

# Medical Care Development 2008 Annual Report



*... Instilling hope*

*... Reclaiming lives*

*... Attaining dreams*



Medical Care Development, Inc.  
11 Parkwood Drive ~ Augusta, ME 04330  
8401 Colesville Road, Suite 425 ~ Silver Spring, MD 20910  
[www.mcd.org](http://www.mcd.org)

September 2009

## **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

Betterment Fund

Catholic Relief Services

Centers for Disease Control and Prevention

Chemonics/USAID

City of Portland

Davis Family Foundation

Doris Duke Foundation

Global Fund for AIDS, TB, and Malaria

Hilda and Preston Davis Foundation

Learning Action Lab

Maine Department of Health & Human Services

Maine Health Access Foundation

Maine State Employee Benefits Program

Maine Municipal Association Employee Health Trust

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

- Office of Women's Health, Region I
- Center for Medicaid and Medicare Services
- 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 the President and the Board

This is Medical Care Development's forty-third annual report. MCD's 600 incredibly caring, competent, and dedicated employees - from Skowhegan, Maine to Silver Spring, Maryland to Equatorial Guinea and Sudan - continue to find effective, innovative ways to improve health outcomes and health care systems and to serve vulnerable, at-risk individuals.



L to R: Mark Battista, Evelyn Kieltyka, Steve Gove

On December 1<sup>st</sup>, the Board named Mark Battista as John LaCasse's successor. On behalf of the Board, MCD employees, and all who have gone before, we welcome Mark and look forward to working with him and the Executive Team. At the same time, all of us offer our sincere thanks to John for his vision, creativity, energy and dedication to MCD's mission for the past 40 years and for his continuing support during the transition.

Now more than ever, MCD's programs are critical to so many. In 2008, MCD continued its core services, expanded populations served, and introduced new programs. In more than 30 facilities across Maine, our Community Living staff provided 24/7 quality care to people with disabilities, care that enables as much independence and dignity as possible. Our Health Improvement staff, collaborating with State and Federal government agencies and other stakeholders, continued to design, implement and manage an array of public health programs and services. For example, MCD is now a leader in programs that reduce the risk of suicide in adolescents, increase the self-esteem of girls, reduce the prevalence of substance abuse among teens, support individuals and employers in the management of diabetes, improve oral health and cardiovascular health, and many others. Internationally, with our primary focus on Africa, MCD has further developed our expertise in malaria control, child survival, water and sanitation improvements, rehabilitation of war victims, and case management, particularly regarding HIV and TB, and served more individuals than ever.

While 2009 promises many challenges, including the adverse impact of the worst recession since the Great Depression, MCD is strong. With the continued hard work of its employees, the guidance of its highly participative Board, and prudent fiscal management, MCD will continue to grow and thrive as we bring our programs and services to more and more people who need them.

Finally, special thanks, first, to our employees, and second, to our many funding partners and individual donors. MCD could not do this without you!

Sincerely yours,

Mark E. Battista  
President and CEO

Evelyn Kieltyka  
Board Chair (2009)

Steve Gove  
Board Chair (2008-2009)

## MCD Programs in 2008 to Improve the Health and Well-Being of People

Following is a sampling of the programs MCDI provides through each of our three primary areas of focus: International Public Health; Community Living Services for Maine people with disabilities; and Public Health and Health Improvement Initiatives, predominantly in Maine.

### International

The mission of MCDI 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.



