



EXPANDING ACCESS

*Blue Cross Blue Shield of Massachusetts Foundation * 2007 Annual Report*



2007

* HIGHLIGHTS

FUNDED GRANTEES WHO HELPED ENROLL 100,000 RESIDENTS IN NEW HEALTH PLANS OFFERED UNDER REFORM LAW * COMMISSIONED AND PRODUCED ORIGINAL RESEARCH RELATED TO HEALTH CARE REFORM * MARKED THE ONE-YEAR ANNIVERSARY OF HEALTH CARE REFORM IN MASSACHUSETTS WITH A POLICY SUMMIT AT THE JFK LIBRARY FEATURING THE STATE'S LEADING HEALTH CARE ANALYSTS, POLICYMAKERS, STAKEHOLDERS, AND LAWMAKERS * IMMERSED 10 JOURNALISTS IN HEALTH CARE POLICY FELLOWSHIP * GAVE INTENSIVE LEADERSHIP TRAINING TO 18 PROFESSIONALS WORKING TO MEET THE HEALTH CARE NEEDS OF THE COMMONWEALTH'S LOW-INCOME AND UNINSURED RESIDENTS * SUPPORTED INNOVATIVE METHODS OF REDUCING CULTURAL BARRIERS TO CARE



A MESSAGE TO OUR COMMUNITY PARTNERS



Since the full implementation of the Commonwealth's groundbreaking health care reform law, which was crafted, in part, with policy ideas developed by the Blue Cross Blue Shield of Massachusetts Foundation's Roadmap to Coverage initiative, more than 340,000 residents of the state have signed up for something many of them never before believed accessible: Health insurance.

The Foundation is proud to have played a leadership role in this historic achievement. Last year, through our Connecting Consumers With Care grants, we funded the enrollment efforts of community health centers, community-based organizations, and select hospital-based programs. All told, these grants helped pay for the infrastructure necessary to sign up approximately 100,000 residents in MassHealth, Commonwealth Care, and Commonwealth Choice health insurance programs. We're equally proud of our other innovating grantmaking efforts, which have aided outreach to those who, despite the best efforts of those implementing Chapter 58, still lack coverage, as well as racial and ethnic minorities suffering from health care disparities.

None of these achievements would have been possible without our past president, Nancy Turnbull. Turnbull left in 2007 to become an associate dean at the Harvard School of Public Health, where she will share her expertise in insurance regulation and access to care issues with a new generation of leaders in health care reform. We also want to recognize the contributions of Celeste Reid Lee and Kate Nordahl, whose passion and commitment to the Foundation's mission laid the groundwork for so many of our initiatives.

In the months ahead, the health care reform law will be challenged by its extraordinary success: The costs associated with providing insurance to hundreds of thousands of previously uninsured residents. The Foundation will vigorously pursue the grantmaking, policy, and convening work necessary to help the state and its partners meet these challenges and fulfill the promise of the new law.

With best wishes,

Phil Johnston, Chairman

Jarrett T. Barrios, President

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(opposite page, group photo, left to right)

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BROADENING HORIZONS

Community Health Programs brings hope to rural populations



It's a sunny day in Berkshire County, home to wealthy resorts and rambling summer estates. Outside the car windows, winding roads and gorgeous mountain views stretch as far as the eye can see. Spring is finally in full bloom, showcasing the natural beauty of western Massachusetts. But looks can be deceiving, and there's another world that exists beneath the tourist veneer.

"Unlike an urban area, you can't see the poverty with your naked eye here," says Luci Leonard, an outreach nurse for Community Health Programs, as she gazes out the back window en route to a patient visit.

From behind the steering wheel, Octavio Hernandez, an insurance enrollment specialist for Community Health Programs, nods his head in agreement. "We're trying to alleviate the barriers to care," he says, turning down yet another quiet road toward the patient's home, many miles from the nearest health care facility.

Hernandez and Leonard are the team behind Community Health Programs's Healthy Communities Access Program, a mobile outreach effort that connects rural populations in southern Berkshire County with free health screenings and insurance enrollment opportunities. A \$20,000 grant from the Blue Cross Blue Shield of Massachusetts Foundation has been vital in maintaining Community Health Programs's outreach efforts and combating the physical, economic, and isolationist barriers that prevent health care access in rural environments like Berkshire County, which is designated a Medically Underserved Population Area by the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services.

Health care disparities are often associated with urban, inner-city environments, where marginalized populations are more visible. But rural areas, like the Berkshires of western Massachusetts, are home to pockets of "hidden poverty," says Judy Eddy, Director of Programming for Community Health Programs.

With the Berkshire County tourism industry based largely around seasonal resorts, many workers find only part-time, temporary employment; and when the resorts shut down for the season, so do their paychecks. Eddy, Hernandez, and Leonard know of many clients who live paycheck to paycheck on unreliable "odd jobs"—housecleaning, small construction, maintenance work—and without insurance. Drive through back roads just a few minutes from some of the area's popular luxury resorts, and a different quality of life becomes apparent: Small, weathered houses supported on wooden pilings; creaky front doors, straining at the hinges and still wrapped in plastic to keep out winter's cold; and miles of mountainous terrain separating homes, businesses, and health care facilities.

"We find people who literally have not seen a doctor in decades," says Eddy. "Many of them are fearful and distrusting, living in isolation with no cars, no televisions, no Internet, or reliable phones."

MIRACULOUS INTERVENTION

Sometimes, Christina Campetti wonders what would have happened if she'd never discovered Community Health Programs; but mostly, she tries not to think about it. "Without their work, I'd be in major trouble," says Campetti, 31.

It was an otherwise routine day in June 2007 when Campetti received a call from Luci Leonard, an outreach nurse for Community Health Programs. Leonard wanted to come by and check on Campetti, whom she'd previously served at a free health screening. But as their conversation began, Leonard became concerned. "I asked her what was wrong," remembers Leonard. "I could tell there was something in her voice. She told me that she'd show me when I got there."

What Campetti showed Leonard was a massive tumor on her right groin. Measuring four centimeters across, it had ballooned over just a few weeks and was bruising her thigh. Campetti, who was currently working at a small, local pizza shop, had yet to consult a doctor about it. In fact, she hadn't been to a doctor in about 15 years.

"I didn't have the money," says Campetti. And even if she did, she had other barriers to care: Her home in Sandisfield was over 30 minutes from the nearest health care facility; getting time off from work and finding a reliable vehicle to get to the doctor were significant issues.

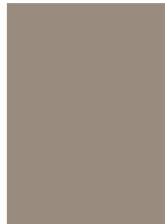
Alarmed by the tumor's size, appearance and rapid growth, Leonard immediately started making phone calls.

"I think I was at the hospital within an hour," recalls Campetti.

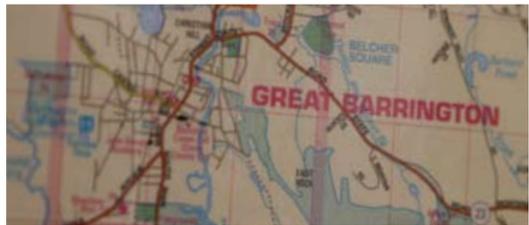
Four surgeries later, the tumor was finally gone. It was eventually identified as Dermatofibrosarcoma Protuberans, a rare, cancerous tumor of the dermis layer. The tumor did not metastasize, but the excision made to prevent recurrence was so wide and deep that surgeons removed parts of Campetti's abdominal wall.

"I never would have gone to a doctor, if Luci hadn't seen me that day," Campetti says. "I don't know what would have happened or how far it would have gone. They would have been taking out part of my insides. Without [Community Health Programs] I wouldn't have been able to bring myself to see a doctor, or open the envelope to see the bill."

CHRISTINA CAMPETTI →



↑
BERNIE FALLON



And, adds Leonard, no desire to seek preventive care treatment. “Many people prefer not to know that there’s a health concern,” she says of why some of her low-income patients go without regular doctor visits and necessary screenings. “If you don’t know about a health problem, you don’t have to deal with it.”

The staff at Community Health Programs understands that ignorance is not bliss. That’s why Hernandez and Leonard organize 12 to 17 outreach events every month throughout their service area in southern Berkshire County. Together, they travel to town halls, public libraries, and local businesses to provide a one-stop gathering spot for nearby residents. While they usually travel as a team, Leonard also co-chairs joint ventures with the Health Caravan, a collective of 21 non-profit health and human service agencies that organize monthly health fairs.

At every stop, Leonard provides free testing—and immediate results—for blood pressure, cholesterol, and blood glucose. She also screens for health risk factors, addresses personal concerns, and makes recommendations for follow-up steps and preventive treatments.

Hernandez uses wireless technology to schedule clients on site for future appointments at Community Health Programs. Born in Mexico, he is able to translate for the area’s primarily Spanish-speaking immigrant population. And he also helps the uninsured identify and enroll in insurance plans offered under the new state health care reform law.

Hernandez and Leonard also perform case management, regularly checking up on patients to ensure that they’re following through with treatments, medications, and insurance status.

The work is intense, the hours long, and the mileage even longer, but Hernandez and Leonard are grateful to be able to do what they do. “We have a two-pronged, comprehensive approach that works well together. I think we’re a good team,” says Hernandez.

Their clients agree.



