

**Arizona Center for Rural Health  
and  
Arizona State Office of Rural Health (SORH)  
Webinar Series**

The SORH provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.



# Arizona State Office of Rural Health



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

Center for Rural Health

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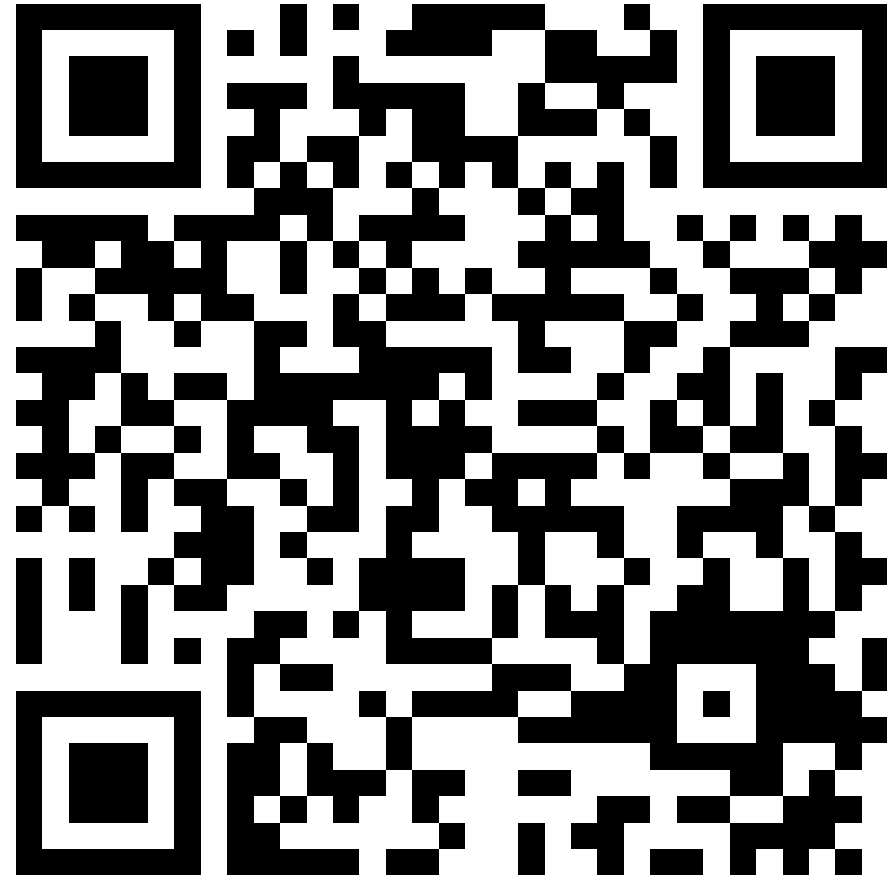


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## Presenter:



Dr. Mona Arora is a Tucson native and an Assistant Research Professor at the Mel and Enid Zuckerman College of Public Health. She currently serves on the UArizona pandemic response team and is a co-chair of the campus COVID-19 Vaccine Task force. Dr. Arora has recently taken on the role of co-lead on a CDC-ADHS COVID-19 Health Disparities Initiative aimed at advancing health equity & address social determinants of health related to COVID-19 health disparities among higher risk and underserved populations. She teaches undergraduate and graduate courses in Emergency Preparedness, Climate Change, and One Health at the College of Public Health.

# Mobilizing Partners: Advancing Health Equity and Addressing Health Disparities in Arizona

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Mona Arora, PhD, MSPH  
*Assistant Research Professor*  
[manand@arizona.edu](mailto:manand@arizona.edu)

January 20, 2022



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# Learning Objectives

1

Describe lessons learned from two years of COVID response.

2

Understand the importance of adopting a health equity lens to inform continued COVID-19 response and recovery.

3

Identify CRH-led initiatives to support rural health care and public health partners in addressing COVID-19 driven inequities.



# Understanding What Happened

COVID Response & Rural  
Communities



# Key Challenges for Local and State Health Departments During COVID-19



## Clarifying Roles and Lines of Authority

Clear decision-making, need for federal leadership, importance of consistent messaging



## Funding Gaps for Foundational Needs

Going beyond temporary funding boosts; investing in minimum capabilities; improving the flexibility and timeliness of disbursement



## Addressing Systemic Health Inequities

Investing in vulnerable populations; supporting social needs during COVID-19



## Leadership & Workforce

Support from elected officials for the public health workforce; implementation of Chief Health Strategist role



## Data Sharing & Technology Platforms

Bridging public health and care delivery; supporting surveillance and case reporting



