



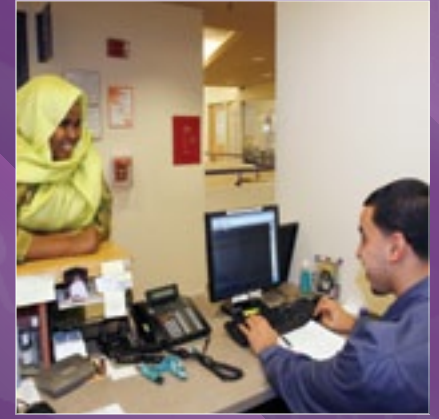
WHITTIER STREET HEALTH CENTER

ANNUAL REPORT 2010



FUNDED IN PART WITH AARA FUNDS

*Building A Legacy
of
Quality and Equity in HealthCare*



WHITTIER STREET HEALTH CENTER

The mission of Whittier Street Health Center is to provide high quality, reliable and accessible primary health care and support services for diverse populations to promote wellness and eliminate health and social disparities.



Building a Legacy of Quality and Equity in Health Care Building Our Future

Message from Our President & CEO and Our Board Chair

This fall, under a clear blue sky, we broke ground at last for our hard-earned permanent home. What a day it was—the speeches, the excitement, the many gathered to celebrate this milestone and support us in our continued mission of eliminating health disparities that affect our patient population.

The day marked the beginning of building our bricks-and-mortar potential for serving the 71,000 low-income residents and recent immigrants and refugees who live in our Roxbury community.

The day, too, spurred our continuing efforts to expand beyond our current 14,709 patients, to maximize our medical home approach and extend the dedication of our medical teams to others in our neighborhood who are in dire need of our comprehensive, patient-centered services, and who need equity in health care.

Roxbury has the highest hospitalization rate in Boston due to heart disease and the second highest hospitalization rate in the city due to diabetes. The cancer mortality rate in Roxbury is 21 percent higher than Boston's overall cancer death rate.

Our neighborhood has the highest percentage of low birthweight, preterm deliveries and infant mortality out of all the neighborhoods in Boston. Obesity in our adults is 44 percent higher than the rest of the city. Depression, language barriers, substance abuse and health illiteracy represent some of the other struggles our service population experiences.

A staggering 68 percent of our patients, over the age of 25, have a diagnosis of diabetes, high blood pressure, asthma or obesity. Twenty-three percent of them have two or more of these diagnoses. Our children face serious health risks related to violence, obesity and asthma.

So we are building our future on the elimination of health disparities by providing the kind of quality primary care, behavioral health care, substance abuse services, dental care, eye care, health education and support services that promote wellness equity.

We have established Centers of Excellence in diabetes prevention and management, obesity, cancer prevention, arts therapy, men's health and asthma. We respond to our patient population's needs with such dynamic programs as Race Around Roxbury for overweight and obese children, dental care for patients with HIV, and a prison release/community reentry program.

We strive to diminish the prevalence of disease and psycho-social issues in our community and, just as important, we work to prevent these health issues in the first place through awareness education and lifestyle change.

Our medical teams, composed of a primary care physician, nurse practitioner, nurse and medical assistant, know each one of their patients and deliver coordinated, personalized care.

Our varied, yet integrated, departments interact to ensure complete planned visits, follow-up, care coordination, and immediate access.

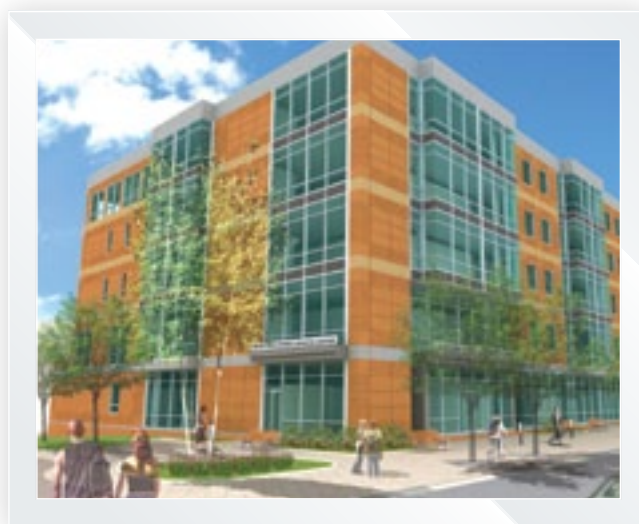
This year we added a full-time diabetes educator who is readily available to meet with newly diagnosed while they are still in the exam room. The diabetes educator also participates in our dia-

betes group visits, adding a new layer of nutrition and health education to group discussions.

A diabetic himself with an insulin pump attached to his belt, he provides a relatable role model to our patients. This new position also allows us to expand our focus on the pre-diabetic and maximize our efforts in preventing the disease.

We are building our future on steering patients away from preventable, debilitating chronic diseases, not just diabetes but also obesity, substance abuse, asthma, hypertension and the other disparities that present at our clinic.

Our bariatric surgery program, for example, has successfully navigated 20 patients through surgery, weight loss and continued weight control. For all participants, diabetes has been eliminated or greatly reduced.



Building a Legacy of Quality and Equity in Health Care

Building Our Future

Message from Our President & CEO and Our Board Chair

Our new Structured Outpatient Addictions Program (SOAP) supports newly recovering addicts in three-and-a-half-hour sessions that meet four nights a week. Here, the 10 to 12 who attend for four weeks learn new coping skills to replace their reliance on substance abuse. They also receive individual therapy—another instance of integrated care. Our SOAP participants are asking to continue once their four weeks have concluded, so we are considering an alumni group to help keep them on track.

