THE UNIVERSITY OF ARIZONA
Arizona **AHEC**
Area Health Education Centers

The Arizona Area Health Education Center (AzAHEC)

AHEC Scholars Manual 2023-24

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APPENDICES

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# I.	Introduction

This manual is designed for participants in the Arizona AHEC Scholars Program. It should be referenced frequently by Faculty Mentors and AHEC Scholars, as well as Rural Health Profession Program (RHPP) and Center Directors and Staff.

The Arizona Area Health Education Centers (AzAHEC) Scholars Program (ASP) is an innovative two-year community-based interprofessional and experiential training program in Arizona's rural and underserved areas. It was developed as a two-year interprofessional program for health profession students with advanced community-based experiences in rural and underserved settings at one of the Arizona AHEC Regional Centers.[1] The first AzAHEC Scholar cohort began in 2018. The program is supported by Federal Health Resources and Services Administration (HRSA) and State of Arizona funding and administered by the AzAHEC Program Office.[2] Graduate-level health profession students enrolled in a Rural Health Professional Program[3] (RHPP) are eligible for participation in the ASP. RHPPs are authorized by Arizona Revised Statutes and housed in the State of Arizona public universities under authority of the Arizona Board of Regents (ABOR). Undergraduate public health students at Northern Arizona University (NAU) are eligible for participation in the ASP if approved for admission by American Indian Health (AIH) AHEC.

# II.	Scholar Recruitment, Acceptance and Completion

Each year, the RHPP Directors and American Indian AHEC (AIH-AHEC) Director may recruit AHEC Scholars as follows:

Eligibility. To qualify for the ASP, students must be enrolled and remain enrolled in and meet all academic and didactic training requirements of their respective health professional program. Enrolled students are required to apply to the ASP through an on-line portal, SalesForce. The 2023-25 application link is available at: Application AHEC Scholars Program (ASP) 2023-2025 . There is a unique application link for each year which remains available **until the start of the Fall semester of each year.** Qualified students are as follows;

1. **RHPP Acceptance and Assignment Process.** Each RHPP Director evaluates applicants from their own college for participation in the AHEC Scholars Program through the on-line SalesForce portal and advises the Arizona AHEC Program Office of approval through the same portal. The respective RHPP Director advises applicants who are not accepted into the ASP.

2. **AIH-AHEC Acceptance and Assignment Process.** The AIH-AHEC Director recruits and evaluates applicants from NAU's College of Public Health for participation in the AHEC Scholars Program through the on-line SalesForce portal and advises the Arizona AHEC Program Office of approval through the same portal. The AIH-AHEC Director advises applicants who are not accepted into the ASP.

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[1] Appendix A illustrates the AHEC regions of Arizona. Appendix C provides contact information for Centers and Assigned Center Staff

[2] All communication should go to nparedes@arizona.edu Arizona AHEC Program Office who will disburse communication within the Program Office as needed. Her email address is hyperlinked throughout this document and shown on Appendix B as the primary contact for the AHEC Scholars Program.

[3] Appendix D provides contact information for RHPP Program Directors and Assigned Staff

The Arizona AHEC Program Office advises the applicants who have been accepted into the ASP, assigns them to an interprofessional team of two or more disciplines, and advises Scholars, Faculty Mentors, Centers, and RHPP Directors of center assignment.

The AHEC Scholars Program and Degree Requirements. Each participating RHPP college determines how AHEC Scholar expectations work within degree requirements. RHPP Directors arrange appropriate student clinical training experiences for their RHPP program participants and ensures these experiences are recorded in the Salesforce database.

The AIH-AHEC Director establishes a process with NAU College of Public Health whereby clinical training experiences for all students are reported by AIH-AHEC into the Salesforce database.

All AHEC Scholars additionally receive community immersion experiences (beyond their clinical training) that are the foundation of the AHEC Scholars Program.

Quarterly Scholar Validation Process. Each participating RHPP and the AIH-AHEC is required to validate scholars' matriculation and CBET status on a quarterly basis and submit to https://uarizona.co1.qualtrics.com/jfe/form/SV_2tcHnnmdLEotRQ2 . The Arizona AHEC Program Office will email each RHPP and the AIH-AHEC a template that lists their scholars with information needed for validation. The quarterly validation reports are due on or before 11/15, 2/15, and 5/15. RHPPs and AIH-AHEC will receive the template no later 30 days prior to the due date of the quarterly report.

Scholars Evaluation and Digital Badge Completion: The ASP engages Scholars through immersion in a select rural or urban medically underserved community and provides skills to meaningfully collaborate effectively with each other in communities and impact future practice. Scholars are evaluated by their assigned regional Center and Faculty Mentor based on participation, but do not receive a letter grade. Instead, Scholars are issued an AHEC Scholars Program digital badge upon completion of the ASP. The digital badge can be shared electronically with others via email or social media networks, and can be displayed on resumes, email signatures, job boards or anywhere across the web. The digital badge remains active for two years following ASP completion.

III.   Faculty Mentorship

Each interprofessional AHEC Scholar team is supported by a Faculty Mentor.[4] Faculty Mentors are recruited by their respective Regional Center. Each Faculty Mentor is assigned to an AHEC Scholar team to support the team's activities throughout the two-year program.[5] Faculty mentors are shown in Appendix E. Faculty mentor recruitment and appointment procedures are shown in Appendix F. Faculty mentor roles and responsibilities are shown in Appendix G.

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[4] Appendix E provides contact information for Faculty Mentors
[5] Appendix G illustrates the Faculty Mentor Roles and Responsibilities

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IV.   AHEC Scholars Conceptual Learning Model

Many intractable health problems – including limited access to health services and disparities in health outcomes between rural and urban populations, economic and ethnic groups, employed and unemployed, insured and uninsured - have social determinants. A conceptual framework (Figure 1) of transformative, lifelong, community-engaged health professions learning effectively addresses the social determinants of health (SDOH). Cornerstones of the AHEC Scholars Program include experiential and collaborative learning, an integrated health professions curriculum, and continuing professional development.

