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# **Arizona Indian Health System Primary Care Workforce Assessment**





**Report prepared by:** Tracy Lenartz, MPH Lenartz Consulting  
**For:** Arizona Advisory Council on Indian Health Care (AACIHC)  
**With any questions, contact:**  
Kim Russell, AACIHC Executive Director at [kim.russell@aacihc.az.gov](mailto:kim.russell@aacihc.az.gov)

## Assessment Overview

The purpose of this statewide environmental scan, commissioned by the Arizona Advisory Council on Indian Health Care (AACIHC), was to assess the American Indian health system workforce challenges and opportunities across Arizona. It is intended as an initial review of accessible secondary data, such as Health Professional Shortage Area federal designations, to highlight known primary care, dental and mental health workforce shortages in Arizona's American Indian health system.

Through this assessment, we have been able to identify gaps in the health workforce data and provide recommendations for the next phase of assessment to more accurately describe the health workforce caring for American Indians in Arizona. This information can be used to craft strategies and programs that aim to improve access to care for American Indians, as well as inform future efforts to establish a sixth Area Health Education Center focusing on the Indian Health System.

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## Executive Summary




Arizona is home to twenty-two sovereign tribes, and over 385,000 American Indians (5.3% of the state's population). While Arizona struggles with primary care workforce shortages statewide, this challenge is amplified in tribal areas. Statewide assessments have shown over and over concerns with lack of access to comprehensive primary care in Arizona's tribal communities, and the resulting health disparities for this population.

This environmental scan is the first phase in assessing the American Indian health system workforce challenges and opportunities in Arizona. Using publicly available data such as federal Health Professional Shortage Area (HPSA) designation status and scores (where higher score equates to higher need), this report: (1) highlights primary care, dental and mental health workforce shortages and (2) identifies recommended next steps in the continued assessment of Arizona's American Indian health system.

### Key Findings

- |   |   |
|---|---|
|  The average tribal <b>Primary Care</b> HPSA score is 19, versus state average of 14.  |  An additional <b>52.53 primary care doctors</b> are needed to eliminate tribal HPSAs. |
|  The average tribal <b>Dental</b> HPSA score is 20, versus state average of 16.        |  An additional <b>40.33 dentists</b> are needed to eliminate tribal HPSAs.             |
|  The average tribal <b>Mental Health</b> HPSA score is 17, versus state average of 16. |  An additional <b>12.21 psychiatrists</b> are needed to eliminate tribal HPSAs.        |

### Recommendations for Future Study

-  Conduct additional workforce surveys with IHS, Urban Indian Health System and tribal facilities, including assessing impact of obligated or temporary providers, providers planning to retire, and number of Medicaid claims. Include smaller tribes that do not have their own HPSAs in assessment.
-  Assess other types of primary care providers, such as Nurse Practitioners, Nurse Midwives, Physician Assistants, Dental Therapists and other behavioral health professionals. Also explore the impact of telemedicine on delivery of primary care.
-  Inventory successful initiatives and strategies, both within Arizona and nationally, that have effectively increased the health workforce serving American Indian populations. This could include pipeline programs, recruitment and retention programs, or other incentives.



## Background

Arizona is home to twenty-two sovereign American Indian tribes, with 5.3% of the state's nearly 7.3 million residents identifying as American Indian. The population of over 385,000 American Indians in Arizona access comprehensive primary care through a system of Indian Health Service (IHS) facilities, tribally-operated ("638") health care organizations and Urban Indian Health Programs. Some also seek care off-reservation in Community Health Centers and other health care clinics.

### *Statewide Health Workforce Shortages*

According to a 2019 Arizona Center for Rural Health Policy Brief, Arizona ranks 44th of all states in total active primary care physicians at 77.9 per 100,000 population, and is projected to need an additional 1,941 primary care physicians by 2030. The statewide shortage is attributed to rapid population growth, aging of primary care physicians (particularly in rural communities where one-quarter plan to retire in the next five year), and decreasing interest in primary care fields among medical students due to inequities in compensation between primary care and specialists.(1) An Arizona Primary Care Workforce Report published by the University of Arizona Center for Rural health found there are large variances in ratio of primary care physicians per 100,000 population between the state's urban areas (80.1) and isolated rural towns (10.1), a category in which many tribal areas would fall into. (2)