Pictured on the previous page, from left to right, Luci Leonard, outreach nurse for Community Health Programs, and Octavio Hernandez, insurance enrollment specialist for Community Health Programs. Opposite page, Christina Campetti, who received emergency treatment for cancer thanks to outreach efforts by Community Health Programs, and Bernie Fallon, who is putting together a health plan for himself and his employees.

FINDING AFFORDABLE CARE

As owner of Public Market, a small store of groceries and sundries in West Stockbridge, Bernie Fallon is used to taking care of business. His own body, however, can be another matter.

“One day, I realized that sticking my arm in the blood pressure machine at Wal-Mart wasn’t cutting it anymore,” says Fallon, sitting beneath the shady awning of his store. He points across the street to the Old Town Hall, where he first met Luci Leonard and Octavio Hernandez at a health screening sponsored by Community Health Programs.

Had he never seen signs for the screening just across the street, Fallon doubts he would ever have sought treatment on his own. “I’ve been without insurance for years,” he says. And his small store, which has never had more than three full-time workers at a time, does not offer health insurance to employees.

But thanks to Hernandez, an insurance enrollment specialist, that will likely soon change. “I know I have to do it,” says Fallon of finally putting together the paperwork to enroll in an insurance plan. He says Hernandez’s help has been crucial to helping him fill out the paperwork and pick an appropriate plan not just for himself, but for his business.

“The store was in rough shape when I took it over,” says Fallon. “There was a lot of financial difficulty in turning it around. Until right now, we haven’t been at the point where we could consider offering it [insurance] from a financial standpoint.”

But with the help of Community Health Programs, Fallon has learned that you can’t put a price tag on health.



PUTTING THE PIECES TOGETHER

Newly arrived refugees receive a multitude of services from Great Brook Valley Health Center



It's a rainy day in Worcester, and nearly a dozen health care practitioners are huddled around a conference table inside Great Brook Valley Health Center. Lips are pursed in concentration and hands mingle in a large mass, busily moving objects on the worktable with sharp focus and surgical precision. Yet this is not a major medical procedure—it's an interactive training exercise. The team is connecting the pieces of a jigsaw puzzle.

"You won't see the picture unless you see all the parts," explains Mary Fierro, Director of Mental Health Special Services at Great Brook Valley Health Center. Fierro smiles as she watches over her busy team, a group of medical translators and caregivers.

"Everyone has a piece to contribute," says Fierro. But it's only when those individual pieces are locked in place, by working together and cooperatively, that they finally achieve the bigger picture.

Training exercises like this are vital to Great Brook Valley Health Center's ability to provide comprehensive health care services to all its patients: Nearly 23,000 clients who logged approximately 120,000 visits in 2007 alone. But the special skills required of mental health interpreters are especially necessary to treat Great Brook's growing client population of refugees and immigrants.

"Many of these people have mental health issues," explains Fierro of the refugee population. Besides providing care for physical health, accessing quality translators for non-English speakers, and educating new patients on the value of preventive health care, the staff at Great Brook Valley Health Center places a high priority on addressing issues of mental health. It's imperative in caring for refugees who have suffered serious distress or trauma.

"They often come from countries that have very different views of mental health," says Fierro. Great Brook staff works diligently to overcome cultural differences about stigmatization, definitions of mental illness, nuanced values, and appropriate approaches to facilitating treatment.

To do this, the organization has relied in large part on a three-year Innovation Fund for the Uninsured grant from the Blue Cross Blue Shield of Massachusetts Foundation: \$180,000 in \$60,000 installments from 2005 to 2007.

Foundation funding allowed Great Brook to hire a patient advocate/case manager entrusted with providing health care outreach services to Worcester's population of African refugees. They comprise a major segment of the overall refugee population: 40 percent came from Burundi alone, plus additional populations from Somalia, Liberia, Congo, Uganda, and Rwanda.

In 2006 these efforts helped bring over 600 new, mostly African, clients to Great Brook Valley Health Center to obtain health care services. Over 500 more paid their

'ARE YOU ABLE TO HEAR ME?'

It's a fair question for Hassan Abdi to ask. With only eight months of English lessons behind him, he still has some difficulty expressing himself outside his native Somali language. In 1992, Abdi fled war-torn Somalia for a refugee camp in neighboring Kenya. He immigrated to Worcester in 2005 with his wife, Fatuma, and two of his sons.

Communicating with health care providers is critical to receiving quality care, especially when concerns may involve the difficult conditions faced by refugees. But Abdi says he is lucky to have found providers at Great Brook that understand his experiences, and his language.

"The center is so very helpful for me and my family," says Abdi. Besides connecting Abdi with health care, he says Great Brook has served as a resource for information on other social services. Three years after arriving in Worcester, he already has a house, a job, a doctor, and his ongoing English language classes.

"I tell other people from Africa to come here," says Abdi of spreading the word within the refugee and immigrant communities. "I tell them that this is the place for refugee help."

'I CHOOSE TO BRING MY FAMILY HERE'

For newly arrived immigrants and refugees, choice is often limited. But Maryan Maalin has made the choice to receive health care at Great Brook, and though she has just a few minutes to spare before her next doctor visit, she has chosen to share why.

"They make it so easy for me," says Maalin. Born in Somalia, Maalin immigrated to Worcester in 2004 after years in a Kenyan refugee camp. She says the immigration agency that brought her here specifically recommended Great Brook as a resource and helped set up her first visit.

But it was she, and no one else, who chose to stay.

"With other clinics, I have no transportation," says Maalin. "But here I see good service, they help with transportation, and there is someone to help me if I need translation or interpretation."

Indeed, while Maalin speaks some English, she does turn to her interpreter for help in the kind of complex, nuanced language necessary for health care conversations. Besides assisting with



first visit in 2007, and in both years nearly half of the new patients were male; a major success for the organization, which placed particular emphasis on breaching unique stigmas that keep refugee males from seeking treatment.

But the results of these outreach efforts cannot be quantified. "Our understanding of how to provide mental health services and social services for the refugee and immigrant population has really evolved over the last three years," says Fierro. "This grant has allowed us to discover things we didn't know."

Sometimes, those revelations seemed deceptively simple. For example, learning to ask treatment questions in practical, relatable language rather than foreign, clinical phrases, such as the difference between "Do you cry a lot?" and "Are you depressed?"

At other times, research brought to light complex cultural differences and identified the appropriate actions to address them, such as recognizing the deference refugees pay to community elders, encouraging a paradigm shift that helps patients acknowledge the importance of preventive treatment, and educating caregivers on the different social graces that are acceptable for certain clients based on their sex.

"Regarding refugee populations, it's very important for our staff to understand people they've never had contact with," says Sue Schlotterbeck, Director of Planning and Implementation. "For example, if you're a man and you shake the hand of a Muslim woman, she now has to go home and wash her entire body before she can pray."

Even with a diverse staff hailing from 36 different countries, identifying so many cultural differences is a daunting task.

"A milestone of our success is that we have a much better understanding of what we don't know," says Fierro of how research has informed the knowledge of cultural nuance. And yet, she says, "We know so much more than we did just a few years ago."

With that, another piece of the puzzle falls into place.



Pictured on previous page, a team-building exercise of staff from Great Brook Valley Health Center. Opposite page, clockwise from upper left corner: Cletus Raynold (Great Brook staff), Judi Gachunga-Machira (Great Brook staff), Maryan Maalin (client), Jorina Sulce (Great Brook staff, in lab coat), Maria Yamada (Great Brook staff), Felipe DoNascimento (in training, wearing glasses), Hassan Abdi Rahman and Fatuma Salat (clients), Monica Santos (Great Brook staff), Victoria Birago (Great Brook staff, in glasses), Nancy Esparza (trainer), Bebeke Muraj and Jorina Sulce (Great Brook staff, seated at table), Rachel and Martha Ekumah (clients), and Ruth Borchect (in training).

language, Maalin's interpreter is also mindful of cultural differences; she politely declines a handshake in deference to Islamic tradition that would forbid such contact with a male.

"It is easy for me, and good for me," says Maalin of the attention she receives. Her son, one of five children she also brings to Great Brook for medical care, clings to her leg below. Maalin knows Great Brook is the right choice for him, too.

"I choose to bring my family here," she says, before rising for her next appointment. Her interpreter follows to serve as Maalin's voice, but the freedom to speak is fully her own.

'THEY HELP ME TAKE CARE OF MY BABY'

Caring for her daughter hasn't always been easy for Martha Ekumah. Born in Ghana, she originally moved to America with her fiancé to start a new life and a new marriage. But shortly after arriving in New York City, Ekumah became pregnant. When she refused to abort the child, her fiancé abandoned her.

Luckily, Ekumah's uncle brought her to Worcester, and introduced his niece to the services at Great Brook where she received prenatal care. Great Brook's health care team saw her through her pregnancy and her daughter's birth.

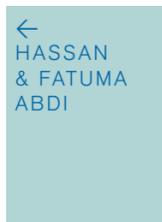
"They give you social workers that help you navigate the system," says Ekumah. Waving a toy and squealing with delight, her daughter Rachel—now a beautiful and healthy 14-month-old girl—playfully squirms on her mother's lap.

But caring for Rachel, and herself, still requires the help of the Great Brook team. Ekumah and her daughter are homeless, approaching their first year in a shelter that is set up for stays of only a few months. Ekumah is worried about the health of her daughter, who is constantly exposed to cigarette smoke from others at the shelter.

