NATIONAL INDIAN HEALTH BOARD

NATIONAL Tribal Health CONFERENCE

16-19 SEPTEMBER 2019

Health = Sovereignty
Paul was born and raised in Bishop, California on the Owens Valley Paiute Indian Reservation. He is full-blooded Paiute and Washoe and his native heritage is a great influence in his works of art. On his father’s side, he is the Great-grandson of Tom Stone, Paiute chief and storyteller; grandson of Raymond Stone, world renowned sculptor, medicine man, and tribal spokesman; and Evelina (Anthony) Stone, who was a Woodfords, California Washoe. On his mother’s side, Paul is the Great-great grandson of Captain John, past chief of Yosemite. He is also related to Wavoka and other great leaders. Paul is proud to carry on these traditions through his art work.

Paul is a self-taught artist and learns as he goes, and works in many different types of media, including graphite pencil, color and watercolor pencils, stone sculptures, pyrographics (wood-burnings), and acrylic paint. He has only been drawing since 1995. He was forced out of construction by a knee injury, which was a blessing, for he was shown that art was his true calling.

Paul’s works can be seen in many local, regional, and national galleries and museums, including the Smithsonian in Washington, DC. His art can also be found in private collections around the world.

He has performed his talent on the flute in many places including Osaka, Japan and Vicenza, Italy. He has won program cover designs and awards and ribbons for his drawings. He was one of four runners-up to design the California Indian Seal. When he performs on his flute, he also storytells about many true stories regarding him playing his flute to animals and their many varied responses! Stories include playing for coyotes, dragonflies, eagles, bears, antelopes, and many more. He has played for many elementary schools, pow-wows, graduations, funerals, etc. and loves to travel to events to display his art and/or play his flute.
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CONFERENCE HIGHLIGHTS

Monday, September 16, 2019
• Area Caucuses
• Listening Sessions with:
  » Centers for Medicare and Medicaid Services (CMS)
  » Interdepartmental Council on Native American Affairs (ICNAA)
• Consultation Sessions with:
  » Health Resources and Services Administration (HRSA)
  » Indian Health Service (IHS) and U.S. Department of Veterans Affairs (VA)
• Training on the Tribal Behavioral Health Agenda
• Opening Reception

Tuesday, September 17, 2019
• Area Caucuses
• Opening plenary session featuring:
  » Update from Indian Health Service
  » Address from the Chair of the U.S. Commission on Civil Rights
  » Discussions of health equity, Tribal sovereignty, and the social determinants of health
• Listening Session with Indian Health Service (IHS)
• Culture Night – Hosted by California Rural Indian Health Board

Wednesday, September 18, 2019
• Morning Fitness Event
• Area Caucuses
• Plenary Session featuring:
  » Update from Centers for Medicare and Medicaid Services
  » Discussions on Community Health Aides and Community Health Representatives
  » Presentation on the U.S. Census
• Annual Heroes in Health Awards Gala

Thursday, September 19, 2019
• Area Caucuses
• Closing Plenary featuring:
  » Prize Drawings and Giveaways
  » Spotlight on hot legislative topics
  » Panel honoring the 15th anniversary of dental therapy
• Diabetes and SDPI Summit
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 organization serving all 573 federally recognized Tribal governments for the purpose of ensuring that the federal government upholds its trust responsibilities to provide health care to the Tribes. Whether Tribes operate their own health care delivery systems through contracting and compacting or receive health care directly from the Indian Health Services (IHS), NIHB is their national advocate. NIHB also provides policy analysis on American Indian and Alaska Native (AI/AN) health and public health services, facilitates Tribal budget consultation, delivers timely information to all Tribal Governments, leads national Tribal public health programs, assists with Tribal capacity building, provides national and regional Tribal health events, conducts research, and provides training and technical assistance. These services are provided to Tribes, Area Health Boards, Tribal organizations, Tribal Leaders and members as well as federal agencies and private foundations. NIHB works collaboratively with the Tribes, through the Tribal health organizations, in the twelve IHS Service Areas, to accurately capture and present the Tribal perspective in response to federal legislation, regulations and policy. NIHB also serves as a conduit to foster collaboration between Indian Country and national and international organizations, foundations, corporations, academic institutions and other key stakeholders, in its quest to advance Indian health.

Our Board of Directors
Because NIHB serves all federally-recognized Tribes, our work must reflect the unity and diversity of Tribal values and opinions in an accurate, fair, and culturally-sensitive manner. This objective is accomplished through the efforts of the NIHB Board of Directors, which is comprised of representatives elected by the Tribes in each of the twelve IHS Service Areas, through their regional Tribal health board or health-serving organization. Each health board elects a representative and an alternate to sit on the NIHB Board of Directors. In Areas where there is no Area health board, Tribal governments choose a representative. The NIHB Board of Directors elects an Executive Committee comprised of a Chairperson, Vice-Chairperson, 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 all federally recognized Tribes through our Board of Directors and partnership with Health boards, health-serving organizations, and Tribes in each of the twelve IHS Service Areas.

- Alaska Area: Alaska Native Health Board
- Albuquerque Area: Albuquerque Area Indian Health Board
- Billings Area: Rocky Mountain Tribal Leaders Council
- Bemidji Area: Great Lakes Area Health Board
- California Area: California Rural Indian Health Board
- Great Plains Area: Great Plains Tribal Chairmen's 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 and Pascua Yaqui Tribe
Dear Tribal Leaders, Advocates, Colleagues, and Friends:

Welcome to California, and thank you for joining us for the NIHB 36th Annual National Tribal Health Conference! Gratitude and appreciation goes out to our host member organization, the California Rural Indian Health Board. Thank you also to our conference sponsors who support our advocacy work with their generosity, and the exhibitors and vendors who are here to offer new ideas and services to improve our health systems and programs. Most importantly, thank you to the speakers and presenters who share their knowledge and empower us. The NIHB National Tribal Health Conference is the nation’s most comprehensive Tribal health event and we are pleased that you all are part of it.

This year’s theme, “Health = Sovereignty,” reflects the interconnectedness of the federal trust responsibility, Tribal governance, and the journey towards health and well-being. This conference is a time for us to explore the successes we have achieved and the challenges that we face as Indigenous peoples to develop, operate and sustain systems and programs that will contribute to our health and wellness. It is also an opportunity for us to come together in a unified way to formulate solid strategies to assure the federal government upholds its trust responsibility, address health disparities, secure resources, and elevate the collective strength of Indian Country’s voice. Achieving the promise of health for our people is at the heart of our purpose. Through this conference we will examine these topics and we are confident that our voices, together, will carry into the highest quarters of the federal government.

Please take advantage of the Area Tribal health caucuses that will be held each morning, during which Tribal leaders, Tribal health directors, Tribal health consumers and stakeholders will come together to discuss and identify legislative, policy and public health priorities that impact American Indian and Alaska Native health, health systems, infrastructure, programs and capacity. The recommendations made during the Tribal caucuses will be used to develop NIHB’s Legislative and Policy Agenda for 2020.

Please plan to join us, on Wednesday night for the 2019 Annual Heroes in Health Awards Gala. This will be a very special evening devoted to honoring warriors in Native health who are nominated from across the country.

There is much to enjoy and many opportunities to learn and be heard. We are so grateful that you are with us for NIHB’s 36th annual conference and we look forward to spending this time with you.

Sincerely,

Victoria Kitcheyan
Chairwoman, National Indian Health Board
September 16, 2019

Dear Tribal Leaders, Tribal Officials, and National Indian Health Board’s (NIHB) Conference Attendees and Guests:

On behalf of the California Rural Indian Health Board, Inc.’s (CRIHB) fifty-eight federally recognized Member Tribes, we welcome you to beautiful Southern California and to the NIHB’s 36th Annual National Tribal Health Conference.

The theme of this year’s conference, *Health = Sovereignty*, is poignant and represents the shared goal of all Tribes across the country of prioritizing good health in our communities, ranging from the health of our precious newborns to our respected elders. We can significantly improve the health and well-being of our Tribal communities by harnessing the expertise of our community members, health care advocates, allies, and colleagues. This important work has far-reaching effects in the lives of our people.

CRIHB is hosting Cultural Night on Tuesday, September 17th at 6 p.m. Please join us for dinner and to celebrate our Native culture and heritage. Our special guests include the Tolowa Dee-ni’ Nation Dancers and the Ashaa Takook Bird Singers from the Viejas Band of Kumeyaay Indians. It will be a wonderful evening. We would be honored for you to attend.

Over the next four days, please enjoy learning valuable information, sharing ideas, catching up with old friends, and making new ones. Keep doing the important work.

Sincerely,

Mark LeBeau, PhD (Pit River)
CRIHB CEO
Registration and Information Desk
The check-in, registration and conference information desk is located in the foyer of the Summit Ballroom on the first floor of the Pechanga Resort and Casino. The desk will be continuously staffed by NIHB staff and volunteers. The registration and information desk hours are:

- Sunday, September 15, 2019
  3:00 pm to 7:00 pm
- Monday, September 16, 2019
  7:00 am to 5:00 pm
- Tuesday, September 17, 2019
  7:00 am to 5:00 pm
- Wednesday, September 18, 2019
  7:00 am to 5:00 pm
- Thursday, September 19, 2019
  7:00 am to 1:00 pm

Coffee and Afternoon Snacks
NIHB is happy to offer to conference attendees coffee and tea each morning starting at 7:00 am and running throughout the day. Also during each afternoon break, Monday through Wednesday, NIHB will be offering an array of snack items. Both the snacks and the coffee will be served in the exhibitor area in the foyer of the Summit Ballroom.

Lost and Found
The lost and found for the conference will be housed at the Registration and Information Desk in the foyer of the Summit Ballroom. NIHB is not responsible for any lost items, but will do our best to try to locate the owner. All unclaimed items in the lost and found still remaining at the end of the conference will be donated or discarded.

Exhibit Hall and Marketplace
The exhibit hall and marketplace featuring exhibits and tables from Tribes, universities, government entities, non-profit entities, and talented Native artisans is located in the foyer of the Summit Ballroom on the first floor of the Pechanga Resort and Casino. Exhibitors and artisans will maintain the following hours of operation:

- Exhibitor and Vendor Set-up
  Sunday, September 15, 2019
  3:00 pm to 6:00 pm
- Exhibit Hall and Marketplace Open
  Monday, September 16, 2019
  7:00 am to 5:00 pm
  Tuesday, September 17, 2019
  7:00 am to 5:00 pm
  Wednesday, September 18, 2019
  7:00 am to 5:00 pm
  Thursday, September 19, 2019
  7:00 am to 1:00 pm
- Exhibitor and Vendor Breakdown
  Thursday, September 19, 2019
  1:00 pm to 3:00pm

Internet
The Pechanga Resort and Casino offers complimentary wireless internet.

Parking
The Pechanga Resort and Casino offers complimentary valet parking, as well as free self-parking.
Agenda Changes
Should any last minute changes occur in the agenda, NIHB will do its best to notify attendees as soon as possible. Changes to the conference agenda will be:

1. noted on the NIHB conference app,
2. pushed out to attendees via the NIHB conference app,
3. posted daily on the large agenda-at-a-glance poster by the registration and information desk located in the foyer of the Summit Ballroom, and
4. announced during the plenary sessions, when possible. NIHB may distribute handouts as well to attendees announcing significant changes.

Conference Badges
Official National Indian Health Board National Tribal Health Conference name badges will be issued to each attendee upon check-in. Attendees should wear their conference name badge at all times as it is the passport to enter all conference activities, including plenary sessions, workshops and scheduled events. NIHB staff will be spot-checking for badges throughout the conference and may ask to view a name badge if it is not readily visible. Replacement or temporary badges can be requested at the registration desk.

Non-Transferable Registration
Registration for the National Tribal Health Conference is not transferrable. NIHB will permit a person who is unable to attend the conference to substitute another name for his or her registration. However, once an attendee checks in and receives a name badge, that name badge cannot be given to another person to attend in his or her place, or a substitution made. This non-transferable policy applies to both conference attendees and exhibitors.

Photography
NIHB staff and hired professionals will be taking pictures during the conference activities. By exhibiting, attending, sponsoring and participating in NIHB conference and related events, you are consenting to having photographs and electronic images taken of you. Such photographs and images shall be used by NIHB for marketing, publicity, reporting, and evaluation purposes. Attendees are welcome to take pictures of conference activities, as well. However, we ask that attendees find a time and place to respectfully take a picture, ask permission before taking photos, and use them appropriately.

Continuing Education Credits
NIHB does not offer any continuing education units (CEUs) or continuing medical education (CME) credits (CMEs) for the National Tribal Health Conference.

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

In its commitment to being responsible stewards of the environment, NIHB no longer uses paper copies of its session evaluations. All evaluations for the conference are to be completed through the conference app. In addition, biographical statements of all presenters and speakers will only be featured on the app.

