

# Health Center Highlights



Volume 2, No. 6

HealthReach Community Health Centers Newsletter

September /October 2004

(Now published bi-monthly, see editorial note page 11)



## A MESSAGE FROM THE PRESIDENT

### A Successful Year

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

June 30<sup>th</sup> marked the end of another fiscal year for HealthReach Community Health Centers. It was the most challenging year for the organization since becoming a stand-alone entity in 1999. As I reflect on the year, a handful of prominent events come to mind.

We began the year by asking employees to make personal sacrifices so that the organization could achieve a higher degree of financial stability. Employees stepped up to the plate with more than 50 staff members accepting reductions in hours, thus minimizing the number of employees having to be displaced. All shared in some

adjustment to compensation. Thank you.

Immediately following the implementation of those adjustments we were notified of the Governor's plan to cut Medicaid reimbursement to FQHCs. As originally outlined, his plan would have reduced HealthReach's funding by approximately \$500,000. We could not have absorbed a cut of that size without eliminating services. Thankfully, many Health Center supporters reached out to opinion leaders across the state. In the end, the Governor's plan did not include significant cuts to FQHC reimbursement.

In the fall of 2003, HealthReach's first comprehensive dental program was put at serious risk when its full-time dentist left the practice unexpectedly. Thanks to the confidence and commitment of the Dental Center's remaining professional and support staff, and working under a "public health supervision" arrangement approved by the Maine Board of Dental Examiners, the practice remained open while we recruited a new dentist. In February of 2004, **Dr. Katherine Heer** joined the Strong dental team. Since that time, the practice has continued to grow, establishing a reputation for quality, compassionate dental care for patients of all ages.

Our efforts to work through these issues have had a direct bearing on

HealthReach's financial performance for the year. Preliminary data suggest we will end the year with a small surplus. This is a dramatic improvement over our performance just two years ago when we experienced an operating loss in excess of \$200,000. I believe next year's performance will be stronger still.

While financial challenges will always exist for our organization – it is the nature of what we do – we can overcome just about any obstacle with creative solutions and flexibility. Thank you for all you do. I look forward to many years of continued success for our organization.

- *Stephen E. Walsh, MHA*  
President & CEO

Health Center Highlights is published bi-monthly by:

## HealthReach Community Health Centers

Administrative Office:  
8 Highwood Street, P.O. Box 1568  
Waterville, ME 04903  
Phone: (207) 861-3400, 1-800-427-1127  
Fax: (207) 861-5519

Managing Editor: Jill Conover  
Graphic Designer: Bridget Campbell

Please send article ideas/submissions,  
comments, or suggestions to:  
Jill Conover, Director of Communications, at  
Jill.Conover@HealthReach.org

[www.HealthReachCHC.org](http://www.HealthReachCHC.org)

## INSIDE THIS ISSUE:

Bingham Opens Dental Program . . . . .	2
Belgrade Regional Health Center . . . . .	3
Clinical Side . . . . .	4
Caring for the Middle-Aged and Elderly . . . . .	5
Employee Spotlight: Shelley Hickey, FNP . . . . .	5
Health Tip: Cholesterol, The Good and Bad . . . . .	6
Employee Rewards and Recognition . . . . .	7
Employee Health Services: Stretching . . . . .	8
Human Resources . . . . .	9
United Way Campaign . . . . .	10
Staff News . . . . .	11
Milestones . . . . .	12

# Bingham Area Health Center to Begin Offering Dental Services

Starting this fall, residents of Bingham will have access to quality oral health services, regardless of their ability to pay. HRCHC's Bingham Area Health Center (BAHC) plans to begin offering dental services to its patients in October. Dental services will be available part-time at the Health Center. Services will include: Dental education, preventive care, x-rays and oral exams, restorations, crowns and bridges, whitening, periodontal care, sealants, consultations and referrals, and extractions.



