Arizona Health Care Cost Containment System (AHCCCS)

FY 2026 Division Budget Request (Due to DBF-Budget by June 30, 2024)
Division: Arizona Advisory Council on Indian Health Care (AACIHC)
Title of Request: AACIHC SFY26 Operating Budget
Request (Addition) Amount: $436,580.50

AACIHC SFY26 Budget Request (Increase)	
Salary	$296,430
ERE	$103,750.5
Professional and Outside Services	$0
Travel	$2,400
Other Operating Expenses	$34,000
Equipment	$0
Total Request for SFY25	**$436,580.50**

Breakdown: (Total increase request of $436,580.50)

- **Total Salary and ERE = Increase of $400,180.50**
  - **Salary:** $296,430 (4 new positions)
  - **ERE:** $103,750.50 (4 new positions)
    - Calculated at 35% of salary per AHCCCS DBF for SFY26
- **Travel = Increase of $2,400**
  - Providing technical assistance to Tribes is necessary to fulfill the agency mission as outlined in A.R.S. 36-2902.02, and due to rural areas and technological limitations in those areas, in-person travel is sometimes required. Additional funding is requested for gas, hotel for an overnight stay, and meals reimbursement for the staff who provide outreach and education to tribal communities.
  - There are 22 federally-recognized Tribes in Arizona, scattered throughout the entire State. Travel is not always feasible as a day trip. Per Google maps, examples of ***one-way mileage and associated travel time*** from the 801 E Jefferson location in Phoenix, Arizona to different areas of Tribal Nations include:
    - Hualapai Tribe: 205 miles (3.5 hours) to 270 miles (4.5 hours) one-way
    - Navajo Nation (Window Rock): 283 miles (4.5 hours) to 333 miles (5 hours) one-way ; (Tuba City): 225 miles (3.5 hours) to 261 miles (4.5 hours) one-way
    - Hopi Tribe: 240 miles (3 hours and 40 minutes) to 299 miles (5 hours) one-way
    - Tohono O'odham Tribe: 126 miles (2 hours and 15 minutes) one-way
    - San Carlos Apache Tribe: 133 miles (2.5 hours) to 184 miles (3 hours and 15 minutes) one-way
    - Cocopah Tribe: 198 miles (3 hours and 4 minutes) one-way
    - Quechan Tribe of the Fort Yuma Indian Reservation: 189 miles (2 hours and 52 minutes) one-way
- **Other Operating Expenses = Increase of $34,000**
  - This will cover things like the following:

- Per Full Time Employee cost for two monitors, one laptop, software (i.e., Office 365), and VO stipends;
- Cost of hosting meetings for Tribal leaders and stakeholders around the State on a quarterly basis. Anticipated cost is $3,500 per event. ($14,000 per year)
- Cost of conference attendance for presenting work and soliciting feedback of tribal stakeholders for key staff;
- Cell phone cost and operation for staff due to the mobile nature of our work and presence at community events;
- Office and miscellaneous supplies; and
- Educational materials to provide to the community to enhance health literacy and the work of CHRs. Additional expenditures upfront for preventative services can translate to significant cost savings for Medicaid. This includes rental space for when hosting community forums and educational events for members of Arizona Tribes.

Description of problem or issue and how this furthers the agency mission or goals:

The AACIHC promotes and supports the overall health and wellness of Arizona residents, in particular historically underserved and marginalized Tribal communities. Currently over half of the agency's budget and provided services are funded by grants. These grants are set to end in 2024 and 2025. The agency is one of the lowest funded in the State, and consequently does not have discretionary funds available to absorb the cost of funding those efforts once the grants expire. This may result in the cessation of providing health education services to Tribal communities.

Ceasing services would not be ideal. Health disparities in Arizona are already extremely disproportionate for American Indian and Alaska Native populations. They have consistently been disproportionate throughout the State's history. Thanks to herculean efforts from multiple organizations, including the AACIHC, to reduce health disparities and inequities, some improvement in life expectancy and disease management is beginning to occur. However, a cessation in health education efforts could result in not just a potential backslide, but if preventable conditions and chronic disease rates begin to increase, then it could cost the State and Federal governments additional monies to cover the health care for these conditions.

American Indian and Alaska Native (AI/AN) populations in Arizona contend with significant disadvantages. Statistics to support this concern include the following:

- On Navajo Nation, 30% of families live without running water.
- On Hopi Nation, 75% of families rely on well water that is tainted with high levels of arsenic, verified via a joint study between Hopi Nation and the Environmental Protection Agency (E.P.A.). [1]
- On Hopi Nation[1], the Hopi Environmental Health Project found that even the municipal/piped water had a mean arsenic concentration (11.01 µg/L) in excess of standardized maximum contaminant levels (MCL), which are set by the E.P.A. This was determined to increase the lifetime cancer risk to 9.96 cases per 10,000 individuals[2].