Figure 1. AHEC Scholar Conceptual Model

Education

Collaborative Learning

Integrated Curriculum

Experiential Learning

Continuing Professional Development

Supportive Organizational Environment

Lifelong Learning

Reciprocal Commitment

Community Priorities

Vision for and Commitment to SDH Education

Community Engagement

Organization

Community
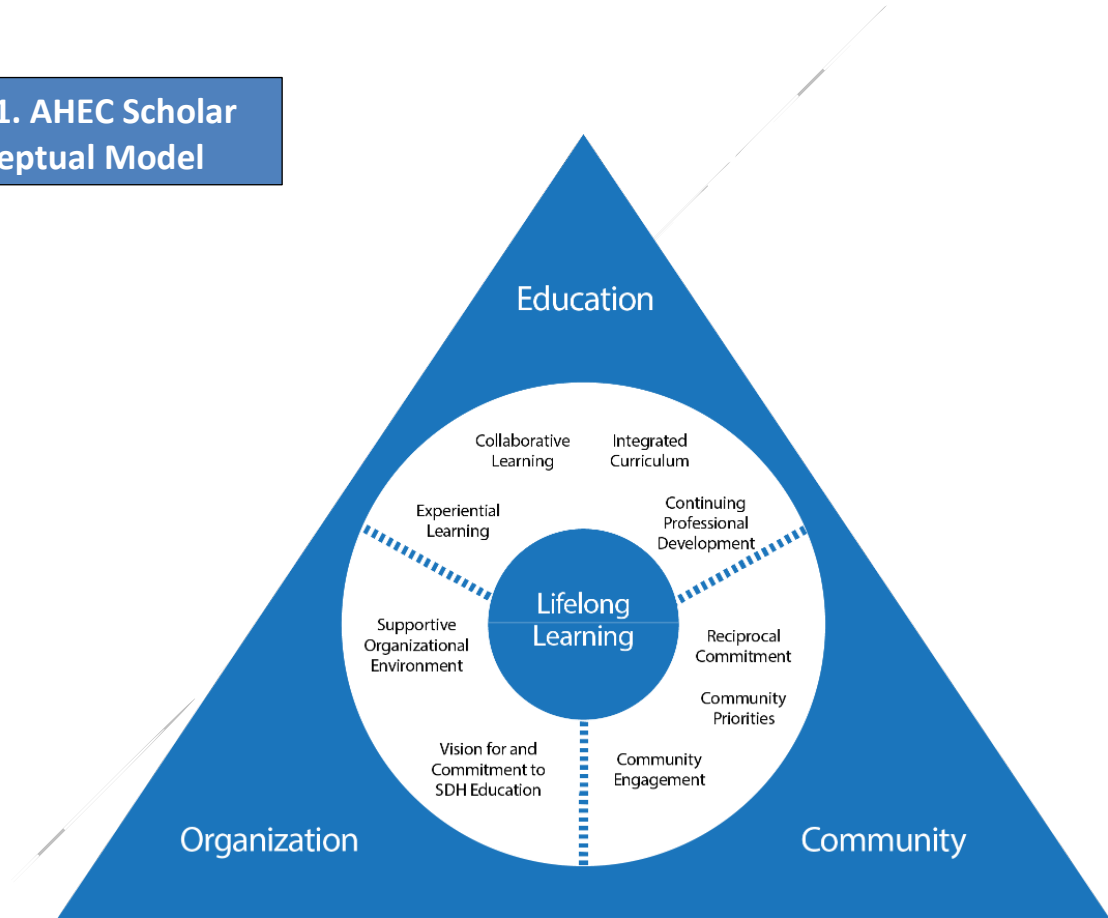
Adapted from: National Academies of Sciences, Engineering, and Medicine. (2016). A framework for educating health professionals to address the social determinants of health. National Academies Press.

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The AHEC Scholars Conceptual Learning Model is based on the National Academies of Science framework for lifelong learning. Progressive learning occurs in four phases over the two years of the program:

1) *Introduction to rural and medically underserved communities (MUCs)* - rapidly familiarizes AHEC Scholars on core concepts, vocabulary, team-based learning, collaborative practice, and being a successful Scholar. Topics include social determinants of health, cultural competence, behavioral health integration, practice transformation, current and emerging health issues, and required learning activities.

2) *Rural and MUC immersion* - involves direct engagement in the assigned AHEC Regional Center, including individual patients, families, and communities. Scholars experience the unique characteristics of communities served by Regional Centers. These provide engagement with communities and foster team-based, collaborative, interactive work to assess and work on problems identified. Scholars learn with each other and community partners, applying theoretical knowledge to assess their population of interest. Scholars spend time in their assigned communities and their team. Scholars remain with their cohort team and community over the two-year program.

3) *Integration* - involves student teams working together on a hands-on scholarly project from their population of interest and assessment activities. Seminars focus on project methodologies. The seminars and scholarly projects teach core competencies and sometimes influence practice location choice after graduation. Integration empowers Scholars to synthesize content, teaching, learning, and knowledge about rural and underserved areas. Outreach and community engagement prepare Scholars with practice-ready, team-based skills to effectively work in rural and medically underserved communities.

4) *Informed dissemination* - teaches skills in presenting, data visualization, writing, and disseminating information, reports, and recommendations to lay and professional audiences.

The following tables summarizes the progressive pathway of the ASP*:*

Rural MUC IPE Curriculum Progressive Pathway			
Year 1		Year 2	
Introduction	Immersion	Integration	Informed Dissemination
Introduction to MUCs & core topics on SDOH; start reflective journaling	Direct enagement & collaborative work on community assessment	Continuation of community efforts with scholarly project	Presentation of findings to community & scholarly audiences

MUC: Medically Underserved Community; SDOH: Social Determinants of Health; IPE: Interprofessional Education

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V.   AHEC Scholars Duties and Responsibilities

- Are assigned to an interprofessional Scholars team, a Faculty Mentor, and a Regional Center site.
- Commit to 80 hours/year for two years (didactic + community experiential learning).
- Consistent participation and attendance at monthly seminars, immersions, and RHPP conferences
- Contact Faculty Mentor and assigned Regional Center to obtain an excused absence for a participation activity.
- Understand that individual patients, families, communities and health providers are partners in shaping and delivering the educational experience.
- Participate in reflection, active learning, and critical inquiry.
- Engage directly with the community guided by their Faculty Mentor, RHPP Director, and AHEC Regional Center Director.
- Learn factors affecting the social determinants of health, cultural competency, behavioral health integration, practice transformation, and current and emerging health issues.
- Completion of all assignments.
- Active participation in group projects.
- Progress in learning from introductory experiences – reflective journaling;
- Review community health needs assessments and in the published literature; review publicly available health information and reports; develop and administer surveys; collect, synthesize, and report data; present findings using contemporary data visualizations targeted to specific audiences (e.g., lay public or a professional audience); assess the literature; and make recommendations to improve individual and community health.
- Learn how collaborative relationships, team-based care, and interprofessional approaches to problems – including community agencies, patients, and health providers – are used.

Direct patient care experiences for all RHPP Students are arranged by the RHPP Director, following their college's protocols, policies, and procedures including clinical affiliation or preceptor agreements, faculty supervision and evaluation. This is inclusive of clinical training experiences for AHEC Scholars as part of their role as an RHPP Student, which are arranged in addition to community immersion experiences that are the foundation of the AHEC Scholars Program.

VI.   AHEC Scholars Program Year One

Year One of the ASP incorporates an Introduction and an Immersion of the ASP which includes the following initial steps:

Introduction to Community-based Experiential Interprofessional Learning
Scholar Activities:
1. AHEC Orientation
   a. Introduction to the AHEC

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b. Faculty Mentor Role
c. Scholar expectations
d. Demonstration of D2L- program communication platform

2. Community Overview
a. Introduction to interprofessional education and collaboration
b. Introduction to the AHEC Core Topics

Immersion in Community-based Interprofessional Experiential Learning

1. Community Immersion sponsored by AHEC Regional Center:
a. Each Regional Center, in collaboration with Faculty Mentor, must prepare and submit to the Program Office a written plan and/or draft agenda for each cohort team's immersion at that Center no less than 6 weeks prior to the immersion.
b. Each Faculty Mentor must collaborate with their cohort team to conduct a windshield survey[6] and prepare a written summary[7]
c. Each cohort team member must participate in local learning activities sponsored by their assigned AHEC Regional Center

2. Post-Immersion Activities
a. Write about experiences participating in local learning activities through reflective[8] journaling[9]
b. Identify one challenge from the community assessment that serves as a foundation for a team-based scholarly project to be completed in Year Two.

