Arizona Health Care Cost Containment System (AHCCCS)

FY 2025 Division Budget Increase Request (Due to DBF-Budget by June 30, 2023)

Division: Arizona Advisory Council on Indian Health Care (AACIHC)

Title of Request: AACIHC SFY25 Operating Budget

Request Amount (Increase Over Current Budget): $319,644

Current Budget is $686,900

Total for SFY25 request (prior budget and new budget request) would be: $1,006,544

AACIHC SFY25 Budget Request (Increase)	
Salary	$217,230
ERE	$89,614
Professional and Outside Services	$0
Travel	$2,400
Other Operating Expenses	$10,400
Equipment	$0
Total Request for SFY25	**$319,644**

Breakdown: (Total increase request of $319,644)

- **Total Salary and ERE = Increase of $306,844**
  - **Salary:** $217,230 (3 new positions)
  - **ERE:** $89,614 (3 new positions)
- **Travel = Increase of $2,400**
  - Agency work requires travel to Tribes, facilitating meetings and conferences with Tribes, and attendance at educational events conducted by Tribes, so as to present and provide health education materials and trainings. Additional travel is required to support tribal health plans and to assist in the development of a more comprehensive emergency management plan for Tribes in response to pandemics. There are 22 Tribes in Arizona, scattered throughout the entire State. From Phoenix, travel to areas of Navajo Nation can take as much as long as 5.5 hours and be 300 miles one way. This requires funding for gas cost and hotel stay/food reimbursement for staff who are making these trips, as it would be unsafe for some of the trips to be day trips.
- **Other Operating Expenses = Increase of $10,400**
  - 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 conference attendance for presenting work and soliciting feedback of tribal stakeholders (even when your agency submits an abstract submission for a conference that is accepted, you have to pay the

conference fee in order to present the information there) for key staff; and conference attendance for employee development;
- Cell phone cost and operation for work (cell phones are necessary for agency 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 in Tribal communities, as these two aspects are key in preventative medicine. Additional expenditures upfront for preventative services can translate to significant cost savings on the Medicaid side of the house. This also includes the cost of renting space when we need to host community forums and educational events for members of Arizona Tribes.

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

Currently over half of the agency's budget and provided services are funded by grants. These grants are set to end in 2024, and due to this the agency must either absorb the cost of funding those efforts once the grants expire, or must cease to provide those services to Tribal communities.

Ceasing services would not be ideal.

Health disparities in Arizona ***are already extremely disproportionate for our Tribal populations***.

In 2020 alone, 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. [1] 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 residence.

Per the Arizona Department of Health Services (ADHS) health profile report, published in 2017, ***deaths due to certain lifestyle preventable conditions were significantly higher for American Indians/Alaskan Natives (AI/AN) compared to all other racial ethnic groups.*** This held true for diabetes, chronic liver disease/cirrhosis, motor vehicle accidents, and self-harm (suicide) and unintentional accidents. Native Americans are also amongst the highest prevalence of hypertension in the United States as a whole.

Additional disparities from the ADHS 2021 report findings, specific to our AI/AN populations in Arizona, include:

- Higher prevalence of diabetes, pre-diabetes, and high cholesterol;
- Higher prevalence of sexually transmitted diseases (early syphilis, gonorrhea, chlamydia) and HIV/AIDS;

- Higher rates of obesity and physical inactivity;
- Higher prevalence of smoking and smokeless tobacco use;
- Higher rates of teen pregnancy and ***poor neonatal/infant health outcomes***, with ***lower utilization*** of prenatal care services;
- Lower levels of educational attainment;
- Lower overall income and higher poverty levels; and
- Higher levels of unemployment.

The ADHS 2021 report findings can be found here:

- https://www.azdhs.gov/documents/director/tribal-liaison/2021-american-indian-status-report.pdf

Per the analysis of Medicaid claims in Arizona, for AI/AN populations, when it comes to COVID-19 health disparities, we found the following in epidemiological analysis:

- AI/AN Medicaid members with diabetes, were 14X more likely to develop pneumonia due to COVID.
- Once pneumonia developed, AI/AN Medicaid members were 125X more likely to experience respiratory failure.
- AI/AN Medicaid members with hypertension were 4X more likely to experience a severe COVID case (as defined by going on to develop bronchitis, acute respiratory infection, pneumonia, respiratory failure or death) and were 20.47X more likely to develop pneumonia.
- AI/AN Medicaid members with the social determinant of health of lack of exercise were 3X more likely to develop pneumonia.
- AI/AN Medicaid members with the social determinant of health of secondhand smoke exposure were 2.65X more likely to develop pneumonia and 3X more likely to experience respiratory failure.
- AI/AN Medicaid members with the social determinant of health smoking/nicotine use were 4.58X more likely to develop pneumonia and 3.5X more likely to experience respiratory failure.

