Unite for Health: Advocate Out Loud!

NATIONAL INDIAN HEALTH BOARD

25th Annual Consumer Conference

September 22-25, 2008
Pechanga Resort and Casino • Temecula, California
Join the presenters to find out new developments and best practices for improving AI/AN access to Medicaid and Medicare

Leadership Updates from CMS Leadership and the Tribal Technical Advisory Board

• What has been accomplished?
• What are the plans for the future?

Getting health care services to the people who need it

• Who is succeeding in improving services?
• What works?

Medicare and Medicaid

• Are you getting your share of the funding available?
• What do you need to do to increase your reimbursements?
• How can you remain in compliance with the requirements?

Long Term Care

• What do you need to know before getting started?
• How can you overcome the barriers encountered by others?

Come to the CMS booth to get your copy of our newest products!
And be sure to meet the CMS Staff to get answers to your questions.
Verb

1. To speak, plead, argue, or take action in favor of American Indian or Alaska Native health.

Noun

1. One that pleads or acts on another's behalf: advocates for an end to Native suicide, alcoholism, diabetes.

2. One that takes action to promote caring for elders, traditional medicine, independent living for the disabled, and healthy lifestyles.

3. An intercessor: one who acts for those who cannot act for themselves.

4. You!

Unite for Health: Advocate Out Loud!

NATIONAL INDIAN HEALTH BOARD

25th Annual Consumer Conference

September 22-25, 2008
Pechanga Resort and Casino • Temecula, California
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From the Chairman

September 2008

Welcome Friends, Colleagues and Advocates!

On behalf of the Board of Directors and staff of the National Indian Health Board, I am proud to welcome you to the NIHB 25th Annual Consumer Conference. We hope everyone is enjoying Temecula, California. The host area for this event is the California Rural Indian Health Board (CRIHB) and we would like to personally thank the California Tribes and the Board and staff of CRIHB for their hospitality, hard work and generous support that will make the 25th Annual Consumer Conference a success.

The baskets featured at the conference showcase the beautiful artistry, utility and intricate craftsmanship that the California Indians are noted for around the world. What is a basket? Baskets are not just works of art they are symbols of life. Baskets are used to carry fish to eat, to collect and preserve acorns for rituals and gather seashells used make beautiful jewelry for adornment and financial benefit. Baskets support life and lead us to healthy futures. Today we learn that advocating for our people’s health is one more life sustaining element we must place in our baskets.

Just as no two baskets are alike, health care advocates are unique. They are the Tribal leader who fearlessly guide their people through times of prosperity and hardship; the Community Health Representative whose tireless work often goes unnoticed; the benefits coordinator who translates an overwhelming number of forms so all dollars are maximized; the federal employee who champions for the funding the Indian health system desperately needs; or the health care professionals who go above and beyond the call of duty to make sure that all American Indians or Alaska Natives receive the health care they deserve. Advocates are all around us. YOU are an advocate.

Mahatma Gandhi once said, “Be the change that you want to see in the world.” By uniting and advocating for health we can be the change that Indian Country needs. So thank you to all of the sponsors, speakers, exhibitors, attendees and volunteers who helped to make this conference possible, your support for this conference is critical to the advancement of all of our missions.

Yours in health,

H. Sally Smith
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Warner Mountain Indian Health Project
Welcome Friends, Colleagues and Supporters!

On behalf of the California Rural Indian Health Board (CRIHB) we welcome each of you to sunny California. CRIHB is pleased to have you as our guests, and we look forward to working with each of you over the course of the next few days and forward.

This year, the National Indian Health Board (NIHB) has chosen the theme Advocate, Unite for Health Out Loud! Each of us can own this theme, because each of us has stories from our own families that we can share with others. I am very proud to a citizen of California, especially this year, as I have watched the different Tribes and individuals pull together to bring a spectacular event for each of you. On Wednesday evening, California will be displaying its heritage, culture, and people at the Cultural Night Event that CRIHB is hosting. We have dance groups from the various regions of California, traditional foods being prepared and brought in, and cultural music to share during the event.

As each of you join together in the sessions and trainings honoring the sacred traditions of all Native People, remember that today’s experiences will be bring new stories for all future generations to come.

This year’s theme and conference agendas topics carry an important message. Each session reminds me of the reasons why I serve my tribe and participate on CRIHB’s board of directors. CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California and in all of your areas. We accomplish this by providing advocacy, shared resources, training and technical assistance to enhance the delivery of quality comprehensive health related services.

I am certain that you will find this year’s meeting to be rewarding and challenging. My desire for all attendees is that each of you will leave energized and ready to continue your pursuits as you focus on delivering quality healthcare that will meet the needs of the people that you serve.

Reno Keoni Franklin, Kashia Pomo Tribe

Chairman, California Rural Indian Health Board
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What is the National Indian Health Board?

**OUR VISION:**
The National Indian Health Board advocates on behalf of all Tribal Governments, American Indians and Alaska Natives in their efforts to provide quality health care for ALL Indian People!

**WHAT IS THE NATIONAL INDIAN HEALTH BOARD?**
The National Health Board (NIHB) is a 501(c) 3 not for profit, charitable organization providing health care advocacy services, facilitates Tribal budget consultation and provides timely information and other services to all Tribal Governments. 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 advocate.

NIHB also conducts research, provides policy analysis, program assessment and development, national and regional meeting planning, training, technical assistance programs and project management. These services are provided to Tribes, area Health Boards, Tribal organizations, federal agencies, and private foundations. The NIHB presents the Tribal perspective while monitoring, reporting on and responding to federal legislation and regulations. It also serves as conduit to open opportunities for the advancement of American Indian and Alaska Native health care with other national and international organizations, foundations corporations and others in its quest to build support for, and advance, Indian care issues.

**RAISING AWARENESS**
Elevating the visibility of Indian Health care issues has been a struggle shared by Tribal governments, the federal government and private agencies. For 36 years, NIHB has continuously played a central role in focusing national attention on Indian health care needs. These efforts continue to gain results.

Since 1972, the NIHB has advised the U.S. Congress, IHS, other federal agencies and private foundations about health disparities and service issues experienced in Indian Country.

The future of health care for American Indians and Alaska Natives is intertwined with policy decision at the federal level and changes in mainstream health care management. The NIHB brings to Tribal governments timely information to assist tribes to effectively make sound health care policy decisions.

**OUR BOARD OF DIRECTORS**
Because the NIHB represents all federally-recognized Tribes, it is important that the work of the NIHB reflect the unity and diversity of Tribal values and opinions in an accurate, fair, and culturally-sensitive manner. This objective is accomplished through the work of the NIHB Board of Directors and Area Health Boards. The NIHB is governed by a Board of Directors consisting of representative from each of the twelve IHS Areas. Each Area Health Board elects 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 Board of Directors elects an Executive Committee comprised of Chairman, Vice-Chairman, Treasurer, Secretary, and Member-at-Large, who serve two-year appointments with staggered terms. The Board of Directors meets quarterly.
WELCOME NATIONAL INDIAN HEALTH BOARD CONFERENCE ATTENDEES

It is my pleasure to welcome you to the National Indian Health Board’s 25th Annual National Consumer Conference entitled Unite for Health: Advocate Out Loud!

This conference is a unique forum for experts from the health arena and consumers to unite, share ideas, identify promising directions in improving health care and advocate for American Indians and Alaska Natives’ health care.

While you are visiting our area, we hope that you will stop by our wineries, browse through the quaint shops in Old Town, or play a round of golf at one of our award winning courses.

Enjoy the Conference!

Best wishes,

Michael S. Naggar
Mayor
Dear Friends,

Greetings and welcome to the National Indian Health Board’s 25th Annual National Consumer Conference. NIHB has been advocating for the improvement of health care delivery to American Indians and Alaska Natives (AI/AN) since 1972 and has made a significant difference in the lives of many people.

This conference provides a unique forum for health experts and consumers to share ideas. This year’s theme – Unite, Improve our Health Care and Advocate out Loud! – emphasizes the importance of working together proactively to ensure that all members of the AI/AN community have access to the care they need. In the Congress I will be supporting the House version of the Indian Health Care Improvement Act Amendments of 2007 (H.R. 1328) which will help achieve this goal.

Thank you to the National Indian Health Board for all your good work. I know this conference will be a great success and another important step in improving the health care of our first Americans.

Sincerely,

Lynn Woolsey
Member of Congress
September 22, 2008

National Indian Health Board
926 Pennsylvania Avenue, S.E.
Washington, D.C. 20003

Dear Friends:

I am honored to have this opportunity to greet you as the National Indian Health Board comes together for its 25th Annual National Consumer Conference. I regret that I cannot be in San Diego and will not be able to enjoy this very special event.

I commend the National Indian Health Board for its commitment and efforts to improve the health care quality of American Indians and Alaskan Natives by hosting resourceful national conferences, conducting health-related research, and coordinating grassroots events. As a member of Congress, I am committed to supporting health care access and programs for all Americans. Please know that your efforts are making a difference and are appreciated by the community.

I extend my best wishes to you. I hope you have an enjoyable time at your anniversary conference this year and many continued successes in the year ahead.

Sincerely,

Susan A. Davis
Member of Congress
September 22, 2008

National Indian Health Board
c/o H. Sally Smith
926 Pennsylvania Ave. SE
Washington D.C. 20003

Dear Friends:

Improving health care options and access remains one of the most important challenges we face as a nation. Please accept my heartiest congratulations to you, the National Indian Health Board, on a quarter century of health care advocacy that has played a major role in raising awareness of the issues and struggles faced by Tribal Governments, American Indians, and Alaska Natives.

I extend best wishes for a conference that elevates your programs, policies, and plans to ensure progress in health care, and that continues to benefit the lives of those you serve.

Sincerely,

Barbara Boxer
United States Senator

BB:mlh
September 11, 2008

Ms. H. Sally Smith  
Chairman  
National Indian Health Board  
926 Pennsylvania Avenue, SE  
Washington, DC 20003

Dear Ms. Smith,

It is my pleasure to send this letter of greeting to all those gathered at the National Indian Health Board’s 25th Annual Consumer Conference. I hope you have a successful conference around your timely and important theme of “Unite for Health: Advocate Out Loud.” As Chairman of the Senate Committee on Indian Affairs, I have a unique understanding of the importance of strong leadership and advocacy efforts on the behalf of Indian Country.

I offer my sincerest thanks to the National Indian Health Board (NIHB), Tribal leaders, and representatives of the National Steering Committee (NSC) for the Reauthorization of the Indian Health Care Improvement Act (IHCIA), and so many others, for their years of leadership and advocacy efforts that contributed to Senate passage of S.1200, the Indian Health Care Improvement Act Amendments of 2008. The determined efforts of advocacy give a loud voice to and put real faces on the urgent need for better health care in Indian Country. It will also help compel my colleagues in the House of Representatives to place the Indian Health Care Improvement Act at the top of their priorities.

I am also happy to report that the Senate approved two measures I offered to increase funding for Indian Health Care by over $1 billion. This funding is a step in the right direction to ensure access to the critical health services so desperately needed in Indian Country.

I would like to thank each of you attending the NIHB’s Consumer Conference for your efforts in bringing quality health care to American Indians and Alaska Natives. Enjoy the conference.

Sincerely,

Byron L. Dorgan  
Chairman
Ms. H. Sally Smith  
Chairman  
National Indian Health Board  
926 Pennsylvania Avenue Southeast  
Washington, D.C. 20003-2140

Dear Chairman Smith:

I regret that I am unable to attend the 25th Annual National Consumer Conference of the National Indian Health Board in Temecula, California. I would like to extend my warmest greetings to all who are able to attend.

The theme for the conference, "Unite, Improve our Health Care and Advocate Out Loud!", is very similar to what we have been doing on the Finance Committee this year and culminating during the month of September. I have three hearings planned for September. One hearing concerns improving healthcare quality, the second concerns healthcare delivery system reform, and the last is healthcare insurance market reform.

I believe it is very important, particularly in these times of inadequate funding, to practice advocacy for the issues you want. The old adage that the squeaky wheel gets the grease is as true today as it was when originally spoken.

Recently, I visited the Rocky Boy Reservation (Chippewa-Cree) in Box Elder, Montana. As is typical of many reservations, the population has increased and 30% of the tribal membership is between the ages of 11 and 25. With increased population go increased health needs. As is also the case, diabetes and heart problems head the list of health care needs. Conferences like yours help to bring information to the table so we can fix the health problems in Indian Country.

Thank you again for all your hard work. I wish you a productive meeting in Temecula.

With best personal regards, I am

Sincerely,

[Signature]

MsB/cml
Dear Friends:

It is with great pleasure that I offer my greetings to the National Indian Health Board’s (NIHB) 25th Annual National Consumer Conference. The conference serves as an excellent opportunity for tribal leaders, federal representatives and health care providers to cooperate and advocate on improving access to health care for American Indians and Alaskan Natives.

Improving access to quality health care services for American Indians and Alaskan Natives remains a top priority of mine. As Chairman of the Energy and Commerce Subcommittee on Health I introduced legislation that would reauthorize the Indian Health Care Improvement Act. This legislation is long overdue and greatly needed in order to improve the quality and delivery of health care services in Indian Country.

In addition to reauthorizing the Indian Health Care Improvement Act, we must be steadfast in our efforts to secure more funding for the Indian Health Service so that it can properly meet the growing health care needs of Indian Country and improve programs that provide essential medical services to tribal communities across the United States.

I want to take this opportunity to commend the National Indian Health Board which has been a strong advocate for American Indians and Alaskan Natives. Their work on the behalf of all tribal governments has raised awareness in Congress of the need to improve the quality and accessibility of health care for Native Americans. Additionally, they have worked tirelessly to move forward federal legislation that will help address those unmet needs.

I apologize that I am not able to attend but I assure you that I will continue my work in Congress to make certain that all American Indians and Alaskan Natives have access to the health care that they need and deserve. Again, I offer my best wishes to the National Indian Health Board’s Consumer Conference. I appreciate the hard work of the NIHB and its dedication to bringing all involved parties together in order to improve the health and well being of Indian Country.

Sincerely,

Frank Pallone Jr.
MEMBER OF CONGRESS
Greetings, participants, and welcome to the 25th NIHB Annual Consumer Conference!

I congratulate the National Indian Health Board for all its efforts in reaching this milestone and dedicating it to advocating and uniting for Indian health.

Each Congress it seems we face new challenges in addressing Indian health care with spiraling costs, tight budgets and many competing interests. And yet, from my personal perspective as Vice Chairman of the Senate Committee on Indian Affairs, I have seen tribal leaders across this nation unite to meet these challenges and that work is paying off.

In July, the Special Diabetes Program for Indians reauthorization was signed into law, extending it for another two years at $150 million each year. Also in July, Congress passed the President’s Emergency Plan for AIDS Relief (PEPFAR) which authorized $2 billion over 5 years for Indian Country projects and programs, including $250 million for contract health services and health care and sanitation facilities. Last February, we finally saw the Indian Health Care Improvement Act Amendments of 2008 passed by the Senate.

But our work is not done. We need to see the Indian Health Care Improvement Act Amendments signed into law and urge the Congress to adequately fund all of our Federal Indian health programs.

We must take bold steps in educating Congress on the successes, benefits, and needs for Indian health. Your work at this Conference will provide a meaningful backdrop for inspiring all friends of Indian health to unite in advocating for this worthy cause.

Congratulations and have a wonderful Conference!

Sincerely,

Lisa Murkowski
Vice Chairman
Dear Friends:

It is with great pleasure that I welcome you to the 25th Annual National Consumer Conference, hosted by The National Indian Health Board (NIHB). I commend all those in attendance today, as this conference is a unique opportunity to discuss ideas to enhance the health care available to American Indians and Alaska Natives.

This convention brings together health care specialists, advocates, and consumers in an educational forum geared toward improving health care. By exchanging research and ideas, in addition to uniting to show support for the advancement of health care, the attendees of this conference from across the United States demonstrate a deep commitment to accomplish this admirable goal.

I would like to thank not only the National Indian Health Board for hosting this event, but all those here today who ambitiously seek to provide better and more diverse health care options for American Indians and Alaska Natives.

I extend my very best wishes for a successful event!

Sincerely,

MARY BONO MACK
Member of Congress
Our Sponsors

SPECIAL RECOGNITION

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La Jolla Rancheria Bird Singers
Pala Band of Mission Indian Bird Singers
Pechanga Band of Luiseño Indians
Smith River Rancheria Tolowa Dancers

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Smith River Rancheria
Sonoma County Indian Health Project
Torres Martinez Tribe
United Indian Health Project

Abbott Laboratories

Abbott Laboratories is a global, broad-based health care company devoted to discovering new medicines, new technologies and new ways to manage health. Abbott Labs products range from the continuum of care, from nutritional products and laboratory diagnostics through medical devices and pharmaceutical therapy. The promise of Abbott Labs is that in the promise that our work holds for health and for life.

Albuquerque Area Indian Health Board

The Albuquerque Area Indian Health Board, Inc. (AAIHB) advocates on behalf of American Indians through the delivery of quality health services, which honor spiritual and cultural values. AAIHB is a nonprofit organization, 100 percent Indian-owned and operated, serving Tribal communities in New Mexico and southern Colorado. We provide specialized health services including clinical Audiology and HIV/AIDS prevention education, as well as advocacy, training, and technical assistance. Some of our innovative capacity building programs are in the areas of breast and cervical cancer awareness.

BIO (Biotechnology) – Washington, DC

Biotechnology researchers expand the boundaries of science to benefit mankind by providing better healthcare, enhanced agriculture, and a cleaner and safer environment.

The mission of BIO is to be the champion of biotechnology and the advocate for its member organizations—both large and small.

California Rural Indian Health Board

The California Rural Indian Health Board, Inc. (CRIHB) was formed in 1969 to enable the provision of health care to member Tribes in California. It is devoted to the needs and interests of the Indians of rural California and is a network of Tribal Health Programs which are controlled and sanctioned by Indian people and their Tribal Governments. CRIHB develops and delivers policies, plans, programs and services that elevate the health status and social conditions of our
People; that develop capabilities within local programs; that communicate, educate, and advocate on our shared interests; and that organizes support for our common goals. It does this through program development, legislation and advocacy, organization development, financial resources management, training and technical assistance, and networking and consensus-building.

**Centers for Medicare & Medicaid Services – Baltimore, MD**

The Centers for Medicare & Medicaid Services (CMS) is a Federal agency within the U.S. Department of Health and Human Services. CMS’s mission is to assure health care security for beneficiaries. In serving beneficiaries, CMS opens their programs to full partnership with the entire health community to improve quality and efficiency in an evolving health care system.

**Davis Wright Tremaine, LLP**

DWT’s practice is as diverse as it is sophisticated; offering a range and scope of experience few other law firms can match. With more than 400 attorneys involved in virtually every specialty area of the law, we represent a single, powerful industry-focused resource for dealing with the host of interconnected legal issues businesses face today. For in-depth information on specific services or to communicate directly with an attorney who can address your particular challenge, simply select the most appropriate practice area.

**Dry Creek Rancheria Band of Pomo Indians**

Today the Dry Creek Rancheria covers only 75 acres of what was once an 86,400-acre territory. The Pomo people are not one Tribe, but approximately 21 independent communities that speak seven different language dialects. All groups have ties to the area of northern California known as “the Redwood Empire,” which stretches from the Golden Gate Bridge to the north past Ukiah. By 500 A.D. the Southern Pomo, called the Mihilakawma and Makahmo, showed signs of settlement in the Dry Creek area. Descendants of the Pomo people continue to thrive and survive as Tribes in the Alexander Valley, and today are known as the Dry Creek Rancheria Band of Pomo Indians.

**Mayo Clinic – Spirit of EAGLE Program**

American Indian and Alaska Native (AI/AN) population have very high incidence rates for specific cancer sites and poor survival rates for most cancers. This AI/AN Leadership Initiative on Cancer addresses comprehensive Tribal cancer control through partnerships with The Network for Cancer Control Research among AI/AN populations, Tribes, multiple cancer centers, Cancer Information Services (CIS), and the American Cancer Society (ACS). This Initiative will assist Tribes to increase community awareness and understanding of cancer, provide training in cancer control research for AI/AN researchers, and improve native community channels to the National Cancer Institute (NCI) so that research can be specifically focused on issues that affect native people.

**Pauma Band of Mission Indians**

The Pauma Band of Mission Indians was officially established 1886 by the U.S. Government when the United States won California from Mexico. The Pauma “Band’s” Tribal affiliation is Luiseno and it is one of the six “bands” of Luiseño people located throughout the mid Southern California area that are federally recognized as “Indian Nations”. Pauma is located at the foothills of Palomar Mountain and shares many of its historical history with its relatives from the other six Bands.

