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Bureau of Health Systems Development Arizona Healthcare Connection - October 2012



Empowering Providers for a Healthy Arizona
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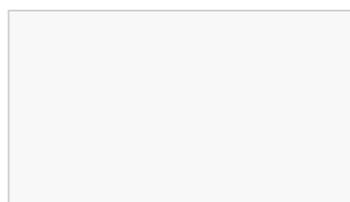
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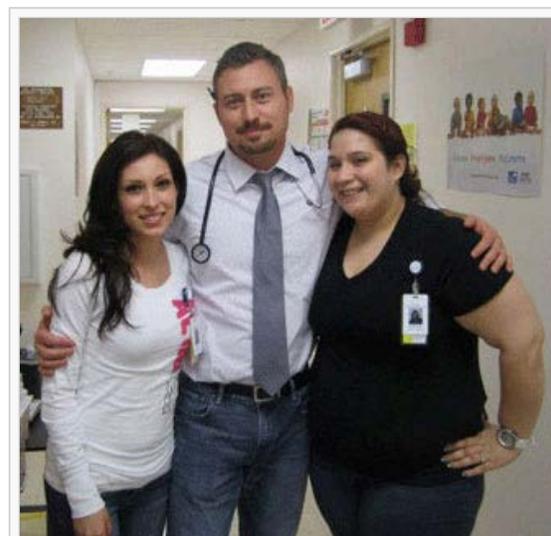
Story of Commitment

Contributed by Dr. Robert Lundell

It all started in the country of Panama in 1998. As a 20-year-old, I elected to serve a mission for my church and was assigned to **Panama**. From the moment I arrived I was immersed in a completely different culture, surrounded by a foreign language and exposed to a type of poverty I had never seen before. I was able to spend 2 years living with those we would consider underserved. I lived where they lived, ate what they ate, and helped to serve them during my two years there. I witnessed sickness and disease that could be easily treated in our country but these people didn't have the resources to seek appropriate medical care. As I grew to love and respect the Panamanian people, I reflected on how my time in their shoes was temporary and how they were unable to ever get the help they needed in some cases. As I returned home to Arizona to resume college, my experience in Panama shaped and influenced my decisions about choices of study and career. I decided I would become a physician and try to help those that needed it most.



Throughout medical school, I was able to observe the various specialties and felt I would fit best and be the most useful in family medicine. I felt as a family physician I could address a great variety of problems and



Ana Zaragoza, Dr. Lundell, Kristina Kuinlan at the Sun Life Family Health Center.

Customer Feedback



This housing is typical in impoverished areas of Panama.

help a greater variety of people despite not being a specialist or expert in any one field. My mind was made up and I spent my time in residency at **Phoenix Baptist Hospital**—a place in which I was able to continue to help an extremely underserved population. I found my time in Panama helped me to relate to my patients better as I felt I could understand their culture and now was fluent in Spanish. I found it very rewarding to be able to educate and help those that needed it most.

As I enjoyed the patient population I encountered at Phoenix Baptist, I looked to continue that relationship with the underserved after residency and was able to secure a position at **Sun Life Family Health Center** in Casa Grande, AZ. Here I have been able to again serve the underserved population and make a difference in the lives of those that wouldn't have access to care if it weren't for the assistance of these community health centers. While caring for those that can't afford the latest and greatest medications can be challenging, it is satisfying to help them control diseases such as diabetes that would otherwise cause great problems in their lives if left untreated. I have been very blessed in my life to be able to become a physician and am very grateful to be able to help others and hopefully make a difference in their lives.



Sun Life Family Health Center in Casa Grande, AZ.

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Community in Need

Elfrida, AZ Written By: Jennifer "Ginger" Ryan, MBA/Ph.D., Chief Executive Officer of Chiricahua Community Health Centers

Until 1993, I had never heard of **Elfrida, AZ**.



