

**AAIP Board Meeting Minutes
September 15, 2021**

Attendees: Tom Anderson, Mary Owen, Lukejohn Day, Allison Kelliher, Charlene Hansen, Missy Begay, Margaret Knight

Absent: Lori Alvord, Dan Calac, Blair Matheson

Guests: Kyle Dover, Siobhan Wescott

Call to Order/Roll Call: Meeting commenced at 8:15 pm CST

Topic	Discussion	Action Items
I. Meeting: Call to Order	Mary Owen, MD AAIP President at 8:15 PM CST	
II. Roll Call:	Mary Owen, MD Quorum Established	
III. Approval of: Agenda & Minutes	Motion by	
IV. Financial Report/Comments Kyle Dover, CPA, Red Oak Accounting Advisors	<p>Kyle Dover presented the financial reports starting with the Financial Position, very busy month as far as activity. Cash is about the same as July, sitting at \$226,000 for our unrestricted, however, grants receivable we did a big drawn down and just received \$132,999 yesterday. A majority of that is mainly due to getting caught up with indirect cost billings and billed through all of June 2021 and caught up on July and August. Will continue to get those caught up and when looking at that expense, that is something we can draw down and utilize for indirect cost expenses. Nothing else out of the ordinary that other than accounts payable that is so much higher as well and the way that we have to do that is we bill it on the grant side and then pay down on the grant side and receive on the general fund side. Have to see both sides of that for it to balance. Statement of Activities only for the month end only so the drawn down amount is quite a bit bigger than normal so \$98,000. Quite a bit of activity for job postings, annual membership dues and have received \$10,000 for sponsorships for the annual meeting. In addition, the indirect cost revenue of \$8,668 based on what is for programs, CDC and SAMSHA. Year to date which is July and August looking at it together, not a lot of change on the revenue side. Expense wise the first table is for</p>	

	<p>the month only and below is for both months. CDC has a total for \$37,728 and you can see the breakdown and same with SAMSHA and general. For COVID incentives, \$9,300 come through for this month, now sitting at \$22,250 thru August 31st. In total CDC \$80,000 and all of that has been drawn down and the same for SAMSHA and the indirect cost expense is helping with getting some of that money back. \$35,000 in general administrative expenses and \$10,000 of that is from that COVID 19 incentives. Sitting at about \$12,000 - \$13,000 per month for general administrative on average. Overall for the year, for general revenue, sitting at almost \$60,000, close to \$25,000 positive on general and administrative side. Dr. Owen: Question - Looking at hiring several positions and is there a timeline when folks are hired and since we don't have them hired yet. How do we intend to spend that money that would have been used for someone for those months that we have not been able to hire someone. Tom Anderson: In the process, right now and will be bringing on two people possibly three next week. Finishing interviews and will hire next week. Had a number of interviews and have got a little bit of latitude in regard to the year end. The way the grant works, if we have a million dollars, about 25% of that can be carried over without justification. Its automatic so if we have 2 million in funding, we are potentially looking at \$500,000 that we can carryover without justification. Once you exceed that amount you have to get approvals. So, looking at drawing down below that amount so we can carry that money over.</p> <p><u>Dr. Hansen - Motion to approve finance report for this last month, second by Dr. Day. Motion passed.</u></p>	
<p>V. Discussion and Updates</p>	<p>A. Executive Director Report – Tom Anderson shared earlier some good news. The IHS grant mentor/mentee grant has increased by a few thousand dollars and a new contract there was an accounting error and sending \$5,000. The other good news, the SAMSHA grant, we got another \$35,000, we did not request that but will have do a budget justification by the end of October. During the month, just a couple of reminders, facilitated Dr. Baines in August for his Pre-Residency training workshop, first ever and facilitating Dr. Thompson on a Pre-Admission Workshop on October 8th, that he is hosting.</p> <p>B. Governance – Dr. Owen nothing new to report.</p> <p>C. COVID 19 Task Force – Tom Anderson explained that AAIP executed an agreement with the Golden Group, the website company, but pared down the page for the COVID page to \$10,000 to construct and will be working with whoever the new group who will be producing the new AAIP</p>	<p>4</p>

website. The other item at our last meeting that we were trying to get together in October for a meeting at one of the hotels but COVID has been rampant in Arizona and Dr. Begay mentioned that all the intensive care beds are overflowing. Took a quick poll and decided not a wise idea and meeting postponed for now. Hopefully get back to meeting by the end of the year or first part of the year.

