

HEALTH CENTER HIGHLIGHTS



Volume 3, No. 2

A bi-monthly newsletter of HealthReach Community Health Centers

March/April 2005

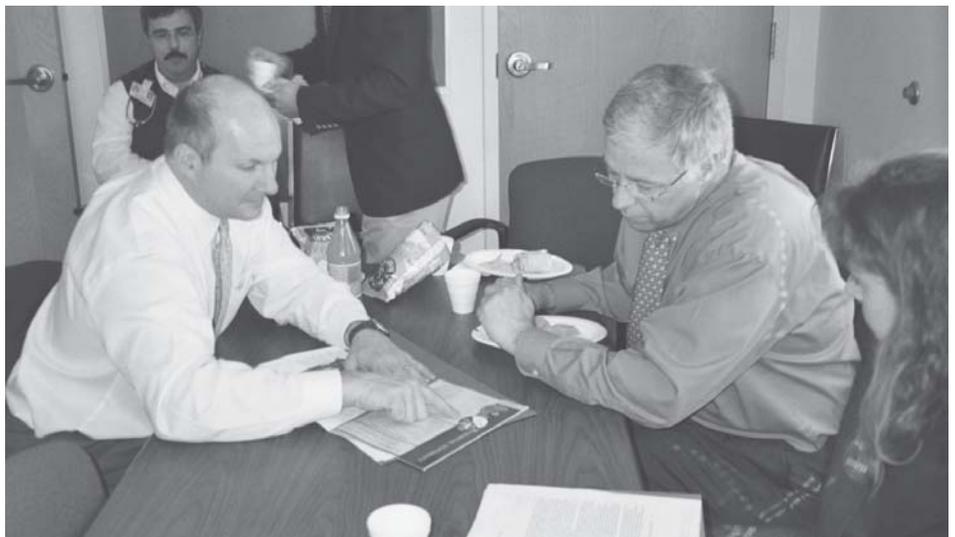


A MESSAGE FROM THE PRESIDENT

State and Federal Advocacy Efforts Continue

Dear HRCHC Employees, Board Members, and Members of the Community:

Advocacy efforts related to state and federal budget and legislative concerns that would impact community health centers and patients continue as this issue of *Health Center Highlights* heads to press. Many thanks to all of you who have contributed by communicating with state legislators. Your letters, e-mails and phone calls from the field make a real impact and no doubt will have made the difference when it comes to achieving the desired outcome.



U.S. Congressman Michael Michaud discusses federal legislative concerns with Steve Walsh and staff at Bingham Area Health Center

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Here's the update:

State budget concerns

On February 16, the Maine Primary Care Association's **Kevin Lewis**, myself, and **Jack McKee**, community Board Chair for Mt. Abram Regional Health Center, testified before the Joint Standing Committee on Appropriations and Financial Affairs (AFA) and the Joint Standing Committee on Health and Human Services (HHS).

In our testimonies before these Committees, we described how State budget cuts proposed by the Baldacci Administration, more specifically the elimination of the \$2.50 per member per month fee paid to FQHCs for the

case management of MaineCare patients (PCCM), would impact community health centers and patients. We underscored how case management delivered among health centers is, in fact, a wise investment and an effective means of reducing the state's total Medicaid expenditures.

This testimony followed and preceded a series of communications that began back in January with approximately 66 state legislators whose districts match the towns served by our eleven health centers and, in particular, members of the AFA and HHS

(See *President's Message*, page 2)

(President's Message, from page 1)

Committees, as well as the Governor and key Administration staff members.

On Sunday, February 27, state Representative Arlan Jodrey (R-Dist. 91) met with myself, staff and community Board members at our health center in Kingfield. This provided an opportunity for Rep. Jodrey to learn more about our organization and the local health centers in his district and how the proposed budget cut could impact us and our patients. We are grateful for his support in the Statehouse.

A number of other legislative decision-makers support our position on the PCCM as well. We are hopeful that with their support, the \$2.50 PCCM will be reinstated into the state budget. Reinstating the PCCM would prevent HRCHC from having to absorb an annual reduction in revenue of more than \$200,000. Community health centers like ours operate on very slim operating margins (if any) and it is difficult to imagine how we could absorb a reduction in revenue of that size without considering some reduction in services. It is of critical importance to HealthReach, our patients and communities we serve that the Legislature not allow the case

management fee paid to FQHCs to be eliminated.

Federal concerns

Of particular concern to community health centers at the federal level is preserving Medicaid, which is the single largest insurer or low-income Americans and the single largest source of health center revenues (see also, January-February, 2005 issue of *Health Center Highlights*.)

President Bush has proposed an approximately \$45 billion net cut to the \$300 billion Medicaid program. These cuts would not only significantly weaken the ability of health centers to provide comprehensive, quality primary and preventive care services, but ultimately could lead to increased costs to the health care system.

