

# Community Information Forums for New CDC Grants



ARIZONA ADVISORY  
COUNCIL ON INDIAN  
HEALTH CARE



# Mission Statement

The mission of the AACIHC is to advocate for increasing access to high quality health care programs for all American Indians in Arizona

# Vision Statement

The AACIHC strives to be the premier resource for Tribes and Urban Indians in Arizona on American Indian health care.



## Purpose

- Per A.R.S. 36-2902.01 the AACIHC is established 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.
  - Legislative Advocacy
  - Administrative Advocacy



## Advisory Council Members

- **Governor Appointments**
  - Daniel L.A. Preston, Tohono O’odham Nation
  - Alida Montiel, Inter Tribal Council of Arizona, Inc.
  - Deanna Sangster, Native Health
  - Carol Schurz, Gila River Indian Community
  - David Reede, San Carlos Apache Tribe
  - Jessica Rudolfo, White Mountain Apache Tribe
  - Dr. Jill Jim, Navajo Nation



## Advisory Council Members

- **State Director Appointments**
  - Michael Allison, AZ Department of Health Services
  - Candida Hunter, First Things First
  - Jocelyn Beard, AZ Department of Economic Security
  - Amanda Bahe, AZ Health Care Cost Containment System
- **Federal Technical Advisor**
  - Cynthia Lemesh, Centers for Medicare and Medicaid Services



