

California Area Office Indian Health Service

- Office of the Area Director (OAD)
- Office of Management Support (OMS)
- Office of Public Health (OPH)
- Office of Environmental Health & Engineering (OEH&E)

Office of Environmental Health & Engineering (OEH&E)

- Sanitation Facilities Construction
- Health Facilities Engineering
- Environmental Health Services
 - Injury Prevention Program
 - Operation & Maintenance

FY 2010 Program Budgets

- Environmental Health Support Account (pays for engineers, sanitarians, and support staff)
\$2,716,000/Yr.
- Facilities Support Account (pays for Health Facilities Engineering staff)
452,600/Yr.

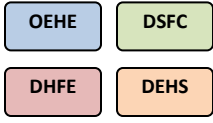
FY 2010 SFC Project Budgets

● SFC/IHS Housing	\$2,059,000
● SFC/IHS Regular	\$2,853,000
● SFC Contributed	\$2,480,000
● SFC ARRA IHS	\$4,068,000
● SFC ARRA Contributed	\$7,969,080
● Grand Total	\$19,429,000

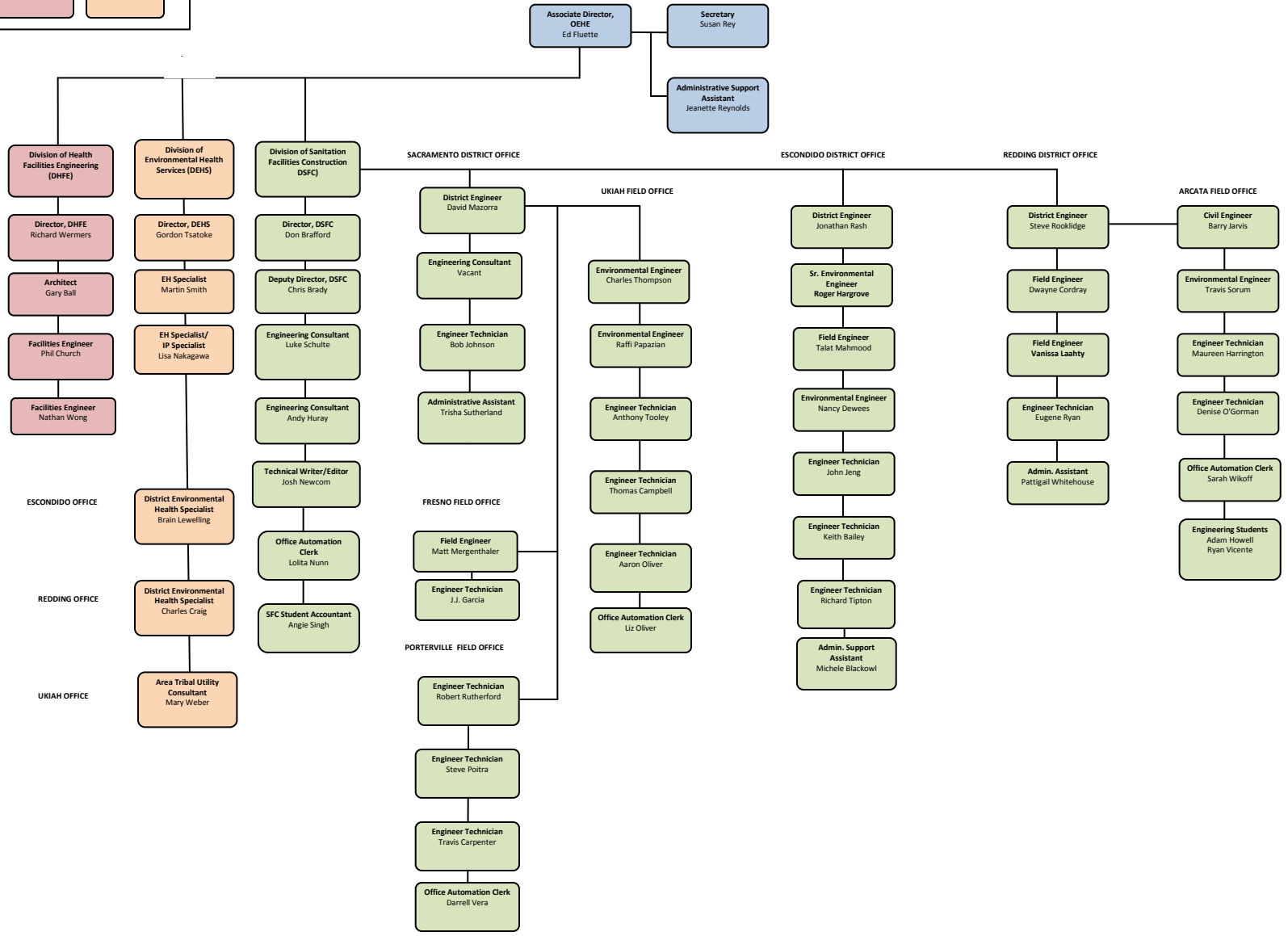
FY 2010 HFE Project Budgets

• Medical Equipment	\$667,000
• Maint. & Improvement	\$3,236,200
• ARRA M&I	\$3,020,000
• ARRA Admin.	\$200,000
• ARRA Med. Equip.	\$584,333
 Grand Total	 \$7,707,533

