

HEALTH CENTER HIGHLIGHTS



Volume 2, No. 4

HealthReach Community Health Centers Newsletter

May 2004



A MESSAGE FROM THE PRESIDENT

Renewing the HealthReach National Connection

President's Note: HealthReach Community Health Centers (HRCHC) benefits from strong representation and advocacy at the state and national levels on issues that impact our organization and patients.

The Maine Primary Care Association (MPCA) supports the state's community health centers (CHCs) through advocacy, technical support and a variety of programming on the state level. MPCA programs work to increase access to care, improve the quality of care, and develop systems that support and sustain the important work that Maine's community health centers do (see also, January and March, 2004 issues of Health Center Highlights for more information on our close collaboration with MPCA on state issues).

The National Association of Community Health Centers (NACHC) provides similar advocacy on the federal level. Established in

1970, NACHC represent the interests of federally qualified health centers and serves as an information source concerning issues of health care for poor and medically underserved populations in the United States. Every year, on behalf of America's community health centers, the NACHC outlines the major Federal legislative issues CHCs are facing and works to enact a legislative agenda critical to the continued success of health centers and the patients we serve.

Recently, both Kathy Calder and I each had the opportunity to visit our nation's capital to renew our national connection. I visited with our Project Officer and Regional Administrator from the Bureau of Primary Health Care, which is the source of our federal funding. Kathy attended a NACHC event that focused on issues currently impacting CHCs across the country. Our collective experiences highlighted for us the importance of staying connected with other of our Health Center colleagues, who share similar interests and challenges. We also were reminded of the need to continue to tell our organization's story and our campaign to educate the public and opinion leaders about the important roles our Health Centers play in the health and well being of the communities we serve.

Below, Kathy has responded to my invitation to spotlight her experience in D.C. She reminds us, as she was reminded, of the importance of the work that HRCHC employees do every day.

—Stephen E. Walsh, President & CEO



HRCHC's Kathy Calder and MPCA's Kevin Lewis at the U.S. Capitol.

In late March, I had the privilege of traveling to Washington, D.C. to represent HealthReach Community Health Centers at the 29th National Association of Community Health Centers (NACHC) Policy and Issues Annual Forum.

Spring flowers adored our nation's capital - lemon and mauve, magenta and hec-

(See *National Connection*, page 2)

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Kathy Calder, U.S. Representative Mike Michaud (D-ME), and Kevin Lewis.

(National Connection, from page 1)

tic red, and, ah, cherry blossoms galore! I was honored to preview spring and become rejuvenated in HealthReach’s connection to America’s Community Health Center (CHC) movement. I was reminded about our important role in the U.S. public health system and met many dedicated providers who deliver compassionate health, dental and mental health care to CHC patients throughout the nation.

The CHC movement began in the 1960s when resources were mobilized to fight the War on Poverty. For nearly 40 years, CHCs have been offering high quality, accessible, affordable health care to people in medically underserved areas of the United States. Today, more than 14 million patients call CHCs their family doctor and health care home.

For many patients, CHCs may be the only source of health care services available. Health centers provide care regardless of insurance status or ability to pay. In fact the number of uninsured patients at health centers is rapidly growing from over 3.5 million in 1998 to over 5.4 million today. CHCs are highly regarded by patients as well as by our political leaders. Last year, the White House Office of Management and Budget (OMB) cited the Community Health Center Program as one of the 10 most successful federal programs - and *the* most successful program in all of Health and Human Services (HHS).

A major reason for health centers’ success is the high quality care we provide as demonstrated through numerous studies

over the years. CHCs have lower infant mortality rates of up to 40%. In addition, the IOM and General Accounting Office (GAO) have recognized CHCs as models for screening, diagnosing and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer and HIV.

CHCs are also cost effective. Several studies have demonstrated that CHCs save the Medicaid program at least 30 percent in annual spending for their Medicaid beneficiaries due to reduced specialty referrals and fewer hospital admissions.

In D.C., I participated in various workshops about the new Medicare drug card for seniors, Emergency Preparedness and Response, Capital Projects, Federal Administrative Updates and Health Disparities Collaboratives. I exchanged stories about successes and challenges and made connections with new colleagues.

