Medical Care Development, Inc.
2009 Annual Report and
Update through September 30, 2010

... Instilling hope

... Reclaiming lives

... Attaining dreams

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October 2010
Mission Statement

Medical Care Development’s mission is to improve the health and well-being of people both nationally and internationally. We do this:

• In partnerships with communities, organizations, and governments.
• By developing and operating creative, compassionate, and practical programs.
• By providing technical advice and assistance to enhance the capacity of others.

Our Funding Partners Who Enable Us To Carry Out Our Work:

African Development Bank
Aid for Africa
American Heart Association, Founders Affiliate
American Lung Association, Maine
Anthem Blue Cross and Blue Shield
Bangor Health and Community Services
Betterment Fund
Catholic Relief Services
Centers for Disease Control and Prevention
Chemonics/USAID
City of Portland
Davis Family Foundation
Doris Duke Foundation
Elmina B. Sewall Foundation
Global Fund for AIDS, TB, and Malaria
Global Sanitation Fund
Hilda and Preston Davis Foundation
Kennebec Savings Bank
Maine Dental Association
Maine Department of Health & Human Services
Maine Health Access Foundation
Maine Medical Association
Maine State Employee Benefits Program
Maine Municipal Association Employee Health Trust
MaineHealth
Marathon Oil Corporation
Marathon Oil Foundation
National AIDS Fund
P.R.O.P. (People’s Regional Opportunity Program)
Savings Bank of Maine
The Bingham Program
The World Bank
U.S. Department of Health & Human Services
- Health Resources and Services Administration
- National Heart Lung and Blood Institute
- Office of Women’s Health, Region I
- Substance Abuse and Mental Health Services Administration
United States Agency for International Development
W.K. Kellogg Foundation
World Learning/USAID

Additional special thanks go out to our many individual, generous donors.
Letter from MCD’s Leadership

On behalf of MCD’s management team and our highly participative all-volunteer Board, it is our honor and pleasure to introduce MCD’s 44th annual report.

First, thank you to MCD’s 600 US-based and 200 Africa-based wonderful, caring, and competent employees. You are the heart and soul of MCD. It is because of your skill, dedication and passion in designing and delivering programs and services that MCD improves both population and individual health outcomes and directly supports many vulnerable, at-risk men and women. You embody and deliver on MCD’s mission.

Thanks also to our many implementing partners: together we are more effective in impact and broader in reach. We also appreciate the support and feedback of those we serve and will more actively seek your input to help us continue to improve. And as always, we are deeply grateful for the continuing support of our many funding partners and donors – private, government, individuals, organizations.

This report highlights activities in 2009 through September 2010, guided since February 2010 by MCD’s new five-year Strategic Plan. The Plan is built around five strategic priorities relating to People, Financial Strength, Community Living Services, International Programs, and US-based Public Health and Health Improvement Initiatives. Several strategies serve each priority, and MCD’s Board has set aggressive, measurable five-year and interim metrics for each element of the Plan. Please visit our new website, featured in this report, to look at the Plan in detail (www.mcd.org/news.html). As always, we welcome your comments and suggestions: for any strategic plan to be useful, it must be a living document that is improved and adapted to the changing environment along the way.

While 2009 was a challenging year both because of the global recession and our internal transitions, we ended the year on a solid financial footing and have continued that trajectory in 2010 while further strengthening our programs and services as we build on MCD’s strong foundation.

Most important, we are glad to tell you that MCD continues to deliver our core services while expanding the populations we serve. We hope the snapshots of Community Living Services, our International Programs and our US-based Public Health and Health Improvement Initiatives capture the excitement, collaboration, passion and caring that are so integral to MCD’s ongoing success.

Sincerely yours,

Evelyn Kieltyka
Board Chair

Mark Battista
President and CEO
Yes, I want to help!

- Please use my unrestricted donation to support MCD’s mission

Please use my donation for the Program(s) indicated:

- Youth initiatives aimed at reducing substance abuse, depression, suicide risk and other health risks
- Community Living Division – to support services and programs
- Chronic Disease prevention and management programs including HIV/AIDS prevention, diabetes management, and other health promotion programs
- International (Africa) health improvement initiatives (including reducing the burden of malaria, HIV, TB and other diseases; orphans and vulnerable children; rehabilitation for war victims)

Please make your check payable to **MCD Health Development Fund** or charge your gift to your credit card.

This contribution is tax deductible to the extent allowed by law.

