,000; 2002: \$25,000  
Support for a model of continuous, integrated, "whole health care" for 400 to 600 uninsured homeless adults with complex needs.

**UMass Memorial Health Care, Worcester**  
2001: \$70,000; 2002: \$40,000  
Support for Care Mobile, a mobile medical and dental unit.

**Women of Means, Boston**  
2002: \$40,000  
Funding to expand and help sustain a grassroots organization serving the health care needs of uninsured homeless women in Greater Boston.

### Connecting Consumers with Care – December 2001 to December 2002

These grants support community-based efforts to ensure that low-income consumers enrolled in state-funded health insurance programs—particularly MassHealth—receive access to the health care services to which they are entitled.

**Berkshire Health Systems, Pittsfield**  
2001: \$15,000; 2002: \$15,000  
Funding for Advocacy for Access (AFA) program providing post-enrollment services to the uninsured in Central and Southern Berkshire County and new MassHealth enrollees.

**Boston Health Care for the Homeless**  
2001: \$15,000  
Supports program to create a Motel Outreach Team to provide clinical care and access to services for homeless families living in Peabody, Revere and Malden motels.

**Boston Public Health Commission**  
2001: \$15,000; 2002: \$15,000  
Enables Mayor's Health Line to conduct follow-up assessment of individuals and families helped with MassHealth enrollment, and targets children, immigrants, and low-income residents of Boston.

**Child Care Resource Center, Cambridge**  
2001: \$15,000; 2002: \$15,000  
Expands Health Access Program, which helps low-income, uninsured families in Cambridge and adjacent cities and towns enroll in insurance programs. Funding will increase multilingual enrollment and post-enrollment support.

**Dukes County Health Council, Martha's Vineyard**  
2001: \$15,000  
Supports Vineyard Health Care Access Program, which helps low-income full-time island residents enroll in insurance programs. Funds will expand outreach and counseling to Brazilian and Wampanoag residents.

**Lynn Public Schools**  
2001: \$20,000  
Supports school nurse program to link low-income Lynn Public School students and their families with coverage and primary care providers.

**The Mercy Hospital, Springfield**  
2001: \$20,000; 2002: \$20,000  
Supports expansion of Health Care for the Homeless program to connect homeless with health education, case management, and comprehensive health services.

**MetroWest Latin American Center, Framingham**  
2001: \$15,000; 2002: \$15,000  
Funding to maintain outreach, enrollment and post-enrollment services to Latinos, Brazilians in Framingham and Marlborough.

**Nueva Esperanza, Holyoke**  
2001: \$10,000; 2002: \$10,000  
Supports program for enrollment and post-enrollment assistance to low-income Latino residents of Holyoke.

**Outer Cape Health Services, Truro**  
2001: \$10,000; 2002: \$15,000  
Funding for Healthy Connections, an outreach, enrollment and post-enrollment service to low income residents of eight Cape Cod towns.

**Saint Anne's Hospital, Fall River**  
2001: \$15,000; 2002: \$15,000  
Funding to provide outreach, enrollment and post-enrollment assistance to low-income consumers and non-English speaking residents.

**Fenway Community Health Center, Boston**  
**2001: \$15,000; 2002: \$15,000**  
Funding to expand efforts to ensure post-enrollment insurance counseling and assistance with selection of appropriate providers for MassHealth-eligible consumers.

**Franklin Community Action Corporation, Greenfield**  
**2001: \$15,000; 2002: \$15,000**  
Funds Healthy Connections program to expand service to MassHealth-eligible residents in North Quabbin region.

**HealthFirst Family Care Center, Fall River**  
**2001: \$15,000**  
Supports a demonstration project to provide outreach and post-enrollment help, in collaboration with public schools.

**Hilltown Community Health Center, Inc., Worthington**  
**2002: \$15,000**  
Support for outreach, education and transportation program for MassHealth members in order to fully utilize their benefits.

**Joint Committee For Children's Health Care in Everett**  
**2002: \$10,000**  
Funds to establish a volunteer bilingual *promotoras* (health educators) program to enhance the outreach capability of Everett's only grassroots health advocacy organization.

**Lynn Health Task Force**  
**2002: \$20,000**  
Continued support for a multi-cultural, multi-lingual

Community Access Hotline (CAH), which serves uninsured residents of Lynn, with a particular focus on the Cambodian community and people with mental health and substance abuse problems.

