



The MACHC Review

A Quarterly Update by the Mid-Atlantic Association of
Community Health Centers (MACHC)

Fall/Winter 2003

Industry Issues

Presidential REACH Initiative Impact Felt throughout Region

In FY 2001-2003 Maryland and Delaware Federally Qualified Health Centers (FQHCs) received a combined total of \$6.7 million in new federal funding under the President's Health Center Initiative. Maryland has received \$5.2 million and Delaware has received \$1.5 million.

This total includes 9 New Access Points, 3 Expanded Medical Capacity sites, 10 Service Expansions, and 1 Health Disparities Collaborative Grant. As a result of the Statewide Strategic Planning (SSP) process, member centers have projected over 47 projects totaling \$115 million over the next five years.

With the current success experienced by MACHC members and the increased competition for funding, MACHC has determined that a roadmap for supporting FQHCs should include strategies that involve leveraging federal and state dollars as well as utilizing non-traditional resources such as federal tax credits to create private investments in community health center projects. A strategy of this nature would not only support the growth of FQHCs in Maryland and Delaware, but create public and private partnerships that can provide ongoing benefit to FQHCs without continued support. For more information on these and additional strategies, visit www.machc.com or call MACHC at 301-577-0097.



In the wake of Hurricane Isabel, there leaves a reminder for all that emergency preparedness comes in various forms. The Mid-Atlantic Association of Community Health Centers (MACHC) has been working with its members, FQHCs in Delaware and Maryland, to help integrate their regional emergency response plans. These plans not only involve terrorism acts with biological, chemical, or radiological agents, but serve for emergencies such as power failures, fires, natural disasters, and civil disturbances.

Emergency Preparedness

Though it is ultimately up to each FQHC and their satellites as to what kind of role they will take in responding to emergencies, there is an opportunity for FQHCs to establish themselves in this arena. FQHCs can develop memorandums of agreement with their local hospitals to act as an "overflow center" for non-critical patients. Non-critical patients may go to the hospital; however, they are considered a very low priority due to a high number of critical patients already being treated. Since FQHCs already provide vaccinations on a daily basis, they can be utilized as a mass vaccination center if there was a need to rapidly inoculate the general population. Special needs populations or those in rural areas that are already served by FQHCs can be assisted by them during emergencies that may otherwise not be considered.

In July 2003, doctors and nurses at Westside Health of Delaware quickly responded to a house explosion that occurred near the center. The medical teams quickly set up a triage that began treating victims of the blast for ten minutes before ambulances arrived. The staff members of Westside Health were thanked by paramedics, police, and the Wilmington Mayor's office for their response to treat and comfort those affected by the blast.

There are upcoming grant opportunities in Maryland and Delaware for health centers to participate. In Maryland, the Department of Health and Mental Hygiene (DHMH) will be releasing a \$2.3 million Request for Proposals that health facilities (including community health centers) can apply for emergency preparedness funds. In Delaware, MACHC will be contracting with the Delaware Division of Public Health to conduct assessments on health centers. Upon its completion, the health centers will receive funds to improve their emergency preparedness infrastructure.

For more information on FQHCs and emergency preparedness, please go to www.machc.com or contact Matt Van Tine at matt.vantine@machc.com.

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Membership Services

MACHC has completed and distributed its 2003 membership survey. The feedback received from the survey will be used in the planning and implementation of upcoming educational sessions and events. The sessions to be included in our planning include: Capital Funding, Clinical/Quality Improvement, Establishing RVU's, Workforce Development, Women's Health, Mental Health Initiative, and, Coding, Billing and Screening.

Legislative:

On November 12th, 2003, MACHC participated in the Maryland General Assembly Health Care Summit. The focus of the Summit was to congregate various health care providers, insurers, consumers, health care advocates and business leaders to discuss the following issues: Financing Mechanisms for Health Care Services, Addressing Drivers of Health Care Costs, the Uninsured and Prescription Drugs.

