



National Indian Health Board

Health Reporter

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NIHB Congratulates 2012 Award Winners at the 29th Annual Consumer Conference Awards Gala

This year's Annual Consumer Conference found much to celebrate! Congratulations to the National Indian Health Board (NIHB) reverberated throughout the conference as NIHB partners and supporters celebrated NIHB's 40 years of advocacy for Tribes and American Indians and Alaska Natives. NIHB, in turn, thanked and honored the dedicated, talented and determined leaders who have made improving American Indian and Alaska Native Health their focus and priority. NIHB highlighted these warriors for health in a Gala Awards Ceremony, Wednesday, September 26, 2012, as part of NIHB's 29th Annual Consumer Conference.

2012 Jake White Crow Award Recipient



2012 Jake White Crow Award Winner Mr. James Crouch with NIHB board members.

Mr. J.R. Mathew, nephew of the late Quapaw/Seneca Leader, Jake L. White Crow, Jr., made a special appearance at the Award Gala to present the Jake White Crow Award to the 2012 recipient. Mr. Mathew spoke about his uncle's zealous advocacy for American Indians and his lasting legacy on Indian healthcare. Mr. Mathew also spoke about the Jake White Crow Award, which NIHB bestows annually, to recognize an individual who demonstrates outstanding lifetime achievements in elevating healthcare advocacy, raising awareness or affecting change for American Indian and Alaska Native health care.

On behalf of the National Indian Health Board, Mr. Mathew presented this year's Jake White Crow Award to Mr. James Allen Crouch – a member of the Cherokee Nation and the Executive Director of the Sacramento-based California Rural Indian Health Board (CRIHB) since 1987. Mr. Crouch's board affiliations include serving as a Founding and now Emeritus Member of the California Endowment Board – California's largest health foundation, and as Board Chair of the Californian Pan Ethnic Health Network. He also serves as the representative for the California

Area to the Centers for Medicare and Medicaid Services Tribal-Technical Advisory Group. Mr. Crouch holds a BA from American University, Washington, D.C. and a MPH from the University of California, Berkeley.

National Impact Award Recipients



NNAAPC staff and board member D'Shane Barnett.

NIHB honored four individuals and two organizations with a National Impact Award. This award is given to individuals or organizations based on their national contributions to advancing American Indian and Alaska Native health policy.

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From the Chairperson

Dear Friends of Indian Health:



In this edition of the *Health Reporter*, you will find updates on the work and ongoing advocacy of the National Indian Health Board (NIHB), including NIHB's efforts to educate lawmakers and the public on the pressing need to continue funding the Special Diabetes Program for Indians (SDPI). Congress created SDPI in 1997 in response to the growing epidemic of diabetes facing our people. It has become our nation's most effective effort in combatting diabetes in American Indian and Alaska Native communities.

As many of you know, this program will expire September 2013 if not reauthorized. To help galvanize action, NIHB has developed a website and many tools for Tribes, Tribal organizations, and individuals to use as they make the case for the continuation of the SDPI program.

While specific programs like SDPI call for protection and advocacy, NIHB also sees a looming threat to almost all Indian Country programs if lawmakers do not reach an agreement that will avoid the automatic spending cuts, known as sequestration, set to occur January 2, 2013. While the sequester will exempt a small number of programs, it will cut many programs by 8.2%. For the Indian Health Service (IHS), the sequester will deal a devastating blow to many programs already severely under-funded. (IHS is currently funded at approximately 57% of need.) NIHB and its partners across Indian Country urge Congress to hold Indian Country funding harmless from sequestration. NIHB also encourages all of Indian Country to speak with one voice on this critical issue.

As time marches toward the looming automatic budget cuts, deadlines for the Affordable Care Act (ACA) also approach. As always, NIHB aims to make our constituents aware of the latest developments in the on-going implementation of the ACA and the new benefits for AI/ANs under the ACA and reauthorized Indian Health Care Improvement Act. To this end, NIHB and key partner organizations put together a number of training events over the past year, including a Virtual ACA Training Academy Series that can be accessed on the NIHB website.

We also give pause to thank everyone who attended and participated in our 29th Annual Consumer Conference and helped us celebrate NIHB's 40th Anniversary. The conference surpassed expectations in so many areas. In particular, NIHB feels grateful for the opportunity to forge new relationships with federal agencies, Tribal organizations and many dedicated individuals. We look forward to continuing to build these relationships so that we may all better serve the Tribes and American Indian and Alaska Native people.

The NIHB Board of Directors and staff welcome your input on this publication and all issues concerning the health and wellness of our People. NIHB is here to serve you!

Health to you and yours,

Cathy Abramson



**THE VISION
OF THE
NATIONAL
INDIAN
HEALTH BOARD**

The National Indian Health Board advocates on behalf of all Tribal Governments and American Indians/Alaska Natives in their efforts to provide quality health care.

**THE WORK OF THE NATIONAL
INDIAN HEALTH BOARD**

The National Indian Health Board (NIHB) advocates on behalf of Tribal governments – both those that operate their own health care delivery systems through contracting and compacting and those receiving health care directly from the Indian Health Service (IHS).

Located in Washington D.C., on Capitol Hill, NIHB provides a variety of services to Tribes, area health boards, Tribal organizations, federal agencies, and private foundations, including advocacy, policy formation and analysis, legislative and regulatory tracking, direct and timely communication with Tribes, research on Indian health issues, program development and assessment, training and technical assistance programs, and project management. NIHB is a 501(c)3 charitable organization.

NIHB's Annual Consumer Conference Welcomes VA Secretary Shinseki



VA Secretary, Eric Shinseki, addressing the plenary audience.

This September, the National Indian Health Board (NIHB) celebrated its 40th year anniversary by putting together another extremely successful and well attended Annual Consumer Conference – *NIHB @40: The Vision That Became One Enduring Voice for our People's Health*. NIHB held the event in Denver, Colorado, as a tribute to NIHB's past and the many years the organization called Denver "home." The conference hosted more than 600 participants including Tribal leaders, Tribal organizations, policy experts, health practitioners, and federal agency partners. A fantastic lineup of plenary speakers delivered the latest information and updates on cutting edge topics impacting American Indian and Alaska Native health.

NIHB welcomed U.S. Department of Veterans Affairs (VA) Secretary, Eric Shinseki, as a plenary keynote speaker. The Secretary acknowledged that the VA has not always provided the best possible care to eligible American Indian and Alaska Native Veterans, but underscored his commitment to seeing this goal become reality. The Secretary made clear the need for the VA to work with and for Tribal leaders on a nation-to-nation basis, and cited the newly minted VA Tribal Consultation policy (signed by Shinseki February 2012) as a step in the right direction. That policy is helping set a course that is already seeing results, with four Tribal consultations conducted since Shinseki's signing, including a Tribal consultation that occurred as part of NIHB's preconference meetings this year.

Shinseki also stressed the importance of collaboration and coordination with the Indian Health Service (IHS) and Tribal health facilities. In working toward greater coordination, the VA and IHS signed an updated Memorandum of Understanding (MOU) in 2010. Shinseki explained the agency's hopes for the improved partnership with IHS include improvements in both agencies' ability to leverage program resources, an increase in cultural awareness, and an increase in efficiency through purchasing and reimbursement agreements. Though these shifts may come at the local level, as part of small initiatives, these changes can make a big impact over time.

While reimbursements to IHS were on the mind of the Secretary, he also pointed out the progress made by Tribal health programs in Alaska. This year the Alaska VA healthcare system negotiated and signed 25 reimbursement agreements with Tribal health programs and starting paying reimbursements in September. Shinseki expressed that the VA is eager to work towards similar outcomes in other regions.

In addition to welcoming Secretary Shinseki during plenary, NIHB partnered with the VA to offer a Tribal Consultation, a VA listening session, and a full VA track consisting of eight workshops on topics ranging from eligibility and enrollment, to veteran suicide prevention, to innovations in tele-health services. NIHB looks forward to continuing the partnership with the Department of Veterans Affairs and working to ensure AI/AN veterans receive the best care possible.

To learn more about VA programs and services in your area, please visit www.ruralhealth.va.gov/native/index.asp. 

▶ Continued from page 1 [2012 CC Award Winners]

The following individuals and organizations received the National Impact Award (in alphabetical order):

- **Erin Bailey**, Director, Center for Native American Youth
- **Janice Heaton Sheufelt, MD**, Ethel Lund Medical Center, Southeast Alaska Regional Health Consortium
- **The Honorable U.S. Congressman Mike Simpson**, Representing Idaho's 2nd Congressional District
- **David F. Wharton, MPH, RN**, National Government Performance and Results Act Workgroup, Choctaw Nation Health Services Authority
- **Healthy Native Communities Partnership, Inc.**
- **National Native American AIDS Prevention Center**

Area/Regional Impact Award Recipients



Area Impact Award recipient, Lincoln A. Bean, Sr., performing an Alaskan traditional dance.

