Mission
DCPCA works to create healthier communities through advocacy and the development of the infrastructure to support a high quality, equitable, integrated health care system that gives every DC resident a fair shot at a full and healthy life.

Vision
Our collective action and innovation fosters the creation of an integrated health system that:

- Respects and embraces people throughout the continuum of care;
- Empowers patients to fully engage in their health and well-being;
- Is value-based and patient-centered; and
- Commits to achieving equity and optimal levels of health for all.
Founded in 1996, DC Primary Care Association (DCPCA) is a non-profit health equity and advocacy organization dedicated to improving the health of DC’s vulnerable residents by ensuring access to high quality primary health care, regardless of an ability to pay. As a leader in the health care community, we work to ensure that all residents of Washington, DC have the ability and opportunity to lead healthier lives—through increased health care coverage, expanded access, improved quality, workforce development, and enhanced communication.

Our membership currently includes 15 community health centers and community-based organizations located in the District of Columbia and Maryland suburbs. Between them, our members own and operate nearly 60 health care delivery sites that serve approximately 200,000 residents. These members serve as our partners. Together, along with other community-based safety-net primary care providers committed to the DCPCA mission, we work to create a high quality, equitable, integrated health care system that gives every resident an opportunity for a full and healthy life.

Since our founding we have been at the forefront of strengthening the District’s primary care system. Through our numerous advocacy efforts and resource development programs we have expanded and improved primary health care services for residents. Our broad portfolio of projects includes:

- Building community health centers to expand access to quality health care,
- Developing policies to support access to care and sustainability of community health centers,
- Enhancing the quality in the system for improved health outcomes,
- Building a community workforce to help navigate this better system of care,
- Developing health information technology to link the system together,
- Facilitating the development and sustainability of an effective, integrated health care system in the District that guarantees access to primary care and eliminates inequity in health outcomes.

We are proud that the work we do at DCPCA has, and will continue to, improve population health and ensure that all residents of the District have a fair shot at a full and healthy life.
Strategic Priorities

Health Center Sustainability
Community health centers are the lifeblood of the communities they serve. Established as a result of primary care provider shortages in underserved areas of the District, community health centers have become vital resources to residents. As the centers provide compassionate, culturally competent, comprehensive care and wrap-around services, residents have come to rely on them for their needs. In 2014, DCPCA member health centers provided care to their communities through one million patient visits, serving one out of every three DC residents. As the leading voice for an integrated health system with primary care at the core, DCPCA is focused on driving improvements in the District’s health care system and strengthening the sustainability of our member health centers. With a broad goal of strengthening population health, we provide technical assistance, data analysis, and other necessary resources to help our member centers thrive in the new health care arena. Additionally, we facilitate collaboration among our member centers and other primary care providers in order to drive system change and make a collective impact.

Data Management
The implementation of a new care delivery model, and a data system that integrates over sites and time of care, is necessary to drive improvement in population health. Meaningful data is necessary to achieve the care management, coordination and quality improvement efforts necessary to transform health outcomes and contain costs. DCPCA hosts and maintains electronic health records for seven community health center providers and provides training and technical support for health center staff in the effective use of the technology. We also provide technology management support to our health centers and the DC Department of Health for several population health data acquisition and analysis efforts. In addition, DCPCA participates as a key stakeholder on the DC Health Information Exchange (DC HIE) Policy Board. Established in February 2012, the purpose of the Board is to advise the Mayor, the Director of the Department of Health Care Finance (DHCF), and other District agencies regarding the implementation of secure, protected health information that benefits District stakeholders in accordance with DHCF HIE Action Plan. Members of the DCPCA Health Information Technology team provide health information technology expertise and counsel, and assist in the development of the Health Information Exchange for the District as a means for driving improvements in population health.

Policy & Advocacy
For almost two decades, DCPCA has set the course for high quality, sustainable, accessible primary health care for all in the District of Columbia. More than ever before, primary care is at the heart of the effort to rewrite the District’s health story, and the survival and success of community health centers remains critical to a successful and thriving city. Over the last ten years, the District has achieved unprecedented health insurance coverage. Ninety-four percent of residents have health insurance, and 98% of DC’s children are covered. We are first in the nation in rates of health insurance for Latino children. Looking forward, our challenge is to deliver on the implicit promise of coverage and access for all. Working in partnership with health centers, District government, public health advocates, and community members, we intend to match the increase in coverage and access with improvements in health outcomes and quality of life for all residents. Our aggressive advocacy agenda identifies and works to take action on legislative, administrative, and budgetary opportunities to support health center sustainability and continued access to the comprehensive, integrated primary care that helps all our residents get and stay strong both mentally and physically.
In 2015, the DCPCA Board of Directors restructured from 11 to 15 members. The new structure provides for representation for all Federally Qualified Health Centers (FQHCs) and FQHC Look-Alike (FQHCLA) members. The remainder of the seats will be selected from organizational members; community representatives who share in the mission and vision of DCPCA; or individual professionals engaged or interested in primary care.

In addition to the changes in board composition DCPCA added additional new committees, sub-committees and ad-hoc groups. These groups consist of: Executive Committee, Finance Committee, Audit & Compliance Committee, Governance Committee, Health Center Leadership Committee, Health Center Leadership Quality Sub-Committee, Health Center Leadership Advocacy & Public Policy Sub-Committee, and as needed Ad-Hoc groups.

As of 2015, the current Board members include:

**GEORGE JONES**
DCPCA Board Chair
Executive Director
Bread for the City

**DON BLANCHON**
DCPCA Board Secretary
Executive Director
Whitman-Walker Health

**CLAIRE MOONEY**
DCPCA Board Treasurer
Chief Financial Officer
La Clinica del Pueblo

**JULIE CHAPMAN**
President & Chief Executive Officer
501c Tech

**MARIA S. GOMEZ, RN, MPH**
President & Chief Executive Officer
Mary’s Center

**FLORA TERRELL HAMILTON, DSW, LICSW, LCSW-C**
Executive Director
Family Medical and Counseling Services, Inc.

**VINCENT A. KEANE**
President & Chief Executive Officer
Unity Health Care, Inc.

**ED LAZERE**
Executive Director
DC Fiscal Policy Institute

**JOHN MATHEWSON**
Executive Vice President
Health Services for Children with Special Needs, Inc.

**RHONIQUE SHIELDS-HARRIS, MD**
Chief Medical Officer and Vice President of Medical Affairs
Health Services for Children with Special Needs

**KELLY SWEENEY MCSHANE**
President & Chief Executive Officer
Community of Hope

**JACQUELYN WALKER**
Chief Executive Officer
Elaine Ellis Center of Health

**ALICIA WILSON**
Executive Director
La Clinica del Pueblo
Dear Friends,

Fiftieth birthdays are a time for reflection—a look back on the road traveled, and a doubling-down on the drive to finish what we’ve started. Medicaid turns 50 this year, and with it, community health centers also mark half a century of bringing quality health care to those who face the most significant obstacles to getting and staying healthy.

