

Blue Cross Blue Shield of Massachusetts Foundation

2003 Annual Report

Who's speaking up
to strengthen the voice for access?

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The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care. Through grants and policy initiatives, the Foundation works with public and private organizations to broaden health coverage and reduce barriers to care. To learn more about our ongoing efforts to expand access

to care, visit our Web site at www.bcbsmafoundation.org or contact us at info@bcbsmafoundation.org.



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 Massachusetts Hospital Association 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?

PWJ: 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 policy involves a complicated set of issues — the financing alone practically requires a CPA 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 Faasen, 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.

PWJ: The Foundation's mission is very clear, and that is to expand access to high-quality, affordable health care for uninsured and underinsured 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. Through 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?

AD: 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 siege, and costs are increasing — which is one factor contributing to more people becoming uninsured. All those trends put tremendous strain on organizations that deliver care to the uninsured or that support or advocate for them, making the Foundation's role even more important. We're one of the few philanthropic resources for organizations in Massachusetts that are trying to support the uninsured as well as protect and better understand the state Medicaid program.

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

AD: 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.

PWJ: 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 to expand in ways that otherwise would not 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?

PWJ: The number of uninsured in our country 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 co-pays and deductibles, are making them dig deeper into their own pockets, which they can't afford. It's the cabdrivers and waitresses and discount store clerks and supermarket cashiers who are in really tragic situations. They're in their twenties, thirties, forties, fifties, and they may have young children and also elderly parents. They're always a day late and a dollar short because they usually don't qualify for any coverage.

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 main-

stream 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 larger institutions are unable to do effectively.

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— Philip W. Johnston

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

AD: In the past year, the Foundation has increased its work to bring our grantees together to learn from each other as well as from local and national experts [see story, page 13]. The staff of many organizations working on low-income health care feel isolated, and the Foundation is one place where they can find common ground and learn best practices. They not only go back to work with a fresh eye, but they also remain energized about the issue. ■



Foundation Board Chair, Philip W. Johnston (l.) and Foundation President Andrew Dreyfus.

Tackling the Problem Head-On

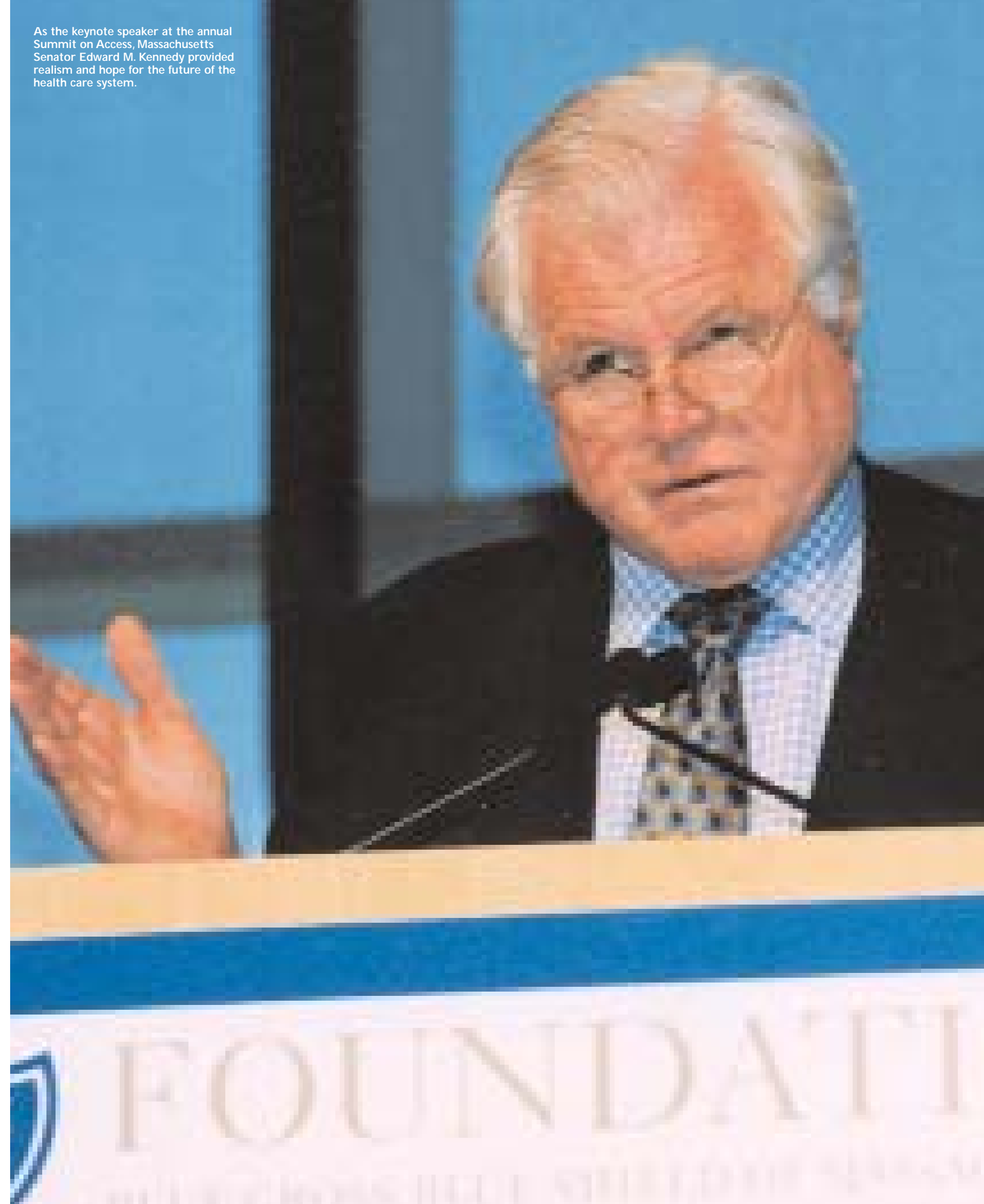
The Foundation brings together public officials, business leaders, health care providers, and advocates to discuss the uninsured in Massachusetts

“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.

As the keynote speaker at the annual Summit on Access, Massachusetts Senator Edward M. Kennedy provided realism and hope for the future of the health care system.





‘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 sur-

vey 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 will 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.

The Summit attracted several hundred health care, business, labor and community leaders from across the Commonwealth (below); Robert J. Blendon, Sc.D. (left). Opposite page: Health care journalist Larry Tye (far left) moderated a panel of health care experts who expressed their commitment to collaboratively tackling the complex issues of access. Left to right, William C. Van Faasen, Chairman & CEO, BCBSMA; Ronald Preston, Secretary of Health and Human Services; James J. Mongan, M.D., President & CEO, Partners HealthCare; Ruben King-Shaw, Jr., Chief Marketing Officer, deNovis, Inc.



