REPORT OF THE ARIZONA NATIVE AMERICAN PRIMARY CARE RESOURCES WORKSHOP/FORUM SERIES

(A Documentation of Eight Health Care Needs of Reservation and Urban Indian Communities)

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EXECUTIVE SUMMARY

In August of 2001, the Arizona Department of Health Services (ADHS) was awarded a $9,000 grant from the Health Resources and Services Administration San Francisco Regional Office (HRSA-SFRO) to assist in the sponsorship of health care workshop/forum meetings with the Arizona Native American health care community. The purpose was to discuss and document the health care needs and concerns of the Arizona Native American health care community for the purpose of assisting in the coordination of services from federal, state, tribal, and private providers of health care services to the Arizona Native American community.

A planning committee was formed comprised of representatives from ADHS, HRSA-SFRO, tribal and urban health directors, university, Indian Health Service, and non-profit health care providers to assist in the planning and development of the workshop/forums. Eight health issues were identified around which the workshop/forums were planned. These eight issues were: data and information sharing, the integration of mental health and primary care, partnership and collaboration, telemedicine, access to care, program evaluation, traditional medicine, and workforce needs.

Two regional sessions, and one statewide session were conducted. The southern session was held at the Apache Gold Resort on the San Carlos Apache Indian Reservation on 3/14/02 with forty-five participants in attendance. The northern session was held at the community gymnasium on the Hualapai Indian Reservation on 4/23/02 with fifty-five participants in attendance. The statewide session was held at the Hon Dah Resort on the White Mountain Apache Indian Reservation on 5/30/02 with fifty-two participants in attendance. The agenda for the regional sessions consisted of health issue panel break out presentations and small group discussions in the morning, a sponsored luncheon with a keynote speaker during the luncheon period, and panel breakout reports in the afternoon. The statewide session was conducted in town-hall format with no breakouts. The agenda consisted of health panel reports highlighting the regional sessions discussion and recommendations in the morning, a sponsored luncheon with a keynote speaker during the luncheon period, and recommendation discussion in the afternoon.

The following narrative highlights the issues and recommendations for each of the eight health issues as discussed at all three sessions.

1. Data and Information Sharing

Southern Session: There was general consensus that data collection and sharing was critical for local health care delivery. The major recommendations were for standardization of data collection systems, the development of model policies for genetic research, and the sponsorship of local training in data collection and reporting systems.

Northern Session: There was consensus that local communities needed community health data to be shared with them. The major recommendations were for the development of local community information technology plans, development of local health reports, and sponsorship of local training on data collection for tribal leaders and community members.

Statewide Session: The major recommendations were support and encouragement for data collection and sharing, encouragement for additional data sharing agreements between ADHS and the tribes, insistence that tribal data belongs to each specific tribe, and encouragement for data holders to collaborate to prevent data fragmentation.

2. The Integration of Mental Health and Primary Care

Southern Session: There was general consensus that mental health was a serious health problem among Native American communities. The major recommendations were for the U.S. Department of Health and Human Services to issue an update report on mental health, and the development of a Memorandum of Understanding (MOU) between HRSA, Indian Health Service (IHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Northern Session: There was general consensus that there was a lack of mental health professionals at the local community level. The major recommendations were for tribes to develop team member approaches to behavioral health problems/issues and for HRSA to develop a behavioral health component to stimulate collaboration with SAMSHA.

Statewide Session: The major recommendation were support and encouragement for holistic healing (mind, body, and spirit), to explore the possibility of a Community Health Center initiating a health disparity initiative that focuses on the Native American population it serves, and creation of preventive action workgroups to assist local communities in addressing suicides.

3. Partnership and Collaboration

Southern Session: There was general consensus that foundations and state government personnel needed to be educated on the needs of Native American health care. The major recommendations were for tribal delegations to visit foundations to educate them on Native American health care needs, and to make web sites more user friendly.

Northern Session: There was general consensus that lack of resources, expertise, and data hampers local communities in developing partnerships and collaborations. The major recommendations were development of local community assessment plans and development of plans of actions, and encouragement for inter-tribal working relationships.

Statewide Session: The major recommendations were encouragement and support for inter-tribal sharing of expertise, sending of tribal delegations to Foundations to educate them on Native American health care needs, encouragement for use of resources available from the Arizona Association of Community Health Centers, Inc. (AACHC), the Partners in Native American Public Health, and the Arizona State University (ASU)/IHS partnership, and development of a technical resource guide for tribes.

4. Telemedicine

Southern Session: There was general consensus that the benefits of telemedicine were positive for Native American communities. The major recommendations were for IHS to adopt a line

item budget for telemedicine, and development of initiatives to eliminate the limitations affecting implementation of telemedicine in Native American communities.

Northern Session: There was general consensus that telemedicine was favorable for local communities. The major recommendations were for the Inter-Tribal Council of Arizona (ITCA) to put telemedicine as a high priority, and for tribal and IHS clinics to host a meeting to discuss telemedicine access and methodologies.

Statewide Session: The major recommendations were support and encouragement for telemedicine universal services and discount programs, sponsorship of tribal/urban telemedicine training sessions, and encouragement for U.S. Department of Agriculture and IHS to implement teleradiology and telepsychology within the next two years.

5. Access to Care

Southern Session: There was general consensus that access to care was a major problem in Native American communities. The major recommendations were to improve two-way education regarding programs and resources, better response to transportation issues, and expanded innovated partnerships and Memorandum of Understandings.

Northern Session: There was consensus that access to care was an issue in the delivery of health care especially among the younger population. The major recommendations were for formation of collaborative partnerships, community development, and local empowerment.

Statewide Session: The major recommendations were encouragement for finalization of ITCA community transportation plan, and encouragement for use of available resources from AACHC to train local staff on Medicaid and Kidcare applications.

6. Program Evaluation

Southern Session: There was general consensus that there was a shortage of program evaluators among Native American communities. The major recommendations were the need to develop and train Native American evaluation teams, development and publishing of an evaluator listing, and separation of evaluation from research.

Northern Session: There was consensus that training was needed at the local level and that there was a need for coordination of state demographic data. The major recommendations were development of training on documentation for providers to improve prevention efforts, and improvement to state demographic data to improve understandability of local community access and eligibility to care.

Statewide Session: The major recommendations were development of tribal program evaluation teams, development of specific program evaluation plans for tribal and urban program working with the University of Arizona College of Public Health and development and publishing of a program evaluators resource listing for use by tribes and urban programs.

7. Traditional Medicine

Southern Session: There was interest in discussing traditional medicine and western medicine and their relationships. The major recommendations were continued support for traditional medicine in primary care settings, maintenance of sharing of traditional medicine practices between tribal and urban Indian health centers, and creation of a directory of traditional healers.

Northern Session: There was consensus that traditional medicine practices were important for local Native American communities. The major recommendations were encouraging incorporation of traditional medicine into primary care and supporting funding for traditional medicine.

Statewide Session: The major recommendations were support and encouragement of wellness, to explore the possibility of traditional medicine program funding from HRSA's Native Hawaiian, Office of Cultural Diversity, and Complementary Alternative Medicine Programs, and development of expanded MOU with the USDA Food and Nutrition service or the National Institute of Health.

8. Workforce Needs

Southern Session: There was general consensus that workforce needs was a critical issue among Native American health care providers. The major recommendations were to overcome obstacles preventing IHS from offering incentives to medical professions regarding job retention, development of mentors in urban areas to assist Native American health care students, and assurance of Native American input into the Governor's Blue Ribbon Committee exploring Nursing shortage.

Northern Session: There was consensus that workforce needs was a critical health care issue for Native American communities. The major recommendations were providing input into the Governor's Blue Ribbon Committee on Nursing Shortage, improvement in local community health statistics, and development of rural recruitment and retention programs.

Statewide Session: The major recommendations were encouragement to "think outside the box," to work with state Universities for placement of interns within IHS/tribal/urban health care centers, to develop staff from the local communities, to support development of bonuses/award systems at IHS service units, and to support networking with the student health profession awareness program of the Rural Health Office and the University of Arizona Area Health Education Center (AHEC) program.

