



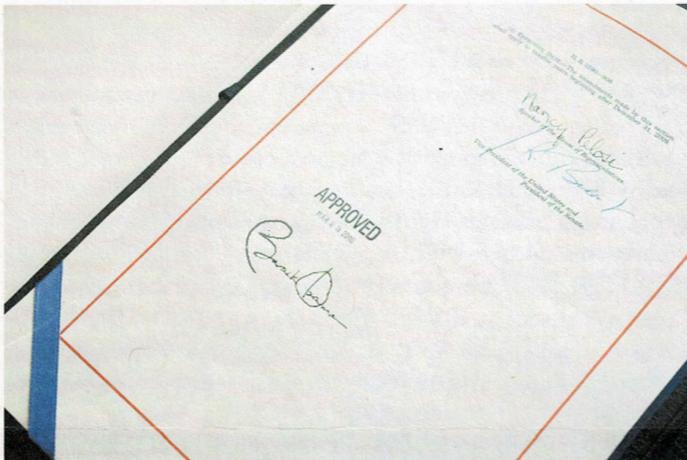
National Indian Health Board

Health Reporter

Volume 16, Issue 1

Spring 2010

Indian Health Care Improvement Act is Permanently Reauthorized!



The signatures of President Barack Obama, Vice President Joe Biden, and Speaker of the House Nancy Pelosi on the health insurance reform bill signed in the East Room of the White House, March 23, 2010. (Official White House Photo by Chuck Kennedy)

The United States' 564 federally-recognized tribes claim victory with today's historic passage of the *Patient Protection and Affordable Care Act*. The House passed the Senate's health care reform bill by a vote of 219 to 212 which includes the reauthorization of the Indian Health Care Improvement Act (IHCIA), placing in effect health care legislation that American Indians and Alaska Natives have been requesting from Congress for the past ten years.

The IHCIA was originally enacted in 1976 by Congress to address the deplorable health conditions occurring in Indian Country. The law provides the key legal authority for the provision of health care to American Indian and Alaska Native (AI/AN) people. Over the past decade, tribes have worked endlessly to reauthorize the IHCIA in order to expand, improve, and modernize the health delivery and health services in tribal communities. In recent months, the House and the Senate pledged to support the IHCIA by including its provisions within the overall health care reform legislation.

"No one can deny the intense political climate that has been present in the debates regarding health care reform. However, there is one issue that has remained consistently agreed upon: Indian Country is in dire need of health care reform," said Reno Keoni

Franklin, Chairman of the National Indian Health Board. "Today, we thank the diligence and persistence that President Obama and Congress demonstrated to Indian Country in making sure that the Indian Health Care Improvement Act was included in the overall health care reform bill," said Franklin.

"This inclusion of the IHCIA reaffirms the government's trust responsibility to provide health care to our people," said Rachel Joseph, a member of the Lone Pine Paiute-Shoshone Tribe of California and Co-Chair of the National Steering Committee (NSC) on the Reauthorization of the IHCIA. Joseph has worked on the IHCIA for more than a decade. "Today they have honored our ancestors, and have acknowledged that through the cessation of over 400 million acres of land, tribes have secured a de facto contract that entitles us to health care. American Indian and Alaska Native people will view this legislation not only as it pertains to health care, but will also celebrate it as an important policy statement that has been enacted into law by the United States," said Joseph.

No other segment of the American population experiences greater health disparities than the AI/AN population. In 2003, the U.S. Commission on Civil Rights reported that American Indian youth are twice as likely to commit suicide; AI/ANs are 630 percent more likely to die from alcoholism, 650 percent more likely to die

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National Indian Health Board

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From the Chairman

Dear Friends of Indian Health:

The National Indian Health Board (NIHB) Annual Business meeting was held on January 28th and 29th, 2010 in Atlanta, Georgia. Several seats on the Executive Committee were up for re-election during this time. In accordance to NIHB by-laws, an election was conducted yielding the following results:

- **BUFORD ROLLIN**, Chairman of the Poarch Band of Creek Indians and Nashville Area Representative was re-elected as Vice Chairman.
- **CYNTHIA MANUEL**, Councilwoman from the Tohono O'Odham Nation was re-elected at the Secretary.
- **ANDY JOSEPH, JR.**, Chairman of the Confederated Tribes of Colville and Portland Area Representative was elected as the NIHB Member-At-Large.

The NIHB appreciates their willingness and commitment to serve Indian Country as Members of the NIHB Board of Directors.

NIHB's advocacy work at a federal level continues to be successful. On January 25, 2010, the Centers for Disease Control (CDC) Tribal Consultation testimony included the CDC's new reorganization as listed in the Federal Register notice posted December 14, 2009. During this consultation meeting, Tribal leaders suggested that the CDC include Tribes in its newly structured office of state, local and territorial support. As a result of the leadership from the Tribal Consultation Advisory Committee (TCAC) Chairman, Chester Antone (Tohono O'Odham Nation) and Co-Chairwoman, Kathy Hughes (Oneida Nation) the CDC has officially announced a new Office of State, Tribal, Local and Territorial Support. This exemplifies the direct effort of NIHB's advocacy work at the behest of the Tribes and their interests.

Building from the momentum of the 2010 IHS Budget Appropriations increases, the Presidential Budget request included an 8.7% increase for FY 2011. The National Tribal Budget Formulation Workgroup held a meeting regarding the FY 2012 budget in Crystal City, Virginia the week of February 8th. This workgroup recommended a \$735 million increase above the FY 2011 Presidential Request. These recommendations were presented to DHHS Secretary Kathleen Sebelius on March 4, 2010 during the National Tribal Budget Consultation session.

The work is continuing forward and we appreciate the assistance that all who have been involved in these efforts. Our hope is to continue providing tribal input for the improvement of health care in our communities. I look forward to seeing everyone at the upcoming NIHB Public Health Summit in Albuquerque, New Mexico May 18 - 20, 2010.

Yours in Health,

Reno Keoni Franklin
Chairman
National Indian Health Board



Reno Keoni Franklin, Chairman of NIHB

Tribal Public Health Capacity Assessment

In 2009, the NIHB received funding from W.K. Kellogg Foundation to conduct a Tribal Public Health Capacity Assessment to describe the current public health services provided nationally by tribal health departments, the Indian Health Service (IHS), Area Indian Health Boards, and urban Indian health centers. Nearly 150 tribal health departments/organizations participated in the web-based questionnaire. Participants reported that they engage in important public health services such as:

1. Health and wellness promotion and disease prevention activities
2. Community assessments, priority setting and problem solving
3. Tribal health policy and regulation
4. Program evaluation and efforts to improve the quality of programs and services
5. Partnerships with local, state, and federal agencies and health departments

Results will be made available in the Tribal Public Health Capacity Report due this spring. This report will be the first national snapshot of our tribal public health systems to be made publically available. The report will support our Tribal Leadership to build upon the strengths of Tribal public health at the local, regional and national levels; prioritize public health areas for development and improvement; and guide advocacy efforts in the areas of policy, resource development, quality improvement and access to care.

