

MEMORANDUM

DATE: June 24, 2016

TO: NPAIHB Delegates, Tribal Health Directors and Tribal Chairs

FROM: Joe Finkbonner, RPh, MHA, Executive Director

RE: **WEEKLY MAILOUT**

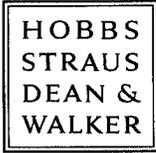
- Hobbs, Straus, Dean & Walker, LLP Memorandum (6/17/16) RE: Contract Support Costs FY 2017 Appropriations Update
- Native Wellness Institute, Veterans Summit – Gathering of Warriors IV, July 8-9, 2016 in Grand Ronde, OR (free event)

Delegates and Tribal Health Directors:

- National Tribal Forum, August 30-31, 2016 in Spokane, WA
- Zika 101 (Centers for Disease Control and Prevention)
- Keep it Sacred- Traditional Foods Toolkit
- Good Health and Wellness in Indian Country Tribal Resource Digest

Washington (WA) Delegates and Tribal Health Directors:

- Tribal Veteran Representative Training & Veteran Summit, July 13-14, 2016 in Omak, WA



MEMORANDUM

June 17, 2016

To: Contract Support Cost Clients

From: HOBBS, STRAUS, DEAN & WALKER, LLP

Geoff Strommer (by TAE)

Re: *Contract Support Costs FY 2017 Appropriations Update*

The House and Senate Appropriations Committees have each approved their versions of the FY 2017 Interior, Environment and Related Agencies Appropriations bills. The Senate bill is S. 3068 and the report is S. Rept. 114-281. There are no assigned numbers yet for the House bill and report. In this Memorandum we report on the Contract Support Costs (CSC) provisions.

The Committees:

- Recommended an indefinite appropriation for Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) contract support costs;
- Included in their reports the same estimate of CSC funds that will be needed as did the Administration: \$800 million for IHS, which is \$82 million over the FY 2016 estimate; and \$278 million for BIA, which is \$1 million over the FY 2016 estimate; and they
- Did not continue the proviso from FY 2016 that unspent CSC would count against the next year's requirement (see below).

Both Committees heeded the request of many tribes and tribal organizations and did not repeat the CSC language which was in the FY 2016 appropriations act that would effectively deny the carryover authority granted by the Indian Self-Determination and Education Assistance Act. Thus the pending FY 2017 appropriations bills do **not** contain this FY 2016 provision: "amounts obligated but not expended by a tribe or tribal organization for contract support costs for such agreements for the current fiscal year shall be applied to contract support costs otherwise due for such agreements for subsequent fiscal years."

House and Senate IHS bill language:

- For payments to tribes and tribal organizations for contract support costs associated with Indian Self-Determination and Education Assistance Act agreements with the Indian Health Service for fiscal year 2017, such sums as may be necessary: *Provided*, That notwithstanding any other provision of law, no amounts made available under this heading shall be available for transfer to another budget account.

House and Senate BIA bill language:

- For payments to tribes and tribal organizations for contract support costs associated with Indian Self-Determination and Education Assistance Act agreements with the Bureau of Indian Affairs for fiscal year 2017, such sums as may be necessary, which shall be available for obligation through September 30, 2018: *Provided*, That notwithstanding any other provision of law, no amounts made available under this heading shall be available for transfer to another budget account.

Senate IHS Report Language:

- The Committee has continued language from fiscal year 2016 establishing an indefinite appropriation for contract support costs estimated to be \$800,000,000, which is an increase of \$82,030,000 above the fiscal year 2016 level. The Committee has modified language to delete a provision that contradicted certain provisions of the Indian Self-Determination and Education Assistance Act.

House IHS Report Language:

- The Committee recommends an indefinite appropriation estimated to be \$800,000,000 for contract support costs incurred by the agency as required by law, \$82,030,000 above the fiscal year 2016 enacted level.
- The recommendation continues bill language making available for two years such sums as are necessary to meet the Federal government's full legal obligation, and prohibiting the transfer of funds to any other account for any other purpose. Language addressing contract funds that go unspent in a given fiscal year is discontinued.

Senate BIA Report Language:

- The Committee has continued language from fiscal year 2016 establishing an indefinite appropriation for contract support costs estimated to be \$278,000,000, which is an increase of \$1,000,000 above the fiscal year 2016 level. The Committee believes fully funding these costs will ensure that tribes have the necessary resources they need to deliver program services efficiently and effectively. The Committee also modified the language to delete a provision that contradicted certain provisions of the Indian Self Determination Act.

House BIA Report Language:

- The Committee recommends \$278,000,000 for Contract Support Costs, \$1,000,000 above the fiscal year 2016 enacted level and equal to the budget request.
- The recommendation continues bill language making available for two years such sums as are necessary to meet the Federal government's full legal obligation, and prohibiting the transfer of funds to any other account for any other purpose. Language addressing contract funds that go unspent in a given fiscal year is discontinued.

Finally the House and Senate bills continue prior language in the General Provisions section:

- Contract Support Costs, Prior Year Limitation
Sec. 405. Sections 405 and 406 of division F of the Consolidated and Further Continuing Appropriations Act, 2015 (Public Law 113-235) shall continue in effect in fiscal year 2017.

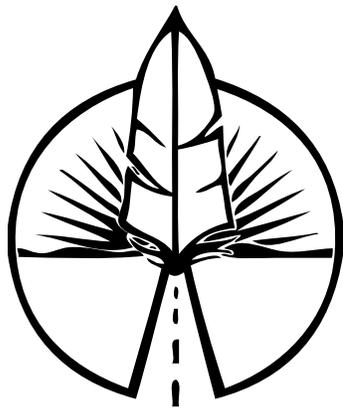
Contract Support Costs, Fiscal Year 2017 Limitation

Sec. 406. Amounts provided by this Act for fiscal year 2017 under headings “Department of Health and Human Services, Indian Health Service, Contract Support Costs” and “Department of the Interior, Bureau of Indian Affairs and Bureau of Indian Education, Contract Support Costs” are the only amounts available for contract support costs arising out of self-determination or self-governance contracts, grants, compacts, or annual funding agreements for fiscal year 2017 with the Bureau of Indian Affairs or the Indian Health Service: *Provided*, That such amounts provided by this Act are not available for payment of claims for contract support costs for prior years, or for repayment of payments for settlement or judgments awarding contract support costs for prior years.

What’s Next. While Congressional leaders have said they want to enact FY 2017 appropriations bills via a “regular order,” it appears increasingly likely that there will need to be a Continuing Resolution that would run from October 1 past the November election, maybe into December. Hopefully that would be followed by Congress enacting FY 2017 appropriations bills, likely through a multi-agency omnibus bill. The work that has been done by the Appropriations Committees will certainly be part of the discussion in the development of any final appropriations bill.

Congress will not be in session the last two weeks of July (for the Republican and Democratic Presidential Conventions) and the entire month of August.

We will continue to follow the FY 2017 appropriations and other CSC-related developments. If you have any questions about this memorandum, please do not hesitate to contact Joe Webster (jwebster@hobbsstrauss.com or 202-822-8282), Geoff Strommer, (gstrommer@hobbsstrauss.com or 503-242-1745), or Steve Osborne (sosborne@hobbsstrauss.com or 503-242-1745).



NATIVE WELLNESS

Institute

FREE EVENT!

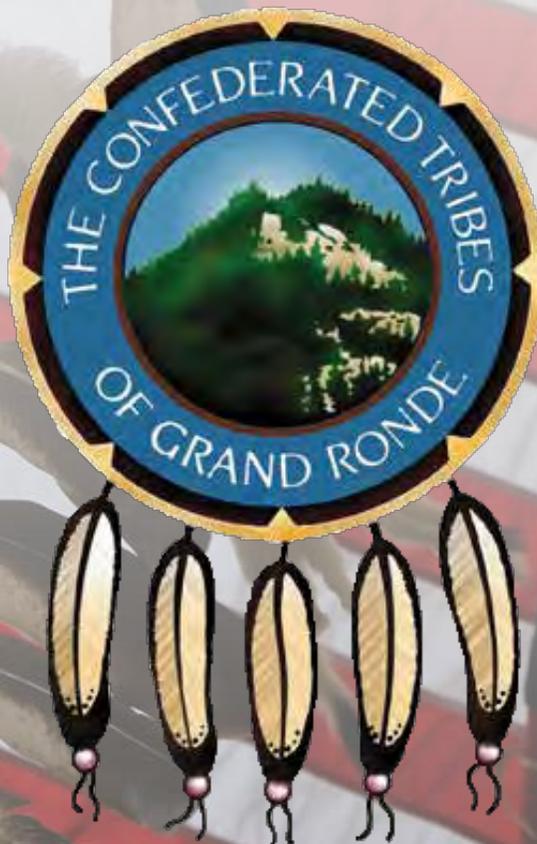
VETERANS SUMMIT

Gathering of Warriors IV

July 8 - 9, 2016

Grand Ronde, Oregon

Hosted by



www.NativeWellness.com

VETERANS SUMMIT

The Native Wellness Institute is pleased to present the fourth annual Veterans Summit: Gathering of Warriors IV, July 8 - 9, 2016, in Grand Ronde, Oregon hosted by the Confederated Tribes of Grand Ronde. Our men and women who serve in the military and their families sacrifice much to be of service to our country and all of us. This gathering is in your honor to help you on your healing journey. We want to honor you, care for you, lift you up and be of service to you and your families so that you can live in balance and harmony. We look forward to your presence.

