

39th Annual Arizona Rural Health Conference - September 13 & 14, 2012

General Sessions Descriptions

Presenter Facilitator	Healthcare Reform Update for Employee Benefit Plan Sponsors
<p>Douglas Adelberg, Vice President, Lovitt & Touché, Inc.</p> <p>Facilitator: Neil MacKinnon, PhD, Director, Center for Rural Health at The University of Arizona, Mel and Enid Zuckerman College of Public Health</p>	<p>With only two renewals left before the implementation of Healthcare Reform in 2014, time is short for you to understand the complexities and nuances of what is allowed and what is required. If your current Employee Benefits strategy is to continue to transfer costs to employees through increased contributions, deductibles and coinsurance amounts, then you need to understand how this legislation can provide better alternatives to managing your healthcare costs.</p> <p>This presentation will provide answers to these critical questions:</p> <ul style="list-style-type: none"> • Why is Healthcare Reform not all bad news? • Where are the opportunities inside of Healthcare Reform and how can you take advantage of them? • Do you know what your healthcare costs are going to be for 2014 and beyond? <p>This presentation will change the way you look at healthcare, it will no longer be just an expense, but become part of how you compensate your employees.</p>
Presenter Facilitator	ANDREW W. NICHOLS MEMORIAL RURAL AND BORDER HEALTH POLICY LECTURE
<p>Community Matters: New Paradigm Thinking for Rural and Border Health</p> <p>Denny Berens, B.S.Ed, Former Director of the Nebraska Office of Rural Health and Past President of the National Rural Health Association</p> <p>Facilitator: Lynda Bergsma, PhD, Director, Arizona SORH Program, Center for Rural Health at The University of Arizona, Mel and Enid Zuckerman College of Public Health</p>	<p>Each year we talk about what is happening in our rural areas and the health care services that we would like to see. Most of our words and thoughts seem to center on the negatives of rural places and the lack of resources to do needed work. We write grants that use negatives instead of assets and we tend to lament the lack of outside support for the places and people we love. So what is different this year, this decade and for our near and distant future? What is the role of communities and each of the people that live there? What is your role as someone who cares for and works for care service systems? Can anyone make a difference these days? Community Matters: what matters and what matters should we be addressing?</p> <p>Objectives: What type of leadership exists in rural and how can we take advantage of this to change the paradigms? What is a paradigm? What paradigms exist in rural places? And how can we change the paradigms? What is the present rural health service delivery paradigm and how can we bend or change it? Who are you and what can you do to change the paradigms that are holding back rural areas? What is a common vision that we can agree on to create a new set of paradigms?</p>

Presenter Facilitator	Indian Health Care and the Affordable Care Act (PL 118-148)
<p>Herman Honanie, Vice Chairman, Hopi Tribe</p> <p>Facilitator: Michael Allison, Native American Liaison, Office of the Director, Arizona Department of Health Services</p>	<p>The presenter will provide an overview of the Affordable Care Act as it pertains to health care for American Indians/Alaska Natives. Included within the Affordable Care Act is the Permanent Authorization of PL 94-437, the Indian Health Care Improvement Act, the corner stone legal authority for the provision of health care for American Indians/Alaska Natives.</p> <p>Learning Objectives: Participants will learn:</p> <ul style="list-style-type: none"> • that the Affordable Care Act contains critical legislation related to health care for American Indian/Alaska Natives. • Some key provisions related to American Indians/Alaska Natives health care legislation with the Affordable Care Act and the Permanent Authorization of the Indian Health Care Improvement Act.
Presenters Facilitator	Arizona AHEC Update
<p>Jeri Byrne, Executive Director, EAHEC Sean Clendaniel, Center Director, NAHEC Gail Emrick, Executive Director, SEAHEC Ines Pampara, Director, WAHEC</p> <p>Facilitator: Sally J. Reel, PhD, Director, Program Office, AzAHEC</p>	<p>This session will provide an update of the efforts by the Arizona Area Health Education Center (AHEC) and the five AHEC Centers (Eastern Arizona AHEC, Greater Valley AHEC, Northern Arizona AHEC, Southeast Arizona AHEC, and Western Arizona AHEC) as they collectively enhance access to quality health care, particularly primary and preventive care, and improve the supply and distribution of healthcare professionals in rural and urban medically underserved areas of Arizona.</p> <p>Learning objectives: Participants will gain an understanding of the:</p> <ul style="list-style-type: none"> • goals of the Arizona AHEC and the five AHEC regional centers. • accomplishments of Arizona AHEC and the five AHEC regional centers.
Presenter Facilitator	BRUCE GULLEDGE MEMORIAL LECTURE
<p>Lovin' Rural Arizona</p> <p>Chad Campbell, PA-C, Family Practice Clinics Globe/Miami</p> <p>Facilitator: Blaine Bandi, Executive Director, Arizona Health Facilities Authority</p>	<p>The definition of rural health may differ between different entities, but what they do have in common is the lack of health care and health care providers in rural communities. There are many theories including financial reimbursement and lack of resources and social/community perks. This presentation is by one organization that is successful in providing health care in rural Arizona. It will focus on the recruitment, vision, and business aspect of family practice in rural health care. Mr. Campbell owns and operates two Family Practice Clinics in the Globe/Miami area and works with his Medical Director Holly Rooney, MD, and two PA's, who joined the practice as independent contractors. Both PA's completed AHEC clinical rotations in the community. Chad will be utilizing one of his clinics as the site to bring family practice residents from the Family Medicine program at Phoenix Baptist Hospital. Jerri Jensen, MD, a Fellow with the Integrative Medicine program at the University of Arizona, joined the business as an independent contractor to see patients and oversee the work with residents and will introduce the</p>