“It was the first time a lot of those 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 the likelihood of 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 because they’re too expensive (8 million).

Kennedy was impassioned 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 feedback we received after this event was extremely positive,” said Andrew Dreyfus. “People told us that we generated new enthusiasm for tackling this very complex, very important problem.” As William Van Faasen, the CEO of Blue Cross Blue Shield, said during the panel discussion, “This is a problem we can solve. And we hope the annual Summit will prove to have been a seminal moment in moving toward a solution.”

‘I intend to do my part to bring quality health care to everyone,’ said Senator Kennedy, ‘and I expect you to do yours.’

Speaking

Up The Foundation works to strengthen the voice for access by funding advocacy groups



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

Most public speakers don't *really* try to picture the audience in their underwear — 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."

Today, 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 37 CHWs on the advocacy track by demystifying 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.

By helping MACHW transition 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 grantees in this area engaged in grassroots mobilization. "Our 'Voices' grantees are organizations that are working to get consumers involved in advocacy and policy development," says Sarah Iselin,

the Foundation's director of policy, research, and evaluation. "They are the front-line forces in the day-to-day fight on issues of health care access and are focused on organizing their constituents around policy issues."

According to Iselin, advocacy groups are a key to solving the problem of the uninsured. Funding these groups is one way the Foundation links its grantmaking aims with its policy objectives to broaden access to health care coverage and reduce barriers to care. "The Foundation can't solve the problem of the uninsured on its own," Iselin says. "The problem is too big, and we are not in the business of lobbying. But we can be a source of strength through funding organizations that are trying to change public policy by mobilizing their constituents."

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 365,000, there was hope that this figure would decline. However, an economic recession and massive state budget shortfalls has driven the number of uninsured to more than 500,000 and made the Foundation's mission more critical than ever.

"The Commonwealth has taken a big step backwards in terms of health care access," Iselin says. "The number of uninsured has grown, and 70,000 people have dropped off the Medicaid rolls since 2002. This at a time when private coverage is growing farther out of reach for low- and moderate-income families. One way to see that these injustices get corrected is by funding those organizations that are advocating for health care access."

It is a diverse group of grantees, ranging from the nascent MACHW to the venerable Women's Educational and Industrial Union (WEIU), founded in 1877 to expand educational and economic opportunities and achieve social justice for women. Despite its long history, the WEIU has undertaken one of the most innovative programs the Foundation is helping to support: the Health Economic Self-Sufficiency Standard (HESS), which uses a concrete techni-

'It's very clear that to tackle this issue [of insurance coverage] we need many voices speaking from a wide variety of perspectives, and that they all have to be on the same page.'

— Mary Lassen
Women's Educational and Industrial Union

cal model to quantify the burden of health care costs faced by Massachusetts families.

How big a bite do insurance premiums, out-of-pocket medical expenses, and lost earnings take annually from a single woman whose child is asthmatic? Or a senior living alone? How about a couple living with a disabled senior parent or a grandmother who is raising her daughter's children?

"Family situations can vary greatly," says WEIU president Mary Lassen, "and so can people's access to insurance coverage. That's why we decided to look at a number of different scenarios. This model helps us understand the impact of the rise in unemployment and underemployment caused by the recent economic downturn and the resultant loss in health care coverage or reduction in benefits. That information 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 variety of perspectives, 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 Marcia Hams, HCFA's director for 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 spokespeople and tell their stories." ■



Fulfilling a legacy

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.

That quote is part of the signature at the bottom of every one of Durrell Fox's emails. They are words he has lived by since, as a child, he joined his community-activist mother at civil-rights marches on Washington D.C. demanding that Dr. King's birthday be made a national holiday.

"I just remember a sea of people," he says of the protests, "and the power and strength and all the positive energy. To have that many people in one place and no violence meant their commitment to this one thing was pretty intense."

Intense is a word that describes Fox's commitment to his own cause, advocating for and mobilizing community health workers (CHWs) as the chairman of MACHW, the Massachusetts Community Health Worker Network. The organization got its start in 2000, when about 75 CHWs and their supporters were given a half-day session at the Massachusetts Department of Public Health's annual Ounce of Prevention conference in Marlboro. At the end of the meeting, the assembled CHWs decided to appoint a steering committee, which would later become MACHW's first board of directors. Fox seemed like a natural choice to head the new organization. And MACHW's mission to

mobilize and give a voice to CHWs seemed like a natural fit with the BCBSMA Foundation's Strengthening the Voice for Access grant program for statewide health care access advocacy organizations.

In a way, this is a job Fox has been working toward his whole life. His own activism was inspired by the adults around him in Roxbury's Whittier Street Housing Development, where he grew up. When city officials proposed demolishing a portion of the project to make way for I-95, Fox's mother, Gloria Fox — now state representative for the Seventh Suffolk District — and other local parents banded together and stopped the construction. "That's what I saw as a kid," Fox says, "my mom and other strong women of color fighting against injustice."

Fox remembers his mother echoing Dr. King when she said there was no progress without struggle.

"That's the passion that drives me and other CHWs to volunteer for MACHW, in addition to our regular work, when there's not another minute in the day," he says. "CHWs are essential to public health, and we have to educate other professionals to understand that this is where we belong and where we're needed. People will not be well, and there will not be an end to health disparities, unless CHWs are intricately involved. We're critical to promoting a healthy society."

Dr. King, one suspects, would have understood.

Who are the one in six Massachusetts residents covered by MassHealth, the state's Medicaid program?

They are the former high school teacher who lost his leg in a car accident; the mother with several young children struggling to hold a steady job and afford child care; the woman whose missing front tooth makes it harder for her to find work; the legal immigrant from Yugoslavia who must pay physical therapy bills from the \$8 an hour she earns 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.

"There's a huge amount of diversity among the people covered by Medicaid," says Nancy Turnbull, executive director of the Massachusetts Medicaid Policy Institute and a lecturer on health policy at the Harvard School of Public Health. "Many people don't realize the program covers nearly a third of people with disabilities, 7 out of 10 people in nursing homes, and a quarter of the children in the state. And many of us are just one life event away from needing Medicaid. We might have an accident, lose our job, or have a relative who needs care in a nursing home. So in addition to being an important commitment that we make as a community to the poorest and most vulnerable members of our society, Medicaid is a safety net for all of us."

Analyze this

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

It also plays an important role in the state's economy. "Medicaid covers many low-income workers who aren't offered or can't afford private health insurance," Turnbull continues. "It also helps reduce demand for the state's uncompensated care pool, which has an effect on employers, since much of the pool's costs are picked up by those who purchase health insurance." In addition, Medicaid is an important source of revenue for hospitals, physicians, community health centers, nursing homes, and other providers, and a key part of the state's economy.