She clutches a typewritten letter in her hand, and passes it to Sue Schlotterbeck, Director of Planning and Implementation at Great Brook. It is a letter denying Ekumah access to transitional housing that is located right across the street from Great Brook. She doesn't understand the reason for her denial, or the next steps needed to navigate the system for herself and her child.

"I need help," she says.

Sue takes the letter. Ekumah will get the help.





CARING ACROSS CULTURES

Lowell Community Health Center builds across cultural barriers



The lobby of the Metta Health Center in Lowell, has all the familiar sounds you'd expect to hear in a health care facility: News squawks from a television to patients in the waiting room, a baby coos and cries on a young woman's lap, and doctors and nurses chatter in the background. But down a long, wood-paneled hallway in a separate wing of the facility, there is only this: Silence.

Carefully arranged on a rug of rich reds and purples, 14 meditation mats sit empty as if waiting for patients of their own. They face a small platform at the front of the room, where a few sticks of incense and a boom box sit like relics left behind by the room's departed guests.

The Metta Health Center is a service site of Lowell Community Health Center, which received the last portion of a three-year \$130,000 Blue Cross Blue Shield of Massachusetts Foundation Innovation Fund for the Uninsured grant in 2007. The facility's meditation room is one component of the Metta site's mission to serve Lowell's growing Southeast Asian population. These clients, particularly those of Cambodian and Laotian backgrounds, account for 23 percent of patients throughout the Lowell Community Health Center's eight service sites.

In 2006, the Innovation Fund grant paid for the implementation of electronic health records at the Metta Health Center, which has improved patient care by reinforcing accuracy, maintaining continuity, and expediting necessary service steps. The marriage between modern technology and cultural tradition goes to the heart of this site's mission: Bridging the gap between Eastern and Western medicine. At the Metta Health Center, acupuncture diagrams share wall space with anatomical cross-sections, and tools for cupping are housed on shelves alongside cotton balls and tongue depressors.

This careful level of detail and nuanced attention can be found throughout all of Lowell Community Health Center's service sites, and is indicative of the organization's overall dedication to cultural competency. Perhaps nowhere is this more evident than in Lowell Community Health Center's broad, expansive efforts to provide care in any language necessary to communicate effectively with a client.

"We ask patients, what are the barriers to receiving health care?" says Sheila Och, Director of Community Health Promotion. Their answer? "Language comes up at every point of care."

Indeed, says Och, overcoming language barriers is always the greatest hurdle and most important accomplishment in providing competent care. Lowell Community Health Center has a comprehensive in-house training and evaluation process for nearly 20 languages spoken by staff, including Khmer, Swahili, and Hindi. Improving language proficiency is vital to furthering a core goal of the Innovation Fund grant: Improving and expanding access to care for the uninsured. Throughout the funding period, staff at Lowell Community Health Center worked to identify and alleviate any potential

FROM CLIENT TO BOARD MEMBER

Just a few years ago, Yolanda Mauricio was a new patient at Lowell Community Health Center. Today, she is a member of the board of directors.

"I'm very vigilant," says Mauricio through an interpreter, of her dedication to connecting the Center with the greater, non-English speaking community of Lowell. "I function as a bridge," she says.

Born in Colombia, Mauricio, 61, has lived in Lowell since 2005. She learned of the Center from other recent immigrants who recommended the quality care and accommodating, multilingual staff.

But what began as a simple appointment for preventive care has blossomed into a full, active relationship with the Center. First, Mauricio participated in the Center's Promotores de Salud program, funded by the Blue Cross Blue Shield of Massachusetts Foundation. The five-week course educates patients on the health care system, the necessity of preventive care, insurance options, and, most important, how to take this information and share it with friends and family members in the greater community.

So enthusiastic was Mauricio, and so active is her involvement in the local community, that she was invited to join the board of directors.

In that capacity, her greatest goal is to close the feedback loop between clients and caregivers, and to raise awareness about health issues among Lowell's immigrant community.

"I tell people about their rights and responsibilities," says Mauricio. "I tell people how to request an interpreter when needed. I tell them about the confidentiality and privacy rights that they have."

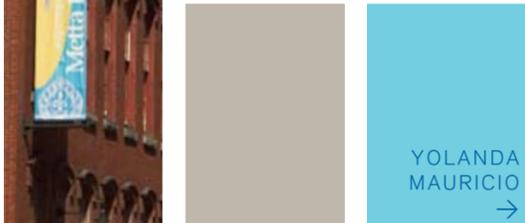
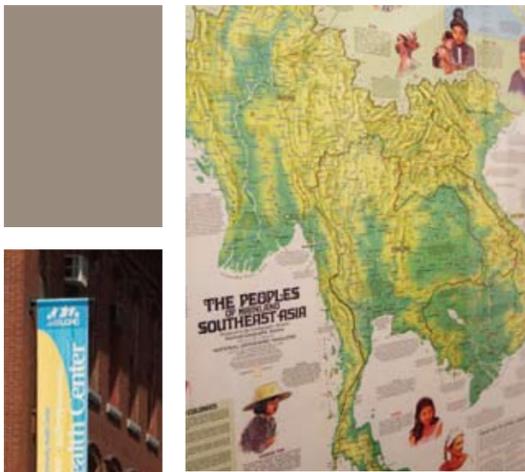
Above all, Mauricio encourages local immigrants—those who may be intimidated by language barriers—to take advantage of the Center's comprehensive interpretation services.

"Many people don't realize that interpreters are available," she says. "I tell them not to wait to be very sick until they go to a doctor."

"It shouldn't be that way."

Indeed, while Yolanda Mauricio understands little English, the fact doesn't stop her from speaking her mind.

"If there is something happening, or something that we can do better, she



circumstance where language barriers might provide an impediment to care. This was done through the implementation of a Language Access System Improvement Team from 2004 through 2007, which employed exhaustive research in risk management to identify and reduce failures in interpreter services.

The information gleaned from this research will allow Lowell Community Health Center to continue improving its already impressive suite of language services. At each site, visitors are welcomed by signage that greets them in every language encompassed by the Center's services; they need only point to be directed to the appropriate interpreter.

At each step of the way, a dedication to diversity allows caregivers to build a mosaic bridge between cultures. "When we're designing programs at the health center, we're always thinking about what we can adapt," says Och. "We're always thinking in a multilingual, multi-ethnic way."

Whether these adaptations are small or large, decorative embellishments, cultural acknowledgments or fundamental linguistic services, they are highly appreciated by the thousands of visitors who employ Lowell Community Health Center's services: Over 28,000 in 2007 alone.

Back at the Metta Health Center, program director Sonith Peou points to a tangible token of appreciation: A beautiful and calming landscape painting mounted on one wall of the waiting room.

"It was a gift from a patient," says Peou. That one would feel so inclined speaks of gratitude in any language.



Pictured on previous page, mats in the meditation room of the Metta Health Center. Opposite page, clockwise from top photo: Lowell Community Health Center Board member Yolanda Mauricio, Lowell Community Health Center staff nurse Rin Kong, Lowell Community Health Center outreach worker and interpreter Toy Vongbheh, and Lowell Community Health Center nurse practitioner Chhan Touch.

doesn't hesitate to tell us," says Sheila Och, Director of Community Health Promotion at Lowell Community Health Center. At board meetings, Och provides interpretation services for Mauricio, who speaks Portuguese and Spanish.

"She's very active. Every activity we host, she's there. She might not understand the language, but she's out there supporting it," says Och.

"Language is no barrier to her," she adds.

And with so much support, it's easy to understand why.



MASSACHUSETTS INSTITUTE FOR COMMUNITY HEALTH LEADERSHIP

THE MISSION OF THE LEADERSHIP INSTITUTE IS TO DEVELOP THE NEXT GENERATION OF LEADERS SERVING THE HEALTH CARE NEEDS OF THE COMMONWEALTH'S LOW-INCOME AND UNINSURED RESIDENTS. PARTICIPANTS OF THE INSTITUTE'S NINE-MONTH PROGRAM—DESCRIBED BY MANY GRADUATES AS “LIFE CHANGING”—LEARN TO CREATE BENEFICIAL CHANGE IN THE HEALTH CARE ARENA BY DESIGNING AND FACILITATING COLLABORATIVE INTERVENTIONS; FOSTERING CULTURES OF INCLUSION AND DIVERSITY; ARTICULATING A VISION AND MOTIVATING OTHERS; BUILDING CONSENSUS BEYOND ORGANIZATIONAL BOUNDARIES; AND WORKING WITH DIVERSE STAKEHOLDERS. GRADUATES OF THE INSTITUTE LEAVE BETTER ABLE TO STRENGTHEN THEIR EFFECTIVENESS IN THEIR ORGANIZATIONS, ENHANCE THEIR ORGANIZATION'S INFLUENCE ON THE HEALTH CARE SYSTEM, AND WITH A BETTER SENSE OF THEMSELVES AS LEADERS.



“I THOUGHT ON ENTERING THE INSTITUTE THAT I WOULD LEARN HOW TO BE A BETTER LEADER. BUT I DIDN’T REALLY KNOW WHAT A LEADER IS. I USED TO THINK THAT A LEADER WAS A GOOD MANAGER, BUT I’VE LEARNED THAT BEING A LEADER IS ABOUT HELPING OTHER PEOPLE TO FIND THE LEADERS WITHIN THEMSELVES AND HELPING PEOPLE ASPIRE TO BE EXTRAORDINARY. THAT’S LEADERSHIP.”

