U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF PUBLIC HEALTH and SCIENCE

OFFICE OF MINORITY HEALTH

FOLLOW-UP MEETING

OF

Tribal Colleges and Universities Presidents

JULY 17, 2003

8:00 a.m. - 4:20 p.m.

Semiahmoo Resort
9565 Semiahmoo Parkway
Blaine, Washington 98230

AGENDA

Opening Prayer and Welcome
William E. Jones, Lummi Nation

Welcome and Introduction of Dr. John Ruffin
Dr. Nathan Stinson, Jr.
Deputy Assistant Secretary for Minority Health
Department of Health & Human Services (DHHS)

Presentation
Dr. John Ruffin
Director, National Center on Minority Health and Health Disparities
National Institutes of Health

Participant Introductions

Panel Discussion
The Role of TCUs and Current American Indian/Alaska Native Pipeline Programs
Moderator, Dr. Patrik Johansson, Office of Minority Health, DHHS
Thomas Shortbull, President, Oglala Lakota College
Dr. Joe McDonald, President, Salish Kootenai College

Panel Discussion
Opportunities for Collaboration with Institutions of Higher Education
Moderator, Ken Pepion, Director, Faculty Programs, Pacific Northwest National Laboratory
Dr. David Potter, Research Professor of Neurobiology, Harvard University
Perry Herrington, Director, Mississippi Valley State University
Dr. James E. Lyons, Sr., President, California State University, Dominguez Hills

Luncheon Presentation
Chairman Brian Cladoosby, Swinomish Tribe

Presentation
Stacy Bohlen, Director of Federal Relations, American Indian Higher Education Consortium (AIHEC)

Strategy Session
Moderator – Dr. Cliff Poodry, National Institutes of Health (NIH)

Closing Remarks
Dr. Nathan Stinson, Jr.
Deputy Assistant Secretary for Minority Health, DHHS

Closing Prayer
Dr. Lionel Bordeaux, President, Sinte Gleska University

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Opening Prayer
Mr. William E. Jones, Lummi Nation, Bellingham, WA
Mr. Jones welcomed the participants, wished them success, and said the opening prayer.

Welcome and Introduction
Dr. Nathan Stinson, Jr., Deputy Assistant Secretary for Minority Health, Department of Health & Human Services (DHHS), Rockville, MD
Dr. Stinson welcomed the participants, spoke of the role of Tribal Colleges and Universities (TCUs), and stressed the importance of dialogue with federal agencies. Dr. Stinson introduced Dr. John Ruffin, Director, National Center on Minority Health and Health Disparities, National Institutes of Health (NIH).

Dr. John Ruffin, Director, National Center on Minority Health and Health Disparities, NIH, Bethesda, MD
Dr. Ruffin addressed the meeting via a live videoconference and presented an overview of his office and the programs they have to assist TCUs. He stated that minority communities, and particularly ethnic minorities, suffer disproportionately from other communities, particularly with respect to chronic diseases. A major priority of NCMHHD is ensuring students are educated and well trained to address these health disparity issues. Congress worked to address these issues through the creation of the National Center on Minority Health and Health Disparities. Its programs include research supplements and loan repayment. This focus sends a resounding message around the country to underprivileged, poor students to enter the sciences and build up the workforce.

Previously it was very difficult to get people involved in AIDS research. But when the National Institutes of Health (NIH) created the AIDS Loan Repayment Program, it became a very popular field. NIH will pay back those loans up to $30,000 a year, principal and interest, for individuals who would go into the health disparity fields. Currently, approximately 200 Fellows around the country are in the loan repayment program -- medical doctors, PhDs and nurses can all participate.

Dr. Ruffin then elaborated on three grant programs. They include:

- R-24 Planning grant - With this non-renewable planning grant NIH will provide up to $350,000 a year over a three-year period to develop a center plan. After three years of planning, the applicant can then apply for a Center of Excellence to do health disparity research.

- P-20 - This grant is for institutions that need to partner a bit more and will need some reliance on NIH. NIH provides, through this cooperative agreement, up to $1.5 million a year over five years to create their Centers of Excellence.

- P-60 - This is a competitive grant for premier institutions around the country that help in solving the problems that we face with health disparity. Those institutions receive up to $1.2 million a year over a five-year period for the establishment of their Centers of Excellence around the country.

