

## FY 2012 Statewide Highlights

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The AHEC program was developed by Congress in 1971 and there are 56 Az AHEC programs and 236 centers in 47 states. Arizona's first regional center opened in Nogales in 1984. Today, five regional centers are serving Arizona by supporting health professions education, providing continuing education for health professionals, and addressing health disparities and local health workforce issues. In 2012, Az AHEC supported a wide variety of educational programs at all levels of the workforce development pipeline. Our programs support development of our children, our health professions students and our health professions workforce as well as recruitment and retention of a highly skilled health professions workforce. The regional centers also support many health careers programs including students in medicine (both allopathic and osteopathic medical students), nursing, pharmacy, public health, dentistry and allied health.

### Arizona AHEC Program Mission Statement

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 medically underserved areas.

### Program Office Accomplishments:

- Continued Az AHEC support for Academic-AHEC partnership initiatives to advance health professions workforce development with an emphasis on service in Arizona's rural and urban medically underserved communities.
- Continued support of the University of Arizona Family and Community Medicine Residency Program and the University of Arizona Medical Center - South Campus. Residents work both in urban hospitals as well as in rural rotations that include Tuba City, White River, Polacca, Safford, and other areas.
- Continued support of the Rural Health Professions Program enrollments in Nursing at Arizona State University, Northern Arizona University and the University of Arizona; and in Medicine, Pharmacy and Public Health at the University of Arizona. In this fiscal year, the Arizona AHEC supported 64 students in nursing, 30 in medicine, 46 in pharmacy and 33 in public health, for a total of 173 RHPP students supported by Arizona AHEC.
- Supported the Arizona Rural Health Workforce Trend Analysis 2007 - 2010, which was prepared and distributed by the Center for Rural Health, the University of Arizona Mel and Enid Zuckerman College of Public Health.

### Regional Center Accomplishments:

- Supported community-based training experiences at 132 rural, tribal, border, and otherwise medically underserved clinical community locations for 1,198 health professions students representing more than a dozen disciplines, including dentistry, medicine (allopathic and osteopathic), nursing (registered nurse, nurse practitioner, and nurse anesthetist), physician assistant, pharmacy, public health, and allied health (certified nursing assistant, emergency medical technician, medical assistant, physical therapy, radiologic technology, respiratory therapy, and social work). Approximately 62% percent of the students represented minority populations. Regional centers supported community-based training in rural and urban medically underserved settings under the supervision of 105 active health professions preceptors.

*Continued on page 26*

Arizona AHEC is a sponsored project of the University of Arizona.  
The AHEC Program office is located at the University of Arizona  
Health Sciences Center (pictured).



# Message from the Director



Sally J. Reel, PhD, APRN, BC,  
FAAN, FAANP  
Director, Arizona AHEC Program

As the Director of the Arizona Area Health Education Centers (AHEC) Program, I am pleased to present the 2012 Annual Report. This report highlights the accomplishments of the Arizona AHEC program during the past year and provides snapshots of how our academic-community partnerships enhance health professions workforce development and improves access to care among Arizona's rural and urban underserved residents. Our partners are

foundational for the many successes of the AHEC program. Brief summaries of selected programs are provided that demonstrate many success stories.

The Arizona AHEC program underwent a strategic visioning process in 2010-2011 and developed a strategic vision for 2011 to 2016 that outlined a broad educational development agenda to guide specific program plans over the next five years. In 2012, we continued to implement the strategic vision through collaboration with the five statewide Arizona AHEC regional centers, the University of Arizona Colleges of Medicine in Tucson and Phoenix, as well as the Colleges of Nursing, Pharmacy and UA Zuckerman College of Public Health as well as other statewide organizations. Our strategic vision focuses on the development of integrated, sustainable statewide health workforce education programs with emphasis on primary care and increased access challenges in Arizona's rural, medically underserved and border communities that require public health interventions. Improvement of access to care for our rural and urban medically underserved populations remain priorities, including health workforce development investments to formalize interprofessional education and practice training models, primary care education including graduate medical education (residency programs), non-physician primary care provider education (e.g. nurse practitioners), public health as well as faculty development particularly from the interprofessional training perspective.

Workforce studies continue to show that Arizona is experiencing health workforce distribution inequities between urban and rural areas. The Arizona Primary Rural Health Workforce Trend Analysis 2007-2010 (prepared by Joe Tabor, Ph.D., and Howard J. Eng, Dr.PH, MS, R.Ph. in the Center for Rural Health, UA Zuckerman College of Public Health at the University of Arizona and released in June 2012) examines the extent to which the state's health care workforce has changed over time and

provides state, rural, and urban health care provider distribution comparisons and multi-year trends. Of particular concern is the need for rural primary care providers as rural communities are often more significantly impacted by primary care shortages. A policy brief of this report with key findings is provided as a special supplement to the 2012 Annual Report, and the entire report can be found at [www.azahec.org](http://www.azahec.org).

Arizona AHEC supported medical residency initiatives are highlighted in this report. Dr. Julie Hardeman, M.D., Associate Program Director of the University of Arizona/UPHK GME Consortium Family Medicine Residency provides a report describing rural medical residency rotations at the University of Arizona Medical Center – South Campus. The Northern Arizona AHEC (NAHEC) is pursuing teaching health center (THC) status to start a community-based family medical residency program. Teaching health centers were authorized under the health reform legislation to expand or establish new primary care residency programs. Unlike traditional hospital-based residency programs, a THC is a community-based ambulatory care center that operates a primary care residency program. Federally qualified health centers (FQHCs), community mental health centers and rural health clinics are a few examples of THCs. North Country HealthCare, NAHEC's parent organization, is a community health center and strong advocate of primary care program development.

The University of Arizona Colleges of Medicine in Tucson and Phoenix and the Colleges of: Nursing, Pharmacy and UA Zuckerman College of Public Health as well as the Arizona State and Northern Arizona Colleges of Nursing present highlights of how they are continuing to meet and exceed the expectations of the Arizona Rural Health Professions Program (RHPP). Recognizing the new accreditation of the College of Medicine Phoenix campus, the Arizona AHEC program will collaborate with the COM/Phoenix this year to develop a community-based training program congruent with training medical students in rural and urban medically underserved Arizona communities and consistent with the RHPP programs supported at the aforementioned colleges.

The Arizona AHEC program supported two major interprofessional education initiatives this year. The first initiative is the Arizona AHEC Fellowship Program in Clinical Outcomes and Comparative Effectiveness Research (COCER) in Rural Primary Care. This interprofessional academic fellowship program in clinical outcomes and comparative effectiveness research (the AzAHEC COCER Program) is a two-year career development program funding four doctorally prepared fellows a year from four health care disciplines: family and community medicine (MD), nursing (DNP), pharmacy (PharmD), and public health (PhD or DrPH). About 80% of the time is spent in research training, collaborative research projects at the T3

and T4 translational levels, and a mentored research project. The remaining 20% is devoted to interprofessional primary care practice in environments that serve underserved, predominantly rural, populations in the Tucson, AZ area. The second initiative is the Interprofessional Education and Practice (IPEP) at the Arizona Health Sciences Center. Begun in July 2011, this initiative continues to build an interprofessional education and practice mission of the University of Arizona Health Sciences Center. Both are highlighted in this report.

Our regional AzAHEC centers continue to demonstrate innovative health workforce development programs as is shown in their reports.

The annual financial report demonstrates continued strong state support that the AzAHEC program receives to offer programs throughout Arizona and to meet federal grant-matching requirements. Our AzAHEC regional centers and supported projects also employ or provide salary support for many people statewide. As a result, our programs also continue to have an important economic force in the communities we serve.

The Arizona AHEC program is proud of our accomplishments in 2012. We are committed to improving access to health care for Arizona's residents through high-quality, innovative workforce development strategies. I am pleased to present this report for your review.

## Program Overview

### About the Arizona AHEC Program

1. Started in 1984 with the formation of the first regional center in the border town of Nogales, 13 years after the United States Congress developed the nationwide AHEC system to recruit, train, and retain a health professions workforce committed to helping underserved populations.
2. Expanded statewide by 1989 to include five regional centers serving all 15 Arizona counties.
3. Is a sponsored project of the University of Arizona.
4. Is cited in Arizona Revised Statutes (ARS) articles 15.1643, 15.1644, 15.1645, and 5-522 (D).
5. Operates with funds from federal and state sources.

### Structure

The Arizona AHEC Program comprises five regional centers located strategically statewide and an administering "home" office based at the University of Arizona. The centers carry out the program's mission by creating, coordinating, and implementing a scope of work designed to address the health professions education training needs within their service regions.

The Arizona AHEC Program director consults regularly with two advisory committees: the Arizona AHEC Advisory Commission, whose members are appointed by the Arizona Board of Regents (ABOR) and represent health educators, health professionals, and community members serving and/or living in rural and urban medically underserved communities throughout Arizona; and the Arizona Health Sciences AHEC Advisory Committee, whose members represent the University of Arizona's colleges of medicine, nursing, pharmacy, and public health.

In addition to these two advisory bodies, each regional center has its own ABOR-appointed governing board, comprised of healthcare providers and consumers who reflect the ethnic representation of the center's geographic area.

### Focus Areas 2011-12

During the past year, the Arizona AHEC Program's regional centers sustained and improved their statewide efforts to strengthen Arizona's health professions workforce through a variety of activities targeting K-12 and postsecondary health professions students as well as health professionals across a wide range of disciplines. In addition, centers supported many educational activities designed to promote health awareness throughout their communities.

**Postsecondary student training** – Students pursuing careers in the health professions benefited from Arizona AHEC-supported clinical rotations and internships. The regional centers helped these students by providing them with in-depth orientations to the local communities. Some students also received funding support for housing, travel, and related expenses. These training opportunities would not be possible without the guidance of dedicated and experienced preceptors and other healthcare providers nor without strong academic partnerships with Arizona's colleges and universities.

**Youth programs (K-12)** – The regional centers supported numerous activities throughout the year to introduce Arizona's rural and underserved youth to health careers. Personnel at each center worked with local high schools to support health career clubs and Health Occupations Students of America (HOSA) Chapters.

**Continuing education for health professionals** – The regional centers sponsored numerous continuing education opportunities throughout the year for health professionals statewide.

**Community health promotion** – In addition to helping build and support a culturally competent health professions workforce, the regional centers coordinated and supported health education activities and events for their local communities. Each center maintains a list of collaborators.

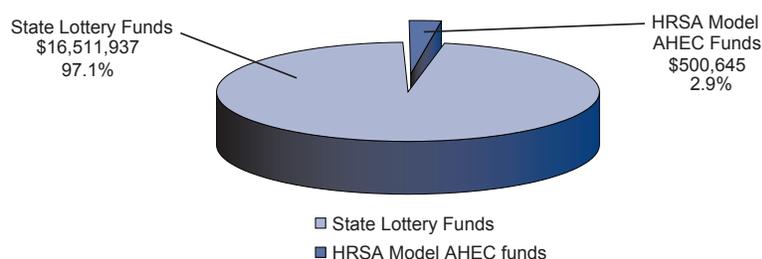
# Financial Review

As in years past, the Arizona AHEC Program received funds from state and federal sources (Chart F1, Table F1). The fiscal year dates vary by funding source. The federal fiscal year is September 1 to August 31; and the state fiscal year is July 1 to June 30. The total federal amount of \$500,645 came from the US Dept. of Health and Human Resources-Health Resources Services Administration-Bureau of Health Professions Model AHEC grant award. This federal award requires the program's regional centers to receive 75% of the funds with the remaining 25 percent going as support for the state program. Continuation of the Model AHEC award is contingent upon matching non-federal funds.

State funds are allotted to the Arizona AHEC Program through the Arizona State Lottery (per Arizona Revised Statutes 5-522). State funding for Fiscal Year (FY) 2012 amounted to \$16,511,937. These funds included a beginning FY 2012 balance of \$11,790,670 and \$4,721,268 received after FY 2011 closed. This represents the FY 2011 allotment from the Arizona Lottery. Total funds carried forward into FY 2013 are \$10,409,509.

The program's regional centers receive their annually allotted funds via subcontracts administered through the program's business office at the University of Arizona (project period: Sept. 1-Aug. 31). The program's state office costs are supported by federal and state dollars (see Tables F2 & F3).

**Chart F1. FY 2012  
Arizona AHEC Program: Operating Funds**



<sup>1</sup> Federal: US Department of Health and Human Services-Health Resources and Services Administration. State: Arizona State Lottery per ARS 5.522.5.E.

