National Indian Health Board 6th Annual
Tribal Public Health Summit
April 7-9, 2015 • Agua Caliente Casino, Resort & Spa • Rancho Mirage, California

Agenda

Tuesday, April 7, 2015

7:00 am-10:30 am
Exhibitor & Vendor Set-up
Grand Foyer

7:00 am -8:00 pm
Registration Open
Grand Foyer

10:30 am-5:00 pm
Exhibit Hall Open
Grand Foyer

TRIBAL LISTENING SESSIONS

9:00 am-12:00 pm
INDIAN HEALTH SERVICE LISTENING SESSION
Cahuilla 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 learn more about current issues and events and provide feedback to IHS.

2:00 pm-5:00 pm
CENTERS FOR DISEASE CONTROL AND PREVENTION LISTENING SESSION
Cahuilla 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-11:30 am
QUALITY IMPROVEMENT INSTITUTE – PART I
_Cahuilla A/F_
Description Pending
RON BIALEK, MPP, Public Health Foundation
JACK MORAN, PhD, Public Health Foundation

8:30 am-4:30 pm
METHAMPHETAMINE & SUICIDE PREVENTION INITIATIVE (MSPI) INSTITUTE
_Cahuilla C_
The Methamphetamine and Suicide Prevention Initiative (MSPI) Institute will be a full day of activities at the 2015 Tribal Public Health Summit that provides attendees the ability to network with other MSPI programs nationwide, learn about and practice provider self-care activities. Attendees will also be able to participate in skills building activities. The institute is a unique opportunity for MSPI Tribal partners.
PRESENTER: JACKIE ENGEBRETSON, National Indian Health Board
PRESENTER: TO BE DETERMINED, Indian Health Service
PRESENTER: TO BE DETERMINED

8:30 am-4:30 pm
TIPS FOR DEVELOPING A RESPONSIVE APPLICATION - A GRANT WRITER AND PROJECT DIRECTOR RESOURCE
_Cahuilla D_
Description Pending
DARREN BUCKNER, Health Resources and Services Administration
TOM BROOKSHIRE, Health Resources and Services Administration

8:30 am-4:30 pm
BEST AND PROMISING PRACTICES IN AMERICAN INDIAN PUBLIC HEALTH
_Cahuilla E_
Public health is in Indian Country is a burgeoning field – growing as both the need and the capacity of Tribes increases. Tribes are creating and implementing innovative programs to address disparities in substance use, obesity, diabetes, suicide, HIV, sexually transmitted infections, and other health conditions. However, what Indian Country is lacking are the stories of success and effectiveness that can be used a springboard for broader evaluation, replication, and dissemination of such practices. This institute will feature presenters from across Indian Country to showcase some unique and innovative Tribe programs, discuss opportunities that Tribes have to strengthen their programs, explore capacity building needs, and talk about how these lessons learned can be shared within Indian Country and the broader field.
DONALD WARNE, North Dakota State University State University
OLIVIA ROANHORSE, Notah Begay Foundation
ROBERT FOLEY, National Indian Health Board
TRIBAL GUESTS, To Be Determined

1:00 am-4:00 pm
MID-LEVEL DENTAL PROVIDER SYMPOSIUM
_Star A/B_
As many are aware, there are some very severe dental health provider shortages in Indian Country. In answer to these needs, the Tribes in Alaska determined how they wanted to address the problem and then set about creating the Dental Health Aide Therapy program (DHAT). With the program now more than 10 years old, this Tribally-driven solution has proven to be safe, cost effective, and culturally appropriate. In that course of time, many Tribes in the lower 48 have expressed interest in replicating the program. The DHATs have a limited scope of practice and excel at what they do. They practice under the supervision of a dentist, and actually extend the reach of those dentists. Most of the DHATs in Alaska are
from the Tribes they serve. For this reason, they can be counted upon to stay in the community long term, they already have connections with their patients, and they know the best ways to reach and serve their communities. In addition to the practical benefits of the DHAT program, the program also demonstrates the sovereign rights of Tribal Nations to determine their own health care priorities and solutions. This session will share information about the model so that Tribes can determine if a DHAT program might answer their needs. It will also give Tribal and community leaders the tools they need to pursue the model in the current legal and policy framework.

TO BE DETERMINED

1:30 pm-4:30 pm
QUALITY IMPROVEMENT INSTITUTE – PART II
_Cahuilla A/F_
Description Pending
RON BIALEK, MPP, Public Health Foundation
JACK MORAN, PhD, Public Health Foundation

OPENING RECEPTION & SPECIAL DIABETES PROGRAM FOR INDIAN (SDPI) POSTER SESSION

6:00 pm - 7:30 pm
_Cahuilla B_
Please join us for an opening reception that features poster presentations by SDPI projects from across Indian Country. Light refreshments will be served.
Wednesday, April 8, 2015

7:00 am-5:00 pm
Registration Open
Grand Foyer

7:30 am-6:00 pm
Exhibit Hall Open
Grand Foyer

OPENING PLENARY
The Show Room

8:00 am-8:20 am
Opening Ceremony

Presentation of the Colors
TO BE DETERMINED

Opening Blessing

8:20 am-9:00 am
Local Welcome
TO BE DETERMINED

Welcome and Opening Remarks
CHAIRPERSON & STAFF, National Indian Health Board

Introduction of Federal Partner Panel

9:00-10:00 am
Federal Partner Panel Presentation
Description Pending
TO BE DETERMINED, Indian Health Service
JUDITH MONROE, MD, Centers for Disease Control and Prevention
NADINE GRACIA, MD, MSCE, Office of Minority Health
JON PEREZ, Substance Abuse and Mental Health Services Administration
MODERATOR: To Be Determined

