

CRIHB

Tribal Health ADVISOR

October 2017 Volume 49, No. 4

Inside This Issue:

Welcome New Members	Pg. 1
Legislative Report	Pg. 2
Tribal TCM Training	Pg. 3
New Grants Awarded	Pg. 4
Dental Transformation Update	Pg. 5
Workforce Development	Pg. 5
Promoting Healthcare Equity	Pg. 6
CTEC Health Priorities	Pg. 6
2018 Legislative Priorities	.Pg. 7
CRIHB is Moving	.Pg. 7
48th Annual Awards Banquet	Pg. 8
October Board Meeting	Pg. 10
New CRIHB Staff	Pg. 12
Thank You for Your Support	Pg. 14
Save the Date	Pg. 15

4400 Auburn Blvd., 2nd Floor Sacramento, Ca 95841

> Phone: (916) 929-9761 Fax: (916) 929-7246

> > www.crihb.org

Welcome New Member Tribal Health Programs!

The California Rural Indian Health Board (CRIHB) is honored to announce three new member Tribal Health Programs joining CRIHB. The Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI), the Anav Tribal Health Clinic, and the K'ima:w Medical Center have all joined in 2017. The CRIHB Board of Directors welcome the new members and look forward to working together in planning and implementing enhanced health services that further meet the needs of American Indian/Alaska Natives in California. CRIHB is proud to grow the network for the purpose of promoting unity and formulating common policy on Indian health care issues.







Anav Tribal Health Clinic

The Anav Tribal Health Clinic has been open since 2007 and has steadily increased its capacity to serve the health needs of the Quartz Valley Indian community. The clinic began by providing medical services to its Tribal members. Most recently, the Anav clinic introduced mental health, substance abuse, and dental services. Tribal members of the Quartz Valley Indian Reservation are a sovereign, federally recognized Tribe in western Siskiyou County. Many of the Quartz Valley Indian Tribal members share common heritage with the Karuk Tribe; Anav means medicine in the Karuk language. The original membership of the Quartz Valley Indian Tribe was drawn from Shasta, Karuk, and Upper Klamath Tribes.

K'ima:w Medical Center

Located on the Hoopa Valley Reservation, the K'ima:w Medical Center is an entity of the Hoopa Valley Tribe providing complete health care services to both Native and non-Native people in the area. The Hoopa Valley Tribe is guided by its general membership and has eight elected officials who provide oversight of all Tribal departments, boards, and entities. The K'ima:w Medical Center opened in 2003 offering general medicine, dental, pharmacy, and ambulance services to rural communities in both Humboldt and Trinity County. K'ima:w's ambulance service is the only lifeline for people spread throughout hundreds of miles of forests and mountains and where the nearest hospital can be more than an hour or two away. (Continues on page 2)

California Rural Indian Health Board, Inc.

Board of Directors

Patricia Reece & Guy Taylor Feather River Tribal Health, Inc.

Andrea Cazares-Diego & Angela Martin Greenville Rancheria Tribal Health Program

Archie Super & Michael Thom Karuk Tribal Health & Human Services

Lesley Hunt & Marcellene Norton K'ima:w Medical Center

Clois Erwin & Marcus Blind Mathiesen Memorial Health Clinic

Lauri Hayward & Mickey Gemmill, Jr. Pit River Health Services, Inc.

Michelle Hayward & Jack Potter, Jr. Redding Rancheria Tribal Health Center

Samantha Thornsberry & Desiree Franco Riverside-San Bernardino County Indian Health, Inc.

Lisa Elgin & Derrick Franklin Sonoma County Indian Health Project, Inc.

Richard Button & Rick Maddux Toiyabe Indian Health Project, Inc.

Donna Medrano & Gayline Hunter Tule River Indian Health Center, Inc.

Denise Padgette & Lawanda Quinnell United Indian Health Services, Inc.

Helen Jean Jaramillo & Cecilia Townsend Warner Mountain Indian Health Program

- * Directors to be determined Anav Tribal Health Clinic
- * Directors to be determined Chapa-De Indian Health Program, Inc.