The District of Columbia boasts eight federally qualified health centers (FQHCs), a designation that indicates a commitment to meeting the needs of our most vulnerable residents, regardless of their ability to pay. The FQHC members are joined in this effort by 8 other community health centers—all focused on meeting the health care needs of a diverse community challenged by economic and social factors that impact health and well-being.

Begun in church basements, Quonset huts, and coatrooms, the District’s community health centers now serve more than 200,000 patients—almost one in three District residents—in state of the art facilities that speak louder than words ever could that our people and our community matters. Their health matters.

Primary care must be at the heart of any effort to write a new prescription for health in our city. To deliver on the implicit promise of the District’s leadership and success in expanding health care coverage, community health centers will show greater value in the way they do business, provide services, support patients, and nurture partnership. They are prepared for aggressive commitment to comprehensive care teams invested in personal, effective, efficient, whole-person oriented care. They are prepared to implement and scale best practices, and to compete on quality and cost.

So Happy Birthday Community Health Centers! The next 50 years in health care will turn old paradigms upside down, and community health centers should be the drivers of a transforming system. As the District evolves and the health care delivery system changes, community health centers will continue to serve and advocate for vulnerable populations. District residents who disproportionately suffer from poor health due to disparities rooted in race, gender, income, and sexual orientation will remain our top priority. Health centers will reject health inequity as unnecessary, avoidable, unjust, and unfair. They will focus on continuous improvement and insist on quality, insist on value, and insist on a fair shot at a full healthy life for every man, woman, and child in the District of Columbia.

Sincerely,

GEORGE JONES
President, Board of Directors

Jacqueline D. Bowens
Chief Executive Officer
DCPCA invited member center representatives to meet with leaders of the Health Homes initiative from both Department of Behavioral Health (DBH) and Department of Health Care Finance (DHCF). This was a great opportunity for member health centers to directly engage with government officials and provide input on how the District can best move forward in serving residents with mental health concerns.

**Coding & Documentation Webinar**

This course was specifically tailored for member health center clinical staff. Representatives from seven health centers took advantage of this course offering. The small class size allowed for personalized training on changes in reimbursement, billing, and coding practices; recent government initiatives focusing on medical fraud and abuse; and medical necessity and credible documentation.

**Introduction to Patient-Centered Medical Home Standards**

This interactive training highlighted scoring elements and examining documentation that supports an application towards becoming a recognized patient-centered medical home under the National Committee for Quality Assurance (NCQA). A third of member health centers took advantage of this offering.
**Event Highlights**

**Moving Upstream: Bridging the Gap Between Innovation and Practice**

DCPCA hosted “Moving Upstream: Bridging the Gap Between Innovation and Practice,” a symposium on primary care innovation for sub-grantees, providers, health care organizations and other stakeholders serving the underserved residents of the District of Columbia. Key presenters included Dr. Joxel Garcia from the DC Department of Health. More than 220 registered for the event which disseminated information on innovations in service delivery to increase capacity of primary health care sites.

**2014 DCPCA’s 17th Annual Policy Forum & Awards Luncheon**

Michael A. Rashid, former President and CEO of AmeriHealth Caritas delivered the keynote address discussing the role and impact of Managed Care on patient health outcomes as we move to improve overall patient health. Our panel discussion, “Policy and Practice Changes Needed to Improve Population Health” was moderated by Dr. Djinge Lindsay, Supervisory Medical Officer at DC Department of Health. Panelists included: Sara Rosenbaum, the Harold and Jane Hirsh Professor of Health Law and Policy and Founding Chair of the Department of Health Policy, George Washington University School of Public Health and Health Services, Dr. Luis Padilla, Senior Health Policy Advisor to the President and CEO at Unity Health Care, Claudia Schlosberg, Medicaid Director for the Department of Health Care Finance and America Guardado, Consumer Board member at La Clinica del Pueblo.
Uniform Data System Training

In partnership with the Health Resources and Services Administration, DCPCA co-hosted Uniform Data System (UDS) Training. Approximately 80% of health centers participated.

December 3, 2014

Health Center Sustainability Bootcamp

DCPCA hosted a full day learning session targeted to Health Center Leadership and Clinical teams focused on the latest trends in the health care delivery marketplace. The session provided an opportunity for training and education on network models; identification and documentation of health care financing factors; and best practice models that will influence long-term success and sustainability.

February 4, 2015

eClinicalWorks (eCW) Training

Offering the first monthly training of the year, DCPCA regularly hosts eClinicalWorks (eCW) courses for new and clinical staff. The eCW EMR system infrastructure provides direct access to real-time primary care encounter and utilization data for more than 300 providers delivering health care services at seven community health centers. Through this mechanism, DCPCA is able to categorize, aggregate, and report health care data and quality metrics for nearly 40,000 patients.

January 7, 2015

DCPCA 2014-2015 Annual Report
Legislative Breakfast At The DC Council

DCPCA and Yvette Alexander, DC Ward 7 Councilmember and Chair on the DC Committee on Health and Human Services, hosted a legislative breakfast at the DC Council. The event served as an opportunity to showcase DCPCA members and the work they do to build a healthier DC.

DCPCA 2nd Annual Health & Finance Leadership Summit

The Mayor’s health leadership team presented key budget priorities and pressures facing each of their respective departments in a forum facilitated by DCPCA CEO Jacqueline Bowens. More than 100 attendees, including community health center CEOs, government leaders, hospital leadership, advocates, and other community representatives, convened at the John A. Wilson Building.

The Mayor’s new leadership team included Deputy Mayor for Health and Human Services Brenda Donald, Director of the Department of Health Dr. LaQuandra Nesbitt, Interim Director of Behavioral Health Dr. Barbara Bazron, and Department of Health Care Finance Director Wayne Turnage. In addition to expanding upon Mayor Muriel E. Bowser’s proposed $12.9 billion budget for the upcoming year, the Deputy Mayor and Directors relayed specific details on the budget process, budget pressures and key priorities for FY 2016. The Mayor’s health leadership team also highlighted goals for their specific Departments, which included a commitment to working collaboratively with the community providers and advocates to explore and identify new and innovative approaches to achieve the mutual goals of a healthier DC.
ICD 10 Transition Training

The ICD 10 Transition Training prepared clinical staff for a successful transition to ICD-10 requirements pursuant to the October 2015 deadline. This course provided a solid background of ICD and an in-depth look at the 21 chapters of ICD-10, including scenarios to help understand the new guidelines. Additionally, the course helped more than 50 participants understand their unique and critical role in the financial success of their respective organizations.

