



ARIZONA
CENTER FOR
RURAL HEALTH

2011-2012 Report
Service **Education** Research

Cover Photograph by Ken Miller

For more information about our programs and projects, please
visit our web site: <http://crh.arizona.edu/> or call 520-626-5823

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MEL AND ENID
ZUCKERMAN COLLEGE
OF PUBLIC HEALTH
Center for Rural Health

Photograph by
Ken Miller

A year of change

Welcome to the first annual report of The Center for Rural Health (CRH), housed at the University of Arizona Mel and Enid Zuckerman College of Public Health. We hope that you will enjoy reading this report and that by reading it, your awareness of, and interest in, rural health issues might be increased. Please feel free to contact the individuals listed in this report – we welcome partnering with others who share our passion for rural health.

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Recognizing our challenges

Birtherd out of the Rural Health Office (RHO), the CRH builds upon the three decades of experience of the RHO and the vision of its founder, Dr. Andrew W. Nichols. As an official university-designated center, the CRH assumes new roles and responsibilities and its director reports directly to the Dean of the Mel and Enid Zuckerman College of Public Health, Dr. Iman Hakim. The CRH continues to have the same mission as the former RHO and its staff remains committed to improving rural health in the state of Arizona. At the same time, this change to a center positions the CRH well for growth and to pursue new opportunities.

A change in directors

At the end of June 2011, Alison Hughes, the Director and long-time staff member of the RHO, retired. While her loss is significant and felt by all, fortunately Ms. Hughes remains engaged in rural health issues and is currently serving on the executive board of the Arizona Rural Health Association. Please see our tribute to Ms. Hughes later on in this report.

In August 2011, the first director of the CRH was appointed, Dr. Neil MacKinnon. Neil joined the CRH from Nova Scotia, Canada, where he was a Professor at Dalhousie University. With a clinical background as a pharmacist and research

Mission to help improve the health of rural individuals, families, and communities through service, education, and research.

background as a health services researcher, Neil grew up and worked in the predominantly rural setting of Atlantic Canada. The landscapes of Nova Scotia and Arizona couldn't be more different, yet the issues related to rural health are remarkably similar. Neil's wife, Leanne, is an Arizona native and they have family throughout the state.

Other notable changes

The CRH welcomed several new staff members over the past few months: David Bui, Jill Bullock, Vaira Harik, Elizabeth Kiser, and a visiting scholar, Cheyanne Boehm. The CRH joined others across the country in celebrating the inaugural National Rural Health Day (see attached photo). The following pages detail the specifics of the CRH's programs and activities of its personnel.



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Despite the changes, the same challenges and opportunities remain

Clearly much works remains to improve access to care, reduce the costs of cost, increase the quality of care and optimize the safety of care in rural Arizona and rural America. The staff of the CRH are passionate about these issues and are actively involved in service, education and research to improve rural health, as will now be reviewed.



Rural Women's Health Network Mission:
We are a statewide network that coordinates and improves health outcomes for rural and underserved women in Arizona.

State Office of Rural Health

The State Office of Rural Health Program is an initiative of the Federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services. Continuously funded since 1990, the Arizona State Office of Rural Health (AzSORH) program is designed to meet ongoing and emerging health-related needs throughout rural areas of the state. The goals of the program are to: 1) improve collection and dissemination of information; 2) coordinate rural health resources and activities statewide; 3) provide technical assistance to rural communities; 4) encourage recruitment and retention of health professionals in rural areas; and 5) participate in strengthening state, local, federal, and cross-border/binational partnerships.

Building Rural Health Networks

During times of declining budgets and resources, connections between groups with similar goals becomes vital. Networks allow member organizations to pool their expertise and resources to build the group's capacity to promote health - better together. AzSORH provides technical assistance to help rural organizations form networks and become self-sustaining. AzSORH is involved in several rural networks, including the Arizona Rural Women's Health Network, Santa Cruz County Adolescent Wellness Coalition, and Arizona Border Communities Health Network "Redes Sin Paredes." AzSORH's work includes providing guidance during the network planning process, assisting with development grants, and providing subject matter expertise. In 2011, the Arizona Rural Women's Health Network and Santa Cruz County Adolescent Wellness Coalition both received 3-year Rural Network Development grants, each worth more than \$450,000, from the Federal Office of Rural Health Policy.

