The Faces of Personalized Care: Championing Health Equity
Linda Fulks has been a patient with Whittier Street Health Center for 40 years.

“I’ve been coming since I was a little tot,” she says. “The doctors and nurses are exceptional. They want to get to know whatever the underlying problem is to help with whatever might have brought you into the clinic that day. That’s what I found so rewarding, that someone sat down and took the time to say, ‘You might be pre-hypertensive, you might be pre-diabetic, you have a family history with this, that and the other.’ I appreciate that because I’ve been other places where I felt like a number.”

Today, Linda is one of our trained cardiovascular health ambassadors, conducting sessions to educate patients and community residents on cardiovascular disease through a grant from Astra Zeneca. She loves her work as much as she loves Whittier.

“I’m so proud and pleased to be a part of the Whittier’s hypertension program. Somebody took the time with me, so now I’m giving back to the community,” she says.

Linda grew up in the Whittier neighborhood after her parents moved from Georgia for better opportunities. “I remember going when Whittier was a baby clinic. I got my booster shots there, my school and camp records, first dental, everything.”

When Linda married and moved away, she tried other clinics. “I came right back to Whittier and made it my medical home.” Her daughter and grandchildren, she points out, come to Whittier, too. “I think that speaks volumes right there.”

Eleven years ago, Linda was pre-diabetic and pre-hypertensive. Her physician warned her to take control, and so she did. She never started medication for diabetes and her blood pressure has been 120/80 for years. “That’s with diet, exercise, rest, no stress, and just taking one day at a time,” she says.

Because of her adherence, Linda was asked first to participate in our Bristol Myers-funded diabetes education outreach program as a health ambassador, and then to join in our cardiovascular health ambassador program.

The cardiovascular wellness series is presented in increments of six-week sessions. Patients can re-enroll in several sessions without feeling that they need to make a year-long commitment.

“Championing Good Health Face to Face

It is such a rewarding and good feeling to do this because people are walking around with hypertension and they don’t know they have it because it’s a silent killer,” Linda says. “Two or three times during screenings I have escorted patients to our urgent care clinic because they just did not know that they were walking time bombs.”

In the sessions, Linda helps program participants understand and develop self-management goals. She serves as cheerleader, telling them that they can live healthfully with their disease, manage their lives, and not let it get them “down and out.” She’s realistic, too, acknowledging the good and bad days, because she’s been there.

“I wanted to give up one day and I said to my doctor, ‘I’m tired of being in my BMI range. I’m tired of not eating the things I want.’ I was ready to take medication for diabetes, but he said, ‘I don’t think you want that because the side effects are not nice.’ When he told me that, I straightened right back up.”

As much as Linda enjoys what she’s doing — “What a wonderful feeling to know that I’m making a positive impact on the community as a role model and encouraging people to improve their health through my personal experience” — program participants appreciate her just as much.

This is the value of optimizing the social connection that peer ambassadors bring to changing lives. The remarks Linda hears outside of Whittier are proof positive.

“When I’m doing my personal errands,” she says, “I’ll run into someone or I’m stopped in the community and they say, ‘I know you Miss Cardio. I forget your name, but I know you.’
Ask Phil Quartier why he comes to Whittier Street Health Center when he has the wherewithal to go anywhere else and he’ll say, “I found that I got high quality care. Often you find doctors who are caught up in their own importance. These folks were not. They were focused on patient care. I just fell in love with Whittier Street and I never left.”

We strive in each of our 40 programs at Whittier to elicit a response like Phil’s. We address personal health and fitness, social wellbeing, and community wellness. Our patient-centered medical home meets individual needs with personalized delivery coordinated across disciplines and services.

At Whittier, we connect a face to equitable care.

Building on our 81-year history, our state-of-the-art permanent home offers a Community Cancer Center, an urgent care walk-in clinic, primary care and specialty care clinics for all ages and backgrounds, a growing behavioral health department, and full-service dentistry, eye care, and podiatry. We provide X-ray, ultrasound, mammography, and lab services as well as a pharmacy, physical therapy, and an eyewear store onsite.

Our community outreach enrolls the uninsured, introduces quality health care to the hardest to reach, engages with healthy lifestyle activities, and screens for and educates on the diseases that are so pervasive in our communities: diabetes, hypertension, cancer, depression, and obesity.

We are a trusted partner promoting health 365 days a year. Supporting the Affordable Care Act, we focus on prevention for people who are at risk and on maintenance for those who are healthy. We support coordinated, comprehensive care with case management and quality assurance. We are results driven, constantly evaluating our processes and clinical outcomes.

We concentrate on social, economic, and environmental inequities, realizing that they are the root causes of poor health. We keep kids healthy to perform better in school. We hold job fairs and support the newly released from prison. We operate satellite offices in five public housing developments community. Our recreational activities geared to improve health outcomes are immensely popular – talk about Zumba is laced throughout this report. We provide healthy food access and counsel on nutrition in so many of our services.