“Growing up, my grandmother lived with my family. She had arthritis and I would spend so much time talking to her, helping her put on her make up and jewelry. She was so wise. I grew to love elders because of my relationship with her.”

“We did an exercise about ‘presence,’ about being in the moment when you’re talking to people. I manage a staff of 100 case managers and nurses, and once a month we have a meeting. I used to get up there, and in the beginning I would apologize. I’d say, ‘I know you’re all busy, I’ll be really quick and get you out of here.’ But at the Institute I learned not to apologize and not to rush, because then you’re devaluing what you’re saying. And when people clap for you, don’t rush off the stage. Stay up there, take it in and acknowledge it. In one of the first meetings I led after the presence workshop, I went down to speak and just stood in front and waited until everyone stopped talking. It was incredibly powerful.”

“I recently had to address some office frustrations. In the past I would have met with the person making the complaint. But because of the Institute, I decided to meet with all of the nurses. I listened to them and wrote down their concerns. They were really going on, they were so upset about this and that. I took it all in. Prior to the Institute, I would have felt that it was a personal attack. In the end, I personally thanked the first nurse who initiated the whole thing for reaching out and sticking her neck out. I let her know that I understood it was a hard thing to do, and thanked her for facilitating the open communication between all of us. Everyone was in a good place after the issues were addressed. I had nurses stop by to say, ‘Thank you very much. You’re a great leader, we feel like we were heard and supported.’ It totally turned the situation around.”

HARNESSING ENERGY

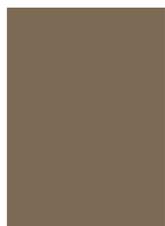
Mary DeRoo, R.N., B.S.N., M.S.M., and Director of Client Services at Elder Services of the Merrimack Valley

Unlike categorizing blood types, there is no lab test that can identify personality types. But Mary DeRoo has all the characteristics of a Type A. She’s physically active, and enjoys a good workout before heading into the office. She’s outgoing and conversational, the kind of caregiver who greets you with a hug instead of a handshake. And she’s ambitious in her job, always ready to take on more responsibility for the important work she does. “I don’t slow down,” says DeRoo, R.N., B.S.N., M.S.M., and Director of Client Services at Elder Services of the Merrimack Valley. She packs a ton of energy into a tiny frame, but she knows that assertive attitude is necessary to managing important health care efforts. “I even walk fast,” she admits. Participating in the Massachusetts Institute of Community Health Leadership forced DeRoo to slow down, consider new approaches to enhance her leadership skills and reflect on the passion for care that led her to Elder Services of the Merrimack Valley, an agency that connects health care assistance and advocacy services to thousands of elders in 23 Massachusetts cities and town.



Top photo, Mary DeRoo with Mary Casey.

Right, left to right, Lynne White, Katy Abraham, DeRoo, Ann Moran, and Gerry Proulx.





“I REMEMBER AT ONE OF THE LAST SESSIONS, THE QUESTION WAS, ‘WHAT IS YOUR VISION FOR YOUR LIFE?’ WHEN I FIRST APPLIED TO THE INSTITUTE, MY VISION WAS TO PREVENT BLINDNESS. BUT AFTER GOING THROUGH THE LEADERSHIP PROGRAM, MY VISION EXPANDED BEYOND THAT. I DON’T WANT TO PREVENT JUST PHYSICAL BLINDNESS, BUT EMOTIONAL BLINDNESS, SPIRITUAL BLINDNESS, MENTAL BLINDNESS. WHEN I THINK ABOUT WHAT I REALLY WANT TO DO WITH MY LIFE, IT’S TO HELP PEOPLE SEE.”

“I remember when I was applying for the Institute, one of the interviewers was in a previous class. She said to me that she’d never been in a setting where on the very first day, after 45 minutes, you felt like everyone in the room was your best friend. I remember thinking, on the first day that I was there, that she was right. I never bonded with a group of people so quickly in my life. We ended up developing ground rules and group norms. Some of the ground rules were to really bring your dynamic self to the conversation, to really be present, to hold things in confidentiality. Everyone valued each other’s opinion and we all grew from month to month.”

“One of the key things about the Institute is that it broke barriers in myself, and in my perceptions of myself about who I was. I feel a lot more confident, in terms of who I am—that I can make a difference and need not be afraid to make the difference. The Institute taught me not to reject the experiences I’ve had in my life, but to embrace them because those things helped me do what I’m doing in the community and at work. At work, I ask myself, ‘How can I help people celebrate their successes?’ I see how words are very powerful, and how words of affirmation are really needed, especially when they’re sincere and come from people you know and value.”

“One thing I learned that is really key was setting those ground rules: Listening to understand, and asking questions for clarification, not to attack. In many ways, it’s effective to be setting the example and being known as a person who is really engaged and understands. To be fully present; instead of, when someone is in your office talking, to be checking your e-mail and be typing away. I still have a tendency to do that, and I always catch myself: Stop! Keep your BlackBerry over there, close the laptop computer and just listen.”

EXECUTING A VISION

Gary Chu, O.D., M.P.H., and Associate Professor at the New England College of Optometry



Gary Chu has long been fascinated with the concept of vision. He talks passionately about seeing objects—and concepts. As the Vice President of Community Collaborations for the New England Eye Institute, Dr. Chu manages outreach programs that expand access to patient care and conducts research into diverse community populations. In doing so, Dr. Chu says, his eyes have been opened to disparities within the health care system. His vision early on was to ease these disparities. For help executing it, he turned to the Massachusetts Institute of Community Health Leadership.

TRACKING THE CHANGES

* IN 2007, POLICY WORK FOCUSED ON MONITORING THE IMPACT OF HEALTH CARE REFORM

THE MISSION OF THE POLICY AND RESEARCH ARM OF THE FOUNDATION IS TO PROVIDE DATA FROM NEUTRAL SOURCES TO STAKEHOLDERS AND POLICY-MAKERS WORKING TO EXPAND ACCESS TO HEALTH CARE. LAST YEAR, MUCH OF THE FOUNDATION'S WORK FOCUSED ON MONITORING THE IMPACT OF HEALTH REFORM OVER THE LAW'S FIRST YEAR. IN JANUARY, THE FOUNDATION CONVENED RESEARCHERS FROM AROUND THE COUNTRY TO INVENTORY THE RESEARCH BEING DONE ON THE HEALTH CARE REFORM LAW, ALSO KNOWN AS CHAPTER 58,

and think about important questions that remained to be addressed. The resulting report, *Massachusetts Health Reform Evaluation and Monitoring Projects*, outlines the many projects underway to monitor the impact of the new law. Chief among them is the *Massachusetts Health Care Reform Survey*, conducted by the Urban Institute with funding from the Foundation, the Commonwealth Fund, and the Robert Wood Johnson Foundation. In 2006, 3,000 Massachusetts residents (with oversamples of the uninsured and those with low- to moderate-income) were surveyed. A report based on the results from that poll was released in August 2007 and showed that more than 75 percent of uninsured adults have family incomes below 300 percent of the federal poverty level (approximately \$62,000 for a family of four and \$30,000 for a single adult). The survey also showed that the uninsured in Massachusetts are disproportionately young, male, Hispanic, and non-U.S. citizens. An additional survey was conducted in the fall of 2007, with the results to be published in June 2008. A final survey will be conducted in the fall of 2008 providing a valuable comparison of life in Massachusetts pre- and post-health care reform.

The Foundation also commissioned and disseminated independent research on health care reform that provoked discussion among stakeholders and policymakers. In September 2007 the Foundation held a forum on a Health Affairs paper by Jon R. Gabel, a senior fellow at the National Opinion Research Center, finding that employers in Massachusetts largely favored the health care reform law, including its penalties for employers who fail to provide insurance to their employees. The paper, *Report from Massachusetts: Employers Largely Support Health Care Reform, and Few Signs of Crowd-Out Appear*, was sponsored by the Foundation along with the Robert Wood Johnson Foundation. The forum featured a panel discussion of the paper's findings by Rick Lord, President and C.E.O., Associated Industries of Massachusetts; Stephanie Messina, Benefits Manager, DeMoulas Market Basket; Peter Rider, Secretary-Treasurer, SEIU-Local 615; and Kevin Counihan, Chief Marketing Officer, Commonwealth Health Insurance Connector Authority. A second survey will be released in the fall of 2008.

The Foundation supported the monitoring of public opinion around health care reform by sponsoring, with the Kaiser Family Foundation and Harvard School of Public Health, a poll by Professor Robert Blendon on the new law. The resulting report, the *Massachusetts Health Reform Tracking Survey*, was released in June 2007 and found that public support for Chapter 58 had grown in the law's first year.

In May of 2007 the Foundation celebrated the first birthday of health care reform with a JFK Library Summit and the release of a paper by Alan Weil titled *Progress and Challenges After One Year of Implementation*, which outlined challenges related to how the uninsured were accessing insurance and health care; health care cost controls; improving systems of care; maintaining the health safety net; and implementation of the Connector.

In September the Foundation released a report by Judy Wielaska titled *Forging Consensus, the Path to Health Reform in Massachusetts*, which captured the story of the partnerships and opportunities that enabled reform to pass in Massachusetts in 2006.



