

National Indian
Health Board



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BREAKING BARRIERS AND BUILDING BRIDGES

A Report and Review of the National Indian Health Board's Communications with
Indian Country

Analysis of NIHB communications with
Indian Country.

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OVERVIEW

The report that follows is a comprehensive analysis of the National Indian Health Board's communications with Indian Country. This analysis will help NIHB and the Centers for Medicare & Medicaid Services determine the best way to connect with American Indians and Alaska Natives across the country regarding new CMS initiatives and the importance of increased enrollment in Medicare, Medicaid, and the State Children's Health Insurance Program (CHIP).



INTRODUCTION: NIHB and CMS Partners for Indian Health Care

The struggle to elevate the visibility of Indian health care issues has been shared by countless Tribal governments, the federal government and private agencies. The National Indian Health Board (NIHB) is a non-profit organization established to provide these organizations with health care advocacy services, facilitates Tribal consultation and provides timely information to all Tribal Governments across the United States. NIHB also conducts research, provides policy analysis, program assessment and development, national and regional meeting planning, training, technical assistance programs and project management. Through these services NIHB has continuously played a central role in focusing national attention on Indian health care needs and conveying information back to Indian Country.

The report that follows is a comprehensive analysis of the outreach and education activities conducted by the NIHB on behalf of CMS. A literature review was conducted, existing communications networks were analyzed, best practices in outreach were identified and recommendations have been made to improve NIHB's capacity for transmitting information and educating Indian Country on CMS programs. This report reinforces the partnership of NIHB and CMS for the improvement of Indian health care.

METHODOLOGY

The Centers for Medicare & Medicaid Services (CMS) and the National Indian Health Board (NIHB) are partners in efforts to improve American Indian and Alaska Native (AI/AN) health care. The parameters of this partnership are determined by Intra-Departmental Delegation of Authority (IDDA) between CMS and the Indian Health Service (IHS).

In 2007, IDDA-07-94 outlined a series of outreach and education activities to be performed by NIHB on behalf of CMS. These activities include:

- Review existing communications networks used by the National Indian Health Board
- Prepare a guide to best practices in outreach and education in Indian Country
- Review and propose additional contacts/outreach channels for CMS information
- Propose cost-effective strategies for reaching each contact grouping

The first step in analyzing NIHB's communication with Indian Country is to develop an understanding of how Indian Country communicates, with whom they communicate and how AI/AN's prefer to receive communication. Extensive consideration must be given to how NIHB's audiences access information and how they share it. Studies have been conducted by Native media and the Census Bureau to address these questions, but an in depth analysis of issue specific communications has not been completed. With a clear understanding of the answers to these questions the analysis of NIHB can begin.

This report begins by conducting a literature review of all materials on CMS programs in Indian Country. Culturally appropriate materials from states, agencies and Native organizations were collected to provide context for the overall analysis of NIHB communications. By looking at the modes of communication used by the NIHB under this context, realistic recommendations can be made about how to better transmit these materials in the future.

In June 2008, the National Indian Health Board contracted the Red Hummingbird Media Corporation to analyze NIHB's communication. The multi-layer process included:

- Analysis of NIHB's **electronic communication**: NIHB website, survey of list serves and the content of messages sent out to Indian Country.
- Analysis of NIHB's **face to face communications**: conferences, meetings, and trainings.
- Analysis of NIHB's **verbal communications**: conference calls.
- Analysis of NIHB's **written communications**: the Health Reporter and the Washington Report.

The findings of the analyses are discussed at length in the body of this report under the subheading of *Communications Channels Analysis*.

In addition to the analysis, a survey was conducted to ask Indian Country about the effectiveness of NIHB's communications. The twenty-one question survey was developed under the guidance of NIHB and CMS using Survey Monkey and was distributed electronically and on paper. The electronic survey was distributed using NIHB's established listservs and then further disseminated to a larger Native audience by subscribers to these listservs. The methodology and results of the survey are included in APPENDIX A. The goal of the survey was to serve as a barometer to review and evaluate existing communications networks (media, organizational and others) that the National Indian Health Board utilizes.

COMMUNICATION CHANNEL ANALYSIS

For five months, June to October 2008, NIHB in association with Red Hummingbird Media Corporation took an in depth look at the means through which health care information is disseminated to Indian Country. CMS uses NIHB to get information and materials about programs, policy issues and training sessions to the general AI/AN population. The process through which this information reaches to Indian country is the following: CMS provides information to NIHB to distribute to the general AI/AN population; NIHB in turn disseminates this information through their communications channels via four modes: electronic, face to face, verbal and written; NIHB relies on these channels to then distribute the information further to the general AI/AN population. Figure 1 illustrates this process.

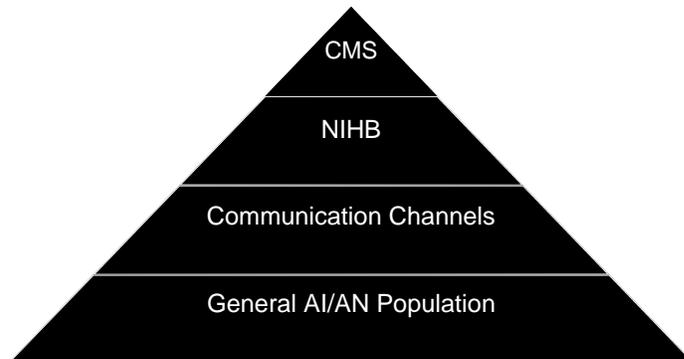
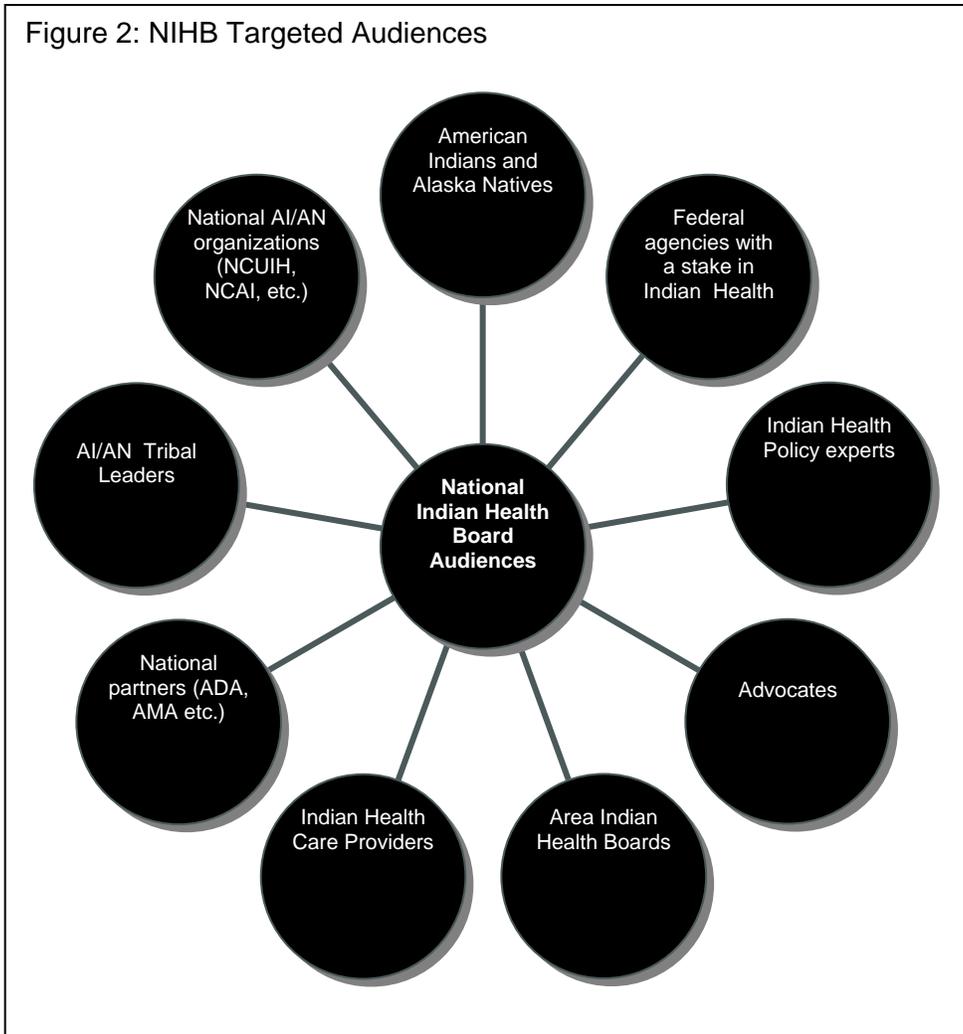


Figure 1: NIHB Communication Pyramid

This process is not an effective way to communicate with the general AI/AN population as only ten percent of respondents to the NIHB Communications Survey selected NIHB as the means by which they receive information about health issues. While eighty-four percent of the respondents were likely to share the information received from NIHB, the heavy reliance on intermediaries reduces the opportunity for strategic communication with CMS' goal audiences.

It does however, allow NIHB to strengthen ties with audiences that are already affiliated with the organization. Figure 2 depicts the audiences that NIHB reaches or seeks to reach. The audiences reached on a daily basis are national AI/AN organizations, such as the National Congress of American Indians or the National Council for Urban Indian Health; federal agencies with a stake in Indian health, such as CMS or CDC; and national partners; such as the Association of State and Territorial Health Officials. These daily communications to national audiences reflects the national scope of work of NIHB in providing programmatic support and project management.

Communication with Indian health policy experts, Indian health care providers, Area Indian Health Boards, and local and regional organizations occur frequently but not regularly. These audiences are contacted through programs facilitated by NIHB, mainly the CMS Tribal Technical Advisory Group (TTAG) and the CDC Tribal Consultation Advisory Group (TCAC). NIHB uses these groups as the main conduit of information to the general population. As explained by the above process, the audiences with whom NIHB communicated directly with the least frequency are AI/AN leaders, individual AI/AN's and advocates.



The frequency by which NIHB communicates with the targeted audiences directly correlates with the frequency at which established communications channels are utilized. NIHB has a well-defined list of channels that are used to reach various audiences. These twelve channels are responsible for disseminating information provided by CMS to NIHB. The following figure, Figure 3, shows the relationship between the channels and audiences and the modes utilized to complete the communication process.

Figure 3: Matrix Identifying Communication Channels, Modes and Audiences

Communication Channel	Mode of Communication	Targeted Audience
National Indian Health Board Executive Board and Board Members (Represent all 12 IHS areas)	<ul style="list-style-type: none"> ▪ Electronic ▪ Face to Face ▪ Verbal ▪ Written 	AI/AN tribal leaders
Federal Agencies (CMS, CDC, IHS, etc.)	<ul style="list-style-type: none"> ▪ Electronic ▪ Face to Face ▪ Verbal ▪ Written 	Federal agencies with a stake in Indian health; Indian health care providers; Indian health policy experts
Centers for Medicare &	<ul style="list-style-type: none"> ▪ Electronic 	Indian health policy experts;

<p>Medicaid Tribal Technical Advisory Group (CMS TTAG) and Subcommittees:</p> <ul style="list-style-type: none"> ▪ Budget and Strategic Plan ▪ Medicaid Citizenship Documentation ▪ CMS Day ▪ Data ▪ Encounter Rate ▪ Long Term Care ▪ Outreach and Education ▪ Tribal Consultation Policy ▪ Across State Borders ▪ Equitable Relief ▪ Medicare Like Rates ▪ Medicaid Administrative Match 	<ul style="list-style-type: none"> ▪ Face to Face ▪ Verbal ▪ Written 	<p>federal agencies with a stake in Indian health; Indian health care providers; Area Indian Health Boards</p>
<p>Medicare and Medicaid Policy Committee (Subcommittee of the NIHB to provide policy support to the CMS TTAG)</p>	<ul style="list-style-type: none"> ▪ Electronic ▪ Face to Face ▪ Verbal ▪ Written 	<p>Indian health policy experts; Indian health care providers; advocates</p>
<p>Centers for Disease Control and Prevention Tribal Consultation Advisory Committee (CDC TCAC)</p>	<ul style="list-style-type: none"> ▪ Electronic ▪ Face to Face ▪ Verbal ▪ Written 	<p>Indian health policy experts; federal agencies with a stake in Indian health; Indian health care providers; Area Indian Health Boards</p>
<p>Tribal Leaders Diabetes Committee (TLDC)</p>	<ul style="list-style-type: none"> ▪ Electronic ▪ Face to Face ▪ Verbal ▪ Written 	<p>AI/AN tribal leaders; federal agencies with a stake in Indian health; Area Indian Health Boards</p>
<p>Area Indian Health Board Directors</p>	<ul style="list-style-type: none"> ▪ Electronic ▪ Written 	<p>Area Indian Health Boards; Indian health care providers; Indian health policy experts</p>
<p>American Indian/Alaska Native Elected Leaders</p>	<ul style="list-style-type: none"> ▪ Written ▪ Face to Face 	<p>AI/AN tribal leaders</p>
<p>American Indian/Alaska Native Health Directors and employees</p>	<ul style="list-style-type: none"> ▪ Electronic ▪ Face to Face ▪ Verbal ▪ Written 	<p>Indian health policy experts; Indian health care providers; advocates;</p>
<p>Regional Bureau of Indian Affairs Directors</p>	<ul style="list-style-type: none"> ▪ Written 	<p>Federal agencies with a stake in Indian health</p>
<p>National Steering Committee</p>	<ul style="list-style-type: none"> ▪ Electronic 	<p>AI/AN tribal leaders; advocates;</p>

(NSC) for the reauthorization of the Indian Health Care Improvement Act (IHCIA)	<ul style="list-style-type: none"> ▪ Verbal 	national AI/AN organizations; national partners
Grassroots/Advocacy Network	<ul style="list-style-type: none"> ▪ Electronic 	Advocates

These modes of communication are chosen to reflect the needs and preferences of the channels and audiences. Electronic modes used by NIHB include email and web based content. Face to face modes are conferences, meetings and trainings. Verbal modes are conference calls. Written modes are mailings and newsletters. The use of each of these methods is discussed in detail below.

Modes of Communication

ELECTRONIC

NIHB’s primary means of communicating with audiences fall into the electronic mode of communication. This method includes, but is not limited to, web based content and email. After monitoring NIHB’s communications, email is the preferred method to distribute information about health issues. It is the most cost-effective method and requires less staff time than other means available.

Seventy-one percent of survey respondents find emailed information from NIHB to be useful and eighty-four percent are likely to share that information. The preferred method to share the emailed information from NIHB, according to thirty-four percent of respondents is to in turn forward the emails they receive to their local constituents.

NIHB has established ten listservs to facilitate efficient communication with various channels and audiences. The listservs are:

- NIHB Board Members
- National Steering Committee
- CMS TTAG
- CDC Tribal Consultation Advisory Committee (TCAC)
- Tribal Leaders Diabetes Committee
- Area Indian Health Boards
- Grassroots
- Indian Health Care Improvement Act (IHCIA) Coalition Members
- Just Move It Events DC
- Tribal Epi Centers

A content survey of NIHB listserv activity from June 24 – October 15, 2008, in total, seventy-four emails were sent using the established listservs. Forty emails were related to conference call planning and meeting logistics. Five related to tribal consultations, including one canceled due to weather. Four related to the Communications Survey, conducted for this report. Three were staffing announcements from NIHB and CMS. Other subjects included an email blast about diabetes, Medicine Dish, government reports and grant opportunities. The listserv with the most activity was the CMS TTAG. Forty-four of the seventy-four emails were in reference to the TTAG and the MMPC. Examples of these emails can be found in Appendix B.

The content of these emails rarely included information about health issues or policy, rather they were organizational in nature. The listservs are being used to conduct business among NIHB’s regular

audiences, national AI/AN organizations, federal agencies with a stake in Indian health, national partners and Indian health policy experts. According to the survey results, it is fair to assume that the recipients of NIHB emails are likely to forward them to colleagues, tribal leaders, family and friends. Therefore many more audiences could be receiving valuable information than the current listserv suggests.

The NIHB website is another electronic method used to distribute health information (Appendix B). While twenty percent of respondents receive information about health issues from the Internet, forty-nine percent rarely used the NIHB website. Twenty-three percent used the website monthly, nineteen percent used it weekly and three percent used it daily.

The NIHB mission of advocacy for AI/AN health is clear in the qualitative responses from the survey over what features are most useful on the website. Among the specific features referenced were the Washington Report, Indian Health Care Improvement Act reports and Congressional news. These features were the reasons for using the website. Others used the site to find job openings, grant applications, conference information.

