



National Indian Health Board

Health Reporter

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NIHB Hosts 25th Annual Consumer Conference!



Vice-Chairman Buford Rolin speaks on the Special Diabetes Program for Indians on the last day of the 25th Annual NIHB Consumer Conference.

The National Indian Health Board's 25th Annual Consumer Conference *Unite for Health: Advocate Out Loud* took place September 22-25th at the Pechanga Resort and Casino in beautiful Temecula, California. Hundreds of health professionals, tribal leaders and federal representatives joined together to attend workshops, share stories, network and advocate out loud for American Indian and Alaska Native health.

Conference Featured Presenters from Across the Country

The conference theme of advocacy was reinforced by each of the plenary speakers.

- Mr. Brian Patterson, President of the United South and Eastern Tribes, reminded the participants that the time for tribal advocacy and unity is now.
- Mr. Robert McSwain, Director of the Indian Health Service, discussed renewing the Indian health care system by outlining what is and is not working and how everyone can work together to improve the Indian health care system.
- Mr. James Whitfield, Acting Deputy Director of the Office of Intergovernmental Affairs at the U.S. Department of Health and Human Services, discussed with conference participants what

to expect and how to prepare for the new administration. The strong message delivered by Mr. Whitfield was to begin building new relationships with federal agencies and governmental officials.

- Panels of local and national tribal leaders shared their experiences with advocating on a local, state and federal level.
- A special luncheon hosted by NIHB examined the importance of legislative coalitions with other national Native organizations in the efforts for reauthorization of the Indian Health Care Improvement Act. NCAI, NCUIH and IETAN were featured with NIHB.
- The last day of the conference focused on diabetes advocacy efforts. Participants were given an inside look into the Special Diabetes Program for Indians and reauthorization efforts.

Conference participants benefited from workshops and training sessions designed to explore the issues facing the Indian health system, provide the tools to advocate on behalf of all AI/AN's and best practices in tribal health programs. Some examples of the workshops presented during the conference are: Contract Health

continued on page **ELEVEN**

HEALTH TIP

How can you avoid gaining weight during the holidays?

The holidays represent a special time for gathering with family and friends. However, many people gain weight during this time because we eat more, eat foods higher in calories and fat, and don't exercise as much. You can stay healthy during the holidays by planning ahead, choosing what you eat wisely, watching how much you eat and making sure to get some physical activity each day, such as walking with your friends and family. Drinking plenty of water and getting plenty of sleep are important because the holidays can be a stressful time, and many of us tend to eat more when we are under stress. If you currently have a regular schedule for physical activity, keep it the same during the holidays. Include healthy food options such as vegetables, fruit and low-fat and low-calorie foods in your family meals – many will appreciate having a healthy choice available.

This healthy tip is brought to you by Yvette Roubideaux, MD, MPH Assistant Professor, College of Medicine, The University of Arizona.



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Chairman's Letter

Dear Friends of Indian Health:



Many exciting and important events have taken place during the second and third quarters of 2008. Some of the events that have happened include:

- NIHB has settled into its new home at 926 Pennsylvania Avenue, SE in Washington, D.C. The new location, just blocks from Capitol Hill, is already proving to be ideal in our efforts to advocate on behalf of all American Indian and Alaska Native people. If you are in D.C., NIHB is your home away from home and we welcome anyone to come and visit.
- NIHB's 1st Public Health Summit took place in May in Green Bay Wisconsin and we are looking forward to the 2nd Annual Public Health Summit *Tribal-State Relations and the Foundations for Public Health*.
- The Special Diabetes Program for Indians (SDPI) was reauthorized through FY 2011 at the current level of \$150 million per year on July 15th.
- The 25th Annual Consumer Conference was a huge success! Hundreds of tribal leaders, federal representatives and friends of Indian health joined NIHB in Temecula, California for this year's conference. One of the highlights for me was the Just Move It! walk where I was joined by NIHB's summer intern Bryce Roth (pictured in the orange vest). He was a great help and we are extremely proud of the work he and Tim Poorbaugh, fellow intern, did over the summer. We wish them luck in their future endeavors.