The basic consensus was that all eight health issues were important and that partnership and collaboration was a key requirement to address the needs identified. There was also general consensus that the workshop/forums were appropriate and timely.

In addition to providing recommendations for each health issue, the participants at the statewide session provided recommendations on the development of the workshop/forums final report and recommendation implementation. The following highlights the major recommendations:

Final Report: Look at research done with other sources/areas, include other tribes and IHS training centers who did not attend the sessions, send draft to all tribes, include as many healthcare organizations as possible, and prepare report by the end of July 2002.

Recommendation Implementation: Be sensitive and respectful to communities, base any implementation on a community driven approach, convert planning committee into strategy team, keep focus, make presentations to other groups piggy backing on other meetings, and include tribes and IHS in decision making.

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Michael Allison

Telemedicine Panel

Alison Hughes

Access to Care Panel

Ken Poocha

Program Evaluation Panel

Howard Eng, D.PH
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Traditional Medicine Panel

Joe Jose

Workforce Needs Panel

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SOUTHERN FORUM
March 14, 2002
San Carlos, Arizona

This section of the report contains a summary highlight, detail listing of issues and recommendations for each of the eight health issues, copy of the agenda, and a listing of participants for the workshop/forum held in San Carlos on March 14, 2002.

SUMMARY OF SOUTHERN SESSION

Forty-five participants participated in the southern session held at the Apache Gold Resort held on March 14, 2002. Vernon James, Executive Director, Health and Human Services, and Arlie Beeson, Diabetes Coordinator, Health and Human Services, San Carlos Apache Tribe helped in coordinating on-site activities. The session was well attended by ADHS, San Carlos Apache Tribal Health and Human Services, and HRSA SFRO staff.

The morning activities consisted of panel presenters giving presentations followed by small group discussions. The luncheon program consisted of presentations by keynote speakers. Due to illness, Taylor Satala, Tucson IHS Area Director, the scheduled luncheon speaker was not able to attend. In his place, Honorable Representative Albert Tom, District Three, Arizona House of Representatives, and Antonio Duran, Division Director, HRSA Pacific West Cluster, gave substitute presentations. Representative Tom encouraged continual cooperation among all parties to improve health care for Native American communities. He pledged his support for improving Arizona Native American health care. Antonio Duran welcomed the opportunity to visit San Carlos and hear the concerns and issues facing Native American communities. He also encouraged continued cooperation and partnership relationships. The afternoon activities consisted of individual reports from each of the breakout panels.

The following highlights the issues and recommendations for each of the eight health issues:

Data and Information Sharing: There was general consensus that data collection and sharing was critical for local health care delivery. The major recommendations were for standardization of data collection systems, the development of model policies for genetic research, and the sponsorship of local training in data collection and reporting systems.

The Integration of Mental Health and Primary Care: There was general consensus that mental health was a serious health problem among Native American communities. The major recommendations were for the U.S. Department of Health and Human Resources to issue an update report on mental health, and the development of a Memorandum of Understanding between HRSA, IHS and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Partnership and Collaboration: There was general consensus that foundations and state government personnel needed to be educated on the needs of Native American health care. The major recommendations were for tribal delegations to visit foundations to educate them on Native American health care needs, and to make web sites more user friendly.

Telemedicine: There was general consensus that the benefits of telemedicine were positive for Native American communities. The major recommendations were for IHS to adopt a line item budget for telemedicine, and development of initiatives to eliminate the limitations affecting implementation of telemedicine in Native American communities.

Access to Care: There was general consensus that access to care was a major problem in Native American communities. The major recommendations were to improve two-way education regarding programs and resources, better response to transportation issues, and expanded innovated partnerships and Memorandum of Understandings.

Program Evaluation: There was general consensus that there was a shortage of program evaluators among Native American communities. The major recommendations were the need to develop and train Native American evaluation teams, development and publishing of an evaluator listing, and separation of evaluation from research.

Traditional Medicine: There was interest in discussing traditional medicine and western medicine and their relationships. The major recommendations were continued support for traditional medicine in primary care settings, maintenance of sharing of traditional medicine practices between tribal and urban Indian health centers, and creation of a directory of traditional healers.

Workforce Needs: There was general consensus that workforce needs was a critical issue among Native American health care providers. The major recommendations were to overcome obstacles preventing IHS from offering incentives to medical professions regarding job retention, development of mentors in urban areas to assist Native American health care students, and assurance of Native American input into the Governor's Blue Ribbon Committee exploring Nursing shortage.

DETAIL LISTING OF ISSUES AND RECOMMENDATIONS

1. Data and Information Sharing Panel

Issues/Concerns:

- Need for integration and compatibility agreements between RPMS, HealthPro, and other systems
- Need for trainings around data systems
- Need for collaboration among separate data working groups among tribes, urban, IHS, etc.
- Need for standardization of data collection for clinic/health center operations, patient care, treatments, etc. (Note: IHS is working on this)
- Need for user-friendly data collection systems
- Questionable data quality. Way that the data gets coded by clerical staff due to legibility of provider's handwriting and not understanding what the coding means. RPMS – when you do the same queries at different times you get different data results.
- Data ownership and publication
- Data capturing: Systems do not capture the right data. Reasons for data not being entered - immunization series not being available, patient refusal for vaccination
- Protection of information used. Need to have user consent-pre-authorization, confidentiality. Appropriate vs. inappropriate use of data (HIPPA compliance every year: in progress)
- Data integration / standardization. Agencies (reservations, IHS) have different ways of coding data like tribal areas, so it is difficult to retrieve information when codes are different (IHS is working on this: in progress)
- Historical Data. How do we handle historical data? How is it categorized? Who does this?
- Lack of money and support to handle these issues in a timely manner

Recommendations:

- Electronic Medical Records (note: IHS working on this)
- Basic utilities for all sites (some sites do not even have running water/electricity). Need to address these issues first
- Internet for all
- Model policies. Need to put in place policies that can be adapted by tribes as needed for such areas as genetic research studies, human subject studies, etc.
- Recognition of need for collaboration among clinics, IHS, state agencies, federal agencies, tribes, etc.
- Trainings on data systems, data collection, clinical coding, etc.

2. The Integration of Mental Health and Primary Care Panel

Issues/Concerns:

- Primary care providers provide 50% of all mental health care.
- 70% of all primary care provider visits have psychosocial issues.
- Only 1 in 4 client referrals to a mental health professional make their appointments.
- Suicide is in epidemic proportions among Native Americans.
- Many students are suicidal, but once identified don't know what to do.
- Mental health disorders are among the top ten causes of disabilities for individuals world wide.
- Need to treat the client in a holistic approach: Mind, Body, Spirit.
- The U.S. is currently struggling with the issue of integration of mental health and mental illness with physical health and physical illness.
- We tend to separate the head from the body when it deals with care.
- We also separate funding of medical care from mental care. In Arizona it's AHCCCS and the Regional Behavioral Health Agencies.

Recommendations:

- That DHHS and its agencies indicate what actions have been taken and/or initiatives started since the Surgeon General's Report on Mental Health.
- That HRSA, IHS, and SAMHSA consider developing an MOU.
- That IHS include both financial and technical assistance for integrated mental health services to Tribes as they transition from IHS clinics to tribally operated clinics.
- That mental health services be community driven.
- That health care centers develop a medical model that includes behavioral health/mental health services as part of their primary care services.

3. Partnership/Collaboration Panel

Issues/Concerns:

- Foundations need to be educated about Native American health issues. Education on IHS and 638 transitions. Native American health care 101. Where do the casino dollars fit in?
- Federal Government also needs to be educated. Native American health care is not just the responsibility of IHS
- Limited information on government / private web sites. Difficult to access data specific.
- Communication / education.
- Need involvement of ITCA.
- Need involvement of more participants .
- Future of PIMC (Phoenix Indian Medical Center).

Recommendations:

- Native American Health Care representative visits to Foundations.
- Pilot projects. Bottom up encouragement for agency heads to meet.
- Making web sites more user friendly. Establish/encourage standards.
- Establish relationships with foundations. Internal forums (World runs on relationships). Foundations always looking for good ideas.
- Involvement of ITCA
- PIMC to think outside the box. Look at other models like Alaska Indian Medical Center.

