

HAVASU COMMUNITY HEALTH FOUNDATION

Healthbeat



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Spring 2014

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Located in The Shambles

2126 McCulloch Blvd.#7
Lake Havasu City, AZ

Mailing Address:

P. O. Box 1410
Lake Havasu City, AZ
86405

Phone: (928) 453-8190

Fax: (928) 453-8236

HXF Kids Support Inaugural Heart Health Awareness Walk & Fair



Havasu CrossFit Kids earned the right to participate in the Heart Health Awareness Walk held Saturday, February 22 by doing fitness activities. They also worked to raise \$150.00 to support "A Fair of the Heart" - a heart-specific health fair held the same day at the Nautical Beachfront Resort.

Following the walk, the group visited the vendor booths at the health fair, and some of them are shown learning hands-only CPR at the River Medical station.



*Heart Disease is
featured in this
edition.*

*Take time to read
and share the
articles
contributed by
local cardiologists*

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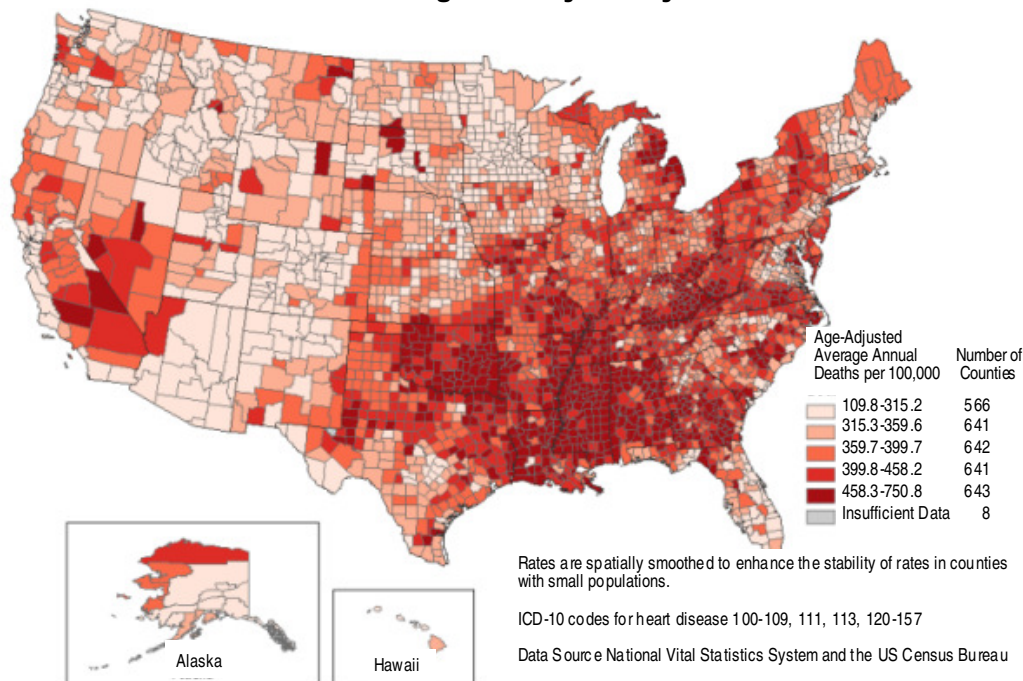
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Heart Disease Death Rates, 2007-2009 Adults Ages 35+ by county



Havasu Community Health Foundation Healthbeat

2014 Spring Edition

Submit comments and ideas to jeanie1@citlink.net, P. O. Box 1410, Lake Havasu AZ 86405, 453-8190

PARTNERS IN WELLNESS
Sponsoring this issue of **HEALTHBEAT**



Partner in Wellness Recognition Levels:

	Annual Giving
Platinum	\$20,000
Gold	\$10,000
Silver	\$ 5,000
Bronze	\$ 1,000

Donors at these levels are entitled to receive a recognition plaque and recognition gift. They are also able to define multiple HCHF or partner events, programs or services they wish to support.

Business or Civic Organization Recognition	\$500
Individual Recognition	\$250

Donors at these levels are entitled to receive recognition gift.