- $50
- $100
- $200
- $500
- $1,000
- $_____

If you wish to make a gift of securities, please call Mark E. Battista, MD, JD, President & CEO @ 207-622-7566, ext. 236

Exp. Date: [ ] [ ] V-Code: __________

Name on Card (please print): __________________________________________________

Address: ________________________________________________________________

Signature: __________________________________________________________________
Welcome to our new website, www.mcd.org. Designed in-house, it offers a more concise, integrated and regularly updated profile of MCD’s programs. We hope it will keep MCD in even closer touch with our partners and those we serve and increasingly convey to all not only factual descriptions of our work but also the spirit and passion and caring of MCD employees that are so integral to delivering well on our mission. The new site also offers a simpler donation process for our many generous supporters. As always, we are in a continuous improvement mode, and your feedback is invited.
MCD Programs in 2009-2010 to Improve the Health and Well-Being of People

Following is a sampling of MCD’s programs in Community Living Services, US-based Public Health and Health Improvement Initiatives, and International Public Health. In the Report’s International segment, we relate our focus and progress to several of the United Nation’s eight Millennium Development Goals (MDGs). These include 2015 “goals and targets on income poverty, hunger, maternal and child mortality, disease, inadequate shelter, gender inequality, environmental degradation, and the Global Partnership for Development,” and were adopted by world leaders in 2000.

International

The mission of MCD’s International Division is to enhance the well-being of peoples and communities in developing nations by means of technical assistance in the areas of health and socio-economic development. This section of our Annual Report focuses on efforts to reduce Africa’s terrible burden of Malaria; Child Survival initiatives; Water and Sanitation programs; and a range of other projects aimed at prevention and treatment of HIV, TB and other diseases.

MCDI’s Malaria Diagnostics and Control Programs support three of the eight Millennium Development Goals (MDGs):

Goal #4: Reduce Child Mortality; Goal #6: Combat HIV/AIDS, malaria and other diseases; and Goal #8: Develop a global partnership for development. Following are highlights of three major initiatives.

Improving Malaria Diagnostics (IMaD) Project – funded by USAID’s President’s Malaria Initiative (2008-2012) – MDG #6

MCDI and its partners were awarded a Cooperative Agreement by USAID at the end of September 2007 for $20 million over five years to Improve Malaria Diagnostics (IMaD) in the President’s Malaria Initiative (PMI) focus countries. This project is implemented by Medical Care Development International (MCDI) and consortium members - the African Medical and Research Foundation (AMREF) and Hydas World Health (HWH). The consortium also collaborates with the World Health Organization (WHO) on the development of standard protocols for the validation of national malaria slide archives and certification programs for microscopists.

In accordance with individual country Malaria Operational Plans (MOPs), IMaD’s activities include:

1. Develop detailed plans for implementing, expanding, and improving laboratory-based diagnosis of malaria in Ministry of Health (MOH) facilities.
2. Assist with importation and in-country logistics of PMI commodities in selected countries.
3. Develop training materials and train health workers in malaria diagnosis.
4. Train health care providers and lab staff to implement national malaria-related policies.
MCDI Project Experience in Africa

- Equatorial Guinea: Bloko Island Malaria Control Project, Equatorial Guinea Malaria Control Initiative (CDC-PMI)
- Sudan: Rumbek Rehabilitation Project (UNDP, PJD)
- Djibouti: Water & Sanitation
- Tanzania: PJD/ADB Health Study, PJD/WB Health Sector Reform
- Zanzibar: Health Development Requirements Study
- Madagascar: Beto Child Survival (Sante II), BenteNet, AEP, Flex Fund, Family Planning, Global Sanitation Fund (PSI), Global Fund (PSI, Zinc)
- Swaziland: Prevention of HIV/AIDS in USD, PJD/Amendment for Expansion
- IMA countries - current: Angola, Malawi, Benin, Mali, Ethiopia, Mozambique, Ghana, Rwanda, Kenya, Senegal, Liberia, Tanzania, Madagascar, Uganda, Zambia

LEGEND
- Blue: Projects Completed
- Pink: Completed and Current
- Light Blue: Current Projects
- White: Project Development

- Cape Verde: Personnel Training and Development of Health Infrastructure
- Haiti: (not pictured) Child Survival
- Senegal: Water & Sanitation
- Guinea-Bissau: Hospital Rehabilitation
- The Gambia: Health Sector Requirements Study
- Guinea: HPS, Sierra Leone ADB Study
- Ghana: Water & Sanitation
- Togo: HS Support to CS Projects
- Mali: Northern Region Health & Hygiene Project
- Angola: World Bank Health Sector Reform
- Lesotho: Health Sector Study, Gov't/CHAL Partnership Study, HR Development Study, CHAL: Certification / Accreditation, CHAL: Funding Formula
- Mozambique: Niassa HSDS, JSI/MSH, PJD, Community Based STD, HIV/AIDS Project
- Malawi: Malawi
- Mali: Mali
- Ethiopia: Mozambique
- Ghana: Rwanda
- Kenya: Senegal
- Liberia: Tanzania
- Madagascar: Uganda
- Zambia: MCDI Medical Care Development International
5. Monitor stocks of supplies and develop a reporting and procurement system for replacement.
6. Develop a quality assurance plan for maintaining diagnostic quality over time.
7. Develop surge capacity to meet increased demand for diagnostic capabilities during epidemics.