3. Participate in Monthly Seminars
a. Faculty Mentor leads assigned Scholars in Monthly Seminars which occur the 4th Tuesday of each month, beginning in **September.**

4. Prepare Community Assessment Paper[10] (one per Regional AHEC Scholars Group)

5. Prepare and Submit Poster[11] (one per Regional AHEC Scholars Group)
a. Cohort team from each Region must collaborate in the preparation of a poster.
b. Poster must be submitted in accordance with the timeframe published in D2L in January of each year.
c. Poster must be approved in writing by the Faculty Mentor and submitted to the Program Office in accordance with the timeframe published in D2L in January of each year.

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[6] Further information available at: https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-andresources/windshield-walking-surveys/main
[7] Appendix H-1 for Year One Scholars provides windshield survey directions.
[8] Further information available at: Sadlon, P. The process of reflection: A principle-based concept analysis. Koshy, K., Limb, C. and Jafree, D. Reflective practice in health care and how to reflect effectively. *International Journal of Surgical Oncology*. 2017. July; 2(6): e20.
[9] Appendix H-2 provides reflective journaling directions for Year One Scholars
10 Appendix H-3 provides guidelines on the Community Assessment Report
[11] Appendix H-4 provides Poster Guidelines for Year One Students

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Annual Interprofessional Rural Health Professions Conference
Participation in the Interprofessional Rural Health Professions Program Conference is a requirement for all AHEC Scholars and Faculty Mentors:

1. Attend Interprofessional Rural Health Conference
2. Poster presentation by each Cohort Team

NOTE: All Year One AHEC Scholar Cohort Teams prepare a poster for presentation at the conference held in the Spring semester (i.e., April). The poster presentation should be submitted in accordance with the guidelines shown in this manual and within the timeframe published in D2L in January of each year and must be approved in writing by the Faculty Mentor when submitted to the Program Office.

VII.   AHEC Scholars Program Year Two

Year Two of the ASP incorporates an Integration and an Informed Dissemination of findings. Centers and Faculty Mentors plan the AHEC Scholars Program Year Two experience[12] based on the following guidelines:

Integration in Community-Based Interprofessional Experiential Learning

The AHEC Scholar third phase is integration - enhancing community-engaged experiences in rural and medically underserved communities in an AHEC Regional Center. Integration is:

1. Participate in community immersions in fall and spring.
2. Participate in scholarly project monthly seminars.
   a   Occurs on the 4th Tuesday of each month, beginning in **September.**
3. Continue reflective journaling.
4. Conduct a Scholarly Project on a health problem identified during community assessment in Year One, using a quality improvement process, and prepare and submit a written scholarly report.[13]
5. Prepare a podium presentation[14]

Informed Dissemination Community-based Interprofessional Experiential Learning

The final phase is informed dissemination by the AHEC Scholar teams who present findings to professional audiences. Informed dissemination has a *required oral presentation of the Scholarly Project at the* **Annual Interprofessional Rural Health Professions Conference.**

Annual Interprofessional Rural Health Professions Conference

1. Attend Interprofessional Rural Health Conference
2. Podium Presentation by each Cohort Team

NOTE: All Year Two AHEC Scholar Cohort Teams make a podium presentation at the conference held in the Spring semester (i.e., April). The podium presentation should be submitted in accordance with the guidelines shown in this manual and within the timeframe published in D2L in January of each year and

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[12] Appendix N provides a summary schedule of Year Two activities.
[13] Appendix I-1 provides Scholarly Report Guidelines for Year Two Scholars
[14] Appendix I-2 provides an overview of Podium Presentations for Year Two Scholars

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must be approved in writing by the Faculty Mentor when submitted to the Program Office.

VIII. SCHOLAR SUPPORT

a. Learning Management Software: Desire2Learn

AHEC Scholars information is available through Desire2Learn (D2L)15, a cloud-based software learning management system used by the UArizona. Information available in D2L includes the AHEC Scholars Manual and a calendar function reflecting all upcoming activities and deadlines. Scholars, Center Director/Staff, Faculty Mentors, Scholars, and RHPP Directors should access D2L regularly to assure their review of the most current ASP information. Center Staff and Faculty Mentors without ASU, NAU or UA login credentials should request access to D2L through the AzAHEC Program Office.

b. AHEC Scholar Stipends

AHEC Scholars receive a maximum of a $2,000 stipend which is paid over the two-year program. The stipend is paid to the Scholar by the assigned Regional Center. Stipend may be paid in two annual payments (i.e., one annual payment of $1,000 during each year of the program); or in four semi-annual payments (i.e., not more than two payments of $500 for the Fall and Spring Semester of the program), depending on the internal policies of the Regional Center. Stipends are not paid during or for any summer activities. Regional Centers must provide assigned Scholars with information about the disbursement of stipends appropriate to their region and collect required documentation to assure appropriate reporting of stipends. Scholars are not eligible to receive more than $2,000 in stipends, regardless of period of participation in ASP.

c. AHEC Scholars Program Travel, Transportation and Hotel Accommodations

1. Travel[16]

All travel authorizations must be processed by Scholars' respective RHPPs prior to any community immersion or other experience requiring Scholar travel. This assures compliance with that college's applicable policies. AHEC Scholars may be asked by their RHPP to provide information and/or sign forms related to travel authorizations. Center Directors/Staff, RHPP Directors, and the AzAHEC Program Office will collaborate to ensure travel plans are authorized in advance of travel and that all AHEC Scholars have completed required travel authorizations prior to beginning travel. Center Directors must ensure travel authorization accommodates all planned community immersion activities.

2. Transportation

To participate in an in-person community immersion, AHEC Scholars may:
  i. provide their own transportation and seek reimbursement through a travel authorization.
  ii. carpool with another Scholar(s).
  iii. request transportation through a university vehicle if available.

All expense reimbursement must comply with the policies of Scholar's college and university.

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[15] D2L Website Link: https://d2l.arizona.edu/d2l/loginh/?target=%2fd2l%2fhome
[16] Appendix J provides information on ASP Travel Process and Responsibilities

The methodology for transportation depends on the process within each Scholar's college and university and the availability of the Scholar's own transportation. Therefore, the process can vary significantly, and Scholars should be prepared to work with their RHPPs to identify their transportation needs/plan prior to any immersion weekend. The AHEC Program Office will use D2L and email to communicate with AHEC Scholars regarding needed transportation arrangements.

3. Accommodations

Centers will provide meal and hotel accommodations for AHEC Scholars while they are attending an immersion weekend at the assigned Center. Scholars will not be reimbursed for meals or hotel accommodations that were made available through a center.

