Native Health Advocacy

Event Category: Teamwork.....

Eligible Divisions: Secondary & Postsecondary /Collegiate	**Round One**: 50 Q test (60 minutes)	**Digital Upload**: NO
Team Event: 2-4 competitors per team	**Round Two:** Problem (30 min prep) + Presentation (6 minutes) + Questions (2 minutes)	**Allowed Presentation Materials:** Prepared Flip Chart or whiteboard from prep time. Notecards (optional)

New for 2026 - 2027

Editorial updates have been made. Edits have been made to official resources and official rubric.

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.

Sponsorship

Minnesota HOSA - Future Health Professionals appreciates the sponsorship of this event by Tribal Health, LLC. Tribal Health, LLC will award a cash prize of $200 per team member for the 1st place winners, and $100 per team member for the 2nd place winners at the Minnesota State Leadership Conference (SLC).	TRIBAL HEALTH

General Event Information

General Rules	Competitors must be familiar with and adhere to the General Rules and Regulations.
Dress Code	Proper business attire or official HOSA uniform. Bonus points will be awarded for proper dress. In round 2, students who identify as Indigenous are welcome to wear traditional or cultural regalia. ALL team members must be properly dressed to receive bonus points.
Competitors Must Provide	• Photo ID for both rounds. • #2 lead pencils (NOT mechanical) with eraser for the test. • Neon colored foam earplugs, NOT earbuds, for noise control (Rd1-optional) • Markers for preparing solution/presentation (2 pieces of flip chart paper or w white board will be provided by HOSA for each team) • HOSA Staff will provide a printed case study blank note cards for Round two.

Official References - Round 1	The references below are used in the development of the test questions. • National Native American Boarding School Healing Coalition. (2020). Healing voices volume 1: A primer on American Indian and Alaska Native boarding schools in the U.S. (2nd ed.). • Public Law 93-638: Indian Self-Determination and Education Assistance Act, as Amended (Pages 2–5, 51–63) • Office of Minority Health. (2026, March). *American Indian and Alaska Native health*. U.S. Department of Health and Human Services. • IHS Overview: About IHS, Agency Overview, Annual Budget, Eligibility, IHS Calendar, Organizational Structure, and Key Leaders • Native American Mental Health: Recognizing the Past, Healing the Present • Ndugga et al. (2025). Key data on health and health care for American Indian or Alaska Native people. KFF. • Warne et al. (2025). Barriers and unmet needs related to healthcare for American Indian and Alaska Native communities: Improving access to specialty care and clinical trials. Frontiers in Health Services. • Kratzer et al. (2023). *Cancer statistics for American Indian and Alaska Native individuals, 2022*. CA: A Cancer Journal for Clinicians. • Wenger & Henderson-Frost (2021). *Can Indian Health Service referrals for nonemergent care be allocated equitably?* AMA Journal of Ethics.
Official Reference - Round 2	The Annual Case Study will be used during Round Two to help teams analyze and respond to the Secret Round Two Problem. Competitors should study the case study thoroughly prior to competition. A printed copy will be provided during Round Two; however, preparation time will not allow teams to read the case study in its entirety. Questions about the Annual Case Study will NOT appear on the Round One test. • Annual Case Study

ROUND ONE - Test

Test Instructions	The written test will consist of 50 multiple-choice items in a maximum of 60 minutes. See test instructions here. The team test score average from Round One will be used to qualify the team for the Round Two presentation.
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.
Written Test Plan	The written test plan for Native Health Advocacy is: 1. Healthcare Barriers – 18% 2. Cancer Statistics – 16% 3. Public Law 93-638 – 14% 4. Key Data – 12% 5. IHS Overview – 11% 6. Boarding School History – 10% 7. Native Mental Health – 8% 8. Minority Health – 6% 9. IHS Referrals Ethics – 5%

Sample Test Questions	1. 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 2. 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 3. 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 - Presentation to Judges and Questions

1. 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.

2. Round Two Process:
   a. Teams will be given a problem related to Native American healthcare, tribal health systems, healthcare policy, or health disparities to solve. The problem is a secret topic. A sample of a Secret Round Two Problem can be found here. Each team will be asked to solve the same problem. Teams should use information from the Annual Case Study when developing their solution. Professional ethics demand that competitors DO NOT discuss or reveal the secret topic until after the event. Competitors who violate this ethical standard will be penalized in accordance with the GRRs.
   b. 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.
   c. Resources about the secret topic may be provided by HOSA to teams for use during their 30-minute preparation time, such as data, supporting research, etc.
   d. Materials allowed in the preparation room to use during the 30-minute prep include: the Annual Case Study provided by HOSA, index cards for taking notes provided by HOSA, and flip chart paper and markers **or** a whiteboard and markers provided by HOSA. Competitors may bring pencils into the preparation room. NO OTHER materials are allowed.
   e. The section leader will announce when teams have five (5) minutes and one (1) minute remaining in the preparation room.

f. After the 30-minute preparation, teams may be escorted to another room for their oral presentation. Materials allowed in the oral presentation room include index cards the team prepared as notes in the preparation room and flip chart paper or whiteboard materials the team prepared to support their solution in the preparation room. NO OTHER materials are allowed in the presentation with judges.
g. Teams will be allowed a maximum of six (6) minutes for their oral presentation of a solution to the secret problem. The timekeeper shall present a flash card advising the competitors when there is one (1) minute remaining. Time will be stopped at the end of six (6) minutes.

h. All team members must take an active role in the presentation.
i. Following the presentation, judges will ask the team two (2) questions related to the secret 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 (2) minutes total to respond to both questions.
    i. Sample Question One: Which barrier to childhood vaccination would your team address first, and what information from the Annual Case Study supports that decision?
    ii. 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 Score

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

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

Future Opportunities

The HOSA Scholarship program has funding available for HOSA members who have an interest in various health careers! The application process begins January 1, 2027, and can be found here: https://hosa.org/scholarships/.

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

Feedback Form

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. Feedback will not affect event scores or rankings.

- Feedback Form

Native Health Advocacy
Round Two Presentation Rubric

Team #:_____ **Division**:_____**SS**_____**PS/C** **Judge's Signature**:_____

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-governance, 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	Applies tribal sovereignty and connects at least one specific real-world law, policy, event, court decision, or government action to the solution, but has	Shows a basic understanding of tribal sovereignty and mentions relevant historical context, but the connection to the scenario or proposed	Shows limited understanding of tribal sovereignty and provides vague, inaccurate, or poorly connected historical context. The	Does not address tribal sovereignty or connect a specific real-world historical example to the solution, or proposes coercive or	

	solution. The plan respects tribal authority, family integrity, community decision-making, and informed consent.	minor gaps in relevance, explanation, or respect for tribal decision-making.	solution is weak or unclear.	solution gives little authority to tribal leadership or community members.	outside-directed actions 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.	Delivery helped the message, with minimal	Delivery was adequate, with some noticeable verbal fillers.	Delivery quality was minimal, with regular	Numerous errors in pronunciation and articulation,	

	No vocal fillers were present.	vocal fillers (e.g., “uh,” “um”).	Tone was inconsistent.	fillers disrupting the message.	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