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Rural Women's Health Initiative

AzSORH's Rural Women's Health Initiative addresses multifaceted issues around women's health in rural communities. Through this initiative, the Arizona Rural Women's Health Network was established in 2008 with a one-year Rural Health Network Planning grant from the Federal Office of Rural Health Policy. In 2011, the Network obtained a 3-year Rural Network Development grant to develop a sustainable, statewide network that coordinates programs and services in order to improve access to health care and, ultimately, health outcomes for women and their families living in rural, border and tribal communities in Arizona. The Initiative also conducts applied research to determine rural women's health literacy levels and preferred sources of health information. Result of this research will be used to develop appropriate health education and health promotion materials for rural women. In addition, the Initiative produces a newsletter entitled *Health Matters for Rural Women*, which is a source for news and information sharing about the health of rural women in Arizona. This newsletter presents relevant and useful topics, creates conversations, and provides a space for rural communities, health professionals, and women living in rural communities to explore health-related topics.

3R Net

The National Rural Recruitment and Retention Network for Healthcare Professionals (3RNet) serves as a clearinghouse for over 5,000 communities across the country where medical professionals connect with federal, state, local and other medical staff recruiters. Members are state based not-for-profit organizations such as State Offices of Rural Health (SORH), Advanced Health Education Centers (AHECs), Cooperative Agreement Agencies and State Primary Care Associations. The Arizona 3RNet program provides assistance to medical providers seeking positions in rural Arizona and to medical facilities offering employment opportunities for health care providers in rural Arizona. The Center partners with the Arizona Department of Health Services, Bureau of Health Systems Development, and the Arizona Association of Community Health Centers in facilitating placement of much needed health professionals. Through this site, www.3rnet.org you can review or post job opportunities.



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Photograph by
Jill Bullock

Arizona Rural Health Policy Assemblies

The Center for Rural Health coordinates with partner agencies to conduct regional Rural Health Policy Assemblies to bring together stakeholders in health care services and the public to explore regional issues impacting the delivery of care, along with potential solutions to challenges faced in the region. In 2009-2010, regional assemblies were conducted in Lake Havasu City (Mohave County), Bisbee (Cochise County), and Tuba City (Northern Arizona). Each regional assembly focused on a variety of topic areas identified by the conveners representing regional partners.

The most current Forum took place on February 16, 2012, at the Marana Health Center (MHC). It was hosted by the Children's Action Alliance in collaboration with the Marana Health Center, the Arizona Association of Community Health Centers, and our Center. The conversation sought to identify the challenges faced by both those seeking and providing healthcare in rural Arizona communities like Marana. Over 50 individuals from the community and surrounding areas attended the event. The full report can be found at <http://crh.arizona.edu/sites/crh.arizona.edu/files/pdf/CRH%20Marana%20Conversation%20Report.pdf>

Rural Behavioral Health Assessment

In April 2011, AzSORH published *On the Edge of Opportunity: A Review of the Public Behavioral Health System in Rural Arizona*. Based on an 18-month review project, the report provides important views on ways in which the rural Arizona public behavioral health care system is working well and where there are challenges and opportunities for improvement. It ends with nine recommendations that require policy formation or change, additional study, or more education and training. We are currently distributing the report and building collaborations to address some of the recommendations.

Conference & Forum

Annual Arizona Rural Health Conference

For the past 39 years the Center for Rural Health has hosted the Annual Arizona Rural Health Conference making it one of the longest continually running rural health conference in the United States. In the past years, we have collaborated with the Arizona Health Facilities Authority, Arizona Area Health Education Center and the Arizona Rural Health Association.

Each year, a statewide planning committee selects the conference theme and tracks. The conference attracts representatives from several agencies and community members with an interest in rural and tribal issues who are seeking to build and strengthen partnerships and new ideas/models for projects and programs in their community. The conference provides an environment for networking and dissemination of educational material by offering a variety of events such as general sessions, workshop and poster presentations, and pre and post conference sessions, and exhibits. Exhibitors demonstrate how their services or products can enhance an organization's viability. The last conference was held in August 2011 in Phoenix, Arizona.

