



## Promoting Integrity & Excellence in Research

NATIVE RESEARCH NEWS is an official newsletter of the Native Research Network (NRN) for faculty, students, staff colleagues, and friends.

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## SAVE THE DATE

# JUNE 5 - 8, 2016

## 26th National Native Health Research Conference

**LOCATION | CHEROKEE, NORTH CAROLINA**

Homeland of the Eastern Band of Cherokee Indians

**CONFERENCE CENTER:**  
HARRAH'S CHEROKEE CASINO RESORT  
777 Casino Drive Cherokee, North Carolina  
Phone: (828) 497-7777  
Website: <http://www.caesars.com/harrahs-chokeee>  
Conference Center is TOBACCO & SMOKE FREE

**Finding the Balance:  
Sacred Places & Healthy Environments**

The conference enhances our collective ability to advance biomedical, behavioral, and health services research for the benefit of Indigenous communities, as well as showcase recent health research projects and efforts in Native communities.



**NRN CONTACT | WEBSITE or EMAIL**  
<http://www.native-research-network.org/>  
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P.O. Box 982821  
Park City, UT 84098

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Facebook



The NRN Newsletter is produced quarterly, in January, April, July, and October of each year.

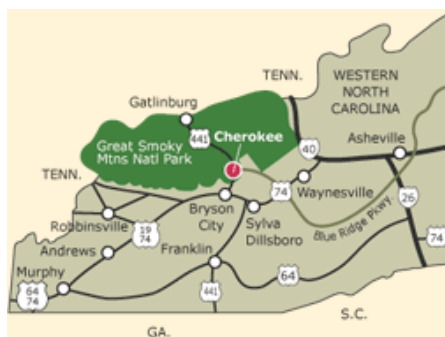
Submission deadline for the NRN Newsletter is first Friday of the month the newsletter is published. Please submit to the NRN email or [BevNazbaGorman@gmail.com](mailto:BevNazbaGorman@gmail.com)

Cherokee, North Carolina is the homeland of the Eastern Band of Cherokee Indian people, descendants of those who remained after the removal that became the "Trail of Tears."

There are 13,400 – 16,000 tribal members, and their homeland encompasses 56,000 acres. Located adjacent to the beautiful Great Smokey Mountain National Park.

Learn more about the EBCI please visit the following websites:

- ⇒ <http://www.cherokee-hmd.com/>
- ⇒ <https://nc-chokeee.com/>
- ⇒ <http://visitcherokeenc.com/events/>



Source: EBCI Public Health & Human Services

### NATIVE RESEARCH NETWORK CONTACT

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Address » PO Box 982821  
Park City, UT 84098

# Co-Chairs Corner

By Lillian Tom-Orme

Dear NRN Members,

We are pleased to share our Winter 2016 NRN newsletter with you.

We hope that you are enjoying the winter season with outdoor activities including snowshoeing, skiing, ice skating, and sledging. Even though many of the animals are in hibernation there are others that are out like the large four-legged animals, including the moose, deer, and elk. Take time to go out to see them while also enjoying the winter scenery.

Just because the temperatures are lower than what we're comfortable with doesn't mean we also go into hibernation, too. As one young student who plans to become a physical therapist put it, "as humans we are made to use our bodies; we need to walk, run, and enjoy using what we were given."

Speaking of students and learning, the NRN Board has been busy preparing for the 2016 26th Native Health Research Conference which will be held in Cherokee, North Carolina, June 5-8, 2016. The theme of the conference is, "Finding Balance – Sacred Places and Healthy Environments." The local planning committee proposed the theme to reflect on the impact of the changing environmental conditions upon the Native American community health.

Sunday, June 5th will be an all-day IRB workshop conducted by the Indian Health Service and NIH for tribal IRB members or tribes who wish to develop their own IRB, as well as anyone who wishes to learn more about issues related to the IRB. There is no fee but we do need to hear from you by emailing: [email@nativeresearchnetwork.org](mailto:email@nativeresearchnetwork.org).

We invite you to join the students, speakers, faculty, elders, native and non-native researchers, and federal partners who will be sharing and learning with us. You may register on our website: [www.nativeresearchnetwork.org](http://www.nativeresearchnetwork.org)

or you may download the form and send it with membership and registration fees to Native Research Network, PO Box 982821, Park City, UT 84098. The Student application form is on the website and the deadline is fast approaching if you would like to be considered for travel assistance. Please also, read the abstract submission procedure as the deadline is coming up in early February.

The gathering is for all. We hope to see relatives, colleagues, meet new people, as well as learn about the history of the Cherokee people from both Eastern and Western Cherokee Bands. Most importantly we will learn about and share current research, interventions and best practices utilized in Native communities throughout the nation.

We wish you a happy winter season and please consider joining us at the 26th Native Health Research Conference in beautiful Cherokee, North Carolina!

Lillian Tom-Orme, Co-Chair

## News & Updates

### NRN WEBSITE NOW AVAILABLE!



The NRN final launch occurred in November, 2015. Thanks to Upton Ethelbah III and NRN Co-Chair Lillian Tom-Orme for all their hard work in launching the website. Thanks to the BODs for reviewing, revising, and trouble shooting.

Members please be patient as we continue to catch bugs, and if you experience an issue please contact the NRN at the NRN email—[email@nativeresearchnetwork.org](mailto:email@nativeresearchnetwork.org)

Website features include online:

- ◆ Donations to NRN
- ◆ Membership Application

- ◆ Membership Renewal
- ◆ Member Login
- ◆ 2016 NRN Conference Registration

### NRN NEWSLETTER

Have a news story for us?

Submit your idea or article for consideration in the next edition of the NRN Newsletter. Send to Sea at [email@nativeresearchnetwork.org](mailto:email@nativeresearchnetwork.org) or to Beverly Gorman at [BevNazbaGorman@gmail.com](mailto:BevNazbaGorman@gmail.com).

