ANNUAL REPORT 2012

CHAMPIONING EQUITABLE ACCESS TO HIGH QUALITY HEALTHCARE

Eliminating Health Disparities with a Patient-Centered Paradigm

Whittier Street Health Center
Comprehensive. Compassionate. Community.
Every time we step through the doors of our new building, we are in awe. After 79 years, Whittier Street Health Center finally has a permanent home.

Thinking of the struggles and the determination to get to this point, of the people who said it could not be done and those who steadfastly said it could and would be done, of the journey we took and that we are part of this legacy, we are overwhelmed.

And we are proud, proud that with this new building, we now have the capacity to match our capability in championing health equity for the most underserved and unhealthy populations in our city.

We are eager to forge ahead in making sure that this tremendous new asset in our community turns the page on health and social disparities and shapes the next chapter in health care by becoming the paradigm for health equity not only in our Roxbury environs, but beyond.

With our Boston Health Equity Project, we are starting to change community health care delivery with a model of care that produces far better health results at less cost than the current system. With our standout, state-of-the-art health center, we can capitalize on our visibility and leverage our patient-centered model to connect with the people who have so many problems that their health is not necessarily top of mind.

Take a walk from floor to floor in our 78,900 square-foot, six-story, LEED-certified building and the conclusion can only be that it completes the means to the future. Built around patient-centered, team-based care, each primary care team has its own clinic, reception area and assigned staff to ensure that every patient has a medical home.

With our new building, we have expanded our dental services, urgent care clinic, pharmacy and number of provider exam rooms. We now offer mammography and physical therapy onsite. We provide group education rooms in a new way of delivering medical and social services and education rooms to the community to draw them in further. Our groundbreaking partnership with Dana-Farber Cancer Institute provides holistic cancer care where people live.

Patients feel welcome, cared for, secure, and even serene here, thanks to our more than 1,000 pieces of art that are purposely placed throughout the building to promote healing. Our interior design has a calming effect and our way finding puts people at ease the moment they enter our doors.

Every month, we add 500 to 550 new patients to our roster, 100 more than previously registered each month. Now that we have a beautiful permanent home, people here recognize that we are their health care champion. To sustain their trust, we have big goals for moving them forward toward health equity.
Overall, we expect to increase enrollment from 18,000 patients to 40,000 by 2017 and plan to exceed national standards in screening for cancer, cardiovascular disease, depression and diabetes. We aim to engage all of our pediatric and adult patients in prevention and provide personalized care plans accompanied by wellness support.

For our children, we are raising the bar on healthy BMIs until 90 percent, up from today’s 52 percent, have attained this goal. We will see to it that all children are screened for mental and behavioral health services and referred for services, when needed.

For our adults, we want 80 percent to have a healthy BMI, up from today’s 25 percent. We will endeavor to change habits and model healthy living until at least 80 percent of those with chronic illnesses such as diabetes, hypertension and depression have their issues under control.

We are striving for a 95-percent reduction in unnecessary use of hospital emergency rooms with our staffed urgent care clinic. It is our goal that none of our patients who were hospitalized return to the hospital due to lack of follow-up or support.

We now have the potential to turn today’s health care spending upside-down, to swap the need for treatment with the kinds of wellness supports that lead to healthy lifestyles and behaviors. Preventative care has been shown to save the health care system six dollars for every dollar invested.

We are already creating a culture of wellness and reducing the incidence of chronic and serious illnesses in our community. We are doing this within Whittier Street Health Center and out in the community, where we are staffing comprehensive public housing outreach and sending our health ambassadors to talk directly to their peers.

We are identifying and addressing health problems at their early stages with screenings for the diseases that particularly target our service population and providing intensive care for those with advanced disease, complex conditions and difficult psychosocial challenges.

Almost all of our patients have poverty-level incomes. Eighty-two percent live in public housing. Two thirds are diagnosed with diabetes, hypertension, cancer, asthma or obesity; a quarter of our patients have two or more of these conditions. A disproportionate number present with mental health, behavioral health and substance abuse issues. High rates of infant mortality and cancer deaths are an unfortunate reality.

In response, we are integrating comprehensive primary care, community health engagement, wellness support and public health strategies to champion health equity for these people. We are committed to increasing access to care, containing costs and measuring outcomes. We constantly assess our broader impact on community health and examine issues that may require greater attention.

We plan to become the model for patient-centered, community-based care not just here, but throughout the Commonwealth and across the country.

First and foremost, though, our focus is on our residents, ensuring that they truly have a health care home and a health champion in Whittier Street Health Center.

