

# HEALTH CENTER HIGHLIGHTS



Volume 2, No. 7

HealthReach Community Health Centers Newsletter

November/December 2004



## A MESSAGE FROM THE PRESIDENT

### The Benefits of Being a Family of Community Health Centers

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

Someone recently asked me how our individual Health Centers benefit from being part of a relatively large organization like HealthReach Community Health Centers (HRCHC). Given the challenges of communication, bureaucracy and geography, why would a group of small medical practices with many unique circumstances come together as one entity? The answer has several components.

One of the major benefits we enjoy as a single organization is *economies of scale*. Every day our collective purchasing power gives us access to

*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)

lower cost supplies and equipment as well as employee benefits. In addition, by centralizing certain functions like billing, accounting, purchasing and human resources we eliminate

---

*“Together we realize a whole that is greater than the sum of our parts.”*

---

duplication of certain core functions that would otherwise be needed at each facility.

A related benefit is *access to talent*. As a collection of eleven practices, we have the need and financial wherewithal to purchase expertise that no single practice could justify or support. Grant writing, risk management, marketing/public relations and legal expertise are just a few of the many examples of talent we employ that would not be possible at a stand-alone practice.

Access to talent also means *sharing the talent* we have. When a practice loses a provider, for example, we are often able to provide cost-effective replacement coverage while we recruit. Our per diem provider pool as well as our float nursing staff can provide essential relief at critical times.

Having multiple sites attracts *financial and technical assistance resources* as well. By virtue of our structure, we have an

opportunity to make financial and technical assistance resources go further. Funders who are looking to get the biggest “bang for their buck” know that investing in a HRCHC initiative will touch eleven different communities.

Each benefit noted above translates into enhanced financial stability for the group. But financial benefit is not the only thing we realize as part of a larger system.

Our geographic spread exposes the organization to a *diversity of ideas and interests* that would not surface in a single community. We have an opportunity to learn from one another and to realize a whole that is greater than the sum of our parts. This enables us to do more for our patients.

Finally, *our group practice speaks with a much louder voice* than could its individual member practices. As the largest system of community Health Centers in the state, HRCHC has a significant opportunity to educate decision-makers. Even by national standards, HealthReach is large. Therefore, when we speak our voice is often heard.

I am a firm believer in the success of the group practice model. It has served HealthReach, our employees and the communities of central and western Maine that we serve very well for nearly 30 years.

- Stephen E. Walsh, MHA  
President & CEO



## HEALTH CENTER PROFILE

### Madison Area Health Center

“One of the primary reasons I joined Madison Area Health Center is because I wanted to practice medicine in an underserved area,” says **David Ferris, DO**. “We have a caring staff, and we all find it rewarding to provide care to a community that is truly appreciative of our Health Center’s services.”

MAHC, which opened in 1977, was the second HealthReach Community Health Center. The Health Center offers a full range of primary and preventive care services to people of all ages, regardless of their insurance status or ability to pay. Osteopathic manipulation and social work services are also offered. Additionally, mental health and substance abuse counseling and podiatry are available to patients through contractual relationships with community partners.

Located in a rural industrial town that sits along the Kennebec River in Somerset County, MAHC’s team of dedicated providers and staff cared for nearly 3,200 patients last year. Residents of Anson, Madison, Norridgewock, Starks and surrounding communities also utilize services.

#### Commitment to Community Health

“Madison Area Health Center has a strong reputation for providing quality care and has established a special relationship with our community,” says **Robert Card**, who is a patient of the Health Center and who also serves as a member of MAHC’s local Health Council and HRCHC’s



Board of Directors. “As a Health Center patient, I appreciate having accessible, quality health care services nearby and value the opportunity to receive medical care from a compassionate, professional team of physicians and staff. I have found serving on the local Health Council for the last decade, as well as on HRCHC’s governing Board for the last five years, personally satisfying. I take pride in contributing to our local Health Center’s ability to thrive and offering advisement related to my area of expertise to the organization,” he adds.

“We have a great team here at MAHC. We all are committed to community health and our mission to provide access to quality health care,” says Practice Manager **Barbara Belliveau**. “Our medical providers are liked by our

patients – who frequently comment that they are good listeners – and our staff members routinely go the extra mile for our community,” she adds. Each year, for example, MAHC staff host a silent auction, bowl-a-thon or similar fundraising effort in order to sponsor a local family for Christmas.