4. Telemedicine Panel

Issues/Concerns:

- No issues/concerns listed.

Recommendations:

- All federal agencies which are funding telehealth, distance education and/or telecommunication initiatives should produce a joint report on how to fund such programs in such a manner that they eliminate the limitation affecting implementation in tribal and rural communities.
- The federal funding programs supporting telehealth and distance education technology needs to be redefined.
- IHS should adopt a line item budget for telemedicine – telehealth initiatives at local levels.
- Federal initiatives should be established to support standardization of technical and archival systems.
- Federal and state initiatives should be established to promote collaborative partnerships at national, state and local levels which identify community needs and build programs based these needs.
- Educate telemedicine users about implications of HIPPA.

5. Access to Care Panel

Issues/Concerns:

- Costs
- Transportation (Individual Mobility – Urban/Reservation)
- Culture
- Lack of Providers
- Lack of Knowledge about Programs (Elders, Families)
- Social/Domestic Issues and Fear

- Lack of Coordination between Agencies
- Information Flow – Tribes
- Turf Issues (Tribal/State/Federal/Local)
- Communications (Language, Cultural, Agency)

Recommendations:

- Community Development Projects
- Agency Knowledge (Better Contacts)
- Better Two-Way Education Regarding Programs/Resources
- Better Information Flow Within Tribes
- IHS – Broader View of Resources/Programs IHCS
- Better Response to Transportation Issues
- Stronger Relationship Between IHS and BIA
- Innovative Partnerships – Federal Qualified Health Centers
- Expanding Innovative Partnerships and MOU's
- Expanding Telemedicine

6. Program Evaluation Panel

Issues/Concerns:

- There is a shortage of evaluators who can assist tribes in the development of evaluation plans for various grant and contract projects.
- There is a need to develop a network of evaluators in the state of Arizona.
- There is a need to provide examples of evaluation formats including data collection methods for grants and contracts.
- There is need to set aside funding for evaluation consultants
- Some tribes consider evaluation as research and need to go through their IRB process

Recommendations:

- Develop and train Tribal Evaluation Teams. This could be done through the University of Arizona College of Public Health Leadership Institute. Note: IHS Project Officers may be source of evaluators.
- Develop and publish an evaluator listing. Place this list on a Website.
- Included in the Evaluator Listing Publication examples of evaluation formats including data collection methods for grants and contracts
- Tribal nations need to consider budgeting for evaluation consultants. The minimal budgeting should include travel costs, meals, and lodging if necessary.
- There is the need for discussions with various tribes to consider separating evaluation from research. This would reduce one of the major barriers in conducting internal tribal program evaluation.

7. Traditional Medicine Panel

Issues/Concerns:

- Some perceived concerns from western medicine practices were possible side effects of traditional herbs and medicines. However, workshop participants cited examples of western medicine practices and side effects that were unpleasant and maybe harmful, including food chemical additives (pesticides, animal livestock feed, placentas).
- Funding sources are needed to support traditional and alternative healing and medicine practices, including traditional practitioners. Funds need to be identified for financial support.
- Scholarship programs and funds are needed to educational programs for Native American students.
- Support needs to be identified for the integration of western and traditional medicine in primary care. Some examples of sites for integration included tribal centers and incarcerated populations.
- Concern with authenticity
- Concern with sacred knowledge

Recommendations:

- Continued support for Traditional Medicine and alternative medicine in primary care settings. A cited example where traditional medicine would be applicable is with the diabetes epidemic levels in some populations.
- Identify more examples of traditional and western medicine working together.
- Evaluate existing programs and sharing evaluation outcomes funded by agencies such as HIS and SAMSHA
- Maintain the sharing of traditional medicine practices between tribal and urban health centers.
- Some questions to consider in beginning to address an area of traditional medicine concerned a unified voice for funding. Is there a coalition of traditional practitioners?
- Educate clients and providers through venues of community education, materials and workshops and networking.
- The Arizona Department of Health Services needs to create a commission addressing traditional medicine and primary
- Create a traditional healers resource directory for Arizona Indians and Alaska Natives.
- Standards need to be established that include payment systems and liability (self protection).

Questions:

- Are there any liability concerns that need to be identified and addressed?
- Should there be a system to authenticate traditional healers and practitioners?

8. Workforce Needs Panel

Issues/Concerns:

- No issues/concerns listed.

Recommendations:

- Explore the full range and capacity of P.L. 93-638 contracting and compacting. There potentially exist, new and different methods to deliver medical services.
- Overcome government technical problems to allow tribes to provide incentives to IHS medical professionals regarding job retention.
- Community mobilization needs to occur in areas of research, education, service delivery, consultation, collaboration and the political arena.
- Position papers should be collected or developed for ready distribution to supporting organizations and resource opportunities.
- Beyond the primary case structure there needs to be a triage processing in the rural community settings.
- Mentors should be identified in the urban areas to assist Native American students who are attending higher education institutions, i.e. universities, colleges, etc. Effort to establish Native American counselors in universities, college, etc., needs to occur.
- Amend IHS job descriptions for health professionals to some type of involvement in the community, e.g., school presentations, community meeting presentations, etc.
- Explore the use of Casino "taxation" to develop infrastructure for data sharing, work force needs, etc.
- Assure there is Native American input into the Governor's Blue Ribbon Committee to produce recommendations regarding the nursing shortage.
- Explore another way of doing business in regard to primary care.

THE ARIZONA NATIVE AMERICAN PRIMARY CARE RESOURCES
WORKSHOP/FORUM SERIES
SOUTHERN FORUM
SAN CARLOS, ARIZONA
AGENDA
3/14/02

7:00-8:00 am — Registration and Continental Breakfast – Geronimo Room

8:00-8:10 am — Introduction and Welcome - Cochise Room
Michael Allison, Native American Liaison, Arizona Department of Health Services

8:10-8:20 am — Traditional Blessing

8:20-8:30 am — Program Overview
Michael Allison

8:30-10:15 am — Breakout Session One (concurrent presentations) *

- Data and Information Sharing — Cabaret Room
- Program Evaluation — Cochise Room
- Access to Care — Mangas Room
- Workforce Needs — Victorio Room

10:15-10:30 am — Break — Geronimo Room

10:30-12:15 pm — Breakout Session Two (concurrent presentations) *

- Partnership/Collaborations — Cochise Room
- Integration of Mental Health and Primary Care — Victorio Room
- Traditional Medicine — Mangas Room
- Tele-Medicine — Cabaret Room

12:15-1:30 pm — Luncheon — Geronimo Room
Keynote Speaker: Taylor Satala, Area Director, Tucson IHS Area Office

1:30-3:00 pm — Breakout Session Reports – Cochise Room
Moderator: Vernon James, Executive Director, Health and Human Services, San Carlos Apache Tribe

3:00-3:15 pm — Break — Geronimo Room

3:15-4:00 pm — General Discussion, Recommendations, Next Steps
Moderator: Vernon James

4:00-4:10	pm	Announcements/Program Conclusion Michael Allison	
4:10-4:20	pm	Traditional Blessing	
4:20-5:00	pm	Social Round Dance	Cochise Room

* First 45 minutes	Panel Presentation
Next 30 minutes	Small Group Discussions
Last 30 minutes	Report Back and Wrap Up

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NORTHERN FORUM
April 23, 2002
Peach Springs, Arizona

This section of the report contains a summary highlight, detail listing of issues and recommendations for each of the eight health issues, copy of the agenda, session evaluation summary, and a listing of participants for the workshop/forum held in Peach Spring on April 23, 2002.

SUMMARY OF NORTHERN SESSION

Fifty-five participants participated in the northern session held at the Peach Springs community gymnasium on the Hualapai Indian reservation on April 23, 2002. Sandra Irwin, Health Director, Hualapai Indian Tribe, coordinated on-site activities. The session was well attended by ADHS, Hualapai Indian Health and Human Services, and HRSA-SFRO staff.