Please see the website for article submission guidelines. April Newsletter submissions due April 1, 2016.

### 2016 NRN CALL FOR ABSTRACTS

The NRN welcomes proposals regarding any area of native health research. Abstracts must be received by Midnight 12am (Pacific Standard Time) on February 15, 2016 in order to be reviewed by the Scientific Program Committee. We anticipate notifying all potential presenters of the selection outcome via email by April 15, 2016.

Instructions for preparing abstracts and other required forms are attached to this newsletter and are available for download from the NRN website at [www.nativeresearchnetwork.org](http://www.nativeresearchnetwork.org) or at the IHS Research Program website at [www.ihs.gov/MedicalPrograms/Research/conferences.cfm#national](http://www.ihs.gov/MedicalPrograms/Research/conferences.cfm#national)

All abstracts should be emailed to Leslie L. Randall, RN, MPH. at: [leslielandall@gmail.com](mailto:leslielandall@gmail.com). Please put 2016 NHRC Abstract Submission in the subject heading. Please save file as your name-NHRC 2016-abstract. For questions about abstract submission, please contact Ms. Randall by email or by telephone at H: 208-553-6745 (email preferred).

### 2016 NRN MEMBERSHIP RENEWAL

NRN members we encourage you to take a few minutes to renew your NRN membership. Membership is effective from January 1 to December 31 each year you renew.

Consider renewing your membership to take advantage of the members only benefits and the 26th Native Health Research Conference scheduled June 2016, in Cherokee NC. Visit the NRN website for more information! We hope to hear from you soon and wish you the best and Happy New Year!

### 2016 NRN CONFERENCE STUDENT SCHOLARSHIPS AVAILABLE

Students please see the scholarship application on pg. 11 of this newsletter.



# Articles

## EBOLA WARRIOR

### DEAN SENECA FOLLOWED HIS PASSION FOR PUBLIC HEALTH TO THE FRONT LINES.

Source: WINDS OF CHANGE , FALL 2015, published by AISES, <http://www.aises.org/news/woc>

By Patty Talahongva and Permission by Dean Seneca

November in Sierra Leone is hot and dusty. “It’s 90 degrees during the day and 40 at night,” says Sequoyah Fellow Dean Seneca, a 16-year veteran of the Centers for Disease Control (CDC) in Atlanta. Last year he spent six weeks in the West African country on the front lines, fighting Ebola at the height of the outbreak. “It was their dry season,” he recalls. It was also a season of fear and pain and death. The highly contagious disease first showed up in Guinea in December 2013. Liberia was soon affected, and it was only a matter of time before the virus would hit the people of neighboring Sierra Leone. When it did, in July 2014, the Peace Corps withdrew its volunteers in all countries affected by the deadly disease.

#### STEPPING UP

Hundreds were dying, and the local health care infrastructure was unable to cope with the crisis. As reported in Time magazine, health workers in Guinea and Liberia were chased from villages by people who didn’t understand what was happening. In the face of the outbreak, the CDC called for volunteers to rush in to help. Seneca, a health scientist with the agency’s Office for State, Tribal, Local, and Territorial Support, says simply, “I volunteered.” Seneca had previously worked for his tribe, the Seneca Nation of Indians, for 10 years before joining the CDC. That community’s home in upstate New York is a world away from Sierra Leone, but in at least one respect the West African country was familiar. Seneca found indigenous people who were wary of mainstream health workers and determined to fulfill important cultural ceremonies. But the ceremonies in Sierra Leone were putting more people at risk of infection.

This was the environment Seneca stepped into after traveling with his colleague Julian Grass 24 hours by plane, then taking a boat taxi to the capital city of Freetown. This wasn’t Seneca’s first venture abroad to fight an infectious disease, but it would be like no other. In 2010 he was in Ethiopia for three months to help stop the spread of polio. In 2012 he went to Afghanistan to help develop an immunization program for polio, and traveled from location to location and bunker to bunker in cars equipped to handle a missile blast.

But that was nothing compared to battling Ebola. “Oh, no, no, no!” he says. “Very different! Ask any of the responders — the Ebola response was by far the hardest they’ve ever done.” As difficult as it was, Seneca and the other responders were predisposed to help. If there is a theme to Seneca’s college degrees, it’s about helping people. He earned his undergraduate degree in planning and design and two master’s degrees, one in public health and the other in urban and regional planning. “The combination of my degrees points to healthy places for healthy people, with a focus on the environment,” he says, “My planning is focused on place — community, environment, planning, and people.” While earning his degrees and starting his career, Seneca served in the Army Reserve for 14 years. By the time he left he had achieved the rank of major and gained experience running an entomology and epidemiology unit — experience that would come in handy in those deadly weeks.

Traditional knowledge also proved invaluable for Seneca in West Africa. “Being American Indian gave me a huge advantage,” he says. “I would introduce myself and talk about being an American Indian and where I came from.” He also found common ground in traditional values. “I talked about the importance of culture, respect for elders, and preservation of the land. And through that introduction the Africans were able to see a commonality and say, ‘You’re one of us.’ They know the history of the Native people in the USA. I was soon seen as a credible source.” Seneca immediately had to combat fears that Ebola is caused by witchcraft or the government. Another concern was the tribal burial ceremony. “When a person dies, the African people go through a huge ceremony to cleanse the body. They kiss the body, they sleep with the body; there’s a lot of contact,” he explains. “We know when a person dies of Ebola, the virus is at its highest and it can live in the body for days. Their ceremonies could easily take up to eight days.” He preached alternate ways for the people to honor their dead without coming in contact with the deceased. Seneca says he felt that the people paid attention to his messages because he approached them from a place of respect. He would assure them that he realized the importance of their ceremonies. “I understand you have to bury your family in order for them to continue their journey,” he would say. “But these cultural practices are bringing your people into contact with Ebola.” Even then, things did not always go smoothly. “There was resistance — don’t get me wrong,” he adds.

