

May 31, 2004

The Honorable Tom Reilly
Attorney General
The Commonwealth of Massachusetts
Office of the Attorney General
200 Portland Street, 4th floor
Boston, Massachusetts 02114

Dear Attorney General Reilly:

It is my pleasure to present Tufts Health Plan's Community Benefits Annual Report for 2003. Since 1997, Tufts Health Plan has made a commitment to creating and sustaining a formal Community Partnerships program. This report reflects Tufts Health Plan's commitment to the health and well-being of the targeted communities we serve throughout Massachusetts. I am proud to report that Tufts Health Plan spent \$15.5 million dollars on community benefits and community service activities, including our uncompensated care pool contribution.

We look forward to continuing to identify creative ways to help build healthier communities. Please do not hesitate to contact me if you have any questions regarding this report at (781) 466-8593.

Sincerely,

Julie Rosen
Assistant Vice President
Public and Community Affairs

cc: Mary Lou Buyse, M.D.
Barbara Fain

ANNUAL REPORT STANDARDIZED SUMMARY

TUFTS Health Plan

WALTHAM, MA

www.tuftshealthplan.com

Region Served: Massachusetts

Report for Fiscal Year 2003

COMMUNITY BENEFITS MISSION

Tufts Health Plan created the Community Partnerships program to promote the health and well-being of communities throughout Massachusetts by providing support consistent with Tufts Health Plan's vision, values and commitment to improving the health of the general population beyond our membership. Tufts Health Plan has an ideal opportunity to utilize its access to health information to advocate for, and reinforce the importance of prevention and primary care.

PROGRAM ORGANIZATION AND MANAGEMENT

Tufts Health Plan is committed to creating and sustaining a formal Community Benefits program. In January 1997, a Community Benefits division was created within the Government and Community Affairs department and a separate budget was established for this division. In the fall of 1997, the name of this division was changed from Community Benefits to Community Partnerships to more accurately reflect Tufts Health Plan's philosophy of, and approach toward, developing collaborative relationships with community-based organizations, state and local agencies, and other groups, in order to improve community health. Senior Managers and the Tufts Health Plan Board of Directors participate in shaping the overall direction and focus of the Community Partnerships program and are involved in the development and approval of the Community Partnerships' budget.

KEY COLLABORATIONS AND PARTNERSHIPS

Please see the attached narrative grid that summarizes the key community partners who played significant roles in developing the Community Partnerships Plan and/or are involved in specific programs or initiatives.

COMMUNITY HEALTH NEEDS ASSESSMENT

Consistent with our overall approach to Community Partnerships, Tufts Health Plan collaborates with community-based health and social service organizations to identify needs within our target populations. Our goal is to identify needs based upon public health data to compare those findings against perceived needs among our targeted population. Tufts Health Plan works closely with selected leaders community agencies to analyze primary data sources. These primary data sources include survey results, focus groups, and interviews with key informants and stakeholders.

COMMUNITY BENEFITS PLAN

Community Partnerships supports health improvement at the community level through prevention and health promotion activities within our target populations: underserved, at-risk women and infants, elders and teens. We work in collaboration with community-based health and social service agencies as well as employees, providers, and customers to identify priority health concerns, develop partnerships to increase prevention and primary care, and evaluate programs to ensure their responsiveness and effectiveness. Through the Community Partnerships program, Tufts Health Plan seeks to support, advance and advocate for public health goals and community-based prevention. Tufts Health Plan recognizes the importance of evaluation in ensuring its programs are meeting their stated objectives and goals. The Clinical Quality Measurement Department has worked closely with Community Partnerships and community-based agencies to design evaluation strategies early in each program's development. The participating parties collaborate to define the purpose of the program and then determine how best to measure the program's processes, outcomes and impacts on the target population and the community at large.

KEY ACCOMPLISHMENTS OF REPORTING YEAR

Homelessness Prevention Initiative

Tufts Health Plan's Community Partnerships program supports health improvement at the community level through support of prevention and health promotion activities within its target populations: underserved at risk elders, women and infants, and teens.

Community Partnerships commissioned a needs assessment on the homeless women and their children in Massachusetts in the spring of 2003. The purpose of this needs assessment was to define the extent of the problem of homelessness among women and children in Massachusetts, and to identify the health consequences, service needs, barriers to care, and potential solutions for this target population.

In the fall of 2003 The Boston Foundation, Tufts Health Plan and the Massachusetts Medical Society and Alliance Charitable Foundation launched the Homeless Prevention Initiative, to award \$1 million in grants to programs that address the causes of homelessness. The purpose of the collaboration was to leverage combined resources to expand and replicate the most promising efforts to prevent homelessness among families and individuals in Massachusetts. The Initiative was launched as the Commonwealth of Massachusetts re-examined its overall approach to assisting the homeless, focusing on prevention as an important strategy.

The Homelessness Prevention Initiative is an effort to champion the cost-effective strategy of prevention, employing a multi-pronged approach that seeks to demonstrate the effectiveness of a spectrum of programs, including those that focus on adults, on families, and on a wide variety of circumstances that can place people at risk, such as domestic violence, substance abuse, mental illness and exposure to trauma, release from custodial or therapeutic institutions, aging out of foster care and financial reversals.

Grantmaking priorities for the initiative were informed by both the Tufts Health Plan Needs Assessment, referred to above, as well as a study commissioned last summer by the Boston Foundation, undertaken by the Public Consulting Group (PCG), which described a number of successful prevention program models implemented around the U.S. that have demonstrated positive outcomes. The study divided these programs into three categories: 1) direct financial support and other services for housing stabilization (e.g., cash assistance to cover rent and utility arrearages as well as unpaid medical bills coupled with services such as case management, individual advocacy, job training, housing placement assistance, etc.); 2) discharge planning and housing assistance for individuals leaving institutional care or custody; and, 3) supportive housing services for populations requiring additional supports to remain housed. The Initiative's Advisory Committee reviewed the PCG study and advised the Foundation to move forward with funding priorities that would span all three of the above-listed categories in an effort to learn more about the most effective strategies for each.

In September 2003, a Request for Proposals was issued to a broad array of agencies. Bidders conferences were held at both THP and the Boston Foundation drawing over 150 interested participants. Tufts Health Plan specifically earmarked \$750,000 over a three-year period to address this issue. Tufts Health Plan funded programs from community agencies for the best trauma prevention programs that were family-focused and helped to address the mental health issues that confront women and their children at high risk of becoming homeless.

In late October, 55 proposals were received and in December, \$1 million in grants were awarded to 18 organizations. The request for proposals was open to non-profit organizations in the communities of Greater Boston, Cape Cod, Springfield, and Worcester. Tufts Health Plan and the Massachusetts Medical Society and Alliance Charitable Foundation reviewed 25 proposals. The Review Committee that evaluated proposals focused on the health-related needs of women and children at risk was comprised of independent experts in child psychiatry, mental health, community clinical services, as well as senior managers and staff of THP/MMS. This Committee met and discussed each proposal thoroughly. Its decision-making process was particularly difficult given the high quality of the proposals received and the limited funds available. The THP/MMS Review Committee's decisions were affirmed by the Initiative's second Review Committee convened by the Boston Foundation and consisting of representatives from provider organizations, advocates, funders, and government agency officials. Tufts Health Plan and the Massachusetts Medical Society and Alliance Charitable Foundation chose nine finalists and ultimately chose to fund six programs.

Tufts Health Plan views these programs as one-year demonstration projects. However, based upon program review at the end of the first year, Tufts Health Plan will provide continued support for another one-two years for programs that clearly demonstrates significant improvement in homelessness prevention and seek to support direct mental health services as well as psycho-social and psycho-educational interventions for women and children at high risk of becoming homeless.

(See Community Health Needs Assessment for more detailed information)

In December 2003, the following organizations received grants:

Gosnold, Inc. \$83,600
Goal: Prevent 85 women and children from homelessness on Cape Cod and the Islands

The Newton Community Service Center, Inc. \$50,953
Goal: Assist 75 pregnant and young parents at risk for homelessness in Newton, Waltham, Wellesley, Needham and Watertown

Mental Health Assn, Inc. \$49,254
Goal: Help 125 mothers and children in the Springfield area at risk of being evicted because of mental illness.

Interseminarian-Project Place \$60,000
Goal: Prevent 50 women in Greater Boston from becoming homeless once they are released from prison

Family Health Center of Worcester, Inc. \$64,244
Goal: Provide housing and health services for 50 homeless or transient families in the Worcester area

Rosie's Place \$40,000
Goal: Assist 60 mentally ill women in danger of becoming homeless in Greater Boston

Teen Mental Health Initiative

Tufts Health Plan continued its involvement with the six teen mental health organizations initially funded in June of 2002. Tufts Health Plan provided second year funds to five of the agencies and continued to be very involved with all six organizations. As a supplement to funding, Tufts Health Plan employees provided select community partners with pro-bono professional expertise to help them achieve their goals. In particular, staff members have been working closely with the Parent/Professional Advocacy League (PAL) (part of 2002 teen multi-year mental health initiative) to provide database collection tools, educational resources, as well as marketing and public relations support for the launch and promotion of the toll-free teen mental health resource phone line that went live in May 2003. Over 200 hours of staff time and pro-bono assistance was provided to PAL for 2003.

Tufts Health Plan has a great interest in the health and well being of people in communities throughout our service area. This report reflects Tufts Health Plan's commitment to the health and well-being of the targeted communities we serve throughout Massachusetts. We are proud to report \$15.5 million dollars was spent on community benefits and community service activities, including our uncompensated care pool contribution.

PLANS FOR NEXT REPORTING YEAR

The Homelessness Prevention Initiative is very committed to learning and documenting

impact and outcomes and to assessing the effectiveness of varied prevention strategies in order to add knowledge and to contribute to shaping programs and state level policymaking on homeless prevention. Key to the long term success and impact of the Initiative is a comprehensive and professional evaluation that will track the activities and outcomes of the funded projects from their inception. Such an evaluation will not only provide process data showing how many individuals and families benefited from the funded programs, it will also help the funders determine the programs' impact, answering important questions such as how long program participants remained housed after receiving services; whether certain service components, such as case management, made a difference in helping participants obtain and remain in housing; whether integrating mental and medical health services made a difference in housing retention and in overall health outcomes; and, whether early intervention (i.e., services provided before a crisis developed) for those at-risk affected long term housing retention.

The Initiative has retained Dr. Donna Haig Friedman, Director of the Center for Social Policy at the McCormack Graduate School for Policy Studies of the University of Massachusetts/Boston to conduct the evaluation. The Initiative will work with Dr. Friedman and her staff on developing quarterly convenings and communications dimensions with grantees and external stakeholders, including state policy makers, the media and others. The convening sessions, aimed at involving grantees in the evaluation project and providing a forum for peer learning, will begin with a gathering of grantees this spring. Four additional sessions are planned during the evaluation period. The final convening session will be a presentation of results, including short-term outcomes, prior to finalizing the two-year evaluation report. Grantees will be asked to identify unanticipated events and inconsistencies and to generate ideas regarding the policy relevance of the findings, as well as offer their recommendations for bringing the most successful interventions to scale, should the state make a future investment in homeless prevention.

Dr. Friedman's evaluation will be further enhanced by assistance from the Clinical Quality Measurement Department at Tufts Health Plan, which will provide in-kind evaluation services to the Initiative specifically on health related outcomes of those programs funded by THP and the MMS.

CONTACT

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EXPENDITURES

TYPE	ESTIMATED TOTAL EXPENDITURES FOR [REPORTED FISCAL YEAR]	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR]*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses [\$1,699,052] (2) Associated Expenses [\$] N/A (3) Determination of Need Expenditures [\$] N/A (4) Employee Volunteerism [\$92,794] (5) Other Leveraged Resources [\$47,000]	[\$] 1,500,000 * This is the total approved budget including all salaries, administrative costs, contributions, employee volunteerism, community relations and corporate philanthropy. ** This figure excludes expenditures that cannot be projected at the time of this report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses [\$1,188] (2) Associated Expenses [\$]N/A (3) Determination of Need Expenditures [\$]N/A (4) Employee Volunteerism [\$39,768] (5) Other Leveraged Resources [\$52,000]	
NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION	\$13,452,496.95	
CORPORATE SPONSORSHIPS	[\$] \$66,709.22	
	TOTAL [\$15,451,008]	

HMO: Tufts Health Plan
MASSACHUSETTS Total Plan Membership for 2003: 786,000
STATUS: Not-For-Profit Health Maintenance Organization

TUFTS Health Plan

COMMUNITY BENEFITS ANNUAL REPORT *as submitted to the* OFFICE OF THE ATTORNEY GENERAL May 31, 2004

I. Mission Statement

Summary and Approval of Governing Board

“Community Partnerships supports health improvement at the community level through prevention and health promotion activities within our target populations: underserved, at-risk women and infants, elders and teens. We work in collaboration with community-based health and social service agencies as well as employees, providers, and customers to identify priority health concerns, develop partnerships to increase prevention and primary care, and evaluate programs to ensure their responsiveness and effectiveness. Through the Community Partnerships program, Tufts Health Plan seeks to support, advance and advocate for public health goals and community-based prevention.”

Approved by Tufts Associated Health Maintenance Organization’s Board of Directors, 1999

II. Internal Oversight and Management of Community Benefits Program

Management Structure

Tufts Health Plan is committed to creating and sustaining a formal Community Benefits program. In January 1997, a Community Benefits division was created within the Government and Community Affairs department and a separate budget was established for this division. In the fall of 1997, the name of this division was changed from Community Benefits to Community Partnerships to more accurately reflect Tufts Health Plan’s philosophy of, and approach toward, developing collaborative relationships with community-based organizations, state and local agencies, and other groups, in order to improve community health. Tufts Health Plan believes that individual leaders and organizations representing particular communities, geographic or otherwise, are in the best position to identify specific, local health concerns and design, develop and implement community-specific interventions. The Community Partnerships area is comprised of grant making initiatives within our target populations, employee volunteerism, community relations and corporate philanthropy.

Tufts Health Plan's Employee Volunteer Program is supported by a multi-departmental steering committee called "Giving Time" that is led by a Public & Community Affairs program manager. Together they create an annual employee volunteerism plan for the company; review, approve and implement proposals for on-site community service projects; and work to integrate corporate volunteerism into the company's Community Partnership and overall business plan.

