

Transitions: New Roads to Health Care Access and Leadership



With a "Closing the Gap in Racial and Ethnic Health Care Disparities" grant to Tufts-New England Medical Center, patients like 7-year-old Sylvia Chong and her mother, Tiffany Dam, will receive asthma treatment education.

2005

Dear Community Partners:

As we write this, Massachusetts has just enacted the most significant expansion of health coverage in a decade. The new law holds out the promise of making Massachusetts the first state in the nation to provide health coverage to virtually every resident. It is being hailed locally and nationally as a landmark, a milestone and a model for the country.

The Blue Cross Blue Shield of Massachusetts Foundation is proud to have played a leadership role in this historic achievement. Our *Roadmap to Coverage*, authored by the Urban Institute, with major funding from Blue Cross Blue Shield of Massachusetts and Partners HealthCare, helped reenergize the debate over universal coverage and contributed key policy ideas to a solution, including the breakthrough of combining an individual mandate with new responsibility for employers. Our Summit on Health Access programs provided a venue for leaders, including Governor Romney, Senate President Travaglini and House Speaker DiMasi, to release their proposals for health reform, and a means to continue to focus public attention on expanding health coverage. Our "Strengthening the Voice For Access" grants provided support to increase consumer participation and promote collaboration among statewide policy and advocacy organizations working on health access.

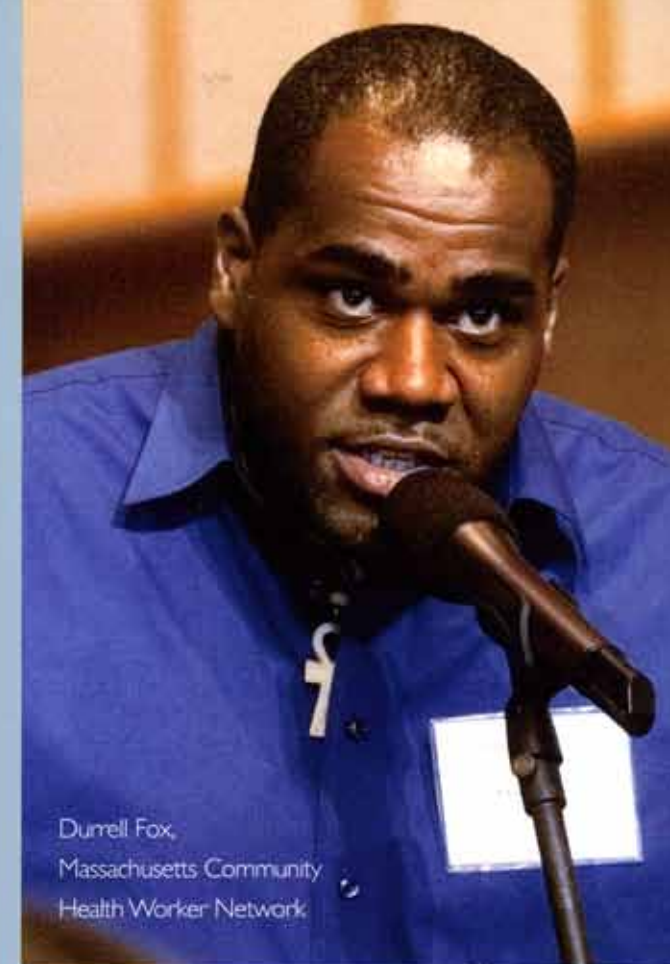
The Foundation is proud to support many other important efforts to improve access, including our new Massachusetts Institute for Community Health Leadership, which is helping to build leadership capacity among health care organizations that serve low-income and uninsured residents, and our "Closing the Gap" initiative, which supports innovative approaches to reducing racial and ethnic disparities in access and care.

None of the Foundation's achievements would have been possible without Andrew Dreyfus, our founding president, who assumed a new position last year with Blue Cross Blue Shield of Massachusetts. Andrew's vision, energy, savvy and commitment to expanding access are unsurpassed, and have left an indelible imprint on the Foundation and health programs throughout the Commonwealth. We are confident that everyone in the state will benefit from his new focus on improving the quality, safety and effectiveness of health care in Massachusetts. We also want to recognize the extraordinary work of Sarah Iselin, whose commitment to the Foundation's mission is unwavering and whose policy and intellectual contributions in so many areas, particularly the *Roadmap to Coverage*, have set such a high bar for those who follow her.

We know from previous health reform efforts that much work lies ahead to implement the new law. Sustaining and broadening the strong partnerships that helped pass the legislation will be critical, and there will likely be difficult choices and compromises to be made. The Blue Cross Blue Shield of Massachusetts Foundation is committed to helping realize fully the promise of the new law through policy work, grant-making, and convening activities. With continued strong collaboration and leadership, Massachusetts can be the first state to show the nation that we can achieve health security for all.

Philip W. Johnston
Chairman

Nancy Turnbull
President



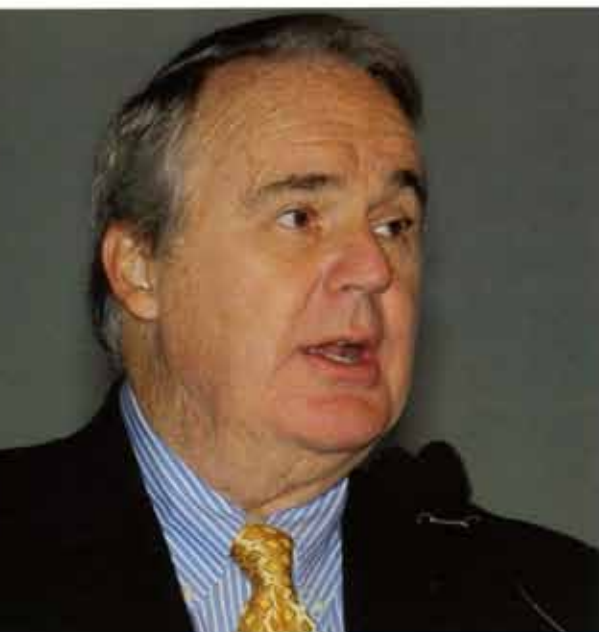
Durrell Fox,
Massachusetts Community
Health Worker Network

Our Mission

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

 **FOUNDATION**
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS
EXPANDING ACCESS TO HEALTH CARE

Roadmap to Coverage: Destination Reached



Philip W. Johnston,
Chair, BCBSMA Foundation Board

How much does Massachusetts spend on providing health care to the uninsured? How much would it cost to cover all those without insurance? What would be the health and economic benefits for the Commonwealth of universal coverage? And what are concrete and feasible options for achieving full coverage for all the residents of the state?

The Foundation's *Roadmap to Coverage* initiative was designed to answer these questions, with the goal of informing and energizing the public debate about universal health coverage in Massachusetts. "We believed the time was ripe for a practical policy solution to the problems of the uninsured," said Philip W. Johnston, chair of the Foundation's board. "Massachusetts is in a unique position to attempt a coverage expansion because of its strong base of employer coverage and well-funded safety net programs. The Foundation wanted to show that it is possible to solve this problem by generating a detailed and practical roadmap to universal coverage."

With major funding provided by Blue Cross Blue Shield of Massachusetts and additional support from Partners HealthCare, the Foundation contracted with the Washington-based Urban Institute to develop concrete policy and financing options for achieving full coverage in the Commonwealth.

In the first phase of the project, the Urban Institute found that universal coverage could be achieved by increasing new government spending by a modest amount, approximately one-third of one percent of the share of the state's economy devoted to health care. These incremental costs would be far exceeded by the direct economic and social benefits that would result from universal coverage. "Through the Roadmap initiative, we have, for first time, a detailed analysis of how much Massachusetts is already spending to care for the uninsured, who's paying for that care, and a clear understanding of the significant economic benefits of covering everyone," said Nancy Turnbull, the Foundation's new president, who worked on the Roadmap project. "The Urban Institute's work has been widely accepted and used often in the state's health reform discussions."



