51st Annual Meeting & Health Conference “Nation Building for the Next 50 years: Empowering and Transforming Native Health and Healers”

September 7 - 9, 2023

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 54 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 wellbeing 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, physician assistants, 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 11.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 11.5 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, with the exception of:

• Dale W. Bratzler, DO, MPH, MACOI, FIDSA and Aaron Wendelboe, PhD, faculty members for this educational event, received an unrestricted educational Grant/Research Support from Pfizer. All of the relevant financial relationships listed have been mitigated. There is no commercial interest support for this educational activity.

Accommodation Statement
For accommodations on the basis of disability, call: (405) 946-7072.
On behalf of the AAIP Board of Directors and the hardworking, dedicated AAIP staff, we welcome you to San Diego, California, and the 51st Annual Meeting and Health Conference. This year’s conference theme is “Nation Building for the Next 50 Years: Empowering and Transforming Native Health and Healer. AAIP is excited and looks forward to the next 50 years as we expand the organization and its membership and strengthen our unwavering mission of “promoting education in the medical disciplines, honoring traditional healing principles, and restoring the balance of mind, body, and spirit.”

Part of this year’s Annual Meeting is focused on improving the health and well-being of Native communities by providing them with the tools, support, and resources they need to take control of their health journey while also recognizing and respecting the traditional healing practices and knowledge of healers within our communities. We have many outstanding plenary presentations and breakout sessions to help us navigate these critical issues. Complementing our programming, we offer several cultural activities. The Women and Men’s retreat is incredibly important, especially as we lead our busy lives as physicians and healthcare professionals. These activities provide time to renew and honor our culture and traditions. Additionally, AAIP is partnering with the Sycuan Pow Wow Annual Celebration this year. Everyone is welcome to attend and participate in the pow-wow. Another important cultural event is the Initiation Ceremony for our new AAIP members who have been approved as AAIP members and to welcome them into the organization. We encourage you to join us in all these celebratory and essential activities.

The Annual Meeting is also a time for the membership to renew and make new friendships. San Diego was selected for its uniqueness and access to various island activities. I hope your stay here is restful and relaxing as you explore the many amenities available at this resort and in the San Diego area while attending the conference presentations and events.

If you have any questions or need any assistance, please let our AAIP staff or Board members know, and we will be happy to assist you.

Lukejohn Day MD
President
Association of American Indian Physicians
Osiyo

Welcome to the 51st AAIP Annual Meeting and Health Conference, on behalf of the AAIP office staff. We are excited about this year’s conference being here in Paradise Point Resort, San Diego. We appreciate the AAIP Board of Directors for selecting this beautiful site for this year’s conference and we hope your stay will be a memorable one and you are able to find time to explore the many attractions in the San Diego area.

The theme for this year’s conference covers some amazing speakers and presentations that were selected by the AAIP Annual Meeting planning committee. Countless hours were spent in discussing this year’s annual meeting agenda and events and I want to congratulate the committee for their wonderful work this year.

The AAIP Board of Directors and I congratulate Dr. Nicole Stern on her selection as “AAIP Physician of the Year”, who contributed countless hours to the improvement of AAIP, mentoring students and representing AAIP on national medical committees and organizations. Her time, effort, passion, and work in finding innovative ways to improve the health of American Indian and Alaska Native people and contribution to the mission of AAIP. A very special award for this year is the “AAIP Lifetime Achievement Award” which will be awarded to Dr. Joseph Bell, who has over the years served as an advocate for AAIP and Native children with his work with the Committee on Native American Child Health (CONACH), as AAIP President and his many contributions as a role model and board member. Our congratulations to Dr. Stern and Dr. Bell, we appreciate their efforts on behalf of AAIP.

AAIP is very grateful to all attendees, sponsors and exhibitors for your continued and generous support of the association. We appreciate the AAIP Board of Directors in providing this yearly event to bring members, students, healthcare professionals, tribal and communities together to address pressing health issues experienced by AI/AN people.

Finally, on behalf of the AAIP staff, I wish you a wonderful experience and time here in San Diego and at the annual meeting. If you have any questions or need assistance, please contact me or the staff.

Wado,

Tom Anderson
Executive Director
Association of American Indian Physicians
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<tr>
<td>7:30AM–10:30AM</td>
<td>Women's Retreat&lt;br&gt;Facilitator: Dr. Antoinette Martinez (Chumash)&lt;br&gt;Men's Retreat&lt;br&gt;Facilitator: Dr. Lukejohn Day, (Oglala Lakota Nation)</td>
<td>Bay View Room &amp; Deck Dockside Room</td>
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<tr>
<td>8:00 AM–5:00 PM</td>
<td>Conference Registration</td>
<td>Bay View/Sunset Foyer</td>
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<td>8:00 AM–11:30AM</td>
<td>Exhibitor and Poster Set-Up</td>
<td>Sunset I,II</td>
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<tr>
<td>10:30 AM–11:30 AM</td>
<td>NIDDK Research Opportunities&lt;br&gt;Winnie Martinez, Program Director Office of Minority Health Research Coordination&lt;br&gt;<em>Diversity Summer Research Training Program (DSRTP)</em>; <em>Network of Minority Health Research Investigators (NMRI)</em>; <em>Travel Awards (AAIP)</em>; <em>Legislative Liaison</em></td>
<td>Dockside Room</td>
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<td>11:45 AM–1:30 PM</td>
<td>Opening Luncheon&lt;br&gt;Posting of Colors (American Indian Veterans of San Diego)&lt;br&gt;Opening Song by Torres Martinez Birdsingers&lt;br&gt;Acknowledgment/Celebration of San Diego County Tribes&lt;br&gt;Acknowledgment of Miss Indian World and AAIP Meeting artist&lt;br&gt;<em>Tori McConnell (Yurok and Karuk)</em>&lt;br&gt;Welcome: <em>Alec Calac (Pauma Band of Luiseno Indians)</em> and <em>Brianna Baldwin, (Navajo)</em> Association of American Indian Medical Students (ANAMS)&lt;br&gt;Welcome – <em>Lukejohn Day, M.D., President, Association of American Indian Physicians, (Oglala Lakota)</em></td>
<td>Sunset III,IV,V</td>
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<td>1:30 PM–2:30 PM</td>
<td>Plenary Session – “Challenges and Opportunities to Advancing the Health of Native Americans”</td>
<td>Sunset III, IV, V</td>
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<td>Thomas Sequist, M.D., (Taos Pueblo), Chief Medical Officer at Massachusetts General Brigham</td>
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<td>2:30 PM–3:00 PM</td>
<td>Break &amp; Networking</td>
<td>Sunset Deck</td>
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<td>3:00 PM–4:30 PM</td>
<td>Breakout Sessions</td>
<td>Dockside Room</td>
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<td>The Strong Heart Study: an update, an opportunity &amp; Status of maternal cardiovascular health in American Indian and Alaska Native Individuals: An update on the scientific statement from the American Heart Association</td>
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<td>Jason Deen, MD, Associate Professor, University of Washington, Seattle, WA</td>
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<td>Ms. Natalia Etsitty (Dine), Clinical Research Associate, MedStar Health Research Institute</td>
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<td>(Moderator: Dr. Blair Matheson)</td>
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<td>Healthy Tribes: Supporting innovative, culturally - responsive public health approaches to improve wellness in AI/AN communities</td>
<td>Double Exec 713 &amp; 715</td>
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<td>Julianna Reece (Dine), MD, MPH, MBA, Director, CDC Healthy Tribes, Albuquerque, NM</td>
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<td>(Moderator: Dr. Lynnae Lawrence)</td>
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<td>A Traditional Health Approach in Urban Indian Healthcare Delivery</td>
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<td>Socia Love-Thurman, MD (Cherokee/Delaware/Yuchi), Residency Site Director, Seattle Indian Health Board</td>
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<td>Esther Lucero, MPP (Dine), CEO and President, Seattle Indian Health Board</td>
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<td>(Moderator: Dr. Lukejohn Day)</td>
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### Agenda

#### Preparing for a Career the Health Professions: Why Applying to SHPEP Should Be Your First Step

Career Advising to help choose a residency and thrive

- **Bay View Room & Deck**
- Antonio Mancuso, Communications and Outreach Specialist in Equity, Diversity and Inclusion, Association of American Medical Colleges (AAMC)
- Career Advising to Help Choose a Residency and Thrive
- Stacey Jolly, MD, (Aleut), Associate Professor Medicine; Director of Career Advising, Cleveland Clinic Lerner College of Medicine of CWRU
- (Moderator: Dr. Antoinette Martinez)

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<tr>
<td>4:30 PM–6:30 PM</td>
<td>AAIP Business Meeting, ANAMS Business Meeting</td>
<td>Bay View Room &amp; Deck, Dockside Room</td>
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<td>7:00 PM–9:00 PM</td>
<td>ANAMS Student/Physician Mixer</td>
<td>Sunset Deck</td>
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<td>(Presenters include Flower Dancers, Sponsored by CONACH)</td>
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### Friday, September 8th

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<tr>
<td>5:45 AM–6:15 AM</td>
<td>5K Fun Run/1-Mile Walk Registration</td>
<td>Bay View/Sunset Foyer</td>
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<tr>
<td>6:15 AM–8:00 AM</td>
<td>Fun Run/Walk</td>
<td>Bay View/Sunset Foyer</td>
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<td>7:00 AM–8:00 AM</td>
<td>General Group Breakfast</td>
<td>Sunset Deck</td>
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<tr>
<td>7:30 AM–9:00 AM</td>
<td>Continental Breakfast (Runners only)</td>
<td>Bay View Deck</td>
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<tr>
<td>8:00 AM–5:00 PM</td>
<td>Conference Registration</td>
<td>Bay View/Sunset Foyer</td>
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<td>8:00 AM–5:00 PM</td>
<td>Posters/Exhibits</td>
<td>Sunset I,II</td>
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<td>8:00 AM–8:30 AM</td>
<td>Opening Blessing &amp; Welcome</td>
<td>Sunset III,IV,V</td>
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<tr>
<td>8:30 AM–9:30 AM</td>
<td>Plenary Session – “Recruitment and Retention of Physicians within the Indian Health Service.”</td>
<td>Sunset III,IV,V</td>
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<td>Roselyn Tso, (Navajo), Director of Indian Health Service (IHS)</td>
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<tr>
<td>9:30 AM–10:00 AM</td>
<td>Break &amp; Networking</td>
<td>Sunset Deck</td>
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| 10:00 AM–11:30 AM   | Breakout Sessions                            | Sunset III, IV, V      | Kathy Etz, Ph.D., Director of Native American Programs and Acting Director of NCREW Program, for the National Institute on Drug Abuse  
Kamilla Venner, Ph.D. (Ahtna Athabascan), Associate Professor, Department of Psychology and Center on Alcohol, Substance use & Addiction, University of New Mexico  
(Moderator: Dr. Blair Matheson) |
|                     | Improving substance use outcomes through Tribally centered research: A new NIH funding opportunity and research example utilizing the Rez Café method | Bay View Room & Deck   | Nicole Stern, MD, MPH, (Mescalero Apache Tribe), Assistant Professor of Medical Education, California University of Science & Medicine, Urgent Care Physician  
Donna Galbreath, MD, (Athabascan), Senior Medical Director Quality Assurance, Southcentral Foundation  
Nadine Caron, MD, MPH, FRCSC, OB, (Sagamok Anishnawbek First Nation), Professor, Department of Surgery, University of British Columbia Center of Excellence  
(Moderator: Norma Poll-Hunter, PhD, Senior Director, Human Capital Portfolio, AAM) |
<p>|                     | Sharing career journeys: American Indian, Alaska Native, and Indigenous Canadian physicians discuss successes and challenges within and outside academic medicine | Double Exec 713 &amp; 715   | Jesse Nodora                                                             |
|                     | AI AN Cancer update                          |                        |                                                                          |</p>
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<td>Agenda</td>
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<tr>
<td>11:30 AM-12:30 PM</td>
<td>Plenary Session</td>
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**Dockside Room**