Rural and Public Health Policy Forum

The decisions of policy makers have a profound effect on the health of rural Arizonans. Recognizing the key role public policy plays in health, the Center for Rural Health sponsors an annual Arizona Rural and Public Health Policy Forum at the state capitol in Phoenix in partnership with the Arizona Rural Health Association and the Arizona Public Health Association. Each year the Forum focuses on critical issues affecting access to health care for rural Arizonans. Those attending include legislators and a large representation from several disciplines and agencies statewide. The last forum was held in the Arizona State Capitol Building on January 19, 2012.

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Jill Bullock

Mission: Through the work of its Action Teams, the Southwest Rural Policy Network is a voice for Economic Development, Environment, and Health, all within the rural context.

Southern Arizona Battered Immigrant Women Project

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The Southern Arizona Battered Immigrant Women Project (BIWP) helps to develop resources and provide outreach and training to organizations that interact with immigrant women who may be victims of domestic or sexual violence. Maia Ingram and Jean McClelland are now in their 10th year of providing technical assistance to Task Forces in Graham, Greenlee, Cochise, Pinal, Pima, Santa Cruz and Yuma Counties.

Undocumented immigrant women face challenges beyond those experienced by other women in the US such as isolation in a foreign country, constant fear of deportation, and believing they must rely on their spouse to gain legal status. In rural areas, limited programs and resources exacerbate these challenges. The BIWP goal is to improve access to culturally appropriate services for immigrant victims, thereby ensuring their rights under the Violence Against Women Act (VAWA), and its mission of safety and empowerment for victims of sexual and domestic violence.

The Task Forces have trained thousands of service providers--law enforcement, health care professionals, educators, victim advocates, legal service providers and community members, regarding rights and proper response to survivors. We have assisted in bringing together key individuals from multiple community sectors to develop and implement effective mechanisms for coordinated response and support for immigrant victims. Our efforts have culminated in development of the online Community Tool Kit for Coordinated Community Response for Immigrant Victims of Violence, designed collaboratively to serve as a guide for creating an effective and safe system to provide continuity and holistic support to victims and their families.

Southwest Rural Policy Network

The Center for Rural Health is a member of the five-year-old Southwest Rural Policy Network. The Network is a diverse group of organizations that have come together with the goal of influencing policy for the betterment of rural communities. The SWRPN fosters personal and professional connections, shares best practices, and designs new strategies for change. The network is a member of the Rural People, Rural Policy family of networks. The SWRPN is comprised of 14 member organizations, located in Arizona, New Mexico, and Colorado. Each organization focuses their individual efforts on a variety of social issues that affect the communities of the rural Southwest. The Network's collaborative approach combines the skills of these rural advocates and builds a cohesive and comprehensive voice for the rural Southwest.



Photo courtesy SWRPN
Southwest Rural Policy Network members work together to create a policy statement about Arizona Senate Bill 1070.

Within the Network, three Action Teams (ATs) focus on regional and national issues. Over this past year, the ATs collectively secured approximately \$65,000 for specific projects and the SWRPN secured Operational and Technical Assistance funds totaling \$100,000 from the Rural Policy Action Partnership, the entity overseeing the management of the Kellogg initiative.

To learn more about the SWRPN, please visit the website at www.SouthwestRuralPolicyNetwork.org

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Rural Hospital Flexibility Program

Back in 1999, the Center for Rural Health began to organize AZ-Flex. Today, fifteen rural hospitals throughout Arizona have achieved Medicare Critical Access Hospital (CAH) designation. CAH designation restricts a hospital's operations but also offers significant benefit. To become a CAH, a hospital needs to be located in a rural area, have less than 25 inpatient beds, staff a 24-hour Emergency Department, and maintain acute care status with an average patient length-of-stay less than 96 hours. CAH-designated hospitals get reimbursed for Medicare patients at 101% of allowable cost. The rationale underlying enhanced Medicare reimbursement is that rural hospitals, like urban hospitals, have fixed costs but, due to less patient volume, the cost of service increases.

