ANNUAL REPORT **2025**

The Division of Environmental Health Services

INDIAN HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The DEHS Mission:

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

The Division of Environmental Health Services

INDIAN HEALTH SERVICE • U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANNUAL REPORT 2025

This Annual Report for Calendar Year 2025 was produced by the Indian Health Service Division of Environmental Health Services to provide relevant information about the Program. Additional information can be obtained by contacting:

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On the cover: The 2025 photo contest winner... Sherry Mitchell inspecting a displaced culvert used to divert rainwater away from the gabions that are supporting the sewer line was taken by CDR Sarah Snyder, both of Phoenix Area IHS

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Profile of the DEHS Program

Program Vision

The vision of the DEHS is "Every American Indian and Alaska Native will live in a safe, healthy environment. Community-based environmental health programs, developed in partnership with tribes, will utilize sound public health practices and resources to achieve the lowest disease and injury rates in the nation."

Our Operational Model is available in the OEHE Technical Handbook, Volume VIII, Part 112-1 and aligns with Part 3 Chapter 11 of the Indian Health Manual. It identifies core services all Areas should provide the tribes.

We are Environmental Health Officers, Environmental Health Specialists, Health Care Safety Officers, Institutional Environmental Health Officers, and Injury Prevention Specialists. We provide direct environmental health services and consultation to American Indian and Alaska Native communities and Indian Health Service programs.

Program Mission

The mission of the Division of Environmental Health Services (DEHS) is "through shared decision making and sound public health measures, [to] enhance the health and quality of life of all American Indians and Alaska Natives to the highest level by eliminating environmentally related disease and injury." In support of this mission, the DEHS provides a range of services to the AI/AN communities.

Our Operating Philosophy

The operating philosophy of the DEHS is based on the Ten Essential Public Health Services first articulated in 1994 by a partnership of local, state, and national public health leaders. The Ten Essential Public Health Services were revised in 2020 to align the framework with the future of public health practice. DEHS adapted them and incorporated this set of strategies into the methods in which it delivers services to AI/AN communities across the country. Specific environmental health-related resources are available from the Centers for Disease Control and Prevention (CDC).

ASSESSMENT

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.

POLICY DEVELOPMENT

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.

ASSURANCE

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

Using the Ten Essential Environmental Health Services as a framework, the IHS DEHS developed five national focus areas: children's environment, safe drinking water, food safety, vectorborne and communicable diseases, and healthy homes. Details on projects conducted throughout the tribal communities served by the DEHS Program in 2025 can be found in the National Focus Areas section of this report.

The DEHS is a comprehensive, field-based program.

Program Structure

The DEHS is a field-based environmental health services program that takes pride in supporting the needs of individual tribal communities. The DEHS operates under a decentralized organizational structure, with most of its staff employed in district and field offices throughout the 12 IHS Areas (Figure 1). In 2025, the national DEHS program consisted of a total of 268 staff, excluding the headquarters staff listed below. The DEHS at Area Offices were typically staffed with a Division Director and one or two professional staff (e.g., IP Program Manager and/or IEH Program Manager). District Environmental Health Specialists (EHS) and their support staff are often located away from the Area Offices and closer to the tribal communities. DEHS HQ, located in in Rockville, Maryland, is staffed similarly to the Areas.

List of headquarters staff from the Division of Environmental Health Services

CAPT Mike Reed
Director

CAPT Timothy "Matt" Albright
Deputy Director

Brian Hroch
Institutional Environmental Health (IEH) Program Manager

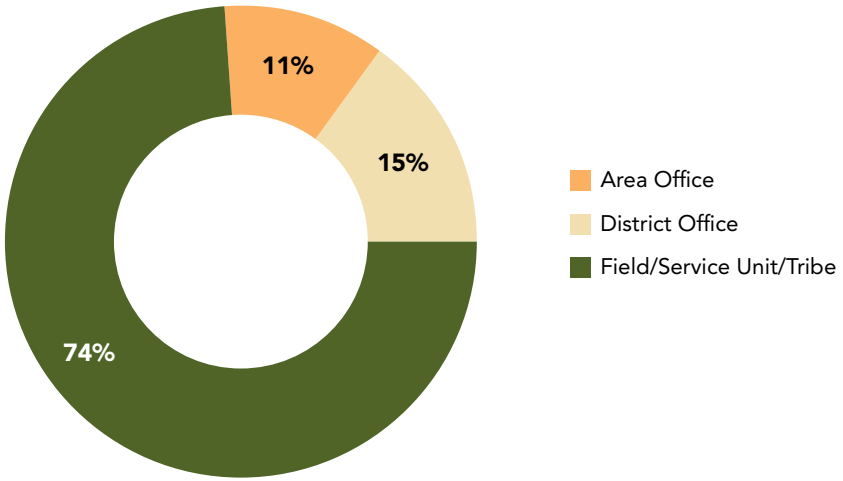
CDR Molly Madson
Injury Prevention (IP) Program Manager

CDR Andrea Tsatoke
Injury Prevention Specialist

CAPT Stephen R. Piontkowski
Senior EH Officer

CDR Samuel Frank
Senior EH Officer

Figure 1: Environmental Health Staff by Duty Station.



Program Services

The DEHS staff provide direct environmental health services and technical assistance to tribes on a broad scope of program areas like water quality, waste disposal, food safety, community injury prevention, vector control, and occupational safety and health. More details are in the DEHS Services section of this report.

SERVICES

- Investigations
- Surveys/Inspections
- Training
- Plan Review
- Policy Development
- Technical Assistance
- Vector Control
- Disease Surveillance
- Project Development

TOPICS

- Water Quality
- Air Quality
- Injury Prevention
- Infection Control
- Sanitation
- Fire Safety
- Occupational Safety & Health
- Waste Management
- Food Safety
- Epidemiology
- Vectorborne/Zoonotic Diseases
- Aquatic Facilities
- Emergency Preparedness

Performance Measures

Performance measures represent key outcomes that the program can reasonably expect to influence and should be selected with a focus on mission and key activities a program performs.

The FY 2021-2025 Environmental Surveillance Performance Measure, the percent of establishments with a Certified Food Protection Manager, is tracked in the DEHS Web-based Environmental Health Reporting System (WebEHRS) for food service establishments.

FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
77.2%	77.5%	80.6%	81.5%	87.5%

The FY 2021-2025 Injury Prevention Performance Measure, the number of persons who received injury prevention training, is tracked in WebEHRS.

FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
365	543	599	484	473

Performance measures are required by federal agencies and designed to improve program management throughout the federal government. In general, they represent a fiscal year (FY) performance period, should align with the Department of Health and Human Service's Strategic Plan, and should fit at least one of three basic criteria:

1. demonstrate the impact of the budget request
2. demonstrate a key benefit to the public
3. inform/support program-level management decisions

Environmental Surveillance

The Division of Environmental Health Services and Area Environmental Health Directors selected Food and Drug Administration (FDA) 2-102.12 Certified Food Protection Manager (CFPM) as the performance measure at the annual DEHS Directors meeting in 2019 based on a Centers for Disease Control and Prevention Environmental Health Specialist-Network (EHS-Net) study. That study recognizes the presence of a CFPM reduces the risk of foodborne illness outbreaks for an establishment and was a distinguishing factor between restaurants/food services that experienced a foodborne illness outbreak and those that had not. The measure aligns with the DEHS Operational Model and Ten Essential Environmental Health Services.

Injury Prevention

This measure was selected at the annual DEHS Directors meeting in 2019. It focuses on the importance of injury prevention training to help build the capacity of staff and tribes to prevent injuries and deaths due to injuries in tribal communities. It raises awareness and empowers individuals and communities. Training is also one of the components of 3Es (Education, Environmental modifications and Enforcement) that are essential in a comprehensive approach to reduce health impacts from injuries.

Program Resources

The current budget of the DEHS Program is approximately $31 million. This funding is derived from three primary sources: congressional allocation; the IHS Director's Initiatives; and IP budget enhancements (Table 1). DEHS funds support a wide variety of activities, including IP, IEH, safety management, industrial hygiene, food safety, vectorborne disease control, and technical assistance to community water and waste disposal facility operators.

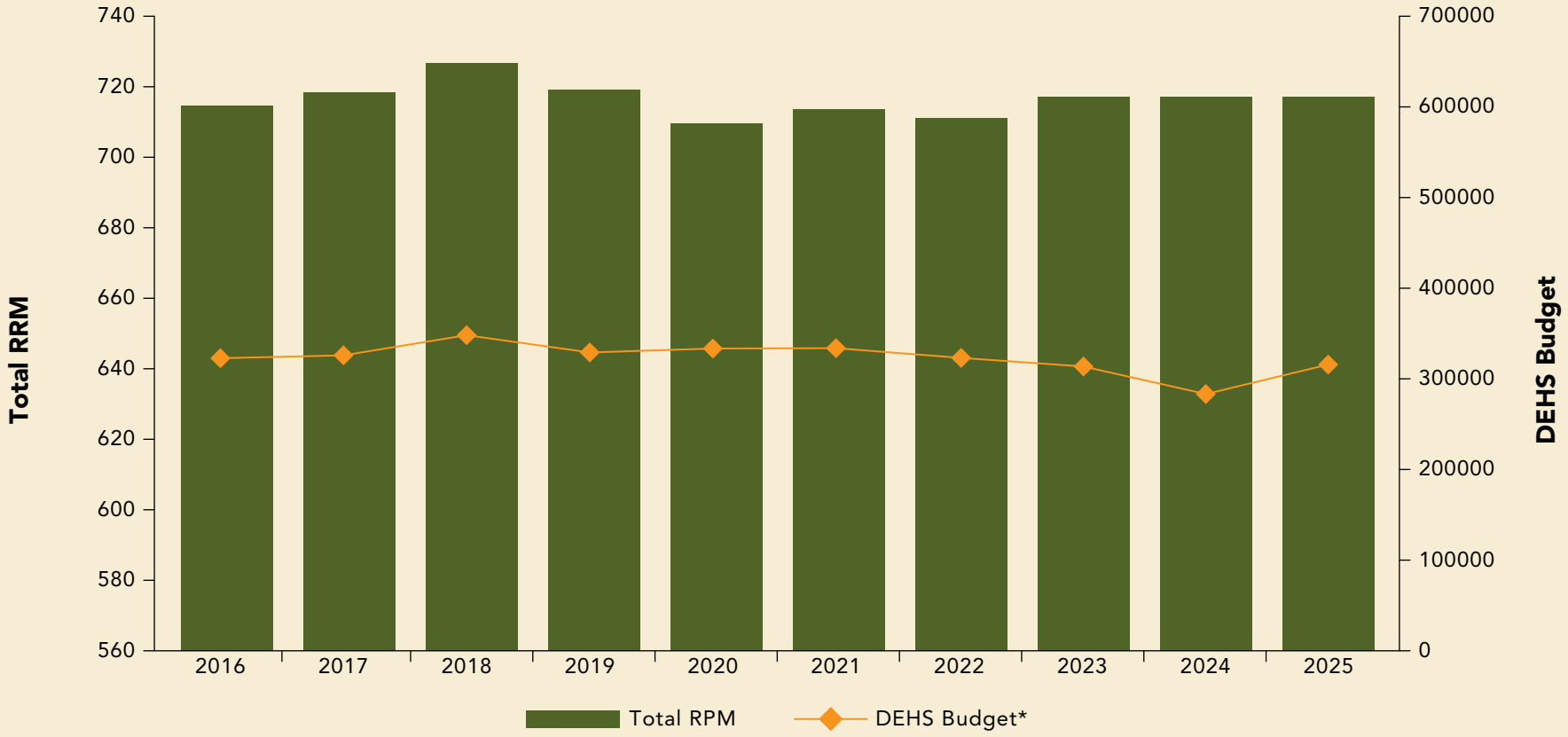
The DEHS budget is derived from the overall Environmental Health Support Account (EHSA) that supports the activities of both the DEHS as well as the Division of Sanitation Facilities Construction (DSFC). For 2025, the DEHS share of the EHSA budget was approximately 29%, or $31,433,312. Figure 2 depicts a historical comparison of the workload-based Resource Requirement Methodology (RRM) versus the distribution of Program funds from 2016 to 2025. Table 2 displays the current level of need funded (LNF) for each of the 12 Areas; the data represent both IHS staff and tribal staff.

Table 1: DEHS Program Funding Sources.

				OEHE Funds Provided to DEHS					
Fiscal Year	Total EHSA Budget	DEHS RRM Share	DEHS Budget*	COSTEP**	Injury Prevention**	Residency**	IHS Director's Initiative***	Injury Prevention Budget Enhancements	Total DEHS Budget****
2016	$69,531,437	42.00%	$29,203,204	$184,000	$0	$125,000	***	$2,766,698	$32,278,902
2017	$70,793,387	40.00%	$28,642,933	$160,000	$0	$125,000	***	$2,766,698	$32,662,025
2018	$77,088,387	41.00%	$31,387,041	$96,000	$0	$125,000	***	$2,766,698	$35,342,133
2019	$78,496,387	38.00%	$30,056,230	$96,000	$0	$125,000	***	$2,766,698	$33,043,928
2020	$80,707,396	38.00%	$30,660,740	$16,000	$0	$125,000	***	$2,766,698	$33,568,438
2021	$80,723,396	35.06%	$30,666,818	$56,000	$0	$125,000	***	$2,766,698	$33,614,516
2022	$86,952,526	33.79%	$29,381,258	$48,000	$0	$125,000	***	$2,766,698	$32,320,956
2023	$93,530,565	30.30%	$28,339,761	$40,000	$30,032	$0	***	$2,766,698	$31,176,491
2024	$93,731,565	26.30%	$24,651,402	$64,000	$32,116	$0	***	$2,766,698	$27,514,216
2025	$97,765,657	29.30%	$28,645,338	$16,000	$5,276	$0	***	$2,766,698	$31,433,312

*Represents an approximation based on initial DEHS and DSFC RRM calculations
**Office of Environmental Health and Engineering funds provided to DEHS
***IHS Director's Initiative, $304,000 was added to Injury Prevention Budget Enhancements starting in 2001
****Dollar amounts in this table may appear different when compared to tables published prior to 2023 due to a calculation correction

Figure 2: RRM (workload) vs. actual DEHS funding from 2016 to 2025*.