D. Policy and Legislation Committee – Nothing new and no meetings.

E. AMP – The next meeting is next Tuesday, that’s the Alliance of Multicultural Physicians. Have nothing new to report just working on the 501©3 paperwork and getting the lawyer involved.

F. Finance – Blair Matheson not here but we did hear a report.

G. Rites & Ceremonies – Dr. Kelliher will plan a new meeting for our new members and anticipates that will be in the next 6 weeks. Dr. Kelliher will announce that and get the information to Tom. In the meantime, met with a company visit.org that Tom had connected her to and is an organization that wants to work with AAIP and offer professional development courses or diversity and equity courses, those are just examples but any kind of way that we would like to be available on online to help or network with other organizations. They would not charge but help us facilitate communicating the message or courses that we wanted to share. We did all those wellness courses and if we wanted to build something like that out and have more of a presence and also bring awareness to indigenous issues, we could have more dialogue. There is the website that you can look at and have not moved forward with this in any way but told them will get back with them in a couple of months since very busy and a lot on our plate if we have an opinion and want to get more involved. Dr. Owen: How do they get their funding? Dr. Kelliher a good question and funded thru philanthropy, there are Fortune 500 companies that invest in them and did not ask for the company names and do not know the exact companies that fund them. Thought there would be something on their website but several companies fund them and are Fortune 500 level companies. Can still learn more about the organization and an interesting opportunity but does not feel an urgency about it. Have AAIP follow up on it and send it to Tom and that we still have questions.

F. Academic Committee – Dr. Lukejohn Day, nothing significant or major updates. Still putting the committee together and trying to find a time to meet. Also, working on a charter, what our objectives and goals are going to be for the upcoming year. Did have a phone call with Alec Calac, the incoming ANAMS president and also to get his thoughts about this since he is imbedded with a lot of the medical students and thinking about how to improve the pipeline and had several ideas so will invite him to come to the meeting and try to strengthen our ties with ANAMS with respect to academic medicine and education. Dr. Owen: Can you also invite Brandon Postoak, to make sure that we are not rolling over Brandon and see Alec in everything these days. Make sure that we are not excluding Brandon but included in everything.

G. Membership Committee –The committee approved the following membership applications for full voting membership:

1. Emily Quick Bear is a Rosebud Sioux, OB/GYN in residency and interested in Native women’s health. Also, interested in finding a job near Rosebud Sioux, Pine Ridge or Rapid City and maybe we can help her with that when she completes residency.
2. Amanda Reed, Cherokee and works in the Tulsa in the area of family medicine and HIV. Interested in working with HIV and LGBTQ positive population.
3. Jessica DeSilvestor, Caddo from Oklahoma, she is a Gyn/Onc Fellow and has an outstanding academic record and is also interested in Native women’s health.

Motion by Dr. Lukejohn Day to approve all three applications for full membership, Second by Dr. Charlene Hansen. Motion passed

Dr. Begay reported there is one more, from Dr. Joan Candle from Arroyo Seco, DO and has 25 years of working with opoiod addiction medicine, spent some time in Navajo country, in Kayenta, and Tuba City directing the opoiod treatment program. She is non-Native and did family practice residency in Santa Rosa and would like to be involved in AAIP in however capacity she can. Currently involved with IHS area Albuquerque/Santa Fe. Looked at her application and she would be a great supporting member, non-voting.

Motion by Dr. Charlene Hansen to approve Dr. Candle as a supporting, non-voting member, Second by Dr. Lukejohn Day. Motion passed.

Dr. Owen stated that Tom sent her a list of 8 application, the other 4 will be reviewed at the next meeting.