<sup>2</sup> Per ARSS 15.1643.C, Arizona area health education system; centers; governing boards; duties

**Table F1. FY 2012 Arizona AHEC Program:  
Federal and State Funding Allocations**

Funding Source	Amount
<b>Federal Funds</b>	
Federal Model AHEC Grant	\$500,645
<b>State Funds</b>	
Lottery funds (Include FY 2011 carry forward)	\$16,511,937
<b>Total state and federal-allocated operating funds</b>	<b>\$17,012,582</b>

**Table F2. FY 2012 Arizona AHEC Program:  
Federal and State Funds**

Funding Source	Amount
Federal Model AHEC Grant	\$500,645
FY 2012 lottery funds* (includes FY 2011 carry forward)	\$16,511,937
<b>Total</b>	<b>\$17,012,582</b>
<b>Expenditures</b>	
Program administration & Operations	\$633,344
Five Regional AHEC centers	\$2,332,817
Statewide programming support	\$3,636,913
<b>Total</b>	<b>\$6,603,074</b>
<b>Total carry forward of state funds to FY 2013</b>	<b>\$10,409,509</b>

**Table F3. FY 2012 Arizona AHEC Program Allocations: Allocations to the Five Regional Centers**

Funding Source	Eastern Arizona AHEC	Greater Valley AHEC	Northern Arizona AHEC	Southeast Arizona AHEC	Western Arizona AHEC
<b>Federal</b>					
Model AHEC	\$75,097	\$75,097	\$75,097	\$75,097	\$75,097
<b>State</b>					
	\$430,298	\$430,298	\$430,298	\$430,298	\$430,298
<b>Total</b>	<b>\$505,395</b>	<b>\$505,395</b>	<b>\$505,395</b>	<b>\$505,395</b>	<b>\$505,395</b>

# Arizona AHEC Rural Health Professions Programs

In 2007, the Arizona AHEC Program began providing support to the University of Arizona Colleges of Medicine in Tucson and Phoenix and the Colleges of: Nursing, Pharmacy and UA Zuckerman College of Public Health as well as the Schools of Nursing at Arizona State University and Northern Arizona University to move toward doubling the number of students who receive training through the Rural Health Professions Program (RHPP). The RHPP program was created by the Arizona Legislature in the 1990s (Arizona Revised (ARS) Statute 15-1754). The RHPP program is voluntary for student participation. Under legislation each year the participating schools select ten nurse practitioner students (UA = 4 NP students, ASU = 4 NP students and NAU = 2 NP students), fifteen medical students from the University of Arizona and four pharmacy students from the University of Arizona. Public Health was not included in the legislation but was supported by AHEC beginning in 2007 as an RHPP participant. In 2012-13, the Arizona AHEC will also work with the UA College of Medicine (Phoenix) as they develop an RHPP Program in recognition of the School's newly achieved accreditation status. The following section highlights some of the RHPP activities achieved in 2012 with AHEC support.

## **The University of Arizona College of Medicine Rural Health Professions Program**

**Carol Q. Galper, EdD**

*Assistant Dean, Curricular Affairs-Community Health Education*

Since its inception in 1997, The University of Arizona College of Medicine's Rural Health Professions Program has helped nurture interested medical students at both the Phoenix and Tucson campuses, in a rural medical practice. Twenty-two medical students are selected annually based on application during the first semester of medical school, and take additional coursework about rural health issues. The selected students are provided with multiple opportunities to be precepted by rural clinicians in medicine, pediatrics, general surgery, obstetrics and gynecology and family medicine. RHPP is a longitudinal program. Initially, students spend six weeks during the summer with a rural preceptor and then return in subsequent years for additional rotations.

RHPP funding also helps provide support to students at urban underserved sites for rotations. RHPP students are more likely than their classmates to select primary care residency programs. Of the 97 physicians who have completed their residency and fellowship training, 42% have practiced in rural Arizona, with 8% in rural practice in other states and 30% practicing in rural Arizona currently. Following the graduates takes some time, so we anticipate that by the end of the calendar year more comprehensive data will be available on those students completing training in 2012.

The RHPP program has continued to operate with a videoconference course between Tucson and Phoenix, with origination occurring alternately every other week. This allows for personal connections with the staff and students at each site. We have also increased the faculty in rural communities through recruitment efforts. Finally and most notably, the College of Medicine has allowed expansion of portions or all of additional clerkships, to include rural sites for RHPP students and others who are interested. In the past, Family Medicine was the only required clerkship site that had rural teaching sites. Effective this

year, Obstetrics and Gynecology, General Surgery, Pediatrics and Internal Medicine will utilize specific RHPP sites as clerkship sites.

Additionally, there have been initial meetings to enable collaboration between the College of Nursing and the College of Medicine RHPP programs. While still in exploratory and planning stages, this represents movement toward the interprofessional model.

## **The University of Arizona College of Pharmacy Rural Health Professions Program**

**Elizabeth A. Hall-Lipsy, JD, MPH**

*Assistant Professor, Program Manager*

*Health Disparities Initiatives and Community Outreach*

The Arizona Rural Health Professions Program (RHPP) legislation provides for up to four new pharmacy students to participate in rural rotations each year. Additional funding from the Arizona Area Health Education Centers ("AzAHEC") is provided to double the number of pharmacy students participating in the in this program from the University of Arizona's College of Pharmacy. As a result of the generous additional funds provided by the AzAHEC, the College of Pharmacy has been able to more than triple the number of RHPP pharmacy student participants for each of the last three years, and this year 22 new first year pharmacy students enrolled in the RHPP, which is a record number!



*Brian McKinley, class of 2013, returned to North Country Community Healthcare in Flagstaff, AZ for a six week ambulatory care rotation in fall 2012. Over the course of his pharmacy education he has spent a total of 15 weeks on rotation at North Country Community Healthcare.*

Since AHEC funding was received in 2008, a total of 84 students have participated in the College of Pharmacy's RHPP. These students have completed over 47,000 rotation hours at rural Arizona pharmacies. Over the course of the 2011 to 2012 funding year, a total of 46 RHPP students (22 from the Class of 2015, 13 from the Class of 2014, 8 from the Class of 2013, and 3 from the Class of 2012) completed at least one rotation in a rural Arizona community as part of the RHPP. These placements were all in locations that are designated primary care Health Professional Shortage Areas by HRSA, which include Arizona-Mexico border communities and several American Indian tribal communities. Additionally, funding from the AzaAHEC enabled the College of Pharmacy to evaluate its RHPP by longitudinally tracking the program participants. Data collected thus far has demonstrated that RHPP participants are statistically more likely to score higher on their rotation performance evaluations from their preceptors compared to non-RHPP students. Cohorts from the classes of 2011 and 2012 have graduated and their post-graduation employment has been tracked. Of the participants in those two classes, a little over 52% went on to pharmacy residency programs (the overall College average for residency placement is 25%), 20% obtained employment at a rural pharmacy they had rotated through during the program, 10% obtained employment with the United State Public Health Service, 14% were still interviewing for post graduate employment; and one student (4%) was taking maternity leave post-graduation

Furthermore, as a result AzaAHEC funding, the College has been able to implement a Professional Certificate program in Pharmacy Related Health Disparities for College of Pharmacy RHPP students. RHPP participants from the Classes of 2015 and 2014 (a total of 28) are currently in the process of completing a required community assessment course; and 10 have already completed the required health disparities course, which was offered in the spring of 2012. Course evaluations for the health disparities elective were overwhelmingly positive. Eighty percent of participants rated the Health Disparities in the US course as overall one of the best or better than usual courses. Ninety percent of participants reported that the Health Disparities in the US course promoted critical thinking. A poster describing the implementation of this certificate was presented at the 2012 Annual Meeting of the American Association of College of Pharmacy.

Through the generous financial support of the AzaAHEC, the College has been able to provide additional opportunities, beyond the RHPP, for students to practice in rural communities. The College encourages all pharmacy students to complete at least one of their required clinical rotations (Introductory Pharmacy Practice Experience, "IPPE", or Advanced Pharmacy Practice Experience, "APPE") at a rural site. As a result of

AzaAHEC funding, an additional 58 students have completed an IPPE or APPE rotation in a rural Arizona Community over the 2011-2012 funding year. Combined with the 46 RHPP students, this represents over 14,280 rotation hours and almost one third of all rotation eligible pharmacy students at the University of Arizona. Without the AzaAHEC funding for our RHPP activities we would not have the relationships with rural providers and their facilities nor the infrastructure needed to support so many rural placements.

## **The University of Arizona College of Public Health Rural Health Professions Program**

**Jill Guernsey de Zapien**

*Associate Dean, Community Programs*

The Rural Health Professions Program continues to be a strong partnership of the Mel and Enid Zuckerman College of Public Health and the Arizona Area Health Education Centers Program. Now in its fifth year here at the College we continue to support the overall goals and objectives that were established with the formation of the program. The overall goal of our partnership is to increase the numbers of public health students who practice in rural and underserved communities in the state of Arizona and together we have embarked on a comprehensive program that includes service learning courses, practicums and internships.

We have continued to develop and implement service learning opportunities, practicums and internships with our students. Planning has taken place for all of our five existing service learning courses including:

- CPH597b MCH Rural and Tribal Health in Northern Arizona
- CPH597a MCH Urban Vulnerable Populations in Tucson
- CPH597c Border Health Service Learning Institute in Ambos Nogales Region
- CPH597d Rural Health Service Learning Institute in the Safford/Thatcher, Arizona region
- CPH 597e Phoenix Urban Service Learning

The Phoenix course was implemented with 15 students during Spring 2012. Two other courses were implemented during the pre-summer session, 597b with 10 students and 597d with 5 students. Enrollment for 597a and 597c are completely filled for August. These courses will be offered following summer session 2 and are dynamically dated to be included as fall semester courses. Two students have participated in our Rural Health Professions Policy and Management Practicum (CPH594b), one with the Rural Women's Health Network and one with the Southwest Rural Policy Network.

Two students have completed their internships at two Tucson-based agencies. Additionally we have a student who is implementing her internship with the San Carlos Apache Tribe, a student with SEAHEC focusing on models for increasing Native American students in the health professions, and a student working to develop an assessment of gaps and needs in reproductive health services in rural Arizona.

Our Rural Health Professions doctoral student is completing her dissertation which focuses on gender differences to stressors among farmworkers in Yuma, Arizona.

We continue to coordinate closely with each of the AzaHEC centers as we develop our service learning courses. This year we have worked directly with GVAHEC, SEAHEC, NAHEC and EAHEC to develop and implement the service learning courses in their regions

## **The University of Arizona College of Nursing Rural Health Professions Program**

**Jason T. Shuffitt, DNP FNP-BC**

*Director, Rural Health Professions Program*

*Clinical Assistant Professor College of Nursing*

*The University of Arizona*

The University of Arizona College of Nursing Rural Health Professions Program (UA CON RHPP) is a long-standing program dating to the inception of the state RHPP program in 1997. Today, our RHPP program continues as a rural community-based training program that matches current primary care nurse practitioner students with rural community preceptors. Excitingly, in 2012, the CON RHPP program evolved in complexity as a rural health scholars program.

The rural health scholars program embodies the RHPP mission by creating a community of Doctor of Nursing Practice (DNP) nurse practitioner students who are rural health focused primary care scholars. The rural health DNP nurse practitioner students have rural focused didactic coursework and rural clinical experiences. Students are matched with rural preceptors in the student's "rural" home. Housing and travel stipends are provided during students' clinical rotations. Technologies are incorporated into rural training via wireless mobile tablets devices also. A web portal is under development to support rural RHPP student learning and this portal will be available to RHPP students in the disciplines of medicine, pharmacy and public health as well.

Interprofessional education and practice will be enhanced in the rural scholars program as the rural scholars will also participate in interprofessional experiences through collaboration with other RHPP students within the University of Arizona Health Sciences Center (e.g. disciplines of medicine, pharmacy and public health). Specifically, students from each discipline engage in collegial

and interprofessional education activities through enrolling and completing several common courses across programs.

While the rural scholars program is an evolution of the CON's RHPP program it is important to note that all primary and acute care NP students have a mandatory 90-hours rural clinical rotation demonstrating the College of Nursing's long-standing commitment to increasing the numbers of nurse practitioner students who have rural training experiences. Last year, for example, the UA CON nurse practitioner students completed more than 3,000 rural clinical hours.

Clinical requirements for the RHPP rural scholars students have been strengthened. Students complete more than 400 hours of direct patient care in rural settings during the program. Rural clinical residency placements are being coordinated and two students are currently developing rural clinical dissertations. It is anticipated that all RHPP rural scholars students will meet this requirement prior to graduation.