*Victoria Matthews, DDS*

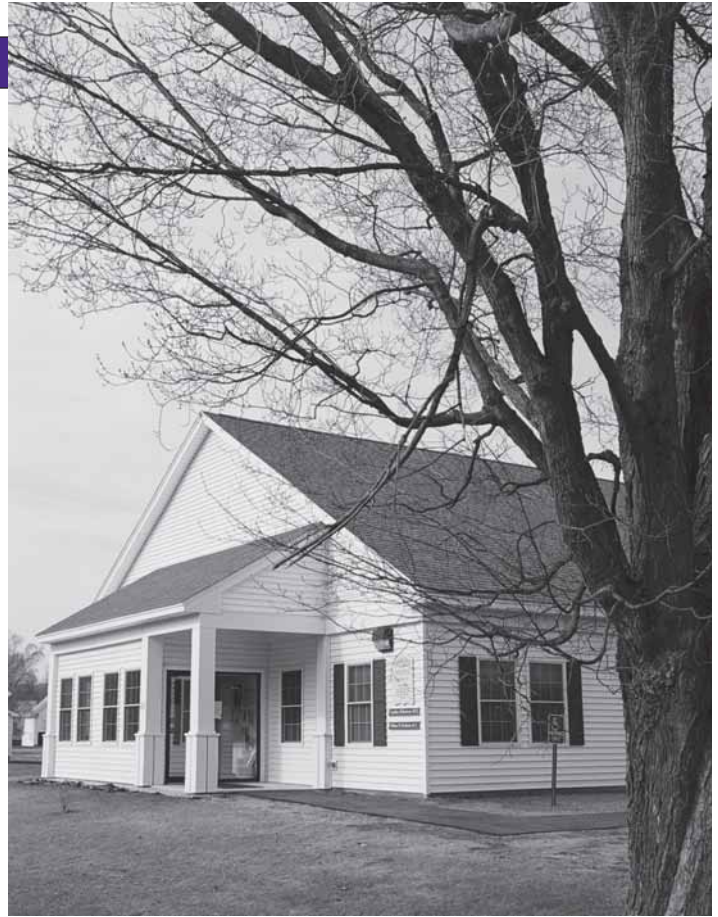
State-of-the-art dental technology, including digital radiography, chairside computer charting and intra-oral imaging will be offered.

Patients of all ages will be welcome, dental insurance (including MaineCare) will be accepted, and reduced fees for services will be available to those who qualify.

**Victoria Matthews, DDS** has been hired as the Health Center's dentist. Dr. Matthews, who has over 18 years of dental experience, is proud to bring gentle, family dentistry to Bingham. "The need for dental services in the area is great. I look forward to fulfilling an important gap in community services," she says. Reflecting on her approach to dental care, Matthews emphasizes that "prevention is the cure" and that dental care "is health care, not just grooming." She finds her work most satisfying, she says, because of the opportunity it presents to make a difference in the lives of her patients. "I was impressed by the spirit and support of the Bingham community when I recently attended an art gallery opening at the Health Center," she adds.

Matthews grew up in Thomaston, Maine. Prior to joining HRCHC, Matthews practiced general dentistry in Chicago, nearby where she completed her dental education at Northwestern University Dental School. During her time away from Maine, Matthews visited frequently, enjoying summer visits to her family's cottage in the area. She has appreciated returning to the quality of life and community focus that is part of our culture, she says. Since relocating back to the state, Matthews has offered interim dental services in several Maine locations.

In addition to Matthews, **Bob Myshrall, RDH**, a current



HRCHC hygienist at Strong Area Dental Center, part of Strong Area Health Center, will also provide dental care at BAHC. **Norma Wing**, who has been managing the dental practice in Strong since April of 2003, will also serve as Dental Practice Manager at BAHC. A Dental Assistant will round out the dental team.

The new dental services at BAHC have become available through the assistance of a development/expansion grant awarded to HRCHC by the Maine Oral Health Program, Department of Human Services, with funding from the Fund for a Healthy Maine. Renovations to the existing Bingham Area Health Center will enable oral health services to be offered at that facility. HRCHC is evaluating the feasibility of developing a future more comprehensive dental program at the site.

"Our organization, with the dedicated support of the Health Center staff and local Health Council community members, has been exploring ways to bring a new oral health resource to Bingham for several years," said **Stephen Walsh**, HRCHC's President & CEO. "Oral health is such a critical part of overall health, and we will be proud to offer these additional services through our Health Center."

For more information about dental services that will soon be available at BAHC, you may call 672-3519.



## HEALTH CENTER PROFILE

### Belgrade Regional Health Center

“The reason I went into nursing was because I love people and medicine. It’s especially rewarding working with everyone here at the Health Center, laughing with patients, and helping them,” says **Faye Nye**, RN, who has worked at the Belgrade Regional Health Center (BRHC) for 16 years. “Living and working in such a scenic area is an added bonus,” she says.

BRHC, which opened in 1977, was the third HealthReach Community Health Center. BRHC’s team of dedicated staff provide a full range of primary care services to people of all ages, regardless of their insurance status or ability to pay. In 2003, over 2,500 patients received health care services at BRHC.

Located in the heart of the Belgrade Lakes region, the Health Center’s patients are a mix of year-round residents and summer visitors. “Many of our summer guests return to us year after year. We look forward to seeing them as much as they seem to enjoy coming back to us. The front office staff and the nurses create a very relaxed yet professional atmosphere that all of our patients seem to appreciate,” says Practice Manager **Deborah Rocque**. “Our providers often remark on how great a support staff they have and how kind and caring they are to the patients,” she adds.

