



EDWARD M.
KENNEDY
**COMMUNITY
HEALTH CENTER**

**Committed
to our
Community**

2018

ANNUAL REPORT

Letter from the Chair of the Board



Our 2018 Annual Report chronicles our work in the community and provides the opportunity for me to bid farewell to Toni McGuire, our talented, passionate and successful President and CEO, who is retiring after over 11 years of unrelenting commitment to our mission. I want to share the Board of Directors' deep appreciation for everything Toni has done for the Edward M. Kennedy Community Health Center. During her tenure, Toni led a transformation of the Health Center and today, Kennedy CHC is financially secure, innovating across the organization, and growing to meet the ever-increasing demand for quality healthcare for all in our community. The Board is eternally grateful for her partnership, the transparency with which she has led the organization, and the sense of humor and dynamism that she brings to everything she does. As we wish Toni well in her retirement, we look forward to introducing you to our new CEO in 2019.

Thank you.

A handwritten signature in blue ink that reads "Valerie Zolezzi-Wyndham". The signature is fluid and cursive.

Valerie Zolezzi-Wyndham
Chair of the Board

We help people live healthier lives

Letter from the CEO

Working at the Edward M. Kennedy Community Health Center has been a remarkable journey. From the first year I joined (2008) through today (2019), the growth has been phenomenal. Assisted by partnerships both big and small in the Central and MetroWest areas of Massachusetts, we have grown, partnered, and now serve more patients than we ever expected. In 2008, we served just under 18,000 patients, and today we are close to the 30,000 milestone. As you will read in these pages of our annual report, there are many approaches used by staff to get health, wellness and primary care to the patient. From innovative advances in technology, to old school face-to-face community relationships, community health center staff recognize that it takes a myriad of methods to help patients live healthier lives.



Over the last 12 years, we have fully engaged in the Worcester, Framingham, and Milford communities to not only provide primary care, with recognition that sometimes health care goes well beyond just the physical need presented to a clinician. It takes a team of staff to deliver the best options for food, shelter, oral health, behavioral health, and community services along the way. I am so proud of the work this team has accomplished. As I write this, I recognize that it is bittersweet that this will be my last opportunity to thank the Board of Directors, the staff, the patients, and the community organizations with whom we have partnered over these years. I am headed to retirement, my greatest hope is for the dream of health care for all to continue. I know I am leaving this mission in the very best hands, and I am THANKFUL.

Yours in health,

A handwritten signature in blue ink that reads "Antonia 'Toni' McGuire". The signature is fluid and cursive.

Antonia "Toni" McGuire
President & CEO



School-Based Health Centers: Right Time, Right Place

Balancing work and family is a challenge for most of us; when health care is added to the mix, life can become overwhelming. Our complex society makes it imperative for providers like Kennedy CHC to find alternatives to traditional care delivery models. School-Based Health Centers (SBHCs) have evolved into a significant resource, offering students access to health care where they spend most of their time: at school.

SBHCs are not a new phenomenon. Kennedy CHC launched school-based health care in Worcester in 1995. Today, we operate four: three in Worcester and one in Framingham. Working in tandem with school nurses, SBHCs engage clinical providers to treat illnesses and prescribe medications, among other services. “School-Based Health Centers are a valuable community asset,” shares Abigail Mathews, Kennedy CHC Family Nurse Practitioner and Assistant Medical Director in Worcester. “They offer students a safe and confidential environment to receive health care, while allowing parents and guardians to remain at work.”

Working mostly with teens at Worcester’s North High, Abigail enjoys watching her student-patients grow. “They are learning to advocate for themselves and do what is needed to be healthy during the school day,” she comments. “School is the perfect place for this type of learning to take place.”

For Courtney Pelley, “SBHCs are at the intersection of health and education. They are a proven tool to support student achievement by reducing absenteeism.” As Chief of Staff, Courtney serves as our liaison to the National School-Based Health Alliance, and is coordinating a project to help reduce asthma-related environmental triggers in schools, funded by PHI’s RAMP Program.

“External funding supports health equity,” shares Oscar Orocha-Pietri, Practice Manager in Worcester. “A grant from Unum helped us host a nutrition program, teaching students how the right choices in daily nutrition can impact their health in years to come.”



The relationship between Kennedy CHC and area school systems has grown due to the integral role our centers play supporting the students we all serve. Our staff assist with school vaccinations and sports physicals, as well as perform other tasks like respirator fit testing, so that the masks worn by students in automotive services fit correctly. “Our collaborative efforts have helped us to align the work that we do at our School-Based Health Centers with the strategies in our community health improvement plans,” shares Courtney. “We are happy to play a role in helping school-aged children and adolescents live healthier lives.”