"We know that we are all in this together: this is not simply a hospital problem, or an insurance problem, or a business or a government problem. This problem belongs to all of us. And as a collective problem, it requires a collective solution."

Andrew Dreyfus, Executive Vice President,
Blue Cross Blue Shield of Massachusetts
Former President, BCBSMA Foundation



"The way in which the project was completed allowed the results of our work to be integrated into, rather than shut off from, the public policy debate. That was really unique and critical."

Alan Weil,
National Academy for
State Health Policy



"The Foundation understood the complexity of these policy issues and our analysis. They also know how to speak to decision-makers and make the process work. They made a tremendous effort to convene and educate the right people to ensure that our research and the opportunities that the state has were fully understood."

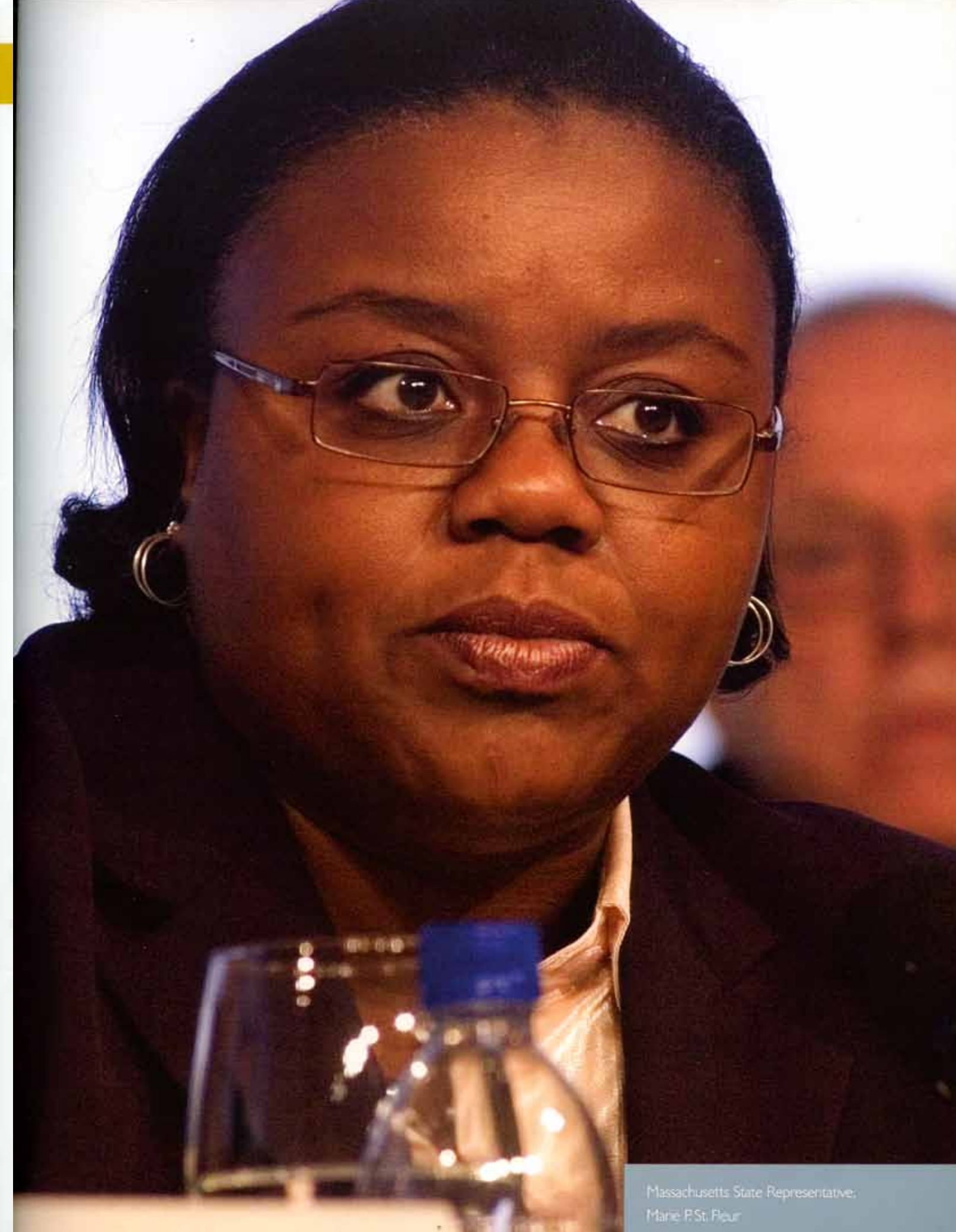
John Holahan,
The Urban Institute

In the second phase of the project, the Urban Institute developed several detailed options for achieving full coverage. But the Roadmap was not just a research project. It was deliberately and carefully structured to help inform and catalyze a public debate about universal coverage. The Roadmap reports were released at a series of three health care leadership summits attended by hundreds of leaders from government, health care, business, labor, and the advocacy community, which were designed to build understanding and consensus around health care reform in Massachusetts. The summits became the venue for key leaders in the state to announce major health reform proposals, starting with Senate President Robert Travaglini in November 2004, followed by Governor Mitt Romney in June 2005 and Speaker of the House Salvatore DiMasi in October 2005.

"The Roadmap initiative—both through its analysis and its convening of key constituencies—has played an essential role in sustaining energy and engagement about health care reform," said Rob Restuccia, president of Community Catalyst and member of the Foundation's board of directors. "It has helped keep the debate in the forefront by developing concrete policy solutions, working to build consensus and producing analytical work to support the health care reform discussion."

Beyond helping inform the universal coverage debate in Massachusetts, many believe the Roadmap project can be a useful model for other states interested in expanding health coverage. "The public aspects of the Roadmap project, and the combination of serious analysis and active engagement with the community, are rare," said Alan Weil, now of the National Academy of State Health Policy, who helped lead the project. "Our ideas did not just stay in the project offices. We were motivated to share our work with a broader, public audience as we were doing it, and challenged all along the way. And that made for a stronger product." John Holahan of the Urban Institute, the other leader of the Roadmap project agreed: "We as researchers don't often get a chance to work with groups like the Foundation, where you've got people who know how to make effective use of our research and work with all of the key decision-makers in the state to make something happen."

Post-script: In April 2006, the Senate and House enacted, and Governor Romney signed, a sweeping health reform law that is designed to provide health coverage to almost every resident of Massachusetts within three years. The law includes many of the components of the Roadmap, including Medicaid expansions, an individual mandate with subsidies for low and moderate income people and an employer assessment.



Massachusetts State Representative,
Marie P. St. Fleur

"This grant gives us the opportunity to work with the school and provide home visits to help the asthmatic child and their families better understand the disease and its treatment. Our goal is to promote effective management of the child's asthma and prevent missed school days."

Sue Chin Ponte, PNP,
Director, Asian Clinical Services,
Tufts-New England Medical Center



Boston's Chinatown neighborhood has one of the city's highest rates of childhood asthma. Screening of 600 elementary school children found 20% had the disease or its symptoms.

Closing the Gap

Expanding access to health care is the mission of the Blue Cross Blue Shield of Massachusetts Foundation. However, research and documented patient experiences have shown that simply having an insurance card is not enough to guarantee equitable access to quality health care. In 2005, the Foundation broadened its focus to address the complex and formidable challenge of health care disparities based on race and ethnicity.

The "Closing the Gap on Racial and Ethnic Health Care Disparities" grant program was established to support community-based interventions to reduce barriers to care for racially and ethnically diverse populations. This three-year, \$3 million initiative is the Foundation's largest philanthropic commitment yet. Its goal is to identify and address some of the factors linked to the disproportionately high rates of disease and mortality among some of the state's racial and ethnic groups.

