

ACTIVITY/MECHANISM BUDGET SUMMARY
 Department of Health and Human Services
 Public Health Service - Indian Health Service
 Indian Health Facilities - 75-0391-0-1-551

Sanitation Facilities

Program Authorization:

Program authorized by U.S.C. 13 Snyder Act, PL 83-568, Transfer Act, 42 U.S.C. 2001, PL 86-121, Indian Sanitation Facilities Act; and Title III of PL 94-437, Indian Health Care Improvement Act, as amended. This sub-sub activity includes the funds necessary for the construction of sanitation facilities (i.e. water; sewer; solid waste; and operation and maintenance projects). The cost associated with professional staff, which provides management and engineering of this program, are included under the Environmental Health Support sub-sub activity.

	FY 1999 <u>Actual</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase or <u>Decrease</u>
Budget Authority...	\$89,328,000	\$92,117,000	\$96,651,000	+\$4,534,000
FTE.....	179	179	179	--

Number of Homes Benefited

	Fiscal Year Program		
	FY 1999 <u>Actual</u>	FY 2000 <u>Appropriation</u>	FY 2001 <u>Estimate</u>
A. New/Like-New			
HUD.....	461 ^{1/}	450 ^{1/}	450 ^{1/}
BIA/HIP.....	251	290	290
Tribal/Other.....	<u>2,845</u>	<u>3,000</u>	<u>3,060</u>
Subtotal.....	3,557	3,740	3,800
B. Existing Indian Homes			
First Service.....	1,735	1,735	1,795
Upgraded/Emergency.....	<u>11,279</u>	<u>9,300</u>	<u>9,660</u>
Subtotal.....	13,014	11,035	11,455
TOTAL.....	16,571 ^{2/}	14,775 ^{2/}	15,255 ^{2/}

1/ Sanitation Facilities to be funded with HUD grants contributed by tribes to IHS projects.

2/ Construction projects are funded with IHS appropriated funds and contributions to serve these homes.

PURPOSE AND METHOD OF OPERATION

FY 2000 Base

The Indian Sanitation Facilities Act, P.L. 86-121, authorizes IHS to provide essential sanitation facilities to Indian homes and communities. The IHS Sanitation Facilities Construction Program, an integral component of the IHS disease prevention activity, has carried out those authorities since 1960 using funds appropriated for Sanitation Facilities Construction to provide potable water and waste disposal facilities for American Indian and Alaska Native (AI/AN) people. As a result, the rates for infant mortality, the mortality rate for gastroenteritis and other environmentally related diseases have been dramatically reduced, by about 80 percent since 1973. The IHS physicians and health professionals credit many of these health status improvements to IHS' provision of water supplies, sewage disposal facilities, development of solid waste sites, and provision of technical assistance to Indian water and sewer utility organizations.

A Report to Congress by the Comptroller General (dated March 11, 1974) noted that AI/AN families living in homes with satisfactory environmental conditions placed fewer demands on IHS' primary health care delivery system than families living in homes with unsatisfactory conditions; i.e., those with satisfactory environmental conditions in their homes (e.g., safe piped water and adequate sewage disposal) required approximately 25 percent of the health care services required by those with unsatisfactory environmental conditions.

The provision of Indian sanitation facilities is a very important component of the overall effort required to achieve a reduction in infant mortality, a goal highlighted in "The Year 2010 Objectives for the Nation." Safe drinking water supplies and adequate waste disposal facilities are essential preconditions for most health promotion and disease prevention efforts. Currently, about 1 percent of all U.S. homes lack safe water in the home while about 7.5 percent of all AI/AN homes lack safe water in the home.

Support for the IHS' justification of Sanitation Facilities Construction Program funding can be found in a PHS study entitled Relationship of Environmental Factors to the Occurrence of Enteric Disease in Areas of Eastern Kentucky. The data support the premise that the incidence of acute infections and diarrhea disease could be reduced significantly by selectively modifying environmental factors. The IHS physicians have stated that the Indian Sanitation Facilities Act has had a greater positive effect upon the health of AI/ANs than any other single piece of legislation.

As with other IHS activities, sanitation facilities projects are carried out cooperatively with the Indian people who are to be served by the completed facilities. Tribal involvement has been the keystone of the Sanitation Facilities Program since its inception in FY 1960. Projects are initiated only following receipt of a tribal request expressing willingness on their part to participate in carrying out the project and willingness to

execute an agreement to assume ownership responsibilities, including operation and maintenance, for completed facilities. Experience shows that 60 to 70 percent of the actual construction work is performed by Indian tribes/firms.

With completion of all projects approved through FY 1999, approximately 231,000 AI/AN homes will have been provided sanitation facilities since 1960.