We build on social connection with our group medical visits in diabetes, cardiovascular disease, pregnancy, and parenting; with our peer mentors who focus on at-risk youth; with patients who serve as health ambassadors in diabetes and cardiovascular disease; with support groups for HIV, substance abuse, children’s health, men’s health, obesity, and cancer survivorship; and with our public housing social health coordinators who counsel on nutrition, fitness, infectious disease, substance abuse, and violence prevention.

With all that we do so well, we nonetheless continually strive to do more so we remain relevant to our patient population.

With a Tufts Healthy Aging grant, we are expanding our senior program this year by adding medication therapy management and fall prevention education. These new programs supplement existing case management, primary care, wellness services, activities, screening for depression, and hospital follow-up.

“"At Whittier, we connect a face to equitable care.””
We have integrated behavioral health into our primary care to address crisis head on during the visit. Thanks to a $250,000 grant from the state Attorney General’s Office, we now immediately intervene with distressed individuals at our urgent care clinic.

By addressing patient problems one by one and integrating services and disciplines into our model of care, we are improving the health of our community. We are utilizing innovative models of delivery and building on the success of one program to the next.

Our Diabetes Care Coordination Program, funded by Bristol Myers, for example, identifies and connects newly diagnosed Black women to comprehensive diabetes care, provides case management for greater success, and instills self-management. Additionally, we utilize peer diabetes health ambassadors to seek out, engage, and educate in diabetes control.

Similarly, we are expanding on our cardiovascular disease outreach with the new Hypertension Control program sponsored by a $150,000 grant from Astra Zeneca. Introduced in June, the program has already spurred improvement: 52 percent of participants decreased their body mass index and 55 percent are now controlling their blood pressure.

We are tackling the challenges presented by our most comprised medical and psychiatric patients with our Boston Health Equity Program. In this groundbreaking effort, a multidisciplinary team cares for high-risk patients through registry, appointment management, follow-up, and reporting.

We continue our onsite work at five local public housing developments through our Building Vibrant Communities program funded by the Kresge Foundation. Outcomes to date include a dramatic reduction in depression, anxiety, and stress; improved weight and blood pressure control; and connection to neighbors.

To sustain our grant-funded programs, we have developed a Five-Year Strategic Plan to ensure the sustainability of these investments in programs and organizational infrastructure.

We are including in this plan a Funds Sustainability Strategy that sets the following tasks: leveraging shared resources across departments, adding programs as line items in the existing operations budget, collaborating with organizations with similar goals, applying for grants, soliciting in-kind support, holding fundraisers, using third-party reimbursement, and securing endowments and giving arrangements.

In this way, we are ensuring our capability to continue championing community health care one face at a time, providing personalized care and equitable access to a disenfranchised community.
Norma Moreno doesn’t miss a Zumba class, loves yoga, and looks forward to our other exercise programs at Whittier. This wasn’t always the case.

“I was overweight. My blood pressure and diabetes were creeping up on me,” Norma says. “The doctors kept telling me to go to exercise classes so my weight would come down.” Norma’s weight is now down, her blood pressure is back to normal, and her blood sugar, though she still has diabetes, is normal. She also attends our coffee hours and takes advantage of our nutritionist and our YMCA membership program. We reached out to Norma at one of our Family Days at the housing development where she lives, registered her in Whittier on the spot, and then telephoned to encourage her to join us. ‘They said, ‘Don’t stay in the house,’ so I do what they say. That’s how I got into going to Zumba.’

Norma is just the kind of patient Whittier seeks to attract and retain. We find her out in the community and then work diligently to keep her engaged in her health through our comprehensive services, continued outreach, and patient education. According to Norma, our efforts have paid off. “I have had an excellent experience at Whittier,” she says. “The people who run Whittier are excellent.”

Whittier Street Health Center began as a well-baby clinic in 1933. Today, we are a Federally Qualified Community Health Center accredited by the Joint Commission and recognized by the National Quality Assurance Committee as a Level 3 Patient-Centered Medical Home.

Our mission is to provide high quality, reliable, and accessible primary health care and support services for diverse populations in order to promote wellness and eliminate health and social disparities. We meet our community’s many needs on a $21 million budget. Two years ago, we established a permanent home with our new, six-story, LEED-certified, 78,900 square foot building, tripling our capacity from our previous location.

Just down the street from our old building, we are still located in Boston’s densest concentration of public housing, with 17 developments within one mile that are home to more than 27,000 low-income residents, new immigrants, and other vulnerable populations. Eighty-one percent of our patients live in public housing, and we are federally funded to provide primary care to public housing residents. Last year, we provided more than 60 educational sessions in public housing settings alone.

Among our adult patients, 70 percent have been diagnosed with at least one chronic medical condition: diabetes, hypertension, cancer, asthma, obesity, or depression. Twenty-seven percent have been diagnosed with two or more of these conditions. Our patients present with these conditions at a higher rate than other Boston residents.

