The University of Arizona Center for Rural Health (AzCRH) – serves Arizona through its mission to improve the health and wellness of rural and vulnerable populations. It houses Arizona’s State Office of Rural Health (AzSORH), the Rural Hospital Flexibility Program (AzFlex), the Small Rural Hospital Improvement Program (AzSHIP), the Western Region Public Health Training Center (WRPHTC), the AzCRH Navigator Consortium, Students Helping Arizona Register Everyone (SHARE) and other programs.

AzCRH is funded by the state, the Health Resources Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS) and other sources. Fiscal Year 2014-15 was outstanding: HHS funded the AzCRH Navigator Consortium (Dr. Dan Derksen, Principal Investigator - PI) for 2016-18; HRSA funded a competitive AzFlex renewal (Dr. Derksen, PI) for 2016-18 and the WRPHTC (Dr. Doug Taren, Principal Investigator - PI), for fiscal years 2015-17; and non-competitive AzSHIP and AzSORH 2015-16 renewals.

Center staff, faculty, students and collaborators have expertise in population, rural and border health; rural and critical access hospitals; rural health clinics (RHCs) and federally qualified health centers (FQHCs); health workforce assessment; community engagement; service-learning; outcomes, practice, community-based and participatory research; marketing and outreach; and rural health policy development, implementation and assessment.

AzCRH works with community partners to improve rural health outcomes and access to quality healthcare, and reduce health disparities. Attribution for success extends broadly to the partners, staff, students and faculty who have tirelessly advanced the AzCRH mission for forty years. These contributions were honored with an outstanding presentation to the Rural Health Conference’s 185 attendees by Michael Joe Dupont, author of Four Decades in the Desert: The University of Arizona’s Center for Rural Health 1970-2015. Want a copy? See: http://crh.arizona.edu

The 2014-15 Center for Rural Health Annual Report highlights achievements over the last year, identifies challenges and opportunities for 2016, and builds on the storied history of the partners dedicated to improve the health of all Arizonans, but especially those living in rural areas. Thank you for your contributions and ongoing support to improve the health and wellness of Arizona’s rural and vulnerable populations!

Daniel Derksen, MD, Walter H. Pearce Endowed Chair & Director
The University of Arizona Center for Rural Health
The Arizona State Office of Rural Health (AzSORH)

The Arizona State Office of Rural Health (AzSORH) addresses health needs in rural Arizona. Continuously funded since 1990 by the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), AzSORH links rural communities with state and federal resources to develop long-term partnerships and solutions to improve rural health.

- **AzCRH Raises Awareness and Access to Information** – on rural health issues and provides timely and accurate information to organizations, consumers, policymakers and stakeholders. Topics included Arizona Medicaid (AHCCCS) restoration and expansion, Arizona’s federally facilitated Marketplace (FFM), performance improvement, health workforce, Medicare payment and rural hospital fiscal sustainability, preventing opioid misuse and abuse, reducing health disparities, Arizona’s uninsured, and improving access to quality health care in rural areas. In addition to the Center’s two signature annual conferences - the summer Rural Health Conference and the Health Policy Conference during the state legislative session – AzCRH gave public presentations, developed website and social media content, shared information through mailings, print publications and webinars, and provided in-depth in person, telephone and email technical assistance. In 2014-15, Dr. Derksen gave 40 invited presentations to 2654 attendees in 14 communities, and was quoted and interviewed in 70 print, radio and television media. (see http://crh.arizona.edu )

- **Strengthening Rural Health Collaboration and Planning**

AzCRH supports vital connections between diverse groups with similar goals, and provides technical expertise to assist rural health networks and community health planning efforts. AzCRH actively participated in the Arizona Health Improvement Plan (AzHIP) and its working groups, the Community Health Improvement Plan for Pima County, and collaborations addressing the social determinants of health such as the Healthy Pima Initiative and Access to Care, Workforce, and Health Equity workgroups.
Technical Assistance

In 2014-15, AzCRH provided 3,729 technical assistance encounters to 488 unduplicated clients including communities, state and local agencies, elected officials, media representatives, rural health networks, hospitals and clinics, health care providers, emergency and community paramedicine networks, community foundations, consultants, researchers, policymakers and consumers. These deliver valuable rural health information, and build rural community capacity through dissemination of funding opportunities, best practices and tools, data sources, evaluation strategies, and network development.