Download the App through one of three different ways:

**Download the app by searching for “NIHB” in the App Store or Google Play**  
**OR**  
Download the app by entering the following URL into your mobile browser: https://crowd.cc/s/37a5c  
**OR**  
Download the app by scanning this QR code

**Once the app is downloaded:**

1. Open the app and tap on 2019 NIHB National Tribal Health Conference.
2. Click “Login” for more features.
3. Enter your first and last name.
4. Type in your e-mail address and a verification code will be sent to your e-mail.
5. Enter the verification code from your e-mail.
NIHB would like to thank the generous support offered by all of our conference sponsors

**Champion Level**

Pechanga Band of Luiseño Indians

**San Manuel Band of Mission Indians**

**Advocate Level**

Federated Indians of Graton Rancheria

**MORONGO BAND OF MISSION INDIANS**

**Ally Level**

Anthem

**Host Member Organization**

California Rural Indian Health Board, Inc.

**Friend Level**

St. Regis Mohawk Tribe

**Tribal Diagnostics**

**Fitness Event Sponsor**

Hobbs, Straus, Dean & Walker, LLP

**NATIVE AMERICAN REHABILITATION ASSOCIATION OF THE NORTHWEST, INC.**

**SPONSORS**
The workshops are organized by different tracks so that participants can plan their attendance knowing that certain sessions will have a thematic relationship.

Workshop sessions run for 90 minutes, while pre-conference sessions are longer.

Attendees will be able to identify which sessions 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 the registration and information desk.
Legislation and Advocacy
This track is designed to cover legislation within the U.S. Congress and state legislatures impacting American Indian and Alaska Native (AI/AN) health. Workshops under this track can include topics such as monitoring congressional legislation impacting AI/AN health; taking action on Tribal legislative and advocacy priorities; creating and communicating annual appropriations and budget priorities; and elevating Tribal health policy priorities to the national level.

Federal Relations and Advocacy
This track is designed to cover rules and regulations promulgated by the federal government impacting AI/AN health. Workshops under this track can include topics such as responding to federal rules and regulations that impact AI/AN health; understanding the role of Medicare, Medicaid, Social Security, the federal health insurance marketplace, and the Children’s Health Insurance Program in advancing AI/AN health and the trust responsibility; and collaboration between different divisions of the government.

Native Health Infrastructure and Quality Improvement
This track is designed to cover activities related to I/T/U healthcare and public health infrastructure, health workforce, IHS accountability, quality improvement and performance management, and other related needs. Workshops under this track can include topics such as health and public health infrastructure priorities and challenges; workforce needs and best practices; improving health IT infrastructure and interoperability; and health system quality improvement and performance management.

Opioids, Methamphetamine, Substance Use and Behavioral Health
This track is designed to address Indian behavioral health priorities including substance use prevention and treatment, the opioid epidemic, suicide prevention and mental health, behavioral health workforce development, and other related needs. Workshops under this track can include topics such as creating Tribal behavioral health response systems and strategies for prevention; treatment and aftercare; strategies for suicide prevention and improving mental health outcomes; expanding the role of cultural practices; and law and policy that support behavioral health.

Emerging Trends in Native Health and Sovereignty
This track is designed to cover current and emerging needs as they apply to advancing the federal trust responsibility, honoring Tribal sovereignty and the government to government relationship, and other relevant topics. Workshops under this track can include topics such as preparing the I/T/U system for emerging and future health threats; successful strategies for defending Tribal sovereignty in legislative and judicial systems; new issues emerging confront Indian health; and analyzing the interconnections between poverty, education, employment, housing, and other sectors and AI/AN health outcomes.
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<tr>
<th>Time</th>
<th>Summit Foyer</th>
<th>Summit ABC</th>
<th>Summit D</th>
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<th>Cottonwood</th>
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<td>HRSA Consultation Session (8:30 AM - 11:30 AM)</td>
<td>Interdepartmental Council on Native American Affairs Listening Session (10:30 AM - 12:30 PM)</td>
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<td>Registration and Exhibit Hall (7:00 AM - 5:00 PM)</td>
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<td>Joint IHS and VA Consultation Session (12:30 PM - 2:30 PM)</td>
<td>SAMHSA Tribal Behavioral Health Agenda Training (1:30 PM - 4:30 PM)</td>
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<td>Wellness Break - Refreshments in Summit Foyer (2:30 PM - 3:30 PM)</td>
<td>CMS Listening Session</td>
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<td>IHS Listening Session (12:15 PM - 1:15 PM)</td>
<td>Lunch Break</td>
<td>An Update on the Medicare Diabetes Prevention Program (MEDP) and Supplier Enrollment and Requirements</td>
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<td>Registration and Exhibit Hall (7:00 AM - 5:00 PM)</td>
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<td>Launching an Opioid Treatment Program with a Collaborative Tribal-led Approach</td>
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<td>Closing Plenary Session and Conference Adjournment - Summit ABC</td>
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<td>Diabetes and Special Diabetes Program for Indians (SDPI) Summit</td>
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### Elderberry
- Using Data for Planning, Writing, and Grant Writing (9:00 AM - 11:00 AM)

### Bear
- Tribal Dental Therapy Advocates Meeting (9:00 AM - 11:00 AM)

### White Sage
- Impact of Dental Therapy Law on Minnesota Tribes Meeting (by invitation only) (3:00 PM - 4:30 PM)

### Coyote
- Strategic Planning, Performance Management, and Public Health Accreditation Institute (9:00 AM - 6:00 PM)

### Rabbit
- Utilizing Federal Funds to Identify and Address Housing Related Health Hazards in Tribal Housing

### Manzanita
- Addressing the Shortage of Native American Dental Providers through an Internship Experience for Undergraduates

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**Notes:**
- Medicare 101: Youth Leading the Way to Healthier Communities
- Medicaid/CHIP 101: A Model for Building Infrastructure, Capacity and Collaboration to Advance Tribal Opioid Response
- Maximizing Medicaid Reimbursement and Tribal Health
- Regulations Matter!
- Placing Tribes at the Center of Advocacy: The Tribal Oral Health Initiative and State Legislatures
- Alaska Tribal Division of Public Assistance Outstation Project
- Diabetes Prevention and Treatment: An Integration of Physical Training, Psychosocial Interventions, and Community Support
- Growing Our Own: Administrative Support Training for Building in Alaska Native/American Indian Workforce
- Keep Congress Accountable through Online and Social Media Tools
- Ending the HIV and HCV Epidemics in Indian Country
- Emphasizing Federal Compliance Enforcement to Ensure Healthcare Funding in Indian Country
- 42 C.F.R. Part 2: Confidentiality of Substance Use Disorder Patient Records
- Incorporating Dental Therapists into the Oral Health Care Team: Implementation
- National Indian Health Board Legislative Hot Topics
- How a Tribe in California Restructured their Healthcare Model to Create Significant Cost Savings
- Indigenous Behavioral Health Update
- Public Health, Pharmacy, and Behavioral Health Walk into a Club...
- Preliminary Findings from the NIHB/CDC Listening Sessions to Explore and Address Environmental Health Needs and Concerns in Tribal Communities
- Housing Policies Restricting Secondhand Smoke from Cans/ (Commercial Tobacco)

**Workshop Key:**
- Legislation and Advocacy
- Federal Relations and Advocacy
- Native Health Infrastructure and Quality Improvement
- Opioids, Methamphetamine, Substance Use and Behavioral Health
- Emerging Trends in Native Health and Sovereignty
SUNDAY, SEPTEMBER 15, 2019

3:00 pm – 7:00 pm
Summit Foyer
Registration and Check-in Open (for attendees and exhibitors)

3:00 pm – 6:00 pm
Summit Foyer
Exhibit Hall and Marketplace Set-up

Pre-Conference
(Free of charge and open to the public)

MONDAY, SEPTEMBER 16, 2019

7:00 am – 5:00 pm
Summit Foyer
Registration and Information Desk Open
Exhibit Hall and Marketplace Open

7:00 am – 8:00 am
Each area is assigned a different room, see page 36
Area Caucuses: Tribal Leaders and Health Directors

8:30 am – 11:30 am
Summit D
Health Resources and Services Administration (HRSA) Consultation Session
The Health Resources and Services Administration (HRSA) is hosting a consultation session with Tribal representatives in recognition of the government-to-government relationship, and to hear about Tribal health priorities.

8:30 am – 11:30 am
Bear
Tribal Dental Therapy Advocates Meeting
Forum for frank discussion of challenges and opportunities in the Tribal dental therapy space in the coming year. This event is open to all attendees interested in Tribal dental therapy.
• BRETT WEBER, MPA, CONGRESSIONAL RELATIONS MANAGER, NATIONAL INDIAN HEALTH BOARD (facilitator)
9:00 am – 11:00 am  Cottonwood

**Strengthening the Tribal Behavioral Health Workforce through Professional Development**

The SAMHSA-funded Addiction, Mental Health, and Prevention Technology Transfer Networks each have 10 regional centers, a national coordinating center, and 2 national focus centers (American Indian/Alaska Native and Hispanic/Latino), totaling 39 centers. The Pacific Southwest (Region 9) TTCs assist the workforce in implementing culturally-informed, evidence-, experience-, and knowledge-based interventions. This institute will describe the National and Regional TTC Networks, detail services specifically for Tribal communities, and explain how to access training/technical assistance. Descriptions and demonstrations of select services available in Region 9 will be provided, including an interactive case-based learning approach to help providers gain comfort delivering culturally-informed, medication-assisted treatment (MAT ECHO). Participants will learn how to use the Gathering of Native Americans (GONA) principles to implement the Strategic Prevention Framework. Presenters will also describe how to access leadership development/support for clinical supervisors, resiliency training, and individualized technical assistance for topics such as opioid addiction and prevention.

- **THOMAS FRESEE, CO-DIRECTOR, UCLA ISAP/PACIFIC SOUTHWEST ATTC**
- **ALYSSA O’HAIR, SENIOR MANAGER FOR WORKFORCE DEVELOPMENT AT THE CENTER FOR THE APPLICATION OF SUBSTANCE ABUSE TECHNOLOGIES (CASAT), UNIVERSITY OF NEVADA, RENO**
- **JEFF LEDOLTER, PROGRAM MANAGER, NATIONAL AMERICAN INDIAN & ALASKA NATIVE ADDICTION TECHNOLOGY TRANSFER CENTER, UNIVERSITY OF IOWA**

9:00 am – 11:00 am  Elderberry

**Using Data for Planning, Policy, and Grant Writing**

The goal of the institute is to give attendees the ability to gather data relevant to Indian health, and to process the data in easy to understand formats for grant writing, planning, and reporting. Questions like: How to find data relevant to Indian Health? What data do we need? Where is the data? and How do we get the data? will all be addressed. The institute will also discuss compiling data for grant applications, reports; and provide an example of a grant application data element section. The institute will speak to how to prepare tables and chart, data visualizations, and ensuring that they are understandable to readers.

- **ED FOX, DIRECTOR OF TRIBAL DATA PROJECT, NATIONAL INDIAN HEALTH BOARD**

9:00 am – 5:00 pm  Coyote

**Strategic Planning, Performance Management, and Public Health Accreditation Institute**

This hands-on institute will introduce attendees to tools and methods for performance improvement in their health services. Part one of this institute will discuss developing an integrated strategy and performance management system. This work session represents a dramatic shift in how strategic plans are developed and integrated with your performance management system. In the past decade, there has been an emergence of specialized strategy and performance management online applications designed to address the weakness of binders, excel spreadsheets and word documents. In this hands-on work session, you will learn how to streamline your planning process and simplify how goals are tracked. Part two of this institute will focus on public health accreditation, and understanding how the nationally recognized standards can be used to improve performance for your public health services. You will learn what public health accreditation is, how to read the Public Health Accreditation Board (PHAB) Standards and Measures effectively, and how to assess your own agency’s capacity to meet these standards. Various tools that can be used for performance improvement in public health will be discussed, including tying in strategic planning and performance management, as well as other common tools such as Tribal health assessments, improvement plans, and quality improvement projects.

- **CHARLES DAYTON, PRESIDENT, ACTION STRATEGY**
- **SARAH PRICE, PUBLIC HEALTH PROJECT COORDINATOR, NATIONAL INDIAN HEALTH BOARD**
10:30 am – 12:30 pm  
**Interdepartmental Council on Native American Affairs (ICNAA) Listening Session**  
The Intradepartmental Council on Native American Affairs (ICNAA) is hosting a listening session with Tribal representatives to share the purpose and scope of work of ICNAA, and to discuss Tribal health priorities.

11:30 am – 12:30 pm  
**LUNCH (on your own)**

12:30 pm – 2:30 pm  
**Joint Indian Health Service (IHS) and Department of Veterans Affairs (VA) Consultation Session**  
This joint Indian Health Service and Department of Veterans Affairs consultation session is intended to discuss the interagency memorandum of understanding (MOU) regarding reimbursement for health care provided to American Indian and Alaska Native Veterans, as well as any other quality or access to care issues relevant to the interagency collaboration.