#### ON A MISSION

When Seneca began his work in Sierra Leone, he was stunned to learn there were more than 350 health workers who needed to be trained as contact tracers (CTs). To deal with the situation, Seneca created a partnership of no fewer than six international government and health agencies.

He also wrote a grant for the United Kingdom's Department for International Development Emergency Ebola Response Fund and was awarded \$83,000. That might have been the easy part. Next, Seneca and Grass had to translate the science of Ebola and epidemiology for people whose first language isn't English and who in many cases had a sixth-grade education. Role-playing turned out to be a good way to impart the information. They showed the CTs how to recognize the signs of Ebola, which include red eyes, a rash, profuse sweating, and nonstop diarrhea. "That's a hard question to ask someone," he says about having diarrhea. Before the training, CTs complained about people trying to hide symptoms, afraid of being ostracized or quarantined. Seneca motivated the CTs to ask those hard questions by emphasizing their vital role in the response. "Who are my troops? Where are my workers?" he would ask. He would get to know the CTs as individuals to show them the vital part they were playing. "I had a couple of charts and pictures showing them the flow of information when a case comes in and how important their role is in fighting Ebola." That led to a basic understanding of their importance, which in turn led to a sense of worthiness. "People are counting on me to fight this Ebola" and "my role is critical" are some sentiments Seneca recalls. "I don't think they had a sense of that before our training." The effectiveness of the CDC training also showed up in test scores: in a pre-test, CTs averaged a score of 20; after training, the scores shot up to 85. Once they completed the training, each CT was given a certificate. "They loved the certificates," Seneca says. Taking a cue from the military, Seneca photographed every CT and issued IDs. He also issued a uniform of sorts: matching T-shirts. "The T-shirt led to credibility in the community," he says. "They were qualified to do the work in the village." And then he made them mobile. "I think my claim to fame is I bought bicycles for all my CTs," he adds. "It's a big thing in the jungle!" Each CT was assigned to an infected person. Their job was to go back to the village and determine which people the sick person had contact with in the previous 24 hours. "Ideally you would have one person tracking six," he says. "In my district it was a ratio of 1 to 20 at times." It was a dangerous and stressful assignment for Seneca, Grass, and all the Ebola responders. "Imagine being super cautious

all day and not touching anything. When you're in that environment you have to keep your social distance but not come across as offensive," says Seneca. "That increases your stress. Plus you're working 14 to 17 hours a day, so not a lot of sleep." But even in the fearful environment of Sierra Leone, Seneca took time to interact with the people he was there to help. "I carried a bunch of mints," he says. "They were a big hit wherever I went." He also made running a part of his daily habit, and as the locals got to know him, they joined him. "Dr. Dean, Dr. Dean," they called out, even though he's not a doctor. "I hope your training goes good today." For Seneca, connecting with people beyond his professional role is as gratifying as it is effective. "By the time I left," he says, "I had a whole group of people waiting for me to run in the morning."

For more information please contact: Dean Seneca at email: [thundereagle@gmail.com](mailto:thundereagle@gmail.com)

## Traditional Oral Narratives

Submitted by NRN BODs

### 2016 NRN CONFERENCE LOGO

With the upcoming 2016 NRN Conference occurring in June, the NRN BODs introduce, Jakeli (Jake) Swimmer and his family.

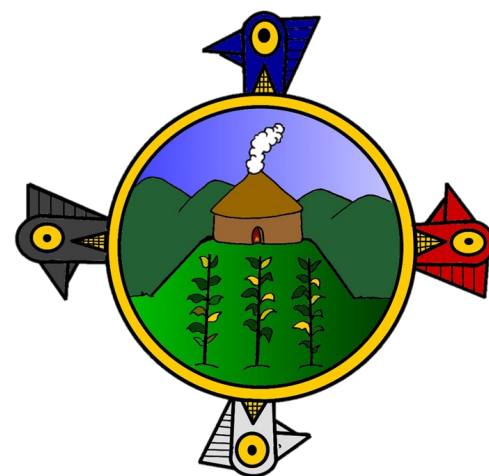


Jake is a member of the Eastern Band of Cherokee Indians. Jake is the Cherokee artist who designed the logo for the conference.

Jake is an artist and Cherokee language instructor at Robbinsville Elementary School, as well as a student nearing graduation from Western Carolina University.

NRN thanks Jake and his family for sharing his art work to be used for the 2016 Health Research Conference.

The conference theme, "Finding the Balance: Sacred Places & Healthy Environments," developed by the local Cherokee, North Carolina conference planning committee members, proposed the theme to help researchers to remember that the ever changing environment continues to impact Native community health. Jake created the logo to reflect the theme, and to share traditional Cherokee description of his design.



"It shows Kituwah (the Mother Town) with 3 corn stalks representing the 3 sisters and the corn symbolizes the green corn festival. The smoke from the town house is the eternal fire and the woodpeckers are representative of the 4 directions. The directions and colors represented are East (Red); North (Blue); West (Black); and, South (White)."

### NRN Oral Narratives

Please share your stories, writing(s), or links to digital stories or videos with the NRN membership.