BRHC staff members take pride in their collective contribution to the health and well-being of their community. “I love working in my own town. It’s kind of like *Cheers* where ‘everybody knows your name,’” says **Wendy Macdonald**, Front Office Coordinator. “The Health Center patients are nice, and there is super support from fellow staff members,” says **Lori McIntosh**, LPN. **Janelle Sylvester**, Front Office Coordinator, sums up sentiments shared by BRHC staff: “Having grown up in Belgrade Lakes, I feel

#### BRHC AT-A-GLANCE



**Year Established:** 1977

**Services Provided:** A full range of primary care services for the entire family (except obstetrics). Physicians provide hospital care at MaineGeneral Medical Center in Waterville.

**Service Volume:** Over 2,500 patients and nearly 9,000 visits in 2003

**Practice Manager:** Deborah Rocque

**Medical Providers:** Diane S. Campbell, MD; Marvin J. Lee, MD; Vickie Chapman, APRN

**Clinical Staff:** Line Gay, RN; Lori McIntosh, LPN; Faye Nye, RN; Kelly Seegmiller, RN

**Administrative Staff:** Gail Carrano, Medical Records; Mary Decker, Transcription; Sue Laney, Reception; Wendy Macdonald, Front Office Coordinator, Referrals; Janelle Sylvester, Front Office Coordinator, Charge Entry, Referrals

**Central Billing’s BRHC Patient Account Representative:** Marguerite Farrell

working at the Health Center is a way I can give back to the community.” Sylvester attended primary school in the Health Center building, which was formerly an old, two-room schoolhouse. She admits that although her unique history with the building makes working there a bit more fun, she is looking forward to a new facility.

The BRHC community Board earlier this year launched a capital campaign to fund a new Health Center. With over 9,000 patient visits last year, more space is needed in order to comfortably accommodate patients and staff. A larger building will provide for additional exam rooms and a larger waiting room, which will make it possible to staff all three providers at one time. “Our physical plant does not reflect the quality of care that we provide,” says **Diane Campbell, MD**. “We need more space, and this is a great opportunity for the community to work together on a project that will serve all of our neighbors.” According to **Bill Getty**, community Board President, the Board has identified a possible location for a new Health

Center on Route 27 and is engaged in active discussions with the owner of the site. For more information on the capital campaign, you may contact **Jack Sutton**, community Board Capital Campaign Chair, at 495-3498.

For their contribution, the staff, led by talented quilters **Gail Carrano**, Nye, and Sylvester, completed a quilt, “Lady of the Lake,” that was sold by raffle. Each and every staff member contributed in one way or another to the project.

Thank you BRHC providers and staff and members of the community Board for your continued commitment to the Belgrade Lakes community.



## FROM THE CLINICAL SIDE

### Bureau of Primary Health Care Health Disparities Collaborative *Lovejoy Health Center's Application Submitted*

In order for the Bureau of Primary Health Care (BPHC) to achieve their ambitious goal to “eliminate health disparities for 12 million underserved Americans, and guarantee them 100 percent access to quality health care by 2010,” they have made it a requirement that all Community Health Centers in the United States that receive federal money (including HRCHC) must participate in a Health Disparities Collaborative at some time during their grant cycle (see also, May and July issues of



*Christa Dillihunt*

#### *Health Center Highlights.)*

To help achieve this goal, the BPHC is sponsoring a series of Health Disparities Collaboratives (HDCs) for Health Centers across the country. The Collaboratives bring together Health Center teams for about 12 months under the guidance of national experts to facilitate rapid improvements in care. The next enrollment to participate in a BPHC Collaborative will focus on two specific chronic diseases: Diabetes and Depression. HRCHC's Lovejoy Health Center, located in Albion, recently applied for the Diabetes Collaborative.

The application for participation in the BPHC Collaborative is a comprehensive and competitive process. Each Health Center across the country that wishes to participate in a Collaborative must complete a detailed application. Once the application is received by the BPHC, it is reviewed by a team of experts and scored. A member of the team of experts then conducts a telephone interview with the Health Center applicant's Physician leader and



the Chief Executive Officer. The responses given during the telephone interview are also scored. The score for the application and the score for the interview are added together to compute the final score for that Health Center's application. There are only 30-35 available openings in this Collaborative enrollment period. Over 90 Health Centers have applied. The scores help the team of experts to determine which Health Centers will be accepted into this round of the Collaborative.

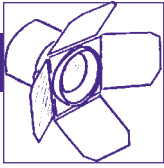
The Collaborative application required that five of seven essays be answered. Specific information about the Health Center's electronic capabilities (e-mail and internet access, electronic medical record, etc.) as well as information about the leadership of the organization was requested. One of the essays asked why Lovejoy wishes to join the Diabetes Collaborative. The response explained that Lovejoy Health Center has approximately 400 patients with diabetes. In 2003, Lovejoy reviewed the care of patients with diabetes and identified many things that they do well and a few areas for

improvement. Lovejoy's team was able to explain what they hope to learn from participation in the BPHC Diabetes Collaborative and how that will improve the care of their diabetic patients.

