



Best Practices in Indian Health: Facilities Appropriation

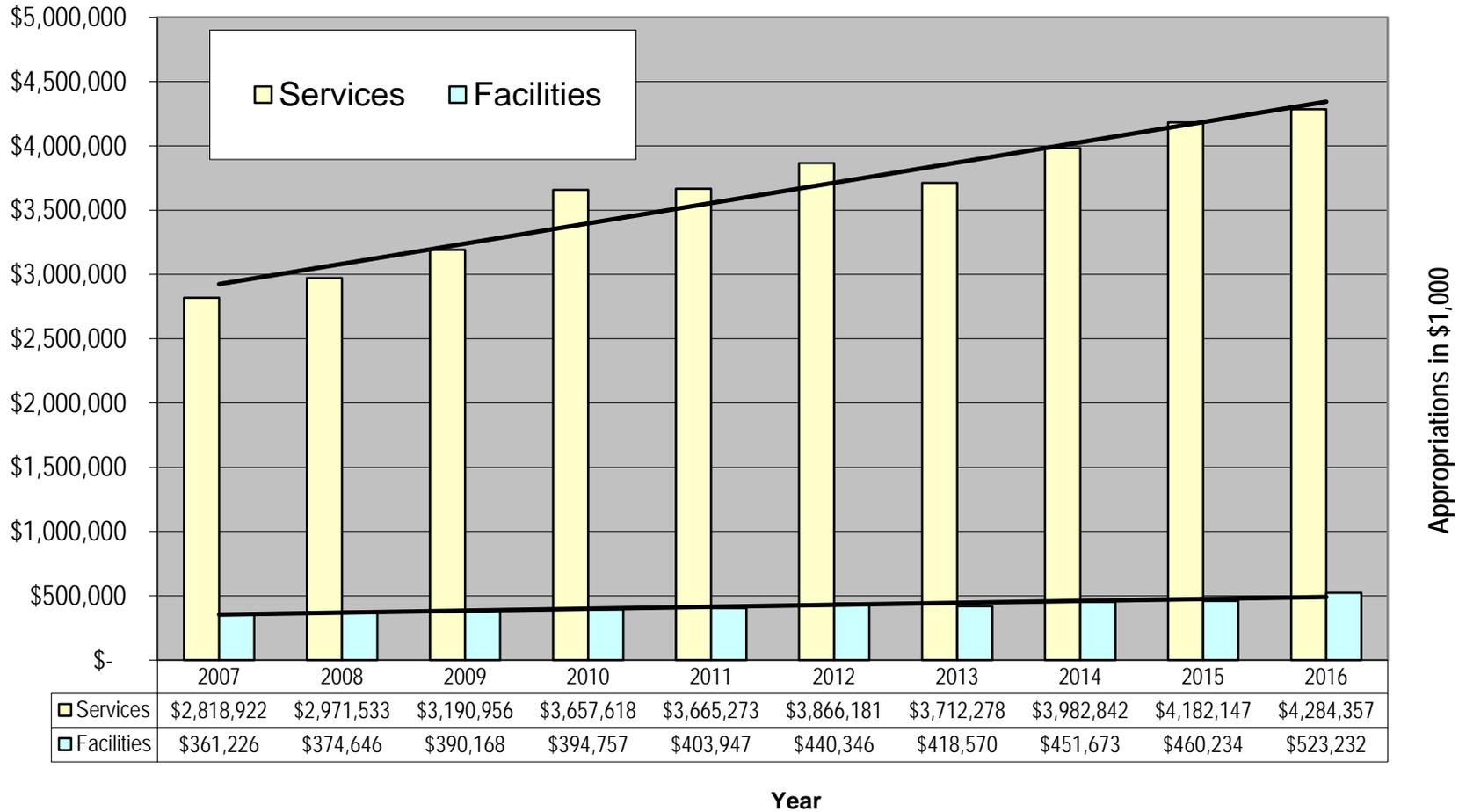


September 1, 2016

Gary Hartz, Director, Office of Environmental Health and Engineering, IHS
Dan Davis, Office of Environmental Health and Engineering, GPA, IHS