10:00 am-10:25 am
Audience Question and Answer
MODERATOR: To Be Determined

10:25 am-10:30 am
Closing Remarks
TO BE DETERMINED
SUMMIT SESSIONS

11:00 am-11:45 am – ROUNDTABLES

AMERICAN INDIAN PARENTING: ASSESSING THE TEACHINGS
Track: Behavioral Health and Substance Use

Cahuilla E
Description: This pilot study was designed to determine the effectiveness of an 8-week parenting curriculum for Native American parents. During the pretest we found that most parents perceived themselves to have an active parenting style which indicated that they had a family atmosphere of mutual respect, trust, and teamwork that enabled them to parent children without the hurt or resentment that characterize permissive and autocratic styles. At the conclusion of the curriculum, we found that parents self-recalled the parental procedures they would implement more so than the actual lessons and provided feedback that indicated they had a high degree of confidence in their future parental practices.

PRESENTER: JENNIFER INCIARTE, White Eagle Health Center
PRESENTER: CANDICE KEMBLE, White Eagle Health Center

TRIBAL ADAPTATIONS TO POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE ASSESSMENTS TO ENSURE SUCCESS IN PROMOTING CHRONIC DISEASE PREVENTION ACTIVITIES
Track: Disease Prevention and Health Promotion

Star B
Policy, systems, and environment (PSE) influence the long-term health of a community. The “Advancing California Opportunities to Renew Native health Systems” (ACORNS) project made adaptations to the CDC Community Health Assessment aNd Group Evaluation (CHANGE) Tool that measures PSEs within a community focused on chronic disease prevention; the adaptations include an indigenous framework and culturally responsive evaluation techniques. A survey was administered to measure the understanding and experience of PSEs in Tribal communities. The purpose was to gauge the experience of those connected to the ACORNS project to develop and guide a training series on PSE interventions and to assist with the CHANGE Tool adaptations that are culturally relevant. Providing a policy, systems, and environmental training and assessment tool that has wording specific to the culture and values of Tribes and Tribal sovereignty is essential to ensure that the tool can be successfully utilized and implemented into future PSE projects.

PRESENTER: NANETTE YANDELL, California Rural Indian Health Board, Inc.
PRESENTER: CHRIS COOPER, California Rural Indian Health Board, Inc.

SHARING A CULTURE OF WELLNESS: SDPI DISCUSSION ON INNOVATIVE DIABETES TREATMENT AND PREVENTION
Track: Behavioral Health and Substance Use

Palm A
Congress established the Special Diabetes Program for Indians in 1997 to address the growing epidemic of diabetes in American Indian and Alaska Native communities. Together, the SDPI and the Special Diabetes Program for Type 1 Diabetes have become the most strategic, comprehensive and effective efforts to combat diabetes and its complications. The success of SDPI is due to the nature of the grant program that allows communities to design and implement diabetes interventions that address locally identified community priorities. SDPI currently provides grants for 404 programs in 35 states. This roundtable will provide a platform for stakeholders to join together and discuss diabetes data infrastructure, effective programming and the 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.

PRESENTER: MICHELLE CASTAGNE, National Indian Health Board
TRIBAL PUBLIC HEALTH DEPARTMENT ACCREDITATION: ANSWERING THE “SO WHAT?” QUESTION

Track: Accreditation and Quality Improvement

_Cahuilla D_

The Public Health Accreditation Board (PHAB) accredited its first health departments in February 2013. Now there are more than 200 health departments voluntarily going through the process – of which there are only 2 Tribal health departments. This session addresses a gap in the current knowledge in Indian Country about the impact of public health department accreditation. As a learning organization, PHAB incorporated a multi-faceted evaluation plan as a means to improve its own services to health department applicants. This session will provide early findings and results from the initial internal and external evaluations, as well as some of the impact stories from accredited health departments, and supportive agencies. There will also be a detailing of NIHB’s new Tribal Accreditation Support Initiative project. The session will seek out participation from attendees in a roundtable format to discuss concerns and perceptions of the pros, cons, barriers and facilitators to achieving public health accreditation.

PRESENTER: Robert Foley, National Indian Health Board
PRESENTER: To Be Determined, Public Health Accreditation Board
PRESENTER: To Be Determined
PRESENTER, To Be Determined

11:00 am-12:30 pm – WORKSHOPS

CALRICARAAQ SYSTEM OF CARE: LEARNING FROM OUR ANCESTORS HOW TO LIVE A HEALTHY LIFE TODAY

Track: Behavioral Health and Substance Use

_Cahuilla A/F_

Calricaraaq, a Yup’ik Eskimo word meaning “helping families heal”, is a traditional healing program being implemented by the Yukon Kuskokwim Health Corporation, our Tribal health organization in Bethel, Alaska. After 4 decades of relying on Western clinical models, Calricaraaq is teaching families how to live healthy lives in the traditional Yup’ik way, and Tribal leaders are embracing Calricaraaq as an effective way to provide mental health treatment. YKHC’s Behavioral Health department is utilizing Calricaraaq for children’s mental health services, including outreach to communities through community gatherings, creation of a Calricaraaq Technical Assistance Center, and a Family Center providing both clinical services alongside traditional healing activities. Our recently completed Calricaraaq Facilitator’s Guide will allow local community members to provide Calricaraaq activities in their communities. This presentation will provide a summary of how we plan and implement Calricaraaq in communities, and how your Tribal community can create your own program.