WORKSHOP TOPICS

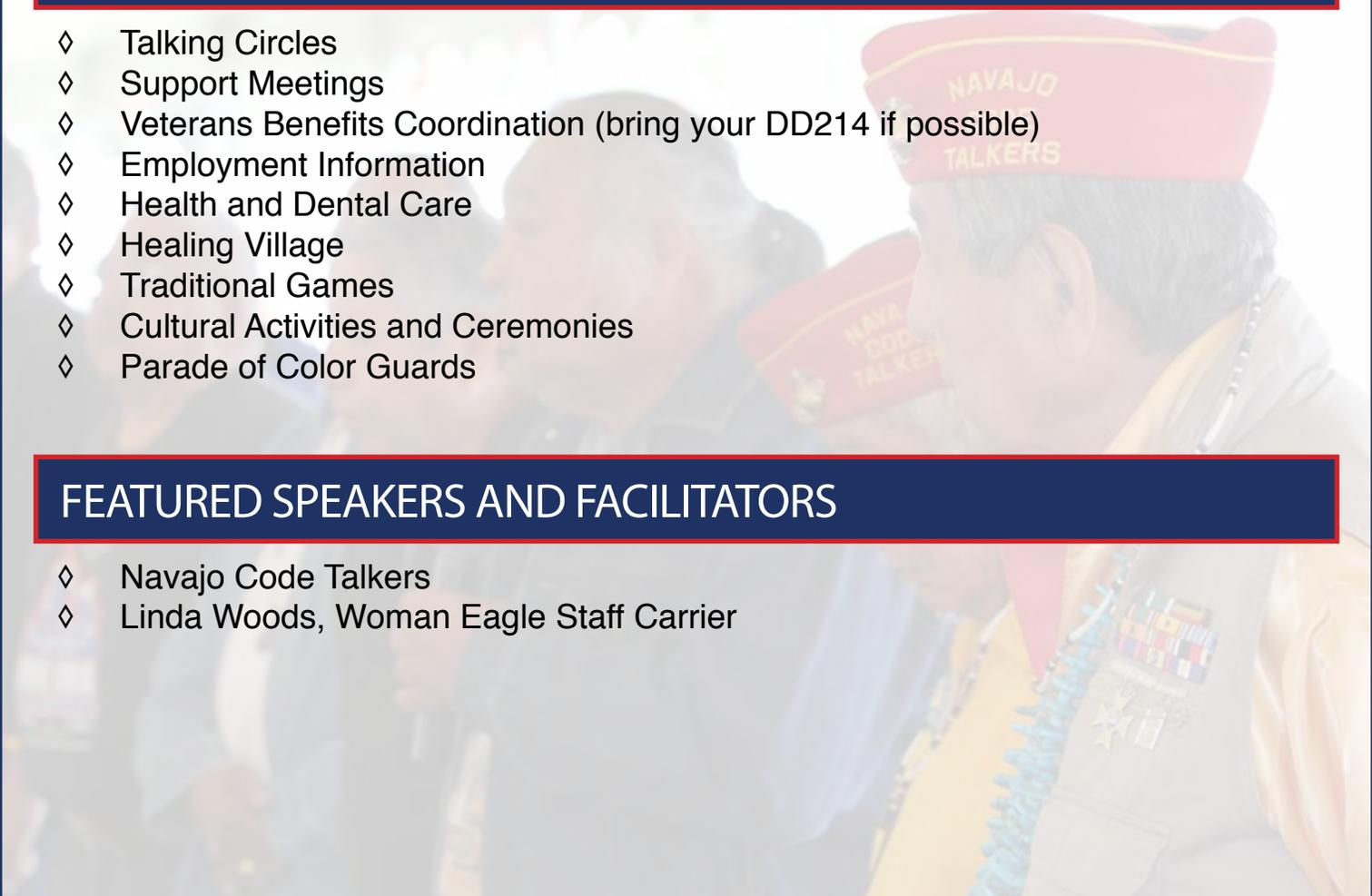
- ◇ PTSD
- ◇ Mental Health
- ◇ Suicide Prevention
- ◇ Self Care
- ◇ Transition from Soldier to Civilian
- ◇ Vocational Rehabilitation
- ◇ and more!

ACTIVITIES

- ◇ Talking Circles
- ◇ Support Meetings
- ◇ Veterans Benefits Coordination (bring your DD214 if possible)
- ◇ Employment Information
- ◇ Health and Dental Care
- ◇ Healing Village
- ◇ Traditional Games
- ◇ Cultural Activities and Ceremonies
- ◇ Parade of Color Guards

FEATURED SPEAKERS AND FACILITATORS

- ◇ Navajo Code Talkers
- ◇ Linda Woods, Woman Eagle Staff Carrier



LODGING INFORMATION

Spirit Mountain Casino Resort
27100 SW Salmon River Hwy
Grand Ronde, OR 97347
Phone: 503-879-2350
Toll-Free: 800-760-7977
www.spiritmountain.com

The room rate is \$69 a night, mention the Native Wellness Institute to receive group rate.

CAMPING INFORMATION

Camping available at no cost.
Limited tents and sleeping bags will be available on a first come first serve basis.

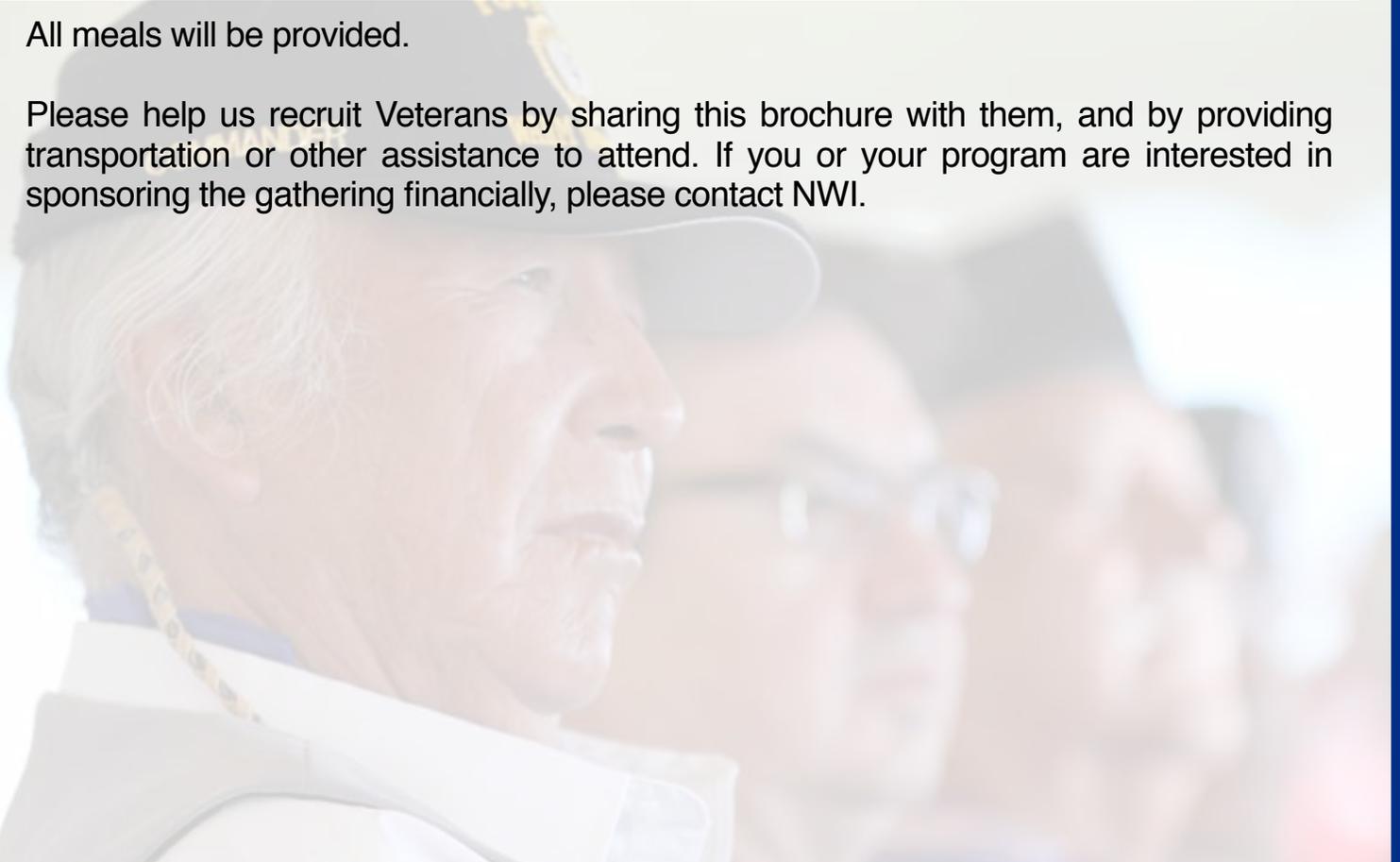
POW WOW INFORMATION

The Confederated Tribes of Grand Ronde Marce Norwest Veterans Pow Wow will take place July 8 - 10, 2016 after the Veterans Summit.

OTHER INFORMATION

All meals will be provided.

Please help us recruit Veterans by sharing this brochure with them, and by providing transportation or other assistance to attend. If you or your program are interested in sponsoring the gathering financially, please contact NWI.