The Area/Regional Impact Award recognized eleven individuals and/or organizations based on their area-wide contributions to advancing American Indian and Alaska Native health. This year's recipients are (in alphabetical order):

- **Lincoln A. Bean, Sr.**, Chairman of the Board, Alaska Native Health Board
- **Victor Joseph**, Health Director, Tanana Chiefs Conference Health Services
- **Bill Alex Montoya**, Navajo Nation Telecommunication Commission
- **Ramin Naderi, MA**, Community Wellness and Outreach Director, Indian Health Center of Santa Clara Valley
- **Rose "Joy" Sundberg**, Trinidad Rancheria
- **William Smith**, Tribal Veterans Representative Program, Valdez, Alaska
- **Elizabeth "Libby" Watanabe, MPA, RD, LD**, Southeast Alaska Regional Health Consortium
- **Robert Weaver**, President and Founder of RWI Benefits, L.L.C.
- **Susan Yeager, MS**, Alaska Veterans Affairs
- **American Indian/Alaska Native Youth and Commercial Tobacco Use Panel**, American Indian Health Commission for Washington State
- **United Indian Health Services, Inc.**, Board of Directors, Consortium of Nine Tribes of California

Local Impact Award Recipients

The Local Impact Award acknowledges an individual or organization whose work has implemented change or impacted health care on the local and/or Tribal level. These winners are making an impact within their own communities at the grassroots level, serving their families, friends, and neighbors. NIHB honored 12 individuals/organizations



Helen Bonnaha (left) a recipient of the Local Impact Award.

based on their local contributions to advancing American Indian and Alaska Native health. This year's Local Impact Award recipients are (in alphabetical order):

- **Charles G. Anderson**, Chair, Board of Directors of Cook Inlet Region, Inc., & Vice Chair, Board of Directors of South Central Foundation
- **Geoffrey Booth, MD**, Sacramento Native American Health Center, Inc.
- **Helen Bonnaha**, Chair, Kayenta Service Unity Health Advisory Board
- **Kathy Canclini, RN, MN, CDE**, Diabetes Program Manager, Denver Indian Health and Family Services
- **Tamela Cannady**, Director, Preventative Health Choctaw Nation & Diabetic Wellness Center, Choctaw Nation Health Service Authority
- **Britta Guerrero**, CEO, Sacramento Native American Health Center, Inc.
- **Mark LeBeau, MS, Ph.D.**, California Rural Indian Health Board, Inc.
- **Juan Martinez, LCSW**, Psychotherapist in the Chapa De Indian Health Center, Sacramento Native American Health Center, Inc.
- **Improving Patient Care Pharmacy Team**, Cherokee Nation W.W. Hastings Hospital
- **Riverside Dental Outreach**, Oklahoma Health Care
- **St. Regis Mohawk Health Services**, Centering Pregnancy Program
- **Traveling Clinic Program**, Southeast Area Regional Health Consortium

Youth Impact Award Recipients



Youth Impact Award recipient, Amber Anderson.

The NIHB Youth Impact Award honors individuals based on their leadership and outstanding efforts to increase the quality of healthcare or awareness of health issues within their peer group or community on a local or national level. This year, NIHB recognized Amber Anderson, a junior at the Oklahoma State, as the 2012 Youth Impact Award recipient. Amber is majoring in Biochemistry and Molecular Biology and upon graduation she would like to continue her work in preventable disease research.

NIHB congratulates all award winners and celebrates their continued commitment to American Indian and Alaska Native health. For more information on the award winners please visit www.nihb.org 

Federal Programs Face Looming Automatic Spending Cuts in 2013

Federal programs and services, including health programs for American Indians and Alaska Natives (AI/AN), will see significant, potentially devastating, automatic budget cuts if sequestration goes into effect on January 2, 2013. Pursuant to the Budget Control Act of 2011, Congress tasked the Joint Select Committee on Deficit Reduction (Super Committee) with developing a plan to reduce the federal deficit by \$1.2 trillion over a ten-year period. Because the Super Committee failed to complete this task, a process known as “sequestration” was triggered. Sequestration, if not avoided, will cut \$1.2 trillion dollars in federal spending over the next decade starting on January 2, 2013. Cuts will be automatic and across-the-board.

On September 14, 2012, the Office of Management and Budget (OMB) submitted a report to Congress on the potential impact of sequestration. Many safety-net programs, such as Social Security, Medicaid, Temporary Assistance for Needy Families program, and the Children’s Health Insurance Program, are exempt from these funding reductions. In addition, Medicare would be limited to a 2% provider reduction (benefits would be exempted). Likewise, the Indian Health Service (IHS) mandatory account for the Special Diabetes Program for Indians would be subject to a 2% reduction.

As noted in the OMB report, the IHS will be subjected to an 8.2% across-the-board cut, resulting in a total estimated automatic cut to the Indian Health Service (IHS) budget of \$356 million in Fiscal Year (FY) 2013. This cut translates into lost funding for primary health care and disease

prevention services for AI/ANs, which is certain to produce tremendous negative health impacts. Tribal efforts to address the health challenges that AI/ANs face will be adversely impacted. An additional \$54.5 billion cut to funding for other key health agencies such as the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration will further impact the Tribal health care system.

At time of publication, Congress plans to address legislation that will make a sequestration of funds unnecessary when it returns after the November elections. If Congress fails to approve a plan to reduce the federal budget deficit by 1.2 trillion before January 2, 2013, the automatic cuts will go into effect and continue through FY 2021.

In October, NIHB launched the “Stop The Sequestration” campaign across Indian Country to engage Tribes, Tribal organizations, and supporters of AI/AN programs to communicate to Congress now about protecting the funding for Indian programs by holding such programs harmless from sequestration. NIHB has provided a sequestration educational fact sheet and sample letter that Tribes can modify and use as they contact their Congressional Members to take action to stop sequestration. NIHB continues to monitor the situation and will report on new information as it develops.

For more information, please contact Jennifer Cooper, NIHB Legislative Director at jcooper@nihb.org or Jeremy Marshall, NIHB Senior Legislative Associate, at jmarshall@nihb.org. 

NIHB Implements its New Healthy Employee Initiative: Go the Extra Mile

The National Indian Health Board (NIHB) is excited to introduce our new healthy workplace initiative, GO the EXTRA MILE. The goal of the NIHB GO the EXTRA MILE initiative is to create a healthier work environment and promote employee health through physical exercise. Along with the NIHB Executive Director, each staff member pledged to walk an additional mile each day for an entire year.

NIHB will use these collected miles to virtually walk to all Area Indian Health Boards across the country. NIHB’s envisioned the GO the EXTRA MILE initiative as a means to meet the CEO Pledge, a project of the National Coalition on Promoting Physical Activity (NCPA) which urges CEOs to pledge their commitment to foster a healthy workplace.

Why is NIHB going the extra mile? There is a strong correlation between obesity and diabetes – more than 80% of people with Type 2 diabetes are overweight. With diabetes and obesity on the rise, every organization in the United States has an obligation and responsibility to lead its community to a healthier future. Nowhere is this need more urgent than in Indian Country. American Indians and Alaska Natives (AI/AN) have the highest age-adjusted prevalence (16.1%) of Type 2 diabetes among all U.S. racial and ethnic groups. The obesity rate, which is determined by having a body mass index (BMI) of 30 or greater, is 39% for AI/AN 18 and older. Among AI/AN adults 18 and older, 53.9% reported being physically inactive in 2010 (federal physical activity guidelines recommend at least 150 minutes of moderate-intensity aerobic activity a week).

The NIHB recognizes the urgent need to advocate for physical activity as a preventive measure against chronic diseases. Employees spend an average of eight sedentary hours during office hours, plus transportation, family commitments, etc. making finding time for exercise a difficult challenge. NIHB wants to alleviate this challenge by turning its inactive

work environment into a physically-active one. NIHB’s GO the EXTRA MILE initiative is just a small way that NIHB can demonstrate positive and supportive workplace efforts to support diabetic employees, help prevent the onset of Type 2 diabetes through added physical activity and enhance the quality of health for all employees.

NIHB wants you to join! NIHB welcomes

CEOs and Executive Directors from Area Indian Health Boards, Tribes, and other Tribal organizations to join NIHB by signing the CEO Pledge and participating in GO the EXTRA MILE. In honor of Native American Heritage and National Diabetes Awareness Month, NIHB kicked off its GO the EXTRA MILE initiative on November 1, 2012 in front of the National Museum of the American Indian in Washington, D.C.

To learn more about the GO the EXTRA MILE initiative and to get involved, please contact Elizabeth Heintzman, NIHB Legislative Programs Associate, at eheintzman@nihb.org or 202-507-4072. Also, check out our GO the EXTRA MILE page at www.nihb.org. 



It is not a marathon, or a sprint, but a relay that we, together, walk in order to outsmart chronic diseases that threaten our health in Indian Country.

National Indian Health Board Redoubles Effort to Reauthorize the Special Diabetes Program for Indians

In 1997, Congress established the Special Diabetes Program for Indians (SDPI) to address the disproportionate burden of Type 2 diabetes in American Indian/Alaska Native (AI/AN) populations. This program has become the nation's most strategic and effective federal initiative to combat diabetes and its complications in Native communities. With funding for the program set to expire in September 2013, the National Indian Health Board (NIHB) has taken on a key role in the campaign to secure a multi-year reauthorization of the program. NIHB and its partners are advocating for an expansion of the program that will ensure continued measurable improvements in the prevention and treatment of diabetes.

With reauthorization as the goal, NIHB has ramped up its outreach and education efforts on Capitol Hill. As a part of these efforts, NIHB recently launched an SDPI website designed to share information and provide new tools to help the public participate in this campaign. The website contains a Congressional Tracker that documents each lawmaker's history of support for SDPI and tracks office visits asking for their support. NIHB will continue to explore ways to make it easier for stakeholders to share information and get involved in the reauthorization effort.

NIHB's education and outreach efforts also include a comprehensive campaign to build and strengthen relationships with key Congressional Members and their staff. NIHB and its coalition partners have conducted over 50 visits to Congressional offices to meet with staffers to discuss the success of SDPI funding in saving lives throughout Indian Country. In every meeting, NIHB presents compelling and reasoned arguments why lawmakers should care about and support reauthorization of the program.