Key

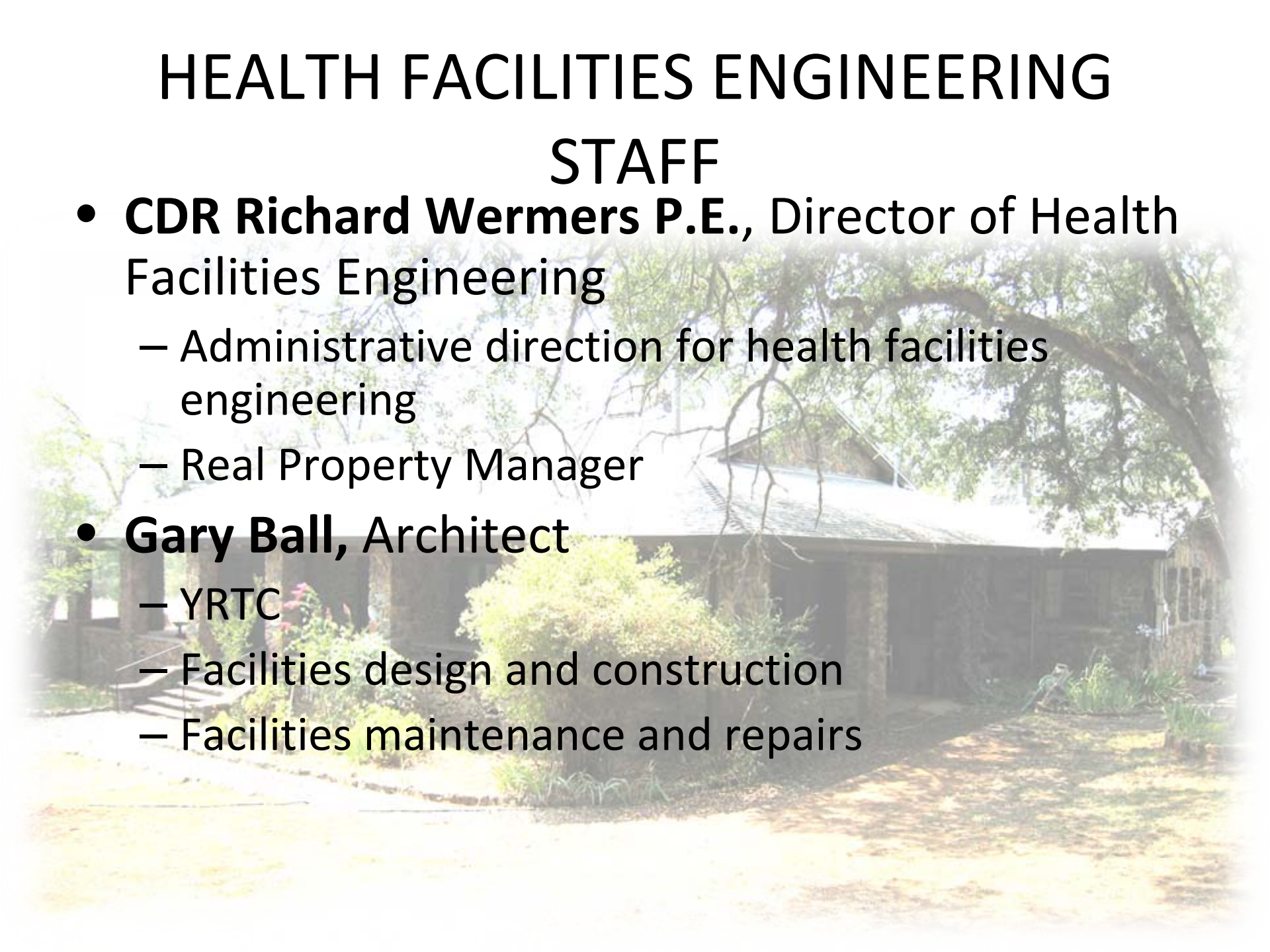


OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING (OEHE) FLOWCHART February 2010



HEALTH FACILITIES ENGINEERING STAFF

- **CDR Richard Wermers P.E.**, Director of Health Facilities Engineering
 - Administrative direction for health facilities engineering
 - Real Property Manager
- **Gary Ball**, Architect
 - YRTC
 - Facilities design and construction
 - Facilities maintenance and repairs



HEALTH FACILITIES ENGINEERING STAFF

- **Philip Church, Engineer**
 - Facilities design and construction
 - Facilities maintenance and repairs
 - Area Facilities Planner
 - Area Energy Manager
- **Nathan Wong, Engineer**
 - Manage ARRA projects and documentation
- **Jeannette Reynolds, Administrative Assistant,**
 - Administrative duties
 - Project document and funding/payment tracking

HEALTH FACILITIES ENGINEERING

Major Program Tasks

- Federal projects
 - YRTC
- Grant application support
 - Joint Venture Construction Program
 - Small Ambulatory Project Grant
 - Indian Community Development Block Grant (HUD)
- HSP
 - Space programming
 - Maximize supportable space calculations



HEALTH FACILITIES ENGINEERING

Major Program Tasks

- Healthcare Facilities Data System
 - Document health facilities deficiencies
 - Facilities condition assessment
 - Maintenance and Improvement (M&I) projects
- Projects
 - Development
 - Funding (M&I eligible)
 - Project management support
- Master planning



California Area Indian Health Service Division of Environmental Health Services

Presented by:

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Deputy Director

Environmental Health Services

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California Area Indian Health Service Division of Environmental Health Services



Division of Environmental Health Services



"Through shared decision making, enhance the health and quality of life of all California American Indians to the highest possible level by eliminating environmentally related disease and injury through sound public health measures."