**Antiviral Treatment of Non-hospitalized Adults with COVID-19**

*Dockside Room*

Aaron Wendelboe, PH.D., Faculty, Department of Biostatistics and Epidemiology, University of Oklahoma Health Sciences Center

Dale W. Bratzler, DO, MPH, MACOI, FIDSA, Professor, Colleges of Medicine and Public Health, University of Oklahoma

(Moderator: Dr. Antoinette Martinez)

**Double Exec 709 & 711**

**A Multimedia, Multipathway Exposure Assessment for Arsenic on the Hopi Reservation (ANAMS session)**

Adam Carl, Third-year Medical Student, University of Arizona

Indigenous Medical Education: Determining Core Mission, Vision, and Values of American Indian and Alaska Native Medical Trainees

Hailey Baker, BS

(Moderator: Alec Calac)

**Sunset III, IV, V**

Malika Fair, MD, MPH, FACEP, Senior Director of Health Equity Partnerships and Programs, AAMC, and Heather Alarcon, Senior Director, Legal Services, AAMC;

“Fireside Chat with Leaders from the Association of American Medical Colleges (AAMC) on the Evolving Landscape of Diversity within Medical Education”

(Moderator: Norma Poll-Hunter, Senior Director, Workforce Diversity, AAMC)
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<td>12:30 PM-1:30 PM</td>
<td>Luncheon Roundtable discussion (sponsored by Deloitte): The Power of Collaboration: Cultivating a Sustainable Health Equity Ecosystem</td>
<td>Sunset Terrace</td>
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|              | Jay Bhatt, DO, MPH, MPA, Executive Director, Deloitte Center for Health Solutions and Health Equity Institute  
|              | Yvette Roubideaux, MD, MPH, (Rosebud Sioux Tribe) Physician, Researcher and Public Health Advocate  
|              | Donald Warne, MD, MPH, Co-Director, Center for Indigenous Health, John Hopkins University  
|              | Nicole Stern, MD, MPH, (Mescalero Apache Tribe), Assistant Professor of Medical Education, California University of Science & Medicine, Urgent Care Physician  
|              | James Kennedye, MD, MPH (Kiowa Tribe), Emergency and Public Health Physician               |                                 |
| 1:30 PM-2:30 PM | Plenary Session                                                                            | Sunset III, IV, V               |
|              | Erica Pinto, Chairwoman Jamul Indian Tribe                                                |                                 |
| 2:30 PM-3:30 PM | Plenary Session – “The Impact of Innovation on the Primary Care System”                   | Sunset III, IV, V               |
|              | Dominic Mack M.D., M.B.A. Director National Center for Primary Care, Professor of Medicine, Morehouse School of Medicine |                                 |
| 3:30 PM-4:00 PM | Break & Networking                                                                        | Sunset Deck                     |
| 3:30 PM      | Natives in Surgery: A Panel                                                                | Double Executive Suites         |
|              | Lyndsay Kandi, MD  
|              | Caleb Shahbendeh, MD, MPH  
|              | Tasce Bongiovanni, MD  
|              | Vanessa Jensen, MD  
<p>|              | Lori Arviso Alvord, MD                                                                   |                                 |
| 4:00 PM-5:30 PM | Breakout sessions                                                                         | Dockside Room                   |
|              | Neqpiaput Inriguut (Our Food is Medicine): Developing a conceptual framework using a subsistence lens to promote health equity in Alaska Native communities | Andrea Bersamin, PhD, Professor, Center for Alaska Native Health Research, University of Alaska Fairbanks (Moderator: Dr. Dan Calac) |</p>
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<td>Conference Registration</td>
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<td>Opening Blessing/Welcome</td>
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<td>7:00 AM–8:00 AM</td>
<td>AAIP Initiation Ceremony</td>
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<td>7:00 AM–8:00 AM</td>
<td>Continental Breakfast</td>
<td>Sunset Terrace</td>
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<td>Conference Registration</td>
<td>Bay View/Sunset Foyer</td>
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<td>Posters/Exhibits</td>
<td>Sunset I &amp; II</td>
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<td>7:00 PM–10:00 PM</td>
<td>Presidential Reception (Tushmal Singers, Juaneno-Acjachemen Nation)</td>
<td>Sunset III, IV, V</td>
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<td>AAIP and ANAMS Silent Auctions</td>
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<td>AAIP Business Meeting</td>
<td>Bay View Room &amp; Deck</td>
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<td>ANAMS Business Meeting</td>
<td>Dockside Room</td>
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**Reachable moments - Substance use screening across Native healthcare**

*Holly Echo-Hawk, Principal, Echo-Hawk & Associates*
*Aimee Campbell, PhD, Associate Professor, Columbia University Irving Medical Center, Department of Psychiatry and New York State Psychiatric Institute*
*Joan Kandel, DO, FAAFP, FASAM, Physician/Consultant, Opioid Response Network*  
(Moderator: Dr. Lynnae Lawrence)

**Indigenous Health Education and Resource Task Force (IHEART)**

*Mary Owen, MD, (Tlingit) Director, Center of American Indian and Minority Health, University of Minnesota Medical School, Duluth*
*LeeAnna Muzquiz, MD (Confederated Salish & Kootenai Tribes), Associate Dean for Admissions, University of Washington School of Medicine*
*Noami Bender, PhD, MA, (Quechua) Director, Native American Health Sciences, Washington State University*  
(Moderator: Dr. Antoinette Martinez)
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<tr>
<td>9:00 AM–10:00 AM</td>
<td>Plenary Session - “Tribal Wellness Initiatives in the Newsom Administration”</td>
<td>Sunset III, IV, V</td>
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<td>Christina E. Snider, Tribal Affairs Secretary, Office of Governor Gavin Newsom</td>
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<tr>
<td>10:00 AM–10:30 AM</td>
<td>Break (Poster Judging/Exhibits) &amp; Networking</td>
<td>Sunset I &amp; II</td>
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<td>10:30 AM–11:30 AM</td>
<td>Plenary Session</td>
<td>Sunset III, IV, V</td>
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<td>David Wilson, Ph.D., Senior Policy Advisor White House Council on Native American Affairs (confirmed)</td>
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<tr>
<td>11:30 AM–12:30 PM</td>
<td>Luncheon Presentation &amp; Networking</td>
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<td>12:30 PM–2:00 PM</td>
<td>Breakout sessions</td>
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<td>Tribal Health PRIME (Programs in Medical Education) Forging New Pathways</td>
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<td>Antoinette Martinez, MD (Chumash), Co-Director University of California Davis School of Medicine’s Tribal Health PRIME and Family Medicine Physician Eric Crossen, MD (Cherokee), General Pediatrician, University of California, Davis School of Medicine (Moderator: Dr. Antoinette Martinez)</td>
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<td>Improving Process and Content for the Child &amp; Adolescent Mental Health ECHO for Native American Youth</td>
<td>Sunset III, IV, V</td>
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<td>Carolyn Kraus-Koziol, MD, (Sault Ste. Marie Ojibwe) Resident Physician, Stanford Department of Psychiatry and Behavioral Sciences, Chief Resident Stanford Psychiatry Residency Program Steve Adelsheim, MD, Director, Stanford Center for Youth Mental Health and Wellbeing in the Department of Psychiatry (Moderator: Dr. Lukejohn Day)</td>
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| 10:00 AM     | Respecting tribal sovereignty when engaging in collaborative research projects with American   | Bay View Room & Deck              | Nicole Stern, MD, MPH, (Mescalero Apache Tribe), Assistant Professor of Medical Education, California University of Science & Medicine, Urgent Care Physician  
|              | Indian, Alaska Native, and Indigenous Canadian communities: Perspectives from the US and Canada |                                   | Evan Adams, MD, MPH, (Tia'min First Nation) Deputy Chief Medical Officer, First Nations Health Authority of British Columbia  
|              |                                                                                                  |                                   | Allison Kelliher, MD, (Koyukon Athabascan) Research Associate, Johns Hopkins University School of Nursing and School of Public Health  
|              |                                                                                                  |                                   | Teshia Solomon, PhD, (Choctaw), Associate Professor, University of Arizona Department of Family and Community Medicine, and Director of Arizona Indian Research Center for Health  
|              |                                                                                                  |                                   | Daniel Dickerson, DO, MPH, (Inupiaq), Associate Research Psychiatrist, UCLA  
|              |                                                                                                  |                                   | Nadine Caron, MD, MPH (Moderator: Dr. Lukejohn Day)  
| 12:30 PM     | Outcomes of Breast Reconstruction at an Indian Health Services Facility and American Indians in | Pacific                           | Lori Arviso Alvord, MD  
|              | Medical Education: Demographics, Experiences, and Career Choices (ANAMS session)                  |                                   | William Swain, MD, Resident Physician, Mayo Clinic, Internal Medicine Resident (Moderator: Brianna Baldwin)  
| 2:00 PM-3:00 PM | “A Working Group for Native Americans in Surgery and Associated Surgical Subspecialties”          | Island                            | Lyndsay Kandi, MD  
|              |                                                                                                  |                                   | Kirsten Concha-Moore, MD  
|              |                                                                                                  |                                   | Caleb Shahbendeh, MD, MPH  
|              |                                                                                                  |                                   | Tasce Bongiovanni, MD  
|              |                                                                                                  |                                   | Lori Arviso Alvord, MD  
| 2:00 PM-3:00 PM | Plenary Session – “We Are Dancing For You: Culture, Connection, and Coming-of-Age in Indigenous  | Sunset III,IV,V                    | Cutcha Risling Baldy, Ph.D. (Hoopa Valley Tribe), Associate Professor and Department Chair of Native American Studies at Cal Poly Humboldt  
<p>|              | Communities”                                                                                     |                                   |                                                                 |</p>
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<td>Break &amp; Networking</td>
<td>Sunset Deck</td>
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<td>3:15 PM – 4:45 PM</td>
<td>Breakout sessions: Creating A Holistic and Indigenous Educational Pathway</td>
<td>Dockside Room</td>
<td>Denna Wheeler, PhD, (Cherokee), Clinical Professor, Oklahoma State University Center for Health Sciences (Moderator: Dr. Dan Calac)</td>
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<td>Establishing a reservation-based branch campus and tribal medical track</td>
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<td>Indigenous youth separated from family and risk of mental health challenges in the era of ICWA</td>
<td>Bay View Room &amp; Deck</td>
<td>Stephanie Gillson, MD (Dakota-Santee Sioux), Child and Adolescent Psychiatrist and Adult Psychiatrist Yale Child Student Center, National Clinical Scholars Program Yale Jessica Elm, MD, (Oneida National/Stockbridge-Munsee Band of Mohicans, Health &amp; Social Scientist, President of Like the Tree Consulting, LLC. (Moderator: Dr. Blair Matheson)</td>
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<td>IHEAL: Indigenous Health Educators Alliance</td>
<td>Pacific Room</td>
<td>Mary Owen, MD, (Tlingit) Director, Center of American Indian and Minority Health, University of Minnesota Medical School, Duluth Naomi Bender, PhD, MA, Director, Native American Health Sciences, Washington State University Allison Kelliher, MD, (Koyukon Athabascan) Research Associate, Johns Hopkins University School of Nursing and School of Public Health Melissa Lewis, PhD (Moderator: Dr. Allison Kelliher)</td>
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| 4:45 PM – 6:30 PM    | AAIP Business Meeting  
ANAMS Business Meeting  | Dockside Room  
Bay View Room & Deck          |
| 6:30 PM – 10:30 PM   | Gourd Dance and Pow Wow at Sycuan Casino and Resort                   |                                          |
Please fill out the 2023 AAIP Annual Meeting & Health Conference Speaker Evaluations!
Lukejohn Day, MD
Dr. Day, Oglala Lakota, is a professor of medicine at UCSF and the Chief Medical Officer at the Zuckerberg San Francisco General Hospital (ZSFG). He is trained as an internist and gastroenterologist and is President of AAIP. His research interests center on improving access to care, increasing patient and staff satisfaction, organizational design, quality and systems improvement, informed consent, importance of documentation and development of efficiency models for healthcare system delivery to vulnerable patient populations with an emphasis on endoscopy. Dr. Day received his bachelor’s degree in chemistry from Yale University, and MD from Stanford University.

