

THE UNIVERSITY OF ARIZONA
CENTER FOR RURAL HEALTH

Annual Report FY 2022



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

Center for Rural Health



The Arizona Center for Rural Health core mission is to improve the health and wellness of Arizona’s rural and vulnerable populations.

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

Executive Summary

The Arizona Center for Rural Health (AzCRH) Annual Report summarizes work related to its mission to improve the health & wellness of Arizona's rural & vulnerable populations. In FY '22 it housed \$7.3 million in federal and state funded programs. The State of Arizona and the Health Resources and Services Administration (HRSA) funds key AzCRH initiatives and activities.

AzCRH provided subawards, services, webinars, conferences, continuing education, technical assistance, data, and reports to inform and support providers and policymakers on rural health services, legislation and regulation.

FY'22 highlights:

HRSA funded COVID-19 mitigation through the Medicare Rural Hospital Flexibility (AzFlex) and Small Rural Hospital Improvement (AzSHIP) Programs that AzCRH passed through to Arizona's rural and critical access hospitals (CAHs).

AzCRH provided technical assistance, education and other services to rural providers including Arizona's 16 CAHs, 39 rural health clinics (RHCs), 23 community health center organizations in their 175 federally qualified health center (FQHC) sites, 16 Indian Health Service (IHS) and 31 P.L. 638 Tribal-run clinics and hospitals from the 2021 American Rescue Plan Act (ARPA), HRSA, Arizona Department of Health Services (ADHS) interagency services agreements (ISAs) with AzCRH via federal subawards from the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC).

ADHS ISAs with AzCRH included the SAMHSA First Responders and Medication Assisted Treatment (MAT) Mentor initiatives, and CDC Overdose Data to Action (OD2A) program.

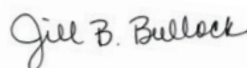
AzCRH and its AzSORH Program collaborated with ADHS on their \$24 million two-year CDC COVID Disparities award. An ADHS ISA with AzCRH for \$8.1 million supports the Mobile Outreach Vaccination & Education for Underserved Populations (MOVE UP) led by Dr. Rosales and other initiatives to reduce rural COVID disparities.

AzCRH convened its 48th Annual Rural Health Conference at NAU June 15-16 for a record 260 in person and 54 virtual attendees (314 total). It was terrific to see our many colleagues and collaborators and share our collective knowledge, successes & challenges.

On behalf of the AzCRH faculty, staff, students, and partners across Arizona, thank you for your active engagement and collaboration. We look forward to continuing our work with you in 2023!



Daniel Derksen, MD
Director, AzCRH



Jill Bullock
Associate Director

The Center for Rural Health housed more than \$7.3 million in federal and state funded programs in FY 2022. AzCRH provided subawards to rural partners, services, webinars, conferences, continuing education, technical assistance, data, analyses, evaluations, and reports to inform and support Arizonans, providers and policymakers on rural health services, best practices, legislation and regulation.





Rural Arizona has disparities in health outcomes, insurance coverage and access to quality health care by race and ethnicity, socio-economic status, geography and social determinants. Its population is diverse, it has the 6th highest number (1.9 million) and 4th highest percentage of Hispanic/Latino population of the states (AZ 29.7% vs. US 16.4%), the 3rd highest number (300,000) and 6th highest % of American Indians (AZ 4.5% vs. US 1.7%), and the 5th highest number (250,000) and 2nd highest % uninsured children (AZ 14% vs. US 8%).

Arizona State Office of Rural Health

Jennifer Peters, & Daniel Derksen MD, PI

Since 1990, AzCRH has been the state and federally funded and designated Arizona State Office of Rural Health (AzSORH) that helps rural communities address health issues and expand health services with partners across the state. The State of Arizona provides the required 3:1 state to federal match for the support received from the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy.

July 2022 marks the beginning of AzSORH’s 33rd year of continuous service to Arizona’s rural and underserved communities and its active engagement in local, regional and national networks to elevate and amplify rural health needs and best practices.

AzSORH focuses on improving access to quality rural health care services and is committed to social justice and health equity. The program aims to support critical and continuous learning and un-learning that reflect historical and contemporary structural, economic and social conditions that contribute to the root causes and social determinants of health and other disparities. Over the last year, as communities applied what they had learned and transitioned from urgent pandemic to endemic coronavirus, AzSORH continued support for reducing disparities in terms of education, vaccination, testing and treatment to improve health equity, access and outcomes.

There is no one-size-fits-all “solution” to improving the health and wellness of Arizona’s rural and vulnerable populations. AzSORH is able to pivot in multiple areas to provide technical assistance and act as a conduit for federal resources directly to rural communities, providers, and care systems. Despite the challenges, rural communities can leverage strategic partnerships to be places of great vitality, innovation, and resilience. Through outreach and collaboration, AzSORH works to disseminate federal, state, and local resources, coordinate statewide rural health activities, and provide direct assistance to communities.

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

- Collect and disseminate rural health information and convene events.
- Provide technical assistance 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, address factors that create disparities in rural and underserved communities.
- Promote affordable coverage.
- Assure accessible, culturally effective healthcare for all Arizonans.



AzSORH Five-Year Summary: July 1 to June 30 Fiscal Year (FY)

AzSORH Activity	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Total Technical Assistance	4,858	4,236	5,210	5,189	5201
In-Person Contacts	2,633	2,620	2,631	279	385
Phone / Emails	536	545	484	474	425
Webinar Participation	1,241	749	1,343	1,196	1347
Teleconference	125	106	134	148	261
Other Modes (Media, Surveys, Website, Etc.)*	323	216	553	3,092	2783
Newsletter Distribution	6,098	9,792	10,164	10,070	10,893
Web Page Visits	37,000	40,696	46,143	44,601	85,666

*Previously labeled as “Assistance to researchers, others”

Arizona Rural Hospital Flexibility Program (AzFLEX)

Jill Bullock, Joyce Hospodar, MBA, MPA, & Daniel Derksen MD, PI

The Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) has funded Arizona’s Medicare Rural Hospital Flexibility (AzFlex) Program since 1999. Flex aims to “provide training and technical assistance to build capacity, support innovation, and promote sustainable improvement in the rural health care system.”

AzFlex sustains rural networks to assure access to quality health care for Arizonans, joining critical access hospitals (CAHs), emergency medical services (EMS), rural health clinics (RHCs), federally qualified health centers (FQHCs), Indian Health Service (IHS) and Tribal-run health systems. Arizona has 16 federally designated CAHs and one awaiting final designation.

Finance and Operations - AzFlex convened a hybrid in-person and virtual CAH Coding and Billing Certification Bootcamp course. It was the most popular, highly attended Flex activity in FY’22 as 10 CAHs and 70 attendees participated. Twenty attendees earned Critical Access Hospital Coding & Billing Specialist certification.