Our primary service area has the highest levels of homicide, rape, robberies, assaults, and vehicle theft in Boston. Our area also experiences high rates of unemployment and chronic stress.

Approximately 80 percent of our patients present with psychosocial issues, trauma, mental health issues, or substance abuse.

Patient information and statistics

- 101,287 clinic visits and more than 20,000 outreach visits
- Demographic information: 38% African American, 39% Hispanic, 7% white, 1% Asian, 7% multiracial, 7% other
- 81% living in public housing
- 20,000 community residents reached
- 35% uninsured
- 54% below poverty level
- $2,448,000 in free care
Our Delivery of Care

Phil Quartier first came to Whittier Street Health Center when his business imploded and the health center was what he could afford. Today, Phil is back on track and has top-of-the-line health insurance. He still chooses to come to Whittier Street Health Center.

“I never left because I receive great care,” Phil says. “I realize that the way care is delivered at Whittier is the way it should be delivered. I feel like an equal partner. I’m a proactive participant in my health care, and they like that. I’m listened to at Whittier. These folks just don’t go, ‘Yeah, yeah, yeah, take this.’ I found that to be pervasive, a part of the culture at Whittier.”

Just like with Phil, we strive to partner with our patients in managing their care with personalized health care delivery to meet all of their wellbeing needs.

We assign each patient to a primary care team led by a physician and staffed with mid-level providers, nurses, case managers/patient navigators and medical assistants. Each team works closely with our mental health providers, registered dietician, certified diabetes educator, clinical pharmacist, and health ambassadors as needed. Together, our staff provides seamless, comprehensive care supported by our state-of-the-art electronic medical record system and the goal plans set by patient and physician.

Our Patient-Centered Medical Home model ensures this continuity of care by including a standardized process so patients have access to their primary care team every time they seek care. When minorities have a medical home, research has found that racial and ethnic disparities in health improve.

Routinely, we stratify our patients into three levels of care to ensure quality of health. In Level 3 of our Boston Health Equity Program, we support people who simply need to maintain their good health with routine care, wellness programming, goal setting, and monitoring.

In Level 2, we offer to those presenting with more complex medical needs navigator care management, primary care support, medication management, and wellness programming to help them manage a lifestyle change.

Level 1 focuses on our most compromised, for whom we arrange specialty physician care, care coordination by a nurse care manager, medicine management, wellness programming, and intensive outreach and support.

Our Centers of Excellence in diabetes prevention and management, obesity, cancer prevention and survivorship, arts therapy, men’s health, and asthma have proven track records in reducing disparities and engaging patients in their lifelong care.

To address our patients’ variety of needs, we offer specifically targeted programs that include violence prevention,
The dental services at Whittier address the need for quality, accessible, and affordable oral health care in a dental care shortage area. We provide preventative and restorative care, oral and periodontal surgeries, orthodontics, endodontics, and dental implants.

In FY2013, our dental department provided more than 18,000 dental visits—a growth of 78 percent since FY2008—and has been responsible for 27 percent of Whittier’s new patient enrollments every month.

This year, we are integrating our pediatric dentist and dental hygienist in the pediatric primary care department once a week for a full day to provide screenings or fluoride treatment to those patients expressing interest. We are providing the same service to WIC participants once a week for a half day.

We include dentistry in support groups and medical group visits such as our HIV Peer Support Group and CenteringPregnancy and CenteringParenting visits.

Similarly, we are integrating eye care into our Geriatric Chronic Disease Management program, just as we have in our Intensive Family Care family crisis program and group medical visits.

Our eye care department offers to all ages routine eye exams, contact lens fittings, ophthalmology services, emergency services, and optical services with an onsite laboratory. We operate our own full-service eyewear retail shop.

We offer state-of-the-art eye care equipment and treat a wide range of visual problems and eye disease, such as refractive errors, glaucoma management, diabetic retinopathy, macular degeneration, cataract, and dry eye.

By providing personalized care in a one-stop setting, integrating disciplines and creating multidisciplinary teams, we are improving the health of our community in partnership with one individual at a time.

To address the fact that men comprise nearly half of our patient population and are less likely than women to seek out a primary care provider, we offer innovative and comprehensive outreach, screenings, and referrals to link men to our primary care and support services.
The Faces of Health Equity

At Whittier, we are taking on our neighborhoods’ most pressing problems and turning them into the strengths of our health care delivery. By focusing on integrated, coordinated care, we are championing health equity for each individual who walks through our doors. We recognize that addressing social and environmental factors is an important piece in treating the whole person. Ultimately, self-management is the key to the success of personalized care, and so we are innovative in our outreach, education, empowerment, and engagement.

Integration and Coordination of Care

Reginald Njoku has been coming to Whittier for more than a year, needing primary care and liking the look of our modern facility. So far, he has made the most of our programs, going to the dentist, seeing his primary care team – and receiving cancer treatment.