Division of Environmental Health Services



Program elements:

- Water quality
- Waste management
- Food safety
- Air quality
- Industrial hygiene/occupational health
- Institutional environmental health
- Vector control
- Hazardous materials management
- Emergency response



Division of Environmental Health Services

Basic DEHS services:

- Env. Health assessments of facilities/situations
- Technical assistance to Tribes
- Epidemiology/investigations
- Training on Env. Health/Public Health topics
- Special studies/projects



Division of Environmental Health Services



Basis for DEHS program:

- Chapter 11, IHS Manual
- Agency or Program initiatives
- Tribal input
- Env. Health/Public Health need
- Emergency situations



Division of Environmental Health Services

Basis for funding:

- OEH&E RRM is predominant source
- OEH&E RRM also used for calculating staffing need
- DEHS is staffed at 30% of RRM calculated need
- DEHS is now fully staffed and added 1 Full position



Division of Environmental Health Services

Result of staffing deficit has been:

- Acknowledge we cannot do it all
- Need to prioritize work (i.e. what gets done)
- Prioritization based on:
 - Env. Health/Public Health importance
 - Programmatic mandate
 - Tribal input/needs
 - Other



Division of Environmental Health Services



California Area DEHS priorities in 2010:

- Head Starts
- Senior Centers
- Solid Waste Program
- Casino's
- Institutional Program
- Injury Prevention - seatbelt use surveys



Health and Safety Inspections

- ~20 Head Starts
- ~ 26 Daycare Centers
- ~21 Senior Citizen Centers



Indian Casinos

- Currently 61 Tribal Casino's
- Food Facilities ~180 restaurants, mini-marts, etc.
- Bars ~ 70
- Swimming Pools and Spas ~ 20



Solid Waste –A Multi-agency Partnership

- Johnson's Road Cleanup - 9/15 to 10/13/09
- Roach Creek Site - 10/10 to 10/14/09
- Tully Creek Road Site - 10/8 to 10/16/08
- Needs Assessment for completion of a comprehensive transfer station for the Yurok Tribe



Institutional Environmental Health



- 152 Dental X-rays
- 9 Medical X-ray units
- Developed Respiratory Health Plan for health programs
- Surveyed all 23 Health Programs for training and resource needs
- Completed X-ray Certification through FDA/IHS
- Assist in accrediting health programs in AAAHC and JCAHO

Operations and Maintenance

- Conduct three water certification classes each year.
- ~70 Tribal Water Operators trained
- Locations:
- 1 North , 1 South,
1 varied location



Division of Environmental Health Services

California Area DEHS in 2011:

- Strategic Planning
- Program Planning
- Continuous Quality Improvement
- Customer Focus