## Expanding our Scope

- Legislative Session 2016: AACIHC statutes were updated
- Per ARS 36-2902.02,

**“Apply for and seek grants, contracts and funding to further the purpose of the council.”**

# Staff



Kim Russell,  
Director



Teresa Snyder,  
Administrative  
Assistant



Corey  
Hemstreet,  
Health  
Program  
Manager



Alison Lovell,  
Grants  
Manager-  
Health  
Disparities  
Grant



Isabella  
Denton,  
Grants  
Manager-  
CDC CCR  
Grant





# COVID-19 Health Disparities Grant

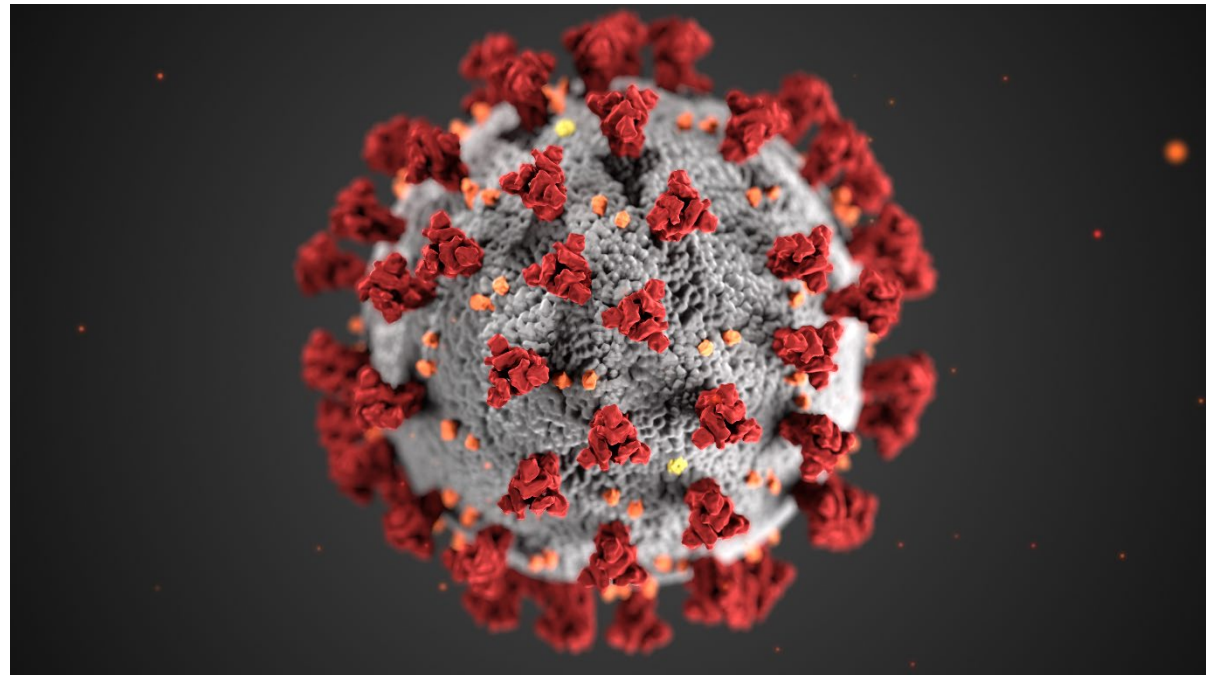
Alison Lovell, NREMT - Grants Manager





## Health Care Disparities Grant

- In 2021 the Centers for Disease Control (CDC) and the Arizona Department of Health Services (ADHS) awarded the Arizona Advisory Council on Indian Health Care (AACIHC) a grant to address COVID-19-related health disparities amongst tribal populations.



## Grant Goals

- Open opportunities to the Tribes and tribal communities to communicate their needs, along with what barriers and challenges they have faced **during the COVID-19 pandemic.**
- Creation of a **Tribal Pandemic Coalition** to aid in communication, identification of pandemic best practices, needs and barriers, and the pooling of resources between communities.





## Grant Goals

- ***Pandemic-centric forums and trainings*** shall ***present identified topics of interest***, and associated information to Tribes and tribal communities.
- ***Health Disparities Summit***
- Towards the end of the grant's designated timeframe, a summit shall be held, where all health disparity data, trends, toolkit items, and cumulative informational materials compiled by the Tribal Pandemic Coalition shall be presented over the course of 1-2 days.





## Grant Goals

- Creation of a ***Pandemic Toolkit***, that will include:
  - Online and printable educational materials, 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.
- This ***Pandemic Toolkit*** aims to assist Tribes and tribal communities in the ongoing pandemic, and can act as a ‘central location/repository’ to find materials needed for future pandemics.

## Communication

- All identified *best practices, and communicated barriers*, shall be *reported back to the Tribes and tribal communities on a quarterly basis*.
- Any *data summaries, policies, resources, and toolboxes* created through this grant shall be given back to the Tribes and tribal communities.
- Periodic *forums and trainings* shall be held regarding *identified topics of interest*.
- Helping Tribes and tribal communities in *real time*.
- **Health Disparities Summit** – Final wrap up summit to present all information gathered by the team and coalition, providing the gathered resources back to the Tribes and tribal communities.



## Grant Goals

- Ultimately the goal is to reduce health care disparities during both the current COVID-19 pandemic and for any future pandemics, by providing informational resources for Tribes and tribal communities.
- The AACIHC chose three strategic areas to focus on, in order to help accomplish this.







# Health Disparities Grant

Strategic Areas and Corresponding Activities



## Strategic Areas

- **Strategy 1:** Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.
- **Strategy 2:** Increase/Improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
- **Strategy 3:** Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.



## Strategy 1

**Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.**

1. A website shall be created, which houses pandemic resources for the Tribes and tribal communities. We are calling this a ‘toolkit’.
2. Pandemic preparedness resources that the Tribes and tribal communities have considered helpful shall be collected, for inclusion in the toolkit.
  - The toolkit will be made available to all Tribes and tribal communities.
3. Culturally relevant information flyers, templates, and videos on pandemic preparedness shall also be created.





## Strategy 2

**Strategy 2: Increase/Improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.**

1. Data collection and reporting practices, that have been critical in pandemic planning and response, shall be pulled and/or created in collaboration with the Tribes.
2. Best practices of data models shall be compiled.
3. Barriers and missed opportunities shall be identified, along with potential solutions for future pandemics.



