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## Bureau of Health Systems Development Arizona Healthcare Connection – January 2014



### Empowering Providers for a Healthy Arizona Volume 3, Issue 1

In this quarter of the *Arizona Healthcare Connection*, our Community in Need articles takes us from the rural southwest corner of the state, to an urban community health center in downtown Phoenix. We all know that medical school can be very expensive, so check out the Community Resources section for the guidelines to qualify for the federal and the state loan repayment programs.

If you are in dire need for physicians and have been recruiting for a while, check out the [Arizona J-1 Visa Program](#). What do volunteering and laughing have in common? They are both good for you — read the benefits of both in the Health and Wellness section. Take out your calendar to mark the upcoming health events. Don't forget to check out the opportunities for continuing medical education and grants. Enjoy!

Click on a headline below to see the related story.

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### Program Update

#### From the Manager's Desk

Greetings everyone! We hope that you have enjoyed the Arizona Healthcare Connection and all the amazing stories and information that we've highlighted each quarter. We are very proud of what we have accomplished over the last 18 months... bringing you what we believed were important and relevant information for your respective clinical practices.

Our goal for the newsletter is to engage our clinicians and our community partners. We hope that you were moved by the stories of commitment from providers who have selflessly dedicated their professional career to serving the less fortunate among us in Arizona. We hope that the needy communities we featured gave you some perspectives on different service delivery models and the challenges those communities have had to overcome in order to continue delivering the care desperately needed despite less ideal situations. We hope that as providers, you will consider to serve those communities should you decide to move to another medically underserved area within the State; and as employers, you can model after those communities' courage, compassion, and commitment to serving the most vulnerable.

We hope that you found the information about community programs valuable in helping to address the health care needs of your patients. We also hope that the community resources including grants, trainings/events, data and statistics were useful and beneficial. You may have noticed in each newsletter that we consistently brought information and tips about emergency preparedness. We are committed to support the State in increasing the number of volunteers in order to appropriately and timely respond to State emergencies. Please consider [signing up to be an Emergency Preparedness volunteer](#).

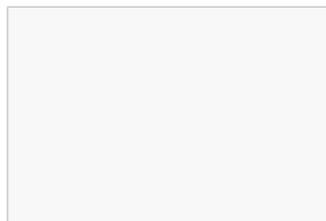


Ana Roscetti, Workforce Section Manager for Arizona Department of Health Services, Bureau of Health Systems Development

This newsletter was made possible by funding from the [Health Resources and Services Administration \(HRSA\)](#), a department within the [U.S. Department of Health and Human Services \(DHHS\)](#). While we hope to continue to bring you the newsletter, our funding has ended. Therefore, we regret to inform you that this issue will be the last regularly scheduled issue of the Arizona Healthcare Connection.

We would like to thank each of our contributors who, despite their very busy schedules, believed in our cause and agreed to write an article for the past newsletters. To all of our

Customer Feedback





Kymber Corbin, Program Project Specialist for ADHS Bureau of Health Systems Development

subscribers, from 17 during our first issue in March 2012 to about 800, 18 months later, we thank you for supporting us! This great accomplishment would not be possible without the hard work of countless staff and Kymber Corbin who has worked hard to support this project. Her commitment helped deliver a quality and compelling newsletter for all of you. We would like to thank our IT Department whom despite their heavy workload helped us transition the newsletters to electronic formats. We would like to thank the support of the Director of the Arizona Primary Care Office, Patricia Tarango, who helped ensure that we stay true to our mission of improving access to healthcare in Arizona. Most importantly, we want to thank all of our providers for their commitment and service.

Please [contact us](#) with your comments, and questions.

Respectfully,

Ana Roscetti

## A Story of Commitment in a Community in Need

### Community Health Workers Making a Difference

*Contributed by Lucy Murietta, Outreach and Community Relations Manager, and Hilda Juarez, Community Health Worker*

Somerton, Arizona was founded in 1898 in the fertile Colorado River Valley about 12 miles south of Yuma. Congress passed a law saying that settlers who could prove they were on the property before May 25, 1898 could buy up to 40 acres for themselves for \$1.25 per acre. Today, this is still a major agricultural area with lots of citrus and vegetable farming and processing.

