2016 NATIONAL TRIBAL PUBLIC HEALTH SUMMIT

Achieving Health Equity: Re-envisioning Tribal Public Health for Seven Generations

Atlanta, Georgia • April 11-13, 2016

National Indian Health Board
THE NATIONAL INDIAN HEALTH BOARD IS HONORED TO HIGHLIGHT THE WORK OF NATIVE ARTIST, MS. TINA SPARKS. MS. SPARKS CREATED THE ARTWORK DISPLAYED THROUGHOUT THE 7TH ANNUAL NATIONAL TRIBAL PUBLIC HEALTH SUMMIT AGENDA BOOK AND OTHER MATERIALS THROUGHOUT THE EVENT. THIS PARTICULAR PIECE IS TITLED “SEVEN BEARS” AND IS A PART OF MS. SPARKS’ MEDICINE FEATHERS SERIES OF SACRED TEACHINGS FOR HEALING.

Shop for Tina's art at: www.etsy.com/shop/nightsightart

TINA SPARKS
Artist

“I am an artist. I have been creating art in one form or another since I was a child, and my curiosity has been my greatest teacher, leading me to new and innovative styles and techniques. While I am mainly self-taught, I have been blessed with a few mentors along the way. My creations are expressions of my cultural origins, my spiritual teachings and my experience of the world, and many of my inspirations come through dreams, prayers, conversations and observations of everyday life. I am the artist of my life. My art is one of the ways I process my life experiences. It quiets my mind, separates me from the chaos of the world and leads me to a place of peace and personal wellbeing. When I enter those spaces of quiet, I am able to explore self-reflection and make decisions for self-improvement. Now that my children are grown, I am returning to college to complete a degree that will allow me to design creative workshops that offer the same healing benefits of art that I received. Through art, many veterans are finding relief and rehabilitation from the symptoms of PTSD. Using the creative process, I want to work with women veterans to help them find opportunities to rest their minds, release their trauma, redefine their lives outside the military and reengage in their communities.”

If you are a Native artist interested in featuring your work at other NIHB national health conferences, please contact phs@nihb.org.
CONTENTS

Letter from the National Indian Health Board ................................................................. 2
What is NIHB? ....................................................................................................................... 3
Letter from United South and Eastern Tribes, Inc............................................................ 4
Nashville Area Tribes ......................................................................................................... 5
Tips for Making Your Summit Successful ........................................................................ 6
Summit Highlights ............................................................................................................. 9
SDPI Poster Presenter and Programs ............................................................................... 10
Agenda-At-A-Glance ........................................................................................................ 12
Full Summit Agenda ........................................................................................................ 15
Public Health Innovation Award Recipient ..................................................................... 37
NIHB Board of Directors Biographies ............................................................................. 38
NIHB Staff Contact Information and Biographies ......................................................... 40
Summit Presenter Biographies ......................................................................................... 42
Summit Information .......................................................................................................... 55
Hotel Floor Plan ................................................................................................................ 56
Exhibitor and Vendor List ............................................................................................... 58
Galleria Exhibitor Hall Passport (Play to Win!) ............................................................... 59
Notes Page ......................................................................................................................... 60
Summit Sponsors ................................................................................................................ IBC
April 11-13, 2016

Dear Tribal Leaders, Advocates, Colleagues, and Friends:

The National Indian Health Board (NIHB) is pleased to welcome you to its 7th Annual National Tribal Public Health Summit. We are honored to be here in this beautiful location in Atlanta, Georgia.

The NIHB, in partnership with Tribes throughout Indian Country, has worked tirelessly over the past four decades to strengthen the systems, infrastructure, data, and collaborations that allow us to better care for the collective well-being of our People. This week represents the annual culmination of that work. The Summit’s theme “Achieving Health Equity: Re-envisioning Tribal Public Health for Seven Generations” focuses on developing the capacity of Indian Country to engage in public health efforts across our communities. The conference will feature sessions on public health law and policy; culturally appropriate best practices; advocacy; and presentations from our federal agency partners. We will hear from Tribal leaders, stakeholders, practitioners and health innovators on how we can all join together and restore healthy Native communities through innovative public health programming. This week will present key opportunities for networking and relationship-building so that you can return home feeling enriched and connected to others so that we can continue to share this journey together.

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

Sincerely,

Lester Secatero
Chairperson, NIHB Board
WHAT IS THE NATIONAL INDIAN HEALTH BOARD?

OUR MISSION
One Voice affirming and empowering American Indian and Alaska Native Peoples to protect and improve health and reduce health disparities.

WHAT IS THE NATIONAL INDIAN HEALTH BOARD?
The National Health Board (NIHB) is a 501(c)3 not for profit, charitable organization serving all 567 federally recognized Tribal governments for the purpose of ensuring that the federal government upholds its trust responsibilities to provide health care to the Tribes. NIHB also works to elevate health care status, services and systems of the Tribes and our Peoples. NIHB provides policy analysis and advocacy on American Indian and Alaska Native (AI/AN) health and public health services, facilitates Tribal budget consultation, develops policy analysis, leads national Tribal public health programs and policy, is the coalition lead for the NIHB National Tribal Health Information Technology Extension Center (HITEC), and delivers 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 national advocate. NIHB also conducts research; provides policy analysis; assists with Tribal capacity building in health program development, management and assessment; provides national and regional Tribal health events; and provides training and technical assistance in a variety of Tribal health areas. These services are provided to Tribes, Area Health Boards, Tribal organizations, Tribal Leaders and members as well as federal agencies and private foundations. The NIHB presents the Tribal perspective while monitoring, analyzing, reporting on and responding to federal legislation, policy, law and regulations. NIHB works collaboratively with the Tribes, through the Tribal health organizations, in the 12 IHS Service Areas. NIHB also serves as a conduit to open opportunities for the advancement of American Indian and Alaska Native health care with other national and international organizations, foundations, corporations, academic institutions and others in its quest to build support for, and advance, Indian health care issues.

RAISING AWARENESS
Elevating the visibility of Indian health care and public health issues has been a struggle shared by Tribal governments for hundreds of years. For more than 40 years, NIHB has played a central role in focusing national attention on Indian health care and public health needs. These efforts continue to gain results and momentum.

The Tribes formed NIHB to serve as the unified advocate to the U.S. Congress, Indian Health Service and other federal agencies, private foundations and potential friends and allies about health disparities, public health and health care issues experienced in Indian Country. The future of health care for American Indians and Alaska Natives (AI/AN) remains grounded in the Federal Trust Responsibility between the Tribes and the federal government. It is intertwined with policy decisions at the federal level and changes in mainstream health care management. The NIHB provides Tribal governments with timely information in order to assist Tribes in effectively making sound health care policy decisions.

OUR BOARD OF DIRECTORS
Because the NIHB serves all federally-recognized Tribes, it is vital that the work of the NIHB reflects the unity and diversity of Tribal values and opinions in an accurate, fair, and culturally-sensitive manner. This objective is accomplished through the efforts of the NIHB Board of Directors and through collaboration with the regional health boards, Tribes and health organizations located in the 12 service areas of the Indian Health Service. The NIHB is governed by a Board of Directors consisting of representatives elected by the Tribes in each of the twelve IHS Areas, through their regional Tribal health Board or health-serving organization. Each Area Indian Health Board elects a representative and an alternate to sit on the NIHB Board of Directors. In Areas where there is no Area Health Board, Tribal governments choose a representative. The Board of Directors elects an Executive Committee comprised of Chairman, Vice-Chairman, Treasurer, and Secretary, who serve staggered, two-year terms and Member-at-Large who serves a one year term. The Board of Directors meets quarterly.

NIHB MEMBERSHIP
The membership of NIHB is comprised of all Federally Recognized Tribes through the 12 regional Tribal health organizations:

- ALASKA AREA: ALASKA NATIVE HEALTH BOARD
- ALBUQUERQUE AREA: ALBUQUERQUE AREA INDIAN HEALTH BOARD
- BILLINGS AREA: ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL
- BEMIDJI AREA: MIDWEST ALLIANCE OF SOVEREIGN TRIBES
- CALIFORNIA AREA: CALIFORNIA RURAL INDIAN HEALTH BOARD
- GREAT PLAINS AREA: GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD
- NASHVILLE AREA: UNITED SOUTH AND EASTERN TRIBES, INC.
- NAVAJO AREA: NAVAJO NATION
- OKLAHOMA CITY AREA: SOUTHERN PLAINS INDIAN HEALTH BOARD
- PHOENIX AREA: INTERTRIBAL COUNCIL OF ARIZONA
- PORTLAND AREA: NORWEST PORTLAND AREA INDIAN HEALTH BOARD
- TUCSON AREA: TOHONO O'ODHAM NATION & PASCUA YAQUI TRIBE
April 11, 2016

Dear Participants of the 2016 NIHB National Public Health Summit:

United South and Eastern Tribes, Inc. (USET) is pleased to welcome you to the National Indian Health Board (NIHB) 2016 National Tribal Public Health Summit. We are excited to have NIHB in the USET region and look forward to the opportunity to visit and network with representatives from across Indian Country.

The NIHB Board and Staff have worked diligently to plan an agenda that encompasses and reflects this year’s meeting theme “Achieving Health Equity: Re-envisioning Tribal Public Health for Seven Generations” and we hope that you take advantage of the sessions and share your expertise. The 2016 Summit is a unique opportunity to celebrate the successes of the past and to further develop a unified National Public Health Agenda moving forward. In doing so, we will ensure a strong and healthy future for generations to come.

USET is most appreciative of the strong collaborative relationship that it enjoys with NIHB. We look forward to this opportunity to join with the NIHB and summit attendees as we continue to advance and protect the health and wellness of all Tribal Nations.

On behalf of the entire USET family, we wish NIHB a successful meeting and we hope that you enjoy the week and walk away with a richness of knowledge, ideas, and new relations.

Sincerely,

Brian Patterson
President

"Because there is strength in Unity"
EXPLORE THE VARIETY OF BREAKOUT SESSIONS

There are four different formats for breakout sessions at the National Tribal Public Health Summit, so participants can mix and match not just the topic they are looking for, but also experiment with different session formats.

**Institutes:** Institutes are day-long classes that will provide a more in-depth exploration of a topic, as well as more activities and skills building opportunities. Institutes will have appropriate breaks and a lunch break as planned by the facilitator. They may include multiple presenters.

**Seminars:** A seminar is shorter than an institute, but is still an in-depth, 3 hour session on a public health topic. Seminars are designed for more in-depth skills-building and practice than shorter workshops. There are a limited number of seminars available on the agenda.

**Workshops:** A workshop is a standard 90-minute presentation on a topic relevant to one or more of the conference tracks. Workshops are excellent opportunities to share best or promising practices, share recent research or program outcomes, provide an in-depth exploration of new or arising public health issues or policies, or explore strategies and practices.

**Roundtables:** A roundtable is a 60-minute informal participatory session. Participants will be encouraged by the presenters to share and discuss with them the topics presented. Roundtable facilitators may use the first 10-15 minutes of the roundtables to present the topic and issues, and the remaining time should be spent discussing the issue with participants.

The sessions are also organized by different tracks that have grouped related content together. It is NIHB's hope that by doing so, participants will be able to plan a Summit experience that is rich and meaningful for themselves. Participants will be able to identify which breakouts belong to which Summit track by reading the session descriptions in the program book, looking at the Agenda At-a-Glance in the program book, or by viewing the Agenda At-a-Glance poster located by registration.

**Accreditation and Capacity Building**
Public health accreditation refers to the voluntary national accreditation program to advance the quality and performance of Tribal, state, local, and territorial public health departments through the pursuit and attainment of established standards and measures of performance. Capacity building is a conceptual approach to development that focuses on understanding the obstacles that inhibit people, governments, international organizations and non-governmental organizations from realizing their development goals while enhancing the abilities that will allow them to achieve measurable and sustainable results.

**Behavioral Health and Substance Use**
Behavioral health is an important component of holistic health. Behavioral health concerns oftentimes co-occur with substance use disorders (substance use can exacerbate mental health symptoms or behavioral health problems can lead to alcohol or drug use). Evidence shows that by treating one area, the other is directly impacted as well.

**Health Promotion and Disease Prevention**
A cornerstone of Tribal public health is the effort undertaken to encourage individuals and communities to explore their own health status and assist them to make better choices that will improve and maintain health and healthy lifestyles. This leads to a culture of wellness rather than one of sickness. The best opportunities to create a culture of wellness exist within the realms of disease prevention and health promotion.

**Public Health Law and Policy**
Law is a tool for protecting and promoting the health of the public. As an integral public health intervention, laws and policies have the potential to impact large segments of the community and can shape community norms and behaviors for long periods of time. Public health law touches on all areas of public health, including immunizations, substance use, tobacco use, bullying, obesity, physical activity, and motor vehicle injuries.
HOW TO MAKE THIS CONFERENCE A “HEALTHY” CONFERENCE

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

NIHB has chosen a conference locale this year that should provide us with good weather. Take advantage of being in Atlanta to go outside. Feel the sun on your skin and walk around – or maybe go for a run. There are even rooftop tennis courts and basketball courts at the host hotel for your convenience.

NIHB is sponsoring the annual fitness event on Wednesday, April 13th before Summit sessions. The event will be facilitated by NIHB Board member, Patrick Marcellais, from the Turtle Mountain Band of Chippewa Indians. Mr. Marcellais is trained in CrossFit and a passionate advocate for living healthy lifestyles in Tribal communities. The event will be appropriate for people of all fitness levels, so please do not be afraid to grab your headband and join us on Wednesday morning! To help get you out of bed, there will be prizes – but you must be present to enter and win.

The agenda has been specially constructed so as to not start too early and to not finish too late. This provides participants the time that they need to not just adjust to the Eastern time zone, but also exercise in the morning or the evening, as well as get a full eight hours of sleep.

NIHB is instituting longer breaks between breakout sessions again this year. Hopefully, participants can use this time to walk around, stretch their legs, and go outside.

NIHB is encouraging participants to leave the host hotel during the lunch breaks to explore Atlanta. We hope that participants will get out and walk to the wonderful eating establishments in the surrounding areas.

NIHB has worked to arrange the agenda in such a way as to maximize the opportunities for participants to move from one room to another to find the session that may be of interest to them. NIHB is hoping that participants will not find that one room in which they will stay all day. The agenda intermines sessions of differing formats and tracks with each other to motivate people to walk to a new room for each breakout session.

TAKE THE TIME TO NETWORK WITH COLLEAGUES

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

NIHB has a created a large exhibit hall this year in the Galleria Room. There will also be an area in the Galleria (Exhibit Hall) to eat meals with colleagues, view posters from Special Diabetes Program for Indians programs from around Indian Country, and a video viewing area with a scrolling feed of Native public health videos and digital stories. We encourage you to take advantage of these events and explore what our exhibitors are displaying.

The longer breaks between sessions and the open lunch periods will allow for valuable networking time. It is okay if you need to check e-mail or make a phone call, but remember that this time can also be used to set up meetings and explore new collaborative opportunities.

Longer workshop times, as well as roundtable sessions, encourage interactive activities and facilitated discussion as an integral part of the learning process. Please do not be afraid to ask questions, share stories, make comments, and comment on what you hear other participants say. This is what truly makes the Summit a rich experience. We can all learn from one another.
The National Indian Health Board's event app is a resource for conference and event information. Get all the information you need to get the most out of your NIHB conference and event experience by downloading the app. Everything you need from agendas, speaker information, conference logistics, maps, sponsors, exhibitors, social media links and more. This is your go to resource!

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

AVAILABLE FOR IOS AND ANDROID.

TO USE THE APP:

1. Download the app by searching the Apple App Store or Google Play for National Indian Health Board or entering the following URL into your mobile browser: https://crowd.cc/s/dPlW

2. Open the app and tap on NIHB 2016 National Tribal Public Health Summit

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

4. Enter your First and Last Name

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

6. Tap “Open App” and select “Finish” to be fully logged into the app!
   • Note: You will be sent a confirmation email including all of your login credentials should you like to login on a different device
MONDAY, APRIL 11, 2016

Federal Partner Listening Sessions
Leadership from the Indian Health Service, Centers for Medicare and Medicaid Services, and the Centers for Disease Control and Prevention will be holding separate public listening sessions.

Opening Reception and 6th Annual Special Diabetes Program for Indians Poster Session
Join our sponsor, the American Indian Cancer Foundation, to help us kick off the National Tribal Public Health Summit at the opening reception on Monday evening in the Galleria. The Foundation will provide a brief program on the impact of cancer in our communities, and a number of Special Diabetes Program for Indians (SDPI) programs will be showcasing the successes happening around Indian Country in innovative diabetes treatment and prevention programming. Appetizers and light refreshments will be served.

TUESDAY, APRIL 12, 2016

Keynote on Health Equity
Keynote presentation on the pathways for improving health equity outcomes and the broad application of health equity in Indian Country.

2nd Annual Public Health Innovation Award Presentation
Help us honor the American Indian Cancer Foundation with this award presentation during the closing plenary.

Tribal Caucus: Special Diabetes Program for Indians
During this special SDPI Tribal Caucus session, Tribes will consider long-term renewal for SDPI FY 2018 and beyond.

WEDNESDAY, APRIL 13, 2016

Fitness Event
Start your day off right with a total body workout and a light walk/run around the Atlanta Hilton track. Participants have a chance to win a Garmin Vivofit, an Amazon gift card, or a fitness prize!

CDC Address
NIHB is honored to welcome for the first time ever the Director of the CDC, Dr. Tom Frieden, to address Summit participants about what the CDC is doing and can do to strengthen public health in Indian Country.

Federal Partner Panel on Supporting Tribal Health Practices
The closing plenary will feature an exciting panel that will bring together federal agency staff and traditional leaders to talk about Tribal health practices and their role in disease prevention.

Exhibit Hall & Marketplace Grand Prize Drawing
Up to three lucky winners will receive a FitBit activity tracker. Flip to page 57 for directions on how to enter. Must be present to win.

THURSDAY, APRIL 14, 2016 (POST SUMMIT EVENT)

Affordable Care Act Training
This half-day training will cover some of the specifics of the American Indian and Alaska Native provisions and current updates related to the law, as well as discuss how Tribes can best benefit from the law.
NATIONAL INDIAN HEALTH BOARD

SPECIAL DIABETES PROGRAM FOR INDIANS

6TH ANNUAL POSTER SESSION

PARTICIPANTS

THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) HAS BEEN CHANGING THE LIVES OF AMERICAN INDIANS AND ALASKA NATIVES FOR THE PAST NINETEEN YEARS. CONGRESS ESTABLISHED SDPI IN 1997 TO ADDRESS THE GROWING EPIDEMIC OF DIABETES IN INDIAN COUNTRY AND IT QUICKLY GREW INTO THE NATION'S MOST STRATEGIC, COMPREHENSIVE AND EFFECTIVE EFFORT TO COMBAT DIABETES AND ITS COMPLICATIONS. ONCE A YEAR, THE NATIONAL INDIAN HEALTH BOARD IS PROUD TO HOST SDPI PROGRAMS FROM AROUND INDIAN COUNTRY FOR A POSTER SESSION SHOWCASING THEIR TREMENDOUS PROGRAM INITIATIVES. THIS YEAR IS NO DIFFERENT. FOR THE 6TH ANNUAL SDPI POSTER SESSION, WE ARE THRILLED TO WELCOME A RECORD NUMBER OF PARTICIPANTS FOR THIS YEAR'S EVENT. ALSO UNIQUE THIS YEAR, THE POSTERS WILL BE DISPLAYED THROUGHOUT THE ENTIRE CONFERENCE IN THE GALLERIA TO INCREASE EDUCATION AND AWARENESS ABOUT THIS IMPORTANT PUBLIC HEALTH PROGRAM FOR AMERICAN INDIANS AND ALASKA NATIVES.

COMMUNITY-DIRECTED GRANTS

Alaska Native Diabetes Program
Cheyenne River Sioux Tribe Youth Diabetes Prevention Program
Chinle Diabetes Program
Choctaw Nation Diabetes Wellness Center
Gila River SDPI Program
Healthy O'odham Promotion Program
Muscogee (Creek) Nation Diabetes Prevention and Management Program
Native American Rehabilitation Association of the North West Diabetes Treatment & Prevention Program
Oyate BliHelya Diabetes Program
Pascua Yaqui Tribe Diabetes Prevention and Treatment Program
Poarch Creek Indian Health Department Diabetes Self-Management Education
Sault Ste. Marie Tribe of Chippewa Indians Diabetes Program
Southern Indian Health Council SDPI Program
Toiyabe Indian Health Project's Diabetes Treatment & Prevention and Healthy Heart Programs
Tuba City Regional Health Care Corporation's Health Promotion Diabetes Prevention
Winslow Indian Health Care Center, Inc. Diabetes Program
Yukon-Kuskokwim Health Corporation Diabetes Prevention and Control
DIABETES PREVENTION INITIATIVE GRANTS

Cheyenne River Sioux Tribe Special Diabetes Primary Prevention
Choctaw Nation Prevention Program
Council of Athabascan Tribal Governments Diabetes Prevention Program
Fort Defiance Indian Hospital Board, Inc. Diabetes Program
Indian Health Board of Minneapolis SDPI Diabetes Prevention Program
Ketchikan Indian Community Lifestyle Balance
Mississippi Band of Choctaw Indians Diabetes Care Clinic
Rocky Boy Diabetes Prevention Program
Steps To Achieve Results -STAR
Turtle Mountain Band of Chippewa Indians Tribal Diabetes Prevention Program

HEALTHY HEART INITIATIVE GRANTS

Choctaw Nation Health Services Cardiovascular Disease Risk Reduction Demonstration Project
Citizen Potawatomi Nation Healthy Heart Program
Yakama Healthy Heart Program
Yukon-Kuskokwim Health Corporation Diabetes Prevention and Control-Healthy Heart Project
## 2016 National Tribal Public Health Summit

### AGENDA - AT A GLANCE

#### Galleria | Grand Ballroom A/B | Grand Ballroom D | Room 205 | Room 206
---|---|---|---|---
**Pre-Summit Events Morning**
- IHS Listening Session
  - 8:30 am - 10:30 am
- CMS Listening Session
  - 11:00 am - 12:30 pm
**Pre-Summit Events Afternoon**
- Exhibit Hall & Marketplace Open
  - 12:00 pm - 7:30 pm
- CDC Listening Session
  - 2:00 pm - 5:00 pm
**Evening Events**
- Opening Reception & SDPI Poster Session
  - 6:00 pm - 7:30 pm

#### Monday, April 11

**General Session**
- Opening Plenary
  - 8:30 am - 12:00 pm

**Breakout Session**
- Cultural Resilience: An Indigenous Framework Applied to the Good Health and Wellness in Indian Country Project
  - 1:00 pm - 2:00 pm
- Opioid Crisis in Indian Country
  - 1:00 pm - 2:30 pm
- Tribal Public Health and the Law: Challenges and Opportunities
  - 3:00 pm - 4:00 pm
- Getting to the Roots: The Importance of Early Life Intervention to Reduce Chronic Disease Risk Factors
  - 3:00 pm - 4:30 pm

