

**American Indian/Alaska Native Health Research Advisory Council (HRAC)
Face-to-Face Meeting
September 24, 2012**

HRAC Tribal Delegates and Alternates

- Jay Butler, Alaska Area Alternate
- Jim Crouch, California Area Alternate
- Dee Sabattus, Nashville Area Alternate
- Cara Cowan Watts, Oklahoma Area Delegate
- Tom Anderson, Oklahoma Area Alternate
- Steve Kutz, Portland Area Delegate
- Violet Mitchell-Enos, Phoenix Area Alternate
- Chester Antone, Tucson Area Delegate
- Emily White Hat, National At-Large Member Alternate
- H. Sally Smith, National At-Large Member Delegate
- Michael Peercy, National At-Large Member Delegate

Federal Partners and Speakers

- Lillian Sparks, Administration for Native Americans
- Shilpa Amin and Wendy Perry, Agency for Healthcare Research and Quality
- Delight Satter, Centers for Disease Control and Prevention
- Carolyn Aoyama, Yvette Roubideaux, and Alan Trachtenberg, Indian Health Service
- Steven Hirschfeld, National Institute of Child Health and Human Development
- Anne Altemus, John Harrington and Dylan Raintree, National Library of Medicine
- Elizabeth Carr, Office of Intergovernmental and External Affairs
- J. Nadine Gracia and Wilbur Woodis, Office of Minority Health
- Sheila Cooper, Substance Abuse and Mental Health Services Administration

Call to Order and Introductions

- Cara Cowan Watts, HRAC Chair, provided introductions and facilitated the meeting.
- Chester Antone provided the invocation.
- A quorum was reached, thus results from the meeting are considered official.
- Wilbur Woodis provided welcoming remarks on behalf of the Office of Minority Health and thanked the HRAC members for their participation.
- The August 6th HRAC conference call minutes were reviewed. Jay Butler requested a minor edit on page 3 to say that “50% coming through would be exempted under the proposed rule”. The minutes were approved with the amendment.

Secretary’s Tribal Advisory Committee (STAC) Update

1. Updates from Councilman Chester Antone

- Councilman Antone noted that Secretary Sebelius informed the STAC that a review of the U.S. Department of Health & Human Services (HHS) Tribal Consultation Policy was underway and that HHS would be seeking feedback from Tribes. HHS wants to hold periodic reviews to ensure the policy is working and/or if there are changes to be considered. Dr. Lawrence Tabak, National Institutes of Health (NIH),

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updated the STAC on the NIH Implementation Guidance on the Tribal Consultation Policy. NIH seeks to use the HHS Consultation Policy and draft implementation guidance was sent out for comment, but only a few Tribal comments were received. They are still finalizing and incorporating comments. Councilman Antone also shared that the STAC's five major budget priorities are: Head Start, Native language programs, Circles of Care program at Substance Abuse and Mental Health Services Administration, cancer research, and the Affordable Care Act (ACA).

2. Discussion and Next Steps

- Councilwoman Cowan Watts asked if the STAC was looking at other health research related issues like Institutional Review Boards (IRB). Councilman Antone replied that cancer came up when looking at budget priorities as there is no amount budgeted, but it is an issue that Tribal communities keep identifying so the STAC felt it should be a priority. The Secretary directed it to NIH.
- Councilwoman Cowan Watts mentioned that a discussion item with Dr. Gracia might be regarding how to elevate issues to the STAC or Secretary. Councilman Antone agreed and said they should also discuss a potential meeting with the Data Council. It was noted that the HRAC previously submitted letters to the Secretary. Elizabeth Carr, Office of Intergovernmental and External Affairs (IEA), added that sending it to the Secretary is the appropriate process as it will then come to IEA and they develop the STAC agenda based on Tribal leader feedback.

