



# EDWARD M. KENNEDY Community Health Center



## Exceeding Expectations Annual Report 2010–2011



We help people live healthier lives

# A Letter from the Chair and the President/CEO

Dear Friends:

We often hear comments from patients, colleagues and even friends, such as, “I didn’t know you do that at the Health Center” or “There is so much energy here” and “You can help me with that, really?” At the Edward M. Kennedy Community Health Center (Kennedy CHC) we exceed the expectations of our patients, our community partners, our funders, and sometimes even ourselves in small ways every day and in larger ways too—all to help people live healthier lives.

Last year we told you about our strategic plan, mapping out the future for Kennedy CHC. This year we are pleased to report that we have made extraordinary steps forward on that plan.

Growing an organization to meet the changing needs of our patients and communities requires us to transform our infrastructure to become more efficient and effective. Over the past twelve months we have augmented our seasoned senior management team that will lead us to the achievement of our strategic goals. Joining the Chief Financial Officer, the Chief Operations Officer, the Vice-President of Human Resources and our Medical Directors are five new team members: two Vice-Presidents promoted from within to operate each of our health center hubs in Worcester and Framingham; a new Vice-President for Pharmacy and a new Vice-President for Philanthropy & Community Programs; and a Vice-President for Dental who early in his career started with Kennedy CHC as a staff dentist through the National Health Service Corp loan repayment program.

We have selected a new state-of-the-art Electronic Health Record system that will enable Kennedy CHC to better access and analyze patient health data, integrate with registration and billing functions and provide more meaningful information to providers and patients at the point of care. Having this kind of information readily available will be critical as we journey to achieve accreditation as a “Patient Centered Medical Home” through our participation in a project with the MA Executive Office of Health and Human Services. Other highlights from this past year include: receiving reaccreditation from The Joint Commission (TJC), participating in a regional emergency preparedness initiative and redesigning our website to be more user-friendly.

You will read in this report about the renovations and expansions of our facilities this past year, new research collaborations that will benefit our patients, and innovative interventions to ensure that our patients both understand and are more likely to comply with the health information and treatments we offer them. You will see photos of patients working in partnership with providers, celebrations, and plans for our future. You will see some of the many ways in which we hope we exceed your expectations.

We hope you enjoy reading about our accomplishments as much as we enjoyed the journey!



A handwritten signature in cursive script that reads "Antonia J. McGuire".

Antonia McGuire  
President and CEO

A handwritten signature in cursive script that reads "Matthew Hogan".

Matthew Hogan  
Chair of the Board



## Did you know?

We collaborate with our schools and community to provide a win-win-win for families, the schools and the Health Center.

With a child entering into kindergarten herself, Marcia Nascimento, Case Manager Supervisor at Kennedy CHC Framingham, saw an opportunity to reach out to our patients to register their children for the upcoming school year. When she mentioned this to Deval Shah-Canning, Medical Director and pediatrician, the two realized the children would need to have recent physical exams and up-to-date immunizations.

A team of case managers, nurses, and medical assistants reviewed a list of nearly 200 children of kindergarten age. For children who were up-to-date on their physicals and immunizations, we mailed families information on kindergarten registration and a copy of the health information to take with them. If they weren't up to date, we called the family to make an appointment to come in for physicals and immunizations.

This preemptive approach to health care encouraged parents—who may typically wait until September—to enroll their children earlier. The initiative was an enormous help



to Framingham Public Schools' Parent Information Center, whose staff were relieved to avoid the often hectic registration process when parents appear late and usually without having the necessary examinations and immunizations.

The collaboration between Edward M. Kennedy Community Health Center and the Parent Information Center enabled parents to be proactive about their children's health and get them off to a good start toward a happy and healthy school year.

On June 8th, Marcia and VP of Operations Paula Kaminow, were presented with a certificate of appreciation from the The Leadership Council of the Early Childhood Alliance of Framingham recognizing their outreach efforts with families and the innovative collaboration between the Health Center and Framingham Public Schools.

## Our New Name: Edward M. Kennedy Community Health Center



We made a very significant change last year, changing our name. Our history is rich with story and tradition, beginning with the efforts of seven righteous women advocating for the health care they needed in the Great Brook Valley Housing Project in the early 70's. We are still that same Health Center—and much more. Our new name reflects

the broader communities we have come to serve over the years and those we will be serving in the future. Edward M. Kennedy Community Health Center—a name dedicated to the greatest advocate of the community health center movement in the nation—a name that inspires us every day to exceed expectations.