This year, NIHB has also conducted outreach to the Area Indian Health Boards to further engage SDPI grantees and build support to assist grantees as they demonstrate their SDPI program achievements and statistics. NIHB encourages SDPI grantees to describe the devastating effects of diabetes before the SDPI was established, and share their experiences after SDPI enactment. In case after case, SDPI has led to impressive decreases in

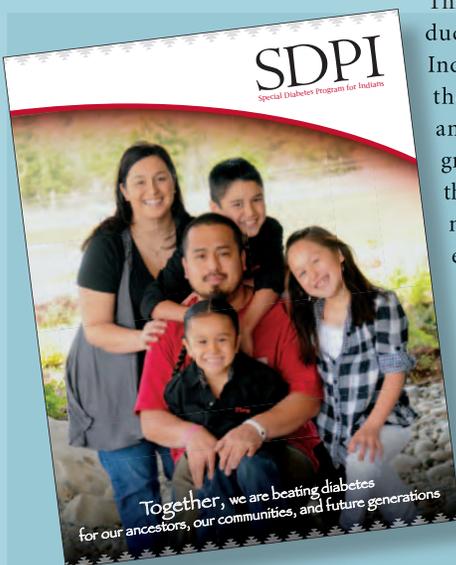
diabetes-related complications, including: decreasing AI(c) levels; decrease in kidney failure rate; a decrease in End Stage Renal Disease; and a decrease in average LDL (bad) cholesterol.

By building and leading a broad coalition, NIHB can better connect SDPI grantees with members of Congress; grantees, in turn, can tell lawmakers how SDPI funding has supported successful diabetes treatment and prevention initiatives. Lawmakers will learn much from the SDPI grantees, but they must also hear from the wider Tribal constituency. NIHB encourages Tribal leaders, practitioners, and American Indian and Alaska Native individuals to speak with their members of Congress about the benefits of SDPI and the need for continued funding. To assist in this effort, NIHB has created and disseminated an SDPI Grantee Toolkit that provides guidance on how SDPI Grantees can request a site visit from their Member of Congress. NIHB's message is clear: the SDPI saves lives while providing a substantial return on the federal investment. NIHB calls upon our partners in Indian Country to amplify this message.

For more information on SDPI reauthorization efforts, as well as how you can become further engaged in advocacy outreach, please contact Jeremy Marshall, NIHB Senior Legislative Associate, at JMarshall@nihb.org or 202-507-4078. NIHB also invites you to access SDPI resources at www.nihb.org/sdpi. 



NIHB's new SDPI webpage.



NIHB and Partners Discuss Health Care Reform in Indian Country

On September 25, 2012, the National Indian Health Board's (NIHB) Tribal Health Care Reform Project Coordinator, Tyra Baer and National Congress of American Indians' (NCAI) Legislative Associate, Terra Branson presented a workshop at the 2012 NIHB 29th Annual Consumer Conference in Denver, Colorado, titled "The Affordable Care Act and the Indian Health Care Improvement Act: Three Initiatives."



Tyra Baer and Tara Branson presenting at NIHB's 2012 29th Annual Consumer Conference in Denver, Colorado.

The presenters discussed three different national Affordable Care Act (ACA) outreach and education projects designed for American Indians and Alaska Natives (AI/AN). The National Indian Health Outreach and Education Initiative (NIHOE), The Centers of Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG) Outreach & Education project, and the Tribal Education and Outreach Consortium (TEOC) shared information about recent and upcoming outreach campaigns occurring in Indian country. The outreach campaigns range from covering basic information designed to get the word out on the new authorities in the ACA and the Indian Health Care Improvement Act (IHCIA), to providing detailed information on the latest developments resulting from agency rulemaking. With outreach designed for a variety of audiences, Baer and Branson encouraged workshop participants to visit the project websites, share information with their communities, and get involved.

2012 Outreach and Education Events

In February 2012, fourteen Indian Health Service (IHS) area representatives and national Tribal health organizations met in Washington, D.C. to "kick off" the National Indian Health Outreach and Education Initiative. During the two-day meeting, area representatives worked on a national outreach plan to develop and disseminate education materials and tools on the ACA. This workgroup of technical experts and stakeholders created a strategy identifying the target audience (individual consumers, Tribal leaders, health directors and small Tribal businesses) and the best ways to disseminate information.

In mid-April 2012, the NIHOE team held a National Tribal Health Reform Training in Prior Lake, Minnesota. The 2-day training included plenary sessions and workshops on the new benefits for AI/ANs under the ACA and reauthorized IHCIA; the development of key education messages, materials, and training; and the strategies for outreach



NIHOE National Tribal Health Reform Training held April 18-19, 2012 in Prior Lake, Minnesota.

and education in all IHS areas. The area strategy sessions examined opportunities, events and potential venues for outreach and education for Tribal communities. The meeting concluded with each area giving a "report out" to the IHS Director on what messages and materials Tribes will take back to their communities.

The NIHOE team looks forward to hosting additional ACA/IHCIA trainings in the upcoming year.

NIHB's Health Reform Website

In May 2012, NIHOE launched a consumer-oriented website that explains health care reform changes and tailors training to the four critical ACA consumer groups identified in the planning sessions. The NIHOE team created a four-part Virtual ACA Training Academy Series for individual consumers, Tribal leaders, health directors and small Tribal businesses. NIHOE aims to use the Training Academy series to inform and educate Indian country about the key features and benefits of the ACA and IHCIA and to prepare individuals for the upcoming changes slated for 2014. Adding this electronic format to the in-person training schedule offers yet another way for Tribes and AI/AN individuals to access to this critically important information.



About NIHOE

Funded by the Indian Health Service and led by the National Indian Health Board, National Congress of American Indians, and representatives from each of the 12 IHS Areas, the National Indian Health Outreach and Education Initiative aims to develop effective, streamlined, consumer-oriented materials to assist AI/AN in understanding their rights and new opportunities under the ACA and IHCIA.

To find out more about NIHOE Training tools and to receive information on the ACA and IHCIA please contact Tyra Baer at Tbaer@nihb.org or visit www.tribalhealthcare.org. 

Update from the Medicare, Medicaid and Health Reform Policy Committee

What is MMPC?

The Medicare, Medicaid and Health Reform Policy Committee (MMPC) is a standing committee of the National Indian Health Board (NIHB), chaired by a member of the NIHB Board of Directors. MMPC provides technical support to the Tribal Technical Advisory Group to the Centers for Medicare and Medicaid Services (TTAG) and also serves as a national forum to identify, discuss, advise and act on issues that will improve the health of American Indians and Alaska Natives (AI/AN). MMPC's current work focuses on the implementation of the Affordable Care Act (ACA) and the Indian Health Care Improvement Act (IHCA) health policy issues, and includes regulation review and the development of draft positions holding the greatest opportunities for the Indian Health System. In this capacity MMPC draws experts in Indian health care from across the country in order to develop information and recommendations on current issues.

Regulation Review and Impact Analysis Report (RRIAR)

The ACA has generated and continues to create numerous new regulations that will significantly impact the health care delivery system for AI/ANs. Each new regulation ushers in a wave of MMPC activity ranging from review, to analysis, to the development of policy positions and recommendations. Adding to the challenge posed by the sheer volume of new regulations, the MMPC often must educate the drafting agencies on the AI/AN healthcare system, as some agencies have limited experience with the system.

To help track these critically important activities, the MMPC created the Regulation Review and Impact Analysis Report (RRIAR). The MMPC uses the RRIAR to identify and summarize key regulations issued by the Centers for Medicare and Medicaid Services (CMS), and other federal agencies, which pertain to Medicare, Medicaid, Children's Health Insurance Program, and health reform. The RRIAR includes a summary of the regulatory analysis prepared by the National Indian Health Board and also tracks recommendations made by MMPC. The RRIAR documents whether or not the recommendations are incorporated into the final rules and actions by CMS. You can find a copy of the RRIAR on www.cmsttag.org/

MMPC Activities

For 2012, the MMPC has held nine conference calls and two face-to-face meetings. MMPC held its most recent call October 9, 2012. Members reviewed strategies and processes for advancing American Indian and Alaska Native (AI/AN) health care policy issues and identified tasks and timeframes.

MMPC Members Present at NIHB's Annual Consumer Conference

Several MMPC members made presentations at NIHB's Annual Consumer Conference, November 24-27, 2012, Denver, Colorado. Myra Munson, Esq., partner at Sonosky, Chambers, Sachse, Miller & Munson LLP, gave a

presentation titled: "The Indian Health Care Improvement Act: Opportunities Today and in 2014." The workshop covered key IHCA provisions, including those that support claims for third party reimbursement.

Ed Fox, PhD, Health Services Director, Port Gamble S'Klallam Tribe, Carol Korenbrot, PhD, Research Director, California Rural Indian Health Board (CRIHB), and James Crouch, MPH, Executive Director, CRIHB, talked about the critical gaps in health care coverage in Indian country in a workshop titled: "Health Care Coverage of the Uninsured: What Does the Data Tell Us?" The workshop provided the audience with the latest information from the U.S. Census and discussed expanding the eligibility criteria for Medicaid and subsidizing the costs of private insurance as ways to close the gaps for AI/ANs.

How to Get Involved

MMPC members identify and discuss MMPC work priorities, review on-going MMPC issues, and create viable action plans setting out both process and next steps. To ensure protection of AI/AN benefits under the ACA, MMPC has tasked its MMPC workgroup with the review and analysis of the Indian-specific provisions of the ACA and the regulations emerging from those provisions.

MMPC strives to produce tangible outcomes benefitting AI/ANs and welcomes the participation of new members. Membership in MMPC is open to individuals authorized to represent a Tribe, a Tribal organization, an urban Indian program, or the Indian Health Service. By joining MMPC, participants can help ensure the protection of current benefits while advocating for needed improvements in the AI/AN health care delivery systems.

For more information or to join the MMPC distribution list please contact Elizabeth Heintzman, NIHB Legislative Programs Associate, at 202-507-4072 or lheintzman@nihb.org.

