DRAFT CONFERENCE AGENDA

Sunday, September 25

2:00 pm – 5:00 pm	**Registration and Information Desk Open**	**Regency Foyer**
2:00 pm – 5:00 pm	**Exhibitor Check In**	**Columbia ABC**

Monday, September 26

Paid registration required to attend

7:00 am – 4:30 pm	**Registration and Information Desk Open**	**Regency Foyer**
7:00 am – 4:30 pm	**Exhibit Hall and Marketplace Open**	**Columbia ABC**
8:30 am – 12:00 pm	**Opening Plenary Session**	**Regency Ballroom**

Welcome
William Smith (Valdez Native Tribe), Chairperson, NIHB
Opening Song
Presentation of Colors
Time of Reflection
Welcome to These Lands
NIHB Welcome
William Smith (Valdez Native Tribe), Chairperson, NIHB
NIHB Welcome
Stacy Bohlen (Sault Ste. Marie Tribe of Chippewa Indians), CEO, NIHB

9:20 AM **Advancing Equity and Racial Justice Through the Federal Government**
Updates from the Biden-Harris Administration
- Dr. Walensky, Director, Centers for Disease Control and Prevention *(video)*

9:50 AM **Update from the Indian Health Service**

10:05 AM **The Power of Identity: A Path to Tribal Health Equity**
- Victor Joseph (Tanana), Co-Chair, HHS Secretary's Tribal Advisory Committee

10:35 AM **Former IHS Directors & NIHB Chairperson Panel: Looking back to inform the future**

Former Indian Health Service Directors

- RADM Michael Weahkee
- Dr. Yvette Roubideaux
- Dr. Charles Grim
- Dr. Michael Trujillo

Former NIHB Chairpersons

- Cathy Abramson *(Sault Ste. Marie Chippewa)*
- Reno Keoni Franklin *(Kashia Pomo)*
- Julia Davis-Wheeler *(Nez Perce)*

***Moderators**:*

- William Smith (Valdez Native Tribe), Chairperson, NIHB
- Victoria Kitcheyan (Winnebago Tribe of Nebraska), Great Plains Representative, NIHB

11:55 AM **Closing Comments**
Nickolaus Lewis (Lummi Nation), Vice Chairman, NIHB

12:00 pm – 1:30 pm **IHS Listening Session** **Capital Room A**

1:30-2:45 pm **WORKSHOPS**

Track: Transformational Policy Change to Achieve Health Equity **Yellowstone/ Everglades**

Understanding the Public Health Crisis of Long-Term Care in Indian Country; Exploring the Needs and Opportunities for Tribal Communities

The need for home and community-based support (HCBS) of Elders and people with disabilities is the silent public-health crisis in Indian Country. The elevated rates of disability, chronic disease and earlier loss of life across Tribal communities is well-documented and further complicated by the swiftly increasing aging population with an expected overall growth of 42% by year 2050. In short, the most vulnerable population with the highest level of needs is expanding into an infrastructure which doesn't exist in Indian County. This workshop will help the audience understand the level of need across Tribal communities through review and discussion of data from sources such as the Title VI Elder Needs Assessment, case examples and other Tribally-based surveys. The presenters will then provide a comprehensive look at home and community-based care commonly provided by Tribes and explain the intersection of Tribally-provided services with state Medicaid Waiver programs as it impacts Tribes as providers and Tribal members in need of support. Though the federal government has recognized the deep needs of Tribal aging and disability services, there continues to be a considerable gap in funding opportunities and technical assistance, with no budget appropriation within Indian Health Services for these non-medical supports which help people age in place and have improved quality of life at all levels of ability. As a result, the bulk of comprehensive resources for aging and disabled Tribal members are found within state Medicaid waivers, which are administered by county agencies and, in many states, managed care organizations, who are largely unaware of Tribal authorities and culture. The speakers will outline the widespread barriers to HCBS access, enrollee participation and Tribal providers within the structure of Medicaid waivers and the accompanying policy implications. The presentation will close with a discussion of the opportunities for HCBS that are Tribally administered and supports each Nation's sovereign rights to improve the health outcomes and quality of life for Elders and those with disabilities.

- Elaina Seep, MLS-ILP
- Collette Adamsen, Ph.D., (Turtle Mountain Band of Chippewa), Director, National Resource Center Native American Aging
- Michelle Meyer, Senior Project Coordinator, Native Aging in Place Project-NRCNAA

Track: Beyond Health Care: A Holistic Approach to Health Equity **Thorton**

Advancing the Community Health Representative Workforce to Address the Social Determinants of Health and Achieve Health Equity

Despite decades of documented evidence of the effectiveness of the CHR workforce to support primary care and chronic disease interventions among tribal nations in both urban and rural communities, it lacks professional identity, integration, and sustainability in its role to preserve cultural and spiritual practices of wellbeing and to address historic and structural inequities to the social determinants of health. In this interactive workshop, presenters will share national qualitative and quantitative data collected through a collaboration between the National Association of Community Health Workers and the Indian Health Services and facilitate an interactive session with participants to develop and critique strategies that amplify CHR identity and integrate their roles and capacity to improve the healthcare team and healthcare delivery for tribal members in rural and urban settings.

- Denise Smith, CHW, PN, MBA
- Michelle Archuletta, MS, MA (Lone Pine Paiute-Shoshone), Public Health Advisor, Indian Health Service

Track: Leveraging Tribal Resources for Health Equity **Congressional A**

Health Care Transformation at Mille Lacs Ojibwe: Our Journey

Mille Lacs Band of Ojibwe started years ago on a journey to strengthen their department of health and human services to provide a broader range of services and programs to better meet the needs of their community. Over the course of many years, the Tribal Leadership continued to plan and pursue funding to build a beautiful new clinic.

During this presentation, attendees will hear from the Chief Executive Melanie Benjamin and Community Member Pete Nayquonabe about their long journey overcoming many hurdles to eventually open the new clinic.

Even COVID-19 could not stop their determination and in 2019 the NE-IA-SHING clinic opened its doors. Today, the NE-IA-SHING clinic, stands majestically on the crest of a hill on the reservation. It is home to a beautiful state of the art facility housing medical, dental, mental health and substance abuse services as well as a pharmacy and optometry departments. Mille Lacs also provides substance abuse treatment through a MAT program located within the clinic as well as through Four Winds Treatment Center, an inpatient treatment facility located approximately thirty minutes from the main clinic. There are also a wide variety of human service programs housed within the facility which meet the needs of all community members from newborns to elders. Mille Lacs band of Ojibwe also has two other satellite clinics to service community members who live in outlying districts.

Most recently, following a complete operations assessment of all programs and services, the clinic added Case management and realigned some services including home Health Care and WIC, to fall within the nursing department. These are just a few examples of a more integrated care approach.

- Melanie Benjamin, (Mille Lacs Band of Ojibwe Ind), Chief Executive, Mille Lacs Band of Ojibwe Indians
- Pete Nayquonabe, (Mille Lacs Band Ojibwe Indians), Community Member, Mille Lacs Band of Ojibwe Indians

Track: Respecting Tribal Sovereignty: A Path to Accelerating Tribal Health Equity **Capital Room B**

Expanding Tribal Self-Governance at The Department of Health and Human Services: Legislative Strategy and Next Steps

The Indian Self-Determination and Education Assistance Act (ISDEAA) authorizes Tribes and Tribal organizations to be funded by the Federal government to provide services that the Federal government would otherwise be obligated to provide due to the trust responsibilities and treaty obligations of the United States. At present, the ISDEAA applies to only one agency within the Department of Health and Human Services (HHS): the Indian Health Service (IHS). But Tribes provide health care services to their communities funded by many non-IHS agencies within HHS, albeit primarily through grant mechanisms that deny Tribes the benefits of the ISDEAA. Presenters will share the draft legislation that a Tribal workgroup has developed and provide an update on the most recent efforts with Congress and the Administration. Attendees and presenters will discuss specific actions and strategies used to advance this bill in Congress. This will be a participatory session where attendees will have the opportunity to share their perspective on Tribal self-governance expansion and strategize on ways to advance the bill in Congress and ways to gain administration support.

