



**MINUTES FOR THE VIRTUAL MEETING OF THE  
ARIZONA ADVISORY COUNCIL ON INDIAN HEALTH CARE**

Monday Oct 15, 2024

2:30 pm – 4:00 pm

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**Voting Members Present:**

Candida Hunter, First Things First  
Christine Holden, Tribal Liaison, AHCCCS  
Gerilene Haskon, Tribal Liaison, ADHS  
Verna Johnson, Inter Tribal Council AZ  
Deanna Sangster, Native Health, Health Service Administrator

**Staff, Guests and Visitors Present:**

Archie Mariano, AACIHC Program Specialist - CCR  
Ashley Lazaro, AACIHC Grants Manager - CCR  
Darrien Fuller, AACIHC Epidemiologist - HD  
Debra Gonzales, AACIHC Executive Assistant  
Dr. John Ward Molina, AACIHC Director  
Ernestine Nasingoetewa, AACIHC, AHEC Grants Coordinator-AHEC  
Jeffrey Axtell, AACIHC, AHEC Grants Director - AHEC  
Mckayla Keams, AACIHC, Exec Projects Coordinator  
Shealee Gartner, AACIHC Training Officer III  
Tashina Machain, AACIHC, AHEC Grants Coordinator-AHEC  
Fitore Roller, AHEC Intern, AT Still University  
EJ John, Senior Research Analyst, American Indian Policy Institute

**Meeting Called to Order** –The meeting was called to order at 2:38 PM.

**Welcome and Introductions** – were conducted as folks signed on.

**Roll Call / Establishment of Quorum** – A Quorum (5 of 9 voting members present) was established

**Adoption of Meeting Agenda** (Action Item) - Candida motioned for acceptance of the agenda for the meeting. Gerilene seconded the motion. Motion Passed (No nays or abstentions).

**Approval of Meeting Minutes** - Aug 19, 2024 (Action Item) – Candida motioned for acceptance of the agenda for the meeting. Verna seconded the motion. Motion Passed (No nays or abstentions).

**New Business - AIPI Tribal Broadband Update - EJ John, Senior Research Analyst, American Indian Policy Institute**

EJ introduced himself and his work. He joined AIPI in 2021, prior to that he worked as a Policy Analyst for the Navajo Nation. He did a quick overview of Broadband so that when he reviewed the data, we would have an understanding. He indicated that fiber is the “gold” standard (the fastest speed), followed by cable, mobile, satellite, DSL then dial up. He shared sites where one can go to find out about their broadband makeup: [broadbandmap.fcc.gov](http://broadbandmap.fcc.gov), [broadbandmapping.com](http://broadbandmapping.com), [speed.measurementlab.net](http://speed.measurementlab.net). He indicated that the data coming out of the FCC indicates that 88.2 % of Tribal Areas have broadband access of 25/3, compared to 96% of the rest of the population and they suspect that number is high as it does not seem like it is that high on tribal land and only 46 % of people on Tribal lands subscribe to home internet services.

If you look at [broadband mapping.com](http://broadbandmapping.com) you will see that AZ overall is much higher than Tribal areas:

- AZ: 102 Mbps/14 Mbps 21 ms
- Navajo: 11 Mbps/1 Mbps 91 ms
- Hopi 15 Mbps/ 11 Mbps 87 ms
- Fort Apache: 7.7 Mbps/0.8 Mbps 32 ms
- San Carlos: 15 Mbps/6 Mbps 36 ms
- Salt River: 165 Mbps/23 Mbps 19 ms
- Tohono O'odham : 24 Mbps/9 Mbps 21 ms

There has been a lot of Broadband and Digital Equity Funding and EJ reviewed a list along with the links to view this funding:

- [NTIA Tribal Broadband Connectivity Program](#) - \$3 billion
- [NTIA Broadband Equity, Access, And Deployment Program](#) (BEAD) - \$42.45 billion
- [Distance Learning & Telemedicine Grants](#) - \$60 million
- [USDA Rural Broadband Loan and Grant Program](#) - \$150 million
- [FCC Rural Health Care](#) - \$637 million
- [FCC Rural Digital Opportunity Fund](#) - \$20.4 billion over 10 years
- [FCC E-Rate](#) - \$4.4 billion
- [IMLS Native American Library Services: Basic Grants](#) - \$1.5 million
- [Digital Equity Grant Programs](#)
- [Affordable Connectivity Program](#)

At this site you can find what projects may already be funded in your area:

<https://www.ntia.gov/report/2024/2023-federal-broadband-funding-report-investing-internet-for-all>

**Consent Agenda - (Approval of Previously Submitted Reports/Updates emailed out Oct. 10) (Action Item)**

(The consent agenda is a tool used to streamline meeting procedures by collecting routine, non-controversial items into a group whereby all are passed with a single motion and vote.) At the time of the board meeting, we decided to table this to the next meeting as most of the board id not have enough time to read through these reports. We will send out the next reports at least a week in advance for the Dec 10<sup>th</sup> meeting and the Oct 10<sup>th</sup> meeting will be approved at the same time.