Current list MMPC Action Items:

- Update from HHS Tribal Consultation on Federally-facilitated Exchanges
- Update on the TTAG Strategic Plan
- Update on Tribal Hospital EHR Charity Care Calculation
- Drafting of Companion Piece to Indian Addendum
- Data - Update on CMS/IHS Process for Electronic Verification Process
- Medicaid Expansion and Exchange Update
- VA/IHS Draft Reimbursement Agreement
- Medicare Contractor Transition to Novitas

Please join the MMPC conference calls to learn more about how MMPC is addressing these health care policy issues. www.nihb.org/mmpc.

Upcoming MMPC Conference Calls and Face to Face Meetings:

- **November 13, 2012** – Face-to-Face Conference
- **December 5, 2012** – Conference Call
Conference call time: 2:00 - 4:00 pm EST
Call-in Number: 1-866-303-3137 Pass Code: 414526# 

Updates from the Centers for Medicare & Medicaid Services, Tribal Technical Advisory Group

The Tribal Technical Advisory Group (TTAG) consists of elected Tribal leaders and appointed Area representatives nominated from the twelve areas of the Indian Health Service (IHS) delivery system. In addition to these twelve areas, there is representation from four Washington, D.C.-based Tribal organizations – The National Indian Health Board, the National Congress of American Indians, the National Council of Urban Indian Health, and the Indian Health Service Tribal Self Governance Advisory Committee. The Centers for Medicare & Medicaid Services (CMS) established the TTAG in 2004 in order to enhance the Government-to-Government relationship to help honor Federal trust responsibilities and obligations to Tribes and American Indian and Alaska Native (AI/AN) people. Conference calls and face-to-face meetings serve to facilitate the exchange of views, information, advice, and recommendations relating to and administration, management and/or implementation of Federal programs.

Update

TTAG holds monthly teleconference calls and three face-to-face conferences annually. TTAG held its most recent face-to-face conference on Wednesday, July 25, 2012 at the National Museum of the American Indian in Washington, D.C. The group discussed the federally facilitated exchange, exchange eligibility and enrollment, Medicaid accountable care organizations and integrated care models, and the Medicare contractor transition to Novitas. CMS assembled expert speakers from CMS Leadership, the Center for Consumer Information and Insurance Oversight (CCIIO), the Government Accountability Office (GAO), the Center for Medicare and Medicaid Innovation (CMMI), the Center for Medicaid, Children's Health Insurance Program (CHIP), Survey & Certification (CMCS), and Novitas Solutions.

TTAG welcomed Acting CMS Administrator Marilyn Tavenner to the meeting, where she discussed continuing the strong partnership with TTAG, the agency's commitment to ensuring that the exchange works for Tribes, and recommendations for improving the CMS Tribal Consultation Policy. TTAG members clearly articulated the desire of Tribes to participate in a policy workgroup with CCIIO for the planning of state exchanges and a federally facilitated exchange. As a result, CCIIO representatives currently attend TTAG Patient Protection and Affordable Care Policy calls to join in the discussion.

TTAG hosted additional guests from CMS to speak on the following topics:

- Data Services Hub
- Federally Facilitated Exchange and Eligibility and Enrollment
- Medicaid Accountable Care Organizations/Integrated Care Models
- Medicare Contractor Transition to Novitas
- GAO Report: IHS Coordination with Public Programs Update

Federally Facilitated Exchanges

On May 16, 2012, the Department of Health and Human Services (HHS) issued guidance documents to advance the implementation of the insurance exchange under the Affordable Care Act (ACA). One of these documents gave additional details on how a federally facilitated exchange would likely work. If a state decides to forgo operating an exchange, HHS will consult with stakeholders to implement a federally facilitated exchange, leaving open an option for states to implement certain functions

of this exchange. Key policies for the federal exchange were also addressed. TTAG drafted and submitted a comment letter on the documents. To review the TTAG comment letter, please visit www.cmsttag.org.

TTAG Presents Update on the CMS TTAG Strategic Plan

At NIH's Annual Consumer Conference (September 24-27, Denver, Colorado) TTAG presented an update on revisions to the CMS TTAG Strategic Plan. The plan sets out the necessary elements to ensure a successful partnership between CMS and Tribal governments, and includes five seminal areas: Tribal consultation, policy development, long term care, outreach and enrollment, and data. The plan includes funding recommendations for the CMS Administrator to consider during budget formulation processes and while writing CMS work plans. The plan also requests significant increases in CMS funding for AI/AN initiatives over the 5-year period.

TTAG issued previous strategic plans in 2004 and 2009. New legislation, and the ensuing policy and regulatory changes, make updates to the current strategic plan necessary. The new strategic plan will take into consideration the American Recovery and Reinvestment Act of 2009 (ARRA), the ACA, and the Indian Health Care Improvement Act (IHCA), which was permanently reauthorized as part of the ACA. TTAG intends to finalize and deliver the new strategic plan by the end of the year.

A Word version of the plan is available at www.nihb.org.

To learn more about TTAG, please contact Elizabeth Heintzman, NIH Legislative Programs Associate, at ehintzman@nihb.org or 202-507-4072.

Upcoming TTAG Face to Face Meetings and Conference Calls:

- **November 14-15, 2012** – Face-to-Face Meeting, National Museum of the American Indian, Washington, D.C.
- **December 12, 2012** – Conference Call
Conference call time: 2:30 - 4:00 pm EST
Call-in Number: 877-267-1577 Meeting ID: 9925 

Southern Ute Drum Group performing at the 2012 Consumer Conference Gala Awards Celebration.



What the Supreme Court's Health Reform Case Means for Tribes

On June 28, 2012, the Supreme Court upheld the Affordable Care Act (ACA) and affirmed the permanent reauthorization of the Indian Health Care Improvement Act in the landmark decision of *National Federation of Independent Business et al. vs. Sebelius*.

When the ACA was signed into law in March of 2010, it included the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) in addition to a number of provisions that benefit American Indians and Alaska Natives. If the ACA had been found unconstitutional, the IHCIA and Indian-specific provisions would have disappeared. For these reasons, NIHB, joined by 449 Tribes and Tribal organizations, filed an amicus brief urging the Court to preserve the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) and other Indian-specific provisions included in the ACA.

By a 5 - 4 margin, in a decision written by Chief Justice John Roberts, the court ruled that the ACA is constitutional. In its ruling, the Supreme Court upheld the requirement to purchase health insurance. Specifically, the court held that the individual mandate is not a "penalty," as the health-care law identified it, but a tax, and therefore a constitutional application of Congress's taxation power. However, the ACA provision to expand Medicaid to cover all nonelderly people with an income below 133 percent of the poverty line was only partially upheld. The Court ruled that the Federal Government did not have authority to penalize states that choose not to participate in this expansion by taking away their existing Medicaid funding. However, the court found that the Medicaid expansion could be saved by removing the government's enforcement. The ruling gives states some flexibility to forgo expansion of their Medicaid programs, without paying the financial penalties called for by the law.

With the Supreme Court reaffirming the ACA and the permanent reauthorization of the IHCIA, the Indian health care system can begin a new chapter in the delivery of quality health care to American Indians and Alaska Natives. Cathy Abramson, Chairperson of the NIHB Board of Directors, stated: "Indian Country applauds the Supreme Court's decision. From the perspective of Indian Country, the Affordable Care Act – inclusive of the IHCIA – is the most significant advancement in federal health policy for America's indigenous people. The National Indian Health Board will continue to work with Tribes and Tribal organization to ensure that the IHCIA and the ACA, are implemented, protected and strengthened so Tribal communities can better address the health challenges that affect American Indians and Alaska Natives."

Critical updates and modernizations to the Indian health care system have been long overdue. Some of these include: expanded cancer screenings, long-term care, hospice care and care for the elderly and disabled. With Supreme Court's final opinion, the IHS, Tribes and Tribal Organizations can seamlessly continue the implementation of these new IHCIA authorities and the other ACA provisions.

For more information, please contact Jennifer Cooper, NIHB Legislative Director, at jcooper@nihb.org. 

NIHB's Regional Extension Center Leads the Way Toward Electronic Health Record Meaningful Use

As the only regional extension center (REC) funded by the Office of the National Coordinator for Health IT (ONC) with a nationwide service area, the National Indian Health Board (NIHB) Regional Extension Center occupies a unique position in the nation-wide campaign to utilize information to better coordinate and improve health care. NIHB uses this position to act as a hub for a diverse and talented sub-recipient team. With NIHB coordinating activities at the national level, NIHB REC's sub-recipient teams drive the successful delivery of REC services and provide direct, "boots-on-the-ground" Electronic Health Records (EHR) and Meaningful Use (MU) services to providers and staff in the Indian Health Service, Tribal, and urban Indian (I/T/U) health facilities.

With this successful structure in place, the NIHB REC team can point to a number of impressive accomplishments. To date, the NIHB REC has signed up and received funds to provide health IT services to 2,880 primary care providers working in 406 I/T/U health facilities across the United States.

Sub-recipient organizations that make up the NIHB REC team include:

- Alaska Native Tribal Health Consortium (ANTHC)
- California Rural Indian Health Board, Inc. (CRIHB)
- Northwest Portland Area Indian Health Board (NPAIHB)
- United South and Eastern Tribes, Inc. (USET)

Sub-recipients use NIHB REC funds to acquire the services of pharmacy clinical consultants, nurse clinical consultants, lab clinical consultants, health information management consultants and IT support specialists to work with all I/T/U facilities and support their goal of achieving the meaningful use of EHRs.

Although EHR deployment is an excellent first step toward improving health care for the nation's American Indian and Alaska Native (AI/AN) population, meaningful use (the effective use for patient benefit) of the EHR is the key to producing long-term, improved health care outcomes. NIHB REC teams provide a number of innovative REC services to train and optimize the use of EHRs by the providers they serve. Some of unique NIHB REC services provided to I/T/U facilities include:

- Health care transformation consulting services provided by a professional consultant team
- Clinical applications coordinator mentorship program – to provide local health IT technical support and training
- RPMS IT support services for Tribal sites – to assist facilities that have limited availability of IT staff
- Clinic work flow workgroup – to produce training materials for work flow redesign for providers and staff at I/T/U facilities

The NIHB REC is currently working with the American Higher Education Consortium to implement a pilot Native Health IT Workforce Training program at Tribal colleges and universities. The workforce training program would develop a local health IT workforce to serve Tribal communities now and in the future.