H. PR/Marketing Committee – Ivy and Dr. Begay continue to tag team on Facebook, Instagram

	<p>and Twitter. There are insights into social media sites, that we have this many new followers and this much reach and really gaining traction especially on Twitter. So many other non-Native physician followers which is great. Also, Dr. Owen has been posting some things which is really good and we posted the Dr. Shaw memorial page and had a lot impact on the community so we will continue to maintain those. We also have the personal website and that we need to inform the membership on how to access that and hopefully we can write an email. Dr. Begay will write a brief email stating how to get to that, and third the main website that needs to be transferred over and attached to the COVID-19 vaccine webpage. So, in the process of reviewing the last website developer and hopefully will come up in the next couple of weeks and we can make a decision on that. Dr. Owen: Can we boost the Workforce Development Summit workshop advertisement on Facebook. Dr. Begay: Will boost the Summit and does see the emails that go out to membership, can be shared on FB. If anyone one something posted on social media, text or email Dr. Begay and she will take care of that in 24 hours.</p> <p>I. Physician Wellness – Dr. Hansen have been in touch with most of committee members and there are a couple that are thinking if they will continue or not. Once she has more clarity on that, will be getting everyone together again in October and hoping to also stick to the same schedule that we had. Thinking about decelerating some of the activities since we had relatively small numbers last year and hoping that as we refine the membership list so that the emails going out to participating members, we will have greater engagement by our membership. We will see what the committee comes up with, but programming last year was really successful in terms of topics and the relevance. The talking circles are needed probably not every month but will see what the committee wants to do. The good thing is we have a very solid track record and we know what topics people want and how to pull the activities off and looking forward to another great year. Dr. Owen: It is on the committee’s agenda to come up with a welcome basket or package for our new members. Dr. Hansen: Will add to the list.</p>	
VI. New Business	<p>Health Workforce Development Summit for October 25 and 26, 2021, have about 30 people signed up now and need to expand to 100 people. AAMC is doing good work, has the objectives down and have people representing the different regions, all regions represented by a couple of moderators each and could use a lot more physician presence but difficult for them to get these times. Dr. Westcott: Haven’t seen a place to register and happy to do so. Dr. Owen: Going to boost it on our Facebook page and keep trying to spread it as much as possible. And register thru</p>	

the AAMC link that is on the AAIP website. Dr. Owen: This is our attempt at getting regional pathway programs building a scaffold within each region to support pathway programs from K through practice. An attempt to align programming within those regions rather than continuing to spread all these efforts across the country without any continuum or connection to one another. Also, a grow your own program, for instance here in Bemidji region rather than to continuing to attract people from all over who are less likely to stay in this region and work to fill the vacancies which are extremely high. Working harder to recruit students graduating from the high schools and colleges here and recruit them to work where they more likely to stay in the first place. So, working more with people in this region to get kids thru the pathway. It's divided into the 6 IHS regions because they would be good partners for this and they are, they are one of the co-sponsors. The objective is to come out with a plan for each region develop their own plan on how to communicate with one another on developing these pathways together. Some regions are more advanced than other for instance the east coast they have very little, the schools are not doing as much around these issues as opposed to the west coast where there is a lot going on or strong programs in the Midwest that have been doing this forever. Working with AHEC, American Indian Higher Education Council, they are another one of the sponsors and trying to work really hard with NIEA but has proven to be very difficult. Those are the key points of this and trying to put structure in place so that we doing keep meeting and talking about the problems.

LIME Network – Learners of Indigenous Medical Education network that was started in Australia and New Zealand and trying to carry some of their work forward here in the US by developing some indigenous curriculum. A few of us on this call have been meeting including Dr. Wescott, Dr. Kelliher and anyone in academia or wants to contribute to this is welcome. Developing an indigenous medical education that will be available on the AAIP website for free and probably AAMC, possibly AMA, thru CME and still discussing how to dispense this in the most effective way. We know indigenous medical education is being developed throughout the country and people are going start selling it but we don't want that. We want a broader indigenous medical education that can be available to any school that wants to start doing this work and ideally in 10-20 years it will be required curriculum like it is in New Zealand and Australia. In long term, we hope to be part of an international indigenous medical education work that is being started again in Australia and New Zealand that Canada is now interested in. At the last meeting, one of the things should we start with AI/AN competencies in curriculum and be proposed at the next meeting and from there, after we get the competencies done and online at AAMC and AAIP,

will work on the curriculum.

JAMA – Dr. Wescott discussed the article 5 Miles to Tomorrow, a story, that was published in JAMA in 2001 which is a fictitious account but not stated as fictitious about a Siberian Yupik elder who wanted to commit suicide and got community permission. And is alleged to have died by suicide with community permission. The JAMA editor in chief stepped down after controversy over a structural racist podcast for CME credit. They did have a race issue theme in late August, it seems to be on a better track and have 2 Natives on the 17- person editor in chief search committee. There is some hope that the next editor in chief will be more in tune to race issues. In the meantime, this article is still out there and was never been retracted. Looked at the most common reasons for retraction and falsifying is anything is the primary reason and we wrote up a resolution for the board to consider and if passed can work it through AMA and then formally with JAMA requesting that it be retracted. Can be complicated, AMA does not have editorial control over JAMA but there is some influence there and a formal letter from Dr. Owen to the interim editor in chief and Dr. Wescott can work the back channels but send first to AMA and the right individuals so they know what we are doing. We should send it off and it's the kind of thing where it there is never going to be a good time. We just move forward with it. **Motion by Dr. Charlene Hansen to approve the resolution and move forward as proposed. Second by Dr. Lukejohn Day. Motion passed** Dr. Owen will work with Dr. Wescott. Tom Anderson asked who should we direct the letter to. Dr. Wescott stated should go to the interim editor in chief.