Arizona CAHs can access technical and financial resources. AZ-Flex staff work through collaborative partnership networks to support CAHs: (I) Improve the quality of rural health care; (II) Improve financial and operational performance; and (III) Develop collaborative regional and local health service delivery systems. AZ-Flex resources have supported Rural Trauma Team Development (programs organized through Banner Health System); Level IV Trauma Center designation (in collaboration with ADHS, Division of EMS); medical quality improvement (in collaboration with Health Services Advisory Group), among other initiatives.

Rural hospitals are at the center of a community's health care system. They increase access to timely care during medical emergencies; house ancillary services such as laboratory, pharmacy, diagnostics and outpatient care; and offer a source of comfort for families who receive care closer to home. Arizona's rural hospitals are also at the center of a rural community's economy. One study conducted in 2009 among ten AZ-CAHs found that the hospitals employed 2,485 residents and directly contributed more than \$150 million to Arizona's economy.

Quoting one SHIP hospital CEO, "The SHIP grant program is very well organized and we appreciate any help that is available to comply with the many mandates facing this small rural hospital."

Arizona's Critical Access Hospitals

- | | |
|---|---|
| 1. Page Hospital | 10. Northern Cochise Community Hospital |
| 2. Hopi Health Care Center | 11. Benson Hospital |
| 3. Sage Memorial Hospital | 12. Carondelet Holy Cross Hospital |
| 4. Little Colorado Medical Center | 13. Copper Queen Community Hospital |
| 5. Parker Indian Health Center | 14. Southeast Arizona Medical Center |
| 6. Wickenburg Community Hospital | 15. Florence Medical Center |
| 7. White Mountain Regional Medical Center | |
| 8. Cobre Valley Regional Medical Center | |
| 9. Hu Hu Kam Memorial Hospital | |

(<http://crh.arizona.edu/programs/service/flex>)

Small Hospital Improvement Program

The Small Hospital Improvement Program or SHIP is a grant program funded since 2002 by HRSA/ORHP and is targeted for the nation's small rural hospitals. Over the nine past years, approximately \$1,000,000 or an average of \$8,000 per year, has been awarded to each of the 14 Arizona hospitals under 50 beds. This valuable federally funded program allows the Center for Rural Health to assist small rural hospitals in supporting activities required to meet Medicare program requirements. For FY 2011, 16 rural hospitals received grant funds, an increase of 2 hospitals. Program focus areas have changed over the years but for the past two years project activities focus on issues involving the Prospective Payment System (PPS), Value-Based Purchasing, Accountable Care Organizations, and/or Bundled Payments.

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Rural Health Professions Program

The University of Arizona Mel and Enid Zuckerman College of Public Health, Rural Health Professions Program is a partnership with the Arizona Area Health Education Centers that provides resources to support service learning experiences for students that will encourage them to consider practice in a rural area after graduation. Service-learning is a credit-bearing, educational experience in which students: 1) participate in service activities that meet identified community needs and 2) reflect on the service activities in to gain further understanding of course content, a broader appreciation of public health, and an enhanced sense of civic responsibility.

The program supports the development and implementation of new service learning courses as well as the integration of service learning into existing courses offered by the college and provides support for Masters of Public Health internships in Arizona's rural communities.

The CRH is also developing MPH and DrPH rural training tracks and is involved with the Area Health Education Center in implementing a post-doctoral rural health outcomes program.

Rural Health Internship Grants

As part of the College curriculum, Masters students must complete an internship experience at a community site. The Rural Health Professions Program encourages these students to consider conducting internships in Arizona's rural areas. The program provides \$5,000 stipends to help students offset the cost of travel to, and accommodation in, rural and underserved Arizona communities. 2011 stipends supported internship projects on the Hopi Nation, Somerton, San Luis area, Flagstaff, IHS in Phoenix, Yuma County, and Nogales.

"The majority of my textbook learning has focused on what's wrong and how we could fix it. It was uplifting to see some great programs in action. The human aspects of health issues are infinitely more powerful than words on a page."

— Catherine Luik, Globe, AZ, Service Learning student

Rural Health Service Learning Courses

Over the past four years, the faculty and professionals at the College have developed and implemented week-long, service learning courses in several Arizona communities. Students and faculty are immersed in the community, participating in service learning activities in partnership with community organizations. In 2011, rural service learning courses were held in Northern Arizona, Douglas, underserved areas of Tucson, Globe and Young, Arizona.