HIPAA-HITECH Readiness Training

The HIPAA-HITECH Readiness Training highlighted the complex legal framework governing data privacy and developing a plan to mitigate risk can be the difference between an incident and a disaster. In addition to a comprehensive review of the requirements of HIPAA to adequately protect patient information, the training allowed participants to engage in an open discussion of what to do when that protection fails.
Grand Opening at Unity Health Care’s new Brentwood Health Center

The new Brentwood Health Center was made possible with a $2.9 million grant from the DC Department of Health administered by the DCPCA as part of DCPCA’s Medical Homes DC Initiative. Unity Health Care, Inc., and Israel Baptist Church celebrated a successful grand opening with more than 100 attendees. The previous health center only had eight exam rooms, compared to the new facility’s 31 rooms. Additionally, the Brentwood Health Center boasts two procedure rooms, one podiatry room, and five dental chairs. The Center will be open six days a week extended weekend and evening hours to serve more than 10,000 patients annually at 37,500 visits.

Team-Based Care Summit

Nearly 50 attendees gathered for the June 2015 Team-Based Care Summit. Quality Improvement staff, Behavioral Health staff, Clinicians, Nurses, Care Managers, Medical Directors, and Practice Administrators from DCPCA’s network of member health centers heard from various experts on how to address challenges of care coordination for high-risk patients.
The Department of Quality Improvement and Programs serves as the umbrella for all technical assistance and training initiatives offered by DCPCA. It facilitates and supports a variety of initiatives focused on issues of high-volume, high-risk and/or problem-prone areas for the District’s FQHCs and Community Health Centers (CHCs) through:

- Managing innovative clinical collaborations that target health disparities and improve patient health;
- Offering resources and continuous support and training for quality improvement;
- Lending expertise in areas related to clinical health policy;
- Promoting programmatic continuity for sites during transition periods;
- Creating opportunities for leadership and networking among health center clinicians; and
- Assisting sites in incorporating corporate compliance, quality, emergency preparedness and risk management programs into daily operations.

The Department ensures that member FQHCs and CHCs have the tools needed to achieve the highest possible quality standards as established by Health Resources Service Administration (HRSA), Bureau of Primary Health Care (BPHC), and other national quality organizations, to enhance operational efficiency through the continuous implementation of collaborative evaluation and improvement initiatives.

Key Accomplishments

- Prevention EmpowerS ME program trained over 100 community health workers to provide community-based patient self-management education in non-traditional settings and community health centers.
- Successfully leveraged additional resources in partnership with +DOH to support the expansion of data collection, analysis and reporting and quality improvement interventions in Health Centers participating in the Million Hearts Learning Collaborative.
- Hosted Regional Continuous Quality Improvement Summit with representing regional PCA partners and health centers from Maryland, Pennsylvania, and Virginia.
- Partnered with DOH to host the Upstream Health Symposium for 200 attendees, including physicians, allied health staff, CHCs, hospitals, and other stakeholders and partners.
- Twenty-six delivery sites are PCMH-Risk Recognized, representing all FQHCs.
- DCPCA is one of 19 newly funding PCAs to become a National Oral Health and Integration Network in partnership with DentaQuest Foundation.
The Department of Advocacy and Policy’s aggressive advocacy agenda identifies legislative, administrative, and budgetary opportunities to support health center sustainability and continued access to comprehensive, integrated primary care—all of which help DC residents get and stay mentally and physically strong.

This year, our challenge was to deliver on the implicit promise of coverage and access for all. Working in partnership with health centers, government, public health advocates, and community members, we intend to match the increase in coverage and access with improvements in health outcomes and quality of life for all residents.

The Department’s public policy priorities are as follows:

1. Behavioral Health Integration:
   To amend the Mental Health Information Act to allow information exchange between behavioral health and medical providers.

2. Patient-Centered Medical Homes:
   To ensure that every District resident has access to high-quality primary care through a health home. The medical home model promises to improve health care by transforming primary care organization and delivery.

3. Value Pay Reform:
   To reform our payment system to prioritize getting and keeping patients healthy.

4. District Health Information Exchange:
   To develop a data system that tracks patient health across sites of care including primary, specialty, behavioral, and hospital care.

5. Community Health Workers:
   To enable reimbursement of Community Health Workers (CHWs) as members of the primary care team and direct patients to the right care at the right place at the right time.

6. Primary and Specialty Care Need and Capacity Assessment:
   To determine if the District has areas in need of new primary care, behavioral health, and specialty care providers and facilities.

Key Accomplishments

- Successfully partnered with DHCF to right-size FQHC base payment rates, the first such effort in the District of Columbia since 2001
- Worked with the Department of Behavioral Health to ensure that new DBH regulations did not impact provisions and expansion of behavioral health services in the context of community health centers
- Launched an intensive health center sustainability initiative focused on building health centers’ operational, financial, and clinical readiness for emerging value payment models
The Department of Health Information Technology hosts and operates an eClinicalWorks EMR system infrastructure that provides direct access to real-time primary care encounter and utilization data for more than 300 providers, delivering health care services at seven community health centers. Through this mechanism, DCPCA is able to categorize, aggregate, and report health care data and quality metrics for nearly 40,000 patients.

The Department provides technology management support for several population health data acquisition and analysis efforts involving our health centers, the District’s Managed Care Organizations (MCOs) and the DC Department of Health. Through a cooperative agreement with Department of Health and Human Services (HHS), Office of the National Coordinator (ONC) for Health IT, DCPCA functions as the District’s Regional Extension Center (REC), known as eHealthDC, to provide Meaningful Use (MU) outreach and education, expertise and technical assistance, and other critical services to support effective electronic health record adoption among participating District primary care providers.

One of 62 RECs across the country, eHealthDC has provided technical assistance to primary care providers in the DC service area to facilitate their adoption of certified EHR technologies and achievement of the MU of those technologies. The DC REC is the second REC in the nation to have achieved 100% of its goals for the number of primary care providers meeting MU guidelines. To date, DCPCA has enrolled nearly 1,200 primary care providers in our technical assistance program, 861 of which have achieved Stage 1 MU, enabling them to receive Medicare or Medicaid incentive payments, if eligible.