Students who are designated as rural health scholars will network with colleagues from other healthcare disciplines within University of Arizona Health Sciences Center. This will be accomplished through collaboration with other University of Arizona RHPP directors. Meetings were held with the RHPP directors from the College of Medicine (COM) and the College of Pharmacy (COP). Several initiatives are planned including a yearly Interprofessional half-day educational program which will be hosted by the College of Nursing RHPP and will include speakers from the four RHPPs as well as provide an opportunity for RHPP students to present scholarly poster presentations, COM invited nursing RHPP students to enroll in an interprofessional gross anatomy course, and COP will host an interprofessional health disparities course for student in all RHPP programs. Additional interprofessional programs are under development and will be discussed in future reports. Evaluation instruments are under development. The UA College of Pharmacy has graciously allowed the College of Nursing RHPP director to adapt this tool for nursing evaluation. An initiative is planned to further develop this tool for application across all RHPP programs. University of Arizona institutional review board approval is being sought for potential dissemination of findings. Data collected will be analyzed using parametric and nonparametric techniques as well as through qualitative thematic analysis.

This year seven students qualified for the rural scholars program. Additional recruitment occurred during the Resident Intensive Summer Experience in August 2012 and students who attended this session developed an understanding of the challenges of rural health care as well were invited to apply for the RHPP program. To further enhance RHPP recruitment, a program is under development that is focused on the professional entry student and we anticipate growth of the CON's rural scholars program in 2013.



*In addition to her 54 week clinical rotation at Green Valley Family Practice, Arizona State University Family Nurse Practitioner Student Alex Riley participated in a community project at Marana Health Center.*

## **Arizona State University College of Nursing & Health Innovation Rural Health Professions Program**

**Diane E. Nuñez, DNP, RN, ANP-BC**  
*Clinical Associate Professor*

Recent changes in healthcare, industry, public and private business, and reimbursement for health services have contributed to individuals and communities' struggle to maintain optimal wellness with a lack of providers and access to resources. Arizona has experienced significant changes in service delivery and rural areas are disproportionately affected. ASU assists in the education and clinical practice of graduate nurses in shortage areas with the goal to increase access to care in medically underserved (MUA) and rural areas. The College of Nursing & Health Innovation currently has clinical mentors in rural areas of Maricopa, Pinal, Gila, Yuma and Yavapai Counties ready and willing to accept students in clinical experience rotations. As the relationship between the regional AHECs and the college is already well established, these opportunities for practice and scholarship are readily available to ASU students.

Students are paired with two mentors: one clinical professional and one academic faculty. It is expected that this mentor relationship will further enhance the clinical experience through development of learning goals, and assist students in expanding an awareness of health disparities. The aim of this approach is to assist students to develop knowledge and expertise in the unique



*Arizona State University Adult Nurse Practitioner/ Geriatric Nurse Practitioner Student Michele Javadpoor arrives at Camillus Health Center in San Luis, Arizona for a six-week rotation.*

challenges of working in rural and medically underserved areas (MUA), along with the relevant health and access issues these populations face. The goal will be to foster positive experiences through the clinical experience and mentorship, which will further encourage the fellow to remain in one of the AHEC areas upon graduation.

ASU has established clinical practice sites for four students' ongoing training in established rural/MUA areas, and added two additional students to the cohort. The current students now have an average of 40 weeks in the respective sites, well poised to continue employment upon graduation. This is a significant improvement and development since ASU has been awarded AHEC funding. The two new students are in an extremely rural area of southern Arizona and are living there for four-week block rotations during their academic studies.

## **Northern Arizona University School of Nursing Family Nurse Practitioner Program Rural Health Professions Program**

**Karen Plager, DNSc, RN, FNP-BC**  
*Professor and FNP Track Advisor*  
*Rural Health Professions Program*

Northern Arizona University School of Nursing (NAU SON) was pleased to receive support for its Rural Health Professions Program in the amount of \$64,491. This is our fifth year to be a recipient of the AHEC grant. The grant provides important financial assistance and learning opportunities for our family nurse practitioner (FNP) students. Our FNP program has expanded the number of students in our program for each of the last five years. This year 40 students benefited from the grant award.

Our rural-focused program has a mission to prepare family primary care practitioners to work in rural, frontier, and underserved communities, especially in Arizona. Our FNP students complete their clinical practica in rural, underserved family primary care sites with FNP and/or family practice physician preceptors. Some students do part of their clinicals in urban, underserved family primary care sites. Many of our students live in the communities where they complete their clinical work. Students living in urban communities travel to

rural areas to meet their clinical practica requirements. Students are required to occasionally travel to the NAU campus for certain clinical-related activities. Each year it seems that students must absorb increasing financial expenses for their educational programs so this year we used part of the AHEC grant to award students stipends to supplement their clinical education costs. Grant monies also support five faculty who travel to clinical sites to supervise and evaluate clinical learning of FNP students. During site visits faculty also evaluate the sites and preceptors with whom we collaborate. Students are placed in rural sites across the state, including private family practices, Indian health clinics, and community health centers.

Part of our award was used to offer the 5th Annual 2-day FNP Student Skills and Evidence-Based Practice Workshop. This year's workshop was held January 20-21, 2012 and had 23 first-year and 17 second-year student participants. The first day provided students with the didactic and hands-on practice time for learning suturing and minor office procedures such as skin biopsies, evacuation of subungual hematomas, incision and drainage of abscesses, and removal of ingrown toenails. Dr. Angela Golden spent several hours in preparation creating realistic props for practicing skills using raw hot dogs, artificial fingernails, bamboo shish kabob skewers, red Jell-O, and vanilla pudding.

Students also participated in a workshop to learn and practice advanced skills for joint examination. An evening dinner session focused on point-of-care evidence-based practice (EBP) and using digital devices and smart phones to access this information. The second day of the workshop the students learned from expert clinicians in our community about child abuse identification, evaluation and referral and about cardiac evaluation for pre-sports participation physicals. In the afternoon of the second day, students chose one of three concurrent sessions to attend, including x-ray interpretation, basic 12-lead EKG interpretation,



*Student learning advanced skills for joint examinations.*

and discussion of clinical lab cases. Students in attendance at the workshop gave it high evaluation scores. They also appreciated the valuable face-to-face time with faculty and fellow students in our primarily online program. Grant monies provided some meals for workshop participants, paid honoraria to presenters, and purchased supplies for practicing skills.

Faculty utilizes Pepid-PCP software to support students in their learning point-of-care EBP. Students use the Pepid-PCP software on their smart phones or tablets at their clinical sites in order to access the most up-to-date evidence-based guidelines for primary care management.

This is the third year that the FNP program has used the online software program, E\*Value, for students to maintain their clinical logs throughout three semesters of family primary health care clinical practica. AHEC grant monies are used to maintain this program. This clinical log software helps us to better serve the needs of our students for achieving well-balanced clinical experiences with a variety of patients across the lifespan. As faculty we can collate data from our students at their various clinical sites. The logs serve as a part of the students' portfolios after graduation as they seek positions in advance practice nursing.

NAU School of Nursing continues to grow our FNP program. We admitted 28 FNP students to begin classes for summer/fall 2012, giving us 65 FNP students who pursue either full time (two year) or part time (three year) programs of study. We are grateful to The University of Arizona College of Nursing for continuing to award the AHEC Arizona Rural Health Professions grant funds. This grant provides valuable assets to our students and for our program offerings.



*Northern Arizona University Family Nurse Practitioner student practices suturing.*

# Arizona AHEC Interprofessional Education and Practice Projects Interprofessional Education (IPE)

Interprofessional education (IPE) is growing increasingly more important and foundational to improving practice and patient care. Interprofessional education involves educators and learners from two or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment in which learners develop the competencies core to effective collaborative patient-centered practice that is focused on improving patient outcomes: evidence-based, quality-driven, and technology-enabled. Interprofessional education aims to develop mutual understanding of, and respect for, the contributions of various professions and disciplines and thus socialize health care providers to work together as a team, share problem-solving and decision-making, and enhance the benefits of health care for patients, families, and communities.

The University of Arizona seeks to become a nationally recognized premier institution for IPE by 2020. Since 2007 AZ AHEC has learned important lessons about implementing IPE strategies. Disciplinary silos are difficult to bridge without a fundamental change in culture and more importantly a formalized IPE framework to train faculty and students. Without formalization, the end result—collaborative practice—may remain elusive. Arizona AHEC community-based IPE training initiatives must press forward and be supported by the IPE academic infrastructure at the Arizona Health Sciences Center. The Arizona AHEC program is partnering to develop interprofessional education and practice models as the Arizona AHEC program needs to be able to effectively train our students to practice in teams within our communities. A few of our initiatives are highlighted in this section.

## Regional Interprofessional Education Experiences

### **Yuma Interprofessional Activities: Integrating Pharmacy Practice Residents and Student Pharmacists into Practice to Promote Innovative Pharmacy Services in San Luis, Arizona**

**Amy K. Kennedy, PharmD, BCACP**

*Assistant Professor*

*The University of Arizona College of Pharmacy;*

**Kathryn Matthias, PharmD, BCPS**

*Assistant Professor*

*The University of Arizona College of Pharmacy;*

**Elizabeth Hall-Lipsy, JD, MPH**

*Assistant Professor*

*Program Director for Health Disparities Initiatives and Community Outreach*

With the recent passage of national healthcare reform and the documented impact of pharmacists on patient outcomes and healthcare related costs, it is more important than ever to ensure that patients have access to quality pharmacy care and that our future pharmacists receive the necessary training to improve patient care and outcomes. This grant will provide an inter-professional training and pharmacy workforce development program in a rural setting for pharmacy students and pharmacy residents. Additionally, this program will design and implement a service expanded clinical pharmacy services for a rural, border population that suffers from significant health disparities. To evaluate the success of the training and patient service programs, feedback will be solicited from key stakeholders. These informative interviews will be used to improve the current program in San Luis and evaluate

the potential and feasibility of expanding the training program to other sites within Arizona.

We have made great progress in developing this interdisciplinary partnership. We have developed student rotation objectives for rural health professions students and our advanced practice students. These students will work in an interdisciplinary environment and interact with WAHEC to improve health disparities. Over the next year, there will be five 5 students on rotation in the clinic or hospital in the area.

In addition to the students who will be with us over the next year, we are recruiting diligently for a PGY1 resident that will be shared between Yuma Regional Medical Center and San Luis Clinic. This resident will provide needed pharmacotherapy services in the clinic while gaining a greater understanding of health disparities and how to mitigate them. The objectives for this residency have been developed and we are awaiting conditional approval from the national accrediting body. A critical piece of residency and student training is preceptor development. We are currently evaluating quality metrics by which to evaluate these preceptors to ensure that the residents and students have a quality experience.

An ongoing aspect of the project over the past year has been the evaluation of pharmacotherapy programs and services within San Luis clinic. This has included stakeholder interviews, record reviews and expert consensus meetings. As the project progresses, this will shift to a quality assessment focus instead of implementation.

Over the past year, there has been some reshuffling due to the loss of the residency director. She has now been replaced and we are working diligently to make up for some delays that occurred. We may have our pharmacy resident start later than anticipated, but still within the timeframe of the project.

## Interprofessional Education and Practice Key Terms

*“Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”*

*“Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across setting.”*

<sup>1</sup> Buring, S., Bhushan, A., Broeseker, A., Conway, S., Duncan-Hewitt, W., Hansen, L. & Westberg, S. Interprofessional education: definitions, student competencies, and guidelines for implementation. *Am J Pharm Educ.* 2009 Jul 10;73(4):59. Health Canada – Interprofessional Education for Collaborative Patient-Centered Practice. <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index-eng.php>. Last accessed 8 April 2010

<sup>2</sup> World Health Organization. Health Professions Networks Nursing & Midwifery Human Resources for Health. (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Pg. 13. Available online: [http://whqlibdoc.who.int/hq/2010/WHO\\_HRH\\_HPN\\_10.3\\_eng.pdf](http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf). Accessed 4-4-2011

We have worked closely with WAHEC to develop student rotations and an elective pharmacy resident rotation that includes spending onsite time with the WAHEC organization. The development of the promotor-student pharmacist partnership guidelines is a joint venture and is currently a work in progress.

