National Indian Health Board

10th Annual National Tribal Public Health Summit

ALBUQUERQUE, NEW MEXICO
MAY 13-15, 2019
KRISTINA MALDONADO BAD HAND

Kristina Maldonado Bad Hand is a Sicangu Lakota & Cherokee artist that hails from Taos, New Mexico. Her passion for community and social justice have led her to create, through illustration, a place in which indigenous youth, and particularly indigenous women, are empowered. She studied for four years at the Art Institute of Colorado and is an entrepreneur with big dreams. Kristina is currently a Community Liaison with Jeffco Indian Education, a commissioner on the Denver American Indian Commission and Chief Creative Director/co-founder of publishing and media start up, áyA Studios LLC.
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WHY USE THE NATIONAL INDIAN HEALTH BOARD EVENT MOBILE APP?

- It’s convenient. View the agenda, speakers, sponsors, maps, evaluations, receive event reminders, and more!
- Works on all your mobile devices.
- No more paper evaluations! Submitting electronic evaluations via the app saves roughly 3,000 sheets of paper, helping to reduce NIHB’s environmental footprint.
- YOU CAN WIN PRIZES BY FILLING OUT SESSION EVALUATIONS USING THE APP! The evaluations are for Plenary Sessions, Workshops, and Roundtable Sessions.

HOW TO USE THE APP:

1. Download the NIHB app
   Search National Indian Health Board and download the app from the Apple Store or Google Play, or enter this url into your mobile browser https://crowd.cc/s/2ttFi

2. Select the TPHS 2019 event

3. Log in
   • Enter your First and Last Name.
   • Type in your email and a verification code will be sent to your email inbox.
   • Enter the verification code from your email.

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

Available for iOS and Android.
May 13 - 14, 2019

Dear Tribal Leaders, Advocates, Colleagues, and Friends:

The National Indian Health Board (NIHB) is pleased to welcome you to its 10th Annual National Tribal Public Health Summit. We are honored to be here in this beautiful location in Albuquerque, New Mexico.

The NIHB, in partnership with Tribes throughout Indian Country, has worked tirelessly over the past four decades to strengthen the systems, infrastructure, and collaborations that allow us to better care for the collective well-being of our People. This week represents the annual celebration and culmination of that shared work. The Summit will focus on developing the capacity of Indian Country to engage in public health efforts across our communities. The Summit will feature sessions on Health Promotion and Disease Prevention; Tribal Public Health Policy, Infrastructure and Systems; Substance Misuse and Behavioral Health; Environmental Health and Climate Change; and Emergency Preparedness and Emerging Issues in Public Health. We will hear from Tribal leaders, stakeholders, practitioners and health innovators on how we all can join together and ensure healthy Native communities through innovative public health programming. This week will present key opportunities for networking and relationship-building so that you can return home feeling enriched and connected to others so that we can continue to share this important journey together.

Thank you for joining us in Albuquerque, New Mexico and for sharing your time and expertise with us. Thank you to our sponsors, exhibitors, presenters and attendees for making this Summit a reality. I look forward to hearing from all of you throughout the next few days.

Sincerely,

Victoria Kitcheyan
Chairperson, NIHB 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 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 BOARD OF DIRECTORS
NIHB serves and represents all Federally Recognized Tribes through our Board of Directors and partnership with Tribal Health Boards or health-serving organizations in each of the twelve IHS Service Areas:
• Victoria Kitcheyan – Winnebago Tribe of Nebraska Tribal Council Member, NIHB Chairperson and Great Plains Area Representative
• William Smith – Valdez Native Tribe Chairman, NIHB Vice Chairperson and Alaska Representative
• Lisa Elgin – California Rural Indian Health Board Chairperson, NIHB Secretary and California Representative
• Sam Moose –Director of Human Services at Fond du Lac Band of Lake Superior Chippewa, NIHB Treasurer and Bemidji Area Representative
• Andrew Joseph, Jr. – Confederated Tribes of the Colville Reservation Tribal Council Vice Chairperson, Northwest Portland Area Indian Health Board Chairperson, NIHB Member-at-Large and Portland Area Representative
• Marty Wafford – Southern Plains Tribal Health Board Chairperson, Oklahoma City Area Representative
• Donnie Garcia – Albuquerque Area Indian Health Board Chairperson, Albuquerque Area Representative
• Kaci Wallette – Fort Peck Assiniboine and Sioux Tribal Council Member, Billings Area Representative
• Beverly Cook – St. Regis Mohawk Tribe Chief, Nashville Area Representative
• Jonathan Nez – President, Navajo Nation, Navajo Area Representative
• Phoenix Area – Vacant
• Sandra Ortega – Tohono O’odham Nation Tribal Council Member, Tucson Area Representative
Dear NIHB Health Summit and AI/AN National Behavioral Conference attendees,

On behalf of the Albuquerque Area Indian Health Board, Inc., we are pleased to welcome you to the 10th Annual National Tribal Public Health Summit and the 2019 American Indian and Alaska Native National Behavioral Health Conference. We are delighted that the Albuquerque Area Southwest Region has been selected to host these important conferences to promote the health and wellness of Indigenous people throughout the country.

Albuquerque Area Indian Health Board (AAIHB), Inc. has a long tradition of partnership with the National Indian Health Board, Inc. (NIHB) to host events, conferences and important health initiatives. We are especially grateful for the opportunity to share our indigenous hospitality, foods, history, culture, language and work; the proud home to the 27 Indigenous Bands, Nations, Pueblos and Tribes. We invite all of you to attend our culture night to observe some of our traditional songs and dances and bridge a greater understanding and appreciation of the core activities that have contributed to our health and resilience for generations. We also look forward to learning from each of you about the vigorous research, interventions, and promising preventive practices that are taking place to promote health and wellness on tribal lands and in urban Indigenous communities throughout our country.

The AAIHB, namely the Tóhajiilee Band of Navajos, the Ramah Band of Navajos, the Jicarilla Apache Nation, the Mescalero Apache Tribe, the Ute Mountain Ute Tribe and the Southern Ute Indian Tribe, formed in 1980 for the interest and commitment toward the health and wellness of tribes; and provides leadership in matters that pertain to the health and well-being of its people.

AAIHB supports public health activities in the consortium communities that prevent and reduce the impact of adverse health conditions and health disparities; and continues to lead and advocate for maintaining trust responsibility by the federal government for quality health care services for all Native Americans. For four decades, AAIHB has provided high quality tribal health care services, training, and technical assistance to enhance tribal public health infrastructure, capacity, and wellness while respecting spiritual and cultural values.

AAIHB also serves as the parent organization to the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) which serves the 27 Tribes, Bands, Pueblos and Nations in the Indian Health Service Albuquerque Area to provide public health services including epidemiology, community health assessment, health promotion/disease prevention intervention, program evaluation, public health surveillance, student development, health research, and training to improve the quality of life of American Indians.

On behalf of the Albuquerque Area Indian Health Board, Inc. and the indigenous people we serve, we welcome you all to the Southwest Region. We look forward to your support by your participation in these two important events. Thank you in advance for your attendance.

Sincerely,

Albuquerque Area Indian Health Board, Inc.
CULTURE NIGHT
Sponsored by
Albuquerque Area Indian Health Board Inc.
Tóhajíilee Band of Navajos * Jicarilla Apache Nation * Mescalero Apache Tribe
Ramah Band of Navajos * Southern Ute Indian Tribe * Ute Mountain Ute Tribe
www.aaibh.org | www.aasieec.org

Join Us for an Exciting Evening at the Indian Pueblo Cultural Center
Wednesday, May 15, 2019
6:00-8:00 PM

Southwest Indigenous Buffet and Performance

In partnership with

Southwest Indigenous Buffet and Performance

And celebration of

The Pueblo Indian Cultural Center is 2.2 miles from the Convention Center. Transportation will be provided via shuttle bus or you are welcome to arrange your own transportation via taxi or ride share or personal vehicle.
SUMMIT TRACK INFORMATION
AND FORMAT

A VARIETY OF BREAKOUT SESSIONS

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. Each session will consist of 4-5 individual 15-minute rounds. Every 15 minutes, attendees will rotate to the next table in the round. Presenters will remain stationary.

Trainings:
Trainings are half or full-day long classes that provide a more in-depth exploration of a topic, as well as more activities and skills-building opportunities. Institutes will have appropriate breaks as planned by the facilitator. All institutes are offered on the post-Summit day, Wednesday, May 15th.

SUMMIT TRACKS

The Summit sessions are organized by different tracks that have grouped related content together. Tracks are color-coded and 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 – 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.

Environmental Health and Climate Change – 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.

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 Policy, Infrastructure and Systems – 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.

Emergency Preparedness and Emerging Issues in Public Health – This track addresses preparedness and response capabilities of Tribal communities. It is important that Tribal nations are prepared and equipped when facing health emergencies. Changes in factors such as environments, economies, systems, social structures and even laws and policies can pose new threats to the public’s health and equally important is a health system’s ability to recognize and respond to emerging threats.

NATIONAL TRIBAL PUBLIC HEALTH SUMMIT • MAY 13-15, 2019 • ALBUQUERQUE CONVENTION CENTER • ALBUQUERQUE, NEW MEXICO
**SUMMIT HIGHLIGHTS**

**Monday, May 13, 2019**

**OPENING PLENARY**
(8:30 AM-12:00 PM)

Please join us as we welcome national leaders from across the country in addressing public health in Indian Country. We will be hearing from the U.S. Surgeon General Jerome M. Adams, U.S. Congresswoman Debra Haaland (N.M.) and IHS Deputy Director RADM Michael Weahkee and many more!

**OPENING RECEPTION, SDPI POSTER SESSION AND ANNUAL PUBLIC HEALTH INNOVATION AWARDS PRESENTATION**
(BEGINNING AT 6:00 PM)

Please join us for an opening reception to kick off the Summit events, help us honor our National, Regional, and Local Public Health Innovation Award winners and to learn more about the amazing work of the Special Diabetes Program for Indians programs across Indian Country. 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.

**Tuesday, May 14, 2019**

**FITNESS EVENT: ELDERS FITNESS**
(6:30 AM-7:30 AM)

Join us for an early morning elder fitness class, where gentle aerobic, stretching, and balance exercises will be adapted to your needs. All are welcome to join this class led by Kevin Tushka (Choctaw), a Diabetes Treatment and Prevention Lifestyle Coach at the Oklahoma City Indian Clinic. So rise and shine, dress comfortably, and bring a water bottle.

**CLOSING PLENARY**
(3:15 PM-5:00 PM)

Will feature researchers and experts on climate change and smokeless tobacco as well as remarks from Jefferson Keel, President, National Congress of American Indians.

**PRIZE DRAWINGS**

Up to 3 lucky winners will be drawn for the Exhibitor and Marketplace Passport prizes. See the back of the book on how to qualify. You must be present at the closing plenary to win. Six winners will be also be chosen from a pool of attendees who used the conference app to complete session evaluations.

**Wednesday, May 15, 2019**

**NATIONAL OPIOID RESPONSE PLANNING**
(9:00 AM-12:00 PM)

The Northwest Portland Area Indian Health Board and National Indian Health Board are working to build a strategic framework to be co-owned by all Tribes to help form a clear foundation to develop and elevate priorities for action and further learning.

**CENTERS FOR DISEASE CONTROL AND PREVENTION LISTENING SESSION – E-CIGARETTES AND INDIAN COUNTRY**
(3:00 PM – 5:00 PM)

The Office on Smoking and Health (OSH) would like to hear from tribal public health practitioners and leaders on the use, impacts, and challenges of e-cigarettes in their communities and across Indian Country.

**SPECIAL LISTENING SESSION: DEVELOPING THE NATIONAL STRATEGIES FOR HIV AND VIRAL HEPATITIS AND AN STD FEDERAL ACTION PLAN**
(1:00 PM-3:00 PM)

During this session, federal leaders will provide brief remarks on the process, policies, and scientific advances that guide HHS’ efforts to develop the next iterations of the national HIV and viral hepatitis strategy initiatives. Tribal leaders, health department staff, researchers, individuals living with and at risk for infection, and other stakeholders from Indian Country are encouraged to attend a listening session to share with federal leaders their input for these national strategies and federal action plan.