### **Rumbek Rehabilitation Project**

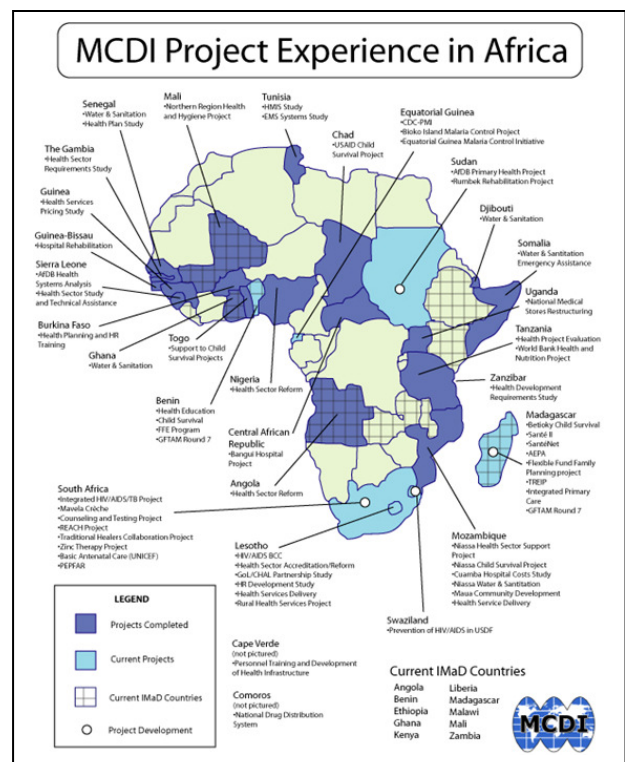
Since 2003, the Rumbek Rehabilitation Project (RRP) has provided rehabilitation services to disabled civilian war victims in the Bahr al Ghazal region of South Sudan. Objectives are to ensure that disabled persons receive quality orthopedic and physical therapy services and to assist in the socio-economic reintegration of civilian war victims into society. Funding has come from USAID's Leahy War Victims Fund, the Christian Blind Mission, and the United Nations Mine Action Office (UNMAO). The project has served over 2,500 disabled individuals. The UNMAO has awarded the project a gold-star rating.

### **South Africa - NITHAP**

MCDI has continued the implementation of the community-focused Ndwedwe Integrated TB, HIV and AIDS Project (NITHAP) which aims to build local capacity to diagnose, treat, prevent, and reduce the transmission of TB and TB/HIV co-infection in Ndwedwe District. The target population of this project is 160,000. This project is funded by USAID's Child Survival Health Grants Program.

### **South Africa - PEPFAR**

MCDI was awarded a grant from the President's Emergency Plan for AIDS Relief (PEPFAR) to implement the Ilembe District HIV and AIDS Support Project (IDHASP) to integrate the provision of HIV/AIDS and TB prevention, care, support, and treatment into the District. The target population is 554,628. Activities include prevention of mother to child transmission; HIV/AIDS education and prevention among youth, women, and others at high risk for





infection; interventions that focus on community/home-based care networks to provide care for people living with HIV/AIDS (PLWHA); the delivery of HAART (highly active antiretroviral treatment) to adults and children; and monitoring of ARV therapy and other activities.

### **Improving Malaria Diagnostics (IMaD) Project**

Funded by the USAID/President's Malaria Initiative (PMI), this continuing project impacts 15 countries with an estimated combined population of 180 million. The mandate is to improve laboratory diagnostics. To date the IMaD Project has conducted assessments in 1,233 health facilities in seven PMI countries and has hired in-country coordinators in Ghana, Benin and Liberia. Using the assessment data, IMaD has developed country-specific training protocols and trained over 200 health care staff in five countries in outreach supervision of health facilities and in malaria microscopy. With the World Health Organization (WHO) and others, IMaD also supported the development of an accreditation program for malaria microscopy.

### **Bioko Island Malaria Control Project (BIMCP I)**

This project is funded by Marathon Oil Co. and its partners and the Government of Equatorial Guinea. Substantial gains have been made in reducing the burden this disease exacts on the most vulnerable segments of the population (children under five years of age, pregnant women and the poor). The beneficiary population of the project is approximately 250,000 individuals.

The malaria control measures introduced through the BIMCP were associated with more than a 60% reduction in all cause under-five mortality on the Island, with deaths among under-five year olds falling from 152 per 1000 births in 2004 to 55 per 1000 births in 2008. This reduction surpassed 2010 targets set by Roll Back Malaria which sought a 1/3 reduction in under-five mortality and is estimated to have saved approximately 5,000 lives on Bioko Island over the five years of the first phase of the project.

Based on these results, Marathon Oil Co., its partners, and the Government of Equatorial Guinea have agreed to support BIMCP II for an additional five years through a \$26 million grant.



