Who’s speaking up to strengthen the voice for access?
Tackling the Problem Head-On

The Foundation brings together public officials, business leaders, health care providers, and advocates to discuss the uninsured in Massachusetts.

Assign ThIs

A new institute aims to inform public discussion with an independent look at Medicaid.

Strength in Numbers

Giving grantees a chance to connect boosts morale, and increases effectiveness.

Getting the Message Across

Journalists face the complex world of health care.

Philip W. Johnston and Andrew Dreyfus talk about health care coverage, innovation, challenges — and cabdrivers.

Philip W. Johnston is the founder and president of Philip W. Johnston Associates, a health and human services consulting firm in Boston. He has held various positions in the field for three decades, including New England Director of the U.S. Department of Health and Human Services under President Clinton and Massachusetts Secretary of Health and Human Services. In addition to chairing the board of the Foundation, he chairs the Massachusetts Health Policy Forum.

Andrew Dreyfus, president of the Blue Cross Blue Shield of Massachusetts Foundation, has served as executive vice president of the Blue Cross Blue Shield of Massachusetts Foundation and as the Commonwealth’s Undersecretary of Consumer Affairs and Business Regulation. He also chairs the Kenneth B. Schwartz Center, a not-for-profit organization housed at Massachusetts General Hospital in Boston and dedicated to strengthening the relationship between patients and caregivers.

Q: What role does the Blue Cross Blue Shield of Massachusetts Foundation play in the state’s health care community?

PDW: The Foundation has been greeted with an overwhelmingly positive response from people involved in expanding access to care, and it plays a role in a variety of ways. One way is through the Massachusetts Medicaid Policy Institute, which helps policymakers [see story, page 10]; another is through the Health Coverage Fellowship [see story, page 17], in which we give 10 journalists the opportunity to examine health care issues in-depth, with speakers, field trips, and roundtable discussions. That’s been very important, because health care involves a complicated set of issues — the financing alone practically requires a PhD degree — and people tend to be overwhelmed by it. So to the extent that we can help inform journalists who are reporting on health policy, we’ve made a significant contribution to the community.

Blue Cross Blue Shield of Massachusetts is a not-for-profit insurer of two and a half million people in Massachusetts, and it plays a critical role in the delivery of health care in our community. The fact that its CEO, Bill Van Faren, and board decided to put $55 million into an organization to deal with expanding access to health care speaks volumes about the role of both Blue Cross Blue Shield and the Foundation in Massachusetts. We want to be good corporate citizens and provide a voice to the vulnerable and powerless in the state who do not usually have access to the resources of large corporations that are willing to take up their cause.

Q: Tell us more about the Massachusetts Medicaid Policy Institute and why it was established?

PDW: The Foundation’s mission is very clear, and that is to expand access to high-quality, affordable health care for uninsured and underserved individuals and families in Massachusetts. We have also made a major commitment to promoting better understanding of the Medicaid program.

This wasn’t part of our original focus, but it’s a need we found increasingly urgent as the health care environment has changed over the past year. In partnership with Blue Cross Blue Shield, more than a million dollars has been committed to this research-based institute over the next two years. Though it, we intend to work closely with policymakers, consumers, providers, and advocates to help develop a more thoughtful public conversation about the Medicaid program in our state. I think the Institute will have a long-lasting impact on hundreds of thousands of people who depend on Medicaid for their health care.

Q: How has the health care environment changed since 2001?

PDW: When the Foundation was established that year, it was a time of great optimism on issues of health care access. The economy was strong, the number of uninsured was falling, and the state and federal governments were enjoying record surpluses. Now, we’re in the opposite situation, where the number of uninsured is growing, the state Medicaid program is under severe cost pressures, and it’s more important than ever that we make a difference.

All those trends put tremendous strain on organizations that deliver care to the uninsured. All those trends put tremendous strain on organizations that deliver care to the uninsured.

Q: Are any other initiatives underway that inform public policy?

PDW: At a time of great stress in our health care system, it’s more important than ever that we have a more vigorous public debate about health care issues and values. Through our annual Summit [see story, page 4], our journalism fellowship program, and other policy initiatives, we’re trying to encourage leaders in Massachusetts to focus on the problems of people without insurance.

There is compelling evidence that the uninsured live sicker lives, delay getting needed care, and die sooner. The public in Massachusetts believes that everyone should have access to the same quality of care regardless of their income. So we’re working to resolve the gap between what we want and what we currently have. Our current system provides one level of care for people with insurance and another level for people without. We have to change that.

PDW: Also, we’re one of the few foundations in the state — in the country, actually — to make such a large commitment to funding advocacy. We believe it’s important to support groups like Health Care For All and the Massachusetts Senior Action Council, and also to help small, community-based organizations expand in ways that otherwise would have been possible. At the end of the day, that’s the center of the action: at the grassroots.

Q: What do you see as the organization’s biggest challenges in the coming year?

PDW: The number of uninsured in our state and in our state is growing, but a problem that is often overlooked is that huge numbers of working people are underinsured too. Drugs and services that aren’t covered, as well as high out-of-pocket costs, can become an economic problem for people.

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Q: What is the most innovative project the Foundation itself is working on at the moment?

PDW: I think the biggest thing about the Foundation is that it’s very much people-driven. Every year, we give a million dollars to grantees, and we get a million dollars in return. Our grantees are the ones who decide how to spend the money, and they’re the ones who decide what projects we fund.

Another big problem is that communities of color and new immigrants are disproportionately uninsured. We’re trying to find the most effective ways to reach both very poor people and people who feel alienated from mainstream culture, so that they will begin to receive quality health care services. One of the great things about the Foundation is that we’re flexible enough to be able to support small, innovative, community-based programs that can reach these people in ways that some large organizations are unable to do effectively.

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“No single event ever changes American life,” says Robert J. Blendon, Sc.D. “But a single event can start a process that changes everything.”

“Taking the Public’s Pulse: A Summit on Access,” the Foundation’s second annual leadership meeting, held on October 31, 2003, at the John F. Kennedy Library, was one event in a process calculated to promote change. Several hundred key players in the state’s health, business, labor, and advocacy communities convened to discuss the problems with the current health care system, the challenges of reaching universal coverage, and constructive approaches for transforming health care in Massachusetts.

Blendon, a professor of health policy and political analysis at the Harvard School of Public Health and the John F. Kennedy School of Government, opened the program by sharing the results of the Foundation-sponsored survey — “The Uninsured in Massachusetts: An Opportunity for Leadership” — he conducted with colleagues by interviewing 1,000 randomly selected adults across the Commonwealth.
Health care coverage and health care access are key values in Massachusetts. The state’s residents want everyone to be covered.

— Robert J. Blendon, Sc.D., Harvard School of Public Health

“The time has come to more directly confront the problems of the uninsured,” says Foundation President Andrew Dreyfus. “The last time we had a major discussion of the issue in this country was in the early ’90s, and that was much too long ago, particularly when the number of uninsured is growing.”

