34TH ANNUAL
NATIONAL TRIBAL HEALTH CONFERENCE

United Tribal Voices
Advocating for Healthy Native People

BELLEVUE, WASHINGTON
SEPTEMBER 25-28, 2017
Kate Neayuq Ahvakana is a Suquamish Tribal Member and manager for the Tribe’s Sports and Recreation Department. Kate is charged with coordinating programs that bridge culture, education and art in the Suquamish Community. In addition to working directly with Tribal members, Kate serves on education and cultural boards for the Tribe. She has also held previous positions facilitating the Healing of the Canoe Project, and with the Suquamish Museum. An artist by trade, Kate holds a bachelor’s degree in art from University of Nevada – Las Vegas and spends her free time practicing and teaching her skills to others.
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### CONFERENCE HIGHLIGHTS

**MONDAY SEPTEMBER 25, 2017**
- Area Caucuses
- Indian Health Service (IHS) Listening Session
- Centers for Medicare and Medicaid Services (CMS) Listening Session
- Discussion Session on Quality Care and IHS
- Institutes on:
  - Zika Virus
  - Opioid Crisis
  - Behavioral Health
- Opening Reception

**TUESDAY SEPTEMBER 26, 2017**
- Address by Secretary Tom Price, U.S. Department of Health and Human Services (via video)
- Remarks by RADM Michael Weahkee, Acting Director, Indian Health Service
- Remarks by The Honorable Jay Inslee, Governor, State of Washington
- Address by Journalist and Commentator Mark Trahant

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**Over 52 Hours of Workshops and Learning in the Following Tracks:**
- Maximizing Third Party Revenues and Expanding Patient Care Opportunities
- Native Health Infrastructure
- Native Youth Leadership in Health: For Adults and Youth
- Public Health Policy and Systems
- Legislation, Regulation and Consultation to Improve Tribal Health
NATIONAL INDIAN HEALTH BOARD • 34TH ANNUAL

NATIONAL TRIBAL HEALTH CONFERENCE

United Tribal Voices
Advocating for Healthy Native People

WEDNESDAY
SEPTEMBER 27, 2017

• Morning Fitness Event
• Special Breakfast Session: Grassroots Strategies to Achieve Oral Health Equity
• Panel on the Impact of Medicaid Expansion in Indian Country
• A Discussion on Strategies to Improve Workforce Development in Tribal Health
• Heroes in Native Health Awards Gala

THURSDAY,
SEPTEMBER 22, 2017

• Morning Fitness Event
• Tribal Caucus Report Out
• Look at Incorporating Public Health into Indian Health
# NIHB BOARD & STAFF

## BOARD OF DIRECTORS

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<tr>
<th>Name</th>
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<tr>
<td>Vinton Hawley</td>
<td>Pyramid Lake Paiute Tribe – Chairman</td>
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<td>Lincoln Bean</td>
<td>Tlingit Nation – Chairman</td>
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<td>Sam Moose</td>
<td>Mille Lacs Band of Ojibwe – Chairman</td>
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<td>Marty Wafford</td>
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<td>Donnie Garcia</td>
<td>Jicarilla Apache Nation – Council Member</td>
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<tr>
<td>Charles Headdress</td>
<td>Fort Peck Assiniboine and Sioux Tribes – Vice Chairman</td>
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<tr>
<td>Victoria Kitcheyan</td>
<td>Winnebago Tribe of Nebraska – Treasurer</td>
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<td>Beverly Cook</td>
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<td>Russell Begaye</td>
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## NIHB STAFF

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<td>Stacy A. Bohlen</td>
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<td>Shervin Aazami</td>
<td>Public Health Associate</td>
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<tr>
<td>Breannon Babbel, PhD</td>
<td>Research Manager</td>
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<td>Kristen Bitsuie</td>
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<td>Angelica Colagreco, MPH</td>
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<td>Devin Delrow, JD</td>
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<td>Robert Foley, M.Ed.</td>
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<td>Carolyn Angus-Hornbuckle, Esq</td>
<td>Mohawk – Deputy Director and Director of Public Health Programs and Policy</td>
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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 567 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 Membership
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:

Aberdeen Area: Great Plains Tribal Chairmen’s Health Board
Alaska Area: Alaska Native Health Board
Albuquerque Area: Albuquerque Area Indian Health Board
Billings Area: Rocky Mountain Tribal Leaders Council
Bemidji Area: Midwest Alliance of Sovereign Tribes
California Area: California Rural Indian Health Board
Nashville Area: United South and Eastern Tribes, Inc.
Navajo Area: Navajo Nation

Oklahoma City Area: Southern Plains Tribal Health Board
Phoenix Area: Inter Tribal Council of Arizona
Portland Area: Northwest Portland Area Indian Health Board
Tucson Area: Tohono O’odham Nation & Pascua Yaqui Tribe
September 14, 2017

Dear Conference Participants,

Welcome to Bellevue, Washington and thank you for joining us for the NIHB 2017 Annual National Tribal Health Conference! Gratitude and appreciation goes out to our host, the Northwest Portland Area Indian Health Board, our sponsors who support our advocacy work through their generosity, and the exhibitors and vendors who are here to offer new ideas and services to improve our health systems, programs and outreach. Most importantly, thank you to the speakers and presenters who share their knowledge and empower us.

The NIHB National Annual Tribal Health Conference is the leading, most comprehensive national level event elevating American Indian and Alaska Native health policy, advocacy and health systems improvement, and we are pleased that you are part of it during NIHB’s 45th year. This year’s theme, “United Tribal Voices Advocating for Healthy Native People,” reflects the heart of the work we do together to improve the status of Indian and Tribal health systems and the health status of our Peoples. And this year’s conference is particularly rich in content, including a message from HHS Secretary Tom Price, Washington Governor Jay Inslee, engagement in Tribal Consultation with top Administration leaders, and learning from Tribal health policy and systems experts, foundations and innovators in health.

The NIHB 2017 conference is designed to provide valuable information around 5 Tracks:
1. Legislation, Regulation and Consultation to Improve Tribal Health
2. Native Health Infrastructure
3. Maximizing Third Party Revenues and Expanding Patient Care Opportunities
4. Native Youth Leadership in Health: For Adults and Youth
5. Public Health Policy and System

There are more than 50 hours of workshops and programming, 130 speakers, highlights in Native youth work from the NIHB Youth Leadership in Health Fellowship, First Kids 1st and other exciting Native Youth initiatives. We have a very special evening devoted to honoring warriors in Native health who are nominated from across the country. Please join us, and Master of Ceremonies, Theda New Breast, on Wednesday night for the NIHB 2017 Heroes in Native Health Gala, “The Warrior’s Journey.”

NIHB is pleased to reignite and reinstate Area Tribal Health Caucuses, where Tribal Leaders, Tribal Health Directors, Tribal health consumers and stakeholders will come together to discuss and identify legislative, policy and public health needs that impact American Indian and Alaska Native health, health systems, public health infrastructure, program and capacity and Tribal health sovereignty.

There is much to enjoy and many opportunities to learn and be heard. We’re so grateful that you are with us for the NIHB 45th Anniversary Conference and we look forward to spending this time with you.

Sincerely,

Vinton Hawley
Chair, National Indian Health Board
September 12, 2017

Dear Tribal Leaders, Tribal Officials, and NIHB Conference Attendees and Guests:

On behalf of the forty-three federally-recognized Tribes in the states of Idaho, Oregon, and Washington, the Northwest Portland Area Indian Health Board welcomes you to the Pacific Northwest. We hope you will enjoy your stay in this beautiful place we call home.

The National Indian Health Board’s theme is “United Tribal Voices Advocating for Health Native People.” Northwest tribes have a long, shared value of improving the health of American Indians and Alaska Natives. From this value, we have created a unified approach to address health issues affecting our communities. It is this unity that has become strength to advocate for, and implement health care policy on tribes’ behalf at both the regional and national level.

It is our hope and our vision that Tribal Leaders and advocates come together to address nations’ health problems and to contemplate how they might work together to address them. Tribal Leaders play a crucial role in improving the health status of tribal people within their respective tribes, and throughout Indian Country.

Your attendance and participation will make a great impact on shaping the vision, mission, and goals for health advocacy and encouraging health equity. A strong unified voice enables all of us to understand these important issues and move them to the forefront of action to insure the health of the 7 generations.

We wish each and every one of you a successful conference.

Sincerely,

Andrew C. Joseph, Jr.
Northwest Portland Area Indian Health Board, Chairman
Confederated Tribes of Colville Council Member
TO USE THE APP:

1. Download the app by searching stores for National Indian Health Board or entering the following URL into your mobile browser: https://crowd.cc/s/dP1W

2. Open the app and tap on **NIHB 2017 National Tribal Health Conference**

3. Tap on the three lines in the top left-hand corner and click **Login for more features!**

4. Enter your **First and Last Name**

5. Enter your **Confirmation Code** (this is the same as your registration confirmation # and was sent via email if you registered for the conference online).
   - If you forget or don’t know your confirmation code, select “**Forgot Code**”
   - Access your email on your device and click “**Verify Account**”

6. Tap “**Open App**” and select “**Finish**” to be fully logged into the app!
   - Note: You will be sent a confirmation email including all of your login credentials should you like to login on a different device

THE NATIONAL INDIAN HEALTH BOARD'S EVENT APP

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

Search app store keywords:
NIHB, National Indian Health Board, Indian Health Board, Indian Health, Alaska Native, Native American Health.

AVAILABLE FOR IOS AND ANDROID.
NATIONAL TRIBAL HEALTH

CONFERENCE

SPONSORS:

Albuquerque Area Indian Health Board
Arizona State University, National Safety Net Advancement Center
California Rural Indian Health Board
Chickasaw Nation
Hobbs Strauss Dean & Walker, LLP
Indigenous Pact
Jamestown S’Klallam Tribe
Kauffman & Associates, Inc.
Osage Nation Foundation
United Southern & Eastern Tribes

Heroes in Native Health Awards Gala Sponsor:

Walgreens

eClinicalWorks

Jayhawk State Indian Health Board
National Safety Net Advancement Center
Kauffman & Associates, Inc.
United Southern & Eastern Tribes

Indigenous Pact

Jamestown S’Klallam Tribe

Osage Nation Foundation

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<td>Preparing for and Succeeding in Payment and Care Delivery Reform Guidance for Tribal Health Leaders</td>
<td>A Tribal Response to Opiods (THOR)</td>
<td>Protecting Confidentiality of Substance Use Disorder Patient Records: The Updated “Part 2” Regulations</td>
<td>Improving Quality of Care at the Indian Health Service: Strategies, Next Steps, and How You Can Be Involved</td>
<td>Best Practices in Maximizing Revenues for Self Governance and Title I Contracting Tribes: Pharmaceutical Reimbursement, 100% FMAP, and Tribal Sponsorship</td>
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<td>Reasonable and Prudent: A Behavioral Health Medicare Glitch - and a Fix</td>
<td>First Kids 1st: Every Child is Sacred</td>
<td>Pathways to Expanding Dental Teams to Include Dental Therapists</td>
<td>Medicaid and Medicare 101</td>
<td>IHS Facilities Appropriations Advisory Board: Introduction and Updates</td>
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<td>Zero Suicide in American Indian Communities</td>
<td>Preparing for the CMS Quality Payment Program</td>
<td>Social Media: The Art of Concise Advocacy in the Digital Age</td>
<td>Impact of Healthcare Reform on Indian Country</td>
<td>Tribal Sponsorship in the Federal Marketplace</td>
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<td>Good Health and Wellness in Indian Country: Setting a Foundation for Innovation</td>
<td>Healthy Native Youth: Sharing Engaging Culturally-Relevant Health Curricular for Native Youth</td>
<td>The Role of Tribal Serving Organizations in Realizing Ingenious/ Tribal Data Sovereignty and Governance</td>
<td>Maximizing Revenue for Tribal Healthcare Programs</td>
<td>Medicaid and CHIP Managed Care</td>
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<td>Health of the Environment = Health of the People</td>
<td>Evaluation of Catawba Indian Nation Seniors: A Reservation University Partnership</td>
<td>Home Visitation: A Pathway to Long-Term Health and Well-Being for American Indian Alaska Native Families</td>
<td>Utilizing Native Youth to Develop an Underage Drinking and Prescription Drug Abuse Prevention Program for Communities in Chickasaw Nation</td>
<td>Maximizing Third Party Revenues and Expanding Patient Care Opportunities in Eye Care and Behavioral Health</td>
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## Agenda at a Glance

### Monday, September 25, 2017

- **7:00 am - 8:30 am**
  - Area Caucuses

- **9:00 am - 12:00 pm**
  - Opioid Institute
  - IHS Listening Session

- **12:00 pm - 1:00 pm**
  - Lunch

- **1:00 pm - 2:30 pm**
  - Quality Care Discussion Session

- **1:30 pm - 4:30 pm**
  - TBHA Institute
  - Zika Institute
  - CMS Listening Session

- **6:00 pm - 8:00 pm**
  - Opening Reception - Grand Ballroom Foyer

### Tuesday, September 26, 2017

- **7:00 am - 8:00 am**
  - Area Caucuses

- **8:30 am - 12:30 am**
  - Plenary Session

- **12:30 pm - 1:30 pm**
  - Lunch

- **1:30 pm - 3:00 pm**
  - Preparing for and Succeeding in Payment and Care Delivery Reform
  - Guidance for Tribal Health Leaders
  - A Tribal Response to Opioids (THOR)

- **3:00 pm - 3:30 pm**
  - Wellness Break

- **3:30 pm - 5:00 pm**
  - Reasonable and Prudent: A Behavioral Health Medicare Glitch - and a Fix

### Wednesday, September 27, 2017

- **6:00 am - 7:00 am**
  - Fitness Event

- **7:00 am - 8:00 am**
  - Area Caucuses

- **8:30 am - 12:15 pm**
  - Plenary Session

- **12:15 pm - 1:30 pm**
  - Lunch

- **1:30 pm - 3:00 pm**
  - Zero Suicide in American Indian Communities
  - Preparing for the CMS Quality Payment Program

- **3:00 pm - 3:30 pm**
  - Wellness Break

- **3:30 pm - 5:00 pm**
  - Good Health and Wellness In Indian Country: Setting a Foundation for Innovation
  - Healthy Native Youth: Sharing Engaging Culturally-Relevant Health Curricular for Native Youth

### Key

- **Conference Track**
  - Legislation, Regulation, and Consultation to Improve Tribal Health
  - Native Health Infrastructure
  - Public Health Policy and Systems
  - Maximizing Third Party Revenues and Expanding Patient Care Opportunities
  - Native Youth Leadership in Health: For Adults and Youth
SUNDAY
SEPTEMBER 24, 2017
4:00 pm – 6:00 pm
Registration and Check-in Open (for participants and exhibitors)
GRAND BALLROOM FOYER

MONDAY
SEPTEMBER 25, 2016
PRE-CONFERENCE
(Free of charge and open to the public)
7:00 am – 5:00 pm
Registration and Information Desk Open
GRAND BALLROOM FOYER

7:00 am – 8:30 am
Area Caucuses: Tribal Leaders and Health Directors
(EACH AREA ASSIGNED TO A DIFFERENT ROOM, SEE PAGE 26 FOR LOCATIONS)

9:00 am – 12:00 pm
Institute: Addressing the Opioid Epidemic in American Indian and Alaska Native Communities
EVERGREEN A-B
The opioid epidemic is one of the most pressing public health challenges currently facing the nation, and it is of particular concern for many American Indian and Alaska Native (AI/AN) Tribes. According to the Centers for Disease Control and Prevention, AI/AN experience the second highest opioid overdose rate of any race at a rate of 8.4 per 100,000. Addressing the epidemic will take concerted efforts from Tribal governments and clinics, Tribal epidemiology centers, Federal agencies, and state governments. This session will provide an in depth analysis of the policies, programs and data surrounding the opioid crisis in Indian Country and nationwide, and examine promising Tribal interventions for curbing the epidemic. This interactive session will also permit audience members to present their community level needs and share their specific priorities, while learning more about effective opioid prescribing practices, prescription drug monitoring programs, medication assisted treatment, and opioid use and overdose prevention activities.

► Shervin Aazami, Public Health Project Coordinator, National Indian Health Board
► Michelle Castagne, Deputy Director of Congressional Relations, National Indian Health Board
10:00 am – 12:00 pm
Indian Health Service (IHS) Listening Session
EVERGREEN E-F

11:00 am – 5:00 pm
Marketplace and Exhibit Hall Open
GRAND BALLROOM AND EVERGREEN FOYERS

12:00 pm – 1:00 pm
Lunch (on your own)

1:00 pm – 2:30 pm
Discussion Session: Tribal Initiative to Improve Quality Care Challenges at the Indian Health Service
EVERGREEN E-F

Over a decade ago, NIHB and Tribes led a coordinated and targeted effort to strengthen the Indian Health Care Improvement Act that culminated with the permanent reauthorization of the Indian Health Care Improvement Act within the Patient Protection and Affordable Care Act. The initiative was a success due to robust and engaged Tribal participation and the incredible technical resources that were brought to bear. Recently, NIHB has heard from Tribes across the country that another such Tribal response is needed to address the long-standing challenges at the Indian Health Service (IHS). Because the current challenges faced by IHS are long-standing and cross-cutting across various topical areas, a comprehensive strategy is needed in order to develop meaningful Tribally driven solutions. NIHB invites Tribal leaders, representatives, health directors, technical advisors, and beneficiaries to come together to start the discussion. Please come prepared to talk and share your concrete suggestions ideas on how to move forward with a unified voice. NIHB knows that addressing the quality care challenges at IHS is not something that can be completed quickly, however this meeting will serve as a launching point to develop next steps and create a framework from which we can develop realistic and meaningful solutions.

1:30 pm – 4:30 pm
Institute: Understanding and Implementing the National Tribal Behavioral Health Agenda
EVERGREEN A-B

The National Tribal Behavioral Health Agenda (TBHA) was birthed from concerted discussions among Tribal leaders about the imminent need for behavioral health interventions in Tribal communities. In response, SAMHSA partnered with the IHS and NIHB to create the first-ever, Tribally informed blueprint for elevating AI/AN behavioral health outcomes. This blueprint examines AI/AN behavioral health issues from a culturally competent and comprehensive vantage point, taking into careful consideration the nuances behind behavioral health issues across Tribal communities, and advances policy and programmatic recommendations that promote Tribal self-determination. This institute will provide an in-depth analysis of the various components of the TBHA, including a presentation of its suggested strategies and priorities. This information will then guide discussions around utilization of the TBHA during strategic planning efforts and other behavioral health programming and policymaking.

