

**Tribal Consultation Virtual Meeting Report**  
**Arizona American Indian Area Health Education Center (AHEC) Initiative**  
**October 23, 2020**

**Submitted Collaboratively by:**

**University of Arizona**

**Arizona Advisory Council on Indian Health Care**

**Arizona Department of Health Services**



THE UNIVERSITY OF ARIZONA  
**Arizona AHEC**  
Area Health Education Centers



ARIZONA ADVISORY  
COUNCIL ON INDIAN  
HEALTH CARE



ARIZONA DEPARTMENT  
OF HEALTH SERVICES  
POLICY & INTERGOVERNMENTAL AFFAIRS

**Table of Contents**

	Page
Introduction.....	1
Welcome.....	1
Blessing and Purpose of Tribal Consultation.....	1
Overview and Background of Area Health Education Centers .....	1
Health Professions Disparities.....	2
6 <sup>th</sup> AHEC Focusing on the Indian Health System.....	3
Projected 6th AHEC Budget.....	3
6 <sup>th</sup> AHEC Possible Structure & Operating Options.....	3
Open Dialogue.....	4
Next Steps.....	4
Conclusion.....	5
 <b>Appendix:</b>	
A. Meeting agenda.....	6
B. List of Attendees.....	7
C. AHEC Arizona Statute A.R.S 15-1643.....	8
D. Arizona Lottery Statute A.R.S. 5-572C.....	9
E. Draft Legislative Bill Language.....	11

---

## **INTRODUCTION**

On Friday, October 23, 2020 the virtual Tribal Consultation Meeting was held to discuss and obtain tribal input on the initiative to create a 6<sup>th</sup> Arizona Area Health Education Center (AzaHEC) Program Regional Center that focuses on the American Indian health system. See [Appendix A](#) for a copy of the meeting agenda. Twenty-seven individuals participated in the meeting which included one tribal President, one tribal Chairman, two tribal Council Members, three tribal health directors, two tribal 638 CEOs, the Assistant Director and Health & Human Services Director of ITCA, and one urban Indian health program CEO. In total five tribes were represented at the meeting. See [Appendix B](#) for the list of attendees. The tribal consultation meeting was jointly conducted by the University of Arizona (UA), the Arizona Advisory Council on Indian Health Care (AAIHC), and the Arizona Department of Health Services (ADHS). Comprehensive pre-meeting presentation documents were posted on the University of Arizona AHEC Program website prior to the tribal consultation meeting. These materials can be found at <https://azahec.uahs.arizona.edu/az-american-indian-ahec-initiative>.

## **PROCEEDINGS OF THE MEETING**

### **Welcome**

Timian Godfrey, Clinical Assistant Professor, UA College of Nursing and Levi Esquerra, Senior Vice President, Native American Advancement & Tribal Engagement, UA provided welcome remarks.

### **Blessing and Purpose of Tribal Consultation**

Michael Allison, Native American Liaison, ADHS provided the meeting blessing and an overview of the background and purpose of the tribal consultation meeting. The purpose of the tribal consultation meeting was to obtain tribal input on the initiative to create a 6<sup>th</sup> AzaHEC Regional Center that focuses on the American Indian health care system.

### **Overview and Background of Area Health Education Centers**

Lelia Barraza, Director, AzaHEC Program, University of Arizona Health Sciences provided an overview and background of the AzaHEC Program.

In 1971, the United States Congress, through the Comprehensive Health Manpower Training Act (Pub. L. 92-157) created the Area Health Education Centers (AHEC) Program with the purpose of enhancing access to quality health care, particularly primary and preventative care, by improving the supply and distribution of health care professionals through academic/community educational partnerships in rural and urban medically underserved areas.