National spotlight has been shone upon the considerable disparities in health amongst racial and ethnic minorities existing within the United States as a whole. There is a growing realization amongst governmental agencies, healthcare researchers, clinicians, and advocates that a focus on health care disparities is an important aspect of not just improving healthcare outcomes, but in ***reducing the overall cost burden associated with preventable and lifestyle associated conditions***.

Since Arizona's AI/AN population has been so disproportionately affected by these disparities, it would stand to reason that increasing funds to provide education from a centralized agency, working to target the unique needs in a culturally and linguistically appropriate way, would aid in reducing the prevalence of these conditions in our AI/AN populations and assist in overall cost savings.

The Arizona Advisory Council on Indian Health Care (AACIHC) is uniquely positioned to perform this task. The AACIHC was established per A.R.S. 36-2902.01, to give Tribal governments, Tribal organizations, and urban Indian health care organizations in this State, representation in shaping Medicaid and health care policies and laws that impact the populations they serve. Additionally, the AACIHC participates in engagement with Tribes, and health education efforts.

Currently, much of these efforts are supported by grant funding, which is set to end in 2024.

Grant Expirations:

- COVID-19 Health Disparities Grant – May 31, 2024
- Arizona Health Improvement Plan (AZHIP) – July 30, 2024
- CDC-CCR Grant – August 30, 2024
- Arizona Health Area Education Center (AHEC) – August 31, 2024

Impact on historically underserved, marginalized, or adversely affected groups:

Members of Tribes in Arizona are historically underserved and marginalized members of our communities. As described above, Tribes in Arizona continue to face significant health disparities, ones that already existed and then were further exacerbated by the recent COVID-19 pandemic.

The AACIHC seeks to accomplish meaningful work to alleviate this burden.

Through the work of the AACIHC, we have advanced legislation that directly affected the health of tribal communities, and have applied for and received 2 grants, an AHEC, additional funding awards, and participation in the AZHIP project. These included the:

- COVID-19 Health Disparities Grant
- Community Health Workers for Covid Response and Resilient Communities (CDC-CCR) Grant
- 6th Area Health Education Center award to establish the American Indian-AHEC (AI-AHEC)
- Advancing Health Equity, Addressing Disparities (AHEAD) Grant
- Arizona Health Improvement Act (AZHIP) Participation

Through the work of the AACIHC, much of which has been supported by grant funded positions, we have accomplished the following in the past year alone:

- Under the COVID-19 Health Disparities Grant we:
    - **Created 150 hard-copy material items** created, ranging from pamphlets and educational booklets, to fliers and infographics, on a variety of chronic diseases, infectious illnesses, and topics central to public health;
    - **Received 9 conference speaker invitations**, with the request to provide **12 presentations at these 9 conferences,** in which we spoke and provided trainings

to national Tribal and public health audiences. In total, **over 410 people** attended 9 of these presentations at 6 of the conferences (3 conferences and presentations are still upcoming);
    - **Conducted an epidemiological review of 19.6 million Medicaid claim lines** for **211,208** American Indian/Alaskan Native (AI/AN) members, so an epidemiological analysis of major health conditions affecting AI/AN populations could be done, along with analysis on how COVID-19 related to these conditions and this population (underway);
    - Convened a **Tribal Pandemic Coalition (TPC) consisting of over 64 individuals**, **representative of 10 of the 22 Tribes in Arizona**, with 5 meetings over the past year and 112 people participating in these meetings;
    - Conducted a **Community Food Needs Assessment**;
    - Created an **Emergency Management Plan for Pandemics** for use by Tribal populations (underway);
    - **Attended 4 Community Events**, distributing **over 200 informational fliers, pamphlets and posters;**
    - Created a **Tribal Pandemic Toolkit online** for use by Tribes in the event of future infectious illness outbreaks (underway);
    - Began work on planning a Health Literacy and COVID-19 Lessons Learned Conference for March of 2024 (underway); *and*
    - Worked in collaboration with Tribal Partners on a Closer to Home Conference Series (12 to be held in Winter of 2024).
- Under the CDC-CCR Grant:
    - **684 people** participated in trainings we provided either directly or in conjunction with our Tribal partners, on a variety of important public health topics;
    - **7 different Tribes** and their specific CHR programs benefited from technical, financial and educational advisement that we were able to provide;
    - **219 Community Health Representatives (CHRs)** from Tribal CHR programs were worked with, one-on-one;
    - **6 conference speaker invitations** were received, in which we spoke and provided training to **287 people**;
    - Convened a monthly **CHR Director's meeting, convening all 19 Tribal CHR Programs from 19 of the 22 Tribes in Arizona**; *and*
    - **2 million dollars of federal funding** was provided to our **7 Tribal partners** to aid them in conducting important health outreach efforts, via CHR programs.
- Under the AZHIP we:
    - Partnered with **4 State Agencies** (ADHS, AHCCCS, DES and First Things First) to collaborate on the action items within the Arizona Health Improvement Plan (AZHIP);
    - Convened **6 Advisory Meetings,** beginning work on a State-Tribal Epidemiology Summit; *and*
    - Began work on conducting a Community Needs and Resources Assessment (CNRA), specific to Housing.
- The AACIHC also applied for and was awarded the **6th Area Health Education Center (AHEC),** aimed at addressing the extreme deficit in healthcare professionals serving Tribal communities in Arizona. The American Indian Health – Area Health Education