A survey of the content on the NIHB site was conducted. Postings on the front-page date back to March 2008 and continue to October 2008. Legislative and Congressional updates were far more prominent than health issues or information about NIHB. In the central column on the front page there were nine legislative updates, four calls to action, nine job announcements and two notices for government grants. These features draw traffic to the site and keep affiliated audiences coming back, but do not attract broad audiences.

FACE TO FACE

The second most common mode of communication used by NIHB is face-to-face communication. This method includes, but is not limited to: meetings, conferences, trainings and the Medicine Dish series. Face-to-face communications is a great way to reach Indian Country. Many AI/AN individuals do not have access to reliable Internet or phone service making other methods necessary.

NIHB hosts two national wide conferences annually: the Annual Consumer Conference and the Public Health Summit. The Annual Consumer Conference (ACC) is considered a preeminent event for health professionals and tribal organizations to gather together and learn how to improve health care for AI/AN's. The ACC features CMS Day, a day focused on CMS programs and conducts workshops for tribal organizations to learn how to maximize health care dollars and much more. (Agendas from 2007 and 2008 can be found in Appendix B.)

The 2007 CMS Day at the 24th Annual Consumer Conference featured plenary topics such as *Increased Outreach and Enrollment Resulting in Increased Reimbursement, Improved Working Relationships between Tribes and State Medicaid Programs, Payment of Part D Premiums*. The 2007 CMS Day was the premiere of the "Our Health, Our Community," a promotional video designed to encourage enrollment in Medicare and Medicaid. The workshops were given by CMS and IHS representatives, tribal leaders and health professionals. Topics ranged from *Getting Started with Medicare-like Rates to Best Practices for Ensuring Maximum Reimbursement of Prescription Drugs*. As evident in the workshop evaluations, participants benefited from "new contacts and resources" and "the explanation of the different types of Medicare" that can be "taken back to tribes."

This year's CMS Day at the 25th Annual Consumer Conference featured plenary topics such as *State Perspective on Programs and Policy, Addressing Health Care Needs of Elderly: PACE, Integrating IHS and CMS Data: Challenges, Progress and Relevance* and the *CMS AI/AN Strategic Plan*. Once again the workshops were given by CMS and IHS representatives, tribal leaders and health professionals. Topics

ranged from *Medicaid Citizenship Documentation Requirements and Impact on Tribal Enrollment*, *Tribal Partnering for Long Term Care in the 21st Century*, *Tribal State Relationships and Best Practices* and *Recent Developments in Tribal Health Care Compliance: Lessons Learned the Hard Way*. While workshop evaluations were not available at this time to be analyzed, numerous conversations with conference participants presented positive feedback regarding both plenary and workshop sessions.

These conferences are important for Indian Country due to the health care focus and level of participation from federal agency representatives and tribal organizations in workshops and other sessions. Sixteen percent of respondents receive information about health issues from meetings or conferences attended which supports NIHB activities. The General Accounting Office in its July report noted the critical role of NIHB's Consumer Conference in sharing information with AI/AN stakeholders about CMS programs.

Face to face communication was the method considered to be most effective for informing communities about Medicare, Medicaid and SCHIP. Twenty-one percent of respondents believed that town hall meetings and trainings in person were the most effective for disseminating information. CMS and NIHB work together to conduct trainings across the country. These sessions provide valuable information on CMS programs to tribes and tribal health care providers in a directed area specific capacity. In the past year, the NIHB and CMS have organized two trainings, one in the Aberdeen Area and one in Nevada.

Working Together – CMS, Tribes and the Aberdeen Area, took place in Rapid City, South Dakota August 29 and 30, 2007 (Agenda can be found under Appendix B). Sixteen CMS and IHS representatives along with tribal health professionals and leaders lead the sessions. Over three hundred participants gathered to learn more about *Financial Benefits of Enrollment and Billing; Medicare Parts A, B, C, and D; Contract Health Services; Medicare-like Rates; and Model Business Practices for Working with Medicare and Medicaid*.

The Indian Health Board of Nevada in partnership with CMS and NIHB conducted a one-day follow up training session for the tribes of Nevada June 17, 2008 in Reno, Nevada (Agenda can be found under Appendix B). This training session provided information to provide a better understanding of Medicare, Medicaid and SCHIP program guidelines. The day-long session was led by the Indian Health Board of Nevada and CMS representatives. Participants listened to explanations of *Medicare Survey and Certification, Medicare-like Rate Implementation and Medicaid Billing Issues*. Area specific sessions included: an *Overview of Nevada Medicaid Benefits and Great Basin Primary Care Association*. This day-long training gave the participants additional knowledge on CMS programs specific to the area that they could then in turn educate their own communities.

Beyond trainings, NIHB facilitates quarterly meetings with the NIHB Board of Directors, CMS TTAG and the CDC TCAC. These meetings are conducted to discuss regular business and issues that arise. For the CMS TTAG, these meetings provide an opportunity for the TTAG members and other participants to meet with CMS representatives face to face and raise concerns or ask questions to the appropriate representative. A face to face meeting of the CMS TTAG took place July 30 and 31, 2008. The meeting was preceded by an MMPC face to face meeting on the 29th. The goal of these meetings is to provide the participants with the opportunity to learn more about CMS programs and to take that back to their communities. These face to face meetings and trainings are designed to transmit information back to each area and community. NIHB's role in these meetings and trainings is to provide the administrative and financial support as well as marketing the sessions and meetings.

CMS has developed many different ways to educate the AI/AN population about CMS programs. The Medicine Dish Series was developed by the Tribal Affairs Group. These monthly educational sessions cover topics pertinent to Indian Health Providers. These broadcasts may be viewed on the Medicine Dish Satellite Network or via high-speed Internet connection. This method of communication is considered

face to face due to the viewing experience. During the time of this study four programs were broadcasted: *Electronic Medical Records*, *CMS Website: A Tour and How to Use It*, *Federally-Qualified Health Centers (FQHC) Billing Basics* and *Information about the Treatment of Specific Diseases*. NIHB does not have a role in the production or broadcast of the series, however it is responsible for assisting in marketing the series to the tribal organizations and health professionals.

The survey of emails sent by NIHB found one email regarding the Medicine Dish Series and beyond this one email no mention of the series could be found except on the CMS TTAG website. This lack of communication of the series could explain why forty percent of those surveyed did not know what the program was and forty-six percent had never viewed an episode. Several respondents did comment that they could not view Medicine Dish because they did not have DirecTV or their Internet connections were not sufficient to receive the broadcast online. This fits with one Federal Communications Commission official's observations that reservations were far more likely to lack high-speed Internet than more urban or wealthier locations.

Another method CMS utilizes to educate the general AI/AN population is the "Our Health, Our Community" video. This video was created by the CMS TTAG with NIHB and CMS. NIHB unveiled the video during CMS Day at the 2007 Annual Consumer Conference. It was well received and continues to fly off the shelves. NIHB continues to market the video during its conferences and to promote the CMS TTAG.

VERBAL

Verbal modes of communication are not frequently used by NIHB outside of programmatic activities. NIHB supports four advisory groups: the CMS TTAG, MMPC, CDC TCAC and the Tribal Leaders Diabetes Committee (TLDC). Each of these groups meet via conference call on a regular basis. The CMS TTAG and the MMPC conduct a monthly conference call to discuss current issues with Medicare, Medicaid and SCHIP. These TTAG calls also give tribal leaders a chance to ask CMS and IHS representatives about specific programmatic issues and MMPC calls focus more on specific health policy issues and how AI/AN communities can get involved. Numerous CMS and IHS representatives participate in these calls and provide information to participants who in turn share with their organizations.

During the period of study eighteen TTAG, TTAG subcommittees and MMPC conference calls were held. The TTAG held two conference calls June 11 and October 15. The Long Term Care Subcommittee of the TTAG held a conference call June 20. The Outreach and Education Subcommittee of the TTAG held four conference calls on June 19, July 17, September 11 and October 2. The Tribal Consultation Policy Subcommittee of the TTAG held two conference calls June 20 and July 23. The Encounter Rate Workgroup of the TTAG held one conference call on June 20. The Budget and Strategic Plan Subcommittee held two conference calls July 2 and October 6. The CMS Day Subcommittee of the TTAG held a conference call on August 27. The MMPC held five conference calls on June 25, July 16, September 3, October 6 and October 22.

NIHB verbally communicates the most with the TTAG and affiliated groups. These frequent conference calls keep a constant flow of information about CMS programs to Indian Country. TTAG and MMPC members along with other participants disseminate information to their Area Health Boards, tribal communities, clients and the general AI/AN population. The TTAG and MMPC are the most trusted communication channel to distribute CMS related information. This is evident through the volume of emails sent to the group, the frequency of conference calls and the quarterly meetings.

NIHB uses the TTAG to publicize Open Door Forums hosted by CMS. According to the CMS website, “these forums provide an opportunity for live dialogue between CMS and the provider community at large, in order to understand and then help find solutions to contemporary program issues.” Through an open discussion participants are able to learn from each other and CMS representatives. They are also able to “uncover useful clarifications regarding the different rules and instructions associated with coverage, coding, and payment, and generally become more of an asset to their office or facility's well being”. The goal of these forums is to improve the quality of health care for AI/AN's. The participation rate of these forums is not known in this study, but further research would be beneficial.

WRITTEN

Thirty-three percent of respondents generally receive information about health issues through written modes of communication: fliers or brochures, tribal newspapers, handouts and clinic boards. Brochures, fliers and handouts were also a key source of information about health policy issues. Thirteen percent of respondents believe that brochures are the most effective means to inform communities about Medicare, Medicaid and SCHIP. The Tribal Affairs Group has produced numerous fliers, brochures and fact sheets designed for the general AI/AN populations. These materials are graphically pleasing and culturally appropriate. Various audiences consulted with generally liked the materials and were interested in learning more as a result of receiving them. CMS has utilized NIHB conferences, meetings and conference calls to develop and distribute these materials. NIHB facilitates the dissemination process and provides the administrative support to the Outreach and Education Subcommittee of the CMS TTAG who reviews these documents.

The main method of written communication NIHB utilizes is newsletters. NIHB produces two newsletters and internet based *Washington Report* and the print *Health Reporter* (both newsletters can be found under Appendix B). The *Washington Report* main audiences are the mainly communicates with the policy analysts, advocates and federal employees who need to track progress of key legislation and policy matters while the Indian Health Reporter is mailed to tribal governments, which need information about representation and ways the NIHB is engaged across Indian Country.

The *Washington Report's* straightforward reporting on issues like the Reauthorization of the Indian Health Care Improvement Act is attracting readers. The report was cited by several survey respondents as the feature that was found to be the most useful on the NIHB website. During months when the Act was making news the site received more than 1,000 hits, many more than most months. Often, when the act was making news, the *Washington Report* was the only or one of the only places to find out what was going on. The mainstream media did not cover the reauthorization, and tribal media remains dependant on mainstream sources for national news, including national Native news. The *Washington Report* serves more than a legislative purpose it is also a way for NIHB to communicate with the general public about what work they are doing. Updates on the CMS TTAG and other groups are featured in these reports. The inclusion of photos and other the coverage of other events outside of legislative activities makes this document easy to read and applicable for everyday audiences.

The PDF of the *Health Reporter*, which was provided, is an attractive and interesting publication. At only twelve pages long, it was striking that 16 photos were included. Published in Spring 2008, the lead article was a feature on the Democratic presidential candidate's, Senator Hilary Rodham Clinton and Senator Barack Obama, meeting with tribal health representatives in Montana.

A content survey of the newsletter found that six articles were about NIHB, two about tribes, four about Congress, and three about health including grant announcements. These articles provided a good overview to even a casual tribal reader about Indian health policy and the work of tribes to influence it. This is information that is rarely available nationally and NIHB has done a good job filling in this gap.

The *Health Reporter* is distributed by direct mail and is the sole means of dissemination. The direct mail was the preferred method for eight percent of the respondents. NIHB has established six mailing lists with 1,062 people to facilitate efficient communication with various channels and audiences. The mailing lists are:

- 562 Federally recognized tribes (including tribal leaders and health professionals)
- CMS TTAG members and affiliates
- CDC TCAC members and affiliates
- Tribal Leaders Diabetes Committee (TLDC) and affiliates
- NIHB Board
- Federal agencies and representatives
- Congressional offices

NIHB does not utilize this form of written communications often. Direct mail is an expensive communication method and often does not yield desired results. The high turn over in tribal organizations alone makes communicating with tribes difficult. NIHB does update their mailing lists as materials are returned to sender; however an accurate assessment of lists would require going through each address one by one. This in depth analysis was not able to be completed for this study. During this study two mailings were conducted. The first mailing was to tribal leaders regarding tribal shares and the second a mailing to tribal leaders about the CDC Bi-Annual Tribal Consultation Session.

RECOMMENDATIONS

In Indian Country there are many obstacles to strategic communication. The barriers between individual beneficiaries and the National Indian Health Board's partners such as the Centers for Medicare & Medicaid Services or the Centers for Disease Control and Prevention are numerous. It is the National Indian Health Board's role in these partnerships to build bridges to all AI/AN's and overcome communications barriers to better educate Indian Country about health care.

With 562 federally recognized tribes spread across the United States continual communication about health care concerns is a challenge. Spatial distance, numerous subgroups, the structure of organizations and organizational instability pose the greatest barriers to NIHB communications. Reservations, for example, often have limited or no access to internet or reliable phone service and tribal organizations' leadership continually changes. To overcome these barriers, NIHB relies on core audiences and channels to reach individual AI/AN's.

While some of these communications methods are effective in disseminating information others are lacking. Due to the NIHB's heavy reliance on electronic modes of communication this should be the first place to begin improvements. For many in Indian Country, the internet is the quickest and easiest way to access health information resources. While NIHB's website has the potential to become one of the most comprehensive sources of this information it is not yet as well known or widely accessed as it could be. Several updates should be made to the site to increase use.

Website content should be frequently updated to ensure that the most current and relevant information is always available. This should include the latest NIHB news, regulations and contact information for government agencies, and other important health information and alerts. Individuals and agencies alike should be able to come to the NIHB website for any Indian health care information they might need. For this to occur, there must be confidence that NIHB is able to constantly provide all necessary information quickly and accurately. This confidence can be gained through the dissemination of reliable and timely information.

It is imperative that email listservs be accurate and effective. Using a clear return email address such as CMS INFORMATION, NIHB HEALTH INFORMATION, NIHB REGULATORY UPDATE or NIHB LEGISLATIVE UPDATE, recipients will be more likely to open the email, read the information and pass the information along to others. One way of organizing list serves better would be to set up a database on the website where users can sign up for email lists that they would like to receive information from. This would cut down on bounce backs and be an effective and reliable communication channel.

While the website is the primary means by which people will be able to seek information about NIHB and Indian health, further information can be distributed through the NIHB newsletter. By simplifying the process used to subscribe to the newsletter and allowing subscribers to express their individual interests, NIHB can send tailored information to a much larger group. This might be accomplished by establishing an easily accessible page dedicated entirely to newsletter subscriptions. This one location would allow users to subscribe to each newsletter which fits their needs and interests. This will help expand knowledge of NIHB resources and allow them to be distributed to a wider audience.

In thinking beyond NIHB's established forms of communication, it is apparent that additional dissemination of information could come through use of the media. Among survey respondents, two types of media communication were equally common. The first was news media, which was identified as a source of health information by two-thirds of survey respondents. Responses were broken down among tribal newspapers, more than one-third; tribal radio, one-tenth; and other news media, fewer than one-

third. When combined this is a powerful, largely untapped means of communication for NIHB and its partner agencies.

APPENDIX A: National Indian Health Board Outreach and Education Survey Methodology

I. Survey Design

The survey instrument was developed by Red Hummingbird Media Corporation under the guidance of the National Indian Health Board and the Centers for Medicare & Medicaid Services.

The Red Hummingbird Media Corporation was sub-contracted by the National Indian Health Board to complete outreach and education deliverables as outlined by the Intra-Departmental Delegation of Authority (IDDA) 07-94.

The 21-question instrument was designed to, “review and evaluate existing communications networks (media, organizational and others) that the National Indian Health Board utilizes.” The following table generalizes the content from the survey instrument.