[1] In Arizona Water Ruling, the Hopi Tribe Sees Limits on Its Future — ProPublica

[2] Drinking water and health assessment in a Northern Arizona community - PMC (nih.gov)

- On Hopi Nation, water is only available for irrigation to 38% of farmland, impeding access to fresh fruits and vegetables.
- Citizens of Tohono O'odham nation have been repeatedly exposed to groundwater contaminated with mine waste. Despite removal in prior years, such as a cleanup in 2008, contamination persists and requires alternate access sources to be obtained. Prior exposures resulted in citizens being exposed to perchlorate, sulfate, and uranium. [3]
- On Navajo Nation, there are more than 200 abandoned uranium mines that have been identified by the EPA[4]. Mines stem from Navajo Nation's willingness to lend help to the U.S. Government in World War II, and many of the mines continued to be in operations until the 1980's. However, upon cessation of operations, many were not properly sealed or secured by the industry that had financially benefited from the Navajo Nation's resources.
- On Navajo Nation, uranium contamination has been found in building materials of existing housing.[4]
- On Navajo Nation, one study found that 27% of the participants, who consisted of women and children, had high levels of uranium in their urine, compared to 5% of the U.S. population as a whole.[5]
- Food insecurity amongst Tribes in Arizona's Apache County is 30%,[6] affecting Fort Apache Tribe, the Zuni Tribe, and Navajo Nation.
- 34% of AI/AN households have no high-speed internet access at home, and almost 16% lack a home computer[7]. This directly impacts the ability of AI/AN families to receive and access important health education information.
- Travel time for many AI/AN individuals living on reservations, to their nearest healthcare facility capable of specialty treatment, is significant. Statistics include the following:
    - Travel time for enrolled AI/AN individuals to the nearest hematologist/oncologist (calculated by reviewing sites with at least one hematologist/oncologist billing Medicare in the year prior to the study), averages as follows:[8]
        - Navajo Nation: 187 miles (3.5 hours) to Tuba City Regional Health Care Corporation
        - Fort Apache Reservation: 34.8 miles (47 minutes) to Summit Healthcare Association
        - Gila River Indian Reservation: 42.3 miles (41 minutes) to Ironwood Cancer and Research Centers
        - San Carlos Reservation: 24.9 miles (31 minutes) to San Carlos Apache Healthcare Corporations
        - Tohono O'odham Nation: 135 miles (2 hours and 15 minutes) to Ironwood Cancer and Research Centers
    - As of 2023, there are only 4 Indian Health Services (IHS) facilities and 2 Tribal Health facilities that offer Labor and Delivery services. Due to this severe shortage both on and off tribal

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[3] EPA Announces Final Cleanup Plan for Drinking Water Aquifer on Tohono O'odham Nation | US EPA
[4] Navajo Nation Still Shows Uranium Exposure Today, Decades After Atomic Age Mining (cpr.org)
[5] Uranium Exposure in American Indian Communities: Health, Policy, and the Way Forward | Environmental Health Perspectives | Vol. 129, No. 3 (nih.gov)
[6] Restoring Food Sovereignty for Native American Communities - Tribal Health
[7] The Condition of Native American Students (nsba.org)
[8] Access to cancer care in Native American reservations in the US | Published in International Journal of Cancer Care and Delivery (binayfoundation.org)

lands, tribal members often have to travel **extremely far distances** for basic prenatal services and for delivery services. Travel distances, depending on which reservation an AI/AN mother is traveling from, can average anywhere between 100 and 200 miles roundtrip.

The above list represents only a subset of the disadvantageous social determinants of health (SDOH) that affect AI/AN individuals within Arizona. To list all the SDOH outside of the control of AI/AN communities would require a considerably longer budget proposal. These SDOH affect lifetime risk for the development of serious, and costly to treat, health conditions. They also place AI/AN individuals at higher risk of injury and illness.

The impact of these daily challenges on the health of AI/AN individuals is backed by data. For instance, in 2020, the State of Arizona experienced an overall decline in life expectancy, which was *significantly higher than the U.S. overall*; 2.8 years in Arizona vs 2.1 years nationally.[9] However, the decrease in life expectancy ***was not uniform across all demographics***, with ***American Indians experiencing a decrease in life expectancy of approximately eight (8) years.***

- There are a variety of factors that contributed to this, including higher rates of chronic health conditions, lifestyle health-related risk factors, social determinants of health, and location of residences.