Training of IRS sprayers in Equatorial Guinea

### **Excerpt from article in the American Journal of Tropical Medicine and Hygiene, 80(6), 2009, pp.882-888:**

“[MCDI personnel and partners’] results show that, for Bioko, the United Nations Millennium Development Goal (MDG) of a two-thirds reduction in child mortality by 2015 has already been reached. This study showed how, even in settings of high transmission intensity, effective malaria control measures that achieve a high degree of coverage and that are sustained over time can bring about major improvements in health and thereby play a key part in the achievement of this critical MDG.”

## **Marked Increase in Child Survival after Four Years of Intensive Malaria Control**

Immo Kleinschmidt,\* Christopher Schwabe, Luis Benavente, Miguel Torrez, Frances C. Ridl,  
Jose Luis Segura, Paul Ehmer, and Gloria Nseng Nchama

*London School of Hygiene and Tropical Medicine, London, United Kingdom; Medical Care Development International, Silver Spring, Maryland; Malaria Research Programme, South African Medical Research Council, Durban, South Africa; Ministry of Health and Social Welfare, Malabo, Equatorial Guinea*

**Abstract:** In malaria-endemic countries in Africa, a large proportion of child deaths are directly or indirectly attributable to infection with *Plasmodium falciparum*. Four years after high coverage, multiple malaria control interventions were introduced on Bioko Island, Equatorial Guinea, changes in infection with malarial parasites, anemia, and fever history in children were estimated and assessed in relation to changes in all-cause under-5 mortality. There were reductions in prevalence of infection (odds ratio [OR] = 0.31, 95% confidence interval [CI] = 0.2-0.46), anemia (OR = 0.11, 95% CI = 0.07-0.18), and reported fevers (OR = 0.41, 95% CI = 0.22-0.76) in children. Under-5 mortality fell from 152 per 1,000 births (95% CI = 122-186) to 55 per 1,000 (95% CI = 38-77; hazard ratio = 0.34 [95% CI = 0.23-0.49]). Effective malaria control measures can dramatically increase child survival and play a key role in achieving millennium development goals.

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

Year 2 (2008) marks the end of phase one of the Global Fund Malaria Control Initiative for Equatorial Guinea. MCDI successfully implemented two parasitemia studies, sprayed households in the two targeted provinces of Litoral and KienTem, distributed bed nets door-to-door in Centro Sur and Wele Nzaz, implemented the changeover from mono-therapy to combination therapy for the entire mainland, and supplied all public health facilities with medication and equipment for free diagnosis and treatment of malaria cases as well as preventative treatment for all pregnant women. The beneficiary population of the project is approximately 400,000 individuals.

## **Division of Health Improvement**

The goal of MCD's Division of Health Improvement, previously known as "Domestic Programs," is to continually increase the effectiveness of the public health system in helping people stay healthy. To do this, we work with hospitals, nurses, insurers, physicians, technicians, other providers, communities, and governmental public health organizations to help them adopt new practice methods, to develop new community-based programs, and to develop evidence-based prevention programs. Following are highlights from a few of our programs.

### **Cardiovascular Health**

In 2008, MCD staff, in partnership with the Maine CDC Cardiovascular Health Program (MCVHP), developed a master blood pressure training program. While MCD has a long history of innovation in cardiovascular health, this particular effort was featured at the Institute for Healthcare Improvement (IHI) International Summit on Practice Improvement in Vancouver, Canada. It was highlighted for its effective use of a systems approach to quality improvement and its immediate impact on patient care and quality outcomes. The training

is now being offered on behalf of the State of Maine for clinical providers throughout Maine's health systems and reaching all eight public health districts.

MCD's CVH staff also expanded the reach of the Maine HeartSafe Communities. HeartSafe Communities is a collaborative project with Maine Emergency Medical Services and the Maine CDC Cardiovascular Health Program. Program priorities are based on improving emergency response and capacity surrounding acute cardiovascular events including sudden cardiac arrest, heart attack, and stroke. There are currently 41 Maine HeartSafe Communities designees, covering over 232 communities and over 686,000 Maine residents.