Figure I:

Question	General Content
1-2	Demographic
3	Accessing health care
4 and 6	Health care information
5	SCHIP
7-10	NIHB information and distribution
11-13	NIHB website
14-17	Medicare, Medicaid, SCHIP
18-20	CMS Medicine Dish Series
21	June 1 st

Due to the time constraints of the project an internet-based survey provider was chosen to aide in the design, distribution, collection and evaluation process of the project. The sample population was not randomized and was not designed for scientific accuracy. Instead the following were audiences associated with the National Indian Health Board were targeted via internet communications, NIHB’s Annual Consumer Conference and directed mailings to each of the twelve IHS areas:

- Beneficiaries
- Providers
- Outreach workers
- Tribal leadership
- Tribal organizations
- Health policy makers

II. Survey Distribution and Collection

Initially the study population was limited to those populations already affiliated with the National Indian Health Board’s electronic mailings. The study population was expanded from those already associated with the NIHB via electronic communication to the participants at the NIHB’s Annual Consumer Conference and to consumers in each of the twelve IHS areas. The research goal was to reach beneficiaries, providers, outreach workers, Tribal leadership, Tribal organizations and health policy

makers from across the country. The Annual Consumer Conference and targeted mailings provided the forum for reaching these audiences.

Volunteers were asked to distribute 500 survey packages at the end of each workshop session during the NIHB's Annual Consumer Conference. These volunteers and staff were given a short instructional statement to read and were briefed on the survey and intentions to better answer questions posed by participants.

Surveys were completed on-site between September 23, 2008 and September 25, 2008. After the three day collection period completed surveys were returned to Red Hummingbird Media Corporation for review and analysis.

The targeted mailing phase of the study was completed by sending 50 survey packages to each of the twelve IHS areas. A representative from each of the area was designated to distribute the survey instrument to beneficiaries and outreach workers. The surveys were completed between September 15, 2008 and October 17, 2008.

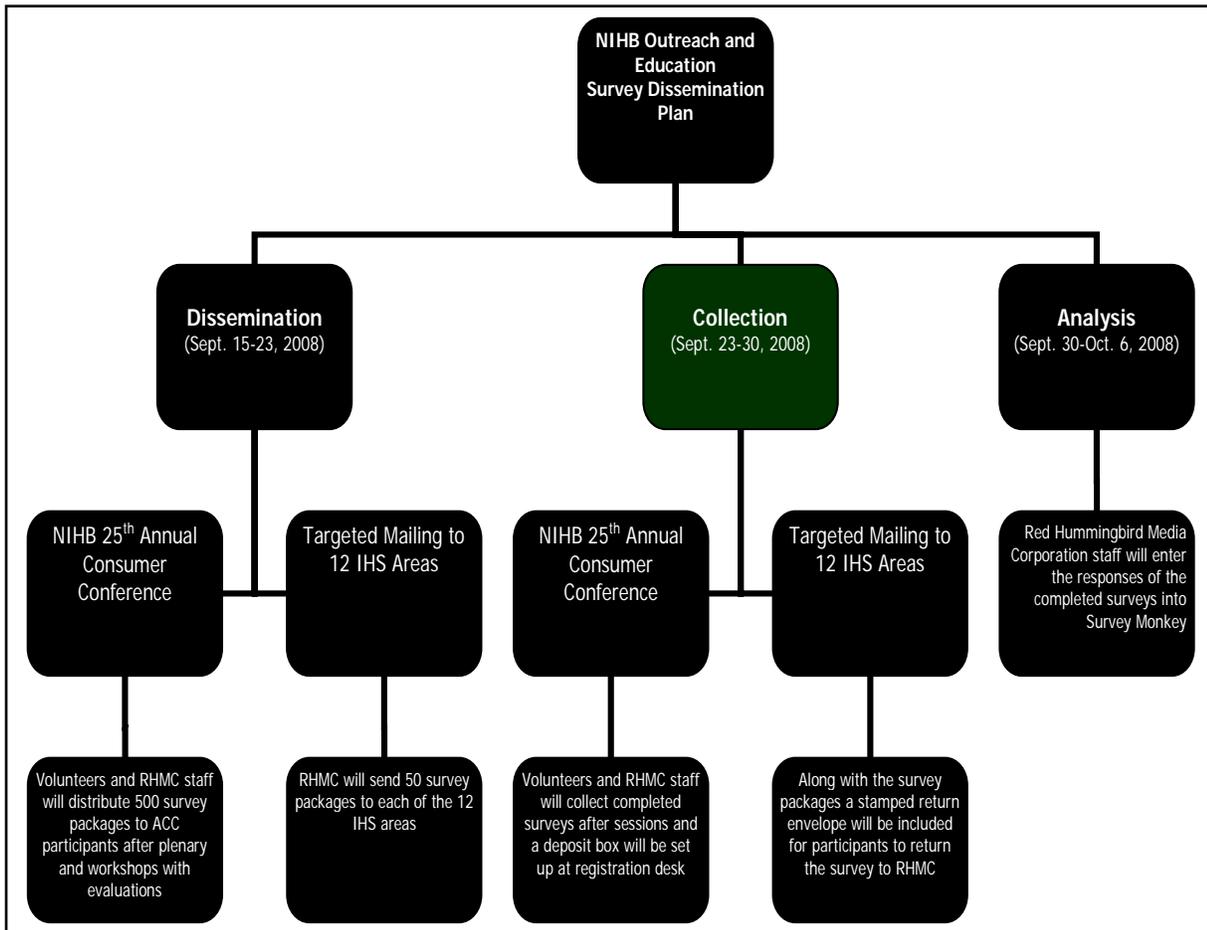
In summary the study consisted of three phases:

Phase I: Blast email to all National Indian Health Board list serves with link to Survey Monkey survey.

Phase II: Distribution to participants at NIHB's Annual Consumer Conference. Volunteers and Red Hummingbird Media Corporation Staff distributed 500 surveys to participants after plenary and workshop sessions.

Phase III: With the assistance of identified representatives from each of the twelve IHS areas 50 surveys were distributed to each office for completion and sent back using self addressed stamped envelopes.

Figure 2: Dissemination Plan



III. Survey Packages

Each survey package was distributed with the following items:

- * Letter of introduction cosigned by H. Sally Smith, Chairman of the National Indian Health Board
- * Instructions to the participants
- * Surveys
- * Statement of appreciation to participants

IV. Sampling

The survey sample was not random; rather it was a targeted sample of Tribal health consumers associated with the National Indian Health Board or participants at the NIHB's Annual Consumer Conference. The survey results should be reviewed as a base for analyzing and developing communications strategies for the National Indian Health Board.

Sampling Limitations

1. *Internet Access:* The initial survey population was strictly internet users affiliated with the National Indian Health Board. Consumers without the use of internet or reliable internet access may not have participated in representative numbers.
2. *California Dominance:* To complete the paper survey, consumers had to attend the NIHB’s Annual Consumer Conference in Temecula, California. Therefore, those consumers living within a close proximity to Temecula or California were more likely to complete the survey than those from other parts of the country.
3. *Health Professional Dominance:* To complete the paper survey, consumers had to attend the NIHB’s Annual Consumer Conference in Temecula, California. The majority of participants at the conference were providers; health policy makers; Tribal organizations and Tribal leadership due to the financial burdens associated with the conference important populations were not heavily represented. Therefore, beneficiaries and outreach workers were less likely to complete the survey. *(This limitation was addressed by adding a third phase to the study.)*

V. Survey Results Analysis

Question 1: Tell us about you. Are you? Check all that apply.	RESPONSES	
Answer Options	Percentage Response	Numeric Response
An elected tribal leader	9.9%	38
A tribal employee working in health-related field	24.7%	95
A health care provider	6.0%	23
A health care advocate	12.5%	48
A tribal member concerned about Indian health	26.3%	101
A staffer for a regional Indian health board	8.6%	33
Other (See Question #1 comments)	12.0%	46
<i>Answered Question</i>	100.0%	384
<i>Number of Respondents</i>		238
<i>Skipped Question</i>		40

Question #1 Comments: Tell us about yourself.

Number	Other (please specify)
1	Office of Elderly Services
2	Grant Writer
3	Executive Director at an urban health clinic
4	Pueblo of Acoma tribal councilman and architect
5	non-Indian staff member at area health board
6	Indian health board delegate
7	a tribal member working for the federal gov't
8	work in HIV prevention with AI/AN and NH
9	tribal leader designee for health, and health board advisory
10	design anti meth posters for Indian country
11	Indian Health Service Employee

12	Elder Tribal Member - Lone Pine Paiute-Shoshone Rez
13	citizen
14	health dir.
15	Employee working for Indian Health
16	Personnel Manager
17	tribal member
18	retired
19	Retired elder who is concerned about cancer.
20	social worker--workforce area
21	public schools educator of native american heritage
22	Dependent on IHS health care as only service.
23	Communications consultant for tribes
24	Health Director
25	Indian Health employee
26	Patient Benefits Coordinator (IHS)
27	Federal
28	IHS EMPLOYEE
29	Non-tribal member - Health Administrator
30	BENEFIT COORDINATOR- IHS
31	an IHS employee working in a health care setting
32	A tribal member working in fiscal management of higher education
33	ICWA Advocate, therefore invested in good health care
34	Diva
35	IHS Chief Executive Officer
36	Tribal member working for a non-profit on a reservation
37	IHS employee
38	Health Care Administrator
39	CEO
40	Work for the Indian Health Service
41	Health care administrator
42	Native American Design Professional
43	Health Administrator - 638 program
44	Tribal Health Management
45	Tribal Health Management
46	Tribal Health Board member

Question 2: In which Indian Health Service area do you live?	RESPONSES	
	Percentage Response	Numeric Response
Aberdeen	10.6%	28
Alaska	4.9%	13
Albuquerque	5.7%	15
Bemidji	6.5%	17
Billings	4.2%	11
California	19.0%	50
Nashville	4.2%	11

Navajo	11.0%	29
Oklahoma	10.6%	28
Phoenix	11.0%	29
Portland	11.8%	31
Tucson	0.4%	1
<i>Answered Question</i>	100.0%	263
<i>Number of Respondents</i>		263
<i>Skipped Question</i>		15

Question 3: How do you and your family access health care? Check all that apply.	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Medicaid	3.5%	28
Medicare	4.8%	39
Private Insurance	23.4%	189
Indian Health Service	16.8%	136
638 Tribal Program	10.6%	86
An Urban Indian Clinic	2.1%	17
No Insurance	3.2%	26
Do Not Know	35.0%	283
Veterans Health	0.5%	4
<i>Answered Question</i>	100.0%	808
<i>Number of Respondents</i>		262
<i>Skipped Question</i>		16

Question 4: Do you ever share information about Medicare or Medicaid. If so, with whom?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Fellow tribal members	22.2%	78
Elected tribal leaders	15.3%	54
Health care professionals	21.0%	74
Elected federal or state leaders	4.5%	16
Friends and family	27.0%	95

News media	2.3%	8
Anyone who will listen	7.7%	27
Answered Question	100.0%	352
Number of Respondents		216
Skipped Question		66

Question #4 Comments:

Do you ever share information about Medicare or Medicaid. If so, with whom?

Number	Other (please specify)
1	Reservation-wide Elderly Committee & Health Advisory Council
2	Patients and clients
3	none
4	no
5	Fellow tribal members
6	I try to reach out to resources and share MY thoughts for improvements
7	All the above.
8	Fellow tribal members, Health Care Professionals, Elected tribal leaders
9	Could only ck one-do share with ALL categories
10	clients
11	none
12	How it work and effectiveness to anyone that need info
13	OFFICE MEMBERS
14	no
15	Not Applicable
16	ROLETTE COUNTY RESIDENTS
17	none
18	clients & family & Friends
19	Anyone that will listen
20	Also inform the Tribe.
21	no
22	none
23	and elected tribal and state leaders
24	All of the above
25	All of the above
26	Don't really know much about it.

Question 5: Is your community aware of the State Children's Health Insurance Program (SCHIP)?	RESPONSES	
	Percentage Response	Numeric Response
Answer Options		
Yes	47.7%	190
No	15.3%	61
Unsure	36.9%	147

<i>Answered Question</i>	100.0%	398
<i>Number of Respondents</i>		226
<i>Skipped Question</i>		52

Question 6: How do you generally receive information about health issues? Check all that apply.	RESPONSES	
	Percentage Response	Numeric Response
Answer Options		
National Indian Health Board	9.7%	117
Fliers or brochures	10.9%	132
Internet browsing	9.4%	114
Tribal newspaper	7.5%	91
Tribal radio station	2.7%	33
Other news media	6.4%	77
A briefing by your office staff	5.6%	68
The Internet	10.4%	126
Meetings or conferences you attend	16.2%	196
Medical clinic staff	7.6%	92
Medicare handouts	5.9%	71
Medicaid handouts	5.7%	69
Clinic board	1.7%	20
IHS	0.2%	2
<i>Answered Question</i>	100.0%	1208
<i>Number of Respondents</i>		271
<i>Skipped Question</i>		7

Question #6 Comments:

**How do you generally receive information about health issues?
Check all that apply.**

Number	Other (please specify)
1	National Indian Council on Aging, N4A organization, State Medicaid Office
2	NCAI emails
3	National media eg NPR, PBS
4	NPAIHB
5	Society of Friends Meeting, Berkeley California
6	Seattle Indian Health Board
7	Health Food Stores
8	Supervisor
9	I have not heard of anything
10	OTHER ENTITIES
11	AARP (Do NOT get NIHB e-mails)

12	Northwest Portland
13	National Council of Urban Indian Health
14	Indian Health Service
15	CMS and State organizations
16	other Tribal Programs
17	IHS
18	Tribal Health Department Reports to the Board
19	Good Health TV

Question 7: How useful do you find e-mailed information you receive from the National Indian Health Board?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Very useful	42.2%	100
Useful	28.7%	68
Somewhat useful	14.8%	35
Not useful	5.1%	12
Didn't receive	2.1%	5
N/A	7.2%	17
<i>Answered Question</i>	100.0%	237
<i>Number of Respondents</i>		237
<i>Skipped Question</i>		41

Question 8: When you receive information from the National Indian Health Board, how likely are you to share the information?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Very likely	48.7%	116
Likely	35.7%	85
Somewhat likely	11.3%	27
Not likely	4.2%	10
<i>Answered Question</i>	100.0%	238
<i>Number of Respondents</i>		238
<i>Skipped Question</i>		40

Question 9: How are you most likely to share information received from the National Indian Health Board? Check all that apply.	RESPONSES	
Answer Options	Percentage Response	Numeric Response

Forward e-mail	34.0%	151
Post on-line	1.8%	8
Print/post on a bulletin	8.6%	38
Handouts	10.4%	46
Tribal newspaper	4.3%	19
Health newsletter	7.9%	35
Tribal radio station	0.7%	3
Text message	1.4%	6
Talk about it	24.1%	107
I don't share it	0.7%	3
Share with staff	6.3%	28
Answered Question	100.0%	444
Number of Respondents		248
Skipped Question		35

Question #9 Comments:

How are you most likely to share information received from the National Indian Health Board?

Number	Other (please specify)
1	Share with Health Advisory Council/Village ElderYouth Coordinators
2	Share info at council meetings.
3	It only allows one check so I would also check 1,3,6
4	this only allows you to check one box. Question #9
5	Tribal Newsletter
6	Post on line;print;handout;tribal newspaper
7	Respond to NIHB request for action.
8	post online, handout, health newsletter, talk about
9	Discussion with family and friends
10	NIHB information included in tribal leader meeting packets
11	forward e-mail
12	Do not receive NIHB emails
13	I don't recieve info from the NIHB.
14	Have never received infor. or heard of NIHB agency.
15	I don't receive info from your organization
16	Dont get it
17	I never get info from the NIHB
18	Post ob Bulletin. I can only check one.
19	Button only lets me choose one - error?
20	Do not receive any e-mails, this is the first
21	convert to health system policy and education as applicable
22	All of the above
23	All of the above
24	I don't receive
25	Good Health TV, Visually

Question 10: Who are you most likely to share this information with?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Friends and family	19.9%	142
Elected tribal leaders	17.6%	126
Elected federal or state leaders	5.5%	39
Tribal members	17.2%	123
Health care professionals	20.3%	145
News media	1.0%	7
Program staff	17.5%	125
Other	1.0%	7
<i>Answered Question</i>	100.0%	714
<i>Number of Respondents</i>		249
<i>Skipped Question</i>		29

Question #10 Comments: Who are you most likely to share this information with?

Number	Other (please specify)
1	coworkers
2	Indian community
3	all staff and Board of Directors
4	title vii coordinator
5	have not recv'd. info.
6	Staff and elected officials
7	Tribal Health Department Administration

Question 11: Do you use the National Indian Health Board website?	RESPONSES	
	Percentage Response	Numeric Response
Daily	2.8%	7
Weekly	19.0%	48
Monthly	22.9%	58
Rarely	49.0%	124
No internet	6.3%	16
<i>Answered Question</i>	100.0%	253
<i>Number of Respondents</i>		253
<i>Skipped Question</i>		25

Question 12: What features of the National Indian Health Board website do you find useful?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
See Question 12 comments, answered questions and skipped questions		

Question #12 Comments:

What features of the National Indian Health Board website do you find useful?

