

Mail your complete application to:

2008 Foster G. McGaw Prize
 American Hospital Association
 One North Franklin, Suite 2800
 Chicago, IL 60606

Applications must be received in the Prize office by close of business on April 4, 2008.

Questions? Please contact AHA Member Relations at **312/422-3932**, or visit the web site at **www.aha.org**.

Sisters of Charity Health System

Name of Health Delivery Organization
 P.O. Box 7291

Mailing Address
 Lewiston, ME 04243-7291

City, State, Zip Code

Name of Contact (Mr. Ms. Mrs.)
 Russ Donahue

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My health delivery organization is a (check one):

- Hospital Health System Integrated Network Community Partnership Other

Primary type of community:

- Urban Rural Suburban Mix

References

Please list three (3) individuals who can be contacted to provide reference information about (a) the commitment of the health delivery organization to community service and (b) the impact of the applicant's community service initiatives.

Peter Geiger

Name of Reference, Title

Lewiston, ME

City, State, Phone Number

Geiger Bros.

Organization

Previous Board member

Relationship to Health Care Org.

Laurent Gilbert, Sr.

Name of Reference, Title

Lewiston, ME 04240

City, State, Phone Number

Mayor-City of Lewiston

Organization

Previous Board member

Relationship to Health Care Org.

Senator Margaret Rotundo

Name of Reference, Title

Lewiston, ME

City, State, Phone Number

State of Maine

Organization

State Senator

Relationship to Health Care Org.

Signatures

In submitting this application we give the American Hospital Association permission to use and disseminate the information contained herein, except the audited financial statements.



Chief Executive Officer

Lee Myles

Type or Print Name



Board of Trustees Chair

Patricia Finnigan

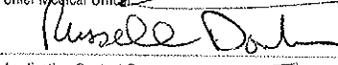
Type or Print Name



Chief Medical Officer

Dr. Michael Kelley

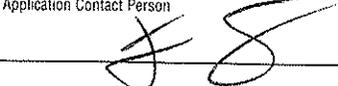
Type or Print Name



Application Contact Person

Russ Donahue

Type or Print Name



James Cassidy

President/CEO-SoCHS

2. Sisters of Charity Executive Summary

We are pleased to present Sisters of Charity Health System's (SOCHS) application for the 2008 Foster G. McGaw Prize for Excellence in Community Service. The story recounted in this application is a taste of our organization's 120 years at work in the community.

Through the efforts of three Grey Nuns, Sisters of Charity grew out of simple circumstances to serve a marginalized population in a rapidly developing industrial and manufacturing community. Their focus was to do what needed to be done to help the community, and that philosophy has remained a cornerstone of this organization through the ensuing years. Since 1991, the Sisters of Charity Health System has prided itself on maintaining that focus with a lay, rather than religious, leadership.

Our role as a hospital provides only a rough outline to our work. The details of who we are include our readiness to step in and leverage financial resources to create new affordable housing in a tired downtown neighborhood; our embrace of recent Somali neighbors by celebrating the diversity they bring to the community and educating ourselves about their rich cultural heritage; our establishment of a school for behaviorally-challenged students when local school districts could no longer afford to pay the costs of sending the children outside our community for their education. We have also rescued a failing food pantry and infused the goodwill and enthusiasm of 2,000 employees to meet the emergency needs of the community's hungry. At Sisters of Charity, we see what needs to be done and we do it, whether or not the task is characteristic of a healthcare system.

We are pleased to share in-depth discussions on five programs of which we are justifiably proud:

- The Neighborhood Housing Initiative, which has resulted in the construction of 12 very affordable new homes, recognizing that families can't be healthy when living in an unhealthy environment.
- The B Street Health Center. A full-service medical practice located in the heart of a federally-designated Enterprise Community, which also offers behavioral medicine and dental services in a culturally sensitive and affordable manner, maintaining the dignity of its patients.
- The Sisters of Charity Food Pantry. One of the largest emergency food pantries in New England, it has been providing emergency food assistance to residents of greater Androscoggin County for over 20 years.
- Lots to Gardens. A youth and community driven organization that uses sustainable urban agriculture to grow fresh food, nurture healthy youth, and create a healthier community. The program teaches people how to grow their own food, provide affordable access to fresh food, and involve youth as leaders, while helping families and youth develop skills and build power for lifelong and community-wide change.
- Take Charge! A community outreach program that provides individuals with low cost health screenings, immediate feedback and referral as appropriate. Since its inception, over 6,300 individuals have participated and have found the program to be meaningful and of high value.