**CULTURE NIGHT**
(6:00 PM-8:00 PM)

You won’t want to miss this exclusive evening at the Indian Pueblo Center featuring a Southwest indigenous buffet and cultural stories, dances and songs. Culture night is sponsored by the Albuquerque Area Indian Health Board in partnership with Indian Pueblo Cultural Center, Tóhajiilee Band of Navajos, Jicarilla Apache Nation, Mescalero Apache Tribe, Ramah Band of Navajos, Southern Ute Indian Tribe, and Ute Mountain Ute Tribe.
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, once again at the Summit Opening Reception, Monday, May 13, 6:00 pm - 8:00 pm, Ballroom B/C!

SDPI COMMUNITY-DIRECTED GRANTS

Alaska Native Tribal Health Consortium
Diabetes Prevention Program (Alaska)

Chinle Comprehensive Healthcare Facility
Chinle Service Unit Diabetes Program (Navajo)

Fond du Lac Human Services
Fond du Lac Band of Lake Superior Chippewa Diabetes Program (Billings)

Three Affiliated Tribes
Fort Berthold Diabetes Program (Great Plains)

Indian Health Service, Towaoc, CO
Sleeping Ute Diabetes Prevention Program (Albuquerque)

Navajo Area Office
Navajo Wellness Model Curriculum (Navajo)

Navajo Nation
Navajo Nation Special Diabetes Program (Navajo)

Oklahoma City Indian Clinic
Get SET (Oklahoma City)

Parker Indian Health Services
CRIT Special Diabetes Project-Recreation Program (Phoenix)

Rosebud Sioux Tribe
Rosebud Wellness Program (Great Plains)

Sault Tribal Health Center/Community Health-Diabetes Program
Sault Ste. Marie Tribe of Chippewa Indians Diabetes Program (Bemidji)

SouthEast Alaska Regional Health Consortium (SEARHC)
SEARHC Diabetes Program (Alaska)

Southern Indian Health Council, Inc.
Native Own Wellness (California)

Spirit Lake Tribe
Spirit Lake Tribe SDPI Program (Great Plains)

Stockbridge-Munsee Health and Wellness Center
Stockbridge-Munsee Diabetes Program (Bemidji)

Winslow Indian Health Care Center
Hozhoogo Iina Wellness Program (Navajo)

Yukon-Kuskokwim Health Corporation
YKHC Diabetes Prevention & Control (Alaska)

Zuni Pueblo
Zuni Healthy Lifestyles Program (Albuquerque)
2019
PUBLIC HEALTH INNOVATION AWARDS
NATIONAL-REGIONAL-LOCAL

The Public Health Innovation Award were created to honor individuals, Tribes, organizations, and programs that have enriched and improved American Indian and Alaska Native public health. 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 not only with contemporary needs, but with cultural beliefs as well. The winners of these awards work to improve health status, implement new programming, address long standing health disparities, and/or increase the visibility of public health concerns.

This year NIHB received many deserving nominations from across Indian Country. Though we only have three awards to grant, we would like to extend our thanks and congratulations to all of the hardworking, dedicated nominees.

NATIONAL RECIPIENT

James Segura (Salamatof Native Association)
Chairman of the Board of Directors, Southcentral Foundation

James Segura has served as Southcentral Foundation (SCF) Board Chairman for 35 years. SCF is a nonprofit Tribal organization serving 65,000 indigenous peoples. With his commitment to strong governance, he has led this Native Community through realizing the dream of a customer-owned, customer-driven health care system. The resulting Nuka System of Care has proven to impact whole population health. Consistent with the Native value of “sharing what we know,” Segura is expanding the reach of these innovations through his support for SCF’s Learning Institute, a new avenue for sharing knowledge and expertise with other Tribes/Tribal organizations. The Institute develops and delivers workshops, trainings and consulting services for organizations interested in replicating Nuka concepts to improve health outcomes in their communities. Segura ensures the work is guided by the client’s core values so the collaboration can help the people of any region achieve whole-person wellness.
REGIONAL RECIPIENT

Dr. Melanie Nadeau (Turtle Mountain Band of Chippewa Indians)  
Operational Director, American Indian Public Health Resource Center

The American Indian Public Health Resource Center (AIPHRC) was developed to provide technical assistance around public health initiatives to Tribes in the Northern Plains, Minnesota, and across the nation. While at North Dakota State University, Dr. Nadeau obtained her PhD in social and behavioral epidemiology and focused her research on breast cancer risk factors for American Indian women on the Turtle Mountain Reservation, a study that was the first of its kind. Through her work at AIPHRC, Dr. Nadeau has been able to train and teach Tribal communities in Minnesota on Indigenous Evaluation through a public health lens. Melanie also specializes in data analysis and is great at working with Tribal communities and making data easy to understand and read. Dr. Nadeau was able to build the American Indian Public Health Resource Center from a small center to what the center is now – which operates on several grant projects that focuses on health equity, maternal and child health, and opioid use. Melanie is also a mother and wife and keeps up with her traditions.

LOCAL RECIPIENT

Toiyabe Indian Health Project Infection Control & Safety Committee

The Toiyabe Indian Health Project is a non-profit community health clinic for residents of Inyo and Mono counties and provides services such as medical care, dental care, dialysis, pharmacy, optometry, counseling and behavioral health services, diabetes care, and family services. The Toiyabe Indian Health Project Safety and Infection Control Team, in partnership with Reno District IHS OEH&E, demonstrated exceptional leadership and commitment to improving the quality of care for patients, and outstanding cooperation in achieving program goals and objectives. To address health and safety issues identified by IHS during routine clinic assessments, the teams were able to prioritize and address safety issues, and implemented corrective action that significantly enhanced conditions at all clinic sites. The team’s dedication, commitment to mission, and leadership has resulted in significant improvements in safety management and the quality of care at the three Toiyabe Health Clinic sites.
### AGENDA AT-A-GLANCE

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**KEY**
- **Track: Health Promotion and Disease Prevention**
- **Track: Emergency Preparedness and Emerging Issues in Public Health**
- **Track: Environmental Health and Climate Change**

**CULTURE NIGHT HOSTED BY THE ALBUQUERQUE AREA INDIAN HEALTH BOARD AT THE INDIAN PUEBLO CULTURAL CENTER 6:00 pm - 8:00 pm**
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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>12:00 PM - 1:30 PM</td>
<td><strong>Federal Partners Ready Room</strong></td>
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<td><strong>Native Community Approach to Integration of Behavioral Health Services</strong></td>
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<td><strong>PHAB Accreditation: Challenge Accepted, Challenge Accomplished</strong></td>
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<td><strong>HIV and the Opioid Epidemic; How to Address It Locally</strong></td>
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<td><strong>Health Promotion and Disease Prevention 2 Roundtable</strong></td>
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<td><strong>Substance Misuse and Behavioral Health Roundtable</strong></td>
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<td><strong>Environmental Health and Climate Change Roundtable</strong></td>
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<td><strong>Public Health Policy, Infrastructure and Systems Roundtable</strong></td>
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<td><strong>Tribal Epidemiology Centers: Connecting Communities with their Health Data</strong></td>
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<td><strong>Federal Indian Law as a Structural Determinant of Health</strong></td>
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<td><strong>Advancing Indigenous School-Based Health Services: Wholeness and Healing by Design</strong></td>
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<td><strong>As Dementia Impacts Our Communities, What Can Be Done?</strong></td>
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<td><strong>SOAR (Stop, Observe, Ask, Respond) for Native Communities</strong></td>
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<td><strong>Health Promotion and Disease Prevention 1 Roundtable</strong></td>
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<td><strong>Needle Exchange and Healing to Wellness Court: Effective Methods in Indian Country</strong></td>
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<td><strong>Indian Country Drug Endangered Children</strong></td>
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<td><strong>Public Health Leadership Development for Tribal Leaders: A Promising Practice for Promoting Public Health Advocacy</strong></td>
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**Climate Ready Tribes Climate and Health Learning Community In-Person Networking Event**

**10:00 PM - 11:00 PM**
- **Indian Health Service (IHS) and U.S. Department of Veterans Affairs Listening Session**
- **Centers for Disease Control and Prevention (CDC) Listening Session**
- **Dept. of Health and Human Services Listening Session: Developing National Strategies for HIV and Viral Hepatitis and a STD Federal Action Plan**

**Lunch on your own 12:00 PM - 1:00 PM**

**3:00 PM - 5:00 PM**
- **Culture & Drugs Don’t Mix**
- **CDC Environmental Health Discussion Session**

**Track: Substance Misuse and Behavioral Health**

**Track: Public Health Policy, Infrastructure & Systems**
## AGENDA AT-A-GLANCE

Roundtables are participatory sessions. Each session will consist of 4 individual 15-minute rounds. Every 15 minutes, attendees will rotate to the next table in the round. Presenters will remain stationary.

### ROOM: ANASAZI

<table>
<thead>
<tr>
<th>Monday, May 15 1:30 - 3:00 PM</th>
<th>Monday, May 15 1:30 - 3:00 PM</th>
<th>Tuesday, May 16 8:30 AM - 10:00 AM</th>
<th>Tuesday, May 16 10:30 AM - 12:00 PM</th>
<th>Tuesday, May 16 1:30 - 3:00 PM</th>
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<tr>
<td><strong>Health Promotion and Disease Prevention 1 Roundtable</strong></td>
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<td><strong>Health Promotion and Disease Prevention 2 Roundtable</strong></td>
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<tr>
<td>Table 1 Reducing Tobacco-Related Health Disparities through Policy, Systems, and Environmental Changes</td>
<td>Table 1 An Assessment of Alcohol Regulation Policies and the Impact on Alcohol-Related Deaths in American Indian and Alaskan Native Communities, New Mexico</td>
<td>Table 1 CDC Tribal Public Health Framework Roundtable</td>
<td>Table 1 Reconnecting with Mother Earth – Soul to Soil</td>
<td>Table 1 Wisdom of Our Elders: A Process for Developing Traditional Cultural Practices Curricula</td>
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<td>Table 2 Developing a study of colorectal cancer risk and protective factors among Alaska Native people using a community-based participatory research framework</td>
<td>Table 2 Cultivating Generational Changes in Eastern Tribal Nations through Traditional Practices under the Good Health and Wellness in Indian Country (GHWIC) Grant</td>
<td>Table 2 Community Health Representative: Tribal Program Perspectives on Workforce Policy and Sustainability</td>
<td>Table 2 Food Sovereignty as a Climate Adaption Strategy: Myk Heidt, Swinomish</td>
<td>Table 2 A Policy Framework to Reduce the Tobacco Disparity among Native Americans: The Canli Coalition of Cheyenne river Sioux Tribe</td>
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<tr>
<td>Table 3 Advancing Food Sovereignty on the Navajo Nation: A Native Youth’s Journey through Advocacy and Policy Research</td>
<td>Table 3 Cultural Connections and Social Support: Four-years of knowing from the Tribal Prevention Initiative</td>
<td>Table 3 Promoting Cultural Awareness in the Health Sciences through Relationship-Building and Immersion Training</td>
<td>Table 3 Collaborative Climate Adaptation for Tribal Community Wellbeing</td>
<td>Table 3 An Innovative Partnership Between Public Health Professionals and Academic Researchers to Promote Adolescent Sexual and Reproductive Health on the Navajo Nation</td>
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<tr>
<td>Table 4 Integrating Tribal Practices for Chronic Disease Prevention in American Indian/Alaska Native Communities</td>
<td>Table 4 Disparities in Sexually Transmitted Diseases (STD) among American Indians and Alaska Natives (AI/AN)</td>
<td>Table 4 A Comparative Analysis of Telephone Versus In-Person Survey Administration for Health Risk Factor Surveillance in Three Tribal Communities in New Mexico</td>
<td>Table 4 When Shellfish Strike Back. How Environmental Monitoring Can Enhance Access to Traditional Resources</td>
<td>Table 4 A Qualitative Analysis: A Pilot Study to Determine the Efficacy of a Vetted Provider Program for Tribal Community Health Aides Serving Rural and Remote Regions</td>
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SUNDAY, MAY 12, 2019

1:00 PM - 6:00 PM
Registration and Information
MAIN LEVEL LOBBY

MONDAY, MAY 13, 2019

6:30 AM - 6:00 PM
Registration and Information
MAIN LEVEL LOBBY

8:00 AM - 5:00 PM
Exhibit Hall Open
LA SALA LOBBY

8:30 AM - 12:30 PM
OPENING PLENARY
BALLROOM B/C

8:30 AM - 8:45 AM
Drum group & posting colors, Opening Prayer

8:45 AM - 8:50 AM
Welcome

8:50 AM - 9:00 AM
Opening Remarks
CHAIRPERSON KITCHEYAN, NIHB BOARD CHAIR

9:00 AM - 9:40 AM
Tribes and the U.S. Public Health Service Commissioned Corps: Working Jointly to Improve Public Health Outcomes in Native Communities
U.S. SURGEON GENERAL DR. JEROME ADAMS, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

