DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

JAN 3 0 2006

This presentation of the Indian Health Service (IHS) fiscal year (FY) 2007 Congressional Justification to the Department of Health and Human Services represents our second fully integrated performance budget and is consistent with the Secretary's policy guidance.

This submission also supports the President's Management Agenda (PMA) and priorities as well as the Department's FY 2004-2009 Strategic Plan and the Secretary's 500 Day Plan. Consistent with the Government Performance and Results Act (GPRA), this justification includes the FY 2007 Annual Performance Plan and the FY 2005 Annual Performance report and is organized to provide an integrated presentation of our funding request and program performance.

During FY 2005 and FY 2006, the IHS began restructuring its approach to performance management under the coordination of the Performance Achievement Team (PAT), a workgroup of key IHS program and support function leaders. The PAT has been charged with the efficient and effective coordination of performance in the Agency and enhancing and rewarding further integration of a performance management culture across the Indian health care system. Through the PAT and the performance budgeting process, a more direct link and discussion between budget and program performance will continue to help integrate performance related to GPRA, the Program Assessment Rating Tool, and the PMA.

Reporting GPRA performance remains a mainstay of ongoing performance management with the IHS, including the capacity to provide quarterly reporting of critical health care performance data. For FY 2007, the IHS provides a comprehensive set of 35 measures that represent health-care-related outcomes. This objective results-oriented information continues to enable the IHS and our stakeholders to assess ongoing progress towards two critical performance objectives from the Department's Strategic Plan and four strategic goals from the IHS Strategic Plan:

HHS Strategic Objectives:

- 3.4 Eliminate racial and ethnic health disparities.
- 3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN).

IHS Strategic Goals:

- Build healthy communities.
- Achieve parity in access by 2010.
- Provide compassionate, quality health care.
- Embrace innovation.

Our FY 2007 budget request represents the best efforts of IHS and our stakeholders to continually strive to embrace innovation, expand partnerships with a broadening group of stakeholders, and explore approaches to increase our efficiency and effectiveness.

Charles W. Grim, DDS

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Assistant Surgeon General
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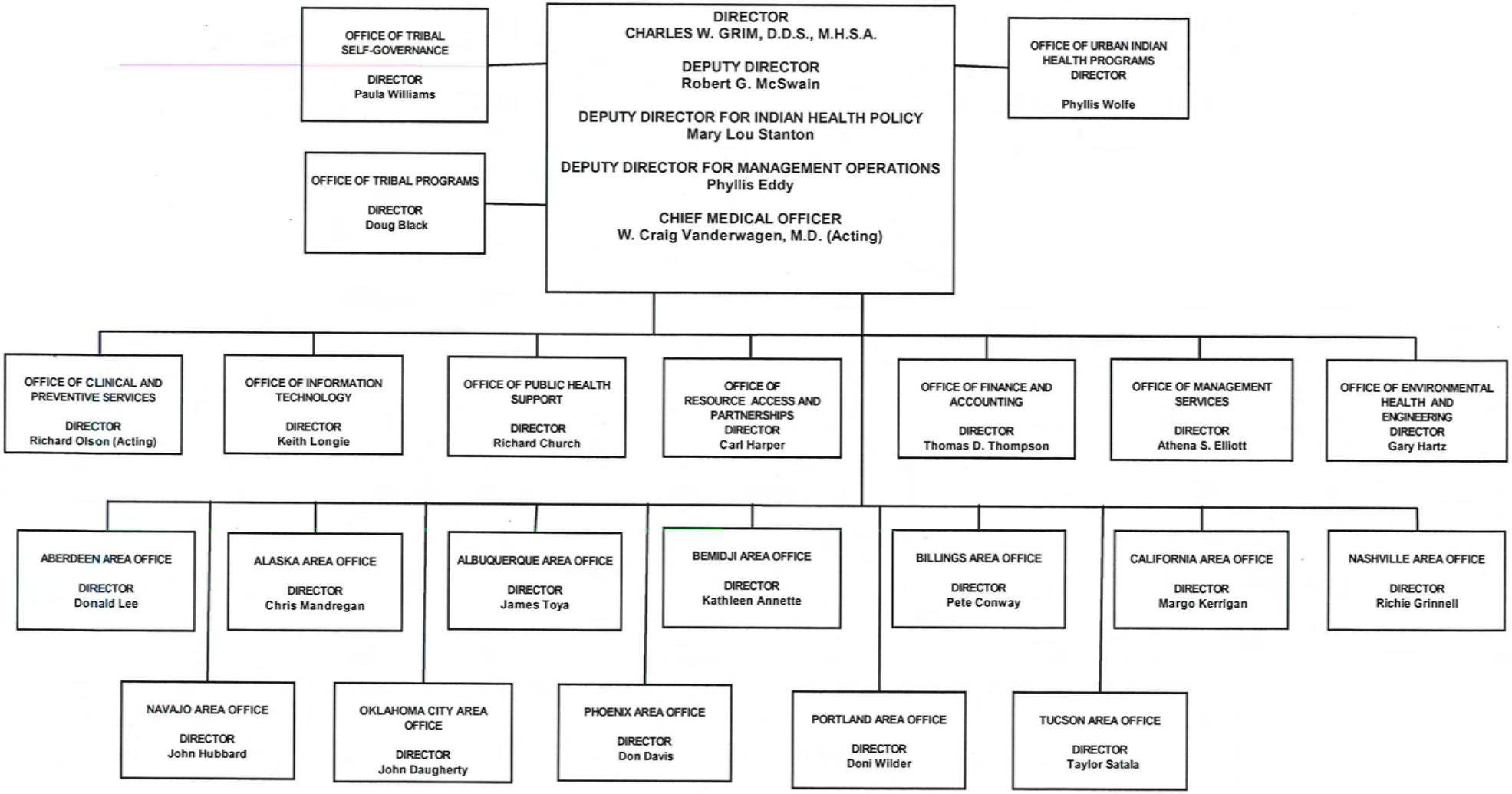
DEPARTMENT OF HEALTH AND HUMAN SERVICES

INDIAN HEALTH SERVICE

Approved: Charles W. Grim, DDS
Date: 1/11/06



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PERFORMANCE BUDGET OVERVIEW

Statement of the Indian Health Service Mission

The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

United States Government and Indian Nations

The provision of Federal health services to American Indians and Alaska Natives is based on a special relationship between Indian Tribes and the United States. The Indian Commerce Clause of the United States Constitution, as well as numerous treaties and court decisions have affirmed this special relationship and the plenary power of Congress to create statutes that benefit Indian people. Principal among these statutes is the Snyder Act of 1921, which provides the basic authority for health services provided by the Federal Government to American Indians and Alaska Natives.

The Indian Health Service and Its Partnership with Tribes

For more than 120 years, Federal responsibility for American Indian and Alaska Native health care passed among different government branches. In 1955, this responsibility was officially transferred to the Public Health Service (PHS).

In the 1970's, Federal Indian policy was re-evaluated by the Nixon Administration, which adopted a policy of Indian self-determination. This policy promotes Tribal administration of Federal Indian programs, including health care. Self-Determination does not lessen any Federal obligation, but provides an opportunity for Tribes to assume the responsibility of providing health care for their members.