AzFlex partnered with the Southern Arizona Hospital Alliance (SAHA) to support a performance improvement network comprised of southern Arizona health providers and four CAHs. The network supports hospitals, primary care practices, specialty clinics and healthcare professionals - focusing on swing beds, rural health clinic development and telehealth.

AzFlex also worked with Arizona’s 39 Rural Health Clinics (RHCs). The RHC Summit pre-conference was offered at our 48th Annual Rural Health Conference. It was a full house with resources and best practices shared among Arizona’s RHC providers and administrators.

AzFlex supported the Practice Outcomes National Database (POND) for Arizona’s RHCs. There are 15 RHCs participating in POND data, analytics and performance measurement tools.

AzFlex collaborated with the Arizona Hospital and Healthcare Association (AzHHA) on an Economic and Financial Impact Study tool that will be available for Arizona hospitals to use.



Cobre Valley Regional Medical Center

Quality Improvement - Quality improvement is an important AzFlex focus. AzFlex provided AzCAHs orientation and education on changes in the Medicare Beneficiary Quality Improvement Project (MBQIP). Every AzCAH participates in at least one of the following MBQIP measures: patient safety, patient engagement, care transitions and outpatient measures.

AzFlex worked with Arizona’s Medicaid program (AHCCCS) and AzHHA on the new HEALTH II payments to ensure the performance measures chosen by AHCCCS are rural relevant. AzFlex worked with CAHs using the University of Washington Tele-Antibiotic Stewardship Program (UW TASP). Four CAHs participated in weekly calls and didactics; three participated and received technical assistance on an Asymptomatic Bacteriuria QI project.

EMS/Trauma - AzFlex and the ADHS Bureau of EMS co-managed the Arizona Trauma Managers workgroup and listserv.

Population Health - AzFlex supported CAHs with Social Determinants of Health education to assist rural residents be insured and have access to primary care.

The Arizona Small Rural Hospital Improvement Program (AzSHIP)

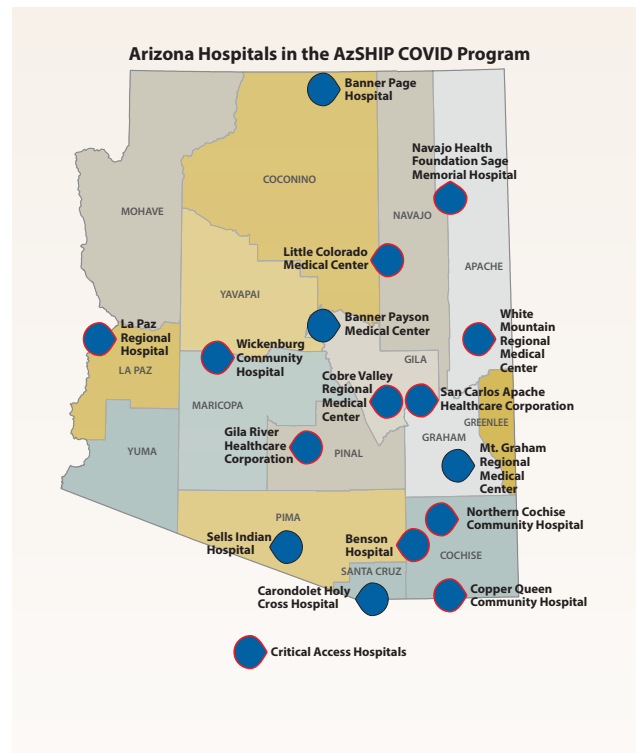
Melissa Quezada, SHIP Program Manager, Joyce Hospodar, ARP - SHIP Program Manager, Jennifer Peters, C-SHIP Program Manager, Leila Barraza JD, MPH PI, AzSHIP

The Arizona Small Rural Hospital Improvement Program (AzSHIP) supports rural hospitals of 49 beds or less meet value-based payment and quality care goals, funded by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA).

Rural hospitals face acute and long-standing economic and operational challenges that increase their risk of closure. Survival hinges on working collaboratively with partners, transforming service delivery, increasing access to quality care, and identifying and addressing the social determinants of health that drive rural health disparities and poor health outcomes.

AzSHIP acts primarily as a pass-through for targeted federal support for eligible hospitals 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, and revenue cycle management training and implementation.

AzSHIP is now comprised of three programs for eligible hospitals, as detailed in the table below. In the 2021-2022 grant cycle, thirteen rural Arizona hospitals participated in the regular SHIP program (R-SHIP). In March 2020, AzSHIP received an additional \$1.35 million from the Coronavirus Aid, Relief and Economic Security (CARES) Act. HRSA deemed 16 of Arizona's rural and critical access hospitals eligible to receive \$71,670 over 18 months to support COVID-related activities (C-SHIP). The American Rescue Plan Act (ARPA) allocated new funding to distribute to Arizona small rural hospitals of approximately \$4.14 million, which support efforts to expand COVID testing and community-level COVID mitigation (ARP-SHIP). In FY'22 a total of \$1,905,303 was passed through to rural and critical access hospitals.

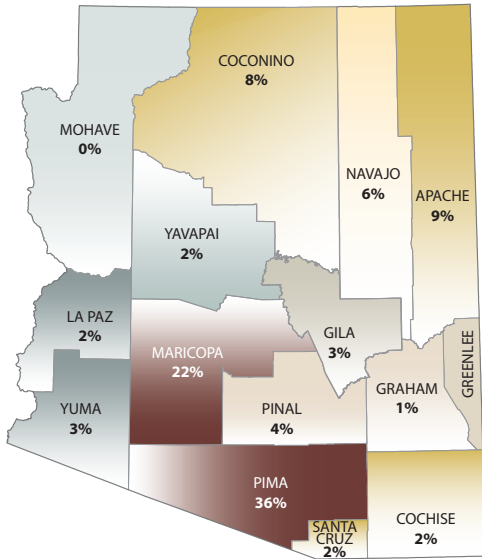


	R-SHIP	C-SHIP	ARP-SHIP	Total
Funding Period	6/1/21 to 5/31/22	FY 22	FY 22	
# Participating Hospitals	13	15	14 CAHs + 1 Pending CAH	
Funds Per Hospital	\$9,858	\$71,670	\$246,600	
Total \$ distributed FY 22	\$120,230	\$1,075,050	\$484,097	\$1,679,377
Projected for FY 23	\$ 129,109	Completed	\$3,214,903	\$3,344,012

AzCRH Statewide Conferences 2021-22

Paul Akmajian, MFA, Ann Garn & Loren Halili, MPH

2022 Arizona Rural Health Conference representation by County



Loren Halili

The AzCRH Annual Arizona Rural Health Conference – is the longest running rural health conference in the nation. The 48th Annual Arizona Rural Health Conference “Critical Conversations to Invigorate Rural Health” was held June 14-15, 2022 in Flagstaff. With 260 attending in-person and 54 virtual attendees the 2022 Arizona Rural Health conference was the most well attended yet!