## Partnerships & Community Engagement

Developing mechanisms for shared decision-making; using private sector capabilities

# Inequities in How Impacts were Felt

- Risk, morbidity & mortality significant in certain communities and demographics
- 1 in 3 Arizonans experienced food insecurity
- One-third of 65+ do not have Internet Access, Laptop, Computers, Smartphones



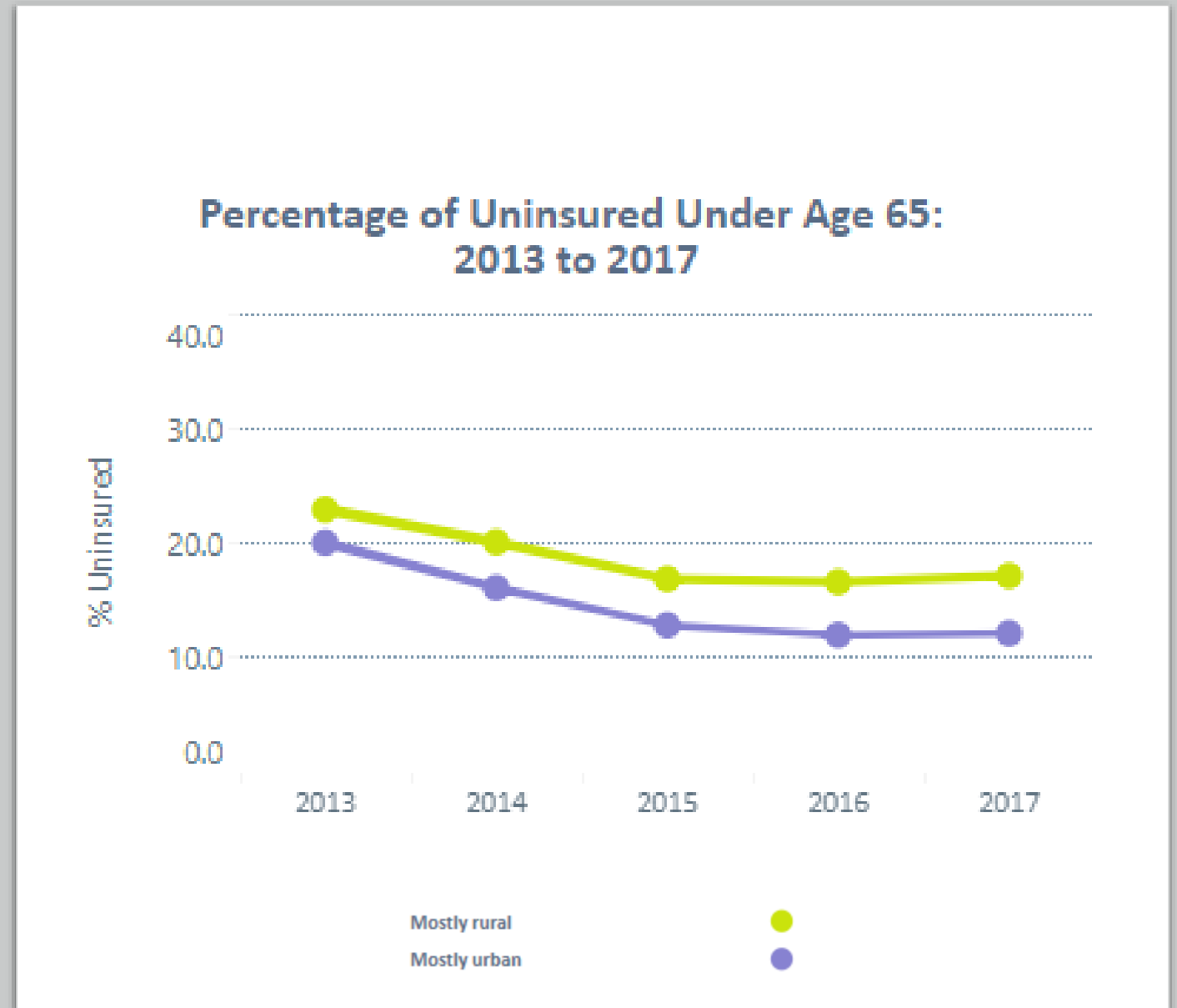
# Health Inequities During the COVID Pandemic

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.7x	0.7x	1.1x	1.3x
Hospitalization <sup>2</sup>	3.7x	1.0x	2.9x	3.1x
Death <sup>3</sup>	2.4x	1.0x	1.9x	2.3x

Source: Centers for Disease Control & Prevention

# Inequities & Rural Communities

- Demographic shifts: decreasing populations and aging population
- Aging infrastructure
- Small, rural towns have limited staff and capacity to pursue grants and infrastructure driven projects
- Local politics and governance influence priorities and initiatives
- Barriers to federal funding