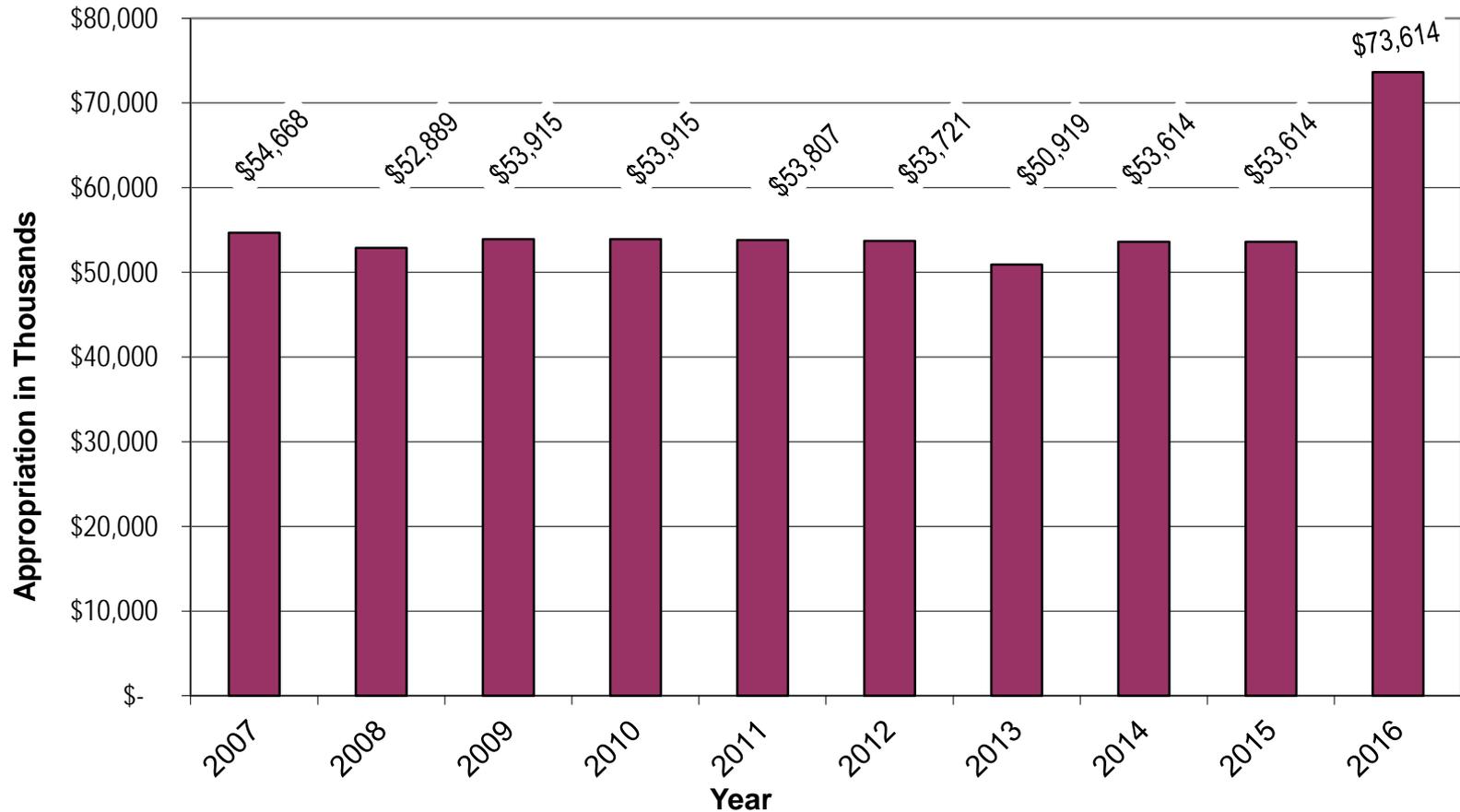


Services and Facilities Appropriations FY2007-FY2016



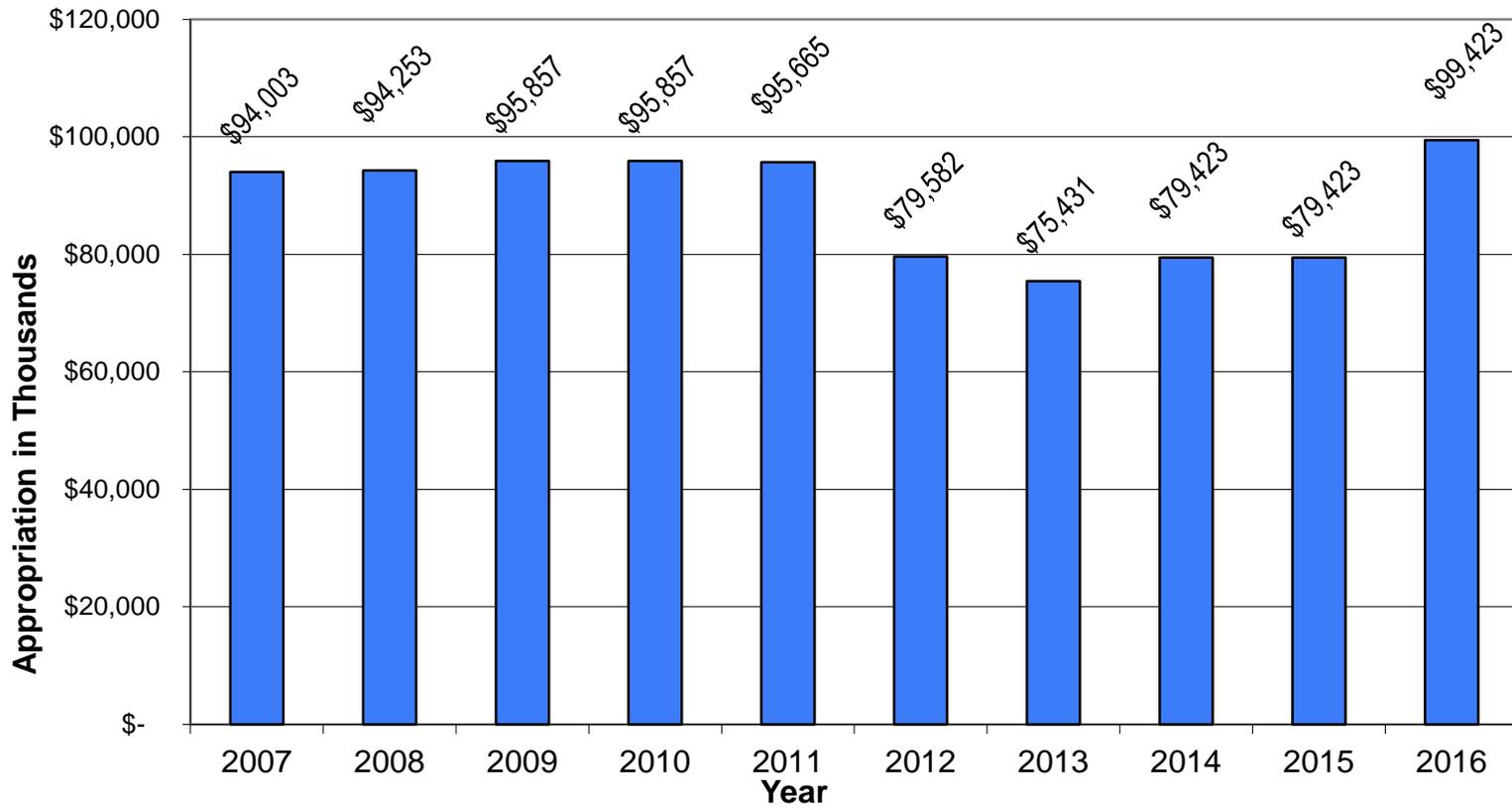


Maintenance and Improvement (M&I) X \$1,000



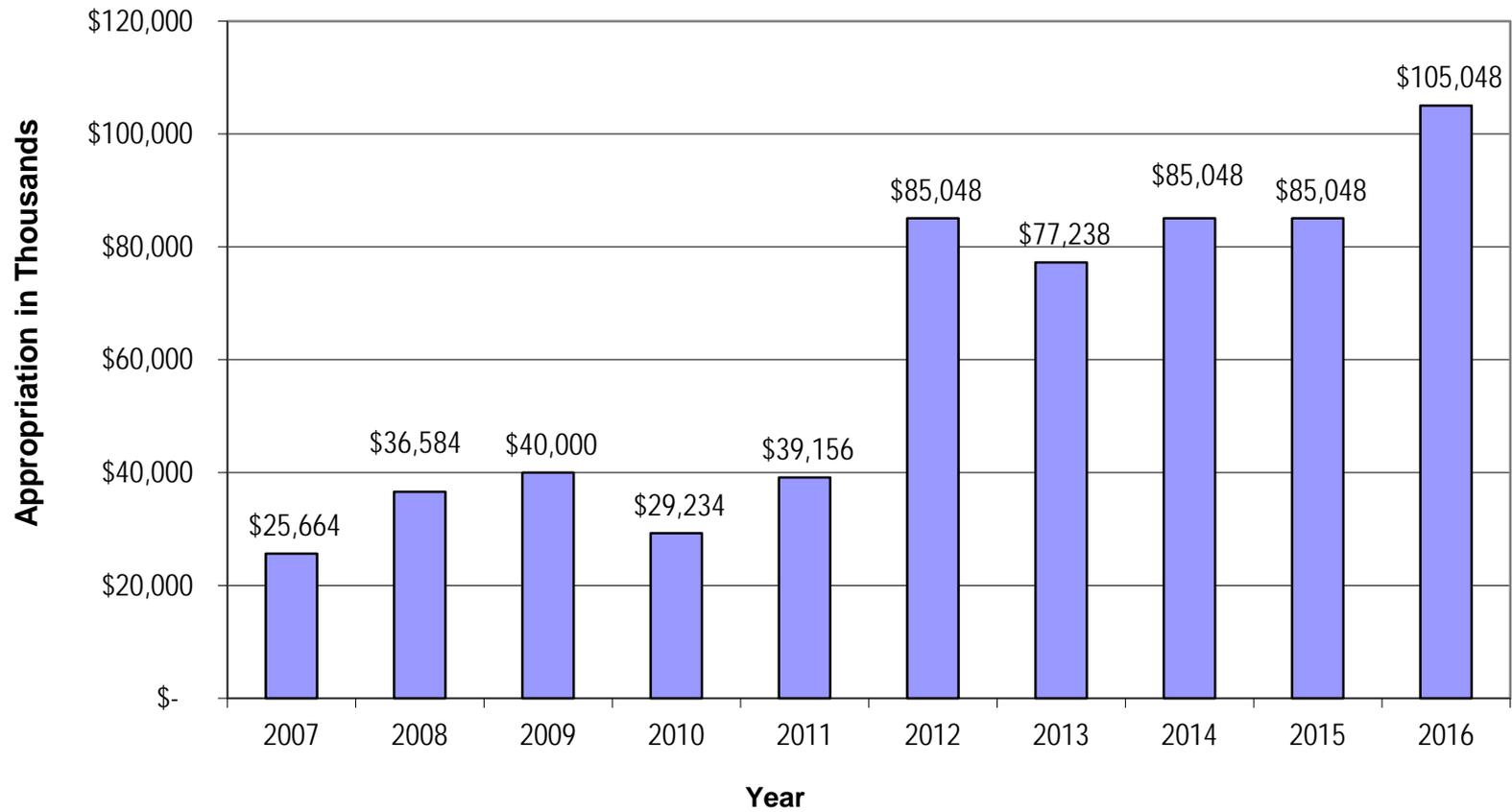


Sanitation Facilities Construction (SFC) X 1,000





Health Care Facilities Construction (HCFC) X 1,000





The Congress has stated that a “major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of healthcare services and opportunities that will eradicate the health disparities between Indians and the general population of the United States.” This report assesses the capacity, condition, and needs of the IHS health care facilities required to assure crucial access to health care services for people long burdened by health disparities.

The 2016 Indian Health Service and Tribal Health Care Facilities’ Needs Assessment Report to Congress



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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Jul 6, 2016

Facilities Construction

[2016 Indian Health Service and Tribal Health Care Facilities' Needs Assessment](#) [PDF - 2 MB]

Apr 15, 2016

Special Diabetes Program for Indians (SDPI)

[Changing the Course of Diabetes: Turning Hope into Reality](#) [PDF - 473 KB]

Oct 1, 2012

Contract Support Costs

[2012 Report to Congress on Funding Needs For Contract Support Costs of Self-Determination Awards](#) [PDF - 550 KB]

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[HCF Planned Construction Priorities](#) [PDF - 15 KB]

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Special Diabetes Program for Indians (SDPI)

[Making Progress Toward a Healthier Future](#) [PDF - 11 MB]

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Facilities Construction

[Facilities Need Report To Congress Appendix](#) [PDF - 96 KB]

Oct 1, 2011

Contract Support Costs

SEARCH

Keyword(s):

