

**American Indian/Alaska Native Health Research Advisory Council (HRAC)
Albuquerque, New Mexico Meeting
October 7, 2010**

HRAC Tribal Delegates and Alternates

- Jay Butler, Alaska Area Alternate
- Norman Coeoyate, Albuquerque Area Delegate
- Kathy Hughes, Bemidji Area Delegate
- James Crouch, California Area Alternate
- Sarah Hicks, National Congress of American Indians Alternate
- H. Sally Smith, National Indian Health Board Delegate
- Madan Poudel, Navajo Area Delegate
- Cara Cowan Watts, Oklahoma Area Delegate
- Violet Mitchell-Enos, Phoenix Area Alternate
- Steve Kutz, Portland Area Delegate
- Chester Antone, Tucson Area Delegate

Federal Attendees

- Bud Nicola, Centers for Disease Control and Prevention
- Ileana Herrell, National Institutes of Health
- Wilbur Woodis, Office of Minority Health
- Charles Sockey, Indian Health Service Office of Tribal Self-Governance
- Leo Nolan, Indian Health Service

Speakers

- Patricia Bradley, Native Services Librarian, University of New Mexico
- Francis Frazier and Diane Louise Leach, Indian Health Service
- Patricia Parker, Native American Management Services, Inc.
- Anna Huntington-Kriska, Gana-A'Yoo Services Corporation
- Stacey Ecoffey, Office of Intergovernmental Affairs
- Garth Graham, Office of Minority Health
- Kristin Hill, Great Lakes Inter-Tribal Epidemiology Center
- Victoria Warren-Mears, Northwest Tribal Epidemiology Center
- Folo Akintan, Rocky Mountain Tribal Epidemiology Center
- Crystal Tetrick, Seattle Urban Indian Health Institute

Meeting Minutes

- A quorum was reached, thus results from meeting are considered official.

Opening Session

- Invocation by Chester Antone.
- Opening Remarks by HRAC Co-Chairs Cara Cowan Watts and Kathy Hughes and OMH Special Assistant on Native American Affairs, Wilbur Woodis.

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The University of New Mexico, Native Health Database

1. Presentation by Patricia Bradley, Native Services Librarian

- Ms. Bradley provided an overview of the University of New Mexico's two Native Health Databases. There is the Native Health History Database (NHHD) consisting of approximately 3300 records and the Native Health Research Database (NHRD) consisting of approximately 5700 records.
- The purpose of the databases is to create a high quality, single source of information regarding services and resources focused on historical American Indian and Alaska Native (AI/AN) health/medical issues. The databases are a "one stop shop for NA health info." The Native Health Database can be found at <https://hscssl.unm.edu/nhd>.

2. Discussion and Next Steps

- Cara Cowan Watts will work with Ms. Bradley and Sarah Hicks regarding the NCAI checklist for research and contacting Federal agencies, EpiCenters, other associations and states requesting that they add their research to the database.

Government Performance and Results Act

1. Presentation by Francis Frazier and Diane Louis Leach, IHS

- Francis Frazier (Office of Public Health Support) and Diane Louis Leach (Planning and Evaluation Research), from Indian Health Service, presented on the Government Performance and Results Act (GPRA) of 1993 and provided an overview of how their agency, IHS, approaches GPRA.
- Mr. Frazier defined GPRA as being a Federal Law that requires agencies to demonstrate that they are using their funds effectively toward meeting their missions. The purpose for IHS is to demonstrate, through measures, how well they are performing and using tax payer's dollars.
- GPRA has strict reporting requirements. The agency has to have a data-supported audit trail. It is important to IHS that they have a standardized way to collect the data.
- Clinical measures are reported on a quarterly basis and are aligned with measures in the line items in the IHS budget. At a National level, it gives them an indication of how they are doing on performance.
- Frazier mentioned another measurement tool, the Program Assessment Rating Tool (PART). Under the Tribal PART, it reports on a specific set of clinical measures. There are 17 of them and Tribal programs do not report on the three dental measures or the prenatal HIV screening. These measures are included in the IHS budget submission.
- IHS developed a 5 year strategic plan which describes what their long term goals are and annual measures support it. IHS submits all the GPRA data with the annual budgets submission. They try to link many of the measures to specific line items in the IHS budget. It is all interconnected and done with congressional justification.
- The budget is always two years out; they are currently working on the 2013 budget.
- IHS will report on 22 clinical measures overall.

