



Annual Native Health Research Conference

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“The Role of Research in the Indian Health Service”

by

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Good morning. It is an honor and a privilege to speak with you today as the Director of the Indian Health Service (IHS). Thank you for the invitation to speak today.

No one is more surprised than I am to see me standing here in this role today. It seems like just yesterday I was enjoying my work as a researcher at the University of Arizona and marking the dates on my calendar to attend this meeting as a participant!

I was surprised to receive a call last November to join the Obama-Biden Presidential Transition Team to help review the Department of Health and Human Services (HHS). But my experience on the Transition Team helped me see the support of the new Administration for Indian health. As a result, I was honored to be asked to serve as the Director of the Indian Health Service in this time of hope and change. I do think we have a great opportunity to make significant strides towards improving the health of our people during this Administration, with this President.

Today, as I discuss my vision of the future and my priorities, I hope you all will see that the role of research and evaluation can be critical over the next several years as we work to improve the IHS.

My presentation today will cover:

- Current accomplishments/challenges of the IHS
- The call for change
- Priorities for the future
- The role of research in the IHS

Let me begin by stating the IHS mission: *The IHS Mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.* The IHS, together with other HHS agencies, is working in

partnership with Tribal Nations and tribal organizations, as well as with various other organizations, to fulfill this mission. I am grateful that there is a growing appreciation that you must address all types of health to promote wellness in an individual and in our communities.

The Indian Health Service is different from other agencies in HHS because it is a healthcare system, and our business is healthcare. We provide services through a comprehensive primary care network of hospitals, clinics, and health stations on or near Indian reservations, and we provide a range of clinical, public health, and community services. As you know, our facilities are managed by IHS, tribes, and urban Indian health programs.

Our focus is on our patients; the American Indian and Alaska Native people that we serve. You can be assured that as a physician in the position of IHS Director, I will always make sure we remember that our focus is on the patient. Our healthcare providers and staff provide quality healthcare under very challenging and difficult circumstances – I know this from experience.

The IHS conducts its business in partnership with tribes. This partnership is based on the government-to-government relationship and the federal trust responsibility we have to provide health care services. We honor tribes as sovereign nations that have the right to self-determination and self-governance.

I cannot overstate the importance of this partnership with tribes in all of our work. As you all know, this partnership is essential when we talk about research and data in the IHS.

The Indian Health Service has achieved significant accomplishments in improving the health status of the people its services since it was established in 1955. For example, mortality rates have decreased about 84% for tuberculosis, 75% for cervical cancer, 68% for maternal deaths, 58% for accidental deaths, and 53% for infant deaths. Public health surveillance is critical for the IHS so that we can monitor the health status of our patient population over time and see improvements such as these.

The IHS has also achieved accomplishments in improving the quality of care over time. For example, the percent of patients with diabetes with ideal A1C (or glycemic) control has increased over the years. The proportion of patients with diabetes with ideal glycemic control increased from 25% in fiscal year (FY) 2002 to 32% in FY 2008. These types of improvements have been shown to result in reduced complications of diabetes

However, the IHS continues to experience challenges as it works to achieve its mission. Health disparities continue to persist for American Indians and Alaska Natives compared to other populations. Alcohol related deaths are over six times more frequent among American Indian and Alaska Native people than in the general population; mortality from diabetes and injuries are nearly three times the U.S. All Races rates; and suicide rates are nearly twice the general population rate. Also, the average life expectancy for American Indians and Alaska Natives is still nearly 5 year less than that for the U.S. general population (72.3 vs. 76.9).

Challenges remain in terms of the quality of care. For instance, mammography screening rates have improved, but are still far below target levels. The FY 2008 rate of 46% still falls well short of the Healthy People 2010 goal that “at least 70% of women aged 40 years or older will have had a mammogram in the past two years.”

The challenges we face in the Indian healthcare system are driven by a host of medical, cultural, geographic, and socio-economic factors, including:

- Population growth – that results in an increased demand for services
- Rising costs/medical inflation – especially in rural areas
- Increased rates of chronic diseases – such as diabetes, cancer
- Difficulty recruiting and retaining medical providers in our remote sites
- Challenges of providing rural healthcare
- Old facilities, equipment
- Lack of sufficient resources to meet demand for services
- And in the face of all these challenges, trying to balance the needs of patients served in IHS, tribal and urban Indian health programs.