Despite, or because of, Medicaid's enormous impact — it's the single largest item in the Commonwealth's budget, at more than \$6 billion annually — it is a logical place to look for cuts when fiscal times are bad, as they have been in recent years. Yet few people, even in government, understand how the complex program really works, how it's financed — half by the federal government — or how it affects the community. And until now, there has been no organization specifically dedicated to doing independent scholarly analysis with an eye toward educating policymakers, health care and business leaders, advocates, and the media about the Medicaid program in Massachusetts. 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.

"There has been little in-depth independent analysis of the state's Medicaid program publicly available," says Sarah Iselin, 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."

"We want to provoke a more informed public discussion about the Medicaid program, its policies and spending," says Turnbull, who was named the Institute's first executive director in September 2003. "As a nonpartisan source of information and analysis, we hope to contribute to the development of policy approaches that will strengthen the program."

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.

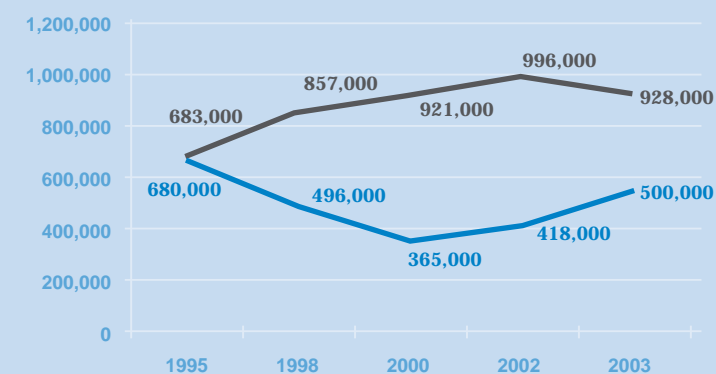
"It's no small achievement to bring this diverse group of leaders together," Iselin says. "That the Institute has attracted people of this stature from the beginning shows how important an initiative this is."

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

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 its citizens."

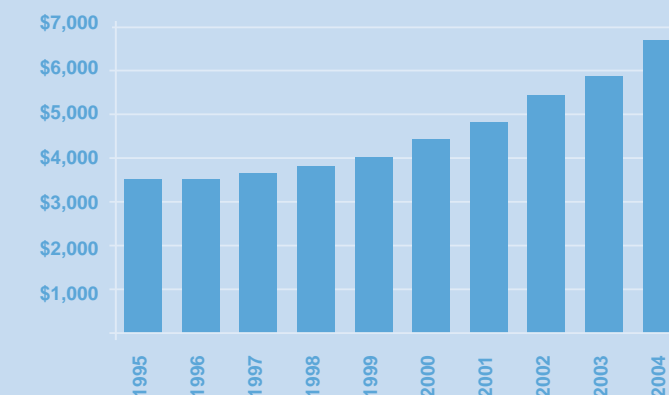
MassHealth enrollment is falling for the first time in almost a decade, one reason for a sharp rise in the number of people without health insurance.



Sources: "Health Insurance Status of Massachusetts Residents," 1998, 2000, 2002, Massachusetts Division of Health Care Finance and Policy; "Massachusetts Residents Without Health Insurance, 1995," Blendon, et al., Harvard School of Public Health, Division of Medical Assistance.

After a period of stability, MassHealth spending is growing rapidly

Total Medicaid expenditures, fiscal years 1995-2004 (\$ millions)



Excludes disproportionate share hospital payments. Source: Massachusetts Taxpayers Foundation.

MassHealth at work



Most MassHealth spending is for people with disabilities and elders

Though 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."

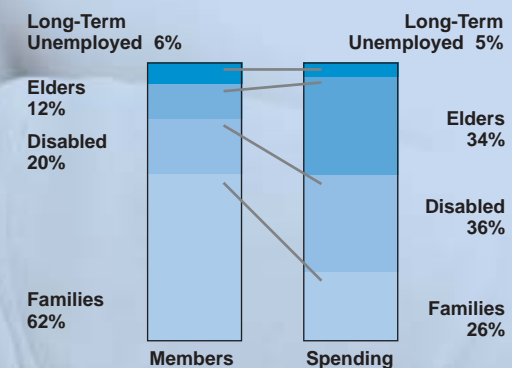
As if his luck weren't bad enough already, it got worse the day he was standing in back of his truck on a slight hill, unloading pallets packed with muffins. The truck parked behind him slipped and rear-ended him. "You have to have a good back to deliver," he says. "That accident knocked me out of work."

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.

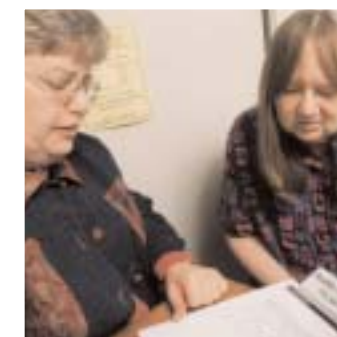
"I really rely on those prescription drugs," he says. "I make sure I take them every day. I still have mood changes, but now I get through them all right. And I feel really good about the work I'm doing for PACT. It gets me up in the morning, you know?"



Sources: Massachusetts Division of Medical Assistance

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.

Strength in numbers



Giving grantees a chance to connect boosts morale, increases effectiveness

Danna Boughton and Judy Grant sometimes feel as though they're swimming against the tide. As the only two employees of the Franklin Community Action Corporation's Healthy Connections site in rural, working class Athol, they provide information, support, and advocacy for the entire North Quabbin area — which consistently tallies up one of the highest premature death rates in the state. They spend their days counseling clients, filling out MassHealth application forms, sending vouchers to the local pharmacy, and encouraging people to contact their legislators. Though new clients are constantly streaming through their door, Boughton and Grant have not had time to get together a database, and they are perpetually short of operating funds. Boughton calls the \$15,000 grant they received from the Foundation a "lifesaver," adding that it helped to keep Healthy Connections in business.



“It can be very frustrating,” she says, “and 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 Grant 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 Culturally Competent Health Care providers who serve diverse groups, the aim was to provide a forum for learning from one another and from experts.

“People like Danna and Judy become such a community resource that their work almost never ends,” says Celeste Reid Lee, the Foundation’s director of community partnerships. “They don’t have the time or luxury to go to conferences around the country, but they can usually get away for a day to hear their counterparts across the state talking about the

Judy Grant (top) and Danna Boughton (middle and bottom) work tirelessly, and with scarce resources to counsel low-income and uninsured North Quabbin residents on health access and coverage issues.