*Dollar amounts in this chart may appear different when compared to charts published prior to 2023 due to a calculation correction.

As Table 2 shows, the DEHS Program strives to accomplish its tasks at a funding level of 37.4% of the estimated actual need. In order to maximize the utilization of available resources, the DEHS has established partnerships with federal agencies. Partnerships change as needs are addressed or emerge. A few of the partners over the years include:

- Administration for Children and Families (Head Start Region XI)
- Bureau of Indian Education
- Centers for Disease Control and Prevention (CDC)
- Uniformed Services University of the Health Sciences
- National Institutes of Health (NIH)
- Johns Hopkins University
- University of North Carolina
- University of Colorado Denver
- Safe States Alliance

Table 2: Level of Need Funded (LNF) 2025.

Area	Total Staff*	RRM	%LNF	Federal Staff	Tribal Staff
Alaska	37	98.118	37.7%	0	37
Albuquerque	14	33.674	41.6%	14	0
Bemidji	26	53.442	48.7%	13	13
Billings	16	28.839	55.5%	5	11
California	11	55.367	19.9%	6	5
Great Plains	15	53.105	28.2%	9	6
Nashville	24	43.582	55.1%	3	21
Navajo	23	102.694	22.4%	20	3
Oklahoma City Area	37	109.817	33.7%	10	27
Phoenix	48	71.568	67.1%	29	19
Portland	13	53.47	24.3%	2	11
Tucson	4	13.437	29.8%	2	2
Total**	268	717.113	37.4%	113	155

*Includes tribal staff hired with IHS Cooperative Agreement Funds.
**Total is not exact due to rounding.
Data from 2024 determines the 2025 LNF.

Education

Education is a cornerstone of any successful public health program because it is the first step in raising awareness and empowering individuals and communities to participate in resolving community health issues. DEHS staff conducted training sessions during 2025 on a variety of topics. The Environmental Health Support Center (EHSC) in Albuquerque, New Mexico, provided program management, IP, topic-specific EH, and IEH courses and webinars. In 2025 there were eleven in-person classes with 208 students, nine webinars with 214 students, and six virtual classes with 320 students, and office hours with 1225 attendees for a total of 1967 participants (Table 3).

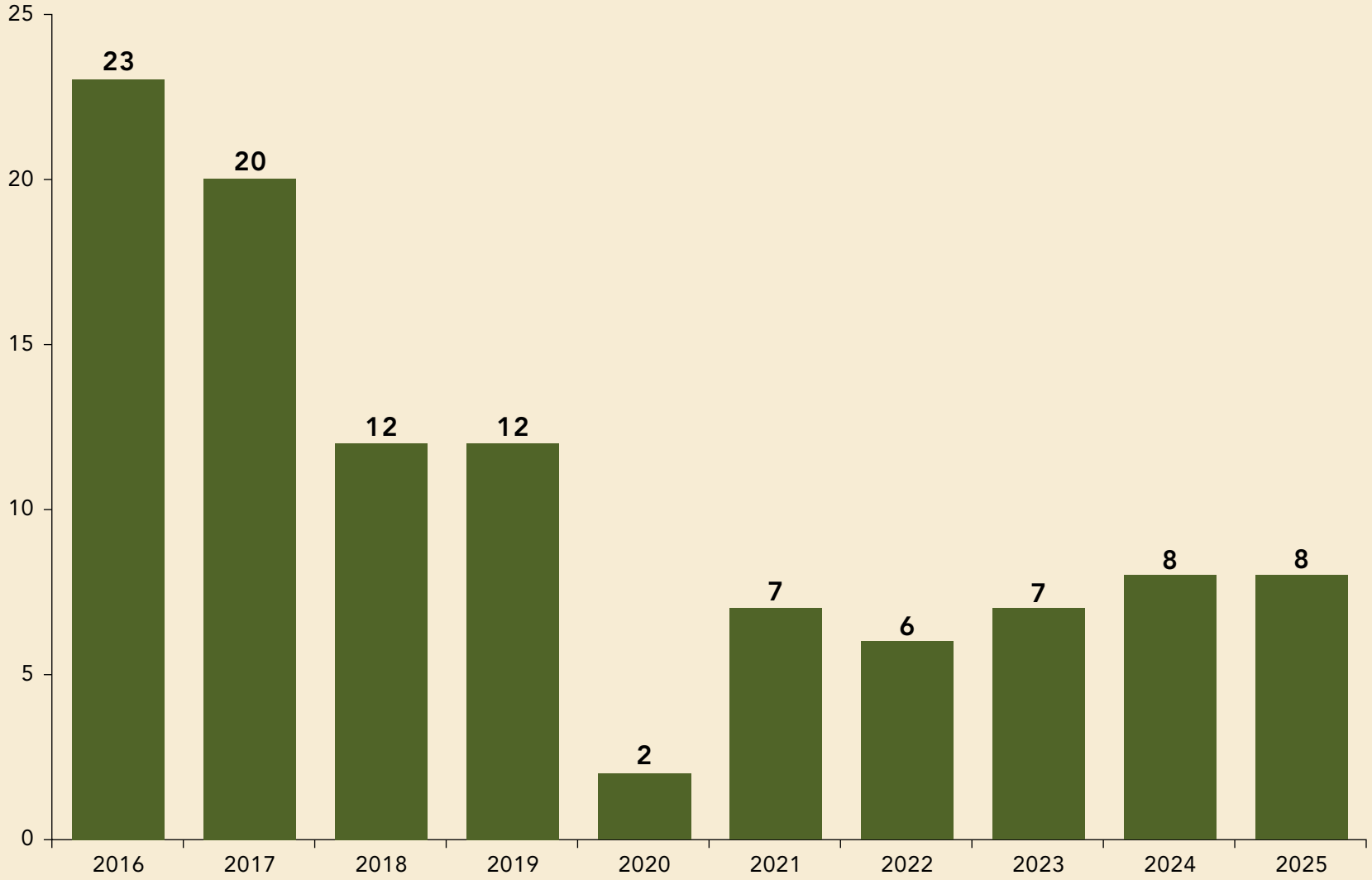
Monthly "office hours" began in 2023 and continued throughout 2024 and into 2025 for both the general environmental health track and safety officers. These sessions continue to be popular and well-attended, providing condensed training on specific hot topics as well as opportunities for open discussion on emerging issues. Office hours foster connection, dialogue, and collaboration among staff across the Areas.

Table 3: EHSC Sponsored Courses – 2025.

In-Person Courses	Number of Participants	Date	Location
OEHE Orientation - EH Track	28	7-Apr	Albuquerque, NM
OEHE Orientation - Safety Officer Track	15	7-Apr	Albuquerque, NM
Fundamentals of NFPA for Environmental Health	16	15-Apr	Duluth, MN
NFPA 99 for Environmental Health	16	17-Apr	Duluth, MN
Fundamentals of Hospital Safety Management	30	5-May	Phoenix, AZ
Effective Training & Presentation Methods	15	24-Jun	Albuquerque, NM
Fundamentals of Ambulatory Health Care Safety	21	23-Sep	Reno, NV
Fundamentals of Ambulatory Health Care Safety	17	21-Oct	Keizer, OR
Healthy Homes Assessment Principles	19	4-Nov	Albuquerque, NM
Introduction to Digital Storytelling	17	2-Dec	Albuquerque, NM
LPD Leading Self Cohort	14	9-Dec	Albuquerque, NM
TOTAL IN-PERSON STUDENTS	208		

Webinars/Virtual Courses	Number of Participants	Date	Location
LPD Webinar Series - The Resilience Factor	19	10-Feb	Online
LPD Webinar Series - Effective Performance Discussions	24	24-Mar	Online
LPD Webinar: Managing Self Through Change and Turmoil	26	9-Jun	Online
LPD Webinar Series: How to be an Ethical Follower	17	25-Aug	Online
LPD Webinar Series: Giving and Receiving Feedback	23	23-Sep	Online
Brain Injury Basics & Prevention Across the Lifespan	48	22-Oct	Online
LPD Webinar Series: Managing Emotions to be your Authentic Self	25	27-Oct	Online
LPD Webinar Series: Managing Self to Improve Relationships	21	17-Nov	Online
LPD Webinar Series: AI Ethics meets Human Behavior	11	15-Dec	Online
DEHS CONNECT Sessions (6 Sessions)	89	Monthly	Online
SOFR Office Hours (11 Sessions)	875	Monthly	Online
DEHS Office Hours (10 Sessions)	261	Monthly	Online
Injury Prevention Course 2	31	9-Jun	Virtual
Albuquerque Area Head Start Summit	214	29-Jul	Virtual
Introduction to Crisis & Emergency Risk Communication (CERC)	15	6-Aug	Virtual
NFPA 101 Life Safety Code Virtual	24	3-Nov	Virtual
NFPA 99 Healthcare Facilities Code Virtual	25	19-Nov	Virtual
Effective Training & Presentation Methods	11	15-Dec	Virtual
TOTAL WEBINAR/VIRTUAL STUDENTS	**1759**		
TOTAL PARTICIPANTS	**1967**		

Figure 3: Number of college students participating in the DEHS extern program, 2016 to 2025.



Successful delivery of environmental health services to tribal communities rests on the foundation of a competent and motivated workforce. Figure 3 shows the numbers of student externs hired since 2016. The number of externs hired annually fluctuated from 23 to 02. DEHS supported eight student externs in 2025.

The DEHS views the opportunity to offer financial support for long-term training as a major retention tool and has supported staff in master's programs for many years. Areas reported twenty-two DEHS staff funded by IHS for college courses in 2025. Of the twenty-two, nineteen were federal employees and three were tribal employees.

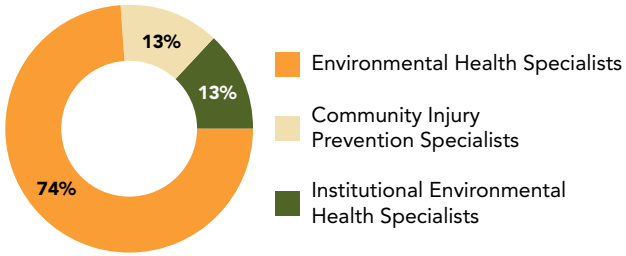
There are 16 IEH Residency Graduates currently active with IHS and tribal programs (Table 4).

Table 4: Active IEH Residency Graduates.

Graduate	Residency Year
Katheryn McNamara*	2024
Brandon Parker	2021
Dustin Joplin	2019
John Hansen	2017
Timothy Taylor	2014
Valerie Herrera	2010
Ricardo Murga	2010
Danny Walters	2009
Charles Woodlee	2008
David Cramer	2005
Mark Strauss	2005
Brian Hroch	2003
Chris Kates	2001
Keith Cook	1999

*Field-based residency

Figure 4: Distribution of environmental health staff within the national program.



Distribution of federal (113) and tribal (155) staff (N=268) within the national program (this excludes headquarters staff) (Figure 4).

- Environmental Health Specialists (EHS) – 74% (197/268)
- Community Injury Prevention (IP) Specialists – 13% (35/268)
- Institutional Environmental Health (IEH) Specialists – 13% (36/268)

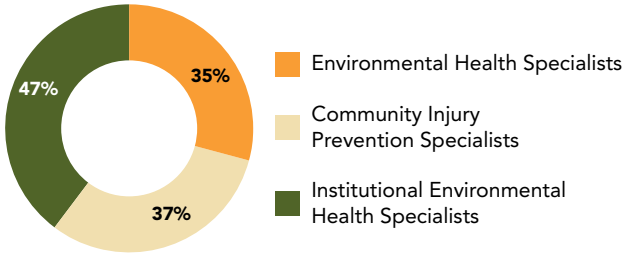
Federal and tribal staff with master's degrees in Environmental Health or a related field.

- Total – 37% (99/268)
- Federal – 56% (63/113)
- Tribal – 24% (36/155)

Staff with master's degrees by specialty (Figure 5).

- EHS –35% (69/197)
- Community IP Specialists – 37% (13/35)
- IEH Specialists – 47% (17/36)

Figure 5: Percentage of environmental health staff with master's degrees.



Federal and tribal staff who are Registered Environmental Health Specialists or Registered Sanitarians (REHS/RS).

- Total – 49% (131/268)
- Federal – 65% (74/113)
- Tribal – 37% (57/155)

Staff with REHS/RS by specialty (Figure 6).

- EHS – 53% (104/197)
- Community IP Specialists – 50% (18/36)
- IEH Specialists – 26% (9/35)

Federal and tribal staff with additional credentials (Table 5).

- Child Passenger Safety Technicians – 25% (67/268)
- IHS IP Fellowship Program Graduates – 10% (28/268)
- Certified Pool Operators – 13% (35/268)
- FDA Standard – 3% (9/268)
- Certified Professional in Food Safety – 3% (9/268)

Figure 6: Percentage of environmental health staff with REHS/RS credentials.

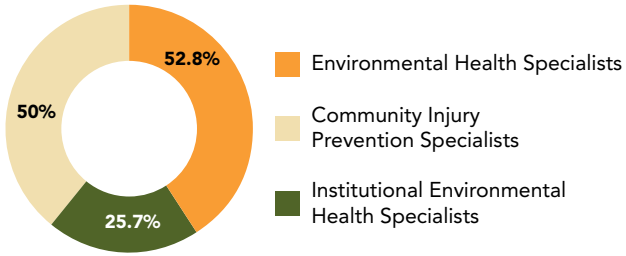


Table 5: Summary of Certifications Held by Federal and Tribal Staff.

