



# HHS Deputy Secretary & IHS Director Visit to Northern Plains Tribes

August 15 – 19, 2004

## Rosebud Sioux Tribal Council Meeting

Rosebud, South Dakota

### “State of IHS”

by

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Good Morning. It is a pleasure to be here today and to once again see the incredible “in the round” Rosebud Hospital and the cultural richness it represents. It is also a pleasure and an honor to be able to meet some of the dedicated, hard-working staff who daily provide competent, compassionate care to the members of the Rosebud Sioux Tribe and others in need.

I would like to give you a brief overview of the key initiatives I have established for the agency.

Across our nation, and around the world, we are recognizing more and more the importance of healthy lifestyle choices in promoting and maintaining individual health. In Indian Country, we have for some time recognized the importance of focusing on healthy communities and individual wellness. That is why I have formally established the Indian Health Service’s Health Promotion and Disease Prevention Initiative. But this effort is not just an IHS focus; we are working together with the Department, Tribes, and Urban Indian programs to actively pursue all available effective health promotion and disease prevention methods that might help us eliminate the health disparities experienced by our people compared to the rest of America.

Health Information Technology is another major focus area, not just for the IHS but for all of HHS and in fact, for the entire nation. The President has identified health information technology as “one of the most important new technology areas for America’s future,” and the Secretary, at the recent Health Information Technology Summit, gave his full support for the development and implementation of electronic health care record systems.

The IHS has been developing and enhancing its health information technology for many years. The deployment of the IHS Electronic Health Record is one of our major information

*The text is the basis of Dr. Grim’s comments at the Rosebud Sioux Tribal Council meeting on August 15. It should be used with the understanding that some material may be added or omitted during presentation.*

technology priorities for 2005. By the end of 2005 there will be 20 sites using the Electronic Health Record, and by 2008 all of our health facilities are expected to use it.

Partnerships and collaborations are also key focus areas. In order to end health disparities among Indian people, 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.

Within the Department of Health and Human Services, under Secretary Thompson's and Deputy Secretary Allen'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; and the *Substance Abuse and Mental Health Services Administration* in the area of alcohol and substance abuse prevention; to name just a few.

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.

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.

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.

Thank you for the opportunity to speak with you today. I consider it an honor to be on the same team with you — the HHS/IHS/Tribal/Urban Indian health team — as we strive to address health issues and overcome health disparities in Indian Country. The Department has demonstrated its commitment to this goal over and over, and that is why it is such a pleasure for me to now introduce my fellow traveler and ambassador to Indian Country, Deputy Secretary Claude Allen.

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