Together with representatives of the Maine Primary Care Association and DFD Russell Medical Center (Leeds, Monmouth and Turner), I visited our Maine Senators and Representatives on Capitol Hill. We thanked them for their ongoing support, reminded them of CHCs’ work in providing excellent health care that is affordable and close to home, and requested their assistance in several initiatives promoted through NACHC:

1. To eliminate the payment cap on Medicare payments to Federally Qualified

Health Centers. This has not been adjusted for over ten years and more than 50% of CHCs are underpaid for services to Medicare recipients.

2. To advocate for allowing federal funds to be utilized for capital projects. Kevin Lewis, executive director of Maine Primary Care Association submitted a funding request for a number of Maine CHCs to assist with critical building or technology improvements.

3. To increase CHC funding by \$250 million for the next fiscal year. President Bush is already recommending a \$219 million increase to establish new sites and services. An additional \$31 million would provide base grant adjustments for all existing health centers. (Note: 100% of the Maine delegation has already responded to this request by taking the initial step of signing Senate and House letters of support).

NACHC recognized and presented awards to a number of individuals who have made enormous contributions to CHCs in their local communities. Awards were presented to many U.S. Senators and Representatives who have supported CHCs in the most recent congressional session and over the years.

It was inspiring to listen to remarks and praise for the work that we do every day in our local CHCs. Community Health Centers make a huge difference in the quality of life of many Americans.

– Katharine Calder, LCSW
Director of Development & Provider Recruitment

2003 Facts About Community Health Centers

National

- The first U.S. CHCs were established 39 years ago.
- CHCs serve as the medical home to over 14 million Americans.
- There are 3,500 health center sites across the U.S.
- 50 million health center encounters take place annually throughout the U.S.
- 70,000 people work in community health centers including many local residents.

HealthReach

- In 1975, the first HealthReach CHC opened in Bingham, Maine.
- 38,000 Maine residents and visitors use HealthReach CHCs.
- 11 HealthReach CHCs cover a 5,000 square mile area in central & western Maine.
- HRCHC provides 150,000 health center visits each year.
- 264 (193 full-time equivalents) providers, clinical & administrative support staff members work at HRCHC.

For more information about the important work of CHCs, visit <http://www.nachc.org/>.



HEALTH CENTER PROFILE

Strong Area Health Center

“Our patients appreciate the quality of care they receive,” says Strong Area Health Center (SAHC) Practice Manager Jewellyn Porter. “All Health Center employees play a role in ensuring that each patient’s visit is the best it can be.” “We all work together as a team here, we have fun,” echoes Marsha Nile, Front Office Coordinator. The variety of patients that the Health Center team care for makes their jobs “fun and interesting,” says Pam Starbird. Starbird, who has worked at the Health Center for over 15 years, says that she finds witnessing a child’s growth and development from infancy to young adulthood especially fulfilling. “One of my patients was just a baby when I first saw him, and now he’s in high school.”

Porter, Nile, Starbird and their SAHC colleagues provide a full range of primary care services to people of all ages, regardless of their ability to pay. “The most rewarding aspect of my job is caring for and getting to know multiple generations in the community,” says Dr. Ann Schwink. “We have a wonderful team Strong Area Health Center. Many of us live and have families in the communities that we serve. That connection is invaluable to the care we provide.”

COMMITMENT TO COMMUNITY HEALTH

SAHC, established in 1986, was the seventh Health Center to join HRCHC. Patients from Avon, New Vineyard, Phillips, Strong, Farmington and surrounding towns utilize Health Center services. During the summer of 2001, thanks to a successful collaboration between staff and community members, SAHC moved into its new building, located at 177 North Main Street.

In 2003, an expansion to the Health Center created a state-of-the-art Dental Center. Health center patients now enjoy the convenience of having their oral health care needs delivered at the same site that they visit for primary care services. In 2003, over 2,300 patients received care at the Health Center, and the Dental Center provided oral health care services to over 1,000 patients.

Prefer E-mail?

If you receive a printed version of *Health Center Highlights* by mail and would prefer to receive an Acrobat .pdf version of the newsletter by e-mail, please contact us at HRCHC@healthreach.org and provide us with your name, organization, and e-mail address. You will then be removed from our mailing list and added to our electronic distribution list, which will also save the organization postage expense.

