



**American Indian and Alaska Native
Health Research Advisory Council (HRAC)
Annual Meeting**

**June 27–28, 2017
via Conference Call**

ATTENDEES

HRAC Tribal Delegates and Alternates

Verné Boerner, Alaska Area Delegate (proxy for Lisa Wade)
Byron Larson, Billings Area Delegate
Larry Wright Jr., Great Plains Area Delegate
Charlene Jones, Nashville Area Delegate
David Foley, Navajo Area Delegate (proxy for Simental Francisco)
Polly Olsen, Portland Area Delegate
Rodney Haring, PhD, National At-Large Member Delegate
Michael Peercy, National At-Large Member Delegate

HRAC Federal Partners

Carol Jimenez, JD, Alexis Bakos, PhD, Alexander Vigo-Valentin, PhD, HHS Office of Minority Health (OMH)
Yvonne Davis and Rachael Tracy, Indian Health Service (IHS)
Kishena Wadhvani, PhD, Agency for Healthcare Research and Quality (AHRQ)
Adelle Simmons, Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Joyce Hunter, PhD, and David Wilson, PhD, National Institutes of Health (NIH)
David (Chipper) Dean, PhD, Substance Abuse and Mental Health Services Administration (SAMHSA)

HRAC Support

Kendra King Bowes, Native American Management Services, Inc. (NAMS)
Erika Noyes and Deborah Thornton, Professional and Scientific Associates (PSA)

DAY ONE – Tuesday, June 27, 2017

Welcome and Introductions

Kendra King Bowes, NAMS

Ms. King Bowes called the meeting to order and noted that Chairman Aaron Payment was unable to attend. After conducting a roll call, she confirmed a quorum had been met.

Opening Remarks

Carol Jimenez, JD, Acting Director, OMH, U.S. Department of Health and Human Services (HHS)

Ms. Jimenez thanked the HRAC members for serving on the Council on behalf of their tribes and tribal organizations, and she thanked the federal partners for making HHS participation meaningful and for communicating the Council's goals and priorities to their agencies. Ms. Jimenez stressed the importance of the Council and noted that this was the first HRAC meeting of the new administration.

Ms. Jimenez reviewed the history and mission of the HRAC. She noted that the Council was established as an advisory committee to HHS in 2006 to support collaborative approaches between federal and tribal partners to reduce health disparities that affect American Indian and Alaska Native (AI/AN) communities. The Council's charter is available on the OMH website (<https://minorityhealth.hhs.gov/hrac>). OMH coordinates the activities of the HRAC, including representatives of HHS agencies that support the Council's work. Delegates are elected or appointed as tribal officials representing each of the 12 IHS areas and four national at-large delegates. The Council's guidance helps HHS focus its work in ways that are meaningful and helpful.

Ms. Jimenez provided updates on OMH activities:

- OMH posted a new Funding Opportunity Announcement (FOA) for fiscal year 2017 (FY2017) on June 2. The Empowered Communities for a Healthier Nation Initiative seeks to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations by implementing evidence-based strategies with the greatest potential for impact. The program is intended to serve residents in racial and ethnic minority and/or disadvantaged communities disproportionately impacted by the new Secretary's strategic priorities: the opioid epidemic; childhood/adolescent obesity; and serious mental illness. OMH hopes to fund 14–16 projects at \$300,000 to \$350,000 each, for a period of three years. The full announcement is available on the OMH website. Applications are due by August 1. HRAC members are encouraged to collaborate with others and apply for funding.
- OMH celebrated National Minority Health Month in April. This year's theme was "Bridging Health Equity Across Communities." Activities highlighted innovative projects to reduce health disparities across the nation. A Twitter Town Hall featured Brandon Frechette, an OMH grantee and Health Equity Changemaker who coordinates the Menominee Youth Empowerment Program. Recordings of the Twitter Town Hall and a webinar presented by the Menominee Youth Empowerment Program are available on the OMH website.
- The OMH Resource Center (OMHRC) provided training and webinars to support AI/AN communities, including:
 - A webinar on a one-stop shop program for AI/AN youth during Native American Heritage Month, which attracted 200 attendees;
 - A webinar on the use of logic models for program planning and evaluation for tribal grantees, in collaboration with the cancer center at The George Washington University, for about 140 participants;
 - Tribal vision, design, and grant-writing training for Region VI, in collaboration with the Association of American Indian Physicians;
 - Strategic and action-planning session for the Wisconsin Native American Tobacco Network;
 - A project to support HIV/AIDS prevention in AI/AN communities, with funding awarded through the Secretary's Minority AIDS Initiative. Initiatives planned for FY2017 and FY2018 include support for the integration of HIV-prevention services in community-

