



Health Care for
all



Real change for real people

A N N U A L R E P O R T 2 0 0 3



Dear Friend:

Thank you for supporting Health Care For All's mission to ensure decent and affordable health care for every Massachusetts resident. And thank you for supporting HCFA as we work every day to make this happen.

As I complete my first year as HCFA's executive director, some contrasts are striking. Health care is a top public concern, and yet we see people's access – whether their insurance is public or private – eroding every day. Those not losing insurance face higher cost sharing that forces many to forego needed medical services.

We know this from dozens of you who call our Health Helpline and our law firm, Health Law Advocates, every day. We know this from our work with more than 20 community based coalitions in all corners of Massachusetts. We know this because our Children's Health Advocacy Coalition will not let anyone forget the Commonwealth's 1996 promise of health coverage for every child.

Health Care For All is working hard to repair the damage done to our health system over the past three years. At the same time, we are now preparing a new initiative to address access, quality and cost problems in Massachusetts health care. We will assemble the broadest coalition possible to offer real and dramatic change in our health care system.

The past year has been an active one at Health Care For All. Inside this report you can find a 2003 timeline on health care in Massachusetts, and our role in it. The profiles offer an in-depth look at HCFA's impact on people's lives, professionally and personally. We will continue to make HCFA a solid organization with a healthy fiscal outlook.

We need your support to realize our ambitious goals. One iron law I have learned at HCFA – our success depends on your dedication and support. Your help has been tremendous and we all thank you.

These are challenging and rewarding times, and Health Care For All is at the center. Thank you for helping us be there.

John E. McDonough



John E. McDonough
Executive Director



Mission

Health Care For All is building a movement of empowered people and organizations with the goal of creating a health care system that is responsive to the needs of all people, particularly the most vulnerable. Health Care For All is dedicated to making quality health care a right of all people.

2003 YEAR IN REVIEW

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JANUARY

MassHealth eliminates dentures, eyeglasses, braces and artificial limbs; drug copays increased.

UMass Medical School takes over health services for state prisons after HLA mobilizes critical support.

Cambridge Women's Center hosts first event in support of HCFA's *Letters to Romney* campaign which eventually generates over 2,500 MassHealth support letters.

FEBRUARY

Prescription Advantage closes enrollment; increases cost-sharing.

HCFA, consumers testify against MassHealth cuts at Health and Human Services hearing.

Framingham's Metrowest Health Coalition recommends community sell its 20% share of Tenet-MetroWest Medical Center for \$48 million and use proceeds for community health programs.

MARCH

MassHealth raises premiums for Family Assistance and CommonHealth programs; eliminates emergency detox services for uninsured.

Providers in Defense of MassHealth form; business, civic and religious leaders create *Civic Leaders Committee to Save MassHealth*.

HCFA testifies in support of MassHealth before Medicaid Task Force.

APRIL

MassHealth Basic eliminated, ending health coverage for 36,000 long-term unemployed; post-detox services for adults eliminated; coverage for adult hospital stays over 20 days eliminated.

HCFA holds State House rally to protest MassHealth Basic closing; over 1,000 attend.

HCFA helps organize “Stop the Cuts/Raise the Revenues” rally; over 2,000 attend.

MAY

John McDonough joins HCFA as executive director.

HCFA distributes 20,000 “Faces of MassHealth” postcards.

Neponset Health Coalition in Norwood holds community forum on how to prevent MassHealth cuts; panelists include legislators, HCFA staff.

New Federal Matching Assistance Program (FMAP) funds announced; Massachusetts receives over \$300 million in Medicaid dollars.

HCFA Board approves membership in Commonwealth Care Alliance, a new, consumer-directed health system for disabled and frail elders in MassHealth and other programs.

JUNE

Boston Mayor Menino, legislators and community leaders join to launch HCFA’s new Physician Diversity Project.

Worcester Community Access Project shares model “Issues Brief” on impact of MassHealth cuts with Gov. Romney; reaches agreement with UMass Medical School to forgive tuition for students pursuing specialty careers who do community service.

