



# Health Care For All

# ANNUAL REPORT

# 2002

# HEALTH CARE FOR ALL: Working to improve access to health care

Health Care For All is a nationally recognized, nonprofit membership organization dedicated to making affordable and quality health care available to everyone, regardless of income 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 health care reform. 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.

Ken Martin



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## A Message from the Executive Director

This is a special annual report for me as I will be leaving my position as Executive Director of Health Care For All. I helped found Health Care For All almost two decades ago and have been its Executive Director for almost 14 years. For the past three years I have also been the Executive Director of Community Catalyst, our national partner, whose goal is to build organizations similar to Health Care For All throughout the country. In Spring 2003, I will become full time at Community Catalyst. Health Care For All and Community Catalyst share a common goal, staff, space and projects. I will not be going very far and will continue to be very involved with Health Care For All but in a different role.

This is a challenging time for all of us involved in making the health system more responsive to the needs of consumers. As you will read in this report we spent much of 2002 on the defensive. Health care coverage is being threatened on a state and national level. The Bush administration has proposed fundamental changes to Medicare and Medicaid that will put millions of people at risk. On a state level recent declines in state revenue, combined with increasing health care costs, have threatened the safety net. Last year, programs that Health Care For All helped create and expand, such as MassHealth Basic and the Children's Medical Security Plan, were being threatened by cutbacks and/or elimination. The prospects for this year do not look any better. In times like these the importance of Health Care For All becomes crystal clear. We are standing up for low-income families, the disabled and elders, helping them fight for their right to adequate health care. In the report you will see the faces of new leaders who are making a difference. These people are the backbone of the movement that will eventually get us to our goal of Health Care For All.

Despite the many challenges we faced in 2002, Health Care For All was able to make progress in a number of areas. Under the Robert Wood Johnson *Covering Kids and Families Initiative*, we were able to enroll eligible family members into state programs while we worked with the administering state agencies to simplify the processes for enrollment and annual re-qualification. A new initiative supported by the Center for Health Care Strategies will partner with the Haitian Health Institute to establish a Haitian consumer advisory council for consumers enrolled in the Boston Health Net plan at Boston Medical Center. With the support of the Casey Foundation we began innovative work on interpreter services. We continued to develop quality-of-care standards for the state's health care programs for children, especially in the areas of oral and mental health. With the Parents Advocacy League we surveyed parents of mentally ill children to better understand how to improve the mental health care system.

As always we are grateful to our many supporters who have stood up with us to face the challenges year after year. We thank you for your past support and we look forward to working with you as together we face the struggles of the coming year.

Sincerely,

A handwritten signature in blue ink that reads "Robert Restuccia".

Robert Restuccia  
Executive Director

# From Bad to Worse

The year 2002 started badly and quickly went downhill. The aftermath of September 11 still hung heavy upon us. U.S. troops were fighting in Afghanistan and the economy continued to weaken. Despite these dismal world events, we still held out hope as the year opened that we could broaden health coverage in Massachusetts through our *Health Now!* campaign. We hoped to expand MassHealth (Medicaid) to cover 19- and 20-year-olds and parents up to 200 percent of the poverty level. We also wanted to create an Adult Medical Security Plan modeled after the Children's plan we won in 1996 that provides preventive and emergency care to every uninsured child in the Commonwealth. A tobacco tax and federal matching funds would finance the expansion.

By the end of 2002, all that remained of that ambitious agenda was the tobacco tax. Instead of expanding access, we were fighting just to hold on to current programs.

By now everyone knows how dramatically the state's fiscal situation changed in 2002 — and for the foreseeable future. With literally every safety net program, including the state's entire Medicaid program under attack, Health Care For All had to react quickly, and we did. It may have been the worst of times politically and economically for health care access in Massachusetts, but it brought out the best in Health Care For All. Because of our deep roots and connections to communities across the state and our long-standing policy and legislative experience we were able not only to change our own planned course, but to stave off many of the severest of the proposed cuts.

Our first task was to re-shape the debate from a "blame" Medicaid for our fiscal woes to an honest discussion of the program's effectiveness and contributions to the state. And throughout all of the debates we continually raised the voice of vulnerable consumers who depend on vital safety net programs for their basic health care needs.

Ken Martin



# Re-shaping the debate

In January 2002, with Massachusetts lawmakers barely back in session, the blame game began. MassHealth, the state's Medicaid program, was "busting the budget" according to the house speaker, and one of the main reasons the state's budget was \$2 billion in the red. Nearly everyone wanted to cut MassHealth.

