



44TH Annual Arizona Rural Health Conference

*Making the Case for Rural Health
and Wellness*

PROGRAM

JULY 25 & 26, 2017 | FLAGSTAFF, ARIZONA



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

Center for Rural Health

Planning Committee

44th Annual Arizona Rural Health Conference

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Design: Paul Akmajian • Photos: Ken Miller



Dear Colleagues:

Welcome to the 44th Annual Rural Health Conference: “Making the Case for Rural Health and Wellness” in Flagstaff, Arizona!

As Arizona and our nation face health system reform and uncertainty, it is more important than ever to sustain positive gains, address emerging threats, and assure that the health care needs of rural, tribal, and under-served communities are addressed.

We have a terrific program lined up, with speakers eager to share successful strategies, best practice models, and ideas on a variety of topics. The conference provides opportunities for networking, partnering, and disseminating information, research and data, and visiting with vendors showcasing their products and/or services.

The brief bios, presentations and posters demonstrate that our speakers and participants are committed to improve coverage and access to high quality health care, and innovations that improve rural health outcomes.

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AGENDA – TUESDAY, JULY 25

44th Annual Arizona Rural Health Conference | Flagstaff, AZ

7:00 – 8:00 AM Foyer	Check-in, On-site Registration and Continental Breakfast
8:00 – 8:15 Humphrey	WELCOME & OPENING REMARKS Daniel Derksen, MD, Director, Arizona Center for Rural Health
GENERAL SESSION 8:15 - 9:00 Humphrey	ANDREW W. NICHOLS RURAL AND BORDER HEALTH POLICY LECTURE <i>Rural Health and Wellness: Why Policy Matters</i> Paul Moore, DPh, Senior Health Policy Advisor, Federal Office of Rural Health Policy
GENERAL SESSION 9:00 - 10:00 Humphrey	Health Coverage Update for Rural Arizona Daniel Derksen, MD, Director, Arizona Center for Rural Health Marcus Johnson, Director, State Health Policy and Advocacy, Vitalyst Health Foundation
10:00 – 10:30 Foyer	<i>Break, Visit with Exhibitors & Networking Opportunities</i>
CONCURRENT SESSIONS 10:30-11:30	Track 1: Community Health & Adolescent Health Agassiz 10:30 – 11:00 Pathways to Long-Term Recovery: Overdose Prevention and Syringe Access Haley Coles, Executive Director, Sonoran Prevention Works 11:00 – 11:30 Full Spectrum Approach to Wellness: Healthy Living Evidenced-Based Education Wendy O'Donnell, Director, Arizona Living Well Institute at Empowerment Systems, Inc. Jack Beveridge, President and CEO, Empowerment Systems, Inc.
	Track 2: Economic Impact & Workforce Development Doyle 10:30 – 11:00 How Economic Impact Supports Health Care Cheryl St Clair, Associate Director, National Center for Rural Health Works Gerald Doeksen, Regents Professor/Health Economist, Department of Agricultural Economics, Oklahoma State University Greg Ensell, Vice President, Government Relations, Arizona Hospital and Healthcare Association 11:00 – 11:30 Arizona Community Foundation Understanding the Community Impact Loan Fund James Lincoln, Loan Fund Director, Arizona Community Foundation
	Track 3: Access to Care & Health Insurance Coverage Fremont 10:30 – 11:30 AHCCCS and Marketplace Changes for Fall 2017 Allen Gjersvig, Director Navigator and Enrollment Services, Arizona Alliance for Community Health Centers Bryna Koch, Special Projects Coordinator, Arizona Center for Rural Health

<p>11:30 – 12:30 PM</p>	<p>Awards Luncheon - Humphrey</p>
<p>12:30 – 12:45</p>	<p><i>Stretch Break</i></p>
<p>GENERAL SESSION 12:45 – 1:45</p>	<p><i>Making the Case for Arizona AHEC</i> - Humphrey Elizabeth Arrendondo, Director, Western Arizona AHEC Marica Martinic, MHP, Manager, Northern Arizona AHEC Jeri Byrne, MS, Executive Director, Eastern Arizona AHEC Martha McNair, MBA, RDN, Director, Greater Valley AHEC Gail Emrick, Executive Director, Southeast Arizona AHEC</p>
<p>LIGHTNING ROUNDS POSTER PRESENTATIONS 2:00 – 3:00</p>	<p>Track 1: Community Health & Adolescent Health Agassiz</p> <p>Nogales Complete Streets Edgardo Munoz, Board Member, Os3 Bike Movement</p> <p>Utilizing Adolescent Peer Educators to Promote Sun Safety in Southern Arizona Tashina Machain, Program Coordinator, Future Health Leaders, Southeast Arizona Area Health Education Center, SEAHEC Gail Emrick, Executive Director, Southeast Arizona Area Health Education Center</p> <p>Bike Ajo: A Community Health Worker Led Rural Bicycling Hub Martha Monroy, Lecturer and REACH Program Director, Health Promotion Sciences, Mel and Enid Zuckerman College of Public Health Anna Williams, Outreach Manager, Desert Senita Community Health Center Donna Lewandowski, Independent Planning Consultant</p> <p>Track 2: Economic Impact & Workforce Development Doyle</p> <p>Telephone CPR is Independently Associated with an Increase in Initial Shockable Rhythms in Patients with Out-of-Hospital Cardiac Arrest Ben Bobrow, MD, EMS Medical Director, Bureau of EMS and Trauma System, Arizona Department of Health Services</p> <p>Breathing Assessment Techniques in Out-of-Hospital Cardiac Arrest Ben Bobrow, MD, EMS Medical Director, Bureau of EMS and Trauma System, Arizona Department of Health Services</p> <p>Yavapai Healthy Schools Carol Lewis, Health Education Section Manager, Yavapai County Community Health Services</p>