Providers in Defense of MassHealth deliver letter signed by 400 doctors, nurses and other health professionals to legislators, governor.

HCFA honors 4 community activists at *For the People, Against the Tide* fundraiser.

JULY AND AUGUST

MassHealth restores prosthetic and orthotic services for adults; Fiscal Year 2004 budget will restore coverage for MassHealth Basic in October.

Prescription Advantage opens enrollment for one month.

Joint Committee on Health Care hears HCFA’s legislation to address racial and ethnic health disparities.

Health Care Advocacy Task Force (HCATF) of the Lower/Outer Cape Community Coalition creates new access project; holds 26 dialogues with over 400 people to discuss MassHealth defense and access issues on Cape Cod.

MassHealth eliminates coverage for 10,000 legal immigrants.

SEPTEMBER

Medical Security Plan for uninsured workers starts charging premiums; HCFA, HLA testify before Advisory Board to convince members to oppose the premiums.

HCFA’s Physician Diversity Project surveys Boston teaching hospitals on their diversity efforts.

HCFA begins *Teens Leading the Way* campaign to engage local youth in MassHealth defense and children’s health access projects.

As part of national *Urgent Matters* ER overcrowding project, HCFA and Boston Medical Center organize interviews to assess Boston’s safety net.

HCFA coordinates statewide *Back-to-School Campaign* to encourage parents to get health coverage for their children; 30 organizations participate.

HCFA launches Reaching Out About Depression (ROAD) to organize low-income women dealing with depression.

OCTOBER

MassHealth Essential opens, replacing MassHealth Basic program cut in April.

Romney’s Secretary of Administration and Finance Eric Kriss decries “imbalance between net tax givers and net tax takers.” HCFA and Sen. Richard Moore strongly criticize comments. Widespread denunciation of comments follow, including Gov. Romney “distancing” himself.

HCFA participates in bus trip across state to promote legislation assisting people seeking to purchase drugs from Canadian sources.

Children’s Health Access Coalition sponsors trick or treating at State House to protest new MassHealth and Children’s Medical Security Program premiums.

Lynn Health Task Force, Lynn Community Health Center and Union Hospital collaborate to open new primary care site in West Lynn focusing behavioral health and refugee services for the Asian community.

NOVEMBER

MassHealth imposes premiums on low-income households and families.

Haitian Consumer Advocacy Council, an initiative of HCFA and Boston Medical Center, completes two PSAs on diabetes and asthma for Haitian radio and TV; obtains agreements from BMC to make service improvements.

Cape Cod's Lighthouse Health Access Alliance begins using RealBenefits, a new Internet tool to simplify enrollment in public benefits programs developed by Community Catalyst and supported by HCFA's Helpline.

More than 800 attend HLA's annual benefit breakfast.

DECEMBER

HCFA's Physician Diversity Project completes "case statement" bringing together research findings and analysis of the need for greater physician diversity and its link to quality of care.

Dudley Outreach Workers Network (DOWN) holds first *Stronger Connections/Healthier Communities* conference for case managers and outreach workers.

Since January: HLA represents over 725 families denied access to health care, up from 315 in 2002. *Pro bono* Legal Network attorneys take 38 cases, compared to 12 in 2002.

HLA completes discovery in *HCFA v. Romney* federal lawsuit over the MassHealth dental program for children; lawsuit slated for trial in Spring 2004.

Children's Health Access Coalition files legislation to roll back new premiums for children in state health programs; releases report, "Cutting Children's Care: How Capped Enrollment and Premiums Have Put Children's Health Care Out of Reach."

Health Care For All: Building a Movement for Health Care Reform

Health Care For All is a nationally recognized, nonprofit membership organization committed to making affordable and quality health care accessible to everyone, regardless of income, disability, race, ethnicity or social status. Our goal is to empower people to know more about the health care system and to become involved in changing it. We are particularly concerned about the most vulnerable members of society – the uninsured, low-income elderly, children, people with disabilities and newcomers. Our work combines policy analysis, information and referrals, public education, legal and legislative advocacy and community organizing in an integrated approach aimed at building a grassroots movement for change. Our in-house public interest law firm, Health Law Advocates, provides legal assistance and advocacy to individuals and communities, and works with our policy team to search for legal handles that can be used to bring about health care reform. Our national partner organization, Community Catalyst, takes many of the successful strategies and models we have pioneered in Massachusetts to other states and serves as a conduit of information for us on statewide and national health care reform efforts. To learn more about Health Care For All, visit our website at: www.hcfama.org.