HEALTH COVERAGE FELLOWSHIP

SINCE 2002 THE HEALTH COVERAGE FELLOWSHIP HAS GIVEN JOURNALISTS THE TOOLS THEY NEED TO DELVE DEEPLY INTO STORIES DEALING WITH HEALTH AND MEDICINE AND THEIR INTERSECTION WITH PUBLIC POLICY AND POLITICS. FOUNDED BY LONGTIME JOURNALIST LARRY TYE, WHO COVERED HEALTH AND THE ENVIRONMENT FOR THE BOSTON GLOBE FOR 15 YEARS, THE FELLOWSHIP IS AN INTENSIVE, NINE-DAY IMMERSION INTO ALL THINGS RELATED TO HEALTH CARE. ULTIMATELY, THE FELLOWSHIP BROADENS JOURNALISTS' UNDERSTANDING OF ISSUES RANGING FROM THE DIFFICULTIES OF INSURING THE CHRONICALLY UNINSURED AND THE PLIGHT OF PUBLIC HOSPITALS TO MEDICAL ETHICS AND THE POLITICS OF HEALTH CARE REFORM. THAT BROADER UNDERSTANDING, IN TURN, FURTHERS THE FOUNDATION'S MISSION TO EXPAND ACCESS TO HEALTH CARE BECAUSE PUBLIC ATTITUDES AROUND HEALTH CARE REFORM WILL ONLY CHANGE BY DEEPENING THE DEBATE AROUND THESE ISSUES.



WIDENING A BASE OF KNOWLEDGE

NECN reporter gets immersion training in health care issues

Ally Donnelly was on the health care beat for New England Cable News for about two weeks when she learned of the Health Coverage Fellowship. She signed up and went on to have what she describes as “an incredible introduction to the field.”

The Fellowship schedule, says Donnelly, an eight-year veteran of New England Cable News, is demanding. Indeed, it starts on a Friday night and, with a few exceptions, every hour of the next nine days is filled with meetings, panel discussions, and excursions to hospitals and emergency rooms. A good chunk of one night of the Fellowship is spent with shelter outreach workers on the streets of Boston. “From the get-go it’s an incredible pace, but a pace of just fascinating stuff,” she says.

One of the benefits of the Fellowship, Donnelly observes, is spending so much time with other reporters and editors, some of whom are direct competitors. “It’s really engaging. You’re surrounded by great people asking really smart questions,” she says. The end result was a quick—but thorough—introduction to health care issues and sources.

Donnelly left the Fellowship with a long list of story ideas and valuable contacts to help her complete them. One of her post-Fellowship pieces was a six-minute story on emergency room back ups and diversion rates for ambulances. “In my general assignment days I could have done that story, but it would not have had any of the context or texture that it did thanks to what I learned at the Fellowship,” Donnelly says. She also did other stories that were informed by what she learned during the Fellowship: Overuse injuries among high school athletes; the shortage of nurses and health specialists; and Huntington’s Disease.

The last story was a nine-and-a-half-minute long feature on the impact of Huntington’s, a rare genetic disorder that afflicts about 30,000 Americans, on a Cape Cod family. Donnelly interviewed Ida Gold, whose husband died of the disease, and her four children, three of whom also have Huntington’s. “I was already onto the story before the Fellowship. I had met a patient with Huntington’s Disease,” Donnelly says. “But the piece I ultimately did had more context. Sometimes when you look at one person, their experience can define the story.” The piece, which aired several weeks after she completed the Fellowship, was recognized by the Huntington’s Disease Society of America.

Today, Donnelly is still the health and science reporter for New England Cable News, though she is currently on leave. But she has warm memories of what she went through with Director Larry Tye and the other participants: “I think the Fellowship was one of the most defining experiences of my career,” she says.



Pictured on previous page, Fellows check out the MedFlight operations at Hanscom Field. Opposite page, New England Cable News health reporter Ally Donnelly.

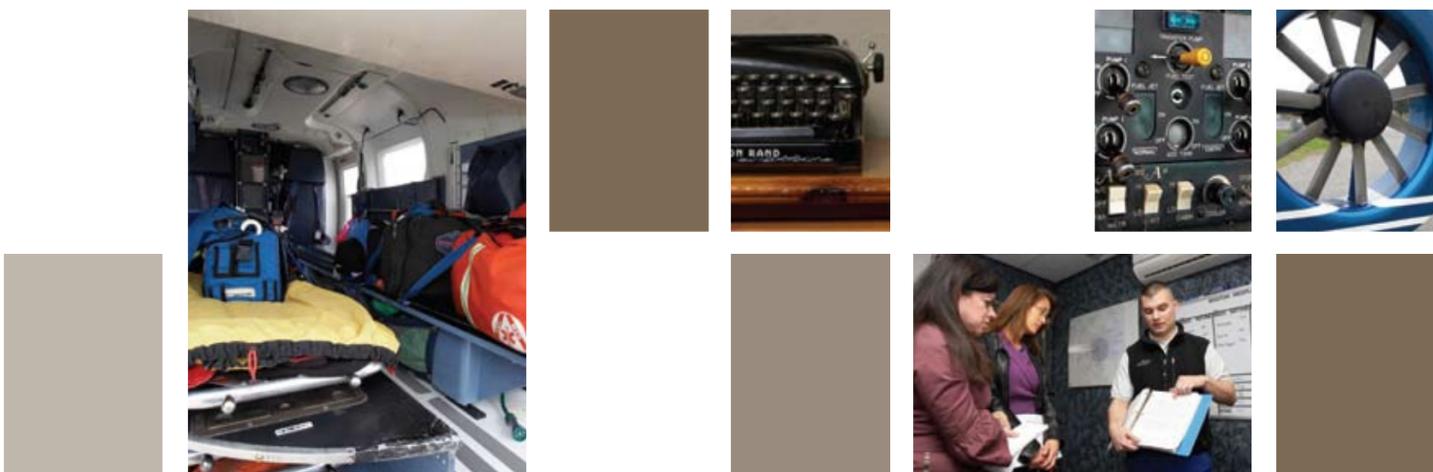
2007 HEALTH COVERAGE FELLOWS

- Judy Benson, The Day
- Ally Donnelly, New England Cable News
- Jessica Fargen, Boston Herald
- Tom Gagen, Boston Globe
- Elizabeth Gudrais, Providence Journal
- Julian Kesner, New York Daily News
- Kevin O’Connor, Rutland Herald
- Francis Quinn, Associated Press
- Margot Sanger-Katz, Concord Monitor
- Anthony Silva, WBZ Radio 1030

EMERGENCY AIR TRANSPORT

Founded in 1985, Boston MedFlight provides emergency transportation to critically ill or injured patients via helicopter, jet, or ambulance. MedFlight’s crew includes paramedics and nurses who work together and specialize in treating trauma, head and spinal cord injuries, cardiac conditions, respiratory failure, high-risk pregnancies, and high-risk infants.

During the Fellowship, journalists experience the crunch in emergency medicine by riding with crews of Boston EMS chief Rich Serino, observing the emergency room at Children’s Hospital with Dr. Laura Druback, or flying with Dr. Suzanne Wedel’s Boston MedFlight team at Hanscom Field.



2007 GRANTEES

✱ THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION ISSUES GRANTS TO PUBLIC AND PRIVATE ORGANIZATIONS THAT WORK TO BROADEN HEALTH COVERAGE AND REDUCE BARRIERS TO CARE. IN 2007 THE FOUNDATION AWARDED GRANTS TOTALING \$5.1 MILLION IN SUPPORT OF ITS MISSION TO EXPAND ACCESS TO HEALTH CARE.

CLOSING THE GAP ON RACIAL AND ETHNIC HEALTH CARE DISPARITIES

These three-year grants support local initiatives by non-profit organizations taking an innovative approach to improving access and reducing barriers to health care and support services for targeted racial and ethnic groups experiencing specific health disparities. The total funding for recipients is \$300,000 with up to \$50,000 in planning grants during the first year and up to \$125,000 in implementation grants for each of the remaining years, the last of which was 2007.

CONNECTING CONSUMERS WITH CARE These grants support Massachusetts community-based organizations, community health centers, and select hospital-based programs that provide services to help low-income consumers enroll in public and private health access programs, navigate the health care system, and connect with providers.

INNOVATION FUND FOR THE UNINSURED These one- to three-year grants go to health care delivery organizations in Massachusetts working to improve the continuity, organization, and completeness of care for the uninsured.

PATHWAYS TO CULTURALLY COMPETENT CARE These two-year grants go to health care delivery organizations working to expand access to health care in culturally appropriate and competent ways for immigrant and non-English speaking consumers. The first year of the grant is to be spent on program planning; the second year is for program implementation.

STRENGTHENING THE VOICE FOR ACCESS These grants provide core operating support to Massachusetts organizations whose mission and activities focus on promoting the health care interests of uninsured and low-income residents. The goal is to strengthen community-based policy activities, increase citizen participation in public policy development, and promote collaboration among statewide policy and advocacy organizations on health access issues for uninsured and low-income people.

CATALYST FUND Funded entirely with donations from associates of Blue Cross Blue Shield of Massachusetts, the Catalyst Fund awards monthly grants of up to \$3,500 to local organizations that bring care to low-income and uninsured individuals. Last year, associates donated \$66,984, which funded 23 grants; 100 percent of the funds donated to the Catalyst Fund are spent on grants. Since October 2002, 165 capacity-building mini-grants totaling \$443,946 have been given to non-profit health care and community-based organizations throughout Massachusetts.

CLOSING THE GAP ON RACIAL AND ETHNIC HEALTH CARE DISPARITIES

Alliance for Inclusion and Prevention, Inc.

