The Center for Rural Health (CRH) - serves Arizona through its mission to “improve the health and well-being of rural populations.” Established as the Rural Health Office in 1981 with funding from the U.S. Department of Health and Human Services, it coordinates statewide rural health initiatives. Center staff, faculty and collaborators have expertise in population, rural and border health; rural and critical access hospitals; community health centers including rural health clinics (RHCs) and federally qualified health centers (FQHCs); health workforce assessment, planning and policy development; community engagement; service-learning training; practice based research; and rural health policy development, implementation and assessment.

The Center houses programs funded in part by the state, the Health Resources Services Administration (HRSA) and other sources to support the Arizona State Office of Rural Health (AzSORH), the Arizona Rural Hospital Flexibility Program (AzFlex), and the Arizona Small Rural Hospital Improvement Program (AzSHIP). In 2014, CRH collaborated with Dr. Doug Taren as Principal Investigator for the Western Region Public Health Training Center, with other State Offices of Rural Health, awarded for fiscal years 2015-17.

From the Rural Health Office (RHO) founding director - Dr. Andy Nichols, to Alison Hughes MPA who transitioned the RHO, founded the Center for Rural Health (CRH) and served as its first Director, to Dr. Gary Hart and Dr. Neil MacKinnon, to its current Director, Dr. Dan Derksen - the Center has worked closely with community partners to improve health outcomes and access to quality healthcare, and reduce health disparities. Attribution for success extends broadly to these leaders, particularly the partners, staff and faculty who have tirelessly committed to the Center’s mission for more than three decades.

The 2014 Center for Rural Health Annual Report highlights achievements over the last year, identifies challenges and opportunities for 2015, and builds on the storied history of the partners dedicated to improve the health of all Arizonans, but especially those living in rural areas.
The Arizona State Office of Rural Health (AzSORH) – addresses ongoing and emerging health needs in rural Arizona. Continuously funded since 1990, AzSORH is an initiative of the Federal Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS). SORHs are a focal point in each state for rural health. The program provides an institutional framework linking rural communities with State and Federal resources to develop long-term partnerships and solutions to improve rural health.

The AzSORH five core activities are to:

1. Serve as a clearinghouse of information and innovative approaches to rural health services delivery – such as collecting and disseminating innovative approaches to providing high quality, cost efficient care, distributing trusted health insurance coverage information, and improving access to rural women’s health;

2. Coordinate state activities related to rural health to avoid duplication of efforts and resources - engaging and convening rural stakeholders in policy development, strengthening rural health planning and collaboration;

3. Identify Federal, State, and nongovernmental rural health programs and provide technical assistance to public and private, nonprofit entities serving rural populations - building local skills and capacities;

4. Strengthen Federal, State, and other partnerships in rural health – working with individuals, policy makers, state and federal agencies, health providers and institutions;

5. Promote recruitment and retention of a well trained health workforce - training the next generation of rural health professionals, enhancing the rural health workforce, collecting and analyzing data to inform health policy, using 3RNet to recruit health professionals to rural areas, providing state loan and scholarship information to health professional students and residents to encourage practice in rural Arizona after graduation.

The nation’s health system is undergoing dramatic transformation. Arizona is at the leading edge of change, and faces unique challenges and opportunities. The 2014 Top Five Factors Improving the Health and Wellness of Rural Arizonans Included:

1. Restoring Medicaid coverage to uninsured childless adults ≤ Federal Poverty Level (FPL).
   - **2014 Outcome**: Restored Medicaid coverage to 266,504 uninsured childless adults from 1/1/14 through 10/30/14 in AHCCCS (Arizona Health Care Cost Containment System).

2. Expanding Medicaid coverage from 100% FPL to 138% FPL as allowed by the ACA.
   - **2014 Outcome**: Covered 31,019 Arizonans.

3. Covering the uninsured in Arizona’s Federally Facilitated Health Insurance Marketplace.
   - **2014 Outcome**: 120,071 selected plans; 85% paid premiums.

