

URBAN INDIAN HEALTH SUMMIT

Speaker Biographies

Opening Ceremony, Blessing, Welcome

Ralph Forquera, M.P.H., Seattle Indian Health Board

Ralph Forquera (pronounced Four-Care-Uh) is the executive director for the Seattle Indian Health Board and the director of the Urban Indian Health Institute. A member of the Juaneño Band of California Mission Indians, Forquera is a recognized authority on urban Indian health and has authored articles and book chapters on the subject. He has also served as the executive producer and panelist on a video documentary on the creation of the Indian Health Care Improvement Act that codified the urban Indian health program for the nation. He has a master's in public health degree from California State University, Northridge. He holds a faculty appointment as an associate clinical professor for the University of Washington's School of Public Health. He lectures extensively on urban Indian health throughout the nation. He represents the interest of urban Indians on numerous state and national health disparities and health reform initiatives. In creating the Urban Indian Health Institute in 2000, Forquera recognized the importance of scientifically sound data as the foundation for social and health policy planning and advocacy. His work has expanded discussion around the inclusion of data on small and mostly invisible populations, like urban Indians, with government entities responsible for gathering and analyzing information on the health of Americans.

The Seattle Indian Health Board (SIHB) is a non-profit, multi-service community health center chartered in 1970 to serve the healthcare needs of American Indians and Alaska Natives living in the greater Seattle/King County region of Washington State. (www.sihb.org)

Melbert (Moke) Eaglefeathers, North American Indian Alliance

Moke Eaglefeathers has served as the president of the National Council of Urban Indian Health Board and as the region representative for Region 4. Eaglefeathers is the executive director of the North American Indian Alliance in Butte, Montana. He is a very well respected and highly acknowledged leader in the Urban Indian Health community and has been recognized for his achievements by the Governor of Montana. Eaglefeathers is an enrolled member of the North Cheyenne Tribe.

The North American Indian Alliance is a non-profit organization serving Native American clients in the areas of chemical dependency, mental health, employment-related counseling, youth enrichment programs and general health. (www.naia-butte.org/)

Michael Painter, J.D., M.D., Robert Wood Johnson Foundation

Michael W. Painter, J.D., M.D., a distinguished physician, attorney, health care policy advocate, and 2003-2004 Robert Wood Johnson Health Policy Fellow, is a senior program officer and a senior member of the RWJF Quality/Equality Team. Painter sees the team, with its mission to help communities improve the quality of health care for their citizens, as benefiting from RWJF's unique "vantage point, leverage, and credibility in health and health care." He notes that the Foundation demonstrates outstanding leadership in assisting communities nationwide in using local market forces to improve the quality of health care for patients with chronic conditions such as diabetes, asthma, depression and heart disease. As he puts it: "no one person, group or profession can improve care for chronic illness without the support of others. We must align community leaders, consumers, doctors, nurses, employers and insurers in collaborative community efforts."

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. (www.rwjf.org)

Urban Indian Health Organization Panel

Jacob Bernal, Tucson Indian Center

Jacob Bernal is an enrolled member of the Colorado River Indian Tribes located in Parker, Arizona. His tribal affiliation is Chemehuevi. He attended the University of Arizona and the University of Phoenix majoring in science (biology) and business administration. He current serves as the executive director of the Tucson Indian Center, a position he has held for the past ten years.

The Tucson area has long been the traditional site for Indian settlements. From the Archaic and Hohokam Indians, to the Tohono O'odham and Yaqui, the waters of the Santa Cruz River and the surrounding fertile land attracted desert dwelling tribes.

Shortly after World War II, local Indians felt there was a need for an organization of their own to provide services for health, housing, education, counseling and recreation. To pursue this goal, a Native American Club was organized in 1957. In 1963, the Club became incorporated as the American Indian Association, doing business as the Tucson Indian Center.

For decades, the Center has offered youth and elderly programs, job services, adult and youth education programs, cultural activities and emergency assistance. (<http://www.ticenter.org/about.html>)

Jerilyn Church, M.S.W., American Indian Health and Family Services

Jerilyn Church serves as the executive director of American Indian Health and Family Services in Detroit, Michigan. She has dedicated nearly twenty years to the advocacy and advancement of integrative health practices in the roles of both provider and administrator. She has spoken extensively about concerns culturally relevant to American Indian families and their well-being. She has a passion for bridging the gap of understanding between American Indian and non-Indians, and her presentations include the 22nd Annual Baccalaureate Social Work Education National Conference and the 20th Anniversary National Conference on Undergraduate Research (NCUR). She has been an invited participant for inter-faith prayer services and for community multi-cultural discussions as a panel speaker in the greater Lansing area and as a panelist respondent in Detroit for the PBS documentary "Prayer in America." Most recently, she was a guest speaker for the city of Lansing's "How all groups have built America" event in celebration of Black History Month.