based organizations and health agencies serving AI/AN communities; expanding the capacity of medical health care providers to better serve people living with HIV and AIDS in AI/AN communities; and support for a national Native leadership network of professional providers that serve AI/AN consumers and communities.

- The National Partnership for Action to End Health Disparities (NPA), supported and led by OMH, engaged in the following activities:
 - Published a blog post on June 8 on unintentional injuries as a cause of death in AI/AN populations. The post was authored by Joe Coulter, PhD, of the University of Iowa. It includes a discussion of social determinants of health that contribute to a decrease in unintentional injuries.
 - Launched a national AI/AN caucus two years ago to provide a forum for Regional Health Equity Council (RHEC) members across the country to increase dialog and coordinate and enhance tribal, state, and local efforts to address health disparities and social determinants of health for AI/AN populations.
 - The AI/AN NPA Caucus and the Mountain States RHEC hosted webinars on programs for AI/AN communities and on cultural sensitivity and data collection.
 - The Native American cultural competency webinar series sponsored by the Mountain States RHEC reached more than 400 participants.

HRAC Updates

Alexis Bakos, PhD, Senior Advisor to the Deputy Assistant Secretary for Minority Health, and Acting Director, Division of Policy and Data, OMH

Alexander Vigo-Valentin, PhD, Public Health Advisor, OMH

Tribal Public Health Summit

Dr. Bakos reported on the National Tribal Public Health Summit conducted by the National Indian Health Board (NIHB) in Alaska the first week of June and her visit to the Alaska Native Tribal Health Consortium (ANTHC).

At ANTHC, Dr. Bakos provided an overview of the rising incidence of hepatitis C and HIV in Alaska, along with OMHRC representatives and Rick Haverkate, who directs the national HIV/AIDS and hepatitis C program at IHS. ANTHC described their innovative approach to address this issue in rural and remote communities using a range of public health personnel, including dental health aides, behavioral health aides, and community health aides.

OMH held a listening session at the Summit to provide an overview of OMH activities during the past year and receive feedback from those in attendance. Challenges related to the institutional review board (IRB) process were a major concern. OMH and NIH representatives acknowledged the need for further collaboration to address that issue.

The HRAC session at the summit featured a presentation by HRAC delegate Simental Francisco on the Navajo Nation Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the Navajo Tribal Epidemiology Center (TEC). Mr. Francisco also reviewed the HRAC's history and mission and called attention to the nomination process for open positions.

Dr. Bakos noted that the Navajo TEC completed more than 3,000 surveys for the BRFSS survey, despite challenges related to methodology and logistics. She suggested that Mr. Francisco could provide an update at a future HRAC meeting.

Call for Nominations and Suggestions for Increasing Membership

Dr. Vigo-Valentin reviewed the process for filling open positions and solicited strategies to increase membership. He noted that the HRAC consists of 16 delegates—one from each of the 12 IHS service areas, plus four national at-large delegates. Each delegate also has an alternate. Delegates and alternates serve for two years and must be elected or appointed by tribal officials.

Dr. Vigo-Valentin reviewed the current vacancies and noted that many members would rotate off the council on June 30. He urged Council members to identify qualified candidates. Qualification criteria include expertise in tribal health and health disparities; expertise in health policy and programs; involvement in national, regional, tribal, or community efforts; education in research, medical experience; or expertise in population-level health data.