**Major accomplishments to date:**
- 1,173 people trained in laboratory diagnosis of malaria, rapid diagnostic test usage, outreach training and support supervision (OTSS) training, data entry and analysis;
- 566 health facilities were visited during OTSS visits;
- 38 Ministry of Health staff participated in the WHO External Competency Assessment for Malaria Microscopists;
- Six IMaD In-country Coordinators were hired and administrative partners identified;
- Procurement of malaria laboratory equipment, supplies, and job aids was conducted in six countries.

**EQUATORIAL GUINEA – MDG #4, #6 and #8**

MCDI is currently implementing two major national malaria control initiatives in Equatorial Guinea. Both contribute directly to Millennium Development Goals #4, #6 and #8.

The BIMCP II (Bioko Island Malaria Control Project) is a continuation of the first Marathon funded project which contributed significantly to the reduction of all cause under-five child mortality. BIMCP II is committed to exploring the use of cutting edge technologies to achieve further results. The project will serve as a setting for the field trials of new indoor
residual spraying (IRS) insecticide formulations, insecticide treated wall materials, and possibly malaria vaccines. This integrated project incorporates IRS, case management, intermittent preventative treatment (IPT), and long-lasting insecticide-treated bed-net (LLIN) utilization. In addition to reductions in under-five mortality, the project has demonstrated the impact of public-private partnerships in contributing to poverty reduction. A major achievement of BIMCP II is the continued social welfare benefit that results from the diminished burden of disease attributable to malaria.

**Social Welfare Benefit**

- Overall direct cost of malaria care has been halved as a result of the BIMCP.
- Annual savings in total direct costs to patients of $2 million = $10 per capita or 4% of annual income for the lowest income deciles.
- Annual savings in expenditures on malaria-related drugs and laboratory examinations as a result of the BIMCP are equivalent to 25% of estimated annual income for households in the poorest 10% of the per capita income distribution.
- Malaria control has been an effective adjunct to economic growth for poverty alleviation and an effective means of redirecting public/oil revenues to the poor.

The United Nations MDG of a two-thirds reduction in child mortality by 2015 has already been achieved in Bioko, and the effective malaria control measures which are sustained over time can play a key part in the achievement of this critical MDG. There has been a 65% reduction in under-five mortality; it is estimated that approximately 5,000 lives were saved on Bioko Island as a result of the project.

**EGMCI (Equatorial Guinea Malaria Control Initiative)**

In the beginning of 2010, MCDI continued with the implementation of the EGMCI project funded by the Global Fund to fight AIDS, TB and Malaria (Global Fund). This project also uses an integrated strategy of IRS, case management, IPT, and LLIN utilization.

The objectives are: (1) to expand IRS to two mainland provinces; (2) to expand access and utilization of LLINs to two other mainland provinces; (3) to expand the use of Intermittent Preventive Therapy for pregnant women (IPTp) throughout the mainland; (4) to improve case management of both uncomplicated and severe malaria by using improved treatment protocols based on the provision of arteslenin combination therapy (ACT); and (5) to strengthen MOH capacity to plan, conduct, monitor and evaluate malaria control activities. The EGMCI has a very close and cooperative relationship with the BIMCP implemented with the support of MCDI on Bioko Island. There are considerable synergies and cooperation between both projects at operational, policy, and strategic levels.

MCDI achieved, and in many cases surpassed, our output indicators for year three. MCDI has maintained an A2 rating for the last three quarters. The following table illustrates the output indicator targets and MCDI’s achievements.
### Output Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprayers trained in IRS</td>
<td>636</td>
<td>640</td>
</tr>
<tr>
<td>Structures Sprayed</td>
<td>560,000</td>
<td>633,200</td>
</tr>
<tr>
<td>Service Providers Trained</td>
<td>1722</td>
<td>2113</td>
</tr>
<tr>
<td>Children &lt; 5 with severe malaria using thick blood smear or RDT</td>
<td>40%</td>
<td>70%</td>
</tr>
<tr>
<td>People trained in HIS data management</td>
<td>450</td>
<td>452</td>
</tr>
</tbody>
</table>

### Impact Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parasitemia prevalence children &lt; 5</td>
<td>45%</td>
<td>51%</td>
</tr>
</tbody>
</table>

### SOUTH AFRICA – MDG #4 and #6

#### Northern eThekwini Youth Friendly Clinic Project - CIDA

The Northern eThekwini Youth Friendly Clinic Project (NEYFCP), funded by the Canadian International Development Agency, began in July 2010. The project promotes responsible sexual behavior, education on HIV, gender equality, and life skills for youth aged 10-24 years in eThekwini, one of the areas of South Africa with the greatest HIV burden. NEYFCP is grounded in evidence-based research on the key drivers of the HIV epidemic in South African youth. It adopts a multidimensional approach encompassing social, health, psychosocial, welfare, and educational needs within a supportive community setting. To achieve the project's objectives, MCDI-SA works to promote youth friendly health clinics by capacitating health staff; strengthening community involvement, awareness and support for youth by working with key community influencers, community-based organizations (CBOs) and parents; and promoting education and awareness by working in schools and creating youth clubs out of schools. Key to the project is the recruitment of youth liaisons from target areas that will conduct outreach amongst their peers. MCDI-SA works in close collaboration with the Ministry of Health on this project.