Now is the time to live up to our potential to achieve health equity. There is so much to do, and we have the capability and the capacity to do it.

The communities that Whittier serves face significant disparities in health care access and outcomes. Roxbury, which is Whittier’s primary service area, consistently ranks poorly for health outcomes and health behaviors among Boston’s 16 neighborhoods.

According to the Boston Public Health Commission’s 2011 Health of Boston Report, among Boston’s 16 neighborhoods, Roxbury has:

- The highest infant mortality rate, which is 65 percent higher than the overall rate for Boston, and the highest percentage of both preterm and low birthweight births;
- The highest rate of hospitalizations due to heart disease;
- The second highest percentage of adults with asthma;
- The second highest diabetes hospitalization rate.

Whittier has the lowest percentage of adults who think their neighborhood is safe with only 22 percent feeling this way. Whittier has developed a comprehensive model of care that is designed to address these significant disparities in health through a diverse approach that includes primary care, specialized clinics, social support, and empowerment. Recognizing that poverty, cultural differences, homelessness and limited resources can all impact one’s ability to prioritize their health, our care is designed to treat the whole person. We help families build the capacity and resources needed to properly manage their health and make healthy decisions.

Our services include:

- **Primary Care**
  - Adult and Geriatric Medicine
  - Pediatric Health
  - Women’s Health
  - Men’s Health
  - Family Medicine
- **Behavioral Health Services**
  - Mental Health Services
  - Substance Abuse
  - Arts Therapy
- **Urgent Care**
- **Dental and Oral Health**
- **Eye Care**
- **Specialty Services**
  - Orthopedics
  - Podiatry
  - X-rays
  - Laboratory
  - Dermatology
  - Mammography
  - Ultrasound
  - Physical Therapy

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We greet them the moment they walk through our doors and at each of our clinics with carefully trained frontline staff. Now that each provider has designated exam rooms, we are able to see more patients, reduce wait time and treat our patients in a dignified environment.

By staffing our first-floor urgent care clinic with doctors or nurse practitioners rather than triage nurses as in the past, we are able to address issues in the moment. Open to everyone, not just Whittier patients, our urgent care clinic is changing our population’s habit of going to the emergency room for minor problems.

Once they are here, we are able to connect them to primary care and navigate them to a positive cycle of healthy living. A third of our new enrollees now come from urgent care. Because we offer an array of services in one place, we are able to integrate care in ways that are efficient and improve outcomes. With so many of our residents needing mental health services, for example, we are integrating behavioral health care in our primary care and family practice clinics to be on hand to address immediate needs and arrange for follow-up.

Mornings of mental health drop-in sessions further our commitment to solution-focused therapy, assisting our patients as they present at the door.

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BOSTON HEALTH EQUITY PROJECT

With our Boston Health Equity Project, we are starting right here in Roxbury to present a model of care that can serve any community. Access to care, quality of care, integrated services, prevention, wellness support, cost containment, outcome measurement – these are today’s buzzwords that we are putting into practice.

- We are addressing people’s issues in the here-and-now through our urgent care clinic and changes in servicing.
- We are engaging our patients for the future in self-care with our group medical models, multidisciplinary care plans, education and support.
- We are out in the community, ushering in access to care by meeting people where they are: in public housing, in schools, in the places where they congregate.
- The residents of Roxbury look at our new building and they see stability. They see the way forward.
- They see our commitment to their health and our belief in the intrinsic value of their neighborhood.
Our group medical sessions, another instance of integrated care, have proven effective and efficient. Centering Pregnancy, which aims to reduce infant mortality rates, provides prenatal care and support to groups of women who are able to discuss issues and, in the process, develop bonds with staff and one another.

We are following up on the popularity of Centering Pregnancy with Centering Parenting. In these sessions, mothers and babies will receive medical care, plus mothers will be able to talk about postpartum depression, weight loss, contraception, changing relationships, parenting and other issues.

Our well-established diabetic medical groups, offered in English, Spanish and Somali, provide multidisciplinary treatment and the opportunity to share experiences. Our Friday morning Diabetes Multidisciplinary Clinic offers providers, nurses, a clinical pharmacist, nutritionist and foot specialist as well as walk-in eye and dental services.

Our new building has allowed us to shape the standard for community cancer care. We are changing the way medical oncologists interact with the patients with our Dana-Farber Community Cancer Care at Whittier. Typically, a patient is referred to a specialist by a primary care provider and only referred on to a medical oncologist after a diagnosis of cancer.