Many of MAHC’s staff members, including **Rose Martikke, LPN**, and **Brenda French, CMA**, live in the community in which they work. “We all feel a strong connection to this community and we enjoy the opportunity to care for multiple generations within families. For example, we may see a young mother bring her daughter in for a visit

(See *MAHC*, page 3)

### MAHC AT-A-GLANCE

#### MAHC Medical Providers



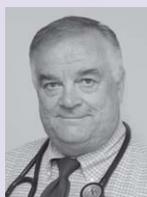
David Ferris, DO



Charles Staley, MD



Linda Tully, FNP



Robert Underwood, PA

**Year Established:** 1977

**Services Provided:** A full range of primary and preventive health care services for the entire family, osteopathic manipulation and social work services. Mental health and substance abuse counseling and podiatry services are also available on-site through contractual relationships with community partners.

**Service Volume:** Nearly 3,200 patients and 14,200 visits last year

**Practice Manager:** Barbara Belliveau

**Medical Providers:** David Ferris, DO; Charles Staley, MD; Linda Tully, FNP; Robert Underwood, PA

**Social Worker:** Kim Caldwell, LSW

**Clinical Staff:** Joyce Bean, LPN; Brenda French, CMA; Lisa Mann, RN; Rose Martikke, LPN; Cheryl Welch, RN

**Administrative Staff:** Pamela Dawes, Charge Entry; Annie Farnham, Medical Records; Norma Fortin, Front Office Coordinator; Kim Gray, Transcriptionist; Cari Hibbard, Receptionist; Susan Hunnewell, Indigent Drug Program; Lorna Lord, Medical Records; Raejean Luce, Receptionist; Gail Saucier, Receptionist

**Central Billing MAHC Patient Account Representative:** Jane McCarthy



Barbara Belliveau,  
Practice Manager

(MAHC, from page 2)

one week, and then the next week the grandmother will come in,” says Martikke. French, who has been a resident of Madison since 1966, and also serves as MAHC’s safety coordinator, agrees. “We receive great satisfaction from helping our patients. I especially enjoy helping our elderly patients,” she says. **Susan Hunnewell**, who administers the Health Center’s indigent drug program, emphasizes that “it is fun to come to work when you enjoy your job and the people with whom you work.” Hunnewell also serves as “cruise director,” organizing staff birthday celebrations, bowling nights and other staff gatherings.



L/R: Rose Martikke, LPN; Brenda French, CMA; Lisa Mann, RN; Joyce Bean, CPN

## Madison Outreach Program: An Added Benefit to Patients



Kim Caldwell

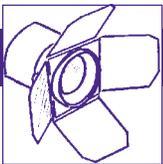
Last spring, MAHC implemented an Outreach Program that links Health Center patients to services that will assist them in meeting their health goals. With a social worker on site, medical providers are able to spend more time responding to the medical issues of Health Center families.

MAHC’s social worker, **Kim Caldwell**, LSW, provides education and advocacy to patients who are experiencing difficulty in accessing needed services. She assists families with issues such as homelessness and abuse. She offers assistance with local or state services. Here are some examples: counseling, teen and elder services,

crisis services, dental care, disability services, financial services, fuel assistance, homecare and hospice, housing programs, medical insurance for health care and prescriptions, and transportation services. She also assists patients in completing application forms, if needed.

In addition, Caldwell serves as a resource for health education materials and organizes community education programs. This fall she coordinated a presentation on Legal Aspects of Aging and participated in a panel on Resources for Older Adults at a SAD 59 Teachers’ Workshop. The Madison Outreach Program is funded through the generous support of the Betterment Fund.

Thank you, MAHC team for your contribution to the health and well-being of the greater Madison community!



## EMPLOYEE SPOTLIGHT

“We saw our first seven patients that day,” reflects **Carolsue Hill**, on the day Bingham Area Health Center (BAHC) opened 29 years ago. Hill, who was instrumental in the opening of the Health Center nearly and is HRCHC’s longest serving employee, serves as BAHC’s Practice Manager. In this role, she is responsible for all that is involved in managing the day-to-day operations of the medical practice. For her first 18 years at the Health Center, Carolsue served as receptionist/bookkeeper.