#### Sizasingobe Project - USAID

MCDI-SA is implementing the Sizasingobe project in partnership with the eThekwini Department of Health. This project is designed to address the low TB treatment adherence (high TB defaulter) and cure rates, the poor integration of TB and HIV services, and the high transmission, morbidity, and mortality in the general population and to reduce the disease burden resulting from TB and TB-HIV co-infection. MCDI-SA seeks to accomplish these goals by strengthening the service delivery of TB treatment at health facilities, expanding community-based directly observed therapy short-courses (DOTS), and creating more community awareness of TB and HIV.
**iLembe District Child Survival Project II/Integrated Management of Childhood Illnesses – UNICEF**

In 2009, MCDI-SA expanded and consolidated successful interventions of the previously implemented iLembe District Child Survival Project. The specific objectives of the extended program (IDCSP II) are to:

- Implement and expand Community and Household Integrated Management of Childhood Illness (C/HH-IMCI) activities that support the Key Family Practices (KFPs) applicable to iLembe District at the community level by expanding knowledge and practice among primary healthcare providers, strengthening supervisory and referral systems, advocating for pediatric antiretroviral (ARV) uptake, building community support for good child nutrition, and increasing adherence to KFPs in the home.
- Expand access to antenatal care (ANC), prevention of mother-to-child transmission (PMTCT) of HIV, and voluntary counseling and testing (VCT) services in iLembe District.

These objectives will be achieved by establishing HIV+ Mother Support Groups and Family Companion Programs to increase use of ANC, VCT and PMTCT services by pregnant women. MCDI-SA also aims to promote and guide social mobilization activities designed and carried out by participants for the benefit of their communities.

**Impact**

From April 2009 to May 2010, MCDI-SA trained 1,455 key individuals on C/HH-IMCI KFPs and principles of PMTCT. From these trainings, more than 30,000 individuals and 8,400 households were reached. For community PMTCT, 39 Family Companions were selected and 39 support groups formed; 700 pregnant women/new mothers attended. The Family Companions conducted 4,514 visits to provide one-on-one support to each woman. For health promotion activities, MCDI-SA assisted the Department of Health (DoH) in exceeding its targets during campaigns, reaching 91% of children under five for polio immunizations and 94% for vitamin coverage. The DoH had set targets at 90% and 80% respectively. In addition, MCDI-SA hosted seven community events at all sub-districts in iLembe. These events reached thousands of people with enthusiastic participation from prominent community members, men, women, and children.

**iLembe District HIV/AIDS Support Project – AED/PEPFAR**

MCDI-SA was awarded a grant from PEPFAR to continue implementation of a project in the iLembe District. The project goal is to integrate the provision of HIV/AIDS and TB prevention, care, support, and treatment into an established community-based setting in the iLembe District. To this end, MCDI-SA works in four areas:

- HIV Counseling and Testing
- Prevention of Mother-to-Child Transmission of HIV
Support at Mavela Crèche
In collaboration with our partners at Mavela Crèche, MCDI-SA has identified 20 orphans and vulnerable children (OVC) and provides daily meals to them through a feeding scheme. Assessments are underway to identify the needs of these OVCs who, in some situations, are heads of households for their younger brothers and sisters. MCDI-SA will provide school uniforms and school supplies, and will fulfill other needs as they are identified. MCDI continues to receive donations from Aid for Africa which is part of the Federal Donor Program.

Madagascar (Global Sanitation Fund [GSF])
The GSF-Madagascar (March 2010-March 2015) is a $6 million project with an overall goal of improving sanitation and hygiene related to excreta management in Madagascar by developing on-site sanitation infrastructure and by raising awareness of good hygiene practices. The GSF based in Geneva is a new funding mechanism; MCDI was its first grant recipient. Access and use of latrines are essential in both rural and urban awareness of good hygiene practices. As the Executing Agency, MCDI will educate target populations about the importance of clean water and sanitation and create an appreciation of the benefits of safe disposal of human excreta and the benefits of latrines in an individual community. MCDI will support information, education and communication/behavioral change communication (IEC/BCC) strategies in line with the national Malaria Action Program guidelines focusing on three key messages:

- The importance of hand washing with soap
- The use of latrines
- The preservation of safe drinking water until consumption (i.e. Point of Use purifiers)

The project aims to provide access to sanitation facilities in rural homes, schools, clinics and government offices by promoting the means to practice healthy hygienic behaviors as well as proper ways of removing human excrement. During the third quarter, MCDI submitted all of the documentation required by the GSF to include procurement manuals, grant management, guidelines, etc. This project is the hallmark Water and Sanitation project for MCDI currently.
Division of Health Improvement – Building on the Past, Expanding, Improving