Collaborating with the New Boston Pilot Middle School and Boston Medical Center Department of Child and Adolescent Psychiatry 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

Collaborating with the Codman Square Health Center, Harvard Street Neighborhood Health Center, Mattapan Community Health Center, and Boston Medical Center HealthNet Plan to help reduce infant mortality rates of pregnant and postpartum African American women in Boston inner city neighborhoods.

Caring Health Center, Inc.

Collaborating with the Springfield faith-based and community-based institutions to reduce diabetes-related health disparities affecting African American and Hispanic residents in the Greater Springfield area by addressing patient, provider, and system-level issues.

Cape Cod Free Clinic and Community Health Center

Collaborating with the Mid-Upper Cape Community Health Center, Community action of Cape Cod and Islands, Inc., Visiting Nurse Association of Cape Cod, Catholic Social Services, Duffy Health Center, Island Health Care, Mashpee Wampanoag Tribal Health Program, Vineyard Health Care Access Program, Cape Cod Hospital School Based Health Center, Cape Cod Healthcare, and Outer Cape Health Services to coordinate care for African American, Latin American, and Native American residents that have untreated and poorly controlled diabetes.

DotWell

Collaborating with the Codman Square Health Center and the Dorchester House Multi-Service Center to prevent acute incidents and complications among African American residents who have diabetes or are at risk for developing the disease.

Greater Lawrence Family Health Center, Inc.

Collaborating with the Lawrence Public Schools, City of Lawrence Inspectional Services, and Lawrence General Hospital to address the disproportionate prevalence of asthma among Latino adults and children in Lawrence.

Holyoke Health Center

Collaborating with the Holyoke YMCA, Holyoke Farmers Market and Food Policy Council, Robert Wood Johnson Foundation Diabetes Self-Management Project to address the psychosocial and cultural needs of Holyoke Latinos who have or are at high risk for developing cardiovascular disease.

Partners in Health/PACT

Collaborating with the Codman Square Community Health Center and Dorchester House Multi-Service Center to improve health outcomes among African American and Latino HIV positive patients.

Tufts-New England Medical Center, Inc.

Collaborating with the Josiah Quincy Elementary School, Josiah Quincy Upper School to address the high incidence of asthma among Asian American children.

CONNECTING CONSUMERS WITH CARE

African Community Health Initiatives
\$20,000

Berkshire Health Systems
\$20,000

Boston Public Health Commission
\$25,000

Brockton Neighborhood Health Center
\$20,000

Cambodian Mutual Assistance of Greater Lowell
\$20,000

Child Care Resource Center, Inc.
\$20,000

Community Action Committee of Cape Cod & Islands
\$25,000

Community Action of Franklin, Hampshire, and North Quabbin Regions
\$20,000

Community Health Connections
\$20,000

Duffy Health Center
\$20,000

Joint Committee for Children's Health Care in Everett
\$25,000

Joseph M. Smith Community Health Center
\$25,000

Manet Community Health Center
\$20,000

Massachusetts Alliance of Portuguese Speakers
\$20,000

Mercy Hospital, Inc.
\$20,000

Outer Cape Health Services, Inc.
\$25,000

People Acting in Community Endeavors, Inc.
\$20,000

South Middlesex Legal Services
\$25,000

Springfield Partners for Community Action
\$20,000

Springfield Vietnamese American Civic Association
\$20,000

Stanley Street Treatment & Resource, Inc.
\$20,000

Steppingstone, Inc.
\$20,000

Tapestry Health
\$20,000

INNOVATION FUND FOR THE UNINSURED

Boston Healthcare for the Homeless Program
\$65,000
Implement program to ensure that homeless patients have access to the range of primary care services they require at the BHCHP-operated clinic at Long Island Shelter.

Boston Medical Center
\$75,000
Support case management program for uninsured refugee and asylum populations coordinating medical, dental, mental health, and social services.

Cape Cod Free Clinic and Community Health Center
\$60,000
Implement case management services for uninsured Cape Cod and Islands patients with chronic conditions such as asthma, cancer, depression, diabetes, hypertension, Lyme disease, and hepatitis.

Cooley Dickinson Hospital
\$65,000
Expand access to primary and specialty care services for uninsured Hampshire County residents through an expanded physician network that offers services for a reduced, sliding-scale rate.

DotWell
\$90,000
Create a case management "safety net" for patients who remain uninsured.

Ecu-Health Care, Inc.
\$50,000
Expand a voluntary primary and specialist physician program, a reduced fee dental program, and prescription assistance for the uninsured in the North Berkshire region.

Heywood Hospital
\$50,000
Support the Gateway Health Access Program. The program will provide access to medical, dental, and mental health care for under- and uninsured residents of the North Central region of the state.

Hilltown Community Health Centers, Inc.
\$65,000
Creation of a medical home for those residing in the Hilltown region who remain uninsured. This program will impact 300-400 individuals.

Holyoke Health Center
\$45,000
Sustain needs assessment program. Grantee will continue collecting and organizing new information and pilot a program that provides patient navigation, chronic disease support, consumer advocacy, and education.

Island Health, Inc.
\$65,000
Support implementation of the Care Coordination program at Island Health Care, a newly established health clinic, and development of the regional Specialty Network for the Uninsured.

Justice Resource Institute
\$60,000
Fund hiring of outreach/health care navigators who will improve the continuity and completeness of care for Boston-area uninsured facing numerous barriers to access.

Lowell Community Health Center
\$65,000
Support the Lowell Access to Care Program that provides financial counseling, patient education and primary and specialty care services to the area's uninsured.

Lynn Community Health Center
\$95,000
Implementation of a case management model for uninsured adults with serious chronic disease.

South End Community Health Center
\$35,000
Develop a medical home model for providing homeless, uninsured patients access to medical and mental health services. Additional target populations include female detainees in the Suffolk County correctional system and uninsured Latinos from across Greater Boston.

Whittier Street Health Center
\$60,000
Continued support of the Men's Health Comprehensive Care Initiative, which provides primary health care, health education, screenings, and substance abuse group counseling for uninsured Latino and African-American males in the Roxbury area.

PATHWAYS TO CULTURALLY COMPETENT CARE

Beth Israel Deaconess Medical Center
\$60,000

Boston Medical Center
\$20,000

Brockton Neighborhood Health Center
\$60,000

Children's Hospital
\$20,000

Dorchester House Multi-Service Center
\$60,000

Great Brook Valley Health Center
\$25,000

Greater Lawrence Family Health Center
\$20,000

Greater New Bedford Community Health Center
\$25,000

Hallmark Health
\$25,000

HealthAlliance Hospital
\$25,000

Holyoke Health Center
\$40,000

Home Health VNA
\$65,000

Joseph M. Smith Community Health Center
\$25,000

Joslin Diabetes Center
\$25,000

Mattapan Community Health Center
\$25,000

New England Eye Institute
\$25,000

Tapestry Health
\$60,000

Urban Medical Group
\$65,000

STRENGTHENING THE VOICE FOR ACCESS

Community Partners, Inc.
\$50,000

Disability Policy Consortium
\$35,000

Greater Boston Interfaith Organization
\$50,000

Health Care For All
\$50,000

Health Law Advocates, Inc.
\$40,000

Massachusetts Association of Community Health Workers
\$40,000

Massachusetts Coalition of School-Based Health Centers, Inc.
\$30,000

Massachusetts Correctional Legal Services
\$35,000

Massachusetts Housing and Shelter Alliance, Inc.
\$25,000

Massachusetts Immigrant and Refugee Advocacy Coalition
\$50,000

Massachusetts Law Reform Institute
\$45,000

Massachusetts League of Community Health Centers
\$45,000

Massachusetts Senior Action Council
\$40,000

Neighbor to Neighbor Massachusetts Education Fund
\$35,000

Public Policy Institute
\$25,000

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

CATALYST FUND

Benjamin A. Friedman Middle School
\$2,250
Purchase an automated external defibrillator and train staff on its use.

Berkshire South Regional Community Center
\$2,250
Purchase an automated external defibrillator and train staff on its use.

Boston Healthcare for the Homeless Program
\$3,000
Purchase a DCA 2000 Plus Analyzer (a point-of-care diabetes management tool that performs both hemoglobin A1c and microalbumin/creatinine tests).

Cambodian Mutual Assistance of Greater Lowell
\$3,500
Hire five surveyors to work with 30 respondents on a survey of dietary practices and beliefs in the Cambodian community.

Carson Center for Human Services
\$2,149
Translation of 75 pages of psychological educational material for the center's Russian-speaking patients. Funding will also support the purchase of the Rorschach Interpretation Assistance Program, which is used in psychological assessments.

Community Action Committee of Cape Cod & Islands
\$960
Purchase a television/DVD combination, TV stand, health education and children's video, and three bulletin boards for H.O.P.E. Project's new waiting room.

Community Partners, Inc.
\$3,500
Development of a long-term fundraising plan including marketing materials, fundraising strategies, creation of an individual donor program, and the identification of potential donors.

Diabetes Association, Inc.
\$3,500
Purchase a larger capacity network server.

Garrett Pressley Autism Resource Center
\$3,500
Hire a consultant for strategic planning, program development, and grant writing. The consultant will help the Center further develop its medical referral program so clients will have access to a network of physicians and other medical professionals.

Healthy Malden, Inc.
\$2,590
Leadership training for the organization's new executive director.

