



# Budget Formulation Session

“Budget Consultation”

by

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OS



ACF



AOA

CDC

CMS

FDA

HRSA



SAMHSA

Good afternoon and welcome to the FY 2007 IHS/Tribal/Urban National Budget Work Session. As we testified this morning at a hearing before the Senate Committee on Indian Affairs about the Global Status of Indian health among American Indians and Alaska Natives, there is still a long way to go for American Indian and Alaska Native people to achieve parity in health status with the rest of the U.S., and it is going to take resources to accomplish that goal. The work you are doing here today is crucial in advocating for those resources, and I thank every one of you for taking time out of your busy schedules to participate in this important activity. I would like to offer a special thanks to the budget workgroup co-chairs, Don Kashevaroff, Carole Ann Heart, and Rachel Joseph.

An important goal of this meeting will be to integrate the 12 sets of budget recommendations from the Areas into one set of national budget priorities. The national priorities are very important to us. We want to make sure that whenever we have the opportunity or discretion to prioritize funds, that they are consistent with the Tribal and Urban priorities. It is clear that having a set of cohesive national priorities is valuable in advocating for Indian health funding.

We know that everyone involved puts in a great amount of effort towards analyzing and prioritizing Indian health funding needs in order to submit carefully considered budget recommendations, and we want you to know that we appreciate the time and effort you put into this process. Your input provides us the guidance necessary to ensure that opportunities for identifying where resources are needed most are consistent with your priorities and recommendations.

The President’s FY 2006 Budget request for the Indian Health Service (IHS) is a clear indicator that your priorities as communicated through the consultation processes are being

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heard. The FY 2006 budget request focuses on current services needs, which have been your highest priority for the past several years.

During the 2005 Regional Tribal Consultation Sessions and the Department of Health and Human Services (HHS) Budget Consultation Session, Tribes were very clear about the need for additional resources as well as their budget priorities. Those priorities were full pay cost increases, contract support costs, increases to address population growth, and contract health services. HHS responded and worked very closely with others in the Administration to include those priorities in the 2006 President's Budget Request. We all agree that there are needs that remain to be addressed; however, in this extremely difficult budget environment, the IHS is recommended for an increase of \$63 million. This is in sharp contrast to a reduction in excess of \$500 million for CDC, a reduction in excess of \$400 million for ACF, and a reduction in excess of \$800 million for HRSA, to name but a few.

As you formulate the FY 2007 budget, I hope you will keep in mind some of the initiatives that the IHS has established that we believe are crucial to effectively meeting the present and future health care needs of American Indian and Alaska Native people.

The growth in American Indian and Alaska Native population and chronic disease rates, as well as socioeconomic constraints, are increasing the challenge of effectively improving the health status of Indian people. Therefore, as an Agency, the IHS is establishing three major focus areas, or Director's initiatives. They are Health Promotion and Disease Prevention (HP/DP), Chronic Disease Management, and Behavioral Health.

Early on in my tenure as Director of the Indian Health Service, I announced my Health Promotion and Disease Prevention Initiative. As a Nation we are struggling with chronic diseases such as diabetes, heart disease, obesity, cancer, asthma, and depression. This initiative is a reflection of my conviction that we must address the primary prevention of these chronic diseases if we are to critically influence the future health of our patients and our communities. To that end, I have taken a number of actions aimed at health promotion and disease prevention, which include the following:

- Indian Health Summit; Health Promotion and Disease Prevention Policy Advisory Committee; Area HP/DP coordinators; Healthy Native Communities Fellowship; "Just Move It Campaign"; Boys and Girls Clubs; Memoranda of Understanding with Canada and NIKE... to name a few.
- Stop The Pop Campaign - 8 emerging leaders from the Department of Health and Human Services have been assigned to work on this campaign.
- An obesity workgroup will be launched in April. Jean Charles-Azure is taking the lead with this very complex and important work.

As I mentioned earlier, as a nation and in Indian country, we are struggling with chronic diseases such as diabetes, heart disease, obesity, cancer, asthma, and depression. We must address not only the primary prevention of these chronic diseases if we are to critically influence the future health of our communities, but we must look at better chronic disease management in our clinical care of our patients.

Addressing behavioral health and mental health issues in our communities is also crucial. We need to focus on screening and primary prevention in mental health. The recent shooting incident at Red Lake has been a tragic reminder to all of us in Indian country, as well as to the

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Nation as a whole, of the importance of increasing our efforts to effectively address mental health issues. We know that mental health issues such as depression can also make chronic disease management more difficult and less effective. In order to adequately address mental health issues, we need to work in concert with federal, public, and private organizations to address all the contributing factors to mental illness, such as poverty, lack of educational opportunities, domestic violence, social isolation, and perhaps most devastating of all, low expectations and the hopelessness of our youth.

I have highlighted several of the actions that I have taken to jump start a change in the culture of our organization to one that not only continues to provide exceptional health care, but also one that really does make preventive health, behavioral health, and chronic disease management a priority. We can no longer simply complain about the scarcity of resources for preventive health, behavioral health and chronic disease management -- we have to do something about it.

Again, I thank you for your efforts and I look forward to hearing about your priorities for FY 2007 and the continued discussion later today and tomorrow of your recommendations for the FY 2007 budget. Thank you.

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