AIHFS is a non-profit health center serving the Native American community of Southeastern Michigan. The mission of AIHFS is to help ensure the survival of Native American families and individuals by providing quality health care, by supporting the healing process, encouraging, educating, and empowering their clients in seeking and maintaining wellness and enhancing the quality of their life, and by facilitating the equity and accessibility of comprehensive health care for the Native American community. (www.aihfs.org)

Jackie Mercer, Native American Rehabilitation Association of the Northwest, INC.

Jackie Mercer serves as the executive director of NARA of the Northwest, an Indian owned and operated program with a full array of services for ambulatory medical care, mental health, substance abuse and family wellness for American Indians and Alaska Natives.

NARA, NW provides education, physical and mental health services and substance abuse treatment in a manner that is culturally appropriate to American Indians, Alaska Natives and other vulnerable populations in the Portland, Oregon area. (www.naranorthwest.org/)

Donna Polk-Primm, Ph.D., Nebraska Urban Indian Health Coalition, Inc.

For 18 years, Donna Polk-Primm, Ph.D. has been the executive director of the Nebraska Urban Indian Health Coalition. She was the director of counseling at the Lincoln Indian Center and has management experience with the Nebraska Department of Labor. She serves on the board of the National Council of Urban Indian Health and is the treasurer of the Aberdeen Area Alcohol Program Directors Association. She has received numerous awards for her community service, advocacy and contributions to improving the health care system.

The Nebraska Urban Indian Health Coalition, Inc. (NUIHC) was founded in Omaha, Nebraska in 1986 by an intertribal group of concerned Native Americans. This visionary group saw a need to create an organization with the mission to elevate the health status of urban Indians to the highest level possible.

Today NUIHC, the only urban Indian organization in Omaha, is governed by a six-member Native American board of directors. NUIHC pioneered community health care as the first community health center in Lincoln and currently has a diverse patient base of almost 12,000. (www.nuihc.com/)

Rodney Stapp, D.P.M., Urban Inter-Tribal Center of Texas

Rodney Stapp, D.P.M., is an enrolled member of the Comanche Nation of Oklahoma and serves as the chief executive officer of the Urban Inter-Tribal Center of Texas, a non-profit corporation serving the health and socio-economic needs of Native Americans. Dr. Stapp began his career working for AT&T for nine years. He attended Georgia State University and New York College of Podiatric Medicine, graduating in 1997 with his degree as Doctor of Podiatric Medicine. For the next twelve years, he worked at the Urban Inter-Tribal Center of Texas

starting as a volunteer doctor, then clinic director, executive director and, for the last eight years, as the chief executive officer.

The Urban Inter-Tribal Center of Texas (UITCT) is a 501(c)(3) non-profit Indian corporation with a successful 39-year history of working to improve the health and socioeconomic status of American Indians and Alaska Natives (AI/AN) living in the Dallas/Fort Worth Metroplex. The state of Texas is home to 118,000 tribal citizens, making it the fourth largest urban population of American Indians and Alaska Natives (Census 2000). UITCT is the only culturally-sensitive American Indian Center of its kind in the state of Texas. UITCT offers a broad array of services to the AI/AN population, such as medical, dental, pharmacy, diabetes care, employment and training, GED assistance, education assistance, mental health and substance abuse counseling, social services, rental assistance, utilities assistance, advocacy services, food pantry and WIC services. Many of our patients cannot afford private medical insurance and live too far away from other tribal or Indian Health Services (IHS) medical facilities to access general health care. Therefore, UITCT is extremely important to the wellbeing of our AI/AN families. (http://www.dallas-cms.org/ss5/inter_tribal.html)

Health Reform Planning Panel

Mayra Alvarez, M.H.A., Office of Health Reform

Mayra Alvarez, M.H.A., is the director of public health policy at the HHS Office of Health Reform, where she has primary oversight responsibility for coordinating and implementing public health, prevention and healthcare workforce policy provisions in the Affordable Care Act. Previously, Alvarez served as a legislative assistant for Senator Dick Durbin (D-IL), the majority whip, where she advised the Senator and helped develop his legislative agenda on health issues. Prior to working for Sen. Durbin, she served as a legislative assistant to then Congresswomen Hilda L. Solis, the chair of the Health Task Force for the Congressional Hispanic Caucus. She was a David A. Winston Health Policy Fellow in the office of then-Senator Barack Obama.