Our Intensive Family Therapy program has helped us meet the demand for serving families in crisis. Over the past two years, we have worked with 22 families and 47 children altogether in one-hour, once-a-week sessions over the course of 12 weeks. Along with providing a catered family meal and facilitated discussion that promote healthy family dynamics, we schedule other needed appointments to address the health of the whole individual in each family.

We have added a health education manager to our staff this year to improve the health literacy level of our patient population: 52 percent Hispanic, 43 percent Black, and 5 percent Caucasian. Studies show that a disproportionate number of immigrants and minorities do not understand the health information they receive. Our case managers, patient navigators and clinical pharmacist, in complement to our medical teams, make sure that patients understand their diagnoses and prognoses as well as what is required for their proper self-management.

We are embracing a more expansive system of collecting patient race, ethnicity and language data so we can identify disparity nuances and better allocate our resources to solving our patients' problems. We are already culturally and linguistically appropriate, speaking 17 languages to meet the needs of our patients who represent some 20 countries, yet we strive to go further.

We are building for our future now so we are prepared when our new state-of-the-art, 79,000 square-foot health center opens in January 2012. We recognize the shortage in primary care in our community, which is a federally designated Medically Underserved Area, so whenever patients present at our clinic, we take them in. As a result, we have exceeded our expectations for growth in our patient population, operating at 50 percent beyond our current capacity.

Still, we continue to expand our programs so we are ready for our new building. There are many exciting changes to come once we open the doors to our permanent home.

We have planned space for group visits, versus our current makeshift modifications, so we can continue to build on the successes of our Centers of Excellence in diabetes, cancer survivorship, substance abuse recovery, men's health, our new Centering Pregnancy program and other wellness initiatives now in place.

We will be expanding our relationship with Dana-Farber Cancer Institute to provide first-of-its-kind cancer prevention, treatment and survivorship services in a community health center.

We will be significantly expanding our eye care services and our urgent care. We will have the space for community education collaboration: GED classes, health education, arts therapy, a safe place for youth and more.

We are positioning Whittier Street Health Center as a leader in primary care to address the issues of our community, to improve quality of life, to change habits, to eliminate health disparities.

We are building our legacy on quality and equitable care. We are building our future on the needs of our community.

It has taken us 77 years to secure a permanent home, and we are carefully preparing for a lifetime of addressing our community's wellbeing. Our growing work and legacy are a thank-you to our donors, friends, advocates and elected officials who have so generously given us their time and support, who are helping us ensure a legacy of quality and equity in health care.



Frederica M. Williams
Frederica M. Williams
President and
Chief Executive Officer



Debra Miller
Deborah Miller
Board Chair

Core, Mission-Based, Specialized Clinics and Entrepreneurial Programs

Whittier Street Health Center has placed its service offering into the following four categories: Core Services, Mission-Based Services, Specialized Clinics and Entrepreneurial Opportunities.

CORE

Services that are an integral part of Whittier's offering to its target population and span all HRSA section 330 covered services

MISSION-BASED

Services that are derived and motivated from the mission and vision of the organization, particularly as it pertains to responding to the needs of underserved communities

SPECIALIZED CLINICS

Disease based interdisciplinary clinics instituted to best support patients with chronic illnesses

ENTREPRENEURIAL

Services that are designed to further enhance the mission and vision of the Center and its target population served

Core Services

- Adult Medicine
- Art Therapy
- Behavioral Health and Substance Abuse
- Clinical Pharmacy Program
- Suboxone Clinic
- Disease Specific Case Management/ Patient Navigators
- Eye Care and Eye Wear Dispensary
- General Dentistry, Oral Surgery and Orthodontics
- Geriatric Services
- Laboratory
- Medical Interpreters
- Nutrition
- Obstetrics and Gynecology
- Orthopedics
- Pediatrics/Adolescent Health
- Podiatry
- Radiology
- Urgent Care

Mission-Based Services

- Advocacy and Legal Services
- Centering Pregnancy Program
- Community/Public Housing Outreach
- DecisionArts Program
- Domestic Violence Counseling
- HIV/AIDS Counseling, Testing, Treatment Adherence and Medical Services
- Men's Health Services
- Post Prison Release/ Re-Entry Services
- Refugee Health Assessment Clinic
- Wellness Education Programs
- Whittier Youth Services Enrichment (WYSE) Program
- Women Infants and Children Program (WIC)
- 340B Pharmacy and Prescription Assistance Program

Specialized Clinics

- Asthma Clinic
- Adult Healthy Weight/ Bariatric Clinic
- Cancer Survivorship Primary Care Clinic
- Diabetes Clinic
- Diabetes Medical Groups
- Pediatric Healthy Weight
- Screening Services for Developmental Disabilities
- Veteran's Clinic

Entrepreneurial Opportunities

- Allied Health Student Training
- Cosmetic Dental Services
- Geriatric Day Care and Health Services
- Home Health Care
- Sports Medicine



Quality Initiatives on the Forefront

At Whittier, quality assurance and performance improvement allow us to implement, measure, assess and support the initiatives we put forth to provide the best in comprehensive, coordinated care for our patients.

With our reporting tools, we are able to provide organized patient-centered care, enhance patients' access to providers, reduce health disparities, increase preventive screening rates and promote self-management goals.

Our quality assurance efforts monitor:

- Operations and patient access;
- Health care quality, outcome and best practices;
- Patient safety and infection control;
- Health information management; and
- Health disparities and population-specific issues.

We are able to analyze outcomes in any number of ways: by patient, by disparity, across a department and across the clinic.

We use charting tools to organize clinical information and track patients' health information. Through data analysis, our patient navigators are able to contact patients and help guide them through the health care system.

We measure such details as appointment wait time, same-day appointments and dropped phone calls to improve our operations and patients' access to care.

We systematically track referrals and our tools allow us to measure and report clinical and/or service performance by physician and across the practice.

