

The Arizona Area Health Education Center (AzAHEC)

AHEC Scholars Handbook

July 2019

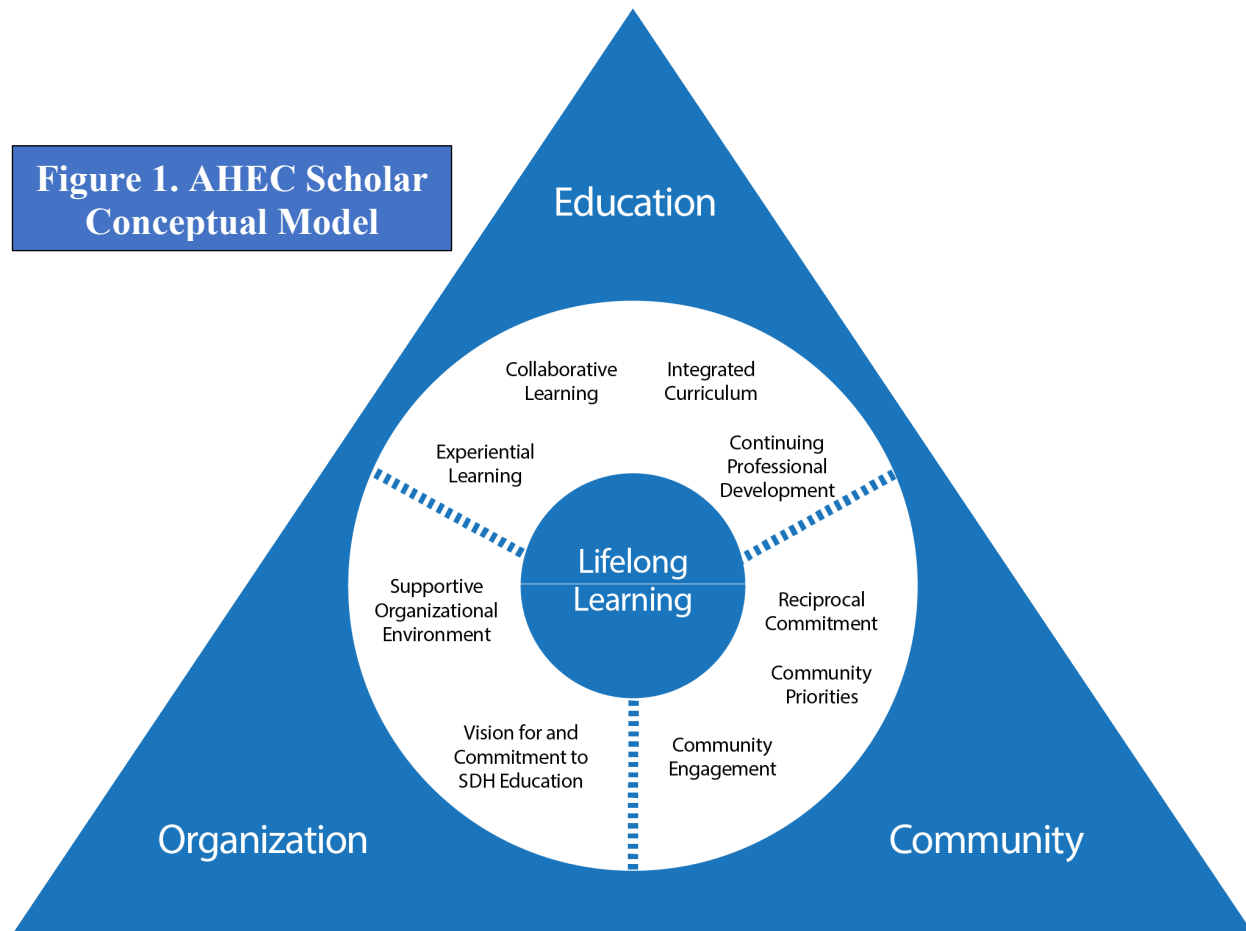


THE UNIVERSITY OF ARIZONA
Arizona AHEC
Area Health Education Centers



AHEC Scholars Table of Contents

Table of Contents, Conceptual Model – Social Determinants of Health	2
Introduction – AzAHEC Program Office, Regional Centers, RHPPs	3
AHEC Scholars, Progressive Learning	4
Year 1: Introduction to Community-based Experiential Interprofessional Learning	5
Windshield Learning, Reflective Journaling	6
Immersion in Community-based Interprofessional Experiential Learning	7
Conducting a Community Assessment and Reporting Guidelines	7
Community Assessment Written Report - Suggested Format	8
Year 1+2: Annual Interprofessional Rural Health Professions Conference, Poster	8
Year 2: Integration in Community-Based Interprofessional Experiential Learning	9
Scholarly Report Guidelines	9
Informed Dissemination Community-based Interprofessional Learning	9
Regional Center Immersion Experiences	11
Contact List	13