	<p>philosophy and methods of integrative medicine to them. Chad, in kind, will be working with PA students from A.T. Still University to introduce them to integrative medicine methods and rural medicine. This dynamic and interactive presentation will allow participants to think outside the box when it comes to medical provider recruitment and retention strategies for rural areas of Arizona.</p> <p>Objectives: Participants will learn how to:</p> <ul style="list-style-type: none"> • design a rural practice and business plan that has longevity • recruit and hire team members and providers that will stay in rural practice • continue to stay successful without competing with those around you
<p>Presenters Facilitator</p>	<p>Developing an HIT Roadmap in Rural Areas</p>
<p>Ryan Sommers, PMP, Senior IT Project Manager, Arizona Strategic Enterprise Technology Office Lorie Mayer, JD, State of Arizona HIT Coordinator for Arizona Strategic Enterprise Technology (ASET) and Arizona Health Care Cost Containment System (AHCCCS) Melissa Rutala, MPH, CEO, Arizona Health-e Connection</p> <p>Facilitator: Mike Albertson, Partner, Health Solutions and Market Intelligence</p>	<p>The panel presentation will cover the challenges and potential solutions in expanding health IT and health information exchange in “white space” or rural areas. White Space is defined by the Department of Health and Human Services as areas where health care providers have no internet capabilities, cannot afford connectivity, do not have an EHR, or are not capable of connecting with a health information exchange either due to EHR system limitations or lack of health information exchange options. The panel will discuss ways to address these challenges and provide outreach and communication to help providers understand their health information exchange options.</p>
<p>Presenter Facilitator</p>	<p>The Affordable Care Act (ACA): Implications for Rural Health Care Access, Coverage & Workforce</p>
<p>Daniel Derksen, MD, Professor, Chair, Public Health Policy & Management Section Community Environment and Policy Division, The University of Arizona, Mel and Enid Zuckerman College of Public Health</p>	<p>Since H.R. 3590 the “Patient Protection and Affordable Care Act,” also known as “ACA” or “Obamacare,” was signed into law in 2010, many funding and implementation changes have altered the health landscape. In June of 2012 the U.S. Supreme Court upheld key ACA health coverage provisions. The presentation will help participants understand the implications and opportunities of how these rulings, and ACA implementation, will affect rural health care access, insurance coverage, Medicaid expansion, and the health workforce providing care to the newly covered.</p>