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- For the clinical measures and the non-clinical measures, targets are negotiated with HHS and the person assigned to IHS in the Office of Management and Budget (OMB). It's a negotiated process based on the funding they are receiving. They always include the most recent results in the congressional justification as well as on the IHS Online Performance Appendix.
- The role of GPRA today and in the future is saturated throughout the Federal agencies. Federal sites are required to report on GPRA data and Tribal sites are not required.
- Mr. Frazier concluded that it is a group effort to really improve performance not just for GPRA measures but for performance in general. This would also include providers, administrative staff, data entry, and IT staff as well.

2. Discussion and Next Steps

- Cara Cowan Watts asked if measurements are taken if the patient only comes in once a year and does this determine how Tribal organizations get funded?
 - Diana Louis Leach responded by saying if the patient comes in once a year, they will not be evaluated. A patient has to be seen at least twice a year within the last three years and has to visit one of IHS' core clinics. Cara was shocked by this. She also posed the following question: how tied to these measures of performance, whether good or bad, is our budget for IHS? Ms. Leach said performance is tied to budget. The fear across all Federal agencies is that if they don't perform well, they will lose money and in some cases, Federal agencies have lost money.
 - Steve Kutz asked the following questions: Does IHS coordinate national GPRA targets with the Tribes prior to doing so? My experience is that you roll them out, we see them, and you ask Tribal sites to conform to them. GPRA indicators are also used to decide where you place additional money, correct? What percent of GPRA data is from IHS sites and what percent is from Tribal sites?
 - Francis Frazier responded by saying that IHS negotiates the targets on a National level for the system as a whole - for Tribal results and direct results. For Tribal measures, they are cascaded to a Tribal program as well as with the Office of Tribal Self-Governance.
 - Ms. Leach responded as well, describing how targets and measures are set. The Performance Measures Steering Committee consists of vertical and horizontal representation. This meeting occurs in the Performance Office and there is vertical representation from IHS staff, Tribal individuals, and urban Representatives. These meetings are set to discuss the measures. Horizontal representation is from clinicians and administrative staff.
- James Crouch commented that he is alarmed that Tribal contractors are not included in the GPRA process aside from the Office of Tribal Self-Governance.
 - Mr. Frazier commented by saying that it is related to the Federal budget process as they are not allowed to discuss with non-federal entities. He also said to answer that question, it is truly above him. He also mentioned that they are working within the confines of what he is able to share.
- Cara Cowan Watts asked how else is the GPRA data used in terms of health data for Indian Country.

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- Ms. Leach explained that the GPRA measures are used for some other reporting like the screening of alcohol in women of the child bearing age and there are other occasions when GPRA measures are used as well.
- Kathy Hughes had a question on Electronic Health Records (EHRs). She asked where does GPRA stand with this? How do we make our system compatible with yours? We do not have your data reporting systems, the Resource and Patient Management System (RPMS) or the Clinical Reporting System (CRS). So when we submit data, it goes directly to the Aberdeen system. We then have to do another report for GPRA reporting thus making the whole process redundant.
 - Ms. Leach did not fully understand the question and reiterated the following: If your EHR does not have an interface to our RPMS, then you will not be recording clinical GPRA results because clinical GPRA results only come from RPMS. If somebody is using a commercial package that has an interface to the RPMS, then clinical GPRA results can be reported to the RPMS.
- Cara Cowan Watts noted that there is ongoing concern and recommendations coming from the Council and suggested that the HRAC formalize something in writing for a future conference call with Mr. Frazier and Ms. Leach.

