MT HOSA Native Health Advocacy

Event Category: Teamwork

Dress Code: Official HOSA uniform or business professional attire. Students who identify as Indigenous are welcome to wear traditional or cultural regalia.	**Round 1**: 50 Q test in 60 minutes	**Digital Upload**: No
Team Event: 2-4 competitors per team	**Round 2:** Problem + Presentation	

Event Summary

Native Health Advocacy allows members to apply their knowledge of Native American healthcare legislation, health disparities, and tribal health systems. This competitive event consists of 2 rounds, and each team consists of two to four (2–4) people. Round One is a written 50-question multiple-choice test, and the top-scoring teams will advance to Round Two, where they will use a pre-released case study to analyze a secret healthcare problem and present a solution to judges. This event aims to inspire members to develop culturally responsive and practical solutions that improve healthcare in Native American communities.

Official References

1. The below references are used in the development of the test questions.
    - US Indian Boarding School History
        - https://boardingschoolhealing.org/wp-content/uploads/2024/08/NABS-Newsletter-2020-7-1-spreads-min.pdf
            - *(If the PDF link is inactive: https://boardingschoolhealing.org/us-indian-boarding-school-history/)*
    - Public Law 93-638: Indian Self-Determination and Education Assistance Act, as Amended (Pages 2–5, 51–63)
        - https://www.bia.gov/sites/default/files/dup/assets/bia/ots/ots/pdf/Public_Law93-638.pdf
    - American Indian and Alaska Native Health
        - https://minorityhealth.hhs.gov/american-indian-and-alaska-native-health
    - IHS Overview: About IHS, Agency Overview, Annual Budget, Eligibility, IHS Calendar, Organizational Structure, and Key Leaders
        - https://www.ihs.gov/aboutihs/overview/
    - Native American Mental Health: Recognizing the Past, Healing the Present
        - https://deconstructingstigma.org/guides/native-american-mh
    - Key Data on Health and Health Care for American Indian or Alaska Native People
        - https://www.kff.org/racial-equity-and-health-policy/key-data-on-health-and-health-care-for-american-indian-or-alaska-native-people/#786aa8f4-e72b-4def-810f-520b95997e21

The expectation is that competitors read and are aware of all content within these guidelines and associated links. Successful competitors will study all links for detailed information.

- Barriers and Unmet Needs Related to Healthcare for American Indian and Alaska Native Communities: Improving Access to Specialty Care and Clinical Trials
  - https://pmc.ncbi.nlm.nih.gov/articles/PMC12003380/
- Cancer Statistics for American Indian and Alaskan Native Individuals, 2022
  - https://acsjournals.onlinelibrary.wiley.com/doi/pdf/10.3322/caac.21757
- Can Indian Health Service Referrals for Nonemergent Care Be Allocated Equitably?
  - https://journalofethics.ama-assn.org/article/can-indian-health-service-referrals-nonemergent-care-be-allocated-equitably/2021-03

2. Below is the link to the **annual case study** that you will use to solve the secret scenario in round 2. Please note questions about the case study will not appear on the round 1 test. You will be provided with a hard copy of the case study in round 2, but it is in your best interest to read it thoroughly prior to competing.
   - https://docs.google.com/document/d/1uFKqG0vcwrwRdRUXUZZjpFIreQBJkx2noaDE8dJVpIc/edit?usp=sharing

ROUND ONE: The Test

3. Test Instructions: The written test will consist of 50 multiple-choice items in a maximum of 60 minutes. The team test score average from Round One will be used to qualify the team for the Round Two presentation.
4. **Time Remaining Announcements**: There will be NO verbal announcements for time remaining during ILC testing. All ILC testing will be completed in the Testing Center, and competitors are responsible for monitoring their own time.
5. **Round One: Written Test Plan**
   The written test plan for Native Health Advocacy is:
   - Healthcare Barriers – 18%
   - Cancer Statistics – 16%
   - Public Law 93-638 – 14%
   - Key Data – 12%
   - IHS Overview – 11%
   - Boarding School History – 10%
   - Native Mental Health – 8%
   - Minority Health – 6%
   - IHS Referrals Ethics – 5%