NIHB appreciates the tribal health departments/organizations and staff who participated in the capacity assessment. Your contributions will assist our continued efforts to monitor the progress and improvement in tribal public health activities across Indian Country. 🏡



Spring into Fitness!

GAME:

The Wolf and the Hen (Pueblo)

(Adapted from the PATHWAYS Project)

Objectives:

General coordination and agility

Instructions:

1. Divide children into groups of 6.
2. Each group chooses one player to be the "wolf" and another to be the "mother hen". The other 4 members line up behind mother hen as "chick".
3. The mother hen approaches the wolf with outstretched arms. The chicks follow behind her, each holding the chick in front at the waist.
4. The wolf peeks around the mother hen and describes the clothes of one of the chicks in line.
5. The wolf tries to tag the chick with two fingers, while the mother hen protects the chick with outstretched arms, and the chicks move to stay behind the mother hen.

Teaching Cues:

- As the wolf approaches the mother hen, mother hen says, "How do you do, Mr. Wolf? What are you looking for?"
- The wolf replies, "How do you do? I am looking for a chick!"
- Mother hen replies, "Well, what does your chick look like?"
- Wolf then describes one of the chicks in the line based on the color of their clothing, hair color, etc.
- Mother hen replies, "Well, try and get your chick!"
- Wolf tries to get the chick with a two finger tag, but mother hen protects her flock with outstretched arms. Chicks move together to stay behind the mother hen.

(2008 Physical Activity Kit (PAK): IHS/IHPDP and UNM PRC, pg. 60)

Indian Country is Involved in the National Conversation on Public Health and Chemical Exposures

In June 2009, Centers for Disease Control and Prevention's Agency for Toxic Substance and Disease Registry (CDC/ATSDR) launched the 18 month project: The National Conversation on Public Health and Chemical Exposures to work with members of the public to create an agenda to outline how the U.S. can meet public health goals related to chemical exposures.

To achieve each goal, the National Conversation seated six (6) workgroups to discuss various aspects of chemical exposure. The CDC/ATSDR and the National Indian Health Board (NIHB) have ensured that one Tribal representative is seated on each of the six (6) workgroups so the Native voice is heard.

The NIHB is developing a National Tribal Environmental Health Think Tank to include the workgroup Tribal representatives, Tribal Leaders and Tribal Organizations. The Think Tank will provide support to the six (6) Tribal representatives, bring input into the development of a Tribal Community Conversation Toolkit, and will gain feedback on the direction and outcome of the National Conversation. The NIHB is confident that the Think Tank will increase the visibility of chemical exposure issues for Native populations and improve the environmental health of Indian Country.

To gain input from various communities nationwide, the National Conversation partners will host a series of web-based discussions on key points in the project. The NIHB encourages you and others to participate in the Web Dialogues and voice the concerns and needs of your Tribal community.

National Conversation will host three (3) Web Dialogues:

1. National Conversation: Vision, April 5-7, 2010
To exchange information about the National Conversation's vision, process and major issues for consideration.
2. Web Dialogue #2, September 2010 (*proposed*)
To obtain public input on draft work group reports
3. Web Dialogue #3, January 2011 (*proposed*)
To obtain public input on the draft action agenda.

For more information about the Web Dialogues please visit: www.atsdr.cdc.gov/nationalconversation/web_dialogues.html

For more information about the National Tribal Environmental Health Think Tank, please contact Erica Doxzen, NIHB Public Health Programs Assistant, at edoxzen@nihb.org or 202-507-4070. 

*A Great
On-the-Go
Snack!*

NIHB NUTRITION CORNER

Giardiniera

This spring, start your journey to healthy living and eating by preparing this delicious vegetable dish. You can also prepare this dish as a healthy on-the-go snack!

Ingredients:

- | | |
|------------------------------|--|
| 1 1/2 cups cider vinegar | 2 cups small cauliflower florets |
| 1/2 cup water | 2 cups (3-inch) diagonally cut asparagus |
| 2 tablespoons sugar | 1 1/2 cups green beans, trimmed (about 8 ounces) |
| 1 tablespoon salt | 1 cup (1/4-inch) diagonally cut carrot |
| 1 teaspoon black peppercorns | 1 cup red bell pepper strips |
| 1/2 teaspoon mustard seeds | 6 green onion bottoms, trimmed |
| 1/2 teaspoon dried dill | 4 garlic cloves, halved |
| 2 bay leaves | |

Preparation:

- Combine first 8 ingredients in a large Dutch oven. Bring to a boil, reduce heat, and simmer 3 minutes. Arrange cauliflower and remaining ingredients in a large heavy-duty zip-top plastic bag. Carefully pour vinegar mixture over cauliflower mixture. Seal bag and refrigerate 8 hours or overnight, turning occasionally. Remove vegetables from bag with a slotted spoon. Discard bay leaves.

Nutritional Information:

- Yield: 6 servings (serving size: 1 cup)
Calories: 57 (5% from fat)
Fat: 0.3g (sat 0.1g, mono 0.0g, poly 0.2g)
Protein: 3.2g
Carbohydrate: 12.8g
Fiber: 4.7g
Cholesterol: 0.0mg
Iron: 1.5mg
Sodium: 141mg
Calcium: 55mg

(Cooking Light, MAY 2002)

The Centers for Disease Control and Prevention Tribal Consultation Advisory Committee



The Tribal Consultation Advisory Committee convened in Atlanta, GA January 26-27, 2010 for Tribal Consultation meetings with the Centers for Disease Control and Prevention.

The Centers for Disease Control and Prevention (CDC) Tribal Consultation Advisory Committee (TCAC) held the CDC TCAC Meeting and the 4th Biannual Tribal Consultation Session, January 26 – 28, 2010 at the Doubletree Hotel – Buckhead and the CDC Roybal Campus in Atlanta, GA.

The CDC TCAC Meeting was held on January 26 – 27, 2010. Co-Chairs Chairman Chester Antone (Tohono O'odham Nation) and Vice Chairwoman Kathy Hughes (Oneida Nation of Wisconsin) welcomed the Tribal Leaders (representative each of the 12 IHS areas) to the meeting. Also attending the meeting were National Indian Health Board (NIHB) Board Members: Chairman Reno Keoni Franklin (California Area), Lester Secatero (Albuquerque Area), and Cynthia Manuel (Tucson Area) the NIHB CDC TCAC representative. The CDC TCAC meeting focused on updating Tribal Leaders on the CDC FY2009 American Indian/Alaska Native (AI/AN) budget portfolio. The CDC also included a day long Tribal Leaders CDC Orientation session which provided an opportunity for new CDC administrators/staff to present information on their respective program activities as they pertain to Indian Country. The session introduced Tribal Leaders to Karen White, MPA, Acting Director of the newly formed Office of State, Tribal, Local, and Territorial Support. Ms. White provided an overview of the newly established office, and then listened to the concerns of the Tribal Leaders. She pledged to be accessible and work on providing an office that listens and responds efficiently to Tribal issues.