- Director's Report – John Molina
- Business/Finance/Tech Support Updates (if State budget is available) – Alison Lovell
- Policy Updates – Corey Hemstreet / McKayla Keams
- CCDCCR Grant – Ashley Lazaro
- Health Disparities Grant – Summer Hassan
- AIH-AHEC – Jeff Axtell

Before we discussed this Christine asked a question about the plans to sustain the HD grant that is ending at the end of this year. John did agree that this grant would be ending and that we did not acquire any other grants at his time so they will be transitioning some of the work that this grant did to others in the agency. The CCR grant still has another year before it ends. Summer Hassan, the HD grant manager jumped in to say that while the staff is going to go away many of the initiatives begun by HD grant staff will carry on, either by us or other agencies that worked with the HD team.

**Old Business** - AACIHC Strategic Plan Metrics – review of metrics - John Molina

- John shared the metrics that we have come up with to measure our goals. This has been attached to these minutes (pages 4-7) and we agreed to review and respond with any questions/clarifications or updates at the next meeting. ([Metrics are listed in blue](#))

**Call to the Public** – there was no public response

**Next Meeting Date** - Dec. 10, 2024

**Adjournment** at 3:55 PM

**Arizona Advisory Council on Indian Health Care  
STRATEGIC PLAN – DRAFT (Reviewed: 07/31/24)  
SFY24 - SFY27 (July 01, 2024-June 30, 2027)**

**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.

**VISION STATEMENT**

The AACIHC strives to be recognized as a trusted resource on health equity for all Tribal Nations and American Indian and Alaska Native (AI/AN) communities throughout Arizona.

**VALUES STATEMENT**

- A - Authenticity
- A - Accountability
- C - Culture
- I - Integrity
- H - Holistic
- C - Community

**GOALS**

**Goal 1** - Provide technical assistance and support on Medicaid, health care policies and laws, and operational assistance for standing up health care programs for Tribes and Urban Indian health organizations.

We do this by collaborating with tribal governments, tribal organizations and urban Indian health care organizations in this state to ensure representation in shaping Medicaid and health care policies and laws that impact the populations they serve.

**Objectives:**

- Providing technical assistance and/or connecting tribal programs with trusted resources to support their tribal health care infrastructure.]
- Provide “Office Hours” - a designated time for Tribes to call for assistance from our agency staff.

**Metrics:**

- # of Technical Assistance Trainings (Billing, Grants, and Program Development)
  - # Attendees (individuals trained) virtually
  - # Attendees (individuals trained) in-person
  - # Registered for trainings (receive training materials in follow-up email)
  - # Tribes and/or organizations receiving TA
  - # of Tribes and/or organizations
- # of Office Hour Sessions Held
  - # of Tribes/Tribal organizations attending Office Hours

- # of hours has been offered by AACIHC
- Engagement & feedback metrics
  - # of evaluation surveys completed

**Goal 2** - Educate and advocate for the American Indian/Alaskan Native (AI/AN) population in Arizona with state leadership and key Tribal stakeholders on public health care issues identified.

**Objectives:**

- Tribal collaboration
- Create and implement a workgroup to identify and establish AACIHC's advocacy plan.
- Participate in the Governor's Office of Tribal Affairs' State Tribal Liaison meetings and state Legislative Liaison meetings

**Metrics:**

- 2 tribal engagements a year at minimum and ad hoc (as needed)
- Evaluation survey
- Rate of tribal representation at tribal engagements
- # of conducted policy related engagements
- # of updates during the Legislative session
  - Newsletter / Email Alerts
  - Publications
  - Direct Emails to Tribal Leadership
- # of legislative and administrative priorities were chosen for the year (not number, but the actual priorities)

**Goal 3** - AACIHC as a trusted resource for information, education and relevant data on AI/AN health disparities.

**Objectives:**

- Host informational and training sessions about our programs.
- Engage current followers and grow network of followers on social media accounts
- Engage partners through various workgroups, inclusive of all 22 Tribes and organizations working with AI/AN communities.
- Establish and support data related initiatives in state, local, and national data workgroups.
- Create a process for sharing events and activities among Tribal Communities and AACIHC activities that can be used to create content for social media and website updates. Establish a Public Relations Committee for social media and the AACIHC website.
- Establish easily accessible toolkits that support the mission of the AACIHC.