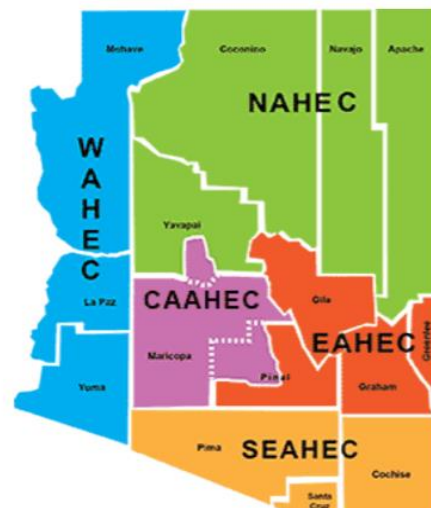
Each state AHEC Program is housed in a university's health science center to administer the programs and coordinate the efforts of the state's AHEC Regional Centers. In 1984, the Arizona AHEC Program was established by the Arizona State Legislature, through A.R.S § 15-1643 now administered through the University of Arizona Office of the Senior Vice President for Health Sciences. See [Appendix C](#) for a copy of A.R.S § 15-1643.

The AzaAHEC Program has two funding sources: 1) federal funds through the Health Resources and Services Administration (HRSA), Bureau of Health Professions and 2) a federal minimum requirement of 1:1 non-federal funding which is provided from the Arizona State Lottery (A.R.S § 5-572C). See [Appendix D](#) for copy of A.R.S § 5-572C.

Currently, the AzaAHEC Program is comprised of the AzaAHEC Program housed at the University of Arizona Tucson campus and five AzaAHEC Regional Centers seen on the map and the areas they serve:

The five AzaAHEC Regional Centers are:

1. Central Arizona AHEC (CAAHEC)
2. Eastern Arizona AHEC (EAAHEC)
3. Northern Arizona AHEC (NAAHEC)
4. Southeastern Arizona AHEC (SAAHEC)
5. Western Arizona AHEC (WAAHEC)



The AzaAHEC Regional Centers receive state and federal funding for five major activities:

1. Health Professions Trainee Education
2. AHEC Scholars Community Interprofessional Community Immersion
3. Youth K-16 Health Career Pipeline Programs to introduce youth to health careers
4. Continuing Education for Health Professionals
5. Community Health Promotion for local community members throughout Arizona

### **Health Professions Disparities:**

Dr. Dan Derken, Associate Vice President for Health Equity, Outreach and Interprofessional Activities, UA Arizona Health Sciences provided a presentation on the needs for health professionals in rural areas of the state including Indian reservations. Agnes Attakai, Director of Health Disparities Outreach & Prevention Education, UA Center for Rural Health provided a presentation on health professions disparities within the Indian Health Service and tribal 638 health facilities.

## **6<sup>th</sup> AHEC Focusing on the Indian Health System:**

Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care (AACIHC) provided a presentation on Arizona legislative actions in 2019 and 2020. In 2019, the AACIHC with tribal partners first proposed a legislative initiative to amend state statute to establish a sixth AzAHEC Regional Center focusing on the Indian Health Care delivery system. Senate Bill (SB) 1174 was introduced and sponsored by Senator Heather Carter. SB1174 proposed to amend A.R.S. § 15-1643 by adding a sixth AzAHEC Regional Center that would focus on the Indian Health System specifically targeting American Indian and Alaskan Native students. Unfortunately, SB1174 was approved by the Senate but due to non-related legislative matters the bill did not get a hearing by the House.

In 2020, the AACIHC with tribal partners reintroduced the initiative. House Bill (HB) 2296 was sponsored by Representative T.J. Shope. HB 2296 passed the House but the bill was not introduced into the Senate due to the Legislature's early adjournment because of the Covid-19 pandemic. A copy of the draft bill language is included in this report ([see Appendix E](#)).

Alida Montiel, Director of Health & Human Services, ITCA provided a presentation on providers retention & recruitment efforts of the Indian Health Service and Tribally operated 638 facilities.

## **Projected 6th AzAHEC Budget:**

Amanda Perkins, Assistant Finance Director, AzAHEC Program provided a presentation on the budget structure for the existing AzAHEC Regional Centers.

