



45TH Annual Arizona Rural Health Conference

*Health in Context: Addressing Rural
Strengths and Challenges*

P R O G R A M

JULY 26 & 27, 2018 | FLAGSTAFF, ARIZONA



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

Center for Rural Health

Planning Committee

45th Annual Arizona Rural Health Conference

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Dear Colleagues:

Welcome to the 45th Annual Rural Health Conference: “Health in Context: Addressing Rural Strengths & Challenges” in Flagstaff, Arizona! As Arizona and our nation face uncertainty in Medicaid, Marketplace, Medicare and our health system, it is more important than ever to sustain positive gains, address emerging threats, and assure that the health care needs of rural, tribal, and underserved communities are addressed.

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

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

Daniel Derksen, MD, Walter H. Pearce Endowed Chair & Professor
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AGENDA – THURSDAY, JULY 26

7:15 – 8:00 AM Foyer	Check-in, On-site Registration and Continental Breakfast
8:00 – 8:10 Humphrey	WELCOME & OPENING REMARKS Daniel Derksen, MD, Director, Arizona Center for Rural Health
GENERAL SESSION 8:10 – 9:10 Humphrey	The Community Engagement Process for responding to the Gold Mine Spill Rietta Wagoner, Research Specialist, University of Arizona Jani Ingram, Professor, Analytical and Environmental Chemistry, Northern Arizona University Mae Gilene Begay, Program Director, Navajo Nation Community Health Representative and Outreach Program
GENERAL SESSION 9:15 - 10:15 Humphrey	Health Policy and the Midterm Elections Daniel Derksen, MD, Director, Arizona Center for Rural Health
10:15 – 10:30 Foyer	<i>Break, Visit with Exhibitors & Networking Opportunities</i>
CONCURRENT SESSIONS 10:30-11:30 am	TRACK 1: Workforce Sustainability Agassiz <i>One half-hour session:</i> 10:30 – 11:00 State Loan Repayment Program: Increasing Access to Care in Rural and Underserved Areas Ana Roscetti, Workforce Section Manager, ADHS, Bureau of Women's and Children's Health
	TRACK 2: Environmental Health and Justice Doyle <i>Two half-hour sessions:</i> 10:30 – 11:00 Public Health Resources for Well Owners in Rural Communities Niki Lajevardi-Khosh, Health Educator, Arizona Department of Health Services 11:00 – 11:30 Environmental Health and Justice in Rural Arizona Marc Verhougstraete, Assistant Professor, University of Arizona, Mel and Enid Zuckerman College of Public Health
	TRACK 3: Social & Structural Determinants of Health Fremont <i>Two half-hour sessions:</i> 10:30 – 11:00 Rural Health Outreach and Collaboration Troubleshooting Turiya Coll, Prevention Coordinator, Sonoran Prevention Works 11:00 – 11:30 Avoiding Rogue Internet Pharmacy Suppliers in the Effort to Improve Access to Medicines Jillian Clare Kohler, Professor and Director WHO Collaborating Center for Governance, Accountability and Transparency in Pharmaceutical Sector