Health Care For All's ability to redefine the state's budget debate – even as the debate was taking place – is one of the major reasons Massachusetts' Medicaid program was still largely intact by year's end.

No sooner had lawmakers returned than HCFA reconvened the MassHealth Defense Group, a coalition of nearly 200 organizations that came together to defend the program which now covers nearly 1 million low-income residents. In March, as lawmakers debated making huge cuts to MassHealth, HCFA issued the first of two major reports on the program titled, "MassHealth: What It Is. Why It Works." The report dispelled many myths about Medicaid spending and demonstrated the consequences of the proposed cuts, not only in human suffering, but also in the loss of huge amounts of federal matching funds. The loss of this federal money would greatly impact the state's health care system and especially hospital emergency rooms and the Uncompensated Care Pool for the uninsured. The report recommended ways that health care could be delivered more efficiently and suggested several places where savings could be found without hurting people.

"The report really had three purposes," said Josh Greenberg, former division manager for children's initiatives and author of the report. "One was to put together a set of facts for legislators. The second was to produce an educational document for coalition members so people could have a shared vision of the issues. And the third was to use the report as a media piece to educate the public and gain support for the issues. I think it served all of those purposes. A couple of reports were issued subsequent to ours that were consistent with what

Ken Martin



we said in our report. I think our ability to frame the debate while the debate was going on in the legislature was critical.”

HCFA and the MassHealth Defense Group used the report to hold meetings with legislators – “We tried to hit every single legislator,” said Marcia Hams, HCFA deputy director. HCFA also held a series of public meetings around the state on the Medicaid debate and worked closely with the media to debunk myths about MassHealth and help shape reporting on the impact of proposed cuts to sick people and to the state's health care system in general.

“We worked very hard to develop some new relationships, not just with the Boston press, but with other media outlets in Springfield and Worcester and other places to get more statewide support for the issues,” Hams said.

HCFA and the MassHealth Defense Group also organized several public events around the state to show support for MassHealth, including three major rallies that brought several hundred activists to the State House to lobby legislators.

“We didn't win everything,” Hams said. “But I honestly believe the cuts would have been much worse if we had not been so proactive.”

# Responding to the funding gap

Ken Martin



When Massachusetts lawmakers passed a 75-cent tobacco tax in 2002 to help correct the state's gaping budget shortfall and reduce tobacco consumption, two years of work by the *Health Now!* Massachusetts coalition paid off.

Health Care For All, the Massachusetts Medical Society and the New England District of the American Cancer Society formed the *Health Now!* coalition in 2000 in sunnier financial times to push for a tobacco tax to expand access to health care. The coalition was part of Healthy New England, a six-state effort to raise state tobacco taxes to expand health care access and tobacco control programs.

During the first year, coalition members built broad support for the tax. They educated and lobbied legislators, conducted surveys showing strong public support for taxing cigarettes to pay for health care programs and garnered widespread media coverage. They publicized research showing the link between smoking and death and disease. Other research showed that raising cigarette prices is the single biggest deterrant to smoking, especially among teens and low-income minorities, populations particularly targeted by the tobacco industry.

"We did a lot of hard work and it paid off," said Karla Fortunato, campaign associate. "Our proposal was passed favorably out of committee and was making its way through the legislature."

Then September 11th happened, an already weakened economy went further into recession and the whole economic and political climate changed. With the state suddenly staring at a \$2 billion budget deficit, health care expansion was no longer viable. Indeed, the state's entire Medicaid program was on the cutting board. Health Care For All quickly organized another broad-based coalition, the MassHealth Defense Group, to defend the state's Medicaid and other safety net programs. With HCFA acting as a critical link between the two coalitions, *Health Now!* and the MassHealth

Defense Group began working together to defend health access programs and address the state's need to raise additional revenues.

Last spring that work paid off when state lawmakers, despite strong anti-tax sentiment, passed a 75-cent tobacco tax. Although the money was not specifically earmarked for health care as coalition members wanted, the tax was instrumental in helping stave off some of the most severe proposed Medicaid cuts.

"The work the *Health Now!* coalition did to build support for the tobacco tax and defend essential health care programs was critical in passing the tobacco tax," said Sen. Mark Montigny (D-New Bedford), chair of the Senate Ways and Means Committee. "Even when the climate was getting tougher and tougher, when we were losing some of the daily battles and getting swamped by the decline in revenues, the coalition staying together and reminding us that as you raise the price of cigarettes you save tremendously in public health care costs was absolutely essential in passing the tax. We would have had much more significant cuts in health care without the tax."