PRESENTER: ROSE DOMNICK, Yukon Kuskokwim Health Corporation
PRESENTER: IDA CHARLIE, Yukon Kuskokwim Health Corporation
PRESENTER: MARK ANARUK, Yukon Kuskokwim Health Corporation

FOOD IS OUR MEDICINE

Track: Disease Prevention and Health Promotion

_Cahuilla C_

United South and Eastern Tribes (USET) Tribal Epidemiology Center (TEC), as a public health authority, partnered with the Seneca Nation of Indians to perform a program review of a healthy eating initiative as a promising best practice to reduce obesity and related chronic diseases that greatly affect Indian Country. Food is our Medicine (FIOM) is a multi-departmental program that incorporates traditional and local foods into workshops and events that focus on healthier diets, healthier families and a healthier community. USET TEC contracted outside consultants with expertise in nutrition, traditional foods and program evaluations to complete the program review, which included qualitative analysis of surveys, key informant interviews, and focus groups. The presentation will focus on the many aspects of FIOM: effectiveness, lessons learned, and opportunities for growth.

PRESENTER: KEN PARKER, United South and Eastern Tribes, Inc.
TRIBAL PUBLIC HEALTH SERVICES AND SYSTEMS RESEARCH: LEARNINGS AND TOOLS FOR PERFORMANCE IMPROVEMENT
Track: Accreditation and Quality Improvement

As Tribal agencies work to strengthen their public health systems, those striving for public health accreditation may encounter challenges due to the unique context in which they operate. The 2010 National Indian Health Board Tribal Health Profile suggests Tribal agencies are interested in data-based decision making and partnering to provide public health services. However, little research exists on promising practices for Tribes in these areas. With a Robert Wood Johnson Foundation Public Health Services and Systems Research grant, Michigan Public Health Institute, Sault Ste. Marie Tribe of Chippewa Indians, and Inter-Tribal Council of Michigan are studying the infrastructure, organizational relationships, performance, and outcomes of Sault Tribe’s public health system aligned with the ten essential services. This session will present an overview of the study and preliminary results. Participants will engage in dialogue, applying their learnings to suggest tools and opportunities to improve Tribal public health systems and public health accreditation standards.

PRESENTER: JULIA HEANY, Michigan Public Health Institute Center for Healthy Communities
PRESENTER: ANNE WALASZEK, American Indian Cancer Foundation

1:30 pm – 4:30 pm – SEMINARS

CREATING TRIBAL LAWS AND POLICIES TO PROMOTE HEALTHY EATING
Track: Public Health Law and Policy
Cahuilla A/F
This seminar will provide an opportunity for Tribal leaders, health program directors, Tribal attorneys, and community stakeholders to discuss and practice how to develop and write public health laws and policies, with a focus on policies to support and promote healthy eating. The session will cover: the connections between Tribal sovereignty and public health law; the role of community engagement in developing effective policies; the fundamentals of writing good public health policies; and toolkits and other resource materials available to help with healthy eating policy drafting, including the Healthy Native Foods Toolkit developed by the American Indian Cancer Foundation. Lessons learned from experiences working on Tribal public health laws and policies will be shared. Participants will have the opportunity to practice drafting and revising portions of a healthy eating law or policy for their Tribes, and to create language that they can build from when they return home.

PRESENTER: JULIE RALSTON AOKI, William Mitchell College of Law
PRESENTER: TO BE DETERMINED
PRESENTER: TO BE DETERMINED

SAMHSA SEMINAR
Track: Behavioral Health and Substance Use
Cahuilla C
Description Pending

PRESENTER: MIRTHA BEADLE, Substance Abuse and Mental Health Services Administration
PRESENTER: ANNE HELENE SKINSTAD, American Indian and Alaska Native Addictions Technology Transfer Center

HEALING OUR PEOPLE: A LEAN HEALTHCARE APPROACH
Track: Accreditation and Quality Improvement

As healthcare 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.

PRESENTER: PATRICK ANDERSON, Sealaska Heritage Institute

1:30 pm – 3:00 pm – WORKSHOPS

ORAL HEALTH AND WORKFORCE SOLUTIONS IN INDIAN COUNTRY
Track: Public Health Law and Policy
Cahuilla D
Innovative models in health care delivery are key to successfully achieving community wellness and improved health in Tribal communities. This session will highlight the ten year success of the Alaska Native Dental Health Aide Therapist (DHAT) program, how it is addressing prevention and treatment of dental caries, remains sustainable, and serves to expand the workforce two-fold. Panelists will describe the training provided, services delivered and revenues generated by this model.