Tribal Epidemiology Centers Update

1. National Updates

- Councilwoman Cowan Watts ceded her seat to her Alternate, Tom Anderson from the Southern Plains Tribal Epidemiology Center (EpiCenter). Mr. Anderson reported that a cooperative agreement announcement went out for EpiCenters and all 12 EpiCenters were refunded for five years. In addition, the Indian Health Service (IHS) provided base funding for certain activities that the EpiCenters could undertake for the Behavioral Risk Factor Surveillance System (BRFSS) as American Indians and Alaska Natives (AI/ANs) are underrepresented.
- In March, EpiCenters received a Data Sharing Agreement from IHS for EpiCenters to interact with IHS and their database to extract certain data for the Area and for Tribes. Mr. Anderson was not aware of any agreement that was fully executed on both sides.
- The EpiCenters established a National Health Profile Workgroup as they are developing area profiles that will be compiled for a national profile. They have another workgroup to educate Tribes and government as to the purpose and function of Tribal EpiCenters, including the fact that the Indian Health Care Improvement Act (IHCA) gave EpiCenters the authority to serve as public health authorities.
- Councilwoman Cowan Watts yielded her seat to Aleena Hernandez and Aimee Centivany to brief the HRAC on a Tribal Public Health Institute Feasibility project funded by the Robert Wood Johnson (RWJ) Foundation. The project examines the role a Tribal public health institute might play to improve health among AI/AN

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communities. They are currently looking at three primary components: comparative market analysis, organizational analysis, and Tribal engagement. Their website has more information on the project: <http://www.redstar1.org/tphifeasibilityproject/>.

2. Discussion and Next Steps

- Dee Sabattus mentioned that the United South and Eastern Tribes, Inc. (USET) applied for the BRFSS cooperative agreement with 27 Tribes in their area. They had requested \$300,000 a year, but was funded that in entirety so they may only be able to work with one to two Tribes per year. It was mentioned that allocations became so miniscule that it is almost now a burden. IHS did commit to supplementing BRFSS for one year, but they are having an issue hiring staff for such a short timeframe.

3. Area EpiCenter Updates

- Updates were provided by Jim Crouch (California Tribal EpiCenter), Jay Butler (Alaska Native EpiCenter), and Dee Sabattus (USET EpiCenter). Mr. Crouch asked that the HRAC consider a recommendation to the Secretary that she send a letter to all state governors regarding the federal statute change treating EpiCenters as public health authorities. Mr. Butler noted they have two primary concerns in Alaska: funding and data sharing with the state. The state is not recognizing the EpiCenter as a public health entity. Dee Sabbatus reported that data sharing is the biggest issue they are facing. They also have a problem with lack of acknowledgement as a public health authority as some of the states are making them pay for data.

4. Discussion and Next Steps

- Councilman Kutz noted that a real discussion was needed on how to work with states. Councilwoman Cowan Watts asked for the reasoning behind states not providing the data. Jay Butler shared that states are having smaller budgets and are being encouraged to charge fees, but they are considering EpiCenters more like academic researchers. Tom Anderson mentioned they are also having issues with Tribal partners asking why we need to enter into an agreement with IHS if we own the data. Tribes believe it is redundant when they've already entered into an agreement with the EpiCenter.

National Library of Medicine (NLM)

1. Presentation

- The National Library of Medicine shared that an exhibition opened last October at NIH called Native Voices: Native Peoples Concepts of Health and Illness. NIH wanted this exhibit to look at why outcomes are still lagging when there is an increase in care and information. The exhibition features artifacts and stories collected through 150 interviews. They conducted interviews at the National Indian Health Board (NIHB) Conference as NIHB had pointed out deficiencies in the exhibit, especially in representation for Tribes in the lower 48 states. They are also developing an application process for a traveling exhibit.

