



15<sup>th</sup> Annual IHS Research Conference  
 “Research, the First Step to Wellness”  
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 Scottsdale, Arizona

“The IHS Research Agenda”  
 by

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It is a pleasure to attend this conference focusing on the research needs of Indian Country. The research we undertake today can provide us with the knowledge to change the quality of life for our children and future generations. The theme of this conference acknowledges that research is a first step, among many, toward wellness.

Sometimes, research can provide solutions to health problems; direct us where to look for a solution, and sometimes, it may just identify what is not the problem, so we can begin to look elsewhere for a cause. In any case, research is a valuable tool in seeking resolutions to the long-standing health disparities in Indian Country. However, just determining solutions is not enough; although all knowledge gained from research may have some intrinsic value, it must be implemented for it to be of value to improving the health of American Indian and Alaska Native people.

Unfortunately, the limited budget of the Indian Health Service cannot support a research program; but we can be an active and contributing partner with you in your efforts to conduct research that will benefit the people and communities that you wish to study. We can help you build the trust you will need to research Indian communities by working with you to involve those communities and their leaders in all stages of the research process. Trust also begins through respecting the cultures, traditions, and history of our people. It is critical to pay close attention to the issues surrounding the protections of our people through the Institutional Review Board assurances of the Indian Health Service and of the Tribes.

Research into the health issues facing Indian people is a route to achieve the goal of the Administration, the Department, the IHS, and the Tribes to eliminate health disparities between Indian people and the rest of the nation. There is a tendency to conduct research into the health issues and challenges we face today, and that focus of research is particularly valuable. But I believe we should also be proactive in our research and anticipate future health challenges and tailor our research activities to help prepare – or eliminate – those potential future needs. We can look at health trends and predict what lies on the horizon and identify what research efforts might help us alter the impact of that projected outcome or help us prepare so that we can reduce the impact of that outcome. It is through the information that research provides us that we can better define what the health challenges are that face the nation’s populations and explore ways to meet those challenges and reduce health disparities.

The Department of Health and Human Services supports wide-ranging research programs and activities, and the Department established an initiative to develop a research agenda for the entire Department. The Research Coordinating Council sent four recommendations to the Secretary for developing a coordinated research agenda funding request – and one was that all HHS agencies would collaborate and partner with the Indian Health Service on any research activities undertaken by the Department that involve or benefit American Indians or Alaska Natives.

*The text is the basis of Dr. Grim’s oral remarks at the 15<sup>th</sup> Annual IHS Research Conference in Scottsdale, Arizona, on Tuesday, May 13, 2003. It should be used with the understanding that some material may have been added or omitted during presentation.*

The Department deserves a great deal of credit for being inclusive and changing with the times to evaluate the health of all Americans and not just the dominant majority and minority population groups. That is not to say that all eight of the population categories, defined by the U.S. 2000 Census, are represented in all the research conducted by the Department, but the Department is taking steps to make that a reality. One step is the collaboration between the Agency for Healthcare Research and Quality to conduct surveys of the Indian population that can yield the data that we all need to make better decisions regarding programs that will benefit Indian people. Another is the Native American Research Centers for Health, a joint program of the National Institutes of Health and the Indian Health Service that serves as a model for health services research involving Tribes, academic institutions, and communities. I believe that eventually when any HHS health presentation is made, all eight population categories will be represented with statistically relevant data on the charts, in the reports, on the web, and in slide presentations.

Since there are a limited number of researchers available to conduct research, as well as evidence of an erosion of the research infrastructure and a decline in the number of those entering the research field, the boundless areas for research need to be limited to make the most effective use of the resources available. I present to you the highlights of IHS recommendations for areas of research – which also reflect the ten research themes and priorities for the HHS Research agenda

Specifically, as related to the RCC ten research themes and priorities:

