HHS Region VIII Tribal Consultation Session

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Closing Remarks

by
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Good Morning. It is a pleasure to be here today at Region Eight's Tribal Consultation session. I have enjoyed meeting new and old friends and colleagues at this conference, and thank you for sharing your views on how to best meet the health care needs of American Indian and Alaska Native people.

That is why I am here today, to listen and learn from all of you, and that is why Deputy Secretary Claude Allen is here; and Mr. Charles Curie from SAMSHA; and Joe Nunez, your Regional Director; and the IHS Area Directors from Billings and Aberdeen, Pete Conway and Don Lee; and the representative from the Secretary's Office of Intergovernmental Affairs, Gena Tyner-Dawson. We are all here to learn what your health priorities are for your people, and how we can help you most effectively address health disparities and improve health status in your communities.

The Secretary and the Deputy Secretary and many on their staff have seen firsthand the challenges faced in improving health status for American Indian and Alaska Native people, and they are acutely aware of and committed to eliminating the disparities in health status in Indian Country.

We are currently witnessing a shift in the nation's healthcare focus from treatment of disease to prevention of disease. In Indian Country, we have for some time recognized the importance of focusing on healthy communities and individual wellness. We know the future of Indian healthcare relies on our recognizing and addressing the fact that most of the leading causes of chronic illness and death among our people today can be linked to unhealthy behaviors. It is therefore vital that we have programs in place to assist our people in making and sustaining healthy lifestyle choices. And it is vital that you here today, as Indian leaders and role models, promote these behaviors in your lives and in your communities. It is leading by example, and it is one of the most effective ways I know of to bring about

positive and lasting change in behavioral and lifestyle patterns.

That is why I have formally established the Indian Health Service's Health Promotion and Disease Prevention Initiative. We must actively pursue and promote all health promotion and disease prevention methods that might help us achieve our mutual goal of eliminating the health disparities experienced by our people compared to the rest of America. These health disparities are in areas such as diabetes rates, which are 2-3 times higher for American Indians and Alaska Natives than for all adults in the United States, and chronic liver disease, where the mortality rate is also twice as high. Unintentional injury rates are also up to two times higher for the Indian population than for all other races, and are in fact the leading cause of death for Indian youth. These are only a couple of examples of behavior-related disparities that we are addressing with our Health Promotion and Disease Prevention initiative. We are dedicated to eliminating these disparities. But we cannot do it alone.

The Department, the IHS, Tribes, and others dedicated to improving Indian health must work in concert, if we hope to succeed in eliminating these unacceptable disparities that have afflicted our people for far too long. We must speak with one voice, strongly and in unison, if we hope to be heard. That is why I am so pleased to see so many distinguished, influential Tribal Leaders in the audience, and at this conference. Your commitment to working with the Administration and the Department, and the IHS, will help forge alliances and partnerships that will benefit our people for years to come. We must work together to meet our mutual goal of raising the health status of American Indian and Alaska Native people to the highest possible level.

Within the Department of Health and Human Services, under Secretary Thompson's leadership and the theme of "One Department," we have seen this goal of uniting resources and forming partnerships being actively addressed and pursued. I consider their leadership to be responsible for helping others in the Department, from senior officials to support staff, to also embrace that vision.

Within the HHS, many effective partnerships have been established in recent years, 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. There are more than 315 grant programs available in HHS; currently about 125 of them are available to American Indian and Alaska

Native Tribes and organizations. But only about 85 of the 125 are being accessed. Without Tribal participation and applications, the resources of the remaining 40 programs go to other programs. That is why the Secretary has asked the Intradepartmental Council on Native American Affairs to actively look at ways to make it easier for Tribes to access HHS programs and resources to further assist your health and human service programs. Ways like establishing the website at www.grants.gov to provide a single site to find federal grant opportunities. When you search that website, you'll find 160 funding opportunities for Indian Tribes. Please use this new resource that is administered by HHS to help identify much needed resources.

And to further assist Tribes, the Assistant Secretary for Planning and Legislation is conducting a study in conjunction with the Secretary's Intradepartmental Council for Native American Affairs to identify the barriers that prevent Tribes from more widely accessing HHS grants programs. This study will survey each of the HHS grants programs to identify the issues that are perceived barriers to wider Tribal access to those grants. After data collection is complete, a series of roundtable sessions will be held to discuss with Tribes how these barriers may be removed and how wider access to HHS programs can be achieved. We expect to have preliminary results in the spring of 2005. The ultimate goal of the study is help remove as many of those barriers as is feasible under current law.