Adapted from: National Academies of Sciences, Engineering, and Medicine. (2016). A framework for educating health professionals to address the social determinants of health. National Academies Press.



**The Arizona Area Health Education Center (AzaAHEC)
 AHEC Scholars Handbook**

Introduction. The AHEC Scholars Program is an innovative two-year community-based interprofessional and experiential training program in Arizona’s rural and underserved areas. The AzaAHEC Program office at the University of Arizona Tucson (since 1984) collaborates on the AHEC Scholars Program with five AHEC Regional Centers, the Rural Health Professions Program (RHPP est. 1997) and seven health professions Arizona Board of Regents colleges based at Arizona State University (ASU), Northern Arizona University (NAU) and The University of Arizona (UA) in Phoenix, Flagstaff, Tucson and throughout Arizona.

Table 1. AzaAHEC Regional Center Directors & Coordinators, AHEC Scholar Faculty Mentors

AzaAHEC Regional Center	City	Regional Center Director	Regional Center Coordinator	Faculty Mentor 2018-2020	Faculty Mentor 2019-2021
1. CAAHEC	Phoenix	Sean Clendaniel	Lourdes Montez	Charlotte Thrall	Carol Moffett
2. EAHEC	Globe	Jeri Byrne		Renee Gregg	Judy Hunt
3. NAHEC	Flagstaff	Marica Martinic	Heather Hiser	Bridget Wicks	Theresa Allison
4. SEAHEC	Nogales	Gail Emrick	Erin Sol	Marc V.	Joe Saenz Ana Mendez
5. WAHEC	Yuma	Brissa Garcia	Claudia Gonzalez	Janet Cooley	Jake Schwarz

Table 2. AzaAHEC Rural Health Professions Programs RHPP Colleges, Directors & Coordinators (Colleges of Nursing, Medicine, Pharmacy, and Public Health)

RHPP Program	RHPP Director	RHPP Program Coordinator
1. ASU CON	Diane Nuñez DNP, RN	
2. NAU CON	Shelley Vaughn, DNP	
3. UA COM-P	Jonathan Cartsonis MD	Hanna LoGrasso
4. UA COM-T	Carlos Gonzales MD	Hildi Williams
5. UA CON	Christy Pacheco, DNP, FNP	
6. UA COP	Elizabeth Hall-Lipsy JD, MPH	
7. UA COPH	Leila Barraza JD, MPH	Jen Peters

Each RHPP recruits, selects and evaluates their AHEC Scholars and Mentors. Enrolled students in the seven colleges above can apply online: [AzaAHEC Scholars Program Application](#)

Scholars receive a \$2,000 stipend, paid by the Regional Center in two \$1,000 increments over the course of the two-year AHEC Scholar program (or in four \$500 increments over 2 years). The stipend helps cover living expenses while a Scholar is learning in Regional Center training sites. Students completing program requirements get a certificate of completion.

Background. The first AHEC Scholar cohort began in 2018-19 supported by federal Health Resources and Services Administration (HRSA) and state of Arizona funding. Scholars learn about rural and underserved populations through interprofessional, collaborative practice and education. Scholars are integral team members with their patients, the AHEC Regional Center, AzaAHEC Program Office, the RHPP Director and their Faculty Mentor. The 2019-20 second Scholar cohort begins on September 7-8, 2019.



Many intractable health problems – including limited access to health services and disparities in health outcomes between rural and urban populations, economic and ethnic groups, employed and unemployed, insured and uninsured - have social determinants. A new conceptual framework (Figure 1) of transformative, lifelong, community-engaged health professions learning has been proposed to effectively address the social determinants of health (SDOH). Cornerstones of the AHEC Scholars program include experiential and collaborative learning, an integrated health professions curriculum, and continuing professional development.