Registration Form

Veterans Summit - Gathering of Warriors IV - July 8 - 9, 2016 - Grand Ronde, OR

First Name:	Last Name:
Address:	City:
State:	Zip:
Phone:	Fax:
Email Address:	
Tribal Affiliation (if any):	
If you are a Veteran, please fill out this section.	
What branch of the military did you serve in?	
Dates you served?	
Special medals, honors or awards received?	
Do you have a copy of your DD 214? Yes No If so, please bring it for benefits coordination. Assistance will be provided on-site to obtain it if needed.	
Will your Color Guard be attending? (circle one) Yes No Name of Color Guard:	
Lodging Information Spirit Mountain Casino Resort 27100 SW Salmon River Hwy Grand Ronde, OR 97347 Phone: 503-879-2350 Toll-Free: 800-760-7977 www.spiritmountain.com The room rate is \$69 a night, mention the Native Wellness Institute to receive group rate. Free camping available. Please contact us if you need camping arrangements (a limited number of sleeping bags and tents will be available). Limited transportation provided from surrounding locations like Portland, Salem and McMinnville. Watch for schedule posted at www.nativewellness.com	

There is NO registration fee; however, everyone is required to register for this event.

3 Easy Ways to Register:

By fax
By mail

Online at www.NativeWellness.com

For More Information:

Will Penn
360-490-7463
info@nativewellness.com

Send Registration To:

Native Wellness Institute
2830 SE Cleveland Drive
Gresham, OR 97080
Fax: 360-877-4051

NATIONAL TRIBAL FORUM

For Excellence in Community Health Practice



**OUR NATIONS,
Our Journeys**

REGISTER TODAY!



AUGUST 30-31, 2016

Northern Quest Resort and Casino • Spokane, WA



A GATHERING THAT CELEBRATES TRIBAL ACHIEVEMENTS AND INNOVATIONS IN CREATING HEALTHIER COMMUNITIES.

This Tribal Forum supports excellence in community health practice by:

1. Building a national community of practice in Tribal public health.
2. Reaffirming the value of indigenous approaches to improving health.
3. Honoring the diversity of Tribes and pathways to community wellness.
4. Sharing stories about successes and challenges in community health practice.
5. Exploring the benefits of Tribal public health accreditation and quality improvement.

FOR MORE INFORMATION: Contact Luella Azule (Yakama Nation/Umatilla)
at lazule@npaih.org or 503-416-3263

REGISTER ONLINE TODAY: <http://tinyurl.com/natltribalforum>



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

This Tribal Forum is part of the TARGET Project (Tribal Accreditation Readiness through Guidance, Education & Technical assistance), a partnership with Red Star International, Inc., Northwest Portland Area Indian Health Board, Inc., Cherokee Nation, Chickasaw Nation, Ho-Chunk Nation, and Lac Du Flambeau Band of Lake Superior Chippewa Indians.



Support for this forum is provided by a grant from the Robert Wood Johnson Foundation.

CDC Responds to ZIKA



Zika 101

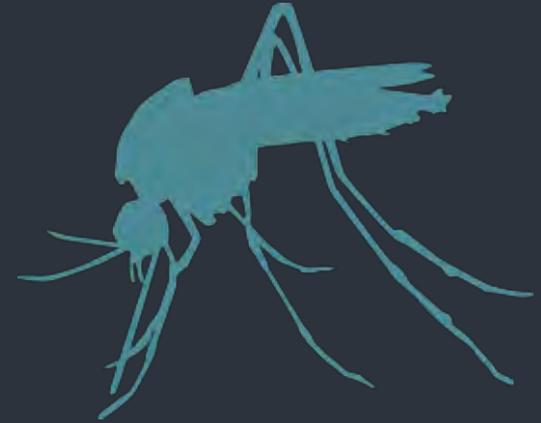
Updated June 21, 2016



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

What is Zika virus disease (Zika)?

- Disease spread primarily through the bite of an infected *Aedes aegypti* or *Ae. albopictus* mosquito.
- Many people infected with Zika virus won't have symptoms or will only have mild symptoms.
- However, Zika in pregnancy can cause birth defects.



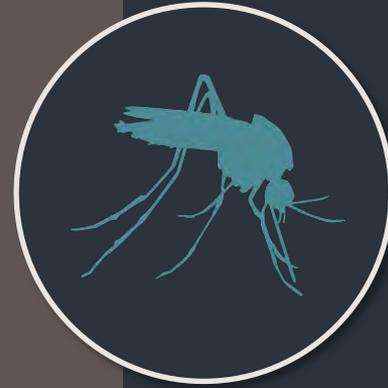
Where has Zika virus been found?

- Before 2015, Zika outbreaks occurred in Africa, Southeast Asia, and the Pacific Islands.
- Currently outbreaks are occurring in many countries and territories.



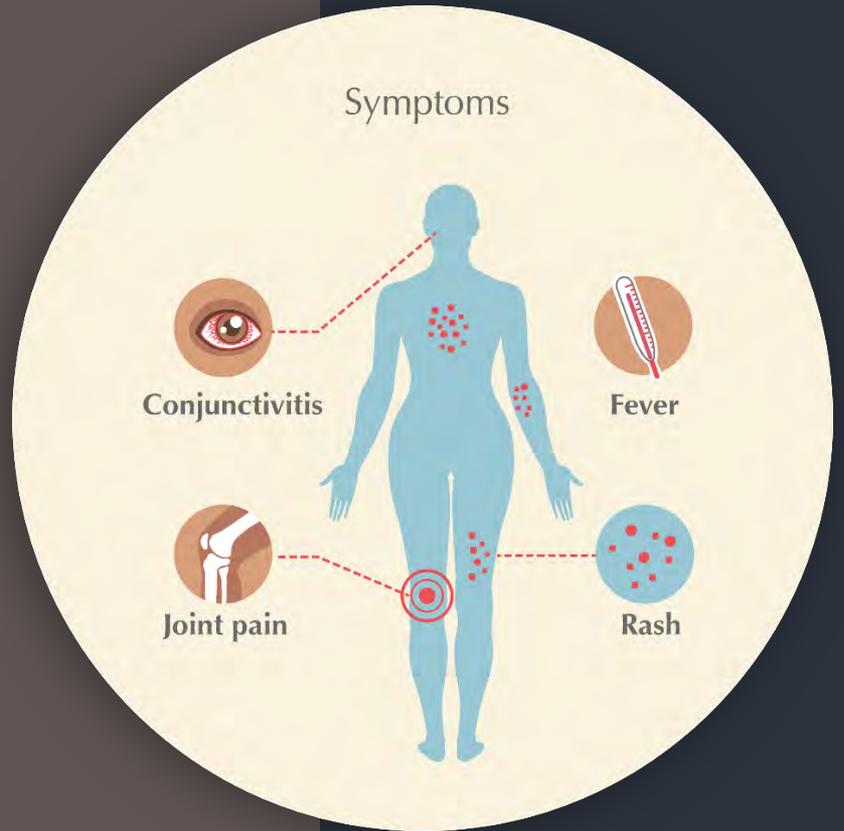
How is Zika transmitted?

- Zika can be spread through:
 - Mosquito bites
 - From a pregnant woman to her fetus
 - Sex with an infected man
 - Possibly blood transfusion, organ and tissue transplant, fertility treatment, and breastfeeding



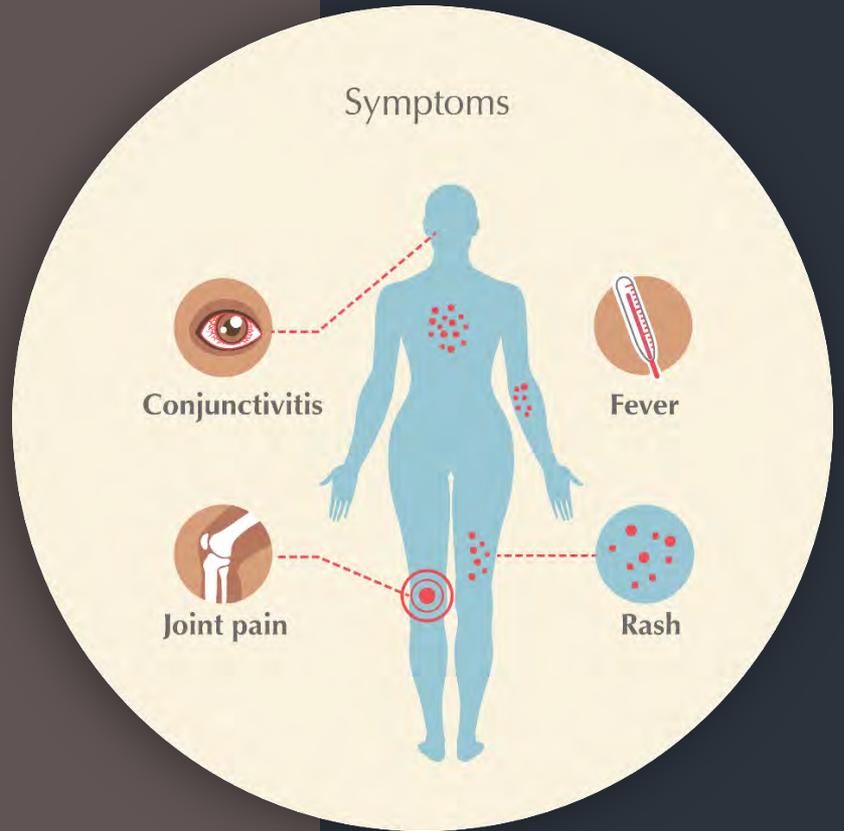
What are the symptoms?

