

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION ANNUAL REPORT 2009

An Update from the Front Lines of Health Reform



Looking Back at Some Highlights

IN 2009...

THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION AWARDED MORE THAN 120 GRANTS to organizations engaged in enrolling uninsured residents in health insurance programs and connecting them to care; improving the coordination, continuity, and completeness of care for the uninsured; strengthening community-based advocacy and citizen participation in policy development; and addressing health care disparities in Massachusetts communities.

WE CONTINUED OUR SUPPORT OF AN ANNUAL REPORT ASSESSING THE IMPACT OF HEALTH REFORM ON MASSACHUSETTS RESIDENTS. Other Foundation reports covered topics such as the funding of health reform in Massachusetts; the adequacy of provider networks for low-income residents; and physicians' attitudes toward the Commonwealth's health reform law.

SINCE OUR FOUNDING, THE FOUNDATION HAS CONVENED NUMEROUS MEETINGS OF HEALTH CARE STAKEHOLDERS to discuss major policy issues, share the findings of research, and plan for collaborative action. Among the meetings we sponsored in 2009 were an outreach and enrollment summit; a conference on how providers and patients can address medical debt; a stakeholder discussion of changes in health coverage for legal immigrants in Massachusetts; and a conference on the adequacy of behavioral health services for children.

TWENTY HEALTH CARE PROFESSIONALS HONED THEIR TALENTS FOR LEADERSHIP AND COLLABORATION in the Foundation's Massachusetts Institute for Community Health Leadership program, which helps equip emerging leaders to effectively address the challenges of improving access to care for low-income and underserved communities.

TEN HEALTH JOURNALISTS TOOK PART IN THE HEALTH COVERAGE FELLOWSHIP PROGRAM, which was started by the Foundation and is designed to expand the capacity of the media to cover issues related to health reform and access to care.

WE LAUNCHED A NEW WEBSITE, WWW.BLUECROSSFOUNDATION.ORG, where stakeholders, grantees, and the public can find information about our policy initiatives, research and publications, grant opportunities, and programs.

SARAH ISELIN WAS NAMED THE FOURTH PRESIDENT OF THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION. At the time of her appointment, Sarah was serving as Commissioner of the Massachusetts Division of Health Care Finance and Policy where she managed and monitored critical phases of health reform and co-chaired the state's Special Commission on the Health Care Payment System.

A MESSAGE TO OUR COMMUNITY PARTNERS For all of us in the health care community, the past year has been marked by progress, transitions, and extraordinary challenges. Four years after the implementation of Massachusetts health reform began, there is sound evidence that the law is working; making a positive difference for individuals, families, communities, and the health care system as a whole. Sadly, our state and the nation lost one of the most passionate champions of reform, Senator Edward M. Kennedy, but his legacy lives on through passage of the federal Patient Protection and Affordable Care Act, which is modeled in many respects on the pioneering Massachusetts law.

We know from our own state's experience that, once reform is enacted, and even after the regulatory framework is in place, implementation of health reform is the key to success. This year's annual report highlights some of the ways we have supported implementation of the Massachusetts law by providing targeted financial and technical support for the extraordinary work of our community partners, as well as through research and analysis, program development, and the fostering of collaboration and information-sharing. We hope our perspective will be useful to policymakers, advocacy groups, and foundations that can play a similar role with the implementation of national reform in other states.

Looking ahead, the Foundation will continue to focus on addressing persistent barriers within the health care system while helping to build upon the remarkable progress Massachusetts has already made in ensuring access to health care for all its residents. In partnership with the many stakeholders in government, business, consumer advocacy, care delivery, philanthropy, and academia who helped make health reform a reality, we will keep our sights squarely focused on achieving Senator Kennedy's vision of a nation where everyone, regardless of economic status, has access to high-quality, affordable, patient-centered health care.

With thanks and best wishes,



A handwritten signature in black ink that reads "Philip W. Johnston".

Philip W. Johnston
Chairman

A handwritten signature in black ink that reads "Sarah Iselin".

Sarah Iselin
President

Massachusetts wouldn't have achieved nearly universal health coverage without outreach workers like Hawraa Alsaad of the Manet Community Health Center. Outreach workers help uninsured residents find affordable coverage, connect with the care they need, and understand the complexities of the health care system.



Where Health Reform Meets Reality

The core mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for low-income and vulnerable individuals and families in the Commonwealth.

Our activities fall into three broad categories – grantmaking, policy, and programs – and as we’ve worked to broaden health coverage and access, reduce barriers to care, and encourage innovative, sustainable improvements in the health care system, these activities have been closely coordinated.

We support a diverse group of grantees (listed elsewhere in this report) that are connecting low-income consumers with coverage and primary care; developing more continuous, coordinated care for those who remain uninsured; improving access and services for groups that experience health care disparities; promoting public-private partnerships and solutions; and strengthening citizen participation in community-based policy development.

