

Balance
Harmony
Culture
Health

National Indian Health Board

9th Annual

NATIONAL TRIBAL
PUBLIC
HEALTH SUMMIT

May 21-24, 2018
Mystic Lake Casino - Prior Lake, Minnesota



The National Indian Health Board is honored to highlight the work of Native artist, Dawn Dark Mountain. Mrs. Dark Mountain created the artwork displayed in the 9th Annual National Tribal Public Health Summit agenda book and other materials throughout the event. Her featured artworks are titled "Dreams of Turtle Island" and "Thirteen Moons."

Dawn Dark Mountain

www.dawndarkmountain.com

An interest in art since childhood led Dawn to study at the University of Wisconsin-Milwaukee and at the University of Arizona in Tucson where she graduated with a Bachelor of Fine Arts.

An Oneida Indian artist from Wisconsin specializing in watercolors, Dawn works with Woodland American Indian subject matter and ideas. This subject matter combined with a very controlled watercolor style (often mistaken for airbrush) results in a peculiar mystical quality sometimes referred to as "magic realism." Dawn is Turtle clan and she puts a turtle in every painting, sometimes very small, sometimes very obvious, but always present. Her work has been on book covers and posters, in magazines, and on several CD covers. Dawn's work can be found in numerous shops and galleries throughout the United States. After living in Wisconsin for most of her life, Dawn now resides in Santa Fe, New Mexico with her husband, Keith.



National Indian Health Board EVENT APP

The National Indian Health Board's event app is a resource for conference and event information. Get all the information you need to get the most out of your NIHB conference experience by downloading the app! Get everything you need from agendas, speaker information, conference logistics, maps, sponsors, exhibitors, social media links and more.

This is your go-to resource!



Available for iOS
and Android.

TO USE THE APP:

- 1** Download the app by entering the following URL into your mobile browser:
<https://crowd.cc/s/1ukhe>
- 2** Open the app and tap on **NIHB 2018 National Tribal Public Health Summit**
- 3** Click **Login for more features!**
 - a. Enter your **First** and **Last Name**
 - b. **Type in your email** and a verification code will be sent to your email inbox
 - c. Enter the **verification code** from your email

OR just use this QR
code to download
the app and then
follow from #2!!



National Indian Health Board



National Indian Health Board
910 Pennsylvania Ave., SE
Washington, DC 20003
Main Phone: 202-507-4070

May 21, 2018

Dear Friends, Colleagues and Advocates:

The National Indian Health Board is pleased to welcome you to its 9th Annual National Tribal Public Health Summit, taking place at in Prior Lake, Minnesota at the Mystic Lake Casino Hotel, May 21-24, 2018. This year's theme, "Balance, Harmony, Culture, & Health" reflects the ongoing commitment of Tribes across Indian Country to define our own understanding of and path to health; one that fully incorporates culture and the traditional knowledge that has sustained our people for thousands of years. This theme also highlights the conviction that health requires balance and harmony – balance and harmony of the physical, spiritual, emotional, and intellectual.

This Summit offers the opportunity to explore this path by offering a diverse range of breakout sessions, the opportunity to connect with partners working across all fields touching the social determinants of health, and plenary presentations highlighting the intersection of culture and health. We also have strived to include institutes that focus on increasing Tribal capacity to secure funding, assess community needs, improve program quality, and evaluate and improve our work over time. This year's conference focuses on six tracks: Tracks Include: Health Promotion and Disease Prevention, Public Health Policy, Public Health Infrastructure and Capacity, Substance Misuse and Behavioral Health, Climate Change and Environmental Health, and Cancer Prevention and Treatment.

NIHB is thrilled that you are participating in this week's events and sincerely appreciates your willingness to share your time and expertise with us. Thank you to our sponsors, exhibitors and all of the Bemidji Area Tribes who have generously shared their time, talent and resources in order to make the 9th Annual Tribal Public Health Summit a reality! I look forward to hearing from all of you throughout the next several days.

Sincerely,

A handwritten signature in black ink, reading "Vinton Hawley".

Vinton Hawley
Chairman, National Indian Health Board



WHAT IS the NATIONAL INDIAN HEALTH BOARD?

PURPOSE

To advocate for the rights of all federally recognized American Indian and Alaska Native Tribes through the fulfillment of the trust responsibility to deliver health and public health services.

MISSION

Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

WHAT IS THE NATIONAL INDIAN HEALTH BOARD?

The National Health Board (NIHB) is a 501(c) 3 not for profit, charitable organization serving all 573 federally recognized Tribal governments for the purpose of ensuring that the federal government upholds its trust responsibilities to provide health care and public health services to the Tribes. Whether Tribes operate their own health care delivery systems through contracting and compacting or receive health care directly from the Indian Health Services (IHS), NIHB is their national advocate. NIHB also provides policy analysis on American Indian and Alaska Native (AI/AN) health and public health services, facilitates Tribal budget consultation, delivers timely information to all Tribal Governments, leads national Tribal public health programs, assists with Tribal capacity building, provides national and regional Tribal health events, conducts research, and provides training and technical assistance. These services are provided to Tribes, Area Health Boards, Tribal organizations, Tribal Leaders and members, as well as federal agencies and private foundations. NIHB works collaboratively with the Tribes, through the Tribal health organizations, in the twelve IHS Service Areas, to accurately capture and present the Tribal perspective in response to federal legislation, regulations and policy. NIHB also serves as a conduit to foster collaboration between Indian Country and national and international organizations, foundations, corporations, academic institutions and other key stakeholders, in its quest to advance Indian health.

OUR BOARD OF DIRECTORS

Because NIHB serves all federally-recognized Tribes, our work must reflect the unity and diversity of Tribal values and opinions in an accurate, fair, and culturally-sensitive manner. This objective is accomplished through the efforts of the NIHB Board of Directors, which is comprised of representatives elected by the Tribes in each of the twelve IHS Service Areas, through their regional Tribal Health Board or health-serving organization. Each Health Board elects a representative and an alternate to sit on the NIHB Board of Directors. In Areas where there is no Area Health Board, Tribal governments choose a representative. The NIHB Board of Directors elects an Executive Committee comprised of Chairman, Vice-Chairman, Treasurer, and Secretary, who serve staggered, two-year terms and a Member-at-Large who serves a one year term. The Board of Directors meets quarterly.

NIHB MEMBERSHIP

NIHB serves and represents all Federally Recognized Tribes through our Board of Directors in partnership with Tribal Health Boards or health-serving organizations in each of the twelve IHS Service Areas:

- Aberdeen Area: Great Plains Tribal Chairmen's Health Board
- Alaska Area: Alaska Native Health Board
- Albuquerque Area: Albuquerque Area Indian Health Board
- Billings Area: Rocky Mountain Tribal Leaders Council
- Bemidji Area: Midwest Alliance of Sovereign Tribes
- California Area: California Rural Indian Health Board
- Nashville Area: United South and Eastern Tribes, Inc.
- Navajo Area: Navajo Nation
- Oklahoma City Area: Southern Plains Tribal Health Board
- Phoenix Area: Inter Tribal Council of Arizona
- Portland Area: Northwest Portland Area Indian Health Board
- Tucson Area: Tohono O'odham Nation & Pascua Yaqui Tribe

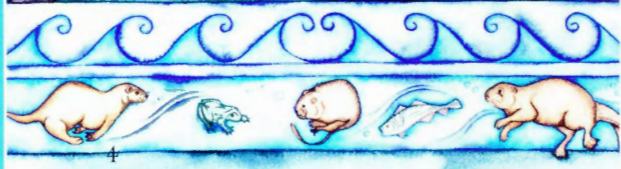
CONTENTS

National Indian Health Board

9th Annual

NATIONAL TRIBAL PUBLIC HEALTH SUMMIT

May 21-24, 2018



PAGE

5

SUMMIT TRACK
INFORMATION

PAGE

6

SUMMIT HIGHLIGHTS

PAGE

8

SDPI

PAGE

9

INNOVATION AWARD WINNERS

PAGE

10

AREA TRIBE LETTER

PAGE

12

AGENDA-
AT-A-GLANCE

PAGE

15

AGENDA

PAGE

34

BIOGRAPHIES

PAGE

50

SUMMIT INFORMATION
AND FLOORPLAN

SUMMIT TRACK INFORMATION and FORMAT



A VARIETY OF BREAKOUT SESSIONS

- **Institutes:** The institutes are half-day classes that provide a more in-depth exploration of a topic, as well as more activities and skill-building opportunities. Institutes will have appropriate breaks as planned by the facilitator. They may include multiple presenters.
- **Workshops:** A workshop is a standard 90-minute presentation on a topic relevant to one or more of the conference tracks.
- **Roundtables:** A roundtable is a 90-minute informal participatory session. Roundtable facilitators may use the first 5-10 minutes of the roundtables to present the topic and issues, using the remaining time to focus on discussion with participants. Participants move to several tables as part of one session.

SUMMIT TRACKS

The Summit sessions are organized by different tracks that have grouped related content together. Participants will be able to identify which breakouts belong to each Summit track by reading the session descriptions in the program book or looking at the Agenda At-a-Glance chart (in the program book and on the At-A-Glance poster by registration). Tracks include:

Health Promotion and Disease Prevention

- **Health Promotion and Disease Prevention** – A cornerstone of Tribal public health is the effort undertaken to encourage individuals and communities to explore their own health status and assist them to make better choices that will improve and maintain health and healthy lifestyles. This leads to a culture of wellness rather than one of sickness. The best opportunities to create a culture of wellness in Indian Country rely upon disease prevention and health promotion.

Climate Change and Environmental Health

- **Climate Change and Environmental Health** – Environmental stressors and climate change pose unique risks for Tribal populations across Indian Country. These stressors can affect everything from fish and mammal migration patterns to water sanitation, allergen levels, air pollution, severe weather occurrences, prevalence of vector borne disease, and a multitude of other impacts. Facing these and other challenges are an important component of maintaining holistic health.

Cancer Prevention and Treatment

- **Cancer Prevention and Treatment** – Although cancer risk and prevalence varies by region among AI/AN, many Tribal communities experience notable disparities and prioritize efforts to address cancer. Cancer is the second leading cause of death among all AI/AN, according to the Centers for Disease Control and Prevention. Various social determinants of health such as poverty, access to healthy food, water and sanitation, and access to health services are some of the factors influencing cancer rates within Tribal communities. Cancer prevention and treatment is essential to preserving the health and resilience of Tribal communities.

Substance Misuse and Behavioral Health

- **Substance Misuse and Behavioral Health** – This track looks at behavioral health as an integral component of holistic health. Behavioral health captures a wide degree of factors including substance and alcohol misuse and overdose, mental health illnesses such as PTSD and depression, suicide, and exposure to trauma and interpersonal violence. Behavioral health concerns may co-occur with other health conditions such as chronic disease, and can pose significant challenges for individuals, families, and communities. Improving behavioral health outcomes remains an important priority for Indian Country.

Public Health Infrastructure and Capacity

- **Public Health Infrastructure and Capacity** – Efforts towards improving health outcomes for Tribal communities must also pay close attention to macro-level factors that influence those health outcomes. Many factors play a role including: law and policy, public health accreditation, and the capacity of systems tasked with protecting and promoting health and wellness.

Public Health Policy

- **Public Health Policy** – Public health policy decisions have significant impacts on health outcomes at the local level by influencing factors such as funding, the legal framework, and administrative actions. Public health policy sets the vision and can help establish specific targets, priorities and the expected roles for stakeholders.

SUMMIT HIGHLIGHTS

Monday

May 21, 2018 (through Tuesday, May 22, 2018)

Opioid Consultation Session

The rising number of opioid overdose deaths is a serious public health crisis that affects individuals, families and communities. American Indians and Alaska Natives have been disproportionately affected by the opioid crisis. This Tribal Consultation, Addressing the Opioid Epidemic in American Indian and Alaska Native Communities, will bring together the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) and tribal leaders and their representatives, offering a unique and comprehensive opportunity to address issues around this crisis with all three agencies. The consultation will facilitate the provision of information and afford the opportunity for Tribal nations to have meaningful input as these agencies develop priorities, strategies, and programs to address the opioid crisis. This consultation reflects the commitment of these agencies to engage with Tribal nations and ensure that programs are responsive to the needs of Tribal nations. This event is free and no prior registration is needed. (Tribal leaders will open the consultation session at 8:45 am; Tribal caucus in preparation for the session will begin at 8:00 am)



Tuesday

May 22, 2018

Opioid Consultation Session (continued)

Leadership from the Indian Health Service, Health Resources and Service Administration, National Institutes of Health, Office of Minority Health, and the Centers for Disease Control and Prevention will solicit feedback from Tribes, to ensure opioid efforts in Indian Country address Tribal priorities and needs. (Tribal leaders will open the consultation session at 9:00 am)



Centers for Disease Control and Prevention Listening Session (3:00 pm - 5:00 pm)

This listening session will solicit essential information from tribal leaders and tribal public health experts in developing the groundwork for development of tribal public health strategic initiatives for CDC. Additionally, CDC would like to brief attendees on the CDC Tribal Public Health Project (TPHP), and request feedback on the TPHP strategic model.

Opening Reception and 8th Annual Special Diabetes Program for Indians (SDPI) Poster Session (starting at 6:00 pm)

Please join us for an opening reception to kick off the Summit events and to learn more about the amazing work of the SDPI programs across Indian Country. The Special Diabetes Program for Indians (SDPI) has been changing the lives of American Indians and Alaska Natives for the past twenty years. Congress established SDPI in 1997 to address the growing epidemic of diabetes in Indian Country and it quickly grew into the nation's most strategic, comprehensive, and effective effort to combat diabetes and its complications. Once a year, the National Indian Health Board is proud to host SDPI programs from around Indian Country, and this year, at the 8th Annual SDPI Poster Session, is no exception. We are thrilled to welcome the SDPI program participants to this event.



Wednesday

May 23, 2018

Plenary Panel on Tribal Successes and Promising Practices in Addressing the Opioid Overdose Epidemic – Engaging Tribal Leadership

Plenary Panel on Returning to Our Roots to Promote Health – Food Sovereignty and the 2018 Farm Bill

Indian Health Service (IHS) Tribal Listening Session (5:00 pm - 6:00 pm)

The purpose of the listening session is to provide Tribes, Tribal Organizations and Urban Indian Organizations with a forum to review IHS's progress on achieving the Agency's mission and priorities.

Thursday

May 24, 2018

Fitness Event: Walk/Run (6:30 am - 7:30 am)

Grab a friend and join NIHB staff in a walk/ run fitness event. We will begin with opening remarks and stretching in the plenary room, and then move on to the route as a group.

4th Annual Public Health Innovation Award Presentation

Help us honor our National, Regional, and Local winners in this award presentation during plenary!

Exhibit Hall & Marketplace Grand Prize Drawing

Up to three lucky winners will receive a special prize! Flip to the back of the conference book for directions on how to enter (Passport to Prizes). Must be present to win. Winners will be announced in the closing plenary.

Thank You!

The National Indian Health Board would like to thank the Tribes of the Bemidji Area for welcoming us for the 9th Annual National Tribal Public Health Summit!

NATIONAL INDIAN
HEALTH BOARD

SPECIAL DIABETES PROGRAM for INDIANS



2018 ANNUAL SDPI POSTER SESSION

The Special Diabetes Program for Indians (SDPI) has been changing the lives of American Indians and Alaska Natives for the past twenty years. Congress established SDPI in 1997 to address the growing epidemic of diabetes in Indian Country and it quickly grew into the nation's most strategic, comprehensive, and effective effort to combat diabetes and its complications. Once a year, the National Indian Health Board is proud to host SDPI programs from around Indian Country, and this year is no exception. We are thrilled to welcome the SDPI program participants to the Annual SDPI Poster Session!

COMMUNITY-DIRECTED GRANTS

- Bemidji Area Office, Diabetes Medication Management
- Chinle Service Unit, CSU Diabetes Program
- CSKT Tribal Health, Flathead Diabetes Program
- Karen I. Fryberg Tulalip Health Systems, Diabetes Care and Prevention Program
- Leech Lake Band of Ojibwe, Leech Lake Diabetes Program
- Mohegan Tribe, Mohegan Tribe Diabetes Program
- Muscogee (Creek) Nation, Diabetes Specialty Clinic Saving Sticks
- Native American Rehabilitation Association of the North West, NARA Diabetes Treatment & Prevention Program
- Navajo Health Foundation-Sage Memorial Hospital, Diabetes Management Program
- Navajo Nation, Navajo Special Diabetes Project
- Oglala Sioux Tribe, Oyate Bli Helya Diabetes Program
- Oklahoma City Indian Clinic, DSME Retinopathy
- Pascua Yaqui Tribe Health Department, Pascua Yaqui Diabetes Prevention and Treatment Program
- Pueblo of Zuni, Zuni Healthy Lifestyles
- Rosebud Sioux Tribe, Diabetes Prevention Program
- Salt River Pima-Maricopa Indian Community, Diabetes Prevention Services
- San Carlos Apache Healthcare Corporation, Diabetes Program
- Sault Tribe Health Center, Sault Tribe Diabetes Program
- Southern Indian Health Council, Inc., Native Own Wellness
- Spirit Lake Tribe, SDPI: A Sacred Life Center
- Tohno O'odham Health & Human Services, Healthy O'odham Promotion Program
- Towaoc Indian Health Service, Sleeping Ute Diabetes Program
- Urban Inter-Tribal Center of Texas, UITCT Diabetes Program
- Winslow Indian Health Care Center, Hozhoogoo Iina Wellness Program
- Yukon-Kuskokwim Health Corporation, Diabetes Prevention and Control

PUBLIC HEALTH INNOVATION AWARD

2018 NATIONAL WINNER

DR. TESHIA SOLOMON (Choctaw) was appointed Director of the Native American Research and Training Center (NARTC) in 2010 and has over 15 years of experience in health-related research involving minority populations. She is Associate Professor in the Dept. of Family Community Medicine at the University of Arizona College Of Medicine. Currently, she is the Principal Investigator for two training projects, the American Indian Research Center for Health (AIRCH) and the Indians into Medicine (INMED) program. She is also a co-investigator on two other projects, the Post-baccalaureate Research Education Program and a junior faculty development project, PRIDE. The AIRCH program trains Native students in health research and the INMED is an Indian Health Service grant to recruit Native Americans into the Health Professions, including public health. Dr. Solomon is the lead editor and contributing author of the book, *Conducting Health Research with Native American Communities*. As Director of NARTC, she has mentored numerous Native undergraduate and graduate students and has spearheaded efforts working with reservation and urban Native communities in cancer prevention and control, working to build community capacity with Tribal leaders in Arizona. She started the Winter Institute Conference at the University of Arizona to increase the visibility of Native public health research and Native scientific research and researchers to report back our work to the Tribes and ask for guidance in moving forward. Additionally, she led the development of a cultural competency training for those in the healthcare fields such as those in public health and medicine. Dr. Solomon ensures that Native students and Native researchers not only have a voice at the university level, but also at the national level.

2018 REGIONAL WINNER

DR. SHARON STANPHILL is the Health Operations Officer for the Cow Creek Health and Wellness Center (CCH&WC). The wellness center employs 46 staff members and operates two primary care clinics with laboratory, radiology, a comprehensive behavioral health, telemedicine, and nutrition and diabetes services. Joining the CCH&WC in October 1997 as a preventive care practitioner, dietician, and certified diabetes educator, Dr. Stanphill assisted with coordinating the Southern Oregon Tribal Diabetes Prevention Consortium. She served on the National Special Diabetes Program for Indians (SDPI) Diabetes Demonstration Projects Steering Committee. For the past 18 years, she has been a delegate for the Cow Creek Tribe to the Northwest Portland Area Indian Health Board. She has been honored twice with the Delegate of the Year Award. Appointed by the Portland Area Indian Health Services as the Portland Area Tribal Leaders Diabetes Committee (TLDC) representative representing all 43 Tribal nations in the Pacific Northwest, Dr. Stanphill has helped shape the diabetes healthcare system in Indian Country. Dr. Stanphill also serves on several Portland Area Indian Health Services committees and has a special interest in assuring information technology is of the highest quality and continues to expand among Tribes and the State of Oregon. She has served for years on the State of Oregon's Governor's Health Information Technology Advisory Committee (HITOC) where she continues today to work with Tribes in developing and adhering to the mandates of the Affordable Care Act for healthcare reform. Dr. Stanphill received her Master of Public Health in Nutrition degree in August 1991 and her Doctorate of Public Health in Preventive Medicine in June 1993. She is a descendent of the Osage Nation and has served in Tribal communities professionally for the last 26 years.

2018 LOCAL WINNER

ALLYSON BARTLETT serves as the Program Director for the Sacred Beginnings home visiting program located in Fort Totten, North Dakota within the Spirit Lake Nation. She successfully manages two sub-recipient contracts in collaboration with Prevent Child Abuse North Dakota through the Health Resources and Services Administration (HRSA) Maternal, Infant and Early Childhood Home Visitation Program. Ms. Bartlett has worked in maternal and child health for over a decade and serves on various committees within her Tribal community and she currently works for her Tribe as the Program Director for the Sacred Beginnings home visiting program located within the Spirit Lake Nation. This program aims to empower families through the promotion of healthy child development. She has served her Tribe in the maternal and child health realm for a decade while also remaining an active member of various Tribal, county, and state committees. Ms. Bartlett has taken on a role as a Community Innovation Organizer to help identify and address key problems within her community utilizing a self-healing community framework through a trauma-informed lens. She is an advocate for social justice within her community and her passion is noticeable in her work.

PREVIOUS AWARD WINNERS

2015: Donald K. Warne, MD, MPH
2016: American Indian Cancer Foundation
2017: Cherokee Nation Health Services

*Please join us in honoring
all of our past and present
award winners!*

THE 2018 PUBLIC HEALTH INNOVATION AWARD

The Public Health Innovation Award was created to honor individuals, Tribes, organizations, and programs that have enriched and improved American Indian and Alaska Native public health. NIHB created this award to recognize excellence, achievement, and innovations that are above and beyond the call of service. NIHB recognizes that public health is a Native traditional value, and that Tribes have led the way in creating and implementing public health programming and services that align with contemporary needs, and cultural beliefs as well. This award highlights the work and vision of individuals, organizations, Tribes, and/or programs that have worked to improve health status, implement new programming, address long standing health disparities, and/or increase the visibility of public health concerns.



May 23, 2018

Shakopee Mdewakanton Sioux Community

2330 SIOUX TRAIL NW • PRIOR LAKE, MINNESOTA 55372
TRIBAL OFFICE 952•445-8900 • FAX 952•445-8906

OFFICERS

Charles R. Vig
Chairman

Keith B. Anderson
Vice-Chairman

Freedom Brewer
Secretary/Treasurer

Dear 2018 National Indian Health Board National Public Health Summit participants:

On behalf of the Shakopee Mdewakanton Sioux Community (SMSC) Business Council and our entire community, I welcome you to the National Indian Health Board (NIHB) 2018 National Tribal Public Health Summit.

The NIHB board and staff have developed an engaging agenda on important topics ranging from disease prevention to public health policy to cancer prevention. We hope that you take advantage of these sessions and share your expertise throughout the conference. The summit is a unique opportunity to come together to develop a unified national public health agenda and ensure a strong and healthy future for generations to come.

The SMSC appreciates its collaborative relationship with the NIHB, and we look forward to joining the NIHB and summit attendees as we continue to advance and protect the health and wellness of all tribal nations.

In recent years, our tribe has focused much of its philanthropic work in Indian Country around improving dietary health. Our Mobile Unit offers free medical, dental and vision services to communities across Minnesota, and has served approximately 10,000 people over the past decade. And, our Seeds of Native Health campaign is in its fourth year of supporting research, education, knowledge-sharing, and grant-making. Please visit SeedsOfNativeHealth.org to learn more about our initiatives and partnerships. We also hope you will consider a return visit to our tribe in order to attend the Third Annual Conference on Native American Nutrition on October 2-5, 2018.

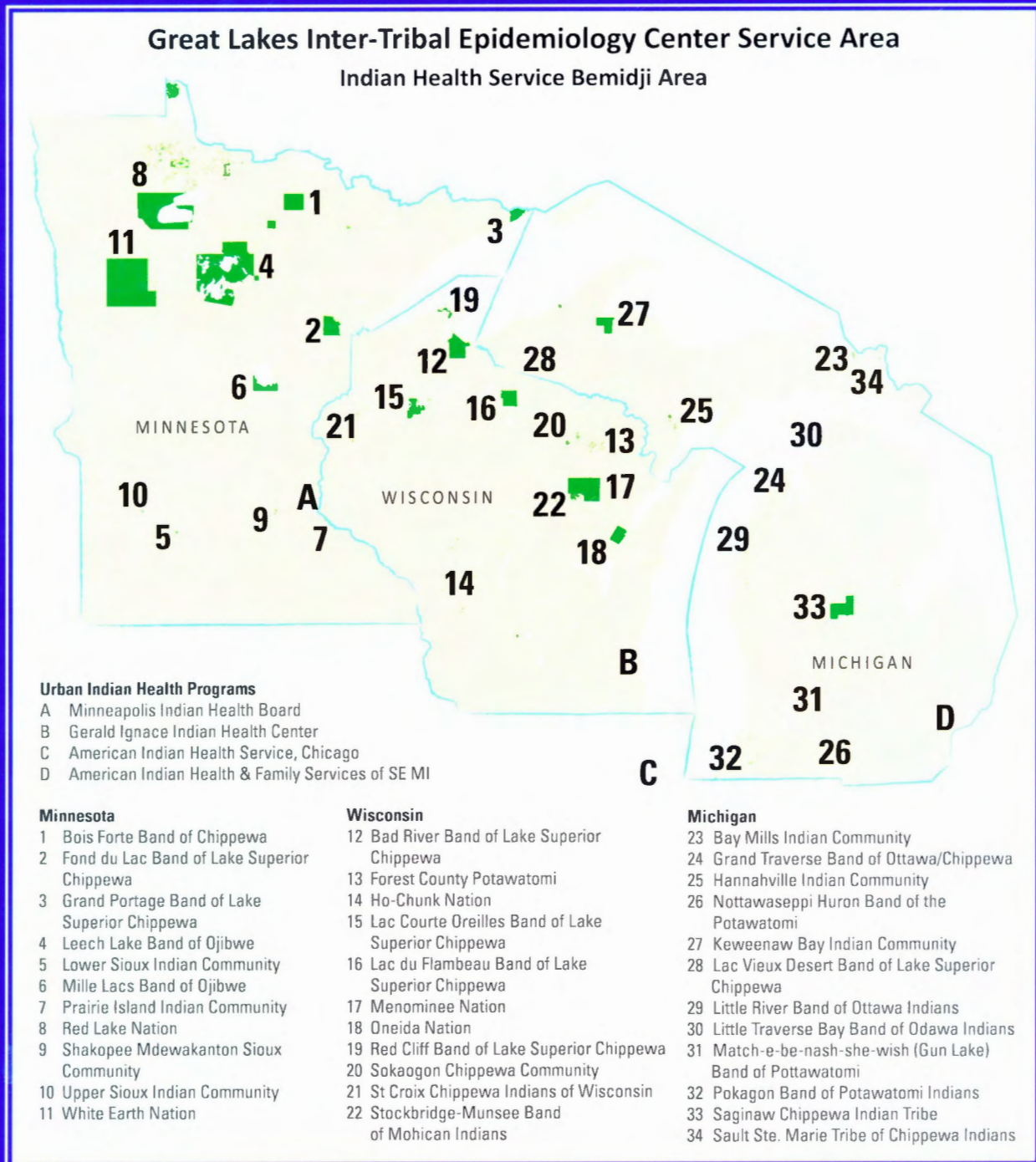
We hope that the ideas which you share and learn here the summit – and the relationships which you build or strengthen – inspire and enrich you in your own work far beyond the next few days.

