The American Indian and Alaska Native Health Research Advisory Council (HRAC)

Second Annual Research Report

Fiscal Year 2010

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INTRODUCTION

The *Second Annual HRAC Report* represents a chronological summary of events accomplished by the American Indian/Alaska Native (AI/AN) Health Research Advisory Council (HRAC). The report also includes 2010 recommendations that were submitted to the U.S. Department of Health and Human Services (HHS) regarding pertinent AI/AN health and research topics, as well as a list of Council members and partners.

BACKGROUND

The Office of Minority Health (OMH) was established by the HHS in 1986 to advise the Secretary and the Office of Public Health and Science (OPHS) on public health programs affecting ethnic and minority populations, including the AI/AN population. The OMH assists in the Federal delivery of health services and funding of programs to maintain and improve the health of racial and ethnic minorities. This includes ensuring that AI/ANs have access to critical health and human services as promised through numerous laws, treaties, and legislative acts dating as far back as 1787. The United States Government utilizes the special government-to-government relationship with Indian Tribes that recognizes and respects the sovereignty of Tribal Nations. Through numerous Presidential Memorandums and Executive Orders, HHS agencies consult with individual Tribal Governments via open, continuous, meaningful consultation on issues with significant impact on Tribal communities.

PRESIDENTIAL MEMORANDUMS AND EXECUTIVE ORDERS

On April 29, 1994, President Clinton issued a memorandum, *Government-to-Government Relationship with Native American Tribal Governments*, to executive departments and agencies that reinforced the special relationship between Tribal Governments and the Federal Government in regards to Tribal consultation and sovereignty. In response to the memorandum, The Domestic Policy Council (DPC) Working Group on Indian Affairs requested that each Department develop its own operational definition of "consultation" with Indian Tribes. This request, along with other DPC recommendations, ultimately led to the creation of HHS' formal Tribal Consultation Policy (TCP) on August 7, 1997—developed to strengthen the government-to-government relationship and ensure that Tribes are consulted on matters that affect them. Since the TCP initiative, Tribal consultation has continued and is considered an important vehicle to advance the future of AI/ANs.

On November 6, 2000, President Clinton issued a revised Executive Order (13175) that reinforced his Administration's commitment to Tribal sovereignty and the unique government-to-government relationship that exists between the United States Government and Tribal Governments. Executive Order 13175 directs agencies to establish regular and meaningful consultation and collaboration between Tribal Nations and the Federal Government. It directs all Federal agencies to coordinate and consult with Indian Tribal Governments whose interest might be directly and substantially affected by activities on federally administered lands.

Tribal leaders and HHS officials realized that consultation sessions typically focused on immediate needs and funding issues and therefore were not ideal forums to discuss health research topics and other priorities of AI/ANs. In recognition of this problem, and to allow for a more formal

process to discuss research topics, the American Indian/Alaska Native Health Research Advisory Council (HRAC) was formed.

FORMATION OF THE HRAC

In November 2005, HHS solicited nominations from Tribal leaders for HRAC delegates to facilitate the Department's consultations with Tribes concerning collaborative approaches to addressing health research priorities and needs in AI/AN communities.
The HRAC was established to fulfill three primary functions:

1. Obtaining input from Tribal leaders on health research priorities and needs for their communities.
2. Providing a forum through which HHS Operating and Staff Divisions can better communicate and coordinate AI/AN health research activities.
3. Providing a conduit for disseminating information to Tribes about research findings from studies on the health of AI/AN populations.

During 2006, the HRAC held its first meeting and elected two Co-Chairs to serve as its leaders and facilitators for outreach events and general activities of the Council. The Council held several conference calls to plan and organize its activities such as reviewing other HHS advisory models, discussing solicitation of research priorities, and planning for future meetings.

During a second meeting that was held in Albuquerque, New Mexico, the HRAC reached a collective agreement to focus on three objectives:

1. Establish the HRAC Council Charter (outlining the purpose, background and structure of the Council; and processes for voting, membership, and leadership).
2. Develop a Discussion Guide (a survey to inquire about health research priorities in Indian Country).
3. Set future meeting dates.