The Biannual Tribal Consultation Session held January 28, 2010, at the CDC Roybal campus was attended by many Tribal Leaders and CDC officials. The new CDC Director and Agency for Toxic Substances and Disease Registry (ATSDR) Administrator, Thomas Frieden, MD, MPH provided opening remarks and outlined the CDC's priorities. Dr. Frieden assured Tribal Leaders that the CDC was willing and able to work closely with the Tribes on the health disparities that continue to face Indian Country. Dr. Frieden listened intently during the time provided for Tribal Leaders to present testimony on important issues related to public health.

One concern that was continuously raised by the Tribes was the lack of Tribal consultation which occurred during the CDC

re-organization process. Reno Keoni Franklin, Chairman of the NIHB provided testimony on this issue, but also offered suggestions on how the CDC can work better with the Tribes and honor the government-to-government relationship. Two testimonies that were delivered during the meetings: NIHB Chairman Reno Keoni Franklin's Testimony, "*Statement of Organization, Function, and Delegations of Authority*" and Chairwoman Cynthia Manuel, *NIHB CDC TCAC Representative's Written Testimony on National Tribal Health Issues* can be found at www.nihb.org.

The CDC Division Directors and representatives in attendance participated by listening and responding to the concerns of the Tribal Leaders. There were discussions on ways in which the CDC can work better with the Tribes on issues such as H1N1 influenza, chronic disease, environmental health, injury prevention, suicide prevention, youth/family/intimate partner violence, as well as issues related to data access and budget allocation. The full-day meeting wrapped up with a summarization by Ileana Arias, Ph.D., Principal Deputy Director of CDC/ATSDR on consultation and about what the next steps are in consultation.

To view the TCAC member list, past meeting agendas, and the NIHB CDC Testimonies please visit the NIHB website at www.nihb.org and click on the Public Health tab, or contact Audrey Solimon, Senior Advisor for Public Health Programs and Principal Investigator of the NIHB-CDC Cooperative Agreement at asolimon@nihb.org or 202-507-4070 for additional information. ☒

Methamphetamine Suicide Prevention Initiative

Suicide and Methamphetamine abuse continue to plague Indian Country at substantially alarming rates. The act of suicide or addiction to methamphetamine not only affects the individual who is suffering, but it also affects families and communities. For every young Native person who has ended their life through suicide; for every methamphetamine house that is found in an Indian community; the physical, spiritual, emotional, and mental well being of the surrounding society is seriously affected.

Indian Country has experienced a high number of cluster suicides following a suicide event, which often includes other family members attempting or completing suicide. At a minimum, those families surviving a suicide are left with anger, fear, and sadness due to a loss of a life which often is a young vibrant Native individual who had a real potential for success. A suicide occurring in Indian Country shakes the foundational belief of many Tribal communities and creates an imbalance with the world. The effects may be even more shattering when a young person takes their own life, because it is the youth who are critical for the continued existence of our people.

In the case of a Indian housing unit that has been the laboratory for methamphetamine production, the community around is left with more than just respiratory and other physical complications from breathing toxic air. The community is left with an aftermath of anger, fear, and sadness of the loss of their health, sometimes their lives, their own sense of security, and the broader impact on their existence through their children.

The Suicide and Methamphetamine Initiative

In 2007, in an attempt to address the major public health crises, Congress passed an Amended H.R. 2764 which appropriated \$16,391,000 in funding to Tribal and urban communities for methamphetamine and suicide prevention. The National Tribal

Advisory Committee on Behavioral Health (NTAC) made up of Tribal Leaders and national representatives were charged with making recommendations to the Indian Health Services (IHS) Director about how to distribute funds throughout Indian Country. After many months of deliberation, recommendations were delivered to the IHS Director in November of 2008. The Director weighed the recommendations and made the final decision for funding distribution, which was announced from the IHS in April of 2009. Since that time, 134 federal, Tribal and urban Indian Programs have been awarded Methamphetamine and Suicide Prevention Initiative (MSPI) grants to carry out local programs in Indian country that prevent and/or treat methamphetamine addiction, suicide or both. The MSPI is a nationally-coordinated demonstration program that is supported by the IHS with programmatic technical assistance support provided by the National Indian Health Board (NIHB) and the National Council of Urban Indian Health (NCUIH).

The 134 MSPI Grantees have already started providing services within Tribal communities. JBS International (the National Evaluators for the MSPI project) joined the national partner's team in late January hitting the ground running to start the MSPI National evaluation moving for communities. JBS has engaged the NIHB and the NCUIH to assist in community connections. The NIHB and the NCUIH have partnered to coordinate a grass roots social marketing campaign on methamphetamine and suicide prevention. The campaign will include a healthy community competition to engage communities in partnering with their youth to develop creative, strength-based ideas of health, wellness, and prevention. The social marketing campaign is in the final stages of development and will be available by the end of March 2010.

For additional information on the NIHB MSPI project please contact Seprieono Locario, Program Coordinator at slocario@nihb.org or 202-507-4070. 



Centers for Medicare and Medicaid Tribal Technical Advisory Group (CMS TTAG)

The Centers for Medicare and Medicaid Services' Tribal Technical Advisory Group (TTAG) has held three conference calls in 2010. The most recent TTAG conference call was held on February 17, 2010. A CMS Tribal Affairs Group report was given by Kitty Marx from the Tribal Affairs Group of the Office of External Affairs (TAG/OEA). The update included information about the TAG Implementation Plan and on the FY 2010 Budget.

Rodger Goodacre, TAG/OEA, shared information on upcoming CMS/IHS trainings scheduled for 2010. The Indian Health Service (IHS) will conduct twenty-one (21) training sessions under IA-10-74. CMS will allocate funding equally on a per training session basis to twelve (12) Regional Area Offices. The IHS, in coordination with CMS, will make special efforts to ensure that staff from each State's Medicaid and CHIP programs are included to participate. More details are coming and will be shared soon.

Kitty Marx, TAG/OEA and Cyndi Gillaspie, from the Center for Medicaid and State Operations (CMSO) provided an update on the Recovery Act and Children's Health Insurance Program Reauthorization Act (CHIPRA). Part of the presentation focused on the State Medicaid Director's letter on American Recovery and Reinvestment Act (ARRA) Protections for Indians in Medicaid and Children's Health Insurance Program (CHIP). A CMS/TTAG ARRA workgroup was formed during this conference call to discuss and plan further guidances on the SMD letter on ARRA Protections for Indians. This CMS/TTAG ARRA workgroup will have their first teleconference on February 26, 2010.

The next item on the agenda was an update provided by Brenda Jeanotte-Smith, IHS/HQE regarding a new Contract Health Services (CHS) referral letter. Recently IHS sent a Dear Provider letter to CHS offices on ARRA 5006a, which is to be sent to providers when a patient is referred to them. TTAG subcommittee members requested to see the letter and CMS duly provided them a copy during the meeting.