GENERAL SESSION 11:30 – 12:45 PM Humphrey	AWARDS AND LUNCH PRESENTATION Improving the Health and Well-Being of Rural Veterans Jay H. Shore, MD, MPH, Native Domain Lead, Veterans Rural Health Resource Center, Salt Lake City Senator Jamesita Peshlakai, District 7, Arizona State Senate Moderator: Holly Figueroa, AzRHA Board and Health Choice Integrated Care, Inc.
GENERAL SESSION 1:00 – 1:50 Humphrey	State Funding Distribution for the Opioid Epidemic Shana Malone, Clinical Initiatives Program Manager, AHCCCS
CONCURRENT SESSIONS 2:00 – 3:00	TRACK 1: Workforce Sustainability Agassiz <i>Two half-hour sessions:</i> 2:00 – 2:30 Recruiting and Retaining International Medical Graduates: J-1 Waivers and Beyond Rachel Bus, Managing Attorney, Law Offices of Brelje and Associates 2:30 – 3:00 J-1 Visa Waiver (Conrad 30) Program Ashley Neves, Workforce Health Planning Consultant, Arizona Department of Health Services
	TRACK 3: Social & Structural Determinants of Health Fremont <i>Two half-hour sessions:</i> 2:00 – 2:30 Addressing the Opioid Crisis from a Critical Access Hospital Perspective Brigid Holland, Director of Quality Assurance, White Mountain Regional Medical Center Kendra Johnson, MD, Medical Director, Hopi Health Care Center 2:30 – 3:00 Obamacare and the Opioid Epidemic Ariel Tarango, Health Educator – Navigator, AZ Center for Rural Health Lizbeth Vasquez, Health Educator – Navigator, AZ Center for Rural Health
	3:00 – 3:15 <i>Refreshment Break</i>
CONCURRENT SESSIONS 3:15 – 4:15	TRACK 1: Workforce Sustainability Agassiz <i>Two half-hour sessions:</i> 3:15 – 3:45 Health Insurance Coverage Assistance Sustainability Maria Losoya, Health Educator – Navigator, AZ Center for Rural Health Amaury Gama, Health Educator – Navigator, AZ Center for Rural Health 3:45 – 4:15 Improving Underserved Health, Health Equity, and Recruitment and Retention by Providing Clinical Training in Rural & Underserved Areas Leonard B. Goldstein, DDS, PhD, VP for Clinical Education Development, A.T. Still University

<div>CONCURRENT SESSIONS</div> <div>3:15 – 4:15</div> <div>Continued</div>	<div>TRACK 2: Environmental Health and Justice Doyle</div> <div>Two half-hour sessions:</div> <div>3:15 – 3:45 Childhood Lead Poisoning in Arizona</div> <div>Miyuki Blatt, Epidemiologist, Arizona Department of Health Services</div> <div>3:45 – 4:15 Diagnosing and Treating Sleep Disorders at San Carlos Apache Healthcare Corporation</div> <div>Troy Sebastian, Director, San Carlos Apache Healthcare Corporation</div>
	<div>TRACK 3: Social & Structural Determinants of Health Fremont</div> <div>Two half-hour sessions:</div> <div>3:15 – 3:45 Improving Care and Reducing Cost: A Community-Based Approach for Managing Type 1 Diabetes for Children Living in Rural Arizona</div> <div>Devyn Thurber, Pediatric Nurse Practitioner and Type 1 Diabetes Coordinator</div> <div>3:45 – 4:15 Ajo Healthy Aging in Place Assessment</div> <div>Martha Moore-Monroy, Lecturer and REACH Program Manager, The University of Arizona Zuckerman College of Public Health</div> <div>Lily Williams, Outreach Manager, Desert Senita Community Health Center</div> <div>Allie Kaufman, MPH Student, University of Arizona, Mel and Enid Zuckerman College of Public Health</div>
<div>GENERAL SESSION</div> <div>4:20 – 5:20</div> <div>Humphrey</div>	<div>AHCCCS Update</div> <div>Tom Betlach, Director, AHCCCS</div>
<div>5:30 – 6:30 PM</div> <div>Foyer</div>	<div>RECEPTION: Network with Exhibitors & Poster Presentations</div>