Carolsue’s genuine love of her co-workers and of her community is apparent when she shares the story of her life’s work and what it has meant to her. “What I continue to value most are the relationships with all of the people I have met over the years,” she says. “The most rewarding part of the job itself is the satisfaction gained from working together to deliver quality health care and what that does for our patients.”



**Carolsue Hill**  
Practice Manager  
Bingham Area  
Health Center

*“What I continue to value most are the relationships with all of the people I have met over the years. The most rewarding part of the job itself is the satisfaction gained from working together to deliver quality health care and what that does for our patients.”*

Serving as a Practice Manager of a community Health Center is both rewarding and challenging. Practice Managers have diverse responsibilities, and in addition to ensuring patient satisfaction and supervising staff, they serve as key liaisons with local community Boards and HRCHC’s central management. “There are a lot of folks who come to Practice Managers to whom we feel accountable,” Carolsue emphasizes. Critical to her success, she says, is a balanced approach to working with various individuals that is based on respect. “In order to be successful, it is important to respect

every person equally, regardless of their position or role. We are one team.”

Carolsue’s co-workers are eager to testify to how well she keeps their team-spirit up and operations at the Health Center running smoothly. They also express similar sentiments on her leadership style, the closeness of their relationships with her and their shared sense of mission.

(See *Employee Spotlight*, page 4)

*(Employee Spotlight, from page 3)*

In her role as a manager, staff say that they appreciate how Carolsue runs a “tight ship with humor,” according to **Juanita Bean**, who has worked at BAHC for 17 years. “She is wonderful to work for and keeps us motivated and working well as a team here,” she says. “When there is a decision to be made, she includes the entire staff and we are all treated equally,” she says. **Kellie Atwood**, a receptionist at the Health Center, agrees, adding: “When there is a problem to solve, she handles issues in a professional manner, and takes the time to listen, offer support and sort things out.” “It is a pleasure working with Carolsue. I appreciate her straightforward style,” adds **Connie Coggins**, who serves as HRCHC’s Director of Operations.

“Carolsue is a strong advocate for patients and staff, who all trust her because it is clear that she has our best interests at heart. She always puts patients first, and expresses a real love of her staff – she makes *all* feel important *all* of the time,” says **Cindy Robertson**, MD, who has worked with her for over two decades. Carolsue is credited for always having a vision of the

direction in which BAHC needs to go, and for seeing both the big picture as well as the details of what needs to be implemented in order to accomplish goals.

Carolsue has also witnessed significant changes to our nation’s health care system over the years. Added paperwork from referrals and prior authorizations for insurance coverage and new regulatory requirements are just a few examples of changes that have impacted how medical practices operate and are staffed. She has taken these changes in stride and adapted the practice over time as necessary.

Carolsue is quick to credit the hard work of the group of local citizens in town whose efforts lead to the Health Center’s opening nearly 30 years ago (and who continue their loyal support of BAHC through serving on its community Board), as well as the Health Center’s dedicated providers and staff and HRCHC’s management for their commitment. Yet, it is Carolsue herself who has shown the leadership over the years that as Dr. Robertson attests, “has built a legacy at the Health Center and for the future of the community.”

## Health Centers and Medicaid

### The Importance of Medicaid

Medicaid is the single most important source of health care coverage for low-income and disabled Americans, covering more than 50 million people. Three-quarters of all Medicaid beneficiaries are low-income children and adults, most without other affordable insurance options. Medicaid’s role has become even more vital during the recent economic downturn, helping to offset the loss of private insurance coverage and stem the growth in the number of insured.

### The Importance of Health Centers

For almost 40 years, Health Centers have been providing high quality, cost effective, primary and preventive health care to Medicaid beneficiaries. Also known as Federally-Qualified Health Centers (FQHCs), *they currently serve as medical homes for 1 in 9 Medicaid beneficiaries (nearly 5.4 million Medicaid patients) across the country.*

Health Center patients are much more likely than the general U.S. population to have Medicaid. Nationally, 12% of the population has Medicaid compared to *36% of all Health Center patients.* Children are more likely than adults at Health Centers to be Medicaid beneficiaries due to more favorable eligibility rules.