All submissions must be cited, and/or proper permission should be given before use. If interested please send to NRN email or send to [BevNazbaGorman@gmail.com](mailto:BevNazbaGorman@gmail.com)

# Board Updates & Announcements

## NRN Board of Directors

**Co-Chair**, Dr. Lillian Tom-Orme  
PhD., MPH, RN, FAAN (Diné)

**Co-Chair**, VACANT

**Co-Chair Elect**, Sherri Berdine  
BS (Aleut)

**Co-Chair Elect**, Leslie L. Randall  
RN, MPH, BSN (Nimiipuu)

**Immediate Past Co-Chairs:**  
**Dr. Rodney Haring**  
PhD, LMSW (Seneca)

**Dean Seneca**  
MPH, MCURP (Seneca)

**Member-at-Large:**  
**Dr. Leah Rouse**  
PhD (Métis)

**Dr. Ronny Bell**  
PhD, MS (Lumbee)

**Treasurer, Marla Pardilla**  
MPH, MSW (Diné)

**Secretary, Beverly Gorman**  
MCSW, MBA (Diné)

## THANK-YOU DR. TASSY PARKER

Dr. Tassy Parker resigned from the NRN Board of Directors in January. The NRN Board would like to thank Tassy for volunteering to fill for a previously vacated Co-chair position. Tassy has been and is a valuable member to the NRN, serving the Co-Chair position in several terms over the years. Thank-you Tassy !

## NRN BODS POSITIONS

The NRN BODs continually seeks interested and eligible candidates for BOD positions. NRN BODs membership requires a a) 1 year NRN membership, and b) NRN

membership in good standing. If you would like to nominate a candidate, or recommend a person interested in board experience, the NRN is always seeking candidates. Please contact Lillian Orme-Tom or email the NRN.

## NRN CONFERENCE PLANNING

The NRN BODs and the Conference Planning Committee continue to work vigorously on the 2016 NRN Conference.

NRN Conference Planning Committee generally meets via teleconference, every 3rd Wednesday of the month. Starting in March, the committee will meet two times a month.

The NRN Conference Planning committee is seeking:

- ◆ Student Volunteers
- ◆ Native Health Research Presentations (See Call for Abstract on Pg. 9 of this newsletter)
- ◆ NRN Members for the Conference Planning Committee
- ◆ Conference Participants, registration is now available through the NRN Website

Please contact Lillian Tom-Orme for more information and/or local planning coordinator Dr. Ronny Bell at the NRN email.

## NRN MEMBERSHIP

Renewal continues, please remember to pay your membership dues, and invite others to join the NRN. At the end of 2015, Sea Shorty sent out notices to all the listed members by email. All membership dues can be processed online at the NRN website.

## ELK IN MY BACK YARD

Photo by Co-Chair Lillian Tom-Orme.  
The Navajo Word for Elk is Dzééh. A code word used by the Navajo Code Talkers in World War II.



## COMMITTEE MEMBERS NEEDED

The NRN continues to seek membership involvement through NRN standing committees. The following are NRN committees:

- ⇒ Membership
- ⇒ Governance
- ⇒ Communications
- ⇒ Budget & Finance
- ⇒ Collaboration, Advocacy, & Legislation
- ⇒ Ethics
- ⇒ Nominations/Elections
- ⇒ Service to NIH
- ⇒ Mentorship
- ⇒ Conference Planning
- ⇒ Abstract Review
- ⇒ Awards
- ⇒ Leadership Transition
- ⇒ Fundraising & Development
- ⇒ Mentorship Workshops

The Board encourages volunteers to serve—get involved, join a committee! Contact Lillian Tom – Orme at the NRN email for more information about volunteering for one of our standing committees.



# 2016

**Happy New Year  
from the  
Native Research Network  
Board of Directors!**



# OPPORTUNITIES



## GRANT OPPORTUNITIES

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### National Institutes of Health

Noise-Induced Synaptopathy in the Human Auditory System (R01)  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281114>

#### Administration for Children and Families - OCC

Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Implementation and Expansion  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281116>

#### Administration for Children and Families - OCC

Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Development and Implementation Grants  
 Grant <http://www.grants.gov/web/grants/view-opportunity.html?oppld=281122>

#### Centers for Disease Control and Prevention

NCIPC Core State Violence and Injury Prevention Program (Core SVIPP) Modification 3  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=280410>

#### National Institutes of Health

Computational Analysis of the Encyclopedia of DNA Elements (ENCODE) Data (U01)  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281020>

#### National Institutes of Health

Feasibility Studies to Build Collaborative Partnerships in Cancer Research (P20)  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281022>

#### National Institutes of Health

ENCODE Data Analysis Center (U24) Grant  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281023>

#### National Institutes of Health

Expanding the Encyclopedia of DNA Elements (ENCODE) in the Human and Mouse (UM1)  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281024>

#### National Institutes of Health

ENCODE Data Coordinating Center (U24)  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281025>

#### National Institutes of Health

NIA Clinical Research Project Planning Grant Program (R34)  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281031>

#### US DEPARTMENT OF JUSTICE

Office of Justice Programs/National Institute of Justice  
 Developing Improved Means to Collect Digital Evidence Grant  
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=281004>

### SEEDS OF NATIVE HEALTH GRANTS CALL FOR PROPOSALS

First Nations Development Institute (First Nations) is now accepting proposals for its "Seeds of Native Health" grant program under its Native Agriculture and Food Systems Initiative (NAFSI). The purpose of the Seeds of Native Health campaign is to support Native tribes and organizations working to eliminate food insecurity, promote access to fresh and healthy foods, and provide increased access to nutritional programs aimed at improving the overall nutrition and health of Native people and communities. Native non-profits, tribes, tribal organizations, or Native American community-based groups are strongly encouraged to apply.

### SODIUM REDUCTION IN COMMUNITIES GRANT OPPORTUNITY

This grant opportunity will fund grantees to implement and evaluate promising, broad-reaching, and sustainable strategies in priority venues and entities with an added focus on collaboration with the food sector (e.g., vendors, suppliers, and/or trade association affiliates). Grantees will conduct sodium reduction efforts as part of a sustainable comprehensive strategy aimed at improving the food environment in support of the Dietary Guidelines for Americans. Tribes and tribal organizations are strongly encouraged to apply. To access the grant information, visit the Grants website online.

