Optimizing American Indian and Alaska Native Health: Implementing our Tribal Nation Sovereignty

JULY 28-31ST, 2022

WASHINGTON, DC

*MASKS REQUIRED*
50th Annual Meeting & National Health Virtual Conference
“Optimizing American Indian and Alaska Native Health: Implementing our Tribal Nation Sovereignty”
July 28 - 31, 2022

Presented by the Association of American Indian Physicians (AAIP) and the Indian Health Service Clinical Support Center (Accredited Provider)

Overview
AAIP conducts a national health conference to serve as a forum for healthcare professionals, policy makers, and tribal/community members concerned with American Indian/Alaska Native health, healthcare, community wellness, and honoring Native Traditions.

For almost 53 years, we have gathered together to discuss the pressing health concerns of American Indians/Alaska Native across the nation. Improving the quality of health care and access to needed medical services is very important. To do this, it is essential to consider a variety of ideas about health care that could potentially make a positive impact.

Learning Outcomes
As a result of this conference, participants will be able to:

• Examine and integrate methods for improving knowledge, awareness and proficiency skills of health professionals providing care to indigenous patients (including but not limited to dementia education for caregivers, promoting indigenous strength and resilience among indigenous youth, mental well-being of providers, families and others during and after COVID, and more).

• Discuss tribal/academic partnership strategies for increasing screening rates in STI, HIV, lung cancer, CVD screening in young individuals along with strengths and challenges for improving diabetes outcomes.

• Explore prevalence of major depression in Indian Country influenced by the COVID-19 pandemic, use of monoclonal antibody to reduce COVID hospitalizations and use of social determinants of health to improve health outcomes and improve Native morbidity and mortality.

• Examine traditional health approaches in urban Indian health delivery including indigenous foodway’s benefits and nutrition education through community engagement.

• Create Native student/physician networking/mentoring opportunities as an aid for making career decisions ultimately promoting the next generation of AI/AN physicians.

Target Audience
This conference is designed for physicians, medical students, and other healthcare professionals concerned with AI/AN healthcare.

Accreditation
In support of improving patient care, this activity has been planned and implemented by the Indian Health Service (IHS) Clinical Support Center and the Association of American Indian Physicians. The IHS Clinical Support Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians
The IHS Clinical Support Center designates this live activity for a maximum of 9½ AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses
This activity is designated up to 9.5 contact hours for nurses.

Physicians Assistants
The IHS Clinical Support Center has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 9.50 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Disclosure Statement: As a jointly accredited provider of continuing education, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/coordinators, planning committee members, faculty, reviewers and all others who are in a position to control the content of this educational activity are required to disclose the existence of all financial relationships with ineligible companies within the prior 24 months. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. All those who are in a position to control the content of this educational activity have completed the disclosure process and have indicated that they do not have any relevant financial relationships or affiliations with any manufacturers or commercial products to disclose. There is no commercial interest support for this educational activity.

Accommodation Statement
For accommodations on the basis of disability, call: (405) 946-7072.
Dear AAIP Members and conference attendees,

Welcome to the 2022 Association of American Indian Physicians Annual Meeting and our celebration of the 50th anniversary of our organization. This year we again honor our founders’ goal of improving the health of American Indian and Alaska Native health and our mission to “promote education in the medical disciplines, honor traditional healing principles and restore the balance of mind, body, and spirit.” Our theme, “Optimizing American Indian and Alaska Native health: Implementing Our Tribal Nation Sovereignty” recognizes and celebrates the healing power of the work happening now in Indian Country. We’ll hear from our keynote speaker, Dr. Rupa Marya about the importance of our Indigenous knowledge, now just for our own communities, but for all on this planet. Dr. Don Warne will speak to bringing our knowledge and ways into academia and a brighter future where Indigenous medical knowledge is recognized as a health discipline. We will hear from Dr. Melissa Walls about the power of our culture to heal and from Tasha Peltier, a co-director of the Mni Wiconi Health Circle, a completely Indigenous developed and run clinic that originated at the Standing Rock Camps.

We have over twenty talks in our breakout sessions covering education, research, nutrition and more, all emphasizing our power as Indigenous people to impact and improve our health outcomes. In addition to these and many more talks we will honor our physician of the year, Dr. Shaquita Bell on Thursday night at the Museum of American Indians, host the traditional retreats, initiation ceremony, and powwow. We have a packed agenda over the next four days, all in honor of our founders, our communities, and the work we are all engaged in together to improve the health of American Indian and Alaska Native people. I look forward to seeing you all.

Mary Owen MD
President
Association of American Indian Physicians
July 28 2022

Osiyo,

On behalf of all the AAIP office staff, we offer a warm ‘Welcome’ to you for participating in AAIP’s ‘Golden’ 50th Annual Meeting and Health Conference presented in Washington DC! After a two year Annual Meeting hiatus due to the pandemic the association is back both in person along with portions being available via a hybrid (virtual) option. And ‘Congratulations’ to the Association of American Indian Physicians for achieving this amazing milestone of 50 years strong.

The Annual Meeting theme is “Optimizing AI/AN Health: The Critical Role of Tribal Sovereignty for Improving Health Outcomes”. My personal thank you goes out to the AAIP’s 50th Annual Meeting Planning Committee for the countless hours spent to present this year’s remarkable programming, aligning noteworthy speakers and more.

The AAIP Board (as do I) offer their unequivocal congratulations to Shaquita Bell MD selected as ‘Physician of the Year’. Dr. Bell recently served as a Board member where she contributed countless number of hours for bettering the association, served as mentor to a number of students, and gave so much more within her community.

AAIP remains grateful to all of you as participant’s, to annual meeting sponsors and for the exhibitors in continuing your unwavering support of the association.

My ask of you: As you move through the annual meeting activities this year one item worth reflecting on is a comment by AAIP President Mary Owen MD stated in her correspondence to membership “...Annual Meetings are more than increasing knowledge and skills, they offer hope, camaraderie and healing...”. I urge you to embrace this thought over the next few days for magnifying your annual meeting experience.

Again, on behalf of all of the AAIP staff, I wish the best as you embark on an amazing and special AAIP 50th Annual Meeting and Health conference. Feel free to connect with me or staff during the course of the meeting for any questions or concerns you may have.

Wado,

Tom Anderson
Executive Director
Association of American Indian Physicians
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Tuesday, July 26

12:30 PM – 4:00 PM  AIAN Health Professions Workforce Development Summit, Day 1  AAMC

Wednesday, July 27

9:00 AM - 11:00 AM  AIAN Health Professions Workforce Development Summit, Day 2  AAMC
12:00 PM - 4:30 PM  AIAN Academic Medicine Workshop  AAMC

Thursday, July 28

7:30 AM – 10:30 AM  Women’s Retreat  Pan American
7:30 AM – 10:30 AM  Men’s Retreat  Massachusetts
8:00 AM - 5:00 PM  Conference Registration  Main Lobby
1:00 PM – 3:00 PM   Exhibitor and Poster set-up  Congressional/Senate
1:00 PM – 2:00 PM  NIDDK Research Opportunities (Funded students required to attend)  New York Room
1:00 PM - 1:45 PM  Opening Luncheon, Posting of Colors, Opening Song, Welcome  Presidential Ballroom
Moderator: Mary Owen, MD, President, AAIP
1:45 PM - 2:30 PM  Keynote Presentation: Rupa Marya, MD  University of California, San Francisco
2:30 PM - 3:15 PM  Plenary Session: Decolonizing and Indigenizing Medical Education
   Don Warne, MD  University of North Dakota
3:15 PM - 3:30 PM  Break
3:30 PM – 4:15 PM  Plenary Session - Panel: AIAN health professions (nursing, dentistry, public health, pharmacy)
Pharmacists - CAPT Carmen Clelland  
Public Health - Amber Anderson Buettner PhD(c)  
Dentists - TBD  
Nurses - Mary Fairbanks, RN  
Misty Wilke, Ph.D., RN

4:30 PM – 6:00 PM  
**AAIP Business Meeting (Members only)**  
Federal A  
**ANAMS Business Meeting (Members Only)**  
Federal B

7:00 PM – 10:00 PM  
**Presidential Reception**  
Museum of the American Indian  
**Awards:**  
AAIP Physician of the Year  
John T. Wolfe Award, Student of the Year  
**AAIP and ANAMS Silent Auctions**

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**Friday, July 29**

5:45 AM – 6:15 AM  
**5K Fun Run/1-Mile Walk Registration**  
Foyer 1

6:15 AM – 7:30 AM  
**Fun Run/Walk**  
Meet in Lobby

7:15 AM – 8:00 AM  
**Fun Run/Walk Breakfast**  
Statler AB

7:00 AM – 8:00 AM  
**Continental Breakfast (Non-Runners)**  
South American AB

8:00 AM – 5:00 PM  
**Conference Registration**  
Foyer 1

8:00 AM – 5:00 PM  
**Posters/Exhibits Open**  
Congressional/Senate

9:00 AM - 9:15 AM  
**Opening Blessing/Welcome,**  
*Moderator:* Mary Owen, MD, President, AAIP  
Presidential Ballroom

9:15 AM - 10:15 AM  
**Keynote:** The Social Determinant of Health and Inequalities  
*Sir Michael Marmot, MD*  
*Director of the UCL Institute of Health Equity*  
*Moderator:* Mary Owen, MD, President, AAIP

10:15 AM - 11:15 AM  
**Plenary Session - Collaborating for the Future**  
*Panel: Alliance of Multicultural Physicians*

11:15 AM – 12:05 PM  
**Concurrent Sessions**  
California Room

**Food As Medicine: Creating A Food Security and Food Sovereignty Elective for Residents**  
*Courtney Karol, MD*
Pediatric Resident  
University of Colorado  

Health Equity, Action, & Leadership (HEAL) for Native Communities  
Adriann Begay, MD  
Navajo Nation Senior Advisor  
UCSF HEAL Initiative  

Expanding Web-Based Access to Self-administered STI and HIV testing among Native populations through Tribal-Academic Partnership  
Cody Knight, MPH, CPH  
TEC HIV Program Coordinator  
Southern Plains Tribal Health Board  

Promoting Resilience among Native American Youth: A Gift from the Ancestors  
Mary Marfisee, MD, MPH  
HS Assistant Clinical Professor  
UCLA Department of Family Medicine  

Pathway programs to support AIAN Representation in the Health Professions  
JP Sanchez, MD, MPH  
Executive Associate Vice Chancellor  
Health Sciences Center, Diversity, Equity & Inclusion  
Interim Executive Diversity Officer  
University of New Mexico School of Medicine  

Moderator: Lukejohn Day, MD, President Elect  

12:00 PM – 1:00 PM  
Luncheon Presentation  
David Scorton, MD  
President and CEO  
Association of American Medical Colleges  

1:00 PM – 1:45 PM  
Georges Benjamin, MD,  
Executive Director  
American Public Health Association  

1:45 PM –2:00 PM  
Break  

2:00PM – 2:45 PM  
Concurrent Sessions  
Back To Our Roots: Traditional Buffalo Brain Tanning and Tipi Making on the Great Plains  
James Kennedye, MD, MPH  

Pan American Room  
Massachusetts Room  
New York Room  
Ohio Room  
Presidential Ballroom  
Ohio Room
Recipe for success after medical school: Residency How to Choose and Thrive?  
Stacey Jolly, MD, MAS  
*Cleveland Clinic Lerner College of Medicine*

Depression Prevention in Native American Adults: A Literature Review  
*Maria Jones, BS*  
*Medical Student*  
*Elson S. Floyd College of Medicine*

Training in Indian Country: A Listening Session  
*CAPT Paul Jung*

Taking Care of Home in Difficult Times: Indigenous Perspectives from Canada and the United States about Children, Family, and Elders  
*Evan Adams, MD*