Method of Sharing Information About Community Partnerships At All Levels of the Institution

Senior Managers and the Board of Directors

Senior Managers and the Board of Directors participate in shaping the overall direction and focus of the Community Partnerships program and are involved in the development and approval of the Community Partnerships' budget. This process engages Tufts Health Plan's governing body and highest-level management in discussions around target populations, community needs and Tufts Health Plan's responses to those needs.

Community Partnership External Advisory Committee

In 2003 Tufts Health Plan continued its External Advisory Committee meetings for the year, primarily composed of community representatives from outside Tufts Health Plan along with members of Tufts Health Plan's Board of Directors and Senior Management. The External Advisory Committee meets quarterly to participate in the planning and development of the overall Community Partnerships process. Through this Committee, Tufts Health Plan aims to secure community input and feedback on its Community Partnerships programs and processes. The Advisory Committee serves as a link to and from a variety of community sectors that share interest in Tufts Health Plan's strategies for responding to community health needs (See Community Role in Community Partnership Program)

Internal Community Partnerships Review Committee

The Community Partnerships Review Committee is a multi-departmental group of Tufts Health Plan's employees who have an interest in Tufts Health Plan's role in the community and in linking programs to our business strategy. Two members of the Committee are external community representatives. The Committee helps to oversee the program, review proposals from community-based organizations seeking Tufts Health Plan's support, and provide guidance on overall Community Partnerships' goals and objectives, strategy and administration.

Employee Volunteerism

Tufts Health Plan's Employee Volunteer Program, is supported by a multi-departmental steering committee called the Giving Time Committee that is led by a part-time Public & Community Affairs program manager. Together they create an annual employee volunteerism plan for the company; review, approve and implement proposals for on-site community service projects; and work to integrate corporate volunteerism into the company's Community Partnership and overall business plan.

In 2003, information about the employee volunteer program was shared with staff members at all levels through various channels, including: regular company-wide e-mails; a company Intranet site; quarterly issues of "Community News" -- an all-employee e-mail newsletter. Periodic internal mailings also supplemented these communications vehicles.

Evaluation of the employee volunteer program shows that the program continues to grow. In 2002, close to 870 employees were involved in formal community service initiatives based on Giving Time and department projects, as well as Volunteer Time usage. In 2003, that number increased to almost 975 employees -- practically 50 percent of the total employee population at Tufts HP. Total volunteer hours contributed in 2003 is estimated at 3,000 -- an average of 1.5 hours per employee.

Communications Outreach Plan Staff -

Tufts Health Plan has created a communications outreach plan to reach existing Tufts Health Plan employees, current and prospective members, and the general public. To inform and educate individuals about Community Partnerships' role in the community and to promote our community partners. Tufts Health Plan staff created a section on our public website featuring Community Partnerships and showcase our partnership programs through new and existing internal and external communication vehicles.

Community Partnership Annual Report --

In 2002, Tufts Health Plan began to develop a Community Partnerships Annual Report to report on all Tufts Health Plan community achievements. The Annual Report was distributed to employees, opinion leaders, media representatives and marketing-oriented audiences in March of 2003.

III. Community Health Needs Assessment --

Consistent with our overall approach to Community Partnerships, Tufts Health Plan collaborates with community-based health and social service organizations to identify needs within our target populations. Tufts Health Plan goal is to identify needs based upon public health data and to compare those findings against perceived needs among our targeted populations.

The Reporting & Analysis and Clinical Quality Measurement departments are also involved in setting up systems to evaluate program processes and outcomes to ensure that programs delivered meet the needs identified as closely as possible. Tufts Health Plan is committed to conducting needs assessments as a means of identifying the use and need for services, and to serve as a driving force in the design and implementation of interventions.

As stated previously, Community Partnerships commissioned an assessment of the needs of homeless women and their children in the Commonwealth to help focus a grant-making effort during calendar year 2003 and beyond. The results of the needs assessment helped structure a Request for Proposal (RFP), which was issued in the fall of 2003, followed by a grant award of up to \$250,000 to community-based health or social service organizations to address issues identified in the needs assessment.

The needs assessment process consisted of both quantitative and qualitative components. A thorough review of published literature, on-line resources and agency reports comprised the quantitative review, which focused on epidemiological trends, demographics of the homeless population, the causes and consequences of homelessness, gaps in service, and policy issues. For the qualitative piece, an open-ended survey instrument was developed. Survey domains included: service needs of homeless families, barriers to health care and other services, and successful models. The survey was sent to 31 key informants, including representatives from: health, mental health, trauma and substance abuse services; several state agencies which provide homeless services; advocacy groups; faith-based organizations; shelters; housing programs; and research groups. Fifteen respondents completed the survey; two provided written materials and an additional 12 informants participated in telephone interviews.

Quantitative Key Findings

The needs assessment revealed that families make up 58% of the homeless population in Massachusetts. There has been a 112% increase in homeless families over the past decade. There are over 10,500 families without permanent housing, including 20,000 homeless children. The principal causes of family homelessness are poverty, lack of affordable housing, and domestic violence. Violence is pervasive in the lives of homeless women, as evidenced by the following alarming statistics: [Bassuk, 1996]

- 92% have been victims of severe physical or sexual assault
- 88% were abused by a family member or intimate partner
- 60% were abused by age 12
- 43% were sexually abused during childhood
- 63% adult victims of intimate partner violence
- 33-60% return to batterers due to lack of housing

Qualitative Key Findings

The universal consensus of all key informants was that the single greatest need for homeless families is affordable, decent housing. Prevention services and assistance with housing placement were also seen as crucial. Informants frequently mentioned the need for supportive services, including case management to assist families in navigating through various fragmented systems in order to secure basic services. According to many of the key informants early intervention can interrupt the cycle of poverty and prevent future homelessness for children who have been victims of violence.

The grants awarded represent one year of a multi-year \$750,000 million commitment to this initiative. Tufts Health Plan received 25 proposals, chose nine finalists and ultimately granted awards to six programs.

IV. Community Participation

Process and Mechanism

In 2003, the Community Partnerships program continued to work with communities in Massachusetts to improve the health and well being of our underserved, at-risk target populations: elders, women and infants, and teens.

Tufts Health Plan recognizes that there are many factors, including social and environmental reasons that affect the health of these populations. Given the spectrum of issues that influence community health, Tufts Health Plan draws upon its expertise in providing health coverage to a wide array of people and focuses its Community Partnerships efforts on programs that directly relate to health care issues. Eligible programs may target public health issues such as violence, injuries, teenage pregnancy, and others, which impact the health care system and the health of communities.

As part of this, "Partnership Grants" in excess of \$5,000 are awarded to community-based non-profit organizations with which Tufts Health Plan seeks to collaboratively develop or expand programs designed to reach low-income, underserved, at-risk women and infants, elders or teens. Programs seeking Partnership Grants must aim to provide culturally appropriate services directly related to the prevention of illness, injury and harm and/or the promotion of health within the community. Preference was given to programs that are innovative in nature and involve collaboration between different organizations, including, but not limited to, health and social service agencies, government agencies, community health centers, and/or hospitals. However, fiscal agents, which receive and manage, grant funds must be community-based non-profit organizations.

The overall principles that guided the Community Partnerships program in 2003 were to:

- Meet the needs of one of our target populations: underserved, at-risk women and infants, elders, and teens
- Emphasize prevention, increased access to primary care and/or health improvement
- Relate directly to health care issues and aims to improve the health status at the community level
- Work collaboratively with community stakeholders
- Develop long-term partnerships and efforts to increase sustainability

Identification of Community Participants and Community Collaboration

Tufts Health Plan believes that community leaders and organizations are in the best position to understand and articulate the health and social needs of their communities, and to design interventions that will be appropriate given the complex characteristics that make up individual communities. Our approach to Community Partnerships is to identify local organizations that will work in partnership with Tufts Health Plan to a) identify needs; b) develop meaningful programmatic responses; and c) implement programs in a socially and culturally appropriate manner to achieve the greatest results.

While Tufts Health Plan brings financial, administrative, marketing and data management resources and expertise to these partnerships, it is our belief that local partners bring community understanding, relationships and credibility that are essential in creating worthwhile programs with direct input from those we aim to serve. Within each of our target populations, we seek to work with organizations that can offer these assets.

In 2003, Tufts Health Plan continued its relationships with such groups as:

- ◆ Boston Schweitzer Fellowship
- ◆ Health Care For All
- ◆ The Fishing Partnership Health Plan
- ◆ YWCA of Lowell
- ◆ Boston Coalition For Adult Immunizations
- ◆ Partners For Youth With Disabilities
- ◆ Arthritis foundation
- ◆ Ailey Camp of Boston
- ◆ Massachusetts Medical Society
- ◆ Boston Arts Academy
- ◆ Family Service of Greater Boston
- ◆ Parent/Professional Advocacy League
- ◆ Katie Brown Educational Program
- ◆ McLean Hospital (RALLY Program)
- ◆ The Samaritans of Boston*
- ◆ Girls Incorporated of Worcester*

- ◆ Casa Esperanza, Inc*
- ◆ Street Peace*
- ◆ Family Service, Inc*
- ◆ Parenting Resource Associates*
- ◆ Wayside Multi Service Center*
- ◆ Tieng Xanh Voice, Inc*
- ◆ Gosnold, Inc*
- ◆ Mental Health Association, Inc*
- ◆ Family Health Center of Worcester*
- ◆ Newton Community Service, Inc*
- ◆ Project Place*
- ◆ Rosie's Place*

(*Funding received for first time in 2003; others are long-term grant recipients.)

Volunteerism

The Tufts Health Plan employee volunteer program continued to focus on three key areas in 2003: Volunteer Time, Team Projects, and Giving Time initiatives. Use of Volunteer Time (VT) doubled in 2003 after the benefit was expanded the prior year. Instead of restricting use of VT at designated community agencies, this benefit now gives full-time employees eight hours of paid time to volunteer at virtually any community agency, church, hospital, school or other non-profit organization.

In 2003, more than 200 employees took advantage of VT and spent close to 1,000 hours volunteering in a variety of ways – from chaperoning school field trips, to visiting with elders, to providing professional expertise to our grant-funded community partners.

Departments also volunteered in the community as a teambuilding activity (this is separate from VT). In 2003, more than 550 Tufts Health Plan employees participated in 50 team community service projects volunteering 2,000-plus hours. In recognition of our team's efforts, more than \$17,000 was donated to the community agencies where teams volunteered.

The Giving Time committee also organized 10 company-sponsored initiatives, including a book drive for low-income, pediatric patients; a food and toiletries drive for homeless elders; an on-site volunteer fair for employees where 25 agencies were represented; and the annual Making Strides Against Breast Cancer campaign to support the American Cancer Society. Our Tufts HP team contribution to Making Strides exceeded \$65,000 in 2003.

Community agencies supported through Employee Volunteerism in 2003 include:
The Food Project

The Greater Boston Food Bank
Middlesex Human Services
Watertown Boys & Girls Club
Habitat for Humanity
Charles River Conservancy
Ellis Memorial & Eldredge House
Committee to End Elder Homelessness
Fernald Center
Salvation Army

Community Role in Community Partnerships Program

Both an internal and an external committee provide direction and feedback to the Community Partnerships program in order to be as inclusive as possible. Representatives come from a variety of disciplines and include community representatives, physicians, legislators, as well as directors, senior managers, employees, members and providers of Tufts Health Plan. These committees contribute to the overall direction and development of Community Partnerships' policies, processes and programs and will participate in evaluation of these programs as they evolve.

Members of the External Committee have the following responsibilities:

1. Participate in planning discussions with members of Senior Management and the Board of Directors regarding community needs related to health improvement.
2. Support Tufts Health Plan's initiatives to focus its support for three low-income, underserved populations: women & infants, elders, and teens.
3. Identify gaps and propose community-oriented responses to health improvement.
4. Initiate and maintain linkages with key sectors of the community, especially those focused on health improvement.
5. Provide ongoing feedback about Tufts Health Plan's efforts to advance community programs, responsiveness to community needs, and capacity for generating health promotion initiatives.

While the External Advisory Committee is not involved in specific allocation and/or program decisions, its role is to shape the program through feedback on development and implementation criteria, processes and structure. In addition, the External Committee is actively involved in our discussions around health and social issues facing our target populations (e.g., women & infants) and sub-populations (e.g., teenage mothers). Helping Tufts Health Plan to build

relationships and credibility within communities is a key role of this Committee. To that end, Committee members are involved in helping Tufts Health Plan recognize, understand and relate to the specific needs of communities and reviewing, evaluating and updating the Community Partnerships Plan.

The following are the individuals that serve on our External Advisory Committee

Tufts Health Plan
Community Partnerships
External Advisory Committee

<p>Ruth Palombo Director, Office of Elder Health MA Department of Public Health 250 Washington St., 4th Floor Boston, MA 02108 Tel: 617-624-5424</p>	<p>Anna Bissonnette Boston Medical Center 1 Boston Medical Center Place Gambro Bldg., 3rd floor Boston, MA 02118 Tel: 617-638-6140 Fax: 617-638-8924</p>
<p>David Green, MD Emerson IPA, Inc. Board of Directors, Tufts Health Plan 131 Old Rd. to 9 Acre Corner John Cuming Bldg., Suite 500 Concord, MA 01742 Tel: 978-369-4238</p>	<p>State Representative Rachel Kaprelian Massachusetts State House, Room 33 Boston, MA 02133 Tel: 617-722-2220 Fax: 617-722-2821</p>
<p>Jon Kingsdale, Ph.D. Senior Vice President, Planning and Development Tufts Health Plan 333 Wyman Street, P.O. Box 9112 Waltham, MA 02454-9112 781-466-9400</p>	<p>Nancy Leaming President and Chief Operating Officer Tufts Health Plan 333 Wyman Street, P.O. Box 9112 Waltham, MA 02454-9112 781-466-9400</p>
<p>Peg Metzger Independent Consultant 12 Arlington Rd. Wellesley, MA 02481 Tel: 781-237-2067</p>	<p>Anette Blatt Manager, Community Partnerships Tufts Health Plan 333 Wyman Street, P.O. Box 9112 Waltham, MA 02454-9112 Tel: 781-466-9435</p>

David Naparstek, Commissioner City of Newton Health Department 1294 Centre Street Newton Center, MA 02459 Tel: 617-552-7062	Julie Rosen Assistant Vice President Public and Community Affairs Tufts Health Plan 781-466-8593
Marylou Sudders President and CEO Massachusetts Society for the Prevention and Cruelty to Children 399 Boylston Street Boston, MA 02116 617-587-1505 or 1506 marylou@mspcc.org Teresa Reynolds – Admin Assistant treynolds@mspcc.org 617) 587-1506 fax (617) 587-1584	Alan Balsam Commissioner Town of Brookline Department of Public Health 11 Pierce St. Brookline, MA 02445 Phone: (617) 730-2300 Fax: (617) 730-2296 alan_balsam@town.brookline.ma.us

V. Community Partnerships Plan -

The Community Partnerships program was created to promote the health and well being of communities throughout Massachusetts by providing support consistent with Tufts Health Plan’s vision, values and commitment to improving the health of the general population. Tufts Health Plan is uniquely positioned to extend its strengths as a managed care organization in implementing population-based prevention and health promotion programs to improve the health of communities beyond our membership. In addition, Tufts Health Plan has an ideal opportunity to utilize its access to health information to advocate for, and reinforce the importance of prevention and primary care.