### REPURPOSING RESEARCH IN RARE DISEASES

Pre-Announced on November 9: The "Repurposing Research in Rare Diseases" program, sponsored by the Canadian Institutes of Health Research (CIHR) and Cures Within Reach (CWR), with the additional contribution of the MindSet Foundation and Mitacs, was pre-announced on November 9. This international program will involve multiple clinical sites located both in Canada and the United States of America and offer researchers with the opportunity to develop projects that translate rare disease research into therapeutic approaches that are aligned to real unmet healthcare needs. CWR and CIHR will fund research projects with well-defined near-term applications deemed to significantly impact the rare disease research landscape. "Repurposing Research in Rare Diseases" plays a role in CWR's 100 Projects 100 Days Challenge which is a call for researchers and clinicians to share new projects and ideas to prove to the world that repurposing existing drugs for health care needs is a critical piece of the healthcare puzzle.

## INTERSHIPS & FELLOWSHIPS

### NATIONAL CANCER INSTITUTE

The National Cancer Institute is now accepting applications for its 2016 HCIP class! Health Communications Internship Program (HCIP). Apply online! Please visit the HCIP website for more information: <http://hcip.nci.nih.gov>

### ASPPHNTSA PUBLIC HEALTH FELLOWSHIP

To be eligible for this program, applicants must have received their Masters or Doctorate degree prior to the beginning of the fellowship (no later than June 2016) or within the last five years (no earlier than May 2011). Graduate degrees must come from an ASPPH member graduate school or program of public health accredited by the Council on Education for Public Health (CEPH). All applicants must be U.S. citizens or hold a visa permitting permanent residence ("Green Card") in the U.S. to be eligible for the fellowship program. Link: <http://www.aspph.org/now-accepting-applications-for-aspphntsa-public-health-fellowship-program-due-march-10/>

### BOREN FELLOWSHIPS

The Boren Fellowships provide up to \$30,000 to U.S. graduate students to add an important international and language component to their graduate education through specialization in area study, language study, or increased language proficiency. Boren Fellowships support study and research in areas of the world that are critical to U.S. interests, including Africa, Asia, Central & Eastern Europe, Eurasia, Latin America, and the Middle East. Link: [https://www.borenawards.org/boren\\_fellowship/basics.html](https://www.borenawards.org/boren_fellowship/basics.html)

### IHS SCHOLARSHIPS

Recipients must be members or descendants of federally recognized, state recognized or terminated Tribes/Villages. Link: <https://www.ihs.gov/scholarship/applynow/>

### DREAM SCHOLARSHIP

TheDream.US provides college scholarships to highly motivated DREAMers who want to get a college education but cannot afford it. Link: <http://www.thedream.us/scholars/>

### CARDIOVASCULAR DISEASE PREVENTION & HEALTH PROMOTION FELLOWSHIP

Funded by the CDC's National Center for Chronic Disease Prevention and Health Promotion, this fellowship provides the opportunity to work with a national organization on a program that provides low-income, under-insured or uninsured women with chronic disease risk screening, lifestyle programs, and referral services in an effort to prevent cardiovascular disease. The fellowship opportunity is open to both Masters-level and Doctoral-level prepared nurses looking to improve cardiovascular health (Note: Applicants completing degree requirements in the spring 2016 are eligible). This fellowship term is a 12-month period beginning in July 2016 and is located at CDC headquarters in Atlanta, GA. Applications for the fellowship are due Friday, January 29, 2016. For more information on the fellowship, click here or contact the CDC Project Manager Allison Jacobs at [ajacobs@aacn.nche.org](mailto:ajacobs@aacn.nche.org).

### PUBLIC HEALTH INFORMATICS FELLOWSHIPS:

The CDC's Population Health Workforce Branch is now accepting applications for the Applied Public Health Informatics Fellowship (APHIF), Informatics Training in Place Program (I-TIPP), and Health Systems Integration Program (HSIP). These fellowship programs provide capacity building opportunities at health departments in health systems, informatics, and epidemiology. These fellowship opportunities are open to both Masters-level and Doctorate-level prepared nurses with experience and interest in public health and public health informatics. The deadlines to apply are February 1, 2016 (APHIF), February 17, 2016 (HSIP), and April 1, 2016 (I-TIPP). (Note: when applying for these fellowships, please indicate AACN as the organization that referred you.) For more information about these fellowships, click here or contact Laura Frankze at [ljf7@cdc.gov](mailto:ljf7@cdc.gov).

### INSIGHT PROGRAM TRAINING FELLOWSHIP - SEATTLE

The Harborview Injury Prevention and Research Center (HIPRC)'s Injury Student Internship Training (INSIGHT) Program offers an outstanding opportunity to work on a research project in the field of injury. Elite high school, undergraduate, and graduate students are matched to projects and project tasks, partnered with University of Washington Medical School faculty. Students meet and learn from peers and health professionals from across the country. Bringing together a diverse group of young people interested in health care and research allows HIPRC to create a unique and rich resource for students who seek to learn more about what they can accomplish in the field of injury and injury prevention. For more information and to apply online, visit the HIPRC website.

### NATIVE AMERICAN RESEARCH INTERNSHIP (NARI)

ATTN: Native American/Alaska Native undergraduate Junior and Senior students interested in Health Science and Biomedical research and careers: The NARI is a summer research opportunity for Native American undergraduate Junior and Senior students who are interested in Health Science and Biomedical research and careers. The internship is located at the University of Utah in Salt Lake City, Utah. It is a 10-week, paid summer internship, funded by the National Institutes of Health. The internship focus is to provide Native American students a laboratory OR clinically based research experience working with world class research faculty at the University of Utah.