Revenue from Medicaid, which is both a federal and state-funded program, represents approximately 26% of our own organization's total annual, non-grant revenue. It is critical that Congress minimize the impact of Medicaid cuts on community health centers if we are to sustain our efforts at improving the



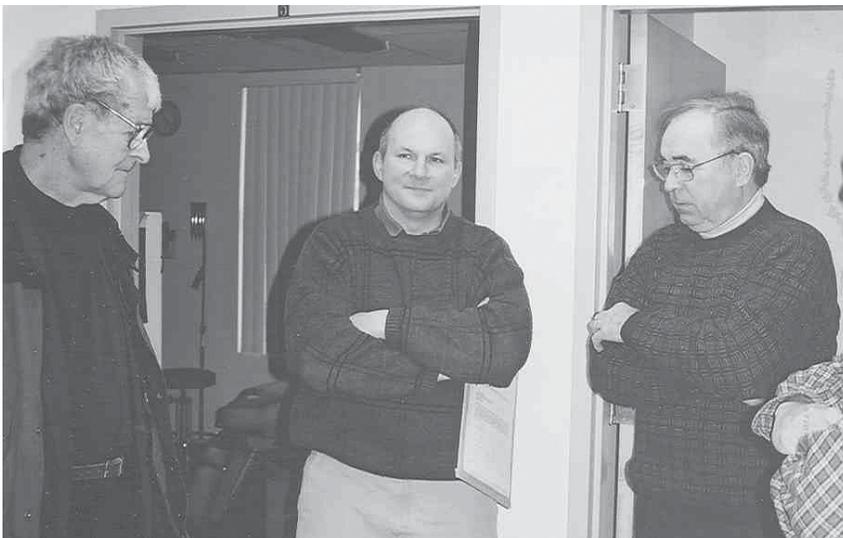
Congressman Michaud touring Bingham Area Health Center with Steve Walsh and Kevin Lewis, Executive Director of the Maine Primary Care Association

health of our patients (see also, November/December issue of *Health Center Highlights*, page 4). We join the National Association of Community Health Centers in endorsing legislation that, as an alternative to currently proposed cuts, would create a bipartisan Medicaid Commission to study Medicaid and identify long-term solutions (the S. 338 **Smith-Bingaman** bill on the Senate side, and its companion bill on the House side, HR 985, sponsored by **Rep. Donna Christian-Christensen** (D-VI) and **Rep. Heather Wilson** (R-NM)).

Recently, we had the opportunity to share our concerns on this federal matter with U.S. Congressman **Michael Michaud** (D-2nd Dist., Maine) who visited the Bingham Area Health Center on February 25th. In addition to discussing legislative matters, we shared HealthReach's story with the Congressman and showcased the Bingham Area Health Center as an example of what federally qualified health centers are and do for residents of rural Maine.

The Congressman arrived just before noon and spent over an hour touring the facility, visiting with providers and staff and talking with patients. As you may have read in the *Morning Sentinel*,

(See President's Message, page 3)



Jack McKee, community Board Chair for Mt. Abram Regional Health Center, Steve Walsh, and state Representative Arlan Jodrey touring our health center in Kingfield



A community member shares with Congressman Michaud the story of what our health center/dental program in Bingham means to her and her family

(President's Message, from page 2)

one community member was particularly generous in sharing her story with the Congressman and the press about what the health center and dental program has meant to her and how it has given her family access to quality care. Community board members who spearheaded fundraising for the health center's new facility were also on hand, and it was wonderful to have the chance to recognize them for their efforts in this forum.

The Maine Primary Care Association's Kevin Lewis and I and staff discussed with the Congressman how proposed Medicaid cuts might impact us, our patients and other health centers across the state. We also talked about the important role of the National Health Service Corps (a program also facing cuts) in attracting talented physicians to practice in the rural areas.

The Congressman expressed a sincere appreciation for the critical role that federally qualified health centers like ours play as safety net providers in rural Maine, and underscored his shared concern regarding proposed Medicaid cuts and other difficult issues facing

Maine's health centers and patients. He similarly expressed a strong desire and commitment to be involved in finding solutions to these challenges. (To receive periodic updates from Congressman Michaud on health care issues and other federal legislative concerns that would impact Maine, our health centers and patients, you may e-mail: Tim.Trafford@mail.house.gov to be added to his e-mail list.) We are grateful for Congressman Michaud's support and assistance, and look forward to maintaining regular communication with him and the other Members of Maine's Congressional delegation on this issue moving forward.

Community Health Centers: Part of the Solution

Community health centers are in a unique position to be part of any solution to our state and nation's health care and budgetary crises. Our core objectives are consistent with those

articulated by state and federal leaders: to increase access to health care, improve quality, and contain costs. Every day, health centers save the health system money by reducing the inappropriate use of costly hospital emergency departments and developing preventive strategies to reduce chronic illness.

