



## HRAC Eligibility and Nomination Guide

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As a federal agency, the Office of Minority Health (OMH), U.S. Department of Health and Human Services (HHS) recognizes the United States' unique legal and political relationship with Indian tribal governments, and is committed to fulfilling its critical role in promoting tribal health. The American Indian/Alaska Native (AI/AN) Health Research Advisory Council (HRAC) was established in 2006 to serve as an advisory committee to HHS. The HRAC supports collaborative research efforts between HHS and tribal partners by providing input and guidance on policies, strategies, and programmatic issues affecting Indian tribes. The HRAC consists of 16 delegates: one delegate from each of the 12 Indian Health Service (IHS) Areas; and four national-at-large delegates. Additionally, each delegate has an alternate to serve when the delegate is not able to participate in meetings.

### Vacancies

As of October 2015, the HRAC has vacancies for the following positions:

- Albuquerque Area Delegate;
- California Area Alternate;
- Great Plains Area Alternate;
- Nashville Area Alternate;
- Oklahoma City Area Delegate;
- Oklahoma City Area Alternate;
- Phoenix Area Delegate;
- Phoenix Area Alternate;
- Tucson Area Delegate; and
- Tucson Area Alternate.

### Open Nomination Period

10/01/2015 to 11/30/2015

## Eligibility

Delegates and alternates must be elected tribal representatives, or appointed tribal officials acting in their authorized capacity on behalf of the tribe, and qualified to represent the views of the Indian tribes in the IHS Area from which they are nominated. The term of service for an HRAC delegate/alternate is linked to their tribal term of elected office.

HRAC delegates/alternates who do not hold elected tribal office will have their membership on the HRAC directly linked to the term of office of the elected tribal official who appointed them to the HRAC.

## Nomination Procedures

Candidates must be nominated by an elected tribal leader. The nomination letter must be provided on tribal letterhead and signed by an elected tribal leader. A sample letter is available at <http://minorityhealth.hhs.gov/hrac/>.

There are two distinct sample letters. One is used to nominate a delegate/alternate who holds an elected tribal position. The other is used to nominate a delegate/alternate who is not an elected official but is being appointed by an elected tribal leader to serve on the HRAC. Letters must include the following information:

- Name of the nominee;
- Title of the elected office and/or official job title;
- Full name of the tribe;
- Date that the term of elected tribal office began for the nominee and date that his/her term of office ends, or, if nominating someone who does not hold an elected tribal office, date that the term of the elected tribal office began for the nominator and date that the term of office ends for the nominator;
- Contact information for the nominee (mailing address, phone, fax, and email);
- Name of the tribal leader submitting nomination;
- Official title of the tribal leader submitting nomination;
- Contact information for the tribal leader submitting the nomination and/or for the administrative office for the tribal government; and
- Confirmation that the nominee:
  - Has the authority to act on behalf of the tribe; and
  - Is qualified to represent the views of the Indian tribes in the area from which he or she is nominated.

## **Nomination Package**

Nomination packages must include: (1) a cover letter from the nominee which includes a brief biography of the nominee and a statement of his/her desire and qualifications to serve on the HRAC; (2) a nominating letter of support from a tribal leader on official tribal letterhead; and (3) a recent resumé or curriculum vitae for the nominee.

## **Selection Process**

J. Nadine Gracia, MD, MSCE, Deputy Assistant Secretary for Minority Health and OMH Director, serves as the HRAC's Executive Secretariat, and selects and finalizes the body of members. Eligible nominees will be considered in the following priority order:

1. Tribal president/chairperson/governor;
2. Tribal vice president/vice-chairperson/lieutenant governor;
3. Elected or appointed tribal official;
4. Designated tribal official

If more than one delegate/alternate is nominated at the same priority level, letters of support from regional or national tribal organizations will be taken into consideration.

Nominees will be scored on the following criteria:

1. Expertise in tribal health and AI/AN health disparities as it relates to disease prevention, health promotion, service delivery, and/or research;
2. Expertise in developing or contributing to the development of science-based and evidence-based health policies and/or programs;
3. Involvement in national, regional, tribal, and/or community efforts that support the improvement of AI/AN health research;
4. Educational achievement and professional certification(s) in research or health-related field and personal experience providing expert advice on issues related to AI/AN health research; and
5. Expertise in population-level health data for AI/AN populations.

## Submission Address

Nomination packets including a nomination letter signed by an elected tribal leader should be submitted to:

Rick Haverkate, MPH  
AI/AN Health Policy Lead  
Office of Minority Health  
U.S. Department of Health and Human Services  
1101 Wootton Parkway, Suite 600  
Rockville, MD 20852  
Email: [Rick.Haverkate@hhs.gov](mailto:Rick.Haverkate@hhs.gov)

## Questions

Please contact Rick Haverkate at [Rick.Haverkate@hhs.gov](mailto:Rick.Haverkate@hhs.gov) or (240) 453-6174 with any questions or concerns. More information about the HRAC may be found on the OMH website at <http://minorityhealth.hhs.gov/hrac/>.