The morning activities consisted of panel presenters giving presentations followed by small group discussions. The luncheon keynote speaker was Honorable Carrie Imus, Vice Chairwoman, Hualapai Indian Tribe. Vice Chairwoman Imus gave a presentation on her background and experience prior to becoming Vice Chairwoman and her current responsibilities as Vice Chairwoman. She encouraged the participants to support education and to continue to work cooperatively for the improvement of health care for Native American communities. The afternoon activities consisted of reports from each of the breakout panels.

The following highlights the issues and recommendations for each of the eight health issues:

Data and Information Sharing: There was consensus that local communities needed community health data to be shared with them. The major recommendations were for the development of local community information technology plans, development of local health reports, and sponsorship of local training on data collection for tribal leaders and community members.

The Integration of Mental Health and Primary Care: There was general consensus that there was a lack of mental health professionals at the local community level. The major recommendations were for tribes to develop team member approaches to behavioral health problems/issues and for HRSA to develop a behavioral health component to stimulate collaboration with SAMSHA.

Partnership and Collaboration: There was general consensus that lack of resources, expertise, and data hampers local communities in developing partnerships and collaborations. The major recommendations were development of local community assessment plans and development of plans of actions, and encouragement for inter-tribal working relationships.

Telemedicine: There was general consensus that telemedicine was favorable for local communities. The major recommendations were for the Inter-Tribal Council of Arizona to put telemedicine as a high priority, and for tribal and IHS clinics to host a meeting to discuss telemedicine access and methodologies.

Access to Care: There was consensus that access to care was an issue in the delivery of health care especially among the younger population. The major recommendations were for formation of collaborative partnerships, community development, and local empowerment.

Program Evaluation: There was consensus that training was needed at the local level and that there was a need for coordination of state demographic data. The major recommendations were development of training on documentation for providers to improve prevention efforts, and

improvement to state demographic data to improve understandability of local community access and eligibility to care.

Traditional Medicine: There was consensus that traditional medicine practices were important for local Native American communities. The major recommendations were encouraging incorporation of traditional medicine into primary care and supporting funding for traditional medicine.

Workforce Needs: There was consensus that workforce needs was a critical health care issue for Native American communities. The major recommendations were providing input into the Governor's Blue Ribbon Committee on Nursing Shortage, improvement in local community health statistics, and development of rural recruitment and retention programs.

DETAIL LISTING OF ISSUES AND RECOMMENDATIONS

1. Data and Information Sharing Panel

Issues/Concerns:

- Old Computers
- Local/community data sharing. Lack of resources for local IHS staff to share data with local tribal departments.
- Local report production.
- Standard coding for people inputting data.
- Tribal/ county coordination concerning communicable diseases. Need for better working collaboration (Ex. - Medicare/ Medicaid).
- Computer technical assistance to include strategic planning, community based.

Recommendations:

- Develop local on-going community information technology plan, community assessments, tribal council information technology training.
- Local election of medical personnel (ex. - M.D.) to tribal leadership position.
- Work with IHS in data warehousing project.
- Local production of health reports to include data on prevention, substance abuse, etc.
- Educate tribal leaders and community on data collection management and uses.
- Work with state universities on educational offerings and needs.

Key Words: Feedback for decision support at local level.

2. The Integration of Mental Health and Primary Care Panel

Issues/Concerns:

- Nothing available. Lack of infrastructure for behavioral health services. No psychologist/psychiatrist available for many months to the tribes in this area.
- Lack of behavioral health providers. Need recruitment/ retention of specialists in healthcare field.
- Primary care providers have limited amount of time to engage with patients due to the managed care concept.
- The community of Peach Springs has only two CHR's whom have to act as transporters of individuals instead of acting as outreach workers and case managers.
- Lack of understanding at state level (ADHS Behavioral Health SWS) and federal level (Substance Abuse and Mental Health Services Administration) with regard to the integration of primary care and behavioral health models, rules, laws, etc.
- Government should increase funding to IHS.

Recommendations:

- Team member approach. EMS service discusses all runs with staff on clinic behavioral health services and each person assigned to someone to follow up with.
- Three tribes operate their own behavioral health systems (TRBHA – Navajo Nation, Gila River, and Pascua Yaqui). Look to them for models.
- HRSA should develop a behavioral health component within their agency to stimulate collaboration with such agencies as SAMSHA.
- Increase number of CHR's and have them adopt a holistic approach to their outreach/ case management.
- Get tribes resource/reimbursement contracts with AHCCCS for transportation system like done in Tohono O'odham, San Carlos, and White Mountain. Enrollment into AHCCCS leads to eligibility for transport reimbursement.
- Include the judicial system/tribal police in the process at the beginning by educating them on behavioral health problems and resources.
- Incorporate traditional medicine into the system, especially with the lack of mental health providers.

Keywords: Teams, holistic approach, infrastructure, education

3. Partnership/Collaboration Panel

Issues/Concerns:

- Lack of resource awareness.
- Need to know how to obtain the resources.
- Isolation of rural communities.
- Lack of expertise at local level.
- Lack of data.
- Poor inter-tribal communication and collaboration.
- Lack of relationship and trust.

Recommendations:

- Conduct local level assets recognition (assessment of internal and external resources).
- Develop local level collaboration plan of actions based on resource rules.
- Advocate for the availability of formal technical assistance for intertribal communities.
- Support tribal efforts (ex. - Navajo Nation data sharing conference June 18-20, 2002).
- Conduct these healthcare workshop/ forums on an annual basis.

Keywords: Assets recognition, assessment, collaboration, plan of action.

4. Telemedicine Panel

Issues/Concerns:

- Access to more healthcare in remote areas.
- Transportation/ travel to healthcare.
- Staff retention and better staff utilization.
- Improve response time.
- Family involvement in healthcare.
- Administrative support within Service Units to make telemedicine happen.

Recommendations:

- By the end of 2004, IHS, tribal, and urban health facilities should all be connected to the rural telemedicine network in Arizona.
- The Intertribal Council of Arizona should put telemedicine as a high priority.
- Technical assistance should be supported by federal and/or state rural health offices for access to the Universal Service Discount program for telehealth.
- A meeting of tribal and IHS clinics should be held to discuss telemedicine access and methodologies.
- Tribal governments should be informed about and should give high priority to supporting telemedicine access.
- Establish a position to coordinate the telemedicine activities.

Keywords: Network

5. Access to Care Panel

Issues/Concerns:

- Young people access to care – access to specialty services.
- Cultural
- Transportation
- Availability of clinicians, mental health, and oral health.
- Barriers – paperwork, funding, education and motivation support.

Recommendations:

- Community development through collaboration and partnerships.
- Empowerment/innovation
- Resources
- Think outside of the box.

Keywords: Collaboration and partnerships.

6. Program Evaluation Panel

Issues/Concerns:

- Standardization of documentation.
- Expand to include prevention advice and behavior.
- Training relevant to local program needs.
- Education/advocacy to tribal leaders (supported with evaluation data); state partners in advocacy.

Recommendations:

- State demographic data improved to understand access and eligibility to care (residence patterns, health patterns, advocacy).
- Training/dialogue on documentation (prevention efforts) for providers.

Keywords: Locally relevant training, coordination of state demographic data.

7. Traditional Medicine Panel

Issues/Concerns:

- Encourage community to begin practicing traditional healing.
- Validity
- Lack of traditional healing in community.
- Oversight limits traditional healing.
- Need for cultural practices.

Recommendations:

- Wellness and traditional living.
- Funding available for traditional healing.
- Traditional healing be incorporated into primary care.
- Traditional healing specific to tribal heritage.
- Sensitive – respect
- Resource listing of traditional practitioners.

Keywords: Tradition and culture.

8. Workforce Needs Panel

Issues/Concerns:

- RN shortage - low salaries, urban competitors.
- Need mental health professional staff (need new detention center).
- Financial statistics to justify salary/personnel needs (decision makers).
- Arizona awareness of federal health responsibility and incapability, jurisdiction problems.
- More publication/advertising of scholarships/ higher education financial support. Utilize distance learning and local expertise.
- Alternative staffing patterns.
- CME, utilize internet, telemedicine.