AGENDA – FRIDAY, JULY 27

7:30 – 815 AM Foyer	Continental Breakfast/ Visit with Exhibitors
GENERAL SESSION 8:15 – 9:15 Humphrey	Arizona AHEC Program Marica Martinic, Director, NAHEC/North Country HealthCare Jeri Byrne, Director, EAHEC Martha McNair, Director, GVAHEC Gail Emrick, Director, SEAHEC Edgardo Figueroa, Director, WAHEC/Regional Center for Border Health
9:15 – 9:45	<i>Break and last opportunity to visit with exhibitors</i>
CONCURRENT SESSIONS 9:45 – 10:45	TRACK 3: Social & Structural Determinants of Health Fremont Population Health in a Rural Health Care Setting Darren Vicenti, Chief Medical Officer, Hopi Health Care Center Kendra Johnson, Physician, Hopi Health Care Center Affordable Care Act in Arizona: Outcomes and Future Directions Bryna Koch, Special Projects Coordinator, AZ Center for Rural Health
GENERAL SESSION 11:00 – 11:45 Humphrey	E-prescribing & Connecting to the PMP Melissa Kotrys, Director, Health Current
11:45 – 12:30 PM	LUNCH, WRAP-UP & CLOSING REMARKS Daniel Derksen, MD, Director, Arizona Center for Rural Health





THE UNIVERSITY OF ARIZONA

Arizona **AHEC**

Area Health Education Centers

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




Arizona
AHEC is
proud to
sponsor the 45th
Annual Arizona Rural
Health Conference
*"Addressing Rural
Strengths & Challenges in
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Presentation Descriptions

The Community Engagement Process for Responding to the Gold King Mine Spill – Rietta Wagoner, Jani Ingram, Mae-Gilene Begay, Yoshira Ornelas, Karletta Chief, and Paloma Beamer

In August 2015, 3 million gallons of acid mine drainage were accidentally released from the Gold King Mine, eventually reaching the San Juan River. Nearly 100 miles downstream, the Diné (Navajo) people rely heavily on the San Juan River for agricultural, spiritual, and cultural practices. An interdisciplinary group of researchers, community partners, and governmental agencies rapidly mobilized to respond to the needs of the Diné. Additionally, community and university partnerships were strengthened to rapidly respond to the concerns of the people to develop and implement a community-based risk assessment, understand the risk perceptions of the Diné residents, and characterize contaminants after the spill.

This session will highlight the environmental and biomonitoring monitoring methods used to respond to the Gold King Mine Spill. Session attendees will learn methods to engage academic and community partners to develop and implement a biomonitoring and environmental sampling plans.

State Loan Repayment Program: Increasing Access to Care in Rural and Underserved Arizona
Ana Roscetti

The purpose of the Arizona State Loan Repayment Program (SLRP) is to improve access to health care by recruiting and retaining eligible primary care providers in communities that would not otherwise have access to the healthcare they need. SLRP is an attractive program that repays student loan debt of many new graduates and practicing providers in exchange for service in medically underserved communities. SLRP has seen significant demand and growth in program participation over the last two years. Many providers are considering to practice in rural and underserved areas of the State to avail of loan repayment benefits. Communities with significant challenges with recruiting and retaining medical, dental and behavioral health providers may benefit from SLRP. The learning objectives for this presentation are:

- 1) Identify medically underserved areas of the State that could benefit from the SLRP;
 - 2) Understand the eligibility requirements to participate in the SLRP; and 3) Understand the successes and challenges with maximizing SLRP for recruitment.
-

Public Health Resources for Well Owners in Rural Communities – Niki Lajevardi-Khosh

Groundwater supplies water to over 160,000 families (~ 7% of Arizona's population) through private (domestic) well systems. Many of these private wells used for drinking water are located in rural areas. The maintenance and water quality of these wells is the responsibility of the well owner. Informing residents about possible contaminants in the water, testing procedures, and well maintenance recommendations can help them protect their health. Reaching well owners in rural counties poses a unique logistical challenge. The Arizona Department of Health Services (ADHS) partnered with the University of Arizona Cooperative Extension to develop a process for engaging rural communities through workshops meant to bridge this gap. By leveraging existing communication channels from UA Cooperative Extension Offices located throughout the state, this partnership has led to well attended workshops that have educated hundreds of well owners in rural parts of the state since 2016. ADHS also maintains a website with resources for private well owners.