It is clear that a lack of adequate resources is a huge barrier to fully meeting the mission of the IHS. For example, per capita expenditures for IHS are much lower than those for other federal healthcare sources, such as Medicare, Medicaid, Veterans Affairs, etc. And even though the IHS budget has shown some small increases over the years, its buying power has actually decreased, due to inflation and escalating medical costs.

All of these challenges impact programs funded by the IHS, including tribally-managed programs, IHS Direct Service programs, and urban Indian health programs. Tribes often have to use their own resources to make up for the shortfalls in funding. IHS Direct Service programs are concerned about whether the IHS will continue to be able to meet their needs as more tribes apply to contract or compact their health programs. And urban Indian health programs face numerous challenges trying to serve the growing urban Indian population.

Because of these challenges, it wasn't a surprise to hear a great call for change as I did in my work on the Transition Team. In listening sessions with tribes, they indicated the need for both new funding and change and improvement of the IHS. President Obama has stated his goal of quality and accessible care for First Americans. He voted for increased funding and co-sponsored the Indian Healthcare Improvement Act reauthorization while he was a Senator. His administration is all about change.

During my congressional visits for my confirmation hearing, I found great support for increased funding and improvements for the IHS. And I see evidence of hope and change already:

- The President's proposed 2010 budget for the IHS calls for an almost 13% increase – the largest in 20 years.
- The American Recovery and Reinvestment Act funding provided \$590 million to the IHS for facilities and sanitation projects, maintenance and improvement, medical equipment, and health information technology.

Therefore, as the new Director of the Indian Health Service, I plan to focus on four priorities for our work over the next few years:

- To renew and strengthen our partnership with tribes
- In the context of national health reform, to bring reform to IHS

- To improve the quality and access to care for patients who are served by IHS; and
- To have everything we do be as transparent, accountable fair, and as inclusive as possible.

One of my top priorities as IHS Director is to renew and strengthen our partnership with tribes. I believe that the only way that we can improve the health of our communities is to work in partnership with them. This partnership is based on the government-to-government relationship between the federal government and the tribes. It is also based on the federal trust responsibility to provide healthcare.

Tribes are important partners to IHS; they currently manage over half of the IHS budget. I plan to consult with tribes on our tribal consultation process to see how we can improve the process of how we work in partnership and make consultation more meaningful at all levels.

I want to distinguish between the internal reform we need to bring to IHS over the coming months and years and the broader system reform currently under consideration in Congress. It is clear that in order to get the support we so dearly need, we have to demonstrate that we can change and improve. My priority to bring internal reform to IHS means taking a look at what we are doing, in partnership with tribes, and with all of our staff, and identify what we are doing well, and where we need to improve.

I plan to start by gathering a wide range of input, including through tribal consultation, input from health providers and staff, and input from patients/consumers. Once we identify our priorities for change, we can begin the process. I hope to hear ideas and get input from all those involved in Indian health care.

The role of research in IHS has been important and may have an increasingly important role in the future as we change and improve. You may not know that the reason I left clinical practice in IHS was my recognition of the importance of research, data, and evaluation in American Indian and Alaska Native health care, and how I saw it as an important part of informed policy making and improvement. Having an IHS Director who has been a researcher is an advantage, I believe, during this time of change and improvement.

So, I would like to broaden the discussion to include research, data and evaluation. IHS is not actually a research organization, and research is not one of our primary activities – we are a healthcare system. However, research, data, and evaluation impact what we do in the IHS, and will likely play an important role as we move forward with my priorities for our work in the IHS.

We need to strengthen our partnership with tribes related to research data and evaluation – we need to partner better to ensure that we can continue to share data and monitor the health of our communities. We need to consider, as a part of our efforts to reform and improve the IHS, how to ensure we are doing the best we can for our patients – providing the highest quality, evidenced-based care, according to standards, and evaluating our quality improvement efforts. And of course, evaluating what we do as an agency

We also need to improve the transparency and accountability of what we do – and demonstrate that we are performing well, providing quality care, and meeting the expectations of patients. Congress is increasingly demanding that we evaluate our efforts and show that we are improving outcomes and using our resources wisely

The IHS Research Program has several components that address these issues. The first is this annual IHS research conference, which provides an opportunity for researchers to share information, results and network. The second is the human subjects' protections program, which includes the Institutional Review Boards at the national and Area level. This program is focused on ensuring extra protection for American Indian and Alaska Native research participants that goes beyond the minimum required by federal regulations, including assessing risk to communities and ensuring official tribal support of any research conducted in our facilities.