Certification	Environmental Health Specialist	Community Injury Prevention Specialist	Institutional Environmental Health Specialist	Total	Percent of total
REHS/RS*	104	9	18	131	49%
IP Fellow	15	10	3	28	10%
Certified Safety Professional	8	1	7	16	6%
Certified Industrial Hygienist	1	0	7	8	3%
Child Passenger Safety Technician	48	16	3	67	25%
Certified Playground Safety Inspector	4	1	1	6	2%
Certified Radiation Protection Surveyor	1	0	3	4	1%
Certified Environmental Health Technician	4	0	0	4	1%
FDA Standard	9	0	0	9	3%
Lead/Asbestos Certification	12	0	4	16	6%
IEH Residency	6	0	5	11	4%
Certified Pool Operator	32	3	0	35	13%
OSHA 40 Hr HAZWOPER**	6	0	3	9	3%
Healthy Homes Specialist	11	0	0	11	4%
Certified Professional in Food Safety	7	1	1	9	3%

*Registered Environmental Health Specialist/Registered Sanitarian
**Hazardous Waste Operations and Emergency Response

Recognition

There are several awards the federal and tribal staff may earn in recognition of contributions and achievements toward IHS goals, objectives, and the completion of significant activities. Table 6 summarizes awards received by federal and tribal staff in 2025.

Table 6: Summary of Awards Received by Federal and Tribal Staff.

Award Type	Federal	Tribal	Total
Public Health Service Awards	10		10
Indian Health Service Area Awards	8		8
Civil Service Personnel Awards	4		4
National IHS Awards			0
Other National Awards			0
Tribal Awards			0
TOTAL	**22**	**0**	**22**

INDIAN HEALTH SERVICE ENVIRONMENTAL HEALTH SPECIALIST OF THE YEAR

Beginning in 1993, DEHS has annually recognized an outstanding Environmental Health Specialist (EHS) for the year. Nominees are scored on two major categories: special achievements and professionalism. The achievements of those individuals who have been selected as EHS of the Year are recognized by their peers as being instrumental in advancing the DEHS Program's vision of improving the lives of AI/AN people through model public health practices. A list of all the national EHS of the Year recipients to date can be found in Table 7.

Table 7: EHS of the Year, 2025 through 1993.

2025	Cori Crocker, Phoenix Area IHS
2024	Kathryn McNamara, Albuquerque Area IHS
2023	Justice Lambon, Phoenix Area IHS
2022	Joseph Sarisky, Bemidji Area IHS
2021	Braden Hickey, Albuquerque Area IHS
2020	George Chung, Phoenix Area IHS
2019	Robert Morones, Phoenix Area IHS
2018	Timothy Taylor, Bemidji Area IHS
2017	Kate Pink, Phoenix Area IHS
2016	Michael Reed, Great Plains Area IHS
2015	Sarah Snyder, California Area IHS
2014	Landon Wiggins, Phoenix Area IHS
2013	Martha Maynes, Bemidji Area IHS
2012	Lisa Nakagawa, California Area IHS
2011	Bryan Reed, Bristol Bay Area Health Corp.
2010	Amanda M. Parris, Phoenix Area IHS
2009	Timothy Duffy, Bemidji Area IHS
2008	Holly Billie, Phoenix Area IHS
2007	Stephen Piontkowski, Phoenix Area IHS
2006	Troy Ritter, Alaska Native Tribal Health Consortium
2005	Andrea Horn, Phoenix Area IHS
2004	Celeste Davis, Albuquerque Area IHS
2003	Casey Crump, Bemidji Area IHS
2002	Pete Wallis, Tanana Chiefs Corporation
2001	Molly Patton, Tanana Chiefs Corporation
2000	Shawn Sorenson, South East Alaska Regional Health Corp.
1999	Mike Welch, Phoenix Area IHS
1998	Diana Kuklinski, Phoenix Area IHS
1997	Mark Mattson, Bemidji Area IHS
1996	Harold Cully, Oklahoma Area IHS
1995	Keith Cook, Navajo Area IHS
1994	Carol Rollins, Ho-Chunk Nation
1993	John Sarisky, Navajo Area IHS

Individuals who received the Area EHS of the Year (2025) were

- California Area: William Troy Barker
- Great Plains Area: Orlana Schmidt
- Phoenix Area: Cori Crocker

Individuals who received the Area EHS of the Year (2025) were:

William Troy Barker
California Area

Orlana Schmidt
Great Plains Area

Cori Crocker
Phoenix Area

2025 ENVIRONMENTAL HEALTH SPECIALIST OF THE YEAR – CORI CROCKER, MPH, REHS

Ms. Cori Crocker, MPH, REHS was selected as the 2025 Environmental Health Specialist of the Year. Ms. Crocker exemplifies the highest standards of an Environmental Health Specialist, combining advanced technical expertise, national and local leadership, and a deep commitment to exceptional service. Her broad portfolio of technical work, leadership roles, and multidisciplinary contributions reflects a high level of professionalism and a strong commitment to protecting the health and safety of tribal communities. A key public health practitioner, Ms. Crocker plays a vital role in collaborative vectorborne and zoonotic disease prevention efforts. She demonstrated outstanding leadership, including leading responses to two rabid bobcat exposure incidents and serving as an active member of the IHS Temporary Food Vendor Training Workgroup, which developed the standardized Food Safety for Temporary Food Vendors training. She also co-founded the San Carlos Injury Prevention Coalition, strengthening community-based initiatives. Her commitment to food safety education led to a measurable impact, increasing facilities with certified food managers from 29% in FY24 to 52% in FY25. Her leadership extends to community-focused injury prevention efforts, including car seat safety, seatbelt observations, and through the current IHS Injury and Violence Prevention Fellowship, elder fall prevention. Additionally, she led a records digitization initiative, modernizing environmental health files, digitizing over 490 records across 65 facilities, improving access, efficiency, and long-term compliance District-wide.

RICK SMITH INJURY PREVENTION AWARD

Beginning in 2019, DEHS has annually recognized leaders in injury prevention. The purpose of the award is to recognize the performance of individuals or groups whose special efforts and contributions in the field of injury prevention resulted in a significant impact and led to improved public health for American Indians and Alaska Natives.

Table 8: Smith Award Winners, 2025 through 2019.

2025	TIPCAP Evaluation Advisory Team
2024	Megan Talahaftewa, Hopi Tribe, Phoenix Area IHS
2023	Sisseton Wahpeton Oyate - Tribal Opioid Response Team, Great Plains Area IHS
2022	Monte Yazzie, Salt River Pima-Maricopa Indian Community, Phoenix Area
2021	Medication Disposal Team, Bemidji, Oklahoma City, and Phoenix Areas IHS
2020	Debbie Whitegrass Bullshoe, Blackfeet Nation, Billings Area
2019	Robert Morones, Phoenix Area IHS

2025 SMITH AWARD WINNER – TIPCAP EVALUATION ADVISORY TEAM

The Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) Evaluation Advisory Team at the University of Colorado's Centers for American Indian and Alaska Native Health (CAIANH) is the 2025 winner of the Rick Smith Injury Prevention Award for leadership in advancing injury prevention efforts across American Indian and Alaska Native (AI/AN) communities.

Since 2016, the CAIANH TIPCAP Team has supported more than 50 tribal sites nationwide, providing technical assistance, evaluation tools, training, and peer-learning opportunities. The team developed culturally tailored resource guides, customized data collection systems, and hands-on training workshops to help tribes design, implement, and sustain effective injury prevention programs.

From 2021 through June 2025, TIPCAP-supported programs achieved measurable impact, including:

- 11,977 child safety seats and 1,099 helmets distributed
- 2,355 fall prevention exercise sessions conducted
- 868 home fall risk assessments and 7,429 home safety modifications completed
- 894 individuals trained or certified in injury prevention
- Thousands of safety resources distributed, including medication lock boxes, drug deactivation bags, and gun locks

Participating tribes have reported reductions in motor vehicle injuries, increased child passenger safety use, improved elder fall prevention strategies, and strengthened local data systems.

Through close collaboration and sustained partnerships, the TIPCAP Team has built lasting injury prevention capacity and helped advance safer, healthier communities nationwide.

GARY J. GEFROH SAFETY AND HEALTH AWARD

CAPT Gary J. Gefroh was a nationally recognized and highly respected Institutional Environmental Health (IEH) Officer. He served the IHS for 20 years providing expert technical consultation in the fields of healthcare accreditation, safety management, infection control, and industrial hygiene. The purpose of the Gary J. Gefroh Safety and Health Award is to recognize significant contributions by an individual or group resulting in improved healthcare safety and/or infection control at an IHS or tribal healthcare program. This award is sponsored annually by the Office of Environmental Health and Engineering.

Table 9: Gefroh Award Winners, 2025 through 2008.

Year	Winner	Profession	Area/Facility
2025	Michael Hiles	EH Officer	Nashville Area
2024	Jeffery Conner	IEH Officer	IHS Environmental Health Support Center
2023	Lea Luper	Infection Preventionist	Chickasaw Nation Dept of Health
2022	David Bales	EH Officer	Oklahoma City Area
2021	Katherine Hubbard	Senior Institutional Environmental Health Consultant	Alaska Native Tribal Health Consortium
2020	Michelle Livingston	Infection Preventionist	Portland Area
2019	Francis Robinson	Safety Officer	Phoenix Area
2018	Jeffery Conner	IEH Officer	Navajo Area
2017	Chris Kates	IEH Officer	Oklahoma City Area
2016	Matthew Ellis	IEH Officer	Portland Area
2015	Emily Warnstadt	Dental Hygienist	Portland Area (Team Award)
2015	Angel Daniels- Rodriguez	Medical Technologist	Portland Area (Team Award)
2014	Brian Hroch	IEH Officer	Albuquerque Area
2013	Greg Heck	Safety Officer	Phoenix Indian Med. Ctr.
2012	Jeff Morris	IEH Officer	Chickasaw Nation Div of Health
2011	Tim Duffy	IEH Officer	Bemidji Area
2010	Wayne Keene	Safety Officer	Northern Navajo Med. Ctr.
2008	David Cramer	Safety Officer	Phoenix Indian Med. Ctr.

2025 GEFROH AWARD WINNER –MICHAEL HILES

LCDR Michael Hiles, Environmental Health Officer, Nashville Area, received the 2025 Gary J. Gefroh Safety and Health Award. One of his many distinguished accomplishments includes his advocacy, technical expertise and contributions with revising the OEHE's 2025 Architect/ Engineer Design Guide to include Patient Handling and Mobility Assessments (PHAMAs). His years of dedication and vision, culminated in 2025 with PHAMAs being required through inclusion in the Design Guide. By requiring PHAMAs early in the design phases, it prevents delays of critical patient care and services, avoids operational disruptions, and eliminates the need for expensive post-construction retrofitting and hazardous construction conditions.

DEHS Services

Core Services to AI/AN Communities

The DEHS is a comprehensive, field-based program with an overarching responsibility to provide community environmental health support. We are leaders in the environmental health profession who provide a range of services on water quality, waste disposal, hazardous materials management, food safety, community injury prevention, vector control, occupational safety and health, and other environmental health issues.

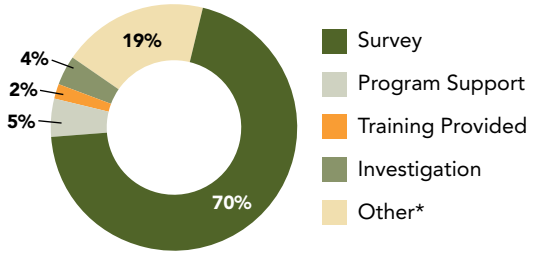
A snapshot of activities related to these services include (Figure 7):

- Approximate number of establishments[1] – 21,974
- Staff recorded activities – 10,885*
  - » Surveys – 70% (7,637/10,885)
  - » Program support – 5% (549/10,885)
  - » Training provided – 2% (255/10,885)
  - » Investigations – 4% (372/10,885)

The DEHS utilizes the Custom Data Processing, Inc. Environmental Health Inspection Management System to support the Web-based Environmental Health Reporting System (WebEHRS), which provides electronic survey capabilities, tracking of environmental health activities, reporting functions, and mobile support for field use. Continued system enhancements and increased adoption of mobile functionality have improved data completeness, timeliness, and overall system use across Areas, supporting DEHS and Indian Health Service (IHS) priorities related to data modernization and data quality. In 2025, system improvements focused on enhancing performance, usability, and data capture to better support field operations and reporting needs, further strengthening WebEHRS as the primary system for documenting and reporting environmental health activities.

The DEHS also manages the Notifiable Disease and External Cause of Injury (NDECI) web-based data retrieval system. NDECI provides DEHS staff with an environmental health focused dashboard of key health indicators to support monitoring of public health status and facilitate ad hoc reporting. The system allows users to generate reports at national, Area, Service Unit (SU), facility, and community levels. Data can be queried using International Classification of Diseases, 10th Revision (ICD-10) codes used to define the groupings for asthma, notifiable diseases, intestinal diseases, vector-borne diseases, and injuries.

Figure 7: Activities completed in 2025 as reported in WebEHRS.



*Other includes: Mobilize Community, Policy Development, Sample/Test, Evaluation, Control, Training Received, Consultation/Professional Advice, Data Collection/Surveillance, Document Interventions

[1]WebEHRS Reports, National Establishment Counts 2025 (excludes Headquarters items)
*Contributing factors to increased activities reported from prior year include WebEHRS establishment type definition changes.

Injury Prevention program mission: elevate the health and well-being of American Indians and Alaska Natives by reducing the impact of injuries and violence and strengthening tribal capacity to lead community-based solutions

Injury and Violence Prevention Fellowship Class of 2026

SPECIALIZED SERVICES TO AI/AN COMMUNITIES

The DEHS provides specialized services in IP and IEH through consultation and technical assistance. IP Specialists take the lead in working with communities to develop public health strategies to reduce the burden of injury experienced by AI/AN communities. IEH Specialists have skills to identify, evaluate, and respond to unique environmental safety hazards found in healthcare, educational, childcare, correctional, and industrial facilities.

