

DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

INDIAN HEALTH FACILITIES

OVERVIEW

OBJECTIVES

The objectives of the Indian Health Service (IHS) health facilities management, health care facilities construction, sanitation facilities construction, and environmental health services programs are: 1) to provide optimum availability of functional, well-maintained IHS and tribally-operated health care facilities and adequate staff housing at IHS health care delivery locations where no suitable housing alternative is available; and 2) to reduce the incidence of environmentally-related illness and injury by: a) determining and addressing factors contributing to injuries; b) advocating for the improvement of environmental conditions; and c) constructing sanitation facilities and ensuring the availability of safe water supply and adequate waste disposal facilities in American Indian and Alaska Native (AI/AN) homes and communities.

Through the provisions of these comprehensive environmental health services and diversified construction programs, the Federal and tribal health care delivery system is enhanced and the individual home and community environments are much improved. Currently, all IHS hospitals and clinics are accredited by Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The gastroenteric and postneonatal death rates among the AI/AN population have been reduced significantly now that over 85 percent have safe drinking water supplies and sanitary waste disposal systems. Injury prevention efforts of the IHS and tribal programs are also making strides to reduce outpatient visits and hospitalizations. Clearly, these program accomplishments provide significant contributions to the overall IHS health promotion/disease prevention effort.

FUNDING

The fiscal year (FY) 2000 Indian Health Facilities final appropriations provided \$316,555,000 for IHS facilities/environmental health activities including \$43,433,000 for health care facilities maintenance and improvement (not including an estimated \$4,700,000 in reimbursements; i.e., quarters return funds); \$50,393,000 for health care facilities construction; \$92,117,000 for sanitation facilities construction; \$116,282,000 for facilities and environmental health support (\$56,990,000 for facilities support, \$49,162,000 for environmental health support, and \$10,130,000 for the Office of Environmental Health and Engineering (OEHE) Support); and \$14,330,000 for equipment. The FY 2001 Indian Health Facilities request is \$349,374,000 to provide the services listed above(not including an estimated \$4,700,000 in rent collections called quarters return funds to be available in FY 2001 for operation and maintenance of staff quarters).

PROGRAM DESCRIPTION

- **Maintenance and Improvement (M&I)**

This budget activity provides resources that the IHS uses for materials and contract services needed: 1) to keep existing Federal and tribal health care facilities and grounds in good repair; 2) to perform preventive maintenance on facilities and equipment; 3) to accomplish needed improvements to existing space so that facilities will be better suited for delivery of health care services to AI/ANs; 4) to accomplish environmental assessments and remediation of environmental problems; and 5) to demolish health care facilities replaced through Federal funding.

The FY 2000 final appropriation of \$43,433,000 will enable IHS to distribute approximately \$25,120,000 for routine maintenance activities among all IHS and tribal contracted facilities; allocate \$3,000,000 for environmental assessments and remediation, and distribute \$14,813,000 for maintenance and improvement projects to address critical items from the Backlog of Essential Maintenance, Alteration, and Repair items (BEMAR); and \$500,000 to demolish vacant or obsolete health care facilities replaced through federal funding. All funds are distributed to IHS direct operated and eligible tribal facilities.

- **Sanitation Facilities Construction (SFC)**

This budget activity funds construction of water supply and waste disposal facilities for Indian homes and communities, as authorized by the Indian Sanitation Facilities Act, P.L. 86-121. The proportion of AI/AN homes with essential sanitation facilities (safe water supplies and adequate waste disposal systems) has increased from 20 to 85 percent since the program's inception in 1960. However, availability of such facilities among all U.S. populations is approximately 98 percent.

The SFC program is an integral part of the IHS disease prevention initiative and tribal involvement has been the keystone of SFC program success. Since P.L. 86-121 was passed, the IHS has constructed community and individual water supply and waste disposal systems, which serve more than 231,000 AI/AN homes. The final appropriation of \$92,117,000 in FY 2000 plus contributed funds will enable the SFC program to provide first-service to an estimated 3,740 additional new/like-new, and existing AI/AN homes; and upgrade service to 11,035 more existing homes. At congressional direction, sanitation facilities deficiencies in AI/AN communities are quantified and rank ordered.

