

National Indian Health Board 6th Annual Tribal Public Health Summit

Agenda

Tuesday, April 7, 2015

7:00 am-10:30 am

Exhibitor & Vendor Set-up

Grand Foyer

7:00 am-8:00 pm

Registration Open

Grand Foyer

10:30 am-5:00 pm

Exhibit Hall Open

Grand Foyer

TRIBAL LISTENING SESSIONS

9:00 am-12:00 pm

INDIAN HEALTH SERVICE LISTENING SESSION

Cahuilla B

The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people with a mission...“to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.” Indian Health Service (IHS) will host a listening session to seek Tribal Leaders’ feedback on IHS programs, activities and services. During this session there will be ample opportunity for Tribal Leaders and representatives to provide input to IHS.

2:00 pm-5:00 pm

CENTERS FOR DISEASE CONTROL AND PREVENTION LISTENING SESSION

Cahuilla B

The Centers for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC will host a listening session to gain feedback on its programs and services, and learn more about the public health needs seen in Tribal nations across Indian Country. CDC will also report on new and continuing initiatives making a positive impact in Indian Country.

PRE-SUMMIT INSTITUTES

8:30 am-11:30 am

QUALITY IMPROVEMENT INSTITUTE – PART I: THE BASICS OF QUALITY IMPROVEMENT AND CHANGE MANAGEMENT & CORE COMPETENCIES FOR INDIAN COUNTRY

Cahuilla E

Quality improvement (QI) in public health is the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. Part I of the quality improvement institute is designed to familiarize Tribal public health staff with QI processes and tools. It will help participants be better equipped to support QI processes within their Tribes. During this portion of the workshop, participants will learn more about the Plan-Do-Check-Act (PDCA) approach, how to develop an AIM statement, and document and change QI projects. An important part of documenting quality improvement is being able to describe it, so participants will learn how to apply basic QI tools including flow charts, cause and effect diagrams, force field analysis, and solution and effect diagrams. The institute will also focus on how to use the Core Competencies for Public Health Professionals as a quality improvement strategy. The Core Competencies are a consensus set of skills for the broad practice of public health. They reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. Participants will leave Part I of the institute more equipped to be a change leader in your Tribe and department.

PRESENTER: RON BIALEK, Public Health Foundation

PRESENTER: JACK MORAN, Public Health Foundation

8:30 am-4:30 pm

BEST AND PROMISING PRACTICES IN AMERICAN INDIAN PUBLIC HEALTH

Cahuilla A/F

Public health in Indian Country is a burgeoning field – growing as both the need and the capacity of Tribes increases. Tribes are creating and implementing innovative programs to address disparities in substance use, obesity, diabetes, suicide, HIV, and other areas. However, what Indian Country is lacking are the success stories and effectiveness that can be used as a springboard for broader evaluation, replication, and dissemination. This institute will feature presenters to discuss how to frame best practices, showcase unique and innovative programs, discuss opportunities that Tribes have to strengthen their programs, explore capacity building needs, and talk about how these lessons learned can be shared.

PRESENTER: DONALD WARNE, North Dakota State University State University

PRESENTER: OLIVIA ROANHORSE, Notah Begay III Foundation

PRESENTER: RENEE GOLDTOOTH, Notah Begay III Foundation

PRESENTER: ROBERT FOLEY, National Indian Health Board

8:30 am-4:30 pm

TIPS FOR DEVELOPING A RESPONSIVE APPLICATION - A GRANT WRITER AND PROJECT DIRECTOR RESOURCE

Cahuilla D

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity. HRSA awards over 6 billion dollars in federal funding on a yearly basis. HRSA staff will be present to share information on the mission of HRSA and how the nature of the work achieves its goals and objectives. Staff will also share information on the steps perspective applicants should take in applying for funding, the review process and the post awards process. Suggestions will be provided on how to strengthen applications, and how to avoid common mistakes in writing federal grants. Attendees will be encouraged to become and be provided information on becoming a HRSA Grant Reviewer

PRESENTER: DARREN BUCKNER, Health Resources and Services Administration

PRESENTER: TOM BROOKSHIRE, Health Resources and Services Administration

8:30 am-4:30 pm

METHAMPHETAMINE & SUICIDE PREVENTION INITIATIVE (MSPI) INSTITUTE

Cahuilla C

The Methamphetamine and Suicide Prevention Initiative (MSPI) Institute will be a full day of activities at the 2015 Tribal Public Health Summit that provides attendees the ability to network with other MSPI programs nationwide, learn about and practice provider self-care activities, youth-centered programming, and the integration of cultural and wise practices into western-based prevention programming. Attendees will be able to hear from guest speakers, participate in skills building activities, and engage in valuable peer-to-peer learning and networking opportunities. The MSPI Institute is a unique opportunity for MSPI Tribal partners, and is designed to meet the programming needs of MSPI projects across the country.

PRESENTER: JACKIE ENGBRETSON, National Indian Health Board

PRESENTER: REX LEE JIM, Navajo Nation

12:30 am-4:00 pm

MID-LEVEL DENTAL PROVIDER SYMPOSIUM

Star A/B

There are some very severe dental provider shortages in Indian Country. In answer to these needs, the Tribes in Alaska determined to address the problem and set about creating the Dental Health Aide Therapy program (DHAT). With the program now more than 10 years old, this Tribally-driven solution has proven to be safe, cost effective, and culturally appropriate. In that course of time, many Tribes in the lower 48 have expressed interest in replicating the program. The DHATs have a limited scope of practice and excel at what they do. They practice under the supervision of a dentist, and actually extend the reach of those dentists. Most of the DHATs in Alaska are from the Tribes they serve. For this reason, they can be counted upon to stay in the community long-term, already have connections with their patients, and know the best ways to reach and serve their communities. In addition to the practical benefits of the DHAT program, the program also demonstrates the sovereign rights of Tribal Nations to determine their own health care priorities and solutions. This session will share important information about the model so that Tribes can determine if a DHAT program might answer their needs. It will also give Tribal and community leaders the tools they need to pursue the model in the current legal and policy framework.

1:30 pm-4:30 pm

QUALITY IMPROVEMENT INSTITUTE – PART II: DEVELOP AND IMPLEMENT A SUCCESSFUL WORK FORCE DEVELOPMENT PLAN

Cahuilla E

Part II of the institute will focus on workforce planning as a process of addressing current and future needs of a department to have the right number of people with the right skills, experiences, and competencies, in the right jobs, at the right time. Workforce planning is a key element of any strategic plan since it is the people within a department who drive successful implementation of a strategic plan and overall performance. Workforce planning also is a key domain of the Public Health Accreditation Board (PHAB) accreditation standards. During this portion of the workshop, participants will learn more about the importance of having a Workforce Development Plan, current realities facing Tribes and organizations that impact development of a Workforce Development Plan, the components of an effective workforce development plan, and review relevant tools to assist with planning.

PRESENTER: RON BIALEK, Public Health Foundation

PRESENTER: JACK MORAN, Public Health Foundation

OPENING RECEPTION & SPECIAL DIABETES PROGRAM FOR INDIAN (SDPI) POSTER SESSION

6:00 pm - 7:30 pm

Cahuilla B

Please join us for an opening reception that features poster presentations by SDPI projects from across Indian Country. Light refreshments will be served.