The Indian Self-Determination and Education Assistance Act of 1975 (ISDEAA), as amended, and the Indian Health Care Improvement Act of 1976 (IHCIA), as amended, have provided new opportunities for the IHS and Tribes to deliver care. The IHCIA included specific authorizations for providing health care services to urban Indian populations, to administer an Indian health professions program, and the ability to collect from Medicare/Medicaid and other third party insurers for services rendered at IHS or Tribal facilities. Under the ISDEAA, many Tribes have assumed the administrative and program direction roles that were previously carried out by the Federal government. Tribes currently administer over one-half of IHS resources through ISDEAA contracts and compacts. The IHS administers the remaining resources and manages those facilities where Tribes have elected not to contract or compact their health programs.

Strategic Goals

		Build healthy communities	Achieve parity in access by 2010	Provide compassionate, quality health care	Embrace Innovation
1	Reduce the major threats to the health and well-being of Americans	X	X	X	X
2	Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges	X			X
3	Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices	X	X	X	X
4	Enhance the capacity and productivity of the Nation's health science research enterprise				X
5	Improve the quality of health care services	X	X	X	X
6	Improve the economic and social well-being of individuals, families, and communities, especially those most in need	X		X	X
7	Improve the stability and healthy development of our Nation's children and youth	X	X	X	
8	Achieve excellence in management practices				X

The Department-wide and IHS Strategic Plans provide the framework for carrying out the Federal commitment for raising the health status of American Indians and Alaska Natives. The broader HHS Plan outlines the goals for improving the health of all Americans while the IHS Plan is more specific in its goals and describes in detail the strategic actions necessary for achieving the HHS objectives for the AI/AN population as an HHS division. The entire IHS budget supports programs and activities that are critical to achieving these objectives.

In particular, the HHS objectives 3.4 (Eliminate racial and ethnic health disparities) and 3.6 (Increase access to health services for AI/ANs) provide the broad framework on which the IHS Strategic Plan is based and on which the IHS budget is focused. To accomplish these objectives, the IHS Strategic Plan outlines four overarching goals: (1) Build Healthy Communities, (2) Achieve Parity in Access by 2010, (3) Provide

Compassionate, Quality Health Care and (4) Embrace Innovation. The Plan also includes long-term measures that are used as indicators of accomplishment in meeting the goals. The timeframes and targets for these measures are ambitious, as agreed upon with the Office of Management and Budget. For information on the breakout of our budget by HHS strategic goal, please refer to the display in the *FY 2007 HHS Annual Plan*. The outlook for progress is discussed below under the Overview of Indian Health Service Performance. The funding amounts proposed in the FY 2007 budget will enable the IHS to make significant progress on several performance goals.

The IHS has an integral role in supporting the Secretary's 500 Day Plan of securing the homeland, protecting life, family and human dignity and improving the human conditions around the world. Over one third of Commissioned Corps officers serve in the IHS and are able and ready to respond to disasters at a moments notice based on our capabilities in health care and environmental health. Most recently, approximately 600 IHS Commissioned Officers were deployed in response to the hurricane related disasters in the Gulf Coast. Protection of life, family and human dignity are core values of the Indian Health system and IHS is supporting the First Lady's Initiative on Helping America's Youth. IHS is in the process of developing a multi-Departmental Call to Action on Indian youth that is responsive to the many-at-risk youth in our communities. In order to improve the human conditions around the world, the IHS has deployed its staff and operating concepts on a worldwide basis to a variety of sites (e.g., Iraq, Afghanistan, Indonesia) to assist local and national governments in recovery and enhancing their health delivery systems.

Overview of Indian Health Service Performance

Historically, the Indian Health Service has succeeded in substantially improving the health status of the AI/AN population, primarily by focusing on preventive and primary care services and developing a community-based public health system. Examples can be seen in the dramatic decreases in mortality rates for certain health problems between 1972-74 and 2000-2002:

- Gastrointestinal disease mortality reduced 91 percent (9.3 to 0.8 per 100,000);
- Tuberculosis mortality reduced 80 percent (10.7 to 2.1 per 100,000);
- Cervical cancer mortality reduced 76 percent (19.0 to 4.5 per 100,000);
- Infant mortality reduced 66 percent (25.0 to 8.5 per 1,000);
- Unintentional injuries mortality reduced 60 percent (223.1 to 90.1 per 100,000); and
- Maternal mortality reduced 64 percent (34.8 to 12.5 per 100,000);

The average death rate from all causes for the AI/AN population dropped a significant 28 percent between 1972-1974 and 2000-2002.

Population growth and economic factors are creating pressure on AI/AN communities, and the IHS system. From 1990 to 2000, the AI/AN population grew at a rate of 26 percent, while the total U.S. population grew by only 13 percent. Poverty and low educational attainment remain as critical external factors affecting the health status of AI/AN people. The 1999 unemployment rate for the AI/AN population was 2.5 times

higher than the rest of the population; the percent of the population living in poverty was more than three times that of the non-Hispanic white population in 1999 (25.7 percent compared to 8.1 percent). Educational levels, which influence economic prospects, also reflect significant differences. The 2000 census reported that among people aged 25 and older who identified their race as AI/AN only, 11.5 percent had a bachelor's degree or higher compared with 24.4 percent of all people aged 25 and older; only 70.9 percent of AI/ANs had at least a high school diploma compared to 80.4 percent of all people in the 25 and older age range. This is information from www.census.gov.

The AI/AN population suffers disproportionately from a number of health problems. For example, the 2000-2002 death rate from alcohol abuse was more than 4.5 times higher among AI/ANs than the rates for all races in 2001, the death rate for diabetes was 3.3 times non-Hispanic whites, and the cervical cancer death rate was 3.8 times higher. One of the fastest growing health problems in the AI/AN community is that of diabetes. In 2002, AI/ANs were 2.2 times more likely to have diagnosed diabetes than non-Hispanic whites, and the death rate from diabetes in the AI/AN community has increased by 55 percent between 1972-1974 and 2000-2002.

It is important to note that the number of patients actually receiving care continually rises. The IHS has recently revised and standardized its approach to determining its "user population" and its "service population" for planning purposes and now has these data consistently measured for FY 2001-FY 2004. The service population is derived from adjusting 2000 census populations of AI/AN people in proximity to IHS and Tribal facilities with birth and death rates. This is used as the basis of population growth funding on the occasion when it has been appropriated. The user population is derived from the AI/AN people who actually receive services at an IHS or Tribal facility in a three year period. This is the population we actually serve and is linked to our clinical performance measure denominators.

A subset of clinical disease burden that profoundly affects the utilization of health care resources and ultimately life expectancy is the diabetic population. The number of diagnosed diabetics in the Indian health system increased by 18 percent between FY 2000 and FY 2003 and represents a large increase in resource consumption for clinical care. To frame this problem from a more pragmatic perspective, by FY 2002 almost 15 percent of AI/ANs aged 20 years or older and receiving care from IHS were diagnosed diabetics. Furthermore, between FY 1999 and FY 2002, total IHS expenditures for medications increased almost 20 percent annually and a significant proportion of this increase was in response to the medications needed in treating diabetes. Additionally, the diabetes epidemic is occurring in an increasingly younger population. Based on IHS diabetes prevalence data, the following increases in prevalence were documented between 1990 and 2002 by age groups:

25-34 years	132%
20-24 years	69%
15-19 years	106%

In addition, the AI/AN population data shows increasing rates of obesity that exceed U.S. all races. Data from 2004 indicate at least a 4 percent increase in obesity rates since FY 2000 and rates that are 5-8 percent higher than U.S. all races. Costs of obesity care have been estimated to account for up to 7 percent of all health care expenditures in populations.