## **6<sup>th</sup> AHEC Regional Center Possible Structure & Operating Options:**

Jennifer Zuniga, Associate Director, AzAHEC Program presented on the Request for Proposal funding process and administration of the AzAHEC Regional Centers. The federal Health Resources and Service Administration funding supports and requires each Regional Center to have defined programs for Health Profession Students Education, AHEC Scholars Community Immersion, Grade 9-16 Health Career Pipeline Programs, and Continuing Education for Health Professionals. These funds are provided through a competitive grant. The State of Arizona Lottery Funds may be used for these same activities, for K-8 Health Career Pipeline Programs, and for community health promotion programs. Narrative, data, and fiscal reporting is required from all centers through the Program Office to both Federal and State funding sources. A potential structure for an American Indian AHEC would be to use State Funds to develop an infrastructure, and then seek HRSA approval for federal funds through the upcoming competing continuation proposal. The federal HRSA funds require that there be no geographic overlap in the geographic areas served by an AHEC Regional Center.

## Open Dialogue

Kim Russell facilitated discussion to garner input and recommendations from the participants. The following highlights participants' recommendations:

- Coordinate and collaborate with the Indian Health Services (IHS) Community Health Aide Program (CHAP) and appropriate agencies of the U.S. Health & Human Services, including the Centers for Medicare and Medicaid Services Tribal Technical Advisory Group (TTAG) and any future tribal advisory group of the Health Resources & Services Administration to include the professions under the CHAP.
- Prioritize community collaborators and partnerships for grantsmanship and program development
- Establish contractual relationships between AIAHEC, Tribal Colleges and other local partners
- Make available local educational opportunities to support and empower youth
- Consult existing regional centers on how to establish community-based education programs, specifically for allied health and mid-level providers
- Connect with the Tuba City Regional Health Care Corporation for programming ideas and best practices
- Create an Assessment Map depicting community and/or clinical programs
- Create a budget that supports local schools, education centers, and health programs focused on career development of licensed professionals, mid-level and allied health staff
- Bridge programs for Associate Degree Nurses to attain a Bachelor of Science in Nursing
- The AZ American Indian AHEC site(s) must be accessible. Proposed centralized location with satellite locations to promote internet and telehealth accessibility for students
- Share information from tribal community programs with one another
- Create a mentorship program of Native Americans who are health professionals. Programs need to be developed by people who know the community. Support tribal communities "Grow Your Own" workforce development strategy.

## Next Steps

Daniel Preston, Legislative Council Member, Tohono O'odham Nation coordinated participants input on next steps. Collectively, the participants recommendation was to continue to support the 6<sup>th</sup> AzaHEC Regional Center initiative. The following next steps were provided:

- Amend state statute to establish a sixth Arizona Area Health Education Center (AzaHEC) Regional Center that will focus on the Indian Health Care delivery system in Arizona in the upcoming 55<sup>th</sup> Legislative Session.

- Educate tribal leaders, stakeholders and state legislators about the 6<sup>th</sup> AzAHEC Regional Center.
- Things to do now until end of December: Finalize bill language; meet with Tribal leadership and other stakeholders, Senate and House members including the Indigenous Peoples Caucus; identify prime sponsors(s); decide if mirror bills will be run; meet with the Governor’s Health Policy Advisor
- Things to do when session starts: track the bill on [www.azleg.gov](http://www.azleg.gov) website; sign-up and utilize the Request to Speak system; organize testimony for committee meetings; be available to members of the legislature for questions.
- Tribal and non-tribal advocacy: educate others about the 6<sup>th</sup> AzAHEC Regional Center; pass tribal resolutions; meet with your legislature; consider providing testimony during committee meetings.

### **CONCLUSION**

Overall, all participants were in favor of pursuing the 6<sup>th</sup> AzAHEC Regional Center initiative.