HRAC HISTORY

The HRAC has made great strides in developing the Council and making recommendations regarding health research to improve the lives of AI/ANs throughout Indian Country. The HRAC has attended numerous meetings and conferences; held bi-annual meetings to discuss the progress of the Council; collaborated with the Agency for Healthcare Research and Quality (AHRQ), Assistant Secretary for Planning and Evaluation (ASPE), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Intergovernmental Affairs (IGA), National Institutes of Health (NIH), Office of Minority Health, EpiCenter staff, and outside researchers and scientists to further its knowledge base regarding health research. The HRAC held quarterly conference calls, attended outreach events, and met with top Federal officials to offer recommendations and help them understand Native American culture and the problems plaguing Indian Country today.

Every year, the HRAC attends and presents testimony at the Annual National HHS Tribal Budget Formulation and Consultation Session. For the past few years, Ms. Cara Cowan Watts has presented testimony on behalf of the HRAC and the Native communities HRAC represents. During

the testimony provided by Ms. Cowan Watts, she discussed the National Children's Study; and made general research recommendations such as quantification of chronic disease prevalence, chronic disease risk reduction, and methamphetamine prevalence and prevention.

The HRAC has participated in outreach events to make Tribes aware of the Council, its work, and the resources the HRAC can offer to Tribes and Tribal communities regarding AI/AN health research. The HRAC attended events such as the National Indian Health Board Public Health Summit and the Annual Consumer Conference, Annual Native Health Research Conference, Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health, IHS/Health Canada Maternal and Child Health Research Meeting, and the AI/AN Health Policy Conference. These conferences provided an opportunity to collaborate and share knowledge that is of paramount importance to the advancement of health care research in Indian Country.

The HRAC developed a survey, The Discussion Guide, to ascertain health research priorities in Indian Country. The survey questions were constructed to thoroughly examine the current health care delivery systems and current research Tribes may be conducting themselves. HRAC members disseminated the Discussion Guide to the Tribal leaders in their respective areas. Respondents reported that their top health concerns were cancer; diabetes; obesity; cardiovascular disease; and behavioral health issues including substance abuse, tobacco use, suicide, and domestic violence. The respondents cited lack of funding; recruitment/retention of highly qualified health care professionals/providers; access to care; health information technology and systems; and coordination of care as their top five health delivery system concerns. Results from the Discussion Guide provided valuable information to the HRAC from the Tribes' perspective regarding health concerns, priorities, and the way in which research should be conducted. The HRAC uses the Discussion Guide results to assist in developing key research areas and priorities.

The HRAC website, http://www.minorityhealth.hhs.gov/hrac, was launched in April 2009. The HRAC Charter, membership list, meeting agendas and minutes, as well as other documents relevant to the HRAC and its activities are posted on the site. The website serves as a central repository of research priorities, activities, and resources for the HRAC and members of Native communities.

On conference calls and during meetings held by the HRAC, The National Children's Study[1] (NCS) was a topic of continued interest and concern. The NCS is a study coordinated by a consortium of Federal agencies consisting of more than 100,000 children across the United States—tracking them from before birth until age 21. It will examine important health issues with the overall goal of improving the health and well-being of children for generations to come. When the HRAC learned about this study, many questions and concerns surfaced.

The HRAC held one quarterly teleconference meeting with Tribal members and Federal Partners with discussions centering on the NCS. The HRAC expressed questions and concerns regarding the $22 million dollar study, particularly the sampling of only 2000 American Indian (AI) children and the state of Alaska not being sampled in the study. While 2000 AI children is a reasonable

[1] https://nationalchildrensstudy.gov

representation of the total sampling frame and the selected counties do offer valuable information regarding the AI/AN population, it does not sufficiently depict the true health picture of AI/AN communities. The HRAC also identified the need to include Alaska Native communities in the study as there are over 250 Tribes residing and the greatest environmental variables exist. The HRAC continues to examine this study and the benefits of oversampling for the AI/AN population as well as the feasibility of a proposed Great Plains and Alaska Native Children's Study.