<p style="text-align: center;">POSTER PRESENTATIONS <i>Continued</i> 2:00 – 3:00</p>	<p>Track 3: Access to Care & Health Insurance Coverage Fremont A Community Paramedicine – Primary Care Partnership in Rural Cochise County to Improve Health Outcomes for Severely Ill Elders Monica Vandivort, Assistant Professor, The University of Arizona Developing a Model to Improve Rural Emergency Services Allison Clough, MD, IHS Emergency Department Medical Director Arizona Telemedicine Program Project ECHO Rheumatology Initiative Amy Waer, MD, Associate Dean Curricular Affairs, University of Arizona College of Medicine – Tucson</p>
<p>3:00 – 3:15</p>	<p><i>Refreshment Break</i></p>
<p style="text-align: center;">CONCURRENT SESSIONS 3:15 – 4:15</p>	<p>Track 1: Community Health & Adolescent Health Agassiz 3:15 – 3:45 Data for Social Change & Health Equity Bryna Koch, Special Projects Coordinator, Arizona Center for Rural Health Jennifer Peters, Program Manager, Arizona Center for Rural Health 3:45 – 4:15 The social ecological impact of a backyard gardening program on rural food desert communities in Pinal County, AZ Elizabeth Kizer, MS</p> <p>Track 2: Economic Impact & Workforce Development Doyle 3:15 – 3:45 Identifying and Alleviating Health Workforce Shortage in Arizona Tracy Lenartz, Contractor, Arizona Department of Health Services Ana Roscetti, Workforce Section Manager, AZ Department of Health Services 3:45 – 4:15 Increasing Patient Satisfaction in a Rural Hospital Emergency Department: A Quality Improvement Project Ali Gabriel, Graduate Student, University of Arizona Ken Goranson, Chief Financial Officer, Benson Hospital Teresa Vincifora, Chief Clinical Officer, Benson Hospital</p> <p>Track 3: Access to Care & Health Insurance Coverage Fremont 3:15 – 4:15 Going Beyond the Expected, the University of Arizona College of Medicine- Tucson Rural Health Distinction Track Review and Expectations Carlos Gonzales, MD, Assistant Dean Curricular Affairs, University of Arizona College of Medicine - Tucson; Amy Waer, MD, Associate Dean Curricular Affairs, University of Arizona College of Medicine – Tucson</p>
<p>4:15 – 5:15 Humphrey</p>	<p>BRUCE GULLEDGE LECTURE: <i>Integrated Health Care Systems</i> Gigi Sorensen, Director, Community Connected Care & Telehealth Northern Arizona Healthcare Ryan Harper, Manager, Government Relations, Tenet Healthcare</p>
<p>5:15 – 6:30</p>	<p>Reception: Network with Exhibitors</p>

AGENDA – WEDNESDAY, JULY 26

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7:00 – 8:00 AM Foyer	Continental Breakfast/ Visit with Exhibitors Informal discussions - reflecting on concurrent presentations
GENERAL SESSION 8:00 – 9:00 Humphrey	<i>Dental Therapy, Improving Access to Quality Dental Care in Rural Arizona</i> Kristin Boilini, Director, Dental Care for Arizona Alida Montiel, Health Systems Director, Inter Tribal Council of Arizona Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care
GENERAL SESSION 9:00 – 9:45	<i>Roadmap: Practice and Transformation</i> - Humphrey Melissa Kotrys, Chief Executive Officer, Health Current
9:45 – 10:00	<i>Break and last opportunity to visit with exhibitors</i>
CONCURRENT SESSIONS 10:00 – 11:00	Track 1: Community Health & Adolescent Health Agassiz 10:00 – 10:30 Somerton Community Partnerships Against Bullying Alex Bejarano, Community Liaison, Regional Center for Border Health, Inc. Alex Sachs, Program Manager, PLAYWORKS 10:30 – 11:00 Youth Leadership Development Robert Fleet, President, Arizona Rural Health Association
	Track 2: Economic Impact & Workforce Development Doyle 10:00 – 10:30 Improving Rural Health Through Clinical Training at Community Health Centers Leonard Goldstein, Vice President for Clinical Education Development, A.T. Still University 10:30 – 11:00 Community and Academic Collaboration is a Win-Win for Rural Workforce Development Allen Prettyman, Family Nurse Practitioner Program – Coordinator, University of Arizona – College of Nursing Christy Pacheco, Clinical Assistant Professor; Director, CON Rural Health Professions Program, University of Arizona College of Nursing
	Track 3: Access to Care & Health Insurance Coverage Fremont 10:00 – 10:30 SLWIC/UHC an Affiliated Dental Hygienist Practice in Rural Communities Amanda Aguirre, President & CEO, Regional Center for Border Health, Inc. Isabell Arias, Dental Hygienist, San Luis Walk-In Clinic, Inc. 10:30 – 11:00 Performance Improvement Tool for Rural Primary Care Practices Joyce Hospodar, Program Advisor, Arizona Center for Rural Health

