At Piedmont Health Services, we can look back at 2015 with pride at how much we accomplished. It was the year that we grew to 12 community health centers that, along with our two Piedmont Health SeniorCare sites, served 42,500 people – more than ever before.

In this Annual Report, we look at a broad range of accomplishments. The report has a lot of numbers, facts and financial information that give a detailed outline of our activities in 2015. But the “big picture” view is that nothing changed in 2015 in our fundamental mission.

That means that we continue to provide innovative ways to provide high-quality health care to all, regardless of ability to pay. We also continue to provide patient-centered, efficient and compassionate care. In doing this we continue to win awards and recognition and, best of all, to earn continued loyalty from patients and employees.

I’m confident we will continue with our success because we have hundreds of people working at Piedmont Health who are dedicated to providing the highest quality care despite any and all obstacles and challenges. What I’m most proud of is being part of this group.

-- Brian Toomey, CEO
 Opened IFC Health Center in the new men’s homeless shelter run by the Inter-Faith Council for Social Services in Chapel Hill, NC. It is the first time Piedmont Health has officially been designated as a health-care provider for the homeless.

 Opened the Chapel Hill Community Health Center to better serve the Chapel Hill Community.

 Piedmont Health SeniorCare (PHSC) served 354 families in the Program of all Inclusive Care for the Elderly (PACE).

 Piedmont Health was awarded Level 3 Patient-Centered Medical Home recognition for all of our community health centers by the National Committee for Quality Assurance.

 Completed a major renovation of the Charles Drew Community Health Center in Burlington to increase the pharmacy and patient care areas.

 Piedmont Health’s staff topped 400, including more than 50 medical providers, including physicians, nurse practitioners and physicians’ assistant.

 Assisted 4,661 individuals and families in the Health Exchange Marketplace.

 Agreed to increase our medical education efforts by increasing the number of family medicine residents by 50%. In 2019, we will have nine family medicine residents.

 Agreed to train 36 third year medical students, 21% of the 3rd year medical students from the UNC School of Medicine.

In summary, Piedmont Health expanded to keep up with demand for medical and dental care in central North Carolina and to make sure our care kept pace with medical advances and changes in various laws and requirements. We joined the Carolina Medical Home Network, an Accountable Care Network (ACO) in conjunction with five other federally qualified community health centers.
Stephanie Triantafillou knows personally the importance of access to health care. The daughter of immigrants, her father used public health dentists when he was a child. He became the first person in his family to go to college, eventually earning a master’s degree.

From that personal perspective, Triantafillou has dedicated her life to public health. She serves on Piedmont Health’s Community Board and is an example of how the board brings passion, community support and input, and experienced oversight to Piedmont Health.

As Durham Pediatrics Health Center administrator, Triantafilou is one of the board members working in a health-related field.
“As a public health professional and a granddaughter of immigrants, I have dedicated my career to advocating for health-care access for immigrants, farmworkers and other medically underserved in our communities,” Triantafillou said. “Community health centers present the most vital safety net system of primary and preventative care in the country for the underserved. I believe in their mission, vision and commitment to provide care for all.”

Triantafillou has served on the Piedmont Health’s Community Board for nine years, two of those as chairman. Currently, she chairs the board’s development committee. During Triantafillou’s service as board chairman, Piedmont experienced tremendous growth, opening the Sylvan Community Center on the grounds of Sylvan Elementary School in Snow Camp – a unique collaboration with the Alamance Burlington School System – breaking ground on Piedmont SeniorCare’s second location in Pittsboro, and opening the Burlington Community Health Center in January 2014.

One of the things she is most proud of during her tenure as board chair is Piedmont Health’s embrace of the LGTBQ community. Piedmont Health launched a LBGT initiative in partnership with the National LGTBQ Health Education Center in Boston, with the goal of optimizing quality, cost-effective health care for LGTB patients. Staff was given training in the awareness and the needs for this high-risk group.