PRESENTER: YVETTE JOSEPH, Kauffman and Associates, Inc.
PRESENTER: DAN WINKLEMAN, Yukon Kuskokwim Health Corporation
PRESENTER: SUSAN SERGEI, Yukon Kuskokwim Health Corporation
PRESENTER: BONNIE JOHNSON, Yukon Kuskokwim Health Corporation

THE COMING OF THE BLESSING: A SUCCESSFUL COLLABORATIVE EFFORT AND HOW FAR WE HAVE COME
Track: Behavioral Health and Substance Use
Cahuilla E
The American Indian and Alaska Native Women's Committee worked together with the March of Dimes, and The Coming of the Blessing® was born in 2007 from trust and mutual respect. The committee representing different ten different Nations came together based on a common need and purpose. They were empowered to grow and mentor community prenatal facilitators across the Western United State to teach prenatal health. The Coming of the Blessing® has now become a national initiative and reaches American Indian and Alaska Native (AI/AN) communities across the United States. Our presentation will explore how we accomplished creating the Coming of the Blessing® and the lessons we learned about working together successfully. Aspects of our successful collaboration will be presented from the AI/AN world view and the dominant society world view through the use of a talking circle. Our presentation relates to the competencies of communication, cultural competency, and developing others through teaching and mentoring.

PRESENTER: CAROL ARNOLD, March of Dimes
PRESENTER: DENISE ARAGON, Eastern Shoshone Tribe

THE DEVELOPMENT OF CULTURALLY APPROPRIATE HPV VACCINE EDUCATIONAL MATERIALS FOR AMERICAN INDIAN PARENTS OF ADOLESCENTS
Track: Disease Prevention and Health Promotion
Star B
American Indians face significant disparities for HPV-related cancer incidence and mortality. In 2014, the American Indian Cancer Foundation held seven focus groups with parents and guardians of American Indian adolescent children to gain insight into the community’s views about the Human papillomavirus (HPV) vaccine to help inform the development of culturally appropriate educational materials. This workshop will share findings from these focus groups, including knowledge and attitudes regarding the vaccine, influences and barriers to vaccination, questions participants had about the vaccine, and community input that will be used for the development and distribution of the educational materials. These materials will increase knowledge and awareness about, and access to the cancer-preventing HPV vaccine. The workshop will also share challenges and successes of working with the American Indian community throughout the research process. This will help workshop participants anticipate challenges and build skills for doing similar work in their own organizations.

PRESENTER: MEGGAN MCCANN, American Indian Cancer Foundation
HEALTH EQUITY THROUGH PARTNERSHIPS IN AMERICAN INDIAN COMMUNITIES
Track: Disease Prevention and Health Promotion
Palm A
Diabetes health disparities continue to affect American Indian communities resulting in disproportionately high rates of diabetes-related morbidity and premature mortality. These differences in health among American Indians living with diabetes are linked to a combination of socially determined circumstances. Addressing health disparities in the management and control of type 2 diabetes requires strategies that not only address individual risk factors but the also the multifaceted social and economic systems that influence the daily lives of American Indians. Utilizing the community coalition action theory to guide the development of community coalitions can create change in communities by increasing collaborative relationships that benefit the community. By mobilizing partners to plan, develop, implement, and evaluate community-based interventions to reduce risk factors that influence disparities in the management of type 2 diabetes builds community capacity and strength.
PRESENTER: HEATHER LEVI, Association of American Indian Physicians

3:30 pm – 5:00 pm – WORKSHOPS

WHAT’S YOUR RISK: WHAT AMERICAN INDIAN ADOLESCENTS ARE SAYING
Track: Behavioral Health and Substance Use
Cahuilla D
In 2013 and 2014, 776 American Indian adolescents attending residential boarding school completed risk assessment interviews to identify factors that could impact their learning and/or well-being. These included: mandatory enrollment in a residential boarding school; home risk factors; absence of a supportive adult; no financial support; academic history of suspension; experience with bullying; use of alcohol, tobacco or other drugs (ATOD); unprotected sex/unplanned pregnancy/parenthood; court involvement; imprisoned family members; recent deaths of loved ones; history and experience with suicide; history of physical or sexual abuse; and feelings about general health. The scoring ranged from 0 to 22, with 20% reporting eight or more risk factors. Over half reported incarcerated family, problems at home, recent family deaths, and experience with ATOD. Results informed the development of a resilience-based curriculum as an intervention strategy and have implications for appropriate referral protocols and the need for available resources. The instrument, scoring, use, and implications will be discussed.
PRESENTER: DEBORAH SCOTT, BeLieving in Native Generations

HEPATITIS C BREAKTHROUGHS: NEW CURES, BEST PRACTICE & HEALTH EQUITY
Track: Disease Prevention and Health Promotion
Cahuilla E
In the United States, 2.7 million people are chronically infected with hepatitis C (HCV). Up to 85% of these individuals do not realize they are infected. American Indian and Alaska Native people experience a three-fold higher death rate from chronic liver disease, one of the multiple complications of chronic HCV infection. Previous treatments for HCV lasted several months, presented severe side effects and had high failure rates. Within the last year, HCV treatment has improved dramatically, with 76–99% cure rates. If HCV screening and treatment are ramped up, and Indian Health Service/Tribal/Urban sites are ready to address HCV, many patients will be diagnosed and receive the potentially life-saving treatment they need. If clinics treat only a small number of HCV patients at a time, many lives can be saved. This workshop will provide an update on current treatment regimens; review best practice for screening and risk counseling and provide recommendations for community and clinical action.
PRESENTER: JESSICA LESTON, Northwest Portland Area Indian Health Board
EVALUATION OF THE TRIBAL HEALTH PROFESSION OPPORTUNITY GRANTS (HPOG) PROGRAM
Track: Public Health Law and Policy

Star B
Authorized by the Affordable Care Act, the Health Profession Opportunity Grants (HPOG) program provides education and training to low-income individuals for occupations in the healthcare field. In 2010, the Department of Health and Human Services’ Administration for Children and Families (ACF) awarded 32 HPOG grants, five of which were awarded to Tribal Organizations/Colleges. ACF contracted with NORC at the University of Chicago, Red Star Innovations, and the National Indian Health Board to conduct an evaluation of the Tribal HPOG grantees. ACF awarded North Dakota State University a research partnership grant to work with Cankdeska Cikana Community College, a Tribal grantee, to conduct research to inform program performance. The presentation will include an overview of the Tribal HPOG Evaluation, preliminary findings related to educational and employment outcomes, and student success stories. Presenters will facilitate group discussion on lessons learned and strategies that could be employed in other Native communities.