<p>Facilitator: Neil MacKinnon, PhD, Director, Center for Rural Health, The University of Arizona, Mel and Enid Zuckerman College of Public Health</p>	<p>Learning Objectives: Attendees will:</p> <ol style="list-style-type: none"> 1. Understand how the ACA Supreme Court rulings affect rural health access, coverage (Medicaid expansion, health insurance exchange), and workforce. 2. Understand how the ACA affects health insurance coverage and access to care. 3. Identify ACA opportunities to improve health in rural and underserved areas.
<p>Panel Facilitator</p>	<p>Rural Perspectives on the ACA</p>
<p>Matt Jewett, Director of Health Policy, Children’s Action Alliance Patrick Peters, CEO, Mt. Graham Regional Medical Center James Welden, CEO, Mariposa Community Health Center</p> <p>Facilitator: Neil MacKinnon, PhD, Director, Center for Rural Health at The University of Arizona Mel and Enid Zuckerman College of Public Health</p>	<p>Since H.R. 3590 the “Patient Protection and Affordable Care Act,” also known as “ACA” or “Obamacare,” was signed into law in 2010, many funding and implementation changes have altered the health landscape. In June of 2012 the U.S. Supreme Court upheld key ACA health coverage provisions. The presentation will help participants understand the implications and opportunities of how these rulings, and ACA implementation, will affect rural health care access, insurance coverage, Medicaid expansion, and the health workforce providing care to the newly covered.</p>

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Workshop Presentations Descriptions

PRESENTERS	TRACK 1: ACCESS TO CARE Integrating Primary Care and Behavioral Health Services in a Community Health Center - A Perspective
<p>Michelle Ellis, Chief of Behavioral Health, MHC Healthcare/Behavioral Health</p> <p>Vanessa Seaney, Chief Clinical Officer, Community Partnership of Southern Arizona</p>	<p>In this session, staff from a Federally Qualified Health Center (FOHC) and staff from Community Partnership of Southern Arizona (CPSA), the local RBHA, will explain in detail the steps taken to develop one of the first "integrative programs" in Pima County. The Marana Health Center (MHC) worked closely with CPSA and OBHL to open the IHCC, Integrative Healthcare Center. The IHCC, located on the Internal Medicine wing of the new MHC Medical Facility, provides services to all seriously mentally ill clients in the same hallway where they receive their medical services. The IHCC is also in the same facility that provides dental, radiology, lab and quick care services. This breakout session will discuss our step by step approach in the design of the IHCC, our successes and our hurdles. In addition, we will discuss the on going successes as well as the barriers to maintaining a truly integrative program.</p> <p>Learning Objectives: Participants will:</p> <ol style="list-style-type: none"> 1. Identify 4 initials steps in the development of an integrative program. 2. Identify 4 processes that must be in place to assure optimal integrative services. 3. Identify 4 barriers to successful integrative services. 4. Participate in discussion of trainings that need to occur to assure optimal understanding of the relationship between Behavioral Health and Primary Care as well as the issues present within each field in the process of integration.
PRESENTER	TRACK 2: QUALITY OF CARE Community Health Representative Program Standards: A Paradigm for Success
<p>Mercy Banez-Car, RNEBC, BSN, MPH, Director, Public Health Nursing, Gila River Health Care, Komatke Health Center</p>	<p>The position of Community Health Representative involves proficiency in several health assessment and monitoring skills. These include, among others, blood pressure monitoring, assessment of temperature, pulse, and respiration, blood glucose monitoring, weight and height measurement, and oximetry readings. Several factors contribute to the variation in individual techniques:</p> <ul style="list-style-type: none"> • Training • Frequency the skill is used • Length of time the skill is used (may vary over time) • Type and condition of equipment <p>As interventions and treatment requirements are usually based on assessment results, initial and periodic assessment of proficiency is imperative. As the staff makes contact with well patients and those who are ill, they are at risk for contracting and/or transmitting disease. To minimize the CHR's risk to themselves and to the population they serve, the employer has the responsibility insure the CHR's wellness through structured and scheduled health assessment checks. In addition, the employer shares the responsibility for compliance with educational, organizational, licensure, and/or regulatory requirements. These vary by organization, state, and other parameters, but all of them deserve consideration. Recordkeeping systems can take one or more formats, and the simpler the system, the easier it is to manage.</p>