Alvarez has a master's in health administration from the School of Public Health at the University of North Carolina at Chapel Hill and an undergraduate degree from the University of California, Berkeley.

Teresa Nino, Centers for Medicare and Medicaid Services, Office of External Affairs and Beneficiary Services

Teresa Nino was named Director to the newly created Office of Public Engagement for the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS) on April 19, 2011. In that role, she oversees the Medicare Ombudsman's Group, Tribal Affairs, Emergency Preparedness and Response, and the Partner Relations Group. The function of the office, as the name implies, is to engage the American public in CMS programs and services such as Medicare, Medicaid, the Children's Health Insurance Program, the Affordable Care Act, Medicaid Expansion, and the Pre-Existing Conditions Insurance Program.

Ms. Nino joined CMS in May of 2009 when she was appointed by the Obama Administration to be Director of the Office of External Affairs and Beneficiary Services (OEABS) where she guided 280 employees and managed a \$550M budget to successfully achieve the strategic objectives that promote the vital health care for more than 90 million Medicare and Medicaid beneficiaries.*

*Ms. Nino was serving as the Director of the Office of External Affairs and Beneficiary Services when she spoke at the Urban Indian Health Summit

The Centers for Medicare & Medicaid Services (CMS) is a branch of the U.S. Department of Health and Human Services. CMS is the federal agency that administers the Medicare program and monitors the Medicaid programs offered by each state. (www.cms.gov)

Yvette Roubideaux, M.D., M.P.H., Indian Health Service

Yvette Roubideaux, M.D., M.P.H., is the director of the Indian Health Service (IHS). Dr. Roubideaux was confirmed by the U.S. Senate as IHS Director on May 6, 2009, and was sworn in on May 12, 2009.

As the IHS Director, Dr. Roubideaux administers a \$4 billion nationwide health care delivery program composed of 12 administrative Area (regional) Offices. The IHS is responsible for providing preventive, curative and community health care to approximately 1.9 million of the nation's 3.3 million American Indians and Alaska Natives in hospitals, clinics and other settings throughout the United States.

Dr. Roubideaux previously worked for the IHS for three years as a clinical director and medical officer at the San Carlos Service Unit on the San Carlos Apache

Indian reservation in Arizona. She also worked for one year as a medical officer at the Hu Hu Kam Memorial Indian Hospital on the Gila River Indian reservation in Arizona.

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions and executive orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to 564 federally recognized tribes in 35 states. (www.ihs.gov)

Mat Kendall, M.P.H., Office of the National Coordinator for HIT

Mat Kendall, M.P.H., is currently the director of the Office of Provider Adoption Support (OPAS), in the Office of the National Coordinator for Health Information Technology (ONC). OPAS is responsible for administering the Regional Extension Center (REC) cooperative grant program, which works with organizations across the country to assist primary care providers in priority settings to achieve meaningful use of an electronic health records system. OPAS is also responsible for running the Health Information Technology Research Center (HITRC), which will assist RECs across the country to communicate and share best practices, tools and other resources. Finally, OPAS is responsible for administering the Workforce Community College cooperative agreement programs, which will partner with community colleges to train students for specific fields related to health information technology. Kendall has a history of involvement with urban Indian health organizations. He served as the executive director of the Indian Health Center of Santa Clara Valley, a federally qualified health center in San Jose, California. He was responsible for writing a successful "330 New Start" grant for the center and conducted a capital campaign that enabled the IHC to purchase a new building and to overhaul its information technology infrastructure.

The Office of the National Coordinator for Health Information Technology (ONC) is at the forefront of the administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide health information exchange to improve

health care. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).

ONC is the principal federal entity charged with the coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. The position of National Coordinator was created in 2004, through an Executive Order, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009.

(<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1263&mode=2>)

Comments from Congress

Richard Litsey, J.D., U.S. Senate Committee on Finance

Allison Binney, J.D., U.S. Senate Committee on Indian Affairs

Steven Cha, M.D., M.H.S., U.S. House Committee on Energy and Commerce

Health Disparities Reform Panel

Garth Graham, M.D., M.P.H., Office of Minority Health

Garth N. Graham, M.D., M.P.H., is the deputy assistant secretary for minority health in the Office of Minority Health at the Department of Health and Human Services. The Office of Minority Health develops and coordinates federal health policy that addresses minority health concerns and ensures that federal, state and local health programs take into account the needs of disadvantaged, racial and ethnic populations. Dr. Graham was previously appointed a White House Fellow and special assistant to former Secretary Tommy G. Thompson at the Department of Health and Human Services. He founded the Boston Men's Cardiovascular Health Project, a project designed to identify behavioral explanations for decreased adherence to adequate diet and exercise by African American men. Dr. Graham was the founding senior editorial board member of the *Yale Journal of Health, Law, Policy, and Ethics*, served on the editorial board of the *Yale Journal of Biology and Science*, *Public Health Reports* and a number of other guest editorial boards. He also served on the Public Health Executive Council of the Massachusetts Medical Society, the Board of Directors of Physicians for Human Rights, the Steering Committee of the Boston Men's Health Coalition, and was the chairman of the American Medical