Community health centers play a critical role as the primary care safety net for the medically underserved, especially those with financial or geographic barriers to care. We will continue to serve on the front lines as our state and nation confront a growing health care crisis, and we look forward to working with legislators to show how health centers are already saving money for taxpayers and can be part of the solution to our emerging budgetary crises.

Please stay tuned. We will keep you posted as developments on both the state and federal fronts emerge. And I again ask for your continued participation in our advocacy efforts. I encourage those who are interested and willing to please send along your completed "Advocacy Sign-Up Form" (recently distributed) to **Jill Conover**, Director of Communications, who as part of her role serves as advocacy coordinator for our organization and health centers. Together, the combined voices of our many different stakeholders will allow us to be heard.

With sincere appreciation,
- Stephen E. Walsh, MHA
President & CEO

VISIT US ONLINE!

We invite you to visit our website <http://www.HealthReachCHC.org> to learn more about our providers and health centers, our organization, information of interest to patients and more.

We update job opportunities each week and provide new health tips each month.

By the click of your mouse, you can also read our press releases and newsletters and connect to Maine and national resources.

We welcome your feedback at HRCHC@HealthReach.org.





HRCHC PROFILE

Central Administration



Central Office, Highwood Street, Waterville

HRCHC's Central Administration, located at Highwood Street in Waterville, is home to a team of dedicated staff who provide management and support to all eleven HealthReach Community Health Centers.

Clinical and operational management and support services, as well as finance, purchasing, human resources, risk management, communications, development/grant writing, provider recruitment, patient billing, information technology and other services are provided centrally to improve efficiency and effectiveness and reduce costs.

"I have served as an administrator in a number of organizations during my professional career" says President and CEO, **Stephen Walsh**. "The Administration we have at HealthReach is among the best I've ever worked with." Although Walsh acknowledges the challenges inherent in having a central administration (communication and distance), he is quick to point out the rewards of being part of the Central team. "We are often called upon to assist health centers with a variety of issues. There is nothing more satisfying than working through a tough issue with a health center and seeing things improve."

"The Central Office team takes great pride in the supportive role that it provides to the health and dental centers," says **Connie Coggins**, Director of Operations. "We all consider it a true privilege to serve in support of our organization's mission in this way." Recent examples of Central initiatives include the completion of our Federal Title 330 Community Health Center Renewal Grant Application, spearheaded by **Jen Bennett** (which enables us to provide the Sliding Fee Program), report of our health centers' clinical and demographic data to the Bureau of Primary Health Care's (BPHC) Uniform Data System

by **Donna Williams**, the 2004 Community Health Needs Assessment (see **Kathy Calder's** article, page 6), support of Lovejoy Health Center's participation in the BPHC's Health Disparities (Diabetes) Collaborative (see **Christa Dillihunt's** article, page 7), advocacy efforts aimed at retaining various funding on both the state and federal levels (see Steve Walsh's article, page 1), and the transitioning of our formerly contracted marketing effort in-house into a Communications function that has been made broader in scope to better meet current organizational needs.

The many ongoing and recent initiatives of our Central Billing Department also deserve much applause. "Central Billing staff members are dedicated, capable and flexible," says **Jane Chase**, Patient Accounts Manager. "Their ability to deliver consistently in the face of a stream of challenges is incredible. They are just amazing – I can't say enough about them," she says with heartfelt appreciation.

The Central Billing function only begins with billing for services for all of HRCHC's sites and serving as a patient point-of-contact for billing inquiries or to arrange for payment plans for those experiencing financial challenges. They also

(See *Central*, page 5)

CENTRAL ADMINISTRATION AT-A-GLANCE

President & CEO: Stephen E. Walsh, MHA

Operations & Administration: Connie Coggins, Director of Operations; Jennifer Bennett, Assistant Director of Operations; Donna Williams, Operations Analyst; Ann Young and Jody Dickey, Administrative Assistants

Clinical: Richard DeCarolis, DO, Operational Medical Director; Forrest West, MD, Clinical Medical Director; Christa Dillihunt, Director of Performance Improvement & Clinical Support Services; Kylee Rankins, Clinical Administrative Assistant

Development & Recruitment: Katharine Calder, Director of Development & Provider Recruitment; Norma Wing, Development Officer; Alison Duncan, Americorps Volunteer

Communications: Jill Conover, Director of Communications; Bridget Campbell, Public Relations Specialist