CRIHB Officers

Dr. Mark LeBeau - Chief Executive Officer Marilyn Pollard - Chief Operations Officer Ron Moody - Chief Financial Officer Susan Dahl - Chief Compliance Officer

Welcome New Members (cont.)

Riverside-San Bernardino County Indian Health, Inc.

The Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI) was formed in January 1968 with its first Indian health program located at the Morongo Indian Health Clinic. In the first few of years, RSBCIHI developed its program to provide direct health services. Since then, RSBCIHI has worked steadily to grow its services and advocate for better Indian health care. Today, there are seven clinics serving nine Tribes throughout the Riverside-San Bernardino area. RSBCIHI proudly offers medical, dental, optometry, laboratory, pharmacy, radiology, grants, capital projects, and behavioral health services to all eligible Native Americans and their families.

Welcome! Ma Ja Whas! Páxam! Miiyu!

Legislative Report

For the Fiscal Year 2018 Indian Health Service (IHS) Funding, The House and Senate voted on a continuing resolution which funds the government through December 8 and temporarily suspended the debt limit. The short-term legislation allows the government to remain open as legislators deal with authorizations and appropriations. However, agencies are often required to take the most limited funding actions.

On October 12, 2017, President Trump signed an Executive Order, entitled "Promoting Healthcare Choice and Competition Across the United States," allowing small employers to buy health insurance through association health plans. The Executive Order also lifts limits on short-term health insurance plans, expands availability by allowing these groups to side-step the Marketplace and permits the use of Health Reimbursement Arrangements.

Legislative Report (cont.)

Additionally, President Trump announced that his administration will cease making critical cost-sharing reduction payments to health insurers that assist low-income residents. According to national numbers, more than 27,000 American Indian/Alaska Natives (AI/AN) enrolled in the Marketplace. Cost-sharing reductions help make the insurance affordable for them, but actions by the President could make insurance through the Marketplace no longer affordable.

As of October 18, 2017, over 60 Tribes and 29 Indian Health Programs have agreed to be listed as supporters of a letter to our California Congressional lawmakers regarding the need for IHS to provide equitable funding to the California IHS Area. CRIHB's goal is to send one letter to our California lawmakers with a list of all the Tribes and clinics that have agreed to sign on as supporters.

CRIHB is pleased with the FY 2018 House-proposed funding of the Indian Health Care Improvement Fund at \$130 million to carry out facilities activities. The FY 2018 House bill's funding of the IHCIF to address the shortfalls in the allocations of base funding across the IHS system is particularly important to rural California Tribes. Additionally, a recent amendment by Congressman O'Halleran of Arizona seeks to add \$47 million for Tribal clinic operational costs.

The CRIHB-sponsored Assembly Bill, AB 839 (Garcia), encountered last-minute political maneuvering in the Senate Appropriations Committee. Although the bill allowing 50 percent federal medical reimbursement for Medi-Cal targeted case management services was held in committee, CRIHB will not have to start over next year. As a two-year bill, AB 839 is eligible to be heard again in January/February of 2018. The CRIHB policy team is working with the administration to correct their fiscal assumptions about the cost of the bill.

State Budget FY 2017-2018: A key improvement in the Medi-Cal program is the full restoration of Adult Denti-Cal in January 2018, and the restoration of optical benefits in 2020. The phase-in to full restoration (begun July 2017) of dental coverage in Medi-Cal is already helping thousands of AI/ANs in California.

Tribal Targeted Case Management Training

Staff from over 20 California Tribal Health Programs traveled to the CRIHB Office to attend a Tribal Targeted Case Management Training. Targeted Case Management (TCM) is a Medi-Cal program that reimburses participating health organizations with a percentage of Federal Medical Assistance for TCM services including referrals, development of a service plan, periodic reassessment, and follow-up activities.

Participants were able to enhance their skills in case management assessments, individual and family case plans, referrals, and follow ups. Culturally appropriate case studies were also used as examples for attendees to work together as a team to promote positive relationships between case managers and patients. Attendees also received a copy of the *Case Manager's Handbook*, a copy of the *Best in Class Case Management Workbook*, and 14 Continuing Education Units for nurses, social work professionals through the Commonwealth Educational Seminars, and for Certified Case Managers through the Commission for Case Management Certification.