4. Enhancing choice, decreasing premiums in Arizona Marketplace health plan offerings.
   - **2014 Outcome**: Insurer and plan choices increased from the first enrollment period 10/1/13 to 4/30/14 to the second 11/15/14 to 2/15/15; plan premiums dropped 10%; Arizona is the 2nd lowest state in silver premiums and 5th lowest in bronze premiums.

5. Reversing the rise in hospital uncompensated care seen during the great recession when hospital uncompensated care skyrocketed from 3.5 to 8.2% of revenue from 2009 to 2012.
   - **2014 Outcome**: State and federal policy interventions 2013-14 increased Critical Access Hospital Pool funding, decreased uncompensated care, and covered more uninsured in AHCCCS and the Marketplace. The federal/state AHCCCS payments to CAHs will increase from $1.7 million in FY 2014 to $8.8 million in FY 2015.
COLLECTING AND DISSEMINATING INFORMATION

Conference and Forum Updates - the 2014 Center for Rural Health stakeholder survey and conference evaluation summaries reveal that the Center’s two large conferences receive high marks, provide timely information, allow for important networking between individuals and organizations, and serve a crucial convening function for leaders to advance rural health.

a) Annual Arizona Rural Health Conferences - The 40th Annual Arizona Rural Health Conference was held August 2013 in Prescott, Arizona. More than 160 attendees participated from across Arizona. The 41st Annual Rural Health Conference was for the first time held in conjunction with the 9th Annual Performance Improvement Summit for Critical Access Hospitals, with over 175 attendees. The PI Summit brings together Critical Access Hospital CEOs, CFOs, CNOs, Quality Managers, and IT personnel.

b) Rural and Public Health Policy Forum – is held at the state capitol in Phoenix in partnership with the Arizona Rural Health Association and the Arizona Public Health Association. The Forum addresses current rural and public health policy issues and their impact on Arizona’s rural and tribal communities and provide information on organizations legislative priorities for the upcoming session. Over 75 people attended the January 17, 2014 Forum.

Engaging and Convening Rural Stakeholders in Policy Development - AzSORH attends, facilitates and convenes public meetings, webinars, round tables and forums for ongoing and emergent rural health issues, beyond the two large meetings each year. The Center Director serves on the Board of the Arizona Rural Health Association, the Arizona Academy of Family Physicians, the SPS Telemedicine/Telehealth National Advisory Board, and the Presbyterian Health System Quality Board and Chaired the American Academy of Family Physicians Commission on Governmental Advocacy, is on the Arizona Hospital and Healthcare Association Small and Rural Hospital Constituency Group, and serves on the Steering Committee for the Arizona Department of Health Services initiative – the Arizona Health Improvement Plan (AzHIP). All Center Staff are in AzHIP working groups including Access to Well Care/Health Insurance, Healthcare Associated Infections, Oral Health, Overweight/Obesity, and others.
The Center actively worked with other state and national groups advancing rural health in the last year including the National Rural Health Association, the National Governors Association, the Arizona Public Health Association, Arizona Alliance for Community Health Centers, St. Luke's Health Initiative, Children's Action Alliance Arizona, Pew Charitable Trusts, the National Association of State Offices of Rural Health, Arizona Area Health Education Center, and the new Center for Population Science and Discovery at the Arizona Health Sciences Center.

**Disseminating Coverage, Access and Quality Rural Health Information** – about Medicaid Restoration, Medicaid Expansion, Arizona Marketplace, Access to Health Care, and the Uninsured. Dr. Derksen gave 30 invited presentations to 2,300 attendees in 15 communities in 2013-14, and was quoted and interviewed in more than 60 print, radio and television media articles and programs. Dr. Eng provided information at public events to educate, inform and assist uninsured Asian Americans/Pacific Islanders in Pima County with coverage options, as PI of a CMS Navigator grant. CRH staff gave public presentations, posted information on the CRH website, shared information in letters and publications, provided webinars, gave in-depth telephone and email technical assistance, and used social media to disseminate information. The Center provided one-third more technical assistance than the previous fiscal year, to 455 clients.

