Edward M. Kennedy Community Health Center
Multiple locations throughout Massachusetts

Program Overview

Edward M. Kennedy Community Health Center (Kennedy CHC) is a nonprofit federally qualified health center that serves over 84 communities across Massachusetts. The Health Center utilizes a family practice model of care and provides a variety of services, including comprehensive medical, dental, behavioral health and specialty care, health education and nutritional counseling, and pharmacy services. As a federally qualified CHC, Kennedy CHC’s mission is to not only treat illness, but also to prevent it by promoting and maintaining health. Care is provided to anyone regardless of income, as dental services are provided on a sliding fee scale and to individuals who are covered by MassHealth (Medicaid), Medicare, or other types of commercial dental insurance.

Program History and Development

In 1972, Edward M. Kennedy Community Health Center was founded in a housing project in Worcester, Massachusetts as the Great Brook Valley Health Center. It was created to provide better access to health care for families in this area and prevent reliance on the local emergency room.

As the organization identified community needs, the Health Center hired staff, obtained funding, and introduced new services to better serve the diverse population of the Central and MetroWest areas of Massachusetts. Since its inception, Kennedy CHC has grown to operate three medical facilities, two optometry practices, five school-based clinics, and three dental sites, the first of which opened in 1978 in Worcester, MA. Kennedy CHC was the first community health center in Massachusetts to host a pharmacy and dental lab in one location.

Program Sustainability

- The majority of Kennedy CHC’s funding comes from financial support from state and government grants, as well as donations from community partners. The dental sites have received monetary donations from various foundations and corporations including: Avidia Bank, DentaQuest, Fallon/OrNda, the Agnes M. Lindsay Trust, and Delta Dental.
- Funding for Kennedy CHC is split between Net Patient Service Revenue (72%), federal grants (15%), state grants (6.5%), local grants (1.5%), and other grants/contracts (5%).
- This dental practice is staffed by licensed dentists and dental hygienists.
- The annual budget for the dental practices at Kennedy CHC is $5,000,000.

Program Impact

- In calendar year 2015, the entire dental practice at Kennedy CHC provided 94,011 dental procedures to 9,361 individuals. Kennedy CHC also provides medical services to over 28,000 individuals of all ages each year.
- This program has an electronic medical record and an electronic dental record that allows analysis of clinical data.
- Kennedy CHC surveys clients about their level of satisfaction at all levels of receiving care and results are trended annually to assess whether their implemented improvement strategies have been successful.
- Kennedy CHC is a state-certified minority enterprise, is accredited by the Joint Commission and the Commission on Dental Accreditation (CODA), and has been certified as a Level III National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home.
- In 2014, Kennedy CHC received high scores from a quality visit made by the Health Resources and Service Administration, including praise on its ability to directly provide dental lab services.
- The dental practice hosts two residents per year through an accredited dental residency program sponsored by Lutheran Medical Center that has an interdisciplinary and community-based focus on clinical training.

Program Contact Information

Program Phone Number: 800-853-2288
Program Website: http://www.kennedychc.org/services/dental
## Program Features

### Age
- ☐ 0-17 (Children and Youth)
- ☒ 18-60 (Adult)
- ☒ 60+ (Older Adult)

### Specific Populations
- ☒ Homeless individuals
- ☐ Individuals with intellectual and/or developmental disabilities
- ☐ Individuals with physical disabilities
- ☐ Individuals with specific or complex medical conditions
- ☐ Individuals with low income
- ☐ Individuals with no dental insurance
- ☐ Individuals with Medicaid
- ☐ Veterans
- ☐ Refugees/immigrants

### Geography
- ☐ Rural
- ☒ Urban

### Service Delivery Setting
- ☐ Hospital
- ☐ Dental school
- ☐ Community/safety net clinic
- ☐ Private dental office
- ☐ Long-term care facility
- ☐ Senior center/community center
- ☐ Private residence
- ☐ Fairgrounds/stadium/parking lot
- ☐ Church
- ☐ School
- ☒ Homeless shelter
- ☐ Public housing

### Service Delivery Model
- ☒ Dental clinic model (e.g. permanent setting)
- ☒ Mobile-portable model
- ☝ Eligibility and enrollment model (e.g. referrals, care coordination)
- ☐ Virtual model (e.g. telehealth)
- ☐ Event-based model
- ☐ Outreach and education model

### Staffing
- ☒ Dentist
- ☐ Dental hygienist
- ☐ Dental therapist
- ☒ Dental assistant
- ☒ Dental/dental hygiene students
- ☐ Nursing staff
- ☐ Community health workers
- ☐ Non-dental clinical staff
- ☒ Non-clinical staff

### Payment for Care
- ☐ Medicaid
- ☐ No charge to client
- ☐ Sliding fee scale
- ☐ Out of pocket
- ☒ Commercial dental insurance

### Dental and Oral Health Services
- ☒ Emergency services
- ☒ Basic services
- ☒ Screenings
- ☒ Cleanings
- ☒ Fluoride varnish
- ☐ Sealants
- ☒ X-rays
- ☒ Comprehensive services
- ☐ Fillings
- ☒ Scaling/root planing
- ☐ Extractions
- ☐ Oral surgery
- ☐ Root canals
- ☐ Dentures, partials, relines, repairs
- ☐ Crowns
- ☐ Bridges
- ☐ Orthodontics

### Other Program Services
- ☒ Referrals to dental and oral health services
- ☐ Care coordination/care management
- ☒ Patient education
- ☐ Caregiver education
- ☐ Provider education
- ☐ Advocacy/coalition

### Program Funding
- ☒ Foundation/organization grant
- ☒ Public funding (e.g. local, state, federal)
- ☐ Private donations (e.g. individuals, businesses)

### Integration with Services
- ☒ Medical services
- ☒ Behavioral health services
- ☐ Vision services
- ☒ Pharmacy services
- ☒ Transportation services
- ☐ Translation services
- ☐ Nutrition services

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This profile was prepared using publicly available information. Date of last update: March 2016