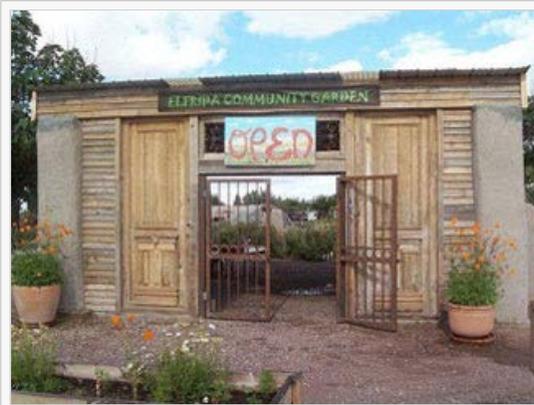
Chiricahua Community Health Centers, Inc. Cliff Whetten Clinic located in Elfrida.

Neither had many others. It is an unincorporated municipality along Old Highway 66 – now renamed Highway 191 – between **Douglas** and **Willcox** in the southeastern corner of rural **Cochise County**. On the surface, it is unremarkable with its cluster of buildings that include a post office, feed store, bar and two gas stations (one of which is closed most of the time). On the surface it is dilapidated with a pervasive air of sadness, so strong that sometimes I believe that you can almost smell the poverty. Underneath, there is a very different and intriguing story.

The community coalesced as a stop on the old Butterfield and, later, the Wells Fargo Stagecoach lines that brought mail, passengers and "treasure boxes." There was a need for food (for both people and animals) and respite. The wealth that was being transported attracted villains and there were 129 stagecoach robberies between 1875 and 1903. This coincided with the reign of Geronimo who fought against Mexico and the United States over their expansion into Apache Tribal lands (spurred by the massacre of his wife and three children in 1858). The confluence was further enhanced with the settlement of Mormons who decided to homestead while traveling to and from Colonias (Churichupa and Juarez) in Mexico and Utah.

The result is an area populated by fiercely independent, hard-working and self-reliant individuals who have little use for rules, regulations and government interference. The majority of the residents were once employed by the copper smelter in Douglas and who live on acreage with the intention of retiring to a life of farming or ranching. This dream was lost when the mining company (Phelps Dodge) was able to secure a law that said if your land had not been irrigated as commercial property within the last five years, you lost your water rights. Their land values plummeted, the resale value disappeared but the taxes remained the same. Thirty miles in any direction from any kind of services, this was truly a community in need.





Elfrida Community Garden located by the Cliff Whetten Clinic.

For centuries in India, **Japa Malas** (prayer beads) have been used to help people stay focused.

There are 108 beads on the circular strings because this number is felt to be most auspicious—it is a perfect 3 digit multiple of 3 which represents balance. Three things happened in Elfrida that restored balance to the struggling community—all from the "Clinic with a Heart," **Chiricahua Community Health Centers, Inc.**

Elfrida's Japa Mala began with the establishment of a community health center in the back of a green metal shed which was the Elfrida Community Center. Once established, there was a permanent building with access to quality health (and behavioral health) care locally. Next was the provision of on-site dental services followed by the **Sembrando Salud Program** which included exercise programs, a large organic garden, art therapy and nutrition programs. An Outreach Program and mobile units reach out to isolated individuals.

One of the Wells Fargo treasure boxes like one that might have been used in 1875.

Today, people drive from Phoenix and Tucson for dental care and to buy organic produce from the garden. Nationally recognized, the programs and services have re-established trust and hope for a brighter future.

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Programs in Profile

Breast and Cervical Cancer Treatment Program (BCCTP)

In Arizona, uninsured women diagnosed with breast or cervical cancer on or after August 2, 2012, may be able to receive comprehensive treatment through the Breast and Cervical Cancer Treatment Program (BCCTP) provided by the **Arizona Health Care Cost Containment System (AHCCCS)**. This is due to a recent change in Arizona law (ARS §36.2901.05). Prior to this change, only women that were screened and diagnosed through the Well Woman HealthCheck Program (WWHP) that is administered by the Arizona Department of Health Services, qualified for the BCCTP. The new law allows for all uninsured women that meet the qualifications for the WWHP, but were not diagnosed through it, to enroll in the BCCTP.