Arizona’s RHPPs provide health professional training in rural and Medically Underserved Communities (MUCs). AHEC Scholars in an RHPP learn to address the social determinants of health through interprofessional, team based collaboration. Each participating RHPP college determines how AHEC Scholar requirements are met and mesh with degree requirements.

The AHEC Scholars Handbook is a culmination of the collaborative work of RHPP Directors, AHEC Scholar Faculty Mentors, AHEC Regional Directors, and feedback from student Scholars.

AHEC Scholars:

- Are assigned to an interprofessional team, a Faculty Mentor, and Regional Center site.
- Commit to 80 hours/year for two years (didactic + community experiential learning).
- Understand that individual patients, families, communities and health providers are partners in shaping and delivering the educational experience.
- Participate in reflection, active learning and critical inquiry.
- Engage directly with patients and the community guided by their Faculty Mentor, RHPP Director, and AHEC Regional Center Director.
- Learn factors affecting the social determinants of health, cultural competency, behavioral health integration, practice transformation, and current and emerging health issues.
- Progress in learning from introductory experiences – reflective journaling; reviewing community health needs assessments and in the published literature; reviewing publicly available health information and reports; developing and administering surveys; collecting, synthesizing, and reporting data; presenting findings using contemporary data visualizations targeted to specific audiences (e.g., lay public or a professional audience); assessing the literature; and making recommendations to improve individual and community health.
- Learn how collaborative relationships, team-based care, and interprofessional approaches to problems – including community agencies, patients, and health providers – are used.

Direct patient care experiences are vetted by the RHPP Director, following their college’s protocols, policies and procedures including clinical affiliation or preceptor agreements, faculty supervision and evaluation. The AzaAHEC Program office collects preceptor and site information in the RHPP rotation reporting.

The AHEC Scholar Conceptual Learning Model: is based on the National Academies of Science framework for lifelong learning seen at the bottom of the Table of Contents (Page 2). Progressive learning occurs in four phases:

- 1) *Introduction to rural and medically underserved communities (MUCs)* - rapidly familiarizes AHEC Scholars on core concepts, vocabulary, team-based learning, collaborative practice, and being a successful Scholar. Topics include: social determinants of health, cultural competence, behavioral health integration, practice transformation, current and emerging health issues, and required learning activities.



- 2) *Rural and MUC immersion* - involves direct engagement in the assigned AHEC Regional Center, including individual patients, families and communities. Scholars experience the unique characteristics of communities served by Regional Centers. These provide engagement with communities, foster team-based, collaborative interactive work to assess and work on problems identified. Scholars learn with each other and community partners, applying theoretical knowledge to assess their population of interest. Scholars spend time in their assigned communities and their team. Scholars remain with their team cohort and community over the two year program.
- 3) *Integration* - involves student teams working together on a hands-on scholarly project from their population of interest and assessment activities. Seminars focus on project methodologies. AHEC Scholar Seminars for first year Scholars are held on the 4th Tuesday of the month at 6:00 pm beginning in September, led by the Faculty Mentor. The seminars and scholarly project teach core competencies and sometimes influence practice location choice after graduation. Integration empowers Scholars to synthesize content, teaching, learning, and knowledge about rural and underserved areas. Outreach and community engagement prepare Scholars with practice-ready, team-based skills to effectively work in rural and medically underserved communities.
- 4) *Informed dissemination* - teaches skills in presenting, data visualization, writing, and disseminating information, reports, and recommendations to lay and professional audiences.

Rural MUC IPE Curriculum Progressive Pathway			
Year 1		Year 2	
Introduction	Immersion	Integration	Informed Dissemination
Introduction to MUCs & core topics on SDOH; start reflective journaling	Direct engagement & collaborative work on community assessment	Continuation of community efforts with scholarly project	Presentation of findings to community & scholarly audiences

MUC: Medically Underserved Community; SDOH: Social Determinants of Health; IPE: Interprofessional Education

Year 1: Introduction to Community-based Experiential Interprofessional Learning

Introduction: AHEC Scholars are assigned an AHEC Regional Center and team comprised of Scholars drawn from the seven RHPPs from UA Colleges of Medicine in Tucson and Phoenix, the UA Colleges of Nursing, Pharmacy, and Public Health and ASU and NAU Colleges of Nursing. Scholars are medical, nurse practitioner, pharmacy, and public health students.