Wednesday, April 8, 2015

7:00 am-5:00 pm
Registration Open
Grand Foyer

7:30 am-6:00 pm
Exhibit Hall Open
Grand Foyer

OPENING PLENARY

The Show Room

8:00 am-8:40 am
Opening Ceremony & Presentation of the Colors

Local Welcome

Welcome and Opening Remarks

LESTER SECATERO, National Indian Health Board Chairman and Albuquerque Area Representative

Introduction of Federal Partner Panel

REX LEE JIM, National Indian Health Board Vice Chairman Navajo Area Representative

8:40-9:40 am

Federal Partner Presentations

Tribes have a government to government relationship with the federal government and as such, federal agencies must honor that unique relationship in their interactions with Tribes. This includes considerations for how work will be conducted in Indian Country, what efforts will be prioritized, and how funding reaches Tribes. This panel will bring together leaders from one federal department and four agencies within that department. Each guest will take time to highlight the work that their department or agency is advancing in Indian Country, and then each will participate in a facilitated group discussion that will focus on workforce development, interagency collaboration, and delve deeper into special public health initiatives. At the end of the discussion, the time remaining will be allotted for questions and answers with the audience.

YVETTE ROUBIDEAUX, Department of Health and Human Services

ROBERT MCSWAIN, Indian Health Service

J. NADINE GRACIA, Office of Minority Health

JUDITH MONROE, Centers for Disease Control and Prevention

JON PEREZ, Substance Abuse and Mental Health Services Administration

9:40 am-10:10am

Panel Discussion & Audience Question and Answer

MODERATOR: CAROLYN ANGUS-HORNBUCKLE, National Indian Health Board

10:10 am-10:25am

Presentation of the Public Health Innovation Award

PRESENTER: TIM TALL CHIEF, National Indian Health Board Oklahoma City Area Representative

Public Health Innovation Award Recipient Remarks

RECIPIENT: DONALD WARNE, North Dakota State University

10:25 am-10:30am

Closing Remarks

PRESENTER: LISA ELGIN, National Indian Health Board California Area Representative

SUMMIT SESSIONS

11:00 am-11:45 am – ROUNDTABLES

AMERICAN INDIAN PARENTING: ASSESSING THE TEACHINGS

Track: Behavioral Health and Substance Use

Cahuilla E

This pilot study was designed to determine the effectiveness of an 8-week parenting curriculum for Native American parents. During the pretest we found that most parents perceived themselves to have an active parenting style which indicated that they had a family atmosphere of mutual respect, trust, and teamwork that enabled them to parent children without the hurt or resentment that characterize permissive and autocratic styles. At the conclusion of the curriculum, we found that parents self-recalled the parental procedures they would implement more so than the actual lessons and provided feedback that indicated they had a high degree of confidence in their future parental practices.

PRESENTER: JENNIFER INCIARTE, White Eagle Health Center

PRESENTER: CANDICE KEMBLE, White Eagle Health Center

**TRIBAL ADAPTATIONS TO POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE
ASSESSMENTS TO ENSURE SUCCESS IN PROMOTING CHRONIC DISEASE
PREVENTION ACTIVITIES**

Track: Disease Prevention and Health Promotion

Star B

Policy, systems, and environment (PSE) influence the long-term health of a community. The “Advancing California Opportunities to Renew Native health Systems” (ACORNS) project made adaptations to the CDC Community Health Assessment and Group Evaluation (CHANGE) Tool that measures PSEs within a community focused on chronic disease prevention; the adaptations include an indigenous framework and culturally responsive evaluation techniques. A survey was administered to measure the understanding and experience of PSEs in Tribal communities. The purpose was to gauge the experience of those connected to the ACORNS project to develop and guide a training series on PSE interventions and to assist with the CHANGE Tool adaptations that are culturally relevant. Providing a policy, systems, and environmental training and assessment tool that has wording specific to the culture and values of Tribes and Tribal sovereignty is essential to ensure that the tool can be successfully utilized and implemented into future PSE projects.

PRESENTER: NANETTE YANDELL, California Rural Indian Health Board, Inc.

PRESENTER: CHRIS COOPER, California Rural Indian Health Board, Inc.

**SHARING A CULTURE OF WELLNESS: SDPI DISCUSSION ON INNOVATIVE
DIABETES TREATMENT AND PREVENTION**

Track: Behavioral Health and Substance Use

Palm A

Congress established the Special Diabetes Program for Indians in 1997 to address the growing epidemic of diabetes in American Indian and Alaska Native communities. Together, the SDPI and the Special Diabetes Program for Type 1 Diabetes have become the most strategic, comprehensive and effective efforts to combat diabetes and its complications. The success of SDPI is due to the nature of the grant program that allows communities to design and implement diabetes interventions that address locally identified community priorities. SDPI currently provides grants for 404 programs in 35 states. This roundtable will provide a platform for stakeholders to join together and discuss diabetes data infrastructure, effective programming and the policy decisions that make SDPI grant programs possible. Participants will have the opportunity to interact with other Community-Directed, Healthy Heart, and Diabetes Prevention grantees, as well as members from the Tribal Leaders Diabetes Committee, SDPI policy advocates and federal partners.

PRESENTER: DOMINICA VALENCIA, Tribal Leaders Diabetes Committee
PRESENTER: MONICA MAYER, Elbowoods Memorial Health Center
PRESENTER: MICHELLE CASTAGNE, National Indian Health Board

TRIBAL PUBLIC HEALTH DEPARTMENT ACCREDITATION: ANSWERING THE “SO WHAT?” QUESTION

Track: Accreditation and Quality Improvement

Cahuilla D

The Public Health Accreditation Board (PHAB) accredited its first health departments in February 2013. Now there are more than 200 health departments voluntarily going through the process – of which there are only 2 Tribal health departments. This session addresses a gap in the current knowledge in Indian Country about the impact of public health department accreditation. As a learning organization, PHAB incorporated a multi-faceted evaluation plan as a means to improve its own services to health department applicants. This session will provide early findings and results from the initial internal and external evaluations, as well as some of the impact stories from accredited health departments, and supportive agencies. There will also be a detailing of NIHB's new Tribal Accreditation Support Initiative project. The session will seek out participation from attendees in a roundtable format to discuss concerns and perceptions of the pros, cons, barriers and facilitators to achieving public health accreditation.

PRESENTER: ROBERT FOLEY, National Indian Health Board
PRESENTER: RON CHAPMAN, Public Health Accreditation Board
PRESENTER: ANITA MUNETA, Navajo Nation

11:00 am-12:30 pm – WORKSHOPS

FOOD IS OUR MEDICINE

Track: Disease Prevention and Health Promotion

Cahuilla A/F

United South and Eastern Tribes (USET) Tribal Epidemiology Center (TEC), as a public health authority, partnered with the Seneca Nation of Indians to perform a program review of a healthy eating initiative as a promising best practice to reduce obesity and related chronic diseases that greatly affect Indian Country. Food is our Medicine (FIOM) is a multi-departmental program that incorporates traditional and local foods into workshops and events that focus on healthier diets, healthier families and a healthier community. USET TEC contracted outside consultants with expertise in nutrition, traditional foods and program evaluations to complete the program review, which included qualitative analysis of surveys, key informant interviews, and focus groups. The presentation will focus on the many aspects of FIOM: effectiveness, lessons learned, and opportunities for growth.