▶ Shervin Aazami, Public Health Project Coordinator, National Indian Health Board

1:30 pm – 4:30 pm
Institute: Promoting a Health Equity Strategy to Build Capacity and Prevent Zika Transmission among Tribal Communities
EVERGREEN C

Preventing the adverse birth outcomes of Congenital Zika Syndrome is a primary goal of the 2016 CDC Zika Virus Response. Engaging communities at risk and recognizing the role of historic injustices and health inequities are key principles of ensuring health equity among racial and ethnic minorities. To increase tribal capacity to respond to Zika infection CDC has implemented a multi-faceted approach. This strategy includes proactively engaging tribes to address preparedness gaps as identified by tribal leaders. Using existing partnerships and historic experiences with tribal communities, the CDC health equity tribal strategy resulted in agenda setting with tribal leaders, local tribal technical assistance, presentations at regional tribal Zika summits, custom trainings on requested topics, and culturally appropriate educational materials about prevention of Zika infection. A health equity strategy has been successfully used to build capacity and preparedness for Zika among tribes.

▶ Jessie Hood, ScD, MPH, Deputy, Medical Investigations, Centers for Disease Control and Prevention
▶ Maleeka Glover, ScD, Director, Medical Investigations, Centers for Disease Control and Prevention
▶ Delight Satter, MPH, Senior Advisor, Tribal Research, Centers for Disease Control and Prevention
▶ John-Paul Mutebi, PhD, Entomologist, Centers for Disease Control and Prevention

3:00 pm – 5:00 pm
Centers for Medicare and Medicaid Services (CMS) Listening Session
EVERGREEN E-F

6:00 pm – 8:00 pm
Opening Reception
GRAND BALLROOM FOYER
CONFERENCE
(Requires paid registration to attend)

TUESDAY
SEPTEMBER 26, 2017

7:00 am – 5:00 pm
Marketplace and Exhibit Hall Open
GRAND BALLROOM AND EVERGREEN FOYERS

Registration and Information Desk Open
GRAND BALLROOM FOYER

7:00 am – 8:00 am
Area Caucuses: Tribal Leaders and Health Directors
(EACH AREA ASSIGNED TO A DIFFERENT ROOM, SEE PAGE 26
FOR LOCATIONS)

PLENARY SESSION
8:30 AM – 12:30 PM
GRAND BALLROOM

8:30 am – 8:40 am
Opening Ceremony
Presentation of Colors
Opening Blessing

8:40 am – 9:10 am
Opening Remarks
Welcome to these Lands
► Andy Joseph, Jr., Portland Area Representative,
National Indian Health Board; Chairman,
Northwest Portland Area Indian Health Board

Welcome to the National Tribal Health
Conference and Conference Overview
► Vinton Hawley, Chairman and Phoenix Area
Representation, National Indian Health Board;
Chairman, Pyramid Lake Paiute Tribe

9:10 am – 9:30 am
Keynote Address
► The Honorable Tom Price, MD, Secretary, U.S. Department
of Health and Human Services (via video message)

9:30 am – 10:00 am
Indian Health Service Update
► RADM Michael Weahkee, Acting
Director, Indian Health Service

10:00 am – 10:30 am
IHS Task Force Update
► Taylor Hittle, Legislative Assistant,
Congressman Markwayne Mullin (R-OK)

10:30 am – 11:00 am
Washington State Tribal Health Updates
► The Honorable Jay Inslee, Governor, State of Washington

11:00 am – 11:30 am
Elevating Tribal Voices in National Politics
► Mark Trahant, Journalist and Commentator

11:30 am – 11:55 am
Update from American Medical Association
► Carl A. Sirio, MD, Member, Board of Trustees,
American Medical Association

11:55 am – 12:25 pm
Group Discussion: NIHB Legislative
and Policy Agenda 2018 – Developing
Consensus on Tribal Health Priorities
► Stacy A. Bohlen, Executive Director,
National Indian Health Board
► Carolyn Angus Hornbuckle, JD, Deputy Director
and Director of Public Health Policy and
Programs, National Indian Health Board
► Devin Delrow, JD, Director of Federal
Relations, National Indian Health Board
► Caitrin Shuy, Director of Congressional
Relations, National Indian Health Board

12:25 am – 12:30 pm
Morning Session Wrap-up & Announcements

12:30 pm – 1:30 pm
Lunch (on your own)
A Tribal Response to Opioids (THOR)

The Port Gamble S’Klallam Tribe (PGST) adopted a coordinated, cross-governmental approach to the opioid epidemic with specific goals and strategies. The presentation will highlight the background and statistics, discuss how the Tribe reviewed and adopted the plan, and the evolving process and benefits of cross-governmental collaboration on a community issue. In Washington state, Indians die of drug overdoses at a rate of 29 in 100,000, compared to a rate of 12 for whites. The opioid epidemic is devastating to families and the Tribal community and overwhelming law enforcement and social services. Opioid use disorder is a complex issue, and there is no silver bullet for fixing the problem. Rather, a multifaceted, comprehensive approach is needed. The Port Gamble S’Klallam Tribe launched a Tribal Health Opioid Response to coordinate a cross-governmental approach, joined a tri-county group to strengthen collaboration with partners in the community to implement our plan that is focused on effective treatment, harm reduction, prevention, and reducing the role of criminalization to optimally address increasing rates of opioid dependence, overdose, and other negative consequences stemming from opioid use.

Presenters:
- Karol Dixon, JD, Director of Health Services, Port Gamble S’Klallam Tribe
- Jolene George, MSW, Director of Behavioral Health, Port Gamble S’Klallam Tribe
- Samuel White, Chief of Police, Port Gamble S’Klallam Tribe
- Luke McDaniel, Family Practice Physician, Port Gamble S’Klallam Tribe
- Trisha Ives, Prevention Coordinator, Port Gamble S’Klallam Tribe
- Jerilyn Church, MSW, CEO, Great Plains Tribal Chairman’s Health Board
- CAPT Jeffrey Salvin-Harman, MD, Director, Improving Patient Care Program, Indian Health Service
- Elliott Milhollin, JD, Partner, Hobbs Strauss Dean and Walker, LLP
- Caitrin Shuy, Director of Congressional Relations, National Indian Health Board
Maximizing resources for the health care needs of Tribal citizens is an on-going challenge. As a result of revised federal regulations and renewed ways to approach existing programs, new opportunities continue to emerge, for both Self-Governance and Title I contracting Tribes. This panel aims to provide information on three such best practice opportunities: (1) Use of the OMB/IHS encounter rate as a preferred Medicaid payment option for pharmaceutical services for IHS and Tribal (I/T) providers; (2) options for extending eligibility for 100% FMAP to additional services “received through I/T providers”; and (3) continued expansion of Tribal Sponsorship opportunities, including for Medicare beneficiaries. Presenters will provide an introduction to these best practices and will identify available resources to assist Tribes in implementing these options. Ample time will be allotted to field questions from attendees.

- Doneg McDonough, Technical Advisor, Tribal Self-Governance Advisory Committee
- Cyndi Ferguson, Policy Analyst, SENSE, Inc.
- Laura Platero, JD, Governmental Affairs/Policy Director, Northwest Portland Area Indian Health Board

Casa Roja: Indigenous Youth Leadership Program

Casa Roja is a transformational leadership institute that has piloted research and network based leadership programs for indigenous people focusing on young people, women, elders, and individuals with unique challenges. With the leadership of Founder and Executive Director, Rex Lee Jim, a Youth Leadership program has been piloted for the last couple of years. The Navajo Youth Leaders have been engaged in community health outreach and food literacy in six different rural communities on the Navajo Nation. Navajo Youth Leaders have been involved in public health policy and advocacy in food access, health and nutrition. Learn about Casa Roja and how Indigenous communities can build their human capacities and resources to solve their own problems through critical and creative thinking in order to sustain stronger, healthier communities.

- Sonlatsa Jim-Martin, Youth Leadership Coach, Indigenous Youth Leadership Program
- Rex Lee Jim, Founder & Executive Director, La Casa Roja

Yukon Kuskokwim Health Center

Dental Therapy Outcomes Study

Children had lower rates of tooth extractions and more preventive care in Alaska Native communities served frequently by Dental Health Aide Therapists (DHATs) than residents in communities not receiving any DHAT services, according to a new study released by the University of Washington. While U.S. studies to date of dental therapists have examined care quality and patient access, this is the first known study to look at long-term oral health outcomes of communities served by dental therapists.

- Kristen Mizi Angelone, Associate Manager, Pew Dental Campaign
- Jane Koppelman, MPA, Research Director, Pew Dental Campaign
- Donald Chi, DDS, PhD, Associate Professor of Oral Health Sciences, University of Washington School of Dentistry

3:00 pm – 3:30 pm

Wellness Break

WORKSHOPS

3:30 PM – 5:00 PM

WORKSHOPS

Reasonable and Prudent: A Behavioral Health Medicare Glitch — and a Fix

Participants will receive an in-depth briefing over a problematic glitch within Medicare behavioral health billing regulations: Although Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) consistently provide and bill for service to Medicaid recipients, they are disallowed this revenue opportunity when serving those on Medicare. Eight statistical and/or organizational key elements will be presented to fully equip participants with the information they need in order to help affect this much-needed change. Some of these fundamental elements include: 1) a history of bi-partisan legislative attempts to fix this yet-unresolved issue; 2) an overview of egregious workforce and supply issues across Tribes (and the nation); 3) discrepancies in federal law that appear to support this initiative in many ways, yet create barriers in others; and, 4) public health and specific tribal statistics that build this issue into an A-1 priority situation.

- Kelly Roberts, PhD, Family Initiatives Advisor, Chickasaw Nation
- Paul Emrich, LPC, LMFT, PhD, Under Secretary for Family and Mental Health Services, Chickasaw Nation
Pathways to Expanding Dental Teams to Include Dental Therapists

Alaska Natives introduced Dental Health Aide Therapists as a mid-level oral health provider in their community over twelve years ago, and have seen access increased to over 45,000 ANs, and outcomes improve for kids and adults in villages with a DHAT. Oregon passed dental pilot legislation in 2011 and Tribes and Tribal organizations there are demonstrating how DHATs can increase access, lower costs, and deliver culturally relevant care. Tribes in Washington state passed legislation this year allowing DHATs to practice in their communities, and the Swinomish Indian Tribal Community has built infrastructure within their own Tribe to license all of their dental providers, including DHATs. Presenters from the Northwest Portland Indian Health Board will discuss with participants the opportunities and challenges of all of these pathways to having a DHAT in your community, and how Community Health Aide Program (CHAP) expansion to the lower 48 will help each pathway.

- Pam Johnson, Oral Health Specialist, Northwest Portland Area Indian Health Board
- Christina Peters, Oral Health Director, Northwest Portland Area Indian Health Board
- Cyndi Gillaspie, Technical Director, Consortium for Medicaid and CHIP Operations, Centers for Medicare and Medicaid Services
- Carol Chicharello, Acting Director, Division of Business Office Enhancement, Centers for Medicare and Medicaid Services
- Mary Muñoz, Health Insurance Specialist, Division of Health Plan Operations, Centers for Medicare and Medicaid Services

IHS Facilities Appropriations Advisory Board Update

The Facilities Appropriations Advisory Board (FAAB) of Tribal and IHS representatives make recommendations to the IHS Director on Office of Environmental Health and Engineering (OEHE) programs funded by the Facilities Appropriation. The FAAB is involved in many aspects of this Appropriation and leads updates of the Healthcare Facilities’ Needs Assessment Report. Accomplishments will be reported and how Tribes may get involved. The Facilities Appropriations fund OEHE programs including: health care facilities construction; maintenance and improvement; equipment; sanitation facilities construction; and facilities and environmental health support. Updates will be provided on multiple OEHE activities. Time will be available for questions followed by a breakout session in the afternoon.

- Lincoln Bean, Vice-Chair and Alaska Area Representative; FAAB Vice Chairman
- Charles Grim, DDS, FAAB Vice Chairman, Deputy Director for Health Services, Cherokee Nation
- RADM Gary Hartz (ret.), PE., BCEE, Director, Office of Environmental Health and Engineering, Indian Health Service
Strengthening Indigenous Food Policy and Restoring Healthy Native Communities
EVERGREEN G-H

School and community gardens are at the heart of a revolution in community health – healing and restoring our relationships to Mother Earth, one another and ourselves. Engaging and empowering Native youth requires that we take a fresh look at what we are teaching and what students are experiencing in school, and ask, “What kind of future is school preparing our children for?” The future of health care is going to be less about treating disease and more about creating, and living in, a healthy community that supports healthy lifestyles and harmonious, empathetic relationships – developing an ecological economic model of health, happiness, abundant wholesome food, renewable energy, land restoration and localized economic empowerment. We must educate our youth, and ourselves, about how ecological systems work – ecological literacy – and see our world with fresh eyes. The garden is the way into the future and the way back to our ancestral heritage.

Sonlatsa Jim-Martin, Youth Leadership Coach, Indigenous Youth Leadership Program
Joe Pacal, Lead Horticulturist, Tsehootsoi Medical Center

Centers for Medicare and Medicaid Services Emergency Preparedness Rule - What Tribes Need to Know
EVERGREEN I

On September 8, 2016, the Centers for Medicare and Medicaid Services (CMS) released a Final Rule on Emergency Preparedness (EP) Requirements for Medicare and Medicaid Participating Providers and Suppliers, which went into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and have implemented their EP plan, training program and all hazards drills which blends with their Tribal community programs by November 15, 2017. For most Indian Health Service and Tribal health programs, this requires training on EP for hospitals and associated health clinics in cooperation with their Tribal communities. This workshop will review the training, teaching and planning requirements providing a toolbox to assist in the development of EP plans, drills and training with acute and chronic quality measures and demonstration of quality outcomes in meeting this condition of participation.

CAPT Susan Karol, MD, FACS, Health Insurance Specialist, Division of Tribal Affairs, Centers for Medicare and Medicaid Services
WEDNESDAY
SEPTEMBER 27, 2017

6:00 am – 7:00 am
Fitness Event
REGENCY BALLROOM D

7:00 am – 5:00 pm
Marketplace and Exhibit Hall Open
GRAND BALLROOM AND EVERGREEN FOYERS

7:00 am – 8:00 am
Area Caucuses: Tribal Leaders and Health Directors
(EACH AREA ASSIGNED TO A DIFFERENT ROOM, SEE PAGE 26 FOR LOCATION)

PLENARY SESSION
8:30 AM – 12:15 PM
(breakfast provided)
GRAND BALLROOM

8:30 am – 8:45 am
Welcome
› Lincoln Bean, Vice-Chair and Alaska Area Representative, National Indian Health Board; Chairman, Alaska Native Health Board

8:45 am – 9:15 am
Breakfast Session: Grassroots Strategies to Achieve Oral Health Equity
› The Honorable John McCoy, Washington State Senator
› The Honorable Benny Shendo, New Mexico State Senator
› Joe Finkbonner, RPh, MHA, Executive Director, Northwest Portland Area Indian Health Board
› Lincoln Bean (moderator), Vice-Chair and Alaska Area Representative, National Indian Health Board; Chairman, Alaska Native Health Board

9:15 am – 9:25 am
Video Unveiling: Dental Therapy Impacts in the Native Village of Kake, AK

9:25 am – 10:00 am
Impact of Medicaid Expansion in Indian Country
› Angie Wilson, Executive Director, Washoe Tribal Health Center at Washoe Tribe of Nevada & California
› Victor Joseph, Chief, Tanana Chiefs Conference

10:00 am – 10:45 am
Fireside Chat: Strategies to Improve Workforce Development in Tribal Health
› Brian Thompson, MD, FACOG, Assistant Dean for Diversity and a Clinical Assistant Professor at Upstate Medical University
› Chris Gallo, Medical Student, NIHB Tribal Youth Health Fellowship Phoenix Area Representative
› Molly Fuentes, MD, Acting Assistant Professor, University of Washington Department of Rehabilitation
› Melissa Green, MPH, Deputy Director for Communication and Recruitment, Clinical Scholars, UNC-Chapel Hill School of Medicine
› Marty Wafford (moderator), Oklahoma City Representative, National Indian Health Board, Under Secretary of Support, Chickasaw Nation

10:45 am – 11:00 am
Updates from the National Congress of American Indians
› Brian Cladoosby, President, National Congress of American Indians

11:00 am – 11:30 am
SDPI Reauthorization: Where We Are Now, Next Steps & Acting Now
› Connie Barker, Legislator, Chickasaw Nation; Chairperson, Tribal Leaders Diabetes Committee
› Caitrin Shuy, Director of Congressional Relations, National Indian Health Board
› Stacy A. Bohlen (moderator), Executive Director, National Indian Health Board

11:30 am – 12:15 pm
Quality Care at the Indian Health Service
› Emily Newman, Senior Advisor to the Director, Indian Health Service
› CAPT Jeffrey Salvon-Harman, MD, Director, Improving Patient Care Program, Indian Health Service
› Jerilyn Church, MSW (moderator), Great Plains Area Representative, National Indian Health Board; CEO, Great Plains Tribal Chairmen’s Health Board

12:15 pm – 1:30 pm
Lunch (on your own)
WORKSHOPS
1:30 PM – 3:00 PM

WORKSHOPS

Zero Suicide in American Indian Communities
EVERGREEN A

TRACK: NATIVE HEALTH INFRASTRUCTURE

Among American Indians, 40% of those who die by suicide are between 15 and 24 years of age. Among young adults, AIs have higher rates of suicide deaths than any other race or ethnicity. Nationally, 45% of people who died by suicide had contact with primary care providers in the month before death, and 19% had contact with mental health services. The foundational belief of the Zero Suicide Model is that suicide for individuals under care of medical and behavioral health systems are preventable. In this session, we will provide an overview of the seven essential elements and accompanying tools designed to support health system implementation of Zero Suicide. We will also describe ongoing efforts to implement and adapt this model throughout Indian country. Lessons learned from the first American Indian/Alaskan Native-focused Zero Suicide Cohort will also be presented.

► Donald Warne, MPH, MD, Chair, Department of Public Health, North Dakota State University

Preparing for the CMS Quality Payment Program
EVERGREEN B

TRACK: LEGISLATION, REGULATION AND CONSULTATION TO IMPROVE TRIBAL HEALTH

This presentation will provide an overview of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 and CMS’s Quality Payment Program (QPP). It will identify the two tracks under MACRA, either participation in the Merit-based Incentive Payment System (MIPS) or advanced Alternate Payment Models (APMs). The presentation will provide a greater focus on MIPS and will discuss steps that the Indian Health System (federal, Tribal, and urban programs) is taking to prepare. Presenters will also discuss some of the legal and policy implications of the QPP and provide a high-level overview of CMS’s proposed rule for year 2 of the QPP.