Sponsorship of Public Relations Materials

Your logo will be displayed in our Partner in Wellness Section of our Website \$2,500/year or \$250/month

Quarterly Print **HEALTHBEAT** \$5,000/year or \$1,500/quarter
Weekly Electronic **HEALTHBEAT** \$2,500/year or \$50/week

Introductions to Contributing Local Cardiologists

Dr. Pareed Aliyar

Pareed Aliyar, M.D. received his medical education at the Kottayam Medical College, University of Kerala in India. He served his Internship at Pontiac General Hospital in Pontiac, Michigan and his Internal Medicine Residency and his Cardiovascular Diseases Fellowship at St. Joseph Mercy Hospital in Pontiac Michigan. Dr. Aliyar has practiced medicine in Lake Havasu City since 1999 and is currently at Midwest Internal Medicine.

Dr. Fadi Atassi

Fadi Atassi, M.D. graduated from the Faculty of Medicine, University of Aleppo-Syria in 2002. He completed an Internal Medicine Residency at University of Illinois/Michael Reese Hospital in Chicago, Illinois in June 2007 followed by Cardiology and interventional Cardiology Fellowships at the University of Virginia Medical Center in Charlottesville, Virginia in June 2010 and 2011. He is board certified by the American Board of Internal Medicine in both internal medicine and cardiovascular diseases as well as being certified in nuclear cardiology and vascular imaging. He also has had training and experience in all facets of advanced interventional cardiology.

Dr. Ghassan Dalloul

Ghassan Dalloul, M.D. joined the medical staff of Havasu Regional Medical Center in August, 2013. Dr. Dalloul graduated from Damascus University (Syria) School of Medicine in 2004. He completed his Internal Medicine Residency, Cardiology and Interventional Cardiology Fellowships at Providence Hospital and Medical Center in Southfield, Michigan. He is Board Certified in Internal Medicine, Cardiovascular Diseases, Echocardiography and Nuclear Cardiology. Dr. Dalloul is also a Registered Physician in Vascular Interpretation. He is a member of the American College of Physicians and the American College of Cardiology.

Dr. Edward J. Quinn

Edward J. Quinn, M.D. graduated from Creighton University in 1969. He served both his internship and residency at Staten Island Hospital and downtown medical center, and his fellowship at the University of Arizona. He is board certified in Cardiovascular Disease and in Internal Medicine. He is licensed in Arizona, California, and Nevada. Dr. Quinn has been a strong advocate for expanding cardiovascular treatment options available in our local community.

Controllable Risk Factors

We can't change our genes, but we can manage these areas of our life

Get Active

Control Cholesterol

Eat Better

Manage Blood Pressure

Lose Weight

Reduce Blood Sugar

Stop Smoking

See how you are doing. Take the assessment at <http://mylifecheck.heart.org>

Getting to know your local Cardiac Catheterization Lab

By Louise Mendoza, Cath Lab Assistant, Havasu Regional Medical Center

“The perfect work environment is finding an unsurpassed level of joy in hard work with good friends, doing something important for someone else who cannot do it for themselves” – Fred Lee. This quote best describes the type of atmosphere you come into when you enter the Havasu Regional Medical Center Cardiac Catheterization Lab (Cath Lab). With a team of highly committed staff that are passionate about saving the hearts of our community one patient at a time; we help over 150 patients per month by providing various procedures and life saving interventions.

We perform several procedures for our patients including: Cardiac Catheterization, PCI (placing heart stents), Trans-esophageal Echocardiogram, Pace maker insertion, Tilt- Table Test, Diagnostic Coronary and Peripheral Angiogram, Kyphoplasty, Dialysis Catheter Insertion, Chemo Embolization, Fistulograms, Coronary and Peripheral Angioplasty and stenting, Carotid Angiograms, AICD Insertion, Cardioversion, Hemodialysis Catheter placement, and Port Placements to name a few.