GENERAL SESSION 11:15 – 12:00 Humphrey	AHCCCS Update Tom Betlach, Director, AHCCCS
12:00 – 1:00	LUNCH PRESENTATION <i>Presidents & Health Care from TR to DT</i> Leonard Kirschner, Past President, AARP Arizona WRAP-UP & CLOSING REMARKS Daniel Derksen, MD, Director, Arizona Center for Rural Health



THE UNIVERSITY OF ARIZONA
Arizona AHEC
Area Health Education Centers

The mission of Arizona AHEC is to enhance access to quality healthcare, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through academic-community educational partnerships in rural and urban medical underserved areas.



The Arizona AHEC is proud to sponsor the 44th Annual Arizona Rural Health Conference **“Making the Case for Rural Health and Wellness”**

<http://azahec.uahs.arizona.edu>



Presentation Descriptions

ANDREW W. NICHOLS RURAL AND BORDER HEALTH POLICY LECTURE: *Rural Health and Wellness: Why Policy Matters* – Paul Moore

Aligning public policy with evidence-based strategies to improve the health and wellness of rural and border populations is a slow and grinding process, especially at the federal level. But that is no excuse for resignation to the status quo. Andy Nichols understood the importance of persistence in the policy arena, both as a state legislator and as a national advocate for rural health. Remembering his example and applying his vigilance to the challenges we face today will serve us well as we engage in that process.

***Health Coverage Update for Rural Arizona* – Dr. Derksen and Marcus Johnson**

As Congress deliberates legislative actions that will dramatically shift health care financing, coverage, and access to health services – it's particularly important to understand the implications of such actions on rural America and Arizona.

***Pathways to Long-Term Recovery: Overdose Prevention and Syringe Access* – Haley Coles**

In the midst of an opioid epidemic that has hit rural Arizona particularly hard, we must examine all possible solutions. Overdose prevention and access to the lifesaving drug naloxone (Narcan), as well as syringe access, are often viewed as temporary solutions to a deep rooted problem. This session will examine the evidence base for overdose prevention and syringe access as interventions and conduits for long term recovery, cost savings, and community empowerment. Participants will also gain concrete knowledge to begin naloxone distribution, overdose prevention education, and syringe access in their agencies. Session will include recorded testimony from Arizonans rescued with naloxone, and information on current overdose prevention and syringe access programs in rural Arizona.

Learning Objectives:

- Demonstrate understanding of overdose prevention and syringe access as they relate to stages of change, ethics, and long term recovery.
 - Analyze evidence base for harm reduction in clinical interventions.
 - Understand local policies and scientific evidence surrounding naloxone and syringe access.
 - Gain basic framework for implementing naloxone and syringe distribution programs in communities.
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***Full Spectrum Approach to Wellness: Healthy Living Evidenced-Based Education* – Wendy O'Donnell and Jack Beveridge**

The Arizona Living Well Institute at Empowerment Systems is Arizona's statewide hub for Chronic Disease Self-Management Education (CDSME) programs known as Healthy Living in Arizona. These evidenced-based workshops give people the knowledge, confidence, and motivation to not only manage challenges of living with chronic conditions, but have an overall healthier life. During this presentation we will discuss the various CDSME programs available and the different applications in which they can be utilized, including integration with primary care and behavioral health coverage. We'll show how our web-based and solution Community Referral Network makes it easy for primary care physicians to refer their patients into the Healthy Living program and receive feedback once they have successfully completed the program. CDSME is expanding into new and innovative territory in Arizona. This includes conducting Healthy Living workshops in the correctional setting, using CDSME as an employee wellness program, training Community Health Workers to serve rural communities, and using the Chronic Pain Self-Management as part of medication assisted treatment for opioid misuse and abuse. Following the presentation participants will be able to: name 2 CDSME programs offered, and identify where they can refer patients to a workshop. Join us to learn more about CDSME in Arizona.

How Economic Impact Supports Health Care – Gerald Doeksen, Cheryl St. Clair & Greg Ensell

The National Center for Rural Health Works will present information on the importance of healthcare and how economic impact illustrates the importance of healthcare to the local and/or state economy. They will also provide a summary of economic impact templates available from the National Center. The Arizona Hospital and Healthcare Organization, will present their new initiative on economic impact of Arizona hospitals. Arizona hospitals should be very interested in being able to show the economic impact of their hospital.