Most SFC projects are planned, designed, and managed by IHS engineers and constructed by tribal or non-Indian contractors. Between 65 and 70 percent of the construction is performed by Indian tribes and firms. In addition, a few self-governance tribes are now providing their own professional engineering services. Considering the extremes in climate and geography often found in Indian country, IHS engineers are uniquely challenged to design appropriate, economical, and uncomplicated

facilities in order to ensure continued operation and maintenance and long-term health benefits. To further this end, after construction is complete, IHS engineers, sanitarians, and environmental health technicians continue to provide technical assistance and training to system operators and individual homeowners. Technical assistance and training efforts, that benefit tribal utility system managers and operators, positively affect the health and well-being of several hundred thousand AI/ANs every year by ensuring that improved water supply and waste disposal services are provided for their homes and communities.

- **Health Care Facilities Construction (HCFC)**

This budget activity funds construction, including equipment, of new and replacement inpatient and ambulatory health care facilities (hospitals, health centers, etc.), staff quarters, and additional space at existing facilities, as required to provide direct health care services to AI/ANs.

The FY 2000 final appropriation of \$50,393,000 provided funding to: continue construction of the Ft. Defiance, Arizona hospital (\$24,285,000); begin construction of the Winnebago, Nebraska hospital (\$9,714,000); continue construction of the Parker, Arizona health center (\$9,714,000); complete design of the Red Mesa, Arizona health center (\$2,000,000); provide new or replacement modular dental units (\$1,000,000); begin design and construction of Zuni, New Mexico staff quarters (\$920,000); and assist the Hopi Tribe in providing staff quarters (\$2,760,000).

The need for each health care facility and staff quarters construction project is assessed through application of comprehensive priority system methodologies. Periodically, Headquarters solicits proposals from the IHS Areas for essential staff quarters needs, and urgently needed new or replacement health care facilities. The proposals are evaluated objectively and ranked according to relative need. Justification documents are prepared for those ranked highest and, when approved, the projects are placed on the appropriate IHS facilities priority list and funding estimates are included in the 5-year IHS Health Facilities Planned Construction Budget. The total unfunded amount identified on the 5-year IHS Health Facilities Planned Construction Budget for FY 2002 is approximately \$938 million.

The IHS is authorized to construct health facilities by the Snyder Act, 25 U.S.C. 13; and the Indian Health Care Improvement Act, Public Law 94-437. These authorities include inpatient and outpatient facilities, staff quarters, small ambulatory facility construction grants, youth regional treatment centers, joint ventures, and dental units. Also, use of Health Services carryover funds and Medicare/Medicaid funds for construction is authorized. Only those authorities where projects are either on-going or recently completed are included in this document.

- **Facilities and Environmental Health Support (F/EHS)**

This budget activity provides resources that the IHS uses to staff and support its Headquarters, Area, district, and service unit activities; i.e., facilities and environmental health activities carried out directly by Federal employees or, in certain cases, indirectly by tribal contractors. This activity funds all costs for the permanent personnel who manage and implement the IHS health care facilities maintenance and improvement program; the health care facilities new and replacement construction program; the biomedical equipment maintenance and repair program; the sanitation facilities construction program; the environmental health services program; and the real property and health facilities planning programs. In addition, it supports personnel who operate the physical plant at IHS owned health care facilities, and certain non-personnel related operating costs (e.g., utilities). In order to maintain clear distinction between the three major categories of costs included in this activity, the IHS has established three sub-activities: 1) Facilities Support; 2) Environmental Health Support; and 3) Office of Environmental Health and Engineering Support. These sub-activities are described separately below.

Facilities Support

This budget sub-activity funds permanent personnel costs, at the Area and service unit levels, related to planning; justifying; designing; constructing; improving; leasing or renting; operating and maintaining IHS direct-operated (and, for certain purposes, tribal-operated) health care facilities. Also, it funds related Area and service unit operating costs; e.g., utilities, biomedical equipment repair/maintenance, some non-medical building operations supplies (e.g., filters, fan belts, etc.), and some non-clinical personal property.

The Facilities Support sub-activity was established, in the IHS Appropriations Act of FY 1992, as part of the Facilities and Environmental Health Support activity. The IHS, tribes, and tribal groups operate 49 hospitals, 218 health centers, 7 school health centers, 280 smaller health stations and satellite clinics, 7 youth regional substance abuse treatment centers, 140 alcohol and substance abuse program (ASAP) facilities, and more than 2,200 units of staff quarters.

The IHS owns approximately 849 000 square meters of Federal space in hospitals, clinics, staff quarters, and other facilities and operates health care delivery and administrative program elements in GSA assigned space.