These programs level the playing field as it relates to the competition for awards, though they are all competitive. Examples of a grant targeted for TCUs are: Black Hills State University, the Montana/Wyoming Tribal Leaders Council and Tribal Colleges, Project Hope, Center for Health Affairs. See programs on the NIH website at www.ncmhd.nih.gov.

Panel Discussion
The Role of TCUs and Current American Indian/Alaska Native Pipeline Programs

Thomas Shortbull, President, Oglala Lakota College, Kyle, SD
Mr. Shortbull stated that until the 1950s, trade schools, like Carlisle Indian School, were the only educational recourse for American Indians and Alaska Natives (AI/AN). In the 1950s Indian people began entering institutions of higher education. Today, the primary mission on the Oglala Reservation is to provide degrees suitable for the jobs that exist on the Reservation.

Mr. Shortbull gave examples of their college's nursing program and how it is the most lucrative degree offered, taking people from near poverty to earning annual salaries of $70,000 or more. According to Mr. Shortbull, his school has one of the top-producing nursing programs for the Indian Health Service (IHS) in the country, yet they receive no funding from the IHS.

Joe McDonald, President, Salish Kootenai College, Pablo, MT
Dr. McDonald discussed the expense of nursing programs. Around 260 ADN nurses have graduated, and half of them are Indian nurses. They also have about 35 nurses with bachelor-degrees, and have started a dental technology program. With Title III money they established a complete lab and x-ray setup for dental hygiene. He believes TCUs can start recruiting in the sixth or seventh grades. On another point, a recent questionnaire was distributed to 22 Tribal College students in the dental fields in which they indicated that they didn't have to give up who they were in order to succeed. By contrast, they felt that in mainstream colleges, in order to succeed they had to give up who they were. Dr. McDonald stressed how important it was to get minorities into health fields through TCUs.

General Discussion Between Participants and Panel
Mr. Shortbull indicated that diabetes research has shown that all of the weight gain by young children occurs during the summer months when they are out of school. The nutrition they receive during the months they are in school helps them maintain a good weight. Therefore, Reservations should be supporting year-round schools, as a way of helping with the health care needs on the Reservation.

Ms. Cathy Abeita indicated that the focus of TCUs should be on teacher training. She also supported summer programs for students.

Dr. Monette mentioned that another problem TCUs are facing in addition to operating money is academic preparation. High school dropout rates remain very high -- at Turtle Mountain it is about 59 percent. Academic preparation and exposure to the health and technology fields is critical. Funding is needed for staffing in the health and technology sectors to address our missions on the Reservation. Local IHS staff need to work more closely with the TCUs in helping meet these needs.

Dr. Shanley would like to see TCUs get enough resources to develop comprehensive community wellness strategies so they can expand their missions and make an immediate impact on health in their communities.

A question was raised as to how many health professionals return to Native American health systems. Mr. Shortbull answered that 60 percent of his college's graduates serve in the Pine Ridge Hospital on the Reservation and also on Rosebud and in Rapid City.

Mr. Clark commented on exchanging with IHS faculty staff: sometimes there is no interaction, but there is a qualified cadre of professionals. We should be working with the holistic approach of health besides just physical—the mental, the spiritual, the emotional aspects of the whole body and the whole person—and then build on the idea of how our western healers can work with our traditional medicine people. On Navajo, there is a Medicine Man Association that can work with IHS. They are in the process of decolonizing their own Indian people. TCUs should be the place to get history -- the culture, the language -- but it's also the place to get the sciences, including western science.

Ms. Baker asked if the panelists were promoting students or professionals to go into areas of substance abuse and illness, because both of them are tied to key issues that affect Native Americans, especially diabetes. Mr. Shortbull replied that some of the colleges have wellness centers using the holistic approach and dealing with all elements in the areas of health care, including alcoholism. Dr. McDonald also mentioned that the Human Service Technology Program has alcoholism counseling, drug and alcohol certification. There is a state certification requirement now for those individuals.

Dr. Littlebear commented on how the discussion was focusing on long-term solutions when immediate attention was needed to address Tribal medical problems. They had an allied health recovery program, drug and alcohol program, but because of changing teacher certifications, qualified teachers and administrators in the program were priced out of their range.

Dr. Fowler encouraged attendees to keep in mind that as American Indians, the attendees are very different in their approaches to issues. Some of the premier colleges have been around for 30 plus years, others for three to five years. There is a lot of building to do yet.