“The survey gave the group an understanding of the public’s views of these issues,” Dreyfus continues. “It was an important reminder that health care coverage and health care access are key values in Massachusetts. The state’s residents want everyone to be covered.”

One of the clear conclusions drawn by the survey was that the people of the Commonwealth are aware of the problem and want it fixed.

“The poll showed that the issue is prominent in the public eye,” Blendon adds, “but that there is not a lot of consensus regarding the different types of plans to address it. Many people in a position to create change favor one particular plan, and often they are extremely wedded to their own view. But what this survey tells us is that no one plan is seen as better than any other. In order to solve this problem we will need to make some big compromises.”

The survey asked the public its view of a number of proposals, including a single-payer system like Canada’s, an expansion of MassHealth, tax credits to employers that cover health insurance, and a requirement that all employers provide coverage. And though there is no lack of commitment on the part of the public to support the uninsured, each of these approaches is seen as having major drawbacks.

Blendon pointed out that the survey uncovered another danger for those who believe the current health care system must change: the public is not very knowledgeable about the issues, and is easily dissuaded from addressing the problem of the uninsured when presented with the criticisms of anti-tax and other lobbyists who seek to maintain the status quo.

“When the opponents of universal coverage have access to the airwaves,” he said in his remarks at the Summit, “they fill the heads of people who are committed to something but just don’t know enough to frame it. People are susceptible to being affected by what are basically extremist arguments.” Blendon pointed out that the only way to effectively address this obstacle and seize the window of opportunity he believes is beginning to crack open is to form a broad-based coalition including union leaders, clergy, businesspeople, and health care workers. Such an alliance is necessary not only to raise funds for public-awareness campaigns, he said, but also to pick out individuals to act as “trust figures” to the general population. “People around the state poll not read the proposal. They’ll look at who supports it.”

Blendon set the tone for a mid-morning panel discussion that clearly outlined the goal of universal coverage and began to look at ways of working toward it. It is precisely that kind of discourse, he maintains, that will start the ball rolling, and he believes that the annual meetings sponsored by the Foundation “create an environment that will get these business leaders, providers, and advocates talking.”

“It was the first time a lot of these people have been together in the same room,” he says. “I think it provided some hope for people who are working on these issues that something exciting could happen in the future.”

Senator Edward M. Kennedy, the day’s keynote speaker, provided further encouragement. “For decades we have required employers to contribute to Social Security and Medicare,” he said. “We require them to pay a minimum wage and contribute to unemployment insurance. Now is the time to say they also have an obligation to contribute to the cost of health insurance for their employees. Every job should come with a guarantee of health care.”

He quoted many devastating statistics, from the number of people who file for bankruptcy annually because of uninsured medical costs (200,000), to the percentage increase in mortality for uninsured women whose breast cancer was not diagnosed or treated in time (50 percent), to the blizzard of prescriptions that go unfilled every year (50 percent), to the blizzard of prescriptions that go unfilled every year (50 percent), and to the probability of mortality for uninsured women whose breast cancer was not diagnosed or treated in time (50 percent), to the probability of mortality for uninsured women whose breast cancer was not diagnosed or treated in time (50 percent), to the fraction of people who have medical errors, computerize patient records, end duplication and waste in everything from patient visits to testing procedures, and invest in prevention, quality, and disease management. “I think it provided some hope for people who are working on these issues that something exciting could happen in the future.”

Senator Kennedy was impressed regarding the need for Medicare to cover prescription drugs, and maintained that the “right way to control costs is to improve the efficiency and quality of health care.”

“A major part of the cost problem,” he said, “is that we are struggling to make the 21st century health care system work with 19th century administrative methods.” Efforts to reduce medical errors, computerize patient records, end duplication and waste in everything from patient visits to testing procedures, and invest in prevention, quality, and disease management were among the Senator’s recommendations for beginning to tackle the enormous challenges of health care system reform.

He ended by calling for the state to lead the nation — and the attendees to lead the state — in bringing quality health care to everyone. “I intend to do my part,” he said, “and I expect you to do yours.” The standing ovation he received seemed to indicate the willingness of Summit participants to fulfill their end of the bargain.
The Foundation works to strengthen the voice for access by funding advocacy groups

Most public speakers don’t really try to capture the audience in their undergarments — but they may begin shedding clothing themselves. “The first time I spoke in front of a group,” says Lisa Renee Siciliano, “I was so nervous and fidgeted so much that I kicked off my shoes. I was standing there barefoot, grasping the podium for dear life and just hoping something would come out.”

Siciliano is a seasoned public speaker, having addressed dozens of Community Health Worker (CHW) meetings and recently appearing as the keynote speaker at a national conference. “Now I know my voice counts,” she says.

Siciliano is emblematic of the mission of the Massachusetts Community Health Worker Network (MACHW), an all-volunteer organization she joined several years ago. MACHW promotes professional development among CHWs like Siciliano, who is now with the Massachusetts Public Health Association.

Not only has Siciliano blossomed in her new role, but she is helping to plant the seed in others as well. She has encouraged her mother — who educates low-income women about breast cancer — to speak out for CHWs. Siciliano and MACHW chair Durrell Fox recently led a two-day “Train the Trainers” seminar that put 17 CHWs on the advocacy track by demonstrating the legislative process and helping them hone their presentation skills. That initiative and other MACHW advocacy projects were funded by a $30,000 grant under the Foundation’s Strengthening the Voice for Access program.

Helping MACHW translate from a voluntary to a paid staff, the money is giving the organization the gift of time. “Many people in this field are already working three jobs,” says Fox, who is also project director for the New England HIV Education Consortium and a community liaison for Boston Happens, which provides support for at-risk adolescents. MACHW is just one of the 12 “Voices” grantees focused on two leaders of the Massachusetts Community Health Worker Network. The Foundation works to empower grassroots leaders to advance policy goals.

When the Foundation was created in 2001 with a mission to expand access to health care, the state and the nation were predicting budget surpluses. Although the number of uninsured in Massachusetts was high at 360,000, there was hope that this figure would decline. However, an economic recession and massive state budget shortfalls have driven the number of uninsured to more than 500,000, and made the Foundation’s mission more critical than ever.

“Demystifying the legislative process and helping them hone their presentation skills. That initiative can be used to back up advocacy efforts in the business community and among health providers, unions, and legislators. It’s very clear that to tackle this issue we need many voices speaking from a wide, not only perspective, and that they all have to be on the same page.”

One of the grantees that has been historically among the most successful at advocacy is Health Care For All (HCFA), an organization dedicated to making adequate and affordable health care available to everyone, regardless of income or social status. A $50,000 grant from the Foundation is helping HCFA to educate and empower the grassroots. “It’s extremely important for legislators to understand the actual implications of inadequate health coverage in people’s lives,” says Marcus Haas, HCFA’s director of programs. “The uninsured really suffer in terms of their health and their quality of life, and once they learn more about the issues themselves, they can become spokespersons and tell their stories.”

The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.

—Martin Luther King, Jr.