Recommendations:

- Input into Governors' Blue Ribbon Nursing Shortage Task Force.
- Develop contractual services (county, state, etc.).
- Need local/community statistics.
- Change attitude, delivery system, grant awards, etc., work with Governor's Advisory Council on Indian Health Care.
- Access to education.
- Workplace environment.
- Rural recruitment/ retention.

Keywords: Education, service, research, politics, collaboration, consultation, community involvement, isolation.

THE ARIZONA NATIVE AMERICAN PRIMARY CARE RESOURCES WORKSHOP/FORUM SERIES
NORTHERN FORUM
PEACH SPRINGS, AZ
HUALAPAI MULTI-PUPOSE COMMUNITY CENTER
AGENDA
4/23/02

7:00-8:00 am Registration and Continental Breakfast

8:00-8:10 am Introduction and Welcome Conference Area

Michael Allison, Native American Liaison
Arizona Department of Health Services

8:10-8:20 am Opening Blessing Conference Area

Carrie Imus, Vice Chairwoman
Hualapai Tribe

8:20-8:30 am Program Overview Conference Area

Michael Allison

8:30-10:15 am Breakout Session One (concurrent presentations) *

- Data and Information Sharing Panel: Training Center – West Rm

  Facilitator: Michael Allison
  Arizona Department of Health Services

  Panel Members:
  Richard Porter, Bureau Chief, Bureau of Public Health Statistic
  Arizona Department of Health Services, Phoenix, AZ.

  Ernest R. Yazzie, Statistic/Demographer, Division of Community Development
  Navajo Nation, Window Rock, AZ

  Carol Leonard, Program Planning and Development, Division of Health
  Navajo Nation, Window Rock, AZ.

  Theresa Cullen, MD, Indian Health Service
  Tucson, AZ

- Program Evaluation Panel: Tribal Chambers

  Facilitator: Nicky Teufel-Shone, College of Public Health
  University of Arizona, Tucson, AZ.

  Panel Members:
  Neal White, Quechan Nation Diabetes Program
  Yuma, AZ.

  Joyce Hamilton, Hopi Tribe Diabetes Program
  Hopi Tribe, Kykotsmovi, AZ.

  Mandy Poneoma, Hopi Tribe, Diabetes Program
  Hopi Tribe, Kykotsmovi, AZ.

- Access to Care Panel: Conference Area

  Facilitator: Ken Poocha, Native American Coordinator
  Arizona Association of Community Health Centers, Inc., Phoenix, AZ.

  Panel Members:
  Gordon Jensen, Office of Health System Development
  Arizona Department of Health Services, Phoenix, AZ.

  Julia Ysaguirre, Native American Coordinator
  AHCCCS, Phoenix, AZ.

  Taylor Satala, Area Director
  IHS Tucson Area Office, Tucson, AZ.

- Workforce Needs Panel: Training Center – East Rm

  Facilitator: Fred Hubbard, Long Term Care
  White Mountain Apache Tribe, Whiteriver, AZ.

  Panel Members:
  Nancy Jones, RN, PhD, Assistant Professor
  Department of Nursing, NAU-Northland, Lakeside, AZ.

  Melanie Mandelin, MD, FAAFP, Medical Director
  Wassaja Memorial Health Center, Fountain Hills, AZ.

  Yvonne Lees, Director of Nursing

San Carlos PHS Indian Hospital, San Carlos, AZ

10:15-10:30 am Break

10:30-12:00 pm Breakout Session Two (concurrent presentations) *

- Partnership/Collaborations Panel: Training Center – West Rm.

  Facilitator: Michael Allison, Native American Liaison
  Arizona Department of Health Service, Phoenix, AZ.

  Panel Members:
  Elizabeth H. McNamee, MPH, FACHE
  St. Luke's Health Initiatives, Phoenix, AZ.

  Geri Tebo, Project Manager, Healthy Arizona 2010
  Arizona Department of Health Services, Phoenix, AZ

  Antonio Duran, Division Director, HRSA Pacific West Cluster
  San Francisco Field Office, San Francisco, CA

- Integration of Mental Health and Primary Care Panel: Training Center – East Rm

  Facilitator: Linda Nelson, Community Development Specialist
  Arizona Department of Health Services.

  Panel Members:
  Gordon Jensen, Office of Health System Development
  Arizona Department of Health Services, Phoenix, AZ.

  Manny DeSantiago, Team Coordinator
  Health Resources and Services Administration, San Francisco, CA.

- Traditional Medicine Panel: Conference Area

  Facilitator: Joe Jose, Tobacco Project Coordinator
  Native American Community Health Center, Inc., Phoenix, AZ.

  Panel Members:
  Johnson Dennison, Office of Native Medicine

Chinle IHS, Hospital

Loren Sekayumptewa, Chief Executive Officer
Native American Community Health Center, Inc., Phoenix, AZ.

- Tele-Medicine Panel: Tribal
Chambers

Facilitator: Alison Hughes, Director
Arizona Rural Health Office, Tucson, AZ.

Panel Members:
Susie John, MD, CEO, Tuba City Hospital
Indian Health Service, Tuba City , AZ.

Charlene Hamilton, Facility Director
Cibecue PHS Indian Health Center, Cibecue, AZ.

Leslie Sumner, MD, Clinic Director
Hopi Health Care Center, Polacca, AZ.

12:15-1:30 pm Luncheon Hualapai
Lodge

Keynote Speaker: Honorable Carrie Imus
Vice Chairwoman, Hualapai Tribe

1:45-3:00 pm Breakout Session Reports – Conference
Area

Moderator: Sandra Yellowhawk
Health Director, Hualapai Tribe

3:00-3:15 pm Break

3:15-4:15 pm Breakout Session Reports (Con't) Conference
Area

Moderator: Sandra Yellowhawk

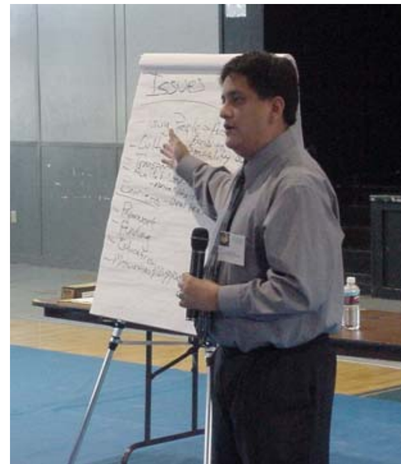
4:15-4:25 pm Program Wrap Up Conference
Area

Michael Allison

4:25-4:30 pm Closing Blessing Conference Area

Wilfred Whatoname
Hualapai Tribal Council Member

* First 45 - 60 minutes — Panel Presentation
Next 30 – 45 minutes — Small Group Discussions and Wrap Up



EVALUATION FORM RESULTS
THE ARIZONA NATIVE AMERICAN PRIMARY CARE RESOURCES
WORKSHOP/ FORUM SERIES
NORTHERN FORUM
Peach Springs 4/23/02

	Lowest 1	2	3	4	Highest 5
Data and Information Sharing Panel	1	0	5	3	1

Comments: No comments given.

	1	2	3	4	5
Program Evaluation Panel	1	0	4	4	1

Comments: No comments given.

	1	2	3	4	5
Access to Care Panel	1	0	4	5	4

Comments:

- Realize other options to obtain services are available.
- Presentations dynamite/ discussions lagging.
- Good information provided in session report.

	1	2	3	4	5
Workforce Needs Panel	1	0	4	6	0

Comments:

- Great presentations on perspectives and impacts. Great solutions/ recommendations.
- Good information provided in session report.

	1	2	3	4	5
Partnership/ Collaborations Panel	1	0	5	2	3

Comments:

- Very invigorating and dynamic session.
- Good information provided in session report.

	1	2	3	4	5
Integration of Mental Health and Primary Care Panel	1	0	4	4	0

Comments: No comments given.

	1	2	3	4	5
Traditional Medicine Panel	1	0	2	4	7

Comments:

- Information provided was in regards to the importance of Traditional Healing in order to balance one's life.
- Traditional medicine should be made more "visible" within tribal communities.
- Learned new ideas and ways of improving personal and community wellness.

	1	2	3	4	5
Telemedicine Panel	1	0	3	4	0

Comments: No comment given.