At Whitter, we are referring patients with cancer-related concerns, whether abnormal test results, a family history of cancer or a personal history of cancer, directly to the oncologists from Dana-Farber rotating through our clinic. Once assessed, if necessary, the patient receives an expedited workup and streamlined access to a cancer center. Prevention, diagnosis, treatment and survivorship are our goals with this revolutionary program.

We are taking novel approaches to tackling obesity and its related health issues, both in our building and out in the community.

Our drop-in clinics with our nutritionist are extremely popular these days, reflecting a heightened interest in making healthy lifestyle changes. Providers, too, are referring patients as a preventative measure to our diet and exercise specialists in the hope of avoiding medication if possible.

Our bariatric clinic prepares patients for gastric bypass, sleeve and lap band weight-loss surgeries. Each surgery has its own nutritional risks and so we help patients learn how to lead their new healthy lifestyle.

With our Fitness in the City grant, we are recruiting children diagnosed as obese to our Healthy Weight Clinic and Race Around Roxbury after-school exercise and nutrition programs and boosting their attendance with sports and other activities that pique their interest.

We are targeting healthy behavior among adults in our area’s five public housing developments through our Building Vibrant Communities grant and health equity initiative to reduce obesity, hypertension, high cholesterol, depression and diabetes. In our six-week programs, we help set realistic goals and offer Zumba, walking groups, cooking and nutrition classes, supermarket tours and life coaching. This year, we are adding a sports consultant to diversify the exercise program with such activities as bike riding and yoga, as well as a dietician to augment the nutrition component.

An example of success: We held a luncheon at the health center at the end of a six-week session to reward participants. A few chose to walk rather than accept our offer of transportation to the event, but going home, most opted to walk home together.
We are reaching out to children in the housing developments, as well, with summer camp, football tournaments, after-school programs and a drop-in center to help them make wise choices and steer them away from city violence, an unfortunate given that they experience it in their lives.

As one of two health centers in the city awarded a Defending Childhood grant by the Boston Public Health Commission, we are receiving additional clinician training in trauma as well as sending a mental health clinician and a family partner physician to the housing developments to work with children who have experienced trauma.

Our Arts Therapy program has helped children with issues including trauma by providing art, drama and, new this year, dance therapy within the health center and in area schools, after-school programs, youth agencies, hospitals, child care centers and shelters.

We are reaching into the schools, too, with our new Making Healthy Life Choices program that we piloted last year with Catholic Memorial School seventh and eighth graders. Each month, a different speaker from Whittier addressed a topic in their expertise, which was then followed up with projects in the classroom.

Nutrition, for example, segued into math lessons on proportion, fat percentages and how much energy it takes to burn a pound. This year, we are adding a community service component to the eighth grade curriculum. The program was so well received by students, parents and teachers that we are in the planning phase of implementing it in the Boston Public Schools.

We are linking people out in the broader community to Whittier with our trained patient ambassador program. Ambassadors armed with information on diabetes are in the midst of meeting our goal of enrolling an additional 500 Black women in our diabetes services. Our ambassadors, who know where people involved in risky behaviors congregate, educate on AIDS, HIV and STD prevention.

We have expanded our Women’s Health Initiative this year by adding Suffolk House of Corrections and Framingham MCI to our McGrath House post-prison release outreach. The Women’s Post-Prison program is an extension of our successful Men’s Post-Prison release program launched in 2003.

Pre-release, we are now connecting women to insurance, enrolling them at Whittier and providing them with 12-week sessions that include life coaching and education. We are giving them the skills and work experience needed to find employment and end the cycle of poverty. In four months, we educated more than 700 women in outreach, linked 150 to primary care, managed cases for 150 and trained 18 as patient navigators through the program.

We know these numbers because we track our intake as well as our screening numbers, our providers’ performance, our outcomes and our patients’ satisfaction and suggestions. We have a quality assurance team who makes sure that nothing falls between the cracks, that we are on the right track to creating health equity.
We have another method for tracking our success: community recognition. This year, for example, we are hosting forums for and sharing our techniques in Centering Pregnancy with health centers that want to adopt the program.

Another example: All Boston health centers were awarded grants to help people affected by the earthquake in Haiti. We were recognized as having one of the two best programs in the city. Here, we did what comes naturally. We brought arts therapy to the schools, sent out Haitian ambassadors into the community to break down stereotypes that work against accepting help and worked with families in our intensive family therapy model.

We know we are on our way to eliminating health and social disparities in our community and setting the standard by which health equity is measured, yet we want to do more.

