



## COVID-19 Health Disparities Grant

### Q1: What is the COVID-19 Health Disparities Grant?

A: The COVID-19 Health Disparities Grant is a shorter name for the Centers for Disease Control and Prevention's (CDC's) ***National Initiative to Address COVID-19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities***.

- [CDC - COVID Disparities OT21 2103 - Partnerships - STLT Gateway](#)

The Arizona Advisory Council on Indian Health Care (AACIHC) received a portion of this grant from the Arizona Department of Health Services (ADHS) and seeks to reduce health disparities amongst the Tribes and tribal communities during the current COVID-19 pandemic *and* during any future pandemics, by providing informational resources for Tribes and tribal communities and by establishing a ***Tribal Pandemic Coalition***.

### Q2: How is the AACIHC using the COVID-19 Health Disparities Grant?

A: Detailed information surrounding the Health Disparities Grant can be found on the AACIHC's website, in the COVID-19 Health Disparities FAQ document located [here](#).

The AACIHC shall:

- Establish and coordinate ***a statewide COVID-19 Tribal Pandemic Coalition (TPC)*** that shall coordinate in real-time and meet quarterly. The TPC's goal is to aid the ongoing pandemic, and plan for any future potential pandemics, by identifying best pandemic practices and barriers encountered by Tribes and tribal communities, and strategizing on the best solutions.
- Hold ***Forums and Trainings on topics of interest***, as identified and/or requested by the Tribes, tribal communities, the TPC, and the AACIHC. The forums will be held quarterly, and will provide an overview of all the new materials, resources, and information made available by the grant.
- Create a ***Pandemic Resource Toolbox***, that will be housed on the [AACIHC's website](#) (<https://aacihc.az.gov/>) and shall include a plethora of culturally relevant information aimed at assisting Tribes and tribal communities in the ongoing pandemic, so that it can act as a 'central location/repository' of materials needed for future pandemics. It will include items such as:
  - Flyers, PowerPoints, PDFs, templates and videos for ***both*** community members and providers;
  - Guides to best practices for contact tracing, data collection, and reporting;
  - Pandemic policies, procedures, and quarantine guidelines established by tribal communities;
  - Public health models;
  - Data regarding social determinants and other identified factors contributing to and/or exacerbating illness outcomes;
  - Infrastructure materials, such as how to establish an Alternate Care Site; and
  - Training modules for both the community and providers.
- Help Tribes and tribal communities with pandemic related activities ***in real time*** as requested.



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- Hold a **Health Disparities Summit**. The Summit will be a final wrap up, where **all information and resources that have been compiled, gathered, and/or created by the team and Tribal Pandemic Coalition is presented and given back to the Tribes and tribal communities**. The Health Disparities Summit will include information on social determinants of health, and will be between 1-3 days in length.

The goal of the grant is to ensure that all **best practices, resources, and communicated barriers** are **reported back to the Tribes and tribal communities on a quarterly basis**. All resources shall be developed in collaboration with Tribal representation, and given back to the Tribes and tribal communities who have assisted in their creation.

### Q3: How can I join the Tribal Pandemic Coalition, and where can I find additional information about the AACIHC's COVID-19 Health Disparities Grant?

A: Anyone who wishes to join the coalition may do so by emailing Alison Lovell at [alison.lovell@aacihc.az.gov](mailto:alison.lovell@aacihc.az.gov)

- Additional information will soon be available on the [AACIHC's website](#), under a new tab titled "**Grants**" located at <https://aacihc.az.gov/grants>.