**South Middlesex Legal Services, Inc., Framingham**  
**2002: \$15,000**  
Supports the Health Care Access Project, which provides enrollment and post-enrollment services to low-income consumers in the MetroWest area.

**South Middlesex Opportunity Council, Framingham**  
**2001: \$10,000; 2002: \$10,000**  
Supports outreach, enrollment and post-enrollment services for the growing homeless population in MetroWest.

**Upham's Corner Health Center, Dorchester**  
**2001: \$15,000; 2002: \$15,000**  
Support for outreach, enrollment and post-enrollment case management assistance to low-income, uninsured, and non-English speaking Dorchester residents.

**Vietnamese-American Civic Association, Inc. Dorchester**  
**2002: \$15,000**  
Enhance the Vietnamese Health Care Access Project for low-income, at-risk Vietnamese immigrants and refugees living in Boston, Chelsea, Malden, Quincy and Everett.

**Youth Opportunities Upheld, Inc., Worcester**  
**2001: \$15,000**  
Expands Project Access program for uninsured families in South Central Worcester County.

## Strengthening the Voice for Access – December 2001 to December 2002

These grants strengthen community-based policy activities, increase consumer participation in public policy development, and promote collaboration among policy and advocacy organizations.

**Ad Hoc Committee to Defend Health Care**  
**2001: \$20,000; 2002: \$3,000**  
Funding for an assessment of provider perspectives on health care and development of a presentation on health care reform to stimulate debate and engage the public.

**Community Partners (formerly AHEC/Community Partners)**  
**2001: \$30,000; 2002: \$30,000**  
Funding to convene community forums on key issues affecting health care access, and develop reports outlining community perspectives to inform policy and program implementation.

**Health Care For All**  
**2001: \$50,000; 2002: \$50,000**  
Funds the Health Care and Policy Leadership Project to build policy capacity, develop options for health coverage expansion and create a Health Care Leadership Network to assist community leaders to collaboratively help uninsured and underserved residents.

**Health Law Advocates**  
**2001: \$25,000**  
Support for the Health Care Justice for the Uninsured project to organize a statewide health care legal network to provide free legal services for vulnerable people who have been denied access to services, and to organize and represent community coalitions.

**2002: \$35,000**  
Support for HLA's Dental Health Access Project to increase access to dental care by instituting systemic change in the MassHealth dental program and restore adult dental services.

**Latin American Health Institute**  
**2001: \$50,000; 2002: \$40,000**  
Supports the Latin American Public Health Council, a collaborative effort to increase Latin American participation in health care advocacy efforts, eliminate disparities, and reduce the number of uninsured Latin Americans.

**Paraprofessional Health Care Institute**  
**2001: \$40,000; 2002: \$40,000**  
Continued support for the multi-year Health Insurance for Health Care Workers initiative to develop and promote principles and a policy framework to expand health insurance coverage for direct care workers.

**United Way of Massachusetts Bay**  
**2001: \$20,000**  
Support for policy research, community mobilization and education in order to expand access to health insurance for uninsured child care workers in Massachusetts.

**Massachusetts Community Health Worker Network**  
**2002: \$30,000**  
Support efforts to expand access to health care for the uninsured by developing the voice of community health workers and the people they serve.

**Massachusetts Housing and Shelter Alliance**  
**2001: \$50,000; 2002: \$50,000**  
Supports a new statewide initiative to promote the health care interests of disabled homeless people, resulting in strategies and policy initiatives that address their unmet needs.

**Massachusetts Immigrant & Refugee Advocacy Coalition**  
**2001: \$43,000; 2002: \$30,000**  
Support for the Immigrant Health Care Access Project to increase access to preventive health care services and benefits by immigrant families and their children.

**Massachusetts Law Reform Institute**  
**2002: \$35,000**  
Funding to defend MassHealth and other publicly funded access programs from further restrictions and cuts, and provide training and technical assistance to other advocates and outreach workers who serve low-income and uninsured consumers.

**Massachusetts League of Community Health Centers**  
**2001: \$50,000; 2002: \$50,000**  
Continued support for Community Advocacy for Change that educates, organizes and mobilizes community health center board members and other community advocates to respond to health policy changes that affect health center financing and patient access to community-based services.