NARI is dynamic summer opportunity for motivated Native American students interested in these research careers. Notably, NARI was recognized as a "Beacon of Excellence" by the University of Utah in recognition of the transformational experience it provides for NARI participants. The 2016 NARI program is scheduled for May 31 – August 5, 2016.

The application deadline is February 8th, 2016. For more information about NARI, applications can be downloaded from the NARI Website ([http://medicine.utah.edu/pediatrics/research\\_education/native\\_american/index.php](http://medicine.utah.edu/pediatrics/research_education/native_american/index.php)) or find more information about the NARI program at [facebook.com/NARIUOFU](https://facebook.com/NARIUOFU).

## CONFERENCES & SUMMITS

### 4TH INTERNATIONAL MEETING ON INDIGENOUS WOMEN'S HEALTH

Topics include: rural maternal safety, trauma-informed care, maternal substance use and cultural safety. Optional, hands-on sessions are available for clinical skills building.

Early Bird Registration Deadline: February 3, 2016

Conference Dates: February 17-19, 2016

Location: Embassy Suites, Albuquerque, NM

For more information and to register online visit the University of New Mexico website.

### 8TH CANADIAN DEVELOPMENTAL BIOLOGY CONFERENCE

The organizing committee of the 8th Canadian Developmental Biology Conference, in collaboration with the Canadian Institutes of Health Research - Institute of Genetics (CIHR-IG), is pleased to announce the 2016 Canadian Developmental Biology Conference to be held at the Banff Center, Banff, Alberta from March 17-20, 2016. A satellite symposium "Forebrain Neurogenesis: from Embryo to Adult" will be held prior to the main meeting from March 16-17, 2016. Details on both the main meeting and the satellite symposium can be found at the meeting website:

[www.candevbiol2016.com](http://www.candevbiol2016.com)

## ADDITIONAL RESOURCES

### CDC DETECTIVE CAMP

The camp is open to upcoming high school juniors and seniors and is held at CDC's headquarters in Atlanta, Georgia. Link: <http://www.cdc.gov/museum/camp/detective/index.htm>

### THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) BUREAU OF HEALTH WORKFORCE (BHW)

HRSA & BHW is excited to announce new updates for its NURSE Corps Programs. Beginning in 2016, additional site types will become eligible for the NURSE Corps Loan Repayment and Scholarship Programs. NURSE Corps members who are fulfilling their service obligation earn competitive pay and benefits negotiated with their employers, which could be any of thousands of hospitals, clinics and other facilities located in designated Health Professional Shortage Areas across the U.S.

### NURSE CORPS LOAN REPAYMENT & SCHOLARSHIP PROGRAM

The repayment program helps alleviate the shortage of nurses across the country by offering loan repayment assistance to registered nurses and advance practice nurses, such as nurse practitioners working at Critical Shortage facilities, and nurse faculty employed at accredited schools of nursing.

The scholarship program helps students complete their nursing education by paying tuition, fees, and other education costs, while providing a monthly living stipend. For more information visit link <http://www.hrsa.gov/loanscholarships/nurse corps/>

### CALL FOR ABSTRACTS 2016 CITYMATCH LEADERSHIP AND MCH EPIDEMIOLOGY CONFERENCE

Submit your abstract or workshop proposal to the upcoming 2016 CityMatCH Leadership and MCH Epidemiology Conference. At this conference MCH professionals can share experiences, enhance knowledge, and generate new ideas for promoting and improving the health of women, children, and families. For more information about the conference and to submit your proposal online, visit the CityMatCH website.

### HEALTH DATA LITERACY TRAINING

This 1-day training for health professionals at Urban Indian Health Organizations helps participants gain a better understanding of public health data. The training exercises show participants how to read and use scientific reports for their work and how to use data for grant applications, program planning, presentations and advocacy. During the Demystifying Data project period, over 80 people participated in this training at various locations across the United States. Please sign up for the UIHI's list serve to get updates on these activities in the future.

### NEW REPORT ON LIFELONG DISPARITIES AMONG AMERICAN INDIAN AND ALASKA NATIVE ELDERLY

AARP Public Policy Institute published an extensive report providing a national perspective on the sociodemographic characteristics of aging American Indians and Alaska Natives. Entitled "Lifelong Disparities among Older American Indians and Alaska Natives," the report shares U.S. Census data from the American Community Survey and notes ongoing, substantial growth of AI/ANs ages 50 years and older.

The report authors shared recommendations for improved coordination of resources, including broader strategies to address the growing need for services for the increasing numbers of older AI/ANs living in urban areas. Both the In-Brief summary of the report and the full report are available to download for free at link—<http://www.aarp.org/content/dam/aarp/ppi/2015/Lifelong-Disparities-among-Older-American-Indians-and-Alaska-Natives.pdf>

### STAND EDUCATOR TRAINING PROGRAM

This opportunity covers travel & training costs for the STAND Educator Training Program. Link: <http://www.oregonprc.org/application-for-our-summer-training-program.html>



## ADDITIONAL RESOURCES

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### THE NURSE CORPS SCHOLARSHIP PROGRAM

This scholarship program helps students complete their nursing education by paying tuition, fees, and other education costs, while providing a monthly living stipend. The program is open to full or part-time nursing students accepted or enrolled in diploma, associate, baccalaureate, or graduate nursing programs at accredited schools located in the U.S. Upon graduation, scholarship program participants fulfill a minimum two-year service commitment at a Critical Shortage Facility.

### CALL FOR ABSTRACTS 2016 CITYMATCH LEADERSHIP AND MCH EPIDEMIOLOGY CONFERENCE

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United States. Please sign up for the UIHI's listserve to get updates on these activities in the future.