Council members discussed strategies to increase membership:

- Verné Boerner stated that the Alaska Native Health Board would help to raise awareness of the vacancies.
- Byron Larson said it would be helpful to have a one-page document outlining the benefits of participating in the council and other advisory committees, such as learning about FOAs.
- Rachael Tracy said IHS would publicize the notices through its listserv.
- David Wilson, PhD, said the OMH presence at the NIHB summit was important. He supported the idea of a one-pager.
- Rodney Haring, PhD, supported the idea of a one-pager and OMH presence at national meetings and conferences that tribal leadership attend. He suggested that OMH include a brief description of the benefits of HRAC in FOAs and other documents.
- Charlene Jones said she would share the announcements and discuss the benefits of HRAC with her tribal council and public governmental affairs office.
- Ms. Boerner noted that recruitment information should include the time commitment expected of members. It would also be helpful to identify meeting dates well in advance.

Business Items

Ms. King Bowes called for a motion to approve the minutes of the February 9 conference call, if there were no changes or corrections.

Ms. Boerner noted that the delegate and alternate for the Alaska Area had not informed her of any changes.

Michael Peercy moved to approve the minutes. The motion was seconded by Ms. Olsen and carried by unanimous voice vote.

Ms. King Bowes stated that the approved minutes would be posted to the HRAC website.

Discussion of HRAC Priorities

Dr. Vigo-Valentin noted that the HRAC identified six priorities at the 2016 annual meeting. The purpose of this discussion would be to review and condense those priorities and identify new issues. The desired outcome for the meeting was to have a final list of priorities for the coming year and a logic model with proposed activities, outputs, and outcomes for each one. Dr. Vigo noted that logic models had already been developed for Priorities 1 and 2.

Council members discussed the draft logic models for Priorities 1 and 2. Dr. Vigo-Valentin captured proposed revisions in real time on a Google drive.¹

Priority 1: Development of an HHS-wide umbrella policy for conducting AI/AN research

- Topics to address
 - Oversampling
 - Funding
 - Data sharing, access, ownership
- Proposed Activities
 - Find baseline for existing research policies on AI/AN populations for engaging research with indigenous populations (federal policy scan, tribal scan, foreign policy)
- Outputs
 - Number of tribes that review
 - Number of comments received
- Outcomes
 - Individual agencies adopt policy

Discussion

- *Revision:* Council members agreed to add “indigenous practices” to the list of topics to address.

Priority 2: Recommend that HHS agencies include AI/AN culture-specific modes of intervention in funding proposal requests

- Proposed activities
 - Identify existing survey efforts for data, resources, and gaps
 - Identify literature and scholars
 - Identify specifics to request in report
 - Request representation on study sections and funding for nationwide search
 - Engage agency tribal liaisons
 - Letter of recommendation to HHS
- Outputs
 - More funding for AI/AN grantees (2% set aside of budget)
 - Measurable report
 - How-to guide for securing grant funding for tribes
- Outcomes
 - 100% increase in AI/AN representation in study sections
 - Training for tribal liaisons for special study section placement
 - Increase grant awards

Discussion

- Ms. Boerner expressed full support for the recommendation and emphasized the importance of overall capacity building to increase the number of AI/AN researchers.
- Dr. Haring stated that funding streams for Native investigators should be expanded. For example, the NIH grant should be expanded beyond R01 to R21 or other categories to give Native investigators an opportunity to work their way up the ladder.

¹ <https://drive.google.com/drive/folders/0Bx-YxKc0uGiKMXloekJMNGlhc0U?usp=sharing>.

- Mr. Larson said it was important to increase capacity at all levels, including health boards, tribes, and tribal colleges. In addition to researchers, there is a shortage of Native individuals in support positions for research projects.
- Mr. Larson noted that TECs have a statutory mandate to build public health capacity, in addition to conducting research. It would be beneficial for HHS agencies to review those legal requirements.
- Revision:
 - Add “(include indigenous practices)” at the end of the recommendation statement.