2010 ACTIVITIES

TELECONFERENCE CALLS (FEBRUARY 2010 AND JUNE 2010)

On February 3, 2010, the HRAC held its quarterly teleconference call with Tribal delegates, alternates, and Federal Partners. The HRAC discussed the NCS, NCAI's Policy Research Center's Youth Suicide Prevention Resource Paper, the HHS Annual Tribal Budget Consultation Session, coordination for HRAC's next face-to-face meeting, and the National Indian Health Board Summit's Call for Proposals.

Alan Trachtenberg provided his thoughts and comments on the NCS regarding HRAC's recommendations to oversample and include AI/AN children in the study.

- Dr. Trachtenberg has been part of two meetings with NCS staff, including one with the Acting Director. It appears they have a real interest and commitment to conduct a parallel Great Plains and Alaska Native adjunct study if resources can be found. The NCS was conscious of the letter HRAC sent to Health and Human Services' Secretary, Kathleen Sebelius, with this recommendation.
- The NCS held a federal partner meeting in January and have made some changes in order to find different ways to enrich their sample including practitioner-based and community-based.

Sarah Hicks and Puneet Sahota from the National Congress of American Indians Policy Research Center (NCAI PRC) provided an overview of the Youth Suicide Prevention Resource Paper and defined it as a meta-analysis of Native youth suicide prevention literature with the intention of highlighting best practices, promising practices and resources.

The Resource Paper aims to:

1. Cover the scope of the problem;
2. Make policy and practice recommendations based on research and programs already established and make the findings more relevant to Tribal leaders; and
3. Review past research (meta-analysis).

On June 29, 2010, the HRAC held its second quarterly teleconference call. Co-Chair, Cara Cowan Watts, facilitated the call and led the agenda discussions which included HRAC Updates, HRAC Priorities/Discussion Guide/Research Roundtable, HHS Regional Consultations and Advisory Committee Discussions, HRAC Charter, and Federal Partner Updates.

Kathy Hughes, Co-Chair, began the discussion by providing an update on the National Indian Health Board's Public Health Summit that she attended in May on behalf of the HRAC. Sarah Hicks

from NCAI discussed NCAI's Mid-Year Session and the Research Regulation & Data Ownership/Sharing Pre-Meeting that occurred from June 20-23.

Kendra King Bowes from Native American Management Services (NAMS) informed the HRAC that the OMH committed extra funds for the HRAC in order to hold a Research Roundtable. The concept of the roundtable would be to bring together four HRAC Members; four Native Researchers; and four EpiCenter Representatives; and some of HRAC's Federal Partners. The HRAC will present what has been identified as priorities (from Discussion Guide Results, HHS Testimony, HHS Recommendations, etc.) and get feedback on what specific areas need to be researched within the broad categories like cancer, diabetes, behavioral health, etc. This would help the HRAC to know what research is available for Indian Country and what specific areas need to be researched within the broad areas. The Research Roundtable is scheduled to be held on October 21st at the National Institutes of Health in Bethesda, MD. Details and meeting summary minutes will be available on the HRAC website.

The call concluded with updates from Federal Partners concerning research activities, grant opportunities, funding issues or concerns, and other updates. Leo Nolan from IHS let the HRAC know that he is frequently contacted by outside researchers conducting AI/AN studies. He mentioned a study that was currently underway on the misdiagnosis of Multiple Sclerosis (MS) in Indian Country. Wendy Perry from AHRQ provided comments and discussed current activities within her agency and discussed two American Recovery and Reinvestment Act (ARRA) projects.

The ARRA projects she discussed were:

- Advising IHS on extracting data for a longitudinal database to look at diabetes, cancer screenings, etc. over a 9 year period. Also, looking at comparative effectiveness research (CER) and the chronic care model.
- Creating a database for a CER study on Advanced Practice Pharmacists.