## Strategy 3

**Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.**

1. A statewide tribal COVID-19 coalition shall be created to share and collaborate on pandemic mitigation strategies, sharing best practices and barriers.
  - It will plan to meet on a regular basis.
  - The coalition will be open to any who wish to participate.
  - Resources created and shared with the coalition will be provided back to the Tribes and tribal communities during quarterly forums.
  - To join the coalition, please email Alison Lovell at [alison.lovell@aacihc.az.gov](mailto:alison.lovell@aacihc.az.gov)





## Strategy 3

**Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.**

2. AACIHC shall hold quarterly conferences, forums, and training events to share information that promotes infrastructure development pertaining to pandemic prevention.
3. Pandemic tools (i.e. policies, procedures, quarantine guidelines, public health models, training modules for citizens and health care workers, etc.) shall be created and shared with the Tribes to help all prepare for future pandemics.
4. Model tribal policies created to mitigate COVID-19, that were the most effective, shall be identified and shared in toolkits.

## All Three Strategies Combined

Pandemics are not polite about timing, so it is up to us to be prepared before they hit. By leveraging lessons learned from the current pandemic, we can seek to bridge the gap of health disparities for our tribal populations.

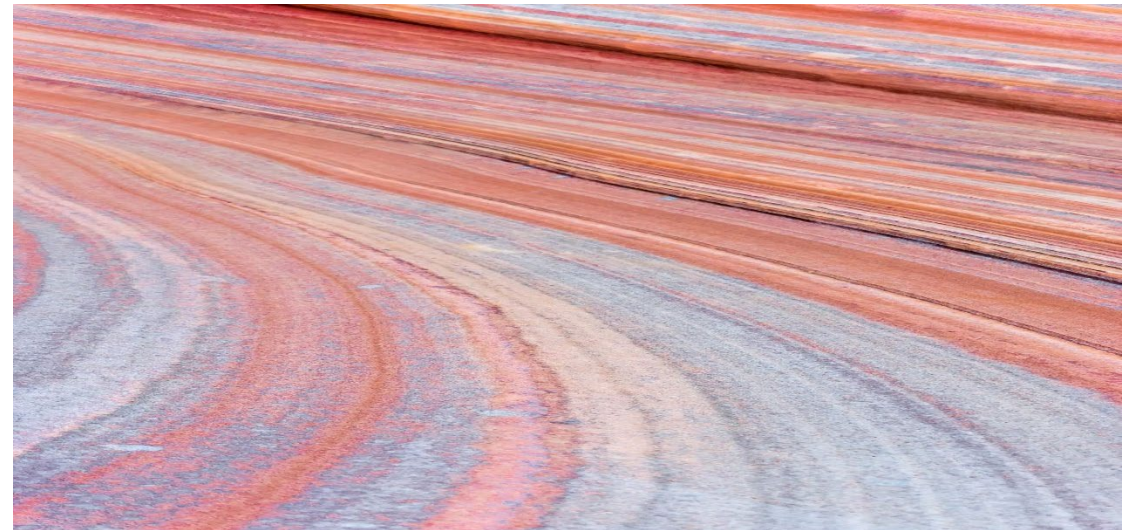
- Imagine a central repository of all accumulated, culturally relevant, pandemic preparedness materials.
- Imagine Tribal summits specific to what *works* for our communities.
- This is what this grant seeks to create.





## We Are Hiring!

- The Arizona Advisory Council on Indian Health Care is looking for 3 highly motivated individuals to join our team!
- These are grant funded positions, and will function as a part of the Health Disparities Grant team to implement the grant's 3 CDC strategies for combating COVID-19.
- We will be hiring for:
  - 1 Epidemiologist
  - 2 Grant Coordinators



# Questions?





# Community Health Workers for Covid Response and Resilient Communities (CDC- CCR)

Bella Denton, Grants Manager



# Introduction



ARIZONA DEPARTMENT  
OF HEALTH SERVICES



To advocate for increasing access to high quality health care programs for all American Indians in Arizona.