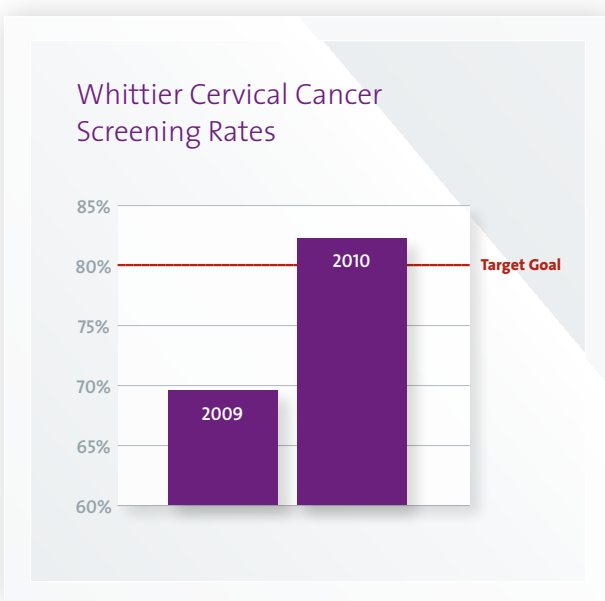
We are on the forefront of quality assurance and performance improvement. Our results in screenings and chronic disease management are particularly telling examples:

- More than 70 percent of women age 42 and older have had a mammogram within the past two years,
- More than 90 percent of women 21 and older have had a Pap smear within the past three years,
- More than half of adults over the age of 50 have been appropriately screened for colon cancer,
- More than 70 percent of our hypertensive patients have their blood pressure under control, and
- More than 70 percent of diabetic patients had two necessary blood tests last year.

We have set goals to reach by 2013 and we annually measure our progress toward these goals. We know, for example, that we are on target with our goal of six pediatric well-child visits before children are 15 months old.

We have surpassed our 2013 goals for all cancer screenings, we have met our 2013 goal in overweight/obesity assessments, we are closing in on our depression screening goal, and we know that we have to continue to increase capacity to meet our 2013 target for adult dental visits.

By pairing our advanced systems with dedicated care, we are ensuring that we are supporting the kind of accessible, effective, efficient, high-quality care that keeps us at the forefront of health care delivery.



Initiating Lifelong Habits

Targeting adolescents for needed care is one example of an initiative that we have enhanced with quality assurance and performance measurement. We have focused particularly on adolescents since 2006; since then, we have increased their visits to our clinic to record numbers.

We have done this by tracking our teens to schedule their annual physicals since this age group typically does not seek out health care. Yet, obesity, violence, contraceptive management, and pregnancy and STD prevention are major issues facing our teenagers. They are also at an age when vaccination boosters are due.

To bring teenagers into Whittier, we review patient history reports to assess patient needs. We schedule them for wellness checkups when they are in the clinic for a sick visit. Our patient navigators reach out with letters, phone calls and follow-up to engage teens in a lifelong habit of health self-management.

We are at the forefront in addressing issues that affect our teens. One of our quality indicators is making sure that sexually active adolescents are screened for sexually transmitted infections. We have met our 2013 goal by screening 70 percent of our adolescents for STDs, and we continue in these efforts, mitigating the prevalence of gonorrhea, Chlamydia and STDs disproportionately affecting youth in our community.



In combating obesity with a focus on good health and positive self-esteem, our Healthy Weight Clinic is offered to all interested overweight and obese children age 6 to 18. Notable results: less TV, less junk food, more exercise and more fruits and vegetables.

Our Whittier Youth Service and Enrichment program (WYSE) is an afterschool peer leadership program that couples youth development with peer health education out in the community. Summer employment and internships expose participating youth to careers in the health care field.

Our Decision Arts program, for at-risk girls ages 10 to 18 who have been affected by violence, teaches healthy choices, life skills and violence prevention through the creative arts.

We work with Boston Public Schools, youth development organizations, cultural organizations and the Boston Housing Authority to recruit this hard to reach population that needs our help so desperately.

We understand the whole teenager in addressing the medical, psycho-social and wellness issues inherent in inner city life. We have taken an innovative approach with measured results to serve our adolescents and prepare them for a healthy, successful future.



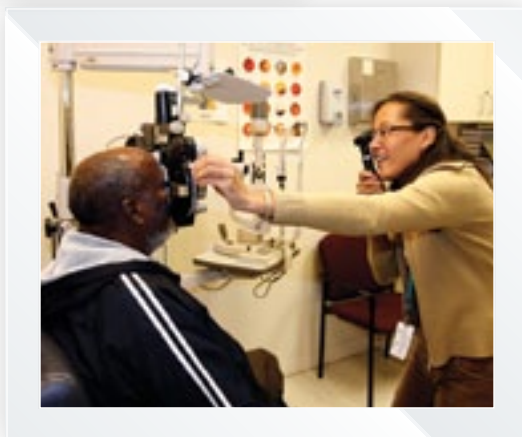
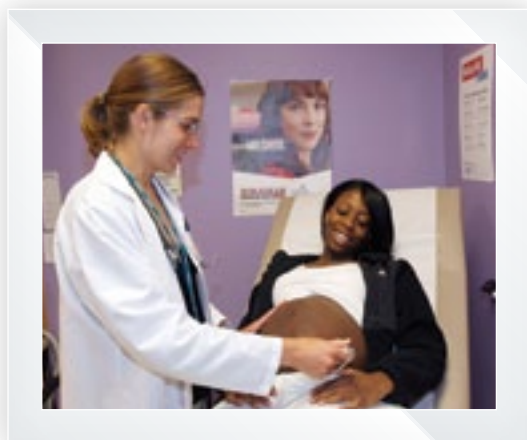
Quality Initiatives on the Forefront (continued)

Expanding the Group Visit

Since 2003, we have been tackling diabetes with innovative group visits, where individual medical care is enhanced with health education and group bonding. We started with one group—a group that still meets today, a glowing testament to the popularity and success of this model.