2010 MEETINGS

The HRAC held its first face-to-face meeting of 2010 on March 18th in Washington, DC at HHS' Hubert Humphrey Building. The meeting started off with an invocation by Chester Antone. The Co-Chairs, Cara Cowan-Watts and Kathy Hughes, began the meeting with opening remarks and introductions.

The agenda included speakers from the National Institutes of Health and Indian Health Service. The HRAC covered topics such as AI/AN Research and Funding, Suicide Prevention Research at Indian Health Service, the National Children's Study and the proposed Great Plains/Alaska Native parallel study, Native American Research Centers for Health (NARCH), data sharing agreements, Tribal Consultation Updates, Secretary Meeting, 12th Annual HHS Tribal Budget and Policy Consultation Session, new HRAC recommendations, and sustainability of the HRAC.

Some highlights from the meeting included:

A presentation by Kathy Etz from NIH's National Institute on Drug Abuse (NIDA). Dr. Etz is the Chair of the AI/AN Coordinating Committee at NIDA. She began her presentation by discussing NIDA's priority areas: Prevention Research, Treatment Interventions, and Medical Consequences. Dr. Etz discussed some of NIDA's work and projects relating to AI/ANs:

- The AI/AN Researchers and Scholars Workgroups whose purpose is to educate the public, students, health practitioners, and researchers on addiction, develop research concepts, assist AI/ANs in the grant application process, and enhance research competency.
- The AI/AN Mentoring Program for Substance Abuse Research, which is a nation-wide mentoring program designed to train and support the career development of AI/AN researchers in substance abuse and addictions research.
- NIDA has four Clinical Trial Networks that transfer science out to the Native communities with Nodes all across the United States.

Dr. Alan Guttmacher, Acting Director of the National Institute of Child Health and Human Development (NICHD), provided a brief overview of the *Healthy Native Babies Project* which is focused on Sudden Infant Death Syndrome risk reduction in Indian Country. He provided a handout describing the project's materials that have been developed, the train-the-trainer sessions that were held, and briefly discussed the upcoming outreach and dissemination phase of the project. He also discussed the NCS and provided an overview of the study and noted HRAC's interest in this particular study. He was aware of the HRACs concern about AI/AN children not being fairly represented in the study, but did say that trying to sample for this population would be very expensive. Dr. Guttmacher said he would not be opposed to doing the proposed Great Plains/Alaska Native Children's Study if the HRAC members worked with Congress to appropriate funding.

Dr. Shiva Singh from NIH's National Institute of General Medical Sciences (NIGMS) provided an overview of the Institute and the creation of the NARCH Program. In 1999, Leo Nolan (IHS) and Dr. Clifton Poodry (NIGMS) organized a roundtable discussion to find out the need and how NIH could respond to health disparities among minority populations. The NARCH Program was created as a result of this discussion. The three main goals of the NARCH Program are: capacity building; research; and training. NARCH funds go directly to Tribal partners and they subcontract with other institutions so the Tribal community is in charge of the research. They are currently at NARCH VI. Research itself is based on topics that have been prioritized by communities and there are seventeen active NARCH Centers.

Dr. Singh mentioned a few other programs for minorities: The Research Initiative for Scientific Enhancement (RISE) which is a student development program for minority-serving institutions and the BRIDGES Program that provides support to institutions to help students in Associate's or Master's degree programs. A number of Tribal colleges and institutions partner with them.

Stacey Ecoffey provided an update from IGA discussing the Regional Tribal Consultation Sessions occurring from March - May; the creation of a Tribal Federal Work Group and a Secretary's Tribal Advisory Committee; and HRAC's Charter.

Co-Chair, Cara Cowan Watts discussed the 12th Annual National Tribal Budget and Consultation Session that was held in March. Ms. Cowan Watts submitted and presented testimony on behalf of the HRAC. She discussed topics such as: the need for oversampling; NCS design and the possibility of a parallel study; increase in Native health providers and researchers; behavioral health/suicide prevention; focused funding on Native American research; data sharing; and Superfund sites.