### *Interprofessional Education and the University of Arizona Health Sciences Center*

#### **The AzAHEC Fellowship Program in Clinical Outcomes and Comparative Effectiveness Research in Rural Primary Care**

**Ivo Abraham, PhD, RN**

*Professor, Pharmacy Practice & Science College of Pharmacy,  
The University of Arizona*

In keeping with its strategic priority to foster the development of the next generation of clinical teachers, equipped to educate a healthcare workforce that will face increasing challenges and continuous changes in Arizona’s health care sector, the AzAHEC launched an interprofessional academic fellowship program in clinical outcomes and comparative effectiveness research (the AzAHEC COCER program) that brings together four doctorally prepared fellows from four health sciences disciplines: pharmacy, public health, medicine, and nursing. The program is focused on primary care to rural underserved patients, families, and communities in Arizona and aims to create a new type of clinician-educator for rural primary care – a person knowledgeable about and experienced in rural primary care, evidence-based innovation in health care, patient-centric and population-focused care, and the generation and application of new knowledge.

The AzAHEC’s bold step of venturing into community-based research is premised on the belief that rural primary care in Arizona will be strengthened by bringing new evidence to the

point of care, while also engaging health care providers in generating the knowledge needed specifically to provide care to rural underserved communities in Arizona. This evolving emphasis on community-based research and, specifically, incorporating the AzAHEC regional centers and their local partners into a networked community laboratory for innovation in primary care, will yield both short- and long-term benefits. In the process, the AzAHEC will provide national leadership in the integration of clinical outcomes and comparative effectiveness research into rural primary care and the development of training models for the clinician-educators of the future.

The class of current fellows began the program on 1 August 2011. In addition to being highly individualized to the scientific training needs of each fellow, the group also meets collectively for a weekly 3-hour session throughout the year. These sessions are used for both formal and ad hoc teaching, project collaborations, and information exchange. In addition, seven one-hour topical seminars were held during the two academic semesters. This seminar series is open and is advertised to (and through) the five regional AzAHEC centers. The seminars are also recorded and can be accessed from the UA biomedical communications websites. A lead mentor as well as a mentor team guide fellows. Depending on training needs and evolving opportunities, fellows are also brought into contact with experts and other resources to optimize their learning activities.

#### **Scientific Training**

##### **The following research activities have been initiated:**

**Collaborative analyses of existing databases.** In this methodology, one fellow leads one analysis, the three other fellows collaborate, and the mentors guide. After completion of this activity in Fall 2012, fellows will work on a publication from each project.

**Prospective observational study.** This project is an evaluation of a new UA Health Network service delivery model to reduce hospital readmissions. Work on this began in July 2012.

\* **Research synthesis.** This module was introduced because of the growing role of meta-analyses in the development of practice guidelines.

**Proposal, grant and publication-writing.** Related training activities are integrated into the weekly sessions, however most of this training is done on an individual basis with the project faculty, mentors, and mentor teams. In addition, fellows continue to work on their own publication and grant programs, and have sought faculty advice and input as necessary. Logically, for three of the fellows, publication activities were

**Course work in clinical outcomes and comparative effectiveness research.** Fellows have completed a series of four courses co-taught by the Program's faculty and guest lecturers (internal and external). Because of the diversity in training needs, prior experience and exposure, evolving projects, and career development plans, the program combined prepared and ad hoc content into the sequence of courses.

## Professional Training

### Interprofessional clinical practice

**Clinical Practice Site:** The identified site is the Family Medicine Center (FMC), operated by the Department of Family & Community Medicine (DFCM). Located at the University of Arizona Medical Center – South Campus, the FMC is one of the outpatient clinics within the University of Arizona Health Network. By virtue of its location on the South Campus, the patient population at this clinic is ideally suited to the underserved/rural population emphasis of the COCER fellowship. The clinic catchment area includes the rural communities in Southern Arizona, and has a payer mix of approximately 46% AHCCCS, 10% Medicare, and 2% uninsured.

The initial project chosen for the COCER fellows was a UA Health Network Health Plan division project to test an “Exemplar” model of intensive case management for patients with dual Medicare/Medicaid eligibility. The goal is to see if application of the Exemplar care model would reduce healthcare costs and improve health outcomes. This project eventually had to be dropped as a primary Fellow project because the Exemplar project: 1) continues to face extensive delays in start-up, and 2) has evolved to have a more narrow scope that was less suited for COCER interprofessional participation.

After consideration of multiple other potential clinical projects, we elected to have the Fellows work on a clinical project focused on reducing hospital readmissions. This is a complex problem,

and is a priority within the UA Health Network, which convened a “Readmission Reduction Steering Committee” to address the problem. The leadership of the Steering Committee welcomed COCER Fellow participation. For their initial work, the Fellows have been asked by the Steering Committee to help implement and evaluate a pilot “Hospital Follow-up Clinic” which is proposed as one possible service delivery models to reduce readmissions. Fellows have begun attending relevant Steering Committee working group meetings.

### Adaptive Design Training

The work of healthcare delivery is inherently complex, dynamic and unpredictable, perhaps even more so when addressing the needs of rural and underserved populations. Adaptive Design™ (AD) is a method of systematic and on-going clinical service delivery innovation and improvement. Developed by Dr. John Kenagy, AD is a tested model for improving health care that continually moves patient care toward “Ideal” by embedding the Scientific Method and structured problem solving into **everyone's** daily work. Drawing on healthcare lessons learned from the Toyota production system, Adaptive Design™ organizations are “designed to adapt”- that is, to engage in ongoing innovation and evaluation to continually delivery better care at less cost. Interprofessional collaborative practice is a foundational concept in AD, and is essential for AD's effectiveness. Thus, AD training is a ideal complement for the more applied components of the Fellows professional training.

Adaptive Design training has historically been delivered through a traditional in-person workshop format delivered by consultants, at a cost that would be prohibitive for the Fellowships. However, an on-line version of AD training is being developed and pilot tested, providing a unique opportunity for the Fellows (and selected members of the readmission reduction Steering Committee) to receive free training in this method of service delivery innovation. As part of their professional training and clinical project experience, the Fellows will participate as beta testers for the on-line training.

### Seminars and workshops

Fellows participated in a seminar/workshop series, which was also made accessible to the AzAHEC regional offices and their partners through the AHSC BioCommunications Department.

- Seminar – Program framework and guiding principles
- Seminar – Innovating primary care in rural (from Southeast Arizona AHEC in Nogales)
- Workshop – Literature and information searching

- Seminar – Responsible conduct of research
- Seminar – Patient-centered care
- Seminar – Some conceptual and methodological issues in meta-analysis and meta-regression
- Seminar – Practice-based research within the AzAHEC environment

Year 2 seminars and workshops will focus on (a) fellows' and AzAHEC regional offices' interests and requests; and (b) fellows' progress on their grant proposal.

### Other Achievements

The COCER program has been involved in several important developments.

\* **Practice-based research network in primary care for rural and underserved populations.** A practice-based research network will be vital for sustaining truly community-oriented and community-based research – particularly the research needed to address the unique problems facing of rural and vulnerable patients and practitioners where scientific evidence on what constitutes best-practice is often lacking. DesertNet is a small AHRQ-registered practice-based research network (PBRN) coordinated out of Phoenix with planning grant support from St. Luke's Health Initiatives. The COCER program was approached to help conceptualize a broader PBRN. Current discussions have focused on a state-wide

network with pivotal nodes at the five AzAHEC regional centers, associated agencies of the Center for Rural Health, the Arizona association of federally qualified health centers, and individual and group providers of primary care in rural Arizona. A planning conference is being held in Tucson in September 2012 following the annual rural health conference. Discussions with potential funding sources have been initiated.

\* **CMS Innovation Center grant application for integrated behavioral and primary care to underserved patients with serious mental illness.** The COCER program was brought in to develop the evaluation component of a large grant application to the CMS Innovation Center for integrated behavioral and primary care to underserved patients with serious mental illness. Though in the end the grant was not funded, the planning and preparation process fostered new and strengthened existing partnerships with community-based providers of behavioral and primary care to this underserved population.

\* **Exemplar program in geriatric services to dually eligible (Medicare/Medicaid) elderly.** The COCER program was involved in the development of the evaluation component of a UA Health Network program of services to dually eligible patients (Medicare/Medicaid).



*COCER Fellows from left to right: Melanie Logue, RN, DNP, PhD (UA College of Nursing Fellow) Eleanor Oloey, PharmD, PhD candidate (UA College of Pharmacy Fellow) Randa Kutob, MD, MPH (UA College of Medicine Fellow) Tomás Nuño, PhD (UA Zuckerman College of Public Health Fellow)*

## **Interprofessional Education and Practice (IPEP) at the Arizona Health Sciences Center**

**Andreas Theodorou, MD, FCCM, FAAP,**  
*Professor of Pediatrics, Chief Medical Officer, University of  
Arizona Medical Center Diamond Children's*  
  
*Chief, Pediatric Critical Care Medicine, Associate Head,  
Department of Pediatrics*

The Interprofessional Education and Practice (IPEP) program designs and implements interprofessional activities, curricula, and clinical team opportunities for students and learners. The program is committed to developing an institutional culture and environment that supports collaborative student learning and faculty development across campuses as well as with community partners state-wide. In July 2011, the Arizona Area Health Education Centers Program (AzAHEC) provided financial support that allowed the IPEP program to develop the next stage of growth: the development of a longitudinal interprofessional curriculum and collaborative practice models.

In its first developmental year of AzAHEC funding, IPEP made significant progress in planning a longitudinal curriculum for entry to practice students and build the necessary academic infrastructure for that curriculum. Between 2005 and 2011, the IPEP Program curriculum consisted of four large-scale, half-day events: Professionalism for Patient Safety, Pandemic Flu Simulation, CPR Simulation, and Disability Awareness. Under the AzAHEC



*Health science students working in an interprofessional team discuss a case study during the Professionalism for Patient Safety exercise.*

contract, IPEP began the development of a longitudinal two-year curriculum, using the four events as a base for an enhanced foundation for entry to practice students.

### **Building IP Curriculum**

At the heart of the new interprofessional (IP) curriculum are national health professions student competency standards that were adopted in 2011. The competencies include values/ethics for interprofessional practice, roles/responsibilities, interprofessional communication, and teams and teamwork. To achieve competencies, IPEP designed a curriculum that includes a core IP curriculum shared across all four AHSC Colleges and builds on what each college already does in its discipline-specific curricula. The IP curriculum creates 15 hours per semester of IP electives and programs based on a developmental education model. The model has students begin with exposure to a topic, then they practice it in an immersion experience, and via a simulated capstone experience at the end of their degree program, students demonstrate their competence.

Health science students working in an interprofessional team discuss a case study during the Professionalism for Patient Safety exercise.

Elements of the curriculum include:

- A common orientation for all beginning health sciences students
- Opportunities for students to learn and practice together in IP teams, including simulation



*An interprofessional team of health science students work on communication skills during a CPR Team Behaviors Simulation session.*

- Education- and practice-based research and evaluation options
- Competency-based learning with assessment and evaluation
- IP longitudinal teams with face-to-face and web-based encounters and team projects
- A menu of required and elective IP learning activities
- Electronic portfolios to chronicle and share IP experiences
- UA AHSC IPEP certificate for those completing training beyond the required minimum

In keeping with the AzAHEC mission, IPEP is developing an emphasis on rural and underserved patients, populations, and communities in its programs, particularly once students have a foundation in the four competency domains.

### **IP Faculty Development**

Alongside the work to build a longitudinal curriculum, IPEP worked to create a faculty development program. Faculty and preceptors also need training in how to mentor teams of students from multiple health professions. In spring 2012, IPEP piloted three faculty/preceptor training workshops, dealing with teams and teamwork, communication, and how to teach interprofessionally. These trainings will be available for organizations that wish to host interprofessional teams of students in the future.

### **Shaping the Practice Culture**

Many have likened developing interprofessional education and practice to “building the plane while you are flying it.” Not only is it necessary to change health professions education, there’s the challenge of changing the way the health professions themselves do business. IPEP’s first foray into this culture change came in July 2012, when IPEP oriented over 200 new University of Arizona Health System medical residents in small teams, facilitated by staff and faculty from multiple health professions. The orientation was built around case studies that required interprofessional teamwork for their successful resolution on behalf of patients and families. There are plan to include Doctor of Nursing Practice and Pharmacy residents in the 2013 orientation.

