

HealthReach Community Health Centers



COMMUNITY REPORT 2016

Fulfilling our mission to provide high quality, affordable, patient-centered healthcare in the medically underserved communities of Central and Western Maine



A Message from our President

Dear Community Members,

The mission of HealthReach Community Health Centers (HRCHC) is “To provide quality, affordable, patient-centered healthcare in the medically underserved communities of Central and Western Maine.” A key to achieving this mission is the continued development and expansion of our team, a group of staff members with a set of complementary skills, who partner with patients to support them in achieving their health goals. Over the last five years, our team has expanded by building on a strong, long-term foundation of primary care services. Our medical clinicians are recognized nationally by the National Committee for Quality Assurance for their diabetes, heart/stroke, and patient-centered care. Our behavioral health program has grown from one licensed clinical social worker in 2010 to having integrated services provided by ten social workers across all eleven of our sites today. Our medical clinicians and licensed clinical social workers have partnered to expand access for individuals seeking

recovery from substance use. Care managers who support patients after hospitalizations and with the management of their chronic diseases are now embedded at all HRCHC sites. We’ve expanded our psychiatric medication management services to respond to community need by hiring our second psychiatric mental health nurse practitioner in 2016 with a third coming on board in 2017.

Our staff members are proud to be part of a team that has a strong sense of commitment to our patients and the communities that we serve. When a community member comes to one of our centers, they can count on working with a team of staff members who will partner with them on their shared health goals.

Sincerely,

Constance Coggins
HRCHC President and CEO

“We’d like to thank you, our community members, for your continued support of our mission.”

800-299-2460
HRCHC@HealthReach.org

On the cover:
Dr. Tamar Diamond with patient Wyatt at Bingham Dental

“Over time, my list of medications had grown. I brought them all in to my provider, and over time with attention to diet, activity and other life changes, we have been able to reduce the number of medications I need to take! I am very appreciative” - **Nathan Haney**



A Message from our Board Chair



I am honored to serve as Governing Board Chair for HealthReach Community Health Centers. As a patient of Lovejoy Health Center since it opened in 1978, I have received excellent care in my rural community, whether it be for my own medical needs, for those of my now grown children, or end of life care for beloved family members.

The dedicated clinical, administrative and support staff at our eleven health centers work diligently to achieve our mission: To provide high quality, affordable, patient-centered healthcare in the medically underserved communities of Central and Western Maine. All eleven sites are recognized as Patient-Centered Medical Homes (PCMH), and have achieved Heart/Stroke Recognition and Diabetes Recognition by the National Committee on Quality Assurance (NCQA). A Patient-Centered Medical Home provides comprehensive care by a team of providers, which may include primary care providers, nurses, social workers, care managers, and others. The PCMH model is a partnership with patients in providing high-quality care, supporting patients in managing their own care, and coordinating care across the broader health care system, while respecting each patient's unique needs and preferences. HealthReach and the Board of Directors are very proud of employee efforts toward achieving and maintaining these quality measures.

HealthReach recognizes that patients come in with varying abilities to pay for medical services, and offers a sliding fee scale. In addition, the HealthReach Connector Program offers staff members who work directly with patients to find out what healthcare benefits they are eligible for, and how to apply for these resources.

Community Health Centers are an important safety net in rural areas. We deliver a broad array of primary and preventive care services, as well as management of chronic illnesses. Our Board takes its responsibility seriously, sharing in the mission, and overseeing management of the organization. We are committed to the success of HealthReach, and are excited to be part of its future.

As Board Chair, I invite you to learn more about HealthReach Community Health Centers, and thank you for allowing us to serve as your Patient-Centered Medical Home.

Jody Watson
HRCHC Governing Board Chair



Pierrette Kelly



Holly Kiidli



Lynn Matson



Tom Reeves

New Governing Board Members

- **Pierrette Kelly** has over 35 years of management and executive experience in sales, marketing, human resources, manufacturing, engineering and technology. She has served on the Boards for many non-profit organizations.
- **Holly Kiidli** currently works for Healthy Communities of the Capital Area, a Healthy Maine Partnership. She coordinates two of the organization's federal grants. She is a substance abuse counselor by training who transitioned into the public health arena.
- **Lynn Matson** has a background in business and marketing. He sold his highly successful company in Maryland in 2010. He has retired to Maine and has been involved in conservation work during his time here.
- **Tom Reeves** is a retired lawyer who worked for the State Department of Transportation. He has a strong interest in conservation efforts and has been involved with the creation of the Kennebec Trails system.