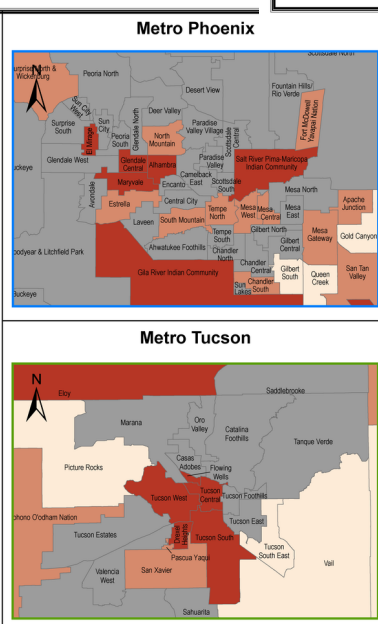
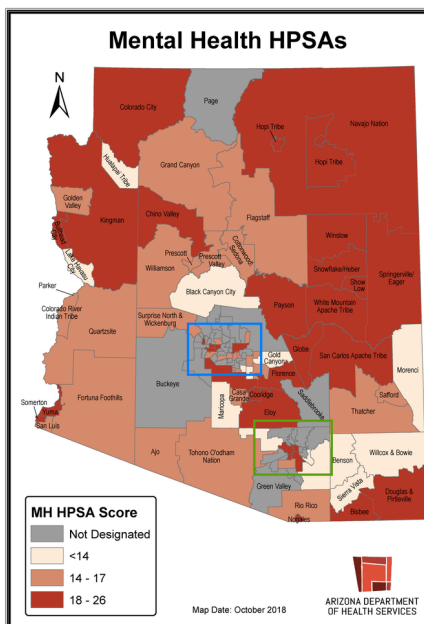
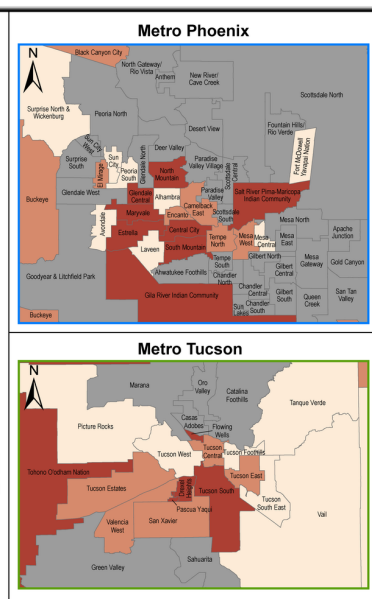
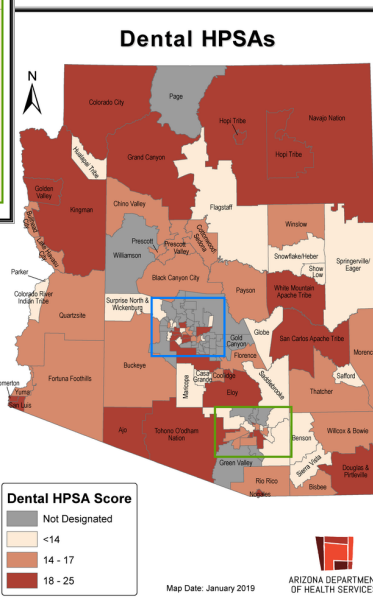
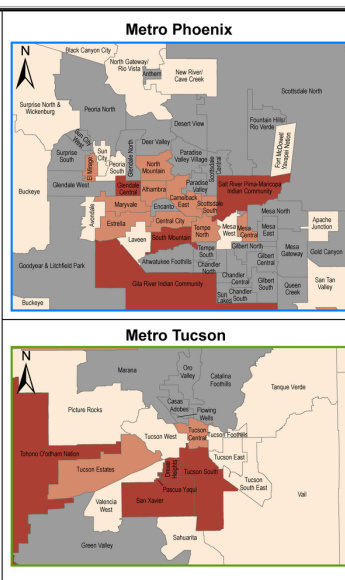
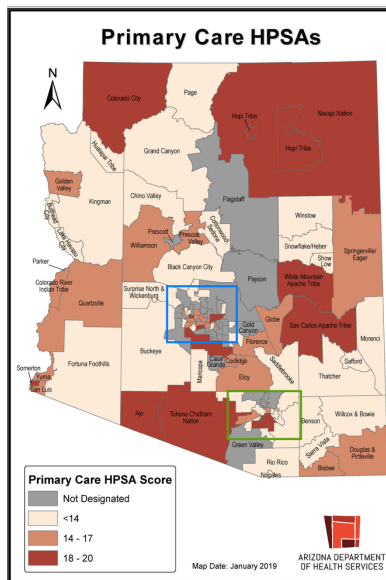
Arizona's health workforce shortages are evident in the total of 644 federally designated **Health Professional Shortage Areas (HPSAs)**, including 220 primary care HPSAs, 211 dental HPSAs, and 213 mental health HPSAs. Over 2.8 million Arizonans live in areas currently designated as primary care HPSAs, 2.3 million in dental HPSAs, and 2.9 million in mental health HPSAs. The Health Resources & Services Administration (HRSA), which designates HPSAs, estimates that in Arizona 40.72% of primary care physician need is met, 34.45% of need for dentists met, and just 11.11% of need for psychiatrists met. An additional 558 primary care physicians, 381 dentists, and 182 psychiatrists would be needed in Arizona to eliminate current HPSA designations.(3)

Maps of current HPSA designations in Arizona are on Page 5. We can see by a glance at these maps, which are shaded with highest need areas in darkest colors, that Arizona's tribal areas are among the most impacted by health workforce shortages in the state. All HPSA designations nationwide are next scheduled to be updated September 2021.





## Current Arizona HPSA Designations





## Background

### *Shortages Specific to the American Indian Health System*

The health system serving American Indians in Arizona includes IHS facilities, 638 health care organizations, and Urban Indian Health Programs. Three of the twelve IHS Service Areas are located in Arizona: Phoenix, Tucson and Navajo. IHS has been consistently underfunded by Congress.

2018 IHS vacancy rates	Physicians	Dentists
	Phoenix Area 28%	Phoenix Area 18%
	Navajo Area 23%	Navajo Area 32%

An analysis completed by the National Congress of American Indians showed that IHS funding would have to nearly double to match the level of care provided to federal prisoners and increase even more than that to meet the level of benefits covered by Medicaid programs.(4)

The Arizona Primary Care Office's 2021 Primary Care Needs Assessment measured each of the state's 126 Primary Care Areas on various metrics related to access to care, health outcomes and social determinants of health. These metrics are combined to create an "Primary Care Index". Results of this index showed tribal areas are among the state's highest need communities. The top six highest scoring areas (most need) were tribal.(5)

Other statewide assessments published by the Arizona Department of Health Services (ADHS) have also highlighted the challenges related to access to health care for American Indians in Arizona. The 2020 Title V Maternal and Child Health Needs Assessment enlisted tribal partners (Inter Tribal Council of Arizona and Dine College/Navajo Department of Health Epidemiology Center) to facilitate tribal community forums. Some of the most pressing health care needs cited by American Indians in these forums were related to health workforce issues: lack of OB/GYN providers, including certified nurse midwives, need to increase availability of mental health care, and lack of oral health care for children and mothers.(6) The 2019 Arizona State Health Assessment published by ADHS stated only about 60% of American Indians in Arizona reported a usual source of health care.(7)

Lack of access to comprehensive primary care contributes to a variety of health disparities experienced by American Indians in Arizona. Some examples:

- American Indian women in AZ experience severe complications during labor and delivery at almost 4 times the rate of White Non-Hispanic women.(8)
- The age-adjusted diabetes mortality rate for American Indians in AZ is nearly 3.5 times that of the state average. (9)
- The life expectancy of American Indians in Arizona is 61 years, 15 years less than the state average of 76 years.(9)



## Background

### *Workforce Recruitment and Retention Programs*

Several workforce recruitment and retention programs aim to increase providers in underserved areas, including tribal areas.