9:40 AM - 9:50 AM
Tribal Collaboration with Congress to Promote Tribal Health and Wellbeing (video address)
REPRESENTATIVE DEB HAALAND, U.S. CONGRESSWOMAN (NM)
9:50 AM – 10:10 AM
Remarks
DR. SPERO MANSON, DIRECTOR, CENTERS FOR AMERICAN INDIAN AND ALASKA NATIVE HEALTH

10:10 AM – 10:40 AM
Adverse Childhood Experiences (ACES) Presentation
DR. DONALD WARNE, ASSOCIATE DEAN FOR DIVERSITY, EQUITY, AND INCLUSION / DIRECTOR OF THE INDIANS INTO MEDICINE (INMED), UNIVERSITY OF NORTH DAKOTA

10:40 AM – 11:40 AM
HIV/HCV Harm Reduction Panel
VICKI BRADLEY, SECRETARY OF PUBLIC HEALTH AND HUMAN SERVICES, EASTERN BAND OF CHEROKEE INDIANS
JESSICA RIENSTRA, REGISTERED NURSE, LUMMI TRIBAL HEALTH CENTER
DR. CHRISTINA ARREDONDO, MEDICAL DIRECTOR/PSYCHIATRIST, PASCUA YAQUI TRIBE HEALTH SERVICES DIVISION
CLINTON ALEXANDER, INTERIM DIRECTOR, BEHAVIORAL HEALTH DIVISION - WHITE EARTH BAND OF OJIBWE

11:40 AM – 12:10 PM
Indian Health Service Updates on the White House HIV Initiative
RADM MICHAEL WEAKHEE, INDIAN HEALTH SERVICE, PRINCIPAL DEPUTY

12:00 PM – 12:10 PM
Alzheimer’s Roadmap for Indian Country
DR. LISA MCGUIRE, LEAD, ALZHEIMER’S DISEASE AND HEALTHY AGING PROGRAM, CENTERS FOR DISEASE CONTROL AND PREVENTION

12:10 PM – 12:20 PM
Closing Remarks
STACY A. BOHLEN, CEO, NATIONAL INDIAN HEALTH BOARD

12:30-1:30 PM
Lunch

1:30 PM - 3:00 PM
Breakout Sessions

1:30 PM - 3:00 PM
Culturally Tailored Tobacco Messaging Among American Indians in Minnesota
Track: Health Promotion and Disease Prevention
COCHITI
Traditional tobacco plays a vital role in many American Indian (AI) cultures. Commercial tobacco use rates are high throughout AI communities which contributes to significant disparities in lung cancer, heart disease, and other smoking-related diseases. Understanding best practices for smoking cessation and prevention is critical to improving health outcomes for AI people. We proposed that perceptions of smoking cessation messages and beliefs about cessation and prevention of smoking are more positive when message arguments stress keeping tobacco sacred. To test this hypothesis a community engaged study was designed. We believe that arguments that link smoking cessation and prevention to AI cultures will resonate stronger with AI adult smokers and youth. AI adult smokers were sampled at community events in the Minneapolis-St. Paul area. Findings show a highly consistent pattern that sacred tobacco messages induced more positive responses vs. health consequences and generic tobacco messaging. Cultural cues in smoking cessation and prevention messages can positively affect perceptions and beliefs around smoking commercial tobacco. This study has important implications for the design of messages that encourage AI adults to quit smoking and prevent AI youth from initiating.
TARLYNN TONE-PAH-HOTE, MICHAEL MUDGETT, AMERICAN INDIAN CANCER FOUNDATION

1:30 PM - 3:00 PM
Providing Nutrition Education for the Non-Dietitian
Track: Health Promotion and Disease Prevention
ISLETA/JEMEZ
Nutrition education is integral to total diabetes care and education. However, it is not always available from an Registered Dietitian (RD). The session will provide an overview of goals and outcomes non RDs may consider establishing with patients with diabetes as they provide nutrition education. Improving health and glucose control through food choices and physical activity will be emphasized.
KELLI BEGAY, IHS DIVISION OF DIABETES
Harmful Algae Blooming Large: Tackling the Health Risks of Harmful Algae

PICURIS
One climate related health threat to coastal and tribal communities is increased Harmful Algae Blooms (HABs). Warming sea temperatures have contributed to increased frequency, duration, and severity of naturally occurring HABs events. The biotoxins from HABs bio-accumulate in filter feeding shellfish such as clams, oysters, and mussels making them unsafe for human consumption. Last year biotoxins reached lethal levels within important shellfish harvest areas for the Lummi Nation and biotoxins are predicted to continue to increase with a warming climate. Lummi Nation tribal members have relied on intertidal shellfish harvesting since time immemorial and it is paramount for the tribe to increase monitoring, improve education, and enhance distribution of HABs and shellfish biotoxin levels to the community to protect the health of tribal members. The Lummi Nation is currently working towards improving efforts to protect the health of the community from HABs / biotoxins.
Megan Hintz, Taylor Solomon, Lummi Nation

Aging in Place on the Reservation

TRACK: Public Health Policy, Infrastructure & Systems
NAVajo/NAMBe
There is much we do not understand about the struggles rural elders face when it comes to remaining independent. Accounting for the elder point of view and context are essential in evaluating and improving services directed to keep elders independent and at home. Few studies have examined the elder perspective on what they see as obstacles and facilitators to aging in place. The driving research question is: How do Tribal Elders perceive barriers and facilitators to health in their community? Photovoice allows the opportunity to capture the elder point of view on health in their community by using photographs paired with narrative to frame the salient issues. Participants were provided cameras and prompts to facilitate their photography. Follow up interviews were conducted to gather qualitative data to match the photos taken keeping the narrative in the elder’s voice. This study is a qualitative, participatory research project examining the obstacles and facilitators to elders’ health while living in their homes. The elders told their stories that create three primary categories of narrative: safety (environmental events, changing home needs, and victimization), comfort (family nearby, pets, home updates to ease mobility), and support (home visits form providers, assistance with bills, activity facilitation). Photovoice is an effective tool to give voice to the elders to drive the narrative. The photos illustrate a nuanced understanding of aging in place.
Anna Tresidder, Eastern Washington University
Nora Flett, Spokane Tribe of Indians

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Anna Tresidder, Eastern Washington University
Nora Flett, Spokane Tribe of Indians

Needle Exchange and Healing to Wellness Court: Effective Methods in Indian Country

Track: Substance Misuse and Behavioral Health
SANTA ANA
Indian Country has been disproportionately impacted by the opioid crisis and its unintentional impacts. United South and Eastern Tribes, (USET) is partnering with IHS Nashville area Tribal Nations to identify best and promising practices for prevention, treatment and intervention practices. Recently, USET held a day long workshop for Tribal Nations to share information on various initiatives implemented. During this presentation, USET, will provide an overview of what was learned in this workshop. Vickie Bradley, Health Director from the Eastern Band of Cherokee Indians (EBCI) will talk about their successful needle exchange program. Vickie will share supportive statistics demonstrating the early and continuing participation in this program targeting at reducing the prevalence of Hep C in the community. Rhonda Decontie, Clerk of Courts from Penobscot Nation, will talk about Penobscot’s “Healing to Wellness ” court and how it is a successful model incorporating traditional methods to support those in recovery.
Kate Grismala, United South and Eastern Tribes, Inc.
Rhonda Decontie, Penobscot Nation Tribal Court
Vickie Bradley, Eastern Band of Cherokee Indians

Public Health Risk Communication in Emergency Responses

Track: Emergency Preparedness and Emerging Issues in Public Health
TAOS
Clear communication tailored to diverse audiences is critical to effectively managing a public health emergency response. This workshop will discuss key principles for communication in emergency situations, with focus on American Indian/Alaska Native (AI/AN) populations. The workshop will also include a scenario-based learning exercise on AI/AN resilience-building communication approaches and unique psychological stressors these populations may experience. Finally, there will be a guided overview of online health education resources and self-directed public health trainings available through the Centers for Disease Control and Prevention (CDC).
Elizabeth Davlantes, Kelly Regan, Delight Satter, Centers for Disease Control and Prevention
How do Roundtables work? Start at any table you would like and you will have the opportunity to visit the other tables every 15 minutes and in any order that suits you.

Table 1 - Reducing Tobacco-Related Health Disparities through Policy, Systems, and Environmental Changes

To respond to the multi-factored causes of chronic diseases burdening the Alaska Native and American Indian peoples, including tobacco use and exposure, the Alaska Native Epidemiology Center (EpiCenter) and the Inter Tribal Council of Arizona, Incorporated (ITCA) received separate five-year grants under “A Comprehensive Approach to Good Health and Wellness in Indian Country” from the CDC in 2014. The ANTHC EpiCenter and ITCA partners with their Tribes and Tribal Health Organizations [THOs] to address chronic diseases through community chosen, and culturally responsive, Policy, Systems, and Environmental (PSE) changes. The results of the partnership between ANTHC EpiCenter and nine THO Partner Sites culminated in over 35 PSE changes including tobacco-free healthcare campus policies, clinical protocol and EHR improvements, tribal resolutions, and increased community-clinical linkages. With the assistance of ITCA, Tribes have developed and strengthened their tobacco policies, expanded the reach federal tobacco education campaigns, and created tobacco education materials.

TAJIA REVELS, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
VANESSA DODGE AND GLENDA TOVAR, INTER TRIBAL COUNCIL OF ARIZONA, INC.

Table 2 - Developing a Study of Colorectal Cancer Risk and Protective Factors among Alaska Native people using a Community-based Participatory Research Framework

Colorectal cancer (CRC) is the second leading cancer among Alaska Native [AN] people, and the second leading cause of cancer mortality. We are developing a study of lifestyle and genetic risk and protective factors for CRC among AN people, conducted within a community-based participatory research framework. This presentation will engage attendees in a discussion on developing community-engaged research studies to understand risk and protective factors for chronic diseases among Tribal communities, using highlights from our work. We will present our formative research process, how stakeholder feedback was incorporated into our study protocol, our plans for continued stakeholder and participant engagement, as well as for the return of research results to the AN community. We hope to hear from others engaged in similar research in other Tribal communities about their processes. Finally, this presentation will provide an opportunity for discussion of the respectful conduct of research involving biospecimens in AIAN communities.

SARAH NASH, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Table 3 - Advancing Food Sovereignty on the Navajo Nation: A Native Youth’s Journey through Advocacy and Policy Research

As part of the National Indian Health Board Health Policy Fellowship, Native youth have the opportunity to research health policy issues pertinent in their Tribal communities. Fellows then take action and share their recommendations with their Tribal leadership. For the 2017-2018 cohort of Health Policy Fellows, food sovereignty and substance abuse prevention were two top priorities. During this interactive round table, one 2017-2018 Health Policy Fellow, Natasha Enaah, will discuss her research on Diné food policies and share her policy recommendations for advancing food sovereignty in her Tribal Nation. Ms. Enaah will also share information about the National Indian Health Board Health Policy Fellowship and how your young people and Tribal communities may benefit from participating in this unique program.

NATASHIA ENAHAH, PRESBYTERIAN CENTER FOR COMMUNITY HEALTH

Table 4 - Integrating Tribal Practices for Chronic Disease Prevention in American Indian/Alaska Native Communities

Tribal Practices for Wellness in Indian Country (TPWIC), a 3-year program funded by the Centers for Disease Control and Prevention, supports tribal practices as a protective factor for building strength, resilience, and wellness in American Indian/Alaska Native (AI/AN) communities. Seven strategies were identified to strengthen connections to family, community, and culture, which can contribute to the reduction of chronic disease in AI/AN. The presenters will introduce TPWIC and engage the participants by having them share their program approaches and innovations as it relates to tribal practices. This will create a space for dialogue on how tribes are engaging and implementing traditional and cultural practices, intergenerational learning that supports well-being and resilience, seasonal cultural practices that foster health and wellness, and promoting traditional healthy foods and physical activity.

