

National Indian Health Board



7th Annual

National Tribal Public Health Summit

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

AGENDA

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

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 ISHCOMER, National Indian Health Board

PRESENTER: LINDA BANE FRIZZELL, University of Minnesota, School of Public Health and Great Lakes Tribal EpiCenter

THE REVOLVING DOOR BETWEEN CULTURE & HEALTH, & 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: DR. 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 & SPECIAL DIABETES PROGRAM FOR INDIAN (SDPI) POSTER SESSION

6:00 pm – 7:30 pm

Galleria

Please join us for an opening reception that features poster presentations by SDPI projects from across Indian Country. Light refreshments will be served.

TUESDAY, APRIL 12, 2016

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

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

11:40 am – 12:00 pm

Presentation of the Native Public Health Innovation Award

Native Public Health Innovation Award Recipient Remarks

12:00 pm – 1:00 pm

Lunch

On your own.

SUMMIT SESSIONS

1:00 pm – 2:00 pm – ROUNDTABLE

CULTURAL RESILIENCE: AN INDIGENOUS FRAMEWORK APPLIED TO THE GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY PROJECT

Track: Health Promotion and Disease Prevention

Room 205

Description: 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 TRANSPORTATION 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

1:00 pm – 2:30 pm – WORKSHOPS

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

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: JOSHUA HUDSON, National Native Network, Inter-Tribal Council of Michigan

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

3:00 pm – 4:00 pm – ROUNDTABLE

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

3:00 pm – 4:30 pm – 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 BRIEFING ON THE SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI)

5:00 pm – 7:00 pm

TRIBAL CAUCUS: DEFINING FY 2018 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.

WEDNESDAY, APRIL 13, 2016

6:30 am – 7:30 am

Fitness Activity

Galleria

Start your day right with the morning fitness event. NIHB will be hosting a total body workout and a light walk/run around the Atlanta Hilton track. The workout will be led by Councilman Patrick Marcellais, Turtle Mountain Band of Chippewa. The fitness event is open to everyone to increase physical activity motivation within our communities. Participants have a chance to win a Garmin Vivofit, an Amazon gift card, or a fitness prize!

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 – ROUNDTABLE

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:

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.

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

8:00 am – 9:30 am – 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

Track: Accreditation and Capacity Building

Room 208

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

Track: Health Promotion and Disease Prevention

Room 209

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

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

10:00 – 11:00 am – ROUNDTABLE

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

10:00 – 11:30 am – WORKSHOPS

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

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 intergeneration 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 opportunities to advance 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

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. 2) 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, 3) 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 4) 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

12:30 pm – 2:00 pm – WORKSHOPS

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 panel presentation will present case studies of our successful public health campaigns and research projects that have assessed and addressed barriers to effective health communication in rural and urban American Indian and Alaska Native communities. 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

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: Diné 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: VICKIE BRADLEY, Eastern Band of Cherokee Indians
PRESENTER: ANEVA TURTLE HAGBERG, Eastern Band of Cherokee Indians

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 MEIT, NORC at the University of Chicago
PRESENTER: ALEXA SIEGFRIED, NORC at the University of Chicago

CLOSING PLENARY

Grand Ballroom

2:30 pm – 2:45 pm

Opening Remarks

2:45 pm – 3:15 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

3:15 pm – 4:30 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 ANTONE, Tohono O'odham Legislative Council

URSULA E. BAUER, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RACHEL CARROLL, Northern Cheyenne

4:30 pm – 4:35 pm

Exhibit Hall Prize Drawing

4:35 pm – 5:00 pm

Closing Ceremony

Closing Comments

STACY BOHLEN, National Indian Health Board

THURSDAY, APRIL 14, 2016

8:00 am – 12:00 pm

THE AFFORDABLE CARE ACT 2015-2016 IN INDIAN COUNTRY

Room 205

Over the last five 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