California Area Indian Health Service Injury Prevention Program

Lisa Nakagawa, MPH

Injury Prevention Specialist

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(916) 930-3981 ext. 356

Website

<http://www.injprev.ihs.gov/>



California Area Indian Health Service OEHE
INJURY PREVENTION PROGRAM



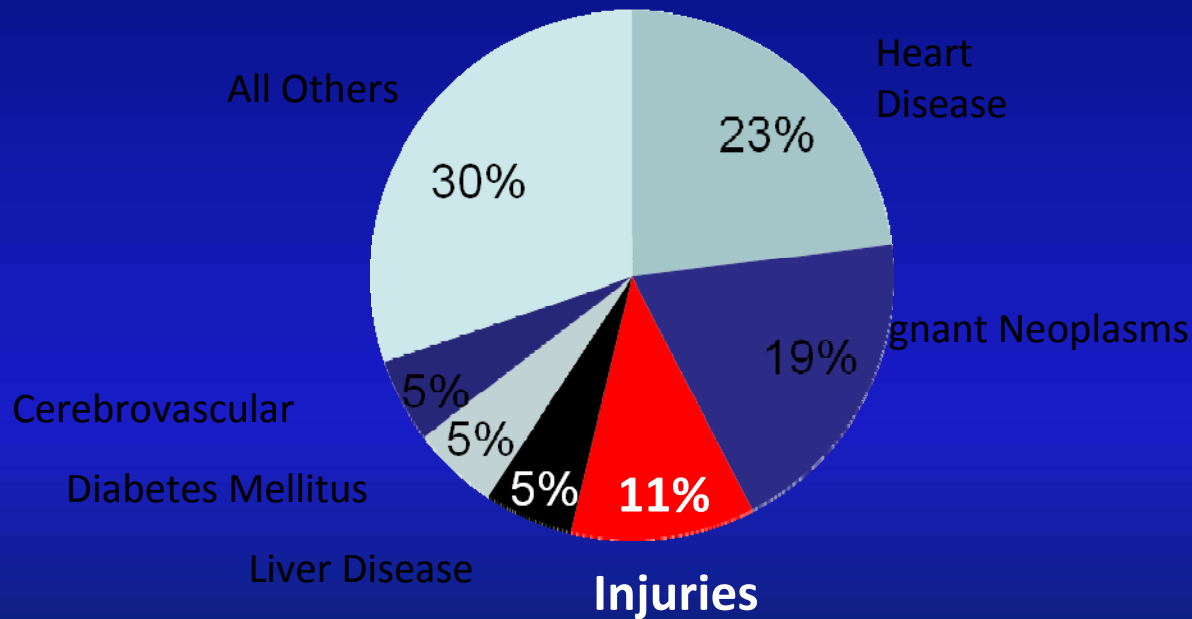
Mission Statement

Raise the health status of American Indians and Alaska Natives to the highest possible level by decreasing the incidence of severe injuries and death to the lowest possible level and increasing the ability of Tribes to address their injury problems.

California Area Indian Health Service OEHE INJURY PREVENTION PROGRAM

Leading Causes of Death – California Area IHS Native Americans, 1999-2007

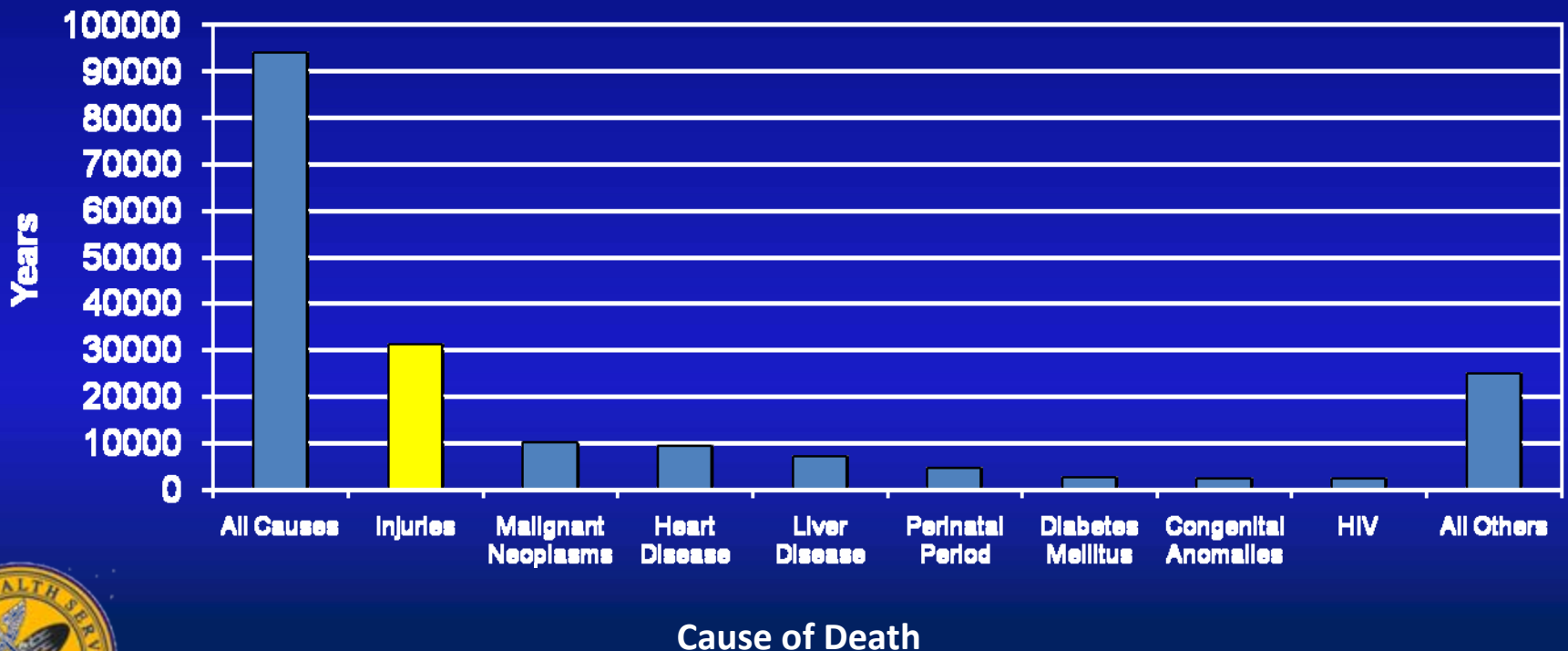
N=10,367



Source: CDC WISQARS query of California

California Area Indian Health Service OEHE INJURY PREVENTION PROGRAM

Years of Potential Life Lost (YPLL) Before Age 65
1999-2007 California Area IHS
American Indians, All Deaths



Source: CDC WISQARS query of California

California Area Indian Health Service OEHE
INJURY PREVENTION PROGRAM

Injury Categories

- Unintentional
 - Motor Vehicle Crashes
 - Falls
 - Burns
 - Drowning
 - Poisoning
- Intentional
 - Homicide
 - Suicide
 - Assault
 - Domestic Violence
 - Child Abuse



