

# WHITTIER STREET HEALTH CENTER

Comprehensive. Compassionate. Community.

## **ANNUAL REPORT 2013**

STRATEGICALLY PROMOTING COMMUNITY WELLNESS, INNOVATING HEALTH CARE FOR DIVERSE POPULATIONS



#### VIANKA PEREZ BELYEA WORKS IN HEALTH CARE,

so it's quite an accomplishment for Whittier Street Health Center to impress her to the point of trusting us with her family's care – and asking to serve on our board of directors.

Getting to understand Whittier through her job at the time at Partners Health Care, when she was in contact with other community health centers, Vianka switched her care to us.

After surgery, Vianka did not need follow-up with chemotherapy or radiation, something she attributes to Whittier and early detection. "If I had waited, if I didn't get that push to have the lump checked, my diagnosis could have been far worse," she says.

Since Vianka and her husband wanted another child, Whittier was helpful in making sure her health was up to a pregnancy. A year after surgery, mission accomplished: She was healthy and she was pregnant.

"For the most part, community health centers are seen as a place to serve the underserved. Frederica was thinking beyond that and thinking a lot bigger."

A few years later, a change to her current job as practice manager for Beth Israel Deaconess Medical Center's neurology department meant that serving on our board was no longer a conflict of interest. She immediately asked to become a member as a patient representative in 2005.

As Vianka's life progressed and her family evolved – husband Aaron, daughter Soledad and son Lucas – they, too, came to Whittier.

"I am impressed every time I walk into Whittier with what a great model of care it is," Vianka says. "Health care is complicated. In order to have a healthy patient, you have to think of every aspect of a person's life. Once you walk through the doors at Whittier, you have one-stop shopping. You don't have to go anywhere else."

In 2009, Vianka's positive impressions were further cemented into firm beliefs when she was urged to check out a lump during an annual physical examination.

She was 35 when she was diagnosed with breast cancer.

"It was traumatizing to be faced with this diagnosis," Vianka says. She was young. Her daughter was only 3 years old.

Throughout her treatment, Whittier was extremely supportive, Vianka points out. "But I don't think I was treated differently than any other patient walking through the door."

"Things worked out for me," she says. "I had the opportunity to have another child. I am very healthy right now. I am three years cancer free."

Vianka still serves on our board of directors, where she is secretary and a member of the governance committee. She believes she brings a critical viewpoint to the board, along with her health care expertise.

"I'm a patient, I'm a board member, I'm a mom who takes her children to the Health Center. I offer a perspective different than board members who are not seen at Whittier. I am coming up with better ways to serve the patient because I am on the other end as a patient."

Vianka joined our board to keep in touch with the community when she moved into management. "I wanted to give back, and this was a great way to do it and to be supportive of the goals and everything else Whittier is doing," she says.

Which brings Vianka's story back to why she came to Whittier in the first place: the vision and direction of our President and CEO, Frederica Williams.

"For the most part, community health centers are seen as a place to serve the underserved. Frederica was thinking beyond that and thinking a lot bigger," Vianka says. "She's persistent in terms of what her goals are and what she wants to achieve. She has found a good formula to be a good provider. Once you have folks in the door, you want to maximize, and, ultimately, you want them to be healthy."

# MESSAGE FROM OUR PRESIDENT & CEO AND OUR BOARD CHAIR

At 80 years of age, Whittier Street Health Center is doing everything but slowing down.

As the recipient of a Health Resources and Services Administration grant, we are transitioning to our services an estimated 8,000 patients in the Roxbury-North Dorchester service area from the now-closed Roxbury Comprehensive Community Center – going so far as to knock door-to-door to invite people to come to Whittier. We are also welcoming new adult patients from the Martha Eliot Health Center at Boston Children's Hospital, which renewed its focus on children and adolescents.

Like we do for all of our patients – nearly 25,000 in 2013 – we provide the best primary care and wellness services at our two-year-old, six-story, LEED-certified, 78,900 square foot permanent home, and through our outreach into the community. We provide patients with a medical home, where their care is integrated through the interface of health care professionals in multiple disciplines as well as state-of-the-art technology.

# We strategically address the health disparities of our neighborhoods by:

- 1) Serving all ages in the life cycle with attention to special populations,
- 2) Expanding chronic disease management,
- 3) Ensuring that all patients have access to comprehensive services,
- 4) Creating innovative programming and service delivery to be responsive to community needs,
- 5) Providing coordinated care in a patient-centered medical home, and
- 6) Offering integrated prevention, health education, and wellness services.