- Geoff Strommer, Partner, Hobbs Straus Dean and Walker, LLP
- Ron Allen, (Jamestown S'Klallam tribe), Chairman, Jamestown S'Klallam tribe
- Melanie Fourkiller (Cherokee Nation), Director of Self-Governance, Choctaw Nation of Oklahoma
- Jim Roberts (Hopi Tribe), Senior Executive Intergovernmental Affairs Liaison, Alaska Native Tribal Health Consortium
- Jennifer Webster (Oneida Nation), Council Member, Oneida Nation

Track: Honoring our Past, Preparing for our Future **Concord/Lexington/ Bunker Hill**

Practice-Based Evidences: Manifesting the effect of cultural help and Traditional medicines in Behavioral Health

The past three decades of the dominant culture psychology field has privileged what is known as “evidence-based practices.” Rafts of models, manuals, and theories are seen as foundational requirements in Behavioral Health industries. Funders, policy analysts, audit organization, and supervisors use metrics based on this Western science model to provide support to different programs. Recent surveys of American Indian/Alaska Native interventions demonstrate either absent or minimal attempts to exhibit the curative nature of such: none are designated as evidence-based treatments. Most comments on these culturally derived treatments subjugate them as “sensitive” adaptations. Those healers and ally professionals engaging cultural infused interventions (other than adjunctive add-ons) know differently about the outcome of such treatment. Since IHS and most tribally agencies are both embedded in and dependent on appeasement of the dominant psychological science.

This presentation will outline a local and system-wide method for planning, gathering, and demonstrating the outcomes of culturally originated treatments: practice-based evidences. Having such evidences within individual agencies or programs as well as larger systems provide meaningful data to convince funders, appease auditors, and demand equity at the table of model science and policy. The presentation schematic will default to American Indian/Alaskan Native indices of wellness, notions of psychological health, and spiritual connection. This is a rupture in the acculturation model of Berry (1990) but is reverence for and recognition of historical cultural truths as well as needed future definitions. Data description, systematic gathering procedures and tools and both real-time and point-in-time analysis processes will be discussed and demonstrated. Uses of the data in program development and expansion, in managing a funding audit, and informing marketing will be outlined.

Practice-based evidences build the strongest footings for privileging local and larger worldviews and cultures allowing traditional culture can truly be the recipe for health not just an ingredient. Those who work with our tribal members and embrace traditional medicines as powerful, effective, and efficient know that what happens in our centers lifts those engaging in services. Our programs at Nat Su Health sponsored by Skull Valley Band of Goshutes is centered on Native principles, infused with spiritual grounding and community or

- Rustie Wayne-Jones,LCSW, Warrior Heart Women's Residential Clinical Director, Nat Su Health Services
- David Allred, DMFT, LMFT, Warrior Spirit Men's Residential Clinical Director, Nat Su Health Services

2:45-3:00 pm	**Wellness Break** *Healthy snacks provided*	**Regency/Columbia Foyer**

3:00-4:15 pm	**WORKSHOPS**

Track: Transformational Policy Change to Achieve Health Equity — **Yellowstone/ Everglades**

PHAB Accreditation and Pathways Recognition: National Standards to Transform Governmental Public Health and Advance Health Equity

While the pandemic has highlighted the tremendous commitment of health departments to promote and protect the health of the public, it has also underscored health disparities that have plagued communities for centuries and emphasized the need to prioritize health equity.

One way to reshape the public health system is having a set of standards to define expectations for all health departments. The Public Health Accreditation Board (PHAB) recently released an updated set of Standards & Measures (Version 2022) for health department accreditation and launched the Pathways Recognition program. The session will highlight how the Foundational Public Health Services model served as a framework in developing both Version 2022 and Pathways, how both efforts emphasize equity, and how PHAB was responsive to Tribal health needs in its approach.

Version 2022 of the PHAB Standards & Measures was released in March 2022 and was informed by input from the public health field, including Tribal health departments. Version 2022 includes an emphasis on health equity, updated preparedness requirements, and measures corresponding with the Foundational Capabilities.

The Pathways Recognition Program is a program for local, Tribal, and territorial health departments to support performance improvement, strengthen infrastructure, and facilitate public health system transformation. Pathways is based on a subset of Version 2022 of the Standards & Measures and can facilitate accreditation readiness for eligible health departments.

PHAB will highlight structures to help health departments, particularly Tribal health departments, assess themselves against national standards, work to fill gaps, and receive feedback from their peers. The session will describe both programs and how Pathways can be used to prepare health departments for accreditation. Many recommendations from Tribal health departments have been incorporated into Version 2022 and Pathways Recognition using a Tribal health and health equity lens, including:

- Respecting data sovereignty for Tribal Nations within the requirements
- Revamping requirements about how state health departments can support their Tribal and local health departments by understanding and being responsive to their needs
- Considering and emphasizing health equity in every domain

This session will serve as an introduction to these new products and will offer an opportunity for participants to ask questions.

- Paul Kuehnert, DNP, RN, FAAN, President & CEO, Public Health Accreditation Board

Track: Transformational Policy Change to Achieve Health Equity — **Congressional B**

Enrollment Update: Updates of Medicaid and Medicare Enrollment and Comparison over Time, and the Impact of Medicaid Expansion on Enrollment

Using American Community Survey 2020 Data, this session will provide an overview of American Indian/Alaska Native State Medicare and Medicaid Enrollment for 2020 and over time. In addition, the presentation will include a comparison of Medicaid enrollment for states with Medicaid expansion and no expansion states.

- Rochelle Ruffer, Ph.D., Director, Tribal Health Data, NIHB

Track: Beyond Health Care: A Holistic Approach to Health Equity **Thorton**

Arizona home visiting program adapted to improve health and wellbeing of Navajo mothers and children

The Arizona Department of Health Services (ADHS) Health Start Program was evaluated by a team of researchers in 2021 and developed the Health Start Program Evaluation Impact Report. The report demonstrated the impact of Health Start on infant low birthweight, preterm births, prenatal care use, and early childhood immunization completion. The non-experimental study evaluated administrative data, birth certificates, and immunization records of 7,200 Health Start participants from 2006-2016 (compared to control group = 53,000). Findings show that American Indian mothers who participated in Health Start had fewer low birthweight infants, attend more prenatal care visits, and were more likely to complete all 7 CDC-recommended vaccinations for their children by age 5, compared to American Indian mothers not in the program.

Health Start is one of few home visiting programs where Community Health Workers (CHWs) are the primary interventionist. Funded by the state lottery, the program services fourteen (14) communities across the state, including the Navajo tribal community. Health Start enrolls high-risk pregnant and postpartum women with children under age 2. CHWs provide education on pregnancy, child growth & development, parenting, injury prevention, and vehicle safety by using a culturally appropriate home visiting curriculum. In addition to providing screenings and assessments, CHWs help women and their families navigate early childhood care systems to obtain social and health services.

This session will reflect on Health Start's past and its impact on maternal and child health outcomes and health equity. It will also include an overview of one Health Start site, Coconino County Health & Human Services' (CCHHS), located on the border of Navajo Nation, and how they adapted services to be culturally appropriate and sensitive to the local tribes. The audience will learn about the Navajo Wellness Model and how it is used to improve Navajo mothers' engagement and retention in Health Start. The audience will get an opportunity to participate in a facilitated Navajo Wellness Model planning session of nitsa'ak'ees (thinking), na'ahta (planning), iina (implementation) and sil hasin (reflection). In addition, the session will include several discussions on the effectiveness of the Health Start Program and the feasibility of bringing this type of home visiting program to other tribal communities to address health equity.

- Kelly McCue, MPH
- Brooke Holiday, BS (Navajo Nation), Program Manager III, Coconino County Health & Human Services
- Charmayne Lane, BS (Navajo Nation), Case Worker, Coconino County Health & Human Services

Track: Leveraging Tribal Resources for Health Equity **Congressional A**

Exploring Dental Therapists Serving Your Tribal Communities

For decades, Alaska Natives AI/AN Tribes have prioritized health and created the Community Health Aide Program (CHAP) program, which is holistic and includes dental therapy. This innovation has revolutionized oral health equity for Tribes and all underserved communities.