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**The Agency for Healthcare Research and Quality (AHRQ) Effective
Health Care Program, Leaders in Patient Centered Outcome Research**

1. Presentation by Shilpa Amin, MD, MBSc, FAAFP

- Wendy Perry noted that there has been much interest from the HRAC in Comparative Effectiveness Research (CER), which is now called patient-centered outcomes research. She invited Dr. Amin from AHRQ's Center for Outcome and Evidence to present. The AHRQ Effective Health Care (EHC) Program, created in 2005, has evidence-based practice centers (11 new centers for the next five years). There is also the Patient-Centered Outcomes Research Institute (PCORI), which was authorized by the ACA with some funding going to AHRQ.
- Dr. Amin said that when choosing the right health care it is hard to find the right information and to know the type of treatment that may work best for each patient. CER compares intervention A to B but now they are doing patient-focused questions as the research needs to be designed with the patient in mind. Patient-centered outcomes research (PCOR) takes into account individual preferences, economy, and need and investigates optimized outcomes.
- Dr. Amin discussed how research topics are defined and explained the steps to identify a topic. The first step is for stakeholders who are involved in making health care decisions to help identify a topic. Then a vetting process follows with prioritization criteria looking at importance, appropriateness, duplication, feasibility and potential impact. Various questions are asked when vetting the topic to help inform the program if it is a topic that should be prime to invest in. This helps to inform the road map for a future research topic. The next step is to see if the topic is appropriate for an evidence synthesis report, an evidence generation study and/or evidence dissemination and translation product. An evidence report will be 200-300 pages long, but an executive summary, summary of report findings, and a future research needs document are also developed.
- Dr. Amin explained several opportunities for the HRAC to intersect with the Program. HRAC members can help disseminate and translate HHS-AHRQ research activities to constituencies. HRAC members can also inform the EHC program as key informants, technical experts and peer reviewers in the process of formulating an evidence report or translational product. Dr. Amin recommended visiting their website (<http://www.effectivehealthcare.ahrq.gov/>) to find opportunities.
- Dr. Amin did some brainstorming using recommendations by the HRAC. She took a hypothetical research example for AI/ANs: AI/AN women are twice as likely as white women to lack prenatal care. She then identified hypothetical research queries:
 - What is the effectiveness of methods and approaches (i.e. community-based programs, educational training, and social media) to improve prenatal care in AI/AN women?
 - What are the harms and benefits (patient centered outcomes) (short-term and long-term) of current intervention of prenatal care programs in AI/AN?
 - What are the community and health system benefits and harms of prenatal care programs in AI/AN populations?

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- Which settings of care delivery for prenatal programs in AI/AN populations are most effective?

In a review of relevant and current AHRQ EHC Program products she found 10 evidence synthesis reports and two evidence generation projects. A team of researchers may wish to contemplate and review to assess if these are the right questions to ask, are there existing AHRQ evidence products to help answer community specific questions and what type of evidence product should the HRAC, the EHC program and the PCORI perhaps consider. This is where it would be important to have good research partners to work with the HRAC and the AHRQ EHC program in guiding research question prioritization and identification.

- Another example: AI/AN adults are less likely than whites to receive colorectal cancer screening. Hypothetical research queries for AI/ANs:
 - What is the effectiveness of methods and approaches (i.e. community-based programs, educational training, and social media) to improve colorectal care screening rates in AI/AN populations?
 - What are the barriers (i.e. cultural, educational, socio-economic and system-level, technological and infrastructural components) to access colorectal screening in AI/AN populations?
 - What are the harms and benefits of colorectal screening in AI/AN populations?
- Dr. Amin noted that this was a web topic nomination in January 2011 and could potentially be considered for new research products, but was not selected at the time.

2. Discussion and Next Steps

- Councilman Kutz mentioned that at the practical level, effective health care programs are called evidence-based practices. He has found that the state, for a chemical dependence program, will provide a list of 11 best practices that can be used for reimbursement. Councilman Kutz wondered how federal agencies might be able to provide some better descriptions for best practices or explain there are limitations for various populations. Dr. Amin responded that translation is the first thing that comes to mind - translating evidence in a form that would be understood with applicability for this population but not for all populations. These are areas they are still trying to figure out, but this could be a potential pilot opportunity.
- Councilwoman Cowan Watts asked about how this is pushed out to Indian Country? Is this a standard for research? Who is responsible for it at the federal level? How is it pushed out to states, IHS, and compacted Tribes? How are they working with EpiCenters? Wendy Perry added that this is just one type of research, but it is making its way into actual applications.
- When asked about earmarks for Indian Country, Wendy replied that there are no earmarks and that most PCORI funding comes from the outside. Dr. Amin added that they have interagency agreements with other federal partners, like the Centers for Disease Control and Prevention (CDC), who come to them with a topic of interest. Another example is that the American Neurological Association might nominate a topic and if it fits within priority topics, they might fund internally. Wendy recommended that anyone interested contact PCORI (<http://www.pcori.org/>) to make