Center (AIH-AHEC) aims to improve the number of Indigenous youths entering the healthcare workforce, to assist college level students with clinical experiences, and to provide support for those professionals currently working in Tribal healthcare facilities.

- Under the American Indian Health – Area Health Education Center (AIH-AHEC), the AACIHC has:
    - Formed **2 Tribal partnerships** with San Carlos Apache Healthcare Corporation (SCAHC) and Gila River Health Care (GRHC);
    - Established an **Independent Fiscal Intermediary agency** to assist AIH-AHEC with student stipend disbursements through a prepaid debit card;
    - Formed a relationship with the Northern Arizona University American Indian Nursing program to support **17 students in their Community Based Education and Training (CBET) rotations;**
    - Reached 688 Indigenous students through the K-8 Youth Pathways programs, which is focused on healthcare career activities;
    - The Gila River Health Care's "Medical Health Career Education Summer School Program" introduced 415 K-8 students, from five Gila River community schools in a four-week summer program introducing healthcare careers as part of the curriculum;
    - The San Carlos Apache Healthcare facility conducted the SCAHC Summer Student Program (in partnership with Harvard) which provided an enrichment session for 91 students and young adult community members ages 16-22 to learn about a wide variety of health care careers and increase youth participant knowledge and skills to better help their community;
    - Established an **AIH-AHEC MED-Start program with 5 students**.

Continuance of the central AACIHC team, which has provided necessary supports for all of these efforts, in addition to the grant writing, ***and the expansion to include health educators in SFY25***, will allow this important work in Tribal communities in Arizona to continue uninterrupted, even once the current COVID-19 related-grants and AZHIP grants expire.

The addition of these three (3) Health Educators would allow the AACIHC to have enough staffing to continue hosting these coalitions and workgroups, to continue with providing technical and educational advisement components to Tribal CHR groups, and to continue in our creation of educational public health materials and provision of trainings.

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

Ensuring that the voices of the 22 Tribal communities in Arizona is heard is of the utmost importance to the AACIHC. Every member of our agency, including those working under grant-funded positions, directly interfaces and communicates with Tribal members, Tribal leaders, and other stakeholders working with Tribes (i.e. CHR organizations, IHS and 638 providers, Urban Indian Health Organizations, health plans, etc.), both through meetings (virtual and in-person) and through community engagement events (i.e. council meetings, seminars, conferences, welcome-back events, informational sessions, etc.). This feedback is continually considered by AACIHC

leadership and the Advisory Council when determining legislative agendas and health educational campaigns and outreach efforts.

The Arizona Advisory Council on Indian Health Care, established by A.R.S. 26-2902, provides a voice to the leaders within Tribal communities and to members of Tribal communities, so as to represent them when it comes to shaping and advocating for health policy.

Representatives to the council are chosen by contacting each Tribe to solicit names of individuals who would best serve the interests of the Tribe and American Indian peoples within Arizona. This allows the council to provide, at minimum, an excellent representation of Tribal communities.

The council can consist of:

- Up to 22 representatives from federally recognized American Indian Tribes in the State, who are recommended by the Tribe and then become appointed by the Governor;
- 1 representative from the Inter Tribal Council of Arizona (ITCA)
- 1 representative from an Urban Indian Health Organization
- 1 representative from AHCCCS (usually the Tribal Liaison)
- 1 representative from ADHS (usually the Tribal Liaison)
- 1 representative from DES (usually the Tribal Liaison)
- 1 representative from the Arizona early childhood development and health board

This proposal has been discussed with various members of the council, including our Chairman, and with Tribal community members as our various agency staff have gone out into the community to discuss needs. The identified need has been a continuance of health education efforts once the grants, and grant funded positions, have expired.

Description of how this furthers the Governor's priorities:

The AACIHC promotes and supports the overall health and wellness of Arizona residents, in particular historically underserved and marginalized Tribal communities.