The Division of Health Improvement (DHI) is committed to continually increasing the effectiveness of health care and public health systems in helping people to become and stay healthy. For more than 30 years, we have worked in Maine and more recently, in other states, through grants, contracts, and collaborative efforts. We function in many of the key areas of public health:

- develop and advocate for policy at the local, state, and national levels;
- design and provide technical assistance and training in public health as well as clinical health care settings;
- interpret and adapt research and best practice information for implementation in organizations and in communities, including clinical and public health quality improvement initiatives;
- develop, implement, and evaluate programs to screen for, prevent, treat, and remediate disease;
- integrate initiatives across content areas (such as diabetes and oral health, mental health and education, substance abuse prevention and school based health care);
- design, implement, and train others in health communication, social marketing, media advocacy, community organizing, and health policy advocacy;
- conduct public health research (e.g. epidemiology, return-on-investment, evaluation) to inform the field but also to provide a basis for new program development, to inform policy and policy makers, and foster dissemination.

Originally established in 1966 as a Regional Medical Program for the purpose of improving care for heart, cancer, and stroke, MCD has worked to improve health and well-being for more than 40 years. We have repeatedly spearheaded projects that have lastingly improved health and health care. This year we are choosing to highlight programs that have foundations in MCD’s past and show how we are able to build on that experience and expertise in this year and in the years ahead.

Cardiovascular Health and Telesstroke
MCD staff, under contract to the Maine Centers for Disease Control and Prevention – Maine Cardiovascular Health Program, has been working diligently to improve stroke systems of care in Maine. This work is directly aligned with national recommendations published in 2005 (http://stroke.ahajournals.org/cgi/content/full/36/3/690), to enhance and streamline the multi-disciplinary components of a stroke system of care and includes leadership in both statewide and regional efforts. In March of 2009, our collaborative efforts to improve regional stroke systems were noted in a publication of the American Heart Association’s Journal, Stroke.

Building telestroke networks is one example of our efforts to enhance stroke systems here in Maine. Rural geography, limited exposure to stroke cases among emergency providers, and lack of access to round-the-clock neurological consultation have been historic barriers to acute stroke care throughout Maine. By creating twenty-four hour linkage between neurologists and emergency departments via

Telesroke technology in use at MaineGeneral
telehealth, these barriers to effective diagnosis and treatment become surmountable. An initial pilot project engaged the neurologists affiliated with Maine Medical Center in Portland and the emergency departments at MaineGeneral Medical Center in Augusta and Waterville. The pilot was tremendously successful, and the systems and tools developed for the project are now being utilized to develop telehealth networks which will ultimately ensure statewide access to rapid diagnosis and treatment for acute stroke. These networks include Eastern Maine Medical Center, which will serve as a telestroke hub in partnership with 16 spoke hospitals in central and northern Maine, and Maine Medical Center, which will serve as a hub for spoke hospitals within the MaineHealth system and beyond. A poster submission led to a plenary session presentation about this work at the Annual Northeast Cerebrovascular Consortium Summit in October 2009.

To view the poster, please visit: http://www.thenecc.org/images/Louder_Poster_2009.pdf

**Kids Oral Health Program**

Funding from the Federal Health Resources and Services Administration to MCD through the Maine Centers for Disease Control and Prevention supports the Kids Oral Health Program (KOHP). This program focuses on improving access to oral care for infants through age five and establishment of an “oral health home” for all infants by age one. In its third year of a four year funding cycle, KOHP is clearly reaching a wide variety of social service and child care providers, as well as pediatricians and family practice physicians. In its first three years, the program solidified a curriculum and trained over 1,100 people in oral health assessment, caregiver guidance, disease prevention measures and appropriate dental referrals. This training includes the very effective fluoride varnish application by medical providers for this at-risk population. The participants reported nearly universal increases in understanding and confidence in addressing oral health with their client and patient populations. The program components and processes were presented at the National Oral Health Conference in the spring of 2009. By the time the current funding cycle is complete in 2011, MCD staff hope to have obtained funding for at least two very targeted initiatives that sustain and extend the KOHP initiative. One of these would leverage what we have learned about how to foster effective referrals between primary care and oral health care providers and the other is a project focused on delivering oral health care for children in families that are enrolled in the WIC program (Women, Infants and Children).