We now have eight diabetic groups, with one group targeting Spanish-only speaking patients. Our success rate in helping patients control their diabetes through group visits has earned us American Diabetes Association certification as a Center of Excellence for Diabetes Self-Management Education.

Individual medical attention during each diabetes visit encompasses all relevant departments: dental, eye care, primary care and behavioral health, to name a few. Our health education topics range from medication management to nutrition to self-management. We set goals with individuals and support them in those goals, reaching out to them in between sessions to ensure that they succeed.



Twenty percent of our patients have diabetes. With our group visits, we are helping them control this chronic disease and live the healthiest-possible lifestyle. We are bringing equitable care to one of our community's health disparities.

And we are building on our success to bring the group visit model to other health disparities in our community. We have already begun cancer survivorship group visits with positive effect. This fall, we are initiating our new model of prenatal care, called Centering Pregnancy, to take on our community's high infant mortality, low birthweight and preterm births.

All of our prenatal care is now delivered in a group, unless a patient specifically opts for individual care. Studies show that the group model decreases the risk of preterm delivery, with results particularly significant in African American women.

The prenatal care group model has also been shown to improve appointment attendance and patient satisfaction. Even breast feeding rates have improved. Additionally, there is no time spent in the waiting room. Appointments start and end on time.

The 10 two-hour visits include time to see the health care provider and lessons in self-management. Any related help, such as signing up for WIC, happens during the visit. Partners are welcome to participate as well, with the result being that partners are better acquainted with and more involved in what the mother-to-be is going through.

Staffing includes two facilitators, whether our OB-GYN practitioner, family practice physician or midwife, as well as other medical assistants and case managers fluent in attendees' languages. Interestingly, ethnic groups, such as our Somali population, did not want a separate group but instead chose to learn and share with other cultures.

We are early practitioners of Centering Pregnancy. We are at the forefront of prenatal care. As with all of our initiatives, we will measure, assess and improve to continue to bring equity to birthing outcomes in our patient community.

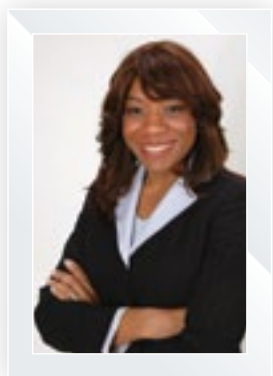
Bariatric Weight Loss

Barbara Jordan feels like a new person. Our bariatric weight loss program's first patient, she has lost 100 pounds since undergoing gastric bypass surgery a year ago October. In that time, she has replaced her one-time 28 dress size with a size 16.

"I buy new clothes a little at a time," Barbara says. "I don't want to buy too much because I'm still losing weight."

Riding the yoyo of weight loss and weight gain throughout her life, Barbara took active steps for control over her weight when diabetes was threatening.

"That's what made me really make up my mind," she says. "I thought, 'this is my last resort.'"



DR. RHONDA HAMILTON

Rhonda Hamilton, M.D., who heads up our bariatric weight loss program, knows exactly what Barbara is talking about. Weighing 245 pounds at one time, she would lose 40 to 50 pounds and then gain it all back. When her blood sugar level began to rise, she knew she had to take lifesaving action.

Hamilton's two years of research brought her to one conclusion: "the only method that effectively, consistently and reproducibly allowed people to lose a substantial amount of weight and keep most of that weight off long term was through weight loss surgery. It has been proven through four separate clinical trials to save people's lives. It was the thing that really made a difference."

Methods in gastric bypass surgery have been perfected since the early years of bad press, Hamilton says. The laparoscopic surgery takes two hours; the risk is less than gall bladder surgery. Diabetes for 80 percent of gastric bypass patients has been cured or reversed. "Those numbers are staggering," she points out, "in the face of our country becoming more and more obese."

Hamilton has swapped her former size 16s and 18s for 8s and 10s. She has kept the weight off for four years, and her blood pressure and blood sugar are normal.

"It's all about having a new lease on life," she says.

"I buy new clothes a little at a time. I don't want to buy too much because I'm still losing weight."

BARBARA JORDAN

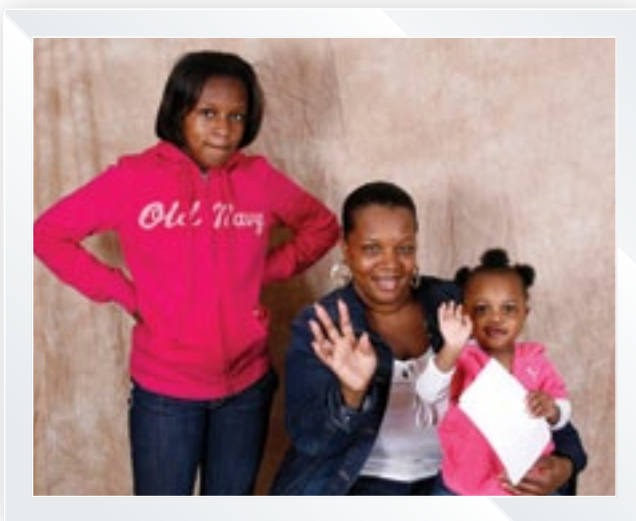
First patient for the bariatric weight loss program

At Whittier, our bariatric weight loss program serves patients who are morbidly obese and who have diabetes or a family history of diabetes. Patients are screened to make sure they are good candidates for surgery. They must commit to a battery of appointments with various specialists and follow through without missing any of the appointments.

