

Growing Our Own: The Value of a Local Health Services Research Capacity

Alaska finds that building a local research institute pays off in better analysis and more relevant results.

Brian Saylor

For many years, some of us involved in health services research in Alaska relied on non-Alaskan researchers to help us address Alaskan health policy issues. We affectionately call non-Alaskans “outsiders.” After a few months, these “outside” researchers often came back to us confused and frustrated. They were well versed and prepared in the content of the policy issues, but they were confused by the complexity of Alaska’s health care delivery system and frustrated with their lack of understanding of how to obtain and interpret Alaska health care data.

Many times we would give them a primer on the complex Alaska system and help them understand the data generated by it. A few months following our conversations, the “outside” researchers would send us a report based on those conversations with a nice cover letter and an invoice. We Alaskans believed there had to be a better way.

Tapping Local Knowledge

A better way finally came along in 1988 when the Alaska State Legislature established the Institute for Circumpolar Health Studies (ICHS) at the University of Alaska Anchorage. Their intent was to develop the capacity to provide health services research and instructional services needed to improve the health and welfare of Alaskan and other peoples of the circumpolar north. The Institute for Circumpolar Health Studies provides health services research and evaluation services for the Alaska Department of Health and Social Services and its many operating agencies, Alaska Native regional health corporations, local health departments, and private nonprofit organizations throughout Alaska.

In the 12 years since the legislature provided the initial seed money of \$250,000, the ICHS has grown to a staff of 20 and a budget of almost \$2.7 million. As a result, fewer and fewer non-Alaskan health policy researchers are venturing to the Far North. Organizations in need of applied health

services research, policy analysis, or evaluation studies now have a responsive, knowledgeable local research service available to them.

The success of ICHS is largely built on an understanding of our local environment, Alaska’s people and the health services they use, and the strengths and weaknesses of Alaska’s health care data. This is the unique contribution of our locally staffed health services research operation—we know our environment.

Consulting Specific Expertise

The major limitation that comes from relying on a relatively small local operation is the lack of in-depth expertise in certain content areas. For example, a local nonprofit agency asked ICHS to help them with a project addressing motor vehicle injuries and fatalities. Although we were familiar with the data available and the agencies involved in the project, we were not familiar with some of the techniques required for the analysis. In response, we called some colleagues from another university with nationally recognized experience in the field. Through that partnership, we were able to link our understanding of the Alaskan environment with exceptional content expertise. In this way, we are able to direct consultants’ activities to projects and questions that are of value to Alaska, rather than to fund some other organization’s learning curve as it tries to understand our unique environment.

ICHS has become an integral part of the research and evaluation team of some of Alaska’s more visible regional health corporations. These partnerships allow Alaska Native people to structure their own inquiries about the acceptability, accessibility, cost, and quality of health services in a cultural framework consistent with their value systems. Mentorship programs and unique partnerships with ICHS have created collaborative environments in which culturally acceptable health services research can be used to benefit Alaska Native groups.

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Training New Researchers

Mentoring employees of Alaska Native regional health corporations helps to train a new cadre of health service researchers to conduct applied health services research. Mark Anaruk is an employee of the Yukon Kuskokwim Health Corporation (YKHC) headquartered in Bethel, Alaska, which serves 56 villages throughout western Alaska. He recently described the relationship between ICHS and YKHC. "In the old days, ICHS did it all. They wrote the evaluation part of the grants, provided technical assistance during the project, and drafted the final report. Now the corporation is learning how to do these tasks." This training is provided through a mentoring arrangement between ICHS and YKHC. "As a YKHC staff person, I'm stationed at ICHS to learn what its staff does. I learn by participating in YKHC projects and other ICHS research projects. I learn from experienced researchers and evaluators how to do it right," said Anaruk.

ICHS has provided technical assistance to YKHC over the years as the corporation has grown and built internal capacity. "Now, through the mentorship program, ICHS is monitoring us as we go down the road of self-determination," Anaruk concluded.

Developing Partnerships

ICHS also develops close working partnerships with senior administrators in Alaska Native health corporations, a new kind of relationship for the University. According to Ed Krause, Executive Director of the Copper River Native Association's Behavioral Health Services, "When you look at the University in the past, the relationship was based on what the University provided in formal education. However, over the last five or six years, funding agencies have placed more requirements on rural service providers to demonstrate the effectiveness of their services. It became apparent we lacked some skills in evaluation research. If we were to be successful, we needed that academic collaboration."

Krause sees value in using local applied health services research expertise. "There is a tendency to fund research through long-established documented research facilities. It's always been viewed that being 'national' ensured a certain amount of success. However, with the tie to the University of Alaska Anchorage, there is a proven track record that is a more sensitive than outside researchers. It is a better way to use time efficiently. At the base, Alaska Native research studies ought to be headquartered in Alaska."

The characteristics of the relationship with communities are also changing. "We don't need the missionary approach," Krause says. "Instead we need an interpreter who can help communication between communities and researchers." This changing role requires the university community to be involved with the research projects on a more intimate level than many have been in the past. Universities may have to give up some of their academic autonomy so that communities will participate more in the development and targeting of research efforts.

Expanding Agenda

The Institute's research agenda is very broad. In the past three years, it has addressed the effectiveness of

community-sponsored programs to reduce motor vehicle injuries and fatalities, the perceptions of Alaska Natives regarding Native traditional healing techniques, the use of traditional Yup'ik activities as a substitute or adjunct for Western methods of substance abuse treatment in isolated Alaska Native villages, and the effectiveness of service delivery systems for in-home care provided by personal care attendants throughout the state of Alaska. Current and future projects include an evaluation of Alaska's welfare reform efforts, an assessment of the Municipality of Anchorage Smoking Ordinance, a review of the viability of small rural Alaska hospitals, and the relationship between particulate matter and asthma in young children.

I believe every state should expand its health services research capacity. Many states in the Northwest are rural or frontier states that rely on larger population centers with greater capacity to furnish basic health services and applied health research for their populations. Our experience with ICHS at the University of Alaska Anchorage demonstrates that locally managed and locally provided health services research is of value to project sponsors. It enhances the continuity of the research effort and provides a local point of contact for follow-up projects. More is left behind than a hard copy report. 🐾



Public health nurse in Alaska, preparing to call on local residents, 1956.

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For more information about the ICHS see the Web site at www.ichs.uaa.alaska.edu/