PRESENTER: MICHAEL MEIT, NORC at the University of Chicago
PRESENTER: LORETTA HEUER, North Dakota State University

TRIBAL ACTION PLAN 101: WORKING TOGETHER FOR CHANGE
Track: Behavioral Health and Substance Use

Palm A
This training is designed to explain what the Tribal Action Plan is, and support the involvement of community members in development of these Tribal Action Plans to create change. Discussion of the Tribal Law and Order Act, introduction of substance abuse prevention science and theories of change, and the need of having collaborative community participation will be part of the discussion as well as local training and technical assistance toward development of Tribal Action Plans. Handouts and activities during this training are to enhance the participants understanding of community involvement to change the environment to reduce substance abuse issues.

PRESENTER: JACQUE GENCARELLE, Northern Arizona Regional Behavioral Health Authority

CULTURE NIGHT
Hosted by the California Rural Indian Health Board & California Tribes
6:00 – 8:00 pm
The Show Room
Please join our host for Culture Night, featuring an exhibition of the unique and distinct culture of the California Tribes in the region.
Thursday, April 9, 2015

7:00 am-8:00 pm
Fitness Activity
Grand Foyer / Outdoors

7:00 am-12:30 pm
Registration Open
Grand Foyer

7:30 am-5:00 pm
Exhibit Hall Open
Grand Foyer

SUMMIT SESSIONS

8:30 am – 4:30 pm – INSTITUTE

AFFORDABLE CARE ACT INSTITUTE
Track: Public Health Law and Policy
Palm A
Description Pending
PRESENTER: DAWN COLEY, National Indian Health Board
PRESENTER: APRIL HALE, National Indian Health Board

8:30 am – 11:30 am – SEMINAR

THE EASTERN SHOSHONE'S IMPLEMENTATION OF THE CHRONIC CARE MODEL; OUR EVOLUTION, LESSONS LEARNED, AND OUR FUTURE
Track: Disease Prevention and Health Promotion
Star B
The Chronic Care Model provided the conceptual framework for a project started within the Tribal health programs over six years ago. Similar to the Indian Health Service Improved Patient Care model, the Tribal health programs design emphasized community-based leadership, having the primary role in developing and implementing culturally-tailored community self-management supports, improving linkages with the IHS clinicians, and developing a coalition of organizations with additional resources to create a more comprehensive system of chronic and substance abuse care for Tribal members with disease. The process has changed the health care delivery system for Wind River and is a key component in its success in obtaining foundation grants, projects with major universities that will provide resources to improve the quality of life for community members. Learn about the success the redesign of the Tribal health programs has done to improve outcomes in chronic disease and substance abuse.
PRESENTER: CATHERINE KEENE, Eastern Shoshone Tribal Health
PRESENTER: ELIZABETH SHIELD, Eastern Shoshone Tribal Health
PRESENTER: NAOMI HARRIS, Eastern Shoshone Tribal Health
8:30 am-10:00 am – WORKSHOPS

TITLE PENDING
Track: Public Health Law and Policy
_Cahuilla A/F_
Description Pending
PRESENTER: HANNABAH BLUE, North Dakota State University

PRESCRIPTION OPIATE DRUG ABUSE
Track: Behavioral Health and Substance Use
_Cahuilla C_
According to the Substance Abuse and Mental Health Services Administration, prescription opiate abuse in this country disproportionately impacts the health and well-being of Native American families, Tribes, and communities. The United South and Eastern Tribes, Inc./Mohegan Indian Tribe’s Prescription Opiate Drug Abuse Project was designed to decrease the incidence of prescription opiate drug abuse by completing an audit of both internal and external systems. The audit team interviewed Tribal members dealing with chronic pain, addiction, or both. In addition, interviews were conducted with Tribal leaders and other key individuals in the Tribal community. The data analysis identified gaps in the areas of education, financial processes, coordination of care and the lack of culturally appropriate healing methods. This study has led to refining and strengthening our best practices and model of treatment. We also developed recommendations that will be shared with other Tribes.
PRESENTER: IRENE MILLER, Mohegan Tribe
PRESENTER: CHARLIE TWO BEARS STRICKLAND, Mohegan Tribe

NAVAJO NATION HEALTH SYSTEMS ASSESSMENT
Track: Accreditation and Quality Improvement
_Star A_
The Navajo Nation Department of Health (NNDOH) completed a Navajo Nation wide Health Systems Assessment in partnership with the University of New Mexico Institute for Indigenous Knowledge & Development program and Navajo Nation Health Systems partners utilizing the Ten Essential Services of Public Health as the evaluation baseline and the MAPP (Mobilizing Action through Planning and Partnerships) community health assessment (CHA) tool. The last session resulted in action plans which were developed with appended teams, and are ripe for implementation. This NNHSA is one of the processes in the development of a CHA, an accreditation prerequisite, and the action planning that occurred will be integrated into the NNDOH performance improvement program.
PRESENTER: ANITA MUNETA