Neil Cronin, policy analyst and advocate with the Massachusetts Law Reform Institute (above) represents one of the 12 “Voices” grantees focusing on health care advocacy for uninsured and low-income people in Massachusetts. Lisa Renee Siciliano and Durrell Fox are two leaders of the Massachusetts Community Health Worker Network.

Blue Cross Blue Shield of Massachusetts Foundation / 2003 Annual Report
Who are the one in six Massachusetts residents covered by MassHealth, the state’s Medicaid program? They are the former high school teacher who was named the Institute’s first executive director in September 2003. “As a nonpartisan place to look for cuts, it’s the single largest item in the Commonwealth’s budget, at more than $6 billion annually — it is a logical approach that will strengthen the program.” Turnbull adds, is to identify approaches in other states or among private insurance plans that could be effective in improving Medicaid in Massachusetts. Educational initiatives targeted at legislators, journalists, health care advocates, and business communities are also in the works.

But Jenkins-Scott hastens to add that the public will be a key audience for the Institute’s work as well. “Taxpayers should know how the state is using its resources,” she says. “At the end of the day we all want to feel that our public dollars are being spent in the most effective way possible. Most important, by informing the public, the Institute can help us as a society to examine our values, articulate them, and either confirm or challenge them. I’m confident that the Institute will make a difference to both the fiscal health of the state and the physical and mental health of our citizens.”

MMPI has attracted an impressive list of board members from all walks of community leadership, including physicians, labor leaders, finance professionals, and health care advocates, led by co-chairs Richard Lord, president and CEO of Associated Industries of Massachusetts, and Jackie Jenkins-Scott, president of Wheelock College and former CEO of Dimock Community Health Center. “It’s no small achievement to bring this diverse group of leaders together,” Belin says. “That the Institute has attracted people of this stature from the beginning shows how important an initiative this is.”

Among the Institute’s key objectives, Turnbull adds, is to identify approaches in other states or among private insurance plans that could be effective in improving Medicaid.

There has been little in-depth independent analysis of the state’s Medicaid program publicly available,” says Sarah Belin, director of policy, research, and evaluation for the Foundation. “Other organizations may analyze it from a fiscal standpoint, but really no independent organizations are looking at the many policy questions around this program with the goal of helping leaders better understand it. That’s why the Institute was set up.”

“It plays an important role in the state’s economy,” says Nancy Turnbull, executive director of the Massachusetts Medicaid Policy Institute (MMPI) — created in 2003 with a $1 million grant from Blue Cross and Blue Shield of Massachusetts and the Foundation — is the pioneer.

The mental health of nearly a third of residents covered by MassHealth, the state’s Medicaid program, has been no organization specifically dedicated to doing data entry. They are the suburban child in a residential school for the mentally ill, and the Vietnam vet in a nursing home with Alzheimer’s. They are the former high school teacher who was named the Institute’s first executive director in September 2003. “As a nonpartisan place to look for cuts, it’s the single largest item in the Commonwealth’s budget, at more than $6 billion annually — it is a logical approach that will strengthen the program.” Turnbull adds, is to identify approaches in other states or among private insurance plans that could be effective in improving Medicaid in Massachusetts. Educational initiatives targeted at legislators, journalists, health care advocates, and business communities are also in the works.

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Thou Larry, 47, has worked most of his life — usually as a deliveryman or driver — it hasn’t always been easy. His bipolar disorder, diagnosed when he was in high school but improperly treated for many years, made him by turns irascible and depressed. “Sometimes I’d get real excited and be very outgoing,” he says, “and then I’d turn around and be real sad, unable to leave the house. I’d blast off on the other employees or my boss and get real worked up with nervousness or anger. I had trouble keeping a job.”

As if his luck wasn’t bad enough already, it got worse the day he was standing in back of his truck on a slight hill, unloading pallets packed with muffins. The truck parked behind him slipped and rear-ended him. “You have to have a good back to deliver,” he says. “That accident knocked me out of work.”

For a few years, he got disability payments through Social Security, but “it wasn’t taking care of things well enough,” he says. He felt the treatment he was getting at one of the local hospitals was cursory and impersonal, and it was getting harder and harder to keep up with all the bills. That was when someone directed him to PACT, the Program for Assertive Community Treatment, in Worcester. The counselors there helped him move from his mother’s house, where he’d been staying since the accident, to a rooming house; they worked to get his finances in order, introduced him to an in-house doctor who tried various treatments until his bipolar disorder became more manageable, and eventually even hired him as van driver. But perhaps most important, they enrolled him in MassHealth so that he could get the treatment he needed without having to worry about how he was going to pay for it.

He says without it, he never would have achieved the level of independence he now has. “That’s a fact, right there,” he says. “Without Medicaid I couldn’t afford the medical bills. And without the doctor and the counselor I see, I wouldn’t have my medication” — the medication that keeps him on an even keel, so that he can enjoy the people he works with and the lifelong friend with whom he now shares an apartment.

“I really rely on those prescription drugs,” he says. “I make sure I take them every day. I still have mood changes, but now I get through them all right. And I feel really good about the work I’m doing for PACT. It gets me up in the morning, you know?”

One of the MMPI’s first projects will be a policy report on MassHealth members with disabilities, like Larry. The goal of this report will be to improve understanding of this very diverse group of Medicaid enrollees, and to identify opportunities and approaches that will enhance the ability of the program to provide high quality, cost-effective care to this growing population.
It can be very frustrating,” she says, “and just can just, in general, make you feel down. We have a lot of low-paying jobs in the area, and unemployment has skyrocketed, so more and more people are losing their insurance or have inadequate coverage. You're constantly flooded with people in predicaments. They can't get the medications they need, they have to choose between food and medicine, they chronically don't get health care, they have emergencies. You really feel for them. And on top of that, you're wondering if you can even stay open.”

Community health workers like Boughton and Hunt have begun to feel slightly less alone since the Blue Cross Blue Shield Foundation began to convene groups of grantees within each grant program focus area as a way to connect them with others involved in the same kind of work. Each program focus area’s grantees meet periodically throughout the year to get to know one another and share best practices.

The topics for meetings are tailored to the nature of the grantees’ work, and the goals of the program focus area. Whether the grantees be Connecting Consumers with Care groups, which support community-based efforts to enroll low-income consumers in Medicaid and connect them with primary care; Strengthening the Voice for Access organizations, which advocate for the interests of the uninsured and underinsured in Massachusetts; or Pathways to Health, which aims to enroll children in the Massachusetts Health Foundation’s Children’s Health Insurance Program; or Pathways to Health, which aims to connect them with primary care; Strengthening the Voice for Access organizations, which advocate for the interests of the uninsured and underinsured in Massachusetts; or Pathways to Health, which aims to enroll children in the Massachusetts Health Foundation’s Children’s Health Insurance Program; or Pathways to Healthy Teeth, which focus on children’s oral health, the meetings and conferences are designed to help them recharged.”