Presenters reflected on the resiliency of Arizona’s rural and tribal communities and reinforced our collective commitment to assure that the health needs of rural, border, tribal and under-served communities are identified and addressed.

Attendees gained insights to emerging challenges, successful strategies, best practices and the resiliency of Arizona’s rural and tribal communities during the pandemic.

Sponsors included the: Strong Families AZ; Arizona Rural Health Association; Regional Center for Border Health; Arizona Area Health Education Center; Johnson & Johnson.

Sara Gibson, MD (center) receiving the Ron Weinstein MD Innovation in Telemedicine Award at the AzRHA luncheon.



Conference attendees enjoying a break and consulting the schedule.



AzCRH Annual Rural and Public Health Policy Forum – was held virtually February 1, 2022.

More than 120 virtually attended the February 1st, 2022 Rural & Public Health Policy Forum, the Center’s virtual statewide forum. The Forum addressed contemporary health policy issues and their impact on Arizona’s rural, border and tribal communities; and shared information on priorities for Arizona’s 2022 legislative session.

This year’s virtual AzCRH Rural & Public Health Policy Forum Topics included:

Updates from US Health & Human Services

What’s Being Done to Address the Nursing Shortage in Rural and Tribal Communities

HIE in Arizona: Policy Updates & Priorities

Maternal Health Initiatives

Postpartum Medicaid coverage

Vitalyst’s Legislative Priorities

340B Protection Bill

Arizona Telemedicine Program

Conference presentations and recordings can be viewed on our website at: crh.arizona.edu

Dan Derksen presents an inscribed Nambe platter to Carlos Gonzales. Exhibitors and participants at the 48th annual Rural Health Conference.



Advancing Health Equity Addressing Disparities in Arizona (AHEAD)

Jennifer Peters, Mona Arora PhD, MSPH, Daniel Derksen MD, PI

Advancing Health Equity, Addressing Disparities (AHEAD) is funded by the CDC National Initiative to Address COVID-19 Disparities in Populations at High Risk & Underserved, Racial & Ethnic Minority Populations & Rural Communities. ADHS and AzCRH collaborators aim to improve access to vaccination and testing, address vaccine hesitancy, and expand provider education.

FY'22 AHEAD Highlights:

- Collaborated with Mobile Outreach Vaccination and Education for Underserved Populations (MOVE-UP) led by Dr. Cecilia Rosales, to provide education and referral services as they administered > 65,000 COVID-19 vaccines in underserved communities and rural areas across Arizona.
- Facilitated education, procurement and community distribution of 170 Narcan (Naloxone) kits to reverse opioid overdose and save lives.
- Implemented four Area Health Education Center (AHEC) Regional Center subawards to recruit and train community health workers to enhance rural health services with Western Arizona (WAAHEC) based in Somerton, Yuma County; Southern Arizona (SAAHEC) based in Tucson, Pima County; Central Arizona (CAAHEC) based in Phoenix, Maricopa County; and the Colorado Plateau Center for Health Professions (CPCHP) based in Flagstaff and serving the five northern Arizona Counties.

AHEAD Needs Assessment Highlights:

- Surveyed Arizona's Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs) about their education, technical assistance and other needs.
- Convened a community advisory board to inform a statewide public health capacity assessment and address challenges to a well-trained, accessible public health workforce during and post pandemic.
- Partnered with ADHS to conduct 28 key informant interviews from Navigator/Assister organizations across Arizona to identify strengths and gaps in public benefits enrollment processes (e.g., AHCCCS).
- Collaborated with the Arizona Library Association to address rural capacity and training needs.
- Convened a youth advisory board to inform a youth centric champions training program. High school students discussed pressing concerns, engagement challenges and opportunities to participate.

MOVE-UP Mobile Health Unit with Dan Derksen at the Arizona Rural Health Conference in Flagstaff.

AHEAD Team retreat.



AHEAD Trainings, Workshops & Education Highlights:

- Held a two-day Navigator training with Pima County Health Department on cultural responsiveness, HIPPA, health boundaries, confidentiality, crisis intervention and trauma informed care.
- Trained 51 middle and high school students in the Southwest Environmental Health Sciences Center's summer programs: addressing misinformation, building community resilience and advocacy 101.
- Assisted ARC of Arizona produce a Spanish version of its PSA video, featuring self-advocates for COVID-19 vaccination among people with disabilities, their families and direct support professionals.
- Supported six COVID-19 focused grand rounds for health professionals with Dr. Sai Parthasarathy attended by over 400 medical professionals around the state.
- Developed, disseminated >100 educational resources - webinars, infographics, handouts - e.g., COVID, opioid & substance use disorder, health & wellness, county resource cards and others.
- Supported AzHHA community review sessions - Tribal, Hispanic, aging, and disability communities - to redesign Advance Care Planning to be more inclusive, accessible and culturally appropriate.

Navigator Health Training with the Pima County Health Department.



AzCRH elicited feedback and lessons learned from the COVID-19 response across rural Arizona at the 48th Annual Rural Health Conference. Attendees identified strengths & areas needing improvement and made recommendations to improve Arizona's public health emergency response. Identified strengths included collaboration, health workers and partnerships across Arizona. Recommendations to address unmet needs included: enhancing Arizona's rural emergency response network, using appropriate language for Arizona's diverse populations for public health education and improving rural broadband and internet access for those in rural areas, including educators, local health providers and essential workers.

Mona Arora PhD, MSPH and Jennifer Peters engaging with participants at the 48th Annual Arizona Rural Health Conference in June.



Arizona Health Workforce Data System Pathways to Practice

Bryna Koch MPH, Susan Coates MSH & Charles Drake MS, MA

Education, training, retention, and support for the rural health workforce are essential to carrying out the AzCRH mission. Health workforce research and analysis inform decisions on policies and programs aimed at supporting health workforce pathways from education to practice.

With sustained support from the Arizona Area Health Education Center (AZAHEC) Program, we expanded the Arizona Health Workforce Data System (AzHWDS) project and completed the transition from a database to a data warehouse system. The data warehouse supports our core report, the Arizona Health Workforce Profile Report. In FY 2022 the team updated workforce data for behavioral health providers, counselors, marriage and family therapists, nurses, physician assistants, physicians, psychologists, social workers, and substance abuse counselors and added new data for the dentists and dental hygienist workforces. With updated U.S. Census data, we expect to publish an updated core workforce profile report in FY 2023.