Required Introduction Activities:

1. Community Orientation – **September 7-8, 2019**
2. Didactic Orientation and Monthly Seminars – 4th Tuesdays, beginning **September 24, 2019**

Electronic connection and related materials are provided for Scholars including:

- Scholar expectations
- Introduction to interprofessional education and collaboration
- Introduction to the AHEC Regional Centers
- Introduction to the AHEC Core Topics



Timeline: Community orientation and immersion begins the September 7-8, 2019 weekend. Student teams spend time at their sponsoring AHEC Regional Center and in the community it serves. AHEC Scholars:

- Work with their team to conduct a windshield survey, prepare a written summary, and submit it to their faculty mentor by **September 25th, 2019**
- Participate in local learning activities sponsored by their assigned AHEC Regional Center
- Write about experiences participating in local learning activities (reflective journaling).

Windshield Survey Guidelines: In collaboration with your AHEC Regional Center Director, choose a community in the Center's geographic service area within driving distance. Conduct a "windshield survey" - drive through the community and view it through the car windshield. Note the condition of the streets, houses, types and sizes of homes, businesses, evidence of home and business upkeep. Notice if homes have gardens, air conditioners, TV cable and/or cable/satellite dishes. Observe for evidence of community sanitation, schools, churches and other institutions and resources. Observe community culture as expressed by community symbols (e.g. signs that mark town limits, evidence of community centers, planned development such as main street development). Write your team's summary report **not to exceed three (3) pages**. See:

<https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/windshield-walking-surveys/main>

Reflective Journaling: provides evidence of critical thinking about learning events that happen when Scholars are in the community. Scholars reflect and write about their observations, activities, engagement in continuous learning and improvement in skills and knowledge as a health care provider. Scholars should select a significant learning event and reflectively analyze what that event contributed to in their understanding and preparation to practice in or serve a rural or urban medically underserved community.

For more on reflection see: Sadlon, P. The process of reflection: A principle-based concept analysis. *Nursing Forum*. 2018; 1-5. At: <https://doi.org/10.1111/nuf.12251> or Koshy, K., Limb, C. and Jafree, D. Reflective practice in health care and how to reflect effectively. *International Journal of Surgical Oncology*. 2017. July; 2(6): e20.

A Scholar's reflective journaling should draw from learning experiences in the field. One journal entry per semester is expected, written and submitted as a concise write-up with:

- **Situation:** What happened and in what order? Start writing without emotions, reflection or assumptions. This does not have to be a situation that went well or as planned. Write as much as needed. Include your role and the final outcome. **Affect and emotional state:** How did the situation impact you? (e.g. how it affected you personally, your emotions, what you felt, positive or negative).
- **Interpretation** about what happened: Why did it happen? What did you learn from the experience? Explain how the learning confirms or contradicts personal prior knowledge, theories, or understanding. Was it different from what you learned in class? Could the situation have been managed differently? What did you do well?
- **Decision and how practice will be changed:** What decisions were made to become a better health care provider? How could this decision impact your future practice? (e.g. what might you change, do differently, and/or do better).



Year 1: Immersion in Community-based Interprofessional Experiential Learning

Timeline: Begins in September 2019 and concludes in May 2020 of AHEC Scholar Year One. Scholars move from introduction to integration with progressive learning activities.

The AHEC Scholar second phase is immersion in an AHEC Regional Center service area. Immersion and integration are longitudinal learning experiences that follow the tenets of transformative learning and guide longitudinal community-engaged clinical immersion.¹ Transformative learning includes experiential and collaborative learning, an integrated curriculum, and continuing professional development.

Immersion is community-engaged education where Scholars are placed. The AzaAHEC Program has 35 years of strong, local and regional engagement with Arizona communities. Each AHEC Regional Center serves as a host and sponsor site for community-engaged experiential learning. Scholars co-learn with other health professionals - interprofessional and collaborative learning in and with the communities. AHEC Regional Centers provide Scholars local contextual learning about the residents and communities and the social determinants that affect health outcomes.

Immersion activities involves the following activities:

1. Reflective journaling
2. Reviewing publicly available, current community assessment(s), or conducting one
3. Identifying one challenge from the assessment that serves as a foundation for a team-based scholarly project done in Year Two
4. Attending the Interprofessional Rural Health Professions Conference

Guidelines for Conducting a Community Assessment: Scholars select a community in the AHEC Regional Center service area for the project. Each team decides and assigns the roles and responsibilities for each team member. As an example, certain team members visit the community to collect data whereas other team members conduct electronic data and literature searches (e.g., Census Bureau, peer reviewed journals) and other public health information.