1:30 pm – 4:30 pm  
**SAMHSA Tribal Behavioral Health Agenda (TBHA) Training**  
The National Tribal Behavioral Health Agenda (TBHA) was created from a concerted effort among Tribal leaders serving on the Tribal Technical Advisory Committee of the Substance Abuse and Mental Health Services Administration (SAMHSA) about the critical need for Native-specific behavioral health interventions in Tribal and Urban communities. In response, SAMHSA partnered with the Indian Health Service, and Tribal and Urban leaders to develop the first-ever blueprint for elevating American Indian and Alaska Native (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 and Urban communities. It advances policy and programmatic recommendations that promote self-determination. This training will provide an in-depth analysis of the various components of the TBHA, including an assessment of its strategies and priorities. This information will then guide discussions around utilization of the TBHA during strategic planning efforts and other behavioral health programming of current Tribal Opioid Response Grantees.

3:00 pm – 4:30 pm  
**Impact of Dental Therapy Law on Minnesota Tribes Meeting**  
*(by invitation only)*  
A discussion on Minnesota’s 5-year old dental therapy law and its impact on Tribes in the state. This meeting is open to all attendees from the state of Minnesota.  
- **BRETT WEBER,** **CONGRESSIONAL RELATIONS MANAGER, NATIONAL INDIAN HEALTH BOARD** *(facilitator)*

3:00 pm – 5:00 pm  
**Centers of Medicare and Medicaid Services (CMS) Listening Session**  
The Centers for Medicare and Medicaid Services (CMS) is hosting a listening session with Tribal representatives to discuss CMS programs and services of relevance to Tribes.

6:00 pm – 8:00 pm  
**OPENING RECEPTION**
Conference
(Requires paid registration to attend)

TUESDAY, SEPTEMBER 17, 2019

7:00 am – 5:00 pm
Registration and Information Desk Open
Exhibit Hall and Marketplace Open

7:00 am – 8:00 am
Each area is assigned a different room, see page 36
Area Caucuses: Tribal Leaders and Health Directors

8:15 am – 12:00 pm
OPENING PLENARY SESSION
Presentation of the Colors
• AMERICAN INDIAN VETERANS OF SOUTHERN CALIFORNIA
Opening Blessing
Welcome to these Lands
• MARK MACARRO, CHAIRMAN, Pechanga Band of Luiseño Indians
• LISA ELGIN, SECRETARY AND CALIFORNIA AREA REPRESENTATIVE, NATIONAL INDIAN HEALTH BOARD
Welcome to the 2019 National Tribal Health Conference and Conference Overview
• VICTORIA KITCHEYAN, CHAIRWOMAN AND GREAT PLAINS AREA REPRESENTATIVE, NATIONAL INDIAN HEALTH BOARD
What Does ‘Health = Sovereignty’ Mean in the Light of Health Equity?
• STACY A. BOHLEN, CHIEF EXECUTIVE OFFICER, NATIONAL INDIAN HEALTH BOARD
Coming Together to Advance Tribal Sovereignty: A Path Forward
• MARK MACARRO, CHAIRMAN, Pechanga Band of Luiseño Indians
• VICTORIA KITCHEYAN, CHAIRWOMAN AND GREAT PLAINS AREA REPRESENTATIVE, NATIONAL INDIAN HEALTH BOARD
• JEFFERSON KEEL, PRESIDENT, NATIONAL CONGRESS OF AMERICAN INDIANS
• MARK TRAHANT (MODERATOR), EDITOR, INDIAN COUNTRY TODAY
Update on the Broken Promises Report and the Work of the U.S. Commission on Civil Rights
• CATHERINE LHAMON, CHAIR, US COMMISSION ON CIVIL RIGHTS
Creating Legislation that Builds off the Broken Promises Report
• ALEX BLENKINSOPP, SPECIAL ADVISOR FOR SENATOR ELIZABETH WARREN (D-MA), U.S. SENATE
• DEB HAALAND (D-NM), REPRESENTATIVE, U.S. HOUSE OF REPRESENTATIVES (VIDEO)
Making it Happen: Advancements in the Alaska Native IT Infrastructure
• STEWART FERGUSON, CHIEF INFORMATION OFFICER, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
United Nations Permanent Forum on Indigenous Issues and International Update
• GEOFFREY ROTH, NORTH AMERICAN MEMBER, UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES
National Congress of American Indians Update
• JEFFERSON KEEL, PRESIDENT, NATIONAL CONGRESS OF AMERICAN INDIANS
Indian Health Service Update and Address
• RADM MICHAEL WEAHKEE, PRINCIPAL DEPUTY DIRECTOR, INDIAN HEALTH SERVICE
Closing Comments
12:00 pm – 1:30 pm

LUNCH (on your own)

12:15 pm – 1:15 pm

Indian Health Service (IHS) Listening Session

Indian Health Service listening session on improving the quality and accessibility of health services for American Indians and Alaska Natives.

1:30 pm – 3:00 pm: WORKSHOPS

Track: Federal Relations and Advocacy

An Update on the Medicare Diabetes Prevention Program (MDPP) and Supplier Enrollment and Requirements

A Tribal panel discussion may be included pending availability of tribal leaders to discuss their programs. A comparison of the impact of the Indian Health Service’s Special Diabetes Program for Indians, CMS’ MDPP and the Medicaid Diabetes Prevention Services including billing and reimbursement updates will be done. This presentation will also include an MDPP Supplier Enrollment and Requirements overview along with the latest in Medicaid Diabetes Prevention Services.

- CAPT SUSAN KAROL, MD, CMS TRIBAL AFFAIRS OFFICE, CENTERS FOR MEDICARE AND MEDICAID SERVICES

Track: Native Health Infrastructure and Quality Improvement

Quality Improvement at IHS

IHS has realized significant improvements to quality care for American Indians and Alaska Natives, including: developing and implementing the IHS Strategic Plan, establishing the Office of Quality, implementing a new standardized credentialing and privileging software agency-wide for all applicants, and updating adverse events reporting and tracking systems.

- JONATHAN MERRILL, DEPUTY DIRECTOR FOR QUALITY HEALTH CARE, INDIAN HEALTH SERVICE

Track: Legislation and Advocacy

Update on Indian Medicaid Legislative Priorities

Tribal leaders are proposing a set of amendments to the federal Medicaid law that will provide greater access to and responsiveness of the Medicaid program for the Indian health system, while at the same time reducing regulatory burdens and costs on the States. The amendments are designed to provide equal access to Medicaid resources for Indian health programs and American Indians and Alaska Natives (AI/ANs) across all States. This workshop will provide an overview of proposed amendments, an update on legislative strategy, and an overview of how to get involved in supporting the initiative.

- ELLIOTT MILHOLLIN, PARTNER, HOBBS STRAUS DEAN & WALKER, LLP
- DONEG MCDONOUGH, TECHNICAL ADVISOR, TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE
- LAURA PLATERO, DIRECTOR OF GOVERNMENT AFFAIRS/HEALTH POLICY, NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Track: Federal Relations and Advocacy

**Implementing Care Coordination Agreements in the I/T/U System**

This workshop will share information and best practices to assist IHS, Tribal, and Urban Indian health care facilities in implementing the 100% Federal Medical Assistance Percentage (FMAP) rate under Section 1905(b) of the Social Security Act. The FMAP is 100% for state expenditures for American Indian/Alaska Native (AI/AN) Medicaid beneficiaries for covered services provided directly by IHS/Tribal providers and also to services provided by non-IHS/Tribal providers pursuant to terms of a care coordination agreement between an IHS/Tribal facility and the non-IHS/Tribal provider, which includes Urban Indian Organizations. Establishing care coordination agreements can enhance service referrals for Medicaid-eligible AI/AN recipients receiving care through IHS/Tribal providers, increasing access to care, strengthening continuity of care, and improving their overall health.

- **ROSE WEAHKEE, ACTING DIRECTOR, OFFICE OF URBAN INDIAN HEALTH PROGRAMS, IHS**
- **ADAM ARCHULETA, CHAIRMAN, LAGUNA HEALTH BOARD**
- **CDR JOHN RAEL, CHIEF EXECUTIVE OFFICER, ALBUQUERQUE INDIAN HEALTH CENTER, INDIAN HEALTH SERVICE**
- **KITTY MARX, DIRECTOR, DIVISION OF TRIBAL AFFAIRS, CENTERS FOR MEDICARE AND MEDICAID SERVICES**

Track: Opioids, Methamphetamine, Substance Use and Behavioral Health

**Addressing California’s Opioid Crisis in Indian Country**

The opioid epidemic is one of the biggest challenges facing America’s healthcare system today and is disproportionately affecting AIAN people in both Tribal and Urban Indian environments. Access to culturally responsive resources and MAT services is one of the major contributors to the problem. To address this crisis, California’s Department of Health Care Services has brought together a multi-disciplinary team in the Tribal MAT Project. The role of the California Consortium for Urban Indian Health (CCUIH) and the California Rural Indian Health Board is to support this effort by: (1) assisting CA’s Indian Health Programs in the development or expansion of OUD prevention, treatment, and/or recovery services; (2) supporting the development of and participation in local opioid safety coalitions; (3) providing opioid overdose reversal trainings and distributing NARCAN Nasal Spray; (4) developing and distributing materials for a culturally specific prevention and stigma reduction campaign; and (5) increasing access to quality data on substance use. Many Indian Health Programs have developed their own plan for addressing the epidemic that is specific to their community. We will share some of these specific strategies. What is true for all our communities, however, is that there must be a unified response to stigma around opioid use disorder and MAT. Presentation will also include a brief naloxone training.

- **VIRGINIA HEDRICK, DIRECTOR OF POLICY AND PLANNING, CALIFORNIA CONSORTIUM FOR URBAN INDIAN HEALTH**
- **DANIEL DOMAGUIN, BEHAVIORAL HEALTH CLINICAL MANAGER, CALIFORNIA RURAL INDIAN HEALTH BOARD**

Track: Native Health Infrastructure and Quality Improvement

**Share Your Story: Health is Precious – Protect it with Health Care Coverage**

NIHB is collecting stories as part of a larger story banking campaign. NIHB invites attendees to come share and hear inspirational stories of American Indian and Alaska Native individuals achieving and sustaining health through the variety of health coverage options. These include: health insurance coverages such as Medicaid, Medicare, Health Insurance Marketplace and the Children’s Health Insurance Program (CHIP). With all the changes in the current health care environment, highlighting the importance of a wider focus of health care impacts at the policy level for American Indians and Alaska Natives is relevant more than ever. These stories will be used to determine focal points for future efforts, support advocacy efforts, and enhance outreach materials. So please come and share with us your experiences.

- **KRISTEN BITSUJE, TRIBAL HEALTHCARE REFORM OUTREACH AND EDUCATION PROGRAM ASSOCIATE, NATIONAL INDIAN HEALTH BOARD**
1:30 pm – 3:00 pm WORKSHOPS Continued

Track: Emerging Trends in Native Health and Sovereignty

**Utilizing Federal Funds to Identify and Address Housing Related Health Hazards in Tribal Housing**

Manzanita

There is a strong correlation between housing hazards and the health of occupants. Addressing those hazards needs to be done in a comprehensive, holistic manner to have the most benefit to the health of those most vulnerable specifically the elderly and children with pre-existing health conditions. This workshop will provide an overview of housing hazards addressing health as well as provide training on the 8 Principles of a Healthy Home. In addition to providing a workshop on identifying and addressing potential healthy homes hazards, we will also provide an overview of federal funding available to address healthy housing hazards in Tribal housing. We will include “real-life” briefings on the federal funding from existing OLCHCH Tribal grantees.

- MICHELLE MILLER, DEPUTY DIRECTOR, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, OFFICE OF LEAD HAZARD CONTROL AND HEALTHY HOMES

3:00 pm – 3:30 pm

**WELLNESS BREAK (Refreshments in Summit Foyer)**

3:30 pm – 5:00 pm: WORKSHOPS

Track: Opioids, Methamphetamine, Substance Use and Behavioral Health

**Launching an Opioid Treatment Program with a Collaborative, Tribal-led Approach**

Cottonwood

The launch of We Care Daily Clinics (WCDC) represents a concerted, Tribal-led effort to assist people struggling with opioid (and other substance) misuse disorders towards recovery. The opioid crisis affects thousands of individuals and families, including far too many tribal citizens. To address this widespread epidemic, Muckleshoot Tribal leaders teamed with Indigenous Pact Collaboratives (IPC). This unique partnership leveraged experience from the Muckleshoot Behavioral Health Program and years of healthcare consulting from members of IPC. Together, the group developed concepts and ideas to create a transformative clinic. This new facility supports individual pathways to recovery while also advancing public health. Opened in July 2019, WCDC harnesses Medication Assisted Treatment (MAT), behavioral health counseling, and other support services to create a holistic, person-first approach to recovery and wellness.

- ASHLEY HESSE, SENIOR CONSULTANT HEALTH POLICY, INDIGENOUS PACT
- JONI BUFFALOHEAD, MANAGING DIRECTOR, INDIGENOUS PACT
- KEITH NOVENSKI, DIRECTOR OF TRANSFORMATIONAL DESIGN, INDIGENOUS PACT
Track: Native Health Infrastructure and Quality Improvement

Medicare 101

This session will provide an overview of Medicare administration, eligibility, covered services and reimbursement for Tribal Health Programs staff and beneficiaries with a focus on specific provisions for American Indian and Alaska Natives.