Environmental Health and Justice in Rural Arizona – Marc Verhougstraete

Environmental health encompasses the acknowledgment that all aspects of our surroundings influences our health. Environmental health factors are very different in rural communities compared to urban areas, but these exposures are not routinely evaluated. The smaller community sizes in rural areas also often fall below thresholds for environmental protection regulations. In this presentation, dust from animal feeding operations, water for irrigating produce, and drinking water from private wells will be discussed in the context of rural Arizona. Case studies in each of these sectors will highlight just a few ways in which the lives in these areas are affected by the surrounding environment. I will suggest protective measures for human and food safety that build on the strengths often seen in rural communities.

Rural Health Outreach and Collaboration Troubleshooting – Turiya Coll

Sonoran Prevention Works (SPW) has had many barriers in reaching rural populations at risk for health disparities due to substance abuse disorder (SUD). We have found some strategies that have assisted our at-risk populations. The presentation will provide a brief outline of our goals for outreaching specific rural populations, and go over barriers we have experienced with health disparities in rural settings. We will highlight success we have had in rural settings with street level, community level and professional level outreach that has worked for us; what has not worked for us, as it is important to make mistakes; give background on our newest collaborative efforts in a rural setting; and have a short discussion on rural area troubleshooting and successes others have seen.

Objectives: Describe specific health disparities among people who use drugs and people with substance use disorder in rural settings; identify issues with outreaching in rural communities that have specifically impacted Arizona, and the positive solutions needed to connect communities; reach conclusions and/or solutions with issues in reaching rural communities they are attempting to serve.

Avoiding Rogue Internet Pharmacy Suppliers in the Effort to Improve Access to Medicines

Jillian Clare Kohler

Access to medicines is a public health challenge. The World Health Organization notes that 1 in 3 patients do not have regular access to essential medicines. Medicines comprise as much as 20 to 30 percent of the world's total healthcare expenditure; the cost of medicines is expected to reach \$1.3 trillion by 2018. Such high medicine expenditure has been recognized as an obstacle for promoting and ensuring universal health coverage. Coupled with changing demographic and disease patterns, this expense makes ensuring the integrity of the pharmaceutical supply chain crucial for global health. In the United States, access to affordable medicines in the absence of a universal health care system is a public health crisis, particularly among the lowest income groups. It has been reported that in the United States, there are large percentages of patients, who are not filling their prescriptions due to their prohibitive cost. The outlook for drug pricing reform is not positive which means that patients are seeking immediate solutions. One of these is the purchase of medicines through the Internet and from pharmacies abroad. This presentation will discuss the benefits/risks of Internet medicine purchases in the effort to improve access to medicines.

Learning Objective: To discuss the benefits/risks of Internet pharmacy purchases to improve access to medicines

Improving the Health and Well-Being of Rural Veterans – Jay Shore & Jasemita

The Arizona Rural Health Association, in cooperation with its partners, the Arizona Coalition for Military Families, the Regional Center for Border Health, Inc., and the Evaluation Group for Analysis of Data (EGAD, University of Arizona) is pleased to announce sponsorship of the July 26th Plenary Session, "Improving the Health and Well-Being of Rural Veterans: National Resources and Policy Initiatives". The plenary session will occur at the 44th Annual Rural Health Conference in Flagstaff, Arizona. During the session, Dr. Jay H. Shore, M.D., MPH, representing the Department of Veterans' Affairs, Veterans Rural Health Resource Center (Salt Lake City) and Arizona State Senator Jamescita Mae Peshlakai (Arizona LD 7) will discuss health needs among rural veterans, promising practices that have improved access to care, available federal and state resources, and policy initiatives at the national and state levels.

The presentation will be hosted by the Arizona Rural Health Association. All related materials will be posted to www.azrhassociation.org.