In order to qualify, women must be diagnosed with breast or cervical cancer and be under the age of 65. They must also be uninsured, have household gross income at or below 250% of the **Federal Poverty Level**, and must not otherwise be eligible for AHCCCS. Through the BCCTP, AHCCCS coverage is provided to all women who are found to have breast or cervical cancer, regardless of where they were screened. To learn how to submit a BCCTP application, please visit the **Breast and Cervical Cancer Treatment page** on the ADHS website.

The Well Woman HealthCheck Program (WWHP) was established in 1993 as part of the National Breast and Cervical Cancer Early Detection Program administered by the **Centers for Disease Control and Prevention**. In Arizona, the WWHP is part of the Bureau of Health Systems Development at the Arizona Department of Health Services. The program began screening women for breast and cervical cancer in 1995 and has provided over 73,595 mammograms and 40,563 pap tests. The program has diagnosed 891 breast cancer cases, 39 invasive cervical cancer cases, and 348 cases of precancerous cervical lesions since the start of the program through the end of June 2011.

The WWHP helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services, including: clinical breast exams, mammograms, pap tests, and pelvic exams. Diagnostic testing such as ultrasounds, biopsies, and others as needed.

For more information on the Well Woman HealthCheck Program or the Breast and Cervical Cancer Treatment Program, please visit WellWomanHealthCheck.org. This is a great community resource.

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Data and Statistics

The following Arizona areas have been designated by the **U.S. Department of Health and Human Services (DHHS)**, **Health Resources and Services Administration (HRSA)** as **Health Professional Shortage Areas (HPSAs)** during the past quarter – May 1, 2012 – August 16, 2012.

- [Shortage Designation Update](#) 

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Community Resources

Community Health Center Expansion

Community Health Centers strive to increase access to comprehensive primary care for the nation's uninsured and underinsured individuals. New grants to expand this network of community health centers, made possible by the Affordable Care Act, were awarded on June 20, 2012. Included in the New Access Point grantees are two Arizona organizations: **Sunset Community Health Center (Somerton)** and **Tuba City Regional Health Care Corporation (Tuba City)**. Across the United States, the grants will establish 219 new health care delivery sites, support delivery of affordable healthcare to 1.25 million patients, and create over 5,000 jobs. [Find a health center](#) in your community.

To learn more about becoming a community health center, please [email Cielo Mohapatra](#), Community Development Manager at the Arizona Department of Health Services Bureau of Health Systems Development or call her directly at 602-542-1207.

Arizona Developmental Disabilities Planning Council

Story Contributed by Larry Clausen, ADDPC Executive Director and Jane Jepson

For Gabrielle, a young woman of 22, nothing is "routine" about a primary care visit. While her caregiver advises her physician about persistent headaches, Gabby drops her head and mouths the words to her latest tenor's favorite. During the patient history, Gabby occasionally lifts her chin and defiantly shakes her head "no". This contradiction is offered however, not to dispute the frequency and discomfort of the headaches, but for the sake of diversion from a developmentally disabled person with a history of traumatic medical intervention.

Persons with developmental disabilities may present a unique and sometimes frustrating challenge to the primary care practitioner. Difficulties encountered in the clinical setting include everything from poor communication and increased anxiety, to the need for adaptive equipment and longer appointment times. These special requirements often exacerbate already formidable barriers to care.

The **Arizona Developmental Disabilities Planning Council (ADDPC)** is committed to eliminating barriers and creating increased opportunities for self-determination among persons with developmental disabilities. Established by **Governor Janice K. Brewer through Executive Order**  ADDPC's purpose is to "engage in advocacy, capacity building, and systemic change" as it relates to the Developmental Disabilities Assistance and Bill of Rights, **DD Act of 2000 P.C. 106-402**. Facilitating an environment in which the developmentally disabled person may maximize independence, productivity, and integration in the richness of community life.

According to Larry Clausen, the council's primary goals include "Employment, Self-Advocacy, and Functioning as a Reliable Source of Information".