<table>
<thead>
<tr>
<th>Table 1. AzSORH Technical Assistance</th>
<th>7/1/13-6/30/14</th>
<th>7/1/12-6/30/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Depth Telephone, Email Interactions</td>
<td>545</td>
<td>695</td>
</tr>
<tr>
<td>Webinars</td>
<td>140</td>
<td>109</td>
</tr>
<tr>
<td>Teleconference</td>
<td>312</td>
<td>403</td>
</tr>
<tr>
<td>Face to Face</td>
<td>2343</td>
<td>1278</td>
</tr>
<tr>
<td>Other</td>
<td>216</td>
<td>192</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3556</td>
<td>2677</td>
</tr>
<tr>
<td>Total Clients Receiving TA</td>
<td>455</td>
<td>415</td>
</tr>
</tbody>
</table>

**Strengthening Rural Health Collaboration and Planning** - AzSORH builds and sustains vital connections between groups with similar goals, providing technical expertise for new and established rural health networks, and community health planning efforts. For example, in 2014 AzSORH worked with communities to develop plans to reduce health disparities in Pima County, San Luis and Flagstaff. In addition, AzSORH collaborates extensively with the Arizona Department of Health Services to recruit and retain health professionals to practice in Arizona, to educate health providers about appropriate opiate prescribing and to reduce deaths from prescription drugs, to improve health outcomes (AzHIP), and to develop a statewide network of community coalitions focused on reducing health disparities for racial and ethnic communities.
Improving Access to Rural Women’s Health - AzSORH is a founding member of the Arizona Rural Women’s Health Network, which coordinates programs and services to improve access to evidence-based, culturally relevant care for women and their families. The Arizona Alliance for Community Health was awarded a 3-year network development grant this year to enhance rural women’s health in Arizona.

BUILDING SKILLS AND CAPACITIES

Providing Technical Assistance – the AzSORH and AzFlex offered webinars on funding opportunities through the Federal Office of Rural Health Policy. Webinars included ‘Review of HRSA’s Rural Health Network Development Planning Grant Program’ (Dec 2013 and Nov 2014), ‘Review of HRSA’s Rural Health Care Services Outreach Grant Program’ (Sept 2014), and recorded and posted on the Center website.

Training the Next Generation of Rural Health Providers / Enhancing the Rural Health Workforce - the Center for Rural Health manages Arizona’s component of the National Rural Recruitment and Retention Network (3RNet) for Healthcare Professionals - a clearinghouse for over 5,000 communities across the country. Medical professionals connect with federal, state, local, and other medical staff recruiters. Arizona 3RNet provides assistance to medical professionals seeking positions in rural and/or underserved Arizona facilities, and to medical facilities offering employment opportunities. AzSORH collaborates with the Arizona Department of Health Services, Bureau of Health Systems Development, and the Arizona Alliance for Community Health Centers to recruit and retain healthcare professionals in rural areas. Rural communities receive technical assistance on retention strategies such as analyzing the benefits and challenges of living in rural areas, addressing workforce shortages, and meeting professional development needs.