SAHC AT-A-GLANCE



HEALTH CENTER

Year Established: 1986

Service Volume: Over 2,300 patients and 9,600 visits in 2003

Services Provided: A full range of primary care services, minor office surgery, community resource referrals and dental care (see also, below)

Practice Manager: Jewellyn Porter

Medical Providers: Ann Schwink, DO; Karen Nalle, PA; Linda Seabold, PA

Clinical Support Staff: Karen Campbell, LPN; Carolyn Deming, LPN; Stephanie Hemingway, RN; Pam Starbird, LPN

Administrative Support Staff: Lisa Berry, Medical Records Clerk; Sandy Haines, Receptionist; Pasha Lehigh, Receptionist; Marsha Nile, Front Office Coordinator

DENTAL CENTER

Year Established: 2003

Service Volume: Over 1,000 patients and 3,500 visits in 2003

Services Provided: Preventive care, education, emergency services, restorative services, periodontal care and extractions

Practice Manager: Norma Wing, LSW

Dental Providers: Katherine Heer, DMD; David McMillan, DMD; Robert Myshrall, RDH; Sharon Smith-Bouchard, RDH; Lynn Darlene Thomas, RDH

Dental Assistants: Shannon Allen, Shonda Copeland, Donna White

Administrative Support Staff: Nancy Crosby, Dental Receptionist; Ryan Hemingway, Front Office Coordinator; Doreen Pingree, Dental Receptionist

Earlier this year, the Dental Center was pleased to welcome its new dentist, Dr. Katherine Heer (see also, dental-related articles in February 2004 issue of *Health Center Highlights*.)

As part of its commitment to preventive care, SAHC offers patients the opportunity to utilize the Scorekeeper Health Assessment Program that has been made available to them through a contractual arrangement with Franklin Memorial Hospital. After an initial health screening, patients return for detailed information related to their overall health status and are educated about their health risk areas. A Health Action Plan identifies preventive measures they can take to establish and maintain good health. These may include making lifestyle adjustments such as smoking cessation or steps to take to reduce cholesterol or blood pressure.

SAHC also serves as a resource to the local school system in Strong. Through contractual arrangements, a Health Center nurse, Stephanie Hemingway, RN, sees students who are sick or injured, administers vaccinations, provides health screenings, and advises teens on health issues.

Thank you, SAHC and SADC employees, for the role that you play in maintaining the health and well being of your community.



Q&A on Confidentiality

For the past couple of days I have been listening to the 9/11 Commission explore what might have been done to prevent the terrorist attacks of that day. The segments of the discussions I have heard have been intense, thought-provoking and respectful. They remind me very much of our discussions when we have a compliance issue to resolve. Although the 9/11 Commission is wrestling with life or death issues, the questions they are asking are the same ones we ask ourselves: How did this happen? Who and what processes were involved? What do we need to change to prevent it from happening in the future?

The similarities end there of course. Our compliance issues are much simpler and the power to change what we do to fix a problem is generally within our control. Our goal is always the same: Go about the business of caring for our patients with integrity.

On a more specific note, I recently received a question from a staff member. "It is a situation that happens fairly frequently. A patient comes whom I know on a personal level and that patient says in leaving, 'Tell your husband that I said hi.' Of course if I do that, my husband would know that in all likelihood that I saw that person at the HC. Would it be a breach of confidentiality?"

My first reaction was that technically relaying the message to your family member was a breach of confidentiality and that you should ask the patient if he minds that your husband knows he was at the Health Center. But then the person raising the question quite rightly challenged me about the issue of implied consent.

Implied consent means that this person gave you permission to share his information by asking you to take a message to your husband. He did not directly say it was okay to reveal where you saw him, but that the way the "say hi" message was put implied that it was okay. So, on reconsideration and consultation with an attorney, I think there was implied consent in this situation.

This may seem like excessive concern over one simple question. Yet it is the simple, everyday transactions that we take for granted that can cause difficulty if we don't think them through. So go ahead, say hello to your husband from that friend you saw today at the Health Center. But when your husband asks if he is well or if he looked better or how his cousin Maud is, end the conversation there. Explain (if you need to) that if you were to say any more about the person, it would be a breach of confidentiality.

Please continue to send along your questions to: sfirth@gwi.net. - Sarah Firth, Corporate Compliance Officer

All About New Directions

Editor's Note: HealthReach Community Health Centers provides mental health and substance abuse services at each Health Center through cooperative arrangements with other organizations and individuals. New Directions staff are available at many of our Health Centers.

