RURAL HEALTH OFFICE



2010 Report

ServiceEducationResearch



THE UNIVERSITY OF ARIZONA.

Nature photography by Ken Miller

A view of rural Arizona

Director



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garyhart@email. arizona.edu 520-626-5823 From the stark beauty of the Grand Canyon to the sturdy peaks of the Chiricahuas and Huachucas, rural Arizonans inhabit some of the most beautiful parts of the state. However, along with the natural beauty comes a legacy of health disparities that persist to this day. On the whole, rural Arizonans are poorer, have less formal education, are more likely to be elderly than urban Arizonans, and have poorer access to health care. While these disparities are large, we can work towards change. A rural life should not mean an unhealthy life. The Arizona Rural Health Office is charged with a mission to help improve the health of rural individuals, families, and communities through service, education, and research.

Recognizing our challenges

In 2009, Arizona had an estimated population of almost 6.6 million people living within the state's 113,635 square miles. Most of the state's land is classified as rural or frontier, however; 86 percent of Arizonans are concentrated in the metropolitan areas — the major cities of Phoenix, Tucson, Yuma, and Flagstaff. That leaves about 670,000 Arizonans spread out across the more remote parts of the state.

This diverse group includes tribal nations, border communities, agricultural workers, miners, and many others that face disparities because of their geographic location. The 2008 per-capital income in Arizona's urban areas was \$35,158, while the rural per-capita level lagged behind at \$27,161. Along with rural Mississippi in 2008, rural Arizona had the highest rural federal poverty rate of any of the states at 30

During the past 30 years, the RHO has developed expertise in the areas of border health, community health workers, small rural hospitals and American Indian communities and sovereign nations.

percent. The unemployment rate in rural Arizona is much greater than in urban areas. Those living in rural areas are more likely to be insured through Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid Program, than individuals in urban areas and this year several hundred thousand people were dropped from the State's Program. Rural populations tend to be older; several of the state's rural counties have a high percentage of residents over age 65.

Rural Arizonans must cope with a unique combination of factors that create disparities in health status and well being when compared to urban areas. These conditions are often magnified along the 350-mile Arizona-U.S.-Mexico border as well as in American Indian rural communities and reservations.

Working together for change

The RHO is situated within The University of Arizona Mel and Enid Zuckerman College of Public Health. The location of the RHO within the larger University of Arizona academic community is conducive to collaborative relationships with other departments and disciplines on campus. The Office collaborates closely with such entities as the Arizona Rural Health Association and the Arizona Area Health Education Centers to name but two.

Since the 1970s, the RHO has worked to improve the health of rural Arizonans. The Office uses a combination of federal and state dollars along with other funding sources to coordinate a variety of programs and projects across the state. Ranging from studies of the rural health workforce to assistance with health information technology and grant writing, the breadth and scope of the Office's work is as varied as Arizona itself. This report details some of our recent work.

State Office of Rural Health

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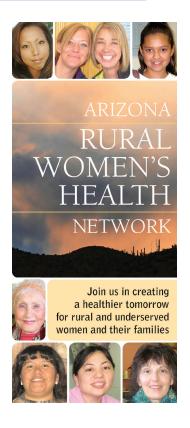
petersjs@u. arizona.edu 520-626-2254 The State Offices of Rural Health Program is an initiative of the federal Office of Rural Health Policy within the Health Resources and Services Administration a division of the U.S. Department of Health and Human Services. The Arizona State Office of Rural Health (AzSORH) grant program has been continuously funded since 1990, which was the first tier of funding for the national SORH program. The program is designed to be flexible enough to meet emerging health-related needs throughout the rural areas of the state. The federally mandated goals of the program are to: 1) improve collection and dissemination of information; 2) coordinate rural health resources and activities statewide; 3) provide technical assistance to rural communities; 4) encourage recruitment and retention of health professionals in rural areas; and 5) participate in strengthening state, local, federal, and cross-border/ binational partnerships.