To learn more about this exciting program, contact the NIHB REC Director, Jason Heinecke, at jheinecke@nihb.org or visit the NIHB website at www.nihb.org/rec/rec.php. 

A Veterans' Talking Circle at the Raymond G. Murphy New Mexico VA Health Care Center

How does a person talk about something that is very difficult, possibly even traumatic? How do listeners create a safe space for speakers, where those speakers can share their thoughts and feelings free of interruption or judgment? Many Native people, including the Veterans at the Raymond G. Murphy New Mexico VA Health Care Center in Albuquerque, New Mexico, find this safe space in a talking circle.

Talking circles serve a special function for many Tribes both historically and today. A talking circle gives an equal voice to all within the circle. Every person gets a chance to speak from the heart and receive the group's full attention and reflection. As contrasted with western style communications, verbal attacks and interruptions have no place. A talking circle can provide a forum for a range of topics, but the talking circle at the Raymond G. Murphy Health Care Center focuses on the lives of the Veterans who make up the group.

The primary focus of the group is to address current life issues and develop good coping skills while living with Post-Traumatic Stress Disorder (PTSD). The group meets every other Friday on the VA campus and is open to all American Indian/Native American Vets of all wars and/or conflicts. The group currently consists of Vietnam-era Vets from a number of Tribes, with some Vets having multiple Tribal affiliations.

Veterans, including several of the group's current members, advocated for and founded the talking circle in 1998. While the Veteran turnover in the group has been modest, the group has seen a number of different clinician-facilitators over the years. This turnover has posed some special challenges to both the group and the group's current clinician, Kathy Girod. Ms. Girod shared, "Early on, the Vets voiced concern that I would leave or 'abandon them.' In my three years of working with the group, I have often been reminded that building trust is probably one of the most crucial aspects of treatment."

It was also clear that establishing trust would not be a one-way street. To trust their clinician, the Veterans would need to know her, and to do this, Ms. Girod would need to venture beyond the customary boundaries of a therapist in this setting. She would need to maintain the professional boundaries required by her profession while still finding a way to let the Vets know her as a person. Having a sense of humor helped that process. "I knew things had shifted when the Vets started teasing me and were letting me in on jokes. Working together on intense issues while laughing and joking with each other has really gone a long way toward building a connection," said Ms. Girod.

Building this trust has taken time and effort, but the results have been worth it. Trust among the group members, Vets and clinician alike, has helped establish connection and safety, which in turn has provided an essential foundation for the talking circle.

With this foundation in place, the group has worked together to weave cultural traditions and understanding of healing trauma with

Western methods of treating PTSD. As facilitator of the group, Ms. Girod has introduced elements of Somatic Therapy (based on the neuro-biology of trauma). Somatic therapy integrates a body-oriented approach with conventional therapy. This type of therapy looks at the crucial role of the body in the structure and process of the psyche, and has proven especially helpful to individuals who have experienced trauma.

The Vets bring their own approaches to the healing process, often drawing strength from their experiences of connection with

elders, their traditions, and each other. Ms. Girod explained, "We work together to connect the feelings they experience in their bodies with strong memories that are meaningful to them." For example, a session may explore a Veteran's past experience learning how to hunt, walking to sacred places, or learning life lessons while planting corn with grandparents. These memories have a physical component connected to the emotion experienced at the time – in this case – a sense of safety, a feeling of confidence. This exercise creates the connection between the body and the psyche, an important step in and of itself for those who have experienced trauma, while also increasing the awareness of the relationship between the body and mind. At other times, the Vets themselves may perform a ceremony to help the healing process.

The Talking Circle incorporates a rare mixture of scientific evidence and cherished tradition; the group embodies honesty and trust, bravery and humor, and above all – patience. These qualities set the Talking Circle apart from so many other therapy approaches. Ms. Girod gave her perspective, saying, "This process has demanded much from all of us; rising to the challenge has made this a compelling journey."

For the Vets, the Talking Circle has provided a place of healing and connection and also imparted a tremendous sense of accomplishment. As members, they have, over the years, served as consultants to the VA, done outreach for the group in the community, and worked hard to make their voices heard. By working together, learning from each other, and acknowledging and respecting each other's cultural traditions, healing is possible. 🏠



Raymond G. Murphy New Mexico VA Health Care Center Talking Circle group members, Michael Kirk, Will Noronho, Gregory Gomez, John Charles, and clinician Kathy Girod. (Photo by Jim Cocklin)

NIHB Highlights Area Health Boards

Bemidji Area

The Bemidji Area is comprised of Tribes located in Illinois, Indiana, Michigan, Minnesota and Wisconsin. Currently, the Bemidji Area does not have a formally organized Area Indian Health Board. Today, there are a number of Tribal organizations that function independently, and sometimes collaboratively, to help amplify the voices of the Tribes on health and wellness issues. Some of the more prominent organizations are listed below. In addition, during its meeting held October 29 and 30, 2012, the Midwest Alliance of Sovereign Tribes (MAST) approved bylaws for the establishment of an Area American Indian Health Board. The National Indian Health Board accepts nominees to serve as the Bemidji Area representative.

NIHB Bemidji Area Board Member:

Cathy Abramson

(NIHB Board Chairperson) – Saulte Ste. Marie Chippewa Indians

Great Lakes Inter-Tribal Council (GLITC)

The Great Lakes Inter-Tribal Council supports member Tribes in expanding self-determination efforts by providing services and assistance. GLITC uses a broad range of knowledge and experience to advocate for the improvement and unity of Tribal governments, communities, and individuals. Throughout these activities, GLITC maintains deep respect for Tribal sovereignty and reservation community values.



GLITC's ongoing initiatives include, but are not limited to:

- Great Lakes Inter-Tribal Epidemiology Center
- HIV/AIDS Prevention Program
- Children with Special Health Care Needs/Community Care Project (Birth to 21)
- Family Nutrition Program

Website:

www.glitc.org

GLITC contact information:

Mike Allen

Executive Director

Email: mallen@glitc.org

Inter-Tribal Council of Michigan, Inc. (ITCM)

The Inter-Tribal Council of Michigan, Inc. is a 501(c)(3) non-profit corporation representing eleven of the twelve federally recognized Tribes in Michigan.



The ITCM is divided into several different divisions, which include Health Services, Behavioral Health, Environmental Services, and Child, Family, and Education Services. A variety of social service, health, educational, employment training, and environmental services are coordinated through the Inter-Tribal Council of Michigan.

ITCM's ongoing initiatives include, but are not limited to:

- National Native Commercial Tobacco Abuse Prevention Network (NNCTAPN)
- Breast and Cervical Cancer Control Program
- Environmental Health During Pregnancy Project
- Indian Health Services Health Promotion Disease Prevention

Website: www.itcmi.org

ITCM contact information:

L. John Lufkins

Executive Director

Phone: 906-632-6896

Midwest Alliance of Sovereign Tribes (MAST)

Founded in 1996, MAST represents 35 sovereign Tribal nations in Minnesota, Wisconsin, Iowa, and Michigan. MAST advocates for the rights of nearly 134,000 American Indian people. The organization seeks to advance, promote, protect, preserve, and enhance the mutual interests, treaty rights, sovereignty, and cultural way of life of the sovereign nations of the Midwest throughout the 21st Century.



MAST's ongoing initiatives include, but are not limited to:

- Protecting Tribal sovereignty and self-government.
- Improving the health and well-being of Indian people in the Midwest.
- Improving education for Indian children and adults, both on and off the reservation.
- Improving reservation infrastructure, including the provision of safe and affordable homes, clean water, sound utilities and good roads.

Website: www.m-a-s-t.org

MAST contact information:

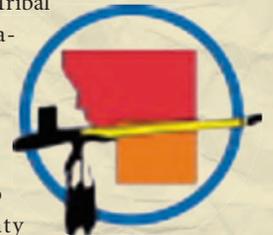
Scott Vele

Executive Director

Email: m.a.s.t@frontier.net

Billings Area: Montana-Wyoming Tribal Leaders Council (TLC)

Montana-Wyoming Tribal Leaders Council (formerly called the Tribal Chairman's Association) is a Tribally driven organization, with a vision to preserve and maintain Tribal homelands, to defend Tribal treaty rights, to speak with a unified voice, to offer support to the people and facilitate communication among the Tribes, and to otherwise uniformly promote the common welfare of all of the Indian Reservation peoples of Montana, Wyoming and Idaho.



The TLC serves the Confederated Salish & Kootenai Tribes, Little Shell Tribe of Chippewa Indians, Shoshone-Bannock, Eastern Shoshone, Northern Arapaho, Crow, Blackfeet, Chippewa Cree, Fort Belknap, Fort Peck and Northern Cheyenne.

Highlights of TLC activities include:

- The Rocky Mountain Tribal Epidemiology Center (RMTEC) increases the availability of public health epidemiological and other health care indicators to identify patterns and trends in health, in order to best utilize services and to produce measurable outcomes for TLC Tribes.
- The Rocky Mountain Tribal Wellness Initiative aims to create a safe, healthy and vibrant Tribal community. The grant proposes to do this through substance abuse prevention focusing specifically on underage drinking. Each participating Tribe has developed unique ways to combat substance abuse in their communities through prevention strategies, activities,

policies and data collection. In addition, the grant provides training opportunities to build capacity at the local level to reduce substance abuse and enhance overall prevention.

