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Toni McGuire, RN, MPH
President and CEO



## We... are part of a 50-year movement.

This year has been an exciting one for Community Health Centers as we celebrated the 50th anniversary of this incredible movement. What many don't realize is that the birth of Community Health Centers was a direct result of the freedom rights movements of the 1960s, when individuals like Dr. Jack Geiger and Dr. Count Gibson believed that civil rights included access to primary care for all individuals. Their sentiments were supported by the late Edward M. Kennedy who infused the message into our society that health care is a right, not a privilege.

Today, Community Health Centers are the largest primary care practices in the country, providing services to over 23 million people nationwide. At Kennedy CHC, we are proud to be part of this movement, working diligently to address the social determinants of health so that people can live a quality life. The strength of our board comprised of patients and community volunteers allows us to keep the true purpose of our mission at the forefront of our decisionmaking and fuels us to find ways to do more.

Thank you for your belief in our cause and with your support, we can keep the dream alive.



Dr. Jack Geiger



Dr. Count Gibson



Edward M. Kennedy



### weather a storm.

Worcester native Tracy Braun left Massachusetts to attend Salve Regina University in 1997 with excitement and enthusiasm about her future. Majoring in psychology and religious studies, Tracy envisioned a life of helping others. However, just a few years after graduating from her alma mater in 2001, she found herself caught up in a horrific event that would set her path on an unexpected trajectory.

In 2005, Tracy was living in an urban area just outside of New Orleans, Louisiana, close to the epi-center of where Hurricane Katrina would strike on August 29th. As our country recently recognized the 10th anniversary of this monumental storm, Tracy remembered the tremendous impact this event had on her life's path and how Kennedy CHC helped her get back on track.

When Hurricane Katrina was on Louisiana's doorstep, Tracy and her companion were informed that they had to evacuate, immediately. "The situation was so surreal," shares Tracy. "All we could take with us was what we could fit in our car. We didn't even know where we were going." Heading north, they arrived in Texas, where it took over 48 hours to find a place to stay. "When we finally located a motel room, I couldn't wait to get out of the car," she explains. "The room hadn't been cleaned yet, but I couldn't spend one more minute in that car."

While the evacuation and search for a place to shower and sleep was exhausting and overwhelming, it was even more traumatizing for Tracy to watch reports of how the hurricane spun its terror on New Orleans: city walls collapsing, people stranded on roof tops, the Super Dome fiasco and more were devastating to witness, not just as a

caring individual, but as one who had once known this area as home.

Tracy eventually made her way back to her home town of Worcester not realizing how much she was suffering inside from her experience.

With the disruption in her life caused by the New Orleans disaster, coupled with her need to manage chronic illness, Tracy began to fall apart. "I was lost. I couldn't pull my life together, something I never expected could happen to me."

Tracy's sister suggested that she look for help at the Edward M. Kennedy Community Health Center (Kennedy CHC). Not knowing anything about Kennedy CHC or community health centers in general, Tracy gave it a chance; one day when she just couldn't put the pieces together anymore,

she arrived at our Tacoma Street medical facility lobby in tears.

"And that's the moment I began to get my life back," states Tracy. Before she knew what happened, Tracy was greeted by social service staff who immediately connected her with behavioral health counselors to deal with her post

"I had no money; no health

insurance... The staff at

Kennedy CHC came to

my rescue." -Tracy Braun

traumatic stress and primary care physicians to assist in managing her chronic conditions. "I had no money: no health insurance, but it didn't' matter. The staff at Kennedy CHC came to my rescue," proclaims Tracy.

From that day forward, Tracy had a new home... a medical home, where her care is coordinated so that her quality of life is second to none. "Kennedy CHC saved my life," she shares. "I know that some community health centers can be stereo-typed as providing less quality care, but this is so untrue," Tracy continues. "I am surrounded with the best clinical team who really cares about me. This is why I have remained a patient at Kennedy CHC for ten years. They are the best. Thank you for all you do to keep me healthy."