IX. AHEC Scholar Program Status Changes

Changes in a Scholar's status in the ASP may either be self-initiated by the Scholar or initiated by the RHPP Director of the college where the Scholar is enrolled. Changes in status include but are not limited to the following examples:

1. Scholar's leave of absence or withdrawal from their university.
2. Scholar's leave of absence or withdrawal from RHPP.
3. Scholar's leave of absence from ASP not to exceed three months during the same academic year.
4. Scholar's withdrawal from ASP.
5. Scholar's return from leave of absence.

Changes in ASP participation must be documented on an AHEC Program Change Form.[17] Scholars are not eligible for stipends when they are on a leave of absence or withdrawn from the program and Centers should assure stipends are not issued during these times.

When a need for a change in a Scholar's status is identified, the Scholar and the RHPP Director will meet to discuss the process. If the Scholar's request is self-initiated, that Scholar should complete and sign the Program Change Form. In all cases the RHPP Director should complete and sign the Program Change Form and send it to the Program Office. The Program Office will notify and request signatures from the Scholar's Faculty Mentor and Center Director. Center Directors should ensure no stipends are issued to Scholars who are on leave or who have withdrawn from the program. The assigned Faculty Mentor for the Scholar should advise other Scholars in the cohort team of the updated status of the Scholar who will be on leave or terminating from the program and assure that any assignments are redistributed. Scholars not obtaining an approved absence prior to leaving the ASP may become ineligible for program reinstatement.

If the Scholar indicates to the Center Director, Center Staff, or Faculty Mentor that the Scholar plans to change their program enrollment status, the individual receiving this information must:

1. Direct the Scholar to contact their RHPP Director to start the process of Change of Program Form, AND
2. Contact the Scholar's RHPP Director to advise them of the Scholar's plans.

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[17] Appendix K provides the AzAHEC Program Change Form which is additionally located in D2L.

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A Faculty Mentor who has concerns related to Scholar attendance or participation must initiate a discussion with the Scholar **and** RHPP Director toward a resolution. A Faculty Mentor who has been unable to contact an assigned Scholar after two attempts must advise the Scholar's RHPP Director, the Scholar's Center Director, and the AzAHEC Program Office. The RHPP Director must take steps to determine the continued participation of the Scholar and indicate any needed changes to the Program Office. Faculty Mentors should not advise the Scholar of termination from the ASP; this must occur through communication between the Scholar and the RHPP in which the Scholar participates.
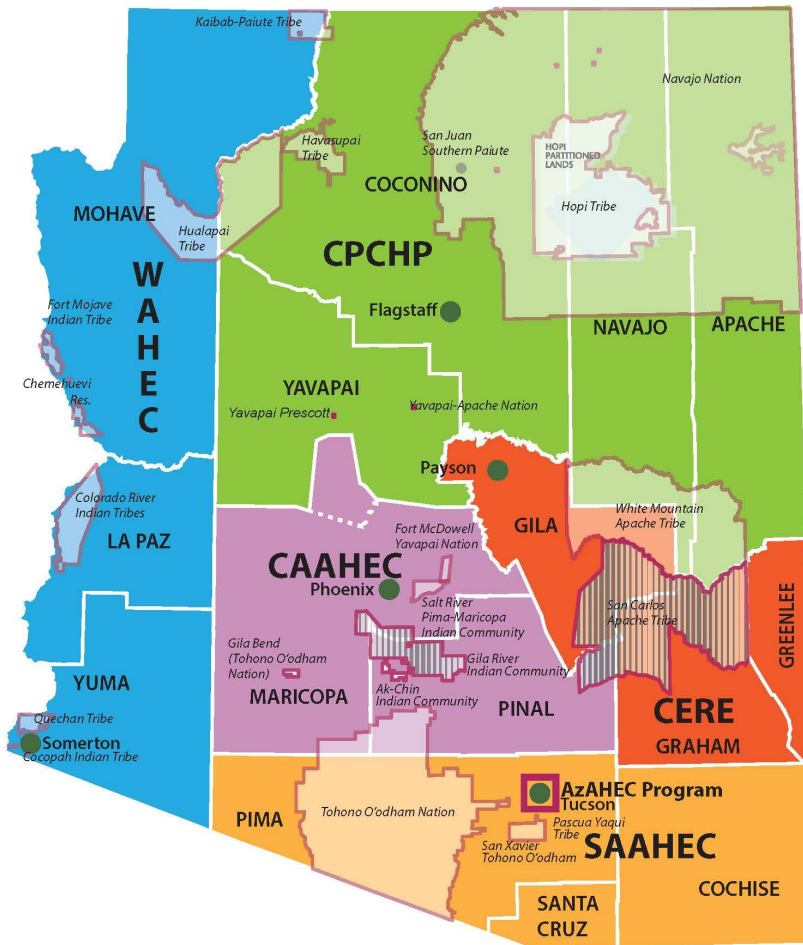
A Scholar who plans to return to ASP from a leave of absence must first contact the RHPP Director of the College where the Scholar was previously enrolled in the ASP. The RHPP Director must determine that the returning Scholar meets all criteria for re-enrollment. A Scholar returning from LOA may be assigned to a different team/cohort. The Program Change Form must be completed by the RHPP Director to indicate a return to the program and sent to the Program Office. The Program Office will notify the Scholar's Faculty Mentor and Center Director , who must await this notification prior to reactivating a Scholar who has been on leave. Center Directors should ensure stipends are issued to eligible Scholars who return from leave. The assigned Faculty Mentor for the Scholar should advise other Scholars in the team of the updated status of the Scholar who has returned from leave and assure that any assignments are redistributed.

Quarterly Scholar Validation Process. Each participating RHPP and the AIH-AHEC is required to validate scholars' matriculation and CBET status on a quarterly basis and submit to https://uarizona.co1.qualtrics.com/jfe/form/SV_2tcHnnmdLEotRQ2 . The Arizona AHEC Program Office will email each RHPP and the AIH-AHEC a template that lists their scholars with information needed for validation. The quarterly validation reports will be due on or before 11/15, 2/15, and 5/15 RHPPs and AIH-AHEC will receive the template no later 30 days prior to the due date of the quarterly report.

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APPENDIX A

AHEC REGIONAL CENTER MAP

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APPENDIX B
PROGRAM OFFICE CONTACT INFORMATION

Contact	Email Address
Nicole Paredes	nparedes@arizona.edu

APPENDIX C
REGIONAL CENTER DIRECTORS AND COORDINATORS CONTACT INFORMATION

AzAHEC Regional Center	City	Regional Center Director	Email Address	Regional Center Coordinator	Email Address
1. AIH-AHEC	Flagstaff	Jeff Axtell	jeffrey.axtell@aacihc.az.gov	Tashina Machain	Tashina.Machain@aacihc.az.gov
2. CAAHEC	Phoenix	Ana Roscetti	AnaR@aachc.org	Mallika Peddada	Mallikap@aachc.org
3. CERE-AHEC	Payson	Jennifer Smith	jennifer@ruraled.org		
4. CPCHP	Flagstaff	Marica Martinic	mmartinic@nchcaz.org	Courtney Madsen	cmadsen@nchcaz.org
5. SAAHEC	Tucson	Felipe Perez	FelipeP@elrio.org	Yolanda Perez	Yolanda.Perez@elrio.org
6. WAHEC	Yuma	Joena Ezroj	jezroj@rcbh.edu		