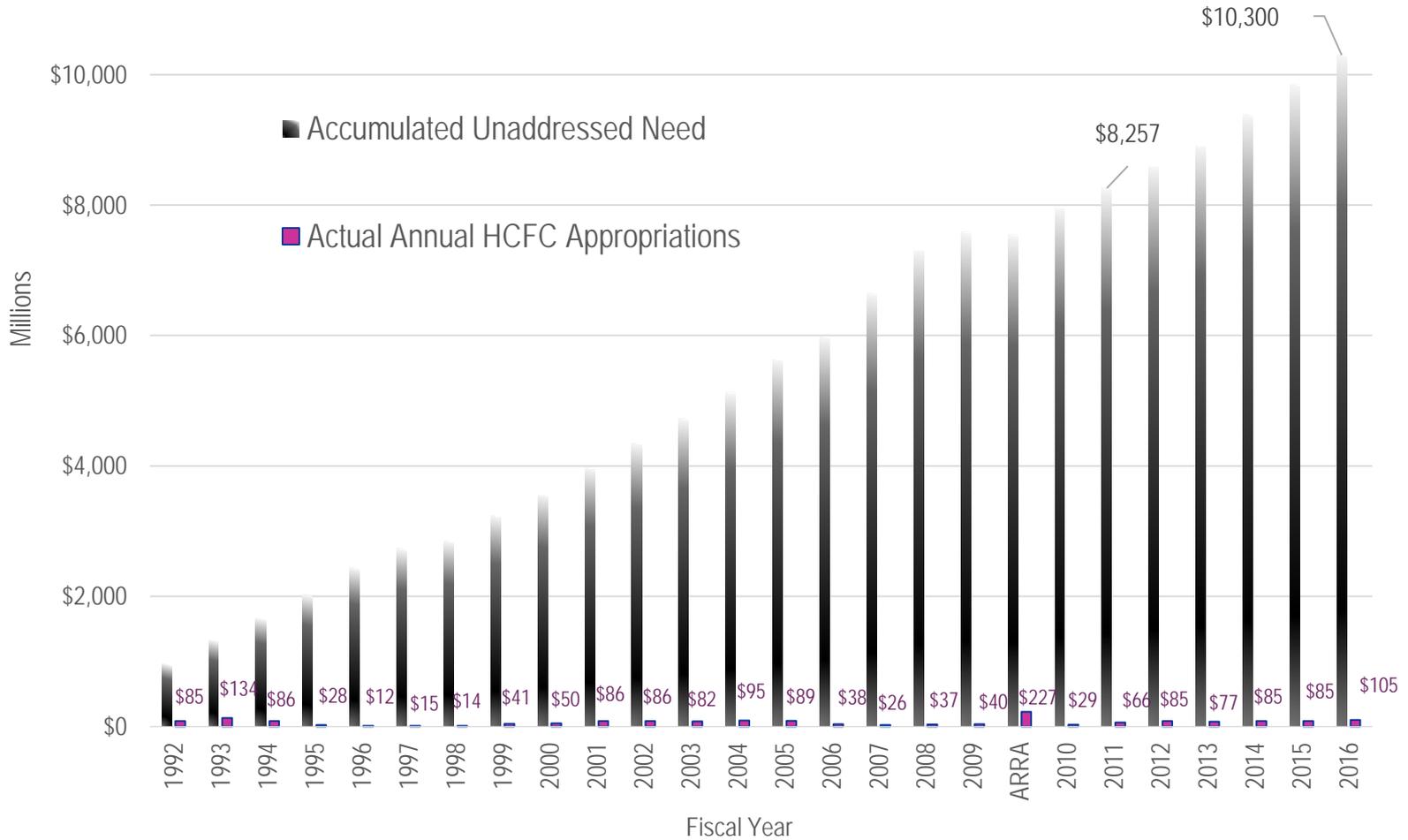
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