	1	2	3	4	5
Luncheon Program/ Speaker	1	1	5	7	1

	Lowest 1	2	3	4	Highest 5

Comments:

- Enjoyed learning of local experiences and perceptions from external people about Native Americans.

Breakout Session Reports	1	0	3	7	3

Comments:

- Strong focus on recommendations/ solutions.
- Enjoyed hearing what came out of the breakout session.
- Very good session.

Did the subject matter meet your expectations? Yes 14 No 1 Somewhat 1

Comments:

- Have materials from all workshops available.

What did you like MOST about the workshop/ forum?

- New information
- Asset model building collaboration
- Positiveness
- Commitment on working together on future projects
- Meeting/ seeing educated persons within the Hualapai reservation
- Sessions were compact allowing everyone to share opinions easily.
- Knowledgeable facilitators.
- No community input
- Opportunity to learn about tribal issues.
- Julie Ysaguirre's presentation on Arizona's Medicaid/ gave clear overview of the program.
- Traditional Medicine session
- More formulated ideas/ awareness.
- Meeting other professionals
- Structure
- Topics geared towards health
- Small breakout groups

What did you like LEAST about the workshop/ forum?

- Hard to generate interaction/ discussions in the breakout sessions (except for Traditional medicine).
- Some sessions were not as engaging.
- Some speakers spoke too long.
- Not able to attend all sessions of interest.
- Personal presentations during closeout.

- Luncheon speaker had no specific topic.
- Not enough time to further define lists.
- Speakers

Additional Comments:

- I think it was great that HRSA was here and supports the MOU. I feel the forums should continue as their value is self-evident.
- The Traditional medicine panel could have been better.
- I would have liked to see more community members attend. They know first had what is needed within their community. The community needs a “voice” to improve their health care services. I strongly believe that in order for a community to heal, all members must voice their concerns.
- I’m looking forward to the breakout session report and the next workshop.
- More Traditional medicine
- Waste of time
- I really appreciated all the workshops presented and would like to thank the staff for coming out to visit.
- Thanks to all that took part.
- Thank you. Nice job.

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STATEWIDE FORUM
May 30, 2002
Hon Dah, Arizona

This section of the report contains a summary highlight, listing of recommendations for each health issue, report and recommendation implementation, agenda, session evaluation summary, and a listing of participants for the statewide forum held in Hon Dah on May 30, 2002.

SUMMARY OF STATEWIDE SESSION

Fifty-two participants participated in the statewide session held at the Hon Dah Resort on the White Mountain Apache Reservation on May 30, 2002. Fred Hubbard, Long Term Care Coordinator, Health Authority, White Mountain Apache Tribe, assisted in coordinating on-site activities. The session was attended by personnel from ADHS, HRSA-SFRO, tribal and urban health programs, university and non-profit health care providers.

The morning activities consisted of individual summary presentations of each health issue. The individual reports reported on the combined outcome of the southern and northern sessions. To enhance report presentations and participant communication, all presentations were presented with the assistance of power point and power point handouts for the participants. The luncheon keynote speaker was Dr. Marie Swanson, Dean, College of Public Health, University of Arizona. Dean Swanson provided a power point presentation on the goals and mission of the College of Public Health and various community level educational programs she would like to implement. She stated that improved Native American health care was a major priority for the college. She also stated that one of her goals is to establish a $10 million endowment for Native American health care. Once established, the use and disbursement of funds from the account would be decided by representatives from the Native American health care community. The afternoon activities consisted of open discussions on recommendations for each health issue area.

The following narrative highlights the recommendations for each of the eight health issues:

Data and Information Sharing: The major recommendations were support and encouragement for data collection and sharing, encouragement for additional data sharing agreements between ADHS and the tribes, insistence that tribal data belongs to each specific tribe, and encouragement for data holders to collaborate to prevent data fragmentation.

The Integration of Mental Health and Primary Care: The major recommendations were support and encouragement for holistic healing (mind, body, and spirit), to explore the possibility of a Community Health Center initiating a health disparity initiative that focuses on the Native American population it serves, and creation of preventive action workgroups to assist local communities in addressing suicides.

Partnership and Collaboration: The major recommendations were encouragement and support for inter-tribal sharing of expertise, sending of tribal delegations to Foundations to educate them on Native American health care needs, encouragement for use of resources available from AACHC, the Partners in Native American Public Health, and the ASU/IHS partnership, and development of a technical resource guide for tribes.

Telemedicine: The major recommendations were support and encouragement for telemedicine universal services and discount programs, sponsorship of tribal/urban telemedicine training sessions, and encouragement for USDA and IHS to implement teleradiology and telepsychology within the next two years.

Access to Care: The major recommendations were encouragement for finalization of ITCA community transportation plan, and encouragement for use of available resources from AACHC to train local staff on Medicaid and Kidcare applications.

Program Evaluation: The major recommendations were development of tribal program evaluation teams, development of specific program evaluation plans for tribal and urban program working with the UA COPH, and development and publishing of a program evaluators resource listing for use by tribes and urban programs.

Traditional Medicine: The major recommendations were support and encouragement of wellness, to explore the possibility of traditional medicine program funding from HRSA's Native Hawaiian, Office of Cultural Diversity, and Complementary Alternative Medicine Programs, and development of expanded MOU with the USDA Food and Nutrition service or the National Institute of Health.

Workforce Needs: The major recommendations were encouragement to "think outside the box," to work with state Universities for placement of interns with IHS/tribal/urban health care centers, development of staff from personnel with the local communities, to support development of bonuses/award systems at IHS service units, and to support and network with the student health profession awareness program of the Rural Health Office and the UA Area Health Education Center (AHEC) program.

In addition to providing recommendations for each health issue, the participants also provided recommendations on the development of the workshop/forums final report and recommendation implementation. The following narrative highlights the major recommendations:

Final Report: Look at research done with other sources/areas, include other tribes and IHS training centers who did not attend the sessions, send draft to all tribes, include as many healthcare organizations as possible, and prepare report by the end of July 2002.

Recommendation Implementation: Be sensitive and respectful to communities, base any implementation on a community driven approach, convert planning committee into strategy team, keep focus, make presentations to other groups piggy backing on other meetings, and include tribes and IHS in decision making.

DETAIL LISTING OF RECOMMENDATIONS

1. Data and Information Sharing

- Support and encourage the importance of data collection and data sharing.
- Support, encourage, and expand data sharing agreements between the Arizona Department of Health Services (ADHS) and tribes. (example: Navajo IHS, Gila River Indian Community, and Inter-Tribal Council of Arizona).
- Identify needs such as basic utilities and develop strategies to address those needs.
- Meet with counties to coordinate communicable diseases plans. (In August there will be a county/ tribal health directors meeting)
- Support tribal involvement in any human genome project.
- Insist on tribal ownership of data and securing of tribal permission prior to publication of data.
- Encourage collaboration among data holders to prevent data fragmentation.
- Encourage consistency in definitions of the data to improve data validity.
- Use partners to validate the data presented. Tribes can use the University of Arizona College of Public Health (UA COPH) that includes the three state universities (Arizona State University, University of Arizona, and Northern Arizona University).
- Encourage the Inter-Tribal Council of Arizona, Inc. (ITCA) epidemiology center to be proactive.
- Go to urban populations to get urban Indian data.

2. The Integration of Mental Health and Primary Care

- Support and encourage the importance of social, faith and traditional health.
- Explore the possibility of funding support from the HRSA Bureau of Primary Health Care's Health Disparities Collaboration Initiative that focuses on areas such as mental health and diabetes.
- Explore the possibility of a recognized Community Health Center (like El Rio Health Center) to become the focal point for initiating a health disparity initiative that focuses on the Native American population it serves which could then be expanded to the larger population served by the Community Health Center.
- Form a workgroup to focus on mental health. (Could use the Community Health Center model to focus on tribes)
- Create preventive actions such as workgroups and meaningful strategies to assist communities in addressing suicides.
- Explore funding resources from the US Department of Transportation to assist in addressing the transportation access to care issue. (Six Arizona tribes receive funding through counties)
- Support a Mind, Body, and Spirit focus as well as a social, environmental, cultural, economic, intellectual focus. Look at IHS Wellness Initiative and Circle of Wellness.
- Encourage development of training programs for Native Americans within their own communities to address recruitment and retention in remote areas.
- Encourage a three-prong approach of "Education, Prevention, and Promotion."