During the Summit, Delegate John Adams Hurson, Chairman of the House Health and Government Operations Committee, presented his Maryland Community Health Care Initiative. The goals of his Initiative are to:

1. Provide a medical home for 690,000 Marylanders without health insurance.
2. Expand and bolster Maryland's existing network of community health centers.
3. Capitalize on the Federal REACH Initiative and maximize federal resources coming to Maryland.

Chairman Hurson intends to create a Community Health Resources Commission to administer the Initiative. The initiative would provide operational and capital support to community health centers.

The Operational Support would include:

- Revolving 340 B Loan Program
- Reverse Referral Program with Hospitals
- Rate Regulation System
- REACH program grants and Community Access Grants

The Capital Support would include:

- \$15 million Bond Program
- Leveraging Community Development Entities to facilitate access to New Market Tax Credits
- Expanded designation of Medically Underserved Areas

The Governor and the Secretary of DHMH echoed their support for FQHCs and the need to leverage them in addressing access to primary care for the uninsured.

In light of such a robust plan on behalf of community health centers in recent history, the Legislative Committee of MACHC will be meeting to develop strategies for supporting the Chairman's plan for community health centers. Announcements of the Legislative Committee meetings will be sent to all MACHC members. In addition, MACHC will host another legislative breakfast, in February 2004, following the success of last year's breakfast. We look forward to the participation of our membership and the legislators.

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Women's Health Symposium

Dr. Marilyn Hughes Gaston, well-known to the Community Health Center world for years of leadership at the Bureau of Primary Health Care, was the featured speaker at MACHC's November 2003 conference on Women's Health.

Passionate advocate for African American Women's Health

Unbeknownst to those of us who may have lost sight of Dr. Gaston since leaving the Bureau last year, she has hardly retired. Rather, she has been reborn as a vibrant, passionate, and engaging advocate for Women's Health.

In particular, Dr. Gaston speaks with fire in her eyes about the toll that breast cancer, heart disease, diabetes, depression, and hypertension (to name only the top 5 causes) take on African American women in the form of early death and avoidable disease and disability.

Startling Stories

In book-end presentations, both opening and closing the day's activities, Dr. Gaston enlightened her audience with startling statistics on women's health risks and challenged us to care better for both ourselves and for our female patients.

Reading from her newly published book, Prime Time, The African American Woman's Complete Guide to Mid-Life Health and Wellness, Dr. Gaston cited the story of a woman who suffered an undiagnosed heart attack and whose symptoms included fatigue, anxiety, and breathlessness. In another case, a woman was determined to complete her commitment to a public speaking engagement. On the train, she was accosted by a doctor who saw her dragging one leg. He urged her to get off at the next stop and go directly to the emergency room. She did and was diagnosed with a stroke underway.

Studies and statistics bear out the message of these stories; without a doubt, women delay seeking medical care for themselves at a greater rate than men. Women, and African American women especially, are at significant risk for heart attack and stroke. Too many African American women die from preventable causes or from late diagnosis of disease.

Prime Time

Throughout the day, Dr. Gaston signed copies of her book for conference participants and spoke with individuals and small groups. She advised women who purchased the book to turn it into their personal workbook.

With chapters such as "Midlife in Black", and "Stress Can Be Managed", Prime Time offers no-nonsense information about cancer, mental health, and sexuality. It offers practical advice about how to stop or reduce smoking. Stories and charts are interspersed; also, the book addresses everything from financial management, to phobias and fitness.

The Challenge to Women

Dr. Gaston wrapped up the day with a challenge to all women to "Put ourselves first". She exhorted women of all races, but especially African American women, to make a priority out of better nutrition, smoking cessation, weight control, and daily exercise.

She reminded us all that Lifestyle accounts for 50% of the determinants of good health, whereas health care only drives about 10-15% of our health status. "Take the message back to your friends, families and patients." Energized by her engaging manner and passionate presentation, her enthusiastic audience will not forget her message!