Community Injury Prevention Program

Implementation of IP interventions using a comprehensive approach is effective. Successful IP interventions incorporating all strategies (education, legislation, enforcement, and environmental modification) can have the most impact to improve public health. There were several IP projects and interventions implemented by the Areas in 2025:

- Motor vehicle injury prevention effective strategies
- Unintentional elder falls prevention programs (exercise, home safety assessments, clinical)
- Opioid overdose prevention projects (home lockbox, medication disposal units)
- Determining magnitude of the injury problem (e.g., injury atlas)
- Suicide and violence prevention through safe firearm storage projects
- Traumatic Brain Injury Prevention through ATV helmet projects

The IHS Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) started in 1997 to help tribes/tribal organizations build IP infrastructure and capacity. TIPCAP applies the public health approach to employ effective strategies that address education, policy development with enforcement and environmental modifications to ensure effective and sustainable programs. TIPCAP projects address the IHS IP program priorities of motor vehicle injury prevention and unintentional elder fall prevention. It also supports local tribal community IP priorities such as suicide prevention, violence prevention, drowning prevention, helmet use, poisoning prevention, and fire safety.

The 2021–2025 TIPCAP funding cycle began with 27 tribes or tribal programs from 11 IHS Areas being awarded a cumulative total of $2.4M per year. Injury topics addressed include motor vehicle related injuries, falls, and other emerging issues based on tribal needs. These could include, poisoning/opioids, suicide, traumatic brain injury, or drowning.

The next TIPCAP funding cycle began on January 1, 2026 with 25 funded tribes or tribal programs from 10 IHS Areas being awarded a cumulative total of $2.5M per year. Injury topics addressed include motor vehicle related injuries, falls, drowning, opioid, suicide, traumatic brain injuries and pedestrian safety. TIPCAP received a record breaking 71 applications for funding, outlining the need for injury and violence prevention work in tribal communities.

Injury and Violence Prevention Fellowship – Class of 2026
- Began the fellowship in 2025
- Ten Fellows from six IHS Areas
- Projects are on overdose, unintentional needle sticks, domestic violence, Elder falls, and data collection and surveillance
- Graduation in summer 2026

Institutional Environmental Health Program

The mission of the Institutional Environmental Health (IEH) program is to provide leadership in the development and implementation of effective environmental health and safety management systems to:
1. reduce risks of injury and/or illness to clients, employees, and visitors of community institutions;
2. to protect our environment; and
3. to minimize property losses.

The IEH Program provides extensive technical assistance and training to safety and facility management staff as well as the many inter-related medical program and leadership staff. These efforts have led an IHS total occupational injury & illness case rate decrease from 4.35 injuries/100 employees in 2004 to 2.16 injuries and illness/100 employees in 2025. The IEH Program staff offer services in federal and tribal healthcare facilities, as well as a range of community facilities such as childcare, school, and elder programs. A primary objective is to support local safety programs by providing education, onsite technical support, accreditation assistance, and program evaluation.

IEH Program Priorities and Accomplishments

1. IEH Residencies
   a. Designed to develop highly competent and technically qualified IEH Officers to enhance and advance environmental health and safety
   b. Professional certifications
   c. Rotations and continuing education courses
      1. Industrial hygiene
      2. Safety management
      3. Healthcare accreditation
      4. Life safety (i.e. fire safety)
      5. Hazardous materials
      6. Emergency management
      7. Security
      8. Environmental infection prevention
   d. Types
      1. The IEH Residency at the Uniformed Services University of the Health Sciences (USUHS) resulting in an MS in Public Health – Environmental & Occupational Health Sciences
      2. The IEH Field-Based Residency at Montana Technological University culminating with an MS in Industrial Hygiene

2. Professional Development
   a. Environmental Health Support Center Courses
      1. Fundamentals of Hospital Safety Management
      2. Fundamentals of Ambulatory Health Care Safety Management
      3. Joint Commission Accreditation 360: Impact on Safety & Facility Mgmt. Staff
      4. OEHE Orientation: Safety Officer Track
   b. Safety Officer Office Hours: Monthly meetings and presentations to provide mechanism for Safety Officers to ask questions, gain knowledge, network, share information, resources, and best practices.
   c. Competency Development Models for Institutional Environmental Health Officers and Safety Officers
3. Industrial Hygiene Protocols: Establishing protocols for competent and standardized delivery of industrial hygiene services and technical consultations
4. Staff Development: Templates and standardized resources for IEH and Safety Officer Positions
5. Dashboards: for planning, monitoring and completing activities to fulfill safety management and healthcare accreditation requirements
6. Pre-Construction Risk Assessments (PCRA) and Infection Control Risk Assessments (ICRA): Developing tools and resources for assessing and mitigating risks in healthcare facilities

DEHS National Focus Areas

The DEHS delivers a comprehensive EH program to more than 2.7 million AI/AN people in 37 states. We consult with and provide technical assistance to tribes in an effort to provide safe, healthy environments. This section of the report describes each of the focus areas and highlights projects conducted by the IHS Areas in 2025. Evidence-based or promising practices are used most often, but specific projects are also evaluated for effectiveness. Comprehensive interventions use a multi-targeted approach involving education, environmental modification, legislation, and enforcement.

Four common activities are related to each focus area:

- Conduct inspections that identify EH risk factors
- Recommend corrective actions to reduce or eliminate risk factors
- Investigate disease and injury incidents
- Provide EH training classes to federal, tribal, and community member

5 Focus Areas

Children's Environment
Prevent illness and injury by reducing risk factors where children live, learn and play

Safe Drinking Water
Prevent waterborne illness and ensure safe drinking water supplies

Food Safety
Prevent foodborne illness and promote food safety and security

Vectorborne and Communicable Diseases
Prevent diseases transmitted by insects, animals, humans, and the environment

Healthy Homes
Prevent diseases and injuries in homes caused by unhealthy living conditions

Children's Environment

The DEHS is responsible for ensuring EH settings for AI/AN children are safe and ultimately provide a healthy environment in which to learn, play, and grow. EH issues associated with children are present in schools, Head Start Centers, and childcare facilities on tribal lands. These issues present an ever-increasing set of complex challenges to be addressed. A few examples of EH-related issues of concern include: indoor air quality, lead exposure, child passenger safety, and infectious disease exposure. The DEHS staff provides services to approximately 3,000 child-occupied facilities as well as services in community housing. Comprehensive interventions, based on local surveillance, are conducted to reduce the impact of disease and injury in the communities.

Many indicators of effective programs focus on reducing the number of critical or repeat violations within a particular facility. Critical violations are threats to the public's health that need to be corrected immediately, and repeat violations occurred in more than one consecutive facility inspection. The DEHS staff focus on eliminating risk factors related to fire safety, emergency response, asthma triggers, lead-based paint, communicable disease exposure, and child passenger safety.

Building and Sustaining Tribal CPS Programs Through Partnerships and Collaborations

Kayla Davis, George Chung, Rinnah Wyatt, and Rob Morones
Phoenix Area

Introduction

Motor vehicle crashes remain a leading cause of injury for American Indian and Alaska Native (AI/AN) children, making child passenger safety (CPS) a priority for the Phoenix Area. **This project focuses on building and strengthening partnerships to support sustainable CPS programs in Tribal communities**. We collaborate with tribal, national, state, and local partners to expand access to car seats, provide appropriate education, and build local capacity. These efforts help ensure both existing and new community-based CPS programs have the equipment, training, and ongoing support needed to sustain their activities.

Methods

Access to seats

- AZ Governor's Office of Highway Safety (AZGOHS)
  - » Developed a centralized application process for tribes to request CPS-related resources, such as car seats
- AZ Department of Health Services (ADHS)
  - » Connect Tribes to CPS Technician (CPST) course support, educational opportunities, and CPS resources
- Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)
  - » Assist TIPCAP-funded sites with the design and implementation of CPS programs in their communities
- Nevada Department of Public Safety
  - » Assist tribes with obtaining car seats

Training and Education

- *Child Passenger Safety Technician certification courses*
  - » Serve as CPST Instructors for CPS Technician courses to increase the number of tribal technicians
  - » Support CPS Check-up events in tribal communities to ensure seats are properly installed and appropriate for the child and vehicle

Results

During FY25, partnerships supported tribal CPS programs by increasing access to car seats, training, and technical assistance. Collaboration with AZGOHS and ADHS facilitated car seat distribution to tribal communities through a centralized request process. CPS Technician certification courses and check-up events strengthened local capacity and provided caregiver education and car seats to families in need. Technical assistance to TIPCAP-funded sites supported the implementation and sustainability of community-based CPS programs.

Resources secured for Tribes	
Number of seats received from state partners:	764
Seats purchased by tribal partners (TIPCAP):	322

Capacity building	
Tribal CPS Techs certified	35
Federal CPS Techs supporting tribal programs	19
CPST Instructors/Proxys supporting tribal programs	2
CPS courses/events held or supported	5
Number of families educated	39
Number of car seats distributed	56

Discussion

Sustaining tribal CPS programs is often challenged by the acquisition of car seats and the limited availability of trained CPS professionals in tribal communities. Through strong partnerships with Public Health entities and support of tribal CPS activities, we strengthened existing programs and supported the development of new CPS programs in 14 tribal communities and 3 IHS healthcare facilities and urban Indian organizations.

Conclusions/Recommendations

These efforts demonstrate the **importance of partnerships in building and sustaining tribal CPS programs**. Collaboration with state, tribal, and federal partners reduced barriers related to acquiring car seats, training, and technical assistance while strengthening local capacity through centralized resource requests, CPS Technician training, and support for TIPCAP-funded sites. Moving forward, efforts will focus on maintaining and expanding partnerships, supporting CPST certifications, and increasing data collection to better measure program impact. The strategies used in this project can be applied to other IP initiatives to promote sustainability.

Safe Drinking Water

The DEHS is one of the partners responsible for ensuring safe drinking water for AI/AN people. EH issues associated with drinking water can be caused by organisms or contaminants spread through water. Examples of waterborne illnesses include giardiasis, shigellosis, cryptosporidiosis, lead poisoning, and copper toxicity. Annually, the DEHS staff report 50-100 activities related to drinking water. The DEHS staff also focused on eliminating risk factors related to the operation and maintenance of water systems.

Food Safety

The DEHS staff provide services at more than 5,000 food service facilities across the country. The CDC estimates over 48 million cases of foodborne illness occur in the United States annually,128,000 of which require hospitalization and 3,000 of which are fatal. Organisms that result in the most common foodborne illnesses include Norovirus, *Salmonella*, *Clostridium perfringens*, *Campylobacter*, and *Staphylococcus* aureus (CDC, Estimates of Foodborne Illness in the United States, 2011, available at: http://www.cdc.gov/foodborneburden/2011-foodborne-estimates.html).

Effective programs focus on reducing the number of critical or repeat violations within a particular facility. Critical violations are threats to the public's health that need to be corrected immediately, and repeat violations occurred in more than one consecutive facility inspection. Some DEHS staff focus on eliminating risk factors related to inspector bias through standardization of the inspection process. Other staff work to persuade tribal councils to pass food code legislation, whereas others focus on eliminating specific deficiencies (e.g., temperature control, hand washing, and/or employee health).

15 Years of Online Food Handler Training – 2011-2025

Braden Hickey
Environmental Health Support Center, OEHE, IHS

Introduction

From Pilot to Scale: The 2012 Launch Story
When the Online Food Handler Training launched in 2012, it was built through IHS and tribal partnerships as a low-cost, largely in-house way to deliver culturally relevant food safety training while easing DEHS workload constraints. Strong early results helped establish a scalable model—and participation has grown from 1,902 users in 2012 to over 58,000 users today.

Methods

The course includes a 1-hour interactive session and a 20-question quiz. Passing score of 70% or higher needed to earn Food Handler Certificate. After finishing, participants can print their Food Handler Certificate. The certificate verifies a person completed the training—it is not a food sales permit. Some tribes or jurisdictions may accept it, but local rules vary.

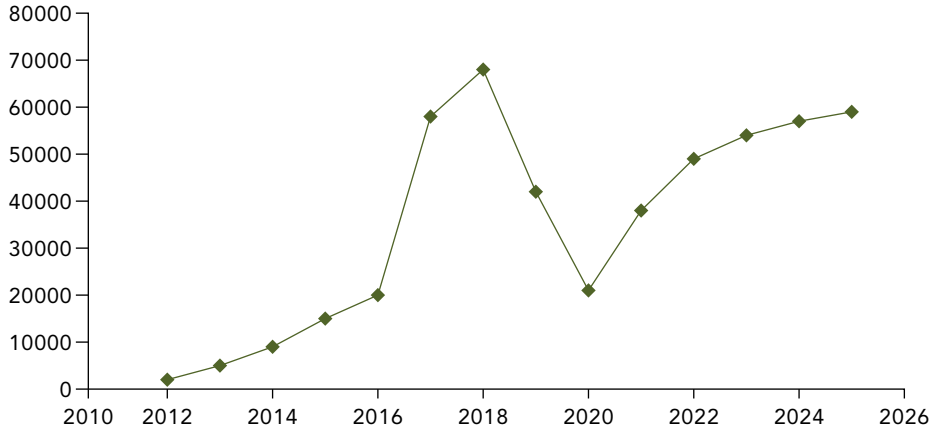
Results

Since 2012 launch
- Course completed nearly 500,000 times
- Over 180,000 unique users
- 87% pass rate
- 56% of users took it 2+ times
- 45,000 people take it every 2 years

Most Users among IHS Areas
Navajo – 194,042 (44.8%)
Albuquerque – 89,366 (20.6%)
Phoenix – 77,233 (17.8%)
Oklahoma – 52,844 (12.2%)
California – 19,817 (4.6%)

Updates since 2012
- Course content aligned with 2022 FDA Food Code
- Website upgrades – enhanced functionality and usability
- "Food Safety for Temporary Food Vendors" course added to support event-based operations

OFHT Completions by Year (2012-2025).



What would it look like if in-person training was conducted instead of the 58,000 online courses completed in 2025?

- 2,900 classes (20 people per in-person class)
- 5,800 hours of instruction (2 hours per class)
- 3 full-time staff (2,000 person hours)

Discussion

Time and Resource Savings

- Reduces travel and in-person training hours
- Cuts admin work
- Standardizes training and testing
- Scales without adding staff burden
- Frees DEHS time for higher impact work

This training delivers large-scale impact with minimal resources – expanding reach while reducing staff burden.