Thank you for giving us this opportunity to share our Mission.

3. Sisters of Charity Health System Overview

The **Sisters of Charity Health System** provides healthcare in Central and Western Maine from a 16-acre campus in Lewiston, Maine. The organization is a member of Covenant Health Systems based in Lexington, Massachusetts. The Health System includes:

St. Mary's Regional Medical Center - a 233-bed acute care hospital providing medical, surgical, obstetric, gynecological, spine, oncology, orthopedic, pediatric, ambulatory, behavioral, and emergency care services. The hospital's service area comprises Androscoggin County, Maine. Through 2004, its market share was 37.4 percent.

St. Marguerite d'Youville Pavilion – one of Maine's largest long-term and rehabilitative care facilities, it uses the Eden Philosophy as a means of organizing care for its residents. For all 210 residents, we believe that long-term care is about living.

Maison Marcotte Independent Living Center - a 128-apartment independent living facility for low-income elderly and disabled. The Center coordinates Lifeline Emergency Response Systems throughout Central Maine.

Community Clinical Services - a diverse physician network of 65 providers located throughout the county. Specialties include Geriatrics, Internal Medicine, Family Practice, Midwifery, OB/GYN, and Psychiatry. Community Clinical Services is a Federally-Qualified Health Center (FQHC) look-a-like, offering sliding scale fees.

WorkMed Occupational Health Services - provides a range of preventive and occupational medical services to over 400 employers and their employees in Androscoggin County.

Renaissance and Genesis Houses - residential treatment homes for children and adolescents.

Renaissance School - a licensed, special-purpose school that meets the educational and behavioral needs of children with the educational diagnosis of Emotional Disability (ED).

4. Sisters of Charity Community Profile

Sisters of Charity Health System primarily serves Androscoggin County, with approximately 42,000 households. According to the Margaret Chase Smith Center for Public Policy, 5,000 of those households are living in poverty.

Major Employers: The largest employers in the region are the two hospitals and a home-health agency. Other large employers include three manufacturing plants, a national banking firm, several colleges, an insurance company, and national large, retail stores. We also have many smaller businesses employing fewer than 20 individuals. Many local businesses and chains do not provide employee benefits. The median household income is \$24,931.

Poverty: A lack of well-paying jobs is a major issue of downtown Lewiston. In the immediate area of the Hospital and its B Street Health Center, the poverty rate jumps from 12 percent for all of Androscoggin County to 24 and 37 percent respectively for the Hospital and B Street. The County is also in a federally designated medically underserved area. In 1998 Lewiston's census tracts 201 and 204 received federal designation as an Enterprise Community due to poverty rates as high as 37 percent.

Immigration: Since 2001, the city has seen an influx of at least 1,800 Somali secondary migrants. They settle in Maine seeking a better life, but come with few resources as far as employment, housing, or education. Cultural differences and language continue to be barriers in need of community attention.

5. A Passion for Doing What Needs to Be Done

Overview: Our Mission is to continue the healing ministry of the Catholic Church in the spirit of St. Marguerite d'Youville by providing preventive, curative, restorative, and supportive services with compassion and respect for everyone.

St. Marguerite, who so guides our Mission, founded the Grey Nuns in Quebec during the 18th century. Three of these nuns arrived in Lewiston in 1888 with a passion for doing what needed to be done. Realizing that the health and well-being of the community grew out of the health and well-being of individual families, the nuns quickly established a series of badly-needed community services: daycare to look after children whose parents spent long hours in the mills; schools to provide education for those children; a hospital to heal people injured in the mills so they could return to work and meet their families' needs; and a nursing home for the poor and aged who lacked someone to look after them.

Although the structure of these institutions has grown and evolved, the Sisters of Charity Health System continues managing them according to the vision of these founding nuns. That vision? Do what needs to be done, for the poor, the sick, the young, and the old. If there is a need, it is our Health System's duty to help.