![Joyce Hospodar assists participants at the AZ Trauma Manager workshop.](image)

<table>
<thead>
<tr>
<th>Number of Az CRH Technical Assistance Encounters by Type, 2014-15</th>
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<tbody>
<tr>
<td>Total number technical assistance encounters</td>
</tr>
<tr>
<td>Face-to-face</td>
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<tr>
<td>In-depth telephone and email interactions</td>
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<tr>
<td>Teleconference</td>
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<tr>
<td>TA provided to researchers and others engaged in rural health in Arizona and the SW region</td>
</tr>
<tr>
<td>Webinar technology</td>
</tr>
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![Types of AzCRH Clients Receiving Technical Assistance, 2014-15](image)
Annual Arizona Rural Health Conference & CAH Performance Improvement Summit

AzCRH hosted the 42nd Annual Arizona Rural Health Conference and 10th Annual Performance Improvement Summit for Critical Access Hospitals (CAHs) in Sedona, Arizona in August 2015 on the theme of Partnerships: Closing the Gaps in Rural Arizona. It convened 185 state and national participants, speakers, exhibitors, CAH administrators, health information technology partners, community health centers, clinics, public health services, academic researchers, health care providers, and others. The conference overall and the individual sessions received very positive evaluations and active participation. Sponsors included Cenpatico, WRPHTC, Health Choice Integrated Care, Regional Center for Border Health, AzRHA, Arizona AHEC, Arizona Telemedicine.

The Benefis Health Systems Leadership Team from Montana gave the keynote “Sustaining Healthcare in Rural Communities and the Viability of Rural Providers.” Featured speakers included Captain John Moroney, MD, MPH, Region IX HRSA; Tom Betlach, Director of the Arizona Health Care Cost Containment System (AHCCCS is Arizona’s Medicaid program); Will Humble, MPH UA Health Sciences, popular Lighting Rounds Poster presentations and others. AzCRH conferences provide networking opportunities and exchanging best practices between health care professionals, administrators, policymakers, consumers and stakeholders. An exemplary planning committee developed the conference theme, topics and presenters.
Annual Arizona Rural and Public Health Policy Forum – 85 participants attended the January 14, 2015 event at the state capitol in Phoenix during the state’s legislative session. AzCRH, AzRHA and APHA partner on the Forum focusing on current rural and public health policy issues, assessing their impact on Arizona’s rural, tribal and vulnerable communities, and providing information on legislation introduced in the session.

Rural Health Advocacy and Engagement – are imperative to meaningfully improve rural health. AzCRH facilitates, convenes and attends public meetings, webinars, and forums on ongoing and emergent rural health issues. Dr. Derksen serves on boards, work groups and committees focused on national and state health policy regulations and legislation impacting rural health including: the Arizona Rural Health Association, Arizona Academy of Family Physicians, SPS Telemedicine/Telehealth National Advisory Board, National Governors Association, Presbyterian Health System Quality Board, the Arizona Hospital and Healthcare Association Small and Rural Hospital Constituency Group, and the Steering Committee for the Arizona Health Improvement Plan (AzHIP) initiative of the Arizona Department of Health Services. AzCRH Staff serve on AzHIP working groups including Access to Well Care / Health Insurance, Healthcare Associated Infections, Oral Health, Overweight / Obesity, and multi-sectorial coalition groups at county and local levels.

Collectively, AzCRH provided leadership in rural issues to state and national groups including: National Rural Health Association, the National Organization of State Offices of Rural Health, the Arizona Public Health Association, Arizona Alliance for Community Health Centers, St. Luke’s Health Initiatives, Arizona Children’s Action Alliance, Pew Charitable Trusts, Arizona Area Health Education Centers, and the new Center for Population Science and Discovery at the University of Arizona Health Sciences.
Arizona Rural Hospital Flexibility Program (AzFlex)

Arizona Rural Hospital Flexibility Program (AzFlex) – provides Arizona’s federally designated Critical Access Hospitals (AzCAHs) an array of technical assistance services through workshops, webinars, performance improvement and other events on Quality Improvement, Financial and Operational Improvement, Uncompensated Care, AHCCCS (AZ Medicaid), Marketplace Eligibility & Enrollment, Health System Development, and Community Engagement.

In August, Cochise Regional Hospital in Douglas, AZ sadly became the 57th rural hospital to close in the U.S. in the last five years, decreasing the number of AzCAHs from 15 to 14.