# Baseline Health

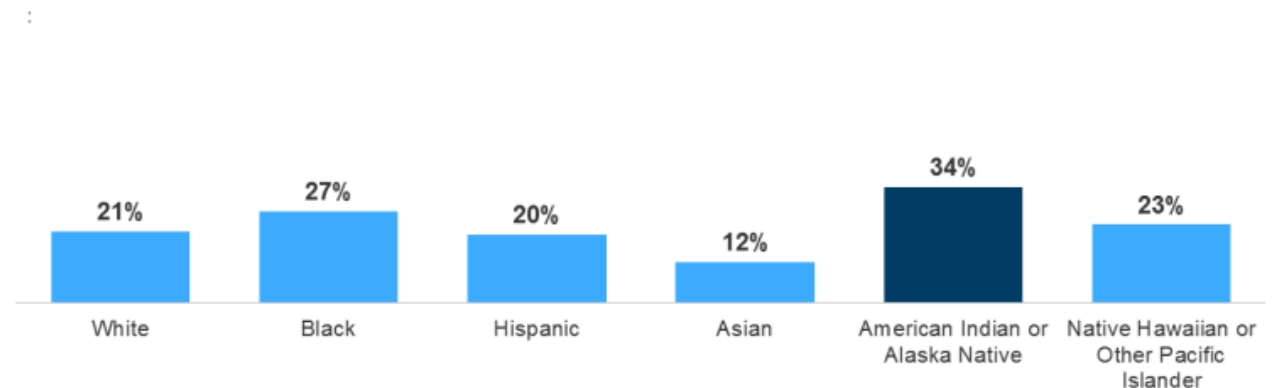
## Underlying health and wellbeing: **Needs Improvement**

Ethnic minorities and populations of color have **disproportionately high rates of many health conditions** that may put them at higher risk for serious illness if they contract coronavirus, including diabetes, heart disease, asthma, and obesity

## Access to care: **Needs Improvement**

Individuals in rural communities rely on hospitals and health centers that may be hours away for a provider making it more **challenging not only to seeking health services but also COVID testing and vaccination.**

Share of Adults Ages 18-64 at Higher Risk of Serious Illness if Infected with Coronavirus by Race/Ethnicity



NOTE: Data includes adults ages 18-64; excludes adults living in nursing homes or other institutional settings. Persons of Hispanic origin may be of any race, but are categorized as Hispanic for this analysis; other groups are non-Hispanic.  
SOURCE: KFF analysis of 2018 Behavioral Risk Factor Surveillance System.

# Health Equity – a Definition

**“everyone has a fair and just opportunity to be as healthy as possible.”**

-Institute of Medicine  
The future of Public Health (1988)

# Why Health Equity Matters

- Inequities are the **common denominator** for every health, public health, social issue
- Health risks and impacts of any threat to public health and wellbeing are **not distributed equally** across people and communities
- Risk is significantly moderated by individual and community **vulnerability and resilience** driven by the distribution of money, resources, and power.
- A disaster **exacerbates** health and social inequities

**Interventions, solutions need to act on systemic causes to address the existing inequities**

# Lessons Learned #1- Equity in All Policies

- Equity mindset needs to be deliberate and across the board
- Need to recognize structural inequities, evaluate our policies, programs
- No one size fits all