The training seminar was hosted by Mullahy and Associates, a case management company that has been providing trainings to Tribal clinics and the Indian Health Service for over 16 years. Consuelo Gambino, CRIHB's Tribal Targeted Case Management Coordinator, helped facilitate the two-day training.



Consuelo Gambino with Mullahy and Associates training team

New Research and Public Health Grants

The California Rural Indian Heath Board (CRIHB) recently received three new awards that will allow the Research and Public Health (RPH) Department to expand their services to provide additional training and technical assistance on critical public health issues impacting Tribal communities.

Domestic Violence Prevention Initiative

The Domestic Violence Prevention Initiative (DVPI), will build knowledge and increase the capacity of Tribal staff, providers, and community members to raise awareness, eliminate silence, recognize the signs of intimate partner violence (IPV), and develop/strengthen local programs that provide advocacy and prevention of IPV. Through DVPI, RPH will be able to provide the following to member programs:

- Training/technical assistance on local staff competency in IPV services
- Behavioral health counseling for programs in need of stop-gap services
- Trauma and violence trainings and workshops
- Localized resource guides
- Assistance in developing and improving IPV-related organizational policies and procedures
- Creative arts expression staff trainings and community workshops

The DVPI is funded by the Indian Health Service. For more information on this grant, contact Daniel Domaguin, Behavioral Health Clinical Manager, at ddomaguin@crihb.org.



Building Public Health Infrastructure

The California Tribal Epidemiology Center (CTEC) was awarded a 4-million dollar, multi-year Building Public Health Infrastructure (BPHI) grant from the Centers for Disease Control and Prevention (CDC). The grant

supports the 12 Tribal Epidemiology Centers nationwide in building local capacity in public health surveillance data collection and monitoring. It also includes a yearly training component which will support California Tribal and Urban Indian Health Programs staff in learning more about epidemiology and data collection. CTEC will hire two new Epidemiologists and one new Program Evaluator to support the work through the BPHI project. For more information on this grant, contact Vanesscia Cresci, Research and Public Health Director, at vcresci@crihb.org.



Tribal Comprehensive Cancer Control Program

The CDC-funded Tribal Comprehensive Cancer Control Program will allow CRIHB to address cancer related disparities in California Indian country. CRIHB will coordinate cancer prevention and control activities related to program collaboration, cancer data and surveillance, environmental approaches for sustainable cancer control, community clinical linkages to aid patent support, and health systems changes that are culturally relevant to the American Indian/Alaska Native populations served in California. An integral component of this grant that will be to plan the next steps of cancer surveillance, prevention, and survivorship in California Indian Country. Tribal Health Programs and communities will serve on the project advisory committee and workgroup. For more information on this grant, contact Kathleen Jack, Research and Public Health Deputy Director, at kjack@crihb.org.



Dental Transformation Initiative Update

The Local Dental Pilot Program (LDPP) for the Dental Transformation Initiative (DTI) is underway. Thirteen California Tribal Health Programs, the Tuolumne County WIC program, and three CRIHB Tribal Head Start sites are participating. The LDPP is designed to address the issue that too many Native children suffer from tooth decay, with many of them going untreated. In response, the LDPP aims to engage in the medical clinic during well-child visits. Ninety-six percent (96%) of children have access to primary medical care, while substantially fewer receive regular dental care. Without proper dental care, children become at risk for dental caries, also known as tooth decay or cavities. By screening children at the medical clinic, participating programs can increase their access to and utilization of needed dental services. During the well-child visit, an Oral Health Care Coordinator (OHCC) will perform a Caries Risk Assessment, counsel the parent and/or the child about ways to lower their caries risk, screen for obvious oral disease, and apply fluoride varnish. The OHCC will then refer the child for dental care and follow up with them to ensure that they complete their care.