There are two Arizona hospitals that are eligible for CAH status that have not converted. There are several fiscal advantages to having CAH status. To receive federal designation, CAHs must:

- Be located in a rural area, and have less than 25 inpatient beds
- Be 35 miles or more from another facility
- Staff a 24-hour Emergency Department
- Maintain acute care status by averaging less than 96 hours for an inpatient stay.

Medicare reimburses CAHs on a reasonable cost basis for inpatient and outpatient services. Such enhanced reimbursement through federal Medicare and state funding (e.g., Arizona CAH and SAVE Pools), help sustain these crucial safety net services in rural communities. Some CAHs have exceptions to the 35 miles from another hospital requirement, through designation as a “necessary provider” before 2006. Ongoing CAH status for these hospitals requires proof of the “necessary provider” designation. Indian Health Services hospitals do not count against hospitals less than 35 miles from another hospital requirement. The CAH Recertification checklist is at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R145SOMA.pdf

Arizona’s Critical Access Hospitals

1. Banner Page Hospital, Page
2. Hopi Health Care Center, Polacca
3. Sage Memorial Hospital, Ganado
4. Little Colorado Medical Center, Winslow
5. White Mountain Regional Medical Center, Springerville
6. La Paz Regional Hospital, Parker
7. Parker Indian Health Center, Parker
8. Wickenburg Community Hospital, Wickenburg
9. Cobre Valley Regional Medical Center, Globe
10. Hu Hu Kam Memorial Hospital, Sacaton
11. Northern Cochise Community Hospital, Willcox
12. Benson Hospital, Benson
13. Copper Queen Community Hospital, Bisbee
14. Carondelet Holy Cross Hospital, Nogales

Breaking ground for the new surgical center at Wickenburg Community Hospital. Jim Tavary, CEO holds the center shovel.
AzFlex highlights include:

- **Quality Improvement**: AzFlex helps Critical Access Hospitals (CAHs) compile and report Hospital Compare relevant inpatient, outpatient and Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) patient assessment of care measures. Of the 15 AzCAHs that entered data, 11 reported inpatient and HCAHPS measures, five reported outpatient measures, and nine reported Emergency Department Transfer Communication measures. Nine AzCAHs implemented quality improvement projects (e.g., Quiet at Night, Pain Management, Physician Communication). To help AzCAHs improve physician communication and HCAHPS performance, Dr. Roy Farrell, Carondelet Holy Cross CMO, facilitated a three part webinar series on Physician Engagement to improve the patient experience, organizational culture, enhance team alignment and accountability, and achieve service excellence.

- **Operational & Financial Improvement**: Leaders and staff from seven AzCAHs attended the Performance Improvement (PI) Summit held in conjunction with the 42nd Annual Arizona Rural Health Conference in August 2015. It provides actionable knowledge, data and tools to strengthen performance improvement systems, and address other rural hospital issues. AzFlex hosted the Western Region Flex Conference in Tucson, Arizona in 2015.

AzCRH hosted the National Certified Medical Coder Boot Camp and online courses to prepare hospitals for ICD-10 implementation on October 1, 2015. Accurate coding and documenting improve Net Days in Accounts Receivable performance. AzFlex supported a two-day face-to-face course for 48 participants from eight AzCAHs. E-Learning Courses had 133 participants from 10 CAHs and their affiliated Rural Health Clinics.

AzFlex provides regular data, analysis and reports that inform state programs providing financial support for uncompensated care such as Arizona’s CAH pool. While the Arizona CAH Pool was increased substantially in 2014, the Stable, Accessible, Viable and Efficient Hospital (SAVE) pool (established in 2006) decreased. Since their inception, the CAH and SAVE pools paid AzCAHs in excess of $43 million, helping AzCAHs have a positive fiscal margin.

- **Health System Development and Community Engagement**: AzFlex worked with the ADHS Bureau of EMS and Trauma System, Banner Health, and Level I Trauma Centers to increase and maintain the number of AzCAH Level IV Trauma Centers (L4TCs). State Designated Level I, III, and IV Trauma Center Coordinators met every six months. AzCAH L4TCs voluntarily submit data to the Arizona Trauma Registry. A statewide Trauma listserv has 100 active members, including Levels I, III, and IV participants, trauma managers and surgeons. AzCRH supported three Rural Trauma Team Development (RTTD) courses in 2015.