California Area Indian Health Service OEHE INJURY PREVENTION PROGRAM

- Injury Prevention Training
- CA IHS Mini-Grant Program
- Program Support
- Injury Prevention Projects
- Information Sharing
- Collaboration





- Serve as a Project Officer for IHS Ride Safe and Sleep Safe Grant
 - Rincon Head Start
- Serve as Project Officer for 2 cooperative agreements funded by the IHS
 - Indian Health Council
 - California Rural Indian Health Board



California Area Indian Health Service OEHE
INJURY PREVENTION PROGRAM



- Co-sponsored an IHS Intermediate Injury Prevention (Level 2) in 2009 with CRIHB
 - 14 students graduated
- Co-sponsored NHTSA 32 hour CPS technician certification courses in June 2009 and October 2009 with CRIHB
- Updated the California Area IHS “Injury Atlas” to include years 1997 to 2006
- Co-sponsored an IHS Intro to Injury Prevention (Level 1) in 2008 with CRIHB
 - 15 students graduated

California Area Indian Health Service OEHE
INJURY PREVENTION PROGRAM

CAO Injury Prevention Mini-Grant Program

Injury Prevention Devices	2008 (18 HP)	2009 (14 HP)	2010 (18 HP)
Child Safety Seats	743	636	872
Bike Helmets	787	511	654
Smoke Detectors	582	295	349



California Area Indian Health Service OEHE INJURY PREVENTION PROGRAM

OPUS



- Tribes can self-record seatbelt use data for sites that follow the UNC and IHS seatbelt observation survey protocol
- Compare Rates to State and national rates at all level of IHS

California Area Indian Health Service OEHE
INJURY PREVENTION PROGRAM

Summary

- Injury is a large public health burden
- Addressed with a comprehensive program
- A lot of major accomplishments and successes in partnership with Tribes
- Continued demand for programs with increased workload and fewer resources



Program Challenges

Challenges specific to EHS and IP programs:

- Balancing “RRM” vs. “Non-RRM” activities
- Minimal Tribal EH/PH laws/ordinances
- Limited opportunity to seek external funding resources for ourselves





Indian Health Service Sanitation Facilities Construction Program



SFC Program Mission Activities

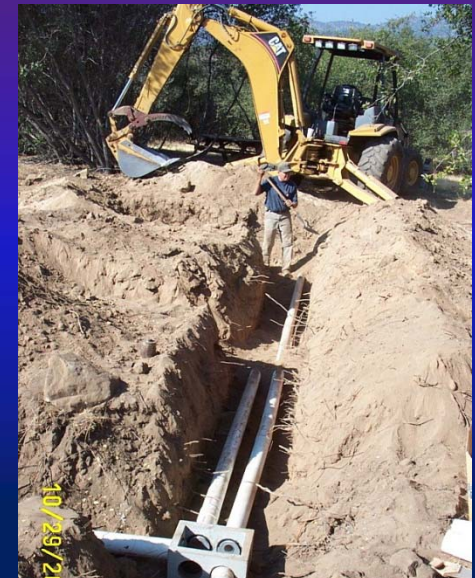


1. Maintain Sanitation Deficiencies Inventory.
2. Provides Environmental Engineering Assistance.
3. Project Development.
4. Fund Water, Wastewater, and Solid Waste Projects.
5. Provide Professional Design and Construction Services.

Well Drilling at the Tule River Indian Reservation, 8/22/00

SFC Program Mission Activities

6. Advocate for Indian People on Environmental Issues.
7. Provide O&M Training and Technical Consultation.
8. Provide Emergency Response Services.



Sanitation Facilities Provided to Scattered Sites



Application for Sanitation Facilities

APPLICATION FOR SANITATION FACILITIES (Public Law 86-121)	
APPLICANT NAME: _____	TRIBE & ENROLLMENT NO: _____
MAILING ADDRESS: _____	FACILITIES LOCATION ADDRESS: _____
PHONE #: _____	_____
SERVICES REQUESTED:	
WATER: NEW SERVICE [] RENOVATION [] WASTEWATER: NEW SERVICE [] RENOVATION []	
Has IHS or other Federal Agency provided sanitation facilities to this <u>homesite</u> before? YES [] NO []	
If yes, during which year? _____	
If yes, under what Applicant name? _____	
Has IHS or other Federal Agency provided sanitation facilities to this <u>Applicant</u> before? YES [] NO []	
If yes, during which year? _____	
If yes, at what homesite address? _____	
HOME INFORMATION:	
The proposed homesite is on: TRUST LAND [] FEE PATENT LAND []	
The property is: OWNED [] LEASED [] RENTED [] AN ALLOTMENT []	
Within the property boundaries, there are the following underground utilities (complete attached site drawing): None []; Electrical Lines []; Gas Lines []; Water Lines []; Sewer Lines []; Other _____	
Structure type is: MOBILE HOME [] WOOD FRAME [] OTHER _____	
Approximate year structure was built or moved to the site: _____	
Is the house currently occupied? YES [] NO []	
If yes, since when? MONTH _____ YEAR _____	
If no, proposed occupancy date: MONTH _____ YEAR _____	
Number of bedrooms _____ Number of bathrooms _____ Number of occupants _____	
Ages of occupants? _____, _____, _____, _____, _____, _____, any special conditions regarding occupants? (Health problems, disabilities, elderly, etc.) _____	
Does the house have electric service? YES [] NO []	
If no, when will electric service be provided? MONTH _____ YEAR _____	
Have there been any recent bedroom or bathroom additions to the house? YES [] NO []	
If yes, describe improvements during the last three years? _____	
Completion date of improvements: _____	
EXISTING FACILITIES: WELL [] SEPTIC SYSTEM [] COMMUNITY WATER [] COMMUNITY SEWER []	
Describe any problems you are having with existing facilities: _____	
Do you know of any archeological / historical sites on the property? YES [] NO [] (If yes show on site drawing)	
THIS SECTION FOR IHS USE : Date Application Received: _____ Date Tribe Signed: _____	