Piedmont Health’s community board also includes a chief financial officer, a florist, a judge, a small business owner and a retired postmaster. The board’s mission is to guide Piedmont and see that it fulfills its mission to provide health care to the underserved. It is responsible for long-range planning, and to plan for Piedmont’s growth. “They offer very vital feedback,” Triantafillou said. “They are in the communities we serve. They are the voice, and eyes and ears. They bring a community perspective. They have their ears to the ground.”
Jessica Waters Davis did not have any doctors in her family growing up in New Hampshire and she was not drawn to medicine as a young woman. Even after graduating from college, where she majored in French, she was not sure exactly what her career path would be.

But her background was pushing her slowly in the direction of medicine. “A lot of my desire to go into medicine came later in life,” she said. “I had family members and friends who were ill and received excellent care, and that was inspiring to me. I saw the humanitarian as well as the life-saving aspects of medicine, and that was very appealing to me.”

Shortly after graduating from Brown University in 2004, she took a job as a research assistant in a program providing mental health services at Boston Public Schools and a community health center in Boston.

“I plan to stay in community health centers for the foreseeable future,” she said.
“It was career exploration,” she said. “It was the first time I was exposed to community health centers and I just loved the work and the patient population that they serve. They provided care to people who may not have gotten care elsewhere ...it was a marginalized population.”

The experience led to a desire to pursue a career in medicine and, in 2013, Dr. Waters graduated from the School of Medicine at the University of North Carolina. By then, she had a laser-like focus on what she wanted to do. She entered the Underserved Track at UNC, and even spent short periods of time in Ecuador, Guatemala and Nicaragua to learn Spanish.

“I knew that with the work I wanted to do, I could do it better if I spoke Spanish,” she explained.

Through the Underserved Track, Dr. Waters served her residency at the Prospect Hill Community Health Center in Caswell County.

Caswell is one of the many medically underserved counties in the state. According to the Rural Research Policy Institute, a wide swath of the state is medically underserved based on an index of the ratio of primary care physicians per 1,000 population, the infant mortality rate, the percent of the population with incomes below the poverty level, and the percent of age 65 and over.

At one point in its history. Caswell County had not one physician. Currently, there are six physicians at the Prospect Hill Community Health Center alone.

Dr. Waters loves her work, which involves treating a broad range of patients – from babies to the elderly. And, yes, a high percentage of patients in that heavily agricultural area speak only Spanish.

Settled in North Carolina with her husband Dana, 16-month old daughter Nina and two dogs, Dr. Waters is confident she made the right career choice.
Caring for New Americans

“When I Arrived in America, I Arrived in Heaven”

Mya Lwin lost everything when the military destroyed his village in Burma as part of ongoing ethnic conflict in that Asian country (also known as Myanmar). He fled with his family to a refugee camp in Thailand, where they stayed three years.

Eventually, Lwin came to the United States, as a political refugee, on Nov. 4, 2009. He and his wife and four children are among hundreds of Burmese refugees who resettled in the Chapel Hill-Carrboro area of North Carolina.

“When I arrived here, in my mind I arrived in heaven,” Lwin said, contrasting his life here with his life in Burma during the conflict and in the refugee camp. But being happy and being healthy are two different things. Refugees who gain political freedom achieve an important goal, but finding affordable health care can present serious challenges.

Fortunately, for Burmese refugees, Piedmont Health Services is there to help. Burmese refugees who arrive in the Chapel Hill after being resettled by international resettlement agencies register with the Orange County Health Department, which refers them to nearby health providers.

Piedmont Health has long served as a partner for the county’s health department; its Carrboro Community Health Center (one of 10 community health centers operated by Piedmont) has more than 500 patients from the Burmese refugee community.

Lwin’s experience is typical of the Burmese community served by the Carrboro Community Health Center, according to Becky Lentz, Care Manager for that center.

“This is a community that I really, really enjoy working with,” Lentz said. “They have faced so much. They have faced some horrible things in the past. For them to come here directly from a refugee camp with so little and to just try to make the best of their situation – they’re just a very enjoyable group to work with.”