**IHS Loan Repayment** funds clinicians up to \$40,000 to repay their eligible health professional education loans in exchange for a two-year commitment in a facility serving American Indians or Alaskan Natives.

**IHS Scholarships** are provided to American Indian or Alaskan Native students to pursue health professions education.

**National Health Service Corps (NHSC) Loan Repayment Program** provides loan repayment assistance to primary care clinicians in exchange for at least two years of service at an eligible site in a HPSA. HPSA scores of applicants' service sites are used to prioritize awards. This year an additional \$15 million is dedicated for awards to clinicians working in IHS, 638 and Urban Indian sites.

**NHSC Scholar Program** provides scholarships to students pursuing eligible primary care health professions training in exchange for serving in high-need HPSAs upon graduation. The required HPSA score changes yearly. For graduating year 2022, primary care physician, dentist, and psychiatrist Scholars must serve in a HPSA with a score of at least 20 - which many tribal areas meet.

**Arizona State Loan Repayment Program (SLRP)** is administered by the Arizona Department of Health Services and aims to promote the recruitment and retention of health care professionals by repaying their qualifying educational loans in exchange for a two-year commitment to provide primary care services in HPSAs.

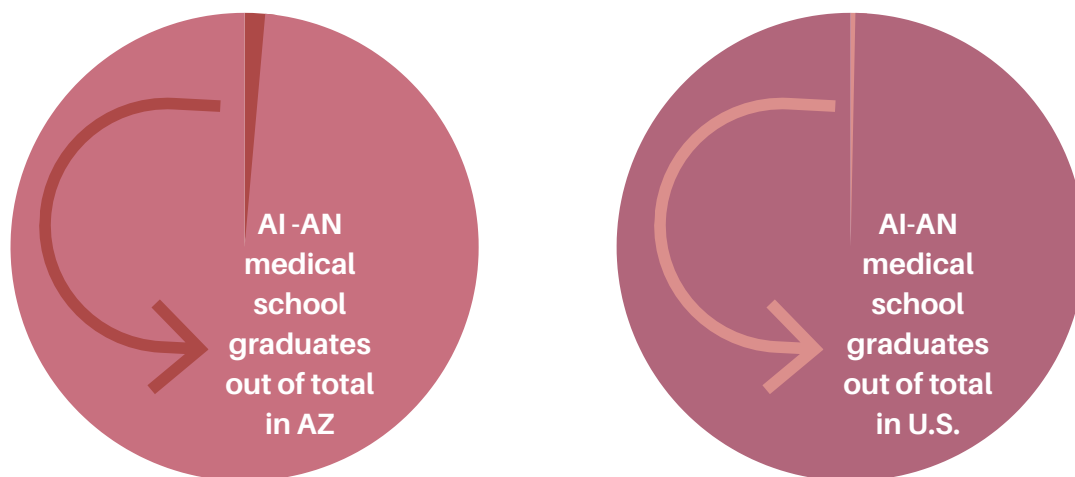
The SLRP requirement for a sliding fee schedule for care has been a barrier for some IHS and tribal sites in the past. To address this concern and increase the impact of SLRP on American Indian populations in the state, a bill was passed in the 2021 Arizona State Legislature that exempts providers at IHS or tribal facilities from having to implement a sliding fee schedule in order to be eligible for SLRP.



## Background

### *American Indians in Medicine*

A promising practice to increase the health care workforce in American Indian communities, while ensuring culturally competent care, is through training more American Indian health care providers who can go on to serve their home communities – often referred to as “growing your own”. Unfortunately, these efforts have fallen flat in Arizona and nationally to date – highlighting the critical need for an Area Health Education Center focused on the American Indian population in Arizona that can implement health professions pipeline programs among Native youth. The most current year (2019-2020) data from the Association of American Medical Colleges (AAMC) shows only 3 American Indian or Alaskan Native (AI-AN) medical school graduates in Arizona, out of 210 total graduates. Nationally, there were 35 AI-AN medical school graduates in that period, out of a total of 10,789 – just 0.3%. (10)



A 2018 AAMC report from the Association of American Medical Colleges (AAMC) highlighted the underrepresentation of American Indians in the medical field, with only 0.56% of active physicians in the United States in 2016 reporting as AI-AN, and just 0.48% of medical school full-time faculty members reporting as AI-AN in 2017. AI-AN medical school matriculant representation actually decreased from 0.39% in 2006-2007 academic year to 0.20% in 2017-2018. Only 11% of the nation’s medical schools include AI-AN health content as part of their curriculum. (11)





## Assessment Approach

### *Data Sources and Methods of Analysis*

This environmental scan serves as an initial review of accessible secondary data, such as Health Professional Shortage Area federal designations, to highlight known primary care, dental and mental health workforce shortages in Arizona's American Indian health system. This section contains descriptions of the data types and sources used throughout this report.