The Health Workforce team continued its research collaboration in the areas of behavioral health and maternal health. The team also provided technical assistance to UArizona programs including the planned physical therapy and physician assistant programs; assisted the AZAHEC program to analyze student rotations in tribal areas; and partnered with the Arizona Department of Health Services (ADHS) Health Systems Development, Primary Care Office.

crh.arizona.edu/publications/workforce-reports

The Health Workforce Team created or updated the following visualizations:

- Arizona COVID-19 County Snapshots: Cases, Deaths, & Health Care Infrastructure
- Poverty in Rural Arizona
- Arizona Graduate Medical Education Funding
- Arizona Marketplace and Medicaid Enrollment
- Arizona Hospital Select Indicators Report
- Arizona Rural Health Safety Net Map
- And GIS maps on the AzCRH GIS Hub

Arizona Health Workforce Profile: Direct Care Workers (DCWs)

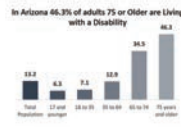
The purpose of this brief is to understand the distribution of the direct care workforce in Arizona.

BACKGROUND

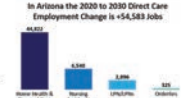
- The U.S. Department of Labor defines direct care workers (DCWs) as "workers who provide home care services, such as certified nursing assistants, home health aides, personal care aides, caregivers, and companions."¹
- Most DCWs are employed in "private homes, group homes, residential care facilities, assisted living facilities, continuing care retirement communities, nursing homes, and hospitals."²
- In the U.S. there are an estimated 3.4 million home health and personal care aides, 1.4 million nursing assistants, and 688,000 licensed practical or vocational nurses.³

Home Health Aides:	Nursing Assistants or Nursing Aides:	Personal Care Aides:
"Most people in their homes or in community settings under the supervision of a nurse or therapist." They assist with daily activities and may take on "light housekeeping" activities.	"Generally work in nursing homes, although some work in assisted living facilities, other community-based settings or hospitals." They assist with daily activities and some clinical services.	"Work in either private or group homes...in addition to providing assistance with ADLs, these aids often help with housekeeping chores, meal preparation, and medication management." ⁴

- ### NEED
- The U.S. has a growing aging population and there is an increased focus on supporting adults as they age.
 - The direct care workforce also provides critical support to people with disabilities or chronic illness or those who need short-term home-based care to recover from acute conditions like stroke.⁵
 - 18.5% of Arizona's population is older than age 65, 12th highest amongst all states.⁶



- ### OCCUPATIONAL OUTLOOK
- The occupation outlook for home health and personal care aides between 2020 and 2030 is estimated at 33% growth, compared to 8% average growth rate for all occupations.
 - The occupation outlook for nursing assistants and orderlies between 2020 and 2030 is estimated at 8% growth, the same as the average for all occupations.



Suggested citation: Koch & Coates S, Drake C, and DeWolfe D (2022) Arizona Health Workforce Profile: Direct Care Workers. For questions or comments about this report contact: Bryna Koch bkoch@azcrh.org

Arizona Health Workforce Profile: Occupational Therapists

The purpose of this brief is to understand the distribution of the Occupational Therapy workforce in Arizona's 15 counties and compare the distribution between rural and non-rural areas.

BACKGROUND

- "In its simplest terms, occupational therapists and occupational therapy assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations)."¹
- Arizona statute defines occupational therapy as "the use of therapeutic activities or modalities to promote engagement in activities with individuals who are limited by physical or cognitive injury or illness, psychosocial dysfunction, developmental or learning disabilities, sensory processing or modulation deficits or the aging process in order to achieve optimum functional performance, maximize independence, prevent disability and maintain health."²
- The median annual pay in 2020 was \$81,380 and the Bureau of Labor Statistics (BLS) estimates the job outlook for occupational therapists (the projected change in employment between 2019 and 2029) is 16%, which is greater than average growth outlook at 4%.³

POPULATION SERVED

Occupational Therapists assist people across the lifespan and those experiencing a disability, chronic health condition, or recovering from an accident like a fall or a health event like a stroke.⁴

WORK SETTINGS

Occupational Therapists work in clinics, hospitals, nursing homes, for home health services, and in schools.⁵



- ### NEED
- Research by Lin et al. (2015) estimates that Arizona will have among the largest shortages of OTs by 2030. Arizona is experiencing population growth and an increase in the aging population. Health care providers like OTs that assist people to "age in place" meet an essential need.⁶
 - Other research models estimate that at a national level, the supply of occupational therapists will meet demand by 2030, however national models do not take into account local or regional variations.⁷

- ### EDUCATION AND LICENSING
- Master's level education is required for entry into the field. To be licensed as an OT in Arizona, you must be a graduate from an accredited occupational therapy program (including fieldwork), pass the licensing examination, and complete the license application and fees.
 - Arizona does have a process for Universal License Recognition for occupational therapists who are licensed and in good standing in other states.⁸

Suggested citation: Koch & Coates S, Drake C, and DeWolfe D (2022) Arizona Health Workforce Profile: Occupational Therapists. For questions or comments about this report contact: Bryna Koch bkoch@azcrh.org

Arizona Health Workforce Profile: Physical Therapists

The purpose of this brief is to understand the distribution of the Physical Therapist workforce in Arizona's 15 counties and compare the distribution between rural and non-rural areas.

BACKGROUND

- The American Physical Therapy Association (APTA) states: "Physical therapists and physical therapist assistants help people to maximize their quality of life. They work with people of all ages and abilities, and in a variety of settings. They help people rehabilitate from devastating injuries, manage chronic conditions, avoid surgery and prescription drugs, and create healthy habits."¹
- Arizona statute defines the practice of physical therapy as "examining, evaluating and testing persons who have mechanical, physiological and developmental impairments, functional limitations and disabilities or other health and movement related conditions in order to determine a diagnosis, a prognosis and a plan of therapeutic intervention and to assess the ongoing effects of interventions."²
- The Bureau of Labor Statistics (BLS) estimates the job outlook for Physical Therapists (the projected change in employment between 2019 and 2029) is 18%, which is greater than average growth outlook of 4%.³

WORK SETTINGS

Physical Therapists work in outpatient clinics, hospitals, schools, sports settings, patient homes, and nursing homes.⁴

Physical therapists median annual pay in 2020 was \$91,000.