Sunset Community Health Center (SCHC) began receiving funding through a **Public Health Service Section 330 Grant** for the Yuma County Migrant Health Program in 1972. Services were provided out of a trailer in Somerton during those early days. In response to community needs, clinic staff and the clinic expanded rapidly over the years.



Creating effective links between vulnerable populations and the health care system can be challenging in rural Arizona. A

**Community Health Worker (CHW)** is a trusted member of the community and serves as a link between people and services at SCHC to promote the overall health of family, friends and neighbors. Our communities receive important information on topics which encourage lifestyle changes, enhance the families' well-being and improve their quality of life, free screenings and information. Our efforts also include referrals, services and informational booths where partners/collaborators offered their services to community members who may not have known that these services exist. Being a Community Health Worker doesn't only involve promoting health education and information within an office environment. Due to barriers in access to health care and other social services among our target population, it also consists of outreach by participating at local health fairs, parent teacher

conferences, senior centers, homeless shelters, tractor rodeos and any other places deemed necessary by providing health screenings, relevant information about primary and preventive health services to underserved communities. A Community Health Worker's participation and presence at these types of events has become essential and is an opportunity to offer information about Sunset Community Health Center services, programs and educational services.

*CHWs sometimes travel around the agricultural fields and other places where farm workers gather.*

As a result of the aggressive outreach provided by CHWs, SCHC has increased its users in Yuma County from 18,000 to 28,000 in six years. Furthermore, CHWs have been able to build trust with patients and have made a great impact on the ability to communicate openly with patients on issues related to health, ultimately improving health care access and care.

Hilda Juarez is just one of the Community Health Workers at Sunset Community Health Center. She has been a CHW for nearly 5 years. She grew up in Somerset so she finds it especially rewarding. Recently she completed the registration paperwork for a woman with poor eyesight due to diabetes, then offered her the diabetes education to help her better control it. The previously frustrated woman repeatedly thanked her for simply acknowledging her. She said, "You were God sent, I was ready to just walk out." Throughout the course of the next three months, Hilda continued to assist the patient by providing follow-up appointments for the control of her diabetes, arranging transportation, reading and translating medical documents for her. One day the patient walked into her office and said "Oh, you are more beautiful than the shadow that I



once saw, I am so grateful for all your help because I can now see, it is because of your help I didn't walk away." She hugged Hilda and cried. Experiences like this are countless; Hilda knows she makes a difference. Every Community Health Worker makes a difference.

### Wesley Community Health Center

Contributed by Katie Brite, Medical Director Wesley Community Center, Inc.

**Wesley Health Center's** doors are wide open to everyone from the community from eight o'clock in the morning to nine o'clock in the evening during our business week. No one is ever turned away for their inability to pay. In the name of humanism, no one should be denied basic medical care. But to truly understand Wesley, one must know that it is so much more than just a health center.



L to R: Gina Lucero, Melissa Schultz, Sara Rodriguez, Chris Rodriguez, Luz Rosales, Pablo Nava, Santiago Bonilla (top), Becky Kerr (bottom), Aracely Quezada (top), Donna Gomez (Bottom), Ana Guzman, Juan Chacon (top), Francisca Manuela Aragon (middle), Gabby Hernandez (bottom), Dr. Stephanie Briney, Rebecca Mijares, Dr. Wayne Davis (top), Kwanita Coleman (middle), Jaime McKlen (bottom), Dr. Katie Brite (top), Obdulia Rosales (middle), Janelle Torres (bottom), Emma Viera (top), Wendy Romero, James Williams, and Andrea Carrillo

In fact, years before we made medical care part of our mission, Wesley was established as a community center in 1950. The first health clinic, Centro de Salud, was licensed for uninsured only, having volunteer physicians and interpreters. In March 2009, the health center received the first Arizona stimulus funds (ARRA - American Recovery and Reinvestment Act); thus the "new" federally qualified health center, Wesley Health Center became a reality - now having 34 full and part-time employees and many volunteers and community partners.