Even when proposed cuts threatened to pit human services advocates against one another, the *Health Now!* coalition remained united in its effort to win the tobacco tax.

"We had a very cohesive coalition which enabled us to deal with a very fluid political environment that kept changing on us," said Stephen Shestakofsky, director of state legislation for the Massachusetts Medical Society.

The 75-cent tobacco tax is the second Massachusetts has passed since 1996 when health access groups, providers and tobacco control advocates first began working together to raise revenue to expand and preserve health care programs. After this latest success, the groups are more united than ever.

# Raising the consumer voice

The year 2002 was not a good year to be poor and in need of health care in Massachusetts.

Beginning in January 2002 when House Speaker Thomas Finneran called MassHealth, the state’s Medicaid program, a “budget buster,” the year slid steadily downhill with one erosion after another in consumers’ access to health care.

As the state’s leading health care advocacy organization, Health Care For All faced one of its most challenging years ever. All of the progress and programs we had won over the last decade and which had helped reduce the state’s uninsurance rate to one of the lowest in the nation, were in jeopardy of being dismantled.

“It was like trying to plug a dike,” said Allison Staton, division manager for state-wide programs. “We’d be fighting one battle, manage to plug that hole only to have another battle erupt somewhere else.”

The push and pull struggle to save critical access programs was perhaps best — or more appropriately worst – illustrated when the state’s major pharmacies threatened to stop filling prescriptions for all of the nearly one million MassHealth recipients unless the state raised the reimbursement rate it paid to pharmacies. After several tense weeks, the state acquiesced, increasing the rate by \$22 million. Three weeks later the state eliminated \$22 million in other MassHealth benefits, including eyeglasses, prostheses, orthotics and chiropractry.

“One step forward and then three weeks later, one step back in a different direction, impacting different groups of people,” Staton said. “The whole year was like that.”

Ken Martin



## TIME LINE

<b>January 2002</b>	House Speaker Thomas Finneran calls MassHealth, the state’s Medicaid program, a “budget buster.”
<b>January 2002</b>	All MassHealth adult dental benefits except extractions and dentures are eliminated.
<b>July 2002</b>	MassHealth Basic, which provides health benefits for 50,000 of the state’s poorest residents, is eliminated beginning April 1, 2003.
<b>July 2002</b>	Major pharmacies threaten to stop filling MassHealth prescriptions unless state raises reimbursement rates.
<b>August 2002</b>	State underfunds Children’s Medical Security Plan (CMSP), which covers uninsured children.
<b>October 2002</b>	State gives in to pharmacies; raises MassHealth drug reimbursement rate by \$22 million.
<b>October 2002</b>	Acting Gov. Swift cuts \$22 million in other MassHealth benefits, including eyeglasses, prostheses, orthotics, chiropractry and dentures.
<b>November 2002</b>	State closes CMSP to new enrollees and eliminates emergency room coverage.

Despite the polarizing environment, the MassHealth Defense Group HCFA organized remained remarkably united.

“We worked really hard to keep people together,” Staton said. “We wanted kids groups to have a stake in homeless adults’ access to care; to have working families have a stake in immigrants having access to care, to have everyone see the collective needs for coverage. And for the most part people really pulled together.”

In fact, the united front was one of the major reasons cuts were not as deep or severe as first proposed. HCFA also took the leadership role in explaining to coalition members legislative proposals, their impact on consumers and what action steps were needed. It mobilized thousands of individuals and organizations across the state for three major rallies at the State House to show support for MassHealth and lobby legislators not to cut the program. HCFA and the MassHealth Defense Group worked with the media to publish stories about people impacted by proposed cuts and to bring these people before lawmakers.

“People depend on MassHealth, and we are going to continue to make sure that their voices are heard in all of the debates,” Staton said. “We will also continue to let our leaders know that MassHealth brings in nearly \$3 billion a year in federal funds to this state which not only allows us to provide health coverage to low-income people, but also keeps our hospitals, doctors, nurses and health centers open and provides 10 percent of all jobs in Massachusetts.”



Alice Faison

## People are hurting

Suppose you needed glasses but had to go without them because you couldn’t pay for them? Suppose you had a toothache and all you could do for it was to have the tooth pulled? Sound barbaric? Welcome to 2002 and the Massachusetts Medicaid program.