Panel Discussion
Opportunities for Collaboration with Institutions of Higher Education (IHEs)

Dr. David Potter, Research Professor of Neurobiology, Harvard University, Boston, MA
Dr. Potter spoke about the summer programs at Harvard Medical School for American Indian high school students. The programs have been piloted for three summers from the high schools at Hopi and Fort Peck. Harvard Medical School students are being taught about alcohol and substance abuse, as well as diabetes and respiratory disorders. Wally Uvella's idea and goal was that Hopis would not survive to the end of this century unless their graduates received the best education money could buy -- as good an education as their white peers were receiving. He specifically went to places like Harvard, Stanford and Yale to get them to educate Hopi youth. Dr. Potter said

Harvard needs Native leaders. Harvard received money for the first two summers of the program from private donors who were known to the Harvard University Native American program.

This summer in collaboration with Fort Peck, the former director of the Poplar IHS Clinic, Kind Kenneth Smoker, will discuss substance abuse and how substances affect the brain.

Perry Herrington, Director, Mississippi Valley State University, Itta Bena, MS
Mr. Herrington noted the similarities between African-American health issues and AI/AN health issues. He discussed funding approaches used at Mississippi Valley State University, the core of which is do your planning, understand your strategic plan, know that funding sources are competitive, and establish a federal agenda. Centers of Excellence in rural and minority health, economic development and community relations are some areas that need to be targeted. He also spoke on the need to keep their culture, while they assimilate new technologies and workforces. MARC and MBRS were two programs he worked on at Voorhees College. They gave minority students a competitive edge to do research and compete with other students in other locations. He suggested that Historically Black Colleges and Universities, Tribal and Hispanic institutions should talk about collaboration.

Dr. James E. Lyons, Sr., President, California State University, Dominguez Hills, Carson, CA
Dr. Lyons said that by working together, TCU presidents could accomplish many things. He then gave examples of some of his partnerships with fellow presidents. Dr. Lyons had a 10-year partnership with Energy Management System in Puerto Rico, funded by the Energy Department, called the Science Consortium. It was a unique relationship between a Historically Black and a Hispanic-serving institution. He is developing a relationship right now with another university in Puerto Rico as part of the Hispanic Technology Consortium.

Dr. Lyons indicated that ten years ago he would not have believed that historically black public colleges would be fighting with historically black private colleges. In reality there were some differences between public black colleges and private black colleges, just as there are differences between Tribal institutions. The public and private black colleges fell into the trap of spending too much time on their differences and those things which separated and divided them, rather than trying to come together and work around those things that were common and similar. He strongly encouraged the TCU presidents avoid falling into the same trap.

Dr. Monette discussed high unemployment rates. TCUs need to help people seeking employment through professional training. Another role for TCUs is to aide in community and economic development as well as job creation.

Dr. Lyons stated that one of the important agencies or partners for our minority-serving institution is the Workforce Investment Board (WIB). Previously known as the Private Industry Council, WIBs enjoy both Federal and state funding. Mr. Herrington mentioned that as the Federal government decides to put more funding on the state level, the WIBs are going to be more and more integral in how funding will be distributed.

Luncheon Presentation

Brian Cladoosby, Chairman, Swinomish Tribe, La Conner, WA
Mr. Cladoosby welcomed the participants and gave a brief overview of his Tribe. He stated that from their small casino's gaming revenues, ($20-22 million per year), they have been able to offer $10,000 college scholarships to their students for any school. Their goal over the next few years is to fund the students' tuition to 100 percent.

Mr. Cladoosby then mentioned some historical comparisons in health care funding and related statistics:

- Tribes today receive less funding per capita for health care than they did in 1970. There have been 111,620 individuals who needed to be seen for a medical problem were turned down.
- The Northwest Portland area Indian Health Board estimates that eight to nine billion dollars is needed to meet the true health care needs of Indian people. An additional nine to ten billion dollars would be needed in facilities to expand IHS. The President's proposed budget, for both facilities and services in FY '04 is $2.9 billion.

Mr. Cladoosby summarized his talk by emphasizing the importance of preventative health care. The current lack of healthcare funding is killing Indian people today. He posed the following questions – Is it worth it to re-program these funds from economic development to health care? Or from economic development to education?

The economics of the situation is a balancing act between economic development to enable future progress and training and educating people to provide those services. Future successes will be directly related to how well TCUs, sister non-tribal institutions, Tribal Governments, and the Federal Government, can come together.