Arizona Community Foundation | Understanding the Community Impact Loan Fund – James Lincoln

The Arizona Community Foundation's Community Impact Loan Fund is a vehicle to help support nonprofit organizations achieve measurable social impact as well as building reusable resources for the future. The Fund invests in nonprofit community projects in the form of loans and loan guarantees often at or below market rates. The investments help nonprofits expand successful programs, jumpstart capital projects, and leverage additional resources.

Learning objectives:

- Understand the application process
 - Learn about the key supported funded sectors
 - Requirements to apply
-

AHCCCS and Marketplace Changes for Fall 2017 – Allen Gjersvig and Bryna Koch

(Based on what is known as of April 24,2017)

Marketplace Open Enrollment will bring several new changes for consumers, assisters and providers. Previously approved and proposed 1115 Waiver will also bring changes to AHCCCS for consumers, assisters and providers. Together, these changes hold the potential of confusing consumers and reducing enrollment in the Marketplace and AHCCCS.

This presentation will address what is known of these changes and their impact as well as new laws or further regulatory actions, which may further change the enrollment process and outreach practices needed to address perceived barriers to enrollment. Consumer, assister and provider education are key to inform and help consumers understand a shorter open enrollment, new requirements to pay past due amounts prior to re-enrollment and other CMS rule changes. The same can be said for AHCCCS's implementation of premiums and HSA-like CARE accounts and potentially other changes impacting consumer eligibility.

Making the Case for Arizona AHEC – Elizabeth Arrendondo, Marica Martinic, Jeri Byrne, Martha McNair, Gail Emrick

Our presentation highlights partnerships established by each regional AHEC center within their distinct service areas and the activities conducted through the AZ AHEC program. Emphasis of this presentation will be the impact of effective AHEC partnerships on health workforce development and health service delivery in rural and underrepresented communities.

Nogales Complete Streets – Edgardo Munoz

The Vivir Mejor (Live Better) Consortium proposes to bring complete streets to our community through policy and environmental change. The goal of the Nogales Complete Streets project is to transform two primary thoroughfares in the City of Nogales which are state highways, by working with city government and the Arizona Department of Transportation to fund and install bike lanes and signage. Additionally, we will work with the city to explore development of multi-use routes to connect neighborhoods and schools and key business areas. The outcome of this work will help with a plan to create more routes that are safe for biking and walking that are approved by the City of Nogales in order to leverage the funds necessary to complete the plan. The impact would be more members of our community being more physically active by walking and biking for pleasure and transportation, while leaving a smaller carbon footprint. Partners in this venture include Mariposa Community Health Center, The City of Nogales, Nogales Community Development Corporation and 0s3 Movement.

Utilizing Adolescent Peer Educators to Promote Sun Safety in Southern Arizona – Tashina Machain and Gail Emrick

The University of Arizona's Skin Cancer Institute (SCI) partnered with the Southeast Arizona Area Health Education Center, SEAHEC, to conduct Project SASS "Students Are Sun Safe", testing for the first time, whether or not an intervention of this kind could be implemented with underserved rural, border high school students. SEAHEC has a long history of working in health workforce development in southeast Arizona. Its Future Health Leaders Program works with local high schools to motivate students to pursue health professions. Working through the FHL clubs, Project SASS identified high school Peer leaders, who attended SCI training. Peer Leaders were then trained to provide in class education on sun safety through PowerPoint presentations and interactive activities. Working with Nogales, Bisbee and Douglas High schools, 18 peer educators provided training to over 200 peers.

Pre and post surveys were conducted with all students and results were collected three weeks after training and then within three months after the training. Results are promising. 95% of students reported learning more about sun safety than they knew before. 100% said they trusted the information they were given from the training. Of the peer educators, 83% felt prepared to present Project SASS to fellow students. SASS was successfully adapted to youth living along the Arizona Mexico border.

Bike Ajo: A Community Health Worker Led Rural Bicycling Hub – Martha Monroy, Anna Williams, and Donna Lewandowski

Bike Ajo is a rural bicycling hub that builds capacity through community-clinic linkages to achieve health equity. Ajo residents face high rates of chronic disease and limited access to resources for physical activity. The Bike Ajo coalition provides resources to promote bicycling for recreation, transportation, and diabetes prevention and management. Led by community health workers, this asset-based coalition is rooted in a strong multi-sector partnership between community members, public health professionals, and planners. The coalition developed sustained policy, systems, and environmental change (PSE) addressing the relevant social determinants of health. The session focuses on the CHW and coalition leadership in PSE change and the important role the partnership between planning and public health plays in its success.

Learning Objectives:

- Assess the assets and barriers to physical activity in rural communities
- List three best practices for developing effective partnerships and coalitions to create policy systems and environmental change
- Identify the roles multi sector coalitions and community health workers can play in policy, systems, and environmental change to promote health equity in rural communities

Telephone CPR is Independently Associated with an Increase in Initial Shockable Rhythms in Patients with Out-of-Hospital Cardiac Arrest – Ben Bobrow

Background: Bystander CPR (BCPR) and telephone CPR (TCPR) are associated with improved OHCA outcomes. BCPR prolongs ventricular fibrillation (VF) and increases the proportion of patients with an initial shockable cardiac rhythm. It is unknown whether TCPR does the same.