An additional service learning course was developed to work in underserved areas of Phoenix for 2012.



Students in Young, Arizona

Rural Health Policy and Management Practicum

Masters or Doctoral Public Health students enrolled in these one-credit hour courses engage in policy-based collaboration around rural health issues. Students select a project in conjunction with a sponsoring organization contributing a maximum of 40 hours to a project. Two students are working during the Spring 2012 session - one with the Arizona Rural Women's Health Network and the other with a Southwest Rural Policy Network member organization, Amigos Bravos, Taos, New Mexico.

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Photograph by
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Tribal Health Initiatives

Arizona has the third largest American Indian population among all the states. The state’s rural population is 15 percent American Indian, and more than half of Arizona’s 15 counties include reservation lands within their borders.

The Center for Rural Health staff has collaborated with many of Arizona’s sovereign nations to provide leadership and grant writing training, strengthen the American Indian health professional pipeline program, provide capacity building assistance on health promotion/disease prevention interventions, conduct community needs/assets assessments, and train on multi-media health communication/literacy methods. Staff has worked closely with the Inter Tribal Council of Arizona, Inc., the Arizona Department of Health Services, Indian Health Service, tribal colleges, tribal health departments and other federal, state, and local agencies and organizations to improve the health of American Indians in rural Arizona.

exchange educational experiences with faculty, community members and health professionals. More significantly, they share career dreams, shared barriers and how to overcome them. It is inspirational to all to share the stories of returning professionals who themselves were once TMC student participants.

In close collaboration with Main Campus faculty from the Law School, and the Social Development Division of the Arizona Research Laboratories (ARL), the HPP current research emphasis is on a comparative analysis of Informed Consent in professional ethical codes: What can the professions learn from each other?

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Healing Pathways Program

The Healing Pathways Program (HPP)—started in 1992- is a multifaceted minority student outreach program. The HPP provides one-on-one support for individual minority students interested in the health/allied health professions as well as group activities for professional networking and enhanced career opportunities. The collective highlight of the program is its semiannual Talking Medicine Circle (TMC) which has been held continuously since 1993 in Collaboration with the College of Medicine Office of Minority Affairs, and other units on the Main Campus. The TMC is an informal gathering where Native American/Mexican-American, and other pre-health/health professions students-- public health, premed, medical, social work, nursing, pharmacy, pre-veterinarian, dental and other allied health-- meet and network . They share a meal and

Visiting Scholar

Cheyenne Boehm, a visiting scholar from the University of Saskatchewan, was with the Center for five weeks, working on a number of projects with Dr. MacKinnon and staff. Being a Canadian pharmacy student, she was not very familiar with the vast geography or districts in Arizona prior to her arrival. She was quite mesmerized by the hills of Saguaro cactus and the Sonoran desert landscape. She had an incredible opportunity to travel with Agnes Attakai and visit the Tohono O’odham Nations to learn about the preventative health programs they have in place. In her blog at <http://crh.arizona.edu/blog/trip-tohono-o%E2%80%99odham-nations> gives us her perspective on rural health in Arizona through a visit with the Tohono O’odham Cancer Partnership.



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Photograph by Ken Miller

Web and Social Media

The Center for Rural Health’s website (<http://crh.arizona.edu>) is our public portal for community members, researchers, and administrators to access information on our active programs, projects and initiatives. Additionally, the website features up-to-date information on local and national rural health news, events and grant opportunities. The website provides freely accessible resources, including:

- Manuals, guides and toolkits on accessing rural health data sources.
- Guides for rural clinic designation procedures.
- Downloadable maps, media and links to helpful rural health websites.
- A catalog of our published reports, studies and evaluations.
- Materials from our hosted events, including, agendas, minutes and reports.
- Rural health blog and quarterly newsletters.

The center has also established several social media streams, including our Twitter feed (@UACRH), rural health blog (<http://crh.arizona.edu/blog>) and online quarterly newsletter, to connect with our local and wider rural health community members. These social streams allow us to disseminate timely rural health news and reports, while engaging our online partners through sharing resources and information on our hosted events and activities.

