2014 Annual Report

Linking Families & Communities with Affordable Quality Healthcare
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This annual report features photos of BCHN staff, and participants from events throughout the 2014 fiscal year.
A Message from the President of the Board of Directors & The Chief Executive Officer

Dear Friends & Colleagues:

The past year was a tremendous one for Bronx Community Health Network (BCHN). Our work has extended our reach and recognition in the Bronx and beyond, allowing us to bring even more resources to meet the needs of health center patients and Bronx residents.

Under the leadership of Tashi Chodon, Director of Programs, our team secured several grants to expand medical services and integrate primary medical and behavioral health services at five of fifteen health centers. In addition to medical, behavioral and social work clinicians, we hired community health workers. They will be integrated into the centers’ patient-centered medical home teams thus creating community-centered health homes. This population health approach will encompass efforts to address the social determinants of health that often impede positive patient health outcomes.

At this Symposium and Annual Meeting, we will feature the work of Bronx REACH CHAMPS Coalition and its community partners as they collaborate to engage Bronx communities of color in evidence-based strategies to effect a reduction in obesity rates via implementation of sustainable policy, environmental and systems changes. You will hear more about leadership engagement in pre-schools, day care, K-12 schools, faith-based organizations and health and human services agencies with nutrition and physical activity initiatives such as Shop Healthy, Body and Soul, Green Prescriptions, CHAMJam and Move to Improve. This three-year, $3 million project is funded by the Centers for Disease Control and Prevention, Racial and Ethnic Approaches to Health program.

By the end of the first New York State Marketplace enrollment period in March 2014, BCHN, Acacia Network/Promesa Systems and Montefiore Medical Center certified application counselors had responded to questions and concerns from some 20,000 individuals and enrolled nearly 5,000 individuals in Marketplace Qualified Health Plans (Affordable Care Act/Obamacare). One such individual was Hasilyn Simon, whose testimony is featured in this publication. Our own Renée Whiskey, MPH, MCHES, who is now recognized as an expert on Marketplace outreach and enrollment, was invited to present BCHN’s experience with this major federal initiative at the November 2014 American Public Health Association’s Annual Conference in New Orleans.

Bronx County celebrated its centennial in 2014 and BCHN hosted the Bronx Centennial Symposium on Health to mark this historic milestone. We were honored to have stellar moderators and panelists, including Jo Ivey Boufford, MD, president, New York Academy of Medicine, Steven M. Safyer, MD, president and CEO of Montefiore Health Systems and Michelle S. Davis, Ph.D., Regional Health Administrator, U.S. Department of Health & Human Services, among the participants. This outstanding event, held on October 30, 2014, was graciously hosted by Lehman College, and attended by leaders and representatives from healthcare and other sectors, who had the opportunity to network and to hear presentations that covered topics that included, The Challenges and Successes of Public, Medical and Mental Health through the Century and Social Activism, and the Current State of Bronx Healthcare Delivery Systems.

As always, we congratulate leadership and associates at Acacia Network/Promesa and Montefiore Medical Center for the awesome work they do to improve patient care outcomes, and especially acknowledge their achievement of the National Committee for Quality Assurance Level 3 Patient Centered Medical Home recognition. We also wish to extend a sincere thank you to all agencies, community- and faith-based organizations and individuals that continue to support BCHN in the past year.

To the BCHN Board of Directors, leadership and associates, we very much appreciate, and are proud of the work you do to build and sustain our organization to provide access to affordable, quality health care. We thank you!

With best wishes,

[Signature]
President, BCHN Board of Directors

[Signature]
Chief Executive Officer, BCHN
**Quick Facts - Our Patients:**

"I have pancreatic cancer. So I am happy to be where I am so far. Dr. Marcus and the nurses work to help keep me on track with my nutrition, medications, and generally help monitor me. I am currently still working and with their help, I am able to still function. BCHN’s most significant contribution to my health is that they listen to what I am going through. I was diagnosed four years ago and since then, I have done the pancreatic walk in Westchester County for the last three years. They initially gave me six months. This is how they have helped me."

-P. Cruz, patient, Claremont Family Care Center
BCHN 2014 Highlights

BCHN had a phenomenal 2014!