### Health Center Participation in Medicaid

Health Centers serve Medicaid patients who may otherwise find few or no providers willing to care for them. Only half of office-based physicians are willing to accept all new Medicaid patients and one-fifth are not accepting any. In fact, *although more than a third of all Health Center patients have Medicaid coverage, the program covers only 9% of private, office-based physician visits.* Moreover, Health Centers provided 17% of all Medicaid/SCHIP office visits in 2001. The number

of Medicaid patients served by Health Centers continues to grow. According to the Kaiser Family Foundation, the number of Medicaid patients served by Health Centers tripled between 1980 and 2001 from 1.3 million to 3.6 million, compared to a 50% growth in total Medicaid enrollment during this period.

### Delivering Medicaid Savings Through Quality Care

Health Centers control costs by providing primary care and prevention services, reducing the need for more costly hospital care down the road. Several studies found that *Health Centers produce savings for Medicaid programs as high as 33% in annual spending for Health Center beneficiaries due to reduced specialty care referrals and fewer hospital admissions.* Medicaid beneficiaries who sought care at Health Centers were 22% less likely to be hospitalized for potentially avoidable conditions than beneficiaries who obtained care elsewhere. Moreover, these patients were 16% more likely to have outpatient visits for such conditions.

### Medicaid Financing

Medicaid reimburses Health Centers on a per visit basis that usually exceeds standard fee-for-service payments and is, therefore, an essential source of revenue. *Medicaid represents 36% of total revenue for Health Centers - the largest of any single source.* In 2003, Medicaid revenue to FQHCs amounted to over \$2.1 billion. This enhanced Medicaid reimbursement ensures that Health Centers’ grant revenues can be dedicated to care for the uninsured. In the 14 years since Congress required enhanced Medicaid payments, *Health Centers have doubled the number of uninsured people they serve, a growth rate more than twice that of the nation’s uninsured population.*

Source: National Association of Community Health Centers



## FROM THE CLINICAL SIDE

### Bureau of Primary Health Care Health Disparities Collaborative (Part IV)

Lovejoy Health Center's application for enrollment in the 2005 Health Disparities Collaborative (HDC) was accepted! We received official notification in mid-September (see also, September/October and previous issues of *Health Center Highlights*.)



Christa Dillihunt

Lovejoy Health Center will focus on improving health care outcomes for a subset of Lovejoy's patients who have diabetes. There is a great deal of work that Lovejoy's HDC Diabetes team must complete before they attend the first National Learning Session in February in Nashville, Tennessee.

Lovejoy's HDC Diabetes team has received interactive learning CD's from the Bureau of Primary Health Care that will help them learn how to use the electronic chronic disease (diabetes) registry now before they have to use the registry to record actual patient visit information. Being able to electronically enter patient health information into a chronic disease registry and being able to generate patient reports from that same data is a whole new process for us. Our Information Technology Department, under the leadership of **Dan Burgess**, is providing technological support to Lovejoy's team members.

The chronic disease registry will enable Lovejoy's **Forrest West, M.D.**, to provide diabetic patients printed feedback that shows them information such as what their own Blood Sugar (HbA1C) and blood pressure (B/P) was when the Health Center began using the registry and what those values

are on that particular day of the patient visit. These patient reports will be able to show progress in the form of bar graphs or pie charts. This type of data collection will allow Dr. West and patients with diabetes to see the effects of treatment over an extended period of time (e.g., over several weeks, months and a year).

Some of you may be wondering how Lovejoy Health Center will protect our patients' personal health information from accidental disclosure. HRCHC's Information Technology Department has implemented necessary safeguards to prevent this from happening, ensuring that our patient health information is protected, in compliance with the laws that regulate this medical information. Lovejoy will be submitting some de-identified data on a subset of Lovejoy's patients with diabetes to the Bureau of Primary Health Care Health Disparities (Diabetes) Collaborative that will demonstrate outcomes (e.g., blood glucose levels, blood pressure measurements, foot exams) but will not include any specific information that would identify individual patients.