National Rural Health Day Celebration

On November 17th, 2011, we celebrated the first annual National Rural Health Day with the National Organization of State Offices of Rural Health. This holiday is an opportunity to celebrate both the power of rural and our rural health community. Our center is only one piece of the public health community in Arizona working to bring better health to people living in

rural and underserved areas. This contest hopes to share with others the work that is being done out in our communities and to showcase all the faces of rural health supporters in Arizona. The Center put together an “I Support Rural Health in Arizona” photo contest that exemplifies what it means to support rural health in Arizona. Read more about it on our website at <http://crh.arizona.edu/ISupport>.



Recognizing Ms. Alison Hughes

The National Organization of State Offices of Rural Health (NOSORH) presented its 2011 awards to five well-respected rural health leaders and a deserving State Office of Rural Health (SORH) on September 8 during the organization’s 2011 Annual Conference in Denver, Colorado. Alison Hughes (left, pictured here with Lisa Davis (Pennsylvania), retired interim director of the Center for Rural Health, received the 2011 James D. Bernstein Mentoring Award. The award named in memory of Jim Bernstein, a rural health pioneer who formed the first state office of rural health in the United States (in North Carolina) is given to a long-time rural health leader who has gone “above and beyond the call of duty” to mentor emerging rural health leaders. Article and picture courtesy of the National Organizations of State Offices of Rural Health and can be found at http://www.nosorh.org/pdf/2011_rural_health_awards.pdf.



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Photograph by
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Arizona Rural Health Workforce Research

Workforce research (2010-2011)

Access to health care is one of the biggest concerns of rural Arizonans. The rural health workforce is the vital link to ensure that rural Arizonans receive the services they need. The Center of Rural Health keeps its finger on the pulse of the rural health workforce to identify employment trends and gaps. The state has several different initiatives in place to encourage health professionals to live and practice in rural areas. The CRH workforce studies help to assess how well those efforts are doing at recruiting and retaining a vigorous workforce.

The CRH is working to complete the second part of the Arizona Rural Health Workforce Trend Analysis. The first part was published April 2011 (<http://rho.arizona.edu/programs/research/workforce-study>) and tracks trends in the numbers of physicians, nurses, dentists, pharmacists and other health professionals working in the state from 2002 to 2006. The second part will track the trends from 2006 to 2010 and will be published June 2012. These Area Health Education Center-funded studies compare data, such as health professional levels between urban and rural counties along with the more precise Rural Urban Commuting Areas. It is important to understand where those health profession students educated in Arizona choose to practice.

Another Area Health Education Center-funded study will begin July 2012 and will estimate the supply and demand of nurse practitioners, certified midwives, and physician assistants in Arizona and is a follow-on study to the Arizona Primary Care Residency Training Assessment and Development study (<http://www.azahec.org/regions/po/index.cfm>) that was published August 2011.

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United States - Mexico Border Health Research

Community Health Workers (CHWs) serve the role of front line public health workers in the U.S.-Mexico border region. In the border region, these workers are commonly known as promotoras/promotores de salud (health promoters/promoters) in communities, except on Indian reservations where they are referred to as community health representatives (CHRs).

The purpose of the Four U.S. Border States' Community Health Worker Training Needs Assessment was to identify the training needs of CHWs to help design effective training programs in the U.S.-Mexico border region. It is hoped that improving the effectiveness of those programs could lead to better health outcomes for the populations served by CHWs. The study comprised of three components: (1) literature review that identified the CHW roles and some of trainings that had been implemented in the border region, (2) CHW employers' identification in the four Border States, and (3) collection of data from CHW employers and reporting of results.

Some of the findings were: two categories of organizational need that could be addressed using CHWs were outreach and health education; different roles were performed by paid CHWs compared with volunteer CHWs; employers sought out individuals who were knowledgeable about their communities; similar top minimum skill areas were sought by employers for both paid and volunteer CHWs; top three greatest training needs reported were language skills, computer training, and advocacy; and the desired skills and traits were different for paid and volunteer CHWs. (Howard J. Eng, MS, DrPH, RPh, Ana Celia Hernandez Martinez, MD, MPH, CHES, and Jasmen Dorian, MSE, MHA).

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