NATIVE VOICES: A (STEAMY) EVIDENCE-BASED SEXUAL HEALTH VIDEO FOR AMERICAN INDIAN TEENS AND YOUNG ADULTS
Track: Disease Prevention and Health Promotion
_Cahuilla D_
Native VOICES (Video Opportunities for Innovative Condom Education and Safer Sex) is an evidence-based sexual health video, designed to prevent HIV and other sexually transmitted infections among heterosexual and LGBTQ American Indian teens and young adults. The video covers important sexual health topics, including: waiting to have sex, talking to your partner, STI testing, protecting personal values, and healthy relationships. Native VOICES can be integrated into the flow of services provided by clinics, schools, and other community programs, and can be tailored to the constraints of your setting. A multi-site randomized controlled trial is near completion. Preliminary satisfaction surveys suggest promising results: After watching the video, 74% felt more likely to get tested for STIs/HIV, and 61% felt more likely to use condoms. Workshop attendees will receive free a copy of the Native VOICES video (23 minutes), a selection of condoms and dental dams, and a user’s guide.
PRESENTER: THOMAS GHOST DOG, JR., Northwest Portland Area Indian Health Board
PRESENTER: JESSICA LESTON, Northwest Portland Area Indian Health Board
THE INTEGRATION OF HEALTH PROTECTION AND HEALTH PROMOTION: PRACTICAL INTERVENTIONS FOR THE WORKPLACE

Track: Disease Prevention and Health Promotion

Cahuilla E
The National Institute for Occupational Safety and Health (NIOSH) was created by the U.S. Congress in 1970 “…to assure so far as possible every man and woman in the Nation safe and healthful working conditions and to preserve our human resources…” Total Worker Health™ is a strategy integrating safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being. TWH recognizes that workers face risks on and off the job. Risks at work may even threaten a worker’s family. Risks at home and in the personal life find their way into our work lives. Both can have an impact on health and health opportunity. The TWH program recognizes this and addresses both sets of challenges to better meet the needs of workers. This session will focus on practical ways to address health protection and health promotion in the workplace, as well as other areas.

PRESENTER: CONSTANCE FRANKLIN, Centers for Disease Control and Prevention

10:30 am-12:00 pm – WORKSHOPS

A STRATEGIC ROADMAP FOR BUILDING CAPACITY WITH A NATIVE AMERICAN WORKFORCE TO IMPLEMENT CULTURALLY RELEVANT, EFFECTIVE SCHOOL- AND COMMUNITY-BASED BEHAVIORAL HEALTH AND SUBSTANCE ABUSE PREVENTION SERVICES

Track: Behavioral Health and Substance Use

Cahuilla A/F
Helping EveryDay Youth (HEDY) implemented a tailored program for a reservation community in northern Arizona by utilizing a set of principles and strategies they developed for both Tribal and urban communities. With Tribal members guiding the development of culturally relevant services for youth and families, HEDY offered behavioral health and substance abuse prevention knowledge and organizational resources to empower program development. HEDY will offer workshop participants their knowledge, resources and experiences in developing a strategic roadmap for building a well-trained, well-supported local workforce to implement effective youth and family programs in their own communities. This presentation includes a power point tour of HEDY Programs; a multimedia community report on outcomes and positive changes; an outline of the management and administrative strategies used in the construction and implementation of programs available to any community; an interactive activity designed to assist participants in developing a strategic roadmap in their community.

PRESENTER: ABEL CLASSAY, Helping EveryDay Youth
PRESENTER: TRENNA BIZARDI, Helping EveryDay Youth
PRESENTER: KIRK MASSEY, Helping EveryDay Youth

SHAPING THE FUTURE OF INDIAN CHILDREN: CHILD WELFARE LAW AND POLICY

Track: Public Health Law and Policy

Cahuilla C
Lack of Indian Child Welfare in Tribal Nation communities is a central barrier for Indigenous children to lead full and happy lives. Despite passage of the Indian Child Welfare Act in 1978, protective and adoptive placement of American Indian Alaska Native children outside of Native homes remains high even when family and Tribal homes are able and available. Recent White House and U.S. Department of Justice actions and U.S. Supreme Court rulings have spurred renewed interest in Indian Child Welfare. Addressing consequences from Indian child removal, especially poor mental and emotional health, is urgently required and can lead to increased well-being of Tribal Nations and their children. Reactivation of public health efforts focused on Indian Child Welfare can further develop safe and healthy environments for Indian children and families. This presentation assesses emerging policy change, analyzes recommended policy solutions, and formulates health-generating strategies to enhance the lives of Indigenous children.

PRESENTER: JOAQUIN GALLEGOS, Casey Family Programs
Eye Movement Desensitization and Reprocessing (EMDR): An Overview and Demonstration

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR): AN OVERVIEW AND DEMONSTRATION

Eye Movement Desensitization and Reprocessing (EMDR)

Track: Behavioral Health and Substance Use

Star A

Therapy is an evidence-based psychotherapeutic technique that can offer life-changing results to people who suffer the negative effects of trauma, including post-traumatic stress disorder, depression, anxiety, substance abuse and more. Repeated studies have shown that people can experience benefits with only a few sessions of EMDR that once took years with other forms of psychotherapy. The Oklahoma City Indian Clinic currently has four EMDR-trained therapists who have experienced a tremendous amount of success with this treatment. This workshop will offer an overview of EMDR therapy with live demonstrations of techniques. We will present successful case examples, review the benefits of EMDR to both the therapist and the client, and outline EMDR training requirements and opportunities. EMDR offers an excellent tool for use in trauma-informed practice, and we believe that our population can greatly benefit from an increase in the use of this technique.

