

IHS Committees/Workgroups

Committees and Boards	Purpose and Membership
<p>Health Promotion/ Disease Prevention Policy Advisory Committee (HP/DP PAC)</p>	<p>The HP/DP Policy Advisory Committee is established to provide oversight and guidance for eliminating health disparities through the Director’s “HP/DP Initiative.”</p> <p>Members:</p> <ol style="list-style-type: none"> 1. Two members each from the National Congress of American Indians, the National Indian Health Board, the Tribal Self-Governance Advisory Committee, and the National Council of Urban Indian Health. 2. Up to six regional Tribal Leaders. 3. Federal partners from the Operating Divisions and the Office of the Secretary. 4. Headquarters staff. <p>Meets: 4 times per year</p> <p>Contact: Alberta Becenti Health Promotion Disease Prevention (301) 443-4305</p>
<p>Direct Service Tribes Advisory Committee (DSTAC)</p>	<p>The DSTAC is established to provide leadership, advocacy and policy guidance. The DSTAC will:</p> <ol style="list-style-type: none"> A. Assist and advise on the development of Indian health policy that impacts the delivery of health care for Indian Tribes with an emphasis on policies that impact the Direct Service Tribes B. Actively participate, to the greatest extent possible, in IHS decision-making that affects the delivery of health care; and C. Provide verbal and written recommendations to the Director, IHS. <p>Members: The planning committee workgroup consists of 18 members; 9 primary representatives and 9 alternate representatives from the direct service tribes in 9 areas. All representatives and alternates were selected by the member’s respective Area Director.</p> <p>Meets: 4 times per year</p> <p>Contact: Ronald Demaray Office of Tribal Programs (301) 443-1104</p>

<p>Tribal Leaders Diabetes Committee (TLDC)</p>	<p>The TLDC will make recommendations to establish broad-based policy and advocacy priorities for diabetes and related chronic disease activities to the Director, IHS. The TLDC will:</p> <ul style="list-style-type: none"> A. Make recommendations and provide advice on policy and advocacy issues concerning diabetes and related chronic diseases B. Provide advice and guidance to ensure the incorporation of appropriate culture, traditions, and values in program development, research, and community-based activities C. Provide broad-based guidance and assistance in defining how other Federal Agencies and organizations, States, Tribal epidemiology centers, institutions of higher learning and private health organizations can play a role in addressing diabetes and related chronic diseases and D. Serve as a Tribal advisory committee to the Centers for Disease Control and Prevention’s Native Diabetes Wellness Program <p>Members: The Tribal Leaders Diabetes Committee includes 18 members -</p> <ul style="list-style-type: none"> 1. One elected or appointed Tribal official (and alternate) from each of the 12 IHS administrative areas (voting members). 2. One IHS representative (voting member). 3. One representative (and alternate) from each of the following organizations (non-voting members): <ul style="list-style-type: none"> a. National Indian Health Board b. National Congress of American Indians c. Tribal Self-Governance Advisory Committee d. Direct Service Tribes e. National Council of Urban Indian Health <p>Meets: 4 times per year</p> <p>Contact: Kelly Acton, M.D. Division of Diabetes Treatment and Prevention (505) 248-4182</p>
<p>National Tribal Advisory Committee on Behavioral Health (NTACBH)</p>	<p>The NTACBH directs the behavioral Health Initiative focusing on preventing suicide, reducing methamphetamine abuse, protecting families from violence and improving data quality. The NTACHB members will discuss the behavioral health priorities for their Tribal communities, recommending strategies and resources for the Behavioral Health Initiative.</p> <p>Members: 12 elected tribal officials representing each IHS Area, and one senior agency representative as co-chair</p> <p>Meets: 2 times per year, and ad-hoc depending upon Agency needs</p>

	<p>Contact: Jon Perez , Ph.D. Division of Behavioral Health (301) 281-1777</p>
<p>Tribal Self-Governance Advisory Committee (TSGAC)</p>	<p>The TSGAC provides advice to the IHS Director and assistance on issues and concerns pertaining to Tribal Self-Governance and the implementation of the Self-Governance within the IHS.</p> <p>The TSGAC represents Self-Governance Tribes by acting on their behalf to clarify issues that affect all compacting tribes specific to issues affecting the delivery of health care of American Indian and Alaska Natives. On a quarterly basis, they meet to confer, discuss, and come to consensus on specific Self-Governance issues. Additionally, the TSGAC provides verbal and written advice about Self-Governance issues to the Director, IHS and the Director of the Office of Tribal Self-Governance.</p> <p>Members: Delegates and alternates to the TSGAC are elected Tribal officials or their designee with written authority to represent their respective IHS Area.</p> <p>The TSGAC is provided support from a Tribal/Federal Technical Workgroup whenever situations warrant further research and review to carry out a policy issue for the TSGAC.</p> <p>Meets: 4 times per year</p> <p>Contact: Hankie P. Ortiz Office of Tribal Self-Governance (301) 443-7821</p>
<p>IHS Information systems Advisory Committee (ISAC)</p>	<p>Established to guide the development of a co-owned Indian health information infrastructure and information systems. The ISAC will assist in ensuring that the information systems are available, accessible, useful, cost effective, user-friendly, and secure for local-level providers, and that these systems continue to create standardized aggregate data that supports advocacy for the Indian health programs at the national level. Recognizing that the health care delivery environment and information technologies that support it are rapidly changing, the ISAC will be flexible in interpreting the roles and rules of this document and revise them as necessary to best meet its goal.</p> <p>Members: Federal and Tribal Group</p> <p>Meets: At least twice annually either in person, by telephone, or through video-conference.</p> <p>Contact: Theresa Cullen, M.D.</p>