We are on track to reach even more people in Boston's urban neighborhoods through our Boston Health Equity Project, a system of care for people with chronic illnesses that fully integrates innovative community outreach, wellness support, and care coordination.

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.

Yet our challenges are many.

The majority of our patients present with diabetes, hypertension, cancer, depression, obesity, or any combination of these chronic illnesses. Our service area suffers from high infant mortality, high crime rates, teenage pregnancy, sexually transmitted diseases, and substance abuse.

Eighty-three percent of our patients live in public housing. More than half live below the poverty line. Forty-five percent are foreign born. Our patients speak over 20 languages and almost half are best served in a language other than English.

So we build our approach to providing a medical home on the understanding that social, economic, and environmental inequities are the root causes of the challenges we tackle. We know that we are filling the gap in an area with low private practice Medicaid participation, long waiting lists for specialty services, and a shortage of mental health professionals.

We believe that we must create a culture of wellness in our communities and that we must provide innovative, comprehensive care that fosters participation. Wellness programming, to us, works best when fully integrated with primary care, tailored to individual needs, and reinforced by ongoing support to ensure patient compliance and self-management.

Patients are assigned to a primary care team led by a physician and staffed by a multi-disciplinary team of midlevel and lay caregivers who provide holistic care. Patients are actively involved in their own care plans. Whittier is a one-stop location where prevention, health education, and disease management is carried out efficiently and with meaning.

Mary London considers us her "second home." Told while living in New York that she might have kidney cancer, it wasn't until she happened to pass by Whittier after moving to Roxbury that she became enveloped with welcoming, comprehensive, coordinated care. Thinking the building was beautiful and that she'd better go inside, Mary knew she had come to the right place in her first moments of contact.

A primary care visit connected Mary to the Dana-Farber Community Cancer Center at Whittier with a nurse who kept her calm and comfortable during proceeding visits. Within two weeks, Mary was meeting with the Dana-Farber surgeon to discuss options. She chose surgery.

"I was very fortunate, because the cancer could have spread," Mary tells us. "So many things could have gone wrong."

### MESSAGE FROM OUR PRESIDENT & CEO AND OUR BOARD CHAIR (CONTINUED)

Kidney cancer was only one of several health complications that Mary was experiencing, and so she has been coming to Whittier three to four times a week. "I have not met one person who was not nice to me," Mary says. "Everyone has been wonderful. I always said I'd tell the world about my experience."

Mary London is one example of how seriously we take our challenges, and how we constantly strategize about the best ways to address the problems that beset our patient population.

Another example is our focus this year on mental health and the trauma of neighborhood and domestic violence. Our new Center of Excellence – treating childhood trauma – addresses the aftereffects of violence on children. Our Defending Childhood initiative provides trauma-trained staff to work with children, adolescents, and parents at Whittier, in five public housing developments, and at a domestic violence shelter.

Our expanded Post-Prison Release programs help both men and women with reentry into society pre- and post-release with the goal of reducing recidivism and improving quality of life.

We have integrated behavioral health into primary care to meet the growing demand for mental health services, with behavioral health staff embedded in the primary care wings for immediate intervention and follow-up care. We offer group therapy sessions for depression; anger management; family therapy; expressive arts therapy in music, drama, and art; and Suboxone outpatient clinics for opioid addictions.

Our strategic reach into the community continues to attract, engage, and retain residents in our catchment area. Our trained patient health ambassadors engage peers in health discussions and steer them toward addressing their health issues at Whittier Street Health Center.

Since Whittier is situated in the densest convergence of public housing in Boston, we now offer 24/7 availability at five housing developments through our Building Vibrant Communities program. Our onsite social health coordinators act as a bridge to the health care system for residents and provide effective intervention for individuals who rarely benefit from health care advances.

For the 70 percent of our patient population who do not own cars, we offer transportation to and from Whittier in one of our three vans.

We are also tackling our challenges in other innovative ways that include redesigning the primary care visit into a system of shared medical appointments, based on the success of group medical visits in diabetes, pregnancy, parenting, and mental



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health. Simultaneously, we are enlisting the support of insurers for a new payment model we are proposing for the chronic care model in our Boston Health Equity project, which is producing excellent outcomes and is cost effective.

To deepen our engagement with new and existing clients, we have launched our redesigned website, www.wshc.org, to help people more easily find information about specific programs, schedule appointments, and learn about Whittier's staff and the work that we do. We are also activating our new Patient Portal, a patient-centered, secure site that allows our patients to review their medical records, schedule visits, pay bills, and request prescription refills or referrals.

We are in the process of establishing our Medical Fitness Center to expand on our holistic services by offering meditation, acupuncture, yoga and dance therapy, physical activities such as Zumba, nutrition counseling, health literacy and education, wellness support, and life coaching.