Dental therapy, or "school dental nurses" as the profession was first referred to, were first introduced in New Zealand in 1920 after World War I to address tooth decay in school aged children. The success of this first program was so great, that now roughly 53 countries utilize dental therapists as part of the dental team. Alaska Native Tribes sent students to New Zealand to be trained as dental therapists in 2000. In 2005, that class returned to Alaska to their home villages to begin working as oral health champions in their communities. Since then, more than 40,000 Alaska Natives across Alaska have gained access to culturally sensitive, trauma informed dental care. As of 2022, three tribes in Washington State utilize Dental Therapists (Port Gamble S'klallum, Lummi and Swinomish), Oregon utilizes Dental Therapists on two reservations (Coquille and the Confederated Tribes of Coos, Lower Umpqua and Suiuslaw Indians). AI/AN tribes have the right to tribal sovereignty, allowing decisions to be made for our people and by our people. There are over 30 dental therapists who graduated from the ANTHC/Ilisagvik program in Alaska and 130 from the Minnesota Dental Therapy Program. How do we work together to meet the future of dental therapy today?

The ADTA supports all education pathways that expand access to oral health care, and one of those pathways, which we will call the Equity/CODA model, just received a recommendation for funding education programs in a HRSA report for July 2022 titled: Supporting Dental Therapy through Title VII Training Programs: A Meaningful Strategy for Implementing Equitable Oral Health Care. A statement directly from this report reads, “Workforce projections estimate that by 2030 there will not be enough general dentists to meet the projected demand”. This is alarming because there is already a large dental care shortage in AI/AN communities. This will only intensify if we don't make a change now. We are here to support Tribal Communities.

- Kari Ann Kuntzelman, DT (Chickasaw), Dental Health Aid Education Specialist, Northwest Portland Area Indian Health Board

Track: Respecting Tribal Sovereignty: A Path to Accelerating Tribal Health Equity **Capital Room B**

Role and Experience of Traditional Healer in Dementia Care in North America, Australia and New Zealand

Access to culturally-safe dementia care is an emerging challenge worldwide. In 2018, the World Health Organization declared and recognized traditional healers as community stakeholders globally in dementia care and prevention. However, the catalytic role of traditional healers is still marginalized and under-represented to use their knowledge and experiences to develop culturally-safe dementia care (CSDC) policy and practice. The study aims to explore roles and experiences of traditional healers, evaluate strategies integrating Indigenous and Western dementia care approaches, and examine policy barriers and research gaps. 2020 Joanna Briggs Institute method was used for the systematic scoping review of over 600 peer-reviewed literatures published between 2000 and 2020 to meet inclusion criteria, protocol development, and community stakeholder consultation with Elders, knowledge-holders and traditional healers in dementia care at community level. Only two Canadian studies out of 143 were eligible for rigorous analysis and review published in Canadian Journal of Aging (2012) and Journal of Cross-cultural Gerontology (2011). Both studies reflect a negligible role of traditional healers, limited potential opportunities for the integration of Indigenous and Western dementia care practices, enormous policy barriers, and research gaps. Key example, traditional healer witnessed how physicians reject the validity of traditional healing and alternative medicines, making collaborative care for people with dementia was challenging due to mistrust and a lack of CSDC education (2012) and notion of culturally competent care, how the Grandmothers Group urged visual language and translation services in a remote memory clinic to ensure proper diagnosis and assessment. Local stakeholder consultation validates proposed roadmap to create a dementia-equity community. As there is no CSDC policy in the mainstream health care system, traditional healer knowledge on dementia care is unique and keystone for policymakers, community partners and academia to develop CSDC dementia policy, practice and research. Respectful inclusion and empowerment of traditional healer is a pathway forward integrating CSDC through community engagement for inclusive dementia education and sciences. These are significant steps for the evolution of evidence-based dementia care and practice to integrate Indigenous and Western medicine in dementia care and mitigation of policy barriers and research gaps.

- Hom Shrestha, Hons.BA,MA,PhD
- Lucy Shrestha,Hons. BSc., MSc., Graduate Student/Research Assistant, Laurentian University, School of Kinesiology and Health Sciences
- Michael McAurther, MLIS, Access Services Librarian, NOSM University
- Robyn Rowe, MIR, Ph.D. (Teme Augama Anishnabai, Canada), Sessional Professor and Post-Doc Research Scientist, Laurentian University, School of Indigenous Relations
- Joe Lynn, MSW, Ph.D. (First Nation in Quebec), Director and Assistant Professor, Laurentian University, School of Indigenous Relations
- Marion Maar, Ph.D., Associate Professor, Medical Anthropologist, NOSM University

- Jennifer Walker, Ph.D. (Haudenosaunee First Nation), Associate Professor, Director, McMaster Indigenous Research Institute, McMaster University, Department of Health Research Methods, Evaluation & Impact, Health Sciences

Track: Honoring our Past, Preparing for our Future **Concord/Lexington/ Bunker Hill**

Documenting Decades of Experience: Southcentral Foundation's Integrated Care Teams Playbook

More and more health care organizations are looking at integrated care as a method to increase quality of care and reduce costs. Southcentral Foundation (SCF), an Alaska Native customer-owned health care system responsible for providing health care and related services to approximately 65,000 Alaska Native and American Indian people in southern Alaska, has been providing primary care services through Integrated Care Teams for over 20 years in a system governed by and for the people SCF serves. Now, SCF has created the Integrated Care Teams Playbook, a guide for organizations looking to implement their own Integrated Care Teams.

The playbook is a document detailing the key steps for implementation of Integrated Care Teams, beginning with the initial steps of developing the broad vision for the health care system, and continuing all the way through how to evaluate results and make improvements after teams have been established. The information in the playbook is based on SCF's decades of experience with operating Integrated Care Teams and contains examples from SCF's Malcolm Baldrige-Award winning Nuka System of Care.

In addition to how to implement and sustain change, the playbook contains clinical information such as care team composition, clinical tasks, workload balance, empanelment of customers, and more. The playbook also contains operational information such as accessibility, visibility, and location of operational staff; organizational structure; job descriptions of operational staff; and more. The playbook also contains information about how SCF used the tribal values of the Alaska Native community to shape and direct its care teams, and contains best practices for building and maintaining a self-governed health care system based on feedback from the community being served.

SCF has seen decreased utilization of emergency services in the decades since implementing Integrated Care Teams, as well as a decrease in hospital discharges. SCF has also seen improvements in several Healthcare Effectiveness Data Information Set (HEDIS) benchmarks during that same time period. 98% of customer-owners (SCF's term for patients) are satisfied with the care provided by SCF, and SCF has also achieved 93% employee satisfaction.

This session will give an overview of the information in the playbook, with successes and lessons learned by SCF during the process of implementing Integrated Care Teams. All attendees will receive a free copy of the playbook.