Key Accomplishments

- Represented the interests of community health centers as a member of the DC HIE Policy Board. The Board is charged with identifying strategies to create a robust HIE across sites of care to improve health outcomes for District residents.

- Coordinated the launch of a fully functioning HIE of primary care providers, hospital and care coordination entities called the CCIN Capital Partners in Care Health Information Exchange (CPC-HIE). The CPC-HIE gives medical providers across the District immediate access to information about their patients’ care received at other clinics, allowing them to provide more timely and effective treatment while avoiding expensive duplication of services.

- Integrated the George Washington University (GWU) Prevention at Home (PAH) Initiative with the Capital Partners in Care HIE to link all the health centers that DCPCA hosts on eCW with the Prince Georges Health Information Network (PHIN) and the MD CRISP HIE (hospital-based HIE system in which all District hospitals are engaged).

- Developed an interface for the real-time transmission of patient encounter data to the DOH Cancer Registry to support MU Stage 2 public health reporting objectives.

- Implemented a quarterly data extract and transfer process to submit hypertension and diabetes patient registry and quality measures data to the DOH chronic disease management dashboard.
### DCPCA Member Health Centers

1. **Bread for the City**  
   1525 7th St NW

2. **Children's Health Project - Brentwood Apartments (Ward 5)**  
   14th and Saratoga SE

3. **Children's Health Project - St. Coletta Of Greater Washington (Ward 6)**  
   14th and Saratoga SE

4. **Children's Health Project - Children's Health Center at THEARC**  
   1902 Mississippi Ave SE

5. **Children's Health Project - Benning Park Community Center (Ward 7)**  
   601 53rd St SE

6. **Children's Health Project - DC General Campus (Ward 6)**  
   1900 Massachusetts Ave SE

7. **Children's Health Project - Atlantic Terrace Apartments (Ward 8)**  
   4319 3Rd Street SE

8. **Children's Health Project - Washington Jesuit Academy (Ward 5)**  
   900 Varnum Street NE

9. **Children's Health Project - Ferebee Hope Community Center**  
   3855 8Th Street SE

10. **Children's Health Project - Edgewood Terrace**  
    611 Edgewood Street NE

11. **Children's Health Project - Fort Dupont Community Center**  
    24 Ridge Road, SE

12. **Community Of Hope - Conway Health And Resource Center**  
    4 Atlantic Street SW

13. **Community of Hope - Family Health and Birth Center**  
    801 17Th Street NE

14. **Community Of Hope - Marie Reed Health Center**  
    2250 Champlain Street NW

15. **Elaine Ellis Center Of Health**  
    1605 Kenilworth Ave Ne

16. **Family & Medical Counseling Service**  
    2041 Martin Luther King Jr. Ave SE Suite 303

17. **Health Services for Children with Special Needs**  
    1101 Vermont Avenue NW Suite 1200

18. **La Clínica Del Pueblo**  
    2831 15Th St NW

19. **Mary's Center - Adams Morgan**  
    2333 Ontario Rd NW

20. **Mary's Center - Petworth**  
    3912 Georgia Avenue NW

21. **Mary's Center - Montgomery County**  
    8709 Flower Avenue

22. **Mary's Center - Prince George's County**  
    8908 Riggs Road

23. **Mary's Center - The Mama & Baby Bus Outreach Mobile Unit**  
    Traveling Throughout DC and Prince George's County

24. **Mary's Center - Dental Cruiser Pediatric Mobile Unit**  
    Serving Prince George's County Public Schools

25. **Metrohealth (Formerly Carl Vogel Center)**  
    1012 14th St NW Suite 700

26. **Planned Parenthood of Metropolitan Washington - Downtown Center**  
    1108 16th St NW

27. **Providence Hospital - Perry Family Health**  
    128 M St NW Suite 050

28. **Providence Hospital - Fort Lincoln**  
    4151 Bladensburg Road

29. **So Others Might Eat (Some)**  
    71 O St NW

30. **Unity Health Care - Walker-Jones (Ward 6)**  
    40 Patterson Street NE

31. **Unity Health Care - Upper Cardozo (Ward 1)**  
    3020 14Th Street NW

32. **Unity Health Care - Unity @ DC General (Ward 6)**  
    1900 Massachusetts Ave SE Building 29

33. **Unity Health Care - Stanton Road (Ward 8)**  
    3240 Stanton Road SE
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<th>Number</th>
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<td>Unity Health Care - Brentwood Health Center (Ward 5)</td>
<td>Israel Baptist Church 1251 Saratoga Avenue NE</td>
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<td>Unity Health Care - Anacostia (Ward 8)</td>
<td>1500 Galen Street SE</td>
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<td>Unity Health Care - Woodson Student Health Center</td>
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<td>Unity Health Care - Homeless Services Center - New York Ave. (Ward 5)</td>
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<td>Unity Health Care - Homeless Services Center - Central Union Mission (Ward 2)</td>
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<td>49</td>
<td>Unity Health Care - Homeless Services Center - 801 East (Ward 8)</td>
<td>2700 Martin Luther King, Jr. Ave SE</td>
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<td>50</td>
<td>Unity Health Care - Eastern HS Center</td>
<td>1700 East Capitol St SE Room W130</td>
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<td>51</td>
<td>Unity Health Care - Ballou Student Health Center</td>
<td>3401 4Th St SE Room 114</td>
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<td>52</td>
<td>Unity Health Care - Homeless Services Center- Pathway to Housing</td>
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<td>53</td>
<td>Unity Health Care - Cardozo Campus Student Health Center (Ward 1)</td>
<td>1200 Clifton St NW</td>
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<td>54</td>
<td>Unity Health Care - Challenge Academy Student Health Center</td>
<td>3201 Oak Hill Dr</td>
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<td>Unity Health Care - Homeless Services Center - Community Connections</td>
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<td>Whitman-Walker Health Max Robinson Center</td>
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Community Health Centers across the nation serve the primary health care needs of more than 24 million people. In the District of Columbia, DCPCA’s 15 member health centers serve approximately one out of every three district residents.

Due to the range of issues facing the District’s medically underserved communities— including chronic illness, cultural and linguistic differences, geographical barriers, and homelessness— each DCPCA member health center adopts a unique and customized approach to deal with the specific needs of its community. As the centers provide compassionate, culturally competent, comprehensive care, and wrap-around services, residents have come to rely on them for their health needs.

For nearly 20 years, health clinics have joined DCPCA for a greater collective impact on health equity issues, and for effective training, technical assistance, electronic data management, and new resources and tools. As the region’s leading voice for an integrated health system with primary care at the core, DCPCA is dedicated to fostering collaboration among its members to provide high quality health care to all District of Columbia residents.