SHANNON SALTCLAH, GORDON QUAM, CENTERS FOR DISEASE CONTROL AND PREVENTION
Breakout Sessions

**3:30-5:00 pm**

**Two Spirit Natives - Acceptance is Suicide Prevention**

*Track: Health Promotion and Disease Prevention*

**COCHITI**

In 1990, at a Gathering in Winnipeg, Canada, Native American and First Nations people, then called LGBT Natives, decided to reclaim the sacred nature of what it meant to families, Tribes and Nations when a child born exhibiting gender fluidity and/or an affinity for a gender other than what was biologically apparent. Those gathered in Winnipeg chose a name that would speak to the sacred nature of the Ancestors while reclaiming our places as strong people of medicine and healing. History speaks of those Ancestors who held honoured places within the Tribal community while moving fluidly between genders. In fact, many Tribes identified multiple genders and often, a gender was not assigned until the child told the Tribe whom they were. Along with that identity came sacred responsibilities to the Tribe, as healers, as the namers and caretakers of children, as mediators between the genders and as protectors of the Tribe. Post contact, and with the creation of the genocidal tactic of what was known as the Boarding/Residential Schools, many traditional roles were destroyed in an effort to “kill the Indian to save the man.” In spite of multiple attempts to “eradicate the Indian problem,” the resilience of Indigenous people persevered and now, Two Spirit people are working hard to regain our places in the Sacred Hoops of our people. This workshop will share historical evidence of the sacred nature of Two Spirit people and how acceptance is a suicide prevention technique.

SADE HEART OF THE HAWK ALL, ZERO SUICIDE INSTITUTE

**3:30 PM - 5:00 PM**

**Collaborative Climate Adaptation for Tribal Community Wellbeing**

*Track: Environmental Health and Climate Change*

**PICURIS**

Some of the most tragic impacts of climate change are projected to come in the form of illness, injury, and death as well as collective psychosocial and cultural hardships. The Pala Band of Mission Indians was recently awarded an NIH Climate Ready Tribes grant to complete and implement a climate adaptation plan that engages tribal community stakeholders in increasing tribal health, wellbeing, and resilience. This project builds upon previous work Pala has done to assess its own climate health vulnerability, and to help prepare tribes across the country through the federally funded Tribal Climate Health Project. Presenters will facilitate an interactive workshop to share the lessons learned from these initiatives to date, including tools, templates, and other materials developed to support tribes. Presenters will also review the latest literature and evidence that has informed Pala’s uniquely collaborative approach to building tribal cohesion and wellbeing before, during, and after climate disasters.

SHASTA GAUGHEN, PALA BAND OF MISSION INDIANS

ANGIE HACKER, PROSPER SUSTAINABLY

**3:30 PM - 5:00 PM**

**Indian Country Drug Endangered Children**

*Track: Substance Misuse and Behavioral Health*

**SANTA ANA**

Tribal communities are experiencing the highest rates of substance use disorders among any population. This US Department of Justice course will present facts, a brief overview of why substance use rates are on the rise and discuss how this is impacting and contributing to tribal youth trauma. We will learn from our past, look at the present, and discuss strategies and methodologies – both western medicines based and culturally rooted – that offer ways on combating substance use disorders. Discussion on data collection, evidence-based practices vs. evidence informed, community involvement, and local and regional agencies with tools to address local problems requiring local solutions.

JACQUE GENCARELLE, DRUG ENFORCEMENT AGENCY
Table 2 - Cultivating Generational Changes in Eastern Tribal Nations through Traditional Practices under the Good Health and Wellness in Indian Country (GHWIC) Grant

Historically, American Indians and Alaska Natives (AI/AN) have used traditional practices that promoted physical, mental, and spiritual health of their people. Pre-colonial AI/AN populations not only survived, but thrived in North America by mining the land, hunting, fishing, gathering, and farming. These normal, everyday traditional practices allowed American Indians to maintain a fit and healthy lifestyle, while they thrived, grew, and created strong family bonds that have been passed down through the generations. These relationships can still be seen in today’s Tribal Nations. In 2014, United South and Eastern Tribes (USET), was awarded the (GHWIC) Grant from the National Center for Chronic Disease Prevention and Health Promotion. This grant afforded the opportunity for USET to select seven of its member Tribal Nations through a competitive process to collect qualitative and quantitative data to identify the needs of their Tribal communities and to prioritize and implement culturally appropriate programs and initiatives. USET staff provided tailored technical assistance and noticed that one of the key focus areas was the need for cultivating generational interactions while transferring knowledge from Tribal Elders to Tribal youth through traditional practices. Programs and initiatives are working successfully and continue to prove that cultivating generational changes in Eastern Tribal Nations through Traditional practices under the GHWIC Grant are necessary.

PAMELA STAPLES, UNITED SOUTH AND EASTERN TRIBES
SHAELA MAYBEE, SENeca nation health system

Table 3 - Cultural Connections and Social Support: Four-years of knowing from the Tribal Prevention Initiative

BACKGROUND: Misuse in American Indian youth is a significant public health challenge to tribal communities. Community connections and social support may reduce substance misuse in American Indian youth. The Tribal Prevention Initiative (TiPI) developed a 16-question survey to document cultural connections in six tribal communities in Montana and Wyoming. This survey was conducted in conjunction with various culturally based, community driven prevention efforts including beading, cultural camps, leadership workshops, social dances, and traditional values curriculum. Our primary research question was, “What is the relationship among social support, community connections, self-esteem, and culture on misuse in American Indian youth?” METHODS: Standardized and community-developed measures were used to assess drug and alcohol use, culture, community connections social support, peer / family influence, drinking attitudes, family communications, and self-esteem. A series of multivariable regression models were used to predict substance use and past 30-day marijuana use. RESULTS: We found that social support, self-esteem and community connections are protective against misuse in American Indian youth surveyed. Lessons from...
four-years of TiPI tell us that social support is the strongest predictor of misuse in American Indian youth and that higher levels of social support were associated with lower levels of misuse.

ALLYSON KELLEY, ALLYSON KELLEY & ASSOCIATES PLLC
BETHANY FATUPAITO, MORGAN WITZEL, ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL

Table 4 - Disparities in Sexually Transmitted Diseases (STD) among American Indians and Alaska Natives (AI/AN)

Although nationally widespread, the STD epidemic disproportionately affects AI/AN populations. Access to timely and reliable data is vital to inform programmatic decision-making and the development of policy to stem the STD burden. However, AI/AN health data specific to STDs are limited and are subject to racial misclassification bias. STDs are significant burdens on AI/ANs and the Indian Health Service (IHS) health care system. The IHS, a federal agency within the U.S. Department of Health and Human Services, is responsible for providing health services to 2.3 million AI/AN people. In an effort to improve access to STD data for AI/ANs, IHS and the CDC have collaborated to produce the Indian Health Surveillance Report on STDs since 2004. Electronically reported data for chlamydia, gonorrhea, and P&S syphilis cases were analyzed to create crude annual incidence rates (i.e., new cases/population) per 100,000 population for 2011–2015. Race and county variables were used to determine cases among AI/ANs and to geographically assign AI/AN cases to the appropriate IHS administrative Area based on the patient’s county of residence. Rates were calculated by dividing the number of annual cases by yearly U.S Census Bureau annual population estimates. National and IHS Area-specific information are presented in the report. Analyses show the continuing trend of a nationwide increase in STDs and highlights STD disparities among AI/AN people, particularly with increases in gonorrhea rate.

BERNICE BOURSIQUOT AND JEFFREY MCCOLLUM, INDIAN HEALTH SERVICE
ANDRIA APOSTOLOU, SCIMETRIKA, INDIAN HEALTH SERVICE

6:00 PM - 8:00 PM
WELCOME RECEPTION, SDPI POSTER SESSION AND PUBLIC HEALTH INNOVATION AWARDS CEREMONY
BALLROOM B/CY

Please join us for a welcome reception for the 2019 Tribal Public Health Summit! Over 25 Special Diabetes Program for Indians programs will be showcasing their work in the prevention and treatment of diabetes. New this year for the opening reception, we will be honoring 3 individuals who are the winners of the Local, Regional and National Public Health Innovation Awards!!
TUESDAY, MAY 14, 2019

6:30 AM - 7:30 AM
FITNESS EVENT - ELDERS FITNESS
LAGUNA ROOM
Join us for an early morning elder fitness class, where gentle aerobic, stretching, and balance exercises will be adapted to your needs. All are welcome to join this class led by Kevin Tushka (Choctaw), a Diabetes Treatment and Prevention Lifestyle Coach at the Oklahoma City Indian Clinic. Kevin is a U.S. Army veteran with nearly 15 years of experience in the health and fitness field as an Army physical readiness trainer, nutritionist, and certified personal trainer. So rise and shine, dress comfortably, and bring a water bottle.

6:30 AM - 6:00 PM
Registration and Information
MAIN LEVEL LOBBY

8:00 AM - 5:00 PM
Exhibit Hall Open
LA SALA LOBBY

8:30 AM - 10:00 AM
Breakout Sessions

8:30 AM - 10:00 AM
Healthy Aging in Indian Country
Track: Health Promotion and Disease Prevention
COCHITI
As American Indian and Alaska Natives join the aging baby boomer generation they have been shaped by tumultuous changes in technology, society, and culture. These external forces impact them mentally, spiritually, and culturally in positive and negative ways. How can our elders create their own response to aging, which demonstrates healthy resilience and avoids common pitfalls? How can we guide them on their path to find the person centered approach that best fits them and their family? A panel will discuss what we know about actively engaging in the aging process, the impact of aging on AI/AN LGBTQ elders, opioid issues, urban vs. rural, and the increasing need for trained caregivers for our elders. Small group discussion and storytelling will allow attendees to participate and share their wisdom.
REBECCA MORGAN, LARRY CURLEY, NATIONAL INDIAN COUNCIL ON AGING

8:30 AM - 10:00 AM
Federal Indian Law as a Structural Determinant of Health
TRACK: Public Health Policy, Infrastructure & Systems
NAVAJO/NAMBE
Federal Indian law is the body of law that defines the rights, responsibilities, and relationships between Tribes, states, and the federal government. It is this legal framework that has been used to extinguish Indian cultural practices; deny Tribal property rights to ancestral lands; prevent Indians from accessing sacred lands and waters; impede on rights to practice Indian religions; among other basic human rights. Federal Indian law also impacts American Indian and Alaska Native health. Treaty obligations guarantee the provision of US government provided healthcare in exchange for ceded Tribal territories. These treaty obligations have been codified in statute and implemented via Indian Health Service, an agency within the US Department of Health and Human Services, and Tribal 638 self-administered programs. Despite these programs, American Indian and Alaska Native communities are disproportionately burdened by a variety of health outcomes including heart disease, liver disease, influenza, suicide, among others. While the social determinants of health refer to employment, income, housing, education and other conditions that determine inequitable health outcomes, structural determinants refer to social systems...
that create these inequities such as political, economic, and legal. This presentation links health disparities within Tribal communities to the constructs of federal Indian law and argues that it is in fact the law is a structural determinant of health.
AILA HOSS, INDIANA UNIVERSITY MCKINNEY SCHOOL OF LAW

8:30 AM - 10:00 AM

When Shellfish Strike Back. How Environmental Monitoring Can Enhance Access to Traditional Resources

Track: Environmental Health and Climate Change
PICURIS

Shellfish is an important subsistence resource for coastal communities, and in a changing climate, access to this traditional resource is being threatened. Harmful algal blooms (HABs), shellfish toxins and ocean acidification make shellfish more difficult to harvest and potentially dangerous to consume. The Sitka Tribe of Alaska is the host organization for the Southeast Alaska Tribal Ocean Research (SEATOR) network. SEATOR is a tribally led environmental monitoring network that strives to ensure access to traditional foods in Southeast Alaska. Partners are located in 16 different communities separated by more than 500 miles. STA will discuss and demonstrate their ecosystem based monitoring, and identify themes that help address challenges in accessing traditional resources. Activities include learning the basics of phytoplankton taxonomy and ocean acidification, communicating risks and utilizing environmental monitoring to protect traditional resources.
KARI LANPHIER, ANGELA HESSENIUS, SITKA TRIBE OF ALASKA

8:30 AM - 10:00 AM

Collaboration and Strategic Planning to Reduce and Prevent Opioid and Substance Use Disorders in Alaska

Track: Substance Misuse and Behavioral Health
SANTA ANA

Collaboration and Strategic Planning to Reduce and Prevent Opioid and Substance Use Disorders in Alaska The Alaska Native Tribal Health Consortium (ANTHC), in partnership with Alaska-based tribal health organizations and community partners, is committed to reducing and preventing opioid and substance use disorders in the State of Alaska through collaboration and strategic planning. These efforts seek to improve tribal public health systems through strengthening the use of population health data, leveraging data collected from a statewide needs assessment, and responding to public health policies that impact behavioral health service delivery. This workshop will share findings, best practices, and lessons learned in the ongoing collaborative, strategic process. Attendees will participate in activities utilized in the strategic planning session.
JACQUELYNN ENGBRETSON, CODY CHIPP, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