Presenter: Summer Welcher-Duke, Muscogee Creek Nation
Presenter: Rebecca Bundy, Choctaw Nation of Oklahoma

Supporting Tribal Community Health Assessment and Improvement Planning: Identifying Priorities Through Comprehensive Community-Based Strategies

Track: Accreditation and Quality Improvement

Cahuilla D

Tribal agencies vary in their approaches to community health assessment and health improvement planning (CHA/CHIP), due to factors such as organizational and community assets, workforce capacity, resources, leadership, and agency goals for PHAB accreditation. This session will describe how collaboration and partnership supported successful CHA/CHIP in Tribal communities in Michigan. Building on strengths and assets, MPHI supported the efforts of seven Tribes and one Urban Indian Health Center to gain understanding of health issues in their communities, and to develop plans for implementing coordinated community action. Presenters will describe: 1) how projects were structured to increase Tribal capacity and foster ownership; 2) adaptations to models and tools for each unique context; 3) processes for identifying root causes of health disparities with assessment data and selecting priorities; and, 4) how priorities were linked to policy, systems, and environmental change strategies. Successes and lessons learned through these experiences will be shared.

Presenter: Shannon Laing, Michigan Public Health Institute
Presenter: Kathy Mayo, Keweenaw Bay Indian Community
Presenter: Julia Heany, Michigan Public Health Institute

Sharing Your Message with the Community Through Collaboration and Creativity: Lessons Learned from Choctaw Nation MSPI

Track: Disease Prevention and Health Promotion

Cahuilla E

In this workshop the presenters will explore how to host a large scale community prevention event from beginning to end. They will discuss different types of events, publicity and social media, planning, budgeting, networking, and community involvement. Emphasis will be placed on how to convey your prevention message clearly at a large scale event. Survey methods and evaluation for grant data collection will also be considered. Examples (positive and negative) experienced by the Choctaw Nation MSPI will be shared. The attendees will also team up to create and plan their own large scale community event.

Presenter: Kristie Brooks, Choctaw Nation of Oklahoma
Presenter: Melanie Jones, Choctaw Nation of Oklahoma
TRIBAL SMOKE FREE POLICIES AND CULTURALLY RELEVANT CESSATION

Track: Public Health Law and Policy

Star B

National surveillance data suggests American Indians and Alaska Natives (AI/AN) have among the highest rates of tobacco use in many Regions; this population also has among the highest rates of chronic diseases associated with tobacco use (cancer, heart disease, etc.). National Native Network agencies have worked with Tribes to conduct assessments and develop Tribe-specific smoking prevalence rates, documented as high as 79% compared with a national AI/AN aggregate rate of 38.5% (SGR50). Tribal policies and culturally appropriate commercial tobacco cessation services are needed to reduce health disparities among American Indians in Tribal communities. The Great Plains Tribal Chairmen's Health Board, Inter-Tribal Council of Michigan, and California Rural Indian Health Board will share experiences with Tribal community assessments and designing Tribal community-specific commercial tobacco prevention and control policies. Tribal Smoke Free Policy Toolkit and culturally relevant cessation resources will be discussed.

PRESENTER: RICK MOUSSEAU, Great Plains Tribal Chairmen's Health Board
PRESENTER: CHRIS COOPER, California Rural Indian Health Board
PRESENTER: ROBIN CLARK, Inter-Tribal Council of Michigan's

1:00 pm-2:30 pm – WORKSHOPS

PROTECTING OUR FUTURE: FROM RESEARCH TO REALITY

Track: Disease Prevention and Health Promotion

Cahuilla A/F

Suicide has reached epidemic proportions in many Native communities, especially among the youth. Indian Health Service data found 17.9 suicides per 100,000 Native persons. Yet, despite these tragic statistics, none of the evidence-based suicide prevention interventions have been rigorously evaluated in American Indian communities. We believe these effective interventions can be culturally adapted and implemented to reduce this disparity. Only four evidence-based practices have been shown to prevent suicide in clinical trials that have manuals and can be readily adopted by communities. These interventions all focus on reducing suicidal thoughts or behavior but range tremendously in intensity, complexity, and duration. The differences in the appropriateness, acceptability, and feasibility of implementing these four evidence-based interventions for a specific Tribal community are expected to be both practical and cultural. Our discussion will focus on engaging participants in how these effective interventions could be adapted, implemented and evaluated in Tribal communities.