PRESENTER: KEN PARKER, United South and Eastern Tribes, Inc.

SHAPING THE FUTURE OF INDIAN CHILDREN: CHILD WELFARE LAW AND POLICY

Track: Public Health Law and Policy

Cahuilla C

Lack of Indian Child Welfare in Tribal Nation communities is a central barrier for Indigenous children to lead full and happy lives. Despite passage of the Indian Child Welfare Act in 1978, protective and adoptive placement of American Indian Alaska Native children outside of Native homes remains high even when family and Tribal homes are able and available. Recent White House and U.S. Department of Justice actions and U.S. Supreme Court rulings have spurred renewed interest in Indian Child Welfare. Addressing consequences from Indian child removal, especially poor mental and emotional health, is urgently required and can lead to increased well-being of Tribal Nations and their children. Reactivation of public health efforts focused on Indian Child Welfare can further develop safe and healthy environments for Indian children and families. This presentation assesses emerging policy change, analyzes recommended policy solutions, and formulates health-generating strategies to enhance the lives of Indigenous children.

PRESENTER: JOAQUIN GALLEGOS, Casey Family Programs

ADVOCACY 101: THE ESSENTIALS OF IMPACTING INDIAN PUBLIC HEALTH POLICY

Track: Public Health Law and Policy

Cahuilla B

Participants will learn important tips and techniques of advocating on behalf of Indian health issues with congress and the administration. These will include how to hone in on topics of interest to decision-makers, shaping communication so that it is meaningful and impactful, and creating effective “leave-behind” packets and materials, and how and when to follow-up. The session will utilize split methodologies to include both classroom-based learning as well as active roundtable discussions on key health policy concerns. Participants will leave the workshop with the knowledge and skills to formulate advocacy action plans.

PRESENTER: CAITRIN SHUY, National Indian Health Board

TRIBAL PUBLIC HEALTH SERVICES AND SYSTEMS RESEARCH: LEARNINGS AND TOOLS FOR PERFORMANCE IMPROVEMENT

Track: Accreditation and Quality Improvement

Star A

As Tribal agencies work to strengthen their public health systems, those striving for public health accreditation may encounter challenges due to the unique context in which they operate. The 2010 National Indian Health Board Tribal Health Profile suggests Tribal agencies are interested in data-based decision making and partnering to provide public health services. However, little research exists on promising practices for Tribes in these areas. With a Robert Wood Johnson Foundation Public Health Services and Systems Research grant, Michigan Public Health Institute, Sault Ste. Marie Tribe of Chippewa Indians, and Inter-Tribal Council of Michigan are studying the infrastructure, organizational relationships, performance, and outcomes of Sault Tribe’s public health system aligned with the ten essential services. This session will present an overview of the study and preliminary results. Participants will engage in dialogue, applying their learnings to suggest tools and opportunities to improve Tribal public health systems and public health accreditation standards.

PRESENTER: JULIA HEANY, Michigan Public Health Institute

PRESENTER: LISA MYERS, Sault Ste. Marie Tribe of Chippewa Indians

1:30 pm – 4:30 pm – SEMINARS

CREATING TRIBAL LAWS AND POLICIES TO PROMOTE HEALTHY EATING

Track: Public Health Law and Policy

Cahuilla A/F

This seminar will provide an opportunity for Tribal leaders, health program directors, Tribal attorneys, and community stakeholders to discuss and practice how to develop and write public health laws and policies, with a focus on policies to support and promote healthy eating. The session will cover: the connections between Tribal sovereignty and public health law; the role of community engagement in developing effective policies; the fundamentals of writing good public health policies; and toolkits and other resource materials available to help with healthy eating policy drafting, including the Healthy Native Foods Toolkit developed by the American Indian Cancer Foundation. Lessons learned from experiences working on Tribal public health laws and policies will be shared. Participants will have the opportunity to practice drafting and revising portions of a healthy eating law or policy for their Tribes, and to create language that they can build from when they return home.

PRESENTER: JULIE RALSTON AOKI, William Mitchell College of Law

PRESENTER: MELANIE PLUCINSKI, American Indian Cancer Foundation

PRESENTER: ANNE WALASZEK, American Indian Cancer Foundation

TRIBAL BEHAVIORAL HEALTH AGENDA – AN APPROACH TO IMPROVE WELLNESS IN TRIBAL COMMUNITIES

Track: Behavioral Health and Substance Use

Cahuilla C

The Substance Abuse and Mental Health Services Administration (SAMHSA) would like to engage in a discussion on a Tribal Behavioral Health Agenda (TBHA). This discussion is in response to tribal leaders requests to SAMHSA that they want to address the root cause of behavioral health problems for tribal communities (historical trauma) and not the symptoms (i.e., alcohol and substance abuse, etc.) based on commonalities across tribes (i.e., creation stories, celebration of life, morality, values, kinship, ceremonies, etc.). They also recognize that no one federal agency can address behavioral health and the issues that impact behavioral health alone and have asked for a National Tribal Behavioral Health Agenda (TBHA) that reflects collaboration across federal agencies. Using historical trauma as the context for a national agenda, this workshop will offer an overview of SAMHSA; seeks input on the issues, impacts, and components that should frame the TBHA and will consider the broad support needed to guide collaborative action.

PRESENTER: MIRTHA BEADLE, Substance Abuse and Mental Health Services Administration

HEALING OUR PEOPLE: A LEAN HEALTHCARE APPROACH

Track: Accreditation and Quality Improvement

Star A

Health care for American Indian/Alaska Native populations is complex, underfunded and plagued by quality issues. Over the last decade, healthcare organizations worldwide have adopted Lean Thinking to reduce cost and improve quality and efficiency in patient care. Yet Lean Thinking is not discussed in Indian Country as a possible solution for cost and quality issues. When well executed, Lean transforms how an organization works and creates an insatiable quest for improvement. This presentation will discuss Lean Healthcare as a system of improvement that leads to cost reduction and process improvements with increased quality of care. Examples will be drawn from actual experience within a Tribal compacted healthcare system. Additional examples will be presented from health organizations with a history implementing Lean Thinking. The benefits and challenges for implementing Lean Thinking in a Tribal health system will be discussed.

PRESENTER: PATRICK ANDERSON, Sealaska Heritage Institute

1:30 pm – 3:00 pm – WORKSHOPS

ORAL HEALTH AND WORKFORCE SOLUTIONS IN INDIAN COUNTRY

Track: Public Health Law and Policy

Cahuilla D

Innovative models in health care delivery are key to successfully achieving community wellness and improved health in Tribal communities. This session will highlight the ten year success of the Alaska Native Dental Health Aide Therapist (DHAT) program, how it is addressing prevention and treatment of dental caries, remains sustainable, and serves to expand the workforce two-fold. Panelists will describe the training provided, services delivered and revenues generated by this model.