**Maine Youth Suicide Prevention Program**

The training and education component of the Maine Youth Suicide Prevention Program (MYSPP) has resided at MCD for more than ten years through a contract with the Maine CDC. Maine has a youth suicide rate that is above the New England and national average. MYSPP trains teams of adults from school districts on warning signs, how to engage with youth around suicide prevention, how to respond if a student dies from suicide, and how to support surviving students in healthy ways. While an assortment of additional private and
federal funds have been secured over the years to supplement and expand the reach of MYSP, the work with the school-based teams and the training of the adults working with and around youth has remained the core function. The program was a partner in the creation of a curriculum known as Lifelines which has now been licensed to Hazelden and is being promoted across the United States as a model program. MYSP reached a significant milestone in 2009 - we have now trained over 5,000 people in the full day Gatekeeper program. MYSP and the MCD staff are not, however, resting on their laurels. Maine has the oldest population in the country and high rates of adult suicide. This challenge will only grow as more of us age in rural areas with few social and logistical resources. Consequently, we are now exploring how we can address suicide among adults across the lifespan, with special concern for our fragile elders.

Mixing it up – efforts to address co-occurring chronic diseases
MCD’s work in translational program analysis and development was highlighted in two forums during 2009. MCD’s Telephonic Diabetes Education and Support© program (TDES) works with employer groups and health care providers to offer a 12-month intervention to people with diabetes and pre-diabetes. MCD staff work with diabetes educators affiliated with health systems across Maine. We provide the program guides, participant materials, and advanced training that supports the diabetes educators in conducting monthly telephonic sessions with patient enrollees. In a presentation at the Annual Meeting of the Maine Association of Diabetes Educators in October of 2009, MCD staff provided more in-depth information about the bi-directional relationship between diabetes and oral health. This audience certainly was aware of the poor oral health experienced by their clients and was exceedingly receptive to more information about the clinical and social aspects of oral disease progression in their client population. The MCD presentation described what we had learned from our survey of people with diabetes and oral health care providers, which suggested that there may be an important gap in understanding the oral health needs of people with diabetes (Davis Family Foundation 2007-2008). Diabetes educators are exceedingly well positioned to encourage people with diabetes to engage more fully with their providers on this topic. To that end, the presentation focused on both the etiology of periodontal disease among people with diabetes and the implications on limited access to oral health care for people with diabetes in Maine. Early data from MCD’s Oral Health Return on Investment (ROI) study (Maine Health Access Foundation 2009-2010) suggests that even among people with insurance, most people with diabetes in Maine are not seeing their oral health care provider four times a year, which is the medical indication. Insurance is not the barrier in the population being studied. For this population the barriers are lack of awareness of the needs and an insufficient number of oral health care providers in rural areas. The methodology of the oral health ROI study and the challenges of translating research to policy based on these analyses were the subject of a poster presentation by MCD staff at the Annual Conference of the American Public Health Association in November 2009.
Healthy Maine Works
At the 2009 federal Centers for Disease Control and Prevention Heart Disease and Stroke Prevention Annual Grantee Meeting, MCD staff working under contract with the Maine CDC Cardiovascular Health Program presented on “Healthy Maine Works.” The program is the result of a unique collaboration among the Maine CDC, Maine Office of Substance Abuse, and Maine Department of Education. The collaborators created a web application, called Healthy Maine Works, for the community-based Healthy Maine Partnerships (HMPs) to use in their worksite wellness efforts with local employers. The web program integrates topics from eight categorical health programs into one site. There is value for the State in this approach as well as for the local HMPs and employers. The program uses evidence-based approaches and is a valuable tool for employers interested in beginning or enhancing worksite wellness programs. MCD staff manages the web application development and handles training and technical assistance for the Healthy Maine Works program.

Best practices were the focus of worksite wellness programs in a presentation at the 2009 Annual Meeting of the Maine Public Health Association. MCD staff partnered with two other organizations to provide a primer in worksite wellness foundations, the evidence-based interventions and best-practice literature, as well as future trends and directions. MCD will be building on all of these to develop programs and projects that leverage our expertise in this arena in the context of a health care payment reform initiative such as Accountable Care Organizations and certain provisions of the Affordable Care Act (national health care reform).
Division of Community Living

The mission of the Division of Community Living is to provide disabled individuals with a safe and supportive living environment where they may live with dignity, respect, and independence. Since 1989, Community Living has provided hundreds of Maine’s vulnerable citizens with around-the-clock individualized, high quality and compassionate residential care and programs. MCD is very fortunate to have over 500 employees who are dedicated to providing the necessary support and care to these clients and residents.

MCD is particularly proud to continue its policy, whenever possible, of taking all who request our service as long as we are able to provide the specific support necessary to meet that individual’s needs. Many of our clients present special challenges, and our skilled staff works with these individuals with visible respect and caring. This is evident in our group homes for those with developmental and intellectual disabilities where staff average over 10 years of specialized experience in working with this population.

In 2010, the Division served a client population of 327, including people with developmental and intellectual disabilities, those affected by mental health issues, and elderly individuals with dependencies in some aspect of their daily living activities. Our facilities span much of the State of Maine and range in size from group homes for four people to an 89-bed assisted living facility. Below are services provided by the Community Living Division.