- LaZell Hammons, RN, BSN
- MonicaLee, (Inupiaq), Director of Operations, Southcentral Foundation

5:00-6:30 pm **Opening Reception** **Thorton**

Tuesday, September 27

Paid registration required to attend

7:00 am – 8:00 am **Area Caucus Meetings: Tribal Leaders & Health Directors**

Alaska – *Capitol A*
Albuquerque – *Bryce*
Bemidji – *Congressional B*
Billings – *Regency D*
California – *Congressional A*
Great Plains – *Glacier*
Nashville – *Concord/Lexington/Bunker Hill*
Navajo – *Yellowstone/Everglades*
Oklahoma – *Thorton*
Phoenix – *Yosemite*
Portland – *Capitol B*
Tucson – *Grand Teton*

7:00 am – 4:30 pm **Registration and Information Desk Open** **Regency Foyer**

8:00 am – 5:30 pm **Exhibit Hall and Marketplace Open** **Columbia ABC**

8:15 am – 12:00 pm **Plenary Session** **Regency Ballroom**

Welcome

8:20 AM **Tribal Health Equity: Understanding AI/AN Health Outcomes and How to Change Them**

Moderators:

- Marty Wafford, Oklahoma City Area Representative, NIHB

9:00 AM **U.S. Department of Veterans Affairs Update**
Secretary Denis McDonough, Veterans Affairs

Moderators:

- William Smith (Valdez Native Tribe), Chairperson, NIHB
- Nickolaus Lewis (Lummi Nation), Vice Chairperson, NIHB

9:15 AM **Marking Advancements in Indian Health Policy**

- Rachel Joseph, Former Chairwoman, Lone Pine Shoshone Paiute Tribe
- Kitty Marx, Director, Office of Tribal Affairs, CMS
- Jim Roberts (Hopi), Senior Executive Liaison, Alaska Native Tribal Health Consortium

Moderator:

- Stacy Bohlen (Sault Ste. Marie Tribe of Chippewa), Chief Executive Officer, NIHB

9:45 AM **Funding the Path to Tribal Health Equity**

- Andrew C. Joseph, Jr., Chairman, Colville Business Council
- Jillian Curtis, Director, Office of Finance and Accounting, Indian Health Service
- Tyler Scribner, Budget and Appropriations Counsel, NIHB

Moderator:

- Amber Torres (Walker River Paiute Tribe), Phoenix Area Representative, NIHB

10:30 AM **Keynote Address: Impact of SCOTUS Decision on Tribal Sovereignty and Indian Health**

Moderators:

- Victoria Kitcheyan (Winnebago Tribe of Nebraska), Immediate Past Chairperson and Great Plains Representative, NIHB

- Marty Wafford, Oklahoma City Area Representative, NIHB

11:00 AM **Panel/Discussion: Advancing Maternal Health Equity: Policy, Community, System Solutions**

Moderators:

- Victoria Kitcheyan (Winnebago Tribe of Nebraska), Immediate Past Chairperson and Great Plains Representative, NIHB
- Marty Wafford, Oklahoma City Area Representative, NIHB

11:35 AM **Federal Indian Boarding School Initiative Report and Next Steps**

11:55 AM **Closing Remarks**

12:00 pm – 1:30 pm **eterans Affairs/Indian Health Service Consultation** **Capital Room A**

1:30 pm - 2:45 pm **WORKSHOPS**

Track: Transformational Policy Change to Achieve Health Equity **Yellowstone/ Everglades**

How 105(l) Leases can Improve Health Care Delivery for Tribal Nations

Under the Indian Self-Determination and Education Assistance Agreement (ISDEAA), IHS is required to enter into 105(l) leases with Tribes for tribally owned or leased buildings for the purposes of delivering services. They differ from a traditional lease in that they are facility cost agreements and compensate a tribe or tribal organization owner for facility operational expenses associated with using the facility to delivery ISDEAA contracted or compacted services. In Maniilaq Ass'n v. Burwell, 170 F.Supp.3d 243 (D.D.C. 2016), the United States District Court for the District of Columbia ruled that the IHS must provide full funding for Section 105(l) leases. Following this decision, Congress began providing full funding for these leases as part of the annual appropriations process. This guaranteed funding means that Tribes can pursue 105(l) leases as a way to finance construction for health care facilities. This session will explore the legal aspects of 105(l) leases and provide a history and statutory overview as well as highlight opportunities for Tribes who want to utilize this authority to construct health care facilities. IHS officials will share agency funding perspectives on 105(l) leases. The session will also feature Tribal presenters who have utilized this authority to build new health care facilities, and provide best practices.

- Geoff Strommer,
- Jillian Curtis, Chief Financial Officer and the Director of the Office of Finance and Accounting, Indian Health Service
- Joel Rosette, (Chippewa Cree), Chief Executive Officer, Rocky Boy Health Center

Track: Transformational Policy Change to Achieve Health Equity **Congressional B**

*Medicaid 101 *No Cost Session*

This session will provide an overview of Medicaid and Children's Health Insurance Programs. This will include administration, eligibility, covered services, and reimbursement for Indian Health Care Providers. The workshop will highlight specific provisions for American Indians and Alaska Natives, including the Medicaid protections from cost sharing, Medicaid Estate Recovery, managed care, and an overview of State Tribal Consultation requirements.

Track: Beyond Health Care: A Holistic Approach to Health Equity **Thorton**

Advancing Health Equity through State & Tribal Partnerships

To strengthen government to government relationships with Arizona's (AZ) 22 federally recognized Tribal Nations, per AZ state law (ARS 41-2051), each state agency is required to develop and implement tribal consultation policies to guide the agency's work and interaction with Tribal Nations. This abstract highlights AZ's approach to moving towards a more transformative public health infrastructure that is committed to dismantling inequitable approaches and strengthening collaborations with Tribal Nations and highlights the work of two state agencies, the AZ Advisory Council on Indian Health Care (AACIHC) and the AZ Department of Health Services (ADHS). Participants will take home strategies for engaging AI/AN communities, understand laws and policies that can support equitable solutions to address barriers and learn how to leverage resources to address health disparities experienced by AI/AN communities.
In efforts to build relationships and advance health equity among AI/AN communities, initiatives have been or are being implemented such as, but not limited to: creating a Tribal Handbook that provides a transitory blueprint on working with AI/AN communities; utilizing tribal consultation as a formal platform to acquire feedback on policies and programs that impact AI/AN communities; advocating for Tribal-specific positions and workgroups within the ADHS that can support, engage, and outreach to AI/AN communities.
The Health Disparities Grant is a national initiative to address COVID19 HD among populations at high risk and/or underserved communities. In AZ, we have witnessed the burden that many Tribes endured during the pandemic and have partnered with AI/AN communities to address poor health disparities. A partnership formed through this grant is with the AACIHC, whose mission is to advocate for increasing access to high quality health care programs for all American Indians in AZ. Their grant focuses on reducing health care disparities in AZ, amongst AI/AN communities, as it pertains to COVID-19 and other pandemics. The grants goals are to 1) identify and create training and health education materials, 2) identify barriers and challenges faced during the COVID-19 pandemic and solutions to mitigate them in the future, 3) identify pandemic best practices, and 4) share resources between communities. At the end of the grant, a Tribal Health Disparities Summit will take place sharing the materials, information, and data gathered throughout the grant.

- Corey Hemstreet, (Dine/Laguna Pueblo), Native American Liaison, Arizona Department of Health Services
- Kim Russell, (Navajo), Director, AACIHC

Track: Leveraging Tribal Resources for Health Equity **Congressional A**

Swinomish didgʷálič Wellness Center Removing Barriers to Treatment

The Swinomish Indian Tribal Community's didgʷálič Wellness Center's mission is to improve outcomes with quality health care by removing barriers to treatment. Since the wellness center's opening in 2018, didgʷálič has been immensely successful in fulfilling this mission through a tribal holistic model to address the substance use disorder and opioid use disorder epidemic in our community. Swinomish has created a tribal integrated-care model to address health disparities for an underserved community interconnected with poverty. Swinomish has successfully implemented a program to address food insecurity for individuals needing treatment for SUD/OUD. Swinomish has also implemented a program for pregnant women suffering from SUD/OUD. This past winter, Swinomish leveraged tribal resources, including a Swinomish fishing boat, to deliver medicated assisted treatment during historic flooding and snowstorms.

- Sarah Sullivan, MPH
- Jeremy Wilbur, (Swinomish), Vice Chair, Swinomish Indian Tribal Community

Track: Respecting Tribal Sovereignty: A Path to Accelerating Tribal Health Equity **Capital Room B**

Survey Modernization: Exercising Tribal Data Sovereignty for Actionable BRFSS and Youth Survey Data for AI/AN Communities

The Northwest Tribal Epidemiology Center (NWTEC) at the Northwest Portland Area Indian Health Board (NPAIHB) has been working with the Oregon Health Authority since 2020 to investigate, from a tribal perspective, the usefulness and limitations of state-wide survey data from the Behavioral Risk Factor Surveillance System (BRFSS) and school-based youth surveys. In 2021, NWTEC convened a series of five workgroup sessions with tribal health professionals. This session will review our workgroup methodology and

discuss issues raised during the discussion, including the impact of preferred AI/AN race designation in data reporting vs. inclusion of all respondents who indicate AI/AN race alone or in combination with any other race or ethnicity, as is NWTEC's usual practice.
The initial project findings include suggestions for providing more culturally-appropriate context in both questions and data reporting; the critical importance of robust and transparent partnership with tribes and AI/AN communities on how data are collected and used, to protect tribal data and tribal sovereignty; as well as the strengths of tribal BRFSS and other tribally-led data collection as alternative sources of data for use by tribes. We will also explore how this work fits into a larger discussion of how state-based population health surveys could be updated to generate more actionable data to better meet the needs of tribes, AI/AN communities, both in Oregon and across the US.