### **Building a Name**

A key to the successful implementation of the IPEP program has been its internal and external marketing. The very successful CAB III conference, co-sponsored by IPEP (as reported in the AzAHEC 2011 Annual Report) accelerated the program’s national and international reputation. Research efforts included the submission of several articles for publication and many presentations and posters at the CAB III conference, including a winning poster presentation. In March of 2012, IPEP launched what has become the

most active and diverse interprofessional blog, which is primarily authored by students from various health professions. Social media outlets were used to round out the mission of building a strong name and reputation, and in only six months IPEP rose to have the strongest U.S. interprofessional education presence in leading social media like Facebook and Twitter.

### **Interprofessional Pilot Programs**

The bulk of the remainder of the IPEP two-year AzAHEC contract is devoted to testing a number of new concepts via pilots. These pilots include further developing the common orientation and developing a Student Interest Group (SIG). The IPEP SIG organizes interprofessional SIG activities throughout the year. Activities include a wide variety of social and community service events, such as health fairs, mixers and service projects. Members have the opportunity to network with students from other Arizona health sciences colleges, faculty leaders in the health sciences, and health care professionals from a variety of disciplines.

In addition to the common orientation and SIG, IPEP is implementing several other pilots focusing on teams and team work, community assessments, quality and safety in health care organizations, the Rural Health Professions Program (RHPP) practice opportunities, and other interprofessional practice experiences—all focusing on rural and other underserved areas and populations. Working with UAHN and other clinical partners, as well as the AHECs throughout Arizona, we will extend the opportunities for health sciences students to experience interprofessionalism, with rural and underserved experiences as the core.

IPEP has already begun piloting the enhancement of the large-scale events by augmenting the ½ day face-to-face sessions with a pre and post online series of activities that allow students to remain engaged with each other before and after the event. This effort is expanding statewide, beginning with the Pandemic Flu exercise in November 2012, which will be conducted simultaneously on the Phoenix and Tucson campuses, with plans to expand to other communities in 2013.

### **IPEP Infrastructure at the University of Arizona**

In order to ensure the growth of IPEP, the program has built the necessary infrastructure to support its programs, including dedicated staff and the planning for a new interprofessional education building on the University of Arizona’s Tucson campus. Plans are to secure core funding for the program from the AHSC deans and administration once the AzAHEC contract funding has ended. With the help of AzAHEC, IPEP has gone from a labor of passion and values, staffed by volunteers, to an internationally recognized program in interprofessional education and practice.

# Arizona AHEC Medical Residencies

## The University of Arizona College of Medicine at University of Arizona Medical Center – South Campus Family Medicine Residency

**Julia Hardeman, MD**  
Associate Program Director

“We welcome aspiring family physicians into a residency marked by excellence at all levels- achieving new heights of teaching, scholarly work, mentorship, and inter-professionalism as we care for vulnerable populations in under-resourced areas of Arizona.”

*Mission Statement, The University of Arizona College of Medicine at University of Arizona Medical Center – South Campus Family Medicine Residency*

The University of Arizona College of Medicine at University of Arizona Medical Center – South Campus Family Medicine Residency (formerly UA/UPHK GME Consortium Family Medicine Residency), continued in 2011-2012 to send residents from all years of training into rural parts of the state for clinical rotations, thanks in part to support from the Arizona Area Health Education Centers (AHEC). Our sites this year included Safford, Nogales, Polacca (Hopi Health Center), Tuba City, and White River. Residents completed rural family medicine, emergency medicine and obstetrical rotations at these sites. Many third-year residents this year will also pursue elective rotations in addition to the core rural blocks done during their first two years.

The UA College of Medicine at UA Medical Center – South Campus Family Medicine Residents had many positive comments about their rural rotation experiences:

*“As someone who hopes to have a part of my practice in a rural/ international setting, I felt that I developed a lot more confidence in highly necessary skills... the exposure that I received during this rotation was nothing but invaluable, and in many ways I wish all of our emergency medicine time was spent at sites like this!”*  
Arthi Senra, PGY-2

*“You feel like you become part of the community while you are there, and the patients really appreciate having residents come see them. We get to work with great preceptors and staff, gain expanded cultural understanding, and grow as physicians and people through our vast and varied experiences at each site.”*  
Sommer Aldulaimi, PGY-2

*“The rotation provided valuable experience in working with Family Medicine role models in private practice who are able to practice truly full spectrum family medicine, from birth to death, including pediatrics, adults, geriatrics, OB and inpatient work.”*  
Sarah Thomas, PGY-2

*“Cultural diversity among people, a greater emphasis on primary care and complex medical problems I was able to manage have made me more interested in rural practice.”*  
Palitha Kalpage, PGY-2

The UA College of Medicine at UA Medical Center – South Campus Internal Medicine Residency expanded their rural rotation sites to include Wickenburg, in addition to Green Valley and Arivaca. Supported in part by AHEC, these rotations were viewed positively by the residents, and they felt welcomed by the local communities. One resident shared:

*“I found the rural rotations of great benefit in learning about the expanded services primary care physicians provide in rural areas.”*

Southeastern Arizona AHEC (SEAHEC) and Eastern Arizona AHEC were instrumental in the development of safe, appropriate housing for the family medicine residents rotating in their local communities. They either provided or are in the process of developing a formal orientation process for the residents to the local area so they will become familiar not only with the medical facilities, but also with the community and its people.



Hopi Health Center main lobby

Residents were supported by AHEC to receive appropriate trainings prior to their rural rotations. These included Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), Advanced Cardiovascular Life Support (ACLS), as well as a Spanish Immersion Curriculum.

We continue to look at new ways to support rural preceptors as they teach our residents. This year a “Preceptor’s Teaching Toolbox” was added to our residency website. Created by Dr. Tejal Parikh, this page includes helpful links to documentation requirements, rotation goals and objectives, and articles related to teaching. Dr. Parikh, whose work has been supported in part by AHEC, also began a preceptor shadowing program, intended to help rural faculty transition to the inclusion of residents in their

teaching, in addition to medical students. Dr. Parikh’s faculty development work was presented at the National Society for the Teachers of Family Medicine (STFM) meeting in April of 2012.

The residency reached a full complement of 24 residents on July 1, 2012 when it welcomed eight new interns. We also celebrated the training completion of four residents who graduated on June 30th, 2012. One of those graduates recently joined the medical staff at the Tuba City Regional Health Center on the Navajo Reservation. He learned about Tuba City because of his participation in a rural emergency medicine rotation at this site. We hope these rural experiences will encourage other residents to seriously consider the many exciting practice opportunities in rural Arizona.



*Emergency medical services within the Navaho Nation*

### **Mobile Health Program Obstetrics (MHPOB)**

A community outreach program, MHPOB (formerly Rural Health OB), is in its ninth year of operation. Funding from AHEC supported Dr. Victoria Murrain’s supervision of family medicine residents as they provided low risk prenatal care and delivery services for women who otherwise may not have had any prenatal care prior to their delivery. In 2011-2012, the team initiated a second OB clinic so that un- or underinsured pregnant women could be seen weekly by a team of family medicine maternity care providers. They hosted approximately 42 clinics, seeing between four and twelve women in each clinic. In addition to prenatal care, women received contraception, postpartum care, initial well baby exams and education related to prenatal topics.

# Innovative Arizona AHEC Supported Projects

## **Master Entry into Professional Nursing (MEPN)**

**Terry Badger, PhD, PMHCNS-BC, FAAN**  
*Professor and Director, Community and Systems  
Health Science Division The University of Arizona  
College of Nursing*

Housed at the Phoenix Biomedical Campus, the Master Entry into Professional Nursing (MEPN) furthers the mission of the Arizona AHEC to alleviate health care provider shortages and improve health care access for underserved persons living in the Greater Valley Arizona Health Education Center (GVAHEC) region. This accelerated Master of Science (MS) in Nursing degree program is designed for those who hold a degree in another field and provides a means by which to build the capacity of the local market to educate students desirous of obtaining a nursing degree as a second career option.

Funds for this program support the following specific aims:

1. Expand the professional nursing workforce, especially as it relates to underserved populations in the urban area or in surrounding rural areas.
2. Build community support and visibility for the University of Arizona College of Nursing in the Greater Valley region.
3. Establish a MEPN student and faculty cohort at the University of Arizona Phoenix Biomedical Campus to complement other health sciences educational programs at this site and promote inter-professional health sciences education.
4. Establish a sustainable educational program.

The program recruited and admitted the first cohort of 18 students in 2011. Students represent a wide variety of backgrounds and ethnicities and both genders. The cohort included four males and 14 females; 7 (38%) of students are minority. Level 1 classes began on May 14, 2011. All students successfully passed their initial coursework and began clinical rotations in Summer 2012.

The program's qualified faculty includes Vlad Semin, FNP, MS, RN and Amy Haycraft, ANP, MS, RN, as clinical instructors. Both have extensive backgrounds in medical surgical nursing and ICU. Deb Gorombei, MS, RN serves as program coordinator and has extensive experience in teaching in a variety of clinical specialties. Ms. Gorombei serves on the task force to develop IPE simulations for the biomedical campus.

As part of the initiation of this program, a partnership was formed with Maricopa Integrated Health Systems (MIHS) for clinical practice sites. The program obtained office space for faculty in

building 4 on the Biomedical Campus and furnished offices with appropriate equipment. Additionally, the program contracted with ASU to use their skills lab until the Biomed Skills labs are completed.

## **Visionary Interprofessional Health Sciences Training in Arizona (VIHSTA)**

**Marion Slack, PhD**  
*Professor of Pharmacy Practice and Science  
College of Pharmacy, The University of Arizona*

**Marylyn McEwen, PhD, RN**  
*Associate Professor College of Nursing  
The University of Arizona*

The goal of VIHSTA this year was to develop and conduct an organizational capacity assessment for facilitating interprofessional experiential training in collaboration with the regional AHEC offices. To develop the assessment, we consulted with members of the Health Sciences Interprofessional Practice Committee. The committee members generously shared tools that they had used for preceptor assessment and shared the processes that they used to obtain data.

The University of Arizona Health Sciences Center, as part of a land grant university, is in a unique position to assume leadership for interprofessional (IP) community based training and for building capacity through academic-community partnerships. VIHSTA, building upon the scaffolding of a 12-year HRSA funded interdisciplinary rural health training grant, has collaborated with rural and underserved community partners for a number of years; the development of a capacity assessment tool was a natural outcome of that collaboration.

To accomplish our 2012-2013 aims, we developed a tool for assessing the capacity of a site to provide community-based IP training for health sciences students. The tool was developed by consulting with members of the Interprofessional Practice committee then tested with the regional AHEC offices. The tool assesses physical resources, IP team capacity, communications, and community health capacity. Physical resources included workspace, meeting space, and educational materials available to IP teams, as well as a network of community stakeholders. Capacity assessment related to IP teams was organized around the domains of attitudes/beliefs, knowledge, and skills or abilities. A key belief was that IP team technology can improve the health of individuals and the community. Key knowledge was related to teams, an organized curriculum, defined procedures for engaging in teamwork, and experience teaching health professions students. Key skills and abilities included the ability to facilitate teamwork, develop learn-

ing opportunities for students, and to effectively address conflict or inappropriate behavior. Communications requires a belief that communication is important, that one has knowledge of effective methods of communication, and that one has the ability to communicate effectively. Because VIHSTA student activities are related to community health, attitudes such as a belief that community health is important, knowledge of the goals and objectives of community health, and ability to participate in community health activities was assessed.

The results of the pilot test indicated that all participants would embrace the opportunity to facilitate IP training for health sciences students in their communities. They have strong beliefs that IP teams working in collaboration with their communities can improve the health of individuals and the community. Participants reported having a substantial level of knowledge and skill with IP teams that they could use for training students. They also indicated that they would like to continue to develop their capacity for facilitating community based IP teamwork. One participant stated, “We have the infrastructure to facilitate an IP program, but need students and curriculum to do it.”

### **The University of Arizona Mel and Enid Zuckerman College of Public Health Phoenix Program Public Health Practice**

**Cecilia Rosales, MD, MS**

*Director of Phoenix Programs, Associate Professor*

The UA Zuckerman College of Public Health is the only accredited school of public health in Arizona. As an accredited school, UA Zuckerman College of Public Health students are able to become certified public health professionals through the National Board of Public Health Examiners. Furthermore, as accreditation of public health departments is underway, developing a workforce of certified public health professionals will support Arizona health departments to become accredited. Graduates with this designation will provide substantial support to county and state health agencies as they become accredited public health agencies.