That’s exactly the response that experts from Dodge and Litz Waetzig are hoping for from local organizations. Last year, their National Technical Assistance Center for Children’s Mental Health at Georgetown University’s Center for Child and Human Development was hired by the Foundation to lead four daylong Building Bridges in Children’s Mental Health meetings and three conference calls. They also provided help to individual grantees on an as-needed basis.

They led sessions and calls with grantees about creating systems of care for children and their families, social marketing and public awareness, the screening and assessment of children, evaluating program effectiveness, and family involvement, particularly in relation to cultural competence. “Promoting family involvement and cultural competence are easier said than done,” Waetzig says. “How do you make these concepts real at the practice level?”

Waetzig and Dodge presented a framework for a system of care based on principles and values nationally recognized in the field of mental health. They helped the grantees develop concrete procedures by doing self-assessments, planned evaluation strategies, and discussed tools as simple as paying family members to attend wraparound meetings. “You’re paying everyone else,” Waetzig points out, “why not pay them?”

“One of the nice things about the Foundation’s Building Bridges grants,” Dodge says, “is that the community collaborators had a year to plan before implementing their grant program. When groups are given a pot of money they tend to become activity-driven. The planning year helped to slow them down, which made them more outcome-driven. Planning is essential to good service delivery.”

Bonny Saulnier, vice president of family-based services for the Wayside Youth and Family Support Network in Waltham, was most excited about the collaboration she helped form as a result of Wayside’s Building Bridges grant, which was strengthened by the technical assistance meetings. “We pulled together a team of health care professionals and community folks who serve our population, which is mostly Latino,” she says [see sidebar, p.16], “and they have helped us to exceed our grandest expectations. We have a paradigm shift from things like the local Head Start program, a researcher from Brandeis University. But most important, we have three women from the community involved whose children had experienced emotional and social adjustment difficulties. It’s their contribution that makes this project.

Michael DeChiaro, executive director of the advocacy group Community Partners, participated in the Strengthening the Voice for Access meetings, which brought together a dozen statewide advocacy organizations devoted to increasing consumer participation in the development of public policy. Though DeChiaro appreciated the opportunity to hear from others in his line of work, he particularly enjoyed the special guests who occasionally attended the meetings. “We heard from a newspaper reporter who talked about dealing with the media and a strategic communications consultant who assessed public opinions on health care, and heard Massachusetts Department of Public Health Commissioner Christine Ferguson’s update on key health initiatives,” says DeChiaro. “We are a unique group of advocates who have a perspective that needs to be heard by public officials, and to have the Foundation convene creates a safe, neutral, respectful environment. It’s a facilitated discussion instead of a ‘go get them’ kind of dynamic.”

Just as each of the grantees takes something different away from these meetings, each brings his or her organization’s unique perspective, which helps to build trust and collaboration among the state’s many voices for the uninsured and increase the strength of the advocacy community in Massachusetts.

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—— Michael DeChiaro, Community Partner

Massachusetts Department of Public Health Commissioner Christine Ferguson (top) updated advocacy grantees on key Administration activities at a Foundation meeting which included (Jim Hunt, president of the Massachusetts League of Community Health Centers (middle), Tassara Goudi, director of the National Center for Cultural Competence in Washington, D.C., (bottom) was a keynote speaker at a Foundation sponsored forum on culturally competent health care.
Culturing a connection

“ar one of you.”

That’s the message Patricia Gonzales wants to convey to the clients she works with at Wayside Youth and Family Support Network in Waltham. And she means it literally.

Gonzales, who is from Mexico and speaks little English, came to Wayside seven years ago as the mother of a two-year-old who was having difficulty adjusting to his new home in the United States. Her daughter Dana and son, Jesus, born a few years later, also received help from the nonprofit, nationally accredited human-service agency. “By the time she was three,” Gonzales says through a translator, “Dana was ready to leave Wayside — but I wasn’t! I felt really connected to it.”

Gonzales has maintained that connection for seven years, and is today helping other parents who come to Wayside looking for services. Along with two other women from the community, Gaby Prado and Mata Yolanda Wigus — all Latina, all mothers — Gonzales is part of the organization’s Building Bridges for Children’s Mental Health team, sponsored by a grant from the Foundation. “This project gives children and families earlier access to intervention,” says Bonny Saulnier, vice president of Wayside’s family-based services, “when there might be emotional or mental health issues emerging. The idea is that early intervention will prevent some of the problems we all shake our heads at and wonder how they went undetected for so long — like kids getting involved in gangs.”

The goal of the Building Bridges grant program is to promote connections between mental health professionals and other community-based providers involved in a child’s life. This is done through bi-monthly “wrap around” meetings among the people directly involved with the child and family who may not usually collaborate, such as teachers, day-care workers, therapists, pediatricians, and social workers — anyone the parents want to invite. “We try to get everybody together in one room and be as creative as we can in figuring out a solution to whatever problems the families involved, and have helped the children begin to overcome their behavioral issues.

“The reason this project is working is that we’ve developed a web of trust,” Saulnier says. “Nothing would happen if we just put up files that all developed from one Latina mother talking to another. And it was the contribution of Patricia and the other two family advocates that really made this project come together.”

Gonzales, for her part, says being part of the Building Bridges team has made her “very, very happy.”

“I’m helping people whose needs are greater than mine,” she says, “with the same issues I needed help with. Wayside gave me so much. Now I’m giving something back.”

Overseeing the project are a team of health care professionals and community representatives ranging from a Newton-Wellesley Hospital physician to a teacher from the Waltham public schools. In a community that’s 20 percent Latino, the participation of Gonzales and her peers is crucial. The wraparound meetings conducted so far, by all reports, resulted in existing and positive changes for the families involved, and have helped the children begin to overcome their behavioral issues.

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Getting the Message Across

I t is part summer camp, part boot camp. It’s called the Health Coverage Fellowship, and it has a simple agenda: to make the 10 reporters and editors who participate better at covering critical, underserved issues like disease outbreaks, depression, and providing coverage for people who don’t have health insurance. It does that mainly through an intensive training program each spring, during which the fellows spend nine days and eight nights working, sleeping, and eating at a conference center on the Babson College campus in Wellesley.

To understand how it works, consider a day in the life of last spring’s fellowship.

The topic today, a Monday, is “Gains and Gaps in Mental Health.” The group is up earlier than later-working, hard-driving reporters are used to. Most are bleary-eyed as they familiarize themselves with Race Kropes topped with strawberries, eggs or pancakes, fried potatoes and bacon, all digestated along with the New York Times and Boston Globe. This is their third full day in Wellesley, which means they know one another well enough to forgive police conversation before their morning caffeine kicks in, and that they can guess who it is they will have to wait for when they lose the hotel at 8:45.