2017 HealthReach Community Health Centers Governing Board of Directors



Pictured (l-r): Lois Bouchard, **Vice-Chair**; Margaret Edwards Flynn; Pierrette Kelly; Dana Kempton; Holly Kiidli; Lynn Matson; Robin Melancon-Quimby; Tom Reeves; John Opperman, **Secretary & Treasurer**; Jody Watson, **Chair**; Janine White, RN, BSN



“Collaboration with Maine Family Planning is essential in our rural communities.”

JoHanna Davis FNP is a provider at Madison Area Health Center (MAHC), the pilot site for a new reproductive health initiative with Maine Family Planning. For the past 6 months, MAHC has worked with Maine Family Planning to improve reproductive life planning and increase screening rates for Chlamydia and vaccination rates for HPV (Human Papillomavirus).

About JoHanna

JoHanna Davis, FNP, joined HealthReach in 2012. Her clinical areas of interest include rural health and community education, food insecurity and obesity, and adolescent health.



“We hope that our work with Maine Family Planning will ensure prompt and accurate diagnosis and treatment of Chlamydia.”

According to the CDC, Chlamydia is the most commonly reported bacterial infection in the US. Furthermore, it often causes no symptoms but can lead to infertility if left undiagnosed and untreated. To combat this, all MAHC providers are now notified of patients’ screening status, and education is now offered about new screening techniques to increase patient comfort.

Improving the approach to reproductive planning visits, MAHC has implemented a standing order protocol for in-office pregnancy testing, a change that has garnered positive responses from both patients and staff. Additionally, MAHC now offers more comprehensive education about reproductive health options and services in the area.

HPV is a virus that causes several types of cancer in men and women. Unfortunately, the vaccine has been plagued by misinformation and stigma, making it challenging for providers to convince patients of its necessity. Maine Family Planning has offered educational materials and shared strategies to increase vaccination rates at our health centers.

“Studies show that an increasing number of young and low-income individuals are likely to receive their family planning services from FQHCs like HealthReach,” shared Evelyn Kieltyka, Senior Vice-President of Program Services at Family Planning Association of Maine.

“It is imperative for FQHCs to provide patients with pre-conception counseling, contraception options, STD testing, and referral options.”

The partnership between Maine Family Planning and HealthReach has been long and invaluable. For over 12 years, Maine Family Planning has supported HealthReach providers with materials, technical assistance, and training for pregnancy test protocols and the full spectrum of birth control options.

New Providers at HealthReach



Top Row: Kristin Arsenault, FNP (Bethel); Jason Caudell, FNP (Bingham); Jennifer Caudell, FNP (Belgrade); Karen Curry, LCSW (Sheepscot), Marta Hall, PMHNP (Lovejoy, Richmond & Sheepscot); Ashley Hamilton-Ellis, FNP (Sheepscot)

Bottom Row: Jane Kapleau, LCSW (Bingham); Angela Kristoff, LCSW (Mt Abram & Rangeley); Christine LaVerdiere, FNP (Sheepscot); Courtney Marcotte, PA (Lovejoy); Katharyn Sloma, LCSW (Bethel); Zachary Wissman, PA (Sheepscot)

Supporting Maine's Effort To Solve the Drug Addiction Crisis

In March 2016, HealthReach received a two-year Substance Abuse Expansion Grant from the Health Resources and Services Administration (HRSA). With the funding, we have increased substance use screening, education and treatment services for patients. Staff are engaging in training proven successful in helping people find new strategies to handle the stressors that contribute to drug and alcohol misuse and addiction.

Our participating providers have seen improvements in patients battling substance use who have sought help in the form of medication and counseling. Dr. Forrest West of Lovejoy Health Center shared the following, "A common story from several of my patients is that they reach a point when they no longer want to use opioids, but are unable to stop on their own. Often times, they begin buying Suboxone 'on the street' and find that they are able to function again.