**Concurrent Sessions**

Genomics and Ethics program for Native Students (GEN): A Model for Indigenous based, Mentor-linked learning  
*Trinity Guido, Student, BS Candidate*  
*GEN Fellow, University of Oklahoma*  
*Genomics and Ethics Program for Native Students*  
*Jessica Blanchard, Ph.D.*  
*Senior Research Scientist, Center for Applied Social Research*  
*University of Oklahoma*  
*Dawn Landon*  
*Student Fellow/Student Assistant*  
*University of Oklahoma - GEN Program*  
*Julia Guerrero*  
*GEN Program*

Cardiovascular Risk Factors and Subclinical Cardiovascular Disease in American Indian Youth  
*Jason Deen, MD*  
*Associate Professor, University of Washington*

Leveraging Community Knowledge for Community Gain: A Mixed Methods QI Project for SDPI and IHCSCV  
*Melissa Eidman, BS, Medical Student*  
*Stanford School of Medicine*
Facilitating Factors For Good Sleep: Qualitative Observations from the American Indians’ CHronic DisEase Risk and Sleep Health (AI-CHERISH) Study
Shelby Koch, MA, Medical Student (M2)
Washington State University

3:35 PM- 4:35 PM  Special Interest Groups
ANAMS Session – Workshop
(Premed and medical students only)

4:35 PM – 6:00 PM  AAIP Business Meeting
(Members Only – Board Nominations)

6:30 PM – 9:00 PM  ANAMS Student/Physician Mixer
All students and physicians welcome.
Hors d’oeuvres, desserts, and beverages will be served

Saturday, July 30

7:00 AM – 8:00 AM  AAIP Initiation Ceremony
New initiates and AAIP members Only

8:00 AM – 1:00 PM  Conference Registration
Foyer 1

8:00 AM – 3:30 PM  Posters/Exhibits Open
Congressional/Senate

8:45 AM – 9:00 AM  Opening Blessing/Welcome
Moderator: Blair Matheson, MD, AAIP Treasurer

9:00 AM- 9:30 AM  Plenary:
Francys Crevier, JD
Chief Executive Officer
National Council Urban Indian Health

9:30 AM – 10:15 AM  American Indian Mortality and Mortality: A Broad Look at Causes and Treatment
Roger Dale Walker, MD
Professor of Psychiatry Emeritus
Oregon Health and Science University

10:15 AM – 11:00 AM  Promoting Indigenous Research Through Collaborative Networks
Allison Kelliher, MD
Agenda

Director Practice Based Research Network, Assistant professor
Department of family medicine and Dept of Indigenous Health
University of North Dakota Medical School

11:05 AM – 11:50 AM       Concurrent Sessions

Why Supporting Family Caregivers Matters Now     California Room
Rita Choula, MA
Director, Caregiving
AARP

Automation of Clinical Data Cleaning:     Ohio Room
Data Science for American Indian Healthcare
Richard St. Germaine, MPH
Biostatistician
University of Minnesota

Expanding Indigenous Research Protocols:     New York Room
Pandemic Genomics, Sovereignty, and
Data User Agreements
Rodney Haring, Ph.D., MSW
Director, Center for Indigenous Cancer Services
Center for Indigenous Cancer Research

Aunties in the Kitchen:     Pan American Room
Reclaiming an Indigenous Diet 101
Theresa Maresca, MD
Clinical Professor
University of Washington School of Medicine
Melissa Lewis, Ph.D.
Assistant Professor
University of Missouri School of Medicine

Development of a Financial Hardship Screening among Native American Patients with Cancer
Dorothy Rhoades, MD
Clinical Professor
University of Oklahoma Health Sciences Center and Stephenson Cancer Center
Amber Anderson Buettner, MPH
Research Epidemiologist, Department of Biostatistics and Epidemiology
Hudson College of Public Health
University of Oklahoma Health Sciences Center
Keri Harjo
Director, Patient Resource Service
Oklahoma City Indian Clinic
Agenda

12:00 PM - 1:00 PM  Luncheon - Sponsors  Presidential Ballroom
Commitee on Native American Child Health (CONACH)
Joseph T. Bell, MD, FAAP, AAIP Liaison
Opiod Response Network (ORN)
Holly Echohawk, National Co-Chair of ORN AI/AN Workgroup

1:15 PM – 2:00 PM  Concurrent Sessions

A Traditional Health Approach in Urban Indian Healthcare Delivery  California Room
Socia Love-Thurman, MD
Chief Health Officer
Seattle Indian Health Board

Two-row Wampum & Indigenous Patient Navigation: Building Respectful Parallels of Sovereignty Along the Cancer Care Continuum  Ohio Room
Rodney Haring, Ph.D., MSW
Director, Center for Indigenous Cancer Services
Center for Indigenous Cancer Research

Tribally Engaged Approaches to Lung Screening - Preliminary Findings from a Tribal-Academic partnership  New York Room
Dorothy Rhoades, MD
Clinical Professor
University of Oklahoma Health Sciences Center and Stephenson Cancer Center
Dr. Kathleen Dwyer
Professor, Freede Endowed Chair in Nursing Science
Ziegler College of Nursing
University of Oklahoma Health Sciences Center
Brook McCann, RN
Case Manager for Choctaw Nation
Michele G. Gibson, RN
Preventive Health Director
Choctaw Nation Health Services Authority

The Strong Heart Study: An Update, An Opportunity  Pan American Room
Jason Deen, MD
Associate Professor, University of Washington

Engaging American Indians and Alaska Native Elders in Qualitative Research during the COVID-19 Pandemic: Adapting a Dementia Education Brochure to Caregivers  Massachusetts Room
Patrick Johansson, MD, MPH
Associate Professor
Washington State University
Moderator: Lukejohn Day, MD, AAIP President Elect

2:05 PM - 2:50 PM  Current Issues in AI/AN Health Policy and Research
Yvette Roubideaux, MD MPH
Adjunct Professor, Department of Health Systems,
Management, and Policy
Colorado School of Public Health, University of Colorado

3:00 PM -- 3:45 PM  The Power of Indigenous Culture for Health Promotion: Lessons from Tribally-Driven Research
Melissa Walls, PhD
Associate Professor
Johns Hopkins

3:00 PM – 4:00 PM  Poster/Exhibit Tear Down

3:45 PM - 4:00 PM  Break

4:00 PM – 4:45 PM  Mni Wiconi Health Circle
Tasha Peltier, MPH, CPH
Co-Executive Director Policy and Program
RWJF Culture of Health Leader

5:00 PM – 7:00 PM  AAIP Business Meeting
(Members Only – Board Elections)

ANAMS Business Meeting
(Members Only)

7:00 PM – 10:30 PM  Pow Wow
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<td>AAIP Board of Directors Meeting</td>
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<td>Moderator: Mary Owen, AAIP President</td>
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<td>8:45 AM - 9:00 AM</td>
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<td>9:00 AM - 10:00 AM</td>
<td>Plenary: Shiprock’s Community Health Efforts Against COVID-19</td>
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<td>Lance Whitehair, MD</td>
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<td>Medical Officer, Indian Health Service</td>
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<td>Shiprock, NM</td>
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<td>10:00 AM - 10:45 AM</td>
<td>IHS Update - Loretta Christensen, CMO</td>
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<td>11:00 AM - 12:00 PM</td>
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Rupa Marya, MD

Rupa Marya, MD is an Associate Professor of Medicine at UCSF and faculty director of the Do No Harm Coalition, an organization of over 450 health workers committed to structural change to address health problems. At the invitation of Ohlone native community, she served in medical response at the Standing Rock prayer camp, as indigenous people were encountering increasing police violence while protecting their right to clean drinking water. She was invited by Lakota health leaders and elders to help set up a permanent community clinic for the practice of decolonized medicine at Standing Rock—the Mni Wiconi Health Clinic and Farm. Dr. Marya addresses health issues at the nexus of racism and state violence through her medical work and international outreach with her band, Rupa and the April Fishes. At the request of family and community impacted by the police shooting of Mario Woods, she has conducted national research with Dr. Sonja Mackenzie and Liz Kroboth, MPH investigating the health effects of police violence on communities that receive no justice called The Justice Study. She is currently researching the impact of urban regenerative agriculture on the health of historically oppressed people, examining the connection between soil health, human health and inflammation. She is married to regenerative organic farmer Benjamin Fahrer, and together they are spearheading a statewide initiatives to support farmers transitioning to farming practices that enhance soil biodiversity in order to improve human health, soil health and climate health—the Soil Health is Human Health Initiative. Dr. Rupa is currently working on her first book with co-author Raj Patel, documenting the health impacts of colonialism on our bodies, on the planet and on our societies. She was recently appointed by Governor Newsom to the Healthy California for All Commission where she brings her perspectives on equity to the dialogue around single-payer healthcare in California.

Donald Warne, MD

Donald Warne, MD, MPH is the Associate Dean of Diversity, Equity and Inclusion as well as the Director of the Indians Into Medicine (INMED) and Public Health Programs, and Professor of Family and Community Medicine at the School of Medicine and Health Sciences at the University of North Dakota. He also serves as the Senior Policy Advisor to the Great Plains Tribal Leader’s Health Board in Rapid City, SD. Dr. Warne is a member of the Oglala Lakota tribe from Pine Ridge, SD and comes from a long line of traditional healers and medicine men. He received his MD from Stanford University School of Medicine and his MPH from Harvard School of Public Health. His work experience includes: several years as a primary care physician with the Gila River Health Care Corporation in Arizona; Staff Clinician with the National Institutes of Health; Indian Legal Program Faculty with the Sandra Day O’Connor College of Law at Arizona State University; Health Policy Research Director for Inter-Tribal Council of Arizona; Executive Director of the Great Plains Tribal Chairmen’s Health Board; and Chair of the Department of Public Health at North Dakota State University.

Michael Marmot

Sir Michael Marmot has been Professor of Epidemiology at University College London since 1985, and is Director of the UCL Institute of Health Equity. He is the author of The Health Gap: the challenge of an unequal world (Bloomsbury: 2015), and Status Syndrome (Bloomsbury: 2004). Professor Marmot is the Advisor to the WHO Director-General, on social determinants of health, in the new WHO Division of Healthier Populations; Distinguished Visiting Professor at Chinese University of Hong Kong (2019-), and co-Director of the of the CUHK Institute of Health Equity. He is the recipient of the WHO Global Hero Award; the Harvard Lown Professorship (2014-2017); the Prince Mahidol Award for Public Health (2015), and 19 honorary doctorates.
Marmot has led research groups on health inequalities for nearly 50 years. He chaired the WHO Commission on Social Determinants of Health, several WHO Regional Commissions, and reviews on tackling health inequality for governments in the UK. He served as President of the British Medical Association (BMA) in 2010-2011, and as President of the World Medical Association in 2015. He is President of the British Lung Foundation. He is a Fellow of the Academy of Medical Sciences and Honorary Fellow of the American College of Epidemiology and of the Faculty of Public Health; an Honorary Fellow of the British Academy; and of the Royal Colleges of Obstetrics and Gynaecology, Psychiatry, Paediatrics and Child Health, and General Practitioners. He is an elected member of the US National Academy of Medicine and of the Brazilian Academy of Medicine. He was a member of the Royal Commission on Environmental Pollution for six years and in 2000 he was knighted by Her Majesty The Queen, for services to epidemiology and the understanding of health inequalities.

**Courtney Karol, MD**

I am current PGY2 in Pediatrics at the University of Colorado and a Tuscarora Native. I have long been mentored by the AAIP as an aspiring pre-med and medical student so would be honored to have a larger role at a conference that has played a big role in my journey into medicine. I am a future Chief in my program and an aspiring Pediatric Hospitalist, hoping to work either at an IHS facility or at a rural community center with a strong Native community.