- Strong growth and repeat use show high value and engagement
- High pass rates suggest effective learning and retention
- Scales without added staffing
- Replaces thousands of hours of in-person training
- Standardizes course content across IHS Areas

Conclusions/Recommendations

The IHS Online Food Handler Training is a sustainable, high-impact model that saves time, extends reach, and supports consistent food safety practices.

The Future

- Maintain the course and update content as needed
- Add a dedicated resources section
- Upgrade user interface and overall user experience

Acknowledgement

We thank the original Albuquerque team who created the Online Food Handler Training in 2012, the team who led the 2025 updates, and the many partners, reviewers, and staff across IHS and tribal programs who continue to maintain, improve, and support the training for communities nationwide.

FDA Standardization of IHS California DEHS Staff

Alyssa Bernido
California Area

Introduction

In 2019, the Centers for Disease Control & Prevention estimated there were 9.9 million foodborne illnesses reported in the U.S.[1] Food sanitation surveys of food service venues monitor for foodborne illness factors in tribal food service operations and help ensure establishments meet evidence-based food safety standards set forth in the U.S. FDA Food Code. In 2015, the IHS California Area DEHS (CADEHS) enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards. CADEHS focused was meeting Standard 2: Trained Regulatory Staff. FDA Standardization allows personnel to apply their knowledge of Food Code provisions and risk-based methods within a consistent, uniform framework. This uniformity improves the quality of food violation data collected as part of food survey reports allowing a program to identify and mitigate trends.

Methods

The FDA Procedures for Standardization of Retail Food Safety Inspection Officers and Field Workbook (2022) and the FDA Voluntary National Retail Food Program Standards-Standard 2 and associated Field Training Manual were utilized for creating the administrative process and associated training and FDA standardization of CADEHS staff. CADEHS staff initially worked with the FDA Retail Food Specialist from Region 9 to standardize a Training Standard for our program. Due to repeated administrative delays such as staff turnover and staffing decreases, CADEHS eventually negotiated with FDA Region 9 for CDR Sarah Snyder from the IHS Phoenix Area standardize our staff. Standardization followed all requirements laid out in FDA Program Standard 2.

Results

In 2024, Alyssa Bernido was standardized as a Training Standard by CDR Snyder. Joint field inspections were completed in both the IHS Phoenix and California Areas. Alyssa also attended two Pre-Standardization Workshops, one in Arizona, which was co-instructed by FDA, and another through the California Department of Public Health. Alyssa also provided the IHS program update at the 2024 Western Association of Food & Drug Officials Annual Educational Conference in coordination with the FDA Retail Food Protection Seminar and the California Environmental Health Association.

In 2025, Alyssa developed and delivered a Pre-Standardization Workshop for CADEHS staff to prepare staff for FDA standardization. The first CADEHS Candidate was standardized in October 2025. To be standardized, each candidate completes all FDA training and field experience as required in the FDA Standard 2.

Discussion

The FDA Standardization Process is time consuming and can be a challenge to complete. Success depends on the level of support the FDA Regional Retail Specialist can offer and the level of recognition the program wishes to have for its staff who have been standardized.

Conclusions/Recommendations

Beneficial outcomes included enhanced risk-based inspection skills, more effective communication strategies with operators and higher quality food survey data due to consistency in staff training. CADEHS expects to successfully complete an external audit for FDA Program Standard 2 in 2026.

1 https://www.cdc.gov/food-safety/php/data-research/foodborne-illness-burden/index.html

Increasing the Number of Facilities with a Certified Food Protection Manager in Eastern Arizona

Maddie Wissoker, Sarah Snyder
Phoenix Area

Introduction

The Eastern Arizona District consists of three Service Units staffed by six environmental health employees who provide services to four tribal communities with a combined estimated service population of 40,000 people.

Per FDA, a lack of a Certified Food Protection Manager (CFPM) on-site during all hours of facility operation has been shown to increase the number of out of compliance risk factors, which can lead to foodborne illness outbreaks. Therefore, the IHS General Environmental Health National Performance measure is to bring 75% of food service facilities into compliance for a CFPM by September 30, 2030.

To increase the number of facilities with CFPMs, courses are taught across the Phoenix Area to help operators obtain the national certification. However, the pass rate in the Eastern Arizona District is 49%, leaving many facilities without a CFPM. Therefore, in an effort to raise the pass rate, the objective of this project is to use exam scores from the past 19 CFPM courses taught in the Eastern Arizona District to identify sections of the material where people are getting the greatest percentage of questions wrong.

PROJECT GOALS

- Short term: Identify most problematic domains
- Medium term: Adjust teaching techniques to increase learning
- Long term: Increase the number of facilities that have a CFPM

Methods

First, the exam session score analysis documents, which include each participant's score by domain and overall, were compiled. These documents are sent to a nationally recognized certification company following the administration of each exam. Exam sessions prior to 2018 were omitted, as questions were categorized by a different set of domains, making the data less comparable. All 4-hour review sessions were omitted, as the exam material is not covered in depth during these shorter courses. All Eastern Arizona District staff and regulatory tribal partners were also removed from the dataset. The exam session scores (by domain and overall) for each participant were entered into MS Excel for analysis.

Results

The analysis included data for 19 CFM courses taught in the Eastern Arizona District. These courses had a total of 316 participants, 155 (49%) of whom passed the exam. The average overall score ranged from 67% for Service Unit 1 to 73% for Service Unit 3 (Figure 2). Of note, the sample size of 316 includes participants who have taken the exam more than once.

Participants in all three Service Units scored the lowest on questions relating to management of food safety practices (Domain 1) followed by safe preparation and cooking of food (Domain 4). The average score for Domain 1 ranged from 58% to 64% while the average score for Domain 4 ranged from 65% to 71%. Participants in all three Service Units

had the highest scores in hygiene and health (Domain 2) followed by safe receipt, storage, transportation and disposal of food (Domain 3). The average score for Domain 2 ranged from 73% to 78% and the average score for Domain 3 ranged from 72% to 76% across the three Service Units.

Discussion

The results of this project will help staff understand where participants are struggling. This information will be used to develop additional material to improve participants' understanding and hopefully, raise the pass rate for the CFM exam. In turn, this will help increase the number of facilities in the Eastern Arizona District that have a CFM. One reason for the current low pass rate could be due to a gap in training dates, closed facilities, and long vacancies for field staff positions as these factors impacted both the frequency of classes offered as well as the face-to-face time between staff and facilities.

Conclusions/Recommendations

Next steps for this project include creating and implementing interventions to improve the overall pass rate. To make the course more accessible to all types of learners, the course material could be modified by incorporating more hands-on activities and videos. Additionally, the slides related to Domains 1 and 4 could be re-worked to ensure key concepts are presented in a clear and concise manner. Alternatively, adding more detail to the existing slides, especially related to Domains 1 and 4, could help deepen understanding. Finally, increasing the number of review questions at the end of each chapter could help reinforce learning and promote the retention of core concepts.

Figure 1 displays the average score by domain and Service Unit. An overall score of 70% is needed to pass the exam

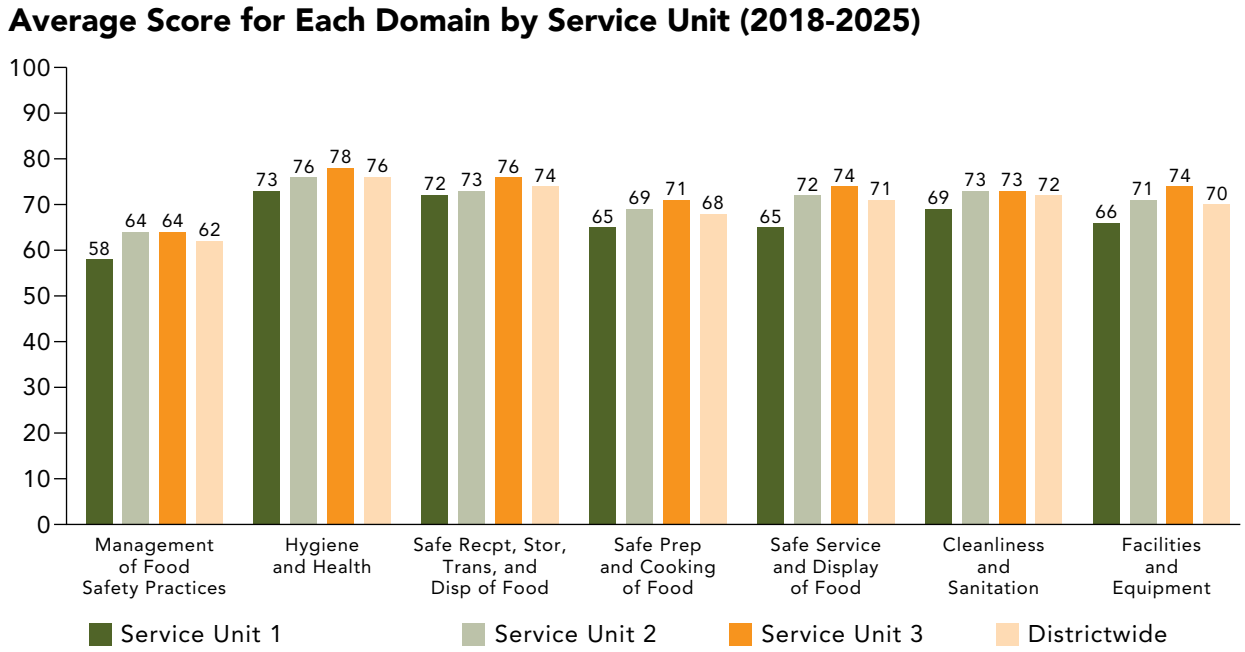
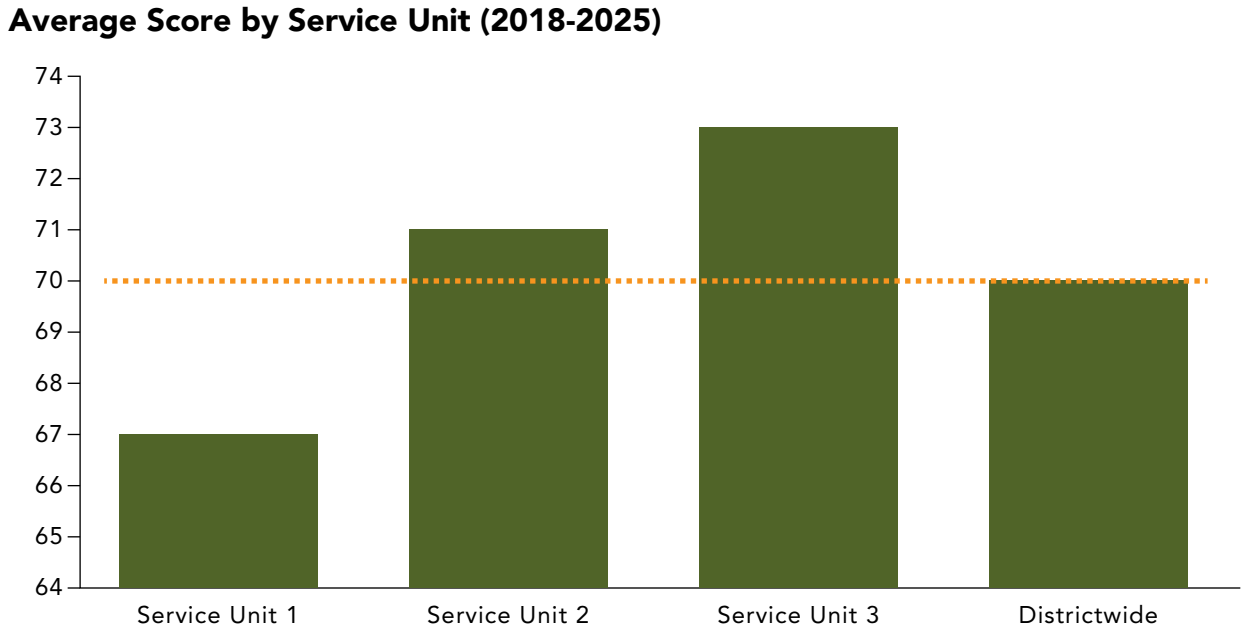
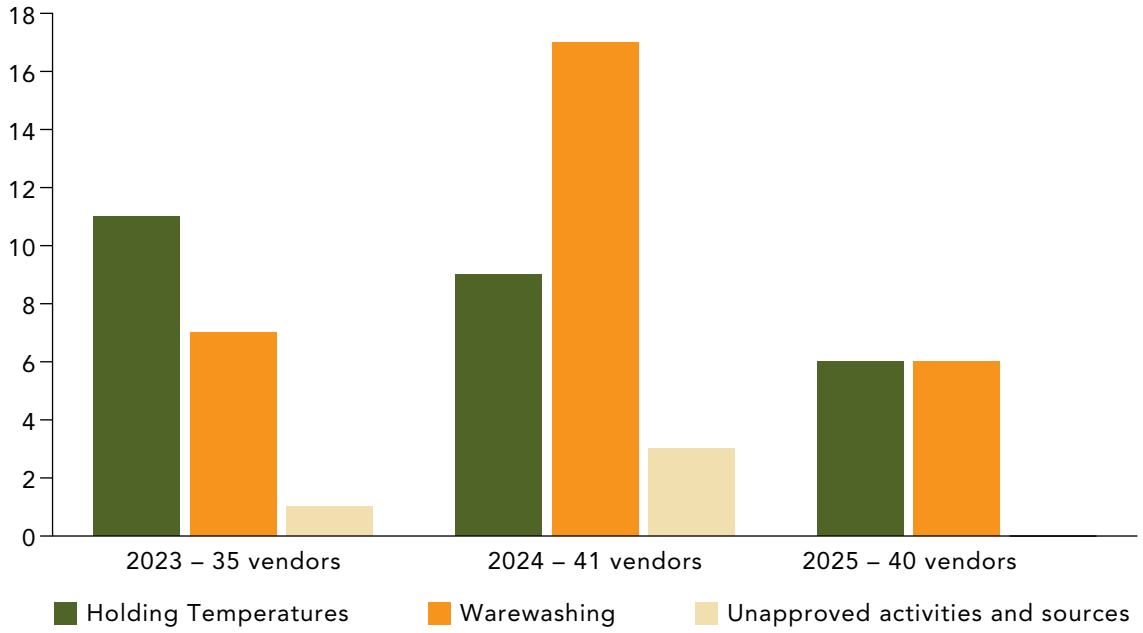