Lovejoy's Diabetes Collaborative team completed the application on-line and submitted it electronically in mid-July. The whole team participated in the telephone interview on the first of September. Next, the BPHC team of experts meets to decide which Health Centers will be accepted for this enrollment period. Each Health Center applicant will receive notification regarding acceptance or rejection for this BPHC Health Disparities Collaborative by the end of September.

We wish to congratulate Lovejoy's Diabetes Collaborative team for their excellent team work. We all hope Lovejoy Health Center is accepted into this round of the BPHC Diabetes Collaborative series. Good luck!

*- Christa Dillihunt,  
Director of Performance  
Improvement &  
Clinical Support Services*



## EMPLOYEE SPOTLIGHT

### Welcome Shelley Hickey, FNP *Richmond Area Health Center*

HealthReach Community Health Centers is pleased to announce that **Shelley Hickey, FNP**, has joined the medical staff of Richmond Area Health Center. Hickey joins **Linda Hermans, MD, Mary Bunker, DO, and Tom Bartol, NP** in providing family health care to people of all ages, regardless of their insurance status or ability to pay.



*Shelley  
Hickey, FNP*

Hickey is a familiar face at the Richmond Area Health Center. While completing her education, she completed clinical rotations at the Health Center each semester for two years and over the summer months. Hickey completed her Master of Science in Nursing degree at the University of Southern Maine. “I am enjoying the opportunity to continue my relationships with the staff and provide care to Health Center patients,” says Hickey.

Hickey’s desire to practice medicine in Richmond is tied to her commitment to rural health. “The desire to positively impact people’s quality of life and the overall well-being of a community is what inspired me to go into medicine. Serving as a medical provider at this Health Center provides

me with countless opportunities within my own community,” she says.

Hickey’s previous experience includes serving as a Registered Nurse at a regional medical center and contributing to two of Maine’s leading health care organizations. As an Americorps Promise Fellow at the Maine Ambulatory Care Coalition (now known as the Maine Primary Care Association), Hickey worked with community Health Centers and coalitions on the Covering Kids and Teens Campaign to increase enrollment in the Medicaid and Cub Care health insurance programs. Previously, she served as a member of the Maine Medical Association’s management team. Hickey also assisted with the development of the State of Maine Department of Human Services’ federal grant for the Breast and Cervical Health Program that was launched in the early 1990s.

Hickey is excited about working with patients of all ages and says that she has a special interest in adolescent health. Her approach to medicine, she says, is one of “integrated health care that treats the whole person.”

Please join us in welcoming Shelley to the team.

## The Role of Community Health Centers in Caring for the Middle-Aged & Elderly

According to a recent National Association of Community Health Centers (NACHC) report, Health Centers across the nation served over 800,000 more middle-aged patients than they did seven years ago.

Other highlights of the NACHC report include the following facts:

- Federally funded Health Centers across the U.S. served nearly 184,000 more patients age 65 and older in 2002 than they served in 1997.
- Patients age 45-64 made up 18% of all patients nationally. Elderly patients made up 7% of all patients. While the proportion of elderly relative to all patients has remained steady since 1997, the middle-aged is the only age group that has steadily risen over the same time period.
- Elderly patients are more likely to reside in rural areas, while middle-aged are slightly more likely to reside in urban areas. Given that the middle-aged are the fastest growing age group, the elderly population at Health Centers may become more evenly divided among urban and rural Health Centers in the future.
- Health Center middle-aged and elderly tend to report higher rates of chronic conditions than the general patient population. Furthermore, Health Centers serving higher proportions of middle-aged and elderly also have higher rates of diabetes, heart disease, and hypertension.

Last year HRCHC’s family of 11 Health Centers located in Central and Western Maine served over 17,500 patients age 45 and older.

Source of national data: National Association of Community Health Centers



## Cholesterol, the Good and Bad

**Editor’s Note:** September is National Cholesterol Education Month. In recognition of this observance and to increase employee and community awareness about this important health consideration, we include the following related information from the Health Information Center of the National Heart, Lung, and Blood Institute of the National Institutes of Health. For more information on assessing your personal risk of heart disease or prevention and treatment options, speak to your medical provider.

### Why Is Cholesterol Important?

Your blood cholesterol level has a lot to do with your chances of getting heart disease. High blood cholesterol is one of the major risk factors for heart disease. A risk factor is a condition that increases your chance of getting a disease. In fact, the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack. Heart disease is the number one killer of women and men in the United States. Each year, more than a million Americans have heart attacks, and about a half million people die from heart disease.

### How Does Cholesterol Cause Heart Disease?

When there is too much cholesterol (a fat-like substance) in your blood, it builds up in the walls of your arteries. Over time, this buildup causes “hardening of the arteries” so that arteries become narrowed and blood flow to the heart is slowed down or blocked. The blood carries oxygen to the heart, and if enough blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood

supply to a portion of the heart is completely cut off by a blockage, the result is a heart attack.