- The most common symptoms of Zika are:
 - Fever
 - Rash
 - Joint pain
 - Conjunctivitis (red eyes)



What are the symptoms?

- Other symptoms include:
 - Muscle pain
 - Headache



How does Zika virus affect people?

- Anyone who lives in or travels to an area with Zika and has not already been infected with Zika virus can get it.
- Many people with Zika will not have symptoms or will only have mild symptoms
- Symptoms last several days to a week.
- Severe disease requiring hospitalization is uncommon.



How does Zika affect pregnancies?

- Zika virus can pass from a pregnant woman to her fetus during pregnancy or around the time of birth.
- Not known how often this happens.



How does Zika affect pregnancies?

- Zika infection in pregnancy can cause microcephaly and other severe fetal brain defects.
 - Microcephaly: birth defect in which a baby's head is smaller than expected when compared to babies of the same sex and age.
 - No evidence that previous infection will affect future pregnancies.



How does Zika affect infants?

- Other problems have been detected in fetuses and infants infected with Zika virus before birth.
 - Miscarriage, stillbirth, absent or poorly developed brain structures, eye defects, hearing deficits, and impaired growth
- No reports of infants getting Zika through breastfeeding.



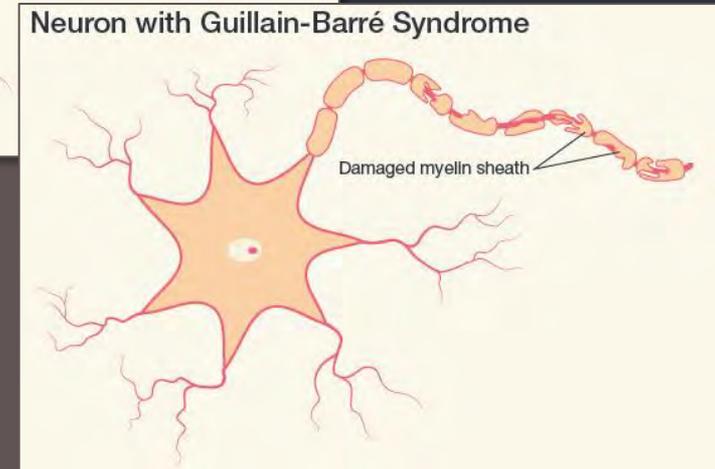
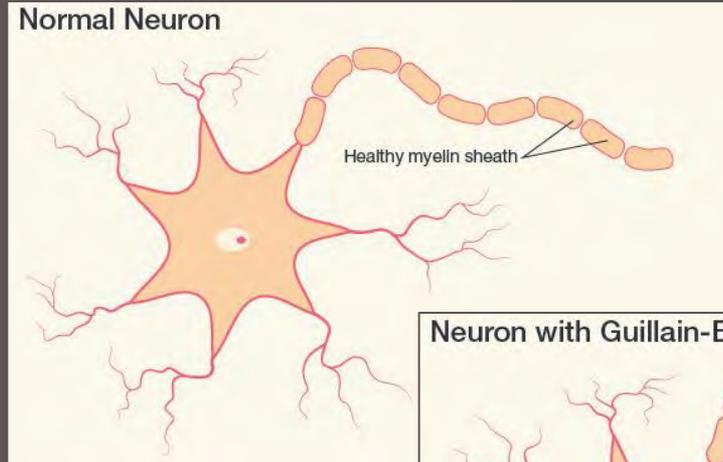
Zika Pregnancy Registry

- CDC established the [US Zika Pregnancy Registry](#) to collect information and learn more about US pregnant women with Zika and their infants.
- Data will be used to
 - Update recommendations for clinical care
 - Plan for services for pregnant women and families affected by Zika
 - Improve prevention of Zika infection during pregnancy
- [Zika Active Pregnancy Surveillance System](#) is used in Puerto Rico.



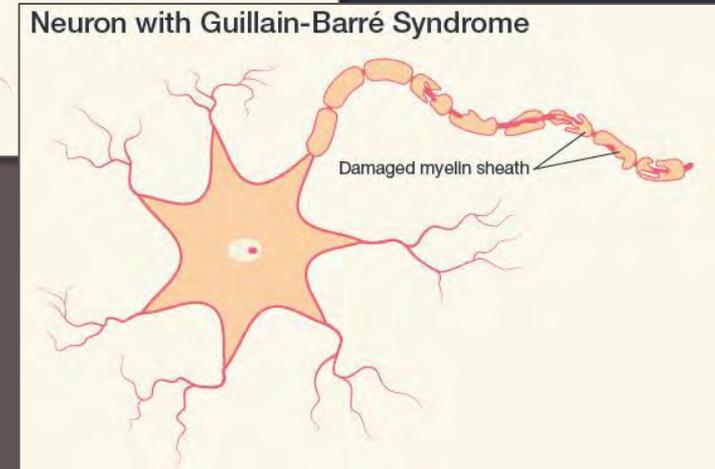
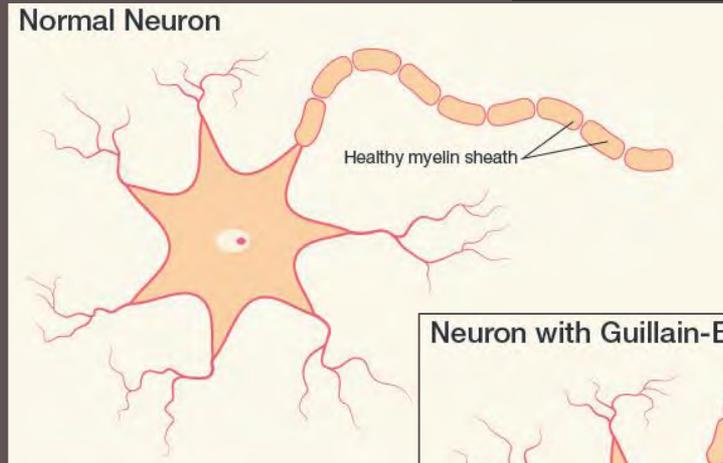
Does Zika cause Guillain-Barré syndrome (GBS)?

- GBS is very likely triggered by Zika in a small proportion of infections, much as it is after a variety of other infections.
- GBS is an uncommon sickness of the nervous system in which a person's own immune system damages the nerve cells, causing muscle weakness, and sometimes, paralysis.



Does Zika cause Guillain-Barré syndrome (GBS)?

- The Brazil Ministry of Health is reporting an increased number of people affected with GBS.
- CDC is investigating the link between Zika and GBS.



How is Zika diagnosed?

- Diagnosis of Zika is based on a person's recent travel history, symptoms, and test results.
- A blood or urine test can confirm a Zika infection.



How is Zika diagnosed?

- Symptoms of Zika are similar to other illnesses spread through mosquito bites, like dengue and chikungunya.



How is Zika diagnosed?

- Your doctor or other healthcare provider may order tests to look for several types of infections.



How is Zika treated?

- There is no specific medicine or vaccine for Zika virus.



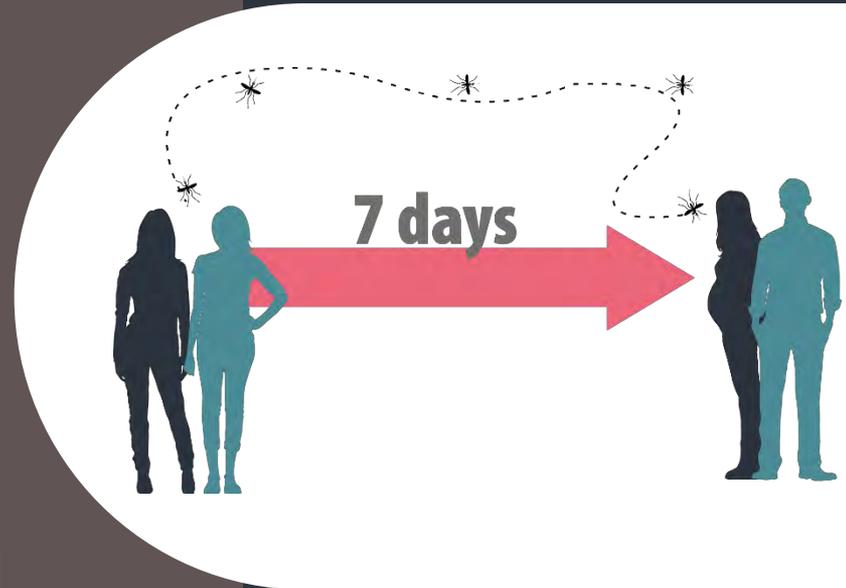
How is Zika treated?

- Treat the symptoms
 - Rest
 - Drink fluids to prevent dehydration
 - Take acetaminophen (Tylenol®) to reduce fever and pain.
 - Do not take aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs).



What to do after getting Zika

- Protect yourself from mosquito bites. During the first week of illness, Zika virus can be found in blood.
- The virus can be passed from an infected person to a mosquito through bites.
- An infected mosquito can spread the virus to other people.