APPLICANT'S RESPONSIBILITIES: READ CAREFULLY, THIS IS A LEGAL DOCUMENT.	
1. This is an APPLICATION for service. The provision of sanitation facilities is dependent on Indian Health Service (IHS) site review, verification of home construction, improvements, and availability of funds.	
2. No services can be provided without a completed and signed Application for Sanitation Facilities Form.	
3. Application must be given to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the Application to IHS. Applicants without Tribal representation will forward the Application directly to the IHS.	
4. Applicant must provide proof of a legal claim to the land (e.g., copy of allotment, lease, or deed) as part of this application. The homesite must be a primary residence of the Applicant. No services can be provided to other than primary residences.	
5. An IHS representative will visit the homesite to determine site suitability. Prior to this visit, the Applicant must locate property corners, underground utilities, and the proposed house location (new homes). See Site Drawing.	
6. By way of the Applicant's signature, IHS representatives are granted permission to enter upon the land for the purpose of carrying out the site approved work. This work may include, but is not limited to, digging soil test pits, conducting percolation tests, and drilling test wells. The Applicant agrees to waive all claims which may arise from such entry and testing except those claims which may be recognized under the General Tort Claims Act. If the Applicant is not the landowner, the landowner must co-sign this application.	
7. It is important that the Applicant understand that under Public Law 86-121, IHS cannot own, operate, or maintain the Applicant's completed facilities. All construction facilities will be transferred to the Applicant when construction is completed. For community facilities, the Applicant's responsibility is for individual facilities such as water service lines from the house to the curb stop or meter and sewer service lines from the house to the property line.	
8. The IHS does not provide inside plumbing. Plumbing must be inside the house with a protruding stub 5-foot beyond the foundation to connect to outside plumbing.	
IT IS STRONGLY RECOMMENDED THAT DEVELOPMENT OF NEW SITES NOT OCCUR UNTIL AVAILABILITY OF WATER AND SEWER SERVICE HAS BEEN DETERMINED. IT IS FURTHER RECOMMENDED THAT OCCUPANCY OF NEW HOUSES NOT OCCUR PRIOR TO RECEIPT OF SANITATION FACILITIES.	
TRIBAL – AUTHORITY SIGNATURE REPRESENTS REQUEST FOR FACILITIES FOR THIS APPLICANT	
I understand the Applicant's Responsibilities as described, and I agree to the IHS verifying information provided on this application.	
LANDOWNER (IF NOT APPLICANT): _____	DATE: _____
APPLICANT: _____	DATE: _____
TRIBAL REPRESENTATIVE: _____	DATE: _____

STARS Sanitation Tracking & Reporting System

wSTARS - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Mail Print Address Bar

Address <https://wstars.ihs.gov> Go



Web-Based Sanitation Tracking and Reporting System (wSTARS)

Welcome to WSTARS, a database containing sanitation data that is utilized for submitting rural community projects for funding approval by IHS headquarters.

[National Home](#)

Welcome to the Sanitation Tracking and Reporting System

[Contact Us ?](#)

Overview of the Web Sanitation Tracking and Reporting System (wSTARS)

The Web Sanitation Tracking and Reporting System (wSTARS) is an inventory of the sanitation deficiencies of American Indian (AI) and Alaska Native (AN) communities, which consist of needed water, sewer and solid waste facilities for existing homes. The sanitation deficiencies data are identified by each of the 12 Indian Health Service Area Offices across the nation in consultation with the respective Tribes in those Areas. The sanitation deficiency data is updated annually and reported to Congress as required by the Indian Health Care Improvement Act, Public Law 94-437, as amended (25 U.S.C. 1601 et seq).

SDS guidelines have been established and are required to ensure uniform Area standards and procedures for identifying deficiencies, and in planning and prioritizing projects. All tribes, regardless of Sanitation Facilities Construction (SFC) Program delivery method, report their SDS needs similarly and participate equally in the allocation process, in accordance with Sections 302(g)(2) and 302(g)(3) of P.L. 94-437, as amended. Each Area Office SDS project request must be submitted to the IHS Headquarters SFC Program by August 1 of each year. The SDS project information will be used to update the SDS priority list of projects that IHS submits to Congress.