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suggestions, nominate topics, and become reviewers. They need people in Indian Country to take the first step to nominate topics.

Federal Partner Updates

1. Office of Minority Health

- Dr. J. Nadine Gracia joined the meeting via teleconference and offered greetings from the Office of Minority Health. She noted she was sorry her schedule didn't allow her to join the meeting in-person but she was looking forward to meeting HRAC members the following day and hearing about recommendations from the meeting.

2. Indian Health Service

- Carolyn Aoyama reported that she was the new Native American Research Centers for Health (NARCH) lead for IHS and managed the grant awards this fiscal year. Over 9 million dollars were awarded in NARCH funding through 20 programs with 15 grantees. Dr. Alan Trachtenberg shared that the IHS Division of Program Statistics has a new director, Kirk Greenway, and he has reported that they will release one to two new editions of Regional Differences in Indian Health in the current calendar year. There are also projects in progress to compile reports on women and perinatal care, vision care and oral health. New Trends in Indian Health will also be released by the next calendar year.

3. Agency for Healthcare Research and Quality

- Wendy Perry reported that AHRQ has implemented a policy statement for project officers in the agency so they are aware when they receive grant applications from Tribes/Tribal organizations to look for approval from the Tribal government. Ms. Perry also mentioned that AHRQ assisted with two projects in Indian Country with Office of the Secretary American Recovery and Reinvestment Act (ARRA) funds that focused on CER. The Indian Health Service detailed CAPT Sherry Yoder to AHRQ to lead these efforts.

4. Centers for Disease Control and Prevention

- Delight Satter noted they recently convened a project officers meeting for all those working with Tribes and urban communities to better support grantees and applicants. She reported that the CDC's Tribal Advisory Committee had requested a compendium of Tribal success stories and they did find strong programs that may not be included in research issues but are evidence based. CDC recently made two awards for a "Capacity Building Assistance to Improve Health in Tribal Communities Populations announcement" to the National Native American AIDS Prevention Center and the Southcentral Foundation in Alaska. CDC now has an FY2011 and FY2012 Resource Allocation Report that highlights, by state, the Tribes and organizations who received contracts and grants. Ms. Satter said that the HRAC may be interested in viewing and she will send Kendra King Bowes a version that can be disseminated.

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5. National Institutes of Health

- Kendra King Bowes noted that the National Institute on Minority Health and Health Disparities (NIMHD) was unavailable due to a committee meeting, but they provided updates via email on the NIH Plan for the Implementation of the HHS Tribal Consultation Policy. Various listening sessions were held and letters were sent to Tribal leaders to request Tribal input on the draft plan. NIH incorporated the comments received and finalized the draft. The NIH Implementation Package was submitted for clearance on September 13, 2012. After review and approval by the NIH director, the Plan will be posted in the Federal Register and implementation will then follow with leadership from the NIMHD.

6. Discussion and Next Steps

- Jim Crouch had questions regarding the AHRQ CER projects so Councilwoman Cowan Watts suggested that Mr. Crouch pose questions to Wendy Perry and Alan Trachtenberg to get CAPT Yoder engaged and then determine if a follow-up call is needed.
- Councilwoman Cowan Watts asked Delight Satter about the Oklahoma Area as she had heard concerns that they were not receiving CDC funds. Ms. Satter replied that Oklahoma does overall receive funds. Councilwoman Cowan Watts ceded her seat to Tom Anderson so he could clarify there was a comment made by CDC, at a conference held in the spring, that the lack of funding was due to Cherokee Nation's treatment of Freedmen. Ms. Satter asked that Councilwoman Cowan Watts and/or Tom Anderson follow up with her.