**Massachusetts Senior Action Council**  
**2001: \$40,000; 2002: \$40,000**  
Continued support for the Campaign for Affordable Medications, an initiative to increase civic activism and

## Pathways to Culturally Competent Care – April 2002

These grants to health care delivery organizations help to support planning and programs for delivering culturally competent care to diverse patient populations.

**Beth Israel Deaconess Medical Center, Boston**  
**\$25,000**  
Establishes The Latino Consult Service, to build skills of staff by teaming them with bilingual and bicultural providers to deliver culturally competent care to Latino patients.

**Boston Health Care for the Homeless**  
**\$50,000**  
Supports the editing, production and national dissemination of the second edition of The Manual of Common Communicable Diseases in Shelters, the only manual about common infectious diseases among homeless populations to help providers appropriately treat the homeless.

**Boston Public Health Commission**  
**\$50,000**  
Supports the development, demonstration and evaluation of a cultural competence assessment tool for Boston health centers and other clinical sites to measure the effectiveness of culturally competent care, language access services, and organizational capacity.

**Brigham & Women's Hospital, Boston**  
**\$40,000**  
Funding to establish the Boston Consortium on Cultural Competence Training with three other hospitals (Beth Israel Deaconess, Massachusetts General Hospital and Boston Medical Center), to standardize training and protocols for delivering culturally competent health care.

**Cambridge Health Alliance**  
**\$50,000**  
Funds to support a demonstration project for delivering simultaneous medical interpreting and video conferencing interpreting, and measuring the cost-benefit of these new technologies compared with face-to-face interpreting.

**Fenway Community Health Center, Boston**  
**\$35,000**  
Funding to continue the Gay, Lesbian, Bisexual, Transgender (GLBT) Health Access Training Project with the Justice Resource Institute that offers, training, consulting and technical assistance to health care providers and agencies serving the GLBT population.

**Greater Lawrence Family Health Center-Merrimack Valley AHEC**  
**\$35,000**  
Funding to strengthen the cultural competency skills of certified interpreters and to strategically link interpreters and physicians to improve delivery of culturally competent care throughout Merrimack Valley.

**Health Access Collaborative of Southeastern Massachusetts, Inc.**  
**\$50,000**  
Supports the development and delivery of advanced cultural competence and interpreter training for professional and clinical staff, and basic medical interpreter training for administrative and reception staff at the New Bedford and Fall River hospitals, neighborhood health centers and community-based organizations that make up this collaborative.

participation of seniors in efforts to lower the costs of prescription drugs.

**Women's Educational and Industrial Union**  
**2001: \$35,000; 2002: \$35,000**  
Support to develop a Health Sufficiency Standard (HSS) to create awareness of the costs of health care and illness and help advocate for policies to ensure health care access for all women and families in Massachusetts.

**Holyoke Hospital**  
**\$50,000**  
Funding for language and cultural competence training for all direct care workers involved in the entire continuum of care for Holyoke's Latino women of childbearing age.

**Home Health VNA, Lawrence**  
**\$15,000**  
Supports a planning grant to develop a culturally competent process for transitioning diverse patients from acute care to home care, in partnership with Lawrence General Hospital and Saints Memorial Medical Center in Lowell.

**New England Medical Center, Boston**  
**\$40,000**  
Supports the mentoring of 100 recently trained medical interpreters serving refugee and immigrant populations, teamed with clinicians and staff at greater Boston hospitals and community health centers.

**South Cove Community Health Center, Boston**  
**\$40,000**  
Funding to translate more than 200 commonly used medications and medical devices into Chinese instructions in a culturally competent way that bridges traditional and Western health care.

**Caritas Good Samaritan Medical Center, Brockton**  
**\$20,000**  
Funds expand the supply and skills of interpreters for the medical center, Brockton Community Health Center and 50 private medical practices.

**Carney Hospital, Dorchester**  
**\$30,000**  
Supports funding to launch a multi-faceted plan for integrating culturally competent practice and programs into the hospital's delivery of care for a culturally diverse patient population.

**Center for HIV/AIDS Care and Research-Boston Medical Center**  
**\$40,000**  
Funds will strengthen the capacity of hospital-affiliated health centers to provide culturally competent HIV/AIDS health care to Latino and African American patients, in partnership with the Multicultural AIDS Coalition.