There are 60 in our program today; about two out of every five are appropriate for the surgery. Insurance fully covers the cost of the surgery since the health benefits actually reduce health care costs in the long run. We have partnered with Faulkner Hospital for testing and with Winchester Hospital for the surgery.

A unique component of our program is our follow-up. We run a support group for a year after surgery and patients meet with a mental health specialist to help them through their transformation.

Barbara Jordan is so satisfied that she has been referring her friends to our program. "I recommend it to people if they really want to lose the weight," she says. "There's help for those who can't do this on their own."



Health Ambassador

Carol Crippen, too, is getting the word out—as one of our Health Ambassadors talking to people out in the community about their health care. “I have a handbag that I carry with materials in it,” she says. “I’m talking to people at bus stops or in train stations. Or I get together a group of friends and give out the information.”

Carol is exactly the kind of person who makes our Health Ambassador program so successful. She’s respected in the community. People listen to her. She can talk about health issues in friendly conversation. And the people we desperately need to reach, the ones who don’t attend our health fairs or come to our clinic, are the people our ambassadors can access best.

We first piloted Health Ambassadors with our Men’s Health program and then, through an American Heart Association grant, trained 10 patients in cardiovascular, cancer screening and other health-related information. They went into their neighborhoods to organize workshops or to reach out to people in the way that was comfortable to them. Each received a stipend of \$400.

Carol participated in that first formal program, and she’s back as one of five Health Ambassadors for this year’s program, funded by Susan G. Komen.

“The more I talk to people” Carol says of her continuing interest, “the more I see that we need more people to go out and recruit people—at least give them the information and let them do with it what they will.”

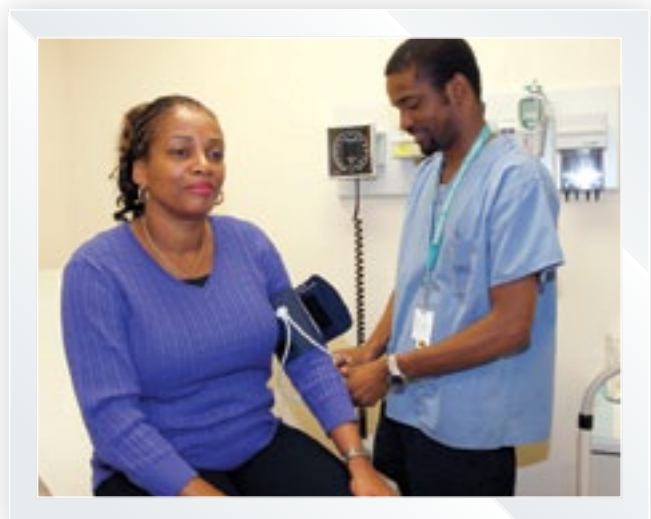
Our ambassador training in August focused on breast cancer, cervical cancer, STDs, HIV and maternal health issues. We also included presentations from other departments to provide the ambassadors with a full snapshot of our offerings. We continue to meet on a monthly basis to support our ambassadors and to share best practices.

Carol is in the process of setting up a workshop at Whittier. If the ambassador program continues, she’d like to do it again.

“I’m enjoying it, getting the word out there, telling people what’s going on, getting rid of some of the fears,” she says. “A lot of it is fear, so that’s what I’m up against.”

“I’m talking to people at bus stops or in train stations. Or I get together a group of friends and give out the information.”

CAROL CRIPPEN
Whittier Health Ambassador



Intensive Family Therapy

Tanya had never been to Whittier, but she lived close by and needed help for her daughter. “I didn’t know where else to go,” she says.

Karina and her daughter were also in crisis. “We were going through a really tough time. I was seeing a counselor at Whittier and getting really good help,” Karina says. “I wanted my daughter to have the same advantage.”

Karina, Tanya and their daughters were among the 22 families to participate in our Intensive Family Therapy program over the past two years. For 12 weeks, once a week, each family gathered over a catered dinner to address their issues with a family therapist, pediatrician, case manager and one another—modeling healthy family behaviors.

As well, any other medical appointments needed—such as physicals, OB-GYN, dental or eye care—were scheduled for the afternoon in a sort of one-stop shopping for their total health. Families were screened before and after the 12 weeks to measure outcomes and chart progress. Many continue with individual therapy.

Of the families served by the intensive family team, all were Black or Hispanic, all were headed by a single parent, 30 percent were homeless and living in a shelter, and 42 percent of the parents were separated or divorced within the past year. Thirty-three percent of the parents suffered from major mental illness and 25 percent were involved with the Department of



Child and Family Services. Children ranged in age from 2 to 16.

“I didn’t know where else to go.”

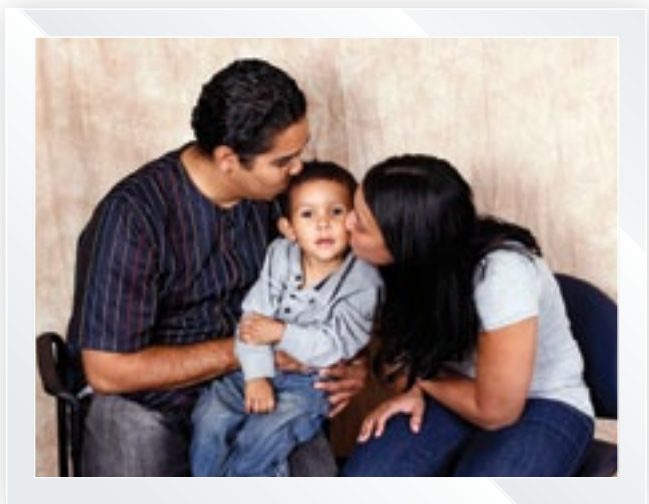
TANYA
Intensive Family Therapy Program
Participant

Conversation during dinner could begin with the day’s events and progress to how the week went, to how things were at home, to strategies for coping with issues that cropped up or that might arise.