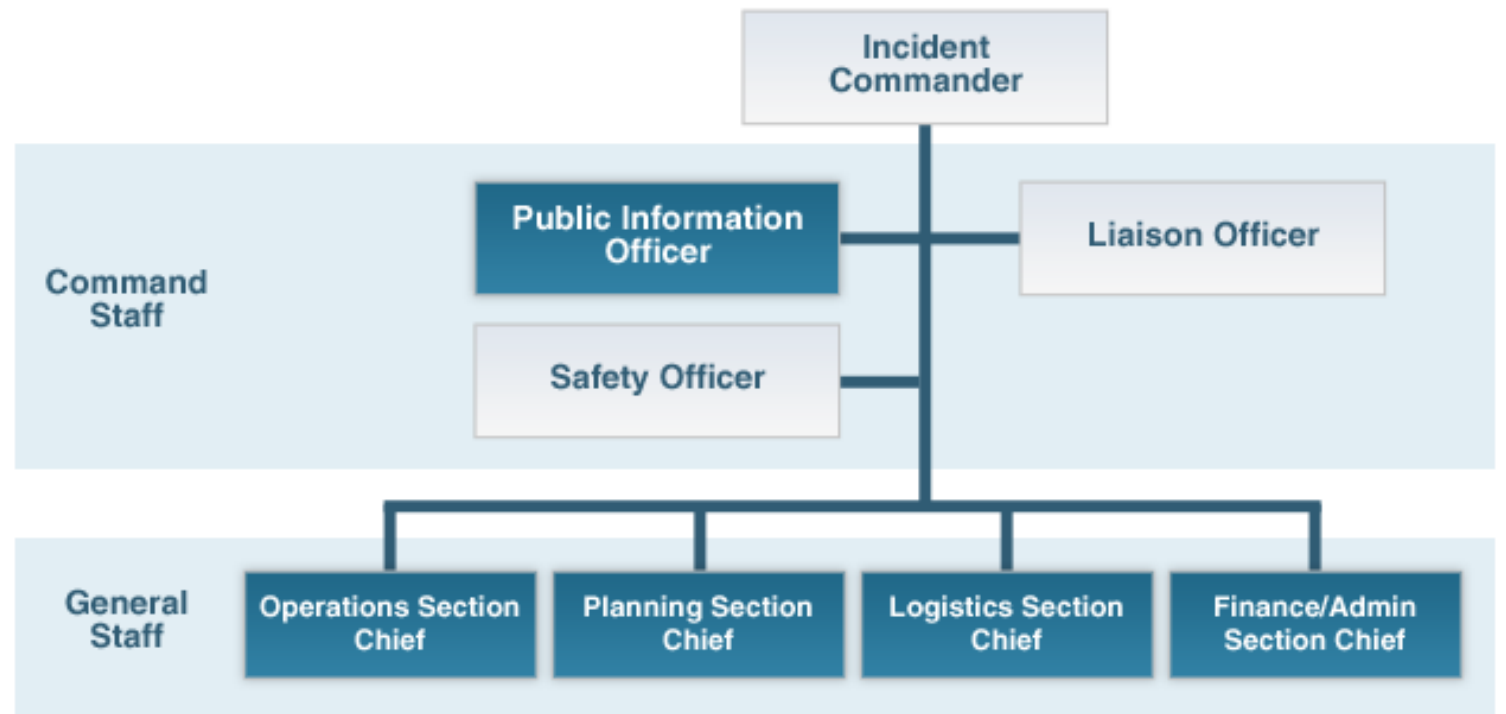
## Checklist for Reflection:

- ✓ Is equity reflected in agency mission statement and strategic plans?
- ✓ Where and how is equity placed within the agency structure (e.g., Equity Officer or Workgroup)
- ✓ What are inherent individual and agency biases?
- ✓ What resources, partners, knowledge can be leveraged?
- ✓ What are the most pressing needs for the community as identified by the community?