‘You’re constantly flooded with people in predicaments. You really feel for them. And on top of that, you’re wondering if you can even stay open.’

— Danna Boughton,
Franklin Community Action Corporation

same roadblocks they encounter, and how to overcome them. It’s important for the Foundation to create a forum for sharing ideas about working differently, and ways to get through the quagmire.”

Boughton says the pair found getting together with other grantees invaluable not only to updating office procedures but also to keeping up morale. “The meetings were really inspiring,” she maintains. “We came back from them recharged.”

That’s exactly the response that experts Joan Dodge and Liz 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 day-long 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 pediatrician from Newton-Wellesley Hospital, a community outreach person, the head of Waltham’s early childhood education program, day care providers, the chair of 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 DeChiara, 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 DeChiara 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 Administration activities,” says DeChiara. “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 us 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. ■

‘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 us creates a safe, neutral, respectful environment.’

— Michael DeChiara,
Community Partners



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). Tawara Goode, 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.

Journalists face the complex world of health care

It 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 undercovered 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 late-working, hard-driving reporters are used to. Most are bleary-eyed as they fortify themselves with Rice Krispies topped with strawberries, eggs or pancakes, fried potatoes and bacon, all digested 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 forgo polite conversation before their morning caffeine kicks in, and that they can guess who it is they will have to wait for when they board the bus at 8:45.

First stop is Brighton's Franciscan Hospital for Children, founded 55 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 traditional look-see. The *Patriot Ledger's* Sue Reinert 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 Gotbaum 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 addiction to amphetamines and alcohol, her 20-year battle with depression, and what it was like facing those problems during her husband's campaigns for governor and, later, president. Marjory Sherman of the Lawrence *Eagle-Tribune* says what stuck with 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 and family services for the Vinfen Corporation and — as one who battled his own mental illness to earn two masters degrees — a guru of mental health self-helpers. 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 residents 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 illness speak so eloquently about what it's like to live inside his brain."



Patricia Gonzales, a parent advocate (left) and Bonny Saulnier, vice president of Wayside Youth and Family Support Network (below) are two members of a community-based collaboration to expand access to children's mental health services for Latino families in Waltham.

Culturing a connection

"I am 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 Diana 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, "Diana 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 Maria Yolanda

Wigozki — 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 bimonthly "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 child might be having," says Saulnier.

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 have, by all reports, resulted in exciting and positive changes for 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 fliers; this 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 things I needed help with. Wayside gave me so much. Now I'm giving something back."



At about 5:00, the bus heads back to Wellesley, and dinner with Lyndia Downie, executive director of the Pine Street Inn, a homeless shelter in Boston's South End. She outlines the Inn's mission, and speaks about the huge number of clients who are mentally ill as well as homeless. Her real task, however, is to prepare everyone for their night ahead, when half of the journalism fellows will go out on the streets of Boston with Pine Street case workers, and the rest will hang out at a Boston Health Care for the Homeless Program drop-in center. Downie's briefing is thorough, but nothing can ready the journalists for what they are about to see.

Jennifer Lord Paluzzi of the *MetroWest Daily News* remembers most people she met that night on the streets of Beacon Hill. "There was a woman who was blind, her companion, who appeared to be mentally impaired — or maybe on drugs — and a sick man who was with them. The sick man was in despair about not being able to find his boyfriend, and complained about how sick he felt himself. The couple wanted to stay outside. The man was so gentle with the girlfriend, bringing her soup and coaxing her to drink. He said they couldn't go to the shelters because they would take her away from him — men and women are segregated — and they would be lost without each other.

"You expect to see the homeless in Downtown Crossing and underneath overpasses near Kenmore Square," Paluzzi continues. "You don't expect to see them in one of the wealthiest neighborhoods in Boston."

While that day was slightly longer than most, each of the Health Coverage Fellowship's nine days zeroed in on one vital issue. Sunday was "Putting the Public Back in Health"; Thursday it was "From the Examining Room to the Emergency Room." Friday, "Medical Advances, Medical Marvels, and Medical Mistakes," began with a trip to the Dana-Farber Cancer Institute to hear from staff and patients about breakthroughs in treatment, and from Red Sox CEO Larry Lucchino about his personal odyssey battling several cancers. From there, it was on to Massachusetts General Hospital to hear from Red Sox, Bruins, and Patriots doctors on what reporters do right and wrong in covering sports medicine, then to dinner with patient-safety expert Lucien Leape, who outlined new ways of looking at hospital errors.

In between were sessions with former Surgeon General, C. Everett Koop, and Massachusetts Commissioner of Public Health Christine Ferguson. Stuart Altman, one of the nation's leading experts on health care policy and economics, helped sort out how America's current health care crisis came about, and how it might be fixed. Former *New England Journal of Medicine* editor Marcia Angell made an impassioned plea for a single-payer insurance system, and school of public health deans



Larry Tye, Fellowship Director

Robert Meenan M.D., M.P.H., M.B.A., of Boston University and Barry Bloom, Ph.D., of Harvard filled in the big picture on topics ranging from terrorism planning to AIDS prevention.

Opening keynote speaker Corey Dean, the medical editor of the *New York Times*, offered her prescription for what ails the profession and how it can heal itself. Eight days later, ABC News medical editor Roger Sergel and *Boston Business Journal* editor George Donnelly, served up candid feedback on which stories on fellows' lists were likely to sell back in the newsroom, which needed fine-tuning, and which should be dropped altogether.

There were nearly 60 speakers in all, along with a dozen field trips. The nonstop meetings and constant motion — and the singular focus on health — made the experience seem like a boot camp, and distinguished it from more contemplative, academic journalism fellowships like MIT's Knight program and Harvard's Nieman.

The fellowship did have some summer camp-like features: ice-cream outings, a jazz concert in Cambridge, seemingly endless food and drink, and a Red Sox game, but even at those events, talk often revolved around serious issues, with guests that included Thomas E. Sullivan, M.D., head of the Massachusetts Medical Society.

What did it all add up to? "Hopefully our journalists leave with a long list of stories they are dying to do, a fatter Rolodex of good sources, and a sense of how to attack neglected or poorly covered issues like insuring the uninsured," said fellowship director Larry Tye, who spent 15 years covering health care issues at the *Boston Globe*. Tye's contact with fellows continued through summer, fall, and winter, as they met for half-day follow-up programs and consulted on sources for stories, ways to sell series to reluctant editors, and how to apply for awards and other fellowships.