Tanya reports that her daughter loved the experience and improved significantly. Both mother and daughter felt comfortable about opening up during the sessions. “It was really a helpful, pleasant experience,” Tanya says. Her daughter is now seeing a therapist at Whittier regularly. Both are using the health center for their primary care needs.

Karina says she and her daughter looked forward to the weekly sessions. “We could openly speak with the counselor. My daughter would go in, chat a little bit, joke a little bit, play board games. She loved it.”

Karina reflects on her own experience: “I got more than I expected out of the program. I learned a lot of problem management skills. Just the fact that I know to talk my problems out instead of keeping them in—it’s very hard to sum it up, but I did take away a lot from this opportunity.”



Whittier Street Health Center's New Medical Home

Our Patients

- 82% of Whittier's patients live in public housing
- 23% of Whittier's patients are uninsured, 50% receive Medicaid, 5% Medicare and 22% private insurance. Whittier treats all patients regardless of ability to pay and all social programs are free
- 60% of Whittier's patients live below the poverty level and 92% live below 200% of the poverty level.
- 43% of Whittier's patients identify as African American, 41% as Latino, 5% as white, 1% Asian and 10% other (i.e. more than one race)
- Whittier currently serves over 14,500 patients representing 20 different countries, 47% of which are men
- In Fiscal Year 2010, Whittier provided 62,000 clinic visits and an additional 20,000 community outreach and education encounters.

Health Needs of our Patients and Community

Whittier acts as a vital health care institute for thousands of families in Roxbury and the surrounding neighborhoods. The health needs of our patients are significant, especially related to chronic diseases.

- 70.4% of Whittier's patients have been diagnosed with at least one of the following chronic conditions: diabetes, hypertension, cancer, asthma or obesity/overweight (Body Mass Index 25 or higher)
- 27.2% of Whittier's patients have been diagnosed with two or more of the above conditions and are living with co-morbidities
- Whittier's patients present with these conditions at a higher rate than other Boston residents
- 80% of Whittier's patients present with psycho-social issues



Whittier's Programs and Services to Meet Community Needs

- Whittier is the only health center in Boston federally funded to provide primary care to residents of public housing, addressing their health and social service needs
- Whittier has Centers of Excellence in Diabetes Prevention and Management, Obesity, Cancer Prevention and Survivorship, Arts Therapy, Men's Health and Asthma
- Whittier is one of two Refugee and Immigrant Health Assessment Sites located in Boston
- Whittier utilizes the latest technology to keep our patients safe and healthy. This includes investing in the implementation of an Electronic Medical Records system (EMR), which helps with effectiveness and efficiency. Only 15-20% of all U.S. hospitals have such a system. Soon Whittier will be adding a web portal to increase access and improve patient experience
- Our commitment to cultural competency and community needs as identified by an annual community needs assessments mean that we have a dynamic offering of programs that are tailored towards our community including: violence prevention, childhood obesity, prenatal health, dental care, HIV prevention and medical services, men's health outreach, eye care, and urgent care.

Our New Building

Whittier Street Health Center is taking the steps to build a new state of the art 79,000 square foot health center in the heart of Roxbury equipped to provide high quality and accessible services designed to improve health and eliminate the disproportionately high rates of cancer, diabetes, heart disease, obesity, HIV/AIDS and violence that plague our community. With public and private support, Whittier broke ground in September 2010, and will occupy the building by January 2012. As community need continues to increase, Whittier is in position to act as a vital link to health care for thousands of families in Boston for years to come.

Funding Sources for New Building

Mortgage	\$9 million
American Reinvestment and Recovery Act (Stimulus)	\$12 million
Lease Equity Buyout	\$5 million
Grants and Other	\$9 million
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Total:	\$35 million

Economic Impact

Equally important as the physical health of the community is the economic health. Whittier's new building will play an important role in job creation and economic revitalization. In 2008 Whittier expended over \$11.7 million and employed 250 people with a total payroll of \$8.3 million. Whittier's operations stimulated \$19.9 million in total economic output, including over \$13.6 million in personal income and fueled 340 full- and part-time jobs. The vast majority of these jobs (70%) are filled by area residents who directly support the local economy through their increased earnings and resulting purchasing power. The new building will increase this impact including:

- The addition of 50 new full time positions, 33 of which will be entry level positions for low-income residents of the community. Whittier is working with community colleges and area public schools to help fill these positions.



- The creation of 450 construction jobs during the 14 month building phase.
- Whittier has hired a Workforce Diversity Manager to maximize the participation of local women and minority owned business in the workforce for the construction of the building. The Workforce Diversity Manager will ensure Whittier meets and exceeds all Boston workforce targets for women and minorities.

New Programs for the Community

The new health center will increase Whittier's size from 33,000 square feet to 79,000 square feet allowing us to significantly expand health and wellness services for the community, including:

- The creation of a community resource room that will include access to health education resources, computer kiosks and health professionals to help community members lead healthier lives.
- An expanded urgent care walk in clinic located on the first floor that will help cut down on over utilization of emergency room departments at local hospitals.
- Dana-Farber Cancer Institute is leasing a small amount of space (5,000 square feet) to establish a community cancer clinic that will include fixed mammography and cancer specialists to help reduce disparities in cancer mortality rates for our community.
- Improved accessibility to the community including handicap access on the ground level

Highlights

Groundbreaking



Dr. Gary L. Gottlieb, President and CEO Partners HealthCare, Mayor Thomas M. Menino, Governor Deval Patrick and Whittier President and CEO, Frederica M. Williams break ground on Whittier's new 79,000 square foot health center with other community members



Men's Health Summit



Men's Health Champions, Alberto Vasallo, Howard Manly, Robert Gittens, Habib Sioufi, Pano Yeracaris, and Muhammad Ali-Salaam join Whittier President and CEO, Frederica Williams and Men's Health Keynote Speaker and Minnesota Viking's Safety, Madieu Williams at Whittier's 2010 Men's Health Summit



Whittier President and CEO, Frederica Williams with son Devon and Men's Health Summit Keynote Speaker, Madieu Williams

International Gospel Concert



Frederica Williams with Chancellor J. Keith Motley of UMass Boston, the recipient of Whittier's Annual Saving the Health of the Community award presented at its International Gospel Concert.