The original health clinic, Centro de Salud, was licensed for uninsured only, having volunteer physicians and interpreters.

In addition to the health center, the other two priorities for the Wesley Community Center include a Family and Youth Services, located on the South 10th Street campus, and the Amigos Center, serving families in West Phoenix with various adult education and youth programs.

We must give credit to the original Medical Director, Dr. Mark Stephan, for having the vision of what Wesley could and should be. Following in his footsteps we continue to propel Wesley forward. We are now a certified Patient Centered Medical Home, continuing to expand our services, and have steadily increased our efforts to reach out to the community. We are proud to offer exceptional services including: podiatry, dermatology, chronic disease management, women and children's health management, and an outstanding prenatal program. We perform colposcopies, LEEPS and vasectomies for our patients so they do not have to leave the comfort

of their "health home" for these essential health needs. We are integrated, so we can take care of our patients' mental needs as well. We work in a collaborative effort as a team of providers, Medical Assistants, a community health worker and a patient care coordinator to promote wellness and combat chronic disease. At Wesley Health Center, we enjoy teaching medical students, nurse practitioner students, and residents. We consider this one of the greatest things we give back to the community and students who rotate at Wesley Health Center learn how to practice high quality cost effective medicine with often medically complex patients. We are proud to teach using an inter-professional model encouraging cooperation (not competition) among provider groups. Thus, students who rotate at Wesley are more likely to "give back" to the community when they graduate. We have observed this first hand time and time again.

At Wesley Health Center, our Chief Executive Officer, Betty Mathis, our Chief Operations Officer, Emma Viera, and our Chief Medical Officer, Kathleen Brite are patient oriented and innovative so we have made a strong team. Our providers are talented and committed. We are thankful to have a Board of Directors (with this non-profit health center and community center) that is both realistic and supportive to keep us grounded, but not hinder progress. Working at Wesley Community Health Center has its set of challenges, and is sometimes an uphill climb. However, for the passionate professional, seeking the ultimate reward of truly making a difference within one's community and



Wesley Health Center's doors are wide open to everyone from the community during the business week.

beyond, the challenges are well worth it.

## A Story of Commitment

### Family Medicine was a Natural Fit

*Contributed by Katie Brite, Medical Director Wesley Community Center, Inc.*

I am thankful to many who have guided and shaped me on my journey so far, and am honored to have the opportunity to summarize my professional story. I am grateful to my husband who has been ever supportive of me and the three beautiful sons we have created along the way.

I was born into a middle class family to parents who were educators. My parents believed in honesty, integrity, accountability and work ethic. I feel I was raised well, and although not all roses, my childhood was happy. In my childhood community, some had more than us, and some had less, but my parents made sure we were aware that worldwide, most had less. We were grateful for what we had. My parents also raised us with the belief that people are people. We were taught that each ethnicity is unique and perfect, and exactly as they should be. I credit my parents for instilling the "everyone is created equal" view deep in the core of my being and truly believe this is why I have always practiced with an innately humanistic approach.

College was never an option, rather an expectation in my household. Coming from modest means, I had no financial assistance for my education. Like so many others I worked through undergraduate and medical school and relied on financial aid. I will always consider education a good investment. I did not know that I wanted to be a physician when I began my undergraduate experience. I was going to follow in my parents' footsteps and teach high school math. As I progressed, however, this career path did not fulfill me completely. I changed my major, adjusted my studies and realized while volunteering in a children's hospital that this lack of fulfillment was because I had selected the wrong profession for me. I wanted to be a doctor, and becoming the first physician in my family became my quest.