Learning Objective: Assess whether BCPR and TCPR are independently associated with an increased initial shockable cardiac rhythms during OHCA.

Methods: Data from 9-1-1 audio recordings, EMS reports and hospital records were linked for non-traumatic OHCA's of cardiac origin between 1/2011 and 12/2014. Patients were assigned to 1 of 3 groups depending on whether they received TCPR, BCPR or no CPR. Using no CPR as the reference group, we assessed whether TCPR and BCPR were independently associated with shockable rhythms in a logistic regression model controlling for known confounders.

Results: The BCPR rate was 24.8% (survival 15.4%). The TCPR rate was 40.2% (survival 11.7%). Provision of BCPR and provision of TCPR were each independently associated with shockable rhythms [aOR (BCPR) = 1.7, 95% CI: 1.33-2.17, p=0.0001; aOR (TCPR) = 1.3, 95% CI: 1.04-1.63, p=0.0001].

Conclusion: TCPR is independently associated with increased % of initial shockable rhythms and survival and can thus help communities optimize their infrastructures in response to OHCA.

Breathing Assessment Techniques in Out-of-Hospital Cardiac Arrest – Ben Bobrow

Methods: Breathing inquiries using BATs were categorized as initial (IA) or secondary (SA) assessments in 591 OHCA audio recordings in Arizona between 2/1/2011 and 3/15/2012. Unneeded BATs were defined as any occurring after call evaluators recognized patients were not breathing normally. BAT type and duration were collected in a structured format.

Results: The following are median elapsed times for BATs telecommunicators asked or instructed callers to perform: (1) is patient breathing? = 5 [n=399; 95% CI=(4,6)]; (2) watch for rise and fall of chest = 10 [n=102; 95% CI=(8, 11)]; (3) listen and feel for signs of breathing = 15 [n=61; 95% CI=(12, 20)]; (4) head-tilt-chin-lift = 21 [n=57; 95% CI=(17, 25)]; (5) count patient's breathing rate = 21 [n=53; 95% CI=(14,26)]; (6) is there agonal breathing? = 7 [n=19; 95% CI=(4, 9)].

Among SAs, 72.6% (260) occurred after call evaluators recognized patients were not breathing normally. BATs ranged from 5 s to 21 s in duration.

Conclusion: Breathing assessments can delay recognition of OHCA and should be eliminated whenever possible to expedite TCPR.

Yavapai Healthy Schools – Carol Lewis

Yavapai Health Schools (YHS) is a coalition of community organizations working together to promote health and wellness in Yavapai County schools. YHS provides a valuable resource of health services and health topics in Yavapai county. In essence, its one stop shopping for schools, teachers and administrators.

A Community Paramedicine-Primary Care Partnership in Rural Cochise County to Improve Health Outcomes for Severely Ill Elders – Monica Vandivort

We will present the building of an academic-community partnership pilot to investigate how to enhance, integrate and sustain an innovative Community Paramedicine program in partnership with the existing primary care structure in Sierra Vista, a rural town in Cochise County, to improve the health outcomes for diverse, seriously ill elders. Utilizing interprofessional education and collaborative practice, the project joins the Community Paramedicine C.A.R.E. Program of the Sierra Vista Fire Department; Canyon Vista Medical Center; and Sierra Vista primary care practices including Banner University House Calls program. Older adults with chronic illness suffer poor primary care access, and receive fragmented and costly care. Home-based primary care in urban settings has improved health outcomes at lower cost when provided by a team. Community paramedics, especially in Cochise County, are on the forefront of innovative complex care. This program focuses on improving access, quality and costs through expansion of the healthcare team to include community paramedics (CPs) and medical assistants (MAs). This program pilot provides an outline for interprofessional primary care workforce development in rural areas to improve the quality of and access to care.

Developing a Model to Improve Rural Emergency Services – Allison Clough

For the past 15 years, Dr. Clough has practiced exclusively in remote, rural emergency rooms. Now as an IHS Emergency Department (ED) Medical Director, she is developing a model to improve rural emergency services. She will share some of the success at Kayenta and the vision for emergency care “as good as that which any large ED could offer, given their material limitations” as well as the challenges of creating better care.

Program descriptions continue on next page ►



Arizona Telemedicine Program Project ECHO Rheumatology Initiative – Amy Waer

Project ECHO™ (Extension for Community Healthcare Outcomes) is a model that aims to exponentially increase workforce capacity that was developed at the University of New Mexico in 2003. Specialists at the hub site meet virtually with health care providers in local communities to train them in providing specialty care services.

The Arizona Telemedicine Program in collaboration with the Arizona Center for Rural Health is launching the first state-wide Rheumatology Project ECHO in the fall of 2017. Dr. Dominick Sudano, from the University of Arizona, is a practicing rheumatologist and will be leading our ECHO sessions. There will be monthly two hour sessions from our hub site connecting to multiple spoke sites throughout the state. Each session will include a brief 20 minute didactic session on pertinent topics around rheumatology combined with de-identified case presentations from the health care providers at the spoke sites. Recommendations for patient care will follow from Dr. Sudano.