"Once we start seeing them and begin a Suboxone program after screening and education, they are able to work, re-engage with their families, take care of their children, and focus on their recovery."

Here are three anonymous examples of patients with substance use issues who have improved:

1. A professional who sought help ~ This individual completed Suboxone treatment in two years and has been able to continue serving her community.
2. A young man who stabilized very nicely on Suboxone ~ He continues to require a dose, but through his recovery he has worked his way up the ladder at his workplace and now supervises over 200 other workers.
3. A 19 year-old high school dropout ~ A self-identified 'couch potato', unable to maintain a job during his addiction, he eventually was able to take on demanding physical work at a farm seven days a week. With Suboxone and counseling, he has slowly put his life back together. He is now successfully working full time for a construction company in Maine.



Our Care Managers: Karen Campbell, LPN (Mt Abram); Eileen Castonguay, LPN (Western); McKenzie Parr (Bethel); Nadene Pillsbury, LPN (Strong & Rangeley); Kathy Lord, RN (Lovejoy); Diane Russo, RN (Bingham and Madison); Melissa Thornton, MA (Sheepscot); Nancy Taylor (Richmond); Jessica Veilleux (Belgrade)

“I had just begun a new profession. I was excited. Then my health took a terrible turn. I was crushed.”

In the span of seven months, John had experienced multiple strokes and a major surgery, leaving him with memory, speech, and mobility deficits. Being a proud man, he found it difficult to accept help. For the sake of anonymity, John’s actual name, health center, and care manager will not be used.

As a new patient at his health center, John was referred to the site’s Care Manager to determine why his speech and physical therapy had been discontinued. She called John’s insurance company to determine his eligibility for services, and they were able to initiate a referral for the new year to resume his therapy visits.

“I was so thankful,” shared John. “At the time, she was my only support.”

In addition to the emotional distress caused by his medical complications, John also experienced difficulties with taking the stairs. His Care Manager arranged for a home visit to further assess his needs, and there she learned that all of John’s funds had been seized from his bank accounts. He was in despair that soon he would be unable to pay for his food, rent or medications. John stated he was giving up and planned to stop seeing his medical providers.

John’s Care Manager spent hours working with him through several stressful phone calls with lawyers, banks, and social security. Concerned for her patient’s safety and worsening emotional state, she contacted Maine Crisis Hotline on John’s behalf to schedule check-in calls for the weekends. After furiously faxing documents and reaching out to various resources, they were finally rewarded for their persistence when half of John’s funds were returned to his bank account.

When his Care Manager checked in later, John said he was now doing really well. He was integrating into the community weekly, utilizing newly established natural supports, receiving in-home therapy and following through with his medical appointments.

“The check-ins from the medical office are extremely helpful,” John shared. “It really helps to know that at least one person is thinking and caring about me. I am proud I made it through this.”

What is a Care Manager?

A Care Manager is available to work with you, your primary care provider, and other members of your healthcare team to help you manage your healthcare issues.

You may be called if you have been to the Emergency Room, hospitalized, or if you have not been seen for a while.

A Care Manager can be your link to resources - home health, social work, physical therapy, or medical devices. She can also put you in touch with other community resources.

Maine Crisis Hotline: 1-888-568-1112

*The Maine Crisis Hotline is available 24 hours a day, 7 days a week. You will be helped by a professionally trained crisis worker who will listen to you and connect you with services in your area.

↶ If you are concerned about yourself or someone else, please consider the Maine Crisis Hotline



Jackie Watson-Arsenault, IPDH, with a young patient at Bingham Area Dental Center

SDF: a medication young dental patients can smile about

SDF (Silver diamine fluoride) is a new topical medication that Dr. Tamar Diamond has been using to treat cavities for patients at Bingham Dental Practice.

SDF is painted on with a brush for cavities on chewing surfaces. For cavities between the teeth, superfloss, a fuzzy liquid-absorbing floss, is used to apply SDF. Stopping disease progression with a simple and short procedure, SDF provides a painless alternative to the usual drill and fill. Even if a patient misses a subsequent appointment, the cavity would still be effectively blocked. If a large cavity needs to be restored to function, a filling can still be placed after SDF, often without local anesthetic.