Priority 3: Encourage a stronger focus on social determinants of health among tribal and HHS policymakers and health practitioners and a strong focus on social determinants in public health research

- Topics to address
 - Historical trauma, adverse childhood experiences
 - Culture as prevention/intervention
 - Working with researchers to develop more applied research

Discussion

- Ms. Boerner stated that direct input at the local level to identify health priorities and measures to address them was an important way to respect tribal sovereignty and build capacity within the community.
- Polly Olsen noted that the list of priorities did not address the need to increase Native reviewers in the peer review process. She asked if that issue should be an activity under an existing priority or if it should be a separate priority.
- Ms. Boerner stated that a separate priority regarding Native reviewers would raise awareness of the issue. She also suggested adding mental health best practices to the list of topics to address.
- Revisions:
 - Add direct input at the local level to the list of topics to address
 - Add mental health best practices to the list of topics to address

Priority 4: Advance specific initiatives in Indian Country that are designed to build local capacity to use research data to inform public health practice

- Workforce development to increase the number of AI/ANs in healthcare professions through scholarships and training
- Promote IRB best practices throughout Indian Country

Discussion

- Ms. Boerner emphasized the importance of partnering with tribes and working with TECs to conduct community-based participatory research (CBPR). This approach builds capacity and makes the research more culturally relevant and meaningful.
- Dr. Haring noted that many health care needs require immediate action. It would be helpful to streamline the process for translational research. He also stressed the importance of gender-based interventions in tribal communities.
- Ms. Olsen suggested that scholarships and training should be separate topics under workforce development. It would also be important to define priorities for scholarships (i.e., K–12, undergraduate, post-doctoral, etc.).

- Mr. Larson said the recommendation should include language about incorporating indigenous practices. He noted that the TECs are developing a compendium of tribal best practices and promising practices.
- Revisions:
 - Add CBPR and partnerships, translational research (research in action), gender-based research, and indigenous knowledge to the list of topics to address
 - Add scholarship (K–12, undergraduate, etc.) and training as subtopics under workforce development

Priority 5: Creation of a web-based, searchable AI/AN health research and reference collection with links to university and government libraries that encourages voluntary submissions of scholarly articles and projects

- Could be housed at the National Library of Medicine
- Include evaluation, public health activity, and surveillance research
- Use of plain language for abstract submission

Council members had no comments related to this priority.

Priority 6: Creation of an AI/AN-specific IRB Point of Contact list published in the Federal Register annually

- Include all federally recognized tribes and tribal colleges

Discussion

- Ms. King Bowes noted that former IHS liaison, Mose Herne, informed OMH that IHS posted a list of IRB contacts on its website.
- Ms. Tracy stated that IHS was updating the list to reflect recent changes at tribal and regional IRBs. She noted that the list might need to be updated several times a year to reflect turnover. Publishing the list in the Federal Register each time it is revised would create an administrative burden.
- Mr. Peercy stated that he participated in drafting the recommendation. The mechanism for publishing the list was less important than the need to have current information. He noted that many researchers go to the IHS website to find IRB contact information.

Council members identified additional issues to address in recommendations:

- Ms. Boerner said it would be important to develop tribal-specific best practices, including indigenous knowledge, instead of adapting approaches that were developed for the general population. In the meantime, funding agencies must find a way to include tribes without forcing them to implement interventions and health promotion activities that are not consistent with tribal customs and practices. Protective factors that have enabled tribal communities to survive for centuries in harsh conditions should be acknowledged and celebrated.
- Ms. Jones stated that the Mashantucket Pequot Tribal Nation recently introduced programs to deal with the opioid epidemic and pain management, as well as programs related to suicide prevention and awareness among youth. They also have a parenting and adoption awareness program and a program on juvenile diabetes and obesity. They are looking at programs to address injury prevention and increasing rates of chronic obstructive pulmonary disease (COPD).
- Dr. Haring stated that the opioid epidemic has also been devastating in his community. Collaboration across HHS agencies to support research and direct service grants would be

crucial. The impact of environmental research on health and human behavior is another important issue.