In the past year, DCPCA’s partnerships in the private and public sectors, as well as its collaboration with member health centers, have demonstrated value, quality, and innovation in terms of improving the health care system as well as growth and improved access to the most medically vulnerable communities.
Value

More than ever before, primary care is at the heart of the effort to rewrite the District’s health story; and DCPCA is committed to the success and sustainability of community health centers. DCPCA’s Board is structured to include CEOs and representatives from member health centers and other vested community partners. As a result, DCPCA offers the strength of one collective voice in terms of policy and advocacy.

As a recognized and respected leader in health care reform, DCPCA heads an influential network of organizations and individuals that advocate and encourage the DC government to make responsible decisions to ensure that fully funded, high quality health care services are accessible to low-income and underserved DC residents.

According to the National Association of Community Health Centers, medical expenses for health center patients nationally are 41 percent lower compared to patients seen elsewhere. By keeping health center cost to a minimum, health centers across the nation are generating costs savings for the entire health system. In addition to reducing the cost of health care services, health centers further demonstrate their value by improving population health outcomes.

Bread for the City CEO George Jones received the John Thompson Jr. Legacy of a Dream Award for his work as an advocate in the fight against poverty. The honor recognizes a community member who has significantly affected DC residents and has been a leader in solving issues in the District.

Community of Hope President and CEO Kelly Sweeney McShane was honored March 24, 2015 at the Second Annual Women of Excellence Awards for her work in public health. Ms. McShane was one of eight leaders to be honored with the 2015 Women of Excellence Award, an award honoring District women for their commitment, leadership and excellence.

President Father John Adams has often been recognized for his work at SOME, as Washingtonian of the Year, a Freedom Forum Free Spirit, an Olympic Torch Carrier, a Congressional Victory Against Hunger Award recipient, and recipient of an Honorary Doctorate from Marymount University.
Quality

By providing technical assistance, training, and tools to its members, DCPCA is able to disseminate best practices to improve health care quality, promote health IT adoption and use, obtain Meaningful Use Incentive Payments, achieve Patient Centered Medical Home (PCMH) recognition, and expand health center capacity to meet the challenges and opportunities of a rapidly changing health care environment.

DCPCA collaborates with the Health Resources Service Administration (HRSA), the Bureau of Primary Health Care (BPHC), the National Association of Community Health Centers (NACHC), and other nationally recognized organizations to bring training, technical assistance programs and continuous quality improvement to our CHC members to ensure regulatory compliance, maintain cost, and provide the highest quality of care to their patients. Likewise, the member health centers independently partner with highly regarded local, regional, and national partners in order to better serve the needs of the community.

“Throughout our 26 years of services, Mary’s Center has developed a successful model that integrates our medical, education and social services to eliminate barriers and improve health outcomes,” said Maria Gomez, Mary’s Center President and CEO. “Earning the PCMH 2011 recognition is a proof of the effectiveness of our model and a stimulus to continue enhancing and replicating it.”

Unity Health Care’s Parkside Health Center announced a groundbreaking study that will treat and potentially cure 800 DC residents who are currently infected with Hepatitis C Virus alone or co-infected with both Hepatitis C and HIV. Each patient will receive the newly FDA approved medication – Harvoni. This is the first study of its kind to look at the effectiveness of Harvoni in community health settings.

Perry Family Health Center provides mental health services for all ages through its staff of clinically trained social workers who have access to Providence’s onsite behavioral health services. In keeping with its holistic approach, Perry extends its reach by partnering with local community based programs to provide education that covers a range of mental, physical and spiritual health topics. Each year, Perry offers two service events for the broader community.
Innovation

DCPCA provides access to an extensive network of community-based organizations and fosters collaboration among its partners—further encouraging health centers to explore new avenues to address the District’s most pressing health needs. Because community health centers are unique in respective to their community needs, they have been at the forefront of developing new and innovative ways to best serve the District’s health care needs.

La Clinica designed and piloted three new health promotion activities—the Mesa de las Delicias, a nutrition education activity at local grocery stores; Caminatas y Círculos de la Salud, a stress management/green space activity; and Torneos de Futbol, a soccer/fitness and wellness activity. All three were developed with the goal of increasing knowledge about the contributors to unhealthy lifestyles (stress, and food and fitness choices) and presenting positive, community-oriented, culturally competent solutions to improving overall health.

Health Services for Children with Special Needs has an innovative care management plan to coordinate health, social, and education services for the pediatric Supplemental Security Income (SSI) and SSI-eligible populations of Washington, DC.

Dr. Robert Zarr, a pediatrician at Unity Health Care’s Upper Cardozo Health Center, created “Parks Rx” an online database of green spaces throughout the District of Columbia that includes specific information about access, safety, and facilities so that physicians can prescribe time outdoors as opposed to picking up medicine from a pharmacy. It is the first tool in the country that allows providers the ability to retrieve specially tailored locations and summaries based on the patient’s location.

Through a variety of programs, Community of Hope (COH) addresses the social determinants of health. COH addresses the financial concerns of its patients by ensuring access to insurance and working to prevent homelessness in Ward 8. Its robust prenatal program ensures that life factors are addressed for a healthy baby and mother. Through a home visiting program, COH is now working with young moms to keep them and their babies connected to health care and supportive services.
Access

Access to information is instrumental to developing effective and sustainable health policies for the District. DCPCA manages the operation of the Capital Partners in Care (CPC) Health Information Exchange (HIE) which offers the ability to produce quality, access, and utilization metrics for more than 200,000 patients receiving care at participating provider facilities.

DCPCA’s network of 15 member health centers own and operate at approximately 60 health care delivery sites through the region. In the past year, centers have been able to reach the most vulnerable populations through partnering with local schools, operating mobile health units, developing new services to overcome language barriers, and more.

Mary’s Center’s Mama & Baby Bus travels throughout the region, providing families with health care and related services such as health screenings, insurance enrollment, pregnancy and STD/HIV testing, domestic violence screenings and referrals, health education, vaccinations, and referrals to other health and social services.

Family and Medical Counseling Service’s mobile van visits locations in the community at regularly-scheduled times. Participants are given harm reduction and HIV/Hepatitis C prevention information as well as referrals for needed health and social services.

Mary’s Center’s School-Based Mental Health services at 11 schools in the District of Columbia has greatly enhanced teachers’ and counselors’ ability to support students and families without having to travel off campus.