We are excited about the prospect of yet another innovative step in deepening our patients' commitment to managing their health—a rooftop community garden that will address the fresh fruit and vegetable desert of our neighborhoods.

We are strategically planning the future of community health care, fostering community wellness, and innovating the next steps in eliminating health disparities and promoting wellness for diverse populations.



Frederica M. Williams
PRESIDENT & CEO



Debra Miller

BOARD CHAIR

# Strategically Addressing the Disparities in Our Community

Whittier Street Health Center is a Joint Commission accredited, private, nonprofit, independently licensed community health center. Located in Roxbury, we offer some 40 health care programs and services designed to meet the primary health care, public health, behavioral health, and social needs of our community.

We are the only health center in Boston that is federally funded to serve residents of public housing where they live and one of two refugee assessment sites in Boston. Whittier is recognized by the National Committee for Quality Assurance as a Level 3 (highest ranking) patient-centered medical home.

Our patient visits in 2013 are already at our target set for 2015, and we are projecting an annual patient growth rate of 12 percent. Our new permanent home has room to care for 80,000 patients and provide 220,000 visits annually.

Nonetheless, it is extremely difficult to provide effective and comprehensive health care to those who live with violence, mental health issues, substance abuse, poverty, and multiple chronic illnesses.

Roxbury's per capita income, at \$17,827, and median household income are the lowest in the City of Boston.

#### In terms of illnesses:

- 70.4 percent of Whittier's adult patients have been diagnosed with at least one of the following chronic conditions: diabetes, hypertension, cancer, asthma, or obesity/overweight with a body mass index of 25 or higher;
- 27.2 percent of our patients have been diagnosed with two or more of the above conditions and are living with a range of co-morbidities; and
- Our patients present with these conditions at a higher rate than other Boston residents.

N. Dorchester	Roxbury	Boston
25.8	23.7	20.1
11.40%	12.00%	9.30%
11.40%	12.40%	9.90%
50.4	59.7	31.5
1,487.5	1,308.6	720.9
12.5	14.7	11.2
1.7	2.2	0.9
43.1	31.3	35.3
17.9	16	47.9
	25.8 11.40% 11.40% 50.4 1,487.5 12.5 1.7 43.1	25.8       23.7         11.40%       12.00%         11.40%       12.40%         50.4       59.7         1,487.5       1,308.6         12.5       14.7         1.7       2.2         43.1       31.3

Eighty percent of our adults present with psycho-social issues. Similarly, we treat a large number of youth in our behavioral health and arts therapy departments. The ethnicity of these youngsters reflects that of our patient base: 42 percent African or African American, 43 percent Hispanic, 2 percent Haitian, 2 percent Somali, and 11 percent "other."

The median age in Boston is 31.7, which is particularly important when considering that our newly assumed service area of North Dorchester has the highest birthrate in the city, with Roxbury having the second highest.

Of all Boston neighborhoods, however, Roxbury has the highest percentage of low birth rates, infant deaths, and teenage pregnancies, as well as sexually transmitted diseases and tobacco, alcohol, and other substance use.

Our service area deals with extreme violence, whether at home or on the streets. On a scale of one to 10 for violent crime, including murder, rape, robbery, and aggravated assault, Roxbury rates an eight.

In 2011, Roxbury had the highest number of domestic violence calls to the Boston Police Department and the highest number of arrests for domestic violence of any Boston neighborhood.

Monica Hall-Porter loves Whittier Street Health Center because it meets all of her needs, is within walking distance from her home, and, as she says, serves "a melting pot of populations."

Donna Delotta was so depressed that she didn't recognize how low she felt until we connected her to mental health counseling during her first primary care visit with us.

Rhonda Julian credits her optimism for surviving cancer to the tone Whittier set at her initial diagnosis.

None of these positive experiences have happened by chance. At Whittier, we are employing six key strategies to deliver responsive, inclusive, comprehensive care.



# Strategically Providing Responsive, Inclusive, Comprehensive Care



"I don't know if people understand that Whittier serves clients of all socio-economic levels and meets them where they are to serve their needs."

- MONICA HALL-PORTER

#### **STRATEGY 1:**

# Serve all ages in the life cycle with attention to subpopulations with special issues.

Monica Hall-Porter first came to Whittier for her prenatal care. Now, she, her husband, and their infant son are enrolled as Whittier patients. With baby Jason, Monica is taking part in our CenteringParenting program, which combines pediatric visits with group parenting discussions.

Sessions begin with weighing and measuring the babies, continue with talk centered on selected topics and parental concerns, and finish with checkups by the pediatrician and nurse practitioner.