**Adriann Begay, MD**

Board certified family medicine physician with over 21 years of experience in Indian Health Service. Completed HEAL Initiative Global Health Fellowship during 2019-2021 cohort and now employed as Navajo Nation Senior Advisor with HEAL to assist in identification of 2nd domestic site region and build relationships with organizations in the transformation of Indigenous frontline healthcare workers.

**Dawn (Toppah) Landon, Otoe-Missouria, Iowa, Kiowa.**

Graduated recently with a bachelors of arts in Community Health from the University of Oklahoma, with a minor in health and exercise science and Native American studies. Future goals are to obtain her license and work for Indigenous nations as a physician with a specialty in oral maxillofacial surgery or neurology. She will be attending graduate school this fall to fulfill her master’s in public health/global health. She currently is interning for the Mayo Clinic as a virtual simulation team member.

**Julia Alessandra Guerrero**

Julia Alessandra Guerrero is a recent graduate from the University of Oklahoma. A citizen of the Comanche Nation, Guerrero graduated with her Bachelor’s under the Planned Program with Native American Community Health and Ethics. Julia participated in various Native American student organizations across the University of Oklahoma campus with the University’s only Native American sorority (Gamma Delta Pi) and contributed as a member of the American Indian Student Association (AISA). In addition to university involvement, she also had the opportunity to be a part of several qualitative research trainings through the Genomics and Ethics Program for Native Students Program (GEN) to better understand health disparities in AI/AN communities and other issues of health research practices.
Cody Knight, MPH, CPH

Cody Knight serves as the HIV program coordinator of the Oklahoma Area Tribal Epidemiology Center. As the HIV Program Coordinator, he supports and works with Tribal organizations to provide guidance and technical assistance surrounding HIV treatment and prevention policies, procedures, and other related inquiries as made by citizens, providers, and Tribal leaders. Cody leads a team of staff responsible for program development, implementation, and evaluation. He is an appointed member of both state and national groups working on policy and prevention surrounding HIV, HCV, and STIs in Indian Country. Cody earned a Master of Public Health degree from the University of Oklahoma Hudson School of Public Health, and is certified in public health by the National Board of Public Health Examiners. He also earned a Bachelor of Science in Biomedical Science from the University of Central Oklahoma and an Associate of Science from Northern Oklahoma College.

Dorothy A. Rhoades, MD, MPH (Kiowa)

Clinical Professor in the Department of Medicine General Internal Medicine at the University of Oklahoma Health Sciences Center and a Cancer Prevention and Control Research Program member at the Stephenson Cancer Center. She has decades of experience in chronic disease health disparities research among Native American populations and communities, and currently focuses on tribal-academic research partnerships related to cancer screening as well as tobacco use.

Amanda Janitz, PhD, MPH. (Choctaw)

Dr. Janitz has worked as an Assistant Professor in Epidemiology in the Department of Biostatistics and Epidemiology, Hudson College of Public Health, University of Oklahoma Health Sciences Center (OUHSC) since 2015. Dr. Janitz is working on projects to understand health disparities and risk factors related to cancer, including disparities in accessing cancer care. Dr. Janitz is a member of the Choctaw Nation of Oklahoma.

Keri Harjo (Muscogee Nation)

Serves as Sr. Clinic Manager and responsible for daily management of clinic services, budget monitoring, employee engagement, defining and driving program initiatives to broaden services, ensure patient satisfaction goals are met and advocacy for services offered in our department. We focus on wrapping services around patients as they navigate through their oncology journey in the areas of Palliative Care, Behavioral Health, Medical Nutrition Therapy, Occupational & Physical Therapy, Genetic Counseling, Social Work and American Indian Patient Navigation.

Amber Anderson Buettner, MPH

Amber Anderson Buettner, MPH is a citizen of the Cherokee Nation and has worked as a Research Epidemiologist in the Department of Biostatistics and Epidemiology, Hudson College of Public Health at the University of Oklahoma Health Sciences Center since 2017. She is also a doctoral candidate in the Department of Health Promotion Sciences and is anticipating her degree completion in the Fall of 2022. Amber works on projects related to American Indian health disparities, predominately in the realms of cancer and other chronic illnesses. She is particularly interested in strategies to promote cancer screening, improve care coordination, and enhance culturally-grounded palliative care services.

Mary Marfisee, MD, MPH

As a Family Physician working exclusively with under-served patients for the past 20 years, I see too often the effects of poor self-esteem and unrecognized resilience that lead to serious difficulties in life. My
co-presenter, Dr. Norma Blackwater and I will share the lived experience of Native American female physicians having combated acculturative stress and cultural disconnectedness during our lives. We will offer our professional and personal experiences in the hope that it will help others.

**John Paul Sánchez, MD**

John Paul Sánchez has worked extensively to promote diversity and inclusion in the medical and academic medicine workforces. He is Co-Founder/President of BNGAP Inc. Since 2009, BNGAP has become nationally recognized for developing the concept of pre-faculty development and has collaborated with 70+ academic health centers to educate trainees, faculty, and senior administrators on how to develop the upstream pipeline of diverse medical trainees to become future faculty and senior academic leaders. In 2020, BNGAP launched the National Center for Pre-Faculty Development to support institutions in integrating Pre-Faculty Development as a new approach towards diversifying academic medicine. He is Executive Director of the Latino Medical Student Association Inc., the largest Latino medical student association in the country with 150+ chapters at allopathic and osteopathic medical schools across the country. In 2017, he led the development of the LMSA Faculty Physician Advisory Council, which has grown to 350+ advisors/physicians and recently launched the National Center for LMSA Leadership and Advancement (2021) consisting of 20 collaborating institutions. He has served as the Chair of the Council of Residents and as Founder of the Council of Young Physicians of the National Hispanic Medical Association. He also served as Secretary on the Board of the Hispanic Serving Health Professions Schools (HSHPS). Since joining the Health Sciences Center (HSC) at the University of New Mexico he has been selected for numerous leadership positions including as Executive Associate Vice Chancellor for DEI, whereby he supports HSC entities in planning, organizing, and aligning DEI activities. He has published 57 peer reviewed publications and served as Editor for a book entitled Succeeding in Academic Medicine: A Roadmap for Diverse Medical Students and Residents. His upcoming book, titled The Health Professions and Academia: A Guide to Healthcare Leadership Careers, aims to inspire college/post-bacc to become faculty/senior administrators of health-related graduate schools. He received his medical degree from the Albert Einstein College of Medicine, completed his residency training at Jacobi/Montefiore, and is Board Certified in Emergency Medicine. He completed a MPH at the Yale School of Public Health. He is of Puerto Rican ancestry, gay-identified and was raised in the Bronx, NY.

**David J. Skorton, MD**

President and CEO of the AAMC (Association of American Medical Colleges), a not-for-profit institution that represents the nation's medical schools, teaching hospitals and health systems, and academic societies. He began his leadership of the AAMC in July 2019 after a distinguished career in government, higher education, and medicine. Shortly after his arrival, Dr. Skorton oversaw a comprehensive strategic planning process that established a new mission and vision for the AAMC. It also introduced 10 bold action plans to tackle the nation’s most intractable challenges in health and make academic medicine more diverse, equitable, and inclusive. The strategic plan established two new entities within the AAMC. The AAMC Research and Action Institute is a think tank that convenes national experts to pursue workable solutions to long-standing health care problems, such as widespread health disparities and inadequate access to care. The AAMC Center for Health Justice works with public health and community-based organizations, among other groups, to co-create solutions to health inequities and improve population and community health. Throughout the COVID-19 pandemic, Dr. Skorton contributed to the national response through frequent interactions with senior government officials, appearances in national media, and development of a Road Map to Reset the Nation's Approach to the Pandemic. He and other AAMC leaders and experts sounded the alarm on shortages of personal protective equipment in hospitals, testing shortages in academic laboratories, and the importance of respecting science and the scientific process in efforts to fight the pandemic. When national protests erupted in 2020 over police brutality, Dr. Skorton was a passionate and outspoken
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voice for ending systemic racism in academic medicine and addressing persistent health disparities. He raised awareness about the social determinants of health — such as education, job opportunities, family and social support, community safety, and environmental and housing conditions — that affect a person's health and well-being and are, in turn, influenced by fundamental upstream factors such as poverty and systemic racism. In the AAMC's award-winning “Beyond the White Coat” podcast, Dr. Skorton has addressed several topics, including diversity, equity, and inclusion in academic medicine. Dr. Skorton engages with medical students and residents through social media and speaking at venues such as the Latino Medical Student Association and National Medical Fellowships, focusing on why now is such an important time to enter the field of medicine. Prior to assuming the helm of the AAMC, Dr. Skorton served as the 13th secretary of the Smithsonian Institution, where he oversaw 19 museums, 21 libraries, the National Zoo, and numerous research centers and education programs. Before that, he served as president of two universities: Cornell University (2006 to 2015) and the University of Iowa (2003 to 2006), where he also served on the faculty for 26 years and specialized in the treatment of adolescents and adults with congenital heart disease. A pioneer of cardiac imaging and computer processing techniques, he was co-director and co-founder of the University of Iowa Adolescent and Adult Congenital Heart Disease Clinic. A distinguished professor at Georgetown University, Dr. Skorton is an elected member of the National Academy of Medicine, the American Academy of Arts and Sciences, and the American Philosophical Society. He is also a lifetime member of the Council on Foreign Relations and a fellow of the American Association for the Advancement of Science. He served on the AAMC Board of Directors from 2010 to 2013, and he was the charter president of the Association for the Accreditation of Human Research Protection Programs, Inc., the first group organized specifically to accredit human research protection programs. Additionally, he is a member of the USA Today Board of Contributors, a diverse group of writers with a broad range of expertise and views that span the political spectrum.

A nationally recognized supporter of the arts and humanities, as well as an accomplished jazz musician, Dr. Skorton believes that many of society's thorniest problems can only be solved by combining the sciences, social sciences, and the arts and humanities. Dr. Skorton earned his BA from Northwestern University and his MD from Northwestern University Feinberg School of Medicine. He completed his medical residency and fellowship in cardiology and was chief medical resident at the University of California, Los Angeles. He is married to Robin Davisson, PhD, an award-winning scientist who is a professor emerita of molecular physiology at Cornell University, as well as a professor of medicine at Georgetown University and an emerging visual artist.

Georges C. Benjamin, MD

Executive Director is known as one of the nation’s most influential physician leaders because he speaks passionately and eloquently about the health issues having the most impact on our nation today. From his firsthand experience as a physician, he knows what happens when preventive care is not available and when the healthy choice is not the easy choice. As executive director of APHA since 2002, he is leading the Association's push to make America the healthiest nation. He came to APHA from his position as secretary of the Maryland Department of Health and Mental Hygiene. Benjamin became secretary of health in Maryland in April 1999, following four years as its deputy secretary for public health services. As secretary, Benjamin oversaw the expansion and improvement of the state's Medicaid program. Benjamin, of Gaithersburg, Maryland, is a graduate of the Illinois Institute of Technology and the University of Illinois College of Medicine. He is board-certified in internal medicine and a master of the American College of Physicians, a fellow of the National Academy of Public Administration, a fellow emeritus of the American College of Emergency Physicians, an honorary fellow of the Faculty of Public Health and an honorary fellow of the Royal Society of Public Health. An established administrator, author and orator, Benjamin started his medical career as a military physician in 1978 where he trained in internal medicine at the Brooke Army Medical Center. In 1981, he was assigned to the Madigan Army Medical Center in Tacoma, Washington, where he managed a 72,000-patient visit ambulatory care service as chief of the Acute Illness Clinic and was faculty and an
attending physician within the Department of Emergency Medicine. A few years later, he was reassigned to
the Walter Reed Army Medical Center in Washington, D.C., where he served as chief of emergency medicine.
After leaving the Army, he chaired the Department of Community Health and Ambulatory Care at the District
of Columbia General Hospital. He was promoted to acting commissioner for public health for the District of
Columbia and later directed one of the busiest ambulance services in the nation an interim director of the
Emergency Ambulance Bureau of the District of Columbia Fire Department. His academic career has
consisted of the full range of academic endeavors from teaching, policy research and academic program
development and management. Benjamin has combined his practice and academic experience as an
emergency physician with public health to become one of the nation’s experts in public health emergency
preparedness. At APHA, Benjamin also serves as publisher of the nonprofit’s monthly publication, The
Nation’s Health, the association’s official newspaper, and the American Journal of Public Health, the
profession’s premier scientific publication. He is the author of more than 200 scientific articles and book
chapters. His recent book Public Health Under Siege: Improving Policy in Turbulent Times explores the impact
of policy on our nation’s health and offers specific actions to improve health and extend life expectancy. He
is also the author of The Quest for Health Reform: A Satirical History is an exposé of the nearly 100-year quest
to ensure quality affordable health coverage for all using political cartoons. Benjamin is an active member of
the National Academy of Medicine (Formally the Institute of Medicine) of the National Academies of Science,
Engineering and Medicine. and the National Academy of Public Administration. He serves on the boards of
many nonprofit organizations including Research!America, the Truth Initiative, the Reagan-Udall Foundation
for the FDA, the Environmental Defense Fund and Ceres. Dr. Benjamin is also a former member of the
National Infrastructure Advisory Council, a council that advises the president on how best to assure the
security of the nation’s critical infrastructure. In 2008, 2014 and 2016 he was named one of the top 25
minority executives in health care by Modern Healthcare Magazine, in addition to being voted among the
100 most influential people in health care from 2007-2018.