- **Employment**
The ADDPC is dedicated to improving access to employment opportunities for persons with developmental disabilities by encouraging meaningful work that suits the skill set and interest level of the individual and assures compensation and benefits appropriate for the duties performed.
- **Self-Advocacy**
The ADDPC works to expand skills in self-advocacy and self-determination to increase opportunities to live with dignity, independence, choice, and full inclusion in the community.
- **Functioning as a Reliable Source of Information**
The ADDPC strives to be the authoritative reference source for consumers by providing personal staff contact, printed material, and state-of-the-art digital media to inform and address questions related to key population needs.

The ADDPC publishes the Legal Options Manual designed to guide the transition of persons with developmental disabilities from childhood to adulthood. Created for the consumer, their family and caregivers, the manual provides information and resources to assist caregiving decisions as they relate to issues of special education, designated representatives, advanced directives for health and mental healthcare, living wills, conservatorship, and trusts.

Like Gabrielle's caregiver, many family members recognized vulnerabilities and are vigilant about protecting the medical and financial interests of the transitioning young adult. However, care must be taken to instill independence and self-determination to the fullest extent possible, as these skills are crucial to the long term health and wellbeing of the individual.

The ADDPC Legal Options Manual provides thought provoking discussion about the options of durable power of attorney and the more restrictive use of guardianship, and also addresses the issue for native populations living on tribal land. The guide is available in English and Spanish for distribution through ADDPC or you may [download a copy of the Legal Options Manual](#)  for yourself or your patients. Once the consumer and their caregiver decide on the best option for the individual, they may use the actual forms provided in the manual to execute a Delegation of the Right to Make Educational Decisions, Durable Healthcare (and Mental Healthcare) Power of Attorney and State of Arizona Living Will.

Providing primary care services to persons with developmental disabilities can be as rewarding and satisfying as it is challenging, especially in rural and underserved communities. The ADDPC has additional resources that may assist you in the delivery of quality care and council members are available for technical assistance at 602.542.8977 or at www.azdes.gov/ADDPC.

If you or someone in your community is interested in serving on the ADDPC Council, [applications are currently being accepted](#).

Nationally the University of California San Francisco, Department of Family and Community Medicine operates the [Office of Developmental Primary Care](#) and publishes a [healthcare maintenance guide](#) for persons with developmental disabilities with recommendations for screenings and other preventative services.

Services to Keep Women Healthy

It's a new day for women under health reform. [Eight prevention-related health services](#) will be covered without cost sharing in new health plans, which started August 1, 2012.

To learn more about Prevention & Wellness, see the [full list of covered services for women](#).

The Importance of Peer to Peer Support Services in Arizona's Public Behavioral Health System

Written by: Anne E. Rock, OIFA Recovery Coordinator

Peer-to-peer support services are an effective way to assist persons with serious mental illness to recover and to return to productive, satisfying lives. Although these services are not a replacement for professional services, it does provide support services that complement traditional mental health services. Peer support services empower mental health consumers through consumer operated support, education, and training. Peer services support consumers in recovery from mental illness, and also offer a range of employment opportunities for peers in the behavioral health system.

Peer support can be as simple as a one-on-one discussion, or it can be a group session. Support groups share their experiences, common problems, or personal circumstances. In a support group, individuals are able to talk with other people just like themselves: people who truly understand what they are going through that can only come from firsthand experience.

The [Substance Abuse and Mental Health Administration \(SAMHSA\)](#) Administrator, Pamela S. Hyde, J.D., said: "Peer-led programs build on the concept that people who have experienced recovery can be an enormous help to others who are seeking it—leading them to re-engagement with the community, resilience, health and hope. Peer-to-peer services extend the work carried out by behavioral health counselors and other professionals and offers mutual support for developing the skills needed to live healthy and productive lives."