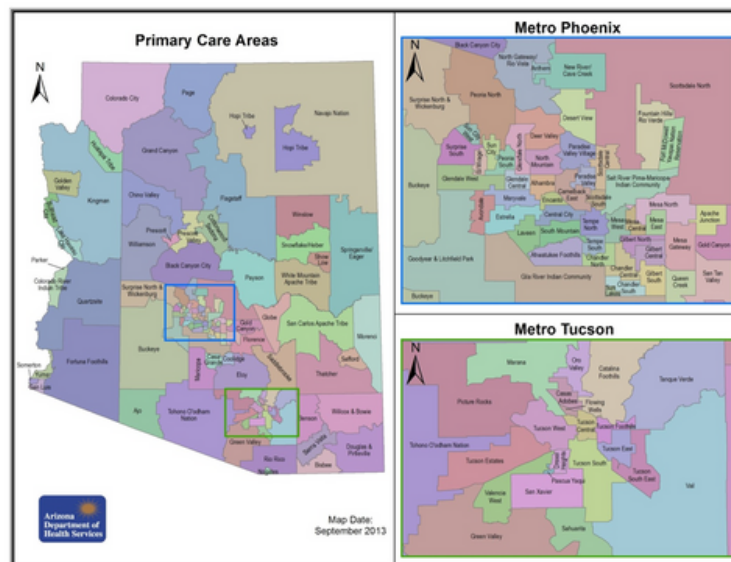
Individual health workforce profiles were completed only for those tribes that align with an Arizona Primary Care Area (PCA).

### *Arizona Primary Care Areas*

PCAs are defined by the Arizona Department of Health Services (ADHS), as required by Arizona State Statute. These geographic areas, which reflect similarities in demographics and primary care utilization, are used for health data analysis and as boundaries for HPSA designations. Wherever possible, the PCA boundaries match Tribal reservation lands. However, because HPSA designations must be at least one census tract, Tribal areas that are smaller than a census tract must be combined with its surrounding geographic area to make up a PCA.

**Half (11 of 22) of Arizona's Federally-Recognized Tribes are their own PCAs.**

**The other half are combined into a PCA with surrounding non-tribal communities.**





## Assessment Approach

### *Health Professional Shortage Area (HPSA) Status*

A Health Professional Shortage Area (HPSA) is a federal designation issued by the Health Resources & Services Administration (HRSA) that identifies a community or facility as having a shortage of providers in one of three disciplines:

**Primary Care:** physicians practicing in family/general medicine, pediatrics, internal medicine or OB/GYN

**Dental:** dentists (general and pediatric)

**Mental Health:** psychiatrists

**Geographic HPSAs** are designated when there are shortages of providers for all people living within a defined geographic area.

**Facility HPSAs** are automatically designated for Indian Health Facilities, including IHS, Tribal/638 and Urban Indian clinics.

### *HPSA Score*

As part of the designation process, HRSA calculates a score for each HPSA using standard national datasets. HPSA scores can range from 0-25 for primary care and mental health HPSAs, and 0-26 for dental HPSAs. The higher the score, the higher the need in that community/population. Three criteria are used in scoring metrics for all disciplines:

- Population-to-provider ratio
- Percent of population below 100% of the Federal Poverty Level
- Travel time to the next nearest source of care (NSC) outside of that HPSA area

Each discipline has additional criteria included in its scoring criteria, as shown in the images below from HRSA (12). HPSA scores are utilized to prioritize areas of greatest need for placement in provider recruitment and retention programs, such as National Health Service Corps and Arizona State Loan Repayment Program.

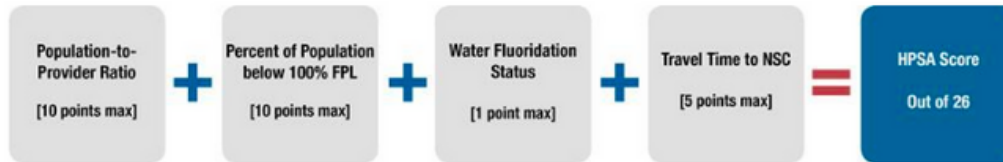
### Primary Care HPSA Score



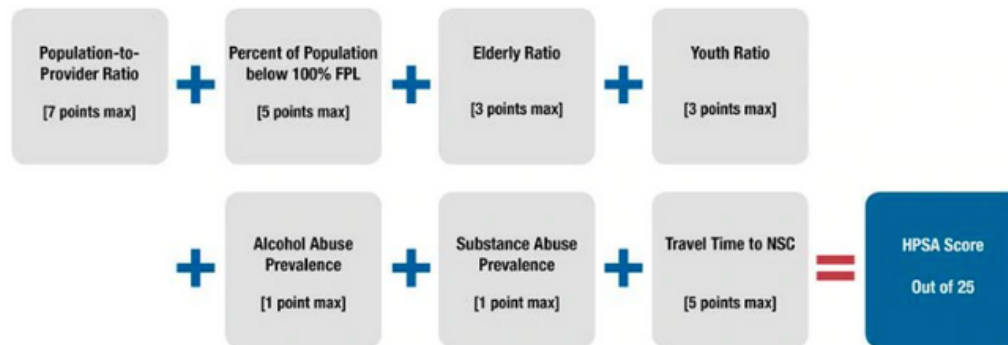


## Assessment Approach

### Dental HPSA Score



### Mental Health HPSA Score



### Population-to-Provider Ratio

This ratio expresses the number of individuals living in this Primary Care Area per one primary care physician, dentist, or psychiatrist. It is calculated by dividing the total PCA population by the number of full-time equivalent (FTE) discipline-specific providers, where 40 hours per week equals 1.0 FTE. The population data was taken from the 2020 ADHS Primary Care Area Statistical Profiles (13), and the number of FTE providers comes from HRSA NPI and Arizona Primary Care Office data. With HPSA designations set to be updated nationally in September 2021, the Primary Care Office is currently conducting provider surveys that may lead to adjustments in these ratios.

The population-to-provider ratio is one of the criteria used to qualify an area for a HPSA designation. It is also an indicator of health workforce adequacy. HRSA considers an area's workforce over-utilized if its population-to-provider ratio exceeds 2,000:1 for primary care, 3,000:1 for dental, or 10,000:1 for mental health (psychiatrists).