Community Partnerships supports health improvement at the community level through prevention and health promotion activities within our target populations: underserved, at-risk women and infants, elders and teens. Tufts Health Plan works in collaboration with community-based health and social service agencies as well as employees, providers, and customers to identify priority health concerns, develop partnerships to increase prevention and primary care, and evaluate programs to ensure their responsiveness and effectiveness. Through the Community Partnerships program, Tufts Health Plan seeks to support, advance and advocate for public health goals and community-based prevention.

As mentioned previously, the External Community Partnerships Advisory Committee is Tufts Health Plan’s most direct ongoing link to the communities we serve as a health plan and to the underserved populations we are targeting in the Community Partnerships program (See Community Role in Community Partnership Program).

Employee Volunteerism

For the Tufts HP employee volunteerism program, members of the Giving Time Committee are actively involved in the development of an annual plan. Community service activities that can meet the needs of our target populations take priority in the planning, however many limitations exist, including geographical restrictions, limited employee volunteer time, and the overall volunteer interests of the Tufts HP employee population. Evaluations are conducted for every large-scale employee volunteer initiative to ensure we are meeting the needs of both the community and the employee volunteers.

Community Partnerships Plan – Additional Initiatives

Program Outcomes and Evaluation

Tufts Health Plan recognizes the importance of evaluation in ensuring its programs are meeting their stated objectives and goals. The Clinical Quality Measurement Department has worked closely with Community Partnerships and community-based agencies to design evaluation strategies early in each program's development. The participating parties collaborate to define the purpose of the program and then determine how best to measure the program's processes, outcomes and impacts on the target population and the community at large. All concerned parties agree upon appropriate evaluation measures.

Tufts Health Plan encourages the involvement of participating agencies in their own self-assessments as an essential part of the overall program evaluation strategy. Program evaluation expertise is one of our most proactive and sought after forms of in-kind support that we offer to our community partners and it allows Tufts Health Plan to be closely involved in community health initiatives beyond financial support. (See Community Health Needs Assessment section).

In 2003, Clinical Quality Measurement staff continued to work with Community Partnerships to develop and/or enhance our community partners' evaluations, reporting processes and outcomes. Staff of the Clinical Quality Measurement department was assigned a Community Partnership grantee to assist with their evaluation and outcomes if needed. The staff made site visits to their assigned agency and had access to their quarterly reports so they could track their progress.

Health Programs

The Health Program Department focuses on member education regarding screening and health improvement initiatives for preventive health and chronic diseases. While Tufts Health Plan members are the primary target of Health Programs Department interventions, specific initiatives included in this report are those that focus on working partnerships with our provider network and health collaboratives to achieve desired health improvement outcomes for the entire population. These

collaborative efforts and partnerships are geared towards population-based health improvements and, as such, extend beyond our membership. Preventive health and practice guidelines provide the foundation for health improvement initiatives. The development and dissemination of guidelines influences the quality of care not only to members, but to the community at large. Research and educational efforts have the potential to improve care and outcomes to populations beyond our members. As an IPA model health plan, Tufts Health Plan contracts with individual and group practice providers in communities throughout Massachusetts. In most cases, Tufts Health Plan members represent a relatively small portion of the provider's overall practice.

Product-Market Strategies and Health Coverage

The Fishing Partnership Health Plan (FPHP) was developed through collaboration among the Massachusetts Fisherman's Partnership, the Caritas Christi Health Care System and Tufts Health Plan. Approximately 1,600 fisherman and their families throughout coastal Massachusetts and New Hampshire benefit from this plan. Premiums have been reduced by over 40% through federal and state funding. In addition, this funding has allowed for the development of a reserve, which ensures the program's sustainability.

The FPHP offers a comprehensive set of primary, specialty and acute care benefits using the Tufts Health Plan network of providers. This includes linguistic and culturally appropriate care for the large portion of Italian and Portuguese families in the fishing industry.

A health survey of the fishing industry conducted in 1996 by Health Care For All indicated that 40% of the fish harvesting population are without health insurance (a rate three times higher than that of Massachusetts residents under 65.)¹ Furthermore, the report showed that 34% of this population falls between 100 and 200% of the Federal Poverty Level, as compared to 12% for Massachusetts statewide.²

Tufts Health Plan provides administrative services for the FPHP such as claims processing, eligibility maintenance and benefit coverage. Members obtain services from the Tufts Health Plan network of providers and are also eligible to participate in the wellness programs offered. The FPHP subcontracts with the Massachusetts Fisherman's Partnership (MFP) to provide outreach and enrollment services. MFP outreach coordinators are fishermen, fishermen's wives and directors of fishing organizations. They have access to industry specific resources such as the Fishing Family Assistance Centers and the Shaw's Fund for Mariner's Children. Both the State of Massachusetts and the U.S. Department of Commerce provided grants to

¹ Source: "Health Survey of the Fishing Population in Massachusetts"; Health Care For All; November, 1996.

² Source: Ibid.

initially fund the FPHP. In turn, the FPHP leverages public money against the individual's premium to make the plan affordable. Conservative estimates of expected medical costs are used to establish premium prices. The FPHP distributes subsidy dollars on a sliding scale according to the applicant's income. Enrollment in the plan is limited and is determined based on the funding available for that year. In fall 2001, the federal Government approved \$800,000 for the plan in the FY2002 appropriates bill for the Department of Health and Human Services. The \$800,000 was released to the FPHP on August 2002 for one year. The grant was later extended through July 2004. Therefore, the \$800,000 grant will run from August 2002 through July 2004.

Tufts Health Plan's Community Partnerships program continued to support the FPHP in 2003. A key component of the FPHP is outreach, which Tufts Health Plan has funded for several years. Our direct contributions have been in excess of \$425,000, with an additional \$200,000 plus in in-kind goods and services. These contributions help fund outreach to fishermen and their families. This is accomplished through the Massachusetts Fishermen's Partnership (MFP), which has offices in three strategic locations for fishermen in Massachusetts – the North Shore, Cape Cod, and the New Bedford/Fall River area. Each year, regardless of whether there is open enrollment for the plan, information is provided to the fishing community about State and Federal health care funding sources including Medicare, Medicaid, and the Children's Medical Security Plan. Outreach workers work out of community offices, on the docks, and in settlement houses. The outreach workers speak the languages and understand the cultures prevalent within the respective communities of the fishing industry. Outreach workers also assist fishermen who are in the FPHP as well as fishermen who are not by informing them of these programs, and by guiding the families through the application process for any programs for which they are eligible. Community Partnerships is very committed to our work with the Fishing Partnership. By supporting these outreach programs we have helped hundreds of fishermen and their families access important health care coverage and have improved the overall health and well-being of the Massachusetts fishing community.

Tufts Health Plan submitted an application for the Fishing Partnership Health Plan to the 2004 Ellis J Bonner Community Leadership Award. We were selected as one of the ten finalists. The Ellis J. Bonner Award is the most prestigious award the American Association of Health Plans (AAHP) confers on member plans in its organization, which represents more than 1000 health plans across the country. This is a good example of our community involvement and our leadership experience.

The FPHP has been selected in the past as a "Best Practice in Community Benefits" at the Attorney General's Community Benefits conference in October, 1998 entitled "Good, Better, Best: Making the Most of Community Benefits."

Non-Group Coverage

Tufts Health Plan participates in the Massachusetts non-group health insurance market and offers coverage consistent with existing laws and regulations. See *Product-Market Strategies and Health Coverage* above for other programs targeting low-income uninsured and underinsured.

Health Coverage

Tufts Health Plan has provided financial support to Health Care For All. Health Care For All is dedicated to making adequate and affordable health care accessible to everyone, regardless of income, social or economic status. Their goal is to empower consumers in Massachusetts to know more about the health care system and become involved in changing it. Health Care For All focuses on the most vulnerable members of society -- the uninsured, low-income, elders, children, and people with disabilities and immigrants. The year 2003 was marked by dramatic cuts in health care services across the board. Health Care For All has continued to work towards its goals of creating a movement of empowered people and organizations who will reform health care, and who will eventually create a system of quality health care that is accessible for everyone. Tufts Health Plan has continued to be a collaborative partner with Health Care For All in working together to guarantee affordable, quality health care.

Tufts Health Plan also supports Health Law Advocates, Health Care For All's own public interest law firm. Health Law Advocates matches consumers with volunteer lawyers who can help consumers with their legal problems. See section entitled *Product-Market Strategies and Health Coverage* for further information on Tufts Health Plan's and Health Care For All's involvement regarding the Fishing Partnership Health Plan.

VI. Progress Report: Activity During Reporting Year

The information presented in attached expenditures chart and narrative grid summarizes specific and major programmatic initiatives for Community Partnerships during the reporting period of January 1 through December 31, 2003.

The "Other Community Service" section of the attached grid reflects programs, grants, or other initiatives that advance the health care or social needs of Massachusetts' communities, but is not related to the priorities of one of Community Partnerships' target populations. However, it is our firm belief that these programs contribute to our ongoing efforts to improve primary care, prevention, and community health through systems change. These are also examples of employees and departments throughout Tufts Health Plan taking an active role in their communities. One program outlined in the "Other Community Service" section deserves further explanation and is described in greater detail below.

Tufts Managed Care Institute

In 1991, Tufts University School of Medicine and Tufts Health Plan established the Tufts Managed Care Institute (TMCI) as an independent, not-for-profit, educational organization to help physicians and other healthcare professionals practice comfortably and effectively in a high-quality, cost effective managed healthcare system. As a funded program of The Pew Charitable Trusts' Partnerships for Quality Education, TMCI is developing curricula in patient-centered care and guidelines for ambulatory practice, as well as creating faculty training programs and establishing teaching activities in private, community practices. No financial support was given to TMCI in 2003.

Efforts to Reduce Cultural, Linguistic and Physical Barriers to Health Care

Our Community Partnerships grantees represent a targeted initiative of Tufts Health Plan toward empowering underserved, at-risk populations to overcome linguistic, cultural and physical barriers to health care services. Our community partners provide interpreter services by trained social workers; culturally appropriate care by physicians, social workers, trainers and outreach workers; and transportation and medical escorts to elders physically incapable of accessing the health care system. As the population in Massachusetts continues to diversify, most programs that Tufts Health Plan supports are addressing areas of culturally and linguistically appropriate access and care.

Notable Challenges, Accomplishments and Outcomes

As mentioned previously, collaboration continues to be significant in 2003 for the Community Partnerships program and its efforts in leveraging funds with the Boston Foundation and the Massachusetts Medical Society towards the Homelessness Prevention Initiative.

Tufts Health Plan has a great interest in the health and well being of people in communities throughout our service area. Since 1997, Tufts Health Plan has made a commitment to creating and sustaining a formal Community Partnerships program. This report reflects Tufts Health Plan's commitment to the health and well-being of the targeted communities we serve throughout Massachusetts. We are proud to report \$15.5 million dollars was spent on community benefits and community service activities, including our uncompensated care pool contribution.

The Tufts HP employee volunteer program continues to meet or exceed national trends reported in 2003 by the Center for Corporate Citizenship at Boston College. For example, only 40 percent of national companies offer a volunteer time-off policy (our policy has been in place for three years); only 50 percent have annual awards (Tufts HP has been giving out volunteer awards since 2000); only 26 percent have a community newsletter (ours has been published electronically for three years); and only 38 percent of national companies conduct a formal

evaluation of its programs (Tufts HP has been formally evaluating its volunteer program since 2001).

Tufts HP received a “Champions of Change” award from United Way of Massachusetts Bay in 2003 in recognition of the company’s overall program accomplishments the previous year.

Other accomplishments for the employee volunteer program in 2003 included:

- ◆ The organization of 50 large-scale community service projects for Tufts HP departments/work groups totaling more than 100,000 volunteer hours;
- ◆ Sponsorship of many major fundraisers, including: \$65,000-plus for the American Cancer Society’s Making Strides Against Breast Cancer; \$56,000 for the company’s Workplace Giving Campaign (to support United Way, Community Works and Community Health Charities); and \$7,000 for the American Cancer Society’s Daffodil Days campaign.
- ◆ Sponsorship of many drives for people in need, including a book drive for low-income, pediatric patients; a food and toiletries drive for homeless elders; an on-site volunteer fair; a back-to-school drive for disadvantaged children; and a holiday gift drive for disadvantaged children and disabled adults.

VII. Next Reporting Year

The monitoring and oversight of the funded grantees will be a top priority for Community Partnerships for 2004 and 2005. The Community Partnership program plans to work closely with the Boston Foundation, the Massachusetts Medical Society and the Center For Social Policy on the jointly funded programs through the homelessness prevention initiative.

Additional information presented in the attached expenditures chart and narrative grid summarizes the approved budget, anticipated program initiatives and projected outcomes for Community Partnerships’ 2004 programs.