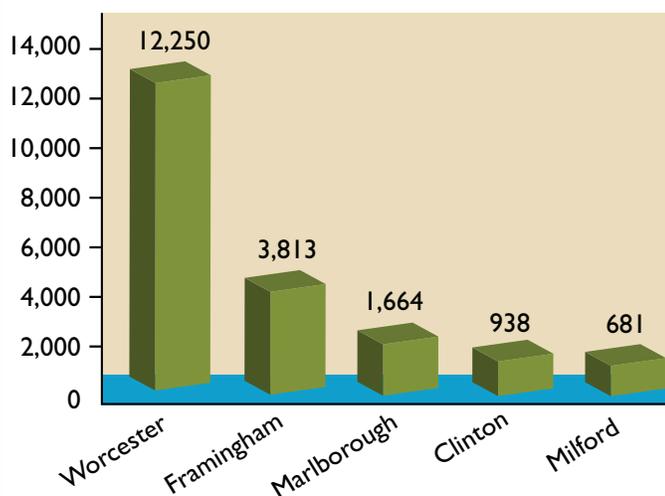
# Did you know?

In the past year, at Kennedy CHC we served nearly 23,000 people from over 100 cities and towns in the MetroWest and Central areas of Massachusetts.

The Edward M. Kennedy Community Health Center was founded in the Great Brook Valley public housing project in 1972, and remains conveniently located on the main thoroughfare, Tacoma St. While we continue to serve Valley residents, over the past 39 years more and more people have come through our doors seeking access to healthcare. They have come from other parts of Worcester and surrounding towns, Framingham, and all points in between.



**Patients by Cities & Towns FY 2011**



## 19 Tacoma Street Worcester

In 2010, we began a total renovation of our main Health Center site in Worcester with nearly one million dollars in funding from the ARRA Capital Improvement Program. This construction project renovation enabled us to significantly expand current capacity. We moved health center administrative functions to another location, making additional space available for patient care—including eight new exam rooms, redesigned areas that improve patient flow, and expansion to the pharmacy that enabled us to separate pick-up from drop-off. We are now able to offer more medical, dental, pharmacy, and behavioral health visits than we could previously provide. We have been able to give a much needed “facelift” to an aging facility. The newly renovated space has surpassed expectations of patients and staff alike—most notably, in the calmer more relaxed environment.

Due to the continuously increasing demand for our services we have needed to think about how to accommodate more patients in new ways. The American Recovery and Reinvestment Act of 2009 (ARRA) and the Affordable Care Act of 2010 (ACA) provided significant opportunities for expanding our capacity.



# Did you know?

## Framingham

Situated in two small medical facilities and one dental office in Framingham Center, we could not keep up with the requests for services from new patients on nearly a daily basis. Clearly, Kennedy CHC needed to combine the two smaller sites into one larger and more efficient medical practice. A site was located, initial funding was identified, and plans were drafted. The resulting \$12 million renovation project will transform the existing office building at 354 Waverly St. into a comprehensive community health center with 14 exam rooms, a medical lab and administrative space for offices and meeting rooms. Kennedy CHC received \$6.4 million from the ACA Capital Development program, along with a very generous \$1 million capital grant from the MetroWest Health Foundation.

## Milford

As part of our strategic planning process, Kennedy CHC looked at where we might need to increase access by opening a new site between Worcester and Framingham. Simultaneously, the Milford Regional Health Care Foundation, affiliated with Milford Regional Medical Center, received a *Health Care and Health Promotion Synergy Initiative* grant from The Health Foundation of Central Massachusetts to improve health access in the Greater Milford area. The Greater Milford Health Access Coalition (GMHAC) was created, quickly arriving at the need to for a community health center, and in early 2011, Kennedy CHC was invited to the table. Planning is underway, in a model collaborative process led by the GMHAC that includes a broad array of key stakeholders, community input and public education. The new satellite location is scheduled to open sometime in 2012.



On May 9, 2011, Edward M. Kennedy Community Health Center marked the start of renovations to our new health facility at 354 Waverly Street in Framingham. Lt. Governor Tim Murray and U.S. Representative James McGovern joined Toni McGuire to celebrate the occasion, along with a crowd of Kennedy CHC supporters. Construction officially began in early June with the renovations to be completed by late spring, 2012.