One unique feature of the LDPP is that it includes children aged 0-20. Most programs of this type focus only on the primary teeth. With 58% of children aged 12-19 experiencing dental caries, it is important to include this group. Over time we hope to show the numbers of dental preventive services increasing while the numbers of restorative procedures decrease, indicating a reduction in dental caries among Native youth. For more information, contact Jan Carver, Dental Project Coordinator, at jcarver@crihb.org



Jan Carver with Leah Carver Silva of the North Fork Rancheria of Mono Indians.

Workforce Development Initiatives

Several workforce development initiatives for 2018 are aimed at growing Tribal communities' capacity at a grassroots level, these training programs will integrate online learning platforms into adult education curriculum to provide accessible opportunities. For more information, contact Christy Tonel, Provider Outreach Coordinator, at ctonel@crihb.org.

Clinical Medical Assistant Certification Program

In partnership with the San Francisco State University, CRIHB is providing a modified online, self-paced five month curriculum that incorporates additional CRIHB-hosted webinars on relevant topics such as patient-centered care, traditional Indian health, and effective communication. Participating students will practice their skills at a local health facility, as well as sit for the national certification exam. Through the California Endowment, CRIHB is able to provide 12 full-ride scholarships. The first group of students start in January, 2018.

Medical Scribe Training Program

A medical scribe is a staff member who accompanies a provider into the exam room. While the scribe documents into the electronic health record (EHR), the provider can focus their attention away from the computer screen and back onto the patient. Scribes are known to reduce provider burnout and increase quality of EHR data documentation. CRIHB is partnering with Elite Medical Scribes and Shasta Community Health Center to provide two-part curriculum for potential Tribal clinic scribes: online format and in-person coaching. The program will help Medical Assistants by providing staff who specialize in recording physician-patient encounters.

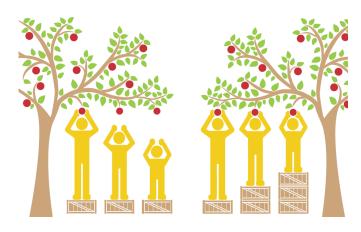
Community Health Representative Training Program

CRIHB is providing an enhanced Community Health Representative (CHR) training program. Partnering with Washington State Department of Health, a free eightweek online program will be provided, which includes a two-day in-person training at CRIHB. Additionally, the Diabetes Lifestyle Coach training module will be added to the curriculum. CRIHB will assist Tribal Health Programs in applying to be a CDC-recognized Diabetes Prevention Program (DPP). With these two components, a CHR will be able to register for a National Provider Identifier as a lifestyle coach and bill for DPP services.

Promoting Healthcare Equity Through Public Health

As defined by the CDC Foundation, public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as big as an entire country or region of the world. A large part of public health is promoting healthcare equity.

What is healthcare equity? Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.



EQUALITY Does Not Mean **EQUITY**

At CRIHB, we are all health educators in some form or fashion; we strive to provide the Tribes and Indian Communities we work with the tools to deliver healthy outcomes in their communities. In addition, we believe in the health equity of all the communities that we serve and hope that we make an impact on the lives that we touch. At CRIHB, we address these issues through outreach, health education, and culturally sensitive provision of services.

CTEC Health Priorities Survey

The California Tribal Epidemiology Center (CTEC) produces a Health Priorities Survey every five years to provide local-level American Indian/Alaska Native (AIAN) health priorities data for every participating Indian Health Program (IHP) as well as prioritize health concerns that can guide CTEC's future work. CTEC conducted the 2017 Health Priorities Survey with 20 IHPs that have an active Data Sharing Agreement with CTEC.

A total of 1,404 adults participated in the Health Priorities Survey throughout California, including AIAN Tribal/community members, Tribal Health Program staff, and/or Tribal leaders. The information collected from participants included demographic information, overall rating of their self and community health, and tallies and rankings of various health concerns.

Results of the survey indicated that health priorities remained very similar throughout California regardless of age, gender, role in the community, self and community health status, or geographic region. "Other" health priorities were cancer(s) and access-related health issues.

Rank	Health Priorities
1.	Diabetes
2.	Alcohol/substance abuse
3.	Obesity
4.	High blood pressure
5.	Mental/emotional health issues
6.	Chronic pain
7.	Limited access to medical care
8	Other
9.	Heart disease
10.	Domestic violence

Table: Results of 2017 Health Priority Survey

"Diabetic medications and supplies are expensive and not everyone can afford them."