Fillings have a finite lifespan; they can lose their bonds from the tooth and break away, and patients can get recurrent cavities. Fillings can also turn into bigger fillings, a root canal, post and core, or crown. SDF can be used to avoid this path because it circumvents cutting the tooth and conserves the tooth's structure.

“I would not be using SDF if I did not think it was better than fillings in certain situations.”

It was not uncommon for Dr. Diamond to see patients with cavities in all 8 posterior teeth of the 20 primary teeth. Previously with fillings, this meant 4 dental appointments and 4 local anesthetic shots. This can be problematic and frightening for children who don't respond well to shots or drilling. Having SDF as a short and pain-free treatment helps calm patients averse to more invasive dental procedures. SDF turns cavities black and hard, but will leave the rest of the tooth unchanged in color. The discoloration may be a drawback for some, but for children's baby teeth which will fall out eventually anyway, it presents an excellent option.

“For the cavities we can see, we know SDF is working,” said Dr. Diamond. **“The lesions either stay the same or look smaller. We are getting awesome results and our patients are enjoying better care with SDF!”**



About Tamar

Tamar Diamond, DMD, is located at Bingham Area Dental Center. She joined HealthReach in 2012 and has provided general dentistry to adults and children for over 15 years. Her clinical areas of interest include teaching children up-to-date methods of preventing dental problems at an early age.

Did you know?

Silver has been used in Japan for cosmetic blackening (Ohaguro) and as an antibacterial on teeth for 900 years. SDF (Silver diamine fluoride) has been used in Japan for the past ninety years. It has been available in Australia, Brazil, Argentina, Cuba, and China since the 1980s or prior. In 2014, the FDA (US Food and Drug Administration) approved the use of SDF. Source: <https://www.ncbi.nlm.nih.gov/pubmed/19278981>



Tina DeRaps, Connector looking over paperwork with Nadine Brown

“I’m just grateful we are warm and George is safe. I’m happy.”

George and Nadine have been patients at Richmond Area Health Center for years. A school bus driver, George was unable to pass his required eye exam last year. Little did he know, he had been struck by several TIAs (Transient Ischemic Attacks, or mini-strokes) which had effected his visual cortex. George was also a private contractor for the State of Maine, mowing the sides of highways, but when the State decided to go back to spraying herbicide, George lost his remaining form of income. When Nadine was laid off from her job, they were left with no income at all.

Unable to pay their mortgage, they lost their house and began looking for housing. During that time, while attending church one Sunday, George experienced a massive stroke. He was no longer independent. The damage to his visual cortex was irreparable, he could not navigate stairs, and he found crowd noise in public areas disorienting.

About Tina

Tina DeRaps is the HealthReach Connector at Richmond Area Health Center and Sheepscot Valley Health Center. She joined HealthReach in 2015 and works one-on-one with patients to determine what healthcare benefits they are eligible for and assists with the application process.



“It just all happened, bing, bang, boom, and everything was changed,” said Nadine.

Nadine and George’s provider at Richmond, Tom Bartol, NP, referred them to Tina DeRaps, Connector, to see what programs might be available to improve their situation. Tina helped them find an apartment in the Freedom House, a transitional home in Dresden. Not long after they moved in, there was a fire and the entire building was a loss. A neighbor pulled a disoriented George from the flames. The Red Cross provided them with temporary housing and some money for clothing.

Friends opened their home to George and Nadine, but not long after they were settled, there was a house fire and everything was lost. This was when Tina came back into the picture, by assisting with paperwork and applications for Maine Housing, Section 8 Housing, SNAP (Supplemental Nutrition Assistance Program) benefits and MaineCare. Together, Nadine and Tina are in the process of applying for assisted living.

“When you are a full-time caregiver and dealing with so much stress and confusion, it all takes a toll on you,” said Nadine. “Tina has been extremely helpful. She knows the ropes!”

These days, things have begun to stabilize for the Browns. George goes to the recreation center where he was taught how to swim again, an activity he has always loved. Nadine volunteers at a church thrift store, an activity she finds much satisfaction in. They hope to move to assisted living very soon.