Ms. Cowan Watts and Ms. Hughes wrapped up the meeting, reviewed action items, and set a date for HRAC's next quarterly teleconference call.

2010 Outreach Activities

Co-Chair Cara Cowan Watts attended the *12th Annual National Tribal Budget Consultation Session* on March 3-5 in Washington, DC.

Co-Chair, Kathy Hughes presented at the *National Indian Health Board's (NIHB) Public Health Summit*: *2010 A New Decade of Indigenous Public Health* on May 18-20 in Albuquerque, NM. She also attended and presented at the *NIHB's 27th Annual Consumer Conference* in Sioux Falls, SD on September 21-23.

Steve Kutz represented the HRAC at the *Native Health Research Conference: Translating Research into Policy and Practice in Native Health* on July 27-30 in Rapid City, SD.

HHS Recommendations to the Secretary

HRAC sent recommendations to HHS Secretary Kathleen Sebelius in January 2010 and also in November 2010 to offer recommendations on issues of concern on behalf of the Tribal communities that HRAC represents. The recommendations that were submitted are provided below:

National Institutes of Health
HRAC recommends that the National Institutes of Health develop a single Tribal consultation policy for all 27 Institutes and Centers within the NIH in compliance with: U.S. Health and Human Services (HHS) Tribal Consultation Policy; Executive Order 13175, "Consultation and Coordination with Indian Tribal Governments;" and the November 5, 2009 Presidential Memo "Tribal Consultation For The Heads Of Executive Departments And Agencies." Tribal consultation policies have been effectively used by other HHS Operating and Staff Divisions to increase communication between Tribal Nations and the Federal government and a policy within the National Institutes of Health could have a profound positive impact on the development of research policy to address serious medical and behavioral health issues plaguing Indian Country. The HRAC urges NIH to move forward in this effort.

In addition, more focus should be placed on putting American Indian and Alaska Native leadership throughout the National Institutes of Health to provide advice on issues of importance to Native communities and to ensure Tribes are consulted on priorities, research design and community-based research.

National Children's Study

While the HRAC fully supports the intent and purpose of the National Children's Study, the study could have more meaningfully included the participation of Tribal Nations and the AI/AN community. Tribal consultation should have been required before the study was planned and funding committed. However, HRAC believes there is still an opportunity at this stage in the National Children's Study to implement the following recommendations:

- Health research participants defined as American Indian or Alaskan Native must present proof of enrollment from a Federally-recognized Tribe as provided in the current 'Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs' or meet the BIA definition of American Indian or Alaskan Native as provided by a 'Certificate of Degree of Indian Blood.' Self-identification is not adequate.
- Oversampling of AI/AN populations should be done. The target number of 2,000 AI is not adequate.
- The study lacks diversity within Indian Country. It is unacceptable to leave out entire communities such as Alaska Natives and Plains Indians. Funding for additional cohorts in Indian Country is required to meet oversampling and diverse community needs.
- Sampling protocols promised including preservation of DNA and tissue samples must be followed and Tribes educated before, during and after as an on-going partner.
- Commitment to Tribal sovereignty must be kept.
- De-identification of data must be reviewed with Tribes.
- A data sharing agreement with Tribes must be established in partnership with the Tribe before the local study commences.
- Study centers yet to be named could target Indian Country.
- The centers in charge of the studies are instructed in a stronger way to reach out to the Native Communities to enroll native children into the study.