I was drawn towards serving the underserved from the very beginning of my medical education, at the University of Arizona College of Medicine through their CUP (Caring for Underserved Populations)\* program. Family medicine was a natural fit for me as it is diverse, challenging and allows one to care for many people of all ages. I first experienced my current place of employment, Wesley Health Center, as a third year medical student in 2003, and was amazed. Here was a small, fully functional health center in South Central Phoenix minutes away from downtown serving an incredibly underserved uninsured population that literally had nowhere else to go shy of the emergency department for primary care. During my residency training at Banner Good Samaritan, I continued to spend as much time at Wesley Health Center as possible. After residency graduation I joined a private practice, but continued to volunteer at Wesley Health Center providing women's health services including colposcopies. I found that as much as I enjoyed my physician colleagues and patients in private practice, I looked forward to my time at Wesley more than anything else I was doing. When Wesley Health Center became a Federally Qualified Health Center (FQHC) in 2009 and I was asked to come aboard full time, it was an easy decision for me. Despite the challenges I have never regretted my decision to leave private practice. I have been at Wesley Health Center now for four years and find it challenging, frustrating, rewarding and everything I want both personally and professionally in a career. I feel fortunate to be serving an underserved community that I am passionate about at a health center that I love and would not want to practice anywhere else.

*\* Editor's Note: CUP helps medical students learn about community service, and gives students insight into how socioeconomic and cultural factors impact health and access to health care.*

### From Las Vegas to Kingman

*Written by Jettie Blanton, MSW, LCSW at Mohave Mental Health Center*

My career began in 1994 as a drug and alcohol counselor in Las Vegas. As I worked in addiction treatment I began to realize that the field was moving more toward dual diagnosis - it is rare to work with a client that is just an addict. My quest to learn more about mental illness ultimately lead me to the Master's program in Social Work at University of Nevada, Las Vegas.

After I graduated in 2006, my parents built me a beautiful house in Golden Valley, Arizona, about 23 miles from Kingman, Arizona. My original intention was to rent the house out until I completed my hours for my clinical license. However once it was finished the house was so beautiful, I couldn't stand the thought of having renters in it. Besides, I really wanted to be close to my family.

I did some research and transferred to [Mohave Mental Health Clinic](#) to complete the supervised hours for my independent licensure as a clinical social worker. Once I had my license, I transitioned into a therapist position in order to provide more direct client service which is a requirement of the [National Health Service Corp \(NHSC\)](#). I work in a rural community where poverty, lack of employment, mental illness, and addictions are common.



Jettie Blanton, MSW, LCSW

After completing my 2 year NHSC site obligation in Kingman I realized how much I have grown to love this area. Through the bonds with co-workers, family ties - and a gorgeous house, I knew I was where I belonged. I have mentored other social workers and encouraged at least two friends to complete their master's degrees in social work programs. I have been promoted and now work as a supervisor in our inpatient psychiatric facility. I still have a lot of opportunity for direct contact with clients because I do daily therapy groups and I am closely involved in their treatment and discharge planning.



Level 1 inpatient psychiatric facility in Kingman, Arizona

I used to dream of having my own office and doing private work with insured populations, but because of the NHSC, those dreams have changed. With no more medical education debt, the drive is no longer about making the largest amount of money obtainable because I don't have to pay those large payments today. This lets me concentrate on providing services to a community desperately in need of providers even though there is little money for them. The clients I work with have a multitude of challenges and even small improvements in their lives are helpful. I am grateful for the opportunity to have been a part of the NHSC and that I get to continue working to serve underserved populations.

My daughter, who is an only child, has also chosen a social work career and is in her bachelor's program at Texas A & M. I raised her as a single parent and some of the struggles we have faced have made us stronger and more able to be empathic with others. I hope the NHSC is available when she is independently licensed as a clinical social worker.

## Community Resources

### National Health Service Corps

*Written by Ana Roscetti, Workforce Section Manager, ADHS Bureau of Health Systems Development*

Arizona is increasing access to health care to the underserved communities, thanks to the [National Health Service Corps Loan Repayment Program](#) that has helped recruit qualified health care professionals to serve in those areas in exchange for student loan repayment. About 235 primary care providers are serving in over 400 NHSC certified clinical sites in Arizona's underserved areas. This number will increase this year as Arizona ranks top five in the nation for new NHSC site development requests. If you are a clinician wanting to learn more about NHSC, please [visit the NHSC website](#).