- Support community and sustainable projects such as Habitat for Humanities where youth and counselors work together on projects as a team
- Encourage traditional medicine/lifestyles that keeps individuals physically fit. There needs to be an understanding from agencies and others about the history that Native Americans went through (Columbus, Army, Reservations, Boarding Schools, etc.) and the tribe's efforts to bring the people back to where they once were through balance and self-esteem.
- Explore the possibility of the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist Native Americans through MOU's with other federal agencies.

3. Partnership and Collaboration

- Encourage and support the importance of sharing of tribal expertise.
- Send tribal delegations to Foundations to educate the Foundations on the history and needs of tribal communities.
- Conduct forums to focus on Indian health issues (Like what the Arizona Turning Point project did). Tribal communities can be lead agencies.
- Participate in Arizona Grantmakers workshops (Tucson/ Phoenix).
- Participate in the Arizona Turning Point project.
- Encourage communities use available resources such as the UA COPH, Robert Wood Johnson and other national and local foundations.
- Encourage communities to use resources of the Arizona Association of Community Health Centers (AACHC), Partners in Native American Public Health, and the ASU/IHS Partnership.
- Formalize technical assistance resources and develop lists that tribes could use to identify available resources for tribes (Resource Guide for tribes).
- Encourage tribes to link up with other tribes to mentor each other on programs.
- Support provider agencies by giving them tribal/urban input.
- Participate in the HIV/ AIDS Border/Native American Conference to be held at El Rio Community Health Center during the week of September 9th in Tucson.

4. Telemedicine

- Support and encourage the importance of support for universal services and discount programs within telemedicine.
- Conduct a tribal/ urban session on telemedicine that includes an educational format, a forum, and make the session available to remote areas/ clinic areas.
- Encourage the distribution of the Phoenix IHS Area Office Telemedicine Plan statewide to all tribes.
- Support the IHS Telemedicine relationships with tribes that 638 their programs.
- Review the network survey for Joint Commission Review participation of 638 tribes.
- Partner with USDA and IHS to encourage the teleradiology and telepsychology telemedicine modules to be implemented sooner than the next two years. (IHS is

currently setting up to be able to read teleradiology and is on a two year schedule to be able to read telepsychology)

5. **Access to Care**

- Encourage finalization of community evaluation of the ITCA transportation plan.
- Encourage the use of resources (available through AACHC) that can train people in communities for insurance applications and eligibility such as Medicaid, Kids Care, etc. (It will include training for electronic applications)
- Encourage demonstration presentations, of alternative medicine resources such as Tai Qi and acupuncture, on reservations.

6. **Program Evaluation**

- Support institutional research for tribes with data belonging to tribes.
- Develop and train tribal program evaluation teams through UA COPH Leadership Institute.
- Work with the UA COPH and individual tribes to bring program evaluation workshops to Native American communities throughout the state.
- Work with UA COPH faculty members and tribal/urban health directors to determine and develop specific program evaluation plans.
- Work with AACHC to determine how the Community Health Centers developed their Institutional Research Boards.
- Form tribal program evaluation teams that the tribes can use in evaluating each other's programs
- Develop and publish a resource listing of program evaluators for tribal use.
- Participate in the Arizona Evaluation Conference for program evaluators (an annual conference is held two times a year).

7. **Traditional Medicine**

- Support and encourage the importance of wellness.
- Encourage the University of Arizona (UA) and the Phoenix Indian Medical Center (PIMC) to find funding for traditional healers perhaps as researches or other program people.
- Explore the possibility of traditional medicine program funding under the Native Hawaiian program of the Health Resources and Services Administration (HRSA).
- Explore the possibility of space made available in Community Health Centers so Native American patients could have a choice.
- Explore other traditional medicine funding from the HRSA's Office of Cultural Diversity and the HRSA Complementary Alternative Medicine Program that funds promotoras within their migrant assistance program.
- Explore funding opportunities through an expanded Native American Memorandum of Understanding (MOU) through the USDA Food/ Nutrition service or the National Institute of Health

Note: Some programs are not in favor of developing traditional healers programs beyond the realm of the individual families and the traditional healer.

8. Workforce Needs

- Work with ASU resources to think "Out of the Box" looking at the environment, cultural, spiritual, and economic aspects of needs in the communities.
- Partner with other secondary educational institutions such as the North American School of Health Professions and other health professions such as dentists and administrators
- Work with the HRSA Bureau of Health Professions to fund trainings, rotations, etc. through the state universities.
- Work with the state Universities for placement of interns with IHS/tribal/urban health care centers.
- Create mentoring opportunities with resources that are available at Midwestern, Junior colleges, and Kirksville
- Encourage and support the creation of IHS incentives for those going into healthcare fields.
- Develop staff from personnel within the communities. Ask the question what is it we're really trying to do – look at the big picture to "What is Public Health?"
- Look into what is the role of IHS in public health?
- Develop tribal community leadership to address domestic violence and aging issues.
- Support community prevention or wellness programs.
- Support innovative approaches to hiring more people with less money by looking at other resources (incentives) and mid-level positions. Support IHS scholarships for those students concentrating on wellness issues.
- Develop student health profession association group like the American Indian Students in Engineering and Sciences (AISES) to promote health professional scholarships, etc.
- Support development of bonuses/award system at Service Units. Expand loan repayment program to non-clinical positions.
- Support and network with the student health profession awareness programs of the Rural Health Office and the UoA Arizona Area Health Education Center (AHEC) Program.
- Encourage and support collaboration among provider agencies to address the family as a whole. Take a case management approach to the community by talking about the entire family or community
- Support and develop Long Term Care training for Native Americans by having tribes selecting individuals to train. Support Master in Public Health education at local communities.

Report Development

- Look at research done with other sources/areas before doing final report for those who were not present at the meetings.
- Be sure to include other tribes and IHS training centers, don't want missing pieces in the report
- Circulate draft of report statewide to key agencies to get their input. Send draft out to all tribes
- How do we draw in the tribes so they understand what the state does?
- Deadline on review and comments (30-60 days, end of July).
- Include as many healthcare organizations as possible.

Recommendations Implementation

- Develop resource directories.
- Strengthen partnerships and collaborations.
- Be sensitive and respectful to communities and base any implementation on a community driven approach.
- Convert planning team to strategy team to bring this out (identification of who's going to be responsible for what) – anyone can be involved!
- Keep this focused - Don't get lost.
- Completion of this part and then look at different groups to take on: Make presentations to other groups to make sure to have statewide Indian Health Effort. Give options on how groups would want to move forward such as ITCA, or tribes individually, etc.
- Piggyback on another meeting, Rural Health Conference, AZPHA, ALOHA (Native American County Health Office meeting) for the next meeting/ presentation of this material and groups' involvement.
- State Health Department – try to include tribes, IHS in decision-making process.

THE ARIZONA NATIVE AMERICAN PRIMARY CARE RESOURCES
WORKSHOP/FORUM SERIES
STATEWIDE FORUM
HON DAH RESORT
MT. BALDY CONFERENCE ROOM
AGENDA
5/30/02

7:00-8:00 am Registration and Continental Breakfast

Morning Moderator: Michael Allison, Native American Liaison
Arizona Department of Health Services

8:00-8:10 am Introduction and Welcome

8:10-8:20 am Opening Blessing

8:20-8:30 am Program Overview

8:30-10:00 am General Session One - Regional Forums Panel Reports

- Data and Information Sharing
  Linda Nelson, Community Development Specialist
  Arizona Department of Health Services

  Michael Allison, Arizona Department of Health Services

- Integration of Mental Health and Primary Care
  Jacob Rueda, Arizona Project Officer
  Health Resources and Services Administration

  Linda Nelson, Arizona Department of Health Services

- Partnerships and Collaboration
  Michael Allison, Arizona Department of Health Services

- Telemedicine
  Alison Hughes, Director, Rural Health Office
  College of Public Health, University of Arizona

10:00-10:15 am Break

10:15-11:45 am General Session One (con't) - Regional Forums Panel Report

- Access to Care

Ken Poocha, Native American Coordinator
Arizona Association of Community Health Centers, Inc.

