

H. Sally Smith biography

- * Chairman of Bristol Bay Area Health Corporation
- * Alaska Native Health Board BOD and Executive Committee
- * ANHB representative to the National Indian Health Board representative
- * Past Chairman of the NIHB - Currently on Executive Committee
- * Board member on the national Health Research Advisory Committee
- * Vice Chairman of the Alaska Native Tribal Health Consortium
- * Chairman of the Alaska Native Medical Center
- * Committee chairman of the ANTHC Health Research Review Committee

- * Mother of 4 grown sons
- * Grandmother to 5 little beautiful people



The following are minutes regarding Ms. Smith's comments during National Heart Lung and Blood Institute's meeting, Research with Arctic Peoples, July 2004.

The first speaker, Ms. H. Sally Smith, co-chair of the Working Group and a Yupik Eskimo, is the current Chair of the National Indian Health Board. She provided a broad overview of the health of Alaska Natives and urged the participants to recognize how the interests of NHLBI and CIHR may or may not overlap with those of the Native community. She focused the group's thinking by noting the total population of Alaska is 627,000 people; half live in Anchorage. Natives represent 19% of the state's population and represent a diverse group including Eskimos, Indians and Aleuts. She contrasted the health priorities in 1950 with those of today noting the decrease in infectious diseases, continuing high rates of injuries and accidents, and the increase in chronic diseases including cardiovascular disease. She noted that rates of cardiovascular disease have remained stable in Alaska while declining for two decades in the lower 48 states. Citing results from the Behavioral Risk Factor Survey, she explained that half of all deaths in Alaska Natives can be related to lifestyle choices including high cigarette smoking, rising obesity and diabetes, declining physical activity, and changing diets from subsistence to market foods. In contrast, community concerns focused more on alcohol and substance abuse, declining traditional lifestyle, and the effects of contaminants. She stressed that current needs include a system to monitor the health behaviors of tribes, a surveillance system to monitor chronic disease including disease registries, and intervention studies to prevent and treat diseases with rising incidence.

Barriers to research in Alaska are numerous. Historically, research is seen as not offering much benefit and, perhaps, harming the community. Distrust increased

because of investigators taking and never giving back to the community. Often, research results were shared with the scientific community before being shared with the Native community. Other factors creating barriers to research with Arctic Peoples include poor education leading to a lack of understanding of research, limited supply of Native scientists, lack of educational programs to train students interested in biomedical research, and a dearth of mentors to train and inspire students. Potential solutions include creation of mentorships, development of advanced degree programs in Alaska educational institutions, simplification of the grant application and reporting processes, emphasis on community partnerships for research projects, and more rapid response for funding decisions. Distance learning programs may offer a solution to the formidable barrier of geography. Natives have made great progress in managing their health care. Now they want to manage their health research.