In an effort to meet the pressing need for Spanish-language mental health services, La Clínica piloted a program to deliver bilingual Telemental health care services to more than 650 patients. Through Telemental health, a Spanish speaking Psychiatrist can provide consult without having to physically be in DC, and patients can access Spanish-language counseling services from their medical home or community-based setting.

Children’s Health Project of DC provides a solution to the difficulties associated with accessing primary medical and dental care with a mobile health unit.
Growth

DCPCA’s member health centers go beyond health care to address problems that can impact physical health such as nutrition, homelessness, mental health, and unemployment. Health centers have adopted the approach of coordinated care to offer a range of services at each delivery site. As expected, the District has experienced great success, achieving unprecedented health insurance coverage in the last decade. 94% of residents have health insurance, and 98% of DC’s children are covered. The U.S. Department of Health and Human Services (HHS) recognizes the importance of health centers in transforming local communities. Therefore, in the past year, HHS has granted additional funding to support health centers.

“We’ve expanded our facilities, our reach in the DC community and the services we offer. These developments have allowed us to serve our clients more holistically than ever before,” CEO George Jones said. “When I came to Bread 19 years ago, I never imagined we’d be growing our own produce, offering yoga classes or leading community media trainings.”

“We provide a full-range of services with health centers that cover primary care, dental, behavioral and a number of specialty services. Our holistic care is not just about emergent health needs. We provide supportive patient services to ensure we are addressing the whole patient. Our staff are known for being friendly and compassionate,” stated Kelly Sweeney McShane, President and CEO of Community of Hope.

Israel Manor, Inc. and Unity Health Care celebrated the grand opening of the Rev. Dr. Morris L. Shearin, Sr. Community Life Center (“MLS Community Life Center”).

Whitman-Walker Health opened its doors to patients at 1525 14th Street, NW. WWH doubled its medical exam room capacity and tripled its dental program at the 14th Street NW corridor.

Metro TeenAIDS and Whitman-Walker Health entered a new strategic collaboration to expand HIV prevention and high quality, culturally competent health care services for metro DC’s young people. “This strategic collaboration brings together the best of both nonprofits to tackle health challenges. Our new collaboration is a groundbreaking investment in the future of health care, both inside and outside of the doctor’s office” said Don Blanchon, Executive Director of Whitman-Walker Health.
About DCPCA Health Centers

Bread for City
www.breadforthe_city.org

Started in 1974, Bread for the City is a front-line organization serving Washington’s poor. The nonprofit began as two organizations. Zacchaeus Free Clinic began in 1974 as a volunteer-run, free medical clinic, and Bread for the City was created in 1976 by a coalition of downtown churches to feed and clothe the poor. The two entities merged in 1995. Today, Bread for the City operates two centers in the District of Columbia and provides food, clothing, legal services, social services, and medical care to residents of DC with a focus on race and poverty and building power in our clients. Bread for the City strives for 100 percent access and zero percent disparities.

Children’s Health Center at THEARC: Children’s Health Project of DC
childrensnational.org/primary-care/mobile-health

The Children’s Health Center at THEARC/Children's Health Project of the District of Columbia provides comprehensive medical and dental care to children from birth to age 21. Our big, blue wheelchair accessible mobile units visit 30 sites throughout Washington, DC, including several locations near schools and public housing. In March 2012, Children’s Health Project of DC expanded its mobile operations to include services to Prince George’s County, MD public schools.

Community of Hope
www.communityofhopedc.org

For 35 years, Community of Hope has created opportunities for low-income families to achieve good health, a stable home, family-sustaining income, and hope. We operate three FQHCs and provide housing with supportive services to families overcoming homelessness in DC.

Elaine Ellis
www.eechealth.com

The Elaine Ellis Center of Health (EECH) is a Not-For-Profit Federally FQHC committed to providing quality and affordable primary health services to residents of the Kenilworth Court Public Housing Community and surrounding areas, regardless of individuals’ ability to pay. Further removing any and all barriers to access quality health care.
Family and Medical Counseling Service (FMCS) is a community health center located in the historic Anacostia neighborhood of Southeast Washington, DC. A visionary organization since its founding in 1976, FMCS has developed and implemented programs and partnerships that have effectively addressed the most imposing health care threats facing local communities.

Children and young adults with special health care needs deserve a level of care that consistently and comprehensively looks out for their best interests. This belief represents the foundation of all that we seek to accomplish.

Health Services for Children with Special Needs, Inc. (HSCSN) provides innovative care to the pediatric Supplemental Security Income (SSI) and SSI-eligible populations of Washington, DC through a management network that coordinates health, social, and educational services for our members.

La Clínica del Pueblo is a non-profit FQHC that serves the Latino and immigrant populations of the Washington, DC metro area. Their goal is to build a healthy Latino community through culturally appropriate health services, focusing on those most in need. Services include Patient Services, Mental Health & Substance Abuse Services, Interpreter Services, and Community Health Action.

Mary’s Center is a FQHC that provides health care, family literacy, and social services to individuals whose needs too often go unmet by the public and private systems. Mary’s Center uses a holistic, multipronged approach to help each participant access individualized services that set them on the path toward good health, stable families, and economic independence. The Center offers high-quality, professional care in a safe and trusting environment to residents from the entire DC metropolitan region, including individuals from over 110 countries.

MetroHealth is committed to providing health care focused on improving outcomes for our patients, as well as to building a healthy community. MetroHealth provides multidisciplinary and integrated medical health care that embodies all aspects of a person’s physical, mental, and emotional well-being.
Planned Parenthood of Metropolitan Washington DC (PPMW) has been providing high-quality, affordable health care to women, men, and teens in the Metropolitan Washington, DC area for more than 70 years. Their experienced and caring medical staff give each client honest information and personal attention.

Providence's Perry Family Health Center provides a full range of quality primary care and specialty health services for every member of the family, from infants to older adults or geriatrics. The Physicians, Medical Students, Nursing Students and other health care professionals at Perry Family provide personalized care focused on preventative medicine. The team of health care professionals strives to help families care for themselves and stay healthy through regular appointments, immunizations, screening tests, and information on maintaining a healthy lifestyle.

SOME (So Others Might Eat) is an interfaith, community-based organization that exists to help the poor and homeless of our nation's capital. They meet the immediate daily needs of the people they serve with food, clothing, and health care. They help break the cycle of homelessness by offering services, such as affordable housing, job training, addiction treatment, and counseling to the poor, the elderly, and individuals with mental illness. Each day, SOME is restoring hope and dignity one person at a time.