PRESENTER: YVETTE JOSEPH, Kauffman and Associates, Inc.

PRESENTER: DANE LENAHER, Yukon Kuskokwim Health Corporation

PRESENTER: SUSAN SERGIE, Yukon Kuskokwim Health Corporation

PRESENTER: BONNIE JOHNSON, Yukon Kuskokwim Health Corporation

THE COMING OF THE BLESSING: A SUCCESSFUL COLLABORATIVE EFFORT AND HOW FAR WE HAVE COME

Track: Behavioral Health and Substance Use

Cahuilla E

The American Indian and Alaska Native Women's Committee worked together with the March of Dimes, and The Coming of the Blessing® was born in 2007 from trust and mutual respect. The committee representing different ten different Nations came together based on a common need and purpose. They were empowered to grow and mentor community prenatal facilitators across the Western United State to teach prenatal health. The Coming of the Blessing® has now become a national initiative and reaches American Indian and Alaska Native (AI/AN) communities across the United States. Our presentation will explore how we accomplished creating the Coming of the Blessing® and the lessons we learned about working together successfully. Aspects of our successful collaboration will be presented from the AI/AN world view and the dominant society world view through the use of a talking circle. Our presentation relates to the competencies of communication, cultural competency, and developing others through teaching and mentoring.

PRESENTER: CAROL ARNOLD, March of Dimes

PRESENTER: DENISE ARAGON, Eastern Shoshone Tribe

THE DEVELOPMENT OF CULTURALLY APPROPRIATE HPV VACCINE EDUCATIONAL MATERIALS FOR AMERICAN INDIAN PARENTS OF ADOLESCENTS

Track: Disease Prevention and Health Promotion

Star B

American Indians face significant disparities for HPV-related cancer incidence and mortality. In 2014, the American Indian Cancer Foundation held seven focus groups with parents and guardians of American Indian adolescent children to gain insight into the community's views about the Human papillomavirus (HPV) vaccine to help inform the development of culturally appropriate educational materials. This workshop will share findings from these focus groups, including knowledge and attitudes regarding the vaccine, influences and barriers to vaccination, questions participants had about the vaccine, and community input that will be used for the development and distribution of the educational materials. These materials will increase knowledge and awareness about, and access to the cancer-preventing HPV vaccine. The workshop will also share challenges and successes of working with the American Indian community throughout the research process. This will help workshop participants anticipate challenges and build skills for doing similar work in their own organizations.

PRESENTER: MEGGAN MCCANN, American Indian Cancer Foundation

HEALTH EQUITY THROUGH PARTNERSHIPS IN AMERICAN INDIAN COMMUNITIES

Track: Disease Prevention and Health Promotion

Palm A

Diabetes health disparities continue to affect American Indian communities resulting in disproportionately high rates of diabetes-related morbidity and premature mortality. These differences in health among American Indians living with diabetes are linked to a combination of socially determined circumstances. Addressing health disparities in the management and control of type 2 diabetes requires strategies that not only address individual risk factors but the also the multifaceted social and economic systems that influence the daily lives of American Indians. Utilizing the community coalition action theory to guide the development of community coalitions can create change in communities by increasing collaborative relationships that benefit the community. By mobilizing partners to plan, develop, implement, and evaluate community-based interventions to reduce risk factors that influence disparities in the management of type 2 diabetes builds community capacity and strength.

PRESENTER: HEATHER LEVI, Association of American Indian Physicians

3:30 pm – 5:00 pm – WORKSHOPS

MANDAN, HIDATSA AND ARIKARA HEALTH CARE AND THE BAKKEN OIL IMPACT

Track: Disease Prevention and Health Promotion

Cahuilla B

The Elbowoods Memorial Health Center located in New Town, North Dakota on the Fort Berthold Indian reservation, home to the Mandan, Hidatsa, and Arikara (MHA) Nation is enduring and influenced by the Bakken oil boom. The MHA Nation is collaborating internally to address the oil boom impact on increased substance abuse, methamphetamine abuse, sexually transmitted diseases, hepatitis C and liver disease. Additional areas of oil impact include sex trafficking, human trafficking, drug trafficking, methamphetamine addicted infants, suicide rates, and motor vehicle accident deaths. The pre-existing health care disparities have been magnified by the increase of money to the area. The MHA Nation is addressing, planning, and implementing strategies and working together to reduce the disparity with treatments and prevention. This workshop will be facilitated as a panel in order to best present the information and field questions on how MHA Nation has united to combat these pressing public health issues.

PRESENTER: DEBORAH HALL-THOMPSON, Three Affiliated Tribes

PRESENTER: MONICA MAYER, Elbowoods Memorial Health Center

PRESENTER: BRUCE GILLETTE, Circle of Life

PRESENTER: MISSY SPOTTED BEAR, Elbowoods Memorial Health Center

SHARING RESOURCES ACROSS JURISDICTIONS: A ROADMAP TO SUCCESS

Track: Public Health Law and Policy

Cahuilla D

Cross-jurisdictional sharing (CJS) occurs when multiple governments collaborate to deliver services to their citizens. CJS allows for building economies of scale to operate more effectively and efficiently. Local and Tribal health departments trying to achieve public health accreditation or increase capacity are challenged to deliver more services at a higher quality, all while maintaining reduced budgets. This workshop will show how Tribal, state and county governments can use CJS to meet those goals. We will present the results of several CJS projects implemented in multiple states, as well as work in Wisconsin involving Tribal health departments. We will also present a case study involving a sharing agreement for communicable disease control between the Ho-Chunk Nation and some local health departments in Wisconsin. Workshop participants will have the opportunity to analyze the case study and discuss their own experience and challenges in sharing communicable disease control and other public health services.

PRESENTER: GIANFRANCO PEZZINO, Center for Sharing Public Health Services

PRESENTER: CAROL ROLLINS, Ho-Chunk Nation

PRESENTER: CHRISTINE HOVELL, Jackson County Public Health

HEPATITIS C BREAKTHROUGHS: NEW CURES, BEST PRACTICE & HEALTH EQUITY

Track: Disease Prevention and Health Promotion

Cahuilla E

In the United States, 2.7 million people are chronically infected with hepatitis C (HCV). Up to 85% of these individuals do not realize they are infected. American Indian and Alaska Native people experience a three-fold higher death rate from chronic liver disease, one of the multiple complications of chronic HCV infection. Previous treatments for HCV lasted several months, presented severe side effects and had high failure rates. Within the last year, HCV treatment has improved dramatically, with 76–99% cure rates. If HCV screening and treatment are ramped up, and Indian Health Service/Tribal/Urban sites are ready to address HCV, many patients will be diagnosed and receive the potentially life-saving treatment they need. If clinics treat only a small number of HCV patients at a time, many lives can be saved. This workshop will provide an update on current treatment regimens; review best practice for screening and risk counseling and provide recommendations for community and clinical action.