New Directions, part of HealthReach Network, is the substance abuse and mental health outpatient counseling and medication management arm for MaineGeneral Health. We are part of the larger network of behavioral health services offered through MaineGeneral that includes inpatient, residential, detoxification, intensive outpatient, partial hospitalization and case management services. As part of this network, we are able to coordinate our services with other MaineGeneral providers to offer a comprehensive package to clients. New Directions, with offices in Augusta, Waterville, Skowhegan, Farmington and in many of the HealthReach Community Health Centers throughout central and western Maine, has over twenty-five clinicians. The staff consists of social workers, counselors, psychiatrists, masters-prepared nurse practitioners and substance abuse counselors. We provide individual, family and group therapy, as well as medication management for a variety of mental health and substance abuse related issues. We have expertise in trauma, substance abuse, depression, grief work, parenting, anxiety disorders and stress management.

To make referrals or ask questions, please call our offices in Augusta (626-3420), Waterville (873-5707 or 1-800-343-0191), Farmington (778-4851), call our registration office (1-888-826-2101), or talk with your Health Center Provider. Below is a list of New Directions staff within eight of the HRCHC locations

- Dick Watson, Program Coordinator

Table with 4 columns: CLINICIAN, LOCATION, AREAS OF TRAINING, POPULATION. Rows include staff members like Roberts, Grace, LADC; Swegart, Robert, LCSW; Laban, Katrine, LCPC, LADC; Russin, Kathy, LCSW; Feldeisen, Jean, LCSW, LADC; Blanchard, Steve, LCPC.

EMPLOYEE SPOTLIGHT

Joyce Beane, LPN



I enjoy caring for our patients. We see such a variety of people – from infants to senior citizens and all ages in-between. It is rewarding to watch the little ones grow up. And I have always found working with the elderly particularly satisfying,” says Madison Area Health Center’s (MAHC) Joyce Beane, LPN.

Joyce, who has over 20 years of health care experience, recently celebrated her 10-year anniversary with HealthReach Community Health Centers. At MAHC, Joyce provides one-on-one nursing support to Charles A. Staley, M.D. She also serves as the Health Center’s vaccine coordinator. In this role, Joyce provides patient education and tracks vaccinations to ensure they are documented properly and administered on schedule. Prior to joining HRCHC, Joyce worked at the Somerset Rehabilitation & Living Center (formerly Bingham Nursing Home).

“Joyce is an absolute joy to work with. I look forward to seeing her smile every morning when I arrive at the office. She works hard, organizes my day, and makes everything run smoothly,” says Dr. Staley. “She is also just fun to be around.” Practice Manager Barbara Belliveau agrees: “Joyce has such a positive attitude. She always has a smile on her face and is willing to listen and assist as needed. We are blessed to have

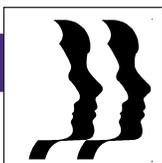
her as a member of the MAHC team.”

Joyce reports that it is her team members that make the Health Center a special place to work. “We are close – like a family, and all are very caring and helpful to one another,” she says. She particularly enjoys the occasional MAHC employee “dinner and bowling events” at which she reports, “all let their hair down for an evening and have a lot fun together.”

Remarks from Joyce’s team members indicate that the feeling of camaraderie is mutual – they simply cannot say enough about her. “Joyce is kind and caring. Patients and staff love her,” says Lisa Mann, RN. “She is a wonderful co-worker and friend. I have learned so much from her,” reports Cheryl Welch, RN. “She is always there to help,” says Brenda French, CMA. Robert Underwood, PA-C describes her as “exceptional.” All appreciate her cheerfulness and ability to deliver a laugh. “She’s always got a joke and gets everyone to lighten up even on the busiest of days,” says Rosalie Martikke, LPN. “She thinks of others before herself... she’s just one of those people who truly touch the lives of others in a great way,” she adds. “Joyce makes the title of ‘nurse’ as special as it was meant to be,” says Pam Dawes, Charge Entry-Receptionist.

Joyce spends most of her free time enjoying family. She is celebrating her 45th wedding anniversary this year, and has eight grandchildren, one great-granddaughter and another great-grandchild on the way.

Thank you Joyce! You are a gift to the community.