- ### NEED
- The US has a growing aging population and there is an increased focus on providing support to older adults as they experience conditions like "arthritis and stroke which benefit from physical therapy."⁵
 - The Health Resources and Services Administration (HRSA) national estimates indicate that there will be a 27% increase in the supply of PTs and a 26% increase in demand. Thus, the supply should be sufficient to meet demand in 2030.⁶
 - Other research has estimated a shortage of PTs. Research by Landry et al. (2016) estimated the national demand will exceed supply by 2020. Research by Zimbleman et al. (2015) estimated that Arizona will observe a PT shortfall in 2030.⁷ It should be noted that this research was completed before the COVID-19 pandemic, and there has been a decline in outpatient health services, including physical therapy services since the start of the pandemic.⁸

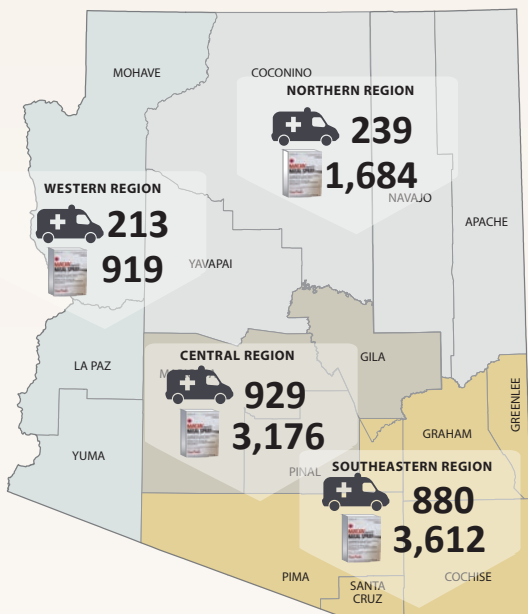
- ### EDUCATION AND LICENSING
- Before 2015, a master's level degree was required for entry into the physical therapy field. Currently, entry in physical therapy requires a doctoral degree. Doctor of Physical Therapy (DPT).⁹
 - Arizona has a process for Universal License Recognition for PTs who are licensed and in good standing in other states.¹⁰

Suggested citation: Koch & Coates S, Drake C, and DeWolfe D (2022) Arizona Health Workforce Profile: Physical Therapists. For questions or comments about this report contact: Bryna Koch bkoch@azcrh.org

Arizona First Responders Initiative

Joyce Hospodar, MBA, MPA, Daniel Derksen MD, PI

First Responders Trained and Naloxone Boxes Delivered by Arizona EMS Region



Total First Responders Trained = 2,775



Total Naloxone Boxes Delivered = 9,802

The Substance Abuse and Mental Health Services Administration (SAMHSA) Cooperative Agreement and the interagency services agreement (ISA) between the Arizona Department of Health Services (ADHS) and AzCRH completed the final phase of the four-year project in June 2022. The ADHS-AzCRH Arizona First Responders Initiative trained first responders across the state on how to recognize an opioid overdose and administer naloxone to save lives.

Over the course of the project, 186 trainings were held for 2,775 Law Enforcement, Emergency Medical Services, and other First Responder personnel. In addition, 9,802 boxes of naloxone (19,604 doses) were distributed across Arizona. Both the Central and Southern EMS Regions each received a third or more of the trainings and naloxone.

One key project goal was to sustain naloxone training. The online Naloxone Administration Training for EMT and Law Enforcement Training free training module has the same content used for both the in-person and live Zoom training. The module is available via the LearnWorlds online learning management system at: <https://arest.learnworlds.com/course/naloxone>.

First Responders received Substance Use Treatment and Resources cards that identify local outpatient services, opioid treatment, residential treatment, prevention and assistance programs. Cards are available online at: <https://crh.arizona.edu/publications/guides-and-toolkits>.

Naloxone kits can be obtained from ADHS: azdhs.gov/opioid/index.php#naloxone

SAMHSA awarded ADHS a new 4-year First Responders grant 10/1/22 to 9/30/26. AzCRH and the Department of Emergency Medicine look forward to expanding our SAMHSA-ADHS-AzCRH collaboration over the next four years!

Arizona Medication Assisted Treatment (MAT) AzMAT Mentors Program

Bridget Murphy DBH, Alyssa Padilla MPH, Ben Brady DrPH, PI, Elena Cameron & Estafania Mendivil

The Substance Abuse and Mental Health Services Administration (SAMHSA) funds the Arizona Department of Health Services (ADHS) for the Medication Assisted Treatment (MAT) Mentors Program.

ADHS funds AzCRH via an interagency services agreement (ISA). The Program aims to increase healthcare provider confidence and capacity to provide MAT for opioid use disorder. MAT is an evidence-based, effective, and underutilized treatment. We recruit physicians, physician assistants and nurse practitioners with buprenorphine waivers and match experienced with less experienced MAT providers for five, one-to-one collaborative consultation sessions.

The AzMAT Mentors program runs in annual cycles. During this reporting period (July 2021 – June 2022), AzMAT Mentors concluded its second program year and began its third. In Year 2, 15 less experienced MAT providers participated in the program. Over half reported never prescribing a MAT medication prior to joining the program. From baseline to program completion, on a scale of 0-100, providers' self-reported confidence to prescribe MAT increased from 53 to 72—a 36% increase. Also on a scale of 0-100, as a result of receiving mentorship, providers also reported a high likelihood (81) of implementing MAT services.

In Year 3, we are seeing similar levels of provider engagement. We expect to match or slightly exceed year 2 participation levels among less experienced MAT providers. Several experienced MAT providers have participated in all three years. To support these collaborative consultations, we created three quick guides: 1) improving clinical care practices - screening, referral workflows, and motivational interviewing, 2) improving cultural competency to better serve diverse populations, and 3) identifying and reducing sources of stigma.

Do you currently provide MAT to people who have opioid disorders and want to support other providers to do the same?
Consider participating in the AzMAT Mentors Program.
crh.arizona.edu/mentor

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Center for Rural Health
This program was supported by Grant number 4770201200 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.

Interested in collaborating with an experienced MAT provider to help you offer MAT?
▶ **Complete an interest form for the AzMAT Mentors Program.**
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Overdose Data to Action (OD2A), Recognition and Naloxone Training

Bridget Murphy, DBH, Bianca SantaMaria, Dominic Clichee, DrPH Candidate, MPH, Aimee Gutierrez, Elena Cameron, Maria Losoya, Allysa Padilla MPH, Dan Derksen MD, PI

The Centers for Disease Control and Prevention (CDC) funds the ADHS Overdose Data to Action (OD2A) initiative.

ADHS funds the AzCRH OD2A project via an interagency services agreement (ISA). OD2A helps communities expand and enhance linkages to substance use care.

Background - An estimated 100,306 died of overdose in the U.S. - an increase of 29%, while Arizona had a 34% increase in fatal overdoses. The CDC, ADHS, AzCRH and collaborators worked to implement culturally and linguistically appropriate solutions. Over 22 million people report resolving their substance use issues. Prevention, harm reduction, treatment and recovery are effective in reducing overdose deaths.