Our Cath lab consists of 15 very important team members. Many of our doctors are already well known in our community including: Dr Quinn (cardiologist), Dr Atassi, Dr Aliyar, and Dr Dalloul (Interventional Cardiologists), and Dr Shah (Interventional Radiologist). Our Nurses: Lori Radine, Lou Jones, Ashley Melz, Loretta Hopple, and Jules Richter bring with them a wealth of combined experience and training that makes them a perfect fit for our highly specialized area of expertise. The X-Ray Technicians: Sharon Bosler, Angela Dreisbach, and Tina Neikamp are a dynamic team of experienced individuals that are passionate about working as a team and making patients smile. Our assistant Louise Mendoza absolutely loves being able to be part of such an amazing team. She feels that each day is filled with excitement and purpose as she is able help comfort patients and assist the team.

Many people in our community may not be aware of how a person would end up having a procedure done in our cath lab. There are a few different ways this can happen. First, you might end up in our lab if you see one of our specialists at their private practice and the two of you decide that you need to have one of the procedures done that we offer. At that point the physician's staff will schedule your procedure as an outpatient visit, if possible. On the day of your procedure, you will check in at outpatient services, have your procedure done, and generally leave the same day. Another possibility is if you are an inpatient here with us at HRMC. One of our specialists may be called to have a consult with you and then schedule you for a procedure in the cath lab. Our team will come pick you up from your room, perform your procedure, and then return you to your inpatient hospital room. Finally, if you are experiencing symptoms of a heart attack and come in through our emergency room, you could also end up visiting our cath lab. Our team is on call 24 hours a day, 7 days a week, exactly for that reason. We quickly respond and transport you to the second floor where our cath lab is located and immediately start life saving interventions.

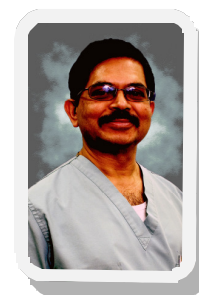
Ever since we opened our doors in 1997 we have been very proud to provide such a critical service to our community. We love our patients, and love the work that we do in our lab every day. We will continue to keep our commitment to Lake Havasu City by healing our community one heart at a time.



Heartbroken?

By Pareed Aliyar, MD, FACC

Are you heartbroken? Are you likely to be?



Most heart conditions are preventable, modifiable and treatable.

The major risk factors for heart disease, including smoking, diabetes, high cholesterol and high blood pressure can be prevented and/or modified to a larger or smaller extent. The only major risk factors outside your control are family history and age.

Clearly, quitting smoking is in your hands. Cessation of smoking reduces your chances of developing heart disease by up to 50%. So how do you quit?? There are many remedies available nowadays but it all starts with a decision, a hard decision to stop smoking! Understand that what you are addicted to is often not nicotine or tobacco but, in fact, the relaxed calm feeling that the deep breathing during the act of smoking provides you. Try closing your eyes and smoking without lighting your cigarette as a possible alternative.

Diabetes, high cholesterol and high blood pressure can all be mitigated by the right diet and exercise. Easy to say? It's not only what you eat but equally, how much you eat! Here in the US, we tend to eat larger portions than people in other countries, not just larger, but double or more! Next time you go out to eat, consider splitting a meal with your companion or have the server pack half your meal at the time of ordering, and eat it for dinner the next day. Also, add vegetables (other than potatoes) to your steak and substitute fruit for dessert.

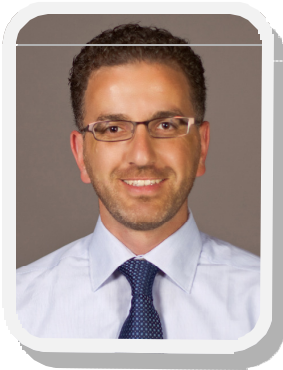
Walking is the best exercise. Incorporate some form of exercise into your daily routine. Become a little more active than you are currently. Whether your life style is sedentary or you are active, make time for some additional calorie burning.

If you have a strong family history of heart disease, all the more reason to try to control the other risk factors, both before and after a heart attack!

If you (or a loved one) suffer from heart disease, the risk factors must be modified. In addition to eliminating smoking, eating sensibly and including exercise in your daily life, it is imperative that you take your medication as recommended. Discuss your concerns about the medicines and treatment with your cardiologist.