Routine screening for prostate cancer during Reginald’s first primary care visit with us caught his cancer. “They got right on it,” Reginald says. “I was scheduled for treatment immediately. Whittier is a first-rate facility. They take their time, make me a priority. The staff are the best.”

We opened our Community Cancer Clinic in 2012 in partnership with Dana-Farber Cancer Institute. Our focus is on the most prevalent cancers of our patient population: breast, prostate, lung, colon, and cervical cancers. We offer onsite mammography, second opinions, referral, coordination, education, and a survivorship clinic right in the patient’s medical home.

< Patient Profiles

Advanced/poorly controlled chronic disease
- Complex co-morbid conditions
- Complex psychosocial issues
- Resistance to treatment
- Frequent hospitalizations/ER visits

Need for close surveillance of symptoms, medication titration, and intensive self-management education:
- Unstable disease state
- Co-morbid conditions
- Complex medication regimen
- Adherence problems/depression

Stability/maintenance
- Adherence to medications
- Lifestyle changes achieved
- Disease under control

Patient Care >

Level 1: Specialty Care & Intensive Support
- Specialty MD care
- Care coordination by RN Care Manager
- MTM
- Wellness programming
- Intensive, ongoing outreach & support

Level 2: Supported Care for Multiple Risk Factor Management: Meds, Goals, Lifestyle Change
- Navigator care management
- PCP support
- MTM
- Wellness programming

Level 3: Primary Care with Support – Maintenance of Lifestyle Changes
- Routine PCP care
- Wellness programming
- Personal health portal
- CHW monitoring & support
In collaboration with Dana-Farber and our other hospital partners, we strive to reduce the incidence of cancer among our patient population, providing screenings both at Whittier and out in the community and working toward eliminating risk factors such as unhealthy diet, inactivity, obesity, and smoking with our internal staff referrals and programming. We guide patients through their treatment process with patient navigators and support them in living healthier lives after their cancer treatment.

Guidance and support is critical in personalizing care, combatting disparities, and empowering people to attain and maintain their good health. Towanna Ransom is a Peer Support Advocate in our HIV Services Department. She runs our HIV peer support group and offers one-on-one peer support sessions with our HIV-positive patients. Towanna is also an HIV patient.

“When I became positive in 2003, I was an assistant working with the elderly,” she says. “I got a lot out of that, but when I became positive, I just thought there was a bigger need for me.”

Towanna experienced firsthand the stigma associated with HIV/AIDS and has transitioned those experiences into a passion for helping others with HIV by serving as navigator, advocate – and role model.

“HIV is not who I am,” Towanna says. “My name is not ‘HIV.’ It’s just something that I have. I didn’t let HIV stop me.”

In our HIV Services Department, we provide outreach, community building, prevention, testing, case management, peer support, and treatment. We take great care in helping people overcome their fear of being tested and understand how they can be treated.

Our HIV testing program is easy to access. Anyone, patient or not, can come in during clinic hours for a free, confidential rapid test. Additionally, our outreach workers conduct testing on our mobile medical van. All of our primary care providers are trained in HIV screening and counseling to engage the patient from the start.

Those who test positive for HIV are immediately linked to a case manager who coordinates their care for as long as they’re a patient at Whittier. Along with treatment, patients receive help with adherence, housing, employment, insurance compliance, and other issues that might arise.

The immediate linking of patient to care is the first step in eliminating the barrier to accessing care, particularly for conditions that carry a stigma. Just like with HIV, we utilize timeliness in our Urgent Care Clinic by addressing mental illness immediately.

By introducing behavioral health into urgent care, we are offering help when the need is highest and the individual is most likely to accept help. The stigma of accessing mental health and substance abuse care is prevalent among our patient population, and so the walk-in service maximizes our ability to treat the reluctant.

Behavioral Health Urgent Care services include assessment and stabilization, mental health and chemical health screenings, domestic violence assessment, an on-the-spot psychotherapy session, and, if needed, referrals to the Boston Emergency Services Team, other Whittier services, or area agencies.

We have also integrated behavioral health into our primary care visits so patients are seen immediately rather than scheduled for an appointment at another time. This style of integration eliminates wait time and the chance that the scheduled appointment will be cancelled.

Because we are in located a mental health professional shortage area, we have expanded our adult psychiatry program, increased staff from five to twenty-one, and added five more therapists in our children’s Arts Therapy program. The Affordable Care Act dramatically increases the number of people able to access behavioral health care, and we are ready.
Cindy Walker has been struggling with bipolar depression and seasonal affective disorder since the age of 11, when she recognized that she needed help and sought out a therapist. It has taken time, she says, to find the right person. Today, Cindy is perfectly comfortable with her therapist at Whittier, whom she totally trusts.