- Cyndi Gillaspie, Technical Director, CMS Tribal Affairs Office, Centers for Medicare and Medicaid Services
- Mary Muñoz, Health Insurance Specialist, Centers for Medicare and Medicaid Services

Track: Emerging Trends in Native Health and Sovereignty

Youth Leading the Way to Healthier Communities

The Native Health Initiative has a core belief that youth are leaders, operating on a Positive Youth Development framework. We allow youth to lead in all levels of our organization, and have found great success in our youth to lead ambitious health projects and even run our programming. In this session, we will highlight our Healers of Tomorrow youth mentoring program for high school students interested in health careers, and our Youth Leading the Way project grants that allow youth to create and carry out project to improve their communities.

- Anthony Fleg, Partnership Director, Native Health Initiative

Track: Opioids, Methamphetamine, Substance Use and Behavioral Health

Destigmatizing Mental Illness through Integrated Care

The long-standing stigma surrounding mental illness can be mitigated by successful implementation of integrated behavioral health services into primary care settings. The Choctaw Nation of Oklahoma has initiated a successful integrated care program that effectively addresses depression, suicidal ideation, and substance abuse through evidence-based screening, assessment and evaluation. Eliminating healthcare silos and encouraging collaboration between behavioral health and primary care comes with challenges. Choctaw Nation behavioral health has successfully overcome many of these challenges while also maintaining a candid evaluation of setbacks that require creative ways to maintain best practices in patient care. This presentation addresses how the Choctaw Nation continues to build cooperative partnerships among various departments to destigmatize mental illness and provide compassionate and holistic patient care. Participants will have the opportunity to learn from the successes and challenges of the Choctaw Nation Healthcare System and to identify ways they may implement strategies into their own healthcare systems.

- Kristie Brooks, Director Behavioral Health, Choctaw Nation Health Services
- Nathan Billy, Deputy Director of Behavioral Health, Choctaw Nation Health Services
Mobilizing Tribal Communities to Support Tobacco Use
Prevention, Reduction Policy and System Changes

The smoking prevalence in California is one of the lowest in the country, with 10.1% of adults currently smoking cigarettes compared to 17.1% in the general US population. Yet, disparities in tobacco use among priority populations in California still exist. Among the adult American Indian population in California, 24.2% smoke cigarettes, which is the highest prevalence compared to other racial/ethnic populations. In 2017, through California’s Clean Air Project’s relationships built with tribal nations the California Tobacco Control Program (CTCP) held five consultations meetings with American Indian Tribes across the State from Humboldt, Mendocino, Shasta, San Diego and Riverside Counties, hosted by tribal nations on sovereign lands to identify appropriate approaches for reducing tobacco use disparities. Discussions included topics such as exposure to secondhand smoke, tribal specific media campaigns, capacity building, tobacco waste and environment, respect for Tribal sovereignty and culture, and potential funding opportunities from Prop 56. In preparation to provide funding directly to tribes, CTCP funded ETR for the American Indian Coordinating Center to work under the guidance of a Tribal Advisory Committee. This session will discuss successful research outcomes with a tribal nation in California, sharing of the data with other tribal nations, leading to policy changes on tribal lands, access to tobacco control funding and investment in tailored tribal tobacco messaging.

- NARINDER DHALIWAL, DIRECTOR ATOD, ETR
- ADAM GEISLER, PRESIDENT, AMERICAN INDIAN MEDIA CONCEPTS

Understanding the Connections between Attacks on Tribal
Sovereignty and the Trust Responsibility

Understanding the litigation strategies and connections behind the threats to tribal sovereignty and the trust responsibility in legal challenges to the Indian Child Welfare Act (Brackeen, et. al. v. Zinke, et. al., 04:17-cv-00868 (October 4, 2018)); State applications to the U.S. Department of Health and Human Services for demonstration projects to impose work requirements on Medicaid recipients; and the U.S. Fish & Wildlife Service’s proposed eagle feather rulemaking.

- THOMASINA REAL BIRD, PARTNER, FREDERICKS PEEBLES AND PATTERSON, LLP

VA Accomplishments and Updates

The Department of Veterans Affairs, Veterans Health Administration (VHA), Office of Community Care, joined by additional VA leadership and staff will provide updates on VA/Indian Health Service/ Tribal Health Program/Urban Indian Health Program accomplishments and activities from the past year and efforts on the horizon for 2020. The focus of the discussion will include, but not be limited to: Reimbursement Agreements, Mission Act updates, opportunities and possibilities for I/T/U programs. A tribal health representative may also serve on the panel along with an Indian Health Service official.

- CLAY WARD, PROGRAM ANALYST, DEPARTMENT OF VETERANS AFFAIRS
- STEPHANIE BIRDWELL, DIRECTOR, OFFICE OF TRIBAL GOVERNMENT RELATIONS, DEPARTMENT OF VETERANS AFFAIRS
Track: Native Health Infrastructure and Quality Improvement

**Addressing the Shortage of Native American Dental Providers Through an Internship Experience for Undergraduate Students**

Native American application to professional health care programs severely lags behind that of other under-represented minorities. Considering Dentistry alone, 10,500 students applied to dental school (DDS/DMD programs) last year; yet only 16 were Native American. This presentation explores research related to the under-representation of Native Americans in health professional schools focusing on societal, historical and institutional barriers to post-graduate professional education and introduces novel concepts to address such challenges. Participants will be introduced to The Native American Pre-Dental Student Gateway Program initiative between the University at Buffalo School of Dental Medicine and The Seneca Nation Health System that has sought to reduce this alarming disparity by introducing Native American students to careers in dentistry. This interactive workshop will demonstrate the successes, limitations and lessons learned from 3 years of multi-institutional collaboration and give participants a blueprint to create similar immersive programs with their own tribal, educational and institutional community partners.

- **JENNA MIDDLEBROOKS-LENCIONI**, Dentist, Middlebrooks, LLC
- **JIM SALAMON**, Dental Services Director, Seneca Nation Health System

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6:00 pm - 8:00 pm

**CULTURAL CELEBRATION**

Hosted by the California Rural Indian Health Board
WEDNESDAY, SEPTEMBER 18, 2019

6:30 am – 7:30 am
Meet in front of Golf Clubhouse

Fitness Event: One Mile Run/Walk
Join us for a one-mile walk/run through the Journey golf course. All attendees will receive a T-shirt, and there will be several incentive prizes at the end of the walk/run.

7:00 am – 5:00 pm
Summit Foyer

Registration and Information Desk Open
Exhibit Hall and Marketplace Open

7:00 am – 8:30 am
Each area is assigned a different room, see page 36
Area Caucuses: Tribal Leaders and Health Directors

9:00 am – 12:00 pm
Summit A, B, and C

PLENARY SESSION
Opening Remarks

CMS Tribal Technical Advisory Group (TTAG) Update
• DR. JUDY GO-FORTH PARKER, Co-Chair, Tribal Technical Advisory Group, Centers for Medicare and Medicaid Services

Centers for Medicare and Medicaid Services (CMS) Update and Overview
• KITTY MARX, Director, Division of Tribal Affairs, Centers for Medicare and Medicaid Services

Medicaid: Threats and Opportunities
• ANGIE WILSON, Executive Director, Washoe Tribal Health Clinic
• ALIDA MONTIEL, Health and Human Services Director, Intertribal Council of Arizona
• JOSEPH VICTOR, Chief/Chairman, Tanana Chiefs Conference
• MELISSA GOWER, Senior Advisor and Policy Analyst, Chickasaw Nation
• ELLIOT MILHOLLIN, Partner, Hobbs, Straus, Dean & Walker, LLP

Community Health Representative (CHR) Group Discussion
• DR. JILL JIM, Executive Director, Navajo Nation Department of Health
• JERILYN CHURCH, Executive Director, Great Plains Tribal Chairman’s Health Board
• DEVIN DELROW (MODERATOR), Director of Policy, National Indian Health Board

Community Health Aide Program (CHAP) Expansion Group Discussion
• ROBERT ONDERS, Medical Director of Health Systems and Community Services, Alaska Native Tribal Health Consortium
• CHRISTINA PETERS, Tribal Community Health Provider Project Director, Northwest Portland Area Indian Health Board
• JENNIFER MCCLEOD, Co-Chair, Community Health Aide Program (CHAP) Tribal Advisory Group, Indian Health Service
• DEVIN DELROW (MODERATOR), Director of Policy, National Indian Health Board

U.S. Census Presentation
• ED FOX, Director, Tribal Data Project, National Indian Health Board
• RICKI MCCARROLL, Special Projects Consultant, National Congress of American Indians
• JESSICA IMOTICHHEY, Tribal Partnership Specialist, U.S. Census Bureau

Closing Comments
12:00 pm – 1:30 pm

LUNCH (on your own)

1:30 pm – 3:00 pm: WORKSHOPS

Track: Native Health Infrastructure and Quality Improvement

Health IT Modernization at IHS

The Health Information Technology Modernization Research Project was launched by IHS and the Department of Health and Human Services Office of the Chief Technology Officer. This project intends to provide insight into Health IT solutions and is anticipated to be the first step of a multi-faceted approach to Health IT modernization at IHS.

- MITCH THORNBRUGH, CHIEF INFORMATION OFFICER, INDIAN HEALTH SERVICE

Track: Legislation and Advocacy

Health Insurance Status of Children and Young Adult AI/ANs

The Affordable Care Act resulted in expanded coverage for AI/AN Children and Young Adults. Important Gaps remain, however. In one analysis of youth under age 19 the evidence is that AI/AN children have the highest uninsured rate in the Nation. Young Adults age 19 to 34, have made the greatest gains in insurance coverage, but likewise remain uninsured at very high rates compared to the general population. This presentation will explore the evidence for success and failure in insuring these two age groups and explore the looming changes in the Affordable Care Act.

- ED FOX, DIRECTOR OF TRIBAL DATA PROJECT, NATIONAL INDIAN HEALTH BOARD
- KELLY WHITENER, ASSOCIATE PROFESSOR OF THE PRACTICE, GEORGETOWN UNIVERSITY MCCOURT SCHOOL OF PUBLIC POLICY'S CENTER FOR CHILDREN AND FAMILIES
- TONI ALLEN, PATIENT ASSISTER/CARE COORDINATOR, THE NATIVE PROJECT

Track: Native Health Infrastructure and Quality Improvement

Alaska Tribal Division of Public Assistance Outstation Project

Alaska’s Medicaid population is estimated to be made up of about 40% Alaska Natives/American Indians. Accessing medical care in this large demographic area is reliant on our Medicaid system of health coverage. Medicaid covers the critical element of travel in a state where there is very limited road systems. As Alaska’s Division of Public Assistance expanded Medicaid, they faced the challenge of keeping up with processing applications in a timely manner. Applications could wait over a year for any type of determination to be made. In April of 2019, the State of Alaska’s Division of Public Assistance expanded their one staff outstationed at the Alaska Native Medical Center to five staff with an MOA that would ensure all of the ANMC Campus applications would be processed on site. The goal would be to use this expanded relationship to improve the quality of applications being turned in while bringing in the processing of the applications into federal compliance timeframes. In the few months that the new process has been in place the results have been dramatic. The quality of applications has drastically reduced the pended applications. The dedicated staff and improved quality of applications has created unprecedented adjudication times.

- CHARLENE WALKER, DIRECTOR, OUTREACH AND ENROLLMENT, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Workshop KEY

Legislation and Advocacy  |  Federal Relations and Advocacy  |  Native Health Infrastructure and Quality Improvement  |  Opioids, Methamphetamine, Substance Use and Behavioral Health  |  Emerging Trends in Native Health and Sovereignty
1:30 pm – 3:00 pm WORKSHOPS Continued

**Track: Federal Relations and Advocacy**

**Medicaid/CHIP 101**

This session will provide an overview of Medicaid and Children’s Health Insurance Programs. This will include administration, eligibility, covered services, and reimbursement for Indian Health Care Providers. The workshop will highlight specific provisions for American Indians and Alaska Natives, including the Medicaid protections from cost sharing, Medicaid Estate Recovery, managed care, and an overview of State Tribal Consultation requirements.

- KITTY MARX, DIRECTOR, DIVISION OF TRIBAL AFFAIRS, CENTERS FOR MEDICARE AND MEDICAID SERVICES
- CYNDI GILLASPIE, TECHNICAL DIRECTOR, CMS TRIBAL AFFAIRS OFFICE, CENTERS FOR MEDICARE AND MEDICAID SERVICES

**Track: Opioids, Methamphetamine, Substance Use and Behavioral Health**

**A Model for Building Infrastructure, Capacity and Collaboration to Advance Tribal Opioid Response**

In 2018, the Leech Lake Band of Ojibwe was awarded a Tribal Opioid Response (TOR) grant. Addressing the workforce shortages issues in the treatment of substance use disorder was the Leech Lake Band of Ojibwe’s focus. This session will discuss the collaboration between the Leech Lake Band of Ojibwe, the American Indian Public Health Resource Center and stakeholders in utilizing an indigenous evaluation model to develop, conduct and analyze a substance use disorder workforce assessment.