SELECT AN AREA

Click an area on the map or the list below.



▶ IHS Headquarters	▶ Nashville Area
▶ Aberdeen Area	▶ Navajo Area
▶ Alaska Area	▶ Oklahoma Area
▶ Albuquerque Area	▶ Phoenix Area
▶ Bemidji Area	▶ Portland Area
▶ Billings Area	▶ Tucson Area
▶ California Area	

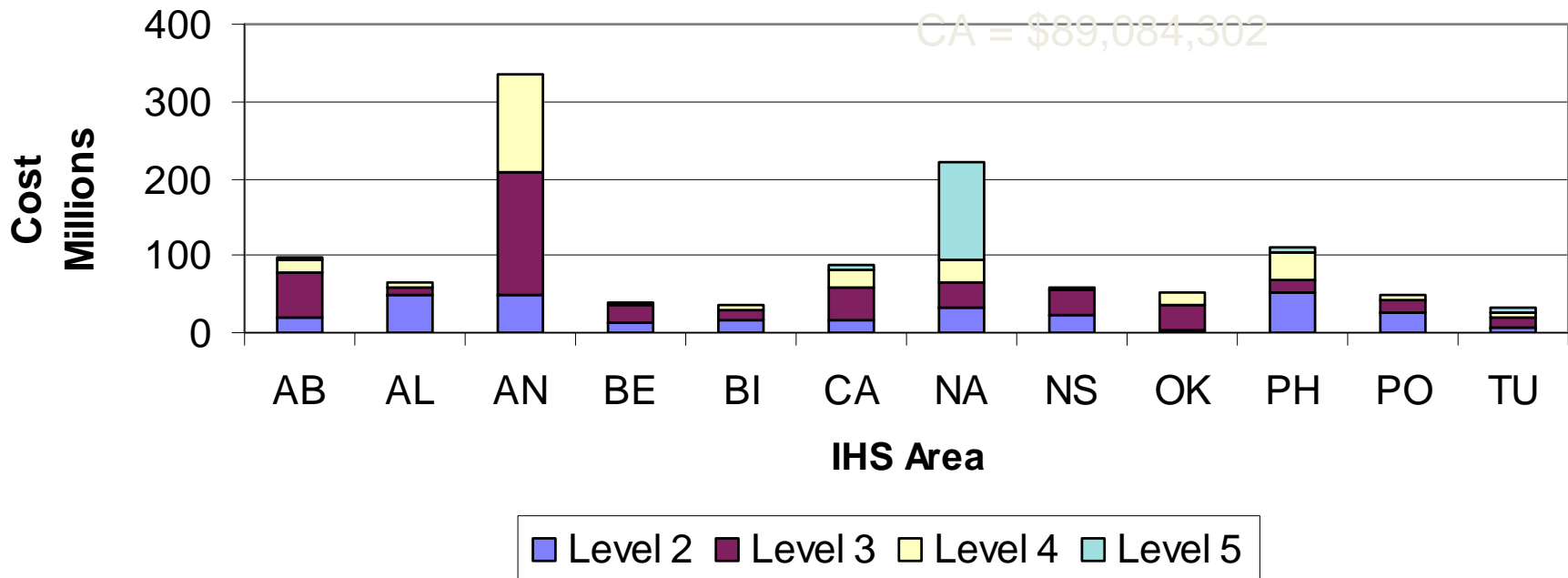


SDS Data Overview – FY 2009

Indian Sanitation Deficiencies

Cost Estimate for Feasible Projects -
EOY 2008 Data

Estimated Total Cost = \$ 1.183 billion



SFC FY 2009 Funding

• IHS Housing	• \$ 2,059,000
• IHS Regular	• \$ 2,853,000
• EPA DWTSA	• \$ 1,323,313
• EPA CWA	• \$ 1,156,608
• IHS Stimulus	• \$ 4,068,000
• EPA DWTSA Stimulus	• \$ 723,000
• EPA CWA Stimulus	• \$ <u>7,246,080</u>
	\$ 19,429,001

First SFC Project in California – PH – 62 - 740

FINAL REPORT
DOMESTIC WATER SUPPLY FACILITIES
TULE RIVER INDIAN RESERVATION, CALIFORNIA
PROJECT NO. PH-62-740

INTRODUCTION

The Tule River Indian Reservation is located in Tulare County, California, about sixty miles north of Bakersfield or fifteen miles east of Porterville, California. The Reservation was inaugurated by an Executive Order on January 9, 1893. It consists of 54,116 acres of grazing and timberland, with approximately 30% in grazing land the remaining 70% in forest and timberland. The land is of poor quality for cultivation because of the steep slope, rock, and sandy soil (decomposed granite). The thirty-seven Indian homes are located on both sides of the Tule River which drains the Reservation. The valley is narrow, with steep and rocky hillsides. As of April 1962 only two houses had bathrooms.

On July 25, 1960, the Tule River Indian Tribe of California submitted to the U. S. Public Health Service, a project proposal for assistance under Public Law 86-121 in the installation and improvement of domestic water supply and waste disposal facilities.