This vision is at the heart of the System's Mission and informs the activities and decision-making of everyone involved. Guided by the Vice-President of Mission Effectiveness, all that we do is steeped in our Mission. From orientation to direct patient care to our service work in the community, we are driven to fulfill our Mission. All volunteers and employees go through a lengthy and interactive orientation process, with the theme "We do what needs to be done," as the organizing principle. This both directs and empowers employees to assist one another, patients, and the community at-large. Orientation is just the springboard for imparting the Mission of the organization to its employees. Regular celebrations of Mission help keep it "fresh" for all employees, as does the enthusiasm of new employees brimming with excitement over what they've learned. Although the Grey Nuns no longer sit in the CEO's office, they are in our hearts and inspire the work we do.

Leadership: Starting at its top, the System's Board of Directors reflects the greater community, with representatives from local business, education, media, and government. The System regularly looks to physicians, patients, businesses, and the community for advice and guidance through surveys, patient focus groups, and roundtable discussions. Senior and middle leadership sit on boards of other community organizations, such as Advocates for Children, the United Way, and the American Red Cross. This gives us insight into what others are doing, and how we might help in their efforts. Our support and involvement takes many forms, such as: providing a teaching environment for student internships and clinical rotations; interpreters; room use for community groups; support groups for cancer and grieving; community groups that address homelessness, poverty and hunger; and participation on nonprofit boards.

Commitment: Our commitment starts with Mission, and the spirit of Mission begins upon entry into our organization, running through every level of staff, volunteer, leadership and to the board itself. What is most interesting about SOCHS is how we, as lay people, have embraced the vision of our foundress to "do what needs to be done." It is a religiously sponsored organization, run by lay people, who exhibit and embrace a religious fervor in decision and action. We are sponsored by the Catholic Church, but comprise many faiths. That we, of different faiths and backgrounds, can adopt the vision of an 18th century French-Catholic nun, and weave it into a code of behavior for a successful, 21st century health care business is a testament to commitment.

Partnerships: When their prior sponsor withdrew support for four, school-based health centers, Sisters of Charity stepped in to fill the void. We are now in our fourth year of partnerships with the two local school districts to provide the services of a nurse practitioner and mental health coordinator at two high schools and two middle schools serving over 4,000 students, half of which are at or below the poverty level. During the last school year, these Centers saw 1422 visits from enrolled children.

Our involvement with schools does not stop with healthcare. Inspired by former board member and businessman Peter Geiger, who received national recognition for his Adopt-A-School program, Sisters of Charity donates over \$10,000 a year in time and materials for 25 employees to tutor and read to elementary school students on company time.

Teaching behaviorally challenged pupils can be difficult and expensive for individual school districts. Sisters of Charity drew upon the experience of its behavioral division to develop a highly successful collaborative with several local school systems to meet the needs of students who are unable to thrive in a traditional classroom setting. Renaissance and Genesis Houses provide a home for children and teens to live safe from abuse. Renaissance School provides education to students who are unable to function in a traditional school setting.

Housing is an issue now in Lewiston's inner city, much as it was 125 years ago for the Grey Nuns. Our partnerships with the City of Lewiston, several banks, non-profits, and builders allowed us to construct a 15-unit condominium development in the heart of Lewiston.

When the resources of this Franco-American working class community were stretched by an influx of refugees, governmental entities within Lewiston and Auburn looked to Sisters of Charity for help in meeting the group's needs. We provided diversity training to city staff and general assistance triage when the Somalis first came to the area. When the cities were embroiled in controversy over racial tensions, our meeting rooms provided a forum to hammer out differences. Local physicians participate in our yearly trips providing medical care for residents of Haiti. We have been longstanding participants in a statewide coalition of business, insurers, and healthcare providers looking at ways to drive down cost and increase quality of all medical care in Maine.

Breadth and Depth of Initiatives: Our initiatives are developed in conjunction with other community agencies and professionals, which helps us to be certain that we are dealing with issues important to the community. This also allows us to get another "take" on the problem and possible solutions. For example, our Take Charge! initiative was developed in conjunction with a local cardiology group and area businesses to address issues connected to chronic heart disease. After 6 years we have screened over 6,000 people, and based on self-reported data, almost 60 per cent of those people have made lifestyle changes to address medical issues uncovered. An impressive 86 per cent agreed to have screening results sent to their primary care physician for further consultation.

