

THE UNIVERSITY OF ARIZONA

Center for Rural Health

ANNUAL REPORT FY 2019-20



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health



Michael Dake MD, Senior VP for Health Sciences appointed **Leila Barraza JD, MPH** Director, AzAHEC Program effective 8/10/2020. Effective July 1, 2020 she was promoted to Associate Professor with Tenure in MEZCOPH.

“I am truly honored to be a part of the extraordinary work CRH and the Arizona AHEC program are doing to address the health care workforce shortages in rural areas.” – Leila Barraza



In October, 2019 Dr. Derksen received the UArizona College of Medicine-Tucson Alumnus of the Year Award. He spoke at the May, 2020 COM-T Convocation.

» [Click for a transcript and video](#) of Dr. Derksen’s speech.

EXECUTIVE SUMMARY FY 2020

The University of Arizona Center for Rural Health (AzCRH) Annual Report summarizes activities from 07/01/19 to 06/30/20 related to its mission *to improve the health & wellness of Arizona’s rural & vulnerable populations.*

The Center houses a record \$4.5 million/year in federal and state funded rural programs, and provides subawards, services, webinars, conferences, continuing education, technical assistance, data, analyses, evaluations, and reports to inform and support Arizonans, providers and policymakers on rural best practices, legislation and regulation.

The state of Arizona, the Health Resources & Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), and other grants, contracts, and agreements fund AzCRH core programs including: 1) State Office of Rural Health (AzSORH), 2) Small Rural Hospital Improvement Program (AzSHIP), and 3) the Rural Hospital Flexibility Program (AzFlex).

By the fourth quarter of the 2020 Fiscal Year, the COVID-19 pandemic hit Arizona particularly hard. In response, AzCRH applied for and was awarded a \$1.35M SHIP-COVID HRSA grant (PI Leila Barraza JD, MPH) to support 16 of Arizona’s eligible rural and critical access hospitals (CAHs) for COVID-19 related activities.

In FY’20, AzCRH leveraged long-standing relationships with Arizona’s CAHs, federally qualified health centers (FQHCs), Rural Health Clinics (RHCs), tribal-run clinics and hospitals (P.L. 638 sites), and Indian Health Service health centers and hospitals to quickly set up over 25 COVID-19 serum antibody testing sites prioritizing health workers, first responders, and essential health workers across Arizona’s 15 counties. These tests will be particularly important as COVID-19 vaccines are tested, approved and deployed – hopefully early in 2021.

On behalf of the AzCRH faculty, staff, students, and partners across Arizona, we thank you for your collaboration in these challenging times and look forward to working with you in 2021!

Daniel Derksen, MD
Director, AzCRH

Heather Carter, EdD
Co-Director

Jill Bullock
Associate Director

AzCRH is the state and federally funded and designated Arizona State Office of Rural Health (since 1990), that helps rural communities address health issues and expand health services with a wide range of partners across the state. The state of Arizona provides AzSORH a 3:1 state to federal match for the Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) support.

Rural health challenges – both those that are long-standing and new ones from the COVID-19 pandemic – present hardships and opportunities for rural communities to work collaboratively with other partners, transform service delivery on a broad scale, address rural disparities, and increase rural resident access to care. Through strategic partnerships, rural communities can be places of great vitality, innovation, and resilience. Through outreach and community partnerships, AzSORH works to disseminate federal, state, and local resources, coordinate statewide rural health activities, and provide direct assistance to communities.

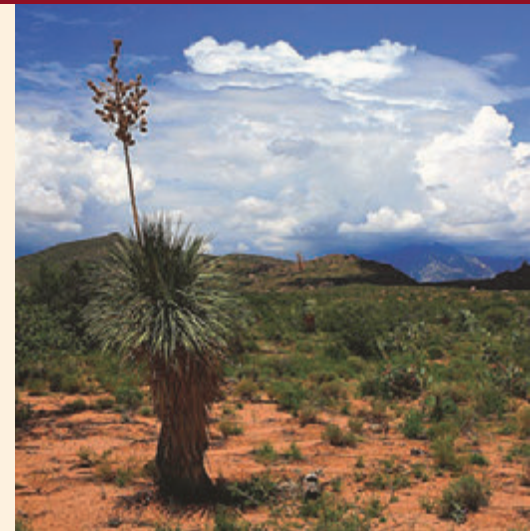
AzSORH Accomplishments: July 1 to June 30 Fiscal Year (FY)

AzSORH Activity	FY 2017-18	FY 2018-19	FY 2019-20
Total Technical Assistance	4,858	4,236	5,210
In-Person Contacts	2,633	2,620	2,631
Phone / Emails	536	545	484
Webinar Participation	1,241	749	1,343
Teleconference	125	106	134
Assistance to Researchers, Others	323	216	553
Newsletter Distribution	6,098	9,792	10,164
Web Page Visits	37,000	40,696	46,143



AzCRH partners modeled masks as an encouragement for all Arizonans to wear masks to stay safe and help prevent virus transmission!

Pictured top left clockwise: Melissa Quezada, Joyce Hospodar, Heather Carter, Jack Beveridge, Jill Bullock, Dan Derksen, Amanda Aguirre, Jen Peters, Maria Losoya, Oso Blanco, Paul Akmajian



AzSORH links our diverse staff and faculty with state agencies, rural communities, organizations, stakeholders, state and federal resources to:

- Collect & disseminate rural health information and convene events.
- Provide technical assistance (e.g., community health needs assessments, grant writing) to rural communities and organizations.
- Develop and support rural health networks and partnerships.
- Support and expand the health workforce pipeline to practice in rural and underserved areas.
- Collect and analyze rural health data, produce actionable reports, and publish data visualizations.
- Identify and address factors that create disparities impacting rural and underserved communities.
- Promote affordable coverage.
- Assure accessible, culturally effective healthcare for all Arizonans.
- Link rural and tribal communities with state and federal resources to enhance long-term partnerships and identify solutions to improve rural health and equity.



Fiscal Year 2020 started very well with record attendance, enthusiastic engagement and participation in AzCRH statewide meetings and webinars.

Yet by March the COVID-19 pandemic was devastating the lives and families in Arizona and across the country. It stretches on and on as our most vulnerable Arizonans - those living in rural areas, the low income, the elderly, African Americans, American Indians, Hispanic and Latino populations - are most affected by the pandemic’s cruel collateral morbidity and mortality.

In May George Floyd was killed by a policeman, unleashing a torrent of protests and demands for changes to address systemic racism and intractable injustices in these vulnerable populations.

In July, civil rights leader John Lewis passed. In an essay published the day of his funeral Rep. Lewis wrote:

“Though I may not be here with you, I urge you to answer the highest calling of your heart and stand up for what you truly believe. In my life I have done all I can to demonstrate that the way of peace, the way of love and nonviolence is the more excellent way. Now it is your turn to let freedom ring.”