Tom Sequist, MD, MPH
Dr. Sequist is the Chief Medical Officer at Mass General Brigham. In this role, he is responsible for developing and executing strategy, policy and metrics for patient experience, quality, safety, health equity, community health, pharmacy and physician wellbeing. He is a practicing general internist at Brigham and Women’s Hospital and is a Professor of Medicine and Professor of Health Care Policy at Harvard Medical School. Dr. Sequist’s research interests focus on quality measurement and improvement, health care equity, patient and provider education, and the innovative use of health information technology. Dr. Sequist is a member of the Taos Pueblo tribe in New Mexico and has conducted influential health policy research to advance our understanding of health care for Native American communities.

Jason Deen, MD
Dr. Jason Deen (Blackfeet) is an Associate Professor of Pediatrics and Medicine at the University of Washington in the Divisions of Cardiology. Involved with the Strong Heart Study (SHS) since residency, he is a co-Principal Investigator of the Arizona data collections site. Deen currently directs the Center for Indigenous Health through the University of Washington School of Medicine. His main research interest is cardiovascular risk stratification in American Indian children and adolescents.
**Natalia Etsitty**

Ms. Natalia Etsitty (Dine) is a clinical research associate for the MedStar Health Research Institute. She analyzes data for phase VII of the Strong Heart Study and conducts clinical and cognitive examination in Strong Heart Study ancillary studies.

**Julianna Reece, MD, MBA, MPH**

Dr. Julianna Reece, MD, MBA, MPH, is a Board-Certified, Family Medicine physician with 20+ years of experience in direct Primary Care, the majority focused on American Indian/Alaska Native healthcare. She is an enrolled member of the Navajo Nation, who has spent her career focused on Public Health in various capacities. Currently, she serves as the Director of Healthy Tribes for the CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Prior to this role she was the Albuquerque Area Indian Health Service (IHS) Chief Medical Officer and the Vice Chair of the IHS Heroin, Opioids and Pain Efforts (HOPE) Committee, a national initiative through IHS.

**Socia Love-Thurman, MD**

Dr. Love-Thurman is the Chief Health Officer of the Seattle Indian Health Board, overseeing Health and Human Services. She continues to provide primary care to all ages with medical interests specifically including women’s health including pre/postnatal care, procedural skills, point of care ultrasound, and Native health equity. Dr. Love is also appointed to the Health and Sanitation Position on the Washington State Board of Health.
**Esther Lucero, MPP**
Esther Lucero is Dinè and Latina and a third generation urban Indian from Colorado Springs, Colorado. A leader in national public health policy for urban American Indians and Alaska Natives, Esther became CEO of the Seattle Indian Health Board in 2015 and completed a reorganization of the company by establishing a leadership team that is leading the charge toward an informed system of care that is grounded in indigenous knowledge. Prior to Seattle Indian Health Board, Esther was the number one salesperson for a national retail corporation at the age of 22 before dedicating her life to public health policy for urban American Indians and Alaska Natives. She would later work in various positions for the Native American AIDS project and Native American Health Center before joining the California Consortium for Urban Indian Health where she oversaw 10 health programs throughout California.

**Antonio Mancuso**
As the Communications and Outreach Sr. Specialist in Equity, Diversity, and Inclusion at the AAMC, Tony serves as the voice of the Summer Health Professions Education Program at the national level, working directly with the Robert Wood Johnson Foundation communications team to ensure the program is meeting branding standards and in alignment with the foundation’s mission. He regularly interacts with communication leads at the 12 program sites in academic health centers and administrators at community colleges, universities, professional organizations, and student organizations to advance the program goals and develop collaboration opportunities. Tony earned his Bachelor of Science in Psychology – earning certificates in Addictions Counseling and Family Therapy – and his Master of Education in Online Instruction and Course Development at Frostburg State University.

**Stacey Jolly, MD**
Dr. Stacey Jolly is of Unangan (Aleut; Alaska Native; Bristol Bay Native Corporation) and Swedish ancestry. She holds a degree in Biology from California Polytechnic State University San Luis Obispo and a Medical Degree from Stanford University School of Medicine. She completed residency in Internal Medicine and a Clinical Research Fellowship at the University of California San Francisco. Since 2009 she has been at Cleveland Clinic. She is an Associate Professor of Medicine at Cleveland Clinic Lerner College of Medicine and a Staff Physician in General Internal Medicine. She had a productive career in clinical research with a focus on chronic diseases and then pivoted to a career focused on medical education.
Roselyn Tso

Roselyn Tso, an enrolled member of the Navajo Nation, is 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. As director, Ms. Tso administers a nationwide health care delivery program that is responsible for providing preventive, curative, and community health care to approximately 2.7 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States. She previously served as the director of the IHS Navajo Area since 2019, where she was responsible for providing leadership in the administration of a comprehensive federal, tribal, and urban Indian health care system for over 244,000 American Indians and Alaska Natives throughout Arizona, New Mexico, and Utah.

Kathy Etz, PhD

Kathy Etz, PhD, Director of Native American Programs and Acting Director of the N CREW program for the National Institute on Drug Abuse. Dr. Etz’s program area includes studies of population and clinical epidemiology in adolescence and early adulthood; psychological, familial, and environmental risk and protective factors and processes and how these interact in the development of drug abuse; and the sequencing and temporal potency of risk factors that affect the development of substance abuse.

Kamilla Venner, PhD

As a licensed clinical psychologist and a member of the Athabascan tribe, my career in the field of addictions has centered on improving substance use related health outcomes in partnership with American Indian/Alaska Native (AI/AN) and other Indigenous populations. In over 25 years of work, I have conducted community-based participatory research and employed dissemination and implementation methods to develop SUD interventions and address racial/ethnic health inequities with diverse populations. My first grant, a K-23 award, sought to understand how AI/AN adults resolved alcohol use disorder (Venner & Feldstein, 2006; Venner et al., 2018), and I identified barriers to them seeking help via qualitative interview (Venner et al., 2012). During my K-23 award, I obtained an NIH pilot grant to adapt motivational interviewing (MI) in partnership with AI/AN which resulted in a free manual downloadable on the CASAA website.
Nicole Stern, MD, MPH

Nicole Stern, MD was most recently an urgent care physician at Sansum Clinic, Inc. in Santa Barbara, CA. An enrolled member of the Mescalero Apache Tribe of New Mexico, Dr. Stern is the first member of her tribe to become a physician. She aspires to create a national clearinghouse or center of excellence and work within an academic institution which would allow for greater collaborations between medical institutions, national organizations and private foundations to achieve health equity for American Indians and Alaska Natives in this country. Dr. Stern was elected a Fellow of the American College of Physicians (ACP). She has extensive experience with the Association of American Indian Physicians (AAIP), having served as President-Elect, President, Immediate Past President, and Director-At-Large of the Board of Directors.

Donna Galbreath, MD

Donna Galbreath is the Senior Medical Director of Quality Assurance for Southcentral Foundation. She provides direction in strategic planning and development of SCF’s comprehensive quality assurance program to achieve optimal health care delivery. Under Donna’s guidance, the organization achieved a Level 3 NCQA (National Committee for Quality Assurance) Patient Centered Medical Home status for high-quality health care improvement. Her leadership was essential in helping SCF achieve HEDIS outcomes between the 75th and 90th percentile for many of its services and the Malcolm Baldrige National Quality Award for performance excellence in 2011 and 2017. Donna presents nationally and internationally on quality assurance, corporate compliance, and SCF’s relationship-based Nuka System of Care.

Nadine Caron, MD, MPH, FRCSC, OB

Dr Caron was born and raised in Kamloops BC. Following her graduation from medical school, she moved to San Francisco to complete her postgraduate fellowship training in Endocrine Surgical Oncology at the University of California, San Francisco. However, Dr Caron's love for British Columbia brought her home and since January 2005, she has been working as a General and Endocrine Surgeon at Prince George Regional Hospital as well as a tenure-track faculty member in UBC’s Faculty of Medicine, Department of Surgery and teaching in the Northern Medical Program. She has served on numerous committees including the Province of British Columbia, Ministry of Health - Advisory Committee on Provincial Health Goals (members selected by the Minister of Health, Province of British Columbia)
Biographies

Jesse Nodora
Dr. Nodora is currently an Associate Professor in the Department of Family Medicine and Public Health at the University of California, San Diego and a member of the UC San Diego Moores Cancer Center. He received a doctor of public health (DrPH) from the University Of Texas School Of Public health in 1995 with an emphasis on health promotion. After 10 years of public health practice in state-level tobacco control, he transitioned to cancer prevention research at the Arizona Cancer Center and the University of Arizona School Medicine. Dr. Nodora's research focus is on primary cancer prevention among poor and underserved populations. His work seeks to produce products and information that can be used by individuals and a variety of systems (e.g., communities, health care, government, non-profits) to promote healthy lifestyles, increase access to care, and improve health outcomes for chronic disease, especially cancer.

Aaron Wendelboe, PhD
Dr. Aaron Wendelboe has a PhD in Epidemiology. He started his career as an Epidemic Intelligence Service Officer with the CDC. He subsequently transitioned to faculty at the University of Oklahoma Health Sciences Center, Department of Biostatistics and Epidemiology, where he has worked since 2008. Dr. Wendelboe served as Interim State Epidemiologist for Oklahoma during the first 5 months of the COVID-19 response and has been heavily engaged in the public health response to COVID-19 since that time in both applied and academic settings. In addition, in collaboration with the Cherokee Nation, he is the PI of a cohort study of post-COVID syndrome.

Dale W. Bratzler, DO, MPH, MACOI, FIDSA
Dale Bratzler, DO, MPH, is a Professor in the Department of Health Administration and Policy, and Associate Dean in the College of Public Health, and a Professor in the College of Medicine at the University of Oklahoma Health Sciences Center. He serves in the role of Chief COVID Officer for the University of Oklahoma and serves as the Chief Quality Officer for the OU Physicians Group. He was recently named the 2016 Edith Kinney Gaylord Presidential Professor at the Health Sciences Center. Dr. Bratzler has worked in the field of healthcare quality measurement and improvement for many years. He has worked on the development and maintenance of national performance measures used to profile and publicly report metrics on quality of inpatient and outpatient healthcare as a contractor to the Centers for Medicare & Medicaid Services. He has served twice as the President of the American Health Quality Association.
Jay Bhatt, DO, MPH, MPA
Jay Bhatt, D.O., MPH, MPA is a physician executive, internist, geriatrician, and public health innovator. As Executive Director of the Deloitte Center for Health Solutions (DCHS) and the Deloitte Health Equity Institute (DHEI), Dr. Bhatt directs the research and eminence agenda across the life sciences and health care industry while driving high impact collaborations to advance health equity. He is a prominent thought leader around the issues of health equity, health care transformation, and innovation. Passionate about patient care, Dr. Bhatt will continue practicing medicine at local community health centers in Chicago and Cook County while serving in his leadership role at Deloitte. Prior to joining Deloitte, Dr. Bhatt was senior vice president and chief medical officer at the American Hospital Association.

Yvette Roubideaux, MD, MPH
Dr. Yvette Roubideaux, MD, MPH is a physician, researcher, and public health advocate. She is an enrolled member of the Rosebud Sioux Tribe and is descended from the Standing Rock Sioux Tribe. She is an Adjunct Professor in the Department of Health Systems, Management, and Policy at the Colorado School of Public Health. Dr. Roubideaux previously served as the Director of the Policy Research Center at the National Congress of American Indians (NCAI) where she conducted and translated policy research and data to improve outcomes for American Indian and Alaska Native (AI/AN) Tribal Nations. Her work at NCAI included the quality of census data, Native vote data, data disaggregation, COVID-19 data trends, research on diabetes in AI/ANs, and education on tribal governance of research and strengthening tribal-academic research partnerships.

