

Evaluation: 50th Annual Meeting & National Health Conference - July 2022

*"Optimizing American Indian and Alaska Native Health: Implementing Our Tribal Nation Sovereignty"*

**This is the online evaluation for the "50th Annual Meeting & National Health Conference" held July 28-31, 2022 in Washington, DC. The evaluation will remain OPEN for two weeks. We value your feedback even if you choose not to claim credits.**

**You will now be asked to give evaluations of the overall program and then the individual session you attended. *Please note that you will need to complete the Verification of Attendance & Request for CE form to claim credit for attending.***

**Should you experience problems with this evaluation, please email [mknight@aaip.org](mailto:mknight@aaip.org).**

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\* 1. The activity met my expectations in accomplishing these overall learning outcomes/objectives:

	5=Strongly Agree	4=Agree	3=Neutral	2=Disagree	1=Strongly Disagree
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 wellbeing of providers, families and others during and after COVID, and more).	<input type="radio"/>				
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.	<input type="radio"/>				
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.	<input type="radio"/>				
Examine traditional health approaches in urban Indian health delivery including indigenous foodway's benefits and nutrition education through community engagement.	<input type="radio"/>				
Create Native student/physician networking/mentoring opportunities as an aid for making career decisions ultimately promoting the next generation of AI/AN physicians.	<input type="radio"/>				

\* 2. Please rate the following pertaining to this activity:

	5=Strongly Agree	4=Agree	3=Neutral	2=Disagree	1=Strongly Disagree
The activity met my expectations in the overall educational quality of the activity	<input type="radio"/>				
The activity met my expectations in the overall quality of the speaker(s)	<input type="radio"/>				
The activity provided appropriate and effective opportunities for active learning (i.e., case studies, Q&A, group sessions, etc)	<input type="radio"/>				
The content was evidenced-based	<input type="radio"/>				
This activity will improve my performance in my role as a member of the healthcare team	<input type="radio"/>				
This activity will help the overall performance of the healthcare team in improving patient outcomes	<input type="radio"/>				

\* 3. Overall, please rate your level of knowledge of the topics presented:

	Non-Existent	Minimal	Moderate	Considerable
Prior to the activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 4. Please list change(s) you and/or the healthcare team will incorporate into practice (check all that apply):

- Create/revise protocols, policies, and/or procedures
- Clarify team roles/responsibilities
- Modify treatment plans
- Enhance team collaboration
- Change my screening prevention practice
- Change the provision of services to patients, public, or profession
- Improve interprofessional communication with patients, families, and/or the team
- Activity validated my current work practice; no changes needed

\* 5. Describe a specific example of the change you and/or the healthcare team will incorporate into practice at your facility:

\* 6. Please rate your confidence in you and/or the healthcare team implementing these changes:

- Very confident     Somewhat confident     Unsure     Not very confident

\* 7. Will information gained from this activity result in enhancing optimal patient care?

- Yes     No

\* 8. The activity content was objective, balanced, and free from commercial bias or influence.

- Yes  
 No, please explain:

\* 9. Please identify any barriers you perceive in implementing desired practice changes (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> No perceived barriers                    | <input type="checkbox"/> Patient adherence/compliance issues                        |
| <input type="checkbox"/> Lack of time to assess/counsel patients  | <input type="checkbox"/> Lack of applicability of guidelines to my current practice |
| <input type="checkbox"/> Lack of administrative support/resources | <input type="checkbox"/> Lack of experience   |
| <input type="checkbox"/> Insurance/reimbursement issues           | <input type="checkbox"/> Cost   |

Other: (please specify)

\* 10. If barrier(s) identified, what strategies will you and/or the healthcare team use to remove, overcome, or address barriers to change?

\* 11. Please provide any general comments or observations that you would like to share with the meeting planners:

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Thank you for completing the evaluation and participating in this educational activity!

Thank you for your valuable feedback.

To claim credit, please return the completed **Verification of Attendance & Request for CE Form** to [mknight@aaip.org](mailto:mknight@aaip.org) by **Saturday, August 13, 2022**. Credits cannot be awarded without this form, or after the due date. Your certificate will be mailed to you after the evaluation closes in two weeks.

**Please click "Done" below to submit your completed evaluation.**