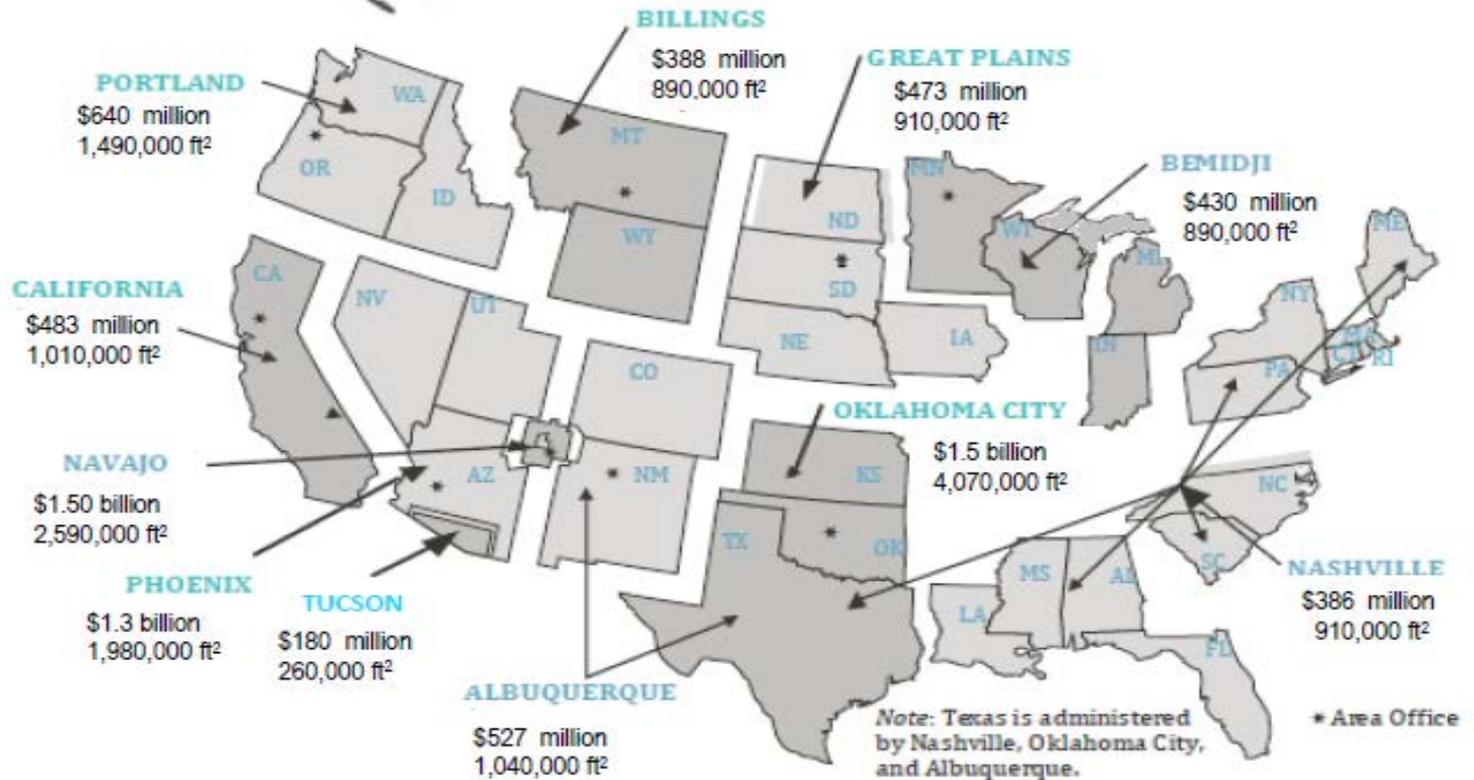
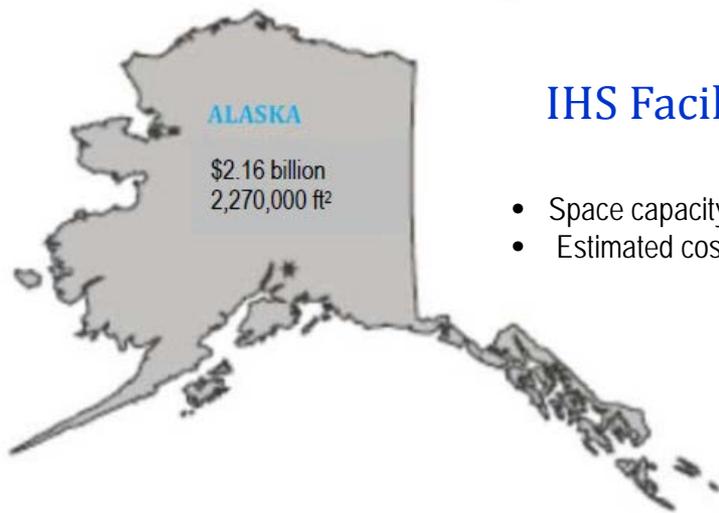