EpiCenter Updates

1. Victoria Warren-Mears, Northwest Tribal Epidemiology Center

- Victoria Warren-Mears provided an overview of their center, discussed a Tribal health priorities survey, and programs their center currently provides.
- The Northwest Tribal Epidemiology Center (NWTEC) is a part of the Northwest Portland Area Indian Health Board (NPAIHB) and is operated by Northwestern Tribes. EpiCenter staff members work on behalf of the 43 Federally Recognized Tribes in Idaho, Oregon and Washington States.
- A Tribal Health Priorities Questionnaire was administered in 2008 in an online format and was used to set priorities and evaluate current priorities. The questionnaire consisted of four parts: prioritize disease conditions; prioritize strategies to address disease conditions; determine involvement and experience with the EpiCenter; and demographics.
- For the Part 1 Rankings, the highest average ranking for health conditions were: cancer, diabetes, mental health, and heart disease. In addition, 8 wrote responses for substance use/abuse and 3 wrote responses for suicide.
- For Part 2 Rankings, the highest average ranking for health conditions were: preventing substance abuse, preventing obesity, and promoting physical activity. One response was received for long-term care.
- The EpiCenter offers a variety of programs that can assist Tribes. Some of the programs offered are: Access to American Indian Recovery (Substance Misuse Treatment); Nak-Nu Wit Circles of Care (Comprehensive mental health and substance abuse misuse care); Native American Research Centers for Health (Broad based initiative, including annual Summer Institute Training to Build Tribal Capacity); Native Children Always Ride Safe (Examining Car Seat and Seat Belt Use and enhancing motor vehicle travel safety); and NPAIHB Immunization Project (Immunizations) are just a few of the programs offered.

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2. Folo Akintan, Rocky Mountain Tribal Epidemiology Center

- Ms. Akintan reported on their center's target populations, mission, project development, funding agencies, and successful partnerships.
- The target populations for the Montana-Wyoming Tribes are: Assiniboine, Blackfeet, Confederated Salish and Kootenai, Chippewa Cree, Crow, Eastern Shoshone, Gros Ventre, Little Shell, Northern Cheyenne, Northern Arapaho, and Sioux.
- The mission of their center is to “empower AI Tribes in Montana and Wyoming in the development of Public Health services and systems and epidemiological data in order for Tribes to have resources and express their authority in response to Public Health concerns.”
- All projects are developed in consultation with the Montana-Wyoming Tribal Health Directors through community participatory approach.
- Ms. Akintan discussed successful partnerships with local Tribes, Educational Institutes, Research Institutes, National Agencies, and State Partnerships.

3. Kristin Hill, Great Lakes Inter-Tribal Epidemiology Center

- Kristin Hill provided an overview of their Center noting that it was first established in 1996 in a rural location consisting of 6 staff members.
- They get an average of 200 requests per year and staff travel 40%-50%.
- The Center offers the following programs and products: Annual Bemidji Area Community Health Data Profile, Tribal specific profile reports every 2-3 years or upon request, annual Tribal specific diabetes trend reports, IPC Advisory Committee, Bemidji Area Diabetes Surveillance Program, Community Health Assessments upon request, MIS training, Epi info training, and evaluation.
- She discussed accomplishments such as Bemidji Area Diabetes Audit Reporting; increased local epidemiology capacity; community based project management; resource leveraging; participation on multiple boards, committees, workgroups, and initiatives; advocacy for data equity at the local, state and federal levels; and expanded partnerships and connections.

4. Crystal Tetrick, Seattle Urban Indian Health Institute

- The Urban Indian Health Institute was created in July 2000 and is a division of the Seattle Indian Health Board.
- The Institute receives partial funding from Indian Health Service and from Title V of the Indian Health Care Improvement Act.
- The poverty status for all races is 13.3% and for AI/ANs its 24% according to the U.S. Census in 2000.
- Some of the current EpiCenter projects are: Community Health Profiles Reports, Cancer Registry “Linkage Project,” Maternal and Child Health, and the National Survey of Family Growth.
- Other projects Ms. Tetrick discussed were the OMH Demystifying Data, OMH Healthy Babies Campaign, OMH Reducing Health Inequities, Sexual Violence Survey, Breast and Cervical Cancer Screening: “WEAVING Project,” Urban Indian C.A.R.E.S. (Colon and Rectal Education Screening), Prostate Cancer Screening, Diabetes Audit Analysis, and Viral Hepatitis Education and Training.