The Tufts HP employee volunteer program is expected to continue growing in 2004 with focus on the following initiatives:

- ◆ Promoting board involvement to Tufts HP managers at all levels and helping to get them placed with local community agencies.
- ◆ Continuing to promote a wider range of volunteer opportunities to employees, especially as they relate to our current Community Partnerships program and/or target populations.
- ◆ Helping to increase use of Volunteer Time through continued promotion, including on-site Volunteer Fairs and regular employee communications vehicles. Special focus will be on sharing stories of how employees have used VT.

VIII. Contact Information

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Description of Community Partnerships Programs or Services

HMO Name: Tufts Health Plan

Reporting Period: January 1, 2003 to December 31, 2003

<i>Category</i>	<i>Program Name Administrator Title Total Number Staff Involved</i>	<i>Target Population Number Served Program Area</i>	<i>Program Goal Time Frame</i>	<i>Community Contact Organization Phone Number</i>	<i>Assessment Performed Identified Needs Data/Info Source</i>	<i>Outcomes</i>	<i>Total Expenses (\$)</i>
Education	Albert Schweitzer Fellowship Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff Involved: 1	Boston Schweitzer Fellowship Program provides students in health-related fields with yearlong fellowships that address unmet health needs in Boston-Worcester	The program encourages students to design health related community service projects with local agencies that focus on health issues affecting underserved populations and ultimately encourages the students to incorporate community service into their careers. Time: 1 year	The Albert Schweitzer Fellowship Dr. Lachlan Forrow Meghan L. Kalinich (617) 667-3115	The Albert Schweitzer Fellowship was founded in 1940 to help Dr. Schweitzer's hospital in Africa after the outbreak of World War II had cut off supplies from Europe. It has continued to furnish direct assistance to the Hospital in Lambaréné, Gabon, where an internationally-supported staff now provides care through nearly 50,000 outpatient visits and over 3,000 hospitalizations annually. Since 1978, the Albert Schweitzer Fellowship has selected more than 80 senior medical students from New England medical schools to serve for three months in Lambaréné as Schweitzer Fellows. The	In its fourteenth year, the Boston Schweitzer Fellows Program provides area health professional and law students with yearlong fellowships that address unmet health needs. The Schweitzer Fellows Program is in the process of finalizing a web-based survey that will start to gather information across all Fellows' programs. A significant number of Boston Fellows still engage in some kind of underserved community-focused work. In 1997-98: 20 fellows selected; 1998-99: 20 selected; 1999-	Direct Costs for 2003: • \$25,000

• Administrative costs are derived by multiplying estimated hours spent by Tufts Health Plan employees on each program's development and implementation by \$17.19 per hour. This figure was derived by the Independent Sector from nationwide average salary and wage information for the purposes of estimating the value of one hour of volunteer work. It was recommended by the Attorney General's office as a gauge for estimating administrative costs in the absence of specific salary information on each employee working on these programs. Fringe benefits are not included in calculation of administrative costs.

<i>Category</i>	<i>Program Name Administrator Title Total Number Staff Involved</i>	<i>Target Population Number Served Program Area</i>	<i>Program Goal Time Frame</i>	<i>Community Contact Organization Phone Number</i>	<i>Assessment Performed Identified Needs Data/Info Source</i>	<i>Outcomes</i>	<i>Total Expenses (\$)</i>
					Schweitzer Fellowship decided to launch the Boston Schweitzer Fellows Program to encourage health professional students to act on their idealism and to emulate Dr. Schweitzer's example of "reverence for life" by serving needy individuals and communities. The Boston program is unique in that it brings together students from across schools and across health disciplines for a fellowship year.	2000: 21 selected; 2000-2001: 26 selected; 2001-2002: 29 selected; 2002-2003: 28	
Grants, Donations and Scholarships	Tufts Health Plan and Massachusetts Group Insurance Commission Suzanne Cassidy, Client Services Manager (781) 466-1070 X8163 Staff involved: 3 Tufts Health Plan and 3 Group Insurance Commission	Undergraduate students enrolled in a two or four year public or private college or university who is a child of a current active or retired MA state employee. Must have a minimum GPA of 3.0 or higher and demonstrate an interest in a career in public service preferably with	To offer financial assistance to undergraduate students who are children of current active or retired MA state employees and who have an interest in public service careers with a healthcare focus or are interested in a healthcare field. 1 year – scholarships awarded in August, 2003	David Czekanski MA Group Health Insurance Commission 617-727-2310 x3035 2 scholarships awarded	No formal assessment performed This was originally started as a contractual requirement between THP and GIC. It is no longer a contractual requirement, but Tufts Health Plan has chosen to continue with this program.	Tufts Health Plan awarded two scholarships in August 2003 for students' fall tuitions. (each scholarship was for \$2,500).	Direct costs for 2003 \$5,000

<i>Category</i>	<i>Program Name Administrator Title Total Number Staff Involved</i>	<i>Target Population Number Served Program Area</i>	<i>Program Goal Time Frame</i>	<i>Community Contact Organization Phone Number</i>	<i>Assessment Performed Identified Needs Data/Info Source</i>	<i>Outcomes</i>	<i>Total Expenses (\$)</i>
		a healthcare focus or those interested in entering a healthcare field.					
Education Information Access	Samaritans of Boston Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff Involved: 1	Teenagers who are experiencing depression and/or other anxiety and who are at risk for suicide. Boston, Massachusetts	Time: 1 year	The Samaritans of Boston Roberta Hurtig, Executive Director (617) 536-2460	Each year there are approximately 500 suicides in Massachusetts. Studies indicate that young people are more likely to turn to peers for help than adults and/or mental health professionals. Additionally, a report by the MA Department of Public Health found that from 1996-1998, suicide was a significant public health problem in MA, taking an average of 500 lives each year. For every one suicide, there are 7 hospitalizations and 15 Emergency Department visits for self-inflicted injury. According to the MA Youth Risk Behavior Survey, MA high school students report higher rates of suicidal behavior than the national average.	Prior to the launching the Teen Line, Samaritans They had had 276 potential volunteer inquiries from July through December, compared to 186 inquiries during the same time last year. The number of calls is up over 2,500. The Community Education Program has made 38 suicide prevention awareness presentations and skill building workshops to 1,450 individuals.	Direct Costs for 2003 \$10,000

Health Coverage	Fishing Partnership Health Plan (FPHP) Erin Tully Account Manager (781) 466-1070 Anette Blatt Manager, Community Partnerships Julie Rosen Assistant Vice President, Public and Community Affairs Staff involved: 5	Uninsured and underinsured individuals and families working in the Massachusetts fishing industry. Number served: 1686 current members enrolled Coastal Massachusetts (primarily Gloucester, New Bedford, Cape Cod and their surrounding towns).	Provide healthcare coverage to uninsured and underinsured people in the fishing community. Time: On-going (seventh year refunded)	Massachusetts Fisherman's Partnership (978) 282-4847 FPHP JJ Bartlett, Executive Director, (617) 562-5283.	Yes - "Health Survey of the Fishing Population in Massachusetts" completed by Health Care For All in Nov. 1996. Survey indicated large numbers of uninsured and underinsured individuals as well as family income well below state averages. The Fishing Partnership Health Plan (FPHP) was developed through collaboration among the Massachusetts Fisherman's Partnership, the Caritas Christi Health Care System and Tufts Health Plan.	Enrollment began Dec. 1, 1997. Approximately 1,600 fisherman and their families throughout coastal Massachusetts and New Hampshire benefit from this plan. Premiums have been reduced by over 40% through federal and state funding. In addition, this funding has allowed for the development of a reserve, which ensures the program's sustainability.	Direct costs for 2003: \$100,000 Staff Time: \$343.80
Information, Education	Massachusetts Breastfeeding Coalition John Erwin Manager Legislative & Regulatory Services Staff involved: 1	Massachusetts	Breast Feeding Conference for service providers, pediatricians, obstetricians, family practitioners, nurse managers, midwives, lactation consultants, prenatal educators	Massachusetts Breastfeeding Coalition Melissa Bartick Chair, Breastfeeding Coalition (781) 893-8553	Absence of breastfeeding and early weaning are serious public health problems, which are linked to increased incidences of acute and chronic diseases in children, such as asthma and obesity, and increased rates of malignancies in mothers. This problem is linked with significant increased morbidity and mortality, with the bulk of excess mortality coming from excess cases of maternal cancers, such as breast cancer and ovarian cancer.	Breastfeeding Conference with the target population of women and infants	Direct Costs for 2003: \$2,000
Information, Education	Alzheimer's Association, Massachusetts Chapter Anette Blatt	Low-income and underserved elders in Massachusetts	Project designed to help empower early stage patients who are both capable and willing to assume ore control over	Alzheimer's Association, Massachusetts Chapter James Wessler,	MA and National Data - The MA Alzheimer's Association estimates that 140,000 MA individuals over age 65 suffer from Alzheimer's	Innovative training for early stage patients will seek to improve the quality of life for both the patient and	Direct Costs for 2003: No funds given in 2003 but continued involvement with them.

	Manager Community Partnerships, Public and Community Affairs Staff involved: 1		their caregiving as well as to keep them involved and engaged so as to maximize cognitive capability.	Executive Director Heidi E. Ganss Director of Development (617) 868-6718	disease. Research has concluded that the destructive processes associated with Alzheimer's occur many years before the emergence of significant symptoms. Earlier detection is critical if future medical and scientific discoveries are to be used.	caregiver by reducing anxiety and depression as they partner in care planning. 14 support groups are offered to early stage patients	Staff Time: \$171.90
Direct Access, Information, Health Coverage, Education	Boston Coalition for Adult Immunization Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1-2	Low-income and underserved elders in the Boston, MA area. Number served: open to all at risk and elders in community settings seeking flu shots. Target is low-income seniors.	Improve health status through increasing the rate of influenza and pneumonia vaccine. Ongoing.	Boston Coalition for Adult Immunization Anna Bissonnette, RN Director (617) 638-6140 Massachusetts Coalition for Adult Immunization Patrick O'Reilly (781) 890-0011 x257	Tufts Health Plan adult immunization rates, Massachusetts' adult immunization rates, and National adult immunization rates.	Increased number of flu clinics in Boston; increased the number of medical students participating in program; and increased the amount of flu vaccine and pneumococcal vaccine administered. Three medical schools: 102 sites were served and over 14,000 flu shots were given The large increase was because of the number of sites that increased. Harvard, Tufts and BU; the BU School of Public Health, Regis and Simmons Schools of Nursing all participated in the program	Direct Costs for 2003: \$38,940 Staff Time: \$171.90
Access, Information, Education	Massachusetts Society for the Prevention and Cruelty to Children Anette Blatt	At-risk and in-need families in the Northeast region of MA – many of whom speak Spanish	Goodstart Program in the Northeast region. Components of the Goodstart Program include: home visiting, assessment and referral,	Massachusetts Society for the Prevention and Cruelty to Children Joyce Strom,	Over 90% of the families that MSPCC work with are living under the poverty line. It is primarily the mothers in the families who approach them for services. In the	Currently providing ongoing weekly home visiting services for 10 families in the communities of Lynn, Salem, Peabody and	Direct Costs for 2003: \$30,000

	<p>Manager Community Partnerships, Public and Community Affairs Staff involved: 1</p>	<p>and who would not otherwise get services from other programs. was awarded.</p>	<p>community connections, and parenting skills/groups.</p>	<p>Executive Director, Julie Farber Director of Policy and Program Development Maria Avila, Program Director (617) 587-1500</p>	<p>Northeast, (families in Lawrence, Lowell, Lynn, and the entire North Shore) are primarily Latino 68%, 20% are afflicted with a disability, the majority of which is psychological and face many challenges: no available affordable housing, trouble accessing culturally appropriate services, and a large demand for services that the providers cannot meet. There is a huge gap in home visiting services in the Northeast</p>	<p>Danvers. An additional 15 families received information and referral services after home visiting services were determined to be inappropriate. One of the biggest challenges encountered while serving these families has been homelessness. The decreasing affordable housing, and the disruption of families caused by living in shelters and "welfare" motels makes it an ongoing challenge to ensure that home visits focus on positive parenting.</p>	
<p>Access, Information, Education</p>	<p>Elizabeth Stone House Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1</p>	<p>Low-income, at risk, underserved women and infants. Number served: 250 women Boston, MA</p>	<p>The mission of the Elizabeth Stone House is to prevent the institutionalization and further victimization of at-risk women and their children through the provision of safe, confidential residential and community support services. Support for the Family Empowerment Project assists at-risk families in their efforts to break the cycles of violence and institutionalization. Multi-service components of the Project include:</p>	<p>Elizabeth Stone House Maryann Chaisson Fundraiser & Program Planner (617) 522-3659 ext 203</p>	<p>At least 75% of the women in residence at the Elizabeth Stone House have children, and many of these children are survivors or witnesses of violence. According to studies, children who witness violence at home display emotional and behavioral disturbances as diverse as withdrawal, low self-esteem, nightmares, self-blame and aggression against peers, family members, and property. It is the goal of the Family Empowerment Project to help break these cycles.</p>	<p>In 2003, 83 women and 140 children from the community and residential program received a variety of services through the parent/child center.</p> <p>A support group for women who lost custody of their children has been started. No such support groups currently exist in the Boston area. It is a 12-week group called Coping After Reunification is Not Granted (CARING).</p>	<p>Direct Costs for 2003: No funds given in 2003 but continued involvement with ESH.</p>