“It’s nice to have a therapist who is there for me and recognizes things even when I don’t,” Cindy says. “She remembers what I’ve said to her and clarifies things. Recovery is so much quicker. When I first started with her, I would stew on something that came up for a month or two, and now, if something comes up, I really look at it and either take action or let it go.”

Cindy has been coming to Whittier Street Health Center for 35 years, beginning with prenatal care for her now 34-year-old son. Through the years, she sought out numerous services for herself and her children.

These days, Cindy sees a behavioral health therapist, a physical therapist, a podiatrist, a dentist, an eye doctor, and her primary care doctor. She participates in our Diabetes Clinic and enjoys our Zumba classes so much that she brought her 70-year-old cousin and 83-year-old mother. Our engagement with Cindy is representative of the individualized care that we provide across departments through seamless delivery.

Health & Wellness

Nine years ago, Michael Griswold was homeless, living under a bridge, and strung out on drugs and alcohol. Today, he’s in demand as a spokesperson for the program Nurturing Fathers. What turned him around was the birth of his son.

“I lost my son due to my addiction,” Michael says. “The Department of Children and Family Services told me at birth I could either get two pictures a year or I could work on getting reunification. I brought that to my support network. They told me, ‘Go get your son.’

“I ended up going to a halfway house,” Michael continues. “Things slowly started getting better for me. I went to court eight years ago. I was awarded full custody when he was 18 months old. He’s going on 9 now, just me and him doing everything.”

A patient at Whittier for five years, Michael sees a therapist and participates in weekly substance abuse group therapy aimed at relapse prevention. He has been clean and sober since 2005.

“I can’t believe where my life is today,” Michael says. “Some people who saw how I was in the ‘90s see me now and say, ‘You’re an inspiration.’ I never heard that before. It was always, ‘You’re always going to be nothing.’ ”

We believe that addressing the social and environmental issues in our community can turn lives around, and so we offer a multitude of programs, including our Substance Abuse Services, that not only positively affect people’s lives but also positively affect the community as a whole.
Because violence is such a large part of our patient population’s environment, we offer anti-violence programming for children and adults in an effort to effect change at the grassroots level.

One of two health centers chosen for Boston Public Health Commission’s Defending Childhood program, Whittier developed a Center in Excellence in the treatment of childhood trauma and we have since expanded our treatment capabilities to partner with and advocate for parents on a one-to-one basis and to treat children and adolescents with evidence-based treatment models.

Our Arts Therapy supports children who have witnessed violence and works toward breaking the cycle of violence. Our Inoculation Against Violence groups treat 5-to-7-year-old children and, in a separate group, their parents in early intervention. The Intensive Family Team program responds to families in crisis. Decision Arts has helped more than 100 at-risk teen and preteen girls who are witnesses, victims, or perpetrators of violence.

Our peer-led Youth Violence Prevention Program collaborates with youth and community-based organizations in our surrounding neighborhoods.

We also utilize the strength of social connection in our CenteringPregnancy and CenteringParenting group medical visit programs to educate, provide medical care, create connection, and combat prevalent low birth weight rates and infant mortality in our community. We are building on the peer-to-peer support, knowledge about babies, and engagement developed in the first prenatal program to transfer into the next, parenting program.

Proper nutrition and physical fitness are instrumental in attaining and maintaining good health, and so we offer a variety of programs to reverse statistics such as 61 percent of our children and 78 percent of our adults are obese.

We reach adults through our Healthy Weight Clinic, the fruits-and-vegetables 1-3-5 Program offered by our Men’s Health Department, and our Medical Fitness Center that offers life coaching, physical fitness including aerobics classes, nutrition counseling, acupuncture, and stress-reduction sessions.

We address childhood obesity in our community with three specific programs.

Race Around Roxbury is a free afterschool nutrition and fitness program for children ages 7 to 13 that encourages healthy lifestyle habits. Our Pediatric Healthy Weight Clinic is an intensive multidisciplinary clinical intervention for children with a BMI greater than the 85th percentile and their parents.

In June this year we introduced Mommy and Me to equip parents of young children with healthful food knowledge, kitchen skills, and techniques to introduce new foods at home. Children learn age-appropriate cooking basics and the program connects families to accessible exercise programs in the community.

Outcomes from the first Mommy and Me cycle have included one family increasing their vegetable intake from three to seven days a week, and another family reducing their fast food consumption from three times to once a week.

With Mommy and Me, we are encouraging early on better lifestyles, stronger families, and a healthier community in Boston’s most underserved neighborhoods.
Since 2011, Whittier has reached more than 2,000 Black and Latino residents through our cardiovascular health program with education on healthy eating, stress management, and physical activity. Our outreach has extended to churches, public housing developments, and even taxi drivers at Logan Airport.

With a $150,000 grant from Astra Zeneca, we are expanding our outreach with the program Hypertension Control. In the program, patients come to the clinic for screenings, enjoy a healthy lunch geared toward cardiovascular health, and learn to prevent or manage hypertension and how to undertake lifestyle changes.