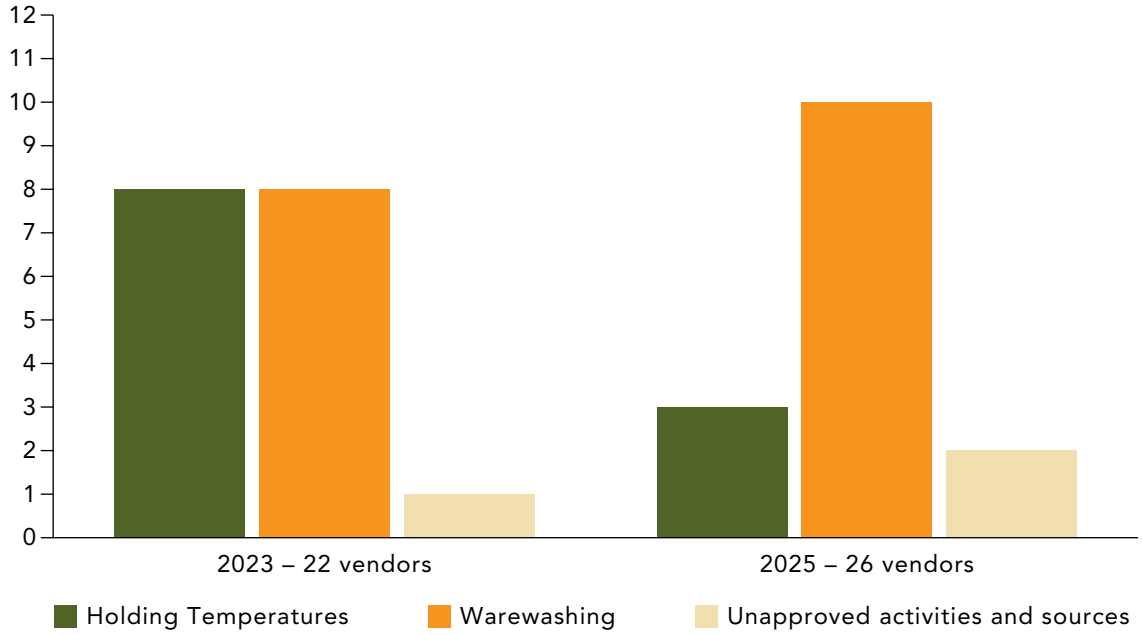
Figure 2 shows the average overall score by Service Unit and districtwide



Event 1



Event 2



Reducing Critical Findings at Temporary Food Events Through Advanced Planning and Enhanced Communication

Tatiana Burke, Chelsey Vega, Vincent Garcia
Phoenix Area

Introduction

The FDA and CDC identify 5 key risk factors for foodborne illness at temporary food events (TFE*): improper hot/cold holding temperatures, poor personal hygiene, inadequate cooking, contaminated equipment, and unsafe food sources*, with temperature control being a frequent issue due to limited facilities, increasing risk of rapid germ growth in the danger zone (41°F-135°F).

- Western Arizona District Office (WADO) Environmental Health Services (EHS) saw an influx of TFEs
- In 2025, EHS personnel assessed over 350 vendors in at least 10 large-scale events attended by over 10,000 people
- TFEs can pose operational, food safety and public health challenges for vendors, event organizers and IHS Environmental Health personnel
- With the high volume of TFEs and number of vendors operating at these TFEs, we are increasingly cognizant of the importance of working together with event organizers and vendors to assure proper food handling
- Cooperation and clear communication before, during, and after TFEs with stakeholders has been key to reducing findings at TFEs, particularly compared to findings of a prior year to the present at recurring events in one Service Unit

Methods

WADO personnel implemented these actions to ensure food safety at TFEs

Pre-event

- Reached out to event organizers and shared TFE guidelines
- Attended in-person meetings with key personnel (e.g. event organizer, site manager, fire marshal, police department)

- Fielded food safety and TFE booth set-up questions from vendors
- Huddled with survey personnel to discuss event strategy
- Offered food safety classes prior to scheduled TFEs

During the event
- Conducted walkthroughs of event grounds to assess vendor activities and event conditions
- Applied risk-based inspection methodology to vendor surveys
- Conducted re-inspections where applicable
- Discussed observations with organizers; enforcement actions taken by organizers as necessary

Post-event
- Debriefed with survey team (shared observations; what went well, what could have gone better, etc.)
- Shared a written event summary and lessons learned with key personnel

Results

Data collection and analysis focused on two events held annually in two communities within the Phoenix Service Unit (Event 1, and Event 2) over a three-year period. Data collected focused on the occurrence of three key findings: *holding temperatures, ware washing, and unapproved activities and sourcing.*

Discussion

Analysis of the data led to the following insights:
- Event 1: Worked closely with the organizers of this event over the years by communicating expectations and discussing findings with organizers and vendors while on site may have contributed to the overall decrease in findings in 2025
- Event 2: This was a unique situation in that this annual event did not occur in 2024. Despite communication with the organizer and vendors, an increase in two finding categories was noted; the return of the event in 2025 after a year without may have contributed to this increase
- Events 1 & 2: Findings related to ware washing were recurring as shown by the data and provides an opportunity to educate vendors on sanitizing procedures and obtaining test strips

Conclusions/Recommendations

- Continue to communicate expectations with event organizers and vendors in advance of events to assure safe food handling practices are recognized and upheld
- Be flexible – adjust survey approach to events (e.g. staffing for events with <10 vendors vs. >50 vendors; risk-based focus)
- Offer in-person or share new EHSC virtual specialized food handling training to vendors (focus on TFE guidance) prior to event
- Update TFE guidelines and share food safety handouts on topics such as holding temperatures, ware washing, and emphasize permissible activities and food sources at TFEs
- Hot-wash (i.e. debrief) after each event to determine what worked and where process improvements can be made; communicate the improvements to event organizers

Vectorborne & Communicable Diseases

Diseases transmitted through humans, insects, or animals present an ever-increasing burden on human health. A few examples of vectorborne or communicable diseases include West Nile virus, H5N1 (Avian Influenza), hantavirus, Rocky Mountain spotted fever, and plague.

The DEHS staff work on the elimination of risk factors by enhancing hazardous communications, reducing safety risk factors, enhancing tribal capacity, and conducting case investigations. Projects with an emphasis on vectorborne and communicable diseases conducted in 2025 are on the following pages.

Raising Awareness of Valley Fever

Alyssa Bernido
California Area

Introduction

Valley fever (coccidioidomycosis) is a disease mainly acquired via inhalation of airborne microscopic spores from the fungus, *Coccidioides* (pictured in the upper left corner) [1, 2]. This organism is endemic to the soil of the southwestern U.S., parts of Washington, Mexico, Central America, and South America [3, 4]. Most Valley fever cases are typically reported in Arizona (~70%) and California (~30%)[3]. Valley fever is not spread from person to person. Symptoms of infection closely resembles other common illnesses, such as pneumonia.

Valley fever is considered an emerging public health threat in California due to significant changes in precipitation patterns in recent years. In California, the number of cases of Valley fever have increase fivefold from 2001 to 2021 and are expected to continue to increase[5]. Pediatric cases of Valley fever have been increasing in California's Central Valley and Inland Empire in recent years[6]. To address this emerging environmental health threat, in 2018 the California Area Division of Environmental Health Services (CADEHS) initiated an effort to increase Valley fever awareness among healthcare professionals and empower IHS California Area tribal communities to make the best-informed decisions to decrease their risk of exposure and what to do in the event of possible exposure.

Methods

Presentations and public health education materials developed by CADEHS drew from scientific publications, public health data and guidance published by the Centers for Disease Control & Prevention, California Department of Public Health, Valley Fever Center for Excellence-University of Arizona, Stanford Healthcare Tri-Valley-Infectious Diseases, University of California Davis Center for Valley Fever, National Institutes of Health, Valley Fever Institute at Kern Medical, Occupational Safety & Health Administration, and Cal/OSHA. Presentations and public health education materials were marketed directly to tribal communities and tribal healthcare professionals where the risk for exposure is high.

Results

Since 2018, the IHS Clovis Field Environmental Health Officer has provided Valley fever presentations to IHS California Area OEHE staff and tribal communities in California's Central Valley. In 2025 the IHS Clovis Field Environmental Health Officer was invited to deliver presentations at the CAIHS Annual Tribal Leaders Consultation/Listening Session and at the Annual Healthcare Best Practices Conference for California Tribal & Urban Indian Healthcare Programs. Valley fever educational materials were made available at tribal health fairs and at regional tribal meetings organized by CAIHS.

Discussion

Presentations by the Clovis Field Environmental Health Specialist were well received by California Area tribal leaders, tribal Healthcare professionals and IHS OEHE staff. CADEHS will continue to monitor Valley fever data trends in our service area as well as market Valley fever public health education to tribal health and community facilities, particularly those serving children.

Conclusions/Recommendations

The next step in this initiative will be to proactively market technical assistance to tribal enterprises required to have a respiratory protection plan for their outdoor workers at risk of exposure.

1 https://doi.org/10.1016/B978-012373944-5.00184-X

2 https://www.cdc.gov/valley-fever/media/Facts-about-valley-fever-H.pdf

3 https://www.cdc.gov/valley-fever/media/pdfs/2024/04/coccidiomycosis-lifecycle508c.pdf

4 https://www.cdc.gov/valley-fever/index.html

5 Valley Fever under a changing climate in the US, Env. International 193 (2024) 109066

6 Valley Fever leaves lasting scars on kids, June 27, 2025, https://news.llu.edu/patient-care/valley-fever-leaves-lasting-scars-kids-families-warn-its-not-just-rural-problem

Fostering Smoke Readiness in California Tribal Communities

Carolyn Garcia
California Area

Introduction

Wildfires in California have increased in number, size and intensity since 2017, resulting in more frequent and severe smoke events affecting tribal communities. Recent research attributes over 50,000 premature deaths in California to wildfire smoke exposure between 2008 to 2018.[1] Tribal communities are especially vulnerable to the adverse health impacts of wildfire smoke due to their proximity to wildfire prone areas. Furthermore, tribal communities include a higher proportion of individuals sensitive to wildfire smoke namely children under the age of 18, elders, pregnant women and individuals with heart and respiratory illnesses[2, 3].

Methods

The California Area DEHS employed the public health approach to address the emerging public health threat of wildfire smoke. In 2018, DEHS began monitoring air quality of tribal communities near wildfires greater than 50 acres in size. Monitoring tools used included US EPA AirNow and US Forest Service BlueSky smoke models. DEHS monitors air quality daily using these tools from July 1 through mid-October each year.

Public health information regarding the health impacts of wildfire smoke and suitable measures to reduce exposure is provided directly to tribal community health contacts and also posted to an Area website dedicated to wildfire resources. Public health education efforts were expanded in 2023 with the development of a wildfire smoke toolkit that provides guidance on setting up community cleaner air shelters, developing facility smoke management plans and wildfire smoke health educational presentations. This toolkit was made available on the DEHS webpage as well as distributed to tribal contacts in the Area.

To foster the adoption of smoke management plans by tribal facilities, in 2024 DEHS staff began assessing each tribal childcare, Head Start, community building and healthcare facility for a smoke management plan. Facilities without such a plan were provided a template and offered assistance with tailoring the plan to their facility.

Finally, since 2018, DEHS caches N95 respirators and HEPA air purifiers for distribution to tribal health programs where the AQI is 101 or higher (Orange - Unhealthy for Sensitive Persons).

Results

Since 2018, DEHS has provided N95 respirators and HEPA air purifiers to tribal health programs (THPs) in areas experiencing an AQI of 101 or higher for distribution to vulnerable tribal patients. From 2018-2025, DEHS purchased and distributed 1062 HEPA air purifiers to 19 THPs. An additional 804 purifiers supplied by IHS National Supply Service Center were distributed from 2018-2023. Since 2018, DEHS has distributed 126,940 N95 respirators to 36 THPs accompanied by US EPA educational material on proper mask use.

Since 2023, DEHS has marketed wildfire smoke public health education to childcare centers, Head Starts, healthcare centers and community centers. A total of 6 presentations have been provided reaching 300 tribal employees and community members. In 2024, DEHS began systematically assessing tribal community facilities for smoke management plans. To date a total of 39 facilities have been assessed with 17% found having a plan.

Discussion

DEHS efforts have increased the readiness of tribal communities for wildfire smoke events. More vulnerable tribal members in California have access to clean air in their homes during wildfire smoke events. tribal leaders have expressed strong support for the distribution of N95 respirators and HEPA air purifiers though concerns remain regarding replacement filter availability.