- **AzFlex** helped two AzCAHs implement the Strategic Quality Support System (SQSS) to track and manage quality-related operations across hospital function areas. Eight CAHs use SQSS to achieve Electronic Health Records (EHR) Meaningful Use (MU) standards to support quality improvement initiatives. The Medicare and Medicaid EHR Incentive Program rewards CAHs as they adopt, implement, upgrade or demonstrate MU of certified EHR technology. As of February 2015, 13 AzCAHs received MU incentive payments totaling $11,853,066.

- **AzFlex** completed a five-year grant cycle on August 31, 2015. AzCRH was awarded a three-year competitive renewal effective September 1, 2015. AzFlex assists and offers technical support to AzCAHs in:
  - Quality Improvement
  - Financial and Operational Improvement
  - Population Health Management and Emergency Medical Services Integration and
  - CAH Designation or Dedesignation
Other Programs and Collaborations

■ Arizona Small Rural Hospital Improvement Program (AzSHIP)
HRSA/FORHP has funded AzSHIP since 2002. AzSORH submits a state-wide application to HRSA on behalf of eligible rural hospitals (<50 beds). In FY 2014, 12 AzSHIP hospitals each received $7,355 to support efforts in one or more of the following areas: Value-Based Purchasing, Accountable Care Organizations/Shared Savings, Payment Bundling/PPS, Care Transitions.

■ Tribal Health Initiatives
AzCRH collaborates with Arizona’s sovereign tribal nations and rural community non-profit organizations to improve health outcomes and well-being of their communities by conducting workshops on grant writing, strengthening the American Indian Health professional pipeline, capacity building on health promotion/disease prevention interventions, and training health educators and community outreach workers on multi-media health literacy and communication methods. AzCRH provided an intern and technical assistance to help with the Tuba City Regional Health Care Corporation 2015 Community Needs Survey that will provide data for grant submission and program planning for the community.

■ Students Helping Arizona Register Everyone (SHARE) – trains UA Health Sciences Public Health, Medicine, Nursing and Pharmacy students to be Certified Application Counselors. Students learn about the U.S. Health System, public (Medicaid/AHCCCS and Medicare) and private payers (Arizona Marketplace), the Affordable Care Act, and other programs, laws and regulations that affect how Arizonans are covered and access health care. Students learn the specifics of determining eligibility, assisting with enrolling and renewing health insurance plans on Arizona’s federally facilitated marketplace and in Pima (Tucson) and Maricopa (Phoenix) Counties. Students work with community partners and hold office hours at the UA Health Sciences Library. Languages include Spanish, Navajo, Chinese, French, Swahili, among others.

| Students trained as Certified Application Counselors | 28 |
| College of Public Health Students | 12 |
| College of Medicine Students | 10 |
| College of Pharmacy Students | 2 |
| College of Nursing Students | 1 |
| Dual Degree (MD/MPH) | 3 |

Roselyn Riggs, Manager of the CHC’s Mobile Health Program in Tuba City.

SHARE (Left to Right): Eric Lander (Medicine), Lorraine Ramirez (Public Health) and CRH Special Projects Coordinator, Alyssa Padilla.
Prescription Drug Misuse and Abuse Initiative

AzCRH worked with the Arizona Department of Health Services (ADHS), the UA College of Medicine, Office of Continuing Medical Education to create and market the *CME Safe and Effective Opioid Prescribing While Managing Acute and Chronic Pain* online modules. The Governor’s Office for Children, Faith and Families and the Arizona Criminal Justice Commission, and ADHS, Arizona Substance Abuse Partnership launched the Arizona Prescription Drug Misuse and Abuse Initiative. ADHS is executing a subaward to AzCRH to continue developing training modules from 2016-2020 with funding from the Centers for Disease Control and Prevention (CDC).

Improving Access to Rural Women’s Health

AzSORH is a founding member of the Arizona Rural Health Women’s Network, which coordinates programs and services to improve access to evidence-based, culturally relevant care for women and their families in rural areas. AZRHWN was awarded a Rural Health Network Development Grant for 2015-2018 focusing on knowledge and trainings on sexual violence.

Az3RNet

AzSORH manages the state’s Rural Recruitment and Retention Network (Az3RNet), a member of the National Rural Recruitment and Retention Network. With the Arizona Department of Health Services, Bureau of Health Systems Development and the Arizona Alliance for Community Health Centers, Az3RNet connects health professionals seeking positions in rural and underserved areas with health facilities offering employment opportunities. Over 20 new organizations posted job openings for health providers.