APPENDIX D
RURAL HEALTH PROFESSIONS PROGRAM DIRECTORS AND COORDINATORS CONTACT INFORMATION

RHPP Program	RHPP Director	Email Address	RHPP Program Contact	Email Address
1. ASU CON	Diane Nuñez, DNP	Diane.Nunez@asu.edu		
2. NAU SON	Shelley Vaughn, DNP	Shelley.Vaughn@nau.edu	Becca Harris	Becca.Harris@nau.edu
3. NAU PA	Bettie Coplan, MPAS, PA-C	Bettie.Coplan@nau.edu		
4. NAU PT	Andrea Lerner, PT, DPT	Andrea.Lerner@nau.edu		
5. UA COM-P	Jonathan Cartsonis, MD	jcartsonis@email.arizona.edu		
6. UA COM-T	Anna Landau, MD, MPH	Anna.Landau@bannerhealth.com	Hildi Williams	hildi@arizona.edu
7. UA CON	Christy Pacheco, DNP, FNP	christyp@email.arizona.edu		
8. UA COP	Elizabeth Hall-Lipsy JD, MPH	ehall@pharmacy.arizona.edu		
9. UA COPH	Marc Verhougstraete, PhD	mverhougstraete@email.arizona.edu	Jen Peters	petersjs@arizona.edu

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APPENDIX E
FACULTY MENTORS CONTACT INFORMATION

AzAHEC Regional Assignment	City	Faculty Mentor 2022-24	Email Address	Faculty Mentor 2023-2025	Email Address
1. AIH-AHEC				Timian Godfrey, DNP	timiangodfrey@arizona.edu
2. CAAHEC	Phoenix	Suganya Karuppana, MD	skaruppana@noahhelps.org	Carol Moffett, PhD	Carol.Moffett@asu.edu
3. CERE-AHEC				Alan Michels, MD	scholars@ruraled.org
4. CPCHP	Flagstaff	Brian Goodman, DO	bgoodman@atsu.edu	Victoria Noack, PT	vnoack@nchcaz.org
5. SAAHEC	Tucson	Nancy Johnson, PhD Lane Johnson, MD	njj@arizona.edu ONEHERBAL@msn.com	Miriam Morales, MPH	qnznleo@gmail.com
6. WAHEC	Yuma	Gustavo Alvarez, MPH	galvarez@rcfbh.org	Jake Schwarz, PharmD	jake.schwarz@gmail.com

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APPENDIX F

Faculty Mentor Recruitment and Appointment

Faculty Mentor Responsibilities include overall responsibility of a cohort team of up to 18 interprofessional Scholars assigned to one of the Regional Centers.[18] Each interprofessional AHEC Scholar team is supported by a Faculty Mentor.[19] Each Faculty Mentor is assigned to an AHEC Scholar team to support the team's activities throughout the two-year program.[20] Faculty Mentors are recruited by and assigned to the same Regional Center.

The following schedule identifies timelines for appointment of Faculty Mentors beginning with the 2023-25 Cohort:

> a.   By July 1 (or next working day) of each year, Faculty Mentors will be identified by the Regional Center and their CV will be submitted to the Program Office.
>
> b.   By July 15 (or next working day) of each fiscal year, Regional Center Director will receive confirmation from the AzAHEC Program Director that the Faculty Mentor nominee meets criteria.

All Faculty Mentor appointments are made for one year in duration. Faculty Mentors may only be assigned to one group of Scholars during any one year. Generally, a Faculty Mentor will continue with their AHEC Scholars cohort team for the entire two-year program. Center Directors should include Faculty Mentor support in their annual AHEC budget request, with support per Mentor of approximately $10,000 plus ERE, based on Center discretion. The Faculty Mentor and Center agree to the terms of funding to the Faculty Mentor. Payment will not be made by the Program Office directly to any Faculty Mentor and all employment agreements are the responsibility of the Faculty Mentor and the Center.

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[18] Appendix A provides a map of the Regional Centers.
[19] Appendix E provides contact information for Faculty Mentors
[20] Appendix G illustrates the Faculty Mentor Roles and Responsibilities

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APPENDIX G

Faculty Mentor Roles and Responsibilities

AHEC Scholar Faculty Mentors must be academically prepared to teach health profession students and who have a proven record of health profession work in rural and/or urban underserved. Faculty Mentors are critical to ensuring AHEC Scholars have an engaging interprofessional experience and ultimately complete the two-year program. Accordingly, Faculty Mentors may only provide mentoring support to one Scholar team per year.

Faculty Mentor duties include the following:

- Provide direct mentoring support to a team of up to 18 AHEC Scholars at assigned Regional Center site.
- Ensure AHEC Scholars comply with responsibilities and deadlines of the program and continuously promote Scholar retention. This includes participation in the electronic course management system, D2L, and completion of attendance reflecting participation in ASP activities (i.e., immersions, monthly seminars, and annual conference) in D2L.
- Assign make-up work when a scholar is unable to attend a monthly seminar.
- Work with the AzAHEC Program Office, Rural Health Professions Program Directors and Staff, and Regional AzAHEC Directors and Staff to document and track progress of AHEC Scholar teams.
- Oversee and ensure AHEC Scholars individual and team projects are completed, approved and submitted as documented in the AHEC Scholars Manual inclusive of adherence to deadlines for the following activities:
  - Year 1 Poster Presentation[21]
  - Year 1 Community Assessment Report[22]
  - Year 2 Podium Presentation[23]
  - Year 2 Scholarly Report[24]
- Collaborate with the Regional Center Director to plan curriculum for the immersions. Attend and participate in scheduled immersions at assigned Regional Center.
- Prepare or develop and present ONE monthly seminar topic annually that is appropriate for all AHEC Scholars. The seminar must be based on one or more of the HRSA core topics. This requirement may be fulfilled by identifying and coordinating with an outside presenter (who must have relevant academic credentials) or by faculty mentor's own presentation. The following schedule identifies the timeline for submittal of the monthly seminar:
  1. Each faculty mentor's seminar topic must be identified and submitted to the AzAHEC Program Director not later than September 12 (or next working day) of each fiscal year.

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[21] Appendix H-4 provides Poster Presentation Guidelines
[22] Appendix H-3 provides Community Assessment Report Guidelines
[23] Appendix I-2 provides Podium Presentation Guidelines
[24] Appendix I-1 provides Scholarly Project Report Guidelines

2. A seminar must be provided at least once annually by each Faculty Mentor and submitted by video not later than November 15 (or next working day) of each fiscal year, regardless of the month when it is scheduled for discussion.
3. The finalized schedule for all seminars, including the name of presenter, will be posted in D2L by the AzAHEC AHEC Scholars Program Manager by October 31 (or next working day) of each fiscal year.
4. Faculty mentor is responsible for obtaining appropriate permissions when utilizing seminar material provided by a third party. This may include video rights and accessibility for all Scholars, regardless of ABOR institution attended.