Our funding and policy priorities have always been informed by research, and vice versa. Our signature achievement in this regard was the Roadmap to Coverage initiative, which provided a framework for the debate and policymaking that preceded the enactment of Chapter 58, the state’s landmark health reform law. Subsequently, the Foundation has helped monitor the law’s impact on coverage and access to care through comprehensive, annual surveys of adults in Massachusetts.

The most recent health reform survey, conducted in fall 2009, found that Massachusetts was maintaining nearly-universal coverage and improving access to needed care despite the economic downturn. These gains didn’t happen just because a law was passed – they resulted from an exceptionally collaborative implementation process that involved many of our community partners.

In the remainder of this report, we briefly describe four essential aspects of Massachusetts health reform implementation that the Foundation has supported through grants, research, and programs:

- *helping low-income individuals and families obtain and maintain coverage;*
- *helping patients gain access to, and navigate, the health care system;*
- *reducing health disparities and improving community health; and*
- *fostering continuous improvement through monitoring and advocacy.*

We hope that policymakers, advocates, providers, foundations, and community members in other states will benefit from our experience and the lessons we have learned as they strive to bring the benefits of health reform to low-income and underserved communities across the nation.

OUTREACH AND ENROLLMENT

The goal of Massachusetts health reform is to achieve nearly universal coverage, and the state now has the highest rate of insured residents in the nation, at more than 97 percent.

Translating Eligibility into Coverage

ENROLLMENT EFFORTS CONTINUE.

39,621 low-income residents were enrolled into health coverage by Foundation grantees in 2009.

31 % of those newly insured since the 2006 enactment of health reform were assisted by Foundation grantees.

RIGHT Xuan Du, a member of Manet Community Health Center's multilingual outreach and enrollment team, explains flu prevention to a shopper at Kam Man Marketplace in Quincy.

One of the great success stories of Massachusetts health reform has been the collaborative effort by the state and an array of community and provider groups to enroll hundreds of thousands of uninsured residents from some of the most underserved and vulnerable segments of the population into health coverage plans. Maintaining high levels of health coverage is an ongoing challenge, however, because people's economic circumstances change and eligibility for subsidized programs has to be redetermined each year. Also, people simply may not know that there are affordable coverage options available to them. Statewide, scores of organizations are helping keep the rate of insured residents at record high levels by finding people who are still uninsured; counseling them on their coverage options; assisting with enrollment and redetermination of eligibility; and helping them understand how their insurance works.

At the front lines of outreach

In Boston, the Mayor's Health Line, which has been assisting residents with coverage and access for a quarter century, is collaborating with community providers, non-profit organizations, and businesses to provide targeted outreach in a variety of unconventional settings such as auto body shops, nail salons, barbershops, and free-tax-assistance offices. The focus, according to Health Line director, Steven Belec, is on providing insurance eligibility screening, system navigation, and post-enrollment



“The Foundation’s unconditional support means a lot to us and they have greatly influenced our work. Having an organized and well-staffed funder makes all the difference in the world.”

— Keisha De Jesus, Coordinator, SSTAR, Fall River MA



assistance to uninsured, low-income and immigrant residents and employers in the city’s Vietnamese, Black, and Latino communities.

“We think it’s important to reach out to people where they spend some relaxed time or where we know they’re looking for financial advice,” Belec says. In addition to assisting clients with finding health coverage and a primary care provider, the program works to address larger public health issues, such as reducing pollution and chemical exposure for workers at body shops and nail salons.

“And, our outreach efforts don’t end once we’ve helped someone find public coverage,” Belec adds. “When it’s time for their annual eligibility review or if we know they have part-time or seasonal employment, we contact them to make sure they get the paperwork done so they can maintain continuous coverage.”

Meeting an ongoing need in hard-hit communities

In Fall River, a city with a large low-income, uninsured population and one of the highest unemployment rates in the state, the Health Access Program at Stanley Street Treatment and Resources (SSTAR) is led by a community health worker, Keisha de Jesus. She and a colleague screen clients for possible eligibility in state-funded programs such as MassHealth, Commonwealth Care, and the Medical Security Program, and assist them with applications and renewals. Since the SSTAR team is so small and

LEFT You can get a lot more than a great cut at J&C Barbershop in Roxbury, which is collaborating with the Mayor’s Health Line to become a health information center for the community. Barber José Torrero often talks with patrons about their health needs, including the importance of oral health.

BELOW Emergency preparedness, including proficiency in CPR, is among the skills Community Health Workers acquire during a special training program at ABCD, Inc. in Boston.



the need so great, they collaborate with as many local agencies, organizations, and health providers as they can to spread the word about the availability of subsidized coverage.

“We’ve had major factory closings in our area, so a lot of people who didn’t make much to begin with have lost their employer health coverage,” De Jesus says. “Also, people in public programs can have lapses in their coverage when they fail to complete the paperwork for their annual eligibility determinations on time. That’s who we’re trying to reach.”