James R. Kennedye MD, MPH, FACEP
A member of the Kiowa Tribe of Oklahoma, grew up in Midwest City, Oklahoma and is an Emergency
Physician at OU Medical Center in OKC and Edmond as well as the Chickasaw Nation Medical Center in Ada,
OK. He is Board Certified in Emergency Medicine and has been elected Fellow of the American College of
Emergency Physicians. He has served as Clinical Assistant Professor of Emergency Medicine at the University
of Oklahoma Schools of Medicine in OKC and Tulsa and is Clinical Assistant Professor of Emergency
Medicine and Pediatrics at the Oklahoma State University Center for Health Sciences. Dr. Kennedye has
served as the Oklahoma College of Emergency Physicians (OCEP) Vice-President and serves on the American
College of Emergency Physician’s (ACEP) National Council as well as its State Legislative & Regulatory
Committee. He is an active member of the Association of American Indian Physicians (AAIP), the American
Public Health Association (APHA) and the Edmond Chamber of Commerce, where he was elected class MVP
of Leadership Edmond, Class XXVIII. He is also a lifetime member of Leadership Oklahoma Class 30. He is a
member of the Kiowa Black Leggings Warrior Society, has served on the Kiowa Tribe Election Commission,
the Kiowa Tribal Casino Operating Authority as well as the Executive Boards of Red Earth, the Association
of American Indian Physicians and the Association of Native American Medical Students (ANAMS). A 16-year
U.S. Navy veteran, he graduated from Oklahoma City University with a BS in Biological Sciences in 1992,
completed medical school at the University of Oklahoma in 1998, his residency in Emergency Medicine at
Washington University in St. Louis/Barnes-Jewish Hospital in 2002 and the Mongan/Commonwealth Fund
Health Policy Fellowship and Masters Degree in Public Health at Harvard University in 2012. While a medical
student, he rotated as a medical student at the Oklahoma City Indian Clinic and currently serves on their
Executive Board. His son, Patrick, is an Indian Health Service (IHS) Scholar Family Physician working at the
Citizens Band Potawatomi Clinic in Shawnee and his daughter, Jacqueline, is a graduate of the U.S. Naval
Academy and is a U.S. Navy Pilot flying the E-6B out of Tinker Air Force Base. Dr. Kennedye was a 2022 White
House Fellowship National Finalist. In his free time, Dr. Kennedye likes to travel, camp, play sports, follow college football and participate in Native American cultural projects. Being an avid motorcycle enthusiast, he both rides locally and serves as trackside physician for the AMA Professional Supercross and Motocross Series’ across the United States.

**Stacey Jolly, MD, MAS, FACP (Aleut)**
Associate Program Director, Cleveland Clinic Internal Medicine Residency; Director of Career Advising Cleveland Clinic Lerner College of Medicine. Dr. Jolly has interviewed medical students for residency for over 15 years and has been a member of the Cleveland Clinic Internal Medicine residency program selection committee for the past 6 years. She earned her M.D. from Stanford School of Medicine before completing an internal medicine residency at University of California San Francisco (UCSF). She then returned to UCSF and completed a general internal medicine research fellowship. She is currently on faculty at Cleveland Clinic Lerner College of Medicine and a Staff Physician in General Internal Medicine.

**Maria Jones, BS**
A member of the Choctaw Nation of Oklahoma and a second-year medical student at the Elson S. Floyd College of Medicine in Spokane, Washington. She graduated in 2019 with a B.S. in psychology from Western Washington University, where she spent time researching spatial memory. She is highly interested in pursuing psychiatry as a career and is passionate about promoting wellness and advocating for mental health in the Native American community.

**CAPT Paul Jung**
An officer in the Commissioned Corps of the U.S. Public Health Service. CAPT Jung has held assignments at the Health Resources and Services Administration, Indian Health Service, Peace Corps, Office of the Surgeon General, Centers for Disease Control, National Institutes of Health, and Food and Drug Administration. CAPT Jung chaired the Physicians Professional Advisory Committee of the U.S. Public Health Service for two terms. He graduated from the University of Maryland School of Medicine, completed residencies in internal medicine at Case Western Reserve University and preventive medicine at Emory University, and earned his M.P.H. as a Robert Wood Johnson Clinical Scholar at Johns Hopkins University. CAPT Jung is a Fellow of the American College of Preventive Medicine.

**Evan Adams, MD**
Evan Tlesla II Adams is a Coast Salish actor & physician from the Tla’amin First Nation near Powell River, BC, Canada. Evan stars as Thomas Builds-The-Fire in Miramax’s SMOKE SIGNALS, written by Sherman Alexie & directed by Chris Eyre. He also won Best Actor awards from the American Indian Film Festival, & from First Americans in the Arts, & a 1999 Independent Spirit Award for ‘Best Debut Performance’. He won a 2011 Gemi-ni Award for co-hosting the National Aboriginal Achievement Awards along with Adam Beach. Aside from his career in the arts, Evan has completed a Medical Doctorate from the University of Calgary in 2002, & a residency in the Aboriginal Family Practice program at St. Paul’s Hospital in Vancouver, BC. Dr. Adams has a Masters of Public Health (2009) from Johns Hopkins University in Baltimore, MD. He was the first-ever Aboriginal Health Physician Advisor in the Office of the Provincial Health Officer, BC Ministry of Health (2007-2012). He was the Deputy Provincial Health Officer for the province of BC from 2012 to 2014. He is currently the Chief Medical Officer of the First Nations Health Authority.
Trinity Guido, BS Candidate
I am a current undergraduate student at the University of Oklahoma graduating in May 2022 working directly with Tribal Nations and the Native community on our campus. I am also working at the Southern Plains Tribal Health Board which also serves indigenous communities and the advancement of their health and wellness. I have been a part of this mentor based program since its first cohort and have seen it grow into what it is now. I am looking forward to being involved with this program for years to come.

Dr. Jessica Blanchard
Senior Research Scientist at the University of Oklahoma’s Center for Applied Social Research. She is the Director of the Center for the Ethics of Indigenous Genomics Research and co-directs the Genomics and Ethics Program for Native Students. She is a cultural anthropologist by training, and her research builds upon a larger applied medical and social behavioral research program that focuses on community-engaged research addressing the reduction of health disparities in AI/AN and African American communities, and particularly on issues of cancer, ethical and social implications of genomics research, and community partnerships in health research.

Dawn (Toppah) Landon, Otoe-Missouria, Iowa, Kiowa.
Graduated recently with a bachelor of arts in Community Health from the University of Oklahoma, with a minor in health and exercise science and Native American studies. Future goals are to obtain her license and work for Indigenous nations as a physician with a specialty in oral maxillofacial surgery or neurology. She will be attending graduate school this fall to fulfill her master’s in public health/global health. She currently is interning for the Mayo Clinic as a virtual simulation team member.

Dr. Jason Deen (Blackfeet)
Associate Professor of Pediatrics and Medicine at the University of Washington in the Divisions of Cardiology. He completed the Indian Health Pathway through the Center of American Indian and Minority Health at the University of Minnesota Medical School. Involved with the Strong Heart Study (SHS) since residency, he is a co-Principal Investigator of the Arizona data collections site. He currently directs the Indian Health Pathway through UW Medicine’s Office of Healthcare Equity. His main research interest is cardiovascular risk stratification in American Indian children and adolescents.

Melissa Eidman, BS (Yurok Tribe of Northern CA)
A community college transfer and Stanford University graduate pursuing an MD at Stanford School of Medicine who plans to pursue Family Medicine & OB/Gyn to serve her home community. Prior to medical school Melissa worked for the California Consortium for Urban Indian Health and the Sacramento Native American Health Center, supporting public health and clinical programming to improve AIAN health. At Stanford, she is a Knight-Hennessy Scholar, Valley Fellow, and Schweitzer Fellow, leveraging her role as a medical student to fund projects that contribute to the healing of her local Urban Indian Community.

Shelby Koch, MA (M2)
A second-year medical student at the Elson S. Floyd College of Medicine in Spokane, Washington. I helped transcribe, code, and write the manuscript of this research project I am presenting a part of. I am hoping to grow as a future physician and professional during this event and appreciate the opportunity.

Francys Crevier, JD (Algonquin)
Francys Crevier has been serving Indian Country for over a decade. She has served in various capacities from
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clerking for Tribal supreme courts and working for the United Nations Special Rapporteur for the Rights of Indigenous Peoples to representing Tribes as in-house counsel and special prosecutor. She joined the Indian healthcare field in 2015 to advocate for better healthcare in Indian Country as well as educate Tribal members and communities on their alternative healthcare options. She joined NCUIH in 2016 as the Policy Analyst and Congressional Relations Liaison and later became the Director of Governmental Affairs. As of August 2017, she is now NCUIH’s Chief Executive Officer. Francys received her J.D. from University of Arizona Law with a Certificate in Indigenous Peoples Law and Policy and her B.A. in Public Administration from Florida International University.

Roger Dale Walker, MD (Cherokee)
Professor Emeritus of Psychiatry at Oregon Health and Science University and Senior Consultant to the National American Indian Addiction Technology Transfer Center at the University of Iowa. He is the Director of the One Sky Center, the first National Resource Center for American Indians and Alaska Natives dedicated to improving prevention and treatment of substance abuse and mental illness. His work draws attention to best practices for the prevention and treatment of addiction and mental health disorders with American Indian/Alaska Native populations. Dr. Walker has participated in numerous Native clinical consultations on suicide, violence, addictions and behavioral health issues and has over one hundred publications in these areas.

Allison Kelliher, MD
Dr. Kelliher, MD, is said to be the first Koyukon Athabascan physician and the only MD trained as a Tribal Doctor in Alaska’s tribal health sys- tem. She serves as an AAIP Director At Large and is chair of the Rites & Ceremonies Committee. From Nome Alaska, she is a family and integra- tive physician at the University of North Dakota School of Medicine where she directs a practice-based research network, the American Indian Collaborative Research Network (AICoRN), and is also an associate professor. She was recently awarded the University of Alaska Fairbanks Distinguished Alumnus of the year and is a graduate of the University of Washington School of Medicine. She has apprenticed with healers for decades and continues to see patients along with teaching.