Last spring's class, the fellowship's second, was selected with the intent of mixing journalists from diverse media and a range of experience. Tye made the choices after consulting with a steering committee of esteemed journalists. The 2003 class included Elizabeth Gehrman, a Boston-based freelancer and former staffer at the *Boston Herald*; Kirkwood of the *Salem News*; Meagan Murphy of WGBY-TV in Springfield; WBUR-FM's Gotbaum; Tracy Hampton of the Cape and Islands NPR Stations; Lombardi of the *Boston Phoenix*; Don MacGillis, an editorial writer at the *Boston Globe*; Paluzzi of the *MetroWest Daily News*; the *Patriot Ledger*'s Reinert; and Sherman of the *Eagle-Tribune*.

Did the fellowship help advance the issues it covered, which form the basis of the Foundation's mission?

Seemingly so, judging from the fellows' feedback. "I feel as though I've had all the experiences, knowledge, and sources of a seasoned health reporter implanted in my brain this week," Kirkwood wrote as she headed back to her job in Salem. "This is information that would have taken me years to learn on my own. I'm going back to my newsroom with more confidence in covering health care, and with a better sense of context around these stories." For Sherman, of the *Eagle-Tribune*, "the program exceeded all of my expectations. It offered every health care reporter's dream team of speakers; the field trips were wonderful. I learned an incredible amount here." And MacGillis said that "the best part of the program was talking with the speakers and seeing health care at work in different environments."

The ultimate verdict rests more in what the journalists do than in what they say, and the Class of 2003 fellows have written or broadcast dozens of stories and series, columns and editorials that grew directly out of the fellowship. There were Kirkwood's piece, "Insurer calls local doctor's network a monopoly," Lombardi's "Faces of Denial," Reinert's "Suburban Hospitals Feeling Free-Care Pinch," and Gotbaum's "Medical Errors Cited in Patient Deaths." Gehrman wrote a long feature for *Good Housekeeping* about the former nun who co-directs Boston Health Care for the Homeless Program, and another on the woman whose young son has mental illness. MacGillis wrote editorials including "Mistreating Depression."

There were series, too, including Paluzzi's award-winning one on the cochlear implant program she visited at UMass Memorial Medical Center, and Sherman's three-parter on the troubled Tewksbury State Hospital, which spurred a state investigation.

For all these reporters, a nine-day time investment led to a lifetime of deeper understanding of Massachusetts' health care system, and its challenges, successes, and opportunities. ■

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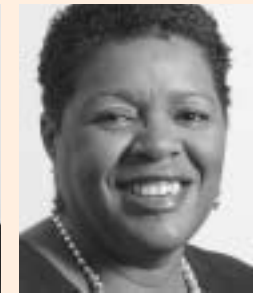
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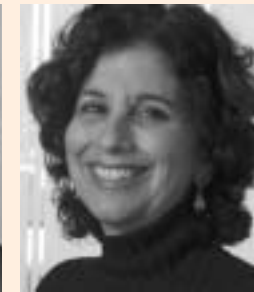
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2003 BCBSMA Foundation Grantmaking

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 \$3 million in grants in 2003.



“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

Parent advocate
Wayside Youth and
Family Support Network



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*

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.

Boston Health Care for the Homeless Program (BHCHP) \$60,000
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.

Cooley Dickinson Hospital & Hampshire Community Action Commission Northampton \$60,000
Supports Cooley Dickinson Hospital and Hampshire Community Action Commission in linking uninsured residents to medical care for a reduced, sliding-scale fee.

Cambridge Health Alliance (CHA) Cambridge, Somerville \$50,000
Develop and evaluate a redesign of CHA’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.

Ecu-Health Care North Adams \$50,000
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.

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

Island Health Plan Falmouth, Martha’s Vineyard \$50,000
Vineyard Health Care Access Reduced Fee Plan to expand access to coordinated care at off-Island facilities counseling 2,400 to 3,200 uninsured Islanders.

Sisters of Providence Health System Hampden, Hampshire, Franklin Counties \$50,000
Mercy 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.

South Cove Community Health Center Greater Boston \$50,000
Support for the Chronic Care Project, an initiative to coordinate the care of uninsured patients with chronic conditions — asthma, diabetes, hypertension, tuberculosis and hepatitis B — with a particular focus on non-English speaking, Asian community in Greater Boston.

Brockton Neighborhood Health Center \$40,000
Diabetes Care Plan to improve coordination between multiple providers serving the center’s diabetic population, which primarily consists of uninsured, non-English speaking immigrants.

Community Action Committee of Cape Cod & Islands Hyannis \$40,000
Expansion of the Harmonic Outreach Project Educators to connect the uninsured to health insurance and primary care providers.

Dimock Community Health Center Roxbury-Dorchester-Mattapan (RDM) corridor and parts of Jamaica Plain \$40,000
Continued funding for Proyecto Futuro Saludable (Healthy Future Project), a program specifically targeted to providing outreach, assessment, coordinated care, and case management for uninsured Latinos.

Great Brook Valley Health Center Worcester \$40,000
Continued support to sustain and enhance Chronic Disease Nurse Case Manager services for Portuguese-speaking Brazilian patients with diabetes, cardiovascular disease, and asthma.

Heywood Hospital/Gateway Health Access Program (GHAP) Gardner \$40,000
Expansion of the Gateway Health Access Program which provides outreach, enrollment, case management, and low-cost primary care for 7,000 to 8,000 uninsured people in Gardner.

Morton Hospital and Medical Center Taunton \$40,000
Continued funding for the Friedman Adult Clinic, a project to use the hospital’s school-based health center, located at the Friedman Middle School, as a site to deliver primary care for the more than 4,000 uninsured adults who visit the emergency department for non-urgent care.

Stanley Street Treatment & Resource, Inc. Fall River \$40,000
Continued support for MediCall/Health Access Program to expand access for uninsured Brazilians and Latinos to free specialty care physician services.

UMass Memorial Health Care Mobile Worcester \$40,000
Continued funding for the Care Mobile, a 40-foot mobile unit that provides medical and dental care and health education to medically underserved individuals in Worcester.

Whittier Street Health Center Roxbury, Dorchester, Mattapan, Jamaica Plain \$40,000
Support for outreach, education, screening, and coordinated care for uninsured men of color, primarily Blacks and Latinos, aged 18 to 24, at a new Evening Men’s Clinic that combines medical care with social service and behavioral health.

Women of Means Boston \$40,000
Funding to expand and help sustain a grassroots organization serving the health care needs of uninsured homeless women with a volunteer physician pool.

The Family Van Roxbury, Dorchester, Mattapan \$30,000
Support for mobile health care facility that delivers primary and preventive care and helps patients to establish an ongoing relationship with a physician.

Holyoke Health Center Holyoke \$30,000
Renewed funding to provide care management for new and existing uninsured patients with chronic conditions, particularly members of the Latino community.