8:30 AM - 10:00 AM

The Role of Law in the Opioid Crisis: Exploring the Role that Federal, State, and Tribal Laws Play in Facilitating a Response to the Opioid Crisis in Indian Country

Track: Emergency Preparedness and Emerging Issues in Public Health
TAOS

Opioid overdose deaths have risen to epidemic levels in the last 10 years. This is especially concerning given that overdose death rates are higher among Native Americans than the national rate. While the largest number of overdose deaths occur among those Native Americans ages 25-34, more than 1 in 10 Native American high school students has used prescription painkillers in the last 30 days. Law can play an important role in mitigating access to opioids, improving situational awareness, and facilitating access to lifesaving treatment. In this session, participants will learn about legal preparedness in Tribal Nations and engage in guided inquiry to better understand the role of law in emergency preparedness with regard to the opioid overdose epidemic in Indian Country. The goal is to support Tribal Nations in strengthening relationships and enhancing capacity.
TINA HERSHEY, University of Pittsburgh Graduate School of Public Health
DONALD BENKEN, CENTERS FOR DISEASE CONTROL AND PREVENTION
TINA HERSHEY, UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH

8:30 AM - 10:00 AM

Public Health Policy, Infrastructure, and Systems Roundtable Session

TRACK: Public Health Policy, Infrastructure & Systems
ANASAZI

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 - CDC Tribal Public Health Framework Roundtable

CDC’s Office of Tribal Affairs and Strategic Alliances is embarking on a scoping review of tribal public health research and practice-based evidence. In this roundtable we will share the latest updates on the project, and ask for further input from American Indian and Alaska Native (AI/AN) tribes and organizations on how to conduct the project, produce related products, and disseminate the results. In recent decades, tribal public health infrastructures across the country have grown and expanded exponentially, and tribes are exercising their sovereign right to assume funding and control over programs. Because public health research has not always adequately involved or focused on AI/AN tribes or tribal organizations, there is a need to synthesize and analyze public health research and practice-based evidence through a tribal lens. Such a project should be
**Table 2 - Community Health Representative: Tribal Program Perspectives on Workforce Policy and Sustainability**

In 2015, AZ tribes recognized a need to convene the voices of the CHR workforce to come together in order to address potential political changes to the overall Community Health Worker (CHW) workforce across Arizona. The Annual CHR Policy Summit was born and brought together CHR Programs, Tribal Leaders, State and community stakeholders. The first annual Policy Summit encouraged dialogue around the unique issues and opportunities for sustainability and advancement of the CHW workforce across tribal, state and national workforce certification and financing efforts. From these efforts, the Arizona CHR Movement was created and continues to be a platform for CHRs to plan annual Summit meetings, identifying needs for training, advocacy, and financial suitability. Today, the AZ CHR Movement is going strong and continues to bring together CHR Programs and national CHW/CHR partners to dialogue and plan for the unique issues and opportunities of the workforce. Plans for the future include the CHR Movement/Coalition working to strengthen and standardize CHR scope of practice, workforce policy, data collection, and evaluation mechanism. CHRs are vital contributors to the health and wellbeing of American Indian communities and critical to the advancement of the broader CHW workforce.

**Table 3 - Promoting Cultural Awareness in the Health Sciences through Relationship-building and Immersion Training**

The principles of Western medicine often seem to be incompatible with the holistic spirituality of Native American cultures. Though apparent opposites, these two worldviews can be perceived as two ends of the same spectrum: A means of healing and understanding the world. However, traditional cultural beliefs are often ignored by academics, even when performing research that directly involves or impacts the community. This has led to many tragic instances of Native communities being harmed and exploited. The goal of The Colorado Immersion Training in Community Engagement (CIT) program at the University of Colorado-Denver is to prevent further abuse and promote understanding by initiating and developing collaborative learning relationships between the scientific community and Native American community leaders. The cultural awareness fostered by these relationships is essential so that future research and medical initiatives can represent, respect and benefit the tribal communities who are impacted by them.

**Table 4 - A Comparative Analysis of Telephone versus In-person Survey Administration for Health Risk Factor Surveillance in three Tribal Communities in New Mexico**

Objective: Public health surveillance systems suffer from insufficient inclusion of American Indian/Alaska Native (AI/AN) populations. These health surveys have also gravitated to telephone administration, which studies suggest may further under-represent racial and ethnic minority groups. This study assessed the impact of administration mode upon survey participation among rural AI/ANs. Design: The Albuquerque Area Southwest Tribal Epidemiology Center partnered with three tribes to administer a Behavioral Risk Factor Surveillance System survey to 900 AI/AN adults. Half of the sample was assigned to telephone administration and the other half was surveyed in-person by trained community interviewers. Significance testing was performed to assess differences in response rates, demographic characteristics, and costs by survey administration type. Results: In-person survey administration yielded a higher response rate (68.8%) than the telephone survey (35.7%). Likewise, in-person participants were, on average, younger, and had lower household incomes and educational attainment than telephone survey participants. In-person survey administration was also slightly more cost-effective than telephone administration ($191.95 vs. $210.84 per completed survey). Conclusions: These findings have important implications for public health surveillance, where unilateral emphasis upon telephone survey administration is unlikely to yield sufficient coverage of the rural AI/AN population.

KEVIN ENGLISH, ALBUQUERQUE AREA INDIAN HEALTH BOARD

**Breakout Sessions**

**10:30 AM - 12:00 PM**

***Mino Bimaadiziwin: Living the Good Life by Reconnecting Wellness to Tradition***

**Track: Health Promotion and Disease Prevention**

Co-chairs

According to the Sault Tribe Health Survey (2017), 61% of adults did not participate in tribal ceremonies, pow-wows, culture camps, or other cultural events. Qualitative results from the Sault Tribe Youth Survey (2016) showed that tribal youth desired to learn more and get involved with cultural practices but have a lack of knowledge about how to go about doing it. The Sault Ste. Marie Tribe of Chippewa Indians Tribal Practices for Wellness in Indian Country (TPWIC) project supports tribal practices that build resiliency and connections to community, family, and culture, which studies have shown reduces risk factors for chronic disease among tribal members and their families. This workshop will fully
engage participants’ minds, bodies, and spirits in learning examples of community health activities that are connected with culture, language and tradition.

HEATHER HEMMING, LISA MYERS, CHARLEE BRISSETTE, SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

10:30 AM - 12:00 PM

SOAR (Stop, Observe, Ask, Respond) for Native Communities

Track: Emergency Preparedness and Emerging Issues in Public Health

ISLETA/JEMEZ

Learning Objectives:
• Describe historic factors which contribute to the trafficking [both labor and sex trafficking] of indigenous populations
• Describe human trafficking in Native communities
• Identify indicators of human trafficking in Native communities
• Describe trafficking resources relevant to Native populations
• Describe methods for honoring cultural practices while providing support to individuals who have been trafficked

Erica Gourneau, Indian Health Service Division of Behavioral Health

10:30 AM - 12:00 PM

As Dementia Impacts Our Communities, What Can Be Done?

Track: Public Health Policy, Infrastructure & Systems

NAVAJO/NAMBE

About 464,000 AI/ANs are older than age 65. This number is expected to triple in 30 years. Older AI/ANs offer a bridge to the past as keepers of language, history, and traditions and play a revered role in their families and native communities. Because dementia is more common with advanced age, as the AI/AN older adult population grows, so will the impact of cognitive impairment. By 2050, one in three AI/ANs age 65+ may have dementia. This 90-minute workshop, led by a deeply experienced Al researcher/clinician, will review some basics about Alzheimer’s disease and then describe key findings of a recent consultation about these issues with Tribal leaders. Public health approaches to dementia will be offered from the new Healthy Brain Initiative’s Road Map for Indian Country. Ample time will enable participants to engage the speakers and each other to imagine action steps to consider in their own communities.

Dave Baldridge, International Association for Indigenous Aging
J. Neil Henderson, University of Minnesota Medical School
Lisa McGuire, Centers for Disease Control and Prevention

10:30 AM - 12:00 PM

Complexity and Simplicity of Food Security Systems

Track: Environmental Health and Climate Change

Picuris

Current relationships between environmental health and climate change are considered complex and time variable: we are aware of the highly interrelated co-dependencies between human, nature, culture [human products] and other human beings. Data obtained from complex analysis may be difficult to transform into plans, projects, or public policy. Simplistic plans or segmented approaches are at risk of reductionism that left behind relevant dimensions for Indigenous communities. New complementary medium level theories are required to promote practical applications without compromising complexity or being at risk to consider impractical perspectives. In this context, the present workshop offers opportunities to gain theoretical and practical knowledge from land-based experiential learning opportunities. Participants will apply self-assessment tools, a framework based on complex systems perspectives and a methodology to triangulate complex analysis and simple strategies to tackle their own food security contexts, experiences, knowledge and concerns.

Angela Mashford-Pringle, WAAKEBINESS-BRYCE INSTITUTE FOR INDIGENOUS HEALTH

10:30 AM - 12:00 PM

IHS American Indian/Alaska Native Community Crisis Response Guidelines: Community Connections and Readiness

Track: Emergency Preparedness and Emerging Issues in Public Health

Taos

IHS American Indian/Alaska Native Community Crisis Response Guidelines: Community Connections and Readiness The IHS American Indian/Alaska Native Community Practice Guidelines are protocols to address federal and tribal partnerships in addressing suicide related crises. The guidelines outline responsibilities and procedures for Tribes, who receive services through Indian Health Service (IHS), to request assistance from the IHS Division of Behavioral Health (DBH). The IHS DBH provides the guidelines in order to ensure access to behavioral health services in tribal communities and provide direction in accordance with these protocols.

Pamela End of Horn, Steven Whitehorn, Indian Health Service
### Table 1 - Reconnecting with Mother Earth – Soul to Soil

The heart of Mother Earth is in the soil – and the soil is in trouble. Our industrialized food production system, mining, deforestation, careless grazing management practices and misguided land development have all contributed to massive soil erosion and degradation. Healthy soil supports an incredibly complex and abundant web of life that is the basis for all life on Earth. Soil also stores a tremendous amount of carbon, but as soil is degraded or eroded that carbon is released into the atmosphere in the form of carbon dioxide. The good news is that soil can regenerate quickly with the help of people who are trained in methods of soil restoration working to imitate and accelerate the natural processes that build healthy soil. These processes remove carbon from the atmosphere and return it to the soil where it belongs. An innovative program being developed on the Navajo Reservation is beginning to train young people in these restorative techniques. In the process, healthy food is being grown at schools and community centers and projects to restore the productivity of farm and grazing lands are being developed. Eroding hillsides are being healed and planted with a diversity of food, medicine and fiber producing native plants. The time is now to grow this program across Native America. The purpose of this workshop is to explore ways to make this happen.

**Joe Pacal, Saint Michael Indian School, Navajo Nation**

**Jeremiah Watchman, Consultant**

### Table 2 - Food Sovereignty as a Climate Adaption Strategy

This roundtable will discuss teaching workshops about wild foods and plant medicines as a climate adaptation strategy. The Swinomish Indian Tribal Community conducted a community health impact assessment as part of a climate change adaptation action plan. The assessment asked community members to prioritize what aspects of health are most important to focus in the face of climate-driven impacts. Community members ranked education as the most important community health aspect (education means the Swinomish teachings that are passed down from Elders to youth). Swinomish developed the 13 Moons curriculum, named after the traditional seasonal calendar, wherein many seasonally-dependent Swinomish teachings are shared throughout the year. Wild foods and plants are good indicators of climate change; for example, spring greens are appearing earlier than they have in the past. By learning about wild foods and medicines, people also learn how climate-driven changes are affecting these important natural resources.

**Myk Heidt and Jamie Donatuto, Swinomish Indian Tribal Community**

### Table 3 - Collaborative Climate Adaptation for Tribal Community Wellbeing

Some of the most tragic impacts of climate change are projected to come in the form of illness, injury, and death as well as collective psychosocial and cultural hardships. The Pala Band of Mission Indians was recently awarded an NIHB Climate Ready Tribes grant to complete and implement a climate adaptation plan that engages Tribal community stakeholders in increasing Tribal health, wellbeing, and resilience. This project builds upon previous work Pala has done to assess its own climate health vulnerability, and to help prepare Tribes across the country through the federally funded Tribal Climate Health Project.