Health care disparities cannot solely be attributed to race and ethnicity. Poverty and unemployment, lack of education, inadequate or unsafe housing, poor nutrition, gender bias and racism are among the many problems underlying the higher prevalence of poor health outcomes and mortality in certain communities.

The 2002 Institute of Medicine (IOM) report, *Unequal Treatment: Confronting Health Care Disparities*, confirmed that inequities exist in the quality of care delivered to minority patients nationally, even when researchers controlled for education and insurance status. And it reported a failure, at times, to administer clinically necessary procedures, noting that:



"Getting in to organize this project, develop the necessary educational materials, create and integrate asthma education activities, open communication pathways... all of these have real costs, and it would have been very difficult to do without the support of the Foundation."

Dr. Howard Spivak
Vice President, Community Health Projects
Tufts-New England Medical Center



"This grant will allow us to develop the types of self-management and lifestyle education programs for our cardiovascular patients that have worked so well with our diabetes patients. It's a comprehensive approach that we're developing for the Holyoke community."

Sally Neuner, Director of Operations
Holyoke Health Center

- minority patients with cardiovascular disease are less likely to receive appropriate medications or to undergo bypass surgery;
- those with kidney disease are less likely to receive dialysis or transplants; and
- African-Americans with HIV infection are less likely to receive antiretroviral therapy.

Nationally, the federal government's Healthy People 2010 goals call for the elimination of racial and ethnic health care disparities by the end of this decade. Locally, the Foundation's "Closing the Gap" initiatives support community-based solutions that promote systemic change to eliminate disparities, including greater access to high quality screenings and treatments.

"The presence of health care disparities based on race and ethnicity is unacceptable. Eliminating disparities in care and access for culturally diverse consumers are among the most important and difficult challenges we face in health care," said Foundation Director of Community Health Programs Celeste Lee. "The Foundation is pleased to support the development of interventions that will make a difference in the lives of patients, the practices of clinicians, and the protocols of health care organizations."

Other local efforts have already made Massachusetts a leader in addressing the disparities issue:

- Boston Mayor Thomas Menino and the Boston Public Health Commission have issued \$1 million in grants for neighborhood partnerships with health care providers as part of a new citywide initiative.
- Dr. Joseph Betancourt, nationally renowned disparities expert and an editor of the IOM's *Unequal Treatment* report, has established The Disparities Solution Center in partnership with Partners Healthcare and the Massachusetts General Hospital. It is the nation's first hospital-based research and policy institute on disparities and the BCBSMA Foundation's evaluation partner for the "Closing the Gap" program.
- The Massachusetts Legislature established a Special Commission to Eliminate Health Disparities, which will issue a report in 2006 after almost two years of testimony and data collection.
- MassCONNECT, a consortium of seven Harvard teaching hospitals, including Harvard's Medical School and School of Public Health, has received \$2.5 million from the National Cancer Institute to target cancer disparities in minority and underserved communities in Boston, Worcester, and Lawrence.

The leader of MassCONNECT, Dr. Howard Koh is Associate Dean for Public Health Practice at the Harvard School of Public Health, former Massachusetts Commissioner of Public Health, BCBSMA Foundation board member and a key advisor on its disparities grant program. He notes that Massachusetts policymakers have played "an absolutely critical role in assertively challenging the presence of racial and ethnic health care disparities." However, Dr. Koh says it's clear from the patients he sees at Boston Medical Center that disparities persist regardless of education, income and insurance status.

"Imagine an Asian woman," he begins. "She's never had any cancer screening. Suddenly, there's an abnormality on her mammogram. She needs a biopsy and maybe follow-up treatment, chemotherapy, or surgery. She has no insurance coverage, can't afford medical treatment, and doesn't speak English. It's not clear that the system is going to work for her. She's in luck if she has a culturally competent health care provider, perhaps an interpreter. Without them, she may encounter a barrier at every step, trying to get the care she needs."

The ten "Closing the Gap" grants support programs encouraging reform at all levels of the health care encounter: enhanced patient education and responsibility, more culturally competent providers, and more responsive, less daunting systems and operations. The intent is to stimulate system transformation that is sustainable and replicable. Their common goals are to:

- Prevent the onset of chronic disease through culturally-appropriate early interventions and follow-up services, including outreach, health literacy, and other medical interventions.
- Eliminate racial and ethnic barriers to the completeness of quality care through improved screening rates, reduced waiting periods, and other changes.
- Change policies and procedures to ensure providers make treatment decisions based on clinical guidelines and published standards of care.

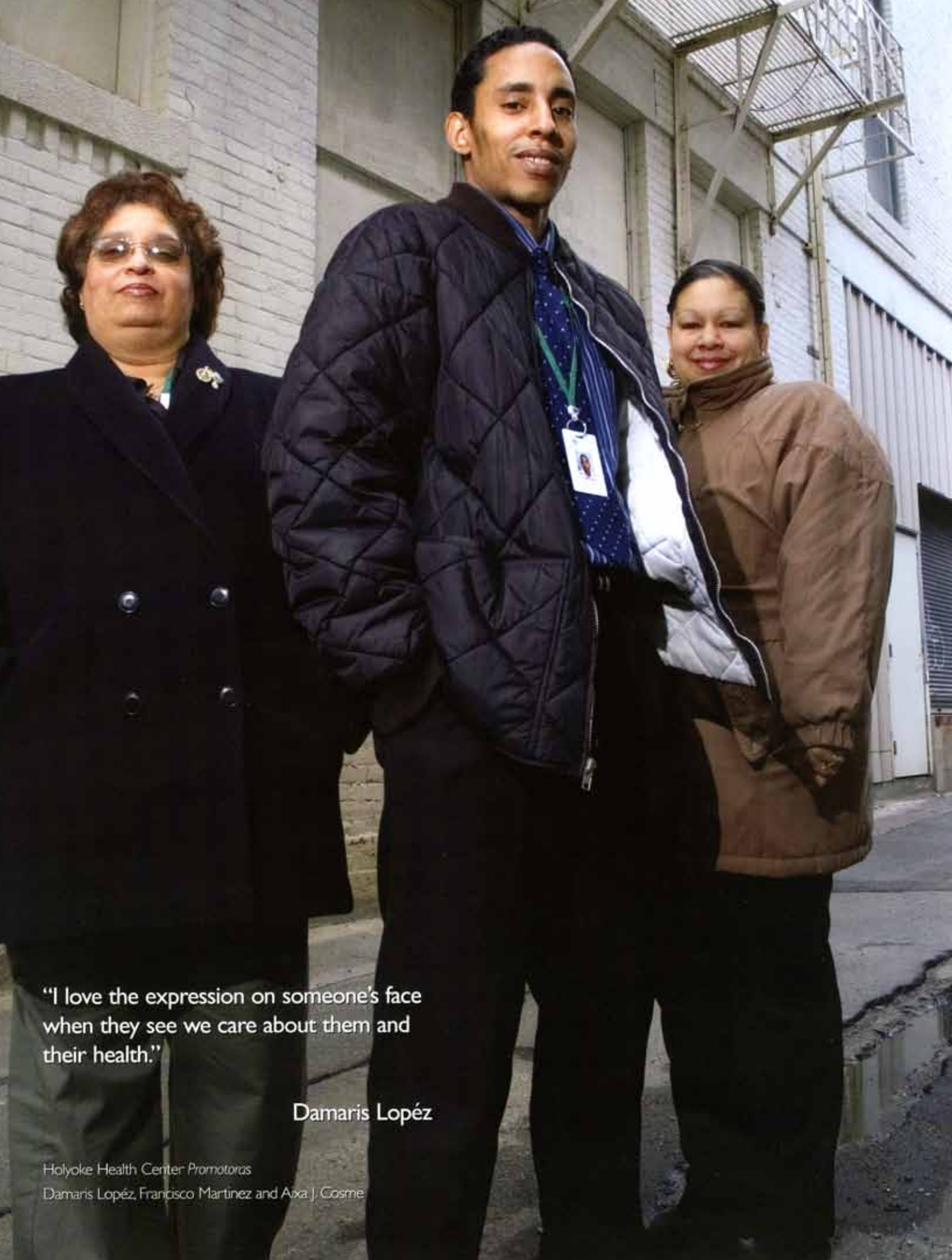
Across the Commonwealth, "Closing the Gap" funding is addressing disparities in particular communities:

Holyoke Health Center is developing a new treatment approach to the profound rate of cardiovascular disease in that city's adult Latino population, the state's 4th highest. This initiative assists patients with health education and disease self-management while also improving the health center's capacity for chronic care management through new clinical guidelines and standards of care.