Linda Fulks was handling her high blood pressure so well that her program manager asked her to serve as a cardiovascular health ambassador to provide peer support and education. As a trained health ambassador, Linda helps instill behavior change for improved cardiovascular health.

“We find out what’s going on,” Linda says. “We ask, ‘Are you taking your meds? Seeing your doctor on time? Doing things that are healthy?’ We help them set a goal and achieve it. We talk about how stress and depression play a role, how to prevent a stroke, a heart attack. We’re making people aware. We talk about smoking cessation and alcohol. All those things can make your system go haywire.”

Outcomes of the program to date include improved hypertension risk knowledge, lower blood pressure, and adherence to self-management goals. “I have seen dramatic change in their numbers in three months,” Linda says.

Whittier reaches into the community in many other ways. Particularly effective is our outreach in five local public housing developments with our Building Vibrant Communities’ Social Health Coordinators.
These coordinators are trained in HIV/AIDS, asthma, mental health, healthy eating, human sexuality, cultural competency, information technology, and substance abuse. They engage adult residents in free exercise and wellness programs, help them navigate health and social services, act as a 24/7 resource, and help us collect data pre- and post-intervention.

With their service, we have reached more than 1,000 people with screenings, workshops, career planning, wellness classes, and increased access to primary care. For the younger set, drop-in summer camp for ages 5 to 13 offers Arts Therapy, field trips, swimming, and exercise programs. Coordinators also target adolescents who are at risk for incarceration or dropping out of school.

Our outreach also extends to a mobile medical van, van transportation for appointments, and, new this year, a medication delivery service to ensure equitable access throughout our community.

With the medication delivery service, we are increasing access and improving medication compliance for geriatric patients and patients with chronic illnesses. By identifying new prescription refills or supplement orders, our clinical case managers coordinate with patients to make sure they receive their deliveries at home.

In an ever-increasing effort to reach as many people as possible in our target communities, we are working to enroll the uninsured in health care to close the coverage gap and increase access to coverage and high quality care.

We go out in the community where we know there are high concentrations of the uninsured. We educate on affordable health care coverage and assist with applications on the spot or refer to our Health Benefits Department at Whittier. We expect to submit 3,600 completed applications this year.

Specifically targeting public housing residents, youth in public schools, ex-offenders, the unemployed and underemployed, taxi drivers, new immigrants, and the homeless, we utilize our social health coordinators and outreach coordinators to assist and educate the eligible and provide culturally and linguistically appropriate materials and services.

Though community action, we are closing the gap on health disparities by drawing in the disenfranchised and championing equitable, personalized care for all of our patients.
Event Highlights

FAR LEFT
2013 Gospel Concert Award Presentation (L-R)
Dr. Bobby Jones, President and CEO Frederica M.
Williams and Reverend Ellis I. Washington

LEFT
Women for Whittier Holiday Tea & Talk (L-R) Stephen
Tordone, 2013 Women’s Health Champion Sonja Kelly,
and Deborah Kelly

FAR LEFT
2014 Back-to School BBQ at Whittier Street
Health Center

LEFT
2014 Hispanic Heritage Month Celebration (L-R)
Tufts Health Plan’s Juan Lopera, Director, Health
Care Services, Keynote Speaker Dr. Marisela Marrero,
President and CEO Frederica M. Williams and
Whittier’s Dr. Luis Velez Velazquez

FAR LEFT
2014 Roast for Dr. Ralph de la Torre (L-R) Roaster and
President and General Manager of Suffolk Construction
Mark DiNapoli; Roastee Dr. Ralph de la Torre, Chairman
and Chief Executive Officer of Steward Health Care
System; President and CEO Frederica M. Williams;
and Roaster Jack Connors, President and CEO of
The Connors Family Office

LEFT
2014 Roast for Dr. Ralph de la Torre (L-R) Roaster
Andrew Dreyfus, President and Chief Executive Officer
of Blue Cross Blue Shield of Massachusetts; Roastee
Dr. Ralph de la Torre, Chairman and Chief Executive
Officer of Steward Health Care System; President
and CEO Frederica M. Williams; Toastmistress
Dr. Marisela Marrero, Attending Physician at the
North Shore Medical Center; and Mark DiNapoli,
Roaster and President and General Manager for
Suffolk Construction

LEFT
2014 Roast for Dr. Ralph de la Torre - Tom May,
Chairman, President and CEO of Northeast
Utilities (middle), with his wife Donna May and
other NU employees

LEFT
2014 Roast for Dr. Ralph de la Torre (L-R) Roaster
Andrew Dreyfus, President and Chief Executive Officer
of Blue Cross Blue Shield of Massachusetts; Roastee
Dr. Ralph de la Torre, Chairman and Chief Executive
Officer of Steward Health Care System; President
and CEO Frederica M. Williams; Toastmistress
Dr. Marisela Marrero, Attending Physician at the
North Shore Medical Center; and Mark DiNapoli,
Roaster and President and General Manager for
Suffolk Construction
Attorney General Martha Coakley tours Whittier and announces grant award of $250,000 to Whittier towards the Behavioral Health integration in the Urgent Care Clinic.

