

**American Indian/Alaska Native Health Research Advisory Council (HRAC)
Quarterly Conference Call
Friday, March 21, 2014**

HRAC Tribal Delegates and Alternates

Jay Butler, Alaska Area Alternate
Aaron Payment, Bemidji Area Delegate
Sandra Yarmal, Nashville Area Delegate
Cara Cowan Watts and Tom Anderson, Oklahoma Area Delegate and Alternate
Violet Mitchell-Enos, Phoenix Area Alternate
Stephen Kutz, Portland Area Delegate
Chester Antone, Tucson Area Delegate
Jefferson Keel, National At-Large Member
Michael Percy, National At-Large Member

HRAC Federal Partners

Kishena C. Wadhvani, Agency for Healthcare Research and Quality (AHRQ)
Delight Satter, Centers for Disease Control and Prevention (CDC)
Elizabeth Carr, Intergovernmental and External Affairs (IEA)
Alan Trachtenberg, Indian Health Service (IHS)
Tracy Branch, Office of Minority Health (OMH)
Sheila Cooper, Substance Abuse and Mental Health Services Administration (SAMHSA)

Other Attendees

Tammie Cannady, Choctaw Nation of Oklahoma
Sarah Pytalski, National Congress of American Indians (NCAI)
Kendra King Bowes, Native American Management Services, Inc. (NAMS)
Camila Santos, Professional and Scientific Associates (PSA)

Introductions

- Councilwoman Cara Cowan Watts called the meeting to order at approximately 2:30 pm, once a quorum was reached. In the interest of time, she did not conduct a round of introductions.

Welcome and OMH Updates

Dr. J. Nadine Gracia, MD, MSCE, Deputy Assistant Secretary for Minority Health, U.S. Department of Health and Human Services

- Dr. Gracia noted that nominations were currently under review for the HRAC's vacant seats. The goal is to appoint the new members prior to the annual meeting in June.
- Mayra Alvarez has joined OMH as the new Associate Director, after serving at the Department of Health and Human Services (HHS), Office of Health Reform. She will now be leading OMH initiatives, including those related to the Affordable Care Act (ACA).

- OMH welcomed a new Director for the Division of Information and Education (Communications), Lydia Sermons. Ms. Sermons will oversee public affairs for OMH and will serve as the Project Director of the OMH Resource Center (OMHRC).
- OMH has developed four infocards featuring young adults of color to increase young adult awareness and enrollment in the Health Insurance Marketplace. The infocards are available on the OMH website and they feature young adults who are Native American, African American, Latino, and Asian American.
- Some of the Regional Health Equity Councils (RHECs) of the National Partnership for Action to End Health Disparities (NPA) have identified ACA outreach as a priority area and have been holding community education sessions to help inform community members about provisions of the ACA. Last week the Southeastern Health Equity Council conducted ACA enrollment outreach at the North Carolina Indian Unity Conference.
- A member of the Region 6 RHEC is working to establish a work group of American Indian and Alaska Native representatives from all of the RHECs. The goal is to identify and work across RHECs to address key concerns of Native communities and to increase membership and participation in the RHECs.
- The OMHRC is establishing a technical assistance resource center for institutions of higher education, in particular, minority serving institutions, to include Tribal Colleges and Universities and American Indian and Alaska Native Serving Institutions. The OMHRC staff lead on this initiative is Rick Haverkate.
- March 24th is National Tribal Day of Action on ACA Enrollment. HHS is working with its network of partners to organize ACA enrollment drives or information sessions in communities across the country.
- April is Minority Health Month, and this year's theme is "Prevention is Power: Taking Action for Health Equity." The OMH website has a community calendar where organizations across the country can post their events. It also has links to information and resources to promote the message of prevention and improve the health of minority populations.

HRAC September 2013 and February 2014 Quarterly Call Minutes Approved

- Councilwoman Cowan Watts called for a motion to approve the minutes of the September 2013 and February 2014 meetings. Chairman Aaron Payment moved to approve the minutes of both meetings. Dr. Jay Butler seconded the motion.
- Councilwoman Cowan Watts called for questions, concerns, or amendments. Hearing none, she called for a vote. The motion passed unanimously.

HRAC Updates

Commander (CDR) Tracy Branch, Office of Minority Health, U.S. Department of Health and Human Services

- CDR Branch addressed the HRACs request to utilize a collaboration program to conduct the charter review. The program OMH has can only be used by those with a federal government email address. She is trying to find a program that can be used by both HRAC members and federal partners. In the meantime, she will send the redlined version of the HRAC Charter to the HRAC members for review until the online program is available. If the HRAC prefers, it can use the track changes and comments functions in MS Word to make the revisions. CDR

Branch will keep a master version and incorporate everyone's comments. She will defer to the HRAC regarding how they wish to proceed.