"The heightened commitment of the Foundation to address health care inequities represents substantial progress for public health."

Dr. Howard Koh, Harvard School of Public Health
BCBSMA Foundation Board Member



"I love the expression on someone's face when they see we care about them and their health."

Damaris López

Holyoke Health Center Promotoras
Damaris López, Francisco Martínez and Aixa J. Cosme

A unique aspect of the program is the training of current Latino cardiovascular patients to be *promotoras* — or outreach workers. Using tools developed through a successful diabetes intervention program at the health center, the *promotoras* will visit other patients' homes to help them make the nutrition and exercise changes crucial to managing their disease. The *promotoras* will also serve as cultural brokers to enhance the patient-provider relationship and bridge communication gaps regarding treatment plans.

Boston's Chinatown neighborhood has one of the city's highest rates of childhood asthma. When Tufts-New England Medical Center (NEMC) researchers screened 600 Josiah Quincy Elementary School students, close to 20% had asthma or its symptoms. The Foundation is funding a new approach to improving prevention and treatment, in partnership with the school and, for the first time, collecting reliable data on the prevalence of asthma in Asian children.

A crucial part of this effort is culturally respectful outreach and education to families to teach them about albuterol inhalers and other medicines, to explain the importance of preventive care to ensure better compliance with treatment plans, and to help them become increasingly comfortable with the health care system.

Despite growing attention and the indisputable facts, the consequences of racial and ethnic health care disparities persist in Massachusetts and throughout the United States. It is a complex issue; the patient, provider and system-level causes remain elusive; and solutions are demanding. The providers highlighted above and the eight other programs funded to develop similarly effective interventions will make a critical difference in the lives of patients in their respective communities.

"The Foundation cannot address all of the social determinants that impact health care disparities, nor completely solve the problem through grantmaking alone," said Celeste Lee. "However, our initiative is a significant contribution and we are pleased to join the other innovative public and private programs across the state that have made this issue a high priority."



"As long as we can get people in for exercise, nutrition and treatment we can help."

Francisco Martínez
Holyoke Health Center



"We are building a community of practice with this program; a network of people who know, understand and are willing to use collaborative leadership practices to ultimately help strengthen the state's community-based health care system."

Michael McCormack,
Director of Massachusetts Institute
for Community Health Leadership (MICHHL)

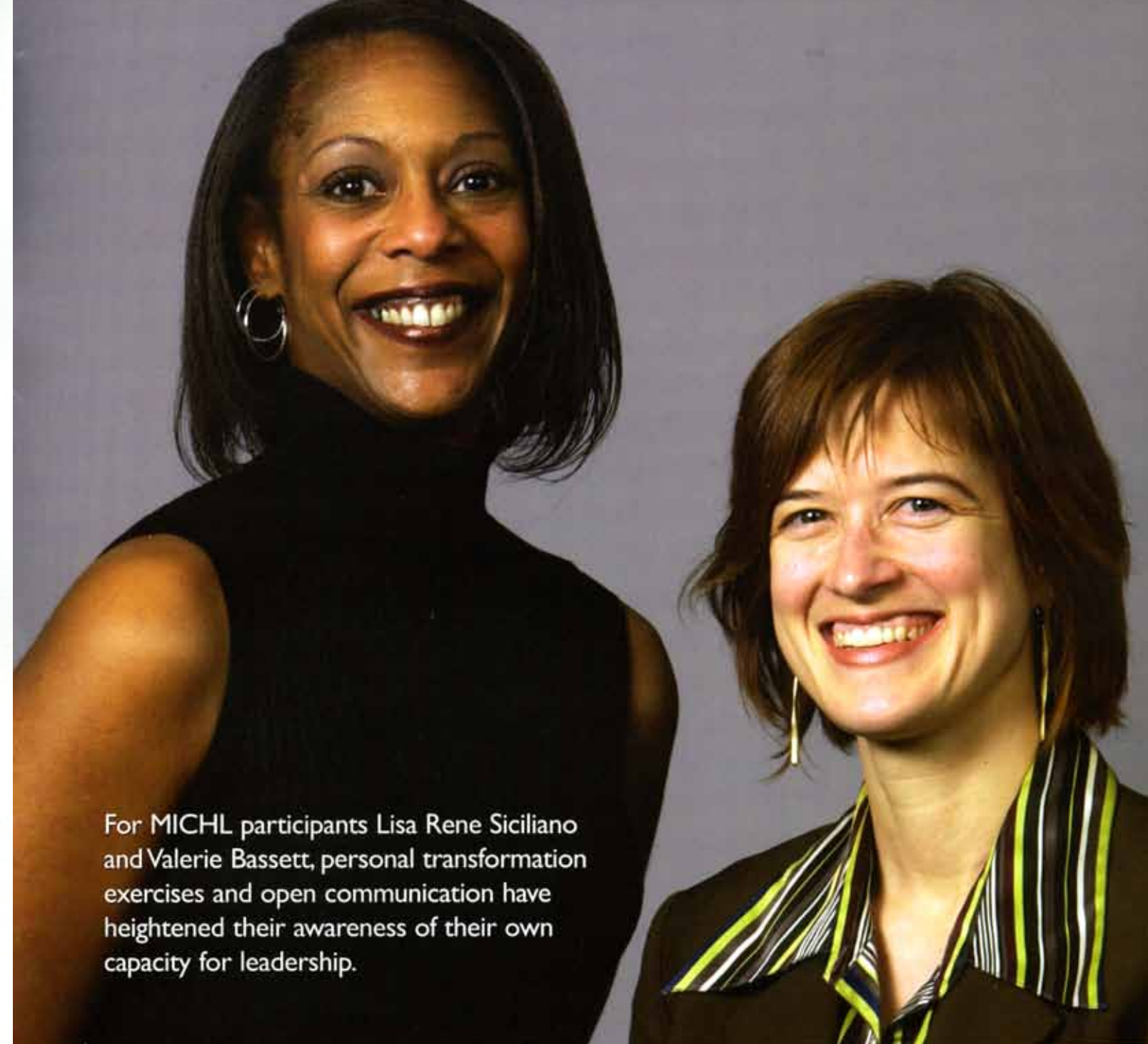
MICHHL Learning to Lead

Health care leaders, particularly those at the community level, face a range of daunting issues. They seek to expand access to health care for low-income people; institute health care reform to ensure everyone has coverage; deliver high quality and equitable care; and eliminate barriers to care created by language and cultural differences. Given that these challenges have persisted and will take many more years to address effectively, questions arise about who will continue to lead this effort. Where is the next generation of providers, advocates, administrators and policy experts that will help to fulfill the dream of health care and coverage for every Massachusetts resident?