### **Support for People in Recovery from Mental Health or Substance Abuse Challenges**

For the past 17 years, MCD has offered a supported education program for people in recovery from mental health or substance abuse challenges. Known as the Community Support Specialist Program, CSSP participants obtain training that allows them to pursue employment in the mental health field after only nine months. Offered in conjunction with the University of Maine Augusta (UMA) with support from the Maine Office of Adult Mental Health Services, CSSP enrolls up to 20 individuals each fall. In addition to offering all of the required courses for a provisional MHRT certification, participants benefit from the student services offered by UMA to all students. CSSP classes are held on the UMA campus, and a trained social worker facilitates a weekly discussion group that engages participants in peer support. The Commissioner of DHHS is the featured speaker each spring when CSSP graduates participate in a ceremony hosted at The Blaine House, which is the residence of the Governor and his family. For many graduates, this is their first experience being successful in an academic environment and lays the groundwork for continued success.

### **Improving Oral Health in Maine**

New studies increasingly document the critical role of oral health in the progression of other chronic diseases, such as diabetes, and even some cancers. This link is no surprise to MCD, which was a founding member in 1999 and has been the home of the Maine Dental Access Coalition (MDAC) since 2004. In 2008 the Davis Family Foundation supported our efforts to learn more from people with diabetes and from dentists regarding real-life communication about this link. New funding from the Health Resources Services Administration and Centers for Disease Control and Prevention through the State of Maine Oral Health Program continued MCD's expanding oral health portfolio, increasing public health activities in fluoride, consumer engagement, policy leadership, advocacy, evaluation, and planning.

### **Reducing Youth Access to Alcohol**

In Portland, MCD's "21 Reasons" project engages adults in reducing youth access to alcohol by changing the behavior of the adults who make, distribute, sell, and provide places where people consume alcohol. Having successfully adapted the model program *Communities Mobilizing for Change on Alcohol*



for local use and reduced youth alcohol use, MCD staff now translate the lessons learned and strategies developed to assist other groups. MCD staff at Maine's Environmental Substance Abuse Prevention Project (MESAP) are funded through the tobacco settlement funds received by the State of Maine and provide training and technical assistance to all of the Healthy Maine Partnerships. Others have identified and recognized MCD as leaders in

this field, resulting in MESAP providing training and technical assistance on a fee-for-service basis to community-based substance abuse prevention projects in Massachusetts, Maryland, New Hampshire, New York, and Vermont.

### **HIV/AIDS Prevention and Treatment**

Embedded in the Maine CDC HIV/STD/HCV Program, MCD staff have helped double the number of eligible individuals with HIV benefiting from federally funded programs to slow the progression of the disease and increase access to life prolonging medications. MCD-based staff support one of the most unique and successful HIV Community Planning Groups (CPG) in the country. MCD has for many years been the fiscal agent for the Maine Community AIDS Partnership (MCAP) and the legislatively mandated HIV Advisory Committee. These two groups are key in HIV policy and advocacy. An affiliate of the National AIDS Fund (NAF), MCAP raises money from private sources in Maine which in turn bring matching dollars through NAF to Maine from organizations such as the Elton John AIDS Foundation and Mattel.

### **The Telephonic Diabetes Education and Support Program (TDES)**

The Telephonic Diabetes Education and Support Program is offered to employees through participating employer health plans. Adapting best practice diabetes education for delivery through telephonic means, MCD is demonstrating that new methods can increase the effectiveness of existing information and education. In an era of increased recognition of the vital role of self-management support in improving health while reducing health care costs, TDES is well positioned to succeed on both fronts, resulting in healthier individuals and happier employers.



TDES Coordinator answering questions on how to enroll in program.

### **Workplace Health and Wellness**

As the epidemics of obesity and chronic disease continue to grow, worksite health and wellness become increasingly key places for intervention. In partnership with state and federal funders, MCD staff work with employers across Maine. Staff help convince employers of the need to have worksite health initiatives and then provide coaching and technical assistance on a wide range of best practice program components based on employer size, need, and budget.

### **The Maine Assembly on School-Based Health Care (Excerpt from: Progress Report on Policy Advocacy 2008-2009)**

In 2008-2009, The Maine Assembly on School-Based Health Care (Maine Assembly) contributed significantly to policy advocacy in the federal, state and local spheres, particularly in regard to the passage of The Healthy Schools Act of 2009 (which helped to secure federal School-Based Health Clinic [SBHC] base funding), as well as children's health insurance (SCHIP) legislation.