HUMAN RESOURCES

100% Direct Deposit & Mileage Reimbursement Rate Adjustment

There have been a few Human Resources-related changes that we’d like to report:

Direct Deposit of Paychecks

All new HRCHC employees are now required to use Direct Deposit for their paychecks. In addition, this change will be implemented for all current staff effective July 1, 2004.

According to MaineGeneral Health, whose Payroll Department provides services to HRCHC through our Management Services Agreement with HealthReach Network, this change is part of the department’s performance improvement process that will not only cut staff time, but significantly reduce costs.

Many Maine employers who have this system in place report that staff like it because it is convenient; staff do not have to go to the bank to cash their checks, and their money is available on pay day, even if they are out sick or on vacations. Employees report that they don’t know how they man-

aged without it, because this saves them so much time. Direct deposit also eliminates the risk of stolen paychecks, and helps employees manage their money.

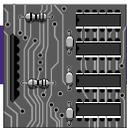
You may request that your paycheck be deposited directly into several accounts, in any bank or credit union, thus assisting you in setting up a savings plan.

Practice Managers and Supervisors have been providing information to staff about how direct deposit works, how to sign up, and a list of banks convenient to each of our Health Center service areas. We hope all enjoy the benefits of this change and the convenience that it offers.

Mileage Reimbursement Rate Adjustment

Effective July 1, we will be implementing an increase in our mileage reimbursement rate to \$0.34/mile.

- Sarah Seder, Director of Human Resources



Creating a E-mail Distribution List

Distribution Lists are a great way to organize your personal Outlook contacts. In addition to that, the ability to choose one list and send an e-mail to everyone on that list is a good way to speed up your e-mails to multiple people. Here is how to set one up:

In Microsoft Outlook:

- 1) Click Tools
- 2) Go to Address Book
- 3) In Address Book, click on File
- 4) Then click on New Entry
- 5) In the New Entry window, click on New

Distribution List, and OK

- 6) You will then be in the Distribution List Properties. Type the name of the group you would like to create, i.e., CHC Directors
- 7) Then click on Select Members
- 8) Select the names you would like to have in the group and click Members. The name you've selected will show up under the Add to Distribution List box.
- 9) Once you have the members you want in the Personal Distribution List box, click OK.
- 10) You will now see the names you selected in the Personal Distribution List Properties window. Click Save and Close.

11) You now have a Group Distribution List in your Personal Address Book under your Contacts!

To remove a name from a Distribution List grouping, follow the same steps as above, except in #8 under the Personal Distribution List box, delete the name you wish to remove.

We hope that you find this helpful, and useful in simplifying your e-mail process.

Happy Computing!

- The IT Team

Have you checked out the HRCHC website lately?

We invite you to visit us at:
www.HealthReachCHC.org

Some of the highlights you will find include:

- **About Us** - Our mission, services and history
- **Contact** - Our 11 community health centers and the services at each
- **Employment** - Positions within the organization & employee benefits
- **Links** - Both Maine & national resources
- **News** - This newsletter, our archived newsletters, a monthly health tip & press releases
- **Outreach** - Special programs at some of our locations
- **Patients** - Everything you need to know as a patient - appointments, insurance, lab, prescriptions, referrals
- And much more...

Enjoy! Come back frequently.
We welcome your feedback.

Thank You!

In recognition of Nurse's Week, HRCHC would like to honor and thank:

BELGRADE REGIONAL HEALTH CENTER: A. FAYE, NYE, RN; KELLY SEEGMILLER, RN; LINE GAY, RN; LORI MCINTOSH, LPN

BETHEL FAMILY HEALTH CENTER: LINDA MARCHILDON, MA; CYNTHIA, CUSHMAN, MA; LEEANN WRIGHT, MA; SUE MARTIN, RN; CATHY GODWIN, RN; KIMBERLY LOCKHART, RN; TAMMY HADLEY, RN; JEANNINE THORNTON, LPN; LINDA VIEWEG, LPN; BONNIE LARGESS, MLT; LINDA ROSENBERG, RN

BINGHAM AREA HEALTH CENTER: LINDA GARLAND, RN; ELLEN TEWKSBURY, LPN

LOVEJOY HEALTH CENTER: PATRICIA ROY, RN; PAULA DUBE, RN; ROBIN CHADBOURNE, RN; JEANNE ALLEY, LPN; LATRICIA DAMRON, LPN; ELAINE JOHNSON, LPN