- Attend and participate in 2024 Interprofessional RHPP conference scheduled for April 12-13, 2024, along with AHEC Scholars team.
- Evaluate successful completion following established dates and timelines of AHEC Scholar projects and assignments and providing results to the [Program Office](#) and RHPP Program Directors.
- Ensure complete communication with the [AHEC Program Office](#) and assigned Regional Center. This includes attending organizational and implementation meetings and events for the AHEC Scholars Program as well as the Annual Orientation Meeting. Mentors must develop a contingency plan if unable to attend meetings or events.

Qualifications

AHEC Scholar Faculty Mentors must meet the following requirements to be qualified to participate as a faculty mentor.

- Have relevant expertise related to teaching, conducting research, or practicing with rural and/or urban underserved populations and/or communities.
- Have a master's degree or above in a health discipline.
- Be academically prepared to teach health profession students.

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APPENDICES H1-H4

ASP YEAR ONE PROJECTS

APPENDIX H-1 WINDSHIELD SURVEY GUIDELINES

This assignment is to conduct a windshield survey (an assessment from your car) of a rural community near you. An assessment form for the windshield survey is provided below. You will also need to conduct online research for census and other data. Briefly summarize and post your findings in the Discussion area.

TABLE 11-1		
Windshield Survey*		
	OBSERVATIONS	**DATA**
I. Community Core 1. History–What can you glean by looking (e.g., old, established neighborhoods; new subdivision)? Ask people willing to talk: How long have you lived here? Has the area changed? As you talk, ask if there is an "old-timer" who knows the history of the area.		
2. Demographics–What sorts of people do you see? Young? Old? Homeless? Alone? Families? What races do you see? Is the population homogeneous?		
3. Ethnicity–Do you note indicators of different ethnic groups (e.g., restaurants, festivals)? What signs do you see of different cultural groups?		
4. Values and Beliefs–Are there churches, mosques, temples? Does it appear homogeneous? Are the lawns cared for? With flowers? Gardens? Signs of art? Culture? Heritage? Historical markers?		
II. Subsystems 1. Physical Environment–How does the community look? What do you note about air quality, flora,		

housing, zoning, space, green areas, animals, people, human-made structures, natural beauty, water, climate? Can you find or develop a map of the area? What is the size (e.g., square miles, blocks)?		
2. Health & Social Services–Evidence of acute or chronic conditions? Shelters? "Traditional" healers (e.g., *curanderos,* herbalists)? Are there clinics, hospitals, practitioners' offices, public health services, home health agencies, emergency centers, nursing homes, social service facilities, mental health services? Are there resources outside the community but accessible to them?		

TABLE 11-1 (continued)

3. Economy–Is it a "thriving" community or does it feel "seedy?" Are there industries, stores, places for employment? Where do people shop? Are there signs that food stamps are used/accepted? What is the unemployment rate?		
4. Transportation and Safety–How do people get around? What type of private and public transportation is available? Do you see buses, bicycles, taxis? Are there sidewalks, bike trails? Is getting around in the community possible for people with disabilities? What types of protective services are there (e.g., fire, police, sanitation)? Is air quality monitored? What types of crimes are committed? Do people feel safe?		
5. Politics and Government–Are there signs of political activity (e.g., posters, meetings)? What party affiliation predominates? What is the governmental jurisdiction of the community (e.g., elected mayor, city council with single member districts)? Are people involved in decision making in their local		

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governmental unit?		
6. Communication–Are there "common areas" where people gather? What newspapers do you see in the stands? Do people have TVs and radios? What do they watch/listen to? What are the formal and informal means of communication?		
7. Education–Are there schools in the area? How do they look? Are there libraries? Is there a local board of education? How does it function? What is the reputation of the school(s)? What are major educational issues? What are the dropout rates? Are extracurricular activities available? Are they used? Is there a school health service? A school nurse?		
8. Recreation–Where do children play? What are the major forms of recreation? Who participates? What facilities for recreation do you see?		

TABLE 11-1 (continued)

III. Perceptions		
1. The Residents–How do people feel about the community? What do they identify as its strengths? Problems? Ask several people from different groups (e.g., old, young, field worker, factory worker, professional, minister, housewife) and keep track of who gives what answer.		
2. Your Perceptions–General statements about the "health" of this community. What are its strengths? What problems or potential problems can you identify?		

Anderson, E. T. and McFarlane, J. M. (2006). Community as Partner: Theory and Practice in Nursing. Lippincott, Williams & Wilkins.

Note: Supplement your impressions with information from the census, police records, school statistics, chamber of commerce data, health department reports, and so on to confirm or

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refute your conclusions. Tables, graphs, and maps are helpful and will aid in your analysis.

*This survey form was renamed "Learning about the Community on Foot" to underscore the necessity of walking around the community. Also, when one of the authors (Elizabeth T. Anderson) used it in rural Mexico, the area being assessed was not accessible by automobile. For ease of citation and referral, we will continue to use "windshield survey" as its title.

APPENDIX H-2: REFLECTIVE JOURNALING

Reflective Journaling provides evidence of critical thinking about learning events that happen when Scholars are in the community. Scholars reflect and write about their observations, activities, engagement in continuous learning and improvement in skills and knowledge as a health care provider. Scholars should select a significant learning event and reflectively analyze what that event contributed to in their understanding and preparation to practice in or serve a rural or urban medically underserved community.

A Scholar's reflective journaling should draw from learning experiences in the field. One journal entry per semester is required to be concisely written and submitted by each Scholar to Faculty Mentor to include the following:

1. Situation: What happened and in what order? Start writing without emotions, reflection or assumptions. This does not have to be a situation that went well or as planned. Write as much as needed. Include role and the outcome. Affect and emotional state: How did the situation impact you? (e.g., how it affected you personally, your emotions, what you felt, positive or negative).

2. Interpretation about what happened: Why did it happen? What did you learn from the experience? Explain how the learning confirms or contradicts personal prior knowledge, theories, or understanding. Was it different from what you learned in class? Could the situation have been managed differently? What did you do well?

3. Decision and how practice will be changed: What decisions were made to become a better health care provider? How could this decision impact your future practice? (e.g., what might you change, do differently, and/or do better).

APPENDIX H-3 COMMUNITY ASSESSMENT

Under the guidance of the assigned Faculty Mentor, Scholars select a community in the AHEC Regional Center service area for the project. Each team decides and assigns the roles and responsibilities for each team member. As an example, certain team members may visit the community to collect data whereas other team members conduct electronic data and literature searches (e.g., Census Bureau, peer reviewed journals) and other public health information.

- The results of the assessment must be presented in a scholarly summary of publicly available data, and one (or more) current community health needs assessment(s) written in American Psychological Association (APA) format.[25]

- Scholars in each AHEC Regional Center submit one paper.

- The Community Assessment Report must be approved in writing and submitted by the Faculty Mentor to via D2L.

- The Community Assessment Report is due on April 1 (or next working day) of each fiscal year to the Arizona AHEC Program Office, who will distribute the assessment to RHPP Directors and Center Directors and will post the assessment in D2L.

Team-based reports teach real world skills in collaborating to write, publish, or submit grant proposals,

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[25] Further information on APA Guidelines found at: <https://new.library.arizona.edu/research/citing/guide>.

team-based research reports, and business plans. Scholars learn to negotiate team member responsibilities, expectations and attribution. For example, the order of authorship often relates to contribution effort.[26]

Community Assessment Written Report: (15 Pages or less not counting Title Pg., References):

Title Page (page 1)

Executive Summary (page 2): this is a one-page abstract that includes how the assessment was conducted (methods), important findings, conclusions and recommendations.