**Pechanga Band of Luiseño Indians**

The Pechanga Band of Luiseño Indians has called the Temecula valley home for more than 10,000 years. Life on earth began in this valley, Ensa Temece, the place of the union of Sky – father, and Earth – mother (Tuukumit’i Tamaay-ovit). The Temecula Indians (Temeekung’a) lived at Temeckunga – the place of the sun. And 10,000 years from now, Tribal elders will share with Tribal youth as they do today the story of the Tribes’ creation.

**Redding Rancheria**

Redding Rancheria is a sovereign nation where pride in Tribal culture, history and identity is evident internally and in the larger community. Redding Rancheria is a leader in the constructive development of its people, the larger Indian community and the Redding region. The strength of our community lies in the honor of our elders, the health of our families and the self-reliance of our members. Members see Tribal resources as opportunities to become educated, contributing members and leaders of the community.
The River Rock Casino is located in Geyersville, California approximately 80 miles north of San Francisco. Amenities include live music on the casino floor, the Valley Deck, which offers spectacular views of the surrounding countryside, and a Native American art collection.

Riverside-San Bernardino County Indian Health, Inc.
Riverside-San Bernardino County Indian Health, Inc. (RSBCHI), its Board of Directors, Administration and Staff are proud to be able to provide comprehensive community based health care services to you, the families of the Indian communities we serve.

San Manuel Band of Mission Indians
Over time, the San Manuel Band of Mission Indians has become a self-sufficient entity in the community with an established economic and social outlook. The San Manuel Band of Mission Indians is active in donating funds for a variety of projects in neighboring areas. Nearby cities and towns receive support from the San Manuel Band of Mission Indians in the way of monetary and bottled water donations for cultural, social, and economic projects to benefit the common good of the communities in which they live and work.

Tohono O'odham Nation
The Tohono O'odham Nation is comparable in size to the state of Connecticut. Its four non-contiguous segments total more than 2.8 million acres at an elevation of 2,674 feet. Within its land the Nation has established an Industrial Park that is located near Tucson. Tenants of the Industrial Park include Caterpillar the maker of heavy equipment; the Desert Diamond Casino, an enterprise of the Nation; and, and a 23 acre foreign trade zone. The lands of the Nation are located within the Sonoran Desert in south central Arizona. The largest community, sells, functions as the Nation's capital.

United South & Eastern Tribes, Inc. – Nashville, TN
United South and Eastern Tribes, Inc. is a non-profit, inter-Tribal organization that collectively represents its member Tribes at the regional and national level. USET has grown to include twenty-four federally recognized Tribes, and is dedicated to enhancing the development of Indian Tribes, to improving the capabilities of Tribal governments, and assisting the member Tribes and their governments in dealing effectively with public policy issues and in serving the broad needs of Indian people.

Viejas Band of Kumeyaay Indians
The Viejas Band of Kumeyaay Indians, one of the remaining 12 bands of the Kumeyaay Indian Nation, resides on a 1,600-acre reservation in the Viejas Valley, east of the community of Alpine in San Diego County, California. The Viejas Band is recognized as a sovereign government by the United States, with which it maintains a government-to-government relationship.

Virchow, Krause & Company, LLP – Employee Benefits
Virchow Krause provides employers and individuals with professional advice in employee benefits, risk management, and insured financial strategies.
# Workshops at a Glance

<table>
<thead>
<tr>
<th>Date</th>
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<th>White Sage</th>
<th>Cottonwood</th>
<th>Elderberry</th>
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<td>CDC Training: Procurement and Grants Workshop</td>
<td>Invisibility vs. Telling Our Story Our Way: Using the Media to Advocate Out Loud!</td>
<td>Tribal Public Health Accreditation Strategic Planning Roundtable</td>
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<td>Sumac</td>
<td>Hummingbird Hall</td>
<td>Eagle's Nest Small Ballroom</td>
<td>Eagle's View Ballroom</td>
<td>Learning Center Room 210</td>
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<td>Uniting for Our Elders Medicare Part B: How to Maximize Your Reimbursement</td>
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NIHB 25th Annual Consumer Conference Agenda

PRE-CONFERENCE MEETINGS

**Monday, September 22, 2008**

1:00 – 4:00 pm
**Cottonwood**
National Indian Health Board’s Board Meeting

2:00 – 5:00 pm
**White Sage**
Albuquerque Area Indian Health Board’s Board Meeting

AGENDA

**Monday, September 22, 2008**

1:00 pm – 5:00 pm
Registration and Information Desk Open

5:30 – 7:00 pm
Eagle’s Nest
Opening Reception
Sponsored by: Pechanga Band of Luiseno Indians

**Tuesday, September 23, 2008**

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

8:00 am – 5:00 pm
Exhibits Open

7:30 – 8:00 am
Continental Breakfast
Sponsored by: United South and Eastern Tribes
Proud Hosts of the NIHB 2009, 26th Annual Consumer Conference

PLENARY SESSION

8:00 – 8:15 am
Opening Ceremony
Flag Ceremony/Presentation of the Colors/Drum Group
American Indian Warriors Association

Blessing

8:15 – 8:45 am
Welcome and Introduction of NIHB Board of Directors
H. Sally Smith, Chairman, Bristol Bay Area Health Corporation, Alaska and Chairman, National Indian Health Board

Greetings from the Pechanga Band of Luiseno Indians
The Honorable Mark Macarro, Chairman
Pechanga Band of Luiseno Indians
NIHB California Area Representative Greeting
Reno Franklin, Chairman, California Rural Indian Health Board and California Area Representative, National Indian Health Board

8:45 – 9:15 am
KEYNOTE
Why Now is the Time for Tribal Advocacy and Unity
Brian Patterson, President
United South and Eastern Tribes

9:15 – 10:00 am
Renewing the Indian Health Care System
(Question and Answer Period to Follow Remarks)
Kathleen Annette, MD, Bemidji Area Director IHS
2005 Jake Whitecrow Award Winner

10:00 – 10:30 am
Nuka Model of Health Care
Katherine Gottlieb, MBA, President and CEO
Southcentral Foundation, Anchorage, Alaska

10:30 – 11:00 am
Advocacy and Unity Matter!
An Area Perspective: How the California Tribes and Friends Make it Work
Moderator: Reno Franklin, Chairman, California Rural Indian Health Board
James Crouch, Executive Director, California Rural Indian Health Board
Anthony Wright, Executive Director, Health Access California, Oakland

11:00 – 11:30 am
The New Administration: What to Expect and How to Prepare
James Whitfield, Acting Deputy Director and Region X Director
Office of Intergovernmental Relations
U.S. Department of Health and Human Services

11:30 – 12:00 pm
American Indian Physicians as Advocates: The Healing Warriors
Gerald Hill, MD, President
Association of American Indian Physicians, Oklahoma City

12:30 – 1:15 pm
LUNCH EVENT: ADVOCACY SPECIAL
The Reauthorization of the Indian Health Care Improvement Act: A Study in How Advocacy and Unity WORKS on a National Scale
Co-Moderators: Rachel Joseph and Buford Rolin, Co-Chairs
National Tribal Steering Committee for the Reauthorization of the Indian Health Care Improvement Act
Stacy A. Bohlen, Executive Director, National Indian Health Board
Jacqueline Johnson Pata, Executive Director, National Congress of American Indians
Geoffrey Roth, Executive Director, National Council on Urban Indian Health
Larry Rosenthal, Partner, IETAN Consulting, Washington, D.C.

1:15 – 1:30 pm
BREAK

1:30 – 3:00 pm
WORKSHOP I

White Sage
Contract Health Services (CHS)
At a recent Congressional hearing, testimony was presented by Tribal leaders on Contract Health Services issues specific to their communities and the impact that the underfunding of the program has had on their members and families. This workshop will explore the issues facing CHS, its lack of funding and provide the tools to advocate for increases in CHS funding and improve programs.
Moderator: Gordon Belcourt, Executive Director
Montana Wyoming Tribal Leaders Council and Area Health Board

Garfield Littlelight, Associate Area Director
Indian Health Service, Billings Area Office, Billings, Montana

Robert Moore, Tribal Council Representative
Rosebud Sioux Tribe, Mission, South Dakota

**Cottonwood**

**Contract Support Costs (CSC)**

This session will present information that Tribes need to know about the financial numbers that relate to Contract Support Costs and how to understand how their own specific interests might align nationally. Individual Tribes would benefit from knowing how IHS policy and Congressional appropriations affect their CSC appropriations. Litigation over CSC has not yielded all the answers Tribes wanted – full funding of CSC – and continued litigation will probably not change this much. The strategy to fund CSC shortfalls and to produce increased appropriations so more Tribes can take advantage of the many benefits available through Self-Determination Contracting and Compacting should be analyzed in light of today’s budget environment.

Moderator: Mickey Peery, Executive Health Director
Choctaw Nation of Oklahoma

Lloyd Miller, Esq., Partner
Sonosky, Chambers, Sachse, Miller & Munson, LLP, Anchorage, Alaska

Ron Demary, Associate Director of Self-Determination Services
Indian Health Service, Headquarters

**Elderberry**

**Advocating for Public Health: Real World Examples from Local and National Campaigns**

This session will cover both community and national examples of Public Health advocacy at its best. Participants will be given the tools necessary to advocate for the health of their community and learn how to participate effectively in national campaigns benefitting all of Indian Country.

Moderator: Kelly Moore, MD, FAAP, Chair, Committee on Native American Child Health
American Academy of Pediatrics

**Community Based Advocacy: Maternal Health**

Carol Arnold, Ph.D., RN, Assistant Professor of Nursing
Texas Woman’s University

**Building Partnerships to Advocate for Public Health**

Diana Cournoyer, Project Coordinator
Oklahoma City Area Inter-Tribal Health Board

**National Advocacy: A Movement for a National HIV Strategy**

Warren Jimenez, Executive Director
National Native American AIDS Prevention Center

**Eagle’s View Ballroom**

**Advocacy 101: Effective Tribal Advocacy in Washington, D.C.**

This workshop will outline current and emerging Congressional issues pertaining to Native health and provide you with the tools and skills necessary to effectively advocate to Congress for your Tribes health care needs.

Moderator: Kitty Marx, JD, Legislative Director
National Indian Health Board

Rhonda Harjo, Deputy Chief Counsel
Senate Committee on Indian Affairs

Danna Jackson, Policy Counsel, American Indian Law and Policy Group
Akin Gump, Washington, D.C.

Larry Rosenthal, Partner
IETAN Consulting, Washington, D.C.

**Learning Center Room 210**

**Native Vote 2008: Get Out the Vote (GOTV)**

This session will be a skill-building and empowerment training on Native American voter registration and local GOTV strategies in Indian Country that you can use to impact THIS election.

Jacqueline Johnson Pata, Executive Director National Congress of American Indians

**Sumac**

**Advocating for Urban Indian Health: Challenges and Successes**

This workshop will discuss the National Council of Urban Indian Health’s (NCUIH) successful use of grassroots outreach to save their program from extinction. Presenters will also describe outreach to Congress through letter writing campaigns, email campaigns and phone calls to Members of Congress in both their home districts and on Capitol Hill. Presenters will explain the development of NCUIH legislative education materials, outreach materials, and network building as a model of what your Tribe or organization can do!
Hummingbird Hall

Environmental Health Advocacy: How Communities Can Get Informed and Active
This workshop provides an in-depth exploration of an environmental health crisis in Indian Country and how free environmental and consumer health information resources can be used to advocate for environmental health leading to the overall improved health of Tribal communities.

Moderated by: Jessica Burger, RN, Health Director, Little River Band of Ottawa Indians and Bemidji Area Representative, National Indian Health Board

Advocating for a Healthy Environment: The Impact of Blue Green Algae on River Communities
Ken Fetcho, Assistant Director
Yurok Tribe Environmental Program, Klamath, California
Troy Fletcher, Policy Analyst
Yurok Tribe, Klamath, California

Empowering Advocators: Information is the Prescription
David Hale, Technical Information Specialist
National Library of Medicine, National Institutes of Health

Eagle's Nest Small Ballroom

Public Health Professionals as Advocates
This session explores how public health professionals in Indian Country can advocate to improve the health of Indian people every day. Panelists will also discuss the role of the Public Health professional as a leader in national debates; how they serve as a local resource for health promotion and disease prevention; and provide a voice for Indian Country in public health.

Moderator: Linda Holt, Council Member, Suquamish Tribe and Chairwoman, Northwest Portland Area Indian Health Board and Portland Area Representative, National Indian Health Board

Karen Helsing, MHS, Director Education and Research American Schools of Public Health
William Riley, Ph.D., Acting Executive Director, Public Health Accreditation Board and Associate Dean, School of Public Health, University of Minnesota
Audrey Solomon, MPH, Program Manager, Healthy Indian Country Initiative National Indian Health Board
Mark Siemon, RN, MPH, MSN, Robert Wood Johnson Health Policy Student University of New Mexico College of Nursing

3:00 – 3:30 pm
Break

Workshop II

3:30 – 5:00 pm
WORKSHOP II

White Sage

Contract Health Services
At a recent Congressional hearing, testimony was presented by Tribal leaders on Contract Health Services issues specific to their communities and the impact that the underfunding of the program has had on their members and families. This workshop will explore the issues facing CHS, its lack of funding and provide the tools to advocate for increases in CHS funding and improve programs.

Moderator: Gordon Belcourt, Executive Director Montana-Wyoming Tribal Leaders Council and Area Health Board
Garfield Littlelight, Associate Area Director Indian Health Service, Billings Area Office, Billings, Montana
Robert Moore, Tribal Council Representative Rosebud Sioux Tribe, Mission, South Dakota

Cottonwood

Contract Support Costs
This session will present information that Tribes need to know about the financial numbers that relate to Contract Support Costs (CSC) and how to understand how their own specific interests might align nationally. Individual Tribes would benefit from knowing how IHS policy and Congressional appropriations affect their CSC appropriations. Litigation over CSC has not yielded all the answers Tribes wanted – full funding of CSC – and continued litigation will probably not change this much. The strategy to fund CSC shortfalls and to produce increased appropriations so more Tribes can take advantage
of the many benefits available through Self-Determination Contracting and Compacting should be analyzed in light of today’s budget environment.

Moderator: Mickey Peery, Executive Health Director Choctaw Nation of Oklahoma

Lloyd Miller, Esq., Partner
Sonosky, Chambers, Sachse, Miller & Munson, LLP, Anchorage, Alaska

Ron Demaray, Associate Director of Self-Determination Services, Indian Health Service

Sumac
Living Independently: The How-To’s of Advocating for Services for the Disabled
It is estimated that at least 550,000 Native Americans have one or more disabilities. Federal Departments that provide services to people with disabilities include Commerce, Education, Health and Human Services, Housing and Urban Development, Interior, Justice, Labor, Transportation, and the Social Security Administration. Out of necessity, young adults with disabilities must become active advocates in order to obtain and maintain independence. This workshop will provide tips for young adults on accessing services and the “how-to’s” of advocating and living independently.

Moderated by: The Honorable Margaret Giannini, MD, FAAP, Director, Office on Disability U.S. Department of Health and Human Service (Invited)

Celebrating and Advocating for Hearing
Cecelia Firethunder, Coordinator
Native Women’s Society of the Great Plains, Kyle, South Dakota

Children’s Vision a Hidden Problem
Captain Charles Jaworski, Director of Eye Care Tanana Chiefs, Fairbanks, Alaska

Elderberry
Examining the Dental Crises in Indian Country
On average, the American Indian/Alaska Native population continues to have substantially higher rates of dental caries and periodontal disease than the U.S. population, in some cases 2 to 10 times higher. Although there have been recent improvements in the oral health of the AI/AN population a large discrepancy still exists in access to services and information about dental care. This workshop will examine the recognized link between oral health and overall health of individuals and review how oral health for American Indians/Alaska Natives means more than just healthy teeth.

Moderator: Valerie Davidson, Senior Director, Legal and Intergovernmental Affairs Alaska Native Tribal Health Consortium

RADM Christopher G. Halliday, DDS, MPH, Chief Dental Officer for USPHS and Director of the Indian Health Service (IHS) Division of Oral Health (Invited)

Carol Odinzoff, RN, MHCA, Dental Health Aide Therapists (DHAT) Program Facilitator Alaska Native Tribal Health Consortium

Hummingbird Hall
Strategies to Advocate for Increased Cancer Screening in Indian Country
The purpose of this presentation is to share (1) lessons learned and (2) successful strategies from a 2-year project with ten American Indian and Alaska Native teams to advocate for increased colorectal cancer (CRC) awareness, education and screening in both urban and reservation communities. Two of the community-based team coordinators will present their experiences and encourage dialogue with the audience.

Moderator: Dee Ann DeRoin, MD, MPH, Community Health Consultant Prevent Cancer Foundation

Erica Child Warner, MPH, Director, Evaluation and Outreach Prevent Cancer Foundation

Priscilla Nez Henderson, Project Coordinator Black Hills Center for American Indian Health

Ruth Hummingbird, Project Coordinator, Comprehensive Cancer Care Cherokee Nation Cancer Programs

Eagle’s View Ballroom
The New Administration: What to Expect and How to Prepare
This workshop will outline what Tribes should expect and how to prepare for the upcoming change of Administration. No matter what candidate is elected the face of Washington, D.C. will change on January 20, 2009. The discussion will provide various perspectives, relative tools and skills of what to expect and how you can prepare your Tribe and Tribal programs for an Administration change.

Moderator: Stacey Eoffey, MSW, Principal Advisor for Tribal Affairs Office of Intergovernmental Affairs U.S. Department of Health and Human Services

Holly Cook Macarro, Partner IETAN Consulting, Washington, D.C.
Jefferson Keel, Lt. Governor, Chickasaw Nation 1st Vice President, National Congress of American Indians
Trends in Tribal Eligibility Issues: Recent Efforts of the IRS to Institute Means Testing and Individual Taxation of Health Benefits Provided to Tribes and Tribal Members

This workshop will inform Tribal health organizations and Tribes about recent actions by the IRS to tax individual Indians for the value of health care services paid for by private health insurance, and IRS’s position that a “means test” should be applied to determine if individual Tribal members or Tribes should be eligible for IHS services because they have the means to obtain health care services elsewhere.

Moderator: Tom John, Administrator for Self Governance, Chickasaw Nation and Treasurer and Oklahoma Representative, National Indian Health Board

Melissa Schlichting, JD, Attorney
Kashmer & Associates, P.C., Attorneys at Law, Berkeley, California

Dana Jackson, Policy Counsel, American Indian Law and Policy Group
Akin Gump, Washington, D.C.

Learning Center Room 210
The Health Research Advisory Council (HRAC) and YOU!
The Health Research Advisory Council (HRAC) of the Department of Health and Human Services (HHS) was developed as a formal avenue in which American Indians and Alaska Natives (AI/AN) communities could provide input on health research processes to HHS. The HRAC presentation will allow for the conference participants to address members of the Council with questions and feedback pertaining to the issues associated with health disparities facing AI/AN communities. This dialogue between conference participants and the HRAC members will create a bridge of health related objectives and initiatives for the Council to consider in its ongoing activities.

Moderator: H. Sally Smith, Chairman, Bristol Bay Area Health Corporation and Chairman, National Indian Health Board

5:30 – 7:30 pm
EVENING EVENT

Hummingbird Hall
Is Inequality Making Us Sick?
Episode Screening: UNNATURAL CAUSES
Sponsored by: Tohono O’odham Nation
The California Newsreel is pleased to present a special screening of UNNATURAL CAUSES a four-hour series that criss-crosses the country investigating the growing body of evidence that suggests there is more to our health than bad habits and unlucky genes. After viewing “Bad Sugar” and portions of other selected episodes, Rachel Poulain of California Newsreel and Dr. Kelly Acton will be on hand to lead a discussion and answer your questions. As an added bonus copies of the series will be raffled off. So come and join us!
**Wednesday, September 24, 2008**

**The Centers for Medicare & Medicaid Services Day!**

**7:00 am – 5:00 pm**
Registration and Information Desk Open

**8:00 – 5:00 pm**
Exhibition Hall Open

**7:00 – 8:00 am**
Just Move It Event
Celebrating Healthy Communities!
Group walk with T-Shirt Giveaways. Meet at the patio outside the registration desk.