Eight (8) National Association of State Medicaid Directors (NASMD) were invited to join the February 17th TTAG conference call. An update was given by Rick Fenton from the Department of Health and Human Services (DHHS) on the November 2009 TTAG/NASMD work luncheon. The topic of how to move forward with suggestions regarding Medicaid, technical issues and broad policy issues were discussed by TTAG and NASMD members. A call for TTAG volunteers to participate in a working group with State Medicaid Directors was requested by Valerie Davidson, Chair of TTAG. A TTAG/NASMD workgroup is currently being coordinated with plans for a teleconference to be held soon.

Rosario Arreola-Pro from the California Rural Indian Health Board, CRIHB provided an update on Electronic Health Records (EHR) Meaningful Use, sharing a summary on incentive programs, and reaffirming the importance of EHR meaningful

use. The presentation included: what type of health programs are eligible, what provider types are eligible under each program and how EHR Incentives will be determined by achievement of "EHR Meaningful Use."

Listed are additional meeting topics discussed in previous TTAG conference calls:

- CMS Federal Register Notice (CMS-2311-NC), 74 FR 67232. TTAG submitted comments regarding the December 18, 2009 Federal Register notice. A strong message was conveyed to encourage CMS and States to facilitate Medicaid billing across state borders.
- December 12, 2009 State Health Official Letter regarding CHIPRA Citizenship Documentation. TTAG sent a thank you letter to Cindy Mann, Director CMSO to reinforce appreciation for Tribal consultation process used to develop CMS policies related to CHIPRA and ARRA. As well as the new direction that CMS has given to States regarding the treatment of American Indians and Alaska Natives who are seeking enrollment in Medicaid or CHIP.
- CMS and the Office of the National Coordinator issued regulations proposing a definition of "Meaningful Use" and setting standards for Electronic Health Record Incentive Program. This was released on December 30, 2009 with a 60 day period for comment.

TTAG subcommittee updates are given during each call. The TTAG subcommittees consist are: Outreach and Education, Data, Long Term Care, Medicaid Administrative Match and Across State Borders.

TTAG 2010 Face to Face Meeting Rescheduled:

TTAG plans to hold the *Fourth Face to Face Meeting* on February 17-18, 2010 in Washington, D.C which was postponed due to severe snow storms. These meetings have been rescheduled and will take place on **April 29th and 30th, 2010** at the Holiday Inn Capitol in **Washington, D.C.** A *CMS/TTAG HITECH Roundtable* is scheduled to take place on the afternoon of **April 30th, 2010** and the *TTAG Face to Face meetings* will adjourn early to accommodate this special event.

Upcoming TTAG Conference Calls and Face to Face Meetings:

- April 29-30, 2010 TTAG Face to Face Meeting in D.C.
- May 12, 2010 TTAG Conference Call
- June 9, 2010 TTAG Conference Call

For more information on TTAG please visit www.cmsttag.org 

Upcoming Events

April

April 6-7
**TSGAG Advisory
 Committee Meeting**
 Washington, DC

April 6-8
**National Council of Urban
 Indian Health Meeting**
 Washington, DC

April 15-18
**California Rural Indian
 Health Board Quarterly
 Board Meeting**
 Sacramento, CA

April 20
**HHS Tribal Consultation
 Session – Region 5**
 Minneapolis, MN

April 21-22
**Direct Service Tribes
 Quarterly Meeting**
 Albuquerque, NM

April 22
**HHS Tribal Consultation
 Session – Region 6 and 7**
 Albuquerque, NM

April 23-26
**Association of American
 Indian Physicians Cross
 Cultural Medicine Workshop**
 Santa Fe, NM

April 27
**HHS Tribal Consultation
 Session – Region 9**
 San Diego, CA

April 27-30
**10th Annual IHS Advances in
 Indian Health Conference**
 Albuquerque, NM

April 29
**HHS Tribal Consultation
 Session – Region 9**
 Phoenix, AZ

May

May 2-6
**2010 Annual Self-
 Governance Conference**
 Scottsdale, AZ

May 5
**HHS Tribal Consultation
 Session – Region 8**
 Denver, CO

May 1-6
TSGAG Annual Conference
 Scottsdale, AZ

May 10-14
**2010 Indian Health
 Information Management
 Conference**
 Scottsdale, AZ

May 18-20
NIHB Public Health Summit
 Albuquerque, NM

New NIHB Staff Members

The National Indian Health Board has three new staff members to assist in fulfilling the NIHB mission of, "Advocating on Behalf of all Tribal Governments, American Indians, and Alaska Natives in Their Efforts to Provide Quality Health Care."



Rick Haverkate, MPH

Sault St. Marie Band of Chippewa Indians

Rick Haverkate is the new **Director of Public Health** and joins NIHB after recently serving as the Health Director for the Inter-Tribal Council of Michigan. Haverkate served on several commissions to foster State-Tribal relations in the public health service delivery and contributed to successful collaborations between tribal and state agencies on immunization programs, substance abuse/behavior health and maternal child health programs. NIHB is thrilled to have Mr. Haverkate join the NIHB public health team and contribute his expertise in the area of Tribal Public Health Services and Systems Research.



Seprieono Locario

Navajo Nation/Sicilian

Seprieono Locario is the **Behavioral Health Program Manager** for NIHB. Locario earned a B.A. in Public Administration from San Diego State University in 1999 and an M.A. in Counseling Psychology at the California School of Professional Psychology in 2002. He was born and raised in San Francisco, California and spent summers with his great grandparents in Tohatchi, New Mexico, and with relatives throughout the Navajo reservation.

Mr. Locario has dedicated 15 years of professional development in working with American Indian youth throughout the state of California, within multiple levels of incarceration, in community mental health centers, higher educational institutions, and in American Indian communities. In addition to providing direct clinical services, he has worked with various youth-serving agencies to bring about systemic changes to improve the behavioral health care for Native youth in California. Locario has also contributed to the development of curriculum, classes, and programs within the university level institutions for students with aspirations of working within the field of behavioral health.



ShayLa D. Willis

Cherokee Nation of Oklahoma

ShayLa D. Willis is the **Office Manager** for NIHB. Willis actively serves as a member of the National Society of Professional Engineers of Annapolis, Maryland. Mrs. Willis received her Associates Degree in Computer Information Systems from Strayer University. She is also currently finishing her Bachelor's degree in Information Systems with a Minor in Web Development using .Net. Mrs. Willis was born and raised in Oklahoma and is a registered citizen of the Cherokee Nation of Oklahoma. ☒

Working Together: The Albuquerque Area Indian Health Board and the Albuquerque Area Southwest Tribal Epidemiology Center

The Albuquerque Area Indian Health Board, Inc. (AAIHB) is a non-profit organization located in Albuquerque, New Mexico and serves Tribal communities in New Mexico and Southern Colorado. The mission of the AAIHB is to “Advocate on behalf of American Indians through the delivery of quality health care services, which honor spiritual and cultural values.”