**Evening Events**
- Tribal Caucus: Defining FY 2018 SDPI Renewal
  - 5:00 pm - 7:00 pm

#### Tuesday, April 12

**General Session**
- Total Body Workout and 1 Mile Walk/Run
  - 6:30 am - 7:30 am

**Breakout Session**
- Tools for Tribes: Becoming More Familiar with FDA’s Center for Tobacco Products
  - 8:00 am - 9:00 am
- Creating A Circle of Hope
  - 8:00 am - 9:30 am
- Understanding Public Health Accreditation Documentation for Public Health Laws and Governance Domains
  - 10:00 am - 11:30 am

**Breakout Session**
- Building Public Health Workforce Capacity: CDC’s Public Health Associate Program
  - 10:00 am - 11:00 am
- Self-Care: Putting Your Oxygen Mask on First
  - 12:30 pm - 2:00 pm

**Breakout Session**
- Talking Medicine for the Scarred Warrior
  - 12:30 pm - 1:30 pm

**Breakout Session**
- Closing Plenary
  - 2:30 pm - 5:00 pm

---
<table>
<thead>
<tr>
<th>Room 207</th>
<th>Room 208</th>
<th>Room 209</th>
<th>Room 210</th>
<th>Room 211</th>
<th>Room 212-213</th>
<th>Room 214</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Revolving Door Between Culture and Health and Its Implications for Obesity in Indian Country Institute</td>
<td></td>
<td></td>
<td></td>
<td>Special Diabetes Program for Indians Institute: Sharing A Culture of Wellness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30 am - 4:30 pm</td>
<td></td>
<td></td>
<td></td>
<td>8:30 am - 4:30 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercising Sovereignty to Support Healthy Tribal Food Systems</td>
<td>Managing HIV/ Hepatitis C Co-Infection in Indian Country</td>
<td>Preterm Birth Among American Indians: A Serious Health Equity Challenge</td>
<td>Vitamin D Deficiency in an Alaskan Subarctic Environment</td>
<td>Addressing Health Equity in Tribal Communities Through Active Transportation and Healthy Eating Strategies</td>
<td>Identification, Triage, and Intervention Using the Columbia-Suicide Severity Rating Scale (C-SSRS) And Safety Planning Intervention</td>
<td>Building the Workforce Capacity of Public Health Professionals Serving Tribal Populations</td>
</tr>
<tr>
<td>1:00 pm - 2:30 pm</td>
<td>3:00 pm - 4:30 pm</td>
<td>1:00 pm - 2:30 pm</td>
<td>3:00 pm - 4:30 pm</td>
<td>1:00 pm - 4:00 pm</td>
<td>1:00 pm - 4:00 pm</td>
<td>1:00 pm - 4:00 pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhancing Worker Safety and Health in Your Community: Developing a Tribal Worker Safety and Health Program</td>
<td>Using a Population Health Driver Diagram to Address Tribal Population Health Priorities</td>
<td>Strengthening Tribal Communities by Pulling Together for Wellness</td>
<td>Evaluating Culture-Based Prevention Programming</td>
<td>Building Partnerships and Capacity Through Good Health and Wellness in Indian Country</td>
<td>Dental Therapy: The Role of Tribal Colleges in Growing A New Oral Health Vocation</td>
<td></td>
</tr>
<tr>
<td>8:00 am - 9:30 am</td>
<td>8:00 am - 9:30 am</td>
<td>8:00 am - 9:30 am</td>
<td>8:00 am - 9:30 am</td>
<td>8:00 am - 9:30 am</td>
<td>8:00 am - 9:30 am</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirit of Community Health: Exploring Tribal Public Health Systems &amp; Services and Navigating Future Directions</td>
<td>Drafting Tribal Laws to Regulate E-Cigarettes As An Emerging Public Health Concern</td>
<td>Historical &amp; Intergenerational Trauma in Indian Country: Connecting Past, Present, &amp; Future</td>
<td>Public Health Data: Tribes, TECs, and States</td>
<td>Dental Health Aide Therapists: Improving Oral Health Outcomes &amp; Expanding Access to Care in Native Communities</td>
<td>Health Care Policy Update</td>
<td></td>
</tr>
<tr>
<td>10:00 am - 11:30 am</td>
<td>10:00 am - 11:30 am</td>
<td>10:00 am - 11:30 am</td>
<td>10:00 am - 11:30 am</td>
<td>10:00 am - 11:30 am</td>
<td>10:00 am - 11:30 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking Health Literacy</td>
<td>Think Tribally, Act Locally: Strategies to Support Tribal Policy Work on Health Issues</td>
<td>Putting Food Policy to Work in the Navajo Nation</td>
<td>Calricaraq: Restoring Indigenous Health and Wellness Through Our Ancestral Wisdom and Knowledge</td>
<td>Gaining Support for Accreditation</td>
<td>Findings from the National Evaluation of the Public Health Accreditation Program</td>
<td></td>
</tr>
<tr>
<td>12:30 pm - 2:00 pm</td>
<td>12:30 pm - 2:00 pm</td>
<td>12:30 pm - 2:00 pm</td>
<td>12:30 pm - 2:00 pm</td>
<td>12:30 pm - 2:00 pm</td>
<td>12:30 pm - 2:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

**NIHB NATIONAL TRIBAL PUBLIC HEALTH SUMMIT**
2016 NATIONAL TRIBAL PUBLIC HEALTH SUMMIT

SESSION TYPES
- Institutes
- Seminars
- Workshops
- Roundtables

SESSION TRACKS
- Track: Health Promotion and Disease Prevention
- Track: Behavioral Health and Substance Use
- Track: Public Health Law and Policy
- Track: Accreditation and Capacity Building

National Indian Health Board
MONDAY, APRIL 11, 2016

7:00 am – 12:00 pm  EXHIBITOR & VENDOR SET-UP  
Galleria

7:00 am – 7:00 pm  REGISTRATION OPEN  
Second Floor

12:00 pm – 7:30 pm  EXHIBIT HALL OPEN  
Galleria

TRIBAL LISTENING SESSIONS

8:30 am – 10:30 am  INDIAN HEALTH SERVICE LISTENING SESSION  
Grand Ballroom A/B  
The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people with a mission..."to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level." Indian Health Service (IHS) will host a listening session to seek Tribal Leaders' feedback on IHS programs, activities and services. During this session there will be ample opportunity for Tribal Leaders and representatives to provide input to IHS.

11:00 am – 12:30 pm  CENTERS FOR MEDICARE AND MEDICAID SERVICES LISTENING SESSION  
Grand Ballroom A/B  
The Centers for Medicare and Medicaid Services (CMS) will use this opportunity to seek feedback from Tribal leaders on a wide-range of CMS policy matters impacting Indian Country, including those related to the Health Insurance Marketplace and the Medicaid program. Consistent with the CMS Tribal Consultation Policy, CMS leadership and subject matter experts will be available to provide program updates and receive comments and answer questions from Tribal Leaders and/or their designees.

2:00 pm – 5:00 pm  CENTERS FOR DISEASE CONTROL AND PREVENTION LISTENING SESSION  
Grand Ballroom A/B  
The Centers for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC will host a listening session to gain feedback on its programs and services, and learn more about the public health needs seen in Tribal nations across Indian Country. CDC will also report on new and continuing initiatives making a positive impact in Indian Country.

PRE-SUMMIT INSTITUTES

8:30 am – 4:30 pm  SUICIDE AND SUBSTANCE ABUSE PREVENTION INSTITUTE  
Grand Ballroom D  
The Suicide and Substance Abuse Prevention Institute will be a full day of activities that provides attendees the ability to network with MSPI programs nationwide, learn about analyzing data, and discuss community engagement methods. Attendees will be able to hear from guest speakers, participate in skills building activities, and engage in valuable peer-to-peer learning and networking opportunities. The Suicide and Substance Abuse Prevention Institute is a unique opportunity for MSPI Tribal partners, and is designed to meet the programming needs of MSPI projects across the country.

PRESENTER: SEAN BENNETT, Indian Health Service  
PRESENTER: WALTER CASTLE, Indian Health Service  
PRESENTER: PAMELA END OF HORN, Indian Health Service  
PRESENTER: JACKIE ENGBRETSON, National Indian Health Board  
PRESENTER: KIMBERLY FOWLER, National Council of Urban Indian Health  
PRESENTER: WENDY WISDOM, Indian Health Service
PRE-SUMMIT INSTITUTES CONTINUED

8:30 am - 4:30 pm STRATEGIC PLANNING FOR HEALTH EQUITY INSTITUTE
Room 206-207

The social determinants of health and health equity are key concepts in planning for the overall and sustainable health in Tribal communities – especially as historically underserved and under-resourced communities. These two concepts are, more than ever before, driving how public health systems examine health disparities, and seek to align programming and activities with existing needs. It makes sense then that health departments and other entities that are delivering public and population health services begin to examine their internal processes and systems to begin to incorporate these ideas into their operations. This training will provide information on the role of social determinants of health in shaping the health of Tribal populations, understanding the elements of strategic planning for overall health; understanding how a strategic plan aligns with the Public Health Accreditation Board’s requirements for accreditation, and the process of using an equity lens framework in strategic planning. By the end of this institute, participants will be able to 1) define the role of social determinants of health in shaping the health of Tribal populations, and 2) use and incorporate the social determinants of health and health equity into health department strategic planning.

PRESENTER: JAMIE ISCHOMER, National Indian Health Board
PRESENTER: LINDA BANE FRIZZELL, University of Minnesota, School of Public Health and Great Lakes Tribal EpiCenter

8:30 am - 4:30 pm THE REVOLVING DOOR BETWEEN CULTURE AND HEALTH, AND ITS IMPLICATIONS FOR OBESITY IN INDIAN COUNTRY INSTITUTE
Room 208-209

Obesity levels are at the forefront of public health concerns affecting Tribal Nations today. Intensified by the prevalence of food deserts, poverty and gaps in current policy, American Indians and Alaskan Natives (AI/AN) are uniquely and increasingly affected by chronic diseases. Given the shortfalls of previous efforts to curb the obesity rates, future intervention efforts need to significantly improve upon cultural relevance and sustainability, take further strides in galvanizing community involvement and solidarity, and enable Tribal leadership throughout every phase. This workshop will focus on the concepts of “culture as prevention” and “food sovereignty as Tribal sovereignty” as tools to combat the obesity crisis. Participants will discuss ways to promote Native agricultural practices and diets that bolster Native farming, create a supportive public health infrastructure, improve food access, and apply community-driven solutions. By the end of this institute, participants will be able to 1) apply the concept of “food sovereignty as Tribal sovereignty” to obesity prevention programs in Indian Country, 2) identify 5 major tactics for improving upon the efficacy of intervention programs, based on the concept of “culture as prevention”, and 3) generate various solutions to the obesity crisis based on an evaluation of its social determinants of health.

PRESENTER: SHERVIN AAZAMI, National Indian Health Board
PRESENTER: MICHELLE GUTIERREZ, Notah Begay III Foundation
PRESENTER: OLIVIA ROANHORSE, Notah Begay III Foundation
SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) INSTITUTE: SHARING A CULTURE OF WELLNESS
Room 210-211

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 to address the growing epidemic of diabetes in American Indian and Alaska Native communities. The SDPI and Special Diabetes Program for Type 1 Diabetes have become the most comprehensive and effective effort to combat diabetes and its complications in Indian Country. The success of SDPI is due to allowing communities to implement diabetes interventions that address locally identified priorities. As SDPI begins its nineteenth year, it is important to share success stories and improved outcomes in risk factors in order to educate decision-makers on the importance of the program. This training will join stakeholders together to learn about and discuss the current status of the SDPI program including data infrastructure, effective programming, and policy decisions that make SDPI grant programs possible. Participants will have the opportunity to interact with other Community-Directed, Healthy Heart, and Diabetes Prevention grantees, as well as members from the Tribal Leaders Diabetes Committee, SDPI policy advocates and federal partners. By the end of this institute, participants will 1) increase knowledge of incorporating key factors of successful SDPI Diabetes Prevention and Healthy Heart Initiative programs into Community-Directed grant programs, 2) will increase their skills to effectively communicate their community’s needs and successes to impact decisions at the national level on diabetes and other chronic disease programs, and 3) increase their knowledge of SDPI legislative history, the current implications of the changes to the SDPI, and strategies to elevate SDPI success stories and improved outcomes in diabetes risk factors.

PRESENTER: STACY BOHLEN, National Indian Health Board
PRESENTER: KARRIE JOSEPH, National Indian Health Board
PRESENTER: MICHELLE CASTAGNE, National Indian Health Board
PRESENTER: JENN RUSSELL, SDPI Diabetes Prevention Program and Healthy Heart Project Initiatives Coordinating Center
PRESENTER: ROBIN JOHN, Yakama Indian Health Service Healthy Heart Program
PRESENTER: TONYA WAPSKINEH, Cherokee Nation Diabetes Prevention Program
PRESENTER: ANN BULLOCK, Indian Health Service Division of Diabetes Treatment and Prevention
PRESENTER: CARMEN LICAVOLI, Indian Health Service Division of Diabetes Treatment and Prevention
PRESENTER: EMILY ANDERSON, American Diabetes Association

OPENING RECEPTION

6:00 pm – 7:30 pm

OPENING RECEPTION & SPECIAL DIABETES PROGRAM FOR INDIAN (SDPI) POSTER SESSION
Galleria
Please join NIHB and the reception sponsor, American Indian Cancer Foundation, for an opening reception that features poster presentations by SDPI projects from across Indian Country. Light refreshments will be served.
7:00 am - 5:00 pm  
REGISTRATION OPEN  
Second Floor

7:30 am - 6:00 pm  
EXHIBIT HALL OPEN  
Galleria

OPENING PLENARY  

Grand Ballroom

8:30 am - 9:30 am  
OPENING CEREMONY & PRESENTATION OF COLORS  
AMERICAN LEGION STEVE YOUNGDEER POST 143, Eastern Band of Cherokee Indians

LOCAL WELCOME  

WELCOME AND OPENING REMARKS  
LESTER SECATERO, National Indian Health Board Chairman and Albuquerque Area Representative

9:30 am - 10:00 am  
INDIAN HEALTH SERVICE UPDATE  
MARY SMITH, Indian Health Service

10:00 am - 10:25 am  
SENATE UPDATE  
KENNETH MARTIN, Senate Committee on Indian Affairs

10:25 am - 10:45 am  
ADVERSE CHILDHOOD EXPERIENCES - BEYOND THE TRAUMA: HEALING AND RECOVERY IN INDIAN COUNTRY  
The Adverse Childhood Experiences Study (commonly referred to as the ACE Study or ACES), was a collaborative study between the Centers for Disease Control and Prevention and Kaiser Permanente. The study found that childhood abuse, neglect, and exposure to other traumatic stressors often leads to unfavorable short- and long-term health and social problems. This presentation will come from a strengths-based approach, moving beyond trauma.  
JAMI BARTGIS, University of Oklahoma Health Science Center, Indian Country Child Trauma Center

10:45 am - 11:15 am  
KEYNOTE ON HEALTH EQUITY  
Health equity has emerged as one of the most important concepts in public health nationwide, especially in Indian Country. Health equity “…means that all people have the opportunity to realize their full health potential. Achieving equity comes from within communities and is created by working toward just economic, social, and environmental conditions that promote holistic well-being.” This is especially important in Native communities, given that Native Americans fare worse than non-Natives by virtually every metric for measuring health—including mental and physical health, economics, and education. Discussing pathways for improving health equity outcomes will be the emphasis of this presentation, taking a broad look at the application of health equity principles in Indian Country, and how these principles can become “home-grown.” Indeed, this presentation will discuss ways of combining health equity principles with traditional Native American conceptions of holistic health and wellness.  
ABIGAIL ECHO-HAWK, Partnerships for Native Health

11:15 am - 11:40 am  
NATIONAL TRIBAL BEHAVIORAL HEALTH AGENDA UPDATE  
The National Tribal Behavioral Health Agenda was born from requests from Tribal leaders for coordination and collaboration among federal agencies whose efforts contribute to the health and well-being of American Indian and Alaska Native communities. The Agenda is a blueprint that provides a clear, national statement about the extent of behavioral health-related problems and their impact on the well-being of Tribal communities. It discusses foundational elements that should be considered across programs designed to contribute to improved emotional well-being of Tribal communities. This presentation will update attendees on the progress of the Agenda and detail next steps.  
MIRTHA BEADLE, Substance Abuse and Mental Health Services Administration
AGENDA

11:40 am - 12:00 pm  PRESENTATION OF THE 2016 PUBLIC HEALTH INNOVATION AWARD

12:00 pm - 1:00 pm  LUNCH
On your own.

SUMMIT SESSIONS

1:00 pm - 2:00 pm  ROUND TABLE

CULTURAL RESILIENCE: AN INDIGENOUS FRAMEWORK APPLIED TO THE GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY PROJECT
Track: Health Promotion and Disease Prevention
Room 205
The Inter Tribal Council of Arizona, Inc. (ITCA) Health and Human Services Program administers the Center for Disease Control, "A Comprehensive Approach to Good Health and Wellness in Indian Country" project. ITCA provides training and technical assistance to 13 Tribes located in Arizona, Nevada, and Utah to address chronic diseases through community chosen, and culturally adapted, Policy, Systems, and Environmental (PSE) changes. By the end of this roundtable, participants will be able to 1) develop an understanding of how historical trauma influences the health status of tribal communities, and 2) develop an understanding of how Indigenous resilience can be used as a framework for addressing chronic diseases in tribal communities.
PRESENTER: WAQUIN PRESTON, Inter Tribal Council of Arizona, Inc.
PRESENTER: MADISON FULTON, Inter Tribal Council of Arizona, Inc.
PRESENTER: ERIC HARDY, Inter Tribal Council of Arizona, Inc.

1:00 pm - 4:00 pm  SEMINARS

ADDRESSING HEALTH EQUITY IN TRIBAL COMMUNITIES THROUGH ACTIVE TRANSPORATION AND HEALTHY EATING STRATEGIES
Track: Health Promotion and Disease Prevention
Room 210-211
Promoting physical activity and healthy eating strategies is critical to creating healthy communities. Tribal communities need access to the tools and resources to implement key strategies for health eating and active living. Safe Routes to School, Complete Streets, Shared Use and various healthy eating strategies are key components to addressing health equity as it relates to increasing physical activity and food access. The Safe Routes to School National Partnership (National Partnership) has worked with communities across the country to increase their capacity to advocate for change at the state and local level to create healthier communities. As the leader of the Community Consortia for the Voices for Healthy Kids initiative the National Partnership has provided technical assistance and numerous resources to assist communities. Addressing equity through the built environment and healthy eating are key to addressing chronic diseases in tribal communities.
PRESENTER: MIKAELA RANDOLPH, Safe Routes to School National Partnership
PRESENTER: MARISA JONES, Safe Routes to School National Partnership
IDENTIFICATION, TRIAGE AND INTERVENTION USING THE COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) AND SAFETY PLANNING INTERVENTION: INCREASING PRECISION, IMPROVING CARE DELIVERY AND REDIRECTING SCARCE RESOURCES

Track: Behavioral Health and Substance Use
Room 212-213

The C-SSRS and Safety Planning Intervention are now widely recognized as a gold-standard, innovative suicide risk screening tool and brief intervention. Due to its demonstrated ability to identify high risk individuals and guidance for next steps the C-SSRS positively impacts service utilization through decreasing unnecessary interventions, redirecting scarce resources, and expediting care delivery to those at highest risk. This workshop will review the C-SSRS and its administration, covering its items predictive of increased risk. Participants will learn about how to administer the full and screening versions of the tool, how to customize the tool and how to interpret results. Population-specific editions will be reviewed (pediatric, military, etc.). System-wide implementation across multiple settings will be discussed. At completion, participants will be able to administer the C-SSRS and Safety Plan Intervention and will receive a certificate of learning. By the end of the seminar, participants will 1) explain how preventative screening models and brief interventions can be used to identify and support at-risk individuals and establish care plans that allocate resources effectively, 2) describe the evidence base and how utilizing a systemic best practice measurement, the C-SSRS, to identify suicidal ideation and behavior results in improved safety monitoring, identification, and precision, which ultimately aids prevention and 3) administer the C-SSRS full and screener scales, write a safety plan and identify other tools in the C-SSRS toolkit and demonstrate how the C-SSRS impacts care through operationalized criteria for next steps which in turn streamlines triage, redirects scarce resources, and facilitates care delivery to those at highest risk.

PRESENTER: ADAM LESSER, Center for Suicide Risk Assessment

BUILDING THE WORKFORCE CAPACITY OF PUBLIC HEALTH PROFESSIONALS SERVING TRIBAL POPULATIONS

Track: Accreditation and Capacity Building
Room 214

Health care for American Indian/Alaska Native populations is complex, underfunded and plagued by quality issues. Over the last decade, healthcare organizations worldwide have adopted Lean Thinking to reduce cost and improve quality and efficiency in patient care. Yet Lean Thinking is not discussed in Indian Country as a possible solution for cost and quality issues. When well executed, Lean transforms how an organization works and creates an insatiable quest for improvement. This presentation will discuss Lean Healthcare as a system of improvement that leads to cost reduction and process improvements with increased quality of care. Examples will be drawn from actual experience within a Tribal compacted healthcare system. Additional examples will be presented from health organizations with a history implementing Lean Thinking. The benefits and challenges for implementing Lean Thinking in a Tribal health system will be discussed. By the end of the seminar, participants will 1) describe steps for assessing workforce training needs, 2) develop an initial draft for assessing training needs of the public health workforce serving their tribal community, 3) discuss the components of a workforce development plan, and 4) acquire resources, tools and templates for developing a public health workforce development plan.

PRESENTER: MELISSA ALPERIN, Rollins School of Public Health, Emory University
PRESENTER: LISA MCCORMICK, Rollins School of Public Health, Emory University
PRESENTER: LAURA LLOYD, Rollins School of Public Health, Emory University

OPIOID CRISIS IN INDIAN COUNTRY

Track: Behavioral Health and Substance Use
Room 206

This presentation will explore the manner in which the pharmaceutical industry and the medical industry created what has been called “the worst man-made disaster in modern medical history” and how the substance abuse disorder treatment industry has exploited the opioid crisis. Special emphasis will be given to the impact the crisis is having on American Indians living in Minnesota and what some Tribes are doing to address it. By the end of this workshop, participants will be able to: 1) Inform the audience about the widespread abuse of opioids in Indian country and 2) Examine active measures in Indian communities taken to address the opioid crisis.