In November, Americans and Arizonans decide who will lead important federal and state executive and legislative branches that will affect rural health policy for decades to come.

COLLABORATION AND CONGRATULATIONS

Congratulations to PI Todd Vanderah, PhD for the \$2.3M HRSA four year grant award starting 9/1/20, the **Opioid Impacted Family Support Program (OIFSP)**, a collaborative effort with the COM-T Comprehensive Pain & Addiction Center (CPAC), Alyssa Padilla MPH and Ben Brady DrPH (Co-Investigator) from AzCRH, the Family & Community Medicine Department’s Workforce Development Program and others. OIFSP will develop a certificate program that trains behavioral health support specialists. Trainees will be taught to assist families of opioid- and substance use-involved individuals to reduce the trauma family members experience as they live through their loved ones’ recovery processes. Upon graduation, trainees will be invited to join a one-year apprenticeship to receive additional, on-the-job training while working in a substance use treatment program.

The Comprehensive Pain and Addiction Center (CPAC) opened in January 2020 through a UArizona Health Science strategic initiative. Under the direction of Dr. Todd Vanderah, CPAC’s mission is to improve pain management, prevent, and address substance misuse and addiction. To accomplish this, one of CPAC’s objectives is to train healthcare providers and students to adequately manage chronic pain and addiction, and to promote legislation to prevent future addiction crises. To support these efforts, AzCRH has established a strong partnership with CPAC. Dr. Benjamin Brady and Alyssa Padilla, MPH of AzCRH work with both centers to coordinate drug overdose prevention and MAT mentor efforts and to develop future education and training programs.



The Annual Arizona Rural Health Conference – is the longest running rural health conference in the US. The 46th Annual Arizona Rural Health Conference “*The Five Cs of Rural Health in Arizona: Care, Capacity, Connection, Culture & Collaboration*” was held August 1 & 2, 2019 in Flagstaff. It provided an environment for networking and disseminating pertinent information among professionals and community members from rural Arizona and the Southwest. Over 225 conference attendees gathered to discuss statewide projects, form partnerships and network with health professionals, administrators, policymakers, state and local leaders, businesses and others.

There were two pre-conference sessions:

- The Arizona Medicare Rural Hospital Flexibility Program for Critical Access Hospitals addressed topics on Board Governance, Quality Measures, and Financial Stewardship;
- The ‘Response to Substance Use’ was tailored for Community Health Workers and Community Health Representatives (CHW/Rs) individuals, organizations and supervisors.

2019 sponsors included: AzaHEC, Arizona Complete Health, AzCHOW, the Arizona Rural Health Association (AzRHA) and 30 Exhibitors! Visit the conference website at <https://crh.arizona.edu/calendar/RHC-2019>.

The 47th Annual Rural Health Conference (RHC) was rescheduled to June 15-16, 2021 at the High Country Conference Center in Flagstaff Arizona. Preceding the RHC, a series of webinars will be presented in partnership with the Arizona Telemedicine Program, AzaHEC, AzRHA and others.

Annual Arizona Rural and Public Health Policy Forum – addresses current rural and public health policy issues and their impact on Arizona’s rural and tribal communities, provides information on participant legislative priorities for the state’s legislative session, and facilitates networking opportunities between organizations, stakeholders and policymakers.

Over 125 people attended and 30 presented at the February 4, 2020 Rural & Health Policy Forum at the Arizona State Capitol. Topics included: introducing state legislators at the lunch session, presenting brief (5-min or less) advocacy organization rural and public health policy priorities and related bills introduced in the session, updating progress on measures enacted in the 2019 state legislative session – expanding graduate medical education (GME) and medical school slots, implementing a primary care scholarship program for medical student graduates who agree to return and practice in an Arizona Health Professional Shortage Areas, Medically Underserved Area or Population (HPSA/MUA/P) after residency training.



Melinda Vasquez, Trent Moeller



Thomas Winkel, Kelli Williams, Ed Heidig



Sharon Girard



Heather Carter, EdD, Co-Director and Dan Derksen MD, Director, AzCRH



Rural Emergency Medical Services:

AzFlex was one of eight Flex programs nationally that received HRSA Supplemental Funding: the Rural EMS Advanced Telemedicine Demonstration Initiative (AzREADI) led by Co-PI's Drs. Amber Rice and Josh Gaither in the UArizona Department of Emergency Medicine. AzREADI provides EMS medical direction at the time of patient care to assist Basic Life Support providers to evaluate and triage rural patients. The goals are to provide sustainable, timely, high quality, cost efficient EMS care in two EMS Agencies by:

1. Enhancing access, referral to non-emergency health providers, such as urgent and primary care,
2. Reducing cost and unnecessary transports,
3. Measuring patient and provider satisfaction with telemedicine services.

Partners include the AzCRH, Arizona Emergency Medicine Research Center, Arizona Telemedicine Program, Rio Rico Fire and Medical District, and Sonoita-Elgin Fire Department.

COVID-19 forced the expedited selecting of service providers, training, compiling of resources, and real-time field testing of software and hardware for AzREADI implementation.

AzFlex began a new, five-year cooperative agreement with the Federal Office of Rural Health Policy (FY2019-23). In March, 2020 AzFlex transitioned to virtual activities due to the COVID-19 pandemic.

Quality Improvement Activities:

- Before March, 2020 Quality Improvement activities included site visits to Wickenburg Community Hospital and Benson Hospital. AzCRH hosted an Antibioqram Webinar and Antibiotic Stewardship Survey Refresher course. Once COVID-19 hit, AzFlex focused on Infection Prevention and safely re-opening hospital outpatient services and inpatient surgeries via weekly COVID-19 Office Hours and Chief Nursing Officer Weekly Situation calls.

Financial and Operational Improvement Activities - AzFlex:

Prior to March, 2020 (pre-COVID)

- Conducted two Chargemaster reviews prior to COVID-19.
- Convened Coding and Billing Certification Bootcamp course for 47 attendees in Phoenix.
- Supported and marketed Practice Outcomes National Database (POND).
- Contracted Lilypad, to provide individualized technical assistance, and training for Arizona's Rural Health Clinics (RHCs) to develop a customized clinic reporting infrastructure that identifies performance gaps and to ultimately increase performance improvement.
- Supported the Arizona Hospital and Healthcare Association (AzHHA) to conduct an Economic Impact Study and Financial impact study tool.
- Collaborated with a vendor to create a secure Arizona Critical Access Hospital (CAH) Swing Bed Care Spectrum Directory of post-acute care services. The directory helps bring patients back to their own rural communities for health services.

Created COVID-19 Tracking Tools

- Lost Revenue Tracking Tool
- Expense Tracking Tool

Rural Emergency Medical Services Integration

- 11 AzCAHs are federally designated Level IV Trauma Centers, an increase of two from prior year. AzFlex manages the Arizona Trauma Managers workgroup via Zoom until in-person meetings resume.