Rural Women's Health Initiative

AzSORH's Rural Women's Health Initiative provides flexible, responsive, and dedicated resources to addressing the multifaceted issues around women's health in rural communities. We are founding members of the Arizona Rural Women's Health Network, a statewide network that coordinates programs and services in order to improve access to health services and, ultimately, health outcomes for rural and underserved women throughout rural, border and tribal communities in Arizona. The Initiative also maintains an

Rural Women's Health Network Mission: We are a statewide network that coordinates and improves health outcomes for rural and underserved women in Arizona.

effort in applied research, for which most recently we worked with the Arizona Department of Health Services Office of Women and Children's Health to assess the collection of women's health data and to develop a methodology to discriminate between urban and rural data. Through the Initiative, we also produce health education newsletters on women's health topics, including breast and cervical cancer, sexual assault and domestic violence, and diabetes prevention and management.



Rural Behavioral Health Assessment

AzSORH is currently conducting a statewide rural behavioral health assessment that utilizes a methodology developed at the Maine Rural Health Research Center. The assessment, which is based primarily on a series of interviews with key administrators of mental and behavioral health services throughout the state, will provide a picture of the systems as they look today and the extent to which they are addressing the needs of rural areas. Additionally, along with the analysis of results, we are working with partners to identify rural specific behavioral health planning and/or policy initiatives, particularly those that would support the development of collaborative networks to improve the delivery of services in rural communities.



Building Rural Health Networks

During times of declining budgets and resources, connections between groups with similar goals becomes vital. Networks allow member organizations to pool their know-how and build the group's capacity to promote health. AzSORH provides technical assistance to help rural organizations form networks and become self-sustaining. AzSORH is involved in several rural networks, including the Arizona Rural Women's Health Network, Santa Cruz County Adolescent Wellness Coalition, and Arizona Border Communities Health Network "Redes Sin Paredes." AzSORH's work includes providing guidance during the network planning process, assisting with development grants, and providing subject matter expertise.

Tribal Health Initiatives

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Arizona has the third largest American Indian population among all the states. The state's rural population is 15 percent American Indian, and more than half of Arizona's 15 counties include reservation lands within their borders. The RHO staff has collaborated with many of Arizona's sovereign nations to provide leadership and grant writing training, increase the American Indian heath professional pipeline program, provide technical assistance on health promotion/disease prevention interventions. assessments, and health promotion planning. In addition, the staff has worked closely with the Inter Tribal Council of Arizona, Inc., the Arizona Department of Health Services Native American Liaison, Indian Health Service, and other federal, state, and local agencies and organizations to improve the health of American Indians in rural Arizona.

Mission: Through the work of its Action Teams, the Southwest Rural Policy Network is a voice for Economic Development, Environment, and Health, all within the rural context.

Rural People, Rural Policy

The Rural Health Office is a member of the three-year-old Southwest Rural Policy Network. The network is a diverse group of organizations that have come together with the goal of influencing policy for the betterment of rural communities. The SWRPN fosters personal and professional connections, shares best practices, and designs new strategies for change. The network is a member of the Rural People, Rural Policy family



Photo courtesy SWRPN Southwest Rural Policy Network members work together to create a policy statement about Arizona Senate Bill 1070.

of networks, an initiative of the W.K. Kellogg Foundation.

The SWRPN is comprised of 14 member organizations, located in Arizona, New Mexico, and Colorado. Each organization focuses their individual efforts on a variety of social issues that affect the communities of the rural Southwest. The Network's collaborative approach combines the skills of these rural advocates and builds a cohesive and comprehensive voice for the rural Southwest.

To date, the Network's accomplishments include establishing vision and mission statements, developing a decision-making process, hiring a network coordinator, creating policy-interest action teams, and creating a regular meeting schedule. The SWRPN is now transitioning into a more outward focused stage, seeking to affect policy for the benefit of rural people and rural communities.