HHS Data Council

The HRAC asks that the HHS Data Council adopt an HHS wide Research Policy for Indian Country. Recommendations included:

- HHS wide minimum standards and requirements for a Tribal data sharing agreement.
- Recognition of diverse Tribal research/data approval and on-going oversight mechanisms such as an IRB, Tribal Council, etc.
- When possible, solicitations for research funding in Indian Country or targeting Indian Country should give preference to proposals from Federally-recognized Tribes and Tribal Organizations or proposals which include Federally-recognized Tribal Nations and entities serving those communities partnerships.
- Anyone claiming Tribal identity for the purpose of research or obtaining funds must present proof of enrollment from a Federally-recognized Tribe as provided in the current 'Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs' or meet the BIA definition of American Indian or Alaskan Native as provided by a 'Certificate of Degree of Indian Blood.'
- Over-sampling of American Indian and Alaskan Native populations should always be considered in planning health research projects.
- Health research in Indian Country requires the explicit approval of the Tribal Nation(s) involved and requires on-going oversight by the Tribal Nation(s).
- Tribal consultation should occur before the study begins including planning of the study.

- Health research participants defined as American Indian or Alaskan Native must present proof of enrollment from a Federally-recognized Tribe as provided in the current 'Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs' or meet the BIA definition of American Indian or Alaskan Native as provided by a 'Certificate of Degree of Indian Blood.'

Data Sharing and Collaboration
HRAC recommends that HHS adopt HHS wide minimum standards and requirement for a Tribal data sharing agreement. Federally-recognized Tribes, as sovereign nations, must be recognized as the exclusive owner of indigenous knowledge, biogenetic resources, and intellectual property. Data collected from tribal members within the community setting must be returned to the community from which it was obtained. The Tribe is the only entity that has the authority to decide how the data will be used in the future, and thus must retain ownership and control over the data upon the study's conclusion. Without complete access to the data collected, Tribes will not have the information needed to improve health outcomes for their people.

Indian Health Service Scholarships
The HRAC recommends that IHS Scholarships be limited to American Indians and Alaskan Natives with proof of enrollment from a Federally-recognized Tribe as provided in the current 'Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs' or meet the BIA definition of American Indian or Alaskan Native as provided by a 'Certificate of Degree of Indian Blood.' In addition, IHS Scholarship recipients should be held accountable for their payback period to either IHS or a Tribal 638 qualified Health Department.

General Research Recommendations
The HRAC is acutely aware of the high and disproportionate rates of morbidity and mortality experienced by American Indians/Alaska Natives. In order to address the health concerns identified by the HRAC, research should focus on: data quality and accuracy to address under-representation of American Indians and Alaska Natives in population health data, the lack of access to health care services for AI/ANs in both rural and urban settings, lack of incorporation of traditional health care practices and traditional diets, the efficacy of health promotion/disease prevention activities, and the lack of health insurance coverage for AI/ANs. The HRAC has identified and recommends several research priorities (list is not prioritized), including:

- Quantification of Chronic Disease prevalence (e.g., cancer, heart disease, diabetes) and associated risk factors (e.g., obesity, diet, physical activity) through sustained support of prospective studies among AI/AN populations
- Chronic disease risk factor reduction
- Intentional and unintentional injuries
- Hypertension – evaluating methods to improve awareness and treatment of hypertension
- Stroke Prevalence/Prevention
- Methamphetamine and Other Drugs Prevalence/Prevention
- Evaluation of the use of emerging technology (such as telemedicine, electronic health records, health information exchange, etc.) for the provision of care
- Health Services Research (such as utilization of prenatal care; preventable hospitalizations, emergency room utilization, etc.)
- Auto Immune Disorders
- Mental Health and Suicide Prevention

HHS American Indian and Alaska Native Health Research Advisory Council
HHS should continue to fund and support the American Indian and Alaska Native Health Research Advisory Council (HRAC) with additional funding for two physical meetings per fiscal year. HRAC meetings provide the opportunity for face-to-face interaction between tribal leaders, Federal Partners, researchers and other stakeholders with the goal of healthy Native communities through health research.