- Bridget Canniff, MALD, CPH
- Natalie Roese, MPH, Biostatistics Consultant, Northwest Portland Area Indian Health Board

Track: Honoring our Past, Preparing for our Future — **Concord/Lexington/ Bunker Hill**

Tribal Sovereignty and American Indian Health Professions Education
In this session we will discuss a brief history of medical education, and we will compare and contrast allopathic and traditional Indigenous approaches to medicine and health. A deeper understanding of the historical roots of medical education in the United States reveals an intergenerational outcome of colonization. A multitude of Indigenous approaches to medicine have been co-opted and adopted by modern medicine, including aspirin (willow bark) and the field of osteopathy. The goal of these discussions is to move forward with establishing Indigenous Health as an academic discipline and to recognize Indigenous Medicine as a clinical science. A long-term goal is to establish an American Indian School of Health Sciences that integrates modern medical training with Indigenous approaches to health and wellness.

- Donald Warne, MD, MPH
- Allison Kelliher,MD (Koyukon Athabascan), Director, American Indian Collaborative Research Network, Assistant Professor, University of North Dakota School of Medicine & Health Sciences

2:45 pm - 3:00 pm **Wellness Break** — **Regency/Columbia Foyer**
Healthy snacks provided

3:00 pm - 4:15 pm **WORKSHOPS**

Track: Transformational Policy Change to Achieve Health Equity — **Yellowstone/ Everglades**

Tribal Policy and Legislative Priorities for CMS
The Center for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG) is a group of tribal representatives who advise the Director of CMS on ways the Medicare and Medicaid programs can be improved to increase access to health care resources for Indian health care providers and American Indian and Alaska Native beneficiaries. The TTAG has developed a series of legislative and policy priorities for CMS that would address longstanding barriers of access to the Medicare and Medicaid programs for Indian health care providers. Implementing these proposals is an important first step in achieving health equity in Indian country. This panel will explain what each proposal does and how it would improve access to health care resources for American Indians and Alaska Natives.

- Melissa Gower, (Cherokee Nation), Senior Advisor, Policy Analyst, Chickasaw Nation

Track: Beyond Health Care: A Holistic Approach to Health Equity — **Thorton**

Innovative Partnerships between Cooperative Extension Services and Tribal Health to Increase Vaccine Confidence among Adults in Rural and Underserved Communities
Tribal health officials are being tested at unprecedented levels during the global pandemic. These unprecedented times highlight the need for interdisciplinary collaboration, team-based approaches to problem solving, and working towards common goals. Both Cooperative Extension System (CES) and Tribal

health officials can benefit from working in partnership because of their shared knowledge of their communities' geography, culture, and social norms. The EXCITE (Extension Collaborative for Immunization Teaching and Engagement) program provides an opportunity to foster this partnership through the development and dissemination of consistent health messaging built on shared language and values that seek to address inequities within tribal communities. The EXCITE program was funded through a cooperative agreement between the United States Department of Agriculture's National Institute for Food & Agriculture (USDA-NIFA) and the Centers for Disease Control & Prevention (CDC) in partnership with the Extension Foundation.

Extension offices are located in or near almost all 3,000 counties across the United States, including the Nation's 35 Tribal Colleges and Universities (TCUs). CES has a long history of research and educational activities supporting health teaching and outreach. Extension offices at fifty-six LGUs worked with health partners on 72 projects to develop programs to strengthen adult immunization education, increase the uptake of adult vaccinations through targeted messaging, and increase vaccine confidence rate among identified priority populations as part of the initial EXCITE funding. LGU staff and faculty worked together with over 100 health partners, including Tribal health entities, to reduce vaccine hesitancy within their communities. Unique projects from Extension offices within Tribal institutions improve community health and well-being while breaking down typical operation silos.

The EXCITE efforts afforded the opportunity for LGUs to engage with their communities to strengthen immunization education. The project put forward by each involved LGU, their partners, and their innovative strategies are helping to catalyze positive health-related changes; they provide examples of influence in action. Our presentation will feature examples of EXCITE projects, specifically as they relate to the involved TCUs, their innovative strategies, as well as an overview of the systemwide professional development and coordination of these efforts.

- Ruth Hursman, MSN, RN
- Margaret Grandon, MS, Aseto'ne Network Project Assistant & 1994 Engagement Coordinator, AIHEC

Track: Leveraging Tribal Resources for Health Equity **Congressional A**

Decolonizing Data

Ms. Imotichey will cover federal census data within two distinct fields: AIAN and health, including the COVID pulse survey. Participants will learn what surveys and tabulations of data are available to access from the federal government at no cost and how to receive individualized data training. Ms. Imotichey will also cover the US Census Bureau's new permanent Tribal Relations program and how this program partners locally with Tribes/Tribal Organizations. Ms. Echo-Hawk will discuss how Seattle Indian Health Board/Urban Indian Health Institute has provided grants to allow Tribes/Tribal Organizations to improve data collection and surveys within their own communities, asked more culturally appropriate and informed questions for improved data outcomes and how data can lead to additional resources, health equity and improved health outcomes.

- Jessica Imotichey, MPH, MLS
- AbigailEcho-Hawk, MA (Pawnee), Director, Urban Indian Health Institute

Track: Respecting Tribal Sovereignty: A Path to Accelerating Tribal Health Equity **Capital Room B**

CHAP Implementation and the future of health care delivery in Indian Country

Tribal leaders and tribal health programs in our area support long term sustainable solutions that build up our communities, create opportunities for our youth and tribal citizens, educate our healers, and train the next generation of Tribal workforce. Developed in Alaska over the last 60 years, the Community Health Aide Program (CHAP) is a model that was tribally created, tribally driven and for those reasons has unique features that resonate with tribes. Creating a workforce that comes from our communities and respects that we are sovereign and have authority to determine how to answer issues of access to basic healthcare has proven benefits.

We are building our public health workforce through the CHAP, a program that trains individuals from the community to provide primary care in physical, behavioral, and oral health. The CHAP is vital to expanding access to care in our tribal communities and tackling important social determinants of health. The CHAP creates accessible education pathways into the health care professions, increases access to culturally relevant, trauma informed primary care, builds integrated primary care teams, and creates professional wage jobs in communities.
This presentation will focus on laying a foundation for what the Community Health Aide Program is, how it expands and grows the AI/AN workforce, the cultural implications of the CHAP as part of our health programs, how CHAP addresses social determinants of health, and the necessary tribal engagement to ensure CHAP implementation is tribally driven, supports tribal self-determination, and respects tribal sovereignty.

- Carrie Sampson-Samuels
- Christina Friedt-Peters, Tribal Community Health Provider Project Director, Northwest Portland Area Indian Health Board

Track: Honoring our Past, Preparing for our Future **Concord/Lexington/ Bunker Hill**

Culturally Reflective Rehabilitation Program Development

The history of loss and trauma is not so distant in the United Indian Health Services (UIHS) service area – but then neither is the memory of thriving and wellness in our lands and our peoples. As a united tribal healthcare organization, we are able to call on not only this intergenerational understanding of health and wellness, but also an intercultural understanding of wellness shared by the many tribes that contribute to the diversity of our native community.
UIHS has drawn on this wealth of knowledge and collective experiences to develop priorities for the future of tribal health equity in our region, resulting in the decision to move forward with the development of a novel Rehabilitation Department that diverges from the standard western medical model for rehabilitative services. The program is unique in its design as it harnesses our understanding of holistic wellness to indicate the need for collaborative disciplines, guided by a culturally relevant model of practice. To this end physical and occupational therapists are hired to work cooperatively under the innovative, yet traditionally-informed Woven Model of Care.
As the first such program for a tribal health organization in the state of California, we developed a Guide to New Rehabilitative Services in Tribal Health Organizations to share what we have learned with other tribal health organizations. This workshop will cover these broadly-applicable notes on how to develop rehabilitation services to expand access to tribal communities, as well as present on the early results of UIHS's own seminal Rehabilitation Program. Examples will include administration of a needs assessment and proposal writing, culturally relevant intervention planning and hiring, the development of an original, culturally reflective model of practice, and more. Policy-relevant takeaways will include an understanding of the importance of advocacy for physical and occupational therapy reimbursement to support the cost of maintaining rehabilitation services in the rural areas where many tribal health programs operate, to better support tribal members living on their ancestral land.
At UIHS the past, present, and future of health and wellness are understood through the intergenerational and intercultural wisdom of healing that informs the development of new programs and services for many generations to come.