The Assembly and its partners sponsored youth advocacy efforts in Maine, which affected the course of federal, state



L to R: Kini Tinkham, Student from Maranacook Community High School, Senator Olympia Snowe, Lisa Burgess



and local policy. Youth and community engagement were also implicit in a new project to determine and test appropriate, sensitive policy for the integration of mental health and primary care in SBHCs.

## **Division of Community Living**

The mission of the Division of Community Living is to provide 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 other services. MCD is very fortunate to have employees who are dedicated to providing the necessary support and care to these vulnerable populations. Our 510 staff treat all our clients and residents with respect and dignity and encourage and support the maximum possible independence.



MCD is particularly proud to continue its policy, whenever possible, of taking all who need our care as long as we are able to provide what they need. Many of our clients come with special challenges, and our staff are skilled in working with these clients and do so with visible respect and caring.

In 2008, the Division served a client population of 327, including people with developmental disabilities, individuals with mental health issues, and elderly and disabled individuals with dependencies in some aspect of activities of daily living. Our facilities span much of the State of Maine and range in size from group homes for four people to supported apartments for individuals to an 89-bed assisted living facility. Specifically, services include the following:

### **Work programs and residential services for clients with developmental disabilities, such as mental retardation:**

Our staff, on a daily basis, try to strike a balance to help meet the physical and mental limitations brought about by a resident's disabilities while recognizing and helping the resident express his or her abilities and do as much as possible independently. Staff regularly take residents out into the community so they can experience what the community has to offer and feel that they can be valued members. We also serve a number of individuals who have significant behavioral challenges.

Many of our residents require full one-on-one assistance for most activities of daily living. For example, their daily hygiene requires hand over hand assistance for everything from bathing to toileting to dressing for the day's activities. A few of our residents have ambulatory needs and require assistance in walking or assistance with pushing their wheelchair.

### **Residential and independent living support services for individuals with mental health challenges:**

Community Living serves people with mental health challenges ranging all the way to 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. Only a small percentage of the residents have family involvement. Our goal

is to support them in reaching their highest potential and assist them in their recovery. The facilities and grounds are well maintained and every effort is made to keep the environment as homelike as possible. Residents are encouraged to pursue activities of interest in the local community. Transportation to community events is accomplished through a combination of public transportation and the use of a facility vehicle.

**Assisted living services for elderly and disabled individuals, many with dependencies in bathing or dressing, moving around, using the toilet and other basic activities of daily living:**

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 make 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 staff be as effective as possible and grow in their careers. Since 1999, MCD has provided essential training and certification. This program has expanded tremendously, and we are recognized as one of the State's quality providers of education for direct care staff. On average, the Professional Training Department holds over 150 classes a year and trains approximately 1,200 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
- Direct Support Professional
- Management of Aggressive Behavior
- Mental Health Support Specialist
- Personal Support Specialist
- CPR/First Aid

In 2008, Community Living sponsored an additional training event, "Understanding Autism and Assisting Individuals Experiencing Catastrophic Meltdowns."

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

### 2008 Revenue:

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Project Grants and Contracts	\$34,416,431
Resident Services	5,912,779
Rental Elderly Housing	435,114
Sales of Goods and Services	197,673
Interest and Other Income	789,777
Donations	<u>268,228</u>

**Total Revenue:** **\$42,020,002**

### 2007 Revenue:

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Project Grants and Contracts	\$29,903,563
Resident Services	5,803,052
Rental Elderly Housing	426,620
Sales of Goods and Services	94,824
Interest and Other Income	884,555
Donations	<u>323,517</u>

**Total Revenue:** **\$37,436,131**

### 2006 Revenue:

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Project Grants and Contracts	\$25,548,073
Resident Services	6,013,697
Rental Elderly Housing	423,954
Sales of Goods and Services	124,316
Interest and Other Income	716,044
Donations	<u>15,723</u>