- The Planting Seed of Hope project seeks to improve access to suicide prevention services across Tribal communities in Montana and Wyoming, while identifying and reducing barriers to care.
- The Rocky Mountain Tribal Access to Recovery care coordination model uses local paraprofessionals who serve as a bridge between people experiencing life problems, (who may have identified the connection of these problems with their alcohol/drug use), with traditional Native American mentors, and both Native and non-Native service providers.

Website: www.mtwytlc.org

NIHB Billings Area Board Member:

L. Jace Killback
(NIHB Vice Chairman) – Northern Cheyenne Tribe

TLC contact information:

Gordon Belcourt
Executive Director
Email: Belcourt@mtwytlc.com

office, the IHS EHR deployment team, and consultants, provides RPMS and Commercial-Off-the-Shelf (COTS) EHR technical assistance to achieve EHR meaningful use. Services are available to IHS direct service programs, Tribal health programs, and urban Indian health programs (collectively referred to as I/T/U) that are adopting COTS EHR systems or using the IHS resource and patient management system (RPMS).

- The California Tribal Medi-Cal Administrative Activities (TMAA) program offers a way for Tribal health programs to obtain federal reimbursement for the cost of certain administrative activities necessary for the proper and efficient administration of the Medi-Cal program.
- Tribal Personal Responsibility Education Program (PREP) Responsibility, Education, Attitude and Leadership (REAL) Native Youth educates adolescents on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS.
- The Life is Sacred Program, a Supporting Community Connections (SCC) project funded by the Sacramento County Mental Health Services

Act (MHSA), provides outreach activities that promote and support community connections and improve access to mental health and other needed services for AI/AN community in Sacramento County. Services address suicide prevention and are culturally appropriate and effective for AI/AN community members across all age groups.

- CRIHB offers annual trainings and exams to become a certified professional coder through American Academy of Professional Coders, billing & compliance audits for Tribal health programs, and will soon provide ICD-10-CM training.

Website: www.crihb.org

NIHB California Area Board Member:

Michelle Hayward
Redding Rancheria, California Rural Indian Health Board - Chairwoman

CRIHB contact information:

James Crouch
Executive Director
Email: James.crouch@crihb.net 

California Area: California Rural Indian Health Board (CRIHB)

The California Rural Indian Health Board, Inc. (CRIHB) was formed in 1969 to provide a central focal point in the Indian health field in California for planning, advocacy, funding, training, technical assistance, coordination, fund-raising, education, development and for the purpose of promoting unity and formulating common policy on Indian health care issues.



CRIHB's activities include:

- The California Tribal Epidemiology Center (CTEC) is an initiative to improve AI health in California by engaging AI communities in collecting and interpreting health information to establish health priorities, monitor health status, and develop effective public health services that respect cultural values and traditions of the communities.
- The American Indian/Alaska Native National Regional Extension Center (AIAN REC) for California Tribal and Urban Health Programs is housed at CRIHB. National Indian REC-CA, working in partnership with IHS area



Methamphetamine and Suicide Prevention Funding Improves Outcomes at Desert Visions Youth Wellness Center

Desert Visions Youth Wellness Center stands out as a compelling example of how a small amount of additional, targeted funding can dramatically improve both program outcomes for behavioral health clients and job satisfaction for clinic staff. In this case, the additional funding came from the Indian Health Service's (IHS) Methamphetamine and Suicide Prevention Initiative (MSPI or Initiative).

Desert Visions, a residential treatment center serving Native youth with a primary diagnosis of substance abuse or dependence, received the funding award, along with 127 other Tribal, IHS, urban Indian and youth programs, in 2009. Congress authorized MSPI and appropriated funding in answer to testimony from Tribal leaders, health practitioners and public health experts highlighting the incidence of suicide and prevalence of methamphetamine use in their communities. Congress designed the Initiative to support pilot projects using or adapting evidenced-based or practiced-based programming, as well as projects developing promising practices. The funding allowed projects to address suicide or methamphetamine use, or both issues. For Desert Visions, the MSPI provided the funding necessary to train staff in Dialectic Behavioral Therapy, which, in turn gave the staff the ability to better address the co-occurring disorders experienced by a majority of the clients at the Center.

Recognizing the Need

This expanded training fills a great need. While Desert Visions focuses on treating substance abuse or dependence, the overwhelming majority of the youth come to Center with dual diagnoses. Most clients have contemplated suicide or engaged in destructive or self-harming behavior at some point prior to their admission to Desert Visions. That fact, added to a host of other challenges faced by the youth, makes suicidal ideation and self-harm behavior a real threat to the Center's resident population. Leadership at Desert Visions recognized that one of the causes of unsuccessful treatment outcomes was a lack of training in certain therapies well-suited to addressing self-destructive behavior such as cutting and suicidal ideation. Additionally, many of the adolescents engaging in self-destructive behaviors also showed poor interpersonal skills and a significant inability to regulate their emotions. This combination often resulted in client behaviors that caused staff burn out.

Introducing Dialectic Behavioral Therapy as a Means to Address Co-Occurring Disorders

Providing Dialectic Behavioral Therapy (DBT) training gave Desert Visions staff members additional, effective tools to address these types of presenting issues. DBT is a comprehensive cognitive-behavioral treatment that has been shown to be effective with disorders involving self-harm, emotional dysregulation, and co-occurring disorders including substance abuse. With the implementation of DBT, Desert Visions has been able to integrate an evidenced-based therapeutic modality with traditional/spiritual practices. Interventions include concepts of mindfulness – everything is connected to everything else; Wise Mind – spirituality; and being centered, present, and in the moment. Interventions also incorporate cultural and spiritual practices including talking circles, sweat lodges, and smudging.

Promising Results for Desert Visions and Similar Treatment Programs Serving Native Youth

With additional tools and new intervention approaches, the Center has gained the enhanced ability to intervene therapeutically in situations that, in the past, may have resulted in termination of treatment. Desert Visions notes three key successful outcomes linked to the new therapeutic modalities: 1) a higher number of adolescents successfully completing treatment, 2) improved delivery and coordination of care by all staff, and 3) improved ability by the adolescents to utilize skillful/effective behavior instead of self-destructive/harmful behavior.

In addition to expanding training opportunities, MSPI funds have also allowed Desert Visions to reinforce the evaluative arm of programming. Evaluation includes a number of activities and provides a more detailed picture of the program's promising results. For example, clients complete the Youth Outcome Questionnaire-SR (YOQ-SR) upon admission and weekly thereafter, throughout their treatment stay. (The YOQ-SR is a 64 item questionnaire that measures outcomes related to intra-personal distress, somatic complaints, interpersonal relations, social problems, and behavioral dysfunction.)

Outcomes are used by the clinical staff in collaboration with the clients and their families to modify treatment throughout the client's stay at Desert Visions in order to meet treatment goals. A review of clinical outcome



ABOUT DESERT VISIONS YOUTH WELLNESS CENTER

Desert Visions Youth Wellness Center is a Residential Treatment Center operated by the Indian Health Service, Department of Health and Human Services. The Center serves American Indian and Alaska Native Youth between 12 and 18 years of age with a primary diagnosis of substance abuse or dependence.

Desert Visions is a co-ed, open and continuous enrollment residential treatment center accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Desert Visions is located on the Gila River Indian Community, 40 miles south of Phoenix in Sacaton, Arizona.

For more information about the Center, please visit: www.ihs.gov/MedicalPrograms/Behavioral/documents/yrtc-profiles_2012.pdf

data using the YOQ-SR for all clients served in 2011 demonstrated that 98% of all graduating clients had statistically significant changes in their scores on the YOQ-SR. Of the clients who did not graduate successfully, 66% still had statistically significant change when discharged. Overall, nearly 90% of all clients coming to Desert Visions in 2011 had measurable, significant improvement.

The community has taken note of the Center's success as well. Tribal leaders have strongly supported Desert Visions' use of the MSPI funding, while parents and family members have commented on the positive changes in the youth when they visit and participate in family therapy.

Challenges and Lessons Learned

The Desert Visions leadership acknowledges that change brings its own challenge. As with any new treatment modality, the transitions challenge old ways of thinking and ask staff members to learn new skills, adjust to new procedures, and get comfortable with a new approach. Furthermore, these adjustments must take place in a challenging environment.

To help ensure a smooth transition and overall work satisfaction, the

Center incorporates follow-up training and provides ongoing support systems to staff. Support systems include weekly team meetings. Each staff joins a team of five to six people, and each team works toward improving skills, fostering a team spirit, and reducing the likelihood of staff burnout.

Next Steps and Take-Away Thoughts

Over the course of the MSPI project, Desert Visions has used funding to successfully balance valuable assets like institutional memory with the ability to embrace a new and promising "modus operandi" – way of operating. Clients, their families, and Desert Visions staff are seeing the impressive results of this responsive approach. As Desert Visions carries on its work, it creates a model other programs can implement – and this holds the potential to bring improved outcomes to youth and their families across Indian Country.

To learn more about the Methamphetamine and Suicide Prevention Initiative, please contact Carolyn Angus-Hornbuckle, NIHB Public Health Project Coordinator, at chornbuckle@nihb.org.

NIHB Partners with CDC to Support the Native Diabetes Wellness Program Traditional Foods Project

The Center for Disease Control and Prevention (CDC) Native Diabetes Wellness Program (NDWP) recently awarded the National Indian Health Board (NIHB) a contract to provide technical assistance to the seventeen American Indian and Alaska Native communities participating in the Traditional Foods Project. NIHB also will facilitate cross-project sharing and the development of a learning community for the programs. The project seeks to promote health and prevent disease by supporting the Tribal programs as they reclaim traditional foods, encourage physical activities and strengthen the social fabric of their communities. The five-year Traditional Foods grant program titled, *Using Traditional Foods and Sustainable Ecological Approaches for Health Promotion and Diabetes Prevention in American Indian/Alaska Native Communities*, combines Indigenous knowledge and Western science to promote traditional food and health practices as a shield against Type 2 diabetes-related health disparities.