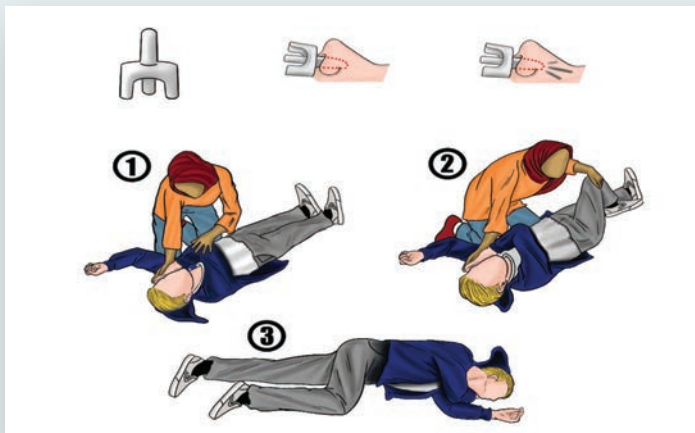
AzCRH OD2A FY'22 highlights:

- Coordinated substance use mitigation efforts in rural Arizona counties, hospitals and community-based harm reduction and substance use treatment organizations.
- Connected naloxone distributors and remote naloxone dispensing systems.
- Identified medication-assisted treatment resources.
- Fostered coordination between hospitals, clinics and behavioral health services.
- Provided technical assistance and education to northern Arizona Critical Access Hospitals serving Indigenous populations using the OD2A-developed Arizona Opioid Stewardship Program Technical Assistance: Treating Opioid Use Disorder (OUD) Toolkit.
- Worked with Health Services Advisory Group opioid stewardship program implementation.
- Developed magnets with visuals on how to administer naloxone.
- Participated in the ADHS Hepatitis C Elimination Advisory Group.
- Informed policy deliberations on sterile syringe exchange programs and eliminating Arizona's Medicaid sobriety requirement for covering the costs Hepatitis C treatment.

18 Naloxone trainings



443 Community health workers/ representative (CHW/R) and students trained on how to recognize and respond to an overdose using naloxone.



Refrigerator magnet illustrating nasal naloxone use to reverse opioid overdose

“Facilitators are awesome and interactive with the class. The materials were also great.”-CHW/R training participant

Tribal Health Equity and Engagement

Agnes Attakai, MPH & Timian Godfrey, DNP, APRN, FNP

Registered Nurse (RN) vacancy rates skyrocketed during the pandemic and an estimated one million intend to leave nursing.

Shortages are magnified in rural and tribal health systems. The Arizona Hospital and Healthcare Association, San Carlos Apache Healthcare Corporation, and the University of Arizona College of Nursing (CON) shared strategies to strengthen the nursing workforce in their presentation “Innovative Strategies to Attract and Retain Nurses in Rural and Tribal Communities” at the AzCRH 48th Annual Arizona Rural Health Conference.

The CON Indians in Nursing: Career Advancement & Transitions Scholars (INCATS) innovative workforce development program responds to challenges and opportunities in Native American health systems. In discussions with tribal communities, we learned of their desires to expand nursing education in tribal schools and colleges, recruit and retain more Native American nurses working in tribal health and promote cultural and community-informed nursing care. Resources are scarce, thus collaboration can catalyze advancement via consul-

tations between health profession higher education institutions, the Arizona Area Health Education Center (AzAHEC) Program, AHEC Regional Centers and tribal partners. Regular meetings can assess needs and tailor programming to better meet tribal community and healthcare system priorities.

In FY’22, INCATS hosted attendees at the inaugural Tribal-Academic-Practice Partnership (TAPP) Summit from Tséhootsooi Medical Center, San Carlos Apache Healthcare Corporation, Tohono O’odham Health & Human Services, Gallup Indian Medical Center, AzCRH, AzAHEC Program, Central Arizona AHEC, the Arizona Advisory Council on Indian Health Care, Arizona Indians into Medicine and UArizona leadership to explore, share, and coordinate education resources, address unmet training needs and strengthen the tribal nursing workforce.

TAPP attendees collaborated on methods to institute education and training exchange programs, enhance cultural competency, create pathways for Native American people interested in nursing, and provide continuing education to nurses and

Timian M. Godfrey, DNP, APRN FNP-BC, CPH, University of Arizona College of Nursing & Lapriel Dia, Chief Nursing Officer, San Carlos Apache Healthcare Corporation (seated).

Left to right, row 1: Christy Pacheco, Timian Godfrey, Jose Munoz, Ivy Lonoso, Cynthia Morris. Row 2: Joan Shaver, Lydia Parra, Kim Russell, Cherrilyn Thompson, Ron Speakman, Agnes Attakai, Katrina Flore, Krystie Black, Karen Francis-Begay.



nurse practitioners. The TAPP vision is to create a comprehensive, effective and responsive regional nursing education and practice network, help Native American individuals obtain nursing education and improve access to tribal healthcare.

A key partner is Arizona Indians into Medicine (AzINMED) in the American Indian Research Center for Health (AIRCH) at the UArizona College of Medicine – Tucson. AzINMED is a K-12, undergraduate and graduate student pathway program. It supports INCATS efforts to recruit more native nurses, as well as native physicians, pharmacists and public health professionals. AzINMED provides American Indian community college and undergraduate students with academic advising and mentoring, MCAT test fees assistance, training materials, pre-health workshops with the Association of American Indian Physicians, and travel to national conferences.

Traditional medicine blessings are done in partnership with all UArizona Health Sciences colleges (Medicine, Nursing, Pharmacy, Public Health), and Tribal Nations.

Local, regional and national collaboration is essential to recruit, retain and graduate American Indian health profession students. AzINMED worked with higher education institutions who are successful in recruiting native students for health professions. It convened the American Indian and Alaska Native Healthcare Workforce Development Summit at the Association of American Medical Colleges in Washington, DC where attendees shared best practices, advocacy and policy work and approaches to Indigenize student health professions education.

INCATS students.



Students Helping Arizona Register Everyone (SHARE)

Alyssa Padilla, MPH & Heather Kenning

SHARE
Students Helping Arizona Register Everyone
A program to register Arizona communities in the ACA Marketplace.

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SHARE Outcomes 2015-2022

★89★
University of Arizona Health Sciences students licensed as Certified Assistors since 2015

HEALTH INSURANCE

Languages Spoken By SHARE Students:
Spanish, French, Swahili, Mandarin Chinese, American Sign Language, Navajo, Kirundi, Kinyarwanda, Japanese

This year's SHARE students:

- 90% Improved their Health Insurance Literacy Score.
- 100% Reported being more comfortable discussing health insurance topics, the ACA, and the Marketplace

"You wouldn't believe, just how little people know about insurance, and I was one of those people before I got into SHARE."
-SHARE Student 2021-2022

WHICH HEALTH PROFESSIONS STUDENTS WORK WITH SHARE?
COLLEGE OF MEDICINE
COLLEGE OF PUBLIC HEALTH
COLLEGE OF NURSING
COLLEGE OF PHARMACY

102 Consumers enrolled or renewed their health insurance with assistance from Project SHARE students since 2015

CRH.ARIZONA.EDU/PROGRAMS/SHARE

AzCRH trains UArizona Health Sciences students as state and federally Certified Assistors. SHARE students learn about the U.S. health system, including the Arizona Health Care Cost Containment System (AHCCCS), the Children's Health Insurance program (CHIP, or KidsCare in Arizona), and private health insurance (including qualified health plans offered on Arizona's Federally Facilitated Marketplace).