Preventing Mosquito Bites

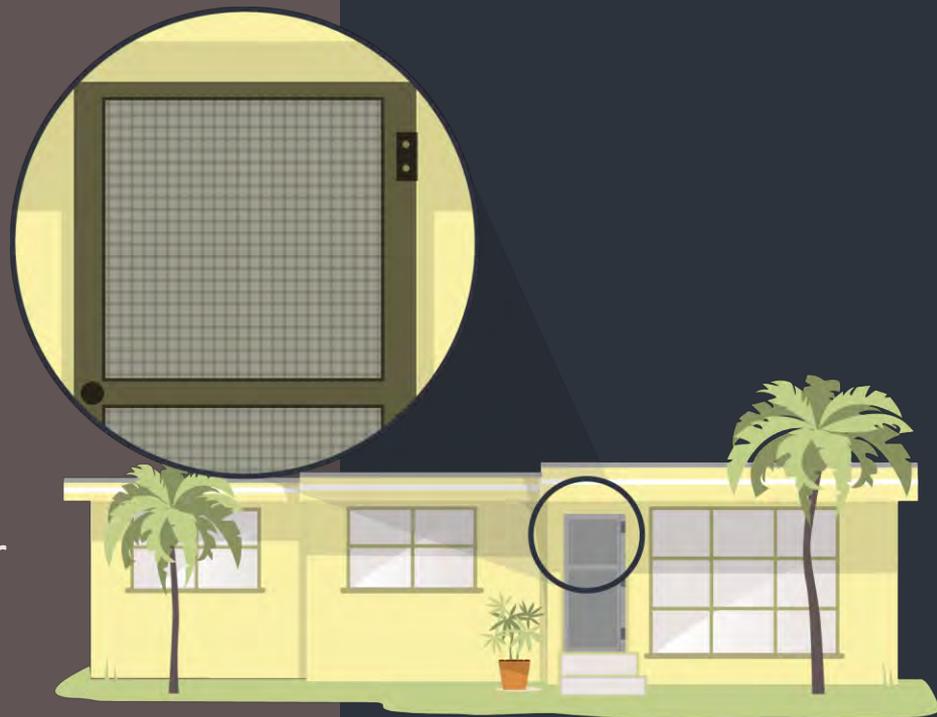


Zika is primarily
spread through
mosquito bites.
Protect yourself.



STEP 1 Keep mosquitoes outside

- Here's what you can do to control mosquitoes outside your home:
 - Use an outdoor insect spray made to kill mosquitoes in areas where they rest.
 - If you have a septic tank, repair cracks or gaps.



STEP 1 Keep mosquitoes outside

- Here's what you can do to control mosquitoes outside your home:
 - Once a week, empty and scrub, turn over, cover, or throw out items that hold water.
 - Tightly cover water storage containers.
 - Use larvicides to kill young mosquitoes in large containers of water that will not be used for drinking.



STEP 1 Keep mosquitoes outside

- Here's what you can do to control mosquitoes inside your home:
 - Use window and door screens.
 - Use air conditioning when possible.
 - Once a week, empty, scrub, turn over, or throw out items that hold water.
 - Use an indoor insect fogger or indoor insect spray.
 - When using insecticides, always follow label directions.



STEP 1 Keep mosquitoes outside

- When traveling:
 - Stay in places with air conditioning and with window and door screens.
 - Use a bed net if air conditioned or screened rooms are not available or if sleeping outdoors.



STEP 2 Create a barrier between you and mosquitoes

- Cover up!
 - Wear long-sleeved shirts and long pants.

Preventing Mosquito Bites



STEP 2 Create a barrier between you and mosquitoes

- Treat clothing and gear
 - Use permethrin to treat clothing and gear or buy pre-treated items.
 - See product information to learn how long the protection will last.
 - Do not use permethrin products directly on skin.

Preventing Mosquito Bites



STEP 3 Wear insect repellent

- Use Environmental Protection Agency (EPA)-registered insect repellents.
 - Use a repellent with DEET, picaridin, IR535, or oil of lemon eucalyptus or para-menthane-diol



STEP 3 Wear insect repellent

- Always follow the product label instructions.
- Do not spray repellent on the skin under clothing.
- If also using sunscreen, apply sunscreen before applying insect repellent.



STEP 4 Protect your family

- For babies and children
 - Do not use insect repellents on babies younger than 2 months old.
 - Do not use products containing oil of lemon eucalyptus or para-menthane-diol on children younger than 3 years old.



STEP 4 Protect your family

- For babies and children
 - Cover crib, stroller, and baby carrier with mosquito netting.



STEP 4 Protect your family

- For babies and children
 - Do not apply onto hands, eyes, mouth, and cut or irritated skin.
 - Adults: Spray onto your hands and then apply to a child's face.



STEP 5 Protect your partner

- A man with Zika virus can pass it to his sex partners.
 - In the known cases of sexual transmission, men had symptoms. Zika can be passed before his symptoms start, while he has symptoms, and after his symptoms end.
 - Men without symptoms may be able to pass it to their sex partners.
- Zika virus can stay in semen longer than in blood.



STEP 5 Protect your partner

- We do not know
 - If a woman can pass Zika to her sex partners
 - If sexually-transmitted Zika virus poses a different risk of birth defects than mosquito-borne transmission



STEP 5 Protect your partner

- Not having sex can eliminate the risk of getting Zika from sex.
- Condoms can reduce the chance of getting Zika from sex.



STEP 5 Protect your partner

- Men who live in or travel to an area with Zika:
 - If you have a pregnant partner, use a condom correctly every time you have vaginal, anal, or oral (mouth-to-penis) sex

OR

 - Do not have sex during the pregnancy



STEP 5 Protect your partner

- Men without a pregnant partner who recently traveled to or lived in an area with Zika:
 - If you've been diagnosed with Zika or have (or had) symptoms, you can use condoms or not have sex for **6 months** after symptoms begin.
 - If you never developed symptoms, you can use condoms or not have sex for **8 weeks** after returning from travel, or while there is Zika in the area.



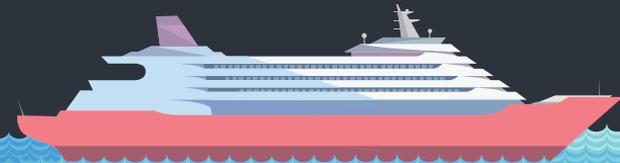
STEP 6 Do your homework before traveling

- If you are pregnant, do not travel to areas with Zika.
 - If you must travel, talk to your doctor or other healthcare provider before your trip.
- If you are trying to get pregnant, talk to your doctor or other healthcare provider before you travel.



STEP 6 Do your homework before traveling

- If you choose to travel:
 - Strictly follow steps to prevent mosquito bites to protect yourself and your family.
 - Even if you do not feel sick, travelers coming to the United States from an area with Zika should take steps to prevent mosquito bites for 3 weeks so they do not spread Zika to uninfected mosquitoes.



STEP 6 Do your homework before traveling

See the latest travel notices at:

wwwnc.cdc.gov/travel/page/zika-travel-information

Zika Travel Information



For the most current information about Zika virus, please visit www.cdc.gov/zika.

Zika Travel Notices

- [Zika Virus in Cape Verde](#)
- [Zika Virus in the Caribbean](#)
Currently includes: Aruba; Barbados; Bonaire; Curaçao; Dominican Republic; Guadeloupe; Haiti; Jamaica; Martinique; the Commonwealth of Puerto Rico, a U.S. territory; Saint Martin; U.S. Virgin Islands
- [Zika Virus in Central America](#)
Currently includes: Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama
- [Zika Virus in Mexico](#)
- [Zika Virus in the Pacific Islands](#)
Currently includes: American Samoa, Samoa, Tonga
- [Zika Virus in South America](#)
Currently includes: Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Suriname, Venezuela

For Travelers

- [Avoid Bug Bites](#)
- [Insect Repellent Use and Safety](#)
- [Zika virus | CDC](#)

For Clinicians

- [Zika: For Healthcare Providers](#) on CDC's Zika site
- [Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure – United States, 2016](#)
- [Interim Guidelines for Prevention of Sexual Transmission of Zika Virus – United States, 2016](#)
- [CDC Health Alert Network advisory: Recognizing, Managing, and Reporting Zika Virus Infections in Travelers Returning from Central America, South America, the Caribbean, and Mexico for Zika virus](#)
- [Possible Association Between Zika Virus Infection and Microcephaly – Brazil, 2015](#)

What is CDC doing?

- Activated Emergency Operations Center (EOC) to level 1
- Providing on-the-ground support in affected areas
- Educating healthcare providers and the public about Zika
- Posting travel notices and other travel-related guidance
- Providing laboratories with diagnostic tests
- Creating and distributing Zika Prevention Kits to affected US territories
- Conducting a study to evaluate the persistence of Zika virus in semen and urine among male residents of the United States



What is CDC doing?

- Working with partners to
 - Monitor and report cases
 - Conduct studies to learn more about the potential link between Zika and Guillain-Barré syndrome
 - Create action plans for state and local health officials to improve Zika preparedness
 - Publish and disseminate guidelines to inform testing and treatment of people with suspected or confirmed Zika
 - Publish and disseminate conclusions on the causal association between Zika and microcephaly





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



Life is Sacred | Keep it Sacred

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Traditional Foods Toolkit

NNN Premiers Traditional Foods Resource Guide

NATIONAL NATIVE NETWORK TRADITIONAL FOODS RESOURCE GUIDE

for Indian Health Service areas - Alaska, California, Great Plains and Portland



Partner Agencies

-  Inter-Tribal Council Michigan
-  California Rural Health Board
-  Great Plains Tribal Chairmen's Health Board
-  SouthEast Alaska Regional Health Consortium



WRANGELL, Alaska – The National Native Network (NNN) and the SouthEast Alaska Regional Health Consortium (SEARHC) premiered the Traditional Foods Resource Guide on Tuesday, May 31, 2016 through a webinar platform, and has been archived at keepitsacred.itcmi.org/traditional-foods-resource-guide/

Tammi Meissner worked to lead the development of the Traditional Food Resource Guide with SEARHC, a partner agency for the National Native Network. She presented the webinar to a capacity audience through the NNN’s webinar platform. Tammi is the Health Educator II and works with Tobacco Policy with SEARHC.