Both of those things happened to Alice Faison last year when the state eliminated all adult dental benefits except extractions, eyeglasses and other services such as artificial limbs for the nearly one million people on MassHealth, the state’s Medicaid program.

“These cuts are really hurting people,” Faison said. “A lot of mothers, a lot of elderly people are hurting because of these cuts.”

Faison, 38, of Southbridge, a single mother of three, has been on MassHealth since 1986. In that time she has been on welfare, worked, been laid off and been homeless. For the last year she has worked at Sisters Together Ending Poverty (STEP), a non-profit advocacy organization in Marlborough that helps link needy people with resources that can help them. Faison’s income has never exceeded the poverty level, but at least she could count on MassHealth when she or her children needed health care. But more and more that safety net is unraveling because of the state’s budget crisis. Health Care For All is determined to make sure that Faison and all of the nearly one million other MassHealth recipients are heard in the budget debates over MassHealth.

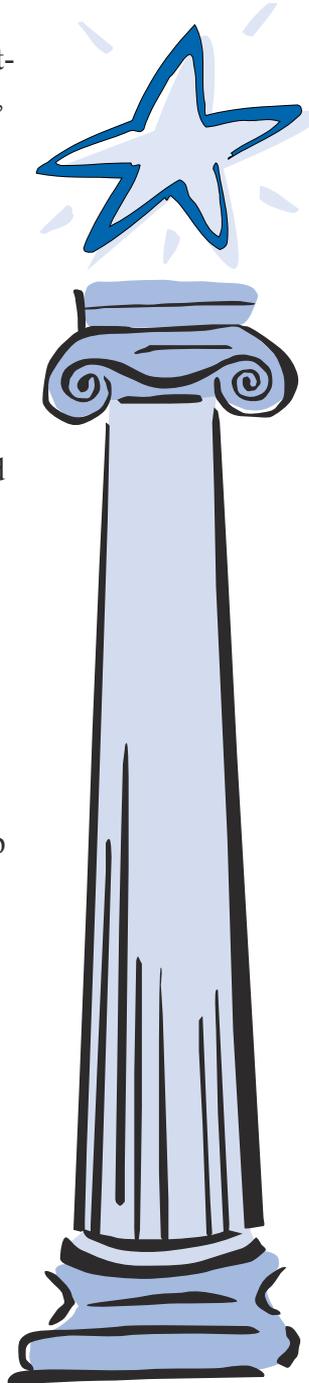
“You have to keep the faith and keep fighting to get these benefits back,” said Faison who has become a MassHealth advocate and organizer in her hometown as part of HCFA’s MassHealth defense campaign. “These cuts are hurting too many people.”

# Building New Leaders for the New Realities

It is a time of extremes in health care. On the one hand, advances in the treatment of disease are truly breathtaking, enhancing and prolonging the quality of life for millions of people. On the other hand, the rapidly rising costs of health care and deep government cuts to health care programs have left millions of other people, particularly our most vulnerable, without access to these advances.

There are no easy fixes to the widening gap between the insured and the growing numbers of uninsured in this country. Such times cry out for leadership, but not the “Lone Ranger” or “knight on a white horse” kind of leadership — i.e. one politician or executive who will fix for us the increasingly fragmented health care system. Rather we need and want leadership that will help us face our problems, learn new ways and develop new partnerships, including working with those with whom we sometimes disagree.

We need leaders with courage, willing to take the risks that come with sticking their heads above those around them. We need leaders who listen and learn as well as teach. And most of all we need leaders from all walks of life, from all different backgrounds, communities and life experiences.



Health Care For All, with the support of the Blue Cross Blue Shield Foundation and the Hyams Foundation, is fortunate to be working with just such leaders. They come in all ages, races, faiths and languages. They are parents, business leaders, doctors, community health workers and local government officials and more. Sometimes they find us; sometimes we find them. Many of them have already become leaders by the time we meet. Others just have a passion to get involved and fix a health care system we all know is broken and needs fixing. Health Care For All is connecting all of these experienced and new leaders. We help each other understand our health care and political systems, including the fact that these systems are indeed “ours,” created by us and changed by us where needed. We connect leaders with each other, with Health Care For All, with other public and private sector leaders with whom we work. We help each other understand that we all have in common our problems and our willingness to deal with them. We give each other hope — “a hope that arouses a passion for the possible” in the words of Rev. William Sloane Coffin. With hope, joined with the passion and power of other leaders and organizations both inside and outside of Massachusetts, we will bring health care and health to all.