PRESENTER: JESSICA LESTON, Northwest Portland Area Indian Health Board

EVALUATION OF THE TRIBAL HEALTH PROFESSION OPPORTUNITY GRANTS (HPOG) PROGRAM

Track: Public Health Law and Policy

Star B

Authorized by the Affordable Care Act, the Health Profession Opportunity Grants (HPOG) program provides education and training to low-income individuals for occupations in the healthcare field. In 2010, the Department of Health and Human Services' Administration for Children and Families (ACF) awarded 32 HPOG grants, five of which were awarded to Tribal Organizations/Colleges. ACF contracted with NORC at the University of Chicago, Red Star Innovations, and the National Indian Health Board to conduct an evaluation of the Tribal HPOG grantees. ACF awarded North Dakota State University a research partnership grant to work with Cankdeska Cikana Community College, a Tribal grantee, to conduct research to inform program performance. The presentation will include an overview of the Tribal HPOG Evaluation, preliminary findings related to educational and employment outcomes, and student success stories. Presenters will facilitate group discussion on lessons learned and strategies that could be employed in other Native communities.

PRESENTER: MICHAEL MEIT, NORC at the University of Chicago

PRESENTER: LORETTA HEUER, North Dakota State University

TRIBAL ACTION PLAN 101: WORKING TOGETHER FOR CHANGE

Track: Behavioral Health and Substance Use

Palm A

This training is designed to explain what the Tribal Action Plan is, and support the involvement of community members in development of these Tribal Action Plans to create change. Discussion of the Tribal Law and Order Act, introduction of substance abuse prevention science and theories of change, and the need of having collaborative community participation will be part of the discussion as well as local training and technical assistance toward development of Tribal Action Plans. Handouts and activities during this training are to enhance the participants understanding of community involvement to change the environment to reduce substance abuse issues.

PRESENTER: JACQUE GENCARELLE, Northern Arizona Regional Behavioral Health Authority

CULTURE NIGHT

Hosted by the California Rural Indian Health Board & California Tribes

6:00 – 8:00 pm

The Show Room

Please join our host for Culture Night, featuring an exhibition of the unique and distinct culture of the California Tribes in the region.

Thursday, April 9, 2015

7:00 am-8:00 pm

Fitness Activity

Grand Foyer / Outdoors

FACILITATOR: NAOMI HARRIS, Eastern Shoshone Tribal Health

7:00 am-12:30 pm

Registration Open

Grand Foyer

7:30 am-5:00 pm

Exhibit Hall Open

Grand Foyer

SUMMIT SESSIONS

8:30 am – 4:30 pm – INSTITUTE

AFFORDABLE CARE ACT INSTITUTE

Track: Public Health Law and Policy

Cahuilla B

The National Indian Health Outreach and Education (NIHOE) National Partners – National Indian Health Board (NIHB), National Congress of American Indians, and National Council of Urban Indian Health - are hosting a one-day institute on the Affordable Care Act (ACA). The institute will provide an overview of the ACA as well as any pertinent updates to the law. Specifically, presenters will also discuss topics such as the role and importance of the exemption waiver and Tribal premium sponsorships, benefits and options through Purchased/Referred Care, and employer opportunities and requirements under the ACA. The presenters, as part of the national NIHOE efforts will discuss existing outreach and education efforts and opportunities. This institute will be relevant to all Tribal leaders and health administrators you are well-versed on the law, as well as those that are seeking to gain more information on the ACA and the American Indian and Alaska Native provisions under the law.

PRESENTER: KRISTEN BITSUIE, Tucson Area Indian Health Service

PRESENTER: LAURA BIRD, National Congress of American Indians

PRESENTER: DAWN COLEY, National Indian Health Board

PRESENTER: KIMBERLY FOWLER, National Council of Urban Indian Health

PRESENTER: APRIL HALE, National Indian Health Board

PRESENTER: MARIKATE HULBUTTA, National Congress of American Indians

PRESENTER: ELLIOTT MILHOLLIN, Hobbs, Straus, Dean & Walker, LLP

PRESENTER: GEOFFREY ROTH, Indian Health Service

PRESENTER: RUDY SOTO, National Council of Urban Indian Health

8:30 am – 11:30 am – SEMINAR

THE EASTERN SHOSHONE'S IMPLEMENTATION OF THE CHRONIC CARE MODEL: OUR EVOLUTION, LESSONS LEARNED, AND OUR FUTURE

Track: Disease Prevention and Health Promotion

Star B

The Chronic Care Model provided the conceptual framework for a project started within the Tribal health programs over six years ago. Similar to the Indian Health Service Improved Patient Care model, the Tribal health programs design emphasized community-based leadership, having the primary role in developing and implementing culturally-tailored community self-management supports, improving linkages with the IHS clinicians, and developing a coalition of organizations with additional resources to create a more comprehensive system of chronic and substance abuse care for Tribal members with disease. The process has changed the health care delivery system for Wind River and is a key component in its success in obtaining foundation grants, projects with major universities that will provide resources to improve the quality of life for community members. Learn about the success the redesign of the Tribal health programs has done to improve outcomes in chronic disease and substance abuse.

PRESENTER: CATHERINE KEENE, Eastern Shoshone Tribal Health

PRESENTER: ELIZABETH SHIELD, Eastern Shoshone Tribal Health

PRESENTER: NAOMI HARRIS, Eastern Shoshone Tribal Health

PRESENTER: KELLIE WEBB, Eastern Shoshone Tribal Health

8:30 am-10:00 am – WORKSHOPS

TAKING A PUBLIC HEALTH APPROACH TO THE ISSUE OF “MURDERED AND MISSING INDIGENOUS WOMEN” IN THE UNITED STATES

Track: Public Health Law and Policy

Cahuilla A/F

The issue of “Murdered and Missing Indigenous Women” gained momentum from activist groups in Canada, drawing attention to the deep-rooted effects of colonization, historical trauma, boarding schools, and their subsequent effects on gender norms and societal views of Aboriginal and First Nations people. A recent series of events and online social media campaign sought to support the efforts bringing light to this issue in Canada, as well as create spaces for dialogue about it in the U.S. The events were headquartered in the Fargo and Moorhead area, which allowed for symbolic and physical connection to Canada, as well as efforts to build on the work being done to address the rise in human trafficking as a result of the Bakken oil boom. This workshop will take a public health approach in examining the events and campaign, giving participants information on how online awareness can spur public health efforts, and skills and tools for how to join the efforts and address the issue in their own program and communities.

PRESENTER: HANNABAH BLUE, North Dakota State University

PRESENTER: TANAYA WINDER, University of New Mexico

PRESCRIPTION OPIATE DRUG ABUSE

Track: Behavioral Health and Substance Use

Cahuilla C

According to the Substance Abuse and Mental Health Services Administration, prescription opiate abuse in this country disproportionately impacts the health and well-being of Native American families, Tribes, and communities. The United South and Eastern Tribes, Inc./Mohegan Indian Tribe’s Prescription Opiate Drug Abuse Project was designed to decrease the incidence of prescription opiate drug abuse by completing an audit of both internal and external systems. The audit team interviewed Tribal members dealing with chronic pain, addiction, or both. In addition, interviews were conducted with Tribal leaders and key individuals in the Tribal community. The analysis identified gaps in the areas of education, financial processes, coordination of care and the lack of culturally-appropriate healing methods. This study has led to refining and strengthening best practices and models of treatment.