## Please Help Us Reach Our Goal



The MetroWest Health Foundation has challenged us to match the final \$250,000 in funding with private and corporate donations from the community. You can help us reach this goal by contributing to the Kennedy CHC Framingham Building Fund by using the donation envelope enclosed in this report or contacting our Development Office at [development@kennedychc.org](mailto:development@kennedychc.org) or 508-595-0727. We would be pleased to discuss any gift—large or small—to help people in MetroWest live healthier lives.

## Did you know?

Kennedy CHC participates in research to improve the quality of care we provide to our patients and help them achieve better health outcomes.



### What is a Patient Navigator?

At Kennedy CHC, our patient navigator, also known as a community health worker, helps people learn about their chronic disease—in this case diabetes—and assists them with accessing and continuing with the treatment they need. Patient navigators also help patients locate and use community resources that will help them in achieving their goals for a healthier life. Patient navigators come from the same communities as the patients, and are able to connect and build trusting relationships. Previous research has shown this model of care delivery to be particularly effective for changing behaviors to improve health outcomes among underserved populations.

Community-based participatory research is a long and complicated name for a relatively simple idea: Forming partnerships between academic research institutions, health-care providers and communities to improve health. Kennedy CHC is thrilled to have joined with the recently established University of Massachusetts Medical Center Worcester County Prevention Research Center (WC-PRC) in this cutting edge form of collaboration.

As part of this partnership, Kennedy CHC and UMass researchers Drs. Milgros Rosal and Stephanie Lemon are evaluating whether using a patient navigator program improves health outcomes of our patients with diabetes and high blood pressure (hypertension). The patient navigator program is geared to address the needs of a specific population of patients who do not come on a regular basis for care as needed to manage their diabetes or hypertension, and who have not been seen in over six months. Dr. Rosal will look at health indicators such as changes in weight, blood pressure, blood sugar, and quality of life for this group compared with those of a similar group of patients who do not participate in the program.

The results of the research will tell us if using **Patient Navigators** achieves better health outcomes for these patients, if we need to “tweak” the way we deliver the services, or if using Patient Navigators is simply not effective for this group of patients.

The WC-PRC is one of 35 centers nationwide funded in 2010 by the Centers for Disease Control and Prevention (CDC) to build long-term relationships with community partners to conduct research projects that promote health and prevent disease. The WC-PRC has chosen to focus on obesity and obesity-related diseases among Worcester County residents.

The *Navigating to Health* study is the first research project sponsored by the WC-PRC. Through this project we are building strong collaborative ties between Kennedy CHC and UMass researchers.



## Kathy Rivera, Patient Navigator

Each week Kathy receives a report of patients who have not been seen in six months or more by their providers. She calls and sends letters to those whose phone numbers have been disconnected. Finding these patients and getting them in for an appointment is only the beginning. Once Kathy meets the patient, she begins to develop a relationship, building trust, in order to motivate the patient to follow-through on caring for him/herself. She shows the patient she will be there to help in concrete ways: helping with transportation by giving bus tickets; scheduling necessary appointments with the chronic disease nurses, optometrist, podiatrist, nutritionist, clinical pharmacist and making reminder calls to the patient; following up if the patient does not show for the appointments and rescheduling; calling in between appointments to check-in and see how the patient is doing and offering encouragement. One of those patients is Elizabeth...

## Elizabeth's Story

Elizabeth first came to Kennedy CHC eleven years ago, weighing over 200 pounds. She left and did not return until last Spring. Elizabeth had lost a significant amount of weight, and was having trouble with her vision. She didn't feel well and was scared. Elizabeth was diagnosed by Dr. Tammy Pascoe with high blood pressure and diabetes. Dr. Pascoe connected Elizabeth with her "team"—the chronic disease nurse, clinical pharmacist, and Kathy.



"Returning here is my second chance. I was so confused, scared. Kathy is the strongest link because she speaks Spanish. She calls me at home to remind me about appointments and helped me register for the YMCA to exercise. She invited me to the diabetes group where I see so many other people in the same place. I ask questions and am always taking notes. Now I get all the help I need. The whole team is doing a wonderful job for me. I am happy because I am taking control. I am amazed. Amazed."