Despite these ongoing challenges, the agency has made significant progress on some important indicators. For example, in 2005 the screening rate for diabetic nephropathy rose significantly. End stage renal disease or diabetic kidney disease is a significant and growing problem in Indian communities. Early identification of at risk diabetic patients may help prevent or delay the need for costly care such as dialysis or renal transplant.

Significant progress was also made in improving the pneumococcal vaccination rate for non-institutionalized adults over 65 years of age from 65 percent in 2003 to 69 percent in 2005. The improvement and maintenance of pneumococcal vaccination rates is important because studies have shown that AI/AN people are at high risk for this disease; the 2000-2002 AI/AN death rate from pneumonia and influenza is 41 percent greater than the 2001 U.S. all-races death rate. Vaccination of the elderly against this disease is one of the few medical interventions that have been shown to improve health status and save on medical costs.

During FY 2005 the IHS was able to improve the overall achievement of performance measures to 87 percent compared to 74 percent in FY 2004 and 82 percent for both FY 2002 and FY 2003. For example, IHS and Tribal programs made the following performance improvements over FY 2004:

- Reduced the proportion of diabetic patients with poor glycemic control by 12%,
- Increased the proportion of diabetic patients assessed for nephropathy by 12%,
- Increased the proportion of diabetic patients with ideal glycemic control by 11%,
- Increased the influenza vaccine rate for patients ages 65 and older by 9%,
- Increased the proportion of diabetic patients with ideal blood pressure control by 6%,
- Increased the proportion of children ages 19-35 months who have had recommended immunizations by 4%,
- Increased the proportion of eligible women who have had a pap screen within the past three years by 3%, and
- Increased the proportion of eligible women who have had a mammogram within the past 2 years by 3%.

The IHS remains committed to improve efficiency and effectiveness through the appropriate use of technology and sharing of best practices. Accountability for performance measures are now part of the performance appraisal criteria at all levels. Clinical Results System software, which provides the capability for local programs to identify non-compliant patients for follow-up, has been deployed nationally. Area GPRA coordinators have been actively networking to share information and material on successful programs, as well as technical assistance to programs to identify ways of improving clinical business processes.

In addition, the IHS has restructured its approach to performance management at the national level. In late FY 2005, the IHS Performance Achievement Team (PAT) was activated under the coordination of a new performance director within the Office of the IHS Director. The PAT is a matrix workgroup of diverse staff charged with the effective coordination of all major accountability requirements and performance assessments. We believe this new structure will reduce redundancy in data collection and reporting, continue to move the overall IHS system toward a more consistent performance management corporate culture, and improve management efficiency.

Finally, the IHS has continued its overall success in documenting effectiveness in Program Asessment Rating Tool (PART) assessments. For the FY 2007 funding cycle, the single IHS program under assessment by the PART was Tribally Operated Health Programs, which. The program received a rating of Adequate. The PART found evidence that programs are improving annually on clinical performance measures, but this data is only available for Tribal programs that voluntarily report performance data, which reflects 85 percent of patients served in FY 2005. Furthermore, the PART found that incomplete data reporting on Tribal third-party collections makes it difficult to identify the relationship between funding levels and performance. IHS and Tribal programs will work together to increase reporting of performance and financial information. The PART assessment can be found at www.expectmore.gov.

Overview of Indian Health Service Budget

This budget request is for budget authority of $3.2 billion and program level funding of $4.0 billion, which is an increase of $124 million over the FY 2006 enacted budget.

Additional funds are included to serve the additional 30,000 people who are expected to seek care in FY 2007, meet the rising cost of providing services, and cover increased pay costs for the Federal and Tribal employees who provide these services. Based on past experience, these funds will allow IHS to provide a variety of additional services including 76,000 additional outpatient visits in IHS and Tribally operated facilities, 16,000 additional outpatient visits purchased from outside the IHS system, and 17,000 additional public health nursing visits. Tribally operated programs will receive these funds on the same basis as the programs IHS operates directly. Additional funding is also included to staff new outpatient facilities in Clinton, OK; Red Mesa, AZ; Sisseton, SD; and St. Paul, AK. When fully operational, these four facilities will increase the number

of primary care provider visits that can be provided at these sites by 81 percent and allow the provision of new services – 24-hour emergency room, optometry, physical therapy, audiology.

Tribal Consultation

As has occurred for the past 9 years, Tribes and Urban programs had extensive opportunity to provide input into the development of the IHS budget request for FY 2007. As in past years their recommendations highlighted increases for pay costs, inflation, and population growth as the highest priority. They also recommended funding to address Behavioral Health, Chronic Diseases, and Health Promotion / Disease Prevention (HP/DP). Funding for these priorities is included in the budget request.

Director's Priorities

The Director of IHS has also declared the agency's intention to focus on these three health issues in consultation with Tribal and Urban leadership in AI/AN communities, and the health leaders in the agency. As discussed earlier, the major causes of death have shifted from infectious diseases and perinatal mortality to a much larger number of deaths attributable to intentional and unintentional injury (e.g., suicide, homicide, and motor vehicle crashes) and preventable chronic diseases including cardiovascular disease, diabetes, cancers of various organ systems, and even depression related deaths. The morbidity associated with these diseases has shown a corresponding increase, undermining the quality of life of many AI/AN individuals and communities. There is a demonstrated correlation between the rise in behavioral health related diagnoses and chronic disease that must be addressed. For example, the scientific literature has documented that untreated depression leads to chronic diseases at twice the rate of people with treated depression. Underlying depression can contribute to the rise of methamphetamine use in Indian Country and result in more violence and suicidal behavior among Indian youth.

There has also been a corresponding developing body of scientific literature that has demonstrated the outcome effectiveness and cost benefit of approaching these issues in ways quite different than the historical medical approach. These "best practices" have focused on multi-disciplinary patient and community based approaches to prevention and treatment that are not as dependant upon hospital services and high technology, procedure oriented medicine. The IHS has embraced many of these newer approaches in the development and implementation of its internationally recognized program of services for diabetes care and prevention (see the report to Congress provided by IHS on the diabetes program activities and outcomes).

Thus, the Director has determined that the Indian health system will focus its programs and efforts on HP/DP, Behavioral Health, and Chronic Disease management. These areas of emphasis target underlying risk factors for morbidity and mortality as well as the re-engineering of the IHS delivery system to incorporate the best practices documented in the scientific literature. The goal is to reduce the burden of preventable

disease and elevate the health status of AI/AN people, thereby eliminating the disparities in health that exist between the AI/AN population and all other segments of the U.S. population.