“They offer students a safe and confidential environment to receive health care, while allowing parents and guardians to remain at work.”

L-R: Abigail Mathews, FNP, Oscar Arocha-Pietri, Practice Manager, and Courtney Pelley, Chief of Staff, at North High School in Worcester, MA.



Καλώς ὄπισθε
Akwaaba Willkomm

L-R: Paula Kaminow, VP of Operations - Framingham, Gabriel DaSilva Santos, Community Health Worker (CHW), Hilda Palencia, CHW, Maria Ortiz, CHW, and Melicia DaCosta, CHW Supervisor.

Mobilizing to Address Food Security



According to the World Health Organization, “social determinants of health are the conditions, under which people are born, grow, live, and age... (and) are shaped by the distribution of money, power, and resources...” As an FQHC, Kennedy CHC is more than familiar with the social determinants that prevent individuals from living a healthy life. Staff work daily guiding patients to community resources that can help manage these challenges. However, with food security a significant issue, our Framingham team embraced a different approach; rather than referring patients to other sources, an on-site mobile market was born.

When Paula Kaminow, Vice President for Operations in Framingham learned that the Greater Boston Food Bank was expanding its mobile markets, she jumped at the opportunity to change the paradigm. “Income, transportation, language and cultural barriers often prevent individuals from accessing traditional sources of healthy, affordable food,” she shares. “By operating a mobile market at our health center, we are able to bridge this gap and provide those in need with regular access to fresh produce.”

Since this was our first foray into mobile marketing, a pilot was used to work out the logistics. “We learned from doing and then made changes accordingly,” comments Sue Schlotterbeck, Director of Population Health and Health Equity. “Having an engaged staff helped for a smooth transition.” The mobile market was first held outdoors in our parking lot; however long lines and reduced parking led to the market being moved to a space inside the health center. Volunteers from the MetroWest United Way and Greater Boston Food Bank assisted with food distribution at first; with the move indoors, Kennedy CHC’s community health workers manage the process.

Today the mobile market offers fresh produce monthly to the Framingham community, free of charge. There are no income requirements, helping to prevent any stigma that could be associated with this activity. Basic contact information and consent are obtained through registration; check-in keeps track of how many households visit the market. Robo calls provide monthly reminders, and staff hope to soon have a bar system and scanner for a more efficient check-in process. “Over 800 households are registered of which at least 250 visit the market monthly,” states Paula. “Even more exciting is that we have already given out over 90,000 pounds of fresh produce,” she adds. “We’ve also learned a great deal about our customers. They do not like Rutabaga.”





Touching Lives Inside and Outside our Health Centers



In 2010, Massachusetts moved its landmark health care reform legislation forward; four years later, the Affordable Care Act launched this effort nationwide. While these two initiatives have resulted in many improvements, providing health insurance coverage for everyone is no easy task. For myriad reasons, many individuals remain uninsured or underinsured, impacting the entire medical delivery system from access to cost. To fill the void, CHCs have stepped up in the provision of care and have also become a community's best resource to assist its residents in obtaining health insurance.

Since the launch of health care reform, Kennedy CHC has been actively involved in helping to move this needle forward. With the support of grants from the Health Resources and Services Administration, Blue Cross Blue Shield Foundation, the Community Health Network Area 6, and Mass Health Connector, a strong team of health insurance navigators has been armed with the tools to help anyone in need of our services. "Kennedy CHC is a designated navigator site, which means that our staff of

15 are specially trained to guide individuals through the process of obtaining health insurance coverage," comments Ivy Delgado, Manager of Registration and Health Insurance Counseling. "Our Health Benefits Advisors work in each of our health centers, as well as out in the communities we serve."

Ivy has been involved in Kennedy CHC's outreach and enrollment program since its inception, insuring that our team has the necessary training, and that we are accessible to those who require our services. "Accessibility can be a challenge, because each case is so different," she shares. "Some can be handled quickly, while others take up to an hour to resolve." To keep access open, navigator staff take both walk-ins and scheduled appointments at the health centers. Out in the community, venues are selected that are welcoming and available to support enrollment services such as libraries and free clinics.

