



**American Indian and Alaska Native
Health Research Advisory Council (HRAC)
Conference Call
Thursday, February 9, 2017
2:00–3:00 p.m. ET
Meeting Summary**

Introductions and Initial Roll Call—Kendra King Bowes

HRAC Tribal Delegates and Alternates

Simental (Sy) Francisco – Navajo Area Delegate

Byron Larson – Billings Area Delegate

Polly Olsen – Portland Area Delegate

Aaron Payment – Bemidji Area Delegate

Michael Peercy – National At-Large Member Delegate

Malia Villegas, EdD, and Dawnette Weaver – National At-Large Alternate and Proxy for Jefferson Keel

Lisa R. Wade – Alaska Area Delegate

Larry Wright Jr. – Great Plains Area Delegate

HRAC Federal Partners

CAPT Carmen Clelland, PharmD, and Delight Satter – CDC

David (Chipper) Dean, PhD – SAMHSA

Mose Herne and Asantewa Gyekye-Kusi, MD, PhD – IHS

Carol Jimenez, JD, Lena Marceno, Alexander Vigo-Valentín, PhD, David Wilson, PhD – OMH

Adelle Simmons – ASPE

Kishena C. Wadhvani, PhD – AHRQ

Others

Kendra King Bowes – Native American Management Services, Inc.

Main Discussion Points

- There was general agreement on the usefulness of employing webinars as a teaching and communications tool, and some specific topics were proposed.
- Availability of funding, how to apply for it, and how to improve cultural understanding of grant reviewers were all discussed.
- HRAC members expressed an interest in workforce development and also with the prevention of cyber attacks.

- Approaches to increasing cultural competency were mentioned for grant review committees and in general through representation at public health meetings.

Action Items

- New members should schedule briefings by phone with Alexander Vigo-Valentín, PhD, and Lena Marceno.
- Staff will schedule an HRAC webinar with the Center for Scientific Review to learn about research funding.
- Byron Larson will email the name of a contact for a research project of the Rocky Mountain Tribal Epidemiology Center to federal staff.
- OMH will provide a recruitment flyer to Aaron Payment.
- OMH will prepare and share a list of upcoming meetings at which it invites volunteers to do outreach representing HRAC.
- HRAC members should contact Kendra King Bowes about their times of availability for scheduling future 2017 meetings.

Call to Order and Introductions

Ms. King Bowes called the meeting to order and conducted a roll call of tribal delegates and federal representatives. (Later, HRAC Chairperson Aaron Payment presided after a delayed arrival.)

Welcome and OMH Updates

Acting Director of the Office of Minority Health, Carol Jimenez, JD, thanked the returning tribal delegates for their work over many years and welcomed new HRAC members, including Sy Francisco, Lisa Wade, Byron Larson, Polly Olson, and Larry Wright; she also mentioned Daniel Preston and Rodney Haring, who were unable to join the call. Dave Wilson, PhD, will shortly be transitioning from OMH to direct the newly created Tribal Health Research Office at the National Institutes of Health (NIH). Dr. Vigo-Valentín, Ms. Marceno, and Ms. King Bowes will then handle Dr. Wilson's previous duties until that position has again been filled. OMH continues to have a strong knowledge base because of long-time staff members.

Ms. Jimenez next reviewed past priorities that HRAC has moved forward during the past five years: (1) development and dissemination of annual health research reports; (2) hosting of research roundtables; (3) outreach at regional and national events; (4) conferring with NIH, which has led to creating the NIH Implementation Guidance of HHS Tribal Consultation Policy, the NIH Tribal Consultation Advisory Committee, and Annual NIH Consultations; and (5) identifying suicide and historical trauma as a priority, with OMH and other parts of HHS responding with new initiatives.

HRAC Updates

Dr. Wilson welcomed the seven new council members and reported that there are still several vacancies for HRAC delegates and alternates. He noted that Dr. Vigo-Valentín and Ms. Marceno are available to brief new members and recommended scheduling 30-minute, one-to-one phone calls. Dr. Wilson then suggested that the HRAC plan to meet via a webinar with the Center for Scientific Review to learn about its review process. This could lead to increased funding for American Indian and Alaska Native (AI/AN) community projects.

When Dr. Wilson asked if HRAC members are open to more calls and to webinars, quite a few members responded enthusiastically to adding webinars as an information tool. Malia Villegas, EdD, mentioned a new series of teleconferences on tribal research hosted by the National Congress of American Indians (NCAI) Policy Research Center; the first teleconference had excellent participation.

Dr. Wilson next spoke about a collaborative effort of OMH and the Centers for Disease Control and Prevention (CDC). It is a modified version of the Behavioral Risk Factor Surveillance System to oversample AI/ANs. The project involves 11 states and 12 Tribal Epidemiology Centers that the Indian Health Service manages and is aiming for about 200–300 additional surveys. This project is reaching out to academic institutions, such as North Dakota State University, to have students analyze the data so it is a developmental tool for the students' future professional careers. The data should be available in early 2018.

When Dr. Wilson invited suggestions and comments, Dr. Villegas said that the Rocky Mountain Tribal Epidemiology Center has just completed a relevant project. Mr. Larson offered to email contact information for Mike Andreini to OMH.

Regarding an early 2017 announcement about funding, Dr. Wilson noted that tribal leaders have pushed, in surveys and at meetings, for more money to address trauma and that OMH responded by developing a funding opportunity (FOA). These will be five-year awards ranging from \$250,000 to \$500,000 for such purposes as developing interventions to build resiliency.