Arizona has been in the forefront in the United States as a leader in recognizing and supporting the importance of peer and family delivered services. These services are especially critical because it accomplishes two very important objectives: First, because peers have been recipients of behavioral health services, they are able to relate to persons with mental illness in a way that professionals cannot. Second, peers and family members are trained and employed by provider agencies including agencies that are themselves run by peers or family members. Peers or family members who provide services offer unique support to recipients because they share personal experience with substance abuse and or mental illness themselves or in their families. This type of relationship often takes more of a self help/recovery approach since the peer or family worker can serve as an example of a person who has progressed in managing the behavioral health or substance abuse challenges in their lives. Arizona's behavioral health system currently employs over 440 Peer and Family Support Professionals.

The Division of Behavioral Health Services, through its contracts with the Regional Behavioral Health Authorities (RBHAs), maintains a firm commitment to partnering with Peer and Family Run Organizations and increasing the utilization of the crucial support services provided by these organizations. As of August, 2011, there were nine Peer Run and seven Family Run Organizations operating within the public behavioral health system.

Each RBHA website contains a wealth of information on the services they provide, as well as identifying community and natural support resources. In addition, there are many organizations and agencies that are dedicated to peer and family delivered services. Below are links to these resources:

- [Magellan](#)
The Maricopa County RBHA's website has information regarding local and national organizations that provide resources for peers and family members. Also, there are several Peer-Operated Recovery Centers located in Maricopa County, funded by Magellan. The centers offer peers opportunities to be in the company of others, develop friendships and learn skills. Community and advocacy resources, events, and a community exchange are located on the Magellan website.
- [Community Partnership of Southern Arizona \(CPSA\)](#)
The Pima County RBHA website has a link to available services, including Support and Advocacy Information and Services, which identifies resources available to peers and family members, including Peer-Operated Recovery Centers.
- [Cenpatico of Arizona](#)
Cenpatico is responsible for the delivery of behavioral health services in the following counties: Santa Cruz, Cochise, Graham, Greenlee, Yuma, La Paz, Gila and Pinal. Visit the website for information regarding community support and resources, including Peer-Operated Recovery Centers.
- [Northern Arizona Regional Behavioral Health Authority \(NARBHA\)](#)
The Resource & Links section located on the NARBHA website provides valuable information for members and families regarding resources that are available in northern Arizona. Utilizing the resources that exist in local communities, and enhancing the use of natural supports, increases peoples' ability to become healthier and recover. Information includes a



After August 1, 2012, the new health reform puts women and their doctors in charge of their health care decisions, not insurance companies or the government.

variety of resources on current hotlines, advocacy groups, and community resource links intended to assist families and professionals.

Below are websites linking to community based peer and family organizations:

- **National Alliance on Mental Illness (NAMI)**
Contact information is available on local NAMI chapters located throughout Arizona.
- **Mentally Ill Kids In Distress (MIKID)**
MIKID provides support and help to families in Arizona with behaviorally challenged children, youth, and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.
- **Family Involvement Center (FIC)**
FIC is a parent-run organization that can help when children and youth present behaviors at home, in school and in other environments that are puzzling or difficult to handle. FIC's mission is to assist and support families/caregivers and to help policymakers, agencies, and providers transform systems to ensure children and youth with behavioral health needs succeed in school, live with their families, avoid delinquency and become stable, productive adults.
- **Community Information and Referral**
Community Information and Referral is a key source of integrated information that brings people and services together to meet vital needs in Arizona. Community Information and Referral offers a free and confidential 24-Hour Help Hotline that serves all of Arizona all day every day. The 24-Hour Help Hotline can be reached by calling 2-1-1 or 1-877-211-8661 from anywhere in Arizona; or the TTY line available through Arizona Relay at 1-800-367-8939 or 7-1-1.
- **DBHS Office of Individual and Family Affairs**
The Office of Individual and Family Affairs (OIFA) focuses on building partnerships with individuals, families, youth, communities, organizations and key stakeholders to promote recovery, resiliency and wellness. Activities include developing and enhancing a variety of statewide initiatives to increase adult, youth and family voice and participation at all levels; advocating for the development of environments that are supportive and welcoming to individuals, youth and families; working with individuals, youth and families to identify concerns and remove barriers to inclusion, and resolving issues impacting statewide behavioral health service delivery.