# we keeping you healthy.

Assistant Medical Director for our flagship medical site in Worcester, Brian Sullivan, M.D., is assisting Kennedy CHC change the paradigm for the delivery of family care in Central Massachusetts. A graduate of Boston College, Dr. Sullivan is at home in the community having received his Doctor of Medicine at the University of Massachusetts Medical School. In addition, he has worked with Barre Family Medical Center, a part of the UMass Medical Group, since 2013.

Dr. Sullivan already has a distinguished career working with indigent populations, using his medical acumen to find ways to address the myriad social determinants of health plaguing these communities. His past experience includes serving as an attending physician for Community

Health Centers, Inc., Salt Lake City, UT, affiliated with the University of Utah where he did his internship and residency. Dr. Sullivan also participated in various volunteer efforts including working at the Baan Dada Orphanage and Kwai River Hospital in Thailand.

In his new role at Kennedy CHC, Dr. Sullivan works with other clinicians and clinical support staff to identify inefficiencies and incorporate new technologies so that our patient-centered model of care is at the forefront of all that we do. Dr. Sullivan's focus on patient access is helping Kennedy CHC lead the way in new delivery methods that will positively impact the over 28,000 people we serve.



"Our dental chairs are occupied from early morning to late evening, as well as on Saturdays."



## committed to oral healthcare.

While there has been some improvement in the provision of dental care in the communities we serve, access to affordable oral health services is still a concern, particularly for lower-income and elderly residents. Kennedy CHC identifies the need for dental services based on the overwhelming demand, which involves long wait lists, even though we keep every one of our dental chairs occupied from early morning to late evening, as well as on Saturdays.

Led by Brian Genna, DMD, Vice President for Dental, Kennedy CHC is always looking for opportunities to improve access to dental care. As one of the largest practices in the area with one site in Worcester, one in Clinton, one in Framingham, and two school-based sites, our dental practices in Central Massachusetts and

MetroWest served 9,361 patients in 28.082 visits in 2015.

Working with

colleagues around the state, Dr. Genna helps to identify new standards of practice and methods to more efficiently integrate oral care with primary care. Many medical issues can stem from poor oral health, so it is important that these two practices begin to become more aligned, particularly relative to the sharing of health information. As Kennedy CHC is a certified patient-centered medical home, providing comprehensive care, Dr. Genna is intent on keeping Kennedy CHC's dental practice on the cutting edge.

We serve over 9,000 patients a year at our three dental practices.

## benefit from our multi-faceted staff.

Gloria Rose, RN, BSN, Director of Nursing, has worked in community health centers for over 13 years in a variety of settings and roles. After launching her nursing career working with the homeless, Gloria evolved professionally, relying not just on her nursing skills, but on finding ways to incorporate her previous work as a paralegal in general practice and social justice.

In addition to her current leadership role with Kennedy CHC, Gloria was the executive director of a public housing program and director of nursing operations at another large health center. These positions provided her with a strong background in finance, operations, and clinical quality improvement through the use of new technologies.

Gloria joined Kennedy CHC in 2013 as the quality improvement coordinator and staff development nurse, and assumed her current position in 2014.

One of Gloria's pet projects is the expansion of the Primary Care-Based System of Complex Care Management for High-Risk Populations at Kennedy CHC. She is working to restructure our expanded clinical teams, and add IT enhancements to improve our care team's efficiency. Under her direction, Kennedy CHC is operationalizing its care management systems and processes, tying together the elements of care management and clinical quality measures. The result: higher quality care and happier and healthier patients!



## We... improved our eyecare services.

One would never realize when visiting Kennedy CHC's new optometry practice at 631 Lincoln Street that, prior to its opening in July 2015, our patients had at least an eight-month wait to see our one optometrist. Through a partnership with MCPHS University, our vision services have expanded to meet patient demand. And no one could be happier than Scott Wheeler, OD, who was our only provider of eye care until this joint venture was established.