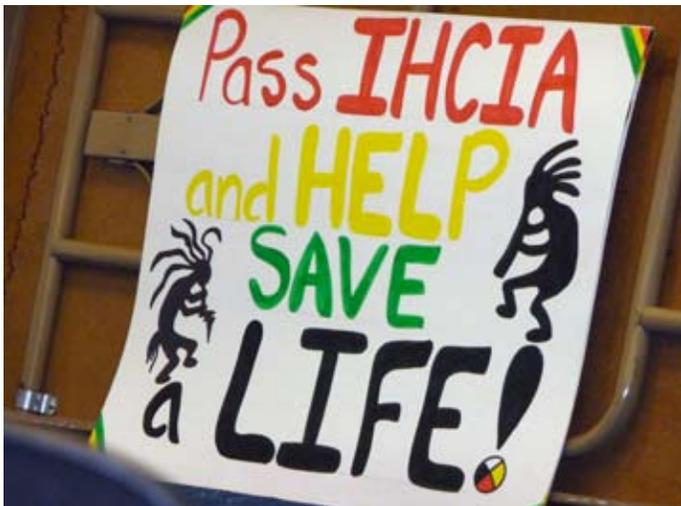
In this issue of the Health Reporter we are featuring updates from the Centers for Medicare & Medicaid Services Tribal Technical Advisory Group (CMS TTAG) and the Centers for Disease Control and Prevention Tribal Consultation Advisory Committee (CDC TCAC); information on public health accreditation; the Healthy Indian Country Initiative; and much more.

In closing please mark your calendars for the NIHB 2nd Annual Public Health Summit *Tribal-State Relations and the Foundations for Public Health* taking place April 22-23, 2009. This year's summit will be taking place in Oklahoma City, Oklahoma. Please visit the NIHB website for more information on the summit and how to submit workshop proposals. We look forward to seeing you in Oklahoma City!

Yours in Health,

H. Sally Smith
Chairman
National Indian Health Board

NIHB Legislative Update



Supporters gathered on the House Side of Congress for a rally to call on Congress to pass IHCIA.

As the end of this Congress quickly approaches, the National Indian Health Board hopes that you will look back and reflect on the many successes for Indian health that have been achieved over the past Session. We want to thank all of you who “advocated out loud” throughout this two-year Congressional Session and at our 25th Annual Consumer Conference in September. We specifically want to thank the national Indian organizations [NCAI, NCUIH, NIGA, NAIHC], Area Indian Health Boards, national health organizations, church groups, friends of Indian health, tribal consulting firms, tribal leaders, 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 IHCIA is so important to us.

Highlights from 2008

- **June 26, 2008:** Chairman H. Sally Smith testified before the Senate Committee on Indian Affairs on Access to Contract Health Services in Indian Country.
- **June 26, 2008:** In the House Side of Congress, a rally was held in support of the reauthorization of the Indian Health Care Improvement Act (IHCIA), H.R. 1328. Tribal leaders, members and friends of Indian Country were in attendance to relay the message, “Move this Bill!” Representative Frank Pallone (D-NJ-6), Chairman of the Health Subcommittee and sponsor of H.R. 1328, and Dale Kildee (D-MI-5), Chairman of the House Native American Caucus, spoke in support of the bill.
- **July 12, 2008:** In conjunction with The Longest Walk 2008 Powwow, held July 11 - 13th on the National Mall, the National Indian Health Board (NIHB) set up two very popular booths where participants and tourists were given the opportunity to support H.R. 1328, the reauthorization of the Indian Health Care Improvement Act (IHCIA). A team of dedicated staff and volunteers collected over 400 postcards and over 500 petition signatures in support of H.R. 1328. The postcards were addressed to House members and delivered to their Hill offices.
- **July 15, 2008:** The Special Diabetes Program for Indians (SDPI) was reauthorized through FY 2011 at the current level of \$150 million per year.



Advocating on the National Mall in Washington, D.C. to “Pass IHCIA Now”. A team of dedicated staff and volunteers collected over 500 signatures in support of H.R. 1328.

- **July 16, 2008:** The Senate approved by voice vote amendment, S. 5076, offered by Senators John Thune (R-SD) and Jon Kyl (R-AZ) to S. 2731, President’s Emergency Plan for AIDS Relief (PEPFAR), that authorizes \$50 billion to help foreign countries combat HIV/AIDS, tuberculosis, and malaria. The Thune-Kyl amendment originally proposed to set aside \$2 billion of the \$50 billion for law enforcement and safe water projects in Indian Country. Sen. Dorgan (D-ND), Chairman of the Senate Committee on Indian Affairs, offered a secondary amendment, which was accepted, that allocates \$250 million of the \$2 billion to support Indian health care: contract health services, construction of health care facilities, and sanitation facilities serving Indian tribes. The pro-Indian amendment was the only successful amendment that redirects a portion of the \$50 billion to be spent domestically.

NIHB Congratulates 2008 Award Winners at the 25th Annual Consumer Conference



Ms. Chante Heart, with Chairman H. Sally Smith, accepted the Jake White Crow Award on behalf of her mother, the late Carol Ann Heart.

Mr. Buford Rolin, Vice Chairman of NIHB, announced the recipients of the 2008 Jake White Crow Award, National Impact Award, Area Impact Award, Local Impact Award and the Youth Impact Award during a special luncheon on CMS Day.