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Health and Wellness



Health and Wellness for all Arizonans is the vision for the Arizona Department of Health Services (ADHS). Attending to all aspects of the Wellness Wheel will ensure we live a healthier and more balanced life.

Health and Wellness for all Arizonans is the vision for the Arizona Department of Health Services (ADHS). By supporting the eight dimensions of wellness into ADHS, we hope to provide and promote healthy policies, environments and programs that can help all Arizonans live healthier and more balanced lives. Addressing each of the eight dimensions of wellness (Physical, Financial, Emotional, Environmental, Spiritual, Intellectual, Social and Occupational) can be beneficial when aspiring towards a healthier lifestyle. We will address several dimensions of wellness in each issue of the newsletter.

Financial Wellness

We all want to eat better on a budget. The USDA shares [10 Tips to Help You Stretch Your Food Dollars](#). 

Physical Wellness

How Much Water Do You Really Need? (An excerpt taken by permission from [Jon Barron](#).)

Let's take a closer look at water. In advanced societies, thinking that tea, coffee, alcohol, soda pop, or other forms of manufactured beverages are desirable substitutes for the purely natural water needs of the daily "stressed" body is a common, but potentially unhealthy, mistake. Water is the solvent in our bodies, and as such, it regulates all the functions of our bodies, including the action of all the solids dissolved in the water. In fact, every function of the body is monitored and pegged to the efficient flow of water – throughout the body and in and out of every cell. Think for a moment of just a few of the functions that water regulates:

- The movement of blood
- The transport of nutrients into our cells
- The movement of waste out of our cells
- The flow of lymph fluid
- The movement of nerve impulses through our nerves
- The movement of hormones throughout our bodies
- The functioning of our brains



"Water is the only drink for a wise man."
—Henry David Thoreau

Understand, we can function quite well and for quite a long time without sufficient water. The body quickly adapts and starts extracting more water from your stools for example. The kidneys flush less water to retain the limited supply you have. In fact, there are some health experts who claim that your body does quite well on 2 glasses of any kind of fluid a day -- plus the water found in the food you eat. But these experts confuse adaptation with health. Adaptation eventually leads to compromise, which leads to diminished health over time.

The math is irrefutable. Your kidneys excrete 1-2 liters of water a day – plus the water vapor you breathe out and sweat off. (On a hot day, you can sweat out upwards of 8.5 quarts of water.) Therefore, until it is actually proven otherwise, keep targeting between 64 and 96 ounces of pure water a day. Pure, fresh (not bottled or canned) fruit and vegetable juices may be substituted for some of this quantity -- as may limited quantities of non-diuretic herbal teas (without sugar). And your food, such as fresh vegetables contain a great deal of water. In general, however, pure water is the key.

Overall Wellness Assessment

This interesting [Wellness Assessment](#) will score your results based on 5 questions per health component. Topics include: Physical, Social, Emotional, Environmental, Spiritual, Intellectual, Financial and Occupational.

Stop the Bullying Challenge

In August, U.S. Education Secretary Arne Duncan called on America's youth to take the Stop Bullying Video Challenge. Today, we ask you to follow his lead.

On behalf of HRSA and the Federal Partners in Bullying Prevention, we encourage the youth in your life to submit original public service announcements, or PSAs—videos 30 to 60 seconds in length, that showcase ways they are taking action against bullying, promoting a culture of kindness and respect in their communities.

As U.S. Health and Human Services Kathleen Sebelius said recently, "Bullying is a serious national challenge requiring a true national response." As an important part of that response, we are looking for informative and entertaining videos that send a positive message to youth about the importance of being "more than a bystander" to bullying in their schools and communities.

Full details about the contest, including submission guidelines and rules for eligibility, are available at <http://stopbullying.challenge.gov/rules> along with Secretary Duncan's video, information on working with youth for the challenge, and info to share with your networks.

NOTE: Our deadline for submissions is October 14, 2012, at 11 PM ET. Youth between 13 and 18 years old are eligible to participate, however those under 18 years of age must have permission from a parent or guardian. The contest winner will receive a grand prize of \$2,000, with the two runner-ups earning \$500 each.