The goal is to have the Arizona community health care providers expand their rheumatology knowledge base in an effort to treat their patients in their own communities and become local consultants over time. The program's effectiveness will be evaluated based on the health care providers' feedback and self-evaluation.

Data for Social Change and Health Equity – Bryna Koch and Jennifer Peters

This presentation aims to build participant knowledge and skills with regard to publicly available health and social determinants of health data sets and their ability to effectively translate the available data to other stakeholders. This session will 1) review publicly available community and population health data tools; 2) discuss effective strategies for presenting data to general stakeholders; 3) identify gaps in health disparities and social determinants of health data; 4) discuss the importance of multi-sectoral partnerships to address health equity issues.

At the end of the session, participants will be able to:

- 1) identify public (free) data sources that provide state and local data on health disparities and social determinants of health
- 2) describe the strengths and weaknesses of the available health and social determinants of health data sets
- 3) describe the theory of primacy of visual processing and what this theory means for presenting data to stakeholders and the public
- 4) use a health equity approach to identify multiple dimensions and sectors to reveal connections between systems that drive disparate health outcomes.

The Social Ecological Impact of a Backyard Gardening Program on Rural Food Desert Communities in Pinal County, AZ – Elizabeth Kizer

This research was conducted as part of my dissertation project. I conducted an ethnography of the rural food desert communities in Pinal County related to the impact of a backyard gardening program ran by a nonprofit agency. The program began in 2013 and continues through the present. The program was assessed in terms of its impact on the social ecological environment (using a social ecological model). I interviewed 74% of the participants (n=23) during the summer of 2015. There were positive effects at the individual level, social environment, and physical environment in the 8 rural communities affected. An unanticipated finding included the therapeutic aspect of gardening on individuals and social environments. The learning objective of the presentation would be: (1) to educate the audience about the many uses of social ecological models using a case study; (2) to illustrate a unique approach to increasing fresh food in food desert communities to improve community health; (3) to discuss the positive mental health / therapeutic benefits of gardening.

Identifying and Alleviating Health Workforce Shortage in Arizona – Tracy Lenartz and Ana Roscetti

Within Arizona, there are currently 457 federally-designated Health Professional Shortage Areas (HPSA) which identify communities, populations and safety net facilities as having a shortage of either primary care, dental or mental health care providers. Rural communities are often the hardest hit by health workforce shortages. This presentation will provide an overview of the federal HPSA designation process and share results of recent statewide designation efforts. We will also discuss tools and resources to alleviate these shortages within our state, including the Enhanced Arizona State Loan Repayment Program.

Upon completion of this session, participants will:

1. Understand the criteria and process for designating HPSAs.
2. Know how to determine whether their community is currently designated as a primary care, dental and/or mental health HPSA.
3. Identify available incentives programs that communities can explore to alleviate workforce shortages.
4. Be aware of the Enhanced State Loan Repayment Program and its impact in recruiting providers into the HPSAs.

Increasing Patient Satisfaction in a Rural Hospital Emergency Department: A Quality Improvement Project – Ali Gabriel, Ken Goranson, and Teresa Vincifora

Many rural hospitals are in dire financial distress. Maintaining and increasing their patient population is important for improving their financial health so that they can continue to operate. If patients are more satisfied with the local medical center, they are more likely to return when they need care. Today most patients enter hospitals through the emergency department (ED); therefore, increasing patient satisfaction with the ED is an important strategy for maintaining and increasing a hospital's patient population. This presentation will describe a quality improvement (QI) project to improve patient satisfaction in the ED of a Critical Access Hospital (CAH), Benson Hospital in Benson AZ.

Attendees will learn the following:

- An outline of the QI tools used by Benson Hospital's leadership to create an implementation plan for improving patient satisfaction.
- Tips for creating continuous quality improvement, rather than a one-time event.
- Results of the Benson Hospital project, including Best Practices, Lessons Learned, and Next Steps.

Going Beyond the Expected, the University of Arizona College of Medicine - Tucson Rural Health Distinction Track Review and Expectations – Carlos Gonzales and Amy Waer

Describe the existing UA COM- Tucson's Rural Health Professions Program (RHPP)

- Review the program's history since 2000
- Discuss the accomplishments of RHPP since its inception
- Identify first generation former RHPP students, now Preceptors for RHPP
- Present the rationale for developing the new Rural Health Professions Distinction Track (RHDT)

Discuss the RHDT

- Identify the added qualifications required of the RHDT
- Circulate the current realities of the rural experiences
- Share the topics of the RHDT Capstone research papers

Convey the potentialities for the future physician workforce development

- Foster a student's commitment to working in a rural site
- Pursue opportunities for expanding this program to other sites in the state
- Explore ideas on how to bring this program to your rural site, if it is desired

Learning Objectives:

- 1) Become familiar with the UA COM- Tucson RHPP program
- 2) Understand the goals and objectives of the UA COM- Tucson RHDT program
- 3) Develop mechanisms for collaboration between your site and this program
- 4) Work on the development of a physician workforce plan for your site using these programs as a starting point

Bruce Gulledge Lecture: Integrated Health Care Systems – Gigi Sorensen and Ryan Harper

This session will focus on how rural hospitals fit into the strategic plan of regional/national systems, and how they re-align as partners in these systems.