National Children's Study

1. Updates by Dr. Steven Hirschfeld

- Dr. Hirschfeld said that the National Children's Study (NCS) has multiple components and they are currently in the Vanguard/pilot phase which will run 21 years as its own study. The Vanguard study is in 40 locations across the country and 37 have completed enrollment with just under 4000 children enrolled. The main NCS has yet to begin and enrollment is expected to start in 2014. They are still designing the main study. They instituted a formative research program where the University of Arizona engaged a site in Apache County, AZ with a toolkit developed to specifically engage various Tribal nations in observational research and to understand communications and dynamics of those interactions. They invested over one million dollars and are awaiting the report from the contractor. They decided the topic was so important that they are expanding the project to validate the tool.

2. Discussion and Next Steps

- Councilman Kutz noted that he had mentioned this previously, but he sits on the American Indian Health Commission for all Tribes in Washington State. The University of Washington has yet to reach out to Tribal governments regarding recruitment efforts. Dr. Hirschfeld reported that recruitment closed in Grant County,

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WA about a year ago. He added that recruitment was limited to relatively small areas and not even entire counties as sometimes it was just individual blocks or tracks of land. They do want to build in consultation to have engagement, which is why they established new regional boards as the local boards might not have all the requisite knowledge. He will convey this information back to Washington as their contract runs through another year.

- Councilwoman Cowan Watts asked about the topics that have been brought up before by the HRAC including sampling of AI/ANs and if the IRB's have been involved? Dr. Hirschfeld said that it was his understanding that Tribal IRB's were engaged in Utah and Arizona but he doesn't think other locations entered Tribal areas. They have invested over a million dollars to conduct outreach in Arizona for IRB work. The report is due in another month so the program office will be able to see the deliverable. Councilwoman Cowan Watts said that the HRAC would like to see the details and asked that Dr. Hirschfeld work with Kendra King Bowes to get access to the deliverable. Dr. Hirschfeld said he would be happy to share once they have reviewed.
- Councilwoman Cowan Watts also mentioned that the Aberdeen Area and Alaska were completely left out of the study. Dr. Hirschfeld said they have listened and are addressing these issues by proposing a multilayer approach to the main study. One proposal is that if there are justifiable reasons to examine a particular population they can engage in supplemental recruitment. They are continuing to get feedback and input on this feature as it is a change from the earlier proposal. He recommended that the HRAC review meeting minutes from the April 24, 2012 and July 24, 2012 committee meetings on their website for additional details.
<https://centers.nationalchildrensstudy.gov/Pages/default.aspx>

National Congress of American Indians (NCAI) Policy Research Center

1. Updates by Emily White Hat

- Ms. White Hat reported that NCAI holds an annual Tribal Leader Scholar Forum and they are currently putting out a call for next year, which will be held in Reno, NV during June 2013. NCAI just completed the Genetics Research Guide which can be found at: <https://genetics.ncai.org>. They are also working with the Washington University Center for Diabetes Translation Research on a project through the National Institute of Diabetes and Kidney Diseases. They are focused on finding junior and senior scholars doing research in diabetes to develop proposals in 4 cores. Please let NCAI know of any scholars doing diabetes work as they are starting to plan for a scholar seminar. NCAI is currently working with the RWJ Foundation to identify public health laws in Indian Country that are presently developed and putting them in a public database. They will then work to develop model codes.

2. Discussion and Next Steps

- Sally Smith said Alaska would be interested in talking with NCAI to share their research model and successful examples.

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HRAC Vacancies

- The HRAC currently has delegate vacancies and the call for nominations deadline is September 28, 2012. HRAC members were encouraged to find colleagues while at the NIHB Conference in the following areas: Aberdeen, Billings, Albuquerque and Bemidji. It was noted that many Tribes in the Aberdeen Area are currently in the middle of Tribal elections. The Southern Ute Chair, Gary Hayes, was suggested as well as Tracy “Ching” King from the Billings Area.
- If the deadline is extended past September 28, Emily White Hat mentioned that NCAI does a broadcast weekly. Jackie Johnson Pata could also share with the NCAI Board and Terra Branson could disseminate to the Health Committee. Providing NCAI with a one page overview of the HRAC and nominations process would be helpful.