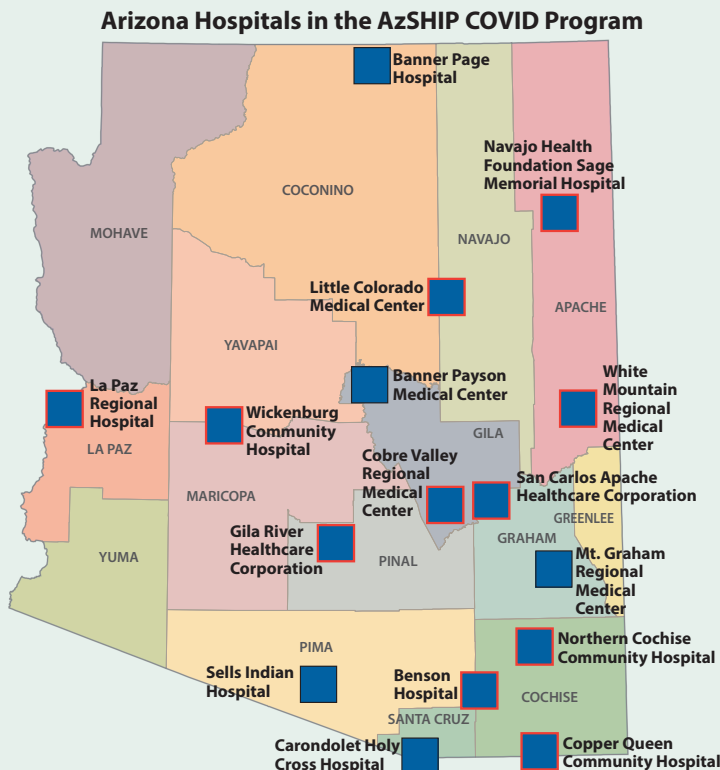


AzSHIP supports rural hospitals with 49 beds or less meet value-based payment and quality care goals, funded by the Health Resources and Services Administration (HRSA).

Rural hospitals face severe economic challenges that increase their risk of closing because they are underfunded and understaffed. These challenges are long-standing and exacerbated by the COVID-19 pandemic. Their survival hinges on working collaboratively with partners, transforming service delivery, increasing access to quality care, identifying and addressing the social determinants of health that drive rural health disparities and poor health outcomes.

In March 2020, the Federal Office of Rural Health Policy (FORHP) HRSA funded AzSHIP an additional \$1.35 million from the Coronavirus Aid, Relief and Economic Security (CARES) Act. HRSA deemed 16 of Arizona’s rural & critical access hospitals (see map) eligible to receive \$71,670 over 18 months to support COVID-related activities.

In FY’20, 11 of these rural / CAHs (map: blue boxes outlined in red) received another \$8,490 (total with SHIP-C of \$80,160) to: become or join an accountable care organization; participate in shared savings programs; purchase health information technology and training; and support quality improvement training and services. AzSHIP facilitates quality data collection training, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey training, pharmacy disease registry training, telehealth equipment, revenue cycle management training and implementation.



In May, COVID-19 antibody testing began across Arizona. Thanks to our outstanding community partners!



HuHuKam Memorial Hospital, Sacaton



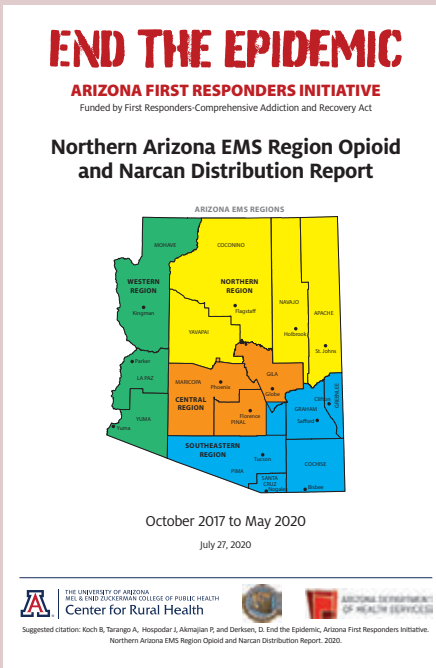
Cobre Valley Regional Medical Center, Globe



Copper Queen Community Hospital, Bisbee



San Luis Walk-in Clinic, Somerton



Now in its third year of the four-year Substance Abuse and Mental Health Administration (SAMHSA) Cooperative Agreement, and Inter-agency Services Agreement between the ADHS and AzCRH, the Arizona First Responders Initiative trains first responders across the state to recognize the symptoms of opioid overdose and administer naloxone.

Training included providing in-person training, offering to Train-the-Trainer (in-person or Zoom), conducting independent staff agency training, and offering one-credit, free online EMS provider ‘refresher’ training entitled “Recognition and Management of an Opioid Overdose.”

To meet the project’s deliverables, an information card for each Arizona county included Substance Use Treatment Resources in key communities noting outpatient services, opioid use disorder treatment, residential treatment, prevention and assistance programs. Resource cards are integral to implementing patient-focused training for First Responders: “Roadmap to Behavioral Health: A Guide to Accessing Behavioral Health and Substance Use Disorders in Arizona.”

AzCRH collective efforts include ADHS Bureau of EMS and Trauma System, UArizona College of Medicine Department of Emergency Medicine faculty, and Sonoran Prevention Works.

For more information or to arrange a training for your agency, email:

endtheepidemic@email.arizona.edu

Substance Use Treatment Resources
Navajo County
 Outpatient Services, Opioid Treatment, Residential Treatment, Prevention and Assistance Programs

HOLBROOK

ChangePoint Integrated Health
 928-524-6126 • 103 N. 1st Ave.
 Individual & family counseling, integrated health & behavioral services, peer support, referral.

Project Recovery

928-524-6413 • 309 E Hopi Dr.
 Domestic violence outpatient, individual, family, & group counseling, intensive outpatient.

Community Bridges, Inc. Albert Long Residential Treatment Center

928-524-1151 • 993 N Hermosa Dr.
 Men’s 30-day inpatient.

Navajo County Health Department

928-524-4750 • 117 E. Buffalo St.
 HIV/STI prevention, testing, & treatment, naloxone/Narcan, overdose prevention education.

KAYENTA

Kayenta Outpatient Treatment Center
 928-697-5570 • Hwy 160 MP 394.3
 Intensive outpatient, peer support, substance use & trauma counseling.

LAKESIDE

ChangePoint Psychiatric Hospital
 928-368-4110 • 1920 W Commerce Dr
 Detox & psychiatric hospital. Must be referred from a doctor or other ChangePoint clinic.

PINETOP

Nexus Coalition for Drug Prevention
 928-358-1645 • PO Box 1596
 Substance abuse prevention coalition.

POLACCA

Hopi Behavioral Health Services
 928-737-6300 • Hwy 264 Milepost 388
 Dual diagnosis, intensive outpatient, peer support, substance use & trauma counseling.