- MELANIE NADEAU, OPERATIONAL DIRECTOR, AMERICAN INDIAN PUBLIC HEALTH RESOURCE CENTER, NORTH DAKOTA STATE UNIVERSITY
- VANESSA TIBBITS, PUBLIC HEALTH SERVICES PROJECT MANAGER, AMERICAN INDIAN PUBLIC HEALTH RESOURCE CENTER, NORTH DAKOTA STATE UNIVERSITY
- GRETCHEIN DOBERVICH, PUBLIC HEALTH SERVICES PROJECT MANAGER, AMERICAN INDIAN PUBLIC HEALTH RESOURCE CENTER, NORTH DAKOTA STATE UNIVERSITY

**Track: Federal Relations and Advocacy**

**Maximizing Medicaid Reimbursement and Tribal Health**

The relationship between the Tribal Governments of Oklahoma and the State Medicaid agency the Oklahoma Health Care Authority (OHCA) has been mutually beneficial. This presentation will highlight the partnership between the Oklahoma Health Care Authority and Oklahoma’s tribal health care community. The discussion will include the positive impact of SoonerCare reimbursement in Indian Country that has contributed to increased revenue and access to care. Presenters will highlight specific collaborative efforts between OHCA and Tribal stakeholders that support maximum reimbursement to tribal health. New opportunities for reimbursement in Non-emergency transportation, Tribal Medicaid Match, Applied Behavioral Analysis (ABA) services, and Diabetes Self-Management Training (DSMT) will be highlighted. These are just a few examples of how tribes can continue to maximize third-party reimbursement. The attendees will understand the benefits of partnering with their state Medicaid agency and how this partnership lead to $213 million dollars in Medicaid reimbursement to Oklahoma tribal health systems last fiscal year.

- JOHNNIE JOHNSON, TRIBAL RELATIONS COORDINATOR, OKLAHOMA HEALTH CARE AUTHORITY
Track: Federal Relations and Advocacy

Regulations Matter!

Like the unseen forces of gravity that control our movements, federal rules and regulations exist all around us, guiding our day to day lives. The regulatory comment period is meant to help us participate in rulemaking, but sometimes it can have just the opposite effect. Rules that are thousands of pages long and filled with jargon make us feel intimidated or bored rather than motivated. We need to change our attitudes, but how do we do that? The first step is understanding what regulations are, how they are created, and how YOU can help shape them. This workshop will provide a detailed overview of what the rulemaking process is, provide best practices, and showcase Tribal participation in the regulation space.

- MONICA MARTINEZ, POLICY ANALYST, NATIONAL INDIAN HEALTH BOARD
- AKILAH KINNISON, ATTORNEY, HOBBS, STRAUS, DEAN & WALKER, LLP
- LISA MEISSNER, ATTORNEY, HOBBS, STRAUS, DEAN & WALKER, LLP

Track: Legislation and Advocacy

Placing Tribes at the Center of Advocacy: The Tribal Oral Health Initiative and State Legislatures

This session will introduce attendees to the Tribal Oral Health Initiative, which has worked to educate Tribes about the successes of the dental therapy model for Tribes in Alaska and the Pacific Northwest. The Initiative also works with non-Tribal advocates of dental therapy to ensure they understand the unique challenges of oral health care delivery in Indian Country, and advocate in a unified voice for Tribal interests. The Initiative is currently supporting a Tribal legislative campaign in Wisconsin and a Tribal implementation campaign in Arizona.

- CANDICE SKENANDORE, SELF GOVERNANCE COORDINATOR, ONEIDA NATION
- ALIDA MONTIEL, HEALTH AND HUMAN SERVICES DIRECTOR, INTRIBAL COUNCIL OF ARIZONA
- BRETT WEBER, CONGRESSIONAL RELATIONS MANAGER, NATIONAL INDIAN HEALTH BOARD

3:00 pm – 3:30 pm

WELLNESS BREAK (Refreshments in Summit Foyer)
3:30 pm – 5:00 pm: **WORKSHOPS**

**Track: Federal Relations and Advocacy**

**An Update and Panel Discussion on Managed Care Options for Indian Health Care Providers**

CMS will provide an overview of the Medicaid Managed Care requirements, and invites other entities to discuss accomplishments, challenges, and strategies (Tribal health programs, state Medicaid agency and their managed care components, and managed care organizations).

- **LANE TERWILLIGER, CMS TRIBAL AFFAIRS OFFICE, CENTERS FOR MEDICARE AND MEDICAID SERVICES**
- **ADAM ARCHULETA, CHAIRMAN, LAGUNA HEALTH BOARD**
- **JIM ROBERTS, SENIOR EXECUTIVE LIASON, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM**
- **ELLIOT MILHOLLIN, PARTNER, HOBBS, STRAUS, DEAN & WALKER, LLP**
- **ANGIE WILSON, EXECUTIVE DIRECTOR, WASHOE TRIBAL HEALTH CLINIC**

**Track: Opioids, Methamphetamine, Substance Use and Behavioral Health**

**Community Engagement, Culturally Congruent Practices, and Strategic Collaborations in Prevention, Treatment and Support**

To maximize the impact of behavioral health efforts to reduce harmful substance use and prevent suicide in a reservation-based community, a Southern California AIAN health clinic weaves together internal projects and resources with the goal of empowering Native wellness, links with external resources as needed, uses community based participatory (CBPR) methods, cultural knowledge and practices, and active community outreach. Initially, projects are selected based on tribally prioritized issues. Community input is sought at each stage of project development and appropriate CBPR methods are used. Determinants of issues are identified and characterized. Culturally congruent interventions to address determinants are tested and implemented. Finally, each approach is evaluated and refined through local and grant evaluation. Clinic capacity is expanded by each project. Five different yet collaborating projects will be presented, including materials created, specific methods, outcomes where available, and lessons learned.

- **ANNIKA MONTAG, PRINCIPAL INVESTIGATOR, UCSD AND SOUTHERN CALIFORNIA TRIBAL HEALTH CLINIC**
- **PEDRO TOMAS DOMINGO, PROJECT COORDINATOR, HEALTHY NATIVE NATION FAMILY SUPPORT PROGRAM**
- **RICHARD ARMENTA, MORTAL METHODS EPIDEMIOLOGIST, PASQUA YAQUI TRIBE**
- **AMI ADMIRE, NATION CONNECTIONS COORDINATOR, RECON BAND OF LUSHENO INDIANS**
- **TONI JENSEN, COMMUNITY RESEARCH LIASON, HEALTHY NATIVE NATION FAMILY SUPPORT PROGRAM**
- **RHONDA ROMERO, COMMUNITY RESEARCH LIASON, LA JOLLA BAND OF LUSHENO INDIANS**
- **SASHA SPITE, PROJECT COORDINATOR, REZOLUTION PROJECT**
- **TOMMI GAINES, BIOSTATISTICIAN AND ASSOCIATE PROFESSOR, UCSD DEPARTMENT OF MEDICINE**

**Track: Emerging Trends in Native Health and Sovereignty**

**Diabetes Prevention and Treatment: An Integration of Physical Training, Psychosocial Interventions, and Community Support**

Twenty percent of adults seen at the White Mountain Apache/L.H.S. Hospital from 2013 through 2015 were diagnosed with Type II Diabetes. Research also shows that 41% of those diagnosed with diabetes will develop a Depressive Disorder and 49% will develop an Anxiety Disorder prior to or following a diagnosis of Diabetes. Recognizing the debilitating “double whammy” of dealing with diabetes and a mental health disorder, the White Mountain Apache Tribe created a diabetes support program based in the Tribal Gym that addresses.

- **BILL ARNETT, CLINICAL CONSULTANT, APACHE DIABETES WELLNESS PROGRAM**
Track: Native Health Infrastructure and Quality Improvement

Growing Our Own: Administrative Support Training for Building an Alaska Native/American Indian Workforce  
*Bear*

Administrative support personnel are critical in the field of health care, as they are often a patient’s first point of contact with the health care system, and perform important follow-up tasks. Southcentral Foundation, an Alaska Native customer-owned health care system, operates the Administrative Support Training Program (ASTP), which is a six-week program for newly hired administrative support employees. In the previous decade, SCF established a goal of increasing the number of Alaska Native and/or American Indian people in administrative support positions, and ASTP has helped with that; currently, all administrative support employees at SCF are Alaska Native and/or American Indian people. Additionally, ASTP has helped with retention of administrative support employees, and since SCF places an emphasis on “growing our own,” with administrative support employees transitioning into other roles at SCF, the program has helped increase the number of Alaska Native and/or American Indian employees overall at SCF.

- DORTHY FREDENBERG, LEARNING AND DEVELOPMENT ASSOCIATE, SOUTHCENTRAL FOUNDATION
- RACHEL SALDANA, BUSINESS DEVELOPMENT ADVISOR, SOUTHCENTRAL FOUNDATION

Track: Legislation and Advocacy

Keep Congress Accountable through Online and Social Media Tools  
*White Sage*

A practical and educational session, based on NCUIH’s methodology, on how to Use Online Tools to Track Legislation and Hold Congress Accountable. This session will utilize the NCUIH Legislative Tracker to demonstrate how to find Congressional bills that could impact American Indian and Alaska Native health. A piece of legislation (H.R. 1128 and S. 229 Indian Programs Advance Appropriations Act) will be used to walk participants through the steps in determining the current level of support for this legislation and the cosponsors. Next, the audience will be taught how to contact their Member of Congress regarding this legislation using GovTrack. The final step will focus on the efficient use of social media to ask your own representative to support a bill and how to use your social network to promote further advocacy. A one-page guide to hand out to participants will be provided as an easy-to-use guide.

- MEREDITH RAIMONDI, SENIOR COMMUNICATIONS AND EVENTS MANAGER, NATIONAL COUNCIL OF URBAN INDIAN HEALTH
- CARLA LOTT, CONGRESSIONAL RELATIONS DIRECTOR, NATIONAL COUNCIL OF URBAN INDIAN HEALTH

Track: Emerging Trends in Native Health and Sovereignty

Ending the HIV and HCV Epidemics in Indian Country  
*Coyote*

In the State of the Union Address on February 5, 2019, the president announced his Administration’s goal to end the HIV epidemic in the United States within ten years. To achieve this goal and address the ongoing public health crisis of HIV, the proposed Ending the HIV Epidemic: A Plan for America will leverage the powerful data and tools now available to reduce new HIV infections in the United States by 75 percent in five years and by 90 percent by 2030. This presentation will illustrate the current status of HIV and hepatitis C (HCV) in Indian Country and offer details of the IHS plan to end the HIV and HCV epidemics in Indian Country.

- RICK HAVERKATE, NATIONAL HIV/AIDS PROGRAM DIRECTOR, INDIAN HEALTH SERVICE
Track: Federal Relations and Advocacy

Emphasizing Federal Compliance Enforcement to Ensure Healthcare Funding in Indian Country

Approximately half of our healthcare funding in Indian Country comes from third party collections. According to federal law, a Compliance Program is required under federal law for all healthcare providers who bill Medicare. Compliance Programs are mandated by the Indian Healthcare Improvement Act as well as the Affordable Care Act. We must demonstrate to the auditors that we have a functioning Compliance Program in place, or all of our third party funds are at risk. The feds are aggressively auditing healthcare compliance in Indian Country. You will learn who is auditing and what they are looking for to demonstrate compliance. You will also learn how exclusion from third party programs will impact your ability to provide healthcare. Every Tribal 638 healthcare program is on the OIG’s Work Plan and scheduled for a Compliance Audit. You will learn what this means for your health system and what you must do to survive your upcoming audit.

- TIM PEDERSON, Principal, Native American Healthcare Group
- CARLTON UNDERWOOD, Chief Compliance Officer, Northern Arapahoe Tribe

Track: Opioids, Methamphetamine, Substance Use and Behavioral Health

42 C.F.R. Part 2: Confidentiality of Substance Use Disorder Patient Records

42 C.F.R. Part 2 (Part 2) was created to ensure privacy for individuals seeking help for drug or alcohol problems by prohibiting disclosures without consent. If your organization provides, or plans to provide, substance use disorder (SUD) services, evaluating what is covered and considered a program can be challenging. Once you’ve identified your program is considered a Part 2 program, navigating next steps can be difficult. This workshop will introduce Part 2 and share two papers to guide Tribal Health Organizations through identifying Part 2 programs and implementing the primary requirements.