"The drugs and alcohol have plagued our communities and we have lost loved ones at an alarming rate."

"I am most worried about obesity because the majority of my community is overweight. I do not know enough about healthy choices."

"90% of our patients have high blood pressure; a lot of them didn't even know and most don't think it is serious because they feel fine."

2018 Legislative Priorities

Top State Priorities

- 1. Restore \$6.4 Million State Indian Health Program
- Advocate for Tribal Health Programs in State and Local Government Forums
- 3. Advocate for American Indian/Alaska Natives (AI/ANs) in the Covered California Marketplace
- 4. Advocate for Services to Reduce Behavioral Health Disparities
- Enhance CalWORKs Indian Clinic Substance Abuse Program

Top Federal Priorities

- Advocate for Equitable Funding/Indian Health Service Appropriations
- Advocate to Enhance Behavioral Health/Substance Abuse Programs
- Enhance Elder Care Services and Eliminate Elder Abuse
- 4. Enhance Medicaid/Medicare Policy to Benefit AI/ANs
- 5. Enhance Provisions of Affordable and Safe Housing

CRIHB is Moving!

The California Rural Indian health Board (CRIHB) is working with Two Rivers Architects on the design and construction of the new office building located at 1020 Sundown Way in Roseville, CA. Among the many exciting features in the 25,000 square building include significantly larger Board Room and conference rooms, a spacious lobby with display cases for Native cultural items, and updated work spaces and meeting rooms. Natural elements have been incorporated into the design of the interior and exterior of the building to reflect the many Tribal communities CRIHB serves. Additionally on the three-acre parcel of land, an arbor is currently under construction behind the office building. While renovations are underway, the Operations Department is seeking skilled artists to provide artwork on the outside and inside of the building. For more information, contact Marilyn Pollard, Chief Operations Officer, at mpollard@crihb.org. The Grand Opening is scheduled for the spring of 2018.



Exterior rendering of entrance



Interior rendering of lobby

48th Annual Awards Banquet

The Annual Awards night was a celebration of health care leaders in the Indian community. The event took place at the DoubleTree Hotel in Sacramento on the night of October 27, 2017. Every year the CRIHB Board of Directors honor awardees for their dedication to improving Indian health care and the lives of Indian people. The night was a dedication to the many contributions and ongoing commitment to support Tribal health care services in Tribal communities throughout California. The CRIHB Board and staff thank everyone who attended the awards banquet

Hall of Fame Award



Betty Green
December 5, 1931 - April 6, 2012



Velma Jones February 17, 1937 - June 25, 1995

Honored Elder Award



Fern Bates



Dorothy Stewart



Joseph Garfield



Gary Markussen

Special Recognition Award



Louise Davis



Gayline Hunter

Lifetime Achievement Award



Ludrie Gonzales



Barbara Murphy

Luna Wessel Award

State



Lauri Hayward-Davis

National



Dr. Mark LeBeau

Regional



Andrea Cazares-Diego



Dean Hoaglin



Jack Potter, Jr.



Lisa Elgin

Youth Leadership Award

Felicity Lopez



Tule River Systems of Change Youth Group

Clinic of the Year Award



Mathiesen Memorial Health Clinic

48th Annual October Board, Tribal Leaders, and Clinic Directors Meetings

This year marked the 48th Annual CRIHB Board of Directors, Tribal Leaders, and Program Directors meetings. Over the past quarter, a great amount of work has been accomplished, thanks to the dedicated efforts of Tribes, Tribal clinics, and CRIHB staff. The CRIHB Board was excited to welcome three new member Tribal Health Programs: Riverside-San Bernardino County Indian Health, Inc., Anav Tribal Health Clinic, and K'ima:w Medical Center. In addition to the new members, a number of guest speakers attended the meeting to discuss and provide updates on important healthcare issues affecting Native people. The notable featured speakers included Rear Admiral Michael Weahkee, Indian Health Service Acting Director; Stacy Bohlen, National Indian Health Board (NIHB) Executive Director; and Devin Delrow, NIHB Director of Federal Relations.