SHOW LOW

ChangePoint Integrated Health
 928-537-2951 • 2500 E Show Low Lake Rd
 Crisis, detox, individual & family counseling, integrated health & behavioral services, opioid treatment medication, peer support, referral.

White Mountain Counseling

928-532-3238 • 141 E Cooley
 Grief, domestic violence support, individual & group counseling.

Navajo County Health Department

928-532-6050 • 600 N. 9th Pl
 HIV/STI prevention, testing, & treatment, naloxone/Narcan, overdose prevention education.

North Country HealthCare

928-537-4300 • 2650 E Show Low Lake Rd, Suite 1
 HIV/AIDS testing & treatment, family medicine, women’s health.

Summit Healthcare

928-537-4375 • 2200 E Show Low Lake Rd
 Emergency department, inpatient hospital, laboratory, naloxone/Narcan, overdose prevention education, outpatient medical, pharmacy, surgery, women’s health, wound care.

SNOWFLAKE

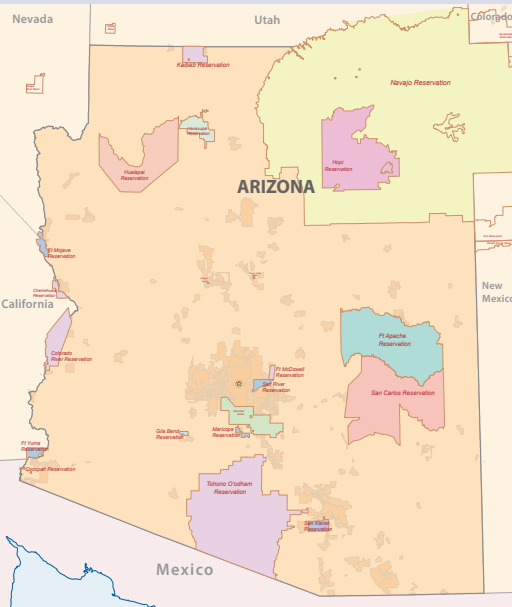
ChangePoint Integrated Health
 928-536-6869 • 423 S Main St.
 Individual & family counseling, integrated health & behavioral services, peer support, referral.

WINSLOW

ChangePoint Integrated Health
 928-289-4658 • 1015 E. 2nd St.
 Individual & family counseling, integrated health & behavioral services, peer support, referral.
Community Bridges, Inc. Winslow Outpatient
 928-289-1222 • 110 E 2nd St
 Counseling, opioid treatment medication.

» continued on reverse

Example of one of the Substance Use Treatment Resource guides that were produced for all ten of Arizona’s rural counties.



There are 22 federally recognized tribal Nations in Arizona with over a third disproportionately impacted by COVID-19. The Navajo Nation and White Mountain Apache experience very high COVID infection and mortality rates. About 18% of COVID-19 deaths in Arizona have been Indigenous people who account for 4.5% of the population.

Due to challenges such as lack of running water, electricity, grocery stores, personal protective equipment (PPE) and supplies, tribal nations requested technical, monetary, and consultative assistance from partners and organizations. AzSORH assisted by hosting a Native Nations Town Hall April 8, 2020 with the University of Arizona leadership including Karen Francis-Begay, MS, Assistant VP Tribal Relations, Dr. Michael Dake, Senior VP for Health Sciences, Dr. Irving Kron, Associate VP, and Dr. Dan Derksen, Associate VP and Director, AzCRH. The 80 participants included Chief Medical and Nursing Officers, and Chief Executive Officers from Indian Health Service and Tribally-run (P.L. 638 Self-determination) hospitals and clinics who shared their COVID-19 related needs.

In response, UArizona, the College of Medicine Association of Native American Medical Students, and the Native American Initiatives-Office of the Provost conducted donation drives for medical and other supplies for the Navajo, Hopi, Tohono O’odham, and White Mountain Apache Tribes. Weekly COVID-19 educational information, grants, webinars and trainings are shared via the AZ Tribal Health resources. Technical assistance on COVID-19 education was provided to the Tohono O’odham Nation, Navajo Nation CHRS, and Hopi Tribe. For FY’21, AzCRH is working on consultative and contract tracing assistance with the Gila River Indian Community.



Petroglyph, Little Colorado River

Rebecca Ruiz
crh.arizona.edu/programs/workforce

AZ RURAL RECRUITMENT & RETENTION NETWORK (Az3RNet)

AzCRH oversees Az3RNet, partnering with the ADHS Bureau of Women’s and Children’s Health, the Arizona Alliance for Community Health Centers (AACHC), and the National Rural Recruitment & Retention Network. Az3RNet lists rural jobs, J1-Visa and Arizona State Loan Repayment opportunities.

Community health centers, hospitals, private practices, and others post job vacancies on the site. Over 62,000 are signed up with 3RNet nationally. Az-3RNet reviews employer registration and approves them to post job opportunities. Employers have access to multiple resources such as: An Employer’s Guide to Workforce Programs, Why Should I Recruit and How Do I Retain Someone on a J-1 Waiver?

Employers can attend the 2020 Recruitment and Retention Academy, a six-part webinar series featuring practical, action oriented workshops for health care facilities funded by AACHC.



The Substance Abuse and Mental Health Services Administration (SAMHSA) funds the Arizona Department of Health Services (ADHS) and thereby the AzCRH Arizona Medication Assisted Treatment (MAT) Mentor program.

The program trains and matches experienced MAT providers with new or less experienced MAT providers to increase capacity for providing opioid use disorder (OUD) treatment. AzCRH conducted a needs assessment, and developed a recruitment plan and application process to recruit MAT providers statewide. The implementation pilot ran from May to September, 2020.

Experienced MAT providers are Arizona licensed, Drug Addiction Treatment Act (DATA) waived or “x-waived” practitioners who have provided MAT services for at least one year and/or treated at least 20 patients. New MAT providers are Arizona licensed, DATA-waived practitioners who expressed interest in collaborating with an experienced MAT provider. Experienced MAT providers were trained on collaboration best practices, use of a collaboration framework and implementation plan, and provided a guide detailing existing MAT resources. The guide outlined practical strategies for self-care and included links to opioid prescribing guidelines, the opioid assistance and referral (OAR) line, the state’s Controlled Substances Prescription Monitoring Program (CSPMP), and continuing medical education.

In FY’20, six experienced and nine new MAT providers were matched and participated two or more collaborative consultations including MAT telehealth. The table shows MAT provider practice locations.

County	Experienced MAT providers (n=6)	New MAT providers (n=9)
Cochise	0	3
Coconino	1	0
Gila	1	0
Graham	1	0
Greenlee	1	0
Maricopa	2	5
Mohave	2	0
Pima	3	1
Pinal	1	2

Note: some providers practice in multiple locations.