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Associate Member

MACHC would like to extend a warm welcome to our new Associate member:

La Red Health Center

505-A West Market St., Georgetown, DE
Telephone (302) 855-1233 Fax (302) 855-1020

La Red Health Center, located in Sussex County, Delaware was established to provide access to affordable and quality, family-oriented, comprehensive health care. La Red is dedicated to improving the health status of all individuals in such a manner that is confidential, dignified and culturally appropriate, regardless of race, sex, income, limited English-proficiency, political and religious beliefs, or ability to pay.

The Kellogg Fellowship for Emerging Leaders in Public Health: Managing in Turbulent Times

With support from the W.K. Kellogg Foundation, the Kenan-Flagler Business School and the School of Public Health at the University of North Carolina at Chapel Hill have jointly created a seven month fellowship program, Managing in Turbulent Times, which is designed to equip a cadre of talented minority public health practitioners with the requisite skills to manage public health organizations more effectively in these times of economic uncertainty and global insecurity. Customized leadership coaching, action and problem-based learning strategies are combined to expand and support personalized skill development throughout the fellowship experience. Through onsite and distance learning strategies, fellows will develop skills in strategic and situational analysis, civic entrepreneurship, financial management, crisis communications, diversity and management, and more.

Thirty fellowship placements are available for the 2004 cohort. This fellowship program is open to emerging public health leaders from the Latino, African American, and American Indian/Alaskan Native communities.

For more information please visit our website at www.sph.unc.edu/nciph/elph or contact: Dr. Claudia Fernandez at 919-843-5560 or via email at: Claudia_Fernandez@unc.edu.

Potential Funding Opportunities

Executive Nurse Fellowship Announcement

The Robert Wood Johnson Foundation is accepting applications for its Executive Nurse Fellows Program for 2004. This fellowship is a leadership development program for nurses in senior executive roles in health services, public health, and nursing education. The three-year fellowships allow Fellows to remain in their current positions and are intended to offer participants the experiences and skills necessary to advance in executive leadership positions. The program is designed ultimately to increase the influence of nurses and nursing across many sectors of the economy. Up to 20 fellowships will be awarded in 2004.

Application deadline is January 30, 2004. The complete Call for Applications is available on The Robert Wood Johnson Foundation web site www.rwjf.org/cfp/executivenursefellows or by calling (415) 502-6451.

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Community Partnerships for Older Adults

The *Community Partnerships for Older Adults* is a \$200-million, eight-year grant program of the Robert Wood Johnson Foundation that fosters efforts of local public-private partnerships to improve long-term care and supportive services for older adults. The program challenges communities to build on their experience, share and learn from other communities, and help to shape state and national policy as they develop and implement solutions for the future.

In an upcoming round for funding, up to 17 communities will receive development grants of up to \$150,000 for 18 months. Development grantees will have an opportunity to compete for grants to implement the activities described in their plans. Twelve development grantees will be selected for implementation grant awards averaging \$750,000 over four years.

Grantees will be given financial and technical assistance to develop and implement community-generated approaches to long-term care and supportive services systems improvements for at-risk older adults – defined as individuals 60 years of age or older who are at increased risk of disability because of poverty, race, ethnicity, chronic illness or advanced age; and older adults who have physical or cognitive impairments requiring long-term care and supportive services.

Eligibility Criteria

- An applicant must demonstrate that a core group of community leaders has been working together as a partnership for at least two years.
- Partnerships must encompass a geographic area with at least 10,000 residents who are age 60 or older. Exceptions will be made for rural communities. Statewide efforts are not eligible. (*Geographic areas might include all or part of a major city or large county, or multiple contiguous counties. Exceptions will be made for rural communities*)

Selection Criteria

Proposals will be evaluated on:

- Evidence of the partnership's success in improving the lives of older adults.
- Clarity and feasibility of project scope, goals, objectives, strategic plan and budget use.
- Meaningful participation by older adults in the partnership.