- Ms. Jones noted that the HRAC discussed how historical trauma and intergenerational wounds are linked to injury prevention and opiates. Her tribe has been working on a program to address violence and violence prevention, especially among youth. She stressed the importance of addressing domestic violence for youth at an earlier age (i.e., prior to adolescence).
- Ms. Boerner stated that behavioral health is a top priority for the Alaska Native Health Board, including both mental health and alcohol and substance use and abuse.
- Mr. Larson noted that the Centers for Medicare and Medicaid Services changed the way that health care is delivered and financed. Many of those changes do not affect tribes, but it would be beneficial for HRAC, NIH, and other agencies to look at how those changes have impacted tribal communities.
- Dr. Haring encouraged HRAC members to attend national conferences on health disparities, such as the Spirit of Eagles Conference in September. Those conferences address many of the council's priority issues and bring together tribal leaders, major research centers, and Native scientists.

Council members developed three new priorities based on the discussion:

Priority 7: Tribal best practices and evidence base

- Approaches specific for AI/AN populations instead of the general population
- Health promotion interventions should be specific for AI/AN populations

Priority 8: Behavioral health

- Opioid epidemic, pain management, suicide prevention, parenting, juvenile diabetes, asthma, COPD, obesity, injury prevention, violence prevention in youth, address domestic violence at younger age
- Health impact of environmental research
- Historical trauma

Priority 9: Healthcare delivery and financial system

- Impact of financial system changes on healthcare delivery

Council members reviewed and ranked the list of priorities. Priorities 1, 2, and 4 emerged as the top three for developing a letter of recommendations. Council members noted that Priorities 1 and 2 established a framework to address other issues. They agreed to fold tribal best practices (Priority 7) into Priority 2.

Council members noted that all of the issues that emerged from the discussion were important to tribal communities. Those that were not included in the current recommendations could be addressed at a future meeting.

DAY TWO – Wednesday, June 28, 2017

Welcome and Introductions

Kendra King Bowes, NAMS

Ms. King Bowes called the meeting to order and conducted a roll call.

HRAC Priorities Discussion, continued

Alexander Vigo-Valentin, PhD, Public Health Advisor, OMH

Dr. Vigo noted that the Council had added three new priorities on the first day of the meeting and ranked the expanded list to identify the top three priorities for the letter of recommendations:

1. Development of an HHS-wide umbrella policy for conducting AI/AN research;
2. Recommend that HHS agencies include AI/AN culture-specific modes of intervention in funding proposal requests; and
3. Advance specific initiatives in Indian Country that are designed to build local capacity to use research data to inform public health practice.

Dr. Vigo-Valentin facilitated a discussion to develop a logic model for Priority 3, followed by a discussion of the draft logic models for Priorities 1 and 2.

Priority 3 Logic Model

Short-Term Outcomes

Council members proposed the following short-term outcomes through the online platform:

- Build relationships with research centers at universities, academic medical centers, and state public health associations to identify common research interests and data resources.
- Provide AI/AN grants across all HHS agencies to build capacity at the tribal, tribal organization, and national organizational levels. Create centers of excellence in each region, and build upon existing capacities within regional health boards, TECs, and individual tribes, tribal colleges, and healthcare delivery systems. Ensure that the majority of funding flows through tribal entities as primary, and allow them to contract expertise in all areas. The average indirect cost rate for tribes is much lower than for non-Native counterparts.
- Translational research (i.e., from the bench to the bedside and into the community) is paramount. Continue funding support or create funding mechanisms that expedite research and findings back into the communities.
- Workforce development is important. Scholarships and training for health research can be accomplished by supporting continuation of funding or mechanisms that support training initiatives for all levels of research and training to become health researchers. This includes NIH funding mechanisms that encourage training, such as the K series awards (training/mentorship), perhaps for Native investigators and trainees; continuation and support of the Native American Research Centers for Health (NARCH) mechanism, with an emphasis on training and workforce development; and the addition/continuation of the R01 (or parallel R21) for the Native Health Promotion Intervention grants for Native Americans.

Council members discussed short-term outcomes:

- Dr. Haring noted that it would be important to find mechanisms to disseminate and translate research findings more quickly to address the needs of tribal communities.
- Dr. Haring stated that it was imperative to build a network of investigators and analysts within tribal communities. A Native-specific NIH K series grant would provide important support for training and mentorship. A list of Native investigators who have received a K award to date would be helpful. It would also be important for Native investigators to receive NIH intervention research funding at lower levels (e.g., R21) and work their way up to R01 awards. NARCH funding also provides important support for Indian Country.