Proposed solution to the problem or issue:

To sustain the services we are currently providing through grants, past the end of the current grants, we are requesting funding for the following three positions:

Position Justifications:

1.	Health Educator	Grade 20	$72,410
2.	Health Educator	Grade 20	$72,410
3.	Health Educator	Grade 20	$72,410

Total for new positions: $217,230

$217,230 – for new positions only – not including the Director, Business Operations Administrator, Legislative Specialist, Community Outreach Coordinator, Senior Epidemiologist, Executive Project Coordinator, or Executive Assistant positions. Additional budget request. ERE

calculated based off $10,700 per position plus .2233 of the total salary, per discussion with AHCCCS DBF team.

The AACIHC is uniquely situated to:

1) Do administrative and legislative advocacy on behalf of Tribes *and* State agencies, in the best interest of all. Through partnerships with not just the Advisory Council and Tribes within Arizona, but also with AHCCCS, ADHS, and DES, the AACIHC can work on legislative advocacy and tracking of bills that affect the Tribes and State agencies, so as to anticipate potential impacts and, more importantly, impacts to health of Tribal members and potential reductions in or exacerbations of health disparities as a result of these changes. Health educators would assist in expressing the importance of this.
2) Provide direct health education to members of Arizona Tribes, through the creation of educational materials, in-person and online trainings, one-on-one sessions, and participation in community events. Materials we create for Tribal populations can also be utilized by other State agencies for their educational efforts. Currently, our grants fund these valuable services, which ultimately saves the State money. However, once grants expire, we will no longer have funding to continue things like updating pre-existing materials, creating new materials, providing training sessions to the public, and updating/maintaining our website. If granted the two health educator positions, they will be able to perform these functions.

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**

We are requesting funding for the top of the range, so as to get and retain the best talent possible for these positions. It is extremely difficult to attract and retain talent, with experience working within Tribal communities, and we need to adjust our offered pay scales accordingly to keep the positions attractive.

Performance Measures to quantify the success of the solution:

AHCCCS Strategic Goal(s):

- While the AACIHC is a separate State agency, we do align with AHCCCS in the following goal: Providing equitable access to high-quality, whole-person centered care. We are working to improve health outcomes for AI/AN individuals within Arizona, and are working to ensure that all AI/AN individuals within Arizona have access to services, education on how to obtain those services, and the health literacy and health education skills to understand the system they are accessing.

AACIHC Strategic Goal(s)

- Helping to reduce health disparities through educational efforts and legislative and administrative advocacy.

Proposed Performance Measure(s):

- Given that we are not a health care provider, and due to the delay between health education campaigns and when measurable results are available regarding the success of campaigns (often not observable for several years) measuring the success of education campaigns on health outcomes shall prove challenging. To do this, we intend to look at publicly available rates of chronic disease in American Indian and Alaskan Natives (AI/AN), and through our partnership with AHCCCS, compare rates of chronic disease between our first data set of Medicaid claims (from 2020 to 2023) to a second data set pulled from 2024 to 2026.

- Trainings given and material creations:
    - We intend to continue creating materials to provide education on the top chronic health conditions affecting AI/AN populations, and to continue providing trainings to the healthcare workforce providing services to these underserved communities. We intend to track the number of trainings given, materials created, and the number of attendees.

- Community Surveys:
    - There will be community surveys utilized to measure success and utilization rates of health services. We are working on how to quantify this with our epidemiologist. Additionally, performance can be measured based on work done towards legislative initiatives to better help the people of Arizona.

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.

Impact of not funding in FY 2025:

We would have to cease the majority of our health education efforts in Tribal communities, including both trainings provided and material creations. Tribal communities are already suffering much higher rates of health disparities and poor health outcomes, when compared to not just white populations, but when compared to all other racial ethnic groups. It is not only vital that we continue the efforts to bridge this gap, but that we increase our efforts to assist Tribal communities.

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 American Indians/Alaskan Natives (AI/AN) 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, obesity, etc.

References:

1. 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
2. Arizona Public Health Association. (2022, March 7). *AzPHA Data Brief: 2020 Arizona Life Expectancy Decreased Substantially More Than the US Average*. https://azpha.org/2022/03/13/azpha-data-brief-2020-life-expectancy-in-arizona-decreased-by-substantially-more-than-in-the-u-s-overall/
3. Garman, K. (2023). COVID-19 Within 2020 - 2023 Social Determinants and Pre-existing Conditions Affecting Risk of Increased COVID Severity Amongst Tribal Populations in Arizona [Unpublished raw data analysis]. Retrieved from Arizona Health Care Cost Containment System Medicaid Data.