Sincerely,

Charles R. Vig
Chairman
Shakopee Mdewakanton Sioux Community

Thank you

Midwest Alliance of Sovereign Tribes Great Lakes Inter-Tribal Epidemiology Center Bemidji Area Tribes



For your cooperation in ensuring the success of the
9th Annual National Tribal Public Health Summit

AGENDA at a GLANCE

		WACONIA FOYER	WACONIA 1 & 2	MINNETONKA 1-9	ISANTI 1, 2, AND 3	ANOKA 1 & 2
Monday, May 21 (Pre-Summit Consultations)	Lunch (On Your Own) 12:00 pm - 1:00 pm	Registration 2:00 pm - 6:00 pm			Tribal Caucus 8:00 am - 8:45 am Opioid Consultation and Listening Sessions 8:45 am - 5:00 pm	
Tuesday, May 22 (Pre-Summit)	Lunch (On Your Own) 12:00 pm - 1:00 pm	Registration 7:00 am - 6:00 pm	Exhibitor Set-up 8:00 am - 12:00 pm		Opioid Consultation and Listening Sessions 9:00 am - 3:00 pm	Cancer Prevention Seminar 9:00 am - 12:00 pm
			Exhibit Hall Open 12:00 pm - 8:00 pm			
		SDPI Poster Session and Opening Reception 6:00 pm - 8:00 pm				
Wednesday, May 23 (Day 1)	Lunch (On Your Own) 12:00 pm - 1:30 pm	Registration 7:00 am - 5:00 pm	Exhibit Hall 7:30 am - 6:00 pm	Opening Plenary Session 8:30 am - 12:00 pm		
						Community Health Assessments: Standing Rock Sioux Tribe's Community Based Collaboration 1:30 pm - 3:00 pm
						Healthy, Active Native Communities 3:30 pm - 5:00 pm
Thursday May 24 (Day 2)	Lunch 12:00 pm - 1:30 pm	Registration 7:00 am - 12:00 pm	Exhibit Hall 7:30 am - 5:00 pm	Fitness Walk/Run 6:30 am - 7:30 am		
						Gathering for Health: Examining the Impact of Stress on Diabetes Outcomes and Identifying Cultural Solutions for Health Promotion 8:30 am - 10:00 am
						Digital Storytelling for Quality Improvement 10:30 am - 12:00 pm
						Tribal Elder Protection Team (TEPT)- Toolkit 1:30 pm - 3:00 pm
				Closing Plenary Session 3:15 pm - 5:00 pm		

SUMMIT TRACKS KEY

Track: Health Promotion
and Disease Prevention

Track: Substance Misuse
and Behavioral Health

Track: Public Health Policy

Track: Public Health
Infrastructure & Capacity

National Indian Health Board
9th Annual
NATIONAL TRIBAL PUBLIC HEALTH SUMMIT



OWATONNA 1 & 2	WACONIA 3	WACONIA 4	WACONIA 5	WACONIA 6	MINNETONKA 2 & 3
					
			Tips for Successful Grant Writing 9:00 am - 12:00 pm	Planning for and Conducting Tribal CHA 9:00 am - 12:00 pm	
			Fundamentals of Evaluation for Public Health Programming 1:00 pm - 4:00 pm	Making your Strategic Plan an Action and Results Driven Process 1:00 pm - 4:00 pm	
	Federal Agency Listening Session (Centers for Disease Control and Prevention) 3:00 pm - 5:00 pm				
Preventing and Managing Chronic Disease using Culturally Relevant Practices and Evidence-Based Medicine 1:30 pm - 3:00 pm	ITEP: Working with Tribes Across Climate, Human and Environmental Health Issues 1:30 pm - 3:00 pm	Promoting Health Equity in Tribal Communities: Tools of Implementation 1:30 pm - 3:00 pm	Medication Assisted Treatment (MAT) and Other Approaches to Address Opioid Use Disorders (OUD) in American Indian and Alaska Native Communities 1:30 pm -3:00 pm	Building Communities of Hope Suicide Prevention Initiative: One Voice, One Nation Protect Life 1:30 pm - 3:00 pm	HPDP Roundtable Session 1:30 pm - 3:00 pm
Behavioral and Social Aspects of the Opioid Crisis 3:30 pm - 5:00 pm	Making the Connection Between Housing, Hazards and Health in Tribal Housing 3:30 pm - 5:00 pm	Working in Harmony with State Cancer Programs for Native Health & Wellness 3:30 pm - 5:00 pm	Breaking Barriers in HIV Prevention - the Need to Expand Pre-Exposure Prophylaxis in Tribal Communities 3:30 pm - 5:00 pm	Our Cansasa Story: Culturally Focused Health and Healing 3:30 pm - 5:00 pm	Substance Misuse and Behavioral Health Roundtable Session 3:30 pm - 5:00 pm
					IHS Tribal Listening Session 5:00 pm - 6:00 pm
Evaluation of Traditional Foods in Southeast Alaska 8:30 am - 10:00 am	Subsistence and Safety in a Changing Arctic 8:30 am - 10:00 am	Two programs, one goal: Evaluating Two Interconnected Prevention Programs Aimed to Increase Cancer Screening Rates in Indian Country 8:30 am - 10:00 am		Integrating Culture, Collaboration, and Evidence Based Opiate Treatment: The Pascua Yaqui Tribe New Beginnings Clinic 8:30 am - 10:00 am	Public Health Policy Roundtable Session 8:30 am - 10:00 am
Collaborating to Close Gaps in Tribal Food Access 10:30 am - 12:00 pm	Resiliency In the Face of Climate Change: Indigenous Health and Resources 10:30 am - 12:00 pm	Preparing for a Public Health Emergency: The Tribal Legal Preparedness Project 10:30 am - 12:00 pm	Drafting Tribal Laws and Policies to Promote Public Health 10:30 am - 12:00 pm	Diabetes and Behavioral Health Comorbidities: Opportunities for Research and Policy 10:30 am - 12:00 pm	HPDP Roundtable Session 2 10:30 am - 12:00 pm
Good Health and Wellness in Indian Country, Challenges and Successes 1:30 pm - 3:00 pm	Health Disparities in the Great Lakes Region 1:30 pm - 3:00 pm	Clinic Team Strategies to Increase Colorectal Cancer Screening across American Indian Communities 1:30 pm - 3:00 pm	Advancing Tribal Food and Agriculture Production to Build Healthy Tribal Economies and Communities in the 2018 Farm Bill and Beyond 1:30 pm - 3:00 pm	Introducing the NDEWS HotSpot Study Opportunity for Assessing Opioid Overdose Inequities in Minnesota 1:30 pm - 3:00 pm	
Track: Climate Change and Environmental Health	Track: Cancer Prevention and Treatment				

AGENDA at a GLANCE ROUNDTABLE SESSIONS

ROOM: MINNETONKA 2 & 3

Wednesday, May 23 1:30 pm - 3:00 pm	Wednesday, May 23 3:30 pm - 5:00 pm	Thursday, May 24 8:30 am - 10:00 am	Thursday, May 24 10:30 am - 2:00 pm
Roundtable: Health Promotion and Disease Prevention 1	Roundtable: Substance Misuse and Behavioral Health	Roundtable: Public Health Policy	Roundtable: Health Promotion and Disease Prevention 2
TABLE 1 Improving AI/AN Cancer Incidence Data in the US	TABLE 1 Integrated Care 1: Weaving Primary and behavioral health services together	TABLE 1 Promoting Public Health Through Home Visits to Parents and Children	TABLE 1 Strategies for Ending Cervical Cancer in Indian Country
TABLE 2 Maximizing collaboration to achieve collective impact on improving cancer outcomes across American Indian Communities	TABLE 2 Integrated Care 2: Weaving Primary and Behavioral Health Services Together	TABLE 2 Policies to Address Commercial Tobacco Use	TABLE 2 Manoomin / Psi: A flagship for environmental preservation and Indigenous resource sovereignty
TABLE 3 Dine (Navajo) Goes Lasagna	TABLE 3 The use of peer recovery advocates to assist in treatment/ recovery	TABLE 3 Decolonizing Health Care for American Indian Transgender	TABLE 3 Dine (Navajo) Goes Lasagna
TABLE 4 Stories From the Field: Native STAND and other Culturally Relevant Sexual Health Resources for AI/AN Teens	TABLE 4 Ninde (My Heart): A Community-Based Collaborative to Support Healthy Birth Outcomes	TABLE 4 Improving Oral Health in Indian Country: Examining Tribes' Compatibility with Dental Therapists	TABLE 4 Balancing Culture, Health, and Data
TABLE 5 NIEJI Elder Mistreatment Survey	TABLE 5 Building Capacity to Prevent Suicide in Tribal Communities	TABLE 5 Creating an Elevator Speech	TABLE 5 Climate Change Impacts Our People and Our Environment: Innovative Techniques for Communicating Impacts and Adaptation Opportunities
		TABLE 6 Enhancing Your Understanding of the PHAB Standards and Measures a new Tribal Documentation Supplement	TABLE 6 Working with Tribal Partners to Protect Tribal Health and Wellbeing: Perspectives from EPA's Office of Research and Development

SUMMIT TRACKS KEY

TRACK: PUBLIC HEALTH INFRASTRUCTURE & CAPACITY

TRACK: SUBSTANCE MISUSE AND BEHAVIORAL HEALTH

TRACK: CANCER PREVENTION AND TREATMENT

TRACK: CLIMATE CHANGE AND ENVIRONMENTAL HEALTH

TRACK: HEALTH PROMOTION AND DISEASE PREVENTION

TRACK: PUBLIC HEALTH POLICY



National Indian Health Board

9th Annual

NATIONAL TRIBAL PUBLIC HEALTH SUMMIT

May 21-24, 2018
Mystic Lake Casino - Prior Lake, Minnesota

AGENDA

SUMMIT TRACKS KEY

TRACK: PUBLIC HEALTH INFRASTRUCTURE & CAPACITY

TRACK: SUBSTANCE MISUSE AND BEHAVIORAL HEALTH

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TRACK: CLIMATE CHANGE AND ENVIRONMENTAL HEALTH

TRACK: HEALTH PROMOTION AND DISEASE PREVENTION

TRACK: PUBLIC HEALTH POLICY

MAY

21

Monday

(Pre-Summit Consultations)



8:00 am - 8:45 am

Tribal Caucus

(no charge to attend, closed to federal partners)

ISANTI BALLROOM

Tribal leaders are invited to participate in a Tribal caucus prior to the Opioid Consultation and Listening Session. Tribal caucus is a time for Tribal leaders, their advisors, and Tribal organizations to come together to clarify issues and define recommendations that they may want to put forth to leadership of federal government agencies.

8:45 am - 5:00 pm

Opioid Consultation and Listening Session (no charge to attend)

ISANTI BALLROOM

The rising number of opioid overdose deaths is a serious public health crisis that affects individuals, families and communities. American Indians and Alaska Natives have been disproportionately affected by the opioid crisis. For example, they had the highest drug overdose death rates in 2015 and the largest percent increase in the number of deaths from 1995 to 2015 relative to other racial/ethnic groups. This Tribal Consultation, Addressing the Opioid Epidemic in American Indian and Alaska Native Communities, will bring together the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) and Tribal leaders and their representatives, offering a unique and comprehensive opportunity to address issues around this crisis with all three agencies in one locale. The consultation will facilitate the provision of information and afford the opportunity for Tribal nations to have meaningful input as these agencies and Institute develop priorities, strategies, and programs to address the opioid crisis. This consultation reflects the commitment of these agencies to engage with Tribal nations and the critical importance of ensuring that programs are responsive to the needs of Tribal nations. This event is free and no prior registration is needed.

12:00 pm - 1:00 pm

Lunch (on your own)

2:00 pm - 6:00 pm

Summit Registration Open

WACONIA FOYER



MAY 22

Tuesday

(Pre-Summit)

7:00 am - 6:00 pm

Summit Registration Open

WACONIA FOYER

8:00 am - 12:00 pm

Exhibitor Set Up

WACONIA 1&2

9:00 am - 12:00 pm

Cancer Prevention Seminar

(no charge to attend)

ANOKA 1 & 2

The Cancer Prevention Seminar is offered as part of the Tribal Public Health Summit's pre-conference activities. Run in partnership with the American Indian Cancer Foundation (AICAF), this interactive Seminar will focus on skills building as it relates to cancer prevention strategies through two primary sessions: 1) using motivational interviewing to address tobacco cessation and HPV vaccination in clinics and community health programs and 2) quality improvement strategies and success stories for cancer prevention programs. Learning objectives: Describe how motivational interviewing strategies can be used effectively in cancer prevention activities within Tribal communities; Explain the Plan, Do, Study, Act (PDSA) cycle to implement quality improvement strategies for a cancer prevention and/or screening program within an AI/AN health system; Identify effective culturally-tailored interventions within a cancer screening program. This Seminar is free to attend and no prior registration is required.

9:00 am - 3:00 pm

Opioid Consultation and Listening Session, continued

(no charge to attend)

ISANTI BALLROOM

The rising number of opioid overdose deaths is a serious public health crisis that affects individuals, families and communities. American Indians and Alaska Natives have been disproportionately affected by the opioid crisis. For example, they had the highest drug overdose death rates in 2015 and the largest percent increase in the number of deaths from 1995 to 2015 relative to other racial/ethnic groups. This Tribal Consultation, Addressing the Opioid Epidemic in American Indian and Alaska Native Communities, will bring together the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) and Tribal leaders and their representatives, offering a unique and comprehensive opportunity to address issues around this crisis with all three agencies in one locale. The consultation will facilitate the provision of information and afford the opportunity for Tribal nations to have meaningful input as these agencies and Institute develop priorities, strategies, and programs to address the opioid crisis. This consultation reflects the commitment of these agencies to engage with Tribal nations and the critical importance of ensuring that programs are responsive to the needs of Tribal nations. This event is free and no prior registration is needed.



PRE-SUMMIT INSTITUTES

9:00 am - 4:00 pm

(conference and institute registration required)

9:00 am - 12:00 pm

Tips for Successful Grant Writing

(conference and institute registration required)

WACONIA 5

American Indian and Alaska Native Tribes and Tribal organizations were largely excluded when the U.S. federal government was formulating its public health system. Because of this significant oversight, federal government dollars earmarked for public health systems, practices, and activities often do not reach Tribes. For this reason, Tribes rely more heavily than other entities on grant funding to support public health operations, and development work becomes a significant part of any Tribal public health division. This institute will provide some fundamentals tips for preparing competitive grant applications for government and private funding sources. Key topics covered will include: 1) how to identify a grant 2) how to define your project 3) how to outline a grant, and 4) acquiring proposal guidelines. The session will include interactive activities with participants so they can practice some of the skills discussed in the institute.

Robert Foley, M.Ed., Chief Program Officer,
National Indian Health Board

9:00 am - 12:00 pm

Planning for and Conducting
a Tribal Community
Health Assessment

(conference and institute registration required)

WACONIA 6

Tribal Community Health Assessments (CHA) are becoming a popular tool across Indian Country as a way for Tribes to compose a picture of the health of their own community. In many Tribal communities, having a Tribal-specific health assessment has never been done. A Tribal CHA is the process of collecting, analyzing, and using data to educate and mobilize communities around health issues or factors that affect health. Tribal CHAs are not only a vital tool for gaining foundational data about a community, but also in helping to set priorities and develop action plans to improve the health of the population served, taking the guesswork out of where to direct scarce resources for the biggest impact of the population served.

Shannon Laing, Associate Director, Center for Healthy
Communities, Michigan Public Health Institute

Emily VanderKlok, Community Health Outreach Manager,
Notawaseppi Huron Band of Potawatomi Health Center



1:00 pm - 4:00 pm

Fundamentals of Evaluation for
Public Health Programming

(conference and institute registration required)

WACONIA 5

Evaluation is a key programmatic function, however, it often gets overlooked during program implementation, or confusion over how to conduct a good and thorough evaluation may lead staff to forgo such efforts. Evaluation helps us to make solid programmatic decisions and holds us accountable to ourselves, our funders and our communities. This training will move through the different levels of process and outcome evaluation – clearly defining them and providing tips and guidance on what methods to use when, what questions to ask at each level, and how each level fits into the larger scheme. The session will also explore how to construct evaluation plans that align with implementation plans, and how to structure an evaluation plan that appeals to your stakeholder groups.

Robert Foley, M.Ed., Chief Program Officer,
National Indian Health Board

Angelica Colagreco, MPH, Public Health Project
Coordinator, National Indian Health Board

1:00 pm - 4:00 pm

Making your Strategic Plan an Action
and Results Driven Process

(conference and institute registration required)

WACONIA 6

This working session will focus on Making your Strategic Plan an Action and Results Driven Process. Join us in this session to learn how to convert a strategic plan into a results-driven, focused organizational-wide effort. Use the four drivers of execution and a performance management system to get your strategic plan off the shelf and into action! Small group activities will provide participants with an opportunity to build skills by working through a strategic objective and use the SWOC (Strengths, Weaknesses, Opportunities, Challenges) tool to do an environmental scan of the present and future to guide where to focus strategic planning and associated initiatives. Participants will then use six questions to check to make sure a strategic priority fits into the vision and mission of the organization. The PDCA (Plan, Do, Check, Act) cycle will be demonstrated on how to deploy the strategic plan and its associated strategies throughout the organization.

Jack Moran, PhD, Senior Quality Advisor,
Public Health Foundation

Ron Bialek, MPP, President, Public Health Foundation

Martha Salyers, MD, MPH, CEM, Accreditation
Coordinator, Eastern Band of Cherokee Indians

12:00 pm - 8:00 pm

Exhibitor Hall Open

WACONIA 1&2

12:00 pm - 1:00 pm

Lunch (on your own)

3:00 pm - 5:00 pm

**Federal Agency Listening Session – State of Public Health in Indian Country
Centers for Disease Control and Prevention**

(no charge to attend)

WACONIA 3 & 4

This listening session will look to better understand the State of Public Health in Indian Country. The Centers for Disease Control and Prevention (CDC) recognizes that public health infrastructure is essential to carrying out core public health functions to detect, control, and prevent morbidity and mortality. CDC holds a mission critical charge to provide accurate, relevant, and timely data that will guide actions and policies to improve the health of the American people. The State of Public Health in Indian Country listening session will solicit essential information from Tribal leaders and Tribal public health experts in developing the groundwork for development of Tribal public health strategic initiatives for CDC. CDC would also like to brief attendees on the CDC Tribal Public Health Project (TPHP), and request feedback on the TPHP strategic model. No registration or fees required.

The Special Diabetes Program for Indians (SDPI) has been changing the lives of American Indians and Alaska Natives for the past twenty years. Congress established SDPI in 1997 to address the growing epidemic of diabetes in Indian Country and it quickly grew into the nation's most strategic, comprehensive, and effective effort to combat diabetes and its complications. Once a year, the National Indian Health Board is proud to host SDPI programs from around Indian Country, and this year, at the 8th Annual SDPI Poster Session, is no exception. We are thrilled to welcome the SDPI program participants to this event.

6:00 pm - 8:00 pm

Opening Reception and Special Diabetes Program for Indians (SDPI) Poster Session

WACONIA FOYER

Please join us for an opening reception to kick off the Summit events and to learn more about the amazing work of the SDPI programs across Indian Country.



MAY 23 Wednesday (Day 1)

7:00 am - 5:00 pm

Summit Registration Open

WACONIA FOYER

7:30 am - 6:00 pm

Exhibitor Hall Open

WACONIA 1&2

OPENING PLENARY

8:30 am - 12:00 pm

MINNETONKA 1-9

8:30 am - 9:00 am

Opening Prayer & Local Welcome:

Charles Vig, Chairman, Shakopee Mdewakanton Sioux (Invited)

Introductions and Review Agenda:

Vinton Hawley, Chairman, National Indian Health Board

9:00 am - 10:15 am

Tribal Successes and Promising Practices in Addressing the
Opioid Overdose Epidemic - Engaging Tribal Leadership

Moderator: Dolores Subia Bigfoot, University of Oklahoma Health Sciences Center

Karol Dixon, Health Director, Port Gamble S'Klallam Tribe

Kevin DuPuis, Chairman, Fond du Lac Tribe of Lake Superior Chippewa

Rosemary Cree Medicine, Health Director, Blackfeet Nation

Christina Arredondo, Medical Director, Pascua Yaqui Tribe

10:15 am - 10:35 am

IHS Update on Tribal Public Health Issues

RADM Chris Buchanan, Deputy Director, Indian Health Service

10:25 am - 11:50 am

Returning to Our Roots to Promote Our Health -
Food Sovereignty and the 2018 Farm Bill

Charles Vig, Chairman, Shakopee Mdewakanton Sioux (Invited)

Colby Duren, Policy Director, Indigenous Food and Agriculture Initiative

A-dae Romero-Briones, Director of Native Agriculture and
Food Systems, First Nations Development Institute

Erin Parker, Research Director and Staff Attorney,
Indigenous Food and Agriculture Initiative

11:50 am - 12:00 pm

Summit Logistics, Tribal Public Health Week Photo Winner



12:00 pm - 1:30 pm

Lunch (on your own)

BREAKOUT AND ROUNDTABLE SESSIONS

1:30 pm - 5:00 pm

1:30 pm - 3:00 pm

Community Health Assessments: Standing Rock Sioux Tribe's Community Based Collaboration

Track: Public Health Infrastructure & Capacity

ANOKA 1 & 2

Community Health Assessments (CHA) are a primary tool in the reduction of health disparities in tribal communities. CHA offer a view of what community members' top health concerns are, what is currently being done to try to reduce the disparities, what has been effective, and where there are service gaps. Key to the success of a CHA is the collaboration between the community members, tribal health services, Indian Health Services, other providers and tribal leadership. This session will tell the story of the Standing Rock Sioux Tribe in North and South Dakota as they embark on a CHA, their utilization of technical assistance, and how Indian Health Services and the Standing Rock Sioux Tribe Health Services CHA will work in tandem to improve the health of the people of the Standing Rock Sioux Tribe.

Alayna Eagle Shield, Standing Rock Sioux Tribe

Gretchen Dobervich, NDSU American Indian
Public Health Resource Center

1:30 pm - 3:00 pm

Health Promotion and Disease Prevention Roundtable Session 1

MINNETONKA 2 & 3

How do Roundtables work? Start at any table you would like and you will have to opportunity to visit the other tables every 15 minutes and in any order that suits you.

TABLE 1 Improving AI/AN Cancer Incidence Data in the US

Misclassification of American Indian/Alaska Native (AI/AN) as non-AI/AN in cancer incidence has resulted in the under-estimation of the disease burden in these populations. We will describe our attempt to address racial misclassification through record linkage and characterize patterns of cancer incidence for 1999-2015 among AI/AN by Indian Health Service (IHS) region. Linkages of IHS patient registration data and data from central cancer registries that are part of the Centers for Disease Control and Prevention's National Program of Cancer Registries (NPCR) and the National Cancer Institute's Surveillance, Epidemiology, and End Results Program (SEER) provided evidence that, when reporting national rates, the regional variations were masking the real burden of disease among AI/AN. Routine linkages of cancer registry records with IHS data improve data quality and allow more accurate descriptions of cancer incidence in AI/AN populations. Accurate data is essential for Tribal nations to develop public health strategies and programs to address health disparities.

Melissa Jim, CDC Division of Cancer Prevention and Control
Cheyenne Jim, IHS Immunization Program Analyst

TABLE 2 Maximizing Collaboration to Achieve Collective Impact on Improving Cancer Outcomes Across American Indian Communities

The American Indian Cancer Foundation (AICAF) leverages resources and minimizes burden on American Indian health systems by addressing the critical strategy of working collaboratively with local, state and national partners to address cancer issues within our communities. AICAF facilitates discussions on barriers and solutions with clinic teams to determine areas of improvement. Through this process, AICAF supports the clinic partner to lead discussions with organizations on how to maximize efforts through collaborative activities. Establishing collaborative efforts with key cancer partners strengthens activities within American Indian health systems and formalizes commitments to address cancer program efforts with state health departments and cancer organizations.

Anne Walaszek and Amber Ruffin, American
Indian Cancer Foundation

TABLE 3 Dine (Navajo) Goes Lasagna

In 2016, the Navajo Community Wellness Planning was introduced and implemented at the local level. The outcome was to plan and make proposals to utilize funds generated by the Navajo Nation "Unhealthy Food Sales Tax." In 2017, the HPDP reintroduced gardening to grow fruit and vegetables using the Navajo traditional and modern methods. The foundation is set by educating on Navajo Star Constellation emphasizing on Deliyeh Pleiades which signifies when it is time to plant. Thereafter, the First Corn Field Story is shared to teach the public on Navajo Indigenous food through the Navajo Wellness Model. Finally, the garden workshops begin with preparing the lasagna garden beds and planting of heirloom seeds. The cultivation and harvesting is reinforced with organic planting. The long term goal is to self-sustain with the Navajo cultural methods and empower the community to harvest and grow their own vegetables and fruits to decrease obesity and other chronic diseases.