PRESENTER: IRENE MILLER, Mohegan Tribe

PRESENTER: CHARLIE TWO BEARS STRICKLAND, Mohegan Tribe
NAVAJO NATION HEALTH SYSTEMS ASSESSMENT
Track: Accreditation and Quality Improvement

Star A

The Navajo Nation Department of Health (NNDOH) completed a Navajo Nation wide Health Systems Assessment in partnership with the University of New Mexico Institute for Indigenous Knowledge & Development program and Navajo Nation Health Systems partners utilizing the Ten Essential Services of Public Health as the evaluation baseline and the MAPP (Mobilizing Action through Planning and Partnerships) community health assessment (CHA) tool. The last session resulted in action plans which were developed with appended teams, and are ripe for implementation. This NNHSA is one of the processes in the development of a CHA, an accreditation prerequisite, and the action planning that occurred will be integrated into the NNDOH performance improvement program.

PRESENTER: ANITA MUNETA

NATIVE VOICES: A (STEAMY) EVIDENCE-BASED SEXUAL HEALTH VIDEO FOR AMERICAN INDIAN TEENS AND YOUNG ADULTS

Track: Disease Prevention and Health Promotion

Cahuilla D

Native VOICES (Video Opportunities for Innovative Condom Education and Safer Sex) is an evidence-based sexual health video, designed to prevent HIV and other sexually transmitted infections among heterosexual and LGBTQ American Indian teens and young adults. The video covers important sexual health topics, including: waiting to have sex, talking to your partner, STI testing, protecting personal values, and healthy relationships. Native VOICES can be integrated into the flow of services provided by clinics, schools, and other community programs, and can be tailored to the constraints of your setting. A multi-site randomized controlled trial is near completion. Preliminary satisfaction surveys suggest promising results: After watching the video, 74% felt more likely to get tested for STIs/HIV, and 61% felt more likely to use condoms. Workshop attendees will receive free a copy of the Native VOICES video (23 minutes), a selection of condoms and dental dams, and a user's guide.

PRESENTER: THOMAS GHOST DOG, JR., Northwest Portland Area Indian Health Board

PRESENTER: JESSICA LESTON, Northwest Portland Area Indian Health Board

THE INTEGRATION OF HEALTH PROTECTION AND HEALTH PROMOTION: PRACTICAL INTERVENTIONS FOR THE WORKPLACE

Track: Disease Prevention and Health Promotion

Cahuilla E

The National Institute for Occupational Safety and Health (NIOSH) was created by the U.S. Congress in 1970 "...to assure so far as possible every man and woman in the Nation safe and healthful working conditions and to preserve our human resources..." Total Worker Health™ is a strategy integrating safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being. TWH recognizes that workers face risks on and off the job. Risks at work may even threaten a worker's family. Risks at home and in the personal life find their way into our work lives. The TWH program recognizes this and addresses these challenges to better meet the needs of workers. This session will focus on ways to address health protection and health promotion in the workplace.

PRESENTER: CONSTANCE FRANKLIN, Centers for Disease Control and Prevention

"DO I REALLY HAVE TO DO THIS?": THE BASICS OF PUBLIC HEALTH PROGRAM EVALUATION

Track: Disease Prevention and Health Promotion

Palm A

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 introductory workshop will move through the different levels of process and outcome evaluation – clearly defining them and providing tips on how to conduct evaluations easily and successfully.

PRESENTER: ROBERT FOLEY, National Indian Health Board
10:30 am-12:00 pm – WORKSHOPS

A STRATEGIC ROADMAP FOR BUILDING CAPACITY WITH A NATIVE AMERICAN WORKFORCE TO IMPLEMENT CULTURALLY RELEVANT, EFFECTIVE SCHOOL- AND COMMUNITY-BASED BEHAVIORAL HEALTH AND SUBSTANCE ABUSE PREVENTION SERVICES

Track: Behavioral Health and Substance Use

Cahuilla A/F

Helping EveryDay Youth (HEDY) implemented a tailored program for a reservation community by utilizing a set of principles and strategies they developed for both Tribal and urban communities. With Tribal members guiding the development of culturally-relevant services for youth and families, HEDY offered behavioral health and substance abuse prevention knowledge and organizational resources to empower program development. HEDY offers participants knowledge, resources and experiences in developing a strategic roadmap for building a well-trained, well-supported local workforce to implement effective youth and family programs in their own communities. This presentation will include a tour of HEDY Programs; a multimedia community report on positive outcomes; an outline of the management/administrative strategies used in the construction and implementation of programs; and an interactive activity to assist participants in developing a strategic roadmap in their community.

PRESENTER: ABEL CLASSAY, Helping EveryDay Youth

PRESENTER: TRENA BIZARDI, Helping EveryDay Youth

PRESENTER: KIRK MASSEY, Helping EveryDay Youth

CALRICARAQ SYSTEM OF CARE: LEARNING FROM OUR ANCESTORS HOW TO LIVE A HEALTHY LIFE TODAY

Track: Behavioral Health and Substance Use

Cahuilla C

Calricaraq, a Yup'ik Eskimo word meaning, "helping families heal", is a traditional healing program being implemented by the Yukon Kuskokwim Health Corporation, a Tribal health organization in Bethel, Alaska. After four decades of relying on Western clinical models, Calricaraq is teaching families how to live healthy lives in the traditional Yup'ik way, and Tribal leaders are embracing Calricaraq as an effective way to provide mental health treatment. YKHC's Behavioral Health department is utilizing Calricaraq for children's mental health services, including outreach to communities through community gatherings, creation of a Calricaraq Technical Assistance Center, and a Family Center providing both clinical services alongside traditional healing activities. Our recently completed Calricaraq Facilitator's Guide will allow local community members to provide Calricaraq activities in their communities. This presentation will provide a summary of how we plan and implement Calricaraq in communities, and how your community can create your own program.

PRESENTER: ROSE DOMNICK, Yukon Kuskokwim Health Corporation

PRESENTER: IDA CHARLIE, Yukon Kuskokwim Health Corporation

PRESENTER: MARK ANARUK, Yukon Kuskokwim Health Corporation

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR): AN OVERVIEW AND DEMONSTRATION

Track: Behavioral Health and Substance Use

Star A

Therapy is an evidence-based psychotherapeutic technique that can offer life-changing results to people who suffer the negative effects of trauma, including post-traumatic stress disorder, depression, anxiety, substance abuse and more. Repeated studies have shown that people can experience benefits with only a few sessions of EMDR that once took years with other forms of psychotherapy. The Oklahoma City Indian Clinic currently has four EMDR-trained therapists who have experienced a tremendous amount of success with this treatment. This workshop will offer an overview of EMDR therapy with live demonstrations of techniques. Presenters will present successful case examples, review the benefits of EMDR to both the therapist and the client, and outline EMDR training requirements and opportunities. EMDR offers an excellent tool for use in trauma-informed practice.