This process requires significant re-education of communities and providers and the employment of newer techniques, and to a lesser degree, newer technologies. This effort requires long term support from policymakers, providers, patients, and communities themselves. It requires significant partnerships among and between clinical medical practitioners, behavioral health providers, public health workers. It requires renewed partnerships among Federal programs and Tribal and State leaders. It requires new partnerships between academia and AI/AN communities and programs. It requires new relationships to be developed between AI/AN communities and private sector interests.

In FY 2005 the agency began to plan, with its partners, how this effort would begin and the goals and strategies needed to accomplish them. Planning sessions among providers, both medical and behavioral, were completed. Issues and necessary steps for improvement were identified. The HP/DP component was enhanced with staff training and partnerships development. New community level efforts were begun and programs and documentation established. The behavioral health component was moved through a planning phase and basic infrastructure implemented. The establishment of a useful and meaningful data collection system for behavioral health has been a recent development. Screening for behavioral health related illness has improved (documented in the GPRA process) and "best practices" interventions identified. Chronic disease efforts are recognized as being more than diabetes-related, with the prevention and intervention strategies generally appropriate for all chronic disease. Planning (including partners from the private and academic sectors) was accomplished leading to the articulation of the need for expanded education and training of staff and community members and re-engineering of the service teams needed to meet the challenge.

In FY 2005, the initial training was implemented to assure that the methods and approaches are clear to critical staff. Data system improvements not only allowed greater documentation of the progress of efforts, but also contributed to improved quality by providing front line staff with the most effective scientific approaches to the issues. Also in FY 2005, various pilot programs were initiated. Of particular note is the investment of the staff and community in Red Lake, Minnesota, in the effort to re-train and re-organize its delivery system to respond to the tragedy of the shooting at Red Lake High School in March 2005. The response has become a pilot effort to re-direct services to the extremely high levels of depression, anger, and chronic disease that were the underlying factors in the event that involved the deaths of 10 individuals. The approach employed there showed many of the dynamics needed to effectively prevent and treat the major causes of morbidity and mortality that afflict many AI/AN communities including strong partnerships between the Tribe, multiple Federal programs, and many state and local programs (e.g., the local school board). The goal of the agency is to communicate this approach to other communities nationwide.

Program Assessment Rating Tool (PART) Summary

Indian Health Service
FY 2005–2007

(Dollars in Millions)				
2002 PARTs	**FY 2005 Enacted**	**FY 2006 Appropriation**	**FY 2007 Request**	**Narrative Rating**
Federally Administered Activities	$1,808	$1,886	$1,979	Moderately Effective
Sanitation Facilities Construction	$92	$92	$94	Moderately Effective
2003 PARTs				
Urban Indian Health Program	$32	$33	$0	Adequate
Resource and Patient Management System	$47	$45	$55	Effective
2004 PARTs				
Health Care Facilities Construction	$89	$38	$18	Effective
2005 PARTs				
Tribally Operated Health Programs	$1,745	$1,786	$1,858	Adequate

Narrative: The IHS has used the PART to identify program strengths, develop strategies to address weaknesses, and to develop budget requests. The overall IHS requested allocation for IHS PART assessed programs support the Secretary's 500 Day Plan priorities: specifically to *Transform the Health System* and HHS Objectives *3.4 Eliminate Racial and Ethnic Health Disparities* and *3.6 Increase Access to Health Services for AI.AN*.

Federally Administered Activities – This program meets most of its annual performance goals and is making progress in achieving its long-term performance targets to assess progress in reducing morbidity and mortality related to those health issues most prevalent today, most notably childhood obesity and blood sugar control among diabetic patients.

The 4.9 percent increase in program level for these activities will support continued performance improvement.

Sanitation Facilities Construction – This program underwent an independent program evaluation as recommended by the PART Assessment. The evaluation identified strategic planning and staff development as areas for continued improvement. The program is in the planning stage of implementing strategic planning at the area level. The 2.2 percent increase will support continued high performance.

Urban Indian Health Program – The PART assessment conducted in 2003 found that this program is duplicative of other publicly-funded activities, including the Health centers program. The FY 2007 budget requests that funding for this program be redirected to other activities within the IHS.

Resource and Patient Management System – This program provides accurate, timely, and comprehensive information to IHS health care providers and program managers, and has successfully released an electronic health record graphical interface, which is on schedule to be implemented nationwide by 2008. The requested 2.2 percent increase will ensure continued progress in meeting its long-term performance goals.

Health Care Facilities Construction – This program designs and builds health care facilities and staff housing using a comprehensive priority methodology system based on the highest need for a new or replacement facility.

Tribally Operated Health Programs – This program manages clinical and public health programs under Indian Self-Determination contracts and compacts. These programs have maintained or improved the overall health of their patients each year as measured by independent evaluations and clinical indicators. The 4 percent increase in program level funding, in combination with proposed improvements in management and accountability, will ensure continued performance improvement.

Indian Health Service

All Purpose Table

(Dollars in Thousands)

Jan 5, 2005

Sub-Sub-Activity	FY 2005 Enacted	FY 2006 Appropriated [1]	FY 2006 Defense Resc.[2] Sec. 3801	FY 2006 Final Appropriation	FY 2007 Request
SERVICES:					
Hospitals & Health Clinics	$1,289,418	$1,353,070	($13,531)	$1,339,539	$1,429,772
Dental Health	109,023	118,920	(1,189)	117,731	126,957
Mental Health	55,060	59,046	(591)	58,455	61,695
Alcohol & Substance Abuse	139,073	144,644	(1,446)	143,198	150,634
Contract Health Services	498,068	522,522	(5,225)	517,297	554,259
Total, Clinical Services	2,090,642	2,198,202	(21,982)	2,176,220	2,323,317
Public Health Nursing	45,015	49,453	(494)	48,959	53,043
Health Education	12,429	13,721	(137)	13,584	14,490
Community Health Reps.	51,365	53,481	(535)	52,946	55,790
Immunization AK	1,572	1,637	(16)	1,621	1,708
Total, Preventive Health	110,381	118,292	(1,182)	117,110	125,031
Urban Health	31,816	33,075	(331)	32,744	0
Indian Health Professions	30,392	31,353	(314)	31,039	31,697
Tribal Management	2,343	2,418	(24)	2,394	2,488
Direct Operation	61,649	62,823	(629)	62,194	63,804
Self Governance	5,586	5,725	(57)	5,668	5,847
Contract Support Cost	263,683	267,404	(2,674)	264,730	270,316
Total, Other Services	395,469	402,798	(4,029)	398,769	374,152
TOTAL, SERVICES	2,596,492	2,719,292	(27,193)	2,692,099	2,822,500
FACILITIES:					
Maintenance & Improvement	49,204	52,155	(522)	51,633	52,668
Sanitation Facilities	91,767	93,074	(931)	92,143	94,003
Health Care Facilities Construction	88,597	38,160	(381)	37,779	17,664
Facilities & Environmental Health Support	141,669	152,231	(1,522)	150,709	161,333
Equipment	17,337	21,159	(212)	20,947	21,619
TOTAL, FACILITIES	388,574	356,779	(3,568)	353,211	347,287
TOTAL, BUDGET AUTHORITY	2,985,066	3,076,071	(30,761)	3,045,310	3,169,787
COLLECTIONS:					
Medicare	136,471	136,959	0	136,959	136,959
Medicaid	472,465	478,483	0	478,483	478,483
Subtotal, M / M	*608,936*	*615,442*	*0*	*615,442*	*615,442*
Private Insurance	62,389	62,389	0	62,389	62,389
Total, M / M / PI	*671,325*	*677,831*	*0*	*677,831*	*677,831*
Quarters	6,225	6,288	0	6,288	6,288
TOTAL, COLLECTIONS	677,550	684,119	0	684,119	684,119
Special Diabetes Program for Indians	150,000	150,000	0	150,000	150,000
TOTAL, DIABETES	150,000	150,000	0	150,000	150,000
TOTAL, PROGRAM LEVEL	$3,812,616	$3,910,190	($30,761)	$3,879,429	$4,003,906