AzMAT Mentors Program

Our community is experiencing a high number of drug overdose deaths and access to medication assisted treatment (MAT) is limited. The Arizona Department of Health Services and the Arizona Center for Rural Health created the **AzMAT Mentors Program** to offer support to new DATA-waived MAT providers. Through this collaboration, experienced MAT providers will be compensated to assist new MAT providers to overcome the barriers that limit MAT services for Arizona residents.



Experienced provider requirements:

- Be a licensed or DATA-waived MAT provider in Arizona with experience delivering the continuum of MAT services for at least one year or have treated at least 20 patients,
- Participate in 90-minutes of AzMAT Mentors Program training (May 2020),
- Collaborate with 1-2 new MAT providers through 1-1 contacts,
- Follow Arizona Center for Rural Health AzMAT Mentors Program implementation protocols,
- Submit documentation for reimbursement, and
- Participate from May 2020 to September 2020. Estimated time commitment 8-22 hours.

► **This is a paid opportunity for experienced MAT providers.**

If you are interested, please take a couple of minutes to complete the [interest form](#) and we will be in touch soon.

For more information visit our [website](#) or contact Bridget Murphy at: bridget@arizona.edu



AzMAT Mentors Program

Our community is experiencing a high number of drug overdose deaths and access to medication assisted treatment (MAT) is limited. The Arizona Department of Health Services and the Arizona Center for Rural Health created the **AzMAT Mentors Program** to offer support to new DATA-waived MAT providers and increase access to evidence-based treatment for people with opioid use disorders. Interested new MAT providers will be paired with experienced DATA-waived providers working in Arizona and receive the following at no cost:



- Access to local and state resources
- One-to-one support via two collaborative consultations from an experienced MAT provider (estimated timeframe: May-August, 2020), and
- Ongoing technical assistance from the Arizona Center for Rural Health and the Opioid Assistance and Referral line.

► **If you are interested, please take a couple of minutes to complete the [interest form](#) and we will be in touch soon.**

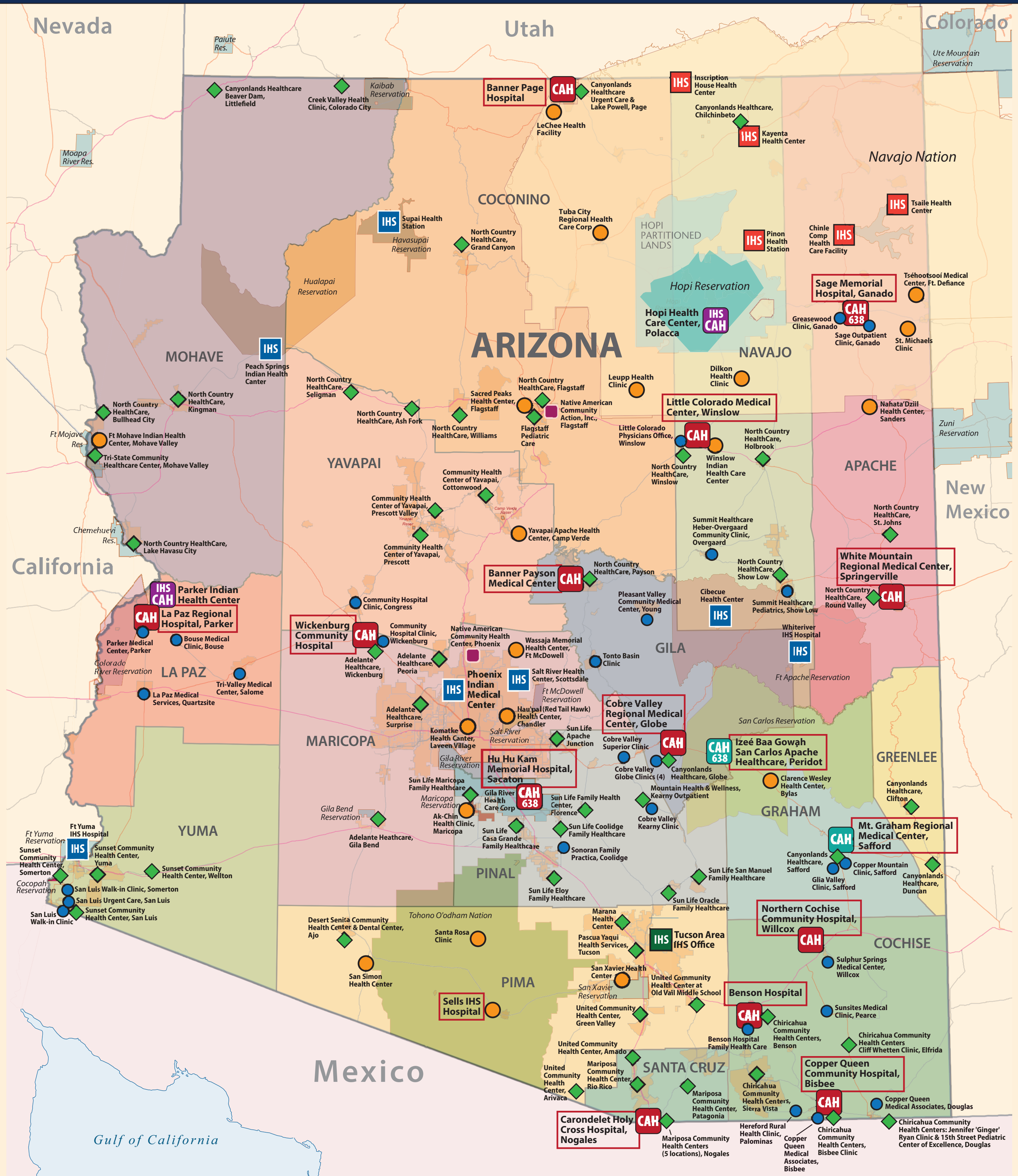
For more information visit our [website](#) or contact Bridget Murphy at: bridget@arizona.edu



This training was supported by Grant number H797081709 funded by the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.

Arizona's Rural Health Safety Net

Design: Paul Akmajian (Updated 8/15/20)



CAH Critical Access Hospital (CAH)

IHS CAH Critical Access + IHS Hospital

CAH 638 CAH + Tribal Operated (PL 638 Site)

CAH Considering CAH status

SHIP participating hospitals

IHS Phoenix Area IHS

IHS Tucson Area IHS

IHS Navajo Area IHS

○ Tribal Operated (PL 638 Site)

■ = Urban Indian Health Centers

◆ Federally Qualified Health Centers in rural areas

● Rural Health Clinics



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crh.arizona.edu/map-room

Dan Derksen MD, Director
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Agnes Attakai, Dir. Health Disparities Outreach

**Opioid Prescribing CME Courses:
Responding to the Public Health Emergency**

A series of online courses offering free **AMA PR Category 1 Credit™** to help Arizona prescribers incorporate into practice the Arizona Opioid Prescribing Guidelines.