## Frances Hubbard

As a child, Frances Hubbard remembers being put in a segregated ward when she was hospitalized for bronchial pneumonia.

“Even as a 7-year-old sick child I understood the inequity of it,” Hubbard said.

Hospitalized again with polio when she was in fourth grade, Hubbard remembers reading about the Japanese bombing of Pearl Harbor and wondering how people could bomb one another, even hospitals filled with sick children. As the youngest of 13 children, Hubbard witnessed firsthand the impact of chronic disease on a family when her mother suffered a series of heart attacks. She watched her parents struggle to eke out a living from their small farm in Virginia only to give up and move away from the land to New York City. She put herself through college only to get a job in a hospital paying less than \$150 a month. All of these experiences, and her strong religious faith have given Hubbard a strong sense of social justice.

“Our academic training is really only a small part of who we are,” she said.

Now 70, Hubbard lives in Springfield where she is the historian for the Greater Springfield Community Health Network Area (CHNA). A long-time union organizer for the hospital workers union in New York City, Hubbard moved to Springfield in 1992 to be closer to her son and two grandchildren. She remains a member of the Wesley United Methodist Church in Harlem, which several years ago awarded her a grant to work with Springfield religious leaders and the local health department to address community health issues. The project is still continuing. Through her work with the local CHNA and faith-based health network, Hubbard also began working with Health Care For All on broader statewide health issues.

She says there is no disconnect between union organizing, faith and access to health care.

John Suchocki



Frances Hubbard

“The soul and the body are all connected,” she said. “The separation of church and state is a political separation. People are not separated that way. A person’s mind, body, spirit, emotions are all connected and connected to other people and to everything else.”

## John Learnard

When John Learnard of Brockton entered the shoe industry nearly 60 years ago, there were 59 shoe manufacturers on the South Shore. Today, there are just two. Rising expenses drove most of the companies overseas.

Learnard sees a lot of similarities between the shoe industry and the hospital industry – with one notable exception: Instead of driving them overseas, rising costs are driving many hospitals out of business.

“How long can hospitals survive when insurers can pay them 30 and 35 cents below their costs?” Learnard said. “It’s a dead end system.”

Learnard, 80, has spent his entire life questioning the system. When doctors told him and his wife Julia to institutionalize their mentally retarded infant son, Learnard refused.

“We kept him at home and took him everywhere we could,” Learnard said. “It’s been a great experience because it changed our sense of values tremendously.”

Today, Learnard remains active in the field of mental retardation. And two years ago when doctors in Brockton threatened to pull out of

Good Samaritan Hospital, one of two hospitals in Brockton, Learnard helped organize a “Patients First” coalition to fight the move.

“I’ve had 13 admissions to Good Sam, some of them life-threatening,” Learnard said. “There’s no way this city could survive with just one hospital.”

The doctors eventually backed down, and Learnard was asked to join Good Samaritan’s board. He admits he is still learning how hospitals and the health care system work, but credits HCFA’s Bob Marra for helping his education.

“Bob’s invited me to a lot of meetings and is helping me understand how the system is supposed to work,” Learnard said.

As a hospital board member he must balance his fiduciary responsibility to the hospital with his responsibility to his community and fellow patients to ensure that the hospital continues to provide the best quality care to all who need it.

“I’m trying to be a good advocate for both,” he said. “We all need to work together.”



John Learnard

## Susan Allen, Emma Marra

Susan Allen and Emma Marra have long-standing personal connections to Health Care For All. Susan’s mother, Florence, is president of HCFA’s Board of Directors, while Emma’s father, Bob, is a division manager. But their greatest connection to Health Care For All is not their family ties, but their own amazing contributions to teen health outreach and advocacy as members of HCFA’s Teen Health Advisory Council (THAC).

Both Allen and Marra have served for nearly three years on the council. Allen, a senior at the John D. O’Bryant School of Mathematics and Science, helped plan THAC’s forum on teen sexual health in Spring 2000, and worked on a racial disparities project during Summer 2001 that

included surveying youth and creating an educational T-shirt. At school, Allen is a member of the mock trial team and has aspirations of a legal career.

Marra, a senior at the Boston Latin School, joined THAC in 2000. She helped design and distribute a mental health survey of Boston Public School students in 2001, and offered youth input to the Boston Public Health Commission's Child and Adolescent Mental Health Coalition. At school, she is a member of the concert choir.