Ms. Jimenez added that competitions in the Federal Government are open to everyone unless specific steps are taken to limit them. This FOA is open only to tribal governments and tribal organizations. To help strengthen the evaluations part of funding applications, a webinar specifically on applications and evaluations is scheduled for February 23 from 3:00 to 4:30 p.m. Eastern Standard Time.

Dr. Wilson noted that another topic that HRAC, OMH, and others are looking at is workforce development, which needs strengthening. OMH is working with the National Indian Health Board (NIHB), IHS, and the Association of American Indian Physicians to develop a memorandum of understanding with the goal of increasing the number of AI/ANs in healthcare professions. One initial step is a new collaboration with the National Science Foundation and its Graduate Research Internship Program to bring in basic scientists to gain experience for relevant professional careers. Dr. Villegas mentioned a need for a focus on cyber policy because of attacks on health domains. Dr. Villegas commented that a health data workforce would help among tribal nations, and it is a high-need area in the health domain. Dr. Wilson indicated that interns from OMH's Youth Health Equity Model of Practice could be placed in tribal areas to assist with building tribal infrastructure. This could be a priority for the next round of applicants. Ms. Olsen voiced appreciation for youth being a 2017 FOA priority and for the work to develop new leaders. She stressed the importance of these initiatives reaching both K–12 and higher education levels.

Concerning how Native investigators can compete better for research funding, Dr. Wilson said that Karyl Swartz, PhD, Associate Director for Diversity and Workforce Development in the NIH Center for Scientific Review, wants to increase the cultural competency of the study sections that review grant proposals. HRAC should be able to have an impact on this, including identifying the importance of community-based research and the best approaches. Dr. Wilson will reach out to Dr. Swartz about doing a webinar; this could be a good start for the plan to have more HRAC webinars. Dates and times will be circulated as soon as possible.

Dr. Wilson also mentioned that another government group that has reached out to OMH concerning how to reach the Native American community is the Precision Medicine Initiative (PMI), which aims to find new, more effective treatments for various kinds of diseases and health conditions based on increased knowledge of the genetics and biology of the disease. LCDR Michael Banyas, who is in charge of community outreach, could also do a webinar. This webinar might cover such topics as strategic planning for outreach and the currently known genetics of heart disease and diabetes. Chairperson Payment referred to his own interests in physiological differences. He reminded everyone how in the past this council has had questions for NIH about the handling of samples and sensitivities about this. One example of differences for Native people has been diets-plus-exercise programs that have not worked due to Native people's physiology.

Dr. Villegas agreed that good models exist for PMI approaches and that care is needed on how the samples are collected as well as how the data are used in order to protect tribes. She also mentioned that the rollout of this initiative does not make clear how companies and industry are involved. Dr. Wilson said that HRAC could play a leadership role, along with NCAI, focusing on the health aspects in the AI/AN community and helping to disseminate information. He would like to see a dynamic interplay between the PMI approach and how the health needs of Native communities are being addressed.

Dr. Wilson reported that the Tribal Epidemiology Center Consortium has been in contact about oversampling for research. OMH will be attending a meeting with all the Tribal Epidemiology Centers. Dr. Villegas mentioned her concern that since reports are circulating about the incidence of diabetes coming down for AI/ANs, this news might adversely affect resources.

When Dr. Wilson asked Dr. Villegas if she thinks OMH should reach out to NCAI on the PMI, she replied, "yes, that would be smart" and that a lot of information could be shared via a webinar. Chairperson Payment added that coordinating with NIHB could be beneficial as well.

Chairperson Payment then noted that he is willing to actively recruit more HRAC members to fill vacant positions. He would like to have a flyer to assist with recruitment efforts. Dr. Wilson thanked Chairperson Payment for volunteering and urged other HRAC members to do similar recruitment efforts at gatherings they attend.

Dr. Wilson turned to the topic of research reports. In the past, these reports have lagged about one year behind, but currently OMH is working on a two-year report to be up-to-date for fiscal years 2015 and 2016, as well as on being more current on research activities of NIH and other agencies within the Department of Health and Human Services (HHS). Another OMH effort is to arrange for more HRAC members to represent HRAC at different venues, such as conferences. A call for volunteers will go out shortly that will list events one could attend. One meeting coming up soon is the NIHB Public Health Summit on June 6–8. Dr. Wilson suggested an abstract of a recent community project be submitted. The deadline is mid-March. Staff will look for other meetings that volunteers could attend as well.

Ms. King Bowes spoke about the scheduling of the rest of HRAC's 2017 meetings. Often when a two-day meeting is scheduled, it is "piggy-backed" on another meeting. One complication this year is that the Secretary's Tribal Advisory Committee Meeting near Memorial Day prevents this. There is an HHS Tribal Budget Consultation, but that is scheduled to overlap with a different meeting. Would April or May be a good time for the next meeting? She asked about suggestions for other meetings with which to overlap. Or are HRAC members willing to have a stand-alone meeting scheduled in April or May?

Several attendees mentioned their scheduling issues, including other meetings booked in April and May, specific weekdays for availability, and specific weeks in June (2nd, 4th weeks). Ms. King Bowes invited other input to help her determine the most convenient scheduling.

Dr. Wilson then thanked all participants and invited them to keep providing input. The meeting was adjourned at 3:04 p.m. ET.