Click HERE

Learning Objectives

- Appropriately use a range of therapeutic options when managing patients with chronic pain.
- Comply with current opioid risk-management practices, including the use of pain contracts and urine drug testing.
- Educate patients on the proper use, storage, and disposal of opioid medications.
- Use preferred modalities and medications for the treatment of acute and chronic non-terminal pain.
- Assess when it would be appropriate or not for a pregnant patient to undergo medically-supervised withdrawal from heroin.
- Determine the initial post-delivery treatment plan for an infant exposed to maternal methadone during pregnancy.

Current opioid prescribing guidelines are intended to reduce overdose deaths, the risks of overprescribing in terms of dosage and duration of treatment resulting in opioid use disorder, addiction, morbidity and mortality. Through Continuing Medical Education (CME) online virtual lecture hall modules, prescribing physicians will learn contemporary non-opioid approaches to the treatment of acute and chronic pain, opioid risk management strategies, and current national and state guidelines and regulations.

Learners will manage virtual patients in the following courses:

- Introduction to Safe Prescribing of Opioids for Pain Management
- Safe and Effective Opioid Prescribing While Managing Acute and Chronic Pain
- Managing Opioid Misuse Disorder in Pregnancy and Neonatal Care

Developed in Partnership with:
• Arizona Prescription Drug Misuse & Abuse Initiative
• Arizona Department of Health Services
• University of Arizona College of Public Health
• University of Arizona College of Medicine

All courses offer AMA PR Category 1 Credit™

Supported by CDC Grant Number 1U19CE002171-01 and by a grant from the Arizona Governor's Office for Youth, Faith, and Families (ADHS14-0671943)

AzCRH has worked with the Arizona Department of Health Services (ADHS) since 2014 to address and prevent opioid overdoses, morbidity and mortality in Arizona and collaborated on state and federal grant initiatives.

This year, the Prescription Drug Overdose (PDO) Program was expanded to include the Overdose Data to Action (OD2A) grant funded by the Centers for Disease Control & Prevention (CDC). These interagency services agreements (ISAs) focus on community health workers and representatives (CHW/Rs), and partnerships with the Health Services Advisory Group, (HSAG), Arizona Community Health Workers Association (AzCHOW), the UArizona Comprehensive Pain and Addiction Center (CPAC), UArizona Office of Continuing Medical Education, Substance Misuse Prevention Coalitions and County Health Departments.

Under the ADHS-CDC Overdose Data to Action ISA, AzCRH is:

1. Conducting a statewide needs assessment with healthcare organizations on their status implementing opioid stewardship programs. These include best practices on preventing opioid use harm, identifying at-risk patients, and referring to treatment when needed,
2. Providing opioid use disorder technical assistance, supporting linkages to care and achieving statewide coordination of effective opioid prevention activities, and
3. Training Community Health Workers/Representatives on how to recognize and respond to an opioid overdose using naloxone.

Through its PDO program, AzCRH (1) trained medical providers to use the Controlled Substance Prescription Monitoring Program, (2) developed CHW/R naloxone training materials, (3) Worked with EMS agencies to coordinate follow-up care for opioid overdose patients, and (4) created and marketed opioid-related, online continuing medical education. As of August 31, 2019, over 8,600 providers nationally and 5,500 in Arizona completed one of four CME courses. Among Arizona providers, approximately 3,000 MDs and DOs completed these CME courses.

PDO Program efforts have been instrumental in promoting key opioid prevention resources. Healthcare providers are encouraged to use these **FREE** Arizona resources:

- Online opioid, substance use, and addiction related CME at <https://www.vlh.com/azprescribing/> or <http://AzRxEd.com/>
- [2018 Arizona Opioid Prescribing Guidelines](#)
- [Arizona Emergency Department Prescribing Guidelines](#)

AzCRH trains CHW/Rs to recognize an opioid overdose and respond using naloxone, the opioid overdose reversal drug. CHW/Rs are lay health workers with close connections to their communities. They have unique skill sets and competencies allowing them to serve their community, friends and family with culturally appropriate overdose education and prevention.

In FY'20, AzCRH transitioned to online, interactive training. Request a training at crh.arizona.edu/programs/naloxone.

Many Arizonans struggle with Opioid Use Disorder (OUD) and accidental opioid overdoses. Opioids include heroin, prescription drugs (like hydrocodone and oxycodone), and other drugs laced with illegally manufactured fentanyl (a strong and potentially lethal opioid). OUD is a medical condition that increases an individual's risk for fatal overdose. Naloxone is a life-saving opioid overdose reversal drug that can be used by anyone to save lives if used quickly and properly.



What is naloxone?

Naloxone (Narcan®, Evzio®) is a drug that can temporarily reverse an opioid overdose. Naloxone is safe, and there are no adverse effects besides possible withdrawal. In Arizona, everyone can carry and buy this naloxone to use in suspected opioid overdoses.

Why carry naloxone?

When a person overdoses from an opioid, they have about 4 minutes before being at risk for death. Having naloxone ready can extend this time long enough to get the individual medical care. Opioid overdoses can happen to anyone using any kind of opioid.

Where can I get naloxone?

Arizona has a standing order for naloxone; pharmacies sell it over the counter. Non-profits and County Health Departments offer naloxone. Licensed health providers can co-prescribe naloxone so that naloxone comes with the prescribed opioid. See: spwaz.org/arizonanaloxone/

Nasal spray

1—Remove naloxone nasal spray from the box.



2—Peel back the tab with the circle to open the naloxone nasal spray.

3—Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



4—DO NOT PRIME OR TEST THE SPRAY DEVICE. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

5—Press the plunger firmly to give the dose. Remove the spray device from the nostril.



6—If no reaction in 2-3 minutes or if person stops breathing again, give the second dose of naloxone in the OTHER nostril using a NEW spray device.

Why do some people not seek help for substance use?

- Limited treatment options in some areas
- Stigma – what will my family, friends think?
- Personally accepting “I have an opioid use disorder”
- Treatment affordability, accessibility, quality
- Fear of withdrawal, arrest, isolation
- Unsure where to go for help
- Unsuccessful attempts at quitting

Summer 2020 RHPP internship participants were asked about their projects and interests:



Anette Real Arrayga, MPH, Health Behaviors Health Promotion

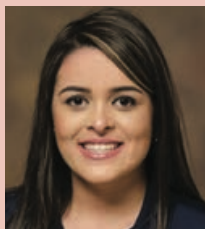
“Through this internship, I am learning more about farm

workers, one of our most vulnerable communities. By understanding the health challenges these groups of people face, and the origins of these challenges, I gain a greater understanding of where the solutions to these problems can be found. This internship gives me the opportunity to apply my knowledge, interests, and skills for improving health outcomes of this vulnerable population.”



Emmanuel Gonzalez Figueroa, PhD, Environmental Health Sciences

“Rural communities face multiple health disparities and inequities as result of decades of adverse policies against them. I decided to study Environmental Health Sciences because it is the bridge between laboratory research and communities. My area of focus is air quality. Every day we monitor what we consume and watch what goes on our skin. However, it is unlikely to think if the air we breathe is safe.”