Navigator staff assist both underinsured and uninsured in a variety of ways: from helping people

understand letters from insurance companies to identifying appropriate health plans through the Health Connector to enrolling them in MassHealth. In 2018, our dedicated staff assisted over 11,000 households and helped with completing applications for over 5,000. Kennedy CHC's outreach and enrollment team has and continues to make a tremendous impact on the lives of those they touch.

Ivelisse Delgado, *Manager of Registration and Health Insurance Counseling* (bottom right), with her team of Health Benefits Advisors (L-R): Jeniffer Alves, Alicia Andrade, Amarilis Burgos, and Idalia Rodriguez.





“She listens... even when she’s busy, she makes sure she has time for me”



Dr. Cynthia Norton



Christina Cameron

Teaming Up for Better Health



Engaging patients as active participants in their health care is fundamental to Edward M. Kennedy Community Health Center's patient-centered medical home approach. Despite serving over 28,000 patients each year, Kennedy CHC ensures patients receive individualized attention and treatment protocols that cater to their unique needs. Clinical providers and other members of the care team become active supporters of each patient, successfully orchestrating a holistic approach to optimum health.

Christina Cameron has been receiving care at Kennedy CHC-Milford since 2014. "I started coming to Edward M. Kennedy not long after it opened. I used to be a resident of Milford; I live in Attleboro now," says Christina. First born out of convenience, the Milford health center and providers have become Christina's trusted partners on her journey to good health. "It's worth the drive for me... It's just one of those things where everybody knew everybody and it was nice having a neighborhood health spot," she comments.

Through the years, Christina has utilized many of the services offered at the health center. Her clinical team is led by Dr. Cynthia Norton, who Christina describes as her biggest advocate. "Dr. Norton has been working with pretty much everyone else here to make sure I get what I need," she shares. "She listens... even when she's busy, she makes sure she has time for me." Having worked together throughout her journey to sobriety, Dr. Norton understands the past and previous conditions Christina has worked through, like high blood pressure.

Dr. Norton has also connected Christina to Veronica Boske, a psychotherapist with Kennedy CHC, allowing Christina to include therapy sessions in her treatment plan. With Veronica's help, Christina has been able to incorporate some lifestyle modifications, including natural strategies to help manage her anxiety.

Her experience with Kennedy CHC wouldn't be complete without the attention she receives from the front desk and other support staff, who always make sure she's well taken care of. Most recently, Stuardo Urizandi, Health Benefits Advisor, helped Christina reinstate her MassHealth coverage and avoid disruption to her care. "He's done absolutely everything in his power to make sure I get coverage. If that means I'm here for an appointment today and I need coverage today, they're making sure they take care of me. They always take care of me here, without a doubt."



Dr. Elizabeth Dobles and Kathy Morales, RN, stand next to a mobile Teledermatology unit

Telederm: A Virtual Approach to Quality Care

Clinical technology has grown exponentially over the last two decades. With innovations like Patient Portals and electronic health records, new technologies are improving care delivery. Many providers are capitalizing on this boon by utilizing telehealth or virtual health care to open up access, improve patient outcomes and reduce costs.

Telehealth has become a proven vehicle to open up access to providers, particularly those who are in short supply. With referrals to medical specialists a concern in Massachusetts, Neighborhood Health Plan (now Allways Health Partners) challenged health centers to develop a Telehealth program to address this issue. After exploring a variety of opportunities, seven community health centers partnered to launch Telederm, a virtual dermatology program led by Kennedy CHC that is already demonstrating significant improvements in many areas.

“Lack of access to dermatologists is a universal problem,” shares Toni McGuire, President and CEO. “When we were introduced to a technology that had the potential to accelerate wait times for patients with time-sensitive conditions and screen out those with benign conditions, we knew we had a winner.” UMass Memorial Health Care Dermatologists also embraced the concept and joined the Telederm team.

Telederm is based on the 3Derm technology created by Elizabeth Asai. It is a platform that allows providers to take clinical-quality images of a skin lesion that can be uploaded to a secure cloud for dermatologists to read virtually. The dermatologist decides if an appointment is needed or just consultation with the provider. “Introducing Telederm to our health centers required staff training and workflow development to insure a successful implementation,” states Leah Gallivan, COO. “Health Plans also had to be educated on the benefits of Telederm, as coverage for virtual readings was a new phenomenon.”