- JACQUELYNN ENGEBRETSON, Program Manager, Alaska Native Tribal Health Consortium
- KENDRI CESAR, Partner, Sonosky, Chambers, Sack, Endreson and Perry, LLP

6:00 pm – 9:00 pm

NIHB 2019 ANNUAL HEROES IN HEALTH AWARDS GALA
(separate tickets required)
THURSDAY, SEPTEMBER 19, 2019

7:00 am - 1:00 pm  Summit Foyer
Registration and Information Desk Open
Exhibit Hall and Marketplace Open

7:00 am - 8:00 am Each area is assigned a different room, see page 36
Area Caucuses: Tribal Leaders and Health Directors

8:30 am - 10:00 am: WORKSHOPS

Track: Native Health Infrastructure and Quality Improvement

IHS Strategic Plan Implementation  Cottonwood
The IHS Strategic Plan includes the mission statement, a new vision statement, and details how the IHS will achieve its mission through three strategic goals. Each goal is supported by objectives and strategies. Strategies are activities that demonstrate progress on the objectives.

• JONATHAN MERRILL, DEPUTY DIRECTOR FOR QUALITY HEALTH CARE, INDIAN HEALTH SERVICE

Track: Emerging Trends in Native Health and Sovereignty

Incorporating Dental Therapists into the Oral Health Care Team: Implementation  Elderberry
Dental therapy is a growing profession in the United States. This mid-level primary oral health care provider has proven to significantly improve oral health outcomes for underserved communities, and many more clinics are likely to add dental therapists to their teams in the future. The Portland Area now has twelve dental therapists: five have been practicing for a year or more, and seven have recently graduated from the dental therapy education program. Based on experiences from the clinics employing our first five dental therapists, we developed and implemented a process to prepare our remaining clinics to incorporate the dental therapist into the team. The problem is when a clinic adds a dental therapist to the team, administrators and staff members do not always understand the role of this new provider, the preceptorship process, and how to best incorporate the dental therapist into the team. Lack of understanding and preparation can lead to misinformation for staff and patients as well as difficulties within the health care team. Some strategies to address this include: creating a clinic readiness handbook and an educational presentation for all health care staff and administration, as well as for dental staff; facilitating discussions about this new provider; presenting hypothetical scenarios and questions to help prepare the team.

• MIRANDA DAVIS, NATIVE DENTAL THERAPY INITIATIVE PROJECT DIRECTOR, NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Track: Legislation and Advocacy

National Indian Health Board Legislative Hot Topics  Fox
This workshop will provide a forum for Tribal representatives and members to have in-depth discussions with NIHB staff about several Tribal legislative hot topics including: Advance Appropriations for the Indian Health Service; Renewal of the Special Diabetes Program for Indians; fiscal year 2020 appropriations for the Indian Health Service; improving care for Native veterans; and legislation based on the U.S. Commission on Civil Rights Broken Promises Report

• BRETT WEBER, CONGRESSIONAL RELATIONS MANAGER, NATIONAL INDIAN HEALTH BOARD
• SHERVIN AAZAMI, POLICY ANALYST, NATIONAL INDIAN HEALTH BOARD
Track: Native Health Infrastructure and Quality Improvement

**How a Tribe in California Restructured their Healthcare Model to Create Significant Cost Savings**

Healthcare has always been a major expense for Tribal governments and of course a robust healthcare program is crucial for a healthy community / workforce. With healthcare expenses perpetually rising and with uncertainty in federal policies clouding the future of Tribal and non-Tribal healthcare, The Picayune Band of Chukchansi Indians decided to take a unique approach and restructured their employees' self-insured healthcare model. The innovative result has generated a surplus of millions annually and has actually created strong, mutually beneficial relationships with local healthcare providers. By negotiating directly with local providers and eliminating many of the inefficiencies and unnecessary complexities associated with a standard network model, the Tribe is able to more effectively control many aspects of their community's wellbeing. The multi-millions the Tribe saves each year in this powerful assertion of Tribal sovereignty has enabled the tribe to fully cover the entire cost of comprehensive healthcare for all of the Tribe's 187 elders, and starting in 2019, all members of the Tribe.

- **CLAUDIA GONZALES**, Tribal Council Member, Picayune Band of Chukchansi Indians, Picayune Rancheria
- **FRED ALCORTA**, CEO, ALCORTA BENEFITS GROUP
- **THOMAS STEIRER**, CEO, Native Star

Track: Opioids, Methamphetamine, Substance Use and Behavioral Health

**Indigenous Behavioral Health Update**

The International Initiative for Mental Health Leadership (IIMHL) is a coalition of nine countries and brings together each country’s mental health leaders to exchange innovations in the mental health field. A strong component of IIMHL is Indigenous leaders. The international group of Indigenous behavioral health leaders met in Washington DC at the Smithsonian National Museum of the American Indian on September 9-11, 2019. This workshop will share the highlights of the Indigenous behavioral health recommendations and wise practices shared by Indigenous people from the United States, Canada, Australia, New Zealand, and Greenland. The recommendations focus on Indigenous behavioral health workforce development and best practices for prevention, treatment and recovery from an Indigenous strength and healing perspectives. Short videos of the meeting highlights will also be shared.

- **HOLLY ECHO HAWK**, Behavioral Health Subject Matter Expert, Echo-Hawk and Associates

Track: Opioids, Methamphetamine, Substance Use, and Behavioral Health

**Public Health, Pharmacy, and Behavioral Health Walk into a Club...**

The chasm between day one of a Tribal Opioid Response (TOR) award and a fully functioning medication assisted treatment (MAT) program could be far-reaching. This integrated team of presenters share key issues, successes, and decisions made during the first twelve months of launching their pharmacy-based MAT. Accomplishing buy-in for infrastructure revisions, building capacity related to assessing and treating persons with opioid use disorder (OUD), and enhancing collaboration across programs (in spite of 42CFR challenges) exemplify some of the content for this session. Data demonstrating provider OUD attitudes will also be shared for context insights.

- **HEATHER SUMMER**, Population Health Manager, Chickasaw Nation Division of Research and Public Health
- **HALEY BARRETT**, Outpatient Pharmacy Ambulatory Clinic Manager, Chickasaw Nation Division of Quality and Ancillary Services
- **JOSHUA HENLEY**, Medical Family Therapist, Chickasaw Nation Division of Integrated Services

**Workshop KEY**

- Legislation and Advocacy
- Federal Relations and Advocacy
- Native Health Infrastructure and Quality Improvement
- Opioids, Methamphetamine, Substance Use and Behavioral Health
- Emerging Trends in Native Health and Sovereignty
Track: Emerging Trends in Native Health and Sovereignty

Preliminary Findings from the NIHB/CDC Listening Sessions to Explore and Address Environmental Health Needs and Concerns in Tribal Communities

The National Indian Health Board (NIHB) and the Centers for Disease Control and Prevention (CDC) worked together to host four environmental health listening sessions throughout the spring of 2019. NIHB and the CDC met with Tribal officials and leaders, directors of Tribal Health Organizations, and Tribal communities to listen and discuss the environmental health concerns and issues in their communities and hear about ways they are addressing those needs and concerns. NIHB and CDC hosted listening sessions in Washington, DC; Rapid City, South Dakota; Anacortes, Washington; and Albuquerque, New Mexico. This session will share the preliminary findings from those four listening sessions. The next step for this project is for NIHB to work with the CDC to incorporate the learnings from the listening sessions into various programmatic and other activities including a possible National Tribal Environmental Health Summit.

- STEPHEN VALIERE, PUBLIC HEALTH PROGRAM COORDINATOR, NATIONAL INDIAN HEALTH BOARD

Track: Opioids, Methamphetamine, Substance Use and Behavioral Health

Housing Policies Restricting Secondhand Smoke from Cigarettes (Commercial Tobacco)

The long-standing stigma surrounding mental illness can be mitigated by successful implementation of integrated behavioral health services into primary care settings. The Choctaw Nation of Oklahoma has initiated a successful integrated care program that effectively addresses depression, suicidal ideation, and substance abuse through evidence-based screening, assessment and evaluation. Eliminating healthcare silos and encouraging collaboration between behavioral health and primary care comes with challenges. Choctaw Nation behavioral health has successfully overcome many of these challenges while also maintaining a candid evaluation of setbacks that require creative ways to maintain best practices in patient care. This presentation addresses how the Choctaw Nation continues to build cooperative partnerships among various departments to destigmatize mental illness and provide compassionate and holistic patient care. Participants will have the opportunity to learn from the successes and challenges of the Choctaw Nation Healthcare System and to identify ways they may implement strategies into their own healthcare systems.

- RAE O’LEARY, PUBLIC HEALTH ANALYST, MISSOURI BREAKS RESEARCH
- MICHAEL FREIBERG, SENIOR STAFF ATTORNEY, MITCHELL HAMLIN SCHOOL OF LAW
- KRISTIE BROOKS, DIRECTOR BEHAVIORAL HEALTH, CHOCTAW NATION HEALTH SERVICES

10:00 am – 10:30 am

WELLNESS BREAK
CLOSING PLENARY SESSION

Opening Remarks

Celebrating 15 Years of Dental Therapy in Tribal Communities
- MARY WILLARD, DIRECTOR, DEPARTMENT OF ORAL HEALTH PROMOTION DIRECTOR, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
- CAROLINE BRUNTON, PROGRAM OFFICER, W.K. KELLOGG FOUNDATION
- BRETT WEBER (MODERATOR), CONGRESSIONAL RELATIONS MANAGER, NATIONAL INDIAN HEALTH BOARD

National Indian Health Board Legislative Update
- STACY A. BOHLENS, CHIEF EXECUTIVE OFFICER, NATIONAL INDIAN HEALTH BOARD

Conference Wrap-Up
- Exhibit Hall Passport Drawing
- Evaluation Drawing
- 2020 NIHB Conferences

Closing

Retiring of the Colors
- American Indian Veterans Association of Southern California

Closing Blessing

Adjourn 36th Annual National Tribal Health Conference
Diabetes and Special Diabetes Program for Indians (SDPI) Summit
(Tribal only event)

The summit will address pressing policy issues related to the prevention and treatment of diabetes in Tribal communities. Among these issues includes the future of the Special Diabetes Program for Indians, one of the most effective public health programs in Indian Country ever implemented. While the Special Diabetes Program has contributed to remarkable improvements in diabetes management, Tribes want to ensure the program is structured in a way that benefits all Tribes and utilizes its limited budget most effectively. Subjecting SDPI to self-governance compacts and contracts would move the program away from its current grant structure and allow more Tribes to benefit. However, many other aspects of Tribal health would also be impacted by such a chance. This Summit will provide information for how a potential SDPI conversion to self-governance would impact Indian Country, including Direct Service Tribes and Urban Indian health programs. Additionally, the Summit will address issues related to data tracking and reporting, as well as other related issues.

Dental Therapy Curriculum for Tribal Colleges and Universities Presentation

Tribal College and University leaders, faculty, and staff are invited to attend a presentation hosted by the National Indian Health Board (NIHB) on a template curriculum for dental therapy education programs. As more Tribes express support for dental therapy as a solution to unmet oral health needs, demand for trained dental therapists will continue to grow. NIHB has partnered with the Alaska Native Tribal Health Consortium to create a curriculum specifically geared to Tribal colleges and universities interested in developing a dental therapy education program. This presentation will consist of a walkthrough of the template curriculum, and a discussion of the creation of a dental therapy program in Tribal settings. Dr. Cheyenne Warren of Vermont Technical College will also speak on her experience setting up a dental therapy program at the community college level.
AREA TRIBAL CAUCUSES

NIHB is pleased to provide time at the beginning of each conference day for Tribal citizens, leaders and stakeholders from each respective Area to meet together to discuss matters of concern at the Area level. In addition, NIHB is asking that during each Area caucus, attendees review the 2019 NIHB Tribal Health Legislative and Policy Agenda and provide feedback and recommendations to NIHB about which priorities should be included in the 2020 National Tribal Health Legislative and Policy Agenda. The 2019 Agenda is included in this conference book on page 37. Each caucus is asked to provide to NIHB staff their written recommendations before the close of the conference. NIHB is providing a worksheet to each Area to complete during their caucus time that will help to highlight their recommendations. Each Area can submit their worksheet to the Registration and Information Desk, or the worksheet and any other recommendations can also be submitted via e-mail to the NIHB Chief Executive Officer, Stacy Bohlen at sbohlen@nihb.org.

The results of the Area Tribal Caucus recommendations will be included in a draft 2020 Legislative and Policy Agenda that will be considered during the NIHB 2020 Annual Meeting, which takes place during the first quarter of the calendar year in Washington, DC.

The locations and schedule for Area caucuses is below. Should the Area need to hold additional meetings, please contact NIHB staff to secure a location and time.

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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 2019 NIHB Legislative and Policy Agenda. Please use these points to help guide your engagement and discussion during the government consultation and listening sessions, the discussions held during Area caucuses, and throughout the entire conference. Please consider what priorities should appear in the 2020 NIHB Legislative and Policy Agenda.