Further north, where the Manet Community Health Center offers family practice primary health services to residents from Boston to Bourne, the picture is similar. During 2009, the health center’s community outreach team helped almost 2,500 newly unemployed individuals gain access to health insurance coverage, according to Cynthia Sierra, director of development.

“We counsel people six days a week, and they can range from someone whose job has been reduced to a part-time position, to a husband and wife who have lost six-figure incomes, to a job-hunting twenty-something who is several years out of college,” Sierra says. “A period of job loss can be laden with stress and ill effects, and we believe this can be the most important time to ensure continued access to care.”

Sensitive to the economic turbulence around them, Manet has collaborated with two career centers, in Quincy and Plymouth, so that people seeking employment assistance can also arrange to meet with outreach team counselors for help with health insurance. As is the case throughout Massachusetts, Quincy is seeing a growing influx of first-generation immigrants, so the team is trained to understand cultural differences and to help people whose native languages include Mandarin, Cantonese, Vietnamese, Spanish, Hindi, Arabic, and many more.

The transient nature of the populations that need assistance and the rules that govern eligibility for publicly subsidized coverage mean there will always be some percentage of residents who are uninsured. Keeping that number as small as possible requires an ongoing effort to translate eligibility to coverage, especially in low-income and underserved communities.

Manet’s Cynthia Sierra puts it this way: “The role of outreach in health reform is still paramount and inherently connected to the gains we’ve made in connecting low-income community residents to primary care, prevention, and other essential services.”

ACCESS AND NAVIGATION

Health insurance is an essential pathway to high-quality care, but it does not guarantee access. Many low-income people need ongoing help to connect with the health care system.

Connecting Patients to Care

MORE AFFORDABLE CARE

36% reduction in low-income Massachusetts adults reporting unmet need due to cost since health reform

20% reduction in low-income adults reporting high out-of-pocket health care costs since health reform

Studies tracking the impact of Massachusetts health reform have found that the state's most vulnerable residents have made significant gains in access to care and the use of needed health care services. Credit is due, not just to the availability of affordable coverage, but to the many provider groups that help low-income people make their way into, and navigate through, a very complex health care system.

The doctors and nurses at the Joseph M. Smith Community Health Center, for example, serve many people in Boston and Waltham for whom health care would otherwise be unattainable or unaffordable. To overcome the barriers to care their patients may encounter, the health center's community health workers offer translation and medical interpretation in 20 languages, as well as help with transportation, childcare, and even housing.

"Many of our patients face severe financial difficulties, and they bring their own unique cultural values to health care, so we have client navigators to help them understand the health care system," says Liz Browne, the center's executive director. "We find out if they are insured and, if not, we have them talk to a health benefits counselor; then we get them connected to primary care and other services like mental health."

The Foundation is currently supporting an initiative to help patients with chronic disease manage their conditions through individual preventive service plans. A key element of the program is the use of electronic medical records to track patients' progress. "The population we serve is very transient, so the electronic medical record is integral to personalized, well-coordinated care," Browne says.

Filling the gaps for those still without insurance

Coordination of care is also a priority for Volunteers in Medicine Berkshires (VIM), a free clinic providing uninsured residents in the western part of Massachusetts with primary care, mental health, dental, and optometry services. Many of their patients are immigrants and seasonal workers who have been especially hard hit by the economic downturn and who are also faced with language and cultural barriers that make it difficult to understand the health care system. Even getting to appointments can be a challenge since much of the region is rural and many patients cannot afford cars. Nevertheless, VIM's volunteer clinicians are committed to providing much more than urgent care, according to Nancy Hunter-Young, the clinic's development and grants coordinator.

"In addition to providing free primary care, we collaborate with hospitals and specialists and help our patients navigate through a system that can be very confusing," she says. "When we coach patients about how to get the care they need, they're much more likely to keep serious medical conditions in check."

Hunter-Young points out that even when people have subsidized insurance they may not be able to afford the care they need or may lose their coverage from time to time. VIM's goal is to fill the gaps while helping them maintain their primary care relationships. She offers this example: "A diabetic patient drops out of public coverage because she can't afford her monthly premiums, so we work with the local hospital's outreach team to get her into a less expensive subsidized program. During the enrollment waiting period, we provide free medical care and medications, and once she has coverage again, we make sure that she is back in her regular system of primary care."

Creating a portal to patient-centered primary care

One of the most persistent challenges in caring for people who have been uninsured is to help them move from their reliance on episodic care, often received in emergency rooms, to the use of primary care and prevention. For Family Health Center of Worcester (FHCW), the solution has been to convert its urgent

care center into an integrated "patient portal" that connects walk-ins with ongoing primary and preventive care, regardless of their insurance status.