**Total Revenue:** **\$32,841,807**

### **MCD's Executive Team** (as of September 2009)

Mark Battista – President & CEO

Joseph Carter - Director, International Division

DonnaLee Cloutier - Executive Administrator and Assistant to the President

Margaret D. Copelin - Director, Community Living Division

Eric Dimbleby - Director, IT

Edward Miles - Chief Financial Officer

Kevin Norwood - Director, Human Resources

Kathleen Perkins - Director, Division of Health Improvement

## **MCD Board of Directors - 2008**

**Chair: Stephen W. Gove**, Director of Health Trust Services, Maine Municipal Association

**Secretary: Evelyn Kieltyka, FNP, MSN, MS**, Senior Vice President of Program Services,  
Family Planning Association of Maine

**Treasurer: Jane G. Smith**, Retired, Founder of the Samantha Smith Foundation

**Russell C. Barbour, PhD**, Co-Director for Statistical Analysis, Center for Interdisciplinary  
Research on AIDS, Yale School of Medicine

**Gary Bisson**, Retired, Attorney and Foreign Service Officer

**Maureen Conley**, Health Care Consultant

**Steven H. Crabtree, MBA**, Retired International Banker

**George B. Dines**, Retired Senior Advisor, HRSA

**Elaine Fuller, RN, MPA**, Retired Legislator

**Jack Ginty**, Retired Executive

**Alfred W. Hoadley, PhD, MPH**, Independent International Consultant

**Lenard W. Kaye, DSW., PhD**, Professor, School of Social Work; Director, UMaine Center  
on Aging

**Daniel P. McCormack**, CEO, InterMed

**Donald J. McCrann, Jr., MD**, Obstetrician

**Gregory Nevens, EdD.**, Clinical Psychologist

**Robert L. Scott**, Aerotropic International

**Michael G. Wygant**, Retired, Foreign Service Officer and Vice President, World Affairs  
Council of Maine

### **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 Municipal Association - Stephen W. Gove

Maine Osteopathic Association - Angela Westhoff

Maine State Nurses' Association - Evelyn Kieltyka

The Bingham Program - Lisa Miller, MPH

University of Maine System - Lenard W. Kaye

**President: John A. LaCasse**, Eng.Sc.D. (January 1 – November 30, 2008)

**President: Mark Battista**, MD, JD (December 1 – 31, 2008)

**Assistant Secretary: Eunice D. Reneyske** (January 1 – November 30, 2008)

**Assistant Secretary: DonnaLee Cloutier** (December 1 – 31, 2008)

**Assistant Treasurer: Edward W. Miles**

**Clerk: Leonard Nelson**, Attorney, Bernstein, Shur, Sawyer & Nelson

## **Medical Properties, Inc., Board of Directors - 2008**

**Chair: H. Allen Ryan**

**Vice Chair: William Finn, Esq.**

**Secretary: Mary Dionne**



### **Tribute to Mr. George B. Dines, Senior (1931 – 2009): Loyal, Dedicated MCD Board Member**

George was elected to the Board of Directors of MCD in May of 2003, following his retirement from 36 years of federal service. His tenure on the Board was characterized by a no-nonsense adherence to “doing the right thing.” His commitment to MCD never wavered; following his initial diagnosis and treatment for multiple myeloma, George still travelled to Maine to discharge his Board responsibilities up through the Fall of 2008. And while his interests gravitated towards the international activities of MCD, he was fully dedicated to the organization’s Mission. George will be missed by all who enjoyed the privilege of his company.