EYES AND EARS



ANNE AWAD is Community Access Program (CAP) director for the City of Springfield. Springfield is one of the pilot sites for the national Covering Kids and Families initiative that is being coordinated in Massachusetts by Health Care For All.

Springfield is the state's third largest city. It's a nice city with beautiful neighborhoods and single-family homes. In fact, it's called the "City of Homes."

The last 20 to 25 years, Springfield has really been challenged by poverty. It has one of the highest numbers of children living in poverty in the state, the highest asthma rate among children, the highest transmission rate of HIV/AIDS to women, the highest obesity rate among both children and adults. Across the board of health indicators, Springfield needs intervention.

Health Care For All provides us so many resources. One of the most measurably helpful things has been the quarterly meetings Health Care For All holds for all the outreach sites and members of the Covering Kids and Families coalition. We get together in Boston and look at common issues and problems, hear site reports. There are updates from the state, speakers on different aspects of the insurance crisis.

Beyond Covering Kids and Families, I've known Health Care For All for many years. I've followed its *For the People* awards, and felt they are a good recognition of people trying to overcome the absurdities of our health care system. I appreciate the expertise Health Care For All has developed. If I'm really stuck on what to do or who to call, Health Care For All always has the answer. I rely on them to give me accurate information about a constantly changing sea of health care programs. Even state agencies rely on them to guide program development. I think hundreds of people around the state depend on Health Care For All to be their eyes and ears so they can do their work back at the community level.

A SUCCESSFUL ORGANIZATION



ANDREW DREYFUS is president of Blue Cross Blue Shield of Massachusetts Foundation. The foundation was established in 2001 by Blue Cross Blue Shield of Massachusetts as an independent philanthropy focused on expanding access to health care. It is one of the state's largest health charities with an annual giving program of \$3 million.

Health Care For All is an extraordinarily successful organization that has achieved many results on behalf of people without health insurance.

It knows how to partner with other organizations to accomplish its goals. It understands the complexity of advocacy — that you need to combine strong policy analysis with effective communication and public education efforts to achieve results for people. It brings policy alive by linking real people in need with government programs and legislation. Health Care For All is one of the most effective health advocacy organizations in the state, if not the country.

ELIMINATING DISPARITIES



DOLORES CALAF is a member of Critical MASS, a statewide coalition working to mobilize private and public partners in the effort to eliminate racial and ethnic health disparities.

Study after study reveals that even if you have the same socioeconomic conditions and access to quality health care, there is a difference in outcomes between racial and ethnic minorities and the mainstream white population. There might be some bias issues, issues of discrimination, assumptions – lots of factors — that affect patient satisfaction levels and outcomes, and in the long run, the cost of care.

Currently there are many people working around issues of racial and ethnic disparities, and diabetes, mental health, cardiovascular disease, cultural competency, physician diversity and other areas, but are they talking to each other? Are they connecting? Do they even have the same definition of health disparities? Health disparities from the provider point of view is very, very different from how a community person sees it. At Critical MASS we want to connect and give voices to all the people and groups working on this issue.

Health Care For All is a crucial part of our network. They have the expertise, the experience, the contacts, the credibility and the trust of many community sectors on this issue. They are helping us learn about the importance of advocacy at different levels. They are very good at moving people on an issue, which is important because without a base of community awareness of health disparities the state will never move to create a plan to eliminate disparities. Health Care For All is helping us build that local focus so that informed communities can transform their new knowledge of health disparities into local actions to resolve those disparities.