First stop is Brighton’s Franciscan Hospital for Children, founded 155 years ago with money from Joseph P. Kennedy and home to McLean Hospital’s inpatient programs for children with mental health needs. The fellowship’s mission here is to understand how the mental health system treats its youngest wards, and the tour fellows get is more than the typical look-see. The Patrick Leahey’s Sue Reichert softly inquires just who the kids are who live at Kennedy. Hope Academy or attend its day school, and what progress they are making. Rachel Gorthuis of WBUR hangs back to speak with a child. Others pepper the staff with questions, hearing from McLean President Bruce Cohen, M.D., Ph.D., how treatment approaches have evolved along with medicine’s understanding of mental illness, and from clinical director Joseph Gold, M.D., how Franciscan personalizes treatments to each child. The star of the morning is a mother who humanizes the toll of mental illness on her young son and whole family, weeping as she speaks of her hope that he will keep getting better.

“That mother tried hard to put on a good face,” recalls Kristen Lombardi of the Boston Phoenix, “but the pain, anger, and frustration she felt as a parent trying to seek help for her son was palpable. It spoke to the real alienation that people suffering from mental illness and their family members can feel when bumping up against the system. That’s one of the things that came through to me — just how vulnerable the people suffering from mental illness are.

Stop two is the office of Marylou Sudders, the longtime commissioner of mental health who now runs the Massachusetts Society for the Prevention of Cruelty to Children. With her are Michael and Kitty Dukakis, who share the story of Kitty’s long battle with alcoholism and depression, her 20 years of battle with depression, and what it was like facing those problems during her husband’s campaign for governor and, later, president. Marjory Sherman of the Lawrence Eagle-Tribune says what struck her most about the meeting is “Michael saying that he knew when Kitty was really sick because he’d come home at the end of the day and the mail and newspaper were still outside. I think it points to the isolation and loneliness of depression, how someone can withdraw — literally and emotionally — inside their own home.”

“The next visit is to Grotto Glen, among the best of the group homes that began to sprout as state asylums were shuttered over the past 25 years. The guide here is Moe Armstrong, director of consumer advocacy, associate, and family services for the Vineum Corporation and — as one who battled his own mental illness to earn two masters degrees — a guru of mental health self-teachers. Armstrong leads an open-ended discussion with residents and journalists that ranges from the realities of daily life in a place like Grotto Glen to the phantoms and voices that readers see and hear. “Moe Armstrong left a deep impression on me,” says Julie Kirkwood, a reporter at the Salem News during the fellowship who now works at the Eagle-Tribune in Lawrence.

“I had never heard somebody with serious mental illnesses speak so eloquently about what it’s like to live inside their brain.”
thorough, but nothing can ready the journalists...

Pine Street case workers, and the rest will hang...

Inn's mission, and speaks about the huge number...

was on to Massachusetts General Hospital to...

was "Putting the Public Back in Health";

Now what was it all about?

wider field trips were wonderful. I learned an

talk often revolved around serious issues,

Robert Meenan M.D., M.P.H., M.B.A., of

Robert Meenan, M.D., head of the Massachusetts Medical Society.

Sean’s story is that the innovator story...
### 2003 BCBSMA Foundation Grantmaking

Since its inception in 2001 through December 2003, the Blue Cross Blue Shield of Massachusetts Foundation has awarded 223 grants totaling $7.6 million to 138 organizations in support of both philanthropic and policy initiatives to expand access to health care. The Foundation works with public and private organizations to reduce barriers to care and focus on developing measurable and sustainable solutions that benefit uninsured, vulnerable, and low-income individuals and families in the Commonwealth. The following organizations received more than $2 million in grants in 2003.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Grant Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Health Care for the Homeless Program (BHCHP)</td>
<td>$130,000</td>
<td>Continued collaborative efforts with Pine Street Inn and the Long Island Shelter to ensure homeless men and women access to complete and comprehensive health care at BHCHP's shelter sites.</td>
</tr>
<tr>
<td>Connally Endicott Hospital &amp; Hampshite Community Action Commission</td>
<td>$350,000</td>
<td>Supports Connally Endicott Hospital and Hampshite Community Action Commission in linking uninsured residents to medical care for a reduced, sliding scale fee.</td>
</tr>
<tr>
<td>Cambridge Health Alliance (CHIA)</td>
<td>$500,000</td>
<td>Develop and evaluate a redesign of CHIA's current care-delivery model for patients with chronic disease, piloting a Patient Access Specialist model to work with low-income, culturally diverse patients with diabetes.</td>
</tr>
<tr>
<td>EcoHealth Care</td>
<td>$500,000</td>
<td>North Adams Expand capacity for outreach, enrollment, low-cost medications and care, and case management for more than 4,000 uninsured residents, including those with chronic conditions, in the Northern Berkshire region.</td>
</tr>
<tr>
<td>Falmouth Free Clinic</td>
<td>$500,000</td>
<td>Falmouth Individualized care management, medication assistance and monitoring, and counseling for uninsured adults.</td>
</tr>
<tr>
<td>Island Health Plan</td>
<td>$500,000</td>
<td>Vineyard Vineyard Health Care Access Reduced Fee Plan to expand access to coordinated care at off-island facilities counseling 2,400 to 3,500 uninsured islanders.</td>
</tr>
<tr>
<td>Sisters of Providence Health System</td>
<td>$500,000</td>
<td>Hampden, Hampshire, Franklin Counties Men's Access Program, a coordinated system of care, will link uninsured users of Mercy Medical Center's Emergency Department to a network of community-based clinics and specialty services within the Sisters of Providence Health System and the community.</td>
</tr>
<tr>
<td>Cambridge Health Alliance</td>
<td>$500,000</td>
<td>Cambridge, Somerville Parent advocate — Gaby Prado Wayside Youth and Community Services, Inc. Continued support with the MassHealth application process.</td>
</tr>
<tr>
<td>Boston Health Care for the Homeless Program (BHCHP)</td>
<td>$40,000</td>
<td>Hyannis Hyannis $40,000 Expansion of the Harmonic Outreach Project Educators to connect the uninsured to health insurance and primary care providers.</td>
</tr>
<tr>
<td>Greater Boston</td>
<td>$40,000</td>
<td>Brookline Neighborhood Health Center Diabetes Care Plan to improve coordination between multiple providers serving the center's diabetic population, which primarily consists of uninsured, non-English speaking immigrants.</td>
</tr>
<tr>
<td>Holyoke</td>
<td>$40,000</td>
<td>Stanley Street Treatment &amp; Recovery Services, Inc. Pitt River Continued support for MedCali Health Access Program to expand access for uninsured Brazilian and Latino families to free specialty care physicians services.</td>
</tr>
<tr>
<td>Greater Boston</td>
<td>$40,000</td>
<td>South Cove Community System and the community. Continued support to sustain and enhance Chronic Disease Nurse Case Management for new and existing uninsured Latinos.</td>
</tr>
<tr>
<td>UMass Memorial Health Care Mobile Worcester</td>
<td>$40,000</td>
<td>Continued funding for the Care Mobile, a 42-foot mobile unit that provides medical and dental care and health education to medically underserved individuals in Worcester.</td>
</tr>
<tr>
<td>Whitman Street Health Center</td>
<td>$40,000</td>
<td>Roxbury, Dorchester, Mattapan, Jamaica Plain Support for outreach, education, screening, and coordinated care for uninsured men of color, primarily Blacks and Latinos, aged 18 to 24, at a new “Eating Men’s Clinic” that combines medical care with social service and behavioral health.</td>
</tr>
<tr>
<td>Holyoke Health Center</td>
<td>$40,000</td>
<td>Support for mobile health care facility that delivers primary and preventive care and helps patients to establish an ongoing relationship with a physician.</td>
</tr>
</tbody>
</table>