## Did you know?

### At our pharmacy in Worcester we offer so much more than filling prescriptions.

When you walk up the stairs to the third floor at 19 Tacoma St. you cannot help but notice the crowd of people gathered at the pharmacy dropping off and picking up prescriptions. What you may not see are the 100 patients each month we assist with our **clinical pharmacy** services. Clinical pharmacists work closely with our medical providers to help manage patients' chronic diseases. They meet with patients privately by appointment to help ensure that they are taking the medications they are supposed to be taking and that they are taking them as prescribed; for example, taking the correct numbers of pills at the right times of the day.

This is especially complicated when patients are taking multiple medications—which is very common for our patients with chronic diseases such as asthma, diabetes or hypertension—and also for patients who do not speak English as a first language. We often use medication boxes, sometimes called blister packs, to make it easier for patients to organize and keep track of their medications.



Kennedy CHC Clinical Pharmacy Services is comprised of one full-time and one part-time Clinical Pharmacist and students from the Massachusetts College of Pharmacy and Health Sciences who are assigned to the pharmacy as part of their clinical rotation. The collaboration with students, faculty and staff offers our patients a high level of innovation, professional experience and an understanding of the barriers our patients often face when taking their medication.



### Carlos' Story

Carlos has been a patient at Edward M. Kennedy Community Health Center for fourteen years. When his primary care provider, Donna Raymond, noticed his blood pressure was dangerously high, he was referred to work with Clinical Pharmacist Dana DelDotto to help get it under control and learn to manage his medications himself.

Carlos faced many barriers in maintaining good health. In addition to a language barrier—Carlos speaks only Spanish—he was taking numerous oral medications, insulin, as well as various inhalers and sprays. “That’s a large number of medications to keep track of,” Dana said, “and not all prescription directions can be translated.”

After three months of working with Dana to manage his blood pressure medication and adjusting his insulin, Carlos reached a healthy average blood sugar level and blood pressure. The effort has made a huge impact on Carlos. “I like the change,” he said, “It is much easier when Dana helps me.” He also has enjoyed working with Dana while getting better. “I don’t know what I would do without her help. I have learned with her and I like working with her.”

“Our clinical pharmacy has a hands-on approach to working with patients to improve compliance with medication regimens,” Dana explained. “Carlos was willing to work with me and make changes to his lifestyle, which was of key importance to his success.” It is clear that Carlos is happy at the health center. “I receive great care; no complaints. No one can get me out of here!”

# Did you know?

## At Kennedy CHC we are using innovative methods to improve the health literacy of our patients.

Patients with low health literacy may have trouble sharing their medical history with providers, managing chronic health conditions, understanding directions on medicine bottles, and knowing the connection between risky behaviors and health. Low health literacy is linked to higher rates of hospitalization, higher use of emergency services, increase in medication errors, and poor health outcomes.

Health Literacy is defined as **“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”** “Teach Back” is a health literacy tool used by Kennedy CHC providers and staff to confirm that patients understand what we have explained. We ask patients to restate in their own words what was explained, giving us an opportunity to review if the patients didn’t fully understand or remember what was discussed. Research shows that patients remember and understand less than half of what providers explain to them.

### Examples of Teach-Back

- 1 What are you going to do when you get home?
- 2 I want to be sure I explained everything clearly. Can you please explain it back to me in your own words?
- 3 What will you tell your family about the changes we made to your diet today?
- 4 We covered a lot of information about your diabetes today so let’s review what we discussed. What are three strategies that will help you control your diabetes?



### Doreen’s Story

Doreen was referred for her first dental appointment at Kennedy CHC by her provider because of the strong connection between oral health and overall health. Tina, Dental Practice Manager and a dental hygienist, discovered that Doreen had severe gingivitis, or extreme inflammation of the gum tissue. Tina knew she needed to give Doreen a lot of information and education would be new, overwhelming and important for Doreen to understand about the connection between the health of her mouth and her pregnancy. She decided to employ the Teach Back method.

Tina informed Doreen about the potential for preterm birth when high levels of bacteria exist in the mouth. Using a mirror, she showed Doreen areas in her mouth where the inflammation and bleeding were easy to see. Doreen was able to repeat back that “the infection in my mouth could make me have my baby too early” and “I need to brush and floss more.” Using Teach Back ensured that Doreen understood that her oral health affected her baby’s health and how to prevent future problems. Doreen explained, “Tina showed me how to take good care of my teeth which will help my baby stay healthy and stop problems with my gums which might get bad later on if I don’t take care of them. Now I brush my teeth two times a day and use floss.” Tina smiles when talking about Doreen and says “I am so proud of her.”