6. **Sample Round One Test Questions**

   Which historical federal policy directly contributed to intergenerational trauma and long-term behavioral health disparities among American Indian and Alaska Native populations?
   A. The creation of sovereign economic trade zones
   B. The mandatory migration to urban agricultural hubs
   C. The forced attendance of Native children at federal Indian boarding schools
   D. The expansion of state-managed public school districts

   Under Public Law 93-638, what power is granted to federally recognized tribes through "638 contracts"?
   A. The ability to directly operate and administer healthcare programs previously run by federal agencies
   B. The authority to privatize health facilities for commercial profit
   C. The requirement to purchase private health insurance for all tribal members
   D. The mandate to transfer local health clinics to state government management

   Why does the Indian Health Service (IHS) Purchased/Referred Care (PRC) program frequently delay or deny nonemergent specialty medical care?
   A. PRC funds can only be spent at military hospital facilities
   B. Federal regulations ban referrals to off-reservation medical specialists
   C. PRC operates without annual budget caps or spending limits
   D. **Fixed federal funding limitations require prioritizing urgent "life-or-limb" cases**

ROUND TWO: Scenario Analysis and Presentation

7. The top teams from Round One will advance to Round Two. The number of advancing teams will be determined by the scores obtained in Round One and the space and time available for Round Two. Round Two finalists will be announced according to the conference agenda.

8. **Annual Case Study:** Before the competition, teams should study the Annual Case Study linked in these guidelines. The Annual Case Study provides background information about a fictional tribal community and healthcare system, including its history, culture, demographics, healthcare needs, staffing, partnerships, services, and financial information.

   Teams will receive a printed copy of the Annual Case Study during Round Two. However, teams should study it thoroughly before competing because they will not have enough time to read the entire document during the preparation period.

9. **Secret Scenario:** Each team will receive the same Secret Round Two Problem related to Native American healthcare, tribal health systems, healthcare policy, or health disparities. Teams must use information from the Annual Case Study to analyze the problem and develop their solution.

   Professional ethics require competitors to keep the Secret Round Two Problem confidential until the event has concluded. Competitors who discuss or reveal the problem before the conclusion of the event will be penalized according to the General Rules and Regulations.

10. Event personnel will announce when teams have five (5) minutes and one (1) minute remaining in the preparation room. A timekeeper will notify teams when there is one (1) minute left during the presentation.

11. Resources about the reservation scenario may be provided to teams for use during their 30-minute preparation time (such as data, supporting research, etc.). Materials allowed in the preparation room:
    - HOSA will provide a copy of the annual case study
    - HOSA will provide index cards for taking notes.
    - HOSA will provide flip chart paper and markers **or** a whiteboard and markers for preparing solution materials.
    - Competitors may NOT bring anything, except pencils, into the preparation room.

12. Teams will have 30 minutes to analyze the Secret Round Two Problem and prepare their solution. Event personnel will announce when teams have five minutes and one minute remaining in the preparation period. All team members must take an active role in the presentation. Following the presentation, judges will ask the team two questions related to the Secret Round Two Problem and the team's proposed solution. The question period is not included in the six-minute presentation time. Teams will have a maximum of two minutes total to respond to both questions.

13. **Sample Round Two Secret Scenario and Questions**

    The Pine River Tribe has been facing challenges with childhood vaccination rates due to factors such as limited healthcare access, historical mistrust of healthcare systems, and cultural beliefs that influence healthcare decisions. Your team is tasked with preparing a proposal to apply for a fictitious grant aimed at addressing these issues and improving vaccination rates in the community. In your presentation, you must convince the grant selection committee of the feasibility and impact of your proposal. Outline a comprehensive plan that includes strategies for implementation, methods to measure success, how the funds will be allocated, and ways to engage the community. Your solution should be culturally sensitive, practical, and designed for long-term sustainability. You have 30 minutes to prepare a 6-minute presentation for the committee. Be sure to reference the case study substantially in your response.