The Lots to Gardens initiative has produced more than 18,000 pounds of organic produce by and for people of low income. To achieve this, 400 youth and adult volunteers spent over 1,200 hours doing everything from plowing, tilling, weeding, and watering to setting up farm stands in public markets and teaching health cooking classes. Another 60 adult and senior gardeners participated by growing food for themselves in community gardens.

At our Food Pantry, staff and volunteers see their Mission as being respectful of individuals and families. This means allowing them to make their own food choices from available selections, and asking if there are other items they might need. By listening to those we serve, our partners, and our staff, we strive to deliver the best results possible in addressing the problem at hand.

Community Involvement: When we sponsor open flu shot clinics each fall for the community, hundreds of people show up. Our B Street Community Health Center provides over 2,917 medical visits during the course of a year, primarily from people without transportation, grateful for a modern medical facility within walking distance. Our school-based health centers are equally important, providing more than 1,400 episodes of care to children from throughout Lewiston and Auburn. These centers are readily available to the children, a first line of medical care for many who might not otherwise see a physician.

Club W! is a hospital-sponsored program run by community volunteers with a Mission for providing women with information and activities around the themes of well, wise, and whole. The Club's events, which take place for free or a nominal fee, are regularly oversubscribed. One of the most popular is "It's Great to Be A Girl," an event for young girls and an older woman in their life (like mom, grandmother, aunt, or older sister) where through a variety of activities they enjoy affirmation that girls are as capable as boys. In conjunction with the American Cancer Society, we developed and established the first hospital-based Cancer Resource Center in Maine. Run by volunteers, its doors are open daily to a growing number of community members and patients whose lives have been touched by cancer.

Our own employees are a key part of our community, and for a week in October they celebrate Mission Week. The week culminates in an auction and sales for the d'Youville *Fund for the Needy* and medical-mission work in Haiti. Employees donate earned time to the fund as well as cash. This fund regularly sees over \$8,000 in cash and 800 hours of earned time donated annually by employees. These are but a few examples of the way we interact with our community. You will read more about community response to our service initiatives in section 6.

Sustainability: There are four ways in which we ensure the sustainability of most of our community service initiatives. The Neighborhood Housing Initiative, as you will learn in section 6, was funded through SOCHS leveraging resources and business connections. As those units sell, they become the responsibility of their owners.

All our other community service initiatives participate in the SOCHS budgeting process. As such, they are allocated funds necessary to meet their objectives. These initiatives are also expected to work with our System's Foundation to secure other sources of income to augment or replace SOCHS funding. Since most of the system's cash is attributable to earnings from St. Mary's Regional Medical Center, the continued financial well-being of the hospital is a cornerstone of sustainability for our initiatives.

Some initiatives, such as our school-based health centers and the Take Charge! program, charge a nominal fee for services. Where such fees impose a burden, we waive them. While not enough to ensure sustainability, in concert with other funding sources, these fees do contribute to the ongoing viability of programs.

Our system's Foundation has two grant writers on staff whose focus is to seek funding in support of these initiatives and the overall goals of the system. In 2007, the Foundation secured approximately \$1,364,490 in gifts and grants from government sources, private foundations and individual donors.

Finally, our system's Foundation performs direct fundraising for some programs, such as our Food Pantry. In 2007 it raised \$70,139 in donations for the pantry's efforts. Doing this adds the benefit of increasing the sense of ownership for the program across the community.

Sisters of Charity Community Service (Part 6: 1)

Neighborhood Housing Initiative: Making the Dream of Home Ownership Come True

Overview As Sisters of Charity looked past its campus toward downtown, we realized that the state of Lewiston's inner city neighborhood was deteriorating both physically and socially to a level that required action. Knowing that the health of a community is linked to the well being of its residents, in 1999 we established our Neighborhood Housing Initiative (NHI) to construct an affordable, 15-unit, owner-occupied housing project in the most economically distressed section of downtown Lewiston. This initiative was the first downtown housing project in Lewiston since 1940.