Rita Choula, MA
As the Director of Caregiving with the AARP Public Policy Institute, Rita Choula leads and provides content expertise on family caregiving initiatives throughout AARP and externally. Bridging policy and research to practice, much of her work focuses on identifying and supporting the needs of racially, ethnically and culturally diverse family caregivers through a multi-disciplinary approach that elevates the unique nature of each caregiving experience. In collaboration with clinical experts and key stakeholders, Rita develops programs and tools that enable health care professionals to better recognize and support family caregivers across settings.

Richard St. Germaine, MPH
An enrolled tribal member of the Lac Courte Oreilles Band of Lake Superior Ojibwe, located in northern Wisconsin. He graduated from the University of Minnesota with his Master of Public Health in Biostatistics, now, in his Ph.D. in Biostatistics program at the University of Minnesota Twin Cities campus. Currently, his occupation involves Clinical Biostatistician working for Endologix and develops statistical models in various cardiovascular medical device studies. Goals include the development and intersectionality of data science in American Indian healthcare research, emphasizing Artificial Intelligence and its uses in healthcare, and
providing a foundation of data science in American Indian communities.

**Theresa Maresca, MD**
Dr. Maresca, Mohawk Tribe (Kahnawake Band) is a family physician and clinical professor at the University of Washington School of Medicine in Seattle. She is a former president of AAIP and an experienced herbalist and knowledge bearer, having mentored two generations of health professional students in advocacy and two-eyed seeing. Since 1987 she has worked in reservation, tribal, and urban American Indian communities helping to build Indigenous practices within our health systems. Terry is on the faculty at Seattle Indian Health Board and Puyallup Tribal Health Authority’s family medicine residency training programs. She remains committed to indigenous seed and rare plant preservation, medicinal garden planning, and land/riparian restoration efforts.

**Melissa Lewis, Ph.D.**
Assistant professor at the University of Missouri School of Medicine in the Department of Family & Community Medicine. She is an enrolled member of the Cherokee Nation of Oklahoma and her research interests span preparing healthcare professionals to work with Indigenous populations effectively, examining the role of stress and trauma on cardiovascular disease in Indigenous populations, and interventions aimed to empower Indigenous families and communities by privileging Indigenous knowledge and practices.

**Socia Love-Thurman, MD**
A citizen of the Cherokee Nation of Oklahoma and is also Yuchi and Delaware originally from Tahlequah, Oklahoma. She obtained her medical degree from the University of Minnesota and residency training in Family Medicine at the Seattle Indian Health Board. She currently serves there as the Chief Health Officer. She continues to provide primary care to all ages with medical interests specifically including women’s health, procedural skills, point of care ultrasound, and Native health equity.

**Rodney Haring, Ph.D., MSW**
Rodney Haring, Ph.D., MSW, is the inaugural Director of the Roswell Park Center for Indigenous Cancer Research and the Roswell Park Center for Indigenous Cancer Services. Dr Haring serves as research faculty at Roswell Park Comprehensive Cancer Center’s Office of Community Outreach and Engagement, Department of Cancer Prevention and Control and adjunct faculty at the Native American Research and Training Center, University of Arizona. He is also a past fellow at the National Congress of American Indians and Mayo Clinic. Dr. Haring is an enrolled member of the Seneca Nation of Indians (Beaver Clan) and resides on the Cattaraugus Indian Reservation (NY). He holds a doctoral degree in social work, has more than 15 years of social work practice, and served as a former delegate on the US Department of Health and Human Services, American Indian and Alaska Native, Health Research Advisory Council. Dr. Haring is also the lead delegate for the historic MoU between Rowell Park and Indian Health Services with the common mission of addressing health burdens in Indigenous communities. In 2017 he was awarded an Impact Award by the National Indian Health Board and in 2021 he received the National Federation of Just Communities Hero Award. Dr. Haring’s research interests intersect eliminating disparities and encouraging resiliencies within First Nations and Indigenous communities.

**Antoinette Martinez, MD**
Dr. Martinez graduated from the University of North Dakota School of Medicine & Health Sciences in 2002. She works in Arcata, CA and specializes in Family Medicine and Obstetrics & Gynecology. Dr. Martinez is affiliated with Mad River Community Hospital.

**Mary Owen, MD**
Dr. Mary Owen is a member of the Tlingit nation. She graduated from the University of Minnesota Medical School and North Memorial Family Practice Residency Program before returning home to work for her tribal community in Juneau, Alaska. After eleven years of full-scope family medicine, she returned to the University of Minnesota Medical School, Duluth in 2014, as the Director of the Center of American Indian and Minority Health (CAIMH). Her work includes: developing and managing programs to increase the numbers of American Indian and Alaska Native (AIAN) students entering medical careers, outreaching to local and national Native leaders to ensure that CAIMH and the University of Minnesota Medical School remain in tune with AIAN health care and education needs, developing an AIAN track for all students interested in providing healthcare to AIAN communities and developing research efforts to address AIAN health disparities.

Alec Calac, MS3
I am a fourth-year MD/PhD student at UC San Diego School of Medicine. I am pursuing a PhD in global health with a focus on tribal public health. My research interests are in vaccine hesitancy and misinformation. At UC San Diego, I founded and have led our ANAMS chapter since 2018. There, I have been overseen the development of new policies and programs supporting tribes and ANAMS, including partnerships with local Indian Health Service clinics and a new program focused on training the next generation of Native physicians. I was born and raised in San Diego and graduated from the University of Arizona with a B.S. in neuroscience and cognitive science and molecular and cellular biology in 2016. As president-elect of ANAMS, I work closely with the executive board and key academic and community stakeholders to promote greater inclusion of American Indians and Alaska Natives in medicine and the allied health professions. I have served on the executive board as the inaugural policy director since 2019 and liaise closely with the American Medical Association to support policies and advocacy related to Native health and education.

Elizabeth Fowler
A member of the Comanche Nation with descendancy from the Eastern Band of Cherokee Indians, is the acting director and has the delegable duties as the director of the Indian Health Service, an agency within the U.S. Department of Health and Human Services. The IHS is the principal federal health care advocate and provider of health care services for American Indians and Alaska Natives. In her position, Ms. Fowler administers a nationwide health care delivery program that is responsible for providing preventive, curative, and community health care to approximately 2.6 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States. Ms. Fowler has served as the executive officer for the IHS Oklahoma City Area since February 2019, overseeing the administrative functions for the area, including human resources, finance, acquisitions, property and supply, the National Supply Service Center, business office, purchased and referred care, health information management, and information technology programs. She began her career with IHS in 1990 in the IHS headquarters Division of Personnel Management. Ms. Fowler has also served in a variety of different roles at IHS headquarters, including IHS deputy director for management operations, and deputy director for budget formulation within the Division of Financial Management. She has also served as director of the Office of Finance and Accounting, the agency’s chief financial officer, charged with providing oversight and leadership for financial management within the IHS. Ms. Fowler has received numerous awards from the IHS and HHS, including the HHS Secretary’s Award for Distinguished Service, various IHS Director’s Awards, and the Luana Reyes Leadership Award. She received her Bachelor of Science degree in Mathematics from the University of Maryland university system.

Patrick Johansson, MD, MPH
Associate Professor at Washington State University’s (WSU) Elson S. Floyd College of Medicine, where he directs the Northwest Health Education Research Outcomes Network (NW HERON), WSU’s practice-based research network. As the director of the NW HERON, he leads a network which is devoted to improving the health and healthcare of tribal and rural communities across the state of Washington. A past provider with Boston’s Urban Indian Health Program, he has a broad background in public health and primary care, with
special emphases on American Indian health disparities. At the nexus of public health and primary care, his research focuses on the prevention and reduction of cardiovascular disease risk factors, which include risk factors for Alzheimer’s disease and related dementias.

Yvette Roubideaux, MD, MPH (Rosebud Sioux)
Yvette Roubideaux, MD, MPH is the Director of the Policy Research Center at the National Congress of American Indians. The mission of the NCAI Policy Research Center is to lead, conduct, and translate high quality policy research and data to improve outcomes for Indian Country. Her prior work includes research, education, and policy development in the areas of American Indian/Alaska Native (AI/AN) health and the quality of diabetes care. She served in the Obama Administration as a Senior Advisor to the HHS Secretary for American Indians and Alaska Natives and as the Director of the Indian Health Service (IHS). She is currently an Adjunct Professor in the Department of Health Systems, Management and Policy at the Colorado School of Public Health. Dr. Roubideaux directed training programs to encourage AI/AN students to enter health research professions, is a founder of the Native Research Network, Inc., served as President of the Association of American Indian Physicians, and is an elected member of the National Academy of Medicine. Dr Roubideaux received her undergraduate, medical and public health degrees at Harvard, authored several peer-reviewed research publications, and co-edited the 2001 book Promises to Keep: Public Health Policy for American Indians and Alaska Natives.

Melissa Walls, Ph.D.
Dr. Walls (memengwaa), Associate Professor of American Health, Director, Great Lakes Hub is Eagle Clan and a first generation descendant of the Couchiching First Nation and Bois Forte Band of Ojibwe (maternal) and of Swedish/German descent (paternal). She grew up in northern Minnesota along the Canadian border and now lives in Duluth, MN where she serves as Director of the Center for Indigenous Health’s Great Lakes Hub and an Associate Professor of American Health in the Department of International Health at Johns Hopkins University. Melissa is trained as a social scientist (PhD sociology, 2007) and is committed to collaborative, community-driven research. She has been working on health equity research projects with Tribal Nations in the Great Lakes region of the US and Canada since 2002. The Great Lakes Hub project focus on topics including mental health epidemiology, culturally-relevant, family-based substance use prevention and mental health promotion programming and evaluation, and promoting better health for families living with type 2 diabetes.

Tasha Peltier, MPH, CPH
Co-Executive Director, Wni Wichoni Health Circle, Tasha has had the privilege of engaging in work focused on reclaiming the inherent health and wellness practices of her home communities of Standing Rock Indian Reservation. This work has been accomplished through the nonprofit organization, Mni Wichoni Health Circle. This organization is led primarily by Indigenous women, including Tasha, who serves as co-executive director. They have been intentional about centering their organization and work around culture and ancestral knowledge. For generations, colonization has negatively impacted Indigenous communities through harmful practices intended to assimilate Indigenous people into mainstream society, and in some cases, to eliminate Indigenous communities completely. These efforts were enacted through public policy and oppressive systems that attempted to push Indigenous people away from their own culture and values. The Mni Wichoni Health Circle has worked to co-create, with community, a culturally centered plan to improve health and wellness through culturally sustaining practices. Tasha is Hunkpapa Lakota and an enrolled citizen of the Standing Rock Nation. As a Culture of Health Leader, she has been motivated to challenge how dominant society views health and to create pathways for Indigenous communities to reclaim and uplift their own ways of healing and wellness.
**Lance Whitehair, MD**  
Specializes in family practice in Shiprock, NM and has over 10 years of experience in the field of medicine. He graduated from University of Minnesota, Duluth School Of Medicine with his medical degree in 2012. He is affiliated with numerous hospitals in New Mexico and more, including Northern Navajo Medical Center. I did 2 years of clinical and bench cancer research so I know how to analyze data. I was able to get outcome data on my antibody program. I have picked up public health and COVID epidemiology during the pandemic.

**Dorothy A. Rhoades, MD, MPH (Moderator)**  
Clinical Professor in the Department of Medicine at the University of Oklahoma Health Sciences Center and a Cancer Prevention and Control Research Program member at the Stephenson Cancer Center. She has decades of experience in chronic disease health disparities research among Native American populations and communities, and currently focuses on tribal-academic research partnerships related to cancer screening as well as tobacco use. Dr. Rhoades is a member of the Kiowa Tribe of Oklahoma.

