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Indian Health Service FY 2006 Budget Formulation Evaluation/Planning Meeting

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Director's Welcome

by

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August 31, 2004

Good Morning, and welcome to the Indian Health Service Fiscal Year 2006 Budget Formulation Evaluation/Planning meeting. First I would like to thank all of you for taking time out of your busy schedules to be here today to assist us in this important and sometimes difficult budget formulation process. Budget formulation is a critical function, and we want to ensure that whenever we have an opportunity to identify where additional resources are most needed, our response is consistent with your priorities for additional funding. As you all here today well know, there are limited resources available for Indian health care, and we must work together to ensure that budget expenditures and allocations are directed at the most critical needs.

It is also important that we look for ways to increase the available resources. One very important way is through partnerships and collaborations, both Federal and non-federal. To this end, 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 Indian health issues. In order to continue making significant improvements in the health of Indian people, we have to look beyond just the provision of health services. We must address all the contributory factors to poor health, such as socioeconomic status, educational status, community and spiritual wellness, cultural and family support systems, and employment

opportunities, to name a few. To do this, we must form alliances and partnerships with the various federal and non-federal entities that have the resources available to help address these underlying health status issues.

Within the Department of Health and Human Services, under Secretary Thompson's leadership, we have seen this goal of uniting resources and forming partnerships being actively addressed and pursued. Within the HHS, many effective partnerships have been established in recent years between the IHS and almost all the other HHS agencies, including:

- the *Administration for Children and Families* and their Head Start program;
- the *National Institutes of Health*, resulting in the establishment of Native American Research Centers for Health and support for the Tribal Epidemiology Centers;
- the *Centers for Disease Control and Prevention* and the *National Institutes of Health* in the areas of diabetes research, treatment, and prevention;
- the *Substance Abuse and Mental Health Services Administration* in the area of alcohol and substance abuse prevention;
- the *Administration for Native Americans*, which resulted in IHS issuing 20 grants for developing long-term care services for the elderly, and emergency preparedness training programs for Community Health Representatives; and
- also, in partnership with the IHS Children and Youth Initiative, the *Administration for Native Americans* will fund 22 children and youth grant projects over the next 3 years.

The Department has also demonstrated its commitment to making all HHS programs and grant opportunities available to Tribes. The Secretary has asked the Intradepartmental Council on Native American Affairs to actively look at ways to remove barriers and make it easier for Tribes to access HHS programs and resources to further assist your health and human service programs. The ultimate goal is to help remove as many of those barriers as is feasible under current law.

As I stated a moment ago, I consider the input of all Tribal and Urban organizations through the consultation process to be vital to identifying the best ways to utilize limited resources. The Secretary and the Department are equally dedicated to using and improving the consultation process. In fact, the HHS Office of Intergovernmental Affairs and the IHS will soon begin to examine the success of the implementation of our respective consultation policies. A Tribal/Federal workgroup will be established to provide recommendations to the HHS Office of Intergovernmental Affairs on improving consultation in the Department. The IHS will use the same workgroup to examine consultation in IHS.

We expect that the workgroup's recommendations on the IHS consultation policy should be ready for forwarding to all Tribal leaders for review and comment by this fall. The objective is to have revised consultation policies adopted in late 2004 for both HHS and IHS, respectively.

I appreciate the work of this group to improve the budget process. I look forward to hearing the recommendations you develop and will commit to carrying them out the best that I can.

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