As always, a special thank you goes to the outstanding efforts of CRIHB staff and Tribal leaders for dedicating their time and smart work to ensure the three-day meeting was a success. The amount of effort put forth to improve healthcare for Native people is greatly appreciated, and CRIHB is happy to celebrate with all those who attended.

Featured Speaker Rear Admiral Michael Weahkee

The Indian Health Service (IHS) Acting Director Rear Admiral (RADM) Michael Weahkee reported on the IHS top priorities and action items. RADM Weahkee is working with representatives from the IHS Purchased and Referred Care workgroup concerning funding and he expressed concerns regarding the lack of IHS Tribal health care facilities in California. IHS is working with the California governor's office to identify needs from wildfires. RADM Weahkee and IHS are committed to working in partnership with California Tribes. They are monitoring the affected areas and providing medical services, medicine, and masks. The \$37.5 million extension funding for the Special Diabetes Program for Indians will allow IHS to initiate grants beginning in January, 2018.

A top issue of discussion was the two Youth Regional Treatment Centers (YRTC) in California. The contract for the YRTC in Davis, CA has been awarded and is scheduled to open in 2019. The CRIHB Board expressed concerns that there is not enough funding to build roads into the new YRTC and staffing issues are preventing female patients from receiving treatment in the Southern California YRTC. RADM Weahkee assured the CRIHB Board Members that he will be visiting the Davis YRTC site and looking at the roads. After the meeting, Dr. Mark LeBeau received an update from RADM Weahkee that the Northern California YRTC will receive an additional \$3.5 million for construction, totaling the budget at \$20.5 million.



Dr. LeBeau, CRIHB Board Chair Lisa Elgin, CRIHB Board Vice-Chair Donna Medrano, and RADM Weahkee



Sunny Stevenson, CRIHB Health Policy Analyst with RADM Weahkee

48th Annual October Board, Tribal Leaders, and Clinic Directors Meetings

National Indian Health Board Update

Joining Stacy Bohlen and Devin Delrow from the National Indian Health Board (NIHB) was Vinton Hawley, NIHB Chair, who thanked the CRIHB Board for their contributions to Indian health. Currently, NIHB is accepting applications for Tribal Youth Health Policy Fellows until December 15, 2017. The program provides Tribal youth with training on Indian health policy, law, and advocacy. NIHB is focused on a number of essential legislative issues, including the Affordable Care Act repeal and replace, Special Diabetes Program for Indians, Native Health Access Improvement Act, and the Native Health and Wellness Act. Another key focus is the Indian Health Service (IHS) Draft Framework. There is no mention of trust responsibility, and NIHB will submit a preamble to IHS. The 9th Annual Public Health Summit will be held May 22-24, 2018 in Minnesota.



Devin Delrow, Stacy Bohlen, and Vinton Hawley



Lisa Sundberg of UIHS and Stacy Bohlen

Sonoma County Wildfires

CRIHB has been heavily involved in providing support to the Tribal communities affected by the Sonoma County wildfires. A number of key staff and supplies were sent to help those in need. Air purifiers, respiratory masks, and blankets were sent to Sonoma County Indian Health Project (SCIHP). Dr. LeBeau acknowledged Silver Galleto and Betty Arterberry of SCIHP as critical leaders during the crises. The Head Start staff accounted for the safety of all their children in the fire zones. Representatives from SCIHP reported updates on clinic operations and have offered to share their emergency preparedness plan.



Analicia Burnett providing an update on SCIHP



Diana Zamora preparing to send air purifiers



Kyte Castillo helping pack respiratory masks

CRIHB Welcomes Jan Carver



Jan is joining CRIHB as a Dental Project Coordinator for the Local Dental Pilot Program of the Dental Transformation Initiative. She has been a Registered Dental Hygienist for many years, with the last eight years spent as a Dental

Hygiene Educator at Sacramento City College and Carrington College, Sacramento. She has a Bachelor of Arts in History from California State University Sacramento and a Master of Science in Health Science-Health Education from Trident University International. Jan lives in Antelope with her husband and four children, two of whom are registered members of the North Fork Rancheria of Mono Indians.