We were awarded four new grant awards totaling $4.1 million. These grants include: Centers for Disease Control and Prevention’s Racial and Ethnic Approaches to Community Health (REACH), a three-year initiative designed to support Bronx REACH CHAMPS Coalition efforts to increase access to, and consumption of healthy foods and to increase opportunities and options for physical activity; the Health Resources and Services Administration's (HRSA) Behavioral Health Expansion grant to support our effort to integrate co-located primary care and behavioral health services for children, adolescents, and adults; HRSA’s Expanded Services grant to increase the number of patients at selected health centers; and, HRSA’s Affordable Care Act Outreach and Enrollment project that continues to support our efforts to inform, educate and enroll eligible individuals into the New York State Marketplace health care plans.

BCHN's staff grew by about 50 percent over the previous year, and grew significantly in its operating budget, adding or expanding programs. The most significant growth area in staff is represented by the Community Health Workers (CHWs). The grants and contracts received allowed BCHN to create 12 CHW positions in 2014, which will become available in 2015. All CHWs on board receive comprehensive training designed to enhance knowledge and outreach skills. The topics covered during the training range from blood pressure screenings, Supplemental Nutrition Assistance Program (SNAP) benefits, CPR and Mental Health First Aid, NYS Certified Application Counselors Course and Care Coordination Fundamentals (developed by 1199SEIU and the Primary Care Development Corporation (PCDC)).

BCHN has established formal linkages with 15 new community and faith-based organizations including: food pantries, educational institutions, and afterschool programs. BCHN reached out to 18,000 individuals through the Community Health Promotion and Education (CHPE) program. Our Emergency Department Diversion program assigned 2,359 patients to a primary care physician, and 708 patients to a Medicaid Enrollment Specialist. The program coordinated 3,397 primary care medical appointments and 60 specialty medical appointments. CHPE also helped enroll some 5,000 individuals into the NYS Marketplace plans and assisted approximately 20,000 individuals. The Outreach and Enrollment project was so successful that BCHN's Renée Whiskey was invited to present at the 2014 APHA Annual Conference in New Orleans.

With the growth in staff and programs this past year, BCHN is expected to reach out to several thousand more Bronx residents in 2015.

BCHN 2014 Highlights

Quick Facts - Emergency Department Diversion:

**Assigned**
- 2,359 patients to a primary care physician
- 708 patients to a Medicaid Enrollment Specialist

**Obtained**
- 3,397 primary care medical appointments
- 60 specialty medical appointments

**Bronx REACH CHAMPS**

Good nutrition and physical activity are powerful tools that foster good health, academic success, and help improve the quality of life at all ages. Bronx REACH CHAMPS, led by BCHN in collaboration with coalition members – Acacia/Promesa, Albert Einstein College of Medicine, Gotham Segundo Ruiz Belvis, Montefiore Office of Community and Population Health, Montefiore School Health Program and The Bronx Health Link – and community partners, aims to reduce obesity and improve the overall health and wellness of the Bronx’s culturally and ethnically diverse population.

**Why the need for REACH CHAMPS?**

New York State is comprised of 62 counties. Each year, the Robert Wood Johnson Foundation and the University of Wisconsin release the County Health Ranking & Roadmaps Report, which measures important aspects of population health and the critical role that non-health related factors like education, employment, income and the environment play in how healthy we are and how long we will live. Sadly, Bronx County has ranked last, or 62 out of 62, for six straight years.
Helping BRONX residents REACH health equity and become CHAMPS in their communities

REACH CHAMPS plans to implement a number of nutrition and physical activity interventions that have shown great promise in changing policies, systems, and environments that support access to affordable fresh fruits and vegetables, as well as options for active living. These activities include, but not limited to: Shop Healthy, Body & Soul, Move to Improve, Eat Well Play Hard, Jump Rope Club, Bike NYC Learn to Ride, and Shape Up NY.

Outreach & Enrollment (2014)
Helping the Bronx Get Insured

Understanding the intricacies of health insurance plans is a complicated process for many people. How to select the right plan from among the choices offered by the New York State Marketplace, with its levels of platinum, gold, silver, and bronze and new concepts like co-pays, deductibles, and premiums, is even more daunting for thousands of New Yorkers for whom the Affordable Care Act (Obamacare) provides their first opportunity to purchase health insurance.

In November 2014, BCHN's Certified Application Counselors (CACs) geared up for the first annual Marketplace Open Enrollment process, prepared to clearly explain details of health plan renewals, subsidies, tax preparation, and the "shared responsibility payment" (the tax penalty).