First, we want to expand on our physical therapy clinic, opened with the building in January and so popular that we added another staff member in September. In keeping with our integrative medicine and group therapy models, we are in the planning phase of adding a medical fitness center to the lower floor of our building. Our holistic, mind-body-spirit program will include life and fitness coaching and medically proven offerings such as aerobics, yoga, dance therapy and acupuncture to battle depression, hypertension, diabetes, high cholesterol, obesity and more.

To accomplish this latest goal, we’ll need $685,000 for build-out, staffing, equipment rental, technology, incentives and supplies.

To continue fine-tuning our work in achieving health equity, we have relaunched the Whittier Street Health and Wellness Foundation Board. They are helping us with investing in ways that will improve our model, defining and executing clear advocacy objectives and strategies, identifying other potential supporters and drawing broader attention to Whittier through their own spheres of influence.

The opportunity is yours to join the Foundation Board as an activist for fundraising and advocate for the public and private policies that support our cause of eliminating health and social disparities.

As an individual supporter, your donations, your participation, your advocacy will help us make health equity a reality and eliminate the health and social disparities that negatively affect not just some of our neighborhoods but all of us as one community.

Whittier Street Health Center now has the capacity, complementing its capability, to become the center for health equity in Boston. We are in a position to set big goals for health and wellness among the city’s most underserved and unhealthy residents, to fully deploy a highly integrated model of care from the community frontline to the health center and beyond, and to demonstrate how effective that model can be for neighborhoods across the city, the Commonwealth and the country.
LEFT:
2011 Saving the Health of the Community International Benefit Gospel Concert
Dr. Bobby Jones, Beth Williams & George Russell (Honorees), and Frederica Williams

CENTER:
2012 Roast for Paul Grogan
Paul Grogan (Honoree), Frederica Williams, Robert Beal, and Dr. Gary Gottlieb

RIGHT:
Catholic Memorial Middle School visits Whittier as part of our School Education and Outreach Program

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2012 Roast for Paul Grogan’s special auctioneer
Mayor Thomas Menino and Frederica Williams

CENTER:
Cake Cutting Celebration at the Grand Opening Ceremony
Frederica Williams, Mayor Thomas Menino, Governor Deval Patrick, and Dr. Edward Benz, Jr.

RIGHT:
2012 Men’s Health Summit
Mary Connamon (Honoree), Devin Williams, Frederica Williams, Andre Tippett (Keynote Speaker), and Donald Cormier (Honorees)

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$100,000 – $249,999
AstraZeneca
GE Foundation
Suffolk Construction Company

$50,000 – $99,999
Brigham And Women’s Hospital
Blue Cross Blue Shield Of Massachusetts

$25,000 – $49,999
Partners HealthCare
Boston Foundation
Children’s Hospital Boston
Mass Medical Society
Kelly Family Foundation
The Boston Foundation
Yawkey Foundation

$10,000 – $24,999
RCAH
Dana Farber Cancer Institute
Linden Foundation
State Street Corporation
Eastern Bank
Roxbury Community Alliance
Boston Private Bank and Trust Co.
Combined Jewish Philanthropies
EMC Corporation
Joshua & Anita Bekenstein Charitable Fund
NED Management LP
New England Development
NSTAR
Roxbury Technology Corporation
The Beal Companies, LLP

$5,000 – $9,999 (continued)
Dr. Edward J. Benz and Margaret A. Veteske
Frederica M. Williams
Harvard Pilgrim Healthcare
Jacobson Family Foundation
Liberty Mutual Group
Massachusetts League of Community Health Centers
National Grid
Robert Sachs
Sovereign Bank
The TJX Foundation, Inc.

$2,500 – $4,999
Alexander, Aronson, Finning & Co., P.C.
Boston Medical Center HealthNet Plan
Hirsch Roberts Weinstein LLP
Qualis Health
West Insurance Agency
Neighborhood Health Plan
The Owens Companies
Mark DiNapoli
Donoghue Barrett & Singal PC
EasCare, LLC
Gerald Austen
Harvard Medical School Janey Construction Management & Consulting, Inc.
Johnston Associates
Justice Resource Institute
Network Health
Nixon Peabody
Rasky Baerlein Strategic Communications
The Bank of New York Mellon
Tufts Health Plan
United Way of Massachusetts Bay
WBUR/Boston University
Weber Shandwick Worldwide
Whittier Street Medical Directors

$1,000 – $2,499 (continued)
Catholic Charities of Boston
Chester Black
Community Development Corporation of Boston
Grace K. Fey
Kevin C. Phelan
McCall & Almy, Inc.
Mugar Enterprises
Thomas O’Neill
University of Massachusetts-Boston
Whittier Health Pharmacy