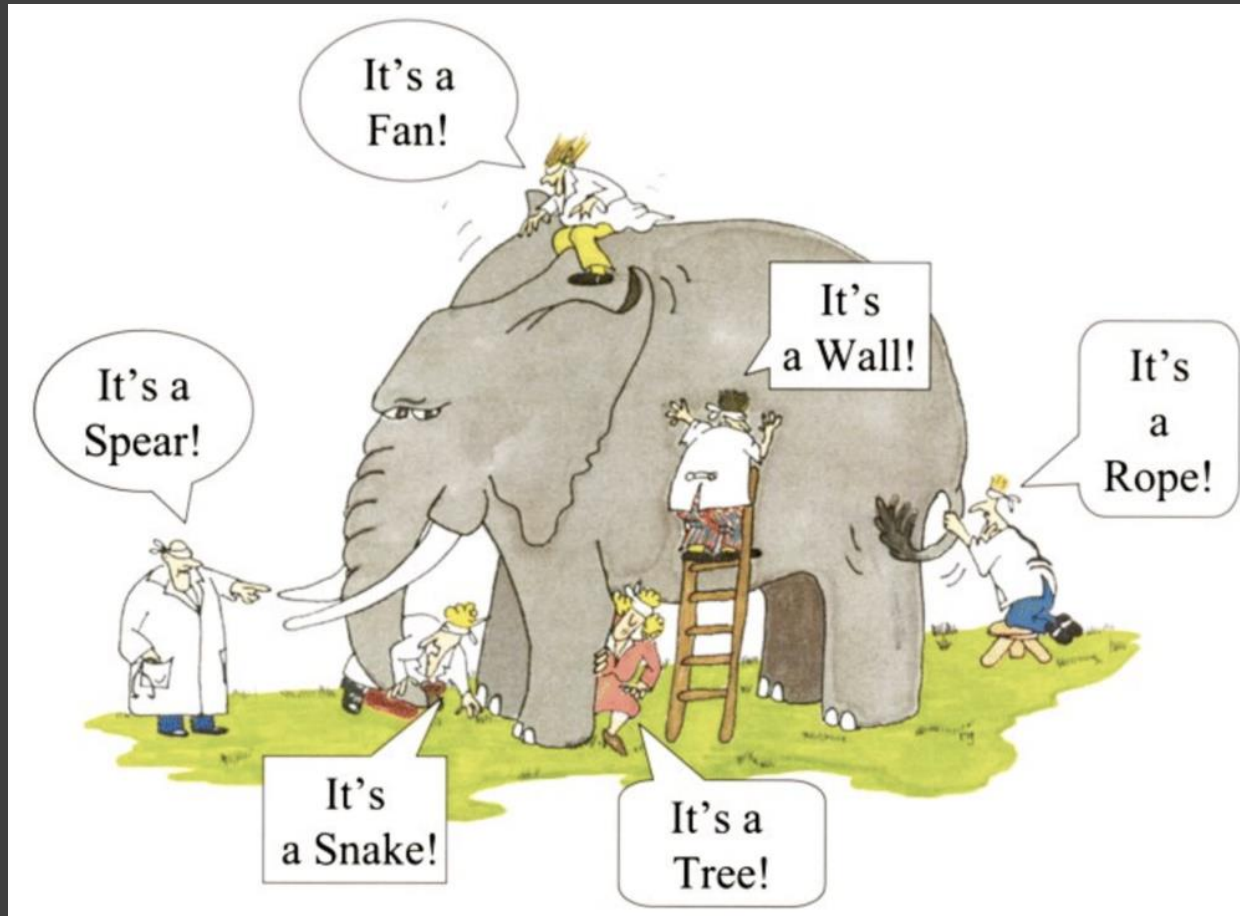
Source: CDC



# Imbedding Equity in the Response



# Lessons Learned #2: Using Data to Advance Health Equity



- Race and ethnicity missing from health records
  - Identify where disparities exist
  - Inform existing efforts
  - Direct resources, funding, programs, and services
  - Establish benchmarks and accountability
- Social Determinants of Health (SDOH): identifying standard mechanism to capture information accurately and timely
- Transparency in data-sharing: laws, HIPPA compliance, data access
- Building and maintain trust

# Lessons Learned #3: Listening...for (a) change

- First time that such a large amount of medical content has been available to the public
- Disinformation is **here to stay**
- **Deliberate approach** to the message, messenger, the target audience, and the delivery
- Trusted leaders from **different** backgrounds, professions, and demographics

**“trust is eroded when people you’ve never seen before, suddenly show up out of the blue and start giving you unsolicited advice about how you should make decisions that affect life and death.” –Sherine Guirguis, *Common Thread***

# Lessons Learned #4: Building Trust & Shared Decision-Making

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- Developing trust takes **time**
- Engaging **across sectors**: communities, businesses, the media, governmental public health, and the health care delivery system
- **Words matter**
  - Subjects | Participants | Patients | Clients vs. Partners | Collaborators
- Using **feedback** to inform programs, interventions
- Centering **words and actions** around equity will build trust
- Community engagement is not a **one-time process**



# Lessons Learned #5- Building Public Health Infrastructure & Workforce Capacity

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- Loss in workforce over past decade due to decreased public health funding
- Invest in the **upstream** drivers of health, including health inequities and community resilience
- **Sustained** funding mechanisms that encourage multi-sectoral, multi-jurisdictional collaboration
- **Workforce** retention & recruitment
- Build robust, interoperable public health **digital infrastructure**