This is the issue that prompted the Foundation's decision to create the Massachusetts Institute for Community Health Leadership (MICHHL) in 2005. The program was developed for emerging leaders who have demonstrated an unwavering commitment to low-income health care, and have the energy, talent, knowledge and vision to put the state at the top of progressive health care reform. The Foundation believes that leadership development is essential to realizing this mission.

The newest thinking on leadership says that leaders can be consciously cultivated. MICHHL is a focused, high-energy, experiential leadership development program for senior-level administrators, clinicians, and advocates from a variety of community-based health care organizations across the Commonwealth. The Institute is a 17-day residential program spread over nine months for 19 participants from across the state selected through a competitive process.

Drawing upon the expertise of several nationally renowned experts on leadership development, MICHHL begins by contrasting the traditional "heroic leader" with the idea of a "servant leader," someone who leads by supporting his or her team while serving a cause. This may not be a wholly foreign notion to these values-driven health care professionals, but articulating the concepts promotes greater clarity and understanding among the participants.



For MICHHL participants Lisa Rene Siciliano and Valerie Bassett, personal transformation exercises and open communication have heightened their awareness of their own capacity for leadership.



"Given current financial challenges in our field — insurance and other sources of funding for health care — my concern is for the next generation of leaders. The Institute creates a learning community of really gifted, committed people, and keeps them motivated to remain in the sector in order to advance the whole field. I think that will happen in ways we really don't understand yet."

Randal Rucker
CEO, Family Service of Greater Boston
MICHHL Advisory Council Member

The first Institute represents a diverse group, demographically and geographically:

Jacque Anderson, Community Catalyst
Valerie Bassett, Boston Public Health Commission
Monica Bharel, MD, Barbara McInnis House,
Boston Health Care for the Homeless
Brad Cohen, Boston Emergency Medical Service
Rachael Fulp, Brigham & Women's Hospital
Joanne Landry, Neighborhood Health Plan
Fawn Phelps, Health Care for All
Avlot Quessa, Cambridge Health Alliance
Nicholas Apostoleris, Community Health Connections
Family Health Center
M. Claudia Morales, DMD, Brookside Community
Health Center
Sonia Bouvier, Cooley Dickinson Hospital
Mary Neagle, MGH Community Health Associates
Stephen McManus, Health & Education Services, Inc.
Diane Young, Children's Friend & Family Services
Doreen Fadus, Mercy Medical Center
Harbir Sawhney, MD, Caring Health Center
Dominique Simon, Allies in Recovery, Center for
Addiction Recovery
Liz Browne, Joseph M. Smith Community Health Center
Lisa Renee Siciliano, Massachusetts Community Health
Worker Network

Three weeks into this new mindset, participant Valerie Bassett, who directs inter-governmental relations and public health advocacy at the Boston Public Health Commission, had already begun to think differently about her work: "I've been trying to ask myself more frequently, how can I be most effective and better serve the organization's good, rather than just my idea of it," she explains. "I should be clearer on that bigger question, and keep unhooking the ego part where it's about me."



Participants are asked to reflect on their own, perhaps still unexpressed, leadership qualities. It was a new perspective for Lisa Renee Siciliano, who now leads the Massachusetts Community Health Worker Network after being a health outreach worker for 15 years.

"My participation has made me aware of some of the qualities that other folks see in me, that I wasn't ready to see," she says. "Now I realize that I've got plenty of untapped potential. I want to help others in the community realize their potential to become change agents, too."

Practical tools are at the core of the Institute's curriculum. Organizational management and staff development skills will help participants to assume leadership roles in health care reform, strengthen organizational capacity, and expand access to care for the more than a half million people now uninsured in Massachusetts.

According to MICHIL program director, Michael McCormack, this significant and intensive work must begin with a willingness to engage in personal transformation and motivation to confront the status quo within oneself.

"You can't change the system," he explains, "if you don't understand your role and how you contribute to the status quo. You must be willing to change yourself and your thinking first, in order to facilitate external change."

To accomplish this, one of the Institute's early sessions includes "challenge-by-choice" exercises that take people "out of the familiar." Included are some "high" rope-exercises requiring each participant to depend on others for their safety. These and other exercises have helped foster group trust and camaraderie, as well as heightened awareness of personal assumptions.

To effectively lead transformation of the complex health care system requires collaboration, whether operating within a small organization or at high policy or advocacy levels. "Engaging others is essential to making an impact," said McCormack, "otherwise, the efforts are just not sustainable."

MICHIL trains participants not only on personal development, but on developing others. "Leaders must know how to engage people in their organizations, in their communities. Wherever people have a stake in what you're doing," adds McCormack, "collaborative leadership has the added benefit of generating better solutions."

Foundation board member and executive director of Community Catalyst, Rob Restuccia says "These people do such important work, but most come from under-resourced organizations, and don't get many professional development opportunities," he explains. "This is about strengthening the connections between them and nurturing the power of the cohort. We hope the relationships developed here will be an enduring resource for them and ultimately beneficial to the health care system, overall."

Siciliano and Bassett believe that will happen.

"We're all a team now. Just knowing that there are 18 other people that I can call to brainstorm — that's very exciting for me personally and important for the health and sustainability of my organization," says Siciliano

"This has created a shared peer group," notes Bassett. "We've really bonded and focused on our larger, shared mission. And I know we'll carry these relationships forward over time."



"Asking for help was key in the ropes climb. We had to communicate with and lean on the team on the ground. That physically reinforced what I was trying to learn at the Institute."

Valerie Bassett

Covering Health Care

Radio reporter Allan Coukell says participating in the Foundation's 2005 Health Coverage Fellowship program was tremendously useful. "I moved from freelancing to a full-time health and science reporting job at WBUR, Boston's NPR news station, and I'm a former clinical pharmacist and medical writer," he explains. "But I still found the Fellowship educational and inspiring. Many of my stories were directly inspired by the Fellowship, including pieces on medical migration, assisted living, flu pandemic planning, mental health, health care funding, and medical errors. I often turn to sources I met through the program, including Fellowship director, Larry Tye — an invaluable resource."

When it began four years ago, the Fellowship was only available to Massachusetts journalists, but additional support from other foundations has enabled reporters from other New England states to participate. Veteran *Burlington Free Press* reporter Nancy Remsen says the Fellowship enriched her work. "When I got back, my editor wanted a story about how health care costs affect people," she recalls. "But that's pretty complicated. Most think it doesn't affect them if they're insured. But it does. I wrote about folks with high-deductible plans, uninsured people who are chronically ill and somehow have to manage, and the high cost of end-of-life care." The challenge was deciding how to structure a piece that had grown into a series. She consulted Tye and then took another look at a Pulitzer Prize winning story on stem cell research by Gareth Cook of *The Boston Globe*, a speaker at the Fellowship. While she valued the information from health experts, physicians, and researchers who met with Fellowship participants, Remsen truly appreciated the chance to learn from other reporters. "They're not just reporters; they're storytellers" she adds. "That stem cell story helped me see how personal stories can make complex subjects real for people."

Such feedback is typical, notes Tye, an author and journalism professor who spent 15 years covering medicine and the environment for *The Boston Globe*. Former Fellows often write to him, sending news clips that demonstrate how the program helped shape their work. "This is a way to get excited about covering your beat," Tye says. "We're giving people nine days of professional development, and hopefully, new story ideas from our field trips and new source ideas from all our speakers. And it's a great group of journalists. Sometimes a grizzly veteran reporter can offer insights these young reporters would otherwise never pick up on."

"Equally important is that the Fellowship helps advance the Foundation's mission. If you really want to change public attitudes about health care and broaden the debate about access, educating journalists in new ways to think about these issues is a great investment."



Larry Tye (l) and 2005 Health Coverage Fellowship journalists.