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National Institutes of Health

1. Updates from Ileana Herrell

- The National Center of Minority Health and Health Disparities has been elevated to a full fledged Institute. The NIH does not have an Office of Minority Health as they now have an Institute, and prior to that they had a Center.
- The NIH is a very complex organization consisting of 27 Institutes and Centers.
- The NIH Director, Dr. Collins, has designated Dr. John Ruffin as the NIH Representative to the Intradepartmental Council on Native American Affairs (ICNAA). The ICNAA Chair is Commissioner Lillian Sparks and the Vice-Chair is Yvette Roubideaux from Indian Health Service.
- NIH has always been a close collaborator with IHS in funding many of the activities taking place.
- The NIH has supported the University of Oklahoma Center for an American Indian diabetic health disparities study.
- They have also supported community based participatory research projects, specifically targeting AI/AN youth.
- NIH has identified some priorities by the groups they have worked with; one is the reduction of cancer health disparities among AI/ANs. The NCI funds many projects in various areas throughout the country.
- The NIH has the participation of AI/ANs in the NIH loan repayment program.
- Seven Institutes and Centers at NIH fund a Native American High School summer program at Harvard. This project supports the students as well as the parents that accompany them. The program tries to increase the number of Native American and Native Hawaiian students pursuing undergraduate degrees in the Bio Medical field.
- The National Library of Medicine, in collaboration with the University of New Mexico Database Center, has collaborated with the Alaska Medical Library at the University of Alaska to support the Arctic Health website.
- They also support numerous annual Native health conferences and activities.
- Dr. Herrell advised the HRAC to view HRAC's Second Annual Health Research Report for additional activities and programs of the NIH.

2. Discussion and Next Steps

- Cara requested a copy of the email. Dr. Herrell mentioned the report that she compiled for the HRAC Research Report has this information plus more and asked that she get in contact with Wilbur.

Centers for Disease Control and Prevention

1. Updates from Bud Nicola

- The CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS) was originally called State and Local Support. As the office got put together, it became clear that the name needed to change to the Office of State, Tribal, Local and Territorial Support.
- There has been a lot of activity around an OFA that went out in awards for performance improvement. That is part of the Prevention Trust Fund, which is part of the new health care funding and legislation that came out.

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- The CDC OMH has a new Acting Director, Tamara J. Kicera.
- This is the first HRAC meeting Mr. Nicola has attended on behalf of the HRAC. He commented on reading the HRAC's reports and said that he was here in a learning and listening mode.

2. Discussion and Next Steps

- Cara Cowan Watts asked what the structure looks like in regards to Tribes and how many Indians are staffed in the OSTLTS office? Mr. Nicola said the CDC had two staffers that just retired that were Native and said he could send Cara a copy of CDC structure.
- Kathy Hughes discussed the CDC Tribal Consultation Advisory Committee (TCAC) which she and Chester Antone serve as Co-Chairs. Melanie Duckworth is in the position to fill the positions for Capt. Snestrud and Ralph Bryan. The CDC, under the HRAC charter, requires that the CDC have a representative in attendance and ultimately we will be looking for the person heading the Tribal Office to attend these meetings.

Intergovernmental Affairs Office

1. Updates by Stacey Ecoffey

- Ms. Ecoffey provided updates from IGA Headquarters. The first announcement was that her Office was in the process of sending out an announcement to Tribal leaders announcing the Secretary's Tribal Advisory Committee. They are seeking nominations for 17 representatives, 1 from each area of IHS and 5 at large members.
- They have been in the process of revising the Tribal Consultation Policy. The Tribal Federal Work Group met several times over the summer and provided recommendations to the Secretary. IGA hopes to have the final Tribal Consultation Policy complete by December 2010.

2. Discussion and Next Steps

- Cara Cowan Watts asked where the HRAC is at with our request for a meeting with the HHS Secretary. The response letter was sent back according to Ms. Ecoffey. Cara asked that she re-send the letter.
- Cara asked who specifically in the HRAC received the letter. Ms. Ecoffey said the letter was sent to the Chairs.
- Jim Crouch also suggested that the response letter be sent by email so it's not lost in the mail.