Number	Other (please specify)
1	Usually don't have the time search.
2	Links to other tribal websites
3	update on all bills waiting to be voted on
4	calendar of events washington report updates on the IHCIA Staff contact information
5	upcoming meetings/conferences
6	congressional activity
7	Conference updates
8	Specific information
9	I don't use it because it is cluttered and difficult to find information. It needs to be better organized.
10	Call to action
11	health policy and health resources information
12	Washington Report, employment opportunities.
13	Current event postings...things happening in DC, legislation...
14	legislative issues
15	legislative updates, Washington News
16	Current newsworthy information about all health topics.
17	conferences
18	U.S. Congressional updates.
19	current news
20	Meeting posting
21	current updates on legislative and budget issues
22	info about current issues
23	Washington Report & Newsletter.
24	national lobbying efforts; health news, hand-outs
25	legislative updates
26	Public Health Section and What's New
27	Information on new programs What's going on Nationally
28	All published LINKS
29	Most all features useful.
30	Templates, legislative updates

31	activity in washington,D.C.
32	updated news
33	Never used the website
34	Didn't know about it.
35	job postings
36	Have not visited and do not know web address
37	Communicating readily
38	I never knew about it. what is the website address?
39	none
40	Conference agenda alerts
41	have never used it
42	this is my first time on e it
43	Do not use it
44	CURRENT NEWS AFFECT THE HEALTH OF N/A
45	graphics, annoucements, health resources, public policy
46	news and updates
47	??
48	Updates on legislation Job openings
49	Updates on current issues. IHCIA history.
50	updates on various committees/departments.
51	updates
52	Health related features..
53	Tribal initiatives and action items
54	this is the first that I've heard of the National Indian Health Board. Now that I know about it, I will use it.
55	Hot button issues and trainings
56	Just recently went on to the site.
57	Agenda with goals that are met....
58	headlines
59	when we need to brows according to the reports
60	I never ever receive any information pertaining to the NIHB. This survey is the first.
61	do not visit
62	issues applicable to our organizations operations and specifically funding from CMS
63	Latest Congressional information
64	I'll have to look it up and decide what i could find useful and helpful.
65	Didn't know there was a website.
66	None
67	Updates on Legislative issues related to health policy and funding opportunities
68	never used
69	legislative briefings.
70	Events about what is happening to tribes around the region
71	Updates/Alerts
72	Up to date information on national health care
73	Legislation, health topics, info about other health boards, conference-workshop postings

Question 13: Are there features that you would like to see changed on the National Indian Health Board website?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
See Question 13 comments, answered questions and skipped questions		

Question #13 Comments:

Are there features that you would like to see changed on the National Indian Health Board website?

Number	Other (please specify)
1	Not very familiar with website, except if something is priority then I go to the website to get copy.
2	more Pictures
3	quicker real-time updates on upcoming conferences and meetings - often complete info isn't posted until shortly before the meeting happens, particularly for TCAC
4	hard to navigate and find information on
5	No very well laid out
6	Am not that familiar with it.
7	more relevant studies, successful models available with contact information
8	See above
9	more information on health program management and quality improvement, training and tools
10	Format isn't very user-friendly.
11	Auto link for support letters to be sent to political leaders, both tribal and non-tribal; health care tips and recommendations for treatment; alternative medicine and/or tribal medicine people directory
12	No
13	New legislation about health eg CMS, Pharmacy, accreditation status of IHS health facilities, research, IHS & VA budgets and impact on patients.
14	?
15	More detailed information on what TTAG is doing.
16	Add a legislative tracker
17	i don't use it enough to know. Maybe as comprehensive contact information as possible would be a good idea.
18	none
19	Its a pretty good site.
20	greater political cooperation between tribes; a legal fund/ lawyer expertise on issues beneficial to all tribes
21	need link to tools on legislation more focus and training on legislation and WHAT tribes should be doing.
22	More pictures/graphics, updated staff listings
23	For my purpose - all informative
24	Change the NIHB logo when the Board approves it
25	No complaints. All of your website is very helpful
26	more informtion on self-governance and how healthcare can be impacted.
27	When downloading a pdf, it actually will download for you...
28	Other forms of medicine besides the AMA

29	just to know my grandchildren will have it there for them. I need to familiarize myself more with the health program.
30	none
31	Not that familiar with the site
32	NA
33	NO
34	interactive health information to help understand impacts
35	increase information and assure it is distributed widely
36	I will check it out
37	?? I'll have to check it out before I comment.
38	list the staff members
39	More user friendly, better appearance
40	more stories
41	No
42	Best Practices in Indian Country. Recognition of individuals caught up in the system and how the Indian Health Board assisted. Does the Indian Health Board actually address concerns of and for the people? Regional or local training opportunities offered by the Board. Health care tips from head to toe-
43	No
44	Haven't been on the site long enough to know anything about it.
45	I would like to be the articles shared with Indianz.com
46	no
47	no
48	None at this time.
49	??
50	I don't know until I examine it more.
51	Name all the Health Board Members for the Navajo Nation through out the reservation.
52	I can't think of any right now.
53	never used
54	Not sure
55	No the insight is very helpful.
56	more pictures
57	None

Question 14: How important are federal government health programs other than the Indian Health Service to your tribe? (For example, Medicare, Medicaid or SCHIP.)	RESPONSES	
	Percentage Response	Numeric Response
Very Important	83.7%	216
Important	11.6%	30
Somewhat Important	4.3%	11
Not Important	0.4%	1
<i>Answered Question</i>	100.0%	258
		258

<i>Number of Respondents</i>		
<i>Skipped Question</i>		20

Question 15: How informed do you consider your community to be about Medicare and Medicaid?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Very informed	55.7%	141
Informed	13.8%	35
Somewhat informed	26.1%	66
Not informed	4.3%	11
<i>Answered Question</i>	100.0%	253
<i>Number of Respondents</i>		253
<i>Skipped Question</i>		25

Question 16: How useful do you find informational materials that you have received about Medicaid and Medicare?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Very useful	32.8%	83
Useful	45.8%	116
Not useful	7.5%	19
I have not seen any	13.8%	35
<i>Answered Question</i>	100.0%	253
<i>Number of Respondents</i>		253
<i>Skipped Question</i>		25

Question 17: What kind of communication do you think would be most effective for informing your community about Medicare, Medicaid and SCHIP? Check all that apply.	RESPONSES	
Answer Options	Percentage Response	Numeric Response
E-mailed information	10.4%	121
Brochures	12.8%	149
Town hall meetings	7.9%	92
Direct mail	7.6%	88
Tribal radio stations	6.0%	70
Tribal newspaper	11.6%	135
Tribal TV	3.3%	38
Posters	9.5%	110

Mainstream media	4.1%	48
DVD	3.6%	42
The Internet	9.0%	104
Trainings in person	13.4%	156
	0.8%	9
Answered Question	100.0%	1162
Number of Respondents		259
Skipped Question		19

Question #17 Comments: **What kind of communication do you think would be most effective for informing your community about Medicare, Medicaid and SCHIP? Check all that apply.**

Number	Other (please specify)
1	Due to lack of trained staff information is not getting out as well as it should. Translation using native language is lengthy and sometimes difficult. Manpower is almost non-existent.
2	Tribe specific
3	how about a Indian station on satellite radio?
4	Handouts at the various California Casinos
5	There is no one in our community who does this.
6	Good Health TV
7	lunch or dinner mtg
8	Staff=email, community members=townhall meetings
9	TV, Good Health TV

Question 18: Have you viewed an episode of the program Medicine Dish?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
Once	4.8%	12
Fewer than five times	7.9%	20
More than five times	2.0%	5
Never	45.6%	115
I don't know what that is	39.7%	100
Answered Question	100.0%	252
Number of Respondents		252
Skipped Question		26

Question 19: Where did you view Medicine Dish?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
DVD	4.3%	10

National Institutes of Health website	8.1%	19
DirectTV	4.3%	10
I haven't viewed it	83.4%	196
Answered Question	100.0%	235
Number of Respondents		235
Skipped Question		43

Question 20: Do the Medicine Dish programs address real world issues facing health professionals working in Native American communities? What topics would you suggest for future episode?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
See Question 20 comments, answered questions and skipped questions		

Question #20 Comments:

Do the Medicine Dish programs address real world issues facing health professionals working?

Number	Other (please specify)
1	Viewing through my office computer wasn't good since my computer or the system is old. Pictures were jumping, etc.
2	I've not seen Medicine Dish so I'm not sure
3	Probably; can't seem to stop and find them on the web for viewing. Wish we had them on tape for our waiting room and staff.
4	We have not installed Direct TV or satellite TV at our health center. We do have cable TV and broad-band Internet access.
5	All health related information is important on the national front and regional level.
6	?
7	Gang violence leading to severe beatings, at times causing death.
8	Yes
9	conference schedules
10	Yes the topics are relevant but the technology is dated and not conducive for delivery in health clinics when most staff are seeing patients. Many clinics use Fridays are inservice days, the dish broadcasts are usually in the middle of the week.
11	N.A.
12	HPDP
13	More on preventive medicine More on weight loss and fitness More on what is occurring in the Federal and State Policy
14	We are not connected.
15	unknown, never used it.
16	Herbs and minerals, addressing parasites in humans, mercury poisoning, Hado, cleaning the spirit, etc...
17	If I could see the program, I would suggest topics such as; cancer and diabetes- on

	how to eat properly. We have a lot of cancer with our people.
18	where we stand as Native Americans and the future of our Native American youth and the youth of the future.
19	Can't answer. There should be a promotion about the program.
20	NA
21	YES
22	The website is too linear.
23	don't know
24	consumer/pateint care related that could be shown in the waiting rooms...something about kids and showing healthy lifestyles etc...
25	contiued prevention-change in lifestyle
26	Is this wasting money that could be better spent on direct medical service to our people? Quit all the paperwork (brochures, printing material that gets trashed...) spent the money where the need is - in the hospital clinics and for the peoples well being.
27	Medicare FQHC...we do Medicaid FQHC but, I need assistance on the Medicare approach
28	Direct service funds tribes from the state.
29	We see a lot of WebEx's but I don't recall seeing a Medicine Dish. I do recall seeing emails about programs.
30	no
31	Not applicable see above
32	All current affairs regarding IHS and its implementation
33	Assistance in searching out and writing grants to address health care issues.
34	STD
35	never seen
36	Yes, Diabetes and Exercise...stress management
37	More on the cultures involving the Tribes that we server.
38	Have not viewed them.
39	n/a

Question 21: What is the significance of June 1 to Indian health?	RESPONSES	
Answer Options	Percentage Response	Numeric Response
See Question 21 comments, answered questions and skipped questions		

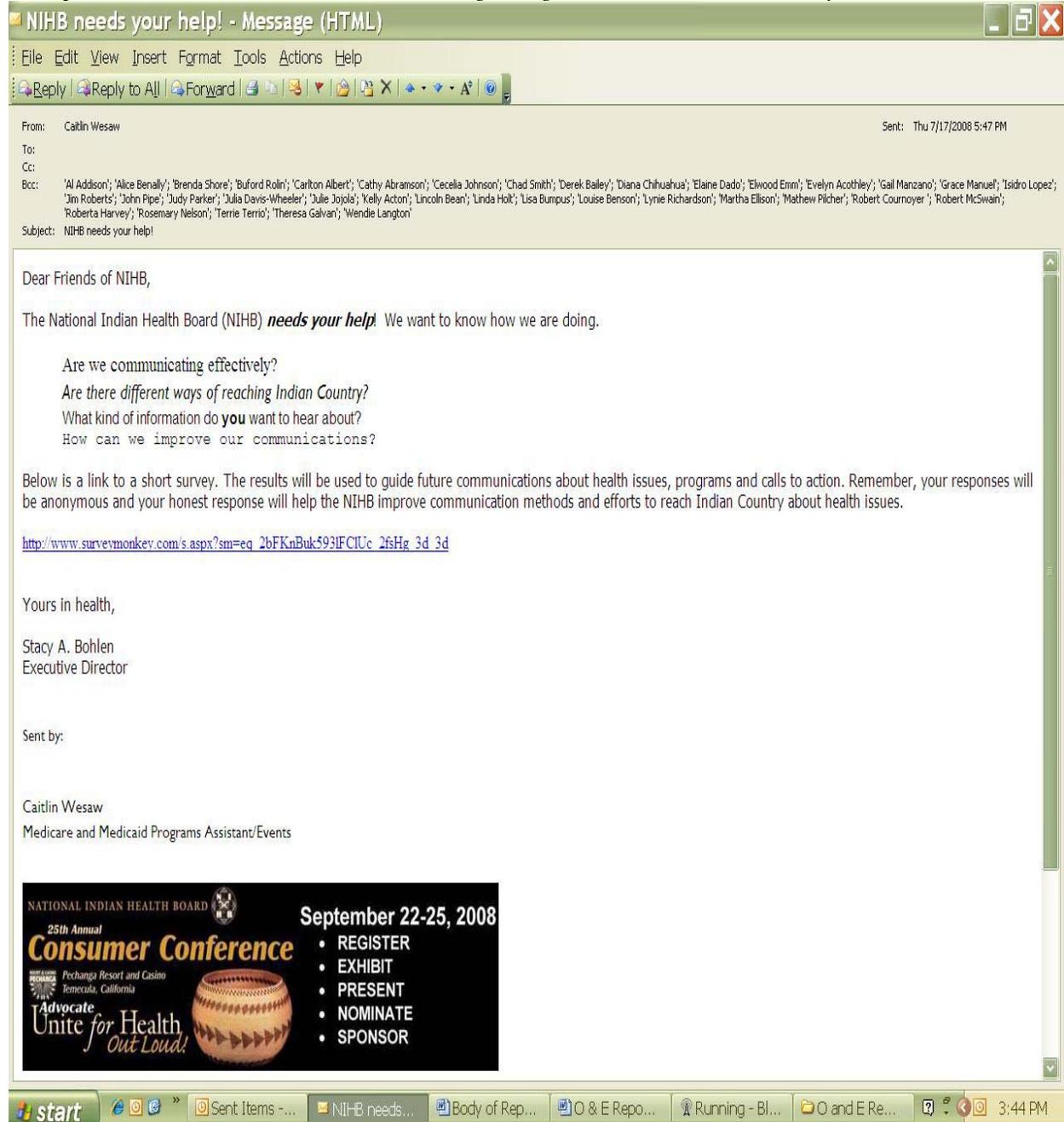
APPENDIX B: NATIONAL INDIAN HEALTH BOARD COMMUNICATIONS

As the previous report states, NIHB uses four communications channels to reach AI/AN's. The following are examples of each communication channel.

Electronic Communications

Examples of emails sent by NIHB to communications channels.

Example 1: Email to broad NIHB list serves regarding the Communications Survey.



NIHB needs your help! - Message (HTML)

File Edit View Insert Format Tools Actions Help

Reply Reply to All Forward

From: Caitlin Wesaw Sent: Thu 7/17/2008 5:47 PM

To:

Cc:

Bcc: 'Al Addison'; 'Alice Benally'; 'Brenda Shore'; 'Buford Rolin'; 'Carlton Albert'; 'Cathy Abramson'; 'Cecelia Johnson'; 'Chad Smith'; 'Derek Bailey'; 'Diana Chihuahua'; 'Elaine Dado'; 'Elwood Emm'; 'Evelyn Acothley'; 'Gail Manzano'; 'Grace Manuel'; 'Isidro Lopez'; 'Jim Roberts'; 'John Pipe'; 'Judy Parker'; 'Julia Davis-Wheeler'; 'Julie Jojala'; 'Kelly Acton'; 'Lincoln Bean'; 'Linda Holt'; 'Lisa Bumpus'; 'Louise Benson'; 'Lynne Richardson'; 'Martha Ellison'; 'Mathew Pilcher'; 'Robert Courmoyer'; 'Robert McSwain'; 'Roberta Harvey'; 'Rosemary Nelson'; 'Terrie Terrio'; 'Theresa Galvani'; 'Wendie Langton'

Subject: NIHB needs your help!

Dear Friends of NIHB,

The National Indian Health Board (NIHB) **needs your help** We want to know how we are doing.

Are we communicating effectively?
Are there different ways of reaching Indian Country?
What kind of information do **you** want to hear about?
How can we improve our communications?

Below is a link to a short survey. The results will be used to guide future communications about health issues, programs and calls to action. Remember, your responses will be anonymous and your honest response will help the NIHB improve communication methods and efforts to reach Indian Country about health issues.

http://www.surveymonkey.com/s.aspx?sm=eq_2bFKnBuk593IFCIUc_2f6Hg_3d_3d

Yours in health,

Stacy A. Bohlen
Executive Director

Sent by:

Caitlin Wesaw
Medicare and Medicaid Programs Assistant/Events

NATIONAL INDIAN HEALTH BOARD
25th Annual
Consumer Conference
September 22-25, 2008
Pechanga Resort and Casino
Temecula, California
Advocate
Unite for Health
Out Loud!