The organization and the fulfillment of the mission is accomplished through the leadership of the new Executive Director Mr. Loren Sekayumptewa. Additional oversight and guidance is provided by the Executive Board of Directors who represent the local Tribal communities. The Executive Board Chairman is Mr. Lester Secatero representing the To’Hajiilee Band of Navajos. The current members of the Board of Director include: Gary Hayes representing the Ute Mountain Ute Tribe, Scott Apachito representing the Alamo Band of Navajos, Nancy Martine-Alonzo representing the Ramah Band of Navajos, Mirabelle Nunez representing the Jicarilla Apache Nation, Marjorie Borst representing the Southern Ute Indian Tribe and Gregory Mendez representing the Mescalero Apache Tribe.

The AAIHB provides an array of health and education services, capacity building and technical assistance to local Tribal communities through the various programs provided. Among the services they provided is an Audiology Program which provides diagnostic hearing evaluations and screenings, rehabilitation of hearing loss and low cost hearing aid dispensing. The HIV/AIDS Prevention program provides training on basic HIV/AIDS transmission and prevention facts, team building and peer education through the utilization of culturally relevant education materials. The HIV/AIDS Prevention program also provides substance abuse and alcohol abuse referrals and a speaker bureau featuring community leaders and people living with AIDS.

The AAIHB manages several programs that focus on developing and increasing the capacity of research-intensive institutions and initiatives that focus on American Indian and Alaska Native communities through the collaboration with their academic partner the University of New Mexico Health Sciences Center. This work includes the Native American Research Center for Health (NARCH) and the Southern Colorado/New Mexico NARCH.

Another integral research partner is the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) founded in September of 2006. Their mission statement is to “Collaborate with the 27 Southwestern American Indian Tribes to provide health-related research, surveillance and training to improve the quality of life of American Indians.” The organizational goal is to “Provide accurate and timely health data to member Tribes.” The geographical region of the Tribes served includes New Mexico, Colorado, Utah and Texas. The organization is

based in Albuquerque, New Mexico and shares office space with the AAIHB.

The AASTEC oversees the administration of several programs and projects focusing on building the capacity of the member Tribes to address public health functions and increase the effectiveness of culturally appropriate research initiatives. The AASTEC accomplishes this objective through activities including epidemiological data gathering and reporting, risk and protective disease factor identification, community surveys and health assessments and providing technical assistance for increasing the public health infrastructure and capacity of the member Tribes.

The health priorities of the AASTEC include behavioral health, chronic disease prevention and health promotion, oral health, injury, specialty care and contract health services to name a few. The health priorities are the impetus driving the success of their programs. These programs include: *The Southwest Tribal Youth Project*, *Southwest Tribal Behavioral Risk Factor Surveillance System (BRFSS) Project*, *Vascular Factors in Cognition and Dementia and Alzheimer’s Disease Project*, *Graduate Research Assistant Scholarship Program*, *Master of Public Health Scholarship Program*, *Summer Intern Program for Undergraduate Students* and the *Southwest Tribal Native American Research Centers for Health (NARCH)*.

The AASTEC is headed by Executive Director Francine C. Gachupin, PhD, MPH a member of the Pueblo of Jemez. Additional oversight and guidance is provided through the AASTEC Executive Council, which includes representatives of the area member Tribes, councils and service units. The Executive Council is presided over by Bennie Cohoe of Navajo serving in the capacity of Executive Council Chairman. Additional Executive Council Members include:

- Carlton Albert Sr. (*representing the Zuni/Ramah Service Unit and the All Indian Pueblo Council Health Council*);
- Selwyn Whiteskunk and Gary Hayes (*representing the Southern Ute Service Unit*);
- Edna Kidwell (*representing the Acoma-Canoncito-Laguna Service Unit*);
- Claudine Saenz (*representing the Mescalero Service Unit*);
- Belle Nunez (*representing the Jicarilla Service Unit*);
- Marjorie Borst (*representing the Southern Ute Service Unit*);
- Lester Secatero (*representing the Albuquerque Area Health Board*);
- Linda Yardly (*representing the Taos/Picuris Service Unit*);
- Beth Sanchez (*representing the Albuquerque Service Unit Sandia Health Center*)

For more information, please visit the Albuquerque Area Indian Health Board at www.aaihb.org and the Albuquerque Area Southwest Tribal Epidemiology Center at www.aastec.net.

Exploring Tribal Public Health Accreditation



Aleena Hernandez, MPH from Red Star Innovations presented on Tribal health systems at the Public Health Accreditation Board meeting held on January 21, 2010.

The National Indian Health Board has partnered with the Public Health Accreditation Board (PHAB) in a national effort to improve public health practice in Indian country. PHAB is developing a national voluntary public health accreditation program for tribal, local, state and territorial health departments that will launch in 2011. As the national public health accrediting body, PHAB recognizes the unique and critical role that Tribal governments have in developing the accreditation program.

December 2009, NIHB and PHAB co-hosted a Tribal Think Tank in Tucson, Arizona to inform PHAB's efforts to develop and adapt accreditation processes, documentation and materials for tribes. Participants included a total of 17 individuals representing Tribal health departments, the NIHB Tribal Public Health Accreditation Advisory Board, the Robert Wood Johnson Foundation, PHAB and NIHB. The following is a brief summary of key recommendations that resulted from the Think Tank:

- **Ensure Ongoing Tribal Input and Engagement.**
Convene meetings at the regional and national level to obtain tribal input. Provide ongoing outreach and education about accreditation to increase awareness and interest among Tribal leaders and public health professionals.
- **Identify and Develop Model Tribal Public Health Systems.**
Accreditation has the potential to identify model Tribal Public Health Systems that include key stakeholders, such as the Indian Health Service (IHS), Area Health Boards, and local and state health departments. Formal support, such as Memoranda of

Understanding or data sharing agreements, from IHS is needed to support Tribes in accreditation. Convene tribal, local and state health departments for regional and/or national roundtables to dialogue about partnership and collaboration in accreditation.

- **Adapt the Accreditation Documents for Tribal Settings.**

Standards, Measures and documentation need to be adapted for tribal health departments as they are for local and state health departments.

NIHB presented the PHAB Governing Board with a Tribal Think Tank Report at their January Meeting. As a result, PHAB Governing Board moved to develop a plan to develop a tribal version of the PHAB's public health accreditation standards, measures and documentation guidance for tribal health departments, as exists for local and state health departments. PHAB and NIHB will continue to engage the Tribal Public Health Accreditation Advisory Board and others in the process to support efforts to make the accreditation program and process relevant to tribal settings.

Other partner organizations in accreditation, such as National Network of Public Health Institutes (NNPHI), are also making efforts to raise awareness and promote collaboration among tribal, local and state health departments in accreditation. At their Multi-State Learning Collaborative meeting in Kansas City, NNPHI featured a panel of representatives from three health departments in Oklahoma that are participating in PHAB's beta test of the accreditation standards and measures. Representatives from Oklahoma State Department of Health, Cherokee Nation Health Services and Comanche County Health Department discussed new efforts and strategies for collaboration and coordination of services. Lisa Pivec, representing Cherokee Nation on the panel, shared her thoughts about the potential role of accreditation in strengthening the infrastructure of the Nation's health department and improving the health and wellness among the Cherokee. As a member of the Cherokee Nation, her work in public health is for her grandchildren and future generations for the next 100 years.