The Learning Objectives of the Webinar were:

1. Identify patterns of traditional foods use.
2. Identify their role in improving health.
3. Identify ways to promote traditional food activities.
4. Share traditional foods resource guide toolkit.

This Traditional Foods Resource Guide was made possible through SEARHC Health Promotion grant funds from the National Native Network, Administration for Native Americans, and other SEARHC funds. It is offered as a resource to support increased interest and knowledge of Traditional Foods to support the health, well-being, and prosperity of Alaska Native and American Indian People.

Native people have held the knowledge and accessed the benefits of traditional foods for centuries. Their daily harvesting activities provided highly nutritious, affordable food and contributed to healthy lifestyles. Traditional Native cultures believe that this food is not only for nutrition but is a way of life.

There are many amazing resources on Native Traditional Foods within the United States. Included in the resource guide is an introduction to just a few traditional and local foods resource tools available in four Indian Health Service areas of the United States: Alaska, California, Great Plains, and Portland. We narrowed our focus to information in books, posters, and websites.

The NNN's Traditional Foods Resource Guide webpage is designed to be an evolving document of new and updated resources. Just in the short time that the webpage has been developed, there have already been resources submitted to the NNN to add to the webpage including a Traditional Food Book submitted from the Winnebago Tribal Health Program and the Good Health and Wellness in Indian Country Project, and a cookbook called "Mino Wiisinidaa! Let's Eat Good!" which is available for purchase from Great Lakes Indian Fish & Wildlife Commission.

If you have any questions or would like to submit any resources, tips, recipes, cookbooks, etc., please email Tammi Meissner at meissnert@searhc.org.

American Indian Commercial Tobacco Program Now Available

Call the AICTP today at 1-855-372-0037

American Indian who want to quit using commercial tobacco can call the American Indian Commercial Tobacco Program at **1-855-372-0037**. The American Indian Commercial Tobacco Program is a free service that intends to support American Indians on their journey to quit using commercial tobacco products including cigarettes, cigars, e-cigarettes, and smokeless tobacco (chewing tobacco). Administered by National Jewish Health, the program was designed by and for American Indians using culturally sensitive coaching techniques.

Research shows that many American Indians have a strong desire to quit commercial tobacco, but have less success in quitting long-term.



Support from a dedicated American Indian success coach and access to medication as needed has been linked to increased success in quitting. To meet this need, the program offers:

Up to 10 coaching calls with a dedicated coach who is American Indian;

8 weeks of nicotine replacement therapy with combination medication as an option;

Customized quit-plan with telephone counseling, emails, text messaging, and app support;

Focus on the journey of quitting commercial tobacco, not a specific quit-date.

The American Indian Commercial Tobacco Program will gladly help callers under 18, pregnant women, elders, and members or descendants of any tribal nation. To begin your quitting journey, simply call **1-855-372-0037**. A coach who is American Indian will work with you to answer a few questions and get started. This service is confidential and free of charge. Call today!



BLOG: Chris Cooper on Cancer Screening

By Chris Cooper, NNN Board Director & CRIHB Health Educator

SACRAMENTO, Calif. - Cancer comes in all shapes and sizes. It does not discriminate, and affects people from all walks of life. I'm only in my 40's and have already been screened for various cancers due to illness. Each time, I breathed a sigh of relief when the doctor told me that I did not have the big C.

I have always known people that passed away from cancer. Although they were friends or co-workers, it never seemed to affect me personally. Maybe it was because I had lost touch with them, or I didn't work that close with them, and got busy with other parts of work and life.

In the last month, all of that changed. In the span of a week, I lost two people close to me due to cancer. My uncle, who was more like a grandfather to me, walked to the other side after colon cancer got the better of him. A mentor that I met in college flew with the eagles after battling liver cancer. Both of these men served purpose in my life, and passed on knowledge, wisdom, counsel, culture, and tradition to me. They taught me to serve my community in a good way, and for those reasons, I will always be grateful.

The sorrow that I feel, is not for my loss, but for the loss that family and community will have. Cancer has robbed them of counselors and teachers. It has left young people without elders to pass on tradition, culture, and language. Their wisdom is lost. Cancer robs our communities and families of so much.

In all of this, if there is one thing that I could encourage people to do, it is to get screened. Listen to your body, if something seems abnormal, talk with your doctor. Don't ignore symptoms. I know from personal experience, it is scary to do and go through days without knowing. We always pray that the screen comes back negative, and often does. Sometimes, the screen comes back positive for cancer, but the good news is that if it is through routine screening, the cancer is often caught at an early stage, and chances of survival are much higher. Don't let cancer rob your people of you. You still have much to pass on to them.



NNN Technical Assistance Webinars

National Native Network technical assistance webinars are hosted on the last Tuesday of every other month from 3-4 PM Eastern time. The next webinar will be July 26th.

We are happy to continue working with the Indian Health Service Clinical Support Center to offer continuing education units for select upcoming technical assistance webinars.

For more information or to register for a webinar, visit us on Facebook, Linked-In, and www.KeepItSacred.org.

Podcasts

We are adding podcasts to our resource line-up. Inter-Tribal Council of Michigan staff Josh Mayo is interviewing tribal experts in the field of public health and will release podcasts in the new year. Featured experts include Dr. Donald Warne from North Dakota State University, Dr. Linda Burhansstipanov from Native American Cancer Research, and the NNN Board of Directors.

Chris Cooper is a director of the National Native Network and the Health Education Specialist II for the California Rural Indian Health Board. For more information on cancer screening, Chris can be contacted at chris.cooper@crihb.org.

Tobacco Free Dance Blanket Project with Petersburg Indian Association

By Avery Sakamoto



JUNEAU, Alaska – Since I was in Kindergarten I've heard "don't use tobacco." Throughout Elementary school, middle school and high school I've seen all kinds of ads that display the harmful effects of tobacco use. I decided to do more research. The statistics of tobacco use shocked me. I knew that it was common but I didn't think it was

so common that one in five adults and teens use tobacco or that nine out of ten smokers started before the age of eighteen.

I wanted to raise awareness of this but I wasn't sure how to. A few months after researching this, my troop leader Sue let me know that there was a project that I could help with. I immediately contacted Katie Weckley who is the director of the Tobacco Prevention grant at PIA. Together we worked with unrelenting tenacity and we put our heads together and came up with different ideas and merged them together. Finally we decided it was after about a month of diligent work the project was completed.

I'd like to thank Katie Beckley for letting me collaborate with them on the project and I'd also like to thank Sue Harai and Alan Murph for encouraging me to pursue my ideas and for being such wonderful and outstanding role models. And last but not least I'd like to thank you all for attending the ceremony today.

Tobacco Cessation is a Top Priority in Tribal Communities

BISHOP, Calif. – On May 3-4, 2016, 23 Tribal Health Clinic staff gathered at the Owens Valley Paiute-Shoshone Cultural Center in Bishop, CA to attend a two day workshop on Tobacco Cessation Facilitation, hosted by the Community Wellness Program at Toiyabe Indian Health Project (Toiyabe) and instructed by Lou Moerner, the Community Wellness



Division Director for the Northern California Indian Development Council (NCIDC).

The workshop focused on two tobacco cessation curriculums: Second Wind and Kaiser permanent's "Quit Smoking Workshop." Second Wind is a comprehensive approach to tobacco cessation tailored to Native American communities. The program when implemented consists of eight, 1-hour, weekly sessions. The "Quit Smoking Workshop" is a stand-alone program offered to clients who are in the contemplation/action stages of positive health behavior change.

When implemented, the workshop is an interactive, three-hour session that will leave participants with a customized Quit Plan and action steps to implement toward a successful quit.

The participants of the workshop represented diverse roles from Tribal clinics and prevention programs from across California. Organizations represented included Toiyabe Indian Health Project, Big Pine Tribal TANF, Inyo County Health and Human Services, Round Valley Indian Health, Bakersfield American Indian Health Project, Wilton Rancheria, Riverside San Bernardino County Indian Health and Greenville Rancheria. Participants represented were Project Coordinators, Community Health Representatives, Youth Prevention Workers, Behavior Health Directors and Medical Aides.

This training is the culminating step in the successful completion of an action plan developed in 2015 at the National Tobacco Prevention Institute, hosted by the Healthy Native Communities Partnership. At the Institute, staff from Toiyabe, California Rural Indian Health Board (CRIHB), and NCIDC collaborated to develop a tobacco cessation action plan for Toiyabe. The first step outlined in the action plan was to bring Chris Cooper and Julie Villa from CRIHB to Toiyabe to present on the importance of screening and referral in the clinic setting. Their presentation focused on the 5 A's (Ask, Advise, Assess, Assist, Arrange Follow-up). Attending the training were staff from multiple Toiyabe departments, including Medical, Dental, Pharmacy, Behavior Health, and Public Health. "it was important to education and get buy-in from across all departments," said Serena Johnson, Project Coordinator at Toiyabe. "Tobacco Prevention is successful when the whole clinic and community understand the challenges and steps to success."

