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International Meeting on Inuit and Native American Child Health

and

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It is a pleasure to welcome you all here today at this important meeting on Inuit and Native American Child Health to discuss innovations in clinical care and research. This year we decided to combine our annual Indian Health Service (IHS) Research conference with the American Academy of Pediatrics (AAP), the Canadian Pediatric Society, and the First Nations Inuit Health Branch of Health Canada (FNIHB). This is an excellent opportunity to focus on innovative clinical care models and cross-border research issues for our children.

Many health disparities exist for American Indian and Alaska Native children compared with the U.S. general population. I would like to focus on a few of those here today.

- Indian children and youth under the age of 18 years experience 4 times the poverty rate of U.S. all races.
- Child and youth death rates due to unintentional and intentional injuries continue to rank higher than other racial and ethnic groups; at nearly twice the total U.S. rate.
- Infant mortality is 20% higher than U.S. all races. The U.S. 2010 goal is 4.5 infant deaths per 1000 live births and our Indian population is at 8.9.
- Adolescent depression and suicide rates are elevated for our population.
- Suicide is the 3rd leading cause of death for 15-19 year-olds.

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Child and Adolescent Mental Health reflect multi-layered issues that require new initiatives. Tools are available and need to be connected with the providers and clients. Columbia Teen Screen is being employed in some Areas in public and Tribal schools and BIA boarding school settings. Initiatives are reaching Indian children and youth where they live and learn through Tribal, state, and IHS partnerships.

School-based and school-linked health care are making inroads in child and youth health promotion and disease prevention. Engaging partnerships with sister agencies, including the Bureau of Indian Affairs and Office of Indian Education Programs, seek to reach kids where they live and learn. Public health nurses, dedicated school nurses, community health representatives, health educators, environmental health officers, optometrists, and dentists, to name a few, are working with students in the classroom, providing surveys and educating and training school staff as well as the children.

Tribal epidemiology programs are addressing maternal, infant, child, and youth projects, and we have been able to fund an Oklahoma project, with California, Navajo, and Montana-Wyoming coming on this year.

In partnership with Head Start, the IHS supports children and families through preventive health services such as parenting, obesity and diabetes prevention, health and safety, and oral health. There are 68 American Indian and Alaska Native Early Head Start programs and 151 Head Start programs serving over 23,700 Indian children ages 0-5 and Indian families nationally. Early primary prevention provides the opportunity to prevent chronic disease and promote healthy lifestyle development. The "Ride Safe" and "Sleep Safe" programs are saving lives and promoting child and family health.

Immunizations are fundamental to the health of our population. We rely on our partnerships with the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices, and the AAP Redbook Advisory Committee on communicable and vaccine preventable diseases.

Partnerships and collaborations are key health promotion and disease prevention focus areas. In order to eliminate health disparities between our Indian children and the overall U.S. population, the Indian health system must continue to work in unison with other Federal agencies and private foundations, universities, and organizations to bring all possible resources to bear on these health issues.

Within the Department of Health and Human Services (HHS), many effective behavioral health promotion and disease prevention partnerships and cooperative efforts have been established in recent years, including partnerships with the Administration for Children and Families and their Head Start program, continued partnerships with CDC and National Institutes of Health (NIH) in the areas of diabetes research, treatment, and prevention, and with the Administration for Native Americans (ANA). The ANA and the IHS have collaborated on 21 Tribal and Urban American Indian and Alaska Native Child and Youth Grant projects.

IHS has also actively pursued partnerships and alliances with other federal agencies outside of HHS, including partnerships to reestablish the National Child Protection workgroup, which is an interagency collaboration between the IHS, BIA, and the Department of Justice to educate individuals working in American Indian and Alaska Native communities about child protection laws, indicators, and reporting procedures.

As I mentioned earlier, Indian youth suffer rates of illness and death in nearly all age groups that are significantly higher than the rates for U.S. all races. We must not only treat illness in our youth, but also explore ways to prevent the onset of illness through the promotion of healthy lifestyles. To this end, the IHS is partnering with:

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- *The National Congress of American Indians and the National Boys & Girls Clubs of America* to help reach their goal of increasing to 200 the number of Boys and Girls Clubs on Indian reservations by 2005. There are now approximately 180 Boys and Girls Clubs on Indian reservations.
- The *CJ Foundation*, a national SIDS prevention organization, the Great Lakes Intertribal Council, and the Aberdeen Area Chairman's Health Board collaborated in the production of a Risk Reduction Resource Kit related to SIDS. Two thousand five hundred kits have been distributed to Tribes, Urban programs, direct care sites, Head Start programs, and child care programs. The "back to sleep" message is one part of a health message to protect our most vulnerable population and support parents and families.
- The *NIKE Corporation* focuses on the promotion of healthy lifestyles for all American Indians and Alaska Natives.
- The *United National Indian Tribal Youth* organization focuses on helping develop leadership qualities in our American Indian and Alaska Native youth and young adults.

A Memorandum of Understanding (MOU) between the HHS and Health Canada was signed in May 2002 to further collaborative efforts between our two countries specifically centered on Native health. The MOU objectives to which we have agreed include:

- collaborative research issues of mutual interest;
- behavioral health with an emphasis on youth suicide prevention and FASD; and
- a staff exchange that will provide an opportunity for professional relations building.

This collaboration has already provided a rich exchange of ideas and information.

One of the major exchanges occurred in September of this past year. This was the roundtable held at the NIH with Native researchers representing the U.S. and Canada as well as IHS, FNIHB, NIH and the Canadian Institutes for Health Research. The three main recommendations were:

- development of a collaborative research agenda, which would include areas such as Native resilience factors that contribute to wellness, and the impact and use of traditional healing;
- ensuring that Native research self-determination and capacity building are developed with Native control, consultation, and decision-making as integral features of the agenda building process;
- and developing a structure and set of processes that ensure that there is funding, leadership, commitments, and appropriate evaluation and followup to the agenda implementation.

We plan to send the roundtable report out soon to all Tribes and other interested parties for additional input. We will then establish a bilateral research work group of Native research experts who represent the interests of our respective country's service populations and IHS, FNIHB, NIH, and Canadian Institutes of Health Research (CIHR) staff.

An additional and very important event at the roundtable was the signing of a letter of intent by Dr. Alan Bernstein, Director of CIHR, and Dr. Elias Zerhouni, Director of the National Institutes of Health. This agreement strengthens our research cooperation that is of high priority to our respective Native populations, CIHR, and NIH. We are encouraged that our countries' premier research organizations recognize the importance of collaborative research. I expect that such meetings as this will elicit ideas that we can work on together in the near future.

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The National Children's Study signals a new level of research that invites families across the U.S. to be part of the enrolled populations in the Vanguard sites – American Indian and Alaska Native families can be a part of the contribution to the information that this 21-year longitudinal study will provide, yielding new information across many health and environmental issues.

The American Academy of Pediatrics (Academy) and the Committee on Native American Child Health have been our staunch friends in so many projects with an emphasis on our Indian children and youth as a unique population - including immunizations, infectious disease, medical home, school health and families with children with special health care needs issues. We are indebted to the work of the Academy, and look forward to a long lived mutually supportive professional relationship.

Many activities could be detailed that are addressing child health and the health of mothers and families. An ever-present but sometimes hidden part is the data, policy, and decision-making infrastructure that goes into supporting Maternal and Child Health. Many people are to be acknowledged. Our IHS website and the Maternal and Child Health/ Women's health page showcase these, and I encourage you to look closely at this information.

I wish you an informative and productive conference and I appreciate the opportunity to speak with you today.

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