PHAB Request for Tribal Input Online

For a limited time only, PHAB is looking for your feedback on draft accreditation documents and tools. We need to know if PHAB documents designed to guide public health agencies through the accreditation application and self assessment are understandable and useful.

Please go to the PHAB website www.phaboard.org to review these documents and provide suggestions as to how they can be improved. The vetting process will end in April 2010 so give us your feedback today! 📧

Campaign Underway to Renew the Special Diabetes Program for Indians

Throughout this year, you will be hearing a lot about the Special Diabetes Program for Indians (SDPI) because funding for this successful program is set to expire in 2011. The Tribal Leaders Diabetes Committee (TLDC), the National Indian Health Board (NIHB), and other key stakeholders are gearing up to secure additional funding for SDPI this year to ensure it can continue to provide critical funding to tribal communities.

Our friends in Congress are gearing up as well. In the House, legislation to extend the program for an additional five years at a level of \$200 million per year – a \$50 million increase over the current funding level of \$150 million per year - has been introduced by Diabetes Caucus Co-Chairs Representatives Diana DeGette (D-CO) and Mike Castle (R-DE) and Native American Caucus Co-Chairs Representatives Dale Kildee (D-MI) and Tom Cole (R-OK). The bill, H.R.3668, currently has 121 cosponsors.

Senator Byron D. Dorgan, chairman of the Senate Committee on Indian Affairs introduced S.3058 to amend the Public Health Service Act to reauthorize the Special Diabetes for Indians (SDPI). The senate bill would provide \$200 million per year for five years to continue SDPI. The bill currently has 27 cosponsors and has been referred to the Committee on Health, Education, Labor and Pensions.

Today, SDPI supports nearly 400 grant program offered through IHS, tribal and urban Indian health programs. SDPI supported programs have resulted in a decrease of 13 percent in the mean blood sugar level (A1C) which translated to a 40 percent reduction in diabetes-complications.

The SDPI program has been successful, but securing additional funding will be very difficult in this challenging budget climate. The TLDC and NIHB will be reaching out to tribal communities across the country to ask for your assistance in educating the Members of Congress about the importance of the SDPI in your community. We also encourage sharing your personal stories of living with diabetes or of caring for family members who suffer from the many complications of diabetes. We need everyone to engage in this campaign to be successful. Together, we all have a stake in ensuring SDPI's continued funding. 

ROBERT WOOD JOHNSON FOUNDATION ANNOUNCES ACTIVE LIVING RESEARCH AND NEW CONNECTIONS GRANT OPPORTUNITIES

A program of the Robert Wood Johnson Foundation, Active Living Research supports research to inform policy and environmental strategies for increasing physical activity among children and adolescents, decreasing their sedentary behaviors, and preventing obesity.

Deadline: April 14, 2010

Area: Childhood Obesity

Purpose: The program places special emphasis on strategies with the potential to reach children and youths between the ages of 3 and 18 who are at highest risk for obesity - African American, Latino, American Indian, Alaska Native, Asian American, and Pacific Islander children, as well as children who live in under resourced and lower-income communities. Grants funded under this Call for Proposals are expected to advance RWJF's efforts to reverse the childhood obesity epidemic by 2015.

Contact: Amanda Wilson, M.S.R.S., research coordinator, awilson@projects.sdsu.edu

This CFP consists of grant opportunities for specified research topics and dissertation awards. It also includes funding opportunities for New Connections grants made available through the Active Living Research program. Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Applicant organizations must be based in the United States or its territories. Approximately \$2.6 million in total funds will be awarded for grants on specified research topics, dissertation awards, and New Connections grants.

Visit the RWJF Website at www.rwjf.org/applications/solicited/cfp.jsp?ID=21041

ACF ADMINISTRATION FOR NATIVE AMERICANS ANNOUNCES \$42 MILLION AVAILABLE IN COMPETITIVE GRANT FUNDING FOR FY 2010

The Administration for Children and Families (ACF), Administration for Native Americans (ANA) announces the availability of \$42 million in competitive grant funding for fiscal year 2010 for community-based projects that promote economic and social self-sufficiency and cultural preservation for American Indians, Alaska Natives, Native Hawaiians, and other Native American Pacific Islanders from American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands. The fiscal year 2010 funding includes \$27 million for continuing multi-year projects.

The Funding Opportunity Announcements can be downloaded and submitted at: www.grants.gov.

For more information on the Administration for Native Americans please visit: www.acf.hhs.gov/programs/ana/. 

National Indian Health Board and Substance and Mental Health Services Administration American Indian and Alaska Native HIV/AIDS Initiative

The National Indian Health Board (NIHB) is working in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) on an *American Indian/Alaska Native HIV/AIDS Awareness Initiative*. The scope of work includes collaborative partnerships with Tribal Colleges and Universities and Tribal participants in the U.S. Department of Health and Human Services (DHHS) Indian Country Methamphetamine Initiative (ICMI).

The project goals include tasks and objectives to raise awareness throughout Indian country with the over-arching goal of developing an HIV/AIDS public awareness campaign. The purpose of the campaign is to help increase the number of individuals who have access to culturally appropriate messages targeting individuals to reduce the stigma associated with HIV/AIDS, increase the number of individuals who know their HIV/AIDS status, and increase access to basic facts relating to the transmission and prevention of HIV and other sexually transmitted infections. The awareness campaign will also have a special emphasis on the impacts of drug and alcohol use and mental health as they relate to HIV/AIDS prevention.

The project deliverables include coordinating participation in national conferences and events. The NIHB participation includes attending conferences, submitting speaker proposals and exhibiting at non-NIHB conferences. The NIHB will engage project partners including the SAMHSA, Tribal College and University grantees and ICMI partners into the NIHB conferences as speakers and exhibitors.

The schedule of conferences includes:

- The American Indian Higher Education Consortium (AIHEC) Student Conference from March 21-23, 2010 in Chandler, Arizona;
- The NIHB 2nd Annual Public Health Summit from May 18-20, 2010 in Albuquerque, New Mexico;
- The National Minority AIDS Council (NMAC) United States Conference on AIDS (USCA) from September 12-15, 2010 in Orlando, Florida;
- The NIHB 27th Annual Consumer Conference from September 21-24, 2010 in Sioux Falls, South Dakota

The schedule of events includes:

- National Native HIV/AIDS Awareness Day on March 20, 2010;
- National HIV Testing Day on June 27, 2010;
- World AIDS Day on December 1, 2010.

The NIHB will be responsible to coordinate the *Fourth Annual National Native HIV/AIDS Awareness Day Community Walk* on the National Mall in Washington, DC. The annual *National Native HIV/AIDS Awareness Day* is designed to increase awareness on the impact of HIV/AIDS on American Indian, Alaska Native and Native Hawaiian communities, families and individuals. The NIHB will be actively soliciting collaboration and participation from previous event partners including the National Council of Urban Indian Health (NCUIH), The National Congress of American Indians (NCAI), The National Indian Education Association (NIEA) and the SAMHSA. 