### Providers Short

This metric shows the number of additional full-time equivalent (FTE) providers in that specific discipline that would be needed to eliminate the existing HPSA designation. The data comes from HRSA's Data Warehouse/HPSA Find tool: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>. To be clear, adding the number of providers listed would bring the workforce in that discipline up to the minimum adequate level - not necessarily the ideal level for optimum patient care.



## Data Limitations

For this assessment, only secondary and publicly-available data sets were utilized. There are several limitations to these data sets, as described below. This assessment has been an opportunity to better identify the gaps in health workforce data and outline next steps for future study.

### *Tribes' Alignment with Arizona Primary Care Areas*

Some tribes do not have their own PCA – and thus their own HPSA. By federal regulation, HPSAs must be at least a census tract large and meet other criteria that ensure the area is “rational”. Half of Arizona’s federally-recognized tribes are too small to be their own PCA/HPSA, and are combined with nearby non-tribal communities to make up a PCA/HPSA. Because this assessment utilized HPSA status, ratio and provider shortage data, only those tribes that align with an Arizona PCA are included in the individual tribe health workforce profiles. Additional investigation and surveys would be required to distinguish health workforce serving the smaller tribes versus their surrounding communities.

### *Provider Types*

This assessment focused on primary care, including dental and mental health, but only provider types that are assessed to determine HPSA designation were included. Per federal regulation, those are physicians (MDs and DOs) practicing in family/general medicine, pediatrics, internal medicine and OB/GYN; dentists; and psychiatrists. While other health provider types deliver primary care to American Indians in Arizona, data for those professionals were not readily available to meet this assessment timeline.

### *Provider Data Availability and Accuracy*

The base provider dataset used by HRSA for its shortage designations – CMS’ NPI data -has proven to be lacking in accuracy. It often does not account for providers who have recently moved, practice at more than one location, or are retired. The Arizona Primary Care Office within ADHS works to improve on the NPI data by conducting telephone surveys of all the providers on the list. However, tribal areas are notoriously inaccurate. Some providers within the Indian Health System are licensed in other states, and not captured in Arizona’s data set. Federal Commissioned Officers are excluded from the count. Locum tenens are frequently utilized in the Indian Health System and likely get missed in the count, or counted at a facility they are no longer serving. We don’t have good data to assess the number of tribal providers who are currently obligated to IHS, National Health Service Corps or state Loan Repayment and Scholarship programs. Additional time and efforts to establish points of contact at all Indian Health System sites in the state and to collect current provider data from those contacts would greatly enhance the accuracy.





## Statewide Summary: Arizona's American Indian Health System Workforce

### *Overview*

According to U.S. Census 2019 population estimates, 5.3% of Arizona's 7,278,717 residents are American Indian. (14) That equates to 385,772 American Indians in our state in need of comprehensive primary and preventive care.

This assessment examined shortages in 12 tribal Arizona Primary Care Areas: Colorado River Indian Tribes, Fort McDowell Yavapai Nation, Gila River Indian Community, Hopi Tribe, Hualapai Tribe, Navajo Nation, Pascua Yaqui Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, Tohono O'odham Nation, Tohono O'odham Nation San Xavier District, and White Mountain Apache Tribe. The health workforce challenges facing these areas are summarized by discipline on the following pages.

Arizona needs an additional 558 primary care physicians, 381 dentists, and 182 psychiatrists to remove all HPSAs (15). Of those, 9% of the primary care physicians, 11% of the dentists and 7% of the psychiatrists would need to go to these tribal PCAs. These shortages are over-represented in tribal communities, which make up about 5% of the state's population.

The average HPSA scores for these tribal PCAs are 18 for primary care, 20 for dental and 17 for mental health. This is higher than the statewide HPSA score averages of 14 for primary care, 16 for dental and 16 for mental health. Those tribal PCAs with lower HPSA scores in the 10-14 range have smaller populations, making it impossible to score highly on the population-to-provider portion of the scoring scale unless they have zero providers. The facility HPSA scores for IHS and 638 facilities in these areas have even higher HPSA scores – averages of 19 for primary care, 22 for dental and 19 for mental health. Facility HPSAs of all types tend to score higher than area HPSAs because data specific to that patient base is used. These are higher than average scores among other types of facility HPSAs such as Community Health Centers and Rural Health Clinics, which are 17 for primary care, 21 for dental and 19 for mental health.





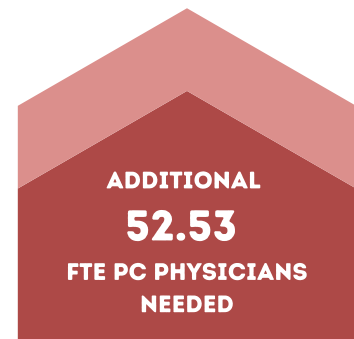
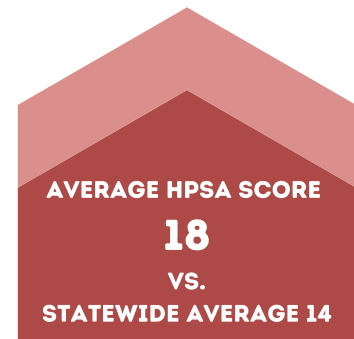
## Statewide Summary: Arizona's American Indian Health Workforce

### Primary Care

All twelve of the tribal PCAs are currently designated as Primary Care HPSAs. Their HPSA scores range from 10-20, with an average score of 18. Over half (58%) of the areas have a HPSA score of 20 or higher. The average facility primary care HPSA score is 19, ranging from 17 to 21.

The overall population-to-primary care physician ratio in these tribal PCAs is 5,815:1 – above the HPSA threshold of 3,500:1 and far exceeding the ratio at which HRSA considers a community's workforce over-utilized (2,000:1).