The second step in the action plan was to host a training for staff in tobacco cessation. The training was a success due to strong partnerships between Center for Disease Control & Prevention (CDC) awardees and Tribal clinics. CRIHB is a recipient of the CDC grant Good Health and Wellness in Indian Country, and Toiyabe is a recipient of the CDC grant Partnerships to Improve Community Health. By partnering and supporting each other's efforts in tobacco prevention, our project scope increased and reached across the state. Both Toiyabe and CRIHB promoted the workshop to their project partners cultivated through their grand work. CRIHB supported other Tribes and Tribal health programs in California to attend the training through their Advancing California Opportunities for Renewing native Health Systems (ACORNS) Program. "The smoking rate for American Indians and Alaska Natives in California is the highest of all ethnicities in

California,” said Chris Cooper, Health Education Specialist with CRIHB. “We are dedicated to assisting tribes in developing healthy communities, and one of those ways is giving them capacity to offer cessation programs to their members.”

Lou Moerner saw the effect from this partnership most acutely, “I came to Bishop in 2005 and presented on Second Wind cessation program, and only had five people at the training. Now ten years later, the fact that I presented to 23 people shows the success of this partnership and the importance of offering tobacco cessation to our Native Communities.”

One month after the workshop, many of the Tribal clinics are already making great strides in planning and setting up tobacco cessation programs. At Toiyabe, staff are planning to implement the Kaiser Permanente “Quit Smoking Workshop” once a month starting in June 2016. Planning activities include coordinating with departments and providers to plan how to refer patients to the program, and promoting the workshop to partner Tribal agencies.

The mission of Toiyabe Indian Health Project is to improve and establish programs, policies and actions which focus on developing and maintaining healthy individuals, families and Indian communities. More information on the Toiyabe Community Wellness Program can be found at <http://www.toiyabe.us/>. This workshop and activities were made possible with funding from the Centers for Disease Control and Prevention.

GPTCHB hosts Cancer Symposium 2016

RAPID CITY, S.D. – The Great Plains Tribal Chairmen’s Health Board held a cancer symposium May 17 - 19, 2016 from the Ramkota Best Western Hotel in Rapid City, South Dakota.

The Keynote Speaker was Linda Burhansstipanov, MSPH, DrPH, and President of Native American Cancer Research. Speakers also included Lillian Tom-Orme, PhD, MSPH, Research Assistant Professor, Division of Epidemiology and Adjunct Assistant Professor and Diversity Coordinator for the College of Nursing - University of Utah; Jerilyn Church, Chief Executive Officer; Richard Mousseau, MS, Program Director of GPTCHB Prevention Programs; Mary Randall, Elder; Kris Rhodes, MPH, Executive Director of American Indian Cancer Foundation; Daniel G. Petereit, MD, Walking Forward, Radiation Oncologist and Principal Investigator; Kristine Cina, Walking Forward, Clinical Research Assistant/Office Coordinator; Stacie Fredenberg, American Cancer Society, Health Systems Manager; and Kayla Magee, RN, South Dakota Quitline, Statewide Tobacco Cessation Coordinator, Black Hills Special Services Cooperative.



Make the Right Choice, Tobacco Free Forever

By Tammi Meisner, SEARHC Health Educator

WRANGELL, Alaska – Kids are afraid of a lot of things growing up, like the dark, spiders, clowns...but these can pale in comparison to the very real fear of a parent dying from a smoking related disease.

Seanne Wickman began smoking at age fifteen. She smoked for 15 years. She always smoked outside so that the smoke wouldn't affect her two young kids. Her son's asthma prompted her to always wear a smoking coat that was left outside. Seanne thought her smoking didn't impact her kids much.

That all changed one day when, Leroy, her 8 year old son, came home from school and asked "Why do you want to die?" Surprised by his question, Seanne told him, "I don't want to die." Then Aubrey, age 6 started to cry and asked the same thing, "Mom why do you want to die?" Seanne again replied, "I am not going to die and I don't want to die." Leroy insisted, "You must want to die because you smoke and smoking will kill you." The realization that she was causing such fear and anxiety for her children was horrible. Seanne promised them right then and there she would quit smoking and she did. That was 3 and a half years ago, January 1, 2013.

It was hard it quit. Seanne received support from her family and friends that didn't smoke. Seanne says, "My senses enhanced, food tasted stronger, better, and intense (like sweet, spicy or salty) and my breathing was way better. I was able to walk upstairs without breathing hard, playing with my kids and any kind of exercise was easier. Also after six months I found that cigarettes smell disgusting."

Seanne's kids are very proud of her. She smiled remembering how excited her son Leroy was to drag her through a health fair to get a free water bottle she earned by being an ex-smoker. Seanne says, "I want to make sure my kids don't ever smoke. It would be hard to tell my kids not to do something when I was doing it."

Over 18.5 million women in the United States currently smoke and an estimated 200,000 women die every year from smoking. On average, adults who smoke die 10 years earlier than non-smokers, and more than 86,000 kids have already lost their mom to smoking this year. Children from families who smoke are twice as likely to become smokers themselves; but parents who try to quit and talk to their kids about how addictive smoking is, why they want to quit and how important it is to never start can beat those odds.*

Seanne treasures the photo of her son, Leroy, in the sweatshirt he received that year. A black hoodie that said Wolves, Make the Right Choice, Tobacco Free Forever.

Seanne is Tsimshian from Wrangell, Alaska.

<http://www.tobaccofreekids.org/research/factsheets/pdf/0258.pdf>

Tammi Meisner is the Health Educator II with the SouthEast Alaska Rural Health Consortium and a contributor for the National Native Network. Questions, comments, and contributions can be sent to meissnert@searhc.org.

New Articles, Reports and Publications

- ✦ **Cigarette Smoking Among Urban American Indian Adults - Hennepin and Ramsey Counties, Minnesota, 2011**, The Morbidity and Mortality Weekly Report (MMWR) CDC report published June 3, 2016.
- ✦ **Cigarette Smoking Among U.S. High School Students at an All-Time Low, but E-Cigarette Use a Concern**, The Morbidity and Morality Weekly Report (MMWR) CDC Report published June 10, 2016.

Opportunities

GRANT OPPORTUNITY: Truth Initiative is accepting grant applications from community colleges to help work towards comprehensive smoke-free policies. Community colleges that do not have 100% smoke-free policy are eligible for a grant and technical assistance. Apply by July 15 to be considered for a \$7,500 grant. [MORE INFORMATION.](#)

TRAINING OPPORTUNITY: Truth Initiative Announces 2016 - 2017 Youth Activism Fellowship - Truth Initiative is accepting applications for its 2016-2017 Youth Activism Fellowship, a 12-month program for young adults (aged 18-24) who want to be involved in changing the culture surrounding tobacco use. Fellows will meet three times to receive training on the impact of tobacco, community engagement, and policy and advocacy. Applications due July 31. [MORE INFORMATION.](#)

Events

June 17-18, 2016 CONFERENCE - 2016 University of South Florida Social Marketing Conference, Clearwater, Florida - [REGISTER HERE](#)

June 16-18, 2016 8th Biennial Cancer Survivor Research Innovation in a Rapidly Changing Landscape - The American Cancer Society, the National Cancer Institute of the National Institutes of Health, the Centers for disease Control and Prevention, and the LIVESTRONG Foundation are pleased to invite you to attend the 8th Biennial Cancer Survivor Research Conference, "Innovation in a Rapidly Changing Landscape," to be held at the Omni Shoreham Hotel in Washington, D.C. - [REGISTER HERE](#)

June 13-19, 2016 Men's Health Week - [MORE INFORMATION](#)

June 22, 2016 Parish Nurses: Partners in Tobacco Prevention & Control - Texas Department of State Health Services. While some content may be specific to Texas, this discussion is applicable to other states. - [MORE INFORMATION](#)

June 23, 2016 Thirdhand Cigarette Smoke: A Persistent Environmental Contaminant - Smoking Cessation Leadership Center. Explain what thirdhand cigarette smoke is, describe the exposure routes and potential health effects of thirdhand smoke. - [MORE INFORMATION](#)

June 27, 2016 Introducing Proposed Tobacco Policies to Tribal Council. SAVE THE DATE. [MORE INFORMATION](#)

July 12, 2016 Utilizing CDC TIPS Campaign and Media Resources - SAVE THE DATE - [MORE INFORMATION](#)

August 5 - 7, 2016 2016 IHS Cancer Support Training - Great Plains Tribal Chairmen's Health Board in Partnership with Indian Health Service is proud to offer the 2016 IHS Cancer Support Training from Albuquerque, New Mexico. Interested in starting a Cancer Support Group in your area? Cancer Support

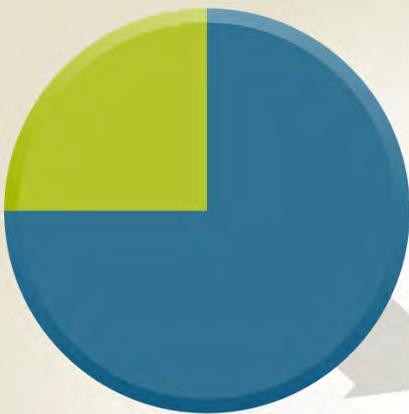
Training is offered free of charge for American Indians wanting to develop cancer survivorship activities or support groups in their communities. Travel scholarships available to a limited number of participants. DEADLINE TO REGISTER IS JULY 15, 2016 - For more information, contact Kendra Christensen at kendra.christensen@gptchb.org & 605-721-7508 or Roberta Paisano at roberta.paisano@ihs.gov & 301-443-1498.