Lovejoy's HDC team will be aggressively learning new computer skills, holding weekly team meetings and participating in multiple telephone conference calls during the next few months in preparation for the actual implementation of the Diabetes (Registry) Collaborative process. Congratulations and thank you, Lovejoy's HDC team, for your eagerness to take on this new challenge.

- Christa Dillihunt,

Director of Performance Improvement &  
Clinical Support Services

## 2004 Community Health Needs Assessment Underway

Every five years, HealthReach Community Health Centers conducts a comprehensive Needs Assessment across our eleven-Health Center system. We are currently in the midst of this process as we prepare for our competing federal grant from the Bureau of Primary Health Care. This grant enables our Health Centers to provide medical and dental care to 38,000 residents of central and western Maine every year.



Katharine Calder

During this process, we request feedback from our patients when they visit one of our sites for care during a two-week period. We also solicit comments from community boards, governing board, staff members and local residents. We want to ensure that we are meeting local needs, to determine priorities for new and enhanced programs, and to identify service gaps. We subsequently work with community partners to fill gaps and with state, federal and private foundations and individual donors to establish programs to meet newly identified needs.

In addition, our Health Centers participate in Community Needs Assessments of our regional partners. For example, we just cosponsored the 2004 Health Visioning in Franklin County.

Here are just two examples of successes achieved after past Needs Assessments were completed:

- Reducing domestic violence was identified as a critical area of need. Patients at all of our Health Centers are now screened for domestic violence and domestic violence education is an integral part of orientation for all new employees.
- The lack of dental care was also identified as a high priority need. We now have dental services in both our Strong and Bingham facilities.

Thank you for participating in this important process. We will report back on the Needs Assessment results and incorporate them into our Strategic Plan for clinical and operational direction over the upcoming five years.

- Katharine Calder, LCSW

Director of Development & Provider Recruitment



### Your Benefits Are Working for You!

**Did you know...** 130 HRCHC employees have accessed their complimentary care benefit year-to-date for a total of \$17,633 in benefits?

This benefit is described in detail on page 7 of your “Benefit Choices” book. Your supervisor can help you access the combined instruction/application form on the shared drive.

**Did you know...** 65 HRCHC employees have made contributions to the Medical Leave Bank during the benefits enrollment process?

This benefit is described in detail in the personnel policies. All staff who are eligible for vacation benefits are eligible to deposit and withdraw hours from HRCHC’s Medical Leave Bank. In order to be eligible to withdraw hours from the Bank, employees must donate a minimum of 5% of their expected vacation accrual per year (1/2-day for an employee with two weeks vacation, 3/4-day for an employee with three weeks vacation, 1 day for an employee with four weeks vacation). Remember

that “one day” equals 1/5 of your regularly scheduled hours per week (for example, if you work 30 hours, your “day” is equal to six hours). Therefore, if you work 30 hours per week and contribute 1/2-day, you are only giving up three hours.

If the employee has utilized their available vacation/sick time and has a serious illness or a family member has a serious illness that is covered by the Family and Medical Leave Act, she or he may submit a written application to the Medical Leave Bank Committee. Applications can be approved for up to four of an employees’ regularly scheduled work weeks or 50% of the remaining hours in the Bank, whichever is less. A second request for four additional weeks may be made if needed.

As defined in the personnel policies, up to three of the accrued 12 sick days per year may be used to care for ill family members. The Medical Leave Bank can offer the participating employee the opportunity to be paid for four to eight weeks while caring for a seriously ill family member. The key is choosing to participate at the time of benefits enrollment. If you have any questions, please contact **Doris Cohen** or **Donna White**.



## HEALTH TIP: NOVEMBER IS DIABETES AWARENESS MONTH

### Are You at Risk for Type 2 Diabetes?

#### What is Type 2 Diabetes?

Diabetes is a disease in which blood glucose levels are above normal. People with diabetes have problems converting food to energy. After a meal, food is broken down into a sugar called glucose, which is carried by the blood to cells throughout the body. Cells use the hormone insulin, made in the pancreas, to help them process blood glucose into energy.

Type 2 Diabetes, formerly called adult-onset or noninsulin-dependent diabetes, is the most common form of diabetes. People develop Type 2 Diabetes because the cells in the muscles, liver, and fat do not use insulin properly. Eventually, the pancreas cannot make enough insulin for the body’s needs. As a result, the amount of glucose in the blood increases while the cells are starved of energy.