Deadline

- January 9, 2004 (3 p.m. EST) – Deadline for receipt of letters of intent (must be submitted on-line).
- April 2004 – Deadline for receipt of full proposals.

Diversity is a guiding principle of this initiative. The program seeks applications from urban and rural areas across the United States, and from projects that serve an array of racial and ethnic groups. *Please note: Only one grant will be made within a single geographic area. If more than one application is received from a single, geographic area, each will be reviewed independently.*

For more information, visit: www.rwjf.org/index.jsp or www.partnershipsforolderadults.org/

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Special Projects

Open Society

Integrating Substance Abuse Treatment and Primary Care

Under a grant from the Open Society Institute-Baltimore, MACHC has been working with Baltimore's seven FQHCs to develop new ways to integrate primary care and substance abuse treatment. Last year's FDA approval of buprenorphine as a treatment for opioid dependence opened up an important new opportunity for CHCs.

Buprenorphine can be administered in an office setting by any physician who completes an 8 hour specialized training program. After applying to the DEA for an amended license, the prescribing physician is authorized to manage up to 30 patients on this drug. Many substance abuse treatment experts are optimistic about this drug's potential to increase access to treatment.

Buprenorphine has been found to be an effective drug for opioid detoxification and maintenance. After a period of several weeks or months on this drug, patients can be offered a choice between staying on a maintenance dose or tapering off entirely.

Most of Baltimore's CHCs already operate state certified drug treatment programs. Adding medication assisted treatment allows these CHCs to help patients who have found drug-free treatment to be unsuccessful and who might otherwise be on a waiting list for a methadone slot.

Patients with histories of long-term heroin or **oxycotin** abuse can be offered buprenorphine as an alternative to methadone or drug-free treatment. The same physician who may be managing a patient's mental health or HIV care can now work collaboratively with a substance abuse counselor and the pharmacy to accomplish adherence with all treatments at the same time. Primary Care Physicians who have not previously treated opioid dependent persons can now offer this medication while making a referral for counseling.

To date, the Open Society project has secured over \$550,000 in additional funding for 3 Baltimore City FQHC's. An additional \$360,000 in projects are under development for the remaining FQHC's. If you are interested in learning more about ways to integrate substance abuse treatment services into primary care settings, contact Rebecca Ruggles, Director of Special Projects, at rebecca.ruggles@machc.com or 410-558-4996.



HealthChoice Update

MACHC recognizes that outreach and educational activities are necessary to overcome barriers to accessing healthcare services faced by low-income individuals and families. Therefore, MACHC educates potential recipients on available benefits and enrollment options with the HealthChoice program. Similarly, MACHC targets markets such as medical sites, hospitals, community and religious organizations in their outreach effort.

Since beginning its outreach effort with the HealthChoice program, MACHC had the opportunity to support two of its member Federally Qualified Health Centers (FQHCs), specifically People's Community Health Centers and Greater Baden Medical Services, by distributing HealthChoice materials and conducting presentations to patients and staff at their satellite sites. Furthermore, MACHC carries a comprehensive listing of the FQHCs at every presentation site so persons requiring primary care services, who are uninsured, may be referred to their nearest FQHC. Once persons are referred to their nearest FQHC, they may be further educated on other social services for which they may be eligible within the county they reside.

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Additionally, MACHC participates in community events, including health, job and opportunity fairs, ethnic festivals, community block parties, etc., to provide direct community outreach and canvassing with HealthChoice outreach educational materials and enrollment services.