**Dr. Kathleen Dwyer**  
A Professor and holds the Freede Endowed Chair in Nursing Science, Ziegler College of Nursing at the University of Oklahoma Health Sciences Center. Her research efforts have included studies in cancer survivorship funded by National Institute of Nursing Research and National Cancer Institute (NCI) as well as community-engaged research funded by Agency for Healthcare Research and Quality and NCI. Dr. Dwyer has worked on multiple cancer-related studies with Tribal healthcare systems. As a co-investigator on the TEALS study, Dr. Dwyer conducted the patient interviews and led the analyses for this presentation.

Brook McCann, RN has been a registered nurse for 31 years, most of which was spent in direct patient care. She is an active member of the screening team and the low dose CT case manager for Choctaw Nation, promoting and tracking all of the low dose CT’s throughout the entire Choctaw Nation. She collaborates with University of Oklahoma Health Sciences Center on the Tribally Engaged Approaches to Lung Screening study. Her activities also include participation in the study’s community advisory board and scientific advisory board.

**Michele G. Gibson, RN**  
Licensed Registered Nurse with 38 years of direct care experience caring for Native American patients, including 27 years with Choctaw Nation Health Services Authority. She has worked with the vast majority of departments ranging from ER, OR, and OB. Since 2021 she has served as the Preventative Health Director, as her passion is prevention. She experienced cancer firsthand on the clinical side and through the loss of a family member to lung cancer, which was untreatable by the time symptoms arose.
Decolonizing and Indigenizing Medical Education
Donald Warne, MD
1. Provide at least two examples of the differences between allopathic and traditional medicine.
2. Define the meanings of “decolonizing” and “Indigenizing” as they pertain to medical education.
3. Describe at least two examples of modern medicine that have roots in Indigenous medicine.

The Social Determinants of Health, and Health Inequalities
Sir Michael Marmot, MD
1. Understand social determinants of health
2. Appreciate how the SDH model applies to indigenous people
3. Lay out a program for action

Food As Medicine: Creating A Food Security and Food Sovereignty Elective for Residents
Karol Courtney, MD
1. Demonstrate a framework for a resident-led curriculum on food security, nutrition education, and community engagement
2. Explore the importance of these topics, even though outside a typical residency curriculum, and the significant interest in this education from residents, particularly given our role as patient advocates

Health Equity, Action, & Leadership (HEAL) for Native Communities
Adriann Begay, MD
1. Recognize the impact of HEAL global health fellowship program on vacancy rates and transformation of front-line health care workers;
2. Compare difference between rotating fellows versus site fellows
3. Acquire knowledge of the 4 pillars of HEAL curriculum to strengthen the work towards health equity in vulnerable populations

Expanding Web-Based Access to Self-administered STI and HIV testing among Native populations through Tribal-Academic Partnership
Cody Knight, MPH, CPH
1. Describe the disparities in STI and HIV incidence rates among AI/AN individuals, and critically consider why venue and clinic-based testing as the norm for STI and HIV screening contribute to low rates of testing among AI/AN populations.
2. Define Native Test and the delivery system of HIV self-testing kits through a text messaging-based system.
3. Define I Want The Kit (IWTK) (iwantthekit.org) and its mechanisms for providing at-home specimen collection for STI screening to Native populations.
4. Describe the partnership between IWTK, the Johns Hopkins Center for American Indian Health
Promoting Resilience among Native American Youth: A Gift from the Ancestors

Mary Marfisee, MD, MPH

1. By way of this presentation, participants will be able to list historical examples of collective and individual resilience among AI/AN peoples.
2. During this presentation, participants will explore and evaluate some beneficial and not-so-beneficial resiliency questionnaires and self-assessment tools that have been used in AI/AN health and educational settings.
3. At the completion of this presentation, participants will learn strategies for the promotion of self-esteem and resiliency building in AI/AN youth through exploration of cultural assets, shared identity, and promotion of cultural connectedness and engagement.

Pathway Programs to Support AI/AN Representation in the Health Professions

John Paul Sanchez, MD, MPH

1. Describe the state of AI/AN representation in the health professions;
2. List programs that support AI/AN-identified high school and college students in pursuing the health professions;
3. Discuss core components of successful programs

Back To Our Roots: Traditional Buffalo Brain Tanning and Tipi Making on the Great Plains”

James Kennedye, MD, MPH

1. History of the Use of American Bison by American Indians
2. How the Plains Indians tanned out buffalo hides for clothing, blankets and tipis.
3. Why this information is essential for Plains Indians cultural identity and health.

Recipe for success after medical school: Residency How to Choose and Thrive?

Stacey Jolly, MD, MAS

1. Discuss unique paths/challenges of being an American Indian/Alaska Native (AIAN) medical student applying to residency programs; Introduce AAMC Careers in Medicine Resources
2. Describe the residency application process and analyze recent National Residency Match Program (NRMP) annual reports and data available
3. Illustrate the importance of finding a residency program for you to thrive
Depression Prevention in Native American Adults: A Literature Review
Maria Jones, BS
1. Participants should be better able to summarize currently existing literature as well as research gaps regarding depression prevention in Native American adults,
2. Discuss empirical interventions aimed at reducing depression in Native American adults, discuss associations with depression in Native American adults
3. Summarize actionable conclusions that may be drawn from the reviewed literature for healthcare providers treating Native American patients.

Taking Care of Home in Difficult Times: Indigenous Perspectives from Canada and the United States about Children, Family, and Elders
Evan Adams, MD
1. Participants can use this knowledge develop a treatment plan that considers the nature and impact of chronic behavioral health illnesses on Indigenous communities and individuals.
2. Participants will be able to use the Social Determinates of Health model.
3. Participants will consider Reconciliation and Rapprochement of Cultures as a part of their practice in Indigenous communities.

Genomics and Ethics program for Native Students (GEN): A Model for Indigenous based, Mentor-linked learning
Trinity Guido, Student, BS Candidate, Jessica Blanchard, Ph.D., Dawn Landon, Julia Guerrero
1. At the completion of this presentation, participants should be better able to identify helpful strategies to uniquely address underrepresentation of indigenous students in healthcare fields.
2. At the completion of this presentation, participants should be better able to understand unique issues of indigenous students in the cohort of the GEN program as it relates to pursing medical school in undergraduate education.
3. At the completion of this presentation, participants should be better able to understand how incorporating indigenous mentorship and networking is a key component to student success of this program.

Culture as Medicine: The Story of developing the nation’s first Indigenous clinical simulation program meant to counterbalance, decolonize, and Indigenize the education of those who heal our people
Naomi Bender, Ph.D., MA
1. Reimagine ways in which individuals or groups may broaden their scopes of work through decolonizing and Indigenizing their aims within institutions of higher education, organizations, and communities toward positively impacting the health education, pathways, and the health of their tribal communities.
2. Consider and plan culturally centered ways to work with your organization, tribal communities and members, health organizations, funders, stakeholders, students, researchers, and others to help develop and sustain broadened scopes of infrastructure, activities, and work.

**Cardiovascular Risk Factors and Subclinical Cardiovascular Disease in American Indian Youth**

*Jason Deen, MD*

1. American Indian populations exhibit exaggerated cardiovascular morbidity with premature cardiovascular mortality.
2. Cardiovascular risk factors are common in American Indian youth.
3. Screening American Indian youth for cardiovascular disease risk factors may identify high-risk individuals and attenuate their risk for incident cardiovascular disease in their young adult years.

**Leveraging Community Knowledge for Community Gain: A Mixed Methods QI Project for SDPI and IHCSCV**

*Melissa Eidman, BS, Medical Student*

1. Appreciate & apply methods of qualitative data collection/analysis to leverage support or change within their programs/community.
2. Apply lessons learned about diabetes program analysis and improvement in an Urban Indian Health Program to their practice.
3. Identify actionable areas of improvement in public health programs aimed to support AIAN folks in their own communities.

**Facilitating Factors For Good Sleep: Qualitative Observations from the American Indians’ CHronic disEase Risk and Sleep Health (AI-CHERISH) Study**

*Shelby Koch, MA, Medical Student (M2)*

1. Discuss sleep hygiene and think about factors that affect sleep in a positive way,
2. Understand the way that culture - including cultural practices, beliefs, and medicines - may impact sleep

**American Indian Mortality and Mortality: A Broad Look at Causes and Treatment**

*Roger Dale Walker, MD*

1. Participants will have the historical knowledge of how European and US encroachment into North America effected the Indigenous populations.
2. Participants can use this knowledge to spell out the nature and impact of chronic behavioral health illnesses on Native communities and individuals.
3. Participants will be able to use the Social Determinates of Health model. 4. Participants can address program adjustments to care with culture and history in mind.
Why Supporting Family Caregivers Matters Now

*Rita Choula, MA*

1. Better integrate what family caregivers may need related to the complex care of older adults.
2. Consider person and family-centered care practices can inform successful discharge and follow-up care in clinical settings.
3. Drive proactive connections to community resources that build equity in the services and supports family caregivers need most when caring for older adults.

**Automation of Clinical Data Cleaning: Data Science for American Indian Healthcare**

*Richard St. Germaine, MPH*

At the end of this presentation, participants will be able to access and utilize my open-source Python bot, locate open-source clinical data through OpenML or utilize their own obtained clinical data for cleaning through the Python bot, and consider the development of data science in American Indian Healthcare.

**Expanding Indigenous Research Protocols: Pandemic Genomics, Sovereignty, and Data User Agreements**

*Rodney Haring, Ph.D., MSW*

1. After participating in this presentation, attendees will be able to describe the importance of tribal governance in pandemic research data.
2. At the end of this presentation, participants will be able to incorporate an Indigenous focused data use agreement into their research ethics review process at both the institutional and tribal level.

**Aunties in the Kitchen: Reclaiming an Indigenous Diet 101**

*Theresa Maresca, MD*

1. Participants will be able to name at least 3 personal health and community benefits of Indigenous foods and three barriers to incorporating them into their diet
2. Participants will be able to discuss at least 2 resources to assist Indigenous patients in learning more about Indigenous foods access
3. Participants will practice using a motivational interviewing tool to assist patients and themselves in establishing a nutrition improvement goal

**Development of a Financial Hardship Screening among Native American Patients with Cancer**

*Dorothy Rhoades, MD, Amber Anderson Buettner, MPH*

1. Identify gaps in financial hardship screening for NA persons
2. Distinguish 2-3 tools available for assessing financial hardship and identify their limitations
3. Describe processes affecting patient navigation and implementation of FHS within healthcare settings serving NA people
A Traditional Health Approach in Urban Indian Healthcare Delivery

*Socia Love-Thurman, MD*

1. Consider how ITU organizations can implement traditional approaches of care into healthcare systems through learning about our model of Indigenous Knowledge Informed Systems of Care.
2. Learn about our current policy work to establish Traditional Medicine approaches as billable services.

Two-row Wampum & Indigenous Patient Navigation: Building Respectful Parallels of Sovereignty Along the Cancer Care Continuum

*Rodney Haring, Ph.D., MSW*

1. After participating in this presentation, attendees will be able to braid QI methods in closing community-based health care delivery gaps and celebrate Indigenous Knowledge practices across health care continuums.
2. At the end of this presentation, participants will be able to discuss how historical treaty and wampum language can inform present day health care delivery.

Tribally Engaged Approaches to Lung Screening - Preliminary Findings from a Tribal-Academic partnership

*Dorothy Rhoades, MD, Dr. Kathleen Dwyer, Brook McCann, RN, Michele G. Gibson, RN*

1. Understand revised guidelines for LCS and their potential impact on American Indian and Alaska Native communities in the United States.
2. Understand system barriers and facilitators of implementing an LCS program in American Indian and Alaska Native communities.
3. Strategies to develop or improve LCS rates in health care systems serving American Indian and Alaska Native communities.