“Through everything, Nadine has just kept going,” shared Tina. “She is resilient.”



What does it mean to be an AmeriCorps VISTA in Maine?

By Dave Fang, AmeriCorps VISTA

“Your pay will be low; the conditions of your labor often will be difficult. But you will have the satisfaction of leading a great national effort and you will have the ultimate reward which comes to those who serve their fellow man.”

These were President Lyndon B. Johnson’s words to the first group of VISTA (Volunteers in Service to America) members in 1965. Since then, more than 200,000 VISTAs have served to improve conditions for more than 3,000 underserved communities across the United States. Here in Maine, there are currently over 50 VISTAs who serve with a variety of initiatives. As the current Goodwill AmeriCorps VISTA of HealthReach Community Health Centers, my year-long service mission is to support and improve the services provided by our 11 community health centers.



As part of HealthReach’s initiative to promote physical activity and nutrition, we have partnered with 5210 Let’s Go!, a childhood obesity prevention program implemented in schools, healthcare, and community organizations. To help spread the simple and effective 5210 message (5 or more fruits/vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity, 0 sugary drinks), I travel to HealthReach sites to facilitate our participation in the program and collaborate with providers to empower our patients in maintaining healthy lifestyles.

Our sites have also partnered with Good Shepherd Food Bank to deliver food for food-insecure families. Since May 2014, 15 Good Shepherd Food Mobiles have served our sites at Rangeley, Bingham, Belgrade, and Whitefield, with 19 more scheduled for this year. I’ve personally coordinated over 40 passionate volunteers from an assortment of organizations to facilitate these events.

To promote nutrition education we have also partnered with “Teaching 10 Tips,” a free Maine SNAP-Ed course that teaches participants easy ways to cook, eat, and shop healthy on a budget. Participants work with a professional nutritionist and receive hands-on lessons in the kitchen. Classes in Strong have just concluded, and more are planned for Belgrade and Madison.

“My VISTA service offers me a unique insight into rural life and rural poverty in many parts of Maine.”

As a prospective medical student, I am grateful for the personal and professional development I’ve gained serving at HealthReach, expanding programs that will sustainably improve the health of Mainers. AmeriCorps creates countless diverse and fulfilling service opportunities every year to ameliorate poverty and make a positive difference in the lives of all Americans, while providing an excellent chance for those who are entering/re-entering the workforce to explore new skills. AmeriCorps VISTA is an important and beneficial program that puts the multifaceted skills of thousands of Americans to use in advancing their local communities.

THANK YOU

...for generously supporting the work of our health centers. Our 2016 individual, corporate, and foundation supporters are listed below.

<i>Anonymous</i>	<i>Diana Curtis</i>	<i>David Leigh</i>	<i>Amber Shepherd</i>
<i>Anonymous</i>	<i>Colleen Cyr</i>	<i>Roxann Lizzotte</i>	<i>Samantha Spaulding</i>
<i>Marci Alexander</i>	<i>Deb Daigle</i>	<i>Lorna Lord</i>	<i>Skowhegan Savings Bank</i>
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<i>Julie Bailey</i>	<i>Joshua D'Errico</i>	<i>Robin Melancon-Quimby</i>	<i>Lori Switter-Hembree</i>
<i>Thomas Bartol</i>	<i>Tamar Diamond</i>	<i>Jim Metivier</i>	<i>Melissa Thornton</i>
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<i>Karen Curry</i>	<i>Christine Laverdiere</i>	<i>Ann Schwab</i>	

HealthReach employees are italicized

In 2016, we were grateful for the support of individuals, businesses, foundations and community partners who generously contributed to HealthReach in support of our mission: *to provide high quality, affordable, patient-centered health care in the medically underserved communities of Central and Western Maine*. Our patients, staff and board members recognize the vital role that donors play in the success and growth of our health centers. These donations help fund patient service improvements, technology, patient education and community health programs.

If you are interested in helping out your health center, consider making a financial contribution, donating goods or services, serving on your health center board or volunteering. Your generosity promotes the health and wellbeing of our Maine communities.