PRESENTER: ABIGAIL ECHO-HAWK, University of Washington

TITLE PENDING

Track: Disease Prevention and Health Promotion

Cahuilla C

Description Pending

PRESENTER: SONLATSA JIM-MARTIN

PRESENTER:

UTILIZING SYSTEMS CHANGE TO ADDRESS COMMERCIAL TOBACCO WITHIN TRIBAL AND INDIAN HEALTH SERVICE (IHS) CLINICS: A FEASIBILITY STUDY

Track: Behavioral Health and Substance Use

Star A

American Indians have the highest U.S. smoking prevalence and experience a disproportionate burden of smoking-related morbidity and mortality. Strategies to address this issue in American Indian clinics are limited. Systems for Tobacco Addiction Treatment is a feasibility study with three clinics to systematically integrate tobacco intervention into clinic visits based on the USPHS Clinical Guidelines’ 5 A’s Model.
Study strategies: 1) provider training, and 2) clinical system tools to encourage and support assessment of smoking status and treatment of tobacco addiction. Clinic tools include prompts, reminders, education, materials, provider feedback loops and referral systems. A situational analysis was conducted using system assessments, process mapping, provider surveys and clinic staff interviews to identify current practice, available resources, and intervention opportunities. This intervention prepared clinic systems to better address tobacco addiction with system-level changes based on clinic capacity.

PRESENTER: KRISTINE RHODES, American Indian Cancer Foundation

SHARING RESOURCES ACROSS JURISDICTIONS: A ROADMAP TO SUCCESS
Track: Public Health Law and Policy
Cahuilla D
Cross-jurisdictional sharing (CJS) occurs when multiple governments collaborate to deliver services to their citizens. CJS allows for building economies of scale to operate more effectively and efficiently. Local and Tribal health departments trying to achieve public health accreditation or increase capacity are challenged to deliver more services at a higher quality, all while maintaining reduced budgets. This workshop will show how Tribal, state and county governments can use CJS to meet those goals. We will present the results of several CJS projects implemented in multiple states, as well as work in Wisconsin involving Tribal health departments. We will also present a case study involving a sharing agreement for communicable disease control between the Ho-Chunk Nation and some local health departments in Wisconsin. Workshop participants will have the opportunity to analyze the case study and discuss their own experience and challenges in sharing communicable disease control and other public health services.

PRESENTER: GIANFRANCO PEZZINO, Center for Sharing Public Health Services
PRESENTER: CAROL ROLLINS, Ho-Chunk Nation
PRESENTER: CHRISTINE HOVELL, Jackson County Public Health

ADDRESSING EARLY CHILDHOOD OBESITY USING NOVEL FAMILY-BASED APPROACHES
Track: Disease Prevention and Health Promotion
Cahuilla E
The Healthy Children Strong Families (HCSF) family-based lifestyle intervention trial was developed to improve family health and prevent obesity for American Indian children ages 2-5 and a primary caregiver. Families participate in one year of a Wellness Journey (intervention group) and one year of a Safety Journey (a child-safety focused group). The Wellness Journey targets increasing fruit and vegetable intake, reducing junk food, increasing physical activity, decreasing screen time, and two lesser-studied factors related to health, stress and sleep. Participating families receive monthly lessons with educational materials, books, games, and other health-promoting items. Wellness Journey families also receive social support through a Facebook group and regular text message coaching. This workshop will use an interactive presentation and small group format to address community-engaged study design, curriculum development, baseline findings, and lessons learned from the implementation of the HCSF project in five urban and rural communities nationwide.

PRESENTER: ALEXANDRA ADAMS, University of Wisconsin
PRESENTER: JUDITH SHECHE, First Nations Community Healthsource
CLOSING PLENARY
The Show Room

3:00 pm-4:00 pm
The Role of Public Health Policy in Tobacco Prevention Panel Presentation
KRISTINE RHODES, American Indian Cancer Foundation
KYLIA RETZER, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention
ISIAH BROKENLEG, Great Lakes Inter-Tribal Epidemiology Center
MARK LEBEAU, California Indian Health Board
MODERATOR: To Be Determined
Description Pending

4:00 pm-4:50 pm
Diabetes and Obesity Prevention Panel Presentation
RICK FREY, Toiyabe Indian Health Project
CONNIE BARKER, Chickasaw Nation
SHARON STANPHILL, Cow Creek Band of Umpqua Tribe of Indians
TO BE DETERMINED
MODERATOR: To Be Determined
Description Pending

4:50 pm-5:00 pm
Closing Remarks
NIHB BOARD & STAFF

Retiring of the Colors
TO BE DETERMINED

Adjourn
Friday, April 10, 2015

POST-SUMMIT EVENTS & MEETINGS

8:30 am-4:00 pm

Using Health Information Technology to Improve Care in the Indian Health System
*Cahuilla B*

Information technology has made revolutionary changes to the way people do business and live their lives. It comes as no surprise that information technology also is galvanizing tremendous change in the field of health care. We are seeing this sea change in the area of electronic health records, with many providers adopting electronic health record (EHR) systems and striving to achieve meaningful use of the technology. While EHRs hold tremendous potential to give doctors an integrated view of a patient’s medical history (including tests, treatments, and medications), this shift also has brought many challenges.

EHR systems can be very expensive, may require special training and workflow adjustments, and often times fail to provide seamless communication when a patient goes to an outside health system using a different EHR. To help smooth some of these transitions the federal government has provided incentives for adoption of EHRs and the meaningful use of the same. In addition to this scheme of incentives, health systems also are beginning to experience penalties for the failure to adopt the new technology.

This conference will explore health information technology as it impacts the Indian Health System, from potential opportunities, to challenges in the field, to solutions and a vision of the future of health IT.

Tribal Leader’s Diabetes Committee Meeting
*Cahuilla C*

Description Pending

Tribal Accreditation Support Initiative (Tribal ASI) Meeting
*Cahuilla D*

Description Pending