Unity Health Care, Inc. is a network of over 25 community health centers, homeless health care sites, school based health centers, and jail health services serving residents from all eight wards of our city. Unity offers primary care, behavioral health care, specialty care, and dental to over 108,000 patients. Unity provides compassionate and comprehensive health and human services to every facet of our community including the homeless, working poor, under/uninsured, infants, school-age children, the elderly, persons living with HIV/AIDS and/or hepatitis, as well as those who are incarcerated and recently released from jails and prisons.

Whitman-Walker Health’s mission is to be the highest quality, culturally competent community health center serving greater Washington’s diverse urban community, including individuals who face barriers to accessing care, and with a special expertise in LGBT and HIV care.
# 2014 Financial Statements

## Statement of Financial Position

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Liabilities and Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents: $4,174,225</td>
<td>Accounts Payable: $1,503,281</td>
</tr>
<tr>
<td>Investments: $679,562</td>
<td>Accrued Expenses: $85,741</td>
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<tr>
<td>Accounts Receivable: $264,001</td>
<td>Deferred Revenue: $2,239,053</td>
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<tr>
<td>Government Grants Receivable: $178,662</td>
<td>Deferred Rent: $65,345</td>
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<tr>
<td>Prepaid Expenses: $13,699</td>
<td>Unrestricted Net Assets: $1,493,086</td>
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<tr>
<td>Promises to Give: $100,000</td>
<td>Temporarily Restricted: $166,462</td>
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<tr>
<td>Property and Equipment, Net: $114,619</td>
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</tr>
<tr>
<td>Deposits: $28,200</td>
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</tbody>
</table>

Total Assets: $5,552,968

Total Liabilities and Net Assets: $5,552,968

## Statement of Activities

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grants: $4,269,031</td>
<td>Health Information Technology: $1,361,657</td>
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<tr>
<td>Contract Income: $1,769,924</td>
<td>Medical Homes DC: $3,244,366</td>
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<tr>
<td>Contributions and Sponsorship: $531,742</td>
<td>Community Health Access: $652,890</td>
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<tr>
<td>Membership Dues: $102,750</td>
<td>AmeriCorps: $131,350</td>
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<tr>
<td>Rental Revenue: $128,622</td>
<td>Health Reform: $369,328</td>
</tr>
<tr>
<td></td>
<td>Management and General: $1,019,843</td>
</tr>
</tbody>
</table>

Total Revenues and Support: $6,802,069

Total Expenses: $6,779,434

Change in Net Assets from Operations: $22,635

*A full copy of the audited financial statements are available upon request

**Unrestricted only
Funders/Supporters

$700,000+
District of Columbia
Department of Health

$400,000+
US Department of Health
and Human Services – Health
Resources and Services
Administration

$200,000+
DC Health Benefits Exchange
The Morris & Gwendolyn
Cafritz Foundation

$200,000+
AmeriHealth District of Columbia

$75,000
Meyer Foundation

$55,000+
National Association of
Community Health Centers,
Health Corps

$45,000+
Centers for Medicare and
Medicaid Services

$35,000
Consumer Health Foundation

$25,000
MedSTAR Family Choice DC

$20,000
e*Trade

$10,000
Kaiser Foundation Health Plan
of the Mid-Atlantic States

$5,000
AmeriHealth District of Columbia

$2,500
Feldesman, Tucker,
Leifer, Fidell, LLP

$1,000+
Medical Transportation
Management

Individual Donors
Allen Bernhard
Martin Epstein

DCPCA Members
Bread for the City
Children’s National
Medical Center
Community of Hope
Elaine Ellis Center of Health
Family Medical
Counseling Service
Health Services for Children
with Special Needs
La Clínica del Pueblo
Mary’s Center
MetroHealth
Perry Family Health
Planned Parenthood of
Metropolitan Washington
So Others Might Eat
Spanish Catholic Center
Unity Health Care
Whitman-Walker
Health
Family Medical
Councils

DCPCA Associate
Members:
AARP
American Cancer Society
Green Door, Inc.
Get Involved

Since our inception in 1996, DCPCA has relied on the support of our partners and friends to achieve our vision for all District residents to have equal opportunity for a full and healthy life. Your support is critical to the success of our efforts and will help us to improve the health of our community.

Contribute by Mail
Make your check or money order payable to “DC Primary Care Association” and send it to:
   Attn: Development Department
   DC Primary Care Association
   1620 I Street, NW, Suite 300
   Washington, DC 20006

Contribute by Phone
Call 202.552.2312 to charge your gift by phone during business hours (9:00am to 5:00pm). We accept Visa, MasterCard, American Express and Discover.

Make a Gift of Stock
Giving appreciated stock is a fast and easy way to make a gift to DCPCA and receive considerable tax benefits. In fact, many people find that the tax benefits associated with gifts of stock actually allow them to increase the size of their gift. To learn how you can make a gift of stock to the DC Primary Care Association, please contact Natasha Duggal at 202.552.2312 or communications@dcpca.org.

Planned Giving and Bequests
You can leave a legacy that will last for generations by designating the DCPCA in your will or by making a planned gift with multiple benefits. Some types of planned gifts can help those we serve and provide you with a charitable income tax deduction, minimize capital gains taxes, reduce estate taxes or provide you or others with an annual income for life. To learn more about these types of gifts, please contact Natasha Duggal at 202.552.2312 or communications@dcpca.org.

Become a Member
We have several different membership options that are tailored to match you needs. For further details on membership types, please visit www.dcpca.org/become-a-member.