Legislative Requests

- Ensure that Medicaid Provides Greater Access to American Indians and Alaska Natives and that the Medicaid Program is Responsive to the Unique Needs of the Indian Health System
- Phase in Full Funding for Indian Health Services and Programs for American Indians and Alaska Natives in the Indian Health Service (IHS)
- Secure Advanced Appropriations for the Indian Health Service (IHS)
- Enact Mandatory Appropriations for the Indian Health Service (IHS)
- Increase Appropriations to Indian Country Outside of the Indian Health Service (IHS)
- Build Capacity of Tribal Public Health
- Seek Long-Term Renewal for the Special Diabetes Program for Indians (SDPI) at $200 Million
- Provide Additional Funding to Address Substance Abuse in Indian Country
- Enact Special Behavioral Health Program for AI/ANs
- Provide Continued Oversight and Accountability on the Indian Health Service (IHS) - Quality
- Workforce Development for Indian Health and Public Health Programs
- Expand Tribal Self Governance at the Departments of Health and Human Services and Agriculture
- Provide Resources to Improve the Health Information Technology (IT) System at the Indian Health Service (IHS)
- Improve Care for Native Veterans
- Support Dental Therapists (DTs) as a Solution to Indian Country’s Oral Health Crisis
- Support Native Youth Policy Agenda

Regulatory / Administration Requests

- Educate Members of the Administration on Tribal Sovereignty and the Trust Responsibility
- Preserve and Expand Meaningful Federal Tribal Consultation
- Ensure and Facilitate Meaningful Tribal Consultation with the States
- Preserve Medicaid Protections and Expanded Eligibility for American Indians and Alaska Natives
- Improve the Health Information Technology (IT) System at the Indian Health Service (IHS)
- Ensure Tribal Access to Data
- Ensure and Improve Access to Culturally Competent Quality Health Care for Native Veterans
- Support IHS Efforts to Expand the Community Health Aide Program (CHAP)
- Support and Expand Telehealth in Indian Country
Biographies

BOARD OF DIRECTORS BIOGRAPHIES

Victoria Kitcheyan (Winnebago Tribe of Nebraska)
NIHB CHAIRPERSON AND GREAT PLAINS AREA REPRESENTATIVE
COUNCILWOMAN, WINNEBAGO TRIBE OF NEBRASKA
Ms. Victoria Kitcheyan is an enrolled member of the Winnebago Tribe of Nebraska and currently serves as a council member of the Winnebago Tribal Council. She graduated from Haskell Indian Nations University in 2006 with a Bachelor of Science in Business Administration. Prior 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.

William Smith (Valdez Native Tribe)
NIHB VICE CHAIRPERSON AND ALASKA AREA REPRESENTATIVE
CHIEF, VALDEZ NATIVE TRIBE
Mr. William F. Smith, a son, father, and grandfather, was born in Cordova, Alaska, September 1952, to Chief Marie Smith-Jones the last full blooded speaker of the Eyak language. When Mr. Smith was 17, he went into the Army as a heavy duty mechanic and a recovery specialist. Shortly after going into the service, he went on his first tour to Augsburg, Germany, with the 1/36 field artillery. His next tour was in Long Binh, Vietnam, from 1971 to 1972. Upon returning to the states, he was transferred to Fort Huachuca, Arizona, where he was again shipped overseas to Germany with the 5/68 armor tank outfit. Mr. Smith retired from the service in August of 1977, and moved to Valdez, Alaska, to work on boats. In 1981, he stopped working on boats and started working for Alyeska Pipeline Service Company in the Marine Department. After 36 years, he retired from Alyeska and is still enjoying his retirement by hunting, fishing and spending time with his loving family. He sits on the board of the Alaska Native Health Board and the National Indian Health Board, helping as many Alaskan Native and American Indians as possible. Mr. Smith is one of the local Tribal Veterans Representatives working for his brothers and sisters with their veteran issues.

Sam Moose (Mille Lacs Band of Ojibwe)
NIHB TREASURER AND BEMIDJI AREA REPRESENTATIVE
DIRECTOR OF HUMAN SERVICES, FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA
Mr. Sam Moose currently serves as the Director of Human Services at Fond du Lac Band of Lake Superior Chippewa. Previously, Mr. Moose was the appointed Commissioner of Health and Human Services for the Mille Lacs Band. In this role, Mr. Moose oversaw the Band’s three clinic locations and other services in the areas of public health, behavioral health, family services, and community support services. Mr. Moose previously served as Commissioner of Community Development and was in charge of the Mille Lacs Band’s public works and facilities departments and housing development initiatives. He has also served as the Band’s director of housing. Mr. Moose is active in traditional activities within his community. He grew up near East Lake and graduated from McGregor High School. He has a bachelor of applied science degree in community health with a minor in Indian Studies from the University of Minnesota Duluth and a master’s degree in Tribal administration and governance from the University of Minnesota Duluth.

Lisa Elgin (Manchester-Point Arena Band of Pomo Indians)
NIHB SECRETARY AND CALIFORNIA AREA REPRESENTATIVE CHAIRPERSON, CALIFORNIA RURAL INDIAN HEALTH BOARD TRIBAL ADMINISTRATOR, MANCHESTER-POINT AREA 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-Point Arena Band of Pomo Indians which is located in Mendocino County, California. She is a board member for Sonoma County Indian Health Project and has served in that capacity since 1999. Ms Elgin has been 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. Ms. Elgin is an active community member and participates and coordinates events for the health clinic as well as for her Tribe.

Joe Finkbonner (Lummi Nation)
PORTLAND AREA REPRESENTATIVE (ALTERNATE) EXECUTIVE DIRECTOR, NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Mr. Joe Finkbonner has excelled in a variety of leadership roles. He provides vision for NPAIHB’s strategic development, business growth goals and operations, and is known for building relationships, hard work and determination. Mr. Finkbonner is responsible for all staff and programs of the NPAIHB and answers directly to the Executive Committee of the NPAIHB.
Jonathan Nez (Navajo Nation)

**ALBUQUERQUE AREA REPRESENTATIVE**
**COUNCIL MEMBER, JICARILLA APACHE NATION**

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

Marty Wafford

**OKLAHOMA CITY AREA REPRESENTATIVE**
**CHAIRPERSON, SOUTHERN PLAINS TRIBAL HEALTH BOARD**
**UNDER SECRETARY OF SUPPORT AND PROGRAMS, CHICKASAW NATION DEPARTMENT OF HEALTH**

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

Amber Torres (Walker River Paiute Tribe)

**PHOENIX AREA REPRESENTATIVE**
**CHAIRWOMAN, WALKER RIVER PAIUTE TRIBE**

Ms. Amber Torres has been the Chairman for the Walker River Paiute Tribe for three years and on Tribal Council for nine years. She serves on several national committees, including the Indian Healthcare Improvement Act Committee, the Directors Workgroup on Improving Purchase Referred Care, the National IHS Budget Formulation Committee, an as an alternate to the Tribal Leaders Diabetes Committee, and is Phoenix Area Representative to the NIHB Board of Directors. Ms. Torres also serves on the Inter-Tribal Council of Arizona steering committee and Inter-tribal Council of Nevada Executive Board.

Sandra Ortega (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. She has been involved with the Direct Service Tribes Advisory Committee since 2007 and served as a past Chairwoman. Ms. Ortega currently serves as a Tohono O'odham Legislative Council Representative for the Hickiwan District. Ms. Ortega is the Vice Chairperson 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 Vice Chairwoman for the Human Resources Development Committee which provides oversight to the education department and schools on the Tohono O'odham Nation, and on the Cultural Preservation Committee.
Stacy A. Bohlen (Sault Ste. Marie Tribe of Chippewa Indians)  
**CHIEF EXECUTIVE OFFICER**  
E-MAIL: SBOHLEN@NIHB.ORG  
PHONE: 202-507-4073

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

**Shervin Aazami, MPH**  
**POLICY ANALYST**  
E-MAIL: SAAAZAMI@NIHB.ORG  
PHONE: 202-507-4088

Mr. Shervin Aazami is a Policy Analyst on the National Indian Health Board Congressional Relations Team. In his capacity, Mr. Aazami helps conduct legislative advocacy on Capitol Hill and also assists in analysis of healthcare and public health legislation moving through Congress. With a particular focus on public health, Mr. Aazami assists in drafting testimony, talking points, and issue briefs on relevant issues. Mr. Aazami recently completed his Masters in Public Health with a concentration in Health Policy at George Washington University. He is also currently pursuing a Masters in Public Administration from the University of North Carolina, Chapel Hill.

**Angelica Al Janabi, MPH**  
**PUBLIC HEALTH PROJECT COORDINATOR**  
E-MAIL: AALJANAB@NIHB.ORG  
PHONE: 202-507-4074

Ms. Angelica Al Janabi is a Public Health Project Coordinator on the Public Health Policy and Programs team at the National Indian Health Board. Her current projects primarily involve addressing climate health issues through the Climate Ready Tribes project and developing educational modules on a variety of health-related topics such as public health and Tribal consultation. Previous NIHB work has included topics as diverse as public health emergency prevention and response, infectious disease, and cancer screening. Prior to working at NIHB, Ms. Al Janabi worked in refugee health for several years in southwest Virginia. Ms. Al Janabi graduated from Virginia Tech with a Master in Public Health (MPH) degree, a concentration in health education, and a certificate in global planning and international development with a specialization in Public and Environmental Health. Ms. Al Janabi also holds a BA in biology with a French minor and lived abroad, primarily in France, for several years.

**Carolyn Angus-Hornbuckle, JD (Mohawk)**  
**CHIEF OPERATIONS OFFICER**  
E-MAIL: CHORNBUCKLE@NIHB.ORG  
PHONE: 202-507-4070

Ms. Carolyn Angus-Hornbuckle is the Chief Operations Officer at the National Indian Health Board. She has served NIHB in a variety of capacities including the Director of Public Health Policy and Programs, Public Health Program Managers, and as Deputy Director. Currently at NIHB, she supports the planning and implementation of all organization operations. She has previously worked for 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. During law school, she completed an internship at the U.S. Attorney’s Office for the District of Arizona. After graduating, she worked as a law clerk for the Office of the General Counsel at the Salt River Pima-Maricopa Indian Community. Ms. Hornbuckle was awarded her JD from the College of Law at Arizona State University in 2009. Ms. Hornbuckle holds a law license in Arizona.

**Breannon Babbel, PhD, MPH, MPP**  
**SENIOR PUBLIC HEALTH PROGRAM MANAGER**  
E-MAIL: BBABEL@NIHB.ORG  
PHONE: 202-945-7078

Ms. Breannon Babbel serves as Senior Public Health Program Manager within the Public Health Policy and Programs Department at the National Indian Health Board. This role involves coordinating data collection and analysis of various projects, including examining health equity practices across Indian Country. Prior to joining NIHB, Dr. Babbel completed her PhD in Glasgow, Scotland where her research focused on exploring the role of primary care in addressing health disparities. Dr. Babbel’s previous work includes research with the Northwest Portland Area Indian Health Board and Oregon’s Marion County Health Department. Originally from Oregon, she received her Master of Public Health and Master of Public Policy at Oregon State University.

**Kristen Bitsue (Navajo Nation)**  
**TRIBAL HEALTHCARE REFORM OUTREACH AND EDUCATION PROGRAM ASSOCIATE**  
E-MAIL: KBITSUE@NIHB.ORG  
PHONE: 202-507-4084

Ms. Kristen Bitsue is a Tribal Health Care Reform Outreach and Education Program Associate at the National Indian Health Board where she provides education and training on Affordable Care Act, Medicaid and CHIP programs. In the past, Ms. Bitsue worked with Indian Health Service’s Business Office, Purchased/Referred Care and Health
Promotion and Disease Prevention. During her time at IHS, she served as a patient advocate for those who needed assistance when applying for alternate resources. Ms. Bitsie 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.

**Dominique Covelli, MPM**  
**POLICY ASSOCIATE**  
**E-MAIL:** DCOVELLI@NIHB.ORG  
**PHONE:** 202-507-4076

Ms. Dominique Covelli serves as a policy associate with the National Indian Health Board. During college, her interest in policy grew through internships at the National Immigration Forum and at Grantmakers in Health. Prior to her graduate studies, Ms. Covelli worked for more than five years as a technical writer, supporting Department of Defense and Centers for Medicare and Medicaid Services programs. Ms. Covelli graduated from the University of Maryland, where she pursued a master’s degree in public policy and nonprofit management and leadership.

**Sooner Davenport (Kiowa, Apache and Navajo)**  
**POLICY COORDINATOR**  
**E-MAIL:** SDAVENPORT@NIHB.ORG  
**PHONE:** 202-507-4087

Ms. Sooner Davenport works as a policy coordinator with the National Indian Health Board, with a specific task of serving as a liaison and bridge for direct service Tribes and their identified policy and advocacy needs. She is of Apache, Kiowa and Navajo descent, and 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, Ms. Davenport graduated high school and college in the Oklahoma City area. Ms. Davenport also attended graduate school at the University of Minnesota-Duluth where she studied Tribal administration and governance.