Both Allen and Marra also played vital roles in THAC's most recent project, a series of live talk shows on Boston cable access TV called Teen Health Talk! Their research, writing and public speaking skills were critical to composing scripts, interviewing teens on the street and hosting many of the episodes. Because of their hard work and emphasis on the need for a youth perspective, the talk shows were one of THAC's most successful outreach efforts, reaching a potential 300,000 Boston residents.

As both young women look ahead to college, it is obvious that their skills and determination will carry them into impressive careers building upon their social justice and youth advocacy experience gained at Health Care For All.

## Jackie Reyes

As the mother of a 13-year-old son with a serious genetic condition, Jackie Reyes has become an advocate by necessity.

"He is a very loving boy, but because of his condition, if he gets upset he can destroy anything, he can hurt someone," said Jackie, a single mother of four in Lawrence. "I'm an expert on his condition. I got all the information to the school, the police, the neighborhood. I'm a very good advocate for my son."

Dave Chandrasekaran



Susan Allen and  
Emma Marra



Jackie Reyes

And now Reyes is using her own personal advocacy expertise to help other parents navigate the complexities of the state's health care system. Reyes is part of Health Care For All's Children's Quality Initiative which is working with parents to help them become better advocates for their children's health care needs. Many have used their new skills in other ways too. In response to the state's budget crisis and attacks on MassHealth, Reyes helped HCFA organize buses of parents and others from Lowell and Lawrence to attend MassHealth defense rallies at the Statehouse. She has spoken at rallies, lobbied legislators, made phone calls, distributed information from HCFA about proposed Mass-Health cuts to friends and others.

"If I lose my MassHealth coverage what will I do?" Reyes said. "We



Richard Lyons

have to speak up. Health Care For All is showing us how and that's good because I can be a very good advocate."

## Richard Lyons

As chief of emergency medicine at Waltham Hospital, Richard Lyons, MD, has a keen sense of just how fragile is the health care safety net. He knows because he is the net.

"Emergency departments are asked not only to provide emergency care, we're also serving as primary care for all the people who don't have health insurance," Lyons said. "We're the local doctors of last resort."

But with many Boston area hospital emergency rooms closing their doors for several hours every week because of overcrowding, with three out of four hospitals in Massachusetts losing money, patients may soon have no resort. That's why, when Waltham's parent company announced in January 2002 that it would close Waltham Hospital April 1, Lyons helped organize hospital staff and local residents to fight to keep it open.

"I'm confident that I could get a job at another hospital," Lyons said. "But we serve 60,000 people here and another 60,000 from surrounding communities. I don't think the area can sustain the loss of another hospital."

With the guidance and assistance of Health Care For All and its in-house law firm, Health Law Advocates, the "Save Waltham Hospital" group did just that. As part of the turnaround plan that was negotiated, the institution expanded its board and created two new subcommittees on community health access issues and employee issues. Lyons serves on both.

"I think we're making headway," he said. "But it's a very difficult environment. It would be imprudent to think the hospital is going to survive. It's really a day-to-day, month-to-month proposition."

Still, he says it's a "cause worth fighting for," and he is working with HCFA to organize physicians and other caregivers around the state to protect the state's Medicaid program, the hospital free care pool which reimburses hospitals for caring for the uninsured, and other safety net programs.

"Health Care For All brings great leadership and credibility to this struggle," Lyons said. "It's not just a Waltham issue. We have a health care system in crisis."

## Aida Aquino

Aida Aquino, a native of the Dominican Republic who now lives in Boston's Jamaica Plain area, was a public health educator in Summer 2002 as part of the Boston Health Access Project's asthma and lead poisoning education campaign and language access survey project.

Aquino knows firsthand about the asthma epidemic among urban children. In the mid-90s she was a volunteer outreach worker for the Hope Center in Jamaica Plain.

"There was a very high rate of asthma," she said.

Aquino worked with families to help them address asthma triggers in the home. Later, she met Norma Rosario of City Life/Vida Urbana and volunteered to do community organizing. Around the same time her landlord announced he was displacing the low-income residents in her housing project in favor of higher paying tenants. Aquino helped organize the tenants and their supporters to fight the move. After several years, the tenants won a reprieve when the landlord signed a contract agreeing not to displace the tenants for eight years. Aquino and the other residents are now working for a long-term commitment to keep the complex as

Jacquie Bishop



Aida Aquino

low- and mixed-income housing.