Donald Warne, MD, MPH
Dr. Donald Warne, MD, MPH, co-directs the Center for Indigenous Health at Johns Hopkins University, where he is also a full professor and Provost Fellow for Indigenous Health Policy. Previously, at the University of North Dakota School of Medicine and Health Sciences, he was Associate Dean for Diversity, Equity, and Inclusion; Director of the Indians into Medicine (INMED) Program; and Director of the Public Health Program, as well as Professor of Family Medicine. At the University of North Dakota, Dr. Warne developed the world's first PhD program in Indigenous Health.
James Kennedye, MD, MPH

James Kennedye is from Oklahoma City, OK and is a member of the Kiowa Tribe. Jim is an emergency and public health physician and has worked clinically while teaching medical students, residents and supervising various departmental staff from rural, American Indian, and military hospitals to Level 1 Trauma Centers, including currently at the Chickasaw Nation Medical Center. He has served in the U.S. Navy as an enlisted Construction Mechanic Seabee and as a Navy Medical Officer. While having earned a B.S. in Biological Sciences and a Doctorate in Medicine in Oklahoma, he trained in Emergency Medicine at Washington University-St. Louis. He also completed a master’s in public health degree and Minority Health Policy Fellowship, both at Harvard University. He has been heavily involved in leadership in medicine, public health, health policy, Indian Health, and Native American issues in Oklahoma and across the United States, including serving on the Boards of ANAMS and AAIP.

Erica Pinto

Erica M. Pinto currently serves as Chairwoman of the Jamul Indian Village of California, one of the 13 tribes of the Kumeyaay Nation who trace their roots back 12,000 years in San Diego County, California. Her extensive executive experience gives her a sophisticated grasp on even the most complex aspects of tribal governance.

Ms. Pinto has been involved with the JIV Tribal Council since 1997, becoming a Council Member at the age of 21. Serving for more than 23 years on the Council, she was appointed Vice Chair of the Tribal Council in 2008. In 2015, she was the first woman elected Chairwoman of the Jamul Indian Village, an honor she proudly holds today.

Dominick Mack, MD, MBA

Dominic Mack, M.D., M.B.A currently serves as director of the Morehouse School of Medicine’s National Center for Primary Care (NCPC), the nation’s first congressionally sanctioned center to develop programs that strengthen the primary care system for health equity and sustainability. Dr. Mack, a family physician is a longtime proponent of electronic health records. Mack practiced for 11 years at Southside Community Health Center in Atlanta, where he served as chief medical officer. He joined MSM in 2001 as an assistant professor in the department of family medicine. While at MSM, he has served as medical director, and interim residency director for the department of family medicine. Dr. Mack serves on numerous committees including MSM ASO HIT, GA-HITEC, Executive Faculty, Community-based Health System Initiative Planning and NCPC Executive just to name a few.
Andrea Bersamin, PhD
Andrea Bersamin, Ph.D., is a public health nutrition scientist at the Center for Alaska Native Health Research at the University of Alaska Fairbanks. Over the past 18 years, she has gained extensive experience working with Alaska Native leaders and community members to advance community and tribal priorities and co-develop programs that align traditional worldviews and behavior change theory. She will be co-presenting with two Yup’ik experts in Yup’ik healing and traditional healthy living skills who have integrated these concepts into mainstream behavioral health services in Alaska.

Lori Arviso Alvord, MD
Lori Alvord, MD, is a surgeon and author, and the first member of the Navajo tribe to be board-certified in surgery. Her bestselling memoir, The Scalpel and the Silver Bear, tells the story of her journey from the Navajo reservation to the operating room and of her work to combine Navajo philosophies of healing with western medicine. Dr. Alvord’s interests include Native American health, ceremony medicine, and the creation of healing environments. Dr. Alvord earned her undergraduate degree from Dartmouth College in 1979, received her doctorate of medicine (MD) at Stanford University School of Medicine in 1985, and completed her residency in general surgery at Stanford University Hospital. In 2018, Dr. Alvord was awarded the J.E. Wallace Sterling Lifetime Achievement Award by the Stanford University School of Medicine Alumni Association.

Caleb Shahbandeh, MD, MPH
Caleb Shahbandeh is a graduate of the University of Oklahoma-Tulsa School of Community Medicine. Caleb is a member of the Chickasaw Nation and a Past President of the Association of Native American Medical Students. Currently, Caleb is a resident physician in the University of Kansas Medical Center Surgery Residency Program.
Aimee Campbell, PhD
Dr. Campbell's research focuses on the development and testing of individual and program level interventions for substance use disorders and HIV prevention and treatment, including the leveraging of technology-based platforms, with the objective of increasing adoption and implementation of science-based treatments. Dr. Campbell co-led, with Dr. Edward Nunes, one of the largest multi-site randomized controlled trials of a technology based intervention for substance use disorders, resulting in the first FDA clearance of a digital therapeutic. Her current clinical research includes NIDA-funded projects to test an adapted technology-based intervention with American Indian/Alaska Native addiction treatment seekers.

Joan Kandel, DO, FAAFP, FASAM
Joan Kandel, DO, FAAFP, FASAM - Board certified in family medicine and addiction medicine. She has lived and worked in tribal communities for most of her career. She served as an Indian Health Service primary care provider for Navajo Nation and Jicarilla Apache Nation for 23 years. She spent the next four years providing direct care via telehealth to patients with opioid use disorder. Dr. Kandel serves as an addiction medicine consultant for Kauffman & Associates, Inc. (KAI), helping to implement tribal and urban Indian MAT and traditional practice programs. She is also a treatment consultant for the Opioid Response Network and is a member of the ORN Indigenous Communities Workgroup. She lives in Taos, New Mexico.

Holly Echo-Hawk
Holly Echo-Hawk is a former Tribal and mainstream behavioral health director with 35 years of experience in the administration and development of licensed and accredited mental health and substance abuse treatment services. Ms. Echo-Hawk serves on the board of directors of the International Initiative for Mental Health Leadership (IIMHL) and is a member of the international coalition of Indigenous behavioral health leaders called the Wharerātā Group. Ms. Echo-Hawk serves as the national co-chair of the Opioid Response Network AI/AN Workgroup. She attended the University of Oklahoma, the University of Texas at Austin, and the California School of Professional Psychology, where she earned a Master of Science degree in Organizational Behavior.
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.

LeeAnna Muzquiz, MD

LeeAnna Muzquiz is a practicing family practitioner with the tribal health department for the Confederated Salish and Kootenai Tribes. She is a graduate of Montana State University and University of Washington School of Medicine. She completed her residency at the Indian Health Board Clinic through the Swedish Family Medicine Residency Program in Seattle and was chief resident from 2002 to 2003. Her specialties are adolescent medicine, women's health and diabetes, and she is active in health policy and advocacy issues. Muzquiz has served on the Washington, Wyoming, Alaska, Montana and Idaho Medical Education Program admissions committee and was recently named associate dean of admissions for the University of Washington Medical School.

Naomi Bender, PhD, MA

Naomi M. Bender, Ph.D., Indigenous Peruvian Quechua, is the Director of Native American Health Sciences (NAHS) and the new Center for Native American Health (CNAH), at Washington State University (WSU), Spokane, WA. Her work focuses in helping expand the number of Native Americans (NA) in the healthcare workforce, embedding culturally inclusive curriculum and pedagogy for all learners in health education, and working with tribes in the Pacific Northwest (PNW) to support tribal health needs and projects they prioritize. Over the past 16 years, she has collaborated with tribes in the Midwest and PNW, in areas of healthcare workforce expansion, clinical agreements, student pathway programs, research, and community health projects.
**Christina E. Snider**

Christina Snider-Ashtari serves as Tribal Affairs Secretary to Governor Gavin Newsom and leads the Governor’s Office of Tribal Affairs established within the Office of Governor Gavin Newsom on July 1, 2022. Snider-Ashtari was appointed February 19, 2019 by Governor Newsom to continue her service in the Governor’s Office following her appointment on February 6, 2018 by Governor Edmund G. Brown Jr. She has also previously served as Executive Secretary of the California Native American Heritage Commission, appointed by Governors Newsom and Brown. Snider-Ashtari is an enrolled member of the Dry Creek Rancheria Band of Pomo Indians.

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**David Wilson, PhD**

Dr. Wilson was appointed as the first Director of the Tribal Health Research Office (THRO) in January 2017. In this leadership role, he brings together representatives from the NIH Institutes, Centers, and Offices to leverage trans-NIH resources and build collaborations through the research portfolio to address tribal health concerns. He works to build a unified NIH presence with which to engage and ensure input from tribal leaders across the nation and aims to expand training opportunities for American Indian and Alaska Native communities. Dr. Wilson comes to the NIH Office of the Director from the U.S. Department of Health and Human Services Office of Minority Health, where he served as Public Health Advisor and American Indian/Alaska Native Policy Lead.

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**Antoinette Martinez, MD**

My name is Antoinette Martinez, I am Chumash which is indigenous to California, I am a Family Medicine physician and Co-Director of the University of California Davis School of Medicine’s Tribal Health PRIME which began in 2022. My Co-Director, Eric Crossen, Cherokee, will also present during this workshop. Creating a curriculum and program for native students includes the understanding that each one has a unique background and perspective. Our goal is to develop their sense of identity as a native person, one who will be a doctor, and their understanding on the importance of culturally based approaches to improving AI/AN health. We wish to share our approach and philosophy in developing this new pathway program, share successes, lessons learned, and future goals.
Eric Crossen, MD
Dr. Crossen is very active in the medical education of Pediatric residents and UC Davis medical students. For UC Davis School of Medicine he is co-Instructor of Record for the third-year Pediatrics Clerkship and Director of Tribal Health Programs. He regularly lectures for medical students on topics in General Pediatrics. He routinely hosts medical students in his primary care clinic where he teaches clinical skills at the bedside. He supervises Pediatric Residents in their continuity clinics and teaches in the resident didactic series focusing on communication skills and bedside manner.

Carolyn Kraus-Koziol, MD
Dr. Carolyn Kraus-Koziol is a mixed-heritage Anishinaabekwe (Sault Ste. Marie Ojibwe) fourth-year Resident Physician and Chief Resident at the Stanford Psychiatry Residency Program. They graduated from the University of California, San Francisco School of Medicine in 2020 and received a master’s degree in Health and Medical Sciences from the University of California, Berkeley School of Public Health in 2017. Dr. Kraus-Koziol participated in the PRIME-US Program at UCSF and was a recipient of the United States Public Health Service Excellence in Public Health Award in 2019.

Steve Adelsheim, MD
Steven Adelsheim, MD is a child/adolescent and adult psychiatrist who works to support community behavioral health partnerships locally, regionally, at the state level and nationally. He is the Director of the Stanford Center for Youth Mental Health and Wellbeing in the Department of Psychiatry. Dr. Adelsheim has partnered in developing statewide mental health policy and systems, including those focused on school mental health, telebehavioral health, tribal behavioral health programs, and suicide prevention.
Evan Adams, MD, MPH

Dr. Adams is a Coast Salish Canadian actor, playwright and physician from the Tla'amin First Nation near Powell River, British Columbia. In 2002, Adams completed a medical degree at the University of Calgary, where he then went on to complete his residency at St. Paul's Hospital in Vancouver. In 2009, Dr. Adams received his master's degree in public health from John Hopkins University. In 2007, Adams became the first Aboriginal Health Physician Advisor in the Office of the Provincial Health Officer in British Columbia. He then served as the Deputy Provincial Health Officer from 2012 to 2014. Since then, Dr. Adams has been Deputy Chief Medical Officer of Public Health in the First Nation and Inuit Health Branch in British Columbia. He has worked closely with First Nations health programs to expand HIV/AIDS education and alcohol and drugs abuse treatment.

Allison Kelliher, MD

Allison Kelliher, MD, is Koyukon Athabascan, Dena, from Nome, Alaska. She serves on the board of directors as secretary for the AAIP and chairs the Rites & Ceremonies Committee and is the first and only physician trained as a Traditional Healer in a Tribal Health setting and weaves this into her practice as a Family and Integrative Physician. She is a research associate at the Johns Hopkins School of Nursing and Bloomberg School of Public Health Center for Indigenous Health. She is also the founder of the American Indian Collaborative Research Network (AICoRN), a Practice-Based Research Network at the University of North Dakota School of Medicine and Health Sciences where she is also Adjunct Assistant Professor. She is passionate about planetary health and advocates for decolonizing and indigenizing curriculum in health sciences.