If you are a clinic interested to learn on how to become an NHSC certified site, [check out the applicant's checklist](#).

Ana Roscetti is the Workforce Section Manager in the ADHS Bureau of Health Systems Development. She can be reached at (602) 542-1066 or [email Ana](#).



### Arizona J-1 Visa Waiver Program

Did you know that as employers, you can fill your hard-to-fill physician vacancies with foreign physicians on J-1 Visa in the United States? If you are an employer who has not filled your physician vacancy for at least six months and meet all [program requirements](#), you may be able to take advantage of this opportunity.

The [Arizona J-1 Visa Waiver Program](#) supports foreign physicians on J-1 Visa by providing J-1 Visa waiver recommendations to the United States Citizenship and Immigration Services (USCIS) in exchange for the physician's three year service commitment in a federally designated [Medically Underserved Area/Population \(MUA/P\)](#) or [Health Professional Shortage Area \(HPSA\)](#). Foreign physicians obtain J-1 Visas for the purpose of attending residency or fellowship training in the US and are required to go back to their home country after they finish training. J-1 Visa "waivers" allow foreign physicians to receive non-immigrant, H-1B status (temporary worker in specialty occupation) for three years, thus, allowing them to practice in an Arizona HPSA, MUA, or MUP without returning to their home country.

Each federal fiscal year, from October to September, Arizona has 30 slots available for J-1 physicians, where 22 are dedicated for primary care physicians and psychiatrists, 7 slots for specialists, and 1 slot for the program's discretionary use. To qualify, a foreign physician must provide full-time, 40 hours per week of medical services in a HPSA, MUA or MUP and must meet other eligibility requirements. In addition, a J-1 Visa physician must have a [valid contract](#) with an eligible employer.

The program is now accepting J-1 Visa Waiver applications for Fiscal Year 2014 through January 31, 2014. To ensure a complete application is submitted, please review the [application checklist](#). Please visit the website for the application cycle announcement.

For more information, please contact Ana Roscetti at 602-542-1066 or [email Ana](#).

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#### Arizona State Loan Repayment Program

Did you know that the National Health Service Corps Loan Repayment Program (NHSC LRP) is not the only loan repayment program available in Arizona? If you are a full time physician, dentist, physician assistant, nurse practitioner or certified nurse midwife, you may qualify for the Arizona Loan Repayment Program.

The [Arizona State Loan Repayment Program \(SLRP\)](#) is a program administered by the Arizona Department of Health Services, [Bureau of Health Systems Development](#). Modeled after the NHSC LRP, SLRP will qualify public, non-profit or rural private practice primary care providers for an initial two year service commitment working at an [eligible service site](#) within a federally designated [Health Professional Shortage Area \(HPSA\)](#). Up to \$40,000 is available to [qualified candidates](#) based on the [priority ranking](#) of his/her service site. For full details of award amounts for SLRP or to apply, [visit the website](#).

If you have any questions, please contact Ana Roscetti at 602-542-1066 or [email Ana](#).

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#### Prescription Drug Discount Card

This info is also [available in Español](#). Help the uninsured and the underinsured in your neighborhood. The Community Assistance Program (CAP) discount prescription card was established in response to the many requests for assistance for the uninsured and underinsured with their prescription needs. The CAP card saves the cardholder an average 15% on brand name medications, and 55% on generic medications. The discount prescription cards are accepted at over 80% of pharmacies in the US and its territories, including Puerto Rico. Anyone can use the CAP card, regardless of age or income. Our discount prescription card can allow someone to fill a prescription when they may normally go without.

Your organization can benefit from Community Assistance Program by simply telling us how many CAP discount prescription cards you can use, and we will gladly send them to you. Simply fill out the form on the [Contact Us](#) page.