PRESENTER: SUMMER WELCHER-DUKE, Muscogee Creek Nation

PRESENTER: REBECCA BUNDY, Choctaw Nation of Nation

SUPPORTING TRIBAL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLANNING: IDENTIFYING PRIORITIES THROUGH COMPREHENSIVE COMMUNITY-BASED STRATEGIES

Track: Accreditation and Quality Improvement

Cahuilla D

Tribal agencies vary in their approaches to community health assessment and health improvement planning (CHA/CHIP), due to factors such as organizational and community assets, workforce capacity, resources, leadership, and agency goals for PHAB accreditation. This session will describe how collaboration and partnership supported successful CHA/CHIP in Tribal communities in Michigan. Building on strengths and assets, MPHI supported the efforts of seven Tribes and one Urban Indian Health Center to gain understanding of health issues in their communities, and to develop plans for implementing coordinated community action. Presenters will describe: 1) how projects were structured to increase Tribal capacity and foster ownership; 2) adaptations to models and tools for each unique context; 3) processes for identifying root causes of health disparities with assessment data and selecting priorities; and, 4) how priorities were linked to policy, systems, and environmental change strategies. Successes and lessons learned through these experiences will be shared.

PRESENTER: SHANNON LAING, Michigan Public Health Institute

PRESENTER: JULIA HEANY, Michigan Public Health Institute

PRESENTER: LISA MYERS, Sault Ste. Marie Tribe of Chippewa Indians

SHARING YOUR MESSAGE WITH THE COMMUNITY THROUGH COLLABORATION AND CREATIVITY: LESSONS LEARNED FROM CHOCTAW NATION MSPI

Track: Disease Prevention and Health Promotion

Cahuilla E

In this workshop the presenters will explore how to host a large scale community prevention event from beginning to end. They will discuss different types of events, publicity and social media, planning, budgeting, networking, and community involvement. Emphasis will be placed on how to convey your prevention message clearly at a large scale event. Survey methods and evaluation for grant data collection will also be considered. Examples (positive and negative) experienced by the Choctaw Nation MSPI will be shared. The attendees will also team up to create and plan their own large scale community event.

PRESENTER: KRISTIE BROOKS, Choctaw Nation of Oklahoma

PRESENTER: MELANIE JONES, Choctaw Nation of Oklahoma

FROM THE GROUND UP: CULTIVATING COMMUNITY GARDENS

Track: Disease Prevention and Health Promotion

Palm A

Community gardens are a wonderful method to ensure access to quality produce, sustain traditional foods, battle back the tide of food deserts that are encroaching on Tribal lands, and combat obesity, diabetes and poverty. This workshop will explore different models of community gardens that includes: youth gardens, intergenerational gardens, elder gardens, shared garden space, and donation gardens. The facilitator will utilize strategies to promote an interactive learning and experience for attendees that will include sharing and hearing stories – with a focus on lessons learned, and tips and suggestions for launching and sustaining a community garden. The workshop will not concentrate on specific gardening methods, rather how to create a community-building and mobilization strategy to produce a truly community-owned and driven public health program.

PRESENTER: KARRIE JOSEPH, National Indian Health Board

1:00 pm-1:45 pm – ROUNDTABLE

TRIBAL SMOKE FREE POLICIES AND CULTURALLY RELEVANT CESSATION

Track: Public Health Law and Policy

Star B

National surveillance data suggests American Indians and Alaska Natives (AI/AN) have among the highest rates of tobacco use in many Regions; this population also has among the highest rates of chronic diseases associated with tobacco use (cancer, heart disease, etc.). National Native Network agencies have worked with Tribes to conduct assessments and develop Tribe-specific smoking prevalence rates, documented as high as 79% compared with a national AI/AN aggregate rate of 38.5% (SGR50). Tribal policies and culturally appropriate commercial tobacco cessation services are needed to reduce health disparities among American Indians in Tribal communities. The Great Plains Tribal Chairmen's Health Board, Inter-Tribal Council of Michigan, and California Rural Indian Health Board will share experiences with Tribal community assessments and designing Tribal community-specific commercial tobacco prevention and control policies. Tribal Smoke Free Policy Toolkit and culturally relevant cessation resources will be discussed.

PRESENTER: RICK MOUSSEAU, Great Plains Tribal Chairmen's Health Board

PRESENTER: CHRIS COOPER, California Rural Indian Health Board

PRESENTER: ROBIN CLARK, Inter-Tribal Council of Michigan

1:00 pm-2:30 pm – WORKSHOPS

PROTECTING OUR FUTURE: FROM RESEARCH TO REALITY

Track: Disease Prevention and Health Promotion

Cahuilla A/F

Suicide has reached epidemic proportions in many Native communities, especially among the youth. Indian Health Service data found 17.9 suicides per 100,000 Native persons. Yet, despite these tragic statistics, none of the evidence-based suicide prevention interventions have been rigorously evaluated in American Indian communities. We believe these effective interventions can be culturally adapted and implemented to reduce this disparity. Only four evidence-based practices have been shown to prevent suicide in clinical trials that have manuals and can be readily adopted by communities. These interventions all focus on reducing suicidal thoughts or behavior but range tremendously in intensity, complexity, and duration. The differences in the appropriateness, acceptability, and feasibility of implementing of these four evidence-based interventions for a specific Tribal community are expected to be both practical and cultural. Our discussion will focus on engaging participants in how these effective interventions could be adapted, implemented and evaluated in Tribal communities.

PRESENTER: ABIGAIL ECHO-HAWK, University of Washington

ADDRESSING EARLY CHILDHOOD OBESITY USING NOVEL FAMILY-BASED APPROACHES

Track: Disease Prevention and Health Promotion

Cahuilla E

The Healthy Children Strong Families (HCSF) family-based lifestyle intervention trial was developed to improve family health and prevent obesity for American Indian children ages 2-5 and a primary caregiver. Families participate in one year of an intervention group and one year of a child-safety focused group. The intervention group targets increasing fruit and vegetable intake, reducing junk food, increasing physical activity, decreasing screen time, and two lesser-studied factors related to health, stress and sleep. Participating families receive monthly lessons with educational materials, books, games, and other health-promoting items. Families also receive social support through a Facebook group and regular text message coaching. This workshop will use an interactive presentation and small group format to address community-engaged study design, curriculum development, baseline findings, and lessons learned from the implementation of the HCSF project in five urban and rural communities nationwide.

PRESENTER: ALEXANDRA ADAMS, University of Wisconsin

PRESENTER: JUDITH SHECHE, First Nations Community Healthsource

PRESENTER: EMILY TOMAYKO, University of Wisconsin

NAVAJO COMMUNITY HEALTH OUTREACH (NCHO) YOUTH

Track: Disease Prevention and Health Promotion

Cahuilla C

Rex Lee Jim, Director of REACH NCHO, will introduce Navajo high school students and provide an overview of the Navajo Community Health Outreach (NCHO) youth leadership initiative on the Navajo Nation. Through the Community Outreach Patient Empowerment (COPE), a Native American non-profit organization, youth leaders serve as public health champions for healthier Navajo families and communities. The session will make a case for involving youth in health promotion initiatives and present their work in food literacy. NCHO contributes to students' academic success and transition to college with the Bread Loaf School of English teachers who are part of a national network and serve as mentors and workshop leaders. NCHO youth leaders are transforming ideas of what constitutes community health outreach workers and have become active partners in a public health.