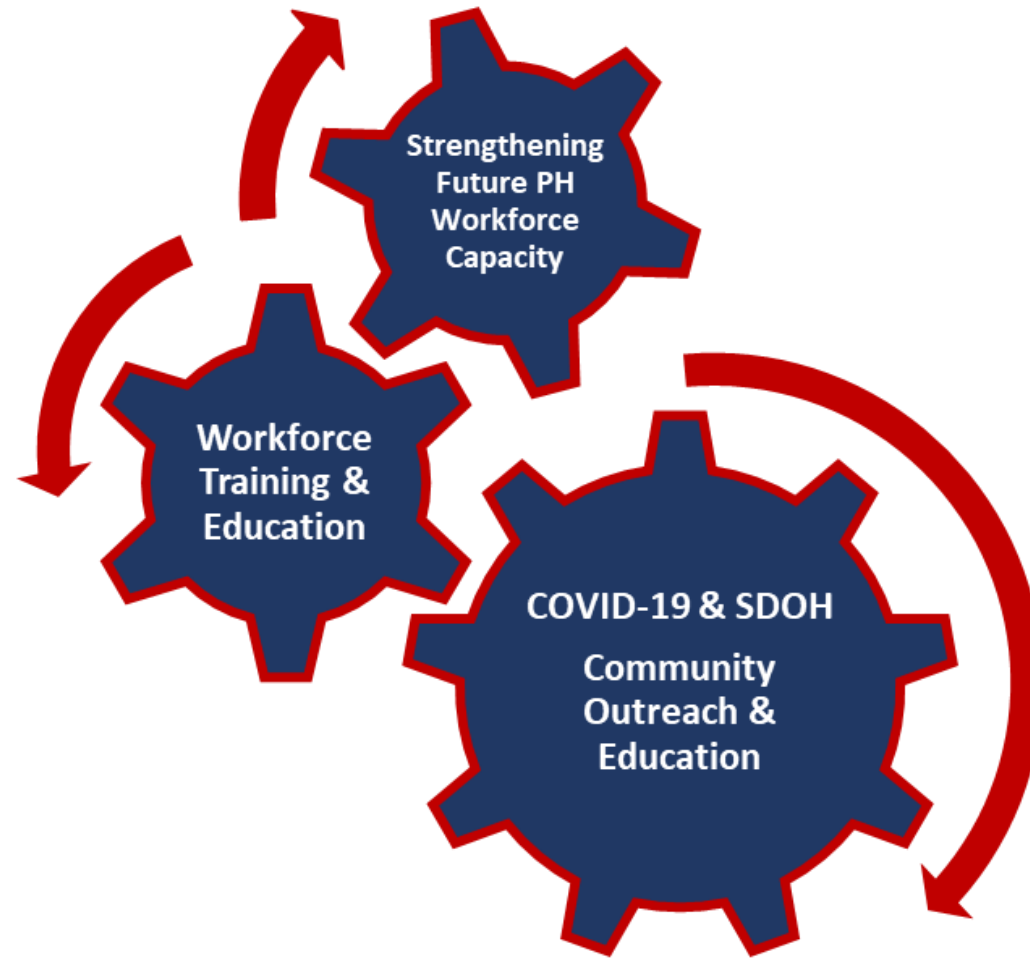


**ADHS-CDC COVID-19 Health Disparities Initiative**  
***AHEAD AZ* Advancing Health Equity, Addressing Disparities in**  
**Arizona**

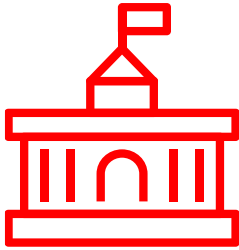
**The overall goal is to **reduce** COVID-19 related health disparities in rural and underserved communities across Arizona.**

# GOALS

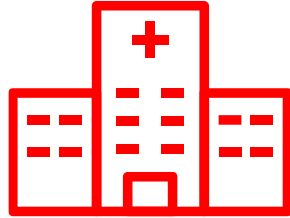
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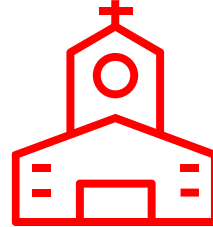
# Mobilizing Partners



Local Health Departments



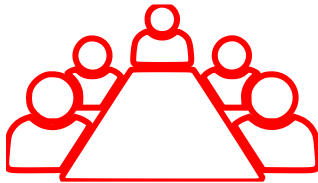
Rural Health Care Settings



Faith Based Organizations



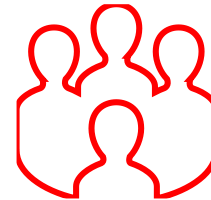
University Partners



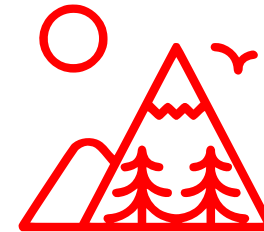
Local Community Advisory  
Boards & Coalitions



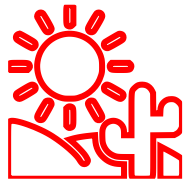
Community Food Banks



Community Based Organizations



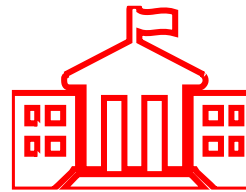
Tribal Organizations



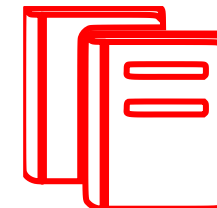
Rural Partners



Non-Profit Organizations



School Districts



Public Libraries





## Arizona **Champions for Public Health** Training Programs

### Youth Program

**Goal:** Engage youth in developing a fundamental understanding of public health

**Target Audience:** High school students

**Topics:**

- Identifying and correcting misinformation
- Contact tracing 101
- Transmission mechanisms
- Mitigation strategies
- Effective risk communication