A commonly unasked question after a heart attack or bypass surgery is when it is okay to resume sexual activity. According to an American Heart Association report about sexual relations post-heart attack, "Of the subjects who died during coitus, 82% to 93% were men, and 75% were having extramarital sexual activity, in most cases with a younger partner in an unfamiliar setting and/or after excessive food and alcohol consumption." Sexual activity with your spouse/partner may usually be resumed soon after an event, and you should not hesitate to discuss this with your cardiologist.

Depression, fear and anxiety lead to heart disease and are also the result of heart problems. Your attitude affects your outcome. People with positive outlooks are better able to combat the disease than those who succumb to their fears. Yoga, meditation and an active social life all contribute to a healthier mental state. In addition to traditional support systems like cardiac rehab, social groups and psychologists/psychiatrists, "giving" is a great palliative. Giving of your time and energy to those less fortunate than you can provide much happiness and reduce your depression substantially. A positive attitude and an improved lifestyle can not only restore you to your pre heart attack days but even result in a better state of health than before. It is not about what happens to you but about what you do about it.



What Is Atrial Fibrillation?

By Fadi Atassi, M.D.

What is Atrial Fibrillation?

Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. During atrial fibrillation, the heart's two upper chambers (the atria) beat chaotically and irregularly - out of coordination with the two lower chambers (the ventricles) of the heart. Atrial fibrillation symptoms include heart palpitations, shortness of breath and weakness.

What are the symptoms?

Palpitations, which are sensations of a racing, uncomfortable, irregular heartbeat or a flopping in your chest, decreased blood pressure, weakness, lightheadedness, confusion, shortness of breath or chest pain.

What causes atrial fibrillation?

Abnormalities or damage to the heart's structure are the most common cause of atrial fibrillation. Possible causes of atrial fibrillation include: High blood pressure, heart attacks, abnormal heart valves, heart defects you're born with (congenital), an overactive thyroid gland or other metabolic imbalance, exposure to stimulants such as medications, caffeine, tobacco, and alcohol. It can also be caused emphysema or other lung diseases, previous heart surgery, viral infections, stress due to pneumonia, surgery or other illnesses, or sleep apnea.

What are the complications?

Complications include stroke or heart failure.

How is it treated?

The treatment option best for you will depend on how long you've had atrial fibrillation, how bothersome your symptoms are and the underlying cause of your atrial fibrillation. Generally, the goals of treating atrial fibrillation are to:

- Reset the rhythm or control the rate with medication.
- Prevent blood clots

Most people who have atrial fibrillation or who are undergoing certain treatments for atrial fibrillation are at especially high risk of blood clots that can lead to stroke. The risk is even higher if other heart disease is present along with atrial fibrillation. Your doctor may prescribe blood-thinning medications (anticoagulants).

Peripheral Artery Disease

By Ghassan Dalloul, M.D.



What You Should Know About Peripheral Artery Disease (PAD)

Peripheral artery disease (PAD) affects one in every 20 Americans over the age of 50, a condition that raises the risk for heart attack and stroke.

(PAD) develops when your arteries become clogged with plaque—fatty deposits that limit blood flow to your legs, which can cause leg pain that gets worse with activity.

You might have a higher chance of getting (PAD) if you:

- Smoke
- Have diabetes
- Have high cholesterol
- Have high blood pressure

What can you experience if you have PAD?

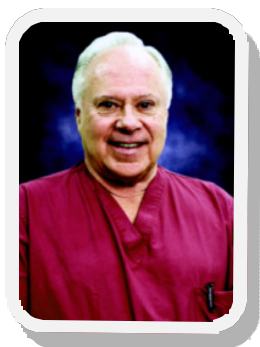
- Pain in the back of the lower leg (the pain will get worse with walking and gets better with rest).
- Legs or feet skin discoloration or ulcers (sores)

Is there a test for PAD?

- Yes. Your physician might check the blood pressures in your arms and legs at rest and after exercise, and compare them
- Order an imaging study, which can show pictures of the leg arteries

What's the treatment for PAD?