Community Assessment Reporting Guidelines: is a scholarly summary of publicly available data, and one (or more) current community health needs assessment(s) written in American Psychological Association (APA) format <<https://new.library.arizona.edu/research/citing/guide>>.

Number all pages; the title page is 1. Use references, footnotes or endnotes, following the APA format or that of a respected peer reviewed journal article. The report should be double-spaced with 12-font, and one inch document margins. **The Community Assessment Report is due April 1.** It is a team effort; Scholars in your AHEC Regional Center submit one paper.

Team-based reports teach real world skills in collaborating to write, publish, or submit grant proposals, team-based research reports, and business plans. Scholars learn to negotiate team member responsibilities, expectations and attribution. For example, the order of authorship often relates to contribution effort.

An example of the team-writing process can be viewed online at the University of North Carolina, Chapel Hill at: <https://writingcenter.unc.edu/tips-and-tools/group-writing/>

¹ National Academies of Sciences, Engineering, and Medicine. (2016). *A framework for educating health professionals to address the social determinants of health*. Washington, DC: The National Academies Press. doi: 10.17226/21923.



Community Assessment Written Report: (15 Pages or less not counting Title Pg, References):

Title Page (page 1)

Executive Summary (page 2): this is a one-page abstract, that includes how the assessment was conducted (methods), important findings, conclusions and recommendations.

Suggested Written Report Sections:

- 1) Table of Contents
- 2) Purpose Statement and Methods
- 3) Assessment Data – summarize in tables, explain key findings in the text, cite sources
- 4) Description of the Community and Windshield Survey
- 5) Community Demographics, Health Status, History, Culture, Community Competence
- 6) Physical Environment: examples - air quality (EPA), water quality - city/well, chlorinated, fluorinated, sewage service / septic tanks, garbage pickup
- 7) Communication: households without telephone service, internet and/or mail delivery
- 8) Economics, Nutrition (e.g., fast food vs grocery stores in the community).
- 9) Safety, Transportation: example - households without private transportation.
- 10) Electrical Service: example - households without electrical power.
- 11) Analysis and Results of Assessment
 - Develop a rural impact profile. Identify the impact of rural on the community and describe the implications for health and health care services
 - For each subsystem, summarize the important findings and describe the implications for health and health care services in the community
- 12) Conclusion: Scholarly Project Problem Statement – a short statement that the team identifies as a significant problem in the community.

References: List your references using APA format on a separate page, footnotes or endnotes.

Tables and graphs: Embed your tables in the text, or put each table or graph after the references.

Tips for the paper’s development: Obtaining vital statistics electronically

1. See: <http://www.azdhs.gov/preparedness/public-health-statistics/index.php>. Look for county vital statistics for the county of the community selected for assessment. List major health indicators. Identify where county health indicators exceed national health averages. What are the health care implications?
2. See: <https://census.gov>. Find Arizona census data by county/community. Describe the populations characteristics for the selected county. What can you infer about health care needs from general demographic data?

Year 1+2: Required Annual Interprofessional Rural Health Professions Conference:

AHEC Scholars attend the **Annual Interprofessional Rural Health Professions Conference April 3-4, 2020** in Tucson, held in the new Health Sciences Innovation Building. AHEC Scholar teams submit a poster and present it at the annual conference.

Poster Format:

Title: (Example) “A Community Assessment of Globe, Arizona”

Purpose: (Example) “The purpose of this presentation is to report the results of a team-based field experience in X community”

Methods: Describe the team’s approach and strategies for conducting the assessment

Findings/Outcomes: Describe the community; Summarize key rural or urban medically underserve, and concepts about the community; Summarize key health challenges that will



underpin a scholarly project (scholarly projects may also have implications for health policy); describe the next steps are with respect to the team's scholarly project.

Year 2: Integration in Community-Based Interprofessional Experiential Learning

Timeline: AHEC Scholar Year Two (August 2020 through May 2021).

The AHEC Scholar third phase is integration - enhancing community-engaged experiences in rural and medically underserved communities in an AHEC Regional Center. Integration is:

1. Conducting a Scholarly Project on a health problem identified in publicly available health outcomes data, community assessment(s), using a quality improvement process.
2. Preparing a written scholarly report.
3. Reflective journaling.
4. Participating in scholarly project seminars.