COLLECTING AND DISSEMINATING DATA TO INFORM HEALTH POLICY

Arizona Rural Health Workforce Research - The CRH released “The Supply of Physician Assistants, Nurse Practitioners, and Certified Nurse Midwives in Arizona” in 2014. Partially funded by the Arizona Area Health Education Center (AHEC), such health workforce data, analysis and reports underscore the CRH role as a primary information source to inform health workforce policy for rural Arizona. At: http://crh.arizona.edu/publications/studies-reports.
**Arizona Rural Hospital Flexibility Program (AzFlex)** – In 1999, the Center for Rural Health initiated the AzFlex Program, with funding from HRSA’s Medicare Rural Hospital Flexibility Program that began after the Balanced Budget Act of 1997. Today, 15 rural Arizona hospitals have Critical Access Hospital (CAH) federal designation. CAHs are located in a rural area, have less than 25 inpatient beds, are 35 miles or more from another facility, staff a 24-hour Emergency Department, and maintain acute care status by averaging less than 96 hours for an inpatient stay. Medicare reimburses CAHs on a reasonable cost basis for inpatient and outpatient services. Enhanced reimbursement through Medicare and state funding (such as the Arizona CAH Pool), help sustain these crucial safety net services in rural communities. In the last year, AzFlex completed 18 site visits to 11 of the 15 Arizona CAHs.

AzFlex offers support and technical assistance to Arizona CAHs in the following four core areas:

**Performance and Quality Improvement** - Quality and Performance Improvement projects include helping CAHs use tools like the Hospital Consumer Assessment of Healthcare Providers (10 of 15 Arizona CAHs use HCAHPS), report on outcome measures in Hospital Compare (11 of 15 reported on at least one measure), and because the admission and discharge data for a specific diagnosis can be too small for the purposes of comparison – 14 of Arizona’s 15 CAHs participate in data collecting and reporting through the Medicare Beneficiary Quality Improvement Project (MBQIP). CAHs are working on projects to improve the patient experience including “Quiet at Night,” “Pain Management,” and “Physician Communication.” AzFlex convened Directors of Nursing and Quality from 12 CAHs in its Quality Network, used Team STEPPS methodology (an evidence-based teamwork system to improve communication among health professionals), to provide technical assistance for Quality Directors, and participated in the Arizona Department of Health Services quality committee on Healthcare Associated Infections. Thirteen of the 15 Arizona CAHs attended both the 2013 and 2014 Performance Improvement Summits, with 100% of the evaluations ranking the meeting from good to excellent, and many written comments supporting the decision to hold it in conjunction as a separate track with the Annual Rural Health Conference.

**Operational & Financial Improvement** - AzFlex supports efforts to improve CAH operational and financial performance improvement. One key sponsored event is the Western Region Flex Conference held yearly. AzFlex supports leadership staff and board members from AzCAHs to attend this conference and gain important information to improve operational and performance strategies. AzFlex also hosts an annual Performance Improvement Summit. This year the summit was held in conjunction with the 41st Arizona Rural Health Conference.
Arizona’s Critical Access Hospitals, Associated Rural Health Clinics and Federally Qualified Health Centers in Rural Areas
Health System Development and Community Engagement - AzFlex supports the AzCAHs in developing collaborative regional or local systems of care, addressing community needs, and integrating EMS in these systems of care. As an example, in collaboration with the Arizona Department of Health Services, Bureau of EMS, a statewide Trauma Performance Improvement Plan is being developed. Best practices are shared among the states’ Trauma Centers to ensure quality outcomes.

Tribal Health Initiative - The Center for Rural Health staff collaborates with Arizona’s sovereign tribal nations and rural community non-profit organizations to improve health outcomes and the well-being of these communities by conducting regional grant writing training, strengthening the American Indian health professional pipeline, capacity building assistance on health promotion/disease prevention interventions, and training health educators and community outreach workers on multi-media health communication methods and health literacy.

Strengthening Rural Health Care Delivery Systems – HRSA/ORHP has funded the Small Rural Hospital Improvement Program (SHIP) at the CRH since 2002. AzSORH helps eligible hospitals (<50 beds) apply, and AzSORH submits a single application to HRSA on their behalf. Over the past twelve years, a total of $1,344,000 - an average of $8,000 per year - was awarded to each of the 14 eligible Arizona hospitals. The SHIP focus is evolving to include Payment Bundling/Shared Savings, Value-Based Purchasing, and/or Prospective Payment System.

