

Indian Health Facilities
Facilities and Environmental Health Support
Environmental Health Support

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase Or <u>Decrease</u>
Budget Authority...	\$44,548,000	\$,49,162,000	\$56,610,000	+\$7,448,000
FTE.....	543	560	579	+19

PURPOSE AND METHOD OF OPERATION

FY 2000 Base

Funds in the Environmental Health Support sub-activity are used to pay for personnel who accomplish environmental health services, injury prevention activities, and sanitation facilities construction activities, at the IHS Area, district, and service unit levels and operating costs associated with provision of those services and activities.

Many American Indian and Alaska Native (AI/AN) people live in environments typified by severe climatic conditions, rough, often treacherous geography, extreme isolation, exposure to disease carrying insects and rodents, inadequate housing, unsanitary methods of sewage and garbage disposal, and unsafe water supplies. Such harsh environments, coupled with decades of economic deprivation and compounded by the lack of basic environmental essentials in many homes (such as running water and toilet facilities) historically have contributed significantly to the exceptionally high incidence of disease, injury, and early death among the AI/AN people.

Developing solutions to the many environmental concerns affecting AI/ANs requires knowledge and expertise possessed by a variety of professional and technical environmental health and skilled health specialists. The Area, District and service unit environmental health staffs include engineers, sanitarians, environmental health technicians, engineering aide, injury prevention specialists and institutional environmental control officers.

PROGRAM EMPHASIS AREAS

- **General Environmental Health**

Concurrent with the provision of technical and consultative environmental health services, Area, district and service unit environmental health services staff provide a wide range of technical services to American Indian and Alaska Native communities including water quality, waste disposal, hazardous materials management, food sanitation, institutional environmental health, vector control, and occupational safety and health. A critical component of this effort is the provision of technical assistance to the Tribes in developing environmental health program management capacity.

In 1999, IHS environmental health services staff in consultation with tribes and other federal partners developed a five-year strategic plan that outlines a strategy for building safe and healthy communities and for building tribal capacity. A protocol for identifying and prioritizing community environmental health needs will be completed during fiscal year 2000. During fiscal year 2001 community environmental health needs assessments will be conducted in every AI/AN community, and IHS staff will work with the Tribes and other federal programs to develop community action plans to address the identified needs.

- Injury Prevention

Injuries have a significant, adverse effect on AI/AN populations. Between 1991 and 1993, over 4,000 AI/AN residing in the IHS service area, died from unintentional injuries (motor vehicle crashes, home fires, drowning, poisoning, etc.), suicide, homicide, averaging almost 1,400 such death per year. During 1991-1993 injuries and poisoning deaths resulted in 132,856 years of potential life lost (persons dying before reaching age 65).

On average, AI/ANs are dying at a rate 2.2 times the U.S. All Races rate for injuries and poisonings. The rates for Aberdeen and Navajo Areas were 3.5 times the U.S. All Races rate. The rate for Alaska was 3.6 times the U.S. All Races rate. The IHS estimates conservatively that \$100,000,000 is spent each year on transportation and acute care of injured Indian people; however, costly critically needed re-constructive surgeries, prosthetic devices, and rehabilitative services often cannot be provided. Frequently overlooked is the effect that injuries have on the injured person's family. Severe disabling injuries often affect the financial and social fabric of the family and the community, causing a "burden" unparalleled by other health problems.

For many years the IHS has been aware of the significant drain on its limited health care resources that is caused by stabilizing, transporting, treating, and rehabilitating injury victims. In 1981, an Injury Prevention Program was initiated within the environmental health activity. Early efforts by Area, district, and service unit personnel at improved surveillance and targeted intervention were so encouraging that a formal injury prevention training program was established.

One of the most important advancements in the field of injury prevention was dispelling the myth that accidents or accident occurrences are responsible for most, if not all, injuries. In fact, today it is known that injuries are predictable occurrences that can be successfully prevented with properly targeted interventions. There is mounting quantitative evidence that community-base prevention programs, patterned on the public health model, can reduce the incidence of severe injuries requiring hospitalization.

For instance, when Centers for Disease Control and Prevention personnel evaluated the effect of the Navajo Nation's motor vehicle safety belt law, they found that the number of severe injuries attributable to motor vehicle crashes was reduced by 28 percent. This reduction represents estimated savings to the Federal Government of more than \$2,000,000 in direct care expenditures alone. An analysis of deaths among Alaska Natives in the Yukon River delta region indicated 30 percent reduction in drowning deaths. This reduction is attributed to a 5-year drowning prevention education effort sponsored by the Yukon Kuskokwim Health Corporation's Injury Prevention Program.

The IHS Injury Prevention Plan "Immunizing against the Injury Epidemic" calls for collaboration among IHS, tribes, and other Federal, State, and local agencies in efforts to reduce the incidence of severe injuries. These efforts include placing special emphasis on primary prevention, developing programs on sound epidemiological bases, and funding community-based prevention projects. The IHS has developed formal injury prevention networking arrangements with the Bureau of Indian Affairs, the Center for Substance Abuse Prevention, the National Highway Traffic Safety Administration, and many states, in order to collaborate more effectively with tribes in co-sponsoring injury prevention projects.