### CDC RELEASES FUNDING OPPORTUNITY

Opportunity for Injury Prevention for Tribes, States, and Territories: On December 7th, the CDC's National Center for Injury Prevention and Control (NCIPC) posted the funding opportunity announcement (FOA) for CDC-RFA-CE16-1602, Core State Violence and Injury Prevention Program (Core SVIPP). The overall purpose of this funding is to: 1) decrease and prevent injury and violence related morbidity and mortality and 2) increase sustainability of injury prevention programs and practices. This will be achieved through support to State Health Departments (SHDs) in the implementation, evaluation and dissemination of programs, practices, and policies with the best available evidence (see Glossary for best available evidence definition). Strategies that address injury and violence prevention (IVP) through the lens of shared risk and protective factors are encouraged to promote maximum impact of limited resources. Required strategies will align with NCIPC priorities related to child abuse and neglect, traumatic brain injury (TBI), motor vehicle crash injury and death, and intimate partner/sexual violence. Although the description says the program is to support "State Health Departments," the eligibility criteria define "state health departments" broadly to include tribes and territories. More information on the FOA can be found [here](#).

### NEW REPORT ON LIFELONG DISPARITIES AMONG AMERICAN INDIAN AND ALASKA NATIVE ELDERLY

AARP Public Policy Institute published an extensive report providing a national perspective on the sociodemographic characteristics of aging American Indians and Alaska Natives. Entitled "Lifelong Disparities among Older American Indians and Alaska Natives," the report shares U.S. Census data from the American Community Survey and notes ongoing, substantial growth of AI/ANs ages 50 years and older.

The report authors shared recommendations for improved coordination of resources, including broader strategies to address the growing need for services for the increasing numbers of older AI/ANs living in urban areas. Both the In-Brief summary of the report and the full report are available to download for free at link—<http://www.aarp.org/content/dam/aarp/ppi/2015/Lifelong-Disparities-among-Older-American-Indians-and-Alaska-Natives.pdf>

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## NRN NEWSLETTER CONTACT INFORMATION

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The NRN Newsletter is produced quarterly, in January, April, July, and October of each year. Submission deadline for the NRN Newsletter is **first Friday of the month the newsletter is published**.



## 26<sup>th</sup> Native Health Research Conference

### “Finding the Balance: Sacred Places and Healthy Environments”

### CALL FOR ABSTRACTS



The 26<sup>th</sup> Native Health Research Conference will bring together many different stakeholders involved in the conception, production, translation, and use of health research in American Indian, Alaska Native, Native Hawaiian and Canadian First Nations communities. Conference participants will include researchers, health care providers, administrators, educators, Institutional Review Board/Tribal Review Board members, indigenous students in training, policy-makers, and native/aboriginal leaders. The conference is an opportunity to enhance our collective ability to advance biomedical, behavioral, and health and health services research for the benefit of native communities, as well as to showcase recent health research projects and efforts. We are looking for pre-coordinated panel presentations, oral presentations, and poster presentations. We are especially interested in proposals that will address this year's conference theme on the “*Finding the Balance: Sacred Places and Healthy Environments*,” as well as presenters who might address *Community-Based Participatory Research* from the community's perspective. Proposals that address the conference theme, goal, and objectives will receive priority in the review process. However, we welcome proposals regarding any area of native health research. Abstracts must be received by Midnight 12am (Pacific Standard Time) on **February 15, 2016** in order to be reviewed by the Scientific Program Committee of the Native Research Network, Inc. We anticipate notifying all potential presenters of the selection outcome via email by **April 15, 2016**. If you find you cannot present, notify Ms. Randall immediately.

Instructions for preparing abstracts and other required forms are attached to this Call and are available for download from the Native Research Network, Inc. website at [www.nativeresearchnetwork.org](http://www.nativeresearchnetwork.org) or at the IHS Research Program website at [www.ihs.gov/MedicalPrograms/Research/conferences.cfm#national](http://www.ihs.gov/MedicalPrograms/Research/conferences.cfm#national). If you encounter trouble opening these links, please cut and paste these addresses directly into your browser. If the instructions are not the same as this call, please use this one.

All abstracts should be emailed to **Leslie L. Randall, RN, MPH**, at: [leslielandall@gmail.com](mailto:leslielandall@gmail.com). Please put **2016 NHRC Abstract Submission** in the subject heading. Please save file as **yourname-NHRC 2016-abstract**. Please do not save this file, if you do, it may be replaced by another file with the same name submitted by someone else. For questions about abstract submission, please contact Ms. Randall by email or by telephone at H: 208-553-6745 (email preferred).

#### **Instructions for Preparing Abstracts**

1. All abstracts must be sent via email as attached documents formatted in **Microsoft WORD**. Please follow the directions carefully and use the format on the following page. Please save file as **yourname-NHRC 2016-abstract**. Please do not save this file.
2. Use the **sample** abstract form, next page, as a **guide** for size as you prepare your abstract. If you have problems with the box delete and follow the instructions below. Box not necessary.
3. The abstract content should be structured as follows:
  - ⇒ A specific and detailed title [bolded]
  - ⇒ Authors [First name, Middle Initial, Last name] Note: Do not include degrees after the authors' names. Place an asterisk before the name of the presenting author.
  - ⇒ Single space after the Title and Authors.
  - ⇒ Single-space the text of the abstract with one continuous paragraph using Times New Roman 12 CPI.
  - ⇒ Text should be no more than **250 words (not including** title, authors, and contact info). Do not include figures, tables, equations, mathematical signs or symbols, or references.
  - ⇒ Organize the text in the following manner:
    - A brief Purpose statement or Background of the study
    - A statement of the Methods used (including number of subjects and other pertinent data)
    - A summary of the Results presented in sufficient detail to support the conclusion
    - A statement of the Conclusion which should include potential impact or public health use for native populations (it is not acceptable to state “the results will be discussed”)
    - Bold the Purpose, Methods, Results, and Conclusions
  - ⇒ Single space after the text of the abstract.
  - ⇒ Add “For further information:” in bold, followed by the primary author's full name, official title, organization, address, telephone number, fax number, and e-mail address.
4. Complete the biographical sketch on the next page and **email** it to the address below.
5. For a pre-coordinated panel proposal, complete an abstract form for each presenter and their abstract of their presentation (not to exceed 250 words), a biographical sketch for each presenter, and provide a panel title, the name of your panel Chair, and an overarching description of the panel not to exceed **250 words** using a separate abstract form. A pre-coordinated panel proposal should be submitted as a single integrated Word document.
6. **Abstracts must be received by close of business on February 15, 2016.**
7. All abstracts should be **emailed** to **Leslie L. Randall, RN, MPH**, at: [leslielandall@gmail.com](mailto:leslielandall@gmail.com). Please put **NHRC Abstract Submission** in the subject heading. For questions about abstract submission, please contact Ms. Randall by email or by telephone at 208-553-6745 (email preferred).