- REGISTER
- EXHIBIT
- PRESENT
- NOMINATE
- SPONSOR

start Sent Items -... NIHB needs... Body of Rep... O & E Repo... Running - Bl... O and E Re... 3:44 PM

Example 2: Email regarding conference call logistics for MMPC.

REMINDER MMPC call 9-3 - Message (HTML)

File Edit View Insert Format Tools Actions Help

Reply Reply to All Forward

From: Caitlin Wesaw Sent: Thu 8/28/2008 5:38 PM

To:

Cc:

Bcc: 'Allen, Ron'; 'Belcourt, Lena'; 'Benson, Bill'; 'Bohlen, Stacy'; 'Brewster, Elmer'; 'Brewster, Elmer'; 'Brokenrope, Deborah'; 'Bunton, David'; 'Burgess, Balerma'; 'Butcher, Rhonda'; 'Butler, Teresa'; 'Byford, Lesa'; Caitlin Wesaw; 'Capoeman-Baller, Pearl'; 'Carol Barbero (cbarbero@hobbsstrauss.com)'; 'Carolyn Finster'; 'Carolyn Finster (carolyn.finster@nhs.gov)'; 'Chester Antone (chester.antone@tonation-nsn.gov)'; 'Comer, Robert'; 'Craig Carter'; 'Crittenden, Joe'; 'Crouch, James'; 'Davidson, Valerie'; 'Dixon, Mini'; 'Duran, Tom'; 'Ettner, Maxine'; 'Farrimond, Rhonda'; 'Finkbonner, Joe'; 'Finster, Carolyn'; 'Folsom, Jerry'; 'Ford, Michael F.'; 'Fox, Ed'; 'Frizzell, Linda'; 'Grace Manuel (grace.manuel@tonation-nsn.gov)'; 'Hanson, Orvin'; 'Harder, Allan'; 'Hardy, Janell'; 'Harper, Carl'; 'Holmes, Cyndi'; 'Holt, Wendell'; 'Howard, Reuben'; 'Hubbard, Joseph'; 'Hughes, Cinda'; 'Hughes, Kathy'; 'Imotichey, Jessica'; 'James Russ (jrus@rvindianhealth.com)';

Subject: REMINDER MMPC call 9-3

Dear MMPC,

Good afternoon. This is a reminder of the MMPC Conference Call taking place **Wednesday, September 3rd from 2:30 pm to 4:00 pm (ET)**.

An agenda will be sent out first thing on Tuesday morning. As of now the main focus of the call will be to discuss the FY2009 budget to prepare for the TTAG call on September 10th.

Call: 1-866-303-3137
Pass code: 414526#

Have a great holiday,

Caitlin Wesaw
Medicare and Medicaid Programs Assistant/Events



National Indian Health Board
25th Annual
Consumer Conference
September 22-25, 2008

- REGISTER
- EXHIBIT
- PRESENT
- NOMINATE
- SPONSOR

Pechanga Resort and Casino
Temecula, California

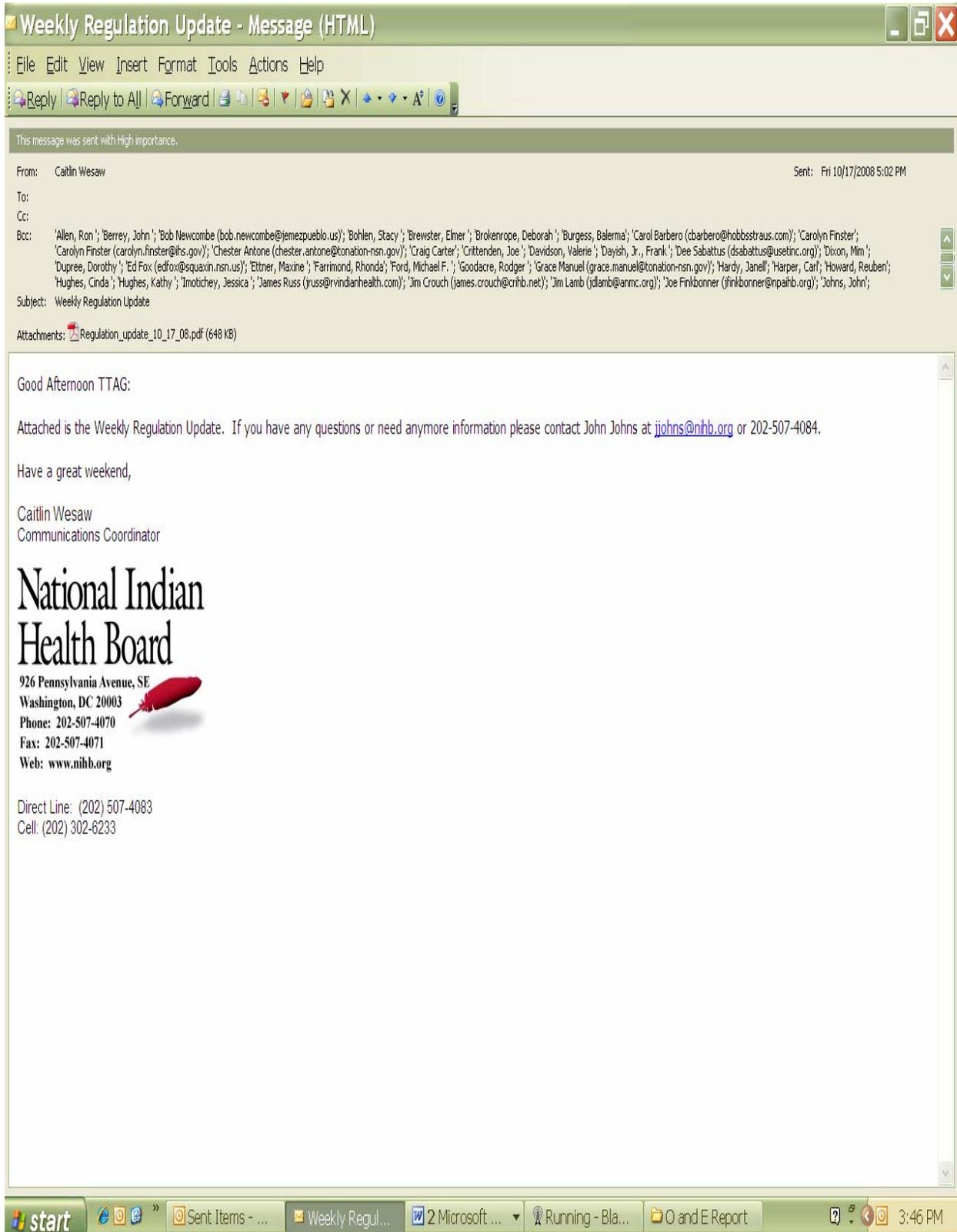
Advocate
Unite for Health
Out Loud!

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

Email: cwesaw@nihb.org
Phone: (202) 507-4083
Fax: (202) 507-4071
Web: www.nihb.org

start Sent Items - ... REMINDER M... 2 Microsoft ... Running - Bla... O and E Report 3:45 PM

Example 3: Weekly regulatory report prepared by NIHB and distributed to CMS TTAG.



The following screenshot is of the National Indian Health Board's website homepage.

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

Home (Alt+M) | Home | Contact Us | About Us

Welcome to National Indian Health Board
Wednesday, October 29 2008 @ 11:28 AM EDT

Efforts to Reauthorize the Indian Health Care Improvement Act in this 110th Congress are Shut Down

Monday, September 29 2008 @ 07:37 PM EDT
Contributed by: [Admin](#)
Views: 425

September 29, 2008
FOR IMMEDIATE RELEASE

Contact: Caitlin Wesaw – 202.507.4070 or 202.302.6233

EFFORTS TO REAUTHORIZE THE INDIAN HEALTH CARE IMPROVEMENT ACT IN THIS 110TH CONGRESS ARE SHUT DOWN

During this past week, the National Indian Health Board (NIHB) worked tirelessly to have the House take up H.R. 1328, a bill to reauthorize and amend the Indian Health Care Improvement Act (IHCA). The NIHB pursued several legislative strategies but at the 11th hour our efforts were shut down because Congress could not find funding to pay for the bill. The Congressional Budget Office (CBO) has scored the bill at \$9 million for the first year, \$53 million over five years, and \$129 million over ten years. Yet, Congress was able to find \$700 billion dollars to "bail out" Wall Street??

Last week the NIHB attempted to have the bill included in the Continuing Resolution (CR) passed by the House on September 24th and the Senate on September 27th. Unfortunately, the House Leadership decided to put forward a "clean" CR, funding federal agencies through March 6, 2009 and providing for appropriation increases for specific programs, such as low-income energy assistance, low-income food programs, and school loans.

This past weekend, the NIHB tried to move Title II of H.R. 1328 as a stand alone bill. Title II contains amendments to the Social Security Act to improve American Indian and Alaska Native (AI/AN) access to Medicare, Medicaid and State Children's Health Insurance Program (SCHIP). Title II includes those provisions of the bill that result in increases in direct spending attributable to the Medicaid cost-sharing and Medicaid managed care exemptions. Unfortunately, House Leadership was not able to fund the first five years of the bill in an amount of \$53 million.

The NIHB will continue to pursue legislative strategies during the remainder of the 110th Congress. The \$700 billion "bailout" legislation failed to pass the House on September 29th and Congress will return on Thursday, October 2, 2008 to continue work on this agreement. In addition, it is possible that Congress could return for a post-election, lame duck session in November.

On September 23 – 25th, the NIHB celebrated its 25th Annual Consumer Conference. Our theme was: Unite for Health: Advocate Out Loud! We want to thank all of you who "advocated out loud" for passage of the IHCA: our national Indian organizations [NCAI, NCUIH, NIGA, NAIHC], Area Indian Health Boards, national health organizations, church groups, friends of Indian health, tribal consulting firms, tribal chairmen, and especially, all those individual tribal members who made the calls and visits to Congress to tell their stories of why the passage of the IHCA is so important to our tribal communities.

Contact NIHB
926 Pennsylvania Ave SE
Washington, DC 20003
Phone: 202-507-4070
Fax: 202-507-4071

For media inquiries please contact Caitlin Wesaw, Communications Coordinator, at 202-507-4083 or 202-302-6233.

Highlights

- Public Health Summit
- JUST MOVE IT
- American Indian & Alaska Native Youth With Disabilities
- Tribal Technical Advisory Group

Face to Face Communications

The following agenda is from the CMS training that took place in Reno, Nevada on June 17, 2008.

AGENDA

I/T/U Medicare, Medicaid, SCHIP Training Centers for Medicare and Medicaid Services Indian Health Board of Nevada

Tuesday, June 17, 2008

8:30 AM	Welcome	Larry Curley, Executive Director
	Prayer	Tribal Leader
	Opening Remarks	Dorothy Dupree, Director CMS Tribal Affairs Group
9:00 AM	Medicare 101 Overview Part A, Part B, Part C, Part D How to Do Medicare Outreach	Rosie Norris (Confirmed) Native American Contact CMS, San Francisco Region
9:30 AM	Medicare Survey & Certification Provider Type Options Certification Process & Where to File Licensure Requirements for Facility & Individual providers EMTALA Overview	Region IX Survey & Certification
10:00 AM	Break	
10:15 AM	Medicare-Like Rate Implementation	Andrew McAuliffe, IHS Office Rita Moreno, IHS Area Office
11:30 AM	LUNCH	
12:30 PM	Overview of Nevada Medicaid Benefits Nevada Check Up (SCHIP) Out Stationing Citizenship Documentation Billing for: Telemedicine Community Health Representative Services	Betsy Aiello, Chief, Nevada Check Up Jeff Brenn, Chief of Eligibility & Payments Glenda Graft, Tribal Liaison
1:30 PM	Medicaid Billing Issues	First Health Services Corporation
2:00 PM	Great Basin Primary Care Association Overview of Dental Clinic Services to Under-served population	Patricia Durbin, Executive Director
4:00 PM	Miscellaneous Topics One Facility Rate 100% FMAP Encounter Rate Certified Billers Training Opportunity	Dorothy Dupree
5:30 PM	Adjourn	

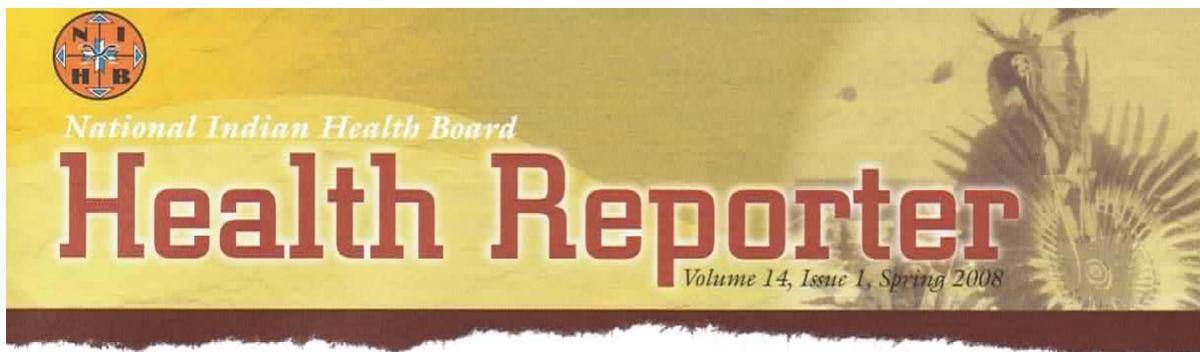
Verbal Communications

The following table is the schedule of conference calls for the TTAG and related committees during this study.

Date	Committee
June 11, 2008	TTAG
June 19, 2008	Outreach and Education Subcommittee
June 20, 2008	Long Term Care Subcommittee
June 20, 2008	Tribal Consultation Policy Subcommittee
June 20, 2008	Encounter Workgroup
June 25, 2008	MMPC
July 2, 2008	Budget and Strategic Plan Subcommittee
July 16, 2008	MMPC
July 17, 2008	Outreach and Education
July 23, 2008	Tribal Consultation Policy Subcommittee
August 27, 2008	CMS Day Subcommittee
September 3, 2008	MMPC
September 11, 2008	Outreach and Education Subcommittee
October 2, 2008	Outreach and Education
October 6, 2008	Budget and Strategic Plan Subcommittee
October 6, 2008	MMPC
October 15, 2008	TTAG
October 22, 2008	MMPC

Written Communication

The following is the Health Reporter, the quarterly newsletter produced by NIHB, and the Washington Report, the monthly newsletter focused on the legislative activities at NIHB.



Montana Tribal Leaders Come Face to Face with Democratic Front Runners



Senator Hillary Clinton (D-NY) meets with Montana's Tribal Leaders.

Tribal Leaders were among those present to represent the Montana Tribes during the 30th Mansfield-Metcalf Dinner in Butte, Montana on Saturday, April 5th, 2008 at the Butte Civic Center. Both Democratic front runners, Hillary Clinton and Barack Obama were on hand to address the crowd of 6,000 people. Clinton spoke to Tribal Leaders privately before she took the stage at the Butte Civic Center.

During the Tribal leaders dialogue with Clinton, Confederated Salish and Kootenai Tribal Chairman James Steel, Jr., (Vice-Chairman for the Montana Wyoming Tribal Leaders Council) asked Clinton about her support for the elevation of the Indian Health Service Director to the level of a Cabinet Secretary. Saying that it is the nature of bureaucracy for people to respond to those who have titles, Clinton said elevating the Director to the level of Secretary is "absolutely critical".

For his part, Obama told the Greater Butte audience that under the Bush Administration, American Indian people in Montana continue to suffer some of the greatest health disparities in the nation. The Illinois Senator plans a Montana wide tour of reservations in the next few weeks.

Republican presumptive nominee John McCain was not present at the event sponsored by the Montana Democratic Party. As of print deadline NIHB staff could not reach campaign staff at McCain headquarters to inquire his plans for addressing the issues faced by Tribal leaders.

When asked about prioritizing tribal issues, Gordon Belcourt, Executive Director of the Montana Wyoming Tribal Leaders Council said the single most important thing that Clinton or any

continued on page **ELEVEN**

May 21-22, 2008

Its time for the National Native Public Health Summit

The National Indian Health Board will hold its first Annual Native Public Health Summit on May 21-22, 2008 in Green Bay, Wisconsin. This Summit is dedicated to discovering and celebrating best practices in and among Tribal disease prevention and health promotion programs. Three goals that you can take away from this summit are: 1) Strengthening Public Health Partnerships in Indian Country; and, 2) Discovering Your Voice: Advocacy and Marketing; and 3) Discovering Best Practices.