President and CEO Frederica M. Williams

2014 Back-to-School BBQ at Whittier Street Health Center

2014 Black History Month Celebration & Annual Meeting

Recipient Charlotte Golar Richie, President and CEO Frederica M. Williams, Dana-Farber Cancer Institute’s Vice President of External Affairs Anne Levine, and President’s Award recipient State Treasurer and Receiver General Steve Grossman

2014 Back-to-School BBQ at Whittier Street Health Center

2014 Roast for Dr. Ralph de la Torre Award Presentation

Chairman and Chief Executive Officer of Steward Health Care System Dr. Ralph de la Torre and President and CEO Frederica M. Williams

2014 Men’s Health Summit

Dr. Marc Garnick, Professor of Medicine from Beth Israel Deaconess Medical Center; Boston Children’s Hospital’s Assistant in Medicine, Children’s Hospital Primary Care Center Dr. Luc Joseph Richard Taylor, Director of the Center for Real Estate at Suffolk University; Joseph Nolan, Senior Vice President, Corporate Relations for Northeast Utilities; President and CEO Frederica M. Williams; Youth Guest Speaker Devin Williams-Agyeman; Men’s Health Champions The Honorable Mayor Marty J. Walsh, Boston Globe photographer Bill Bott; Dr. Paul Mendis, Chief Medical Officer at Neighborhood Health Plan; and Keynote Speaker Billy Blanks, Jr.

Secretary of the Executive Office of Health and Human Services John Polanowicz presenting President and CEO with a declaration for Governor Deval L. Patrick in honor of National Community Health Center Week

2014 Whittier Street Health Center Summer Youth Enrichment Program visit to the U.S.S. Constitution
<table>
<thead>
<tr>
<th>Donation Range</th>
<th>Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250,000+</td>
<td>Executive Office of Health and Human Services, Health Resources and Services Administration</td>
</tr>
<tr>
<td>$100,000 - $150,000+</td>
<td>AstraZeneca HealthCare Foundation, Center for Disease Control, GE Foundation, Kresge Foundation, Office of Medicaid</td>
</tr>
<tr>
<td>$50,000 - $99,999</td>
<td>Blue Cross Blue Shield of Massachusetts, Steward Health Care System, LLC, Tufts Health Plan</td>
</tr>
<tr>
<td>$25,000 - $49,999</td>
<td>Boston Children’s Hospital, MassDevelopment, NSTAR, Partners HealthCare, Suffolk Construction Company</td>
</tr>
<tr>
<td>$1,000 - $2,499</td>
<td>Edward Benz, Jr., MD, Deborah Daccord, Esq., James Lee, Richard Lynch, Susan Lynch, Eileen A. Martin, Bay State Physical Therapy, CeltiCare Health Plan of Massachusetts, Charm Medical Supply, Foundation to be Named Later, Massachusetts League of Community Health Centers, Morning Star Baptist Church, Whittier Health Pharmacy</td>
</tr>
<tr>
<td>$500 - $999</td>
<td>Vivian Beard, Michael A. Bergan, Christopher Boland, William Cushing, Jr., Ronald and Janice Jewell, Allyce Najimy, Lee Pelton, Stephen Tordone, Michael Twomey, Elizabeth Williams, Delta Dental Plan of Massachusetts, EASCare, Greater Roslindale Medical &amp; Dental Center, Lower Roxbury Coalition, Morgan Memorial Goodwill Industries, Inc., WB Mason Company, Weber Shandwick Worldwide</td>
</tr>
</tbody>
</table>
$250 - $499
Margaret Allard, MD
Richard Bane
Kristin Blount
Justine Carr
Pam Cross
Michael Detjen
Sean Edwards
Patty Elliott
Deborah Enos
Mark Girard
Charlotte Golar Richie
Jerry Grady
Christopher Hahn
Laura Baum Holland, MD
Dominique Morgan-Solomon
Kerin O’Toole
Thomas Oksanen
Edward Owens
Dorothy Puhy
John D. Reardon
Mark Rich
Brendan Whalen
Rick Yetra
Detwiler Fenton Investment Management
Innovative Resource Group

$100 - $249
Maureen M. Amaral
Michele Bartalini-Gerroir
Jacqueline Bergeron
Carla Bettano
Karín Blum
Jane Brodie
Bithia Carter
Harry Castleman, Jr.
Mary Concannon
John Cusack, Jr.
Jill d’Arbeloff
Marilyn Daly
Adra Darling
Andrew and Sonya Davis
Frank Doyle
Edward Esposito
Wendy Everett, MD
William and Diane Fandrich
Mary Fernandes
Michael Fey
Watura Finley
John Finning
John Folcarelli
Gloria Fox
Susan Greenberg-Yarmush
Julie Hamilton
Todd Hamilton
Michelle Helgeson
Deborah and Stephen J. Jansen