Dental Therapy, Improving Access to Quality Dental Care in Rural Arizona – Kristin Boilini, Alida Montiel, and Kim Russell

Improving access to high quality affordable dental care is getting renewed attention from health care advocates, the business community and public policy makers. The link between a healthy workforce and a healthy economy is beginning to drive economic development discussions across the state. Yet 2.4 million Arizonans (over 1/3 of the population) live in a dental health professional shortage area. The difficulty of obtaining dental care is heightened for people living in Arizona's vast rural areas and among those with the fewest financial resources. Almost a quarter of American children have untreated tooth decay, unfortunately in Arizona, that number is 40%. Even with full AHCCCS coverage for low-income children, finding a dentist to treat them continues to challenge parents, families and communities. Only 32% of Arizona dentists participate in the AHCCCS program which is well below the national average. More telling is that only 25% of these dentists bill AHCCCS for at least \$10,000 per year, a common benchmark for dentists who treat a significant number of Medicaid patients. Arizona needs to rethink its dental delivery model. Dental therapy is a proven reform that can increase access and affordability. Arizonans deserve a more efficient and effective delivery model.

Roadmap: Practice and Transformation – Melissa Kotrys

Providers throughout Arizona are facing increased demand to securely share and exchange information with other providers and to be accountable for outcomes and meet quality measures. This demand for healthcare transformation affects all providers, regardless of size or location. Health Current assists providers in transforming care and becoming successful in value-based healthcare. That is why Health Current has become the fastest growing HIE in the nation, with growth of more than 830 percent over the past two years. A large part of this growth is the result of increased hospital participation. Today information on more than 90 percent of Arizona hospital inpatient and emergency room discharges flows into the HIE, providing a one-stop source of information for Arizona providers to assist in care coordination. Health Current's more than 330 participants today include both medical and behavioral health providers as well as a broad range of providers, from first responders to long-term care and home healthcare. Learn how Health Current is assisting all providers with transforming care and preparing practices to successful in value-based care.

Somerton Community Partnerships Against Bullying – Alex Bejarano and Alex Sachs

Regional Center for Border Health, Inc. partnered with Somerton School District #11 and Playworks for the implementation of Playworks in five schools. The presenters will share the children's transformation in school thru play and self-esteem/leadership. Playworks vision is to change school culture by leveraging the power of safe, fun and healthy play at school every day by promoting:

- a. Awareness: informing the community that there is a proven way at reducing bullying, providing an all-inclusive recreational program where children do not have to feel intimidated and at the same time are becoming more physically active.
- b. Productivity in class: studies have shown that a child's brain is more active after just 20 minutes of physical activity. This would promote more comprehension, retention of knowledge in the classroom all the while helping with the long-term side effects of childhood obesity which include diabetes, hypertension and an unhealthy cholesterol level.

The participants will learn: Anti-bullying school age intervention, promotion of physical activity and conflict resolution technics for children.

Youth Leadership Development – Robert Fleet

The Arizona Rural Health Association has sponsored a youth leadership development forum for four consecutive years. In 2017, approximately 80 students from four high schools in three border towns (Douglas, San Luis, Douglas) gathered in Tucson, along with teachers and counselors, to participate in the forum. This presentation will (1) explain the training format and summarize the program content which emphasized the issue of drug use and abuse (2) examine the community issues identified by the students in small group sessions with no adults present in the groups, (3) briefly describe projects adopted by the students for implementation in their schools in the forthcoming year (4) a plan to facilitate student group interaction through videoconferencing during the school year, and (5) examine lessons learned by the forum organizers for the purpose of project replication.

Improving Rural Health Through Clinical Training at Community Health Centers – Leonard Goldstein

This session will provide attendees with the information regarding how providing clinical training sites for medical, dental, and allied healthcare students (PA, PT, PT, Nursing, Audiology, etc.) at Community Health centers can ultimately improve the health of the population in rural communities; assist with recruitment and retention of healthcare providers, and provide inter-professional training opportunities for both students and practitioners. Utilizing the ATSU innovative curriculum in its medical, dental, and health sciences programs, we can demonstrate how this training continuum has led to increased numbers of practitioners “staying where they train”, including the development of primary care residency programs for the benefit of the rural and underserved communities

Community and Academic Collaboration is a Win-Win for Rural Workforce Development – Allen Prettyman and Christy Pacheco

The presentation will first review a model that seamlessly links the University of Arizona (UA) nurse practitioner (NP) program student clinical placements to rural and critical access hospitals. Second, it will describe a framework used to develop an innovative interprofessional service learning activity focused on improving the healthcare of rural vulnerable populations. Participants will learn the following: 1.) Rural workforce development resources available at the UA NP program. 2.) Strategies to collaborate with the NP program to enhance workforce recruitment and retention 3.) An approach for developing a long-term collaborative system with an academic partner that benefits both the community organization and the population it serves. The power of collaboration and developing systems for bridging the gap between new primary care nurse practitioner graduates and working in the rural healthcare environment will be the focus of the two presentations. The first presentation will review the stepwise approach taken in the development and the successful implementation of a best practices model of engaging NP students in clinical rotations in rural and critical access hospitals. The second presentation will focus on supporting community institutions using a best practice interprofessional team model to implement a health fair for vulnerable populations.