Lishua Gishie, Annette Gonnig, Kimberly Yazzie, and
Dale Gonnig, Winslow Indian Health Care Center

TABLE 4 Stories from the Field: Native STAND and other Culturally Relevant Sexual Health Resources for AI/AN Teens

Youth sexual health messaging can be challenging in Indian Country, where sexual and reproductive decisions are shaped by both traditional and contemporary social norms. Culturally relevant health education curricula are needed to deliver effective, age-appropriate health promotion programs. The Native STAND curriculum, Students Together Against Negative Decisions incorporates tradition and culture to address STDs, HIV, healthy relationships, and teen pregnancy, while teaching healthy decision-making skills and positive youth development. In this presentation, we will describe lessons learned from our ongoing nationwide implementation at 48 sites, including best practices in delivery approaches to reservation and urban settings, in schools and other community settings, and the incorporation of web-based and social media enhancements. Data on shifts in knowledge, attitudes and behaviors of participating youth will be presented. The Native STAND Project is funded by the CDC Prevention Research Centers (Grant No. U48DP005006).

Michelle Singer, and William Lambert, The Center for Healthy
Communities, OHSU PSU School of Public Health

Stephanie Craig-Rushing, Northwest Portland
Area Indian Health Board

BREAKOUT AND ROUNDTABLE SESSIONS *continued*

TABLE 5 NIEJI Elder Mistreatment Survey

As the general United States older population lives longer, growth in the number of older adults is unprecedented including American Indians and Alaska Natives (AIAN) populations. AIAN age 65 years and older are projected to triple by the year 2050. Elder abuse, neglect, and exploitation in Indian Country is also increasing. Studies show indigenous elderly are at high risk of experiencing some form of elder abuse; however, there is no national Tribal data to indicate how extensive the problem is or what types are most frequent. This purpose of this session is to address the approach, challenges and opportunities of conducting the NEMS. Participants will be asked to provide first-hand knowledge and experiences working with Native elderly and discuss best Tribally-based participatory research approaches. Preliminary findings from collected surveys will be presented and a discussion of data usage for elder abuse prevention and intervention programs.

Melissa Wheeler, and Jacqueline Gray, National Indigenous Elder Justice Initiative

1:30 pm - 3:00 pm

Preventing and Managing Chronic Disease Using Culturally Relevant Practices and Evidence-Based Medicine

Track: Health Promotion and Disease Prevention

OWATONNA 1 & 2

Diabetes is prevalent in the AI/AN population and is commonly associated with other health problems, such as hypertension, hyperlipidemia, and heart failure. Environmental and social factors increase the risk of disease development and have a direct impact on prevention and treatment. Approach: Guideline directed, evidence-based practices will be presented. Psychosocial risk factors, social health determinates, and cultural beliefs will be introduced through personal stories and self-reflection. Participants will be given the opportunity to role play using real life cases that combine evidence-based medicine, psychosocial factors and cultural beliefs. This session aims to support participants to practice multidisciplinary, culturally relevant approaches to use in chronic disease management, specifically aimed at identifying factors that influence patient outcomes and disease prevention. In advancing this goal, identifying and understanding factors that contribute to the development and treatment of chronic diseases will improve relationships between providers and their patients, translating to disease prevention and improved health outcomes.

Dena Wilson, Division of Diabetes Treatment and Prevention, IHS

1:30 pm - 3:00 pm

ITEP: Working with Tribes Across Climate, Human and Environmental Health

Track: Climate Change and Environmental Health

WACONIA 3

Since 2009, the Institute for Tribal Environmental Professionals (ITEP) Tribal Climate Change Program has served tribal environmental professionals and communities on climate change adaptation and resilience planning. ITEP staff travel to different regions of the country to offer tribal natural resource managers and citizens the latest tools and resources, climate data, potential partnership and funding opportunities. ITEP offers these vital tools and a support system to tribes who are looking to address the

impacts of climate change on their respective communities and natural and cultural resources. ITEP will speak on their work with tribes to ensure tribes have the resources and support they need to address climate and non-climatic impacts on the health of their people and their mother, the Earth, and all while maintaining the commitment to preserve and protect their indigenous/traditional knowledge systems central to their culture. ITEP is committed to providing services and support that will assist tribes to build the capacity to support their people in educating and healing themselves to take care of their environment. Examples of what tribes are doing across the country will be provided and staff will lead a discussion of what is happening and what needs to happen in tribal/Indigenous communities.

Leanna Begay, Institute for Tribal Environmental Professionals

1:30 pm - 3:00 pm

Promoting Health Equity in Tribal Communities: Tools of Implementation

Track: Cancer Prevention and Treatment

WACONIA 4

Cancer disproportionately affects American Indian/Alaskan Native (AI/AN) communities. While nearly every other population is experiencing decreases in cancer diagnoses and death rates over the last twenty years, these incidences are still increasing for AI/AN populations. The American Indian Cancer Foundation (AICAF) is committed to changing the cancer story by working in partnership with tribes and other organizations to address pervasive health inequities. AICAF partners with AI/AN tribes and communities to implement Policy, Systems and Environmental (PSE) Change strategies to promote health equity, cancer prevention and increasing healthy norms across Indian Country. During this workshop AICAF's newest culturally tailored chronic disease prevention resources will be reviewed. Time will be dedicated for participants to work in groups to strategize how the resources can be taken back and utilized in their own communities and organizations.

Takayla Lightfield, American Indian Cancer Foundation

Colin Welker, American Indian Cancer Foundation

1:30 pm - 3:00 pm

Building Communities of Hope Suicide Prevention Initiative: One Voice, One Nation - Protect Life

Track: Substance Misuse and Behavioral Health

WACONIA 6

The Building Communities of Hope (BCOH) Initiative began in the latter months of 2015. This initiative was created through Executive Order No. EO-03-2015 by Navajo Nation President Russell Begaye and Vice President Jonathan Nez to increase suicide prevention and awareness. This presentation is aimed toward youth, elders, families, and communities by providing education on signs and symptoms of suicide, strengthening resiliency, and positive self-awareness in order to reduce suicide and substance misuse. The BCOH Interdisciplinary team is comprised of behavioral health clinicians, partners, and motivational speakers.



BREAKOUT AND ROUNDTABLE SESSIONS continued

Since 2015, BCOH has presented at 71 locations and to approximately 10,000 individuals on and off the Navajo Nation. BCOH has progressed to include Being Resilient and Coping with Stress presentations and Crisis Response Teams.

Vera John, Navajo Nation Department of Behavioral Health Services

Shaquilla Yazzie, Navajo Nation Department of Behavioral Health Services

Alberta Curley, Navajo Nation Department of Behavioral Health Services

1:30 pm - 3:00 pm

Medication Assisted Treatment (MAT) and Other Approaches to Address Opioid Use Disorders

Track: Substance Misuse and Behavioral Health

WACONIA 5

The purpose of this session is to consider treatment strategies and other approaches to reduce Opioid Use Disorders (OUD) in AI/AN communities. Presentations will range from sharing scientific evidence on treatment approaches to exploring lessons learned when addressing OUD in a community. Medication assisted treatment (MAT) will be discussed, which is the most effective strategy demonstrated so far to address this disorder. Considerations for appropriate cultural adaptations to MAT will be considered, including examples. Presenters will also discuss strength-based solutions to this epidemic, drawing from lessons learned from AI/AN communities and people. Finally, an example of how one community has worked to address OUD will be presented.

Kamila Venner, University of New Mexico

Kathy Etz, National Institute on Drug Abuse/
National Institutes of Health

Stacy Rasmus, University of Alaska, Fairbanks

3:00 pm - 3:30 pm

BREAK

3:30 pm - 5:00 pm

Healthy, Active Native Communities

Track: Public Health Infrastructure & Capacity

ANOKA 1 & 2

The purpose of this program is to provide capacity building assistance for Tribal Health Departments and American Indian/Alaska Native (AI/AN) non-governmental stakeholders in the public health workforce to improve the quality and performance of public health systems. Utilizing the recommended strategies for obesity prevention from the centers for Disease Control and Prevention (CDC) Winnable Battles and Community Guide, this program has been able to increase the awareness of how effective evidence-based interventions can be within AI/AN communities when adapted to include cultural relevance. There are many AI/AN communities using evidence-based strategies resulting in pro-health policy, systems, and/or environmental change, however, there is little information specifically for AI/AN communities describing the work, challenges, cultural significance, and impact of the work being accomplished. The Healthy, Active Native Communities (HANC) Online Resource Guide allows AI/AN communities to have a peer learning experience in order to gain valuable insight and knowledge concerning obesity prevention strategies. The

Promising Practices brief details the work of eight AI/AN communities making the cultural adjustments necessary for the selected strategies to have sustainable impact.

Jamie McDaniel, Association of American Indian Physicians

Alicia Miller, Absentee Shawnee Tribal Health System

Sara Peterson, Ho-Chunk Nation Department of Health

3:30 pm - 5:00 pm

Substance Misuse and Behavioral Health Roundtable Session 2

MINNETONKA 2 & 3

How do Roundtables work? Start at any table you would like and you will have to opportunity to rotate to the other tables every 15 minutes.

TABLE 1 Integrated Care 1: Weaving Primary and Behavioral Health Services Together

Integrating primary care and behavioral health services seamlessly provides for more comprehensive patient care. Consistent with indigenous and Native values, comprehensive care delivered in a culturally safe setting is most effective for producing better health outcomes. United South and Eastern Tribes, Inc. (USET) identified two Tribal Health systems who have implemented this woven approach, Saint Regis Mohawk Tribe in upstate New York and Santo Domingo Health Center at the Kewa Pueblo in New Mexico. During this roundtable, USET will share promising practices in both settings and representatives from St. Regis Mohawk will talk about how their services have evolved to address community needs; how these approaches were implemented with the use of interdisciplinary teams and administrative support for necessary tasks, such as policy changes and will share challenges they have had to overcome along the way to achieve their health goals. In the related roundtable Integrated Care 2, Santo Domingo will share their successes and challenges with implementing their integration of care.

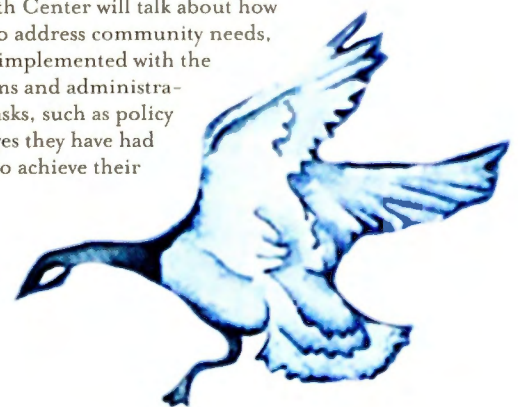
Kate Grismala, United South and Eastern Tribes, Inc.

Mike Cook, St. Regis Mohawk Tribe

TABLE 2 Integrated Care 2: Weaving Primary and Behavioral Health Services Together

The roundtable is an extension of the Integrated Care 1 roundtable. Integrating primary care and behavioral health services seamlessly provides for more comprehensive patient care. Consistent with indigenous and Native values, comprehensive care delivered in a culturally safe setting is most effective for producing better health outcomes. In this roundtable, representatives from Santo Domingo Health Center will talk about how their services have evolved to address community needs, how these approaches were implemented with the use of interdisciplinary teams and administrative support for necessary tasks, such as policy changes, and share challenges they have had to overcome along the way to achieve their health goals.

Cynthia Guzman,
and Dave Panana,
Santo Domingo
Health Center



BREAKOUT AND ROUNDTABLE SESSIONS

continued

TABLE 3 The Use of Peer Recovery Advocates to Assist in Treatment/Recovery

This workshop will share how the Seneca Nation Health System currently utilizes peer recovery advocates to support community members in their pursuit of recovery. Topics covered will include the training process for peer recovery advocates including becoming a Certified Peer Recovery Advocate; the services offered to individuals before, during, and after treatment; documentation concerns, and program sustainability through third party reimbursement. We will discuss how our outpatient behavioral health services have integrated with the peer recovery services to enhance our outreach and recovery support efforts.

Justin Peglowski, and Peter Wilson, Seneca Nation Health System

4- Ninde (My Heart): A Community-Based Collaborative to Support Healthy Birth Outcomes

The opioid epidemic among American Indian/Alaska Natives (AI/ANs) in Minneapolis/St. Paul has affected some of the youngest community members: infants diagnosed with Neonatal Abstinence Syndrome (NAS), which may occur when women use opioids during pregnancy. Taking action to prevent NAS and support healthy birth outcomes, health professionals working with the Minneapolis AI/AN community formed the Ninde Collaborative. Two Ninde initiatives will be discussed during the roundtable: results from focus groups held to illuminate root causes of this issue and develop viable solutions, and a Native doula project. Focus group participants identified seven themes (tradition and culture, community and family, mindfulness and gratitude, resistance, accountability, health, and future) as being integral in guiding efforts to address opioid abuse in the Twin Cities AI/AN community. The Ninde doulas are women who have received standard doula training in addition to receiving ongoing training from elders regarding traditional Native birth practices.

Meghan Porter, Great Lakes Inter-Tribal Epidemiology Center

Louise Matson, Division of Indian Work

Stephanie Graves, Minneapolis Health Department

Table 5- Building Capacity to Prevent Suicide in Tribal Communities

Suicide is preventable. Come hear the story of how the Minnesota Department of Health's Community Partners Preventing Suicide (CPPS) program is working with Minnesota Tribal partners to implement suicide prevention in selected Tribal communities. The CPPS is funded by the Substance Abuse Mental Health Service Administration (SAMHSA) to support suicide prevention for youth and young adults in Minnesota, between the ages of 10-24 years old. The CPPS uses a comprehensive public health approach to build capacity within systems and organizations. The systems and organizations are selected based on need, capacity, and readiness. The evidence-based strategies, tools utilized and best practices used are flexible and culturally appropriate to address and plan for suicide prevention in Tribal communities. This session will focus on all-levels of partnerships and suicide prevention being implemented- Zero Suicide model, school-specific comprehensive suicide prevention planning, and community readiness assessment and strategic planning.

Luther Talks, Minnesota Department of Health

Sherri Newago, Cass Lake Indian Service Hospital

3:30 pm - 5:00 pm

Behavioral and Social Aspects of the Opioid Crisis

Track: Substance Misuse and Behavioral Health

OWATONNA 1 & 2

The population of adults with mental disorders receive more than half of the total opioid prescriptions in the United States. It seems likely that there are common factors underlying mental disorders, suicide, and substance abuse and their increasing burden to society. Among the nearly 40 million Americans who have a mental health condition, approximately 19% use prescription opioids. Higher opioid use among those with mental disorders persists across key characteristics, including cancer status and various levels of self-reported pain. Hence, there is a need for understanding the behavioral and social aspects of opioid abuse. This workshop aims to convene researchers to discuss a number of topics that may include understanding what other conditions (e.g., alcoholism, anxiety, depression, and suicide ideation) are associated with opioid addiction; destigmatizing mental illness and opioid addiction; promoting resilience- and strengths-based approaches utilizing community capacity, Indigenous culture, and social networks; identifying key settings in rural and urban contexts for collaborative care around detection, referral, and treatment; and working with service providers to promote responsible opioid use, improved prescription monitoring, and alternate forms of pain management.

Roberto Delgado, National Institutes of Health/ National Institute of Mental Health

Melissa Walls, University of Minnesota, Duluth

Bobbi Outten, Southcentral Foundation

Mary Cwik, John Hopkins University

3:30 pm - 5:00 pm

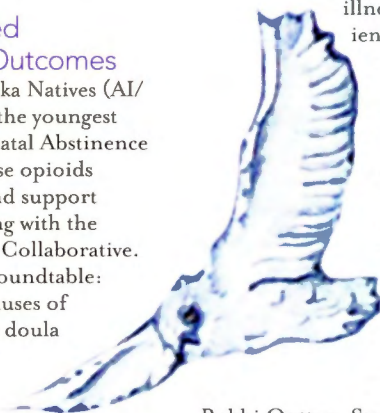
Making the Connection Between Housing, Hazards and Health in Tribal Housing

Track: Climate Change and Environmental Health

WACONIA 3

Although lead poisoning prevention, asthma and other housing related health hazards have been addressed, focus has not been spent or provided for tribal housing. Older housing, lower household income and poor maintenance of properties increases the incidence of exposure to lead based paint hazards which adversely affects health of children under the age of 6. In addition to lead poisoning risks, occupants of older housing with poor maintenance often have increased indoor air quality issues and mold/moisture which contribute to lower respiratory tract infections including asthma in children and adults. By identifying and addresses housing hazards, programs can be developed and implemented to protect families from increased exposure as well as reduce illness, reduce stress, decrease missed school days for children and loss of work days for parents. Funding is often minimal to address housing hazards such as lead based paint hazards, mold/moisture, pests, radon, and safety for tribal housing. The presentation will provide data, best practices and plan development to focus on tribal housing. In addition to sharing best practices, the presenter will share intervention strategies aimed at identifying and addressing housing related health hazards and creating sustainable, community-driven solutions to ensure all families are living in an environment that is healthy and safe.

Michelle Miller, HUD - Office of Lead Hazard Control and Healthy Homes



BREAKOUT AND ROUNDTABLE SESSIONS *continued*

3:30 pm - 5:00 pm

Working in Harmony with State Cancer Programs for Native Health & Wellness

Track: Cancer Prevention and Treatment

WACONIA 4

Comprehensive cancer control is a strategic approach to preventing or minimizing the impact of cancer in communities. It involves many agencies, groups, and people all coming together to find and agree upon ways to combat cancer in their communities. Since 1998, states have been federally-funded to create and implement comprehensive cancer control plans which should pay special attention to the needs and concerns of people with poor cancer health outcomes. In 2017, National Native Network (NNN) reviewed and analyzed State Cancer Plans to assess how well they were inclusive of AI/AN-specific data, strategies, and engagement activities to impact cancer disparities. Presenters will share those results, as well as themes from interviews with state program managers whose plans demonstrated inclusion. Participants will contribute throughout the presentation using interactive technology, and in a solutions-focused dialogue about approaches to encouraging effective state and tribal collaboration, starting with examples from NNN partner agencies.

Shannon Laing, MPH Center for Healthy Communities

Joshua Hudson, National Native Network/
Inter-Tribal Council of Michigan

3:30 pm - 5:00 pm

Breaking Barriers in HIV Prevention - the Need to Expand PrEP in Tribal Communities

Track: Public Health Policy

WACONIA 5

The HIV/AIDS prevention landscape has experienced seismic changes over the past several years, largely resulting from new medicines such as pre-exposure prophylaxis (PrEP), under the brand name TRUVADA®. Unlike previous medicines that worked to reduce the risk of HIV infection after exposure, PrEP strengthens an individual's protection against HIV by working to prevent infection before exposure. Unfortunately, access to this powerful drug has not been at the level of need for American Indians and Alaska Natives (AI/ANs). In addition to its high cost, TRUVADA® is currently only categorized as post-exposure prophylaxis as opposed to PrEP within the Indian Health Service (IHS) National Core Formulary (NCM) - limiting its potential as a tool for HIV prevention. This workshop will provide an analysis of current challenges in PrEP access in Tribal communities, and provide examples of Tribal best practices towards improving the availability of this drug within IHS and Tribal health facilities.

Elton Naswood, Office of Minority
Health Resource Center

Shervin Aazami, National Indian Health Board

3:30 pm - 5:00 pm

Our Cansasa Story: Culturally Focused Health and Healing

Track: Health Promotion and Disease Prevention

WACONIA 6

From exploitation of our traditional medicine, to banning our ceremonial ways, colonization created a sordid history around traditional tobacco. This presentation tells the story of this sacred medicine through the eyes of the Indigenous people of Minnesota. The education of Native and non-Native people is integral to ensuring that we are not misunderstood in today's mainstream tobacco prevention movement. We will begin by showing "Reclaiming Sacred Tobacco," a film developed in partnership with Twin Cities Public Television and Clearway Minnesota, which highlights work to educate and preserve cansasa - sacred tobacco. We will follow up with a short presentation on the history of cansasa and how it is harvested, and end by explaining the efforts we are making in Lower Sioux Community to integrate Dakota cultural teachings into our commercial tobacco prevention work with youth to preserve the future of our cultural heritage surrounding cansasa.

Matt Pendleton, Lower Sioux Indian Community

Elliot Christensen, Lower Sioux Indian Community

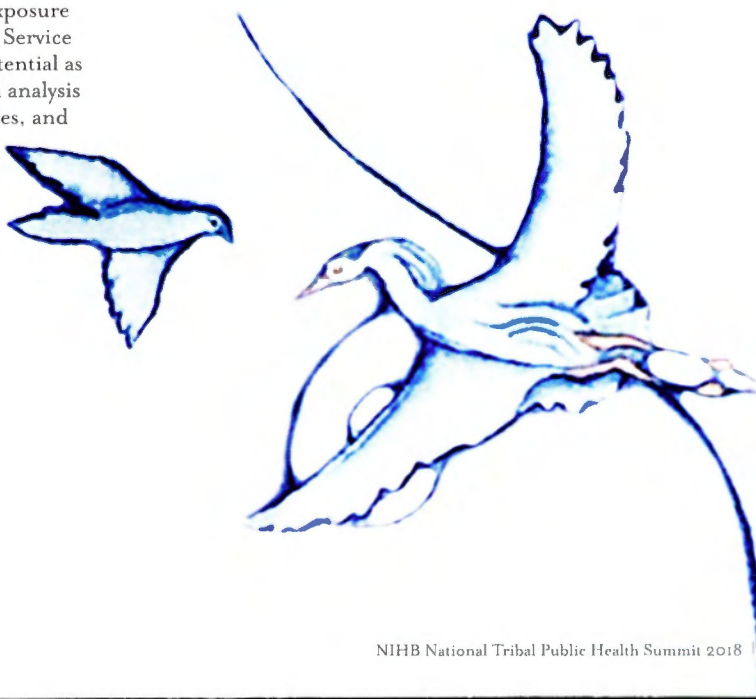
5:00 - 6:00pm

Indian Health Service (IHS) Tribal Listening Session

MINNETONKA 2 & 3

Please join IHS leadership and staff for a listening session to seek out input in improvements for IHS in meeting its mission to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level

The purpose of the listening session is to provide Tribes, Tribal Organizations and Urban Indian Organizations with a forum to review IHS's progress on achieving the Agency's mission and priorities.



MAY

24

Thursday

(Day 2)

6:30 am - 7:30 am

Fitness Event: Walk/Run

Grab a friend and join NIHB staff in a walk/ run fitness event. We will begin with opening remarks and stretching in the plenary room, and then move on to the route as a group.

MINNETONKA 1-9

7:00 am - 12:00 pm

Summit Registration Open

WACONIA FOYER

7:30 am - 5:00 pm

Exhibitor Hall Open

WACONIA 1&2

BREAKOUT AND ROUNDTABLE SESSIONS

8:30 am - 3:00 pm

8:30 am - 10:00 am

Gathering for Health: The Impact of Stress on Diabetes Outcomes and Identifying Cultural Solutions

Track: Health Promotion and Disease Prevention

ANOKA 1 & 2

Type 2 diabetes (T2D) is a significant health inequity and leading cause of death for many American Indian (AI) communities. There is substantial research on the T2D "epidemic" among AI people, yet little work on the linkages between stress and T2D for AIs. Maawaji' idi-oog Mino-ayaawin (Gathering for Health) is a community-based participatory research collaboration between five Anishinaabe communities and researchers at the University of Minnesota. The study involved qualitative data collection and a quantitative design involving computer-assisted personal interviews, salivary cortisol samples, and medical chart reviews. A total of 194 participants enrolled in the study at baseline and reassessed at 6-month intervals for 4 total waves of data. We will share key study findings, including how social support and cultural involvement can buffer the impact of stress on health. Attendees will participate in activities to identify possibilities for transforming research findings into actions for health promotion.

Sandra Kier, Indian Health Service

Doris Isham, Bois Forte Health Services

Melissa Walls, University of Minnesota, Duluth

BREAKOUT AND ROUNDTABLE SESSIONS *continued*

8:30 am - 10:00 am

Policy, Infrastructure, and Capacity Roundtable Session 3

MINNETONKA 2 & 3

How do Roundtables work? Start at any table you would like and you will rotate to the other tables every 15 minutes.

TABLE 1 Promoting Public Health through Home Visits to Parents and Children

The Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) was created by Congress in 2010 to fund evidence-based home visiting to support parents in improving the health, welfare, and education of their children. Twenty-five Tribes receive MIECHV grants. Half a dozen states also support home visiting programs in Tribal communities, using state MIECHV grants. Voluntary home visiting addresses immediate risk factors for poor birth and health outcomes, and also promotes longer term resiliency and cultural capacity. Presenters will discuss how home visiting for pregnant women and families with very young children can benefit children, families, and tribes; the individual and population level health benefits of home visiting; opportunities for home visiting funding under MIECHV, TANF, and Medicaid; and steps that Tribes and the organizations can take to protect and expand tribes access to home visiting services.

Jennifer Bouley, Red Cliff Zaagichigaazowin
Home Visiting Program

Catriona MacDonald, Association of State and
Tribal Home Visiting Initiatives

TABLE 2 Policies to Address Commercial Tobacco Use

Tribal policies to regulate commercial tobacco products raise several complex issues. For example, in any policy campaign, public health advocates must recognize and respect the role of traditional tobacco. They must consider and respond to concerns related to economic development. Advocates must recognize the unique nature and structure of every tribal government; a one-size-fits-all approach will not work. These are just some of the potential issues to consider in a policy campaign related to commercial tobacco. In this discussion, panelists will share stories and best practices from their experiences working with commercial tobacco policy campaigns around the country.

Mike Freiberg, Public Health Law Center

Patricia Nez Henderson, Black Hills Center
for American Indian Health

TABLE 3 Decolonizing Health Care for American Indian Transgender Populations

Despite an increase in media focus on lesbian, gay, bisexual, and transgender (LGBT) populations, their daily lives, dating, and fashion, health care has not been a focus and in fact, it is seldom found to be an area of interest. There is a scarcity of literature on LGBT health. Similar to the limited research on LGBT populations, there is an even greater shortage of research on American Indian (AI) transgender individuals. This presentation attempts to fill that gap and move toward decolonizing

and improving health care for transgender populations through challenging and exposing the colonial practices that have reproduced the existing conditions of oppression, injustice and marginalization that American Indian

transgender individuals encounter. The presentation explores AI transgender resiliencies and shares the voices of AI transgender individuals centering their ideas, perspectives, and insights of culturally appropriate services for their healthcare.