Aquino also volunteered at the Jamaica Plain Neighborhood Development Corporation registering voters and getting out the vote.

Aquino, 36, and a mother of three, learned English at Roxbury Community College. She says organizations that work at the grassroots level need to "listen to people."

"Pay attention," she said. "Listen to what the people in the community say. Do not go and just start talking. Listen. The people are the ones with the real problems. If you listen they will give you ideas."

BHAP, as it has done throughout its history, is paying attention to Boston's immigrant community by designing projects with their input.

# Reaching those in need

Difficult fiscal times make HCFA's work more important than ever

Defending Medicaid and building a leadership network to respond to the new fiscal realities were not Health Care For All's only priorities in 2002. As an organization we are committed to making access to quality health care a right of all people. Here are just some of the ways we followed that conviction in 2002:

The Center for Health Care Strategies, which promotes "best practices" in Medicaid, awarded us and the Boston Medical Center a grant to form a Haitian Health Advocacy Council. The goal of the HHAC is to bring together Haitian patients at BMC who get their health care through the hospital's Medicaid managed care plan or free care demonstration project and give them a voice in how their care is delivered.

Also in 2002, the Covering Kids initiative, a nationwide outreach project funded by the Robert Wood Johnson Foundation and aimed at enrolling children into Medicaid programs, expanded to include families. HCFA is again heading the Massachusetts effort, now called Covering Kids and Families. The expanded project has given HCFA the opportunity to partner with many new organizations around enrolling parents into health care programs.

HCFA's Children's Division also continued its work organizing parents to be more effective advocates for their children's health needs as part of the Children's Quality Initiative funded by the Nathan Cummings Foundation. HCFA is working with parents of special needs children, rural parents and immigrant parents to provide trainings, educational and networking opportunities and other support aimed at helping

them become more and better involved in their children's health care.

As part of its community work funded by the Jessie B. Cox Charitable Trust, Health Care For All is working with more than a dozen community health care coalitions that have come together to address local health access issues. Once a month HCFA brings all of the groups together where participants share information and strategies and learn about national and statewide health care initiatives and opportunities for collective action.

HCFA's Boston Health Access Project, with the support of the Annie E. Casey Foundation, also began a hospital interpreters survey project aimed at identifying gaps and ways to improve interpreter services.

Also in 2002, HCFA's Teen Health Advisory Council took to the airwaves in a successful, live teen health talk show written and produced by council members that aired on local cable access television.

And of course HCFA's Helpline, the heartbeat of the organization, continued to answer the telephone and provide information, referrals and advocacy for the more than 6,000 individuals who call every year looking for help getting health care.

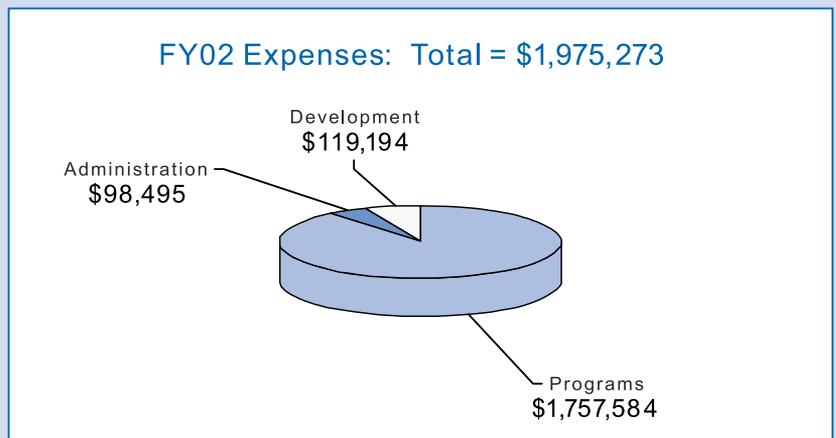
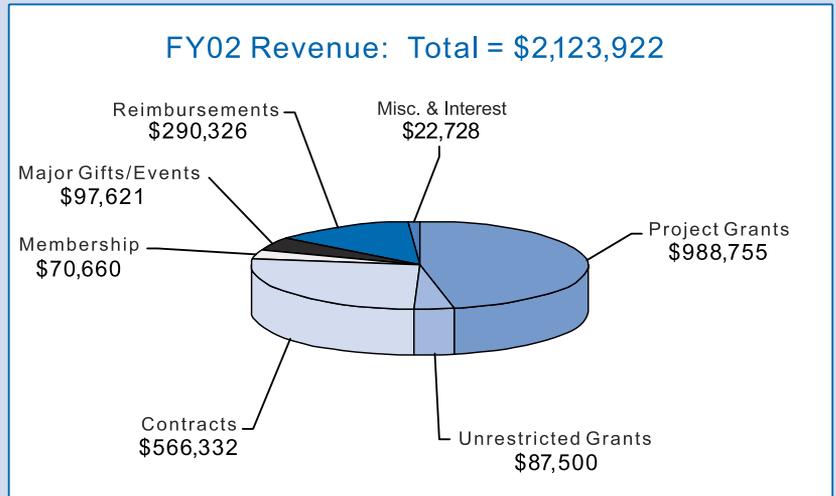
"We've noticed a spike in calls the last several months because of cuts in many programs," said Michele Lee, helpline division manager. "Unfortunately, for some people there are fewer and fewer options."