- I. The link between economic status and health status must be established. The IHS and the Department stress that health status is a personal responsibility. Research that can help identify ways for individuals to work toward economic independence will also result in increased health status. The IHS supports research to determine the extent of unemployment and health status on each Indian reservation and in each Indian community, as well as identify the factors that contribute to the disparity of health status on a community level between Indian reservations and other communities within their region.
- II. The RCC research theme of approaches and barriers to faith- and community-based organizations for providing services is supported by the IHS, with it being understood that Traditional Medicine practices falls within this research theme. The link between personal beliefs and wellness can benefit from further study.
- III. The IHS is proposing within the No Child Left Behind theme that an area of research focuses on Fetal Alcohol Syndrome, or FAS. In order to be able to take full advantage of the opportunities our society has to offer, children must be born healthy and without the lifelong consequences of *in utero* alcohol exposure, which can include mental retardation, learning disabilities, or serious behavioral problems. CDC estimates the health care costs associated with FAS to be approximately \$3 billion a year (1998 statistic). The occurrence of FAS is shared throughout America, but CDC estimates it is 3 times higher for American Indians and Alaska Natives. Conducting research and disseminating best practices for preventing FAS will give America's children a fairer chance for a healthier and productive future. Researching FAS prevention methods will also have the benefit of reducing a risk factor, consuming alcohol while pregnant, for SIDS – which occurs in Indian families at approximately twice the rate of the general population.
- IV. The success of the Department in addressing the health needs of the Indian population since the IHS was transferred to the Department in 1955 is astounding. Life expectancy has increased 7.1 years since 1973 alone – even though it is still 6 years lower than other population groups. A result of our success is an increasing elder population. Of the various focus groups and surveys that have been conducted by various organizations regarding Indian elder health, the number one priority for elders is to remain in their homes and communities for as long as possible while remaining as healthy as possible. The IHS endorses research into home and community based-services to address the health care needs of our Indian elders.
- V. There is nothing more important than doing what we can to reduce or eliminate the tragedy of youth taking their own life. The suicide mortality rate for youth in Indian Country is twice that of the rest of the population. And a CDC study indicates that the suicide mortality rate for men and women of all ages is on the rise in rural areas, almost 54% higher than in urban areas. It would benefit all rural communities to evaluate the effectiveness of current suicide tracking and interventions and develop and evaluate pilot projects for community-based suicide intervention and prevention programs.
- VI. A perspective often heard in Indian Country is that Indian people are counted in State population figures for the State to secure federal resources but they do not benefit from those federal resources in some states -- because the state relies on IHS or other programs established through treaties and laws to “take care” of their Indian population. There is some historical validity to that opinion. Research into access of care and the uninsured population would benefit Indian Country if it identifies barriers and strategies to change; for example, legislative, policy, or business barriers.

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- VII. The impact of diabetes in Indian Country is well known. The disease is being attacked from many different directions with programs that appear to be having results. However, the consequences of diabetes include end stage renal disease and chronic kidney disease – and those consequences we believe will be with us for at least one or two generations, and more if the health promotion and disease prevention programs continue to be outpaced by the diabetes epidemic. A consequence on the horizon, in 10 years or less, is that the 20- or 30-year deteriorating health progression of diabetes is starting at younger and younger ages, and service requirements we are now providing to those in their 50's and 60's we will have to begin providing to people in their 30's and 40's. Delivering health care to rural communities is always a challenge, and a costly one. The IHS supports cost-effective ways to deliver care to those living with chronic kidney disease in rural areas.
- VIII. Ensuring our homeland is prepared to respond to health emergencies is to ensure that our communities are ready to respond. One of the resources for the country is the Indian health care system of IHS, tribal, and urban Indian health facilities and programs. The IHS supports research to assess the current public health infrastructure serving tribal communities; and to evaluate their ability to perform surveillance capacity, epidemiological investigations, public education, surgical capacity in clinical facilities, and laboratory diagnosis of biological and chemical agents. In addition, the research should include information regarding how the HHS facilities in the field are part of a State or community's response infrastructure and on the impact of the mobilization of the Public Health Service Commissioned Corps on tribal, state, or community response plans, as well as the ability for the IHS to continue to carry out its mission. The Commissioned Corps represent almost 14% of the IHS workforce, and 34% of our professional workforce. The impact of losing 34% of a medical workforce needs to be evaluated for its impact on local and national health emergency and operational responses. There may be response plans being developed relying on resources that may not be available.
- IX. Eliminating health disparities will improve the nation's health status. And a healthy nation is a more productive nation in all areas of life and throughout life. I return to one of my opening comments – we have to accurately assess the health of our nation's population groups in order to understand health differences and disparities. Among the research recommendations in the IHS report, I consider assessing the current inclusion of American Indian and Alaska Native health statistics into the different national health data bases and implementing resulting recommendations for inclusion to be a research outcome that will have long-lasting effects. When all Americans are included as statistically significant data in the health data bases of the nation, then more effective and efficient programs can be developed. We would be taking a little of the guess-work out of defining the health profile of the nation.
- X. The exponential increase of preventable diseases cannot be addressed by a health treatment focused health system; it can only be addressed through a vigorous Health Promotion and Disease Prevention focus. The four health categories that have the greatest disparities for Indian people are cardiovascular disease, alcohol and substance abuse, diabetes, and injuries. Research activities that will have the most impact on Indian country would be prevention of obesity and promotion of physical activity. Obesity coupled with a sedentary lifestyle is one of the major factors in the development of diabetes and other illnesses. Diminishing or eliminating this factor will prevent the development of illness and disease that are very costly to treat.

Thank you for allowing me this time to share with you the IHS recommendations for research. Research provides ideas, opportunities, and hope for the future. We want to work with you for the benefit of American Indians and Alaska Natives and all Americans. Thank you.