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Rural Hospital Flexibility Program

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Joyce Hospodar, MBA, MPA

hospodar@u. arizona.edu 520-626-2432 The Rural Health Office coordinates the state's Medicare Rural Hospital Flexibility Program. Congress created the Flex Program to help address the reimbursement disparity found between urban and rural hospitals. The Medicare reimbursement system has not adequately supported the cost of services provided by small rural hospitals. These hospitals lack the patient volume of large urban hospitals that would help create stronger revenues. Program goals are:

- Enabling the establishment of critical access hospitals in the state of Arizona
- Increasing reimbursement for Medicare services to critical access hospitals to 101 percent of cost
- Providing resources for Flex Programs to assist the state's small hospitals and emergency medical service programs to improve their efficiency and quality of care

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Arizona's Critical Access Hospitals

- Page Hospital
- 2 Hopi Health Care Center
- 3 Sage Memorial Hospital
- 4 Little Colorado Medical Center
- 5 Parker Indian Health Center
- 6 Wickenburg Community Hospital
- 7 White Mountain Regional Medical Center
- 8 Cobre Valley Regional Medical Center

- 9 Hu Hu Kam Memorial Hospital
- Northern Cochise Community Hospital
- Benson Hospital
- Carondelet Holy Cross Hospital
- Copper Queen
 Community Hospital
- 14 Southeast Arizona Medical Center

Find the Arizona Rural Hospital Flexibility Program online at http://cah.arizona.edu/

Rural hospitals with fewer than 25 beds can be certified as Critical Access Hospitals. Arizona has 14 designated hospitals. The work of the Arizona Flex Program includes:

- Securing Level IV Trauma Designation to better serve rural needs
- Training for EMS managers, hospital boards, hospital quality managers, CEOs, and CFOs
- Maintaining statewide networks that include EMS, hospital quality managers, health information technology managers, and hospital leadership
- Sponsoring webinars on topics such as grant writing, financial analysis, and hospital performance
- Performing an economic impact assessment for each Arizona Critical Access Hospital community



This valuable federally funded program allows the Rural Health Office to assist small rural hospitals with fewer than 50 beds in meeting the costs of implementing data systems required to meet Medicare program requirements. The program helps Arizona's eligible hospitals to update computer billing software and hardware, educate and train hospital staff on computer information systems, and encourage any activity that supports quality improvement.



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Rural Health Professions Program

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The program supports the development and implementation of new service learning courses as well as the integration of service learning into existing courses offered by the college and provides support for student Masters of Public Health internships in Arizona's rural communities.

The RHO is also developing MPH and DrPH rural training tracks and is involved with the Area Health Education Center in implementing a post-doctoral rural health outcomes program.

Rural Health Internship Grants

As part of the College curriculum, Masters students must complete an internship experience at a community site. The Rural Health Professions Program encourages these students to consider conducting internships in Arizona's rural areas. The program provides \$5,000 stipends to help students off-set the cost of repeated travel to the more rural parts of Arizona. This year's grants supported projects in Globe, Yuma, Douglas, Nogales, and Flagstaff.

"The majority of my textbook learning has focused on what's wrong and how we could fix it. It was uplifting to see some great programs in action. The human aspects of health issues are infinitely more powerful than words on a page."

— Catherine Luik, Globe, AZ, Service Learning student

Rural Health Service Learning Courses

Over the past two years the faculty and professionals at the College have developed and implemented week-long service learning courses in several Arizona communities. Students and faculty are immersed in the community, participating in service learning activities in partnership with community organizations. In 2009, rural service learning courses were held in Northern Arizona, Nogales, and Globe, Arizona. An additional service learning course was developed to work with the underserved areas



Stephanie Hubert, left, and Soni Stake test interpretation equipment before the start of the Globe community health forum

of Tucson. Several of these learning experiences culminated in three student-facilitated community health forums.

Rural Health Policy and Management Practicum

Students enrolled in these one-credit hour courses engage in policy-based collaboration related to rural health issues. The students select a project in conjunction with a sponsoring agency. The students selected for these projects work 40 hours at an agency based outside of Tucson. The past year's projects included work with the Arizona Association of Community Health Centers, Arizona Department of Health Services, Indian Health Service, the Inter Tribal Council of Arizona, Inc., and the Office of the Governor of Arizona.

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Annual Arizona Rural Health Conference

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For the past 37 years the Arizona Rural Health Office has hosted the Annual Arizona Rural Health Conference in collaboration with the Arizona Rural Health Association, making it one of the longest continually running rural health conference in the United States. The Arizona



Pat Auflick and Mary Riordan attend the 2009 Arizona Rural Health Conference

Rural Health Conference provides an environment for networking and dissemination of pertinent information among professionals and community members from rural Arizona and the Southwest.