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#### National Rural Recruitment and Retention Network (3RNet)

The [National Rural Recruitment and Retention Network \(3RNet\)](#) is made up of organizations such as State Offices of Rural Health, Primary Care Offices, AHECs, university programs, state-based non-profit organizations and Primary Care Associations. These agencies help physicians and health professionals with recruitment and retention to rural and underserved communities throughout the country. Each organization has information supporting physician and health care recruitment for rural and underserved communities in their respective states or territories.



They will be able to assist medical and health professionals and their families identify the resources necessary to meet the personal and professional requirements they seek. They can tell you what it's like to live and practice in those communities and assist you in securing the one job that offers the best compatible match to your professional and personal needs.

3RNet works to improve rural and underserved communities' access to quality health care through recruitment of physicians and other health care professionals, development of community based recruitment and retention activities, and national advocacy relative to rural and underserved health care workforce issues.

If you missed the opportunity to see the live webinar hosted by the Center for Rural Health that provided training on how to utilize and navigate the system, [watch the recording online](#).

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### Data and Statistics

#### Health Professional Shortage Areas (HPSA)

*Contributed by Tracy Lenartz, MPH*

The following Arizona areas have been designated as Health Professional Shortage Areas by the [U.S Department of Health and Human Services \(DHHS\)](#), [Health Resources and Services Administration \(HRSA\)](#) as [Health Professional Shortage Areas \(HPSA\)](#) during the past quarter in the [Designation Update](#).

For more information on Health Professional Shortage designations, contact Tracy Lenartz at (602) 542-1772 or at [tracy.lenartz@azdhs.gov](mailto:tracy.lenartz@azdhs.gov).

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### Emergency Preparedness

**Be Wise and Ready**

*By Antonio Hernandez, Partner Integration Section Chief, Arizona Department of Health Services, Bureau of Public Health Emergency Preparedness*

Recent Arizona news and events that include deadly fires, flash flooding and haboobs remind us that emergencies can happen unexpectedly in communities just like ours, to people just like us. Commit to taking steps to Be Wise and Ready and help ensure a resilient and fast recovering Arizona.

Are you prepared to go three days without electricity, water services, access to a supermarket, or local services for several days? You can be, if you follow these steps:

- **Stay Informed:** Learn what to do before/during/after an emergency by accessing resources like [www.ready.gov](http://www.ready.gov) & [www.justincasearizona.gov](http://www.justincasearizona.gov). Know where to go for the latest Arizona emergency notifications and updates your state's online source for real-time emergency and hazard information [Arizona Emergency Information Network](#) and for the state public health information visit [www.azdhs.gov](http://www.azdhs.gov).
- **Make a Plan:** Discuss, agree, and document an emergency plan. Work together with neighbors, colleagues, and others to build community resilience.
- **Build a Kit:** Keep enough emergency supplies for you and those you care for. **Do 1 Thing** is a website that provides us with small steps towards being prepared (each month provides a simple tip and resource to build your preparedness kits).
- **Get involved:** There are many ways to get involved before a disaster occurs. If you are a health professional willing to serve in a time of need register online with the [Arizona Emergency System for Advance Registration of Volunteer Health Professionals](#) find out more about your local [Medical Reserve Corps](#) and get involved with your [Arizona State Citizen Corps Council](#).



Antonio Hernandez, Partner Integration Chief, Bureau of Public Health Emergency Preparedness

By taking a few simple actions you can do your part to Be Wise and Ready. Together over a decade of preparedness is paying off. According to Ready.gov, 11% more families made emergency plans, over 53% of people are making emergency kits, 13% more have taken steps to being prepared for an emergency. For additional information on emergency preparedness resources and trainings visit the Arizona Department of Health Services [Bureau of Public Health Emergency Preparedness website](#).

**Yarnell Fire Department Finally Re-Opens November 15, 2013**

The state of Arizona continues to mourn with the families and friends of the 19 brave firefighters of the Granite Mountain Hotshots who perished in the line of duty in the Yarnell Hill fire in Yavapai County on June 30, 2013.