The UA Zuckerman College of Public Health’s Master of Public Health (MPH) program in Public Health Practice focuses on recruiting students in Central and Northern Arizona. The first cohort of students (16 enrolled) started the program in fall 2010. In Fall 2011 32 additional students enrolled, for a total of 46 students (14 continuing students from the first cohort). The MPH Public Health Practice program provides a direct conduit in supporting the major public health organizations in Arizona, specifically the Arizona Department of Health Services and the Maricopa Health Department as well as other public and private

providers of public health and health care services in the greater Phoenix metropolitan area. It also provides a curriculum that will benefit the practice of public health in nearby county and tribal health programs. This expansion by the UA Zuckerman College of Public Health into the State capital will enhance practical public health practices and provide an important opportunity to engage students in public health issues that are being addressed by the state legislature.

**Support from AHEC** provides essential funds to continue to build a strong foundation for an accredited MPH program in Phoenix and enhance workforce research and foster community relationships. Funds for this program support the following specific aims:

- Increase outreach efforts in Central and Northern Arizona
- Stabilize enrollment in the MPH Program at the Phoenix Biomedical Campus
- Increase outreach to build community relations through a high school based leadership program in collaboration with the College of Medicine Phoenix, GVAHEC and Wesley Community Health Center
- Enhance course offerings and support inter-professional education
- Establish a self sustaining program

**Significance of Program to Arizona Communities.** The MPH Phoenix Program provides the required training needed to strengthen public health and health care services that are present in Central and Northern Arizona. With this applied graduate program, health care organizations will directly benefit from having an accredited program that places trained interns in their programs to conduct needed studies and develop and evaluate programs for extended periods of time. Further, upon graduation, it will provide nationally certified professionals into the public health workforce who are ready to take leadership.

**Arizona AHEC Relationship.** The MPH Phoenix Program works with the Greater Valley AHEC and Northern Arizona AHEC in its curriculum in at least two ways. First, the program works with these regional centers as it develops additional service learning courses and internship projects. Second, the people with health care expertise that are present at the regional centers are invited to directly participate as Adjunct Faculty in the teaching of students and interact with faculty and students via seminars, internship opportunities and “brown bag” discussions. It is our aim that all students graduate from this program with a clear understanding of the AHEC system and its function.

## Methodology

Continuing Initiatives: The MPH Phoenix Program excels by implementing a series of assessments and obtaining input from the UA Zuckerman College of Public Health Public Health Practice faculty, and Adjunct faculty made up of directors of local, county and state organizations who are working on relevant public health issues. As the core curriculum is already established, annual focus groups of local, county, state and tribal private and public health organizations will be conducted this year to determine their training needs and internship interests and track the impact this program has on staff development. The Adjunct faculty will serve as an Advisory Board and will provide grass roots feedback regarding the strengths and weaknesses of the program and its relationship with community partners. The methods used to achieve the specific aims of the program are the following:

- Increase outreach efforts in Central and Northern Arizona
  - Meet on a regular basis with county, state and tribal health departments beyond those on the Advisory Board
  - Develop internship projects with private and public health organizations
  - Promote UA Zuckerman College of Public Health activities via faculty and student representation on community advisory boards and committees
  - Establish a listserv for interested Central and Northern Arizona organizations to inform them about UA Zuckerman College of Public Health activities in their area.
- Establish a stable enrollment in the MPH Program
  - Distribute program information to private and public health organizations
  - Meet with academic advisors in high schools, community colleges and other institutions of higher education about the MPH Program
  - Coordinate recruitment with UA Zuckerman College of Public Health Office of Student Services
- Enhance Course offerings
  - Develop and implement one core course and one new elective course each year
  - Provide a service learning course each year in collaboration with GVAHEC
- Establish a self-sustaining program within 3 years
  - Obtain tuition recovery through the UA Outreach College
  - Develop and provide new courses based on input from partner organizations and the advisory board

- Support Interprofessional education

- Work with existing academic programs to provide individual courses and seminars such as the University of Arizona MD, Pharmacy, and MBA programs in Phoenix, UA Nursing Graduate Program in Phoenix
- Offer joint appointments to UA Pharmacy, Nursing, Medicine, and NAU Physician Assistant faculty in Phoenix
- Establish dual degree programs with Pharmacy, Nursing and NAU's Physician Assistant Program

## Project Evaluation

Process and outcome evaluations are an ongoing endeavor. Evaluation of the curriculum occurs through student satisfaction surveys for classes, exit surveys for graduates, preceptor feedback for internships, and long-term follow-up surveys of alumni regarding their positions and activities in public health. We also obtain feedback from the Primary and Adjunct Faculty on an annual basis. Student enrollment and graduation rates will be monitored on an annual basis. We monitor and evaluate community outreach by the size of our listservs, the number of community-based presentations, locations of internship projects and participation of community organizations in our service learning courses.

## Summary

Although distance can be perceived as a limitation between Tucson and the Phoenix campus this is overcome by the use of the telemedicine/teleconferencing capabilities and by having a program coordinator that is actively engaged with the UA Zuckerman College of Public Health Office of Academic Affairs and the Office of Student Services, located in Tucson.

The purpose of this grant is to continue to enhance an accredited Master of Public Health program in Phoenix. This will be achieved by increasing the enrollment of students through multiple marketing mechanisms such as flyers, newspaper stories, community forums, an active advisory board and by having students and faculty engage with community based public health organizations. A successful outcome with this program will allow UA Zuckerman College of Public Health to expand concentration offerings in other areas of study, such as maternal and child health, epidemiology, and public health, health administration and management. We are also able to work with other institutions of higher education in the Phoenix area to develop collaborative education and service programs that benefit Arizona.

The strength of this program is that it provides resources and an infrastructure for an accredited program in Phoenix. It will also provide a source of trained students who can support a number of public health initiatives in central and northern Arizona through formal internship projects and upon graduation.

# Small Grant Funding

In November 2011, The Arizona AHEC Program solicited proposals for small research and project grants. The purpose was to 1) provide graduate health sciences students, medical interns, and residents with an opportunity to gain experience in rural and urban medically underserved Arizona communities through research and/or scholarly projects; 2) To interest Arizona Health Sciences students in rural and urban medically underserved practice and other areas of unmet need; 3) To address community needs through health promotion and disease prevention research and relevant projects. These 9 grants were funded beginning January 2012 and through December 2012. A final report is required from each. The funded grants were:

SPONSORING AGENCY	DESCRIPTION OF PROPOSAL	AWARD AMOUNT	AWARD RECIPIENT
The University of Arizona College of Nursing	Exploring how Mexican American women with coronary heart disease (CHD) describe their experience of prodromal acute myocardial infarction (AMI) symptoms	\$5,000	John Bowles
North County Health Care	Context Matters: Assessing the Social Context of Medical Students	\$5,000	Sean Clendaniel
The University of Arizona Mel and Enid Zuckerman College of Public Health	Women's Health Promotion with Tucson's Bhutanese Refugee Community	\$4,835	Deirdre Demers
Southern Arizona Area Health Center (SEAHEC)	Healthy Farms/"Campos Saludables"	\$3,403	Hannah Hafter
The University of Arizona College of Nursing	A Doctorate of Nursing Practice-Led Transitions of Care Model for Persons in Southeast Arizona with Stroke or Transient Ischemic Attack	\$5,000	Helena Haynes
Arizona State University College of Nursing and Health Innovation	Improving Culturally Relevant Care for Refugee Expectant Mothers	\$5,000	Angela Kaloush
The University of Arizona College of Medicine	FRONTERA/BHS: Border Service-Learning Experience Application	\$4,940	Ana Maria López
The University of Arizona College of Pharmacy	Development of a Communications Infrastructure to Support an Interprofessional Primary Care Practice-Based Research Network (PBRN) in Arizona	\$5,000	Christy Pacheco
The University of Arizona College of Medicine	Preparing American Indian Students for Careers in Medicine and Rural Health	\$5,000	Nicole Stern

# Regional Center Director Reports

## Eastern Arizona Area Health Education Center (EAHEC) Activities

### Workforce Development Summary - EAHEC

Type of Program	Number of Participants
Health Professions Students Education	133
Health Professionals Continuing Education	227
Community Health and Health Career Programs	2927



**Jeri Byrne, BA**  
Executive Director, Eastern Arizona  
Area Health Education Center

Eastern Arizona Area Health Education Center (EAHEC) had yet another successful year with numerous activities. EAHEC continued our support of Health Occupations Students of America (HOSA) chapters in Globe, Miami, Hayden, Superior, San Carlos and Payson with 87 students currently enrolled. (Endorsed by the U.S. Department of Education, HOSA is the largest student organization that prepares students to enter the health care field.) We supported 11 students attending the Fall 2011 HOSA Conference in Phoenix, Arizona and are pleased to report that San Carlos and Payson HOSA chapters competed in the Spring 2012 Conference in Tucson, Arizona.

EAHEC continues its work with offering primary care clinic rotations in Graham, Greenlee and Gila counties. This included 27 physician assistants as well as other health professional student rotations.

EAHEC participated in the Payson Career Fair and the Globe-Miami Career Fair where we saw approximately 1,100 10th-12th grade students and provided information regarding health careers. We also planned and hosted two Health Career Days for 70 students from Ray, Superior, San Carlos and Globe-Miami Hospitals. Students “shadowed” health care professionals from Cobre Valley Community Hospital for a half day.

EAHEC celebrated our second year of support for the Girls on the Run Program GOTR in Payson. Girls on the Run is an after school program which encourages healthy lifestyles by integrating running into a 12 week curriculum for 3rd to 8th grade girls. A group of excited and hopeful girls started their Fall 2012 season on August 28th with expectations of completing their season with a memorable 5K run in Flagstaff in November.



Arielle, (pictured above left) a 2011 Girls on the Run participant, is one of several girls who went on this year to compete on the cross country team in middle school because of their involvement with Girls on the Run last season. Arielle loved her experience with GOTR last year and recently told her grandmother, “Grandma, I learned everything I need to know about confidence from Girls on the Run.”

Arielle also attended a 5th grade Science Camp in Payson sponsored by EAHEC in March. Local HOSA members from Payson High School ran the 3-day camp for almost twenty fifth grade students interested in science. The camp included science experiments, a hospital tour, and education about health occupations. Arielle plans on joining HOSA in high school and then pursuing a career in nursing. Motivated and inquisitive students like Arielle continue to have opportunities through EAHEC’s education center that pave her way to her chosen health career in a rural setting.

## Where are They Now?

We have had many students walk through our doors at EAHEC, from elementary school to graduate level. These students travel through many small towns in the eastern portion of Arizona. Students have completed clinical rotations in Safford, Globe, Payson, and Morenci. The question that is continuously asked is “where are they now?” and some of our many students are displayed on the chart below: We at EAHEC would like to share stories from a few of the students who have participated with EAHEC in service to Arizona’s rural communities in eastern Arizona.



*John Devine, RN became involved with Eastern Arizona AHEC as a high school sophomore and is currently working at Cobre Valley Regional Medical Center, Globe, Arizona as a Registered Nurse.*

*“I have had the pleasure of knowing and working with EAHEC since I was a sophomore in high school approximately 8 years ago. Jeri Byrne and Jean Campbell started a Health Career Club at Miami High School for students who wanted to pursue a medical career, but we’re in a rural or underserved demographic region. The club was very active and we met in the local hospital, Cobre Valley Regional Medical Center. We focused on health topics and projects that kept our minds interested in future endeavors in medicine.*

*Perhaps the capstone event that permanently made my mind up to pursue a career in medicine came my junior year in high school when I was approached to attend a Med Start program at the University of Arizona for 4 weeks and Northern Arizona University for about 2 weeks. Of course I was thrilled at the opportunity to study at two of Arizona’s best universities, stay in the dorms, and actually take classes like chemistry and English. EAHEC provided all financial monies needed for me to attend. Needless to say I came back my senior year of high school saddened that I could not stay at a university. From attending university classes even to activities like touring the Navajo reservation to get a better understanding of rural health care, Med Start was an excellent program, made possible only by EAHEC’s full support.*

*My senior year I had the pleasure of being president of the club and academically I set my classes up for transfer to a university, still unsure of what exact role I would play in the health care field. I graduated Miami High School class of 2006 and decided I wanted to become a Registered Nurse. I attended Eastern Arizona College and graduated with an AAS in Nursing in 2009. I still remembered the long term purpose and goal of EAHEC in my mind: to get underserved or underprivileged rural students the opportunity to pursue a higher education in medicine, then come back and serve the communities they came from. It was a natural choice for me to choose to come back to Globe and serve as a Registered Nurse*