Indian Health Service

1. Updates from Leo Nolan

- Indian Health Service does not have a research line item.
- How much research money is spent by HHS is something that Dr. Graham can't answer. Dr. Graham's office is compiling a report on how much money is spent on minority health disparities issues.
- Leo commented on the number of HHS Advisory Committees that are in existence that do not have Tribal representation on the committees. Leo said IHS sends out "requests to serve" but do not get a lot of responses back from Tribal leaders. He is

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encouraging the HRAC to disseminate to Tribes these opportunities to serve on HHS Advisory Committees. He also asked that the HRAC encourage AI/ANs to apply for positions within HHS.

- IHS has a Memorandum of Understanding with Health Canada and out of the MOU; one of the main efforts was research. In 2007-2009, IHS and NIH co-sponsored the Indigenous Summer Research Institutes that included AI/AN researchers, First Nations, Inuit researchers, Native Hawaiian researchers, Australian researchers, and New Zealand researchers.
- Leo briefly discussed the Friends of Indian Health program that advocates for IHS Tribal and Urban Health Programs. The American Dental Association is the lead organization for the Friends of Indian Health. Dental care in Alaska is critically needed and the group discussed how that particular need has been met to date.

2. Discussion and Next Steps

- Cara would appreciate if IHS and other agencies could include the HRAC on high profile positions or any vacancies for these Advisory committees.
- Chester had questions about the HIV/STD grant funding and Leo provided a contact person who could possibly answer his questions.
- Jay Butler said there have been plenty of assessments in oral health in rural Alaska. There has been a lot of work going into assessing the problem and addressing it. He would be more than happy to help gather that information.
- Steve Kutz said that his community does not have access to dental health. From a cost and quality point of view, it is going to be very important for us to advocate for this.

Presentation on National Plan for Action (NPA) and the HHS AI/AN Blueprint for Tribal Consultation

1. Presentation by Patricia Parker, Native American Management Services, Inc.

- An initiative coming out of OMH is the NPA.
- The NPA started in 2006 with the second National Leadership Summit of Eliminating Racial and Ethnic Disparities. To be responsive to outcomes of the 2006 Summit, the decision was made to use a "bottom up" approach. The "bottom up" approach included development of focused, localized continuations of the Summits called Regional Conversations.
- In 2007-2008, the Regional Conversations were conducted. The meetings were preceded by smaller "voices" pre-meetings with community-based representatives, Native American, Native Hawaiian or Pacific Islander leaders, and individuals representing Caribbean communities and academia. From these meetings, the information was reviewed for common and priority actions. These actions were subsequently used as the basis for conversations and planning with a National Visionary Panel. Ultimately, this collective process resulted in the establishment of 20 common strategies of action that form the basis for the National Plan for Action.
- The National Plan for Action is one of three components of the NPA to end health disparities. The two other components include: (1) ten Regional Blueprints for Action which are aligned with the National Plan and include strategies and actions most

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pertinent to communities in each region; and (2) targeted initiatives that will be undertaken by partners across the public and private sectors in support of the NPA.

- Anna Huntington-Kriska provided AI/AN statistics on health disparities. From 1972-1974 to the most recently compiled three year period, 2003-2005, overall mortality for AI/ANs has decreased by 29%.
- Bad News – a) the overall disparity in the AI/AN population and the US all race population has actually increased; b) actual increase in mortality rates for AI/AN population have occurred in two major causes of death: Diabetes 53% increase and Cancer 20% increase; c) the AI/AN population experience some of the greatest disparities in health status and general well-being; and d) AI/AN male population is particularly at risk, suicide rates for males 14-44 are 300% higher than all US races.

2. Discussion and Next Steps

- Kathy Hughes asked is it really effective to have any input at this stage in the game? Pat responded that the OMH is in the process of developing a strategy to address the AI/AN Blueprint and subsequent Tribal collaboration. We will look to the HRAC to provide advice and guidance on the strategy for Tribal collaboration on the AI/AN Blueprint.
- Chester Antone asked if Pat could clarify this part of the plan. Pat responded that exactly what the strategy will be and how it will be implemented is what OMH will be asking the HRAC to advise.
- Pat will keep the HRAC up to date on actions centering around this initiative.