			nurturing classes in English and Spanish, a reunification program, expressive therapy, support groups and one-on-one child advocacy.				
Grants, Donations and Scholarships	Tufts Health Plan 10K for Women's Breast Cancer Grant Leigh Gaspar, Promotions Manager (781) 466-9400 x8665 Staff Involved: 1	Dana Farber's Mobile Mammography Service Underserved, underinsured women in Greater Boston.	Dana Farber Cancer Institute's Mobile Mammography Service provides culturally competent breast cancer screening and education and ensures follow-up care for thousands of uninsured and underserved women in neighborhoods throughout Greater Boston. Time: Cash grant donation at race- one day	Ms. Brooke Lardiere Assistant Director Corporate and Foundation Relations Division of Development & the Jimmy Fund (617) 632-6549 Dana Farber Cancer Institute	N/A	N/A	Direct costs for 2003: \$10,000 Other Leveraged Resources: Tent space at Tufts Health Plan 10K for Women Staff time: \$85.95 (5 hours of 1 staff member)
Education Grants, Donations and Scholarships, Information	Preventive Health Care Guidelines Project Margaret Rettenmyer, Health Specialist (617) 923 5868, ext 3911 Number staff involved: 1	Senior, adult adolescent and pediatric providers from diverse constituencies Number served: All primary care providers Massachusetts	Goals: -Ensure evidenced-based guidelines available to providers and that they meet the needs of diverse constituencies. -Reviewed and revised routine adult and pediatric preventive care guidelines, routine adult and pediatric immunization guidelines Spring 2003 Work on guidelines is on-going: Adult and pediatric immunizations reviewed,	Massachusetts Health Quality Partners, Inc. (MHQP) Melinda Karp Barbra Rabson (617) 972 9056	In collaboration with the Massachusetts Health Quality Partnership, Inc. (MHQP), evidenced based guidelines were developed that meet the needs of diverse constituencies.. The guidelines provide a common basis and set the stage for future evaluation of utilization of preventive health measures and for measurement of improvements in health and health care quality.	-Adult and pediatric immunization guidelines updated and distributed -Guidelines reviewed, revised June 2003; distributed to providers through MHQP -Duplication of efforts eliminated	Direct costs for 2003: \$275.04 (16 hours staff time at \$17.19hr)

			with minor changes and redistributed in 2002 Revisions for all guidelines planned for 2003, review initiated Fall 2002-for adoption and distribution in Spring 2003				
Education Information Access	QuitWorks Number of staff involved: 5 Amy Lord Project Coordinator Tufts Health Plan 617 923 5868 x8089 Number staff involved: 2	Senior, adult adolescent providers from diverse constituencies Number served: All primary care providers Massachusetts	Goals: The MA Department of Public Health and other health plans, QuitWorks collaborated to develop a free, evidenced-based smoking cessation service to which providers may refer any Massachusetts patient, regardless of health insurance status. The program allows for systematic identification of smokers to increase cessation rates and provides a common referral source for providers.	Department of Public Health Howard K. Koh, MD, MPH Commissioner Massachusetts Department of Public Health 4 th Floor 250 Washington Street, Boston, MA 02108-4619	Research demonstrates that telephonic counseling to assist smokeless to quit can increase success rates. To meet this need for cessation services, the American Cancer Society established a telephonic counseling service in summer of 2000 and conducted a randomized clinical trial to evaluate the service in another state. The results support the efficacy of the program (doubled the maintained quit rates over six months). The pilot program served as a model for the Massachusetts program.	Outcomes: Between May 2002 and June 2003, 233 THP members were referred to the program by a provider.	Staff Time: \$550.08 \$10,000 (annual contract fee by THP to MA DPH and JSI, Inc to administer)
Grants, Donations and Scholarships, Information Education	Adult Immunization Program Margaret Rettenmyer, Health Specialist Staff involved: 1	Secure Horizons' members Number served: 55,000 Secure Horizons' members Massachusetts	MAHP and MassPRO's HMO Senior Reimbursement Program. To improve the health status through increasing the rate of influenza and pneumonia vaccine	MAHP Mary Ann Preskul-Ricca (617) 338-2244 MA Peer Review Organization Dr. Patrick O'Reilly	Tufts Health Plan adult immunization rates, Massachusetts adult immunization rates, and national adult immunization rates indicate that there is room for improvement.	Provider education through physician mailings and articles in the Tufts Health Plan Physician newsletter and the Tufts Health Plan website.	Direct costs for 2003: \$396,075 donated to MAHPs, along with other plans to cover the cost of purchasing influenza vaccine Staff time: \$275.04 for 16

			In collaboration with other plans and the MA DPH, Tufts Health Plan funded purchase of influenza vaccine for flu vaccine clinics and provider offices, and supported influenza flu vaccine clinics	(781) 890-0011 Pat Lambert, RN (781) 890-0011 Several Local VNAs, Tufts Health Plan provider network	In 2003, the state of Massachusetts stopped purchase of vaccines, which were supplied to providers. The plans collaborated to purchase vaccine to ensure vulnerable population would have access to vaccine.		hours of staff time at \$17.19 per hour.
Education Grants, Donations and Scholarships, Information Access	Smoking Cessation for Pregnant Women now known as MOMS, Mom and Me Smoke Free) Amy Lord, Project Coordinator (617) 923-5868 x8089 Staff involved: 3	Pregnant Tufts Health Plan women who smoke Number served: Massachusetts	The goal of this collaborative research project is to determine efficacy of telephonic counseling for pregnant smokers regardless of insurer or setting. Specific goals for participants: To reduce smoking related risks of pre-term delivery, low birth weight, and long-term health risks for both mother and baby, with specific goal of encouraging women to either stop smoking or reduce the number of cigarettes smoked during pregnancy. Time: 4 years	Robert Wood Johnson Foundation Smoke Free Families Grant in collaboration with the Tobacco Research and Treatment Institute for Health Policy at Massachusetts General Hospital and Nancy Rigotti, MD Elyse Park, Ph.D. (617) 724-6836	In 2000, building on the Smoking Cessation program for pregnant smokers, Tufts Health Plan collaborated with researchers at the Massachusetts General Hospital to apply for a research grant from the Robert Wood Johnson Foundation to study telephonic counseling program for pregnant women in managed care organizations. The original program, implemented in 1996, was based on data available from the Massachusetts Department of Public Health that indicated the rate of smoking in pregnant women was estimated between 12 –25%. Literature, knowledge related to the known health risks associated with smoking and fetal development, and the lack of available smoking cessation programs geared	Outcomes: - -Enrolled to date: 227 THP Members - (378 women total) - Enrolled in 2003: 89 THP Members (183 women total)	Direct costs for 2003: \$23,386.24 (This is based on total hours THP staff spent on project, which totals 2496 hours for the year at \$17.19 an hour, minus monies received from RWJ, which totaled \$19520 for the Jan-Dec 2003 time period)

					to the needs of pregnant women provided the basis for developing the counseling program. Enrollment in research project ends Q 3.		
Education, Direct Service	Street Peace Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	High-risk youth living in Boston's inner city neighborhoods. Areas served: Roxbury, Mattapan, Dorchester	Funding will be used to cover "Health and wellness" trainings such as violence prevention, non-smoking workshops and AIDS education.	Street Peace Rodney Dailey Chief Executive Officer 617-282-4447	According to a 2001 study, the unemployment rate for young people age 16-24 was 11.6 percent. Violent crimes by juveniles peak between 3 and 6 o'clock, when young people do not have enough positive after school activities.	Outcomes: Grant awarded in December 2003, no outcomes yet.	Direct Costs for 2003: \$15,000
Education, Direct Service	Wayside Youth and Family Support Network Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	At risk high school teens Area Served: Watertown, Massachusetts	Program Goals: A series of weekly health promotion groups to discuss family, personal and dating violence, substance use and abuse and general teen related health issues. Individual screening and assessments for students who are in crisis.	Wayside Youth and Family Support Network, Inc Program Director: Laura Kurman 617-926-3600 x308	The 1998 Youth Risk Behavior (YRBS) was administered to all students in the Watertown High School. Of Watertown high school age reporting anonymously on the survey, 75.6% reported having tried alcohol, and one third (33.2%) of all students reported having had five or more alcoholic drinks within a few hours during the past 30 days. Data from the 2001 YRBS shows similar results to the 1998 survey.	Outcomes: Grant awarded in August 2003, no outcomes yet	Direct Costs for 2003: \$12,000
Education, Access, Direct Service	Tieng Xanh Voice, Inc Anette Blatt Manager Community Partnerships, Public and	High risk Vietnamese youth ages 14-20 years old in Dorchester and South Boston	Program Goals: Expand and improve access to mental health services, as well as mental health outreach to the hardest to reach suicidal and struggling	Tieng Xanh Voice, Inc Daniel Koo Executive Director 617-822-3717 x22	A Massachusetts Youth Risk Behavior Survey in 1999 indicated that Asian/Pacific Islander youth in MA have the highest percentage of youth reporting feelings of	Outcomes: Grant awarded in December of 2003, no outcomes yet	Direct Costs for 2003: \$50,000

	Community Affairs Staff involved: 1		high risk underserved Vietnamese teens and their families in Dorchester.		depression in the last year (35%), the highest percentage reporting seriously considering suicide in the past year 26.3% and the highest percentage reporting actually attempting suicide 14.8%		
Education, Information, Advocacy	Health Care For All Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	500 residents of the Commonwealth of Massachusetts who have no health insurance. Massachusetts	Program Goals: Expansion of Mass Health Defense efforts to prevent further cuts and to restore critical benefits eliminated during the fiscal crisis. To develop the next major health access legislative initiative to address access, cost and quality issues in the MA system during the 2005-2006 session of the MA General Court	Health Care For All John E. McDonough Executive Director 617-451-5838	In 1995, Massachusetts had 680,000 uninsured residents and 670,000 individuals who received coverage through Medicaid. The August 2003 enrollment figures for Medicaid show coverage for about 913,000, while the number of uninsured is estimated to have risen to about 500,000 though no specific surveys document that number.	Outcomes to be submitted in October of 2004	Direct Costs for 2003: \$25,000
Direct Service, Education	Massachusetts Medical Society Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Underserved and Uninsured individuals in Massachusetts. Specifically children, the elderly and adolescents	Program Goals: To support the expansion of the Massachusetts Medical Society's Senior Volunteer Physicians Health Center Program. The funding will be used to enable retired physicians to provide	Erin Riley Massachusetts Medical Society 781-434-7413	N/A	N/A	Direct Costs for 2003: \$5,000

			health care services to patients at free health care clinics				
Education	Alvin Ailey American Dance Theatre Camp Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Youths aged 11-14 Number served: 74 participants during the 2002 summer camp. Boston, MA	To use dance as a way of developing self-esteem, creative expression and critical thinking skills among 6 th , 7 th and 8 th grade students at risk of dropping out of school. The camp operates on a full scholarship basis for a six-week period during July and August at the Boston Renaissance Charter School. 29 schools and community organizations targeted for recruitment. Time: 1 year	FleetBoston Celebrity Series Suzanne Wilson Vice President of Education and Community Relations Alice Bruce, Vice President of Development and Board Relations (617) 598-3211 Staff involved: 9	Project Discovery, the education and community service program of the FleetBoston Celebrity Series, brought AileyCamp to Boston to serve low-income and at risk adolescents. AileyCamp Boston received more than 250 applications for 80 spots in its first year and more than 350 in its second. Retention rates were high for both summers. Campers receive full tuition, transportation to and from their neighborhoods, meals, camp uniforms, and dance clothing. They are also engaged in community service projects and personal development workshops.	AileyCamp went an evaluation process conducted by a national consultant in the arts and education. The contracted consultants specialize in the arts, education and community development. They have evaluated other AileyCamp programs throughout the nation, as well as school districts, arts organizations and community based organizations. The evaluators concluded that Ailey Camp Boston 2002 was an unmitigated success for both campers and the staff who taught them. All internal audiences are asked to evaluate the Camp, staff and administrative implementation. These audiences included: Board of Directors, Executive Director of the Celebrity Series, staff members, students and parents.	Direct Costs for 2003: \$200,000 (last year of funding)

Education, Scholarship Grants	Fleet Boston Celebrity Series Leigh Gaspar, Promotions Manager (781) 466-9400 x8665 Staff Involved: 1	Community Arts Area Served: Boston	Program Goals: To present the best in the performing arts to the broadest possible audience, to create new works that bring artists and audiences together, and to engage young audiences in artistic experiences through performing arts-based education and community service programs. Time Frame: Support is for three events during the year.	Alice Bruce (617) 598-3221 Fleet Boston Celebrity Series	N/A	N/A	Direct Costs for 2003: \$50,000
Direct Service, Information	Family Service, Inc Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Expectant Parents and parents of young children in Lawrence, Massachusetts	Program Goals: “Healthy Kids” is a health-education program, which targets parents and parents of young children and informs them on why and how to reduce their children’s exposure to toxins in the home.	Elizabeth Sweeney, Community Programs Director 978-683-9505	The City of Lawrence, MA is a community that suffers from environmental injustice. The 6.5 miles that make up the city are disproportionately affected by environmental health threats such as air quality and toxic waste disposal. As a result, Lawrence has the highest pediatric asthma rate in the state and has high rates of childhood lead poisoning.	Outcomes to be available in October of 2004	Direct Costs for 2003: \$5,000
Education, Direct Service	Casa Esperanza, Inc Anette Blatt Manager Community	Latina women who are recovering from an addiction to drugs and alcohol	Program Goals: The program will provide health education, tobacco cessation services, exercise	Ricardo Quiroga, Executive Director 617-445-7411	The prevalence of substance abuse in the Latino community is disproportionately high. 2000 Census data for	42 clients have been served with treatment. All residents attend biweekly educational groups about tobacco	Direct Costs for 2003: \$10,000

	Partnerships, Public and Community Affairs Staff involved: 1		opportunities and nutrition education for 80 women over a period of one year.		Massachusetts shows that Latinos took part in substance abuse services at more than twice the rate of whites.	dependence.	
Education, Direct Service, Information	Girls Incorporated of Worcester Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	400 students ages 7-12 in Worcester	Program Goals: Prevent adolescent pregnancy by providing effective sexuality education, skill development and positive peer leadership	Maria Rosado-Oakley, Executive Director 508-755-5455	2002 Statistics compiled by AIDS Project Worcester indicate that among their client base of young women ages 13-19 living with HIV/AIDS, 15% were born with the disease, 40% of infections occurred through injection drug use and 45% of infections were transmitted through heterosexual contact with injecting drug users. In Worcester, the HIV/AIDS infection rate is two times that of Massachusetts state average.	Outcomes will be available in May of 2004	Direct Costs for 2003: \$5,000
Education, Direct Service	Arthritis Foundation Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	African Americans, Latinos, Southeast Asians and Portuguese speakers in Boston, Chelsea, Cambridge and Somerville who have arthritis; particular focus on seniors and those of low income.	Program Goals: Provide education on Arthritis through courses, workshops, educational materials, expert speaker and the media.	Judith Levine VP, of Health education and Program Development 617-219-8218	The 2001 Behavioral Risk Factor Surveillance Study (BRFSS) by the Massachusetts Department of Public Health puts the number of Massachusetts adults with arthritis at 1,456,000.	Outcomes: Have reached out to 2,850 people through a variety of direct outreach and public awareness interventions.	Direct Costs for 2003: \$15,000 Staff Time: \$171.90
Direct Service, Prevention	Parenting Resource	Single mothers and their	Program Goals: Will provide two	COMPASS Jodi Wilinsky Hill,	The Massachusetts Coalition for the Homeless found that the number of	Grant given in December of 2003. No outcomes determined	Direct Expenses in 2003: \$15,665