Jewish Family & Children's Service
\$2,250
Purchase an automated external defibrillator and train staff on its use.

Manet Community Health Center
\$3,000
Purchase an EyeTel DigiScope, a digital camera that takes retinal images.

Massachusetts Association of Public Health Nurses
\$2,650
Print and distribute report on seven new public health nursing competency areas including academics and municipal leadership, cancer screenings, and health screenings.

Massachusetts Senior Action Council
\$3,000
Purchase a portable professional Language Interpretation System, which includes an interpreter monitoring unit, 15 receivers and headsets, and a carry case.

Mid-Upper Cape Community Health Center
\$3,500
Hire consultant to facilitate process for developing the health center's three-year strategic plan. The consultant will run meetings, provide an analysis of data to create outcomes for how to close the disparity gap, and create a first draft.

Parents Helping Parents
\$3,500
Hire a strategic planning consultant. The consultant will work with the executive director and board of directors to create a new mission statement, clarify the role of the chief executive officer, and develop a long-term strategic goal.

Partners in Health
\$3,500
Produce a patient recruitment video that will be distributed to health centers and HIV/AIDS agencies. The video will feature PACT Project patients who are currently receiving treatment at PIH and who represent the communities they are targeting.

Rape Crisis Services of Greater Lowell
\$2,885
Send one staff member to the Massachusetts Victim Assistance Academy to learn the skills needed to improve his/her ability to serve victims in the Cambodian community in Greater Lawrence.

South Middlesex Opportunity Council, Inc.
\$3,500
Purchase two computers and a network printer. Funding will also be used to hire a consultant for fundraising and grant writing.

VNA Care Network
\$2,100
Tanslate its visual pain scale into Spanish, Vietnamese, Portuguese, and Khmer/Cambodian, and produce 1500 laminated copies of the pain scale. Translate *The Final Days* hospice pamphlet into Spanish.

WEATOC
\$3,500
Hire a consultant to research and identify potential funders, develop a proposal template, develop a system for organizing grant campaigns, develop strategies for marketing their programs to various funders, and train staff in grants management.

Women of Means
\$3,500
Purchase a desktop computer, laptop and development software.

YWCA of Southeastern Massachusetts
\$2,900
Support the training of 10 outreach workers to increase the number of women it educates on breast health awareness. Outreach workers will educate women on the importance of breast cancer screening and refer at least 30 hard-to-reach women for mammography screenings.

FINANCIALS

* BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION, INC. FOR EXPANDING HEALTHCARE ACCESS

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

FROM THE FINANCE AND AUDIT COMMITTEE

The Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access (the Foundation) distributed grants totaling \$5.1 million in 2007. These grants were made possible by contributions from Blue Cross Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., including an \$11 million cash contribution to the Foundation's endowment and in-kind contributions totaling \$1.1 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.

In addition, reflecting its continuing support of the Foundation, the Company has committed to a contribution of \$10.4 million in 2008 based on the Company's 2007 year-end results.

The Foundation ended the year with \$108 million in net assets. Despite a challenging year in the financial markets, the Foundation experienced a \$4.7 million appreciation from investment income and gains from the unrealized/realized change in investments. For the one-year ended December 31, 2007, the portfolio generated a total return of 5.3 percent. During the year, the Foundation was invested approximately 55 percent in equities, 22 percent in fixed income and cash equivalents, and 23 percent in alternative investments. We continue to believe that a well-diversified portfolio is appropriate for the Foundation's investments.

Our thanks to the hard working 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, Rick Lord, James Hunt

REPORT OF INDEPENDENT AUDITORS

March 24, 2008

The Board of Directors
Blue Cross Blue Shield of Massachusetts Foundation, Inc.
for Expanding Healthcare Access

We have audited the accompanying combined statements of financial position of Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access (the Foundation) as of December 31, 2007 and 2006, and the related combined statements of activities and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Foundation's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access at December 31, 2007 and 2006, and its activities and changes in its net assets, and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

COMBINED STATEMENTS OF FINANCIAL POSITION

(Dollars in thousands)

| | December 31 2007 | December 31 2006 |
|--|---------------------|---------------------|
| ASSETS | | |
| Cash, cash equivalents and investments | \$101,545 | \$ 92,350 |
| Pledges and interest receivable | 64 | 70 |
| Due from Blue Cross and Blue Shield of Massachusetts, Inc. | 10,436 | 11,014 |
| Total assets | \$112,045 | \$103,434 |
| LIABILITIES AND NET ASSETS | | |
| Grants and accounts payable | \$ 3,016 | \$ 2,040 |
| Due to Blue Cross and Blue Shield of Massachusetts, Inc. | 623 | 705 |
| Total liabilities | 3,639 | 2,745 |
| Net assets—unrestricted | 108,406 | 100,689 |
| Total liabilities and net assets | \$112,045 | \$103,434 |

See accompanying notes.

COMBINED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS (Dollars in thousands)

| | Years Ended December 31 | |
|---|-------------------------|------------------|
| | 2007 | 2006 |
| REVENUES AND OTHER SUPPORT | | |
| Contributions | \$ 10,736 | \$ 11,396 |
| Contributions in-kind | 1,089 | 777 |
| Investment income | 4,219 | 3,358 |
| Net unrealized and realized gains on investments | 539 | 6,779 |
| Total revenues and other support | 16,583 | 22,310 |
| EXPENSES | | |
| Grants | 5,077 | 5,002 |
| Professional services | 1,881 | 1,768 |
| Salaries and benefits | 1,323 | 1,136 |
| Conferences, conventions, and meetings | 244 | 192 |
| Occupancy and equipment maintenance | 116 | 119 |
| Printing, stationery, and supplies | 61 | 46 |
| Postage and telephone | 19 | 17 |
| Other expenses | 145 | 494 |
| Total expenses | 8,866 | 8,774 |
| Excess of revenues and other support over expenses and change in net assets | 7,717 | 13,536 |
| Net assets at the beginning of year | 100,689 | 87,153 |
| Net assets at the end of year | \$108,406 | \$100,689 |

See accompanying notes.

COMBINED STATEMENTS OF CASH FLOWS (Dollars in thousands)

| | Years Ended December 31 | |
|---|-------------------------|-----------------|
| | 2007 | 2006 |
| OPERATING ACTIVITY | | |
| Excess of revenues and other support over expenses and change in net assets | \$ 7,717 | \$ 13,536 |
| Changes in net assets and liabilities: | | |
| Pledges and interest receivable | 6 | 125 |
| Due from Blue Cross and Blue Shield of Massachusetts, Inc. | 578 | 2,229 |
| Due to Blue Cross and Blue Shield of Massachusetts, Inc. | (82) | 35 |
| Grants and accounts payable | 976 | (163) |
| Net unrealized and realized gains on investments | (539) | (6,779) |
| Net cash provided by operating activities | 8,656 | 8,983 |
| INVESTING ACTIVITIES | | |
| Proceeds from sales and maturities of long-term investment securities | 10,507 | 7,823 |
| Purchases of long-term investment securities | (21,337) | (15,992) |
| Net cash used in investing activities | (10,830) | (8,169) |
| Net change in cash and cash equivalents | (2,174) | 814 |
| Cash and cash equivalents at the beginning of year | 3,748 | 2,934 |
| Cash and cash equivalents at the end of year | \$ 1,574 | \$ 3,748 |

See accompanying notes.

NOTES TO COMBINED FINANCIAL STATEMENTS

December 31, 2007 (Dollars in thousands)

1. ORGANIZATION

The accompanying combined financial statements of Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access (BCBSF) and Massachusetts Medicaid Policy Institute, Inc. (MMPI) present the combined financial position and results of activities and changes in net assets and cash flows of BCBSF and MMPI (collectively referred to as the Foundation).

BCBSF was incorporated in 2001, and is a not-for-profit, charitable organization. BCBSF's mission is to provide and support education and research, foster health care innovation and reform, and develop, promote, and support programs to improve the quality of health care access.

Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA) is the sole member of BCBSF. Several board members of BCBSMA are board members of BCBSF. BCBSF will achieve its goals through support for a combination of grants, social research, demonstration projects, and advocacy, rather than financing the direct purchase of coverage.

In July 2003, BCBSF formed MMPI to provide and support education and research, to promote programs to improve the quality of health care access and delivery, and to foster health care innovation reform and development including, but not limited to, research and distribution of information seeking to enhance the development of effective Medicaid policy approaches and solutions. BCBSF is the sole corporate member of MMPI, and as such, has a variety of powers, including appointment and approval of board members.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION

The accompanying combined financial statements, which are presented on the accrual basis of accounting, have been prepared consistent with the American Institute of Certified Public Accountants' Audit and Accounting Guide, Not-for-Profit Organizations, dated May, 2007 (Audit Guide). In accordance with the provisions of the Audit Guide, net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed stipulations, and are available for operations.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities, at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

RECLASSIFICATION

Certain amounts for the year ended December 31, 2006, have been reclassified to be consistent with the presentation of the amounts for the year ended December 31, 2007.

CASH AND INVESTMENTS

The Foundation considers all highly liquid debt instruments purchased with a maturity date of three months or less to be cash equivalents. Other invested assets are investments in partnerships, joint ventures, limited liability company interests, and other equity investments. They are recorded using the equity method of accounting and are recorded on the statements of financial position within cash, cash equivalents, and investments. Common stocks are carried at estimated fair value based on quoted market prices. Unrealized investment gains and losses are recognized in the statements of activities and changes in net assets.