- Stop smoking
- Control high cholesterol, diabetes and high blood pressure
- Exercise (Your doctor will tell you which type of exercise is good for you).
- Medications (reduce symptoms, help people walk farther with less pain).
- Special procedures and surgeries. If the blood flow in one of your limbs is completely or almost completely blocked, you may benefit from having a procedure or surgery in addition to medications and lifestyle changes. Procedures such as angioplasty and bypass graft surgery will not cure P.A.D., but they can improve the blood circulation to your legs and your ability to walk.



Heart Disease in Women

By Edward J. Quinn, M.D., FACC, FACP

Coronary heart disease is usually thought of as a disease of men. The truth of the matter is it is the most common cause of death amongst women. Coronary artery disease accounted for 23% of all cause mortality in women in 2004. This exceeds the death rate in women from breast cancer, uterine cancer, and ovarian cancer combined.

Sometime between the ages of 45-64 one of nine women will develop symptoms of some form of cardiovascular disease. After the age of 65, the ratio climbs to one in three women.

As there are significant differences between men and women in their presentation, diagnosis and treatment, where do we begin?

RISK PROFILE

We need to establish a risk profile in all patients. Women are generally older than men at presentation; however, women younger than age 45 can also develop coronary artery disease and usually have a worse prognosis than in men.

The traditional risk factors are smoking, diabetes mellitus, hypertension, hypercholesterolemia, and a positive family history of premature cardiovascular disease. Other significant comorbidities include sedentary lifestyle, obesity, chronic kidney disease, and abnormal resting electrocardiogram findings.

Diabetes mellitus and chronic kidney disease are coronary artery risk equivalents. They put you into the highest risk category. The Framingham risk estimate tool underestimates the risk in women with a family history of heart disease.

Risk assessment will fall into low risk, intermediate risk, and high risk. In the low risk patient, there is little to be gained by significant testing or intervention. In the high risk patient, however, there is little to be gained by superficial screening tests. More specific examination in the form of isotope perfusion analysis and/or coronary arteriography may be more beneficial.

CLINICAL PRESENTATION

There are differences between men and women in the description of ischemic symptoms. Although chest pain is the most common symptom in both sexes, women have a higher likelihood of presenting with fatigues, shortness of breath, atypical chest pain, and back pain. These symptoms are not necessarily precipitated by exertion and may occur more at rest, during sleep and under

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Heart Disease in Women—Continued from page 8

By Edward J. Quinn, M.D., FACC, FACP

significant mental stress. Women were more likely to experience pain in the neck, jaw, or back with nausea but also unusual fatigue, shortness of breath, sleep disturbance and weakness.

In fact, less women present with an acute myocardial infarction as opposed to men but do present with significant ischemic symptoms consistent with an acute coronary syndrome. In addition, women with coronary artery disease more frequently develop symptomatic heart failure. This is usually with normal left ventricular function and may be due to a constellation of symptoms consistent with diabetes mellitus, age over 65, smoking, hypertension, and obesity.

DIAGNOSTIC TESTING

Treadmill exercise testing, radionuclide myocardial perfusion imaging with exercise or pharmacological stress, coronary angiography, or coronary artery calcium scoring are some of the more common non-invasive tests used.

Treadmill exercise testing has a higher false positive rate in women; however, it provides excellent information regarding exercise capacity and reproducibility of symptoms. It is to be noted that women have a lower functional capacity than men. Calcium scoring (CCTA) is useful only in those patients with calcium scores greater than the 75th percentile for age. Also hormonal status, i.e., the presence of menopause, diabetes, smoking, and a family history are more important in women than men.

It is to be noted that women generally present about ten years later than men and have a greater risk factor burden. Women are also less likely than men to have typical angina. In addition, women who present to the emergency room with new onset of chest pain are often diagnosed less aggressively than men and they are more likely to present with chest pain rather than a clearly defined event such as myocardial infarction. Unfortunately many cases of acute myocardial infarction go unrecognized, particularly in those patients at younger ages or with diabetes mellitus.

Women with chest pain who undergo coronary arteriography and have no evidence of blockages may have microvascular disease or an entity known as Takotsubo cardiomyopathy which can occur under extreme stress.