	Associates Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	children. Area Served: Waltham	weekly therapeutic, interactive developmental play groups (develop interaction and nurturing skills). One group for mother-infant; and one group for mother-toddler.	Executive Director 781-862-4446	homeless families in Massachusetts increased from 100 percent (from 5,000 to 10,000 families) between 1990 and 1998.	yet.	Staff Time: \$206.28
Education, Information	NECON Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Prevention and control of Overweight and Obesity for individuals in New England. Area Served: New England	Program Goals: Strategic plan for the prevention and control of overweight and obesity in New England. Annual Conference on prevention and control of overweight and obesity in New England in the fall of 2004.	NECON Bertram A. Yaffee Chair 401-351-5130	The strategic plan for the prevention and control of overweight and obesity in New England was developed through a partnership with NECON and the Harvard School of Public Health	Annual conference to take place in the fall of 2004	Direct Expenses in 2003: \$5,000
Education, Direct Service	YWCA of Lowell Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Link annually 650 medically underserved women to breast cancer and cervical cancer screening services. Initiate expansion of services that will specifically target and link 100+ elderly women (age 62+) to breast cancer screening services.	Needs assessments and anecdotal reports by outreach workers on their staff indicated that many women in their target populations had never even heard of a pap mammogram or Pap Test. In 2002, YWCA of Lowell outreach staff decreased the “no show” rate from 75% to 20% according to statistics reported to the Massachusetts Department of public Health by SMMC.	YWCA of Lowell Katherine A. Kobos, Executive Director, 978-454-5405 Women’s Health Network 206 Rogers Street Lowell, MA 01852	Women’s Health Network in collaboration with two medical providers in Lowell (saints Memorial Medical Center and Lowell General Hospital) will link low-income, medically underserved women to breast health education, screening and diagnostic services. Tufts Health Plan funding will be used to expand services to elderly women 62+.	Outcomes: Targeted breast cancer outreach & education to more than 2,750 community members. 239 (72%) of the 331 women kept their appointments for mammograms. Outreach staff decreased the ‘no- show’ rate from 75% to 20%. Distributed health- education materials to more than 7,750	Direct Expenses in 2003: \$20,000

						individuals.	
Education Direct Service	Partners for Youth With Disabilities, Inc Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Target Population: Serving 30 youth with disabilities, ages 14-18 and 20 parents/guardians And will recruit 15 adult mentors with disabilities. Adult mentors provide 2,000 hours of direct support annually.	Motivates youth with disabilities, ages 14-18, to make the transition from school to work and to healthy, independent living by establishing a comprehensive Making Healthy Connections (MHC) program in Springfield, Massachusetts. The goal is to enhance the independence of youth with a range of physical, sensory, learning and developmental disabilities, as well as youth with special health care needs, as they achieve full integration with the existing system of adult health care services.	Partners for Youth with Disabilities, Inc Maureen Gallagher, Assistant Director 95 Berkeley Street, Suite 407 Boston, MA 02116 617-566-4074	In its four-year pilot project, the Making Healthy Connections program of enhanced mentoring has been proven to jump-start and accelerate the progress of youth with disabilities in moving towards their personal goals related to making healthy lifestyles choices and advocating for themselves in health care settings.	In 2003 18 youth and 5 peer leaders have been enrolled and are continuing to place heavy emphasis in the recruitment to reach the goal of 30.	Direct Costs for 2003: \$30,000
Education, Access, Prevention	Family Service of Greater Boston. Adolescent Transition Program. Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Targets at risk teens and serve 65 additional teens and between 80-100 parents in the program. Area: Boston	Needs assessment conducted with the Massachusetts Department of Social Services. As recommended by the US Center for substance Abuse Prevention, ATP theory is proven effective in practice and replicable.	Family Service of Greater Boston. "Adolescent Transition Program" Dyanne London, 617-523-6400	A twelve – week long prevention program that aims to address teen mental health symptoms and behavior. The program intergrades family systems and cognitive development perspectives, focusing on family/peer relationships.	As of October of 2003 34 parents and 47 adolescents have been recruited to participate in the program. Implemented the ATP program in four schools an the FSBG for 2003-2004. Five ATP units being implemented. Each ATP unit consists of a	Direct Costs for 2003: \$100,000 Staff Time: \$143.25

						parent group and an adolescent group, totaling 10 groups (12 sessions) for the fall of 2003.	
Education, Access	Parent Professional Advocacy League. Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Teens and families needing mental health support services. Area: Massachusetts	Toll free telephone information/referrals/Support line. This line titled Parent Resource Network (PRN) provides information and support to adolescents and the families of adolescents experiencing mental health issues.	Parent Professional Advocacy League. “PRN Line” Donna Welles – Executive Director 617-542-7860 ext 201 Mindy Mazur – Project Coordinator 617-542-7860 – ext 206	Study conducted by the PAL network, which uses a figure of 1/39 children per family, the number of families in Massachusetts needing support and information for their twelve to eighteen year olds mental health issues is 75,000.	The PRN was implanted in May of 2003. The hours of the line are M-F 10-6. Approximately 300+ calls have come in through the line. The average length of the calls are 25 minutes plus follow up and research adds up to about a call per hour. Top reasons for calls are: School issues Changes in Behavior Insurance	Direct Costs for 2003: No funds given for 2003 but continued involvement with PAL. Staff Time: \$3,495.30 (200 hours of staff time)
Education, Access	Katie Brown Educational Project Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Targets students at specific elementary, middle and high school grade levels, with age appropriate, interactive curricula. Area: Fall River, MA	Uses a five session prevention curriculum to 675 8 th graders and 700 11 th graders as well as 30 students in middle school	Katie Brown Educational Program. Sara Whitney – Executive Director. 508-678-4466	The Katie Brown Educational Program (KBEP) addresses the substantial public health concern of dating/domestic violence, also called intimate partner violence (IPV). The Center for Disease Control defines IPV as, “actual or threatened physical or sexual abuse, or psychological/emotional abuse by a spouse, ex-spouse, boyfriend/girlfriend, or date”. IVP statistics for youth in Fall River, MA were collected.	KBEP has increased the number of young people reached with their curriculum by more than 100% - from roughly 1,700 students reached over the course of school year 2001-2002 to more than 3,400 students reached over the course of school year 2002-2003.	Direct Costs for 2003: \$83,580 Staff Time: \$108.87

Education, Access	McLean Hospital, RALLY Program Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	In school and after school-based mental health program serving at risk youth. 450 students will be served between two schools. Area: Boston	Staff work in mainstream classrooms where they provide early detection and intervention, prevent risky behavior, increase access to services, offer academic support, and promote collaboration between schools, families, clinicians.	RALLY Program. Jennifer Levine Associate Director 617-496-8076	Publications and assessments conducted and published.	Served teens at two middle schools and added an after school program. Created a network of local community organizations that supply services needed by students.	Direct Costs for 2003: \$90,327 Staff Time: \$57.30
Education, Access	Adolescent Consultation Services, Advocacy and Education Program (ACS) Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Court involved teens and their families. Serve 900 teens Area: Boston	ACS is a private non-profit agency that provides juvenile Court Clinic services for the Middlesex County Juvenile Courts. ACS works to meet the diverse needs of the court.	Advocacy and Education Program. Rebecca Pries-Executive Director Tom Riffin – Clinical Director 617-494-0135	ACS data is supported by a National mental Health Association (2000) analysis of “multiple well-designed studies” which estimate that “up to 75 percent of young people in the juvenile justice setting have some mental, emotional, or behavioral health problems.”	The Education and Advocacy program was first launched in July of 2002. As of 2003 ACS had the following outcomes: 85% of the teens were engaged in treatment and/or services 90% were attending school, an alternative education setting, or working. 84% of the parents or family members demonstrated active involvement in their child’s treatment.	Direct Costs for 2003: \$124,367 Staff Time: \$57.30
Education, Access	Boston Arts Academy, Student Support Services Wellness Program Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Targets teens in urban settings Serve 230 students Area: Boston	Implements a three-step approach for a “wellness model”. Early identification of students at risk for behavioral and mental health problems. Post-crisis counseling and prevention of mental health problems through wellness education	Support Services Wellness Program. Peter McCaffery 617-635-6470 ext 109. Jeremy Phillips – Program Coordinator	Every BAA student is potentially at-risk. Half of the school’s population comes from low-income families where access to mental health treatment programs is limited or non-existent.	As of October 2003 9% of the student body received in-house psychological evaluations and received follow up treatment in-house or externally as compared to 2% the previous year. This year only 20% of all psychological	Direct Costs for 2003: \$82,000 Staff Time: \$573.00

						<p>evaluations resulted in hospitalizations.</p> <p>Suicide attempt dropped by over 75% from 2001-2002 to Year 1. In spite of all the mental health issues in Year 1, the number of referrals fro drug abuse dropped by over 90% from the previous year – from 36 to 3.</p> <p>Absenteeism decreased and the number of mediations for the year dropped.</p>	
Education Direct Service Prevention	<p>Rosie's Place Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1</p>	<p>60 Mentally Ill women at risk for homelessness</p> <p>Area Served: Greater Boston</p>	<p>The Non-Residential Support Service Program is a new program at Rosie's Place that will focus on women who have housing but are in imminent danger of becoming homeless because they suffer from chronic mental illness. A .5FTE outreach worker will visit the women at their new homes and connect them with the array of services offered by Rosie's Place.</p>	<p>Sue Marsh, Executive Director. 617-9322, Fax: 617-442-7825, smarsh@rosies.org</p>	<p>No formal needs assessment conducted, During its 29-year history working with poor and homeless women, Rosie's Place ha found that a small, but significant group pf guests suffer from chronic mental illness, yet reject traditional group homes or mental health treatment.</p>	<p>Grant awarded in December of 2003. No outcomes determined yet.</p>	<p>Direct Costs for 2003: \$3,425</p> <p>Staff Time: \$653.22</p>

<p>Education Direct Service Prevention</p>	<p>Project Place Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1</p>	<p>Women who are currently incarcerated and at risk of homelessness</p> <p>Area Served: Greater Boston</p>	<p>Project Place and the South End Community Health Center will collaborate on a new program to prevent women from becoming homeless once they are released from prison. These funds will specifically be used to hire a LISCW/Psychologist and a Case Manager to implement the Comprehensive Homelessness Intervention Program.</p>	<p>Interseminarian-Project Place. Comprehensive Homelessness Intervention Program (CHIP). Marie Esposito, Director of Development, 617-262-3740, fax: 617-262-3282, mesposito@projectplace.org</p>	<p>The complex ways in which the barriers of addiction, learning disabilities, mental illness, trauma history, and the adverse effects in incarceration create multiple disorders for ex-offenders makes this population at significant risk of homelessness. (Women Offenders at the Suffolk County House of Corrections: A Report on the Characteristics of Females Released in 2001, by Dr. Robert D. Gaudet, available at rgaudet@rcn.com)</p>	<p>Grant awarded in December 2003. No outcomes determined yet.</p>	<p>Direct Costs for 2003: \$7,222</p> <p>Staff Time: \$653.22</p>
<p>Education Direct Service Prevention</p>	<p>Family Health Center of Worcester Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1</p>	<p>Women and their children who are “doubled up” and at risk for homelessness</p> <p>Area Served: Worcester</p>	<p>Family Health Center of Worcester and The Department of Family Medicine and Community Health at U-Mass Medical School will collaborate to provide “one-stop” access to health care and health-related services for families who are homeless and/or living in transient situations.</p>	<p>Suzanne Patton, VP of Development, 508-860-7996, Fax: 508-860-7990, suzanne.pattonfhw@umassmed.edu</p>	<p>The Central MA Housing Alliance and the Worcester Housing Authority estimate that there were over 2,000 families in Central MA who were living in doubled-up situations during 2002 and, currently, there are an estimated 3,000 doubled-up families.</p> <p>A SAMHSA Worcester Homeless Families Project found that successful prevention efforts would have kept over half (the doubled-up 56%), if not two-thirds (the doubled-up 56% plus the 15% in “other” housing arrangements) of these</p>	<p>Grant awarded in December 2003. No outcomes determined yet.</p>	<p>Direct Costs for 2003: \$18,636</p> <p>Staff Time: \$653.22</p>

					mothers and their children from entering the shelter system.		
Education Direct Service Prevention	Gosnold, Inc Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Women at risk of homelessness Area Served: Cape Cod and the Islands	Gosnold, Inc. will collaborate with Independence House, Outer Cape Health Services, and the Community Action Committee of Cape Cod and the Islands to prevent homelessness on Cape Cod.	Gosnold, Inc, Raymond V. Tamasi, President/CEO. (508) 540-6550, Fax: (508) 540-7480, rtamasi@gosnold.org	It is estimated that 75% to 80% of homeless women on Cape Cod or those at risk for homelessness suffer from substance abuse, mental health problems and/or are victims of domestic violence. The combination of these three conditions prevents women from using skills that result in stable and secure living situations. Surveys by the Barnstable County Health and Human Service Department have consistently reported that substance abuse and domestic violence are significant problems for Barnstable County.	Grant awarded in December 2003. No outcomes determined yet.	Direct Costs for 2003: \$25,088.67 Staff Time: \$653.22
Education Direct Service Prevention	Mental Health Association, Inc Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Mentally ill women at risk of homelessness Area Served: Springfield	The Tenancy Preservation Program currently focuses on solving the tenancy problems of people at risk of being evicted because of mental illness. The funds will allow the Mental Health Association to hire a full time, masters-level clinician to assess and refer patients to appropriate medical resources.	Jerry Ray, Director of Homeless Services. 413-734-5376, fax - 413-737-7949, jray@mhainc.org	No formal assessment conducted. The region in general and Springfield in particular rank high in all indices associated with poverty. The U.S. Census report in 2001, listed 10,852 families with female households living in poverty in the Springfield Metropolitan Area. The city also ranks below average on homeownership.	Grant awarded in December 2003. No outcomes determined yet.	Direct Costs for 2003: \$13,640 Staff Time: \$653.22
Education Direct Service	Newton Community	Pregnant and Parenting teens at	The Newton Community Services	The Parents Program. Nancy T.	No formal needs assessment conducted. The	Grant awarded in December 2003. No	Direct Costs for 2003: \$14,206.33