**7:30 – 9:00 am**
Continental Breakfast
Sponsored by: Paua Band of Mission Indians, California, and the Albuquerque Area Indian Health Board

**PLENARY SESSION**

**9:00 – 9:10 am**
Welcome to the Centers for Medicare & Medicaid Services (CMS) Day
CMS, States and Tribes: Working Together for a Healthier Future
Mickey Peercy, Executive Health Director, Choctaw Nation of Oklahoma and National Indian Health Board Representative to the CMS Tribal Technical Advisory Group (T TAG)

**9:10 – 9:40 am**
Healthier Tribal Communities: CMS Initiatives to Improve American Indian and Alaska Native Health NOW!
Robin King, Director, Office of External Affairs
Centers for Medicare & Medicaid Services

Jacqueline Garner, Consortium Administrator for Medicaid and Children’s Health
Centers for Medicare & Medicaid Services

**9:40 – 10:00 am**
CMS Tribal Technical Advisory Group: Past, Present and Future
Valerie Davidson, Senior Director, Legal and Intergovernmental Affairs
Alaska Native Tribal Health Consortium and Chair and Alaska Area Representative to the CMS Tribal Technical Advisory Group

**10:00 – 10:20 am**
State Perspective on Programs and Policy
Rene Mollow, MSN, RN, Associate Director
California Department of Health Services

**10:20 – 10:30 am**
Break

**Workshop I**

**10:30 am – 12:00 pm**
WORKSHOP I

**Learning Center Room 210**

**How to Successfully Bill for Medicare Part A Benefits**
This session will provide information regarding how proper claim submissions can positively affect Medicare reimbursements for your facilities. There will be a discussion of “Return to Provider” errors and how they can be prevented for faster reimbursement of claims. The session will also show the reimbursement trend for IHS Part “A” payments and for claims submissions. In addition, there will be a discussion concerning new Federally Qualified Health Centers (FQHCs) enrolling in the Medicare program.

Moderator: Carl Harper, Director, Office of Resource Access & Partnerships
Indian Health Service

Pam Davis, Medicare Part “A” Provider Outreach and Education Representative
Trailblazer Health Enterprises, LLC

**White Sage**

**Medicaid Citizenship Documentation Requirements and Impact on Tribal Enrollment**
This workshop will provide an overview of the Medicaid citizenship and identity documentation requirements on the Tribes. Specific examples of “best practices” and obstacles will be discussed. Learn how to work through the hierarchy of required documents to facilitate the enrollment of eligible Tribal members in Medicaid.

The Department of Homeland Security accepts Tribal government photo ID cards as identification for domestic flights and international land border crossing. Find out what efforts are being made to and what needs to be done to allow Tribal documentation to be used to prove U.S. citizenship for Medicaid.

Moderator: David Reede, Vice-Chairman, San Carlos Apache and Phoenix Area Representative to the CMS Tribal Technical Advisory Group

Lane Terwilliger, Esq., Technical Director, Family and Children’s Health Program Group
Centers for Medicare & Medicaid Services

Anslem Roanhorse, Executive Director
Navajo Nation Division of Health
Eagle's Nest Small Ballroom
Medicaid Reimbursement for Tribal Behavioral Health: Advocacy in Partnership with State Behavioral Health Systems
The presentation will show how advocacy for the behavioral health needs of Navajo communities has resulted in a partnership between the Tribe and the state that will support sustainability of services in the future. Steps in the process of becoming a Tribal Medicaid provider and lessons learned along the way will be described. Current challenges and future opportunities will be discussed, including the need to create avenues for third-party reimbursement of traditional healing.

Moderator: Christopher Morris, Ph.D., Clinical Director Navajo Department of Behavioral Health Services
Carolyn Morris, Ph.D., Clinical Psychologist Navajo Department of Behavioral Health Services
Ernest Begay, Traditional Practitioner, Shiprock Treatment Center Navajo Department of Behavioral Health Services
Troy Hunt, MA, Behavioral Health Planner Navajo Department of Behavioral Health Services

Eagle's View Ballroom
Medicare Like Rates: Tribal Issues in Paying Claims
It has been one year since the Medicare Like Rate regulations, requiring Medicare participating hospitals to accept payment rates for Contract Health Services (CHS) services, were implemented. Not all Tribes are taking advantage of these payment rates to save money and maximize CHS dollars. This session will provide an overview of the Medicare Like Rate regulations, the savings realized from a national perspective, and claims processing options. The focus of the workshop will be to hear how one Tribal program has successfully implemented the new payment rates for hospital outpatient claims and the savings realized.

Moderator: Bill Lance, MPH, Administrator of the Chickasaw Nation Health System and Oklahoma Area Alternate Representative to the CMS Tribal Technical Advisory Group
Brenda Jeanotte-Smith, Director, Contract Health Services Program Indian Health Service
Joni Wellington, RN, Contract Health Manager Chickasaw Nation Contract Health Department

Hummingbird Hall
Tribal Partnering for Long Term Care in the 21st Century
With AI/ANs living longer, Tribal Governments are exploring solutions to address long-term health care needs of their communities. This panel will discuss how Tribes are achieving success by identifying new partnerships and by overcoming barriers to establish long-term care (LTC) models. The panel will also discuss current policy issues and Indian Health Care Improvement Act reauthorization language designed to improve access to LTC services for AI/ANs. In addition, the panel will describe the ongoing work of the Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG) LTC subcommittee, including a LTC toolkit and resource guide for Indian Country.

Moderator: Robert Moore, Tribal Council Member, Rosebud Sioux Tribe and Aberdeen Area Representative to the CMS Tribal Technical Advisory Group
Kay Branch, MA, Elder/Rural Health Services Planner Alaska Native Tribal Health Consortium
Jessica Imotichey, MPH, Policy Analyst, Division of Regulatory Affairs Indian Health Service
Benjamin Smith, Policy Analyst, Office of Tribal Self-Governance Indian Health Service

Cottonwood
Everything You Ever Wanted To Know About Medicaid And Were Afraid To Ask: A Round Table Discussion with the CMS Native American Contacts (NAC)
This session will provide an overview of Medicaid and State Children's Health Insurance Program (SCHIP) administration, eligibility, covered services and reimbursement for Tribal Health Program staff and beneficiaries, with the focus on specific provisions for AI/ANs. The session will also address the provider enrollment process and information about how to maximize collections for services provided by Tribal programs. The second part of the session will address how the CMS Native American Contacts (NACs) work together with States, IHS and Tribal programs. The CMS NACs from each Regional Office will be available to answer questions. So bring your best (strangest, most confusing, interesting) questions and try to stump the NAC (has to be about Medicaid though)!

Moderator: Cynthia Gillaspie, CMS Native American Contact, Region VIII, Denver
Irv Rich, CMS Native American Contact, Region I, Boston
Elderberry

Are you in Compliance? Non-Long Term Care Survey and Certification

CMS maintains oversight for compliance with the Medicare health and safety standards for laboratories, acute and continuing care providers (including hospitals, nursing homes, home health agencies (HHAs), end-stage renal disease (ESRD) facilities, hospices, and other facilities serving Medicare and Medicaid beneficiaries). CMS develops Conditions of Participation (CoP) that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. This session will cover the survey and certification process for non-long term care facilities including hospitals, ambulatory surgical centers, hospices, and home health agencies. Learn about conditions of participation and how you can ensure that your facility is in compliance. Find out how the accreditation process works. Whether you want to hear about recent developments or understand the difference between certification and accreditation, this session is for you.

Moderator: Kitty Marx, JD, Legislative Director
National Indian Health Board

Dodjie Guiao, MBA, RPN, RN, CMS Region VI Non-Long Term Care Policy Lead
Division of Survey and Certification

12:00 – 1:30 pm
NIHB Awards Luncheon
Lunch provided by the Mayo Clinic Spirit of Eagles Program and the National Indian Health Board
 Buford Rolin: Master of Ceremonies

1:30 – 2:00 pm
CMS AI/AN Strategic Plan
Jim Roberts, Policy Analyst, Northwest Portland Area Indian Health Board and Portland Area Alternate TTAG Representative

2:00 – 2:30 pm
Addressing Health Care Needs of Elderly: PACE
Melanie Knight, Secretary of State, Cherokee Nation and Oklahoma Area TTAG Representative

2:30 – 3:00 pm
Integrating IHS and CMS Data: Challenges, Progress and Relevance
Carol Korenbrot, Ph.D., Director of Research
California Rural Indian Health Board

Please clear the Main Ballroom immediately after the plenary session for the Culture Night preparations.

3:00 – 3:15 pm
Break
Workshop II

3:15 – 4:45 pm
WORKSHOP II

Learning Center Room 210

Uniting for our Elders Medicare Part B: How to Maximize your Reimbursement

This session will highlight improvements that have resulted in growth in the Indian Health Medicare Part B payments and claims submission during the past five years. Solutions to some of today’s tough Medicare issues that prevent proper reimbursement will also be shared. Discussion will include the establishment of a new team approach to resolve Medicare claims and enrollment issues and identify actions needed to take advantage of the CMS program that could bring “bonus payments” to your facility.

Moderator: Carl Harper, Director, Office of Resource Access & Partnerships
Indian Health Service

Denise Mohling, CPC, Outreach and Education Representative
Trailblazer Health Enterprises, LLC

White Sage

Are You ResourceSmart about Government Benefits?

This Indian Health Service (IHS) and Department of Labor collaborative session will provide an informational update to the IHS’s: ResourceSmart initiative. The session will highlight GovBenefits.gov; the official benefits website of the United States Government.

• Learn how to promote awareness to AI/AN population of the additional resources available to them from 17 different federal agencies.
• Learn how to search for free information and eligibility prescreening services for more than 1000 benefit programs.
• Learn about appropriate tools and training to assist AI/ANs with enrollment.
• Learn how to assist staff with obtaining accurate alternate resource information based on using GovBenefits.gov confidential questionnaire.

Moderator: Vice-Chairwoman Kathy Hughes, Sovereign Oneida Nation of Wisconsin and Bemidji Area Representative to the CMS Tribal Technical Advisory Group

Denise Exendine, Access Management Program
Phoenix Area Indian Health Service

Curtis Turner, MBA, Program Manager for GovBenefits.gov Department of Labor

Elderberry

Telling Our Story so That it Counts: Integrating Indian Health Service and Medicare, Medicaid and SCHIP Data

A presentation of the CMS TTAG Data Subcommittee’s project to improve and integrate CMS and IHS data so they are helpful for CMS program and policy analysis with respect to AI/AN, IHS, Tribal and Urban Indian (I/T/U) health care. The session will discuss how gaps in available data can limit the services available to AI/AN beneficiaries. The session will also discuss the data issues for identifying the AI/AN population and I/T/U providers and how those definitions impact services and payments. Learn how correct and usable data are the foundation necessary to develop policy and programs so that AI/ANs may be better served by CMS and IHS.

Moderator: James Crouch, Executive Director, California Rural Indian Health Board and California Area TTAG Representative

Carol Korenbrot, Ph.D., Research Director
California Rural Indian Health Board

Theresa Cullen, MD, MS, Chief Information Officer and Director Office of Information Technology
Indian Health Service

Eagle’s Nest Small Ballroom

Recent Developments in Tribal Health Care Compliance: Lessons Learned the Hard Way

This session will provide information and guidance to Tribal health programs and board of directors on corporate responsibility and compliance issues specific to IHS and Tribal health programs. It will look at recent health care fraud and abuse cases involving Tribal health programs. The session will discuss lessons to be learned from the Office of Inspector General (OIG) investigation. The presenters will look ahead to the 2008-2009 OIG audit work-plan to specifically review reimbursement for Medicare and Medicaid; and look at prescription drug reimbursement to IHS and Tribes.

Moderator: Carol Barbero, JD, Attorney at Law, Hobbs, Straus, Dean & Walker, LLP, Washington, D.C. and Nashville Area Technical Advisor to the CMS Tribal Technical Advisory Group

Melissa Schlichting, Esq., Attorney at Law
Karshmer & Associates, Berkeley, California

Susan Dahl, MHA, RHAI, CHC, CHPS, Corporate Compliance Officer
California Rural Indian Health Board

Mary “Fran” Arsenault, CPC, Director of Corporate Compliance
Southcentral Foundation, Inc., Anchorage, Alaska
Eagle's View Ballroom
Medicare Like Rates: Tribal Issues in Paying Claims
It has been one year since the Medicare-Like Rate regulations, requiring Medicare participating hospitals to accept payment rates for Contract Health Services (CHS) services, were implemented. Not all Tribes are taking advantage of these payment rates to save money and maximize CHS dollars. This session will provide an overview of the Medicare-Like Rate regulations, the savings realized from a national perspective, and claims processing options. The focus of the workshop will be to hear how one Tribal program has successfully implemented the new payment rates for hospital outpatient claims and the savings realized.

Moderator: Bill Lance, MPH, Administrator of the Chickasaw Nation Health System and Oklahoma Area Alternate Representative to the CMS Tribal Technical Advisory Group
Brenda Jeanette-Smith, Director, Contract Health Services Program
Indian Health Service
Joni Wellington, RN, Contract Health Manager Chickasaw Nation Contract Health Department

Cottonwood
Everything You Wanted To Know About Medicare and Were Afraid To Ask: A Round Table Discussion with the CMS Native American Contacts (NAC)
This session will provide an overview of Medicare A, B, C and D for Indian and Tribal Health Program staff and beneficiaries, with the focus on specific provisions for American Indians/Alaska Natives. The session will also address the provider enrollment process and information about how to maximize collections for services provided by Tribal programs. The new Medicare contract jurisdictions will be explained and the transition from the current Medicare contractors to the new jurisdictions will be addressed. The second part of the session will address how the CMS NACs work together with States, IHS and Tribal programs to assure access to CMS programs and maximization of IHS/Tribal third party revenue from Medicare. The CMS Native American Contacts (NACs) from each Regional Office will be available to respond to audience questions or requests.

Moderator: Rosella Norris, CMS Native American Contact Region IX, San Francisco
Irv Rich, CMS Native American Contact, Region I, Boston
Julie Rand, CMS Native American Contact, Region II, New York
Tamara McCloy, CMS Native American Contact, Region III, Philadelphia
Dianne Thornton, CMS Native American Contact, Region IV, Atlanta
Pamela Carson, CMS Native American Contact, Region V, Chicago
Dorsey Sadongei, CMS Native American Contact, Region VI, Dallas
Nancy Rios, CMS Native American Contact, Region VII, Kansas City
Cynthia Gillaspie, CMS Native American Contact, Region VIII, Denver
Cecile Greenway, CMS Native American Contact, Region X, Seattle

Hummingbird Hall
Long Term Care: How to Successfully Implement the Program for All-Inclusive Care for the Elderly (PACE)
This Workshop will review the Program for All Inclusive Care for the Elderly (PACE), and its potential application in Indian Country. By the end of this workshop participants will obtain an understanding of the PACE program and its requirements from both a Tribal and state perspective; and will learn about specific planning and implementation issues, challenges and barriers related to applying PACE in a rural and Tribal setting.

Moderator: Mickey Peercy, Executive Health Director, Choctaw Nation of Oklahoma and National Indian Health Board Representative to the CMS Tribal Technical Advisory Group (TTAG)
Melanie Knight, Secretary of State, Cherokee Nation and Oklahoma Area TTAG Representative
Trevlyn Cross, MPH, Manager SoonerCare Indian Health Unit, Oklahoma Health

Sumac
How to Become a Community Health Center in Indian Country
This presentation will explain and educate participants about the elements of the federal Community Health Center (CHC) program administered by Health and Human Services' (HHS) Health Resources Services Administration (HRSA) Bureau of Primary Health Care (BPHC). The CHC program provides financial and technical assistance resources to expand primary care, dental and behavioral health services as well as community outreach, Medicaid and Medicare enrollment, case management and patient education.
A question and answer period with representatives of the HRSA will take place as well as conversations on
exactly how direct service Indian Health Service (IHS), IHS contract facilities and P.L. 93-638 organizations can integrate Community Health Center funding and models.

Moderator: Nettie Prack, President
Back of Beyond Consulting

Beryl Cochran, Project Officer, Health Resources and Services Administration
U.S. Department of Health and Human Services

5:30 - 7:30 pm
EVENING EVENT

Ballroom
California Tribes Culture Showcase and Dinner
Sponsored by: California Rural Indian Health Board

The California Rural Indian Health Board is pleased to invite all conference participants to a night of dancing and eating showcasing California Tribes. The night will feature the Elem Rancheria Bird Singers, Pala Band of Mission Indian Bird Singers, Pechanga Band of Luiseño Indians and the Smith River Rancheria Tolowa Dancers. Come and join us for a spectacular evening!

Special thank you goes to: Barona Band of Mission Indians, Elk Valley Rancheria, Hoopa Valley Tribal Council, Pala Band of Mission Indians, Pechanga Band of Mission Indians, Redding Rancheria, Resighini Rancheria, Smith River Rancheria, Sonoma County Indian Health Project, Torres Martinez Tribe, and the United Indian Health Project.

Thursday, September 25, 2008

7:00 am - 2:00 pm
Registration and Information Desk Open

8:00 am - 2:00 pm
Exhibits Open

7:00 am - 7:30 am
Greet the Dawn with Yoga (Beginners Welcome)
Lita Pepion
CRL Health & Fitness, L.L.C., Billings, Montana

7:30 am - 8:00 am
Continental Breakfast
Sponsored by: Abbott Laboratories

PLENARY SESSION

8:00 - 8:15 am
Welcome to Chronic Care and Tribal Empowerment Day!
 Buford Rolin, Chairman, Pechanga Band of Indians and Vice-Chairman, National Indian Health Board

8:15 - 8:45 am
Healthy Indian Country Initiative
Moderator: Kim Romine, Healthy Indian Country Initiative Project Officer
U.S. Department of Health and Human Services Office of Minority Health (Invited)

Cheryl Weixel, M.Ed., Director
Coeur d'Alene Tribal Wellness Center, Coeur d'Alene, Idaho

Cecelia Tibbetts, Program Assistant
Houlton Band of Maliseet Indians Youth Program, Littleton, Maine

8:45 - 9:30 am
Advocating at the Federal Agency Level
Moderator: Stacey Ecotley, MSW, Principal Advisor for Tribal Affairs
Office of Intergovernmental Affairs
U.S. Department of Health and Human Services

Robert Moore, Councilman
Rosebud Sioux Tribe, South Dakota

Jefferson Keel, Lt. Governor, Chickasaw Nation
1st Vice President, National Congress of American Indians

Debbie Ho, Partner
IETAN Consulting, Washington, D.C.

Ansel Roanhorse, Executive Director, Navajo Nation
Division of Health
Navajo Nation
Dorothy Dupree, Tucson Area Director
Indian Health Service

9:30 – 10:00 am
Transforming Care: Innovations in Planned Care for the Indian Health System
C. Ty Reidhead, MD, Chair, Chronic Care Initiative
Indian Health Service

10:00 – 12:00 pm
The Special Diabetes Program for Indians (SDPI)

Tribal Innovation and Hope: A Salute to the Warriors
Butford Rolin, Chairman, Poarch Creek Band of Indians and Vice-Chairman, National Indian Health Board

The Challenges and Successes of the Special Diabetes Program for Indians
Kelly Acton, MD, MPH, FACP, Director
Division of Diabetes Treatment & Prevention, Indian Health Service

Success! Panel Presentation Highlighting the California Area SDPI Grantees.

A Quick Roundup of Media Marketing and Advocacy: Diabetes Prevention
Yvette Roubideaux, MD, MPH, Assistant Professor, College of Medicine University of Arizona and Chair, Awakening the Spirit, American Diabetes Association
Stacy A. Bohlen, Executive Director, National Indian Health Board

Gale Marshall, President, Two Feathers Management

12:00 – 1:00 pm
LUNCH On Your Own

Training Sessions
1:00 – 3:00 pm
Training Sessions

White Sage/Cotton Wood
Track A:
CDC Training: Procurement and Grants Workshop
This workshop will provide an overview of the CDC, the organizational structure, national centers, institutes, their divisions and associated funding priorities. The session will also cover efforts to ensure that funds currently awarded to state health departments through CDC cooperative agreements are appropriately benefiting AI/ANs, tips for writing the Grant/Cooperative Agreement Applications, the CDC application review process, award process and post-award monitoring. And finally, the discussion will include an update on the Procurement and Grants Office (PGO) response to TCAC recommendations.

Lead by: Yvette Roubideaux, MD, MPH, Assistant Professor, College of Medicine
University of Arizona

William Riley, Ph.D., Acting Executive Director, Public Health Accreditation Board and Associate Dean, School of Public Health, University of Minnesota

Grace Gorenilo, MPH, RN, Senior Advisor, Public Health Infrastructure & Systems Team
National Association of City and County Health Officials (NACCHO)

Hummingbird Hall
Track B:
Invisibility vs. Telling Our Story Our Way: Using the Media to Advocate Out Loud!
This training session will provide Tribal leaders, health professionals and consumers with the tools and knowledge to effectively use the media. The session will be broken down into three areas of focus: how to use user based content, the importance of developing messages and communicating with the press, and real world examples of successful media campaigns. The trainers represent all mediums and will lead an engaging session.

Lead by: Gale Marshall, President
Two Feathers Management

Elderberry/Sumac
Track C:
Tribal Public Health Accreditation Strategic Planning Roundtable
The purpose of this session is to introduce the concept of voluntary public health accreditation, review current initiatives at the national level, and provide an overview of NIHB’s role in facilitating a Strategic Planning Advisory Committee to explore the feasibility of voluntary public health accreditation in Indian Country. Panelists will provide background information on the current status of public health accreditation efforts and their perspectives on how this could be realized in Indian Country. Audience members will be invited to share their thoughts and ideas in developing a vision for voluntary public health accreditation in Indian Country as well as identify and articulate key issues for consideration. The workshop will provide an opportunity to participate in the beginning discussions on how public health accreditation and standards might be beneficial for Tribes and Tribal health departments as well as identify some of the potential challenges in its development and implementation.