PRESENTERS	TRACK 3: OPTIMIZING COST Telemedicine Increases Access to Specialty Care in Arizona
<ul style="list-style-type: none"> ▪ Ronald Weinstein, MD, Director, Arizona Telemedicine Program ▪ Ana Maria Lopez, MD, MPH, FACP, Medical Director, Arizona Telemedicine Program ▪ Michael Holcomb, BS, Associate Director, Information Technology, Arizona Telemedicine Program 	<p>Dr. Weinstein will:</p> <ul style="list-style-type: none"> • Begin the workshop with an overview of telemedicine both regionally and nationally. • Discuss the number and estimated case loads of telemedicine programs in Arizona. Telemedicine programs have been successful in Arizona in many rural communities, in community health centers, on Indian Reservations, and in correctional institutions. • provide an update on legal, regulatory and reimbursement issues on telemedicine in Arizona. • Reference several outstanding telemedicine/telehealth education programs that are readily available for Arizona health workers, at the ATP's Tucson and Phoenix campuses. <p>Dr. Lopez will:</p> <ul style="list-style-type: none"> • Focus on the telemedicine clinical applications that are currently available in Arizona. • Discuss important applications of telemedicine including teleradiology, telepsychiatry, teletrauma, telerheumatology, telestroke and other services. • Provide information on the clinical importance of specific applications from the perspective of a practicing telephysician. • Consider human resources issues in telemedicine including current barriers to recruiting doctors to provide telemedicine services. She will suggest possible solutions. • Share her views on the impact of a high level of physician turnover on telemedicine in Arizona rural communities and solutions such as arranging for personal telemedicine orientation sessions for newcomers to rural communities. • <p>Mike Holcomb is an expert on information technologies and their expanding roles in healthcare. He will:</p> <ul style="list-style-type: none"> • Describe the establishment and growth of the Arizona Rural Telemedicine Network. • Share lessons learned from operating a large telehealth network infrastructure. • Discuss future trends in network connectivity, network security issues, and patient privacy in a telehealth clinic environment <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1) How can telemedicine improve healthcare rural Arizona. 2) What type of clinical applications work at a distance? 3) How technology barriers can be overcome. 4) Are there legal and regulatory barriers to doing telemedicine?

<p>PRESENTER</p>	<p>TRACK 1: ACCESS TO CARE Incentives for Provider Recruitment and Retention: Arizona Department of Health Services Workforce Programs</p>
<ul style="list-style-type: none"> ▪ Ana Roscetti, Workforce Section Manager, AZ Department of Health Services 	<p>The presentation has two main objectives:</p> <ol style="list-style-type: none"> 1) To provide information about available programs that agencies can utilize as incentives to recruit providers to work in the rural areas, and 2) To describe ADHS' strategies for provider recruitment and retention.
<p>PRESENTERS</p>	<p>TRACK 1: ACCESS TO CARE Educate and Recruit: Meeting the Healthcare Provider Shortage in Arizona</p>
<ul style="list-style-type: none"> ▪ Patrick Enking, MS, PA-C, Clinical Coordinator/Associate Clinical Professor, Northern Arizona University Physician Assistant Program ▪ Bettie Coplan, MSPA, PA-C, Associate Clinical Professor, Northern Arizona University Physician Assistant Program 	<p>A study describing significant healthcare provider workforce shortage issues was conducted in Arizona in 2005. In response to the findings, the educational and medical communities in the state have organized efforts to address these needs. The University of Arizona has created a second medical school in Phoenix and Northern Arizona University has created a Physician Assistant Program to educate more healthcare providers. To help meet the needs of underserved communities, rural health centers can recruit graduates more effectively by providing educational programs within the community. During this learning and teaching process, rural health organizations can identify potential future employees and introduce them to the community. If implemented successfully, a win-win opportunity for both institutions can be achieved. During this workshop, several methods of integrating students into the clinical setting while minimizing the teaching effort will be explored. Using these approaches, challenges such as the time expenditure for teaching while seeing patients can be reduced. This workshop will include role playing and small group discussion activities.</p> <p>Goal: To increase awareness on how educating healthcare professions students in rural areas of Arizona can address workforce shortages.</p> <p>Learning objectives: By the end of the workshop the participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe the healthcare workforce shortage in Arizona. 2. Identify challenges and opportunities to educating students in the rural hospital/clinical setting. 3. List and describe techniques used to efficiently integrate students into the clinic. 4. List the advantages of using a preceptor experience as an 'interview' process in the recruitment of students to work in the practice upon graduation.