POSITIVE IMPACT



MARY CONNELLY, ESQ. *of Charlestown is a civil rights manager within the Executive Office of Health and Human Services. She has been a member of Health Care For All's board of directors since 1990, and served several terms as president.*

I have cerebral palsy and have been in a wheelchair since I was 13. I think my disability has had more of a positive impact on my life than negative in the sense that I find lots of people who really extend themselves to help me as I go about my daily life. The fact that I live with a disability and have had to accept assistance is what made me want to go into public sector work.

I first came into contact with Health Care For All when I was working at Legal Aid in 1988. Health Care For All was trying to pass the Universal Health Care Act of that year. I've always appreciated the cause of making health care a right and more accessible and affordable and started working with them on the campaign.

After the law passed, I was one of the first people on the new CommonHealth program for the disabled. Things didn't work too smoothly at first and I brought my experiences back to Health Care For All. They knew folks at the former Medicaid office who listened to my story and were able to fix some of the early problems with the program. That's what Health Care For All does: It gives people a chance to be heard and listened to. A lot of people think the disabled are just this population that has to be taken care of. We're neighbors, co-workers, friends, family members. Health Care For All values every single person. It's a privilege to serve Health Care For All.

PEOPLE ARE SCARED



LAURA MONTGOMERY
of Cambridge is the host of a weekly talk show, Let's Talk!, on Cambridge public access television. She is a MassHealth (Medicaid) recipient and active in the MassHealth Defense Group coalition organized by Health Care For All.

I have eight different health conditions and have been on MassHealth a long time. The budget cuts are really hurting people. I have an immune disorder and my doctors have told me that I shouldn't be using generic drugs for it. I need the brand name drugs. MassHealth used to pay for brand name drugs but now it only pays for generics. It's frightening to think that the medications you may need to keep your health you can't get. It's frustrating when you go to the pharmacy and the pharmacist argues that this is all that Medicaid pays for and that is all you can have. These people who are putting the state budget together should have an understanding of how their cuts affect people. I'm not the only person who is suffering hardship because of cuts. Many people have lost their benefits. It's a very sad thing. A lot of people call my talk show with health issues. They are scared and frightened. I tell them about Health Care For All and the work we are doing to protect health care and expand it to everyone.

I first heard about Health Care For All at the Women's Center in Cambridge. The first rally I ever went to was in 2000. Now I go every month to the meetings. Health Care For All is a very beautiful organization. The people keep us updated and upbeat. Many of their staff people have been on my talk show. I like Health Care For All because it is strong. The state budget process is very baffling. Health Care For All helps us to know what to do. They're very much into helping low-income people, and any people with health needs. I don't know where we would go without them.

UNCOVERING ADVOCACY



KATE VILLERS and her husband Phil Villers are two of HCFA's most loyal and long standing supporters. In 1985, the Villers Foundation, a private foundation the Villers established in 1982, provided the first grant to a small coalition of seniors and disabled called the Massachusetts Health Action Alliance. That alliance was the precursor of Health Care For All. After the Villers Foundation became Families USA, a consumer health advocacy organization based in Washington, D.C., the Villers continued their financial support of Health Care For All as individuals. Phil Villers is a member of HCFA's leadership circle. Kate Villers is president of Community Catalyst, HCFA's national partner organization, and a member of Health Care For All's board of directors.

When we came on the scene in the '80s with the Villers Foundation, our goal was to improve the lives of seniors. To do this we believed that seniors had to be involved in making change, and that for real change to occur there had to be a political process — not with a big 'P' but a little 'p.' So we funded constituency-based efforts that engaged lower income seniors and their allies, defined the problems they were experiencing, and developed solutions that could be brought to life through community and legislative action.

At that time the philanthropy community in Massachusetts was quite conservative about funding advocacy work. So when Health Care For All along with senior groups and other organizations active with Health Care For All began to get results and delivered real benefits to people, it led to institutional change. Health Care For All showed the link between raising the voice of the constituency and getting policy change, and uncovered all that as potential for grant-worthy support.