[1] Includes Interior Rescission of 0.476% (or -$14,712,000); P.L. 109-54, Sec. 439, Aug 2, 2005

[2] Defense Appropriations, Government-wide Rescission of 1.000%; P.L. 109-148, Sec. 3801, Dec 30, 2005

Indian Health Service

FY 2007 Budget Request

Detail of Changes

(Dollars in Thousands)

Jan. 5, 2006

Sub Sub Activity	FY 2005 Actual	FY 2006 Appropriation*	Federal/ Tribal Pay	Incr Costs of Health Care**	Population Growth @ 1.6%	Staffing for New Fac.	UFMS	Program Decreases	Subtotal	FY 2007 Request
SERVICES:										
Hospitals & Health Clinics	1,289,418	1,339,539	27,723	16,210	21,535	13,728	11,037	0	90,233	1,429,772
Dental Services	109,023	117,731	2,519	1,069	1,893	3,745	0	0	9,226	126,957
Mental Health	55,060	58,455	1,167	601	940	532	0	0	3,240	61,695
Alcohol & Substance Abuse	139,073	143,198	2,868	2,266	2,302	0	0	0	7,436	150,634
Contract Health Services	498,068	517,297	11	20,768	8,316	7,867	0	0	36,962	554,259
Total, Clinical Svcs	2,090,642	2,176,220	34,288	40,914	34,986	25,872	11,037	0	147,097	2,323,317
Public Health Nursing	45,015	48,959	1,138	347	787	1,812	0	0	4,084	53,043
Health Education	12,429	13,584	294	167	219	226	0	0	906	14,490
Comm. Health Reps	51,365	52,946	1,139	854	851	0	0	0	2,844	55,790
Immunization AK	1,572	1,621	36	25	26	0	0	0	87	1,708
Total, Prev Hlth	110,381	117,110	2,607	1,393	1,883	2,038	0	0	7,921	125,031
Urban Health	31,816	32,744	0	0	0	0	0	(32,744)	(32,744)	0
Indian Health Professions	30,392	31,039	47	611	0	0	0	0	658	31,697
Tribal Management	2,343	2,394	0	94	0	0	0	0	94	2,488
Direct Operation	61,649	62,194	1,281	329	0	0	0	0	1,610	63,804
Self Governance	5,586	5,668	20	159	0	0	0	0	179	5,847
Contract Support Costs	263,683	264,730	0	5,586	0	0	0	0	5,586	270,316
Total, Other Services	395,469	398,769	1,348	6,779	0	0	0	(32,744)	(24,617)	374,152
TOTAL, SERVICES	2,596,492	2,692,099	38,243	49,086	36,869	27,910	11,037	(32,744)	130,401	2,822,500
FACILITIES:										
Maintenance & Improvement	49,204	51,633	0	1,035	0	0	0	0	1,035	52,668
Sanitation Facilities Construction	91,767	92,143	0	1,860	0	0	0	0	1,860	94,003
Hlth Care Facilities Construction	88,597	37,779	0	0	0	0	0	(20,115)	(20,115)	17,664
Facil. & Envir. Hlth Supp	141,669	150,709	3,116	828	2,389	4,291	0	0	10,624	161,333
Equipment	17,337	20,947	0	672	0	0	0	0	672	21,619
TOTAL, FACILITIES	388,574	353,211	3,116	4,395	2,389	4,291	0	(20,115)	(5,924)	347,287
TOTAL, IHS	2,985,066	3,045,310	41,359	53,481	39,258	32,201	11,037	(52,859)	124,477	3,169,787
COLLECTIONS:										
Medicare	136,471	136,959	0	0	0	0	0	0	0	136,959
Medicaid	472,465	478,483	0	0	0	0	0	0	0	478,483
Subtotal, M / M	*608,936*	*615,442*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*615,442*
Private Insurance	62,389	62,389	0	0	0	0	0	0	0	62,389
Subtotal, M / M / PI	*671,325*	*677,831*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*677,831*
Quarters	6,225	6,288	0	0	0	0	0	0	0	6,288
TOTAL, COLLECTIONS	677,550	684,119	0	0	0	0	0	0	0	684,119
Spec.Diabetes Prog for Indians	150,000	150,000	0	0	0	0	0	0	0	150,000
TOTAL, SDPI	150,000	150,000	0	0	0	0	0	0	0	150,000
GRAND TOTAL	3,812,616	3,879,429	41,359	53,481	39,258	32,201	11,037	(52,859)	124,477	4,003,906

* Includes the impact of the FY 2006 Interior, Environmental Appropriations rescission (-$14.7 million) and additional funding provided by Congress in FY 2006 (+$42.8 million over the budget request) and Defense Appropriations Government-wide rescission (-$30.7 million).

** Non-medical inflation is 2.1% and medical inflation is 4.0%.

INDIAN HEALTH SERVICE
FULL-TIME EQUIVALENTS

	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate
Direct:			
Hospitals & Health Clinics	6,492	6,684	6,852
Dental Health	765	807	849
Mental Health	252	263	270
Alcohol & Substance Abuse	169	169	169
Contract Health Services	1	1	1
Total, Clinical Services	7,679	7,924	8,141
Public Health Nursing	240	259	277
Health Education	25	30	33
Community Health Reps	6	6	6
Immunization, AK	0	0	0
Total, Preventive Hlth	271	295	316
Urban Health	7	7	0
Indian Health Professions	32	32	32
Tribal Management	0	0	0
Direct Operation	354	354	354
Self Governance	6	6	6
Contract Support Costs	0	0	0
Total, Other Services	399	399	392
Total, SERVICES	8,349	8,618	8,849
Maint. & Improvement	0	0	0
Sanitation Facilities	199	199	199
Hlth Care Facs Construction	0	0	0
Facil. & Envir. Hlth Support:	1,082	1,113	1,155
Equipment	0	0	0
Total, FACILITIES	1,281	1,312	1,354
Total, Direct FTE	9,630	9,930	10,203
Reimbursable:			
Buybacks	1,409	1,409	1,409
Medicare	769	769	769
Medicaid	2,761	2,761	2,761
Private Insurance	643	643	643
Quarters	37	37	37
Total, Reimbursable FTE	5,619	5,619	5,619
2. Statutory Exempt FTE (non-add)			
Direct:			
Indian Health Professions	1	1	1
TOTAL FTE	**15,249**	**15,549**	**15,822**

Indian Health Service

Breakdown of Program Level

(Dollars in Thousands)

O:\OFA\DBF\FY 2007\7-OMB Subm\1. Overview (A, B, C)