Presenters will facilitate an interactive workshop to share the lessons learned from these initiatives to date, including tools, templates, and other materials developed to support Tribes. Presenters will also review the latest literature and evidence that has informed Pala’s uniquely collaborative approach to building Tribal cohesion and wellbeing before, during, and after climate disasters.

**Shasta Gaughen, Pala Band of Mission Indians**

**Angie Hacker, Prosper Sustainably**

### Table 4 - When Shellfish Strike Back. How Environmental Monitoring Can Enhance Access to Traditional Resources

Shellfish is an important subsistence resource for coastal communities, and in a changing climate, access to this traditional resource is being threatened. Harmful algal blooms (HABs), shellfish toxins and ocean acidification make shellfish more difficult to harvest and potentially dangerous to consume. The Sitka Tribe of Alaska is the host organization for the Southeast Alaska Tribal Ocean Research (SEATOR) network.

SEATOR is a Tribally led environmental monitoring network that strives to ensure access to traditional foods in Southeast Alaska. Partners are locating in 16 different communities separated by more than 500 miles. STA will discuss and demonstrate their ecosystem based monitoring, and identify themes that help address challenges in accessing traditional resources. Activities include learning the basics of phytoplankton taxonomy and ocean acidification, communicating risks and utilizing environmental monitoring to protect traditional resources.

**Kari Lanphier and Angela Hessenius, Sitka Tribe of Alaska**

### 10:30 AM - 12:00 PM

**Environmental Health & Climate Change Roundtable Session**

**Track: Environmental Health and Climate Change**

**Anasazi**

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

### Roundtable Session

10:30 AM - 12:00 PM

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### 12:00-1:30 PM

**LUNCH**
Breakout Sessions  

1:30 PM - 3:00 PM
**HIV and the Opioid Epidemic; How to Address it Locally**

**Track: Substance Misuse and Behavioral Health**

**ISLETA/JEMEZ**

The opioid crisis has reached epidemic levels with a public health emergency declared by President Trump. According to the Centers for Disease Control and Prevention (CDC), more than 90 Americans die each day from opioid overdose, including heroin. Increases in injection drug use are driving rates of infectious diseases and related conditions: Hepatitis C virus (HCV) rates have increased almost 300 percent, and increases have been seen in some areas in Hepatitis B virus (HBV) and HIV. As rates of opioid use have risen, so have the rates of related infections. Communities need to develop local plans to address this public health emergency. This session will seek to inform attendees about how to work with other organizations to develop local plans to coordinate prevention, rehabilitation and treatment services using SAMHSA's Strategic Prevention Framework (SPF). SPF offers a comprehensive process for addressing substance misuse and related behavioral health problems facing communities. Additionally, this workshop will explore how the opioid epidemic is intertwined with increasing rates of HIV and viral hepatitis, and in particular, Hepatitis B and C. Presenters will set the context of the problem with information on the opioid crisis and the connection to increased rates of HIV and viral hepatitis.

**Laura Gerard, Hannabah Blue, JSI Research & Training Institute**

1:30 PM - 3:00 PM
**PHAB Accreditation: Challenge Accepted, Challenge Accomplished.**

**Track: Public Health Policy, Infrastructure & Systems**

**NAVAJO/NAMBE**

The Oneida Nation is the second tribal nation in the country to achieve public health accreditation through the Public Health Accreditation Board (PHAB). This presentation will take the participants through Oneida Nation’s journey from the perspectives of those individuals and groups that made it possible. The group will discuss what it takes to foster the process to achieve accreditation. The importance of obtaining accreditation status. What changes to expect as you are challenged in the process of obtaining accreditation. We hope sharing our experiences will help other tribal nations to meet or exceed the standards and measures set by the PHAB to improve the provision of services to tribal communities.

**Michelle Myers, Eric Krawczyk, Debra Danforth, Jeff Mears, Oneida Nation**

1:30 PM - 3:00 PM
**The Power of Children to Promote Change: Integrating Science, Culture, and Collective Action**

**Track: Environmental Health and Climate Change**

**Picuris**

In this presentation we will describe our community-based program designed to promote children as co-researchers. We used an increasingly sophisticated educational and skill building curriculum that promotes awareness and action to protect water resources. Over the course our program children participated in afterschool and summer programming that focused on water, through the integration of science, culture and collective action. We began with lessons about water and its importance to human health. 

Next, we focused on children sharing information with their parents and community. More recently, children have been partnering as co-researchers developing their own research questions and methods for educating their community about the importance of water. This past year children have focused on learning about the water quality of local spring sources and developing methods for educating their community through interactive projects, including videos, websites and research presentations. Limited access to safe water is becoming an ever-increasing global threat. Community members on the Crow reservation saw their youth as resource for promoting respect and responsibility for protecting their local water resources. Other communities may learn from our processes for promoting youth as change agents.

**Vanessa Simonds, Montana State University**

**Christine Martin, Little Big Horn College**

1:30 PM - 3:00 PM
**Native Community Approach to Integration of Behavioral Health Services.**

**Track: Substance Misuse and Behavioral Health**

**Santa Ana**

This presentation seeks to enable all tribal professionals, leaders, justice workforce and peer recovery advocates with the tools and resources that are required to be able to efficiently execute Integrated Behavioral Health services in our communities. This information will educate participants toward taking an aggressive stance on substance use and mental health disorders. Having a concise awareness and knowledge of the Central Intake Model and the specific procedures utilized by each agency and/or entity (as part of the whole model) will set the path for other communities to replicate. This model promotes community support and stakeholders toward eradicating social disparities.

**Red Fox Sanchez, Mandan, Hidatsa, Arikara Nation**

**Lois DeLong, Gregory Lebeau, MHA Nation Circle of Life**
Using a Diné Framework to Examine the Impacts of the Gold King Mine Spill on Diné Communities and Deepen Understanding of Lessons Learned

Track: Emergency Preparedness and Emerging Issues in Public Health

The San Juan River, which winds through parts of the Navajo Nation in New Mexico and Utah, is essential to the spiritual, cultural, economic and social aspects of Diné [Navajo] life. In 2015, three million gallons of acid mine drainage were released into the San Juan River after an accidental rupture of the abandoned Gold King Mine (GKM) occurred upstream in Colorado. Twelve focus groups were conducted with three Diné communities to document risk and impact of the GKM Spill. Data were analyzed using NVivo and a culturally-informed codebook. The Sa’ah Naagháí Bik’eh Hózhóón (SNBH) model was used to interpret the findings within the context of Diné wellbeing. Thirty-one major and moderate concerns arose from the GKM Spill, identified as contributing to disruption of wellbeing. Findings suggest culturally-informed improvements to be made in areas of emergency management, incident communication, and cultural knowledge preservation. Conclusion: This research was guided by the cultural philosophy of the people impacted by the event yielding results that can inform action and community healing in a manner that recognizes and responds to the core areas of Diné wellbeing, both in the short- and long-term.

CARMENLITA CHIEF, NICOLETTE T UIFEL-Shone, NORTHERN ARIZONA UNIVERSITY
DUANE “CHILI” YAZZIE, SHIPROCK CHAPTER, NAVAJO NATION

Which Way Did the Coyote Go?: Defining Qualitative Indicators and Performance Measures...

Track: Health Promotion and Disease Prevention

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

Table 1 – Wisdom of Our Elders: A Process for Developing Traditional Cultural Practices Curricula

The Nez Perce Tribe’s (Nimiipuu) Education Department engaged in partnership with our Circle of Elders to develop three wellness-focused curricula: Traditional Tobacco, Traditional Foods, and Traditional Dance. Our process involved (1) Seeking consent from the Circle of Elders, (2) Asking how they wanted to provide input, (3) Individual interviews with elders, (4) Presentation of draft curricula to Circle of Elders and (5) Incorporation of their feedback into final curricula.

ABRAHAM BRONCHEAU AND SCHERRI GREENE, STUDENTS FOR SUCCESS

Table 2 - A Policy Framework to Reduce the Tobacco Disparity among Native Americans: The Canli Coalition of Cheyenne River Sioux Tribe.

Tobacco use rates and subsequent secondhand smoke exposure rates are at an all-time low in America. Despite this National success, Native Americans have experienced stagnant tobacco use rates for the past 50 years, and daily secondhand smoke exposure is alarmingly commonplace. Few Tribal Nations have adequately addressed the tobacco disparity Native Americans face, and even fewer have attained policy change to close the gap in tobacco use and secondhand smoke exposure rates. In 2015, the community-driven Canli Coalition lead the Cheyenne River Sioux Tribe to become one of only four known Tribes in the Nation with a comprehensive smoke-free air ordinance, and the only Tribe known to actively and continually enforce and defend the policy following its passage. This presentation will address the methodology used for an in-depth process evaluation of the Canli Coalition and the resulting framework. Cultural lifeways and the importance of data specific to Indigenous populations are embedded throughout the Canli Coalition’s framework. The results of the process evaluation for the Canli Coalition include quantified outputs organized by framework category and year. The presentation will display the years of dedication and persistence necessary to successfully pass, maintain, and enforce public health policy.

RAE O’LEYAR, MISSOURI BREAKS

PUBLIC HEALTH TRACK: EMERGENCY PREPAREDNESS AND EMERGING ISSUES IN PUBLIC HEALTH

1:30 PM - 3:00 PM

Health Promotion and Disease Prevention

1:30 PM - 3:00 PM

Roundtable Session 2

Track: Health Promotion and Disease Prevention

ANASazi

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ABRAHAM BRONCHEAU AND SCHERRI GREENE, STUDENTS FOR SUCCESS

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Tobacco use rates and subsequent secondhand smoke exposure rates are at an all-time low in America. Despite this National success, Native Americans have experienced stagnant tobacco use rates for the past 50 years, and daily secondhand smoke exposure is alarmingly commonplace. Few Tribal Nations have adequately addressed the tobacco disparity Native Americans face, and even fewer have attained policy change to close the gap in tobacco use and secondhand smoke exposure rates. In 2015, the community-driven Canli Coalition lead the Cheyenne River Sioux Tribe to become one of only four known Tribes in the Nation with a comprehensive smoke-free air ordinance, and the only Tribe known to actively and continually enforce and defend the policy following its passage. This presentation will address the methodology used for an in-depth process evaluation of the Canli Coalition and the resulting framework. Cultural lifeways and the importance of data specific to Indigenous populations are embedded throughout the Canli Coalition’s framework. The results of the process evaluation for the Canli Coalition include quantified outputs organized by framework category and year. The presentation will display the years of dedication and persistence necessary to successfully pass, maintain, and enforce public health policy.

RAE O’LEYAR, MISSOURI BREAKS

PUBLIC HEALTH TRACK: EMERGENCY PREPAREDNESS AND EMERGING ISSUES IN PUBLIC HEALTH

1:30 PM - 3:00 PM

Health Promotion and Disease Prevention

1:30 PM - 3:00 PM

Roundtable Session 2

Track: Health Promotion and Disease Prevention

ANASazi

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

Table 1 – Wisdom of Our Elders: A Process for Developing Traditional Cultural Practices Curricula

The Nez Perce Tribe’s (Nimiipuu) Education Department engaged in partnership with our Circle of Elders to develop three wellness-focused curricula: Traditional Tobacco, Traditional Foods, and Traditional Dance. Our process involved (1) Seeking consent from the Circle of Elders, (2) Asking how they wanted to provide input, (3) Individual interviews with elders, (4) Presentation of draft curricula to Circle of Elders and (5) Incorporation of their feedback into final curricula.

ABRAHAM BRONCHEAU AND SCHERRI GREENE, STUDENTS FOR SUCCESS

Table 2 - A Policy Framework to Reduce the Tobacco Disparity among Native Americans: The Canli Coalition of Cheyenne River Sioux Tribe.

Tobacco use rates and subsequent secondhand smoke exposure rates are at an all-time low in America. Despite this National success, Native Americans have experienced stagnant tobacco use rates for the past 50 years, and daily secondhand smoke exposure is alarmingly commonplace. Few Tribal Nations have adequately addressed the tobacco disparity Native Americans face, and even fewer have attained policy change to close the gap in tobacco use and secondhand smoke exposure rates. In 2015, the community-driven Canli Coalition lead the Cheyenne River Sioux Tribe to become one of only four known Tribes in the Nation with a comprehensive smoke-free air ordinance, and the only Tribe known to actively and continually enforce and defend the policy following its passage. This presentation will address the methodology used for an in-depth process evaluation of the Canli Coalition and the resulting framework. Cultural lifeways and the importance of data specific to Indigenous populations are embedded throughout the Canli Coalition’s framework. The results of the process evaluation for the Canli Coalition include quantified outputs organized by framework category and year. The presentation will display the years of dedication and persistence necessary to successfully pass, maintain, and enforce public health policy.