► Akilah Kinnison, JD, Attorney, Hobbs Straus Dean & Walker, LLP
► Susy Postal, Chief Health Informatics Officer, Indian Health Service
► CAPT Susan Karol, MD, FACS, Health Insurance Specialist, Division of Tribal Affairs, Centers for Medicare and Medicaid Services

Social Media: The Art of Concise Advocacy in the Digital Age
EVERGREEN C

TRACK: NATIVE YOUTH LEADERSHIP IN HEALTH: FOR ADULTS AND YOUTH

Two of the leading national Native youth-centered organizations, We R Native and the Center for Native American Youth (CNAY), will provide tips for harnessing the power of online platforms to promote health and build advocacy networks across Indian country. Health topics discussed will include Native youth priorities such as suicide, bullying, sexual health, and drug and alcohol abuse. Additionally, youth ambassadors of leading national Native organizations will present alongside CNAY and We R Native to provide the youth perspective on how youth can improve the health of Tribal communities using the tools discussed.

► Thomas Ghost Dog, Jr., Project Assistant, We R Native, Northwest Portland Area Indian Health Board
► Amber Richardson, Communications Associate, Center for Native American Youth
► Hamilton Seymour, NIHB Tribal Youth Health Policy Fellow & We R Native Ambassador

Impact of Healthcare Reform on Indian Country
EVERGREEN E

TRACK: MAXIMIZING THIRD PARTY REVENUES AND EXPANDING PATIENT CARE OPPORTUNITIES

Over the past year, there have been significant efforts in Congress to repeal and/or replace the Affordable Care Act and cap and reform the Medicaid program. Presenters will provide an overview of legislative efforts to repeal/replace the ACA and to cap and reform Medicaid. Presenters will assess the potential impact of reform legislation on Indian country and the delivery of healthcare services to American Indians and Alaska Natives. Presenters will also discuss potential strategies Indian country could pursue to improve access to federal resources for the Indian health system.

► Elliott Milhollin, JD, Partner, Hobbs Straus Dean and Walker, LLP
► Jim Roberts, Senior Executive Liaison, Alaska Native Tribal Health Consortium
► Nicole Elliott, JD, Partner, Holland & Knight
► Caitrin Shuy, Director of Congressional Relations, National Indian Health Board
Tribal Sponsorship in the Federal Marketplace

**EVERGREEN F**

**TRACK: MAXIMIZING THIRD PARTY REVENUES AND EXPANDING PATIENT CARE OPPORTUNITIES**

The ACA permanently reauthorized the Indian Health Care Improvement Act, extending current law and authorizing new programs and services within the Indian Health Service. One new element was the ability for Tribes and Tribal organizations to purchase health benefits coverage for beneficiaries through the Healthcare Marketplace. Such Tribal sponsorship not only gives individuals health insurance free of charge, it allows Tribal health organizations to earn insurance revenue when sponsored individuals use their facilities. Seizing this opportunity, multiple Tribes and Tribal health organizations have established such sponsorship programs.

- Shannon Hall, Manager of Patient Accounts, Southcentral Foundation
- Brenda Teel, Executive Officer of Revenue, Chickasaw Nation
- Marty Wafford, Under Secretary of Support, Chickasaw Nation

Tribal Customary Policy Toolkit

**EVERGREEN G-H**

**TRACK: NATIVE HEALTH INFRASTRUCTURE**

Since time immemorial tribal nations have developed, implemented, and followed natural/customary law established by traditional beliefs and values. These indigenous frameworks have guided tribal people in maintaining traditions, surviving inconceivable events, and thriving beyond measure. The Northwest Portland Area Indian Health Board and the National Indian Child Welfare Association have tapped into these existing indigenous frameworks to create the Tribal Customary Policy Toolkit. Tribal policy is a community lever with the ability to create sustainable change or maintain valuable resources. The toolkit serves as a guide for tribal nations/communities involved in policy development. The toolkit offers ideas, concepts, and structure that relates to how tribal communities may approach the policy process. By understanding policy creation and process through a tribal lens it is our goal tribes will develop culturally informed policies to meet the needs of their communities.

- Adam Becenti, Community Development Specialist, National Indian Child Welfare Association
- Ryan Sealy, Tobacco Specialist, Northwest Portland Area Indian Health Board

Addressing Tribal Housing Hazards that Impact Health

**EVERGREEN I**

**TRACK: PUBLIC HEALTH POLICY AND SYSTEMS**

The session will address housing related health hazards that impact health in tribal housing such as lead based paint, mold/moisture, pests, radon, ETS, safety hazards. The session will address a new funding opportunity available for Tribal housing through HUD’s Office of Lead Hazard Control and Healthy Homes. We will discuss the opportunity for building local capacity and workforce as well as specifically address the healthy homes rating system.

- Michelle Miller, Deputy Director, Office of Lead Hazard Control and Healthy Homes, Department of Housing and Urban Development

3:00 pm – 3:30 pm
Wellness Break

WORKSHOPS

3:30 PM – 5:00 PM

Good Health and Wellness in Indian Country: Setting a Foundation for Innovation

**EVERGREEN A**

**TRACK: PUBLIC HEALTH POLICY AND SYSTEMS**

The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, launched the Good Health and Wellness in Indian Country (GHWIC) initiative in 2014. A five-year project working with tribes, tribal-serving health organizations, and Tribal Epidemiology Centers, GHWIC utilizes indigenous values to develop culturally-driven interventions. Through directly funded grantees and small sub-awards, GHWIC has reached over 113 tribes and organizations to implement policy, systems, and environmental changes that increase health promotion across Indian country. The Urban Indian Health Institute recently released a report highlighting the first two years of GHWIC progress with emphasis on a flexible model for tribal health assessment. Participants of this workshop will learn about (1) the role of partnership and coalition-building in GHWIC activities, (2) evaluation methods for integrating indigenous values of Place, Gifts, Sovereignty, and Community in health program planning, and (3) program implementation successes and challenges.

- Rosalina James, PhD, Director of Evaluation and Research, Urban Indian Health Institute, Seattle Indian Health Board
- Colin Gerber, MPH, Epidemiologist and GHWIC Project Coordinator, Urban Indian Health Institute, Seattle Indian Health Board
- Francesca Murnan, MPA, Project Associate, Urban Indian Health Institute, Seattle Indian Health Board
AGENDA

WEDNESDAY, SEPTEMBER 27, 2017

3:30 PM - 5:00 PM WORKSHOPS CONTINUED

Healthy Native Youth: Sharing Engaging, Culturally-Relevant Health Curricula for Native Youth
EVERGREEN B

It can be challenging for health educators to locate engaging, age-appropriate health curricula for Native youth. Healthy Native Youth is a one-stop-shop for Tribal health advocates to access effective, culturally-relevant healthy decision-making curricula for American Indian and Alaska Native youth. The portal allows users to filter and compare curricula on several dimensions to determine best-fit. It includes all materials needed for implementation, including: facilitator training tools, lesson plans, marketing materials, information about how the program was designed, evaluation findings, and references to publications and reports. Workshop participants will take a sneak peek at curricula available on the site, including a new video training that will prepare adults who work with Native youth to identify youth who post or view concerning posts on social media, and connect them to appropriate services.

- David Stephens, RN, Multimedia Project Specialist, Northwest Portland Area Indian Health Board
- Stephanie Craig Rushing, MPH, PhD, Project Director, Northwest Portland Area Indian Health Board

The Role of Tribal Serving Organizations in Realizing Indigenous/Tribal Data Sovereignty and Governance
EVERGREEN C

Indigenous/tribal data sovereignty is the right of tribal nations to govern, collect, own, and apply data about their citizens, communities, land, and resources to build and strengthen their nations. Tribal Epidemiology Centers are uniquely situated to provide technical assistance to tribal nations related to health data to support Indigenous/tribal data sovereignty efforts. The Albuquerque Area Southwest Tribal Epidemiology Center’s (AASTEC) mission is to collaborate with the 27 Tribes in the Indian Health Services (IHS) Albuquerque Area to provide high quality health data, technical assistance and public health training to improve the quality of life of American Indians. In this presentation, we will discuss key learnings regarding the role of Tribal serving organizations and regarding local Tribal level efforts for advancing Indigenous/tribal data sovereignty that emerged at a recent think tank meeting hosted by AASTEC.

- Michelle Suina, PhD, Program Director, Albuquerque Area SW Tribal Epidemiology Center, Albuquerque Area Indian Health Board
- Carleton Albert, Sr., Executive Council Co-Chair, Albuquerque Area SW Tribal Epidemiology Center, Albuquerque Area Indian Health Board
- Nanibaa’ Garrison, PhD, Assistant Professor, Seattle Children’s Research Institute

Maximizing Revenue for Tribal Healthcare Programs
EVERGREEN E

For any Tribe, maximizing all third party healthcare reimbursement is key to providing their population with the best care possible; however, state and federal regulatory environments complicate the process, often resulting in rejected claims and frustrated administrative staff. At the same time, native patients often find themselves asking questions like: “Am I covered?” “Where can I seek care?” “Is this quality care?” Indigenous Pact believes each Tribe represents a single healthcare community. The Pact enables Tribes to maximize all third party revenue sources, build a quality-based provider network, and ensure a consistent, culturally sensitive healthcare experience for Tribal members. In this talk, representatives from Indigenous Pact, the Muckleshoot Indian Tribe, and the Oneida Tribe of Wisconsin will discuss their partnerships and the construction of reimbursable healthcare programs.

- Kurt Brenkus, Founder & CEO, Indigenous Pact
- Debra Danforth, Operations Division Director, Oneida Tribe of Wisconsin
- Karen Cantrell, Program Director, Muckleshoot Elders In Home Support Service
- Harmony Roebuck, Administrative Manager, Muckleshoot Elders In-Home Support Services

Medicaid and CHIP Managed Care
EVERGREEN F

This session will review the Indian provisions of the new Medicaid Managed Care rules, waiver and State Plan authorities for managed care, the 1915(b) waiver process and Special Terms and Conditions, and the CMS informational bulletin and managed care addendum. Specifically, this presentation will review how Tribes can influence the development of these programs through negotiating the use of Special Terms and Conditions that govern the operation of these programs. Presenters will focus on special provisions and protections for AI/ANs who are enrolled in managed care programs in Medicaid and CHIP. In addition, this presentation will review the Tribal consultation requirements between states, Tribes, and the Centers for Medicare & Medicaid Services (CMS).

- Cyndi Gillaspie, Technical Director, Consortium for Medicaid and CHIP Operations, Centers for Medicaid and Medicare Services
- Lane Terwilliger, JD, Technical Director, Division of Tribal Affairs, Centers for Medicare and Medicaid Services
- Elliott Milhollin, JD, Partner, Hobbs Straus, Dean and Walker, LLP
3:30 PM - 5:00 PM WORKSHOPS CONTINUED

IHS Tribal Budget Formulation

EVERGREEN G-H

TRACK: LEGISLATION, REGULATION AND CONSULTATION TO IMPROVE TRIBAL HEALTH

Each year, Tribes from around the country come together to determine budget priorities for the Indian Health Service (IHS). After regional consultations, the National Tribal Budget Formulation Workgroup (TBFWG) meets in Washington, DC to finalize the recommendations. The group is made up of Tribal leaders from each of the IHS Service Areas. Following this process, the Workgroup drafts testimony to be delivered to the Secretary of Health and Human Services at the department’s National Budget Consultation each spring. During this workshop, participants will learn the basics of IHS appropriations, budget and the process the Workgroup processes, including the Area and Regional consultations, national formulation meetings, testimony drafting, and the final presentation. Presenters will also discuss how the recommendations are used in Congressional advocacy. Participants will also learn how they can use this information to share your voice on IHS budget needs at regional and national levels.

Andy Joseph, Co-Chair, Tribal Budget Formulation Work Group; Council Member, Confederated Tribes of the Coleville Reservation; Portland Area Representative, National Indian Health Board

Mark Azure, Co-Chair, Tribal Budget Formulation Work Group; President, Fort Belknap Indian Community

W. Bruce Pratt, Co-Chair, Tribal Budget Formulation Work Group; President, Pawnee Nation

Verne Boerner, President/CEO, Alaska Native Health Board

Elizabeth Fowler, Deputy Director for Management Operations, Indian Health Service

Tools for Building Public Health Systems

EVERGREEN I

TRACK: PUBLIC HEALTH POLICY AND SYSTEMS

Tribal public health systems are interconnected entities that work together to prevent injury and illness, assure health protections and promote healthy social and physical environments. Building and strengthening a Tribal public health system requires taking a close look at what currently exists, identifying service and infrastructure gaps, and setting priorities for growth. This workshop will draw from the Tribal Public Health Accreditation Advisory Board as well as NIH’s technical assistance work with Tribes who have made tangible gains in public health accreditation, performance and quality improvement and public health workforce development.

Karrie Joseph, MPH,CHES, Public Health Programs Manager, National Indian Health Board

Shanna Ione Tautolo, Program Developer Manager, Pascua Yaqui Health Services Division

6:00 pm – 8:30 pm

NIHB 2017 HEROES IN NATIVE HEALTH AWARDS GALA
(separate tickets required)

REGENCY BALLROOM
6:30 am – 7:30 am
Fitness Event
EVERGREEN FOYER

7:00 am – 12:00 pm
Marketplace and Exhibit Hall Open
GRAND BALLROOM AND EVERGREEN FOYERS

Registration and Information Desk Open
GRAND BALLROOM FOYER

7:00 am – 8:00 am
Area Caucuses: Tribal Leaders and Health Directors
(EACH AREA ASSIGNED TO A DIFFERENT ROOM, SEE PAGE 26 FOR LOCATIONS)

WORKSHOPS
8:30 AM – 10:00 AM
WORKSHOPS

Health of the Environment = Health of the People
EVERGREEN A

United Indian Health Services began 47 years ago with a mission of working together with our clients and community to achieve wellness through health services that reflect traditional values of our American Indian Community. Health disparities run rampant amongst our People. In response to these disparities, CDC created Good Health and Wellness in Indian Country Grant, a 5 year $14 million/year initiative allowing UIHS to address and improve the overall health of the American Indians by focusing on reduction of chronic disease utilizing a policy, systems and environmental approach. UIHS’ project Health of the Environment=Health of the People is diligently working individually with its nine Tribes to provide technical assistance, knowledge and resources from health assessments where priorities range from healthy accessible foods, physical activity, Elder wellness, to smoke free and healthy food policies. Health of the Environment=Health of the People projects and progress.

Valerie Reed, MA, Project Supervisor, United Indian Health Services, Inc.

Evaluation of Catawba Indian Nation Seniors: A Reservation-University Partnership
EVERGREEN B

Track: Public Health Policy and Systems

Research has consistently discussed indigenous populations as having substantial disparities which compounds in later adulthood. There is also a need to prepare future professionals to provide appropriate services to this population. Through the development of a Reservation-University partnership with the Catawba Indian Nation Senior Center, 15 students connected with 400 tribal seniors. By using the “Identifying Our Needs: A Survey of Elders VI” instrument, seniors were assessed on health and emotional well-being outcomes. Additionally, data was collected from an extensive student research training. Results of the Catawba Indian Nation Senior Center evaluation will also be shared with recommendations for replicating such partnerships. Presentation will conclude with discussion regarding how university students are also working with the tribe to implement programs to support Catawba Nation members through the tribe’s senior center.

Allison Gibson, MSW, LISW-CP, PhD, Assistant Professor, College of Social Work, University of Kentucky

Home Visitation: A Pathway to Long-Term Health and Well-Being for American Indian and Alaska Native Families
EVERGREEN C

Track: Native Health Infrastructure

The Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) was created by Congress in 2010 to fund evidence-based home visiting to support parents in improving the health, welfare, and education of their children. Twenty-five Tribes receive MIECHV grants. Voluntary home visiting addresses immediate risk factors, and also promotes longer term resiliency and cultural capacity. The MIECHV legislation will expire on September 30, 2017. One proposal to renew the law would be very damaging to Tribal MIECHV programs; another would significantly expand Tribal home visiting funds. Presenters will discuss how home visiting can benefit children, families, Tribes, and urban Indians; the individual and population-level health benefits of home visiting; the current status of the MIECHV reauthorization; and steps that Tribes and the organizations that represent them can take to protect and expand Tribes’ access to home visiting services.

Lynnette Jordan, Operations Director, United Indians of All Tribes Foundation

Myra Parker, MPH, JD, PhD, Lead Evaluator, United Indians of All Tribes Foundation

Catriona Macdonald, MPP, Executive Director, Association of State and Tribal Home Visiting Initiatives
Utilizing Native Youth to Develop an Underage Drinking and Prescription Drug Abuse Prevention Program for Communities in the Chickasaw Nation

SAMHSA, NIHB and others recognize emerging tribal-evidence practices that honor cultural contexts reflective of both present-day and traditional expressions of unique Native needs and experiences. Such practices are drawn from and guided by, ingrained cultural, social and value structures arising from the community. The Chickasaw Nation’s prevention initiative, Define Your Direction, is culture-centered and incorporates community based activities. Funded by SAMHSA in partnership with the Southern Plains Tribal Health Board, this uniquely Chickasaw, youth-focused prevention program addresses underage drinking and prescription drug abuse. The award-winning video and messaging was created with ideas from Native youth; media materials feature Native youth and activities transpire in communities with significant Native populations. Social media provides venues to disseminate prevention messages, offer opportunities for youth feedback, and allows for data collection and program evaluation.

Miranda Willis, Strategic Prevention Data Analyst/Tribal Liaison, Chickasaw Nation

Maximizing Third Party Revenues and Expanding Patient Care Opportunities in Eye Care and Behavioral Health

Comprehensive eye care and behavioral health services are often overlooked, underfunded or viewed as unsustainable in a Tribal health care setting. In this session, Kewa Pueblo Health Corporation’s Health Director and Optometrist explain the evolution of the quality of eye care services delivered over a three-year period; discuss how the eye clinic increased the percentage of services by 350 percent from 2013-16; and identify key strategies to maximize third party revenues and decrease program cost. Additionally the presentation will also discuss how behavioral health departments may assess the gaps in reimbursements, opportunities to develop revenue and advocacy efforts at the state and national levels.