High blood cholesterol itself does not cause symptoms, so many people are unaware that their cholesterol level is too high. It is important to find out what your cholesterol numbers are because lowering cholesterol levels that are too high lessens the risk for developing heart disease and reduces the chance of a heart attack or dying of heart disease, even if you already have it. Cholesterol lowering is important for everyone—younger, middle age, and older adults; women and men; and people with or without heart disease.

### What Do Your Cholesterol Numbers Mean?

Everyone age 20 and older should have their cholesterol measured at least once every 5 years. It is best to have a blood test called a “lipoprotein profile” to find out your cholesterol numbers. This blood test is done after a 9- to 12-hour fast and gives information about your:

- Total cholesterol
- LDL (bad) cholesterol—the main source of cholesterol buildup and blockage in the arteries
- HDL (good) cholesterol—helps keep cholesterol from building up in the arteries
- Triglycerides—another form of fat in your blood.

If it is not possible to get a lipoprotein profile done, knowing your total cholesterol and HDL cholesterol can give you a general idea about your cholesterol levels. If your total

### Cholesterol Education Resources on the Web

For more information about lowering cholesterol and lowering your risk for heart disease, visit the Web sites listed below:

- Live Healthier, Live Longer - [www.nhlbi.nih.gov/chd](http://www.nhlbi.nih.gov/chd)
- Aim for a Healthy Weight- [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
- Your Guide to Lowering High Blood Pressure - [www.nhlbi.nih.gov/hbp](http://www.nhlbi.nih.gov/hbp)
- [www.nutrition.gov](http://www.nutrition.gov)
- [www.fitness.gov](http://www.fitness.gov)
- [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)
- Healthfinder- a free gateway to reliable consumer health and human services information developed by the U.S. Department of Health and Human Services - [www.healthfinder.gov](http://www.healthfinder.gov)
- MedlinePlus- up-to-date, quality health care information from the National Library of Medicine at the National Institutes of Health - [www.medlineplus.gov](http://www.medlineplus.gov)

cholesterol is 200 mg/dL\* or more or if your HDL is less than 40 mg/dL, you will need to have a lipoprotein profile done. See how your cholesterol numbers compare to below.

HDL (good) cholesterol protects against heart disease, so for HDL, higher numbers are better. A level less than 40 mg/dL is low and is considered a major risk factor because it increases your risk for developing heart disease. HDL

(See *Cholesterol*, page 7)

<u>Total Cholesterol Level</u>	<u>Category</u>	<u>LDL Cholesterol Level</u>	<u>LDL-Cholesterol Category</u>
Less than 200 mg/dL	Desirable	Less than 100 mg/dL	Optimal
200-239 mg/dL	Borderline High	100-129 mg/dL	Near optimal/above optimal
240 mg/dL and above	High	130-159 mg/dL	Borderline high
		160-189 mg/dL	High
		190 mg/dL and above	Very high

\* Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.



## EMPLOYEE REWARDS & RECOGNITION

We are pleased to announce that HRCHC has recently re-launched its Employee Rewards & Recognition program.

Although the program is only in the planning stages, we are off to a good start. A subcommittee has been formed, outreach to staff has begun, and a few simple initiatives have been put in place that we hope will play a small role in fostering a positive workplace where all feel valued for their important contributions.



Jen Bennett

HRCHC is committed to creating and supporting workplace excellence.

Recognizing and rewarding our employees for a job well done is not only the right thing to do, it is also the smart thing to do. Job satisfaction leads to increased retention of highly qualified staff – fundamental to our mission to provide quality health care to the patients that we serve.

In addition to myself, the following HRCHC employees are currently serving on the R&R Subcommittee: **Bridget Campbell**, Public Relations Specialist; **Jill Conover**, Director of Communications; **Jewelynn Porter**, Practice Manager, Strong Area Health Center; **Kylee Rankins**, Clinical Administrative Assistant; **Sarah Seder**, Human Resources Director (serving in consulting role); **Carolyn Tranten**, Practice Manager, Mt. Abram Regional Health Center;

**Norma Wing** Practice Manager, Strong Area Dental Center; and **Ann Young** Administrative Assistant (as a back-up to Kylee Rankins). I thank them for their time and enthusiasm.

We hope to have an achievable R&R Plan developed by late fall that incorporates employee input. In the meantime, one tool that has already been implemented is the service excellence notecard. These were recently distributed to Health Centers via Practice Managers and to the Central Office. We encourage any and all employees to use of these simple, quick forms to acknowledge the special efforts of your colleagues. Doing so just might brighten their day and yours.