Also during the past 9 years, IHS has developed injury prevention training programs specifically for the community-based practitioner. To support tribal capacity building, IHS provides technical training in the area of community injury prevention to approximately 60 tribal health personnel annually through the Injury Prevention Practitioner Level I course.

Support for the IHS Injury Prevention Program is found in the Indian Health Amendments of 1992, Public Law 102-573, and in "The Year 2000 Objectives for the Nation." Three of these objectives target reductions in unintentional injuries, motor vehicle crash injuries, and alcohol-related motor vehicle crashes.

- Institutional Environmental Health

Institutional Environmental Health (IEH) specialists, where available on IHS staffs, work with managers of health care, educational, childcare, and correctional facilities. Such institutions have diverse clientele but share many common problems (such as risks and hazards of new technologies). Emerging disease risks and hazards, stricter regular requirements and escalating costs resulting from claims for compensation for work related injuries sustained by health care workers make institutional environmental problems ever more complex and challenging.

The IEH specialists are trained to anticipate, recognize, and evaluate potential hazards and recommend control procedures. Periodic, formal evaluations of institutions serving AI/AN populations are performed in order to assess environmental

conditions, identify those that may cause adverse health effects, and make recommendations to prevent or minimize harm. Among operational areas of interest to IEH specialists are as follows: infections control, industrial hygiene, radiation protection, safety management, and general environmental health conditions.

Assistance is provided to institution managers/operators in developing appropriate program for protecting clients and employees, and in complying with legislation and executive orders regarding environmental health and safety management issues. Advice is also offered regarding compliance with accreditation and/or certification standards. Maintaining accreditation ensures that IHS continues to have access to medicare/medicaid and third-party funding.

An evaluation research grant of \$116,000 was funded for FY 1997. This initiative was intended to evaluate the effect of primary prevention and case management in reducing the incidence and associated costs of work place injuries. The program targeted the 25 largest IHS hospitals and 4 hospitals associated with self-governance tribes. Grant funds were used to purchase injury tracking software, interactive safety training software, occupational rehabilitation training, and reference materials, as well as provide funds for special projects and bio-statistical support.

This research initiative was extended in FY 1998 with a continuation evaluation research grant for \$35,000. Grant funds were used to fund a back injury demonstration project in Claremore, Oklahoma, to establish a Lifting Team at the Gallup Indian Medical Center, to conduct a study of the relationship between decreased strength and dynamic stability in the shoulder girdle/joint to the incidence of carpal tunnel syndrome at the Fort Defiance Hospital, and to present an applied ergonomics course in Flagstaff, Arizona.

- Sanitation Facilities Construction

In accordance with P.L. 86-121, Indian Sanitation Facilities Act, the IHS manages and provides professional engineering and services to construct over 450 projects annually, at a total cost of over \$130 million, to provide essential sanitation facilities for AI/ANs. This work is a significant component of the comprehensive environmental health services provided by Area, district and service unit environmental health personnel. These services include management of staff, pre-planning consultation with tribes and tribal groups, coordination with other federal, state and local governmental entities, identifying supplemental funding outside of IHS, developing local policies and guidelines with tribal consultation, developing agreements with tribes and others for each project, providing project design and construction, assuring environmental and historical preservation procedures are followed, assisting tribes where the tribes provide construction management, and assisting tribes with operation and maintenance of constructed facilities. The Sanitation Facilities Construction program assures that its staff is highly qualified for its mission by requiring professional licensure of

District Engineers and higher level positions. All of these activities are made more difficult due remote locations where they work, the diverse climatic and geologic conditions, and cultural considerations.

In accordance with the Indian Health Care Improvement Act (Title III, Section 302(g) 1 and 2 of P.L. 94-437) the IHS annually updates its inventory of sanitation facilities deficiencies for existing Indian homes. This is carried out with considerable consultation with tribes. The IHS also develops and updates an inventory of all open dump sites on Indian lands as required under the Indian Lands Open Dump Cleanup Act (P.L. 103-399). Both of these inventories are widely used by other governmental agencies in their evaluations and funding of sanitation projects.

Once a sanitation facility is built, the Indian family and/or community for which was constructed assume operation and maintenance responsibilities including payment of associated costs. Therefore, a primary responsibility of IHS Area, district and service unit environmental health personnel is to provide technical assistance and guidance to Indian families and communities regarding the operation and maintenance of essential water supply and sewage disposal facilities.

Where appropriate, IHS engineers, sanitarians and technicians provide technical assistance to tribes and communities to create and manage sanitation facility operation and maintenance organizations. Among other areas, the IHS provides facility maintenance training and assistance with establishing ordinances and user fee schedules. The availability of technical assistance from IHS has contributed significantly to the ability of the small communities and rural families to keep their facilities in working condition. Sustained attention to proper operation and maintenance of these facilities, by tribes, communities, and individual homeowners, is an important contribution to continued strengthening of community infrastructure for AI/AN. In addition, it is necessary to protect the enormous preventive health investment made by the Federal Government on behalf of AI/AN.