Since the enactment of health reform, FHCW has seen the number of insured patients rise significantly, but the uninsured still account for a quarter of their patient population, according to Noreen Smith, vice president of development. With all the newly insured patients, plus the center's commitment to providing coordinated care for those who are still uninsured, she says, FHCW needed to create more access to primary care, so they transitioned from an urgent care approach where the goal was to "triage and treat" to a primary care "medical home" model where patients are registered and connected with primary care and prevention.

"We want to move all of our patients toward an ongoing relationship with a primary care provider," Smith says. "If patients come in for regular preventive care, we can help them gain better control of chronic conditions like diabetes, heart disease, and obesity, which will mean fewer emergency room visits and improved health outcomes."

BELOW Access to health care can be especially challenging if you don't have a car. In rural areas with limited public transportation, a doctor's appointment can occupy most of the day.



RIGHT In order to provide more coordinated care to its patients, regardless of their insurance status, Family Health Center of Worcester has converted its urgent-care center into a new walk-in primary care and social services clinic. Health Benefits Navigator Jalysvette Rodriguez helps uninsured patients sign up for coverage and connects them to ongoing primary and preventive care.



COLLABORATION AND INNOVATION

Massachusetts has long been distinguished by a spirit of collaboration and innovation when it comes to addressing the health care needs of the Commonwealth's most disadvantaged communities.

Improving Community Health

COMMUNITY ACCOMPLISHMENTS IN ACCESS TO CARE

94% of adults in
Northeastern Massachusetts
report having a usual source
of care, higher than any other
region of the state

80% of adults in
Central Massachusetts report
having a preventive care visit
in the past year, higher than
any other region of the state

More than four years into the implementation of health reform, a broad array of community providers, advocacy groups, businesses, and public agencies throughout the state are working together on innovative approaches to some of the unfinished work of health reform – reaching underserved groups that are still outside the health system, reducing racial and ethnic health disparities, and addressing the social determinants of community health.

Tapping into community expertise

It is hard to imagine Massachusetts health reform – past, present or future – without community health workers. They perform an amazing variety of tasks on the front lines of health care; in fact there are more than fifty different disciplines and titles linked to community health workers' job descriptions, including outreach worker, enrollment worker, community health educator, patient navigator, peer educator, and family support worker, to name a few.

Community health workers are unlike most other health professionals in that they are hired primarily because they have shared the experiences of their clients and have been successful in some kind of community service setting. "We have a deep understanding of when, where, and how to reach underserved people," says Cindy Marti, policy director for the Massachusetts Association of Community Health Workers (MACHW), a statewide professional and advocacy organization whose efforts have been supported by the Foundation.

"Community health workers are uniquely equipped with communication skills and cultural knowledge that can help expand the capacity of primary care physicians and mid-level clinicians," says Marti. "By connecting patients with primary and preventive care, providing navigation and care coordination, and helping people with chronic conditions manage their diets, lifestyles, and medications, community health workers break down disparities and enable high-quality, patient-centered care."

Aligning providers and the community

In Boston's northern suburbs, Hallmark Health System has also decided that, in order to break down the barriers to care within an increasingly diverse patient population, they need to connect with patients in new and innovative ways. Hallmark Health operates hospitals and health centers in five core communities where changing demographics have meant they serve more and more residents from countries where traditional health care beliefs and values may not easily align with highly specialized, high-tech medicine.

"We realized we needed to get outside the bricks and mortar of the hospital and get a better understanding of gaps in how we serve our increasingly diverse community," says Diane Farraher-Smith, vice president of home care and community services. With assistance from the Foundation, Hallmark

BELOW Shoppers find healthy food and healthy advice at this local farmer's market in Everett, where voluntary health advisor Monica Pierre Ulysse helped a resident explore her insurance options.



Health conducted interviews with community residents and staff and developed a training program on cultural diversity.

"The diversity program has increased our awareness and respect for different values and belief systems in the populations we serve," says Farraher-Smith. "Now we are much more involved in community initiatives and outreach, whether it's supporting residents and staff affected by the Haitian earthquake or participating in a local farmers market to encourage healthy eating. We're thinking about health in a much broader sense, and that opens the door to new ideas about how we can do an even better job meeting the needs of our patients and their families."

Proving that place matters

When Frank Robinson thinks about the health of Springfield and, in particular, its most economically distressed neighborhoods, he imagines "a tipping point, where wellness becomes part of the community fabric." Robinson is executive director of Partners for a Healthier Community, a collaborative organization that is dedicated to improving, in measurable ways, the overall health of the city. He is a strong believer that "place matters" in health care – in other words, even with expanded access to coverage, the health of people living in neighborhoods where it is hard to buy nutritious foods, where safe recreational areas are a rarity, and where overwhelming social and economic problems are constantly

top-of-mind, will always be at risk. That is why he believes clinical interventions to improve health have to be matched by community interventions.

One of the group's current initiatives, supported by the Foundation, is focused on reducing health risks in three predominantly African-American and Latino neighborhoods. Interventions include training community health workers, supporting business and neighborhood efforts to increase access to healthy foods, and promoting healthier eating habits in schools and within families.