Lead by: Sylvia Dawson, Procurement and Grants Office (PGO), Chief, Office of Policy, Oversight and Evaluation Centers for Disease Control and Prevention (CDC)
3:15 – 3:30 pm
Closing Ceremony

Retiring of the Colors
American Indian Warriors Society

Closing Prayer
Loren Bommelyn
Smith River Rancheria

Friday, September 26, 2008
Celebrate the 40th Annual
California Native American Day!

The National Indian Health Board supports and
honors the Tribes of California
and
Congratulates them on their continued commitment to
raise cultural awareness across the state.

National Indian Health Board

2007 Jake White Crow Award Winners. (Left) Buford
Rolin, (right) Rachel Joseph.
Award Winners 2005-07

2005

Jake White Crow Award
Dr. Kathleen Annette, IHS – Bemidji Area

National Impact Award
Doug Black, IHS Headquarters
Dorothy Dupree, Centers for Medicare & Medicaid Services
Valerie Davidson & Frank Dayish Jr., Tribal Technical Advisory Group (CMS)
White Mountain Apache Tribal Council

Regional Impact Award
David Head, Norton Sound Health Corporation
Emily Hughes, Norton Sound Health Corporation
John Kokesh, Alaska Native Medical Center
John Lewis & Alberta Tippeconnie, Inter Tribal Council of Arizona
Arlan Melendez, Reno-Sparks Indian Colony
Wendy Montemayor, Oklahoma City Area IHS
Elmer Nichoison, Jr., Alaska Native Medical Center
Oklahoma City Area Inter-Tribal Health Board Dental Support Center
Jerry Pardilla, Katatdin Consulting
Frank Sacco, Alaska Native Medical Center
David Templin, Alaska Native Medical Center
Julie Ysaguirre, Arizona Health Care Cost Containment System

Local Impact Award
Jody Abe, Elko Band Council
Cassandra Allen, Ak-Chin Indian Community
Michael Allison, Arizona Department of Health Services
Sandra Beauchamp, Native American Health Center, Family & Child Guidance Clinic
Doris Burns, Colorado River Indian Tribe
Tahnee Camacho, Native American Health Center, Family & Child Guidance Clinic
Choctaw Nation CARES Project
Lewis Hall, Minne-Tope Health Center
Nelson Jim, Native American Health Center, Family & Child Guidance Clinic
Kathy Johnson, Norton Sound Health Corporation
Charlene Jones, Mashantucket Pequot Tribal Nation
Mark Kelso, Norton Sound Health Corporation
Janet King, Native American Health Center, Family & Child Guidance Clinic
Cecil Means II, Aberdeen Area IHS

Prevention Research Center Staff, University of New Mexico
Karen Saylors, Native American Health Center, Family and Child Guidance Clinic
Judith Skenandore, Oneida Community Health Center
Kevin Stange, Alaska Native Medical Center
Sandra Twaddle, Choctaw Nation CARES Project
Berda Wilson, Norton Sound Health Corporation

2006

Jake White Crow Award
Mickey Peery, Choctaw Nation of Oklahoma

National Impact Award
Anslem Roanhorse, Jr., Navajo Nation Division of Health
Kathy Hughes, Vice Chairwoman, Oneida Tribe
James E. Berner, MD, Alaska Native Tribal Health Consortium
Rosalyn Singleton, MD, MPH, Alaska Native Tribal Health Consortium
Rachel Joseph, Lone Pine Paiute Shoshone
Kelly Acton, MD, MPH, Indian Health Service

Regional Impact Award
Centers for Medicare & Medicaid Services
Regional Native American Contacts:
• Irv Rich, CMS Region I – Boston
• Julie Rand, CMS Region II – New York
• Tamara McCoy, CMS Region III – Philadelphia
• Dianne P. Thornton, CMS Region IV – Atlanta
• Pam Carson, CMS Region V – Chicago
• Dorsey Sadongei, CMS Region VI – Dallas
• Nancy Rios, CMS Region VII – Kansas City
• Cynthia Gillaspie, CMS Region VIII – Denver
• Rosella Norris, CMS Region IX – San Francisco
• Ernie Kimball, CMS Region X – Seattle
Charlene Red Thunder, Indian Health Service, Bemidji Area
Phil Norrgard, Fond du Lac Reservation Human Services Division
Maria Lucy Harrison, Detroit American Indian Health Center
Robbin Williams, Oklahoma City Area Inter-Tribal Health Center
Bobbi Metzger, Oklahoma City Area Inter-Tribal Health Center
Harold W. Schneider, Jr., MD, Alaska Native Medical Center
Jullien Naylor, MD, MPH, Alaska Native Medical Center  
Captain Ann Marie Mayer, Alaska Native Medical Center  
Captain Mary M. Leemhuis, Alaska Native Medical Center  
Iris L. Gray, Alaska Native Medical Center  
Laura Manuel, Tule River Tribal Clinic, Inc.

LOCAL IMPACT AWARD

Luella Morgan, Red Lake Comprehensive Health Service  
Captain Gary M. Givens, Alaska Native Medical Center  
Jim Roberts, Northwest Portland Area Indian Health Board  
Sherry Frazier, Alaska Native Medical Center  
Richard Brodsky, MD, Alaska Native Medical Center  
Cassandra L. Williams, Alaska Native Medical Center

2007

JAKE WHITE CROW AWARD

Rachel Joseph, National Steering Committee  
Buford Rolin, Tribal Leaders Diabetes Committee

NATIONAL IMPACT AWARD

Juliet Pittman, SENSE, Inc.  
Jim Roberts, Tribal Technical Advisory Group  
George Gilson, MD, Alaska Native Medical Center  
Awakening the Spirit Team, American Diabetes Association  
Bruce Lesley, First Focus  
Valerie Davidson, Alaska Native Medical Center

REGIONAL IMPACT AWARD

Pine Hill Health Center, Ramah Navajo School Board, Inc.  
Judy Thompson, Alaska Area Diabetes Pharmacist  
Riverside San Bernadine Country Indian Health Diabetes Team  
Sharon John, Yakima Healthy Start Program  
Donald Clark, Albuquerque Area Indian Health Board  
Cecile Greenway, Lower Elwha Klallam Tribal Clinic  
Whitney Jones, Squaxin Indian Tribe  
Rocky Boy Health Board SDPI, Rocky Boy Clinic  
Joseph Engleken, Tuba City Regional Health Corp  
Heather Mercer, Riverside Indian Health  
Molin Malicay, Sonoma County Indian Health Project  
Neil Murphy, MD, Chief Clinical Consultant

LOCAL IMPACT AWARD

Rita King, Sleeping Ute Diabetes  
Steve Kutz, Cowlitz Indian Tribal Clinic  
Linda Foley, Cowlitz Tribe Health Board  
Kimberly Woodhull, Alaska Native Medical Center  
Mediset Program, Alaska Native Medical Center  
Rex Quampts, Yakima Healthy Heart  
Darlene Lynch, San Bernadino County Indian Health, Inc  
Deborah Nyquist, Kama'atze Indian Tribe  
Rose Algea, Squaxin Island Tribe  
Joyce Bachman, White Cloud Health Station  
Mary Corcoran, Rocky Boy Clinic  
Jim Sternill, Cowlitz Tribe  
Arlene Long, White Cloud Health Station  
Margaret Baldwin, Alaska Native Medical Center  
Denise Mondragon, Taos Pueblo Community  
Judy Lujan, Taos Pueblo  
Hualapai Healthy Heart Program, Hualapai 19 Health Dept.  
Pilar Pettiford, Sycuan Medical Dental Center  
Francia Corpuzm, Sycuan Medical Dental Center

YOUTH LEADERSHIP AWARD

(Cert Category)

Cinda Hughes, National Congress of American Indians
Serving Others: We are here to provide excellent service with a caring attitude. We are proud that our work serves tribal members, each other and the larger community.

Working Together: We are actively involved in building a spirit of teamwork and collaboration, within and between departments, functions and workplaces. Because we work together and support each other, we are a smarter and more effective group.

Doing What's Right: Our decisions and actions reflect integrity and honesty. We are committed to earning and keeping the trust of the people we serve. We do not seek nor accept personal gain for our actions.

Embracing Change: We honor our traditions and recognize that change is an ongoing part of our environment. We face the challenges and changes in our work with creativity, innovation, adaptability and a sense of humor.

Respecting Differences: We seek to understand differences in ideas, approaches and perspectives and we welcome people from all backgrounds. We understand that our diversity makes us stronger and better as a community.

Balancing Life: Although work is our focus together, we realize that life is more than work. We encourage healthy lifestyles that support mental and physical well-being. We believe a balanced employee is happier and more productive.
Annie Burke (1876-1962), a weaver who spent much of her adult life educating others on the ways of the Pomo, asked her daughter Elsie, not to destroy her baskets upon her death. Elsie Comanche Allen had a native artisan eye for aesthetics, and she added to her mother’s collection during the next 30 years, devoting herself to education as her mother had. She, in turn, appointed her oldest daughter, Genevieve Allen Aguilas as the next guardian of the collection, who placed it on long-term loan to the Mendocino County Museum.

Elsie’s grandmother, Nellie Burke taught her a great deal about plants and basketry before she was taken away to Covelo Indian boarding schools when she was 11. Elsie Allen was raised in the Cloverdale area north of Lake Mendocino, northern California.

Elsie had been active in the Ukiah-based Pomo women’s self-help club. She was on its basketry committee in the 1940’s and 50’s. During this period, the women’s group raised money — by basket sales and many other ways — for Native college scholarships, assistance to distressed Pomo people, and to finance an important lawsuit.

Elsie found a true apprentice to study the art with her, and to carry it on, and to teach others, her grand-niece, Susie Billy.

Susie studied with Elsie for 5 years, every day. She realized “I couldn’t separate it from the traditions, the customs, religion, their whole life-style. All these things went together, you couldn’t learn just on part. Elsie held out her hand and handed me this awl, this knife. She said ‘They were your grandmother’s, I wanted to give them to you.’”

“At that moment I had like this magic given to me, my grandmother’s spirit was passed on to me. I realized it was actually a spiritual path for me, which was a complete surprise, because it had never occurred to me. Through basketry, I feel I have made connections with something very ancient within myself and from my people.”

Elsie remembered how it was: “We would fast before starting on a red feather or woodpecker feather basket. We would work at it as long as possible, then when we were too hungry, we would eat but no longer work on the basket. The fasting was for purification, so as to receive help from the Great Spirit for whatever we did.”

Elsie Allen, a Pomo basket weaver, scholar, educator, cultural consultant, and writer, also known as “Pomo Sage”.

I had like this magic given to me, my grandmother’s spirit was passed on to me.
Proudly Sponsored by the Viejas Band of Kumeyaay Indians

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619.445.5400 • www.Viejas.com

Mark Your Calendar
For Future NIHB Meetings

MAY 19-20, 2009
2nd Annual Public Health Summit
Oklahoma City, Oklahoma

SEPTEMBER 22-24, 2009
26th Annual Consumer Conference
Nashville Area

SEPTEMBER 21-23, 2010
27th Annual Consumer Conference

We’ll See You There!

www.NIHB.org
Save the date

CDC/ATSDR/TCAC

CENTERS FOR DISEASE CONTROL AND PREVENTION/AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY/TRIBAL CONSULTATION ADVISORY COMMITTEE

2nd Biannual Tribal Consultation Session

November 18-20, 2008

Hosted by Tohono O'odham Nation
Desert Diamond Casino & Hotel
Tucson, Arizona
NIHB Board and Staff Biographies

NIHB BOARD MEMBERS

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<td>Mr. Ron His Horse Is Thunder</td>
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<td>Ms. Jessica L. Burger, RN</td>
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Mr. Reno Keoni Franklin is a member of the Kashia Band of Pomo Indians and the elected Health Delegate for his tribe. Mr. Franklin’s family comes from the villages of Du’ka shal and Aca Sinc Cawal Li. He was raised in a traditional Kashaya Family and taught from birth the tools he would need to make it through this life. Mr. Franklin has spent the last five years on the Board of Directors of Sonoma County Indian Health and the last two on the executive board at CRHIB. He comes from a Fire Fighter/EMT background, having spent a number of years in that field and graduating college with an AS in Fire Science. He has spent a large part of his life proudly serving his Indian community; it is a task that he takes very serious. Today, he works for his own tribe as a Cultural Resources Director, Fire Management Officer and is one of 68 Tribal Historic Preservation Officers in the United States. It is his honor to serve as the Chairman of the Board for CRHIB.

Mr. Buford Rolin is the Vice-Chair of the Executive Board and represents the Nashville Area on the Board of Directors. He is a member of the Pseach Band of Creek Indians (formerly known as the Creek Nation East of Mississippi). He has served in capacities of Secretary for the Tribe and has served as the Vice-Chairmen from 1991-1999. He is the current Chairman of the Pseach Band of Creek Indians. Mr. Rolin is the Health Administrator for the Tribe. In 1989, Mr. Rolin received a Service area award for Improving the Health of Indian People. In 1993, Mr. Rolin was awarded the Director’s Award for Excellence by the Indian Health Service. In 1996, he also received the Area Director’s Special Commendation Award from the Indian Health Service. Mr. Rolin has served on many national organizations including the National Congress of American Indians (NCAI) as their treasurer from 1979 to 1989. The Atmore Area Partnership for Youth Board of Directors in Atmore, Alabama, the Florida Governor’s Council on Indian Affairs in Tallahassee, Florida from 1978 to 1984. He has held various positions involving the Northwest Florida Creek Indian Council, the National Committee on Indian Work, the Episcopal Church, the Chamber of Commerce Board of Directors, Creek Indian Arts Council, Creek Indian Heritage Memorial Association, the United South and Eastern Tribes (USET) and the National Indian Health Board (NIHB). He currently serves on the State of Alabama Public Health Advisory Board in Montgomery, Alabama and is also a current member of the USET Health Committee. He currently serves as the Member At-Large for the National Indian Health Board.

Mr. Jerry Freddie serves as the Navajo Nation and Area Representative to the National Indian Health Board. He currently serves as a Councilman to the Navajo Nation.

Mr. Thomas (Tom) John obtained a Bachelor of Science degree in Public Relations from Syracuse University in May 1990. He received a graduate Certificate in Public Health from the University of Oklahoma, Health Sciences Center, College of Public Health in May 2006, and is currently enrolled in the master of public health program at the University of Oklahoma. He has worked with American Indian tribes for his entire professional career, including positions in the areas of tribal administration, law enforcement, health, gaming and parks and recreation. His experience working with American Indian tribes has been at the local, regional and national levels. During this time, Mr. John has been responsible for many multi-million dollar programs, and has had overall supervisory responsibility for as many as 145 staff. He worked with tribal health programs in particular for over thirteen years, including positions for both individual tribes and a tribal consortium. Eight years were specifically related to management of tribal diabetes programs. Other responsibilities have included personnel management, policy and procedure development; grant writing, development of educational and public information materials, program planning and evaluation, and overall organizational administration and fiscal management. Additionally, Mr. John has been entrusted to represent numerous American Indian tribes on regional and national level policy issues with the federal government. He has been involved with the technical development of a variety of federal Indian health policies, including analysis of federal legislation, consultation between Indian tribes and the federal government, health disparities and funding allocation methodologies. Mr. John has also sat on several local, regional and national committees, workgroups and boards relative to American Indian health. Mr. John is an enrolled member of the Seneca Nation of Indians, and was raised on his tribe's Allegany Territory in New York State. He belongs to the turtle clan, and is also a member to their traditional longhouse. Mr. John is married to Lisa of the Chickasaw Nation, and they have two children, Lauren and Trevor.

Ms. Margaret Baha-Walker serves as the Phoenix Area representative on the Board of Directors. Balancing a strong spiritual life along with a compassion for serving her people, Margaret Baha-Walker is making political bounds as she has taken a step in being elected the first woman Vice Chairperson for the White Mountain Apache Tribe. She is of the Eagle Clan, the Cottonwood Tree Standing People Clan and born for the Mexican People Clan. Hailing from Seven Mile, a small community on the Fort Apache Indian Reservation, Margaret is your typical Apache woman: a daughter, a sister, a wife, a mother, a traditional god-mother and the greatest blessing of all, a grandmother. Born to the late Martha and Herbert Baha Alchesay, Margaret is the youngest of six children. She is married to Lowell Walker. They have three sons, Joel, Byron and Clay, her daughter in law, Karin, and three grandchildren. They also co-sponsored four tradition Apache Sunrise Dances.

Ms. Linda Holt is an enrolled member of the Suquamish Tribe. Ms. Holt has served as a member of the Suquamish Tribal Council for 8 years and presently is the Tribal Council Secretary. In addition, Ms. Holt is the Tribe’s first full-time Legislative Liaison to the State and federal governments as well as Treasurer of the Board of Trustees for the Suquamish Foundation. Previously, Ms. Holt was the Director of Human Services for the Suquamish Tribe. Ms. Holt also serves tribes regionally and nationally through various health services activities: Ms. Holt is the Chairwoman for the Northwest Portland
Area Indian Health Board, a regional Tribal consortium with membership from all of the Tribes in Idaho, Oregon and Washington. Ms. Holt is also the Portland Area representative to the National Indian Health Board, the Tribal Leaders Diabetes Committee (TCAC), for which she is the national Co-Chair.

**Tucson Area Representative - Secretary**

Ms. Cynthia Manuel is the Tucson Area representative to the Board of Directors. She is a proud member of the Tohono O'odham Nation representing the Great Gu-Achi District on the Tohono O'odham Legislative Council (TOLC). Under the TOLC she serves on the Health and Human Services and Budget and Finance and Domestic Affairs Committees. She has previously served at the Vice-Chair of the TOLC. Board Member Manuel has worked in Health Care for 20 years in positions ranging from Community Health Representative to work on Diabetes to work on Dialysis.

**NIHB STAFF**

**Stacy Bohlen** (Sault Sainte Marie Tribe of Chippewa Indians) is the Executive Director of National Indian Health Board and serves the Board as an advisor. A 21-year veteran, policy professional in Washington, DC, she served as the Acting Executive Director for the NIHB since January 2006, a position she achieved after serving as the organization’s Deputy Director. Ms. Bohlen received her Bachelor’s degree in Political Science from Oakland University in Rochester, MI and Master’s in Government, ABT from Johns Hopkins University, Baltimore MD. Prior to her service to NIHB, Ms. Bohlen 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 was born and raised in Michigan and is an enrolled member of the Sault Sainte Marie Tribe of Chippewa Indians.

**Helen Canterbury** is the Director of Administration and Events at the National Indian Health Board. Helen graduated from Fletcher Nursing School with a Licensed Practical Nurse diploma. Prior to her work with NIHB, Helen worked as Office Manager, Senior Administrative Assistant and Event Planner for various departments at Fannie Mac. She also worked as the Accounts Manager for Office Care, Inc. Her son, Joseph, is an enrolled member of the Cherokee Nation of Oklahoma and was born at the Crow Agency in Montana.

**Aimee Centivany, MPH,** serves as the Senior Advisor for Grants Management and Compliance at the National Indian Health Board (NIHB). With 15 years experience in maternal-child health, nutrition and reproductive health, Aimee possesses strong skills in program design, management and technical training, all of which complement her clinical skills as a midwife. She has provided technical leadership and strategic planning guidance to reproductive health, maternal-child health and HIV programs in the United States, Africa and Southeast Asia. Aimee received her Master of Public Health degree from Tulane University in International Health and Development and is fluent in French.

**John L. Johns, JD,** *(Monacan Indian Nation of Virginia)* is the Federal Regulations and Policy Analyst for the National Indian Health Board. John works on Centers for Medicare and Medicaid Services (CMS) issues in support of the Tribal Technical Advisory Group (TTAG). He monitors CMS and Department regulations and provides policy analysis for TTAG activities such as the Strategic Plan, Outreach and Education, and Long Term Care. Mr. Johns is a graduate of Georgia College and State University and The University of North Dakota School of Law. While attending law school, John served twice as a legal intern with the United States Senate Committee on Indian Affairs under Byron L. Dorgan of North Dakota. He assisted the Staff Director and General Counsel of the Committee on Indian Affairs with various issues important to Indian Country such as Indian trust reform, health care, and law enforcement jurisdiction in Indian Country. Mr. Johns is a member of the Monacan Indian Nation of Virginia.