Arizona Community Health Worker (CHW) Leadership Council – AzCRH staff participate in the Arizona CHW leadership to help develop CHW policy, certificate/training curriculum, awareness, advancement and sustainability.
**Rural Health Professions Program**

AzCRH and the Arizona AHEC partner to develop and implement five, one-week service learning graduate student courses focused on creating health equity and eliminating health disparities. Courses are held in northern Arizona’s Navajo and Hopi reservations, in the Safford/Thatcher area, in the US-Mexico border region, and with underserved communities in Phoenix and Tucson.

**The Western Region Public Health Training Center (WRPHTC)** – was funded by HRSA in 2014, to support public health workforce training in HRSA Region 9 (Arizona, California, Nevada, Hawaii and US Affiliated Pacific Islands). In Year One, WRPHTC did needs assessments to understand the training preferences for core public health competencies. It received 1,400 responses, trained 8,000 public health professionals, and supported 15 internships and 42 faculty-student collaborations.

Visit: [http://wrphtc.arizona.edu](http://wrphtc.arizona.edu)

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Students in the Rural Health Professions Program on a visit to the border.
ARIZONA CENTER FOR RURAL HEALTH • ANNUAL REPORT, 2014-2015

The Department of Health & Human Services and Centers for Medicare & Medicaid Services awarded AzCRH a $2 Million, three-year Cooperative Agreement to Support Navigators in Arizona’s Federally-Facilitated Marketplace.

Program goals:

1. Increase the participation rate of eligible uninsured Arizonans in its Federally Facilitated Marketplace Qualified Health Plans (FFM QHPs).
2. Facilitate re-enrollment for eligible Arizonans in its FFM QHPs.

AzCRH’s Full-time Navigators:

Mandek Aden has a Global Business BS from ASU and an MBA from the Thunderbird School of Global Management. Previously, she coordinated Navigator outreach and enrollment efforts for AACHC. She’s proud to apply her experience connecting uninsured Arizonans with affordable health insurance. [Maricopa/Pinal, based in Phoenix]

Lizbeth Vasquez was born and raised in San Luis Rio Colorado Mexico, and emigrated to the U.S. in 2005. She graduated from Arizona Western College as a Community Health Worker. Previously she worked for Promise Arizona and Campesinos Sin Fronteras. “I love my small community in San Luis, Arizona, and hope to serve my community in my work.” [Yuma, based in San Luis]

AzCRH’s Surge Navigators:

Gabriela Campos de Marcort (Tucson/Pima County)
Ana Casanova (Tucson/Pima County)
Alma Ramirez (Phoenix/Maricopa County)
Ariel Tarango (Eloy/Pinal County)
Program Objectives:

- Place Health Educator/Navigators in regional sites to assist with FFM QHP enrollment and re-enrollment in rural areas and populations with historically low FFM participation rates – Latino, American Indian, rural, and special populations.
- Collaborate with consumers, stakeholders, Navigator programs, AACHC, FQHCs, PCAP, AHECs, CHWs, and rural providers.
- Evaluate outcomes; use data for continuous improvement.

Amaury Gama is a passionate advocate for people facing health care coverage and access disparities. He received his associates degree from Cochise Community College in 2015, and taught GED, Citizenship, and ESL. He previously worked as a Navigator for Mariposa Community Health Center. [Santa Cruz/Cochise, based in Rio Rico]

Maria Losoya has worked in Santa Cruz and Pima counties since 1995. “Working as a health promoter and advocate took me into the poorest homes in the city, where I found my mission. I heard a call to action, to serve the most disadvantaged people. It is hard to ignore the call to social justice and action when you are willing to open your eyes and ears. My passion is a commitment to my community.” [Santa Cruz/Cochise, based in Nogales]

This two-year project culminated with the presentation, publication and distribution of a comprehensive history of the Center. The 166-page book, with layout and design by Paul Akmajian, tells the Center’s story from its humble beginnings to the present day. Featuring compelling stories taken from numerous interviews and hundreds of images, the book presents an engaging saga of the CRH’s successes and challenges over its more than 40 years of serving rural Arizona communities.

Copies of the book are available through the CRH web site: http://crh.arizona.edu

Want to support our health profession students’ training experience in rural areas? Click on the Give Today button. Donations over $25 receive a free copy of the book! Or you may use the envelope enclosed in this annual report.

Ann Nichols (center), Michael Nichols (left) and Allison Hughes (right) browse through memories in Four Decades in the Desert.
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