"A few years ago, a lot of community leaders didn't quite get it, but now they're able to frame the problems of community health in their own context, whether it's in a neighborhood, a service organization, or a place of worship," Robinson says. He cites as an example the Reverend J.P. Morgan of Holy Trinity Church, who has become a passionate advocate for community health.

"He has a strong voice in the community and now he's speaking a whole new language about health disparities and the social determinants of health," Robinson says. "Given a little funding to prime the pump and a forum for the conversation, there are a lot of people who will invest their time in building a community wellness movement."

“The Foundation keeps asking us, ‘Where is the voice of the community?’ Their approach to grant making is truly outcome-based, where the grant maker and grantee share responsibility for success.”

— Frank Robinson, Executive Director of Partners for a Healthier Community, Inc.



LEFT Pastor J.P. Morgan is leading an effort to bring stores that sell healthy, affordable, culturally popular foods back to Springfield's low-income neighborhoods. He and members of his congregation at Holy Trinity Church are part of a growing grassroots effort to address the social determinants of community health.

MONITORING AND ADVOCACY

Would it work? No state had ever tried comprehensive health reform before. And while it had bipartisan backing, many crucial and potentially divisive implementation decisions lay ahead.

Keeping Reform True to Its Goals

MASSACHUSETTS PHYSICIANS SUPPORT REFORM

75% of Massachusetts
physicians support continuation
of the state's health reform law

85% of Massachusetts
physicians believe the state's
health reform law improved or
did not adversely affect the qual-
ity of care their patients receive

When Massachusetts health reform was enacted, the Foundation made a commitment to track its impact and to use the findings to inform the work of advocates, policymakers, and other health care stakeholders who were committed to its success.

Starting in 2006, the Foundation engaged the Urban Institute, a nonpartisan policy research organization, to conduct a series of studies on how health reform has affected key measures of progress, such as the levels of private and public coverage, health care access and use, racial and ethnic disparities, affordability for consumers, and public support for the law. The Urban Institute's assessments draw heavily from surveys of Massachusetts adults that have been conducted each fall, beginning in 2006. The result has been more than a dozen reports that have been invaluable in efforts to monitor health reform and support keeping it on track.

Sticking with the facts

Sponsoring objective analyses and convening stakeholders to discuss the policy implications carries on the Foundation's long-term investment in trying to ensure that discussions of health reform are fact-based and data-driven. Kate Bicego, consumer education and enrollment manager at Health Care For All (HCFA), one of the nation's leading state-based, consumer health care advocacy organizations, offers an example of how

data carried the day in the group's discussions with Massachusetts legislators about supporting ongoing outreach and enrollment efforts.

"It was a challenge to advocate on Beacon Hill without data," Bicego says. "Legislators would ask, 'Why do we need to fund outreach and enrollment grants two years into reform when so many people are already newly insured?' The Foundation's brief, *'From Outreach and Enrollment to Continuity of Care,'* gave us the indisputable facts we needed to make our case."

Another Foundation report, authored by researchers at the University of Massachusetts Medical School, helped Health Care For All support its efforts to maintain the broad consensus that made Massachusetts health reform possible in the first place, according to the organization's research director, Brian Rosman. HCFA has consistently talked about the need for reform to be a "three-legged stool," with government, employers, and consumers all contributing to its success; but as implementation progressed, some groups became concerned that their contributions were not being matched by other stakeholders. "We used the Foundation's report, *'Shared Responsibility: Who Pays What for Health Reform?'* in meetings and online to reassure the community of health reform supporters that, in fact, each sector is pulling its weight," Rosman says.

One of the most challenging issues for health care reform in 2009 arose when declining state revenues forced changes in coverage for a group of about 30,000 legal immigrants who had been included under Massachusetts reform even though their coverage was not eligible for federal reimbursement. When the state developed a new, lower-cost health plan in order to continue covering this population, the Foundation worked with HCFA and other community partners, including the Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA), to understand what the impact would be. MIRA is a statewide, collaborative organization that examines health access and other public policy issues exclusively from an immigrant and refugee point of view. “The Foundation’s efforts gave a human face to the issue – looking at the impact of the changes and using facts and figures rather than opinion and emotion,” says MIRA’s executive director, Eva Millona.

In fall 2009, the Foundation hosted a meeting of grantees, government officials, health insurance executives, and consumer advocates to examine how the new program was working. Says Millona: “The meeting equipped us to offer technical assistance and advise our member organizations on how coverage would work and how to prevent gaps in care and maintain continuity of care if people had to change providers.”