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.

Boston Public Health Commission \$20,000
Continued support for the Mayor’s Health Line to conduct follow-up assessment of individuals and families and assistance with the MassHealth application process.

Health and Education Services, Inc. Greater North Shore and Merrimack Valley \$20,000
Funding for health care access and integration of behavioral and medical services for 150 seriously and persistently mentally ill consumers.

Lynn Health Task Force \$20,000
Continued support for multi-cultural and multi-lingual staff for the Community Access Hotline, which serves uninsured residents of Lynn, with a particular focus on the Cambodian community.

Outer Cape Health Services Provincetown, Truro, Wellfleet, Eastham, Orleans, Brewster, Harwich & Chatham \$20,000
Continued support to Healthy Connections, an outreach, enrollment, and comprehensive post-enrollment service for low-income residents of the eight towns that comprise Lower and Outer Cape Cod.

**Berkshire Health Systems
Pittsfield** **\$15,000**
Continued funding for the Advocacy for Access program, which provides post-enrollment and specialized enrollment services to the uninsured in Central and Southern Berkshire County, new MassHealth enrollees, hospital inpatient substance abuse patients, and persons in the correctional system.

**Child Care Resource Center
Cambridge** **\$15,000**
Ongoing support for the Health Access Program, which assists low-income families in Greater Cambridge with multicultural enrollment and post-enrollment services.

**Franklin Community Action
Corporation
Greenfield** **\$15,000**
Continued support for the Healthy Connections Program to provide eligibility screening for a broad range of publicly and privately funded medical care and individualized post-enrollment services for low-income and uninsured residents of the nine towns of the North Quabbin region.

**Hallmark Health
Medford, Malden, Melrose,
Wakefield, Saugus, Revere,
Everett, Stoneham** **\$15,000**
Funding to conduct follow-up and case management with individuals applying for

MassHealth, with a special emphasis on Vietnamese, Arabic, and Spanish-speaking populations.

**MetroWest Latin American Center
Framingham, Marlborough** **\$15,000**
Continued support to maintain outreach, enrollment and post-enrollment services to Latinos and Brazilians, most of whom are immigrants, refugees and low-income residents of Framingham and Marlborough.

**The Mercy Hospital
Springfield** **\$15,000**
Continued funding of the Health Care for the Homeless program to ensure that homeless and Vietnamese MassHealth members receive ongoing education, support, and case management to connect them with comprehensive health services.

**South Middlesex Legal
Services, Inc.
Framingham** **\$15,000**
Ongoing support for the Health Care Access Project, providing enrollment, post-enrollment, and legal advocacy services to low-income consumers in the 36-town greater MetroWest area.

**Vietnamese-American
Civic Association, Inc.
Greater Boston** **\$15,000**
Ongoing funding to enhance the Vietnamese

Health Care Access Project for outreach, post-enrollment, and interpreter services for low-income, at-risk Vietnamese immigrants and refugees living in Boston, Chelsea, Malden, Quincy, and Everett.

**Hilltown Community Health
Center,
Worthington** **\$15,000**
Continued support of outreach to help residents understand and comply with MassHealth and MassHealth Essential program requirements, assist with completing necessary paperwork, and connect applicants with a primary care provider to make and keep medical appointments.

**Span, Inc.
Greater Boston** **\$15,000**
Support to provide reintegrating offenders in Greater Boston with eligibility screening for health insurance, assistance with applications, and education about how to choose and follow through with a health care provider, as well as how to navigate the health care system.

**Joint Committee For Children's
Health Care in Everett
Everett** **\$10,000**
Continued funding to improve the outreach, MassHealth counseling, and post-enrollment capability of the City of Everett's only grassroots health advocacy group, and to recruit and train

bilingual promotoras (health educators) in partnership with Cambridge Health Alliance.

**Saint Anne's Hospital
Fall River** **\$10,000**
Ongoing support for the Health Insurance Advocacy Program which provides outreach, enrollment, and post-enrollment assistance to the uninsured and underinsured of Greater Fall River, particularly Portuguese, Latino, and Khmer individuals and families.

**South Middlesex
Opportunity Council
MetroWest** **\$10,000**
Ongoing support to provide direct-care access and post-enrollment services to homeless individuals residing in shelters and other programs in the MetroWest region.

**Upham's Corner Health Center
Dorchester** **\$10,000**
Continued funding to support the Post-Enrollment Assistant's outreach, enrollment, MassHealth redetermination, and post-enrollment case management assistance to low-income and uninsured Dorchester residents.

Strengthening the Voice for Access

Grants in this area help to promote the interests of uninsured and low-income residents across Massachusetts by strengthening community-based policy activities, increasing consumer participation in public-policy development, and promoting collaboration among policy and advocacy organizations.

Health Care For All (HCFA) **\$50,000**
Continued support to build the capacity of HCFA to develop a comprehensive strategy to preserve and enhance health care access through policy development and a statewide organizing effort. Funding will also support the Health Care Policy and Constituent Leadership Project to develop the role of consumers and community leaders in all aspects of health care policy analysis and decision-making through education and empowerment.

**Massachusetts League of
Community Health Centers** **\$50,000**
Continued support for Community Advocacy for Change, which educates, organizes, and mobilizes community health center board members and other community-based advocates to respond to health policy changes that affect health center financing and patient access to community-based services. Funding will support policy tracking and analysis, a major Board Symposium, the development of position papers, and the continued work of the Community Health Policy Advocate.

Community Partners, Inc. **\$40,000**
Renewed funding for the Community Health Access Initiative to provide the state's frontline health care workers with timely information and enhanced skills. Community Partners will coordinate networking meetings, disseminate monthly

print and Internet-based bulletins, develop an Internet communication center, and offer training and practical tools for community health workers, particularly in Western Massachusetts.

**Massachusetts Senior
Action Council** **\$40,000**
Continued support for the Campaign for Affordable Medications initiative to increase civic activism and participation of seniors in efforts to lower the costs of prescription drugs. Funding will support advocacy, education, grassroots mobilization, and forums on prescription drug access issues.

Health Law Advocates **\$35,000**
Continued support for the Dental Health Access Project to increase access to care through systemic change in the MassHealth dental program, and strengthen the statewide grassroots campaign to improve the MassHealth dental program and restore adult dental benefits.

**Massachusetts Immigrant & Refugee
Advocacy Coalition** **\$60,000**
Renewed funding to develop the immigrant community's participation in public policy development, and to create collaborations among policy, advocacy, and service organizations on immigrant health care access issues.