Office of Minority Health

1. Updates by Dr. Garth Graham

- Dr. Graham asked if there were any concerns that the HRAC had or anything he should be aware of. He also asked if there were any gaps that his Office was missing.
- He would like to hear anything from HRAC in terms of concerns.
 - Cara Cowan Watts brought up the letter that was sent to HHS Secretary Sebelius in April to request a meeting with herself and Co-Chair, Kathy Hughes. Cara explained that the first letter that was sent was lost and a second was sent but we never received a response for that either.
 - Dr. Graham suggested resending the letters and ccing Paul Dioguardi, IGA's Director, on the email.
- Jim Crouch asked if Dr. Graham could start a survey on existing data sets and descriptions of those data sets as it would help get better quality data to Tribes and Tribal organizations. Dr. Graham said we should take a look at this and will have Wilbur take a deeper look into it.

2. Discussion and Next Steps

- Cara brought up the HRAC Charter and wanted to know when it would become final. Dr. Graham thought everything was okay with the Charter. Wilbur commented that we did receive comments back from OGC.
- Cara discussed the UNM's health database system and asked if Dr. Graham could somehow incorporate an IRB in the system.

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- Kathy Hughes suggested that it would be helpful if UNM had funding to develop a search engine.
- Leo Nolan said he and Wilbur could do a briefing to catch Dr. Graham up on the UNM's Native Health Database and then get the budget information from HRAC to get the estimated cost to enhance the system that is already in place.
- Cara Cowan Watts urged Dr. Graham to get Federal agencies to step forward and include their research, projects, and documentation in the UNM's health database. All articles and projects can be generated in one place.
- Folo Akintan from the Rocky Mountain Tribal Epidemiology Center commented on how the funding is currently broken down. For example, how much funding does EpiCenters receive, how much does Tribal colleges and universities receive, Tribal Organizations, Tribal communities, etc.? Dr. Graham commented that they do not break funding down in that manner.
- Dr. Graham closed by saying that he was trying to figure out what his agency, OMH, should be doing in terms of assisting HRAC. Cara said if we get this database tackled, a lot of our concerns will be addressed.
- Kathy Hughes mentioned the need for oversampling of AI/ANs for any research that is being conducted and suggested that it should be implemented in policy. Cara said if it's representing the United States, we should automatically be oversampled.

HRAC Updates and Discussions

1. HHS Tribal Federal Work Group Update

- Chester Antone is a member of the HHS Tribal Federal Work Group and said he will make sure the HRAC is kept up-to-date on the status of this work group.
- Chester said Ms. Ecoffey gave a good update on this Advisory group and he did not have much more to report.

2. NIHB Presentation Update by Kathy Hughes

- This conference occurred in September 2010 in Sioux Falls, SD. Kathy presented an overview of the HRAC and had the Annual Research Report and the HRAC 1-pager available at a resource table.

3. CDC Federal Register Notice

- Cara was not sure about this topic and did not discuss it in much detail.

4. HHS Recommendations

- Cara said it's important that HRAC members take time to send an email to the Co-Chairs on items that need attention.
- Mental Health issues were brought up as a major problem that needs immediate action.

5. Inviting other Federal Partners to Join the HRAC

- Cara wants to take a look at inviting SAMHSA, HRSA, and EPA.

6. Charter Updates and Length of Term Appointments

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- Cara is not sure how to approach this and would like to re-group and hold a conference call on this issue. This call needs to occur within the next month. Co-Chairs would like to set up a conference call and would like the Charter with comments to be emailed out to all HRAC members.
- Kathy Hughes agreed to take this action item.