Massachusetts Medicaid Policy Institute Demystifying Medicaid

Making Medicaid more understandable, both to enlighten the public and inform the policy debate, seems like a tall order. But the Massachusetts Medicaid Policy Institute (MMPI) is working on it. Created with seed funding from Blue Cross Blue Shield of Massachusetts in 2003, MMPI has been promoting a deeper understanding of MassHealth, which provides coverage to more than one million Massachusetts residents.

Through its publications, its research collaborations and its briefings, MMPI has become a valued information resource for government officials, health care providers, journalists, business leaders, employers, and health advocates.

MMPI's report on the more than 100,000 Massachusetts residents believed to be eligible but unenrolled in Medicaid helped encourage the state and Foundation to fund new Medicaid outreach efforts this year.

Last April, more than 300 lawmakers, health care providers, and others attended MMPI's forum on the state's Medicaid waiver, held in partnership with the Massachusetts Health Policy Forum. This arcane subject, centrally important to the financing of MassHealth and the state's health care reform efforts, was demystified by this discussion and the accompanying policy brief that MMPI published. "MMPI provides a real capacity to analyze key issues in the state's Medicaid program and identify choices for addressing those issues," notes Matt Fishman, Vice President of Community Benefits for Partners Healthcare and BCBSMA Foundation board member. "That makes MassHealth much more manageable, and since it's the largest program in state government, that's a pretty important contribution."

And MMPI's "Pathways to Coverage" collaboration this year with the UMass Medical School's Commonwealth Medicine produced a widely-used set of public education materials describing how to obtain affordable health coverage in Massachusetts.

"MMPI has established a reputation for being reliable and nonpartisan, assuring leaders that this is the place to come for unbiased information on MassHealth," said MMPI Executive Director Robert Seifert.

The state's budget process has typically focused on the cost of Medicaid, with some calling it a "budget-buster." In 2005, MMPI turned that notion on its head, working to educate the business community about how MassHealth benefits employers. As part of that outreach, MMPI's report, *MassHealth: It's Good for Business*, documented how important Medicaid is as a source of health insurance for low-wage workers. The majority of those using MassHealth today are not on welfare; they're workers and their families. Being insured helps them stay employed and healthy, and reduces the numbers of uninsured — whose care must otherwise be financed by other employers and workers. Economic stimulus is another benefit: every Medicaid dollar Massachusetts spends generates another \$2.16 in economic activity.

"I think we've begun to have an impact on how business people think about MassHealth," Seifert says. "Now when they think about what Medicaid costs, they'll also think about what it buys the state. It can't hurt for this important constituency to have more than a one-dimensional concept of Medicaid."

Gaining Access

A funding pledge from Massachusetts Governor Mitt Romney led to the creation of a special new Foundation initiative in 2005, "Within Reach: MassHealth for the Eligible but Unenrolled."

The governor regularly stated that the easiest way to reduce the number of uninsured Massachusetts residents would be to identify and enroll those who are eligible, but unenrolled in MassHealth, the state's Medicaid program (estimated to be 106,000 people). In 2005, he announced the state would fund a new program to enroll those most difficult to reach.

Blue Cross Blue Shield of Massachusetts wanted to support that effort by leveraging the Foundation's knowledge of the state's community-based health resources. The result was the creation of "Within Reach," a special one-year \$250,000 grant program administered by the Foundation in partnership with the Commonwealth.

"With funding from Blue Cross Blue Shield of Massachusetts and a partnership with the Commonwealth's Office of Medicaid, we were able to tap into the knowledge and abilities we knew existed in community organizations," explains Foundation Director of Health Access Programs Phillip Gonzalez. "We had typically funded organizations' efforts to serve those consumers who seek enrollment assistance. This grant enabled us to support organizations to use their knowledge of their communities and the health system to identify those who remain unenrolled."

In July, the Foundation awarded "Within Reach" grants to 17 community-based organizations and health centers. The grantees are experienced in addressing many social service and health care needs of uninsured and low-income people in their communities.

Besides direct financial support, the Foundation also helped maximize organizations' reach and efficiency. Technical assistance workshops were held to promote the use of web-based eligibility and enrollment tools such as Virtual Gateway and RealBenefits, and briefed participants on the new Medicare prescription drug benefit.

"Not only did we want grantees to use web-based resources that reduce the timeframe for determining MassHealth eligibility from several weeks to several days, but we also wanted to prepare them for the rollout of the Medicare Part D program, which we anticipated would create a significant spike in demand for their services," said Gonzalez.

Other barriers are tougher to address. "There are many reasons why these people have been difficult to reach and enroll," Gonzalez explains. "Language barriers, immigration fears, working multiple jobs, or being home-bound are among a number of issues that can account for failure to enroll. Quelling fears and helping people to navigate the system are also among the program's goals."

The grant recipients have been required to regularly report the results of their outreach, education and enrollment efforts. The reports show that 3,600 new MassHealth members had been enrolled in the first six months.



Foundation Staff (l to r)
 Phillip O. Gonzalez, Director of Health Access Programs
 Angela McCoy, Grants Management Specialist
 Elizabeth R. Cruz, Policy and Grants Project Coordinator
 Celeste Reid Lee, Director of Community Health Programs
 Robert Siefert, MMPI, Executive Director
 Nancy Turnbull, President

Not pictured:
 Katharine Nordahl, Director of Policy and Research
 Nancy Nemiccola, Executive Assistant



front row (l to r): Clair Philip W. Johnston, President, Philip W. Johnston Associates; Randy Wertheimer, MD, Chair, Family Medicine, Cambridge Health Alliance; Howard Koh, MD, Associate Dean for Public Health Practice, Harvard School of Public Health; Charlotte S. Yeh, MD, Regional Administrator Centers for Medicare & Medicaid Services, Region 1; Nancy C. Turnbull, BCBSMA Foundation President.

back row (l to r): Milton Glass, Chairman Emeritus, Blue Cross Blue Shield of Massachusetts; Helen Caulton-Harris, Chief of Springfield Dept. of Health & Human Services; John G. O'Brien, President & CEO, UMass Memorial Health Care; Nick Littlefield, Partner, Foley Hoag LLP; Richard C. Lund, President & CEO Associated Industries of Massachusetts; William C. Van Paasen, Chairman, Blue Cross Blue Shield of Massachusetts; Rob Restuccia, Executive Director, Community Catalyst.

not pictured: Jarett Barrios, Senator, Commonwealth of Massachusetts; Matthew Fishman, VP Community Benefits, Partners Healthcare; James W. Hitt, President, Massachusetts League of Community Health Centers; Deborah Jackson, President, American Red Cross, Mass Chapter; Robert Meenan, MD, Dean, Boston University School of Public Health; Regina Villa, President, Regina Villa Associates.

Grantees

Closing the Gap on Racial and Ethnic Health Care Disparities grants will support initiatives that take a comprehensive and innovative approach to improving access and reducing barriers to health care and support services for racial and ethnic minorities. In the largest grant program yet established by the Foundation, each of the 10 grant recipients will receive \$300,000 over three years: \$50,000 for one year of program planning and \$125,000 each year for two years of program implementation.

Alliance for Inclusion and Prevention (Dorchester) will launch an initiative to address the high levels of untreated mental health problems and the pervasive presence of traumatic stress among African American, Latino and Somali youth in the Grove Hall neighborhood of Dorchester and the surrounding areas.

Boston Medical Center will help to reduce infant mortality by addressing health care disparities that affect pregnant and postpartum African American women in Boston's inner city neighborhoods.

Caring Health Center (Springfield) will reduce diabetes-related health disparities affecting African American and Latino residents in the Greater Springfield area by addressing patient, provider and system-level issues.

Cape Cod Free Clinic and Community Health Center will develop a continuum of services to identify and coordinate care for African American, Latino, and Native American residents who have untreated and poorly controlled diabetes.