### Community Program

**Goal:** Build awareness of public health and community resilience; Prepare to lead as community advocates

**Target Audience:**

**Topics:**

- Building vaccine confidence
- Combatting mis/disinformation
- Best practices for health communication
- Identification and promotion of community resources
- Building community resilience

# Practitioner to Practitioner (P2P) Warmline

- Arizona ranks 31st in total active physicians
- The Practitioner-to-Practitioner Warmline seeks to aid in the **transfer of knowledge** between rural physicians and their urban counterparts and **building local capacity**.
- Collaborator: Sai Parthasarathy, MD, *Division of Pulmonary, Allergy, Critical Care & Sleep Medicine University of Arizona College of Medicine*

# Communications Support & Education

## Design Approach

- Keeping target audience at the center of the content and design
- Mapping out the message to address specific disinformation
- Collaborative design with community representatives
- Linguistic, culturally, and age appropriate



**White Mountain**  
REGIONAL MEDICAL CENTER

### Home Primary Care Medical Visits

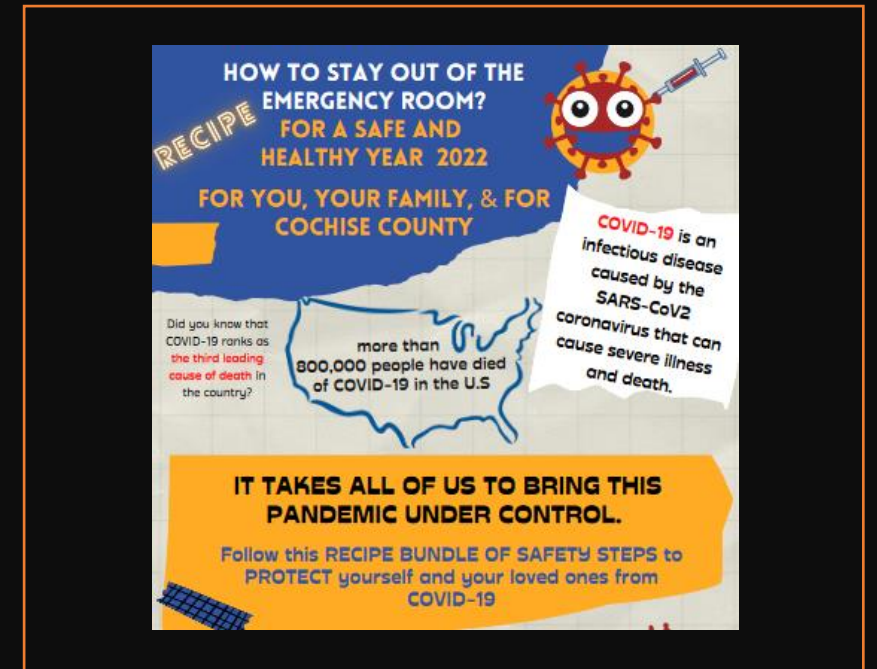
**About:**

- This is a service provided to WMRMC Clinic patients for primary medical care.
- Patients are seen as medically necessary, similar to an in-office visit.
- A nurse practitioner or doctor will come to your home for your medical visit.
- These are not home health nurse, therapist, or aide visits. These take the place of your nurse practitioner or doctor office appointments.
- Home visits are typically scheduled Tuesday, Wednesday, or Thursday during normal office hours.

**Eligibility:**

- Have significant transportation or other barriers getting to an office appointment.
- Be a current or new patient of WMRMC.
- Reside in Springerville, Eagar, Greer, St. Johns, Concho, Vernon, Alpine, Nutrioso, or surrounding areas.
- Approval by your insurance carrier.  
Note that Medicare is accepted.

For more information, call  
**928-333-7333.**



**HOW TO STAY OUT OF THE EMERGENCY ROOM?  
FOR A SAFE AND HEALTHY YEAR 2022**

**FOR YOU, YOUR FAMILY, & FOR COCHISE COUNTY**

**RECIPE**

Did you know that COVID-19 ranks as the **third leading cause of death** in the country?

more than **800,000** people have died of COVID-19 in the U.S.

**COVID-19 is an infectious disease caused by the SARS-CoV2 coronavirus that can cause severe illness and death.**

**IT TAKES ALL OF US TO BRING THIS PANDEMIC UNDER CONTROL.**

Follow this **RECIPE BUNDLE OF SAFETY STEPS** to **PROTECT** yourself and your loved ones from COVID-19

# PES<sup>©</sup> Placemats: Health and Wellbeing through a Purpose, Engagement, Socialization Model

The Joy Bus Placemat
MORE THAN A MEAL:  
Delivering Compassion  
Through the Joy in Food

Welcome aboard the Joy Bus activity placemat! Please enjoy working on this with our UA COM-Phoenix medical students.