Unfortunately, this trend continued. The 2021 Data Book published by ADHS, titled, *Health Status Profile of American Indians in Arizona*, showed that, on average, **AI/AN individuals were, on average, 15 years younger at their time of death when compared to all other racial/ethnic groups in the state.** Additionally, AI/AN individuals in 2021 had higher mortality from alcohol-induced causes, chronic liver disease and cirrhosis, COVID-19, septicemia, diabetes, assault, influenza and pneumonia, motor vehicle accidents, early syphilis, and unintentional injuries.[9] AI/AN individuals also ranked worse on measures of maternal lifestyle and health, as well as in utilization of prenatal care,**Error! Bookmark not defined.** which, given the severe shortage of labor and delivery services, and maternal health services, in AI/AN communities, is no surprise. Native Americans are also amongst the highest prevalence of hypertension in the United States as a whole.**Error! Bookmark not defined.**

The key we want to highlight, is that deaths were due to *lifestyle preventable conditions*.

This means that we can intervene. Through health education and outreach conducted by our agency, we can help to save and improve the quality of lives amongst one of Arizona's most underserved and vulnerable communities, while reducing the cost burden of the State in treating these conditions.

For additional examples, please visit our website at: www.aacihc.az.gov

Impact of budget request on historically underserved, marginalized, or adversely affected groups:

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[9] Arizona Department of Health Services. (2021). *Leading Causes of Death and Health Disparities Among the American Indian and Alaska Native Population in Arizona*. https://www.azdhs.gov/documents/director/tribal-liaison/2021-american-indian-status-report.pdf

The Arizona Advisory Council on Indian Health Care (AACIHC) is uniquely positioned to support the State of Arizona and Tribal governments, by supporting prevention, training, education, and workforce development to meet the unique health care needs of AI/AN individuals. As a trusted messenger for AI/AN communities, we are able to act as a bridge between government organizations and tribal communities to provide key health education messages. Our work has been moving the dial towards health equity. However, much of our health education efforts are supported by grant funding, which is set to end in 2024 and 2025.

Grant Expirations:

- COVID-19 Health Disparities Grant – ~~May 31, 2024~~ Extended via a No Cost Extension to December 31, 2024
- Arizona Health Improvement Plan (AZHIP) – **Ended on July 30, 2024**
- CDC-CCR Grant – ~~August 30, 2024~~ Extended via a No Cost Extension to August 30, 2025
- Arizona Health Area Education Center (AHEC) – August 31, 2026

The addition of these three (3) Health Educators and (1) Training Officer, would allow the AACIHC to have enough staffing to continue our endeavors. Please visit our website at https://aacihc.az.gov/about/agency-accomplishments for a list of agency accomplishments highlighting work we have been able to do in the health education and health disparity reduction spectrums through our grants.

How has feedback been incorporated from groups directly impacted by the proposal?

The elements of this proposal have been discussed with various members of the AACIHC's Advisory Board, which was established by A.R.S. 26-2902.01, and with Tribal community members while on-site for events. We have also incorporated feedback from CHRs and the Tribal Pandemic Coalition. The agency's ability to provide a continuance of health education efforts and technical support once the grants, and grant funded positions, have expired has repeatedly been a requested priority.

Proposed solution to the problem or issue:

To sustain the services we are currently providing through grant funded positions we are requesting three health educator positions. To expand technical assistance programs in tribal communities we are also requesting one training officer 3 position. This is per our charge in A.R.S. 36-2902.02, which states, "The staff shall provide technical assistance to tribal governments on tribal health care initiatives." The training officer position can also assist health educators in the design and implementation of training modules.

Position Justifications:

New Position Request	Job Code	Job Code Title	Schedule	Grade	Annual Min	Annual Mid	Annual Max
Health Educator	AUN04426	**HEALTH EDUCATOR**	AREG	20	$40,496	$56,453	**$72,410**
Health Educator	AUN04426	**HEALTH EDUCATOR**	AREG	20	$40,496	$56,453	**$72,410**

Health Educator	AUN04426	**HEALTH EDUCATOR**	AREG	20	$40,496	$56,453	**$72,410**
Training Officer 3	AUN04866	**TRAINING OFFICER 3**	AREG	21	$43,981	$61,591	**$79,200**
Total Request for New Positions							**$296,430**

$296,430 – for new positions only – not including the Director, Business Operations Administrator, Executive Assistant, Community Outreach Coordinator, Senior Epidemiologist, Executive Project Coordinator, or Legislative Specialist positions. These four new positions (health educators and training officer) are requested as State General Fund staffing to our existing staff. ERE calculated based off 35% of total salary, per discussion with AHCCCS DBF.