We also invite HRCHC employees to reflect on what forms of rewards and recognition you might value. While our organization does have financial constraints that will not allow for certain types of monetary rewards, together we can identify other creative ways to reward and recognize. Please bring ideas to the table when your Practice Manager or supervisor discusses the new R&R program at an upcoming staff meeting. Alternatively, you may contact me via internal e-mail with your ideas and suggestions. Many thanks for helping us kick off this new program that we hope will be meaningful to all. We'll keep you posted on our progress over the coming months.

- Jennifer Bennett

Assistant Director of Operations

(*Cholesterol*, from page 6)

levels of 60 mg/dL or more help to lower your risk for heart disease.

Triglycerides can also raise heart disease risk. Levels that are borderline high (150-199 mg/dL) or high (200 mg/dL or more) may need treatment in some people.

### What Affects Cholesterol Levels?

A variety of things can affect cholesterol levels. These are things you can do something about:

**Diet.** Saturated fat and cholesterol in the food you eat make your blood cholesterol level go up. Saturated fat is the main culprit, but cholesterol in foods also matters. Reducing the amount of saturated fat and cholesterol in your diet helps lower your blood cholesterol level.

**Weight.** Being overweight is a risk factor for heart disease. It also tends to increase your cholesterol. Losing weight can help lower your LDL and total cholesterol levels, as well as raise your HDL and lower your triglyceride levels.

**Physical Activity.** Not being physically active is a risk factor for heart disease. Regular physical activity can help lower LDL (bad) cholesterol and raise HDL (good) cholesterol levels. It also helps you lose weight. You should try to be physically active for 30 minutes on most, if not all, days.

Things you cannot do anything about also can affect cholesterol levels. These include:

**Age and Gender.** As women and men get older, their cholesterol levels rise. Before the age of menopause, women have lower total cholesterol levels than men of the same age. After the age of menopause, women's LDL levels tend to rise.

**Heredity.** Your genes partly determine how much cholesterol your body makes. High blood cholesterol can run in families.

**Source:** The Health Information Center of the National Heart, Lung, and Blood Institute of the National Institutes of Health, Department of Human Services. For more information, visit [www.nhlbinih.gov](http://www.nhlbinih.gov)



## The Importance of Stretching

The leading contributors to fatigue, pain and injury are poor physical fitness, lack of flexibility and poor overall health. Regular stretching can have a positive impact on your health by increasing circulation, range of motion, coordination and posture. It will also decrease fatigue, muscle tension and soreness. Stretching will also prepare the body for work, reduce the effects of static postures and relax the body. Sustained posture, such as sitting with your back not touching the back of the chair for support, increases work and fatigue for the muscles that are holding you erect.

A few simple physiological facts will help you to understand the importance of stretching. Muscles contract and relax to move joints. Tendons attach muscles to bones and do not stretch or contract. Ligaments connect bone to bone and have poor blood supply. In order to move, muscles contract, pulling on tendons to move or hold joints. Muscle tendons and joints require a good blood supply to deliver nutrients for work and repair and to remove the acid waste products produced from using nutrients. The acids can be very irritating to working muscles and if not removed, lead to inflammation and pain. When muscles contract, the blood supply is decreased and the level of waste acid is increased. Acid build up leads to fatigue and discomfort and the tissues become stiff and weak and easily injured. Constant movements cause friction wear damage to many parts and slow needed blood supply to the parts that are working the hardest.

Stretching will not totally fix the problem, eliminate the effect of repetitive job tasks or totally prevent injuries and

illnesses. Stretching is part of an overall program of fitness including exercise, proper nutrition and not smoking. In the workplace, rotating job tasks, ergonomics, alternating work technique and reduction of awkward postures, excess force and static posture increase productivity and decrease injury.

Consider stretching before you start work and after a break such as lunch. Here are some simple stretches to get you started:

- Change position - If you sit, stand up. If you keep your arms bent (e.g., typing), straighten them. If you keep your head forward, tilt it back.
- Leg stretches – Stand up, step forward, reach toward your foot.
- Try to touch your ear to your shoulder.
- Place hands behind your head and “wing” out your elbows.

Regardless of which stretches you choose to perform, all should be performed slowly, gently and in a sustained manner. Apply enough force to place tension on soft tissue but not enough force to cause pain. Hold stretches for at least 10 seconds. Tension in the tissue should decrease during the stretch allowing you to move a little further. Avoid pain, as pain is a signal something is wrong. Progress gradually through the movements, and if you are stretching with a partner, try not to compare or compete. Hold the stretch but not your breath. Have fun and enjoy the feeling.

If you need further information, I encourage you to contact me. Happy stretching!