$500 – $999
Alexander, Aronson, Finning & Co., P.C.
Boston Public Health Commission
Edward O. Owens
Gerald Chertavian
Helen Rees
Morgan Memorial Goodwill Industries, Inc.
Ronald Jewell
Verizon

$500 – $999 (continued)
Agnes Bundy-Scanlan
Boston Women’s Health Foundation
Carolyn and Peter S. Lynch
Citizens Bank Charitable Foundation

$100 – $249
Barbara Lottero
Ellen Remmer
Jack Lane
Massachusetts Department of Public Health
Paul LaCamer
Sandra King
Sean T. Ryan
Thomas McCord
Adeola Ogunbadero
Agnes Bundy-Scanlan
Amy Hull
Ann Monitz
Carol Fulp
Charlayne Murrell-Smith
Charlotte Kahn
Cindy Nguyen
Colleen Doherty

$100 – $249 (continued)
Cortney Tunis
Daniel I. Sherman
Darryl Elliott
Elizabeth Pauley
Elizabeth Uptide Cobbblah
Ellen Plapinger
Evelyn Moreno
Gail Evans
Grace Connelly
Habib Sioufi
Heidi Brooks
Jane Brodie
Kelley Chunn
Klare Shaw
Maria Carolina Ruiz
Marla Minns
Mary Jo Meisner
Mary Reed
May Vaughn
Michael Contompasis
Nancy Roach
Patty Barkas
Paula Daher
Robert E. Smyth
Robert Gittens
Ruben Orduna
Rusty Steff
Sandra Elaine Scott
Scott O’Gorman
Sylvia Ferrell-Jones
Tulaine Marshall
Winfred Wilks
Yemi Olatiwo
Ro Dooley Webster

Thank you to all of our other supporters!
**FISCAL YEAR 2012 FINANCIALS**

**Balance Sheet**

**ASSETS**

- Current: $10,485,844
- Restricted Cash: $2,888,809
- Notes Receivable: $18,379,500
- Financing Fees: $908,954
- Fixed Assets: $35,154,030

**Total Assets**: $68,817,137

**LIABILITIES**

- Current: $4,736,387
- Long Term: $33,200,000

**Total Liabilities**: $37,936,387

**NET ASSETS**

- $29,880,750

**Total Liabilities & Net Assets**: $67,817,137

**Statement of Operating Support and Revenues & Expenses**

**REVENUE**

- Patient Service Revenue: $9,443,591
- Grants & Contracts: $6,207,050
- Fundraising and Contributions: $1,752,020
- Donated Space: $2,888,809
- Other: $3,086,818

**Total Revenue**: $20,888,966

**EXPENSES**

- Clinical Programs: $13,936,021
- Admin & Finance: $5,422,107
- Facilities: $1,056,262

**Total Expenses**: $20,414,390

**Net Operating Income/(Loss)**

- $474,576

**NON OPERATING REVENUE**

- Capital Grants: $10,359,716
- Foundation Fundraising Expenses: $36,151

**Total Non Operating Revenue**: $10,393,865

**Patient Profile**

- 80,000 clinic visits and more than 20,000 outreach visits.
- 10%, Patients known living at or below 100% of the Federal Poverty Level
- 56%, Female
- 46%, Patients best served in a language other than English
- 88%, Patients who are part of an ethnic or racial minority

**Senior Management**

Frederica M. Williams,
President and Chief Executive Officer

Dr. Jane Brodie,
Director of Mental Health and Substance Abuse

Dr. Mark Drews,
Associate Medical Director:
Adult and Geriatric Medicine

Dr. Laura Holland,
Associate Medical Director:
Family Medicine and Quality Improvement

Adeola Ogungbadero,
Vice President of Clinical Operations

John Reardon,
Vice President of Finance and CFO

Nancee Swartz,
Director of Human Resources

**Whittier Health and Wellness Foundation**

Frederica M. Williams
Mr. Richard Lynch, Co-Chair
Mr. Matthew Shadrick, Co-Chair
Mr. Gus Amegadzie
Mr. John Jenkins
Mr. Phil Johnston
Ms. Sonja Kelly Farmer
Mr. Jack Lane
Ms. Colette Phillips

**Credits**

Content: President’s & Development Office
Design: President’s Office & Chiarella Design
Photography: Chris Aduama & Paul Andrews
Printer: Innovative Resource Group
Writer: Helen Graves