Central Billing: Jane Chase, Patient Accounts Manager, Central Billing; Angela Blanchard, Accounts Receivable Clerk; Laurel Dyer, Patient Acct. Rep. for Rangeley and Richmond; Marguerite Farrell, Patient Acct. Rep. for Strong and Belgrade; Jane McCarthy, Patient Acct. Rep. for Bingham and Madison; Priscilla Ripley, Patient Acct. Rep. for Bingham and Strong dental programs; Darlene Cook, Patient Acct. Rep. for Sheepscot; Sherry Pelotte, Patient Acct. Rep. for Lovejoy; Brooke Perkins, Patient Acct. Rep. for Mt. Abram and Sliding Fee Program; Cheryl Viles, Patient Acct. Rep. for Western Maine; Sally Cunningham, Sr. Patient Acct. Rep. for Bethel and electronic billing; Wendy Turner, Systems Applications Coordinator for all sites

Collaborative Services Purchased through the Management Services Agreement:

Becky Lamey, Vice President for Human Resources; Sarah Seder, Director of Human Resources
Kevin Brooks, Vice President of Finance
Daniel Burgess, Director of Information Technology
Sarah Firth, Corporate Compliance Officer
Barbara Quinby, Director of Risk Management

(Central, from page 4)

administer our Sliding Fee Program, help ensure that our organization is complying with state and federal law, and more.

For example, the team is responsible for auditing bills on a regular basis to ensure regulatory compliance. Additionally, depending on the nature of regulatory changes (which can occur weekly), staff members work with **Sarah Firth** (Corporate Compliance Officer), **Carolyn Tranten** (who conducts chart audits) and/or health center providers and staff. In cases where changes involve how clinical diagnoses or procedures must be coded, Central Billing communicates the changes to medical providers and health center staff and provides education as needed. They now even offer a class twice a month to health center staff who perform charge-entry.

Over recent months, the team has also been working with the IT department, software vendors and others to transition to electronic billing for MaineCare and Medicare patients, a process which has been particularly challenging due to the many unique requirements that federally qualified health centers must comply with, says Chase.

The expertise and efficiency that the Central Billing team has brought to HRCHC is remarkable: Since the billing function was centralized in 2001, the average time it takes from when a patient is billed until payment is received has decreased from 52 days to 41 days. This significant improvement has better positioned the organization financially. "The Central Billing staff for HRCHC is phenomenal," says **Kevin Brooks**, Vice President of Finance. "Management of patient accounts receivable is vital to the financial health of any health care provider including HRCHC. This group of individuals does a tremendous job of maintaining cash flow for the organization and minimizing the amount of time it takes to collect patient bills. And they do all of this with a smile on their face, which

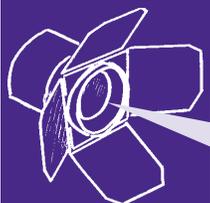
is great to see. I don't know what we would do without them," he says.

The Highwood Street office is also often the location of various meetings held centrally: including that of the Provider Executive Committee, Operational Performance Improvement Committee, Clinical Performance Improvement Committee, Nursing Committee, Board of Directors, HRCHC management team, and most recently the Rewards & Recognition Committee. Staff from across the system have an opportunity to come together and consider, for example, operational and clinical changes that can then be implemented at the sites on a more consistent basis. "In the case of the Practice Manager's meeting, it also allows us to come together once a month to share ideas and solutions to common challenges that Practice Managers encounter," says Coggins.

Key to all that happens centrally are a group of skilled support staff whose diligence keeps things functioning so seamlessly that their often behind-the-scenes work may at times not always be as visible to those not at Highwood Street. In particular, Coggins credits the daily extraordinary efforts of Administrative Assistants **Ann Young** and **Jody Dickey** (operations) and **Kylee Rankins** (clinical). "They do a fantastic job, we are certainly lucky to have them," says Coggins.

"I've worked for HRCHC for about eight years now, and I can honestly say that I'm never bored," says **Christa Dillihunt**, Director of Performance Improvement & Clinical Support Services. "I thoroughly enjoy working with all the people here at Highwood Street. Everyone works together in a caring and friendly manner. We help each other out over the 'rough spots,' offering words of encouragement when needed, and make time to share personal stories. It makes me eager to get to work each day – I really look forward to seeing everyone," she adds.

Many thanks to each and every member of the Central Administration for your commitment to community health.



Spotlight - In Their Own Words...

Editor's note: A recently added feature of our newsletter "spotlights" patients, employees, Board members and other community members from our service areas in the form of testimonials. We hope that you enjoy hearing from individuals featured "in their own words" and at the same time gain a better understanding of our organization.



Name: Connie Coggins

Role at HRCHC: Director of Operations

In her own words...

"I've been fortunate during my tenure at HRCHC to have the opportunity to work at one of our health centers (Sheepscot Valley Health Center) and now more recently with all of our health and dental centers through my role at our Central Office. I truly have a sincere appreciation for the contributions of all of our employees – those who work at the health centers providing direct patient care and those who work at the Central Office supporting the efforts of the sites. We have a caring and dedicated staff, who are so clearly committed to our mission to provide quality, affordable health care, close-to-home to the rural residents of central and western Maine."