SLWIC/UHC an Affiliated Dental Hygienist Practice in Rural Communities – Amanda Aguirre and Isabel Arias

Integrating an Affiliated Practice Dental Hygienist as part of a Primary Care Provider team, and improving oral health outcomes in rural communities. UnitedHealthcare Community Plan Dental, San Luis Walk-In Clinic, Inc./Regional Center for Border Health, Inc., and Yuma Dentistry for Kids collaborated on this pilot project.

Goals:

1. Close preventive medical and dental gaps concurrently in children
2. Oral health intervention within a PCP setting
3. Set best practice standards for PCPs and PCDs to work as Enhanced Primary Care Teams

Participants will learn about the Project's Objectives and Outcomes on establishing a process:

1. to contract an APDH within a PCP setting
2. to contract stand-alone RHC/FQHC/PCPs within dental network
3. flow to integrate APDH as part of PCP care team during patient wellness checks
4. to house a dental health worker within the stand-alone clinic
5. of successful billing of dental preventive services by APDH/RHC to health plan
6. of scheduling oral health follow up exams with partnering dental clinic

Performance Improvement Tool for Rural Primary Care Practices – Joyce Hospodar

Introduction to POND - Practice Outcomes National Database, a web-based data collection, reporting, and benchmarking system for Rural Health Clinics, Federally Qualified Health Centers, and rural independent private practices.

The key functions of the tool include:

1. Enhance current rural provider performance around finance, operations, productivity and compensation
2. Develop and share best practices in rural clinic network setting
3. Build a national database to quantify and promote

Learning Objectives:

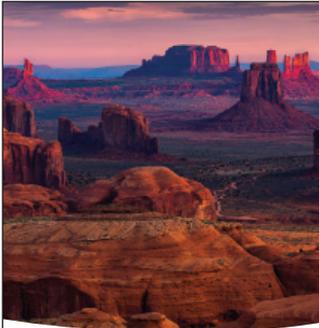
- Explain the importance of AzCRH's Involvement
- Identify the steps to sign up
- Learn about the tool and how to use it and when

AHCCCS Update – Tom Betlach

This presentation will cover the various Medicaid-related issues and initiatives, including integrated care, value-based reimbursement and eligibility changes.

Presidents & Health Care from TR to DT – Leonard Kirschner

United States Presidents from Theodore Roosevelt to Donald Trump have worked on the U.S. health care system. This talk will explore the historical context of health care reform since the dawn of the 20th Century to the present day; the current proposals being debated in DC and in the nation and the potential impact on rural health care in Arizona.



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The Bruce Gulledge Lecture Series

Supported by the Arizona Health Facilities Authority

Bruce Gulledge was a lifelong Arizona resident and graduated from Arizona State University with a degree in Finance. He was an underwriter/financial advisor to municipalities and corporate issuers for more than 30 years. Beginning in 1982, Bruce focused his attention on healthcare financings with national and regional investment banking firms. Bruce represented the Capital Markets Group at Peacock Hislop for more than 15 years. As a senior investment banker, he assisted healthcare facilities in 16 states to acquire more than \$2.5 billion in capital financing. These included hospital turnarounds, rated and non-rated transactions, acute and long-term care facilities, and Department of Housing and Urban Development (HUD) guaranteed programs. Bruce served on both state and national healthcare task force committees and was a past member of the Federation of Financial Analysts. As part of the Healthcare Financial Study Group located in Washington, D.C., he served on the committee for “Capital Cost Under the Medicare Prospective Payment System.” Bruce Gulledge’s committee co-authored a report entitled “Alternatives for the Treatment of Capital Costs in Prospective Payment” in the mid-eighties.

He was appointed to the Board of the Arizona Health Facilities Authority in 1998 and served as its Chair from 2004-2006. During this time Bruce was instrumental in focusing the Authority’s attention and resources on rural and fiscally challenged Arizona hospitals. As both an investment banker and board member, Bruce worked diligently to assist White Mountain Regional Medical Center, Southeast Arizona Medical Center, Casa Grande Regional Medical Center, Copper Queen Community Hospital, and Wickenburg Community Hospital access capital markets and provide services to vulnerable underserved populations.

Bruce passed away April 21, 2006 after a brief illness. He was a dedicated and beloved member of the Authority’s Board of Directors. The Authority is honored to recognize and support our friend and colleague’s dedication to rural healthcare financing.



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