**APPENDIX A: Meeting Agenda**



THE UNIVERSITY OF ARIZONA  
**Arizona AHEC**  
 Area Health Education Centers



ARIZONA ADVISORY  
 COUNCIL ON INDIAN  
 HEALTH CARE



ARIZONA DEPARTMENT  
 OF HEALTH SERVICES  
 POLICY & INTERGOVERNMENTAL AFFAIRS

Tribal Consultation Virtual Meeting  
 Arizona American Indian Area Health Education Center Initiative  
 October 23, 2020  
 9:00 am – 12:00 pm

9:00 am	Welcome and Introductions	Timian Godfrey- <i>Clinical Assistant Professor, UA College of Nursing</i>
9:10 am	Native American Advancement & Tribal Engagement Office	Levi Esquerro- Senior Vice President, Native American Advancement & Tribal Engagement
9:15 am	Blessing	
9:20 am	Purpose of Meeting	Michael Allison- <i>ADHS, Native American Liaison</i>
9:25 am	Overview and Background of Area Health Education Center (AHEC)	Leila Barraza- <i>Director of AzaAHEC, University of Arizona Health Sciences</i>
9:40 am	Health Professions Disparities <ul style="list-style-type: none"> <li>• Rural Need Presentation</li> <li>• Tribal Need Presentation</li> </ul>	Dr. Dan Derksen- <i>Associate Vice President for Health Equity, Outreach and Interprofessional Activities, UA Arizona Health Sciences</i>  Agnes Attakai- <i>Director of Health Disparities Outreach &amp; Prevention Education, UA Center for Rural Health</i>
9:55 am	6 <sup>th</sup> AHEC Focusing on the Indian Health System <ul style="list-style-type: none"> <li>• AACIHC Resolution &amp; Legislative Advocacy</li> <li>• IHS/Tribal Health Provider Retention &amp; Recruitment Efforts</li> </ul>	Kim Russell- <i>Executive Director, AACIHC</i>  Alida Montiel- <i>Director of Health &amp; Human Services, ITCA</i>
10:15 am	Projected 6 <sup>th</sup> AHEC Budget	Amanda Perkins- <i>Assistant Finance Director, AzaAHEC</i>
10:25 am	6 <sup>th</sup> AHEC Possible Structure & Operating Options	Jennifer Zuniga, <i>Associate Director, AzaAHEC</i>
10:40 am	Open Dialogue	
11:40 am	Next Steps <ul style="list-style-type: none"> <li>• Arizona Legislative 2020-2021 Session</li> <li>• Tribal/Urban Indian Organization Advocacy</li> </ul>	Kim Russell, <i>Executive Director, AACIHC</i>  Daniel Preston- <i>Tohono O’odham Nation Legislative Council Member</i>
12:00 pm	Adjournment	

\*Planning assistance was provided by staff of the Inter Tribal Council of Arizona, Inc.



**APPENDIX B: List of Attendees**

Name	Title	Tribe/Organization
Michael Allison	Native American Liaison	AZ Department of Health Services
Agnes Attakai	Director of Health Disparities Outreach & Prevention Education	UA Center for Rural Health
Jeff Axtell	Chief Executive Officer	Native Americans for Community Action, Inc.
Leila Barraza	Director	UA AZ Area Health Education Center
Jocelyn Beard	Senior Tribal Liaison	AZ Department of Economic Security Office of Tribal Relations
Victoria Began	Chief Executive Officer	San Carlos Apache Health Care
Dr. Damon Clarke	Chairman	Hualapai Tribe
Dr. Dan Derksen	Associate Vice President for Health Equity	UA Health Sciences
Levi Esquerra	Senior Vice President	Native American Advancement & Tribal Engagement
Mildred Garcia	Chief Ancillary Officer	Tuba City Regional Health Care Corporation
Dr. Timian Godfrey	Clinical Assistant Professor	University of Arizona College of Nursing
Corey Hemstreet	Health Program Manager	AZ Advisory Council on Indian Health Care
Jill Jim	Executive Director	Navajo Nation Department of Health
Travis Lane	Assistant Director	Inter-Tribal Council of Arizona
Emily Maass	Public Health PhD student	
Leander Mase	Legislative Council Member	Tohono O’odham Nation
Alida Montiel	Health & Human Services Director	Inter-Tribal Council of Arizona
Jesse Navarro	Governmental Affairs Assistant	Tohono O’odham Nation
Jonathan Nez	President	Navajo Nation
Amanda Perkins	Assistant Finance Director	AZ Area Health Education Center
Sally Pete	Chief Executive Officer	Winslow Indian Health Care Corporation
Candalerian Preston	Director	Gila River Indian Community Health Department
Daniel Preston	Legislative Council Member	Tohono O’odham Nation
Robert Price		Tucson Indian Health Services
Jessica Rudolfo	Executive Director	White Mountain Apache Tribe Division of Health Program
Kim Russell	Executive Director	AZ Advisory Council on Indian Health Care
Jennifer Zungia	Associate Director	AZ Area Health Education Center