- Kathryn Biesanz, OTR/L

NIHB Roundtable on Public Health Preparedness and Emergency Response in Indian Country **Regency D**

The National Indian Health Board, in collaboration with the Centers for Disease Control and Prevention (CDC), will convene a roundtable on examining public health preparedness, focusing on emergency preparedness infrastructure with real-time situational awareness, and responding to threats of emerging or re-emerging diseases and natural disasters. This session will identify and

expand partnerships to develop new approaches for reducing all hazards to address public health threats and identify best practices to advance workforce development to prevent and respond to COVID-19 in American Indian/Alaska Native populations.

4:30 pm – 6:00pm	**U.S. Department of Veterans Affairs, Tribal Consultation on VA Reimbursement Agreements**	**Capital Room A**
6:30 pm - 7:30pm	**NIHB VIP Reception** *Invitation Only*	**Terrace, National Museum of the American Indian**
7:30 pm - 10:00 pm	**2022 Annual Heroes in Health Awards Gala & 50th Anniversary Celebration** *Separate tickets required*	**National Museum of the American Indian**

Wednesday, September 28

Paid registration required to attend

7:00 am – 8:00 am	**Fitness Event with Billy Mills, Olympic Gold Medalist**	
7:00 am – 5:00 pm	**Registration and Information Desk Open**	Regency Foyer
8:00 am – 5:00 pm	**Exhibit Hall and Marketplace Open**	Columbia ABC

8:15 am - 8:45 am **Area Caucus Meetings: Tribal Leaders & Health Directors**

Alaska – *Capitol A*
Albuquerque – *Bryce*
Bemidji – *Congressional B*
Billings – *Regency D*
California – *Congressional A*
Great Plains – *Glacier*
Nashville – *Concord/Lexington/Bunker Hill*
Navajo – *Yellowstone/Everglades*
Oklahoma – *Thorton*
Phoenix – *Yosemite*
Portland – *Capitol B*
Tucson – *Grand Teton*

9:00 – 9:45 am **Tribal Townhall** — **Thorton**

10:00 am – 11:15 am **WORKSHOPS**

Track: Transformational Policy Change to Achieve Health Equity — **Yellowstone/ Everglades**

Telemedicine Transformation & the Impact for Tribal & Rural Communities

During our presentation, we will cover recent movement by health care entities and CMS to promote health equity, improve access to care, and promote competition and transparency. We'll discuss telehealth today: what's going on, including waivers expiring, management of chronic care, patient monitoring, telehealth payment parity laws, physician fee schedule questions, and more. The presentation will also cover CMS's "framework for health equity: coverage to care through the roadmap." These include expanded coverage for telehealth services, audio-only (telephone) services, used in the treatment of mental health and substance health and how this will affect the rural and tribal health community. We'll also discuss some of the operational risks of the impact of these changes.

CMS is also establishing permanent coverage for mental health services delivered via telehealth through federally qualified health centers (FQHC) and rural health clinics (RHC), two types of care providers that have traditionally targeted underserved populations, but which haven't been reimbursed for telehealth services. We'll discuss CMS's Proposed Rule Changes 2023, which includes other policy proposals, including expansion

of behavioral health services. Specifically, CMS is proposing to allow licensed professional counselors, marriage and family therapists, and other types of behavioral health practitioners to practice under general (rather than direct) supervision and to pay for clinical psychologists and licensed clinical social workers to provide "integrated behavioral health services." The proposed rule will be formally published July 29 in the Federal Register with comments due 60 days after that.
Finally, we'll cover next steps moving forward—what are action plans, approaches, models, and/or what do you do with telehealth moving forward and subsidizing care?

- Sabrina Butler, CHC, CPC, CRC, CHCA
- Lori Laubach,CHC (), Partner, Moss Adams LLP

Track: Beyond Health Care: A Holistic Approach to Health Equity **Thorton**

Cultivating a multifaceted Native youth-led perspective on health equity programming

American Indian and Alaska Native (AI/AN) youth have disproportionately higher suicide rates and face increased risk for mental health challenges, and substance use than non-native youth (Office of Minority Health, 2022). In 2020, suicide was the second leading cause of death for AI/AN between the ages of 15 and 24 (CDC, 2021) Youth leadership programs that hold youth as key stakeholders have shown success in health programming in tribal communities (Lewis, M. E., et al, 2022). The National Council of Urban Indian Health's (NCUIH's) Rivers of Rejuvenation (ROR) Youth Council (YC) is the future and voice of their tribal nations. Through ROR YC's innovative work, they have forged the path forward toward achieving tribal health equity. This workshop aims to enhance youth-led programming and explores best practices that empower youth to promote health equity at a National level. We share authentic ways to integrate training, mentorship, and skill-building into youth-operated programs. This interactive workshop encourages creative thinking and sharing of sound tribal principles for organizations to incorporate into their own youth curriculum. Participants will explore examples of tangible virtual activities that address health issues in their Native communities.
NCUIH's interactive workshop also highlights achievements gained by our ROR YC's RejuveNation: Building Resilience in Urban Native Youth Summer YouTube Live Series. The youth series focused on three themes that explored Native visibility and building community, art and advocacy, and environmental and mental resilience. Our project outcomes surpassed desired goals. As of August 2022, our YouTube series had over 1500 views, with a reach of over 4000 individuals through Mailchimp and listservs. Social media engagement impact was strong with over 150 impressions, including YouTube likes. Participants shared the usefulness of replicating this series to enhance their own Native community's wellness.

- Sebouh Kouyoumjian, MPA/HSA
- Molly Siegal, MPH CPH, Public Health Associate, National Council of Urban Indian Health

Track: Leveraging Tribal Resources for Health Equity **Congressional A**

Developments in Immunizations: Roundtable to Discuss Flu, RSV, and Strategies for Improving Immunization Rates in Native American and Alaskan Native Communities

Workshop attendees will engage in a discussion learning about immunization rates within the tribal health centers and communities. Attendees will learn about scientific education on RSV in infants and influenza in adults. Attendees will be encouraged to share ideas for achieving high immunization rates within tribal communities.