CAC assistance was especially critical during this period, particularly since some Marketplace health insurance providers phased out options that were available in the first enrollment period, and new plans with different coverage options and new costs became available. The CACs proactively reached out to known enrollees to offer help, while continuing to recruit and assist new enrollees in the community and at BCHN-sponsored health centers.

Renée from BCHN was wonderful! She was the one who took me through the entire process. She helped walk me through the process and make sure that I make the best choices and understand how everything works, I would not have had an idea how any of this works had it not been for BCHN and Renee’s help. BCHN and the services they provide are wonderful. They help people like me, who don’t understand things, like the insurance application process, or don’t have the time to put into understanding it, and they make it simple. I am so thankful to them."

Ms. H. Simon, Bronx resident who received help signing up for, and renewing her health insurance benefits.

One applicant, who learned about our enrollment services through an advertisement at Monroe College, said she "found the process pretty much easy. It [the new health insurance plan] will make it easier for me to visit the doctor on a regular basis. It will help in that I will be less worried about emergencies and it gives me peace of mind to know that I can get treatment or help when necessary."

“We are proud to positively impact the lives of many Bronx residents by helping them through what can be a very complex process,” said a BCHN CAC.

Quick Facts-Enrollment:

- 20,000 people were helped by CACs, patient navigators, and health center Medicaid interviewers
- 5,000 new people covered by health insurance since October 2013. Of those:
  - 92 percent enrolled in Medicaid
  - 8 percent enrolled in Marketplace Qualified Health Plans

Opening a School-Based Health Center at the Adlai E. Stevenson Campus

Saraya always worried, even about little things. She knew she worried more than other teenagers. She asked her parents about talking to a professional, but they said there was no need for her to talk to anyone outside the family.

When Dillon got sick, which was quite often, he would convince himself that he was just having "sniffles" or a cold that would just go away. He wished he could go to a doctor but didn’t want to burden his parents. He felt they were already stressed enough financially.
Now, thanks to the 1,500 sq. ft. state-of-the-art school-based health center, which opened in December 2014, Saraya can discuss her concerns privately with a psychologist, and Dillon can see a doctor or a nurse practitioner when he's not feeling well. What's more, some 3,500 students attending eight schools at the Adlai E. Stevenson Educational Campus now have access to medical, behavioral and dental health care services, whether or not they have health insurance. And they don't have to miss a day from school! "It's just a really beneficial resource," said student Pauline Lewis, 18, who counted seven high school girls and one middle school student who were pregnant in the past year.

Beginning with a BCHN $500,000 Affordable Care Act capital grant, 1.2 million dollars more were leveraged from New York City Council and BCHN partners, Montefiore Medical Center and NYC Department of Education, to fully equip and furnish Stevenson’s state-of-the-art school-based health center, which has a capacity for 9,000 visits annually. The center’s clinical and social supports team from the Montefiore School Health Program, address adolescent medical, behavioral and oral health like asthma, obesity, sexuality and sexually transmitted diseases, depression, and social issues such as in school performance, peer and parental conflict. "The goal is to keep young people healthy so they can learn and perform their best in schools," explained Tashi Chodon, Director of Programs at BCHN. "Studies show school-based health centers reduce absenteeism, and discipline problems. Students generally perform better."

BCHN board member and Lehman College liaison to Stevenson, Dr. David Fletcher, has championed the school health center from start to finish.

The doctors and nurses at the BCHN clinics really care about their patients and they have my full respect and appreciation. They helped save my life."

R. Ramdhanie

CenteringPregnancy™ Groups Now Available for Students in School Health Sites

Dr. Carole Moleti, whose doctoral project involved CenteringPregnancy™ implementation at two Montefiore Medical Group centers, was invited to stay on at Comprehensive Family Care Center (CFCC) to run a Centering group specifically for young parents. Dr. Moleti now offers the innovative group prenatal care model to all young parents 21-years-old and younger, referred from Montefiore School Health Program centers. Males whose partners are not enrolled in school health centers are also invited to attend if the female wants to enroll for prenatal services. Centering groups are held Tuesdays from 4:30-6:30 pm at CFCC. Students and/or partners can also be referred to programs at FHC and the South Bronx Center for Children and Families if those sites are more convenient. Deliveries take place at Weiler for CFCC, and Wakefield/North Division for FHC and SBC. The sites handle prenatal registration, billing, laboratory testing, social services, nutrition counseling, and WIC referrals, as well as after hours on-call coverage.