Center for Community Health Education Research and Services (Dorchester) will implement a clinical pharmacy intervention program in Dorchester and Roxbury community health centers to reduce persistent health care disparities among African American and Latino children with asthma.

DotWell (Dorchester), a collaborative effort of Codman Square Health Center and the Dorchester House Multi-Service Center, will implement a comprehensive program that targets African American residents who have diabetes or are at risk for developing the disease to prevent acute incidents and complications, and help patients address the lifestyle issues related to diabetes.

Greater Lawrence Family Health Center, Inc. will address the disproportionate prevalence of asthma among Latino adults and children in Lawrence through an intensive nurse case manager program and comprehensive patient action plan.

Holyoke Health Center will improve and maintain positive behavioral changes and health outcomes by providing a series of interventions tailored to the psychosocial and cultural needs of Holyoke Latinos who have or are at high risk for developing cardiovascular disease.

Partners in Health/PACT will partner with two Greater Boston community health centers to improve health outcomes among African American and Latino HIV positive patients.

Tufts-New England Medical Center will partner with two Boston Public Schools in Chinatown to create a comprehensive initiative that addresses the extremely high incidence of asthma among Asian American children.

Within Reach, a special one-time grant program provided funding to community-based organizations and community health centers in Massachusetts to provide enhanced outreach and application assistance services to engage low-income consumers who may be eligible for, but not yet enrolled, in MassHealth and other public health coverage programs. Funds for this program are provided by Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA) and administered by the BCBSMA Foundation, in collaboration with the Massachusetts Executive Office of Health and Human Services. Grants ranged from \$12,000 to \$18,000.

Boston Health Care for the Homeless Program - \$18,000

Boston Public Health Commission - \$15,000

Collaborators: BPHC programs – Father Friendly, Men's Health, the Public Health Van

Cape Cod Free Clinic and Community Health Center - \$15,000

Collaborators: Project HOPE (Community Action Committee of Cape and Islands, Inc.)

Codman Square Health Center (Dorchester) - \$18,000

Community Health Center of Franklin County - \$15,000

Collaborators: Franklin County Community Action Corporation, Healthy Connections Program

Community Healthlink, Inc. (Worcester) - \$15,000

Concilio Hispano, Inc. (Cambridge) - \$15,000

Framingham Community Health Center - \$15,000

Collaborators: Framingham Public Schools, Framingham Housing Authority, Corcoran Management Co.

Joseph M. Smith Community Health Center (Allston) - \$15,000

Collaborators: Allston-Brighton Health Boston Coalition

**Justice Resource Institute
(Boston and Cambridge) - \$12,000**
Collaborator: Cambridge Cares About AIDS/Youth on Fire

Lowell Community Health Center - \$15,000

Lynn Community Health Center - \$15,000
Collaborators: Lynn Public Schools, Lynn Economic Opportunity, Inc., Lynn Health Task Force, North Shore Medical Center

**People Acting in Community Endeavors, Inc.
(New Bedford) - \$15,000**

South Cove Community Health Center (Boston) - \$15,000

Springfield Partners for Community Action - \$12,000

Upham's Corner Health Center (Dorchester) - \$15,000

Whittier Street Health Center (Roxbury) - \$15,000
Collaborators: The Somali Development Center, Haitian-American Public Health Initiatives, the Refugee and Immigrant Center

***Innovation Fund for the Uninsured** program grants help Massachusetts health care organizations coordinate care for uninsured patients. These are model programs for improving the organization, continuity and completeness of care for the uninsured. Grant commitments of two to three years, contingent upon satisfactory annual reviews and site visits, range from \$100,000 to \$225,000.*

New Grantees:
Cambridge Health Alliance -
\$75,000 each for 2005, 2006, & 2007
Collaborators: International Institute of Boston and Institute for Community Health

Community Health Center of Franklin County, Inc. -
\$60,000 each for 2005, 2006, & 2007

Great Brook Valley Health Center (Worcester) -
\$60,000 each for 2005, 2006, & 2007
Collaborator: African Community Development Corporation

Lowell Community Health Center -
\$65,000 each for 2005 & 2006
Collaborators: Lowell General Hospital, Saints Memorial Medical Center, Visiting Nurses Association of Greater Lowell, and the Lowell City Health Department

Neponset Health Center (Dorchester) -
\$60,000 each for 2005, 2006, & 2007
Collaborators: Health Care for All, Vietnamese-American Civic Association, Vietnamese American Initiative for Development, Bay Colony Associates, The Boston Home, Insurance Partnership, and Job Net

Whittier Street Health Center (Roxbury) -
\$70,000 each for 2005 & 2006
Collaborators: Prostate Health Education Network, Roxbury Community Alliance for Health, and the Latin American Health Institute

Renewed Grants:
Boston Health Care for the Homeless Program -
\$75,000 each for 2004, 2005 & 2006
Collaborators: Pine Street Inn, Long Island Shelter, Woods Mullen Shelter

Boston Medical Center -
\$75,000 each for 2004, 2005 & 2006

**Cooley Dickinson Hospital & Hampshire Community
Action Commission (Northampton) -**
\$70,000 each for 2004, 2005 & 2006

Falmouth Free Clinic -
\$60,000 each for 2004, 2005 & 2006
Collaborator: Vineyard Health Access Program

Ecu-Health Care (North Adams) -
\$60,000 each for 2004, 2005 & 2006

Island Health Plan (Martha's Vineyard) -
\$60,000 each for 2004, 2005 & 2006
Collaborators: Rural Health Clinic, Falmouth Free Clinic

North Shore Medical Center -
\$60,000 each for 2004, 2005 & 2006
Collaborators: Lynn Community Health Center, North Shore Community Health Center

Geiger Gibson Community Health Center (Dorchester) -
\$50,000 each for 2004, 2005 & 2006

**Heywood Hospital/Gateway Health Access Program
(Gardner) -**
\$50,000 each for 2004, 2005 & 2006

Sisters of Providence Health System (Springfield) -
\$50,000 each for 2004, 2005 & 2006

Morton Hospital and Medical Center (Taunton) -
\$50,000 each for 2005 & 2005

Stanley Street Treatment & Resource, Inc. (Fall River) -
\$50,000 each for 2004 & 2005

UMass Memorial Health Care Mobile (Worcester) -
\$50,000 each for 2004 & 2005

Women of Means (Boston) -
\$50,000 each for 2004 & 2005

***Connecting Consumers with Care** 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, system navigation, post-enrollment assistance and case management services. The grants range from \$15,000 to \$25,000.*

New Grantees:
**Community Health Connections Family Health Center
(Fitchburg) - \$20,000**

Massachusetts Alliance of Portuguese Speakers (Boston) -
\$15,000

Tapestry Health Systems (Western MA) - \$15,000

Renewed Grants:
Joseph M. Smith Community Health Center - \$25,000

Lynn Community Health Center - \$25,000

**Outer Cape Health Services, Inc. (Orleans, Provincetown,
Wellfleet, Truro) - \$25,000**

South Middlesex Legal Services (Framingham) - \$25,000

Berkshire Health Systems (Pittsfield) - \$20,000

Community Action Committee of Cape Cod & Islands -
\$20,000

Franklin Community Action Corporation (Greenfield) -
\$20,000

Hallmark Health (Malden, Everett) - \$20,000

**Health and Education Services, Inc. (North Shore &
Merrimack Valley) - \$20,000**

Hilltown Community Health Center (Worthington) -
\$20,000

The Mercy Hospital (Springfield) - \$20,000

Span, Inc. (Boston) - \$20,000

Vietnamese-American Civic Association (Boston) - \$20,000

Fenway Community Health Center (Boston) - \$15,000

Joint Committee for Children's Health Care in Everett -
\$15,000

Saint Anne's Hospital (Fall River) - \$15,000

South Middlesex Opportunity Council (Framingham) -
\$15,000

Steppingstone, Inc. (Fall River) - \$15,000

***Strengthening the Voice for Access** grants will help promote the interests of uninsured and low-income residents across Massachusetts through policy initiatives and advocacy. Funding to policy and advocacy organizations with statewide focus will strengthen community-based policy activities, increase consumer participation in public policy development, and promote collaboration among the organizations. The grants range from \$25,000 to \$50,000.*