Over the years, high blood glucose damages nerves and blood vessels, which can lead to complications such as heart disease, stroke, blindness, kidney disease, nerve problems, gum infections, and amputation. Being overweight and inactive increases the chances of developing Type 2 Diabetes. Treatment includes taking diabetes medicines, making wise food choices, exercising regularly, taking aspirin daily, and controlling blood pressure and cholesterol.

#### What are the signs and symptoms of Type 2 Diabetes?

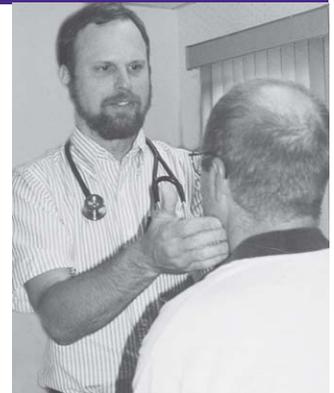
Symptoms can be so mild initially that you might not even notice them. Here is what to look for: increased thirst, increased hunger, fatigue, increased urination, especially at night, weight loss, blurred vision and sores that do not heal.

#### What are the risk factors which increase the likelihood of developing diabetes?

- A parent, brother, or sister with diabetes;
- African American, American Indian, Asian American, Pacific Islander, or Hispanic American/Latino heritage;
- Prior history of gestational diabetes or birth of at least one baby weighing more than 9 pounds;
- High blood pressure with 140/90 or higher;
- Abnormal cholesterol with HDL (“good”) cholesterol is 35 or lower, or triglyceride level is 250 or higher;
- Physical inactivity – exercising fewer than three times a week.

You can do a lot to lower your chances of getting diabetes. Exercising regularly, reducing fat and calorie intake, and losing weight can all help you reduce your risk of developing Type 2 Diabetes. Lowering blood pressure and cholesterol levels also help you stay healthy.

For more information about risk factors, testing for diabetes, prevention and treatment of the disease, please speak to your medical provider.



Source: National Institutes of Health, U.S. Department of Health and Human Services



## STAFF NEWS

■ **Team at Lovejoy Making a Difference** - In addition to all that they do every day for their community, Lovejoy staff members have raised money to do even more. The Lovejoy Fundraising Committee's efforts over the last year have included: monthly dress down days, craft fairs and yard sales. Funds were used to adopt a family at Christmas, send care packages to troops, and donations were also made to victims of a local fire, a terminally ill individual and more.

- Lois Bouchard, Practice Manager, Lovejoy Health Center

■ **News from Central Office** - Amanda Roberts, the daughter of **Susan Roberts, FNP**, was awarded a degree in Civil Engineering from Worcester Polytechnic Institute with numerous academic distinctions. She is now employed as an engineer at Springfield Water and Sewer Commission.

- Diane Lavoie, Practice Manager, Western Maine Family Health Center



Jody Dickey

■ **News from Central Office** - Welcome **Jody Dickey**, Administrative Assistant, to the HRCHC team! We are happy to have you aboard.

- Connie Coggins, Director of Operations

■ **Also in Central Office news** - **Jill Conover**, Director of Communications, was named a member of HRCHC's Senior Management team. Jill is responsible for overseeing

all marketing and public relations initiatives for the organization. She joined HRCHC in the fall of 2003. Jill previously served as Director of Publications of a Washington, DC-based nonprofit organization, Senior Production Editor of a health care publisher in Maryland, and in a White House staff position as a Writer for the Clinton Administration.



Jill Conover

- Steve Walsh, President & CEO

■ **Welcome back Wendy Turner!** - Wendy has returned to the Central Billing office in a new position after an absence of six months. As Systems Application Coordinator, she will act as liaison between Central Billing and the sites. She will be traveling to each Health Center and working with staff on processes that impact billing. Wendy will also provide charge entry classes and write and maintain charge entry and registration policies and procedures. As Central Billing recently took over the responsibility of billing for our dental program, Wendy's first four weeks have been spent evaluating where we are so that we can judge just how we want to proceed. She has mastered the new software and is helping to establish the processes which we will follow to achieve our goal of maximizing our reimbursement.