CRIHB Welcomes Todd Jackson



Todd is working in the Research and Public Health department as a Health Education Specialist II. He is originally from Los Angeles County and has worked with youth in several capacities for the last 20 years. While working in the Los Angeles

area, Todd was the Program Coordinator for a family planning program at Comprehensive Community Health Centers. He has also worked as a Career Advisor where he trained and placed physically and developmentally disabled teens in the workforce. Todd enjoys all sports and was a basketball coach for over 20 years. He has a Bachelor of Science in Physical Education from Cascade College in Oregon. Todd and his family recently relocated to Antelope and look forward to making their home here in the greater Sacramento area.

CRIHB Welcomes Brandon One Feather



Brandon is the Compliance Training Coordinator for the Compliance department. For more than 10 years, he worked in the healthcare field in various capacities. He received his Bachelor of Science in Biochemistry from the University of

Minnesota's College of Biological Sciences. Brandon holds two related certifications, one from the American Society for Biochemistry and Molecular Biology and the other from the American Chemical Society. He is currently enrolled at the University of California, Los Angeles Anderson School of Management and is seeking a Master of Business Administration with emphasis in Healthcare Administration. Brandon has worked for several years doing laboratory and clinical research in neurodevelopment, muscular dystrophy, molecular cardiology and more recently, diabetes. He is also a military veteran.

CRIHB Welcomes Jenny Wagner



Jenny is joining the staff at the California Tribal Epidemiology Center as a Program Evaluator. She has a Master of Public Health and a Bachelor of Science in Exercise Biology from the University of California, Davis. Jenny's professional

experience involves mixed-methods research, including work on the triennial Community Health Needs Assessments conducted by not-for-profit hospitals. Her career path in public health and program evaluation has stemmed from interests in data-driven and community-centered approaches to chronic disease prevention. Her ultimate mission in public health is to promote health equity through efforts to reduce health disparities across racial and ethnic groups. She is originally from Roseville and currently resides in the Sacramento area. She enjoys hiking in the mountains, taking day trips to Stinson Beach, picnicking, and traveling to new places.

CRIHB Welcomes Yeoun-Jee Rengnez

CRIHB Welcomes Robert Brown



Yeoun-Jee is joining the Research and Public Health Department as a California Tribal Epidemiology Center Outreach Coordinator. She received her Bachelor of Science in Nutrition from the University of California, Davis and a Master of

Science in Nutrition from the University of Minnesota-Twin Cities with a focus on American Indian health. She spent the last five years actively engaging and working with the urban American Indian community in the Minneapolis-St. Paul metropolitan area, two of which as a Diabetes Education Coordinator for the Department of Indian Work, a nonprofit organization. She returned to California to be closer to family because her father suffers from Type 2 Diabetes. She is very excited to be part of CRIHB and is very dedicated to the work that will improve the health and wellbeing of all American Indians.



Robert is joining the Research and Public Health Department as a California Tribal Epidemiology Center Epidemiologists. Robert is a recent Master of Public Health graduate from the University of California, Berkeley's School of Public

Health, specializing in Epidemiology and Biostatistics. He has an eclectic background with previous experience working with Native American health at the Native American Health Center in Oakland and other non-profits in Los Angeles, as well as research experience at University of California, Berkeley; University of California, San Francisco; and Google. He brings a passion for using data to improve the health of Native and other marginalized communities.

The California Rural Indian Health Board, Inc. is Hiring! Do you have passion for elevating and promoting the health status and social conditions of others?

Are you interested in a career in community health?

If so, visit www.crihb.org to view current employment opportunities with CRIHB!

Request for Community Events!

Have any upcoming events in your area that you would like CRIHB department staff to attend?

Please send your health/wellness fairs, walk/runs, or any other community events information to CRIHB.



Attn: Faleena Martinez, Admin Assistant/Receptionist

fmartinez@crihb.org Ph: 916.929.9761 Fax: 916.929.7246



Thank You for Your Support



Sonoma County Indian Health Project Inc.

