Friday, December 11, 2015
2:00-3:00 p.m., ET
Meeting Summary

Welcome and Roll Call—Rick Haverkate

HRAC Tribal Delegates and Alternates
Rodney Haring, PhD — National At-Large Member Delegate
Larry Jacques — Bemidji Area Alternate
Stephen Kutz and Kim Zillyett-Harris — Portland Area Delegate and Alternate
Ileen Sylvester — Alaska Area Delegate
Dawnette Weaver — National At-Large Member (Proxy for Jefferson Keel)

HRAC Federal Partners
Rick Haverkate — OMH
Mose Herne — IHS
Sylvia Joice, DrPH — HRSA
Delight Satter — CDC
Adelle Simmons — ASPE
Kishena C. Wadhwani, PhD — AHRQ
C. Angelique Wilkinson — HRSA

Other Attendees
Tom Anderson — Oklahoma City Area Indian Health Board
Kendra King Bowes — Native American Management Services, Inc. (NAMS)
Carolyn Drouin for Russell Begaye — Navajo Nation
Annabelle Testerman for Daniel Calac — Indian Health Council

Main Discussion Points

- Mr. Haverkate provided updates on OMH activities, including AI/AN reports that may be of interest to HRAC members, such as a tribal consultation report and the HRAC Annual Health Research Report.
- Mr. Haverkate reviewed how to get to the HRAC website and where information is located on the site.
- Members spent time reviewing and discussing the HRAC priorities identified during the 2015 in-person meeting.

- The 2016 HRAC meeting schedule was reviewed with the committee.

Action Items

- Mr. Haverkate will send an email once the tribal consultation report is published with a website link to view the report. Also, the report should be added to the next face-to-face meeting agenda if it is published.
- A demonstration of the new website should be added to the next meeting agenda with discussion on what will be posted and how it can be used in the future.
- HRAC members will be sent a form with their contact information and will be asked to review and make any updates.
- Mr. Herne will provide information to Mr. Haverkate to share with the committee, including the link to the Indian Health Service (IHS) list of tribal Institutional Review Boards (IRBs).
- Ms. King Bowes will send out a Doodle poll listing the main priorities so members can vote for what the HRAC should concentrate on this fiscal year.

Call to Order and Introductions

Councilman Kutz and Mr. Haverkate welcomed participants, and Mr. Haverkate conducted a roll call of tribal delegates and federal representatives. (A quorum was not met.)

Welcome and HRAC Updates

Mr. Haverkate sent forward apologies from Dr. J. Nadine Gracia, the Deputy Assistance Secretary for Minority Health. Dr. Gracia was unable to be on the call and sent her regrets and well wishes.

Mr. Haverkate stated that OMH is currently working on several American Indian and Alaska Native (AI/AN) reports. One report that may be of interest to the HRAC is a tribal consultation report which is mandated by Congress and details the different types of funding HHS agencies provide to tribes and tribal organizations, including research dollars that fund tribal research programs. This annual report is coordinated through the Office of Intergovernmental and External Affairs at HHS and will be published and made available online in the coming months.

The Annual HRAC Research Report that OMH specifically sponsors is now on the HRAC website. The report can be found at http://minorityhealth.hhs.gov/hrac under HRAC Reports, listed at the top of the page. The most current report listed is the FY2013 report. The FY2014 report is in the final stages of the review process and will be posted as soon as it is available. This report helps keep track of research that is going on in Indian Country. The report includes the types of research HHS agencies are funding with AI/ANs. It is beneficial to read the report to see the types of research activities that are happening and to see specific areas that need more concentration. The HRAC 2015 Annual Report, detailing the activities specific to the HRAC, is also nearing completion and should be online by the end of January 2016.

OMH is developing an intranet site for HRAC delegates and alternates. This new site will have links containing information such as member contact information, meeting dates, and when reports are released. The site will be live within the next month.

The new website has the HRAC membership roster under the "About HRAC" tab. Mr. Haverkate asked that all members check and make sure their contact information is current. He also stated that a form

with existing contact information would be sent out soon to the members. Members will be asked to review and update old or missing information such as term of office.

The website also has "Join HRAC" on the homepage with a link to the Nomination Guide which shows the vacancies, nomination period, eligibility, nomination procedures, nomination package instructions, and selection process. Mr. Haverkate stated that there are a good deal of vacancies and asked the members to reach out to contacts in areas with vacancies to get positions filled.

The HRAC had an exhibit booth at the National Indian Health Board Conference this past September to let attendees know about the HRAC, with specific emphasis on recruiting tribal leaders to fill the vacant HRAC seats. The HRAC can sponsor a tabletop display if members are attending national or regional conferences and would be willing to set it up. OMH would send out the display with the printed materials to disseminate information and help recruit members.

There is also an HRAC fact sheet on the new website located under the "About HRAC" tab. It is a one-pager that explains what the HRAC is, as well as its mission and research priorities.

HRAC Priorities

The HRAC priorities compiled from the 2015 meeting were sent out for review before the meeting. Councilman Kutz informed the members that the discussion would be on whether the list covered all the priorities or if there were some additional ones to add. In addition, the six main priorities should be narrowed down to two or three to work on this fiscal year.