**Codman Square Community Health Center, Boston**  
**\$50,000**  
Funding for a comprehensive cultural competence training for all physicians, interns, and staff; development of a train-the-trainer model, and web-based self-assessment and training in Haitian Creole and Spanish.

**Dorchester House Multi-Service Center**  
**\$35,000**  
Funding to enhance the skills of health center staff and clinicians in delivering culturally competent primary care services to Vietnamese domestic violence victims, in partnership with Center for Community Health Education, Research and Service; Little House Health Center; Harbor Health Services, and Neponset Health Center.



**Jewish Memorial Hospital & Rehabilitation Center  
Roxbury  
\$15,000**

Supports a planning grant to conduct a community assessment and identify potential cultural barriers to visiting the hospital, and develop a plan for training physicians and staff. Community partners: Action for Boston Community Development, National Caucus on Black Aged.

**Joseph M. Smith Community Health Center, Brighton  
\$15,000**

Funding for a planning grant to support an organizational diversity assessment and develop a plan for institutional transformation, in partnership with the Massachusetts Association of Portuguese Speakers.

**Lawrence General Hospital  
\$15,000**

Supports a planning grant to build a career ladder program to improve skills, wages and motivation among service employees who are primarily ethnic and linguistic minorities.

**Lowell Community Health Center  
\$40,000**

Funding for a comprehensive training initiative to serve the Brazilian and African immigrant communities through interpreting and cultural competence for physicians and staff, in partnership with the African Assistance Center and the Massachusetts Association for Portuguese Speakers.

**Lowell General Hospital  
\$10,000**

Funding to train bilingual/bicultural administrative and reception staff in medical interpreting and increase the supply of certified medical interpreters in the region. The Merrimack Valley AHEC will provide the appropriate cultural competence training.

**VNA Care Network  
Eastern and Central Massachusetts  
\$25,000**

Funds strengthen interpretation, deliver cultural competence training and provide resources for clinicians serving 10 different ethnic minority patient groups. Funds also support development of a resource library. The Brazilian Community Association, Asian Resource Center, Metta Health Center, New Vision Foundation and Lynn Community Health Center are key collaborators.

**VNA of Cape Cod & Islands  
\$25,000**

Funding supports a centralized medical translation center, and culturally competent clinical practices for students, and increases the supply of qualified medical interpreters available to local providers.

**Greater Lawrence Community Action Council  
Partners: Greater Lawrence Family Health Center,  
Family Service, Inc., Parent/Professional Advocacy  
League, Lawrence Public Schools**

Target Community: Lawrence

Funding will support planning and needs assessment to identify barriers to children's mental health services for families with pre-school children, and develop a more accessible care system for families.

**The Guidance Center  
Partners: Cambridge Health Alliance, Cambridge  
Public Schools, Brandeis University Heller School,  
City of Cambridge and 16 other public and  
private organizations**

Target Community: Cambridge

Funding to pilot a program of treatment linkages for children 0-5 years old from low-income families at risk for developmental and mental health problems in Cambridge-Somerville area.

**Martha Eliot Health Center  
Partners: Brookside and Southern Jamaica Plain  
Health Centers; Manning and Kennedy Elementary  
Schools, Northeastern University, Children's  
Hospital-Dept. of Psychiatry**

Target Community: Jamaica Plain

Support for the development of a community-based mental health care network to reduce fragmentation of services for low-income and uninsured Latino and African American children and their families in Jamaica Plain.

**South Shore Mental Health  
Partners: Quincy Community Action Program  
Head Start, South Shore Day Care, Manet  
Community Health, Quincy Public Schools**

Target Community: Quincy

Funding to maximize access to, and coordination of behavioral health services for families facing multiple risk factors with children ages two through six, with a special focus on outreach to the Asian community.

**Wayside Youth & Family Support Network  
Partners: Early Intervention Parent Advisory Group,  
Wayside's Beaverbrook Early Intervention and  
Counseling Programs, Newton-Wellesley Hospital,  
Joseph M. Smith Community Health Center,  
Waltham Public Schools, and Communities United**

Target Community: Waltham

Supports the development of a community-wide coalition to address the emerging mental health needs of low-income Latino children in Waltham between three and six, who fall between the age limits for Early Intervention and public school admission.