"I like the camaraderie, knowing that in a group of parents you are not alone. We're all parents of new little ones with some of the same issues, same concerns," Monica says.

"I don't know," she adds, "if people understand that Whittier serves clients of all socio-economic levels and meets them where they are to serve their needs."

The CenteringParenting program, new in 2012, is a spin-off of our highly successful CenteringPregnancy program that incorporates prenatal care with group discussion and education to combat our service area's high infant mortality and low birth weight rates.

With both innovative programs, Whittier is starting at the beginning of the life cycle and ensuring healthy starts and continued participation in the health care system.

For children, we offer services to address areas of special concern in addition to our pediatric teams of pediatrician, pediatric nurse practitioner, medical assistant, case manager, social worker, and other professionals.

Our Healthy Weight and Rainbow Clinics, for example, target children with obesity and special needs, respectively. Our mental health services address the issues children present to us, such as attention deficit hyperactivity disorder, oppositional defiant disorder, depression, post-traumatic stress disorder, and generalized anxiety.

Our women's health programs not only provide OB-GYN care, but also screenings for cancer, domestic violence, substance abuse, and mental health issues. Our expanded women's post-prison release program provides health care and support for women who might otherwise end up homeless or reoffending because of lack of support.



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.

Once men are enrolled at Whittier, we offer programs such as our Men's Health Clinic for case management, outreach, education, family planning, and screening; an all-day Men's Health Summit; and Project 1-3-5 to encourage an annual physical, three days of physical activity each week, and five servings of fruit and vegetables a day.

As with our women's post-prison release program, we offer men postprison release support for transitional, safe, and affordable housing; skills development and job training; job placement and childcare support;

family reunification support; accessible health care and human services; referrals and service coordination; values training; and individual and peer group meetings.

For our seniors, we launched a Geriatrics Clinic in 2004 and have recently instituted special outreach in public housing, where a case manager implements screenings, health fairs, coordinated patient appointments, transportation, and follow-up.

#### **STRATEGY 2:**

#### Expand chronic disease management.

To combat existing poor outcomes for our patients with chronic diseases, we are in the midst of developing our Boston Health Equity Project (BHEP) on the assumption that patients can get better and stay healthy through integrated care, by learning to manage their own conditions, and by making healthy lifestyle choices.

Through BHEP, we are specifically targeting diabetes and pre-diabetes, heart disease, cancer, low birth weight, pediatric asthma, and HIV-AIDS.

The project aims to keep patients connected to Whittier and to the individualized health

#### **Boston Health Equity Project: Levels of Care Patient Care Patient Profiles** Specialty MD care Level 1: Advanced/poorly controlled Care coordination by RN Care disease or chronic condition Manager Complex co-morbid conditions Level 1 MTM Complex psychosocial issues Wellness programming \*Resistance to treatment Up to 25% Intensive ongoing outreach \*Frequent hospitalizations/ER visits (N=950) and support Care & Level 2: Need for close surveillance of symptoms, medication titration, and Navigator care intensive self-management education: management Level 2 Unstable disease state **PCP** support Co-morbid conditions 25% to 50% MTM upported Care for Complex medication regimen (n=950) Wellness Multiple Risk Factor Adherence problems/depression agement: Meds, Go Lifestyle Change programming Level 3: Stability/Maintenance Adherence to medications Level 3 Lifestyle changes achieved Disease under control 50%-100% (n=2250) **Routine PCP Care Wellness Programming Personal Health Portal** Social Health Coordinator monitoring and support

services that they need, and to enable patients with chronic diseases to access, understand, and apply health information to support progress toward their personal health goals. Designed to also reduce the costs associated with chronic diseases, BHEP is projected to cut emergency room visits in half, saving the system \$3,665,970 in emergency room visits annually for the initial 4,140 patients enrolled.

Our current, results-producing diabetes programs include: medication management visits with a clinical pharmacist, nutrition visits with our nutritionists and certified diabetes educator, educational grocery shopping trips with our nutritionists, a monthly insulin support group with our certified diabetes educator, self-management support provided by case managers, diabetes medical group visits, and a weekly diabetes clinic.

We have also established a pre-diabetes program for those at risk of diabetes, in which our certified diabetes educator conducts self-management education sessions and patient navigators track patients' progress in our Electronic Medical Records registry.

With heart disease mortality significantly higher in Roxbury than Boston and state averages, we have recently implemented our Cardiovascular Community Health Ambassador (CCHA) program to provide health education, screening, and support to our service area.