FIGURE 1 Access to care, including preventive care screenings and dental visits, has improved since health reform

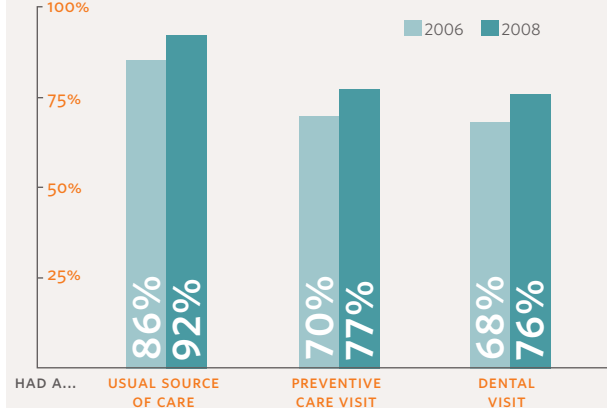


FIGURE 1 Access to care, including preventive care screenings and dental visits, increased from 2006 to 2008

FIGURE 2 Share of spending for coverage and uncovered services
(TOTALS: \$22.6 B IN 2005 \$26.6 B IN 2007)

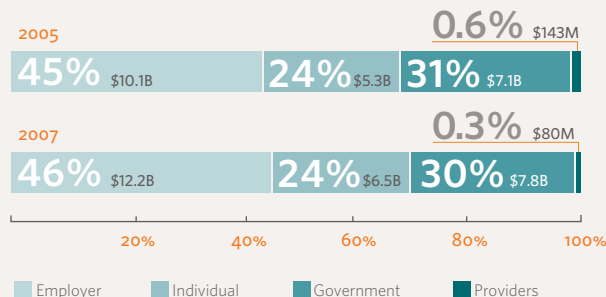


FIGURE 2 The relative share of government, employer, and individual spending on coverage did not change from 2005 to 2007, indicating health reform has maintained its promise of shared responsibility

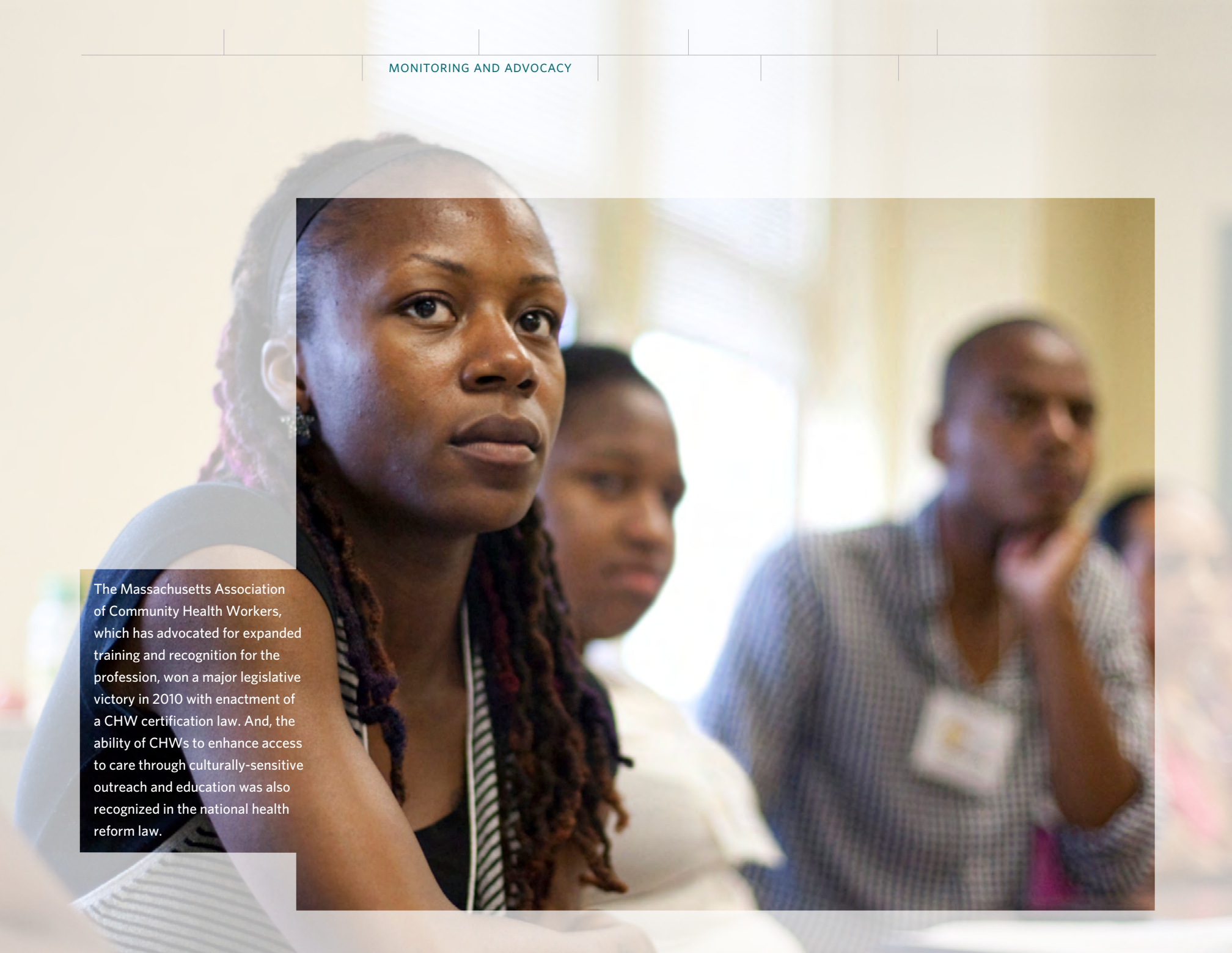
RIGHT When Nilsa Pena wanted more information about colonoscopy, she was able to spend time with Ana F. Rocha, a patient navigator at Joseph M. Smith Community Health Center who carefully explained how the exam works, what the doctor would look for, and why it is so important.