**Metrics:**

- # of Health Education Trainings
  - # Attendees (individuals trained) virtually
  - # Attendees (individuals trained) in-person
  - # Registered for trainings (receive training materials in follow-up email)
  - # Tribes receiving TA
  - # of Tribal organizations
- # of Office Hour Sessions Held for Health Education
  - # of Tribes/Tribal organizations attending Office Hours
- Website: # of views (google analytics)

- Social media analytics: # of followers, click rates, content interactions, reach likes, comments, shares
- # of outreach events attended and “sign-ups”
- # of organizations outreached
- # of social media posts campaigns hosted
- # of PRC meetings held
- # of toolkits created
- Toolkit distribution (e.g. virtual sessions on toolkits and how they may be accessed)
- Establish epidemiology and data use toolkit

## **Goal 4** - Expand the American Indian Health Care Workforce.

### **Objectives:**

- Increase the number of AIH-AHEC Clinical & Educational Partnerships by two organizations each year.
- Establish a mentorship program supporting student career paths, boosting professional growth, and contributing to the retention of talent within tribal communities.
- Organize and facilitate an Indigenous Health Care Professional Gathering in collaboration with partners to provide information on various opportunities and resources related to Tribal Facility Best Practices and staff retention, and nurturing training.
- Expand existing and new Tribal youth pathway programs to enhance their resources and activities.
- Provide Professional Development opportunities and continuing education for the current health care provider workforce working within Tribal facilities.
- Conduct listening sessions with American Indian community leaders and members to better understand health workforce challenges and opportunities.
- Create a resource guide for Indigenous students pursuing a career in healthcare.
- Establish a referral system to provide support for individuals needing to complete their applications for eligibility into higher education, health career pathway programs.
- Provide professional and educational development opportunities through AIH-AHEC agency internships.
- Promote the AIH-AHEC program through community outreach events and conference tabling opportunities that are harmonious with the AIH-AHEC’s primary objectives.
- Provide continued assistance to advance and support the CHR workforce.

### **Metrics:**

- Secure two new formal partnerships annually with clinical and/or educational institutions, totaling ten AIH-AHEC Formal partners by 2027.
- The mentorship program will recruit and support at least 15 Indigenous Health Care professionals from across various disciplines to provide mentorship, career day presentations, and possible shadowing opportunities for youth interested in health care careers.
- AIH-AHEC will sponsor a multi-day Gathering of Tribal Health Care professionals in the spring of 2025 to support Best Practices, resource sharing and professional development opportunities. The goal is to reach a minimum of 150 participants.
- AIH-AHEC will establish 4 new health care occupation clubs annually for high school aged students to learn more about possible careers as well as how to prepare for higher education. In

addition, AIH-AHEC will support five existing high school clubs focused on health care careers in Tribal High Schools.

- The AIH-AHEC program will provide continuing education courses to 250 health care professionals each year through monthly trainings/webinars.
- AIH-AHEC will conduct 4 listening sessions each year among tribal health care communities with a minimum of 75 participants/combined
- The resource guide will be posted on the AIH-AHEC web site once the guide is completed in spring of 2025 and updated there after.
- AIH-AHEC will create a new position within the program which will be focused on preparing and assisting high school and college students with their higher education pursuits in healthcare. A minimum of 200 students will be assisted and counseled each year.
- A minimum of two AIH-AHEC agency internships will be conducted each year.
- The AIH-AHEC will participate in no less than 25 community events and/or conference tabling opportunities each year.
- AIH-AHEC will participate in the annual CHR Summit to support the advancement of this workforce. AIH-AHEC will assist with recruiting and training 5 new CHR's for Tribal CHR programs per year.

**Goal 5** - Develop sustainable initiatives to increase assistance for Tribes/Urban Programs.

- Identify grant funds that meet AACIHC's Mission and Vision and benefit our Tribal stakeholders.
- Expand our partnership network for assistance in obtaining letters of support for grant funding and/or policy advocacy.
- Nurture and Leverage partnerships and networks towards inclusive and comprehensive communication.

**Metrics:**

- # Letters of Support and Commitment/Partnership provider to external partners
- # of grant opportunities shared with partners
- # of new partnerships every year

**Goal 6** - Fill all AACIHC Advisory Council seats and achieve representation of all 22 Federally recognized Tribes of Arizona.

- Identify spaces to have conversations with Tribes for recruitment.
- Provide orientation and training for new advisory council members.
- Outline rules and responsibilities for advisory council members.
- Develop a recruitment and retention strategy.

**Metrics:**

- # of outreach and invites
- # of orientation materials developed
- # of recruitment strategy developed
- # of meetings with Tribal leadership (1:1's, group meetings, etc.)