The Strong Heart Study: An Update, An Opportunity

*Jason Deen, MD*

1. American Indian populations exhibit exaggerated cardiovascular morbidity with premature cardiovascular mortality.
2. The Strong Heart Study is instrumental in shaping our understanding of cardiovascular disease in American Indians.
3. An ongoing study, there are multiple opportunities for interested parties to work with the Strong Heart Study to expand upon the baseline base of cardiovascular disease knowledge in American Indians.
Engaging American Indians and Alaska Native Elders in Qualitative Research during the COVID-19 Pandemic: Adapting a Dementia Education Brochure to Caregivers

Patrick Johansson, MD, MPH

1. Participants will be able to describe methods for conducting community-based participatory research, including focus groups with AI/AN Native elders during the COVID-19 pandemic.
2. Participants will be able to describe methods for adapting a state-wide dementia education brochure aimed at racially and ethnically diverse caregivers to a national audience of AI/AN caregivers.
3. Participants will be able to describe the changes made to adapt a state-wide dementia education brochure aimed at racially and ethnically diverse caregivers to a national audience of AI/AN caregivers.

Current Issues in AI/AN Health Policy and Research

Yvette Roubideaux, MD MPH

1. Learn about current AI/AN health policy issues that impact tribal communities;
2. Understand the process for how AI/AN policy is enacted; and
3. Learn about current research and data issues that impact AI/AN policy

The Power of Indigenous Culture for Health Promotion: Lessons from Tribally-Driven Research

Melissa Walls, Ph.D.

1. Learn about current AI/AN health policy issues that impact tribal communities;
2. Understand the process for how AI/AN policy is enacted; and
3. Learn about current research and data issues that impact AI/AN policy

Shiprock’s Community Health Efforts Against COVID-19

Lance Whitehair, MD

1. Perform risk stratifying all the covid positives every day into high-risk and low-risk based on the latest variant hospitalized population and treating the high-risk with either paxlovid or MAB.
2. Understand the true impact of paxlovid and MAB in Native communities.
Childhood racial discrimination: An analysis of the U.S. National Survey of Children’s Health 2016-2020

Covenant Elenwo, M.P.H.,1 Amy Hendrix-Dicken, M.A.,2 Vanessa Lin, B.S.,3 Ashton Gatewood, M.P.H.,2 Tessa Chesher, D.O.,4 April Bowling, M.D.,2 Micah Hartwell, Ph.D.1,4

Background:
Socioeconomic disparities perpetuated by racism result in inequitable access to preventive resources for addressing adverse health outcomes. Experiences with racial discrimination in adulthood have been well characterized. However, childhood experiences require further investigation.

Objectives:
Our study aims to assess trends in racial discrimination among children in the United States.

Methods:
We conducted a cross-sectional analysis of the National Survey of Children’s Health (NSCH), a nationally representative survey, using data from 2016-2020. We calculated yearly population estimates of whether a child had experienced discrimination based on race/ethnicity via a parent-reported item. We further divided the estimates by race/ethnicity and plotted linear trends over time.

Results:
Children identifying as American Indian or Alaskan Native (AI/AN) were reported to experience discrimination at greater rates, compared to all other groups, ranging from 10.77% in 2016 to 15.74% in 2020. Children identifying as Black were reported to have similar rates, with the exceptions of 2017 and 2018, which were 3 to 4 points lower. Children identifying as Asian, Hawaiian or Pacific Islanders, and Hispanic also reported rates of discrimination between 4.39 and 6.80% in the same period.

Conclusions:
Racial discrimination negatively impacts the developmental experiences of children, disproportionately affecting those identifying as AI/AN and Black. Therefore, addressing harmful stereotyping of AI/AN and Black cultures is necessary—especially among media targeted towards children. Providing culturally competent healthcare, critically in the AI/AN and Black pediatric population, may improve long-term outcomes by reducing discriminatory barriers to healthcare access.
Maternal Substance Use and Incidence of Congenital Heart Defects

Nitya Janardhan¹, Pritha Roy¹, Viktor Limanskiy MD², Arpita Vyas MD¹, Joseph Izzo MD²
1California Northstate University, College of Medicine, Elk Grove, California
2San Joaquin General Hospital, French Camp, California

Background:
Congenital heart defects (CHDs) are the most common type of birth defects, affecting 40,000 births every year in the United States. Previous research has shown associations between maternal use of tobacco, alcohol, and other illicit drug and higher neonatal prevalence of CHDs. We hypothesize that there is a significant association between any maternal substance use and CHD incidence in newborns.

Objectives:
As CHDs have prevalence in the population, this study serves to highlight an important risk factor for the development of CHDs in utero. With the increased incidence of substance use in women of reproductive age, this study will establish the impact of substance use on the development of CHDs in a community hospital setting with a diverse patient population.

Methods:
A retrospective chart analysis of Maternal Fetal Medicine data from San Joaquin General Hospital between 2018 - 2019 was used to identify 102 newborns with CHD. The following maternal data was collected: race, age, height, weight, gestation weeks, delivery mode, medications, past medical history, insurance status, tobacco use, illicit drug use, alcohol use, and maternal current gestational health including parity. The following fetal data was collected: sex, birth weight, type of CHD detected on fetal echo. A randomly selected control group of age matched patients seen during the same time period was used. Mothers with substance use during pregnancy were compared to mothers with no substance use during pregnancy for prevalence of CHD in newborns. Chi squared test was used to analyze the association between maternal substance use and CHD incidence using SPSS software.

Results:
In our analysis, we noted a strong correlation with maternal substance use and incidence of CHD. 21 of the 25 (84.0%) babies born to mothers with maternal substance use did have CHD, whereas 67 of the 114 (58.8%) babies born to mothers with no history of maternal substance use had CHD. A Pearson Chi-Square test yields a correlation value of 12.483 (p=0.002) for these two variables. A further analysis split by type of CHD was performed, compared to maternal substance use (p value = 0.166). In these categories, VSDs occurred in 14.3% of births to mothers with substance use, as opposed to 27.3% of births to mothers with no history of maternal substance use, ASDs occurred in 38.1% of births to mothers with substance use, as opposed to 31.8% of births to mother with no history of maternal substance use, and PDAs occurred in 19.0% of births to mothers with maternal substance use, as opposed to 31.8% of births to mothers with no history of maternal substance use.

Conclusions:
While these results are still preliminary, we found a significant association between incidence of CHD in babies born to mothers with a history substance use when compared to mothers with no history of maternal substance use. This information could be crucial in identifying and screening individuals with risk factors that place their offspring for high risk of development of CHD, and designing early interventions to reduce the effects of CHDs in these vulnerable populations.
National Analysis of Young Native American Patients with Stage I Lung Cancer

KayLeigh Noblin, Camille Mathey-Andrews, Alexandra Potter, and Chi-Fu Jeffrey Yang

Background:
Prior work has demonstrated that Native American populations suffer significant disparities in healthcare, particularly when it relates to cancer care.

Objectives:
The objective of this study was to identify disparities in the treatment of young Native American patients with early non-small cell lung cancer (NSCLC).

Methods:
Patients aged less than 60 years old with no comorbidities diagnosed with stage I NSCLC from 2004-2018 in the National Cancer Database were identified for analysis. Survival was assessed using the Kaplan–Meier method. Rates of surgery, surgical refusal, and perception of surgical contraindication were then evaluated.

Results:
In this national study, 111 (0.27%) Native and 40,751 (99.73%) Non-Native patients were identified for analysis. We found that Native patients had significantly reduced 5-year survival rates compared to non-Native patients (Native = 55.8% vs non-Native = 72.9%, p<0.001). Moreover, fewer Native patients (27.9%) underwent surgery than Non-Native patients (17.7%, p=0.005). Although refusal of surgery was similar between Native and non-Native patients, Native patients were also more likely to undergo stereotactic body radiation therapy instead of standard surgical care (13.0% vs 6.4%, p=0.009) despite this cohort consisting only of young and healthy patients.

Conclusions:
This analysis found worse survival and sub-optimal treatment of young and healthy Native Americans with stage I NSCLC relative to Non-Native patients. This suggests that factors apart from aggressive disease biology and comorbidity are contributing to differential outcomes in these patients and highlight a critical need to further investigate the etiology of these disparities.
Community Voices: The Barriers and Enablers of Receiving Healthcare within the Pueblo of Jemez

Ryan Toledo, Emily Rothman DO, Stephanie Sun MD

Background:
Native American/Alaska Natives (NA/AN) experience disproportionately higher health disparities and lower life expectancy compared to other Americans. A significant factor affecting these numbers is the federal underfunding of healthcare resources and infrastructure within tribal communities. Limited qualitative research exists examining the specific health needs unique to individual tribal communities.

Objectives:
The goal was to gather firsthand experiences of tribal members to assess the specific barriers and enablers that exist within the Pueblo of Jemez and how this affects healthcare seeking behaviors.

Methods:
In-person, audio recorded, in-depth interviews with different stakeholders (patients, tribal leaders, and healthcare professionals) within the Pueblo of Jemez were conducted. Audio recordings were transcribed using Otter AI and coded via NVIVO.

Results:
The enablers included Jemez Health and Human Services’ (JHHS) close proximity, comprehensive services, positive patient experiences, patient-provider relationship, and positive appointment scheduling experiences for JHHS employees. The barriers included a lack of privacy, inconsistencies in healthcare experiences, need for more healthcare resources, the negative perception of health center, and scheduling/wait times.

Conclusions:
Some of these findings are in line with previous research on the barriers NA/AN face when receiving healthcare particularly the long wait times or difficulties with transportation. However, JHHS appears to address the other barriers seen in previous research. We hope that other tribes may use this pilot as a guide to assess and address individual community needs.
AI/AN Ceremony, Language, Storytelling, and Seasonal Practices: Culturally Based Interventions for the Promotion of Resilience, Positive Coping, and Quality of Life

KayLeigh Noblin, Camille Mathey-Andrews, Alexandra Potter, and Chi-Fu Jeffrey Yang

Background:
Prior work has demonstrated that Native American populations suffer significant disparities in healthcare, particularly when it relates to cancer care.

Objectives:
The objective of this study was to identify disparities in the treatment of young Native American patients with early non-small cell lung cancer (NSCLC).

Methods:
Patients aged less than 60 years old with no comorbidities diagnosed with stage I NSCLC from 2004-2018 in the National Cancer Database were identified for analysis. Survival was assessed using the Kaplan–Meier method. Rates of surgery, surgical refusal, and perception of surgical contraindication were then evaluated.

Results:
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Conclusions:
This analysis found worse survival and sub-optimal treatment of young and healthy Native Americans with stage I NSCLC relative to Non-Native patients. This suggests that factors apart from aggressive disease biology and comorbidity are contributing to differential outcomes in these patients and highlight a critical need to further investigate the etiology of these disparities.
Age-related demographic trends of COVID-19 vaccination uptake in AIAN patients

Tani S. Thomsen

Background:
High rates of vaccine hesitancy were seen among the AIAN population during the rollout of the COVID-19 vaccine. Gathering more data on vaccination rates from this heavily impacted patient population can inform decisions for reducing the spread of vaccine-preventable diseases. This can also reveal determinants of vaccine hesitancy, which has been a barrier to achieving effective herd immunity in this group. Previous publications have focused on how demographic categorizations including ethnic group, income, education, and healthcare accessibility may contribute to vaccination status.

Objectives:
This study investigates how COVID-19 vaccination rates vary by age group.

Methods:
Data on age groups by decade and vaccination status of IHS patients from the Sonoma County Indian Health Project (SCIHP) were pulled from their EMR database and compiled in Excel.

Results:
Overall, patients older than fifty years had higher vaccination uptake than patients under fifty years. Patients under thirty years had a higher percentage of vaccination refusals as patients over thirty years.