Women for Whittier Supporters



Women for Whittier supporters including (l-r) Lynn Nicholas, Latoyia Edwards, Juliette Mayers, Deb Enos, Frederica Williams, Susan Lynch, Jody Acford.

Let the Roasting Begin!



Whittier President and CEO, Frederica M. Williams with Mayor Thomas M. Menino and Cleve Killingsworth at the 2010 annual Roast for Cleve Killingsworth.



Dr. Donald Berwick, Debby Miller, (Front l-r) Hubie Jones, Ronald Wacker, Frederica Williams, Cleve Killingsworth, Gay Vernon and Clayton Turnbull all celebrate at the 2010 Roast for Cleve Killingsworth



Cleve Killingsworth is honored by Whittier President and CEO, Frederica M. Williams, Healthy Weight Clinic Participant, Tavin Felix and Debby Miller, Whittier Board Chair.

Donor List

OVER \$100,000

Children's Hospital Boston

UP TO \$100,000

Blue Cross Blue Shield of Massachusetts

The Kresge Foundation

NSTAR

UP TO \$50,000

Suffolk Construction Red and Blue Foundation

Susan G. Komen for the Cure

UP TO \$25,000

American Academy of Pediatrics

Blue Cross Blue Shield of Massachusetts Foundation

CeltiCare Health Plan of Massachusetts

Citizens Bank Charitable Foundation

Covidien Foundation

Dana-Farber Cancer Institute

John W. Alden Trust

Partners HealthCare

The Roxbury Trust Fund

The Yawkey Foundation

UP TO \$10,000

Abbey Group

Aquidneck Foundation

Robert L. Beal

Black Ministerial Alliance

Boston Antiques for Charity, Inc.

Boston University

Caritas Christi

CVS Caremark Corporation

Granite Telecommunications

Greater Media, Inc.

John Hancock Financial Services

Liberty Mutual Group

MAC AIDS Fund

New England Development

PS Lynch Charitable Lead Annuity Trust

Verizon Foundation

UP TO \$5,000

Alexander, Aronson, Finning & Co., P.C.

Bain Capital

Boston Medical Center

Boston Medical Center HealthNet Plan

CAVU Foundation Inc.

City of Boston

Community Development Corporation of Boston

Mary Connolly

Jack Connors, Jr.

Shawn Donovan

Grimes King Foundation for the Elderly

Harvard Pilgrim Healthcare

Johnston Associates

The Lynch Foundation

Robert M. Mahoney

Debra B. Miller

Halima Mohamed

National Grid

Neighborhood Health Plan

Northeastern University

Partners & Simons

Roxbury Technology Corporation

Savings Bank Life Insurance

Sovereign Bank

The TJX Foundation, Inc.

Jim Tracey

Frederica M. Williams

UP TO \$2,500

A.D. Makepeace Company

Mark Ancil

Atrius Health/Harvard Vanguard Medical Associates

Beacon Capital Partners, LLC

Beacon Health Strategies, LLC

The Boston Foundation

The Boston Globe Foundation

Bunker Hill Community College

Margaret Carr

Mark Drews

Century Drywall, Inc.

Domenech Hicks and Krockmalnic, Inc.

Donoghue Barrett & Singal PC

EMC Corporation

Gannett Welsh & Kotler, LLC

Greenwood Industries Inc. Companies

Heritage Restoration

Hinckley, Allen & Synder LLP

Hirsch Roberts Weinstein LLP

Jubilee Christian Church

K & K Acoustical Ceilings, Inc.

Lower Roxbury Coalition

Loretta LaRoche & Company Speakers & Entertainment

Massachusetts League of Community Health Centers

Anthony Miliote

Mintz Levin

Network Health

Owens & Minor

The Owens Companies

Partners Psychiatry and Mental Health

Pegasystems, Inc.

Professional Electric Contractors of Connecticut, Inc.

Rasky Baerlein Strategic Communications

RF Walsh Collaborative Partners

Signature Healthcare

Tufts Health Plan

University of Massachusetts-Boston

The Waldwin Group

UP TO \$1,000

Anne B. Bonnyman

Boston Public Health Commission

Sylvia Carr

Charles River Charitable Foundation

Compton Foundation, Inc.

Deborah Daccord

Daedalus Projects, Inc.

Exploritas

GLC Development Resources LLC

Greater Roslindale Medical & Dental Center

Carolyn G. Hebsgaard

Hill Holliday

Kimmie Jackson

Jerry Jean

Beverly Johnson

Lauretta Okoye

Le Foyer Bakery

Alyson Lindsey

Susan Lynch

Massachusetts Department of Public Health

Juliette Mayers

McCall & Almy, Inc.
McDermott Ventures, LLC
Malvika Mitchell
Vernon E. Nelson
Colette Phillips
John D. Reardon
Rodman Ford Sales, Inc.
Allison Salke
Senior Whole Health
WBUR/Boston University
Westnet Inc.
Paula Wright