Health Care For All really started to run almost as soon as it was born. It didn't take very long for it to wield quite a bit of influence. Over the years it has evolved tremendously as an organization, and I think today is probably the best and most developed state-level consumer advocacy organization in the country. I'm just amazed all the time by what it is doing, how it operates, how well-established and respected and supported it is. Health Care For All really has changed the political equation on health care in Massachusetts.

THE ONLY CONSUMER VOICE OUT THERE



As co-chair of the Joint Committee on Health Care for the last five years, SENATOR RICHARD T. MOORE (D-Worcester) has become one of the state's most influential leaders on health care issues.

Health care, especially the last several years, has been one of the top two issues, along with education, that Massachusetts residents are most concerned about. There's no doubt the state has some serious fiscal problems. But I think instead of doing what we've been doing the last year or so and cutting Medicaid, we should be expanding it as much as we can legally do with whatever waivers we can get. We should then look at ways we can pick up some of the people at the margins.

My first experience with Health Care For All was back in 1996, when we were working on the cigarette tax to pay for health care expansions. Since becoming health care chair I've paid even more attention to them. They are a very good resource on a lot of public policy matters. To a large degree, they are the only consumer voice that's out there. When I think of the various organizations that come before the committee, there are very few who don't have an axe to grind or an issue they're trying to promote to benefit their own members or profession. Health Care For All takes a much broader view. Their effectiveness has a lot to do with the quality of the information and research they provide. They're very good at spreading the word, lining up support for an issue from constituents and other organizations and getting other legislators on the bandwagon which is critical to getting a bill passed. If Health Care For All didn't exist, I'm not sure who would speak for the patient on health care.

PEOPLE NEED TO FIGHT



MARITZA ALICEA *is a second generation American from Puerto Rico and the mother of four boys. She is a counselor on HCEA's Helpline.*

Before working at Health Care For All, I was a manager for a dental practice. When people didn't have insurance my emotions came in because I noticed those people were set aside. They were the last people to get an appointment. I was uncomfortable with this and brought it up with my supervisor. I told him no one deserves to be treated that way.

When I came to Health Care For All I couldn't believe it. I felt it was something God sent me for. I remember my first call. It was about a kid who needed a transplant and needed free care and the hospital would not do it. It was sad but it had a happy ending. After a couple of weeks of research and phone calls by the helpline — it was all teamwork — the kid was able to get his transplant. His mother was put through such an ordeal. It really hurt me. I had nights of tears but I felt I handled it well because I treated this person like she was my relative. People tell me when I'm on the phone I talk with people as if we're related. That's how I am.

When I first started there were not many Spanish calls, but now, because of the cuts, I take many calls. I work on those in the morning, getting messages off voicemail and email. Whenever there are cases where I can't help, I sit there with the headset and let them know I'm a person just like them and I do feel for them. I always let them know we don't work for the state, we're nonprofit, and we are trying for universal health care and people like them need to fight with us because we, the people, make the difference.

I like the way people talk to me and respond to everything I say to them. I have gotten Christmas cards that I still have to this day from callers. They make me feel appreciated. Working at Health Care For All keeps my spirits high. When I finish a call and they say, "God bless you," that's something that touches my heart.

HOW THE U.S. HEALTH SYSTEM WORKS



A native of Haiti, MICHELE DAVID, MD, MPH, MBA is Co-Director of the Haitian Health Institute at Boston Medical Center.

The Haitian Health Institute was started in 1996 by a group of Haitian physicians at Boston Medical Center to try and better serve the large Haitian patient population at the hospital. In 2001, Health Care For All approached us about doing a joint project that would train Haitian patients who are on public assistance programs about health care issues so they could advocate for improvements in how the hospital serves them and their families. They met every week and learned about advocacy, disease management, health promotion, financial issues, how the health care system works, the difference between emergency rooms and clinics and when to use which.

The council members have grown tremendously in their understanding. You can see lightbulbs clicking. When you grow up in the system you know these things. If you grow up in Haiti you don't. Our hope is that we are training peer educators so they will spread the information to their families and wherever they go. We also hope we can expand the project to other neighborhoods and populations.