Dr. Wheeler is now ably assisted by MCPHS University preceptors and doctor of optometry students, who are receiving their clinical training with Kennedy CHC. With the provision of the clinical equipment by the University, Kennedy CHC built out the space and infrastructure for the expanded optometry

practice, which includes five exam rooms, a specialty exam room, optical shop and waiting area.

While this expansion

has made a tremendous impact on patient access, Dr. Wheeler is still working long days to accommodate the tremendous need for vision services. With our patients at disparate risk for eye diseases, regular, routine care is imperative. Dr. Wheeler makes himself available to insure that those in need receive care. In fact, one patient says it all. After receiving care during an emergency visit, she told Dr. Wheeler, "If you had just taken my concerns lightly, I would have lost my sight."

Our new partnership decreased patient appointment wait times from eight months to less than three weeks.





The Edward M. Kennedy Community Health Center would like to thank its many generous supporters.

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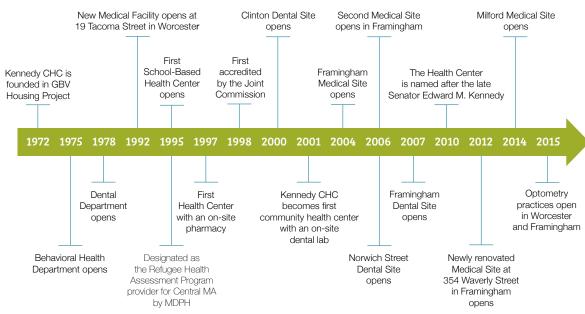
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FY2015: July 1, 2014 - June 30, 2015

donors



### Revenues + Expenses For the year ended June 30, 2015

Audited

**Total Operating Expenses** 

Inrestricted	Operatina	Revenues:	

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Net Patient Service Revenue	\$21,226,506		
Grants and Contracts	8,285,520		
Donated Goods and Services	598,515		
Contributions	365,958		
Interest, Management Fees			
and Other	284,658		
Total Operating Revenues	\$30,761,157		

#### Unrestricted Operating Expenses:

Salaries and Wages	\$17,371,163
Payroll Taxes and Employee Benefits	3,435,996
Medical, Dental, and	
Pharmaceuticals Supplies	3,114,729
Purchased Services	1,672,063
Depreciation and Amortization	1,501,765
Occupancy	985,030

Office Expense	944,288
Donated Goods and Services	598,515
Professional Fees and Other	498,065
Bad Debts	440,326
Interest Expense	405,305
Communications	341,475
Pass-through Grant Expenses	237,616
Insurance	87,881

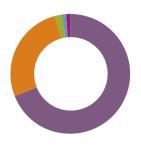
Change in net assets	
from operations	\$(873,060)

\$31,634,217

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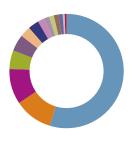
#### Unrestricted Non-Operating Revenues (Expenses)

Change in net assets	\$(196,203)
Total Non-Operating Revenues (Expenses)	\$676,857
Non-Operating Expense	(24,727)
Non-Operating Revenue	\$701,584



#### Revenues

- Net Patient Service Revenue, 69%
- Grants and Contracts, 26.94%
- Donated Goods and Services, 1.95%
- Contributions, 1.19%
- Interest, Management Fees and Other, 0.92%



#### **Expenses**

- Salaries and Wages, 54.91%
- Payroll Taxes and Employee Benefits, 10.86%
- Medical, Dental, and Pharmaceuticals Supplies, 9.85%
- Purchased Services, 5.29%
- Depreciation and Amortization, 4.75%
- Occupancy, 3.11%
- Office Expense, 2.99%
- Donated Goods and Services, 1.89%
- Professional Fees and Other, 1.57%
- Bad Debts, 1.39%
- Interest Expense, 1.28%
- Communications, 1.08%
- Pass-through Grant Expenses, 0.75%
- Insurance, 0.28%



Worcester | Framingham | Milford | Clinton

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650 Lincoln Street, Worcester, MA 01605 (508) 854-2122 | Fax: (508) 853-8593 www.kennedychc.org