PRESENTER: JENNIFER DUPUIS, Fond du Lac Human Services
1:00 pm – 2:30 pm WORKSHOPS CONTINUED

EXERCISING SOVEREIGNTY TO SUPPORT HEALTHY TRIBAL FOOD SYSTEMS
Track: Public Health Law and Policy
Room 207
The expression of sovereignty in food and agriculture is essential throughout the world, and is crucial to supporting access to culturally relevant, healthy, affordable food and protecting the integrity of a nation's agriculture systems. This workshop will provide an opportunity for Tribal leaders, health directors, Tribal attorneys, and community stakeholders to learn how Tribes are using and could improve the use of codes and policies to protect and enhance Tribal food and agriculture activities and to support their citizens' access to nutritious and health-promoting foods. The session will highlight the connections between sovereignty and food and agriculture codes; explain the role of public health in Tribal food code development and vice versa, including food safety and beyond; and provide examples of Tribal codes and policies that address healthy eating and food system goals. Participants will be invited to share about specific food system or food policy challenges they have encountered. By the end of this workshop, participants will be able to: 1) describe the general purpose and functions of a tribal food and agriculture code, 2) explain how food and agriculture codes can further public health goals relating to chronic disease reduction/prevention and access to traditional foods and plants, and 3) discover nuances in agriculture and food policy that are essential tools of self-governance in food and that will improve access to healthier foods and improved food policy.
PRESENTER: JULIE RALSTON AOKI, Public Health Law Center, William Mitchell College of Law
PRESENTER: JANE HIPP, Indigenous Food and Agriculture Initiative
PRESENTER: CRYSTAL ECHO HAWK, Echo Hawk Consulting

ADVANCING HEALTH EQUITY IN INDIAN COUNTRY: CULTURALLY APPROPRIATE STRATEGIES RELATED TO TOBACCO, HEALTHY EATING AND COMMUNITY MOBILIZATION
Track: Health Promotion and Disease Prevention
Room 208
Participants will learn important tips and techniques of advocating on behalf of Indian health issues with Cancer disproportionately affects American Indian/Alaskan Native (AI/AN) populations. While nearly every other population is experiencing a decrease in rates of cancer diagnoses and death, cancer rates are still increasing for AI/AN populations. The American Indian Cancer Foundation (AICAF) is committed to changing the cancer story by working in partnership with Tribes and other organizations to address pervasive health inequities. AICAF's project, American Indian Resources for Tribal Health Equity, partners with Tribal Nations to implement policy, systems and environmental (PSE) change strategies to promote health equity, cancer prevention and increasing healthy norms within AI/AN communities. Culturally tailored chronic disease prevention resources will be discussed in detail and shared with participants for use within their own communities and organizations. By the end of the workshop, participants will 1) obtain a comprehensive understanding of the policy, systems and environmental (PSE) change framework for improving community health with an emphasis on community engagement and coalition building for advancing health equity in tribal communities, and 2) increase awareness of available resources that can support PSE change initiatives.
PRESENTER: AMANDA DIONNE, American Indian Cancer Foundation
PRESENTER: AMBER CARDINAL, American Indian Cancer Foundation

PRETERM BIRTH AMONG AMERICAN INDIANS: A SERIOUS HEALTH EQUITY CHALLENGE
Track: Health Promotion and Disease Prevention
Room 209
The preterm birth (PTB) equity gap among American Indians and Alaskan Natives (AI/AN) represents a serious humanitarian challenge. The overall U.S. PTB rate declined from 12.8% in 2006 to 9.6% in 2014. However, rates among AI/AN remain at 10.4%, surpassed only by Non-Hispanic Blacks (13.4%). Dr. Jarris will discuss the PTB disparity index developed by the March of Dimes Perinatal Data Center to address ethno-cultural inequity in PTB rates. Dr. Warne will discuss factors impacting the AI/AN population, including psychosocial influences and historical trauma. Dr. Giroux will address epidemiologic features contributing to AI/AN PTB. Dr. Arnold will discuss the March of Dimes Coming of the Blessing initiative, a culturally-appropriate prenatal program for AI/AN families. Discussion will follow. By the end of the workshop, participants will 1) learn about the data and factors behind the higher preterm birth rates in the American Indian/Alaskan Native (AI/AN) population, and 2) discuss and share ideas about programs and initiatives to close the preterm birth equity gap.
PRESENTER: PAUL JARRIS, March of Dimes
PRESENTER: DONALD WARNE, American Indian Public Health Resource Center, North Dakota State University
PRESENTER: JENNIFER GIROUX, Great Plains Tribal Chairmen's Health Board
ROUND TABLE

TRIBAL PUBLIC HEALTH AND THE LAW: CHALLENGES AND OPPORTUNITIES
Track: Public Health Law and Policy
Room 205
Law plays an integral role in advancing public health. Public health advancements in areas such as tobacco control and motor vehicle safety have been driven by legal interventions. This roundtable session will define public health law and describe components of Tribal public health law, including (1) Tribal sovereignty and the inherent authority of Tribes to protect and promote the public health of their citizens; (2) Tribal laws, such as Tribal constitutions, codes, case law, and customary law; and (3) federal Indian law and its impact on Tribal public health. The session will then transition into a discussion in which participants can highlight the challenges to promoting the use of law as a public health tool and the Tribal public health law innovations used in their communities. The session will end with a brief overview of Tribal public health law resources offered by the CDC and other partners. By the end of this roundtable, participants will 1) provide an overview of elder abuse concepts and known prevalence studies, 2) discuss predictors, risk factors and outcomes of elder abuse in American Indian populations, 3) identify specific attitudes, beliefs and perceptions of elder abuse unique to the population, 4) share lessons learned from public health initiatives focused on elder abuse, and 5) engage in discussion about the role of tribal public health providers in promoting awareness and prevention of elder abuse in local communities.
PRESENTER: AILA HOSS, CDC, Public Health Law Program, Centers for Disease Control and Prevention

WORKSHOPS

GETTING TO THE ROOTS: THE IMPORTANCE OF EARLY LIFE INTERVENTION TO REDUCE CHRONIC DISEASE RISK FACTORS
Track: Health Promotion and Disease Prevention
Room 206
Risk for developing chronic diseases, such as diabetes and heart disease, has been shown to start in the womb and in the first few years of life. The pathways by which this occurs are being deciphered and there is also evidence now for interventions in pregnancy and early childhood which can lead to better outcomes later in life. This presentation will summarize both the ways that adverse early life experiences increase chronic disease risk as well as discuss some interventions which have evidence for reducing that risk. By the end of this workshop, participants will 1) discuss at least two mechanisms by which early life adversities increase the risk of later development of chronic diseases such as diabetes, and 2) list two early life interventions which have evidence for reducing risk factors associated with later development of chronic diseases.
PRESENTER: ANN BULLOCK, Division of Diabetes Treatment and Prevention, Indian Health Service

MANAGING HIV/HEPATITIS C CO-INFECTION IN INDIAN COUNTRY
Track: Health Promotion and Disease Prevention
Room 207
This session will present on the Hepatitis epidemic and HIV/Hepatitis C co-infection in Tribal communities. The 2012 CDC HIV surveillance records an increase of 86.2% of acute HCV rates among American Indians/Alaska Natives. This is the greatest percent increase during this time period compared to other races/ethnicities. According to a 2011 CDC report, STI rates continue to remain high among AIs (three times the national rate), and HCV cases have plateaued among all races/ethnicities, except for American Indians. Session topics will include, barriers and challenges to HEP C testing, how HIV/HCV co-infection affects Native communities, treatment and care, resources and collaborations, and development of national policy to address issues. By the end of this workshop participants will understand how HIV/HCV affect Tribal communities, 2) strategize for HIV/HCV harm reduction and prevention in Indian Country, and 3) plan strategic actions to address HIV/HCV in Tribal communities.
PRESENTER: MICHAELA GREY, National Native American AIDS Prevention Center
PRESENTER: ELTON NASWOOD, Office of Minority Health Resource Center
PRESENTER: HANNABAH BLUE, American Indian Public Health Resource Center, North Dakota State University
TRIBAL COMMUNITY LEGAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES
Track: Public Health Law and Policy
Room 208
Legal preparedness is an important component of public health practice. Thus, it is critical that Tribal governments have the legal capacity to respond to threats from public health emergencies. Recent public health emergencies demonstrate that additional resources, as well as coordination and collaboration among jurisdictions, are necessary to protect public health in Indian Country. During this session, we will explain legal preparedness and its importance to public health emergencies, facilitate a discussion regarding the legal issues Tribes face during public health emergencies, and identify what resources are needed to enhance the capacity of Tribes to develop their own legal authorities related to emergency preparedness. In collaboration with the Centers for Disease Control and Prevention, we will use this information to create a menu of tools Tribes can use to develop laws and training materials for emergency responders, leaders, and policy makers related to Tribal legal preparedness for public health emergencies. By the end of this workshop, participants will 1) discuss what integrated health means to a tribal community, 2) participants will have an understanding of primary prevention in community development, and 3) how to begin strategic planning for community action around integration and primary prevention.
PRESENTER: TINA HERSHEY, University of Pittsburgh
PRESENTER: ALYSSA LANDEN, University of Pittsburgh

VITAMIN D DEFICIENCY IN AN ALASKAN SUBARCTIC ENVIRONMENT
Track: Behavioral Health and Substance Use
Room 209
Low levels of vitamin D have long been identified with a number of health anomalies, and studies confirm that sun exposure plays a substantial role in the onset of a number of disorders. The Yukon Kuskokwim region in southwest Alaska, home to the Yup’ik and Cu’pik Eskimo people, is subject to seasonal sunlight changes experienced in northern climates. Vitamin D is primarily obtained through sunlight. Living in Alaska, where darkness prevails in winter months and where people spend most of their time indoors during cold weather in winter, it can be inferred that vitamin D deficiency is prevalent. The Yukon Kuskokwim Health Corporation examined vitamin D levels in mental health patients admitted to the local ER to determine the extent to which presenting disorders are linked to vitamin D deficiency. We will discuss results that showed a significant relationship between clinical diagnoses of depression and vitamin D levels. By the end of this workshop, participants will 1) understand the major mental health disorder as a result of Vitamin D deficiency, and 2) understand the relationship between age and Vitamin D deficiency.
PRESENTER: RAYMOND DAW, Yukon Kuskokwim Health Corporation
PRESENTER: BERNARD SEGAL, Yukon Kuskokwim Health Corporation

TRIBAL CAUCUS: DEFINING SDPI RENEWAL
Ballroom A
Congress established the Special Diabetes Program for Indians (SDPI) in 1997 to address the growing epidemic of Type II diabetes in American Indians and Alaska Natives (AI/Ns). As a result of intensive data collection and analysis over the past nineteen years, we are able to demonstrate remarkable outcomes from SDPI programs, including a reduction in A1C levels, reduced cholesterol levels, and weight loss. Moving forward, Congress will need to reauthorize SDPI by September 30, 2017 in order for Tribes to provide continuous diabetes treatment and prevention programming. The President has requested permanent renewal for SDPI in the FY 2017 Budget Request. Unfortunately, this request funds the program at $150 million per year – the same funding level the program has seen since 2002. The goal of this Tribal caucus is to educate Tribal leaders and Tribal public health professionals on the successful SDPI programs around Indian Country and establish a Tribal consensus on SDPI reauthorization request for FY 2018 and beyond. This caucus is open to all Tribal members and leaders. No state or federal government participation will be permitted unless unanimously invited by the Tribal members present.
6:30 am - 7:30 am  FITNESS ACTIVITY
   Galleria
   The workout will be led by Councilman Patrick Marcellais (Turtle Mountain Band of Chippewa).

7:00 am - 12:00 pm  REGISTRATION OPEN
   Second Floor

7:30 am - 5:00 pm  EXHIBIT HALL OPEN
   Galleria

SUMMIT SESSIONS

8:00 am - 9:00 am  ROUND TABLE
   TOOLS FOR TRIBES: BECOMING MORE FAMILIAR WITH THE FDA’S CENTER FOR TOBACCO PRODUCTS
   Track: Public Health Law and Policy
   Room 205
   The U.S. Food and Drug Administration (FDA) Center for Tobacco Products (CTP) oversees the implementation of the Family Smoking Prevention and Tobacco Control Act (TCA). FDA staff will provide participants with an overview of the FDA Center for Tobacco Products and its regulatory authorities and its current engagement efforts across the Center to include a review of the American Indian/Alaska Native web-based available for Tribal leaders, public health officials, Tribal tobacco manufacturers and retailers. By the end of this roundtable, participants will 1) learn about the FDA Center for Tobacco Products and its regulatory authorities, 2) discuss CTP’s current Tribal engagement efforts, and 3) provide web-based resources for Tribal public health workforce to use as tools for educating tobacco manufacturers and retailers on Tribal lands.
   PRESENTER: PAUL ALLIS, Center for Tobacco Products, Food and Drug Administration

8:00 am - 11:00 am  SEMINAR
   SEXUAL HEALTH AND SEXUALITY SEMINAR
   Track: Health Promotion and Disease Prevention
   Room 212-213
   THIS SESSION WILL FEATURE TWO PRESENTATIONS:
   1. Native It’s Your Game: A Multimedia Sexual Health Program for American Indian/Alaska Native Youth
      Native It’s Your Game (N-IYG) is an evidence-based online sexual health curriculum for American Indian/Alaska Native youth, ages 12-14 years old. It was adapted from “It’s Your Game...Keep it Real” and evaluated using a Randomized Control Trial. It’s designed for access in typical middle school classes, or during after school/summer programs. It consists of 13, 30-35 minutes lessons, take-home activities, and fact sheets that target determinants of sexual risk-taking. Core content includes: healthy relationships, puberty and reproduction, HIV/STIs, pregnancy, refusal skills-training, and contraception. This interactive workshop will discuss lessons learned in cultural adaptation, study design, benefits/ challenges associated with web-based health promotion programs, and provide N-IYG implementation strategies. The N-IYG project was a collaborative effort between the Inter Tribal Council of Arizona, Alaska Native Tribal Health Consortium, Northwest Portland Area Indian Health Board, and the University of Texas School of Public Health. By the end of this presentation, participants will be able to 1) develop considerations when adapting evidence-based programs for AI/AN youth, and 2) describe the short-term psychological impact for Native It’s Your Game.
      PRESENTER: GWENDA GORMAN, Inter Tribal Council of Arizona, Inc.
      PRESENTER: STEPHANIE BAREHAND, Inter Tribal Council of Arizona, Inc.
2. Our Wisdom is Our Strength: Sexuality Education in American Indian Communities

After five years of developing programming, Planned Parenthood Minnesota, North Dakota, South Dakota (PPMNS) Educators have a wealth of experience in providing sexuality education with American Indian communities in and around Fond du Lac, Leech Lake, White Earth and Red Lake. Services include community outreach, youth programming and HIV testing. This interactive session will be of interest to conference attendees working with or interested in working with American Indian communities to address sexual health disparities. PPMNS staff will share experiences using a strengths-based approach in addressing sexual and reproductive health inequities, building partnerships, piloting curricula, and implementing a broad range of education and outreach services designed to support health while honoring culture and history. Workshop attendees will be able to identify culturally relevant strategies when working with American Indian communities, identify some of the barriers in accessing reproductive health care, and will leave with a toolkit of activities and resources. By the end of this presentation, participants will be able to 1) identify 3 culturally relevant strategies when working with American Indian communities, and 2) identify barriers in accessing reproductive health care for American Indian Community members.

PRESENTER: ANNA GOLDTOOTH, Planned Parenthood Minnesota, North Dakota, South Dakota
PRESENTER: JAIMIE MYERS, Planned Parenthood Minnesota, North Dakota, South Dakota

WORKSHOPS

CREATING A CIRCLE OF HOPE
Track: Behavioral Health and Substance Use
Room 206
Recovery for women that have struggled with addiction is possible when the treatment approach is feminine, holistic, culturally sensitive, and family centered. Women need to be supported and empowered in order to walk the path of recovery. For those that have used alcohol or other drugs while pregnant there may be issues of extreme guilt, shame and remorse. This workshop will describe the progression of both addiction and recovery. The presenter will provide an overview of the history, diagnostic criteria and lifelong cognitive and behavioral characteristics of fetal alcohol spectrum disorders (FASD). Participants will learn about successful models in Tribal communities designed to prevent future alcohol exposed pregnancies. Participants will receive resources from the National Organization on Fetal Alcohol Syndrome (NOFAS) and their Circle of Hope network that supports birth mothers and seeks to reduce the stigma associated with drinking while pregnant. By the end of this workshop, participants will 1) describe how alcohol can impact a developing fetus resulting in lifelong behaviors and disabilities, and 2) discuss how healthcare providers and communities work to support women in order to prevent alcohol/drug exposed pregnancies.

PRESENTER: KATHLEEN TAVENNER MITCHELL, National Organization on Fetal Alcohol Syndrome

ENHANCING WORKER SAFETY AND HEALTH IN YOUR COMMUNITY: DEVELOPING A TRIBAL WORKER SAFETY AND HEALTH PROGRAM
Track: Health Promotion and Disease Prevention
Room 207
American Indian/Alaska Native (AI/AN) Tribes are often the largest employer in Tribal communities. Results of a recent National Institute for Occupational Safety and Health (NIOSH) study, AI/AN workers are more likely to be injured, compared to non-Native workers. National data on occupational injuries and illnesses among AI/AN workers is scarce and research is limited on worker safety and health programs in Tribal communities. The CDC/NIOSH Tribal Initiative utilizes partnerships with AI/AN communities, organizations and other stakeholders to maximize resources to build and strengthen occupational safety and health (OSH) capacity. The presentation will provide an overview of the NIOSH Tribal initiative, two Tribal OSH programs from the Navajo Nation and Shoshone-Bannock Tribes will be discussed, and best practices will be shared. A newly developed resource tool to assess Tribal OSH capacity will also be presented. Finally, we discuss future plans and invite input on the initiative. By the end of this workshop, participants will 1) discuss the importance of worker safety and health in Tribal communities, and 2) gain knowledge and tools to implement or expand worker safety and health programs in your community.

PRESENTER: ELIZABETH DALSEY, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention
PRESENTER: WES EDMO, Shoshone-Bannock Tribes
PRESENTER: LANTANA LEANDER, Navajo Nation Occupational Safety and Health Administration
USING A POPULATION HEALTH DRIVER DIAGRAM TO ADDRESS TRIBAL POPULATION HEALTH PRIORITIES

This interactive session will describe how a population health driver diagram has been used in six community population health improvement initiatives and how this framework helps to facilitate the improvement process. Examples will include a diabetes health improvement initiative in three Texas regions and the steps that were used to develop and sustain community coalitions to address this population health priority. Participants will be exposed to the 14 step process that was developed to guide these initiatives, and how the health departments served as the lead in bringing together stakeholders to address a community health priority. Small group activities will provide participants with an opportunity to develop a population health driver diagram to address an identified Tribal population health issue. At the end of this session, participants will know how they can use a population health driver diagram with various stakeholders to address a priority Tribal population health issue. By the end of this workshop, participants will 1) describe how a population health driver diagram can be used to engage stakeholders to address a priority Tribal health issue, 2) discuss the 14 steps process for developing and implementing a population health driver diagram to address a priority population health issue, and 3) describe how population health driver diagrams have been successfully used in community to address priority population health issues.

PRESENTER: RON BIALEK, Public Health Foundation
PRESENTER: JACK MORAN, Public Health Foundation

STRENGTHENING TRIBAL COMMUNITIES BY PULLING TOGETHER FOR WELLNESS

This presentation features a collaborative effort to implement a Tribally-driven framework to decrease health disparities through community mobilization. The Shoalwater Bay Tribes' coalition is implementing the Pulling Together for Wellness (PTW) framework, a comprehensive framework designed to reduce chronic disease risk factors and improve the health status of Tribal communities using a policy, environment, and systems (PES) change approach. Presenters will share the policy, environment and systems measures and their experiences during the action planning and evaluation processes focused on their challenge to "Improve the health of Shoalwater Bay Tribal members for seven generations by embracing the healthy traditions of our ancestors." In this interactive session, presenters demonstrate the use of implementation tools including community assessments and surveys. Findings are guiding efforts to improve the built environment, implement policies, and change social norms. By the end of this workshop, participants will 1) be able to identify cultural grounded components of the Pulling Together for Wellness framework and actions to create policy, environmental, and system changes to address commercial tobacco use, healthy eating, active living, and emotional wellness in Tribes and Urban Indian communities, and 2) be able to understand and examine the implementation of a tribally-driven framework and the methods used to assess the needs and assets, engage youth and community members, and work with Tribal government in efforts to improve the built environment, implement policies and change the social norm.

PRESENTER: JAN OLMSTEAD, American Indian Health Commission for Washington State
PRESENTER: CHARLENE NELSON, Shoalwater Bay Tribe
EVALUATING CULTURE-BASED PREVENTION PROGRAMMING
Track: Behavioral Health and Substance Use
Room 210
The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for the Application of Prevention Technologies and Tribal Technical Assistance Center assist SAMHSA grantees, including Federally-recognized Tribes and Tribal entities, to implement the Strategic Prevention Framework and Tribal Action Plans. Presenters will describe work and accomplishments of grantees that enhance protective factors, such as cultural connectedness, tribal efforts to use data to inform decision-making in planning, implementation, and evaluation of prevention programs incorporating cultural practices. Presenters will discuss challenges and lessons learned evaluating culture-based programming, showcase tools to facilitate evaluation planning, and provide direct technical assistance on specific evaluation approaches. By the end of this workshop, participants will 1) inform tribal representatives about SAMHSA Tribal programs (i.e., those funded under SPF) and the impacts they are having in tribal communities, 2) to provide technical assistance on conducting effective evaluations in tribal communities, and 3) to engage in discussions with tribes regarding behavioral health.

PRESENTER: CRAIG LOVE, Center for the Application of Prevention Technologies, Substance Abuse and Mental Health Services Administration
PRESENTER: SEPRIEONO LOCARIO, Tribal Training and Technical Assistance Center

BUILDING PARTNERSHIPS AND CAPACITY THROUGH GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY
Track: Health Promotion and Disease Prevention
Room 211
Good Health and Wellness in Indian Country (GHWIC) is a CDC-Tribal partnership to prevent heart disease, diabetes, stroke, and associated risk factors (physical inactivity, unhealthful diet and commercial tobacco use), in American Indians and Alaska Natives through a holistic approach to health and wellness. CDC funds twelve Tribes to create sustainable programs, broaden community and cross-sector partnerships, and demonstrate health improvements. To expand the reach of GHWIC, eleven Tribal organizations are funded to provide leadership, technical assistance, training, and resources to Tribes in their IHS services areas. CDC engaged the Indian Health Service and the Tribal Epidemiology Centers to evaluate the impact of the program at the Area and national level with a Tribal lens. The partnership of CDC, Tribes, Tribal organizations and TECs may provide a model for increasing program management and evaluation capacity in Indian Country. By the end of this workshop, participants will be able to 1) describe the means by which GHWIC aims to strengthen a culture of wellness in Indian country through partnership and shared management structures, and 2) to describe the unique contributions of each partner- CDC, tribes, tribal organizations, and TECs – to building cross-sector partnerships for wellness and the prevention of chronic diseases.