The health center provides the refugees with medical, dental, WIC (Women, Infants and Children’s program) and care management services such as coordination of housing and transportation, Lentz said. The refugees face substantial language and cultural barriers, she added.
That is true for Lwin, who speaks limited English. Through an interpreter – Juliana Naw, a Burmese refugee herself who is one of two interpreters employed by Piedmont Health Services – he discussed his background.

Lwin’ said his children are grown and two of them now live in Texas. But for his wife and the other two children – and, now, two grandchildren – Piedmont Health has provided a variety of medical services over the past six or seven years, including primary medical care, dental care and, for his daughter, prenatal care.

The care is important to Lwin, who is 61 and disabled. Burma does not have the level of medical care common in the United States and he did not receive a polio vaccine as a child. Lwin contracted polio as an infant. He requires a cane to walk and cannot work.

Lwin has had three doctors at the Carrboro Community Health Center and has liked every one of them. “I feel like they have been a good parent the way they cared for me,” he said. “Since we have been here every provider who has taken care of me has really taken care of me like they would take care of their child.”

That is high praise; caring for family is highly valued in his culture, Lwin explained. In fact, Lwin and his family are able to get by through the support of extended family (he and his wife live with their daughter) as well as through disability payments.

Lwin used to enjoy working on a community garden but has not been able to do that recently; however he still enjoys getting news and looking at photos of friends and family on the Internet. He has never sought an alternative to the Carrboro Community Health Center because, he said, he does not need to do so.

“They take really good care of their patients,” he said.

Lwin can occasionally answer a question in English but still struggles with the language. The health center’s interpreters are a key part of the health center’s service to the Burmese community, Lentz pointed out.

“Patients often come here with school forms, or letters they got in the mail and don’t quite understand,” she said. “We are one of the few places in the community where they can get help for whatever they need.”
Rosalie Stensland was coming home from work in Burlington, N.C., on a Friday evening a few years ago. She wasn’t feeling well and decided to rest for the evening. The next day, she fell while trying to stand up. She was taken to Alamance Regional Medical Center. She was then transferred to UNC Hospital by the end of the weekend. After many tests, Stensland was diagnosed with neuromyelitis optica, a rare autoimmune disease that causes damage to a person’s spinal cord and vision. The disorder has no known cure.

Rosalie was surprised and honored to be considered for a position on PHS Board of Directors. She admires Piedmont Health’s commitment to provide quality health care and support to various groups of people being underserved by the health-care industry, which include senior citizens, migrant workers, and homeless people.
“For me, it was obviously overwhelming,” she said about the diagnosis. Stensland has been a paraplegic since the diagnosis. In the year after her diagnosis, she suffered another setback. “I literally woke up one day and I was blind in my right eye,” she said.

During the past few years, Stensland has had the support of three adult children, along with other relatives who live in Burlington, other areas in North Carolina, and in other states. More than a year ago, Stensland’s cousin from New York asked if she knew about the Program of All-Inclusive Care for the Elderly (PACE).

The program is offered at various health organizations including the Piedmont Health SeniorCare center in Burlington. “I must have passed this building five or six times a month,” Stensland said about the Piedmont Health SeniorCare center in Burlington, “and I did not know what PACE was.”

Piedmont Health SeniorCare in Burlington is an authorized Program of All-inclusive Care for the Elderly. The program began in 2008. PACE’s purpose is to provide senior citizens with a safe alternative to nursing home care by helping older patients maintain a healthy, independent lifestyle. The program provides seniors with long-term health, social, medical and dietary care. These services at the SeniorCare center are provided by an interdisciplinary group of professionals. This team includes physicians, nurse practitioners, physician assistants, nurses, social workers, nutritionists, rehabilitative therapists, transportation personnel, in home aides, among other providers.

"I thought it was too good to be true," Stensland said about getting different types of care and support in one place. “It’s probably the best thing that I’ve done since all of this has happened.”