Albion Area Seniors Find Health Care Forum Informative

A health forum which HRCHC co-sponsored, "Leading Seniors through the Health Care Maze," was held in Albion recently to help answer many of the frequently asked questions about the changing health care system in Maine.

Topics discussed included MaineCare eligibility and benefits, information on recent changes in prescription drug coverage options and the new Medicare drug card. Information about estate recovery and related resources was also shared. Although the forum was geared toward seniors, family members who assist loved ones in accessing health care also found the forum informative.

The forum was co-sponsored by the Albion Senior Citizens, Lovejoy Health Center, HealthReach Community Health Centers, the Maine Primary Care Association, and Legal Services for the Elderly. Twenty-six individuals attended the forum, which was held in the Besse Building in Albion on the afternoon of Wednesday, March 2. Presentations were given by **Darcy Shargo**, Health Care Access Program Manager at the Maine Primary Care Association, and **Pam Studwell**, Director of the Legal Access Project, Legal Services for the Elderly. Attendees had the opportunity to ask questions of Shargo and Studwell during the program and following the forum's conclusion.

Many thanks to **Alison Duncan**, HRCHC's Americorps volunteer, for all of her efforts organizing and coordinating the event.



2004 Community Health Needs Assessment Results

We are grateful to the 2,361 respondents who took the time to complete a survey during our 2004 Community Health Needs Assessment process (11/04 - 1/05).

Our mission is to provide high quality health care that is affordable and close-to-home. Every five years, we perform a comprehensive Needs Assessment across our eleven health center service area. We survey users of our health centers, community board members, governing board members, staff, and others to find out if we are meeting community needs.



Kathy Calder

The Needs Assessment assists us in distinguishing what services need enhancement, in identifying service gaps, and in developing our next five-year operational and clinical plans.

We are now incorporating information from the Needs Assessment into our Strategic Plan for the upcoming five years.

Summary of Results:

Top Issues identified for 2004*

(Responses to: "Choose three health problems that you feel need more attention in your community.")

1. Medication Cost
2. Health Care Cost
3. Dental Care
4. Obesity
5. Cancer

*All responses to problems 1, 2 and 3 combined across entire system ranked from highest (1) to lowest (5) need

Profile of Respondents

- 2,070 patients out of 3,700 (56%)
- 62 local board members out of 102 (61%)
- 6 local board group surveys out of 9 (67%)
- 7 governing board members out of 14 (50%)
- 198 staff out of 244 (81%)
- 18 Other
- 2,361 respondents out of 4,069 (58%)

- Katharine Calder, LCSW

Director of Development & Provider Recruitment

Mark Your Calendar for the Bi-Annual Ethics Forum:

APRIL
28th

"Struggles in Ethical Decision Making — Presenting the Dax Cowart Case"

Sponsored by: Ethics Forum of HealthReach Community Health Centers & HealthReach Network

Audience: Open to all HRCHC & HRN Staff & Governing Board Members

Time: Thursday, April 28, 2005, 12:30 - 4:30 p.m.

(Complimentary Lunch 11:45 a.m.-12:30 p.m.)

Place: Dean Auditorium – MaineGeneral Medical Center – Thayer Unit - Waterville

Cost: No charge

Certificates of Attendance will be presented to all participants!



FROM THE CLINICAL SIDE

Lovejoy's Kaleidoscope (HDC Diabetes Team) Begins Its Journey!

On February 9, 2005 two members of Lovejoy's Kaleidoscope Diabetes team (**Melissa Murray**, Front Office Coordinator and **Paula Dube**, RN) traveled to Anaheim, California to attend a "special" day of training on the PECS (chronic disease) registry that Lovejoy must use during the HDC Diabetes Collaborative. On February 10th the rest of Lovejoy's Diabetes team (**Forrest West**, MD; **Steve**



Christa Dillihunt

Walsh, President & CEO and **Christa Dillihunt**, Director of Performance Improvement and Clinical Support Services) traveled to Anaheim and joined Melissa and Paula for two-and-a-half days of intensive learning and sharing.

There were 150 community health centers represented and over 800 participants at Anaheim. There were speakers from the US Department of Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Centers for Disease Control and Prevention (CDC), National Institute for Health, Institute for Healthcare Improvement, State Primary Care Association Representatives, and many more. Everyone had an opportunity to meet with other teams from all over the country, to share our successes and barriers, and to meet with our regional "Cluster Directors" (e.g. Maine health centers belong to the Northeast Cluster that includes all of New England, NY, PA, DEL, MD, DC, VA, WVA, Puerto Rico & Virgin Islands).