ATTACHMENT A: MEMBER AND PARTNER LIST

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MEMBERS

TRIBAL OFFICIALS

Aberdeen Area
Delegate: Adrian Pushetonequa
Chairman, Sac and Fox Tribe of the Mississippi in Iowa, Meskwaki Nation
Alternate: Donald Warne
Senior Policy Advisor for AATCHB and Director of the Office of Native American Health for Sanford Health

Alaska Area
Delegate: Emily Hughes
Chairperson, Norton Sound Health Corporation
Alternate: Jay Clarence Butler
Senior Director, Division of Community Health Services Alaska Native Tribal Health Consortium

Albuquerque Area
Delegate: Norman Cooeyate
Governor, Pueblo of Zuni
Alternate: Francine Gachupin
EpiCenter Director, Albuquerque Area Indian Health Board

Bemidji Area
Delegate: Kathy Hughes
Vice Chairwoman, Oneida Nation of Wisconsin
Alternate: Phyllis Davis
Tribal Council Member, Gun Lake Tribe of Michigan

Billings Area
Delegate: Tracy ("Ching") King
Councilman/At-Large Assiniboine Representative, Assiniboine and Gros Ventre Tribes Fort Belknap Indian Community Council
Alternate: Bill Whitehead
Council Member, Fort Peck Tribal Executive Board

California Area
Delegate: Reno Franklin
Chairman, California Rural Indian Health Board
Alternate: James Crouch
Executive Director, California Rural Indian Health Board

Nashville Area
Delegate: Elizabeth Neptune
Tribal Council Member, Passamaquoddy Indian Township
Alternate: Tihtiyas ("Dee") Sabattus
Health Policy Analyst, United South and Eastern Tribes, Inc.

Navajo Area
Delegate: Madan Poudel
Health Services Administrator, Navajo Nation
Alternate: Roselyn Begay
Program Evaluation Manager, Navajo Nation

Oklahoma Area
Delegate: Cara Cowan Watts
Tribal Council Representative, Cherokee Nation
Alternate: Adeola Jaiyeola
Manager, Southern Plains Inter-Tribal Epidemiology Center

Phoenix Area
Delegate: Diane Enos
President, Salt River Pima-Maricopa Indian Community
Alternate: Violet Mitchell-Enos
Health and Human Services Director, Salt River Pima-Maricopa Indian Community

Portland Area
Delegate: Stephen Kutz
Councilman, Cowlitz Indian Tribe
Alternate: Stella Washines
Council Member, Yakama Nation

Tucson Area
Delegate: Chester Antone
Councilman, Tohono O'odham Nation
Alternate: Michelle Ortega
Councilwoman, Tohono O'odham Nation

TRIBAL ORGANIZATIONS

Direct Services Tribes Advisory Committee
Delegate: Andy Joseph, Jr.
Chairman, Human Services Committee, Confederated Tribes of the Colville Reservation
Alternate: Seeking new alternate

National Congress of American Indians
Delegate: Jefferson Keel
President of NCAI and Lt. Governor of Chickasaw Nation
Alternate: Sarah Hicks
Director, Policy Research Center, NCAI

National Indian Health Board
Delegate: H. Sally Smith
Alaska Representative of NIHB and Chair of the Board of Directors Bristol Bay Area Health Corporation
Alternate: Stacey Bohlen
Executive Director, NIHB

Tribal Self-Governance Advisory Committee
Delegate: Mickey Peercy
Executive Director of Health Services, Choctaw Nation of Oklahoma
Alternate: Seeking new alternate

FEDERAL PARTNERS

Agency for Healthcare Research and Quality
Delegate: Wendy Perry
Senior Program Analyst

Assistant Secretary for Planning and Evaluation
Delegate: Sue Clain
Indian Health Desk Officer
Alternate: Ansalan Stewart
Program Analyst

Centers for Disease Control and Prevention
Delegate: Melanie Duckworth
Senior Tribal Liaison for Science and Public Health

Alternate: Bud Nicola
CDC Field Assignee

Indian Health Service
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Program Analyst for External Affairs
Alternate: Alan Trachtenberg
Research Director

Intergovernmental Affairs
Delegate: Stacey Ecoffey
Principal Advisor for Tribal Affairs

National Institutes of Health
Delegate: Ileana C. Herrell
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For Additional Information on the HRAC:

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