- Jane Chase, Patient Accounts Manager, Central Billing

## WELCOME

Laurence Barton, Medical Records Clerk, Sheepscot; Kathy Darrow, LPN, Richmond; Mary Dean, Medical Records Clerk, Richmond; Jody Dickey, Administrative Assistant, Central Office; Alison Duncan, Americorps Volunteer, Central Office; Heather Hartford, RN, Richmond; Laurie McCollor, Dental Assistant, Bingham; Karen Messier, Patient Accounts Payable, Central Office; Heather Presby, Dental Office Receptionist, Strong; Kathy Shields, Receptionist, Rangeley; Martha Taylor, Medical Assistant, Sheepscot

## MILESTONES

Five Years - Kathy Godwin, Bethel; Natalie Twitchell, Mt. Abram; Lori McIntosh, Belgrade; Marsha Nile, Strong  
Ten Years - Robin Boivin, Western Maine

## FAREWELL

Mary Bunker, DO, Richmond; Karen Calcott, MD, Lovejoy; Bernadette Collier, Patient Account Representative, Central Office; Lynn Thomas, Dental Hygienist, Strong

# HealthReach Community Health Centers

Belgrade Regional Health Center: 495-3323

Bethel Family Health Center: 824-2193

Bingham Area Health Center: 672-4187

Dental: 672-3519

Lovejoy Health Center: 437-9388

Madison Area Health Center: 696-3992

Mt. Abram Regional Health Center: 265-4555

Rangeley Region Health Center: 864-3303

Richmond Area Health Center: 737-4359

Sheepscot Valley Health Center: 549-7581

Strong Area Health Center: 684-4010

Dental: 684-3045

Western Maine Family Health Center: 897-4345

*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 under-served 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.*

HRCHC is an Equal Opportunity Organization.  
[www.HealthReachCHC.org](http://www.HealthReachCHC.org)



## 2004 United Way Campaign a Success

The 2004 United Way Campaign of HealthReach Community Health

Centers was a tremendous success. We have a long tradition of participating in the local UW Campaigns in our communities. These organizations support a number of programs that provide community residents with critical services for families, children and individuals in crisis.

Thanks to the generosity of 53% of our employees, we raised \$10,012.50 reaching 100.13% of our \$10,000 goal. Special thanks to Donna Williams, who also helped coordinate the campaign, as well as to the UW champions at each of our sites who distributed pledge cards, encouraged participation, collected donations and shared UW Campaign updates with their peers:

- Belgrade - Deborah Rocque
- Bethel - Dianna Milot
- Bingham - Carolsue Hill
- Lovejoy - Lois Bouchard
- Madison - Barbara Belliveau
- Mt. Abram - Carolyn Tranten

- Rangeley - Judy Quimby
- Richmond - Cathy Ottum
- Sheepscot - Teresa Gregory
- Strong - Jewellyn Baker
- Western Maine - Diane Lavoie
- Central Administration & Billing - Christa Dillihunt.

Rangeley Region Health Center staff impressed us all with their achievement of 100% participation on the second day of the Campaign! Bingham, Lovejoy and Richmond achieved over 75% participation. Belgrade, Bingham, Lovejoy, Madison, Rangeley, Richmond and Western Maine Health Centers and Central surpassed their monetary goals.

Providing high quality Health care that is affordable and close to home is our mission. Reaching beyond to support community programs is truly commendable, and we should all be proud of the difference that our combined contributions will make.

- Katharine Calder, LCSW  
Director of Development & Provider Recruitment

United Way Campaign ..... 8

Staff News ..... 7

Diabetes Awareness ..... 6

Health Tip: ..... 6

Human Resources ..... 6

Diabetes Collaborative ..... 5

Clinical Side: ..... 5

Needs Assessment ..... 5

Community Health ..... 4

and Medical ..... 4

Health Centers ..... 4

Carolsue Hill ..... 3

Employee Spotlight: ..... 3

Madison Area Health Center ..... 2

Health Center Profile: ..... 2

### INSIDE THIS ISSUE:

## HEALTH CENTER HIGHLIGHTS



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

HealthReach Community Health Centers

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