PRESENTER: LINDSEY WATCHMAN, Yellowhawk Tribal Health Center
PRESENTER: MICHELLE SUINA, Albuquerque Area Southwest Tribal Epidemiology Center
PRESENTER: KATE GRISMALA, United South & Eastern Tribes
PRESENTER: DAVID ESPEY, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion
WORKSHOPS CONTINUED

DENTAL THERAPY: THE ROLE OF TRIBAL COLLEGES IN GROWING A NEW ORAL HEALTH VOCATION
Track: Accreditation and Capacity Building
Room 214
Since 2004, Alaska Native Tribal health organizations have educated and employed dental therapists, resulting in more than 40,000 people living in 81 previously underserved rural communities having regular access to care. There is growing interest in dental therapy as a new oral health vocation; some Tribes in the lower 48 and some state legislatures have begun to break down legal and regulatory barriers to the education and employment of dental therapists. Adding to the momentum has been the formal approval of dental therapy educational standards by the Commission on Dental Accreditation (CODA) in August 2015. The Ilisagvik Tribal College in Barrow, Alaska is poised to be the first college to gain CODA accreditation. It can serve as a model for other Tribal colleges, which are uniquely qualified to offer accessible education to Tribal members and to prepare professionals to provide culturally competent care. By the end of this workshop, participants will 1) understand how the Dental Health Aide Therapist (DHAT) program has served the oral health and vocational needs of Alaska Native peoples for over a decade and paved the way for other tribal organizations and states to accept this new vocation, 2) gain an understanding of recent activities of Tribes in the lower 48 that are setting the stage for the spread of dental therapy outside of Alaska, 3) learn about new educational guidelines approved by the Commission on Dental Accreditation (CODA) that clear the way for colleges to develop and implement Dental Therapy curricula, and 4) learn how the Ilisagvik Tribal College in Barrow Alaska is taking steps to develop a dental therapy educational program that will be CODA-accredited and replicable to other interested tribes.
PRESENTER: MARY WILLIARD, Alaska Native Tribal Health Consortium
PRESENTER: JANE KOPPELMAN, The Pew Charitable Trusts
PRESENTER: AMANDA SIALOFI, Ilisagvik College

BUILDING PUBLIC HEALTH WORKFORCE CAPACITY: CDC’S PUBLIC HEALTH ASSOCIATE PROGRAM
Track: Accreditation and Capacity Building
Room 205
The Public Health Associate Program (PHAP) is a competitive, two-year, paid training program with the Centers for Disease Control and Prevention. PHAP associates are assigned to public health agencies, Tribal nations and Tribal-serving organizations, and nongovernmental organizations and work alongside other professionals across a variety of public health settings. Throughout the two-year training program, associates gain hands-on experience that will serve as a foundation for their public health careers. After completing the program, PHAP graduates are qualified to apply for jobs with public health agencies and organizations. PHAP has two pilot initiatives to increase both the number of associate candidate applicants who identify as American Indian or Alaska Native and the number of quality host site assignments working in and/or serving Tribal nations. By the end of this roundtable, participants will 1) be able to describe how the Public Health Associate Program (PHAP) supports public health efforts in tribal nations, and 2) be able to describe the key characteristics of an effective PHAP host site.
PRESENTER: HEATHER DUNCAN, Public Health Association Program, Centers for Disease Control and Prevention
PRESENTER: J.T. THEOFILOS, Office for State, Tribal, Local and Territorial Support, Centers for Disease Control and Prevention
UNDERSTANDING PUBLIC HEALTH ACCREDITATION DOCUMENTATION FOR PUBLIC HEALTH LAWS AND GOVERNANCE DOMAINS
Track: Accreditation and Capacity Building
Room 206
Appropriate and well-constructed documentation is needed to demonstrate conformity with the Public Health Accreditation Board (PHAB) Standards and Measures, v1.5. Documents submitted as evidence must show how Tribal Health Departments are implementing the requirements of accreditation measures within their own departments. Accreditation encourages engagement with governance, brings improvement in performance and allows Tribal Health Departments to determine how it will implement the Standards. However, it may be difficult upon a first reading how the measure applies to a Tribal Health Department, especially in the areas of enforcing public health laws and communicating with the governing entity. The session will present basic requirements that must be a part of all documents, along with discussion of specific requirements in measures. Participants will review the requirements of Domain 6 - Public Health Laws and Domain 12 – Governance, to gain an understanding of how the Domains will apply to their own health department. By the end of this workshop, participants will 1) state the basic requirements for accreditation documentation, 2) discuss the measure requirements for Domains 6 & 12, 3) select appropriate documentation for Domains 6 & 12, and 4) explain how their governance structure applies to Domain 12.
PRESENTER: DAVID STONE, Public Health Accreditation Board

SPIRIT OF COMMUNITY HEALTH: EXPLORING TRIBAL PUBLIC HEALTH SYSTEMS & SERVICES AND NAVIGATING FUTURE DIRECTIONS
Track: Accreditation and Capacity Building
Room 207
As Tribal health agencies work to strengthen their public health systems, those striving for PHAB accreditation may encounter challenges due to the unique context in which they operate. Little published research exists on promising practices for Tribes in this pursuit. This community-based participatory case study was an in-depth exploration of the infrastructure, partnerships, performance, and outcomes of one Tribal public health system. This session will provide an overview of the results regarding the alignment of the 10 Essential Public Health Services (EPHs) and PHAB’s Domains with the services in this community, highlighting areas where the Tribal system addressed community health needs and promoted health equity in ways that honor culture. Participants will discuss potential implications and share tips for Tribal health departments navigating accreditation. Tools for Tribal agencies seeking to explore their own system and make meaningful improvements will be provided and explained. By the end of this workshop, participants will 1) know the 10 Essential Services of Public Health, 2) be able to describe how public health services in tribal communities may align or not align with the 10 Essential Services of Public Health, and 3) be familiar with tools for assessing their tribal public health system.
PRESENTER: SHANNON LAING, Michigan Public Health Institute
PRESENTER: LISA MYERS, Sault Ste. Marie Tribe of Chippewa Indians

DRAFTING TRIBAL LAWS TO REGULATE E-CIGARETTES AS AN EMERGING PUBLIC HEALTH CONCERN
Track: Public Health Law and Policy
Room 208
E-cigarettes have become tremendously popular--analysts predict that sales will surpass conventional commercial cigarettes within the next decade. Because they usually contain highly addictive nicotine, with no manufacturing standards, and can be used for other drugs, there is great uncertainty about their public health effects. Initial attempts to regulate e-cigarettes at the US federal level were unsuccessful, leaving a regulatory void but for Tribal, state and other laws. As a result, in some jurisdictions, children can buy and use e-cigarettes, and they are not subject to other commercial tobacco control laws. This provides an opportunity for Tribes to exercise their sovereignty to protect public health by regulating e-cigarette sales and use as they deem appropriate. This session will: identify policy options that Tribes could consider such as prohibiting them as drug paraphernalia, restricting use, and taxation; provide tips on drafting appropriately tailored policies; and share lessons learned from other jurisdictions. By the end of this workshop, participants will 1) describe Tribal law options for regulating e-cigarettes, 2) demonstrate how and why existing local and state tobacco control laws often fail to regulate e-cigarettes effectively, and 3) analyze different approaches for effectively regulating e-cigarettes to achieve Tribal public health policy goals.
PRESENTER: JULIE RALSTON AOKI, Public Health Law Center, William Mitchell College of Law
PRESENTER: CHRIS COOPER, California Rural Indian Health Board
PRESENTER: JOSHUA HUDSON, National Native Network, Inter-Tribal Council of Michigan
HISTORICAL AND INTERGENERATIONAL TRAUMA IN INDIAN COUNTRY: CONNECTING PAST, PRESENT, AND FUTURE DIRECTIONS

Track: Behavioral Health and Substance Use
Room 209

Historical and intergenerational trauma is well evidenced throughout American Indian and Alaska Native (AI/AN) communities. It represents a major public health concern affecting individual and community levels of mental, physical, social, and spiritual health. Dr. Maria Yellow Horse Brave Heart defines historical and intergenerational trauma as "cumulative emotional and psychological wounding across generations, including lifespan, which emanates from massive group trauma" which lends to significant mental health, substance use, chronic physical health problems, loss of culture, and suicide in our communities. However, despite these challenges AI/AN remain resilient. In order to continue to strengthen our communities we must be strategic and focus on effective, evidenced-based, and culturally sensitive and relevant ways of addressing these issues while considering current policies. This workshop will include didactic and interactive components to provide participants with background on historical and intergenerational trauma, evidenced-based practices, research, policy, and tools to implement in your communities. By the end of this workshop, participants will 1) identify the common symptoms/conditions related to trauma exposure, 2) identify the unique historical factors related to trauma for AI/AN populations, and 3) learn about effective policies and practices for supporting individual/family/community healing from trauma.

PRESENTER: PAULETTE RUNNING WOLF, Indian Country Child Trauma Center

PUBLIC HEALTH DATA: TRIBES, TECS, AND STATES

Track: Accreditation and Capacity Building
Room 210

Tribal Epidemiology Centers (TECs) provide area level and Tribal specific data for Tribes to use in decision-making and health planning. They represent a wealth of knowledge and opportunity to improve the health and welfare of Tribal communities. Attendees participating in this session will learn what data is currently available to Tribes, opportunities to leverage TEC resources, and opportunities to advance public health data through TECs. However, there are limitations to the data available at TECs and the authority of States to access and use Tribal data. Presenters will identify those limitations and the extent of state authority. By the end of this workshop, participants will 1) attain information regarding data available from TECs and the authority of States to access and use Tribal Public Health Data, and 2) identify limitations in coordination between Tribes and State.

PRESENTER: TERRA BRANSON, Self-Governance Communication & Education

HEALTH CARE POLICY UPDATE

Track: Public Health Law and Policy
Room 211

NIHB will provide an update on federal relations concerning the recent releases of policy changes or potential changes in policy from the Centers for Medicare and Medicaid Services and the Indian Health Service. Topics to be covered will include: 100% federal medical assistance percentage (FMAP), definition of Indian, insurance related issues, Medicare-like rates, purchased and referred care, and the Catastrophic Health Emergency Fund (CHEF) proposed rule.

PRESENTER: DEVIN DELROW, National Indian Health Board
10:00 am – 11:30 am WORKSHOPS CONTINUED

DENTAL HEALTH AIDE THERAPISTS: IMPROVING ORAL HEALTH OUTCOMES AND EXPANDING ACCESS TO CARE IN NATIVE COMMUNITIES
Track: Health Promotion and Disease Prevention
Room 214

Tribal communities face an oral health crisis, with Native communities experiencing the greatest barriers to care. Dental Health Aide Therapists are an innovative, community grown solution, strengthening the oral health team and transforming the care delivery system. Based on public health principles, the providers are recruited from Tribal communities to ensure culturally competent care. Off-site supervision creates a patient centered delivery model that improves access to care and oral health outcomes while providing quality care economically. DHATs will help improve access to care and health equity for underserved Native communities. Tribes in Oregon and Washington are currently demonstrating the benefits of adding DHATs to the dental team. In Washington, the Swinomish Indian Tribal Community has used its Tribal sovereignty to employ a DHAT. Two Tribes in Southwest Oregon have designed and are implementing DHAT programs as a pilot project with the Oregon Health Authority. Learn how to bring DHATs into your community.

1) describe how dental therapists, recruited from native communities, transform system delivery to improve population health and address the social determinants of health through providing a continuum of care and creating economic opportunities in dental care shortage communities, 2) describe how the dental therapists are used to improve access to culturally competent oral health care in tribal communities, particularly where there are dental care shortages and 3) learn strategies to bring dental therapists into Tribal communities.

PRESENTER: CHRISTINA PETERS, Northwest Portland Area Indian Health Board
PRESENTER: VICKI FACIANE, The Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians of Oregon
PRESENTER: JOHN STEPHENS, Swinomish Indian Tribal Community

11:30 am – 12:30 pm LUNCH
On your own.

12:30 pm – 1:30 pm ROUNDTABLE
TALKING MEDICINE FOR THE SCARRED WARRIOR
Track: Behavioral Health and Substance Use
Room 205

Post-traumatic Stress Disorder (PTSD) is brought on by an immediately overwhelming traumatic event where there is an imminent threat to one's life and wellbeing or that of another person. PTSD has become particularly common among returning veterans since 2001, as soldiers have endured high combat stress in recent conflicts. Per the Department of Veterans Affairs, PTSD affects 13% of veterans. Native American veterans are at a higher risk for PTSD because of the compounding effect of historical trauma (a cumulative emotional and psychological wounding over one's lifespan and through generations). Sean Bear, member of the Meskwaki Tribe and Army Veteran will present an overview of a new curriculum developed at the National American Indian and Alaska Native ATTC designed to share cultural knowledge and traditional healing methods with Native veterans and providers. Roundtable participants are encouraged to join in a discussion of best practices and experiences. By the end of this roundtable discussion, participants will 1) list two reasons why it is important to have a veteran's curriculum for providers that focuses specifically on Native Americans, and 2) be able to name two methods they can use to help Native American Veterans heal from historic trauma and trauma experienced in the armed forces.

PRESENTER: SEAN BEAR, National American Indian and Alaska Native Addiction Technology Transfer Center
PRESENTER: MELISSA JENNIE ANN FOX, National American Indian and Alaska Native Addiction Technology Transfer Center
SELF-CARE: PUTTING YOUR OXYGEN MASK ON FIRST
Track: Behavioral Health and Substance Use
Room 206
In the event of an emergency in which the oxygen masks deploy on an airplane, flight attendants instruct passengers to put their own oxygen mask on before helping others. If a passenger runs out of oxygen they are incapable of helping others. The same is true in our everyday personal and professional lives—if we don't take care of ourselves as individuals, our capacity to help others diminishes. In this interactive workshop, participants will brainstorm ideas for self-care and develop their own individual self-care plan. By the end of this workshop, participants will be able to 1) identify symptoms of burnout and 2) identify methods of self-care.
PRESENTER: JACKIE ENGBRETSON, National Indian Health Board

TALKING HEALTH LITERACY
Track: Health Promotion and Disease Prevention
Room 207
Health communication plays a critical role in health promotion and disease prevention; it is an integral part of improving quality of healthcare and health outcomes. However, little is known as to how American Indians and Alaskan Natives receive health information and their confidence in this information. The Partnerships for Native Health team, together with our Tribal partners, has developed an ecological framework to gain an informed understanding of the barriers and facilitators of health communications. This framework is informed by cultural norms, the delivery of community and Tribal health services, and individual motivations. This interactive presentation will provide methods and tools that will assist Tribes and Tribal organizations in improving their health communication. By the end of this workshop, participants will 1) be able to define health literacy and how it impacts health communication in urban and rural tribal communities, and 2) will gain understanding of methods to impact the patient's ability to communicate with providers, improve patient compliance with medical treatment and improve overall health behaviors.
PRESENTER: ABIGAIL ECHO-HAWK, Partnerships for Native Health
PRESENTER: CINDY GAMBLE, Partnerships for Native Health
PRESENTER: MEGAN JERNIGAN, Partnerships for Native Health

THINK TRIBALLY, ACT LOCALLY: STRATEGIES TO SUPPORT TRIBAL POLICY WORK ON HEALTH ISSUES
Track: Public Health Law and Policy
Room 208
American Indians in Minnesota gain strength from the restoration of our traditional tobacco. But, with smoking rates of 59%, we suffer tremendously from the harmful effects of commercial tobacco. Changing social norms and policies are proven strategies for reducing this harm. As sovereign nations, Tribes do not follow state smoke-free laws, so we are forging our own path to healthy policies. Five Minnesota Tribes participate in the Tribal Tobacco Education and Policy (TTEP) project, funded by ClearWay Minnesota, a foundation created through the historic Minnesota tobacco industry settlement. TTEP coordinators are thinking Tribally – integrating our knowledge of our people and history – then translating it into strategies specific to our community. This workshop will share these strategies for advocacy work that respect sovereignty and traditional tobacco, and involve participants in an interactive exercise on how to use their local Tribal knowledge to address health issues with a policy focus. By the end of this workshop, participants will 1) understand the historical journey of tobacco use in Minnesota tribes, 2) be able to describe at least 3 stories of successful advocacy for policy change on tobacco in tribal Nations, and 3) be able to describe a policy making approach based on their own tribal context.
PRESENTER: CAROL HERNANDEZ, Mille Lacs Band of Ojibwe
PRESENTER: LINDA TIBBETTS-BARTO, Bois Forte Band of Ojibwe
PRESENTER: SHERYL SCOTT, Scott Consulting Partners
12:30 pm – 2:00 pm  WORKSHOPS CONTINUED

PUTTING FOOD POLICY TO WORK IN THE NAVAJO NATION
Track: Public Health Law and Policy
Room 209
In May 2015, the Harvard Food Law and Policy Clinic and coalition partners with the COPE Project launched, “Good Laws, Good Food: Putting Food Policy to Work in the Navajo Nation.” This policy toolkit also known as the Navajo Food Policy Toolkit provides community food advocates and government officials an overview of food laws and policies that impact the food environment in the Navajo Nation. The 89-page toolkit contains eight sections that cover a range of Navajo food policy topics: Dine Food Ways; The Structure of the Navajo Nation Government; The Role of the Federal and State Governments; Food Production; Food Processing, Distribution, and Waste; Access to Healthy Foods; Food Assistance Programs; and School Food and Nutrition Education. By the end of this workshop, participants will 1) learn promising practices in tribal food law and policy, and 2) gain in-depth exploration of Navajo tribal public health policies.
PRESENTER: SONLATSA JIM-MARTIN, COPE Project - Navajo Nation

CALRICARAQ: RESTORING INDIGENOUS HEALTH AND WELLNESS THROUGH OUR ANCESTRAL WISDOM AND KNOWLEDGE
Track: Behavioral Health and Substance Use
Room 210
Calricaraq, a Yup’ik Eskimo word meaning, “wellness”, is a traditional healing program being implemented by the Yukon Kuskokwim Health Corporation, the Tribal health organization in Bethel, Alaska that provides health care services to the 56 Tribal communities in the Yukon Kuskokwim Delta. After decades of relying on Western clinical models, Calricaraq is teaching families how to live healthy lives in the traditional Yup’ik way using the wisdom and knowledge taught by our Elders, who regularly meet, oversee and evaluate the activities of the Calricaraq Technical Assistance Center, including our Family Center which provides clinical services alongside traditional healing activities, and the Calricaraq team’s outreach to communities through community wellness gatherings. This presentation will update recent work being done to revitalize and restore our Indigenous health care system, including our sustainability plan of working with the state of Alaska to begin billing Medicaid for these traditional services. By the end of this workshop, participants will 1) observe the effectiveness of providing BH services to tribal families using your own traditional and cultural strengths, and 2) understand how traditional-based methods addresses healing from trauma, including historical trauma and other current and past trauma, and can lead to community wellness.
PRESENTER: ROSE DOMNICK, Yukon Kuskokwim Health Corporation
PRESENTER: MARK ANARUK, Yukon Kuskokwim Health Corporation
PRESENTER: BERNARD SEGAL, Yukon Kuskokwim Health Corporation

GAINING SUPPORT FOR ACCREDITATION
Track: Accreditation and Capacity Building
Room 212-213
In this lecture-based workshop session, participants will hear from federal partner staff, National Indian Health Board staff, and members of Tribal health departments about how to articulate the accreditation concept and then gain support from those around them: Tribal leaders, community members, or other jurisdictions and organizations that share the responsibility for keeping the community healthy. NIHB speakers will discuss what they have learned about how to build buy-in for accreditation among Tribal leaders and will debut a video of Tribal leaders talking about their accreditation journey. A presenter from the field will talk about securing resources and building support for pursuing accreditation among health department staff, Tribal members, or Tribal leaders. CDC will share examples of how other types of health departments have been successful in reaching stakeholders, and the audience will discuss ways to get their Tribes excited about accreditation. By the end of this workshop, participants will 1) name at least 1 strategy for building acceptance of accreditation among tribal leadership, 2) describe how one of their peers was able to overcome reluctance to pursue accreditation, and 3) identify at least 5 resources to use in building awareness about accreditation.
PRESENTER: VALERIA CARLSON, Centers for Disease Control and Prevention
PRESENTER: KARRIE JOSEPH, National Indian Health Board
PRESENTER: BOBBY SAUNKEAH, Chickasaw Nation
PRESENTER: ANEVA TURTLE HAGBERG, Eastern Band of Cherokee Indians
PRESENTER: VICKIE LAMBERT BRADLEY, Eastern Band of Cherokee Indians
WEDNESDAY, APRIL 13, 2016

12:30 pm – 2:00 pm  WORKSHOPS CONTINUED

FINDINGS FROM THE NATIONAL EVALUATION OF THE PUBLIC HEALTH ACCREDITATION PROGRAM
Track: Accreditation and Capacity Building
Room 214
NORC at the University of Chicago is evaluating the national public health accreditation program to assess the process, the experience of applicants, and the short-term impacts and outcomes. Evaluation methods include surveys and interviews with applicant health departments and other accreditation stakeholders. Accreditation offers an opportunity to increase health departments’ capacity to deliver public health services, strengthen the public health system, and reduce health disparities and improve community health indicators. To date, the majority of health departments accredited for one year have reported stimulated quality improvement and performance improvement opportunities, improved management processes, helped to document their capacity to deliver the three core functions of public health and the ten essential public health services, and improved accountability to partners, among other benefits. This session will highlight lessons learned that health departments can take back to their agencies as they consider or continue on the path for accreditation. By the end of this workshop, participants will 1) explore findings and lessons learned from the national evaluation of the public health accreditation program related to organizational performance and quality improvement opportunities and other outcomes, and 2) discuss how accreditation can be used to guide performance improvement in Tribal health departments.

PRESENTER: MICHAEL MEI, NORC at the University of Chicago
PRESENTER: ALEXA SIEGFRIED, NORC at the University of Chicago

CLOSING PLENARY

Grand Ballroom

2:30 pm – 2:35 pm  OPENING REMARKS

2:35 pm – 2:45 pm  EXHIBIT HALL PRIZE DRAWING

2:45 pm – 3:35 pm  CENTERS FOR DISEASE CONTROL AND PREVENTION REMARKS
The Centers for Disease Control and Prevention (CDC) is the nation’s leading public health entity – guiding the nation’s public health response systems, establishing the predominant prevention and educational networks, funding the majority of initiatives, and setting the public health priorities for the entire country. The CDC has strengthened its commitment to bolster the public health infrastructure within Indian Country through several new and ongoing initiatives. Dr. Frieden, Director of the CDC, will provide an update on recent CDC activities and upcoming programs.

THOMAS FRIEDEN, Centers for Disease Control and Prevention

3:35 pm – 4:40 pm  SUPPORTING TRIBAL HEALTH PRACTICES AND THEIR ROLE IN DISEASE PREVENTION: GETTING GOVERNMENT ENGAGED
Tribal nations implement practices that promote health and wellbeing that are not widely understood or supported by federal agencies. In February 2015, the CDC Tribal Advisory Committee (TAC) recommended CDC convene a group of knowledgeable tribal members to describe practices that support physical, emotional, and spiritual well-being for inclusion in CDC funding opportunities. Participants included representatives from 10 IHS areas, the TAC, and federal agencies. Participants identified seven themes to describe practices that promote health and wellness through connection to culture and community. These are: practices related to traditional foods; seasonal cultural practices; social and cultural activities; family and community activities; traditional and contemporary physical activities; collaborations; and intergenerational learning opportunities. This fireside chat is an discussion of the outcomes of these convenings and an open exploration of how vital traditional practices can work with Western approaches to public health.