*Since then I spent close to 2 years at a local skilled nursing facility tending to the geriatric population. An opportunity opened at our local hospital for Medical/Surgical and I gladly accepted this new position where I currently am now. I have been there for over a year and have also cross-trained in the Intensive Care Unit. Our local community college also needed an extra instructor to teach young high school students’ CNA course, which I also gladly accepted for one semester.*

*The journey to my current career has been a long one full of uncertainty. I can honestly say that two groups of people were behind me all the way from my start in high school to where I am now and most likely where I will be in the future: my family and EAHEC. My terminal goals and dream are eventually to become a Family Nurse Practitioner and open up my own clinic in a rural area. Also I have a strong desire to become a Nurse Educator and help the future generations of nurses in the community college setting. Currently I am pursuing my BSN through a partnership between EAC and ASU.*

*In conclusion this entity has helped me and other friends become only what we dreamed of as youth. Whether this letter is going to a quality control board or will find its way to a financial committee to determine if this entity will continue to receive funds I have this one request to make: please continue your support of this program. It is effective. It has helped students like me in the past. It will continue to inspire and provide assistance for future students who otherwise would be left to fend for themselves and probably fail trying. I owe my career start in a large part to this organization. Thank you for your time.”*

*John Richard Devine, RN*

## Where are They Now? Continued



*Amanda Luse, PA-C is currently working at Hope Family Care, Globe, AZ*

*"My last rotation as a Physician Assistant student was spent with Chad Campbell PA-C at Hope Family Care, in Globe, Arizona. I was initially very grateful for this opportunity and I quickly realized that my experience at Hope Family Care would be very different from any other training I had received during my clinical rotations. What made this apparent to me was the calming ambiance of the caring staff at the clinic. Mr. Campbell demonstrated patience and passion for teaching integrative medicine during my rotation. I was able to witness his patients demonstrate sincere gratitude for the quality of care they received from him. During my short time at Hope Family Care, it became clear to me that Hope Family Care was a cohesive and efficient group focused on excellent patient care.*

*After graduation I never forgot about Hope Family Care and the unique charm and care it offers to the patients. Consequently, I found myself joining their team shortly after my training at A.T. Still was finished. I have quickly realized that Hope Family Care is more than just a job, it's a place for me to share my knowledge and give care to those in need. I feel that I am always supported to better myself as a person and a provider. Continuous education and staying atop the latest medical recommendations is crucial in our field, and I feel that Hope Family Care and Mr. Campbell constantly promote such opportunities. I can honestly say that I always find myself looking forward to my day and my future at Hope Family Care."*

*Amanda Luse PA-C*



*Courtney Campanga, CNA participated in Eastern Arizona AHEC's HOSA Club and is currently working at Cobre Valley Regional Medical Center, Globe, AZ.*

Courtney graduated May 2012 from Globe High School in Globe, Arizona. She is currently working as a C-NA at CVRMC (Cobre Valley Regional Medical Center) in Globe, AZ. "The job is awesome! It does have good days and bad days but I really enjoy it."

Courtney participated as a member in the CVIT HOSA chapter during her C-NA courses at Gila Community College. HOSA; Health Occupations Students of America, is a program supported by EAHEC and advised by an EAHEC employee. Courtney enjoyed her time in HOSA, as she was able to travel to different schools and experience workshops such as the Cadaver Lab and Nursing experience at Grand Canyon University. She is very happy with her time in the CVIT program and HOSA because she learned a great deal being part of these programs during her high school years.

Courtney currently resides in Globe and is continuing her education at Gila Community College. She decided to stay in Globe to save money on college tuition, she is familiar with the area, she has a support system here with her family, and she has a job in the field she is interested in. She will gain experience working as a C-NA at CVRMC which will help her get into the nursing program and complete her Registered Nurse degree.

# Regional Center Director Reports

## Greater Valley Area Health Education Center (GVAHEC) Activities

### Workforce Development Summary - GVAHEC

Type of Program	Number of Participants
Health Professions Students Education	233
Health Professionals Continuing Education	304
Community Health and Health Career Programs	3330



**Patti Taylor, CHES**  
Director, Greater Valley Area  
Health Education Center

The Greater Valley Area Health Education (GVAHEC) is growing and changing every year. This year has brought many different opportunities for growth and change. Ellen Owens, M.Ed, DTR who was GVAHEC's Center Director for GVAHEC's first five years left this year for a new adventure in her life. We all wish her the very best! Patti Taylor, CHES has been appointed as Director. GVAHEC has also added Marthan McNair, RD and Ed Jones to the team. Martha is working with the GVAHEC interns as well as developing community nutrition programs. Ed Jones is working on healthcare workforce development.

**Highlights of GVAHEC's accomplishments this year are as follows:**

Our H.E.R.E (Health Employment Readiness Education) program, in partnership with Gateway Community College, had great success this year. This program was designed to help foreign health professionals enter the Arizona healthcare workforce. To date the H.E.R.E program has worked with over fourteen participants, eight of whom are now in the Arizona healthcare workforce.

GVAHEC launched an innovative new high school program in the Gila River community. Thirty-six students were able to learn about nutrition, sports medicine, public health, and forensic science careers. Professionals and GVAHEC interns had the opportunity to share with the high school students about going to college for these careers, what the job is like, and how to make sure they are on the right track to get into the health career program of their dreams. Students experienced hands on career activities fac-



*Students sharing healthy cooking options at a Greater Valley Area Health Education Center event.*

ilitated by guest speakers as well as a field trip to the Arizona State University School of Nutrition and Health Promotion and the dorms on the down town campus. A few comments from students who had gone through the program are "I enjoyed the role playing activities", "I liked learning what jobs are like", "I liked talking to the speakers", and "It was good to learn steps to college". Overall this program was great for the students as well as the healthcare professionals.

This year GVAHEC, in partnership with St. Luke's Health Initiatives, developed and presented An Arizona Policy Primer - Graduate Medical Education in Arizona: Growing the Physician Pipeline. It was presented at the UA PHX campus in March. This primer is a great example of why AHEC is so important to the state. There is a need to increase the amount of CME slots in the state as well as recruit our primary care physicians to stay in Arizona.

The Arizona (AZ) Lottery visited GVAHEC and spent a day in the life of a GVAHEC intern. The focus of the AZ Lottery campaign

video was to share with the community and depict “How the money helps.” They developed an inspirational video and commercial highlighting the great work AHEC does. At publication of this annual report, the video is on the GVAHEC website.

This year we took continuing education online. GVAHEC now has an online continuing education platform. This online platform will help our very busy and rural health professionals meet their CE needs in the comfort of their own home or office. Currently GVAHEC in partnership with the Arizona Department of Health Services, is offering a free CE activity called Documenting Causes of Death: Why Bother?

The partnerships with our school districts are getting stronger, which gives us an opportunity to increase the time spent with students as well as their parents to share more information about health and health careers. We are working with many school districts to offer health education like Tar Wars in conjunction with the Arizona chapter of the Academy of Family Physicians, Arizona Public Health Association, University of Arizona, and the new PA program from Northern Arizona University in Phoenix.

We have had another successful year with our ever growing internships. Students were able to do many great health education activities in a variety of different communities. Activities included: a food drop and nutrition education classes, Dewey Humboldt free summer lunch nutrition education programs, community health fairs, high school health career education, SCAN health plan internship, Care 1st internship, and a survey of the homeless population in Apache Junction to name a few. We also supported the AZ Rural Women’s Health Network with two public health students developing surveys to help identify the health needs of rural women.

GVAHEC in conjunction with the Workforce Investment Board, AZ Commerce Authority, and Central Arizona Association of Governments a Sector Strategy Academy was formed around the healthcare industry. The Sector Strategy Academy identified key stakeholders and is working to create a database to determine the workforce needs in Pinal County. The focus of this group is to educate the future workforce of Pinal County.

We hope this glimpse of the many wonderful activities and projects that Greater Valley AHEC has provided through the year. We look forward to the new year and the opportunities that lie ahead.



2012 GVAHEC Summer Interns and Staff

*Continued from page 1*

## **Regional Center Accomplishments FY 2012 Statewide Highlights**

- Sponsored 49 health career clubs, Health Occupations Students of America (HOSA) school chapters, and summer enrichment programs for 587 fifth to twelfth grade students. More than 83% percent of these students represented minority populations.
- Disseminated health careers information reaching 6311 students, in grades K-12. Career information also reached 146 college students.
- Supported 171 continuing professional education events delivering information about 27 healthcare-related topics for 4,923 participants across the gamut of health professions.
- Supported 689 community health promotion events reaching 23,779 people in rural and urban medically underserved communities.
- AHEC would like to thank the over 200 partners from all across Arizona who helped make it possible to provide services to over 30,000 students, teachers, and medical professionals.

# Regional Center Director Reports

## Northern Arizona Area Health Education Center (NAHEC) Activities

### Workforce Development Summary - NAHEC

Type of Program	Number of Participants
Health Professions Students Education	310
Health Professionals Continuing Education	4031
Community Health and Health Career Programs	7076



**Sean Clendaniel, MPH**  
*Director, Northern Arizona Area  
Health Education Center  
North Country HealthCare*

Hello AHEC stakeholders and partners! I am honored to give a brief update on NAHEC, which is an impossible feat when I/we have the great honor of working with so many passionate, mission driven people, who work tirelessly to further our collective mission of addressing health disparities and growing the next generation of health professionals. That being said, I am going to highlight a select two strategic initiatives that were initiated over the past year, and will lead to bigger things in the future.

#### Family Medicine Residency Program

Over 20 years in the making, the time has come for the Northern Arizona Area Health Education Center (NAHEC) to finally develop a Family Medicine Residency Program (FMRP) for northern Arizona. The need has never been higher, the solution never clearer, and the opportunity never better to develop the only Accreditation Council for Graduate Medical Education (ACGME) residency program in Arizona that uses the Teaching Health Center model. Unique not only in its teaching model, but also its location, as the only ACGME residency north of Phoenix, and the only program owned by a regional AHEC center.

NAHEC is progressive Primary Care, Educational, and Community Health organization. Coupled with its history are a mission and state of the art Learning Center, Residency Clinic facility, and

Telehealth system, which have helped it become a regional leader in health professions and medical education. This FMRP will build upon this to truly “grow our own” Family Medicine physician workforce for the region and state.

There are several primary drivers in the development of a Family Medicine residency program, most notably: 1) statewide need for more Graduate Medical Education (GME), in particular Family Medicine and rural-community based, 2) regional physician workforce development, 3) pathway for the many medical students NAHEC works with who wish to train and retain in northern Arizona, 4) economic development for the communities NAHEC serves and region as a whole, 5) enhancing the capacity for health professions and medical education and research across northern Arizona, and 6) all that’s packaged within the Patient Protection and Affordable Care Act, especially the creation of Teaching Health Centers (THC). Just as the Teaching Health Center model is new in who owns and sponsors the accredited program, it is also new in how it is funded. Unlike the traditional model of payment and ownership of GME where funds are largely administered by Centers for Medicare and Medicaid Services (CMS) directly to Hospitals and Academic Health Centers, this model will be financed through the Bureau of Health Professions within HRSA directly to the Teaching Health Center. THC funds can only be given to the entities noted above in the THC statutes and only to new programs or expanded numbers of residents.

Over the past year NAHEC commenced initial development of the FMRP through consultation with a diverse group of experts. With AHEC funds now provided for the first 2 years of start-up, NAHEC is conducting a national search for its founding Program Director. The goal is to have the inaugural class of residents starting July 2014.

This new Family Medicine program will be one of a kind in the state. It will help meet regional and statewide Primary Care workforce needs, increase access to care, develop a culturally attuned physician workforce, have far reaching economic impacts, and address long standing health disparities.



*NAHEC supported Girls on the Run, a 12 week-long program at ten schools in the Northern Arizona Area. It was attended by girls 3rd through 5th grade. Pictured above are participants from the Montessori School of Flagstaff. In total, over 100 girls participated from the area.*

#### **Arizona Pathways Into Health Conference and Network**

For the first time ever, on April 4-5, 2012 a historic statewide Arizona American Indian Pathways into Health Conference was held at the Fort McDowell Radisson Resort, located on the Fort McDowell Yavapai Nation. The conference theme was “Building a Firm Foundation for the Future of American Indian Health Care” and 116 participants attended the conference to share information, network and identify opportunities for improving the under-representation of American Indians in health careers. The purpose of the conference was to provide a unique forum for successful health career pathway pilot models to be highlighted and to share ideas on how health professionals and educators, Natives and non-Natives, can work together to more effectively and efficiently achieve a common goal – to see more American Indians preparing for health professions to improve the quality of care provided for and by American Indians in Arizona. A fundamental understanding is that the western model of health care delivery has challenges working in Indian country and that unique approaches are needed such as this pathways into health for American Indian youth.