Recruiting and Retaining International Medical Graduates: J-1 Waivers and Beyond – Rachel Bus

For nearly 18 years, our boutique immigration law firm has been dedicated to assisting employers in the medical field to hire and retain U.S. - trained International Medical Graduates (IMGs). This presentation will include an overview of the process to recruit and hire IMGs who are completing their U.S. residency or fellowship in J-1 status and who will require a waiver. It will also discuss the possibility of recruiting and hiring for “cap exempt” H-1B physicians. Finally, once an IMG has been hired, we will give employers an overview of how to sponsor the physician for permanent residency, setting up incentives for retention. The presentation will discuss the following:

- Basic immigration terminology (the “alphabet soup” of visas)
- Most common hiring paths for IMGs
- Basic process to apply for J-1 waiver
- H-1B options for employment
- Permanent Residency “Green Card” Pathways

Our objective will be to simplify and demystify the options for visa sponsorship of International Medical Graduates, in order for employers in rural and underserved areas to seriously consider employment of IMGs as a viable means to meet their physician staffing needs.

J-1 Visa Wavier (Conrad 30) Program – Ashley Neves

People who are uninsured, low-income, members of racial and ethnic minority groups, or living in rural or inner-city areas are likely to lack a usual source of care. Arizona is facing a statewide provider shortage especially in rural areas. Currently, Arizona would need 442 physicians to eliminate 155 primary care HP-SAs, 441 dentists to eliminate 172 HPSAs, and 204 psychiatrists to eliminate 97 mental HPSAs. The mission of AZ Department of Health Services is Health and Wellness for All Arizonans. The J1 Visa Waiver Program (Conrad-30) addresses ADHS’ mission by improving the accessibility of health care services in rural underserved areas. Foreign physicians on J1 Visa train for residency or fellowship in the United States and then are required to return to their home country after completing their training, unless they receive a waiver. ADHS provides a J1 visa waiver recommendation on behalf of these foreign physicians if they commit to serve for 3 years in medically underserved communities.

The learning objectives for this presentation are:

1. Understanding the benefits of the J1 Visa Waiver Program
 2. Learning the basic program requirements and expectations
 3. Understand program application time frames for better recruitment planning and coordination
 4. Identifying tools to help recruit J1 physicians
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Addressing the Opioid Crisis from a Critical Access Hospital Perspective

Kendra Johnson and Brigid Holland

Presenters from White Mountain Regional Medical Center and Hopi Health Care Center (and any others) share experiences with implementing an opioid abuse prevention program through a Center for Rural Health Flex Grant. Objectives: Review scope of opioid abuse and overdose program; share best practices in health center policies for safe opioid prescribing; share models for community outreach on opioid abuse. The audience will be given practical strategies and resources for effectively engaging hospital administration board members and the community in the prevention and treatment of substance abuse in their communities. Additionally, community agency collaboration will be discussed.

Objectives:

- Strategies for gaining administrative and board support of community outreach programs
- Identifying local and national resources to assist in developing effective community education programs.

- Utilizing social media to expand community awareness.
- Utilizing print and radio media to expand community awareness.
- Developing provider and staff education.

Obamacare and the Opioid Epidemic – Lizbeth Vasquez and Ariel Tarango

National and local news frequently covers the Opioid Epidemic, with opioid federal funding opportunities announced on a daily basis. At the same time, key health insurance and access to care policies (e.g., the Affordable Care Act) are undercut and restricted. The relationship between our ability as a state and nation to address the opioid crises cannot be cut-off from the strength of our health care system and the ability of Americans and Arizonans to 1) access and maintain health insurance coverage and 2) access the health care they need. The ACA represented a transformation in health policy by requiring Essential Health Benefits, including substance abuse services, and expanding the Mental Health Parity and Addiction Act, requiring insurers to offer comparable behavioral and medical health services. Health insurance coverage is a gateway for consumers to access both. This presentation will discuss how the gutting of the ACA and its Essential Health Benefits affects the Opioid Epidemic.

