

National Indian Health Board



March 4, 2010

Department of Health and Human Services Tribal Budget Formulation and Consultation
Administration for Health Research and Quality
Testimony by Reno Keoni Franklin, Chairman
National Indian Health Board

The Administration for Health Research and Quality (AHRQ), as the agency charged with research and improving quality of health care, will play a role in reducing the health disparities in Indian Country.

The available data demonstrates alarming rates of disparities for American Indians and Alaska Natives (AI/AN). For example, AI/ANs are 600% more likely to contract tuberculosis, 500% more likely to suffer from alcoholism, 100% more likely to be diabetic and has a teen suicide rate ten times higher than the national average.

Tribal communities need greater access to care, as well as exceptional research and data to address issues in tribal specific communities. The role of AHRQ will be to provide and support *culturally appropriate* scientific data that can be used in clinical settings. Additionally, quality assurance of the research is critical. Currently AI/ANs can be underrepresented in population health data due to a lack of data quality. This can influence-- not only the ability to respond to health issues due to an underestimated scope of problem-- but also the tribes' ability to access funds from federal agencies to combat diseases in their communities. Only with better data quality can tribes have an accurate assessment of the scope of health issues, and the funding needed to best provide medical care.

Tribes across the country have taken it upon themselves to conduct this type of research at epidemiology centers. However, AHRQ funding and technical guidance will complement the efforts of the tribes.

Recommendations for AHRQ

Each year, tribes establish health priorities that are important within their communities. These priorities are presented to HHS each year during the budget formulation and consultation meeting, and is included in the Tribal Budget Formulation Workgroup testimony. The health care priorities for Fiscal Year 2012 are listed below:

2012 Tribal National Health Care Priorities:

1. Diabetes



2. Cancer
3. Behavioral Health/Alcohol/Substance Abuse/Mental Health
4. Health Promotion/Disease Prevention
5. Heart Disease/Stroke
6. Injuries/Injury Prevention
7. Maternal & Child Health
8. Dental
9. Water and Sanitation
10. CHS

Not every priority may be able to be addressed through research by AHRQ (e.g. Water and Sanitation, CHS), however, most of the priorities represent significant challenges to tribal communities. By providing funding for research, AHRQ can complement the Indian Health Service mission to provide the care of these diseases.

HRAC Recommendations Offer Guidance for AHRQ

In 2006, the American Indian Alaska Native Health Research Advisory Council (HRAC) was created to provide HHS a more formal process to discuss research topics and more long-term topics, not generally discussed during consultation meetings. In Fiscal Year 2009, HRAC issued its first Annual Report which lays out recommendations for HHS for research priorities in Indian Country.

A copy of the report is attached to this testimony. Some of the recommendations include: Quantification of chronic disease prevalence (e.g. heart disease, diabetes) and associated risk factors through sustained support of prospective studies among AI/AN populations; chronic disease risk factor reduction; intentional and unintentional injuries; hypertension; stroke prevalence/prevention; methamphetamine prevalence. prevention; suicide prevention; autoimmune disorders; evaluation of the use of emerging technology; and health services research.

HRAC recommends that research focus on data quality and accuracy; the lack of access to health care services for AI/ANs in both rural and urban settings; lack of traditional health care practices and traditional diets; the efficacy of health promotion/disease prevention activities; lack of health insurance coverage for AI/ANs.

HRAC also recommends research that is undertaken should be community-based and that Tribal governments are the rightful owners of the data and therefore HHS through AHRQ should consult with the tribes before data is shared with any entity.

Finally, to conduct research that will help reduce disparities, research needs to be done in a way that engages tribes as partners. To do this, several recommendations have been made to reduce barriers and impediments to research. These include: eliminating impediments for collaboration; increasing cultural sensitivity; increasing the number of AI/AN researchers; improving accuracy and interoperability of research among HHS operating divisions; and increasing the amount of community-driven research.



I look forward to working with AHRQ to implement these recommendations. During a time when so much focus is being placed on improving access to and quality of health care, AHRQ will play a significant role to reduce the health disparities that exist in Indian Country, and has a fiduciary obligation to do so.