Facilities Construction Need and Actual Appropriations Since 1992



IHS Facilities NEED BY AREA, Cost, and ft²

- Space capacity of IHS healthcare facilities is ~52 % of that required for the AI/AN population
- Estimated costs to construct the 18 million ft² of new and replacement space is ~\$10.3 billion in 2016

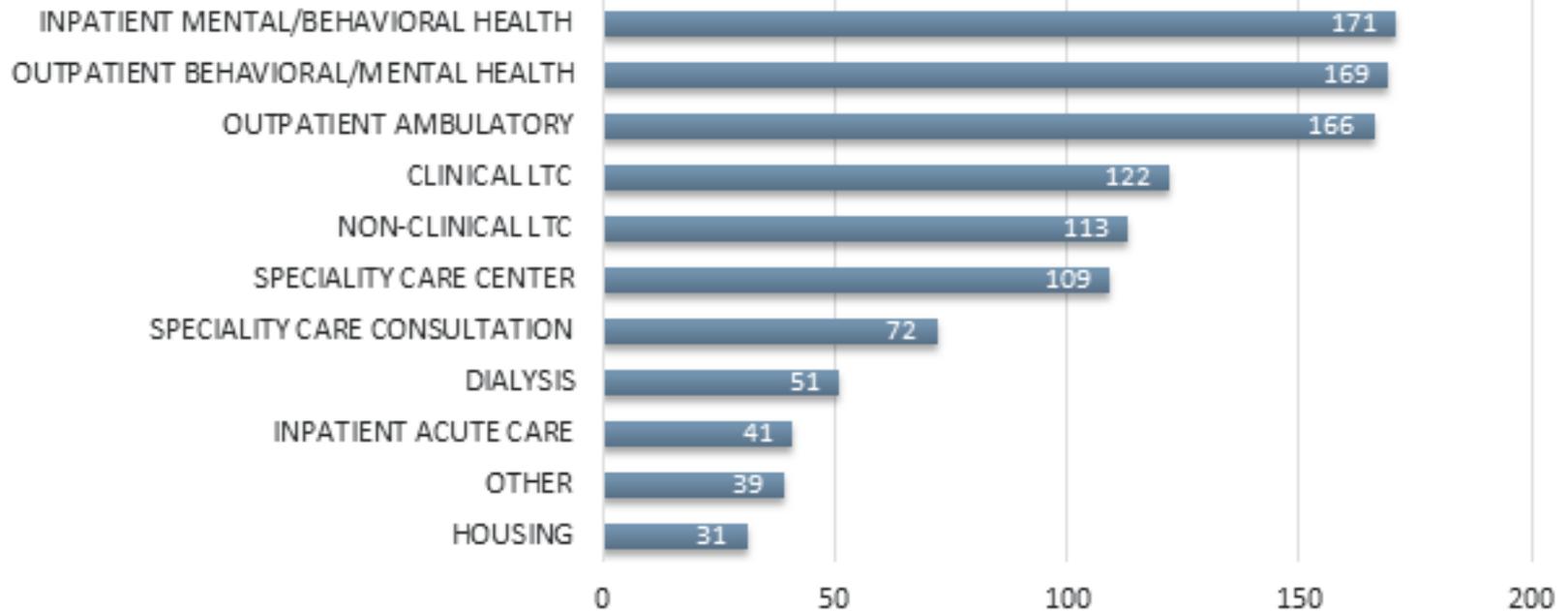




Results of Tribal Survey on Facility Type Priorities



Survey Ratings: Sum of points awarded in each category*

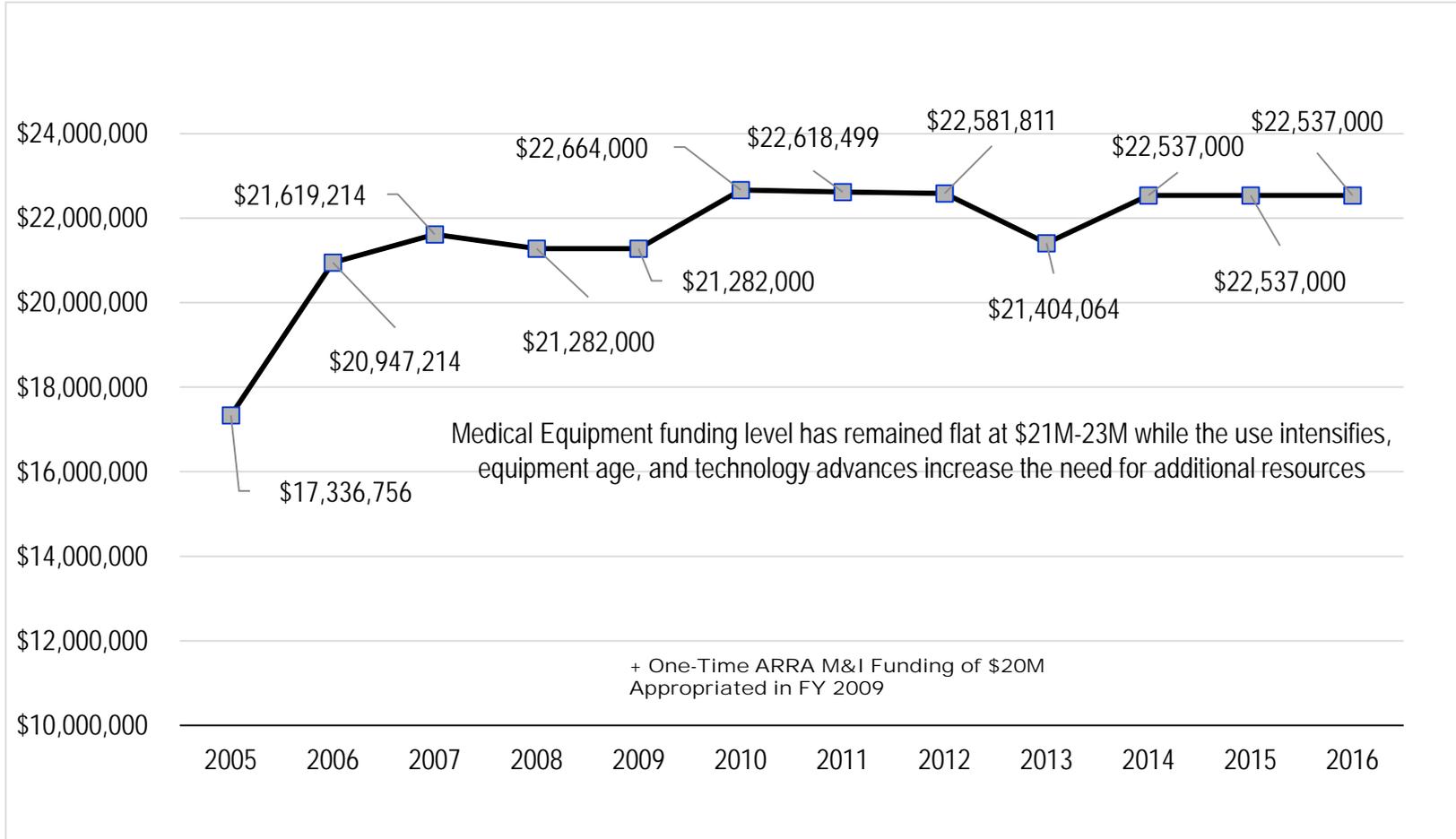


*The Estimated Cost to Provide the Five Types of Identified New Expanded Authority Services below is ~ \$4.2 billion:

- Inpatient Mental/Behavioral Health and Alcohol Substance Abuse Program Facilities
- Long-Term Care Facilities – Clinical
- Long-Term Care Facilities – Non-Clinical
- Specialty Medical Services Facilities
- Dialysis Facilities