AAIP 50th – had one meeting and going to have another one and ask the board to be available. Have we heard anything back from membership about the \$100 gift certificate? TA: Have only had one or two suggestions. Dr. Owen: Trying to come up with a theme for the 50th celebratory meeting, will be coming in person to DC and the idea around tradition that has kept us alive all these years, the other one has to do with our visibility and another idea is our sovereignty or autonomy as indigenous people. So, the contest is to wrap one or all of these concepts into a theme for the 50th. The winner will get \$100 gift certificate to the 8th Generation store in Seattle. Dr. Wescott: Has an idea, inspired by the Capital tour, the statue on the US Capital is modeled after a Native woman and take that and say we are still here. Dr. Begay: Can we do a poll on social media on traditions, sovereignty and visibility, put up a survey and see which is the most popular. If we can narrow it down to the three things tradition, sovereignty and visibility. Dr. Owen also stated that some people are helping on a regional basis such as Dr. Brian Thompson

will be helping with the traditional pieces along with Allison. Also, asked Tony Weaver to help and is excited to help along with Patricia Dillion.

Liaisons – Dr. Wescott stated she is the AAIP representative to the AMA which has term limits however while serving Dr. Warne’s term, she has an extra year and a half. It’s a decision between keeping people who have established relationships or new people with new ideas.

Dr. Owen: Solution is to have quarterly reports from Liaisons and asked for quarterly reports and don’t know what is going on with AMA. Dr. Begay suggested a podcast if we could get each of the liaisons, do a 4-minute update. Could share with the membership and put it on Facebook, have Tim Tallchief to MC it. Podcast can be recorded on their phone to give the highlights. Send the file to Tim and have him do commentary and send him the first podcast. Dr. Wescott stated she will be the first and happy to do that. The other liaisons are AAMC, CONACH, PriDoc. Dr. Hansen commented that some guidance should be provided in case there is a report that comes to us and have to make a decision or there might be some controversy and be some amount of awareness on our part especially if they are going to make statements that is out there such as in AMA/JAMA. Dr. Owen: Liaisons will only be reporting with what they been doing with these organizations and not what AAIP is going to do. Dr. Hansen: There should be a limit to their editorializing and simple reminder that they should be professional and a role model for others when they give the reports. Dr. Owen will send a general email and tell them they will be doing a podcast and do a 2 minute blub on what they have been doing with different groups. Dr. Wescott suggestion is to make it easy for the first podcast, the mission statement compared to what other organization’s mission statement. Say it out loud and the mission statement of the organization and as a liaison working to be true to both and helpful to know the purpose of each organization. Dr. Begay stated that could be the first podcast and get everyone involved and not too complicated. Dr. Wescott stated that when Dr. Warne had to step away from being AMA rep there was no clear step on a replacement procedure when there is an opening and not clear on the selection. If there is anything in the Bylaws. What she would recommend especially with the AMA, the most active part of the AMA is the Medical students and they produce the vast majority of resolutions for every meeting. Dr. Wescott stated a medical student be the AAIP representative. Dr. Owen stated will have to think about that one. Dr. Hansen thinks a member should be the rep. Tom Anderson asked what do other organizations do? Dr. Wescott commented don’t know but will ask around but from an influence point of view having a med student would be the most advantageous to AAIP. Dr. Owen stated a combo. Dr. Wescott stated that from the AAIP side,

	<p>we would want whose is graduated and full member of AAIP but would respect that. But from the AMA side, the culture is AAIP would be very well served to have a med student. Dr. Owen commented that one argument we could make that we want to bring an ANAMS student with us, as we struggle to get people thru the pathway and this is one way to mentor them. AAIP would like to have both of us, we could have one vote but have both of us there. Dr. Wescott explained ANAMS has a student rep to the medical student section, the AAIP rep is on the minority affairs section governing council so there is ANAMS presence but not under the same umbrella.</p> <p>Dr. Hansen thanked everyone for remembering Dr. Shaw and sending the gift over and will have some other opportunities to remember him among our membership. Dr. Owen reported that Lesa Shaw asked if they could use the AAIP logo on Ron’s headstone and said yes, no issue. Tom Anderson reported the Physician of the Year blanket given to Dr. Shaw was put on his casket, just wanted to let the board know.</p>	
VII. Adjourn	Meeting adjourned at 9:45 pm	

The next board meeting is scheduled for Wednesday, October 20, 2021, at 8:00 PM CST