HRAC priorities identified and compiled from the 2015 meeting were:

1. HHS-wide (umbrella) policy for research;
2. Native healthcare research database/clearinghouse;
3. IRB Point of Contact list published in the Federal Register annually;
4. Build local capacity to inform practice;
5. Social determinants of health; and
6. Culture-specific modes of intervention.

HHS-wide (umbrella) policy for research

It was mentioned that there was one missing bullet point that resulted from the discussion regarding the HHS-wide policy: "Work to get more funded research in Indian Country." The subtopics under this priority are items that the HRAC works on continually. Mr. Haverkate asked members if they thought there was a hot topic under the HHS-wide policy that should be focused on this year.

Dr. Haring stated that the recent information shared about the proposed changes to the Common Rule is important. It is imperative for tribes to understand the potential effect and review the information from the National Congress of American Indians. Mr. Herne stated that there has been a 30-day extension for comments, and one proposed item is the use of a single IRB. One recommendation is to create an exception for tribal IRBs. The example given was this: If there were a research project at a university and they had received IRB approval, they might be able to do research without consulting the local or tribal IRB. Mr. Haverkate noted that a search online for "HHS Grants 30-Day Extension on Common Rule" yields a considerable amount of good information. The deadline for responses is January 6, 2016.

Native healthcare research database/clearinghouse
Councilman Kutz noted that this priority has been on the work plan for several years. He asked if it had been decided that the National Library of Medicine (NLM) is going to house the data. Mr. Haverkate responded that the NLM suggestion was brought up at an HRAC meeting, but there has been no discussion with NLM. Councilman Kutz noted that this is more long-term work for the HRAC.

Ms. Sylvester stated that in Alaska any data that is collected on research with Alaska Native people has to be owned by the tribe and it requires approval of tribal leadership to share that data. Mr. Haverkate indicated that the proposed Native health information database would not include any raw data owned by tribes, but would consist of published documents that have been approved by all applicable parties. Documents in the proposed Native health database would only be those that could legally be viewed by the public. Furthermore, Mr. Haverkate stressed that OMH and the HRAC will continue to be cognizant of data ownership issues and advocate for tribal sovereignty and tribal ownership of data. Councilman Kutz noted that, even if there were no published report, it might be helpful to have topics listed with a point of contact—especially for someone doing research in a specific area. This could be beneficial if someone else wanted to do the same research.

There was a question of clarification regarding the "grandma test." It was explained that is when research is put into an abstract, in plain language, so that the abstract is understandable by just about anybody.

IRB Point of Contact list published in the Federal Register annually
Councilman Kutz stated that the intent was to have a list of all the IRBs that are known so that tribes could utilize it. This should be published to make it easier for tribes to locate the IRB for their area. Mr. Herne informed the members that IHS just updated its website with all the IHS area IRBs, along with a listing for all known tribal IRBs (about 15 to 20).

Build local capacity to inform practice
It was suggested that to consolidate the list of priority items, there could be a category called IRBs; this could include the IRB best practices and the list of IRBs in the Federal Register.

The scholarship/training/pipeline topic could fall under the HHS policy for research. Dr. Haring stated that NIH has a RO1-type mechanism for health intervention, but it is also important to offer other mechanisms for researchers at entry and mid-career level. He suggested something along the lines of a KO1 award or R21 that builds the pipeline researchers through the whole continuum. It was also noted that having more Native researchers on review committees was supposed to be listed as a priority. There has been some progress in that area, and the progress should be tracked.

Councilman Kutz commented that it would be beneficial to understand if any research is being incorporated into practice. There could be a feedback mechanism for some of this research that is being conducted to see if it is making a difference at the practice level. There should be more thought and conversation on how this could be tracked and what would be the best way to do so.

Social determinants of health
It was noted that this category was created to ensure that funders and those individuals determining research were taking into account all the social determinants.

Culture-specific modes of intervention
There was some discussion on what special study sections meant; it was tabled for another meeting.

Mr. Haverkate asked that members select one or two of the main priorities to work on over the next nine months in order to have a product by the end of this fiscal year. He will then develop a logic model, activities, and a timeline.

A quorum was not met for the meeting, so no vote was taken. Ms. King Bowes will send out a Doodle poll after the New Year listing the main priorities so members can vote for what the HRAC should concentrate on this fiscal year.

Councilman Kutz mentioned that the HRAC has really been pushing NIH to make research opportunities in Native communities more available in its funding streams. The HRAC's ask to NIH would be to make some of the different funding areas more available to the communities and help them be successful. Historically, HRAC members have met with NIH annually and had conversations regarding research funding. Mr. Haverkate stated that he would like to measure whether there has been any success in increasing research specifically through NIH.

As the quarterly call was coming to a close, the 2016 meeting dates were reviewed; they are as follows:

March 11, 2016, at 2:00 p.m. ET (quarterly call)
June 9-10, 2016, in Washington, DC (face-to-face meeting)
August 26, 2016, at 2:00 p.m. ET (quarterly call)
December 16, 2016, at 2:00 p.m. ET (quarterly call)

The meeting adjourned at 4:15 p.m. ET.