Objectives:

1. Describe the gains in health insurance coverage made since implementation of the ACA
2. Review the opioid epidemic in AZ
3. Identify policies in the ACA that support access to behavioral healthcare.
4. Assess services needed for those experiencing opioid use disorder or problematic drug use.
5. Describe why health insurance coverage is pertinent to combat the opioid epidemic

Opportunities to Sustain ACA Health Insurance Coverage

Maria Dolores Losoya and Amaury Gama

Access to health insurance coverage increased since implementation of the Patient Protection and Affordable Care Act (PPACA). The PPACA also included Navigator funding to support organizations to enroll consumers in health insurance. There are two Navigator entities in Arizona and multiple organizations that employ Certified Application Counselors (CACs) and assisters. Consumer enrollment efforts have been managed by local and statewide coordinated efforts via the Cover AZ state-wide coalition. With uncertain funding, enrollment services may decrease or become unavailable to the communities and populations that most need assistance. This presentation will discuss opportunities for sustaining health insurance enrollment efforts and discuss strategies to enroll Arizonans in health insurance coverage using Community Health Workers, Benefit Coordinators, and Case Managers statewide. Objectives:

1. Describe the gains in health insurance coverage made since implementation of the ACA
2. Define the current funding landscape and role of Certified Assisters
3. Identify challenges and opportunities in the next year(s)
4. List the organizations offering similar health insurance enrollment assistance and workforce e.g., community health workers and benefits coordinators
5. Assess opportunities to expand sustainability efforts

Improving Underserved Health, Health Equity, and Recruitment & Retention by Providing Clinical Training in Rural & Underserved Areas

Leonard Goldstein

This presentation will provide attendees with vital information regarding how providing clinical training sites for medical, dental, and health science students in rural and underserved areas will ultimately assist in the recruitment and retention of health providers (health professionals tend to stay where they train), and ultimately improve the Health equity in the area by providing more health care, and improving the economics of the area. Attendees will be introduced to how the collaboration between healthcare training programs and clinical training sites (e.g., CHCs and Rural/Community Hospitals, etc.) can result in a synergism for the benefit of the health in these communities. Utilizing the ATSU innovative curriculum in its medical, dental, and allied health sciences programs, we can demonstrate how this training continuum has led to increased numbers of practitioners staying where they train.

Childhood Lead Poisoning in Arizona – Miyuki Blatt

Childhood lead poisoning is still a major preventable health problem in Arizona. In 2016, 340 children less than six years of age were reported to have an elevated blood lead level in Arizona. Even at low levels, children's intelligence, hearing, and growth can be permanently damaged. Most children will not have any symptoms; the only way to detect lead poisoning is through a blood test. The purpose of this session will be to bring awareness of lead poisoning issues and the need for continued screening in Arizona by discussing 1) health effects of lead exposure, 2) high risk areas across the state, 3) targeted screening recommendations and resources, 4) case studies of sources found for Arizona lead-poisoned children; and 5) follow-up recommendations for children found with elevated blood lead levels. The learning objectives for this presentation are 1) identify children most at risk for lead poisoning, 2) understand the screening recommendations in Arizona, and 3) identify at least three sources of lead found in Arizona.

Diagnosing and Treating Sleep Disorders at San Carlos Apache Healthcare Corporation

Troy Sebastian

This presentation will cover the work involved in opening the first fully accredited Sleep Center in Native American lands, by the American Academy of Sleep Medicine (AASM) - exhibiting the golden standard of sleep medicine. In addition, the presentation will cover sleep testing (diagnostic and treatment) that we perform in our AASM accredited sleep center, including the severity of obstructive sleep apnea (OSA) and other types of sleep disordered breathing events we are diagnosing; the success of our training program that have been implemented for our employed Apache Tribal Members, to work in our sleep center; define the steps involved in opening a sleep (diagnostic and treatment) center in Native American Country and the required training of personnel to perform the scope to work in a sleep center; and define all the sleep disorders encountered in a sleep center.