STUDENT OPPORTUNITIES

HIGH SCHOOL STUDENTS NATIONAL NATIVE AMERICAN YOUTH INITIATIVE

June 19-27, 2010 • Washington, D.C.

The Association of American Indian Physicians (AAIPP) is now accepting application from American Indian/Alaska Native (AI/AN) high school students ages 16-18 who have an interest in the health field and/or biomedical research for the 13th Annual Patty Iron Cloud National Native American Youth Initiative (NNAYI). The George Washington University campus in Washington, D.C. will be the site for NNAYI.

Selected high school students will receive a scholarship that cover airfare, lodging and lost meal during the NNAYI program. To access an online applications visit the AAIP website: www.aaip.org/?page=AAIPStudents

Student Application Deadline Date: April 16, 2010

24TH ANNUAL SYMPOSIUM ON CAREER OPPORTUNITIES IN BIOMEDICAL SCIENCES AND HEALTH PROFESSIONS

April 16-18, 2010 • Birmingham, AL

The Association of Minority Health Professions Schools, Inc. (AMHPS) will be hosting the 2010 Symposium on Career Opportunities in Biomedical Sciences and Health Professions from April 16-18th, 2010 in Birmingham, Alabama. The AMHPS is inviting all high school and undergraduate students of color to attend the event with the goals of providing exposure to a wide spectrum of career opportunities and providing mentors and role models to facilitate and encourage students to pursue careers in the biomedical sciences and health professions.

Students will have the opportunity to visit exhibits at the Health Professions and Career Development Fair to obtain information on internships, scholarship applications, college admissions and career development. Students need to meet eligibility requirements. Students interested in attending the Symposium should visit: www.minority-health.org/symposium.php for more information or e-mail info@minorityhealth.org for further instructions.

The National Indian Health Board and Morehouse School of Medicine Public Health Summer Fellows Program



With funding provided by the National Indian Health Board (NIHB) Centers for Disease Control and Prevention (CDC) Co-operative Agreement, Beth Bahe had the opportunity to participate in the NIHB-Morehouse School of Medicine 2009 Public Health Summer Fellowship (PHSF). Ms. Bahe completed a Bachelor of Science degree in Nutritional Science at the University of Arizona. Ms. Bahe's culture and heritage derive from being Tohono O'odham

and Hopi, her mother's Tribal affiliations, and being born for KinŁich'iinii, her father's Navajo clan.

Having the desire to expand her public health experience, Bahe applied to the NIHB-Morehouse School of Medicine PHSF and was accepted into the program. She was assigned to work with Dr. Marian McDonald at the CDC in the Division of Emerging Infections and Surveillance Services whose focus is to detect, prevent and control infectious diseases. Ms. Bahe's project during her fellowship was on identifying Neglected Infections of Poverty (NIPs) among American Indian and Alaska Native (AI/AN) children utilizing national databases to find investigations inclusive of the AI/AN population. This work of the NIPs summary and results on the AI/AN population were incorporated into Dr. McDonald's presentation at the National Summit on Neglected Infectious of Poverty on October 27, 2009 in Washington, DC.

Along with the Summer Fellowship, the NIHB was also able to provide her the opportunity to attend the 2009 NIHB Annual

Consumer Conference in Washington, DC. Ms. Bahe participated in the conference as one of four panelist speakers during the workshop on the recruitment and retention of AI/AN students in the field of public health. Each of the panelists discussed their experiences working at the CDC and how the Fellowship played such an intricate role and influence in determining their future professional career goals.

To diversify Ms. Bahe's research communication and generate new opportunities from the 2009 PHSF project, she submitted an abstract to the 2009 Annual Biomedical Research Conference for Minority Students (ABRCMS). Ms. Bahe was invited to present a research poster at the ABRCMS meeting and attended the meeting on November 7, 2009 through funding provided by the Morehouse School of Medicine in Phoenix, Arizona.

Ms. Bahe is presently working in the laboratory of Dr. Johanna DiStefano, in the Division of Diabetes, Cardiovascular and Metabolic Disorders, at Translational Genomics Research Institute. Dr. DiStefano's team focuses on genomic studies that will improve prevention and treatment strategies for diabetes, cardiovascular disease, obesity and metabolic syndrome. Currently, Ms. Bahe is examining Single Nucleotide Polymorphisms within *PVT1* and *SORCSI* genes to progressively identify gene expressions that regulate lipid traits and target markers that increase the risk of developing heart disease in type 2 diabetes mellitus individuals. Ms. Bahe is also applying to Master of Public Health programs with a concentration in global health and nutrition. To date, Ms. Bahe has been accepted to the University of Texas – School of Public Health and anxiously awaits responses from other institutions. For more information on the NIHB-MSM PHSF program please contact Audrey Solimon at asolimon@nihb.org.



▶ Continued from page 1

Indian Health Care Improvement Act is Permanently Reauthorized!

from tuberculosis, 328 percent more likely to die from diabetes, and 204 percent more likely to suffer accidental death when compared with other groups. The disparities have largely been attributed to a serious lack of funding sufficient to advance the health care infrastructure, and the level and quality of health services for AI/AN.

“It is important to note the provisions which have been included will greatly improve Indian Country’s health care system. For instance, this landmark legislation brings the establishment of a comprehensive behavioral health system for Indian Country. Tribes will finally have a way to address a myriad of behavioral health problems such as substance abuse, suicide (especially among the youth), and domestic violence,” said Buford Rolin, Vice Chairman of the National Indian Health Board (NIHB) and Co-Chairman of the National Steering Committee for the Reauthorization of the IHCA.

The new legislation brings substantial developments for Indian Country’s health care through the following ways: improving workforce development and recruitment of health professionals in Indian Country; providing funds for facilities construction as well as maintenance and improvement funds to address priority facility needs; creating opportunities for access to and financing of necessary health care services for AI/AN; and assisting with the modernization in the delivery of health services provided by the Indian Health Service.

“We thank all the American Indian and Alaska Native tribes; the Honorable President Obama and his administration; the membership of the House and the Senate; the National Congress of American Indians; the National Council of Urban Indian Health; the National Indian Gaming Association; the National American Indian Housing Council; and the National Indian Education Association. And, we give thanks to the countless friends and advocates of Indian Health who have helped to ensure health care for all Americans. I especially want to thank the members of the National Steering Committee and the staff members of the National Indian Health Board,” said Reno Franklin, “While we celebrate this historic event in bringing hope to our communities, we look forward in working together to start a new legacy for the Indian health care system.”

President Obama’s FY 2011 Budget – \$4.4 Billion for Indian Health Service

On February 1, 2010, President Obama presented his budget request for Fiscal Year 2011. The \$3.83 trillion request includes a total of \$4.4 billion for the Indian Health Service for Fiscal Year 2011. This represents a five percent increase over the appropriated amount for Fiscal Year 2010.