Stensland is now 63 years old and no longer able to work in her previous job in a preschool program, or any other job. She has been with the PACE program at Piedmont Health SeniorCare since June 2015.

Piedmont Health CEO Brian Toomey asked Stensland if she would like to be a member of the Piedmont Health Community Board. The majority of the board must be users of Piedmont’s program.

Stensland was surprised and honored to be considered for this position. She admires Piedmont Health’s commitment to provide quality health care and support to various groups of people being underserved by the health-care industry, which include senior citizens, migrant workers, and homeless people.

Her role on the board is also an opportunity to encourage others, especially people with disabilities. “My paralysis is not prohibitive of me doing anything I need to do to be a board member,” Stensland said. “Part of my role is to be a role model. I have things to do.”
### 2015 TOTAL PATIENTS
42,266

### 2015 TOTAL VISITS
163,048

### 2015 TOTAL PRESCRIPTIONS
296,502

### 2015 TOTAL PRENATAL PATIENTS
1,085

#### PROVIDERS 2015

<table>
<thead>
<tr>
<th>Medical</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>Dentists</td>
</tr>
<tr>
<td>35</td>
<td>7</td>
</tr>
<tr>
<td>Advanced Practitioners</td>
<td>Dental Hygienists</td>
</tr>
<tr>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>Registered Dietitians</td>
<td>8</td>
</tr>
<tr>
<td>Total Employees</td>
<td>431</td>
</tr>
</tbody>
</table>

#### 2015 INCOME - % OF POVERTY

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% and below</td>
<td>34,500</td>
<td>81.6%</td>
</tr>
<tr>
<td>101-150%</td>
<td>3,798</td>
<td>9.0%</td>
</tr>
<tr>
<td>151-200%</td>
<td>2,063</td>
<td>4.9%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>383</td>
<td>0.9%</td>
</tr>
<tr>
<td>Ineligible</td>
<td>1522</td>
<td>3.6%</td>
</tr>
</tbody>
</table>
Piedmont Health Financial Snapshot

2015

**Total Revenues = $48,476,166**

- Programs (services): $21,029,025
- SeniorCare: $15,861,446
- Grants: $10,704,917
- Unrestricted Contributions: $59,331
- Other Revenue: $821,477

**Total Expenditures = $48,386,114**

- Salaries and Benefits: $28,113,151
- Patient Care Contracts: $9,176,349
- Total Supplies: $9,301,067
- Indirect Expenses: $1,795,547

**TOTAL REVENUE** $90,052
Donors do not give to Organizations because they have needs; they give because organizations meet needs.

Donations given to Piedmont Health by:

- Enrique Gomez Palacio ................................. In Memory of his wife, Mariam Palacio
- John D. & G. Patricia L. Stokes ...................... In Honor of Annetta Stokes Streater
- Priscilla Guild .................................................. In Honor of Jane Stein

Organizations that Donated 2015:

- Ad Resources ......................................................
- Book Harvest ......................................................
- Carolina Meadows ..............................................
- Commonwealth Purchasing Group (CPG) ............
- Oak Foundation, USA ..............................................
- Progressive Computer Systems, Inc. ..............
- RCB Design, Vineyard Prints ..............................
- Chapel Hill Service League ...............................
- Triangle Park Chapter of Links, Inc. ...............
- Visualutions ......................................................