Jake White Crow Award Recipients

The Jake White Crow Award is awarded to an individual or organization with outstanding lifetime achievements in elevating health care advocacy, raising awareness or affecting change for American Indian and Alaska Native health care. Two individuals were chosen this year for their lifetime of advocacy and dedication to improving the health status of American Indians and Alaska Natives, Senator Byron Dorgan of North Dakota and the late Carol Anne Heart. Senator Dorgan accepted the award via live feed from Washington, D.C. and reaffirmed his commitment to Indian health. Ms. Chante Heart, daughter of the late Carol Ann Heart, accepted the award on her behalf. Ms. Heart read a poem she wrote in honor of her mother and reminded everyone in the room why she will be missed and the importance of continuing her work. Robert Moore, Rosebud Sioux Tribal Councilman, spoke about the legacy Carol Ann left behind and Jayson Braveheart offered an honor song.

National Impact Award Recipients

The NIHB honored four individuals and one organization with a National Impact Award. This award is given to individuals or organizations based on their national contributions to advancing American Indian and Alaska Native health policy. The following individuals and organization were awarded the National Impact Award: Julia Davis-Wheeler, Don Kashevaroff, the National Native CBA Network, Ronnie Tepp and Lorraine Valdez.



National Indian Health Board Oklahoma Area Representative Thomas John presented the Regional Impact Awards to the winners present at the Annual Consumer Conference.

Area Impact Award Recipients

The Area Impact Award recognizes twelve individuals/organizations based on their area-wide contributions to advancing American Indian and Alaska Native health. This year's recipients are: Ernest Becenti Jr., Tina Bullock, Dr. Franklin Freeland, Joe Garnie, Linwood Killam, Red Talon STD/HIV Coalition, Carol Treat, Judy Thompson, CMDR Tracy Williams, Toiyabe Healthy Heart Program, Samantha Maloney and Stella Washines.

Local Impact Award Recipients

The Local Impact Award honors 17 individuals/organizations based on their local contributions to advancing American Indian and Alaska Native health. This year's recipients are: Belinda Aungie, Dr. Bret Benally Thompson, Angela Broncheau, Freda HeavyRunner, Archie Hendricks Sr., Kendra Lone Elk, Margie Mejia, Gloria Zuniga, Helen Maldonado, Teresa Monger, Jerome Simone, Calvin Two-Guns, Bronson White, Pink Party Team, Winslow Indian Health Care Center Board of Directors, Deborah Deborah and Karen Fryberg.

Youth Impact Award Recipients

The Youth Impact Award honors individuals based on their leadership and outstanding efforts to increase the quality of healthcare or awareness of health issues within their peer group or community on a local or national level. Kayla Carpenter and Erica Chase were recognized this year with the Youth Impact Award for their hard work and advocacy skills that raised public awareness of a salmon kill with their message to never forget.

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

Checking in with the Centers for Medicare & Medicaid Services Tribal Technical Advisory Group (CMS TTAG)

July 30-31st Face to Face Meeting in Washington, D.C.



TTAG Chair Valerie Davidson (center) presents Ms. Dorothy Dupree (right) with a plaque of appreciation on behalf of the group.

The CMS TTAG held a face-to-face meeting in Washington D.C. on July 30-31, 2008. The meeting was well attended by TTAG members, senior staff from the CMS and Indian Health Service (IHS) and NIHB.

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. Weems assured the TTAG that his commitment to Tribal Issues was undiminished.

This meeting was the last time the TTAG would meet with Dorothy Dupree, Director of the Tribal Affairs Group at CMS. Mr. Weems along with Robin King, Director, Office of External Affairs, CMS, presented Dorothy Dupree 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 the TTAG will continue to work with her in her new role.

The second day, July 31st, began with a vigorous discussion of the Tribal Consultation Policy. Stacy Ecoffey, Principal Advisor for Tribal Affairs, Department of Health and Human Services, 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 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



Vice-President Ben Shelly of the Navajo Nation, and Navajo Area Representative to the CMS TTAG, congratulates Ms. Dorothy Dupree on her new position with IHS as the Tucson Area Director.

to cross the border, the Sub-committee recommended that the TTAG send a letter to the Acting Administrator requesting a clarification of CMS 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.

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.

TTAG Needs Your Input on the CMS AI/AN Strategic Plan 2010-2015

The fundamental purpose of this plan is to improve access for AI/ANs in Medicare, Medicaid, and SCHIP programs and support the participation of IHS, tribal, and urban Indian providers in the delivery of CMS services. The TTAG will use the Plan to establish its priorities on work it undertakes in collaboration with CMS. All federally recognized Tribes have a stake in the important issues that are presented in this Plan. The TTAG wants to make sure that it works to address the needs and concerns of all IHS, Tribal, and urban health programs. We encourage all Tribal Leaders, health directors and interested individuals to review the draft CMS AI/AN Strategic Plan and provide us with your comments to improve or strengthen its content. You may download a copy of the plan at: http://www.nihb.org/docs/cms_strategic_plan_tribal_review.pdf

Please send your comments electronically to jroberts@npaihb.org or to cwesaw@nihb.org. ☒

The Healthy Indian Country Initiative: Promoting Innovative and Successful Tribal Prevention Programs as Models for the Future



What is the Healthy Indian Country Initiative?