# Presentation Objectives

- Understand CDC-CCR Grant Goals
- CDC-CCR Grant Background
- Identify Partnerships
- Discuss Grant Objectives
- Short Term, Intermediate, and Long Term Outcomes
- Questions







# Grant Background

- Grant Duration: August 31, 2021 through August 30, 2024
- Arizona Advisory Council on Indian Health Care (AACIHC) has been working with Community Health Representatives (CHRs) for over 5 years in the realm of Medicaid Reimbursement, Community Health Worker (CHW) Voluntary Certifications, Workforce Development, and Training Opportunities
- We applied to the CDC-CCR grant as a consortium (5 subcontracted Tribes and NAU)

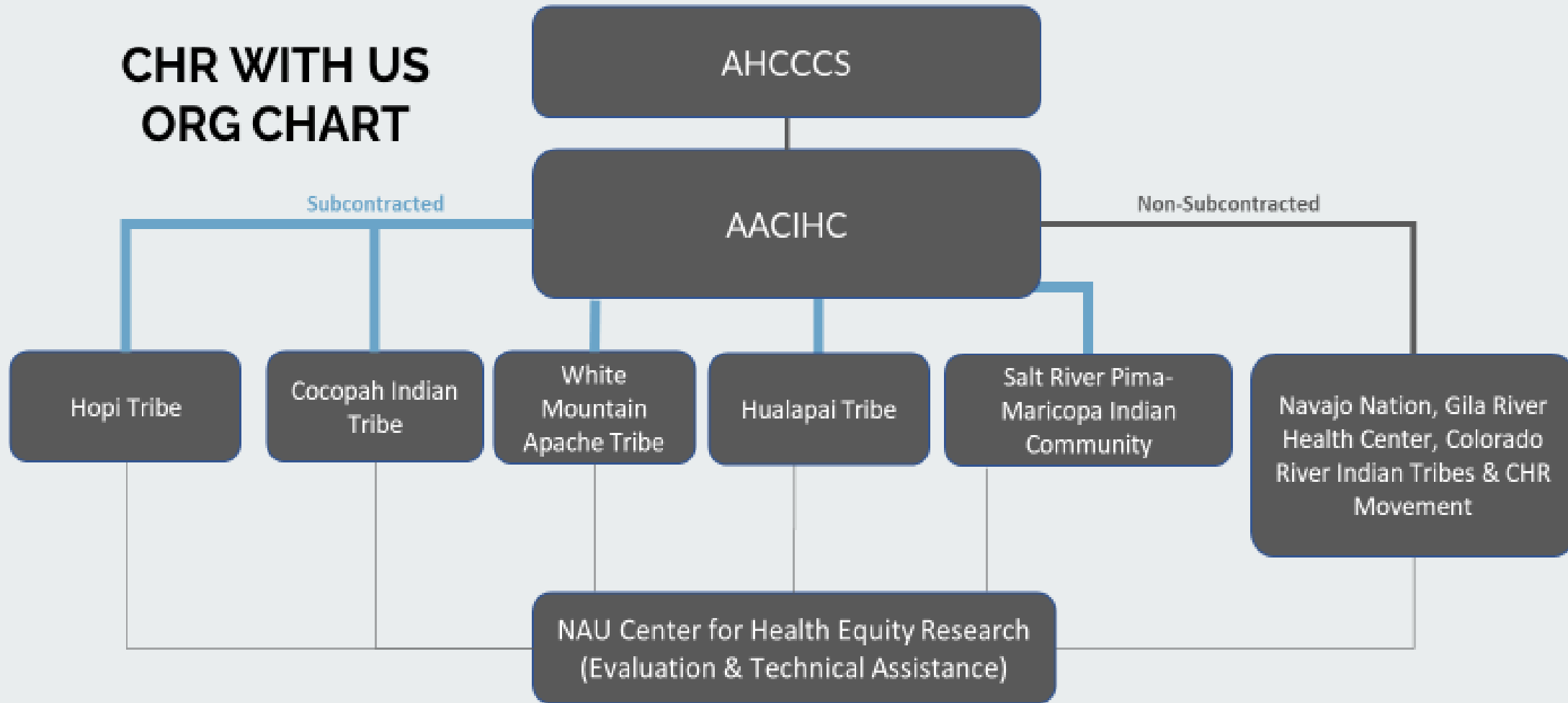
# CDC-CCR Grant Partners







# CHR WITH US ORG CHART



# Northern Arizona University (NAU)

## Northern Arizona University

- Evaluation, data collection, monitoring, analysis and reporting efforts
- Provide overall support, including oversight of development of instrument design, data collection, database development and management, collaborative analysis, and development.
- Dissemination of findings
  - Local presentations
  - Stakeholder meetings
  - Conferences







## Community Health Representatives as a Solution

Community Health Representatives (CHRs) are distinctive from care team professionals in three primary ways:

1. Relationship and trust-building – CHRs identify specific needs of patients in context
2. Communication- CHRs improve continuity and clarity, between provider and patient
3. Focus on Social Determinants of Health - CHRs focus on conditions in which people are born, grow, work, live, and age

# Implementation





# Objectives

**Train** CHRs to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support the COVID-19 public health response to manage outbreaks and community spread.

**Deploy** CHRs to support the COVID-19 Public Health Response to manage outbreaks and spread of COVID-19 among American Indian (AI) communities in Arizona.

**Engage** CHRs to help build and strengthen AI communities' resilience to mitigate the impact of COVID-19 by improving the overall health of their populations.



# Objective 1: Train

- Train-the-trainer
- Trainings:
  - Mandatory Training Topics
    - CDC Crisis and Emergency Risk Training
    - Public Health Emergency