The Foundation’s support of our program will make such a positive difference in the lives of many children and families in our community.” — Gaby Prado

### Innovation Fund for the Uninsured

These grants help Massachusetts health care agencies to improve the organization, continuity, and completeness of care for the uninsured, with the ultimate goal of improving health outcomes and delivering more cost-effective care through prevention and medical management.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Grant Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Public Health Commission</td>
<td>$120,000</td>
<td>Continued support for the Mayor’s Health Commission to conduct follow-up assessment of individuals and families and assistance with the MassHealth application process.</td>
</tr>
<tr>
<td>Lynn Health Task Force</td>
<td>$120,000</td>
<td>Lynn Health Task Force Services, Inc. Greater North Shore and Islands Lynn’s health care needs, with a particular focus on uninsured Latinos.</td>
</tr>
<tr>
<td>Outer Cape Health Services</td>
<td>$120,000</td>
<td>Provincetown, Truro, Wellfleet, Eastham, Orleans, Brewster, Harwich, Chatham Continued support to HealthConnects, an outreach, enrollment, and comprehen- sive post-enrollment service for low-income residents of the eight towns that comprise Lower and Outer Cape Cod.</td>
</tr>
</tbody>
</table>

### Connecting Consumers with Care

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. These are strong models for comprehensive outreach, enrollment, post-enrollment assistance, and case-management services.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Grant Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Public Health Commission</td>
<td>$30,000</td>
<td>Continued support for the Mayor’s Health Commission to conduct follow-up assessment of individuals and families and assistance with the MassHealth application process.</td>
</tr>
<tr>
<td>Lynn Health Task Force</td>
<td>$20,000</td>
<td>Lynn Health Task Force Services, Inc. Greater North Shore and Islands Lynn’s health care access and integration of behavioral and medical services for 150 seriously and persistently mentally ill consumers.</td>
</tr>
<tr>
<td>Outer Cape Health Services</td>
<td>$20,000</td>
<td>Provincetown, Truro, Wellfleet, Eastham, Orleans, Brewster, Harwich, Chatham Continued support to HealthConnects, an outreach, enrollment, and comprehen- sive post-enrollment service for low-income residents of the eight towns that comprise Lower and Outer Cape Cod.</td>
</tr>
</tbody>
</table>

### Program Focus Areas:

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

These grants support planning and programs for health care delivery organizations to expand access to culturally competent health care in a way that is systemic, replicable, and can contribute to models of successful collaboration with community-based organizations, strong organizational commitment at various levels, and measurable impact on bringing services to underserved populations.

<table>
<thead>
<tr>
<th>Grant Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Bayou Community Center</td>
<td>Supporting a combination of health assessment and care management services to address health disparities among low-income and uninsured residents.</td>
</tr>
<tr>
<td>Fall River Community Health Health Access</td>
<td>Developing a partnership to provide health care to the underserved population in Fall River.</td>
</tr>
<tr>
<td>Newton Community Health Center</td>
<td>Fostering an integrated approach to health care delivery that addresses the unique needs of the Newton community.</td>
</tr>
<tr>
<td>stylish Men's Health Center</td>
<td>Creating a new model of culturally competent care for African American men in the Greater Boston area.</td>
</tr>
<tr>
<td>Holyoke Medical Center for Women</td>
<td>Developing a program to improve access to health care for women in Holyoke.</td>
</tr>
<tr>
<td>Worcester Health Center</td>
<td>Creating a partnership to provide culturally competent care for the underserved populations in Worcester.</td>
</tr>
<tr>
<td>Family Health Center of Greater New Bedford</td>
<td>Developing and implementing a program to provide culturally competent care for low-income and uninsured residents.</td>
</tr>
<tr>
<td>Planned Parenthood League of Greater Boston</td>
<td>Supporting the development and implementation of culturally competent care for reproductive health services.</td>
</tr>
</tbody>
</table>

### Health Care Access Projects

- **Massachusetts Health Equity Initiative**
  - Support for the development of culturally competent health care delivery systems.
  - Funding for health care providers to establish partnerships with community-based organizations.
  - Focus on increasing access to health care for underserved populations.

- **Health Access Initiative**
  - Support for the development of programs to improve access to health care for low-income and uninsured residents.
  - Focus on increasing patient access to community health services.

- **Health Insurance for Health Care Workers**
  - Support for the development of health insurance programs to improve access to health care for health care workers.
  - Focus on increasing access to health care for low-income and uninsured residents.

- **Health Access Collaborative**
  - Support for the development of health care delivery systems that are culturally competent.
  - Focus on increasing access to health care for underserved populations.

- **Community Health Center of Greater New Bedford**
  - Support for the development of culturally competent health care delivery systems.
  - Focus on increasing access to health care for underserved populations.

- **Worcester Health Center**
  - Support for the development of programs to improve access to health care for underserved populations.
  - Focus on increasing patient access to community health services.

- **Family Health Center of Greater New Bedford**
  - Support for the development of health insurance programs to improve access to health care for health care workers.
  - Focus on increasing access to health care for low-income and uninsured residents.

- **Planned Parenthood League of Greater Boston**
  - Support for the development of programs to improve access to reproductive health services.
  - Focus on increasing access to health care for low-income and uninsured residents.

### Health Care Access Projects for Underserved Populations

- **Berkshire Health Systems**
  - Support for the development of culturally competent health care delivery systems.
  - Focus on increasing access to health care for underserved populations.

- **Massachusetts Health Equity Initiative**
  - Support for the development of programs to improve access to health care for low-income and uninsured residents.
  - Focus on increasing patient access to community health services.

- **Health Access Initiative**
  - Support for the development of health care delivery systems that are culturally competent.
  - Focus on increasing access to health care for underserved populations.

- **Health Insurance for Health Care Workers**
  - Support for the development of health insurance programs to improve access to health care for health care workers.
  - Focus on increasing access to health care for low-income and uninsured residents.

- **Health Access Collaborative**
  - Support for the development of health care delivery systems that are culturally competent.
  - Focus on increasing access to health care for underserved populations.

- **Worcester Health Center**
  - Support for the development of programs to improve access to health care for underserved populations.
  - Focus on increasing patient access to community health services.

- **Family Health Center of Greater New Bedford**
  - Support for the development of health insurance programs to improve access to health care for health care workers.
  - Focus on increasing access to health care for low-income and uninsured residents.