- Roberta Moore, RN, COHNS  
Employee Health Services



## ANNUAL ETHICS WORKSHOP POSTPONED

The Annual Ethics Workshop sponsored by the Ethics Forum of HealthReach Community Health Centers and HealthReach Network, that was to take place on October 19, 2004 at Colby College, has been postponed due to scheduling conflicts until spring 2005. For more information you may contact Lisa Burgess at [Elizabeth.Burgess@HealthReach.org](mailto:Elizabeth.Burgess@HealthReach.org)





### Two Reminders about MBI Cards

If you have a MBI card for your reimbursement account(s), please remember it works very much like a credit card. If you try to use the card to purchase items that exceed your account balance, the card will be declined. If you want to pay for medical or child care using the remaining balance and another form of payment, you must ask the merchant to run the card through for only the account balance, then pay for the remainder in another way. For example, an employee has \$40 left in his flexible spending account, but his glasses will cost \$100. He asks the merchant to charge \$40 to this MBI card and pays the rest out of pocket. Remember, the total amount you put into your medical care reimbursement is available to you January 1. The amount in your child care reimbursement account is accrued with each paycheck. Secondly, WalMart is once again accepting the MBI cards.

If you have any questions, please contact your Benefits Specialist, Donna White.

### Attention all Retirement Plan Participants:

We are pleased to announce two exciting additions to the investment options in your Lincoln Alliance® Program account. These additions are the result of our Investment Committee's thorough analysis of the investment options available within the program. Beginning October 1, 2004, you will have the opportunity to invest in the Phoenix-Duff Real Estate A Fund and Lord Abbett Small Cap Val P Fund. These funds represent two new asset classes (Real Estate and Small Company Blend) and provide the opportunity for further diversification of your retirement account.

You will be receiving a specialized mailing directly from Lincoln with greater detail and prospectus information on these two new investment options. Our Lincoln Representative, Dan Wohl, is available by appointment to answer your questions.

For more information, please contact Doris Cohen.

### HealthReach Joins New Project: Maine Rural Health Corps

Beginning this fall, HealthReach Community Health Centers will join a new initiative: the Maine Rural Health Corps. Administered by the Maine Primary Care Association, this project will bring two AmeriCorps members to HRCHC as well as eight other members to several Maine Health Centers and community organizations.

AmeriCorps members perform a variety of education, environment, health, and public safety projects across the United States. In exchange for their gifts of time, energy and expertise, they receive invaluable, rich experiences in local communities. In addition, they collect a living stipend, benefits and an educational award at the completion of a year of service.

Many of you will remember the VISTA members who worked with HRCHC from 1994 to 1999 and accomplished a wide variety of projects for our patients and communities.

At HRCHC, AmeriCorps members will be working on outreach, education, resource development and networking projects. These may include:

- Conducting community health needs assessments
- Informing the public about Health Center services
- Linking patients to health insurance & pharmaceutical programs
- Supporting Health Centers in increasing patient self-management of chronic conditions
- Educating citizens about health care issues
- Recruiting volunteers
- Obtaining additional funding opportunities
- Enhancing Health Center partnerships with local community services

For more information or to recommend projects for our AmeriCorps members, please contact me directly.

- Katharine Calder, LCSW  
Director of Development & Provider Recruitment



## 2004 United Way Annual Campaign Underway

Once again, I invite employees of HealthReach Community Health Centers to participate in the Annual United Way Campaign. We have a long history of supporting local organizations funded with United Way dollars.

In 2003, HRCHC employees donated almost \$10,000 through the three United Way affiliates in our service area (United Way of Kennebec Valley, United Way of Mid-Maine and United Way of the Tri-Valley Area).

Besides providing the best health care at our individual Health Centers or giving support to Health Centers through the Central Administrative Office, many HRCHC employees volunteer in their local communities and/or contribute financially to a wide variety of critical causes. I am always impressed by the strong commitment and generosity of HRCHC staff members.

HRCHC participates in the Annual United Way Campaign in order to provide another giving opportunity though options of a one-time donation or payroll deduction. Remember that each and every donation, no matter how small, is important, appreciated and needed. Many residents of our local communities are experiencing layoffs, deployed family members or other crises. They rely on the organizations supported by United Way that come to their assistance in times of need.

The United Way Campaign also provides an opportunity to donate to other non-profit organizations besides those who receive direct United Way support. You may insert the name of the non-profit organization of your choice in the write-in section of the pledge card. If you choose to, you may also contribute to your own Health Center by writing in the name of the Health Center followed by, "a HealthReach Community Health Center."

Thank you for considering a donation through the 2004 United Way Campaign. I am also grateful to the employees at each Health Center who have agreed to serve as United Way site champions this year.

*Stephen E. Walsh, MHA*  
President & CEO



■ **Central Billing News**

We are pleased to welcome **Marguerite Farrell** and **Sherry Pelotte** as new members of our team. Marguerite is the Patient Account Representative for the Strong and Belgrade Health Centers. She previously worked for Maine Dartmouth Family Practice and has worked four years in the medical field. Sherry is the Patient Account Representative for the Lovejoy Health Center. She has worked for a local dentist as a biller, among her other duties. Prior to that she worked in a nursing home.