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Association/MSS National Minority Issues Committee. He is currently on the faculty of Harvard Medical School, where he trained in internal medicine at Massachusetts General Hospital and serves as a visiting scientist at the Harvard School of Public Health. He has authored scientific articles and presentations on cardiovascular disease, HIV/AIDS and community medicine.

The Office of Minority Health (OMH) was created in 1986 and is one of the most significant outcomes of the 1985 Secretary's Task Force Report on Black and Minority Health. The Office is dedicated to improving the health status of racial and ethnic minorities, eliminating health disparities, and achieving health equity in the United States. OMH was reauthorized by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).

(<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=7>)

John Ruffin, Ph.D., National Institute on Minority Health and Health Disparities

John Ruffin, Ph.D. is the director of the National Institute on Minority Health and Health Disparities (NCMHD). He oversees the NCMHD budget of approximately \$210 million. In addition, he provides leadership for the minority health and health disparities research activities of the National Institutes of Health (NIH), which constitutes an annual budget of approximately \$2.8 billion.

Dr. Ruffin is a well-respected leader and visionary in the field of minority health and health disparities. As an academic and a scientist, he has devoted his professional career to improving the health status of racial and ethnic minorities and other medically underserved populations in the United States. He has an impressive track record of developing and supporting programs to increase the cadre of minority scientists, physicians and other health professionals, as well as attract a diverse group of researchers to the health disparities field.

The mission of the National Center on Minority Health and Health Disparities (NCMHD) is to promote minority health and to lead, coordinate, support and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort, NCMHD will conduct and support basic, clinical, social and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities. (http://www.nimhd.nih.gov/about_ncmhd/mission.asp)

Marcia Brand, Ph.D., U.S. Health Resources and Services Administration

Marcia Brand, Ph.D., was named the deputy administrator of the Health Resources and Services Administration (HRSA) in March 2009. HRSA is an agency of the U.S. Department of Health and Human Services.

From 2007-2009, Brand was associate administrator of HRSA's Bureau of Health Professions (BHP), where she provided national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that provides high-quality care.

From 2001-2007, Brand was director and associate administrator of HRSA's Office of Rural Health Policy. In that position she was responsible for health policy, research and grant activities that promote better health care services in rural America.

Prior to joining ORHP, Brand led efforts to plan and implement the State Planning Grant Program, which helped states explore options in providing health care coverage for uninsured residents. She also coordinated HRSA's efforts to implement the Children's Health Insurance Program (CHIP) and worked on the Secretary's Initiative on Children's Health and the President's Interagency Task Force on Children's Health Insurance Outreach, which aimed to increase enrollment in CHIP and Medicaid.

As senior advisor to the deputy assistant secretary for health in 1997, Brand worked on the Secretary's Initiative on the Future of Academic Health Centers. She served as deputy director of BHP's Office of Research and Planning for two years prior to that appointment.

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

Comprising six bureaus and 13 offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, individuals with HIV/AIDS, and pregnant women, mothers and children. They train health professionals and improve systems of care in rural communities.

HRSA oversees organ, bone marrow and cord blood donation. It supports programs that prepare against bioterrorism, compensates individuals harmed by

vaccination, and maintains databases that protect against health care malpractice, health care waste, fraud and abuse.

Since 1943, the agencies that were HRSA precursors have worked to improve the health of needy people. HRSA was created in 1982, when the Health Resources Administration and the Health Services Administration were merged. (www.hrsa.gov/about/index.html)

Sheila Cooper, Substance Abuse and Mental Health Services Administration

Sheila K. Cooper is the SAMHSA tribal coordinator. Cooper (Seneca Nation of Indians) came from SAMHSA from the Administration for Children and Families' Administration for Native Americans where she held the position of director of program operations. The coordinator's position assists SAMHSA in achieving the goal of reducing the impact of substance abuse and mental illness in tribal communities.

SAMHSA was established in 1992 and directed by Congress to effectively target substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and rapidly into the general health care system. Over the years, SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the nation's health. (www.samhsa.gov/about/)



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