MADISON AREA HEALTH CENTER: BRENDA FRENCH, MA; LISA MANN, RN; CHERYL WELCH, RN; ROSALIE MARTIKKE, LPN; GERMAINE BEANE, LPN

MT. ABRAM REGIONAL HEALTH CENTER: PAMELA BROCHU, RN; WENDY POND, RN; CYNTHIA ATWOOD, LPN; DULCEY HOLBROOK, LPN; MARILYN HOWE, LPN

RANGELEY REGION HEALTH CENTER: DEBORAH LIBBY, MA; VICKI BEAN, MA; MARGARET LEE, LPN

RICHMOND AREA HEALTH CENTER: ETHEL NOILES, CLINICAL TECHNICIAN; CHRISTINE HOLZINGER, MA; DANIELLE SEIGARS, CLINICAL TECHNICIAN; MELISSA CROXFORD, MA; DEBORAH CRAIG, LPN

SHEEPSHOT VALLEY HEALTH CENTER: WILMA, WARE, MA; ROXANN LIZZOTTE, MA; PHYLLIS NICHOLS, RN; RACHELLE, HORN, RN; PATRICIA DUMAS, LPN; SHIRLEY BAILEY, LPN; KATHRYN NICHOLS, LPN; PATRICIA TURNER, LPN

STRONG AREA HEALTH CENTER: LAURIE-ANNE TARGETT, RN; STEPHANIE HEMINGWAY, RN; PAMELA STARBIRD, LPN; CAROLYN DEMING, LPN; KAREN CAMPBELL, LPN; ROSALIE BATES, LPN; NADENE PILLSBURY, LPN

WESTERN MAINE FAMILY HEALTH CENTER: ANN BARNETT, RN; LILLIAN LEWIS, MA; CATHERINE CORBIN, MA; DIANE MABERRY, MA; ROBIN BOIVIN, MA; BERNADETTE DEMILLO, MA; DIANE PEARSON, MA; WENDY ELLIOTT, MA; KATHLEEN BONNEY, MA; EILEEN CASTONGUAY, LPN; LISA FIELD, LPN

FLOAT MEDICAL ASSISTANTS: LIBBY ST. PIERRE, MA; KAREN TAYLOR, MA; KAMMY CUTTEN, MA

CENTRAL ADMINISTRATION: CHRISTA DILLIHUNT, RN, DIRECTOR OF PERFORMANCE IMPROVEMENT AND CLINICAL SUPPORT SERVICES; JENNIFER BENNETT, RN, ASSISTANT DIRECTOR OF OPERATIONS



Lovejoy Health Center to Apply to Join next Diabetes Health Disparities Collaborative

HRCHC's Lovejoy Health Center (LHC), located in Albion, plans to apply to join the Bureau of Primary Health Care (BPHC) Diabetes Collaborative during the next enrollment period, expected in the fall of 2004. LHC's participation in the collaborative demonstrates our commitment to quality care, chronic disease management and reducing health disparities among diverse populations.

The BPHC is part of the U.S. Department of Health and Human Services. It is responsible for funding programs to expand access to high quality, culturally competent primary and preventive care for underserved and uninsured Americans. The BPHC supports over 3,500 communities and 12 million people. It enables over 2,500 Providers to deliver primary health care to almost 4 million Americans in communities that have a shortage of health professionals.

"In 1999 the BPHC set an ambitious goal: Eliminate health disparities for 12

million underserved Americans, and guarantee them 100% access to quality health care by 2010." In order for the BPHC to achieve this goal, they have made it a requirement that all Community Health Centers in the United States that receive federal money participate in a Health Disparities Collaborative.

As a key element of achieving this goal, the BPHC is sponsoring a series of Health Disparities Collaborative for health centers across the country. The Collaboratives bring together Health Center teams for about 12 months under the guidance of national experts, to stimulate rapid improvements in care. The BPHC Collaboratives currently focus on specific chronic diseases: Diabetes, Asthma, Cardiovascular Disease, Depression and HIV/AIDS.

In 1999, 88 Community Health Centers participated in the first Diabetes Collaborative. In 2000, the second Diabetes Collaborative included another 120 Health

Centers. Using a "Care Model" that specifies the essential elements of excellent care, these health centers have already achieved impressive results.