There are 11, two-hour group sessions beginning at 16 weeks of gestation and ending with the four to six week post partum session, which conforms to the standard schedule of prenatal visits. Care is provided in the group space, including a patient self-assessment (physical and behavioral related to the class content), individual physical assessment by the provider, then discussion and education, which models networking, problem solving skills, and healthy behaviors during the pre and postnatal period and beyond. This replaces individual prenatal visits (unless indicated or requested) and eliminates the need for separate visits or programs on nutrition, breastfeeding, childbirth preparation, and newborn/infant care and development.

Young parents are well served by this model, which has been shown to decrease the incidence of stress and depressive symptoms, preterm birth, low birth weight, cesarean section, and to increase rates of breastfeeding initiation. There is an option for patients to enter the CenteringParenting™ program, which provides well baby and well woman care in a similar manner. This program is already operating at FHC and SBC and plans are underway to begin the program at CFCC over the next year.

Quick Facts-Deliveries:

- 1,905 Women delivered 1,928 babies
Diabetic Retinopathy Screening Telemedicine Project

In 2013, BCHN was a catalyst in the launch of a two-week-long telemedicine diabetic retinopathy screening pilot program. Diabetic retinopathy transmits highly detailed images of a patient’s eyes electronically to be read by an ophthalmologist. More than a quarter of the 185 patients imaged during the initial pilot had retinopathy in at least one eye. Based on the success of this pilot project, the Diabetic Retinopathy Screening Telemedicine Project was officially launched June 2014 at eight Montefiore Medical Group health centers, three of which are BCHN health centers. As of the end of April 2015, 1,912 patients (940 are patients at the BCHN centers) have had these screenings, several of whom, based on their diagnosis, were able to receive immediate medical attention to save their sight. This program is expected to be continued and expanded at more health centers.

Integration of Preventive Dental Services Pilot Project in NYC School-Based Health Centers

In New York City, of the 138 school-based health centers serving 330 campus schools, only 15 provide dental services. This pilot project was conducted in six school-based health centers without a dental component that have a high volume of Medicaid and low income patients and serve children who are in pre-K through first grade. During the initial 12-24 months, we targeted about 1,286 children (pre-K through first grade) who are enrolled in the selected school-based health centers.

Health care staff in the school-based health centers enter each encounter and diagnostic data into an electronic monitoring tool. The diagnostic data will be monitored and tracked by the NYC Department of Health and Mental Hygiene’s research unit. The staff also flagged children with high risk for dental disease. Parents and caregivers of children at high risk for dental disease will be contacted.

BCHN Program Highlights

The doctors, nurses, and staff at the clinics are fantastic. I was able to achieve my [health and weight loss] goals by keeping a positive attitude, changing many of the habits in my life. When I started, I was in bad shape. I was overweight and my diabetes was out of control. My blood sugar was really high and so was my blood pressure. The doctors told me that my life was at risk if I didn’t do something about it immediately. So I went home and started making the changes the doctor recommended. I began with exercise. It was slow at first but it got easier. I also changed my eating habits. I cut out all the greasy, bad foods. A year later, when I went to the doctor, he barely recognized me. I want to be able to share my story with the public because if I could get my health back in order with the help of these doctors and nurses, then anyone can do the same.

R. Ramdhanie
• **$98 million total grant funding from 1997 to 2014**

• **$8.7 million FY 2014 program grants**

• **$112,868 Outreach & Enrollment** funding to support outreach and enrollment activities. Conducted outreach for 12,000 participants and enrolled 1,500 community members.

• **$250,000 Behavioral Grant Integration** to increase access to Behavioral Health services among the population 12 years and older at Comprehensive Health Care Center (Montefiore) and Claremont Family Health Center (Promesa).

• **$440,510 Health Center Expanded Service** to increase access to comprehensive primary healthcare through expanded service hours at Family Health Center, Park Ave Family Health Center (Promesa), University Avenue Family Practice, and West Farms Family Practice.