AFTERNOON SESSION

Stacy Bohlen, Director of Federal Relations, AIHEC, Alexandria, VA
Ms. Bohlen, who has been working with all the Federal agencies in the implementation of the Executive Order, spoke briefly about the work AIHEC is doing as it relates to health care and addressing health disparities in Indian Country. She stated that American Indian health care is provided for in the U.S. Constitution. The State of South Dakota pays twice as much for the health care of federal prisoners, as it does for the state's American Indian population.

Ms. Bohlen believes TCUs have a unique opportunity to be a serious harbinger of change for health disparities in Indian Country because they have the pulse of Indian Country academia. With the right resources -- financial, human capital, knowledge from agencies and medical schools, other health professionals, and health educators -- the TCUs could emerge as a leader in turning the tide of health disparities in Indian Country. For example: A diabetes project was funded through the Centers for Disease Control and Prevention. Some of the colleges at the conference are funded under that project. During the project's first year $770,000 was funded to work on diabetes from a new perspective.

AIHEC is currently running ten programs for TCUs. Program highlights include:

- Blackfeet has a project to reintroduce the healthful lifestyle of their ancestors. They are trying to partner and leverage this project with the National Institutes of Health, who are working with TCUs to develop K through 12 curriculums to educate youth on the benefits of a healthy lifestyle.

- Northwest Indian College was the recipient of AIHEC's first grant competition. They received a grant to develop public health curricula, and were able to leverage that opportunity with the Johns Hopkins Center for American Indian Health. They are also doing an HIV/AIDS prevention project that is targeting 22 to 30-year old Tribal College students.

- They have a grant through the DHHS offices, sponsored programs, Office of Minority Health, to do a seminar series and to build sponsored program offices at the TCUs. Through these grants, TCUs will be able to build more capacity and get technical assistance. Ms. Bohlen indicated that DHHS plays a critical role in turning around health disparities.

Strategy Session

Moderator - Dr. Cliff Poodry, Director, Minority Opportunities in Research Division, NIGMS/NIH, Bethesda, MD

Dr. Poodry began by stating that there were a number of programs and initiatives at NIH from which all TCUs could receive resources. NIH has a program specifically aimed at making connections between two-year and four-year colleges. The National Institute of General Medical Sciences (NIGMS) has partnered with the Indian Health Service (IHS) to fund the Native American Research Centers for Health. A number of institutes have joined with NIGMS to provide funding. He encouraged the participation of the CDC and DHHS.

Dr. Poodry emphasized the importance of outreach in high school or earlier. This would need to be supported by the higher levels of the Federal government, including Congress, to be successful. The directors of the Institutes have to believe that it is within their authority to change, to take research money and put it into the education infrastructure development arena.

Other attendees agreed that falling into "the gray area" is a problem, with programs that relate to the Department of Education, the Department of Labor, the Bureau of Indian Affairs, Department of Health and Human Services, etc.

Dr. Stinson said there is so much overlap between what needs to be done and what could be done that if there was more dialogue and collaboration between Federal agencies, we might be able to sort out what the real responsibilities are and who needs to make which investments. He encouraged the attendees not to worry about whose jurisdiction this is and what everyone's responsibilities are. But rather to look at what available resources each of us have and match them up with what we agree are important issues.

Mr. Houser stated if part of your agenda is set by Executive Order, if part of your aspiration is to improve the quality of medical care through education, then maybe one good way would be to support TCUs directly.

Ms. Rashid said they could deal directly with TCUs from the CDC as long as there is a mechanism in place to do so within their funding structure as opposed to going through AIHEC. AIHEC is still the entity that does outreach for TCUs and serves as our arm to partnering with the government.

Wendy Perry described the work of the Agency for Healthcare Research and Quality (AHRQ). They concentrate on health services research, promote evidence-based medicine and practice of evidence-based medicine, and do research on how to improve the quality of health care and patient safety.

Ms. Perry asked which of the TCUs might be interested in pursuing work in health services research or build their health services research capabilities. This prompted a discussion of the difficulties that arise when no one knows who to ask such questions, or to whom the colleges should go to find out more about these fields or get simple definitions of the programs.

This was followed by a similar discussion about the frustrations arising from a perceived lack of known government contacts.

Dr. Bordeaux mentioned the difficulties to create a good working relationship with personnel at DHHS in Washington, D.C. Staff are gone within two years of their arrival, and then Tribal College staff have to recreate working relationships with their replacements. Sometimes the executives are reluctant to designate somebody or no individual steps forward to be the clearinghouse within this particular department or agency. Consistency is lacking and that effects coordination. This problem detracts from developing something sustainable. He suggested establishing an "Indian Desk" or somebody who was specifically designated that we would know, from week-to-week, month-to-month, and hopefully year-to-year.