# Our Funders and Supporters

July 1, 2010 through June 30, 2011

## Donors

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Willa Kahn, MD

## Funders

Alice C.A. Sibley of Greater Worcester Community Foundation  
American Recovery & Reinvestment Act  
Blue Cross Blue Shield of MA Foundation  
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City of Worcester Community Development Block Grant  
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    Maternal & Child Health Bureau  
    Bureau of Primary Health Care  
    Office of Refugees Resettlement  
VNA Care Network & Hospice, Inc.  
Worcester Sheriff's Department

# Financials

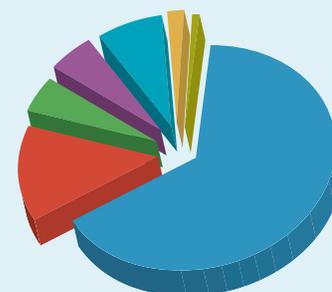
July 1, 2010 through June 30, 2011

Revenue	7/1/10 – 6/30/11 Pre-Audit	7/1/09 – 6/30/10 Post-Audit
Net Patient Service	\$20,507,328	\$17,477,717
Federal Grants	4,297,123	4,455,186
MA Dept. Public Health	1,576,877	1,448,409
Non-Operating Revenue	1,581,368	558,292
Other Grants & Contracts	2,341,739	2,645,142
Contributions	2,652	4,047
In-Kind Contributions	607,762	570,337
Miscellaneous Revenue	261,208	192,524
<b>Total Revenue</b>	<b>\$31,176,057</b>	<b>\$27,351,654</b>

## Expenses

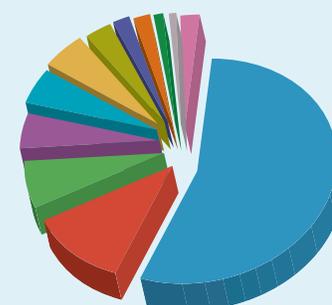
Salaries & Wages	\$16,264,496	\$15,082,679
Payroll Taxes & Employee Benefits	3,606,052	3,160,411
Pharmaceuticals	1,931,204	1,962,388
Supplies & Expenses	1,526,621	1,413,608
Purchased Services	1,577,658	1,194,613
Occupancy	1,335,992	1,324,666
Depreciation	999,054	900,848
Donated Services & Goods	607,762	570,337
Pass Through Expenses	573,920	359,440
Interest Expense	87,512	91,845
Miscellaneous	210,082	189,225
Data Processing	321,035	296,042
Provision for Bad Debt	431,380	444,542
Professional Fees	114,632	106,510
Non-Operating Expenses	4,339	30,554
<b>Total Expenses</b>	<b>\$29,591,739</b>	<b>\$27,127,708</b>
<b>Change in Net Assets</b>	<b>\$1,584,318</b>	<b>\$223,946</b>

## Revenues



- Net Patient Service, 65.8%
- Federal Grants, 13.8%
- MA Dept Public Health, 5.1%
- Non-Operating Revenue, 5.1%
- Other Grants & Contracts, 7.5%
- In-Kind Contributions, 1.9%
- Miscellaneous Revenue, 0.8%

## Expenses



- Salaries & Wages, 55%
- Payroll Taxes & Employee Benefits, 12%
- Pharmaceutical, 7%
- Supplies & Expenses, 5%
- Purchased Services, 5%
- Occupancy, 5%
- Depreciation, 3%
- Donated Goods & Services, 2%
- Pass Through Expenses, 2%
- Data Processing, 1%
- Miscellaneous, 1%
- Provision for Bad Debt, 2%



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As of June 30, 2011



EDWARD M. KENNEDY  
Community Health Center

Administrative Office: 2000 Century Drive, Worcester, MA 01606 | 800-853-2288 | [www.kennedychc.org](http://www.kennedychc.org)

EMKCHC is accredited by The Joint Commission (TJC). TJC accreditation signifies the Health Center's commitment to providing the best health care possible. EMKCHC is licensed by the Massachusetts Department of Public Health, and certified by the State Office of Minority and Women Business Assistance (SOMWBA) as a minority-owned organization.