

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

RANDY GRINNELL, M.P.H.

DEPUTY DIRECTOR FOR MANAGEMENT OPERATIONS

INDIAN HEALTH SERVICE

BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

OF THE

UNITED STATES SENATE

OVERSIGHT HEARING

ON THE STATE OF FACILITIES IN INDIAN COUNTRY –

JAILS, SCHOOLS AND HEALTH FACILITIES

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## **Statement of the Indian Health Service**

Good Morning. I am Randy Grinnell, Deputy Director for Management Operations in the Indian Health Service. Today I am accompanied by Dr. Richard Olson, Acting Director of the Office of Clinical and Preventive Services, and Mr. Gary Hartz, Director, Office of Environmental Health and Engineering. We are pleased to have the opportunity to testify on the state of health facilities in Indian Country.

The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level. In supporting that goal the IHS and Tribes provide optimum availability to functional, well maintained and accredited health care facilities and staff housing.

Currently the IHS provides access to healthcare services for American Indians and Alaska Natives through 31 Hospitals, 50 health centers, 31 health stations and 2 school health centers. Tribes also provide healthcare access through an additional 15 hospitals, 254 health centers, 166 Alaska Village Clinics, 112 health stations and 18 school health centers.

The Joint Commission on Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care, and the Centers for Medicare and Medicaid Services regularly conduct in-depth quality reviews of IHS and Tribal hospitals. IHS has consistently maintained 100 percent accreditation of all hospitals and facilities and expects to continue to do so in FY 2009. This is an ambitious goal but one that IHS

considers critical to ensuring that high quality patient care is being provided.

During these reviews, the area most frequently cited for improvement is related to the physical structure and efficiency. The average age of IHS facilities is 33 years as compared to 9 years for healthcare facilities in the United States; many are overcrowded and were not designed in a manner that permits them to be utilized in the most efficient manner in the context of modern healthcare delivery. The condition of these facilities varies greatly depending on age and other factors. Some are in need of maintenance. In addition to maintenance, there is a need for modernization or expansion to address population growth, to accommodate modern equipment, or to meet the needs of rapidly changing health care delivery protocols. The process that the IHS has used since 1991 to evaluate healthcare facilities need and prioritize projects for funding is the Healthcare Facilities Priority System (HFCPS) and the Priority List it established. The IHS currently estimates that completing the new or replacement facilities on the current Priority List totals \$2.6 billion. The 22 facilities on this Priority List are those facilities with the greatest need.

The IHS continues to improve access to services by replacing old facilities or constructing new ones. In FY 2007, the IHS opened three Federally-owned healthcare facilities to increase access to services at Clinton, Oklahoma, Sisseton, South Dakota, and Red Mesa, Arizona. The IHS also increased access to substance abuse treatment with a new regional youth treatment center in Wadsworth, Nevada. These new health facilities are designed to serve 22,100 American Indian and Alaska Natives, which is an increase of 50% in access to health care in those communities.

We have also partnered with Tribes to expand access under the Joint Venture Program and the Small Ambulatory Program. These programs complement the Healthcare Facilities Construction Priority List by providing mechanisms for Tribes to become involved in the construction of facilities. Since 1998 under the Joint Venture Program, 7 Tribes have entered into agreements to construct facilities and lease them to the IHS at no cost; in exchange, the IHS agreed to equip, staff, and operate these facilities. Five of these facilities have been completed. Under the Small Ambulatory Program, 27 Tribes have received funding to provide improved facility space for healthcare programs since 1998.

In the House Report accompanying the FY 2000 Appropriations Act, Congress directed the IHS, in consultation with the Tribes and the Administration, to review and revise the existing HFCPS. IHS has been working with Tribes and the Department on a revised system.

We anticipate this revision would provide an assessment of health services and facilities needs today and would rank those facilities needs based upon contemporary criteria developed through extensive consultation of IHS and the Tribes.

Mr. Chairman, this concludes my statement and I would be happy to answer any questions you may have. Thank you.