HORMONE REPLACEMENT THERAPY

It was once thought that giving hormone therapy would help in preventing coronary artery disease in women. It recently has been proven not to be true. The Women's Health Initiative study looked at this issue in depth and actually reported an excess risk of coronary artery disease with combined estrogen-progestin therapy. This risk however appeared to be confined to older post-menopausal women.



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Heart Disease in Women—Continued from page 9

By Edward J. Quinn, M.D., FACC, FACP

and/or those who are greater than ten years post menopause. There was an increased risk of stroke. The application of low doses of transdermal estrogen do not appear to be associated with the excess risk of stroke. Although there is a small but significant increase in the risk of “blood clots.” For most post-menopausal women the risk is low. Older age, diabetes, and obesity may be associated with additional excess risk of stroke.

The conventional wisdom is that there are definite benefits of estrogen therapy in the younger age menopausal women between 50 and 59 years of age. This can be summed up as the lowest dose for the shortest period of time; for example, transdermal estrogen replacement therapy for approximately five years. However, estrogen therapy can be used for those older women who are extremely symptomatic.

SUMMARY

In summary, the approach to coronary artery disease in any gender is first of all the recognition of your own risk profile. All of the obvious risk factors such as diabetes mellitus, hypertension, hypercholesterolemia, smoking and family history need to be addressed aggressively. Diabetes mellitus and chronic kidney disease put you at the highest risk for the development of major adverse cardiovascular events. Major adjustments in lifestyle modifications are necessary to forestall adverse cardiovascular events. Some of which can be achieved by:

1. Never smoking/stop smoking
2. Exercise regularly
3. Try to attain your ideal body weight as measured by the body mass index.
4. Appropriate medications if necessary for lipid control.
5. Do not ignore even subtle symptoms if you find yourself in the highest risk category or for that matter in the intermediate risk category when one or two risk factors are present and symptoms are subtle.



Havasus Community Health Foundation

At HCHF, we envision Lake Havasu as one of the world's healthiest communities, with residents enjoying long, pleasurable, active lives, and where no-one feels isolated by illness.

Our mission is to operate as a charitable foundation of caring individuals dedicated to the better health and wellness of the Lake Havasu community by facilitating and coordinating appropriate health-related programs and fundraising activities.

Upcoming Havasu Community Health Foundation Events & Activities

Lab Work

Complete Blood Count	\$15.00	Comprehensive Metabolic Panel	\$20.00
Free T4	\$15.00	Hgb A1c	\$20.00
Lipid Panel	\$25.00	T3 Uptake	\$10.00
TSDH-Thyroid	\$35.00	Urinalysis	\$15.00
Vitamin D	\$40.00		

Other

Bone Densitometry—commonly ordered procedures with order from physician
MRI - commonly ordered procedures with order from physician
X-rays and report with order from physician

Prices for these tests will vary per procedure. Call 453-8190 for more information

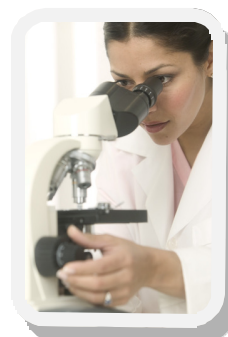
The following screenings are subsidized by CANCER ASSOCIATION OF HAVASU

Lab Work

CA-125	\$50.00
PSA	\$20.00

Other

Mammograms	\$40.00
Skin Cancer Screening	\$50.00



To take advantage of these screenings and diagnostic procedures, go to HCHF Office in The Shambles
2126 McCulloch Blvd, Unit 7
Lake Havasu City, AZ 86403
453-8190

Education & Support

Cancer Association of Havasu

Bosom Buddies	1st Wednesday	4:00
General Cancer	3rd Tuesday	4:00
Men's Cancer	2nd Monday	5:00

Diabetes Support in Havasu

Lunch & Learn	2nd Wednesday	Noon
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Fibromyalgia & Chronic Fatigue Syndrome

Education & Support	Noon
1st & 3rd Wednesday of each month	

Havasu Epilepsy Advocacy Team (HEAT)

Education & Support	Last Monday	1:00
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Inside Out—You are Beautiful

Eating Disorder Support	Every Monday	6:00
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Weight Loss Group

Facilitated by Dr. Wignall	2nd & 4th Wed.	5:00
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Support Groups meet in HCHF Meeting Room, 2126 McCulloch Blvd., Suite 5, unless otherwise noted.