The CCHA program hires and trains patients who have demonstrated compliance with their health to become health ambassadors, with their job to provide peer support and education out in the community. The program is dedicated to identifying new cases of cardiovascular disease while linking current patients to up-to-date, quality care.

At our Dana-Farber Community Cancer Center, we are addressing our service area's high rate of cancer with onsite screenings and programs to reduce cancer incidence and risk factors such as unhealthy diet, inactivity, obesity and smoking. Building on our shared vision with Dana-Farber to eliminate cancer disparities in underserved and minority communities, we opened a Mammography Suite in October, to coincide with Breast Cancer Awareness Month.

In addition to increasing our cancer screening rates, we have added patient navigators for patients undergoing cancer treatment. We have invited a once-active cancer survivorship group at the now-closed Roxbury Comprehensive Community Center to our survivorship clinic to welcome them to Whittier.

In addition to our CenteringPregnancy program, we are combating low birth weight and infant mortality with women's health case managers as well as a family planning manager.

In response to the fact that more than half of the children living in public housing have moderate, persistent asthma, we have introduced rigorous clinical decision supports in our Electronic Medical Records that help to assess a patient's status (controlled versus uncontrolled), which provides guidance in making decisions about the medication regimen.



Our AIDS-HIV services include prevention, community outreach, confidential rapid testing, case management, peer support, and treatment. Through a 2012 Boston Public Health Commission for HIV Prevention grant, we are expanding our prevention and risk counseling services to youth and men of color.

#### **STRATEGY 3:**

# Ensure that all patients have access to comprehensive services.

Donna Dellota had just moved to Boston, was going through a divorce, didn't know anyone, and didn't have a job or health insurance.

"I had lost everything. I was coming out of an emotionally abusive marriage. I had health problems, and by then I was very depressed. I went to Boston Medical Center, and they pointed me to Whittier," she says.

Whittier linked Donna to health insurance, diagnosed her diabetes and depression on her first visit, and immediately connected her to mental health counseling and diabetes care.

"It was so personalized," she says. "Here was someone who could understand my needs even with me not able to talk about it. I'm really impressed with Whittier's holistic wellness view. It's not an assembly line there. When they say they really care for their community and their customers, they really do. It's not just an advertisement."

Donna's story is one more example of how we initiate comprehensive services at the moment needed.

Integrating behavioral health into primary care has been a particular focus for us at Whittier, in addition to providing



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#### - DONNA DELLOTA

behavioral health services by appointment or on a walkin basis.

With the support of two recent grants, integrated care clinicians are now available in pediatrics and adult medicine to follow doctors on their exams or to be called in once the primary care appointment is complete to deal with issues as they present. The clinicians follow up with several sessions of therapy and then refer the patient to a therapist if needed.

This integrated care model keeps primary care visits on schedule, provides help immediately, reduces the stigma of needing mental health therapy, and avoids wait time for an otherwise first-time counseling session that, with loss of motivation, might be cancelled.

Our expanded Urgent Care Clinic is another instance of improving access to our comprehensive services.

Located on the first floor of our new building for easy entry, Urgent Care Clinic is open to Whittier and non-Whittier patients alike for same-day medical, behavioral, and specialty care located right in their neighborhood.

Many of the patients who visit our Urgent Care Clinic are uninsured and seek care episodically as health care needs arise. Not only are we able to reduce emergency room visits for non-emergent issues, we are also able to connect episodic users to insurance if needed and to our primary care medical home. Once they are here, we are able to link them to the services they need and navigate them through coordinated care to a positive cycle of healthy living.

We have also increased the staffing and range of services in our Dental Services Department to meet demand, the increased capacity underlining the connection between oral health and overall health.

Across our programs and services, we recognize that 45 percent of our patients are best served in a language other than English. As a result, we provide group medical visits in Spanish as well as English, offer translation services in 24 languages, and employ staff collectively speaking 17 languages.

Our latest move in ensuring access to comprehensive services is the launch of our Patient Portal. This patient-centered, secure site provides patients with online services that include enrollment, e-visits, medical records review, appointment scheduling, bill pay, prescription refills, and referral requests.

#### **STRATEGY 4:**

# Create innovative programming and service delivery to be responsive to community needs.

In response to the trauma children have faced in our community, at home, or in their native country, we initiated our Defending Childhood Initiative and developed a Center of Excellence in the treatment of childhood trauma last year.

A two-part, two-year grant now in its second year, Defending Childhood provides 1) a direct care clinician to work with traumatized children and a family partner to work with parents and 2) training for staff at Whittier and people in the community on recognizing and responding to trauma.

With the initiative, we are partnering with and advocating for parents on a one-to-one basis and treating children and adolescents using evidence-based trauma treatment models, one for children ages 1 to 6 and the other for ages 7 to 17.