**Worcester Communities of Care  
Partners: The Family Health Center,  
Community Healthlink, DSS, DMH, DYS, Worcester  
Public Schools and Southeast Asian Coalition  
of Central Massachusetts**

Target Community: Worcester

Funding for the Building on Vietnamese Family Strengths initiative to remove barriers to mental health services for Vietnamese children and their families in Worcester.

## Building Bridges in Children's Mental Health – October 2002

These grants support community-based collaborations to reduce the fragmentation of mental health services for children and support their families. These are three-year grants, with the first year \$25,000 award in 2002 devoted to planning.

**Boston Institute for Psychotherapy  
Partners: Dimock Community Health Center,  
Jewish Family & Children's Services**

Target Communities: Roxbury, Dorchester, Mattapan

Supports training for pediatric, Early Intervention and behavioral health providers, and other providers working with young children to identify, refer, treat children and families at risk for infant and early mental health problems.

**Boston Medical Center  
Partners: South Boston Health Center,  
South Boston High School**

Target Community: South Boston

Supports the Suicide Prevention Project, targeting high-risk adolescents who receive health care at South Boston Health Center and attend the high school.

**Brighton-Allston Mental Health Association  
Partners: The Thomas Gardner Extended Services  
School, Boston College, Joseph M. Smith  
Community Health Center, YMCA at Oak Square**

Target Community: Boston

Funding for a community-based wrap-around program (WRAP) for Gardner School students, with trainings for teachers and other community partners in early detection and intervention, and case management for children and families.

**Brightwood Health Center  
Partners: Massachusetts Society for the  
Prevention of Cruelty to Children (MSPCC),  
Brightwood Elementary School; Health and  
Addictions Research**

Target Community: Springfield

Supports development of the Children's Health Integration and Referral Project (CHIRP), a system of early detection, home outreach, and improved referrals to reach underinsured and uninsured children in need of mental health services in the North End of Springfield.

**Massachusetts Society for the Prevention  
of Cruelty to Children (MSPCC)**

**Partners: Holyoke Health Center; Holyoke,  
Chicopee, and Springfield Head Start,  
Enlace de Families/Holyoke Family Network**

Target Community: Holyoke

Support for the Holyoke Children's Mental Health Collaborative, which targets low-income children and families in the city's Latino community.

**McLean Hospital  
Partners: Curley Middle School, Boston Public  
Schools, Massachusetts General Hospital,  
Harvard University Graduate School of Education,  
YMCA, Big Brother/Big Sister Assoc.**

Target Community: Jamaica Plain

Funding for RALLY (Responsive Advocacy for Life and Learning in Youth) program in the Curley Middle School for prevention, early detection and access to resources for children and families with mental health issues.

**MGH Revere Health Center  
Partners: Revere Public Schools, North Suffolk  
Mental Health Associates, and Revere CARES**

Target Community: Revere

Support for a primary prevention mental health program targeting 9 to 13-year-olds in Revere, many of whom are Latino and Southeast Asian.

**Children's Friend and Family Services  
Partners: North Shore Medical Center/Children's  
Hospital, North Shore Community Health Center,  
Health and Education Services, North Shore  
Emergency Services, and North Shore Education  
Consortium**

Target Communities: Salem, Peabody, Beverly

Funding for a collaboration to improve children's mental health services and family support, including multiple family group therapy and home-based treatments. Services would focus on youth at risk of institutional placement.

## Catalyst Fund Grants

These capacity-building mini-grants were awarded to organizations serving the health care needs of uninsured and low-income people through a program established and funded exclusively by the associates of Blue Cross and Blue Shield of Massachusetts, Inc.

**South End Community Health Center, Boston  
\$2,500**

**Great Brook Valley Health Center, Worcester  
\$2,358**

**Stanley Street Treatment & Resource, Inc., Fall River  
\$2,500**

**The Duffy Health Center, Hyannis  
\$2,500**

**Greater New Bedford Community Health Center  
\$2,500**

**Healthy Malden, Inc.  
\$2,500**

**Mid-Upper Cape Community Health Center  
\$2,470**

**The Open Door Free Medical Program, Hudson  
\$2,500**

## Policy Initiative Grants – December 2001 to December 2002

**The Access Project  
2002: \$50,000**

Support for a policy brief to explore the extent to which medical debt serves as an access barrier, the policy context and potential policy solutions.

**MassHealth Defense Project  
2001: \$40,000; 2002: \$25,000**

Support for coalition building, research and education components of the effort to preserve and restore MassHealth coverage and benefits.