Trudie Jackson, University of New Mexico

TABLE 4 Improving Oral Health in Indian Country: Examining Tribes' Compatibility with Dental Therapists

As part of its Tribal Oral Health Initiative, the National Indian Health Board has conducted an assessment of Tribal leaders, health directors, and dental directors to examine how readily Tribal communities can incorporate dental therapists into their oral healthcare provider teams. Dental therapists are midlevel providers who are licensed to perform the most common dental procedures, with an emphasis on routine and preventative care. They are able to meet the majority of patient need, freeing dentists to handle more complex procedures. The assessment gauged how ready and willing Tribes would be to implement dental therapy in their communities. This roundtable will present the general findings of the assessment and engage with the audience on how the information in the assessment can best be used to benefit Indian Country.

Brett Weber, National Indian Health Board

TABLE 5 Creating an Elevator Speech

Buy in from leadership, management, and the general community is an important step for any Tribal health department or organization pursuing a new initiative. However, it is often difficult to communicate the benefits of a public health program in a short and succinct manner when the audience may not have a strong understanding of the benefits of the program, or of public health. This roundtable will teach participants how to develop an elevator speech – a 90 second pitch on why your audience should care about and support your organization's efforts. Participants will be given tools to select the most impactful information to share with an audience, and learn how to effectively package their message. All participants will leave with an understanding of how to undergo a stepped process to create an elevator speech on a public health initiative to any audience.

Sarah Price, National Indian Health Board

TABLE 6 Enhancing Your Understanding of the PHAB Standards and Measures: A new Tribal Documentation Supplement

There is one set of Standards for all health departments applying for voluntary public health accreditation from the Public Health Accreditation Board (PHAB). Based upon the type of department and the scope of work the department does, the guidance and examples in the standards may not directly apply or be confusing. Understanding there was a need for clarifying guidance for Tribal health departments, PHAB and members of NIH's Tribal Public Health Accreditation Advisory Board (TPHAAB) and other Tribal partners, undertook the work of creating a new Tribal Documentation Supplement. The purpose was to provide language for Tribal applicants that would help in making the Standards understandable in the Tribal setting and remove barriers to achieving accreditation. The roundtable is an opportunity for Tribal partners and applicants to have an open conversation with PHAB about the meaning of hard to interpret standards and measures, offer feedback or thoughts about the Tribal supplement, and share information about other needs/ barriers/ solutions to achieving accreditation.

David Stone, Public Health Accreditation Board



BREAKOUT AND ROUNDTABLE SESSIONS

continued

8:30 am - 10:00 am

Evaluation of Traditional Foods Programs in Southeast Alaska

Track: Health Promotion and Disease Prevention

OWOTANNA 1 & 2

The SouthEast Alaska Regional Health Consortium conducted an evaluation of its programs supporting traditional knowledge and traditional foods. Both qualitative and quantitative analysis were done, using focus groups, key informant interviews, and RPMS data analysis of health measures. The qualitative evaluation showed that the image of a healthy community was where people took care of each other, collaborated together, and where everyone had an important role, based on living life in the traditional way, including hunting, fishing, gathering, engagement in the arts (weaving, story-telling, carving) and taking care of elders and children and those in need. Working towards a healthier community included returning to these concepts as norms. The RPMS data analysis from all six communities suggests that improvements in health behaviors since 2001 include: use of seatbelts, consumption of fruits and vegetables, and interventions by primary care providers on tobacco control. Additionally, receiving a diagnosis of diabetes had not changed between 2011 and 2014, clinically confirmed by the Diabetes Registry. Based on RPMS clinical data examined, communities supported by Traditional Foods Grants showed few clinically measured improvements over communities not receiving grants. However, residents in the Traditional Food Grant communities reported many improvements in their perceived health as a result of the grants, calling into question the standard definition of 'good' health.

Martha Pearson, SouthEast Alaska Regional Health Consortium

8:30 am - 10:00 am

Subsistence and Safety in a Changing Arctic

Track: Climate Change and Environmental Health

WACONIA 3

Wainwright community members have expressed a strong desire to continue their subsistence hunting practices despite the significant dangers associated with these activities due to increasingly unpredictable environmental conditions within the Alaskan Arctic. Hunter safety has therefore been identified as a key issue that the Village of Wainwright is attempting to address through a geolocation technology program that now offers inReach devices free of charge to all Wainwright hunters and travelers. This presentation explores these efforts and the ways they are working to support the fundamental goal of maintaining a subsistence way of life in Wainwright in the context of a changing Arctic environment.

Alana Shaw, Village of Wainwright

Rebecca Van Wyck, University of Alaska, Anchorage

8:30 am - 10:00 am

Two Programs, One Goal: Evaluating Two Interconnected Prevention Programs (Cancer Screening)

Track: Cancer Prevention and Treatment

WACONIA 4

Two cancer prevention programs, sharing one goal of increasing cancer screening rates in Indian Country, and their evaluator describe their journey culturally tailoring evidence-based interventions and the evaluation for use with tribal communities. We will first walk workshop attendees through the process used in setting-up the colorectal cancer screening program, the breast and cervical cancer screening program, and the overall evaluation design. Key emphasis will be placed on collaboration efforts, feedback received from tribal communities, and application of the Indigenous Evaluation Framework principles. We will also explore the different ways evaluation tools were used to measure selected evidence-based interventions, including provider assessments and feedback. Successes and challenges encountered will be shared, along with lessons learned. We hope attendees leave this workshop understanding ways interconnected programs can be set up and evaluated to best serve tribal communities.

Eugene Giago, Great Plains Tribal Chairmen's Health Board

Stella SiWan Zimmerman, ACET Inc.

Kendra Roland, Great Plains Breast and Cervical Cancer Early Detection Program

8:30 am - 10:00 am

Integrating Culture, Collaboration, and Evidence Based Opiate Treatment

Track: Substance Misuse and Behavioral Health

WACONIA 6

As the news of the opiate epidemic continues to dominate the US, more attention should be brought to how the crisis is developing in Native American communities that are already affected at higher rates than any racial demographic. As the Pascua Yaqui Tribe New Beginnings Clinic works towards understanding the underlying factors and its effects it becomes imperative to also identify best medical practices. The Pascua Yaqui Tribe New Beginnings staff has been combating the opiate crisis with a multiaxial approach that focuses the crisis as a system wide issue rather than clinic based. This includes integrating behavioral health, introducing alternative and traditional healing, collaborating with primary care, working towards community engagement, and providing department wide public health protocols for prevention. This presentation will focus on the pitfalls and benefits of these processes, outcomes, and future goals of treatment.

Christina Arredondo, Pascua Yaqui Tribe

BREAKOUT AND ROUNDTABLE SESSIONS *continued*

10:30 am - 12:00 pm

Digital Stories for Quality Improvement

Track: Public Health Infrastructure & Capacity

ANOKA 1 & 2

The Osage Nation Health has worked on Standard 9.2 of the Public Health Accreditation Board (PHAB) Standard and Measures. To develop and implement our quality improvement processes, we provided expert training to selected departments to incorporate the art of traditional storytelling into a digital format as a creative way to report to Osage Nation and the community. Using training and guidance, the departments used the cultural tradition of storytelling utilizing digital technology to evoke emotions through stories of improvements. We used the quality improvement plan, surveys, and community health assessments to provide guidance and goals for each department to focus their story. The digital stories developed will be a tool to update leadership, legislative, health board, and the community about activities and goals met by departments within Osage Nation. The completed, narrated, videos will be broadcast on the WahZhaZhi Health Center televisions as well as placed on Osage Nation websites to showcase the stories of improvements in the departments and attaining buy-in from leadership and community. Osage Nation Health will use the training received and continue the digital storytelling as a method to communicate to our communities.

Jaime Clark, Osage Nation

Laura Sawney, Osage Nation

10:30 am - 12:00 pm

Health Promotion and Disease Prevention Roundtable Session 4

MINNETONKA 2 & 3

How do Roundtables work? Start at any table you would like and you will rotate to other tables every 15 minutes.

TABLE 1 Strategies for Ending Cervical Cancer in Indian Country

The American Indian Cancer Foundation (AICAF) developed a cervical cancer program to address the highest rates of cervical cancer endured by Minnesota (MN) American Indian (AI) women. Through community engagement, AICAF was able to strengthen the cervical cancer program framework to develop strategies to address urgent issues surrounding cervical cancer screening needs within AI communities. AICAF's cervical cancer program aims to impact this cancer burden by increasing screening rates so more women receive the care they need following a cervical cancer diagnosis. AICAF collaborates with Tribal partners to address the devastating cervical cancer disparities in their communities, including culturally tailored resources, technical assistance and trainings to clinics and community workers that will increase awareness and education to support AI women to get screened. As this program moves forward, AICAF seeks to leverage community wisdom and evidence-based practices to further support the end of cervical cancer in Indian Country.

Laura Sioux Roberts, American Indian Cancer Foundation

TABLE 2 Manoomin / Psi: A Flagship for Environmental Preservation and Indigenous Resource Sovereignty

This roundtable stems from a research collaboration established between Tribal resource managers, inter-Tribal organizations, and university researchers to address stressors and threats to manoomin / psi (wild rice), aquatic ecosystems, and community wellbeing. Native people who have lived with manoomin / psi for generations understand intimately how Tribal concerns and Treaty rights have not been adequately incorporated into natural resources policies. This ongoing project aims to put Tribal perspectives and research questions first and was developed in collaboration with Tribal project partners. The research addresses Tribal communities concerns about threats to manoomin / psi and how Native voices have been marginalized in policy development. The presenters are currently formulating a collaborative plan that prioritizes Tribal values, knowledge, and needs, to develop a research protocol that respects Tribal sovereignty. Presenters will discuss threats to manoomin / psi with conference participants, and receive feedback on a research protocol based in Tribes interests and concerns.

Meghan Porter, Great Lakes Inter-Tribal Epidemiology Center

Crystal Ng, University of Minnesota,

Department of Earth Sciences

TABLE 3 Dine (Navajo) Goes Lasagna

In 2016, the Navajo Community Wellness Planning was introduced and implemented at the local level. The outcome was to plan and make proposals to utilize funds generated by the Navajo Nation "Unhealthy Food Sales Tax." In 2017, the HPDP reintroduced gardening to grow fruit and vegetables using the Navajo traditional and modern methods. The foundation is set by educating on Navajo Star Constellation emphasizing on Deliyeh Pleiades which signifies when it is time to plant. Thereafter, the First Corn Field Story is shared to teach the public on Navajo Indigenous food through the Navajo Wellness Model. Finally, the garden workshops begin with preparing the lasagna garden beds and planting of heirloom seeds. The cultivation and harvesting is reinforced with organic planting. The long term goal is to self-sustain with the Navajo cultural methods and empower the community to harvest and grow their own vegetables and fruits to decrease obesity and other chronic diseases.

Lishua Gishie, Annette Gonnie, and, Kimberly Yazzie, Winslow Indian Health Care Center

TABLE 4 Balancing Culture, Health, and Data

Tribal elders have many of the same needs as other elder populations, but services to address these needs remain unavailable, underdeveloped or inaccessible in many Tribal communities. Since 1994 the National Resource Center on Native American Aging (NRCNAA) has worked with Tribes, Alaskan villages, and Hawaiian homesteads to assist with education, training, technical assistance, and research. In order to address the growing need for community-based solutions, improving the quality of life, and delivery of support services; a survey was developed documenting each Tribal nation's needs. As a result, the center has been collecting data and providing statistical analysis for Tribal nations over the past 18 years. This presentation highlights the importance of collecting data by participating in the, Identifying Our Needs: A Survey of Elders VII, while empowering Tribal elders, leader, and service providers as they develop services centered around cultural values enhancing Tribal elders' health and well-being.

Collette Adamsen, National Resource Center on Native American Aging



BREAKOUT AND ROUNDTABLE SESSIONS *continued*

TABLE 5 Climate Change Impacts Our People and Our Environment: Innovative Techniques for Communicating Impacts and Adaptation Opportunities

Climate change is one of the greatest challenges facing the Blackfeet Tribe, and yet many are not aware of its impacts or how the people can adapt. As Blackfeet Environmental Office completed their climate change adaptation plan, they wanted to communicate climate change impacts and adaptation opportunities with tribal managers, youth, and the broader community. They also wanted to show the world that the Blackfeet Tribe is a leader in climate change planning and adaptation. The Blackfeet Environmental Office designed a series of handouts and an integrated web page to accomplish these goals. This roundtable is designed to demonstrate these communication techniques for showing a variety of audiences how climate change impacts our health and our environment.

Gerald Wagner, Blackfeet Environmental Office

TABLE 6 Working with Tribal Partners to Protect Tribal Health and Wellbeing: Perspectives from EPA's Office of Research and Development

EPA's mission is to protect public health and the environment. EPA's 2018-2022 Strategic Plan specifies how the Agency will collaborate more efficiently and effectively with Tribes, other federal agencies, states, and other partners and stakeholders to address existing pollution and prevent future problems. The Strategic Plan describes how EPA and its partners can better focus attention on vulnerable populations and conditions, including Tribal populations. The Office of Research and Development (ORD) is the scientific research arm of EPA, whose leading-edge research helps provide the solid underpinning of science and technology for the Agency. This interactive session will provide an overview of EPA's Tribal Science Council, ORD's research, and demonstrations of select ORD's scientific tools and resources that are of high interest to external stakeholders. Attendees will become familiar with EPA online resources and toolkits and gain familiarity with navigating EPA websites. The session will highlight examples of EPA's engagement and research collaborations with Tribes.

Fred Hauchman, Kacey Deener, and Cynthia McOliver,
U.S. Environmental Protection Agency, Office of
Research and Development, Office of Science Policy



10:30 am - 12:00 pm

Collaborating to Close Gaps in Tribal Food Access

Track: Health Promotion and Disease Prevention

OWOTANNA 1 & 2

To address health disparities related to childhood obesity, Tribes are teaming up. Tribal communities in Michigan are working collaboratively with tribal and non-tribal organizations across professional fields to try to improve outcomes in healthy eating, physical activity, obesity prevention and other weight related issues for children 2-11 years. Their work looks to 1) Build and strengthen tribal workforce capacity, 2) Improve coordination of care between the providers and nutrition education professionals, and 3) Utilize community food access points and culturally adapted nutrition education resources. This interactive presentation will provide participants with information about Food Access work being done by Anishinaabe Tribes in Michigan. Additional resources shared by the National Native Network will enhance the conversation for people from other regions of the country.

Michelle Schulte, Inter-Tribal Council of Michigan

10:30 am - 12:00 pm

Resiliency in the Face of Climate Change: Indigenous Health and Resources

Track: Climate Change and Environmental Health

WACONIA 3

Recent publicity has illuminated that Indigenous people are some of the most impacted by climate change. What is less well-known is that many Indigenous communities are also at the forefront of assessing impacts and developing adaptation plans. The Swinomish Indian Tribal Community, a Coast Salish people (Washington State), signed a proclamation to address climate change in 2007, then published an impact assessment in 2009 and an action plan in 2010. As part of on-going efforts, tribal staff have worked with community members to evaluate community health impacts based on projected sea level rise and storm surge effects on habitat of important Indigenous resources. This project is an example of how to indigenize public health impact assessments for climate change by developing and using community-specific health definitions and priorities. The presentation will summarize the Swinomish work and results, with a focus on the work as a template that can be modified for use by other Indigenous communities with their own health definitions and priorities.

Jamie Donatuto, Swinomish Indian Tribal Community

Michal Heidt, Swinomish Indian Tribal Community

10:30 am - 12:00 pm

Preparing for a Public Health Emergency: The Tribal Legal Preparedness Project

Track: Public Health Policy

WACONIA 4

Recent events have demonstrated that threats from infectious disease and natural disasters continue to be issues of great importance. To address these threats, it is critical for all jurisdictions, including Tribal Nations, to be legally prepared. Navigating public health and emergency response in Indian Country can be challenging, as jurisdictional issues often arise between federal, state, local, and Tribal governments due to the complex history surrounding delivery of public health services to Tribal communities. Thus, legal preparedness is vital to effective emergency response in Indian Country. Tribal Nations, which maintain a government-to-government relationship with the United States government, must also work with state governments to coordinate emergency response, as Tribal lands share borders with states. For a successful collaborative relationship, stakeholders must commit to developing a relationship built on mutual respect

BREAKOUT AND ROUNDTABLE SESSIONS

continued

and understanding, open communication, and cooperation. In this session, participants will learn about the importance of legal preparedness for Tribal Nations and how to use the law to enhance cross-jurisdictional collaboration. This session will demonstrate the Tribal Legal Preparedness Project (TLPP) resources available to assist Tribal Nations in strengthening relationships and enhancing capacity. After an overview of the best practices shared with TLPP via listening sessions, participants will work through case studies in which a Tribal Nation and neighboring jurisdictions work together to address issues arising during public health emergencies.

Tina Batra Hershey, JD, MPH, Pittsburgh
Graduate School of Public Health

10:30 am - 12:00 pm

Diabetes and Behavioral Health Comorbidities: Opportunities for Research and Policy

Track: Substance Misuse and Behavioral Health

WACONIA 6

Diabetes and behavioral health conditions are common in American Indians and Alaska Natives and often occur together. Research is emerging on the comorbidity of these two conditions in the same individual. The NCAI Policy Research Center recently reviewed the literature for research on diabetes and behavioral health comorbidities in American Indians and Alaska Natives and developed a report with policy recommendations. This session will begin with a review of this work and then engage the audience in an interactive discussion on opportunities for future research, best practices, and program/policy recommendations on how to address diabetes and behavioral health comorbidity.

Yvette Roubideaux, National Congress of American Indians

Gwynne Evans-Lomayesva, National Congress of
American Indians

10:30 am - 12:00 pm

Drafting Tribal Laws and Policies to Promote Public Health

Track: Public Health Policy

WACONIA 5

This workshop will provide opportunities for Tribal leaders, health directors, attorneys, and community stakeholders to discuss and practice how to develop and write public health laws and policies, with a focus on policies supporting healthy Tribal food systems and reducing use of harmful tobacco. Presenters will share about the crucial role of community and stakeholder engagement in developing policies, and provide examples of how this process can work. Presenters will provide tips on writing public health laws and policies, and share resource materials available to help with policy development. Lessons learned from experiences working on laws and policies will be shared, highlighting the innovative work of the Lower Sioux Indian Community in developing a healthy and indigenous food policy and implementation plan. Participants will have the opportunity to practice drafting and spotting issues with draft policy language, and are encouraged to bring policy language or ideas to work on.

Julie Ralston Aoki, Public Health Law Center

Melanie Plucinski, American Indian Cancer Foundation

Stacy Hammer, Lower Sioux Health Care Center

1:30 pm - 3:00 pm

Tribal Elder Protection Team (TEPT)- Toolkit

Track: Public Health Infrastructure & Capacity

ANOKA 1 & 2

Very little information exists to address elder abuse, neglect and exploitation in Indian Country. Native American elderly are expected to triple in number by 2050, which make addressing the need for protecting elders an important planning and preparation process. This session familiarizes participants with the Tribal Elder Protection Team Toolkit to assist tribal communities in the development of a Tribal Elder Protection Team (TEPT). The TEPT is a collaboration of professionals and community members from various disciplines working with indigenous elderly. This toolkit is designed to identify vested partners or potential TEPT members, provide information for creating awareness, and addressing elder abuse reports in Indian Country. This session includes small group discussions on strategies for development of TEPTs in the participants communities, and will solicit feedback on ways in which the toolkit can benefit the partnership of elderly services in their tribal communities to diminish program barriers (e.g., program development, infrastructure, capacity, sustainability).

Jacqueline Gray, University of North Dakota,
Center for Rural Health, NIEJI

1:30 pm - 3:00 pm

Good Health and Wellness in Indian Country, Challenges and Successes

Track: Health Promotion and Disease Prevention

OWOTANNA 1 & 2

The Southern Plains Tribal Health Board (SPTHB), representing the tribes of Texas, Oklahoma and Kansas, will provide an overview of implementing the Good Health and Wellness in Indian Country grant funded by the CDC. This presentation will highlight the challenges and successes of many of the tribal partners of the grant within their respective communities and how the SPTHB formed lasting partnerships. The workshop will examine the lasting success of the Oklahoma Native Youth Preventing Diabetes (NYPD) camp program and provide insight toward development of similar programs in other areas of the country. Throughout the discussion presenters will highlight the need and justification for targeting youth in prevention programming.

Chris Tall Bear, Southern Plains Tribal Health Board

Lancer Stephens, Oklahoma Shared Clinical
and Translational Resources



BREAKOUT AND ROUNDTABLE SESSIONS *continued*

1:30 pm - 3:00 pm

Health Disparities in the Great Lakes Region

Track: Health Promotion and Disease Prevention

WACONIA 3

Disparities in health should frame public health priorities and policy decisions that help set the agenda and vision for action. This, in-turn, should dictate political choices that determine budget, eliminate barriers and promote administrative remedies that are amenable to the tribal community. The Great Lakes Inter-Tribal Epidemiology Center (GLITEC), a program of the Great Lakes Inter-Tribal Council, Inc., serves 34 Tribal Nations, 4 Urban Indian Programs and three service units of the Bemidji Area Indian Health Service. All of which covers the geographical areas of Michigan, Minnesota, Wisconsin and Chicago. As described above, the Great Lakes area is characterized by many preventable health conditions that plague the region. This presentation is intended to uncover many of those statistically significant conditions that include high rates of infant mortality, cancer, chronic liver disease, diabetes, influenza, homicide and unintentional injuries. Also, this presentation will lead to a discussion surrounding resources and needs.

Dean Seneca, Great Lakes Inter-Tribal Epidemiology Center

1:30 pm - 3:00 pm

Clinic Team Strategies to Increase Colorectal Cancer Screening across American Indian Communities

Track: Cancer Prevention and Treatment

WACONIA 4

The American Indian Cancer Foundation (AICAF) piloted the Clinical Cancer Screening Network (CCSN) to lead evidence-based colorectal cancer (CRC) screening strategies in partnership with clinic and community health systems in American Indian and Alaska Natives (AI/AN) across the Northern Plains.

AICAF CCSN provided support to clinic teams in the network with diverse settings at varying levels of readiness to support quality improvement changes; on-site CME/CEU training on current CRC screening practices and clinic resources; facilitation to identify current screening processes; and determined a customized plan to support clinic goals at each clinic.

Anne Walaszek, American Indian Cancer Foundation

1:30 pm - 3:00 pm

Advancing Tribal Food and Agriculture Production to Build Healthy Tribal Economies and Communities

Track: Public Health Policy

WACONIA 5

This session will discuss how potential opportunities based on the Regaining Our Future report for changes to U.S. Department of Agriculture programs and authorities in the 2018 Farm Bill reauthorization can empower Tribal governments, producers, and communities to build thriving and healthy economies and communities throughout Indian Country. This includes the ability to develop and expand Tribal infrastructure, utilities, tele-medicine, broadband, water systems, and community buildings like hospitals and fire stations; improve federal food assistance programs; provide the means for Native agriculture businesses to thrive; and continue to address and improve the health of American Indians and Alaska Natives supporting the already great work happening in Natives communities surrounding food, agriculture, and nutrition. Finally, we will discuss how improving the Farm Bill programs for Indian Country will help bolster our work to achieve the truest form of sovereignty: feeding ourselves in our own foods systems with our own foods.

Erin Parker, Indigenous Food and Agriculture Initiative

Colby Duren, Indigenous Food and Agriculture Initiative

Janie Simms Hipp, Indigenous Food and Agriculture Initiative

1:30 pm - 3:00 pm

Introducing the NDEWS HotSpot Study Opportunity for Assessing Opioid Overdose Inequities in Minnesota

Track: Substance Misuse and Behavioral Health

WACONIA 6

The National Drug Early Warning System (NDEWS) is a NIDA/NIH funded public health surveillance system that supports local experts and collaborators to generate critical information about drugs and their public health consequences in specific geographical areas. NDEWS approached the University of Minnesota Medical School, Duluth campus to consider a Phase I HotSpot study on opioid overdose disparities for Native Americans in Minnesota. We invite you to join us to learn about NDEWS and review initial Minnesota data about drug poisoning deaths, law enforcement seizures, and news scan/social media findings. We will also collaboratively discuss if and how a HotSpot study could be useful to address opioid overdose inequities in Minnesota and in other parts of Indian Country.

Miigis Gonzalez, University of Minnesota
Medical School, Duluth campus

Brenna Greenfield, University of Minnesota
Medical School, Duluth campus

Erin Artigiani, National Drug Early Warning System,
University of Maryland College Park

3:00 pm - 3:15 pm

BREAK

CLOSING PLENARY

3:15 pm - 5:00 pm

3:15 pm - 3:25 pm

Public Health Innovation Awards

Stacy A. Bohlen, Chief Executive Officer, NIHB

3:25 pm - 3:45 pm

The Role of Community-Based Participatory
Research in Tribal Communities

Teshia G. Arambula Solomon, Director, Native American
Research and Training Center, University of Arizona

3:45 pm - 4:00 pm

Acknowledging Leaders in Tribal Public Health Accreditation

Karrie Joseph, Deputy Director of Public Health Policy and Programs, NIHB

4:00 pm - 4:20 pm

Cancer Prevention and Treatment in Indian Country

Stacy A. Bohlen, Chief Executive Officer, NIHB

Kris Rhodes, Executive Director, American Indian Cancer Foundation

4:20 pm - 4:40 pm

Protecting Our Water: Environmental Health
Priorities for the Great Lakes Region

Dean Seneca, Director, Great Lakes Inter-Tribal Epidemiology Center

4:40 pm - 5:00 pm

Exhibitor Prize Drawing

Closing Remarks

Retiring of Colors

Closing Prayer

Adjourn



BIOGRAPHIES

Hawley, Vinton

(Pyramid Lake Paiute Tribe)

NIHB Chairman and Phoenix

Area Representative

Chairman, Pyramid Lake Paiute Tribe
Mr. Vinton Hawley is an enrolled member of the Pyramid Lake Paiute Tribe and is also of Hopi and Tewa descent. Mr. Hawley was seated as the Tribal Chairman of the Pyramid Lake Paiute Tribe in 2015. Mr. Hawley is also the current Inter-Tribal Council of Nevada's President which requires his involvement with the governing board comprised of the 26 Tribal Chairman representing the indigenous Tribes of Nevada and the Vice Chairman of the National Indian Health Board. He graduated from the Pyramid Lake High School in 1996 as the valedictorian. In his career, he has primarily worked with Tribal youth and elders. He is one of the youngest speakers of the Numu (Paiute) language and before being seated as the Tribal Chairman, he strived to preserve cultural values and preserve the arts and ways of life of his people. As the Tribal Chairman, he continues to promote cultural preservation. This responsibility also carries with it his commitment to the health and welfare of his people. It is with this intent that he is committed to quality health care for all Native people and is honored to be a part of the National Indian Health Board.