Sub Sub Activity	2005 Enacted Budget Authority	2005 Enacted Private Insurance Collections	2005 Enacted Medicare/ Medicaid	2005 Enacted Personnel Quarters	2005 Enacted Total Program Level	2006 Appropriated Budget Authority	2006 Appropriated Private Insurance Collections	2006 Appropriated Medicare/ Medicaid	2006 Appropriated Personnel Quarters	2006 Appropriated Total Program Level
SERVICES:										
Hospitals & Health Clinics	1,289,418	62,389	608,936 [2/]	0	1,960,743	1,339,539	62,389	615,442 [2/]	0	2,017,370
Dental Health	109,023	0	0	0	109,023	117,731	0	0	0	117,731
Mental Health	55,060	0	0	0	55,060	58,455	0	0	0	58,455
Alcohol & Substance Abuse	139,073	0	0	0	139,073	143,198	0	0	0	143,198
Contract Health Services	498,068	0	0	0	498,068	517,297	0	0	0	517,297
Total, Clinical Services	2,090,642	62,389	608,936	0	2,761,967	2,176,220	62,389	615,442	0	2,854,051
Public Health Nursing	45,015	0	0	0	45,015	48,959	0	0	0	48,959
Health Education	12,429	0	0	0	12,429	13,584	0	0	0	13,584
Comm. Health Reps	51,365	0	0	0	51,365	52,946	0	0	0	52,946
Immunization AK	1,572	0	0	0	1,572	1,621	0	0	0	1,621
Total, Preventive Health	110,381	0	0	0	110,381	117,110	0	0	0	117,110
Urban Health	31,816	0	0	0	31,816	32,744	0	0	0	32,744
Indian Health Professions	30,392	0	0	0	30,392	31,039	0	0	0	31,039
Tribal Management	2,343	0	0	0	2,343	2,394	0	0	0	2,394
Direct Operation	61,649	0	0	0	61,649	62,194	0	0	0	62,194
Self Governance	5,586	0	0	0	5,586	5,668	0	0	0	5,668
Contract Support Costs	263,683	0	0	0	263,683	264,730	0	0	0	264,730
Total, Other Services	395,469	0	0	0	395,469	398,769	0	0	0	398,769
TOTAL, SERVICES	2,596,492	62,389	608,936	0	3,267,817	2,692,099	62,389	615,442	0	3,369,930
FACILITIES:										
Maint. & Improvement	49,204	0	0	6,225	55,429	51,633	0	0	6,288	57,921
Sanitation Facilities	91,767	0	0	0	91,767	92,143	0	0	0	92,143
Hlth Care Facs. Constr.	88,597	0	0	0	88,597	37,779	0	0	0	37,779
Facil. & Envir. Hlth Support	141,669	0	0	0	141,669	150,709	0	0	0	150,709
Equipment	17,337	0	0	0	17,337	20,947	0	0	0	20,947
TOTAL, FACILITIES	388,574	0	0	6,225	394,799	353,211	0	0	6,288	359,499
TOTAL, IHS	2,985,066	62,389	608,936	6,225	3,662,616	3,045,310	62,389	615,442	6,288	3,729,429
Special Diabetes Program for Indians [1/]	150,000	0	0	0	150,000	150,000	0	0	0	150,000
GRAND TOTAL	3,135,066	62,389	608,936	6,225	3,812,616	3,195,310	62,389	615,442	6,288	3,879,429

[1/] The Balanced Budget Act of 1997 transfers $30,000,000 annually to IHS for diabetes prevention and treatment for FY 1998 through FY 2002. An additional $70,000,000 was received under the Medicare, Medicaid ar SCHIP Benefits Improvement and Protection Act of 2000 for FY 2001 and FY 2002, and $100,000,000 is available for FY 2003. For FY 2004, the Special Diabetes Program for Indians has been reauthorized for a new total of $150,000,000.

[2/] Includes $29,203,000 in Medicaid/Medicare for CMS estimates of tribal collections as well as $108,740,000 for tribal direct collection estimates, which began in FY 2002.

Indian Health Service

Breakdown of Program Level

(Dollars in Thousands)

Sub Sub Activity	2007 Request Budget Authority	Private Insurance Collections	Medicare/ Medicaid	Personnel Quarters	Total Program Level	Increase/Decrease Of 2007 Over 2006 Budget Authority	Private Insurance Collections	Medicare/ Medicaid	Personnel Quarters	Total Program Level
SERVICES:										
Hospitals & Health Clinics	1,429,772	62,389	615,442 [2/]	0	2,107,603	90,233	0	0	0	90,233
Dental Health	126,957	0	0	0	126,957	9,226	0	0	0	9,226
Mental Health	61,695	0	0	0	61,695	3,240	0	0	0	3,240
Alcohol & Substance Abuse	150,634	0	0	0	150,634	7,436	0	0	0	7,436
Contract Health Services	554,259	0	0	0	554,259	36,962	0	0	0	36,962
	2,323,317	62,389	615,442	0	3,001,148	147,097	0	0	0	147,097
Public Health Nursing	53,043	0	0	0	53,043	4,084	0	0	0	4,084
Health Education	14,490	0	0	0	14,490	906	0	0	0	906
Comm. Health Reps	55,790	0	0	0	55,790	2,844	0	0	0	2,844
Immunization AK	1,708	0	0	0	1,708	87	0	0	0	87
	125,031	0	0	0	125,031	7,921	0	0	0	7,921
Urban Health	0	0	0	0	0	(32,744)	0	0	0	(32,744)
Indian Health Professions	31,697	0	0	0	31,697	658	0	0	0	658
Tribal Management	2,488	0	0	0	2,488	94	0	0	0	94
Direct Operation	63,804	0	0	0	63,804	1,610	0	0	0	1,610
Self Governance	5,847	0	0	0	5,847	179	0	0	0	179
Contract Support Costs	270,316	0	0	0	270,316	5,586	0	0	0	5,586
	374,152	0	0	0	374,152	(24,617)	0	0	0	(24,617)
Total, Other Services	2,822,500	62,389	615,442	0	3,500,331	130,401	0	0	0	130,401
FACILITIES:										
Maint. & Improvement	52,668	0	0	6,288	58,956	1,035	0	0	0	1,035
Sanitation Facilities	94,003	0	0	0	94,003	1,860	0	0	0	1,860
Hlth Care Facs. Constr.	17,664	0	0	0	17,664	(20,115)	0	0	0	(20,115)
Facil. & Envir. Hlth Support	161,333	0	0	0	161,333	10,624	0	0	0	10,624
Equipment	21,619	0	0	0	21,619	672	0	0	0	672
TOTAL, FACILITIES	347,287	0	0	6,288	353,575	(5,924)	0	0	0	(5,924)
TOTAL, IHS	3,169,787	62,389	615,442	6,288	3,853,906	124,477	0	0	0	124,477
Special Diabetes Program for Indians [1/]	150,000	0	0	0	150,000	0	0	0	0	0
GRAND TOTAL	3,319,787	62,389	615,442	6,288	4,003,906	124,477	0	0	0	124,477

[1/] The Balanced Budget Act of 1997 transfers $30,000,000 annually to IHS for diabetes prevention and treatment for FY 1998 through FY 2002. An additional $70,000,000 was received under the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 for FY 2001 and FY 2002, and $100,000,000 is available for FY 2003. For FY 2004, the Special Diabetes Program for Indians has been reauthorized for a new total of $150,000,000.