    - Basic Epidemiology
  - CHR preferred Training Topics
    - NAU Survey

## Objective 2: Deploy

- Integrating CHR programs into healthcare and human service organizations
  - Examples:
    - Electronic Health Record systems
    - Environmental Health

# Objective 3: Engage

- Program to Program Mentoring
  - CHR programs
- Resources:
  - Manuals
  - Videos
  - Pamphlets



A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The word "Outcomes" is centered in the image in a teal serif font.

# Outcomes

# Short Term Outcomes

## Short Term Outcomes (Yr1):

- Increase skills and capacity of CHRs to provide services and support for COVID-19 public health response efforts in AI communities;
- Increase CHR workforce delivering COVID-19 management services; and
- Increase utilization of community resources, palliative care and clinical services for AI at highest risk for poor health outcomes.



# Intermediate Outcomes

## Intermediate Outcomes (Yr 2):

- Increase reach of CHR-influenced COVID-19 mitigation efforts among AI communities in Arizona;
- Continue promotion and integration of CHRs into existing health systems serving AIs; and
- Increase provision of community resources and clinical services to AIs at highest risk for poor health outcomes.



# Long Term Outcomes

## Long Term Outcomes (>Yr 3):

- Increase health equity and decrease health disparities in AI communities in Arizona by decreasing the impacts of COVID-19 and increasing community resilience to respond to COVID-19 and other future public health emergencies.

A desert landscape featuring several tall saguaro cacti in the foreground and a range of rugged mountains in the background under a blue sky with scattered white clouds. The text 'CDC-CCR Team' is centered in the middle of the image.

# CDC-CCR Team



# CDC-CCR Team

Grants Manager - Bella Denton

Grants Coordinator - Vacant

Training Officer III - Vacant

Training Specialist (Northern Region) - Vacant

Training Specialist (Southern Region) - Vacant



# CDC-CCR Events

- Quarterly CHR CDC-CCR grant meeting
  - Four meetings a year
- Annual CHR summit
  - Once a year

# Contact Information

Bella Denton, Grants Manager

Email: [Isabella.denton@aacihc.az.gov](mailto:Isabella.denton@aacihc.az.gov)



Questions?

Thank you!