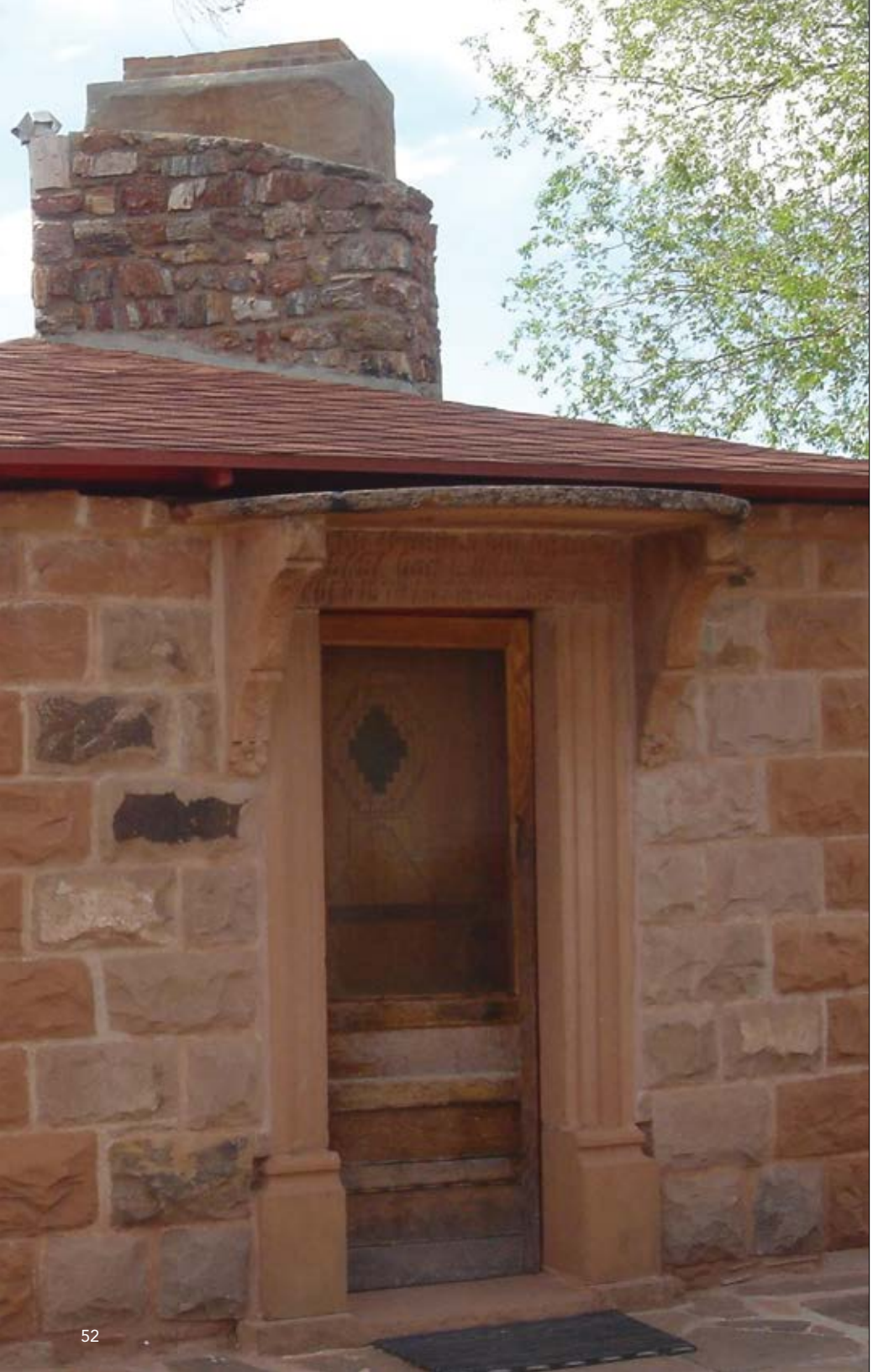
Conclusions/Recommendations

Despite progress, adoption of formal smoke management plans across community facilities remains low, indicating a need for continued advocacy, education and technical assistance.

1 *Sci Adv 10(23):eadl1252 doi: 10.1126/sciadv.adl1252*

2 HHS Office of Minority Health, Population Profiles: American Indian and Alaska Native Health, https://minorityhealth.hhs.gov/american-indian-and-alaska-native-health

3 CEIC United States Birth Rate: AI/AN https://www.ceicdata.com/en/united-states/birth-rate/birth-rate-american-indian-or-alaska-native



Healthy Homes

EH issues associated with housing on tribal lands present an ever- increasing set of complex challenges to be addressed. A few examples of EH related issues of concern are lead exposure, asbestos exposure, mold, disease vectors, lack of potable water, radon gas, solid and liquid waste disposal, injuries (e.g., fires, electrocution, and slips/ trips/falls), chronic chemical exposures, and asthma triggers.

Many programs focus on capacity building and education related to reducing asthma attack rates, mold and moisture problems, chemical exposure, and other events that are documented through health surveillance systems and through a home inspection program. Home inspections identify threats to the health of occupants and the DEHS staff focus on identifying and eliminating related risk factors.

EHOs and the ACT Ambassador Program – Reno District Office

Francis Park
Phoenix Area

Introduction

Asthma is a chronic respiratory condition that impacts many American Indian and Alaska Native (AI/AN) children and families. It can cause both short-term discomfort as well as long-term effects like decreased lung function, missed school days, and limited physical activity.

The IHS ACT (Asthma Control in Tribal Communities) Ambassador initiative is a "national leadership opportunity for professionals across Indian Health Service programs who are addressing environmental, social, and infrastructural conditions that shape tribal health outcomes."

Created in April 2023, ACT Ambassadors have been and are currently selected to represent their Areas through innovative, systems-focused projects that respond to real community needs. The ACT Ambassador initiative provides those within IHS with a platform to share solutions, strengthen partnerships, and support communication within the program.

Methods

An ACT Ambassador Initiative Guideline and Recommendations Document was created to provide step by step instructions for EH staff and details:

- Scope of Environmental Health Officers
- Applying to Become and ACT Ambassador
- Major Environmental Triggers for Asthma
- Home Assessments; and
- Best Practices

Guideline Contents

- Environmental Health Officers (EHOs) and the ACT Ambassador Program
- Why Should an EHO Become an ACT Ambassador?
- Background
- Strategic Initiative
- What It Means to Be an ACT Ambassador
- Apply
- Scope of Environmental Health Officers
- Major Environmental Triggers for Asthma
- Home Assessments
- Institutional Environmental Health
- Best Practices

- Appendix
- Example Application Email
- Example Referral Letter
- Initial ACT Ambassador Handouts
- Long-Form Guides for EHOs
- Checklists and Short-form Guides for Communities
- Trainings and Resources
- Useful Links
- References

Results

Asthma in tribal communities continues to be a concern among served populations, with current treatments being limited to the symptoms of exposure. The goal within the Phoenix Area is to register district and field environmental health staff to join the national ambassador registry, serving as a resource to conduct home assessments from clinical referrals. An 80% Area registration rate of available EH staff to the national database is the target goal for FY26.

Discussion

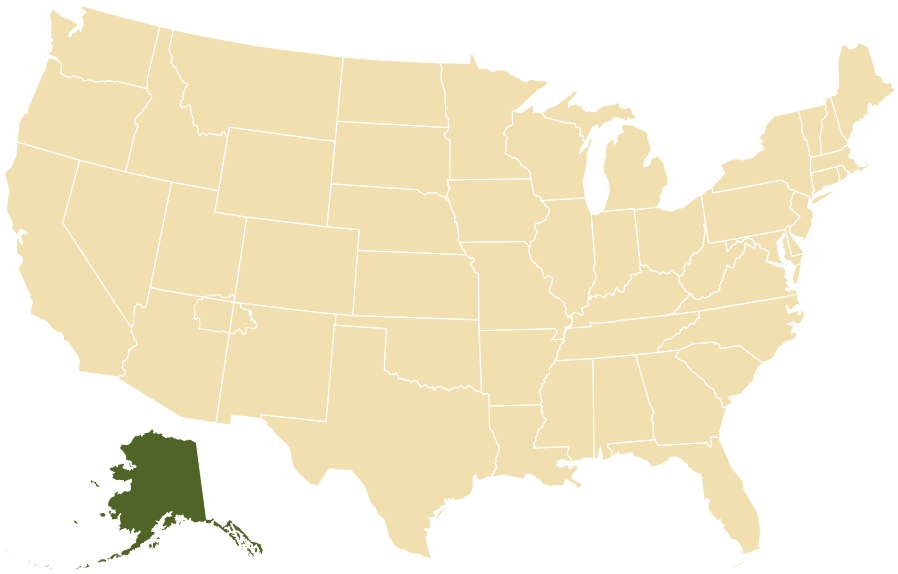
Environmental Health staff may have a role as ACT Ambassadors. The Reno District Office has currently submitted registration for all five EH staff. The national initiative needs qualified individuals to join the national database.

Conclusions/Recommendations

Actions taken during FY25 resulted in this comprehensive training document for the ACT Ambassador program. Measurable metrics for FY26 that will be monitored will include:

- Number of new EH ACT Ambassadors added to National Database; and
- Number of clinical referral home assessments conducted by Phoenix Area EH staff

Area DEHS Programs



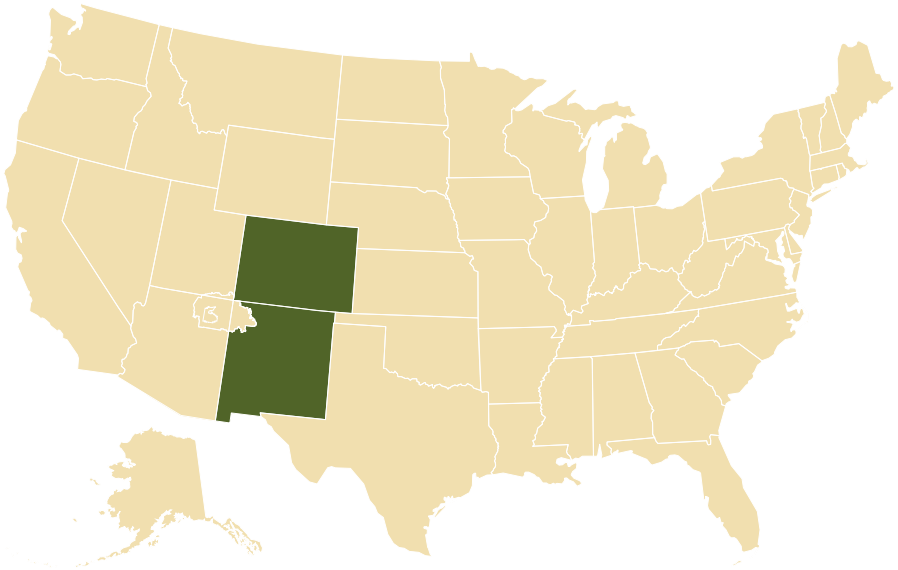
Alaska

EH programs in the Alaska Area are all tribally managed under the authority of the Indian Self-Determination and Education Assistance Act (Public Law 93-638), as amended. Seven regionally-based EH programs serve a specific geographical area. These organizations include the South East Alaska Regional Health Consortium (Sitka), the Bristol Bay Area Health Corporation (Dillingham), the Yukon- Kuskokwim Health Corporation (Bethel), the Norton Sound Health Corporation (Nome), the Maniilaq Association (Kotzebue), the Tanana Chiefs Conference (Fairbanks), and the Alaska Native Tribal Health Consortium (ANTHC, of Anchorage).

Typical services include assistance related to water, sewer, solid waste, air, and vector control activities. Other services include disease outbreak investigations, support for community-based clinics related to infection control and safety, and IP efforts. Additionally, several of the tribal EH programs operate State of Alaska certified drinking water laboratories that assist communities in ensuring the safety of their drinking water and ensuring compliance with state and federal regulations.

The regional EH programs, together with ANTHC, offer communities and tribes a comprehensive set of environmental health services that protect and enhance the wellbeing of AI/ANs.

Albuquerque



4101 Indian School Road, NE
Albuquerque, NM 87110
(505) 256-6815
https://www.ihs.gov/albuquerque/oehe/geh/

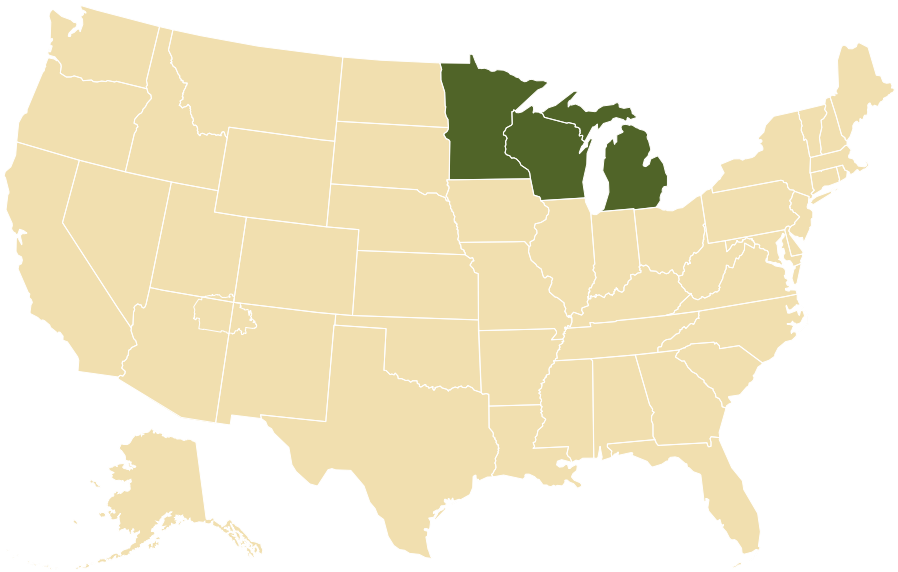
Number of tribes/pueblos: 26 total; all directly receive EHS services (note: multiple chapters counted under Navajo)

User population: 77,716 (FY24)

Staff: 14 (11 EH Generalists, 1 Injury Prevention Specialist, 2 Institutional EH Officer)

Field/District offices: Albuquerque District Office; Santa Fe District Office; Durango Field Office; Mescalero Field Office; Taos Field Office

Accomplishment: Advanced public health outcomes by enhancing food safety education and implementing air quality safeguards during facility improvements



Bemidji

2225 Cooperative Court
Bemidji, MN 56601
(218) 444-0503
https://www.ihs.gov/bemidji/areaservices/oehe/dehs/

Number of tribes/pueblos: 34 Tribes in total and 31 of them receiving direct services from the BAIHS, DEHS

User population: 100,202 (FY24)

Staff: 13 (11 EH Generalists, 1 Injury Prevention Specialist, 1 Institutional EH Officer)

Field/District offices: Minnesota District Office, Rhinelander District Office, Duluth Field Office, Mount Pleasant Field Office

Accomplishment: during a year of significant staffing challenges, including a 38% vacancy rate, the DEHS team completed 621 RRM-creditable environmental health surveys—exceeding the annual goal of 600. By retaining 100% of mid- to senior-level staff and relying on their experience and teamwork, the DEHS sustained a high standard of environmental health services for tribal communities.