[2/] Includes $29,203,000 in Medicaid/Medicare for CMS estimates of tribal collections as well as $108,740,000 for tribal direct collection estimates, which began in FY 2002.

INDIAN HEALTH SERVICE
STAFFING AND OPERATING COSTS FOR NEW FACILITIES
FY 2007 Requirements
(Dollars in Thousands)

	Clinton, OK Health Center		**Red Mesa, AZ** Health Center		**Sisseton, SD** Health Center		**St. Paul, AK** Health Center			
Opening Date:	Oct-06		Aug-06		Oct-06		Jul-06			
Staffing Level (includes current staff):	85%		85%		85%		85%		TOTAL	
Sub Sub Activity	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
Hospitals & Health Clinics	22	$1,877	101	$8,495	36	$3,056	2	$300	161	$13,728
Dental	9	773	25	2,251	8	721	0	0	42	$3,745
Mental Health	0	0	6	456	1	76	0	0	7	$532
Contract Health Services	0	3,301	0	0	0	4,566	0	0	0	$7,867
Total, Clinical Services	31	$5,951	132	$11,202	45	$8,419	2	$300	210	$25,872
Public Health Nursing	4	405	10	972	3	299	1	136	18	$1,812
Health Education	2	150	1	76	0	0	0	0	3	$226
Total, Prev Health	6	$555	11	$1,048	3	$299	1	$136	21	$2,038
~~Total, Services~~	37	$6,506	143	$12,250	48	$8,718	3	$436	231	$27,910
Facilities Support [1]	3	392	24	2,262	8	759	3	439	38	$3,852
Environmental Hlth Support	3	329	1	110	0	0	0	0	4	$439
Sub-total, FEHS	6	$721	25	$2,372	8	$759	3	$439	42	$4,291
~~Total, Facilities~~	6	$721	25	$2,372	8	$759	3	$439	42	$4,291
Grand Total	**43**	**$7,227**	**168**	**$14,622**	**56**	**$9,477**	**6**	**$875**	**273**	**$32,201**

[1] Includes Utilities.

FY 2005 Crosswalk

Budget Authority
Estimated Distribution
($000)

Sub Activity	Federal Health Administration								Tribal Health Administration								FY 2005 Enacted
	Federal Clinical Services	Urban Health	Prev. Health	Indian Health Prof.	Federal Administration	Self-Gov.	Facilities	Total Federal Health Administration	Tribal Clinical Services	Tribal Prev. Health	Urban Health	Management Training	Self-Gov.	Tribal Contract Support	Facilities	Total Tribal Health Administration	
SERVICES																	
Hospitals & Health Clinics	670,335	0	0	0	0	0	0	670,335	619,083	0	0	0	0	0	0	619,083	1,289,418
Dental Health	63,919	0	0	0	0	0	0	63,919	45,104	0	0	0	0	0	0	45,104	109,023
Mental Health	29,118	0	0	0	0	0	0	29,118	25,942	0	0	0	0	0	0	25,942	55,060
Alcohol & Substance Abuse	20,199	0	0	0	0	0	0	20,199	118,874	0	0	0	0	0	0	118,874	139,073
Contract Health Services	237,885	0	0	0	0	0	0	237,885	260,183	0	0	0	0	0	0	260,183	498,068
Subtotal (CS)	1,021,457	0	0	0	0	0	0	1,021,457	1,069,185	0	0	0	0	0	0	1,069,185	2,090,642
Public Health Nursing	0	0	24,556	0	0	0	0	24,556	0	20,459	0	0	0	0	0	20,459	45,015
Health Education	0	0	3,493	0	0	0	0	3,493	0	8,936	0	0	0	0	0	8,936	12,429
Community Hlth Repr.	0	0	1,120	0	0	0	0	1,120	0	50,245	0	0	0	0	0	50,245	51,365
Immunization AK	0	0	0	0	0	0	0	0	0	1,572	0	0	0	0	0	1,572	1,572
Subtotal (PH)	0	0	29,169	0	0	0	0	29,169	0	81,212	0	0	0	0	0	81,212	110,381
Urban Health Project	0	5,483	0	0	0	0	0	5,483	0	0	26,333	0	0	0	0	26,333	31,816
Indian Hlth Professions	0	0	0	30,392	0	0	0	30,392	0	0	0	0	0	0	0	0	30,392
Tribal Management	0	0	0	67	0	0	0	67	0	0	0	2,276	0	0	0	2,276	2,343
Direct Operation	0	0	0	0	46,147	0	0	46,147	0	0	0	15,502	0	0	0	15,502	61,649
Self Governance	0	0	0	0	0	1,488	0	1,488	0	0	0	0	4,098	0	0	4,098	5,586
Contract Support Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	263,683	0	263,683	263,683
Subtotal (OS)	0	5,483	0	30,459	46,147	1,488	0	83,577	0	0	26,333	17,778	4,098	263,683	0	311,892	395,469
Total Services	1,021,457	5,483	29,169	30,459	46,147	1,488	0	1,134,203	1,069,185	81,212	26,333	17,778	4,098	263,683	0	1,462,289	2,596,492
FACILITIES																	
Maintenance & Improvement	0	0	0	0	0	0	28,205	28,205	0	0	0	0	0	0	20,999	20,999	49,204
Sanitation Facilities Construction	0	0	0	0	0	0	32,118	32,118	0	0	0	0	0	0	59,649	59,649	91,767
Hlth Care Facs. Constr.	0	0	0	0	0	0	76,443	76,443	0	0	0	0	0	0	12,154	12,154	88,597
Facs. & Env. Hlth Sup	0	0	0	0	0	0	103,539	103,539	0	0	0	0	0	0	38,130	38,130	141,669
Equipment	0	0	0	0	0	0	6,888	6,888	0	0	0	0	0	0	10,449	10,449	17,337
Total, Facilities	0	0	0	0	0	0	247,194	247,194	0	0	0	0	0	0	141,380	141,380	388,574
TOTAL IHS	1,021,457	5,483	29,169	30,459	46,147	1,488	247,194	1,381,396	1,069,185	81,212	26,333	17,778	4,098	263,683	141,380	1,603,670	2,985,066

FY 2006 Crosswalk

Budget Authority
Estimated Distribution of Enacted Budget
($000)

