



## AACIHC Board Meeting Minutes 8/28/2023

Arizona Advisory Council on Indian Health Care (AACIHC)

Virtual Meeting Minutes

Monday, Aug 28, 2023 | 2:00-4:00 pm AZ time

### **Members Present:**

Daniel Preston III, Tohono O'odham Nation  
Candida Hunter, First Things First  
Christine Holden, Tribal Liaison, AHCCCS  
Gerilene Haskon, Tribal Liaison, ADHS  
Jessica Rudolfo, White Mountain Apache Tribe

### **Federal Technical Advisor:**

Cynthia Lemesh, Centers for Medicare and Medicaid Services

### **Guests and AACIHC Staff Present:**

Alison Lovell, AACIHC Grants Manager/Interim Director  
Jeffrey Axtell, AACIHC Grants Manager - AHEC  
Tashina Machain, AACIHC Grants Coordinator-AHEC  
Isabella Denton, AACIHC Grants Manager  
Archie Mariano, AACIHC Program Specialist  
Ashley Lazaro, AACIHC Training Officer II  
Kiani Becerra, AACIHC Grants Coordinator  
Keye Garman, AACIHC Epidemiologist  
Summer Hassan, AACIHC Program Specialist  
Anthony Enoch Jr, AACIHC Program Specialist  
Debra Gonzales, AACIHC Exec Assistant  
David Dawley, Director, Hualapai Health Education and Wellness Dept. (Board Member in process)  
Verna Johnson, Project Mgr, Health & Human Services, ITCA (Board Member in process)

### **MINUTES:**

- I. **Meeting Called to Order** - We started the meeting at 2:06 PM without a full quorum
- II. **Welcome and Introductions**
- III. **Roll Call / Establishment of Quorum** - We had a roll call again and we reached full quorum at 2:21 PM
- IV. **Adoption of Meeting Agenda (Action Item)** Candida moved to accept Agenda for this meeting, Christine seconded – motion passed
  
- V. **Approval of Meeting Minutes**
  - a. March 23, 2023 (Action Item) Candida moved to accept these meeting minutes, Gerilene seconded – motion passed
  - b. May 24, 2023 (Action Item) Candida moved to accept these meeting minutes, Gerilene seconded – motion passed

## VI Reports

### a. Directors Report

- i. **Budget Updates** - agency budget must be submitted every year. We submitted our budget for next year and that starts July 1 2024 to June 30th of 2025.
- ii. **New Position Requests for FY25** - We have requested three new positions to be funded in addition to our current staff, three health educator positions and those individuals can go anywhere in the state, work from anywhere in the state and provide health, education, materials and individuals. They can provide training, virtually or in person. They will be able to continue a lot of the work that has been done with the agency previously under the grants once the grants go away.
- iii. **Filling Vacant Positions** - interviews are in process at this time for the open positions
- iv. **Filling AACIHC Council Member Vacancies** - the three nominations that we sent to the AZ Boards and Commissions is still processing the requests.

### b. Grant Reports

- i. **AZHIP**- We are conducting the housing assessment. We have selected a consultant, and moved forward with our first initial meeting with the consultant that is in our advisory group. We've amended the timeline and it looks like we'll have a housing report at the end of January, along with that, we are currently reading for the draft survey tool. That will be completed for a review next week As for the State Tribal Epidemiology Summit, we have completed our third meeting. We had really great discussions and it's really leading us somewhere in terms of the summit direction. We've actually completed the Timeline for the summit and it will be occurring in January of next year and we have outreached the participating office in the governor's office to see if we could have a breakout session. You go over the state tribal epidemiology summit with tribal leaders and then give them brief and policy recommendations in terms of accessing state agency data. Right now, we are currently creating the proposal for that and hopefully we'll be submitting that proposal before September 15th.