Every participating health center was required to provide documentation of



Lovejoy's Kaleidoscope (HDC Diabetes Team) L/R (title/collaborative role): Mellissa Murray, Front Office Coordinator/IT Specialist; Forrest West, MD, Clinical Medical Director/Provider Champion; Paula Dube, RN/Day-to-Day Leader; Christa Dillihunt, Director of Performance Improvement and Clinical Support Services/Clinical-Technical Expert; Lois Bouchard, Practice Manager/PECS Data Maintenance; Stephen Walsh, President & CEO/Senior Leader.

activities that they had done as part of the preparation for actual participation in this national collaboration to reduce health disparities. Everyone posted these documents on a large styrofoam board that is called a "storyboard." This also included some specific information about each health center (e.g., its physical location within the state, patient population, things that might be considered unique to the area, etc.) and pictures of the teams and more. We received wonderful, positive feedback about our Storyboard.

We had an opportunity to see each health center's Storyboard and to interact with other team members who were very willing to share ideas and forms. We followed our cluster leader's motto: "steal shamelessly." If we saw something that we thought might work at Lovejoy we "borrowed" it. We willingly shared our ideas and forms

with others. It was a great learning experience for all of us.

Before leaving Anaheim to return to Maine we had developed goals with action steps that would help us to continue the work we had begun during the preparatory phase of our process. We felt energized and eager to begin. In fact, each team member has reported that they have accomplished at least one action step per week that s/he had assumed responsibility for. We anticipate a continuation of a large learning curve for the Lovejoy's Kaleidoscope (team) between now and the Second Learning Session in May 2005.

Congratulations to Lovejoy's Kaleidoscope for a job well done!

- Christa Dillihunt,
Director of Performance Improvement
and Clinical Support Services



What is Spyware/Adware?

Spyware (or Adware*) is a generic term for a large number of programs used by marketing companies, identity thieves, and hackers for the purpose of tracking your Internet surfing habits in order to target advertising to you from their clients; recording every site you visit, every mouse click you make, and every key you press, then sending the data to the distributor of the spyware in order for them to gain access to e-mail addresses, credit card numbers, account numbers, and passwords.

(*Note: The term "Adware" is not to be confused with the software program **AdAware SE**, which is used by IT for removing spyware/adware from computers.)

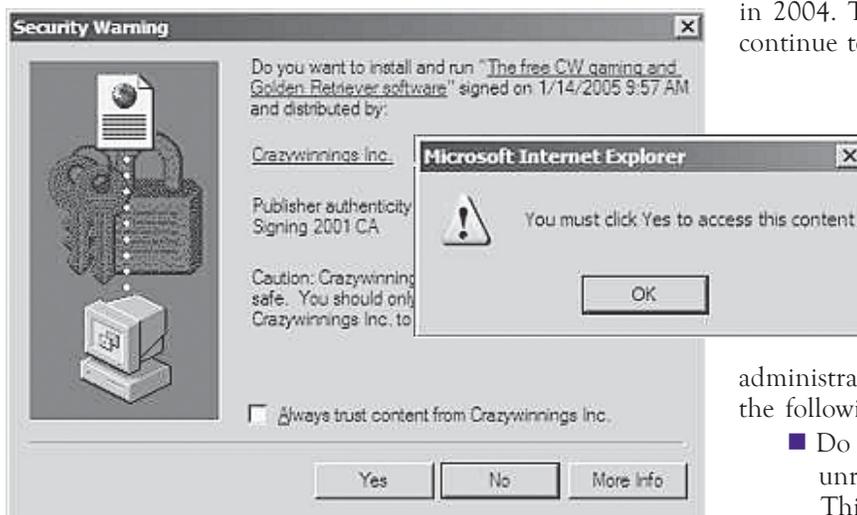
How did I get this on my computer?

Most spyware requires user intervention in order to enter your computer—meaning you (or someone else if you share a computer) installed it, perhaps unknowingly. The software is installed through a variety of means:

- It can be included ("bundled") as part of another program, the majority of them being free internet downloads.
- It can be installed as a result of being fooled by a pop-up advertisement, such as:



- It can be installed as a condition for using a free service, such as some online greeting card companies, free screensavers, free smilies for your e-mail, etc.



- It can be installed as a condition to view certain web pages.

- It is often installed without your knowledge by visiting a website.
- It is installed by clicking on a link in an unsolicited advertising email (also known as "spam").

If these are just computer programs that are supposed to work with Internet Explorer, why are they such a problem?

Unfortunately, these programs do much more than enhance how Internet Explorer presents itself. Spyware, when installed, over-writes key files needed by other programs that rely on a properly-functioning Internet Explorer, such as Touchworks/Allscripts, IDX/GPMS, Boise, ProClick, and Horizon Surgical Manager. These over-writes often adversely affect the performance of these critical applications.