CHESTER ANTOINE, Tohono O’odham Legislative Council
URSULA E. BAUER, National Center for Chronic Disease Prevention and Health Promotion
RACHEL CARROLL, Northern Cheyenne
CATHY ABRAMSON, Sault Ste. Marie Tribe of Chipewa Indians

4:40 pm – 5:00 pm  CLOSING CEREMONY AND RETIREMENT OF COLORS
STACY BOHLEN, National Indian Health Board
AMERICAN LEGION STEVE YOUNGDEER POST 143, Eastern Band of Cherokee Indians
8:00 am - 12:00 pm  THE AFFORDABLE CARE ACT 2015-2016 IN INDIAN COUNTRY

Room 210-211

Over the last six years the implementation of the Affordable Care Act had many changes to its policies and procedures for American Indians and Alaska Natives (AI/AN) enrolling into the Health Insurance Marketplaces. The National Indian Outreach and Education (NIHOE) partners will provide updates on new regulations and advantages for AI/AN's enrolling into the Marketplace, Medicaid and CHIP programs. By the end of this session, participants will 1) receive updated information on the special protections and provisions for American Indian and Alaska Natives through the passage of the Affordable Care Act (ACA), 2) be able to determine if Purchase and Referred Care will cover the co-pays, deductibles, and any balance of a bill after a health plan pays its co-insurance responsibility, 3) understand why it is important for your Community Providers to accept contracts with the State's Health Insurance Plans, 4) understand how the Medicaid and CHIP program operates in States, and 5) understand the advantages for a Tribe sponsoring a Tribal Premium Sponsorship program.

PRESENTER: DAWN COLEY, National Indian Health Board

PRESENTER: DEVIN DELROW, National Indian Health Board

PRESENTER: CHRISTINE SMITH, California Rural Indian Health Board
THE 2016 PUBLIC HEALTH INNOVATION AWARD

The Public Health Innovation Award was created to honor individuals, Tribes, organizations, and programs that have enriched and improved American Indian and Alaska Native public health. NIHB created this award to recognize excellence, achievement, and innovations that are above and beyond the call of service. NIHB recognizes that public health is a Native traditional value, and that Tribes have led the way in creating and implementing public health programming and services that align not only with contemporary needs, but with cultural beliefs as well. This award highlights the work and vision of a Tribe, individual, organization or program that has worked to improve health status, implement new programming, address long standing health disparities, and/or increase the visibility of public health concerns.

This year NIHB received many deserving nominations. Though we only have one award to grant, we would like to extend our thanks and congratulations to all of the hardworking, dedicated nominees.

- Carol Rollins
- Cheyenne River Sioux Tribe SDPI Special Diabetes Primary Prevention Program Staff
- Dean Henry
- Denise Pommer
- Hope Shwom
- Joe Reyna
- Mae Gilene Begay
- Mark Rogers
- Maylynn Warne
- Mike Andreini
- Muscogee Creek Nation Family Violence Prevention
- NATIVE HEALTH
- Northeastern Tribal Health System/Running WILD Program
- Ron Wallace
- Vickie Bradley

PREVIOUS AWARD WINNER

2015: Donald K. Warne, MD, MPH
2016 AWARD RECIPIENT

AMERICAN INDIAN CANCER FOUNDATION

The American Indian Cancer Foundation is a national nonprofit that addresses the tremendous cancer burden faced by American Indians and Alaska Natives. Their mission is to reduce those burdens through education, improved access to prevention, early detection, treatment, and survivor support. They support transformational community-based interventions in the discovery of cancer best practices. A board of directors provides guidance and a team of capable and passionate employees are devoted to strengthening American Indian and Alaska Native communities. Since 2011, the American Indian Cancer Foundation has expanded partnerships to decrease American Indian cancer incidence and mortality through culturally based research, services, education and outreach, and equitable access to quality health care, screening and treatment.

The American Indian Cancer Foundation received a historic 17 separate nominations for the Public Health Innovation Award. It is clear that their work has touched the lives of many.

For more information about the American Cancer Foundation, visit their website: americanindiancancer.org.
NIHB BOARD OF DIRECTORS

Secatero, Lester
(Tó’ Hajiilee Band of Navajos)
Chairman and Albuquerque Area Representative
Chairman, Albuquerque Area Indian Health Board

Lester Secatero is currently the Chairman of the Albuquerque Area Indian Health Board, Inc. and a board member of the National Indian Health Board. He has been the pastor of the Jesus Church at Tó’Hajiilee for the past thirty-four years. Mr. Secatero has served the Tó’Hajiilee Chapter and the Albuquerque area in a number of different capacities. Mr. Secatero has served on the Albuquerque Area Indian Health Board for the past fourteen years and was elected Chairman in 2004. He has been married to his wife for over forty-four years and is a father and grandfather.

Bean, Lincoln
(Tlingit Nation)
Alaska Area Representative
Chairman, Alaska Native Health Board

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

Mr. Bean is an enrolled member of the Organized Village of Kake and a shareholder of Kake Tribal Corporation and Sea Alaska Corporation. Mr. Bean has spent much of his life subsisting off the land and sea and has worked in logging and construction in the village.

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

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

Cromwell, Cedric
(Mashpee Wampanoag Tribe)
Nashville Area Representative
Chairman, Mashpee Wampanoag

Cedric Cromwell was elected Chairman of the Mashpee Wampanoag Tribe in February 2009, and re-elected in February, 2013. A member of the Tribal Council for eight years before his election as Chairman, Cromwell brings a wealth of experience in tribal governance as well as the private sector to his role as the leader of the Tribe’s government. Chairman Cromwell previously served as both Director of Project Management and as a Business Portfolio Director for Fidelity Investments in Boston, Massachusetts. He holds a degree in Management and Community Planning from the University of Massachusetts at Boston. Chairman Cromwell is focused on increasing economic development opportunities for his Tribe, including a planned destination resort casino in Taunton, Massachusetts.

Elgin, Lisa
(Manchester Band of Pomo Indians)
California Area Representative
Tribal Administrator, Manchester Pt. Arena Band of Pomo Indians

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

Hawley, Vinton
(Pyramid Lake Paiute Tribe)
Vice-Chair and Phoenix Area Representative
Chairman, Pyramid Lake Paiute Tribe

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

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

Joseph Jr., Andrew
(Confederated Tribes of the Colville Reservation)
Portland Area Representative
Chairman, Northwest Portland Area Indian Health Board
Tribal Council Member, Confederated Tribes of the Colville Reservation

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

Marcellais, Patrick
(Turtle Mountain Band of Chippewa Indians)
Great Plains Area Representative
Council Representative, Turtle Mountain Band of Chippewa Indians

Patrick J. Marcellais, Sr. is currently the District 2 Representative for the Turtle Mountain Band of Chippewa Indians. He is married to Leslie Marcellais and together they have 4 children: Sydney, Maycie, Patrick Jr., and Maximus. Mr. Marcellais was born and raised in the Turtle Mountain area along with 3 sisters and 1 brother. He graduated from Turtle Mountain Community High School in 1997 and from Turtle Mountain Community College in 2012 with an associate of Art and Associate of Science degrees. He currently is a member of the North Dakota In-Mod Board of Directors as well as a member of the 100-297 Grant School Board. Mr. Marcellais is currently a Level 1 Cross-fit trainer. He is a staunch advocate of exercise and proper nutrition for our enrolled and community members. By focusing on healthy initiatives, Mr. Marcellais believes the community can realize benefits physically and financially by reducing the number of health-related illnesses plaguing our community today.

Moose, Sam
(Mille Lacs Band of Ojibwe)
Benhidji Area Representative
Tribal Commissioner of Health and Human Service

In September 2012, Sam Moose was appointed Commissioner of Health and Human Services, a position he previously held from 2001-2009. In this role, Moose oversees the Band's three clinic locations and other services in the areas of public health, behavioral health, family services, and community support services. Moose previously served as Commissioner of Community Development and was in charge of the Band's public works and facilities departments and housing development initiatives. He has also served as the Band's director of housing. Moose is active in traditional activities within his community. He grew up near East Lake and graduated from McGregor High School. He has a bachelor of applied science degree in community health with a minor in Indian Studies from the University of Minnesota Duluth and a master's degree in tribal administration and governance from the University of Minnesota Duluth.

Ortega, Sandra
(Tohono O'odham Nation)
Tucson Area Representative
Councilwoman, Tohono O'odham Nation
Chairperson, Direct Service Tribes Advisory Committee

Sandra Ortega is a member of the Tohono O'odham Nation of Arizona and the Chairwoman of the Direct Service Tribes (DST) Advisory Committee. She has been involved with the DST Advisory Committee since 2007 and served as Chairwoman since 2011. Ms. Ortega currently serves as a Tohono O'odham Legislative Council Representative. Ms. Ortega is Chairwoman for the Health and Human Services Committee which provides oversight to the Tohono O'odham Tribe's Health Programs and the Indian Health Service facilities. She is also Chairwoman for the Human Resources Development Committee which provides oversight to the education department and schools on the Tohono O'odham Nation.

Wafford, Marty
(Chickasaw Nation)
Oklahoma City Area Representative
Chair, Southern Plains Tribal Health Board

Marty Wafford has been with the Chickasaw Nation since October 2001. She holds an Accounting degree. She currently serves as the Under Secretary of Support and Programs for the Department of Health. She has served on the internal project management team for 6 years during planning and construction of all three of the Chickasaw Nation Joint Venture projects. She, her husband Michael, son Cash, and daughter Lainee live in the Southeastern Oklahoma Area.
BIOGRAPHIES

NIHB STAFF

Bohlen, Stacy A.
(Sault Ste. Marie Tribe of Chippewa Indians)
Executive Director
E-mail: sbohlen@nihb.org

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

Aazami, Shervin
Public Health Associate- CDC appointee
Email: saazami@nihb.org

Shervin Aazami is serving a two-year fellowship with NIHB as a Public Health Associate from the University of California, Los Angeles. Shervin volunteers at Whitman-Walker Health in Washington, DC conducting STD and HIV testing, and with HIPS providing safe sex supplies and syringe exchange for sex workers and drug users.

Bitsue, Kristen
(Navajo Nation)
Tribal Healthcare Reform Outreach and Education Program Associate
E-mail: kbitsue@nihb.org

Kristen is a Tribal Health Care Reform Outreach and Education Program Associate where she provides education and training on Medicaid and CHIP programs. In the past, Ms. Bitsue worked with Indian Health Service’s Business Office, Contract Health and Health Promotion & Disease Prevention. During her time at IHS, she served as a patient advocate for those who needed assistance when applying for alternate resources. Ms. Bitsue is a recipient of numerous local and national awards including the Indian Health Service Director’s Award and Tucson Area’s Individual Exceptional Performance Award.

Burman, Liz – MPA
Special Assistant to the Executive Director
Email: lburman@nihb.org

Liz Burman is Special Assistant to the Executive Director at the National Indian Health Board (NIHB). Ms. Burman came to NIHB with 5 years of experience in domestic and international homeless policy research and program implementation at the federal and local levels. Ms. Burman graduated from Earlham College with a BA in American Government and from Syracuse University’s Maxwell School with a Master of Public Administration with a focus in Social Policy Implementation. Ms. Burman was born and raised in Arlington, VA. In her spare time, she enjoys running with ‘Back on my Feet’ a DC area homeless service nonprofit and riding her bicycle along the Potomac River.

Castagne, Michelle
(Sault Ste. Marie Tribe of Chippewa Indians)
Public Health Project Coordinator
E-mail: mcastagne@nihb.org

Michelle Castagne is Anishnabe from Michigan’s Upper Peninsula. There, she developed a love for the outdoors and a desire to work toward a better culture of health – in Indian Country, in particular. Michelle joined NIHB in December 2014 as a project coordinator for the Tribal Leaders Diabetes Committee. She earned a B.S. in Community Health Administration and brings with her seven years of experience as a leadership facilitator and two years in marketing for a university wellness program. Ms. Castagne has also worked as a public policy assistant with the Grand Rapids Area Chamber of Commerce and completed several internships with her Tribe.

Coley, Dawn
(Penobscot Nation)
Director of Tribal Healthcare Reform Outreach and Education
E-mail: dcoley@nihb.org

Dawn M. Coley serves as the Director of Tribal Healthcare Reform Outreach and Education for the National Indian Health Board. She is also a Licensed Producer in life, health and accident and long term care and Medicare supplement plans. She has over 25 years of experience of working in Indian Country with a concentration in health care administration. She is certified by the Centers for Medicare & Medicaid Services as a licensed agent to enroll individuals into the federally facilitated marketplace. Ms. Coley attended Dartmouth College with a concentration in Native American Studies and graduated from the Sawyer School of Business in New Haven, CT. Ms. Coley currently enjoys spending time with her grandchildren and golfing.

Crevier, Francys – JD
(First Nations Algonquin)
Tribal Health Reform Outreach and Education Program Coordinator
E-mail: fcrevier@nihb.org

Francys serves as the Tribal Health Reform Outreach and Education Program Coordinator. She received her B.A. in Public Administration from Florida International University and her J.D. from University of Arizona Law with a Certificate in Indigenous Peoples Law and Policy. She has worked for numerous Tribes and tribal offices in different capacities for almost a decade. She most recently served as Deputy General Counsel for the Hopi Tribe. During her time in law school, she worked with Tribes such as Pascua Yaqui’s Court of Appeals, Navajo Nation Supreme Court and Tribal offices such as Fish and Wildlife Service Native American Liaison Office and the United Nations Special Rapporteur on the Rights of Indigenous Peoples.

Davis, Flip
Administrative Assistant
E-mail: fdavis@nihb.org

Flip Davis has been the Administrative Assistant for NIHB for the past year. Due to his vast traveling background, he has experienced many things and interacted with many people and cultures around the world. He attended Cambridge College for his certification and training in IT support. Now with the blossoming love and passion for physical health and wellness, he is on the path to pursuing a career in culinary science and nutrition to help spread the word of healthy eating and proper exercise that anyone will have the ability to do and understand.

Delrow, Devin – JD
(Navajo Nation)
Director of Federal Relations
E-mail: ddelrow@nihb.org

Devin Delrow is the Director of Federal Relations for NIHB where he seeks out opportunities for advancing the Tribal position in...
NIHB STAFF

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

Engebretson, Jacquelynn (Ahtna Athabascan, Gulkana Village)
Public Health Program Coordinator
E-mail: jengebretson@nihb.org

Jacquelynn "Jackie" Engebretson is an advocate and ally for persons affected by substance use and mental illness. She obtained her bachelor's degree from the University of Alaska Anchorage, before moving to Washington, DC to take part in American University's Washington Internship for Native Students (WINS). Jackie has been with the National Indian Health Board since 2012; presently she serves as a Public Health Project Coordinator. During her time in Washington, DC, Jackie actively served the local community as a crisis counselor at the DC Rape Crisis Center and as an outreach volunteer for HIPs, a public health organization operating a mobile harm reduction outreach program. Jackie will be attending the University of Washington's School of Social Work starting in Fall 2016. She looks forward to a long, continued career in Indian Country.

Foley, Robert – M.Ed.
Chief Program Officer
E-mail: rfoley@nihb.org

Robert Foley, M.Ed. is the Chief Program Officer with the National Indian Health Board where he oversees programs and advocacy initiatives providing technical assistance, training, resource brokering and information dissemination services on Medicare/Medicaid/CHIP; methamphetamine, suicide, and HIV prevention; public health accreditation; and ensuring there is a Tribal voice in congressional activities. Previously, Mr. Foley worked with the National Native American AIDS Prevention Center delivering HIV/TA, creating national prevention and educational materials, and promoting targeted local social marketing efforts. Mr. Foley worked as a training specialist with the National Network of Prevention Training Centers to train on HIV/STI evidence-based prevention. Prior, he was a research assistant with the Tri-Ethnic Center for Prevention Research at Colorado State University where he examined substance use and domestic violence prevention in rural and ethnic communities.

Freeman, Sarah – MPH
Medicare, Medicaid, and Health Care Reform Policy Associate
E-mail: sfreeman@nihb.org

Sarah Freeman, MPH, is the Policy Associate for Medicare, Medicaid, and Health Reform Policy at the National Indian Health Board. She received her B.A. in Political Science with minors in History and Legal Studies from Indiana University. She graduated from Indiana University with her Masters of Public Health, with Health Policy and Environmental Health concentrations. She has completed internships at the Senate Committee on Indian Affairs, Indiana State Department of Health, and the Indiana Access to Recovery Program. Before joining NIHB, Ms. Freeman worked for former Congressman Alan Wheat (D-MO-05) at Polsinelli and Congressman Tim Bishop (D-NY-01) on Capitol Hill.

Ishcomer, Jamie – MPH, MSW (Choctaw Nation of Oklahoma)
Public Health Project Coordinator
E-mail: jishcomer@nihb.org

Jamie Ishcomer (Choctaw Nation of Oklahoma), MPH, MSW is a Public Health Project Coordinator at the National Indian Health Board (NIHB). In this role, she provides training and capacity building assistance to Tribes and Tribal health organizations on accreditation readiness, strategic planning, health equity and program planning and evaluation. Prior to joining NIHB, Ms. Ishcomer worked as a research associate at the California Tribal Epidemiology Center at the California Rural Indian Health Board. She received her Bachelors of Science in Community Health-Health Education and Promotion and minor in American Indian Studies from the University of Illinois at Urbana-Champaign. She graduated from Washington University in St. Louis with her Masters of Public Health and Masters of Social Work with a focus on Health Disparities within Native American and Other Indigenous Communities.

Joseph, Karrie – MPH, CHES
Public Health Programs Manager
E-mail: kjoseph@nihb.org

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

Reilly, Chawin ‘Win’
Tribal Health Reform Outreach and Education Program Associate
E-mail: wreilly@nihb.org

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

Shuy, Caitrin McCarron
Director of Congressional Relations
E-mail: cshey@nihb.org

Caitrin Shuy is the Director of Congressional Relations at the National Indian Health Board. Caitrin spent three years as a Legislative Assistant to Congressman Tom Cole (R-OK) where she served as a political advisor and his lead staffer for Native American Issues for the Congressman's work on the House Appropriations Subcommittee on Interior, Environment and Related Agencies – the subcommittee through which Indian Health Service Funding originates. After earning her Masters in Comparative Politics from the London School of Economics, Caitrin worked for the National Community Action Foundation as a Legislative Assistant. At NCAF Caitrin monitored and provided advice on legislative issues, spearheaded stakeholder outreach and participated in the planning and coordination of national conferences and congressional special events designed to showcase and elevate the organization's legislative priorities.
Shervin Aazami
Public Health Associate, Centers for Disease Control and Prevention Appointee
Shervin Aazami is serving a two-year fellowship with NIHB as a Public Health Associate from the Centers for Disease Control and Prevention. Prior to NIHB, Mr. Aazami worked at the Washington DC Department of Health as the HIV Screening Coordinator providing sex education, testing high school students and communicating the urgency of such programs with their administrations. Mr. Aazami graduated from the University of California, Los Angeles with his bachelor’s in Psychology. In his spare time, Shervin volunteers at Whitman-Walker Health in DC conducting STD and HIV testing, and with an organization providing safe sex supplies and syringe exchange for sex workers and drug users.

Cathy Abramson
Department of Health and Human Services’ Secretary’s Tribal Advisory Committee
Cathy Abramson (Sault Ste. Marie Tribe of Chippewa Indians) serves on the Department of Health and Human Services’ Secretary’s Tribal Advisory Committee. She has a Bachelor of Science degree in business administration. She was elected to the Sault Ste. Marie Tribe Board of Directors in 1996 representing Unit 1. She has been serving as a board member since that time, and she presently serves as Secretary. Cathy’s Spirit Name is Wabanung Quay. She is a member of the Wolf clan. She resides in Sault Ste. Marie, Michigan - Quay. She is a member of the Wolf clan. She is actively involved with United Tribes of Michigan and the Midwest Alliance of Sovereign Tribes (MAST). She also participates in the Sault Ste. Marie Culture Committee, Higher Education Committee, Conservation Committee, and has served as an advisor for the Sault Ste. Marie Chippewa Tribal Youth Council. Cathy loves to hunt, fish and gather the indigenous foods of her area, and enjoys camping, hiking, traveling and family gatherings.

Paul Allis
Tribal Policy Analyst, Food and Drug Administration, Center for Tobacco Products
Paul Allis (Pool Tribe of Towanda) joined the Federal Drug Administration’s Center for Tobacco Products (CTP) in 2013. He is a Policy Analyst on the Stakeholder Relations team in the Office of the Center Director. In this role, he serves as a liaison dedicated to the Tribal public health community to advance CTP’s public health mission. Mr. Allis possesses Tribal health experience from having served Alaska Native communities for nearly two decades. Previously, Mr. Allis served Tribal communities as the Director of Public Health at the National Indian Health Board. Mr. Allis received a Master of Education and Bachelor of Social Work from the University of Alaska Anchorage.

Melissa (Moose) Alperin
Director of Operations, Region IV Public Health Training Center, Rollins School of Public Health, Emory University
Melissa (Moose) Alperin, EdD, MPH, MCHES, is the Director of Operations for the Region IV Public Health Training Center, a HRSA-funded center which seeks to strengthen the public health workforce in HHS Region IV and expo public health students to the value of working in underserved areas. In addition, Moose is the Chair of the Executive MPH Program (distance-based MPH) at Rollins. Since 1989, Moose has been the Co-PI or Project Director/Coordinator on numerous leadership training, workforce development, and public health practice initiatives.

Mark Anaruk
Evaluator, Yukon Kuskokwim Health Corporation
Mark is Inupiaq and Yup’ik Eskimo, and was raised in Portland, Oregon. Mark has worked in the area of Alaska Native Tribal health evaluation and program management for over 20 years. He was the evaluator of the People Working Together System of Care (SOC) project from 2000-2006, and was employed by the National Indian Child Welfare Association, from 2009-2012, where he provided technical assistance to the Tribal SOC grantees. Recently, Mark has been working to provide evaluation services including development of data collection and tracking protocols for the Yukon Kuskokwim Health Corporation in Bethel, Alaska.

Emily Anderson
Director of Federal Government Affairs, American Diabetes Association
Emily Anderson is an Assistant Professor of Research at the University of Oklahoma Health Science Center. Dr. Jami Bartgis (Cherokee Nation) is an Assistant Professor of Research at the University of Oklahoma Health Science Center, Indian Country Child Trauma Center and serves as CEO of One Fire Associates, a community-based research and evaluation firm. She has spent her career working for tribal and urban American Indian communities supporting the development of systems of care using community-driven research and evaluation. Dr. Bartgis is the Co-Director of the Tribal Youth Program Training and Technical Assistance Center for the Office of Juvenile Justice and Delinquency

Chester Antone
Pisimeo District Representative, Tohono O’odham Legislative Council
Mr. Antone (Tohono O’dham) has served on the Tohono O’odham Legislative Council for three terms and also served on the Papago General Council for about three years. In his current capacity as Councilman, Mr. Antone serves on three sub-committees of the council. Councilman Antone’s greatest contribution to the Tohono O’odham Nation is his longtime involvement in health issues on the Nation and perhaps most importantly on the national level where he is a tireless advocate of good health policy such as advocating for the uncompensated care costs with the Center for Medicare and Medicaid. He serves on the Secretary’s Tribal Advisory Committee and is currently the Chairman of the committee. Mr. Antone also serves as the current Chairman of the Centers for Disease Control and Prevention Tribal Advisory Committee and has brought much attention to the Rocky Mountain Spotted Fever and currently the Zika Virus issue for all Tribes.

Stephanie Barehand
Public Benefits Program Specialist, Inter Tribal Council of Arizona, Inc.
Stephanie Barehand (Hopi) works at the Inter Tribal Council of Arizona; she is the Public Benefit Outreach Program Specialist for the Area Agency on Aging Region 8, where she provides outreach, advocacy and education for senior 65 and over. She also works with Health Promotion Disease Prevention in assisting Tribe in implanting an online base curriculum on right choice in preventing teen pregnancy. She worked for a number of Clinics and program throughout the Tribal community and metro Phoenix.