Craig Jesiolowski
John Jurczyk
Sorie Kaba
Stan and Mary Leven
Barbara Jean Lottero, RN, MS
Ann McLaughlin
Sharon McNally
Stephanie Meehan
Brian Monahan
Patricia Murphy
Michael Ndungu
John Nichols
Adeola Ogungbadero
Ebi Okara
Crystal Palmer
Mark Pearlmutter
Susan Portin
Lester Schnidel
Fredi Shonkoff
Habib Sioufi, MD
Robert Smyth
David Szabo
Brooke Thurston
Sandy and Susan Tuchin
Joseph Toomey
Mark and Laura Tortorella
Kim Wendell
Athene Wilson-Glover
Barbara Lee Political Office
Community Development Corporation of Boston

Thank you to all of our other supporters!
# Fiscal Year 2014 Financials

## Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$10,447,846</td>
</tr>
<tr>
<td>Restricted Cash</td>
<td>$1,557,112</td>
</tr>
<tr>
<td>Notes Receivable</td>
<td>$18,379,500</td>
</tr>
<tr>
<td>Financing Fees</td>
<td>$787,081</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>$32,666,928</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$63,838,467</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$1,147,343</td>
</tr>
<tr>
<td>Long Term</td>
<td>$33,200,000</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>$34,347,343</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$29,491,124</td>
</tr>
</tbody>
</table>

| **TOTAL LIABILITIES & NET ASSETS** | **$63,838,467** |

## Statement of Operating Support And Revenues & Expenses

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Service Revenue</td>
<td>$10,462,133</td>
</tr>
<tr>
<td>Grants &amp; Contracts</td>
<td>$6,593,886</td>
</tr>
<tr>
<td>Fundraising and Contributions</td>
<td>$1,541,389</td>
</tr>
<tr>
<td>Other</td>
<td>$4,274,331</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>$22,871,739</strong></td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Programs</td>
<td>$18,686,968</td>
</tr>
<tr>
<td>Admin &amp; Finance</td>
<td>$2,405,994</td>
</tr>
<tr>
<td>Facilities</td>
<td>$1,500,693</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$22,593,655</strong></td>
</tr>
</tbody>
</table>

| **NET OPERATING INCOME/(LOSS)** | **$278,084** |

In FY2014, Whittier provided $2,448,000 in free health care.

Sources of Revenue:
- 46% from patient services revenue and 54% grants, contracts, fundraising and other.
- 35% of our patients are uninsured.
- 100% of our social services and public health programs are free of charge.

### Medical Insurance Source

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Uninsured</td>
<td>(35%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>(30%)</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>(19%)</td>
</tr>
<tr>
<td>Public Insurance</td>
<td>(10%)</td>
</tr>
<tr>
<td>Medicare</td>
<td>(6%)</td>
</tr>
</tbody>
</table>

### Patient by Income Level as Percent of Federal Poverty Limit

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/Uninsured</td>
<td>(35%)</td>
</tr>
<tr>
<td>100% &amp; below</td>
<td>(34%)</td>
</tr>
<tr>
<td>101-150%</td>
<td>(11%)</td>
</tr>
<tr>
<td>151-200%</td>
<td>(3%)</td>
</tr>
<tr>
<td>Over 200%</td>
<td>(5%)</td>
</tr>
</tbody>
</table>

### Patient Profile

- 101,287 clinic visits and more than 20,000 outreach visits
- 5%, patients known living at or below 200% 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

- Black/African (42%)  
- Hispanic/ Latino (39%)  
- White (7%)  
- Other (16%)
Senior Management

Frederica M. Williams  
President and Chief Executive Officer

Jane Brodie, Ph.D.  
Vice President of Programs and Services

Jim Lee  
Vice President of Finance and CFO

Michael Ndungu  
Chief Information Officer

Adeola Ogungbadero  
Vice President of Clinical Operations

Whittier Health & Wellness Foundation Board

Sonja Kelly, Chair  
Colette Phillips, Vice Chair  
John Jenkins  
Richard Lynch  
Matthew Shadrick  
Marc Spooner

Community Board of Directors

Debra Miller, Chair  
Pastor Gerald Bell, Vice Chair  
Vianka Perez-Belyea, Secretary  
True See Allah  
Omolara Bankole  
Donna Dellota

Craig Estes, Esq.  
Monica Hall-Porter  
Vernon Nelson  
Cindy Walker  
Alicia Wedderburn

Credits

Content: President’s & Development Office  
Design: Chiarella Design  
Photography: Chris Aduama

Printer: Innovative Resource Group  
Writer: Helen Graves

We apologize for any and all inaccuracies or errors of omission. Please contact Valerie Stephens so we can improve our lists in the future. Please note that multiyear pledges are recognized only in the year pledged. Thank you!