The COVID-19 pandemic hit Arizona hard, and over 400,000 Arizonans lost their jobs – and thus employer sponsored insurance. With Public Health Emergency funding from Health and Human Services, Medicaid enrollment in Arizona has increased by 26.77% since the beginning of the pandemic. Once the public health emergency ends an estimated 500,000 AHCCCS recipients risk losing this coverage.

Thank you to our SHARE Leaders and student volunteers for offering services in Arizona: Kendra Marr, Heather Kenning, Sue Kim, Catie Sikora, Robert Childers, Adela Diaz, Ruby Kerwin, Crystal Lee, Radu Moga, CJ Ryan, Sona Shahbazian, and Raegan Winder.

Arizona Rural Recruitment & Retention Network (Az3RNET)

Joyce Hospodar, MBA, MPA

AzCRH, the Arizona Department of Health Services, and the Arizona Alliance for Community Health Centers are members of the National 3RNET - a national leader for community-based health professional recruitment and retention.

The Arizona 3RNET website posts opportunities for both health professionals and employers located in rural and underserved areas of the state. It provides information about the Arizona State Loan Repayment program, National Health Service Corps opportunities and recruitment of J-1 visa physicians.

Rural health clinics (RHCs), rural, urban and critical access hospitals (CAHs), Federally Qualified Health Centers (FQHCs), behavioral health providers, and other healthcare organizations post job opportunities on the Arizona 3RNET website. During the reporting period, 377 jobs were posted and 9,800 referrals were made to registered employers.



AzCRH Navigator Initiative

Arizona Alliance for Community Health Centers

Cody Welty MSPH, Kennedy Orr, Marc Verhougstraete PhD

The U.S. Department of Health Services (HHS) Centers for Medicare and Medicaid Services (CMS) awarded funding to the Arizona Alliance for Community Health Centers (AACHC) to support Navigator training, certification and assistance.

AACHC subcontracts with the AzCRH Navigator Initiative to assist rural Arizonans understand what health coverage and insurance they are eligible for and help them enroll or renew that coverage.

AzCRH Navigators educate individuals about health insurance options specific to each individual, assist consumers with completing eligibility forms, enrolling or renewing their health coverage. Our Navigators work throughout Southern Arizona communities to provide education and assistance for Marketplace, Medicaid, AHCCCS, SNAP, and KidsCare. Navigators are available for meetings to educate and assist the public each week in Green Valley, Sahuarita, and Flowing Wells Public Libraries.

Navigators reached an estimated 34,473 individuals through marketing activities including flyer distribution at over 70 locations throughout Southern Arizona including schools, business and NGO offices, churches, public libraries, and conferences. Navigators participated in six radio programs to reach and educate over 18,000 individuals and wrote a newspaper column in Arizona Daily Star - La Estrella Newspaper which reached an estimated 5,000 individuals. Outreach included partnering with new organizations including First Things First, New Found Hope, SHARE, and the Tohono O'odham Nation.

Navigator accomplishments:

2,498 Individuals reached



85 Individuals enrolled in AHCCCS or KidsCare



1,177 Appointments



50 Events



62 Enrolled in Marketplace coverage



Navigator Maria Losoya works with a consumer.



Navigators Gabriela Sanchez and Maria Losoya.



Navigators Gabriela Sanchez and Dina Suarez at the 48th Annual Arizona Rural Health Conference.



Rural EMS Advanced Telemedicine Demonstration Initiative (AzREADI)

Joshua Gaither MD, Co-PI & Amber Rice MD, Co-PI

Primary goals of the project:

- Matching the right patient with the right destination via the right transport modality.
- Determining when it is safe to transport patients with a primary complaint of chest pain via a basic life support (BLS) unit, allowing an advanced life support (ALS) unit in district to remain available to respond to the next call that requires a higher level of service.
- Determining when it is safe to transport patients via ALS ground, rather than by air - saving the patient, provider and payer time and money.

Expected outcomes:

- Develop a sustainable telemedical infrastructure that places rural EMS agencies at the cutting edge of medical care by reducing EMS transports to emergency departments for non-urgent complaints.
- Maintain available advanced life support services using real-time physician consultation.
- Measure system performance markers, including primary outcomes, secondary outcomes, and sustainability performance markers.

The AzREADI purpose is to link rural Emergency Medical Services (EMS) providers with board certified emergency medicine physicians to address specific patient complaints in real-time using two-way video communication via a fully HIPAA compliant telemedicine platform.

In participation with the Rio Rico Medical and Fire District and the Sonoita-Elgin Fire District, new and innovative approaches to rural prehospital care in southern Arizona was made possible by providing 24/7, real-time, on-line medical direction via telemedicine.

Using telemedicine and integrating physician support into existing EMS programs establishes a framework that will more easily allow other rural EMS agencies to participate in the future. As Medicaid and Medicare move to value-based payment, rural EMS agencies can reduce the costs of care, improve quality, and increase patient satisfaction. In exchange for offering telemedicine service in rural EMS, outcomes included: enhancing communication, providing new telemedicine services in rural environments, improving preparedness, and sustaining community partnerships.



HRSA awarded AzCRH and the Department of Emergency Medicine a 2-yr, \$600,000 grant - one of just three FLEX programs in the US funded - for the *Arizona Rural EMS Quality Assurance Program* from 9/1/22 to 8/31/24.

The AzCRH Rural Health Professions Program (RHPP)

Marc Verhougstraete PhD & Jennifer Peters

The AzCRH Rural Health Professions Program (RHPP) at the Mel & Enid Zuckerman College of Public Health (MEZCOPH) is a partnership with the University of Arizona (UArizona) Area Health Education Center (AzAHEC) Program and its five Regional Centers – CAAHEC, EAHEC, CPCHP, SAAHEC, WAHEC.

The MEZCOPH RHPP is one of nine RHPPs – the others are housed in the UArizona Colleges Nursing and Pharmacy and the Colleges of Medicine in Tucson and Phoenix, the College of Nursing at Arizona State University (ASU), and the Physician Assistant and Dental Hygiene Programs at Northern Arizona University (NAU).