RAE O’LEYAR, MISSOURI BREAKS
Table 3 - An Innovative Partnership between Public Health Professionals and Academic Researchers to Promote Adolescent Sexual and Reproductive Health on the Navajo Nation

The Navajo Area Indian Health Service Chinle Service Unit: Health Promotion Program (Chinle) and the Johns Hopkins University Center for American Indian Health (Center), through the Domestic Violence Prevention Initiative, have partnered together to confront sexually transmitted infections and HIV/AIDS among Navajo youth through an evidence-based program. Respecting the Circle of Life is the only sexual health program designed for and proven to work with Native teens and families. RCL teaches communication, decision-making, problem-solving, partner negotiation, and comprehensive sexual and reproductive health education. Youth learn skills to protect themselves from infection and pregnancy and how to avoid sexually coercive relationships and situations. Eight RCL lessons are taught to youth during a summer sports camp, and one is taught to youth at home with a parent or other trusted adult. The roundtable will describe this public health-research partnership, implementation of the RCL program in Chinle, and results from the evaluation.

LAUREN TINGEY, JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH
ANNETTE GONNIE, INDIAN HEALTH SERVICE

Table 4 - A Qualitative Analysis: A Pilot Study to Determine the Efficacy of a Vetted Provider Program for Tribal Community Health Aides Serving Rural and Remote Regions

The community health aide (CHA) is the medical backbone of the Bering Strait Region in rural western Alaska. A pilot study was implemented to gather data to determine the effect of a vetted behavioral health provider working with CHAs, using a tri-pronged, cultural humility approach. The study aimed to concentrate on phases of health aides in early career/training, in current practice, and former personnel, to potentially strengthen the retention, resiliency, and longevity of these integral community health providers. The lessons learned will serve as organizational recommendations to further the workforce development of the CHA program. The ideology supporting this study originates from a post-doctoral fellow in the rural health track who identified an emerging pattern of overextended workforce utilization. As a result, key stakeholders within the agency were identified for partnership and collaboration to ensure sustainability of the CHA program to support growth, development, and retention.

ROYLEEN ROSS, SETH GREEN, NORTON SOUND HEALTH CORPORATION

3:15 PM - 5:00 PM
CLOSING PLENARY

3:15 PM – 3:30 PM
Welcome
JEFFERSON KEEL, PRESIDENT, NATIONAL CONGRESS OF AMERICAN INDIANS PRESIDENT

3:30 PM – 3:50 PM
Climate Change and Tribal Communities
LESLEY JANTARASAMI, SENIOR CLIMATE POLICY ANALYST, OREGON DEPARTMENT OF ENERGY

3:50 PM – 4:30 PM
Smokeless Tobacco Discussion
RAE O’LEARY, PROGRAM DIRECTOR, MISSOURI BREAKS RESEARCH
NATALIE HEMMERICH, STAFF ATTORNEY, PUBLIC HEALTH LAW CENTER

4:30 PM - 4:50 PM
Evaluation and Exhibitor Passport Prizes

4:50 PM – 5:00 PM
Closing Remarks
STACY A. BOHLEN, CEO, NATIONAL INDIAN HEALTH BOARD

Retiring the Colors
Closing Prayer
Adjourn

5:00 PM - 6:30 PM
Climate Ready Tribes Climate and Health Learning Community In-Person Networking Event
ZUNI

The Climate and Health In-Person Networking Event is hosted as part of NIHBI’s Climate and Health Learning Community. This event at the Summit is an opportunity to bring together learning community members (and others interested in joining) for an informal meeting to foster peer learning, information sharing, and relationship building. Set up as speed networking, this event will pair you repeatedly with different individuals for a brief introduction and discussion. NIHBI will provide some sample questions for you to discuss, but feel free to talk about whatever you’d like - for example, how climate change is affecting your Tribe/the Tribe where you work, what type of work your Tribe/community is doing or would like to do to address climate change, and what types of partnerships have been valuable for your work.

This event is sponsored by the Sierra Club: Rio Grande Chapter! Thanks to their generous sponsorship, this event will also include refreshments. The networking event is free to attend, but registration is required and space is limited. Register with this URL address: https://conta.cc/2XEbKKZ
WEDNESDAY, MAY 15, 2019

POST TRIBAL PUBLIC HEALTH SUMMIT/ PRE-NATIONAL AIAN BEHAVIORAL HEALTH CONFERENCE DAY

The day will feature Federal Agency Listening Sessions (no fees or registration required to attend Listening sessions). The day will also feature half and full-day training institutes open to conference attendees. No fees, but registration may be required. See individual sessions for details.

6:30 AM - 6:00 PM
Registration and Information
Registration for the American Indian and Alaska Native National Behavioral Health Conference
MAIN LEVEL LOBBY

8:00 AM - 4:00 PM
Exhibit Hall Open
LA SALA LOBBY

8:30 AM - 5:00 PM
Dialectical Behavioral Therapy Training
PICURIS

****REGISTRATION REQUIRED. SPACE IS LIMITED****
Register: https://goo.gl/forms/MsqnMGtuDFG7ICB42

Is DBT for You and Your Clients? This workshop introduces health-care professionals to Dialectical Behavior Therapy (DBT) and helps with decisions about whether DBT is the right fit. Clinicians working with patients who have multiple problems are often stymied by the complex clinical presentations and challenges that arise during treatment. Participants can expect to learn useful DBT skills; however, this workshop is not sufficient for acquiring the competence necessary to conduct comprehensive DBT. This workshop is appropriate for mental health providers who are exploring whether learning DBT to a standard of clinical proficiency would benefit their own clinical skills and their clients suffering from complex disorders. It can also be useful for health care providers, outside of mental health, who are interested in determining whether DBT is appropriate for their patients. Primary Objective: As a result of this training participants will be able to make a decision about using DBT with clients.

Learning Objectives: As a result of this training, participants will be able to: 1. Describe the foundational principles of DBT. 2. List the components of DBT. 3. Identify DBT treatment targets. 4. Describe the four DBT skills modules. 5. Be introduced to several different applications of DBT.

9:00 AM - 10:30 AM
Indian Health Service (IHS) and U.S. Department of Veterans Affairs Listening Session
SAN MIGUEL/RUIDOSO

The Indian Health Service (IHS) and U.S. Department of Veterans Affairs will hold a Listening Session to hear comments and recommendations to consider prior to formally initiating Tribal Consultation and Urban Confer on updating a Memorandum of Understanding (MOU) between IHS and VA later this year. In 2010, IHS and VA updated their 2003 MOU, to build upon its purpose for coordination, collaboration, and resource-sharing between IHS and VA to improve the health status of American Indian and Alaska Native Veterans. IHS and VA welcomes your input on conducting Tribal Consultation and Urban Confer on the MOU, as well as, other IHS or VA programs.

RADM MICHAEL D. WEAHKEE, PRINCIPAL DEPUTY DIRECTOR, INDIAN HEALTH SERVICE
THOMAS F. KLOBUCAR, EXECUTIVE DIRECTOR, OFFICE OF RURAL HEALTH, U.S. DEPARTMENT OF VETERANS AFFAIRS
P. BENJAMIN SMITH, DEPUTY DIRECTOR FOR INTERGOVERNMENTAL AFFAIRS, INDIAN HEALTH SERVICE
STEPHANIE E. BIRDWELL, DIRECTOR, OFFICE OF TRIBAL GOVERNMENT RELATIONS, U.S. DEPARTMENT OF VETERANS AFFAIRS

9:00 AM - 12:00 PM
National Opioid Response Planning
TAOS

High rates of opioid and substance use among AI/AN people have created an urgency for Tribes to come together in a manner that meaningfully improves the well-being of Tribal communities. Coordination and collaboration among tribes across Indian Country will help contribute to an overall Tribal opioid response. The Northwest Portland Area Indian Health Board and National Indian Health Board are working to build a strategic framework to be co-owned by all Tribes to help form a clear foundation to develop and elevate priorities for action and further learning. This session will be highly interactive in order to formulate content across the different pillars of a proposed cross-tribal strategic framework (including but not limited to: prevention, clinical treatment and recovery, perinatal substance use, harm reduction, and data).

JESSICA LESTON, CLINICAL PROGRAMS DIRECTOR, NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
ROBERT FOLEY, CHIEF PROGRAM OFFICER, NATIONAL INDIAN HEALTH BOARD
10:30 AM - 12:00 PM
Centers for Disease Control and Prevention (CDC) Listening Session - E-cigarettes and Indian Country
SAN MIGUEL/RUIDOSO

The Office on Smoking and Health (OSH) is at the forefront of the nation’s efforts to reduce deaths and prevent chronic diseases that result from tobacco use. The topic, along with smoking cessation is the use of electronic cigarettes (e-cigarettes). OSH would like to hear from tribal public health practitioners and leaders on the use, impacts, and challenges of e-cigarettes in their communities and across Indian Country.

COURRINE GRAFFUNDER, DIRECTOR OF THE OFFICE ON SMOKING AND HEALTH, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

1:00 PM - 5:00 PM
Culture and Drugs Don’t Mix (Registration Required)
ANASAZI

****REGISTRATION REQUIRED. SPACE IS LIMITED****
Pre-Registration Link: https://www.surveymonkey.com/r/YMN6LSR The Culture and Drugs Don’t Mix (CDDM) Train-the-Trainer is a collaborative effort between the Bureau of Indian Education (BIE), the Indian Health Service (IHS), and the Substance Abuse and Mental Health services Administration (SAMHSA). The CDDM initiative strives to educate students about healthy alternatives to alcohol and other drug use and ensure that students understand that meth is NOT a part of Native culture. The goal of the CDDM is to provide a culturally appropriate alcohol and drug prevention tool for Native American youth through community and inter-agency involvement. The interactive speaker series has been held in BIE and Tribally-Controlled schools, as well as Boys and Girls Clubs in Indian Country. Each session features a speaker from Tribal justice, a behavioral health professional, and a cultural expert from the local community. This Train-the-Trainer series will walk each participant through the nine sessions of the CDDM curriculum, and will provide information and guidance to allow participants to lead the CDDM program in schools within their own Tribal communities.

TERESIA M. PAUL, BIE OFFICE OF THE DIRECTOR

1:00 PM - 5:00 PM
START UP!: Art Therapy Trauma Treatment for Native American Youth (Registration Required)
COCHITI

****REGISTRATION REQUIRED. SPACE IS LIMITED****
Register here: https://goo.gl/forms/BqWGLxJcgYeLQx2 This workshop will introduce health-care professionals to the START UP! Program: Art Therapy Trauma Treatment for Native American Youth. START UP! is aimed at healing historical and inter-generational trauma by bringing mental health to the tribal classroom as prevention and early intervention of PTSD, depression, anxiety, substance abuse and suicide in children and adolescents. Trauma-informed care is important in working with AI/AN youth. Teachers and mental health professionals will be introduced to the Neurobiology of trauma and an abbreviated presentation on Neurodevelopmental Art Therapy Four Stage Chronic Trauma treatment model. Participants will be guided through Art Therapy experientials using various art media. Learning Objectives: 1. Understanding Neurobiology of Trauma 2. Learn principals of Art Therapy and Neurodevelopmental Art Therapy 3. Understand the Efficacy of Art Therapy for the Healing of Trauma in Native Youth through research results.

CAREY MCCARTHY, REGISTERED ART THERAPIST

1:00 PM - 3:00 PM
Special Listening Session: Developing the National Strategies for HIV and Viral Hepatitis and an STD Federal Action Plan
SAN MIGUEL/RUIDOSO

The current National HIV/AIDS Strategy (NHAS) and the National Viral Hepatitis Action Plan (NVHAP) expire in 2020. Scientific advances, the evolution of the health care system, emerging strategies for effective prevention, treatment and cure, and ongoing and emerging challenges have created imperatives and opportunities to develop the next iterations of these strategies. The HHS Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), in close collaboration with federal leadership across HHS and other departments as well as nonfederal stakeholders, coordinates development of the next iterations of the national HIV and viral hepatitis strategies. In addition, OHAIDP is collaborating with federal partners to develop a STD Federal Action Plan, as the nation continues to see increases in sexually transmitted diseases. During this session, federal leaders will provide brief remarks on the process, policies, and scientific advances that guide HHS’ efforts to develop these initiatives. Tribal leaders, health department staff, researchers, individuals living with and at risk for infection, and other stakeholders from Indian Country are encouraged to attend a listening session to share with federal leaders their input for these national strategies and federal action plan.