Teshia Solomon, PhD

Dr. Solomon is Associate Professor in the Department of Family and Community Medicine in the College of Medicine at the University of Arizona and was appointed Co-Director of the Native American Research and Training Center (NARTC) in June 2007. She has over eighteen years experience in health-related research and training involving Native American students in public health. She is Principal Investigator and Director of the Faculty and Student Research Development program of the American Indian Research Centers for Health (AIRCH5) as well as Director of the Research Core. She serves as Co-Investigator and Co-Director of the Native American Cancer Program research training initiative and as a co-Investigator on the Community Outreach component with the Arizona Cancer Center.
**Daniel Dickerson, DO, MPH**

Daniel Dickerson, D.O., M.P.H., Inupiaq, is Associate Research Psychiatrist at UCLA, Integrated Substance Abuse Programs (ISAP). His research focuses on the development of substance abuse treatment and prevention programs for Native American youth and adults. He is currently Co-Principal and Principal Investigator on National Institutes of Health-funded studies that focus on the utilization of Native American traditional practices for substance use prevention and treatment.

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**Cutcha Risling Baldy, PhD**

Dr. Cutcha Risling Baldy is an Associate Professor and Department Chair of Native American Studies at Cal Poly Humboldt. Her research is focused on Indigenous feminisms, California Indians, Environmental Justice, and De-colonization. Her book *We Are Dancing For You: Native Feminisms and the Revitalization of Women’s Coming-of-age Ceremonies* was awarded “Best First Book in Native American and Indigenous Studies” at the 2019 Native American Indigenous Studies Association Conference. She received her Ph.D. in Native American Studies with a Designated Emphasis in Feminist Theory and Research from the University of California, Davis and her M.F.A. in Creative Writing & Literary Research from San Diego State University.

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**Denna Wheeler, PhD**

Deena Wheeler is a social scientist, trained in research design, program evaluation, and a variety of statistical methods. Her work at the Oklahoma State University Center for Health Sciences includes providing methodological and statistical support for a wide variety of research and evaluation projects. Her work is almost exclusively focused on rural and Native populations. She is a Cherokee Nation citizen and she has a leadership role on two HRSA funded programs focused on Native American health care workforce development.
**Stephanie Gillson, MD**
Stefanie Gillson, MD (Dakota-Santee Sioux) is from Mni Sota Makoce also known as Minnesota and the Dakota homelands. She is a Child and Adolescent Psychiatrist and Adult Psychiatrist Yale Child Study Center as well as part of the National Clinical Scholars Program at Yale. Dr. Gillson earned her undergraduate and medical degree from the University of Minnesota where her education was focused on rural and Indigenous health. Her research and service portfolio focuses on developing community-based initiatives to address mental health needs among Indigenous youth through a historical and contemporary lens with an emphasis of protective factors. She is a member of the Association of American Indian Physicians. She has been working with and learning from the Johns Hopkins Center for Indigenous Health Duluth team since 2013.

**Jessica Elm, MD**
Dr. Jessica Elm is a health and social scientist, President of Like the Tree Consulting, LLC, a citizen of the Oneida Nation and descendant of Stockbridge-Munsee Band of Mohicans. For over 15 years, Dr. Elm has served Indian Country in a range of capacities including research and evaluation, strategic planning, behavioral health administration, legislative analysis, and social work practice. Jessica serves as an expert advisor to tribal nations, national organizations, and federal agencies on advancing diversity, equity, and inclusion initiatives, and developing tribal research and data governance protocols. Dr. Elm has significant experience conducting research and evaluation with tribal communities and interdisciplinary teams.

**Melissa Lewis, PhD**
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.
Tori McConnell

2023-2024 Miss Indian World Tori McConnell comes from the Yurok and Karuk tribes of Northwestern California. Tori, born and raised on the coast in Eureka, California, graduated from the University of California, Davis in 2021 with her Bachelor of Arts in Native American Studies. Throughout her life she has been known as an artist, musician, singer, and as an advocate of traditional foods and a healthy way of life. As she grew from adolescence into adulthood, Tori chose to deepen her commitment to her family and culture through apprenticeship in traditional Yurok basketry, the Karuk language and ceremonial participation. An especially meaningful milestone was serving as a medicine girl for her ancestral village in the Yurok White Deerskin Dance - which is a World Renewal Ceremony whose purpose is central to the values of the Northwest California Indian people.

Tasce Bongiovanni, MD

Dr. Tasce Bongiovanni is a trauma surgeon and critical care specialist who cares for patients with acute surgical needs or who are critically ill at UCSF Medical Center and Zuckerberg San Francisco General Hospital and Trauma Center. In research, Bongiovanni studies pain control in the postoperative period, focusing especially on older adults. She also conducts health services research with the aim of improving quality and access to care for vulnerable populations. Her primary research goals are developing patient-centered care and improving outcomes for surgical patients. She is a member of the Navajo Nation and serves as Chair of the Native American Health Alliance and faculty advisor to the UCSF branch of ANAMS.

Lyndsay Kandi

Lyndsay Kandi is a registered tribal member of Upper Cayuga Nation (Turtle Clan/Haudenosaunee) and recent MD graduate from the University of Arizona: College of Medicine (Tucson). She is currently pursuing residency in Plastic & Reconstructive Surgery at the University of Chicago. She aspires to bridge the gap in reconstructive care for Indigenous Peoples and tribal communities throughout her career. She has also taken interest in policy and advocacy for these communities, serving on the American Medical Association-Medical Student Section-Committee on American Indian Affairs. Outside of the operating room and hospital, Lyndsay is married mom to a 6 year old girl and enjoys being outdoors, running, fishing, and working on charcoal illustrations of various operating hands.
Vanessa Jensen, MD
Dr. Vanessa Jensen, M.D. (Dine) is a surgeon in Tuba City, AZ specializing in surgery. She graduated from University of Arizona College of Medicine in 2003 and has 20 years of experience. She is a member of the Association of American Indian Physicians.

Kirsten Concha-Moore, MD
Dr. Concha-Moore graduated from the University of Arizona College of Medicine in 2019. She works in Seattle, WA and specializes in Vascular Surgery.
Learning Objectives

The Strong Heart Study: an update, an opportunity
Jason Deen, MD
1. Describe the roll of the Strong Heart Study in shaping our understanding of cardiovascular disease in American Indians.
2. Anticipate the future directions of cardiovascular research in American Indians.
3. Leverage the Strong Heart Study for personal research or community engagement endeavors.

Status of maternal cardiovascular health in American Indian and Alaska Native Individuals: An update on the scientific statement from the American Heart Association
Jason Deen, MD
1. Discuss the etiology of cardiovascular health disparities seen in American Indian and Alaska Native women.
2. Address cardiovascular inequities in American Indian and Alaska Native women with a multi-pronged therapeutic strategy including individual recommendations as well as policy level interventions.

Healthy Tribes: Supporting innovative, culturally - responsive public health approaches to improve wellness in AI/AN communities
Julianna Reece, MD, MPH, MBA
1. Delineate the link between Social Determinants of Health, Historical Trauma, Intergenerational & Multigenerational Trauma, Stress, and the health disparities we see in AI/AN populations
2. Highlight how CDC supports AI/AN communities through the Healthy Tribes Program
3. Outline the Healthy Tribes framework and best practices for promoting wellness and preventing chronic disease
4. Access and utilize resources for student, internship, fellowship and career opportunities in CDC and Public Health

A Traditional Health Approach in Urban Indian Healthcare Delivery
Socia Love-Thurman, MD
1. At the completion of this presentation participants should be better able to understand: Implementation of Indigenous Knowledge Informed Systems of Care (IKISC) at an organizational level
2. 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
3. Learn about our current policy work to establish Traditional Medicine approaches as billable services.

Preparing for a Career the Health Professions: Why Applying to SHPEP Should Be Your First Step
Antonio Mancuso, M.Ed., A-CSPO
Learning Objectives

1. Educate peers on SHPEP and the impact of the program.
2. Define impediments that challenge Native students and provide strategies for overcoming them.
3. Identify the reasons why representation matters in the health professions.

Improving substance use outcomes through Tribally centered research: A new NIH funding opportunity and research example utilizing the Rez Café method
Kathy Etz, PhD

1. Have a better understanding of the N CREW Program and will gain knowledge about increasing research capacity to conduct locally prioritized research and data enhancements to address the opioid/drug public health crisis,
2. Will be able to discuss capacity building, research priorities, and approaches to improve opioid use disorder treatment outcomes and,
3. Articulate how the Rez Café method can be used locally as a way to identify Tribal health priorities using a culturally-centered framework.

Sharing Career Journeys: American Indian, Alaska Native, and Indigenous Canadian Physicians Discuss Successes and Challenges Within and Outside Academic Medicine
Nicole Stern, MD, MPH

1. Hear the perspectives and personal journeys of an Indigenous Canadian physician, an Alaska Native physician, and an American Indian physician to better appreciate successes and challenges.
2. Walk away with new ideas and strategies on how to create institutional change in your home institutions to improve outreach, recruitment and matriculation of American Indian, Alaska Native, and Indigenous Canadian faculty and students into medicine.

Antiviral Treatment of Non-hospitalized Adults with COVID-19
Aaron Wendelboe, PhD

1. Confidence in treating ambulatory patients with COVID-19 with effective antivirals
2. Manage drug-drug interactions associated with these antivirals

The Power of Collaboration: Cultivating a Sustainable Health Equity Ecosystem
Jay Bhatt, DO, MPH, MPA, Executive Director, Deloitte Center for Health Solutions and Health Equity Institute
Learning Objectives

Yvette Roubideaux, MD, MPH, (Rosebud Sioux Tribe) Physician, Researcher and Public Health Advocate, Donald Warne, MD, MPH, Co-Director, Center for Indigenous Health, John Hopkins University, Nicole Stern, MD, MPH, (Mescalero Apache Tribe), Assistant Professor of Medical Education, California University of Science & Medicine, Urgent Care Physician, James Kennedye, MD, MPH (Kiowa Tribe), Emergency and Public Health Physician
Lyle Ignace, MD, (Coeur D’Alene Tribe) CEO, Gerald L. Ignace Health Center

1. Explain the importance of cross-sector collaboration in building a health equity ecosystem.
2. Understand the economic cost of health inequities and the impact on the AI/AN community.
3. Explore actionable and scalable solutions to address the root causes of health inequities.

Neqpiaput Iinriguut (Our Food is Medicine): Developing a conceptual framework using a subsistence lens to promote health equity in Alaska Native communities
Andrea Bersamin, PhD

1. Reframe how audience members view and understand the role of subsistence/ Yup’ik way of life in the lives of Alaska Native people.
2. Deepen audience members’ understanding of the effects of colonization on Alaska Native health outcomes.
3. Describe one way providers can Indigenize their practice.

Reachable Moments - Substance Use Screening across Native Healthcare
Aimee Campbell, PhD

1. Name several best practice SUD screening tools for use in healthcare settings.
2. Demonstrate ways to culturally tailor SUD screening tool questions for Native patients/relatives.
3. Explore ways to integrate SUD screening and early intervention into diverse healthcare settings.

Indigenous Health Education and Resource Task Force (IHEART)
Mary Owen, MD, LeeAnna Muzquiz, MD, Allison Kelliher, MD, Naomi Bender, PhD

1. Provide an overview of and broaden interest in and support for IHEART within the AAIP community
2. Review IHEART objectives
3. Discuss next steps for IHEART regional and national efforts
4. Solicit program input for IHEART GIS map of AIAN pathways programs

Tribal Health PRIME (Programs in Medical Education) Forging New Pathways
Antoinette Martinez, MD

1. Participant will be able to understand the guiding principles of program, and THP’s unique approach in medical education;
2. Participant will understand program structure and curriculum approach to mitigate barriers faced by
Learning Objectives

AI/AN learners and optimize learner success;
3. Participant will be able to discuss lessons learned and future directions in developing a pathway for American Indian/Alaska Native students.