These tribal areas need an additional 52.53 FTE primary care physicians to eliminate the HPSA designations and reach an adequate level of primary health care workforce. The Navajo Nation's share of those providers short is 60%.

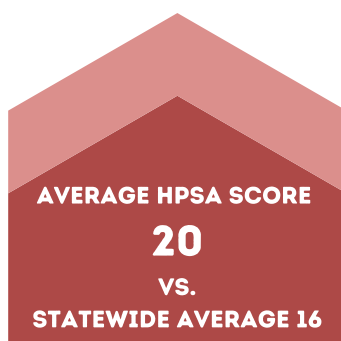


### Dental

All twelve of the tribal PCAs are currently designated as Dental HPSAs. Their HPSA scores range from 13-25, with an average score of 20. Two-thirds (67%) of the areas have a HPSA score of 20 or higher. The average facility dental HPSA score is 22, ranging from 18 to 26. All but two facilities (92%) have scores of 20 or higher.

The overall population-to-dentist ratio in these tribal PCAs is 6,688:1 – above the HPSA threshold of 5,000:1 and far exceeding the ratio at which HRSA considers a community's workforce over-utilized (3,000:1).

These tribal areas need an additional 40.33 FTE dentists to eliminate the HPSA designations and reach an adequate level of oral health workforce. The Navajo Nation's share of those providers short is 61%.





## Statewide Summary: Arizona's American Indian Health Workforce

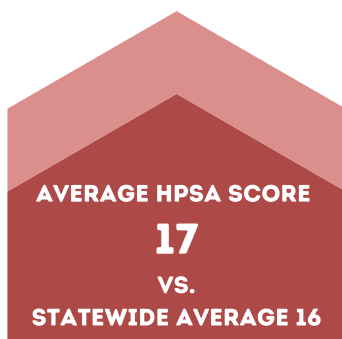
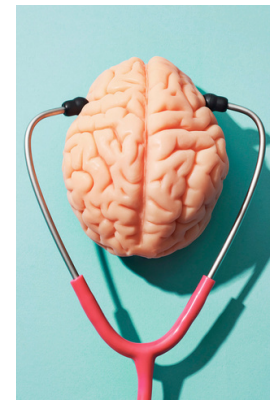
### ***Mental Health***

All twelve of the tribal PCAs are currently designated as Mental Health HPSAs. Their HPSA scores range from 12-20, with an average score of 17. One-third (33%) of the areas have a HPSA score of 20 or higher.

The average facility mental health HPSA score is 19, ranging from 13 to 22. Over half of the facilities (58%) have scores of 20 or greater.

The overall population-to-psychiatrist ratio in these tribal PCAs is 31,792:1 – above the HPSA threshold of 30,000:1 and far exceeding the ratio at which HRSA considers a community's workforce over-utilized (10,000:1).

These tribal areas need an additional 12.21 FTE psychiatrists to eliminate the HPSA designations and reach an adequate level of mental health workforce. The Navajo Nation's share of those providers short is 53%.



### ***Health Workforce Profiles***

The following pages contain health workforce profiles for each of the twelve tribal PCAs. The profiles indicate HPSA status with a check mark, the current HPSA score, population-to-provider ratio, and number of providers short for each discipline. Also listed are the IHS and/or 638 health care facilities that serve that area, along with their current facility HPSA scores for each discipline.



## Health Workforce Profiles

### Colorado River Indian Tribes

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	17	4,395:0	1.57
Dental	✓	13	4,395:1	0.24
Mental Health	✓	15	4,395:0	0.31

#### Health Care Facilities Serving Tribe

Parker IHS Hospital

- Primary Care Facility HPSA, score 17
- Dental Facility HPSA, score 20
- Mental Health Facility HPSA, score 13







## Health Workforce Profiles

### Fort McDowell Yavapai Nation

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	10	898:1	0.17
Dental	✓	13	1,078:0	0.26
Mental Health	✓	14	1,078:0	0.7

### Health Care Facilities Serving Tribe

Wassaja Memorial Health Center

- Primary Care Facility HPSA, score 18
- Dental Facility HPSA, score 20
- Mental Health Facility HPSA, score 17





## Health Workforce Profiles

### Gila River Indian Community

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	20	2,152:1	3.35
Dental	✓	25	4,753:1	3.32
Mental Health	✓	20	14,260:0	0.88

### Health Care Facilities Serving Tribe

*Primary Care (PC); Dental (D); Mental Health (MH) Facility HPSA Scores*

Hu Hu Kam Memorial Hospital

- PC 18; D 20; MH 18

Komatke Health Center

- PC 18; D 20; MH 18

Hau'Pal (Red Tail Hawk) Health Center

- PC 18; D 21; MH 19





## Health Workforce Profiles

**Hopi Tribe**

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	19	1,163:1	2.57
Dental	✓	21	4,355:1	1.94
Mental Health	✓	20	11,977:1	0.86

**Health Care Facilities Serving Tribe**

## Hopi Health Care Center

- Primary Care Facility HPSA, score 20
- Dental Facility HPSA, score 23
- Mental Health Facility HPSA, score 20

## Tuba City Regional Health Care Corporation

- Primary Care Facility HPSA, score 20
- Dental Facility HPSA, score 22
- Mental Health Facility HPSA, score 20

*\*Note:*

*Because of how the Census Tracts fall, part of Navajo Nation (Tuba City in particular) is located within the Hopi Primary Care Area.*







## Health Workforce Profiles

### Hualapai Tribe

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	12	1,433:0	0.34
Dental	✓	13	1,433:0	0.26
Mental Health	✓	12	1,433:0	0.07

### Health Care Facilities Serving Tribe

Peach Springs Health Center

- Primary Care Facility HPSA, score 17
- Dental Facility HPSA, score 18
- Mental Health Facility HPSA, score 13