Become a Corporate Sponsor
The Corporate Partnership Program was designed to provide recognition opportunities and to enable us to engage our partners and provide visibility year round. The program runs annually, following the calendar year. For further details on membership types, please visit www.dcpca.org/corporate-partnership-program.
THE CLINIC FEELS LIKE A SECOND HOME FOR ME. THE HEALTH CENTER STAFF KNOWS ME, AND THEY ARE PART OF MY COMMUNITY. WE STRIVE TO BE PATIENT-CENTERED. WE PROVIDE CULTURALLY-COMPETENT CARE. OUR STAFF IS AS DIVERSE AS THE PATIENTS WE SERVE. WE STRIVE FOR EXCELLENCE. THERE IS MORE FLEXIBILITY IN APPOINTMENT TIMES. I LOVE THE WORK THEY DO FOR LGBT HEALTH CARE ISSUES. MY PROVIDERS KNOW ME BY NAME. I LOVE THE WORK THEY DO FOR LATINO HEALTH CARE DISPARITIES. I LOVE THE FACT THAT SO MANY DC GRASSROOTS FREE CLINICS HAVE BECOME FULLY FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AND WORK IN CREATIVE WAYS TO IMPROVE HEALTH CARE DELIVERY IN THE REGION. I FULLY SUPPORT OUR NATION’S HEALTH CARE SAFETY NET AND FEEL THAT WE NEED TO CONTINUE TO SUPPORT CHCs. STAFF MEMBERS ARE ALWAYS PLEASANT AND HOSPITABLE. THE DAYS AND HOURS ARE CONVENIENT. ONE-STOP SHOPPING FOR ALL MY HEALTH SERVICES! MY DOCTOR TAKES HIS TIME WITH ME AND ANSWERS ALL MY QUESTIONS! THEY NEVER RUSH THROUGH THE APPOINTMENT WITH MY KIDS. THEY HAVE A PULSE ON THE COMMUNITY THAT I ADMIRE. THEY ARE CONVENIENTLY LOCATED AND ON THE BUS ROUTE! BECAUSE IT’S CLOSE TO HOME. I LOVE MY HEALTH CENTER BECAUSE I GET QUALITY AND HOLISTIC CARE. HEALTH CENTERS PROVIDE VALUABLE RESOURCES FOR THE COMMUNITY. THEY HAVE EXTENDED HOURS. IT’S REALLY AFFORDABLE! I CAN GO IN THE EVENING AFTER WORK! I can use my Medicaid card. IT’S METRO ACCESSIBLE. THEY SPEAK MY LANGUAGE BECAUSE OF ITS DIVERSE POPULATION. THE STAFF MEMBERS AND PROVIDERS ARE ALL VERY PASSIONATE ABOUT WHAT THEY DO AND HOW THEY ARE PART OF IMPROVING HEALTH OUTCOMES IN THE DISTRICT. OUR CHCs ARE REDUCING EMERGENCY ROOM VISITS AND IMPROVING THE QUALITY OF PATIENT’S HEALTH IN THE COMMUNITY. I WORK THERE! A FRIENDLY AND CARING ENVIRONMENT! PROVIDE PERSONAL HEALTH CARE WITH AN EXCELLENT BEDSIDE MANNER. THEY PROVIDE EQUAL HEALTH CARE TO ALL. THEY SPEAK MY LANGUAGE AND TREAT ME WITH RESPECT. THEY SPEAK MY LANGUAGE AND TREAT ME WITH RESPECT. THEY SPEAK MY LANGUAGE AND TREAT ME WITH RESPECT. THEY SPEAK MY LANGUAGE AND TREAT ME WITH RESPECT. THEY SPEAK MY LANGUAGE AND TREAT ME WITH RESPECT. THEY SPEAK MY LANGUAGE AND TREAT ME WITH RESPECT.
THE CLINIC FEELS LIKE A SECOND HOME FOR ME. THE HEALTH CENTER STAFF KNOWS ME, AND THEY ARE PART OF MY COMMUNITY.
WE PROVIDE CULTURALLY-COMPETENT CARE. OUR STAFF IS AS DIVERSE AS THE PATIENTS WE SERVE.
WE STRIVE FOR EXCELLENCE.

I LOVE MY HEALTH CENTER BECAUSE I GET QUALITY AND HOLISTIC CARE.
HEALTH CENTERS PROVIDE VALUABLE RESOURCES FOR THE COMMUNITY.

They have been true to the concept of personalized care.

THEY EXEMPLIFY A COLLABORATIVE SPIRIT.

THE STAFF MEMBERS AND PROVIDERS ARE ALL VERY PASSIONATE ABOUT WHAT THEY DO AND HOW THEY ARE PART OF IMPROVING HEALTH OUTCOMES IN THE DISTRICT.

OUR CHCS ARE REDUCING EMERGENCY ROOM VISITS AND IMPROVING THE QUALITY OF PATIENT’S HEALTH IN THE COMMUNITY.

I WORK THERE!

A FRIENDLY AND CARING ENVIRONMENT!

PROVIDE PERSONAL HEALTH CARE WITH AN EXCELLENT BEDSIDE MANNER.

They provide equal health care, with an excellent bedside manner.

THE STAFF IS PASSIONATE ABOUT THE SERVICES THEY PROVIDE.

WE ARE HELPING THOSE WHO ARE DEPENDENT ON A DAILY BASIS.

EXCELLENT REFERRAL SYSTEM.

THEY SAVE LIVES!

1620 I Street, NW, Suite 300 | Washington, DC 20006

50 REASONS
TO LOVE DC COMMUNITY HEALTH CENTERS

1. The clinic feels like a second home for me.
2. The health center staff knows me, and they are part of my community.
3. We provide culturally-competent care.
4. Our staff is as diverse as the patients we serve.
5. We strive for excellence.
6. There is more flexibility in appointment times.
7. I love the work they do for LGBT health care issues.
8. My providers know me by name.
9. I love the work they do for Latino health care disparities.
10. I love my health center because I get quality and holistic care.
11. Health centers provide valuable resources for the community.
12. They have extended hours.
13. It’s really affordable!
14. I can go in the evening after work!
15. I can use my Medicaid card.
16. It’s metro accessible.
17. They have been true to the concept of personalized care.
18. They take their time with me.
19. They exemplify a collaborative spirit.
20. I love the fact that so many DC grassroots free clinics have become fully federally qualified health centers (FQHCs) and work in creative ways to improve health care delivery in the region.
21. I fully support our nation’s health care safety net and feel that we need to continue to support CHCs.
22. Staff members are always pleasant and hospitable.
23. The days and hours are convenient.
24. One-stop shopping for all my health services!
25. My doctor takes his time with me and answers all my questions.
26. They never rush through the appointment with my kids.
27. They have a pulse on the community that I admire.
28. They are conveniently located and on the bus route! Because it’s close to home.
29. They are accessible and cost-effective options for comprehensive health services.
30. They speak my language because of its diverse population.
31. The staff members and providers are all very passionate about what they do and how they are part of improving health outcomes in the district.
32. Our CHCs are reducing emergency room visits and improving the quality of patient’s health in the community.
33. I go there to sign up for insurance.
34. They provide invaluable services to the community.
35. Great follow up!
36. They speak my language.
37. I can get my daughter’s teeth cleaned while I see my counselor.
38. They speak my language and treat me with respect.
39. We must see beyond ourselves for the better of others.
40. The staff is compassionate and kind.
41. My health center provides competent holistic care.
42. They provide equal health care to all served.
43. The surrounding community is enriched by its presence.
44. The staff is passionate about the services they provide.
45. They provide excellent primary care.
46. They save lives!
47. Every member of my family can get the care they need in one place.
48. They save lives!
49. They speak my language.
50. Great follow up!