Dave Panana, Health Center Director/Acting CEO, Kewa Pueblo Health Corporation
Lindsey Marvel, Optometrist, Kewa Pueblo Health Corporation
Cynthia Guzmán, PhD, Behavioral Health Program Manager, Santo Domingo Health Center

HCV Elimination in Indian Country: The TeleECHO Model

American Indian and Alaska Native people have the highest mortality rate from HCV of any race or ethnicity. Hepatitis C can be cured, and the I/T/U primary care clinics are developing their capacity to provide this cure. By treating at the primary care level, we can begin to eradicate this disease. The NPAIHB launched a HCV teleECHO Project in February 2017. The ECHO model is a collaborative model of medical education and care management that empowers clinicians to provide better care to more people, right where they live, an especially important attribute in Indian Country. ECHO increases access to specialty treatment by providing clinicians with the knowledge and support they need to manage patients with HCV. 26 clinical sites have joined and 55 patients received recommendations for treatment. ECHO has been a way to democratize knowledge and NPAIHB will help to build the capacity for patients and providers to receive and give the best care possible.

David Stephens, RN, Case Manager, Northwest Portland Area Indian Health Board
Jessica Leston, MPH, DrPH (c), HIV/STI/HCV Clinical Programs Manager, Northwest Portland Area Indian Health Board

PLENARY SESSION

10:15 AM – 12:15 PM

10:15 am – 11:30 am
Tribal Caucus Report Out
Alaska Native Health Board, Inc.
Albuquerque Area Indian Health Board
Great Lakes Area Tribal Health Board
Rocky Mountain Tribal Leaders Council
California Rural Indian Health Board
Great Plains Tribal Chairmen’s Health Board
United South and Eastern Tribes
Navajo Nation Department of Health
Southern Plains Tribal Health Board
Inter-Tribal Council of Arizona
Northwest Portland Area Health Board
Tucson Area Tribes

11:30 am – 12:00 pm
Bringing Public Health into the Framework of Indian Health
Carolyn Angus-Hornbuckle, JD, Deputy Director and Director of Public Health Policy and Program, National Indian Health Board
Michelle Castagne, Deputy Director of Congressional Relations, National Indian Health Board

12:00 pm – 12:15 pm
Exhibit Hall Passport Giveaway Drawing
Closing Ceremony
Conference Adjourns
AREA CAUCUSES

HISTORY, PURPOSE, OPPORTUNITY

Area Tribal Caucuses were once an important and vital part of the NIHB policy-making process. NIHB’s Board of Directors and Executive Director worked together to reinstate this practice and it is now part of the NIHB Annual National Tribal Health Conference (formerly known as The Annual Consumer Conference). There are several purposes of the Caucuses – the most significant of which is to provide the space and opportunity for all Tribal Leaders, Tribal Health Directors, Tribal health consumers and stakeholders to come together to discuss and identify legislative, policy and public health needs that impact American Indian and Alaska Native health, health systems, public health infrastructure, program and capacity and Tribal health sovereignty. The Area Caucuses also provide an important opportunity for participants to engage with the Tribal representative that each Area elects or appoints to serve on the Board of Directors of NIHB. There is one NIHB Board Member from each geographic Service Area of the Indian Health Service. Each is sent by the Tribes within each Area to serve on the NIHB Board of Directors and they carry the Tribal voice to the national level for policy making and advocacy purposes while also carrying national advocacy, policy and public health updates to the Tribes they represent and serve. Through this construct all Tribes have a national level voice on American Indian and Alaska Health policymaking, advocacy and public health needs.

This year, we are asking the Area Caucuses to review the 2017 NIHB Tribal Health Legislative and Policy Agenda and provide feedback and recommendations to the NIHB about which priorities should be included in the 2018 National Tribal Health Legislative and Policy Agenda. Each Caucus will have the opportunity to present their recommendations during the morning plenary session on Thursday, September 28, 2017. We also request that your Caucus provides a written report to the NIHB Executive Director at sbohljen@nihb.org. The results of the Area Tribal Health Caucus recommendations will be included in a draft 2018 Legislative and Policy Agenda and it will be considered during the NIHB 2018 Annual Meeting, which takes place during the first quarter of the calendar year in Washington, DC.

On the facing page is a snapshot of the priority issues included in the 2017 NIHB Tribal Health Legislative and Policy Agenda. The complete document will be provided on site during the NIHB Conference.

Below, please find information about where and when your Area Tribal Health Caucus will meet.

On behalf of the NIHB Board of Directors and staff, we hope you have a productive and inspired Area Tribal Health Caucuses and look forward to receiving your reports.

DAILY ROOM ASSIGNMENTS

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NIHB LEGISLATIVE AND POLICY PRIORITIES

Every year, NIHB engages with Tribes and Tribal leaders to examine the political landscape to set forth an agenda that focuses on key priorities and topical areas that will require targeted efforts and concerted energy to advance throughout the year. This legislative and policy agenda lays the path for NIHB’s work each year, as well as for much of the conference content. Below are the priorities that comprise the 2017 NIHB Legislative and Policy Agenda. Please use these points to help guide your engagement and discussion through the IHS and CMS listening sessions, the discussion session on care and long standing issues at the IHS, and throughout the entire conference.

- Preserve the Indian Healthcare Improvement Act and Indian-specific provisions in the Affordable Care Act in any type of Healthcare Reform legislation
- Preserve Medicaid protections and expanded eligibility for American Indians and Alaska Natives
- Phase in Full Funding for Indian Health Services and Programs for American Indians and Alaska Natives in the Indian Health Service (IHS) and Beyond
- Enact Mandatory Appropriations for the Indian Health Service
- Increase Appropriations to Indian Country outside of the IHS
- Build Capacity of Tribal Public Health
- Seek Long-Term Renewal for the Special Diabetes Program for Indians at $200 Million
- Enact Special Suicide Prevention Program for AI/ANs
- Provide Continued Oversight and Accountability on the IHS
- Secure Advanced Appropriations for the Indian Health Service
- Workforce Development for Indian Health and Public Health Programs
- Expand Tribal Self Governance at the Department of Health and Human Services
- Preserve Key Public Health Provisions in the ACA
- Educate Members of the new Administration on Tribal Sovereignty and the Trust Responsibility
- Preserve and Expand Tribal Consultation
- Ensure and improve access to culturally competent quality health care for Native Veterans.
- Support IHS Efforts to Expand the Community Health Aide Program (CHAP)
- Change IHS’ Interpretation of the Definition of Alternate Resources
The National Indian Health Board, National Congress of American Indians, National Indian Child Welfare Association, and the National Indian Education Association have joined in an unprecedented campaign – the First Kids 1st Initiative – to transform Native communities by leading a movement to put Native youth, children and families first in all that we do. First Kids 1st is a collective effort to mobilize communities to create the conditions in which Native youth and families can thrive and to create the systemic change necessary to sustain programs and policy that facilitate such conditions. The initiative will seek to improve the social, emotional, mental, physical, and economic health of Native children and youth to allow them to achieve their fullest potential – across the spectrum of personal development, education, health and leadership. First Kids 1st gives voice and support to Native children and youth and their Tribal communities so they can grow and thrive for years to come. This can only be achieved through the joint efforts amongst the four primary partners, Tribal communities, and other partnering organizations.

NEW YOUTH CONTENT!

NIHB and partners are continuing the advancement of the First Kids 1st Initiative by offering an exciting new conference track, “Native Youth Leadership in Health”, for Tribal health staff, Tribal leaders, and Native youth and students to participate in and learn more about:

• Professional skills development and training for working with Native youth
• Mentoring native youth to improve and sustain wellness
• Successful tools and methods for elevating Native youth voices:
  • Getting Native youth interested in health professions

To find out more about this initiative and how you can be involved, please visit www.firstkids1st.org.
Contribute to the conversation and tell us how you are #PuttingFirstKids1st!

The inaugural cohort of the National Indian Health Board Tribal Youth Health Policy Fellowship first met in the spring of 2017. The fellowship is possible because of the First Kids 1st Initiative. Together the 2017 Fellows have pledged, “As the collective voice of American Indian and Alaska Native youth, to collaborate with and empower Tribal nations through culturally resilient and community informed advocacy to heal and restore beauty in Indian Country.”

First Kids 1st partners from NIHB, NIEA, NICWA and NCAI gather quarterly to set the agenda for #PuttingFirstKids1st

First Kids 1st partners are committed to creating a movement in which Native children, youth and families can thrive.
Hawley, Vinton
(Pyramid Lake Paiute Tribe)
NIHB Chairman and Phoenix Area Representative
Chairman, Pyramid Lake Paiute Tribe

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

Bean, Lincoln (Tlingit Nation)
NIHB Vice-Chair and Alaska Area Representative
Chairman, Alaska Native Health Board

Mr. Lincoln A. Bean, Sr. is the Chairman of the Board of Directors for the Alaska Native Health Board (ANHB). Chairman Bean serves as an advocate for issues such as funding, legislation, and regulatory issues, all of which are of great importance to ANHB, the Alaska Tribal health system, and the Indian Health Service. The Alaska Tribal Caucus has appointed Mr. Bean to serve as the Alaska Area Representative on the national Facilities Appropriations Advisory Board and the national Tribal Leaders Diabetes Committee. In addition, he serves on the Board of the Alaska Native Tribal Health Consortium, as advisor to the Denali Commission, and as part of the Alaska Native Tobacco Advisory Group. Mr. Bean also served as a board member for the South East Alaska Regional Health Consortium. In 2013, Mr. Bean served as the Acting President and CEO of the Alaska Native Health Board and was instrumental in ensuring the organization’s day-to-day operations and mission continued during the transition. Mr. Bean is an enrolled member of the Organized Village of Kake and a shareholder of Kake Tribal Corporation and Sea Alaska Corporation. Mr. Bean has spent much of his life subsisting off the land and sea and has worked in logging and construction in the village.

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
Elgin, Lisa (Manchester Headdress, Charles (Fort Peck Begaye, Russell (Navajo Nation)
Cook, Beverly (Saint Garcia, Donnie (Jicarilla

She holds an Accounting degree. She currently serves as the Under Chickasaw Nation since October 2001
Ms. Marty Wafford has been with the Chickasaw Nation Joint Venture projects. She obtained her accounting degree from Southeastern Oklahoma State University. 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 in the Southeastern Oklahoma Area.

Elgin, Lisa (Manchester Band of Pomo Indians)
NIHB Secretary and California Area Representative
Chairperson, California Rural Indian Health Board
Tribal Administrator, Manchester Pt. Arena Band of Pomo Indians

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

Wafford, Marty (Chickasaw Nation)
NIHB Executive Committee
Member-At-Large and Oklahoma City Area Representative
Chairperson, Southern Plains Tribal Health Board
Under Secretary of Support and Programs, Chickasaw Nation Department of Health

Ms. Marty Wafford has been with the Chickasaw Nation since October 2001 and currently serves as the Under Secretary of Support and Programs in the Chickasaw Nation Department of Health. She holds an Accounting degree. She has over 25 years of experience working in healthcare administration and support.

She has served on the internal project management team for 6 years during planning and construction of all three of the Chickasaw Nation Joint Venture projects. She obtained her accounting degree from Southeastern Oklahoma State University. 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 in the Southeastern Oklahoma Area.

Begaye, Russell (Navajo Nation)
Navajo Area Representative President, Navajo Nation

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

Cook, Beverly (Saint Regis Mohawk Tribe)
Nashville Area Representative
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.

Garcia, Donnie (Jicarilla Apache Nation)
Albuquerque Area Representative Council Member, Jicarilla Apache Nation

Mr. Donnie Garcia is a member of the Jicarilla Apache Nation an 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.

Headdress, Charles (Fort Peck Assiniboine and Sioux Tribes)
Billings Area Representative
Chairman, Health and Human Services Committee, Fort Peck Tribal Executive Board

Mr. Charles Headdress graduated in 1970 from the Business Department at Haskell Institute Lawrence, Kansas. Shortly after graduation he was drafted and served 18 months behind the Iron Curtain in West Berlin with the 4th Battalion 18th US Infantry as a Squad Leader patrolling the Berlin Wall and guarding Rudolph Hess at Spandau Prison. He graduated from the US Army Berlin Brigade Leadership School and was honorably discharged in November 1972. Upon his return to the states, he started a 32 year career with Indian Health Service as a Health Systems Specialist, retiring in 2004. Mr. Headdress then started a small construction business with his best friend and re-retired in 2007. Not wanting to gather moss, he started work with the City of Poplar Police Department and graduated from the Montana Law Enforcement Academy as a Certified Department of Corrections Probation/Parole Officer. He also graduated from the Montana Reserve Officer Academy. Mr. Headdress then got into Tribal politics and was elected to the Tribal Council in 2009 and is serving his 3rd term. He received a Presidential Appointment to serve on the Montana Selective Service Board in 1998 and still serves in that capacity. Mr. Headdress also serves on the Direct Service Tribes Advisory Board.
Board (DSTAC), Facilities Appropriations Advisory Board, North East Montana Health Systems Board, Benefits Health Systems Advisory Board, in Great Falls, Montana, and is the Chair of the Health and Human Services Committee for the Fort Peck Assiniboine/Sioux Tribes. He has 4 grown children.

► Joseph Jr., Andrew (Confederated Tribes of the Colville Reservation)
Portland Area Representative
Chairman, Northwest Portland Area Indian Health Board
Tribal Council Member, Confederated Tribes of the Colville Reservation
Mr. Andrew Joseph, Jr. has served on the Colville Tribal Council for five terms. He is a Nespelem district representative, serving on the following Colville committees: Executive Committee, Veterans Committee as Chair, Health & Human Services Committee as 1st Vice, Tribal Government Committee as 1st Vice, and Culture Committee as 1st Vice. Mr. Joseph is also a voting delegate of the Affiliated Tribes of Northwest Indians (ATNI) and the National Congress of American Indians (NCAI). In July 2007, he was elected Vice Chairman of the Indian Health Service (IHS) Direct Services Tribes Advisory Committee. On January 22, 2009 he was appointed the Chairman of Northwest Portland Area Indian Health Board (NPAIHB) and in April 2011 he was elected Chairman. In March 2013 he was elected the Member-At-Large for the National Indian Health Board.

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

► Ortega, Sandra (Tohono O’odham Nation)
Tucson Area Representative
Councilwoman, Tohono O’odham Nation
Ms. Sandra Ortega is a member of the Tohono O’odham Nation 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.
Bohlen, Stacy A. (Sault Ste. Marie Tribe of Chippewa Indians)
Executive Director

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

Aazami, Shervin
Public Health Project Coordinator

Shervin Aazami is a Public Health Project Coordinator on the Public Health Policy and Programs team at NIHB. His work focuses on behavioral health priorities in Indian Country including substance and alcohol misuse prevention, suicide and overdose prevention, and HIV treatment and prevention. Prior to NIHB, Mr. Aazami worked at the Washington DC Department of Health as the HIV Screening Coordinator. Mr. Aazami graduated from the University of California, Los Angeles with his BA in Psychology, and is currently pursuing his Masters in Public Health (MPH) with a concentration in Health Policy at the George Washington University Milken School of Public Health.

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

Carolyn Angus-Hornbuckle is the NIHB Deputy Director and Director of Public Health Policy and Programs. She recently rejoined NIHB from the National Congress of American Indians where she served as a Senior Project Officer and was strategic in advancing the collaborative First-Kids 1st project.

Bitsuie, Kristen (Navajo Nation)
Director of Policy, Programs and Advocacy

Kristen Bitsuie is an enrolled member of the Navajo Nation and is a recipient of numerous local and national awards including the Indian Health Service Director’s Award and Tucson Area’s Individual Exceptional Performance Award.

Castagne, Michelle (Sault Ste. Marie Tribe of Chippewa Indians)
Deputy Director of Congressional Relations

Michelle Castagne is Anishinaabe from Michigan’s Upper Peninsula. There, she developed a love for the outdoors and a desire to work toward a better culture of health – in Indian Country, in particular. Michelle joined NIHB in December 2014 as a project coordinator to provide outreach and education on diabetes and chronic disease programming and policy. Ms. Castagne now conducts policy, budget, and appropriations analysis, formation and advocacy as the Congressional Relations Manager. With over seven years of experience as a student leadership facilitator and two years as a marketing assistant for a university wellness program, Ms. Castagne has a unique set of skills in research, marketing and design, and public policy. Ms. Castagne has also worked as a public policy assistant with the Grand Rapids Area Chamber of Commerce and completed several internships with her Tribe.

Colagreco, Angelica
Public Health Project Coordinator

Angelica Colagreco is a Public Health Project Coordinator on the Public Health Policy and Programs team at NIHB. Her work focuses on Zika prevention and response; the Climate Ready Tribes project addressing climate health issues; and a cancer project promoting breast, cervical, and colorectal screening initiatives. Prior to NIHB, Angelica worked in refugee health for several years in Southwest Virginia. Angelica graduated from Virginia Tech this past December with a Masters in Public Health (MPH) degree, with a concentration in Health Education and a certificate in Global Planning and International Development with a specialization in Public and Environmental Health. Angelica also holds a B.A. in biology with a French minor and lived abroad, primarily in France, for several years.

Davenport, Sooner (Apache Tribe of Oklahoma)
Policy Associate

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

Delrow, Devin – JD (Navajo Nation)
Director of Federal Relations

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

Foley, Robert – M.Ed.
Chief Program Officer

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

Joseph, Karrie – MPH, CHES
Public Health Programs Manager

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

Lewis, Summer (Muscogee Creek Nation)
Meeting and Events Associate

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

Lynch, Corey
Accounting and Operations Coordinator

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

Patterson, Sheri – MBA
Director of Finance and Administration

Sheri Patterson is the Director of Finance and Administration for NIHB where she oversees all fiscal and budgetary components, as well as the operational pieces, of the organization. She recently joined the NIHB team with an eagerness to support those who sponsor positive change and enrich the lives of both the American Indian and Alaskan Native population. Originally from Western North Carolina, Sheri has more than 15 years of nonprofit experience in the Health and Human Services field. Her last position was with National Children’s Center where she spent more than 5 years as a Controller in Washington, DC.
Price, Sarah  
Public Health Associate
Sarah Price is excited to join NIHB in September 2017 as a Public Health Associate. Prior to working with NIHB, Ms. Price was employed through the Centers for Disease Control and Prevention’s Public Health Associate Program, where she worked on infectious and chronic disease prevention initiatives in Suffolk County, New York. Ms. Price obtained her Bachelor of Science from Syracuse University in 2015, with a dual major in Public Health and Policy Studies. In her free time, she enjoys exploring new places, hiking new trails, and trying new desserts.