In addition to the immediate alterations to Internet Explorer, many of these spyware programs send a constant stream of data to and from your computer across the network to and from the internet. This has the potential to create major network slowdowns, especially in locations other than the Medical Center's main campuses.

Many of these programs steal information. Have you and your friends noticed a giant increase in unsolicited e-mail advertisements since you got that cool new free screensaver? That's because the spyware that came with it harvested addresses from your e-mail address book. This may seem more like a nuisance than a serious problem, but keep in mind that a large amount of confidential information is processed on a daily basis, and having spyware on your system can seriously compromise the security of patient data.

Finally, removing spyware is a labor-intensive, time-consuming task that often requires the re-installation of all the programs that were affected. The average amount of time spent repairing a spyware-laden machine is about 30 minutes. There were approximately 1,000 spyware-related calls to the IT Service Desk in 2004. The number of Help Desk calls related to spyware continue to increase almost daily.

How do I avoid getting Spyware in the future?

Answer: By practicing safe computing and safe internet use.

Please remember that the computers in the workplace belong to HRCHC, and should be used for business purposes only. They have been painstakingly configured for optimum performance, and should be used solely for the delivery of quality patient care and the administration of HRCHC. Safe computing practices include the following behaviors:

- Do not download or install *anything* that is unrelated to the direct performance of your job. This includes:
 - Weatherbug
 - Hotbar
 - Webshots

(See *Spyware*, page 9)



HEALTH TIP

You Are What You Eat: Get a Taste for Nutrition

In Recognition of National Nutrition Month, March 2005

Diet is one of the three most important personal habits that influence health, according to a Surgeon General's Report on Nutrition and Health. The report also says that two-thirds of all deaths are due to diseases associated with diet.

"Evidence clearly shows that good nutrition, in conjunction with physical activity, can reduce the chance of developing cancer, heart disease and other chronic diseases," says **Tanya Steele, PA**, of HealthReach Community Health Centers' Rangeley Region Health Center. For example, it is estimated that 20 percent of deaths attributed to heart disease could be avoided by making healthier eating choices, according to a National Academy of Sciences report on diet and health.



Tanya Steele, PA

Steele recommends that people eat a balanced diet that includes plenty of different fruits and vegetables, which provide essential vitamins and minerals, fiber, and other substances that are important for good health. Most fruits and vegetables are naturally low in fat and calories and are also filling.

Here are a few tips from the American Dietetic Association on how to include nutrition in a healthy lifestyle:

- **Be adventurous and expand your horizons.** Variety is the "spice of life" in your food choices and is key to good nutrition and health. Choose foods based on flavor, texture and colors that are tasty and healthy. Explore the wide world of nutrition by trying a variety of foods.

- **Treat your taste buds.** You decide how much and how often. Choose foods sensibly by looking at the big picture; it's what you eat over several days, not just one meal or day that counts. So enjoy your favorite foods in moderation.
- **Maintain a healthy weight.** Managing your weight plays a vital role in achieving and maintaining good health and quality of life. Carrying excess weight may put you at greater risk for health problems. The good news is that healthy eating and regular physical activity make it easier to achieve lifelong weight management and long-term health.
- **Balance food choices with your lifestyle.** Choosing the right balance of foods helps you get the right combination of nutrients. So balance your food choices with your physical activities to achieve and maintain a healthy weight and lifestyle.
- **Be active.** Be creative and enjoy a variety of ways to stay active to feel your best. There's no need for expensive equipment or complicated fitness programs. Start by making a list of physical activities that fit into your lifestyle and schedule one every day.

Steele encourages individuals to work with their primary care provider on a nutrition and exercise regimen that is tailored to their needs.

- Tanya Steele, PA

Rangeley Region Health Center

Sources: American Dietetic Association; National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, U.S. Dept. of Health and Human Services

(Spyware, from page 8)

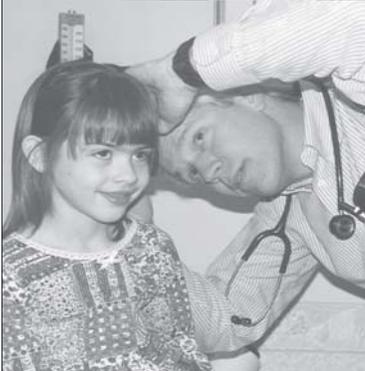
- Yahoo/MSN/AOL Instant Messenger and related toolbars
 - Gator/Gain
 - Bonzi Buddy
 - Comet Cursor
 - KaZaA/BitTorrent/LimeWire/BearShare
 - Free Smilies
 - Felix
 - Pop-up blockers
 - Games.
- Never click on a pop-up advertisement, except to close it by clicking the X in the upper right-hand corner.
 - Never click on links you receive via unsolicited e-mail.

- Leave internet shopping, bill-paying, greeting cards, games, etc., to your computer at home (if applicable).