September 21-24, 2017 - Spirit of EAGLES National Conference "Changing Patterns of Cancer in Native Communities - Niagra Falls, NY - For more information regarding the conference, please visit www.nativeamericanprograms.net or contact Marcy Averill at averill.marcy@mayo.edu

[FOR MORE AND THE LATEST EVENTS, VISIT KEEPITSACRED.ORG](http://KEEPITSACRED.ORG)

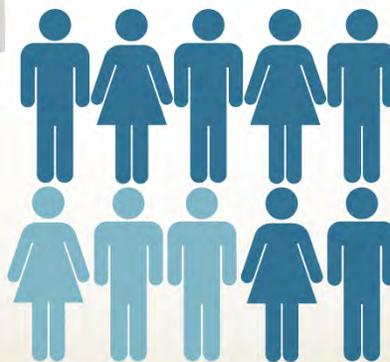
If you have an event or opportunity to share in the next NNN Newsletter, please call or email the National Native Network team at 906-632-6896 x108 or nnn@itcmi.org

Most adults favor making **21** the minimum age of sale for tobacco products



3 out of **4**

U.S. adults **favor** making 21 the minimum age of sale for tobacco products.



This includes

7 out of **10**

U.S. adult **cigarette smokers** who **favor** making 21 the minimum age of sale.



Source: American Journal of Preventive Medicine

A Dangerous Trend – Smokeless Tobacco Use Among High School Athletes

Past 30-day use of combustible tobacco products dropped from 2001 to 2013 among all high school students (**31.5% to 19.5%**), while past 30-day use of smokeless tobacco remained unchanged among non-athletes (**5.9%**), and increased among athletes (**10.0% to 11.1%**).

Smokeless tobacco is **NOT** without risk



SMOKELESS TOBACCO USE CAN...

Lead to
nicotine addiction



Cause cancer of the
mouth, esophagus
and pancreas



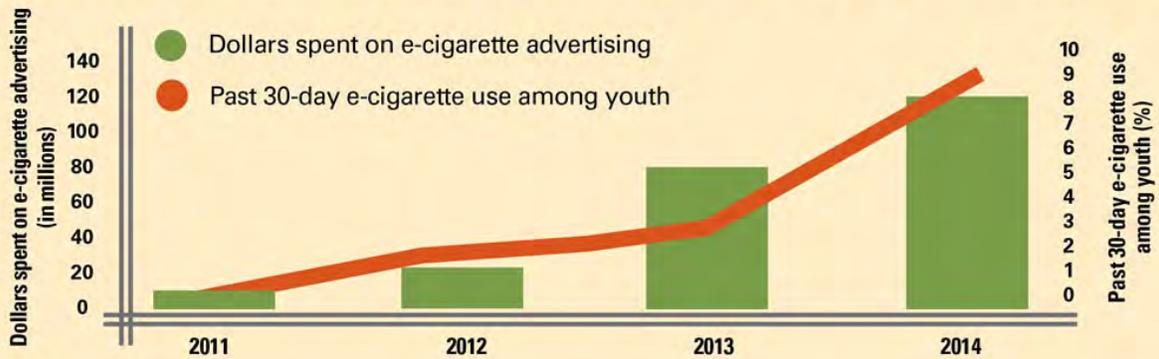
Cause **diseases**
of the mouth



Increase the risk for death
from heart disease and stroke



E-cigarette use among youth is rising as e-cigarette advertising grows



SOURCE: National Youth Tobacco Survey, 2011-2014; Kim et al (2014), Truth Initiative (2015).

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The National Native Network is administered by the Inter-Tribal Council of Michigan, Inc., 2956 Ashmun Street, Sault Ste. Marie, MI 49783 (906) 632-689 www.itcmi.org



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Project ECHO team and the Surgeon General during his visit on June 14th

any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

Welcome to the Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of June 20, 2016. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse

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If you have comments or suggestions about this weekly update, please email Hannah Cain at kzq3@cdc.gov with the words "TRIBAL DIGEST" in the subject line.

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I. GRANTEE NEWS

Kickapoo Tribe in Kansas was awarded the Kansas State of Wellness 2016 Community Health Champion Award! The award was largely due to the work of the Kickapoo Health and Wellness Coalition, which is the collaborative partners group for the GHWIC grant. Below is a video produced to showcase their work/the community:

<https://www.facebook.com/KansasAllianceforWellness/videos/548179832052117/?pnref=story>

Congratulations Kickapoo!

II. RESOURCES

The Parks, Trails, and Health Workbook

[The Parks, Trails, and Health Workbook: A Tool for Planners, Parks and Recreational Professionals, and Health Practitioners](#) is quick guide for incorporating public health considerations in the development and improvement of a park or trail. This tool can help start collaborative discussions about the health benefits of parks and trails and prepare for a health impact assessment ([HIA](#)). The workbook was jointly developed by the [CDC Healthy Community Design Initiative](#) and the [National Park Service Rivers, Trails, and Conservation Assistance Program](#).

III. WEBINARS, TRAININGS, AND CONFERENCES

**Completing a Tribal Strategic Plan for Health and Health Equity:
Planning, Process and Outcome**

Thursday, June 23, 2016 | 3:00 pm - 4:00 pm Eastern Time

[REGISTER HERE](#)

This webinar, hosted by the National Indian Health Board (NIHB) will examine the planning, process, and expected outcomes associated with constructing a Tribal strategic plan for health and health equity. The webinar will explore best practices in the planning steps leading up to the construction of the plan, key elements of a strategic plan, and strategies and tips for using an outside entity to assist in the process. Additionally, NIHB will provide background information on public health

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accreditation through the Public Health Accreditation Board (PHAB) and a strategic plan with an emphasis on health disparities that meets PHAB's criteria.

Learning Objectives

By the end of the webinar, participants will be able to:

1. Explain the process for developing a strategic plan for health and health equity.
2. Describe two pros and two cons of using an external party to assist with the construction of a Tribe's strategic plan for health and health equity.
3. Develop a plan for engaging external parties to assist with strategic planning.

Who Should Attend?

A strategic plan is intended to outline actionable goals for change within the Tribal health entity, and should involve a diverse array of Tribal health staff. Therefore, this webinar is intended for Tribal health officials and staff that are actively engaged in planning for the long-term programming and sustainability of their Tribe's health and public health functions. Those Tribes that are actively working on or considering working towards Tribal public health accreditation will find this webinar useful in planning to complete their own strategic plan (as a required element of public health accreditation).



Questions?

Contact [Jamie Ishcomer](#)

[REGISTER NOW!](#)

NI DDK Announces Travel Awards to AAI P's 45th Annual Meeting and Health Conference!

August 11-14, 2016

Oakland, CA

A limited number of travel awards will be offered to American Indian/Alaska Native undergraduate students who may have an interest in biomedical research relating to

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the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) mission areas, including diabetes, endocrinology, metabolism, nutrition, obesity, and digestive, liver, urologic, kidney and hematologic diseases. As a recipient of this award, students will receive paid travel expenses, lodging and per diem to the AAIP Annual Conference that will be held in Oakland, California on August 11-14, 2016. Students will be required to attend a Workshop on NIDDK Research Training Opportunities while at the Annual Conference.

This travel award is NOT for the 2016 AAIP/University of Minnesota Pre-Admission Workshop.

To apply for a travel award, students must submit an AAIP Primary Data Sheet, have a minimum of a 3.0 GPA and have an interest in NIDDK scientific research areas. The deadline to submit an application and all required documentation is Friday, June 24, 2016 and the application must be received by the AAIP office on this date. Late applications will not be considered

To download the Primary Data Sheet, please click [HERE](#).

For any questions or more information, please contact Gary Lankford at 405-946-7072 or e-mail glankford@aaip.org

IV. CONTACT INFORMATION

National Center for Chronic Disease Prevention and Health Promotion
Office of the Medical Director
4770 Buford Highway, MS F80
Atlanta, GA 30341
(770) 488-5131
<http://www.cdc.gov/chronicdisease/index.htm>

For Tribal Digest related questions, comments, or concerns please contact:
Hannah Cain, Public Health Associate
KZQ3@cdc.gov
505-232-9908

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Tribal Veteran Representative Training & Veteran Summit



VA Office of Tribal Government Relations in collaboration with the Washington State Department of Veterans Affairs and host tribe, the Confederated Tribes of the Colville Reservation are sponsoring a Tribal Veteran Representative (TVR) / Tribal Veteran Service Officer (TVSO) Training and Veteran Summit during July 13-14, 2016.

JULY 13-14, 2016

- **WHO:** TVR's, TVSO's, Tribal Health Programs, Veteran Advocates helping Veterans in Indian Country
- **WHAT:** In-Person Training Opportunity About VA Benefits
- **COST:** NO COST
- **WHEN:** July 13-14, 2016 from 8:30am-5:00pm
- **WHERE:** 12 Tribes Resort & Casino, 28968 US-97, Omak, WA Rate: \$70.00 per night, plus tax. Reserve under: 160711NATI
- **REGISTER:** At this link: <https://www.eventbrite.com/e/2016-washington-state-tribal-veterans-representitive-training-veteran-summit-tickets-23203944623>. Questions refer to: Terry Bentley at terry.bentley@va.gov or 541-440-1271 or Steve Gill at SteveG@DVA.WA.GOV or 360-725-2235