## Health Workforce Profiles

### Navajo Nation

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	20	3,850:1	31.58
Dental	✓	23	7,700:1	24.44
Mental Health	✓	21	50,048:1	6.52

### Health Care Facilities Serving Tribe

*Primary Care (PC); Dental (D); Mental Health (MH) Facility HPSA Scores*

Chinle Comprehensive Health Care Facility

- PC 20; D 24; MH 20

Kayenta Health Center

- PC 20; D 22; MH 19

Tsaile Indian Health Center

- PC 20; D 24; MH 20

Tuba City Regional Health Care Corporation

- PC 20; D 22; MH 20

Winslow Indian Health Care Center

- PC 19; D 22; MH 19

Sage Memorial Hospital

- PC 20; D 24; MH 20

Inscription House Health Center

- PC 19; D 22; MH 19

Pinon Health Station

- PC 20; D 24; MH 21

Dilkon Health Clinic

- PC 19; D 22; MH 20

Fort Defiance Indian Hospital/Tsehootsoii

- PC 20; D 22; MH 19

Nahata Dził Health Center

- PC 20; D 24; MH 20

Lechee Clinic

- PC 18; D 19; MH 18





## Health Workforce Profiles

### Pascua Yaqui Tribe

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	20	1,814:1	1.09
Dental	✓	23	1,814:1	0.95
Mental Health	✓	16	3,628:1	0.25

### Health Care Facilities Serving Tribe

El Rio Health - Pascua Yaqui Health Center

- Primary Care Facility HPSA, score 19
- Dental Facility HPSA, score 22
- Mental Health Facility HPSA, score 20







## Health Workforce Profiles

**Salt River Pima-Maricopa Indian Community**

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	18	1,270:1	1.17
Dental	✓	21	1,511:1	0.86
Mental Health	✓	19	6,987:0	0.41

**Health Care Facilities Serving Tribe**

## Salt River Health Center

- Primary Care Facility HPSA, score 18
- Dental Facility HPSA, score 19
- Mental Health Facility HPSA, score 18





## Health Workforce Profiles

### San Carlos Apache Tribe

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	20	10,347:1	3.44
Dental	✓	23	3,449:1	2.58
Mental Health	✓	20	10,347:0	0.69

#### Health Care Facilities Serving Tribe

##### San Carlos Apache Healthcare

- Primary Care Facility HPSA, score 21
- Dental Facility HPSA, score 24
- Mental Health Facility HPSA, score 19

##### Clarence Wesley Health Center

- Primary Care Facility HPSA, score 20
- Dental Facility HPSA, score 23
- Mental Health Facility HPSA, score 19





## Health Workforce Profiles

**Tohono O'odham Nation**

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	20	3,820:1	2.18
Dental	✓	23	7,639:0	1.64
Mental Health	✓	17	7,639:0	0.44

**Health Care Facilities Serving Tribe**

*Primary Care (PC); Dental (D); Mental Health (MH) Facility HPSA Scores*

Sells IHS Hospital

- PC 21; D 26; MH 21

Santa Rosa Clinic

- PC 19; D 22; MH 20

San Simon Health Center

- PC 21; D 26; MH 22







## Health Workforce Profiles

### Tohono O'odham Nation - San Xavier District

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	20	1,963:0	0.38
Dental	✓	15	1,963:1	0.32
Mental Health	✓	15	1,963:0	0.14

#### Health Care Facilities Serving Tribe

##### San Xavier Health Center

- Primary Care Facility HPSA, score 19
- Dental Facility HPSA, score 22
- Mental Health Facility HPSA, score 20





## Health Workforce Profiles

### White Mountain Apache Tribe

	HPSA	HPSA Score	Pop: Provider Ratio	Provider FTE Short
Primary Care	✓	20	13,411:0	4.69
Dental	✓	23	13,411:0	3.52
Mental Health	✓	19	13,411:1	0.94

### Health Care Facilities Serving Tribe

#### Cibecue Health Center

- Primary Care Facility HPSA, score 20
- Dental Facility HPSA, score 24
- Mental Health Facility HPSA, score 16

#### Whiteriver IHS Hospital

- Primary Care Facility HPSA, score 20
- Dental Facility HPSA, score 24
- Mental Health Facility HPSA, score 21





## Other Health Care Facilities Serving American Indians in Arizona

### *Urban Indian Health Programs*

According to U.S. Census data, about 113,000 American Indians live in Maricopa County - 30% of the state's total American Indian population. (16) In fact, Phoenix is the only major metropolitan area in the country with over 100,000 individuals identifying solely as American Indian. (17)

Urban Indian Health Programs are private, non-profit organizations providing a range of health care and social services to American Indians living in urban areas. There are four Urban Indian Health Programs in Arizona:

**Native Americans for Community Action (NACA)**, Flagstaff - providing primary care, behavioral health and wellness services.

**Native Health**, Phoenix metro area - Community Health Center offering primary care, dental, behavioral health, and community health/wellness at three sites.

**Native American Connections** - integrated behavioral health and primary care.

**Tucson Indian Center** - offers individual and group wellness services, and provides referrals and transportation to culturally appropriate health care providers.

### *Phoenix Indian Medical Center*

In addition to the Urban Indian Health Programs, the largest facility of the Phoenix Area Indian Health Service - Phoenix Indian Medical Center (PIMC) - is located near downtown Phoenix.

PIMC is a Joint Commission accredited 127-bed hospital offering a wide range of primary care, emergency care and speciality services to both urban and rural tribal members. PIMC's speciality health care professionals travel throughout the Phoenix Area region to provide direct services and guidance to other IHS health centers. PIMC is home to Centers of Excellence in Diabetes, Endocrinology, HIV and Oncology.

PIMC provides direct health care to over 150,000 patients coming from many different tribes. The tribes most represented among PIMC patients include Navajo Nation, Salt River Pima-Maricopa Indian Tribe, Pascua Yaqui Tribe, Gila River Indian Community, and the Tohono O'odham Nation. (18)

PIMC has facility HPSA designations for primary care (score=19), dental (score=20), and mental health (score=19).