Kitcheyan, Victoria

(Winnebago Tribe of Nebraska)

NIHB Vice Chair and Great

Plains Area Representative

Treasurer, Winnebago

Tribe of Nebraska

Ms. Victoria Kitcheyan is an enrolled member of the Winnebago Tribe of Nebraska currently serving as Treasurer of the Winnebago Tribal Council. She graduated from Haskell Indian Nations University in 2006 with a Bachelor of Science in Business Administration. Previous to Ms. Kitcheyan's Tribal Council tenure, she served as the Internal Auditor for the Winnebago Tribe. Most recently, her work has been focused on advocating for systematic changes to the Indian Health Service and overall improved health care outcomes for Tribal Nations. Ms. Kitcheyan takes great pride in her Tribal advocacy work and will continue to carry the sacred message of all Native people.

Elgin, Lisa

(Manchester Band of Pomo Indians)

NIHB Secretary and California

Area Representative

**Tribal Administrator, Manchester
Pt. Arena Band of Pomo Indians**

Ms. Lisa Elgin is the Tribal Administrator for her Tribe and was hired to the position in May 2014. She is an enrolled member of the Manchester-Pt. Arena Band of Pomo Indians which is located in Mendocino County, California. She is a board member for Sonoma County Indian Health Project and has served in that capacity since 1999. She is a delegate to the California Rural Indian Health Board (CRIHB) for the past eight years and in October 2014 was nominated as Chair for that Board. Her profession is a legal assistant/legal secretary and she has worked in the legal field for over 25 years. She has worked with a wide array of lawyers who specialize in Federal Indian law. She is an active community member and participates and coordinates events for the health clinic as well as her Tribe.

Moose, Sam

(Mille Lacs Band of Ojibwe)

NIHB Treasurer and Bemidji

Area Representative

Director of Human Services at Fond du

Lac Band of Lake Superior Chippewa

Mr. Moose, currently serves as Director of Human Services at Fond du Lac Band of Lake Superior Chippewa. Prior to this, in September 2012, Mr. Sam Moose was appointed Commissioner of Health and Human Services, Mille Lacs Band of Ojibwe. In this role, Mr. Moose supervised the Band's three clinic locations and other services in the areas of public health, behavioral health, family services, and community support services. Prior to this, Mr. Moose served as Commissioner of Community Development for the Tribe, and was in charge of the Band's public works and facilities departments and housing development initiatives. Mr. Moose is active in traditional activities within his community. He grew up near East Lake and graduated from McGregor High School. He has a bachelor of applied science degree in community health with a minor in Indian Studies from the University of Minnesota Duluth and a master's degree in tribal administration and governance from the University of Minnesota Duluth.

Joseph Jr., Andrew

(Confederated Tribes of the Colville Reservation)

NIHB Member-at-Large and

Portland Area Representative

Chairperson, Northwest Portland

Area Indian Health Board

Tribal Council Member, Confederated

Tribes of the Colville Reservation

Mr. Andrew Joseph, Jr. has served on the Colville Tribal Council for five terms. He is a Nespelem district representative, serving on the following Colville

committees: Executive Committee, Veterans Committee as Chair, Health & Human Services Committee as 1st Vice, Tribal Government Committee as 1st Vice, and Culture Committee as 1st Vice. Mr. Joseph is also a voting delegate of the Affiliated Tribes of Northwest Indians (ATNI) and the National Congress of American Indians (NCAI). In July 2007, he was elected Vice Chairman of the Indian Health Service (IHS) Direct Services Tribes Advisory Committee. On January 22, 2009 he was appointed the Chairman of Northwest Portland Area Indian Health Board (NPAIHB) and in April 2011 he was elected Chairman. In March 2013 he was elected the Member-At-Large for the National Indian Health Board.

Begaye, Russell (Navajo Nation)

Navajo Area Representative President, Navajo Nation

Mr. Russell Begaye was born and raised in Shiprock, New Mexico. He is born into the Red House People Clan (Kinlichii'nii) and born for the Folded Arms People Clan (Bit'ahnii). Mr. Begaye's maternal grandfather's clan is Red-Running-Into-the-Water Clan (Tachii'nii) and his paternal grandfather's clan is Salt People Clan (Ashii'hi). Mr. Begaye has worked extensively with Navajo government, neighboring Native American Tribes and organizations to build collaborative partnerships. He has worked with Tribal leaders on developing communities and growing businesses by utilizing business techniques that harmonize with the natural world. In 2011, he began his public service as a Navajo Nation Council Delegate representing the Shiprock Chapter. He served on the Law and Order Committee of the Navajo Nation Council. He strongly advocated for the re-criminalization of over 20 criminal acts against women, children and the disabled. President Begaye strongly believes in unity. He believes that we must work together, the Navajo Nation Council, the Navajo Nation President and all 110 Chapters.

Cook, Beverly (Saint Regis Mohawk Tribe)

Nashville Area Representative Chairwoman, Saint Regis Mohawk Tribe

Ms. Beverly Kiohawiton Cook is serving her second term as elected Chief on the Saint Regis Mohawk Tribal Council. For 40 years, Chief Cook has advocated for the rights of Native people in her community of Akwesasne. Chief Cook, a Family Nurse Practitioner, is a prominent voice in the mind-body medicine approach to restoring wellness, reproductive health and environmental justice for Mohawk people. She has presented her signature lecture, "Resilience from our Roots: You are Creation," to hundreds of community members as well as national and international audiences. The lecture

weaves together Haudenosaunee traditions and beliefs with basic reproductive physiology, encouraging understanding of the responsibilities of men and women and exploration of how trauma can be passed down through the generations.

Garcia, Donnie (Jicarilla Apache Nation)

Albuquerque Area Representative Chairperson, Albuquerque Area Indian Health Board

Mr. Donnie Garcia is a member of the Jicarilla Apache Nation and currently serves his Tribe as a Council Member, as the Director of the Jicarilla Apache Nation Disabled & Elderly Program, as a vice-chair for the Jicarilla Apache Nation Higher Education Program, and as a member of the Jicarilla Apache Nation CAP. Mr. Garcia also serves as the Chair on the Board of Directors for the Albuquerque Area Indian Health Board and is Vice-Chair for the Direct Service Tribes Advisory Committee.



Headdress, Charles (Fort Peck Assiniboine and Sioux Tribes)

Billings Area Representative Vice Chairman, Fort Peck Tribal Executive Board

Mr. Charles Headdress graduated in 1970 from the Business Department at Haskell Institute Lawrence, Kansas. Shortly after graduation he was drafted and served 18 months behind the Iron Curtain in West Berlin with the 4th Battalion 18th US Infantry as a Squad Leader patrolling the Berlin Wall and guarding Rudolph Hess at Spandau Prison. He graduated from the US Army Berlin Brigade Leadership School and was honorably discharged in November 1972. Upon his return to the states, he started a 32 year career with Indian Health Service as a Health Systems Specialist, retiring in 2004. Mr. Headdress then started a small construction business with his best friend and re-retired in 2007. Not wanting to gather moss, he started work with the City of Poplar Police Department and graduated from the Montana Law Enforcement Academy as a Certified Department of Corrections Probation/Parole Officer. He also graduated from the Montana Reserve Officer Academy. Mr. Headdress then got into Tribal politics and was elected to the Tribal Council in 2009 and is serving his 3rd term. He has 4 grown children.

Ortega, Sandra (Tohono O'odham Nation)

Tucson Area Representative Councilwoman, Tohono O'odham Nation

Ms. Sandra Ortega is a member of the Tohono O'odham Nation and the Tucson Area representative of the National Indian Health Board. Ms. Ortega has also been seated on the Direct Service Tribes (DST) Advisory Committee, and

involved in the work of the committee for over a decade. Ms. Ortega currently serves as a Tohono O'odham Legislative Council Representative. Ms. Ortega is Chairwoman for the Health and Human Services Committee which provides oversight to the Tohono O'odham Tribe's Health Programs and the Indian Health Service facilities. She is also Chairwoman for the Human Resources Development Committee which provides oversight to the education department and schools on the Tohono O'odham Nation.

Smith, William (Valdez Native Tribe)

Alaska Area Representative Vice President, Valdez Native Tribe

William F. Smith, was born in Cordova Alaska September of 1952, to Chief Marie Smith-Jones the last full blooded speaker of the Eyak language. When Bill was 17 he went into the Army as a heavy duty mechanic and a recovery specialist.

Shortly after going into the service, he went on his first tour to Augsburg Germany with the 1/36 field artillery, after returning his next tour was in Long Binh Vietnam from 1971 to 1972. Returning to the states, he was transferred to Fort Huachuca Arizona, afterward again shipped overseas to Germany with the 5/68 armor tank outfit. Bill retired from the service in August of 1977 and moved to Valdez Alaska to work on boats. In 1981, he stopped working on boats and started working for Alyeska Pipeline Service Company in the Marine Department. After 36 years, in 2017, he retired from Alyeska and is still enjoying his retirement by hunting, fishing and spending time with his loving family. He is the vice president of the Valdez Native Tribe and serves on the Alaska Native Health Board and the National Indian Health Board. Bill is one of the local Tribal Veterans Representatives working for his brothers and sisters with their veteran issues.

Wafford, Marty (Chickasaw Nation)

Oklahoma City Area Representative Chairperson, Southern Plains Tribal Health Board

Ms. Marty Wafford has been with the Chickasaw Nation since October 2001. She holds an Accounting degree. She currently serves as the Under Secretary of Support and Programs for the Department of Health. She has served on the internal project management team for 6 years during planning and construction of all three of the Chickasaw Nation Joint Venture projects. She, her husband Michael, son Cash, and daughter Lainee live in the Southeastern Oklahoma Area.

NIHB STAFF

Bohlen, Stacy A.*(Sault Ste. Marie Tribe of Chippewa Indians)***Chief Executive Officer**

Stacy A. Bohlen is the Chief Executive Officer of the National Indian Health Board (NIHB). With the support of a strong, Tribally-elected Board of Directors, Ms. Bohlen's service to NIHB has contributed to the organization's successful work to establish and elevate the Tribal presence for improving health care in the nation's capital, promoted and strengthened the organization's service to all federally recognized Tribes, significantly increased NIHB's budget, staff and connectivity to the Tribes and increased NIHB's effectiveness. Prior to joining NIHB, she was the Director of Federal Relations for the American Indian Higher Education Consortium, Deputy Director of the American Osteopathic Association's Washington, DC Office, and served on the staff of former U.S. Congressman Bob Traxler. Ms. Bohlen received her Bachelor's degree in Political Science from Oakland University in Rochester Hills, Michigan. She was born and raised in Michigan.

Aazami, Shervin**Public Health Project Coordinator**

Shervin Aazami is a Public Health Project Coordinator on the Public Health Policy and Programs team. His work is primarily focused on addressing the opioid overdose epidemic and HIV prevention in Tribal communities, while also providing research and analysis towards expanding Tribal food sovereignty. Prior to NIHB, Mr. Aazami worked at the Washington D.C. Department of Health as the HIV Screening Coordinator. Mr. Aazami graduated from the University of California, Los Angeles with his B.A. in Psychology, and is currently pursuing his Masters in Public Health with a concentration in Health Policy at George Washington University, and his Masters in Public Administration with a concentration in Local Government from the University of North Carolina, Chapel Hill.

Al Janabi, Angelica**Public Health Project Coordinator**

Angelica Al Janabi is a Public Health Project Coordinator on the Public Health Policy and Programs team at NIHB. Her work focuses on Zika prevention and response; the Climate Ready Tribes project addressing climate health issues; and a cancer project promoting breast, cervical, and colorectal screening initiatives. Prior to NIHB, Angelica worked in refugee health for several years in Southwest Virginia. Angelica graduated from Virginia Tech this past December

with a Masters in Public Health (MPH) degree, with a concentration in Health Education and a certificate in Global Planning and International Development with a specialization in Public and Environmental Health. Angelica also holds a B.A. in biology with a French minor and lived abroad, primarily in France, for several years.

Ahern, Bobby*(Confederated Tribes of Warm Springs)***Congressional Relations Associate**

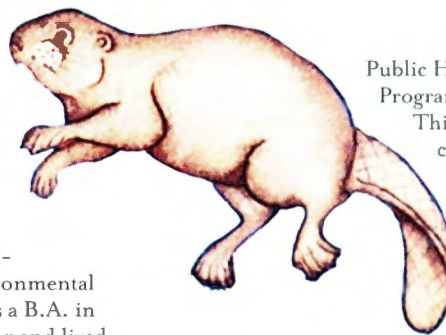
Bobby Ahern is a member of the Confederated Tribes of Warm Springs and was born and raised in Oregon. He joined the National Indian Health Board in January as a Congressional Relations Associate, working closely with congressional staff and advocating on Capitol Hill. In addition to congressional work, Bobby also assists in NIHB's youth engagement activities. Prior to this position Bobby received the Mark O. Hatfield Fellowship and spent a year as a full time staffer in Congressman Earl Blumenauer's (OR-3) office in Washington DC. Bobby attended Pacific University in Forest Grove, Oregon, studying Political Science and Sociology.

Angus-Hornbuckle, Carolyn – JD*(Mohawk)***Deputy Director and Director of Public Health Policy and Programs**

Carolyn Angus-Hornbuckle is the NIHB Deputy Director and Director of Public Health Policy and Programs. She recently rejoined NIHB from the National Congress of American Indians where she served as a Senior Project Officer and was strategic in advancing the collaborative First-Kids 1st project. Carolyn returns to NIHB where she served the Tribes in a variety of roles during her tenure including the Deputy Director of Policy, Programs & Advocacy and Public Health Program Manager. Ms. Hornbuckle was awarded her JD from the College of Law at Arizona State University in 2009. While there, she completed an internship at the US Attorney's Office for the District of Arizona. After graduating, she worked as a law clerk for the Office of the General Counsel at the Salt River Pima-Maricopa Indian Community. Ms. Hornbuckle holds a law license in Arizona.

Babbel, Breannon – PhD**Senior Public Health Program Manager**

Breannon Babbel serves as Senior Public Health Program Manager within the

**Public Health Policy and Programs Department.**

This role involves coordinating data collection and analysis of various projects, including examining health equity practices

across Indian Country. Prior to joining NIHB, Breannon completed her PhD in Glasgow, Scotland where her research focused on exploring the role of primary care in addressing health disparities. Originally from Oregon, she received her Master of Public Health (MPH) and Master of Public Policy (MPP) at Oregon State University. Breannon's previous work includes research with the Northwest Portland Area Indian Health Board and Oregon's Marion County Health Department.

Bitsuie, Kristen*(Navajo Nation)***Tribal Healthcare Reform Outreach and Education Program Associate**

Kristen is a Tribal Health Care Reform Outreach and Education Program Associate where she provides education and training on Medicaid and CHIP programs. In the past, Ms. Bitsuie worked with Indian Health Service's Business Office, Contract Health and Health Promotion & Disease Prevention. During her time at IHS, she served as a patient advocate for those who needed assistance when applying for alternate resources. Ms. Bitsuie is a recipient of numerous local and national awards including the Indian Health Service Director's Award and Tucson Area's Individual Exceptional Performance Award.

Covelli, Dominique**MMPC Policy Associate**

Dominique is a recent graduate of University of Maryland (UMD), where she pursued a master's degree in public policy and nonprofit management and leadership. At UMD, her interest in policy grew through internships at the National Immigration Forum and at Grantmakers in Health. Prior to her graduate studies, Dominique worked for 5+ years as a technical writer, supporting Department of Defense (DoD) and Centers for Medicare and Medicaid Services (CMS) programs. Dominique hopes to make a positive impact on AI/AN health in her role as the MMPC policy associate at NIHB.

Davenport, Sooner (Apache Tribe of Oklahoma)

Policy Coordinator

Sooner is of Apache, Kiowa and Navajo descent; she is a proud member of the Apache Tribe of Oklahoma. Her professional experiences are in the areas of Indian Education, Tribal taxation, and Domestic Violence awareness. Born within the borders of the Navajo reservation, she graduated high school and college in the Oklahoma City area. Sooner also attended graduate school at the University of Minnesota–Duluth where she studied Tribal Administration and Governance. She is humbled to follow the path of her ancestors, who were advocates for her Tribe's federal recognition and their treaty at Medicine Lodge.

Delrow, Devin – JD (Navajo Nation)

Director of Policy

Devin Delrow is the Director of Policy for NIHB where he seeks out opportunities for advancing the Tribal position in federal policymaking. He also provides analysis, communication, and advocacy materials to Tribes on key health issues. In 2014, Mr. Delrow joined NIHB as the Policy Associate for Medicare, Medicaid and Health Care Reform. Mr. Delrow earned his B.A. in History from Dartmouth College and a J.D. from the University of New Mexico, School of Law where he also earned the Indian Law Certificate. He is a member of the New Mexico State Bar.

Foley, Robert – M.Ed. **Chief Program Officer**

Robert Foley, M.Ed. is the Chief Program Officer with the National Indian Health Board where he oversees NIHB programmatic and grant activities. Previously, Mr. Foley served as the Director of Public Health Policy and Programs with NIHB, and prior to that worked with the National Native American AIDS Prevention Center delivering HIV TA, creating national prevention and educational materials, and promoting targeted local social marketing efforts. Mr. Foley worked as a training specialist with the National Network of Prevention Training Centers to train on HIV/STI evidence-based prevention. Prior, he was a research assistant with the Tri-Ethnic Center for Prevention Research at Colorado State University.

Fox, Amanda **Operations and Administrative Associate**

Amanda Fox is the Operations and Administrative Associate at the National Indian Health Board. In this role Amanda assists with operations and administration duties. Amanda grew up in Northern Virginia and attended Northern Arizona University. After completing a degree in Applied Indigenous Studies at Northern Arizona University, she spent time

volunteering at the Purple House in Australia, working to bring dialysis care to remote Aboriginal communities. She has recently started at NIHB and is excited to be a part of the National Indian Health Board team.

Fox, Ed – PhD **Director of NIHB National CMS Data Project**

Ed Fox has 24 years' experience in Indian Health. He is the Former Executive Director of the Northwest Portland Area Indian Health Board, the Indian Health Board of Nevada, the Squaxin Island Tribe's Health and Social Services Department, Health Services Director at the Port Gamble S'Klallam Tribe (2011 to 2015) and the Skokomish Tribe (2016 and 2017). He was also a Professor of government at Eastern Washington University from 1991–1995. Dr. Fox has a Ph.D. in political science from the University of Washington, a BA from University of Minnesota, and a Master's in Public Administration, SFSU.

Gardner, Wendee – MPH, DPT (Stockbridge–Munsee Band of Mohican Indians)

Native Youth Engagement Manager

Ms. Gardner completed her MPH from Emory University and her DPT from the University of Wisconsin–Madison. Since 2004 she has worked in both healthcare and public health settings, focusing on enhancing the health and wellbeing of underserved populations. While working at the Northwest Portland Area Indian Health Board, Wendee collaborated with Tribal community members to develop a first-of-its-kind CDC-recognized intervention for AI/AN youth called *Native VOICES*. There she was also a member of the *We R Native* team, where she co-led community building workshops and developed culturally appropriate health educational materials. As the Native Youth Engagement Manager at NIHB, Wendee is working to grow opportunities for the next generation of Indian health policy advocates and change makers.

Joseph, Karrie – MPH, CHES **Deputy Director, Public Health Policy and Programs Department**

Karrie Joseph is the Deputy Director, Public Health Policy and Programs Department with the National Indian Health Board (NIHB) where she currently works with the Tribal Accreditation Initiative and the Tribal Leaders Diabetes Committee Project. Karrie joined NIHB in March 2015 and brings over 12 years of experience in Public Health. She received her BA in Anthropology and MPH in Health Promotion and Education, both from the University of South Carolina. Prior to joining NIHB, she had the honor and privilege of working with Native communities in North Dakota (Fort Berthold) and in Cherokee, North Carolina with Eastern Band of Cherokee Indians.

Lewis, Summer (Muscogee (Creek) Nation)

Meeting and Events Associate

Summer is the current Meeting and Events Associate. She is a recent graduate of Ithaca College where she received her B.S. in Psychology. During her time there she worked as the Event Planner for her chapter of Active Minds, a campus based mental health advocacy group and had the opportunity as a panelist to discuss historical trauma and the intersection of Native identity and mental health at the 2016 Active Minds National Conference. She has previously interned at the Democratic National Committee where she assisted with the internship program as well as the Democratic Debates during the 2016 primaries. Summer is originally from the Tulsa, Oklahoma area, and is constantly inspired by the women in her family and their dedication to Indian healthcare.

Lynch, Corey **Accounting and Operations Coordinator**

Corey Lynch serves as the Accounting and Operations Coordinator in the Office of Finance and Administration. The primary responsibilities for this position include managing the accounts payable and ensuring the organization functions as efficiently as possible. Before joining NIHB, Corey worked for BB&T Bank for 5 years in multiple roles including Business Analyst and Branch Team Leader. He is from North Carolina where he received a BS in Business Management and Minor in Accounting from Barton College.

Price, Sarah **Public Health Associate**

Sarah Price is a Public Health Associate with the National Indian Health Board (NIHB). She supports Tribal Health Departments as they increase their readiness to pursue public health accreditation through quality improvement initiatives. She also provides support to the Tribal Leaders Diabetes Committee. Prior to working with NIHB, Sarah was a Public Health Associate with the Centers for Disease Control and Prevention, where she worked on infectious and chronic disease prevention initiatives in Suffolk County, New York. Sarah obtained her Bachelor of Science degree from Syracuse University, with a dual major in Public Health and Policy Studies.

Shuy, Caitrin
Director of Congressional Relations
Caitrin Shuy is the Director of Congressional Relations at the National Indian Health Board. In this role, Caitrin coordinates legislative strategy for NIHB, composes position papers and talking points and conducts policy analysis. She also serves as a technical advisory for the Secretary's Tribal Advisory Committee. Prior to joining NIHB, Caitrin spent

NIHB Staff *continued*

three years as a Legislative Assistant to Congressman Tom Cole (R-OK) where she served as a political advisor and his lead staffer for Native American Issues for the Congressman's work on the House Appropriations Subcommittee on Interior, Environment and Related Agencies — the subcommittee through which Indian Health Service Funding originates. Caitrin holds a Master's of Science in Comparative Politics from the London School of Economics and a Bachelor's of Arts in Political Science St. Mary's College of Maryland.

Stark, Kristina **Public Health Associate- CDC Appointee**

Kristina Stark is serving a two-year fellowship with NIHB as a Public Health Associate from the Center for Disease Control and Prevention. Before working at NIHB, Ms. Stark received her Bachelor's degree from Wellesley College with a double major in Biology and Spanish. While at Wellesley, Ms. Stark worked as a peer mental health educator and as a certified Spanish medical interpreter, lowering the knowledge, language, and cultural barriers between health provider and patient. She also had the opportunity to work at ACPACYS, a non-profit organization in Cordoba, Spain providing advocacy and services for individuals with Cerebral Palsy.

Steinberg, Jessica *(Little River Band of Ottawa Indians)* **Director of the Center for Indian Health Policy and Research**

Ms. Steinberg currently serves as the Director of the NIHB Center for Indian Health Policy and Research which focuses on advocacy on regulatory issues that impact change at the systems level, supported by policy and legislative research, and tribal specific data. In a prior capacity, she served NIHB as Deputy Director, working for the passage of the Affordable Care Act and the permanent authorization of the Indian Health Care Improvement Act. She is a member of the Little River Band of Ottawa Indians, located in Manistee, Michigan, where she served as Health Director, Tribal Manager and as an elected Tribal Councilor. Jessica has an Associate's Degree in Applied Science-Nursing from Great Lakes College (Davenport University). Taking some time away from Indian Health advocacy, Jessica spent a year living in El Maadi, Cairo, Egypt with her husband Kris, where she had the opportunity to learn about Egypt's culture and single payer health system, while pursuing

writing and artistic endeavors. Jessica and Kris have five daughters; Chelsea, Olivia, Gabriella, Anna and Isabel.

Suzanne A Udall - MSW **Behavioral Health Manager**

Suzanne Udall is a Behavioral Health Manager for NIHB working on behavioral health priorities and initiatives within the NIHB Public Health Policy and Programs Department. She lived and worked in New Mexico for 15 years and had the honor and privilege of collaborating with many Pueblo and Tribal communities. She helped to start the NM Suicide Prevention Coalition and served as their first Executive Director and assisted in bringing Native HOPE trainings to several communities and worked to create regional coalitions. She is honored to be working with the NIHB bringing lifesaving prevention to AI/AN communities.

Valliere, Stephen - MPH *(Lac du Flambeau Band of Lake Superior Chippewa Indians)*

Public Health Project Coordinator
Stephen is Anishinaabe from Lac du Flambeau, WI. He works as a Public Health Project Coordinator on the Public Health Policy and Programs team at NIHB. His experiences as a public health researcher at the Center for American Indian Community Health have involved him on many of key public health initiatives in Indian Country. His primary focus at NIHB is on the Public Health Indian Country Capacity Scan where he joins a team working to create and disseminate a comprehensive profile of the public health system and infrastructure in Indian Country. He graduated with a B.A. in American Indian Studies with an emphasis on social welfare from Haskell Indian Nations University. He went on to earn a MPH degree at Kansas University Medical Center in May of 2017.

Vigario, Jennifer **Special Assistant to the CEO**

Jennifer Vigario recently joined the National Indian Health Board as the Special Assistant to the CEO. In addition to supporting the Chief Executive Officer, she also works closely with the NIHB Board of Directors. Her prior position was as the Special Events Coordinator with the US Senate Sergeant at Arms. Ms. Vigario also previously managed fundraising events and galas for the American Cancer Society. She spent a year as a full-time volunteer, living in community with adults with intellectual disabilities at L'Arche of Greater Washington, DC. Jen attended Loyola University in Baltimore, Maryland, studying Comparative Culture and Literature, Sociology and Italian Studies. She grew up in Centereach, New York.