- Ms. Tracy stated that NIH has analyzed its portfolios to determine whether it is funding research in Indian Country. She was not sure if it had identified the types of awards that were made.
- Mr. Foley stated that the NIH Tribal Health Research Office solicited feedback from NIH Institutes and Centers and the NIH Tribal Advisory Committee regarding NIH research pertaining to AI/ANs, including funding mechanisms and types of awards. They hope to release the findings later this year.
- Mr. Larson stressed the need for consistent, sustained funding for capacity building. Large grants include some funds for capacity building, but the amount is not adequate. TECs and the health boards with which they are associated should be allowed to use research funding to build capacity before they begin to conduct research. Smaller organizations, and some larger ones, need to build their capacity to compete for R01 grants. Mr. Larson also stated that resources should flow through tribal organizations so they can recruit, train, and staff their projects with Native people in the communities they serve. R01 grants, and some NARCH awards, are heavily focused on academic institutions, which do not support the objectives of NARCH.
- Ms. Simmons stressed the importance of building relationships to share data and identify common issues for research, especially for CBPR. She noted that Johns Hopkins and the University of Colorado at Denver have AI/AN health research centers.

Outputs (Direct Products)

Council members used the online platform to propose the following outputs:

- Begin discussion with federal partners to create K01 mechanisms in various divisions to support Native investigators, with an emphasis on workforce development.
- Begin discussion with federal partners to create R21 and other mechanisms that mirror the R01 Native American Health Promotions and Intervention grants, and continue support for the R01 mechanism.
- Support IHS memoranda of understanding (MOUs) with collaborating organizations, institutions, and universities with funding and enhancement of workforce development toward research.
- Reviewers for federal grants should recognize contributions back into the community. Is the CBPR process equitable among all those involved?
- Continued review and support for the NARCH mechanism.
- Review and support of dissemination and translational research that includes or is specific to Native communities.

Council members discussed outputs aligned with the short-term outcomes:

- Ms. Boerner said the NIH portfolio review report would be an important product. It would also be helpful to have a mechanism to track and document outcomes related to workforce development, such as increasing the number of AI/ANs entering the workforce or receiving research awards or the number of AI/AN reviewers.
- Dr. Bakos noted that the R21 award has become a “mini R01,” with senior investigators pursuing them. She suggested that the Council look at mechanisms such as R15 or R03 awards or funding vehicles at other operational or staff divisions within HHS.
- Ms. Davis commented that U.S. Department of Agriculture grants that include tribal research could be a vehicle for workforce development.

Council members discussed outputs to promote IRB best practices:

- Ms. Boerner noted that Priorities 5 and 6 from the original list included relevant examples of online resources (i.e., a web-based AI/AN health research and reference collection, and list of IRB contacts).

Activities

Council members discussed activities to achieve the short-term outcomes for this priority:

- Mr. Larson stressed the importance of building and sustaining capacity to apply for and carry out research grants. Creating awareness among tribal leaders, researchers, research assistants, and coordinators about the purpose and need for research would be key to accomplishing the goals of this priority.
- Dr. Haring emphasized the need for additional infrastructure to meet the requirements of research awards, especially with a multi-year grant.
- Mr. Larson said it would be useful to have an annual convening of the HRAC, Secretary's Tribal Advisory Committee (STAC), and representatives of all HHS agencies to discuss research priorities and align the recommendations of the advisory groups.

Priority 2 Logic Model

Dr. Vigo-Valentin presented the draft logic model for this priority, as revised on Day One. He suggested that the Council look at funding mechanisms at other agencies within HHS, including OMH, to identify additional outcomes and activities for this priority.

Dr. Haring stated that NIH has done an excellent job of advancing research for and within Indian Country and was the gold standard for other federal agencies.