MELISSA HABEL, OFFICE OF HIV/AIDS AND INFECTIOUS DISEASE POLICY, HHS
NATE FECIK, PUBLIC HEALTH ADVISOR, OFFICE OF HIV/AIDS AND INFECTIOUS DISEASE POLICY, HHS
1:00 PM - 5:00 PM

Tips for Successful Grant Writing
TAOS

American Indian and Alaska Native Tribes and Tribal organizations were excluded when the U.S. federal government was formulated its public health system. Because of this significant oversight, federal government dollars earmarked for public health systems, practices, and activities may not make it directly to 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, and 3) how to outline a grant. The session will include interactive activities with participants so that they can practice some of the skills discussed in the institute. Learning Objectives: By the end of this institute, participants will be able to: 1. Explain the steps in generating a proposal; 2. Outline a grant proposal, 3. Describe a logic model, 4. Describe the elements of a work plan, 5. Outline a project narrative
ROBERT FOLEY, CHIEF PROGRAM OFFICER, NATIONAL INDIAN HEALTH BOARD

3:00 PM - 5:00 PM

Centers for Disease Control and Prevention Environmental Health Discussion Session
SANTA ANA

The purpose of this session is to help elevate Indigenous knowledge and the expertise of Tribal leaders in addressing environmental concerns. The National Indian Health Board (NIHB) is convening discussion sessions to discuss environmental health concerns in Tribal Nations and innovative ways Tribes are addressing these concerns. The information shared during these sessions will inform the development of national programs and policies.

TRAVEL REIMBURSEMENT: NIHB is able to reimburse travel expenses for up to 12 elected Tribal leaders (or their representatives) to attend this session. Funding will be provided first come, first serve to those who: 1) express interest and 2) believe they (or their assigned representative) possesses important information to share about the topics listed above.

6:00 PM - 8:00 PM

CULTURE NIGHT
INDIAN PUEBLO CULTURAL CENTER

You won’t want to miss this exciting evening at the Indian Pueblo Center featuring a Southwest indigenous buffet and cultural stories, dances and songs. Culture night is sponsored by the Albuquerque Area Indian Health Board in partnership with Tóhajiilee Band of Navajos, Jicarilla Apache Nation, Mescalero Apache Tribe, Ramah Band of Navajos, Southern Ute Indian Tribe, Ute Mountain Ute Tribe
NIHB BOARD BIOS

**Kitcheyan, Victoria** [Winnebago Tribe of Nebraska]
**NIHB Chairperson and Great Plains Area Representative**
**Council Member, Winnebago Tribe of Nebraska**

Ms. Victoria Kitcheyan is an enrolled member of the Winnebago Tribe of Nebraska currently serving on 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.

**Smith, William** [Valdez Native Tribe]
**NIHB Vice Chairperson and Alaska Area Representative**
**Chief, Valdez Native Tribe**

William Smith, a son, father, and grandfather. He was born in Cordova Alaska September of 1952, to Chief Marie Smith-Jones the last full blooded speaker of the Eyak language and a fisherman. 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 where he was then again shipped overseas to Germany with the 5/68 armor tank outfit. Bill retired from the service in August of 1977, he then moved to Valdez Alaska to work on boats. In 1981 he stopped working on boats and started working for Ayleska Pipeline Service Company in the Marine Department. After 36 year in 2017 he retired from Ayleska 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. He also sits on the board of the Alaska Native Health Board and the National Indian Health Board helping as many Alaskan Native and American Indians as possible. Bill is one of the local Tribal Veterans Representatives working for his brothers and sisters with their veteran issues.

**Moose, Sam** [Mille Lacs Band of Ojibwe]
**NIHB Treasurer and Bemidji Area Representative**
**Director of Human Services, Fond du Lac Band of Lake Superior Chippewa**

Mr. Sam Moose currently serves as the Director of Human Services at Fond du Lac Band of Lake Superior Chippewa. Previously, Mr. Moose was the appointed Commissioner of Health and Human Services for the Mille Lacs Band. In this role, Mr. Moose oversaw the Band’s three clinic locations and other services in the areas of public health, behavioral health, family services, and community support services. Moose previously served as Commissioner of Community Development and was in charge of the Mille Lacs Band’s public works and facilities departments and housing development initiatives. He has also served as the Band’s director of housing. 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.

**Elgin, Lisa** [Manchester Band of Pomo Indians]
**NIHB Secretary and California Area Representative**
**Chairperson, California Rural Indian Health Board**
**Tribal Administrator, Manchester 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, CA. She is a board member for Sonoma County Indian Health Project and has served in that capacity since 1999. She is a delegate

continued on next page

NATIONAL TRIBAL PUBLIC HEALTH SUMMIT • MAY 13-15, 2019 • ALBUQUERQUE CONVENTION CENTER • ALBUQUERQUE, NEW MEXICO 33
NIHB Board Biographies continued

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.

Joseph Jr., Andrew [Confederated Tribes of the Colville Reservation]  
NIHB Member at Large and Portland Area Representative  
Chairman, Northwest Portland Area Indian Health Board  
Vice Chairman, Confederated Tribes of the Colville Reservation Tribal Council

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.

Garcia, Donnie [Jicarilla Apache Nation]  
NIHB Albuquerque Area Representative Council Member, Jicarilla Apache Nation

Mr. Donnie Garcia is a member of the Jicarilla Apache Nation and currently serves his Tribe as a Council Members. Mr. Garcia also serves on the Board of Directors for the Albuquerque Area Indian Health Board and is 2017 Vice-Chair for the Direct Service Tribes Advisory Committee.

Wallette, Kaci [Fort Peck Assiniboine and Sioux Tribes]  
NIHB Billings Area Representative Councilwoman, Fort Peck Assiniboine and Sioux Tribes

Kaci Wallette is an enrolled member of the Ft. Peck Assiniboine & Sioux Tribes in Montana. She is currently serving her first term on the Tribal Executive Board. She is also a Registered Nurse and obtained her degree from Montana State University-Northern. Kaci is very passionate about the healthcare of all indigenous people and improving policies, procedures and outcomes on the local, state and national level.

Cook, Beverly [Saint Regis Mohawk Tribe]  
NIHB Nashville Area Representative Tribal Chief, 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.

Nez, Jonathan [Navajo Nation]  
NIHB Navajo Area Representative President, Navajo Nation

Jonathan Nez currently serves as the President of the Navajo Nation. He was born on the Navajo reservation in Tuba City, Arizona and raised in Shonto, Arizona. President Nez is married to Phelicia Herbert-Nez and they have two children, Christopher and Alexander. In regards to his Navajo clans, President Nez is of the Ashjii Clan (Salt People) and born for the Ta neezsahnii Clan (Tangle clan). President Nez began his Navajo political career after being elected as Shonto Chapter Vice President. He was later elected to serve three terms as a Navajo Nation Council Delegate. President Nez was also elected as a Navajo County Board of Supervisor for District 1 and served two terms. After that he served for four years as Vice President of the Navajo Nation. He is an alumnus of Northland Pioneer College and Northern Arizona University (NAU). He holds a Bachelor of Science degree in Political Science and a Masters of Public Administration both from NAU. He is currently a doctoral student in political science. President Nez is an avid runner and advocate for healthy living. He enjoys training and competing in long-distance events and has competed in multiple marathons.

Wafford, Marty [Chickasaw Nation]  
NIHB Oklahoma City Area Representative Chairperson, Southern Plains Tribal Health Board  
Under Secretary of Support and Programs, Chickasaw Nation Department of Health

Marty Wafford serves as the Under Secretary of Support and Programs in the Chickasaw Nation Department of Health. Ms. Wafford has over 25 years of experience working in healthcare administration and support. She obtained her accounting degree from Southeastern Oklahoma State University in Durant, Oklahoma. She is a Fellow of the Healthcare Financial Management Association and a Certified Healthcare Financial Professional by the HFMA Board of Examiners. She, her husband Michael, son Cash, and daughter Lainee live on a small farm in the Southeastern Oklahoma Area.

VACANT  
NIHB Phoenix Area Representative

Ortega, Sandra [Tohono O’odham Nation]  
NIHB Tucson Area Representative Councilwoman, Tohono O’odham Nation

Ms. Sandra Ortega is a member of the Tohono O’odham Nation of Arizona and the Chairwoman of the Direct Service Tribes (DST) Advisory Committee. She has been involved with the DST Advisory Committee since 2007 and served as Chairwoman since 2011. 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.
REGISTRATION
The registration desks are located in between the escalators in the La Sala Lobby. The registration desk will be staffed daily but will be closed for 1 hour daily for lunch. For registration desk hours, please see each day’s agenda beginning on page 15 or refer to the conference app (app instructions on page 2).

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 the La Sala Lobby. The hours for the exhibit hall can be found in each day’s agenda beginning on page 15. Participate in the Passport to Prizes by visiting our vendors and exhibitors for a chance to win one of three grand prizes! See page 40 for more information.

EVALUATIONS – NEW THIS YEAR!
In order to better serve the environment, NIHB is changing the way we conduct session evaluations. Paper evaluations will no longer be available and all evaluations be conducted using the conference app. See page 2 for instructions on using the app on your mobile devices.

PRIZES
There are 3 ways to win prizes during the Summit.
1. Attend the fitness event on Tuesday morning and you will be entered into a raffle drawing to win one of five prizes! Winners will be chosen immediately after the event.
2. Fill out session evaluations in the Summit app and you will be entered into a random drawing to win one of six prizes for each evaluation you complete! Winners will be chosen at the Closing Plenary.
3. Complete a Passport to Prizes by visiting the vendors and exhibitors and you will be entered into a random drawing to win one of three prizes! Winner will be chosen at the Closing Plenary and you must be present to win.

AGENDA CHANGES
Should any last minute changes occur in the agenda, NIHB will notify participants as soon as possible through the conference app (see page 2 for instructions on using the app on your mobile devices) as well as posted daily by 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.

CONFERENCE BADGES
Official National Indian Health Board 10th 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. Inquire at the registration desk if you lose your name badge.

LOST AND FOUND
The lost and found for the Summit will be housed at the Registration Desk. All unclaimed items in the lost and found still remaining at the end of the Summit will be donated.
SUMMIT EXHIBITORS

ARTS AND CRAFTS
Ann Yazzie Jewelry Co
Anna’s Jewels
áyA Studios, LLC (Summit artist)
Debbie Desjarlais DESIGN
Duke & Daisy Beadwork
Good Medicine Jewelry
K’s Handbags and More
Martinez Indian Art
Talking Leaves
Wampum Wear

CORPORATE
Alkermes
DataRay, Inc.
Indigenous Pact PBC, Inc.
Healthcare Resource Group
Hope Practice Management & Associates, Inc.
Premier Shockwave

EDUCATIONAL INSTITUTIONS
Grand Canyon University
National AI/AN PTTC (Prevention Technology Transfer Center Network)
University of New Mexico

NON-PROFIT ORGANIZATION
Albuquerque Area Indian Health Board
American Academy of Addiction Psychiatry
Amity Foundation Circle Tree Ranch
CATCH Global Foundation
National Congress of American Indians (NCAI) Policy Research Center
National Council of Urban Indian Health
National Indian Health Board
Nurse-Family Partnership
Public Health Accreditation Board
Southcentral Foundation Nuka System of Care

TRIBAL BUSINESS
Tribal Diagnostics, LLC

TRIBE/GOVERNMENT
Centers for Disease Control Prevention and Health Promotion
Food and Drug Administration (FDA)
FDA Center for Tobacco Products
Food and Drug Administration/Office of Women’s Health
IHS Division of Diabetes Treatment and Prevention
Southcentral Foundation
Tribal Epidemiology Centers
U.S. EPA Indoor Environments Division

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 Tuesday, May 14. A drawing will be held during the closing plenary session at 3:15 pm on Tuesday, May 14. You must be present to win!
THANK YOU

To our generous sponsors who make this Summit possible! They play a key role in elevating the importance of the public health approach in Indian Country, and build the capacity of our public health infrastructure and workforce. They also support the National Indian Health Board’s advocacy in Washington, DC.

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