UP TO \$500

Jody Axford
Gerald Bell
Beth Israel Deaconess Medical Center
Beth Israel Medical Center
Boston Lawyers Group
Boston Red Sox
The Bostonian Group
Janet Cady
Bithiah Carter
Center for Community Health Education
Research and Service
Clinigen
Bink Garrison
Mitchell A. Goldfeld
Greater Boston Chamber of Commerce
The Haitian American Marching Band
Jack Hobbs
Laura B. Holland
Stephen J. Jansen
Julie Kahn
James Lee
Massachusetts Eye and Ear Infirmary
Meredith & Grew, Inc.
Pamela Ogletree
Yemi Oladipo
Roxbury Community Alliance for Health
Roxbury Preparatory Charter School
Roxbury Tenants of Harvard
Nalini Sharma
Habib Sioufi
Susan Sullivan
UMASS Worcester
WCVB-TV Channel 5
West Insurance Agency

\$100 TO \$250

William Adams
George Alcott
Alewife Commercial Associates, Inc.
Shikha Anand
Clara Anderson
Jim Asp
Joyce Beach-Small
Milton Benjamin
Frances Bernat
Adrienne Berry-Burton
Boston Pedorthic
Sandra Brock
James Bruce
Daniel C. Burnes
Janine Carr
Sarah Cardozo Duncan
Caribbean Foundation of Boston
Michael Carter
Sandra Casagrand
Nadia Chamblin-Foster
Susan Coakley
Yvette Colon
Tom Congoran
Carole Cornelison
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Jane Cummings
Rob Cunjak
Betsey Dalbeck
Chenita Daughtry
Guanah Davis
DentaQuest
Emily C. DiMaggio
John Doe
Deborah Enos
Michael F. Farrell
Juarez Farrington
Noah Federici
Michele Gibbons-Carr
Terrence J. Guiney
Megan Hamner
Karen Holmes
Linda Hudson
William Hulsey
Jean Hurd
Islande Icart
Susan Irving
John H. Jackson

Paula Johnson
Vina Leite
H. Eugene Lindsay
Barbara Lottero
Maria Manning
Marisela Marrero
Morgan Memorial Goodwill Industries, Inc.
Muhammad's Mosque No. 11
Barbara Moutsoulas
Charlayne Murrell-Smith
Allyce Najimy
New England Health Care Institute
Lynn Nicholas
A Nubian Notion
Curtis Odom
Jane Ogembo
Susan Portin
Mary Reed
Erin Ridgeway
Christine C. Santos
Esther R. Shapiro
Fredrick Shonkoff
Monalisa Smith
Anne St. Goar
Michelle Taylor-Jones
Alex Tee
Rosalind Ure Agwu-Igbani
Caroline Vitiello
Ronald Wacker
William J. Walczak
Patricia Washington
Gregory Wilmot
Heidi Wyle
Luke Youmell
Bashi Young

We apologize for any and all inaccuracies or errors of omission. Please contact Timothy Potsaid at (617) 989-3071 with corrections so we can improve our lists in the future. Thank You!

Fiscal Year 2009: Audited Financial Balance Sheet

Balance Sheet

Assets

Current	\$ 9,773,966
Pledges Receivable	\$ 1,001,818
Fixed Assets	\$ 2,998,279
Construction In Process	\$ 1,443,414
TOTAL ASSETS	\$ 15,217,477

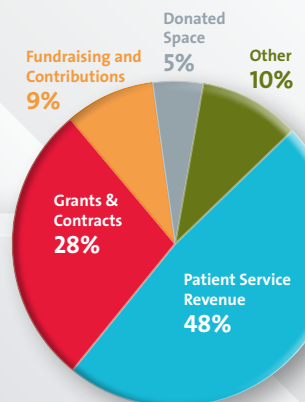
Liabilities

Current	\$ 1,612,822
Long Term	\$ 33,256
TOTAL LIABILITIES	\$ 1,646,078

Net Assets	\$ 13,571,399
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TOTAL LIABILITIES AND NET ASSETS	\$ 15,217,477
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REVENUE BY SOURCE



Statement of Operating Support and Revenues and Expenses

Revenue

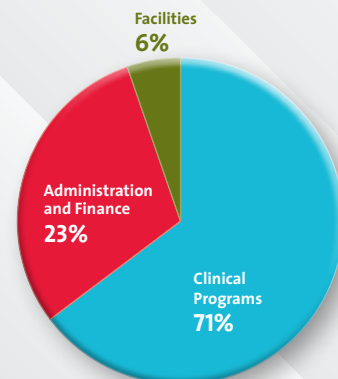
Patient Service Revenue	\$ 7,138,572
Grants & Contracts	\$ 4,095,451
Fundraising and Contributions	\$ 1,138,271
Donated Space	\$ 715,137
Other	\$ 1,550,371
TOTAL REVENUE	\$ 14,880,802

Expenses

Clinical Programs	\$ 9,714,202
Admin & Finance	\$ 3,109,129
Facilities	\$ 806,365
TOTAL EXPENSES	\$ 13,629,696

NET OPERATING INCOME/(LOSS)	\$ 1,251,106
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EXPENSE BY CATEGORY





WHITTIER STREET HEALTH CENTER

PRESIDENT'S BUSINESS

ADVISORY COUNCIL

Bob Mahoney, *Chair*

Robert A. Beal

Mark DiNapoli

Matt Fishman

Gary Gottlieb, MD, MBA

John Jenkins

Richard Lynch

SENIOR MANAGEMENT

Frederica M. Williams,
President and Chief Executive Officer

Halima Mohamed,
Vice President of Programs and Services

Antoinette Y. Preston,
Director of Human Resources

John Reardon,
Chief Financial Officer

COMMUNITY BOARD

Debra Miller, *Chair*

True See Allah

Omolara Bankole

Gerald Bell

Vianka Perez Belyea

Craig Estes, Esq.

Sally H. Jenks

Vernon Nelson

Makia Powers

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