Residential services and work programs for individuals with developmental and intellectual disabilities:

Our staff, on a daily basis, try to strike a balance to help meet a resident’s physical and mental abilities while recognizing and helping the resident do as much as possible independently. Staff regularly take residents into the community so they can experience what the community has to offer and be valued members of their communities. MCD has been successful with community integration and a prime example of resident success has been through MCD’s Skowhegan Work Program. The program provides job skill training and supported work experience in services such as lawn care, painting, janitorial services and snow removal so that residents may one day attain employment without support or realize self-employment in these areas. Over the last several years, the individuals in the Skowhegan Work Program have all made drastic improvements both in their personal lives and in their work performance; however, there is one individual who has made remarkable progress.

Mark has been with MCD since we began serving this area in 1998 and he has consistently worked through the Skowhegan Work Program. Mark is hearing impaired, has limited communication ability, is diagnosed with mild mental retardation and more recently, Mark was diagnosed with a degenerative hip disease which necessitated hip replacement. Mark’s hip surgeon was concerned about Mark’s ability to follow a rehabilitative treatment plan post-surgery, but Mark practiced his rehab prior to the surgery and demonstrated his commitment to his recovery. Mark’s hip replacement surgery was performed in January 2010 and Mark faithfully followed his physical therapy regimen with home support staff. In the first
week of March, Mark was back to work through the work program, initially spending two days per week with the janitorial team. By April, he was on the lawn crew pushing lawn mowers, and in mid-April Mark was back to full duty with the work program. Mark’s involvement in the work program was integral in his physical recovery, but has also helped him make great improvements in his ability to communicate, control his behavior, be on time and prepared to work, take direction and work well with others and independently.

Mark continues to make advancements in his personal behavior and employment skills. He has been very busy and productive throughout the summer of 2010 by attending Special Olympics, Camp Sign-A-Watha, and Pine Tree Camp. He has also improved his street and community safety skills along with learning more sign language and communicating more effectively. Mark has made significant progress and the Skowhegan Work Program provided the structure and opportunity for realizing this development.

All the work program participants have had noticeable improvements in most aspects of their work skills including arriving for work on scheduled days, being appropriately dressed for the weather, general communication, pride in the quality of their work, fewer or no behaviors at work, taking instruction without issue and working with others as a team. Though these may seem like relatively basic skills, these changed behaviors represent major positive progress for our clients.

Residential and independent living support services for individuals with mental health challenges:
Community Living serves people with mental health challenges including those with profound and chronic mental illness. The population is a mix of those who may have been born with a disability and people who in their early to mid-twenties were diagnosed with a mental illness. The facilities and grounds are designed to create a safe, homelike environment as only a small percentage of the residents have family involvement. Our goal is to support residents in reaching their highest potential and assist them in their recovery with the ideal outcome being a transition to community based living. Residents are encouraged and supported to pursue activities of interest in the local community such as volunteer work and educational programs.

Assisted living services for elderly and disabled individuals:
MCD oversees four residential care homes that provide places for elderly and vulnerable people to live in a group setting in a way that maintains their dignity, fosters independence and promotes emotional, mental and physical wellness as well as personal growth.

Our dedicated staff makes a difference in the lives of people who can no longer manage the minutia of daily living on their own or who lack a support system. All domains are taken into consideration when structuring a plan of care for a resident – social needs, activity needs, assistance with activities of daily living, reassurance, compassion, empathy and encouragement - things all human beings need and most take for granted.
Training and Certification Programs:
MCD is committed to helping our residential support staff be as effective as possible and grow in their careers. Since 1999, MCD has provided essential training and certification for those who provide support and care to our residents. This program has expanded tremendously, and we are recognized as one of the State’s quality providers of education for direct care staff. Since January 2009, the Professional Training Department has held 383 classes and trained 3,008 people. The Division provides the following mandated programs not only to MCD staff, but also to personnel from other service providers:

- Certified Residential Medication Aide
- Maine College of Direct Support formally known as Direct Support Professional
- MANDT training on de-escalation and behavioral intervention strategies for direct Mental Health Support Specialist
- Personal Support Specialist
- American Heart CPR/First Aid (Adult)

In 2009, Community Living sponsored additional training events:

- Understanding Sexual Behavior in Individuals with Developmental Disabilities
- Maine Healthcare Laws in Relation to: HIPAA, DNR Orders, Advanced Directives, Mandatory Reporting and Involuntary Discharge
- Understanding Mental Health and Developmental Disabilities

It is our goal to continually improve our programs and be responsive to the challenging and changing environment. As the population of Maine ages, there will be an increased need for skilled care givers. By investing in our staff and providing quality living environments to our residents, MCD is well positioned to address the future needs of Maine’s most vulnerable citizens.
Sources of Support – Financial Summary