Weber, Brett - MPA
Congressional Relations Coordinator
Brett Weber has been with NIHB since October 2016, working in the Congressional Relations Department on the Tribal Oral Health Initiative. Prior to joining NIHB, Mr. Weber was a policy fellow on the United States Senate Committee on Indian Affairs, working for Vice Chairman Jon Tester of Montana. Mr. Weber graduated from the University of Georgia in 2014 with both a Bachelor's Degree in Political Science and a Master's Degree in Public Administration. In his spare time, Brett cares for a rescue cat named Zephyr and contributes to Petworth News, his neighborhood newsletter.

Wheeler, Courtney - MPH
Public Health Project Coordinator
Courtney Wheeler completed her MPH at Saint Louis University College of Public Health and Social Justice with a joint concentration in Behavioral Science Health Education and Epidemiology. Courtney also holds a BA in biology and psychology. Prior to NIHB, she worked at the Louisiana Breast and Cervical Health Program as an HPV Specialist focusing on improving HPV vaccination and cervical cancer screening rates in Louisiana. She also has extensive public health research experience. Her main interest in public health is working with underserved populations. As an NIHB Public Health Project Coordinator, Courtney is working on behavioral health and colorectal cancer initiatives.

PRESENTERS

Collette Adamsen

(Turtle Mountain Band of Chippewa)

Director

National Resource Center on Native American Aging

Collette Adamsen, MPA serves as the Director of the National Resource Center on Native American Aging (NRCNAA) at the Center for Rural Health (CRH) at the University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, North Dakota. Currently, she is pursuing her PhD in Educational Research at UND with plans to graduate in May 2018. She is an enrolled member of the Turtle Mountain Band of Chippewa Indians and is originally from Belcourt, North Dakota.

Christina Arredondo

Medical Director

Pascua Yaqui Tribe

Dr. Christina Arredondo currently resides in her hometown of Tucson, AZ. She has traveled around the US for education and training. After graduating college in Minnesota she worked in mental health in California before completing medical school at University of Washington and then pursuing Psychiatry Residency and Public Health Fellowship at Yale University. Since that time she has work in inpatient, outpatient, and emergency psychiatric care. Her interests lie in public health, integration of culture into medical models of care, and helping bring about behavioral change. Her current position is as the Medical Director at the Pascua Yaqui Tribe.

Erin Artigiani

Co-Investigator

National Drug Early Warning System, University of Maryland College Park

Erin Artigiani received her Master's Degree in Sociology from the University of California, Los Angeles, and a Bachelors Degree in Sociology & Psychology from Wellesley College. Ms. Artigiani has 20 years of experience in substance abuse research and policy development and is now Deputy Director of Policy at the University of Maryland's Center for Substance Abuse Research (CESAR). Ms. Artigiani is currently Co-Investigator for the National Drug Early Warning System (NDEWS; www.ndews.org) funded by the NIH's National Institute on Drug Abuse (NIDA). She has managed many epidemiological workgroups and prevention program evaluations in Maryland and Washington, DC.

Dolores Subia Bigfoot

(Caddo Nation of Oklahoma)

Associate Professor and Director Center on Child Abuse and Neglect, University of Oklahoma Health Science Center

Dr. Bigfoot is trained as a child psychologist and is an Associate Professor directing the Native American Programs at the Center on Child Abuse and Neglect at The University of Oklahoma's Health Sciences Center.

Funded since 1994 by the Children's Bureau, she has directed Project Making Medicine and since 2003 has directed the Indian Country Child Trauma Center. Currently Dr. Bigfoot is serving on the National Child Trauma Stress Network Cultural Consortium Working Group.

Jennifer Bouley

(Bad River Band)

Program Director

Red Cliff Zaagichigaazowin

Home Visiting Program

Jennifer Bouley is a Bad River Tribal member, and has spent the majority of her life living and working in the Red Cliff community. Ms. Bouley is committed to a life and career led by the ways of her Native people. She gives back to the cross-cultural community she grew up in by passing on to others the value of Tribal teachings, contemporary education, life learning, and the joy and responsibility of being Native American. Ms. Bouley has an Associate of Arts in Native American Studies and is pursuing a Bachelor of Science Degree in Sustainable Community Development with a minor in Sociology. Ms. Bouley currently serves as a Red Cliff Zaagichigaazowin Home Visiting Program Director. Over the past 17 years Ms. Bouley has assumed numerous positions of leadership within the Red Cliff community. She is actively involved with the local Young Child Wellness Council, Safe and Sober Graduation initiative going on its 12 year. As well as serves as the Coordinator of the Red Cliff AODA Reduction Coalition, and currently serves as the Vice-Chair of the Northwoods Coalition State Board, an organization providing assistance to Tribal and non-Tribal substance abuse prevention coalition across the state of Wisconsin. Ms. Bouley has served as a Tribal AmeriCorp member, akin to a domestic peace core, for the Red Cliff Community over several terms and received the Presidential Award for Community Service under the Obama Administration.



Elliot Christensen

(Lower Sioux Indian Community)

Tobacco Prevention Coordinator

Lower Sioux Indian Community

Elliot Christensen is an enrolled member at Lower Sioux Indian Community where he is the Tobacco Prevention Coordinator. Conducting traditional tobacco education and outreach is something he truly

enjoys. He is a Mayo Clinic trained Tobacco Treatment Specialist and a traditional tobacco conservationists that can regularly be found in the community's tobacco garden

Jaime Clark

(Osage Nation/Cherokee Nation)

Public Health Nurse

Osage Nation

Graduated from Northeastern State University in Tahlequah, OK. Jaime has been working in Public Health since 2004. She worked at Cherokee Nation for 10 years in various positions as a Community Health Representative, a Public Health Educator, Research Nurse and Public Health Nurse. She has been working for Osage Nation as the Public Health Nurse for two years. Jaime has been married for 36 years and the mother of two grown sons, and a proud Marine Corps Veteran.

Alberta Curley

(Navajo Nation)

Prevention Specialist

Navajo Nation Department of Behavioral Health Services

Alberta Curley is an enrolled member of the Navajo Nation, bilingual in Navajo and English, and currently a Prevention Specialist with the Navajo Nation Department of Behavioral Health Services. Mrs.

Curley is credited as a Prevention Specialist Intern with the New Mexico Credentialing Board for Behavioral Health Professionals. Ms. Curley is certified to facilitate as an Instructor for Mental Health First Aid, QPR (Question, Persuade, and Refer), Connect Suicide Postvention Curriculum, B.A.B.E.S Program, Active Parenting Now, Fatherhood Is Sacred & Motherhood Is Sacred Program, Adventure Based Learning, Native H.O.P.E. Navajo Wellness Model and Healthy Aging Model.

Mary Cwik

Associate Scientist

Johns Hopkins University

Mary F. Cwik, PhD is a Licensed Psychologist and an Associate Scientist at the Center for American Indian Health in the Johns Hopkins School of Public Health. She has a joint appointment in Psychiatry at the Johns Hopkins School of Medicine. Dr. Cwik has conducted research in suicide, substance use and trauma, focusing on preventing Native American mental health disparities for over 10 years. Dr. Cwik's research, in collaboration with the White Mountain Apache Tribe, has helped to identify unique risk factors impacting these disparities, the importance of protective factors including cultural identity, and promising interventions associated with a reduction in the Apache suicide rate. Mary has expertise in community academic

Presenters continued

partnerships, developing mental health interventions for different cultural contexts, training community mental health specialists, screening, surveillance, mixed methods designs, Randomized Clinical Trials, and Emergency Department settings. Dr. Cwik has received two teaching excellence citations and serves on a Committee on Human Research, Suicide Prevention Resource Center steering committee, and Zero Suicide National Implementation Team for American Indians and Alaska Natives.

Kacee Deener

Deputy Director

U.S Environmental Protection Agency, Office of Research and Development, Office of Science Policy

Kacee Deener is the Acting Deputy Director of the Office of Science Policy (OSP) in EPA's Office of Research and Development (ORD). OSP integrates, coordinates, and communicates scientific and technical information and advice across ORD and with EPA's programs and regions. She has more than 20 years of experience in the private and public sectors spanning the intersection of science, research, policy, and communication. In 2014, she completed a one-year stint at the White House Council on Environmental Quality as the Deputy Associate Director for Chemicals and Public Health, and in 2005, she was the recipient of a Brookings Institution Congressional LEGIS Fellowship where she served in the office of U.S. Rep. Ron Kind covering environmental and reproductive health and science and technology policy. Kacee holds an MPH, with specialization in Environmental Health, the Risk Sciences and Public Policy, from the Johns Hopkins Bloomberg School of Public Health.

Roberto Delgado

Program Chief, Rural Mental

Health Research

National Institutes of Health/ National Institute of Mental Health

Dr. Delgado is a descendant of the Cañari, an Indigenous ethnic group traditionally inhabiting the territory of the modern provinces of Azuay and Cañar in Ecuador, South America. Roberto is trained as an Anthropologist and, at the National Institute of Mental Health (NIMH), he serves as Program Chief of Rural Mental Health Research in the Office for Research on Disparities and Global Mental Health. Under the 2015-2017 US Chairmanship of the Arctic Council, he coordinated RISING SUN (Reducing the Incidence of Suicide in Indigenous Groups – Strengths United through Networks), a mental wellness initiative that developed community-based and prioritized outcomes to evaluate suicide prevention interventions among Arctic Indigenous communities. Roberto also is

a Project Scientist in the Minority Health and Mental Health Disparities Program on Collaborative Research Hubs to Reduce the Burden of Suicide among American Indian and Alaska Native Youth, and he represents NIMH on the NIH Tribal Health Research Coordinating Committee.

Gretchen Dobervich

Policy Program Manager

NDSU American Indian Public

Health Resource Center

Gretchen Dobervich serves as the Public Health Policy Manager for the American Indian Public Health Resource Center in the Public Health Department at North Dakota State University. Gretchen received her Bachelor of Social Work from Minot State University and is a licensed social worker in the state of North Dakota. Previously, Gretchen was the Vice President- North Dakota for the Minnesota-North Dakota Chapter of the Alzheimers Association. Gretchen currently serves as President of the North Dakota Rural Health Association. Gretchen was appointed to the North Dakota House of Representative in 2016. She serves on the Industry, Business and Labor, and Transportation committees. Her interim committees are Health Services and Health Care Reform. Gretchen and her husband, Eric, live in Fargo.

Jamie Donatuto

Swinomish Community

Environmental Health Analyst

Swinomish Indian

Tribal Community

Dr. Jamie Donatuto is a Community Environmental Health Analyst for the Swinomish Indian Tribal Community, located in the beautiful Salish Sea in the Pacific Northwest of the United States. For 18 years, Jamie has been enacting investigations on behalf of the Tribe, including researching toxics in local traditional foods, Tribal health-related impacts from climate change, launching an environmental health education program, and developing community-based indigenous health indicators. The Indigenous Health Indicators project is a collaborative effort with long-time colleague Swinomish elder, Larry Campbell. Jamie and Larry most recently launched the Swinomish Community Environmental Health Program and they work extensively with community education and outreach projects. Dr. Donatuto completed her doctoral studies at the University of British Columbia, Vancouver, Canada, in the interdisciplinary graduate program of Resource Management and Environmental Studies.

Kevin R. Dupuis

(Fond du Lac Tribe of Lake Superior Chippewa)

Chairman

Fond du Lac Tribe of Lake

Superior Chippewa

Kevin R. Dupuis, Sr. serves as Chairman of the Fond du Lac Band of Lake Superior Chippewa since his election to that

position in 2016. In that capacity, he is committed to improving the lives of the Band's 4,200 members and the overall community of 7,300 Indian people who rely on the services that are provided by the Band in the region. In addition to serving as Chairman of the Fond du Lac Band, Mr. Dupuis was, in 2016, also elected to serve as the President of the Minnesota Chippewa Tribe, which is comprised of the Fond du Lac Band along with five other Chippewa Bands in Minnesota. Through all his work, Mr. Dupuis has been guided by the teachings of his Anishinaabe grandfathers: humility (dabaadendiziwin), bravery (aakwa'ode'ewin), honesty (gwekwaadziwin), wisdom (nibwaakaawin), respect (minwaadendamowin), truth (debwewin), and love (zaagidwin).

Colby Duren

Policy Director and Staff Attorney

Indigenous Food and

Agriculture Initiative

Colby Duren is the Policy Director and Staff Attorney for the Indigenous Food and Agriculture Initiative at the University of Arkansas School of Law. Based in Washington, D.C., Colby has nearly 10 years of experience in federal Indian law and policy, with a specific focus on food, agriculture, and natural resources issues. Prior to joining the Initiative, Colby served as a Staff Attorney and Legislative Counsel for the National Congress of American Indians in Washington, D.C., advocating on behalf of Tribal nations on land, natural resources, and agriculture issues, including the 2014 Farm Bill.

Alayna Eagle Shield

(Standing Rock Sioux Tribe)

Health Education Director

Standing Rock Sioux Tribe

Alayna Eagle Shield is a HúDkpapDa Lakota from the Standing Rock Sioux Tribe. She is married with two beautiful children. Alayna is currently the Health Education Director for Standing Rock Sioux Tribe. Her previous work includes a Lakota Language Activities instructor at the Lakota Language Immersion Nest at Sitting Bull College and as the Language Specialist for the Language and Culture Institute in Fort Yates, North Dakota. Alayna is a member of the Native Nation Rebuilders Program, Cohort 7 (2015-16) and is currently a member of the Intercultural Leadership Institute, Cohort 1 (2017-18) and serves on multiple committees such as the Sitting Bull College- Native American Studies Advisory Committee, North Dakota State University- American Indian Public Health Resource Center Advisory Committee, Lakota Language Nest Leadership Team, and Native American Development Center- Board and Cultural Advisory Committee member. Alayna earned her Bachelors of Science degree from the University of Mary in 2014, majoring in Biology and minoring in Chemistry. She also received her eminent scholar to



Presenters continued

teach the Lakota language from Sitting Bull College through LLEAP (Lakota Language Education Action Program) in 2013. Alayna graduated in May 2017 with her Master of Public Health degree with an American Indian health focus from the North Dakota State University.

Gwynne Evans-Lomayesva

(Snow Clan, Hopi)

Researcher, Policy Research Center National Congress of American Indians

Gwynne Evans-Lomayesva is a Researcher at the NCAI Policy Research Center. She received her Bachelor's degree from Brown University in Political Science: International Comparative Policies. Her final undergraduate research paper analyzed jurisdictional conflicts highlighted by undocumented immigration across the U.S./Mexico border through tribal lands. She received her Master's degree in Public Policy from King's College London. Her dissertation explored the concept of sovereignty and questioned the limitations on expressed sovereignty. She joined the Policy Research Center from National Academies of Sciences, Engineering, and Medicine, where she worked on research related to global affairs and science policy. As a PRC Researcher, she conducts research and data analysis on a broad range of issues to inform tribal policy and strategic priorities.

Kathy Etz

Director, Native American Programs National Institute on Drug Abuse/ National Institutes of Health

Dr. Etz is the Director of Native American Programs at the National Institute on Drug Abuse, where she also serves as a Program Director in the Epidemiology Research Branch. In addition to leading efforts for AI/AN drug abuse research, her program area includes studies of population and clinical epidemiology in adolescence and early adulthood; psychological, familial and environmental risk and protective factors and processes and how these interact in the development of drug abuse. Her program supports epidemiologic research studies examining the social, cultural, environmental and historical factors related to drug use among AI/AN and a more general focus on epidemiology and health disparities. The program also includes a focus on data sharing and the support of a behavioral and social science drug abuse and HIV data archive. She is a Project Scientist on the University of Alaska at Fairbanks BUILD program and received the Phillip L Smith Award for Exceptional Contribution to Research to Benefit Native Communities in 2012 from the Native Research Network. Dr. Etz was elected to the Board of Directors for the Society for Prevention Research (SPR) and serves on the SPR Training Committee.

She received the Service to SPR Award for her work with this organization. Dr. Etz received her Ph.D. in Human Development from the University of North Carolina, Greensboro in 1997.

Mike Freiberg

Senior Staff Attorney Public Health Law Center

Mike Freiberg, Senior Staff Attorney with the Public Health Law Center, provides legal technical assistance to jurisdictions around the country working on various commercial tobacco control policies, including work on Tribal policies. Previously, he worked on research projects related to menthol in commercial tobacco products, cigarette butt litter, and non-cigarette tobacco products. Mike has worked as an adjunct law professor at the Mitchell Hamline School of Law, having taught classes in legislation and public health law. Mike also serves as a Minnesota State Representative.

Eugene Giago

(Oglala Sioux Tribe)

Patient Navigator for Colorectal Cancer Screening Great Plains Tribal Chairmen's Health Board

Eugene Giago is an enrolled member of the Oglala Sioux Tribe. He received his bachelor's degree in business management from Haskell Indian Nations University. Eugene Giago serves as a Patient Navigator for the Great Plains Colorectal Cancer Initiative through the Great Plain's region.

Lishua Gishie

(Navajo Nation)

Health Promotion Disease Prevention Specialist / Communication Coordinator

Winslow Indian Health Care Center
Lishua is the Health Promotion Specialist/Communication Coordinator with the Health Promotion Disease Prevention Department of the Winslow Indian Health Care Center. She comes with over fifteen years of experience in the public health field from urban and rural Tribal organizations, county health department, IHS, and 638 contract organizations. She obtained her Bachelor of Science in Health Promotion emphasis in Community Health from Northern Arizona University, Flagstaff, Arizona and her Masters of Healthcare Administration from Walden University, Minneapolis, Minnesota.

Dale Gonnin

(Navajo Nation)

Winslow Indian Health Care Center

Dale is a highly skilled, compassionate, empathetic and experienced Traditional Practitioner. He brings over 26 years of experience providing traditional practices, family support, and counseling services to youth, adult, families and groups to restore peace and harmony. He utilizes traditional Navajo philosophy and western methods of intervention to promote and increase

traditional knowledge and spiritual awareness for healing. He is also a member of the Navajo Nation Medicine Man Association and the Azeé Bee Nahagha of Dine Nation.

Annette Gonnin

(Navajo Nation)

School/Community Health Coordinator Winslow Indian Health Care Center

Annette is the School/Community Health Coordinator with the Health Promotion Disease Prevention Department of Winslow Indian Health Care Center. She has over nine years of experience from health care industry (Non-Profit Foundation, private practice and 638 Contract organizations). She combines her professional experience with her Navajo traditional knowledge and skills. She is a Navajo traditional chef with knowledge of making traditional corn and vegetable dishes. She is certified to teach the Models of Navajo Wellness, Navajo Cultural Leadership, Navajo Healthy Aging and Navajo Positive Kinship. She is a graduate student in Healthcare Administration Independent University, Salt Lake City, Utah.

Miigis Gonzalez

(Lac Courte Oreilles Ojibwe)

Post-Doctoral Research Associate University of Minnesota Medical School, Duluth campus

Miigis Gonzalez (Lac Courte Oreilles Ojibwe), PhD, is a community member and Post-Doctoral Research Associate. She aims to use her PhD to bring resources into Native communities to strengthen the ability to use language, ceremony, cultural activities, and community-based assets to improve health and healing of Native people, especially to improve mental health and decrease substance abuse. Beyond research, she devotes much of her time to learning the Ojibwe language, helping out at ceremonies, sewing and beading, and dancing in local powwows with her family.

Stephanie Graves

(Red Lake Nation)

Maternal and Child Health Coordinator

Minneapolis Health Department

Stephanie Graves (Red Lake Nation) is the Maternal & Child Health Coordinator for the Minneapolis Health Department. With a nursing background and a recent Masters degree from St. Mary's University of Minnesota, she was appointed to the Minnesota Ombudsperson Advisory Board for American Indian families and has served as a board member for the national maternal and child health organization, CityMatCH, since 2015. Ms. Graves and her husband have been part of each other's lives for over 45 years. The main focus of her life currently is her family and encouraging holistic, healthy living for families with young children.

Presenters *continued***Jacqueline Gray***(Choctaw/Cherokee)***Associate Director, CRH****Indigenous Programs****University of North Dakota, Center
for Rural Health, NIEJI**

Dr. Jacque Gray, a Choctaw/Cherokee Research Professor and Associate Director at the Center for Rural Health at the University of North Dakota, is director of the National Indigenous Elder Justice Initiative (NIEJI) and the NIEJI Innovation Grant that are funded by the Administration for Community Living to address the issues of Elder Abuse in Indian Country. NIEJI develops culturally relevant resources to address Elder Abuse in Indian Country. NIEJI Innovation provides funding to Tribes to develop elder abuse programs, collect data on elder abuse for their Tribes, and develop training. Gray has worked across Indian Country and internationally for over 35 years.

Brenna Greenfield**Assistant Professor****University of Minnesota Medical
School, Duluth campus**

Brenna Greenfield is an assistant professor at the University of Minnesota Medical School, Duluth campus. She completed her PhD in Psychology at the University of New Mexico in 2015. Her research focuses on improving the continuum of care for individuals with substance use disorder and strengths-based approaches to decreasing health inequities for Native Americans. Beyond research, she enjoys cooking, reading, running, and exploring the Northern woods with her toddler son and family.

Kate Grismala**Deputy Director Health
USET**

Kate Grismala is currently the Deputy Director of Tribal Health Program Support at United South and Eastern Tribes, Inc. (USET) in Nashville, TN. Ms. Grismala works alongside a talented staff of professionals engaged in a range of health, dental, and epidemiology projects supporting 27 Native American Tribes from Florida to Maine and in Texas. For over fifteen years, Ms. Grismala has worked in various capacities throughout Indian Country supporting the health and wellbeing of Tribal citizens. Ms. Grismala holds Master of Science Degree in Business Administration as well as several certificates on various aspects of Tribal Government administration.

Cynthia Guzman**Behavioral Health Program Manager
Santo Domingo Health Center**

Dr. Cynthia E. Guzman is the Behavioral Health Program Manager at the Santo Domingo Health Center, a Tribal 638 health

care facility in Santo Domingo Pueblo, New Mexico. She is a Licensed Psychologist and has recently earned her Master of Science in Clinical Psychopharmacology to pursue her goal of becoming a prescribing psychologist in the state of New Mexico. Her recent work includes development and implementation of youth and family centered therapeutic programs, behavioral health integration, and a program to enhance integrated case management. She is an active member in many organizations such as the Society for Indian Psychologists and the American Psychological Association.

Stacy Hammer*(Lower Sioux Indian Community)***Diabetes Coordinator****Lower Sioux Health Care Center**

Stacy Hammer, enrolled member of the Lower Sioux Indian Community, began her career as the Registered Dietitian and Diabetes Coordinator for the LSIC in May 2013. Stacy earned a Bachelor of Science Degree in Nutrition and Dietetics from MSU, Mankato and completed her Graduate Dietetic Internship program from the University of Delaware. Stacy also serves as the Lower Sioux Title VI Director, responsible for administering the nutrition requirements and menu planning for the Elder Nutrition Program. Her collaborative work with the American Indian Cancer Foundation has focused on efforts to normalize healthy eating within American Indian Communities in Minnesota.

Fred Hauchman**Director****U.S Environmental Protection****Agency, Office of Research and****Development, Office of Science Policy**

Fred Hauchman is the director of the Office of Research and Development's (ORD) Office of Science Policy in Washington, DC. He also serves as the EPA's representative to the National Science and Technology Council's Committee on STEM Education (CoSTEM). Fred has worked at the EPA for over 30 years in a variety of scientific, programmatic and management positions, including managing ORD's water research program, directing exposure-related research on chemicals and pathogens in the environment, and serving as a senior scientist in EPA's Office of Air and Radiation. He has extensive international experience, having worked on a variety of risk assessment and water-related projects in Latin America and West Africa. He established EPA's partnership with the Global Water Research Coalition and served as the agency's representative to this organization for 10 years. Fred received his M.S. in Public Health from the University of North Carolina, his Ph.D. in environmental sciences from Johns Hopkins University, and conducted post-doctoral research in environmental virology at UNC.

Myk Heidt**Swinomish Indian Tribal Community
Dept of Social Services**

Myk Heidt works for the Swinomish Indian Tribal Community in the Community Health Program under the Medical Department. Myk works in support of Tribal Community Environmental Health Advisor and Elder Larry Campbell and Dr. Jamie Donatuto as Community Environmental Health Program Coordinator. Under Dr. Donatuto, Myk works on developing Health Indicators for risk assessment in Native American fishing communities, focusing on how to evaluate community-based indigenous health impacts when local natural resources are affected by Climate Change. In addition to her research on indigenous health indicators, Myk lends staff support to Dr. Donatuto's work with Coast Salish Tribes and First Nations.

Tina Batra Hershey**Assistant Professor****University of Pittsburgh Graduate
School of Public Health**

Tina Batra Hershey, JD, MPH is an Assistant Professor in the Department of Health Policy and Management at the University of Pittsburgh Graduate School of Public Health and an Adjunct Professor at the University of Pittsburgh School of Law. Ms. Hershey is also the Assistant Director for Law and Policy at the Center for Public Health Practice at Pitt Public Health. At Carnegie Mellon University's Heinz College, she is an Adjunct Instructor of Health Law. Ms. Hershey is actively involved in state and national programs involving legal preparedness, as well as efforts to enhance Tribal legal preparedness for public health emergencies. She has co-authored two public health emergency law manuals/bench books. Before coming to Pitt Public Health, Ms. Hershey was a health care attorney in Washington, D.C., and Pittsburgh. She earned her JD/MPH (Health Policy) from The George Washington University and her BA in Psychology from Villanova University.

Joshua Hudson*(Ojibwe)***Program Manager****National Native Network/ Inter-
Tribal Council of Michigan**

Joshua Hudson is from Bay Mills Indian Community in Northern Michigan. Joshua's studies focused on Public Administration, Leadership, and American Indian Studies. He has worked coast to coast in a variety of capacities – including substance abuse, youth empowerment, and public health. He currently serves as the Program Manager for the National Native Network at the Inter-Tribal Council of Michigan, working to cultivate and disseminate resources and technical assistance concerning both cancer and commercial tobacco prevention and control.

Presenters continued

Doris Isham

(Bois Forte Band of Chippewa)

Diabetes Nurse Educator

Bois Forte Health Services

Doris Isham is an enrolled member of the Bois Forte Band of Chippewa in northern Minnesota. She received a degree in Nursing and AAA Degree. Former EMT with 31 years of experience as a volunteer for the Bois Forte Ambulance. She is currently employed as the Diabetes Nurse Educator and diabetes program administrator. Doris served as co-principal investigator of the Mino Giizhigad (a good day) research on depression and diabetes. Doris is a member of Maawaji idi dog mino ayaawin (gathering for health) Research Team, to study the relationship between stress and diabetes. She has been married 47 years with 3 children, 8 grandchildren and 3 great grandchildren. Her hobbies include sewing, cooking, hunting, and family outings.