**Bonnie S. Hillsberg, D.C. M.H.A., M.Ed.,** has been in the health care and education field for over 30 years. She is a nationally board certified Licensed Chiropractor. In addition to her doctorate in Chiropractic, Dr. Hillsberg holds a Master’s Degree in Health Care Administration from Washington University School of Medicine in St. Louis, Missouri and a Master’s Degree in Education from Boston College. Her previous work includes technical assistance with substance abuse prevention issues, health care project development, management, marketing, accreditation and credentialing, emergency work, training and education, and working with populations that have special needs such as the physically disabled and neurologically impaired. Dr. Hillsberg lectures at the George-town School of Medicine and is an external faculty member at Palmer Chiropractic College.

**Kitty E. Marx, JD,** serves as the Legislative Director of the National Indian Health Board. Ms. Marx is responsible for developing, planning and implementing the legislative priorities and strategy for the NIHB. She provides legislative and policy research, technical reports, and data analysis for use by the NIHB in the development of briefing documents, policy memoranda, and position papers on important health topics impacting health care for American Indians/Alaska Natives. Ms. Marx received a Bachelor of Arts in History from the University of Maryland, College Park, and a Juris Doctor degree from Vermont Law School. Prior to her position with NIHB, Ms. Marx worked for the Indian Health Service (IHS) as the Branch Chief of the Policy Liaison Team, Division of Regulatory Affairs (DRA). During her tenure at IHS, Ms. Marx was involved with major policy and legal issues affecting the agency. She served as the Federal lead for the Title IV (Medicare and Medicaid) issues of the Indian Health Care Improvement Act (IHCIA) reauthorization. Ms. Marx served as an IHS technical advisor to the Centers for Medicare and Medicaid Services Tribal Technical Advisory Group (TTAG).

**Raven Murray, MSW,** *(Navajo),* serves as a Public Health Research Assistant at the National Indian Health Board. Ms. Murray is from Flagstaff, Arizona where she attended Northern Arizona University and received a B.S. in Sociology with Minors in Social Work and Women Studies in 2005. She recently graduated with her Master’s from The Brown School of Social Work at Washington University in St. Louis where she focused
on health management, policy analysis, and research. While at the Brown School Raven was a Kathryn M. Buder Scholar and this summer a Morris K. Udall Intern in the office of Representative Tom Udall (D-NM).

**Phillip Roulain** (Kiowa Tribe of Oklahoma) is the Executive Assistant of the National Indian Health Board. Phillip has over 16 years of customer service experience which includes retail management, database and website creation, office management, community education and outreach, human resources, training development and implementation, graphic art and printed materials production, community coalition development, event planning and coordination. Phillip has served as a member of several Native American HIV/AIDS groups in Oklahoma and maintains strong ties with them. Phillip is a member of the Kiowa Tribe of Oklahoma and was raised in the City of Anadarko.

**Audrey D. Solimon, MPH, (Pueblo of Laguna)** is the Program Manager for the Healthy Indian Country Initiative (HICI) Program. Ms. Solimon graduated from the University of New Mexico (UNM) with Honors with a Bachelor of Science in Psychology and a minor in Biology (2001) and in 2006 she received her Master in Public Health degree from the UNM Department of Family and Community Medicine. Her experience and research history includes behavioral health topics related to alcohol use and abuse among minority populations in the Southwest United States, community-based participatory research (CBPR) in American Indian Tribal communities, as well as other projects in various Tribal communities that involved obesity prevention, teen pregnancy issues, historical trauma, and adolescent mental health topics.

**Caitlin Wesaw** (Pokagon Band of Potawatomi Indians) serves as the Communications Coordinator at NIHB. Ms. Wesaw graduated with honors from Indiana University, with a dual degree in Political Science and Near Eastern Languages and Cultures with an Arabic language concentration. Prior to joining the NIHB staff, Ms. Wesaw interned with the Middle East Program at the Woodrow Wilson International Center for Scholars in Washington, D.C., worked as a Campaign Organizer for a local Congressional race and served as an assistant at the Pokagon Band Department of Education.
Conference Participant Biographies

In alphabetical order

Kelly Acton, MD, MPH, is the Director of the Indian Health Service Division of Diabetes Treatment and Prevention. She has worked in the IHS for over 23 years. Dr. Acton received her Medical Degree (MD) from Jefferson Medical College in Philadelphia and her Master of Public Health (MPH) degree from the University of Washington. She is board-certified in internal medicine and a Fellow of the American College of Physicians. She has worked on the Crow and Flathead Indian Reservations in Montana and the Cherokee Indian Reservation in North Carolina. In her current position as Director of the IHS Division of Diabetes Treatment and Prevention, she oversees the $150 million Special Diabetes Program for Indians, a Congressionally-mandated program providing grants for the treatment and prevention of diabetes in 391 Indian communities. She serves on the NIH’s Diabetes Mellitus Interagency Coordinating Committee and the Steering Committee of the National Diabetes Education Program. She has published numerous articles on diabetes in American Indians, including 3 articles on improving diabetes care for patients.

Kathleen R. Annette, MD, a member of the White Earth Band of Chippewa and a Minnesota native, began her career with the Indian Health Service (IHS), in 1986 as a medical officer at the Leech Lake Service Unit at Cass Lake, Minnesota. She subsequently held various positions of increasing responsibility, including Clinical Director of the Leech Lake Service Unit and later as the Chief Medical Officer for the Bemidji Area of the IHS. Selected as the Director of the IHS Bemidji Area in 1990, Dr. Annette manages a varied health care program. In FY 2000, Dr. Annette was selected as a recipient of the Presidential Rank Award. Dr. Annette’s other honors, awards, and recognitions include the U.S. Public Health Service Outstanding Service Award, the American Indian Service Awards; the IHS Group Award for the National IHS Quality Management Health Professionals Workgroup on Recruitment and Retention; the McAd Johnson Award from the American College of Family Practice; the Association of American Indian Physicians Recognition Award for Endeavors in American Indian Education on AIDS; the Lake White Crow Award; induction into the Academy of Science and Engineering at the University of Minnesota (she is the first woman to be so honored); and induction into the Northwest Minnesota Women’s Hall of Fame for Significant contributions in her career field.

Carol Arnold Ph.D., RN, is an Assistant Professor of Nursing at Texas Woman’s University. She has been a long time volunteer with the March of Dimes and has worked with American Indian/Alaska Natives since 1998 on Maternal and Child Health education programs. She facilitated the start of the Shoshone and Arapaho Tribes Prenatal Education Project and is the Chair of the American Indian/Alaska Native Subcommittee for the March of Dimes West Region. Carol has presented at several American Indian/Alaska Natives conferences including the Annual Northwest American Indian Early Head Start and the American Indian/Alaska Native Wellness Conference.

Mary “Fran” Arsenau, CPC, is the Director of Corporate Compliance for Southcentral Foundation, Inc. in Anchorage, Alaska. Ms. Arsenau is a Certified Professional Coder (CPC), formerly the manager for Quality Assurance and Program Integrity for the State of Alaska Division of Senior and Disabilities Services, and has an extensive background in health care compliance, quality assurance, program integrity and surveillance/utilization review. Ms. Arsenau’s health care experience also includes 10 years at Alaska Regional Hospital from the 1970s to 1980s.

Ernest Harry Begay is from Rock Point, Arizona. He is a Traditional Practitioner with Navajo Department of Behavioral Health Services, Shiprock Treatment Center. He provides Traditional Group, Family, Marital and Individual counseling. He also conducts diagnostic, protection way, beauty way, tobacco and sweat lodge ceremonies. His mentor was a paternal grandfather, Nataatai Tsiih and various uncles from his community. He provides consultant work on Navajo Oral Traditions. Ernest is married, he and his wife have three children. He has served as leader for his community as well as the Navajo Nation.

Carol L. Barbero is a partner in the Washington, D.C., office of Hobbs, Straus, Dean & Walker, LLP, a law firm founded in 1982 which specializes in the practice of American Indian law. The Firm represents Indian tribes and Indian organizations throughout the United States on all aspects of Indian interests – including health, education, housing, child welfare, gaming, economic development, federal and state relations and governmental jurisdiction. Ms. Barbero has spearheaded the Firm’s efforts to amend and reauthorize the Indian Health Care Improvement Act. As a member of the Medicare & Medicaid Policy Committee of the National Indian Health Board, Ms. Barbero was a key advocate for the Indian provisions contained in the Medicare Modernization Act of 2003, and has been an active participant in the implementation of that law in Indian Country. She was appointed by the Nashville Area as a technical advisor to the Tribal Technical Advisory Group which advises CMS on Indian health issues vis-à-vis Medicare and Medicaid. Prior to joining HSDW, Ms. Barbero was an attorney with the Washington, D.C. law firm of Wilkinson, Cragun & Barker, where she began her Indian law practice. Her prior professional experience includes six years as a legislative assistant in the House of Representatives. She received a law degree from Georgetown University in 1978 and an undergraduate degree in political science from Allegheny College in Pennsylvania. She is a member of the District of Columbia bar.

Kay Branch, MA, is employed as the Elder/Rural Health Program Coordinator at the Alaska Native Tribal Health Consortium, focusing on the health status and long-term care needs of Alaska Native Elders. She has 13 years of experience working with Alaska Native elders, including Older Americans Act programs, personal care services, assisted living and workforce development issues. Kay provides technical assistance to IHS Elder Care Grantees nationwide under agreement with IHS. She received a Bachelor’s degree in Anthropology from the University of Alaska Anchorage, and a master’s degree in applied anthropology from the University of South Florida, with a focus in gerontology specifically related to American Indian and Alaska Native elders.

Gordon Belcourt was born and raised on the Blackfeet Indian Reservation and has dedicated his life to improving health care for American Indian people throughout North America. A past
executive director and continuing board member of the National Indian Health Board, Gordon Belcourt advocates on behalf of 586 federally recognized tribes in 36 states for the development of national Indian health policy. In his current roles as executive director of both the Montana Wyoming Tribal Leaders Council and ARA Indian Health Board, Mr. Belcourt coordinates advocacy and information flow among tribal health departments, tribal councils, and federal and state agencies. As the key staff person on all issues pertaining to public health for 100,000 tribal members, ten tribal governments and eight large land based reservations, Mr. Belcourt endeavors to strengthen tribal self-determination and foster effective government-to-government relationships.

Erica Childs Warner, MPH, is responsible for the design and implementation of program evaluation and project management of outreach programs in underserved communities for the Prevent Cancer Foundation. Prevent Cancer is a national nonprofit health foundation whose mission is cancer prevention and early detection through research, education and community outreach to all populations including children and the underserved. She directs cancer prevention programs at the community level with a participatory approach for development and enhancements. Erica earned a bachelor degree from the University of Pennsylvania and Master of Public Health degree from the University of North Carolina.

Beryl Cochran, JD, has worked with Community and Migrant Health Centers for over 30 years. She has developed policy, legislative proposals, budget justifications, and program evaluations. She has worked directly with grantees and applicants for funds primarily in the states of Oregon, Washington, Idaho and Alaska but in other states as well. She worked directly with the Tribal organizations in Alaska applying for community health center funds. Her work resulted in funding of 12 additional community health centers in Alaska operated by Tribal organizations. She spent several years living in Colombia, South America. Her academic background includes a Bachelors Degree in Physics and a Law Degree.

Holly Cook Macararo, MBA, is a partner at IETAN Consulting, L.L.C. Prior to joining IETAN Consulting, L.L.C., Holly was a Senior Public Affairs Advisor at Holland & Knight L.L.P. From 1999-2001, Holly also served as the Director of the Office of Native American Affairs at the Democratic National Committee. In addition, Holly served in the White House Office of Intergovernmental Affairs in 1997-1998, where she worked primarily on Native American issues. Her primary focus areas at IETAN Consulting, L.L.C. include federal governmental relations, legislative advocacy, and appropriations issues. Ms. Cook Macararo is an enrolled member of the Red Lake Band of Ojibwe and a graduate of the University of North Dakota with a BBA and the University of St. Thomas (St. Paul, MN) with an MBA.

Diana Cournoyer is an enrolled member of the Muscogee (Creek) Nation. Her ancestry is also Oglala from Wambly, South Dakota. She joined the Southern Plains Inter-Tribal Epidemiology Center in April 2006 as the program coordinator for the recently funded Native American Tobacco Education Network. Diana currently holds the position of Training and Intervention Program Coordinator, developing trainings covering a range of topics for the American Indian/Alaska Native communities in Oklahoma, Kansas and Texas. She is responsible for developing and organizing pandemic influenza templates and training for Tribes in Oklahoma. Her current projects include developing substance abuse and FASD curriculum.

James Allen Crouch, MPH, a member of the Cherokee Nation, is Executive Director of the Sacramento-based California Rural Indian Health Board, Inc a position he has held since 1987. Mr. Crouch received a Bachelor of Arts degree from American University, Washington, D.C. and a Master of Public Health from the University of California, Berkeley. He is currently Board Chair of the Californian Pan Ethnic Health Network. Other Board and Advisory affiliations include The National Rural Health Association, California Task group on Multicultural Competence, California Telehealth/Telemedicine Coordination Project; the California Health Information for Policy Project; the Cherokees of Northern California Club and the American Leadership Forum. He has served on numerous advisory groups to the Federal Indian Health Service; including the Negotiated Rule Making Committee for the Indian Self-determination Act and the Level of Need Funded Task group, for which he serves as Tribal Co-Chair. He is currently the California Representative to the Center for Medicare and Medicaid Services Tribal-Technical Advisory Group.

Sylvia Dawson, is a native Atlantic and a graduate of Emory University. She began her Federal career with the Department of Housing and Urban Development as an Intern in Region IV. She joined the CDC in July 2000 and has worked with the health programs of the Coordinating Center for Chronic Disease and Health Promotion (NCCDPH) as Lead Grants Specialist. She served as a Grants Team Lead for Branch VI, supporting the Coordinating Center for Health Information and Service; and the Coordinating Office for Terrorism Preparedness and Emergency Response. She acted as Branch Chief for the contracts and grants staff following the retirement of Rebecca O’Kelly. In September of 2007, she accepted the position of Branch Chief for the Policy, Oversight and Evaluation Branch of the Procurement and Grants Office. This branch is responsible for the review of CDC’s fiscal management policies and procedures, and coordination of Congressional oversight.

Susan Dahl, MHA, is the Corporate Compliance Officer and Health Systems Development Director for the California Rural Indian Health Board (CRIBH). She is responsible for the development of the CRIBH Compliance program, which includes responsibility for HIPAA. She has conducted compliance audits for Tribal health programs resulting in Self-Disclosures to the DHHS Office of Inspector General (OIG). She acts as a resource to both CRIBH and its member programs on compliance and HIPAA issues. Susan holds a Master’s degree in Healthcare Administration, is a registered health information administrator, is certified in healthcare compliance and is also certified in healthcare privacy and security.
Valerie Davidson, Esq., is the Senior Director of Legal and Intergovernmental Affairs for the Alaska Native Tribal Health Consortium based in Anchorage, Alaska. She has managed the development of a Medicaid managed care project for 28,000 people in the Yukon Kuskokwim Delta and through this endeavor, greatly expanded access and quality of health care. Ms. Davidson served as a non voting member of Secretary Leavitt’s (U.S. Department of Health & Human Services) Medicaid Commission. She is the Chair of the Centers for Medicare and Medicaid Services Tribal Technical Advisory Group (TTAG) and serves on the Medicare & Medicaid Policy Committee of the National Indian Health Board.

Pamela Davis is a Provider Relations Representative II with TrailBlazer Health Enterprises, LLC and has been with the Medicare program for 5 years as an Education/Training specialist for Part A Outreach and Education. As the Provider Relations Representative II, Pamela’s expertise is Critical Access Hospitals, Rural Health Clinics, Comprehensive Error Rate Testing, Medicare Secondary Payer, GPNET, Medicare Basics and Indian Health Services. Ms. Davis graduated from L’Eurable University with a Bachelors of Business Management degree and attended South Eastern Oklahoma State University in pursuit of her Master’s degree.

Ronald Demaray holds degrees in Business Administration and Educational Administration. Ron has worked in the area of Indian Self Determination for over 25 years. He came to the Indian Health Service in 1996 where he holds the position of Associate Director of Self Determination Services and is currently serving as the Acting Director of the Office of Tribal Programs; an office dedicated to serving both direct service and contracting Tribes. Ron is the IHS technical expert on contract support cost policy and a strong advocate for Self-Determination.

Dee Ann DeRoin, MD, MPH, has been a consultant in community health, to tribes and other organizations, including the National Indian Women’s Health Resource Center, since 2001. Dr. DeRoin develops, implements and evaluates community-based programs; lectures on health topics; and creates educational materials. She earned her Master’s degree in public health education from the University of California at Berkeley and her medical degree from Stanford University, and has 20 years of family medicine and health education experience. Dee Ann is a member of the Ioway Tribe of Kansas and has served as a founding member and president of the Four Tribes Women’s Wellness Coalition.

Dorothy A. Dupree, MBA, a member of the Assiniboine and Sioux Tribes, was appointed to the position of Director, Tucson Area Indian Health Service (IHS), on August 18, 2008. Ms. Dupree has extensive IHS and U.S. Department of Health and Human Services (HHS) career experience in working with the IHS and tribal leadership served by the Tucson Area. Ms. Dupree previously served in the IHS Albuquerque Area as the Acting Area Director, Executive Officer, and the Director of Tribal Affairs. She also worked as Finance Director for the Pascua Yaqui Tribe prior to joining the IHS. In 1999, Ms Dupree was detailed to the Centers for Medicare & Medicaid Services (CMS) to serve as the Senior Policy Advisor, Indian health programs, and subsequently began working directly for CMS in the same capacity as Senior Policy Advisor. In 2007, Ms. Dupree became the Director of the Tribal Affairs Group, a new office established within the CMS Office of the Administrator. Ms. Dupree received her bachelor’s degree in education from the University of North Dakota and her master’s degree in business administration from the University of Arizona.

Moke Eaglefeathers is NCUIH Board President and has served on the Board for three years. He is Executive Director of North American Indian Alliance in Butte, Montana (Big Sky Country). Moke has been a leader in the Urban Indian Health community and was recognized by the Governor of Montana for his achievements. NAIA is a comprehensive health care facility with a wide range of culturally competent services.

Stacey Ecoffey, MSW, is the Principal Advisor for Tribal Affairs in the Office of Intergovernmental Affairs, Immediate Office of the Secretary at the Department of Health and Human Services. Her work involves serving as the principal advisor to Director of Intergovernmental Affairs, Deputy Secretary and the Secretary on tribal issues and the implementation of the HHS consultation policy. Prior to joining the IGA team, Ecoffey served as a Tribal Affairs Specialist with the Office of Minority Health and spent half of her time with IGA. Ecoffey also co-lead the initiation of the Direct Service Tribes Advisory Group. Before working in Washington, DC, Ecoffey served as Project Coordinator at the National Indian Health Board. She also worked with her own tribe, the Oglala Sioux, overseeing 34 of the Tribes 52 programs which dealt with health and human service programs for the tribal council and the executive branch. Ecoffey is an enrolled member of the Oglala Lakota Tribe from the Pine Ridge, South Dakota. She holds a Masters of Social Work from Boston College and a bachelor’s from Colorado State University.

Denise Exendine holds a Bachelor of Science in Business Education and is a member of the Delaware Nation of Oklahoma. Denise has worked in the health care field for over 21 years; her experience includes serving as the Business Office Manager for a private sector provider, a Provider Relations Representative for a large private insurance company in the managed care arena, an IHS Business Office Manager in both outpatient and inpatient facilities and as a Health Systems Specialist within the HQ Office of Urban Indian Health Programs. She is currently employed in the Phoenix Area’s Access Management Program.

Ken Fetcho is the Assistant Director for Water Division Yurok Tribe Environmental Program. Mr. Fetcho earned his Bachelor’s Degree in Forest Resource Conservation, Humboldt State University in 2000. He has Six years experience in water resources, biological investigations and assessments and three years experience managing grants, projects, staff and budgets.

Carolyn Finster, MHSA, is the Acting Division Director of Health and Human Services for the Ramah Navajo School Board in Pine Hill, New Mexico. This division includes the Pine Hill Health Center, Ramah Navajo Behavioral Health Services and Ramah Navajo Social Services. She received a bachelor’s degree from William Smith College, Geneva, NY in 1963 and a Master of Science in Health Administration from the University of Colorado, Denver, CO in 1989. She worked at the University of Colorado Health Sciences Center for some twenty-five years in both research and clinical administration in the Department of Radiology. In the spring of 1994 Ms. Finster began work as the Clinic Administrator at the Pine Hill Health Center in the Ramah Navajo Community — a rural and isolated 638 clinic in western New Mexico. In addition to her duties as Clinic Administrator Ms. Finster has worked as an advocate for Native American patients within the Indian Health Service system, as well as in the greater health arena of Medicaid and Medicare issues in the State of New Mexico. Currently Ms. Finster also serves as a member of the New Mexico Cancer Council, the New Mexico Department of Health Oral Health Advisory Board, and the New Mexico Primary Care Association. Ms. Finster also serves as the Secretary and Albuquerque Area Representative to the Centers for Medicare & Medicaid Services Tribal Technical Advisory Group.