Sanitation Facilities Deficiencies

The Indian Health Care Improvement Act (Title III, Section 302(g) 1 and 2 of P.L. 94-437) directed the IHS to identify the universe of Indian sanitation facilities deficiencies for existing Indian homes. As of the end of FY1999, the backlog of projects to address all documented deficiencies totaled \$1.753 billion. To address the backlog of feasible projects for existing homes in 10 years would require an annual funding level of \$77,002,000. In FY 1999, of the \$89,328,000 appropriated for sanitation facilities, \$45,225,500 was used to address the backlog of existing homes (of this amount \$2,528,500 was set-aside to serve solid waste needs), \$198,000 for special projects, \$341,500 for emergency projects, and \$43,563,000 was used for sanitation facilities for new/like-new Indian homes.

As proposed, the current backlog of projects would provide sanitation facilities to between 95 and 98 percent of all existing Indian homes. Also included in the backlog are projects intended to upgrade existing water supply and waste disposal facilities and projects to improve sanitation facilities operation and maintenance capabilities in Indian country. Maximum health benefits will be realized by addressing existing sanitation needs identified in the backlog and also by providing sanitation facilities for new homes when they are constructed.

Funding levels for the last 5 fiscal years follows:

<u>Year</u>	<u>Funding</u>	<u>FTE</u>
1996	\$84,889,000	244
1997	\$88,963,000	244
1998	\$89,082,000	244
1999	\$89,328,000	179
2000	\$92,117,000	179

DISTRIBUTION OF SANITATION FACILITIES CONSTRUCTION FUNDS

The FY 2001 Sanitation Facilities Construction portion of the appropriation will be allocated as follows:

- 1) \$500,000 will be reserved at IHS Headquarters for distribution to the Areas as needed to address water supply and waste disposal emergencies caused by natural disasters or other unanticipated situations that require immediate attention to minimize potential threats to public

health. Emergency funds remaining at the end of the fiscal year will be distributed to the Areas to address the Sanitation Deficiency System (SDS) priority list of needs.

- 2) Up to \$47,000,000 will be distributed to serve new and like-new homes. Some of these funds may also be used for sanitation facilities for the individual homes of the disabled or sick who have physician referrals indicating an immediate medical need for adequate sanitation facilities in their home. Amounts as needed to serve new and like-new homes will be established by Headquarters after reviewing Area requests. Priority will be given to projects intended to provide sanitation facilities for the first time to homes in categories B, C, and D under the BIA Housing Improvement Program (HIP). (NOTE: Homes in BIA/HIP Category A are considered existing homes. Category A homes needing service will be included in the SDS.) The amount allocated to each Area for projects to serve other new/like-new homes will be the Area's pro-rata share of remaining funds for serving such housing.
- 3) Up to \$5,000,000 will be used for projects to clean up and replace open dumps on Indian lands pursuant to the Indian Lands Open Dump Cleanup Act of 1994.
- 4) The balance of the appropriation in FY 2001 will be distributed to the Areas for prioritized projects to serve existing homes, based on a formula that considers, among other factors, the cost of facilities to serve existing homes that: a) have not received sanitation facilities for the first time; or b) are served by substandard sanitation facilities (water and/or sewer). Another distribution formula element is a weight factor that favors Areas with larger numbers of AI/AN homes without water supply or sewer facilities, or without both.

The IHS appropriated funds will not be used to provide sanitation facilities for new homes funded with grants by the housing programs of the Department of Housing and Urban Development (DHUD). These DHUD housing grant programs for new homes are able to fund the sanitation facilities necessary for the homes.

Accomplishments

In FY 1999: (1) Received approximately \$35.0 million in SFC contributions from other Federal agencies, States, and Tribes. Combined with SFC appropriation, the total SFC program has funded approximately 467 projects in FY 1999; (2) The staff also assisted Tribes by providing engineering services to many other Tribes that independently funded their own projects; and, (3) Provided essential sanitation facilities to 3,096 new/like-new Indian homes and to 1,735 first service existing homes. With additional funds from Housing and Urban Development (HUD), IHS also provided sanitation facilities to 461 new HUD-sponsored housing units.

Performance Measures

The following performance indicator is included in the IHS FY 2001 Annual Performance Plan and primarily dependent upon the activities funded within this budget line item for achievement. These indicators are sentinel

indicators representative of some of the more significant health problems affecting AI/AN.

Indicator 30: Improve home environmental health by providing sanitation facilities projects during FY 2001 to serve 3,800 new or like-new homes and 11,455 existing Indian homes.

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST - The request of \$96,651,000 and 179 FTE is an increase of \$4,534,000 over the FY 2000 Appropriation of \$92,117,000 and 179 FTE. The increase includes the following:

Current Services - Built-in Increases - +\$573,000

The request \$573,000 for personnel related costs will fund the increase of providing Sanitation Facilities to IHS beneficiaries and other built-in cost increases associated with on-going projects. Included are increases such as 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.

Health Disparities (Sanitation Facilities Construction) - +\$3,961,000

The \$3,961,000 increase will provide needed water, sewer, and solid waste facilities to approximately 60 additional first service and 360 previously served existing homes, plus service to an additional 60 new/like new homes in all Areas of the IHS. This includes projects to clean up and replace open dumps. Projects will be funded based on an established priority system. Communities and homes with the greatest health needs, which can be feasibly addressed, will be served first.