The MEZCOPH RHPP offers up to five graduate-level service-learning academic courses emphasizing experiential learning and reflection on health, assessing social and environmental determinates of health, and addressing health disparities. The aim is to increase the number of public health students who graduate and serve rural and underserved Arizona communities and populations. Of the students who participated in the RHPP and graduated, 76% work in underserved areas or with organizations serving underserved populations in Arizona.

Since 2018, the RHPP has had >150 students participate in service-learning courses and activities, totaling more than 7,200 contact hours. Participants are > 80% female, 40% Hispanic, >15% mixed race, 4% black or African American, and 4% Asian. More than 40% of our RHPP students grew up in a rural area; 56% grew up in Arizona. In 2021-2022, 35 MEZCOPH students participated in five service-learning courses and activities. Courses and activities were held in a hybrid format with students meeting virtually prior to the in-person community immersions.

The MEZCOPH RHPP program also administers the Interprofessional AHEC Scholars Program, with the eight other RHPPs. The two-year interprofessional Scholars program provides students with community-based experiential training in rural or underserved Arizona communities. In FY 2022, one Scholars cohort graduated, another cohort continued to engage with Arizona's communities through their first year, and recruitment for the 2023 Scholar cohort will begin in the fall of 2022. The MEZCOPH RHPP sponsored five students in the graduating AHEC Scholars Program cohort and eight students in the continuing cohort.

2022 Family, Maternal and Child Health in Urban Settings Service Learning course in Tucson. Students harvest crops in the Tierra Anita community garden in Tucson, which is managed by Primavera Foundation. Harvested fruits and vegetables are cleaned and provide meals to people living in nearby shelters. 2022 Rural health service learning course work with Discovery Park.



Students talk with the Graham County Substance Abuse Coalition.



Students learn about the history of the Freeport-McMoRan Morenci Copper Mine.



AzCRH Internship Program

Melissa Quezada

The AzCRH Internship Program provides opportunities for undergraduate and graduate student internship and dissertation community-based projects in Arizona's rural and urban underserved areas. Students worked on program design, implementation, evaluation, and other projects. Several graduates became AzCRH staff.

FY 2022 Internship Highlights:

Eniola Idowu, MPH, graduated from the Zuckerman College of Public Health (MEZCOPH) with an MPH in Health Behavior and Health Promotion in May 2022. She was the Evaluation Coordinator for the AzMAT Mentors Program. Ms. Idowu is now an Evaluation Associate for LeCroy & Milligan Associates.

Heather Kennings, MPH, graduated from the University of Arizona Zuckerman College of Public Health with an MPH in May 2022. She was the Coordinator for the Students Helping Arizona Register Everyone (SHARE) Project.

We thank our AzCRH student employee, Allina Flaar. We so much appreciate your work on our federal and state funded projects! Ms. Flaar is now the Evaluation Coordinator for the AzMAT Mentors Program.

Congratulations to our 2021-2022 AzCRH interns and graduates! Bear down!

Check out internship updates at <http://crh.arizona.edu/programs/internships>



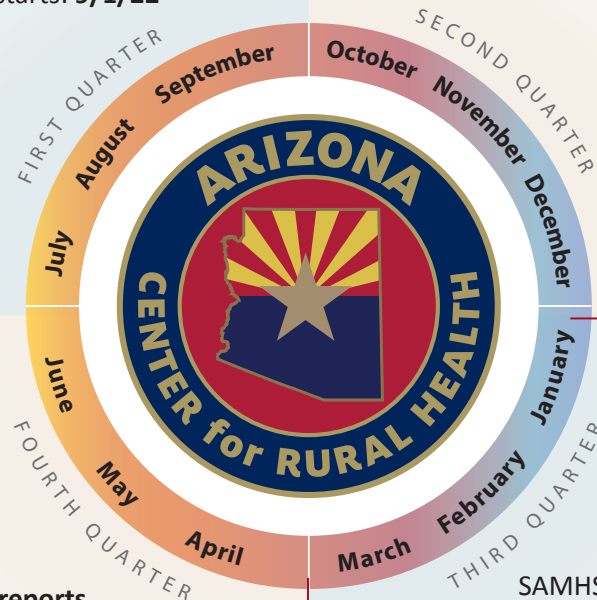
AzCRH Deliverables – FY21: July 1, 2022 to June 30, 2023

FY '23 1st Quarter Action Items:

HRSA SORH Grant Yr 2 of 5 starts: **7/1/22**
 MEZCOPH RHPP AzAHEC FY - funding starts: **7/1/22**
 AzCRH Annual Report: **August**
 RHPP Border Health & MILAGRO Courses: **Aug – Dec**
 CMS-AACHC Navigator: **8/27/2022**
 HRSA SORH PIMS due: **8/30/22**
 HRSA Flex Grant Yr 4 of 5 starts: **9/1/22**
 HRSA Flex EMS Supplement Grant Yr 1 of 2 starts: **9/1/22**
 ADHS-SAMHSA AzMAT Mentors Yr 4 starts: **9/1/22**
 ADHS-CDC OD2A Grant Yr 4 starts: **9/1/22**
 ADHS-SAMHSA-MAT Mentors Yr 4 starts: **9/1/22**

FY '23 2nd Quarter Action Items:

SAMHSA-ADHS-FR-CARA starts: **10/1/22**
 SAMHSA-ADHS-FR-CARA: **monthly reports**
 HRSA Flex Yr-End Report: **11/15/22**
 Marketplace Open Enrollment Starts: **12/1/22**
 SHIP NCC Released: **12/1/22**
 SORH NCC Released: **12/1/22**
 RHPP Semi-Annual Report: **12/30/22**
 MAT Mentors Quarterly Report: **12/31/22**



FY '23 4th Quarter

Action Items:

SAMHSA-ADHS-FR-CARA: **monthly reports**
 RHPP Rural & Tribal Health Service-Learning: **Mar - May**
 Annual RHPP Meeting: **May**
 ADHS OD2A Quarterly Report: **5/31/23**
 AzCRH Rural Health Conference: **June**
 SHIP Grant Yr starts: **6/1/23**
 ADHS-CDC Award Yr 2 of 2 starts: **6/1/23**
 MAT Mentors Quarterly Report due: **6/30/23**

FY '23 3rd Quarter Action Items:

SAMHSA-ADHS-FR-CARA: **monthly reports**
 RHPP Phoenix Service-Learning Course: **Jan**
 AzCRH Rural & Public Health Policy Forum: **Feb**
 RHPP Tucson Service-Learning Course: **Jan – Mar**
 RHPP MILAGRO Course: **Jan – May**
 SHIP NCC Due: **Mid-Feb**
 SORH CC Due: **Mid-Mar**
 ADHS OD2A Qtrly Report: **2/28/23**
 Flex NCC released: **Mid-March**
 MAT Mentors Quarterly Report: **3/31/23**



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