Sub Activity	Federal Clinical Services	Urban Health	Prev. Health	Indian Health Prof.	Federal Admini-stration	Self-Gov.	Facil-ities	Total Federal Health Admini-stration	Tribal Clinical Services	Tribal Prev. Health	Urban Health	Manage-ment Training	Self-Gov.	Tribal Contract Support	Facil-ities	Total Tribal Health Admini-stration	FY 2006 Approp.
	Federal Health Administration								Tribal Health Administration								
SERVICES																	
Hospitals & Health Clinics	702,691	0	0	0	0	0	0	702,691	636,848	0	0	0	0	0	0	636,848	1,339,539
Dental Health	71,397	0	0	0	0	0	0	71,397	46,334	0	0	0	0	0	0	46,334	117,731
Mental Health	31,801	0	0	0	0	0	0	31,801	26,654	0	0	0	0	0	0	26,654	58,455
Alcohol & Substance Abuse	20,653	0	0	0	0	0	0	20,653	122,545	0	0	0	0	0	0	122,545	143,198
Contract Health Services	247,601	0	0	0	0	0	0	247,601	269,696	0	0	0	0	0	0	269,696	517,297
Subtotal (CS)	1,074,143	0	0	0	0	0	0	1,074,143	1,102,077	0	0	0	0	0	0	1,102,077	2,176,220
Public Health Nursing	0	0	28,015	0	0	0	0	28,015	0	20,944	0	0	0	0	0	20,944	48,959
Health Education	0	0	4,395	0	0	0	0	4,395	0	9,189	0	0	0	0	0	9,189	13,584
Community Hlth Repr.	0	0	1,141	0	0	0	0	1,141	0	51,805	0	0	0	0	0	51,805	52,946
Immunization AK	0	0	0	0	0	0	0	0	0	1,621	0	0	0	0	0	1,621	1,621
Subtotal (PH)	0	0	33,551	0	0	0	0	33,551	0	83,559	0	0	0	0	0	83,559	117,110
Urban Health Project	0	5,605	0	0	0	0	0	5,605	0	0	27,139	0	0	0	0	27,139	32,744
Indian Hlth Professions	0	0	0	31,039	0	0	0	31,039	0	0	0	0	0	0	0	0	31,039
Tribal Management	0	0	0	69	0	0	0	69	0	0	0	2,325	0	0	0	2,325	2,394
Direct Operation	0	0	0	0	46,573	0	0	46,573	0	0	0	15,621	0	0	0	15,621	62,194
Self Governance	0	0	0	0	0	1,524	0	1,524	0	0	0	0	4,144	0	0	4,144	5,668
Contract Support Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	264,730	0	264,730	264,730
Subtotal (OS)	0	5,605	0	31,108	46,573	1,524	0	84,810	0	0	27,139	17,946	4,144	264,730	0	313,959	398,769
Total Services	1,074,143	5,605	33,551	31,108	46,573	1,524	0	1,192,504	1,102,077	83,559	27,139	17,946	4,144	264,730	0	1,499,595	2,692,099
FACILITIES																	
Maintenance & Improvement	0	0	0	0	0	0	29,590	29,590	0	0	0	0	0	0	22,043	22,043	51,633
Sanitation Facilities Construction	0	0	0	0	0	0	32,250	32,250	0	0	0	0	0	0	59,893	59,893	92,143
Hlth Care Facs. Constr.	0	0	0	0	0	0	15,118	15,118	0	0	0	0	0	0	22,661	22,661	37,779
Facs. & Env. Hlth Sup	0	0	0	0	0	0	111,705	111,705	0	0	0	0	0	0	39,004	39,004	150,709
Equipment	0	0	0	0	0	0	8,266	8,266	0	0	0	0	0	0	12,681	12,681	20,947
Total, Facilities	0	0	0	0	0	0	196,929	196,929	0	0	0	0	0	0	156,282	156,282	353,211
TOTAL IHS	1,074,143	5,605	33,551	31,108	46,573	1,524	196,929	1,389,433	1,102,077	83,559	27,139	17,946	4,144	264,730	156,282	1,655,877	3,045,310

FY 2007 Crosswalk

Budget Authority
Estimated Distribution
($000)

Sub Activity	Federal Clinical Services	Urban Health	Prev. Health	Indian Health Prof.	Federal Admini-stration	Self - Gov.	Facil-ities	Total Federal Health Admini-stration	Tribal Clinical Services	Tribal Prev. Health	Urban Health	Manage-ment Training	Self - Gov.	Tribal Contract Support	Facil-ities	Total Tribal Health Admini-stration	FY 2007 Request
	Federal Health Administration								Tribal Health Administration								
SERVICES																	
Hospitals & Health Clinics	759,400	0	0	0	0	0	0	759,400	670,372	0	0	0	0	0	0	670,372	1,429,772
Dental Health	78,307	0	0	0	0	0	0	78,307	48,650	0	0	0	0	0	0	48,650	126,957
Mental Health	33,683	0	0	0	0	0	0	33,683	28,012	0	0	0	0	0	0	28,012	61,695
Alcohol & Substance Abuse	21,260	0	0	0	0	0	0	21,260	129,374	0	0	0	0	0	0	129,374	150,634
Contract Health Services	269,440	0	0	0	0	0	0	269,440	284,819	0	0	0	0	0	0	284,819	554,259
Subtotal (CS)	1,162,089	0	0	0	0	0	0	1,162,089	1,161,228	0	0	0	0	0	0	1,161,228	2,323,317
Public Health Nursing	0	0	31,090	0	0	0	0	31,090	0	21,953	0	0	0	0	0	21,953	53,043
Health Education	0	0	4,805	0	0	0	0	4,805	0	9,685	0	0	0	0	0	9,685	14,490
Community Hlth Repr.	0	0	1,088	0	0	0	0	1,088	0	54,702	0	0	0	0	0	54,702	55,790
Immunization AK	0	0	0	0	0	0	0	0	0	1,708	0	0	0	0	0	1,708	1,708
Subtotal (PH)	0	0	36,983	0	0	0	0	36,983	0	88,048	0	0	0	0	0	88,048	125,031
Urban Health Project	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Indian Hlth Professions	0	0	0	31,697	0	0	0	31,697	0	0	0	0	0	0	0	0	31,697
Tribal Management	0	0	0	71	0	0	0	71	0	0	0	2,417	0	0	0	2,417	2,488
Direct Operation	0	0	0	0	47,723	0	0	47,723	0	0	0	16,081	0	0	0	16,081	63,804
Self Governance	0	0	0	0	0	1,587	0	1,587	0	0	0	0	4,260	0	0	4,260	5,847
Contract Support Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	270,316	0	270,316	270,316
~~Subtotal (OS)~~	0	0	0	31,768	47,723	1,587	0	81,078	0	0	0	18,498	4,260	270,316	0	293,074	374,152
Total Services	1,162,089	0	36,983	31,768	47,723	1,587	0	1,280,151	1,161,228	88,048	0	18,498	4,260	270,316	0	1,542,349	2,822,500
FACILITIES																	
Maintenance & Improvement	0	0	0	0	0	0	30,427	30,427	0	0	0	0	0	0	22,241	22,241	52,668
Sanitation Facilities Construction	0	0	0	0	0	0	32,901	32,901	0	0	0	0	0	0	61,102	61,102	94,003
Hlth Care Facs. Constr.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,664	17,664	17,664
Facs. & Env. Hlth Sup	0	0	0	0	0	0	120,207	120,207	0	0	0	0	0	0	41,126	41,126	161,333
Equipment	0	0	0	0	0	0	8,615	8,615	0	0	0	0	0	0	13,004	13,004	21,619
Total, Facilities	0	0	0	0	0	0	192,151	192,150	0	0	0	0	0	0	155,137	155,137	347,287
TOTAL IHS	1,162,089	0	36,983	31,768	47,723	1,587	192,151	1,472,301	1,161,228	88,048	0	18,498	4,260	270,316	155,137	1,697,486	3,169,787

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