- ii. **CDC-CCR** - For the CDC-CCR grant update we are about to start year three on August 31st, this will be our final year. And we completed all of our deliverables for the years one and year two, we are carrying over a little under four million dollars into year three to be spent, we have six tribal chi programs who are receiving funding in Year Three and then also Northern Arizona University, and our CHR annual summit, which is a grant deliverable is planned for November 7th, to the 9th and registration is almost filled. And we are getting all set for year three and we have a lot of great things planned for our last year.
- iii. **Covid -19 Health Disparities** - We've been working on a lot of different things. As of today we've made about a hundred and fifty different infographics, posters and pamphlets, things of that nature on a variety of topics, everything from Covid information in terms of Covid safety, How to wear Mask, Why You Should Wear Masks. But in our meetings with the Tribal Pandemic Coalition we keep hearing over and over again that the CDC would say, Hey do this or do that, but they do not explain to people Why? So we've been trying to fill in that gap. The other thing we've done is, We've actually now created the training that we're planning to roll out with winter. We're going to be doing a whole virtual training series and also a closer to home series that's going to be going out into different tribal communities, and bringing information to people closer to their front door. So they only have to drive down the street to get it if they are interested and we're gonna present a variety of information tools to people that range from covid information to health insurance information. A lot of people don't understand the difference between American Indian Health Program, and Complete Care Plan or ACC MCO plan so we can provide them with those tools to explain the difference. Here's the pros and cons of both. Here's the potential benefit to both and that assurance that no matter what you choose. You can still get services at an IHS 638 or Urban Indian Health organization. We can provide some billing help to any providers that happen to show up if they have questions about billing because two members of our team are from an old education team for providers specifically, so we can still provide that information. Along with Health literacy information, So, we can provide all of those topics, but more to the point, we did an analysis and we're in the process of doing an additional analysis of actual hard claim data, and those are actually health care claims specific for American Indian and Alaskan native individuals in Arizona. And when we took a look at these claims, as they related to the covid-19 claims, we noticed a pattern of social determinants of health exacerbated, And that's worldwide data. That's not national data that all of Arizona data or Tribal members. We're going to the expert, bringing them to the community and using our own expertise on these items to try to assist community members through that closer to home series. We are in the process of securing locations and getting set up. We've also gone out into the community a few times, our most recent event was at Dine college in Window Rock Arizona. We were able to provide them with some educational items on opiate overdose in addition to a heat relief because heat is a huge thing. Heat illnesses are kind of tricky if you don't recognize the early symptoms of them. So we're able to provide a lot of information and little infographics, some standouts on those. In addition, we secured the space for our Health Literacy conference. So that could be March 12 to March 14th. The first two days will be all health literacy, different topics, different items. If you want to join our planning committee, you're more than welcome to. We're taking any requests that people have for topics to include and to our learning tracks. And then,

the last day of the conference, day three, that's gonna be more of a type of wrap up where we provide the materials that we've created for the different training sessions. So we're in the process of getting all of that plan. We've created the planning committee, We've locked down our event. It's going to be a Desert Willow Conference Center down here in Phoenix. We're working on some emergency planning items, things of that nature. We're going to be speaking at a few more conferences and provide some educational training on differences between MCOs and fee for service, stuff like that.

- iv. **AIH-AHEC** - so we have just got out of a meeting with our strategic planning committee and consultants, and we have received our first draft of the strategic plan and had been reviewing it making edits any additional input as well as making sure that our partners are informed and they now have the opportunity to review the same strategic plan draft and so that they're editing and gonna also enter in their view, are there edits that they see fit. And hopefully by mid October we will have a second review of the strategic plan before it's officially submitted. On our AHEC scholars programming, which is a program that we adopted through the AHEC programs, Godfrey will actually be our Program Advisor, and of course is the associate clinical professor at the University School of Nursing. So we're really, really happy that she is coming on board and we're currently recruiting for the first cohort. Through the program that will encompass from undergrads from NAU nursing program and graduate students from NAU, ASU, and the University of Arizona. We're also in the planning stages of our excursion trip, which is a required component of the program. And we're hoping to connect with possible tribes throughout of the nation to have that excursion so that our students can get insight on how rural and underserved areas are conducting health programs as it pertains to their own health education. And then the third thing that we talked about, this month, we've actually put forth six stipends for students who are in their clinical rotations at San Carlos, Apache, Healthcare Corporation as well as White River. Health Care Center out in White River. Also our first year is finishing up this week. We will be entering our second year on Friday, so we're very excited about year two, and we've got a lot of great objectives and programs that we're looking to implement.

## VII. Old Business

- a. **AACIHC Tribal Consultation Policy** So we have the tribal consultation background, some definitions, what our process would be, our procedures, authorities and then the attachment. So I just wanted to let everybody know, we have our background and then we have just the background of tribal consultation, which is Definitions are a lot of legalese as well. This is seven pages long so I wanted to get the council to review this. Candida already went through - thank you for that Candida. This has been in the works for a while and we would like to try to get this finalized so would everybody be willing to review this if I shot this over to everybody by email? Potentially that way people could review it at their leisure at their comments and then we can address the comments of everybody who has them. Then what about giving the Council three to four weeks to review that gives time for staff to work on it and finalize before the next meeting.
- b. **AACIHC Strategic Plan** - We wanted to add the strategic plan because from our understanding this was something that we were talking about but there's been not much progress towards it. We wanted to bring this before the Council to get their thoughts on this and how they would like to proceed on the strategic plan...Questions by email potentially? That gives people some chance to review them and maybe go back and forth that way? So committee or a council, how

would you like to proceed? A recommendation was pretty much the same to go over through email and address it through each of our quarterly meetings? Motion by Candida, 2nd by Gereline. Motion was approved.

### **Viii. Presentation**

- a. Gerilene Haskon of ADHS and Tim Lant of ASU will present data: ADHS is planning to publish an Arizona Social Vulnerability Index and would like to gather feedback from Tribal representatives and leaders within the community.