The United Firefighters Association and Prescott Firefighter Charities have established a relief fund to handle donations to benefit the families of the fallen in the Yarnell fire. Individual or corporation donations can be made at any Chase Bank. Checks can be made payable to United Phoenix Fire Fighters Association, Account #987218757

Our thoughts are also with the Yarnell residents who are not only grieving for the firefighters but have additionally lost their home or business. The first groundbreaking was held on September 13, 2013 – with many more needed. If you would like a financial donation to go directly to the rebuilding phase, you can make a donation to the National Bank of Arizona, Account #7600002730.



The first manufactured home was delivered, Thursday, November 21, 2013.



Cheryl Gillman, ADHS Business and Finance Office

In the fires, 112 homes were lost. Imagine having to replace 112 refrigerators, 112 stoves, 112 dining room tables, beds, sofas, televisions (you get the idea). Gift donations have been plentiful, however many much-needed items have been turned away due to a lack of trucks or trailers to move the items to the warehouse. Use of your time and transportation are still greatly needed. Now that the first manufactured home has been set in place, with many more to follow – the real work is just beginning.

ADHS employee Cheryl Gillman has spent many tireless weekends traveling from the Phoenix area to Yarnell to volunteer her assistance in the rebuilding efforts. Anyone wanting to coordinate sending donations to Yarnell can contact her at 602-292-4913. If you would like to deliver your items personally, the warehouse is located behind the Big Lots on the corner of Iron Springs Rd and Gail Garner Road. They are closed Saturday, Sunday and Monday, however Cheryl can coordinate with someone to open the warehouse to help unload.

**Items always needed are:**

- Paper Goods (Toilet Paper, paper towels)
- Non Perishable Food/Water
- Hygiene Items (Shampoo & Conditioner, Body Wash, Laundry Soap, Fabric Softener, Razors)
- Towels/Washcloths/Linens
- Dishes, Cookware, Kitchen Utensils
- Kitchen Appliances (Small & Large/Gently used and in good overall condition and working order)
- Furniture (Gently used, these items will be going in to their newly built homes)
- Gardening Tools/Gloves/Hoses
- Gift Cards Walmart, Target, Big Lots, Home Depot, Lowes

**Items not needed** are clothes, shoes and stuffed animals.



The warehouse has plenty of clothing. It needs appliances and furniture to fill the 112 houses just beginning to be built.

**Health and Wellness**

**Volunteering Really May Be Good for the Heart**

*Copied with permission from MedLine Plus, a service of National Institutes of Health*

Anyone who has ever volunteered knows that it feels good to help others, but did you know that it could help reduce the risk of high blood pressure?

The new study included more than 1,100 adults, ages 51 to 91, who were interviewed about their volunteering and had their blood pressure checked in 2006 and 2010. All of them had normal blood pressure at the time of the first interview.

The investigators found that participants who said during the first interview that they volunteered for at least 200 hours per year were 40 % less likely to have high blood pressure four years later than those who did not volunteer.



It didn't matter what type of activity the volunteers performed. Only the amount of time spent helping others as a volunteer was associated with a reduced risk of high blood pressure, according to the study scheduled for publication in the journal *Psychology and Aging*.

The findings suggest that volunteering may be an effective medicine-free option to help prevent high blood pressure, which is a major contributor to cardiovascular disease -- the leading cause of death in the United States. High blood pressure, or hypertension, affects about 65 million Americans.

"Every day, we are learning more about how negative lifestyle factors like poor diet and lack of exercise increase hypertension risk," lead author Rodlescia Sneed, a Ph.D. candidate in psychology at Carnegie Mellon University, said in a university news release.

"Here, we wanted to determine if a positive lifestyle factor like volunteer work could actually reduce disease risk. And, the results give older adults an example of something that they can actively do to remain healthy and age successfully," Sneed explained.