Assessing the adequacy of services

In addition to monitoring the effects of health care reform, the Foundation supports research on individuals and groups that are still lacking actual or effective access to care, even with the law in place. For instance, although Massachusetts has the highest rate of psychiatrists and social workers per capita of any state, a survey of children's mental health providers and stakeholders funded by the Foundation identified multiple obstacles to treating children in need of mental health care. The report's findings were then discussed at a Foundation-sponsored conference for clinicians, advocates, and parents.

For Liz Browne, executive director of the Joseph M. Smith Community Health Center, the mental health services report and conference were typical of how they make use of the Foundation's research projects and grantee meetings. "We serve many children in need of mental health services," she said, "and the report helped confirm that our programs are on target and appropriate for their needs. We are so involved in this work every day, but the environment is constantly changing around us. Thanks to the Foundation, we can learn what the health care landscape looks like and how to prepare for what's coming."



The Massachusetts Association of Community Health Workers, which has advocated for expanded training and recognition for the profession, won a major legislative victory in 2010 with enactment of a CHW certification law. And, the ability of CHWs to enhance access to care through culturally-sensitive outreach and education was also recognized in the national health reform law.

GRANTS AWARDED IN 2009

African Community Health Initiatives	Cooley Dickinson Hospital
AIDS Action Committee of Massachusetts	Cooperative for Human Services
Beaverbrook STEP	Dimock Community Health Center
Behavioral Health Network	Disability Policy Consortium
Berkshire Health Systems	Eastern Massachusetts Abortion Fund
Birth to Three Family Center	Ecu-Health Care
Boston Foundation for Sight	Family Health Center of Worcester
Boston Health Care for the Homeless Program	Father Bills & MainSpring
Boston Public Health Commission	Food for the World
Boys & Girls Club of Marshfield	Gavin Foundation
Brockton Neighborhood Health Center	Gay Men's Domestic Violence Project
Brookline Community Mental Health Center	Geiger Gibson Community Health Center
Cambridge Cares About AIDS	Great Brook Valley Health Center
Casa Latina	Greater Boston Interfaith Organization
Center for Community Health Education Research & Service	Greater Boston Legal Services
Central Massachusetts Area Health Education Center (AHEC)	Greater New Bedford Community Health Center
Child Care Resource Center	Health Care For All
Children's Hospital Boston	Health Law Advocates
Community Action Committee of Cape Cod & Islands	HealthFirst Family Care Center
Community Action of Franklin, Hampshire and North Quabbin Regions	Hearth
Community Care Services, Inc.	Helping Communities in Crisis
Community Connections Inc.	Hilltown Community Health Centers
Community Health Center of Cape Cod	Holyoke Health Center
Community Health Center of Franklin County	Inflammatory Breast Cancer New England Region, Inc.
Community Health Programs	Interfaith Social Services, Inc.
Comprehensive School-Age Parenting Program, Inc.	Joint Committee for Children's Health Care in Everett
	Jordan Boys & Girls Club

2009 GRANTEES

Joseph M. Smith Community Health Center
Justice Resource Institute
Latin American Health Institute
Lowell Community Health Center
Manet Community Health Center
Massachusetts Advocates for Children
Massachusetts Alliance of Portuguese Speakers
Massachusetts Association for Mental Health, Inc.
Massachusetts Association of Community Health Workers
Massachusetts Breast Cancer Coalition
Massachusetts Budget and Policy Center
Massachusetts Coalition of School-Based Health Centers
Massachusetts Correctional Legal Services
Massachusetts Department of Public Health
Massachusetts Housing and Shelter Alliance
Massachusetts Immigrant and Refugee Advocacy Coalition
Massachusetts Law Reform Institute
Massachusetts League of Community Health Centers
Massachusetts Office of Dispute Resolution
Massachusetts Public Health Association
Massachusetts Senior Action Council
Mercy Hospital
MetroWest Legal Services
Mount Auburn Hospital
National Alliance on Mental Illness of Berkshire County
Neighbor to Neighbor Massachusetts Education Fund
Open Door Free Medical Program