	<p>Chief Information Officer (301) 443-0750</p>
<p>IHS Facilities Appropriation Advisory Board (FAAB)</p>	<p>The FAAB is charged with:</p> <ul style="list-style-type: none"> A. Evaluating existing facilities policies, procedures, and guidelines and recommending changes if necessary B. Participating in the development and evaluation of any proposed new policies, procedures, guidelines or priorities. In addition, should any of the recommendations necessitate changes in law, this group will recommend desired legislative changes. C. Determining when it is necessary and appropriate to seek additional consultation from all Tribes. D. Providing advices and recommendations for other related issues E. Recommending modifications to operations guidelines of the FAAB. <p>Members: The FAAB has 12 elected Tribal leaders and 2 Area OEHE Directors.</p> <p>Meets: 2 times per year</p> <p>Contact: Lee Robison Office of Environmental Health and Engineering (301) 443-1247</p>
<p>IT Investment Review Board</p>	<p>The ITIRB is the official IHS reviewing body for information technology (IT) investments, including all major initiatives, funding, and expenditures. The ITIRB will:</p> <ul style="list-style-type: none"> A. ensure IT resources support the IHS mission; B. promote the life cycle management of IT systems as “capital investments;” and C. ensure the IT system project approvals are based on established selection criteria <p>Meets: Meet (in person, teleconference, or video conference) no less than twice annually.</p> <p>Required by Clinger-Cohen Act</p> <p>Members: FACE Committee with Tribal Representatives. The ITIRB membership includes 9 permanent members, 2 rotating members, and an Ex-Officio member.</p> <p>Contact: Theresa Cullen, M.D., Chief Information Officer</p>

	(301) 443-0750
GPRAs Measures Steering Committee	<p>Review of 5 year measure plans submitted by GPRAs measure leads.</p> <p>Members: There are 13 Tribal, IHS and Urban representatives on the committee and technical staff are resource/technical support to this group.</p> <p>Meet: Quarterly</p> <p>Contact: Richard Church, Pharm.D. Office Public Health Support (301) 443-0222</p>
Scholarship Standing Advisory Board	<p>Scholarship Standing Advisory Board provides advice and consultation related to the IHS Scholarship Program to the Chief of the IHS Scholarship Program.</p> <p>Members: composed to 10 Tribal members</p> <p>Meets: Annually</p> <p>Contact: Robert E. Pittman Director, Division Health Professions Support (301) 443-2361</p>
Workgroups	Purpose and Membership
IHS Budget Formulation Workgroup (BFWG)	<p>There is no formal charge (see Tribal Consultation Policy). The workgroup provides input and guidance to the IHS Headquarters budget formulation team throughout the remainder of the budget formulation cycle for that fiscal year.</p> <p>Members: 1 from each IHS Area with an alternate, 2 co-chairs with an alternate.</p> <p>Meets: 2 times per year</p> <p>Contact: Rosetta Tracey Division of Budget Formulation (301) 443-1270</p>
Contract Support Cost (CSC) Workgroup	<p>The CSC Workgroup meets to further the Federal Government's administration of CSC within the IHS. The Agency in active participation with Tribes had developed a comprehensive CSC policy to implement the statutory provisions of the ISDA.</p> <p>Members: The IHS/Tribal CSC Workgroup is an open, informal workgroup. Participants include, but are not limited to, federal, tribal, and tribal organization representatives with an interest in CSC.</p>

	<p>Meets: as needed</p> <p>Contact: Ronald Demaray Office of Tribal Programs (301) 443-1104</p>
<p>IHS National Behavioral Health Workgroup</p>	<p>BHWG is the technical advisory workgroup for behavioral health. It is composed of native behavioral health experts from across the country, working primarily in tribal and urban clinical settings. They advise the Agency on the technical aspects of behavioral health program development and management. They also act as the subject matter experts to the NTAC and report through them, as well.</p> <p>Members: 12 subject matter experts representing each IHS Area.</p> <p>Meets: 2 times per year, and ad-hoc depending upon Agency/NTAC needs.</p> <p>Contact: Jon Perez, Ph.D. Division of Behavioral Health (301) 281-1777</p>
<p>Information Technology Tribal Shares Workgroup</p>	<p>A. To review current OIT Tribal Shares B. To review comments from the Tribal Consultation Report logs C. To provide advice and guidance to Regions/Areas as they conduct additional consultation sessions on the proposed restructuring of IHS OIT information technology support packages D. To develop information technology support packages that are consistent with the vision statement.</p> <p>Members: One Tribal representative from ISAC and IHS. Additional IHS and/or Tribal staff may serve as technical advisors. Workgroup will consist of 21 additional members: 1 tribal representative selected for each IHS Area by the IHS Area Director in consultation with Area Tribes, IHS OIT Chief Information Officer, 1 representative from DSTAC, Office of Urban Indian Health Programs, IHS Agency Lead Negotiators, OTSG, OTP and 3 IHS ISAC.</p> <p>Established 5/09; expected to dissolve by 12/09</p> <p>Contact: Theresa Cullen, M.D. Chief Information Officer (301) 443-0750</p>
<p>IHS and Tribal Institutional Review Board (IRB) Chairs Workgroup</p>	<p>Area and Tribal IRB conference calls to discuss issues related to the protection of Human subject in the research activities conducted in the IHS, Tribal, and Urban.</p> <p>Members: Composed of approximately 20 individuals to review the</p>

Research proposals that need National IRB Review. There are IHS, Tribal, Urban and academic representatives.

Meet: Conference call monthly

Contact: Richard Church, Pharm.D.
Office Public Health Support
(301) 443-0222