Improving Care and Reducing Cost: A community-based Approach for Managing Type 1 Diabetes for Children Living in Rural Arizona – Devyn Thurber

This presentation will explore special considerations for the management of children with type 1 diabetes living in rural parts of Arizona. The different geographic, socioeconomic, and cultural barriers that complicate the management of these patients will be discussed. Evidence-based recommendations will be made for how to improve glycemic control and reduce hospitalizations in this pediatric populations through a patient-centered community-based model for type 1 diabetes management. Participants will be able to adapt this model to the management of diabetes and other chronic diseases in different primary care settings in rural Arizona.

Ajo Healthy Aging in Place Assessment – Martha Moore-Monroy; Lily Williams, Allie Kaufman

Ajo experiences many of the same assets and barriers to services common in frontier communities. This interactive skill building session focuses on a community-led assessment identifying the social and structural determinants of health impacting seniors in Ajo. The results of the assessment are informing the development of a community health worker led care-coordination model to create healthy aging in place and reduce use of emergency transport. The community assessment is key to development of an effective model which builds upon assets and addresses barriers. The objective will allow long term residents to age in place and is also vital to the economic sustainability of a community dependent upon winter visitors. This proposed collaborative skill building session is highly interactive. Attendees will identify relevant structural and social determinants from their own communities and share ideas on how these assets and barriers impact healthy aging in place. Upon completion of the session, participants will:

1. Identify community-led data collection methods and resources used in Ajo and how they can be adapted to conduct assessments in other rural communities;
 2. Identify relevant social determinants of health impacting healthy aging in place in rural communities;
 3. Identify relevant asset and barriers in their communities.
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AHCCCS Update – Tom Betlach

There are a number of significant changes occurring within the Arizona Medicaid program. AHCCCS Director Tom Betlach will provide a brief overview and update on these major issues and how these changes may impact rural providers.

Arizona AHEC Program – Marica Martinic, Jeri Byrne, Martha McNair, Gail Emrick, Edgardo Figueroa

AzAHEC Regional Center Directors will provide an overview of the unique learning opportunities and clinical activities provided to health professions students and residents at each of the five regional AzAHEC centers. Additionally, AzAHEC Center Directors will present information about the centers' innovative interprofessional and continuing education training programs, and K-16 pipeline programs.

By the end of this presentation, audience members will be able to:

- Describe the five AzAHEC Centers
 - Identify core activities within each center
 - Discuss centers' forthcoming activities
-

Population Health in a Rural Health Care Setting – Darren Vicenti, MD & Kendra Johnson, MD

Presentation will highlight basic components of population health management in a rural, austere, health care setting in a practical manner. Discussion will incorporate utilization of community health profile data, morbidity and mortality data, and preventative health needs to design a model of care in alignment with a patient-centered medical home model. Recognition of essential public health services roles and needs for a rural community hospital utilizing health literacy, patient self-management goals, and non-medical determinants of health strategies will be presented. Development of care coordination and transitional care programs will also be shared. Meaningful performance improvement and data utilization to monitor progress toward designated clinical health indicators, and national patient safety initiatives will also be shared. The presentation will outline the culmination of progress through the attainment of JC Accreditation as a Primary Care Medical Home, and new strategies to become part of the AHCCCS American Indian Medical Home system.

Affordable Care Act in Arizona: Outcomes and Future Directions – Bryna Koch

Since 2010, the provisions of the Patient Protection and Affordable Care Act (ACA) have led to a historic rate of health insurance coverage in the U.S. As of 2016 health insurance coverage was 90% nationally and 10% in Arizona. Over thirty states have expanded Medicaid, and despite uncertainty, the marketplaces provide a route to coverage for 10 million Americans who otherwise would not be able to access health insurance. The 2016 election created increased uncertainty regarding the future of the ACA. Legislative efforts to repeal or replace the ACA failed, but administrative and rule changes could have a major impact on the marketplaces and negatively effect the health insurance coverage rate. In addition, the Center for Medicare and Medicaid (CMS) position on Medicaid work requirements could erode some of the coverage gains made under Medicaid expansion. This session will:

1. Describe the coverage outcomes of the ACA in Arizona for rural Arizona and for important demographic groups including low-income, Hispanic/Latino, and Native American communities.
2. Describe how administrative and rule changes to the ACA may impact overall insurance coverage rates and the ability of Arizonans to attain coverage and access health care.
3. Describe the upcoming changes to the state Medicaid program and how proposals like work requirements may impact coverage rates.