The conference started with presentations that demonstrated the harsh reality of both health and resource disparities that American Indian families and communities face and the shortage of American Indian workforce in healthcare. This was followed by a presentation by an Arizona Tribal Leader who shared his unique perspectives of the importance of culture and traditions and how this affects American Indian students’ intellectual, social, and emotional development throughout life.

This set the stage for one and half days of plenary sessions that offered real life examples of current health pathway models that

are addressing health disparities and preparing American Indian youth for future health service careers. Each plenary session had panelists who gave testimony that, given the right support at the right time from the right people, American Indian students can overcome barriers and successfully choose health and professional careers. Importantly, the conference offered examples that American Indian health professionals are serving American Indian communities at national, state and local levels.

Throughout the conference, participants shared a common interest in keeping this conference theme and initiative going, but in a more coordinated and collaborative fashion. The participants identified three main principles and strategies to make education and training in the health professions more attainable. The following three areas were identified as strategies to increase the “pipeline” of future American Indian health professionals: 1) Health Career Pathways Pipeline, Education to Employment, 2) Statewide Strategic Plan, and 3) Statewide Advocacy. These are the areas of focus over the next year that will be focused on by the Arizona Pathways Into Health Network.

This is but a small snapshot into our many programs and services across our vast service area. Through our parent organization, North Country HealthCare, we are an organization devoted to “creating healthier communities” through primary care, education, outreach, and advocacy. In addition to the initiatives noted above, our strategic priorities for this coming year are the continued development of community-based and clinical research, development of Patient-Centered Medical Home, increased Telehealth programs and services, increased youth educational pathway programs, and furthering our “core” AHEC programs and services.

# Regional Center Director Reports

## Southeast Arizona Area Health Education Center (SEAHEC) Activities

### Workforce Development Summary - SEAHEC

Type of Program	Number of Participants
Health Professions Students Education	305
Health Professionals Continuing Education	302
Community Health and Health Career Programs	6697



**Gail Emrick, MPH**  
*Executive Director, Southeast Arizona Area Health Education Center*

Achievements this year at SEAHEC are numerous. We highlight several: launching and implementation of our Native American Health Workforce Program; implementation of SEAHEC's Quality Assurance protocols; a series of valuable interprofessional experiences including the Border Health Service Learning Institute; a contract with the National AHEC Organization enabling SEAHEC and partners to provide CE training on Mental Health support for Military Veterans and their families; and a National Institute of Health grant, allowing SEAHEC and partners to start a state-wide training with Community Health Workers to address heart health disparities in Latino and Native American communities.

#### SEAHEC Initiates its Native American Health Workforce Program

While recognizing the accomplishments SEAHEC has made in recruitment, placement and retention in underserved communities in southern Arizona, we have much to do in support of health workforce development with the Native American community in our service area. Building on collaborative dialogue begun in 2010 and 2011 among the Arizona AHEC Program and the Arizona Department of Health Services, Native American Liaison offices and through organization for a national Pathways into Health conference held in Tucson, SEAHEC created its first-ever Program Coordinator for Native American Health Workforce Development. In September, 2011, Brenda Redhouse, MPA (The University of Arizona) was hired to create and support recruitment, placement and retention opportunities

in collaboration with the Tohono O'odham and Pascua Yaqui Nations, Departments of Health. Combined funding from the AzAHEC Program and the Az-HOPE programs allowed SEAHEC to create this position.

SEAHEC concluded its first academic year with aspiring Native American students establishing health career clubs at Baboquivari High School in Tapowa and Ha:sa:n Charter School in Tucson. The networking, planning, and learning have been a combined effort from tribal agencies and SEAHEC. Clubs met weekly and students were able to go on tours to ASU and AT Still University, and to learn from guest speakers and community role models. Health Career Club presentation topics included: *Introduction to health careers, Nursing professions, What is Public Health? Knowing your culture*, and more. SEAHEC role models Brenda Redhouse and Stephine Baloo (MPH intern) have motivated and guided students into exploring new opportunities within the health professions.



*Cynthia (pictured above) was one of the attendees from SEAHEC who attended the 2012 Future Healthcare Leaders Summer Research Camp. The camp was held in Thatcher, Arizona at Eastern Arizona College. It was conducted in partnership with graduate students and faculty from the University of Arizona Bureau of Applied Research in Anthropology.*

# Regional Center Director Reports

## Western Arizona Area Health Education Center (WAHEC) Activities

### Workforce Development Summary - WAHEC

Type of Program	Number of Participants
Health Professions Students Education	241
Health Professionals Continuing Education	59
Community Health and Health Career Programs	3725



**Ines Pampara, MBA**  
*Director, Western Arizona Area  
Health Education Center*

On June 19, 2012, Regional Center for Border Health, Inc./WAHEC in collaboration with the Yuma Health Department coordinated the Camp Not-A-Choo at the Joe Orduno Youth Center in San Luis, AZ. A total of 25 participants between the ages of 7- 12 attended the camp. The camp activities included kickball, basketball, and Zumba with educational sessions such as the "Open Airways Curriculum" from the American Heart Association. The participants were taught to take control of their asthma by learning how and when to use their inhalers, and how to recognize the warning sign of a full asthma attack before it happens. The major goal of the camp was to empower the participants and let them know they're able to just run around in the dirt and play, just as well as any normal child, if they control their asthma. The camp helped the participants become more confident in engaging in physical activities and made it an overall fun experience for them.

#### Student Clinical Rotations

This year Regional Center for Border Health, Inc./WAHEC assisted in placing students in clinical rotations; a total of 19 students rotated in the WAHEC area. Students rotating in the area were from Northern Arizona University, University of Phoenix, Chatman University, the University of Arizona (College of Pharmacy & College of Medicine), Midwestern University of South Dakota, University of Buffalo, Mohave Community College, and AT.Still. The field of study: Social Work, Human Services, Physician Assistant, Pharmacy, Speech Pathologist, Medicine, Physical Therapy, and Occupational Therapy students.

#### San Luis and Kofa High School HOSA Club

Students from the San Luis and Kofa High School participated in the Arizona Health Occupations Students of America (HOSA) Spring Conference competition April 1-3 in Tucson, AZ. Of the 36 students competing, 11 placed in the top ten of the state. The students traveled to the HOSA National Leadership Conference June 20-23 in Orlando, Florida to compete for national titles. Regional Center for Border Health supported travel, lodging, and conference registration for the students.

#### CPR

On October 28, 2011, Regional Center for Border Health, Inc./WAHEC in collaboration with The City of Yuma Fire Department coordinated the "Cardiac Arrest Resuscitation" (New CPR method) training. To learn the new CPR method techniques and procedures, about 60 emergency personnel, included leaders in the field of emergency medicine from the Bureau of EMS and Trauma at the Arizona Department of Health Services, and Maricopa Medical Center EMS participated in the Western Regional Pre-Hospital Resuscitation training. The first responders practiced the CCR techniques and compression-only CPR on dummies during the session. Regional Center for Border Health, Inc./WAHEC sponsored the event and provided lunch for the participants.

#### Anti-Bullying Task Force

This year Regional Center for Border Health, Inc./WAHEC launched a new initiative "Anti-Bullying Task Force" throughout Yuma County. The Task Force created awareness of how children and youth have been bullied at school, online, on the bus, at home, through their cell phones and on the streets of their own towns, making it the most common form of violence young people have experienced. The Anti-Bullying Task Force included Staff from RCBH, parents, City of San Luis Mayor, City Council, and school officials. In addition, on June 22nd through June 28th, RCBH/WAHEC sponsored the "Bully Movie" in Yuma County. The purpose of the event was to create awareness of bullying and to show how people have been affected by bullying whether people have been victims, perpetrators or stood as silent witnesses. A total of 300 participants attended including school teachers, counselors, and youth.



*RCBH/WAHEC's 15th Annual Immunization and Community Outreach Campaign provided 255 immunizations to children*

### **Nuestro Ninos Campaign**

RCBH/WAHEC held its "15th Annual Immunization and Community Outreach Campaign." High School students were recruited to volunteer in Nuestros Niño's Campaign. The campaign was held from June 4 through July 13, 2012. The summer program activities included: CPR, tours to various sites such as Yuma Regional Medical Center, Crossroad Mission, Santa Teresa Pharmacy etc. Youth Outreach volunteers along with RCBH staff outreached to more than 800 homes in the cities of San Luis, Somerton, and Gadsden Arizona. A total of 255 immunizations were provided to children. Additionally, glucose, BMI, and hypertension screenings were provided to the participants at no cost.

Furthermore, during the summer program campaign RCBH/WAHEC in collaboration with Yuma County Public Health Services promoted the new law that requires children under the age of 8 to be restrained in a booster seat. Educational material and 100 FREE new booster seats were distributed to the public in South Yuma County.

### **La Paz - Nursing Assistant Training**

Regional Center for Border Health, Inc./ WAHEC in collaboration with La Paz Workforce Development (WIA) coordinated a Nursing Assistant Training program. Students attended the training for six (6) weeks and were prepared to take their certification. The training was held at The Colorado River Indian Tribe Wellness Building and clinical at La Paz Hospital. A total of 8 students graduated from the program and received their certification from the State Board of Nursing.

### **Project Hero**

On August 24, 2012, RCBH/WAHEC coordinated the ATRACC - Behavioral/Mental Health of Veterans/ Service members

& Families (PROJECT HERO) workshop. The purpose of the training was to develop an understanding of all veterans, including those returning from Afghanistan, Iraq, and other overseas missions. The training created awareness of military culture to improve services. Over 75 participants attended the training and CE/CME was offered.

### **ICD-10 Workshop**

On November 17, 2011, Regional Center for Border Health, Inc./WAHEC hosted and sponsored the "ICD-10: Will Change Everything" workshop. The two hour workshop covered ICD-10 implementation, key steps for preparing documentation changes, ICD-10-CM and ICD-10-PCS code structure, and code assignments. Susan Ward from the American Academy of Professional Coders (AAPC) conducted the training. Participants learned the true impact of ICD-10 in a physician's office, how the codes will change, how documentation must change, and what people can do to prepare. Over 60 participants attended the training and CE was offered.

### **Breast & Cervical Cancer**

On October 16, 2011, Regional Center for Border Health, Inc./ WAHEC hosted and sponsored the " 14th Annual Yuma County Pink Tea". Dr. Gordon L. Grado from Scottsdale, AZ conducted a presentation on "Tomotherapy," which is an exciting new tool for fighting cancer. The event was educational, informative, and a networking fundraiser for women that have been diagnosed with cervical or breast cancer. Over 150 participants attended the event and CE/CME was offered.

### **HOSA Clubs**

Regional Center for Border Health, Inc./WAHEC supported 9 High School Health Career Clubs (HOSA) during the school year, (Antelope HS, Kofa HS, Yuma HS, San Luis HS, Cibola HS, Parker HS, EOC Charter School, Lake Havasu HS and Kingman HS). A total of 165 students were recruited and interested in health profession trainings.

### **Well Women Health Check Program**

On April 27, 2012, Regional Center for Border Health, Inc./ WAHEC staff from Well Women Health Check Program in Bullhead City took a helicopter ride to the bottom of the Grand Canyon to spend the day with the women of the Supai Tribe, teaching them how to perform self-examinations and what indications to look for when screening for breast cancer. One of the more remote settlements within the nation, the Supai Tribe has lived at the bottom of the Grand Canyon for centuries. With no paved roads leading in or out, the only way to reach the tribe is by helicopter or mule train.

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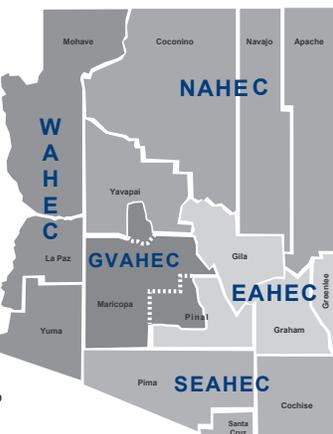
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**ARIZONA AHEC**  
Area Health Education  
Centers Program

The Arizona AHEC Program is administered through the University of Arizona and is responsible to the Senior Vice President for Health Sciences. The Arizona Health Sciences Center includes the UA Colleges of Medicine in Tucson and Phoenix and Colleges of: Nursing, Pharmacy, and the University of Arizona Mel and Enid Zuckerman College of Public Health.

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