Your name: \_\_\_\_\_

Student name: \_\_\_\_\_

**Theme:** Superfoods and Super Spices

Superfoods are loaded with antioxidants and nutrients that lower inflammation and boost our immunity. Some superfoods/spices are berries, leafy greens, nuts and seeds, olive oil, ginger, garlic, turmeric, vinegar, avocado, and cruciferous vegetables like broccoli.

**Recipe To Try**

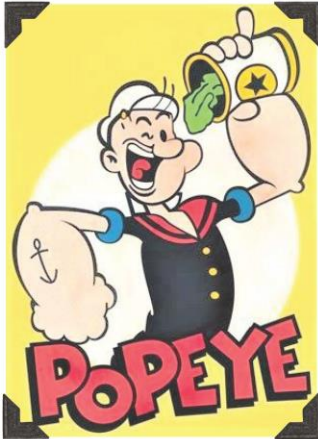
**Dr. Shad's Superfood Salad**

**INGREDIENTS**

1 cup broccoli	4 tbsp of extra virgin olive oil
1 cup leafy greens (spinach, lettuce, kale)	2 tsp Himalayan pink salt
2 tbsp raw sunflower seeds	1 tbsp garlic powder
2 tbsp raw pumpkin seeds	1 tbsp apple cider vinegar
2 tbsp raw nuts (pecans, almonds, walnuts)	2 tomatoes
	1 avocado


Wok stir-fry broccoli with 1 tbsp of olive oil and 1 tsp of salt and garlic powder on medium heat for 4 minutes until blanched. Combine broccoli with remaining ingredients in a salad bowl, mix together, serve and enjoy!

**A Moment in Time**



Popeye the Sailor Man always said, "I'm strong to the finish cause I eats me spinach," and he proved it in hundreds of cartoons.

**Nutrition**




Spinach contains protein, iron and vitamins and is important for skin, hair and bone health.

**My Story**

When I was a kid, my mom always made me eat vegetables like \_\_\_\_\_ (broccoli, brussels sprouts, etc.). I did/ did not (circle one) like eating anything green because it tasted \_\_\_\_\_ (bitter, fresh, sour, bland, dry, sweet, etc.). My \_\_\_\_\_ (parents, grandparents, aunt, uncle, etc) would get me to eat them by warning "\_\_\_\_\_ " (no television, no friends, no dessert, etc.) until I finished eating. As I got older, I learned that green vegetables didn't taste that bad and that some dishes could be made more flavorful with them! Now some of my favorite superfoods are \_\_\_\_\_ (okra, artichokes, steamed carrots, steamed broccoli, etc.).

**People & Profiles**



Henry Hurd Rusby (1855-1940), an American pharmacist, is called the father of economic botany. He collected more than 60,000 botanicals, discovering several new species and documenting their medicinal and health benefits. Many are now used as food and herbal remedies.

Image: NYBGLibrary Archive.

PES is an approved continue education program with the National Certification Council for Activity Professionals.

Educate and provide opportunity for families to engage through conversation and activities

**Purpose:** Reawaken a youthful spirit;  
**Engagement:** Challenge Abilities;  
**Socialization:** Foster communication and sharing of stories

△ **PURPOSE:** Reawaken youthful spirit. △

ster communication and sharing of stories.



# Final Thoughts

The COVID-19 pandemic has:

Highlighted systemic inequities in policies, programs, and communities

Driven the focus away from preparing from other issues influencing health and wellbeing

Made it difficult to have honest, solutions focused conversations that are *not politically charged*



# Building strong systems and resilient communities

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- Think, plan, mobilize in terms of “co-benefits”
- Understand co-harms and planning for storms of crisis
- Imbed health equity in goals, programs and initiatives via strategic planning
- Science-based decision-making through partnerships
- Sustained social services and support systems post COVID
- Population & place-based focus to identify salient, targeted solutions



THE UNIVERSITY OF ARIZONA

Mel & Enid Zuckerman  
College of Public Health

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## Questions and Discussion

Please type your questions and comments into the Zoom Webinar Platform Chat box.

Survey: [https://uarizona.co1.qualtrics.com/jfe/form/SV\\_509kuk7N4mbiQXs](https://uarizona.co1.qualtrics.com/jfe/form/SV_509kuk7N4mbiQXs)

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CONTACT:

Jennifer Peters

[petersjs@arizona.edu](mailto:petersjs@arizona.edu)

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