• **$976,900 Racial and Ethnic Approaches to Community Health (REACH)** to increase access to healthy food and physical activities among African American/Black and Hispanic/Latino populations.
## Statement of Financial Position
For the Period Ended December 31

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$738,015</td>
<td>$959,591</td>
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<tr>
<td>DHHS Grants Receivable</td>
<td>$1,574,543</td>
<td>$1,185,519</td>
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<tr>
<td>Other Grants Receivable</td>
<td>$0</td>
<td>$15,145</td>
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<tr>
<td>Prepaid Expenses</td>
<td>$48,096</td>
<td>$18,229</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$2,360,654</strong></td>
<td><strong>$2,178,484</strong></td>
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<table>
<thead>
<tr>
<th>Liabilities &amp; Unrestricted Net Assets</th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Liabilities- Accounts Payable &amp; Accrued Expenses</td>
<td>$2,172,203</td>
<td>$2,032,103</td>
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<tr>
<td>Unrestricted Net Assets</td>
<td>$188,451</td>
<td>$146,381</td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Unrestricted Net Assets</strong></td>
<td><strong>$2,360,654</strong></td>
<td><strong>$2,178,484</strong></td>
</tr>
</tbody>
</table>
### Statement of Operations & Change in Net Assets

**Statement For the Period Ended December 31**

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS Grants</td>
<td>$ 6,964,361</td>
<td>$ 6,619,681</td>
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<tr>
<td>Donated Space</td>
<td>$ 106,828</td>
<td>$ 106,824</td>
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<tr>
<td>Fundraising, Net of Expenses of $29,734</td>
<td>$ 29,301</td>
<td>$ 18,117</td>
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<tr>
<td>Contributions and other grants</td>
<td>$ 0</td>
<td>$ 48,500</td>
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<tr>
<td>Other</td>
<td>$ 31,790</td>
<td>$ 1,184</td>
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<td><strong>Total Operating Revenue</strong></td>
<td><strong>$7,132,280</strong></td>
<td><strong>$6,794,306</strong></td>
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<table>
<thead>
<tr>
<th>EXPENSES</th>
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<tbody>
<tr>
<td>Program Services</td>
<td>$ 5,516,390</td>
<td>$ 5,352,772</td>
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<tr>
<td>General and Administrative</td>
<td>$ 1,573,820</td>
<td>$ 1,386,580</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$ 7,090,210</strong></td>
<td><strong>$6,739,352</strong></td>
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<tr>
<td>Increase in Unrestricted Net Assets</td>
<td>$ 42,070</td>
<td>$ 54,954</td>
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</table>

| UNRESTRICTED NET ASSETS, Beginning           | $ 146,381     | $ 91,427      |
| UNRESTRICTED NET ASSETS, Ending              | $ 188,451     | $ 146,381     |
Independent Auditor's Report

To the Board of Directors
Bronx Community Health Network, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Bronx Community Health Network, Inc. ("BCHN"), which comprise the statement of financial position as of December 31, 2013, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to BCHN's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of BCHN's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of BCHN as of December 31, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of Federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated September 29, 2014, on our consideration of BCHN’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering BCHN’s internal control over financial reporting and compliance.

CohnReznick LLP

New York, New York
September 29, 2014
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Judith Carol

BCHN Associates
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Tashi Chodon, Director of Programs  
Jose Cruz, Jr., Emergency Department Liaison  
Sharon Edwards, Chief Finance Officer  
Krismely Garcia, Emergency Department Liaison  
Pedro Gonzalez, Community Health Worker  
Gay Goodfriend, Data Manager  
Michael A. Hernández, REACH Program Manager  
Yaritza Holguín, Community Health Worker  
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Winifred MacQuaye, Assistant to the CEO  
Nancy Manus, Project Director  
Cindy Mendoza, Community Health Worker  
Ndeye N’Gom, Community Health Worker  
Winsome Ramsey, Quality Improvement Coordinator  
Emma Torres, Community Health Worker  
AminattaUlaba-Samura, Community Health Worker  
Renée Whiskey, Community Health Educator/Community Health Worker Supervisor  
Angela Williams, Sr. Secretary
Founded in 1996, the Bronx Community Health Network is a nonprofit community-based organization and a Federally Funded Health Center. BCHN provides affordable, quality, comprehensive primary care and related health services for Bronx residents at 10 community and five school-based health centers, through contracts with Acacia Network/Promesa Systems, Inc., and Montefiore Medical Center.

**Our Mission**

Assure access to affordable, quality, comprehensive health care services especially to uninsured individuals and families.
Improve health status in medically underserved communities.
Secure resources for programs and services.
Promote healthful lifestyles through outreach, education, and options for better nutrition and physical activity.

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