- **Planned Parenthood League of Greater Boston**
  - Support for the development of programs to improve access to reproductive health services.
  - Focus on increasing access to health care for low-income and uninsured residents.
Building Bridges in Children's Mental Health

Grants in the Building Bridges in Children’s Mental Health program area 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 devoted to planning. Program implementation in the subsequent two years will be funded up to $50,000 per year. The combined total three-year commitment is more than $1.8 million in funding, as well as technical assistance to all grantees in this program area.

Boston Institute for Psychotherapy Partners: Emerson Health Care Center, Jewish Family & Children’s Services Target Community: Roslbourough Supports training for Danny Community Health Care, an early intervention and behavioral health provider, and other providers who work to help young chil- dren to identify, relieve, and treat children and families at risk for heart and early childhood 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 high school, and facilitating effective interventions.

Brighton-Allston Mental Health Association Partners: The Thomas Gardner Extended Services School, Boston College, Joseph M. Smith Community Health Center, YMCA of Oak Square Funding to pilot a program of treatment delivery in Revere, many of whom are Latino or Southeast Asian.


The Brookline Center Partners: Brookline High School, Brookline Special Education Parent Advisory Council, Brookline Health Department, Children’s Hospital – Department of Psychiatry, Massachusetts Health Policy Collaborative Substance Abuse Prevention Program, and Brookline Schools, Brookline Police and Court Support Community: Brookline Supports funding to serve approximately 80 emo- tionally and/or income Brokline-area adolescents and their families during the critical period of risk and vulnerability after psychiatric hospitalization or crisis.

Children’s Friend and Family Services Partners: North Shore Medical Center Children’s Hospital, North Shore Community Health Center, 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 in Beverly, Salem, and Peabody, including multiple family group therapy and home-based treatments.

Greater Lawrence Action Council Partners: Greater Lawrence Family Health Center, Family Services, Inc., Parent/Professional Advocacy League, Lawrence Public Schools Target Community: Lawrence Funding will fuel planning and needs assessment to identify barriers to children’s mental health services for families with preschool-aged children, and support the community access 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 to 5 years old from low-income families at risk for develop- mental and mental health problems in the Cambridge-Somerville area.


McLean Hospital Partners: Community Middle School, Boston Public Schools, Massachusetts General Hospital, Harvard University Graduate School of Education, YMCA Big Brother-Big Sister Association Target Community: Jamaica Plain Funding for the Rally (Responsive Advocacy for Life and Learning in Youth) program to the Cutely Middle School for prevention, early detection and access to resources for children and families with mental health issues.

MOH Revere Health Center Partners: Revere Public Schools, North Shore Mental Health Associates, and Revere CARES Target Community: Revere Support for a primary prevention mental health grant targeted to 12 years-olds in Revere, many of whom are Latino or Southeast Asian.

South Shore Mental Health Partners: Quincy Community Action Program Head Start, South Shore Day Care, Blount Community Health Center, and Quincy Public Schools Funding to develop a plan to maximize the integration of mental health services for families facing multi- ple risk factors with children ages 0 to 5 in Quincy through a multi-disciplinary approach. There will be a special focus on outreach to the Asian community.

Wayose Youth & Family Support Network Partners: Early Intervention Parent Advisory Group, Wayose’s Boardwalk 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 commu- nity-wide coalition to address the emerg- ing 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 Area Community Health Centers Partners: The Family Health Center, Community HealthNet, DBH, DYS, Worcester Public Schools, School of Education, Community HealthNet, YMCA, Big Brother-Big Sister Association Target Community: Holyoke Funding to pilot a program to remove barriers to mental health services for Vietnamese children and their families in Worcester. By developing strong linkages with the Vietnamese community, the program will deliver culturally, competent outreach, care, and support services.

Catalyst Fund Grants

The Foundation awards capacity-building mini-grants to Massachusetts health care organizations that serve the needs of uninsured and low-income people. The grants make possible through a program established and funded exclusively by the associates of Blue Cross Blue Shield of Massachusetts.

| Alliance for Multicultural Integration, Framingham | $2,000 |
| Boston Area Rape Crisis Center | $1,250 |
| Boston Urban Asthma Coalition | $1,500 |
| The Brooklynline | $2,000 |
| Cancer Connection, Florence | $2,000 |
| Greater Lawrence Family Health Center | $2,500 |
| HealthCare Dimensions Hospice, Boston | $2,000 |
| Holyoke Community College | $6,000 |
| YMCA of Lowell | $2,000 |
| The Samaritans of Boston | $2,500 |
| Steppingstones, Inc., Fall River | $2,275 |
| Visiting Nurse Association of Cape Cod | $1,754 |
| Visiting Nurse Association & Hospice of Western New England, Springfield | $2,000 |

Supporting Philanthropy

Associated Grantmakers of Massachusetts Partners: Commonwealth – Agnes Family support annual membership support Agenda’s mission to assist the practice and expan- sion of effective philanthropy.

Catalyst Grant Partners: Community Partners, Amherst | $2,000 |
| Free Health Care Center, Sheffield | $2,000 |
| Gelger-Gibson Community Health Center, Dorchester | $1,240 |
| Gloucester High School School-Based Health Center | $2,300 |
| Greater Lawrence Family Health Center | $2,500 |

Supported by the Holyoke Community College’s | $1,650 |
| Community Action Committee of Cape Cod & Islands, Inc. | $2,000 |
| HealthCare Dimensions Hospice, Boston | $2,000 |

Grants in Health Membership | $5,000 |
| Membership and program support of the GIH Foundation’s | $1,000 |
| GIH’s mission to assist the practice and expan- | $6,000 |
| sion of effective philanthropy.

“This is compelling evidence that people without insurance live sicker lives, delay getting needed care, and die sooner.’’

— Andrew Dreyfus
The Blue Cross Blue Shield of Massachusetts Foundation, Inc. For Expanding Healthcare Access (the Foundation) distributed grants totaling $3.1 million in 2003. These grants were made possible by contributions from Blue Cross Blue Shield of Massachusetts, including a $10 million contribution to the Foundation's endowment in 2003, and additional cash and in-kind contributions to the Foundation totaling $3.4 million in 2003. The company's in-kind contributions represent a significant amount of the Foundation's operating costs, including some salaries and benefits, facility costs and other operating expenses.

Also of note, in 2003 the Foundation created the Massachusetts Medicaid Policy Institute, made possible by an additional $1 million contribution from Blue Cross Blue Shield of Massachusetts, $500,000 of which was awarded in 2003.

The year ended December 31, 2003, was a rewarding one for the Foundation's investments. The Foundation experienced a $6 million unrealized change in investment gain and a total return of 20.9%. During the year, the Foundation invested approximately 56% in equities and 44% in fixed income. We continue to believe that a well-diversified portfolio will position the Foundation to make a significant contribution to the community well into the future.