Improving Process and Content for the Child & Adolescent Mental Health ECHO for Native American Youth

Carolyn Kraus-Koziol, MD

1. At the completion of this presentation, participants should be able to identify three ECHO model components as implemented by this project team and the key community partners involved in this project.
2. Participants will be able to describe at least five key topic areas that the Child & Adolescent Mental Health ECHO for Native American Youth focused on during the 2023 series.
3. Participants will be able to summarize four key areas of improvement for building community capacity and engagement in the Child & Adolescent Mental Health ECHO for Native American Youth.

Respecting Tribal Sovereignty When Engaging in Collaborative Research Projects with American Indian, Alaska Native, and Indigenous Canadian Communities: Perspectives from the US and Canada

Nicole Stern, MD, MPH

1. Recognize the initial steps to take before developing or initiating a research project within an AI/AN or Indigenous Canadian community;
2. Appreciate important research ethics within Indigenous communities that require attention and detail.

Establishing a Reservation-based Branch Campus and Tribal Medical Track

Deena Wheeler, PhD

1. At the end of this presentation, participants will be able to describe the longitudinal programs that have been developed to support recruitment of Native American students into medical school.
2. At the end of this presentation, participants will be able to discuss the learning environment developed to support Native American students at OSU Center for Health Sciences.
3. At the end of this presentation, participants will be able to discuss the opportunities and challenges of developing graduate medical education in rural and indigenous communities including how to approach the tribal Institutional Review Board (IRB) process;
4. Learn about historical trauma and past research indiscretions experienced by AI/AN and Indigenous Canadian communities and how to conduct research within the unique sociocultural context of AI/AN and Indigenous Canadian communities;
5. Understand the importance of data ownership for these communities.
Learning Objectives

Indigenous youth separated from family and risk of mental health challenges in the era of ICWA

Stefanie Gilson, MD, Jessica Elm, PhD

1. Define contemporary policies that disrupt the Indigenous family structure and thus act as continued colonization.
2. Recognize in practice the mental and physical health implications of Indigenous family disruption using an example from a community-based project of Indigenous families.
3. How to assist in strengthening systems and individuals that protect Indigenous families and connection to culture including the proactive uplifting of best practices derived from the Indian Child Welfare Act which was recently contested and upheld by the Supreme Court in 2023.

IHEAL: Indigenous Health Educators Alliance

Mary Owen, MD, Allison Kelliher, MD

1. Introduce and broaden interest and support for IHEAL within the AAIP community
2. Expand the IHEAL community to support a greater number of Indigenous medical academics
3. Introduce and support an IHEAL writing collective to AAIP members

Natives in Surgery: A Panel

Lindsay Kandi, MD, Caleb Shahbendeh, MD, MPH, Tasce Bongiovanni, MD, Vanessa Jensen, MD, Lori Arviso Alvord, MD

1. Provide the audience with examples of the many types of careers that Native Americans with surgical training can have.
2. Native American surgeons and surgeons in training will describe the surgical training experience, as a means to give information about the surgical training experience to Native American medical students.
3. Lay the foundation for the development of a Surgical Subspecialty of AAIP, by gathering surgeons and surgeons in training to begin discussions of interest to American Indian surgeons.

A Working Group for Native Americans in Surgery and Associated Surgical Subspecialties

Lindsay Kandi, MD, Kirsten Concha-Moore, MD, Caleb Shahbendeh, MD, MPH, Tasce Bongiovanni, MD, Lori Arviso Alvord, MD

1. To develop a surgical sub-section of AAIP.
2. To create mentorship pathways for AAIP surgeons in training.
3. To identify surgical training programs that provide the best training and support for American Indian surgeons in training.
Indigenous American Women - Narrative Barriers to Cervical Cancer Screening

Marilyn Roubidoux MD, FACR, Elizabeth Haro MPH, Emma A Butcher MPH, Alexandra Vinson PhD, Chad Brenner PhD, Diane M Harper MD MPH MS

Background:
Cervical cancer disproportionately affects Native communities. American Indian and Alaska Native women are nearly twice as likely to develop cervical cancer compared to white women and four times as likely to die from it. Additionally, they are often diagnosed at its later stages, making successful treatment and cure more difficult. American Indian and Alaska Native women have the highest rates of HPV-associated cancer. American Indians and Alaska Natives cite a number of barriers to cancer screening such as cultural reluctance to access Western medicine for nonacute health problems, transportation difficulties, lack of childcare, negative perception of health providers, long waits for appointments, poor patient-provider communication, provider time pressures and an underfunded health system.

Objectives:
Aim 1: The aim of this work is to evaluate the barriers and experiences of American Indian and Alaska Native women.
Aim 2: The aim of this work is to evaluate the barriers and experiences of American Indian and Alaska Native women with physical disabilities

Methods:
With discussion with the community partner, we will establish the most appropriate way to deliver and collect home self-sampling kits for primary HPV screening

• Urine and Vaginal kits
• Written survey about their experiences and beliefs with cervical cancer screening
• Written survey about experiences using the self-sampling kits
• Oral interview by phone/zoom about cervical cancer screening experiences that will be recorded, transcribed and analyzed for thematic content
• Incentive for participation
• With discussion with the community partner, we will establish the local follow up procedures for women who test positive and need further medical testing
A Review of the Prevalence of Ophthalmologic Diseases in Native American Populations

Alyssaa Miller, Manjot Gill, MD

Background:
Compared to the general population in North America, Native American/American Indian and Alaska Native (AI/AN) populations suffer a severely disparate prevalence of eye diseases. Visual impairment is a barrier to communication, interferes with academic and social success, and decreases overall quality of life. The prevalence of ocular pathology could serve as an indicator of overall health and social disparities for AI/AN populations.

Objectives:
The objective of this research was to perform a thorough review comparing the prevalence of retinopathy, cataracts, glaucoma, macular degeneration, and vision loss between AI/AN and non-AI/AN populations in North America.

Methods:
57 articles were retrieved and reviewed, of which 14 met the criteria outlined for inclusion. These articles were retrieved from searches on PubMed, MEDLINE, and ISI Web of Knowledge. Only studies that were peer-reviewed, published in the last 25 years, that reported on the prevalence of eye diseases in the AI/AN community, and reported a comparison between this population and a non-AI/AN population met the criteria for this study.

Results:
Rates of retinopathy, cataracts, visual impairment, and blindness were clearly higher for AI/AN populations compared to non-AI/AN counterparts. While rates of macular degeneration and glaucoma were similar between AI/AN and non-AI/AN populations, the treatment rates were much lower and were associated with poorer outcomes in AI/AN.

Conclusions:
There are considerable inequities in the prevalence and treatment rates of ophthalmologic conditions in AI/AN populations. A likely explanation for these disparities is the barrier of lack of access to adequate health and eye care. Due to substantial underinsurance and geographic variability, attention needs to be brought to expanding eyecare access to AI/AN communities. Self-reported disease states along with telephone interviews lends to underreporting of eye diseases in AI/AN. The results are subject to the availability of appropriate technology, health literacy, and language.
Building trust in providers through biographies on the Blackfeet Reservation

Cale Hinkle

Background:
Trust of medical establishments is a long-standing issue in Native American communities and a barrier to accessing care. At the Blackfeet Community Hospital (BCH) outpatient clinics experience frequent “no shows,” while the ED is busy. 26% of Blackfeet Reservation residents go to the ED to receive care or health advice instead of scheduling a doctor’s appointment. A Blackfeet Community Health Assessment (BCHA) identified access to primary care as a “priority concern” and 9% of CHA survey participants indicated they don’t have a trusted doctor and 34% said they can't get an appointment with one.

Objectives:
To increase trust for providers in the community and awareness of care alternatives, leading to more preventative/primary healthcare with less ED visits.

Methods:
An asset-based approach informed engagement with the community and BCH. Health concerns were identified through community conversations, clinical observations, and the BCHA.

Results:
I partnered with BCH to create provider biographies that showcase each provider’s education, biography, enthusiasm to serve the Blackfeet community, and health education information. These serve as a first meet to build patient-provider relationships and provide a space to educate patients about the credibility of PAs and NPs. Studies indicate provider biographies can help patients become more involved in their care and lead to greater satisfaction.

Conclusions:
Having provider biographies available, among other outcomes, can lead to increased trust between the patient and provider. Having a trusted provider is essential to health.
Reducing Cervical Cancer Morbidity and Mortality for American Indigenous Populations: an Educational Intervention for Residents and Trainees

Jenny Tiskus

Background:
Cervical cancer is preventable and treatable yet American Indian and Alaska Native people are twice as likely as white people to be diagnosed with cervical cancer and four times as likely to die from it. AIAN people may face additional barriers to immunization, screening, and treatment due to systemic racism.

Objectives:
To evaluate the efficacy of an educational intervention for resident physicians and other trainees in improving provider awareness of the AIAN cervical cancer public health crisis, barriers to care, and equity concerns for AIAN patients.

Methods:
Work-in-progress. Pre- and post presentation/video surveys

Results:
In progress

Conclusions:
In progress
Background:
The United States (US) has a federal obligation to provide healthcare to American Indian and Alaska Natives (AI/AN) as trusted in treaty and reaffirmed through several acts, laws, court cases and Executive Orders. Unfortunately, our AI/AN communities continue to have significant healthcare disparities when compared to other races and ethnicities, such as increased rates of substance use, suicide, domestic violence, and death from preventable diseases. In addition, there continues to be a question of trust between these communities and their healthcare providers and services offered. Reasoning for this is oft theorized and likely rooted in historical trauma, ongoing systemic racism, poor access to care and/or a lack of cultural understanding. We have seen increased funding of the Indian Health Service (IHS), Medicaid expansion through the Affordable Care Act (ACA), and educational incentives such as financial scholarship and loan repayment/forgiveness that have helped to address some of these issues, but recruitment and retention of healthcare providers serving AI/AN communities remains less than ideal.

Objectives:
We aim to increase knowledge related to AIAN healthcare and support interest in working with AI/AN communities through an immersive track for family medicine residents at the University of Washington (UW).

Methods:
This project will evaluate a multi-year immersive program for family medicine residents training at the UW Family Medicine Residency to gain experience working with AI/AN communities and understanding of historical and cultural contexts that relate to providing optimal care. Labeled as an area of concentration, this program will be modeled after others already developed in the residency program and will include elective rotations in AI/AN communities, scholarly work related to AI/AN healthcare, and access to learning materials from the UW Indian Health Pathway. Residents will complete pre- and post-program surveys for assessment. Outcomes measured will include qualitative and quantitative data which will undergo mixed methods analysis assessing for increase in knowledge related to AI/AN healthcare, increase in interest in serving AI/AN communities, and evaluation of the curriculum.

Results:
This is a work in progress and there are no preliminary results for review. to build patient-provider relationships and provide a space to educate patients about the credibility of PAs and NPs. Studies indicate provider biographies can help patients become more involved in their care and lead to greater satisfaction.

Conclusions:
We predict that this program will increase knowledge of AI/AN healthcare and increase interest in serving AI/AN communities in future practice. Findings may support the implementation of similar programs at other institutions with a potential outcome of increasing the healthcare workforce providing care to AI/AN communities.
Impacts of Federal Recommendation on Neonatal Vaccination and Mortality: Evidence from the HBV Vaccine

Junying Zhao, PhD, PhD, MPH, MBBS, Ahmed El Fatmaoui, MSc, Bethanie Lor, Pallab K. Ghosh, PhD

Background:
Vaccine policies vary from state to federal levels. In January 2018, the Centers for Disease Control and Prevention (CDC) recommended the first-dose hepatitis B (HBV) vaccine to newborns within 24 hours. No study evaluates this type of federal-level policy for vulnerable newborns.

Objectives:
To evaluate the impacts of the federal recommendation on neonatal HBV vaccination and mortality rates across racial and ethnic groups.

Methods:
We merged 562,202 individuals aged 0-3 days from 2011-2019 Mortality Census with CDC ChildVaxView and County Health Rankings by county into a final data of 8,397 county-year observations. Outcome variables included county-level first-dose HBV vaccination and neonatal mortality rates. We compared before- and after-policy measures and employed fixed-effects dummy regressions to estimate policy effects and heterogeneous impacts across racial and ethnic minorities.