Council members discussed additional activities for Priority 2:

- Dr. Haring noted that the HRAC previously discussed the need to consolidate resources for use by tribes, including research literature and the University of New Mexico Native Health Research database. He noted that there had been movement in that area on the HRAC website and said it would be helpful to publicize these mechanisms to increase awareness of them across Indian Country.
- Ms. King Bowes noted that during the 2016 annual meeting, the liaison for the Centers for Disease Control and Prevention (CDC) suggested that the HRAC review the recommendations of the CDC's tribal advisory committee and the language CDC is using for its FOAs.

Priority 1 Logic Model

Dr. Vigo-Valentin presented the draft logic model for this priority, as revised on Day One.

Ms. King Bowes noted that this priority, and the draft logic model, were developed during the 2016 annual meeting. The workgroup did not have sufficient time at that meeting to identify activities beyond gathering information on existing research policies. There was some discussion of mechanisms to obtain federal buy-in, such as addressing the issue with the Interdepartmental Council on Native American Affairs, which includes representatives of agencies across HHS.

Council members discussed additional activities for this priority:

- Mr. Larson stated that the goal of AI/AN research is to advance understanding of and response to crises on reservations. Any overarching policy should address scientific merit and protection

of human subjects. It should advance the capacity of tribes and tribal organizations and healthcare facilities, and involve them as much as possible. He proposed a periodic convening of HHS agencies with activities in Indian Country for policy discussions and cross-fertilization of ideas and to identify activities that should be improved or expanded.

- Dr. Haring said it would be useful to review the United Nations Declaration on the Rights of Indigenous People, which has relevant language regarding interactions with tribal organizations. It would also be useful to look at policy recommendations developed by the National Congress of American Indians.

Next Steps

Logic Models and Recommendations

Ms. King Bowes said that she and Dr. Vigo-Valentin would incorporate the comments from this session into the logic model templates for each priority and distribute them to Council members for additional feedback.

Dr. Vigo-Valentin noted that Council members could provide additional comments to the documents on the Nearpod platform.

Ms. King Bowes said she would create a Doodle poll to schedule additional calls to discuss the logic models and recommendations.

2018 Annual Meeting

Council members discussed how to increase attendance at the next annual meeting. Ms. King Bowes asked whether it would be preferable to hold the HRAC meeting in conjunction with another meeting in Washington or another location, or to hold a stand-alone meeting.

Council members said both options would be acceptable.

Outreach Opportunities

Ms. King Bowes announced that OMH has funds to support outreach by HRAC members during the current fiscal year. She called attention to the first annual National Native Health Research Training Conference that will be held in Denver on September 18 to 20 (<http://www.nnhrti.org>). Conference tracks include:

- Biomedical and clinical systems and research;
- Injury prevention;
- Native men's health;
- Traditional medicine; and
- Traditional ecological knowledge/environmental health.

Ms. King Bowes encouraged Council members to present their research at the conference. She noted that OMH could provide support to develop an abstract and could help with registration and travel expenses if the abstract is accepted. Abstracts are due on July 15. Council members who are interested in developing an abstract should contact Ms. King Bowes by email.

Ms. Tracy noted that IHS is sponsoring the conference, in partnership with the American Indian Higher Education Consortium and the American Indian Science and Engineering Society. The conference is the initial activity of a five-year initiative. It would be an excellent opportunity for HRAC members.

Dr. Haring announced that the Roswell Park Cancer Institute and the Mayo Clinic would host a conference on cancer in Native communities in Niagara Falls, NY, on September 21 to 24 (<http://www.nativeamericanprograms.net/2017-national-conference>). Both organizations have an MOU with the IHS to promote research and health care in Indian Country, with a focus on cancer and other disparities. The conference will include a large contingent of Native health researchers from the U.S. and Canada.

Ms. King Bowes said she would send information on both conferences to HRAC members. OMH can provide travel funds for HRAC members who make a presentation or host an exhibit at these conferences, or for other events that will be held before September 30.

Wrap-Up

Ms. King Bowes encouraged HRAC members to inform potential candidates about the vacant positions.

Dr. Vigo-Valentin thanked council members for a vigorous discussion that would benefit AI/AN communities.

The meeting was adjourned at 2:40 p.m.