During the National Tribal Budget Consultation sessions with the United States Department of Health and Human Services (HHS), officials identified the need for federal and state assistance to conduct outreach and education to increase prevention efforts and improve the health of Tribal communities. At the time, there were no specific projects designed to bring together federal, state, Tribal and local resources in a cohesive manner, which Tribes described as necessary to reach their communities and facilities.

It was then that HHS Secretary Mike Leavitt began a bus tour across the Country and promoted “A Healthier U.S. Starts Here,” an initiative that was aimed at promoting prevention practices and overall healthier living. The tour visited over 20 sites in Indian country where HHS noted that Tribes were already providing unique, innovative and successful programs that improve the health of their community. This 2007 bus tour and the National Tribal Budget Consultation sessions resulted in the “Healthy Indian Country Initiative (HICI).”

Under the HICI Initiative, the Association of American Indian Physicians (AAIP) was awarded funds to partner with 3 national organizations: the National Indian Health Board (NIHB), the National Indian Council on Aging (NICOA), and the National Council of Urban Indian Health (NCUIH), to help support ongoing successful preventative health activities with 13 Tribal organizations, all of whom would receive funding from the HHS Office of Minority Health (OMH) via the AAIP.

Who is a Part of HICI?

The following Tribal communities were chosen for participation in the HICI project due to their current successful prevention projects. Each Tribal community is unique in their approach to tackling the health issues that continue to plague Indian Country today.

The following table shows the wide variety of health topics each of the HICI projects are working hard on:

| TRIBAL COMMUNITY | PREVENTION PROJECT(S) | PREVENTION TOPICS |
|---|-----------------------|---|
| 1. Coeur d'Alene Tribe (Idaho) | | <ul style="list-style-type: none"> Youth Leadership Life Skills Training |
| 2. Confederated Tribes of the Colville Reservation (Washington) | | <ul style="list-style-type: none"> Historical/Multigenerational Trauma Suicide Prevention |
| 3. Houlton Band of Maliseet Indians (Maine) | | <ul style="list-style-type: none"> Tobacco Use Prevention/Cessation Diabetes Prevention |
| 4. Hualapai Tribe (Arizona) | | <ul style="list-style-type: none"> Alcohol and Substance Abuse Prevention |
| 5. Indian Health Board of Nevada | | <ul style="list-style-type: none"> Methamphetamine Use Prevention |
| 6. Lac Courte Oreilles Band of Lake Superior Chippewa (Wisconsin) | | <ul style="list-style-type: none"> Violence Prevention (emphasis on Domestic Violence Prevention) |
| 7. Lac Vieux Desert Band of Lake Superior Chippewa Indians (Michigan) | | <ul style="list-style-type: none"> Youth Leadership Life Skills Training |
| 8. Little Traverse Bay Bands of Odawa Indians (Michigan) | | <ul style="list-style-type: none"> Healthy Living/Healthy Eating (emphasis on Traditional Foods/Gardening) |
| 9. Native Village of Minto (Alaska) | | <ul style="list-style-type: none"> Alcohol and Substance Abuse Prevention Youth Leadership |
| 10. Penobscot Indian Nation (Maine) | | <ul style="list-style-type: none"> Youth Leadership Suicide Prevention Tobacco Use Prevention/Cessation Healthy Living/Healthy Eating |
| 11. Ponca Tribe of Nebraska | | <ul style="list-style-type: none"> Improving the Health Status of American Indian Women |
| 12. Rosebud Sioux Tribe (South Dakota) | | <ul style="list-style-type: none"> Youth Leadership Suicide Prevention Alcohol and Substance Abuse Prevention |
| 13. Sisseton Sioux Tribe (South Dakota) | | <ul style="list-style-type: none"> Driver Safety Alcohol and Substance Abuse Prevention |

This exciting partnership with the 13 Tribal grantees and the collaboration with the national organizations will not only be able to aid the 13 Tribal communities in continuing the wonderful and successful work they have begun, but the NIHB HICI project is responsible for the creation of:

- A “Promising Prevention Practices” database/resource guide for Indian Country;
- Educational materials specific to Native Elders to better understand youth issues;
- Educational materials specific to urban Indians on prevention issues and community activities.

Each of these major HICI project deliverables are the responsibility of the NIHB, the NICOA, and the NCUIH, respectively but in order to achieve these deliverables the national Tribal organizations and the Tribal grantees are working together to make the HICI project successful.