Cecilia FireThunder is the coordinator for the Native Women’s Society of the Great Plains and a former President of the Oglala Sioux Tribe. Cecilia is a former nurse with long history of working
in Indian health first in the urban community of Los Angeles where she helped start the American Indian Free Clinic in the 70's, then on to San Diego where she led the move to restructure the urban clinic changing the name and location in the mid 70's where it is still providing care. In 1987 Cecilia returned to her home on the Pine Ridge Reservation after relocating in 1963 where she immediately put her skills in organizing to address needs of Ogala Lakota Woman. The Ogala Lakota Woman's Society started the movement to end violence against Ogala woman with Pine Ridge being the first reservation in the country to adopt a comprehensive Tribal code to address violence against its female citizens. After serving as the President of the Ogala Sioux Tribe, Cecilia returned to the continued work to end violence against Indian woman with an emphasis on ending rape/sexual assault against adult Indian women.

Jacqueline S. Garner serves as the Administrator for the Consortium for Medicaid and Children's Health Operations (CMCHO). As the CMCHO Administrator, she serves as the field point for all activities relating to Medicaid, the State Children's Health Insurance Program and all interactions with States and local governments. Jackie implements the national Medicaid program and fiscal policies and procedures which support effective State program administration and beneficiary protection. Through Jackie’s innovative leadership CMCHO has strengthened and improved regulations and policies that directly govern the financial operation and management of the Medicaid Program and the related interaction with the states. Jackie has promoted increased accountability within the regional offices in order to enhance the field’s presence within CMS as well as with the State Medicaid offices. Jackie joined the Centers for Medicare and Medicaid Services (CMS) as the Chicago Regional Administrator in 2003. She holds a Master’s degree and came to CMS with over twenty years of experience in health and human services.

Margaret Giannini, MD, FAAP, was appointed the Director of Health and Human Service Office on Disability in 2002. Previously Dr. Giannini served as the Principal Deputy Assistant Secretary for Aging at the Department of Health and Human Services, the Deputy Assistant Chief Medical Director for Rehabilitation and Prosthetics at the Department of Veterans Affairs, as well as the first Director of the National Institute of Handicapped Research. Dr. Giannini has also served on numerous national and international boards, chaired more than 61 international conferences on rehabilitation and developmental disabilities and is the recipient of many awards for her humanitarian services.

Cyndi Gillaspie is the Region VIII National Lead NAC for the Centers for Medicare & Medicaid Services. She has more than 20 years of experience with CMS programs, working first as a County Eligibility Worker, County Supervisor and State Consultant in Wyoming for 11 years before coming to CMS 10 years ago. At CMS, Cyndi has had extensive involvement in Tribal and Indian Health Service policy development and application within CMS’ programs.

Grace Gorenflo, MPH, RN, is a Project Director for the National Association of County and City Health Officials (NACCHO). Currently, she directs NACCHO's accreditation and quality improvement activities. She is also lending her expertise to the new Public Health Accreditation Board’s local health department standards development activities – expertise gained by directing the development of NACCHO’s Operational Definition, as well as the project to determine whether to establish a voluntary accreditation program for state and local health departments. Grace has been with NACCHO for 17 years, having served as the deputy director for five of those years. Grace has co-authored several articles on managed care and accreditation. She received a Master of Public Health from Johns Hopkins University. She also has a Bachelor of Science in Nursing from the University of Virginia, and worked for 10 years as a registered nurse in adult surgery, HIV/AIDS clinical trials, and emergency medicine.

Katherine Gottlieb, MBA, has served as Southcentral Foundation's President/CEO since 1991. Under her direction and guidance, SCF has become a leader among the nation’s healthcare organizations, winning national recognition for innovations such as the same-day access to care, SCF’s unique and creative programs drawn upon the Alaska Native culture to address health care challenges in the areas of physical, mental, emotional and spiritual wellness. Katherine, a 2004 MacArthur Genius, holds a Bachelor of Arts degree, a Master’s in Business Administration, and an honorary doctorate from Alaska Pacific University, and serves on numerous boards, including the Alaska Heritage Center and APU.

Dodie Guioa, MBA, is the CMS Region VI Non Long Term Care Policy Lead in the Division of Survey and Certification. He is on the faculty for CMS national training for hospital and Emergency Medical Treatment and Labor Act (EMTALA). He serves as a resource person for hospital and EMTALA issues for other CMS Regional offices. Before joining CMS in 1998, he was a non long term care facilities surveyor in Texas for 8 years with emphasis on home health, hospitals and EMTALA. He has an MBA in Health Services Management from the University of Dallas in Irving, TX, a Psychiatric Nursing Diploma from England, and a Bachelor of Science in Nursing degree from Texas Women’s University in Denton, Texas. He is a Registered Psychiatric Nurse and a Registered Nurse. He has extensive clinical experience in forensic and adolescent psychiatry, emergency room nursing, cardiovascular nursing, oncology and bone marrow transplantation, plastic and reconstructive surgery, and many more.

David Hale is a Technical Information Specialist at the National Library of Medicine. He received a Bachelor of Science in Physical Science from the University of Maryland. Mr. Hale’s work focuses on using emerging technologies to develop innovative methods of exploring and presenting health information. Mr. Hale is very active in health information outreach and has particular interest in connecting decision makers, health care providers, and consumers with health information resources to empower their work. He recently presented at the 15th National Tribal Environmental Conference in Santa Fe, New Mexico.

Christopher Halliday, DDS, is the Chief Professional Officer for the Dental category in 2006 where he is responsible for providing leadership and coordination of U.S. Public Health Service dental professional affairs for the Office of the Surgeon General. Commissioned in 1988, Dr. Halliday was assigned to the Indian Health Service in Barrow, AK, and was responsible for the dental patients at eight Inupiat Eskimo villages and the North Slope of Alaska. In 1990, he then transferred to New Mexico and Arizona to continue his service with Indian Health Services. Dr. Halliday is the recipient of numerous awards for his outstanding service.

Rhonda Harjo, JD, MBA, is Mississippi Choctaw and Muscogee-Creek originally from Oklahoma and currently serves as Deputy Chief Counsel for Senator Murkowski, Vice Chair, on the Senate Committee on Indian Affairs. She handles health, law enforcement, education, and a host of other issues for the Committee, including serving as the Minority lead negotiator on the Indian Health Care Improvement Act – the cornerstone legislation for the Indian health care system. Before joining the Committee staff, Ms. Harjo worked as an Attorney-Advisor in the Solicitor’s Office for the Department of Interior, working on gaming, Tribal consultation, housing and social services. In addition, Ms. Harjo has worked for the Oneida Nation in New York as Assistant
General Counsel and Attorney General for the Seminole Nation of Oklahoma. She also was the Court Administrator for the Shoshone Bannock Tribes in Idaho. Ms. Harjo is a graduate of the Georgetown University Law Center LL.M program with a graduate law degree in International Business and Securities Regulation. She is also a graduate of the Oklahoma City University School of Law and Business where she received a joint JD/MBA.

Carl Harper, a member of the Cherokee Nation of Oklahoma is the Director of the Office for Resource Access and Partnerships (ORAP) for the Indian Health Services (IHS). He began his career with IHS in 1988 as a management analyst, previously working for five years with the Bureau of Indian Affairs. Mr. Harper has numerous honors such as the IHS National Council of Executive Officers Service Award, IHS Secretary’s Group Award for Chairmanship of a Committee that established a new Employee Performance and Awards System in IHS, and various IHS Director’s Group Awards.

Karen L. Helsing, MHS, is the Director of Education & Research at the Association of Schools of Public Health (ASPH). Ms. Helsing manages numerous projects for ASPH including overseeing the Centers for Public Health Preparedness, Academic Health Departments as well as various projects in public health. Prior to joining ASPH in 2000, Ms. Helsing served as the International Health Associate at the George Washington University School of Public Health, Center for Global Health. She has also consulted with the Overseas Development Council and is a member of the APHA & the Association of Teachers of Preventive Medicine. Ms. Helsing has co-authored several studies related to women’s health and reproductive health issues. Ms. Helsing received her Master’s Degree in Health Science in Population Dynamics from Johns Hopkins University, Bloomfield School of Public Health.

Gerald Hill, MD, Klamath/Patux, Dr. Gerald Hill received his undergraduate degree from the University of Washington in 1971. He went on to earn his medical degree from UW in 1980. He completed his residency in internal medicine at the University of California at San Francisco. As a clinical faculty member and a Robert Wood Johnson fellow, Dr. Hill has specialized experience in health related research in urban and reservation-based Indian populations. He has served on a variety of boards, advisory committees, and appointments based on his expertise in American Indian health issues. He was President of the AAIH in 1993-94. Dr. Hill was the Director of the Center of American Indian and Minority Health at the University of Minnesota School of Medicine—Duluth. In 1993, the program successfully pioneered a model project called “Center of Excellence in Indian Health”.

Debbie Ho, JD, is a Partner at Jérémie Consulting, LLC. She possesses in-depth knowledge of Indian law and policy and has wide-ranging experience in providing strategic advice to tribal governments, tribal programs, and tribal organizations to ensure that their objectives are successfully met. Debbie has served as Assistant Counsel to the President in the Office of White House Counsel and as Attorney Advisor in the Office of Legislative Affairs in the United States Department of Justice. In addition, she has served as both an appellate and trial attorney in the Justice Department’s Civil Division Honors Program where she represented the United States in over forty cases. In private practice, Debbie represented clients in the areas of litigation, investigations, and regulatory compliance. Debbie grew up in Mississippi, graduated from Stanford University with a B.A. in 1991, and graduated magna cum laude from the University of Mississippi School of Law with a JD in 1996. She is admitted to practice in Mississippi and the District of Columbia.

Kathy Hughes is serving her second consecutive term as Vice Chairwoman of the Sovereign Oneida Nation of Wisconsin. Vice-Chairwoman Hughes’s 22 years of work for the Oneida Tribe includes serving 5 three year terms as the Tribal Treasurer. She is also a Vietnam era veteran through enlistment in the Women Army Corp. Kathy serves on the Indian Health Service Tribal Advisory Board, Department of Health and Human Services Tribal Technical Advisory Group for CMS, Native Health Research Advisory Council, Wisconsin Council on Problem Gambling, Wisconsin’s Minority Health Council and most recently appointed to the Healthiest Wisconsin 2020 Strategic Leadership Team.

Ruth Hummingbird has been Coordinator for the Cherokee Nation Comprehensive Cancer Control Program since July 2003. She works with others to identify cancer disparities in Cherokee Nation and helps to develop programs to reduce these disparities in an effort to reduce the high cancer mortality rates among Native Americans living in the 14 counties area. She has been instrumental in the development of the first Comprehensive Cancer Control plan in Oklahoma. The plan addresses the whole spectrum of cancer issues facing the Native American population living in the Cherokee Nation. Ruth graduated from Northern State University in 2001.

Troy Hunt, M.A is of the Tangle People and born for the Bear Clan, and is from Farmington, New Mexico. He earned his Bachelor’s Degree in Psychology from Fort Lewis College in Durango, Colorado, and his Masters Degree in Education Counseling from San Diego State University. He has worked in Native communities for thirteen years with youth and adults as a counselor, school psychologist intern, and case manager and currently works as a Behavioral Health Planner with Navajo Department of Behavioral Health Services.

Jessica Imotichey, MPH, currently serves as a Policy Analyst in the Division of Regulatory Affairs at the Indian Health Service. She initially entered the federal government as a member of the first class of Emerging Leaders within the Department of Health and Human Services (2002-2004). Jessica received her Master’s Degree in Public Health, focusing in Health Administration & Policy, from the University of Oklahoma. Prior to entering the federal government, Jessica worked as a Tribal Liaison for the Oklahoma Healthcare Authority (State Medicaid Agency). Ms. Imotichey is an enrolled Tribal member of the Chickasaw Nation of Oklahoma.

Danna Jackson, JD, is a attorney at Akin Gump in its American Indian Law and Policy Group. Prior to joining Akin Gump, Ms. Jackson gained significant legislative experience in her role as an advisor to Sen. Tim Johnson (D-SD). Prior to working on the Hill, Ms. Jackson was a staff attorney for the National Indian Gaming Commission and practiced law in Great Falls, Montana. Ms. Jackson grew up on the Confederated Salish and Kootenai Tribes Flathead Indian Reservation in western Montana, but now lives in Alexandria, Virginia.

Captain Charles Jaworski, OD, FAHO, is a graduate of Western Oregon University (1985) and earned his doctorate at Pacific University (1989). He is Fellow of the American Academy of Optometry and a Diplomate in Public Health and Environmental Optometry. He holds the rank of Captain in the United States Public Health Service. He has published numerous articles in scientific journals and lectures on visual and eye problems found in children and people with major medical diseases such as diabetes, HIV, and fetal alcohol syndrome. He has held adjunct faculty positions at several colleges and universities.
Brenda Jeanette Smith is the Director of Contract Health at IHS Headquarters. Brenda is an enrolled member of the Turtle Mountain Band of Chippewa Indians located in Belcourt, North Dakota. She grew up on the reservation and attended both grade school and high school in Belcourt. She moved to California where she worked and studied nursing and received her LVN license in 1980. She worked at Long Beach Memorial Hospital and years later went to work at the Veterans Administration Memorial Hospital located in Long Beach, California. This is where she entered the federal service. In 1992, Brenda accepted a position at Headquaters in the CHS Branch as Assistant Fiscal Intermediary (FI) Project Officer. In 1996 she became the FI Project Officer and in 2006 she was selected as the Director for the Contract Health Services.

Warren Jimenez joined National Native American AIDS Prevention Center (NNAAPC) as Executive Director in July 2007. Prior to joining NNAAPC, Warren served as Senior Policy Director for Portland City Commissioner Sam Adams. In that capacity he was responsible for policy development, community and media relations, and community partnerships. Additionally, Warren formerly served as Health Director for the Native American Rehabilitation Association and the Executive Director of the Tri-County Economic Development District in Colville, Washington. Most recently, Warren has accepted the position of Deputy Chief of Staff for Mayor Elect Sam Adams in Portland, Oregon. He will begin his new position on January 1, 2009.

Jacqueline Johnson Pata is the Executive Director of the National Congress of American Indians (NCAI), the oldest and largest tribal representative organization, which informs the federal government and the public on federal policy issues affecting tribal governments. NCAI also coordinates communications among tribal governments and serves as a forum for consensus-based policy development among its membership of more than 250 tribal governments in the United States. Aside from her duties at NCAI, Johnson serves on a variety of national executive committees, including the Executive Board for the Leadership Conference on Civil Rights and the National Conference for Community and Justice and National Voices. She is also a board member of Scalska Corporation, an Alaska Native regional corporation. In her commitment to American Indian youth development, Johnson sits on the Native American Advisory Council for the Boys and Girls Clubs of America. Prior to joining NCAI in June 2001, Johnson served as Deputy Assistant Secretary for Native American Programs of the U.S. Department of Housing and Urban Development. The Office of Native American Programs (ONAP) administers programs throughout the United States, which provide affordable housing for Native Americans. She is a member of the Raven/Sockeye Clan of the Tlingit Tribe and is a former member of the Central Council of the Tlingit-Haida Indian Tribes of Alaska.

Rachel A. Joseph is a member of the Lone Pine Paiute-Shoshone Tribe of California and serves as the Co-Chair of the National Tribal Steering Committee (NSC) for the Reauthorization of the Indian Health Care Improvement Act (IHCIA). She is The Chairperson of the Lone Pine Paiute-Shoshone Tribe and a current board member of the Toiyabe Indian Health Project, a consortium of nine Tribes, which serves Mono and Inyo Counties in central California. She has served for several years on the Indian Health Service (IHS) National Budget Formulation team representing California and has been elected to represent the IHS East Central California Tribes to the California Area Office Advisory Committee. Ms. Joseph is a graduate of Brigham Young University. She has worked as a Retired Legislative Advocate for the California Teacher's Association, and has served as the former Executive Director of the National Congress of American Indians and the California State Director for the Clinton/Gore 1996 Election Campaign.

Lt. Governor Jefferson Keel, MS, the Lieutenant Governor of the Chickasaw Nation, is firmly committed to the service of Indian people. Lt. Governor Keel is keenly aware of the roles and responsibilities expected of Tribal leaders and earnestly believes in the policy of "helping our people through honorable public service." A proven and highly respected Tribal leader, he was recently elected to serve as the First Vice President of the National Congress of American Indians, the nation's oldest and largest Tribal organization. Lt. Governor Keel is a retired U.S. Army officer with over 20 years of active duty service. He earned a bachelor's degree from East Central University in Ada, Oklahoma and completed his Master of Science degree at Troy University in Alabama. He has background experience in social services and all Tribal health programs. Lt. Governor Keel and his wife, Carol, have three children and seven grandchildren.

Robin R. King is the Director, CMS Office of External Affairs (OEA), in the Department of Health and Human Services since October 2007. In this role he guides the 200 employees in OEA to successfully achieve the strategic communication objectives that promote to the American public the vital healthcare finance products offered by CMS to 90 million eligible Americans. The 4000 employees of CMS administer the delivery of about $650 billion in healthcare products and services that are maintaining and consistently improving the nation's healthcare. Mr. King brought over 15 years of senior-level public policy communications experience directing strategy, national organizations in advocacy, issues management, and in developing long-term brand strategy for organizational success. His experience and skills include developing strategies and moving major issues through communications channels including media, government, industry, and public forums. In the areas of public policy and advocacy he also has served the U.S. Department of Commerce as an industry adviser on international trade, contributed to Vice President Cheney's Energy Policy Task Force on behalf of more than 100,000 industrial manufacturing workers, and advocated public policy for U.S. capital markets on trading systems, stock options, and corporate disclosure while at NASDAQ.

Melanie Fourkiller Knight currently serves as Secretary of State for the Cherokee Nation. Ms. Knight represents Tribes at a national level in various capacities to affect positive impact and change in Tribal policy issues. She has served on the DHHS Negotiated Rulemaking Committee, DOI Tribal Self-Governance Advisory Committee, IHS Tribal Self-Governance Advisory Committee, individual inter-Tribal task groups on numerous BIA, IHS, and DOI issues, IHS Agency Lead Negotiators Manual Development, and various proposal review committees such as ANA, DOI SI Education/Communication Project, IHS Self-Governance Planning/ Negotiation grants, and IHS Small Ambulatory Grant Program. Recently, she was nominated to serve as the Eastern Oklahoma Region Representative for the Indian Reservation Roads Program Coordinating Committee. Mr. Knight is an enrolled member of the Cherokee Nation. For the past 10 years she has been, and continues to be, an asset to the Cherokee Nation.

Carol Korenbrot, Ph.D., is the Research Director for the California Rural Indian Health Board, Inc. (CRIHB) and the California Tribal Epidemiology Center. She has worked with CRIHB since 1998 on health services and health policy research studies. She retired in 2006 from her position as Professor of Health Policy at the University of California San Francisco, Institute for Health Policy Studies, where she had been a faculty member for over 20 years, and now works exclusively for CRIHB as the Research Director.

Bill G. Lance Jr., MPH, is the Administrator of the Chickasaw Nation Health System. He has served in his current position since 2000. Mr. Lance also has substantial knowledge and involvement
in the Indian Self Determination Act and its regulations and policies. He currently serves on the Indian Health Service Information Systems Advisory Committee, technical advisor to Governor Bill Anaatubby on the Oklahoma Health Care Authority Board. He also participates in Tribal funding agreement negotiations and is involved in both national and Oklahoma City Area Tribal self-governance meetings. Mr. Lance received a Master of Public Health degree from the University of Oklahoma, College of Public Health. He also holds a Bachelor of Science degree in Nursing from East Central University.

Mark Macarro, Tribal chairman of the Pechanga Band of Luiseño Indians, was first elected in 1992 and is serving his sixth term on the council and fifth term as chairman. Macarro’s vision for the Pechanga people is to see the band strengthen its political self-determination and economic self-sufficiency by developing a diversified economy for the Pechanga. A national leader, Macarro represents Pechanga in the National Congress of American Indians (NCAI) and on the board of directors for the National Indian Gaming Association (NIGA). As a Gray Davis gubernatorial appointee, Macarro was the only Native American to serve on the California Workforce Investment Act Board. Macarro is the current Chairman of the Riverside County Sheriff Native American Affairs Commission. He also served as a Riverside County Board of Supervisors appointee to the County Historical Commission. Macarro was also elected to the board of directors of Borrego Springs Bank, NA. As a charter board member Chairman Macarro helped found the Advocates for Indigenous California Language Survival (AICLS), a non profit organization, in the early ’90s. Macarro has a Bachelor of Arts Degree in Political Science from the University of California, Santa Barbara.