Conclusions:
In summary, younger patients appear to refuse vaccinations at a higher rate than older patients. This study demonstrates that the age of patients may predict their decision to vaccinate or not. These demographic trends can inform future vaccination endeavors, as public health officials can modify their messaging in order to achieve an appropriate level of herd immunity. Future studies can investigate reasons for this age distribution and monitor whether the current age group alignment remains steady over the years.
Shaquita L. Bell, MD

AAIP has been fortunate to count among its members many dedicated pediatricians in the last 50 years. Few are as committed to the individual and collective health of Indigenous and multi-racial children as Dr. Shaquita Bell. Dr. Bell began her leadership path young in 2004 with the Student National Medical Association and became chief resident for the large nationally renowned training program at Seattle Children’s Hospital, the first American Indian to do so. She now serves at the executive level at this hospital as chief of diversity, after multiple other roles as her CV will attest to. She has been an active member of the American Academy of Pediatrics and served as committee member and ultimately chairperson of CONACH (Committee on Native American Child Health). This required regular Congressional testimony and careful listening to what our Native communities had to say. Dr. Bell was also involved at the national level with the American College of Obstetricians and Gynecologist’s Native American and Alaska Native Women’s Health Committee. She is a powerful and in-demand speaker for medical students, residents, community, and national organizations for training on multiple issues including sex trafficking of minors, LGBTQ+ issues, MMIW awareness, racism in medicine and health equity. I cannot tell you how many times I have met trainees who tell me she is their she-ro and someone they aspire to be. I never tire of hearing it, though. She is not afraid to speak out in a clear voice for change and has excellent organizational skills and follow-through to make things happen. Dr. Bell was the lead author for the important American Academy of Pediatrics policy statement Caring for American Indian and Alaska Native Children and Adolescents, published in Pediatrics in 2021. She was recently appointed as the interim senior medical director of the multicultural safety net clinic for Seattle Children’s Hospital, Odessa Brown Clinic. This happened during a time of tremendous internal turmoil beyond the already unsettling Covid restrictions ON TOP OF her regular duties as a pediatrician and hospital administrator. She was promoted to full professor at the University of Washington School of Medicine in July 2021. As you know, this level is rarely achieved by our membership and is a tribute to her intelligence, leadership, and advocacy.
Ashton Gatewood

Ashton Gatewood is a second-year student at the Oklahoma State University College of Osteopathic Medicine at Cherokee Nation (OSUCOM-CN). Prior to attending medical school, she actively engaged in the healthcare field through medical research, pharmacy, nursing, and healthcare administration. She is forever thankful for the mentorship and opportunities she received through the Native community, including the Native American Science Bowl, Johnson O’Malley Program, Native American Research Centers for Health, Native American Society at Oklahoma City University, and from her time working at the Oklahoma City Indian Clinic. Ashton holds bachelor’s degrees in Cell and Molecular Biology, Nursing, and Spanish from Oklahoma City University and an MPH in Healthcare Administration and Policy from the University of Oklahoma Health Sciences Center. While at OSUCOM-CN, Ashton has enjoyed collaborating with her classmates and faculty as President of the Native American Students of Osteopathic Medicine Club, Student Ambassador and Ambassador for the Office of American Indians in Science and Medicine, and as the SGA Executive Chair of Research and Curriculum Committee Representative. Her favorite leadership projects include co-hosting the inaugural SGA Research Fair, co-founding the STudent Research Investigations in Disparity and Equity (STRIDE) Research Team, and establishing Dr. Pete’s Book Nook. Ashton is a proud member of the Choctaw Nation and a descendant of the Chickasaw and Cherokee Nations. Her career goal as a future Native American physician is to provide primary care for Indian Health Services with current interests in family and preventive medicine. When not occupied with medical school, Ashton enjoys spending time with her family and friends, outdoor activities, traveling, and volunteering in her community.

2022 ANAMS Student Research Scholarship

To recognize the effort and impact of ANAMS members’ research on the medical community. We require that submitted research either have been previously presented at a conference or published.

“The scholarship committee is extremely impressed with your work with the STRIDE Team to investigate some of the most endemic chronic conditions in Indian Country. We are also impressed with the number of conferences you have presented at to make these issues made known to professionals and the greater public. Thank you for taking the time to share this amazing work with us and keep up the great work! We are excited to look forward to the change that your research will have on our healthcare system and how we serve AI/AN communities.”
Melissa Eidman

Melissa Eidman is a member of the Yurok Tribe of Northern CA pursuing an MD at Stanford School of Medicine. From community college, she transferred to Stanford University where she earned a bachelor’s degree in human biology with a concentration in Native American community health. At Stanford, Melissa worked for the Native American Cultural Center and served as co-chair of the Stanford Powwow, contributing to Native events on campus. She received the Kenworthy Award for Student Innovation in Public Service, and for her work with the Yurok Tribe, she earned the Firestone Medal for Excellence in Undergraduate Research. As a John Gardner Public Service fellow, Melissa worked for the Sacramento Native American Health Center and the California Consortium for Urban Indian Health. With the Consortium, Melissa led urban efforts to address the opioid epidemic in Indian Country. As a medical student, through the Valley and Albert Schweitzer fellowships, she has partnered with the Indian Health Center of Santa Clara Valley on two separate projects: one to improve health services and outcomes for Urban Indian patients with diabetes, and the other to improve domestic violence identification and referral procedures. Her primary interests include Native American community health with a focus on health behaviors and substance use disorder, the social determinants of health, and diversity and inclusion in higher education. Beyond returning to her Native community as a Family Medicine doctor and Obstetrician, Melissa aspires to be a leader and advocate for underrepresented and underserved communities, improving the health and healthcare of Indigenous Peoples across the US and around the globe.
2022 ANAMS Linda Don Community Outreach Scholarship

To recognize the effort and impact of Native American community outreach programs that ANAMS members have participated in throughout the year.

“The scholarship committee is extremely impressed with your work at the MAPS Conference with aspiring medical students and promoting OSUCOM’s new campus in Tahlequah. We hold you in high regard for reaching out to Native youth in Oklahoma, the heart of Indian Country, and inspiring them to become doctors. Thank you for taking the time to share this amazing work with us, and keep up the great work!

Kennedy Williams

My name is Kennedy Williams. I grew up in Oklahoma City where I was a student athlete at Classen SAS high school. I graduated Summa Cum Laude from Southwestern Oklahoma State University with a Bachelors of Science. I then received my Masters in Health Care Administration from OSU Center for Health Sciences before beginning my medical education at OSU College of Osteopathic Medicine at Cherokee Nation, the first tribally affiliated medical school in the nation. I am the inaugural class treasurer and hold several other leadership roles including participating in the Student Experience Panel for the National Board of Osteopathic Medical Examiners. I am also the Student National Medical Association coordinator for MAPS (Minority Association of Pre-Medical Students) where I recently organized a conference for minority undergraduate students to learn more about becoming a physician.
Lyndsay Kandi

Lyndsay Kandi is a registered tribal band member of the Cayuga Nation (Iroquois) from Six Nations Indian Reservation and a rising 4th year medical student at the University of Arizona: College of Medicine (Tucson). She grew up in a rural community in western New York before moving to west Phoenix, Arizona during adolescence, where she attended Arizona State University and obtained two bachelor degrees in Biochemistry and Psychology. From a young age, Lyndsay spent many days alongside her older brother practicing her art form by sketching the world around her. It wasn’t until she took a gap research year during medical school at Mayo Clinic Arizona in the Division of Plastic & Reconstructive Surgery that she began formal drawing lessons and learned to work with charcoal. As an aspiring academic plastic surgeon, Lyndsay fell in love with the spectrum of plastic surgery and the inherent artistic element within that specialty. She now shares her creative passions with her young 4.5 year old daughter, Arya, through various art projects and in dance.
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President

Thomas “Blair” Matheson, MD
Treasurer

Charlene Hansen, MD (Navajo)
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Allison Kelliher, MD (Koyukon Athabascan)
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Daniel Calac, MD
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Lori Arviso Alvord, MD
At Large Director
AAAP-Opioid Response Network and PCSS
East Providence, RI

Billings Clinic
Billings, MT

Casey’s Arts and Craft

Cleveland Clinic
Cleveland, OH

Coalition for Headache and Migraine Patients (CHAMP)

Darco International
Huntington, WV

Dr. Fuji
Fremont, CA

Gila River Health Care
Sacaton, AZ

Health Resources and Services Administration
Rockville, MD

Immune Deficiency Foundation
Towson, MD

Indian Health Service
Rockville, MD

Legacy Holistic Health Institute

Seattle Indian Health Board
Seattle, WA

Topcon Healthcare
Oakland, NJ
University of Arizona College of Medicine-Phoenix  
Phoenix, AZ

University of California San Diego  
San Diego, CA

University of Minnesota Medical School  
Minneapolis, MN

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Missoula, MT

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Madison, WI

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The American Academy of Pediatrics is pleased to sponsor the Plenary Session: Caring for American Indian and Alaska Native Youth and Adolescents, an AAP policy statement with support from Johnson & Johnson.

Amgen is committed to providing equal access to healthcare for every patient, regardless of race, ethnicity or socioeconomic status. That is why we are proud to support AAIP and its efforts to improve the health of American Indian and Alaska Natives.

We believe there are significant opportunities to improve the health of American Indian and Alaska Natives including closing the gap of health disparities in areas with disproportionate impact, such as heart disease, the leading cause of death among American Indians and Alaska Natives.¹

As part of our mission, we are working to help advance health equity for historically underserved patient populations so that they have better access to the care and treatment they need for optimal health.

Reference
**Women’s Retreat**
Promoting Wellness and Self-Care for Women
Thursday, July 28, 2022 7:30 AM – 10:30 AM
Capital Hilton – Pan American Room
Light Breakfast will be provided

Motivational Speaker: Dr. Lori Arviso Alvord, Author of “The Silver Bear”
Our gathering will end with a small giveaway.
Please bring a small gift to put on the blanket.
This can be something new or previously loved such as jewelry, clothing, books, or hand-made items, foods, or medicines that are ready for a new owner. We honor the practice of gift giving and the cycle of generosity and reciprocity alive in many of our tribal nations.

**Men’s Retreat**
Promoting Wellness and Self-Care for Men Throughout the Life Cycle
Thursday, July 28, 2022 7:30 AM – 10:30 AM
Capital Hilton – Massachusetts Room
Light Breakfast will be provided for participants

Retreat Leader: Aronhiaies Herne is bear clan from Akwesasne. He is a public speaker, ceremonial conductor and avid story teller learning, reciting and teaching many stories and legends of his Mohawk people to his community members. Condoled as a traditional Mohawk Sub chief where he sits and councils with the Mohawk Nation Council of Chiefs under the tehanakarine title. Today, he continues to work with his community teaching stories and legends in hopes of preserving the Kanienkeha ways of life.
50th Annual Meeting & National Health Conference

**Pow Wow**

Saturday, July 30th, 2022 at 7pm
Capital Hilton Hotel
President’s Ballroom - 2nd Floor
1001 16th Street NW
Washington, DC, 20036

**Gourd Dance:** 7:00pm  
**Grand Entry:** 7:30pm

**Head Staff**
- Host Drum
- Master of Ceremonies
- Head Singer
- Head Man Dancer
- Head Lady Dancer
- Arena Director
- Head Gourd Dancer

**Ottertrail Oklahoma**
- Tim Tallchief (Osage)
- Al Santos (Arawak/Aztec)
- James Kennedy, MD (Kiowa)
- Socia-Love Thurman (Cherokee)
- Bill Takes Horse (Crow)
- James Kennedy, MD (Kiowa)

**Pow Wow Categories**

**Women’s**
- Buckskin/cloth
  
  $300/$200/$100

- Jingle Dress/Fancy Shawl
  
  $300/$200/$100

**Men’s**
- Northern Traditional/Southern Straight
  
  $300/$200/$100

- Fancy/Grass
  
  $300/$200/$100

**Youth 8-15**
- Boys
  
  $100/$75/$50

- Girls
  
  $100/$75/$50
AAIP MISSION
“to pursue excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing principles and restoring the balance of mind, body, and spirit”