HICI Spotlight: The Little Traverse Bay Bands of Odawa Indians "Home Grown Project"



Regina Brubacker-Carver is the current HICI Project Coordinator for the Little Traverse Bay Bands of Odawa Indians "Home Grown Project" in Harbor Springs, Michigan. The purpose of this community supported agricultural project is to improve the health of their Tribe by returning to the consumption of foods grown locally and traditionally in their Tribal community. Ms. Brubacker-Carver states that one of the overall goals of this project is to re-awaken the communities' spiritual relationship with food and that she hopes this project will help the community return to the traditional ways of their Elders to regain the community's health as well as individual health through consumption of locally grown foods.

*"Our Elders deserve more
than commodity foods."*

Regina Brubacker-Carver, The Home Grown Project,
Little Traverse Bay Bands of Odawa Indians, Michigan

The "Home Grown Project" began in June and is open to all members of the Little Traverse Bay Bands of Odawa and their families as well as employees of the Tribe. In June 2008, the project held a "Strawberry Gather" (also called 'Deminkeng in the traditional Native language of Anishinaabemowin) at the local U-Pick Strawberry Farm. Approximately 70 Elders, youth, and other adults participated in this event and gathered over 1,000 pounds of strawberries! A flyer was also created for this event and distributed to the participants that providing various phrases in the Native language of Anishinaabemowin about strawberries and the cultural significance of the food for the community. As of October 2008, the "Home Grown Project" is still planning an Apple Gathering and the program staff is optimistic that other planned fruit and vegetable gatherings will be even more successful! 🍓

Opportunities for American Indian and Alaska Native Students

Association of Schools of Public Health/ Centers for Disease Control and Prevention Fellowship Program

The ASPH/CDC Public Health Fellowship Program was established in 1995. Its goal is to address emerging needs of public health, and to provide leadership and professional opportunities at the Centers for Disease Control and Prevention (CDC) for students and graduate students of ASPH member graduate schools of public health.

The fellowships are from one to two years in duration, depending on the needs of CDC and the fellow. The Fellowship Program was established to strengthen the relationship between the academic public health community and public health practice agencies. The types of fellowships will vary according to specific areas of research or training within CDC's Centers/Institutes/Offices (CIOs).

The deadline for applications is January 6, 2009. Please visit the Association of Schools of Public Health website for more information.

The Henry J. Kaiser Family Foundation Barbara Jordan Health Policy Scholars Program in Partnership with Howard University

The Barbara Jordan Health Policy Scholars Program brings talented college seniors and recent graduates to Washington, D.C., where they are placed in congressional offices and learn about health policy issues, with a focus on issues affecting racial and ethnic minority and underserved communities. Through the nine-week program (May 18 - July 27, 2009), Scholars gain knowledge about federal legislative procedure and health policy issues, while further developing their critical thinking and leadership skills. In addition to gaining experience in a congressional office, Scholars participate in seminars and site visits to augment their knowledge of health care issues, and write and present a health policy research memo that addresses a problem of concern to disadvantaged populations.

The deadline to apply for the 2009 program is December 12, 2008. Please visit the Kaiser Family Foundation website for more information.

Upcoming Events

October 2008

October 19-24, 2008
National Congress of American Indians 65th Annual Conference and Trade Show
 Phoenix Convention Center
 Phoenix, Arizona

October 29-31, 2008
16th Annual HIV/AIDS Update Conference
 Radisson Resort Hotel
 South Padre Island, Texas

November 2008

November 4, 2008
Election Day

November 12, 2008
Diabetes Education in Tribal Schools (DETS) "Health is Life in Balance" - K-12 Curriculum National Launch, Press Event and Round Dance
 National Museum of the American Indian
 Washington, D.C.

November 12-14, 2008
Centers for Medicare & Medicaid Services Tribal Technical Advisory Group and Medicare and Medicaid Policy Committee Quarterly Meeting
 National Museum of the American Indian
 Washington, D.C.

November 13-14, 2008
Tribal Leaders Diabetes and the Committee Meeting Special Diabetes Program for Indians Community-Directed and Demonstration Projects Grantee Conference
 Marriott Wardman Park Hotel
 Washington, D.C.

November 14, 2008
World Diabetes Day

November 18-20, 2008
The CDC's 2nd Biannual Tribal Consultation Session hosted by Tohono O'odham
 Desert Diamond Casino and Hotel
 Tucson, Arizona

December 2008

December 1-3, 2008
26th Alaska Health Summit Alaska's Health: Bridging the Gap
 Anchorage Sheraton Hotel
 Anchorage, Alaska

December 2-3, 2008
Northwest Diabetes Management System Training Northwest Portland Area Indian Health Board
 Portland, Oregon

December 11-13, 2008
11th National Indian Nations Conference: Justice for Victims of Crime
 Wyndham Palm Springs Hotel
 Palm Springs, California

December 15-19, 2008
2008 Indian Health Information Management Conference
 Hyatt Regency Phoenix Downtown
 Phoenix, Arizona

December 18, 2008
Holiday Open House
 NIHB and NCIH Offices
 Washington, D.C.