HRAC Recommendations to HHS and STAC

- Councilwoman Cowan Watts asked the group to discuss recommendations to HHS and if the same ones were still applicable. The HRAC reviewed the testimony that was submitted to HHS for the HHS Tribal Budget and Policy Consultation and used that as discussion points to determine future recommendations.

1. State/Tribal EpiCenters Relationship and Public Health Authority

- Jim Crouch suggested asking Secretary Sebelius to communicate directly with state departments of health and governors on the status of EpiCenters as public health authorities. Jim Crouch committed to drafting a letter by Tuesday, October 2, 2012. A brief conference call will be held on October 11th at 3:00 PM Eastern to discuss the draft letter. This might be an item to share with the STAC, which will be meeting on December 6-7, 2012.

2. NIH Consultation Policy

- Councilwoman Cowan Watts noted that the NIH Consultation Policy has been an ongoing issue. She asked that Kendra King Bowes email out the update read earlier in the meeting. Councilwoman Watts said the HRAC needs to continue to make this a priority and actually have it become a consultation policy across NIH.

3. National Children’s Study

- The National Children’s Study has been a recurring issue, but Councilwoman Watts noted the HRAC has done a good job of communicating the issues and Dr. Hirschfeld seemed responsive. Councilman Kutz shared that he is still concerned that the contractors are using federal funds and in Washington, and probably other locations, they have not consulted Tribes. Councilwoman Watts added that there is also the issue of the one million dollars spent in Arizona. Violet Mitchell-Enos noted that Dr. Hirschfeld mentioned they want to build on the model in Arizona, but do they want to build on it if consultation was not involved?
- Councilwoman Watts noted the following action items: letter drafted from HRAC to remind NCS of oversampling, sampling in Indian Country, Tribal IRBs in general, report from contractors on evidence of consultation and approval from IRBs in Indian

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Country. Also, HRAC would like follow-up in detail on the one million dollar grant to the University of Arizona before the NCS proceeds with creating a model. The HRAC would like to request a meeting with NCS after receiving a report from the contractor. HRAC will follow up on November 1, 2012 to ask for the report.

- After discussions among the HRAC members, it was decided that clarification was needed if the Toolkit and the one million dollar project are separate. The HRAC will ask who the toolkit is for and if this is what they are doing in Apache County.
- Councilman Kutz said that he would like to know who consulted with Tribes for the implementation study in Grant County and who they plan to consult with in King County for the next step. He said he suspects they plan to recruit through Urban Indian Centers, but that is not Tribal consultation. He also noted that Tribes should have conversations with Tribal citizens when babies are born so they identify them as Native and the importance of doing so from the Tribal perspective.
- Violet Mitchell-Enos would like to know more about the supplemental recruitment and multilevel approach, specifically regarding the request process. An action item will be to research this on their website.
- It was noted that the HRAC has made the same NCS recommendations several years in a row via letters to the Secretary and during the HHS Tribal Budget and Policy Consultations, so this could be referenced. It was also suggested that the HRAC request a meeting with NCS staff for the afternoon of November 28, 2012 since the Research Roundtable will be at NIH on the 29th. A conference call should be scheduled for Tuesday, November 20, 2012 at 3:00 PM Eastern to discuss the NCS.
- Delight Satter said that she had been in communication with Dr. Teshia Solomon and she has agreed to discuss the University of Arizona NCS project with the HRAC.

4. HHS Data Council

- It was decided that the HHS Data Council recommendation might be a good fit for NCAI to assist in revising statements, like what are minimum standards. Michael Peercy will lead this effort and work with NCAI. A draft should be developed by November 29, 2012. Also, data sharing needs to be defined in the letter. There may not be a one-size-fits-all approach, but questions are needed that Tribes can work through. It was noted that some Tribes have processes, but others rely on an area IRB. Violet Mitchell-Enos added that she thinks this is where data ownership goes as well. Suggestions for this letter should be sent to Michael Peercy.