- Susanna Bachle, Ph.D., Medical Science Liaison - Vaccines, Sanofi
- Sagar Shah, PharmD, Medical Science Liaison - Vaccines, Sanofi

Track: Respecting Tribal Sovereignty: A Path to Accelerating Tribal Health Equity **Capital Room B**

Leveraging Partnership to Promote Tribal Public Health Authority

Respecting Tribal Sovereignty can often be a "gray area" for those interacting with Tribal Nations. Although Tribes are federally recognized sovereign nations with inherent rights and authority, state and local governments, in which the Tribal Nation resides, largely fail to acknowledge or even

recognize tribes as such. Instead, Tribes are viewed as simply being a part of the state or county and therefore subject to state and/or country regulation and jurisdiction.
Anyone who truly understands Tribal Sovereignty could instantly see that treating tribes in this manner does not show respect for Tribal Sovereignty; conversely, it is disrespectful and has devastating consequences for the Tribe and the public health of its people. The reality is a system of forced dependency with little regard for the negative impact on the tribe and its people resulting in the undeniable health disparities facing Tribal communities today.
Stephanie Jay, an enrolled citizen of the Turtle Mountain Band of Chippewa and Tribal Public Health Leader, is championing an effort that no longer accepts the status quo. Her efforts actively promote Tribal Public Health Authority and with it a hope for a future shaped by health equity. Through networking and advocacy around Tribal Public Health, Stephanie is leveraging resources and partnerships to build health equity for her Tribe.
Thanks to support from the CDC Foundation, Stephanie has acquired the key personnel necessary to move Tribal Public Health's vision of a Tribal Public Health Department for the Turtle Mountain Band of Chippewa forward. Her leadership to the CDC Foundation Field Team supporting Tribal Public Health has led to opportunities and real-time impacts through the implementation of projects on; Public Health Communication, Wastewater Surveillance, Tribal Public Health Capacity Building, Public Health Policy, Public Health Data Access, and Tribally-led Community Health Assessment and Evaluation.
Stephanie along with the CDC Foundation Field Team Tribal Public Health Advisor and Epidemiologist will deliver an overview of their efforts to date with an opportunity for discussions intended to provide valuable insight to attendees on the process and benefits of the initiatives being pursued by the Turtle Mountain Band of Chippewa Nation.

- Stephanie Jay, MPH
- Cassandra Fonseca, MPH, Tribal Epidemiologist, CDC Foundation - Turtle Mountain Band of Chippewa
- Joseph Eltobgi (Turtle Mountain Band of Chippewa), Tribal Senior Public Health Advisor, CDC Foundation - TMBCI

Track: Honoring our Past, Preparing for our Future **Concord/Lexington/ Bunker Hill**

Two-Eyed Seeing Qualitative Analysis: A case study of research with three Native Nations
The project, Understanding Resilience and Mental Wellbeing: Southwest Indigenous Nations and the Impact of COVID-19, documented the resilience of three Native nations in Arizona and sought to identify Indigenous Determinants of Health invoked during the pandemic. Using semi-structured questions, narratives were collected through Zoom and phone interviews with educators, first responders, substance abuse treatment providers and traditional knowledge holders/practitioners working and living in the three Native nations. The analysis of these narratives required a bi-cultural approach as respondents were using both Indigenous and non-Indigenous modes of navigating the physical, social and cultural challenges and restrictions imposed during the pandemic. The multi-disciplinary analysis team, composed of Indigenous and non-Indigenous scholars, used a Two-Eyed Seeing approach embracing the contribution of Indigenous and non-Indigenous systems of inquiry. Specifically, Two-Eyed Seeing refers to learning from the strengths of both Indigenous and Western knowledge. Diverse perspectives were integrated into an analytical codebook that considered the breadth of strategies and factors influencing resilience, and equitably valued cultural, social, spiritual, financial, environmental, and physical experiences. The outcome was a culturally meaningful interpretation of the data that can be used by Native Nations to apply existing strategies to prepare their communities for future adversity.

- Melinda Smith, Ph.D. ABD

- Nicolette Teufel-Shone, Ph.D., Professor - Associate Director, Center for Health Equity Research, Northern Arizona University
- Amanda Hunter, Ph.D., MPH, Postdoctoral Scholar, Northern Arizona University
- CarolGoldtooth-Begay, Ph.D., MPH (Navajo Nation), Researcher, Outreach Coordinator for The Partnership for Native American Cancer Prevention, Northern Arizona University
- ChesleighKeene, PhA, Assistant Professor, Northern Arizona University
- AndriaBegay, MPH (Navajo Nation), Student Worker, Northern Arizona University
- JenniferEtcitty, Student Researcher, Northern Arizona University
- AngelicaAlvarado, Student Researcher, Northern Arizona University
- KarenJarratt-Snider, PhA, Professor, Northern Arizona University
- JulieBaldwin, PhD, Professor, Director of the Center for Health Equity Research, Northern Arizona University

11:15 am – 1:00 pm **Centers for Medicare and Medicaid Services (CMS) Listening Session** **Capital Room A**

1:00 pm – 2:15 pm **WORKSHOPS**

Track 1: Transformational Policy Change to Achieve Health Equity **Yellowstone/ Everglades**

Health Equity in Indian Country From a California Perspective

The presentation will explore the growth differences in budgets for the I/T/U and other federally funded health systems within the context of the Indian Health Service (IHS) budget and IHS Areas. The IHS budget has grown over the years, yet it still has a long way to go to be considered equitable. Within the context of health equity and the Federal Trust Responsibility, Tribal Health Programs should be leading the way in terms of actual resources provided to our communities.

The presentation will use the IHS Congressional Budget Justification document to show current inequities within the IHS system. These inequities have sustained impacts to California and several other IHS Areas. For example, the absence of any IHS-funded ambulatory facilities in California has led to significant disparities across IHS budget line items. This issue translates to fewer resources being provided to support the health of California's American Indian and Alaska Native (AIAN) population.

In the late 1970's and early 1980's, the Rincon Band of Luiseno Indians and other California Tribes successfully sued the IHS to address funding disparities to California Tribes. The courts ordered that IHS must provide equitable resources to California and across Indian Country. California Tribes contend that the Rincon decision has not been adequately resolved. Moreover, the next phase of the IHS Health Care Facilities Priority System (HCFPS), which determines when and where IHS facilities will be built, is currently under consideration. The draft HCFPS that the IHS is currently considering will likely continue to avoid certain Areas to the detriment of Areas that are already under resourced. Similar to the Joint Venture Construction Program (JVCP), the HCFPS includes an "Isolation" metric. This metric has all but eliminate JVCP funding in California. The HCFPS as drafted will likely continue this trend for the foreseeable future.

The presentation will wrap up by examining ways to create a more equitable system. We will finish the discussion by providing some action items and perspectives that can be utilized by healthcare professionals across Indian Country. AIAN people may come from different Tribes, but we all share a common history in terms of intergenerational trauma and resistance to colonial forces. Systems currently in place keep us apart by exploiting artificially limited resources. We look forward to exploring this issue with other Tribal partners.

- Buck Ellingson,
- MarkLeBeau,PhD (Pit River), CEO, California Rural Indian Health Board

Track 1: Transformational Policy Change to Achieve Health Equity **Congressional B**

*Medicare 101 *No Cost Session*

This session will provide an overview of Medicare administration, eligibility, covered services and reimbursement for Tribal Health Programs staff and beneficiaries with a focus on specific provisions for American Indian and Alaska Natives.

Track: Beyond Health Care: A Holistic Approach to Health Equity **Thorton**

Strengthening Institutional and University Commitment to Tribal Health Equity

Health disparities exact a devastating toll upon Indigenous people in the United States. Despite a legal obligation on the part of the United States to provide health care to American Indians and Alaska Natives (AI/AN), the health status of the AI/AN communities faces significant inequity in health care and health status compared to other U.S. populations.

This interactive workshop will begin with a facilitated discussion of the complex causes of poor health, including the circumstances in which people live (access to health care, schools and education, and conditions of work, leisure, homes, and communities) and their individual and cultural characteristics (such as social status; gender, age, cultural norms and values, and historical trauma). Attendees will be encouraged to identify pathways to tribal health equity for the communities they serve or are a part of. The panelists will share examples of leveraging tribal funding and university resources to develop pathway and mentoring programs for high school and college students, create community-informed research projects, convene experts to reimagining tribal health and research, and co-create shared resources that privilege Indigenous ways of knowing, doing, and being.

During the workshop, participants will have the opportunity to learn from multiple examples of intentionally building a path towards tribal health equity. Participants will experience 3, 20-minute working sessions focused on the themes of research, education, and community engagement. Following the 3 working sessions, participants will be encouraged to share the strategies they plan to use, examples they'd like to replicate, or new ideas they'd like to implement for building their path to tribal health equity.