January 2009

January 17, 2009
Area Indian Health Board Executive Directors
 Hyatt Regency Crystal City
 Arlington, Virginia

January 17-19, 2009
NIHB Board Meeting
 Hyatt Regency Crystal City
 Arlington, Virginia

January 20, 2009
11th Annual American Indian Inaugural Ball
 Hyatt Regency Crystal City
 Arlington, Virginia

January 20-22, 2009
Northwest Portland Area Indian Health Board Meeting
 Suquamish, Washington

Center for Disease Control and Prevention Tribal Consultation Advisory Committee (TCAC) Update

On July 28-30, 2008, the National Indian Health Board (NIHB) facilitated the Tribal Consultation Advisory Committee (TCAC) meeting in Hollywood Florida at the Seminole Hard Rock Hotel and Casino. The meeting was chaired by Co-Chairman, Jefferson Keel, Lieutenant Governor of the Chickasaw Nation. The three day meeting began with a day-long Centers for Disease Control and Prevention (CDC) Procurement and Grants training and technical assistance workshop followed by two full days of multiple presentations from the CDC and NIHB Public Health Summer Fellows. The presentations included CDC program updates from CDC Senior Tribal Liaison, Captain Mike Snesrud who spoke about the National Center of Chronic Diseases and Public Health Prevention programs. Other speakers included a Public Health Advisor from the Office of Smoking and Health Tribal Support Centers, a panel on Vulnerable Populations in Tribal Communities. There was also a brief overview of the CDC National Center for Environmental Health, an introduction to national tribal environmental organizations, and a Tribal EpiCenter workgroup update.

Among the highlights of the July TCAC meeting, were the outstanding presentations by six Native American Public Health Summer Fellows (Sydney Lee, University of Oklahoma, Melinda Adams, Haskell Indian Nations University, Melanie Vigil, Arizona State University, Kristy Smithson, University of Oklahoma, Corianne Bazemore, University of South Dakota, and Josie Raphaelito, University of New England). The six students participated in an 8-week NIHB summer internship at Morehouse College of Medicine. All six students expressed their intent to work in public health fields for their tribes after graduation. There is also great interest in continuing their educations.

The TCAC members voiced their concerns with CDC staff over the chronic health conditions; environmental health and emerging public health issues that continue to persist and face Indian Country.

The final day of the meeting, TCAC members and several CDC staff had a site visit at the Seminole Tribe of Florida Health Facility to learn how the Tribe addresses their public health needs. 🏠



New Public Health Frontiers in Indian Country: Exploring Tribal Public Health Accreditation

Exciting new frontiers are opening for Indian Country in public health! In 2008 NIHB received funding from the Robert Wood Johnson Foundation to explore voluntary public health accreditation in Indian Country.

The Public Health Accreditation Project 101

During initial discussions at the national level, it became clear that much more research needed to be completed to figure out how this voluntary public health accreditation program would work in Indian Country.

Public health includes many services to address health issues in the community that are provided by a variety of entities, including tribal health departments, tribal programs and Indian Health Service funded hospitals and clinics. The exact structure for how these services are delivered varies greatly from tribe to tribe, so trying to figure out how to apply this process to Indian Country is a complex task, but NIHB is ready to take it on!

The main goal of the project is to gather input from a wide variety of experts, including tribal leaders, tribal health directors, tribal health program staff, health professionals and community members about the potential benefits and challenges of a voluntary public health accreditation process. By demonstrating the ability to meet specific public health standards public health entities or tribal health departments can apply for accreditation in public health, which will ultimately lead to improved public health services for Indian Country.

Why should your tribe be interested?

This is an important national issue, but you may be wondering what accreditation would mean for your tribe. The process of meeting standards and applying for accreditation will lead to improved public health services for our communities.

This is a voluntary process not only for Indian Country but also for states and local health departments. This step-by-step process is being developed by a new organization called the Public Health Accreditation Board (PHAB); they plan to roll out this new process by 2011.

Annual Consumer Conference serves as testing ground

NIHB started this process of gathering input on the feasibility of voluntary tribal public health accreditation at the recent Annual Consumer Conference in Temecula, CA. On September 25, 2008, a Roundtable on Tribal Public Health Accreditation was held as a workshop during the afternoon session and was attended by over 60 participants!

The purpose of this roundtable was to introduce the concept of voluntary public health accreditation and to gather ideas and input from participants. There was a high level of enthusiasm about the

concept of and need for tribal public health accreditation. The audience asked many questions, and there was much discussion of how important it would be to carefully consider the unique issues, challenges and potential barriers to a public health accreditation process in Indian Country.

So what's next?