Results:
The policy was significantly associated with an 8.26% (P<0.001) percent increase in the HBV first-dose vaccination rate of neonates aged 0-1 days. Similar significant percentage increases occurred in neonates aged 0-2 and 0-3 days. A 10% increase in vaccination rate in previously low-vaccinated areas led to a 4.97% and 5.55% (P<0.001) decrease in mortality rates of neonates aged 0-2 and 0-3 days. Racial and ethnic minorities responded diversely, with comparative effectiveness for Asians, mixed results for Hispanics, and lower vaccination and higher mortality for African and Native American infants.

Conclusions:
This paper is the first that evaluates the impacts of the vaccine recommendation type of federal policy on neonates. Findings provide evidence of policy effectiveness in boosting vaccination and saving lives, and identify African and Native American newborns for future other federal, state, or local interventions. (Funded by the Presbyterian Health Foundation).
Literature Review of AN/Al Elders experiencing “Successful Aging” through the use of Reminiscence therapy

Laura Aspelund MS1; Dr. Jordan Lewis

Background:
The CDC (2017) reported that dementia is among the top 10 causes of death for Alaska Natives 75 years and older and its prevalence is increasing at a faster rate among American Indians and Alaska Natives (AI/AN) than the general population. Due to elders being increasingly transitioned to urban elder homes, the disconnect from their culture of origin may be a contributing factor to their decline in cognitive ability. Reminiscence therapy could provide support in order to preserve some of that cognitive ability that would otherwise be lost.

Objectives:
Map out the importance of reminiscence therapy on Alaska Native elders in order to preserve cognitive function and stave off dementia.

Methods:
To study current literature and research on the impacts of reminiscence therapy on Alaska Native elders, especially from the viewpoint of nutrition.

Results:
Reminiscence therapy and traditional foods can help support the elderly in nuanced ways, and should be explored as a way for caregivers to reduce agitation among relatives with dementia and improve caregiver mastery. There is evidence that food through reminiscence could alter the symptoms of Dementia through memory retrieval and nutritional support and should be examined through the lens of culture.

Conclusions:
The use of reminiscence therapy for AN/Al elders is a powerful way to allow elders to age successfully.
Evaluation of a HEPA Filter Pilot Project in Alaska Native Communities

Madilyn Short MS2; Rosalyn Singleton MD MPH

Background:
Alaska Native and American Indian (ANAI) children experience a high burden of acute and chronic lung disease. Wood stove use, poor ventilation, and indoor tobacco smoke contribute to indoor air pollution which lead to increased severity and frequency of respiratory infections in children. Portable high efficiency particulate air filter purifiers (HEPA filters) effectively improve indoor air quality.

Methods:
In 2019 the Yukon-Kuskokwim Health Corporation (YKHC) conducted a pilot project that provided education and HEPA filters to households of children with chronic lung conditions. We analyzed baseline demographic and housing data and interviewed household representatives to evaluate HEPA filter acceptability and use.

Results:
We interviewed representatives from 11 households that received HEPA filters. Interviewees reported that the filters were easy to use, quiet, not expensive to run, and beneficial to the health of their child and other family members. Interviewees believed that the filter improved their children’s breathing by reducing congestion and coughing. Five households were still using the filter three years after the pilot. Some households ended filter use because of equipment failure or lack of replacement filters.

Conclusions:
Our evaluation suggests that HEPA filters are acceptable and feasible for use in rural Alaska Native households. Program support to address equipment issues could enhance sustained use of HEPA filters in households. This evaluation supports a clinical trial to evaluate the impact of HEPA filters on the lung health of AN children.
Synthesis and Testing of Alpinoids as Treatments for Leishmanias

Mauri Butzke, Jasmine Keyes, Kenny Miller

Background:
Leishmaniasis is a protozoan parasite and the second leading cause of death from parasitic infection worldwide. This disease disproportionately affects low income, rural communities in the US and other countries. Environmental problems and poor sanitation often present in these communities exasperate the spread of these parasitic diseases.

Objectives:
Several naturally occurring compounds, deoxyalpinoid B and deoxyalpinoid A, and alpinoid F have been shown to be potent anticancer compounds. Given that upregulation of ROS is correlated with anti-leishmanial activity, we queried whether we could synthetically produce these compounds to function as new treatments for leishmaniasis infections.

Methods:
The synthetic scheme consists of multi-step reactions where multiple hours of stirring is often required. Additionally, some reactants are air sensitive, requiring nitrogen gas to displace air in the reaction flask. The general synthetic sequence is the addition of a terminal alkyne to an aldehyde to make an alcohol, then an Au(I) catalyzed rearrangement to create a ketone, common to all alpinoids. After successfully producing Alpinoid F, I moved to the biology department to test the antileishmanial activity of our product. During my research I developed skilled laboratory techniques purifying organic compounds and using 1H-NMR, 13C-NMR and IR spectroscopy to analyze products.

Results:
The proposed synthetic pathway allowed for the synthesis of the alpinoid F. This can be determined from the 1H-NMR and 13C-NMR data. 1H-NMR data confirms the structure due the peak detected in the 5.25 ppm region. This work presents the first synthesis of alpinoid F to date.

Conclusions:
When leishmanial promastigotes were treated with deoxyalpinoid B, cell viability was reduced an in human macrophages, reactive oxygen species increased. This suggests a potential treatment for leishmaniasis.
Indigenous Youth Separated from Family and Risk of Mental Health Challenges

Stefanie Gillson, Rachel Steinberg, Jessica Elm, Dane Hautala, Melissa Walls

Objectives:
In the U.S and Canada Indigenous children are removed from their homes at disproportionate rates despite policies aimed to preserve families. And yet, there is a dearth of Indigenous representation in child welfare research. The objectives of this study are to: 1) quantify rates of family separation, and 2) assess associations between family separation and mental health across generations within a sample of Indigenous families.

Methods:
The data comes from a large longitudinal study (N = 696) of Indigenous youth and at least one adult caretaker in the upper Midwest of the U.S. and Canada. Family separation was defined as participants who experienced foster care, adoption, and/or institutionalization. Institutionalization included juvenile detention center, psychiatric inpatient setting, or substance use treatment center. Mental health outcomes were measured using diagnostic interviews from DSM-4 in late adolescence.

Results:
We found that 52% of target participants reported at least one change in caregivers prior to age 19; 5% experienced at least one foster care placement and/or were adopted, and 12% experienced institutionalization at least once. The participants who experienced family separation had greater odds of meeting criteria for past year substance abuse or dependence (OR = 2.1), meeting criteria for past year externalizing disorders (OR = 3.7) and having a past year arrest (OR = 1.9) at the end of adolescence, as compared to participants who did not have these experiences. Target participants who experienced family separation as children also had greater odds of reporting that one or more biological children were being raised by someone else in young adulthood (OR = 3.0).

Conclusions:
The systemic removal of Indigenous youth is an example of an ongoing historically traumatic event that carries forward to influence future generations. Rates of family separation remain high among Indigenous families, and were associated with poorer mental health outcomes, past year arrest, and family separation in the next generation. This emphasizes the importance of strengthening systems that protect Indigenous families including the proactive uplifting of best practices derived from the Indian Child Welfare Act which was recently contested and upheld by the Supreme Court in 2023.
Outdoor activities as an intervention for mental health in AI/AN communities: A Literature Review

Tani S. Thomsen

Background:
Mental health disorders disproportionately affect American Indians and Alaska Natives (AI/AN)1. Outdoor activity provides a useful intervention to connect mind, spirit, body, community, and land, which are commonly shared values amongst indigenous groups2. A 2022 systematic review revealed nine nature-based studies focusing on indigenous communities3. It is unclear how much of the current literature is focused on indigenous populations in the United States.

Objectives:
Our study seeks to summarize the existing research on the effects of outdoor activities on mental health among AI/AN populations

Methods:
We conducted a literature review to identify studies investigating the impact of outdoor activities on mental health outcomes within AI/AN participants. We searched PubMed, SCOPUS, and PsycINFO on July 14, 2023 for articles containing concepts of outdoor activities, mental health, with Native Americans as the study population. We screened 425 studies. Five studies met our inclusion criteria. Interventions included gardening, mushing, camping, chopping wood, walking, and running.

Results:
The studies showed positive effects on mental health outcomes including wellbeing, resilience, and alcoholism recovery. All five of the studies used qualitative, narrative-based interview methods for data collection.

Conclusions:
Overall, the current research on outdoor-based interventions for mental health in AI/AN populations is promising, but there is a critical need for more interventional studies to address the underrepresentation of this population in the literature.
Two-Row Wampum & Indigenous Cancer Health:
Building respectful parallels of sovereignty along the cancer care continuum.

Rodney C. Haring, PhD, MSW; Whitney Ann E. Henry, BA

Background:
Understanding cancer care continuum gaps and success stories across tribes situating in NCI designated cancer centers is important. Indigenous populations in North America are more likely to live in geographically isolated and environmentally challenging communities and often do not have equal access or equitable financial support for health care. As a result, these populations tend to be diagnosed with cancer at younger ages and at more advanced stages and are more likely to die from cancer. Because of poor cancer outcomes, and perhaps unfamiliarity with care, they may feel less inclined to seek care and to trust health care providers.

Objectives:
Aim 1. Conduct QI roundtables with rural and Indigenous populations in an NCI designated cancer catchment are in the Northeast. Aim 2. Translate findings towards service mechanisms.

Methods:
Quality-improvement (QI) roundtables collected shared voice of Indigenous and non-Indigenous cancer care providers working in and around ancestrally related Native Nations—Canada—USA. Findings were coupled with triangulated, aggregated, and de-identified Centers for Disease Control, Indian Health Services, and New York State information.

Results:
Findings included translational modeling of Indigenous based cancer focused patient navigation successes, robust cross-training collaborations, inter-tribal resource building, incorporation of virtual patient navigation, grass-root partnerships, Indigenous-led community outreach, and health policy development. Ultimately, 7 patient navigators, with 3 dedicated to servicing Indigenous communities across New York State were activated. A virtual navigation program for short term navigation, referral, connection and follow up was also implemented.

Conclusions:
This quality improvement projects shares the foundations for implementation of an Indigenous patient navigation program and cancer care initiatives.
Mammography Screening Disparities in American Indians and Alaska Natives: What You Need to Know

Ravi Patel, Priya Patel, Ashley Ayers

Background:
The life expectancy of American Indians (AI) and Alaska Natives (AN) is about 5.5 years less when compared to U.S. all races population. AI/AN suffer from many health disparities, one of which is cancer. AI/AN women have disproportionate mortality and increasing incidence rates of breast cancer. These women are less likely to get mammography screenings for early detection of breast cancer, the time when breast cancer can be most easily treated.

Objectives:
The authors of the present study conducted a systematic literature analysis using PubMed and Google to identify possible factors that perpetuate breast cancer screening disparities and to explore solutions that have been implemented. Search terms utilized included: Native American, American Indian, Alaska Natives, Mammography Screenings, Education Intervention, Imaging Modality Access.

Methods:
The authors of the present study conducted a systematic literature analysis using PubMed and Google to identify possible factors that perpetuate breast cancer screening disparities and to explore solutions that have been implemented. Search terms utilized included: Native American, American Indian, Alaska Natives, Mammography Screenings, Education Intervention, Imaging Modality Access.

Results:
Analysis of various literature and comparative studies revealed many factors that may perpetuate the mammography screening disparity in AI/AN females including socioeconomic status, distrust in Western medicine, access to imaging modalities, traditionality, and reliance on Indian Health Service. Further analysis of the literature revealed that many of the current attempts to address the lower mammography screenings in AI/AN women is through education. Education through printed materials like calendar mail-outs may be too weak of an intervention to visualize worthwhile benefits. Additionally, it may be difficult to perceive how the field of radiology perpetuates disparities in AI/AN breast cancer screenings as radiologists infrequently interact with patients, and racial bias is not as apparent when interpreting mammography scans. However, further analysis of the literature indicates that imaging plays a major role in propagating the disparities that exist in AI/AN women as well as other minority groups. Access to imaging modalities, proximity to imaging, longer wait times, and lower quality images that make interpretation more error prone are some of the elements that contribute to disparities seen in AI/AN populations.