**26<sup>th</sup> Annual Native Health Research Conference****Abstract Template**

(Please remove and replace sample text with your proposed abstract or send separately)

**Using “avoidable hospitalization” indicators to access adequacy of Primary care: the Indian Health Service (IHS) 1980-1990.** Jane Bear, \*Tom Coyote, Joe Bluewater.

**Background:** Major needs in assessing care included using existing data and assessing primary care. We used “avoidable hospitalization” indicators to assess how well IHS primary care prevented avoidable hospitalizations. **Methods:** The avoidable hospitalization indicators were: TB, pertussis, cervical cancer, rheumatic heart disease, asthma, complications of hypertension, influenza and pneumococcal pneumonia in 65 + year olds, and infant gastroenteritis and newborn disease due to isoimmunizations. The IHS inpatient database for years 1980-1990 provided the count of cases. The denominator was the IHS Service Population derived from the census 1980-1990 of American Indian and Alaska Native residents. We calculated the “All US” rates using the National Hospital Discharge Survey. **Results:** Hospitalization rates for the most avoidable conditions decreased more than the “all hospitalizations” rate. However, the rates of four conditions decreased less than all, and worsened relative to the change in the US: pneumococcal pneumonia for 65+ year olds, newborn hemolytic disease, hypoglycemia, and asthma. **Conclusions:** IHS should investigate the epidemiology and the primary care of these conditions. Avoidable hospitalization indicators may detect changes in primary care or epidemiology rapidly and with good sensitivity.

**For Further information:** Tom Coyote, MD., PHD, JD, MPH. Director, Tribal Health Program, 4300 Prairie Way, Minneapolis, MN 85746-9352. 520-263-8500, 520-263-8516. Coyote@tribe.org

**26<sup>th</sup> Native Health Research Conference****Biographical Data Form**

(Please Type or Print Legibly)

**Primary Author:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
*(As you would like it to appear in the program listing)*

**Title:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Secondary Authors:** (Name, Title, Place of Employment)

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**Submitted for:** ☐ Panel ☐ Oral or ☐ Poster Presentation ☐ Either

**If the abstract is *not* accepted for panel or oral presentation, is poster presentation okay?** ☐ Yes ☐ No

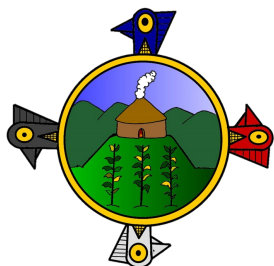
**Audio-Visual Accommodation Needs/Requests:** \_\_\_\_\_

**Indicate the Major content area of your abstract:**

☐ Nursing ☐ Medicine ☐ Environmental Health ☐ Community Health ☐ Nutrition ☐ Behavioral/Mental Health  
☐ Dentistry ☐ Epidemiology ☐ Other:

\*We may have restrictions with advanced technology. Please make sure you are very specific on your audio-visual request and sufficient time for us to notify you if the request can be addressed. Computers and Projectors will be available.





## 2016 NATIVE RESEARCH NETWORK CONFERENCE STUDENT SCHOLARSHIP APPLICATION



### CONTACT INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ School Address: \_\_\_\_\_

### MENTOR INFORMATION

Name of Advisor or Mentor: \_\_\_\_\_

Mentor Title: \_\_\_\_\_ Mentor Organization/Affiliation: \_\_\_\_\_

Advisor/Mentor Contact Info: \_\_\_\_\_

### EDUCATION TRACK

Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_ Post Graduate: \_\_\_\_\_ Other: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

### TRIBAL AFFILIATION

\_\_\_\_ American Indian    \_\_\_\_ Native Hawaiian    \_\_\_\_ Alaska Native    \_\_\_\_ Canadian Aboriginal

\_\_\_\_ Other Indigenous/Aboriginal, please specify: \_\_\_\_\_

Tribal Affiliation/Nation: \_\_\_\_\_ OR Village: \_\_\_\_\_

### APPLICATION QUESTIONS

Are you willing to volunteer at the conference?                      Yes\_\_\_\_ No\_\_\_\_

Are you a member of the Native Research Network?                      Yes\_\_\_\_ No\_\_\_\_

Have you received an NRN travel scholarship before?                      Yes\_\_\_\_ No\_\_\_\_

Did you submit an abstract either poster or oral?                      Yes\_\_\_\_ No\_\_\_\_

### ESSAY

Please attach a brief essay (1 page or less).

Instructions:

- ⇒ Answer how you think this conference would benefit you.
- ⇒ Include your Full Name and Contact Information on essay.
- ⇒ Send to Sea Shorty at email@nativeresearchnetwork.org with "2016 NHRC Student Travel" in subject line.

For more information please contact Lillian Orme-Tom at email: lillian.tomorme@hsc.utah.edu