Scholarly Report Guidelines: The Scholarly Project should be a well-written manuscript, policy brief, op-ed, frequently asked questions (FAQs), or policy leave behind (one to two pages with graphics) or combination that demonstrate your team's ability to conduct, analyze, synthesize and report on their Scholarly Project about a problem identified in the AHEC Regional Center geographic service area.

The written Scholarly Project Manuscript Narrative should be 15 pages or less (Title Page and References are not counted toward the total). Evaluation considers the importance of the topic either to the health of the community or identified by the community as high priority, the strength of the presentation, the quality of supporting data and contemporary references, the quality of writing, grammar, organization, and graphics. Teams should prepare their written Scholarly Project as if they intend to submit it to a peer reviewed journal for publication, using that format. General style guidelines are as follows:

Style: APA or peer reviewed journal article format.

Length: Scholarly Project narrative should be 15 pages or less (not counting the title page and references), 12-font (tables, graphs can use 10-font), double spaced, one inch document margins (top, sides, bottom).

Title Page: Follow APA Style or peer reviewed journal article format.

Abstract: the abstract should be 12 font, single spaced, briefly summarizing the paper in no more than 300 words. The abstract should contain the purpose, key points/findings and conclusions of the paper. Try to avoid abbreviations or references in the abstract.

Key Words: Identify three key words that reflect the nature of the paper. The key words can be listed after the abstract on the abstract page.

Text, Tables, Figures, References, Appendices: Follow APA Style

The written Scholarly Project, or other written combinations described below, are due by April 1, 2021. One team Scholarly Project written report is presented per AHEC Regional Center.

Other combinations (total not to exceed 15 pages): Policy Brief, Op-Ed, Media or Public Health Campaign, Fact Sheets, One to Two Page 'Leave Behinds' - public health advocacy on a problem identified in your AHEC Regional Center service area. These can be assigned to one or more members of your AHEC Scholar team in your AHEC Regional Center.

YR 2: Informed Dissemination Community-based Interprofessional Experiential Learning

The final phase is informed dissemination by the AHEC Scholar teams who present findings to professional audiences. Informed dissemination has a required oral presentation of the Scholarly Project at the Interprofessional Rural Health Professions Conference.



Team Presentation Guidelines - Interprofessional Rural Health Professions Conference:

- Prepare a PowerPoint presentation (10 slides or less) about the team's written Scholarly Project. Submit it the conference organizer (details to be announced). Include a Faculty Mentor email demonstrating review and approval of the presentation submission.
- The presentation should follow the format of the scholarly paper.
- Submit the PowerPoint and one page abstract from the written Scholarly Project for publication in the conference proceedings for attendees.
- Each team has 15 minutes to present and 5 minutes for questions from the audience.

Scholars Evaluation and Evidence Achieve Certificate of Completion: Evaluation is done by participation. The experiences are not graded. The program engages Scholars through immersion in a select rural or urban medically underserved community and provides skills to meaningfully work effectively with each other in communities, and impact future practice.

1. AHEC Scholar Year One								
Orientation Community Immersion	Fall Year One				Spring Year One			
Sept. 7-8, 2019	September	October	November	December	January	February	March	April
Community Immersion at AHEC Regional Center: 16 hrs <u>Activities:</u> Windshield Survey, SDOH	Seminar 09/24/2019 6:00pm by a Faculty Mentor on SDOH	Seminar 10/22/2019 6:00pm by a Faculty Mentor on Cultural Competency	Seminar 11/26/2019 6:00pm by a Faculty Mentor on behavioral health integration		Community Immersion Dates to be determined Conduct Community Assessment	Seminar 02/25/2020 6:00pm by a Faculty Mentor on: Developing presenting poster	Seminar 03/24/2020 6:00pm by a faculty mentor on a rural /MUC issue opioid epidemic	IPE RHPP Conference April 3-4, 2020, poster presentation Community Assessment Paper due
Windshield survey completed at the immersion experience Reflective Journaling	16 hours of community-based experiential work to conduct a community-assessment as arranged between the fellow teams and the regional AHEC center director Reflective Journaling				16 hours of continued community-based experiential work to conduct a community-assessment as arranged between the fellow teams and the regional AHEC center director. Identification of scholarly project topic at conclusion of written community assessment Reflective Journaling			