- At the previous meeting, concerns were raised regarding funding cuts to the Tribal Epidemiology Centers (EpiCenters). CDR Branch reported that she was unable to get a response from NIH regarding those concerns. She recommended that the HRAC work through Dr. Gracia or the Secretary's Tribal Advisory Committee (STAC).
 - Dr. Alan Trachtenberg asked for clarification of the concerns and noted that Tribal Epidemiology Centers (EpiCenters) are not directly funded by NIH.
 - Councilman Stephen Kutz said the concerns had been raised by the EpiCenters. He asked HRAC members to check with their EpiCenters regarding this issue and offered to send an email to CDR Branch.
 - Mr. Tom Anderson said NIH provided funding to IHS for EpiCenters to conduct Behavioral Risk Factor Surveillance System (BRFSS) surveys. The amount was cut substantially from what was awarded, and the reduction was attributed to sequestration. However, the budget cut was greater than the cut to the overall NIH budget. The concern was that the reductions were not proportional.
 - Dr. Trachtenberg suggested that the HRAC contact Dr. Michael Bartholomew, who directs the IHS Division of Epidemiology and Disease Prevention. The EpiCenter program is under his division.
 - Chairman Payment noted that the sequestration did not specify which programs should be cut so agencies and institutes could determine what programs would get the cuts. Many of those funds have been restored, so there might be an opportunity to request that funding for the EpiCenters be reinstated.
- Many HRAC members are asked to provide testimony or present at national meetings. CDR Branch can provide talking points, background information, and a presentation. HRAC members should contact her in advance with a description of the meeting and the target audience.

Questions and Answers

- Councilwoman Cowan Watts confirmed that CDR Branch would be the point of contact for any revisions to the charter and asked what would be the best way to move forward with the charter.
- CDR Branch stated that her preference would be to utilize the Microsoft track changes tool. She will incorporate all edits into a master document in order to maintain version control and will send the revised document to all group members, indicating what changes were made and by whom.
- Councilwoman Cowan Watts requested that CDR Branch send a reminder about how to utilize track changes. CDR Branch agreed to do that.

Secretary's Tribal Advisory Committee Update

- Councilman Chester Antone stated that contract support costs was one of the main issues discussed at the February meeting. Chairperson Payment noted that Secretary Sebelius informed the STAC that Dr. Roubideaux had advocated against the recommendations to cap contract support costs.
- Chairman Payment reported that he reminded the Secretary of the trust obligations and reviewed the shortfall in funding for members that are exempted from the ACA but do not

live near an IHS facility. The Secretary stated that Medicaid was an option for those individuals. Chairman Payment noted that many states are not participating in the Medicaid expansion, and Medicaid is predicated on income eligibility, which is not the case for IHS. This is a serious gap in the ACA.

- Chairman Payment stated that the definition of Indian has not been corrected in the ACA. This affects individuals who are descendant members and not enrolled members. HHS suggested a legislative fix. The STAC felt that HHS should have the administrative authority to adopt the Medicare definition, which is tribal member and two generations below.
- Chairman Payment stated that the STAC reiterated its requests for forward funding for veterans health and non-discretionary funding for IHS. The STAC has some momentum on this issue and should continue to make those requests.
- Councilman Antone reported that election of officers for the STAC will take place at the June meeting.

Questions and Answers

- Councilwoman Cowan Watts asked if there were any issues related to research that would require action by the HRAC. Councilman Antone did not think that was needed.

California Health Interview Survey and Considerations for HRAC Recommendations to the National Children's Study

- Councilwoman Cowan Watts stated that this presentation would be tabled until the June meeting, as discussed by HRAC members while waiting for a quorum. Delight Satter will work with CDR Branch, Kendra King Bowes, and Camila Santos to prepare the presentation.

HRAC Priorities: Expanding AI/AN Research Opportunities and Identifying Strategies for Tribes to Develop and Maintain Data

- Councilwoman Cowan Watts thanked Councilman Antone for presenting the HRAC priorities at the HHS National Budget and Policy Consultation Session in March. She asked if HRAC members wished to remove, elevate, or add anything to the HRAC Priorities list.
- Ms. Violet Mitchell-Enos noted that caring for members who have dementia or Alzheimer's is a challenge within the Salt River Tribe. The interrelationship between those conditions and diabetes or other types of chronic illness is not known. If this is a challenge for other tribes, she would like to see the issue included in the research priorities.
- Councilman Kutz expressed interest in discussing dementia and Alzheimer's at a future meeting. He suggested that the HRAC members check to see if this is an issue in their communities.

Wrap Up

- Councilwoman Cowan Watts stated that CDR Branch would contact members to confirm their participation at the annual face-to-face meeting and the remaining conference calls this year, since it has been difficult to obtain a quorum.
- Councilwoman Cowan Watts asked CDR Branch to include a discussion of geriatric and dementia issues in the agenda for a future meeting.