The problems arising as a result of spyware are multiplying rapidly, and have begun to affect the performance of our PCs and the applications needed to perform our daily tasks. We must all take responsibility for reducing and eliminating this problem by observing safe practices.

Please do NOT attempt to deal with spyware on your own. If you suspect that your system may have a spyware issue, please call the IT Service Desk at 861-3444.

- The IT team



A Proud Tradition of Caring

We wish to thank all of our medical providers who work as a team to provide compassionate, quality health care to individuals and families in Central and Western Maine. HealthReach Community Health Centers serve over 38,000 people through our family of health centers located in Albion, Belgrade, Bethel, Bingham, Coopers Mills, Kingfield, Livermore Falls, Madison, Rangeley, Richmond, and Strong.

David Austin, MD
Cherry Baker, FNP
Tom Bartol, NP
William Bookheim, PA
Diane Campbell, MD
Gary Chaloult, FNP
Vickie Chapman, FNP
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Jan Whitworth, PA
Jimmie Woodlee, PA



HealthReach Community Health Centers

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STAFF NEWS

■ We are pleased to report that HRCHC employees from across our system donated a total of \$700 to UNICEF to provide relief to victims of the recent Tsunami. Many thanks to staff who were able to contribute and to **Ann Young** for initiating and helping to coordinate this effort, as well as to human resources and payroll staff for making it easy for us to donate through payroll deduction.

■ Please join me in congratulating **Jewellyn Baker** who will be assuming the role of practice manager for the Strong Area Dental Center in addition to her current role as practice manager of the Strong Area Health Center. Jewellyn will begin work at the dental center this week. Many thanks to **Norma Wing** for her work at the dental center and for helping with Jewellyn's orientation during this transition.

■ **Kate Quimby** has accepted the position of Practice Manager at the Rangeley Region Health Center and will be assuming this role officially in June 2005. She will begin a training program in February and I ask that you add her name to your general contact list when communicating issues that affect the practice manager group. Thanks and please join me in welcoming her to the Practice Manager team.

- *Connie Coggins,*
Director of Operations

Thank You!

HealthReach Community Health Centers would like to thank volunteers from RSVP (Retired & Senior Volunteer Program) for preparing our newsletters for mailing each month. We appreciate the role you play in helping us to tell our organization's story and educate the public about the important role our Health Centers play in the health and well-being of the communities we serve.

The Retired & Senior Volunteer Program offers older adults (55 and older) a more meaningful life in retirement through volunteer service. RSVP acts as a clearinghouse, matching volunteers with the needs of local non-profit organizations that are meeting high-impact community needs.

*For more information, you may contact
Ruth Saint Amand at 861-3428 or 1-800-427-1127.*

In recognition of **PROFESSIONAL SOCIAL WORK MONTH**

**HEALTHREACH
COMMUNITY HEALTH CENTERS**

would like to acknowledge and thank:

Crystal Fitch, LSW
Kathy Calder, LCSW
Kim Caldwell, LCSW
and Norma Wing, LSW

WELCOME

Lorna Adams, Housekeeper, Mt. Abram Regional Health Center; Nancy Beane, Dental Assistant, Bingham Area Health Center; Corey Farnham, Receptionist, Bingham Area Health Center; Patricia Magnusson, RN, Rangeley Region Health Center; Priscilla Ripley, Patient Account Representative, Central Office; Andrew Smith, Podiatrist, Sheepscot Valley Health Center; Louise Strickland, RDH, Strong Area Dental Center

MILESTONES

Five Years - Barbara Marston, Western Maine Family Health Center

Fifteen Years - Bonnie Largess, Bethel Family Health Center

HealthReach Community Health Centers



1. Belgrade Regional Health Center: 495-3323
2. Bethel Family Health Center: 824-2193
3. Bingham Area Health Center: Health: 672-4187 Dental: 672-3519
4. Lovejoy Health Center (Albion): 437-9388
5. Madison Area Health Center: 696-3992
6. Mt. Abram Regional Health Center (Kingfield): 265-4555
7. Rangeley Region Health Center: 864-3303
8. Richmond Area Health Center: 737-4359
9. Sheepscot Valley Health Center (Coopers Mills): 549-7581
10. Strong Area Health Center: Health: 684-4010 Dental : 684-3045
11. Western Maine Family Health Center (Livermore Falls): 897-4345
12. HRCHC Administrative Office (Waterville): 861-3400

Toll Free in Maine 1-800-427-1127

HealthReach Community Health Centers is a family of 11 federally qualified, community-based Health Centers located in Central and Western Maine. Dedicated providers deliver high quality, affordable health care to 38,000 rural and underserved residents in over 80 communities. A private, non-profit organization with a nearly 30-year history, HRCHC is funded by patient fees, grants and individual donations.



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