Marisol Valdivia, Pharmacy

“By having the opportunity to participate in this internship I will acquire more knowledge about rural areas and public health. Most importantly, I want to learn the role and impact a pharmacist can have within these communities.”

The AzCRH Rural Health Professions Program (RHPP) at the Mel & Enid Zuckerman College of Public Health (MEZCOPH) is a partnership with the Arizona Area Health Education Program (AzaAHEC) and its five Regional Centers: CAAHEC (Phoenix), EAHEC (Globe), NAHEC (Flagstaff), SEAHEC (Nogales), and WAHEC (Yuma).

The AzCRH RHPP program traditionally offers five graduate-level service-learning academic courses which allow active learning and reflection on achieving health equity and eliminating health disparities. The goal to increase public health students who graduate and serve rural and underserved Arizona populations is working: 76% who participated now work in underserved areas or in organizations serving these populations in Arizona.

In 2019-20, 45 MEZCOPH students participated in service-learning courses and activities. These 45 students were: 84% female, 40% Hispanic, 16% mixed race, 4% Black/African American, and 4% Asian. Forty-two percent grew up in a rural area, and 56% grew up in Arizona.

As a result of the COVID-19 pandemic, the in-person service-learning course with NAHEC was transformed to support 12 summer internships for MEZCOPH students working on community issues including air, water, and food safety; climate change; farm worker and immigrant health.

The AzCRH RHPP program administers the interprofessional AHEC Scholars Program, with the RHPPs housed in the UArizona’s Colleges of Nursing, Medicine (Tucson and Phoenix), Public Health, and Pharmacy; the ASU College of Nursing and Health Innovation; and the NAU School of Nursing. The AHEC Scholars Program is two-year, field-based, experiential learning between students, faculty, and community members in rural or underserved Arizona communities.

In 2019-20, the AzCRH RHPP AHEC Scholar Program graduated its first AHEC Scholar cohort at the annual AzaAHEC RHPP meeting in April 2020, continued to engage the second Scholar cohort in Arizona’s communities, and recruited its third Scholar cohort.



Zoe Baccam, MPH student: One Health

“I have passion for health disparities and minority health within rural and

public health. I especially care about how disease disproportionately affects vulnerable populations. I want to be an advocate and a voice to fight for these populations that are not given the proper resources to fight disease and want to help them have a higher quality of life.”



Steve Hadeed, PhD candidate in Environmental Health Sciences

“My internship focused on analyzing primary data collected

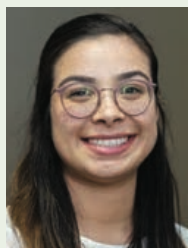
from households on Hopi Lands, as part of the Hopi Environmental Health Project (HEHP). This involved working directly with Hopi tribal partners under the guidance of PIs Robin Harris and Mary Kay O’Rourke. The objective was to assess the household, spatial, and temporal factors associated with indoor radon concentrations.”

The UArizona *White House Healthy Campus Challenge* winning program engages students in health insurance/coverage assistance, eligibility and enrollment.

AzCRH trains UArizona students as Certified Assisters. Students learn about the U.S. health system, both public coverage (Medicaid-AHCCCS, Children’s Health Insurance Program-CHIP-KidsCare, Medicare) and health insurance (Arizona Marketplace, other private and employer sponsored health insurance), the Affordable Care Act, Social Security Act, and other programs, laws, and regulations that affect how Arizonans are covered and access health services.

The COVID-19 pandemic hit Arizona hard in 2020, with alarming infection and death rates particularly in the elderly, and in American Indian, Hispanic/Latino, African American, and rural communities and populations. Many Arizonans lost their jobs, and thus their employer sponsored insurance. Now more than ever, there is a pressing need for trusted, timely assistance with eligibility determination and enrollment in the state’s Medicaid (AHCCCS), CHIP (KidsCare) and Arizona’s federally facilitated health insurance (ACA) marketplace. Access to care starts with health coverage and insurance. In 2019-20, Project Share served over 100 consumers with health coverage/insurance questions, eligibility determination and enrollments.

Thank you to our SHARE Leaders and student volunteers for offering services in Arizona.



Patricia Monterrey
College of Public Health
Masters Student



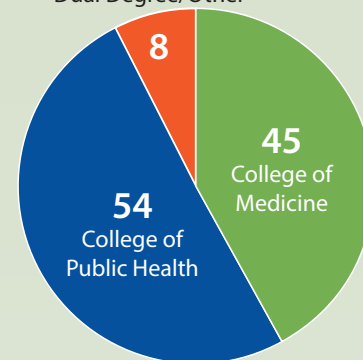
Jordan Flake
College of Public Health
Masters Student



Kendra Marr
MD/PhD College of
Medicine Student

**Students Trained as
Certified Assisters
(2015 to 2020):
96 students**

Nursing/Pharmacy/
Dual Degree/Other



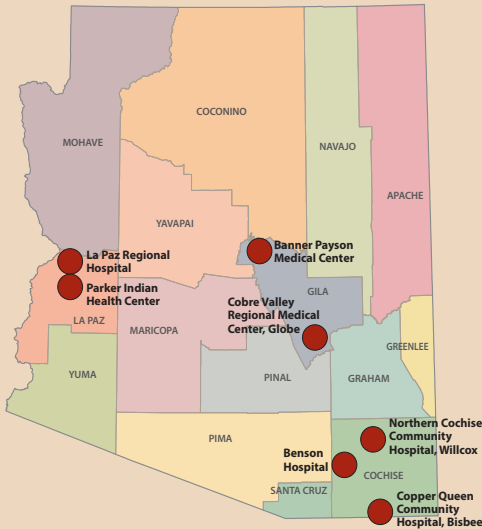
For help with your insurance questions, schedule an appointment at coveraz.org/connector or contact your local Community Health Center at www.aachc.org/community-healthcenters/map/

Interested in the SHARE Coordinator internship? Check out our internship website at crh.arizona.edu/programs/internships.





Rural Arizona Connects Partners



**Be Connected Support Line:
1-866-4AZ-VETS (429-8387)**

www.BeConnectedAZ.org

The Rural Arizona Connects program is a partnered effort between AzCRH and the Arizona Coalition for Military Families (ACMF) Be Connected program to address the health and social needs of rural Arizona active military, veterans, and their families.

This project focuses on suicide prevention among veterans using an upstream approach. Risk of suicide in veterans is three to four times greater than the general population, and even higher for veterans living in rural communities.

Rural Arizona Connects is funded by Blue Cross Blue Shield through their public health Mobilize AZ initiative. The project delivers the nationally recognized Be Connected program to rural Arizona, focusing on the southwestern corridor.