5. Scholarships

- In regards to the IHS Scholarship recommendation from the past, IHS did provide a report last year on the status. Councilwoman Cowan Watts noted that there is still a huge unmet need for a public health pipeline and that it's hard to recruit researchers from the onset. Councilman Kutz said that we should be talking to universities, both public and private, as well as those federal agencies providing other scholarships like NIH and CDC. Councilwoman Cowan Watts said another problem is with "box checkers" who claim they are Native and yet they are not doing work in Indian Country. Councilwoman Cowan Watts recommended keeping the recommendation but broadening to all agencies who provide fellowships for health research.

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6. Data Sharing

- The data sharing recommendation was assigned to Jay Butler with an action item to draft a letter to HHS and address data ownership. This is a longer term project, but comments should be emailed to Mr. Butler regarding issues such as oversampling and data sharing with IHS. Examples should be provided of IHS not data sharing under certain circumstances. The EpiCenters should also be surveyed to see who has agreements in place with IHS. HHS should also be reminded that federally funded research should not bypass Tribes and the use of Tribal IRBs is needed. This may also merge with Mr. Percy's letter regarding the HHS Data Council issues.

7. General Research Recommendations

- Jim Crouch shared that he is excited about PCOR. Councilman Kutz noted the difficulty the HRAC has faced is how to advocate for research to be conducted. If the HRAC wants research conducted on a couple topics, how do we get there? Wilbur Woodis added that he thinks the AHRQ presentation and example of colorectal cancer screening is one to be considered since research is limited on this topic. Councilwoman Cowan Watts said that the HRAC could use PCOR to help think about these topics to be selected for a literature review or other product. Sally Smith asked if AHRQ could provide technical assistance (TA) to move from broad topics to specific issues. Wendy Perry said that she would take back the request. Sally Smith noted that she wasn't sure who the TA would be provided to.

8. Native Research Database/Clearinghouse

- Councilwoman Cowan Watts asked about the status regarding discussions with NIH and the University of New Mexico for the Native research database. Jim Crouch suggested that the National Library of Medicine (NLM) would be a better fit as they are staffed five days a week with PhDs. Tom Anderson will send information for NLM to Kendra King Bowes. Sally Smith said there is a need for all the research in Indian Country to be housed centrally and that NLM would be a perfect fit. Councilwoman Cowan Watts added that the HRAC has struggled with this since the first meeting and this might finally be the solution.

9. Discussion and Next Steps

- It was discussed that to reach the STAC, the HRAC might consider sending STAC members the HRAC recommendations so they can review and determine if they want to elevate as a STAC priority.
- Violet Mitchell-Enos asked "how do we protect ourselves from "bad" researchers"? Councilwoman Cowan Watts said she thinks NCAI discussed this but due to legal issues it could not be made available. She suggested a working meeting with NIH, EpiCenters, and other interested parties be held at NCAI. It was noted that there is a governing board for IRBs that outlines when to report and how to report these researchers. Councilwoman Cowan Watts suggested that NCAI might be able to help identify this process and the IRB structure in general. Sally Smith said that it's also

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important to look at the other side to recognize and showcase good researchers. Councilwoman Cowan Watts suggested that this may also be a place for NCAI.

HRAC Research Roundtable

- The Research Roundtable will be held November 29, 2012 on the NIH Campus.
- HRAC Members available to attend include: NCAI, Steve Kutz, Sally Smith, Michael Peercy, and Cara Cowan Watts.
- It was suggested that a meeting with the National Library of Medicine be requested as a roundtable pre-meeting.

HRAC Chair Elections

- Sally Smith nominated Cara Cowan Watts for HRAC Chair and this was seconded by Chester Antone. Steve Kutz was nominated as Co-Chair by Chester Antone and it was seconded by Jay Butler.