Reilly, Chawin  
Tribal Health Reform Outreach and Education Program Associate
Chawin Reilly is an Associate with the Tribal Health Reform Outreach and Education team and originally from the Washington D.C., Maryland area. His passion lies with engaging the youth in leadership and educational programs and has spent over 7 years working with the Smithsonian Environmental Research Center on their Outdoor Education programs. Win worked with the Smithsonian to develop a special track of positions and internships for high school youth engaged in Outdoor Education such as himself. He possesses a B.A. in Sociology from Dickinson College, a degree which he believed helped him sharpen his ability to understand the social plights of Americans across all social and racial brackets.

Shuy, Caitrin  
Director of Congressional Relations
Caitrin Shuy is the Director of Congressional Relations at the National Indian Health Board. In this role, Caitrin coordinates legislative strategy for NIHB, composes position papers and talking points and conducts policy analysis. She also serves as a technical advisory for the Secretary’s Tribal Advisory Committee. Prior to joining NIHB, Caitrin spent three years as a Legislative Assistant to Congressman Tom Cole (R-OK) where she served as a political advisor and his lead staffer for Native American issues for the Congressman’s work on the House Appropriations Subcommittee on Interior, Environment and Related Agencies – the subcommittee through which Indian Health Service Funding originates. Caitrin holds a Master’s of Science in Comparative Politics from the London School of Economics and a Bachelor’s of Arts in Political Science St. Mary’s College of Maryland.

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

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

Carleton Albert, Sr.
Executive Council Co-Chair, Albuquerque Area Southwest Tribal Epidemiology Center, Albuquerque Area Indian Health Board (Zuni Pueblo)

Carleton Albert, Sr., is from Zuni Pueblo and graduated from Central Oklahoma University, Edmond Oklahoma with a Bachelor of Science in Community Health. Albert has served as the Head Councilman of the Zuni Tribe. He is the Co-Chair of Albuquerque Area Southwest Tribal Epidemiology Center’s Executive Council. Albert was formerly employed by the University of New Mexico Health Sciences department and worked on the Zuni Kidney Project. Prior to this, he was Program Manager for the Zuni Wellness Center. Fitness and wellness is a natural fit for Albert who was one of the outstanding long distance runners from Zuni.

Mark Azure
Co-Chair, Tribal Budget Formulation Work Group; President, Fort Belknap Indian Community (Fort Belknap Indian Community)

Mark Azure is the President of the Fort Belknap Indian Community, and has served in this capacity since 2013. He also serves as one of the co-chairs of the Tribal Budget Formulation Work Group.

Connie Barker
Tribal Legislator, Chickasaw Nation (Chickasaw Nation)

Connie Barker has served as a Chickasaw Nation Tribal Legislator since 2008 and in October of 2014, became the Legislative Chairperson. She has served on the Tribal Leaders Diabetes Committee since 2010, representing the Oklahoma Area, and serves on several of the workgroups. She also serves as the Tribal Leaders Diabetes Committee Co-chair and is proud to represent her Tribe along with all of Indian Country. Connie works in Healthcare administration and serves as Director of a busy medical practice in Oklahoma.

Adam Becenti
Community Development Specialist, National Indian Child Welfare Association (Navajo Nation)

Adam Becenti is of the Black Streaked Wood People Clan, born for the Sleep Rock People of the Diné Nation. Adam brings a wide breadth of Tribal outreach/engagement experience and policy knowledge. Adam has served Indian Country in various capacities such as Cultural Coordinator/Tribal Liaison for a Native American youth treatment program. Adam currently serves as Community Development Specialist at the National Indian Child Welfare Association. Adam holds a bachelor’s degree in psychology and ethnic studies from the University of Colorado @ Boulder and a master’s of public policy from the Ford School of Public Policy at the University of Michigan, Ann Arbor.

Jacoline Bergstrom, MD
Executive Director of Health Services, Tanana Chiefs Conference (Iñupiaq Eskimo, Native Village of Kiana)

Jacoline Bergstrom currently serves as the Executive Director of Health Services for the Tanana Chiefs Conference in Fairbanks, Alaska.

Verné Boerner
President/Chief Executive Officer, Alaska Native Health Board (Iñupiaq Eskimo, Native Village of Kiana)

Verné Boerner is the President, Chief Executive Officer, Alaska Native Health Board. Ms. Boerner is an Alaska Native, Iñupiaq Eskimo, enrolled in the Native Village of Kiana. Her passion is addressing health disparities in indigenous and minority populations through health research, policy development, education and outreach. Ms. Boerner is a firm believer in community-based approaches to best tap the existing strengths and resources these resilient populations already possess to garner additional resources and greater understanding of the overall health needs and priorities of the people. She also believes culturally intelligent approaches are needed to build, and build upon, evidence-based approaches.

Kurt Brenkus
Founder & CEO, Indigenous Pact

Kurt Brenkus is an entrepreneur who wakes up each day with the goal of leaving the world a better place than he found it. A lifelong student of philosophy, he believes in a double bottom line: By prioritizing both social and financial returns for customers and investors, doing the right thing is not at odds with generating profit. This is the foundation for a brighter future. Prior to Indigenous Pact, Kurt was the Founder and CEO of Avyr Inc, Chief Information Officer for National Audit, and Chief of Staff at United Healthcare. He holds multiple patents for his work in digital health.

Donald Chi, DDS, PhD
Associate Professor or Oral Health Sciences, University of Washington School of Dentistry

Donald Chi is a board-certified pediatric dentist and health services researcher, is an Associate Professor of Oral Health Sciences at the University of Washington School of Dentistry. Dr. Chi has published over 100 peer-reviewed manuscripts, book chapters, and reviews. He is a member of the U.S. Department of Health and Human Services, Advisory Committee on Training in Primary Care Medicine and Dentistry; serves on the Board of Directors of the International Association for Dental Research; is Chair of the American Academy of Pediatric Dentistry’s Council on Scientific Affairs; and serves on the Editorial Boards of the Journal of Dentistry for Children and BioMed Central Oral Health.
Karen Cantrell
Program Director, Muckleshoot Elders in Home Support Service (Fort Peck Assiniboine and Sioux Tribes)

Karen Cantrell attended MSU in Bozeman where she graduated with her Bachelor’s degree in Political Science in 1996. Following graduation she moved to Seattle, Washington and went to work with the National Tribal Employment Rights Office (TERO), working with many Tribes throughout the United States. Ms. Cantrell worked as an Admission/Marketing Director at a Skilled Nursing Facility for several years where she gained much of her nursing and healthcare experience. She became the Liaison between the Skilled Nursing Facility and the Puyallup Tribe. Through that relationship she was encouraged to apply at the Muckleshoot Tribe where she has been employed since 2013. She is one of the original co-founders and current Program Director of the Muckleshoot Elders In-Home Support Services Program.

Carol Chicharello
Acting Director, Division of Business Office Enhancement, Centers for Medicare and Medicaid Services

Carol Chicharello is the Acting Director, Division of Business Office Enhancement within the Office of Resource Access and Partnerships at the Indian Health Service (IHS) Headquarters. Ms. Chicharello joined IHS in May 2012 and has served as the Director of Business Development at the IHS Phoenix Area Office. Ms. Chicharello worked for state government as the Tribal Relations Liaison for the Arizona Health Care Cost Containment System and the Arizona Department of Economic Security. Prior to state service, Ms. Chicharello worked for the Interg Tribal Council of Arizona, Inc. Ms. Chicharello is a proud alumna from Arizona State University.

Jerilyn Church, MSW
CEO, Great Plains Tribal Chairman’s Health Board (Cheyenne River Sioux)

Jerilyn Church is the Chief Executive Officer of the Great Plains Tribal Chairman’s Health Board. Ms. Church joined GPTCHB in 2012, acting as a liaison between the health board and Indian Health Service to help identify and meet the needs of GPTCHB constituents. Born and raised on the Cheyenne River Sioux Reservation, Ms. Church obtained her bachelor’s degree in social work with an emphasis in American Indian studies from Michigan State University in East Lansing, Michigan. From there, Ms. Church pursued her master’s degree at the University of Michigan in Ann Arbor, receiving a full fellowship in child welfare with an emphasis in human services management. Upon completion of her education, she became the Executive Director for the American Indian Health and Family Services center in Southeast Michigan. Under her leadership, the organization was able to triple its budget and double its staff to further expand and meet the needs of those it served.

Brian Cladoosby
President, National Congress of American Indians; Chairman, Swinomish Indian Tribal Community (Swinomish Indian Tribal Community)

Brian Cladoosby serves as the 21st President of NCAI. In October 2013 at NCAI’s 71st Annual Convention he was elected to serve his first term as President of the organization. He is currently the President of the Association of Washington Tribes and has previously served as an Area Vice President on the NCAI Board. Chairman Cladoosby has served on the Swinomish Indian Senate, the governing body of the Swinomish Indian Tribal Community, since 1985. He has served as the Chairman of the Swinomish Indian Senate since 1997. He is the President of the Association of Washington Tribes, Executive Board member of the Washington Gaming Association, past President of the Affiliated Tribes of Northwest Indians, has retained a seat on the National Congress of American Indians Vice Presidents’ Board, and is continually active in Tribal and state politics. On an international basis he is the Co-Speaker of the Coast Salish Gathering, which comprises British Columbia First Nations and Western Washington Tribes. Chairman Cladoosby and his wife of 35 years, Nina, have two daughters LeVonne and Mary, son-in-law Tylor, granddaughter Isabella and grandson, Nathanael.

Stephanie Craig Rushing, MPH, PhD
Project Director, Northwest Portland Area Indian Health Board

Stephanie Craig-Rushing is a Project Director at the Northwest Portland Area Indian Health Board. She contributes to mixed methods community-based participatory research activities at the regional and national level, designing multimedia health resources for Native teens and young adults. Dr. Rushing completed her MPH concentrating on International Health Development at Boston University, and her Ph.D. in Public Administration and Policy at the Hatfield School of Government at Portland State University, focusing on Community Health and Social Change.

Debra Danforth
Operations Division Director, Oneida Comprehensive Health Division (Oneida Indian Nation)

Debra Danforth currently serves as the Operations Division Director of the Oneida Comprehensive Health Division for the Oneida Nation. She is a graduate of Bellin College of Nursing in Green Bay and the Robert Wood Johnson Foundation Executive Nurse Fellows Program. Ms. Danforth, a member of the Oneida Nation, began her career in 1980 as a Clinic Staff Nurse for the Oneida Tribe and has continued her commitment to the Oneida Nation by improving the healthcare for all Native. She has considerable experience developing, implementing, and operating Tribal health programs and has been involved in regional and nationwide leadership in native health.

Karol Dixon, JD
Director of Health Services, Port Gamble S’Klallam Tribe.
(Deg Hit’an Athabascan, Shageluk Native Village)

Karol Dixon has a background in health policy and quality improvement. A Tribal member from Alaska, Ms. Dixon joined the PGST team in 2016 and on her second day attended a community town hall meeting on opioids, which helped frame the Tribe’s priorities for health services. Previously, Ms. Dixon served as Oregon Health Authority’s Tribal Affairs director, serving as a liaison for tribes and a senior advisor to the OHA Director. She has an undergraduate degree in economics from the University of Alaska Anchorage, a law degree from the University of New Mexico School of Law and is completing her Master of Public Health from Johns Hopkins University.

Nicole Elliott, JD
Partner, Holland & Knight

Nicole Elliott is the former IRS senior advisor for the Affordable Care Act. At the IRS, Ms. Elliott was the lead executive responsible for overseeing ACA implementation. She played an integral role in drafting regulations, forms and instructions, and developing compliance plans. On numerous occasions, she was called upon to negotiate the more complex aspects of the ACA, not only within the IRS, but also as its key
liaison with the executive branch and other government agencies. Currently Ms. Elliott is part of Holland & Knight's Public Policy & Regulation Group, where she assists clients navigate healthcare reform.

► Paul Emrich, LPC, LMFT, PhD
Under Secretary for Family and Mental Health Services, Chickasaw Nation

Paul Emrich serves as the Under Secretary of Family and Mental Health Services for the Chickasaw Nation. Dr. Emrich helps lead a comprehensive mental health and human services system, which includes a fully integrated behavioral health program in one of the region’s largest medical systems, an expansive outpatient mental health program across southern and central Oklahoma, multiple treatment programs for addiction recovery, domestic violence prevention programs, child welfare services, and multiple additional human service programs.

► Cyndi Ferguson
Policy Analyst, SENSE, Inc.

Cyndi Ferguson has over 25 years of experience in Tribal Self Governance, including: management and implementation of Self Governance agreements in the Bureau of Indian Affairs and the Indian Health Service. She participated on Tribal Teams to develop several major legislative initiatives, including amendments to the Indian Self-Determination and Education Assistance Act. Cyndi has been a presenter on Self-Governance Trainings, including the recent Self-Governance outreach and education efforts surrounding implementation of the Affordable Care Act/Indian Health Care Improvement Act. She has been an active, long-term technical advisor on several Tribal/Federal Workgroup and Committees.

► Joe Finkbonner, RPh, MHA
Executive Director, Northwest Portland Area Indian Health Board (Lummi Tribe)

Joe Finkbonner works to advocate for the interests of 43 Tribal delegates from the Pacific Northwest, and the communities they represent. Prior to his current position as the Executive Director of Northwest Portland Area Indian Health Board (NPAIHB), Joe was the Director of the Northwest Tribal Epidemiology Center at the NPAIHB. Mr. Finkbonner began his work in Indian health for the Lummi Tribe as the Health Director/CEO and was very active at state and federal levels in his efforts to heighten the awareness of disparities of the Native population and to assist with focusing action toward improving the health status through policy development. Mr. Finkbonner’s efforts were through his membership on the Washington State Board of Health, participation in the Washington Public Health Improvement Plan, and miscellaneous workgroups for the Indian Health Service. Joe began his work in health care delivery as a pharmacist at Providence Medical Center in Seattle and Overlake Medical Center in Bellevue. Joe holds a Masters of Health Administration and a Bachelor of Science in Pharmacy both from the University of Washington. Joe is a member of Lummi Nation. Joe is a member of the clinical faculty at the University of Washington and Oregon Health & Sciences University.

► Elizabeth Fowler
Deputy Director for Management Operations, Indian Health Service (Comanche Nation)

Elizabeth A. Fowler, a member of the Comanche Nation with descendancy from the Eastern Band of Cherokee Indians, is the Deputy Director for Management Operations for the Indian Health Service (IHS). As Deputy Director for Management Operations, Ms. Fowler serves as the principal advisor to the IHS Director for the management of IHS operations. Ms. Fowler began her career with IHS in 1990 in the headquarters division of Personnel Management. In December 1990, she moved to the Office of Public Health and worked in positions of increasing responsibility through October 2002, when she became the Deputy Director for Budget Formulation within the Division of Financial Management. Ms. Fowler most recently served as the Director of the Office of Finance and Accounting. She has received numerous awards from the IHS and HHS, including the HHS Secretary’s Award for Distinguished Service, various IHS Director’s Awards, and the Luana Reyes Leadership Award. Ms. Fowler received her Bachelors of Science degree in mathematics from the University of Maryland. She has continued her professional education in business and accounting studies.

► Chris Gallo
Medical Student, Duke University; NIHBM Tribal Youth Health Fellowship Phoenix Area Representative (Comanche Nation)

Chris Gallo was raised in Prescott, Arizona and since high school has wanted to be an academic physician that pushes the boundaries of clinical care, medical education, and research. He completed his undergraduate degree in biomedical engineering at the University of Arizona and founded the American Indian Medical and Health Initiatives native health education program at his institution’s College of Medicine. Additionally, Mr. Gallo has participated in biomedical research at the Mayo Clinic and the University of California, San Francisco as an Amgen Scholar, and is currently pursuing an MD at Duke University. Mr. Gallo is currently a fellow representing the Phoenix Area as part of the National Indian Health Board’s inaugural Tribal Youth Health Fellowship.

► Nanibaa’ Garrison, PhD
Assistant Professor, Seattle Children’s Research Institute and University of Washington (Navajo Nation)

Nanibaa’ Garrison is a faculty member in the Treuman Katz Center of Pediatric Bioethics at Seattle Children’s Research Institute and Assistant Professor of Pediatrics in the Division of Bioethics at the University of Washington. Her research focuses on the ethical implications of genetic research in American Indian and Alaska Native communities, with a special focus on

► Molly Fuentes, MD
Acting Assistant Professor, University of Washington Department of Rehabilitation (Warm Springs/Wasco)

Molly Fuentes is an Acting Assistant Professor for the University of Washington Department of Rehabilitation, with a clinical practice at Seattle Children’s Hospital. Dr. Fuentes completed Physical Medicine and Rehabilitation residency and served as Chief Resident for her department at UW in 2012. After finishing a clinical fellowship in Pediatric Rehabilitation Medicine at Seattle Children’s Hospital in 2014, Dr. Fuentes completed a research fellowship at the Harborview Injury Prevention and Research Center in 2016. Her research, based at the Seattle Children’s Research Institute, focuses on cultural context of disability and rehabilitation interventions for indigenous children with disabilities.
informed consent, issues with privacy and confidentiality, and data sharing. She is the recipient of an NIH K01 career development award to explore perspectives of Tribal leaders, physicians, scientists, and policy makers on genetic research with Tribes.

Colin Gerber, MPH
Epidemiologist and GHWC Project Coordinator, Urban Indian Health Institute, Seattle Indian Health Board
Colin Gerber received his Master in Public Health from the University of Minnesota and a Bachelors in International Relations from the University of Colorado at Boulder. Since then, he has worked extensively in public health monitoring, evaluation, research, and quality improvement, including a stint as a Global Health Corps Fellow with Partners In Health in Rwanda, East Africa. His work focuses on advancing health equity, program evaluation, health systems strengthening, and community building. At UIHI, Colin helps coordinate the national evaluation for the Good Health & Wellness in Indian Country program and leads technical assistance efforts for urban MSP/DVPI programs.

Jolene George, MSW
Director of Behavioral Health, Port Gamble S’Klallam Tribe
(Jolene George is the Director of the Behavioral Health Division of the Children and Family Services Department, which includes the Tribe’s Wellness Program and Together for Children Program, a Maternal Child Home Visitation Program for the Port Gamble S’Klallam Tribe. Jolene is a Port Gamble S’Klallam Tribal member. She has a masters degree in Social Work from the University of Washington.