Over the next year, NIHB will work closely with NDWP and grantees to exchange information on traditional foods activities and events in Indian Country, share success stories and lessons learned, and identify and disseminate information on the integration of traditional and scientific approaches that address obesity and type 2 diabetes prevention. NIHB will facilitate this information exchange through conference calls, webinars, and online forums. The grantees will also have several opportunities to meet face-to-face. At contract conclusion, NIHB will develop a final report of sustainable strategies and lessons learned during the project period. The report will also include recommendations and a guide detailing practice-based evidence for the prevention of obesity and type 2 diabetes in Native communities. NIHB will make these products available for future grantees and other traditional foods projects and activities.

As part of the assistance provided to the Tribal Traditional Foods programs, NIHB has launched a Traditional Food Project Website that will serve as a clearinghouse for grantees to access diabetes and obesity



prevention and treatment resources and to submit technical assistance requests to NIHB project staff. The website also allows all Tribal communities interested in the traditional foods movement to explore an interactive map featuring grantee locations and project summaries, view grantee project highlights and digital stories, and receive up-to-date news on traditional foods activities, upcoming events and funding opportunities.

For more information about this partnership and the traditional foods movement please contact Kim Vigue, NIHB Public Health Project Coordinator, at kvigue@nihb.org or visit www.nihb.org/public_health/ndwp.php.

Tribal Health Professions Opportunity Grants Program (HPOG) and Evaluation

Across the United States, many communities find it difficult to recruit, train, and retain a competent health care workforce. For underserved populations, including the American Indian and Alaska Native population, this task poses an even greater challenge. Recognizing both the existing challenges and the projections on future workforce shortages, the U.S. Department of Health and Human Services (HHS) devoted a portion of its 2010 strategic plan to addressing the issue of workforce development. HHS outlined the issue in a chapter of the strategic plan titled “Strengthening the Nation’s Health and Human Service Infrastructure and Workforce.” HHS designated this focus as one of the five strategic goals the agency will be pursuing during the current strategic plan period.

Each administration within HHS has been tasked with addressing the shortage of critical healthcare workers, public health and human service professionals. With the implementation of the Affordable Care Act, HHS allocated funding to the Administration on Children and Families (ACF) to develop the Health Professions Opportunity Grants (HPOG) and Evaluation Program. The funding provides the opportunity to develop and sustain a well-trained workforce to provide healthcare to underserved populations. Through this initiative, ACF funded 32 five-year demonstration projects that will address the healthcare provider shortage and develop training programs targeting low-income individuals receiving Temporary Assistance for Needy Families (TANF).

ACF awarded five grants to Tribal demonstration projects to develop culturally-informed training programs. Tribal grantees are using this funding to integrate their health professions training programs with

culturally-informed models of learning and practice designed with Tribal TANF recipients in mind. The National Indian Health Board (NIHB), National Opinion Research Center (NORC) at the University of Chicago, and Red Star Innovations (RSI) partnered to conduct the evaluation component of the project.

The programs are mandated to: 1) partner with the state TANF office, local and state workforce investment boards, and state apprenticeship agencies; 2) use grant funding to provide supportive services to participants; and 3) demonstrate results (participants obtaining an employer- or industry-recognized certificate or degree).

Most recently, NIHB, NORC and RSI formed evaluation teams and conducted site visits to the various Tribal grantee sites. The site visits allowed for members of the evaluation team to gain a better understanding

of the processes developed to select staff and scholarship recipients. The site visits also provided a more complete picture of grantee student support services and transition counseling available to students entering the workforce. The Tribal grantees have developed impressive programs for American Indian and Alaska Native (AI/AN) students to

obtain health care credentials ranging from certification to masters-level education. NIHB is pleased to report that most students who participated in the focus groups indicated their desire to return to Tribal communities to provide health and human services.

To learn more about HPOG or NIHB’s other public health projects, please contact Paul Allis, NIHB Public Health Director, at pallis@nihb.org or 202-507-4085. 📞

TRIBAL GRANTEES:

Blackfeet Community College – Browning, Montana
Cankdeska Cikana Community College – Fort Totten, North Dakota
College of Menominee Nation – Keshena, Wisconsin
Cook Inlet Tribal Council – Anchorage, Alaska
Turtle Mountain Community College – Belcourt, North Dakota

Save the Date

NATIONAL INDIAN HEALTH BOARD'S

National Tribal PUBLIC HEALTH SUMMIT

June 2013

Dates to be announced
HOLLYWOOD, FLORIDA

The National Indian Health Board (NIHB) is holding its 4th Annual Tribal Public Health Summit June 2013 in Hollywood, Florida. The Summit will feature key plenary keynote presenters, workshops, and more. The audience for this Summit includes: Tribal public health professionals, Tribal leaders, Tribal health care advocates, federal/state/local health authorities, researchers, and other stakeholders. This Summit provides an opportunity for participants to network, learn best practices, and develop new opportunities for coordination and collaboration.

CALL FOR PROPOSALS COMING SOON!!!

For more information on the NIHB National Tribal Public Health Summit please visit www.nihb.org or contact Paul Allis at 202-507-4085 or pallis@nihb.org

Leveraging Resources to Improve Tribal Public Health – NIHB Brings the Tribal Perspective to Public Health Accreditation Work

Improving the nation's health is a priority for the current administration and remains a pivotal part of the Centers for Disease Control and Prevention's (CDC) mission. However, even with this recognition of the importance of health promotion and disease prevention, the current economic environment poses barriers and challenges to pursuing and funding this mission. Fortunately, key stakeholders are creating and implementing effective strategies to address these challenges, including pursuing collaboration opportunities and leveraging existing resources.

As a key stakeholder in these efforts, the National Indian Health Board (NIHB) partnered with the Association of State and Territorial Health Officials (ASTHO) in the fall of 2011. This CDC funded project seeks to improve the health and wellness of American Indian and Alaska Natives through three main objectives: promoting Healthy People 2020, cultivating collaborative relationships between Tribal and state entities, and supporting the launch of the National Public Health Accreditation Program. NIHB recognizes and values the opportunity to provide Tribes, Tribal Leaders, Tribal health providers, Tribal Epidemiology Centers, and Tribal members with this important public health information which will empower the Tribes to reduce health disparities for American Indian and Alaska Natives.

Collaborative Relationships Between Tribal and State Entities

In response to comments made by Tribes, Tribal Leaders, and Tribal health providers, NIHB helped facilitate and promote the involvement of the Tribes in a number of state and federal forums including the CDC Tribal Advisory Committee meetings and Tribal consultations held August 22-24, 2011 in Suquamish, Washington; January 30 - February 3, 2012 in Atlanta, Georgia; and August 28-29, 2012 in Uncasville, Connecticut.

Healthy People 2020

For the past 30 years, the Department of Health and Human Services (HHS) has been committed to improving the quality of our nation's health by producing a framework for public health prevention priorities and actions with three installments of Healthy People. Healthy People 2020, the third and newest installment of the 10-year goals and objectives for health promotion and disease prevention, can assist Tribal communities in addressing these public health concerns with identifiable goals and objectives. In a national effort headed up by HHS, Healthy People 2020 (HP2020) identified public health accreditation as a means for strengthening public health infrastructure, performance and capacity to improve overall health status. The magnitude of health disparities within American Indian and Alaska Native (AI/AN) populations brings a heightened urgency for access to and utilization of public health services within Tribal communities. NIHB, utilizing the Healthy People 2020 online database, now features AI/AN specific information regarding several of the leading health indicators from HP2020. (You can find these resources under the public health tab on the NIHB website.)

Many of the HP2020 goals and objectives look at the progression of youth-specific health related occurrences. As a part of the HP 2020 promotion, NIHB is committed to involving youth in the development of a Native Youth Strategic Plan. In spring 2011, the NIHB board passed a resolution to develop a National Tribal Youth Healthcare Advisory Committee. With this charge, NIHB entered into discussion with the United National Inter-Tribal Youth, Inc. (UNITY) to collaborate on the creation of this committee. In February 2012, NIHB, with co-sponsor National Council of Urban Indian Health, hosted a lunch for over 100 UNITY members visiting the capitol for the UNITY mid-year conference. (To find out more information about the National Tribal Youth Healthcare Advisory Committee (NTYHAC), please visit www.nihb.org.)

National Public Health Accreditation Program

The final objective supported under this sub-contract involves the National Public Health Accreditation Program. The Public Health Accreditation Board (PHAB) launched the National Public Health Accreditation program in the fall of 2011. Being involved in the accreditation process from its inception, the National Indian Health Board recognizes that Tribes have a vested interest in providing valuable public health services to the communities they serve, and that accreditation may lead to overall improvement in the quality of services they deliver. Through the Tribal Public Health Accreditation Project, NIHB has been providing technical assistance and support to PHAB and national accreditation partners to improve public health partnerships, build capacity and strengthen quality improvement for the Tribes.

NIHB seeks to raise awareness on voluntary public health accreditation to promote Tribal participation in the accreditation process and initiative design. NIHB provides technical assistance to strengthen PHAB's ability to serve the Tribes and provides input at the Tribal Public Health Accreditation Advisory Board. As part of the overall education and outreach on the project, NIHB and PHAB have partnered to create a three-part webinar series on Tribal Public Health Accreditation. (Please visit our Public Health Accreditation page on our website for more information on how to view the recorded webinars.)

To provide technical assistance and develop Tribal quality improvement practice models, NIHB facilitates Tribal, local and state relations and collaborates and partners with accreditation agencies. The NIHB staff has provided cross-agency education on public health in Tribal and state settings, creating opportunities for dialogue and strategy development about Tribal, local and state relations.