2009 Revenue:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Grants and Contracts</td>
<td>$34,074,966</td>
</tr>
<tr>
<td>Resident Services</td>
<td>6,159,756</td>
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<tr>
<td>Rental Elderly Housing</td>
<td>444,312</td>
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<tr>
<td>Sales of Goods and Services</td>
<td>159,784</td>
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<tr>
<td>Interest and Other Income</td>
<td>770,338</td>
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<tr>
<td>Donations</td>
<td>259,448</td>
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<tr>
<td><strong>Total Revenue:</strong></td>
<td><strong>$41,868,604</strong></td>
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2008 Revenue:

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<th>Source</th>
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<td>Project Grants and Contracts</td>
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<tr>
<td>Resident Services</td>
<td>5,912,779</td>
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<td>Rental Elderly Housing</td>
<td>435,114</td>
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<tr>
<td>Sales of Goods and Services</td>
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<td>Interest and Other Income</td>
<td>789,777</td>
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<td>Donations</td>
<td>268,228</td>
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<td><strong>Total Revenue:</strong></td>
<td><strong>$42,020,002</strong></td>
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2007 Revenue:

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<th>Source</th>
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<tbody>
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<td>Project Grants and Contracts</td>
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<tr>
<td>Resident Services</td>
<td>5,803,052</td>
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<td>Rental Elderly Housing</td>
<td>426,620</td>
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<td>Sales of Goods and Services</td>
<td>94,824</td>
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<tr>
<td>Interest and Other Income</td>
<td>884,555</td>
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<tr>
<td>Donations</td>
<td>323,517</td>
</tr>
<tr>
<td><strong>Total Revenue:</strong></td>
<td><strong>$37,436,131</strong></td>
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</tbody>
</table>

MCD’s Executive Team (as of September 2010)

Mark Battista - President & CEO
Joseph Carter - Director, International Division
DonnaLee Cloutier - Executive Administrator and Assistant to the President
Maureen Conley - Director of Operations
Margaret D. Copelin - Director, Community Living Division
Eric Dimbleby - Director, IT
Edward Miles - Chief Financial Officer
Kevin Norwood - Director, Human Resources
Kathleen Perkins - Director, Public Health and Business Development
**MCD Board of Directors - 2010**

**Chair:** Evelyn Kieltyka, FNP, MSN, MS, Senior Vice President of Program Services, Family Planning Association of Maine  
**Vice Chair:** Michael G. Wygant, Retired, Foreign Service Officer and Vice President, World Affairs Council of Maine  
**Treasurer:** Daniel P. McCormack, CEO, InterMed  
**Secretary:** Gary Bisson, Retired, Attorney and Foreign Service Officer  
**Russell C. Barbour, PhD,** Co-Director for Statistical Analysis, Center for Interdisciplinary Research on AIDS, Yale School of Medicine  
**Alan J. Barker, MD,** St. Andrews Hospital and Health Care  
**Doris Browne, MD, MPH,** President and CEO, Browne & Associates, Inc.  
**Jane D. Gardner, ScD,** Retired Faculty, Harvard University, School of Public Health  
**Jack Ginty,** Retired Executive  
**Craig Gray,** Vice President of Return to Life Programs, Prudential, Disabilities Management Services  
**Alfred W. Hoadley, PhD, MPH,** Independent International Consultant  
**Lenard W. Kaye, DSW, PhD,** Professor, School of Social Work; Director, UMaine Center on Aging  
**Donald J. McCrann, Jr., MD,** Obstetrician  
**Donna T. Mundy,** Retired Corporate Executive  
**Gregory Nevens, EdD,** Clinical Psychologist, Health Psychology Center  
**Robert L. Scott,** Aerotropic International  

**Members of the Corporation (and their representative to MCD):**

- American Cancer Society, Maine Division - Donald Magioncalda, MD  
- American Heart Association, Founders Affiliate - Dennise Whitley  
- Maine Dental Association - James P. Dunn, DMD  
- Maine Hospital Association - Steven Michaud  
- Maine Medical Association - Gordon Smith  
- Maine Osteopathic Association - Angela Westhoff  
- The Bingham Program - Lisa Miller, MPH  

**President:** Mark Battista, MD, JD  
**Assistant Secretary:** DonnaLee Cloutier  
**Assistant Treasurer:** Edward W. Miles  
**Clerk:** Joseph Kozak, Esq., Kozak & Gayer

**Medical Properties, Inc., Board of Directors - 2010**

**Chair:** Jane G. Smith  
**Secretary:** Stephen W. Atwell, Otis Atwell  
**Drew Tieman**
Rendezvous

Equal to the pain of love I know
There is another pain that comes more slow
	than gentle sleep upon a sleepless night.
Outside the moon thrusts shadows upon my threshold
	that haunt my mind with no hope;
As God fills my fear with faith in the night;
But the wooing owl that seizes my sight
Alone on the bare twig of a tree
Biting his warm feathers inexorably
This is the bird whose soul woos
Sleep and sits under a smiling moon,
That penetrates his home with innumerable loves.

By Paul-Emile St. Amant
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207-622-7566
www.mcd.org

Medical Care Development is an equal opportunity organization.