**Massachusetts Law Reform
Institute, Inc. (MLRI)** **\$35,000**
Continued support for the MassHealth Legal Defense Project to enable MLRI to continue defending MassHealth and other publicly funded access programs from further restrictions and cuts. MLRI will also provide technical assistance to other advocates and outreach workers who serve low-income and uninsured consumers.

**Paraprofessional Health
Care Institute** **\$35,000**
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 by raising awareness of their value, supporting workers' and employers' participation in policy work, and encouraging voter registration among workers.

**Massachusetts Community Health
Worker Network (MACHW)** **\$30,000**
Renewed funding to support MACHW's efforts in expanding access to health care for the uninsured by developing the advocacy power of community health workers and the people they serve.

**Massachusetts Housing and
Shelter Alliance** **\$30,000**
Continued support of a statewide initiative to promote the health care interests of homeless people with disabilities, resulting in strategies and development of policy initiatives to address the unmet needs of this population for health care, income and housing to end their homelessness.

**Women's Educational and
Industrial Union** **\$30,000**
Renewed funding to move forward with the in-depth analysis and policy development phase of the Health Economic Sufficiency Standard (HESS) project, a technical model designed to measure the economic burden of health costs on typical Massachusetts families.

**Voice and Future Fund, Inc.
(VFF)** **\$30,000**
Funding to improve the health insurance coverage of Massachusetts low-wage immigrants, particularly Latinos, through the development of leaders who can raise the public profile of their constituency and promote their situation and needs to policymakers. VFF is a newly incorporated organization that was created by the revitalized Janitor's Union earlier this year, and is expected to build advocacy leadership for SEIU 165 union members.

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 sustainable. These grantees provide compelling models of successful collaboration with community-based organizations, strong organizational commitment at various management and staff levels, and effective capacity building to serve culturally diverse populations.

**Great Brook Valley
Health Center** **\$50,000**
Target Community: Worcester
Funding to develop and implement a cultural competency component for on-site pharmaceutical services to achieve increased patient comprehension of and compliance with prescribed medication regimens.

**Holy Family Hospital and
Medical Center** **\$50,000**
Partners: Merrimack Valley – AHEC, Independent Living of Greater Lawrence, Seton Asian Center
Target Community: Greater Lawrence
Funding for employee training to enhance the ability to serve a culturally and linguistically diverse community, including the deaf and hard of hearing population.

**Lynn Community
Health Center** **\$49,000**
Partners: Operation Bootstrap, St. Patrick's Asian Center of Catholic Charities, Union Hospital/North Shore Medical Center, The Lynn Health Task Force
Target Community: Lynn
Supports the development of culturally and linguistically appropriate materials and services for effectively delivering health information and education to Cambodian and Guatemalan clients with limited literacy skills.

Neponset Health Center **\$45,000**
Partners: Vietnamese American Civic Association, Mass. Medical Interpreter Association, Harvard Program in Refugee Trauma
Target Communities: South Dorchester, Quincy, Randolph
Funding to expand the health center's well-developed model for Vietnamese patients who use its medical services or are in need of behavioral health care.

**Jewish Family &
Children's Service** **\$43,000**
Partners: Russian Community Association of Massachusetts
Target Community: North Shore
Funding to implement a program for training and placement of middle-aged immigrants as certified home health aides and nursing assistants for Russian-speaking seniors on the North Shore.

**Family Health Center
of Worcester** **\$40,000**
Target Community: Greater Worcester
Funding to develop and implement a centralized model of medical interpretation and cultural case management to improve access to the health center's primary care services.

Home Health VNA **\$40,000**
Partners: Saints Memorial Medical Center, Lawrence General Hospital
Target Community: Greater Lawrence and Greater Lowell
Funding to support the implementation of a new model of culturally and linguistically competent discharge planning and home-care coordination with Lawrence General and Saints Memorial Hospitals.

**Saints Memorial
Medical Center** **\$39,000**
Partners: Merrimack Valley AHEC, Lowell Community Health Center, African Assistance Center, Massachusetts Alliance of Portuguese Speakers
Target Community: Lowell
Funding to improve interpreter services by adding more interpreters and enhancing cultural competence among existing interpreters.

Union Hospital **\$38,000**
Partners: Merrimack Valley Area Health Education Center, VNA Care Network, Lynn Community Health Center
Target Community: Lynn
Supports the creation of multi disciplinary Cultural Care Teams to improve cross-cultural patient-provider communication and integrate cultural fluency into all aspects of clinical care.

MGH Chelsea Health Center **\$35,000**
Partners: Harvard Medical School Office of Enrichment Programs, the Division of Service Learning
Target Community: Chelsea
Funding to expand an existing program that matches health-profession students and residents with refugee families for needs assessment, trilingual health education seminars, and cultural competence training for the students.

**Planned Parenthood League
of Massachusetts** **\$15,000**
Partners: Roxbury Comprehensive Community Health Center, Transition House, Brightwood Health Center, Springfield Southwest Community Health Center
Target Communities: Boston, Springfield, Worcester
Funding for training providers, support staff, and medical interpreters in reproductive health care for diverse populations.

**Boston Medical Center,
Department of Medicine,
Geriatrics Section** **\$15,000**
Partners: Latin American Health Institute, BMC Interpreter Services
Target Community: Boston
Funding to design a model of culturally sensitive home care for elderly Latino patients that can be replicated and extended to other major ethnic and linguistic minorities, and to other clinical components of Boston University Geriatric Services.

Jordan Hospital **\$15,000**
Partners: Plymouth Area Department of Mental Retardation, Southeastern Mass. Area Health Education Center
Target Community: Greater Plymouth
Support for the Greater Plymouth Coalition for Cultural Diversity to become more effective as a community resource for enhancing the provision of culturally competent care across the health care continuum.

Marlborough Hospital **\$15,000**
Partners: VNA Care Network, Marlborough Community Services, Inc., the Massachusetts Immigrant and Refugee Advocacy Coalition
Target Community: Greater Marlborough
Funding to develop a Cultural Diversity Council, an enhanced and sustainable multicultural education program, and a multicultural component to the Hospital's Community Resource Library.

**Massachusetts Department
of Mental Health** **\$15,000**
Partners: Great Brook Valley Health Center, Family Health Center, Central Mass. Area Health Education Center
Target Community: Worcester
Funding to establish a partnership with Latino residents, their families, community representatives, and three community-based organizations to build greater capacity to meet the medical and psychiatric needs of this population.

Quincy Medical Center **\$15,000**
Partners: Manet Community Health Center, Quincy Asian Resources
Target Community: Quincy
Support for a comprehensive cultural competency assessment to identify organizational needs for making the medical center more accessible and responsive to the Asian community.