<p>PRESENTERS</p>	<p>TRACK 1: ACCESS TO CARE "E-wemta" - Bringing Together Tribal and Non-Tribal Entities to Enhance Community Behavioral Health Services on the Tohono O'odham Nation</p>
<ul style="list-style-type: none"> ▪ Julia Chavez, Tribal Liaison, Community Partnership of Southern Arizona ▪ Tkay Estes, Program Director, Pantano Behavioral Health/Intermountain Centers for Human Development 	<p>Working with Tribal communities in Arizona is a delicate process that requires patience, respect and perseverance. For non-tribal entities, it is particularly difficult to gain a Tribe's trust and be allowed to serve their Tribal members. Through the combined efforts of the Community Partnership of Southern Arizona, Pantano Behavioral Health, Intermountain Centers for Human Development and the Tohono O'odham Nation an innovative array of culturally compatible community based behavioral health services has been created on the Tohono O'odham Nation. The establishment of this unique program sets the foundation for other non-tribal entities to work with Tribal communities throughout Arizona.</p> <p>Learning Objectives/Goals: Participants will:</p> <ol style="list-style-type: none"> 1. Acquire information regarding collaborative efforts made by the Community Partnership of Southern Arizona, Pantano Behavioral Health Services, Intermountain Centers for Human Development and the Tohono O'odham Nation's Health and Human Services Department, Indian Health Services and various Tribal programs. 2. Gain insight into the critical diplomatic relationships needed to navigate both the Tribal and State systems. 3. Better comprehend the challenges and unique solutions experienced in providing services on the Tohono O'odham Nation. 4. Learn about providing quality delivery of home based behavioral health services, in a wide geographical area, to preserve the family within the context of their own culture.
<p>PRESENTER</p>	<p>TRACK 1: ACCESS TO CARE Peer Driven Tribal Recovery Model</p>
<ul style="list-style-type: none"> ▪ Roberta Howard, MA, MS, MCS, Chief Executive Officer, NAZCARE, Inc. 	<p>This model is a sustainable workforce development model based on the Best Practice Behavioral Health Workforce Development. The model utilizes Peer Supports Specialist to deliver direct services that are sustainable through billable services. This model will increase recovery support services to tribal members through Peer Support Specialist delivered services and will increase sustainable jobs that will increase the number of providers. It will provide highly trained and certified tribal members to become trained Behavioral Health Para-Professionals that can reach out into the community with services and perform community integration; provide a billing mechanism for tribal healers who are certified as Peer Specialists and it will provide much needed jobs in health care.</p>
<p>PRESENTER</p>	<p>TRACK 3: OPTIMIZING COST RHC Compliance and Operation</p>
<p>Robin VeltKamp, BS, Vice President Medical Compliance and Consulting Services, Health Services Associates, Inc.</p>	<p>This presentation will:</p> <ul style="list-style-type: none"> ▪ Cover the RHC Federal J tag requirements along with CMS additional requirements to assure patient and staff safety. MSDS Sheets, purpose and compliance of use will be addressed. The purpose of policies/procedures as well as how an Independent and Provider Based RHC can meet the requirements and implement policies into the operations of the clinic. ▪ Review the requirements for the necessity of complete implementation of an evacuation plan and the yearly requirements for conducting preventive maintenance reviews. ▪ Review the importance of understanding the yearly requirements of a facility as well as various safety concerns within the RHC clinic setting. <p>The participants will:</p> <ul style="list-style-type: none"> • learn the expectations for RHC compliance and safety • understand the readiness for certification/re-certification and how to handle any deficiencies found during the survey • understand RHC clinic safety expectations.