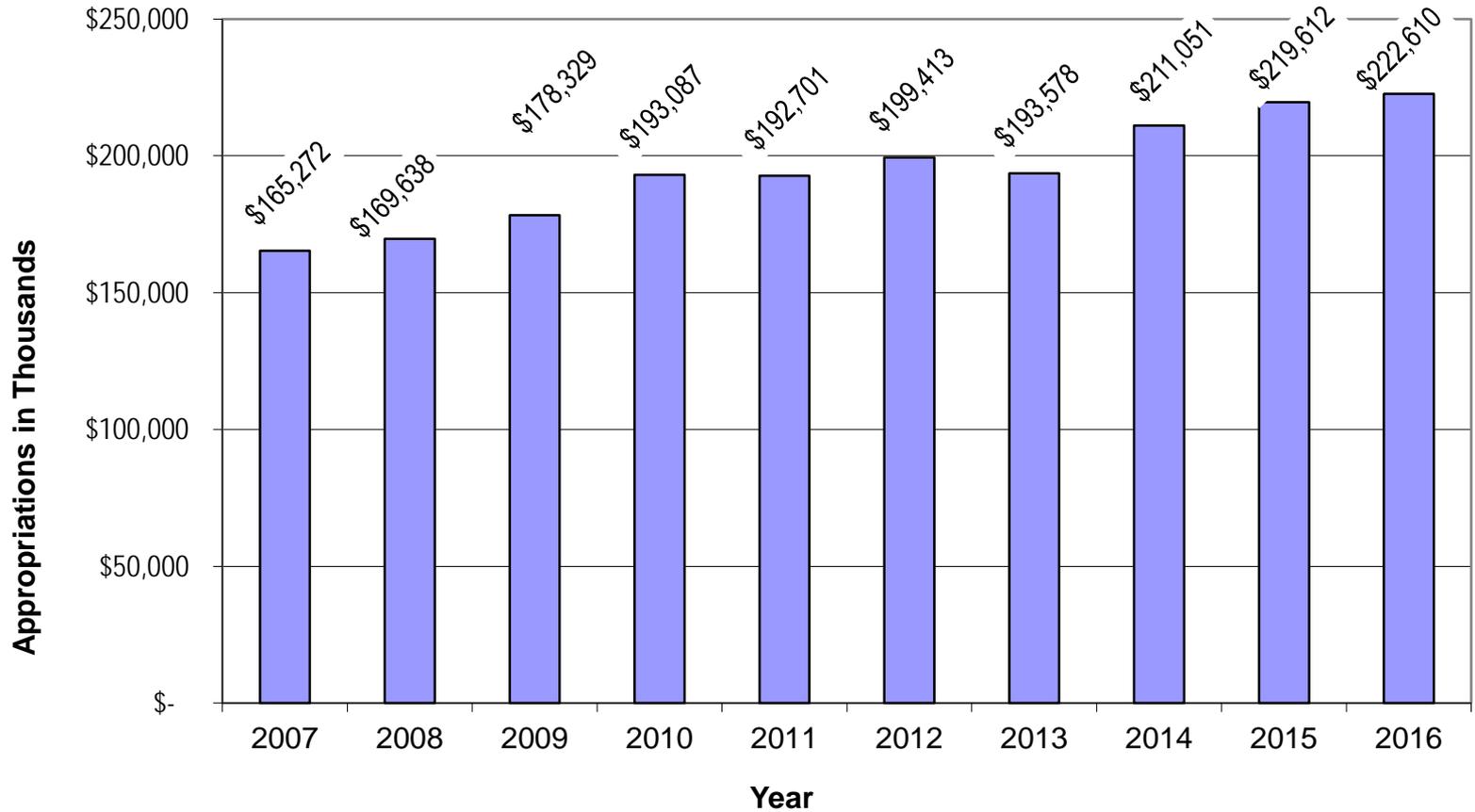


Medical Equipment Funding



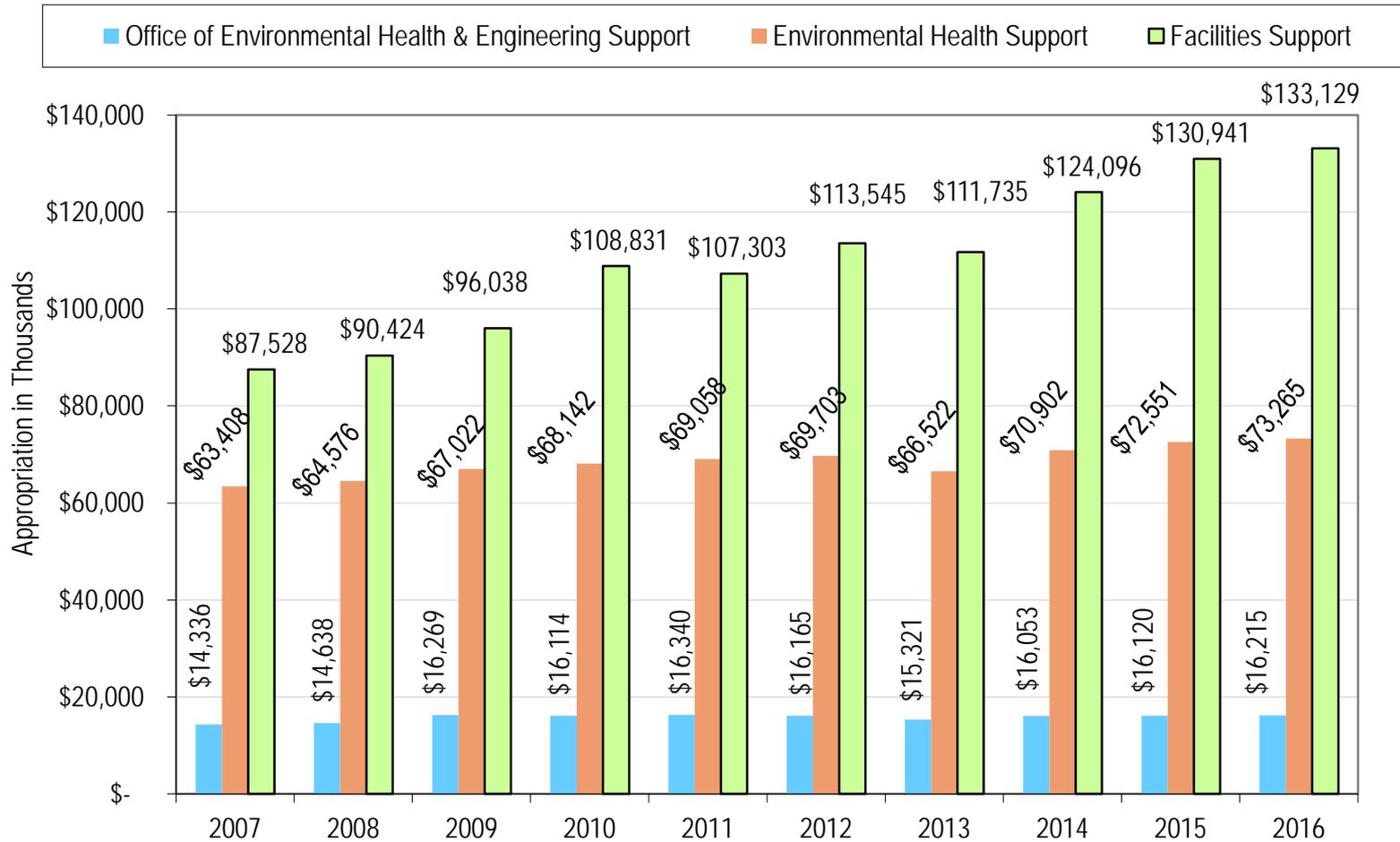


Facilities and Environmental Health Support (FEHS) X 1,000





Support Appropriations X 1,000





Indian Health Service FY 2017 Budget



FY 2017 President's Budget proposal for IHS is \$5,185,015,000, an increase of \$377,426,000 (7.9%) over the FY 2016 Enacted level.