NIHB plans to gather input from a wide range of individuals in Indian Country over the next several months to help figure out if and how a voluntary public health accreditation process could work in Indian Country.

How can you help?

NIHB is finalizing an Advisory Panel for this project and plans to meet with them to develop a strategic plan for voluntary tribal public health accreditation after gathering input widely in Indian Country. NIHB is interested in hearing your comments and input about this project. In particular, we are interested in hearing:

- 1) What are your general impressions of the idea of voluntary tribal public health accreditation?
- 2) How you think this could successfully be implemented in Indian Country?
- 3) What you think are the most significant challenges and barriers that need to be addressed before it can be successfully implemented?

Please send your comments and suggestions to Aimee Centivany at NIHB by November 21, 2008 by email (acentivany@nihb.org) or by fax (202-507-4071).

Your input is critical at this stage since nothing has been decided yet; we have a unique opportunity at this point in time to influence how a voluntary public health accreditation process might be successfully implemented in Indian Country and how it can result in improving the quality of public health services in our communities. 📧

HEALTH TIP

November is usually time when people start talking about flu shots.

Who should get a flu shot?

The flu shot is a vaccine that is given to people as a shot in the arm to try to prevent influenza, which is a virus that can cause symptoms including fever, headache, cough, sore throat, runny nose, muscle aches, and stomach symptoms such as nausea, vomiting and diarrhea. Most people recover in a few days to 2 weeks, but some people can develop life-threatening complications such as pneumonia. People over the age of 50 years, people with chronic medical conditions such as diabetes or asthma, pregnant women and young children, health care providers and caregivers of people at risk for flu complications should get vaccinated each year. Flu shots are usually given in the fall. Talk with your doctor or a nurse about whether you should get a flu shot.

This healthy tip is brought to you by Yvette Roubideaux, MD, MPH Assistant Professor, College of Medicine, The University of Arizona.

2008 NIHB Call for Proposals

National Indian Health Board's
2nd Annual Public Health Summit

*Tribal-State Relations
and the Foundations for Public Health*

April 22-23, 2009
Oklahoma City, Oklahoma

CALL FOR PROPOSALS
Deadline: Friday, January 16, 2009

The National Indian Health Board (NIHB) is holding its 2nd Annual Public Health Summit April 22-23, 2009 in Oklahoma City, Oklahoma. The theme is Tribal-State Relations and the Foundations for Public Health. The NIHB invites proposals addressing topics such as best practices in tribal consultation, how to work with states to increase funding for public health programs, advocating at the federal and state level and using the media to market public health programs. Proposals outside of these suggestions or cross-cutting topics are encouraged and will be considered.

HOW TO SUBMIT A PROPOSAL

- Go to www.nihb.org for complete information on submitting a workshop proposal and required forms.
- Group presentations are limited to four presenters, including a moderator.
- The workshop proposal must include the following information: presentation summary, 250 word abstract and biographical sketches of all participants.
- All workshop proposals must be received at the NIHB office by Friday, January 16th, 2009 no later than 5:00 pm (ET). Proposals may be mailed, e-mailed or faxed to:
Audrey Solimon,
Program Manager, Healthy Indian Country Initiative
National Indian Health Board
926 Pennsylvania Avenue SE
Washington, DC 20003
Phone: (202) 507-4070 Fax: (202) 507-4071
Email: asolimon@nihb.org
- All workshop proposals must follow the general NIHB guidelines for submission at the end of this document. Submissions that do not comply will be returned to sender without review.
- Please note: NIHB receives numerous proposals on the same topic. At NIHB's discretion in order to accommodate as many qualified and experienced presenters as possible, NIHB reserves the right to add presenters to any panel.

For more information on the NIHB 2nd Annual Public Health Summit and how to submit workshop proposals please visit www.nihb.org or contact Audrey Solimon at (202) 507-4070 or asolimon@nihb.org.

Primary presenters of accepted proposals will be contacted by February 27, 2009.

Questions can be directed to Audrey Solimon by contacting asolimon@nihb.org

Welcoming Home Elders: Long Term Care Facility Opens



An outside view of the Medicine Wheel Village, a long term care facility, in Eagle Butte, South Dakota on the Cheyenne River Sioux Reservation.

Even the weather could not dampen the feelings of excitement in Eagle Butte, South Dakota on the Cheyenne River Sioux Reservation. The grand opening of the first, and only, long term care facility for the Tribe may have been cancelled due to weather, but that did not stop tribal representatives from giving the NIHB a sneak peek at this long awaited facility.

NIHB was greeted by Vice Chairman Robert Walters and the Tribal Projects Director, Lyle Smith, gave an extensive and very informative tour of the facility. As we walked around the four large wings, contractors were working hard to add the finishing touches. It was exciting to see the different types of rooms for the residents, especially the double rooms that were built specifically for Tribal members who wanted to enter the facility with another family member or friend. The wings will be divided between the two services being provided, assisted living and skilled nursing. The many features of this facility include: a ceremonial room, private dining area and a beauty salon. The most important feature of the facility is the overwhelming sense of community that will be brought to each of the patients who will enter this building.