<p>PRESENTERS</p>	<p>TRACK 1: ACCESS TO CARE Patient and Provider Preferences for Pharmacy Services in Rural, Border Population</p>
<ul style="list-style-type: none"> ▪ Elizabeth Hall-Lipsy, JD, MPH, Assistant Professor, The University of Arizona College of Pharmacy ▪ Amy Kennedy, PharmD, Assistant Professor, The University of Arizona College of Pharmacy 	<p>Innovative pharmacy services, like medication therapy management, pharmacist administered immunizations, and collaborative disease therapy management demonstrably improve patient care and outcomes. This project identified pharmacy related needs and preferences of community members and health care providers and their staff in a rural, border community. In January 2009, The University of Arizona College of Pharmacy, the Regional Center for Border Health, and the San Luis Walk In Clinic conducted a pharmacy needs assessment in San Luis, Arizona by: (1) conducting targeted questionnaires door-to-door; and (2) conducting two focus groups: one with providers and one with staff members of the San Luis Walk In Clinic. Although community members and providers acknowledged some of the basic, but vital roles pharmacists play in improving health, more education for both providers and patients is needed related to innovative pharmacy services that address potential gaps in care.</p> <p>LEARNING OBJECTIVES: (1) Demonstrate the role that pharmacists play in improving patient outcomes. (2) Describe patient and provider preferences for, and satisfaction with, pharmacy services in a predominantly Hispanic, rural, border population. (3) Identify potential challenges for implementing innovative pharmacy service.</p>
<p>PRESENTERS</p>	<p>TRACK 1: ACCESS TO CARE Legal and Ethical Implications of Cross-Border Emergency or Pandemic Declarations</p>
<ul style="list-style-type: none"> ▪ Leila Barraza, JD, MPH, Deputy Director, Network for Public Health Law - Western Region; Fellow, Public Health Law and Policy Program, Sandra Day O'Connor College of Law, Arizona State University ▪ Daniel Orenstein, JD, Deputy Director, Network for Public Health Law - Western Region; Fellow, Public Health Law and Policy Program, Sandra Day O'Connor College of Law, Arizona State University 	<p>With the increased availability and ease of international trade and travel, attempts to control the spread of infectious disease must necessarily adopt a global public health approach. As evidenced by the H1N1 and SARs outbreaks, the promotion of transnational disease control is critical. This workshop proposes to address the legal and ethical implications of cross-border emergency or pandemic declarations consistent with the International Health Regulations (IHRs) as revised by the World Health Organization in 2005. Specifically, issues to be addressed include: (1) the availability of reciprocity for health care workers licensed in their home jurisdiction to practice in bordering nations under emergency or pandemic conditions; (2) legal authority for restrictive emergency public health interventions following an emergency or pandemic declaration (e.g., travel restrictions; isolation and quarantine measures); and (3) legal avenues to effect cross-border cooperation (e.g., international law; MOUs). Specific emphasis will be placed on travel between Arizona and Mexico, as these issues significantly affect the availability of community health workers to assist in recovery or the prevention of the spread of disease. Lastly, the workshop will discuss relevant key aspects of the recently developed Arizona Model Code of Public Health Emergency Ethics.</p> <p>This workshop fits solidly within the realm of the access to care track, as the need for available, qualified health care personnel and community health workers during emergencies is essential to protecting the public's health. As the projections of a future nursing and physician shortage worsen, the availability of health care workers during emergencies from one's home country or a bordering nation is critical. Arizona's rural and tribal borders with Mexico make this workshop invaluable to rural public health practitioners working in these jurisdictions.</p>

<p>PRESENTERS</p>	<p>TRACK 2: QUALITY OF CARE “Putting the Horse Before the Cart”: A Model for Assuring Quality In AHEC Workforce Development Activities</p>
<ul style="list-style-type: none"> ▪ Gail Emrick, MPH, Executive Director, Southeast AZ Area Health Education Center (SEAHEC) ▪ Mireya Velasco, BSBA, Program Coordinator for Future Healthcare, SEAHEC ▪ Erin Sol, Program Coordinator for Health Professions Student Placement, SEAHEC 	<p>The overall goal of the session is to familiarize AHEC staff with the importance of quality assurance in program development and implementation, an often overlooked aspect of performance evaluation.</p> <p>By the end of this session participants will:</p> <ol style="list-style-type: none"> 1. Be familiar with a framework for quality assurance in AHEC programs 2. Utilize the logic model for developing quality assurance tools 3. Devise “next steps” for their AHEC program quality assurance <p>The Southeast Arizona Area Health Education Center has six established health career clubs for high school students and offers health professions student and residency placement in three counties. With new direction to its program, SEAHEC established protocols to ensure that we were comparing apples to apples and ultimately we could develop sound evaluation methods. To get there, we needed to establish a systematized methodology for quality of our clubs and in tracking and evaluating student placement experiences.</p> <p>This presentation will guide the participants through SEAHEC’s “Protocol Manual for High School Health Career Clubs” which includes facilitator preparation check lists, student learning assessment tools, and exit surveys. Focus areas which are assessed include: lessons on financial aid, university tours, guest lectures and community health research projects. As well it will familiarize participants with a pre and post survey for rural rotation students and residents, which measures individual changes in attitudes and intent in service in rural communities.</p>