- Program Evaluation
  Howard Eng, Associate for the Director for Research and Education
  Rural Health Office, College of Public Health, University of Arizona

- Traditional Medicine
  Joe Jose, Tobacco Project Coordinator
  Native American Community Health Center, Inc.

- Workforce Needs
  Fred Hubbard, Long Term Care
  White Mountain Apache Health Authority

12:00 – 1:00 pm Lunch
Keynote Speaker: Dr. Marie Swanson, Dean
College of Public Health, University of Arizona

Afternoon Moderator: Arlie Beeson, Diabetes Program Coordinator
San Carlos Apache Tribe

1:15-2:45 pm General Section Two - Identification and Prioritization of Needs

2:45-3:00 pm Break

3:00-4:30 pm General Section Three - Development of Strategy to Address the Needs

4:30-4:40 pm Wrap Up

4:40-4:45 pm Closing Blessing

EVALUATION FORM RESULTS
THE ARIZONA NATIVE AMERICAN PRIMARY CARE RESOURCES
WORKSHOP/ FORUM SERIES
STATEWIDE FORUM
Hon Dah 5/23/02

	1 (Lowest)	2	3	4	5 (Highest)
Session One Panel Reports			3	18	8

Comments:

- Reports didn't contain enough information to understand what had transpired at previous meetings (i.e. where did the mental health stats come from), should have been clarified.
- Captured most comments from the prior two workshops. The question is whether the panel reports represent sentiments of tribes who were not present at workshop.

	1 (Lowest)	2	3	4	5 (Highest)
Session One (con't) Panel Reports (con't)			3	16	10

Comments:

- More details/ information given.
- How can we assure all or most all tribes are in agreement with these reports?

	1 (Lowest)	2	3	4	5 (Highest)
Keynote Speaker			4	7	17

Comments:

- Would have liked time for questions.
- Excellent commitment to Native American communities.
- Essential strategy.
- Fine!
- Very positive goals and the priorities of the new college of Public Health are on target.

	1 (Lowest)	2	3	4	5 (Highest)
Session Two Identification & Prioritization of Needs	1	1	6	15	6

Comments:

- Some good comments, Mr. Begay was an excellent facilitator.
- All are important, tough to prioritize. Why prioritize?
- Good dialogue and resource identification.
- Too much time spent on this, redundant.

	1 (Lowest)	2	3	4	5 (Highest)
Session Three Development of Strategy to Address Needs	1		8	10	2

Comments:

- These two areas need to be condensed and have more structure.
- Many priorities, need a process to prioritize the priorities.

- There seems to be a lot of work to be done in this area. Vernon's comments were important, we need to stay focused.

Did the subject matter meet your expectations? YES – 28 NO – 1
Comments:

- All information was useful.
- What everyone said was good and by looking at others they liked to too.
- Everyone's opinion was wonderful.
- Give more time for questions and thoughts and don't cut people off.
- It was enjoyable, especially that I'm a Native American. Health is more important and now is the time when we all work together.
- It would be great if the recommendations were carried through.
- Yes, every topic is on target.
- Yes, problems were understood.
- No, how and who is following up on the recommendations was very vague.

What did you like **MOST** about the workshop/ forum?

- Time for much input from participants.
- Hearing the reports from the prior sessions.
- A unified tribal statement as a product.
- Sharing of information and seeing where to go next.
- I liked everything about the workshop presenters, commentators, questions, etc. were excellent.
- Very worthwhile and should be continued, at least follow up to first three sessions.
- What everybody had said, the other half was good because we got to hear what other people had to say.
- Everyone getting ideas out and resolutions for problems.
- Tribes wanting to work together, integrating traditional and western medicine.
- Vernon James' comments.
- The second session because I think that people got stuff done.
- The input of everyone.
- When Allison Hughes, Dir of Telemedicine explained how telemedicine was utilized.
- Dialogue across various agencies, organizations.
- Completion of information from all forums, feedback about the recommendations from this forum.
- It was a wonderful learning and sharing experience.
- It really addresses critical issues and potential solutions.
- Got to meet others around state.
- The environment – nice motel accommodations. Conference area was very appropriate temperature, space bathrooms.
- The telemedicine presentation was very enlightening. Prior to Allison's presentation my impression of telemedicine was that is was boring and very clinical. I'm sure others would be interested in the current state of telehealth in Arizona.

- Good dialogue.
- Well organized and on time.
- General discussion and ideas put on the floor.
- Getting organizations together to talk and argue on issues and the "To do list".
- Representation of a larger diversity of tribes and other agencies.
- The participants ability to participate in each of the issues. A real open forum.
- The keynote speaker presentation.
- Lunch.
- Conference facilities and accommodations were excellent.
- Others to talk with about health issues – statewide perspective.
- This workshop forum is an essential and credible step towards addressing health care disparities with Native Americans.
- The process, community forum format at the places of need.
- Extended time for discussion.

What did you like **LEAST** about the workshop/ forum?

- Concern that some of the recommendations – either from this forum or other two forums are not representative of what is occurring in all communities and facilities.
- Not sure what the next steps will be? What will be done with all this information?
- Trying to get more people here. Who was missing that should have attended?
- Not enough time!
- More tribal representatives.
- The microphone going out.
- How some people got cut off.
- Food! High fat, high sugar!
- There were very few Native Americans' in attendance.
- Can we generalize from these findings/ suggestions to all of Arizona's 21 federally recognized tribes.
- Have speakers not use so many acronyms, some in audience may not be familiar with them.
- Have a list of participants available so we can contact them if needed for further information, etc.
- Don't think we really established a sense of priorities among all the issues discussed.
- Not enough tribal representatives.
- Not enough tribal and IHS representatives.
- Was hoping for a larger audience but hopefully that will occur over time if we continue the forums.
- It is almost impossible to cover all aspects of issues. The report from the two workshops was basically limited to the input provided by the participants.
- The prioritizing of needs was too lengthy and in a way prioritizing did not occur.

- Unable to agree with prioritization of needs. The strategy approved was hard to understand.
- Very long – but informative.
- The issues are broad and pervasive so while we may not see immediately, tangible results, this effort helps create stimulus to obtain such results, serving as a ground swell(?) to action.

Additional Comments:

- Would like to have seen more tribal representation and ITCA representation. It would have been nice to hear more from HRSA and how they'll support the strategies.
- Room setup could have been improved. Closer round tables may help with discussions.
- Food was very nice!
- Good group with inspiration!
- Looking forward to final report. Please provide a list of attendees and role.
- Keep up the good work, organization of workshop was excellent. Afternoon session could have been shorter for the content.
- More interaction. TEAMWORK!
- Pretty good.
- Each department was important to the issues and concerns.
- Following Vernon James comments: Has there been "internal" discussions by Native Americans about what were the variables that positively impacted each of you that are at this meeting who have transcended your oppression, history of dysfunction to be vibrant contributing members of your communities? What made the difference in your life? How can that be duplicated? Don't you have the answers already that your life represents? How has the money from the casinos helped you move forward? You ask to be "at the table" aren't you there? Why isn't ITCA at the table?
- Have more meetings.
- Would like to see some similar forums that allow ADHS staff to learn more about the health related issues and initiatives that occur among the tribes. Likewise, ADHS staff would appreciate the opportunity to present information on our initiatives to the various tribes to facilitate future/ ongoing partnerships. I like the agenda format.
- Follow-up needed on all issues.
- Excellent.
- I would like to see the "To do List" completed.
- Good work done by all in putting together these workshop forums.
- Enjoyed the interaction
- Learned a lot about Native American issues.

- Fully agree with Dr. Laurie, IHS that more in depth research needs to be done to validate the findings and other problems. But the presenters made excellent presentations on what was obtained at San Carlos and Peach Springs workshops.
- Would like to see specifics on next steps.
- Outstanding opportunity to present issues from a community standpoint/ viewpoint.
- Liked all of it.
- Great opportunities for collaboration.

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