## Other Health Care Facilities Serving Arizona's American Indians

### *Community Health Centers*

Community Health Centers (CHCs) are clinics that receive federal grant funding to provide high-quality, comprehensive primary care health services, including oral health and mental health. CHCs provide health care regardless of patients' ability to pay and utilize a sliding fee scale. Arizona currently has 23 health center grantees, with over 170 sites around the state.

One of these CHCs is a Mobile Health Program operated by a Tribal 638 organization (TCRHCC), and another is an Urban Indian Health Program (Native Health). Arizona's CHCs served 743,108 total patients in 2019, and over 31,000 of those were American Indian patients. Below are the number of American Indians served by each Health Center, and the percent of their total patients who are American Indian. (19)

CHC Name	# AI Served	% Patients AI
Adelante Healthcare	785	1.35%
Ajo CHC (Desert Senita)	126	5.08%
Canyonlands Community Health Care	5,337	35.0%
Chiricahua CHC	257	0.98%
Circle the City	918	17.79%
El Rio Health Center	8,244	7.59%
Horizon Health and Wellness	282	4.07%
Marana Health Center (MHC)	527	0.91%
Valleywise Health	960	1.14%
Mariposa CHC	43	0.19%
Mountain Park Health Center	501	0.81%
Native Health	4,383	55.17%
Neighborhood Outreach Access to Health (NOAH)	578	1.76%
North Country HealthCare	4,740	9.78%
Sun Life Family Health Center	281	0.71%
Sunset CHC	88	0.30%
TERROS	83	2.39%
Tuba City Regional Health Care Corp (TCRHCC)	2,906	98.98%
United CHC	187	1.31%
Valle del Sol	18	0.40%
Wesley CHC	21	1.67%
Yavapai County Community Health Services	228	2.04%



## Recommendations for Future Study

The data limitations identified through this environmental scan lend themselves to recommendations for future assessment to more accurately describe the health workforce caring for Arizona's American Indians. The opportunities for future study described below hold promise in guiding design of strategies and programs that aim to improve access to care for American Indians, as well as to continue to inform efforts to establish a sixth Area Health Education Center focusing on the Indian Health System.



### ***Conduct Health Workforce Surveys***

The accuracy of the population-to-provider ratios displayed in this report could be enhanced by conducting surveys with IHS, Tribal/638 and Urban Indian facilities within Arizona. Establishing a point of contact within these facilities would allow an opportunity to determine instances when providers are being undercounted due to being licensed outside of Arizona. Also important would be to address instability of health workforce through these surveys due to factors such as locum tenens, participation in recruitment and retention programs like National Health Service Corps and IHS Loan Repayment, and anticipated retirement within next 5 years. Finally, reviewing the number of Medicaid claims from providers at these facilities would provide insight into the extent to which this population is using Medicaid.

### ***Explore Additional Provider Types***

This environmental scan only describes provider types that are captured with HPSA designations: physicians (MDs and DOs) for primary care HPSAs, dentists for dental HPSAs, and psychiatrists for mental health HPSAs. Of course, we know there are many other health care provider types that are critical to comprehensive primary care. Future analyses could be done to quantify the number of Nurse Practitioners, Physician Assistants, and Nurse Midwives providing primary medical care, and numerous behavioral health professionals providing mental health care. Within oral health, it would be important to examine the impact of Dental Therapists in tribal settings.







## Recommendations for Future Study



### ***Assess Smaller Tribes***

As explained earlier, this assessment individual health workforce profiles were only compiled for tribes that have their own PCA, thus aligning with HPSA designation boundaries. The availability of high quality and culturally competent health care for smaller tribes is equally important. Similar health workforce profiles could be developed for smaller tribes through further analysis of healthcare facilities located in those areas and surveys to those facilities.

### ***Consider Impact of Telehealth***

Telehealth has grown increasingly important in ensuring Arizona's rural communities have access to health care, and this need has been amplified over the past year of COVID-19. Many health care providers have adopted telemedicine over this time to ensure their patients can continue to receive critical primary care and preventive health, while limiting the virus' spread. The increased use of telehealth likely will not fade, even as life returns to more of a pre-pandemic "normal.". Incorporating questions about the use of telehealth into future surveys of Arizona's Indian Health System facilities would provide valuable insight into future health workforce challenges and opportunities..



### ***Inventory Successful Programs***

Conduct research on initiatives and strategies, both within Arizona and nationally, that have successfully increased the health workforce serving American Indian populations. This may include health pipeline programs that raise interest among American Indian youth in health care professions, as well as recruitment and retention programs such as Loan Repayment or other incentives. A literature review can uncover promising practices nationally that could be replicated within our state, but this should go hand-in-hand with exploring strategies already being utilized by Arizona's Indian Health System facilities.



## Conclusion

It is our hope that this report will inspire dialogue among Arizona's tribes on how to best respond to the primary care workforce challenges in our state's American Indian Health System. The health professional shortages in primary care, dental and mental health are clearly demonstrated, but this report is just the first phase in examining these gaps in care and strategies to increase the health workforce serving Arizona's American Indians.

Questions to guide this ongoing dialogue and future health workforce assessment include:

- Can accuracy of provider counts for tribal PCAs be improved?
- Do health workforce and/or access to care challenges exist for Arizona's smaller tribes?
- How will healthcare provider retirements and potential relocation of obligated providers impact the workforce in tribal areas over the coming five years and beyond?
- What do stakeholders within Arizona's American Indian Health System and other tribal partners believe are the most significant challenges and opportunities related to primary care workforce
- Are there existing strategies or programs that have proven effective in recruiting and retaining healthcare providers in tribal areas, or have increased American Indian youth's interest in health professions?





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