Trudie Jackson

(Navajo Nation)

Doctoral Student

University of New Mexico

Trudie Jackson is an enrolled member of Navajo Nation from Teec Nos Pos, Arizona. Her Clans are Bitterwater and Folded Arms People and paternal is the Mexican People and maternal is Yucca Strung Out In A Line. Trudie identifies as a Fifth Gender person. Trudie is currently a 1st year doctoral student in American Studies at the University of New Mexico. She obtained her master degree in American Indian Studies with an emphasis in Tribal Leadership & Governance and a Graduate Certificate in Gender Studies. She obtained her dual undergraduate degrees in American Indian Studies and Public Service Public Policy and a Certificate in Public Administration & Public Management and Leadership & Ethics. All her degrees and certificates are from Arizona State University. Trudie's research emphasize on the impact of Settler Colonialism, Decolonization, Indigenous Two Spirit Critique, Feminism, Queer Theory, and using the Peoplehood Model. Her research focuses on American Indian Transgender Women in Survival Sex Work by incorporating culture, traditions, and language into her research.

Cheyenne Jim

(Navajo Nation)

IHS Immunization Program Analyst IHRC, Inc.

Mrs. Cheyenne Jim, MS began her career in public health in 2007 as a health promotion and disease prevention specialist working with Tribal communities. In 2008, Cheyenne became an onsite CDC contractor assigned to work with the Indian Health Service, Division of Epidemiology and Disease Prevention, Immunization

Program. Currently Cheyenne manages the IHS Immunization reporting database, provides training, coordination and support for various web-based IHS immunization systems and assists with immunization related activities for CDC in conjunction with the IHS Immunization Program.

Melissa Jim

(Navajo Nation)

Epidemiologist

CDC Division of Cancer

Prevention and Control

Melissa A. Jim, MPH (Dine) graduated from the MPH program at the University of New Mexico in 2004. She has been an Epidemiologist with the Cancer Surveillance Branch in the Division of Cancer Prevention and Control at the Centers for Disease Control and Prevention for over 12 years. She conducts data linkages between all central cancer registries in the United States with the Indian Health Service (IHS) patient registration database, with results so significant that the linkage has become an annual central cancer registry requirement. She also provides technical assistance and analytic support to IHS and Tribal organizations.

Vera John

(Navajo Nation)

Clinical Director

Navajo Nation Department of Behavioral Health Services

Vera John, MA, LPCC, Clinical Director is an enrolled member of the Navajo Nation. Ms. John earned her Masters Degree in Counseling from the University of New Mexico. Currently, Ms. John is a Clinical Director with the Department of Behavioral Health Services and a Clinical Mental Health Counselor with the state of New Mexico. Ms. John has extensive experience with co-occurring disorders including suicidal ideations, and is a certified QPR Trainer (Question, Persuade, and Refer). Ms. John has provided presentations (and co-presented) on co-occurring disorders, suicide prevention, and historical trauma to various audiences.

Sandra Kier

(White Earth Band of Ojibwe)

Clinical Nurse

Indian Health Service

Sandra Kier, proud member of White Earth Band of Ojibwe, is a Registered Nurse at Indian Health Services in White Earth, MN. She has been in her current position as a clinical nurse for 10 years. In this position she shows her passion for diabetes education and strives daily to improve the quality of care delivered to her patients. Sandra obtained her Associate Degree in Nursing from the Tribal College in Minnesota. Her 21 year work history includes traveling experience in medical-surgery, long term care, chemical dependency, dialysis, and emergency room care.

Shannon Laing

Associate Director

MPHI Center for Healthy Communities

Ms. Laing is Associate Director of the Center for Healthy Communities at MPH. Since 2006, she's worked with Tribal and Urban Indian Health organizations on 50+ projects involving community assessment, strategic planning, research and evaluation. Her expertise is using community-based participatory approaches and capacity building assistance to support Native communities in pursuit of their goals for community health and systems improvement. She's experienced with ToP(r) Facilitation Methods, Mobilizing for Action through Planning and Partnerships, and Health Impact Assessment. She's lead evaluator for Tribal grantees of federal programs including Good Health & Wellness in Indian Country and National Native Network.

Takayla Lightfield

(Cheyenne River Sioux Tribe, Mnicoujou Lakota)

Prevention and Policy

Program Coordinator

American Indian Cancer Foundation

Takayla Lightfield is an enrolled member of the Cheyenne River Sioux Tribe of South Dakota. She holds a Bachelor of Arts in American Indian Studies, Human Services and Psychology from the University of Minnesota Morris. Her main areas of focus at AICAF are healthy Native food, healthy beverage and breastfeeding initiatives. She is passionate about working towards making her community healthier; especially through nutrition education, chronic disease prevention and policy change.



Catriona MacDonald

Executive Director

Association of State and Tribal Home Visiting Initiatives

Catriona Macdonald is the Executive Director of ASTHVI, the organization representing administrators of Tribal and state home visiting grants. She has spent 25 years in Washington, DC working to improve child health and education, including in the budget staff of the US Department of Health and Human Services and the offices of Senator Ted Kennedy (MA), Congressman Steny Hoyer (MD), and Congresswoman Rosa DeLauro (CT). Ms. Macdonald worked closely with representatives of Tribal Head Start programs to address the needs of Indian Head Start in the 1994 Head Start reauthorization, and will discuss how Tribes and the organizations that represent them can help to achieve child, family and population health goals through home visiting.

Barbara Manning

Deputy Regional Administrator

CMS Boston Regional Office

As Deputy Regional Administrator of the CMS Boston Regional Office, Barbara supervises and manages a team that supports the work of the Regional Administrator, regional office management and CMS headquarters leadership on diverse,

Presenters *continued*

high-level initiatives. Barbara manages and leads priority projects related to staffing, budgeting, information technology, facilities management, strategic planning, standard operating procedures, emergency and COOP procedures, performance plans and program-related outreach and education initiatives. She is a results-driven leader with experience at all levels of government, and a skilled problem-solver and team builder.

Louise Matson

(White Earth)

Executive Director Division of Indian Work

Louise Matson (White Earth) has been Executive Director of the Division of Indian Work, a non-profit serving the Minneapolis Indian community, since 2015. Her educational background is in elementary education. She has done a lot of work on education-related initiatives including serving as a founding board member (and current chair) for the Bdote Learning Center and a member of the Phillips Indian Educators. She has also contributed to projects related to sexuality education/teen pregnancy prevention and preventing commercial tobacco use, among others.

Jamie McDaniel

Grants Manager Association of American Indian Physicians

Jamie McDaniel began working with AAIP in 2011 on a diabetes project, and is now coordinating the following AAIP projects: Expanding Tribal Public Health Workforce Capacity, Strengthening School Health Programs in Tribal Schools, Tribal Grant Writing Training, and Million Hearts: Hypertension Control Improvement in Indian Country. In addition, she is working with the American College of Rheumatology to help build sustainable lupus awareness, knowledge, skills, and partnerships for American Indian/Alaska Native providers. She has a Bachelor's degree in Business Administration, and a Master's degree in Family & Child Studies.

Simon McNabb

**Senior Advisor
CDC Office of Chief Technology Officer**
Simon has worked for over 20 years in public and environmental health at both the Environmental Protection Agency and the Centers of Disease Control and Prevention. In his capacity of Senior Policy Advisor for the Office on Smoking and Health, CDC he works closely with the Office of the Assistant Secretary for Health and the Office of the Surgeon General to coordinate tobacco control activities across the Department of Health and Human Services. Simon has

helped develop and release Surgeon General Reports, including the landmark 2014 50th anniversary report as well as those on secondhand smoke and on youth tobacco use. Simon lead the EPA's Secondhand Smoke efforts from 1998-2003, helping to design their Smoke-Free Homes campaign and participating in the development of the U.S. Government's secondhand smoke position during the negotiations for the Framework Convention on Tobacco Control. Simon brings his extensive experience working with other federal departments and agencies, including the EPA and HHS regional offices to the ReImagine HHS Optimize Regional Performance Initiative.

Cynthia McOliver

Special Assistant to the Office Director and Deputy Director U.S Environmental Protection Agency, Office of Research and Development, Office of Science Policy

Cynthia is the Special Assistant to the Office Director and Deputy of the Office of Science Policy (OSP) in EPA's Office of Research and Development (ORD). She provides overall management support and scientific expertise on a variety of science policy and science coordination issues, including regional science, Tribal Science and Public Health. She previously served as a Project Officer in EPA's National Center for Environmental Research (NCER) where she coordinated, developed and managed multimillion-dollar interdisciplinary extramural scientific research grants, including Tribal Health. Prior to joining NCER, she was an Association of Schools and Programs of Public Health (ASPPH) Fellow in EPA's Office of Water. She holds a PhD in Environmental Health Sciences with a specialization in Water Sciences and the Risk Sciences and Public Policy from Johns Hopkins Bloomberg School of Public Health, an MPH in Public Health with a concentration in Community Health from the University of Texas Health Sciences Center.

Alicia Miller

Health Grants Administrator/ Strategic Communications Coordinator

Absentee Shawnee Tribal Health System
Alicia (Aly) Miller is the Health Grants Administrator/Strategic Communications Coordinator for the Absentee Shawnee Tribal Health System. She has worked in administrative capacities within Tribal entities for approximately 18 years and she brings a broad knowledge base in areas of self-governance; grants management; Tribal administrative processes, and research and policy development. She holds a BA from the University of Oklahoma and has earned two (2) Master's degrees in Management and in Business Administration. Mrs. Miller is involved in a number of local (Tribal) committees and boards with a focus of improving Native communities. She

currently resides in the Shawnee, Oklahoma, with her husband and 2 children.

Michelle Miller

Deputy Director HUD - Office of Lead Hazard Control and Healthy Homes

Michelle Miller is the Deputy Director for HUD's Office of Lead Hazard Control and Healthy Homes. She has also held the positions of Director for the Programs Division as well as the Regions 7 and 8 Healthy Homes Representative. She previously served as the Director of the Kansas Dept of Health and Environment's Healthy Homes and Lead Hazard Prevention Program. Prior to KDHE, Ms. Miller held various roles directing and leading other City/County environmental public health programs in capacity building, grants management, policy development, and program evaluation. Ms. Miller grew up in Minnesota and currently lives in Burke, Virginia

Elton Naswood

(Navajo Nation)

Senior Program Analyst Office of Minority Health Resource Center

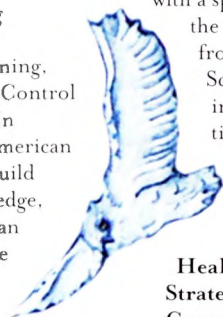
Elton is of the Near to the Water People Clan, born for the Edge Water People Clan, his maternal grandfather's clan is of the Mexican People, his paternal grandfather's clan is of the Tangle People, this is how he is Navajo, Dine. Mr. Naswood is a Senior Program Analyst, Capacity Building Division at the Office of Minority Health Resource Center, a nationwide service of the Office of Minority Health. He previously was a Capacity Building Assistance Specialist at the National Native American AIDS Prevention Center and was the Founder and Program Coordinator for the Red Circle Project, AIDS Project Los Angeles.

Sherri Newago

(White Earth Band of Ojibwe)

Methamphetamine and Suicide Prevention Initiative Project Coordinator Cass Lake Indian Health Service Hospital

Sherri L. Newago is the MSPI Project Coordinator with the Cass Lake Indian Health Service hospital located on the Leech Lake Band of Ojibwe reservation in Minnesota. She has been living and working in the community for the past 16 years. She is a member of the White Earth Band of Ojibwe. Her motivation and passion is working with youth and being an advocate for community prevention. She develops and implements culturally appropriate prevention and intervention strategies to address suicide ideations, attempts, and contagions in the community.



Presenters *continued*

Patricia Nez Henderson

(Navajo Nation)

Vice-President

Black Hills Center for American Indian Health

Dr. Patricia Nez Henderson, a member of the Dine (Navajo) Tribe, serves as the Vice President for the Black Hills Center for American Indian Health, an American Indian nonprofit health organization located in Rapid City, South Dakota. Dr. Nez Henderson received her Bachelor of Science degree in Biochemistry from the University of Arizona and earned a Master of Public Health degree from Yale University. In 2000 Dr. Nez Henderson became the first Navajo woman to graduate from the Yale University School of Medicine. Dr. Nez Henderson is one of the leading authorities on tobacco control in American Indian communities.

Crystal Ng

Assistant Professor

University of Minnesota Dept. of Earth Sciences

Crystal Ng is an Assistant Professor in the Department of Earth Sciences at the University of Minnesota. Her work focuses on how different aspects affecting the hydrologic cycle including the atmosphere, plants, soil, microbial activity, and geochemistry interact with each other. Understanding the links between these elements helps us explain how the environment will respond to changing conditions, including climate change impacts, land use, and contamination. She uses computer models to describe dynamic connections at the land surface, unsaturated zone, and groundwater aquifers, and statistical methods that merge models with data to provide more reliable and informative insights.

Bobbi Outten

(Anishinaabe)

Director of Family Wellness Warriors Initiative

Southcentral Foundation

Bobbi Outten, Director at Southcentral Foundation's (SCF) Family Wellness Warriors Initiative (FWWI), is Anishinaabe from White Earth Reservation and grew up in Haines, Alaska. As a healthcare professional and trainer/facilitator with more than 20-plus years of professional experience, dual master's degree in the helping profession, and as the Director of the Family Wellness Warriors Initiative, Bobbi offers a unique combination of clinical, leadership, instructional/public-speaking experience and Alaska Native healthcare expertise. As a statewide education and training program designed by the Alaska Native people to address domestic violence, child sexual abuse and child neglect, Bobbi was key in developing this prevention program, employing a

unique approach using a culturally centered resiliency model to provide intensive education and trainings to reduce the cycle of abuse in the Native community. Over the course of her tenure as the Director of FWWI, Bobbi developed leadership, operations, evaluation measures and program components within the management and staff ranks of the SCF health system and has consistently delivered exceptional outcomes.

Dave Panama

(Jemez and Zia Pueblo)

Director of Administrative Services Santo Domingo Health Center

Mr. Dave Panama is from Jemez and Zia Pueblo and is the Chief Clinical Operations Officer at the Santo Domingo Health Center, a Tribal 638 health care facility in Santo Domingo Pueblo, New Mexico. He earned his Bachelor of Science in Nursing from New Mexico State University and has many years in the health care field, both in clinical and administrative roles. He is also the Albuquerque Area Representative for the CMS Tribal Technical Advisory Group and proud recipient of the 2015 IHS Director's Award and 2017 NIH National Impact Award.

Erin Parker

Research Director and Staff Attorney Indigenous Food and Agriculture Initiative

Erin currently serves as the Research Director of the Indigenous Food & Agriculture Initiative at the University of Arkansas School of Law, where she supports the Initiative through program development, research and writing, and analysis of legislative and regulatory issues affecting Tribal governments, businesses, and individual producers. The bulk of her professional work centers on the tension between the tectonic plates of food & agricultural law and federal Indian law, and as part of this work, she will be part of a team of Initiative attorneys developing a Tribal Model Food & Agriculture Code. Most recently, she authored the 2015 InterTribal Food Systems Report, which lifts up nearly one-hundred different innovative food systems programs doing work across Indian Country.

Martha Pearson

Director, Health Promotion SouthEast Alaska Regional Health Consortium

Martha Pearson is the Director of Health Promotion at SouthEast Alaska Regional Health Consortium (SEARHC). Her position is dedicated to establishing and enhancing health promotion strategies in the entire region of Southeast Alaska. SEARHC's model is to strengthen clinical systems to promote access to Quality Clinical Care and to promote and sustain traditional foods and health lifeways. Martha also works with geographically diverse communities in southeast Alaska to support local organizations making policy level changes in Active Living, Tobacco Prevention and Healthy

Eating. Finally, Health Promotion Division provides educational opportunities for the clinical staff and community members of southeast Alaska to ensure evidence-based, health informed choices.

Justin Peglowski

Director of Behavioral Health Seneca Nation Health System

LCDR Justin Peglowski is the Director of Behavioral Health with the Seneca Nation Health System (SNHS). Justin is a board certified, Licensed Clinical Social Worker and Licensed Independent Chemical Dependency Counselor. Justin is currently serving on active duty with the United States Public Health Services (USPHS). Justin has been stationed in the Emergency Department at Womack Army Medical Center, Ft. Bragg, NC. Additionally, prior to joining the SNHS, Justin was stationed with IHS, Phoenix Area Office, Nevada Skies Youth Wellness Center which serves as a regional youth treatment center for adolescent males struggling with substance use and other co-occurring disorders.

Matt Pendleton

(Lower Sioux Indian Community)

Recreation Center Director Lower Sioux Indian Community

Mat Pendleton is the Recreation Center Director for the Lower Sioux Indian Community and one of the subjects of the documentary, *Reclaiming Sacred Tobacco*. He enjoys playing basketball and working on the traditional art of quilling. He enjoys teaching his learnings to the community especially to his children and other youth. As a member of the Lower Sioux Community, Mat works hard to help educate the community on traditional tobacco and the hazards of commercial tobacco.

Sara Peterson

(Ho-Chunk Nation)

Health and Wellness Coordinator Ho-Chunk Nation Department of Health

Sara Peterson is a Ho-Chunk Tribal member from the Bear clan. She has a Bachelors in Business Management and an Associates in Accounting. Sara works closely with the Tribal members in the Ho-Chunk Nation in her current position as the Health and Wellness Coordinator for the Ho-Chunk Health Department. Her main focus is reducing the prevalence of Type 2 Diabetes and obesity by incorporating healthy traditional lifeways as well as implementing cultural teachings into the wellness programs. Her passion and platform is youth empowerment and youth health. Through her position she is able to make positive changes in her communities and youth have opportunities to be active, learn their culture and heritage and grow up in an environment that nourishes not only their bodies but also their spirits. She is the mother of three beautiful children and is a lifelong resident of Wisconsin. She loves to travel to other Tribes throughout the United

Presenters continued

States and share her knowledge on incorporating culture into wellness programs, as well as to be in a state of constant listening and learning.

Melanie Plucinski

(Bad River Band of Lake Superior Chippewa)

Prevention and Policy Manager American Indian Cancer Foundation

Melanie is an enrolled member of the Bad River Band of Lake Superior Chippewa. She holds a Master of Public Health degree in Policy and Administration from the University of Minnesota School of Public Health. She is the former Legislative Director of the Minnesota Indian Affairs Council and also worked for the Department of Human Services. At the American Indian Cancer Foundation Melanie works across multiple projects with a special emphasis on policy, systems and environmental change to advance Tribal health equity, cancer prevention, and healthy norms.

Meghan Porter

Maternal and Child Health Epidemiologist

Great Lakes Inter-Tribal Epidemiology Center, Great Lakes Inter-Tribal Council, Inc.

Meghan Porter, MPH is the Maternal and Child Health Epidemiologist at the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) (a program of the Great Lakes Inter-Tribal Council, Inc.), which serves the Tribes and urban Indian communities in Michigan, Minnesota, Wisconsin, and Chicago. Her epidemiological work is rooted in community-based public health, with the goal of supporting communities as they strive to increase health equity, and is also guided by the life course perspective, emphasizing the temporal and social processes that affect health across time, especially as articulated by the indigenous seven generations philosophy.

Julie Ralston Aoki

Director, Healthy Eating/ Active Living Programs Public Health Law Center

Julie Ralston Aoki, JD, Director of Healthy Eating and Active Living at the Public Health Law Center, works with Tribal public health advocates and Tribal, state, and local communities in developing culturally relevant and tailored laws and policies to promote healthy food systems, active living, and reduce use of harmful tobacco. She specializes in policies to support access to healthy food, improve the nutritional quality of foods available in public settings, and reduce health inequities. She has taught public health law as an adjunct professor, and is past president and current member of the Minnesota Community Health Workers Alliance Board.

Stacy Rasmus

Associate Research Professor University of Alaska, Fairbanks

Stacy Rasmus received her Ph.D. in anthropology from the University of Alaska Fairbanks in 2008, and is an associate research professor at Institute of Arctic Biology and the College of Rural and Community Development as well as the interim director of the Center for Alaska Native Health and Research at the Institute of Arctic Biology. She is trained in social and behavioral sciences, with specific expertise in the translation of Indigenous knowledge and practice into community-driven, culturally centered health interventions. She leads several federal grants that focus on increasing strength and resilience and reducing risk for substance-use disorders and suicide in American Indian and Alaska Native communities.

Kendra Roland

(Mandan, Hidatsa & Arikara Nation)

Program Manager

Great Plains Breast and Cervical Cancer Early Detection Program

Kendra is an enrolled member of the Mandan, Hidatsa & Arikara Nation. She received her bachelor's degree in Biology in 2012 and her Master of Public Health with an emphasis in population health from the University of North Dakota in 2015. Kendra is the Program Manager for the Great Plains Breast and Cervical Cancer Early Detection Program, a part of the Prevent Programs within the Great Plains Tribal Chairmen's Health Board, located in Rapid City, SD.

A-dae Romero-Briones

(Cochiti/Kiowa)

Director of Programs

Native Agriculture and Food Systems

A-dae became Director of Programs - Native Agriculture and Food Systems in 2017, after first joining First Nations as Associate Director of Research and Policy for Native Agriculture. She formerly was the Director of Community Development for Pōlani Lāna'i in Hawaii, and is also the co-founder and former Executive Director of a nonprofit organization in Cochiti Pueblo, New Mexico. A-dae worked for the University of Arkansas School of Law Indigenous Food and Agricultural Initiative while earning her LL.M. degree in Food and Agricultural Law. Her thesis was on the Food Safety Modernization Act as it applied to the federal-tribal relationship. She wrote extensively about food safety, the Produce Safety rule and tribes, and the protection of tribal traditional foods. A U.S. Fulbright Scholar, A-dae received her Bachelor of Arts degree in Public Policy from Princeton University, and received a Law Doctorate from Arizona State University's College of Law, in addition to her LL.M. degree in Food and Agricultural Law from the University of Arkansas.

Yvette Roubideaux

(Rosebud Sioux/Standing Rock Sioux)

Director, Policy Research Center National Congress of American Indians

Yvette Roubideaux, MD, MPH is the Director of the Policy Research Center at the National Congress of American Indians. She served in the Obama Administration as a Senior Advisor to the HHS Secretary for American Indians and Alaska Natives and as the Director of the Indian Health Service (IHS). She is an Adjunct Professor in the Department of Health Systems, Management and Policy at the Colorado School of Public Health and her previous academic appointments include Clinical Professor and Associate Dean for Diversity, Inclusion and Leadership at Washington State University, and as an Assistant Professor at the University of Arizona. Dr. Roubideaux served as the co-director of the Coordinating Center for the IHS Special Diabetes Program for Indians Diabetes and Cardiovascular Disease Prevention Demonstration Projects, directed training programs to encourage American Indian and Alaska Native students to enter health and research professions, is a founder of the Native Research Network, Inc., and served as President of the Association of American Indian Physicians. Dr. Roubideaux received her undergraduate, medical and public health degrees at Harvard.

Amber Ruffin

(Mandan, Hidatsa and Arikara Nation, Ojibwa)

Cancer Equity Manager

American Indian Cancer Foundation

Amber Ruffin is an enrolled member of the Mandan, Hidatsa and Arikara Nation of North Dakota and a descendent of Keweenaw Bay Band of Ojibwa. As the Cancer Equity Manager at AICAF Amber works across multiple projects to create urban and Tribal health systems change to improve cancer prevention and screening rates. It is Amber's passion to work with and for the American Indian community to raise awareness about the existing health inequities, their causes and methods for improving the state of health.

Laura Sawney

(Cherokee Nation)

Compliance Officer/ Credentialing Specialist

Osage Nation

Laura graduated from OU Health Sciences Center with a Masters in Public Health and shortly after graduation she became Certified in Public Health. Laura has worked in Tribal health and public health since 2006. She worked for her Tribe, Cherokee Nation for over 8 years. Five of those years were dedicated to developing a public health infrastructure within Cherokee Nation as she played a lead role in helping Cherokee Nation achieve PHAB accreditation. Laura is currently working for Osage Nation with an array of clinical and population health projects with goals of promoting the

Presenters continued

collaboration of primary care and public health. She is a proud mother of 4 children ranging in ages of 1-19.

Michelle Schulte

(Red Cliff Band of Lake Superior Chippewas)

Project Director

Inter-Tribal Council of Michigan

Believing that anything is possible is a mantra that has motivated Michelle in every aspect of her life. She knows there is more than one way to accomplish anything and prefers the role of facilitator or coach versus the traditional teacher. Michelle is of mixed ancestry and member of Red Cliff Band of Lake Superior Chippewas. She is a life-long learner having earned degrees in education, sports/health, and Anishinaabe language (AAS, BS, BA, & MA). A large part of her career has been developing programs (inception-implementation-evaluation). Michelle's efforts as a Project Director at Inter-Tribal Council of Michigan include work with Tribal Communities in Michigan to increase collective impact in early childhood systems and food access requiring strong communication and awareness.

Dean Seneca

(Seneca Nation of Indians)

Director

Great Lakes Inter-Tribal Epidemiology Center

Dean S. Seneca, MPH, MCURP, is the Director of the Great Lakes Inter-Tribal Epidemiology Center. Previously served as a Senior Health Scientist at the Centers for Disease Control and Prevention (CDC). Mr. Seneca has often gone "the extra mile" and participated in many deployments to serve a diversity of public health needs globally. In January of 2015, he completed a six-week assignment "fighting Ebola" as a lead health scientist on the epidemiology team in Sierra Leone, Africa. He is former Director of the ATSDR, Office of Tribal Affairs addressing complex environmental health issues that pertain to American Indian/Alaska Native populations.

Alana Shaw

Environmental Coordinator

Village of Wainwright

Dr. Alana Shaw is the Environmental Coordinator for the Village of Wainwright, a federally-recognized Tribe situated along the shores of the Chukchi Sea. Alana has a background in Environmental Science and Policy and earned her PhD in Integrative Conservation and Geography from the University of Georgia. Alana currently manages the Tribe's EPA-funded IGAP program and the villages Climate Ready Tribes project through NHTB. She is working to ensure that community members are able to safely maintain their subsistence lifeways in the context of a rapidly changing Arctic.