15-1643. Arizona area health education system; centers; governing boards; duties

A. The Arizona board of regents shall establish the Arizona area health education system in the college of medicine of the university of Arizona. The board shall appoint a system director.

B. The system shall consist of five area health education centers administered by the director of the Arizona area health education system. Each center shall represent a geographic area with specified populations that the system determines currently lack services by the health care professions.

C. The Arizona board of regents shall appoint a governing board for each center consisting of not fewer than ten people and not more than twenty people. Board membership shall consist of health care providers and consumers and shall reflect the ethnic representation of the center's geographic area. Each governing board shall make recommendations to the director regarding health professionals' educational needs, local program priorities and the allocation of system monies. Board members are not eligible to receive compensation or reimbursement of expenses.

D. Each center shall conduct:

1. Physician and other health professional education programs that consist of any of the following:

(a) An undergraduate clinical training program.

(b) A graduate program.

(c) Postgraduate continuing education.

2. Programs to recruit and retain minority students in health professions.

3. Continuing education programs for health professionals.

E. The director shall submit a written report on or before November 15 of each year to the governor, the president of the senate and the speaker of the house of representatives. The report shall contain the following:

1. The fiscal status of each center.

2. Information regarding center education, outreach and training programs.

3. Information regarding placement of health care personnel in areas the director determines are underserved by these professionals.

4. An assessment of system accomplishments.

5. Recommendations for possible legislative action.

F. The system shall provide expertise and administrative services to each center.

5-572. Use of monies in state lottery fund; report

A. If there are any bonds or bond related obligations payable from the state lottery revenue bond debt service fund, the state lottery revenue bond debt service fund shall be secured by a first lien on the monies in the state lottery fund after the payment of operating costs of the lottery, as prescribed in section 5-555, subsection A, paragraph 1, until the state lottery bond debt service fund contains sufficient monies to meet all the requirements for the current period as required by the bond documents. Debt service for revenue bonds issued pursuant to this chapter shall be paid first from monies that would have otherwise been deposited pursuant to this section in the state general fund. After the requirements for the current period have been satisfied as required by the bond documents, the monies in the state lottery fund shall be expended for the expenses of the commission incurred in carrying out its powers and duties and in the operation of the lottery.

B. Of the monies remaining in the state lottery fund each fiscal year after appropriations and deposits authorized in subsection A of this section, ten million dollars shall be deposited in the Arizona game and fish commission heritage fund established by section 17-297.

C. Of the monies remaining in the state lottery fund each fiscal year after appropriations and deposits authorized in subsections A and B of this section, five million dollars shall be allocated to the department of child safety for the healthy families program established by section 8-481, four million dollars shall be allocated to the Arizona board of regents for the Arizona area health education system established by section 15-1643, three million dollars shall be allocated to the department of health services to fund the teenage pregnancy prevention programs established in Laws 1995, chapter 190, sections 2 and 3, two million dollars shall be allocated to the department of health services for the health start program established by section 36-697, two million dollars shall be deposited in the disease control research fund established by section 36-274 and one million dollars shall be allocated to the department of health services for the federal women, infants and children food program. The allocations in this subsection shall be adjusted annually according to changes in the GDP price deflator as defined in section 41-563 and the allocations are exempt from the provisions of section 35-190 relating to lapsing of appropriations. If there are not sufficient monies available pursuant to this subsection, the allocation of monies for each program shall be reduced on a pro rata basis.