Connie & Toby Church
Ginger Young
Donated PT Equipment
Richard Bryant
Trustees
Mark Michael
Leslie Bayne
Patty Hume
Dr. Carolyn Lattimore
Bill Young
Federal Grants/State Grants:
- US Department of Health and Human Services
  - Community Health Center Grants
  - Expansion of services
  - Central Carolina Health Network
- North Carolina Department of Health & Human Services/Division of Public Health
  - Women’s Health Service (Women Infant & Children)
    - Office of Rural Health & Community Care
- Orange County Partnership for Young Children
  - Impact NC
- North Carolina Department of Health & Human Services
  - Office of Rural Health & Community Care
  - Office of Minority Health & Health Disparities

Private and Foundation Grants:
- AccessCare, Community Care of North Carolina
- Carol Woods Retirement Community
- Duke Obesity Prevention Program of the Duke Global Health Institute
  - Impact Alamance
- Orange County Health Department
  - Stroud Roses, Inc.
- Susan G. Komen for the Cure NC Triangle to the Coast Affiliate
  - The Kate B. Reynolds Charitable Trust
    - Town of Carrboro
    - Town of Chapel Hill
- University of North Carolina School of Medicine
  - United Way of Alamance County
- University of North Carolina Center for Aging and Health
  - University of North Carolina Health Care System
Friends of Piedmont
We are very humbled by generous supporters who make it possible to provide comprehensive health care services at our community health centers and at Piedmont Health SeniorCare (PACE program) to many underserved people in our communities.

Jeans for a Cause
Piedmont Health employees came up with a donation program, Jeans for a Cause in the summer of 2014. It is a payroll tax deduction program with 63 employees that participated in 2015.

Individual Donors
Beatriz Eugenia Alvarez
Evan Ashkin, MD
Alberta Baker
Cathrine Balentine
Karen & Bill Barrows
Marcia Bleil
Gary Bossert
Barbara J Bowes
Sara Neal Bray
Gloria Armstrong Brown
John Buse, MD
Scott Byrd
Paul Camarena
LaQuanda Carter
Patrice Chappel
Umesh Chaudhary
Heidi Cook, DMD
Kim Cowan
Charles Crews
Jennifer Cunningham
Joan Davidson
Christine Fernanda De Leon
Martha DeVries
Angie Dinarte
Misty Drake
Jo Anne & Shelley Earp
Joan East, MD
Brianda Escarcega Vega
Kevin Farrell
Theresa Feaster
John Ferguson
Marie Claude Flynn
Victoria Freeman
Patricia Geiger
Alex Gonzalez
Stephen & Ruth Grant
Lindsey Green
Sherrie A Green
Kelly Hall
Eleanor Helms
Patricia Hickman
Lynell Hodges
Marni Gwyther Holder
Lily Jimenez
Mary Kerr
Lynn Knauff
Saini Kundapati
Miriam Labbok, MD
Krista Rebeth Layton
Adrian Mancheno, MD
Debra Markley
Linda Markley
Carla May
Antonia R McIver
Brad McRae, II
Leena Mehta
Heather L Miranda
Susan Misciagno
Nora Neel-Toney
Warren Newton, MD
Jonathan B. Oberlander
William O’Connor
Mary Norris Oglesby
Cynthia Owen
Charlotte Ozment
Wendy Gebauer Palladino
Manuel Costa & Nancy Park
Michael Parker
Krista Perreira
George Pink
Michelle Pointer
Delores Ramsey
Satpal & Sudha Rathie
Ken Reeb, Jr.
Teresa Reed
Amy Rix
Beth Rosenberg, MD
Ceola Ross Baber
Mimi Saffer
Elkin Salinas
Flori Sassano
Monica Satterfield
Lorelei Schryer
Rebecca T. Slifkin & Richard Rosen
Miriam & Lawrence Slifkin
Naomi P. Slifkin
Betty Smith
Karen Smith
Timothy Smith
Tinesha Smith
Mary Stasio
Gerda Stein
Jane Stein
Randy Stewart
Ashley Stone
Jeffery Sumpter
Carl Taylor
Demond Thorne
Brian Toomey
Reggie Tyson
Janelly Vargas
April Wade
Kelsey Walch
Varonica Walker
Shannon Walters
Cre’shawna Renee White
Darlene White
Richard & Norma White
Bobbie Wicker
Sharon Williams
Theresa Willis
Douglas Witherspoon
Tiffani Woods
Stephen and Susan Zeisel

* We apologize for any errors or omissions.