This collaboration with Health Care For All has been so fruitful. I didn't know much about them before, but now I realize the important advocacy role Health Care For All plays, not only for Americans, but also for immigrant populations.

FINDING LOCAL SOLUTIONS



MIRIAM ERICKSON is the program coordinator of Cape Cod Dental Care which recruits local dentists to provide low-cost dental care to poor and low-income people on Cape Cod.

When we opened Cape Cod Dental Care in September 2003, we planned to work off the waiting list of the Ellen Jones Dental Clinic in Harwich. The Ellen Jones clinic opened four years ago to serve low-income people, and has a waiting list of more than 500. But soon after we opened the new clinic there was an article about us on the front page of the *Cape Cod Times*. As soon as people heard there was another dental program we got at least 100 calls the next day. Right now we have about 55 dentists, but we need many more to meet the demand.

Here on the Cape, we're trying to find local solutions to local health access problems. Health Care For All is a valuable partner to us in that effort. It provides us the big picture of what's happening at the state level, how other communities are working on problems. You can't operate in a vacuum. We modeled our program after another community's program. Maybe another community will learn from us. Health Care For All connects us all together.

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Individual giving helps HCFA weather difficult funding climate

Increases in individual giving helped offset declines in other revenue categories in 2003 as Health Care For All ended the year on a positive note.

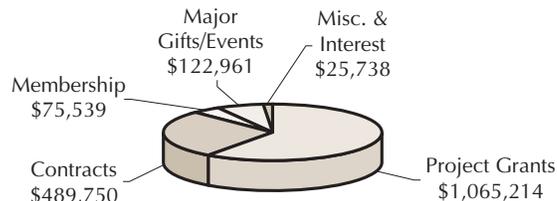
For the fiscal year ending June 30, 2003, Health Care For All raised a total of \$1,779,202, down from FY02 when the organization raised \$2,123,922. Aggressive budget and cost control measures enabled HCFA to weather the decline in revenue without harming program work. Expenses for the year totaled \$1,788,083.

Reflecting the poor economy, every revenue source declined except membership donations and special event contributions, which both rose. “We are very gratified by the support of our members for our work,” said John McDonough, executive director. “Despite a very difficult economy that has affected many Massachusetts residents particularly hard, our members continued their long tradition of caring for the state’s neediest residents.”

McDonough noted that increasing individual and organizational membership will be even more important in FY04 as HCFA continues to work to diversify its funding base. In all, HCFA raised nearly \$200,000 (\$198,500) from memberships, major gifts and special events, up nearly \$30,000 (18 percent) over FY02. Individual and organizational member support not only helps expand HCFA’s funding base, but also provides valuable unrestricted income to the agency. The bulk of HCFA’s revenue comes from foundations and contracts for specific work and projects. Unrestricted income helps offset the cost of publications, and enables the agency to incubate new projects and respond quickly to unexpected crises and challenges. Two years ago, for example, when the state’s deep fiscal problems first surfaced and threatened the health care safety net, HCFA was able to respond to that challenge by convening the MassHealth (Medicaid) Defense Group even though money had not yet been raised for that campaign.

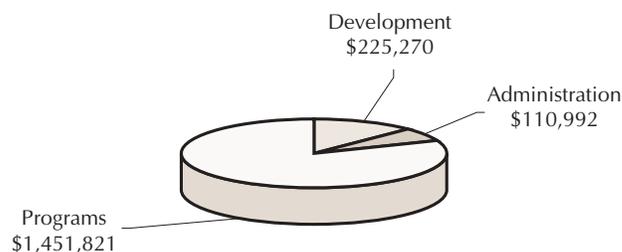
For information on how to make a gift to Health Care For All, contact the Development office at (617) 275-2926. You can also make a contribution online by visiting HCFA’s website at www.hcfama.org.

FY03 Revenue: Total = \$1,799,202



July 1, 2002 - June 30, 2003; Source: FY2003 Audited Financial Statement

FY03 Expenses: Total = \$1,788,083



July 1, 2002 - June 30, 2003; Source: FY2003 Audited Financial Statement

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