Thomas Ghost Dog, Jr.
Project Red Talon Assistant, We R Native, Northwest Portland Area Indian Health Board
(Burns Paiute/Oglala Lakota)
Thomas Lee Ghost Dog Jr. works for the Northwest Portland Area Indian Health Board (NPAIHB). Thomas is the Project Assistant for Project Red Talon at the NPAIHB, in Portland, Oregon. He assists with several adolescent health promotion projects, including: Native VOICES, Native It’s Your Game (IYG), and We R Native. He manages We R Native’s monthly contests, community service mini-grants, and gear requests for the website: www.WeRNative.org, as well as, shepherds 130 We R Native Youth Ambassadors. Tommy blends NPAIHB’s resources with his own life experiences growing up on the Burns Paiute reservation.

Allison Gibson, MSW, LISW-CP, PhD
Assistant Professor, University of Kentucky
Allison Gibson earned her PhD from the Ohio State University’s College of Social Work in 2014. From 2014-17 she served as an Assistant Professor with Winthrop University during which time she facilitated evaluation efforts with Catawba Indian Nation. Dr. Gibson’s research interests are minority and vulnerable populations in the aging and end-of-life processes. She is a clinical social worker. Her practice experience is from the Alzheimer’s Association, behavioral health services, program evaluation, and hospice.

Cyndi Gillaspie
Technical Director, Consortium for Medicaid and CHIP Operations, Centers for Medicare and Medicaid Services
Cyndi Gillaspie is a Technical Director in the Consortium for Medicaid and CHIP Operations for the CMS Regional Offices focusing on Tribal program issues and Marketplace, Medicaid and CHIP Consumer Casework. Cyndi has worked on Medicaid and CHIP in CMS for 17 years providing oversight for State programs and working with Tribes and CMS central office on Tribal policy issues. Cyndi received the National Impact Award from the National Indian Health Board and the Federal Partner award from the Indian Health Service Director. Prior to joining CMS in 1998, Cyndi worked in Medicaid Eligibility Administration in Wyoming for 11 years.

Maleeka Glover, ScD
Director, Medical Investigations, Centers for Disease Control and Prevention
Maleeka Glover is trained as a Social Epidemiologist and holds a doctorate in Health and Social Behavior from the Harvard School of Public Health, where she majored in Social Epidemiology and Biostatistical Methods for Community Based Research. She received a Master of Public Health degree in Epidemiology from the University of Michigan’s School of Public Health. She is also a Certified Health Education Specialist (CHES). Currently, she is the Director for the CDC Medical investigations Team. The Medical Investigations Team (MIT) supports CDC preparedness before, during, and after all public health emergencies by responding to and monitoring clinical
inquiries, coordinating the health surveillance monitoring of responders, and establishing domestic emergency response teams (CERTs). Most recently, in addition to the current Zika Response, Dr. Glover made a significant contribution to the Ebola Response.

► Melissa Green, MPH
Deputy Director for Communication and Recruitment, Clinical Scholars Program, University of North Carolina Center for Health Equity Research

Melissa Green works on a clinical scholars program funded by the Robert Wood Johnson Foundation while also serving as a staff member at the University of North Carolina. Melissa’s experience includes 20 years managing research intervention studies in community settings using principles of community-based participatory research with and for African American and Latino populations. Her research interests include health disparities across the cancer continuum, peer support interventions, disease prevention, and engagement of underrepresented groups in health research. She received her Masters of Public Health in Health Behavior and Health Education from the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill.

► Charles W. Grim, D.D.S.
Deputy Director for Health Services, Cherokee Nation (Cherokee Nation)

Prior to joining the Cherokee Nation Health Services leadership, Dr. Grim was appointed by President George W. Bush and received unanimous Senate confirmation as the Director of the Indian Health Service (IHS). Dr. Grim administered the nationwide multi-billion dollar health care delivery program from August 2002 until September 2007. Dr. Grim is a native of Oklahoma and a citizen of the Cherokee Nation. He is a retired Assistant Surgeon General and Rear Admiral (upper half) in the Commissioned Corps of the United States Public Health Services (USPHS). Dr. Grim graduated from the University of Oklahoma College of Dentistry in 1983, where he was recently named Alumnus of the Year. He is board certified in Dental Public Health and a Fellow in the Academy of General Dentistry. In addition to his dentistry degree, Dr. Grim also holds a master’s degree in health services administration from the University of Michigan.

► Cynthia Guzmán, Ph.D
Behavioral Health Program Manager, Santo Domingo Health Center

Behavioral Health Program Manager at Santo Domingo Health Center in New Mexico. She earned her Ph.D. in Counseling Psychology from New Mexico State University and is fulfilling her dreams of working in Native Country for the past 7 years. She has experience with program development, grant management, and the expansion of integrative care at SDHC. Aside from clinical work and the supervision of other trainees, she assists with the development of policies and procedures, has led community assessments and surveys, as well as participates in the CMS Tribal Technical Advisory Group’s Behavioral Health Subcommittee.

► Jessie Hood, ScD, MPH
Deputy, Medical Investigations, Centers for Disease Control and Prevention

Jessie Richardson Hood is a Health Scientist at the Centers for Disease Control and Prevention (CDC) currently serving as Deputy Team Lead for the Medical Investigations Team of the 2016 Zika Virus response. Jessie’s CDC career began working to facilitate the implementation of new evidence-based
policy initiatives designed to reduce racial and ethnic disparities in maternal and child health outcomes. She has worked on health issues ranging from pregnancy and birth defects to aging and health disparities. Jessie has policy, legislative, and program experience at the national and state level. Jessie maintains an active role in professional organizations and currently serves in the Maternal and Child Health (MCH) section leadership of the American Public Health Association. Jessie completed her masters of public health (MPH) in health administration and policy at Morehouse School of Medicine and her doctorate in health and social policy at the Harvard School of Public Health.

Shannon Hall
Manager of Patient Accounts, Southcentral Foundation
(Calista Corporation)

Shannon Hal works as the Manager of Patient Accounts at the Southcentral Foundation in Anchorage, Alaska. She is a Tribal member of Calista Corporation and has been working to improve her native community for nearly 4 years. She has a diverse background in management, currently overseeing the off-campus outreach and enrollment team in the Family Health Resources department. She is pursuing her degree in Business Management from the University of Alaska Anchorage with a minor in Alaska Native Business Management. She is a member of the Healthcare Financial Management Association as well as the Anchorage Chamber’s Young Professionals Group.

RADM Gary Hartz (ret.), PE, BCEE
Director, Office of Environmental Health and Engineering, Indian Health Service

RADM Gary Hartz is the Director of the IHS Office of Environmental Health and Engineering (OEHE) at the Indian Health Service. RADM Hartz oversees health care facilities and staff quarters construction; facility maintenance and operations; and realty; with additional responsibility for a comprehensive environmental health program including institutional environmental health; injury prevention; and sanitation facilities construction services throughout Indian Country. He has served on the IHS Navajo Area in Tohatchi, New Mexico, followed by an assignment to the IHS Alaska Area in Ketchikan serving throughout Southeast Alaska.

Taylor Hittle
Legislative Assistant, Congressman Markwayne Mullin

Taylor Hittle serves as Health Policy Adviser and Senior Legislative Assistant to Congressman Markwayne Mullin. As Senior Legislative Assistant, Taylor has been on the leading edge of healthcare, tax, education, financial services, social security, labor, budget, small business, and 2nd amendment issues for her office. Previously, Ms. Hittle also worked for Congresswoman Mimi Walters, Congressman John Carter, and Congressman Michael Burgess, and Congressman Ted Poe. Ms. Hittle earned her bachelors degree from the University of Texas at Austin.

Jay Inslee
Governor, State of Washington

Jay Inslee is a fifth generation Washingtonian and grew up in the Puget Sound area. He has served as the 23rd Governor of Washington State since 2013. After graduating from Ingraham High School, Jay married his high school sweetheart, Trudi. Jay and Trudi then spent nearly 20 years working and raising their three sons in the Yakima Valley, and are now proud grandparents of three. Governor Inslee represented the 14th legislative district in the State House of Representatives and in 1992 was elected to represent the 4th Congressional District in Eastern Washington. Jay later moved back to the Puget Sound area and was elected to Congress in 1998 where he served until 2012.

Trisha Ives
Prevention Coordinator Port Gamble S’Klallam Tribe

Trisha Ives works in the youth department as the Prevention Coordinator going on three years. Before that she worked in the Culture department for a year and prior to that she worked in Suquamish Youth Services for about nine plus years. She enjoys working with youth and making a difference in their lives. She has three children, two step and one on the way. She has been drug and alcohol free for 22 years.

Rosalina James, PhD
Director of Evaluation and Research, Urban Indian Health Institute, Seattle Indian Health Board (Lummi/Duwamish)

Rosalina James has more than twenty years of experience working with American Indians and Alaska Natives (AIANs). She taught community-based participatory research in tribal colleges and co-chaired the Northwest Indian College Institutional Review Board for five years. She also directed a University of Washington Training core for the NIH/NIGMS-sponsored Center for Genomics and Healthcare Equality where she led annual workshops supporting career development for over 60 AIAN University and college students. Dr. James currently directs Evaluation and Research for the Urban Indian Health Institute and national evaluation for Good Health and Wellness in Indian Country.

Rex Lee Jim
Founder & Executive Director, La Casa Roja
(Navajo Nation)

Rex Lee Jim was born and raised in Rock Point, a small farming and ranching community in northern Arizona. He is of the Kin Lichii’ni clan born for Tachi’nii. After graduating from Princeton University, He started work with the Rock Point Community School teaching Navajo to students. Mr. Jim was sworn in as Vice President of the Navajo Nation in January 2011. An author, playwright, and medicine man, he makes diplomatic trips abroad on behalf of the United Nations to improve relations between nation states and indigenous peoples. He played a key role in the drafting and final passage of the International Declaration on the Rights of Indigenous Peoples. He is now proud to serve as the Founder and Executive Director of La Casa Roja.

Sonlatsa Jim-Martin
Youth Leadership Coach, Indigenous Youth Leadership Program
(Navajo-M odor)

Sonlatsa Jim-Martin is of the Sleeping Rock Clan and born for the Modoc Tribe. Her maternal grandfather is of the Salt Clan. She serves as a leadership coach for the NCHO/La Casa Roja youth leadership program. Her past experience includes working with Indian Education, Human Resources Management, Navajo Nation Social Services, Non-Profit Management, Navajo Nation Headstart, Navajo Department of Health, and the COPE Program. She has led food justice efforts through Navajo Food Policy advocacy and drinking water access on the Navajo Nation in partnership with the Harvard Food Law & Policy Clinic and Navajo Tribal leaders.
Pam Johnson  
**Oral Health Specialist, Northwest Portland Area Indian Health Board**

Pam Johnson works at the Northwest Portland Area Indian Health Board on the Native Dental Therapy Initiative. NPAIDHB is a nonprofit that works with the 43 federally recognized Tribes in Oregon, Washington and Idaho in disease prevention, health promotion and policy change. The Native Dental Therapy Initiative is working to establish modern oral health care delivery systems in Tribal communities. She brings 25 years of community organizing, communications and policy advocacy experience to this position, previously working at the Children’s Alliance coordinating the Washington Dental Access Campaign.

Lynnette Jordan  
**Operations Director, United Indians of All Tribes Foundation (Confederated Tribes of the Colville Indian Reservation)**

Lynette Jordan is Operations Director for United Indians of All Tribes Foundation in Seattle, WA. She began her career in Social Services at UITF as the Juvenile Justice Coordinator providing advocacy services to Native youth. She eventually transitioned into working in the foster care system, certifying Native and non-Native homes and facilitating placement of Native youth. Ms. Jordan has been a community advisor for the Local Indian Child Welfare Advisory Committee in Seattle, WA for over 15 years, providing advocacy support to families in the child welfare system. She has a BA from Bemidji State University, MN.

Victor Joseph  
**Chief, Tanana Chiefs Conference (Native Village of Tanana)**

Victor Joseph was elected to the position of TCC Chief/Chairman in March of 2014. Victor has worked for TCC for 20 years serving as the TCC Health Director for the past seven. Mr. Joseph is a tribal member of the Native Village of Tanana. He is an experienced leader with extensive experience building strong working relationships with tribal leaders, colleagues, staff, funding agencies and corporate beneficiaries. Mr. Joseph’s entire career has been driven by a strong belief that healthy people will lead to empowered people. He is a proven leader with a track record that backs up his love and efforts for his people.

Akilah Kinnison, JD  
**Attorney, Hobbs Straus Dean & Walker, LLP**

Akilah Kinnison assists the firms’ Tribal clients on health care law and policy matters, including closely tracking Medicare and Medicaid payment reform issues. She holds a J.D. and an LL.M. in Indigenous Peoples’ Law and Policy from the University of Arizona.

CAPT Susan Karol, MD, FACS  
**Health Insurance Specialist, Division of Tribal Affairs, Centers for Medicare and Medicaid (Tuscarora Indian Nation)**

Susan Karol joined the Centers for Medicare & Medicaid Services Division of Tribal Affairs in January, 2017, as a Health Insurance Specialist. She formerly was the national Chief Medical Officer and Senior Clinical Consultant for the Indian Health Service (IHS). Dr. Karol is a member of the Tuscarora Indian Nation in New York. Dr. Karol provides medical advice and guidance to CMS Tribal Affairs on Tribal health care policies and issues. Dr. Karol graduated from Dartmouth College and received her MD from the Medical College of Wisconsin.

Jane Koppelman, MPA  
**Research Director, Pew Dental Campaign**

Jane Koppelman, through her work, is supporting efforts to increase access to care. As lead on the campaign’s research agenda, Ms. Koppelman manages the project’s portfolio of advocacy and analysis on expanding the dental workforce to include mid-level providers and help more low-income children get care in school-based sealant programs. Ms. Koppelman earned a master’s degree in public administration from George Washington University and a bachelor’s degree from American University in communications and journalism.

Jessica Leston, MPH, DrPH (c)  
**HCV/HIV/STI Clinical Programs Director, Northwest Portland Area Indian Health Board (Tsimshian)**

Jessica Leston is the HCV/HIV/STI Clinical Programs Director for the Northwest Portland Area Indian Health Board. She has been working in Indian Country for 13 years on various in HCV, HIV, STI, adolescent health and quality initiatives.

Catriona Macdonald, MPP  
**Executive Director, Association of State and Tribal Home Visiting Initiatives**

Catriona Macdonald works for the ASTHI – the organization representing state and Tribal home visiting grantees. She has spent 25 years in Washington, DC working to improve child health and education, including as part of the budget staff of the US Department of Health and Human Services, the offices of Senator Ted Kennedy (MA), and Representatives Steny Hoyer (MD) and Rosa DeLauro (CT). Ms. Macdonald worked closely with Tribal representatives to address the needs of Indian Head Start programs in the 1994 Head Start reauthorization. She holds a BS in Foreign Service from Georgetown University and a Master’s in Public Policy from Harvard University.

John McCoy  
**Senator, State of Washington (Tulalip Tribe)**

John McCoy represents the Everett, Marysville, and Tulalip communities and neighborhoods of Snohomish County in the Washington State Senate. In the Senate, John serves as the Chair of the Senate Democratic Caucus. He also serves on the Natural Resources Committee. Agriculture, Water, Trade & Economic Development Committee and the Rules Committee. He also sponsored legislation, now state law, allowing Tribes to hire dental therapists. Having served in the United States Air Force for 20 years, John retired in 1981 with extensive training in computer operations and programming. He worked as a computer technician in the White House from 1982 to 1985. John then went on to management in the private sector, continuing his career in computer programming and operations. John and his wife, Jeanne McCoy, make their home in Tulalip. They have three daughters, 10 grandchildren, and two great-grandchildren.

Mac McCullough, MPH, PhD  
**Deputy Director, National Safety Net Advancement Center, Arizona State University**

Dr. Mac McCullough serves as an assistant professor at Arizona State University’s School for the Science of Health Care Delivery and as a health economist at the Maricopa County Department of Public Health. Dr. McCullough’s research involves quantifying investments in population health and social services and assessing
how these investments can improve population health. He recently led the development of a new data source to track spending on health and social services at the local level.

► Luke McDaniel, MD
Medical Director, Port Gamble S’Klallam Health Center
Luke McDaniel is a family physician currently serving as the Medical Director for the Port Gamble S’Klallam Health Center where he has been for the past eight years. He started the suboxone program at the S’Klallam Behavioral Health Center and continues to see his suboxone patients there. He also serves as the tribe’s Dive Medical Examiner and as the Portland Area representative to the IHS National Pharmacy and Therapeutics Committee. Prior to Port Gamble S’Klallam he served the Hopi Tribe in Arizona for over three years. He did his undergraduate studies at Stanford University, medical school at the University of North Carolina-Chapel Hill, and residency at York Hospital in Pennsylvania.

► Doneg McDonough
Technical Advisor, Tribal Self-Governance Advisory Committee
Doneg McDonough leads the health care consulting firm Health System Analytics and advises clients on maximizing opportunities under the Affordable Care Act (ACA) and the Indian Health Care Improvement Act (IHCIA). Doneg serves as a technical advisor to the Tribal Self-Governance Advisory Committee to IHS where he, in part, reviews federal regulatory developments involving CMS, the Indian Health Service, and other Federal government agencies implementing the ACA and IHCIA. Doneg also serves a technical advisor to the Tribal Technical Advisory Group to CMS. For the past three years, Doneg has been engaged in assisting Tribes with implementation of Tribal Premium Sponsorship Programs.

► Lindsey Marvel
Optometrist, Kewa Pueblo Health Corporation (Caddo Nation)
Lindsey Marvel is an enrolled member of the Caddo Nation of Oklahoma and is an optometrist at the Santo Domingo Health Center. Dr. Marvel earned her Doctor of Optometry degree from Indiana University in 2012, and has worked in a variety of Tribal settings, offering eye care services. As an optometrist, Dr. Marvel received the Bemidji Indian Health Service Unit’s Area Director’s Award for Exceptional Performance in 2013. She was also one of the National Center for American Indian Enterprise and Development’s Native American 40 under 40 award recipients in 2015.

► Elliott Milhollin, JD
Partner, Hobbs Straus, Dean & Walker, LLP
Elliott Milhollin represents and advises Tribes and Tribal organizations on a variety of Health Care issues, including the Indian Health Care Improvement Act, Affordable Care Act, Medicare, Medicaid and the Indian Self-Determination and Education Assistance Act. He also serves as a technical advisor to the Center for Medicaid and Medicare Service Tribal Technical Advisory Group.