Impact To date, 12 units have been built in three phases of the project. Ten families, who would have otherwise never had the opportunity, have now realized the dream of home ownership. Of the remaining units to be built, one home is already pre-sold and three others are under contract. But the true statistics lie in the effect our initiative has had on the City to stimulate growth and development: Greg Mitchell, assistant City Administrator for Lewiston, describes it this way: "Sisters of Charity was first out of the gate to take the action that has served as a catalyst for housing investment in downtown Lewiston. Since their initiative, the redevelopment or new construction housing investment by Community Concepts, Coastal Enterprises, Inc., and private parties has exceeded \$15 million. Their initiative has had a transforming effect on the housing inventory in downtown Lewiston."

Lessons Learned You can truly make a difference when you take care of the neediest in our population, and when you do, the whole community benefits.

Future Goals To sell the three remaining units envisioned as part of this project. The Condominium Association is staffed and run by the residents, further empowering them to affect their lives and the lives of their neighbors in a positive manner. Finances for the Association allows it to be self-sustaining. We will not be doing another housing project but will focus our resources on other needs in the community.

Operating Expenses for Past Fiscal Year At this point the project is essentially self-sufficient, with the condo association covering its own costs. SOCHS staff occasionally provide technical advice at no charge.

Funding \$2,285,158 for 15 homes. The actual development cost is approximately \$152,000 per unit. However, due to collaboration among many agencies, the units have been affordably priced between \$40,000, and \$65,000. Sisters of Charity formally committed \$250,000 to the NHI project and led fundraising efforts to secure the additional \$250,000 necessary to ensure the units' affordability. It also made a significant in-kind contribution by overseeing construction. For the next three homes to be built in Phase 4 of the project, we have secured the following funds:

Funding Source	Amount
Maine State Housing Authority	\$66,000
Lewiston Housing Authority	\$172,000
City of Lewiston	\$5,000
CHODO (soft second)	\$8,000
Sale of Homes: 5 @ \$40,000	\$200,000
Buyer Cash/Down Payments	\$5,000
Total Construction Cost for Phase II-5 units	\$456,000

Sisters of Charity Community Service (Part 6: 2)

Lots to Gardens

Overview Lots to Gardens is a youth and community driven program that uses sustainable urban agriculture to create access to fresh food, and to nurture healthy youth and a healthy community. Since 1999, we have built fifteen gardens and green spaces in four diverse neighborhoods in Lewiston. Our community gardens, intensive youth development programs, and weekly programs focused on healthy eating help families and youth develop skills for lifelong and community-wide change. Through this program, participants eat more fresh and nutritious food, support local growers and farmers, share meals with neighbors, and are actively involved in physical activity that brings them outdoors.

Impact Through our Summer Youth Gardeners program, 70 youth have participated in a leadership program, completing 3,200 hours of community service. More than 60 community and senior gardeners grew food for themselves in our 15 community gardens. Over 120 free healthy cooking classes were offered at four sites in 2007. Over 950 children, teens, adults and seniors attended these age-appropriate classes. Since 2005, more than 19,000 pounds of organic produce have been grown by and for people of low-income. Weekly neighborhood veggie stands provided affordable access to fresh produce. In 2004, we established and continue to co-manage the Lewiston Farmers Market. Vendors include youth gardeners, immigrant and refugee farmers, and traditional Maine farmers.

Lessons Learned Youth are essential partners in creating positive social change and benefit greatly from meaningful engagement in their community. People affected by hunger must be included as leaders in creating equitable food systems and solutions must be tailored to the diverse cultures and needs in our community. Building individual and community capacity is the foundation of our community food work. Finally, we've learned that in order to involve participants in planning, implementation, governance and evaluation, we must create intentional structures that depend upon their leadership.

Future Goals Lots to Gardens has begun the first stage in conducting a comprehensive community food assessment in partnership with four colleges in Lewiston and Auburn. This assessment will not only measure hunger, but also raise awareness and galvanize community support for addressing hunger and poor nutrition, and building local food access models.

Operating Expenses For the Past Year Total operating expenses in 2007 were \$173,000. Of this, \$95,650 represents cash expenses. The remaining \$77,360 represents the significant in-kind support that Lots to Gardens relies upon. This does not include a dollar value for the more than 1600 hours of volunteer support.