MACHC most recently participated in the following community events:

- ◆ Annual Thanksgiving Dinner for the Homeless, at the Baltimore Convention Center, on November 26;
- ◆ Ruth Parker Eason School's "Transition Night", held at the school in Millersville, November 5;
- ◆ Anne Arundel Medical Center and Annapolis Outreach Clinic's "Free Health Event for Men", held at the outreach clinic, in Annapolis, November 3;
- ◆ ARC of Anne Arundel County, ALMMAA, Inc., and the Outreach Center of the Anne Arundel Medical Center's "Community Health Fair", held at the Maryland Automobile Insurance Fund (MAIF), in Annapolis, on November 1;
- ◆ People's Community Health Centers' "2nd Annual Health Fair", held at St. Joseph's Church, in Odenton, on October 12;
- ◆ Festival de Otoño, held at the Stonemill Square Shopping Plaza, in Wheaton, on October 11;
- ◆ Glen Burnie Seventh Day Adventist Church's "Annual Health Fair and Blood Drive" in Glen Burnie, on October 5;
- ◆ Anne Arundel County Department of Health, Office of Minority Health, and the Hispanic Health Network's "Gran Festival de la Salud", held at Annapolis Middle School on October 4; and,
- ◆ "Take a Loved One to the Doctor Day", held in conjunction with ABC Radio Networks, Closing the Health Gap, and the Department of Health and Human Services, at the War Memorial Plaza, Baltimore City, on September 16.

For more information on the HealthChoice program or to request an educational and/or enrollment presentation for your organization, contact Yesenia Flores, Healthcare Outreach Coordinator, by telephone at (301) 577-0097 or send an e-mail to: yesenia.flores@machc.com.



Calendar of Events

Please mark your calendar accordingly. Thank you!

Executive Committee and Quarterly Board Meetings

Executive Committee meetings will be held:
(Second Friday of the month)

Friday, December 12, 2003	10:00 a.m. – 12:00 noon
Friday, February 13, 2004	10:00 a.m. – 12:00 noon
Friday, March 12, 2004	10:00 a.m. – 12:00 noon
Friday, May 14, 2003	10:00 a.m. – 12:00 noon

Quarterly Board meetings will be held:
(Third Wednesday of the month)

Wednesday, January 21, 2004	11:00 a.m. - 1:30 p.m.
Wednesday, April 21, 2004	11:00 a.m. - 1:30 p.m.
Wednesday, June 16, 2004	11:00 a.m. - 4:00 p.m.

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MACHC New Hire

We would like to welcome Ms. Esther Lwanga as the recent addition to the MACHC staff. Ms. Lwanga will be replacing Mr. Jones as the Community Development Analyst. Prior to joining MACHC, Ms. Lwanga served as a research associate within the Yale-Griffin Prevention Research Centers Community-Based Participatory Research department, she

researched the implementation of outreach programs to evaluate the effectiveness of community health workers and analyzed strategies of improving information dissemination within the community and between health departments. She also worked with the American Red Cross, as a student researcher, conducting a study on the availability and willingness of health care professionals to volunteer during domestic and international disasters. Ms. Lwanga holds a Masters in Public Health from Yale University's School of Epidemiology and Public Health, in addition to receiving her Bachelors of Science in Biology and Psychology from Creighton University.

Welcome!



Contact MACHC

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About MACHC

The Mid-Atlantic Association of Community Health Centers (MACHC) is comprised of federally qualified community health centers in Maryland and Delaware.

Maryland

Baltimore Medical System, Inc.

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Chase Brexton Health Services

David Shippee
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Phone: 410-752-0954

Choptank Community Health System, Inc.

J. Wayne Howard
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Phone: 410-479-4306 x5002

Community Clinic, Inc.

J. Mark Langlais
Executive Director
Phone: 301-340-7525

Greater Baden Medical Services

Dr. Sarah Leonhard
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Phone: 301-599-0460

Park West Health Systems

Dr. Allen Bennett
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Phone: 410-542-7800

People's Community Health Center

Pat Cassatt
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Phone: 410-467-6040

Family Health Centers of Baltimore

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Three Lower Counties Community Services, Inc.

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Total Health Care, Inc.

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Associate Member

La Red Health Center

Brian Olson
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MACHC is the voice of communities in need and is dedicated to building and strengthening programs in the delivery of quality community-based healthcare to the medically underserved and underinsured. We seek partners who share our vision and look for opportunities that enable us to achieve our mission.