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

► Kristen Mizzi Angelone
Associate Manager, Pew Dental Campaign
Kristen Mizzi Angelone is an officer with Pew’s dental campaign, where she manages state legislative campaigns to improve access to oral health care. She also oversees partnerships with national...
organizations that work to expand access to care among underserved populations. Ms. Mizzi Angelone has over a decade of experience in federal policy and child health advocacy, including positions in the U.S. House of Representatives and with the American Academy of Pediatrics. She earned her bachelor’s degree from the University of Notre Dame.

- **Mary Muñoz**
  Health Insurance Specialist, Division of Health Plan Operations, Centers for Medicare and Medicaid Services

Mary Muñoz has worked for the Centers for Medicare & Medicaid Services (CMS) Region VIII in Denver for over 28 years, primarily in Medicare. The Denver Regional Office oversees a six state region. These states include Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. Ms. Muñoz is a Health Insurance Specialist in the Division of Health Plan Operations, Customer Relations Branch. In this role, she is responsible for outreach to beneficiaries, partners and stakeholders of the Medicare program. She also handles Part C and D beneficiary casework, as well as Medicare eligibility and entitlement issues.

- **Francesca Murman, MPA**
  Project Associate, Urban Indian Health Institute, Seattle Indian Health Board (Cherokee Nation)

Francesca Murman is an enrolled member of the Cherokee Nation. She received her Master of Public Administration degree from the University of Washington and a Bachelor of Arts degree in Public Affairs from Seattle University. Through academic and professional roles, she worked with several Coast Salish tribal communities and urban Indian organizations to promote the health and well-being of Native communities. At the Urban Indian Health Institute, Francesca coordinates midscale projects and assists with the national evaluation for the Good Health and Wellness in Indian Country program.

- **John-Paul Mutebi, PhD**
  Entomologist, Centers for Disease Control and Prevention

John-Paul Mutebi is an entomologist that has played a lead role in the Centers for Disease Control and Prevention’s national efforts to conduct outreach and education and comprehensive prevention on the Zika virus.

- **Emily Newman**
  Senior Advisor to the Director, Indian Health Service

Emily Newman currently serves as the Senior Advisor to the Director of the Indian Health Service. Previously, Ms. Newman was counsel for the Chairman of the U.S. Senate Committee on Indian Affairs, Senator John Barrasso, MD (R-WY). Ms. Newman has a diverse portfolio, which includes spearheading efforts to improve patient care at the Indian Health Service. Previously, Emily served as Counsel for the Chairman of the House Committee on Energy and Commerce, where she focused primarily on healthcare oversight and investigations. She also practiced law and policy in the private sector as an attorney at Sidley Austin, LLP. She graduated from the Catholic University of America, Columbus School of Law in 2012.

- **Joe Pacal**
  Lead Horticulturist, Tsehootsoi Medical Center

Joe Pacal has lived and worked full-time on the Navajo Reservation for the past 17 years designing gardening and land restoration programs for schools and community organizations. Previously he lived in Hawaii for 12 years working with Native Hawaiians as an environmental educator and promoter of “edible landscaping”, creating beautiful landscape designs featuring food producing trees, perennial shrubs and other traditional food plants. In these very different ecosystems, the intention has been the same, to help reconnect Native People (and non-Natives) to the healing potential of being in harmonious relationship with Mother Earth. Pacal is currently employed by Tsehootsoi Medical Center as the “lead horticulturist” for a program funded by the Center for Disease Control to promote improved nutrition by increasing access to fresh fruits and vegetables grown locally in school and community garden.

- **Dave Panana**
  Health Center Director/Acting CEO, Kewa Pueblo Health Corporation (Jemez Pueblo)

Dave Panana earned his Bachelors of Science in Nursing from New Mexico State University. He has many years of direct care experience within the hospital setting. In 2010 he had the opportunity to work for his community of Jemez Pueblo, New Mexico as a Clinical Nurse, Nurse Manager and Health Center Director. Since then, Mr. Panana’s experience has been the administration
of 638 Tribal Health Care facilities in New Mexico. He is also the Albuquerque Area Representative for the Center for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG) and Chairman of the TTAG Behavioral Health sub-committee.

- **Myra Parker, JD, MPH, PhD**
  Lead Evaluator, United Indians of All Tribes Foundation (Mandan and Hidatsa)

Myra Parker is the Lead Evaluator for the United Indians of All Tribes Foundation. She has worked with urban Indian communities and Tribes for over 10 years in health policy and research. She has a BA in Human Biology from Stanford University, a law degree from the University of Arizona (concentration in Federal Indian Law), a Master’s in Public Health from the University of Arizona, and a Doctorate from the University of Washington School of Public Health, Department of Health Services. Dr. Parker is currently an Acting Assistant Professor in the Department of Psychiatry at the UW School of Medicine and collaborates extensively with the Indigenous Wellness Research Institute.

- **Christina Peters**
  Oral Health Director, Northwest Portland Area Indian Health Board

Christina Peters is the Oral Health Project Director for the Northwest Portland Area Indian Health Board. As the project director, she assists Tribes as they explore opportunities to improve oral health access and outcomes in their Tribal communities. Previously, Ms. Peters was the Health Policy Director at the Children’s Alliance. In that role, she was actively engaged in promoting health equity, the implementation of the Health Benefit Exchange in Washington, preservation and improvement of Medicaid and CHIP programs, and advocacy for a mid-level dental provider in Washington. Ms. Peters graduated from the University of Washington with a BA in Economics.

- **Laura Platero, JD**
  Director of Government Affairs/Policy Analyst, Northwest Portland Area Indian Health Board (Navajo Nation)

Laura Platero advocates on health care issues for the 43 Tribes in Oregon, Washington and Idaho as part of the Northwest Portland Area Indian Health Board. From 2014-2016, Laura was a Legislative Associate at the National Congress of American Indians (NCAI).

Prior to NCAI, Laura was an Affordable Care Act (ACA) Trainer for the Tribal Education and Outreach Consortium (TEOC), and was a health policy analyst on ACA employer issues. From 2009-2014, she served as an attorney in the Government Relations Department of Laguna Development Corporation. Laura earned a Juris Doctor Degree with a Certificate in Indian Law from the University of New Mexico.

- **W. Bruce Pratt**
  Co-chair, Tribal Budget Formulation Work Group; President, Pawnee Nation of Oklahoma (Pawnee Nation of Oklahoma)

Bruce Pratt is currently the President of the Pawnee Nation, and as such serves on the Pawnee Business Council. The Pawnee Business Council is the supreme governing body of the Pawnee Tribe of Oklahoma. Mr. Pratt also serves one of the co-chairs for the Tribal Budget Formulation Work Group.

- **Susy Postal DNP, RN-BC**
  Chief Health Informatics Officer, Indian Health Service

Susy Postal serves as the Chief Health Informatics Officer for the Indian Health Service (IHS). She transitioned to the IHS in November 2016 after 28 years at the National Institute of Health. Dr. Postal’s focus is bridging information technology with healthcare to promote quality patient care and improve patient outcomes. She provides national and local leadership in transitioning to the Quality Payment Program while supporting federal, Tribal and urban programs with this initiative. She completed her Doctorate of Nursing Practice from the University of Maryland in 2014 and is a Jonas Scholar.

- **Thomas Price, MD**
  Secretary, U.S. Department of Health and Human Services

Tom Price has served as the 23rd Secretary of Health and Human Services since February 10, 2017. Dr. Price received his Bachelor and Doctor of Medicine degrees from the University of Michigan and completed his Orthopedic Surgery residency at Emory University. During his 20 years as a practicing physician, he also served as Medical Director of the Orthopedic Clinic at Grady Memorial Hospital as well as an Assistant Professor at Emory University School of Medicine. Most recently, Dr. Price served as the U.S. Representative for Georgia’s 6th Congressional District. He held this office from 2005-2017.

During his congressional career, Dr. Price served in various leadership roles including, Chairman of the House Budget Committee, Chairman of the House Republican Policy Committee, and Chairman of the Republican Study Committee. Dr. Price and his wife, Betty, have lived in the Metro-Atlanta area for nearly 40 years. They have one adult son.

- **Valerie Reed, MA**
  Project Supervisor, United Indian Health Services, Inc.

CDC Project Supervisor, is a member of the Yurok Tribe, has a B. A. Degree in Native American Studies, with a minor in Federal Indian Law and a M. A. Degree in Social Sciences: Environment and Community. She is very passionate about health and wellness of the community and practices daily the Health of the Environment=Health of the People.

- **Amber Richardson**
  Communication Associate, Center for Native American Youth (Haliwa-Saponi Indian Tribe)

Amber Richardson serves as Communications Associate, managing CNAY’s social media platforms, marketing and promotional efforts, and digital constituent and donor engagement. Amber is from Hollister, North Carolina and a member of the Haliwa-Saponi Indian Tribe. She earned her Bachelor’s Degree in Psychology from Duke University, where she was a Gates Millennium Scholar and President of the Native American Student Alliance. Amber was awarded the Joseph Richardson Outstanding Indian Student Award by her tribe in recognition of her academic excellence. Prior to CNAY, Amber worked with the BOOST Program (Building Opportunities and Overtures in Science and Technology) to increase access to mentorship and STEM opportunities for minority students in Durham, North Carolina.

- **Kelly Roberts, PhD**
  Family Initiatives Advisory, Chickasaw Nation

Kelly Roberts serves as the Chickasaw Nation Family Initiatives Advisor. She is a licensed behavioral health professional and an AAMFT approved supervisor with experience in medical integrated services, research/evaluation, provider training, family policy initiatives and legislation, service delivery system improvement, and grants management.
Jim Roberts
Senior Executive Liaison, Alaska Native Tribal Health Consortium (Hopi)

Jim Roberts is the Senior Executive Liaison with ANTHC’s Intergovernmental Affairs department. He works with a team of policy, legal and subject matter experts who assist in protecting and promoting the organization through coordination of intergovernmental relationships, advocacy, policy analysis, management of special projects and other related functions. Mr. Roberts is an enrolled member of the Hopi Tribe from of Shungopavi, Arizona, and has worked more than thirty years in Indian health and Tribal government affairs. He served as a technical advisor on the reauthorization of the Indian Health Care Improvement Act, assisted in development of Tribal provisions included in the Affordable Care Act and helped construct other Indian important Indian health legislation. Mr. Roberts was a Policy Analyst at the Northwest Portland Area Indian Health Board, where he provided technical expertise to Tribal leaders on health policy, governance, budget and legislative issues. He also worked on policy and legislation while at the National Indian Health Board from 1997-2003, and previously worked in Bureau of Indian Affairs programs.

Starla Roels, JD
Attorney, Hobbs Straus Dean & Walker, LLP

Starla Roels joined Hobbs Straus in 1999 and advises Tribal clients on a wide range of health-care issues including patient privacy and security of medical records, patient eligibility, and maximizing recovery of medical expenditures. She also helps Tribal clients with employment policies and procedures, governmental approaches to labor, protecting natural and treaty-reserved resources, and matters under the Indian Self-Determination and Education Assistance Act (ISDEAA). She currently chairs Hobbs Straus’ health care practice group and serves on the environmental and natural resources law practice group. Prior to joining Hobbs Straus, Ms. Roels was a policy analyst with the Columbia River Inter-Tribal Fish Commission, where she focused on treaty-reserved fishing rights and the impacts on those rights caused by hydroelectric dams. She worked with the Commission’s treaty tribes on hydroelectric relicensing and other matters before the Federal Energy Regulatory Commission, and on negotiations for the Mid-Columbia Habitat Conservation Plan.

Harmony Roebuck
Administrative Manager, Muckleshoot Elders In-Home Support Services (Chippewa-Cree/Eastern Shoshone)

Harmony Roebuck is the Administrative Manager for the Muckleshoot Elders In-Home Support Services program in Auburn, Washington. She is an Enrolled Chippewa Cree (on her father’s side) and a descendent from the Wind River Eastern Shoshone tribe (on her mother side). Harmony has been active in tribal communities for over 20 years. She trained to be a child, couple, & family therapist before pursing her career in elder care. She has worked 16 years with Muckleshoot Indian Tribe in various roles to include marketing, education and elder programs. Recently, she helped to develop and grow the Muckleshoot Elders in Home Support Program. Her passion is to help Native American elders remain in their homes and educate tribal members to be caregivers.

CAPT Jeffrey Salvon-Harman, MD
Director, Improving Patient Care Program, Indian Health Service

Upon graduation from medical school at Tufts University in Boston, CAPT Salvon-Harman entered a Family Medicine residency program at Carilion Health System in Roanoke, Virginia. During this time, he completed a rotation through the IHS in New Mexico (at both Acoma/Canoncito/Laguna and Mescalero), his first exposure to what would end up being a career with the U.S. Public Health Service (PHS). Accepting his commission in 1998, Dr. Salvon-Harman began his PHS career in the Indian Health Service serving at Tuba City Indian Medical Center in northern Arizona on the Navajo reservation. CAPT Salvon-Harman departed Tuba City in 2001 as a Lieutenant Commander, choosing a position with the U.S. Coast Guard at Aviation Training Center in Mobile, Alabama. While stationed there, he received training as a Flight Surgeon. Previously, he served in an administrative role in charge of the Coast Guard’s medical quality assurance process that evaluated the performance of treatment facilities against established standards. He has returned to the Indian Health Service to serve as a Quality Medical Officer with the Indian Health Service.

Delight Satter, MPH
Senior Advisor, Tribal Research, Centers for Disease Control and Prevention (Confederated Tribes of Grand Ronde)

Delight E. Satter, MPH, is the Senior Advisor for Tribal Research and Program Integration in CDC’s OSTLTS. Founder of the American Indian Research Program at the UCLA Center for Health Policy Research, she focused on Native cancer, tobacco prevention, and policy opportunities for Tribes; an epidemiologic profile of Native elders; evaluation of a Native infant health program targeting at-risk pregnancies and children; and evaluation and technical assistance on youth mental healthcare access. She was a founding member of the Native Research Network Board of Directors and the CDC AI/AN and Native Hawaiian Coalition. She interned for both the Udall Congressional foundation and the Minnesota Department of Public Health. Ms. Satter received her master’s degree in public health from the University of Minnesota and her bachelor’s degree in anthropology from the University of Washington. She is a Tribal member of the Confederated Tribes of Grand Ronde, Oregon.

Ryan Sealy
Tobacco Specialist, Northwest Portland Area Indian Health Board

Ryan Sealy has worked within Tribal communities in various roles for the last 10 years. In 2013, Ryan started as an intern at Northwest Portland Area Indian Health Board then working as Sexual Assault Prevention Project Coordinator. Ryan currently serves as Tobacco Specialist for the Wellness for Every American Indian to View and Achieve Health Equity (WEAVE). The WEAVE project focuses on best practices to help Tribal communities create health policies. Ryan received her Bachelors of Science in Community Health from Portland State University. In her spare time she enjoys spending time with her daughter, traveling, outdoor activities and learning about botany.

Hamilton Seymour
Student, Mount Baker High School; NIHB Tribal Youth Health Fellowship Portland Area Representative (Nooksack Indian Tribe/Chemainus First Nation)

Hamilton Seymour is a descendant from Nooksack Indian Tribe and Chemainus First Nation. His Indian name is Puq va Thut. He is a senior attending Mount Baker High School. He is dedicated to
promoting youth leadership programs and services for all Native Youth. He is an elected member of the Nooksack Teen Council and recently serves as the Male Co-President for UNITY. Mr. Seymour is a proud Native American Youth who strives to lead by example. He is drug and alcohol free. He enjoys participating in traditional War Canoeing. Through his participation in traditional sports he understands the importance of commitment, dedication, and teamwork. He is one of our many Youth fighting to keep our culture and traditions alive. He embraces the teachings of our elders and understands that our traditional values and beliefs help strengthen our tribal communities. He hopes he can help empower others by bringing forth awareness of the many opportunities available for our Youth.

► Benny Shendo
Senator, State of New Mexico (Jemez Pueblo)

Benny Shendo was elected Chairman of the Board of First Nations Development Institute in June 2016. Mr. Shendo has served in various capacities of management and leadership in business, tribal, university, and state government. Currently, he is vice president for business development at NB3 Consulting, with his business partner Notah Begay III, a professional golfer. He is also a project director for the Native Community Foundation for New Mexico; a former New Mexico Cabinet Secretary for the Department of Indian Affairs; 1st and 2nd Lieutenant Governor, Pueblo of Jemez; and assistant dean of students at Stanford University. He started the first charter school in Jemez Pueblo (K-8) in 1999. Mr. Shendo is a graduate of the University of Colorado at Boulder, College of Business.

► Carl A. Sirio, MD
Member, Board of Trustees, American Medical Association

Carl A. Sirio, MD, a board-certified internist and critical care physician, was re-elected to the American Medical Association Board of Trustees in June 2014. Prior to his election, Dr. Sirio served in the AMA House of Delegates as a delegate from Pennsylvania. In addition, he has also represented the AMA to the Liaison Committee on Medical Education where he was in part responsible for both the new standards related to building greater diversity in medicine and to understanding the impact the learning environment has on students as they prepare for careers as physicians. He was the recipient of several large grants from the Agency for Healthcare Research and Quality for work designed to foster meaningful improvement in the care of patients. In addition, he has worked with the National Quality Forum, the National Institute of Medicine and the U.S. Pharmacopoeia, among others, in his efforts related to patient care quality and safety. Dr. Sirio spent 17 years at the University of Pittsburgh School of Medicine where he rose to full professor. He has most recently served as chief operating and clinical officer, and senior associate dean for clinical affairs at the University of Toledo.

► Danielle Stensgar
Business Operations Director, The Healing Lodge of the Seven Nations (Confederated Tribes of the Colville Indian Reservation)

Danielle Stensgar is the Business Operations Director for the Healing Lodge of the Seven Nations. She obtained her Master’s Degrees in Social Work and Public Administration from Eastern Washington University. Ms. Stensgar has been working in the Social Service field for over 20+ years. Her experience ranges from Early Childhood Education (Tribal Head Start), Tribal TANF, Child Protective Services and most recent youth residential treatment. Ms. Stensgar has many years of direct service experience and her experience has been directly working with Tribal children, families and communities. Danielle is knowledgeable in the federal, state and Tribal partnerships. Her current position requires her to navigate between these three entities and to ensure proper operations of a highly regulated treatment facility.