Jamie Bartgis
Assistant Professor of Research, University of Oklahoma Health Science Center
Dr. Jami Bartgis (Cherokee Nation) is an Assistant Professor of Research at the University of Oklahoma Health Science Center, Indian Country Child Trauma Center and serves as CEO of One Fire Associates, a community-based research and evaluation firm. She has spent her career working for tribal and urban American Indian communities supporting the development of systems of care using community-driven research and evaluation. Dr. Bartgis is the Co-Director of the Tribal Youth Program Training and Technical Assistance Center for the Office of Juvenile Justice and Delinquency
Prevention, providing service to all federal recognized tribes across the United States in building trauma-informed systems for youth and families.

Sean Bennett
Public Health Advisor, Indian Health Service

Sean Bennett is with the Indian Health Service (IHS) Headquarters in Rockville, MD where he works as a Public Health Advisor in the Division of Behavioral Health. Trained in clinical social work, he is also a LCDR in the United States Public Health Service. Sean has worked extensively in the areas of Substance Abuse, Domestic Violence, Suicide Prevention, and the treatment of trauma. His experience includes clinical treatment, community organizing, and program management. At IHS, Sean is the Domestic Violence Prevention Initiative Program Officer; Methamphetamine and Suicide Prevention Initiative Nashville Area Project Officer, and IHS National Lead for Zero Suicide.

Ron Bialek
President, Public Health Foundation

Mr. Bialek, MPP, CQA, is President and CEO of the Public Health Foundation. He has focused PHF’s efforts on developing and implementing innovative strategies for improving performance of public health agencies and systems. Initiatives include developing performance management and quality improvement tools and training for public health professionals; developing the consensus set of Core Competencies for Public Health Professionals through the Council on Linkages Between Academia and Public Health Practice; and creating the Nation’s most comprehensive public health learning management network – TRAIN.

Kristin Bitsui
Tribal Healthcare Reform Outreach and Education Program Associate, National Indian Health Board

Kristen Bitsui (Navajo) is a Tribal Health Care Reform Outreach and Education Program Associate where she provides education and training on Medicaid and CHIP programs. In the past, Ms. Bitsui worked with Indian Health Service’s Business Office, Contract Health and Health Promotion & Disease Prevention. During her time at IHS, she served as a patient advocate for those who needed assistance when applying for alternate resources. Ms. Bitsui is a recipient of numerous local and national awards including the Indian Health Service Director’s Award and Tucson Area’s Individual Exceptional Performance Award.

Hannabah Blue
Public Health Service Manager, North Dakota State University American Indian Public Health Resource Center

Hannabah Blue is Diné (Navajo), originally from New Mexico. Her clans are the Red Bottom Clan, born for Anglo, her maternal grandparents’ clan is the Tangle People Clan, and her paternal grandparents are also Anglo. Hannabah has a breadth of experience working on racial and social justice issues in health, particularly those affecting Queer People of Color, and Native and Indigenous communities. She worked as a Capacity Building Assistance Specialist at the National Native American AIDS Prevention Center. She recently earned a Master of Science degree from the Harvard School of Public Health. She currently is the Public Health Services Manager at the North Dakota State University American Indian Public Health Resource Center.

Stacy A. Bohlen
Executive Director, National Indian Health Board

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

Vickie Lambert Bradley
Secretary, Public Health and Human Services, Eastern Band of Cherokee Indians

Ms. Bradley (Eastern Band of Cherokee Indians) is currently the Secretary of Public Health and Human Services for the Eastern Band of Cherokee Indians. She has worked with the Tribe’s health system for 14 years. Vickie is also a Registered Nurse and is from the Birdtown Community. Under her direction, the Eastern Band of Cherokee have consolidated and expanded services to create an integrated
Public Health and Human organization. Vickie also provided the leadership to commit the Tribe to seeking Public Health accreditation by completing the first Tribal Health Assessment and a Tribal Health Improvement Plan. During her tenure, the EBCI is also the seventh tribe approved by USDHHS for a federal IV-E Plan, which gives the EBCI Family Safety Program the ability to operate Foster Care, Adoption Assistance, and Guardianship Assistance Programs. Prior to her tenure with the Eastern Band, Vickie was the Director at the Unity Healing Center, an Indian Health Service agency.

**Terra Branson**  
*Director, Self-Governance Communication & Education*

Terra Branson (Muscogee Creek Nation) joined Self-Governance Communication & Education (SGCE) as the Executive Director in 2013. As the Executive Director, Terra works collectively with Tribal leadership to protect and promote Self-Governance tenants and priorities. Ms. Branson also coordinates the development and implementation of the National Tribal Self-Governance Strategic Plan.

Prior to joining SGCE, Ms. Branson was a Legislative Associate with the National Congress of American Indians in Washington, DC. Terra has a Bachelor of Arts degree in Native American Studies from Dartmouth College and a Master of Public Policy from Georgetown University.

**Ann Bullock**  
*Director, Division of Diabetes Treatment and Prevention, Indian Health Service*

Dr. Ann Bullock (Minnesota Chippewa Tribe) is a Board-certified family physician who has worked for the Indian Health Service for 25 years, most of them with the Eastern Band of Cherokee Indians in Cherokee, North Carolina. Since 2009, she has worked for the IHS Division of Diabetes Treatment and Prevention (DDTP), first as its clinical subject matter expert, then as its Acting Director, and now as its Director. In addition to promoting diabetes prevention and treatment, DDTP is responsible for administering the programmatic aspects of the Special Diabetes Program for Indians grant program. Dr. Bullock is an enrolled member of the Minnesota Chippewa Tribe.

**Amber Cardinal**  
*Project Coordinator, American Indian Cancer Foundation*

Amber Cardinal (Mandan, Hidatsa and Arikara Nation) is enrolled in the Mandan, Hidatsa and Arikara Nation and is also Keweenaw Bay Band of Ojibwe. As a Project Coordinator with AICAF she works across many projects designing and evaluating cancer prevention strategies to promote healthy norms and ultimately improve health outcomes. Prior to joining AICAF’s team, Amber enjoyed working at the American Indian Public Health Resource Center. She holds a Master of Public Health degree in Management of Infectious Disease and is currently seeking her certificate in American Indian Public Health from North Dakota State University.

**Valeria Carlson**  
*Public Health Analyst, Centers for Disease Control and Prevention*

Ms. Carlson is a public health advisor with Centers for Disease Control and Prevention’s Office of State, Tribal, Local and Territorial Support. She has been working on accreditation, public health systems, public health governance, community health assessment and improvement planning, quality improvement, and public health policy since 2010. Ms. Carlson is currently the technical monitor for one of the cooperative agreements between CDC and NIHB.

**Rachel Carroll**  
*Traditional Practitioner, Northern Cheyenne Tribe*

Ms. Carroll (Northern Cheyenne Tribe) is a traditional practitioner and advocate for integration and reinforcement of medicinal and ceremonial healing for her community. She works with hospitals and clinics in her area to provide services. She has also attended a CDC-sponsored convening of traditional healers in order to explore how traditional practices and Western public health approaches can complement each other and how the government can move towards supporting traditional healing.

**Michelle Castagne**  
*Public Health Project Coordinator, National Indian Health Board*

Michelle Castagne (Sault Ste. Marie Tribe of Chippewa Indians) is Anishnaabe from Michigan's Upper Peninsula. There, she developed a love for the outdoors and a desire to work toward a culture of health in Indian Country. Michelle joined NIH in December 2014 as a project coordinator for the Tribal Leaders Diabetes Committee. She earned a B.S. in Community Health Administration and brings with her seven years of experience as a leadership facilitator and two years in marketing for a university wellness program. Ms. Castagne has also worked as a public policy assistant with the Grand Rapids Area Chamber of Commerce and completed several internships with her Tribe.

**Walter Castle**  
*Alcohol and Substance Abuse Lead, Indian Health Service*

Walter Castle (Cherokee Nation) is the Alcohol and Substance Abuse Lead at IHS. He is a Licensed Social Worker after receiving his M.S.S.W. from the University of Texas at Arlington. He holds a Master’s Level Addictions Professional and a Project Management Professional designations. Prior to joining IHS, Walter worked as a social worker with the U.S. Army and Veterans Affairs. He has spent much of his career working in the Substance Use Disorder arena at the local, state and federal levels.

**Chris Cooper**  
*Tobacco Education Specialist, California Rural Indian Health Board*

Chris Cooper (Navajo descent) is the tobacco education specialist for California Rural Indian Health Board and works with the California Indian Tobacco Education Program. He has over ten years of experience working with tobacco control and prevention, and helped develop a pilot project in reducing smoking in Head Start families. He is currently pursuing his doctorate in education concentrating on tobacco education for youth. Mr. Cooper is a board member of the National Native Network.

**Elizabeth Dalsey**  
*Health Communication Specialist, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention*

Elizabeth Dalsey is a Health Communication Specialist in the NIOSH Western States Division in Denver. She began work at NIOSH in 2006 after receiving her Masters in Communication from Michigan State University. She currently conducts communication activities and outreach for the Division to promote NIOSH knowledge, interventions and technologies. Elizabeth also manages the American Indian/Alaska Native Initiative.

**Raymond Daw**  
*Behavioral Health Administrator, Yukon Kuskokwim Health Corporation*

Mr. Daw (Navajo) oversees the Yukon Kuskokwim Health Corporation’s (YKHC’s) Behavioral Health Department, and has over thirty years of Tribal behavioral health experience. As a Navajo man from Gallup, New Mexico, Ray understands the impact of culture as he lives and experiences it in his own life.
Mr. Daw is the first Native BH administrator in the 40-year history of YKHC, and it has been his focus to implement culture-based interventions and services. Ray is also a national leader in historical trauma in Indian Country, and he speaks to many Tribal and non-Tribal groups about the impact of historical trauma on our Native people.

Devin Delrow
Director of Federal Relations, National Indian Health Board

Devin Delrow, JD, (Navajo Nation) is the Director of Federal Relations for NIHB where he seeks out opportunities for advancing the Tribal position in federal policymaking. He also provides analysis, communication, and advocacy materials to Tribes on key health issues. In 2016, Mr. Delrow joined NIHB as the Policy Associate for Medicare, Medicaid and Health Care Reform. Mr. Delrow earned his B.A. in History from Dartmouth College and a J.D. from the University of New Mexico, School of Law where he also earned the Indian Law Certificate. He is a member of the New Mexico State Bar.

Amanda Dionne
Outreach Coordinator, American Indian Cancer Foundation

Amanda Dionne (Northern Cheyenne Tribe) is the Outreach Coordinator at the American Indian Cancer Foundation (AICF); her role is to utilize her community engagement expertise working with Tribal communities to decrease excess morbidity and mortality through community dialogue, policy development, and working with communities to identify strategies for lasting change. Prior to joining AICF, Amanda worked at the Native American Community Development Institute where she learned that in order for lasting positive change to take place in communities, the community needs to be the driving force at the center of the initiative. Amanda is enrolled in the Northern Cheyenne Tribe and is from the Turtle Mountain Band of Chippewa Indians.

Rose Domnick
Behavioral Health Prevention Director, Yukon Kuskokwim Health Corporation

Rose Domnick (Yup’ik Eskimo) is the Behavioral Health Prevention Director at the Yukon Kuskokwim Health Corporation in Bethel, Alaska, and originally from the village of St. Mary's, located on the lower Yukon River. Her organization's focus on prevention is in large part due to Rose, along with her other colleagues, who has developed the Calircaraq traditional healing program utilizing the wisdom and knowledge of our Yup’ik elders to restore the strengths of Yup’ik culture in our people. Calircaraq is recognized as a promising practice for wellness in Indian Country.

Heather Duncan
Director, Public Health Associate Program, Centers for Disease Control and Prevention/Office for State, Tribal, Local, and Territorial Support

As Director of CDC’s Public Health Associate Program (PHAP), Ms. Duncan, MPH, manages the recruitment, training, and professional development of public health associates. Duncan previously worked for CDC’s Office of the Chief of Staff and began her CDC career in 1991 as a Public Health Associate in Long Beach, California. In 1993, she got the opportunity to work as a Public Health Associate during the height of a tuberculosis (TB) resurgence in New York City. Duncan has a Master of Public Health from Tulane University and a Bachelor of Science in biology from Furman University.

Jennifer DuPuis
Associate Director, Fond du Lac Human Services

Jennifer DuPuis (Fond du Lac Band of Lake Superior Chippewa) is Associate Director for the Fond du Lac Human Services Division. Mrs. DuPuis, who has lived on the FDL reservation in Cloquet, MN, all her life, began her career with the Tribe in 2005. She has experience and expertise in business office functions of the Tribe. She completed her Bachelor of Science degree in business administration with an emphasis in management through Bemidji State University in 2009 and completed a Master of Business Administration at Concordia University in 2013.

Crystal Echo Hawk
President, Echo Hawk Consulting

Crystal Echo Hawk (Pawnee Nation of Oklahoma) is President of Echo Hawk Consulting. For more than 18 years, Crystal has served as a passionate advocate for the health, well-being and rights of American Indian Tribes, Native American children and families. Crystal and her firm Echo Hawk Consulting, provide expert consulting services in executive leadership, philanthropic giving, policy, fundraising, program design, partnership development and communications. Clients include American Indian Tribes, grantmakers, businesses, nonprofit organizations and philanthropic individuals focused on supporting culturally appropriate and community-driven social change, strategic partnerships and increased investment in Native American communities.

Abigail Echo-Hawk
Co-Director, Partnerships for Native Health

Abigail Echo-Hawk, MA, (Pawnee) is the Co-Director of Partnerships for Native Health located at the Washington State University. In this role, she works with American Indian and Alaska Native Tribes to engage them in health disparities research and with health researchers to ensure research is done in a manner that respects Tribal sovereignty and is culturally appropriate. Specializing in facilitating cross-cultural partnerships, Ms Echo-Hawk has been an integral part of establishing health research projects and public health initiatives with rural and urban Tribal communities across the United States.

Wes Edmo
Director, Shoshone-Bannock Tribes

Wesley Edmo (Shoshone-Bannock Tribes) grew up on the Fort Hall Indian Reservation, Fort Hall, Idaho. He went to school locally and graduated Highland High School in Pocatello, Idaho. He went on to attain an undergraduate AA degree in Marketing, Bachelors of Science and Masters of Social Work degree focused on clinical and community development. Wes is the Director of the Shoshone-Bannock Tribes Tribal Employment Rights Department. He also served in Tribal leadership for two terms for the Shoshone-Bannock Tribes, the Alumni Executive Board at Boise State University, Boise, Idaho and the Portland Area Indian Health Board.

Pamela End of Horn
Public Health Advisor, Indian Health Service

Pamela End of Horn, MSW, LCSW, (Oglala Lakota Sioux) was born and raised in the Pine Ridge Indian Reservation of South Dakota. She has a Master's Degree in Social Work with practicums in Domestic Violence. In addition, she is certified in Cognitive Processing Therapy and worked in the Department of Veterans Affairs treating Substance Abuse, PTSD and Suicide. She currently holds advanced practice licenses in North Dakota and Minnesota. Pamela is currently a Public Health Advisor at Indian Health Service Headquarters in the Division of Behavioral Health with a focus in Suicide Prevention.

Jacquelyn Engbreitson
Public Health Program Coordinator, National Indian Health Board

Jacquelyn "Jackie" Engbreitson (Ahtna Athabascan) is an advocate and ally for persons affected by substance use and mental illness. She obtained her bachelor's degree...
SUMMIT PRESENTERS AND SPEAKERS

from the University of Alaska Anchorage, before moving to Washington, DC to take part in American University's Washington Internship for Native Students (WINs). Jackie has been with the National Indian Health Board since 2012; presently she serves as a Public Health Project Coordinator. During her time in Washington, DC, Jackie actively served the local community as a crisis counselor at the DC Rape Crisis Center and as an outreach volunteer for HIPs, a public health organization operating a mobile harm reduction outreach program. Jackie will be attending the University of Washington's School of Social Work starting in Fall 2016. She looks forward to a long, continued career in Indian Country.

David Espey
National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Dr. David Espey, MD graduated from medical school at Wake Forest University in Winston-Salem, NC in 1986 and completed training in internal medicine at the University of New Mexico Health Sciences Center in 1989. He worked with Doctors without Borders in West Africa and with the Indian Health Service in Gallup, NM before joining the Centers for Disease Control and Prevention in 1993 as an Epidemic Intelligence Service Officer. From 1995-2000 he was assigned to the New Mexico Department of Health to support chronic disease prevention and control programs. Since July 2000 he has been assigned from CDC to Albuquerque, NM to collaborate with the Indian Health Service and American Indian and Alaska Native (AI/AN) tribal health programs on improving the quality of cancer surveillance data in support of cancer control programs in AI/AN communities. Dr. Espey has also worked to improve mortality data for AI/AN. From February through July, 2014, Dr. Espey was Acting Director for CDC’s Division of Cancer Prevention and Control. Since August of 2014 he has been playing a lead coordinating role and working closely with grantees of CDC’s Good Health and Wellness in Indian Country grant program.

Vicki Faciane
Health & Human Services Director, the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians (CTCLUSI) of Oregon

Vicki Faciane (Hanis Coos) is the Health & Human Services Director for the the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians (CTCLUSI) of Oregon. She is Hanis Coos and an enrolled Tribal member of CTCLUSI. She has a Master of Education from the University of Alaska Anchorage and a Master of Business Administration from Alaska Pacific University. Prior to moving to Oregon in 2013, she lived in Alaska for 28 years. She worked for Providence Alaska Medical Center, first as Director of Respiratory Care and then as Director of Safety and Emergency Preparedness. She is married with three children, one granddaughter, and four chihuahuas.

Robert Foley
Chief Program Officer, National Indian Health Board

Robert Foley, M.Ed., is the Chief Program Officer with the National Indian Health Board where he oversees programs and advocacy initiatives providing technical assistance, training, resource brokering and information dissemination services on Medicare/Medicaid/CHIP, methamphetamine, suicide, and HIV prevention; public health accreditation; and ensuring there is a Tribal voice in congressional activities. Previously, Mr. Foley worked with the National Native American AIDS Prevention Center delivering HIV TA, creating national prevention and educational materials, and promoting targeted local social marketing efforts. Mr. Foley worked as a training specialist with the National Network of Prevention Training Centers to train on HIV/STI evidence-based prevention. Prior, he was a research assistant with the Tri-Ethnic Center for Prevention Research at Colorado State University where he examined substance use and domestic violence prevention in rural and ethnic communities.

Kimberly Fowler
Director of Technical Assistance and Research, National Council of Urban Indian Health

Kimberly T. Fowler, Ph.D., is the Director of Technical Assistance and Research at the National Council of Urban Indian Health in Washington, DC, where she manages the Technical Assistance and Research Center (TARC) and provides data analysis, training, and resource assistance to the 34 Urban Indian Health Programs across the nation to improve the quality and accessibility of health care for American Indian and Alaska Native people living in urban areas. Dr. Fowler received her doctorate from Yale University and completed a diabetes postdoctoral fellowship from the University of Colorado-Denver, where she also received a Certificate in Public Health.

Melissa Fox
National American Indian and Alaska Native (AI & AN) Addiction Technology Transfer Center (ATTIC)

Melissa recently graduated with her Masters of Public Health with a focus on Community and Behavioral Health from the University of Iowa College of Public Health. As part of her degree program, she worked with the ATTC to develop a curriculum for mental health providers focused on PTSD care for American Indian and Alaska Native veterans. Prior to this, she served as a member of the U.S. Army Reserve, including one year of active duty in Fort Hood, TX as a behavioral health sergeant. Currently, she is engaged in health services research within the Veterans Health Administration.

Tom Frieden
Director, Centers for Disease Control and Prevention

Tom Frieden, MD, MPH, is director of the Centers for Disease Control and Prevention (CDC). Since 2009, Dr. Frieden has intensified CDC’s 24/7 work to protect the health, safety and security of the American people, including leading the agency’s response to the recent Ebola epidemic and other health emergencies. Under his direction, new CDC programs have focused on combating antibiotic resistance, preventing foodborne and healthcare-associated infections, helping people quit smoking, addressing the prescription drug overdose epidemic, and advancing global health security worldwide. He previously led New York City’s program that cut multidrug-resistant tuberculosis by 90 percent, and helped India prevent more than 3 million tuberculosis deaths. As New York City’s health commissioner from 2002 to 2009, he helped reduce teen smoking by half and adult smoking by one-third. Dr. Frieden received his medical and masters of public health degrees from Columbia University. He completed infectious disease training at Yale University.

Linda Frizzell
Assistant Professor/Consultant, University of Minnesota School of Public Health/Great Lakes Tribal Epidemiology Center

Dr. Frizzell (Eastern Cherokee/Lakota) has extensive experience and practice as a provider and administrator with Indian health systems. She holds a doctorate degree in physiology, education administration, and gerontology, and a post-doctorate in epidemiology. She has provided numerous testimonies in regard to health care policy, health issues, public health, cultural attainment, and Tribal consultation. Her specialties include: health
MADISON FULTON
Health Promotion Specialist, Inter Tribal Council of Arizona

Madison Fulton (Dine) is a Health Promotion Specialist at Inter Tribal Council of Arizona, Inc. She currently works on the CDC, “Good Health and Wellness in Indian Country” project. Madison defended her Master’s thesis titled, “Ending Sexual Violence Against American Indian Women: A Dine Woman’s Perspective on Renewing Concepts of Justice on Tribal Lands,” graduating with a master’s degree in American Indian studies from Arizona State University in December 2015. Her research focused on finding solutions in Indian communities to better respond to sexual assault incidences and care for sexual assault victims.

CINDY GAMBLE
Partnerships for Native Americans

Cindy Gamble, MPH, (Tlingit) is the Community Health Educator Lead and Tribal Liaison for the Partnerships for Native Health (P4NH) at WSU. She previously worked as a Community Health Educator and Tribal Health Director in rural Alaska and Washington State. Currently she is the Community Health Educator Lead for the Culturally Adapted Strategies to Enhance Kidney Donation in AIAN Communities. She assists with and supports other projects at P4NH in her capacity as Tribal Liaison. Cindy is happy to share that she became a grandmother for the first time in January and that she is currently studying traditional plant medicine.

JENNIFER GIROUX
Medical Epidemiologist, Great Plains Area Indian Health Service, Great Plains Tribal Chairmen’s Health Board, Northern Plains Tribal Epidemiology Center

Dr. Jennifer Giroux (Rosebud Sioux Tribe) is a medical epidemiologist for the Great Plains Tribes and Indian Health Service. She provides public health, epidemiology and outbreak leadership and technical assistance to Tribes, Great Plains Tribal Chairmen’s Health Board (GPTCB), Northern Plains Tribal Epidemiology Center, state health departments and other organizations with a focus on building collaborations to meet Tribe’s public health needs. She is a Commissioned Corps Officer and helped start the Northern Plains Tribal Epidemiology in Rapid City, South Dakota and the Rocky Mountain Tribal Epidemiology Center in Billings, Montana.