Suggested Written Report Sections:

1) Table of Contents

2) Purpose Statement and Methods

3) Assessment Data – summarize in tables, explain key findings in the text, cite sources

4) Description of the Community and Windshield Survey

5) Community Demographics, Health Status, History, Culture, Community Competence

6) Physical Environment: examples - air quality (EPA), water quality - city/well, chlorinated, fluorinated, sewage service / septic tanks, garbage pickup

7) Communication: households without telephone service, internet and/or mail delivery

8) Economics, Nutrition (e.g., fast food vs grocery stores in the community).

9) Safety, Transportation: example - households without private transportation.

10) Electrical Service: example - households without electrical power.

11) Analysis and Results of Assessment

   • Develop a rural impact profile. Identify the impact of rural on the community and describe the implications for health and health care services.

   • For each subsystem, summarize the important findings and describe the implications for health and health care services in the community

12) Conclusion: Scholarly Project Problem Statement – a short statement that the team identifies as a significant problem in the community.

References: List references using APA format on a separate page, footnotes or endnotes.

Tables and graphs: Embed tables in the text or put each table or graph after the references.

Tips for the paper's development: Obtaining vital statistics electronically.

1. See https://azahec.arizona.edu/preparedness/public-health-statistics/index.php. Look for county vital statistics for the county of the community selected for assessment. List major health indicators. Identify where county health indicators exceed national health averages. What are the health care implications?

2. See: https://census.gov. Find Arizona census data by county/community. Describe the population's characteristics for the selected county. What can be inferred about health care needs from general demographic data?

APPENDIX H-4 POSTER GUIDELINES

A poster presentation is a way to communicate research or understanding of a topic in a short and concise format. It usually includes two elements - a poster and a brief (usually no more than 2 minutes)

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[26] Further information on the team writing process found at: https://writingcenter.unc.edu/tips-and-tools/group-writing/

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explanation. Poster presentations develop an ability to communicate perceptively (matching explanation to an audience) and concisely, which is an important workplace skill. First year Scholars should plan to analyze and evaluate information, synthesis ideas, and creatively demonstrate understanding of a topic or the findings of their cohort team's research.

The following is an example of the components of a poster:

o **Title**: (Example) "A Community Assessment of Globe, Arizona"
o **Purpose**: (Example) "The purpose of this presentation is to report the results of a team-based field experience in X community"
o **Methods**: Describe the team's approach and strategies for conducting the assessment

o **Findings/Outcomes**: Describe the community; Summarize key rural or urban medically underserved, and concepts about the community; Summarize key health challenges that will underpin a scholarly project (scholarly projects may also have implications for health policy); describe what the next steps are with respect to the team's scholarly project.

The Poster Presentation is due to the Program Office two weeks prior to the Interprofessional RHPP Conference and must have the written approval of the Faculty Mentor when submitted. One team Poster Presentation is presented per AHEC Regional Center.

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APPENDICES I1-I2

ASP YEAR TWO PROJECTS

Appendix I-1: Scholarly Report Guidelines

The Scholarly Project should be a well-written manuscript, policy brief, op-ed, frequently asked questions (FAQs), or policy leave-behind (one to two pages with graphics) or combination that demonstrate team's ability to conduct, analyze, synthesize and report on their Scholarly Project about a problem identified in the AHEC Regional Center geographic service area.

- The written Scholarly Project Manuscript Narrative should be 15 pages or less (Title Page and References are not counted toward the total).

- Evaluation considers the importance of the topic either to the health of the community or identified by the community as high priority, the strength of the presentation, the quality of supporting data and contemporary references, the quality of writing, grammar, organization, and graphics.

- Teams should prepare their written Scholarly Project as if they intend to submit it to a peer-reviewed journal for publication, using that format. General style guidelines are as follows:

Style: APA or peer-reviewed journal article format.
Length: Scholarly Project narrative should be 15 pages or less (not counting the title page and references), 12-font (tables, graphs can use 10-font), double spaced, one inch document margins (top, sides, bottom).
Title Page: Follow APA Style or peer-reviewed journal article format.
Abstract: The abstract should be 12 font, single spaced, briefly summarizing the paper in no more than 300 words. The abstract should contain the purpose, key points/findings and conclusions of the paper. Abbreviations or references should be avoided in the abstract.
Key Words: Identify three key words that reflect the nature of the paper. The key words can be listed after the abstract on the abstract page.
Text, Tables, Figures, References, Appendices: Follow APA Style
- The written Scholarly Project is due by April 1 of each year and must have the written approval of the Faculty Mentor when submitted. One team Scholarly Project written report is presented per AHEC Regional Center.

Appendix I-2: Podium Presentation
Team Presentation Guidelines - Interprofessional Rural Health Professions Conference:
- Prepare a PowerPoint presentation (10 slides or less) about the team's written Scholarly Project. Submit it to the conference organizer (details to be announced). Include a Faculty Mentor email demonstrating review and approval of the presentation submission.
- The presentation should follow the format of the scholarly paper.
- Submit the PowerPoint and one page abstract from the written Scholarly Project for publication in the conference proceedings for attendees.
- Each team has 15 minutes to present and 5 minutes for questions from the audience.

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The Podium Presentation is due to the Program Office one week prior to the Interprofessional RHPP Conference and must have the written approval of the Faculty Mentor when submitted. One team Podium Presentation is presented per AHEC Regional Center.

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APPENDIX J
Travel Process

Purpose: To document procedures for authorizing travel and providing travel reimbursement and/or motor pool vehicles for AHEC Scholar program travel.

Scope: AHEC Scholar student travel related directly to the AHEC Scholar program within Arizona. This does not include travel for rotations or other RHPP travel.

Note: Each AHEC Scholar's Home College RHPP will be responsible for ensuring the Scholar's travel follows all applicable policies, including processing Travel Authorizations and Travel Expense Reports.

Out-of-State and Out-of-Country Travel: Any travel outside of Arizona must be identified no less than 12 weeks in advance to obtain all required approvals. Out-of-country travel is typically not allowed and may only be conducted following authorization by each RHPP Director and only if compliant with each university's policies. Following authorization by RHPP Directors, impacted AHEC Scholars must also be surveyed to ensure availability of passports and ability to travel out-of-country. As the AHEC Scholars program emphasizes group interprofessional work, the trip may only proceed if all AHEC Scholars in the impacted cohort team may attend.