Gerilene provided a little bit of background. At the Arizona, Department of Health Services is collaborating with Arizona State University and there working on this Social Vulnerability Index. She showed one from the CDC. One of the things that the ADHS is wanting to do is something more specific for Arizona. What they decided on is providing information. The Social Vulnerability Index is just utilizing 16 variables from the American Community survey to prioritize community vulnerability based on these four themes that they selected, which is socioeconomic status, household characteristic, racial, ethnic minority, status, and also housing type transportation. The ADHS partnered with ASU to look a little bit more deeper and to see what other barrier variables would be. We would like to see in Arizona and through multiple meetings that were conducted prior to me starting here at ADHS, these are themes that were selected and they want to get more information related to population, density broadband, and telecommunication, housing burden distance, and access to healthcare, infrastructure, environmental factors, food, insecurity or social services. But one of the things that they had a question about, they do not want to risk misrepresenting tribal communities with the index data and how we display it on the map. One of the things that they are thinking of including is a sentence within the data that this doesn't entirely represent tribes. But only show information from who responded to the American Community Survey. For anyone whose address lies within each of the census tracts. Another thing also is just information related to what is being shared. They want to include local voices, which may be very helpful and make sure that we provide that visual part in story mapping alongside this SVI data. And so we're going to represent tribal communities within that and interview community health workers or other pro health program managers and the work that you're doing and basically how to display it in a different way and understand that they're broadband until a communication. And so, We are wanting to know if we should include the data that is going to tribes.: Related to these themes and state within the sentence that data will not wholly represent tribal communities, and other recommendation is for us to just not include date, the tribal information and that geographic locations and similar to what the covid. Data looks like where it's grayed out in the tribal areas before. But we wanted to get what your thoughts are. We're also wanting to do a tribal consultation, but we really just wanted to understand what your thoughts were related to us.

Keye mentioned he has been a part of all these meetings about the SVI. Tim has done a really great job with his team over at ASU. My understanding is that it runs off of census tracts. So it's not as tiny as specific zip codes, which is a benefit. My inputs along with many other individuals

at the Data Advisory Council was that we need to somehow diverge away from creating storylines that are so doom and gloom that we can't be putting down communities across the state with such SVI scores. The SBI is simply just an equation that takes in a lot of things to account. And especially here in Arizona with many rural towns that have more difficulty gaining access to resources than something here, in central Phoenix. We need to know these things. I was advocating for some more context within the SVI. Would be worthwhile to show people that it is an equation, many things are taken into account, we just need more context to show that it's not the fault of the communities or anything of that sort. And then I also enjoyed the story mapping aspect. So we can have some perspective of success stories. I think that's very important as well. Overall, SVI is intended to assess needs and if anybody thinks that it does not please raise those concerns.

Gerilene said that they want to get the council's recommendation related from their viewpoint.

Candida had a comment. Thank you for sharing that information. I can see how that can be helpful and helping to paint a picture, last year, *first things first* looked at, utilizing data to look at health assets and needs in tribal communities. So we really looked at AHCCCS claims. And then we did another report on risk factors, we're looking at how home visitation supports a child's health and then also really looking at what it is, poor outcomes for children. So we looked at four different domains and it was kind of interesting because when we developed these reports there were kind of like four domains, which was socioeconomic status adverse prenatal outcomes. Substance abuse were three of them and they were rated from high medium and low priority levels to determine where home visitation should be provided and so that was a discussion. How do we show needs but also show that there are a lot of positive things happening. So I do appreciate your suggestion of having those stories. there is a limitation and data adding your sentence, I think is helpful. I am not sure if you have a timeline for when you want this information to be out or shared. But before we begin working on these specific reports, we first asked the regional councils, would it be helpful for them to have these two supplemental reports? So they decided, yes, or no, if they decided Yes, then we went to the tribes, to explain what it is. How it benefits first things first, as well as the tribe, and then shared that report to the tribe. So, I think, a consultation could be helpful and sharing overall. And maybe even having an example because we went and provided examples of this is what the report would look like. So then that way they're able to see and react to something instead of All of us trying to figure it out. What would it look like? That would be my suggestion. I wanted to share that perspective. And if you want some more examples or talk about it, some more journaling, I'd be happy to do that.

Daniel Preston: Made a comment. He agrees with Ms Hunter as far as there is a timeline and when our deadline to get the information back to you. I think this is a very good topic and I think we will need time to respond with our feedback. As far as the Council and any so what is that deadline? Or is there a deadline?

Gerilene indicated that she will work with her internal team, she believes that they're wanting to go live in November and December but will reach back out to them just to make sure if we are needing additional time and then I will request that specifically for our tribal input.

**IX. New Business**

a. Director Russell's departure and the new Director search - Alison updated on the status of this

**X. Call to the Public** - No public present

**XI. Next Meeting Date** – A Doodle Poll will be sent for end of October timeframe

**XII. Thank you to External Participants** – Public meeting ended, and we went into a closed session with just voting board members and AACIHC executive team as we discussed the open Director position and review resumes

**XIII. Resume Review – Private Council Session (Not open to public as it is an HR function)**

a. Director Resume Review

**XIV. Adjournment** - meeting adjourned at 3:48 PM