Many elders of the Tribe have been scattered in facilities across South Dakota in cities such as Pierre and Aberdeen and have longed to come back home. With the opening of this long term care facility the Tribe can begin to welcome back their elders and deliver the care they need. The facility will serve sixty Tribal members either with assisted living or skilled nursing. The long term care facility is just the first steps of many to the creation of a medical campus on the Cheyenne River Sioux Reservation. Stay tuned for a special report on the groundbreaking ceremony for the new IHS funded hospital on the Cheyenne River Sioux Reservation! 🏠

NIHB wants to hear from you about how your tribe delivers health care. If your tribe is opening a new clinic or having an event, please send an invitation to Caitlin Wesaw at cwesaw@nihb.org.

Continued from page ONE

NIHB Hosts 25th Annual Consumer Conference!



National Indian Health Board California Area Representative and California Rural Indian Health Board Chairman Reno Franklin and fellow Tribal members were featured during Culture Night at the Annual Consumer Conference.

Costs, Contract Support Costs, Advocacy 101, The Next Administration: What to Expect and How to Prepare and Environmental Health Advocacy. More information about the workshops and the presenters can be found on the NIHB website.

Once again the Centers for Medicare & Medicaid Services Day was a success. The plenary speakers from CMS Robin King, Director of the Office of External Affairs, and Jacqueline Garner, Consortium Administrator for Medicaid and Children’s Health, provided useful information about CMS programs and their commitment to Indian health. Rene Mollow, Associate Director of the California Department of Health Services, offered a State’s perspective on building and supporting tribal-State relations. Other speakers included members of the CMS Tribal Technical Advisory Group (TTAG) on subjects ranging from the importance of data in telling Indian country’s story to the 2010-2015 CMS TTAG Strategic Plan.

Continued from page THREE

NIHB Legislative Update Indian Health Care Improvement Act Reauthorization Update

Although, the NIHB worked tirelessly to achieve passage of the reauthorization of the Indian Health Care Improvement Act, it was not to be. 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) 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?

The NIHB will continue to pursue legislative strategies during the remainder of the 110th Congress. It is very likely that Congress will return for a Lame Duck session following the election in November. Before the end of the year, there will be a strategic planning meeting with NIHB, the National Steering Committee and other supporters to prepare for 2009 efforts to achieve the reauthorization of the Indian Health Care Improvement Act and other important health legislation.

The workshops presented during CMS Day focused on how to work with the agency and how tribes can maximize their health care dollars. Some examples of the workshops presented during CMS Day are Medicaid Citizenship Documentation Requirements and Impact on Tribal Enrollment, Medicare Like Rates, Tribal Partnering for Long Term Care in the 21st Century, Tribal-State Relations and Maximizing Reimbursements for Medicare Part A and B. More information about CMS Day can be found on the NIHB website.

Local Tribes Showcase Culture

The California Rural Indian Health Board hosted Culture Night, a celebration filled with dancing and eating that showcased California tribes. Members from various tribes worked together to prepare salmon and elk for the conference participants to enjoy. The food was wonderful and the evening ended with singing and dancing. The night featured the Elem Rancheria Bird Singers, Pala Band of Mission Indians Bird Singers, Pechanga Band of Luiseno Indians and the Smith River Rancheria Tolowa Dancers. NIHB would like to once again thank the California Rural Indian Health Board for their support and for hosting cultural night, it was a truly memorable evening.

Watch out for the 2009 Annual Consumer Conference

The 26th Annual Consumer Conference will be hosted by the United South and Eastern Tribes and will take place in the Nashville Area. So mark your calendars and stay tuned to the NIHB website for more information. 📅



Chairman H. Sally Smith testifies before the Senate Committee on Indian Affairs on Access to Contract Health Services in Indian Country.

Please continue to visit the NIHB website for news about the IHCIA and other legislation, programs, news and events. Please support the NIHB’s advocacy efforts in the coming year because you can’t be on the Hill everyday — but, NIHB can – and is – for you! 📅

Please Help Support NIHB

...So that your message can be heard on Capitol Hill everyday!

We understand *that every dollar of your tribal resources goes directly to the health and wellbeing of your tribal members.*

We are aware *that the travel expenses to Washington DC alone can keep you from being able to communicate the things that you need to be healthy.*

We can *visit the halls of Congress every day to advocate for health issues on your behalf.*

We need *your support, not a lot, whatever you are able to help out with...so that your message can be heard on Capitol Hill everyday!*

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926 Pennsylvania Avenue, SE
Washington, DC 20003

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