Each year, a statewide planning committee selects the theme and tracks for the conference. The conference engages statewide participants and presenters who share an interest in rural issues, building and strengthening partnerships and discussing projects/programs in a variety of educational events, workshops presentations, general sessions, exhibits and in some cases pre-conference and post-conference sessions.

Exhibitors, along with the presenters and participants, play an important role in this event. They demonstrate how their services or products can enhance an organization's viability allowing them to make connections with rural populations. "Make it a priority to accept students from rural backgrounds into medical school. Medical schools often do not take this into consideration." — Dr. Gary Hart, RHO director, speaking at the 2009 Western Arizona Health Policy Assembly

Rural Health and Public Policy Forum

The decisions of law makers have a profound effect on the health of rural Arizonans. Recognizing the key role public policy plays in health, the Rural Health Office sponsors an annual Arizona Rural and Public Health Policy Forum at the state capitol in Phoenix.

Each year the Forum focuses on the issues of the day that are affecting the health of rural Arizonans. This year, the Arizona Rural Health Association and the Arizona Public Health Association cosponsored the Forum, with attendance from 24 legislators and 82 participants. The Forum focused on the pressing issues facing Arizona: a staggering budget deficit, cuts to healthcare programs, and upcoming national health care reform.

Arizona Health Policy Assemblies

In addition to the large annual forum in Phoenix, the Rural Health Office sponsors regional Health Policy Assemblies to bring together stakeholders and explore regional issues.

In December 2009, the Rural Health Office, Regional Center for Border Health, and Western Region Area Health Education Center collaborated to hold a Health Policy Assembly in Lake Havasu. The group attending the Lake Havasu Assembly examined the challenges affecting the delivery of care, along with potential solutions to these challenges. The most recent forum was held in Bisbee during July of 2010 and previous forums were held in Globe and Nogales.

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jatabor@email. arizona.edu 520-626-0795 Access to health care is one of the biggest concerns of rural Arizonans. The rural health workforce is the vital link to ensure that rural Arizonans receive the services they need. The Rural Health Office keeps its finger on the pulse of the rural health workforce to identify employment trends and gaps. The state has several different initiatives in place to encourage health professionals to live and practice in rural areas. The RHO workforce studies help to assess how well those efforts are doing at recruiting and retaining a vigorous workforce.

The RHO is working to complete the first part of a rural health workforce study. The soon-to-be released report tracks trends in the numbers of physicians, nurses, dentists, pharmacists and other health professionals working in the state over a multi-year period. This Area Health Education Center-funded study compares data, such as health professional levels between urban and rural counties along with the more precise Rural Urban Commuting Area Codes. It is important to understand where those health profession students educated in Arizona have chosen to practice.

The second phase of the workforce study will begin in the near future and will focus on accurately tracking several times a year the numbers of practitioners in the rural areas of the state. In these small places, the gain or loss of a few practitioners can have an outsized effect on the ability of residents to access medical services.

In addition, the RHO has received funding to study aspects of research along both sides of the border.

Evaluation of Arizona Area Health Education Centers

The mission of the Arizona Area Health Education Centers is to improve the recruitment, diversity, distribution, and retention of culturally competent



personnel providing health services in Arizona's rural and medically underserved communities. The Rural Health Office has taken on the task of evaluating the many programs funded through the Arizona AHEC.

The best method to ensure that important AHEC programs remain well-funded during the current fiscal uncertainties is to show the programs' effectiveness through evaluative findings. In other words, the way to make a strong case for continued funding or increases is to definitively answer the question, "What are we getting for the dollars?" It is important to answer this question with the results from scientifically sound evaluative research. To do this, the Rural Health Office evaluation team will address both the short-and-long term effectiveness of the programs.

The short-term evaluation considers: 1) whether the trainings were held, 2) that interns received rural placement, and 3) the other nuts-and-bolts items required for the programs to work as intended.

The long-term evaluation examines the program outcomes of the programs, such as whether health professionals are choosing to work in rural areas and if rural health professionals are remaining in rural areas during their careers.

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