Our data to date demonstrates that 45% of skin lesions viewed virtually did not require a referral, with 9% requiring a visit within one to two weeks and 23% requiring a visit within two to four weeks. “These results are amazing, particularly when potentially serious skin lesions can be addressed so quickly,” states Leah. She and Toni recall how a patient with a skin rash was found to have T-Cell Lymphoma through Telederm and was seen immediately by the dermatologist. “Before Telederm, this patient could have waited months for an appointment,” adds Toni. “3Derm Technology is a fabulous enhancement to our ability to provide high quality health care.”

Thank You to Our Supporters

The Edward M. Kennedy Community Health Center would like to thank our supporters for their generous donations.



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Thank you to the donors who supported Kennedy CHC's Capital Campaign. Your donations funded interior and exterior renovations at our flagship medical site in Worcester, which serves over 20,000 patients a year.

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Revenues and Expenses

For the year ending June 30, 2018

Unrestricted Operating Revenues:

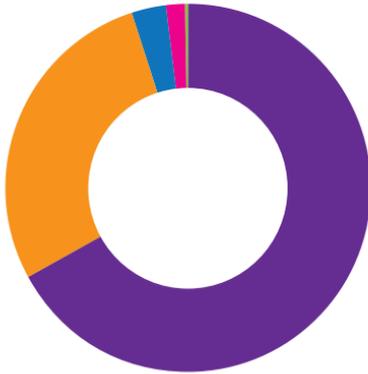
Net Patient Service Revenue	\$21,729,052
Grants and Contracts	9,128,002
Donated Goods and Services	973,224
Interest, Management Fees and Other	569,164
Contributions	41,859
Total Operating Revenues	\$32,441,301

Unrestricted Non-Operating Revenues (Expenses)

Capital Grants	\$355,834
Non-Operating Revenues	469,621
Non-Operating Expenses	(22,909)
Total Non-Operating Revenues(Expenses)	\$802,546
Change in net assets	\$1,486,471

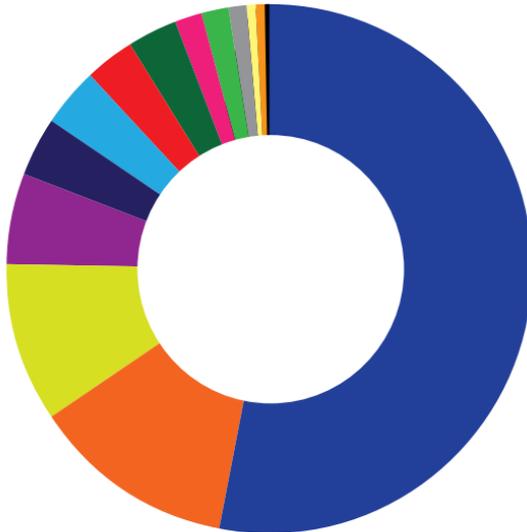
Unrestricted Operating Expenses:

Salaries and Wages	\$16,871,654
Medical, Dental and Pharmaceuticals Supplies	4,002,876
Payroll Taxes and Employee Benefits	3,108,506
Purchased Services	1,742,010
Depreciation and Amortization	1,141,266
Donated Goods and Services	973,224
Office Expense	1,044,248
Occupancy	1,102,057
Professional Fees and Other	182,879
Interest Expense	525,122
Bad Debts	460,555
Communications	409,720
Pass through Grant Expense	68,797
Insurance	124,462
Total Operating Expense	\$31,757,376
Change in unrestricted net assets from operations	\$683,925



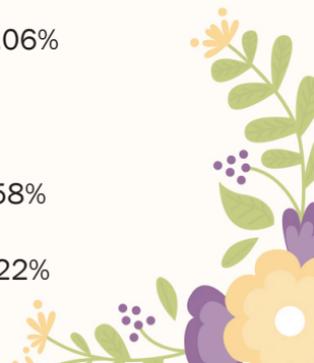
Revenues

- Net Patient Service Revenue, 66.98%
- Grants and Contracts, 28.14%
- Donated Goods and Services, 3.00%
- Interest, Management Fees and Other, 1.75%
- Contributions, 0.13%



Expenses

- Salaries and Wages, 53.13%
- Medical, Dental & Pharmaceuticals Supplies, 12.60%
- Payroll Taxes and Employee Benefits, 9.79%
- Purchased Services, 5.49%
- Depreciation and Amortization, 3.59%
- Occupancy, 3.47%
- Office Expense, 3.29%
- Donated Goods and Services, 3.06%
- Interest Expense, 1.65%
- Bad Debts, 1.45%
- Communications, 1.29%
- Professional Fees and Other, 0.58%
- Insurance, 0.39%
- Pass-through Grant Expense, 0.22%





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