And in such times Health Care For All's work becomes more important than ever.

# Generosity of donors makes our work possible

Health Care For All raised a total of \$2,123,922 from generous supporters for the fiscal year ended June 30, 2002. Approximately one half of HCFA's funding comes from foundation and corporate giving which usually goes directly to support specific programs. An additional \$500,000 was raised from contracts for services with various private and public entities. HCFA's individual giving continues to play an important role in its funding mix. This year HCFA raised \$168,000 in unrestricted funds from individuals. These funds are crucial to our work as they allow us the flexibility to respond quickly when our voice is needed most.

Health Care For All has always sought to devote its resources directly to its work to create a responsive health care system. In fiscal year 2002, HCFA spent \$1,757,584 on direct program expenses. Eleven percent, or \$217,689, of its total expenses were spent on administration and fundraising.



Source: FY02 audited financial statement  
July 1, 2001 - June 30, 2002

Recent attacks on MassHealth make HCFA's work all the more critical. These attacks are coming at a time when the economic recession has limited our ability to increase the resources available to us. We need your continued financial support now more than ever.

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Health Care For All is grateful for the generous support of many foundations, corporations, institutions, government agencies and individual donors.

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# SPECIAL EVENTS promote leadership, participation, education

## *For the People, Against the Tide*

Health Care For All's 16<sup>th</sup> annual *For the People, Against the Tide* awards ceremony was held on June 18, 2002 at the Colonnade Hotel in Boston. The event honors community health care leaders and "unsung heroes" for their contributions and work to expand health access and quality of care. Awardees included:

**Barry Zuckerman, MD**, lifetime achievement award winner. As chief of pediatrics at Boston Medical Center Zuckerman has dedicated his life to serving Boston's children. Under his lead, the department treats the "whole child," addressing developmental, educational and advocacy needs along with medical needs.

**Carla Fogaren, RN** and the staff of the Community Outreach and Interpreter Services Department at the Good Samaritan Hospital in Brockton display great leadership in community health outreach and interpreter services.

**Linda Small** is a "health care legend" in South Berkshire County. For almost 30 years, Small has fought to bring desperately needed services to families in remote, rural Massachusetts.

**Rhoda Johnson Tuckett**, manager of prevention and education in the AIDS program at the Boston Public Health Commission has a long history of involvement in fighting to eliminate HIV/AIDS transmission through expanded health access and education.

**Gladys Lebron-Martinez** has devoted the last 20 years to promoting the health of the Latino community in central Massachusetts as director of social services for Nueva Esperanza.

## *Annual Member Forum*

The annual Health Care For All Member Forum, "Where do we go from here?" was held on November 19, 2002, at HCFA's office in Boston. The event included networking and dinner followed by a panel discussion about the state's current budget crisis and its impact on health care programs. About 30 people participated in the discussion that was moderated by Robert Restuccia, HCFA executive director. Panelists included Barbara Ferrer from the Boston Public Health Commission and Marcia Hams, HCFA deputy director.

## BECOME A MEMBER OF HEALTH CARE FOR ALL

### **Our membership is our strength!**

Pledge your support to making health care a right of all people by joining Health Care For All as a member at any level. This statement counts you as one of Health Care For All's partners in creating a more equitable health care system. Your donation entitles you to special members-only briefings and publications and invitations to special events. Your membership dues offset the cost of publications and distribution, provide invaluable unrestricted income to continue our groundbreaking work and allow us to incubate new projects.

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## Health Care For All's 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.*



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