### **MCD Board of Directors - 2009**

**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

**Secretary: Gary Bisson**, Retired, Attorney and Foreign Service Officer

**Treasurer: Stephen W. Gove**, Director of Health Trust Services, Maine Municipal Association

**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.

**Maureen Conley**, Vice President of Specialty Products, International Woodfuels

**Steven H. Crabtree, MBA**, Retired International Banker

**Jack Ginty**, Retired Executive

**Michael Goldrich, MBA**, Chief Operating Officer, International Partnership for Microbicides

**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

**Daniel P. McCormack**, CEO, InterMed

**Donald J. McCrann, Jr., MD**, Obstetrician

**Donna T. Mundy**, Retired Corporate Executive

**Gregory Nevens, EdD**, Clinical Psychologist

**Robert L. Scott**, Aerotropic International

### **Medical Properties, Inc., Board of Directors - 2009**

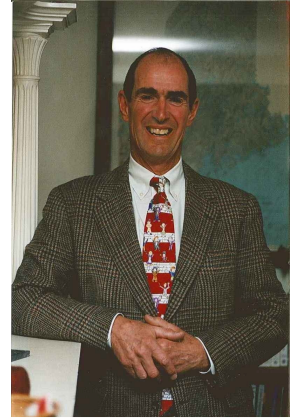
**Chair: Jane G. Smith**

**Vice Chair: Bill Sprague**, Sprague and Curtis Real Estate

**Secretary: Stephen W. Atwell**, Otis Atwell

**John LaCasse - Visionary, Collaborator, Leader**  
**-- MCD wishes you all the best!**

On December 1, 2008, John A. LaCasse welcomed Mark Battista as Medical Care Development's new CEO and began his own transition into the next chapter of his amazing life. The Board of Directors and employees, past and current, have had the rare opportunity to work with someone who is, all in one, a visionary, a leader, a collaborator and, in many ways, an inventor – of programs, services and system enhancements that have made the world a better place and that have helped many individuals have better lives.



He leaves a legacy to be proud of and optimistic about – a strong organization with tremendous opportunities to continue to bring essential, life-improving and often life-saving services to many, both in Maine and in many developing countries.

In turn, John feels he “was incredibly fortunate to have worked for and with a Board that would take a chance and which always supported me and all of MCD's employees.”

He also attributes much of his success and that of MCD to “the many talented and dedicated people who helped me and MCD make some wise decisions and build wonderful programs.”

In addition to the Board, John has a special appreciation for MCD's creative, talented and dedicated employees and always felt that a key part of his role was to provide them the support they needed to do their jobs well. Under John's leadership, MCD developed an extensive and still-ongoing network of deep partnerships with other organizations which shared the goal of MCD's mission and were integral to moving toward it. He has long demonstrated the uncommon ability to bring individuals and organizations with apparently disparate interests into a position of greater consensus. Whether partners were state or federal agencies, private foundations, employers, other non-governmental organizations, local networks, national or international bodies or others, John's operating philosophy has always been, “We can make more progress together.” They trusted John and MCD and, because of that trust as well as a proven track record, provided MCD with opportunities for new projects and programs.

For many, John has also been a teacher and role model, and his influence on many will continue as they move through their own careers.

In March 2009, the Board of Directors dedicated MCD's headquarters building as the John A. LaCasse Building, a small token of the organization's esteem.

As to MCD's future, John offers the following: “Building and sustaining an organization that does the sort of humanitarian work MCD does will always be a challenge, but I feel that under the leadership of Mark Battista and the Executive Team, and with the support and guidance of MCD's wonderful Board, the very talented and committed staff of MCD will find the way to continued success.”

John, we appreciate your continuing support of MCD and wish you all the best. Thank you.



## ***MCD Health Development Fund***

11 Parkwood Drive ~ Augusta, ME 04330

I want to help MCD improve health care with my gift allocated to:

- ☐ Manu Chatterjee, MD, Education Fund
- ☐ Health Systems Improvement in Developing Countries
- ☐ Chronic Disease Prevention & Treatment Systems in Maine
- ☐ Residential Care for Low-Income Elders & Disabled in Maine
- ☐ Programs for AIDS Orphans in Developing Countries
- ☐ AIDS/HIV Prevention & Treatment
- ☐ Youth Suicide Prevention in Maine
- ☐ Rehabilitation Support for War Victims in Sudan
- ☐ Maine Governor's Council on Physical Activity
- ☐ Other \_\_\_\_\_

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.**



☐ Visa



☐ MasterCard

☐ \$50      ☐ \$75      ☐ \$100

☐ \$200      ☐ \$ \_\_\_\_\_

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

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Exp. Date:

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Month

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Year

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Name, Street Address & Zip Code on Credit Card



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[www.mcd.org](http://www.mcd.org)

*Medical Care Development is an equal opportunity organization.*