Outer Cape Health Services
Partners for a Healthier Community, Inc.
Partners in Life
People Acting in Community Endeavors
Pro-Choice Massachusetts Foundation
RESPOND, Inc.
Roxbury Comprehensive Community Health Center
Samaritans
ServiceNet
South End Community Health Center
South Shore Mental Health
Spina Bifida Association of Massachusetts
Stanley Street Treatment & Resources
Steppingstone
Tapestry Health
The Arc of Northern Bristol County
The Boston Community AIDS Partnership
Urban Medical Group
Vineyard Health Care Access Program
VNA Care Network & Hospice
Voice and Future Fund
Volunteers in Medicine Berkshires
We're Educators - A Touch of Class (WEATOC)
Women of Means
Youth and Family Enrichment Services
YWCA of Central Massachusetts



As Ben Holmes and his daughter Willow discovered during a conversation with Sharon Burton, a community coordinator for Hallmark Health's North Suburban Women, Infants, and Children (WIC) Nutrition program, a farmer's market is an ideal place to get tips on shopping for fresh, healthy food.

FINANCIALS

From the Finance and Audit Committee

The Blue Cross Blue Shield of Massachusetts Foundation For Expanding Healthcare Access (the Foundation) distributed grants totaling \$4.1 million in 2009. These grants were made possible by contributions from Blue Cross and Blue Shield of Massachusetts, Inc. (the Company) and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., including a \$2.1 million cash contribution paid to the Foundation's endowment and in-kind contributions totaling \$1.4 million. The Company's in-kind contributions represent a significant amount of the Foundation's operating costs including investment expenses, facility costs and other operating expenses.

The Foundation ended the year with \$86.7 million in net assets. The Foundation portfolio experienced a significant bounce-back in 2009 as fears over the financial crisis eased. The portfolio ended the year with a \$16.3 million net unrealized and realized gain on investments after generating \$2.3 million in investment income. For the year ended December 31, 2009, the portfolio generated a total return of 25.2%. During the year, the Foundation invested approximately 48% in equities, 26% in fixed income and cash equivalents, and 26% in alternative investments. We continue to believe that a well-diversified portfolio is appropriate for the Foundation's investments.

Our thanks to the hardworking members of the Finance and Audit Committee, Blue Cross and 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, Rick Lord, James Hunt, Matt Fishman, Robert Restuccia

COMBINED STATEMENTS OF FINANCIAL POSITION

(Dollars in thousands)

	DECEMBER 31	
	2009	2008
ASSETS		
Cash, cash equivalents and investments	\$ 87,295	\$ 76,225
Pledges and investments receivable	98	216
Contributions due from affiliates	-	2,093
Total assets	<u>\$ 87,393</u>	<u>\$ 78,534</u>
LIABILITIES AND NET ASSETS		
Grants payable	\$ 44	\$ 2,666
Accounts payable and accrued expenses	327	594
Due to Blue Cross and Blue Shield of Massachusetts, Inc.	319	304
Federal excise tax liability	8	59
Total liabilities	<u>698</u>	<u>3,623</u>
Net assets – unrestricted	<u>86,695</u>	<u>74,911</u>
Total liabilities and net assets	<u>\$ 87,393</u>	<u>\$ 78,534</u>

COMBINED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

(Dollars in thousands)

	YEARS ENDED DECEMBER 31	
	2009	2008
REVENUES AND OTHER SUPPORT		
Contributions	\$ 437	\$ 2,433
Contributions in-kind	1,399	1,438
Contract service fee	50	-
Investment income	2,333	2,959
Net unrealized and realized gains (losses) on investments	16,254	(31,454)
Total revenues (losses) and other support	<u>\$ 20,473</u>	<u>\$(24,624)</u>
EXPENSES		
Grants	\$ 4,064	\$ 4,615
Professional services	2,398	2,233
Salaries and benefits	1,778	1,553
Conferences, conventions, and meetings	220	271
Occupancy and equipment maintenance	163	132
Federal excise tax expense	46	59
Other administrative expenses	20	8
Total expenses	<u>8,689</u>	<u>8,871</u>
Excess (deficiency) of revenues and other support over expenses and change in net assets	11,784	(33,495)
Net assets at the beginning of the year	<u>74,911</u>	<u>108,406</u>
Net assets at the end of the year	<u>\$ 86,695</u>	<u>\$ 74,911</u>

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Massachusetts has always been a magnet for immigrants and, today, there is more racial, ethnic, and linguistic diversity than ever. Many of the state's health care organizations collaborate with the Department of Public Health to ensure that the critical public health needs of minority communities are being met.

FRONT COVER IMAGE The Volunteers in Medicine clinic in Western Massachusetts plays a vital role in caring for rural residents like Efrain Forero, who lives and works at the only dairy farm in the Berkshires that produces, bottles, and delivers its own milk.



FOUNDATION
MASSACHUSETTS