Our thanks to the hardworking members of the Finance and Audit Committee, Blue Cross Blue Shield of Massachusetts 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: Milton Glass, Jackie Jenkins-Scott, Rick Lord

<table>
<thead>
<tr>
<th>Combined Statements of Activities and Changes in Net Assets</th>
<th>Year ended December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003 (in thousands)</td>
</tr>
<tr>
<td></td>
<td>2002 (in thousands)</td>
</tr>
<tr>
<td>Revenues and other support:</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>$13,042</td>
</tr>
<tr>
<td>Contributions in-kind</td>
<td>626</td>
</tr>
<tr>
<td>Investment Income</td>
<td>1,556</td>
</tr>
<tr>
<td>Net unrealized and realized gains and (losses) on long-term investments</td>
<td>6,093 (3,986)</td>
</tr>
<tr>
<td>Total revenue and other support</td>
<td>21,317</td>
</tr>
<tr>
<td>Expenses:</td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>3,122</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>534</td>
</tr>
<tr>
<td>External professional services</td>
<td>562</td>
</tr>
<tr>
<td>Printing, stationary and supplies</td>
<td>29</td>
</tr>
<tr>
<td>Other expenses</td>
<td>135</td>
</tr>
<tr>
<td>Total expenses</td>
<td>4,382</td>
</tr>
<tr>
<td>Excess revenues and other support</td>
<td></td>
</tr>
<tr>
<td>over expenses and change in unrestricted net assets</td>
<td>16,935</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>33,742</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$50,677</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combined Statements of Financial Position</th>
<th>Year ended December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003 (in thousands)</td>
</tr>
<tr>
<td></td>
<td>2002 (in thousands)</td>
</tr>
<tr>
<td>Assets</td>
<td></td>
</tr>
<tr>
<td>Cash and investments</td>
<td>$51,867</td>
</tr>
<tr>
<td>Due from Blue Cross and Blue Shield of Massachusetts, Inc.</td>
<td>$800</td>
</tr>
<tr>
<td>Total assets</td>
<td>$52,367</td>
</tr>
<tr>
<td>Liabilities and net assets</td>
<td></td>
</tr>
<tr>
<td>Grants payable</td>
<td>$1,590</td>
</tr>
<tr>
<td>Due to Blue Cross and Blue Shield of Massachusetts, Inc.</td>
<td>100</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>1,690</td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>30,177</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>3,374</td>
</tr>
<tr>
<td>Total net assets</td>
<td>30,577</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$52,367</td>
</tr>
</tbody>
</table>

Year ended December 31

(In thousands)
Since 2001, 138 community organizations in Massachusetts have been building on the promise of our foundation.

The Access Project
Ad Hoc Committee to Defend Health Care
Alliance for Multicultural Integration
Baystate Medical Center
Bedford Heath System
Beth Israel Deaconess Medical Center
Boston Area Rape Crisis Center
Boston Health Care for the Homeless Program
Boston Institute for Psychotherapy
Boston Medical Center
Boston Public Health Commission
Boston Urban Asthma Coalition
Brandeis University/ Heller School
Brighton Women's Health Center
Brighton-Allston Mental Health Association
Brightwood Health Center
Brookline Neighborhood Health Center
The Brookline Center
Cambridge Health Alliance
Cancer Connection
Cape Cod Free Clinic in Falmouth
Cantus Camery Hospital
Cantus Good Samaritan Medical Center
Child Care Resource Center
Children's Friend and Family Services
Codman Square Health Center
Community Action Committee of Cape Cod & Islands
Community Partners
Codex Dickinson Hospital
Dimock Community Health Center
Dorchester House Multi-Service Center
The Duffy Health Center
Dukes County Health Council
Ecu-Health Care
Family Health Center of Worcester
The Family Van, Harvard Medical School
Fenway Community Health Center
Franklin Community Action Council
Frei Health Care Center
Geiger Gibson Community Health Center
Gloucester High School/School-Based Health Center
Great Brook Valley Health Center
Greater Lawrence Community Action Council
Greater Lawrence Family Health Center
Greater New Bedford Community Action Council
The Guidance Center
Hallmark Health
Hamphire Community Action Commission
Health Access Collaborative of Southeast Massachusetts
Health and Education Services
Health Care For All
Health Low Advocates
HealthCare Dimensions Hospital
HealthFirst Family Care Center
Healthlink
Helping Our Women
Heywood Hospital
Hilltown Community Health Centers, Inc.
Holy Family Hospital and Medical Center
Holyoke Health Center
Holyoke Hospital
Home Health VNA
Island Health Plan
Jeanne Jugan Residence/Little Sisters of the Poor
Jewish Family & Children's Service
Jewish Memorial Hospital and Rehabilitation Center
Joint Committee for Children's Health Care in Everett
Jordan Hospital
Joseph M. Smith Community Health Center
Kor Clark Senior Services
Latin American Health Institute
Lawrence General Hospital
Lowell Community Health Center
Lowell General Hospital
Lynn Community Health Center
Lynn Health Task Force
Lynn Public Schools
Malden Hospital
Martha Edger Health Center
Massachusetts Community Health Workers Network
Massachusetts Department of Mental Health
Massachusetts Housing and Shelter Alliance
Massachusetts Immigrant and Refugee Advocacy Coalition
Massachusetts Low Impact Communities
Massachusetts League of Community Health Centers
Massachusetts Senior Action Council
Massachusetts Society for the Prevention of Cruelty to Children
McLean Hospital
The Martyr Hospital
MetroWest Latin American Center
MGH Chelsea Health Care Center
MGH Revere Health Center
Mid-Utica Cape Community Health Center
Morton Hospital and Medical Center
New Hampshire Hospital
New England Medical Center
North Shore Medical Center
Nyack Hospital
The Open Door Free Medical Program
Ontario Cape Health Services
The Outreach Van Project
Paraprofessional Healthcare Institute
Parent/Professional Advisor League
Partners for a Healthier Community
Planned Parenthood League of Massachusetts
Prevent Blindness Massachusetts
Quincy Medical Center
Saint Anne's Hospital
Saints Memorial Medical Center
The Samaritans of Boston
Sisters of Providence Health System
South Cove Community Health Center
South End Community Health Center
South Middlesex Legal Services
South Middlesex Opportunity Council
South Shore Mental Health
Spence, Inc.
Springfield Southeastern Massachusetts Health Care Centers
St. Francis Home
Stanley Street Treatment & Resource Center
Stepstone
UMass Memorial Health Care
Union Hospital
United Way of Massachusetts Bay
Upjohn's Center Health Center
Urban Medical Group
Vietnamese-American Civic Association
VNA & Hospice of Western New England
VNA Care Network
VNA of Cape Cod
VNA of Middlesex-East
Voice and Future Fund
Worcester Youth & Family Support Network
Whitmer Street Health Center
Women of Means
Women's Educational and Industrial Union
Worcester Communities of Care
Youth Opportunities Upheld
YWCA of Lowell

The Blue Cross Blue Shield of Massachusetts Foundation is pleased to support these organizations that are dedicated to finding innovative ways to expand access to health care for low-income, uninsured, and underserved residents of Massachusetts. We applaud their creativity and commitment.