ANNA GOLDTOOTH
Education and Outreach Programs Manager, Planned Parenthood Minnesota, North Dakota, South Dakota

Anna Goldtooth (Ojibwe and Dine) is an enrolled member of the Navajo Nation. She lives in Bemidji, Minnesota. She is an Education and Outreach Programs Manager at Planned Parenthood Minnesota, North Dakota, and South Dakota. Through her work she is responsible for developing and implementing culturally responsive HIV/AIDS prevention and general sexual health education to the American Indian community in several Ojibwe communities in Minnesota. She facilitates single and multi-session presentations on sexual and reproductive health topics including: sexually transmitted infections, lesbian, gay, bisexual and transgender populations, pregnancy prevention, reproductive anatomy, consent, healthy relationships and HIV/AIDS at various organizations and school settings.

GWENDA GORMAN
Health and Human Services Director, Inter Tribal Council of Arizona, Inc.

Gwenda Gorman (Dine) is the Health and Human Services Director for the Inter Tribal Council of Arizona. She is involved with a number of projects promoting health promotion for youth and adults. Gwenda coordinates and manages chronic disease and teen pregnancy prevention programs and human services program activities and grants for the Inter Tribal Council of Arizona, Inc. She builds capacity and revenue for Tribal health and human services programs. In addition, she collaborates with federal, state, Tribal and local agencies to provide education and resources for Tribal communities.

MICHAELA GREY
Deputy Director, National Native American AIDS Prevention Center

Michaela (Navajo) is Deputy Director with National Native American AIDS Prevention Center (NNAAPC). She provides technical assistance Pascua Yaqui Tribal Health Department in their efforts to increase testing and culturally appropriate linkage to care for HIV positive community members. Michaela utilized her clinical trial experience to help increase clinical trial awareness in the Denver, Chicago and Dallas Native communities. Michaela is providing technical assistance and capacity building assistance to Tribal communities to promote linkages to care for those living with HIV.

KATE GRISMALA
Good Health and Wellness in Indian Country Principal Investigator, United South and Eastern Tribes

Kate Grismala is currently the Assistant Director of Tribal Health Program Support at United South and Eastern Tribes, Inc. in Nashville, TN. Ms. Grismala works alongside a talented staff of professionals engaged in a range of health, wellness, dental, diabetes and epidemiology projects supporting 26 Native American Tribes from Florida to Maine and also in Texas. For over a decade, Ms. Grismala has worked directly for Tribes throughout Indian Country supporting the health and wellbeing of Tribal citizens and improving access to care. She has over twenty years of professional experience in the delivery and payment of health care services. Ms. Grismala holds a master’s of science in business administration with an emphasis on health care administration as well as several certificates on various aspects of Tribal government administration.

MICH toxiciones.

MICHELLE GUITIERRÉZ
Program Officer, Notah Begay III Foundation (NB3)

Michelle Gutiérrez, NB3’s Program Officer of Native Strong: Healthy Kids, Healthy Futures, has been active in the nonprofit sector for over 10 years. Prior to her position at NB3F, she was the Program Officer for Con Alma Health Foundation in New Mexico. She also spent several years in Sri Lanka as the Country Director for an Italian NGO implementing tsunami rehabilitation work and also as the Administrative Unit for the Italian Ministry of Foreign Affairs at the Italian Embassy in Colombo. A native of New Mexico, Michelle holds a Master’s degree in International Cooperation and Development from the European School for Advanced Studies at the Università di Pavia, Italy. She has her BA from Smith College with a double major in Government and Italian Language and Literature.

ANEVA TURTLE HAGBERG
Operations & Public Health Director, Eastern Band of Cherokee Indians

Aneva Hagberg, BS, (Eastern Band of Cherokee Indians) is the Operations/ Public...
**SUMMIT PRESENTERS AND SPEAKERS**

**Health Director of the Eastern Band of Cherokee Indians Public Health and Human Services Division. She is an enrolled member of the Tribe and lives in Cherokee, North Carolina.**

**Eric Hardy**  
Health Promotion Specialist, Inter Tribal Council of Arizona

Eric Hardy (Dine'). He is born of the Bitter Water Clan and for the Weaver Clan. He is currently a Health Promotion Specialist at the Inter Tribal Council of Arizona, Inc. providing training and technical assistance to Tribal Nations in Arizona, Nevada, and Utah to implement culturally adapted and community chosen chronic disease prevention projects. He holds a bachelor's degree in American Indian studies from Arizona State University and is currently completing a master's in American Indian Studies.

**Carol Hernandez**  
Tribal Tobacco Education and Policy Coordinator, Mille Lacs Band of Ojibwe

As the Outreach Coordinator, Carol (Mille Lacs Band of Ojibwe), works with the Tribal government and the Mille Lacs Band Corporate Commission to develop no-smoking policies appropriate for the Tribe. Her tobacco work will expand to include the growing of asemaa (tobacco) versus commercial tobacco for traditional use. She has created an Ojibwe language Bingo game that engages attendees at her community educational sessions.

**Tina Batra Hershey**  
Assistant Professor, University of Pittsburgh

Tina Batra Hershey, JD. MPH is an Assistant Professor in the Department of Health Policy and Management at the University of Pittsburgh Graduate School of Public Health and an Adjunct Professor of Law at the University of Pittsburgh School of Law, as well as the Assistant Director for Law and Policy at the Center for Public Health Practice at Pitt Public Health. Ms. Hershey earned a bachelor's of arts cum laude from Villanova University, her law degree with honors from the George Washington University School of Law, and a master's in public health in policy from the George Washington University School of Public Health.

**Janie Hipp**  
Founding Director, Indigenous Food and Agriculture Initiative, University of Arkansas School of Law

Janie Hipp, J.D., LL.M. (Chickasaw Nation) is Founding Director of the Indigenous Food and Agriculture Initiative, University of Arkansas School of Law, and an enrolled member of the Chickasaw Nation. She served as Senior Advisor for Tribal Relations to Secretary of Agriculture Tom Vilsack under President Obama; and as the National Program Leader for Farm Financial Management, Risk Management Education, Trade Adjustment Assistance, and the Beginning Farmer and Rancher Development Program in the USDA's National Institute of Food and Agriculture. In addition to these appointments, her work in agriculture and food law and Indian law issues spans over three decades.

**Rachael Hogan**  
Chief Dental Officer, Swinomish Indian Tribal Community

Dr. Rachael Hogan is the Chief Dental Officer for the Swinomish Indian Tribal Community. She went to Marquette University Dental School. Prior to joining Swinomish, she was a dentist for SeaMar Community Health Centers. She is dedicated to improving the oral health system so that all communities have access to oral health care. Dr. Hogan has been a practicing dentist for nearly ten years. She is married with four children.

**Aila Hoss**  
Public Health Analyst, Carter Consulting, Inc. for Centers for Disease Control and Prevention’s Public Health Law Program in the Office for State, Tribal, Local and Territorial Support

Aila Hoss is a public health analyst, through Carter Consulting, Inc. for CDC’s Public Health Law Program in the Office for State, Tribal, Local and Territorial Support. Aila’s research portfolio includes Tribal public health law, federal Indian law, and public health enabling authorities. She serves as a faculty member for CDC University’s Working Effectively with Tribal Governments course and has published resources on Tribal public health law topics. Aila earned her law degree from the University of Oregon School of Law and a bachelor’s or arts from Emory University. She is a member of the Indiana bar.

**Joshua Hudson**  
Program Manager, National Native Network at the Inter-Tribal Council of Michigan

Joshua Hudson is from Bay Mills Indian Community in Northern Michigan. Joshua has a Bachelors focused on Public Administration, Leadership, and American Indian Studies; and has worked coast to coast in substance abuse, youth empowerment, and public health. He currently serves as the Program Manager for the National Native Network at the Inter-Tribal Council of Michigan working to cultivate and disseminate resources and technical assistance concerning both cancer and commercial tobacco prevention and control.

**Jamie Ishcomer**  
Public Health Project Coordinator, National Indian Health Board

Jamie Ishcomer, MPH, MSW (Choctaw Nation of Oklahoma) is a Public Health Project Coordinator at the National Indian Health Board. She received a bachelor’s of science in community health-health education and promotion and minor in American Indian studies from the University of Illinois at Urbana-Champaign. She graduated from Washington University in St. Louis with a Master of Public Health and Master of Social Work with a focus on health disparities within Native American and other Indigenous communities. Before joining the National Indian Health Board, Jamie was a Research Associate at the California Tribal Epidemiology Center at the California Rural Indian Health Board, Inc.

**Paul Jarris**  
Senior Vice President and Deputy Medical Officer, March of Dimes

Paul Jarris has over 20 years of experience in the field of public health at the local, state and national levels. He is currently the Senior Vice President of Maternal and Child Health Program Impact and Deputy Medical Officer at the March of Dimes, where he oversees their Prematurity Campaign which addresses health equity and seeks to reduce the rate of preterm birth. Previously, he was the Executive Director of the Association of State and Territorial Health Officials (ASTHO) for nine years. He transformed ASTHO to become a premier institution for promoting health and wellness across the U.S. and territories.

**Meghan Jernigan**  
Staff Scientist, Partnerships for Native Health

Meghan Jernigan (Choctaw), MPH is a Staff Scientist at Partnerships for Native Health, an Initiative of Washington State University. In this role, she manages several research projects including Native People for Cancer Control, a community-driven research and intervention project funded through the National Cancer Institute. Ms. Jernigan received a bachelor's of arts in theater from Oklahoma State University and a master's of public health in sociomedical sciences from Columbia University.
Sonlatsa Jim-Martin  
REACH Program Manager, COPE Project - Navajo Nation

Sonlatsa “Sunshine” Jim-Martin (Navajo-Mediator) is enrolled in the Navajo Nation. She lives on the Navajo Reservation in Tohakai, New Mexico. She received her bachelor’s degree from Colorado College and is working on a master’s degree in public administration. She works for the COPE Project as the Program Manager for a CDC REACH grant in Gallup, New Mexico. Past experience includes: Indian Education, Human Resources, Navajo Nation Social Services, Non-Profit Management, Navajo Nation Headstart, Navajo Nation Department of Health. She leads the “Navajo Food Policy Toolkit” collaborations and workshops in coordination with the Harvard Food Law & Policy Clinic.

Robin John  
Program Director, Yakama Indian Health Service Healthy Heart Program

Robin John (Yakama Nation) is the Director for the Special Diabetes Program for Indians (SDPI) Yakama Indian Health Service Healthy Heart Program. The Yakama Healthy Heart Program manages over half of the patients with diabetes at Yakama IHS with award winning results. Robin graduated from the College of Pharmacy at Washington State University and is a certified diabetes educator. She holds National Clinical Pharmacy Specialist certifications in diabetes, hypertension, and dyslipidemia. She is a member of the American Pharmacist Association, American Diabetes Association, Yakima County Pharmacist Association, and served as a board member for the Washington State University College of Pharmacy Advisory Board and Native American Health Sciences Advisory Board.

Marisa Jones  
Nutrition Manager, Safe Routes to School National Partnership

Ms. Jones is the Physical Activity and Nutrition Manager for the Safe Routes to School National Partnership. In her position, she works with state and local campaigns to address key nutrition strategies such as healthy food financing, restaurant menu labeling, healthy restaurant meals, procurement, SNAP and water pricing policies. She also convenes a national coalition that works at the intersection of nutrition and physical activity. Ms. Jones’s work is focused on health equity and bringing in communities into the fold that do not have access to many of the promising strategies to make communities healthier.

Karrie Joseph  
Public Health Programs Manager, National Indian Health Board

Karrie Joseph, MPH, CHES, is the Public Health Programs Manager with the National Indian Health Board (NIHB) where she currently works with the Tribal public health accreditation initiative and the Tribal Leaders Diabetes Committee project. Karrie joined NIHB in March 2015 and brings over 12 years of experience in public health. She received a bachelor’s of arts in anthropology and a master’s of public health in health promotion and education, both from the University of South Carolina. Prior to joining NIHB, she had the honor and privilege of working with Native communities in North Dakota (Fort Berthold) and in Cherokee, North Carolina with Eastern Band of Cherokee Indians.

Jane Koppelman  
Director of Research, Children’s Dental Policy, The Pew Charitable Trusts

Jane Koppelman is The Pew Charitable Trusts’ dental project research director, supporting efforts to grow the dental workforce and increase access to care. She has over 20 years’ experience researching, reporting on, administering, and evaluating health and human service programs that support families. She oversees HHS-funded projects, including planning research conferences and advising grantees on conducting rigorous evaluations. As deputy director of the Robert Wood Johnson Foundation’s Making the Grade program, she worked to increase the number of school-based health centers. Koppelman earned a Master’s in public administration from George Washington University.

Alyssa Landen  
Project Coordinator, University of Pittsburgh

Alyssa Landen, MPH, is a Project Coordinator at the University of Pittsburgh Graduate School of Public Health Center for Public Health Practice. At the Center for Public Health Practice, Ms. Landen assists with trainings for special care facilities and child care centers to improve their Emergency Operations Plans. In addition, Ms. Landen works on efforts to assist Tribes with legal preparedness for public health emergencies. Ms. Landen received her undergraduate degree in biology from Franklin & Marshall College and a master’s in public health degree from the University of Pittsburgh.

Leander Lantana  
Senior Safety Technician, Navajo Nation Occupational Safety and Health Administration

Leander M. Lantana (Navajo) is a Senior Safety Technician with Navajo OSHA since April 2014. He has received a Specialist in Safety and Health from the Univ. of Texas at Arlington in General Industry and Construction January 2015, and also an associate of arts in computer information system from Haskell Indian Nations University. Mr. Lantana is an authorized OSHA Outreach Trainer - 1910 and 1926, and has over five years' worth of experience in the construction field as a welder, and four years with the Navajo workforce as supervisor.

Adam Lesser  
Deputy Director, The Center for Suicide Risk Assessment

Adam Lesser is the Deputy Director of the Center for Suicide Risk Assessment at Columbia University Medical Center where he is responsible for all activities related to public health including the international dissemination of the Columbia Suicide Severity Rating Scale. He has published, presented internationally and consulted to state and local governments on best practices for suicide risk identification and prevention. Previously, he was Project Director for the Garrett Lee Smith Memorial Act Suicide Prevention Grant at the Georgia Department of Behavioral Health and Developmental Disabilities where he directed the statewide implementation of youth suicide prevention efforts throughout the state.

Carmen Licavoli-Hardin  
Deputy Director, Division of Treatment and Prevention, Indian Health Service

Carmen Licavoli-Hardin is a Nurse Practitioner and Deputy Director within the IHS Division of Diabetes. She has a Master’s degree in Public Health Practice.

Shannon Laing  
Associate Director, Michigan Public Health Institute (MPHI)

Ms. Laing has managed over 40 projects with Tribal communities, including community health assessment and planning, strategic planning, accreditation readiness, and leads evaluation teams for Tribal agencies working on health and mental health grants. She recently led a two-year RWJF Public Health Services and Systems Research study exploring organization and performance of a Tribal public health system. Ms. Laing has Master of Social Work in Organizational and Community Practice from Michigan State University, and training in ICA Technology of Participation Facilitation Methods.
Nursing from Wayne State University in Detroit, Michigan. Ms. Licavoli began her career providing diabetes management and education to patients at the bedside. She then entered the research arena as a Diabetes Research Coordinator involved in running clinical trials addressing the treatment and prevention of diabetes complications. She later assumed the role as the Diabetes Clinical Research Program Coordinator for Wayne State University. In 2003 she accepted a position with the Veterans Health Affairs Medical Center in Detroit, Michigan as a Diabetes Nurse Practitioner, then later an Associate Chief Nurse. In 2010, Ms. Licavoli transferred the Veterans Health administration in Baltimore as the Nurse Manager/Nurse Practitioner of the Geriatric Research, Education and Clinical Center. She also provided nursing leadership to a team of research nurses providing diabetes and stroke care to the geriatric population.

Richard Litsey
Member, Board of Directors, National Organization on Fetal Alcohol Syndrome (NOFAS)

Richard (Muscogee Creek Nation) is retired from the United States Senate Finance Committee where he was Counsel & Senior Advisor for Indian Affairs, handling Indian Health Care, Indian Tax issues, and social security matters. He holds a bachelor’s of arts from Oklahoma State University, law degree from Thurgood Marshall School of Law and an LL.M. in International Economic Law from the University of Houston Law Center. He currently serves on the board of directors of the National Organization on Fetal Alcohol Syndrome.

Laura Lloyd
Director of Programming, Region IV Public Health Training Center, Rollins School of Public Health, Emory University

Laura is director of programming for the R-IV PHTC. In addition, she is the Director of Continuing Professional Education for the Rollins School of Public Health (RSPH) as well as the manager of the RSPH’s school-wide practicum program. Previously, Laura served as the Director of Training and Workforce Development for the Emory Public Health Training Center. She managed all aspects of the competency-based training and workforce development efforts. She has 25 years’ experience in management positions in the fields of CPE, program planning, training, health education, and public health in the university, non-profit organization and membership association settings.

Seprieono Locario
Training and Technical Assistance Coordinator; Tribal Action Plan & Wellness Coordinator, SAMHSA Tribal Training and Technical Assistance Center

Mr. Seprieono Locario (Navajo) was born and raised in San Francisco, California and spent summers with his grandparents in Tohatchi, New Mexico and throughout the Navajo reservation. He has dedicated 15 years of professional development work to Native youth throughout California; within multiple levels of incarceration, in community mental health centers, higher education institutions, and reservation communities. His work at the National Indian Health Board focused on identifying and developing best practices with Tribal communities. Currently, he works as a Training and Technical Assistance Coordinator supporting the SAMHSA Tribal Training and Technical Assistance Center’s efforts across Indian Country.

Craig Love
Director of Epidemiology, SAMHSA’s Center for the Application of Prevention Technologies (CAPT)

As director of epidemiology for SAMHSA’s CAPT, Craig is responsible for coordinating all epidemiology-related activities, working closely with Core and regional staff to support the use and integration of epidemiological data across the regions. In addition, he serves as the liaison between SAMHSA and SAMHSA’s CAPT’s epidemiology functional team for special projects, and provides training and technical assistance to Native American grantees.

Kenneth Martin
Policy Director, Vice Chairman Jon Tester, Senate Committee on Indian Affairs

Mr. Martin (Bad River Band of Lake Superior Chippewa Indians) serves as Policy Director for Vice Chairman Jon Tester of the Senate Committee on Indian Affairs managing a wide range of issues including Healthcare, Nutrition, Education, Housing, Telecom, Transportation, and Veterans Affairs. Mr. Martin previously served as Senior Professional Staff at the Committee under then-Chairwoman Mananietaw from Washington State. Prior to joining the Committee, Mr. Martin worked for former Senator Tim Johnson of South Dakota as a Legislative Assistant managing the Judiciary and Indian Affairs portfolios. Originally from Wisconsin, Mr. Martin is an enrolled member of the Bad River Band of Lake Superior Chippewa Indians and maintains strong ties to the Menominee Indian Tribe and Oneida Tribe of Indians of Wisconsin, where his parents are enrolled.

Lisa McCormick
Lead Evaluator, Region IV Public Health Training Center, Rollins School of Public Health, Emory University

Lisa McCormick, DrPH, MPH, serves as the Evaluator for the R-IV PHTC and holds a position as a research assistant professor in the Department of Behavioral Sciences and Health Education at the Rollins School of Public Health, Emory University. In addition, Dr. McCormick serves as the Director of the Office of Public Health Practice at the University of Alabama at Birmingham School of Public Health and has been involved with the South Central Public Health Workforce Development Partnership since 2002. She has worked with the member Tribes of the United South and Eastern Tribes on numerous related projects.

Michael Meit
Senior Public Health Systems Researcher, NORC at the University of Chicago

Michael Meit is the NORC Project Director for the national evaluation of the public health accreditation program. He has nearly twenty years of experience working closely with local, state, Tribal, territorial, and federal public health agencies on issues related to organizational capacity and structure. He has directed projects related to public health accreditation for five years. Meit holds a Master of Public Health in Health Services Administration from the University of Pittsburgh and a Master of Arts in Clinical Psychology from the Indiana University of Pennsylvania.

Jack Moran
Senior Quality Advisor, Public Health Foundation

Jack Moran, PhD, is a Senior Quality Advisor to the Public Health Foundation (PHF) and a Senior Fellow at the University of Minnesota School of Public Health. He also serves as an advisory board member of Choose To Be Healthy Coalition for York County, Maine. He was a member of PHF’s Evaluation and Quality Improvement Committee through 2015. Dr. Moran brings to PHF more than 30 years of quality improvement expertise in developing quality improvement tools and training programs, implementing and evaluating quality improvement programs, and writing books and articles on quality improvement methods.

Lisa Myers
Health and Wellness Manager, Sault Ste. Marie Tribe of Chippewa Indians

Lisa Myers, MS, is the Health and Wellness Manager at Sault Ste. Marie Tribe of Chippewa Indians. She has extensive experience providing diabetes management and education to patients at the bedside. She then entered the research arena as a Diabetes Research Coordinator involved in running clinical trials addressing the treatment and prevention of diabetes complications. She later assumed the role as the Diabetes Clinical Research Program Coordinator for Wayne State University. In 2003 she accepted a position with the Veterans Health Affairs Medical Center in Detroit, Michigan as a Diabetes Nurse Practitioner, then later an Associate Chief Nurse. In 2010, Ms. Licavoli transferred the Veterans Health administration in Baltimore as the Nurse Manager/Nurse Practitioner of the Geriatric Research, Education and Clinical Center. She also provided nursing leadership to a team of research nurses providing diabetes and stroke care to the geriatric population.
SUMMIT PRESENTERS AND SPEAKERS

providing leadership to design, develop, implement and evaluate programs to encourage healthy lifestyles, policies, and environments. Ms. Myers manages several grant programs for Sault Tribe including the CDC-funded Partnership to Improve Community Health (PICH) and Good Health and Wellness in Indian Country. She also helps manage the Tribe’s IHS Special Diabetes Program for Indians Community Directed and Diabetes Prevention Program and Healthy Heart Initiative. Ms. Myers has a Master of Science in community services from Michigan State University.

Jaimie Myers
Education and Outreach Specialist, Planned Parenthood Minnesota, North Dakota, South Dakota

Jaimie Myers (Leech Lake Band of Ojibwe) grew up in northern Minnesota and currently resides in Bemidji, Minnesota. Working as an Education and Outreach Specialist with Planned Parenthood Minnesota, North Dakota, South Dakota allows her to pursue her ambition of bringing comprehensive sexual health education to the Native American community.

Elton Naswood
Senior Program Analyst, Office of Minority Health Resource Center

Elton Naswood (Navajo) has been an advocate for HIV/AIDS since 1997, dedicating much of his life to changing the stigma of HIV/AIDS in the American Indian community. Mr. Naswood began as a Program Manager for the Tribal Law and Policy Institute. In 2003, Naswood joined the AIDS Project Los Angeles (APLA) team serving as the Program Coordinator for The Red Circle Project (RCP). Naswood regularly presents at conferences, colleges, and a variety of community events on HIV prevention and the history and culture of Two Spirits culture. Naswood has also served as a member of the Community Advisory Council for the National Native American AIDS Prevention Center, sits on the Advisory Board for the Office of Minority Health Resource Center, and is on the Board of Directors for the Nakwatsvewat Institute.