The AACIHC is uniquely situated to:

1) Provide direct health education to members of Arizona Tribes, to Community Health Representatives (CHR's) working in tribal communities, and to individuals working in tribal public health, through the creation of educational materials, in-person and online trainings, one-on-one sessions, and participation in community events.
2) Provide technical assistance to tribal governments, tribal health departments, and IHS, Tribal 638's, and urban Indian health organizations (I/T/U's)

Performance Measures to quantify the success of the solution:
Proposed performance measures are in alignment with the AACIHC's Strategic Plan, which can be reviewed here: www.aacihc.az.gov

AHCCCS Strategic Goal(s):

- While the AACIHC is a separate State agency, we align with AHCCCS in many of its goals. In particular, we align with, "*Providing equitable access to high-quality, whole-person centered care.*"

AACIHC Mission Statement:

- The mission of the AACIHC is to serve as a resource for all Tribal governments and the State of Arizona by *supporting* prevention, training, education, workforce development, policy and legislation to meet the unique health care needs of American Indian and Alaska Native (AI/AN) populations in Arizona. We seek to educate and advocate for improved health outcomes.

Of the 6 goals in the AACIHC SFY25-SFY27 Strategic Plan, the addition of three (3) health educators and one (1) training officer aligns with and provides direct ability to accomplish three of our strategic goals. For a detailed breakdown of our Strategic Plan please see pages 13-14 of our longer budget request at: www.aacihc.az.gov.

Proposed Performance Measure(s):
Performance measures will be three-fold:

(1) Epidemiological Measurements
This performance measure will be the publication of an annual report of the health inequities noted amongst AI/AN populations and changes between years, linked to other health indicators as noted by

our epidemiological analysis. For further details please see pages 14-15 of our longer budget request at https://aacihc.az.gov/events/sfy26-budget-available-view.

(2) Programmatic Activity Tracking as Achievement Indicators

Programmatic activities shall be tracked using metrics based off the following:

- Community Reach, including # of individuals, Tribes, CHR organizations and workers, clinicians, and students reached through all programs; social media metrics from educational campaigns; and # of conferences and public presentations delivered
- Epidemiological Report on Health Disparity Reductions for Chronic Disease
- # of Technical Assistance Trainings Provided (# of trainings overall, one-on-one sessions with Tribes and I/T/U systems, and providers)
- # of Health Education and System Navigation Trainings (# of trainings created and delivered on health education topics, system navigation, and individuals and providers trained)
- # of Health Education and System Navigation Materials created and distributed
- # of Workforce Trainings delivered to AI/AN workforce and students and # of clinical practitioners and students provided training and enrichment opportunities
- Results of Community Surveys (to measure success and utilization rates of health services)
- # of Health Education Kits distributed and # of individuals reached

(3) Evaluation of Success of Programmatic Activities

Evaluation findings shall be published in an annual report, comparing the programmatic activities and community reach, with the data summaries yielded as a result of training participant confidence and community surveys. This shall include any changes in chronic and acute disease findings noted from accessible data sources, with the caveat that delays in public health education campaigns often take time to show up in data sources. For further details please see pages 16-17 of our longer budget request at https://aacihc.az.gov/events/sfy26-budget-available-view.

Alternatives considered and reasons for rejection:

Additional grant funding to maintain services may be considered. However, while we intend to apply for additional funds as the opportunities present themselves, there are no guarantees. Without funding for these additional, permanent state-appropriated funded positions within our agency, we will experience a significant reduction in our health education efforts due to lack of staffing. Grant-funding is not guaranteed to continue to support these efforts.

Impact of not funding in FY 2026:

We would have to cease a large proportion of our health education efforts in Tribal communities, including both trainings provided and material creations. For a list of such services, please view pages 17-18 of our extended budget request at https://aacihc.az.gov/events/sfy26-budget-available-view.

The cessation of such efforts would be detrimental to our Tribal communities, given the following:

- The pandemic resulted in a decrease in life expectancy of eight (8) years in AI/AN populations in Arizona, specifically, putting us in a national spotlight for poor health outcomes for AI/AN individuals; *and*

- Deaths due to certain lifestyle preventable conditions were significantly higher for AI/AN populations compared to all other racial ethnic groups, as backed by ADHS and national data; *and*
- The higher rates of orphanhood amongst AI/AN children (i.e. per the CDC, when looking at both primary and secondary caregivers, *1 of every 168 American Indian/Alaska Native children, 1 of every 310 Black children, 1 of every 412 Hispanic children, 1 of every 612 Asian children, and 1 of every 753 White children experienced orphanhood or death of caregivers*), which makes AI/AN children in Arizona especially vulnerable to suffering health disparities, as they may not be receiving health education from primary or secondary caregivers anymore due to the *loss* of those caregivers; *and*
- The higher rates of lifestyle preventable, chronic health conditions, such as type II diabetes, chronic liver disease/cirrhosis, hypertension, obesity, etc.

We thank the Governor's Office and the esteemed members of the Legislature for their consideration.

References:

- For a list of references cited in this proposal, please visit pages 19 and 20 of our longer budget proposal at https://aacihc.az.gov/events/sfy26-budget-available-view.