- Angela Gonzales, Ph.D.
- NateWade,Ph.D., Executive Director and Assistant Research Professor, Arizona State University
- Jacob Moore, Executive MBA (Tohono O'odham, Akimel O'odham), Associate Vice President of Tribal Relations, Arizona State University

Track: Leveraging Tribal Resources for Health Equity **Congressional A**

Leveraging Resources and Technology to Address SDOH in the Aleutian Pribilof Islands of Alaska

Aleutian Pribilof Islands Association (APIA) is the federally recognized tribal organization of the Aleut people in Alaska. APIA's mission is to promote self-sufficiency and independence of the Unangax̂ (Aleut) people by advocacy, training, technical assistance and economic enhancement; to assist in meeting the health, safety, and well¬-being needs of each Unangax̂ community; to promote, strengthen and ensure the unity of the Unangax̂; and, to strengthen and preserve the Unangax̂ cultural heritage.

Through a subaward agreement with the Alaska Native Tribal Health Consortium, the Centers for Disease Control (CDC) Precise Prevention, Data Grant– Drive Decision Making to Prevent Suicide, Intimate Partner Violence and Adverse Childhood Events award has provided APIA with resources to better address social determinants of health within their Health clinics and Behavioral Health clinics as well as enhance partnerships and communication with internal APIA Wellness Program and Cultural Heritage department programing.

By adjusting screening tools used within the Behavioral Health clinics and adopting the Protocol for Responding to and Assessing Patients Assets, Risks and Experiences (PRAPARE) screening tools, providers are able to better identify high risk patients within the region. With the "clean data in, clean data out" approach to screening tool implementation and integration of Z codes, APIA is working to document SDOH for the population served. Connecting identified patients to resources, APIA has hired staff to include a Behavioral Health Nurse Case Manager and Behavioral Health Social Workers to support clients. In partnership with ANTHC Behavioral Health and ANTHC health IT leadership and three other Alaska Native Tribal Organizations,

(THOs) SODH screening tools are in various stages of implementation and pilot testing throughout the Alaska Tribal Health System.

- Stacy Kelley, MPH

Track: Respecting Tribal Sovereignty: A Path to Accelerating Tribal Health Equity **Capital Room B**

Tribal Law, State Alzheimer Plans and Policy Response to Dementia in Indian Country

From the beginning of persons organizing action on dementia and caregiving issues in the early 1980s, working in and through government as one means of dealing with the myriad problems related to the societal burden and trajectory has been a means to an end of better lives for persons living with Alzheimer's disease and related dementias (ADRD). This brief examines how federal and tribal law and state policy actions currently address these issues.

As sovereign nations, tribes are uniquely situated to use law as a public health tool to promote the health and well-being of their communities. Additionally, federal law creates a framework that governs the relationships among tribes, states, and the federal government that can affect tribal public health. (U.S. Centers for Disease Control and Prevention, 2017)

Law, regulation, and policy are all understood to be essential public health services as tools to promote equity and improve public health. Mensah et al. (2004) provided an early framework for providing public health services, explicitly citing law as a tool for preventing chronic disease. Consensus chronic disease success stories cited by experts are rooted in legal changes—such as tobacco control, vaccine policy, and seat belt use (CDC, 2014).

Against this backdrop, it is not surprising that Alzheimer's disease and related dementias (ADRD) and dementia caregiving issues are commonly addressed through law and policy in mainstream communities. Over time we have seen the creation or championing of: policies and laws shaping the amount and types of long-term services and supports, funding for public health surveillance on dementia and the burden of caregiving, and mandates for awareness-raising activities or risk reduction messaging campaigns and workforce development initiatives.

This workshop will review a just-published report on these issues and discuss opportunities for tribes and THO's to use policy to improve equality in access to diagnosis, support, and care.

- Michael Splaine, BA
- Jolie Crowder, Ph.D., RN, MSN, CCM, Senior Project Director, International Indigenous Aging Association

Track: Honoring our Past, Preparing for our Future **Concord/Lexington/ Bunker Hill**

Health Equity for Tribes at the Department of Health and Human Services

American Indians and Alaska Natives are the only group the United States has a legal trust and treaty responsibility to provide health care to, yet they still have some of the worst health disparities of any group in the country. This panel will provide an overview of the history of the United States' legal obligation to provide health care to AI/ANs; provide an overview of the CMS TTAG's health equity workgroup's mission and goals; provide an overview and the results of the NIHB's health equity workshop and summit; and provide a tribal perspective on the Administration's work to implement the Executive Order on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government" (E.O. 13985).

Elliott Milhollin will provide an overview of the United States' unique legal authority to take actions on behalf of Indian country to achieve health equity. He will provide an historical overview of the major legislative and policy milestones that have helped to reduce health disparities in Indian country, while also providing an historical assessment of health disparities that persist in Indian country today.

Jim Roberts will review past work that shed light on Tribal health equity issues from the Meriam Report of 1928 to the recent reports produced by the U.S. Commission on Civil Rights and how these reports reveal that the trajectory of addressing health equity issues for AI/AN people has not changed dramatically. He will provide a tribal perspective on the Administration's health equity initiative and the work of the CMS TTAG's

health equity subcommittee and how the recommendations from this work can help reshape and positively advance health equity for AI/AN people.

- Jim Roberts,
- Elliott Milhollin, Partner, Hobbs Straus Dean and Walker LLP

2:30 pm – 5:00 pm **Closing Plenary Session** **Regency Ballroom**

Opening Remarks

2:40 PM **A Discussion with the CMS Administrator**

- Chiquita Brooks-LaSure, MPP, Administrator, Centers for Medicare and Medicaid Services *(Invited)*

***Moderators**:*

- W. Ron Allen (Jamestown S'Klallam Tribe), Chairman, Tribal Technical Advisory Group (TTAG) to CMS
- Nickolaus Lewis (Lummi Nation), Chairman, Medicare and Medicaid Policy Committee (MMPC), NIHB

3:10 PM **Expanding the Community Health Aid Program**

- Sue Steward, Cow Creek Council, Deputy Director, Northwest Portland Area Indian Health Board *(Invited)*
- Sarah Sullivan, Health Policy Director, didgʷálič wellness center *(Invited)*

***Moderators**:*

- Nickolaus Lewis (Lummi Nation), Vice Chairperson, NIHB

3:35 PM **Climate Change, Environmental Justice, and Health Equity**

This facilitated discussion will explore how climate change and environmental health are directly linked to Tribal health equity. The discussion will explore the impact of recent Court Decisions, Legislation, and Administrative Actions on environmental health and climate change. Additionally, we hope the panelist can discuss the role of Tribal sovereignty and traditional ecological knowledge in protecting the environment and keeping our people healthy and well.

***Moderator**:*

- William Smith (Valdez Native Tribe), Chairperson, NIHB

4:00 PM **Youth Vision for Indian Health Care**

Native youth will reflect on their vision for the future of Indian Health

4:15 PM **Vision for the Next 50 Years**

- Kitcki Carroll (Cheyenne and Arapaho), Executive Director, United South and Eastern Tribes

- Beverly Cook (St. Regis Mohawk Tribe), Tribal Chief, Nashville Area Representative, NIHB

4:50 PM **Closing Remarks**
Retiring of Colors
5:00 PM **Adjourn Conference**

Thursday, September 29 **Post-Conference, free of charge and open to the public**

9:00 am – 4:00 pm **Tribal Harm Reduction Summit** **Congressional B**

* Separate registration required, Limit of 80 seats

The Tribal Harm Reduction Seminar will feature subject matter experts and speakers with lived experience with substance use in Indian Country. Topics will cover harm reduction-related legislative and policy updates, funding opportunities, and identified gaps in service needs; highlights of successful Tribal harm reduction programs (medication-assisted treatment, syringe service programs, naloxone distribution, and HIV prevention); fentanyl in Indian Country; and addressing stigma, hesitancy, and resistance to harm reduction efforts.

Session 1 (9:00 AM – 10:15 AM): Legislative and Policy Updates/Issues; Funding Opportunities

Session 2 (10:30 AM - 11:45 AM): Addressing Stigma, Hesitancy, and Resistance to Harm Reduction

Session 3 (1:00 PM – 2:15 PM): Fentanyl in Indian Country

Session 4 (2:30 PM – 3:45 PM): Highlighting Successful Tribal Harm

9:00 am – 4:00 pm **NIHB Board Member Capitol Hill Engagement**
(talking points provided)