**Devin Delrow, JD (Navajo Nation)**  
**DIRECTOR OF POLICY**  
**E-MAIL:** DDELROW@NIHB.ORG  
**PHONE:** 202-507-4072

Ms. Devin Delrow is the Director of Policy for the National Indian Health Board 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, Ms. Delrow joined NIH as the Policy Associate for Medicare, Medicaid and Health Care Reform. Mr. Delrow earned his BA in History from Dartmouth College and a JD 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.

**Robert Foley, M.Ed.**  
**CHIEF PROGRAM OFFICER**  
**E-MAIL:** RFOLEY@NIHB.ORG  
**PHONE:** 202-355-5494

Mr. Robert Foley is the Chief Program Officer with the National Indian Health Board where he helps to oversee NIHB programmatic and grant activities. Previously, Mr. Foley served as the NIHB Director of Public Health Policy and Programs, and prior to that worked with the National Native American AIDS Prevention Center delivering capacity building assistance on HIV and other infectious disease, 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. Mr. Foley graduated with a BA in political science, certificate in Native American studies, and a masters of education from Colorado State University.

**Amanda Fox**  
**OPERATIONS AND ADMINISTRATIVE ASSOCIATE**  
**E-MAIL:** AFOX@NIHB.ORG  
**PHONE:** 202-507-4070

Ms. Amanda Fox is the Operations and Administrative Associate at the National Indian Health Board. In this role, Ms. Fox assists with operational and administrative duties. She grew up in northern Virginia and has spent time volunteering at the Purple House in Australia, working to bring dialysis care to remote Aboriginal communities. Ms. Fox graduated from Northern Arizona University with a degree in Applied Indigenous Studies.

**Ed Fox, PhD**  
**DIRECTOR OF TRIBAL DATA PROJECT**  
**E-MAIL:** EFOX@NIHB.ORG  
**PHONE:** 202-945-7061

Mr. Ed Fox currently serves as the Director of the Tribal Data Project at the National Indian Health Board. Dr. Fox has 24 years of experience in Indian Health. He is the Former Executive Director of the Northwest Portland Area Indian Health Board, the Indian Health Board of Nevada, the Squaxin Island Tribe’s Health and Social Services Department, the Health Services Director at the Port Gamble S’Klallam Tribe, and the Skokomish Tribe. He was also a professor of government at Eastern Washington University. Dr. Fox has a PhD in political science from the University of Washington, a BA from University of Minnesota, and a master in public administration from San Francisco State University.

**Karrie Joseph, MPH, CHES**  
**DEPUTY DIRECTOR, PUBLIC HEALTH POLICY AND PROGRAMS DEPARTMENT**  
**E-MAIL:** KJOSEPH@NIHB.ORG  
**PHONE:** 202-507-4079

Ms. Karrie Joseph is the Acting Director of the Public Health Policy and Programs Department with the National Indian Health Board where she manages all public health oriented projects and initiatives. Her work at NIHB has focused on working with Tribes to enhance their readiness for public health accreditation and infrastructure, and the Tribal Leaders Diabetes Committee project. Ms. Joseph joined NIHB in March 2015, and brought over twelve years of experience in public health. Prior to joining NIHB, she had the honor and privilege of working with Native communities on the Fort Berthold Indian Reservation in North Dakota and with Eastern Band of Cherokee Indians in North Carolina. She is proud to offer these services in her home state of North Carolina.
Carolina. She received her BA in anthropology and MPH in health promotion and education, both from the University of South Carolina.

Corey Lynch
ACCOUNTING AND OPERATIONS MANAGER
E-MAIL: CLYNCH@NIHB.ORG
PHONE: 202-507-4090

Mr. Corey Lynch serves as the Accounting and Operations Manager in the Office of Finance and Administration at the National Indian Health Board. His primary responsibilities include managing the accounts payable and ensuring the organization functions as efficiently as possible. Before joining NIHB, Mr. Lynch worked for BB&T Bank for five years in multiple roles including business analyst and branch team leader. He is from North Carolina where he received a BS in business management with a minor in accounting from Barton College.

Monica Martinez, JD
SENIOR POLICY ANALYST
E-MAIL: MMARTINEZ@NIHB.ORG
PHONE: 202-507-4083

Ms. Monica R. Martinez is a Policy Analyst with the National Indian Health Board. She works closely with the Medicare, Medicaid and Health Reform Policy Committee (MMPC) to monitor and respond to federal administrative and regulatory activities that affect health care in Indian Country. Prior to joining NIHB, Ms. Martinez completed a post-graduate fellowship in the AARP Foundation’s Litigation unit, where she contributed research and analysis to court cases concerning disability discrimination, fair housing, and consumer fraud/financial exploitation of people 50 years and older. Originally from Tucson, Ms. Martinez earned a pre-law certificate from the University of Arizona, Indigenous Peoples Law and Policy Program, and a JD from the George Mason University, Antonin Scalia Law School. Ms. Martinez is a member of the District of Columbia Bar.

Isaac Mintz, MS, MBA, CMA
CHIEF FINANCIAL OFFICER
E-MAIL: IMINTZ@NIHB.ORG
PHONE: 202-507-4080

Mr. Isaac Mintz, works as the Chief Financial Officer for the National Indian Health Board. This position has specific responsibility for the day-to-day administration and oversees all NIHB fiscal and operational functions. Prior to joining NIHB, Mr. Mintz worked for The Jane Goodall Institute as the Vice President of Finance and Operations. Originally from Brooklyn, New York, he completed his MS and MBA from High Point University. Mr. Mintz also holds a BS and BA in accounting and information system management.

Sarah Price
PUBLIC HEALTH PROJECT COORDINATOR
E-MAIL: SPRICE@NIHB.ORG
PHONE: 202-507-4078

Ms. Sarah Price is a Public Health Project Coordinator with the National Indian Health Board. She supports Tribal health departments as they engage in performance improvement, system improvement, and public health accreditation related activities, assisting them in increasing their capacity to provide public health services. Ms. Price supports the Tribal Leaders Diabetes Committee. Prior to working with NIHB, she was a Public Health Associate with the Centers for Disease Control and Prevention, where she worked on infectious and chronic disease prevention initiatives in Suffolk County, New York. Ms. Price obtained her bachelors of science degree from Syracuse University, with a dual major in public health and policy studies.

Kristina Stark
PUBLIC HEALTH ASSOCIATE (CDC APPOINTEE)
E-MAIL: KSTARK@NIHB.ORG
PHONE: 202-750-3402

Ms. Kristina Stark is serving a two-year fellowship with the National Indian Health Board as a Public Health Associate from the Centers for Disease Control and Prevention. Ms. Stark’s role includes supporting the Public Health in Indian Country Capacity Scan and providing technical assistance for Tribes pursuing public health accreditation. Prior to joining NIHB, Ms. Stark worked as a peer mental health educator and as a certified Spanish medical interpreter, lowering the knowledge, language, and cultural barriers between health provider and patient. She also had the opportunity to work at ACPACYS, a non-profit organization in Cordoba, Spain providing advocacy and services for individuals with Cerebral Palsy. Ms. Stark received her bachelor’s degree from Wellesley College with a double major in Biology and Spanish.

Stephen Valliere, MPH (Lac du Flambeau Band of Lake Superior Chippewa Indians)
PUBLIC HEALTH PROJECT COORDINATOR
E-MAIL: SVALLIERE@NIHB.ORG
PHONE: 202-507-4082

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

Jennifer Vigario
SPECIAL ASSISTANT TO THE CEO
E-MAIL: JVIGARIO@NIHB.ORG
PHONE: 202-507-4091

Ms. Jennifer Vigario has been with the National Indian Health Board as the Special Assistant to the CEO for one year. In addition to supporting the Chief Executive Officer, she also works closely with the NIHB Board of Directors. Her prior position was as the Special Events Coordinator with the US Senate Sergeant at Arms. Ms. Vigario also previously managed fundraising events and galas for the American Cancer Society. She spent a year as a full-time volunteer, living in community with adults with intellectual
disabilities at L'Arche of Greater Washington, DC. Ms. Vigario attended Loyola University in Baltimore, Maryland, studying comparative culture and literature, sociology and Italian studies.

Brett Weber, MPA
CONGRESSIONAL RELATIONS COORDINATOR
E-MAIL: BWEBER@NIHB.ORG
PHONE: 202-507-4086

Mr. Brett Weber has been with the National Indian Health Board 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.

Courtney Wheeler, MPH
PUBLIC HEALTH PROJECT COORDINATOR
E-MAIL: CWHEELER@NIHB.ORG
PHONE: 202-507-4081

Ms. Courtney Wheeler serves as a Public Health Project Coordinator in the Public Health Policy and Programs Department at NIHB. Prior to NIHB, she worked at the Louisiana Breast and Cervical Health Program as an HPV Specialist focusing on improving HPV vaccination and cervical cancer screening rates in Louisiana. She also has extensive public health research experience. Her main interest in public health is working with underserved populations. As an NIHB Public Health Project Coordinator, Ms. Wheeler is working on behavioral health and colorectal cancer initiatives. She completed her MPH at Saint Louis University College of Public Health and Social Justice with a joint concentration in behavioral science health education and epidemiology. Courtney also holds a BA in biology and psychology.
MEETING SPACES
SECOND FLOOR
(Workshops will be located on the second floor.)
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 a fitness event during this year’s National Tribal Health Conference on Wednesday morning at 6:30am. Please meet in front of the Golf Clubhouse on Wednesday morning for a 1 mile walk/run through the resort’s beautiful golf course.

• 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 take advantage of the amenities that the Pechanga Casino and Resort is offering to NTHC attendees. The property has a wonderful fitness and spa facility, walking paths, and a great pool. So please be sure to explore the variety of ways to get out there, be active, and to take care of your mental and physical health.

Network with Colleagues

One of the reasons we all go to conferences is 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 convention center 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.

• Utilize the conference app to send a short message directly to other conference participants (even if you do not have their phone number), to ask questions, set up meetings, or comment on their presentations.

• NIHB is hosting or facilitating several evening events during this year’s National Tribal Health Conference (the opening reception, Culture Night, and the Heroes in Health Awards Gala). These are excellent opportunities to connect with old and new friends in a more laid back atmosphere.
Thank you for making the 36th Annual National Tribal Health Conference a success. The National Indian Health Board, along with our members, sponsors, and partners are honored and humbled to be able to produce these events each year to support and advance the state of Indian health.

Prize Drawings
Fitness Event

Wednesday, September 18, 2019
6:30am

Where: Meet in front of the Clubhouse
Questions? Contact communications@nihb.org

Join fellow conference attendees at 6:30am for a one-mile walk or run around the beautiful Journey golf course at the Pechanga Casino and Resort.
EXHIBITORS AND VENDORS

The National Indian Health Board would like to thank all of the Tribes, organizations, departments and entities that are exhibiting at the 36th Annual National Tribal Health Conference. Please take time to visit and talk with the informative exhibitors and to shop the arts and crafts from the vendors – all located in the Summit Foyer area of the Pechanga Casino and Resort.

AB Healthcare Solutions
AccuVax
American Indian Graduate Center
AMERIND Risk
Amity Foundation
Ann Yazzie Jewelry Co.
ARKRAY USA, Inc.
BooChee Jeweler
California Rural Indian Health Board, Inc.
Centers for Medicare and Medicaid Services - Division of Tribal Affairs
Commission on Dental Competency Assessments
Connect America
Department of Veterans Affairs
DT-Track Consulting
Duke and Daisy Beadwork
Echo-Hawk and Associates
eClinicalWorks
Edgewater Arts and Crafts
ETR
FDA Center for Tobacco Products
Grand Canyon University
Greenway Health
Healthcare Resource Group, Inc.
HUD Office of Lead Hazard Control and Healthy Homes
Indigenous Pact, LLC
Johnson Smithhipong and Rosamond Associates
Ks Handbags and More
Mandan, Hidatsa, and Arikara Nation
Martinez Indian Art
Michelle's Shellcraft
National Council of Urban Indian Health
Native Built
Nurse-Family Partnership
Pascua Yaqui Tribe
Paul Stone, Artist/Flutist
Self Governance Communication and Education
Shan Indian Art
Southcentral Foundation
Nuka System of Care
Spirit Dancer
Tribal Diagnostics, LLC
Tribal Epidemiology Centers
Tribal Health Alliance, LLC
Tuba City Regional Health Care Corporation
United Indian Health Services, Inc.
UnitedHealthcare
University of Iowa
U.S. Census Bureau
Virta Health
Walgreens
PLAN ON JOINING THE NATIONAL INDIAN HEALTH BOARD
FOR THE 11TH ANNUAL TRIBAL PUBLIC HEALTH SUMMIT

To be held in the Great Plains Area, and hosted by the Great Plains Tribal Chairmen's Health Board and the Tribes of the Great Plains. Stay tuned for more details.

MARK YOUR CALENDAR

SEPTEMBER 14-17, 2020
ANCHORAGE, ALASKA

37th Annual NATIONAL INDIAN HEALTH BOARD National Tribal Health Conference

MARK YOUR CALENDARS NOW.
Thank you to the Alaska Native Health Board and the Tribes, Villages and Native Corporations of Alaska for welcoming us back to the Alaska Area.