Conclusions:
In conclusion, health care continues to make advancements in early detection of many diseases such as cancer. However, AI/AN women continue to face increased incidence and mortality rates of breast cancer. Efforts that are focused with working with the individual tribes is likely needed to address the disparities that exist in these populations. Educational attempts such as printed out materials are likely too weak of interventions to see any clear benefits, thus aiming efforts at the field of radiology may be beneficial. It may be beneficial to target radiology departments to advocate for AI/AN women to take advantage of our technology. Further research on ways to implement changes into their system is needed.
Pain an Epidemic, Natural, Native, Ayurvedic, and Alternative Treatments to Pills

Katrina Everhart

Background:
One in three Americans lives with chronic pain, or pain lasting at least three months. Women, Native Americans, along with African Americans and Hispanics are more likely to have chronic pain issues. Chronic Pain sufferers are also likely to have lower income levels, less education, poor vocational functions, and are more likely to become parents earlier, than the general population. Depression and obesity tend to be a complicating factor with chronic pain. Suicide is two times more likely with chronic pain sufferers who also report being depressed, than the general population. Hospitalizations for low back chronic pain sufferers has increased 800% which relates to approximately $18 billion a year, since 2000. Pain, a warning of injury, physical or psychological, that needs to be treated or avoided for further injury, is subjective. While a fifth vital sign, it is unmeasurable by a specific device such as a thermometer. Pain above an individual's threshold or tolerance level, physically or psychologically, interrupts daily activity, sleep, memory, eating, and digestion to name a few. Pain can be site specific due to an injury, or general from various injuries. Repetitive injuries can increase pain severity and contribute to additional health factors including psychological. Chronic pain can shorten a person's quality of life and thus the longevity of life. Pain, whether chronic or acute, costs US employers between $560 to $635 Billion USD each year. Pills, often opioids over time create dependency issues, and potentially to addiction. NSAIDs can help pain, especially acute, but long-term create other medical issues.

Objectives:
1. To assess chronic pain from a biopsychological system, and find plant-based teas, tinctures, and/or salves to help curb chronic pain. 2. To measure the amount of plant-based teas, tinctures, and/or salves to curb acute/chronic pain without toxicity. 3. To determine the limit of NSAIDs with plant-based teas, tinctures, and/or salves to curb chronic pain without toxicity.

Methods:
A meta-analysis started with peer reviewed scientific journals reporting results for chronic pain studies based on alternative treatments. A review of Native Herbalism, which varies by the area of the US, began the assessment and measurement of the formulations of teas, tinctures, and/or salves that were used in treatments of medical conditions which involve pain. A meta-synthesis of current published pharmacological studies which small numbers for medical conditions and/or treatments in which pain is a complicating factor in treatment.

Results:
The biopsychological model allows for depression and issues of PTSD with chronic pain. Lack of sleep from pain causes issues memory and mood disturbances. While food and massage therapy have not been shown to have significant impact other than issues with weight bearing joints; smoking or vaping, lack of exercise and inactivity increase the likelihood of pain lasting at least three months. Stress reduction and relaxation is an important component of chronic pain treatment along with alternatives and medications. Posture and exercise do help chronic low back pain sufferers. When pain is limited to specific regions, even if chronic, topical NSAIDs, anesthetics, and capsaicin are preferable, if tolerated by the patient and no sensitivity is developed over time. Opioids should not be prescribed for chronic pain sufferers. They should only be used with acute pain or in the treatment of patients with cancer pain. Cannabis products such as CBD can be relatively safe and effective, but longer-term studies are needed. While not incorporated often in traditional pain treatment plans, Mind-Body (MBSR) and Cognitive Behavior Therapy (CBT) are helpful management tools for patients. More frequent visits to a health-care person, which can include a Certified Pilates instructor or Certified Yoga Therapist working with an MD can help patients with chronic pain management. Salves with certain ingredients collected by natural healers have helped chronic pain patients. Exercise is at this time is the most cost-effective treatment within the biopsychological model.

Conclusions:
Native healers' treatments for Chronic pain fit into the Biopsychological Illness model. There are numerous plant-based tinctures and salves that can be used in the treatment of pain issues whether it is the primary condition or a secondary condition resulting in the treatment or the primary condition. Several plant-based solutions exist for pain issues so that customized treatments can be used. Customization accounts for patient needs based on preferences, location, and potential sensitivities from personal concerns, previous negative interactions, or work/social schedules. For example, some salves may have an odor that will not allow an individual to work in a crowded office setting. So, while the salve might be more effective, a tincture should be used to accommodate the persons workplace needs during the day. Interaction issues need to be considered based on the concentration and use of tinctures when combined with salves, NSAIDs, topical analgesics, or capsaicin. Some remedies can be used in combination to achieve more relief for the patient depending on their activity level or needs. Exercise needs to be increased to decrease issues with chronic pain and improves sleep, mood, and memory. Cardiovascular exercise provides the best results, yet Pilates exercises demonstrate efficacy for certain pain disorders. Yoga, tai chi, acupressure, auriculotherapy, and acupuncture are helpful in treating chronic pain along taking vitamin D. Other supplements have not shown any decrease in reported pain when used over time. Chronic pain should be approached from the Biopsychological illness model, and not just from a biological or psychological model.
Assessing the Prevalence of Systemic Erythematosus Lupus and Associated Lupus Nephritis in American Indian Populations

Priya Patel, Ravi Patel, Ashley Ayers

Background:
Systemic lupus erythematosus (SLE) is an autoimmune disease that can be associated with several complications. Studies suggest that SLE is more prevalent in individuals of American Indian descent. As the disease progresses, complications occur. The American Indian population faces challenges such as earlier onset of disease, differing clinical patterns, and disparities in treatment.

Objectives:
1. Report on the prevalence of SLE and understand why appropriate management is imperative
2. Appreciate some barriers to care that exist
3. Acknowledge the importance of provider awareness for how SLE affects American Indian populations

Methods:
The authors conducted a systematic literature analysis to identify the prevalence of SLE and the associated complications.

Results:
Review of literature revealed the American Indian population as having the highest race-specific SLE estimates for females (270.6/100,000) and males (53.8/100,000) and an earlier average age of onset 29.9 compared to 32 for European ancestry. Lupus nephritis was observed in 40% of cases. This population is at a disadvantage when it comes to the appropriate diagnosis of SLE and its complications. Reasons for this disparity include lack of awareness and access to rheumatological care, adequate screening methods, and treatments.

Conclusions:
Emphasis should be placed on providing specialized education for care providers. Understanding SLE will benefit those impacted and help those involved in patient care be more prepared to recognize, diagnose, and treat.
Nicole Stern, MD

Over her 25-year membership in the Association of American Indian Physicians, Nicole Stern, has been devoted to improving the health care of American Indians and Alaska Natives through her stalwart efforts to increase the number of AI/AN students who pursue careers in medicine and other health professional fields. In addition to promoting future generations of healers, she is a steadfast advocate for her AI/AN colleagues, always leading advocacy efforts to improve workforce strength and fighting for inclusion. Her accomplishments, and thus candidacy to be selected as this year’s recipient of the AAIP Physician of the Year, highlight all of the categories including involvement, innovation, leadership, and advocacy.

Prior to officially joining AAIP in 1998, Nicole quickly became involved with the organization and helped to plan and co-direct a cross cultural medicine workshop in Phoenix. Then, during her time in AAIP, she has been active on committees and the Board of Directors, specifically as the Chair of the Local Planning Committee for the Tucson meeting in 2000, President-Elect, President, Immediate Past President, At Large Director twice, Membership Committee, Annual Meeting Planning Committee, Governance Committee, and the AAIP Liaison to the Association of American Medical Colleges Group on Student Affairs, Committee on Student Diversity Affairs for seven years. In addition to her active membership involvement, what speaks most to Nicole’s goal of honoring AAIP’s mission, is her passion for bringing people together and collaborating with many within and outside of our American Indian communities. Continuously over the years, she has been an inspiration to those around her, for her ability to gather groups of people, especially mindful of including AI/AN physician colleagues, through in person activities, or remotely during the pandemic. She readily builds sustainable communities of support and advocacy where ever she goes. She has worked persistently, especially over the past year, to ensure that AI/AN physicians have a seat at many national and regional tables. You can be assured that once you have been included, she will keep you in the circle. Overall, Nicole hopes to inspire others to follow in her footsteps, as they create programming and support for students hoping to pursue medical careers.
2023 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.”

Adam Carl

Adam Carl is a descendant of the Hopi and Navajo Tribes. He was born and raised in Flagstaff, Arizona. His Hopi name is “Tu quing va” (maasaw/creator chasing after). Adam is currently pursuing a degree in medicine at the University of Arizona College of Medicine – Tucson. He received his Bachelor of Science in Physiology and Biochemistry then a Master of Science in Environmental Health from the University of Arizona. For many years, he has worked closely with the Hopi Tribe to identify environmental hazards that negatively impact human health. He is currently working with the Navajo Nation to understand the relationship between Helicobacter pylori and gastric cancer. Upon graduating, Adam plans to provide culturally relevant care that is grounded in Native American traditions and evidence-based healthcare practices for Tribal members.

2023 ANAMS John T. Wolfe Medical Student of the Year

“To recognize an ANAMS member for their outstanding efforts in the area of academic performance, professionalism, leadership, and their contributions, and commitment to Native American health.”

Lyndsay Kandi

Lyndsay Kandi is a registered tribal member of Upper Cayuga Nation (Turtle Clan/Haudenosaunee) and recent graduate from the University of Arizona: College of Medicine (Tucson). She is currently pursuing residency in Plastic & Reconstructive Surgery at the University of Chicago. She aspires to bridge the gap in reconstructive care for Indigenous Peoples and tribal communities throughout her career. She has also taken interest in policy and advocacy for these communities, serving on the American Medical Association-Medical Student Section-Committee on American Indian Affairs. Outside of the OR, Lyndsay is married mom to a 6 year old girl and enjoys being outdoors, fishing, and working on charcoal illustrations of various operating hands.
2023 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.”

Shaelyn Ward

Shaelyn is a third-year medical student at Oklahoma State College of Osteopathic Medicine at the Cherokee Nation in Tahlequah, OK. She is from Tulsa, OK, and attended Kansas State University as an undergraduate student. She is proud of her heritage as part of the Tlingit and Haida tribes of Alaska. Shaelyn hopes to complete an Internal Medicine residency and a Geriatric fellowship in the future.

2023 ANAMS Kelsie Gleason Creative Passion Memorial Scholarship

“To recognize the creative passions that ANAMS members pursue outside of medicine including areas such as photography, writing, running, climbing, and more!”

Morgan Lockheart

Osiyo! I am Morgan Lockhart, MD, descendant of the United Keetoowah Band of Cherokee Indians. I was reared in Wisconsin Rapids, WI and attended undergraduate at Carroll University in Waukesha, WI majoring in biology and minoring in biochemistry. During the later years of my undergraduate education and prior to starting medical school, I was an emergency medicine technician and served the people of Milwaukee. I knew becoming a physician was my calling, as I reflected the patient population I served as a woman of color from a low-income household. After matriculation to medical school, I connected with my Indigenous roots through a research internship sponsored by the Great Lakes Inter-Tribal Council Native American Research Center of Health. I found community through this internship, but also through my mentor Dr. Susan Davids, MD - one of the most altruistic and inspiring Indigenous women I have had the pleasure to come to know. Throughout my medical school academic years, I participated in many organizations and events surrounding promoting Indigenous youth into the field of medicine through summer enrichment programs, career days, and mentorship.
Hailey Baker

Hailey Baker (Cherokee Nation) is a third year medical student at the University of Minnesota. Prior to medical school, she worked as an obstetric surgical technologist at her community hospital in interior Alaska, an experience that fostered her interest in maternal and child health. Outside of her medical studies, Hailey spends her time furthering her research, serving in various leadership roles in health policy, crafting, and exploring the outdoors.
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(Cherokee)  
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Gary Lankford  
(Cherokee)  
Student Programs Director

Echo Duerksen  
(Witchita/Caddo)  
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