New Grantees:
**Alliance to Defend Health Care (formerly the Ad Hoc
Committee) - \$35,000**

Public Policy Institute - \$40,000

Renewed Grants:
Health Care For All - \$50,000

**Massachusetts Community Health Worker (MACHW)
Network - \$50,000**

**Massachusetts Immigrant and Refugee Advocacy
Coalition - \$50,000**

Massachusetts League of Community Health Centers - \$50,000

Community Partners, Inc. - \$50,000

Massachusetts Law Reform Institute - \$45,000

Massachusetts Senior Action Council - \$45,000

Health Law Advocates - \$40,000

Voice and Future Fund, Inc. - \$40,000

Massachusetts Housing and Shelter Alliance - \$25,000

Pathways to Culturally Competent Health Care grants support health care delivery organizations to expand access to culturally competent health care in a way that is systemic, replicable and sustainable. These programs are 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. Program grants range from \$35,000 to \$50,000; planning grants are \$15,000.

Boston Medical Center - \$50,000

Collaborators: Visiting Nurse Association of Boston, Upham's Corner Health Center Home Care Program, Beacon Hospice, Boston Medical Center Geriatric Home Care Service

Harvard Medical School (Greater Boston) - \$50,000

Collaborators: Primary Care Clerkship and Division of Service Learning, HMS

Island Health Plan (Martha's Vineyard) - \$50,000

Visiting Nurse Association of Greater Lowell - \$50,000

Collaborators: One Lowell: Building a New American Community, Massachusetts Alliance of Portuguese Speakers, Cambodian Community Health Reach 2010 Project, African Assistance Center, Woburn Council of Social Concern

Brockton Hospital - \$40,000

Collaborators: Health Care of Southeastern MA, AHEC of Southeastern Mass., Associacao Caboverdiana de Brockton, Inc., Brockton Area Multi-Services, Inc., Self-Help, Inc., Catholic Charities

Health Access Collaborative of Southeast Massachusetts (Fall River, New Bedford) - \$40,000

Collaborators: Catholic Social Services of the Diocese of Fall River, Greater New Bedford Community Health Center, Family HealthCare Center at SSTAR, HealthFirst Family Care Center, Immigrants' Assistance Center, Khmer Family Resource Center, PYCO, Saint Anne's Hospital, Southcoast Hospitals Group

Sisters of Providence Health System (Springfield) - \$35,000

Collaborators: Springfield College, Health Care for the Homeless, Vietnamese American Civic Association, Catholic Health East

Baystate Medical Center (Springfield) - \$15,000

Collaborator: Boston AIDS Consortium

Cambridge Health Alliance - \$15,000

Collaborators: Cambridge Health Alliance internal partners: Department of Nursing, Medicine, Communications, Volunteer Health Advisor Program, and Quality Management; Community organizations and community leaders on the Joint Public Health Board

Fenway Community Health Center (Boston) - \$15,000

Great Brook Valley Health Center (Worcester) - \$15,000

Holyoke Health Center - \$15,000

Collaborators: Holyoke Community College (Nursing Department), Elms College (Nursing Department), Holyoke Medical Center

Holyoke Medical Center - \$15,000

Collaborator: Hospice Life Care

Hospice of the North Shore (Peabody, Lynn and Salem) - \$15,000

Collaborator: North Shore Partnership for Compassionate Care

Kit Clark Senior Services (Dorchester) - \$15,000

Collaborator: Haitian American Public Health Initiatives

Lowell Community Health Center - \$15,000

Collaborators: Merrimack Valley Area Health Education Center, Massachusetts Alliance of Portuguese Speakers, African Assistance Center

Lynn Community Health Center - \$15,000

Planned Parenthood League of Massachusetts (Allston, Brighton) - \$15,000

Collaborators: Cambridge College, The Women's Union, Roxbury Comprehensive Community Health Center

South Cove Community Health Center (Boston) - \$15,000

Collaborators: Boston Chinatown Neighborhood Center, Quincy College School of Allied Health, South Cove Manor

Urban Medical Group (Boston) - \$15,000

VNA Care Network (Worcester) - \$15,000

Collaborator: Centro Las Americas

Building Bridges in Children's Mental Health program grants support community-based collaborations to reduce the fragmentation of mental health services for children and support their families. These seven organizations were among 15 collaborations that had received three-year grants beginning in 2002, with the first year \$25,000 award devoted to planning. Program implementation in the subsequent two years was funded at \$50,000 per year. Because of the promising practices of these seven collaborations, with the support of an anonymous private funding partner, the BCBSMA Foundation has extended funding for an additional two years at \$50,000 per year.

Boston Medical Center

Partners: South Boston Health Center, South Boston High School
Target Community: South Boston

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

Community Healthlink

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

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

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

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

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

From the Finance and Audit Committee

The Blue Cross Blue Shield of Massachusetts Foundation, Inc. For Expanding Healthcare Access (the Foundation) distributed grants totaling \$4.1 million in 2005. These grants were made possible by contributions from Blue Cross and Blue Shield of Massachusetts (the Company), including an \$11.9 million contribution to the Foundation's endowment and additional cash and in-kind contributions totaling \$0.9 million. The Company's in-kind contributions represent a significant portion of the Foundation's operating costs, including some salaries and benefits, facility costs and other operating expenses.

In addition, reflecting its continuing support of the Foundation, the Company has committed to a contribution of \$13.5 million in 2006 based on the Company's 2005 year-end results.

The year ended December 31, 2005, was a strong one for the Foundation's investments. The Foundation experienced a \$3.7 million improvement from investment income and gains from the unrealized/realized change in investments. For the three years ended December 31, 2005, the portfolio generated a total return of 11.8%. During the year, the Foundation invested approximately 59% in equities, 31% in fixed income and cash equivalents and 10% in other types of 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 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, Richard Lord, James Hunt

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	
	2005	2004
	(in thousands)	
Revenues and other support:		
Contributions	\$13,995	\$ 23,939
Contributions in-kind	917	564
Investment income	2,749	2,436
Net unrealized and realized gains on investments	775	3,411
Total revenues and other support	\$18,436	30,350
Expenses:		
Grants	4,090	3,490
External professional services	1,621	1,096
Salaries and benefits	813	634
Printing, stationary and supplies	200	51
Conferences, conventions and meetings	98	128
Postage and telephone	22	15
Occupancy and equipment maintenance	16	4
Other expenses	8	24
Total expenses	6,868	5,442
Excess of revenues and other support over expenses and change in net assets	11,568	24,908
Net assets at beginning of year	75,585	50,677
Net assets at end of year	\$87,153	\$ 75,585

Combined Statements of Financial Position

	Year ended December 31	
	2005	2004
	(in thousands)	
Assets		
Cash and investments	\$76,588	\$ 63,993
Pledges and receivable	195	—
Due from Blue Cross and Blue Shield of Massachusetts, Inc.	13,243	11,883
Total assets	\$90,026	\$ 75,876
Liabilities and net assets		
Grants payable	\$ 2,203	\$ —
Due to Blue Cross and Blue Shield of Massachusetts, Inc.	607	291
Total liabilities	\$ 2,873	291
Net assets		
Unrestricted	87,003	75,585
Temporarily restricted	150	—
Total net assets	87,153	75,585
Total liabilities and net assets	\$90,026	\$ 75,876