Prevention	Service Center, Inc Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	risk of homelessness Area Served: Newton	Center offers clinical counseling and a variety of support services to young pregnant and parenting women (age 14-26) who are in danger of becoming homeless without intervention.	Johnson, Director. 617-969-5906, Fax: 617-964- 3975, Nancytjohnson@a ol.com	Parents Program serves mostly low-income (85%), young single parents (14- 26) with significant psychological issues in the communities of Newton, Needham, Waltham, Wellesley and Watertown.	outcomes determined yet.	Staff Time: \$653.22
Education	Women United in Action Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Low-income Latina women and their families. Serve women, whose ages range from 16-65 years. The multi- cultural community that is represented is composed of women who are immigrant and are compelled to leave their native countries due to social, political and economic instability.	Disseminate alcohol abuse prevention education to Greater Boston's communities. The project consists of integrating alcohol abuse prevention into their health curricula; alcohol abuse prevention workshops to supplement class lessons and discussion; and opportunities for students to serve as leaders within the community to disseminate valuable alcohol abuse prevention education.	Women United in Action. Alcohol Abuse Prevention Project Felisa White – Executive Director 617-296-3016	N/A	361 participants. 60% identified areas where they could improve their lives and consequently the lives of their families. 20% enrolled in 6-week leadership training. 80% participated in class discussion. Provided alcohol abuse prevention education to 50 students on various topics	Direct Costs for 2003: \$5,000
Education and Outreach	New England Patriots Charitable Foundation Leigh Gray, Events and promotions Manager, Tufts Health Plan, 781-466-9400 x 8665 Staff involved: 3	Family, health, women's issues, youth sports education Belmont, MA	Golf Entertainment for brokers, 1-day fundraiser.	Natalie Morales, Accounting Manager, New England Patriots Charitable Foundation	N/A	N/A	Direct Costs for 2003: \$10,000 (breaks down into fair market value of \$3,000, tax deductible contribution of \$7,000) Staff Time: 4 hours, \$68.76
Education and Outreach	The Golden Gathering	Senior Citizens	A senior event sponsored by State	Robina Pascasio Member Program	N/A	N/A	Direct Costs for 2003: \$0

	Heather Roberts Senior Marketing Specialist 617-972-9400 x9868	Numbers served: 2000 Hampden County Program took place at Western New England College, Springfield, MA	Senator Brian Lees. A gathering of seniors for a luncheon and the chance to speak to their state senator.	Leader (781) 466-9400 x651-1020			Staff Time: \$68.76
Grants, Donations, and Scholarships	Corporate Contributions, Anette Blatt Manager, Public and Community Affairs N/A	A variety of community-based, non-profit organizations, Massachusetts	Total contributions to support annual fundraisers and events of various non-profits that fit in with target population and community benefit plan.	Various non-profits. See Appendix A for a detailed breakdown of organizations and amounts.	N/A	N/A	Direct Costs for 2003: \$66,709.22 (Reported as a separate line item in the AG report)
Volunteerism Sponsorship	Making Strides Against Breast Cancer Christine McCue, Program Manager (781) 466-9400 x8372 Staff Involved: 28	Women in Greater Boston; the American Cancer Society Number served: N/A Massachusetts	Increase awareness of breast cancer and raise funds to support the American Cancer Society's research, education and support programs. Time frame: 1 day	American Cancer Society: (508) 270-4700 Participants: 3	N/A	About 200 walkers on the Tufts HP team. Ongoing sponsorship. \$25,000 paid in 2003 for 2004 campaign.	Direct: \$28,602 (\$25,000 sponsorship; \$3,000 expenses; \$602 staff time) Other leveraged resources: \$40,000 employee contributions; \$10,314 volunteerism.
Volunteerism	Boys and Girls Club Summer Lunch Program, Christine McCue, Program Manager 781-466-9400 x8372 Staff involved: 2	Disadvantaged teens from Waltham. Number served: 100	Provide summer meals to low-income children who would normally go without or eat poorly. Time frame: 2 days	Boys and Girls Club of Waltham 781893-6620 Participants: 3	N/A	13 Tufts Health Plan employees participated in two separate projects.	Direct: \$1,394 (\$894 for 52 hrs. staff volunteer time + \$500 donation)
Volunteerism	Holiday Wish Tree (Waltham & Watertown); "Adopt a Family",	Residents in Waltham & Boston homeless	To provide holiday gifts to homeless and underserved people in the Waltham, Boston and	Middlesex Human Services Agency (781) 894-6110;	Approximately 360 served (majority were children).	350+ gifts distributed mostly to homeless children and mothers; a small percentage also	Direct: \$1,675 (\$1,375 for 80 hours of staff volunteer time; \$300

	Springfield). Program Manager Chris McCue (781) 466-9400; Springfield representative Caroline Boland (800-337-4447) Staff Involved: 45	shelters; Fernald Center for disabled adults; and Springfield low-income families Number Served: 300 in Waltham, Boston and Springfield, MA	Springfield areas. Time frame: 3 weeks	Fernald Center (781) 894-3600; and MSPCC Springfield (413) 747-0030 Participants: 3		went to disadvantaged men and women.	in donations.)
Volunteerism	Greater Boston Food Bank Chris McCue Program Manager (781) 466-9400 x8372 Staff involved: 1	Provides homeless and low-income Boston-area citizens (primarily children and elders) with food. Number served: approx. 1,000	To sort, separate and package food distributed to low income families in communities throughout Greater Boston. Time frame: 9 days	The Greater Boston Food Bank 617-427-5200 Participants: 3	Approx. 1,000 meals provided to disadvantaged residents and families.	136 Tufts Health Plan employees volunteered.	Direct: \$14,247 (\$9,747 for 567 hours of staff volunteer time+\$4,500 donation)
Volunteerism	Senior housing entertainment and beautification Springwell Chris McCue Program Manager (781)466-9400 x8372 Staff involved: 2	Waltham homebound elderly Number served: 20 Waltham	To provide seniors with entertainment and some house maintenance involving landscaping and cleaning. Time: 1 day	Springwell (617) 926-4100 Participants: 2	Community agencies and residents reported satisfaction with outcome.	6 Tufts Health Plan employees participated in the project.	Direct: \$913 (\$413 staff volunteer time + \$500 donation)

Volunteerism	Senior Leader/Director spring and holiday volunteer projects Chris McCue, Program Manager, (781) 466-9400 x8372 Staff involved: 5	Number served: Six Waltham and Watertown community agencies: Salvation Army (Kids Feast for teens); Creative Start (Head Start); Bristol Lodge Soup Kitchen (2); Watertown Boys and Girls Club; Springwell; and Fernald Center	About 50 members of the Tufts Health Plan senior management group volunteered for 3 hours each at the organizations noted at left. Time: 2 days, 3 hours each	Middlesex Human Services (Bristol Lodge) (781) 894-1611 Salvation Army (781) 894-0413 Springwell (617) 926-4100 Creative Start (617) 552-7709 Watertown Boys and Girls Club (617)926-4727 Participants: 15	All community agencies reported satisfaction with volunteers' participation.	About 50 staff members volunteered during two seasonal projects in 2003 (3 hours per person.)	Direct: \$4,079 (\$2,579 for 150 hours staff volunteer time + \$1,500 donation)
Volunteerism	Back-to-school drive for Salvation Army, Waltham Chris McCue, Program Manager, (781) 466-9400 x8372 Staff involved: 15	Low-income children from Waltham. Number served: 45 children Waltham, MA	Collected school supplies and backpacks for disadvantaged school children in Waltham. Time: 3 weeks	Waltham Salvation Army (781) 894-0413 Participants: 2	Community agency and families reported satisfaction.	More than 45 disadvantaged children provided with back-to-school supplies.	Direct: \$1,024 (\$774 for 45 hours staff volunteer time + \$250 donation) (Leveraged resources: estimated value of gifts is \$4,000.)
Volunteerism	Salvation Army Christmas Castle, Chris McCue, Program Manager, (781) 466-9400 x8372 Staff involved: 11	Low-income parents picking up gifts for their children. Number served: approx. 100 Boston, MA	Help to wrap and distribute gifts to low-income parents so they can give them to their children. Time: 1 day	Boston Salvation Army Participants: 2	Community agency and families reported satisfaction.	100 or so families provided with holiday gifts.	Direct: \$817 (\$567 staff volunteer time + \$250 donation)

Volunteerism	Reach Out and Read Chris McCue Program Manager (781) 466-9400 x8372 Staff involved: 15	Low income families in the Greater Boston area Number served: approx. 300 families Boston, MA; Springfield, MA	Collect books for low-income families in the Greater Boston & Springfield areas. Books distributed through 3 area pediatric offices. Time frame: 3 weeks	Reach Out and Read 617-629-8042 Participants: 2	Community agency and pediatric offices reported satisfaction with program.	1,000 books were collected.	Direct: \$516 (30 hours of staff time) (Leveraged resources: estimated value of books is \$5,000.)
Volunteerism	Food Project Chris McCue, Program Manager, 781-466-9400 x8372 Staff involved: 2	Massachusetts food pantries and other feeding programs Number Served: 1,000+ Lincoln, Massachusetts	Harvest vegetables to be donated to food pantries/feeding programs, and to be sold to public with revenue financing inner-city youth development program. Time frame: 15 days	Food Project (781) 259-8621 Participants: 5	Community agency reported satisfaction.	251 Tufts Health Plan employees participated in projects.	Direct: \$20,444 (\$12,944 for 753 hours of staff volunteer time+\$7,500 donation)
Volunteerism	Watertown Creative Start Chris McCue Program Manager, (781) 466-9400 x8372 Staff involved: 1	Participants in Creative Start program; young children Number served: 60+ children, Watertown, MA	Assist classroom teachers in various activities (arts & crafts, songs, play time, etc.) with children Time: 2 days	Watertown Creative Start (617) 552-7709 Participants: 6	Community agency and children reported satisfaction.	20 Tufts Health Plan employees assisted in the classrooms.	Direct: \$1,531 (\$1,031 for 60 hours staff volunteer time + \$500 donation)
Volunteerism	Toiletries Drive Chris McCue Program Manager, (781) 466-9400 x8372 Staff involved: 1	Residents of elderly facilities Number served: 40 Boston, MA; Worcester, MA	Collect food & toiletry items to benefit the Committee to End Elder Homelessness, and St. Paul's outreach program. Time frame: 2 weeks	Committee to End Elder Homelessness, 617-524-9878; St. Paul's Outreach Program, 508-799-5009. Participants: 4	Community agencies and clients reported satisfaction.	18 Tufts Health Plan employee volunteers collected 1,000+ items.	Direct: \$619 (36 hours of staff time) Leveraged resources: \$2,000 value of donations.

Volunteerism	Committee to End Elder Homelessness Chris McCue Program Manager, (781) 466-9400 x8372 Staff involved: 4	Residents of two residential facilities Number served: 40 Boston, MA	Beautify grounds of two residences to lift the spirit of residents of Ruth Cowin House & Bishop St. Time frame: 1 day	Committee to End Elder Homelessness, 617-524-9878 Participants: 2	Community agencies and clients reported satisfaction and heightened spirits due to attractive surroundings.	10 Tufts Health Plan employees attended this project	Direct: \$1,266 (\$516 for 30 hours staff volunteer time+ \$750 donation)
Volunteerism	Ellis Memorial & Eldredge House Adult Day Health Program entertainment Chris McCue Program Manager (781) 466-9400 x8372 Staff involved: 2	Participants in Adult Day Health Program Number served: 30 Boston, MA	Entertain participants; supervise various activities Time frame: 2 days	Ellis Memorial Adult Day Health Program 617-695-9307 Participants: 1	Community agency reported satisfaction with outcome.	29 Tufts Health Plan employees helped with projects.	Direct: \$2,246 (\$1,496 for 87 hours staff volunteer time+\$750 donation)
Volunteerism	The Second Step Chris McCue, Program Manager (781) 466-9400 x8372 Staff involved: 1	Residents of home for battered women and children Number served: 15 Newton, MA	Help to create Easter Baskets for residents Time frame: 1 day	The Second Step 617-965-2026 Participants: 2	Community agency reported satisfaction with outcome.	7 Tufts Health Plan employees helped with projects.	Direct: \$ 361 (21 hours of staff volunteer time)
Volunteerism	The Second Step Chris McCue, Program Manager (781) 466-9400 x8372 Staff involved: 3	Residents of home for battered women and children Number served: 60 Newton, MA	Cook and serve dinner to women attending parenting skills workshop, plus their children Time frame: 1 day	The Second Step 617-965-2026 Participants: 4	Community agency reported satisfaction with outcome.	7 Tufts Health Plan employees helped with project.	Direct: \$ 611 (\$361 for 21 hours staff volunteer time+\$250 donation)

Volunteerism	Homebuilding for disadvantaged family Chris McCue, Program Manager (781) 466-9400 x8372 Staff involved: 1	Future residents of home in Lowell, MA Number served: 3 Lowell, MA	Help build home Time frame: 3 days	Habitat for Humanity Lowell 978-251-1315 Participants: 2	Community agency reported satisfaction with outcome.	15 Tufts Health Plan employees helped to build single family home.	Direct: \$1,524 (\$774 for 45 hours staff volunteer time+\$750 donation)
Volunteerism	After-school program & dinner help for disadvantaged kids. Chris McCue, Program Manager (781) 466-9400 x8372 Staff involved: 1	Disadvantaged children in after-school homework/meal program Number served: 60 Waltham, MA	Help with homework & activities; cook and serve dinner Time frame: 1 day	Salvation Army (KidsFEAST) (781) 894-0413 Participants: 3	Community agency reported satisfaction with outcome and the benefits it provided.	7 employees helped with the projects.	Direct: \$611 (\$361 for 21 hours staff volunteer time+\$250 donation)
Grants, Donations, Scholarships	Rosie's Place Benefit luncheon sponsorship Deb Dresser (781) 466-9400 Staff involved: 1	Homeless or disadvantaged women in Boston. Number served: N/A	Raise money to help support homeless or disadvantaged women in Boston. Time frame: 1 day	Rosie's Place, 617-442-9322 Participants: Unknown	Money raised from event will help to support homeless or disadvantaged women in Boston.	Outcomes: N/A	2003 Direct expenses: \$1,250
Grants, Donations, Scholarships	GBCC Annual Meeting and Dinner Deb Dresser (781) 466-9400 Staff involved: 1	Number served: N/A	Time frame: 1 day	Participants: Unknown		Outcomes: N/A	2003 Direct expenses: \$2,750
Grants, Donations, Scholarships	Roast for Vill VanFaasen, Chairman & CEO of Blue cross Blue Shield Deb Dresser	Number served: N/A	Time frame: 1 day	Participants: Unknown		Outcomes: N/A	2003 Direct expenses: \$1,750