PRESENTER: REX LEE JIM, Navajo Nation

PRESENTER: SONLATSA JIM-MARTIN, Navajo Nation

UTILIZING SYSTEMS CHANGE TO ADDRESS COMMERCIAL TOBACCO WITHIN TRIBAL AND INDIAN HEALTH SERVICE (IHS) CLINICS: A FEASIBILITY STUDY

Track: Behavioral Health and Substance Use

Star A

American Indians (AI) have the highest U.S. smoking prevalence and experience a disproportionate burden of smoking-related morbidity and mortality. Strategies to address this issue in AI clinics are limited. Systems for Tobacco Addiction Treatment is a feasibility study with three clinics to systematically integrate tobacco intervention into clinic visits based on the USPHS Clinical Guidelines' 5 A's Model. The study looked at provider training, and clinical system tools to encourage and support assessment of smoking status and treatment of tobacco addiction. Tools include prompts, reminders, education, provider feedback loops and referral systems. A situational analysis was conducted using system assessments, process mapping, surveys and staff interviews to identify current practice, available resources, and intervention opportunities.

PRESENTER: KRISTINE RHODES, American Indian Cancer Foundation

WHAT'S YOUR RISK: WHAT AMERICAN INDIAN ADOLESCENTS ARE SAYING

Track: Behavioral Health and Substance Use

Cahuilla D

In 2013 and 2014, 776 American Indian adolescents attending residential boarding school completed risk assessment interviews to identify factors that could impact their learning and/or well-being. These included: mandatory enrollment in a residential boarding school; home risk factors; absence of a supportive adult; no financial support; academic history of suspension; experience with bullying; use of alcohol, tobacco or other drugs (ATOD); unprotected sex/unplanned pregnancy/parenthood; court involvement; imprisoned family members; recent deaths of loved ones; history and experience with suicide; history of physical or sexual abuse; and feelings about general health. Over half reported incarcerated family, problems at home, recent family deaths, and experience with ATOD. Results informed the development of a resilience-based curriculum, and have implications for referral protocols and the need for available resources.

PRESENTER: DEBORAH SCOTT, Sage Associates, Inc.

BUILDING INFRASTRUCTURE AROUND HIV, STDS AND SEXUAL HEALTH IN INDIAN COUNTRY

Track: Disease Prevention and Health Promotion

Palm A

In this session, participants will learn the importance of addressing HIV, STD and broader sexual health topics in Tribal communities, and how to use tools for assessing community readiness to implement HIV, STD and sexual health programs. The session will demonstrate how a policy change process might work in their community by reviewing sample policy and resolution templates. The presenter will also discuss case studies of effective models for change in Tribal communities. Participants will also review additional

resources to strengthen community and clinical HIV, STD and sexual health programs including but not limited to social media outlets and national resources.

PRESENTER: JESSICA LESTON, Northwest Portland Area Indian Health Board

CLOSING PLENARY

The Show Room

3:00 pm-3:10 pm

Opening Remarks

PRESENTER: SALLY SMITH, National Indian Health Board Alaska Area Representative

3:10 pm-4:00 pm

The Role of Public Health Policy in Tobacco Prevention Panel Presentation

Despite an overall decrease in smoking by all populations in the past 10 years, the prevalence of smoking is still higher for American Indians and Alaska Natives than any other racial or ethnic group in the United States. Similarly, Native Americans suffer disproportionately from illnesses such as heart disease, lung cancer and complications from diabetes, resulting in smoking-related premature deaths and disability. Although the ceremonial use of tobacco and the historical context of regulating spiritual practices can make tobacco control efforts a difficult subject to broach, many Tribal communities tackle commercial tobacco use through the adoption of innovative policies and practices that elevate health and respect culture. A comprehensive tobacco strategy goes beyond smoking policies and may include other issues such as access to cessation, secondhand smoke exposure in vehicles, limits on advertising, local taxes on tobacco products, etc. The panel will discuss the details, challenges, and elements that contribute to a comprehensive tobacco prevention strategy, and the effect policy can have on reducing tobacco-related health disparities.

KRISTINE RHODES, American Indian Cancer Foundation

KYLA RETZER, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention

ISAIAH BROKENLEG, Great Lakes Inter-Tribal Epidemiology Center

MARK LEBEAU, California Indian Health Board

MODERATOR: SAM MOOSE, National Indian Health Board Bemidji Area Representative

4:00 pm-4:50 pm

Diabetes and Obesity Prevention Panel Presentation

American Indians and Alaska Natives (AI/AN) experience diabetes and obesity at disparately higher rates than the general population. At a rate of 2.8 times the national average, AI/ANs have the highest prevalence of diabetes and have a 50% higher prevalence rate of obesity. The determinants of these diseases are complex, but the trend of increasing prevalence rates of overweight and obesity among AI/ANs, as well as the nation at large, is associated with environments that promote increased food intake and decreased activity. Intervention and prevention programs are urgently needed in AI/AN communities. Fortunately, there are several programs based on best practices and qualitative research that are working to reverse the epidemic levels of obesity and type II diabetes in Indian Country. This panel will highlight the work of the Toiyabe Indian Health Project, the Tribal Leaders Diabetes Committee and the Healthy Children Strong Families family-based lifestyle intervention trial. The panelists will be available for questions and answers after brief presentations on their successful programs in obesity and diabetes treatment and prevention work.

RICK FREY, Toiyabe Indian Health Project

CONNIE BARKER, Chickasaw Nation

EMILY TOMAYKO, University of Wisconsin

MODERATOR: PATRICK MARCELLAIS, National Indian Health Board Great Plains Area Representative

4:50 pm-5:00 pm

Closing Remarks

PRESENTER: CEDRIC CROMWELL, National Indian Health Board Treasurer and Nashville Area Representative

Closing Prayer

ANDREW JOSEPH, JR., National Indian Health Board Portland Area Representative

Adjourn

Friday, April 10, 2015

POST-SUMMIT EVENT

9:00 am-4:00 pm

TAKING TECHNOLOGY & INNOVATION BEYOND “THE CLOUD”: A NEW VISION TO IMPROVE TRIBAL HEALTH

Cahuilla B/C

Information technology has made revolutionary changes to the way people do business and live their lives. It comes as no surprise that information technology also is galvanizing tremendous change in the field of health care. We are seeing this sea change in the area of electronic health records, with many providers adopting electronic health record (EHR) systems and striving to achieve meaningful use of the technology. While EHRs hold tremendous potential to give doctors an integrated view of a patient's medical history (including tests, treatments, and medications), this shift also has brought many challenges.

EHR systems can be very expensive, may require special training and workflow adjustments, and often times fail to provide seamless communication when a patient goes to an outside health system using a different EHR. To help smooth some of these transitions the federal government has provided incentives for adoption of EHRs and the meaningful use of the same. In addition to this scheme of incentives, health systems also are beginning to experience penalties for the failure to adopt the new technology.

This conference will explore health information technology as it impacts the Indian Health System, from potential opportunities, to challenges in the field, to solutions and a vision of the future of health IT.