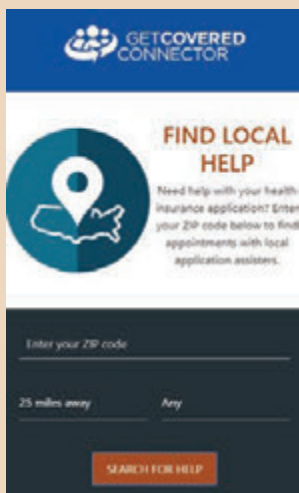
Be Connected strengthens access to support services and resources for active military, veterans, families, and helpers. Services include: a support line; community-based navigators who connect active military, veterans, and family members with available services; and community training.

Since Rural Arizona Connects began in December 2019, AzCRH connected Arizona's 15 Critical Access Hospitals (CAHs), affiliated Rural Health Clinics (RHCs), and community organizations to Be Connected resources. Marketing reached over 50,000 rural Arizonans.

AzCRH distributed Be Connected materials to the 10 rural COVID-19 serum antibody testing sites at rural and critical access hospitals. Rural Arizona Connects facilitates partnership between Be Connected and Arizona's CAHs, RHCs, and community organizations. It delivers marketing tools and resources to rural Arizona's active military, veterans, families, and helpers to reduce veteran suicide in rural Arizona, and connect those at risk with community resources.

Alyssa Padilla, Bryna Koch, Ariel Tarango, Maria Losoya
crh.arizona.edu/programs/health-insurance-assistance

AZCRH HEALTH INSURANCE ASSISTANCE



coveraz.org/coverage-matters/coverage-matters-choose-well/

Health insurance/coverage helps Arizonans access affordable health care and supports healthy communities. Ariel Tarango and Maria Losoya, and Project SHARE volunteers are Certified Assisters working in rural and underserved Arizona to increase health insurance/coverage for rural populations.

Bryna Koch, MPH and Alyssa Padilla, MPH monitor health insurance/coverage policy at the state and federal levels and support the efforts of the state-wide health insurance coalition Cover Arizona.

AzCRH certified assisters provide community education on health insurance/coverage programs and offer one-on-one appointments to help with eligibility questions and enroll eligible Arizonans in: Medicaid/AHCCCS; CHIP/Kid-sCare, and ACA Marketplace health coverage and insurance plans.

Certified Assisters are state and federally certified to provide impartial, unbiased assistance to Arizonans on their health insurance options and enroll in a plan that best meets their needs.

The AzCRH Internship Program provides opportunities for undergraduate and graduate student internship and dissertation projects in Arizona’s rural and urban underserved areas. AzCRH interns worked on program design, implementation, evaluation, and other projects. Some are paid student employees for professional development experiences.

Internship Highlights:

Bianca Avalos, MPH graduated from MEZCOPH in May 2020. Ms. Avalos helped create AzCRH evaluation tools for the Community Health Worker/Representative Naloxone training. She now works at the Maricopa County Department of Public Health as an Epidemiological Disease Investigator for COVID contract tracing.

Patricia Monterrey will graduate (MPH student) in 2020. Ms. Monterrey coordinated Project SHARE and hosted over 100 health insurance enrollment appointments for Arizonans, a SHARE student record!

Amy Capone, graduated from the UArizona College of Medicine-Tucson in May 2020 and plans to complete her MPH in 2020. She helped create the AzMAT Mentors Program evaluation plan and tools.

Thanks to our student employees **Aimee Gutierrez, Aaron Yoder, and Selenne Yescas!** We appreciate your support on our federal and state funded projects! Ms. Gutierrez coordinated naloxone trainings for Community Health Workers; Mr. Yoder researched causal effects of opioid use disorder; Ms. Yescas translated into Spanish the Community Health Workers naloxone training materials.

Congratulations to our 2019/2020 interns and graduates! Bear down.



Bianca Avalos, MPH, graduated May 2020. Congratulations, Bianca!

Summer 2020 RHPP internship participants were asked about their projects and interests (continued):



Namoonga Mantina, MSPH/PhD, Health Behaviors Health Promotion

“My research interests are in mental health, health equity, and minority health. While at MEZCOPH, I hope to gain expertise in the utilization of behavioral change models to impact long term health outcomes. The culmination of my academic pursuits is to work in Public Health at the community level-through community mobilization and participation- to foster the development effective and sustainable normative cultures of health and wellbeing within the respective social/cultural contexts.”



Aaron Yoder, MPH, Biostatistics

“I am interested in rural health because I believe that I can use the skills developed through studying public health to benefit underserved communities through primary prevention.

I am working with Sheila Soto, the project coordinator for the Mel and Enid Zuckerman College of Public Health Primary Prevention Mobile Health Unit and Dr. Roe and Dr. Rosales. The goal of the internship is to analyze the National Agricultural Workers Survey to develop policy recommendations for future interventions conducted by the Mobile Health Unit in rural Arizona.

Through my internship, I hope to gain practical experience that will help me analyze and utilize data to direct interventions in rural and underserved communities in future projects.”

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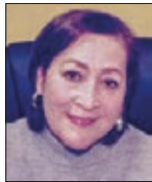
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FY 1st Quarter

Action Items:

- AzCRH Annual Report: July
- FR-CARA monthly reports: July, Aug, Sept
- SORH Grant Yr starts: Jul 1
- RHPP Grant Yr starts: Jul 1
- RHPP Border Health Course: August
- SORH PIMS Due: Aug 30
- Flex Grant Yr starts: Sept 1
- RHPP Annual Report: Sept 2
- ADHS Rx Drug Qtrly Report: Sept 15

FY 2nd Quarter

Action Items:

- ADHS Rx Drug Annual Report: Oct 30
- FR-CARA Monthly reports: Oct, Nov, Dec
- FR-CARA Progress report 4: Oct 31
- Flex Year End Report: Nov 15
- Marketplace Open Enrollment: Oct 15 - Dec 7, 2020
- SHIP NCC Released: Dec 1 (est.)
- SORH NCC Released: Dec 1 (est.)
- ADHS Rx Drug Qtrly Report: Dec 15
- RHPP Semi-Annual Report: Dec 30

FY 4th Quarter

Action Items:

- ADHS CHW Monthly Report: April 1, May 1, June 1
- FR-CARA Monthly reports: April, May, June
- FR-CARA Progress report 5: April 30
- RHPP Rural Health and Tribal Health Service-Learning Courses: May
- AzCRH Rural Health Conference: June
- SHIP Grant Yr starts: June 1
- ADHS Rx Drug Qtrly Report: June 15

*UA Fiscal Year begins July 1



FY 3rd Quarter

Action Items:

- AzCRH Rural & Public Health Policy Forum: January
- RHPP Phoenix Service-Learning Course: January
- RHPP FCH Tucson Service-Learning Course: February
- FR-CARA Monthly reports: Jan, Feb, Mar
- SHIP CC Due: Mid-Feb
- SORH NCC Due: Mid-Mar
- ADHS Rx Drug Qtrly Report: Mar 15
- Flex NCC released: Mid-Mar

Want to know more?
Visit: crh.arizona.edu/map-room



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health

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