**Massachusetts Health Funders Network  
and Massachusetts Health Policy Forum  
2002: \$5,000**

Funding for a jointly commissioned report, "MassHealth: Dispelling Myths and Preserving Progress."

**Parent/Professional Advocacy League  
2002: \$25,000**

Support for survey and report, "Speak Out for Access: The Experiences of Massachusetts Families in Obtaining Mental Health Care for Their Children" documenting the experiences of 300 families who have sought mental health services for their children; an initiative developed in collaboration with Health Care For All.

**Schneider Institute for Health Policy,  
Brandeis University  
2002: \$45,000**

Support for a study examining the extent to which emergency department overcrowding represents a barrier to health care access for uninsured and under-served Massachusetts residents.

## Supporting Philanthropy – 2001 to 2002

**Associated Grantmakers of Massachusetts  
2001: \$4,000; 2002: \$5,000**

Membership in support of AGM's mission to support the practice and expansion of effective philanthropic giving.

**Grantmakers in Health  
2001: \$2,500; 2002: \$2,500**

Membership in support of GIH's mission to be a substantive and effective resource to health funders.

# Financial report

## Blue Cross Blue Shield of Massachusetts Foundation, Inc. For Expanding Healthcare Access

### From the Finance and Audit Committee

The Blue Cross Blue Shield of Massachusetts Foundation, Inc. For Expanding Healthcare Access (the Foundation) changed its name from WellChild, The Foundation of Health for Life, and changed its mission in 2001. The Foundation acquired the remaining assets of WellChild in the amount of \$1.2 million and is utilizing the funds to make grants in the area of improving children's mental health.

Blue Cross and Blue Shield of Massachusetts, Inc. made contributions to the Foundation's endowment of \$25 million in 2001 and \$10 million in 2002. These contributions have enabled the Foundation to distribute grants totaling \$1.7 million in 2001 and \$3.1 million in 2002. In addition, the company made additional cash and in-kind contributions to the Foundation totaling \$3.6 million in 2001 and \$3.1 million in 2002. Blue Cross and Blue Shield of Massachusetts' in-kind contributions represent a significant amount of the Foundation's operating costs, including some salaries and benefits, facility costs and other operating expenses.

The year ended December 31, 2002 was a challenging one for all investors. The Foundation experienced a \$4 million unrealized investment loss and a total return of -11.7%. During the year, the Foundation was invested approximately 55% in equities and 45% in fixed income. We believe that a well-diversified portfolio will position the Foundation to make a significant contribution to the community well into the future. As the new year unfolds, hopefully we will see an improvement in the financial markets which will produce appreciation in the Foundation's portfolio.

Our thanks to the hardworking members of the Finance and Audit Committee, Blue Cross and Blue Shield of Massachusetts, Inc. and its finance staff, and our investment consultants, New England Pension Consultants.

Submitted by,

Milton Glass

Chair

Finance and Audit Committee

Finance and Audit Committee

Chair: Milton Glass

Jackie Jenkins-Scott

Richard Lord

### STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

	Year ended December 31	
	2002	2001
	<i>(In thousands)</i>	
Unrestricted revenues and other support:		
Contributions in-kind	\$810	\$773
Contributions	12,370	27,863
Interest income	1,038	431
Net unrealized and realized (losses) and gains on long-term investments	(3,986)	551
Total unrestricted revenue and other support	10,232	29,618
Expenses:		
Salaries and benefits	546	531
Grants	3,055	1,696
External professional services	677	367
Printing, stationery and supplies	54	111
Other expenses	120	123
Total expenses	4,452	2,828
Excess of unrestricted revenues and other support over expenses and change in unrestricted net assets	5,780	26,790
Net assets at beginning of year	27,962	1,172
Net assets at end of year	\$33,742	\$27,962

### BALANCE SHEETS

	Year ended December 31	
	2002	2001
	<i>(In thousands)</i>	
<b>Assets:</b>		
Cash and investments	\$33,918	\$28,255
Total assets	\$33,918	\$28,255
<b>Liabilities and net assets:</b>		
Due to Blue Cross and Blue Shield of Massachusetts, Inc.	\$176	\$293
Net assets-unrestricted	33,742	27,962
Total liabilities and net assets	\$33,918	\$28,255