Gale Marshall, Oklahoma Choctaw, is the owner of Two Feathers Management, a national consulting firm that provides qualitative research, meeting facilitation, health communication and media services to a variety of federal organizations, marketing firms, universities and Tribal organizations. For the past 10 years, Gale has provided consulting services to the IHS Division of Diabetes Treatment and Prevention (IDTP) and the Special Diabetes Program for Indians (SDPI) regarding diabetes in American Indian and Alaska Native populations. She has worked on a number of committees related to diabetes, including the National Diabetes Education Program (NDEP) AI/AN Workgroup and is its current Vice Chair. She currently serves on the IHS/SDPI Committee on Grant Steering Committee, American Diabetes Association Awakening the Spirit Team, and the Novo Nordisk, Inc. American Indian Advisory Board. She was a member of the United Nations Diabetes Resolution/International Diabetes Federation (IDF), Indigenous Populations Workgroup and most recently served as a liaison for the Nike Wellness Shoe Project, a collaborative effort between Indian Health Service, NIHB and Nike.

Lloyd Miller is a partner in the Native American rights law firm of Sontosky, Chambers, Salsce, Miller & Munson, L.P.P. Lloyd’s work focuses on maximizing tribal self-governance by assisting Tribes in transferring governmental activities from the federal government back to Tribes, and on holding the government accountable for its obligations to the Tribes. In 2005, Lloyd won a unanimous victory for two Tribes in the Supreme Court, and in 2007 he secured the largest judgment ever awarded for a Tribe against the Indian Health Service. Lloyd is a 1975 graduate of Yale University and graduated with honors in 1978 from the University of Virginia Law School.

Denise Mohling has worked for the Medicare Contractor, TrailBlazer Health for 18 years. Her current position is in the Provider Outreach and Education Department. She is responsible for all Indian Health Part B educational issues. This includes conducting workshops; participating in various Indian Health conferences; conducting training through the TrailBlazer web based center and teleconferences. She is also responsible for handling Indian Health Part B claims processing problems and educating billing staff on how to correct these problems. Denise has been a Certified Professional Coder (CPC) for the past four years.

Rene Mollow, MSN, RN, has been with the California Department of Health Care Services (DHCS) since 1995, working primarily with the Medi-Cal Program, California’s version of Medicaid. Currently as the Associate Director she is responsible for ensuring the coordination of multi-departmental efforts to develop statewide health reform initiatives. Prior to joining the DHCS, she served as Associate Director of the Associate Degree Nursing Program and Assistant Professor of Nursing at Bakersfield Community College. René earned her Master’s Degree in Nursing Education and Bachelor’s degree in Nursing from California State University at Bakersfield, and is a certified Public Health Nurse.

Kelly Moore, a member of the Muscogee (Creek) Nation of Oklahoma, is the first American Indian Chair of the Committee on Native American Child Health of the American Academy of Pediatrics. She recently retired from the Indian Health Service with 15 years of experience in American Indian communities in Montana, Utah, Arizona, and Washington and 5 years with the Indian Health Service Division of Diabetes.

Robert D. Moore, an enrolled member of the Rosebud Sioux Tribe of South Dakota, is serving his second consecutive term as an elected Council member of the Tribe. Moore serves on the Health, Government Affairs (Chair) and Budget and Finance (Vice Chair) committees for the Tribe. He is also the Great Plains Alternate Area Vice President of the National Congress of American Indians, and Aberdeen Area representative to the Tribal Technical Advisory Group of the Centers for Medicare & Medicaid Services. Moore has been a leader for the Great Plains Tribes working to secure recent passage of the Indian Health Care Improvement Act in the US Senate advocating for Tribal citizens, promoting Tribal sovereignty and securing treaty obligations for health care. Working almost exclusively in federal Tribal relations for 20 years, including serving as the Indian Affairs staff member for former US Senator Tom Daschle, his work has raised the awareness of health disparities throughout all of Indian Country. He has also worked extensively in and is a strong advocate for American Indian Higher Education as a former employee and graduate of Sinte Gleska University of Rosebud. He makes his home in Antelope, South Dakota at the heart of the Rosebud Sioux Indian Reservation where he is the primary care-giver for his older parents.

Carolyn Thomas Morris, Ph.D., is of the Red Streak Clan and born for Tangle People. She was born and raised in Oak Springs, Arizona, on the Navajo Nation. She is a Licensed Psychologist with the Navajo Department of Behavioral Health Services, and is one of the few practicing psychologists who is fluent in the Navajo language. She earned her Bachelors Degree in Sociology and Human Services from Fort Lewis College in Durango, Colorado, and her Masters and Doctorate in Psychology at Utah State University in Logan, Utah.

Christopher Morris, Ph.D., is a Clinical Director for the Navajo Department of Behavioral Health Services New Mexico Service Area. Dr. Morris is a licensed clinical psychologist, who earned his doctorate at Utah State University. Besides his extensive experience in Native American behavioral health, he has a special interest in early childhood mental health and has worked as both a researcher and a clinician with early intervention and Head Start programs in New Mexico and Utah.
Priscilla Nez, Navajo, resides in Rapid City, South Dakota with her family and is originally from Seba Dalkai, Arizona. She is the Coordinator for the Black Hills Center for American Indian Health's project “Adapting a colorectal screening program for older Lakota men and women” on the Pine Ridge Reservation. Priscilla has made some tremendous progress in having elders screened for colorectal cancer through this project. She has provided assistance on many cancer projects on the Navajo Reservation, including the development of the first all Navajo spoken (with English subtitles) educational video for newly diagnosed breast cancer patients.

Rosella Norris is a member of the Pima Tribe of the Gila River Indian Community. Rosie is the Native American Coordinator for the Centers for Medicare & Medicaid Services (CMS) in the San Francisco Regional Office and is also a CMS Health Insurance Specialist. She has worked in many facets of the Medicare program and has an intricate knowledge of the Medicare program. Rosie has worked extensively on special projects as the Team Lead for 8 CMS program workgroups. She has written national policy on Medicare programs for all populations and prepared responses to CMS documents for publication related to Indian Health. Rosie presents at Elder Conferences, coordinates and presents at CMS local and national trainings to Indian Health Professionals and Providers on CMS Programs. She works closely with the Indian Health -Service, Tribes, Tribal Organizations and Urban Programs in her region. She is one of 10 CMS Native American Coordinators across the Country.

Carol Odinzoff, RN, MHCA, SANE-A is a native of Lavallette, New Jersey. She has worked in the Alaska Native Tribal Health System for 18 years as a Registered Nurse and has worked in the past as a forensics nurse specialist. She has a long history of organizational management with the Community Health Aide Program and once supervised the 50 village clinics on the Yukon Kuskokwim Delta of western Alaska. Carol is currently the Assistant Director of the Community Health Aide Program/Rural Health at Alaska Native Tribal Health Consortium in Anchorage. It is in that role that she serves as the Project Facilitator of the Dental Health Therapy Training Program.

Brian Patterson has served as President of United South and Eastern Tribes (USET), a national Indian organization that represents 25 Tribes east of the Mississippi River since 2006. He also served as Chairman of USET’s Culture and Heritage Committee. He is a Bear Clan Representative to the Oneida Indian Nation’s Men’s Council and Clan Mothers, the Tribe’s governing body, responsible for directing policy for the Oneida Indian Nation of New York. In addition, he has been active in government-to-government consultations on a variety of issues, such as the Environmental Protection Agency, the federal Advisory Council on Historic Preservation and the Fort Drum Army Base.

Mickey D. Peercey, MSW, resides in Tishomingo, Oklahoma (historic Capitol of the Chickasaw Nation). He received his Bachelor of Arts degree from East Central State University, Ada, Oklahoma in 1972 and a Masters Degree in Social Work from Oklahoma University in 1982. He began his professional career working with the Youth Services and Juvenile Court system, and later taught social work courses at the college level and practiced in the private sector as a clinical social worker. In July of 2007, he was appointed as the Executive Director of Health Services for the Choctaw Nation, which includes oversight of the Tribal hospital, seven (7) outlying clinics, and the preventative health programs. He received the 2006 Jake Whitecrow Award from the National Indian Health Board for recognition of lifetime achievement in the advancement of healthcare for American Indians/Alaska Natives.

Nettie Prack provides consulting in the areas of community needs assessment, grant funding, governance training, organizational analysis, organizational development, policy analysis, program development and strategic planning. Ms. Prack is also a contract provider of clinical, administrative and governance technical assistance for United States Health and Human Services, Health Resources Services Administration, Bureau of Primary Health Care program for Management Assistance Corporation and Management Solutions Consulting Group as well as serving as a reviewer and chair for United States Health and Human Services, Health Resources Services Administration, Bureau of Primary Health Care and Office or Rural Health programs Objective Review Committees and Division of Independent Review.

David Rambeau was voted on the NCUH Board in June at the 2006 Conference in Washington, D.C. He is Executive Director of United American Indian Involvement in Los Angeles, CA. The program has a variety of culturally specific programs, including a domestic violence program, a youth regional treatment center, and the Robert Sundance Family Wellness Center.

Charles Ty Reidhead, M.D. is a member of the Three Affiliated Tribes of North Dakota. He began his career with the United States Public Health Service Commissioned Corps in 1997 with the White River Indian Hospital. He was appointed by the Director of the IHS in 2004 as the National Chief Clinical Consultant in Internal Medicine. He is now the Chair of the National Chronic Care Initiative working with the Indian Health System to improve the health status of patients and populations affected by chronic disease and reduce the prevalence and impact of those diseases among American Indian and Alaska Native People.

William Riley, Ph.D. is Associate Dean, School of Public Health, University of Minnesota; and the Interim Executive Director of the Public Health Accreditation Board, based in Washington D.C. He specializes in the area of quality improvement and quality control and safety. He teaches healthcare quality improvement and process control and has led numerous quality improvement initiatives in public health departments. Dr. Riley has over 20 years experience as a senior health care executive and has held the position of president and CEO of several large health care organizations where he has had extensive experience developing and implementing effective quality improvement initiatives. He is the author of numerous studies related to quality control, patient safety and health care management; and has consulted nationally on numerous quality improvement projects.

Anselm Roanhorse Jr., MSW, was appointed as the Executive Director for the Navajo Division of Health (NDOH) in June 2003. Since 2003, NDOH has reached out and met with numerous state, federal, and tribal officials at local, state, regional and national levels primarily to improve and expand healthcare services for which the Navajo people are entitled to. Mr. Roanhorse earned his B.A. degree in Sociology from the University of Arizona and M.A. in Social Work from Arizona State University. In 1977, Mr. Roanhorse began his professional career on the Navajo Nation and has over 30 years of experience in social services, child welfare, and health care including 12 years of service with Navajo Area Indian Health Service. He has previously served as the Executive Director of Navajo Division of Social Services and Chief of Staff at the Office of the Navajo Nation President and Vice President. He also worked with Arizona Department of Economic Security in Phoenix, AZ as Deputy Assistant Director, and also worked as a Medical Social Worker a private hospital in Gallup, New Mexico.

James C. Roberts is a Hopi/Sioux Tribal member and is enrolled with the Hopi Tribe at Shungnupovi, Arizona. He has worked in American Indian governmental and health issues for over twenty years.
years. Currently, Mr. Roberts serves as the Policy Analyst for the Northwest Portland Arca Indian Health Board (NPAIHBB). Jim works to advise federal and state governments from the perspectives of the Tribal governments and Indian health care consumers and provides technical expertise to Tribal leaders on a number of health policy and governmental matters. He was instrumental in working with Tribal leaders to revise the HHS and IHS Tribal Consultation policies. He has served as a technical expert in writing both the CDC and CMS Tribal Consultation policies. He has served to support the IHS Budget Formulation Work Team since its inception in 1997. Jim worked with Northwest Tribal leaders to establish the CMS Tribal Technical Advisory Group by serving on the interim TTAG and now serves as a current member. Mr. Roberts facilitates state/Tribal relationships in Idaho, Oregon, and Washington. He has worked to get important legislation passed that benefits Tribes at the state and national levels. He completed his education at Metropolitan State College of Denver with degrees in Economics and Business Management.

**Kimberly Romine** is a member of the Seneca Nation of Indians of New York and serves as the Healthy Indian Country Initiative Project Manager on behalf of the Department of United States Health and Human Services (DHHS) Office of Minority Health. This is a detail assignment from her regular job as the Executive Director to the Intradepartmental Council on Native American Affairs in the Office of Intergovernmental Affairs (IGA) at the DHHS. Before joining IGA, she was the Deputy Commissioner for the Administration for Native Americans, Administration for Children and Families, HHS and prior to working at HHS she worked at the Bureau of Indian Affairs, Department of the Interior as the Acting Chief, Division of Acquisition. Kimberly obtained her bachelor’s degree in psychology from Syracuse University in 1978 before beginning her Federal career.

**Geoff Roth**, Hunkpapa Sioux, is the Executive Director of the National Council on Urban Indian Health. Mr. Roth honed the skills necessary to offer guidance and technical assistance to Tribal Colleges, Tribal governments and organizations and a variety of local agencies involved in Indian Education. He served as Team Leader and Education Program Specialist in the Office of Indian Education, in the US Department of Education, and as the Executive Director of the Native American Youth Association in Portland, Oregon. Mr. Roth has also been selected to serve as the Vice President of the Board of Directors, of the National Native American AIDS Prevention Center (NNAAPC) and Chairman of the Policy Advisory Committee, recently working on the Ryan White Care Act reauthorization. He holds a BS in Educational Studies from the College of Education, University of Oregon.

**Larry Rosenthal** is a Partner at Ietan Consulting, LLC, and a former Senior Vice President of Wheat & Associates, LLC. Larry served as Chief of Staff of the National Indian Gaming Commission, the federal agency responsible for the regulation of the $11 billion gaming industry. Mr. Rosenthal also served as the first Director of the Congressional Native American Caucus and Legislative Director for Congressman Dale E. Kildee of Michigan. Larry was appointed to the position of Chief of Staff in January of 1998 where he served under National Indian Gaming Commission (NIGC) Chairman Taid Johnson and Montie Deer. In this role, he was responsible for the day-to-day operations of the NIGC as well as policy development and implementation. He also served as the NIGC’s chief liaison with the White House, Department of Interior and the United States Congress. While serving over 11 years under Congressman Dale Kildee, one of the foremost advocates for Native Americans in the U.S. Congress, Larry formulated and led the bi-partisan Congressional for Native American Caucus (Caucus). This was the first Congressional Caucus to voice support sovereignty and Native American issues. During his tenure on Capital Hill, Larry served as coordinator of the Congressional Automotive Caucus and worked on a number of important legislative initiatives including the reauthorization of the Higher Education Act and other Indian-related issues.

**Yvette Roubideaux, MD, MPH**, Assistant Professor in the College of Medicine at The University of Arizona. Her work focuses on research and education on diabetes in American Indians/Alaska Natives and American Indian health policy. She is the Co-Director of the Coordinating Center for the Special Diabetes Program for Indians Diabetes Prevention and Healthy Heart Demonstration Projects. She is the Chair of the Awakening the Spirit Team of the American Diabetes Association.

**Melissa A. Schlichting, JD**, has represented Tribes and tribal organizations in various capacities for over 10 years in both Montana and California. Since joining the firm, Ms. Schlichting has focused her practice on Indian gaming; Tribal economic development; Tribal energy development and rights of way; and Indian health care, including P.L. 93-638 contracting and compacting. Ms. Schlichting is a member of both the California and Montana State Bars.

**Mark Siemon, RN, MPH,MSN**, is currently a Robert Wood Johnson Foundation Health Policy Fellow with the University of New Mexico, College of Nursing. Mr. Siemon worked with American Indian and Alaska Native Tribes in the Southwest from 1995 through 2008. He served as a public health nurse with the Indian Health Service in the New Mexico Pueblos of Santa Clara and Okay Owingeh, the Navajo Nation, (Clinic Service Unit, 1996-1998), and the Pueblo of San Felipe (1998-1999). Mr. Siemon spent the past nine years working with the Pueblo of San Felipe helping to establish a locally administered health program under P.L. 93-638.

**Benjamin Smith MA, MPH**, currently serves as a Policy Analyst in the Office of Tribal Self-Governance at the Indian Health Service. Prior to his federal service, he worked with the Choctaw Nation of Oklahoma performing research, advisory services, and consultation on health programs with national, state and local health departments. He has extensive international development fieldwork experience in Western Africa and Central Europe. Mr. Smith has a MA degree in International Peace and Conflict Resolution from the American University and a BA from Brigham Young University. He also holds post-graduate certificates in Senior Executive Leadership and Business from Georgetown University. Mr. Smith has completed MPH coursework in Epidemiology and Biostatistics from the Johns Hopkins University. Mr. Smith is an enrolled member of the Navajo (Dine) Nation.

**Lane Terwilliger, JD**, began her career at CMS in 1993 working on Medicare Reimbursement policy. She has held several positions in CMS and has been working in Medicaid since January 2005. Lane works on Medicaid section 1115 demonstrations and the implementation of the Deficit Reduction Act Medicaid citizenship and identity documentation requirement. Lane has a Juris Doctorate and a Masters in Health Law from DePaul University, College of Law.

**Cecilia Tibbetts** is a member of the Houlton Band of Maliseet Indian Tribe where she has worked for the Maliseet Youth Program for the past 3½ years. The program operates an after school program funded by a grant from the State of Maine, which the Tribe has administered for the past 6½ years. Focus areas for the project include cultural activities, physical activity, community service projects, and Elder activities. Ms. Tibbetts is working with the current Healthy Indian Country Initiative Project Coordinator, Ms. Alissa Black, on the “Knock Our Smoking”, “GIPSing Tobacco Road”
and “The Amazing Tobacco Free Family Adventure Challenge” activities.

Curtis W. Turner, MBA, joined the Department of Labor in mid 2005 to manage the Federal Government initiative and program GovBenefits.gov. The GovBenefits.gov program has its mandate in the President’s Management Agenda to create better access for citizens to government benefit programs. Curtis currently oversees all aspects of the program including partner relationships with 17 Federal partner agencies, the Web site which houses more than 1,000 benefit programs, and the outreach and governance efforts for the program. Curtis brings a wealth of talent and experience to the GovBenefits.gov program for marrying Information Technology and Marketing to provide services to citizens and reduce costs to the government. Prior to joining GovBenefits.gov, Curtis spent nearly 29 years with the United States Postal Service, where he played key roles in shaping and developing that Agency’s Internet Channel and flagship Web site; USPS.com. Curtis has a Master’s degree in Business Administration and lives in Northern Virginia.

Joni Wellington, RN, Registered Nurse graduated in 1988 with a BS in Nursing from East Central University. After an extensive background in ICU, Home Health and Hospice Joni came to work for the Chickasaw Nation in September of 2000 as the Case Manager. Joni worked closely with the Contract Health Department and in June of 2006 became the Contract Health Manager. Joni currently manages the day to day operations of the Contract Health Department as well as Case Management. Recently with the implementation of the Medicare like Rate rule Joni researched and was instrumental in the purchasing of an outpatient pricing software.

Cheryl Weixel, MS, M.Ed., has worked for the Coeur d’Alene Tribe for over 10 years. She is the Director of the Coeur d’Alene Tribal Wellness Center, overseeing the Fitness, Aquatics, Youth, Membership, and the Physical Therapy Departments. Ms. Weixel has worked closely with the Youth Coordinators to develop and implement the Tribal youth programs which includes a Tribal Youth Council, Youth Sports League, and the summer Rock n’ the Rez program. She graduated from North Dakota State University with a Masters of Science in Education, with an emphasis in Sports Psychology.

James Whitfield was appointed as Secretary Leavitt’s Regional Director for Region in July 2005. Whitfield is the Secretary’s top representative in the region, responsible for guidance and coordination of HHS policies in Alaska, Idaho, Oregon and Washington. Prior to his appointment, Whitfield served as the senior officer for community relations for the Washington Health Foundation in Seattle, a statewide nonprofit organization dedicated to improving the health of Washington communities. During his tenure at the foundation, he was responsible for developing and implementing a statewide campaign to make Washington the healthiest state in the nation. A graduate of the University of Iowa, Director Whitfield was born in Arkansas and moved to Washington State from the Chicago area in 1997. Whitfield looks forward to focusing on HHS Secretary Leavitt’s initiatives, including implementation of the new Medicare prescription drug coverage and emerging health information technology issues, as well as American Indian and Alaska Native health and human service issues and health disparities.