Sample Question One**:** Which barrier to childhood vaccination would your team address first, and what information from the Annual Case Study supports that decision?

Sample Question Two: If the tribe received less grant funding than requested, which parts of your proposal would you prioritize to maintain community trust and create the greatest long-term impact?

Final Scoring

14. The team's averaged Round One test score will be added to the Round Two presentation score to determine the final results.

15. In case of a tie, the highest averaged Round One test score will determine the rank.

Future Opportunities

16. Graduating from high school or completing your postsecondary/collegiate program does not mean your HOSA journey has to end. HOSA members are eligible to become HOSA Lifetime Alumni Members, a free opportunity to remain connected, give back, and help shape the future of the organization. Learn more and sign up at **hosa.org/alumni**.

Feedback Form

17. Native Health Advocacy is currently in the pilot phase as Minnesota HOSA prepares the event for potential consideration at the international level. Continuing to educate future health professionals about Native health disparities, tribal healthcare systems, and culturally responsive care is deeply important to our team. We invite competitors, advisors, judges, and event personnel to share honest feedback about their experience. Your responses will help us clarify the guidelines, strengthen the case study, improve the competition process, and continue developing an event that meaningfully represents Native health challenges. A feedback form will be collected at the time of competition.

For additional information about the event, its purpose, and how it was developed, visit the **Native Health Advocacy FAQ Page**.

Native Health Advocacy
Round Two: Judge's Rating Sheet

Section # _____ Judge's Signature_____

Team # _____ Division: SS_____PS/C_____

Presentation Content	Excellent (15 points)	Good (12 points)	Average (9 points)	Fair (6 points)	Poor (0 points)	Judge Score
1. Understanding of the Problem / Health Issue	Demonstrates clear, deep, insightful understanding of the problem or health issue	Shows a solid understanding of the problem or health issue	Demonstrates an average understanding; judges left with a few questions	Shows a basic understanding; judges left with more questions than answers	Team is not able to demonstrate an understanding of the problem or health issue	
2. Creativity and Innovation in Solution	Creative, imaginative solutions that are highly innovative and thoughtful	Solution was unique and showed creativity but lacked a "wow" factor	Solution was adequately imaginative; more innovation needed	Solutions were unoriginal with little imagination	No evidence of imagination used to solve the problem	
3. Explanation of Solution	Clear, concise explanation in a logical, well-constructed presentation	Explanation was mostly clear and logical	Average explanation; some parts out of sequence	Explanation did not flow and was hard to follow	Explanation was fragmented and failed to provide a logical solution	
4. Understanding of Native Health Systems	Accurately identifies, explains, and applies the relevant IHS, Public Law 93-638, tribal self-governance, and/or Alaska Native health system structure to the scenario and proposed solution.	Explains and applies the relevant IHS, Public Law 93-638, tribal self-governance, or Alaska Native health system structure to the scenario, but includes minor errors or gaps.	Demonstrates a basic understanding of IHS, Public Law 93-638, tribal self-governance, or Alaska Native health systems, but does not correctly apply the structure to the scenario or case study.	Shows limited understanding of IHS, Public Law 93-638, tribal self-governance, or Alaska Native health systems and applies the structure inaccurately or unrealistically.	Does not explain or apply IHS, Public Law 93-638, tribal self-governanc e, or Alaska Native health system structures to the scenario.	
5. Tribal Sovereignty and Real World Historical Context	Accurately applies tribal sovereignty to the scenario and connects at least one specific, relevant real-world law, policy, event, court decision, or government action to the proposed solution. The plan respects tribal authority, family	Applies tribal sovereignty and connects at least one specific real-world law, policy, event, court decision, or government action to the solution, but has minor gaps in relevance, explanation, or	Shows a basic understanding of tribal sovereignty and mentions relevant historical context, but the connection to the scenario or proposed solution is weak or unclear.	Shows limited understanding of tribal sovereignty and provides vague, inaccurate, or poorly connected historical context. The solution gives little authority to tribal leadership	Does not address tribal sovereignty or connect a specific real-world historical example to the solution, or proposes coercive or outside-directe d actions	