Process:

UA College RHPP:

Procedure	Responsible Area
Identification needed for trip, AHEC Scholars attending, timeframe, destination, etc., and notify AHEC Scholars and all applicable College RHPP contacts.	AHEC Scholar Mentor, potentially others
Prepare Travel Authorization. If existing Home College RHPP budget is not available, please contact the AzAHEC Program Office for the account number to be listed as the Funding Source. Travel Authorization documents will be routed to Amanda Perkins (alperkin@arizona.edu) as the Fund Approver. Note that UA policy requires a completed Travel Authorization for all travelers on UA business even if reimbursement will not be requested.	Home College RHPP(s); route for approval as applicable
If blanket Travel Authorizations are prepared for AHEC Scholars annually, applicable Home College RHPP should notify the AHEC Program Office before each trip that will use AHEC funding.	Home College RHPPs

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Where possible, encourage coordination of travel such as carpooling and sharing Motor Pool vehicles. Once coordination is complete, Faculty Mentor works with AHEC Scholars to reserve Motor Pool and/or other travel needs through applicable Home College RHPPs. Home College RHPP ensures AHEC Scholar(s) are authorized to drive on UA business.	Faculty Mentor, AHEC Scholars, Home College RHPPs
After the trip, process Travel Expense Report in compliance with all applicable UA policies	Home College RHPPs

ASU and NAU College RHPP:

Procedure	Responsible Area
Identify need for trip, AHEC Scholars attending, timeframe, destination, etc., and notify AHEC Scholars and applicable College RHPP contacts.	AHEC Scholar Mentor, potentially others
Follow applicable university policies related to travel. Evaluate whether existing RHPP budget is available or whether additional funding is required.	Home College RHPP
If additional funding is required, notify Program Office prior to the travel.	Home College RHPP, email Program Office
Coordinate, reserve, and pay as needed to facilitate student travel in compliance with applicable university policies.	Home College RHPP
Prepare a Budget Modification Request form to request additional funding for travel. This may be submitted for each trip or may be submitted quarterly.	Home College RHPP, submit through report/invoice Qualtrics link
Upon approval, submit invoice through regular invoice process to request reimbursement for AHEC Scholar travel expenses.	Home College RHPP

APPENDIX K

AHEC Scholars Program Change Form

Current Date: _____

Effective Date: _____

The following AHEC Scholar: _____

 Has requested:

○   Leave of Absence from the AHEC Scholars Program
○   Withdrawal from the AHEC Scholars Program
○   Leave of Absence from university
○   Total withdrawal from university
○   Return from Leave of Absence

From the following RHPP Scholars Program

_____

Name of Center to which Scholar Assigned: _____

Student Signature: _____

RHPP Director Signature: _____

Program Office Signature: _____

Faculty Mentor Signature: _____

AHEC Center Director Signature: _____

Process: 1) Scholar and RHPP Director complete and sign change request 2) RHPP Director forwards to AHEC Program Office 4) Program Office forwards to Faculty Mentor for signature, and requests return of signed copy; 5) Program Office forwards to Center Director for signature and requests return of signed copy.

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APPENDIX L

SCHOLARS CONTACT INFORMATION
CURRENT VERSION OF THE ACTIVE SCHOLARS FOR EACH COHORT (I.E., 2022-24 AND 2023-25 CAN BE FOUND IN D2L ON THE CONTENT SECTION

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APPENDIX M
AHEC Scholar Activities Year One

80 hours completed in Year One:
- 1 hour orientation
- 18.5 hours fall Center immersion
- 16 hours spring Center immersion
- 16 hours monthly seminars including virtual simulation (2 hours x 8 months)
- 16.5 hours community assessment review including community assessment report and poster development
- 12 hours conference, including simulation, telehealth or other clinical practice topic

Activity	Fall Year One				Spring Year One			
	September	October	November	December	January	February	March	April
SEMINARS Total Hours: 16	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm
PROGRAM ORIENTATION TOTAL HOURS: 1		1 hour of Orientation to AHEC and Region. Date: October 7,2023 9am-12pm.						

The seminar topics are based on final approval of the AzAHEC Program Director. Refer to D2L for most current information. See list of core topics

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COMMUNITY IMMERSION Total Hours: 32.5		Community Immersion Dates: October 7-8, 2023 In person *Windshield survey completed at the immersion experience*				Community Immersion Dates: February 3-4, 2024 In person	
COMMUNITY ASSESSMENT PAPER Total Hours: 8.5 *Includes Reflective Journaling*							Community Assessment Paper due upload to D2L April 1
POSTER DEVELOPMENT Total Hours: 10						Annual RHPP Conference Poster Due. See poster guidelines (TBA) Final Date Posted via Email/D2L	
RHPP CONFERENCE Total Hours: 12							RHPP Conference April 12-13, 2024 Posted via Email/D2L

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APPENDIX N

AHEC Scholar Activities Year Two

80 hours completed in Year Two:
• 16 hours fall Center immersion including Scholarly report & project
• 16 hours spring Center immersion including Scholarly report & project
• 16 hours monthly seminars including virtual simulation (2 hours x 8 months)
• 20 hours community assessment including Podium Presentation
• 12 hours conference, including simulation, telehealth or other clinical practice topic

Activity	Fall Year Two				Spring Year Two			
	September	October	November	December	January	February	March	April
SEMINARS Total Hours: 16	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm	Two hour Seminar 6:00-8:00pm
SCHOLARLY PAPER Total Hours: 32		Orientation: October 7,2023 - 9am-12pm. Community Immersion Dates: October 7-8, 2023 In person				Community Immersion Dates: February 3-4, 2024 In person		Scholarly Paper Paper due upload to D2L April 1

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The seminar topics are based on final approval of a AzAHEC Program Director. Refer to D2L for most current information. See list of core topics							
PODIUM PRESENTATION Total Hours: 20						Podium Presentation Due Two Weeks Prior to Annual RHPP Conference *Final Date Posted via Email/*D2L	
RHPP CONFERENCE Total Hours: 12							RHPP Conference April 12-13, 2024 Posted via Email/D2L

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APPENDIX O
Educational and training activities will support the following eight (8) Core Topics:

Inter-professional Education (also known as interdisciplinary training), which supports a coordinated, patient-centered model of health care that involves an understanding of the contributions of multiple health care professionals.

Behavioral Health Integration which promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions. Addressing clinician burnout and improve provider resiliency. Burnout in health care professionals is widespread and growing; recent studies indicate elevated levels of burnout, along with related conditions of depression and emotional exhaustion.

Connecting Communities and Supporting Health Professionals, which aims to increase training and development of CHWs and paraprofessionals to be the connectors who can serve as a liaison/link/intermediary between health professionals and the community to facilitate access to service and improve health equity, community/population health, and social determinants of health.

Virtual Learning and Telehealth, which seeks to improve virtual learning and telehealth curricula and community-based experiential training. The COVID-19 pandemic has forced all health care systems, hospitals, and clinics to rapidly implement telehealth services, simulation-based technology, and virtual training to continue delivering patient care.

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five (5) domains: economic stability, education access, and quality; neighborhood and built environment and social and community context.

Cultural Competency, which seeks to improve individual health and build healthy communities by training health care providers to recognize and address the unique culture, language and health literacy of diverse consumers and communities19 (e.g., National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care).

Practice Transformation, which aims to fully support quality improvement and patient-centered care through goal setting, leadership, practice facilitation, workflow changes, measuring outcomes, and adapting organizational tools and processes to support new team-based models of care delivery.

Current and emerging health issues (e.g., COVID-19, Zika virus, pandemic influenza, opioid use disorder, maternal mortality, geographically relevant health issues, etc.).

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