Public Comments

- None

HRAC Action and Follow-up Items

1. Need a spreadsheet tracking Tribal Consultation/Testimony and responses from Federal Officials.
 - a. Contact Sarah Hicks, NCAI. She is providing a sample of what they use to help them keep track of Tribal recommendations and follow up.
 - b. Use this matrix format to develop the HRAC Recommendations to the Secretary.
 - c. Develop a sheet of all HHS Tribal Consultation Workgroups with their members and recommendations:
 - i. Centers for Medicaid & Medicare Services Tribal Advisory Group (TTAG).
 - ii. Centers for Disease Control and Prevention Tribal Consultation Advisory Committee (CDC TCAC).
 - iii. Substance Abuse Mental Health Services Administration Tribal Technical Advisory Committee (STTAC).
 - d. Develop an update of the Tribal Federal Workgroup for improving the HHS Tribal Consultation Policy. They had their round of regional meetings and a summary of those meetings with a matrix of recommendations is needed.
 - e. Follow up on Due Date of October 29 for nominations to the newly established Secretary's Tribal Advisory Committee (STAC). Check with Council to remind them of the deadline for nominations.
2. Need a spreadsheet tracking HRAC internal action items and responses with owners.
 - a. Develop based on the action/follow up items from the October 7th meeting.
3. Add EPA, HRSA and SAMSHA as Federal partners.
 - a. Identify appropriate Tribal liaison contact for these agencies.
 - b. Develop invitation letter – based on previous letter's sent to federal partners.
 - i. Add packet with Annual and Research Report and DVD.
 - ii. NAMS has task to finish small edits to video so DVD's are produced. Pat talk to Ann and Kristi.
4. Send out prior HRAC meeting minutes and include them in future packets for meetings. HRAC support staff will ensure the following process:
 - a. Pre meeting packets – Agenda, logistical information, previous meeting minutes, handout materials from presenters.

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- b. Post meeting packets – Minutes/Report of meeting and action/follow up items matrix with briefing document.
5. Other HRAC meeting items to be researched or resolved before the next meeting
 - a. It was recommended that all the Tribal Epidemiology Centers be invited to HRAC meetings.
 - b. The Council would like an explanation of the HRAC budget.
6. Follow up memo to Dr. Graham from the HRAC Co-Chairs. Items to be addressed:
 - a. Need to identify funding for the University of New Mexico to acquire a comprehensive search engine for their Native Health Database.
 - b. Help with the resubmission of the HRAC Charter for final approval.
 - c. Assist with information and the federal process for ensuring the Tribal Epidemiology Centers are allowed access to certain HHS data sets.
7. Add National Children’s Study to NIH meeting agenda.
 - a. Develop briefing report on the National Children’s Study, i.e., new leadership of the study.
 - b. Briefing report provided before the meeting.
8. Oversampling of AI/AN should be a National Policy for all studies whether targeting AI/AN or not especially if a study is suppose to target the diversity of the Nation.
 - a. Is this a possible added recommendation from the HRAC?
 - b. What background/briefing material is needed?
 - c. HRAC support staff need to coordinate with Wilbur and the Co-Chairs to get more information and actions needed for this topic.
 - d. Written status on this issue needs to be completed before the October 21st meeting.
9. Additional Funding for IRB operations and technical assistance.
 - a. Jim Crouch writing up a one page request and justification.
 - b. Is this a possible added recommendation from the HRAC?
10. Request HHS Secretary Meeting for HRAC Co-Chairs, again.
 - a. Wilbur will coordinate with Dr. Graham and the IGA to set up a meeting. He is trying to see if a meeting could be help on October 22nd after the Roundtable.
11. Send Dr. Garth Graham historical documents and responses concerning HRAC meeting request with HHS Secretary.
 - a. Develop a one page briefing report with the following format – Issue, Discussion, Action. The backup documentation should be attached. **This is due on Friday the 15th.**
12. Follow-up on GPRRA impact on AI/AN Health Research.
 - a. Develop letter to IHS on this issue and request a status response.
13. Request a meeting with IHS (Yvette Roubideaux) and Co-Chairs concerning data sharing with Tribes and Epidemiology Centers of IHS data.
 - a. Develop a letter from the Co-Chairs requesting the meeting.
 - b. Wilbur could provide Dr. Roubideaux the letter at the meeting he and Dr. Graham are having with Dr. Roubideaux.
14. Who conducted the research on pregnant Tribal women on flu shots and the impact on their infants?

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- a. Research this issue and provide a one page briefing.
- 15. Where are the NIH internships posted online? Can we get that information emailed out?
 - a. Research this topic and find an answer.
- 16. Where is the Harvard NIH Summer Camp information posted online? Can we get that information emailed out?
 - a. Research this topic and find an answer.
- 17. Can we get more details on the Friends of Indian Health mentioned by Leo Nolan?
 - a. Coordinate with Leo Nolan and NIHB to get more information on the topic.
- 18. What is the status of the CDC Federal Register Notice?
 - a. Research this topic and find an answer.

Next Quarterly Conference Call

- 1. Scheduled for January 18, 2011, from 2:00PM-4:00PM CST.