Funding Major funding sources include private foundations; federal and state competitive grants; local individual and corporate donations; and significant in-kind support. In 2007 Lots to Gardens raised \$96,645 from Foundations and individual donations. This was also the first year for a mail appeal to individuals. In-kind support from partners totaled \$72,440. Sisters of Charity also annually provides the difference between what is needed in the budget, and what is raised through fundraising and donations.

Sisters of Charity Community Service (Part 6: 3)

Making Healthcare Affordable: FQHC and the B Street Health Center

Overview In the fall of 2003, our downtown Lewiston medical practice became a central component of the newly created *B Street Community Center*. Located in the heart of a federally designated Enterprise Community, the Community Center houses 12 agencies that provide services to the city's poor and needy. The Health Center is a true medical practice where one would not normally be found. It accepts all patients, though most are Medicaid-eligible or sliding scale self-pay clients. It provides comprehensive primary care as well as behavioral healthcare in an innovative primary-care mental-health collaborative with the Common Ties Mental Health Coalition. This initiative integrates a range of targeted specialty mental health services with primary care medical services in a multidisciplinary treatment team model. It is driven by the need to address all the issues that present in a primary care setting.

Androscoggin County is a designated dental health professional shortage area (HPSA). We are staffed with one dental hygienist and one dental assistant 4 days per week for cleanings, sealants, fluoride treatments, and education. Of those clients coming in for routine care, at least 20 percent require additional complex care that requires them to be seen by a dentist. A pediatric dentist who does restorative work one day a week supervises the program. Two additional pediatric dentists allow us to offer complex pediatric dental services three days a week. We also run a much-needed TB clinic at B Street, have offered an Immigration and Naturalization (INS) clinic for new Mainers, and have begun an innovative "Group Visit" program focusing on diabetic patients.

Impact Approximately 525 clients visit the B Street Health Center every month. Since May 2004 when the dental portion of the Health Center opened, we have seen over 5596 children's dental visits from Lewiston-Auburn's poorest families. At B Street, 59 percent of all patients seen at the clinic receive a mental health diagnosis, with 33 percent of those patients having an addiction-related diagnosis. A nurse midwife travels to the Center weekly to see approximately 64 Somali women each year for pre and post-natal services.

Lessons Learned Delivering healthcare to this population has presented special challenges in meeting their medical needs as well as assisting them with their complex social needs. Through a series of focus groups with Somali women, we have learned much about their cultural health and nutrition practices, such as: how to schedule appointments with people who have not used clocks; how to ensure safe, full-term pregnancies for women who fast during a month-long religious holiday and stop eating in the seventh month so that their babies will not grow too large; how to deliver the babies of women who have had female circumcision; and how to respond when they ask that the circumcision be repaired. We've also assisted patients whose economic conditions forced them to choose between purchasing their medications and feeding their families.

Future Goals Having brought in a second pediatric dentist, we would like to Coordinate with hospital OR services to provide anesthesia for our young dental patients.

Operating Expenses for Past Fiscal Year \$503,781 including physician, dentist, dental technicians, mental health staff, cultural brokers, medical assistants, and administrative staff.

Funding The B Street Health Center earns \$351,036 in net patient revenue. The balance is provided from other sources, including SOCHS and private foundations. Such foundations include: the Maine Health Access Foundation, Lewiston-Auburn Children's Fund, MaineHealth, and the Stephen and Tabitha King Foundation.

Sisters of Charity Community Service (Part 6: 4)

The Sisters of Charity Food Pantry

Overview The Sisters of Charity Food Pantry has been providing emergency food assistance to residents of greater Androscoggin County for over 25 years. Originally known as the Lewiston/Auburn Emergency Food Pantry, the Sisters of Charity Food Pantry was founded in 1981 by the Good Shepherd Food-Bank. In 2002, the Food-Bank, needing to focus more on its mission of statewide food distribution, asked Sisters of Charity Health System to assume operation of the Pantry. The Food Pantry is conveniently located in the heart of downtown Lewiston where it operates 5 days a week. The primary focus of the Food Pantry is to obtain and distribute food to individuals seeking assistance from the Pantry and educate families on food purchasing, nutritious eating, and cooking. In addition, we direct clients to alternative sources of assistance, both financial and supportive.