Poster Presentations

Growing Together: Assessing Elder Hispanic Health Service Needs through Collaborative and Culturally Appropriate Approaches – Jennie Mullins & Whitney Amino

Background: The Santa Cruz County Elder Wellness Network is committed to improving the health and wellbeing, and meeting service needs, for people aged 65 or over. The Network, funded by a HRSA Rural Health Network Development Planning grant led by Mariposa Community Health Center, conducted a needs assessment of senior service needs. Engaging seniors in data gathering requires careful consideration of social, cultural and linguistic barriers, as well as stage of life and individual capabilities.

Objectives: 1. Identify strengths and gaps of existing senior services to improve service coordination, quality and access. 2. Design culturally appropriate and effective data collection methods.

Methodology: Qualitative data gathered via focus groups and 1:1 surveys. Online survey used to gather data about service needs and gaps from health service providers and caregivers. Network members participated in the design, participant recruitment, facilitation of focus groups and survey implementation.

Results: Using multiple data collection methods provided a rich snapshot of Elder health and wellbeing service needs from a variety of perspectives.

Conclusion: Need for transportation services; companionship; addressing barriers to services

Highlights: 2016 Arizona Statewide Emergency Medical Services Needs Assessment

Joyce Hospodar

Present highlights from the 2016 Arizona Statewide Emergency Medical Services Needs Assessment by Arizona EMS Region. The primary objective of the assessment was to establish a 'snap-shot' of EMS in the state while simultaneously identifying needs and/or areas to target for further analysis.

Hitevi Kari Employee Wellness Program: Pascua Yaqui Tribe Diabetes Prevention and Treatment Program – Jennie Mullins

Purpose: Engaging community members in lifestyle modification health and wellness classes is a challenge and requires careful program planning. The Pascua Yaqui Tribe's Hitevi Kari (meaning Healing House) employee wellness program offers an example of an innovative and collaborative approach, while retaining an evidenced based curriculum. The HK program was created to target and engage employees in health programming to increase knowledge, skills and confidence in managing and/or adapting health behaviors known to reduce risk of diet and lifestyle related conditions.

The recently updated CDC's Prevent T2 curriculum incorporating current nutrition guidelines was sourced and adapted for the tribal context and piloted. The program model was based on the growing body of research supporting interactive learning environments and exposure to healthier foods increasing self-efficacy toward positive health behaviors (interactive models and cooking research).

Methods: Participants enrolled in a pilot course on January 2017. The program offered participants the Prevent T2 (22 modules) - on various nutrition, physical activity, and self-care topics, as well as, a free meal, which provided exposure to new flavors, traditional foods and healthy recipes. Weekly weights and activity minutes were collected during each session to track progress over six months. Participants were surveyed twice, both online and in person, to assess outcomes beyond weight outcomes.

Results: Despite only a small percentage of participants achieving their 5% weight loss goals, participants showed a gain in knowledge and awareness of the benefits of healthy eating, nutritional foods and how to incorporate them into daily eating habits. Participants also reported being more willing to try new types of foods. Program evaluation included focus groups, online surveys and pre-post biometric data to assess effectiveness. Results revealed a number of promising practices as well as areas for further refinement.

Conclusion: Employee Wellness programs in the tribal setting, utilizing evidenced based curricula adapted for the tribal setting, show promise in increasing community engagement and effectiveness.

The Bruce Gulledge Lecture Series

Supported by the Arizona Health Facilities Authority

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

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

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

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