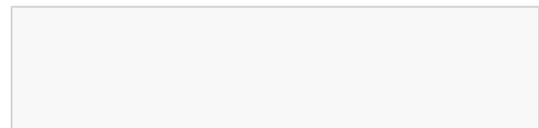
"As people get older, social transitions like retirement, bereavement and the departure of children from the home often leave older adults with fewer natural opportunities for social interaction," Sneed noted. "Participating in volunteer activities may provide older adults with social connections that they might not have otherwise. There is strong evidence that having good social connections promotes healthy aging and reduces risk for a number of negative health outcomes."

While the study found an association between time spent volunteering and blood pressure levels, it did not prove a cause-and-effect relationship.

**Stressed? Laughter is often "The Best Medicine"**

*Copied with permission from MedLine Plus, a service of National Institutes of Health*

Research has shown that the health benefits of laughter are far-ranging. Studies have shown that laughter can help relieve pain, bring



greater happiness, and even increase immunity. Many people don't get enough laughter in their lives. In fact, one study suggests that healthy children may laugh as much as 400 times per day, but adults tend to laugh only 15 times per day. Here are some stress management benefits of laughter:

- **Hormones**  
Laughter reduces the level of stress hormones like cortisol, epinephrine (adrenaline), dopamine and growth hormone. It also increases the level of health-enhancing hormones like endorphins. Laughter increases the number of antibody-producing cells we have working for us, and enhances the effectiveness of T cells. All this means a stronger immune system, as well as fewer physical effects of stress.
- **Physical Release**  
Have you ever felt like you "have to laugh or I'll cry"? Have you experienced the cleansed feeling after a good laugh? Laughter provides a physical and emotional release.
- **Internal Workout**  
A good belly laugh exercises the diaphragm, contracts the abs and even works out the shoulders, leaving muscles more relaxed afterward. It even provides a good workout for the heart.
- **Distraction**  
Laughter brings the focus away from anger, guilt, stress and negative emotions in a more beneficial way than other mere distractions.
- **Perspective**  
Studies show that our response to stressful events can be altered by whether we view something as a 'threat' or a 'challenge'. Humor can give us a more lighthearted perspective and help us view events as 'challenges', thereby making them less threatening and more positive.
- **Social Benefits**  
Laughter connects us with others. Just as with smiling and kindness, most people find that laughter is contagious, so if you bring more laughter into your life, you can most likely help others around you to laugh more, and realize these benefits as well. By elevating the mood of those around you, you can reduce their stress levels, and perhaps improve the quality of social interaction you experience with them, reducing your stress level even more!



## CMEs & Grant Opportunities At-A-Glance

### Upcoming Opportunities

A lot of Web searching has been done for you! We identified grant opportunities, as well as Continuing Medical Education (CME) prospects and listed the class name, dates, what type of class (webinar, seminar, online, etc.), and other information so that you can see what is available to you at a glance. Links will take you right to the course descriptions and the registration site.

- [CMEs](#)
- [Grant Opportunities](#)

## Upcoming Events

### February 2014

#### Rural Health Policy Institute

February 4-6, 2014  
Washington, D.C.

- [Online Registration](#)

Join NRHA for the largest rural advocacy event in the country. Learn firsthand about the development and implementation of health care policy at the federal level and meet with your members.

#### 27th Annual Rural Health Care Leadership Conference

February 9-12, 2014  
Phoenix, AZ (Pointe Hilton Tapatio Cliffs Resort)

More information will be available online in the coming months.



### March 2014

**65th Annual Meeting – New Health Education Strategies, Connections & Ideas**

March 19-21, 2014

Baltimore, MD (Hyatt Regency Inner Harbor, Presented by Society for Public Health Education (SOPHE))

- [Online Registration](#)

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April 2014

**Rural Medical Educators Conference**

April 22, 2014

Las Vegas, NV

- [Online Registration](#)

Taking place directly prior to the Annual Rural Health Conference, listed below.

**37th Annual Rural Health Conference**

April 22-25, 2014

Las Vegas, NV

- [Online Registration](#)

NRHA's Annual Rural Health Conference is the nation's largest rural health conference, created for all of those with an interest in rural health care, including rural health practitioners, hospital administrators, clinic directors and lay health workers, social workers, state and federal health employees, academics, community members and more.



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