"The exciting thing about the [participants in the] Health Disparities Collaborative is that they are right at the front line where they can make a difference for every patient in every Health Center in the country," says Marilyn Hughes Gaston, MD, Director of BPHC. "We know what good care is, but too often there's a gap between what we know and what we do. By changing systems, we're changing that gap, and we can prove it. Health Centers that have participated in the Health Disparities Collaborative have already shown impressive improvements in the health of whom they serve."

Look forward to more information and updates on this initiative in future issues of *Health Center Highlights*.

- Christa Dillihunt, RN

Director of Performance Improvement and Clinical Support Services

Community Focus: HealthCare Forum for Seniors

A Health Care Forum for Seniors will be Held in Kingfield on May 25th. "Leading Seniors through the Health Care Maze," will answer many of the frequently asked questions about the changing health care system, including: MaineCare eligibility and benefits, Medicare drug cards, and Dirigo. Basic information about estate recovery and related resources will also be addressed.

Co-sponsored by Mt. Abram Regional Health Center, HealthReach Community Health Centers, the Kingfield United Methodist Church, the Maine Primary Care Association, and Legal Services for the Elderly, the health forum will take place at Webster Hall in Kingfield on Tuesday, May 25 from 1:30 p.m. to 3:30 p.m. Presentations will be 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.

Giving Opportunities at HealthReach Community Health Centers

The mission of HealthReach Community Health Centers (HRCHC) is to provide high quality health care to residents of all ages in underserved areas of central and western Maine.

Over the years, we have received a number of generous grants from federal, state and private sources as well as from individual donors. These have enabled us to offer Sliding Fee Services to patients who qualify as well as to initiate various outreach and education services. Examples include dental services, parenting programs, domestic peace initiatives, health education programs and rural outreach services.

You may want to consider a donation of time, money, goods or services to the organization or to an individual Health Center. Or, you may have recommendations about a grant source or foundation that might consider supporting the important work of the Health Center in your community. We look forward to speaking with you.

If you would like information about how you can contribute to HealthReach, please contact our Development Office at 207-861-3466 or by e-mail at: HRCHC@HealthReach.org. We will be pleased to discuss current priorities and opportunities.

- Katharine Calder, LCSW

Director of Development and Provider Recruitment

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.

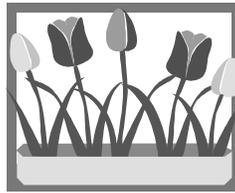
The Retired & Senior Volunteer Program offers older adults (55 and older) a more meaningful life in retirement through volunteer service. RSVP acts as a clearinghouse, matching volunteers with the needs of local non-profit organizations that are meeting high-impact community needs.

STAFF NEWS

■ **Sheepscot Valley Health Center** - Barbara Moss, DO, Wilma Ware, MA and Christine Saban will be participating in the next MaineHealth Diabetes Collaborative that will be starting at the end of May.

■ **Lovejoy Health Center** - Lynn Cote, FNP, recently completed an adoption awareness program which qualifies her as an Adoption Specialist. In this role, Lynn is a resource for clinicians, adopting parents and birth parents. For more information, you may contact her at 437-9388.

Welcome Spring!



MILESTONES

Twenty-five Years - Deborah Bloomstein, Lovejoy

Ten Years - Judy Quimby, Rangeley; Crystal Fitch, LSW, Strong; Alice Stevens, Bethel; Terry Hartfod, Sheepscot

Welcome - Mary Bunker, DO, Richmond; Donald Dubois, MD (per diem), Bingham; Marguerite Farrell, Patient Accounts Representative, Highwood; Christine Holzinger, MA, Richmond; Leeann Wright, MA, Bethel

Farewell - Lonna Downs, Receptionist, Bethel; Karen Fitzgerald, Receptionist, Bethel; Kathleen Ford, Receptionist, Bethel; Nancy Merrill, MA, Sheepscot; Jerry Murray, Housekeeper, Lovejoy; Janice Pycha, RN, Lovejoy, Jodi Worth, Receptionist, Richmond

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 healthcare to 38,000 rural and underserved residents in over 80 communities. A private, non-profit organization with a nearly 30-year history, HRCCHC is funded by patient fees, grants and individual donations.

www.HealthReachCHC.org

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Rangeley Region Health Center: 864-3303
Richmond Area Health Center: 737-4359
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Strong Area Health Center: 684-4010
Strong Area Dental Center: 684-3045
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