► David Stephens, RN
Multimedia Project Specialist, Northwest Portland Area Indian Health Board

David Stephens is a multimedia project specialist for the Northwest Portland Area Indian Health Board. He was born and raised in the Pacific Northwest and began serving the 43 NW federally recognized Tribes in 2008 working on the design and implementation of multimedia health resources for Native youth.

► Michele Suina, PhD
Program Director, Albuquerque Area Southwest Tribal Epidemiology Center, Albuquerque Area Indian Health Board (Cochiti Pueblo)

Michelle Suina is the Program Director for the CDC Good Health and Wellness in Indian Country Program at the Albuquerque Area Southwest Tribal Epidemiology Center. She became a health educator to contribute to the vitality of Native American people. Dr.
Suina is passionate about changing standard western approaches to public health so that Tribes realize their own self-defined health goals. In 2015, Dr. Suina graduated from Arizona State University School of Social Transformation with the first Pueblo PhD cohort in Justice Studies. She enjoys spending time with her daughter, Sydney, and her two dogs, LeeLoo and Trip.

Shanna Ione Tautolo
Program Developer Manager, Pascua Yaqui Health Services Division
(Samoan)

Shanna Ione Tautolo is the Program Developer Manager for the Pascua Yaqui Health Services Division, Health Administration Office. She is Native Samoan from American Samoa and has worked in Tribal Government for a total of 30 years which includes her current employment with the Pascua Yaqui Tribe and past employment with The Tohono O’odham Nation for 20 years. Most of Shanna’s experience is in Program and Organizational Development in Tribal Communities and Grants Administration and Management of Federal, State, Foundation and local funds.

Brenda Teel
Executive Officer of Revenue, Chickasaw Nation Department of Health

Brenda Teel is the Executive Officer of Revenue for the Chickasaw Nation Department of Health in Ada, Oklahoma and has worked for the Tribe for 16 years. Her areas of experience includes business office & all billing operations for hospital and outpatient services, Health Information Management & Registration / Admission’s management. Prior to her work for the Chickasaw Nation she worked in an outpatient general surgery practice as well as home health business office operations. Brenda received her Bachelor of Science in Health Information Management from East Central University in Ada, Oklahoma and is credentialed with the American Health Information Management Association.

Lane Terwilliger, JD
Technical Director, Division of Tribal Affairs, Center for Medicaid and CHIP Services.

For the past decade, Lane has focused on Medicaid and CHIP policy issues, Medicaid section 1115 demonstrations and managed care waivers that impact the AI/AN community and Tribal health providers. She worked on implementing the Indian protections in the American Recovery and Reinvestment Act, Children’s Health Insurance Program Reauthorization Act and the Affordable Care Act. She has a Juris Doctorate and a Master’s in Health Law Reimbursement from the DePaul University College of Law.

Brian W. Thompson, MD
Obstetrician/Gynecologist, Syracuse Community Health Center
(Oneida Indian Nation)

Brian Thompson is a practicing OB/GYN in Syracuse, NY. Dr Thompson graduated from State University of New York Downstate Medical Center College of Medicine in 1991. He completed residency at the University of Texas Health Care System. He currently practices at Syracuse Community Health Center and is affiliated with Community General Hospital, Community Memorial Hospital and Upstate University Hospital. Dr. Thompson is board certified in Obstetrics and Gynecology. Dr. Thompson also serves on the board of directors of the Association of American Indian Physicians.

Mark Trahant
Independent Journalist, Faculty Member at the University of North Dakota
(Shoshone-Bannock)

Mark Trahant was recently elected as a member of the American Academy of Arts and Sciences. Trahant reports and comments on events and trends on his blog at TrahantReports.Com and on Facebook, Twitter (@TrahantReports) and other social media. He does a weekly audio commentary for Native Voice One. He’s been a reporter for PBS’ Frontline series. He also has been editor-in-residence at the University of Idaho in the spring of 2011 and again in 2012. In 2009 and 2010 Trahant was a Kaiser Media Fellow writing about health care reform focused on programs the government already operates, such as the Indian Health Service. He was recently the Atwood Chair of Journalism at the University of Alaska Anchorage. Trahant is a member of Idaho’s Shoshone-Bannock Tribes.
Donald Warne, MD, MPH
Professor and Chair of the Department of Public Health, North Dakota State University
(Oglala Lakota)
Professor and Chair of the Department of Public Health at North Dakota State University. He oversees the only Master of Public Health in the nation with an American Indian Public Health specialization. He received his MD from Stanford and his MPH from Harvard. His work experience includes primary care medicine, Staff Clinician with the NIH, College of Law faculty at Arizona State University, Health Policy Research Director for Inter Tribal Council of Arizona, and Executive Director of the Great Plains Tribal Chairmen’s Health Board. He serves on numerous national Boards and Committees.

RADM Michael Weahkee
Acting Director, Indian Health Service (Zuni Tribe)
As Acting Director, RADM Michael Weahkee administers a nationwide health care delivery program that is responsible for providing preventive, curative, and community health care for approximately 2.2 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States. RADM Weahkee previously served as the Chief Executive Officer for the Phoenix Indian Medical Center, the largest federally-operated facility in the Indian Health Service. Michael began his professional health care career in the United States Air Force, as a Public Health Specialist. He left the Air Force to pursue advanced hospital administration training, receiving both his Master of Health Services Administration and Master of Business Administration degrees from Arizona State University in Tempe, Arizona. Michael has received several public health service honors and awards, including an Exceptional Proficiency Promotion to the rank of Captain, two Outstanding Service Medals, and two IHS National Director’s Awards.

Samuel White
Chief of Police, Port Gamble S’Klallam Police Department (Lower Elwha Klallam Tribe)
Samuel White joined the Port Gamble S’Klallam Police Department as chief of police in 2015. He has over 20 years of experience in law enforcement, including serving the first 12 years for his own Tribe. He previously served as director of the Makah Nation’s Public Safety Department for almost four years there, and also served a sergeant for about four years with the Suquamish Police Department.

Miranda Willis
Strategic Prevention Data Analyst/Tribal Liaison, Chickasaw Nation (Chickasaw Nation)
Miranda Willis is a member of the Chickasaw Nation of Oklahoma. In 2014, she graduated from East Central University with a Bachelor of Science degree in Environmental Health Science and is currently pursuing her Masters of Public Health degree at Creighton University. Miranda began working for the Chickasaw Nation Division of Research and Population Health in 2012 as an intern and now serves as the strategic prevention data analyst/Tribal liaison for the Partnerships for Success grant. Partnerships for Success focuses on preventing underage drinking and prescription drug abuse/misuse in the young adult population living in Chickasaw Nation.

Amber Wilson, MS, RHIA, CPHQ
Medical Staff Quality, Performance and Development Manager, Chickasaw Nation Department of Health
Amber Wilson has over twelve years of experience in the healthcare quality field and has worked on a variety of projects to include: joint commission accreditation, graduate medical education program and organizational process improvement. She has a Bachelor’s degree in Health Information Administration and a Masters of Human Resource Administration degree from East Central University. Amber lives in Ada, OK with her husband Josh and their daughter Avery (8 years old).

Angie Wilson
Executive Director, Washoe Tribal Health Center (Pit River Tribe)
Angie Wilson serves the Washoe Tribe of Nevada and California as the Executive Director of the Washoe Tribal Health Center. A member of the Pit River Tribe of California, Wilson joined the Washoe Tribes in November of 2016. In addition to overseeing the daily operations of a health center, Ms. Wilson has held appointments to several federal, regional and state boards. With a 20-year career dedicated to the advancement and the quality delivery of health care for Native Americans, Ms. Wilson got her start in health care in 1998 as the Chief Administrative Officer for the Klamath Tribes Tribal Health and Family Services Programs in Oregon Wilson served three consecutive terms as an elected member on the Pit River Tribal Health Authority Board of Directors. Serving as the new Executive Director of the Washoe Tribal Health Center, Ms. Wilson looks to increase access and quality care for the Washoe Tribe of Nevada and California, including Dresserville, Steward, Carson and Woodfords tribal communities.
Hyatt Regency Bellevue
900 Bellevue Way NE, Bellevue, WA 98004

425-462-1234; 425-646-7567 fax
bellevue.hyatt.com
CONFERENCE

INFORMATION

REGISTRATION & INFORMATION DESK
The registration and conference information desk are located in the foyer of the second floor of the Hyatt Regency Bellevue outside of the Grand Ballroom, and will be continuously staffed by NIHB staff. The registration and information desk hours are:
- Sunday, September 24, 2017: 4:00 pm to 6:00 pm
- Monday, September 25, 2017: 7:00 am to 5:00 pm
- Tuesday, September 26, 2017: 7:00 am to 5:00 pm
- Wednesday, September 27, 2017: 7:00 am to 5:00 pm
- Thursday, September 28, 2017: 7:00 am to 12:00 pm

EXHIBIT HALL & MARKETPLACE
The exhibit hall and marketplace featuring booths from Tribes, universities, government entities, non-profit entities, and talented Native artisans is located in the foyer areas on the first and second floor of the Hyatt Regency – outside of the Evergreen breakout rooms and outside of the Grand Ballroom. Exhibitors and artisans will maintain the following hours of operations:
- **Exhibitor and Vendor Set-up**
  Monday, April 11, 2016: 7:00 am to 11:00 am
- **Exhibit Hall and Marketplace Open**
  Monday, April 11, 2016: 11:00 am to 5:00 pm
- **Exhibit Hall and Marketplace Open**
  Tuesday, April 12, 2016: 7:00 am to 5:00 pm
- **Exhibit Hall and Marketplace Open**
  Wednesday, April 13, 2016: 7:00 am to 5:00 pm
  Thursday, September 28, 2017: 8:00 am to 12:00 pm
- **Exhibitor and Vendor Breakdown**
  Thursday, September 28, 2017: 12:30 pm to 3:30 pm

COFFEE AND REFRESHMENTS
NIHB is happy to offer to our guests coffee each morning and refreshments each afternoon of the Conference before the morning sessions begin. The refreshments will be in the exhibit area each morning and afternoon.

LOST AND FOUND
The lost and found for the Conference will be housed at the Registration Desks in the second floor foyer. All unclaimed items in the lost and found still remaining at the end of the Conference will be donated.

AGENDA CHANGES
Should any last minute changes occur in the agenda, NIHB will do our best to notify participants as soon as possible. Changes to the Conference agenda will be: 1.) posted daily on the large agenda-at-a-glance by the registration desk located in the second floor foyer of the host hotel, 2.) pushed out to participants via the NIHB conference app, and 3.) announced during the plenary sessions, when possible. NIHB may distribute handouts as well to participants announcing significant changes as they are made public.

INTERNET
The Hyatt Regency Bellevue does not have complimentary wi-fi in their public spaces. We apologize for the inconvenience that this may pose. The Hyatt does offer free wi-fi for guests of the hotel. You can access the ‘@ hyatt_wifi’ network through your list of wireless networks. A window should open up when you try to connect. Here you type in your last name and your hotel room number, and then select the ‘Connect to Complimentary’ option.

CONFERENCE BADGES
Official National Indian Health Board National Tribal Health Conference 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 Conference and may ask to view your name badge if it is not readily visible. Replacement or temporary badges can be requested at the registration desk.

CODE OF CONDUCT
The National Indian Health Board is dedicated to providing a positive and healthy environment for our conference attendees. The National Indian Health Board National Tribal Health Conference maintains a policy of being drug and alcohol free during all Conference-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 Conference experience enjoyable for everyone.
TIPS FOR CONFERENCE SUCCESS

EXPLORE THE VARIETY OF WORKSHOPS

The workshops are organized by different tracks so that participants can plan their attendance knowing that certain workshops will have a thematic relationship. It is NIHB’s hope that by doing so, participants will be able to plan a Conference experience that is rich and meaningful for themselves. Participants will be able to identify which workshops belong to which Conference track by reading the session descriptions in the program book, looking at the Agenda At-a-Glance in the program book, viewing the full program in the NIHB app, or by viewing the Agenda At-a-Glance poster located by registration.

• Legislation, Regulation and Consultation to Improve Tribal Health – The federal trust responsibility to provide healthcare to American Indians and Alaska Native has been shaped and refined over the centuries through treaties, statutes, executive orders, regulations, and other policy initiatives. The result is a complicated morass of policy making that Tribes must be informed about to maximize quality healthcare in their community. This track will provide strategies and examples of how Tribes can navigate and take advantage of opportunities for improving their health systems.

• Native Health Infrastructure – In order to improve health systems in their communities, Tribes must have the tools and resources in place in order to ensure quality healthcare delivery. This track will examine the critical needs of Tribal communities like telemedicine, state-of-art facilities, and data resources. Participants will learn about new opportunities for innovation in order to ensure greater access and sustainability of health systems.

• Maximizing Third Party Revenues and Expanding Patient Care Opportunities – Optimizing third party reimbursements from a variety of sources helps fill the gap created by chronic underfunding of the IHS. Tribes has become leaders of innovation for maximizing opportunities for third party reimbursement. This track takes an in-depth look at payment innovation and strategies and the critical role that third party revenues plays in improving the delivery of healthcare in Tribal communities.

• Native Youth Leadership in Health: For Adults and Youth – Native youth have taken the reigns of leadership in their communities to improve health. This track focuses on fostering youth leaders and giving them the skills and tools necessary to ensure their success. However, the youth cannot do it alone and must work with adults and outside forces to advocate and innovate to improve health in their communities. Workshops in this track will share opportunities and best practices for youth engagement.

• Public Health Policy and Systems – Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. This track will share best practices from communities around the country to promote better health outcomes for Tribal communities.
HOW TO MAKE THIS CONFERENCE A “HEALTHY” CONFERENCE

NIHB acknowledges how important it is to be active and stay healthy. For this reason, we have taken steps to make this year’s National Tribal Health Conference a little healthier. We have created an agenda that will facilitate healthy options for participants, as well as provide them the time they need to engage in their own fitness activities.

- NIHB is sponsoring two fitness events during this year’s National Tribal Health Conference. The first will be on Wednesday morning at 6:00am and the second will be on Thursday morning at 6:30am. So the flyer in the conference bag for more detailed information.
- The agenda has been constructed so as to not start too early and to not finish too late. This provides participants the time that they need to not just adjust to the Pacific Time zone, but also exercise in the morning or the evening, as well as get a full eight hours of sleep.
- NIHB has adopted a practice of offering longer breaks during our conferences. So please take advantage of the 30 minute morning and afternoon breaks to walk around, visit the exhibitors and vendors, stretch the legs, or even go outside for a walk.
- NIHB is encouraging participants to leave the host hotel during the lunch breaks to explore downtown Bellevue. We hope that participants will get out and walk to the wonderful eating establishments in the surrounding areas.

TAKE THE TIME TO NETWORK WITH COLLEAGUES

One of the reasons we all go to conferences is to be able to meet new colleagues, make new professional relationships and strengthen existing ones. NIHB has constructed an agenda that should help you do just this.

- The longer breaks between sessions and the open lunch periods will allow for valuable networking time. It is okay if you need to check e-mail or make a phone call, but remember that this time can also be used to set up meetings and explore new collaborative opportunities.
- Longer workshop times encourage interactive activities and facilitated discussion as an integral part of the learning process. Please do not be afraid to ask questions, share stories, make comments, and comment on what you hear other participants say. This is what truly makes the Conference a rich experience. We can all learn from one another.
- NIHB has specifically set aside a room at the hotel to facilitate Tribal and federal partners’ meetings. If you have a need to reserve a room for an hour or less for a meeting, please visit the front desk to reserve a time slot in the Tribal and Federal Partner Meeting Room.
CONFERENCE

EXHIBITORS

ARTS & CRAFTS VENDORS
Ann Yazzie Jewelry Co.
Boochee Jewelers
Canyon Arts
Crafty Edgewater
Martinez Indian Arts
Native Built
Soaring Eagle Gallery
Spirit Dancer
TD Fashion Link

CORPORATIONS
DT-Trak Consulting, Inc
Greenway Health
Healthcare Resource Group, Inc.
Hope Practice Management
Regroup Therapy
Tranquility Incontinence Products
Walgreens

NON-PROFITS AND EDUCATIONAL INSTITUTIONS
Alcoholics Anonymous World Services, Inc.
Association of American Indian Physicians
Grand Canyon University
Greenway Health
Lifeline Connections
National Native American AIDS Prevention Center’s Viral Hepatitis C (HCV) Awareness Program
OSIS
RAIN Program, University of North Dakota
Robert Wood Johnson Foundation Clinical Scholars
Salish Cancer Center
Self-Governance Communication & Education
Southcentral Foundation
Strong Hearts Native Helpline

TRIBAL BUSINESSES AND ENTREPRENEURS
Indigenous Pact
AMERIND Risk
Fort Defiance Indian Hospital Board, Inc.
Invoke 360
Tribalhealth Alliance LLC

EXHIBIT HALL AND MARKETPLACE PASSPORT

Win a chance to be entered into a drawing for one of three grand prizes! NIHB will hold a drawing during the closing plenary session on Thursday, September 28, 2017, where three lucky winners will receive a special prize. Must be present to win.

DIRECTIONS:
Get a signature from each of the exhibitors in the NIHB Exhibit Hall and Marketplace listed here and return this page to the registration table by 10:00 am on Thursday, September 28, 2017. A drawing will be held during the closing plenary and you must be present to win.

Participant name and phone #

TRIBAL/FEDERAL/STATE GOVERNMENT
Centers for Medicare & Medicaid Services
U.S. Food & Drug Administration Center for Tobacco Products
U.S. Department of Housing and Urban Development/Office of Lead Hazard Control and Healthy Homes
For the seventh year in a row, the National Indian Health Board is pleased to invite you to the Annual Awards Gala, to be held in conjunction with the 2017 National Tribal Health Conference in Bellevue, WA at the Hyatt Regency Bellevue Hotel! Please join us for dinner and an awards ceremony as we honor and recognize the outstanding individuals who have dedicated their time to advancing the delivery of the health care to Tribal communities.

Heroes in Native Health
THE WARRIOR’S JOURNEY
AWARDS Gala

WEDNESDAY
SEPTEMBER 27, 2017
REGENCY BALLROOM
HYATT REGENCY
BELLEVUE, WASHINGTON
6:00 PM - 8:30 PM

See the registration desk for details and ticket sales.
SAVE THE DATE

National Indian Health Board’s 9th Annual National Tribal Public Health Summit

MYSTIC LAKE CASINO HOTEL
Prior Lake, Minnesota
(owned and operated by the Shakopee Mdewakanton Sioux Community)

PRIOR LAKE, MINNESOTA
MAY 22-24, 2018