2. Fall Year Two				Spring Year Two			
September	October	November	December	January	February	March	April
Community scholarly project 24 hours; IPE Immersion rural, MUC; 16 hrs to further develop scholarly project; 6 hours online learning related to development of scholarly project (e.g. action research methods; QI methods; root cause analysis); Reflective journaling continues.				IPE Community Immersion rural-MUC 24 hrs; time to complete scholarly project Giving an oral presentation seminar Reflective Journaling Concludes			Presentation @ IPE RHPP Conference 12 hours

Table 2: Regional AHEC Center Potential Immersion Experiences

				
<p>EAHEC - Scholars will stay at Matazal Hotel in Payson. On Saturday Scholars hear from local leaders and medical providers in a panel format on pressing current and emerging rural issues in our area, and participate in a Q & A.</p> <p>Windshield survey Saturday; county fair Sat evening. EAHEC overview, presentation on Emotional Intelligence Sunday (1.5 hrs).</p> <p><u>Resources</u>-EAHEC will host breakfast or lunch.</p>	<p>CAAHEC - Scholars learn about FQHCs (Federally Qualified Community Health Centers) and the communities / populations that they serve.</p> <p>Day 1: Orientation, first FQHC tour & windshield survey; facilitated discussion w staff, guests on the patients, needs and challenges in providing care. Scholars return to CAAHEC at AACHC to debrief.</p> <p>Day 2: Scholars tour a 2nd FQHC & do windshield survey of that community, hear a presentation, discuss w center staff, guests on needs and in those patients.</p> <p>Return to CAAHEC Office – debrief, discuss next steps - action plan, project assignments.</p> <p><u>Resources</u>- Travel done locally and overnight accommodations are not necessary. CAAHEC will provide lunch and a light breakfast on both days.</p>	<p>NAHEC – Intro: community visits, windshield survey, debriefing (4 hrs), facilitated interprofessional cases illustrate practice integration scenarios. “Poverty pie,” Health Partners demo social determinants of health, NCHC referral model. Telemed ECHO demo. Aging empathic training UA AzGWEP.</p> <p><u>Tour</u> NCHC, Tuba City Regional Health Care Corp, Flagstaff Med Center. Expert panel FQHC, tribal health organizations (NACA or Sacred Peaks), free clinic (Poore clinic) and hospital (FMC). Mini-health fair at Flagstaff Family Food Center, or homeless shelter. Practice transformation, standardization activity. Tour Northern AZ museum, collections, historic sites.</p> <p><u>Resources</u>- NAHEC owns a condo where we regularly house students; it does not have capacity for 15. We arrange local housing for Scholars.</p>	<p>SEAHEC service learning: border health one day Nogales AZ, one day in Nogales, Sonora.</p> <p><u>Day 1 AM</u> US-Mexico history, politics, health impacts, border health, migration, SEAHEC, health workforce. <u>Afternoon</u> - Service learning: Mosquito Borne Illness control/prevention–community outreach, ADHS Office of Border Health. Developmental disabilities agencies – Santa Cruz Ranch. CHW visits Mariposa FQHC.</p> <p><u>Day 2 AM</u> - Mexico health system overview. Tour IMSS hospital and/or Centro de Salud. Preparation & training for community service learning/ outreach. <u>Afternoon</u> – Nogales, Son service learning: door to door CHW education. Mosquito vector control. Eye/vision screening. Diabetes ed, debrief, guided reflections at SEAHEC.</p> <p><u>Resources</u> - SEAHEC has housing for 15 students, 3 faculty at AMERICANA Hotel for ONE night, covers costs of two lunches, one dinner (breakfast on day 2 is included in hotel cost).</p>	<p>Overview: Yuma county – Health Care and region’s Social Determinants.</p> <p><u>Day 1</u> Scholars learn the RCBH Behavioral Health – Primary Care Model, Autism Resource Center, CAPAZ-MEX an RCBH Private Medical Discount Network. Overview of health disparities and area needs. Tour Cocopah reservation, Yuma Food Bank, or Yuma Regional Medical Center.</p> <p><u>Day 2</u> review needs assessment of Yuma County and Border Region. Tour private, state and federal hospitals. RCBH/WAHEC presents the Binational Initiatives (COBINAS).</p> <p><u>Resources:</u> Cocopah Resort is in South Yuma County. Transportation will be coordinated.</p>