Congratulations to **Bonnie Collier!** Bonnie, who was the Patient Account Representative for Lovejoy, has recently accepted a newly created position in the Central Billing Office. Bonnie's new job has 3 basic functions: (1) evaluating and developing processes and educating Health Center staff regarding patient registration; (2) evaluating, training and overseeing the charge entry function; and (3) ensuring our codes are current and accurate and that we are using our file maintenance software to its full capacity. We are excited about this new position and happy to have Bonnie serving in this new role.

- Jane Chase,  
Patient Accounts Manager, Central Billing

■ **News from Sheepscot**

**Barbara Moss, DO, Wilma Ware**, Medical Assistant and **Christine Saban**, Receptionist will be attending the next learning session of the MaineHealth Diabetes Collaborative in late September.

- Teresa Gregory  
Practice Manager

■ **News from Bingham**

**Denise M. Miller**, Medical Assistant, has joined the BAHC. We are happy to have her as a member of our staff.

- Carolsue Hill,  
Practice Manager



Sharon  
Smith-Bouchard

■ **News from Strong Dental**

**Sharon Smith-Bouchard, RDH**, of the **Strong Area Dental Center** recently attended the International Symposium on Dental Hygiene, held in Madrid, Spain. Over 700 delegates representing 24 countries attended the four-day event. Workshops on oral health and related scientific

research findings were presented by leading industry experts from around the world. The symposium takes place every three years under the auspices of the International Federation of Dental Hygienists. In addition to benefiting from this continuing education experience, a highlight for Sharon was meeting "The Mother of Dental Hygiene," Esther Wilkins, author of "Clinical Practice of the Dental Hygienist."

■ **News from Central Office**

A heartfelt thanks to **Cherry Baker**, Float FNP, **Linda Seabold**, PA-C of the **Strong Area Health Center** and **Carolyn Tranten**, Mt. **Abram Regional Health Center** Practice Manager for the personal sacrifices they made in order to respond to a recent urgent service need.

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



Teresa Gregory

Please join me in welcoming **Teresa Gregory** as the new Practice Manager of **Sheepscot Valley Health Center**. Teresa previously worked for the Edward Jones office in Camden. Her professionalism and enthusiasm will be appreciated by all.

- Connie Coggins,  
Director of Operations

**Editorial Note:**

*Health Center Highlights is now being published bi-monthly (six times a year). This will enable the publication's production and distribution to be more cost-effective, while maintaining quality content. To the right is our revised publishing schedule for the rest of fiscal year 2004.*

<u>Issue Date</u>	<u>Date to be Published</u>	<u>Content Deadline</u>
September/October	(Published September 29)	(Current Issue)
November/December	November 24	October 15
January/February	January 26	December 15
March/April	March 23	February 15
May/June	May 25	April 15

# 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.

## WELCOME

**Welcome** - Vicki Bean, Medical Assistant, Rangeley; Marguerite Farrell, Patient Account Representative, Central Office; Janie Fix, RN, Lovejoy; Naomi Grant, Receptionist, Belgrade; Teresa Gregory, Practice Manager, Sheepscot; Susan Laney, Receptionist, Belgrade; Rachel Martineau, Medical Records, Bethel; Victoria Mathews, DDS, Bingham; Denise Miller, Medical Assistant, Bingham; Sherry Pelotte, Patient Account Representative, Central Office

## FAREWELL

**Farewell** - Belinda Barrows, Administrative Assistant, Central Office; Robin Chadbourne, RN, Lovejoy

## MILESTONES

**Five Years** - Susan Hunnewell, Office Assistant, Madison; Linda Vieweg, LPN, Bethel

**Ten Years** - Shirley Clark, Receptionist, Lovejoy; Sherrill Smiley, Medical Records Clerk, Lovejoy

**Fifteen Years** - Cynthia Atwood, LPN, Mt. Abram

**Twenty-Five Years** - Katharine Calder, Director of Development and Provider Recruitment, Central Office

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, HRCCHC is funded by patient fees, grants and individual donations.

[www.HealthReachCHC.org](http://www.HealthReachCHC.org)

Western Maine Family Health Center: 897-4345

Dental: 684-3045

Strong Area Health Center: 684-4010

Sheepscot Valley Health Center: 549-7581

Richmond Area Health Center: 737-4359

Rangeley Region Health Center: 864-3303

Mt. Abram Regional Health Center: 265-4555

Madison Area Health Center: 696-3992

Lovejoy Health Center: 437-9388

Dental: 672-3519

Bingham Area Health Center: 672-4187

Bethel Family Health Center: 824-2193

Belgrade Regional Health Center: 495-3323

HealthReach  
Community Health Centers



8 Highwood Street  
P.O. Box 1568  
Waterville, ME 04903

HealthReach Community Health Centers

NONPROFIT ORG  
US POSTAGE  
PAID  
WATERVILLE, ME  
PERMIT NO. 19