**Sisters of Providence
Health System** **\$15,000**
Partners: Regional Employment Board
Target Communities: Springfield and Holyoke
Funding to develop a systemic, replicable, and sustainable plan for ensuring a more diverse and culturally competent workforce.

**Springfield Southwest Community
Health Center** **\$15,000**
Partners: National Center for Cultural Competence, Vietnamese Civic Association, Jewish Family Services of Greater Springfield
Target Community: Greater Springfield
Funding to develop a strategic plan for institutionalizing cultural competence.

**Stanley Street Treatment
& Resources (SSTAR)** **\$15,000**
Partners: HealthFirst Family Care Center, Health Access Collaborative of Southeast Massachusetts, Inc.
Target Community: Greater Fall River
Funding to conduct a community needs assessment and a cultural competency assessment among the staff and administration at the Family HealthCare Center at SSTAR, and at HealthFirst Family Care Center.

Urban Medical Group **\$15,000**
Partners: Deaf, Inc.
Target Community: Boston
Support to create a culturally competent primary care practice specializing in serving Boston's deaf community.

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: Dimock Community Health Center, Jewish Family & Children's Services
Target Community: Roxbury, Dorchester, Mattapan
Supports training for Dimock Community Health Center pediatric, Early Intervention and behavioral health providers, and other providers who work with young children to identify, refer, and treat children and families at risk for infant 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 the 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 at Oak Square
Target Community: Boston
Funding for a community-based wrap-around program (WRAP) for Gardner School students, who are primarily Latino and African American. WRAP partners will conduct trainings for teachers and other community partners in early detection and intervention of mental health problems, and provide case management services for children and families.

Brightwood Health Center

Partners: Massachusetts Society for the Prevention of Cruelty to Children, Brightwood Elementary School; Health and Addictions Research
Target Community: Springfield
Supports the 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 Springfield's North End.

The Brookline Center

Partners: Brookline High School, Brookline Special Education Parent Advisory Council, Brookline Health Department, Children's Hospital Boston, Center Pediatrics, Brookline Substance Abuse Prevention Program/Safe and Drug Free Schools, Brookline Police and Court
Target Community: Brookline
Funding to serve approximately 80 emotionally ill low-income Brookline-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, 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 in Beverly, Salem, and Peabody, including multiple family group therapy and home-based treatments.

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 preschool-aged 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 to 5 years old from low-income families at risk for developmental and mental health problems in the Cambridge-Somerville area.

Martha Eliot Health Center

Partners: Brookside Community Health Center, Southern Jamaica Plain Health Center; Manning, Fuller and Kennedy Elementary Schools, Northeastern University, and Children's Hospital Boston - Department 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.

Massachusetts Society for the Prevention of Cruelty to Children

Partners: Holyoke Health Center; Holyoke, Chicopee, and Springfield Head Start, Enlace de Familias/Holyoke Family Network
Target Community: Holyoke
Support for the Holyoke Children's Mental Health Collaborative, which targets children and families in the city's Latino community. The program seeks to increase early identification of and services for young low-income children who are at risk or in the early stages of mental illness.

McLean Hospital

Partners: Curley 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 will bring the RALLY (Responsive Advocacy for Life and Learning in Youth) program to 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 or Southeast Asian.

South Shore Mental Health

Partners: Quincy Community Action Program Head Start, South Shore Day Care, Manet Community Health Center, and Quincy Public Schools
Target Community: Quincy
Funding to develop a plan to maximize access to and coordination of behavioral health services for families facing multiple risk factors with children ages 2 to 6 in Quincy through a multi disciplinary interagency approach. There will be 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 to launch the Building on Vietnamese Family Strengths initiative, a collaborative 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 are made 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
\$1,300

The Brookline Center
\$2,500

Cancer Connection, Florence
\$2,000

Community Action Committee of Cape Cod & Islands, Inc.
\$1,650

Community Partners, Amherst
\$2,500

Free Health Care Center, Sheffield
\$2,500

Geiger-Gibson Community Health Center, Dorchester
\$1,280

Gloucester High School/School-Based Health Center
\$2,500

Greater Lawrence Family Health Center
\$2,500

HealthCare Dimensions Hospice, Boston
\$2,000

Helping Our Women, Provincetown
\$1,000

Jeanne Jugan Residence/Little Sisters of the Poor, Inc., Somerville
\$2,465

Joseph M. Smith Community Health Center, Allston
\$2,500

The Outreach Van Project, East Boston
\$1,924

Prevent Blindness Massachusetts, Inc., Beverly
\$2,500

The Samaritans of Boston
\$2,500

Steppingstone, Inc., Fall River
\$2,370

Visiting Nurse Association of Cape Cod
\$1,704

Visiting Nurse Association & Hospice of Western New England, Springfield
\$2,500

YWCA of Lowell
\$2,000

Supporting Philanthropy

Associated Grantmakers of Massachusetts
\$6,000

Annual membership supports AGM's mission to assist the practice and expansion of effective philanthropic giving.

Council on Foundations
\$3,220

Annual membership supports the Council's mission to promote and enhance responsible and effective philanthropy.

Grantmakers in Health
\$5,000

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

'There is compelling evidence that people without insurance live sicker lives, delay getting needed care, and die sooner.'

— Andrew Dreyfus

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www.bcbsmafoundation.org

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From the Finance and Audit Committee

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

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

Combined Statements of Activities and Changes in Net Assets

	Year ended December 31	
	2003	2002
	(In thousands)	
Revenues and other support:		
Contributions	\$13,042	\$12,370
Contributions in-kind	626	810
Investment Income	1,556	1,038
Net unrealized and realized gains and (losses) on long-term investments	6,093	(3,986)
Total revenue and other support	21,317	10,232
Expenses:		
Grants	3,122	3,055
Salaries and benefits	534	546
External professional services	562	677
Printing, stationary and supplies	29	54
Other expenses	135	120
Total expenses	4,382	4,452
Excess revenues and other support over expenses and change in unrestricted net assets	16,935	5,780
Net assets at beginning of year	33,742	27,962
Net assets at end of year	\$50,677	\$33,742

Combined Statements of Financial Position

	Year ended December 31	
	2003	2002
	(In thousands)	
Assets		
Cash and investments	\$51,867	\$33,918
Due from Blue Cross and Blue Shield of Massachusetts, Inc.	500	—
Total assets	\$52,367	\$33,918
Liabilities and net assets		
Grants payable	\$ 1,590	—
Due to Blue Cross and Blue Shield of Massachusetts, Inc.	100	176
Total liabilities	1,690	176
Net assets		
Unrestricted	50,177	33,742
Temporarily restricted	500	—
Total net assets	50,677	33,742
Total liabilities and net assets	\$52,367	\$33,918

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

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