Lonnie Nelson
Professor, Partnerships for Native Health

Lonnie Nelson, PhD. (Eastern Band Cherokee Indians) is clinical psychologist and faculty member at Washington State University. He is interested in health promotion and prevention of chronic disease in American Indian and Alaska Native populations. Primarily, he focuses on patient-centered approaches to help people with behavior and lifestyle changes in order to eliminate health disparities.

Charlene Nelson
Director, Shoolwater Bay Tribe

Charlene Nelson (Shoolwater Bay Tribe) served for ten years as chairwoman of the Shoolwater Bay Tribe. She now directs the Tribe’s Pulling Together for Wellness project and serves as secretary of the American Indian Health Commission. She enjoys storytelling, reading, preaching, and beach walking. Charlene worked 25 years in education—first as an aide, finished her degree at age 43, and went on to teach. During summer vacations, Charlene fished commercially in Alaska. After retiring from teaching, Charlene worked at the Shoolwater Bay Clinic in Women’s Wellness Program. She is passionate and committed to ensuring the health of our future generations.

Jan Olmstead
Public Health Consultant, American Indian Health Commission

Jan Olmstead (Barbareno Chumash) is a private consultant currently serving as the lead the public health consultant for the American Indian Health Commission for Washington State. Her experience includes working with diverse communities in health policy and public administration; state, Tribal and intergovernmental relations; and policy, planning, and implementation. She is also adjunct faculty at the Evergreen State College, where she teaches health policy in the master’s of public administration program in both the general and Tribal cohorts. Jan earned a bachelor’s of arts with an emphasis in strategic planning and leadership, and a master’s of public administration with a concentration in Tribal governance from Evergreen State College.

Christina Peters
Oral Health Project Director, Northwest Portland Area Indian Health Board

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

Waquin Preston
Project Coordinator, Inter Tribal Council of Arizona, Inc.

Waquin Preston (Dine) is the Project Coordinator at the Inter Tribal Council of Arizona (ITCA), Inc. He received his bachelor’s and master’s degrees in American Indian Studies from Arizona State University with an emphasis on Indigenous theorizing and community empowerment. Waquin works directly with the ITCA Health and Human Services program on the Center for Disease Control, “A Comprehensive Approach to Good Health and Wellness in Indian Country” Tobacco supplement grant providing training and technical assistance to Tribes. Waquin’s other duties include providing general program support to all ITCA programs, the Executive staff, and Tribal Leaders.

Julie Ralston Aoki
Staff Attorney, Public Health Law Center

Julie Ralston Aoki, JD, is a Staff Attorney at the Public Health Law Center at Mitchell Hamline School of Law in St. Paul, Minnesota. She has provided legal technical assistance to Tribal, state, and local public health advocates on policies related to commercial tobacco control, promoting healthy food access, and other chronic disease prevention efforts. She has authored publications on teaching public health law, sodium reduction, commercial tobacco control, and food marketing to kids. She serves as a volunteer member of the Robinsdale Human Rights Commission and as board member and past chair of the Minnesota Community Health Worker Alliance.

Mikaela Randolph

Ms. Randolph works with communities across the country to assist them in the policy adoption and implementation of healthy living strategies such as shared use and safe routes to school. In addition, Ms. Randolph convenes the National Shared Use Task Force, a diverse group of organizations and individuals that are committed to the advancement of the shared use strategy across the county. With an emphasis on addressing health equity, Ms. Randolph has worked with tribal communities to increase their capacity to advocate for policy change for safe routes to school, complete streets and shared use.

Olivia Roanhorse
Director, Native Strong: Healthy Kids, Healthy Futures, Notah Begay III Foundation

Olivia is Dine (Navajo) and from Window Rock, AZ. She is currently the Director of Native Strong: Healthy Kids, Healthy Futures at the
Notah Begay III Foundation. Native Strong is a national program focused on reversing childhood obesity and diabetes trends through four key functions - collaboration, strategic grant making, knowledge building and capacity building. Prior to joining the NB3 Foundation, Olivia worked in several health program and policy positions in Chicago, Il. Olivia received her Master’s in Public Health in Health Policy and Administration from the University of Illinois in Chicago and her BA degree in Environmental Science from Colorado College.

**Paulette Running Wolf**
Indian Country Child Trauma Center

Dr. Running Wolf (Blackfeet) is professionally committed to the improvement of behavioral health, educational and evaluation services and systems in Indian Country. She is a counseling psychologist with over thirty years’ experience in American Indian education and training, research and evaluation and program development in over fifty tribal communities. She served on the Tribal Evaluation Steering Team under the Children’s Bureau’s Child Welfare Research and Evaluation Workgroups and is a co-author of the “A Road map to Collaborative and Effective Evaluation in Tribal Communities”. Dr. Running Wolf received an Associate of Arts (Blackfeet Community College, Browning, MT), Bachelor of Science in Elementary and Secondary Education (University of Great Falls in MT), a Master of Education in School Counseling (Western Washington University, Bellingham, MT) and a Doctorate in Counseling Psychology (University of Wisconsin, Madison, WI). Currently she serves as the Northwestern Regional Technical Assistance Coordinator for the OJJDP Tribal Youth Training and Technical Assistance Center & Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center.

**Jenn Russell**
Acting Associate Director, Special Diabetes Program for Indians Diabetes Prevention Program and Healthy Heart Project Initiatives Coordinating Center

Jenn Russell, MHA, (Choctaw Nation of Oklahoma) and is the Acting Associate Director at the SDPI Initiatives Coordinating Center at the Centers for American Indian & Alaska Native Health at the University of Colorado Denver, School of Public Health. Jenn received a Masters of Healthcare Administration and Management from Colorado State University and has been working at the SDPI Coordinating Center on the Diabetes Prevention Program and Healthy Heart Project for nearly ten years.

**Bobby Saunkeah**
Manager, Research and Public Health, Chickasaw Nation

Bobby Saunkeah (Kiowa) holds a Bachelor’s in Nursing from the University of Oklahoma and a masters in healthcare ethics from Creighton University. He has worked with the Chickasaw Nation for almost 20 years and is presently the manager of Research and Public Health. In this role he serves as one of the leaders in their efforts towards public health accreditation. Bobby is also the chair of the Chickasaw Nation IRB. He is married to his wife of 30 years, Peggy, and they have an 8 year-old daughter, Lili. Bobby is an ordained deacon in the Episcopal Church.

**Sheryl Scott**
Public Health Consultant, Scott Consulting Partners

Sheryl Scott, MPH, is a consultant who partners with community-based and non-profit organizations to build their capacity to create new programs, address health disparities and evaluate their work in an culturally-responsive manner. She has benefited greatly from over 20 years of collaboration with Tribal and urban programs to address disparities in health for Native peoples. Sheryl currently conducts collaborative, empowerment focused evaluation with Tribal staff working on tobacco policies in Minnesota under a contract with ClearWay Minnesota. She also evaluates projects for the Wisconsin Cancer Council and partners on implementing a policy-focused obesity prevention collaboration in rural Wisconsin.

**Bernard Segal**
Evaluator, Yukon Kuskokwim Health Corporation

Dr. Bernard Segal, psychologist, served as the Director of the Center for Alcohol and Addiction Studies at the University of Alaska Anchorage. His research has focused on cross-cultural substance abuse, and became a benchmark for assessing drug use patterns in Alaska. His research is published in several books and articles, and he has collaborated with researchers in Israel, Japan and Russia. Recently, he has worked with Alaska Native communities on intergenerational grief.

Dr. Segal received his bachelor and master degrees from the City College of New York and his doctorate in clinical psychology from the University of Oklahoma.

**Caitrin Shuy**
Director of Congressional Relations, National Indian Health Board

Caitrin Shuy is the Director of Congressional Relations at the National Indian Health Board. Caitrin spent three years as a Legislative Assistant to Congressman Tom Cole (R-OK) where she served as a political advisor and his lead staffer for Native American Issues for the Congressman’s work on the House Appropriations Subcommittee on Interior, Environment and Related Agencies – the subcommittee through which Indian Health Service Funding originates. After earning a master’s in comparative politics from the London School of Economics, Caitrin worked for the National Community Action Foundation as a Legislative Assistant. At NCACF Caitrin monitored and provided advice on legislative issues, spearheaded stakeholder outreach and participated in the planning and coordination of national conferences and congressional special events designed to showcase and elevate the organization’s legislative priorities.

**Amanda Sialofi**
Allied Health Coordinator & Director of Northwest Area Health Education Center (Alaska), Ilisagvik College

Amanda Sialofi (Pacific Islander) directs the Northwest AHEC center in Alaska and is also the Allied Health Coordinator at Ilisagvik College, Alaska’s only Tribal college. Raised in Alaska, she spent 10 years working in the health field amid Tribal clinics as a medical assistant and health educator. She is passionate about education, the criminal justice system, and the health field and is dedicated to helping students explore and pursue various health career pathways and education opportunities through outreach and mentorship. Amanda holds a master’s in criminal justice, a bachelor’s in justice administration, and medical assistant credentials.

**Alexa Siegfried**
Principal Research Analyst, NORC at the University of Chicago

Alexa Siegfried oversees data collection and analysis activities for the national evaluation of the public health accreditation program. She has worked on projects related to public health accreditation for five years. Siegfried holds a Master of Public Health in health promotion from the George Washington University.
Anne Helene Skinstad  
Director, National American Indian and Alaska Native Addiction Technology Transfer Center

Dr. Anne Helene Skinstad received her Psy.D. in 1977 and her Ph.D. in 2001 from the College of Psychology, University of Bergen in Norway. Dr. Skinstad's current position is as a Clinical Associate Professor in the Department of Community & Behavioral Health, College of Public Health, University of Iowa. She is the Project Director of the National American Indian and Alaska Native ATTC. Her current research interest is on studying the substance use disorder workforce as well as the workforce providing treatment for those with gambling problems.

Mary Smith  
Principal Deputy Director, Indian Health Service

Ms. Smith (Cherokee Nation) serves as Principal Deputy Director of the Indian Health Service, a $4.8 billion nationwide health care delivery program that is responsible for providing preventive, curative, and community health care to approximately 2.2 million AI/ANs in hospitals, clinics, and other settings throughout the U.S. Her key priorities include behavioral health, native youth initiatives, contract support costs and making improvements for direct service tribes to increase quality of care. Ms. Smith previously served in the White House as the Associate Counsel to the President and also as Associate Director of Policy Planning in the Domestic Policy Council. She was the highest ranking Native American during the Clinton Administration. Ms. Smith graduated from the University of Chicago School of Law, cum laude, where she was a member of the Law Review.

David Stone  
Education Specialist, Public Health Accreditation Board

David Stone is the Education Specialist with the Public Health Accreditation Board or PHAB. David directs the development of educational services for PHAB including training, continuing education, webinars and online modules. Prior to his current position, David was Accreditation Administrator for the North Carolina Local Health Department Accreditation Program. David has over 30 years of public health experience. He spent over nine years in local public health serving as Assistant Health Director in Appalachian District Health Department and as Health Director in Surry County.

Glenna Stumblingbear-Riddle  
Assistant Director of Trauma-Informed Care & Training Specialist Manager, OJJDP Tribal Youth Training and Technical Assistance Center, Indian Country Child Trauma Center

Dr. Stumblingbear-Riddle (Kiowa Tribe) serves as the Assistant Director of the Trauma-Informed Care and Training Specialist Manager, Office of Juvenile Justice and Delinquency Prevention Tribal Youth Training and Technical Assistance Center, Indian Country Child Trauma Center. She is a licensed health services psychologist. She is a member of the Society of Indian Psychologists, American Psychological Association, and Oklahoma Psychological Association. Clinical and research interests include: American Indian and Alaska Native issues such as historical trauma, diversity issues, social justice and advocacy, PTSD, suicide prevention, resilience, evidence based practices with cultural adaptations, mood disorders, and strength-based approaches.

Michelle Suina  
Good Health and Wellness in Indian Country Program Director, Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)

Michelle Suina (Cocti Pueblo) is the proud mother of one daughter named Sydney. Michele is the Program Director for the CDC Good Health and Wellness in Indian Country Program at the Albuquerque Area Southwest Tribal Epidemiology Center. Prior to working at AASTEC, Michele managed the Native American Cancer Education Program at the UNM Cancer Center and UNM Center for Native American Health. Michele also worked for the UNM Prevention Research Center as an evaluator, a trainer for the Circle of Life HIV/AIDS prevention curriculum, and a health educator working with Native youth. Michele received a Bachelor of Science in Health Education from the University of New Mexico and received a master's and doctorate in justice studies from Arizona State University.

Kathleen Tavenner Mitchell  
Vice President and National Spokesperson, National Organization on Fetal Alcohol Syndrome (NOFAS)

Kathleen Tavenner Mitchell is currently the Vice President and International Spokesperson for the National Organization on Fetal Alcohol Syndrome and a noted speaker and author on Fetal Alcohol Spectrum Disorders (FASD) and Women and Addictions. She has served on many expert panels including the World Health Organization (WHO) and the U.S. National Task Force on FAS. She served as an FASD expert and advised the writers of NBC's Law and Order; Special Victims Unit to create an episode about FASD. In 2004 she founded the Circle of Hope, an international network for birth mothers of children with an FASD.

J.T. Theofilos  
Team Lead, Partnerships and Stakeholder Engagement, Office for State, Tribal, Local and Territorial Support, Centers for Disease Control and Prevention

Mr. Theofilos currently serves as the Team Lead for the Partnership and Stakeholder Engagement team in the Public Health Associate Program at Centers for Disease Control and Prevention.

Linda Tibbetts-Barto  
Environmental Services Manager, Bois Forte Band of Ojibwe

Linda Tibbetts-Barto (Bois Forte Band of Ojibwe) is a tribal member raised on the Nett Lake reservation. She received a bachelor's degree at Oklahoma State University in 1977 and a master's and doctorate in justice studies from Arizona State University. She is the founder of the部落 of Potawatomi, a non-profit organization that provides education and resources to Native American women and children. She is a member of the Society of Indian Psychologists, American Psychological Association, and Oklahoma Psychological Association. Clinical and research interests include: American Indian and Alaska Native issues such as historical trauma, diversity issues, social justice and advocacy, PTSD, suicide prevention, resilience, evidence based practices with cultural adaptations, mood disorders, and strength-based approaches.

Tonya Wapskineh  
Program Coordinator, Cherokee Nation Diabetes Prevention Program

Tonya Wapskineh, MPH, CHES, (Cherokee/ Prairie-band Potawatomi) is the Coordinator of the Cherokee Nation Diabetes Prevention Program. Ms. Wapskineh received her Master of Public Health degree from the University of Oklahoma Health Sciences Center and her bachelor's degree at Oklahoma State University. Ms. Wapskinke has been in the field of diabetes education for the past 10 years in various capacities and has worked for the Cherokee Nation Diabetes Prevention Program for over 10 years.

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

Donald Warne, MD, MPH, (Oglala Lakota) is Professor and Chair of the Department of Public Health in the College of Health Professions at North Dakota State University, and he is the Senior Policy Advisor to the Great Plains Tribal Chairmen's Health Board. Dr.

NIHB NATIONAL TRIBAL PUBLIC HEALTH SUMMIT
SUMMIT PRESENTERS AND SPEAKERS

Warne is a member of the Oglala Lakota Tribe from Pine Ridge, South Dakota and comes from a long line of traditional healers and medicine men. He received his medical degree from Stanford University School of Medicine and his Master of Public Health from Harvard School of Public Health.

Lindsey Watchman
Yellowhawk Tribal Health Center

Mr. Watchman (Confederated Tribes of the Umatilla Indian Reservation) is a licensed educator who spent 17 years working on Indian Education in Oregon, building pipelines from Head Start to Graduate school for all Native students. Now instead of promoting higher education, teaching social studies or the Nez Perce language, his new career focus is to become a credible, community-clinic liaison between his Peoples' needs, and the services currently offered by local healthcare partners. He provides cultural competency and professional development trainings to internal staff, as well as external partners on topics related to Tribal history, and Good Health and Wellness in Nixyaawii Country. He served in the Air Force (91-98) during the Persian Gulf War. A proud father of six, very active in his community, and utilizes his sweat lodge, Longhouse, and his peoples' songs to 'restore the balance'.

Mary Williard
Director, Dental Health Aide Therapist Training Program, Alaska Native Tribal Health Consortium

Dr. Williard graduated from The Ohio State University College of Dentistry in 1994 and completed a 2 year General Practice Residency at the Carolinas' Medical Center in Charlotte, North Carolina in 1996. She is now the Director of the Dental Health Aide Therapist Educational Program Department of Oral Health Promotion for the Alaska Native Tribal Health Consortium in Anchorage, Alaska. She has worked in American Indian/Alaska Native dental programs since 1996, including having experience supervising DHATs working in remote villages.

Wendy Wisdom
Resource and Patient Management System National Clinical Application Coordinator, Indian Health Service

Wendy Wisdom (Hopi/Choctaw/Chickasaw) has worked for Indian Health Service for over 16 years. She is currently the Resource and Patient Management System (RPMS) National Clinical Application Coordinator for the RPMS Behavioral Health System with the Office of Information Technology (OIT). She completed her BA from the University of California, Berkeley and her MSW from Arizona State University. Before joining OIT in 2011, she worked at the Phoenix Indian Medical Center. Ms. Wisdom has been instrumental in the development and deployment of clinical software to support the unique business processes of behavioral health providers in the Indian healthcare delivery system at the local and national levels.
REGISTRATION
The registration desks are located in the Foyer of the second floor of the Atlanta Hilton, and will be continuously staffed by NIHB staff. The registration desk hours are:
- Monday, April 11, 2016 – 7:00 am to 7:00 pm
- Tuesday, April 12, 2016 – 7:00 am to 5:00 pm
- Wednesday, April 13, 2016 – 7:00 am to 12:00 pm

EXHIBIT HALL & MARKETPLACE
The exhibit hall and marketplace featuring booths from public health programs and entities as well as talented Native artisans is located in the Galleria Room of the Atlanta Hilton. The Galleria room is located two floors down from the plenary session and breakout rooms. There will be a variety of guest speakers during the lunch hours, and streaming videos featured in the exhibit hall throughout the Summit. The hours for the exhibit hall are:
- Exhibitor and Vendor Set-up: Monday, April 11, 2016 – 7:00 am to 12:00 pm
- Exhibit Hall Open: Monday, April 11, 2016 – 12:00 pm to 7:30 pm
- Exhibit Hall Open: Tuesday, April 12, 2016 – 7:30 am to 6:00 pm
- Exhibit Hall Open: Wednesday, April 13, 2016 – 7:30 am to 5:00 pm
- Exhibitor and Vendor Breakdown: Wednesday, April 13, 2016 – 3:00 pm to 6:00 pm

COFFEE AND AFTERNOON SNACKS
NIHB is happy to offer to our guests coffee each morning of the Summit before the session begin. On Monday it will be in the 2nd floor foyer and on Tuesday and Wednesday, coffee will be in the Galleria Exhibit Hall. There will also be afternoon snacks in the Galleria Exhibit Hall from 2:30-3:00pm on Tuesday and Wednesday.

LOST AND FOUND
The lost and found for the Summit will be housed at the Registration Desks on the 2nd floor foyer. All unclaimed items in the lost and found still remaining at the end of the Summit will be donated.

AGENDA CHANGES
Should any last minute changes occur in the agenda, NIHB will do our best to notify participants as soon as possible. Changes to the Summit agenda will be posted daily by the registration desk located in the second floor foyer of the host hotel. Announcements regarding changes in the agenda may be made during the plenary sessions, when possible. NIHB also encourages you to download the conference app to conveniently receive agenda changes as they occur. See instructions on page 8.

CONFERENCE BADGES
Official National Indian Health Board 7th Annual Tribal Public Health Summit name badges will be issued to each participant upon registration. Please be sure to wear your conference name badge at all times as it is your passport to enter all conference activities, plenary sessions, workshops and scheduled events. NIHB staff will be spot-checking for badges throughout the Summit and may ask to view your name badge if it is not readily visible. Replacement badges can be requested at the registration desk.

CODE OF CONDUCT
The National Indian Health Board is dedicated to providing a positive and healthy environment for our conference attendees. The National Indian Health Board Tribal Public Health Summit maintains a policy of being drug and alcohol free during all Summit-related events, meetings, plenary sessions and breakout sessions. The Board of Directors of the National Indian Health Board and staff respectfully request that all participants, exhibitors, vendors, guests, friends and family members please conduct themselves in a respectful, courteous and appropriate manner at all times to make the Summit experience enjoyable for everyone.
EXHIBITORS AND VENDORS

ARTS AND CRAFTS
Ann Yazzie Jewelry Co.
Martinez Indian Arts
Native Hands
Nez B's Indian Jewelry
Shortman Native Arts
Talking Leaves Bookstore

GENERAL EXHIBITORS
Association of American Indian Physicians
CBA Provider Network at University of Missouri-Kansas City
Center for Domestic Preparedness
Databound Healthcare Solutions
DT-Trak Consulting
FDA Office of Women's Health
Female Health Company
Grand Canyon University
InSight Telepsychiatry, LLC
Institute for Healthcare Advancement
Muscogee Creek Nation Eufaula Indian Health Center
National Indian Health Board Tribal Healthcare Reform Outreach and Education
National Library of Medicine
National Native Network / Inter-Tribal Council of Michigan
National Network of Public Health Institutes
North Dakota State University Department of Public Health / American Indian Public Health Resource Center
Office of Minority Health Resource Center
OraSure Technologies
PTS Diagnostics
Public Health Accreditation Board
Robert Wood Johnson Foundation Clinical Scholars
Rocky Mountain Tribal Epidemiology Center
Self-Governance Communication & Education
Tohono O'odham Department of Health and Human Services
Turtle Mountain Tribal Diabetes Prevention Program
University of Rochester - Center for Health and Behavioral Training
Vitamin Angels

GALLERIA EXHIBIT HALL PASSPORT

Win a chance to be entered into a drawing for one of three grand prizes! NIHB will hold a drawing during the closing plenary session on Wednesday, April 13, where three lucky winners will receive a popular FitBit© wireless activity and sleep wristband. Must be present to win.

DIRECTIONS:
Get a signature from each of the exhibitors in the Galleria Exhibit Hall (lower level) listed here and return this page to the registration table by 2:30 pm on Wednesday, April 13. A drawing will be held during the closing plenary and you must be present to win.
THE NATIONAL INDIAN HEALTH BOARD WOULD LIKE TO EXTEND OUR DEEPEST APPRECIATION TO ALL OF OUR SPONSORS FOR THEIR GENEROUS SUPPORT!

DEER LEVEL SPONSORS:

- American Indian Cancer Foundation
- Choctaw Nation of Oklahoma
- The Pew Charitable Trusts

Learn more at pewtrusts.org/nativeoralhealth

OTTER LEVEL SPONSOR:

- Roche
- Roche Diabetes Care, Inc.
Annual Tribal Health Conference

National Indian Health Board

SALT RIVER PIMA-MARICO INDIAN COMMUNITY

Save The Date  SEPTEMBER 19 - 22, 2016

PLEASE JOIN US FOR OUR 33RD ANNUAL CONSUMER CONFERENCE

Local Host: Inter-Tribal Council of Arizona

Talking Stick Resort
Scottsdale, Arizona

Salt River Pima-Maricopa Indian Community

VISIT WWW.NIHB.ORG FOR MORE INFORMATION