Environmental Health Support

This budget sub-activity funds permanent personnel costs, at the Area, district, and service unit levels, related to providing environmental health services, including injury prevention, to the AI/AN people, to

their communities, and to government (tribal, IHS, Bureau of Indian Affairs (BIA), local, etc.) institutions. Also, it funds permanent personnel costs, at the Area, district, and service unit levels, for planning, designing, and constructing Indian sanitation facilities and providing follow-up technical support and training to AI/AN owners and operators of those systems. In addition, it funds related costs including rabies vaccine for dogs and household pets, vector control chemicals for plague control efforts, training and community safety promotion materials, x-ray calibration equipment, and in special circumstances home smoke detectors, radon monitoring kits, and water quality sampling/testing equipment.

In FY 2000, environmental health services provided by IHS Area, district, and service unit environmental health personnel will include such activities as: injury prevention, epidemiological studies, water sampling, vector control activities, food protection surveys, waste disposal investigations/technical assistance, institutional environmental health, and radiation monitoring.

Especially noteworthy are environmental health services provided in the injury prevention category. The IHS environmental health staff has lead responsibility for coordinating development and implementation of community-based prevention measures to address the problem of injuries, which is the leading killer of AI/ANs age 0 to 44 years. An encouraging downward trend in injury death rates for AI/ANs is being achieved as a result of this increased attention. Given these successes, the IHS has implemented a 5-year Indian Injury Prevention Plan (Immunizing Against the Injury Epidemic).

Once completed, sanitation projects initiated in FY 2000 will provide essential sanitation facilities to 450 new, HUD-sponsored housing units, 290 BIA-sponsored units, 3,000 units constructed by tribes and other entities, and 1,735 first service existing homes (total: 5,475 first service housing units). In conjunction with providing sanitation facilities for the first time to the homes listed above, systems serving 9,300 previously served (existing) homes are to be upgraded.

Office of Environmental Health and Engineering (OEHE) Support

This budget subactivity is used to fund permanent personnel costs, at IHS Headquarters including two offices of Engineering Services (ES), for direct support/management of the full array of services and activities funded by the Facilities appropriation.

The engineers, architects, sanitarians, health facilities planners, leasing/contract specialists, real property managers, and support personnel who work in Headquarters provide technical and management services required to design, construct, operate, and maintain efficient, accessible, and serviceable health care facilities and staff quarters; address IHS leasing/rental requirements; provide appropriate injury prevention and environmental health services and construct sanitation facilities for Indian homes and communities; meet all legal and policy requirements for financial and program accountability; and

develop long-range staffing and programmatic goals to ensure continued program effectiveness.

In FY 2000, OEHE Headquarters and ES staff will complete engineering technical reports, surveys, and studies; award major health care facility design/construction contracts including modifications; process IHS and GSA leases; hold tribal and Federal employee training courses; and manage active health care facilities design/construction projects.

- **Equipment**

This budget activity funds the purchase and replacement of new medical equipment for Federal and tribal health care facilities.

In FY 1995, Congress created this activity to consolidate funds for medical equipment in the Facilities appropriation. The IHS medical equipment inventory is approximately \$306 million. Of the \$14,330,000 final appropriation in FY 2000, \$10,830,000 will be used to address sustaining this inventory by replacement of medical equipment, \$500,000 to replace tribal ambulances, and \$3,000,000 will be used to provide for new tribally built facility space.

INDIAN HEALTH FACILITIES
Summary of Budget Request

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase or <u>Decrease</u>
Budget Authority.....	\$291,965,000	\$316,555,000	\$349,374,000	+\$32,819,000
FTE.....	1,254	1,287	1,324	+37

The FY 2001 budget request of \$349,374,000 and 1,324 FTE reflects a net increase of \$32,819,000 and 37 FTE over the FY 2000 final appropriation of \$316,555,000 and 1,287 FTE.

FY 2001 Current Services: +\$74,481,000 and 9 FTE

The IHS is requesting an increase of \$74,481,000 to partially address the rising cost of providing health care. Excluded are cost increases associated with inflation and those that are attributable to the rapidly expanding AI/AN population. The current services increase is \$74,481,000 includes the following.

- \$7,517,000 for pay related cost.
- \$1,665,000 and 9 FTE for Phasing-In of Staffing and Operating Cost for new facilities.
- \$65,237,000 for Health Care Facilities Construction.

Program Increase: +\$10,894,000 and 28 FTE

- \$1,974,000 for Maintenance & Improvement.
- \$2,000,000 and 28 FTE for Facilities and Environmental Health Support.
- \$3,961,000 for Health Disparities (Sanitation Facilities Construction).
- \$2,959,000 for Health Disparities (Injury Prevention).

Program Decrease: -\$52,494,000

- -\$50,393,000 Non-recurring Health Care Facilities Construction Funds.
- -\$ 2,101,000 Equipment