Ms. Rashid, Ms. Perry, Ms. Baker and Dr. Stinson mentioned some existing point people and resources, including Gina Tyner-Dawson, who staffs the "Indian Desk" in the Office of Intergovernmental Affairs, and the resource center at the Office of Minority Health, which conducts literature searches.

Mr. Yarlott stated that when they apply for grants, the government is looking for specific qualifications or statistics that are difficult for TCUs to meet or gather. For example, some programs have an internship component that requires the student to move off the Reservation. But this is difficult, as a number of their students are single mothers. Mr. Yarlott feels that the statistics used to measure whether a grant was a success or not is subjective. Even when using the same statistic, the TCU may view the grant as a success, but the larger institution may view it as a failure.

Ms. Rashid stated her organization could be of assistance, by building the capacity to understand how the government works, how these different grant programs work, and which Federal agencies are doing about the issues at hand. This would help TCUs get their needs, concerns and barriers

known. She stated that they needed to know what barriers the Tribes are facing in order to deal with it. There are certain things that are within our control to change and there are certain things that are not. Let's figure out what it is, educate everyone about that, and how to make the best use of what is before them.

Dr. Monette suggested that the first point of contact, for any federal agency, is the American Indian Higher Education Consortium. More recently the White House Initiative on TCUs was founded. In addition to that, everyone ought to be subscribing to the Tribal College Journal.

Mr. Houser reiterated a point Joe McDonald brought up this morning, changing the eligibility of TCUs as sites for IHS repayment for nurses' training.

Dr. Stinson stated, that ultimately, it comes back to a contract issue. All involved need to examine the needs for clinical service. There is a need for additional individuals of color on faculties and running state and local health programs. DHHS should identify the best way to satisfy some of those needs. The problem is when a lot of those programs have been set up and the basic parameters have been agreed to, it becomes very difficult for the department to make an exception.

There was a discussion of the best way to pursue a change in the policy, which included a mention of legislation and a concern that the somewhat vague Executive Order was not the best forum for such detail-oriented work.

Mr. Herrington asked if there were any initiatives being put out by agencies to partner with private enterprises to try to eliminate some of the problems we have in health care. Government is not the only means of resources, private industry has resources as well.

Dr. Stinson stated he would like to see a much more comprehensive look at what investments would have a quantum leap impact on the health of people in these different communities.

Ms. Rashid mentioned a project the others may find relevant and may even find themselves a part of: CDC/OMH is working with AIHEC to conduct a needs assessment for key informant interviews, a survey, some focus groups, whatever it will take to understand what all the needs, barriers, and resources are for the TCUs to better understand how to work with the TCUs and communities they serve.

Dr. Potter asked if there are areas where progress could be made incrementally, even though the feds cannot make progress on all our problems immediately. Are there demonstration projects that could be done, without the huge change in Federal policy? In Dr. Potter's past experience a Tribe had a problem and approached an institution which could help them solve it. And the two received a lot of satisfaction. If a Tribal College had a problem, perhaps it could be solved if they had some sort of coalition with somebody in the neighborhood.

Ms. Crazy Bull mentioned problems with hard drugs in the Pacific Northwest (she also mentioned parent education and maternal health care). Dr. Potter pressed her on what projects she would like to implement to address the drug problems, and together with Dr. Freeman they came up with an

example of the type of project that would be feasible, that would incorporate the resources from Harvard with the voices of the community.

The suggestion from Dr. Freeman was to invite several different kinds of people, within Tribes, to discuss the relevance of current research about substance abuse in the brain, about effects on communities and what is going on in the Reservation itself. It would be very beneficial to have outside experts come along with other local experts, broadly defined, to discuss the problem and begin work.

Dr. Poodry explained how such a demonstration project could potentially be funded as research. Dr. Stinson gave examples of demonstration programs for which TCUs are eligible. He also spoke of the difficulty in getting the word out for such programs in the "Federal Register," and for people to identify those programs that suit their school's situation. The Office of Minority Health is trying to discuss how to be an aggregator of that information. The department needs to review the application process because staff will communicate by stating, "We need to give organizations training to be able to apply for Federal grants." If, in order to be successful, a TCU needs to hire a specialist to write a grant application, then there is something wrong with the process. Ultimately, DHHS is not interested in the best application; they are interested in the best programs.