Anthony Wright serves as Executive Director for Health Access California, the statewide health care consumer advocacy coalition, working on behalf of the insured and uninsured, made up of over 200 organizations representing seniors, children, working families, people with disabilities, immigrants, people of faith, labor, and communities of color. Under Wright’s leadership since 2002, Health Access has been a leader in efforts to fight health care budget cuts, to expand both employer-based coverage and public insurance programs, to advance consumer protections, and to address the causes of medical debt. Wright’s background is as a consumer advocate and community organizer, and he has been widely quoted in local and national media on a range of issues. He served as Program Director for New Jersey Citizen Action. As coordinator of New Jersey’s health care consumer coalition, he ran successful campaigns to win HMO patient protections, defeat for-profit takeovers of nonprofit hospitals and Blue Cross Blue Shield, pass a law to govern hospital conversions and acquisitions, and expand coverage for low- and moderate income children and parents. Wright graduated from Amherst College magna cum laude in both English and Sociology.
Conference Exhibitors

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Redlands, California

Sacred Faces Jewelry
North Hills, California

Talking Leaves Bookstore
Cherokee, North Carolina

Tafoya Jewelry
Johnstown, Colorado

Trail of Dreams
Omak, Washington

COMMERCIAL
BUSINESSES AND
CORPORATIONS
Abbott Laboratories
Abbott Park, Illinois

Amylin Pharmaceuticals
San Clemente, California

Indian Country Today
Canastota, New York

Kat Communications
Bismarck, North Dakota

Vinchow Krause Employee Benefits
Madison, WI

WH Pacific
Albuquerque, New Mexico

FEDERAL AGENCIES
Centers for Medicare & Medicaid Services
Baltimore, Maryland

Indian Health Service Division of Diabetes Treatment and Prevention
Albuquerque, New Mexico

National Library of Medicine
Bethesda, Maryland

TRIBAL GOVERNMENT
AND PROGRAMS
California Rural Indian Health Board
Family and Community Health Department
Sacramento, California

Choctaw Nation of Oklahoma
Effects of Substances on the Heart
McAlester, Oklahoma

Redding Rancheria
Redding, California

United Indian Health Services, Inc.
Eureka, California

United States Census Bureau
Washington, D.C.

TRIBAL BUSINESS AND ENTREPRENEURS
Native American Natural Foods
Tanka Bar
Kyle, South Dakota

NON-PROFIT ORGANIZATIONS
American Diabetes Association
Alexandria, Virginia

Amputee Coalition of America
Knoxville, Tennessee

Association of American Indian Physicians
Oklahoma City, Oklahoma

National Council on Urban Indian Health
Washington, D.C.

National Native American AIDS Prevention Center
Denver, Colorado

National Resource Center
To End Violence Against Women
Rapid City, South Dakota

Oklahoma City Indian Clinic
Oklahoma City, Oklahoma

Patient Advocate Foundation
Newport News, Virginia

Self-Governance Communication & Education
Bellingham, Washington

Sonoma County Indian Health Project
Healthy Traditions
Santa Rosa, California

Southern California Tribal Chairman’s Association
Pala, California

TrailBlazer Health Enterprises, Inc.
Denison, Texas

United American Indian Involvement, Inc.
Los Angeles, California

UNIVERSITIES AND
EDUCATIONAL INSTITUTIONS
Association of Schools of Public Health
Washington, District of Columbia

Community Health Representatives Health Education Development
Fort Meade, South Dakota

Des Moines University
Des Moines, Iowa

Loma Linda University
School of Public Health
Loma Linda, California

University of North Dakota
College of Nursing
RAIN Program
Grand Forks, North Dakota
Conference Floorplan

First Floor

Second Floor

Roof Top
HOST HOTEL INFORMATION

Pechanga Resort and Casino
45000 Pechanga Parkway
Temecula, CA 92592
Phone: 877-711-2946
Guest Fax: 951-770-2196

Business Center
The business center is located on the 2nd floor above the hotel registration. The business center is open from 7:30 a.m. - 4:30 p.m.

Lost and Found
Hotel Extension: dial 0 or 951-770-2722 and ask to be connected to housekeeping.

Concierge
Hotel Extension: Dial 0 or 951-770-8531 and ask to be connected to the concierge desk.

The Pechanga Resort and Casino concierge staff can assist with almost all guests needs from ground transportation and dinner reservations to local attractions and shopping. The concierge desk is located in the middle of the main lobby across the registration. If you need assistance late in the evening, please contact the front desk personnel.

Safety and Security
Hotel Extension: Dial 0 and ask for assistance.

If you have need of security, police or emergency medical services please dial zero “0” on a Pechanga Resort and Casino house phone or room phone or go to the front desk and ask for help. All emergency and security services are coordinated through the front desk personnel. The front desk is located on the ground floor in the main lobby area next to the main hotel entrance.

CONFERENCE INFORMATION

Transportation
Bus schedules for pick up and drop off to/from the overflow hotels.

Overflow Hotels:
PALA MESA RESORT
2001 Old Highway 395
Fallbrook, CA 92028
Phone: 760-731-6819
Fax: 760-723-8292

EMBASSY SUITES HOTEL
29345 Rancho California Road
Temecula, CA 92591
Phone: 951-676-5656
Fax: 951-699-3928

Pick up:
7:00 a.m. Meet in the Lobby of the overflow hotel
7:15 a.m. Bus will depart hotel
7:30 a.m. Arrive at Pechanga Resort and Casino

Tuesday, September 23, 2008
Wednesday, September 24, 2008
Thursday, September 25, 2008

Drop off:
Tuesday, September 23, 2008
8:00 p.m. Meet at the Pechanga Resort and Casino Lobby
8:15 p.m. Bus will depart hotel
8:30 p.m. Arrive at overflow hotels

Wednesday, September 24, 2008
9:00 p.m. Meet at the Pechanga Resort and Casino Lobby
9:15 p.m. Bus will depart hotel
9:30 p.m. Arrive at overflow hotels

Thursday, September 25, 2008
5:00 p.m. Meet at the Pechanga Resort and Casino Lobby
5:15 p.m. Bus will depart hotel
5:30 p.m. Arrive at overflow hotels

Agenda Changes
Changes to the conference agenda will be posted daily by the registration desk located on the first floor just outside of the Main Ballroom and the television screens by the elevators and towards the Main Ballroom.

Conference Badges
Official National Indian Health Board 25th Annual Consumer Conference name badges will be issued to each participant upon registration. Please be sure to wear your
conference name badge at all times as it is your passport to enter all conference activities, plenary sessions, workshops and scheduled events.* Replacement badges can be requested at the registration desk located on the first floor just outside the Main Ballroom.

*Special name badges issued to all exhibitors grant access to the exhibit area, opening reception and the culture night events only.

Registration Desk
The registration desk will be open throughout the conference to meet your conference and informational needs. The registration desk is located on the first floor just outside of the Main Ballroom.

Hours:
Monday, September 22, 2008  1:00 p.m. - 5:00 p.m.
Tuesday, September 23, 2008  7:00 a.m. - 5:00 p.m.
Wednesday, September 24, 2008  7:00 a.m. - 5:00 p.m.
Thursday, September 25, 2008  7:00 a.m. - 4:30 p.m.

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 Annual Consumer Conference maintains a policy of being Drug and Alcohol Free during all conference related events, meetings, plenary sessions and workshops. The Board of Directors of the National Indian Health Board and staff respectfully request that all participants, exhibitors, guests, friends, and family members please conduct themselves in a respectful, courteous and appropriate manner at all times to make the conference experience for everyone.

Have a wonderful conference!
Temecula Area Maps
All We Do is About You

Serving our patients is the heartbeat of our work. From breakthrough scientific research to innovative products, our mission is to make a difference in the treatment and care of people all over the world. Just like you.

Welcome to the NIHB 25th Annual Conference
Mark Your Calendar
For Future NIHB Meetings

MAY 19-20, 2009
2nd Annual Public Health Summit
Oklahoma City, Oklahoma

SEPTEMBER 22-24, 2009
26th Annual Consumer Conference
Nashville Area

SEPTEMBER 21-23, 2010
27th Annual Consumer Conference

We’ll See You There!

www.NIHB.org
Greetings and welcome to National Indian Health Board’s 25th Annual Consumer Conference. My remarks today will focus on ideas for improving and renewing the Indian health system. It is not that our system is “broken” but that our system needs to able to adapt readily in response to serious present and future challenges.

Powerful forces have at been at work over the past few decades that have shaped and changed the face of health care in this country. I am sure all of you here today are aware of many if not all of these forces: escalating medical costs; rapid technology advances; the emergence of chronic health condition as the pervading health issue of our times; and increased service populations, to name a few.

We are getting set to transition in a new administration. It is a time of change for the nation and I think it is a time to consider change in the Indian health system. We need to start positioning ourselves now to adapt and improve our system to meet the needs of the future. We want to focus on changing what is not working as well as it should, while preserving what does works well.

I want to emphasize that nothing has been decided yet. I will present some ideas we might want to explore, together with our tribal partners, in order to be ready for the future of Indian health. We didn’t decide just this month to examine our system. We’ve been watching and listening for a long time. We heard about both successes and failures. Some voices we’ve heard:

- From nurses about the national nursing shortage – especially in critical care.
- From doctors about risk of deferred care, recruitment in crisis, shortages in family practice.

The text is the basis of Mr. McSwain’s oral remarks at the National Indian Health Board Consumer Conference on Sept. 23, 2008. It should be used with the understanding that some material may have been added or omitted during presentation.
From pharmacists about accelerating drugs costs, insufficient time to counsel patients.
From patients about denials and losses to creditors because CHS could not pay bills.
From communities worried about facility closure or desires for a new facility
From tribal leaders, some who say our system is floundering and ask us to try something different.
From CEOs who wonder if some sites will remain sustainable in 5 years.
From employees who are stressed by mounting work and are concerned about jobs.
From patients who say they can’t get appointments and who ask: “Why can’t IHS pay for care my doctor says I need?”
From elders about waiting rooms filled with descendents less connected to the community.
From community members questioning “Why isn’t more done for kids to preserve their health?” or “Why are scarce CHS dollars spent for chronic alcohol abusers?”
From business partners who want to work with us, but can’t if we can’t pay for their service.

We’ve been considering what we saw and heard. We have formed some initial ideas we want to discuss with you. Some of our ideas are pretty clear. Other ideas are sketchy. You may be able to help clarify or offer better ideas. We hope to give a fair picture of the condition of our system so that you may provide well informed ideas of your own. I think we need to start by examining what works well and what doesn’t in our present system. And a good place to start is by observing the encouraging signs.

Total healthcare services provided by the Indian health care system have gradually expanded over decades. Our system serves more American Indians and Alaska Natives today than ever before. And like medical trends nationwide, our services have evolved to include less hospital care and more comprehensive ambulatory care.

Congress has continued to support IHS programs, although major budget increases in recent decades have been rare. It is worth noting that our model has a high reputation both within the U.S. and internationally.

Our programs are geographically spread out and our facilities are often on or near reservations. Because our model is the only source for services in many isolated places, this accessibility factor is an important feature.

A broad spectrum of programs and services are provided that include medical services to individuals and also public health and environmental programs that benefit communities.

Our healthcare model is focused on American Indians and Alaska Natives – their unique needs, cultures, and circumstances. We place a high importance on respecting traditional beliefs and integrating traditional healing practices with recent medical science. This has resulted in a medical environment that is more comfortable and welcoming to all Indian people.

Our healthcare system has contributed to spectacular health gains in health status in many ways, especially in establishing access to primary care services located in the Indian communities, lowering the high rates of infectious disease, and improving safe water and community sanitation facilities.

Our programs are operated with a large degree of local autonomy while sharing administrative and support functions through Area and national offices. Even more autonomy is
achieved through self-determination, which has been very successful in the Indian health system, with about half of the IHS budget currently being administered by Tribes.

Advances in technology, transportation, and communications are reducing some of the delivery problems linked with isolation. Innovations in tele-health, remote sensing, and online linkages among healthcare sites are improving both cost efficiency and quality of care.

People are a core asset of our model. To put it simply, we have great people working for us! Their commitment to Indian people and our mission has been extraordinary even under stressful and trying conditions. One important aspect of our workforce is that it is predominantly Indian – 71% of our entire workforce is Indian, and the percentage of American Indians and Alaska Natives in our medical professions continues to rise.

Turning our attention from encouraging to troubling signs: Many sites throughout our system are experiencing difficulties making financial ends meet. Financial troubles are, of course, prevalent throughout healthcare in the U.S. But the immediate consequences to Indian people are more pressing because many Indian people have few fall-back options. Couple this with an ever-increasing service population and drastic inflation in medical costs, and you have a severely strained system. The results of this can be as drastic as temporary shut-downs of facilities and cut-backs in services.

Payments are strictly limited by law to available CHS funds, which results in thousands of patient referrals without any source of payment. CHS funds regularly run out before year end. This produces hardships for patients and undermines relationships with hospitals and other providers.

At many sites in our system, essential services are unavailable. If available, limited staff, equipment, and facility space often result in deferring services. These deficiencies contribute to backlogs that result in more severe health problems over the long run. And the inequity of services across the system is an issue that needs to be addressed.

Another troubling sign: clinic space and equipment use in our facilities are often strained beyond capacity, especially in ambulatory care. The space for exam and treatment rooms, staffing, equipment, etc., are especially limited in ambulatory settings. Our overall space configuration was created in an era when hospital admissions were the norm, which is a mismatch for the high-volume ambulatory care practices of today.

Recruitment and retention of a highly skilled medical workforce has always been challenging due to geographically dispersed and remote sites. We simply cannot fulfill our mission without them, so we need to find ways to remove barriers and increase incentives for hiring and retention of qualified professionals.

Strained relations with partners outside our model are rising. Some are a legacy of racial and community tensions. But other strains are directly related to referrals without means of payment.

Although we strive to serve any Indian person who seeks services without regard to tribal affiliation, the sheer volume of demand and the incapacity to meet it have forced some Tribes to reconsider whom they can serve.

Other troubling signs are more directly health-related. Rates of obesity and problems linked to lifestyle are epidemic in America. Too often such problems are more pronounced among Indian people. These trends point to grim prospects for declining health and even greater demands on our already over-extended healthcare system.
Perhaps the most troubling sign is that the overall health status of Indian people remains below that for most Americans, and in some places that gap appears poised to widen further. Recent studies have detected rising rates of diabetes, heart disease, and cancer among Indian people, which are almost certainly related to changing lifestyles and environments. For decades, significant advances in raising health status have been documented in our statistics. Now it is clear our model is no longer producing the big gains it once did, largely because of the shift in health problems from infectious disease and sanitation control patterns to lifestyle-related chronic conditions.

We have just examined some of the strengths and weaknesses of our present health care system. We now turn to some ideas for renewing this system, which I hope we can consider together as we prepare ourselves and our health care model for a historic transition period. Please realize that we are not considering a dismantling of the present system, but a variety of ideas for renewing and strengthening it.

It is important to keep in mind that both tribal and federal sites experience the conditions and forces that we have discussed, often in tandem. Equally important, Self-Determination law recognizes that tribally-operated sites may respond to these conditions differently than the IHS may respond. We encourage all Tribes to fully consider all the ideas for renewal. Self-Determination allows tribal sites to choose to participate or not participate. Participation by tribal partners in renewing and adapting our system is welcomed but not required.

This partnership effort will also include the active participation of patients with the entire health system as we renew our common vision for a patient-centered, compassionate, comprehensive, and culturally appropriate model of health care. Before we talk about some ideas for renewal, we need to restate some essential principles and goals that may guide us in thinking about these ideas. These include:

- Securing a healthcare system for Indian people that fulfills our mission, goal, and foundation;
- Strengthening our core model of a community-oriented primary care;
- Transforming but not diminishing services;
- Equalizing access to healthcare services;
- Seeking consultation on policies that affect Indian people; and
- Honoring tribal choice.

The future of our health system requires continuing evolution and adaptation to historic and emerging health challenges. Before discussing new ideas, it is important to acknowledge renewal efforts that are already underway and making impressive progress.

Many individual sites in our system have launched efforts to more successfully adapt clinical and administrative operations to local conditions. I endorse these important, often innovative, efforts. For instance, pilot projects underway in the “Chronic Care Initiative” are producing some exciting results. I will not offer more details on these locally driven efforts this morning, but much more information is available upon request.

Rather, I will focus the balance of my talk on ideas for renewal of our system as a whole, for as we have seen, many of the forces that stress individual sites go well beyond local boundaries. Even sites with the most favorable local conditions can not effectively address all of
these issues. That is why it is timely for all of us to have a national dialogue about the whole
Indian health care system.

The patient is at the center of our ideas for renewal. The key idea is a package of services
that surrounds every patient. This concept, which is based on the Indian health system already in
place now, includes:

➤ Core services – Community oriented primary care is the central core of the service package.
Core services should be accessible in or near Indian communities to maximize their
effectiveness. We think primary prevention services should have highest priority because
we see them as providing the greatest contributions to improved health status for the entire
Indian population now and in the future. The core package combines primary care services
that are focused on individuals with essential public health programs that are focused on the
community.

➤ Intermediate and advanced medical services for individuals would be delivered through
regional/in-network referral facilities that can provide high quality care efficiently. Most
advanced services would be purchased.

A closely connected idea is an integrated delivery system in which each type of service is
provided in manner that is most efficient and effective.

Core primary care services should be broadly available and accessible in or near Indian
communities. This includes routine ambulatory, screening, diagnostic, and treatment services;
basic preventive care; covered prescription medications; some dental services; and some mental
health and substance abuse services. Much of the success of our model can be linked to these
types of services. These services usually would be delivered in a Monday-Friday clinic in or
near the community.

Intermediate services include 24/7 inpatient professional services, advanced ambulatory
screening, diagnostic and treatment services, vision, hearing, PT, orthopedic, and both non-
complex ambulatory and inpatient surgery. Intermediate services would be provided through an
interlocking network of centers that accept and support the core community sites.

Advanced services such as highly specialized diagnostic, surgical, and treatment services
include transplants and sophisticated surgery. These would usually be purchased from centers of
excellence to the extent that funding allows, or in some cases maybe obtained from in-network
medical centers.

We have a firm idea of the overall integrated framework, which builds on and extends
successful features of our present system, but there are many details that require study:

➤ Timing - Even though this integrated concept builds on our present model, we realize this
involves transformation of frontline sites as well as behind the scenes support systems. This
is not a quick fix. We think it will take a long time to fully achieve.

➤ Thresholds for facilities - As we try to enhance community access to core services, we also
need to consider costs when establishing community size thresholds for core sites and we
need to consider realistic and practical groupings for referral networks.
HFPS - we need to see if the Health Facilities Priority System is aligned with this framework.

Resource Formula - We may need to align budget and resource allocation formulas.

Reimbursement - We think that spreading costs of secondary services through a referral system offers significant gains in efficiency and quality. But we will need a way to fairly reimburse the in-network referral centers for costs.

Conversion Costs - We know there will be one-time costs for converting. We must estimate conversion costs and options.

Infrastructure - These costs may include investments in infrastructure such as Electronic Health Record, beneficiary ID, communications and transport capacity, etc.

For the integrated model to function coherently and fairly, CHS funded services and policies should be aligned to fit. One challenge involves authorization policies known as CHS medical priorities. CHS funds could be used to fill some gaps in core services to promote wider and more consistent availability of primary care services. Currently, the CHS policy prioritizes urgent medical treatment over primary and prevention services.

Eligibility rules differ for CHS and direct care. We think eligibility should be consistent for both. We need to decide if the uniform eligibility should follow the CHS model, the Direct Services model, or some other. CHS funds have long been treated as fixed, immovable, and tied to sites. There is no inherent reason to bind CHS funds to particular sites, particularly as we move towards a more integrated, mutually supporting network. We should consider aligning CHS management, authorization policies, and funds within the integrated framework. This could involve aligning some CHS funds within core community sites to plug gaps in primary and preventive services and align other CHS funds at a regional (or Area) level for intermediate and advanced services. Some issues that need to be addressed include:

Integrating Services - The implications and impacts of an integrated service package on the CHS medical priorities must be considered as well as affects on present CHS users.

Balancing Priorities – While everyone can support the idea of expanding availability and access to core primary services, if CHS spending on core services reduces funds for urgent care, some people may find such a tradeoff disturbing. We will need to thoroughly consult on this complex ethical issue.

Eligibility - We need more exact numbers for unifying direct services eligibility rules and CHS eligibility rules. Roughly, 250,000 persons are direct service users in our present system who are not CHS eligible. Most of these reside in cities and counties adjacent to reservations but are not members of the local Tribes.

Budget - We also need to forecast budget implications for the eligibility unification options. Expanding CHS eligibility could create addition funding needs.
Management Options - Realigning management of CHS to reflect an integrated layered delivery system has logical appeal, but we have not yet explored operational implications. It should be noted that a previous attempt to apply CHS uniformly for an entire state (Arizona) could not be fully implemented because of insufficient funding.

The future of our health system requires continuing evolution and adaptation to historic and emerging health challenges. Our vision is to work in partnership with tribal governments; Indian people; and federal, state, and local governments to respond in every way possible to preserve and improve our health system for future generations of Indian people.