See the HCHF website or call (928) 453-8190 for details about special events and other activities that are posted from time to time.

Educational Forums

1st Tuesday of every month

4:00 PM	Health & Wellness 101
6:00 PM	Havasu Heart Society

Featuring discussions led by local health professionals. The sessions are held at the Hampton Inn, 245 London Bridge Rd. They are free and open to the public.



Upcoming Events

May 31, 2014

Havasu Stick'em

Immunizations and Sports Physicals for children and youth in our community

June 7, 2014

Cancer Survivors Day

Cancer Survivors are treated to Breakfast at this annual Celebration of Life

September 14, 2014

Ms Havasu Senior Pageant

A fun, fund-raising event to support Wellness programs in our community

October 4, 2014

Community Health Fair & Annual Breast Cancer Awareness Walk

Visit www.havasucommunityhealth.org to subscribe to our weekly electronic newsletter so you can learn about other events as they are scheduled.

OUR CORE VALUES

We support and encourage healthy living

Educating with current information about good health choices is our job

Living longer by living smarter is our mantra

Life quality in Lake Havasu is improved because of our programs

News about health options in our community is conveyed through HCHF

Everyone in our community can access common wellness screenings

Support of HCHF comes from the private sector rather than taxpayer dollars

Success of HCHF is a result of the efforts of dedicated volunteers and staff

Come see us in
The Shambles
We're open M-F
9:00 AM-5:00 PM



2126 McCulloch Blvd.
Suite 7
Lake Havasu City



Covering the Lake Havasu community with health resources

Italian Vegetable Beef Soup

Ingredients

3/4 pound lean ground beef (93% lean)
2 cans (14.5 oz) Diced Tomatoes w/basil, garlic and oregano
3 1/2 cups water
1 1/2 cups frozen Italian-style vegetable blend
1/4 cup dry whole grain medium shell pasta uncooked
2 tablespoons balsamic vinegar
4 teaspoons dry sodium free chicken bouillon
1/2 teaspoon garlic powder

Directions

1. Cook beef in large saucepan over medium high heat six minutes or until crumbled and no longer pink, stirring occasionally, drain. Add remaining ingredients.
2. Bring soup to a simmer. Reduce heat to medium, cook ten minutes or until pasta is tender.

Recipe from www.readyseteat.com



Thoughts from our President, Jeanie Morgan



We are ending a busy season at Havasu Community Health Foundation, and getting ready to plan our annual volunteer and donor recognition event.

There used to be a slow season here at the foundation, but in recent years, as the number of groups under us has grown, and the direct programs of the foundation have expanded, we find there are fewer "special" events in late spring and summer, but there is always something to get ready for with our regularly scheduled educational events and support groups.

When I have time to do so, I marvel at how much we are able to accomplish and how many lives we touch. We have a very small staff, but we have an amazing network of volunteers that help us directly or through our partner organizations.

I am so thankful to be a part of an organization that promotes wellness—not with taxpayer dollars, but with information and resources that help us better manage our state of wellness, our understanding of how to "be well" and be better advocates for ourselves as we navigate the healthcare system.

I am pleased that we do this from a grass-roots level rather than expect our government to help us.

As long as what we are doing is useful to our community, I am confident the donations we receive will cover our necessary expenses.

We are thankful for all our supporters. We couldn't do what we do without you.

I would like to be a PARTNER IN WELLNESS

Please fill out the information below and mail to:

Havasu Community Health Foundation
P O Box 1410
Lake Havasu City, AZ 86405-1410

Name _____
Address _____
City/State/Zip _____
Phone _____
E-mail _____

I would like to be a guest speaker at one of your support groups or educational forums. My expertise is:

I would like to volunteer in the following area:

- ☐ Fund Development
☐ Program Development
☐ Other _____

Your tax-deductible donation will allow us to continue to grow and expand our local health-related programs.

Amount of Gift: \$ _____
Please make your check payable to:

Havasu Community Health Foundation
A 501(C) (3) Non-Profit Charitable Organization
TIN# 20-1839858