Financial donations to HealthReach are tax deductible under IRS rules. **For more information on current priorities and opportunities at your health center, contact the Development Office at (207) 660-9913. Visit www.HealthReachCHC to download a donation form.**

HealthReach Community Health Centers makes every effort to list donor names as requested. Please direct corrections to the Development Office at 207-660-9913. The list above reflects financial and in-kind donations and pledges received between January 1, 2016 and December 31, 2016.



Prepping food ~ Teaching 10 Tips class in Strong

“We loved the simple and healthy recipes that we were able to make ourselves at home”

It was Janet’s 3rd time attending the “Teaching 10 Tips” class at the Foster Memorial Building in Strong. The free nutritional cooking course was a collaboration between Strong Area Health Center and Ellen Thorne, the SNAP-Ed educator of Healthy Community Coalition.

“I like learning about all the salt and sugar in the foods we eat,” said Janet. “I also like the hands-on experience of cooking our own foods in class and tasting them”

To begin each class, Ellen informed participants on the health consequences of common foods, and suggested healthier alternatives. Ellen brought with her a variety of engaging displays, such as the tube that demonstrated the effect of plaque in blood vessels. Afterward, the participants were given a chance to cook in the kitchen and followed recipes to make their own granola, yogurt parfaits, fruit salsas, and hummus. After sampling the snacks, participants took home the leftover food along with various nutritional handouts.

“I think the biggest impact of these classes is exposing people to new foods, and new ways of working with different vegetables,” said Ellen. “A lot of folks simply haven’t tried hummus, or have no idea what quinoa is.”

As for Ellen herself, her favorite part of teaching the class is learning from the other participants in the class.

“Everyone comes in with their own tips, tricks, and recipes. I always leave with new ideas.”

Ellen, Janet, and the other participants were eager to share their positive Teaching 10 Tips experience with other Mainers.

“It’s casual, it’s fun, and it’s free. There’s really no reason not to come!”

For anyone interested in cooking healthy under a budget, Teaching 10 Tips is a valuable community resource.

- For more info regarding classes in Franklin County contact Laura Quynn at 207.779.2928 // lquynn@fchn.org
- For info regarding classes in Madison area, contact Madison Area Health Center at 207.696.3992
- For info regarding classes in Belgrade area, contact Belgrade Regional Health Center at 207.495.3323



Belgrade Regional Health Center
 2,060 patients totaling
 6,859 visits in 2016



Bethel Family Health Center
 3,764 patients totaling
 12,236 visits in 2016



Bingham Area Health & Dental Center
 2,316 patients totaling
 5,695 visits in 2016



Lovejoy Health Center
 4,029 patients totaling
 14,049 visits in 2016



Madison Area Health Center
 2,045 patients totaling
 7,931 visits in 2016



Mt. Abram Regional Health Center
 1,526 patients totaling
 4,368 visits in 2016



Rangeley Family Medicine
 1,527 patients totaling
 3,480 visits in 2016



Richmond Area Health Center
 2,697 patients totaling
 8,621 visits in 2016



Sheepscot Valley Health Center
 4,027 patients totaling
 13,536 visits in 2016



Strong Area Health & Dental Center
 3,444 patients totaling
 11,615 visits in 2016



Western Maine Family Health Center
 2,330 patients totaling
 6,809 visits in 2016

HealthReach Community Health Centers

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 Waterville, ME 04901

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2016 By the numbers

95,284

total health center visits

4,318

flu shots given

80

communities served

9

counties served

1,031,517

dollars patients saved with our reduced fee program

7,910

dental visits

27,998

patients served

2,658

patients receiving care with reduced fees

Financial Information

Statement of Activities

Revenue	2016	2015
Revenue & Earnings	\$25,137,681	\$24,079,617
Deductions from Revenue	<u>\$ (4,097,005)</u>	<u>\$ (4,139,670)</u>
Net Revenue	\$21,040,676	\$19,939,947
Expenses		
Salaries, Wages & Employee Benefits	\$13,695,081	\$12,472,855
Supplies & Other	<u>\$ 6,008,404</u>	<u>\$ 5,748,905</u>
Total Expenses	\$19,703,485	\$18,221,760
Net Operating Income	\$ 1,337,191	\$ 1,718,187