The training enhances our staff's ability to recognize trauma symptoms, which can look like other problems such as acting out or hyperactivity, and provides for smarter responses in the community and among the staff who are not already trained in behavioral health.

Our Inoculation Against Violence groups strive to keep children safe. A therapist and arts therapist run a group for 5 to 7 year olds while an additional therapist and the domestic violence coordinator lead simultaneous parent groups. The topics for children and parents are the same, but presented differently.

The children are taught ways of staying safe from community and domestic violence, how to develop resilience, and who to tell when something is wrong. The adult sessions focus on keeping children safe and helping children and themselves in the aftermath of domestic or community violence.

Our Youth Violence Prevention Program is another program designed to address community violence, dating violence, or domestic violence faced by the youths we serve. The program identifies youth at high risk for violence and connects them to services to divert them toward safety and good physical and mental health. Program staff work closely with youths in community settings, including public housing developments and public schools.

Our Building Vibrant Communities program is yet another instance of our response to community needs.

With 83 percent of our patient population living in public housing, we have established onsite offices at Orchard Garden, Mission Main, Whittier Apartments, Lenox/Camden, and Alice Taylor. Our overarching goal is to address high rates of cardiovascular disease, obesity, and depression.

A social health coordinator at each housing complex is a resident selected to receive training in such areas as HIV-AIDS, asthma, mental health, healthy eating, cultural competency, and substance abuse. The coordinators engage fellow residents, whether they are Whittier patients or not, in wellness activities, help them navigate health and social services, and act as a 24/7 community resource.

To date, we have engaged more than 900 public housing residents and connected them to social services, including wellness programs, violence prevention workshops, and job readiness classes.

One hundred eighty adults have participated in our six-to-eight-week wellness groups that offer life coaching, aerobic exercise, health education, nutrition classes, yoga, Zumba, and primary care follow-up.

So far, 67 of the participants have lost an average of six pounds and 47 hypertensive participants are controlling and decreasing their high blood pressure.

Additionally, participants completing at least three sessions of life coaching show significant improvement in overcoming depression, anxiety, and stress.

Health Indicator	Residents of BHA Housing	Residents of Non-Public Housing
Obesity:BMI>35	35%	20%
Hypertension (ever diagnosed)	49%	31%
Diabetes (ever diagnosed)	14%	5.3%
Felt sad, blue, or depressed ≥ 15 days in past month	22%	8%
Disabled for ≥ 1 year	33.9%	17.8%
Missing ≥ 6 teeth	24.9%	11.8%
Insufficient physical activity	61.8%	53.1%
Teeth not cleaned in > 2 years	28.0%	15.2%
Fair or poor health status	32.9%	9.3%

 $Boston\ Public\ Health\ Commission\ special\ report\ 2013\ from\ Behavioral\ Risk\ Factor\ Surveillance\ System\ (BRFSS)\ survey\ data.$ 

During focus group meetings, participants reported feeling more connected with their neighbors, safe in their neighborhood, and part of a community as a result of the program.

An average of 65 children a day, ages 5 to 13, attended drop-in summer camp while programs at Whittier targeted youth ages 8 and up in decision-making, violence prevention, and relationship discussions.

#### **STRATEGY 5:**

# Provide coordinated care in a patient-centered medical home.

Rhonda Julian was 29 years old when she was diagnosed with breast cancer. Elbowed by her 6-year-old daughter at a birthday party in the exact spot where the tumor was found, Rhonda says her Whittier doctor could have attributed the lump she felt two days later during an annual exam to the bruising.

"She could have overlooked it because of the elbowing, but she didn't," Rhonda says.

When Rhonda learned that her ultrasound indicated cancer, Whittier had already set her up with an appointment at our Dana-Farber Community Cancer Center and assigned her a doctor.

"They told me, 'Don't worry, you're going to be OK, your daughter saved your life.' The way they told me, the tone was set. I told my daughter she saved my life."

Rhonda kept her daughter apprised of her treatment as she went through the diagnostics and five months of chemotherapy – "all because of Whittier and that is a big deal to me." Days after a double mastectomy in



"My experience with breast cancer has been a miracle from Day 1. Having all my miracles happen to me has given me a positive frame of mind."

- RHONDA JULIAN

September and with another surgery looming, Rhonda was upbeat, energetic, and optimistic.

Now she has just launched her foundation, Paint Her Pink, to help young women with cancer who need support, and plans to join Whittier's cancer survivorship group.

"My experience with breast cancer has been a miracle from Day 1," Rhonda says. "Having all my miracles happen to me has given me a positive frame of mind."