The amortized cost, gross unrealized gains (losses), and estimated fair value of cash, cash equivalents, and investments as of December 31, 2007 and 2006 are as follows:

| | Amortized Cost | December 31, 2007 | | Fair Value |
|---|-----------------|------------------------|------------------|------------------|
| | | Gross Unrealized Gains | Losses | |
| Cash and cash equivalents | \$ 1,574 | \$ — | \$ — | \$ 1,574 |
| Other invested assets | 65,174 | 12,280 | (1,715) | 75,739 |
| Common stocks | 24,844 | 169 | (781) | 24,232 |
| Total cash, cash equivalents, and investments | <u>\$91,592</u> | <u>\$12,449</u> | <u>\$(2,496)</u> | <u>\$101,545</u> |

| | Amortized Cost | December 31, 2007 | | Fair Value |
|--|------------------|------------------------|-----------------|------------------|
| | | Gross Unrealized Gains | Losses | |
| Cash and cash equivalents | \$ 3,748 | \$ — | \$ — | \$ 3,748 |
| Other invested assets | 51,621 | 10,884 | (82) | 62,423 |
| Common stocks | 25,903 | 603 | (327) | 26,179 |
| Total cash, cash equivalents, and investments | \$ 81,272 | \$11,487 | \$ (409) | \$ 92,350 |

Gross realized gains and losses included in net investment income for 2007 and 2006 are as follows:

| | 2007 | 2006 |
|--------------------------------------|----------------|----------------|
| Gross gains | \$1,927 | \$2,228 |
| Gross losses | (264) | (79) |
| Net realized investment gains | \$1,663 | \$2,149 |

INCOME TAXES

BCBSF and MMPI are not-for-profit organizations established under Internal Revenue Code Section 501(c)(3). BCBSF is classified as a private foundation under Section 509(a) of the Internal Revenue Code and is subject to federal excise taxes.

MMPI is exempt on related income from both federal and state income taxes.

BCBSF files as a private foundation subject to a 2 percent tax on net investment income. The tax expense is part of other expenses.

CONTRIBUTIONS IN-KIND

The Foundation recognizes contribution revenue and related expenses for certain services received at the fair value of those services.

CONTRIBUTIONS

A contribution in the form of an unconditional promise to give is recognized as revenue by the Foundation in the period in which the promise is received.

Contributions are comprised of cash received from various sources, including BCBSMA, individuals, businesses, and civic and service organizations.

The grants payable amount represents approved community grants, which were awaiting final grant agreements from recipients.

3. RELATED-PARTY TRANSACTIONS

BCBSMA provided BCBSF funding of \$11,525 and \$11,787, comprised of contributions in-cash and contributions in-kind, in 2007 and 2006 respectively. BCBSMA contributions in-kind represent a significant amount of the Foundation's operating costs, including salaries and benefits, facility costs, and other operating expenses. Salaries and benefits are related to financial support services provided by BCBSMA employees. Total operating costs charged by BCBSMA to the Foundation were \$2,592 and \$2,505 for the years ended December 31, 2007 and 2006, respectively.

BCBSF donated \$150 in cash to MMPI in 2007 and 2006.

4. FUNCTIONAL EXPENSES

Expenses were incurred for the following in the years ended December 31:

| | 2007 | 2006 |
|----------------------------|----------------|----------------|
| Program services | \$8,506 | \$8,086 |
| General and administrative | 360 | 688 |
| | \$8,866 | \$8,774 |

REPORT OF INDEPENDENT AUDITORS ON OTHER FINANCIAL INFORMATION

March 24, 2008

The Board of Directors

Blue Cross Blue Shield of Massachusetts Foundation, Inc.

for Expanding Healthcare Access

Our audit was conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The combining details appearing in conjunction with the combined financial statements are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information has been subjected to the auditing procedures applied in our audit of the financial statements and, in our opinion, is fairly stated in all material respects in relation to the combined financial statements taken as a whole.

Ernst + Young LLP

COMBINING STATEMENT OF FINANCIAL POSITION

December 31, 2007 (Dollars in thousands)

| | BCBSF | MMPI | Total |
|--|------------------|--------------|------------------|
| ASSETS | | | |
| Cash, cash equivalents, and investments | \$101,097 | \$448 | \$101,545 |
| Pledges and interest receivable | 63 | 1 | 64 |
| Due from Blue Cross Blue Shield of Massachusetts, Inc. | 10,436 | — | 10,436 |
| Total assets | \$111,596 | \$449 | \$112,045 |
| LIABILITIES AND NET ASSETS | | | |
| Grants and accounts payable | \$ 3,016 | \$ — | \$ 3,016 |
| Due to Blue Cross Blue Shield of Massachusetts, Inc. | 603 | 20 | 623 |
| Total liabilities | 3,619 | 20 | 3,639 |
| Total net assets—unrestricted | 107,977 | 429 | 108,406 |
| Total liabilities and net assets | \$111,596 | \$449 | \$112,045 |

COMBINING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended December 31, 2007 (Dollars in thousands)

| | BCBSF | MMPI | Eliminations | Total |
|---|------------------|--------------|--------------|------------------|
| REVENUES AND OTHER SUPPORT | | | | |
| Contributions | \$ 10,711 | \$175 | \$(150) | \$ 10,736 |
| Contributions in-kind | 1,089 | — | — | 1,089 |
| Investment income | 4,200 | 19 | — | 4,219 |
| Net realized and unrealized gains on investments | 539 | — | — | 539 |
| Total revenues and other support | 16,539 | 194 | (150) | 16,583 |
| EXPENSES | | | | |
| Grants | 5,227 | — | (150) | 5,077 |
| External professional services | 1,745 | 136 | — | 1,881 |
| Salaries and benefits | 1,196 | 127 | — | 1,323 |
| Conferences, conventions, and meetings | 231 | 13 | — | 244 |
| Occupancy and equipment maintenance | 116 | — | — | 116 |
| Printing, stationery, and supplies | 60 | 1 | — | 61 |
| Postage and telephone | 17 | 2 | — | 19 |
| Other expenses | 145 | — | — | 145 |
| Total expenses | 8,737 | 279 | (150) | 8,866 |
| Excess of revenues and other support over expenses and change in net assets | 7,802 | (85) | — | 7,717 |
| Net assets at the beginning of year | 100,175 | 514 | — | 100,689 |
| Net assets at the end of year | \$107,977 | \$429 | \$— | \$108,406 |

OUR MISSION

* THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION WORKS TO EXPAND ACCESS TO HEALTH CARE. THROUGH GRANTS AND POLICY INITIATIVES, THE FOUNDATION PARTNERS WITH PUBLIC AND PRIVATE ORGANIZATIONS TO BROADEN HEALTH COVERAGE AND REDUCE BARRIERS TO CARE. IT FOCUSES ON DEVELOPING MEASURABLE AND SUSTAINABLE SOLUTIONS THAT BENEFIT UNINSURED, VULNERABLE AND LOW-INCOME INDIVIDUALS AND FAMILIES IN THE COMMONWEALTH, AND SERVED AS A CATALYST FOR THE PIONEERING MASSACHUSETTS HEALTH CARE REFORM LAW PASSED IN 2006. THE FOUNDATION WAS FOUNDED IN 2001 WITH AN INITIAL ENDOWMENT OF \$55 MILLION FROM BLUE CROSS BLUE SHIELD OF MASSACHUSETTS; THE ENDOWMENT HAS SINCE GROWN TO \$108 MILLION. THE FOUNDATION OPERATES SEPARATELY FROM THE COMPANY AND IS GOVERNED BY ITS OWN 18-MEMBER BOARD OF DIRECTORS. IT IS ONE OF THE LARGEST PRIVATE HEALTH PHILANTHROPIES IN NEW ENGLAND AND IN 2007 WAS AWARDED THE PAUL YLVISAKER AWARD FOR PUBLIC POLICY ENGAGEMENT BY THE COUNCIL ON FOUNDATIONS.

THIS ANNUAL REPORT WAS PRINTED ON MOHAWK OPTIONS PAPER, WHICH IS MADE WITH 100% POSTCONSUMER RECYCLED FIBER AND WIND-GENERATED ELECTRICITY. PRINTING OF THIS REPORT USED 3,659 LBS OF PAPER.

SAVINGS FROM THE USE OF 100% POSTCONSUMER RECYCLED FIBER INSTEAD OF VIRGIN FIBER:

-  35.13 TREES PRESERVED FOR THE FUTURE
-  101.43 POUNDS WATERBORNE WASTE NOT CREATED
-  14,921 GALLONS WASTEWATER FLOW SAVED
-  1,651 POUNDS SOLID WASTE NOT GENERATED
-  3,251 POUNDS NET GREENHOUSE GASES PREVENTED
-  24,881,200 BTUS ENERGY NOT CONSUMED

SAVINGS FROM THE USE OF EMISSION-FREE WIND-GENERATED ELECTRICITY:

-  1,689 POUNDS AIR EMISSIONS NOT GENERATED
-  4,018 CUBIC FEET NATURAL GAS UNUSED

IN OTHER WORDS, THE SAVINGS FROM THE USE OF WIND-GENERATED ELECTRICITY ARE EQUIVALENT TO:

-  NOT DRIVING 1,830 MILES
- OR
-  PLANTING 114 TREES

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