On February 9, 1962, a formal Memorandum of Agreement was signed between the Public Health Service and the Tule River Indian group. This agreement set forth the various provisions of the project which included a cash contribution from the Indian group in the amount of \$22,000. Due to engineering problems encountered during construction, it was necessary to modify the original project and a supplemental Memorandum of Agreement was developed and signed between the two parties.

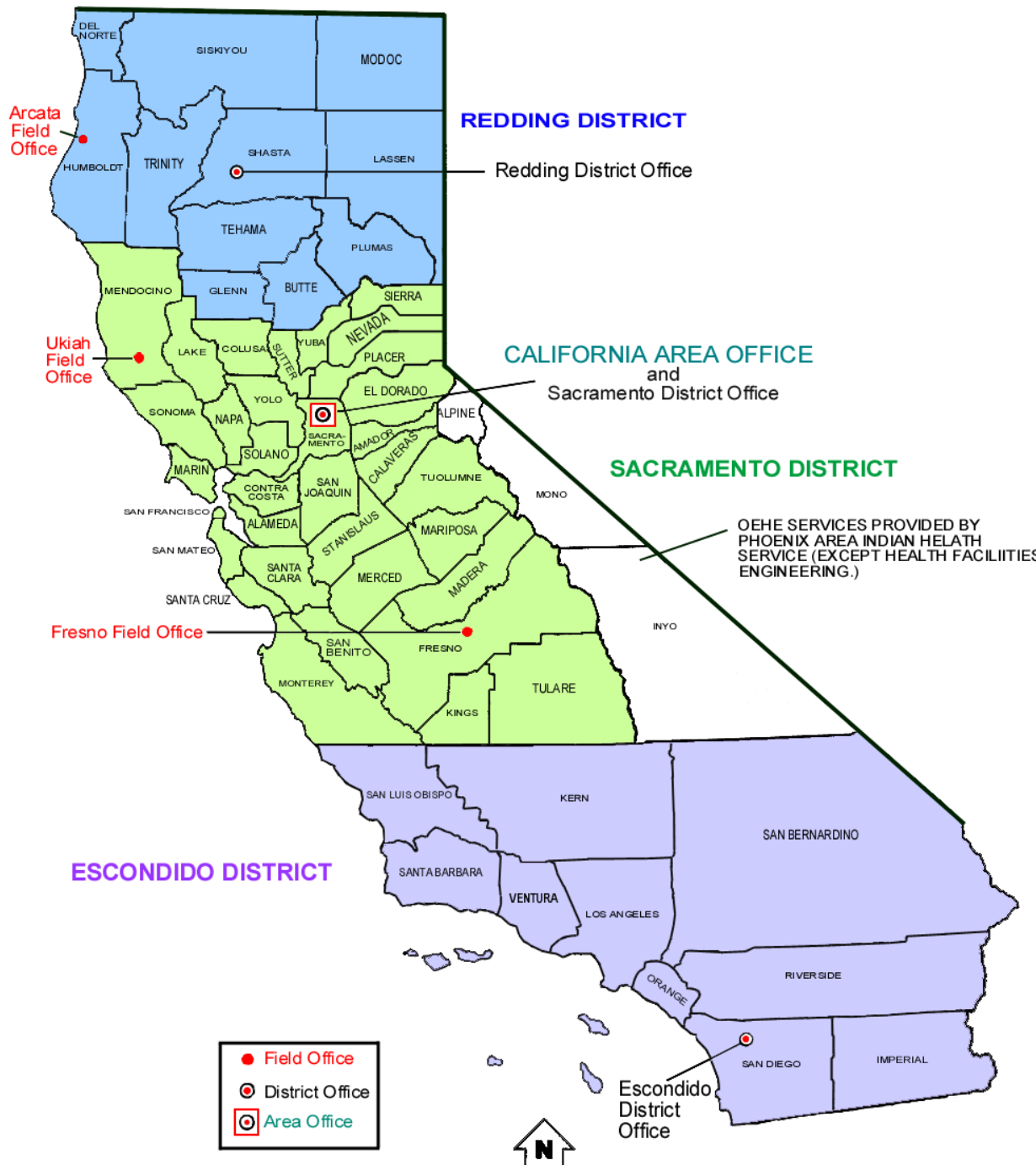
The completed project provided running water and adequate waste disposal facilities for thirty-seven homes serving over two hundred persons at a Federal cost of approximately \$52,000.



SFC Program - History

- 1962 to 2009
 - \$162 million appropriated for the construction of sanitation facilities for California Indians between 1962 and 2009.
 - 893 sanitation facilities construction projects funded.
 - 19,631 Indian homes served.
- The California Area SFC Staff
 - 39 Employees
 - 17 Engineers
 - 15 Engineering Technicians
 - 7 Administrative Staff
 - 3 Districts
 - Redding
 - Sacramento,
 - Escondido
 - 4 Field Offices
 - Arcata
 - Ukiah
 - Fresno
 - Porterville

Service Areas



- ❖ Sacramento District
 - ❖ Sacramento District Office
 - ❖ Ukiah Field Office
 - ❖ Fresno Field Office
 - ❖ Porterville Field Office
- ❖ Redding District
 - ❖ Redding District Office
 - ❖ Arcata Field Office
- ❖ Escondido District
 - ❖ Escondido District Office