Totals (discretionary)	FY 2016	+/-	FY 2017
Services	\$3,566,387,000	\$248,722,000	\$3,815,109,000
Contract Support Costs	\$ 82,030,000	\$800,000,000	\$ 717,970,000
Facilities			
M&I	\$ 73,614,000	\$ 3,367,000	\$ 76,981,000
SFC	\$ 99,423,000	\$ 3,613,000	\$ 103,036,000
HCFC	\$ 105,048,000	\$ 27,329,000	\$ 132,377,000
Equipment	\$ 22,537,000	\$ 1,117,000	\$ 23,654,000
FEHSA	\$ <u>226,610,000</u>	\$ <u>11,248,000</u>	\$ <u>233,858,000</u>
Facilities Total	\$ <u>523,232,000</u>	\$ <u>46,674,000</u>	\$ <u>569,906,000</u>
Total	\$4,807,589,000	\$377,426,000	\$5,185,015,000

Annual Facilities Planning (Five-Year Plan) – Landholding OPDIVs a/ (Dollars in Thousands)

	Prior to FY 16 *	FY 16 Appro/NEF**	FY 17 Est.	FY 18 Est.	FY 19 Est.	FY 20 Est.	FY 21 Est.	FY 22 Est.	FY 23 Est.	Outyears Est.	Total Cost ***
Planning Studies	-	-	-	-	-	500				500	
Inpatient Facilities ^{b/ c/}	44,316	28,684	-	-	-	-	-	-	87,000	637,124	73,000
PIMC, AZ, Health Care System ^{1/}											
Gila River PIMC SE ACC											102,000
PIMC NE ACC	90	49,364	52,546	-	-	-	-	-	-		697,352
Central - Hosp & ACC	228	-	-	-	-	-	-	60,000			
Whiteriver, AZ, Hosp ^{2/}	-	-	15,000	-	90,000	90,000	90,000	43,000			- 328,000
Gallup, NM ^{3/}	173	-	-	-	33,000	50,000	70,000	70,000		334,639	644,812
Outpatient Facilities ^{b/ c/}											
Rapid City, SD	-	44,500	27,831	44,669	-	-	-	-	49,200		- 117,000
Dilkon, AZ ^{4/}	454	32,500	15,000	50,000	50,000	39,046					-
Alamo, NM ^{5/}	-	-	-	44,880	-	-	-	-			-
Pueblo Pintado, NM	-	-	-	-	38,400	-	-	-			-
Bodaway Gap, AZ	-	-	-	-	-	7,000	32,000	-			-
Albuquerque Health Care System											
Albuquerque West, NM	-	-	-	-	-	40,000	34,400				-
Albuquerque Central, NM	-	-	-	-	-	-	49,200				98,400
Sells, AZ	-	-	-	-	-	-	-	75,600	75,600		151,200
Small Ambulatory Program (Section 306) ^{d/}		-	10,000	-	-	-	-	-	-		-
Small Health Clinics	39,273										49,273
Staff Quarters 25 USC 13, Snyder Act ^{e/}		-	12,000	-	-	-	-	-	-		12,000
Joint Venture Construction Program (Section 818e)			-	-	-	-	-	-	-		17,361
TOTAL	101,895	155,048	132,377	139,549	211,400	186,546	232,000	256,600	211,800	1,047,863	2,674,078
UNFUNDED (FY 2017-Outyears)										2,417,135	

* Amounts appropriated and savings from active projects prior to FY 2016 are consolidated.

** In FY 2016 the IHS received \$105,048,000 in HCFC and \$50,000,000 in NEF

*** Cost estimate based on mid-point of construction using current year dollars

^{a/} Subject funds availability and does not include M&I, Biomedical Equipment, or staff support

^{b/} Includes all PJD approved projects from the "Grandfathered" Priority List created in 1992.

^{c/} Projects which require staff quarters have the quarters included in the total cost of the project.

^{d/} SAP is a grant program for construction, expansion, and modernization of small ambulatory care facilities.

^{e/} An initiative to fund new and replacement energy efficient staff quarters in isolated and remote locations

^{1/} The PIMC Hospital system is proposed to be at four sites in the Phoenix area: southeast (funded), southwest (completed), northeast (partially funded) and the central campus. The campus includes inpatient, outpatient, and a hostel. The remote sites will be ambulatory care centers (ACC).

^{2/} Total cost includes ~144 staff quarters.

^{3/} Suitable sites have been identified. Further evaluation is required.

^{4/} Total cost includes ~109 staff quarters.

^{5/} Total cost includes ~33 staff quarters.



Staff Quarters – Rough Estimate of Need

- Many of the 2,700 staff quarters across the IHS health delivery system are >40 years old and in need of major renovation or replacement
- Additionally, in a number of locations the amount of Staff Quarters is insufficient
- The need for Staff Quarters in isolated, remote locations is a major barrier to the recruitment and retention of quality healthcare professionals
- Estimated (construction) cost based on historic average of \$325,000 per unit is 1,101 units x \$325,000 = \$357.8 million
- Actual cost could vary based on site specific factors, geographical factors, type of construction, needed infrastructure, etc.

Area	Existing	Replacement	New	Total
Alaska	90	66	130	220
Albuquerque	86	10	8	94
Bemidji	0	0	10	10
Billings	212	32	46	258
Great Plains	569	5	234	803
Nashville	0	0	18	18
Navajo	1,482	138	328	1,810
Phoenix	202	23	4	206
Portland	12	0	11	23
Tucson	47	24	14	61
TOTAL	2,700	298	803	3,503
		1,101 units		

'Replacement' is one for one replacement of an existing unit with a new unit (e.g., repair by replacement)