TRIBAL HEALTH PROGRAMS

The IHS Area, district and service unit environmental health personnel also train tribal employees to provide environmental health services, under contact with IHS wherever a tribe desires, provided that funds are available and other considerations make such arrangement practicable.

As a result of training provided by IHS, tribal environmental health personnel are better prepared to provide higher levels of service to the Indian people and to support the provision of direct patient care services. For example, some tribes have chosen to contract for the provision of the full range of environmental health services as typically provided by the IHS direct delivery program.

The tribes have been an integral part of the sanitation facilities program for years. In recent years they have administered more than 50 percent of the project funds for the provision of sanitation facilities to AI/AN homes and communities. A Navajo tribal enterprise, the Navajo Engineering and Construction Authority, exemplifies this successful effort. It constructs virtually all sanitation facilities provided by the IHS on the Navajo Indian Reservation and employs approximately 350 Navajos on IHS funded construction projects.

Area, district and service unit environmental health personnel work with tribes/tribal organizations to encourage maximum participation in planning health services delivery programs. Also, they provide technical assistance to the tribal officials who carry out administrative/management responsibilities associated with operation of federally supported programs. Their support of self-determination for tribal organizations will continue. However, the extent to which there is participation in the self-determination process depends on, and is determined by, the individual tribes/tribal organizations.

Funding levels for the last 5 fiscal years follows:

<u>Year</u>	<u>Funding</u>	<u>FTE</u>
1996	\$40,645,000	539
1997	\$41,474,000	522
1998	\$42,463,000	522
1999	\$44,548,000	503
2000	\$49,590,000	560

Accomplishments

Provided professional engineering services to Indian homes and communities by implementing approximately 3,028 projects to provide sanitation facilities. Worked cooperatively with other agencies to secure additional funding, which was combined with the FY 1999 IHS appropriation to initiate projects to provide sanitation facilities for 461 HUD housing units, 251 Bureau of Indian Affairs units, 2,845 new/like-new housing units, and 13,014 existing housing units. Funded personnel to manage the injury prevention program, and performed environmental health services.

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST - The request of \$56,610,000 and 579 FTE is an increase of \$7,448,000 and 19 FTE over the FY 2000 Appropriation of \$49,162,000 and 560 FTE. The increases include the following.

Current Services - Built-in Increases - +\$2,919,000

The request of \$2,919,000 for personnel related cost will fund the increased cost of providing environmental health services to IHS beneficiaries and other built-in cost increases associated with on-going operations. Included as increases are the FY 2001 pay raise, within grade increases, etc. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

The IHS patient population continues to receive less access to health care than the general U.S. population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities - +\$410,000 and +3 FTE

The request of \$410,000,000 and 3 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities. The following table displays the requested increase.

<u>Facilities</u>	<u>Dollars</u>	<u>FTE</u>	
Hopi,AZ Health Center	+\$210,000	+3	
Talihina,OK Hospital	<u>200,000</u>	<u>3</u>	1/
Total	\$410,000	+3	

1/ Tribal Operated. NON-ADD FTE

Health Disparities (Injury Prevention) - +\$2,959,000

FACT: 3 of 4 deaths to Indian children are from traumatic injuries!

Childhood injury is a major public health problem and is highly preventable. Childhood injury related deaths account for 73 percent of all deaths to American Indian and Alaska Native (AI/AN) children aged one to nineteen years of age during the years 1985-1996. AI/AN children (0-19 years) have injury - related death rates that are three times the rate for white children and two times the rate for black children for this same time period.

With collaboration of American Academy of Pediatrics, NCIPC, Maternal Child Health, Health and Human Services, the Indian Health Service will be having a congressional briefing on childhood injuries in the Spring 2000.

In fiscal year 1997, Dr. Michael Trujillo, IHS Director, identified injury prevention as one of his primary health initiatives. More than \$300,000 was identified to support competitive tribal grants to build the capacity of American Indian Tribes and Alaska Native Corporations to address their injury problems, including the implementation of effective injury interventions. The three main purposes of the Grant Program are to: improve the basic public health infrastructure of tribes to conduct effective community-based injury prevention programs; provide federal funding to assist tribes in implementing intervention programs based upon sound epidemiological data or proven interventions; and build capacity of tribes to understand the public health implications of injury upon their people and implement effective interventions.

Based upon early success of the tribal projects, more than \$1 million was added in fiscal year 2000 to expand this work to other tribes.

These new injury prevention funds will be available to tribes as competitive grants to build or enhance their existing public health infrastructure. It is estimated that approximately 25 new tribes will be reached with these funds. The remaining funds will be used to support implementation of proven injury prevention intervention, and these interventions have the ability to save money for society. These funds also allow tribes expand their networks which in turns multiplies by 2-3 times the public health benefits of their programs.

Program Increases - +\$1,160,000 and +16 FTE

This increase will provide additional federal or tribal staffing to effectively implement the base workload and requested increase for environmental health services at Area, district, and service unit locations providing direct program services. This represents a less than 10 percent increase in staffing. This includes sanitation facilities construction and addressing our expanding environmental responsibilities including program implementation.