Some of the guest speakers include Robert McSwain, Acting Director of the Indian Health Service (IHS); Garth Graham, MD, MPH, HHS Deputy Assistant Secretary for Minority Health; Kelly Acton, MD, Director of the \$150 million per year Special Diabetes Program for Indians; the HHS Office of Intergovernmental Affairs and its \$1.4 million prevention program across Indian Country. The Summit also will feature critical, pro-sovereignty speakers and workshops on critical areas like legal foundations of public health, accreditation and consultation. Finally, we will feature numerous, outstanding tribal programs.

For more information and to register, please go to www.nihb.org.



National Indian Health Board
926 Pennsylvania Ave., SE
Washington, DC 20003
www.nihb.org

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Tom John
Representative, Oklahoma City Area/Treasurer

L. Jace Killback
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Reno Franklin
Keoni, Representative, California Area

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Jessica Burger
Representative, Bemidji Area

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Cairlin Wesaw
NIHB Policy and Legislative Project Assistant

Lawrence Shorty
Director of Public Health Programs (CDC)

Lisa Neel
Deputy Director of Public Health Programs

Helen Canterbury
Administration and Events Director

Phillip Roulain
Administrative Assistant

Chairman's Letter

Dear Friends of Indian Health:



NIHB is on the move to advance its mission of better health care for all American Indians and Alaska Natives and you can read more about these events in this newsletter. For example, the first quarter of 2008 has brought numerous exciting and important events for American Indian and Alaska Native (AI/AN) health care and more positive opportunities lie ahead. Some of the events that have happened include:

- Senate approval of the Indian Health Care Improvement Act;
- NIHB launched a highly successful annual Appropriation Summit on increasing funding for AI/AN health care;
- NIHB partnered with the Centers for Disease Control and Prevention (CDC) to conduct the first Tribal/CDC consultation, which took place in Atlanta, Georgia in early February;
- NIHB and Office of Hawaiian Affairs Washington DC Bureau jointly sponsored the 2nd annual HIV/AIDS Fun Walk to commemorate the 2nd National Native HIV/AIDS Awareness Day.

The momentum will continue to grow as the year's planned activities unfold. One of the most exciting events that NIHB is proud to organize is the 1st Annual Public Health Summit. The Summit will take place at the Oneida Nation-owned Radisson Hotel and Conference Center May 21 and 22 in Green Bay, Wisconsin. The successes of the Public Health Day during NIHB's Annual Consumer Conferences, this event will build and expand on these previous and successful activities. All are welcome! Go to www.nihb.org to register and learn more about NIHB's work in this area.

During the first quarter of 2008, NIHB welcomed four new Board Members representing the Areas of Aberdeen, Bemidji, California, and Oklahoma. Learn more about these outstanding individuals in this newsletter.

Finally, April will see NIHB move to its new home, 926 Pennsylvania Avenue, SE in Washington, DC. This Capitol Hill location is within the Eastern Market Neighborhood and has easy access to both Congressional offices and HHS Headquarters. Please know that NIHB's home is your home when visiting Washington, DC. We look forward to seeing you there!

Yours in Health,

H. Sally Smith
Chairman
National Indian Health Board



NIHB Rallys National Support: *Indian Health Care Improvement Act Passes Senate by a Vote of 83-10*



IHCIA war room, from front, Heather Dawn Thompson, Jim Roberts, Myra Munson, Rachel Joseph (NSC co-chair), Reno Franklin, Ahmivake Rose, Geoff Roth, and Joe Finkbonner.

The Indian Health Care Improvement Act (IHCIA) passed the Senate on February 26, 2008 by an overwhelming margin of 83-10. S. 1200, a bill to amend and reauthorize the IHCIA, was introduced to the Senate Floor on Tuesday, January 22, 2008 as the Senate's first order of business during the opening of the 2nd session of the 110th Congress. Over the course of four weeks, and through a great deal of political maneuvering and negotiation, S. 1200 survived the threat of a potential Presidential veto and the threat of being side-stepped by other national priorities, such as the Foreign Intelligence Surveillance Act and the Economic Stimulus Package.

The conference room at the offices of the National American Indian Housing Council (NAIHC) and National Council of Urban Indian Health (NCUIH) served as the "War Room" where NIHB staff watched and responded to the Senate Floor debate. Alongside them were staff from the National Congress of American Indians (NCAI), NCUIH, NIHB board members, and representatives from the Northwest Portland Area Indian Health Board (NPAIHB), United Southern and Eastern Tribes (USET), California Rural Indian Health Board (CRIHB) and the Alaska Native Health Board (ANHB) and members of the Tribal National Steering Committee (NSC).

Two technical advisors to the NSC were on a conference line from 10:30 am to 8:30 pm – the longest conference call ever in NIHB history. Together we worked to analyze over twenty amendments offered on the bill and developed tribal position papers on the amendments that were transmitted to the Senate Committee on Indian Affairs staff on the Floor. This instant-response and the creation of the tribal position papers were instrumental in providing guidance on identifying and defeating harmful amendments.

During the days of January 22-23, February 13-14 and 25-26, the debate on S. 1200 was not governed by a time agreement. Without a time agreement to limit debate on amendments, Senators opposing S. 1200 could filibuster the bill and not have allowed a vote on

S. 1200. On February 14th, the NIHB learned that the Minority Leadership was preventing the bill from going to a vote. The "War Room" went into action: Emails were sent to Indian Country requesting that calls be made to Minority Leadership offices with the message: "Move this bill!" The phone lines to the Minority Leadership offices of Sens. Mitch McConnell (R-KY) and Jon Kyl (R-AZ) were jammed. In addition, one hundred United National Indian Tribal Youth (UNITY) students made visits to Senate offices. Cynthia Manuel, NIHB Tucson Area Representative, who was scheduled to testify before the Indian Affairs Committee on the FY 2009 President's budget, escorted the students to Capitol Hill.

Senators filed 80 amendments. Many of the amendments were not called to the Senate Floor because either they worked issues out behind the scenes or lacked priority in light of other amendments. Seven Senators spoke on February 13 and eleven additional Senators spoke on February 14 regarding either IHCIA or amendments intended to be attached to IHCIA. A matrix of the most important 41 amendments with their final status and Indian Country's stance is available on the NIHB website, www.nihb.org.

Late on February 14, a time agreement was reached between Senate Party leadership. The time agreement provided that consideration of S. 1200 would continue on Monday, February 25, 2008 with a cloture vote to limit debate scheduled for 5:30 pm EST. On February 25, the Senate proceeded to vote for a motion to invoke cloture on the substitute amendment of S. 1200 (Amd #3988). The cloture vote was overwhelmingly successful with 85 Senators voting for cloture with two Senators opposed.



From front, Krystal Alfred, Andy Joseph.

On February 26, S. 1200 was overwhelmingly passed by the Senate, 83-10. The ten Senators that voted against the bill: Allard (R-CO), Coburn (R-OK), Corker (R-TN), DeMint (R-SC), Graham (R-SC), Gregg (R-NH), Inhofe (R-OK), Sessions (R-AL), Sununu (R-NH), and Vitter (R-LA). On February 28, S. 1200, the engrossed bill, was delivered to the House of Representatives and referred to the following committees: House Natural Resources; House Energy and Commerce; and House Ways and Means.

continued on page **ELEVEN**

NIHB Welcomes Four New Board Members

Jessica L. Burger, RN

Health Director
Little River Band of Ottawa Indians



Jessica L. Burger, RN, a member of the Little River Band of Ottawa Indians and a Michigan native, came home to Manistee, Michigan in April of 2000 to assume the responsibilities of Health Director for her Tribe. At that time, health operations for Little River Band included part-time physician services and Contract Health benefits administration with a service population of 500. Working with the Bemidji Area Office, she expanded the scope of health delivery to include full time physician services, community health nursing, behavioral health and substance abuse treatment and expanded health benefits administration through CHS. Recognizing the need to assist Tribal citizens residing outside of Little River Bands Service Delivery Area, she worked with her elected officials to create the Extended Health Assistance Program which assists Tribal citizens with health costs. Little River Band's health service delivery touches over 4,000 users annually.

Jessica has worked to advocate the needs of her citizens and the Bemidji Area, serving on the Joint Rulemaking Committee on Tribal and Federal Self-Governance and the Department of Health and Human Services, Indian Health Service Consultation Policy Committee. She was honored by DHHS Secretary's Thompson and Leavitt for her work on those committees. She was also awarded "Director of the Year, 2007" by the Little River Band citing, "Your enduring devotion towards improving the health and wellbeing of our membership is paramount towards building a strong Tribal Nation today; and into future generations."

Jessica is a member of the Tribal Health Directors Association of Michigan, serving as co-chair in 2002. She also serves as a member of the Bemidji Area Tribal Advisory Board Resource Allocation Committee.

Jessica is married to Fred Burger, and has three daughters; Chelsea, Olivia, and Isabel. She and her family are actively involved in the Tribal community and the local school system in Juvenile diabetes education and advocacy efforts.

Reno Keoni Franklin THPO

Kashia Pomo Tribe



Reno Keoni Franklin is a member of the Kashia Band of Pomo Indians and the elected Health Delegate for his tribe.

Mr. Franklin's family comes from the villages of Du ka shal and Aca Sine Cawal Li. He was raised in a traditional Kashaya Family and taught from birth the tools he would need to make it through this life.

Mr. Franklin has spent the last five years on the Board of Directors of Sonoma County Indian Health and the last two on the executive board at CRIHB. He comes from a Fire Fighter/EMT background, having spent a number of years in that field and graduating college with an AS in Fire Science. He has spent a large part of his life proudly serving his Indian community; it is a task that he takes very serious. Today, he works for his own tribe as a Cultural Resources Director, Fire Management Officer and is one of 68 Tribal Historic Preservation Officers in the United States. It is his honor to serve as the Chairman of the Board for CRIHB.

Thomas L. John

Administrator, Division of Self-Governance
The Chickasaw Nation



Mr. John obtained a Bachelor of Science degree in Public Relations from Syracuse University in May 1990. He received a graduate Certificate in Public Health from the University of Oklahoma, Health Sciences Center, College of Public Health in May 2006, and is currently enrolled in the master of public health program at the University of Oklahoma. He has worked with American Indian tribes for his entire professional career, including positions in the areas of tribal administration, law enforcement, health, gaming and parks and recreation. His experience working with American Indian tribes has been at the local, regional and national levels.

During this time, Mr. John has been responsible for many multi-million dollar programs, and have had overall supervisory responsibility for as many as 145 staff. He worked with tribal health programs in particular for over thirteen years, including positions for both individual tribes and a tribal consortium. Eight years were specifically related to management of tribal diabetes programs. Other responsibilities have included personnel management, policy and procedure development; grant writing, development of educational and public information materials, program planning and evaluation, and overall organizational administration and fiscal management.

Additionally, Mr. John has been entrusted to represent numerous American Indian tribes on regional and national level policy issues with the federal government. He has been involved with the technical develop-

ment of a variety of federal Indian health policies, including analysis of federal legislation, consultation between Indian tribes and the federal government, health disparities and funding allocation methodologies. Mr. John has also sat on several local, regional and national committees, workgroups and boards relative to American Indian health.

Mr. John is an enrolled member of the Seneca Nation of Indians, and was raised on his tribe's Allegany Territory in New York State. He belongs to the turtle clan, and is also a member to their traditional longhouse. Mr. John is married to Lisa of the Chickasaw Nation, and they have two children, Lauren and Trevor.

Ron His Horse Is Thunder

*Tasunka Wakinyan
"His Horse Is Thunder"*



His Horse Is Thunder is a member of the Hunkpapa-Lakota Oyate and currently serves as the Tribal Chairman of the Standing Rock Sioux Tribe. In 2002, President George W. Bush appointed him as Chairman of the President's Board of Advisors on Tribal Colleges and Universities (WITCU).

In 1988 he received his Juris Doctorate from the University of South Dakota-Law School. In 1985, he received a Bachelor of Science degree from Black Hills State University. His Horse Is Thunder began his career by serving in several professional capacities, e.g., as an attorney, director, and grants evaluator for the Rosebud and Standing Rock Sioux reservations.

From 1989-1993, His Horse Is Thunder served as president of Sitting Bull College (formerly Standing Rock College), where he was responsible for the overall college operations. He took two years off as college president and headed the American Indian College Fund based in New York, NY, where he served as the president from 1993-1995. In 1995, he accepted the position of president at Little Hoop Community College in Fort Totten, ND. Returning to the presidency of Sitting Bull College in 1996, His Horse Is Thunder served in this capacity until his election as Tribal Chairman in 2005.

His Horse Is Thunder has served as a commissioner for the Higher Learning Commission for the North Central Accreditation for Schools and Colleges. He also served on the boards of the American Indian Higher Education Consortium and North Dakota Tribal College Association. He currently serves as the Chairman of the Great Plains Tribal Chairmen's Association and Vice-President of the Native American Business Association NAB. His Horse Is Thunder is married to Deborah Wetsit His Horse Is Thunder. 

Scholarship for Technical Training Cancer Control Training Program

The Native Researchers' Cancer Control Training Program is designed to help develop research skills for implementation and evaluation of cancer control programs in Native communities. In addition to the three week training course, the NRCCTP will provide trainees with mentoring, help with grant proposals, manuscript preparation, and technical assistance with research projects. Opportunities to participate in field research experiences of 3 or 6 months duration will also be provided.

Eligibility:

Anyone in the health care, academic or research field; those interested in cancer research, and/or those who are in a position to implement cancer research or intervention programs in a Native community.

Funding Level:

The Native Researchers' Cancer Control Training Program is offered as an "all expenses paid" scholarship to accepted candidates.

Date:

Application deadline is March 15, 2008.

Contact:

Jessica Blarjeske
Oregon Health and Science University
505-494-1126
or blarjesj@ohsu.edu

For more information:

www.ohsu.edu/nrcctp/curr.html

Authorization Builds the Car, Appropriations Gives it Gas to Run

National Indian Health Board 2008 Appropriations Summit receives a First Place Finish



U.S. Senator Lisa Murkowski (R-AK)

As a result of a new direction being set by the NIHB Board during its 2007 strategic planning retreat, NIHB held its first Annual Appropriations Summit in Washington DC, on March 6, 2008. The Summit was attended by Tribal leaders and personnel from the Indian Health Service (IHS), Department of Health and Human Service (DHHS) and National Council of Urban Indian Health (NCUIH).

Using the motor vehicle as a metaphor, U.S. Senator Lisa Murkowski explained that the Congressional authorization process “builds the car” and the appropriations process “gives the car its fuel” to run.

Among the distinguished presenters, were U.S. Senator Lisa Murkowski (R-AK); Representative Norm Dicks (D-WA); Mike Stevens, Subcommittee Clerk for the Majority Staff, House Appropriations Subcommittee on the Interior; Cindy Darcy, Deputy Staff Director for the Senate Committee on Indian Affairs; Rhonda Harjo, Minority Deputy Chief Counsel from the Senate Committee on Indian Affairs; and Janet Erickson, Council to Office of Indian Affairs, for the House Committee on Natural Resources.

Currently the IHS is a discretionary program and its funding goes through the Department of Interior and to the DHHS. Unlike an entitlement program where funding is automatically assured each year, Tribes and Tribal leaders must approach Congress yearly and request the funds necessary to operate health services.

Every year, the National IHS Tribal Budget Formulation Work Group makes a budget plea to DHHS to fund current services and requests additional program dollars just to meet basic, demonstrated need. This is done in consideration of a three year cycle, beginning with the current year Administration budget request and in anticipation of the actions by Congress and the President in the following two fiscal years.

During the 2008 NIHB Appropriations Summit, presenters and attendees jumped into the driver’s seat to discuss several key areas of the national Indian health budget.

Contract Support Costs (CSC): Holding true to the analogy of the automobile, this could be considered the frame of the vehicle. It provides structure and ongoing support for Self-Governance Tribal Health programs. In budgetary terms, CSC support things such as mandatory federal employee pay increases and the cost of inflation and population growth. Until the IHS is funded at the actual level of need, CSC will continue to be a budget priority. If CSC or current services are not funded first, the financing necessary to support those mandatory costs then comes out of direct healthcare service dollars. They must be paid by someone; often Tribes who have few, if any of their own discretionary resources foot the bill.

Contract Health Services are allocated through a priority system that provides approval and reimbursement predominantly only in “life or limb” circumstances. Tribal members, who do not have other resources at their disposal for emergency or non emergency situations are among the casualties of an underfunded Indian healthcare system.