D. If the state lottery director determines that monies available to the state general fund may not equal eighty-four million one hundred fifty thousand dollars in a fiscal year, the director shall not authorize deposits to the Arizona game and fish commission heritage fund pursuant to subsection B of this section until the deposits to the state general fund equal eighty-four million one hundred fifty thousand dollars in a fiscal year.

E. Of the monies remaining in the state lottery fund each fiscal year after appropriations and deposits authorized in subsections A through D of this section, one million dollars or the

remaining balance in the fund, whichever is less, is appropriated to the department of economic security for grants to nonprofit organizations, including faith based organizations, for homeless emergency and transitional shelters and related support services. The department of economic security shall submit a report on the amounts, recipients, purposes and results of each grant to the governor, the speaker of the house of representatives and the president of the senate on or before December 31 of each year for the prior fiscal year and shall provide a copy of this report to the secretary of state.

F. Of the monies remaining in the state lottery fund each fiscal year after appropriations and deposits authorized in subsections A through E of this section, and after a total of at least ninety-nine million six hundred forty thousand dollars has been deposited in the state general fund, three million five hundred thousand dollars shall be deposited in the Arizona competes fund established by section 41-1545.01. The balance in the state lottery fund remaining after deposits into the Arizona competes fund shall be deposited in the university capital improvement lease-to-own and bond fund established by section 15-1682.03, up to a maximum of eighty percent of the total annual payments of lease-to-own and bond agreements entered into by the Arizona board of regents.

G. All monies remaining in the state lottery fund after the appropriations and deposits authorized in this section shall be deposited in the state general fund.

H. Except for monies expended for debt service of revenue bonds as provided in subsection A of this section, monies expended under subsection A of this section are subject to legislative appropriation.

I. The commission shall transfer monies prescribed in this section on a quarterly basis.

## APPENDIX E: Draft Legislative Bill Language

Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 15-1643, Arizona Revised Statutes, is amended to read:

15-1643. Arizona area health education system; centers; governing boards; duties

A. The Arizona board of regents shall establish the Arizona area health education system in the college of medicine of the university of Arizona. The board shall appoint a system director.

B. The system shall consist of ~~five~~ SIX area health education centers administered by the director of the Arizona area health education system. Each center shall represent a geographic area with specified populations that the system determines currently lack services by the health care professions. **ONE CENTER SHALL FOCUS ON THE INDIAN HEALTH CARE DELIVERY SYSTEM.**

C. The Arizona board of regents shall appoint a governing board for each center consisting of not fewer than ten people and not more than twenty people. Board membership shall consist of health care providers and consumers and shall reflect the ethnic representation of the center's geographic area. Each governing board shall make recommendations to the director regarding health professionals' educational needs, local program priorities and the allocation of system monies. Board members are not eligible to receive compensation or reimbursement of expenses.

D. Each center shall conduct:

1. Physician and other health professional education programs that consist of any of the following:

(a) An undergraduate clinical training program.

(b) A graduate program.

(c) Postgraduate continuing education.

2. Programs to recruit and retain minority students in health professions.

3. Continuing education programs for health professionals.

E. The director shall submit a written report on or before November 15 of each year to the governor, the president of the senate and the speaker of the house of representatives. The report shall contain the following:

1. The fiscal status of each center.

2. Information regarding center education, outreach and training programs.

3. Information regarding placement of health care personnel in areas the director determines are underserved by these professionals.

4. An assessment of system accomplishments.

5. Recommendations for possible legislative action.

F. The system shall provide expertise and administrative services to each center.