In response to Tribal leader comments at prior regional Tribal consultation sessions concerning the need to improve Tribal consultation and inter-governmental relations, 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 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. The Workgroup has held three conference calls and had their first face-to-face meeting in Oklahoma City after the NIHB meeting last week. 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 look forward to working with the staff in the Office of Intergovernmental Affairs and in collaboration with Tribes to revise both the HHS and the IHS consultation policies so they may more effectively serve the needs of our people.

One topic that has been an issue of interest for IHS and Tribes is the IHS HQ restructuring efforts. Recently I presented my reorganization plan to the Secretary and gained his approval to move forward with implementation. This year there will be changes that will begin at Headquarters. These changes are intended to improve our support of those in the field, enhance our responsiveness to the Department and Congress, and achieve the management and performance goals of the President and the Secretary. The new structure will reflect current and emerging priorities of the Agency, and will flatten the management structure by eliminating an entire layer. The new structure will have three offices inside the Office of the Director and seven offices outside the Office of the Director. The three "interior" offices include the Office of Tribal Self-Governance, the Office of Tribal Programs, and the Office of Urban Indian Health. The 10 offices will have greater visibility, more natural communications lines, and additional cross-cutting responsibilities.

This restructuring effort will be an evolutionary, not revolutionary, change. Most HQ functions will continue, with expanded emphasis on resource access, collaborations, and security functions. The workforce at HQ is projected to return to 2003 levels. The actual number of employees is contingent upon appropriations and the extent of Tribal contracting and compacting.

The IHS budget is another issue of ongoing interest for us all. The House Interior Appropriations Committee has completed its action on H.R. 4568 and is ready for conference. Its counterpart in the Senate has not taken any action at this time; it is expected they will do so after the August recess and Labor Day. The House mark is $112 million (or 3.82%) over the FY 2004 appropriation and approximately $66 million over the President's budget request. The highlights of the changes between the President's Budget and the House mark include an increase of approximately $15 million for clinical services; a restoration of $52 million to the Health Care Facilities Construction base plus an increase of 5.6 million; an increase of $3 million for facilities maintenance and improvement and to replace aging medical equipment; and a decrease of $10 million in sanitation facilities construction.

The House Mark includes $99 million for Health Care Facilities Construction -- $57.6 million above the FY 2005 President's request for Health Care Facilities Construction. The additional $57.6 million includes:

- $18.3 million to begin construction of the Eagle Butte, South Dakota, Health Center,
- $19.3 million to complete the Clinton, Oklahoma, Health Center,
- $4 million for the Phoenix Indian Medical Center system – (design of the Southeast and Southwest Ambulatory Care Centers),
- $2.7 million to begin the Southern and Northern California Youth Regional Treatment Center projects,
- $4.8 million for Joint Ventures with Tribes,
- $6 million for the Small Ambulatory Program,
- $1.5 million for dental units, and
- $1 million for planning.

I am also pleased to report that both the President's 2005 budget request and the House mark include $3 million to add 3 or 4 new epidemiology centers and increase support for the existing seven centers. These centers are critical in helping to identify diseases to target, strategies for successful intervention, and testing of effectiveness of implemented health intervention

The FY 2006 budget is also in process. We submitted our preliminary request to the Department in early June, and held our meeting with the Secretary's Budget Council during the week of July 19.

In closing, I would like to remind and encourage all of you here today to attend the upcoming National Indian Wellness summit, being hosted by the IHS, which will be held in Washington, D.C., September 22-24. The focus of this wellness conference is on uniting our efforts with those of our public and private partners in order to bring together information regarding successful prevention activities at the local, regional, and national levels.

This Summit is another important opportunity for all of you here to meet and join forces with your fellow health care professionals, to share your knowledge and to form alliances that may lead to further partnership efforts on behalf of American Indian and Alaska Native health issues. These conferences are vital to our efforts in uniting all possible resources to address disparities in Indian Country.

Thank you for the opportunity to speak with you today, and for your participation in this important conference.

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