Inadequate treatments during the onset of relatively minor health event can escalate and eventually cost the health delivery system hundreds of thousands of additional dollars. Ironically, the lack of adequate funding for Contract Support Costs and other areas of the greater Indian health system, are like many tragic car accidents... completely preventable.

During the 2008 NIHB Appropriations Summit it was affirmed that there is one thing that all tribal leaders generally agree on: Our ancestors ceded over 400 million acres of mineral rich land in exchange for promises (treaties) by the U.S. Government to insure that their descendants would have access to adequate, health, education and welfare: Congressional appropriations for AI/AN healthcare should reflect this.

For Fiscal Year 2010, the National IHS Budget Formulation Work Group will request \$900 million to fill our gas tank. We expect, depending on the priorities of the next Administration and other commitments of the U.S. government, that the level of funding will remain barely sufficient enough to keep us on the road.

In the end, no roadworthy vehicle runs without fuel nor should it traverse the highways without the appropriate tools to keep it running safely.

Knowing that Tribal leaders, Tribal organizations, urban programs and individual Tribal members deserve to be as prepared as possible when making their funding requests to Congress, the National Indian Health Board has designed an Appropriations Tool Kit to help you navigate the legislative process. It also includes tips about preparing budget related testimony and congressional contact information for the 110th Congress.

The NIHB 2008 Appropriations Summit Briefing Book and Appropriations Tool Kit can be accessed online at the National Indian Health Board website: www.nihb.org. 

GUIDE TO **COMMUNITY** Preventive Services

Take Advantage of this Free Resource Today!

The Centers for Disease Control and Prevention (CDC) National Center for Health Marketing has posted an online "Guide to Community Preventive Services (Community Guide)" which serves as a filter for scientific literature on specific health problems. This resource summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. The growing list of topics ranges from Alcohol to Violence Prevention.

For more information, please visit:
<http://www.thecommunityguide.org>.

Don't Let Depression Go Too Far...

Would You Know What to do if Someone Told You They Wanted to Stop Living?

In the US, more people die by suicide than by homicide. Each year, almost 30,000 people take their own lives, and 70% of those tell someone or give warning signs. That is why it is critical to teach loved ones how to recognize and respond to the signs of suicide.

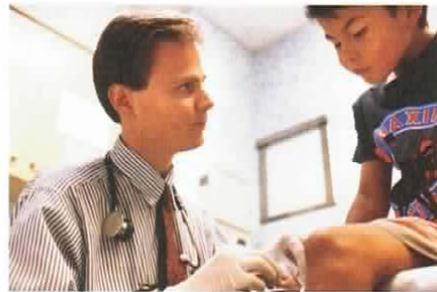
National Depression Screening Day (NDS) is presenting **Stop a Suicide Today!**, an initiative that aims to empower members of the public to recognize and respond to the warning signs of suicide in a family member or a friend, and highlight the importance of identifying and treating depression and other mental illnesses before a situation becomes urgent.

NDS is now in its seventeenth year and the National Indian Health Board encourages Indian Country to register for this year's event which will be held on October 10, 2008. Registering has a variety of program options including the in-person screening event and online screening. The program offers materials designed for diverse audiences, including Spanish speakers and older adults.

For more information on the NDS in-person or online programs visit www.MentalHealthScreening.org.

This article was taken from a press release found at www.mentalhealthscreening.org.

NIHB Announces New Public Health Internship for Native Students:



The NIHB Public Health Summer Fellowship Program is a collaboration of the Morehouse School of Medicine, the Center for Disease Control and Prevention (CDC), Emory University Rollins School of Public Health, the Minority Health Professions Foundation and the National Indian Health Board. Designed to introduce and expose American Indians and Alaska Natives students to public health careers, this fellowship is housed in Atlanta, Georgia. Rising junior and senior undergraduate American Indians and Alaska Natives aged 25 years and younger are eligible. 📧

NIHB is Moving!



In April, the National Indian Health Board will move to its new location at 926 Pennsylvania Avenue, SE in Washington, DC. This Capitol Hill location is in close proximity to Congress and will provide a convenient meeting place for Tribal Leaders conducting business in the Nation's Capital. The space is a three story brownstone that has been completely refurbished to accommodate NIHB's growing staff. Stay tuned to www.nihb.org for more information about this historic move and how to contact us! 📧

Upcoming Events

April 2008

APRIL 1-4, 2008
CDC Tribal Consultation
Advisory Committee
Quarterly Meeting
 Holiday Inn
 Rapid City, SD

APRIL 21-25, 2008
NIHB Offices Relocating to:
 926 Pennsylvania Avenue, SE
 Washington, DC 20003

APRIL 27 – MAY 1, 2008
Annual Tribal
Self-Governance
Department of the Interior
and the Department of
Health and Human Services
Conference
 Las Vegas, NV
<http://tribalselfgov.org/>

May 2008

MAY 14-15, 2008
IHS Tribal Leaders Diabetes
Committee Quarterly
Meeting
 Washington, DC

MAY 21-22, 2008
NIHB Public Health Summit
 Radisson Hotel and Conference
 Center
 Green Bay, WI
 Register Now at: www.nihb.org

MAY 22, 23, 2008
NIHB Quarterly Board
Meeting
 Radisson Hotel and Conference
 Center
 Green Bay, WI

June 2008

JUNE 6-9, 2008
National Congress of
American Indians
Mid-Year Conference and
Tradeshow
 John Aseuaga's Nugget
 Reno/Sparks, NV
www.ncai.org

JUNE 9-11, 2008
National Indian Women's
Health Resource Center
Keeping the Circle Strong:
Celebrating Native Women's
Health and Well-being
 Albuquerque, NM
www.niwhrc.org

July 2008

JULY 24-29, 2008
Association of American
Indian Physicians
37th Annual Meeting
 Coeur D'Alene Casino and
 Resort Hotel
 Worley, ID
www.aaip.org

JULY 29, 2008
Centers for Medicare and
Medicaid Services
Medicare Medicaid Planning
Committee Quarterly
Meeting
 Washington, DC

JULY 30-31, 2008
Centers for Medicare and
Medicaid Services
Tribal Technical Advisory
Group Quarterly Meeting
 Washington, DC

August 2008

AUGUST 5-7, 2008
Direct Service Tribes
Annual Conference
 Location TBA

September 2008

SEPTEMBER 5-9, 2008
National Indian Council on
Aging Biennial Conference
 Greater Tacoma Convention
 and Trade Center
 Tacoma, WA
www.nicoa.org

SEPTEMBER 22-25, 2008
National Indian Health
Board 25th Annual
Consumer Conference
 Pechanga Resort and Casino
 Temecula, CA
www.nihb.org

Sen. Dorgan (D-ND) Introduces \$1 Billion Amendment to Senate Budget Resolution



On March 13, 2008, during a midday break at the 10th Annual National Department of Human and Health Services Tribal Budget Consultation Session, NIHB Chairman H. Sally Smith announced breaking news that Senator Byron Dorgan (D-ND) introduced an amendment to S. Con. Res. 70, the Senate Budget Resolution, which would increase the Indian Health Service (IHS) by \$1 billion in FY 2009. Later in the day, a great round of applause erupted, when Chairman Smith announced to tribal leaders passage of the \$1 billion amendment in the Senate by a 69-30 vote. The following day, the Senate passed S. Con. Res. 70 passed by a 51-44 vote.

On March 13, the House of Representatives passed H. Con. Res. 312, a related bill to S. Con. Res. 70. However, the House version of the resolution did not include a corresponding amendment to increase the IHS budget by \$1 billion. Since the Senate and the House developed two different sets of budget resolutions, S. Con. Res. 70 and H. Con. Res. 312 will be sent to the Budget Resolution Conference Committee, where they will be reconciled.

The Congressional budget resolution serves as a guide for the House and the Senate appropriations committees as they consider various budget bills, including appropriations and tax measures. A budget resolution is not signed by the President nor is it binding. But, the resolution provides a glimmer of hope that the IHS budget will receive an increase, rather than the President's proposed FY09 budget cut of \$21 million.

In a Senate Floor statement about the amendment, Sen. Dorgan, who NIHB considers a champion of Indian Health Care, said, "Let me say again, people are dying as a result of the underfunding for health care for American Indians. It is a promise we have made, and it is long past the time we keep that promise. This amendment is a step in that direction."

The appropriations process takes several months — when anything could happen. The NIHB has developed a flow chart of the appropriations process to track the IHS FY 09 budget and appropriations. This chart can be accessed on the NIHB website, www.nihb.org. 

Department of Health and Human Services Celebrates a Decade of National Tribal Budget Consultation

On March 12-13, 2008 the Department of Health and Human Services (DHHS) held its 10th Annual Department-Wide Tribal Budget and Policy Consultation Session in Washington, D.C.

H. Sally Smith, NIHB Chairman and Jefferson Keel, NCAI 1st Vice President, delivered opening remarks during the consultation. Among the dignitaries attending the consultation were Charles Johnson, Assistant Secretary for Resources and Technology and Laura Caliguiri, Director, Office of Intergovernmental Affairs.

The National Indian Health Board staff offered direct support, such as research, organizational support and the preparation of testimony and other material(s) for the tribal presenters participating in the DHHS break out sessions on Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Agency for Toxic Substance and Disease Registry (CDC/ATSDR) and the Substance Abuse and Health Services Administration (SAMHSA). Federal administrators gave assurances that priorities outlined by Tribal leaders during the plenary and operating division break out sessions would be given serious consideration.

Restoring the Trust and Leaving a Legacy

In the face of budget cuts to IHS in the President's FY08 budget, the National IHS Budget Formulation Workgroup presented their analysis and recommendations for the FY 2010 Budget Recommendations. Linda Holt, Suquamish Tribal Council Member and NIHB Board Member (Portland Area) and Darryl Red Eagle, Assiniboine and Sioux Tribes of Fort Peck, Montana (Billings Area), served as co-chairs and presenters for the FY 2010 National IHS Budget Formulation Workgroup. They presented the Fiscal Year 2010 Budget Recommendation titled, "Restoring the Trust and Leaving a Legacy".

Like other federal agencies, garnering trust with Tribal leaders will be an ongoing process for DHHS. During the budget formulation and subsequent consultation processes, Tribal Leaders are put in the unenviable position of prioritizing health care needs. Expressing objection to the concept of prioritizing tribal member health needs, Darryl Red Eagle said, "Setting priorities is like telling five of your ten children that they can eat today and telling the other five that they must starve." By overwhelming consensus, tribal leaders agreed that all health issues cannot be prioritized and all health care needs should receive adequate funding.

Although President Bush is serving the last year of his presidency, the policies of his Administration will continue to affect future federal budget targets. The IHS Tribal Budget Workgroup requested that the Administration "[l]et this budget serve as your lasting legacy to eliminate health disparities and honor the federal trust relationship" by increasing the IHS budget by \$458.7 million to meet the basic health care needs of American Indians and Alaska Natives that have accumulated through chronic under-funding.¹

¹ Indian Health Service Budget Work Group, FY 2010 Budget Recommendation: Restoring the Trust and Leaving a Legacy [Testimony], 2008. 

2nd Annual Native HIV/AIDS Awareness Day Walk

March 20, 2008 Marked the 2nd Annual National Native HIV/AIDS Awareness Day.



This day was created to bring national attention and awareness to the effect of HIV/AIDS on American Indian/Alaska Natives and Native Hawaiian communities and is the result of the hard work and efforts of the National Native American AIDS Prevention Center (NNAAPC), The Intertribal Council of Arizona (ITCA) and the University of Colorado Center for Applied Studies on American Ethnicity (CASAE). The National Indian Health Board (NIHB) and the Office of Hawaiian Affairs – Washington D.C. Bureau (OHA) collaborated to sponsor the 2nd Annual Fun Walk to commemorate this important day.

The day began with a prayer and a moment of silence in front of the Smithsonian National Museum of the American Indian. The participants then proceeded to walk a one-mile circuit on the National Mall. The walk was attended by representatives from NIHB, OHA, NNAAPC, ITCA, CASAE, National Congress of American Indians (NCAI), National Council on Urban Indian Health (NCUIH), American College of Obstetrics and Gynecology (ACOG) and the National Indian Education Association (NIEA).

The NIHB understands and supports all of the work and effort going on in Indian Country to battle and prevent this disease and is committed to doing whatever is necessary to insure that the national AI/AN voice is heard regarding this issue. The NIHB staff would like to thank each person and organization that participated in this important event and hopes that you will organize or participate in local events commemorating this day in 2009.

For more information on National Native HIV/AIDS Awareness Day go to www.nnaapc.org. 

JUST MOVE IT! And Enter the First Annual NIHB JMI T-Shirt Design Contest



The National Indian Health Board is launching a National T-Shirt Design Contest for the Just Move It (JMI) national campaign, to promote physical activity for American Indians and Alaska Natives. Winning artwork will be featured on the 2008 NIHB Annual Consumer Conference JMI T-shirts. The 2008 Annual Consumer Conference will take place Sept. 22-25 at the Pechanga Resort and Casino in Temecula, CA.

Anyone involved with a JMI community-based activity or whose life has been impacted because of this program may submit art to NIHB from May 15th until July 4th, 2008. Submissions should be related to the theme of increasing fitness, preventing diabetes through physical activity or an inspirational JMI-related theme. The competing entries will be available for review and you may cast your vote on-line to select the winning image at the JMI website between August 1 and September 1, 2008. T-shirts will be given away at our NIHB's Annual Consumer Conference JMI walk and will be also be available (on a limited basis) to Tribal community groups participating in the Just Move It program.

Visit www.justmoveit.org for JMI National T-Shirt Design Contest details.



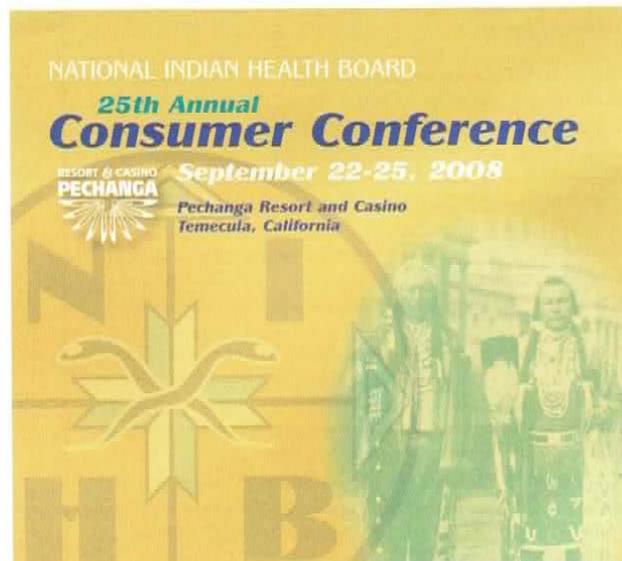
Aberdeen Area Hosts Health Promotion Disease Prevention Consultation, April 2-4, 2008

The Centers for Disease Control and Prevention Tribal Consultation Advisory Committee (CDC/TCAC), CDC leadership, and staff from the National Indian Health Board travelled to Rapid City, South Dakota April 2-4, 2008 to advance CDC's Tribal Consultation in Indian Country. The purpose of the meeting was to engage Tribal leaders from the Aberdeen Area in discussions about chronic and emergency public health issues and to dialogue with CDC leadership on model health promotion and disease prevention strategies. In addition to the planned listening sessions on chronic disease and environmental health issues, CDC/TCAC members, CDC leadership, and NIHB travelled to the Pine Ridge Indian Reservation, home of the Oglala Lakota Tribe to meet with Tribal leadership, tour the health facilities and learn about the Tribe's culture, history and urgent public health needs.

Tribal leaders are invited to participate in this national consultation initiative and share their concerns about the needs for prevention and health promotion programs in their communities. Tribal leaders who cannot attend the meeting in person may submit comments in writing to:

CDC/TCAC
c/o The National Indian Health Board
926 Pennsylvania Avenue, SE
Washington, DC 20003

Or via email to Lawrence Shorty, Director of Public Health Programs (CDC), at lshorty@nihb.org.



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NIHB Rallys National Support

To celebrate the resounding bipartisan support of passage by the U.S. Senate, a press rally was held on February 27th near the Senate Russell Building. Chairman Dorgan and Vice-Chairman Murkowski attended along with Senators Tester, Bingaman, and Baucus, and Congressman Frank Pallone (D-NJ). Rachel Joseph, Co-Chair of the NSC, opened the rally by "extending appreciation to the leadership of Senators Dorgan and Murkowski and other key Senators on both sides of the aisle who made passage by the Senate a reality. Indian Country will continue to work with the House leadership to ensure a final bill can be sent to the President for his signature **THIS YEAR!**" Ms. Joseph introduced Chairman Dorgan who remarked "I told people it would be a cold day when this bill was passed and here we are." 📷



From left, Valerie Davidson, Linda Holt (NIHB Board Member)



From left, Rachel Joseph, Reno Franklin (NIHB Board Member)

continued from page **ONE**

Montana Tribal Leaders Come Face to Face with Democratic Front Runners



of the candidates could deliver to tribes is, "More money and protecting our sovereignty".