There was some discussion of possibilities for improved notification, including the example of email list serves.

Dr. Poodry summarized the session's discussion.

- There was a question of providing support directly to colleges versus to Tribes.

- Which in turn raises the tension between government-to-government consultation and responding to Tribal governments.

- Given the population of TCUs and the challenges facing the students, advances by TCU students might not seem as dramatic when compared with students at other institutions.

- There was a comment that agencies should get input from those affected regarding rules, expectations, before changing the rules -- rather than just changing things and then informing later.

- Dr. Stinson said OMH is an important resource and can provide a literature search on minority health. They are available to faculty at your colleges as well as students working on projects.

- Several people mentioned AIHEC as an important contact with the Federal agencies. TCUs can contact AIHEC for information and agencies can contact AIHEC for announcements on issues of technical assistance.

Dr. Poodry encouraged attendees to visit, to call, and talk to agency staff. If they don't have a direct contact, call Dr. Stinson or Dr. Poodry. They may be able to identify people at agencies or

other divisions that are helpful. If you do not get satisfaction, call Dr. Stinson and Dr. Poodry back. Dr. Poodry's colleagues would be willing to go out to TCUs to have conversations with your faculty and students. Many would be willing to go out and do a class or presentation on their area of expertise. Some of them may not fit with your most immediate or pressing needs, but they can help in some ways and then listen to you to find ways to adjust their programs or try to get the kind of authority that they need to be more responsive. He then opened the forum up for comments.

Mr. Williams said the Indian Health Service (IHS) primarily deals with direct patient care. IHS, like many Federal agencies, has a fairly flat budget over the years. But IHS also has resources that could be used for these sorts of things. Those professional resources are available for the asking. For example:

- Someone mentioned they are having difficulty with nursing students preparing for licensing exams. IHS has a resource to help. The IHS also has at least two epidemiology centers.

- There was a comment earlier about the TCUs having difficulty in finding data for grants. The IHS can be contacted, the epicenters are available and information is free with respect to health care data and trends. There are also routine reports generated by IHS that detail more disease trends over time.

IHS is an interested player; they deal with health care on a daily basis, specifically health care delivery. Nationally they have a lot of experience. That experience has been put into useful reports that are available to you. IHS staff are available for the asking probably in a site-specific fashion. IHS is a player in the Office of the Intergovernmental Affairs within the department. IHS has some resources set aside annually for their scholarship program, which is for students who are going into the health professional field. IHS does support a number of students in the nursing programs through their scholarship program. And since some TCUs have nursing programs, there is a potential match there.

Ms. Rashid said there is one federal agency that was not mentioned ---the Health Resources and Services Administration (HRSA). They have Health Care Opportunity (HCOP) Programs, which could potentially help fund junior and senior high programs.

Closing Remarks

Dr. Stinson thanked the attendees for their time. He noted that seven out of eight of the public health service agencies are represented at this meeting. He agreed that results from this meeting needed to be conveyed with our colleagues at HRSA.

Dr. Stinson reiterated some important comments made by President Lyons. The presidents and other attendees need to be thinking about some very specific things, some actionable things. There were items that came out of this meeting that can be acted upon. We can try to sort out how we can execute some things and make things better for what you are trying to do. It is always important to keep in the forefront that we are in a marathon, not a sprint. So every step forward is a step in the right direction and we are not standing still or moving backwards.

The other point was to be honest about your needs, even if sometimes those needs uncover some deficiencies that you have. It is very difficult to determine how we or anybody else can be of help unless you are willing to say, "This is where I really need help, no matter what it means. If I can have some support in this area that will really help my institution have the type of impact on my students and my community."

With respect to partnerships, know that all TCUs have value. Dr. Stinson encouraged active participation in these meetings to help communicate the needs of TCUs.

He also mentioned that this is the beginning; not the end. DHHS is going to continue to find ways to have this type of discussion with TCU Presidents. DHHS will continue to work with other groups, public and private, to find out ways that they can be of assistance to what TCUs are doing in their communities. He encouraged the attendees to think about the next steps needed to build upon this meeting.

TCUs are crucial components of the AI/AN communities. They represent an incredible asset to Indian communities. They represent organizations with an untapped value, expertise, and genius of people in those communities. This potential needs to be tapped to assure that everyone in this country has the right to live a long and healthy life. Dr. Stinson thanked everyone for their time.

Closing Prayer
Dr. Bordeaux of Sinte Gleska University said the closing prayer.