The coordinated care through Whittier and our Dana-Farber Community Cancer Center is representative of the kind of holistic care we provide across all of our programs.

In our patient-centered, medical home model, our teams of providers develop planned visits and follow-up care for each patient on their panel. Patients know their providers and vice versa.

In contrast to episodic, reactive care, this manner of primary care tracks patients on an ongoing basis. Continuous tracking allows the practice to remain informed and prepared to address the patient's needs holistically, and facilitates follow-up with patients after encounters as necessary.

The primary care team also employs specified outreach efforts for patients with frequent failures to keep appointments, complicated medical regimens, low health literacy, and/or who are in periods of severe stress or risk.

Case management/patient navigators ensure that the care provided to Whittier's patients both at the center and at partner health care organizations is continuous and coordinated.

Our goal as an accredited patient-centered medical home is to provide the patient with a broad spectrum of care, both preventive and curative, and to function as the central point for coordinating care around the patient's needs and preferences.

The care that we provide is facilitated by the use of registries and panels within the Electronic Medical Records health information exchange between teams and specialists and other means to ensure that patients get the indicated care when and where they need and want it in a culturally appropriate manner.

#### STRATEGY 6:

# Offer integrated prevention, health education, and wellness services.

We are striving in all that we do at Whittier to create a culture of wellness in our community. We engage people in their health care. We give them the tools for self-management. We support them however we can to reach their goals for a healthy lifestyle. We take creative steps in promoting wellness.

Walk floor to floor in our permanent home, for example, and you'll witness the visual healing properties of stunning pieces of art. We have carefully selected works by artists who reflect our patient population as one more way of empowering the people who walk our halls. And our patients respond, telling us that they feel welcomed, cared for, secure, even serene here.

We are planning a rooftop community garden to bring people together, engage them further in healthy eating, and augment Fresh Truck's arrival on Tuesdays and Fridays. According to our public housing residents' needs assessments, 54 percent who identified obesity as a health issue did not purchase fruit or vegetables. The community garden is one more way we can change people's lives for the better.

Perhaps our proposed Medical Fitness Center, planned for the lower floor of our building, can be considered the pinnacle of our integrated prevention, health education, and wellness services.

We have already seen tremendous success with our public housing wellness programs. The Medical Fitness Center, with expanded programming and so much more space, will increase exponentially the number of people we can reach.

Primarily targeting adults with hypertension, diabetes, and depression, and children with overweight or obese BMIs, our holistic, mind-body-spirit program will include life and fitness coaching and medically proven offerings such as aerobics, Zumba, yoga, dance therapy, nutrition counseling, and acupuncture.

Acupuncture, for example, has been shown to decrease symptoms of depression and reduce blood sugar levels and high blood pressure. Yoga has been reported to reduce stress and anxiety.



"I was asked if I could make it to Whittier that day.
I went in on a walker.
I really liked the building. The people were really nice to

me. I ended up with insurance. I had been out of work for two years and was denied insurance by MassHealth twice. I got insurance, I got a primary care doctor. They made things happen so quickly, so nicely, that I thought, I should get a job here."

- WILLIAM GREEN, Community Health Worker

Staffing at the Medical Fitness Center will include an art therapist, dance therapist, nutritionist, life coach, acupuncturist, social health coordinators, patient navigators, and our pediatric healthy weight coordinator.

Patients will work out a Prescription for Health together with their primary care provider, therapist, or physical therapist. The life coach will meet with each patient to formalize the prescription and schedule appointments and sessions.

The Medical Fitness Center will be connected to our Electronic Medical Records system to support updates to our providers on progress and tracked outcomes.

We expect to attract to the Medical Fitness Center those who do not seek regular treatment in addition to those who regularly come to Whittier.

Currently, 70 percent of our adult patients suffer from hypertension, diabetes, or depression, with some 35 percent of them having two or all three of these chronic conditions. If we can get just this number of people on the road toward healthy living, we will be on the road ourselves to creating a community of wellness.





