Michelle Singer

(Navajo Nation)

Senior Research Assistant - Native

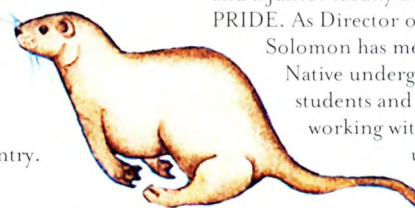
STAND Project Manager

Center for Healthy Communities

- Oregon Prevention Center,

OHSU-PSU School of Public Health

Michelle Singer, Senior Research Assistant, OHSU-PSU School of Public Health and Project Manager, Center for Healthy Communities core research project, Native STAND (Students Together Against Negative Decisions) Dissemination, Implementation and Evaluation Project. The Center for Healthy Communities is one of 26 CDC-funded Prevention Research Centers across the nation. Oregon's PRC is committed to addressing the health promotion and chronic disease prevention needs of AI/ANs, and other underserved communities through community-based participatory research, training opportunities, program dissemination, and research evaluation activities. Michelle's professional experience spans over 25 years of experience in education, research, government affairs and community engagement in Indian Country.



Laura Sioux Roberts

(Anishinaabe)

Clinic and Community

Health Coordinator

American Indian Cancer Foundation

Ms. Roberts is Anishinaabe from the Red Lake Nation and Dakota from the Santee Nation. She earned her BA degree in Psychology and Justice & Peace Studies at the University of St. Thomas in 2016. Throughout her four years at the University of St. Thomas, Laura served as both an intern for the Justice and Peace Studies department and a coordinator for the Students for Justice and Peace club on campus. She also served as a Peer Consultant with the Center for Writing, where she offered support to students in developing their writing skills. Laura is committed to supporting youth and healing in the American Indian community. Laura's foremost goal is both to teach and be taught, to learn from her community in order to continue on a strong, healthy path and to help her people. As the Health Programs Specialist at AICAF, Laura provides support to the Eliminating Health Disparities Initiative. Through her work, Laura hopes to increase the number of American Indian women who are screened for cervical cancer.

Stella SiWan Zimmerman

President

ACET Inc.

Stella SiWan Zimmerman is the President of ACET, an evaluation firm that Great Plains Tribal Chairmen's Health Board has collaborated with since 2014. Stella is passionate about providing quality evaluation services tailored to the needs of our Tribal communities while building evaluation capacity

to use data and feedback to strengthen programs.

Teshia Solomon

(Choctaw Nation)

Director

Native American Research and Training Center

Dr. Teshia Solomon (Choctaw) was appointed Director of the Native American Research and Training Center (NARTC) in 2010 and has over 15 years of experience in health-related research involving minority populations. She is Associate Professor in the Dept. of Family Community Medicine at the University of Arizona College of Medicine. Currently, she is the Principal Investigator for two training projects, the American Indian Research Center for Health (AIRCH) and the Indians Into Medicine (INMED) program, and is co-investigator on two others, the Post baccalaureate Research Education Program, and a junior faculty development program, PRIDE. As Director of NARTC, Dr.

Solomon has mentored numerous Native undergraduate/graduate students and spearheaded efforts working with reservation and urban Native communities in cancer prevention and control, working

to build the community capacity with Tribal leaders in Arizona. Dr. Solomon ensures that Native students and Native researchers not only have a voice at the University level but also at the National level.

Lancer Stephens

(Wichita and Affiliated Tribes of Oklahoma)

Director of Outreach

Oklahoma Shared Clinical and Translational Resources

Lancer Stephens is an enrolled member of the Wichita and Affiliated Tribes of Oklahoma through his father and also half Muscogee (Creek) through his mother. He is an Assistant Professor at the College of Public Health and the Director of Outreach for the Oklahoma Shared Clinical and Translational Resources Institute, both on the University of Oklahoma Health Sciences Center Campus. Dr. Stephens has been with the University since 2001 and has spent the majority of his work alongside the 38 federally-recognized Tribe of Oklahoma in developing Tribal/university research partnerships to help overcome multiple health disparities through grant funding.

David Stone

Education Services Manager

Public Health Accreditation Board (PHAB)

David Stone is the Education Services Manager with the Public Health Accreditation Board or PHAB. David directs the development of educational services for PHAB including training, learning events, continuing education, webinars and online modules. His BS was in Zoology with a

Presenters *continued*

MS in Health Administration & Wellness. He became certified in Learning and Performance in 2015.

Prior to his current position, David was Accreditation Administrator for the North Carolina Local Health Department Accreditation Program. David has over 33 years of public health experience. He spent over nine years in local public health serving as Assistant Health Director in Appalachian District Health Department and as Health Director in Surry County.

Luther Talks

Tribal Youth Suicide

Prevention Coordinator

Minnesota Department of Health

Luther C. Talks is the Tribal Youth Suicide Prevention Coordinator with the Minnesota Department of Health. He is Mnicoujou Plants by the Water Lakota from the Cheyenne River Sioux Tribe, located in South Dakota. He was born and raised on the reservation and considers himself a natural helper. His passion is to improve health disparities in Tribal communities. He assists Tribal communities with strategic planning, training, and technical assistance in suicide prevention. He is a trainer for QPR, safeTALK, ASIST, and Mental Health First Aid.

Chris Tall Bear

(Cheyenne River Sioux Tribe)

Program Manager, Good Health and Wellness in Indian Country

Southern Plains Tribal Health Board

Chris Tall Bear is a full-blood Cheyenne and has been involved both traditionally and culturally with his Southern Cheyenne people his entire life. Chris has a Bachelor's in Native American Studies from the University of Oklahoma and a Master's of Legal Studies from the University of Oklahoma, College of Law. Chris has been with the Southern Plains Tribal Health Board (formerly the Oklahoma City Area Inter-Tribal Health Board) since 2011. Chris is the Program Manager for the Good Health and Wellness in Indian Country grant funded by the Centers for Disease Control.

Rebecca Van Wyck

Research Associate, Institute for Circumpolar Health Studies

University of Alaska, Anchorage

Rebecca has more than 10 years of experience in the environmental sciences, including work at the US Geological Survey Water Resources Division, and a private environmental consulting firm. She most enjoys working with data sets and interpreting the story within the numbers. Her

investigations include the subjects of river flow, water quality, meteorology, and air quality, but now she is excited to have the opportunity at the Institute for Circumpolar Health Studies to match observations within our physical environment with social, economic, and health implications. Rebecca earned her BS in environmental science from Antioch College in Yellow Springs, Ohio. When not exploring data, she enjoys exploring Alaska by boat, plane, bike, and ski, and conversing in rusty Spanish or beginner Russian.

Kamila Venner

(Athabaskan Tribe)

Assistant Professor, Psychology University of New Mexico

Kamilla Venner, Ph.D. is a member of the Athabaskan Tribe and is and Assistant Professor of Psychology at the University of New Mexico. She has conducted research testing the effectiveness of motivational interviewing (MI) treatment with American Indians. She provides training on MI and other approaches to address improving health, including substance abuse. Her research focuses on improving the alarming substance use related health disparities for American Indian/Alaska Natives while balancing the focus on cultural strengths and high rates of abstinence from substances. One avenue to improved outcomes has been to culturally adapt evidence-based treatments in partnership with AI/AN communities. Another line of research has been elucidating the path to resolving alcohol dependence.

Gerald Wagner

(Blackfeet Nation)

Director

Blackfeet Environmental Office

Mr. Wagner has been Program Director for the Blackfeet Environmental Office for the last 20 years. He has served on the National Tribal Operations Committee for over 20 years and presently sits on the executive committee. He is a member of the Region Eight Tribal Operations Committee, NTC liaison to the RCRA Director Committee and the Environmental Council Of the States. An enrolled member of the Blackfeet Nation, Wagner received an AA in Math and Science from Little Big Horn Community College and studied at Montana State University majoring in Biology and minoring in Native American Studies. He has supervised various environmental media grants ranging from Air Quality, Water Quality, Wetlands, Solid Waste, Radon, Lead Paint, to Non-Point Source and Leaking Underground Storage Tanks. He serves as one of 27 Tribal Environmental

representatives to Region Eight EPA offices in Denver and as Montana's Tribal environmental representative to the American Indian Environmental Office in Washington D.C. These two committees work hand in hand to help resolve national and regional Tribal environmental concerns, as well as trying to impact environmental policy and increase the funding that supports Tribal environmental programs.

Anne Walaszek

(White Earth Band of Ojibwe)

Clinic & Community Health Manager American Indian Cancer Foundation

Anne Walaszek is an enrolled member of the White Earth Band of Ojibwe. Ms. Walaszek leads the clinic and community health program that engages American Indian health systems with quality improvement strategies and partnership building.

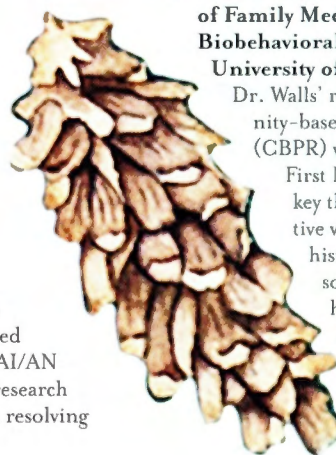
Melissa Walls

(Bois Forte and Couchiching First Nation)

Associate Professor, Department of Family Medicine and Biobehavioral Health

University of Minnesota, Duluth

Dr. Walls' research involves community-based participatory research (CBPR) with American Indian and First Nations communities. A key theme in her collaborative work is to understand the historical and contemporary social determinants of health/mental health for Indigenous individuals and families. Current and previous projects include funding from the National Institutes of Health and the Public Health Agency of Canada.



Colin Welker

Prevention and Policy Coordinator American Indian Cancer Foundation

Colin holds a Bachelor of Science from Central Michigan University in Public Health Education. His previous experience includes working in tobacco prevention and cessation. At AICAF, he provides technical assistance to AI/AN communities and organizations in developing policy, systems and environmental change to promote health equity and cancer prevention. Colin is passionate about engaging and empowering community members to make positive, sustainable changes.

Melissa Wheeler

(Navajo Nation)

Research Specialist National Indigenous Elder Justice Initiative Innovation

Presenters *continued*

Melissa Wheeler, is the Research Specialist for the National Indigenous Elder Justice Initiative (NIEJI) Innovation program at the Center for Rural Health (CRH) at the University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks. Melissa is an enrolled member of the Navajo Nation in Arizona. She coordinates and facilitates data collection and data analysis for the Native Elder Maltreatment Survey. Melissa also works to disseminate and expand the knowledge base of the research she conducts. She enjoys collaborating with local and national Tribes in addressing behavioral health issues.

Dena Wilson

(Oglala Lakota Tribe)

Clinical Consultant

Division of Diabetes Treatment and Prevention, IHS

Dr. Wilson is a board certified cardiologist and a member of the Oglala Lakota Tribe from Pine Ridge, SD. Dr. Wilson completed her cardiovascular training at the University of Arizona in 2009. She has worked with the Native American Cardiology Program and the Phoenix Indian Medical Center as a clinical cardiologist. She is currently the Clinical Consultant for the Division of Diabetes Treatment and Prevention and the Chief Clinical Consultant for Cardiology for the Indian Health Service.

Peter Wilson

(Cayuga Nation)

Supervisor of Seneca Strong

Seneca Nation Health System

Peter Wilson is a member of the turtle clan. He is Supervisor for Seneca Strong, a peer recovery service provider. Peter has worked in the medical field for fourteen years. For the last seven years Peter has worked and volunteered in the community, working as a Medical Assistant in the health department at LRJHC, a Seneca Nation Marshal and volunteered as an EMT/firefighter for AIRVFD. In these positions Peter has been able to help, assist, & listen to our nation and community members which have greatly influenced his life. Peter takes great pride in knowing that he is helping his community, one person at a time.

Kimberly Yazzie

(Navajo Nation)

HPDP Manager

Winslow Indian Health Care Center

Kimberly Yazzie, Navajo, of Teesto AZ. Kim is the Health Promotion Disease Prevention Department Manager, with Winslow Indian Health Care Center for more than two years. She obtained her Bachelor of Science Degree in Public Health from Northern Arizona University in 2014 and currently obtaining her Masters of Public Health from

Grand Canyon University. She has over fifteen years of experience in Public Health with Tribal organizations, IHS, and 638 Health Care facility. She enjoys working in health care, by implementing positive social and physical environment and promoting good health for all.

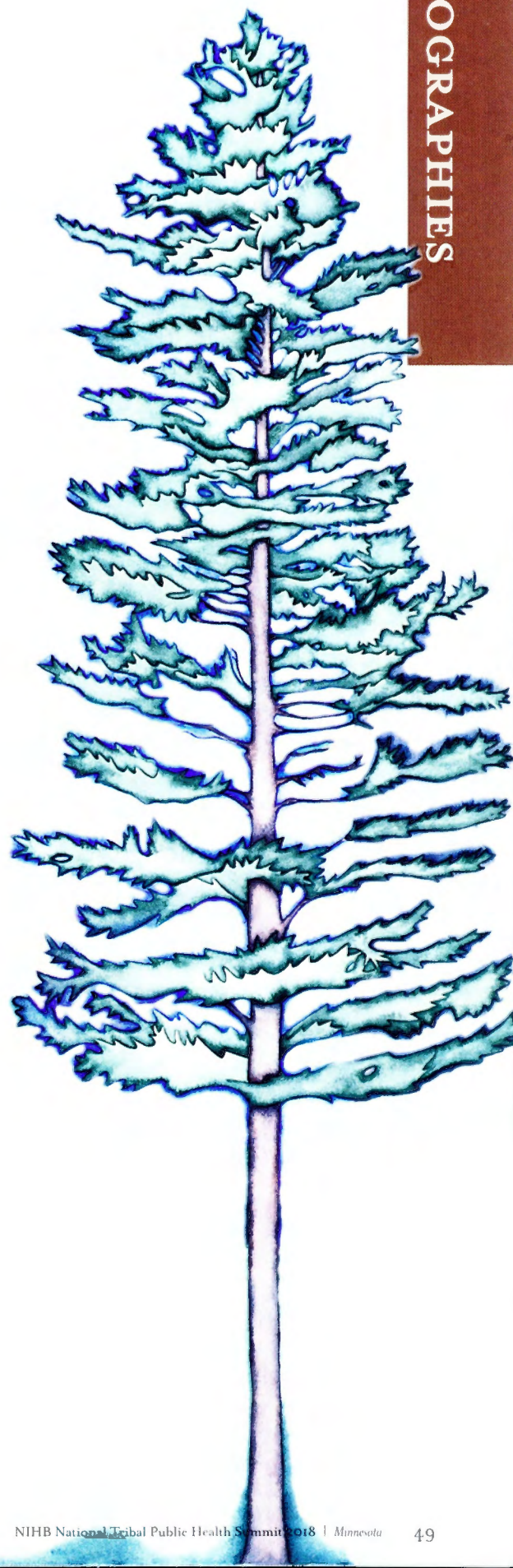
Shaquilla Yazzie

(Navajo Nation)

Planner

Navajo Nation Department of Behavioral Health Services

ShaQuilla Yazzie, an enrolled member of the Navajo Nation is Planner with the Navajo Nation Department of Behavioral Health Services. Ms. Yazzie serves as the primary contact person for Building Communities Hope (BCOH) Team, Yazzie communicates and plans with schools and communities to arrange for BCOH and Being Resilient and Coping with Stress presentations to be provided. Ms. Yazzie confirms logistical details of the presentation and ensures the presenters and technical staff are organized and prepared to present BCOH at the highest quality to reduce suicide and substance misuse.



SUMMIT INFORMATION



REGISTRATION

The registration desks are located in front of the Waconia Rooms.

Registration desk hours are:

Monday May 21, 2018 — 2:00 pm to 6:00 pm

Tuesday May 22, 2018 — 7:00 am to 6:00 pm

Wednesday May 23, 2018 — 7:00 am to 5:00 pm

Thursday May 24, 2018 — 7:00 am to 12:00 pm

EXHIBIT HALL & MARKETPLACE

The exhibit hall and marketplace featuring booths from public health programs and entities as well as talented Native artisans is located in Waconia 1 & 2 of the Mystic Lake Center.

The hours for the exhibit hall are:

Exhibitor and Vendor Set-up — Tuesday, May 22, 2018 — 8:00 am to 12:00 pm

Exhibit Hall Open — Tuesday, May 22, 2018 — 7:00 am to 6:00 pm

Exhibit Hall Open — Wednesday, May 23, 2018 — 7:30 am to 6:00 pm

Exhibit Hall Open — Thursday, May 24, 2018 — 7:30 am to 5:00 pm

LOST AND FOUND

The lost and found for the Summit will be housed at the Registration Desks. All unclaimed items in the lost and found still remaining at the end of the Summit will be donated.

AGENDA CHANGES

Should any last minute changes occur in the agenda, NIHB will do our best to notify participants as soon as possible. Changes to the Summit agenda will be posted daily by the registration desk and reflected in the conference app. Announcements regarding changes in the agenda may be made during the plenary sessions, when possible.

CONFERENCE BADGES

Official National Indian Health Board 9th Annual Tribal Public Health Summit name badges will be issued to each participant upon registration. Please be sure to wear your conference name badge at all times as it is your passport to enter all conference activities, plenary sessions, workshops and scheduled events. NIHB staff will be spot-checking for badges throughout the Summit and may ask to view your name badge if it is not readily visible. Replacement badges can be requested at the registration desk.

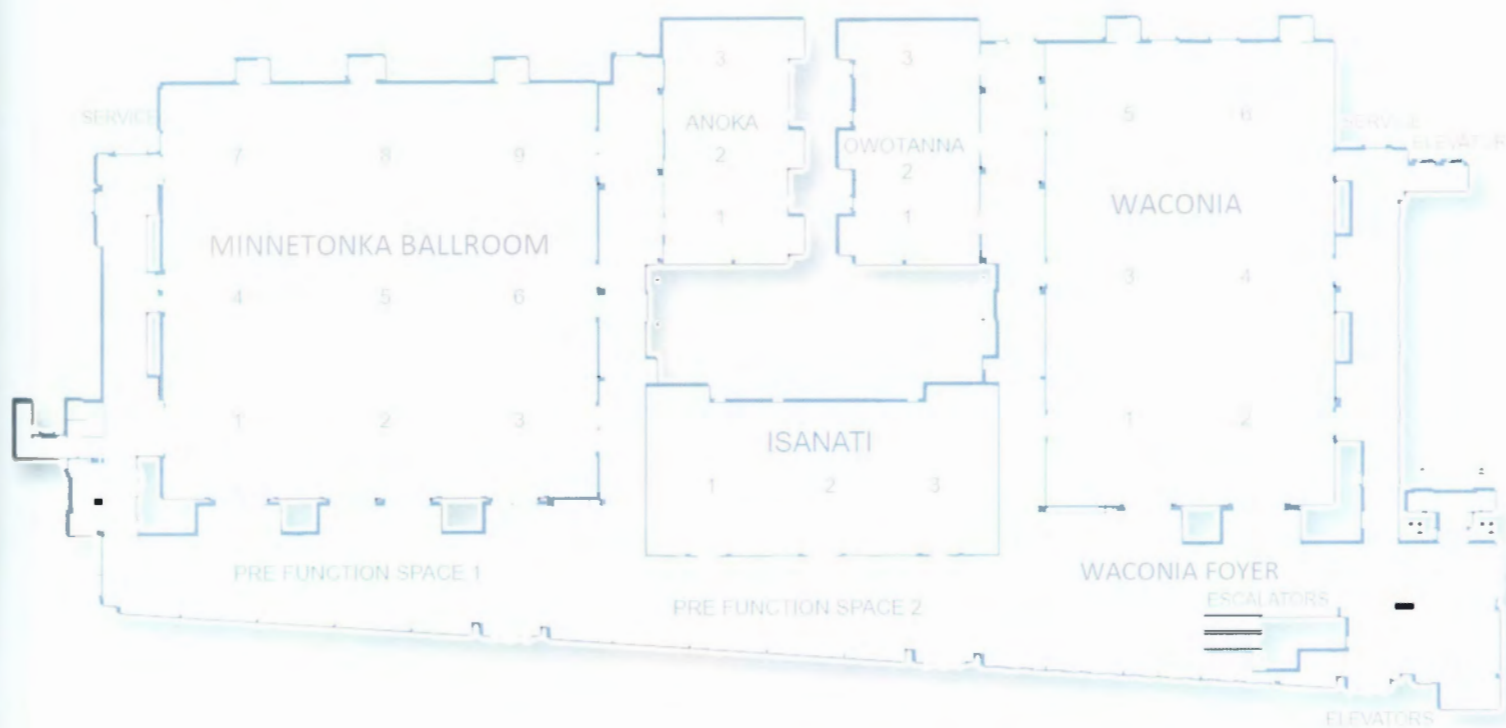
CODE OF CONDUCT

The National Indian Health Board is dedicated to providing a positive and healthy environment for our conference attendees. The National Indian Health Board Tribal Public Health Summit maintains a policy of being drug and alcohol free during all Summit-related events, meetings, plenary sessions and breakout sessions. The Board of Directors of the National Indian Health Board and staff respectfully request that all participants, exhibitors, vendors, guests, friends and family members please conduct themselves in a respectful, courteous and appropriate manner at all times to make the Summit experience enjoyable for everyone.

FLOORPLAN



Level 1




**MYSTIC LAKE
CENTER**

EXHIBITORS and VENDORS



*Visit Our Exhibitors
and Vendors*

PASSPORT to PRIZES

Visit our vendors and exhibitors for a chance to win one of three grand prizes! NIHB will hold a drawing during the closing plenary session where three lucky winners will receive a prize.

DIRECTIONS:

Get a signature from each of the exhibitors listed here and return this page to the registration table by 12:00 pm on Thursday, May 24. A drawing will be held during the closing plenary. You must be present to win!

ARTS AND CRAFTS

Good Medicine Jewelry
Growing Blue Flowers
K's Handbags and More
Monroe Designs
Native Built
Spirit Dancer
Talking Leaves

CORPORATE

ARKRAY USA
Darby Dental Supply, LLC
DataRay, Inc.
eClinical Works
GE Healthcare
Greenway Health
Premier Shockwave Wound Care
Roche Diabetes Care
ODH, Inc.
VMware

EDUCATIONAL INSTITUTIONS

Grand Canyon University
National Indigenous Elder Justice Initiative Innovation
North Dakota State University (NDSU) American Indian Public Health Resource Center
Research for Indigenous Community Health (RICH), University of Minnesota

NON-PROFIT ORGANIZATIONS

American Indian Cancer Foundation
American Indian Living Radio
Education Development Center, Inc.
Great Lakes Inter-Tribal Council
Institute for Healthcare Advancement
InterTribal Council of Michigan
Maniilaq Association
National Center for Victims of Crime
Nurse-Family Partnership
National Congress of American Indians (NCAI) Policy Research Center

TRIBAL BUSINESS

Southcentral Foundation
Tribal Diagnostics

TRIBE/GOVERNMENT

Food and Drug Administration (FDA)
FDA Center for Tobacco Products
Indian Health Service (IHS) Division of Diabetes Treatment and Prevention, Bemidji Area Office
Native American Management Services
Office of Minority Health Resource Center
Salish Cancer Center
U.S. Environmental Protection Agency (EPA) -Indoor Environments Division
Veteran's Administration (VA) Office of Tribal Government Relations

• Good Medicine Jewelry •

• Growing Blue Flowers •

• K's Handbags and More •

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• ARKRAY USA •

• Darby Dental Supply, LLC •

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• Roche Diabetes Care •

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• VMware •

• Grand Canyon University •

• National Indigenous Elder Justice Initiative Innovation •

• North Dakota State University (NDSU)
American Indian Public Health Resource Center •

• Research for Indigenous Community Health (RICH),
University of Minnesota •

• American Indian Cancer Foundation •

• American Indian Living Radio •

• Education Development Center, Inc. •

• Great Lakes Inter-Tribal Council •

• Institute for Healthcare Advancement •

• InterTribal Council of Michigan •

• Maniilaq Association •

• National Center for Victims of Crime •

• Nurse-Family Partnership •

• National Congress of American Indians (NCAI) Policy Research Center •

• Southcentral Foundation •

• Tribal Diagnostics •

• Food and Drug Administration (FDA) •

• FDA Center for Tobacco Products •

• Indian Health Service (IHS) Division of Diabetes
Treatment and Prevention, Bemidji Area Office •

• Native American Management Services •

• Office of Minority Health Resource Center •

• Salish Cancer Center •

• U.S. Environmental Protection Agency (EPA) -
Indoor Environments Division •

• Veteran's Administration (VA) Office of Tribal Government Relations •

SUMMIT NOTES

Session Title/Topic: _____ Presenter: _____

Day: Tues / Wed / Thurs AM/PM

Notes: _____

Follow-up: _____

Presenter Contact Information: _____

Session Title/Topic: _____ Presenter: _____

Day: Tues / Wed / Thurs AM/PM

Notes: _____

Follow-up: _____

Presenter Contact Information: _____

Session Title/Topic: _____ Presenter: _____

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Notes: _____

Follow-up: _____

Presenter Contact Information: _____





Behavioral Health Data Management

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SOUTHCENTRAL FOUNDATION'S TRAINING & CONSULTING SERVICES

Southcentral Foundation is an Alaska Native owned health care system that now offers **training** and **consulting** to other organizations. SCF sustains a **40%** reduction in ER visits and a **36%** reduction in hospital stays and has received two Malcolm Baldrige awards. Our experts can provide solutions on:

- Leadership and self-governance
- Customer and community engagement
- Strategy and improvement
- Trauma-informed care
- Traditional healing
- ... and more!

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EVERY CHILD IS SACRED

First Kids 1st is a national campaign to support Native youth and children so they can achieve their highest potential and thrive.

Through developing tools and resources that allow community decision makers to better support youth in the areas of education, health, welfare, and governance, partners have started a movement to put Native Kids 1st in policy and practice.

To learn how you can get involved, please visit firstkids1st.org or check us out on Facebook or twitter.



National Indian
Health Board



JULY 25-27

2018 AMERICAN INDIAN AND ALASKA NATIVE NATIONAL

BEHAVIORAL HEALTH CONFERENCE

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Between Culture
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NATIONAL INDIAN HEALTH BOARD'S 35th Annual National Tribal Health Conference

Tribal Unity to Advance the Promise of Health

Cox Convention Center & Renaissance Oklahoma City Convention Center Hotel
OKLAHOMA CITY, OKLAHOMA

National Indian
Health Board



HOST MEMBER ORGANIZATION:
Southern Plains Tribal
Health Board