To find out more information about these initiatives or the National Tribal Youth Healthcare Advisory Committee (NTYHAC), please contact Blake Harper, NIHB Public Health Project Coordinator, or visit www.nihb.org or find and like our NIHB NTYHAC page on Facebook! 

STACY BOHLEN, NIHB Executive Director

Editorial: Public Health Law in Indian Country

As many readers of the *Health Reporter* know, Indian Country has more than its share of public health problems. Readers, however, may not be aware of the extent of some of these problems. In fact, a number of public health issues either closely approach or reach “epidemic” status in American Indian/Alaska Native communities. Consider the following recent statistics:

- The CDC reported that adult motor vehicle-related death rates for AI/AN are more than twice that of white adults and almost twice that of black adults.¹
- Among infants less than one year of age, AI/AN have consistently higher total injury death rates than other racial/ethnic populations and the highest rate of motor-vehicle traffic deaths.²
- The national surveillance data that are available suggest that American Indians and Alaska Natives have the highest commercial tobacco use prevalence among the major U.S. racial and ethnic groups, which include African Americans, Hispanics, Asians, American Indians or Alaska Natives, and whites (35.6%).³
- Furthermore, data from the few Tribe-specific commercial tobacco surveys that have been conducted suggest that commercial tobacco use could be as high as 63% in some American Indian or Alaska Native communities.⁴
- A 2005 survey found that American Indians/Alaska Natives had higher methamphetamine use rates (for the year prior) than any other racial group surveyed except Native Hawaiians/Pacific Islanders.⁵
- The Indian Health Service issued a report finding that the suicide rate for American Indians/Alaska Natives in the IHS service areas (for 2002-2004) was 1.7 times that of the U.S. all-races rate (for 2003).⁶
- For some Native communities, the overall rates for suicide (all age categories, not only youth) were 3.5 times that of the overall U.S. population suicide rate.⁷

Public Health Approach as a Strategy to Address These Disparities

These statistics give an idea of the problems, but we must remember that behind each statistic are stories of individuals, families and communities impacted by tobacco use, injury, suicide and other public health challenges. These statistics represent suffering that, in large part, can be

avoided. Public health initiatives provide the best means to systematically address these challenges.

Public health initiatives range from broad education campaigns, to targeted interventions, to enactment of public health law.

Public Health Law

Not every public health problem can or should be addressed through law. For example, some problems may be better suited to education efforts. But some of the most critical public health problems in Indian Country – like the epidemic of accidental injury – may be most effectively addressed by a combination of education and law. Enacting public health law also strengthens Tribal sovereignty.

From second hand smoking laws, to seat belt laws, to traffic codes – we see positive and dramatic results from Tribes across the country, enacting these types of laws. Of course, not every Tribe has these types of law in place, nor does every Tribe have the resources to make this legal structure a reality.

Public Health Law Project

The National Indian Health Board (NIHB) has partnered with the National Congress of American Indians (NCAI) to assist Tribes who would like learn more about or enact public health laws. As part of this project, NIHB and NCAI will work to raise awareness of public health laws (and their potential positive impacts) and identify and showcase existing Tribal public health laws. We will also discuss existing barriers to utilizing public health law as public health approach and invite stakeholders to join the discussion to generate strategies to overcome these barriers.

NIHB is honored to be part of this project – one that has the potential to positively impact so many American Indian and Alaska Native people – particularly children. This project will provide the tools Tribes want and need, to utilize public health law to keep their communities healthy and safe.

To get involved in this project, please contact Carolyn Angus-Hornbuckle, JD, NIHB Public Health Project Coordinator at 202-507-4084 or chornbuckle@nihb.org; Malia Villegas, PhD, Director, NCAI Policy Research Center at mvillegas@ncai.org; or Emily White Hat, JD, Program Manager, NCAI Policy Research Center at ewhitehat@ncai.org. 

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-Based Injury Statistics Query and Reporting System (WISQARS)(online)(2009).

² Bernard SJ, Paulozzi LJ, Wallace LJD. Fatal Injuries Among Children by Race and Ethnicity – United States, 1999-2002. *MMWR* 2007;56(No. SS-5).

³ Centers for Disease Control and Prevention. Cigarette smoking among adults – United States, 2006. *MMWR*. 2007; 56(44):1157–1161.

⁴ The Great Lakes Intertribal Council, Inc. (GLITC). Great lakes intertribal council youth tobacco survey 2000: prevalence of tobacco use. Lac du Flambeau, WI: Great Lakes EpiCenter; 2000.

⁵ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2005.

⁶ Indian Health Service, Office of Public Health Support, Division of Program Statistics. Trends in Indian Health, 2002-2003 Ed. Rockville, MD: Indian Health Service; 2003.

⁷ Alaska Native Tribal Health Consortium Injury Prevention Program and the Alaska Native Epidemiology Center. Alaska Native Injury Atlas of Mortality and Morbidity. Anchorage, AK: Alaska Native Tribal Health Consortium; 2008.

MATT IGNACIO and JAMIE FOLSOM, guest contributors from the National Native American AIDS Prevention Center

Indigenous Presence at 2012 International HIV & AIDS Conferences

On July 20-21, 147 representatives from 12 countries – Canada, New Zealand, Guatemala, Mexico, Germany, Bolivia, Chile, Australia, Honduras, Ecuador, Dominican Republic and the U.S. – convened at the Four Points Sheraton in Washington, D.C., for the 2012 International Indigenous Pre-Conference on HIV & AIDS. This two-day pre-conference was held in conjunction with the 19th International AIDS Conference.

The Pre-Conference, titled “To See and be Seen,” set the focus on the global visibility of Indigenous peoples and the impact of HIV, and created a forum for participants to network, strategize and share HIV-specific knowledge. Other objectives included advancing knowledge of culturally appropriate HIV prevention activities, composing a document of lessons learned intended for government stakeholders, and developing a plan for the production of tools between Indigenous and non-Native entities.

Some of the conference highlights included:

- An opening panel, “Indigenous Leaders Living with HIV”, which included Lisa Tiger (Muscogee Creek)
- Addresses from U.S. governmental representatives: Dr. Yvette Roubideaux (Rosebud Sioux), Director of Indian Health Service, and Arizona Senator Jack Jackson, Jr. (Navajo), President’s Advisory Council on HIV/AIDS
- Presentations addressing the issues of those living with the virus, research practices, transgender communities, youth and Two-Spirit/LGBTQ issues
- Closing remarks from Dr. Rainer Engelhardt, Assistant Deputy Minister of the Infectious Disease, Prevention and Control Branch at the Public Health Agency of Canada

Pre-conference participants also worked together to construct a traditional teaching lodge in the lobby of the hotel. “Visioning Health – Positive Aboriginal Women’s Perceptions of Health, Culture and Gender” included poetry, photos and essays displayed inside the lodge.

The Pre-Conference was a component of the larger International Conference on AIDS which took place July 22-27 in Washington, D.C. The International Conference witnessed the largest and most prodigious



Group discussion in the networking zone.

Native presence of any previous International Conference on AIDS. There was an Indigenous Networking Zone that served as a dedicated space for Native presentations, talking circles, morning and evening ceremonies, art projects, and housed a full size teepee. This space played host to a panel presentation by Indian Health Service HIV/AIDS Program and Director Yvette Roubideaux, with Stacy Bohlen, Executive Director of the National Indian Health Board, moderating. The National Native American AIDS Prevention Center also presented on harm reduction, substance use, gender, and social marketing during the week-long conference. For the first time there was a conference presentation on HIV in Indigenous communities across the globe that included presentations by Marama Pala (Maori), Ken Clement (Ktunaxa First Nations), Clive Aspin (Maori), and Karina Walters (Choctaw).

This level of international collaboration and cooperation is unprecedented and will serve to establish a precedent as planning begins for the next International meetings and gatherings in Melbourne in 2014.

To learn more about the work of the National Native American AIDS Prevention Center, please visit: www.nnaapc.org. 

Upcoming Events

November 2012

**National Indian Health Board Event:
Go the EXTRA MILE Kickoff Walk
November 1, 2012**

National Museum of the American Indian,
Washington, D.C.

**Native American Culinary Association:
Indigenous Food Culture Conference
November 7-9, 2012**

Sunrise Park Resort Hotel, Greer, AZ

**MMPC Face-to-Face Meeting
November 13, 2012**

Kaiser Family Foundation, Barbara Jordan
Conference Center, Washington, D.C.

**TTAG Face-to-Face Meeting
November 14-15, 2012**

National Museum of the American Indian,
Washington, D.C.

**NIHOE Area & National Partnership
Meeting
November 15-16, 2012**

National Congress of American Indians, 1516
P Street NW, Washington, D.C.

**Center for Native American Youth
(CNAV) Heritage Month Event:
Celebrating Native American Voices:
Native Youth – Our Future, Our
Inspiration
November 19, 2012**

One DuPont Circle, NW, Washington, D.C.

**2012 Tribal Self-Governance Strategy
Session
November 27 - 28, 2012**

Mohegan Sun, Uncasville CT

December 2012

**IHS Direct Service Tribal Advisory
Committee Quarterly Meeting
November 28 - 29, 2012**

Northern Quest Hotel, Airway Heights WA

**NIHB 4th Quarter Board Meeting
December 3 - 4, 2012**

Temecula, CA

**Department of Health and Human
Services' Secretary's Tribal Advisory
Committee (STAC) Meeting
December 6-7, 2012**

Washington, D.C.

**Tribal Leaders Diabetes Committee
Quarterly Meeting
December 12-13, 2012**

Rockville, MD

January 2013

**One Hundred Thirteenth United States
Congress Convenes
January 3, 2012**

United States Capitol

**2013 Presidential Inauguration
January 21, 2013**

United States Capitol

**Centers for Disease Control and
Prevention – Tribal Advisory
Committee
January 2013 (TBD)**

Atlanta, Georgia

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