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	integrity, community decision-making, and informed consent.	respect for tribal decision-making.		or community members.	without tribal approval, informed consent, or respect for family integrity.	
Presentation Delivery	**Excellent (10 points)**	**Good (8 points)**	**Average (6 points)**	**Fair (4 points)**	**Poor (0 points)**	**Judge Score**
6. Consideration of Barriers, Concerns, and Unintended Consequences	Identifies realistic barriers, stakeholder concerns, counterarguments, and possible unintended consequences, then explains how the plan will address or reduce them.	Identifies relevant barriers, concerns, or unintended consequences and addresses most of them, but some responses lack detail or feasibility.	Identifies at least one relevant barrier or concern, but the response is limited, unclear, or not fully incorporated into the proposed solution.	Briefly mentions possible barriers or concerns but does not explain how they would be addressed. Major weaknesses in the plan remain unresolved.	Does not identify or address barriers, stakeholder concerns, counterarguments, or unintended consequences.	
7. Use of Information from the Case Study	Clear and effective use of information provided in the case study	Information was mostly effective but could have been clearer	Average use of information from the case study	Small amount of information from the secret topic used	No information from the case study included	
Presentation Delivery	**Excellent (5 points)**	**Good (4 points)**	**Average (3 points)**	**Fair (2 points)**	**Poor (0 points)**	**Judge Score**
1. Voice (Pitch, Tempo, Volume, Quality)	The team spoke loud and clear. Varied rate & volume to enhance the speech. Appropriate pausing was employed.	The team spoke clearly enough to be understood. Varied rate or volume was attempted.	Team could be heard most of the time. Some attempts at vocal variety were made.	Voice is low. Judges have difficulty hearing the presentation.	Judges had difficulty hearing/understanding much of the speech due to low volume.	
2. Stage Presence (Poise, Eye Contact, Enthusiasm)	Movements & gestures were purposeful and enhanced the delivery. Body language generated strong interest in the topic.	The team maintained adequate posture with some non-distracting gestures.	Stiff or unnatural use of gestures, limited engagement with audience.	Movements were distracting, body language indicated a lack of enthusiasm.	No gestures or body movement enhanced the message. No enthusiasm for the topic was shown.	
3. Diction, Pronunciation, Grammar	Delivery emphasizes the message with clear enunciation. No vocal fillers were present.	Delivery helped the message, with minimal vocal fillers (e.g., “uh,” “um”).	Delivery was adequate, with some noticeable verbal fillers. Tone was inconsistent.	Delivery quality was minimal, with regular fillers disrupting the message.	Numerous errors in pronunciation and articulation, or monotone delivery.	

4. Team Collaboration	Excellent collaboration with all team members contributing equally.	All but one person on the team contributed actively.	Team worked together, though some members had limited participation.	Minimal collaboration, with one member dominating.	One team member did all the work, showing poor collaboration.	
5. Response to Judges' Questions	All questions were answered with clear, confident, and accurate responses.	Most questions were answered correctly, though lacking some confidence.	Responses were mostly correct but lacked thoroughness.	Answers were incomplete or lacked clarity. Judges had many follow-up questions.	Responses were incorrect or showed lack of preparation.	
6. Professional Wording and Terminology* **	The team used clear, professional, accurate, and respectful terminology. Language was specific to the tribe and scenario and avoids stereotypes or broad generalizations.	N/A	N/A	N/A	Uses disrespectful, stereotypical, or substantially inaccurate terminology throughout the presentation.	
					Total Points (125)	

*** To learn more about appropriate terminology, please reference this resource. We acknowledge that language and preferred terminology continue to evolve, so competitors should use their best judgment and make every effort to communicate accurately and respectfully.

- https://americanindian.si.edu/nk360/informational/impact-words-tips