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Emergency Preparedness

If an emergency happens in Arizona and public health officials need your help, here are a few key questions that can make a difference:

- Is your license current and unencumbered?
- Are you willing to be called upon for volunteer support?
- Are you are registered in advance with [AZ-ESAR-VHP](#)?



Arizona Emergency System for the Advance Registration of

- Have you completed free online **Incident Command training** (IS-100, IS-200, IS-700)?

The potential for a public health emergency exists every day. While these types of emergencies are hard to predict, we can limit the damage and impact by making sure qualified health professionals are ready to volunteer and serve their communities.

To ensure our nation is ready to respond, the U.S. Department of Health and Human Services, Office of the Assistant Secretary for **Preparedness and Response Preparedness Home - PHE** has worked with each state to implement the **Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)**. ESAR-VHP is a national network of state-based programs that verify volunteers' identity, licenses, and credentials **before** an emergency happens. It allows registered health professionals to accept or decline a request to respond, and streamlines the verification process so that once on-site, health professionals can work at their highest capacity.

From doctors, nurses, dentists, and veterinarians to medical technicians, social workers, medical records technicians, and mental health counselors, a diverse group of qualified health professionals may be needed to respond quickly to a disaster or public health emergency.

Let's help make every minute count!

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Continuing Education Opportunities at a Glance

Thousands of Continuing Education (CE) opportunities are currently available nationwide, so we've narrowed our search to within Arizona only and through the end of the year. These have been divided between medical, dental, and mental and, for your convenience, they include seminars, webinars, CD/Audio CEs, and links directly to additional information and/or registration page. We hope this helps you identify a CE of interest.

- [Continued Education Listings](#)  (Sep, Oct, Nov, and Dec 2012)

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Upcoming Events

Access to Care Webinar Series

The Arizona Department of Health Services Bureau of Health Systems Development is sponsoring an upcoming webinar series to support health planning and increased access to care. The intended audience includes community health centers, rural health clinics, IHS and tribal health facilities, other safety net providers, county health departments, health planners, and other health and social service organizations. The webinars are free and open to the public. While advanced registration is not required, seats will be limited. Webinars will be recorded for those who are unable to attend. Below is a schedule of upcoming topics. For more information or to obtain the participation link, please [email Tracy Lenartz](#) or call 602-542-1772.

- Thursday, October 4, 10:00-11:30 am – Workforce Programs
- Thursday, October 18, 10:00-11:30 am – "Designation Mapper" Web-based Mapping and Data Tool

HRSA Spotlight

The Arizona Department of Health Services Bureau of Health Systems Development & Arizona Association of Community Health Centers presents Recruitment and Retention Planning for NHSC approved sites:

How To Build A Recruitment And Retention Plan That Works For You

Friday October 5, 2012 at 8:00am to 4:00pm

Franciscan Renewal Center

5802 E. Lincoln Drive

Scottsdale, AZ 85253

[Information and Registration](#)

The Arizona Department of Health Services Bureau of Health Systems Development is sponsoring an upcoming webinar series to Support Health Planning and Increased Access to Care.

Schedule of upcoming topics:

- Thursday, October 4, 10:00-11:30 am – Workforce Programs
- Thursday, October 18, 10:00-11:30 am – "Designation Mapper" Web-based Mapping and Data Tool
- Thursday, October 25, 10:00-11:30 am – Sliding Fee Schedule

The intended audience includes community health centers, rural health clinics, IHS and tribal health facilities, other safety net providers, county health departments, health planners, and other health and social service organizations.

- The webinars are free and open to the public. While advanced registration is not required, seats will be limited.
- Webinars will be recorded for those who are unable to attend.

For more information or to obtain the participation link, please [email Tracy Lenartz](#) or call 602-542-1772.

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We welcome your thoughts or comments on this issue of the newsletter, as well as suggestions of things you would like to see in our newsletter. Please feel free to submit provider or site nominations by contacting us at:

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