IHS Budget Highlights:

- Clinical Services request of \$3.2 billion, an 8% increase
- Contract Health Services request of \$862 million, a 10% increase

- Contract Health Support Costs request of \$444 million, a 10% increase
- Facilities Construction request of \$445 million, a 11% increase

The increase is significant because President Obama called for a spending freeze of all discretionary, non-defense or security spending for three years. This means that the budgets of every agency, with specific exceptions, would not receive increased funds for at least three years. For more information on the President’s budget, visit www.nihb.org



Senator Byron D. Dorgan (D-ND) provided a keynote address during the NIHB 26th Annual Consumer Conference in Washington, DC.

Senator Byron L. Dorgan Announces Retirement

On January 5, 2010, Senator Byron Dorgan (ND) announced that he is retiring from the Senate at the end of his term. Senator Dorgan was first elected to the House of Representatives in 1980 and served until 1992, at which time he was elected to the Senate and has served since then.

Beginning in 2006, Senator Dorgan has served as Chairman of the Senate Committee on Indian Affairs and has been a strong advocate of Indian Country issues. Senator Dorgan has worked tirelessly to pass the Indian Health Care Improvement Act. Last year, under his leadership, the IHCA was included in the Senate health care reform bill and in a letter released this year, Senator Dorgan remains committed to the passage of the reauthorization of the IHCA in his final year in Congress.

The retirement of Senator Dorgan will be a tremendous loss for Indian Country. He will work for one more year to achieve goals for Indian Country, including the enactment of the Indian Health Care Improvement Act. The National Indian Health Board is thankful for the leadership that Senator Dorgan has provided over the last 30 years and looks forward to working with him in his final year in office. 🌟

National Indian Health Board Public Health Summit 2010: A New Decade of Indigenous Public Health



The National Indian Health Board (NIHB) is holding its Public Health Summit May 18 - 20, 2010 in Albuquerque, NM at the Sheraton Uptown hotel. The theme, **2010: A New Decade of Indigenous Public Health**, will highlight health issues and topics including childhood obesity prevention, HIV/AIDS prevention, behavioral health issues including suicide prevention and traditional medicine practices, as well as H1N1, environmental health, data access issues, evaluation, promising prevention practices, and Tribal-State relations. Individuals who are interested in American Indian or Alaska Native public health, those who work with Tribal communities, Tribal Leaders, Health Board members, state health officials, and researchers are encouraged to attend.

The conference includes four pillars of public health:

PILLAR I: Health Promotion/Disease Prevention

Tribal Programs on Childhood Obesity, HIV/AIDS Prevention, Cancer Prevention and Control, Diabetes Prevention, Oral Health, Maternal/Child Health

PILLAR II: Behavioral Health

Suicide Prevention, Alcohol/Drug Abuse, Traditional Medicine, Treatment/Recovery Programs

PILLAR III: Public Health Preparedness and Emergency Response

H1N1, Environmental Health, Water and Sanitation

PILLAR IV: Tribal-State Relations

Data Sharing, Tribal Epidemiology Centers, Direct Funding, Veterans Affairs, Disability Issues, Tribal Public Health Accreditation

The registration fee for the NIHB Public Health Summit is \$250.00 and all presenters are required to pay the registration fee if their proposal is accepted.

This year, the NIHB Public Health Summit is pleased to offer a **pre-summit training on Quality Improvement (QI) for Public Health Systems**. The pre-summit training will be Tribal-specific and will benefit individuals who work in all areas of Tribal public health. The fee for the pre-summit training is \$100.00. Registration for the QI Workshop can be found on the NIHB Website by clicking on the Public Health Summit logo.

Hotel reservations can be made at the Sheraton Albuquerque Uptown for a special rate of \$81.00. It is encouraged that attendees make hotel reservations as soon as possible to ensure availability. The newly renovated hotel is located in the heart of Albuquerque and the location provides easy access to the local shopping and sites including the new Albuquerque Uptown outdoor mall with many dining options. The convenient location provides access to a variety of amenities offered by the city of Albuquerque.

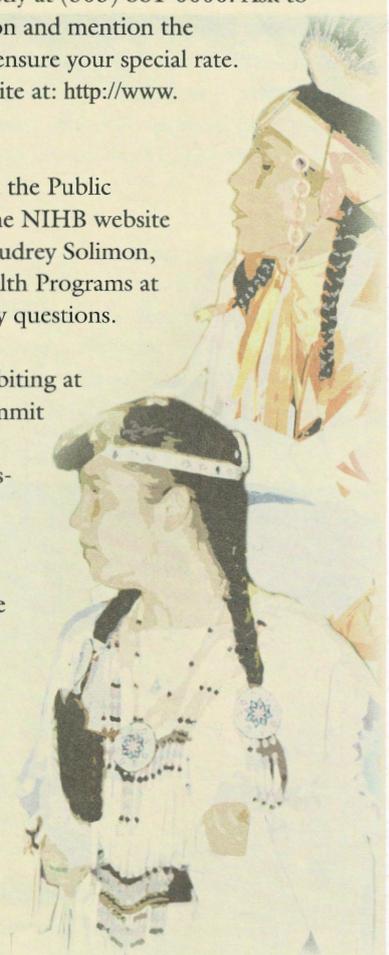
For questions regarding hotel reservations please call the Sheraton Uptown hotel directly at (505) 881-0000. Ask to make a guest room reservation and mention the "NIHB Health Summit" to ensure your special rate. You may also visit their Website at: <http://www.sheratonabq.com/>

For complete information on the Public Health Summit please visit the NIHB website at www.nihb.org or contact Audrey Solimon, Senior Advisor of Public Health Programs at nihbphs2010@nihb.org for any questions.

For questions regarding exhibiting at the NIHB Public Health Summit please contact Erica Doxzen, Public Health Programs Assistant at edoxzen@nihb.org.

Registration is now online. Please visit the NIHB website at: <https://secure.pnmi.com/phs2010>

See you in Albuquerque in May! 🌟





NIHB Public Health Summit

"2010: A New Decade of Indigenous Public Health"

Our American Indian and Alaska Native (AI/AN) communities are growing and changing. As we enter a new decade, embracing public health interventions and models can only improve the lives of our children and families. The National Indian Health Board is proud to host three-day summit that will offer an opportunity to gain knowledge on public health issues. We invite you to join us!

Conference Session Pillars:

Pillar I: Health Promotion/Disease Prevention
Tribal Programs on Childhood Obesity, HIV/AIDS prevention, Cancer Prevention & Control, Diabetes Prevention, Maternal/Child Health

Pillar II: Behavioral Health
Suicide Prevention, Alcohol/Drug Abuse, Traditional Medicine, Treatment/Recovery Programs

Pillar III: Public Health Preparedness & Emergency Response
H1N1, Environmental Health, Water & Sanitation

Pillar IV: Tribal-State Relations
Data Sharing, Tribal Epidemiology Centers, Direct Funding, Veterans' Affairs, Disability Issues, Tribal Public Health Accreditation

Conference Registration is \$250

National Indian Health Board  For more information visit www.nihb.org

Albuquerque, New Mexico

May 18-20, 2010

Sheraton Albuquerque Uptown
 2600 Louisiana Boulevard
 Albuquerque, New Mexico 87110

Health Reporter Spring 2010

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