	(781) 466-9400						
	Staff involved: 1						
Grants, Donations, Scholarships	Women's Educational & Industrial Union Amelia Earhart luncheon sponsorship Deb Dresser (781) 466-9400 Staff involved: 1	Disadvantaged women and their families in Boston area learning how to be financially independent and self sufficient Number served: N/A Program area: Greater Boston	Raise money to help support The Union's programs and services to benefit disadvantaged women. Time frame: 1 day	The Union, 617-536-5651 Participants: unknown	Money raised from event will help to disadvantaged women in Boston.	Outcomes: N/A	2003 Direct expenses: \$2,000

Total Community Partnerships

\$1,838,846

Other Community Service	Program Name Administrator Title Total Number Staff Involved	Target Population Number Served Program Area	Program Goal Time Frame	Community Contact Organization Phone Number	Assessment Performed Identified Needs Data/Info Source	Outcomes	Total Expenses (\$)
Education, Access	The Kenneth B. Schwartz Center Anette Blatt Manager Community Partnerships, Public and Community Affairs Staff involved: 1	Primary Care Physicians in the Tufts Health Plan Network	Tufts Health Plan and the Kenneth B. Schwartz Center have partnered to develop a small project to study physician/patient communication. A grant of \$7,000 in 2002 was given to Tufts Health Plan from the Schwartz Center to launch a pilot project where Tufts Health Plan would identify, using our physician- member survey data, the adult and family practitioners make up of the top and bottom 10% of the patient communication skills category. These physicians would be interviewed, along with some of their staff, to gather data on what the top rated doctors are doing versus the lower-rated doctors regarding patient/provider communication.	The Kenneth B. Schwartz Center 101 Merrimac Street, Suite 603 Boston, MA 02114 617-724-4746 Marilyn Yager, Executive Director	N/A	“High” communicators answered the survey more frequently than “low” communicators. While “low” communicators indicate that they are aware of the factors that go into being a good communicator, their assessment of how they do this is at odds with their patients’ perceptions of their performance. There were no best practices outcomes that came out of this study.	Direct Costs for 2003 \$0 Staff Time: \$688.00 (40 hours at \$17.19 per hour)
Grants, Donations, Scholarships	VNA Care Network Golf Tournament Deborah Burrage, Tufts HP	Seriously ill residents of Eastern and Central Massachusetts	Raise money to help residents with poor health remain in the comfort and privacy of their own homes.	Jane Woodbury, 888-663-3688, ext. 1360 Participants:	Money raised from tournament will help to provide much needed services.	\$38,000 raised by tournament.	Direct expenses: \$500 donation

	Worcester office sales manager (800) 208-9545 Staff involved: 1	Number served: 20,000	Services include nursing, rehabilitation, medical social worker and home health aide support. Also includes hospice to provide physical, emotional and spiritual support to the terminally ill and their families. Time frame: 1 day	unknown	Community participants: 95 golfers, 125 attendees		
Grants, Donations, Scholarships	Brendan's Buddies Children's Medical Center, UMASS Memorial Hospital Deborah Burrage, Tufts HP Worcester office sales manager (800) 208-9545 Staff involved: 1	Infants admitted to intensive care unit Number served: approx. 1,000 children each year (43 beds in NICU; 2 week average stay) Worcester region	Raise money to help at-risk infants survive through sponsorship of this fundraising event in conjunction with Boston Marathon. Money will be used to purchase life-saving equipment in NICU. Time frame: 1 day	Brian Carroll, Brendan's Buddies, 800-343-0939, ext. 234 Participants: 1	UMASS Memorial admits more than 500 newborns each year. Of the infants that enter NICU, 98% survive. Donated equipment such as purchased by this fundraiser, helps to maintain or improve this rate.	Outcomes: sponsorship of 4 Boston Marathon runners. Total amount collected from event: \$25,000.	Direct expenses: \$500 donation
Education	Rape Aggression Defense Classes Tom Haig, Senior Safety and Security Specialist Tufts Health Plan (781) 466-9400 Staff involved: 1	Watertown, MA residents Number served: 12	Awareness training to help prevent violence against women. Time frame: 12 hours over 4 days	Watertown Police Department Sgt. David Sampson, (617) 972-6529 Participants: 4	Post-training feedback from attendees has shown that these classes help to increase awareness about preventing and dealing with violent attacks.	12 residents attended these classes. Each session was taught by 4 instructors from Watertown Police Department	Direct: \$535 (\$432 meeting space + \$103 staff time) The value of our meeting space was calculated based on a \$9.00 per person rate per day based on a local college's current charges for meeting space.
Education	"BeSafe" presentation, Northeastern Mass. Law Enforcement Council Tom Haig, Senior	Watertown, MA law enforcement Number served: 35	Discussion of technology in use by NEMLEC. Time frame: 2 hours	Watertown Police Department, Lt. Michael Lawn, (617) 972-6500 Participants: 1	N/A	35 law enforcement officials attended this class held at Tufts HP Watertown office, 705 Mt. Auburn St.	Direct: \$349 (\$315 meeting space + \$34 staff time) The value of our meeting

	Safety and Security Specialist Tufts Health Plan (781) 466-9400 Staff involved: 1		over 4 days				space was calculated based on a \$9.00 per person rate per day based on a local college's current charges for meeting space.
Education	Watertown Bioterrorism Preparedness workshop Tom Haig, Senior Safety and Security Specialist Tufts Health Plan (781) 466-9400 Staff involved: 1	Watertown, MA residents/leaders Number served: 16	Discussion of bioterrorism and community preparedness. Time frame: 4 hours	Watertown Public Health Department, Steve Ward, (617) 972-6446 Participants: 1	N/A	16 community members attended these classes held at Tufts HP Watertown office, 705 Mt. Auburn St.	Direct: \$322 (\$288 meeting space + \$34 staff time) The value of our meeting space was calculated based on a \$9.00 per person rate per day based on a local college's current charges for meeting space.
Education	Watertown Police In-Service Training, Tom Haig, Senior Safety and Security Specialist Tufts Health Plan (781) 466-9400 Staff involved: 1	Watertown, MA police officers Number served: 30	Teach/review response strategies to critical events. Time frame: 5 hours	Watertown Police Department Sgt. David Sampson, (617) 972-6529 Participants: 1	N/A	30 police officers residents attended this class held at Tufts HP Watertown office, 705 Mt. Auburn St.	Direct: \$304 (\$270 meeting space + \$34 staff time) The value of our meeting space was calculated based on a \$9.00 per person rate per day based on a local college's current charges for meeting space.
Education	Watertown Emergency Preparedness, Tom Haig, Senior Safety and Security Specialist Tufts Health Plan (781) 466-9400 Staff involved: 1	Watertown, MA emergency response personnel Number served: 30	Provide specialized training to commanders who may be in charge of responding to critical incidents. Time frame: 8 hours	Watertown Health Department, Steve Ward, (617) 972-6446 Participants: 1	N/A	30 emergency response personnel attended this class held at Tufts HP Watertown office, 705 Mt. Auburn St.	Direct: \$342 (\$270 meeting space + \$72 staff time) The value of our meeting space was calculated based on a \$9.00 per person rate per day based on a local college's current charges for meeting space.
Volunteerism	Various community agencies for	Massachusetts community organizations	Allow employees to take up to 8 hours from work week to volunteer	Tufts HP, 781-466-9400, ext. 8372	N/A	490 hours taken during work week.	Direct expenses: \$8,423

	Volunteer Time benefit (target populations), Chris McCue, Program Manager, (781) 466-9400 x-8372 Staff involved: 2	Number served: N/A Greater Boston, Worcester, Springfield	in community. Time frame: 1 day	Participants: 102			
Volunteerism	American Red Cross Blood Drives (2) Christine McCue, Program Manager (781) 466-9400 x8372 Staff Involved: 1	Drive to collect blood and blood products for American Red Cross to benefit local hospitals and medical facilities. Number Served: Potentially 1,100 patients New England region	Obtain blood donations from employees Time frame: Blood drives are held on a single day twice a year (winter and spring)	American Red Cross (781) 461-2083 Participants: 6	N/A	125 employees donated blood & blood products. 36 employee volunteers also participated.	Direct: \$3,387 (161 volunteers; 197 hours of staff volunteer time)
Volunteerism	Daffodil Days for the American Cancer Society Chris McCue, Program Manager (781) 466-9400 x8372 Staff involved: 1	American Cancer Society outreach, education and research Number served: N/A Greater Boston	Raise money for American Cancer Society's various programs Time: 4 weeks	American Cancer Society (508) 270-4600 Participants: 3	Community agency reported satisfaction with outcome and the benefits it provided to those in need.	1,000+ bunches of daffodils sold for a total of \$7,000+ raised. 30 Tufts Health Plan employees participated in this event.	Direct: \$10,314 (60 hours of staff volunteer time)
Volunteerism	Middlesex Human Services Bristol Lodge Soup Kitchen Chris McCue, Program Manager (781) 466-9400 x8372	Low-income/homeless residents of Waltham Number served: 100 Waltham, MA	Cook and serve dinner Time frame: 2 days	Middlesex Human Services Agency (781) 894-6110 Participants: 1	Community agency reported satisfaction with outcome and the benefits it provided to those in need.	12 Tufts Health Plan employees helped cook and serve a meal	Direct: \$1,119 (\$619 for 36 hours of staff volunteer time; \$500 food donation)

	Staff involved: 3						
Volunteerism	Charles River Conservancy Christine McCue Program Manager 781-466-9400 x 8372 Staff Involved: 1	Allston/Brighton Riverbanks/MD C parks. Number served: N/A	River bank beautification Time frame: 2 days	Charles River Conservatory 617-641-9131 Participants: 2	N/A	29 Tufts Health Plan employees participated in two separate projects.	Direct: \$3,750 (\$2,750 for 160 hours staff volunteer time+\$1,000 donation)
Volunteerism	Various community agencies for Volunteer Time benefit (non target populations), Chris McCue, Program Manager, (781) 466-9400 x-8372 Staff involved: 2	Massachusetts community organizations Number served: N/A Greater Boston, Worcester, Springfield	Allow employees to take up to 8 hours from work week to volunteer in community. Time frame: 1 day	Tufts HP, 781-466-9400, ext. 8372 Participants: 101	N/A		Direct expenses: \$8,423
Grants, Donations, Scholarships *****	United Way/Community Works campaign Chris McCue, Program Manager (781) 466-9400 x-8372 Staff involved: 7	Massachusetts community organizations Number served: N/A Greater Boston	Raise money to help support social service organizations through United Way/Community Works Time frame: 3 weeks	United Way of Mass. Bay (617) 624-8000; Community Works, (617) 423-9555; Community Health Charities (781) 326-3747 Participants: 3	Community agencies reported satisfaction with outcome and the benefits it provided to those in need.	\$52,000 raised in employee donations	Direct expenses: \$2,000 Other leveraged resources: \$52,000 raised in employee donations

Total Community Service

\$92,956

Overall Total (Community Partnerships and Community Service)

\$1,931,802

2003 Organizations and Events, consistent with
Community Partnerships' target populations and issues, supported with
Corporate Philanthropy contributions from

**Tufts Health Plan
and
Secure Horizons®, Tufts Health Plan for Seniors**

Organization/Event	Amount
SpinGOLD Fundraisers (BCAI)	\$5,000.00
Associated Grant Makers	\$5,750.00
Lynn Health Task Force	\$500.00
MATCH-UP Interfaith Volunteers	\$3,500.00
Central Massachusetts Housing Alliance	\$500.00
Germaine Lawrence Incorporated	\$1,000.00
Friend and Leader Award	\$2,500.00
The Second Step	\$1,250.00
Massachusetts Women's Political Caucus - Good Guys Awards	\$1,000.00
Celebrity Series - "Project Discovery"	\$5,000.00
Massachusetts Breast Feeding Coalition	\$2,000.00
Arts and Business Council	\$3,000.00
Huntington Theatre	\$2,500.00
Massachusetts Public Health Association	\$2,500.00
Beth Israel Deaconess Medical Center	\$2,500.00
Health Care For All - Against the Tide 2003	\$500.00
Silk Road Gala - Asian Task Force	\$1,500.00
Massachusetts League of Community Health Centers	\$500.00
Brookline Health Department	\$1,000.00
DIMOCK	\$2,500.00
Massachusetts Council of Human Service Providers	\$3,000.00
The Horizon Initiative	\$1,500.00
MetroWest Community Health Care Foundation	\$109.22
The Salvation Army - \$100.00 ad space in program book	\$100.00
Massachusetts Health Council, Inc	\$1,500.00
Dimock Community Health Center - 2003 Gala Event	\$5,000.00
Patriot's Trail	\$2,500.00
Germaine Lawrence Breakfast	\$2,500.00
Health Law Advocates Breakfast	*5,000 pre-paid in 2003 for 2004
Schwartz Center Dinner	*5,000 pre-paid in 2003 for 2004
MATCH-UP Interfaith Volunteers - Photojournalism Exhibit	\$2,500.00
ETHOS	\$2,500.00
Second Step	\$2,500.00
Waltham Partnership for Youth, Inc	\$1,000.00
The Arthritis Foundation	\$2,500.00
ReadBoston Storymobile	\$1,000.00
Total	\$66,709.22