Another important component is the Native American Research Centers for Health, or NARCH Program, which I will speak more about in a moment. And we are continuing to build liaisons and partners with other federal agencies, foundations, academic centers, etc. We need researchers as partners as we move forward in our efforts to reform the IHS.

Formally stated, the goals of the IHS research program are:

1. To perform and sustain careful and socially responsible scientific inquiry in the health sciences involving American Indian/Alaska Native people and communities, with maximum tribal involvement in and control over that research;
2. To optimize community involvement in and control over research; to protect volunteers and communities from excessive risks of research; and to maximize its benefits to them; and
3. To increase the capacity of Indian communities and individuals to do research in health sciences that is important and useful to them.

The NARCH program, which is in its 7th year, is an alliance among the Indian Health Service, NIH, and other U.S. federal research agencies that funds research partnership efforts between universities and tribes or tribal organizations. The purpose of these partnerships is:

1. To develop a cadre of American Indian and Alaska Native scientists and health professionals engaged in biomedical, clinical, behavioral, and health services research who will be competitive in securing federal funding;
2. To increase the capacity of both universities and Native organizations to work in partnership to reduce distrust by Native communities and people toward research by offering the tribe greater control over the research process; and
3. To encourage competitive research linked to the health priorities of tribal organizations and to reducing health disparities.

These purposes are being achieved by supporting student development projects, faculty/researcher development projects, and research projects developed by each NARCH partnership. I had the honor of participating in a NARCH program prior to this job.

The grant for these activities goes from IHS to the tribal partner, which then subcontracts with the research intensive institution. This keeps the community in charge of the research, but draws on the university for needed expertise.

There is no research line in the IHS budget. The IHS therefore depends on the research agencies, such as National Institutes for Health (NIH) and the Administration for Healthcare Research and Quality, for all of the funding for NARCH. We are grateful for the support of these important partners to this program.

The NIH National Institute of General Medical Sciences funds the bulk of the research training and the core activities of each NARCH. The NARCH program then looks to the other institutes and centers to fund research projects that fall into their scientific areas.

Below are some examples of grant topics for NARCH awards. As you can see, they cover a wide range of health issues:

- Prevention of youth suicide
- Tribal health programs & preventable hospitalizations
- Incarcerated Native youth at risk
- Cancer control
- Prenatal alcohol exposure
- Insulin resistance
- Asthma in Native youth
- Substance abuse intervention

Since each grantee is partnered with an academic university, the opportunities for mentoring and learning are great. In FY 2008 we funded almost \$8 million in NARCH grants.

Just having good health data is not enough, however, so the IHS has embarked on a project to help tribes develop a network of tribal epidemiology centers to actually do something with the data. There are 12 tribal epidemiology centers, which are operated by tribal organizations such as regional Indian health boards. They are located throughout the United States. Their mission is to provide essential public health services:

- They collect, analyze, interpret, and disseminate health information to tribes and to potential funding sources.
- They also assist tribes in identifying key local health issues through the development of community health profiles.
- In addition, they respond to community health needs, such as outbreak control or implementation of health interventions.

The Tribal Epidemiology Centers apply research methods and results to public health practice on behalf of the tribes.

In recognition of the need for change in the way research is conducted in Indian Country, the IHS worked with HHS to establish an official American Indian/Alaska Native Health Research Advisory Group in the Office of Minority Health. This group serves as a formal avenue through which HHS can consult with tribes about health research priorities and needs

in American Indian and Alaska Native communities. The Advisory Council serves three main functions:

1. Obtain input from tribal leaders on specific health research priorities and needs for their communities to assist in the development of an HHS-wide Indian health priority research agenda.
2. Provide a forum through which HHS agencies can better communicate and coordinate the work their respective organizations are doing in Indian health research.
3. Provide a conduit for disseminating information to tribes about research findings from studies focusing on the health of Native populations.

In summary, it is clear that the Indian health system needs more resources to meet our mission, and that we must demonstrate willingness to change and improve. I know we all agree on the outcomes of these efforts:

- We need to improve the quality of and access to care for our patients.
- We need to improve the health status of our people and eliminate health disparities in our communities.

The work ahead is daunting and the challenges are enormous. But when in our history have we had this opportunity – a supportive President, bipartisan support in Congress, a new and supportive administration, and the call for change from our communities and our patients? It's clear to me that research, data, and evaluation will play a very important role as we change and improve the IHS.

I believe that we have an extraordinary opportunity to make significant strides in improving the health of our people. I hope you all can join us in this critical work over the next few years.

Thank you.