#### ROW 1

LEFT

#### 2012 Roast for Andrew Dreyfus

Back row: Dr. Edward Benz; Phil Johnston; John Dukakis; Reverend Raymond Hammond; and Matt Fishman Front row: Dr. JudyAnn Bigby; Andrew Dreyfus (Honoree); and Frederica Williams

#### CENTER

## 2012 Saving the Health of the Community Gospel Concert

Colette Phillips (Honoree); Pastor William E. Dickerson (Honoree); Frederica Williams; and Dr. Bobby Jones

#### RIGHT

#### 2013 Women for Whittier Summer Tea

Juliette Mayers; Sonia Alleyne; Sonja Kelly; Maria Trozzi (Keynote Speaker); Frederica Williams; Colette Phillips; and Deb Enos

#### ROW 2

LEFT

#### 2012 Women for Whittier Holiday Tea

Attorney General Martha Coakley (Honoree); Frederica Williams; and Stacey Lucchino

#### CENTER

#### 2013 Commonwealth Compact Awards

Frederica Williams; Dean Ira A. Jackson; Governor Deval Patrick; and Georgianna Melendez

#### RIGHT

#### 2012 Roast for Andrew Dreyfus

Frederica Williams and Andrew Dreyfus (Honoree)

#### ROW 3

LEFT

#### 2013 Men's Health Summit Honorees

Billy Blanks, Jr. (Keynote Speaker); Matt Shadrick; Andy Davis; Frederica Williams; Jay Gonzalez; and Cyril Ubiem, Ph.D.

#### CENTER

# 2012 Annual Meeting & Community Cancer Center Dedication Ceremony at Whittier Street Health Center

Frederica Williams; Dr. Edward Benz (Honoree); Debby Miller; and Congressman Michael Capuano (President's Award)

#### RIGHT

# Mammography Suite Ribbon-Cutting Ceremony

Margaret Vettese, Ph.D., RN; James W. Hunt, Ph.D.; Dr. Edward Benz; Frederica Williams; Congressman Michael Capuano; Barbara Teebagy Capuano; and Debby Miller

# S S S S S S

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# Thank you to all of our other supporters!

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!



# Fiscal Year 2013 Financials

### Balance Sheet

#### **Assets**

Current	\$ 9,444,140
Restricted Cash	\$ 1,322,815
Notes Receivable	\$ 18,379,500
Financing Fees	\$ 555,761
Fixed Assets	\$ 33,730,474

TOTAL ASSETS \$ 63,442,690

#### Liabilities

TOTAL LIABILITIES	\$ 34,317,878
Long Term	\$ 33,200,000
Current	\$ 1,117,878

**Net Assets** \$ 29,124,812

TOTAL LIABILITIES & NET ASSETS \$ 63,442,690

## Statement of Operating Support And Revenues & Expenses

#### Revenue

Patient Service Revenue	\$ 10,035,629
Grants & Contracts	\$ 6,502,406
Fundraising and Contributions	\$ 2,207,617
Other	\$ 2.726.778

**TOTAL REVENUE** \$ 21,472,430

Expenses	
Clinical Programs	\$ 18,988,713
Adimin & Finance	\$ 1,310,039
Facilities	\$ 1,050,710
TOTAL EXPENSES	\$ 21,349,462
NET OPERATING INCOME/(LOSS)	\$ 122,968

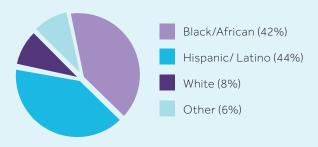
## Patient Profile

91,828 clinic visits and more than 20.000 outreach visits

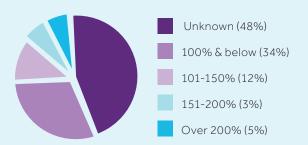
56%. Female

46%, Patients best served in a language other than English

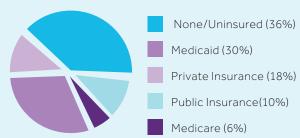
92%, Patients who are part of an ethnic or racial minority



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



#### **Medical Insurance Source**



In FY2013, Whittier provided \$3,200,000 in free health care.

#### Sources of Revenue:

- 47% from patient services revenue and 53% grants, contracts, fundraising and other.
- 36% of our patients are uninsured.
- 100% of our social services and public health programs are free of charge.



Comprehensive. Compassionate. Community.

### Senior Management

Frederica M. Williams

President and Chief Executive Officer

Jane Brodie, Ph.D.

Vice President of Programs and Services

Laura Holland, M.D.

Medical Director

Jim Lee

Vice President of Finance and CFO

Adeola Ogungbadero

Vice President of Clinical Operations

Nancee Swartz

Director of Human Resources

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#### Credits

Content: President's & Development Office

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Writer: Helen Graves

### The profile of Whittier Street Health Center's patients includes:

- 83 percent live in public housing;
- 36 percent are uninsured, 30 percent qualify for Medicaid, 6 percent receive Medicare, and 18 percent have private insurance;
- 66 percent live below the poverty level;
- 42 percent identify as African or African American, 44 percent as Latino, 8 percent as White, and 6 percent as other groups;
- · 44 percent of our patients are men.





# WHITTIER STREET HEALTH CENTER

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