To see what all of the candidates have to say about Indians go to:

Hillary Clinton:

<http://www.hillaryclinton.com/news/release/view/?id=4076>

John McCain:

<http://www.nativevote.org/documents/John%20McCain%20on%20Native%20American%20Policy.pdf>

Barack Obama:

<http://my.barackobama.com/page/content/firstamissues>

NIHB is a non-partisan organization that does not endorse any candidate. 📷



WASHINGTON REPORT

Issue 08-08

August 1, 2008

- ❖ **Senate Committee on Indian Affairs Holds Hearing on IHS Mismanagement**
- ❖ **Centers for Disease Control Tribal Council Advisory Committee (CDC TCAC) Holds Quarterly Meeting**
- ❖ **Centers for Medicare & Medicaid Services Tribal Technical Advisory Group (CMS TTAG) Meets at the National Museum of American Indians**

Senate Committee on Indian Affairs Hearing on GAO Report about IHS Mismanagement of Property

On July 31, 2008, the Senate Committee on Indian Affairs held an oversight hearing regarding the U.S. Government Accountability Office's (GAO) report, "Indian Health Service (IHS) Mismanagement led to Millions of Dollars in Lost or Stolen Property." The GAO analyzed IHS property records from fiscal years 2004-2008 and the GAO identified over 5,000 missing property items with an estimated worth of \$15.8 million.

In attendance was Chairman Dorgan (D-ND) and Vice-Chairman Murkowski (R-AK), Senator Tester (D-MT) and Senators Barasso (R-WY) and Smith (R-OR).

Witnesses present at the hearing were Gregory Kutz, Managing Director of the GAO Forensic Audits and Special Investigations Unit; Robert McSwain, IHS Director; and Fernand Verrier, Former Deputy Director of the IHS Office of Finance and Accounting. The Committee invited Michael Leavitt, Secretary, Department of Health and Human Services, to testify but he declined.

Mr. Kutz provided a summary of the GAO Report and explained that the missing property items ranged from computer equipment to tractors. Mr. Kutz testified that lost and stolen property had been a problem for more than a decade but it had not been fixed. He stated that although policies are in place – the missing property is a result of the IHS employees' failure to adhere to policy and procedures. Senator John Tester (D-MT) stated to Mr. McSwain, "If there was this kind of incompetence on my farm, people wouldn't be working there."

Chairman Dorgan noted that the GAO Report alleged that employees fabricated and back dated documents. The Chairman asked Mr. McSwain whether these employees would be held responsible for their actions. McSwain defended his employees by stating they have certain rights and many of the "fabricated" documents were supported by already existing documentation. He responded that IHS is referring the serious allegations about document falsification to the Inspector General for further investigation.

Fernand Verrier, former Deputy Director of the Office of Finance and Accounting, testified about his personal experience with property problems at IHS. He gave examples of how IHS

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employees were in the practice of “writing off” missing property, without conducting investigations.

By the end of the hearing, the Committee boiled down the problems to “weak internal controls” and lack of employee accountability for lost items; as well as improper completion and filing of paperwork, especially in documenting disposal of obsolete equipment. In response, McSwain committed to implementing 9 of 10 recommendations made by the GAO and respond to the conclusions of the report within the 60 day grace period. McSwain said, “I look forward to a revisit from the GAO.” The Committee requested for the GAO to follow up with IHS in 90 days for a review of the changes.

To view a webcast of the hearing, please visit the Indian Affairs Committee’s website at <http://indian.senate.gov/public/> For a copy of the GAO Report please visit the NIHB website at www.nihb.org

Centers for Disease Control Tribal Council Advisory Committee Holds Quarterly Meeting

On July 29 and 30, 2008, the Tribal Council Advisory Committee (TCAC) to the Center for Disease Control and Prevention (CDC), the CDC staff and the Agency for Toxic Substances and Disease Registry (ASTDR) met at the Seminole Hard Rock Hotel & Casino in Hollywood, Florida.

The TCAC meeting covered a wide variety of public health topics effecting Indian Country such as government funding opportunities, building stronger tribal-state collaborations and updates on CDC Tribal Affairs public health initiatives (smoking, diabetes, immunizations, pandemic flu, disaster planning). The National Center for Environmental provided updates on environmental issues.

One of the highlights of the meeting was the CDC Procurement and Grants Office Training and Technical Assistance Workshop presented by CDC staff Sylvia Dawson and Annie Harrison-Camacheo. Another interesting discussion was held on smoking interventions facilitated by Janis Weber of the CDC Office on Smoking and Health Funded Tribal Support Centers for Tobacco Programs. In addition, the TCAC heard from the NIHB Native American Summer Public Health Fellows (Melinda Maria Adams – Haskell Indian Nations University, Cori Bazemore – University of South Dakota, Sydney Lee – University of Oklahoma, Josie Raphaelito – University of New England, Kristy Smithson – University of Oklahoma and Melanie Vigil – Arizona State University). The internship was housed at Morehouse College of Medicine in Atlanta and the Interns presented very impressive overviews of the research projects, all relevant to Native community-based health, that they pursued over the summer.

The Seminole Tribe provided a tour of the Seminole Health Facilities in Fort Lauderdale. The TCAC had a great discussion with the Seminole Tribe about how they are addressing their public health needs and what partnerships they are currently engaged in to assist in the delivery of quality health care.

TRIBAL CONSULTATION WITH CDC NOVEMBER 18-20, 2008

The next TCAC meeting will take place November 18-20th in the Tucson Area. The meeting will be a formal Tribal Consultation with the Centers for Disease Control and Prevention and all Tribes are strongly urged to participate. CDC holds vast opportunities for the Tribes to establish or expand their public and community-based health actions and this consultation session is a priceless opportunity to be heard. Please contact NIHB's staff, Dr. Bonnie Hillsberg, for more information about this opportunity. She can be reached at bhillsberg@nihb.org or by calling (202) 507-4070.

BE THERE!! BE HEARD!!

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

Meets in Washington, DC July 30 and 31, 2008

The Centers for Medicare & Medicaid Services' Tribal Technical Advisory Group (CMS TTAG) had its quarterly face-to-face meeting in Washington D.C. on July 30-31, 2008. It was very well attended by TTAG members as well as senior staff from the CMS and Indian Health Service (IHS). After an opening welcome by TTAG Chair Valerie Davidson, Ben Shelly, Vice-President of the Navajo Nation, gave the opening blessing. CMS Acting Administrator Kerry Weems, attended the meeting and listened to tribal concerns expressed by the TTAG members on such issues as the Medicaid Administrative Match, the draft Tribal Consultation Policy, and a lack of urgency on the part of CMS in addressing Tribal Issues. Mr. Kerry assured the TTAG that his commitment to Tribal Issues was undiminished.

Mr. Weems along with Robin King, Director, Office of External Affairs, CMS, presented Dorothy Dupree, Director of the CMS Tribal Affairs Group, with a certificate of appreciation. The TTAG members also recognized Dorothy's friendship and contributions to advance the efforts of the TTAG and health care in Indian Country. The TTAG presented Dorothy with a plaque in recognition of her dedication and help in improving health care in Indian Country. All the TTAG members were saddened by the fact that Dorothy has accepted a position with IHS as the Tucson Area Director. Her presence as an advocate within CMS will be greatly missed, but look forward to working with her in her new role.

Other agenda items included a report from the CMS Tribal Affairs Group and reports by the Strategic Plan, Outreach and Education and the Long Term Care sub-committees. The NIHB staff presented a pre-view of the new and upcoming TTAG website that will be interactive and user friendly.

The second day, July 31, 2008, began with a vigorous discussion of the Tribal Consultation Policy. Stacy Ecoffey, Principal Advisor for Tribal Affairs attended this portion of the meeting. The TTAG made it clear that it was not happy with the current revision of the policy. Robin

King and Stacy Ecoffey offered to arrange for a Department level meeting to further discuss outstanding concerns.

The Citizenship Documentation Sub-committee gave their report. Now that the Department of Homeland Security recognizes Tribal enrollment cards with photos as sufficient documentation to cross the border, the Subcommittee recommended that the TTAG write a letter to the Administrator requesting a clarification of regulations to allow tribal enrollment cards to suffice for Medicaid purposes. Other agenda items, included a discussion of the FY 2009 TTAG budget and a serious discussion with CMS staff regarding the delay in approving State Medicaid Administrative Match (MAM) plans. Many TTAG members expressed concerns that CMS keeps “moving the goal posts” by requiring additional information that results in delay in approving the plans.

After the meeting, the CMS Day Subcommittee met to discuss the upcoming NIHB Annual Consumer Conference and brainstorm about workshops and presentations for CMS Day.

The next CMS TTAG meeting will be held November 12 -13th in Washington, DC.

* * * *

This report is prepared by the National Indian Health Board for distribution to Tribal Governments via the Area Health Boards. It is intended to provide timely information on current federal and national policy issues and current events relevant to American Indian and Alaska Native health care. The Washington Report is prepared by NIHB's Legislative Director, Kitty E. Marx, J.D. and Kraynal Alfred, Legislative Associate and edited by Executive Director, Stacy A. Bohlen.

The Honorable H. Sally Smith, Chairman, National Indian Health Board

APPENDIX C: BEST PRACTICES IN OUTREACH AND COMMUNICATION

Tips from Professional Communicators

Visual Communications

Maisie MacKinnon Cultural Communication and G+G Advertising are two firms that have designed successful visual Native American communication campaigns.

G+G in Albuquerque, N.M. worked with iconic imagery to promote the 2000 Census, and counteract negative connotations about the Census among Native Americans. Michael Gray, Blackfeet, explained that in one poster he used a picture of Geronimo behind the great Apache leaders' great grandson. "I have spoken. I will continue to be heard," Robert Geronimo says in the simple gravity of his ancestor. "The Census is my voice."

Maisie MacKinnon in Portland, Ore. has worked with the Centers for Disease Control and others to promote health awareness among Native Americans. She says that sensitive health issues, as sexually transmitted diseases, can be broached in Native communities but only after dialogue and truth telling.

- Engage tribal people in discussions about what imagery both resonates and feels appropriate to them, don't assume that you know
- Be tribally\regionally specific, be prepared to represent multiple regions in both imagery and models, even have multiple editions for the same communication
- Keep your words to less than 30 percent of the poster, because the picture is your best messaging device
- Engage professional communicators to make key design decisions, they have as much expertise in communications as a doctor has in medicine
- A poster is a billboard that can deliver one message so keep it simple, i.e. remember to vote, ask your medical clinic staff, fill out your census
- Take the time to review and revise, you'll never regret the delay that prevents unintended offense or over spending



Courtesy of Gray+Gray Advertising

Communicating with the Media

1. News Fact Sheets: Brief, generally one-page outlines of information about a newsworthy event or issue. These often employ bulleted items. The format is easy for reporter in both print and broadcast media to use as they write their own articles. Fact sheets are also useful for speech writers, conference moderators and websites.
2. Event listings: Often called community calendars are an opportunity for organizations to place information about upcoming conferences, meetings and public events.
3. Interview notes: Verbatim transcripts presented in question and answer format, based on an interview conducted by a staffer. Use a recording device then quickly transcribe. It's cheap, and people enjoy reading conversational text.
4. News releases: Articles written by staff or public relations representative of an organization, and submitted for publication in a newspaper or newsletter.
5. Broadcast news releases: Articles written in a short, conversational style for radio or television announcers. Be direct. Generally two, three or four paragraph stories with a clear indication of the purpose or the news.
6. Clearly mark a sound bite in broadcast news releases. A sound bite may be quippy, but at its base it is non-technical, conversation explanation. It can be read in seconds by an announcing, not minutes.
7. Photos and captions: Photographs from an event or of a newsmaker may be submitted along with captions identifying the people in the photograph and the purpose of the event may be submitted to print news outlets for reprinting.
8. Story idea memos: Informal idea memos submitted to media gatekeepers can spark interest from a news outlet in developing an article, especially one that show linkages between a national issue and local affects.
9. Letters to the editor: Letters to NIHB's membership developed by its leadership could be submitted to tribal media for possible reprinting in their letters to the editor.
10. Guest editorials: Longer than a letter, these could be submitted to tribal newspapers editorial page, especially if they out line an issues of national importance in Indian Country.

Tribal and Native community newspapers

The role of tribal and Native community media as the primary source of Native American news is thought to have grown, according to the American Indian Policy & Media Initiative at Buffalo State College. Despite the expansion of other forms of media, studies among other minority communities consistently show an increased dependence on their community media. No similar studies have been undertaken concerning Native American media.

But Native media has grown in sophistication since the 1990s, thanks in part to the collegiality encouraged by organizations such as the Native American Journalists Association among mainstream and tribal journalists. Many Native American journalists now move between mainstream and tribal media fluidly as jobs and advancement opportunities arise.

Native media, whether owned by tribes or owned independently by Native American publishers, continue to suffer from limited resources. The limitations in staffing and dollars often keep the focus of coverage local and regional. There exists an opportunity to provide these outlets with targeted news releases that serve their unique needs.

Such releases would be best written almost as news articles, and continue news that is timely for as long as four or five weeks, because most tribal publications remain monthly or bi-monthly. Ronn Washines, the current president of the Native American Journalists Association, observed in an interview for this report that information from federal health agencies often is geared toward daily newspapers. Thus it would be out of date by the time his newspaper, the bi-monthly Yakama Nation Review, goes to press.

At this point most tribal newspapers rely on Associated Press articles about federal agencies, such as the Indian Health Service and the Centers for Medicare Medicaid. So except what information comes from a tribal health clinic or a regional health board, tribal media may be repeating the same articles in mainstream media.

There exists in this arena a growth potential for the National Indian Health Board to use legislative reports that it already produces for its website. Such reports could be emailed to tribal newspaper editors, whose contacts are provided on the attached lists, for publication or as informational material. Some material, such as letters from NIHB President Sally Smith, could be sent to this list as letters to the editor, which would be highly likely to be published at full length in tribal media. Longer letters could be repackaged as guest columns and submitted to tribal newspapers.

Broadcast media, radio

Since the 1970s, a growing number of tribal radio stations have emerged, especially in rural locations, such as Alaska, where radio is an important means of communication for Native communities.

Despite the growth, the numbers linger under 100, and many outside of Alaska are low-power stations serving tribal communities directly.

One exception to this is the Koahnic Broadcasting Corporation, which has built a network of about 130 tribal, public and commercial radio stations across Indian Country. Koahnic manager Vernon Chimegalra and President CEO Jaclyn Sallee both expressed interest during an interview for this research in working with NIHB to increase awareness of health-policy issues. But such a relationship would not be free. While Sallee refused to share a cost list, the expense is likely thousands of dollars for a six-month or one-year campaign. No doubt the cost is less than what commercial radio would charge. And a shorter campaign might be worth the cost on the right issue.

While Koahnic may be at the top of the Indian radio price list, a growing number of tribal radio stations are likely to request sponsorship of their radio programs in exchange for announcements about health-policy issues. Such sponsorship would be like those on National Public Radio—"This program was brought to you by the National Indian Health Board."

Even tribal radio stations have a growing concern that too many government agencies and national organizations are asking for free air time. Many express resentment about all the expectations of freebies, said Loris Ann Taylor, executive director of the Native Public Radio. Such benefits should, perhaps, be reserved for community groups holding bake sales, not for national organizations.

Having said that, some station managers are still open to broadcasting free public-service announcements. So it will be necessary for NIHB to make contact with stations directly concerning the potential airing of such material.

This discussion of cost does not apply when a tribal radio station or even an Indian radio show on commercial radio decides to cover a health issue as news. That coverage is free, unlike sponsorship or airing of public service announcements. So as a first choice, send tribal radio a news advisory or press release.

It is important to know that if tribal newspapers have small staffs, tribal radio stations have even smaller staffs, and perhaps only volunteers. Phone calls and emails, say several Native public-relations firms, go largely unanswered.

Comparing contact information from multiple organizations and businesses, a list has been developed for the National Indian Health Board. It is important to note that it may not be a complete list, but it is as complete and accurate as any in use by leading programs, agencies and businesses.

Here, as elsewhere, NIHB has an advantage in target audiences. Working with committee members such as those on TTAG, NIHB could ask its volunteers to approach tribal radio and even newspapers directly about broadcasting and publishing NIHB material.