Rural Health Professions Program - the CRH and the Arizona AHEC partner to develop and implement four one-week service learning courses for graduate students in rural settings. Offerings include Maternal and Child Health in Rural Settings (Hopi and Navajo Nations), Rural Health Service Learning Institute (Safford, AZ), and the Border Health Service Learning Institute (Douglas, AZ).

Pima County AAPI Navigator Program - the Center for Rural Health was one of four Centers for Medicare and Medicaid Services (CMS) Arizona Navigator Grantees. The Navigator Program primary goal was to reduce the number of Asian American and Pacific Islander (AAPI) uninsured in Pima County. The Program established working relationships with leaders from eight AAPI communities. The Program reached out to more than 26,000 consumers, and had one on one contact with over 7,000 consumers.
Critical Access Hospital Economic Impact – Arizona’s Critical Access Hospitals play crucial roles in assuring access to quality health care, improving health outcomes, and contributing to their community’s overall economic health. AZ CAH fiscal margins improved over the last year. Medicaid (AHCCCS) and the Marketplace covered more uninsured in 2014, and hospital uncompensated care decreased from the levels seen during the great recession, that pushed CAH margins to the brink of bankruptcy in many communities.

However, new threats to Arizona CAH fiscal viability include: addressing a $0.5 to $1 billion estimated 2015 state budget deficit – that could erode CAH and Rural Hospital Payment Program funding by AHCCCS, facing possible cuts in state Medicaid (AHCCCS) payment for CAH hospital and their Rural Health Clinic outpatient services, diminishing Disproportionate Share (DSH) payments, eliminating state funding that helped cover uncompensated care, changing rural county and CAH designations that affect payment rates, and strictly enforcing CAH designation criteria as proposed by the Federal Office of the Inspector General (OIG). Figures 1 and 2 illustrate the precarious fiscal position of Arizona CAHs over the last 10 years. Any of the threats above could shift the CAH bottom line from a positive fiscal position to deficit.
Howard Eng, DrPH was honored at a White House ceremony as a “Champion of Change” in April 2014 for his work educating uninsured Asian Americans and Pacific Islanders in Pima County, and helping them select a plan on the Arizona Marketplace.

Beginning January 2015, Joyce Hospodar will serve as the new Region D Representative to the National Organization of State Offices of Rural Health (NOSORH) Board.

Jill Guernsey de Zapien, Associate Dean for Community Programs at the Zuckerman College of Public Health, received the 2014 Vision Award for Excellence in Health Planning from the American Public Health Association (APHA). Winston Tseng, PhD, Chair of the APHA Community Health Planning and Policy Development Section recognized Jill’s “exceptional leadership for more than 20 years advancing health planning and policy development in partnership with underserved populations through bi-national, community-based work in the U.S.-Mexico Border Region.”

After 27 years working for the betterment of Arizona’s rural communities, Lynda Bergsma, PhD, retired in June of 2014. Her work covered state and national efforts around oral health, media literacy, smoking cessation, and behavioral health. The Arizona Rural Health Association recognized Lynda with an Exceptional Rural Health Professional service award at the 41st Annual Rural Health Conference in August of 2014.

Kevin Driesen, PhD, retired in June of 2014 from the University of Arizona where he served as the Director of the Arizona Rural Hospital Flexibility Program in the Center for Rural Health. Kevin contributed in numerous capacities on grants and initiatives focused on rural areas including Area Health Education Centers (AHEC), Community Access Program (CAP), Health Careers Opportunities Program (HCOP), Border Volunteer Corps, and Border Vision Fronteriza. He was awarded a National Rural Health Association Fellowship in 2013.

The recipients for the Arizona Rural Health Service Awards presented at the 41st Annual Arizona Rural Health Conference were:

- Senator Steve Pierce | Distinguished Martha Ortiz Volunteer
- ¡Vida! Educational Series, Promoting Good Health | Inspiring Rural Health Program
For more information about our programs and projects, please visit our web site: http://crh.arizona.edu.

Design/layout: Paul Akmajian • Cover photo: Ken Miller