We are so thankful for the support that CRIHB has offered to us during the devastating fires that have destroyed much of our community.



We thank CRIHB for their decades of service,

Yah wi, **SCIHP**











CRIHB Board of Directors at the October Board Meeting

QUARTERLY BOARD OF DIRECTORS, TRIBAL GOVERNMENTS CONSULTATION COMMITTEE, AND PROGRAM DIRECTORS MEETING



January 25-27, 2018

TENTATIVE AGENDA

THURSDAY, JANUARY 25, 2018

8:00 A.M.—9:00 A.M. REGISTRATION

9:00 A.M.—5:00 P.M. PROGRAM DIRECTORS &

TRIBAL GOVERNMENTS CONSULTATION COMMITTEE

FRIDAY, JANUARY 26, 2018

8:00 A.M.—9:00 A.M. REGISTRATION

9:00 A.M.—5:00 P.M. BOARD OF DIRECTORS

SATURDAY, JANUARY 27, 2018

8:00 A.M.—9:00 A.M. REGISTRATION

9:00 A.M.—5:00 P.M. BOARD OF DIRECTORS

LOCAL HOTELS:

Crowne Plaza 5321 Date Avenue Sacramento, CA 95841 (916) 338-5800 Holiday Inn Express 2222 Auburn Boulevard Sacramento, CA 95821 (800) 345-8082

LOCATION

CRIHB Headquarters 4400 Auburn Blvd, 2nd Floor Sacramento, CA 95841

(916) 929-9761

CONTACTS

BOARD MEETING:

Leah Hawkins (916) 929-9761 ext. 1011 lhawkins@crihb.org

PROGRAM DIRECTORS:

Faleena Martinez (916) 929-9761 ext. 1301 fmartinez@crihb.org

TRIBAL GOVERNMENTS CONSULTATION COMMITTEE:

Antoinette Medina (916) 929-9761 ext. 2007 amedina@crihb.org





CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

4400 Auburn Boulevard, 2nd Floor

Sacramento, CA 95841 1.916.929.9761, phone 1.916.929.7246, fax www.crihb.org PRSRT STANDARD U.S. POSTAGE PAID SACRAMENTO, CA PERMIT 571





SIGN UP FOR OUR NEWSLETTER!

Contact: Melissa Barham mbarham@crihb.org (916) 929-9761 Ext. 2001

CRIHB MEMBER TRIBAL HEALTH PROGRAMS

Anav Tribal Health Clinic 9024 Sniktaw Lane Fort Jones, CA 96032 530,468,4470

Chapa-De Indian Health Program, Inc. 11670 Atwood Avenue Auburn, CA 95603 530.887.2800

Feather River Tribal Health, Inc. 2145 5th Ave. Oroville, CA 95965 530.534.5394

Greenville Rancheria Tribal Health Program P.O. Box 279 Greenville, CA 95947 530.284.7990

Karuk Tribal Health & Human Services P.O. Box 1016 Happy Camp, CA 96039 530.493.5305 K'ima:w Medical Center P.O. Box 1288 Hoopa, CA 95546 530.625.4261

Mathiesen Memorial Health Clinic P.O. Box 535 Jamestown, CA 95327 209.984.4820

Pit River Health Services, Inc. 36977 Park Avenue Burney, CA 96013 530.335.5090

Redding Rancheria Tribal Health Center 1441 Liberty Street Redding, CA 96001 530.224.2700

Riverside-San Bernardino County Indian Health, Inc. 11980 Mt. Vernon Ave. Grand Terrace, CA 92313 909.864.1097 Sonoma County Indian Health Project, Inc. 144 Stony Point Rd Santa Rosa, CA 95401 707.521.4545

Toiyabe Indian Health Project, Inc. 52 TuSu Lane Bishop, CA 93514 760.873.8464

Tule River
Indian Health Center, Inc.
P.O. Box 768
Porterville, CA 93258
559,784,2316

United Indian Health Services, Inc. 1600 Weeot Way Arcata, CA 95521 707.825.5000

Warner Mountain Indian Health Program P.O. Box 247 Fort Bidwell, CA 96112 530.279.6194