Local service agencies, churches, hospitals, and schools regularly refer clients to the Food Pantry. Furthermore, Sisters of Charity medical staff and physician groups distribute Food Pantry vouchers to needy patients.

Impact The Food Pantry served 17,533 individuals in 2007, of which 10,646 were families.

Lessons Learned There is more need than known, and people are homeless and hungry. It takes the dedication of 76 volunteers to maintain an accessible schedule. Our clients feel more respect when they are allowed to make their own food choices, rather than being handed pre-packed food boxes.

Future Goals Use our connection to the Nutrition Center of Maine to offer classes for clients on easy and nutritious ways to prepare food. Develop children's cooking classes so that they develop a healthy cooking and eating habits at an early age. Develop a process for providing transportation to the Pantry for those elderly clients who need help getting to us.

Operating Expenses for Past Fiscal Year Operating expenses for 2006 were \$54,090. In-kind volunteer hours (9,360) are valued at an additional \$93,600

Funding The Food Pantry participates in the local Food-Bank, where it can obtain food for \$0.16 per pound. It is also generously supported by donations from foundations, individuals, Emergency Food and Shelter Program, area businesses, and our own employees through our annual campaign. The total of gifts to the Pantry in 2006 was \$70,139.

Sisters of Charity Community Service (Part 6: 5)

Overview *Take Charge!*, a comprehensive health screening program established in 2002, changes the way people receive health information. It eliminates the barrier of a lack of health insurance coverage, and reduces the barriers of cost and transportation. Maine has some of the nation's highest chronic disease rates, which *Take Charge!* addresses in a way that is both low-cost and preventive.

The screening takes between 10 and 30 minutes and involves answering 18 questions, providing a finger-stick blood sample and breathing into a machine. Depending upon the setting, results can include the individual's complete lipid profile (cholesterol); glucose measurement (diabetes); pulmonary function measurement (lungs); blood pressure; sleep habits; body mass index; smoking impact; and physical activity levels.

When the testing and history is completed, a medical professional discusses the results, and as appropriate, makes referrals to a primary care doctor, or a community-based prevention-related service (e.g., a smoking clinic or exercise program). If more immediate action is necessary, *Take Charge!* clinicians refer the person directly to a specialist or emergency department. A cardiologist reviews and follows up on all at-risk results and often refers people back to a primary care physician (a reversal of the traditional healthcare referral process).

Recently, Maine's largest tertiary care hospital (Maine Medical Center) has begun offering this program. They are achieving similar results, which attests to the replicability of this program.

Impact Since 2002, just over 6,300 individuals have gone through the program. In 2007 we screened 535 individuals, 52 percent female, 48 percent male. Approximately 51 percent of those participants were between the ages of 30-49, and 38 percent of them were over 50 years of age. Over a third of them had a family history of coronary artery disease, and approximately 18 percent had an elevated blood pressure during the screening itself. Of those participating, 30 percent had a body mass index greater than 30. Interestingly, only 10 percent of those participating were smokers. When it came to their cholesterol levels, 50 percent had total cholesterol of 200 mg/dl. In addition to this number of people learning what their current risks consisted of, and the steps they should take to begin lowering those risks, 88 percent of participants agreed to have their personal results sent to their PCP for additional follow-up. *Take Charge!* works.

Lessons Learned That participants understand the program is a screening, not a diagnosis. That screening results and educational information should be immediately available, so as not to lose the teachable moment. It is critical to have each primary care physicians understand the screening and national standards regarding risk levels and prevention.

Future Goals We are planning to implement a variety of educational programs including one-on-one health coaching with participants who are at moderate to high risk of heart attack or stroke.

Operating Expenses For Past Fiscal Year Operating expenses of \$123,733; operating revenue of \$108,281 with a net program loss of \$15,451.

Funding *Take Charge!* completed 535 screenings in 2007. The largest revenue source was from employers, in particular Bath Iron Works, who paid to have their employees screened. In turn, *Take Charge!* provided screenings at low or no cost in the community. The total SOCHS investment was \$15,451 after revenues.