Billings

2900 4th Avenue North
Billings, MT 59101
(406) 247-7099

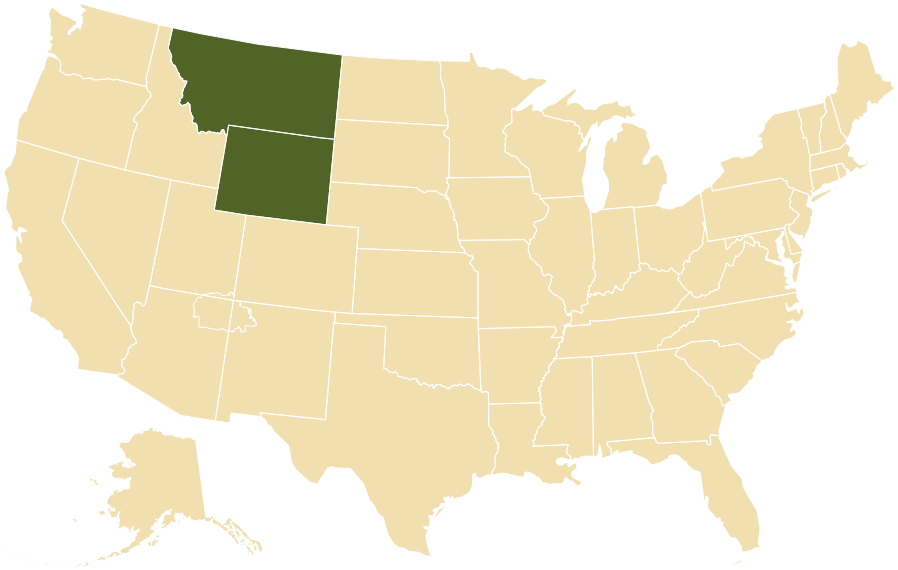
Number of tribes: 14 total; 2 receive services directly from DEHS

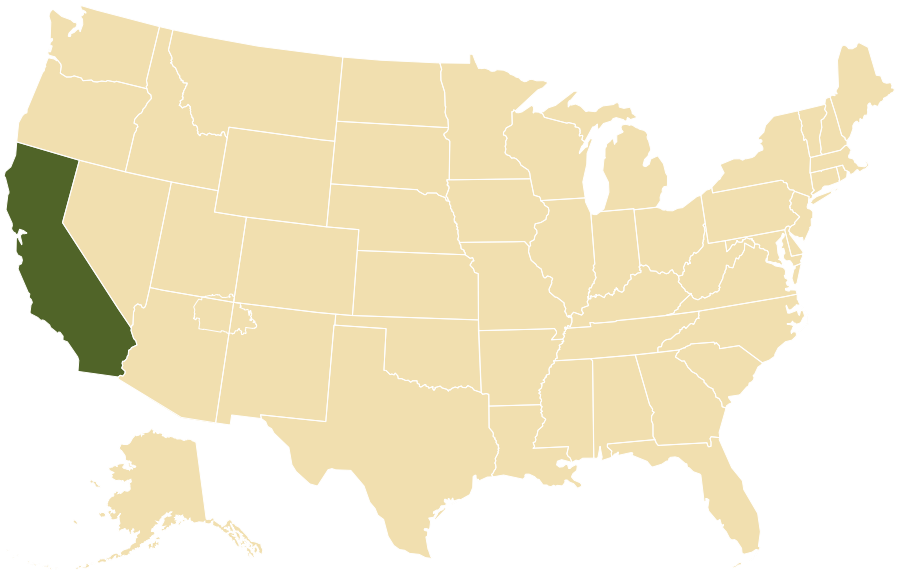
User population: 69,977 (FY23)

Staff: 5 (3 EH Generalists, 1 Injury Prevention Specialist, 1 Institutional EH Officer)

Field/District offices: Crow, Blackfeet, Eastern Shoshone

Accomplishment: Initiated an elder fall prevention project with the Eastern Shoshone Tribe; eight tribal staff members trained in the "A Matter of Balance" program and the Berg Balance Scale; tribal elders participated in the courses and were assessed for improvements in balance and strength





California

650 Capitol Mall, Suite 7-100
Sacramento, CA 95814
(916) 930-3981, ext. 336
https://www.ihs.gov/california/index.cfm/offices/oehe/dehs/

Number of tribes/pueblos: 97 tribes in total and 86 federally recognized tribes and 34 tribal health programs receive direct services from the CAIHS, DEHS

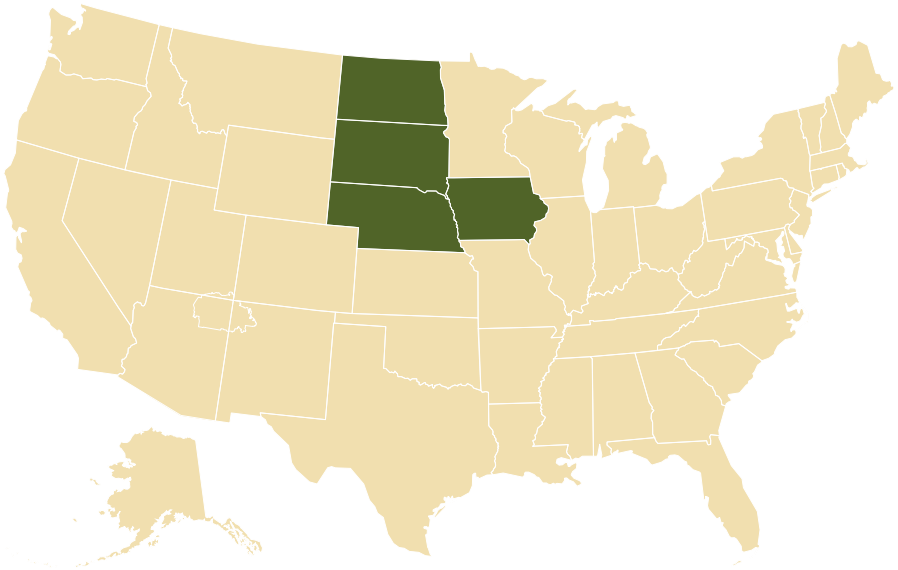
User population: 86,244 (FY24)

Staff: 7 (7 EH Generalists)

District/Field offices: Escondido District Office; Redding District Office; Sacramento District Office; Arcata Field Office; Clovis Field Office; Ukiah Field Office

Accomplishment: supported an injury prevention project which distributed 86 life jackets to children ages 0-12 and another project which distributed 18 roadside emergency kits to a rural tribal community

Great Plains



115 4th Avenue SE
Room 309, Federal Building
Aberdeen, SD 57401
(605) 226-7597
https://www.ihs.gov/greatplains/programs/officeofenvironmentalhealthandengineering/oeheenvironmentalhealthservices/

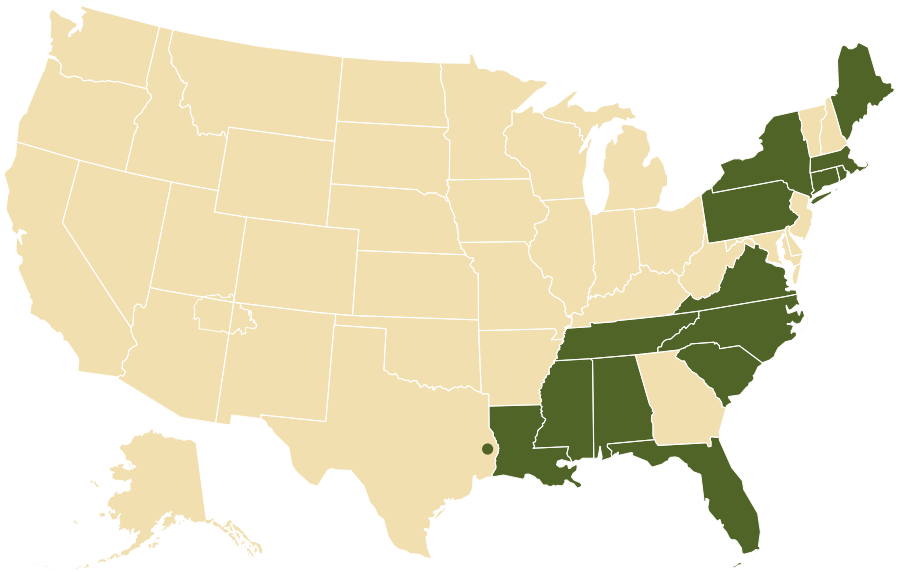
Number of tribes: 16

User population: 128,844 (FY 24)

Staff: 16 (12 EH Generalists, 1 IP Specialist, 1 Safety Manager, 1 IEHOs, 1 Staff Sanitarian)

District/Field Offices: Minot District Office, Pierre District Office, Sioux City District Office; Field Offices/Service Units: Dunseith, Sisseton, Rosebud, Pine Ridge

Accomplishments: hired a Safety and Health Manager; Field staff effectively covered workload from vacancies



Nashville

711 Stewarts Ferry Pike
Nashville, TN 37214
(615) 467-1622

Number of tribes: 36 total; 27 receive services directly from DEHS

User population: 57,792 (FY24)

Staff: 3 (2 EH Generalists; 1 IEHO)

Accomplishment: emphasized injury prevention awareness to foster local injury prevention capacity, resulting in new TIPCAP applications from five tribes, and one being awarded

Navajo

P.O. Box 9020
Window Rock, AZ 86515
(928) 871-5807

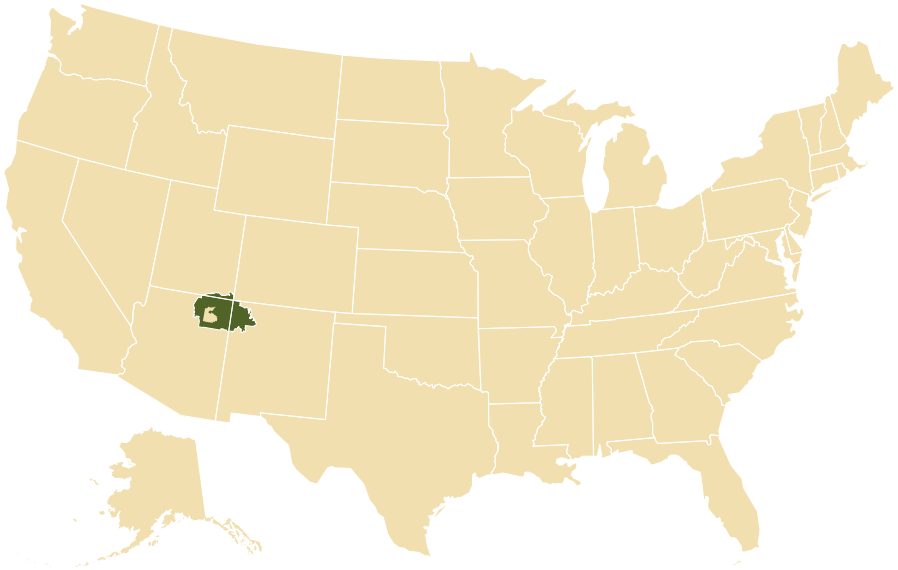
Number of tribes/pueblos: 1

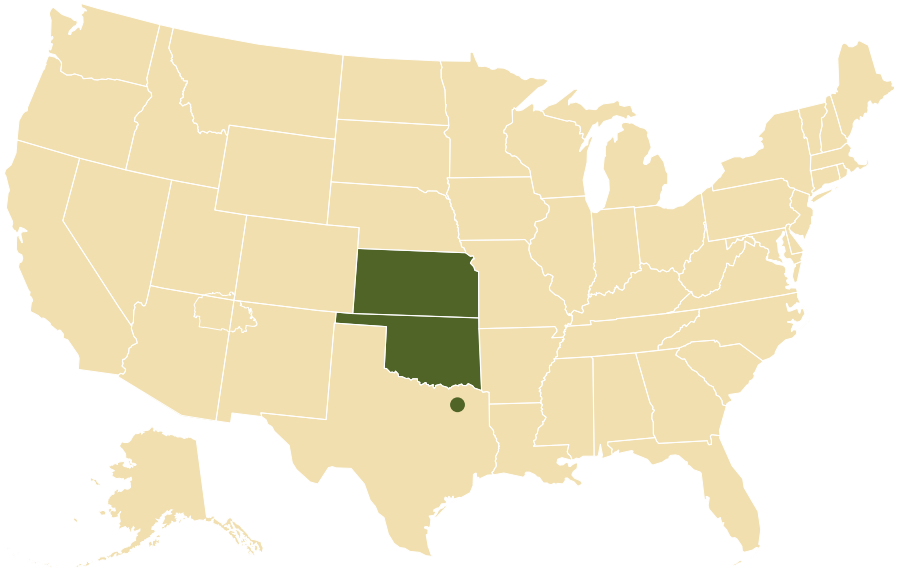
User population: 215,326 (FY24)

Staff: 26 (20 EH Generalists, 3 Injury Prevention Specialist, 3 Institutional EH Officer)

District/Field offices: Gallup District Office; Shiprock District Office; Fort Defiance Field Office; Kayenta Field Office; Many Farms Field Office

Accomplishment: Tai Chi Easy was implemented in the communities of Crownpoint and Gallup, where four Environmental Health Officers were trained to assist the instructor. Tai Chi Easy benefits elderly tribal members and is an effective fall prevention strategy. In addition, the injury prevention staff collaborated with the Navajo Nation's Just Move It campaign to incorporate Tai Chi Easy as an alternative to walking.





Oklahoma City

701 Market Drive
Oklahoma City, OK 73114
(405) 951-6001
https://www.ihs.gov/oklahomacity/oehe/dehs/

Number of tribes: 43 total; 28 receive services directly from DEHS

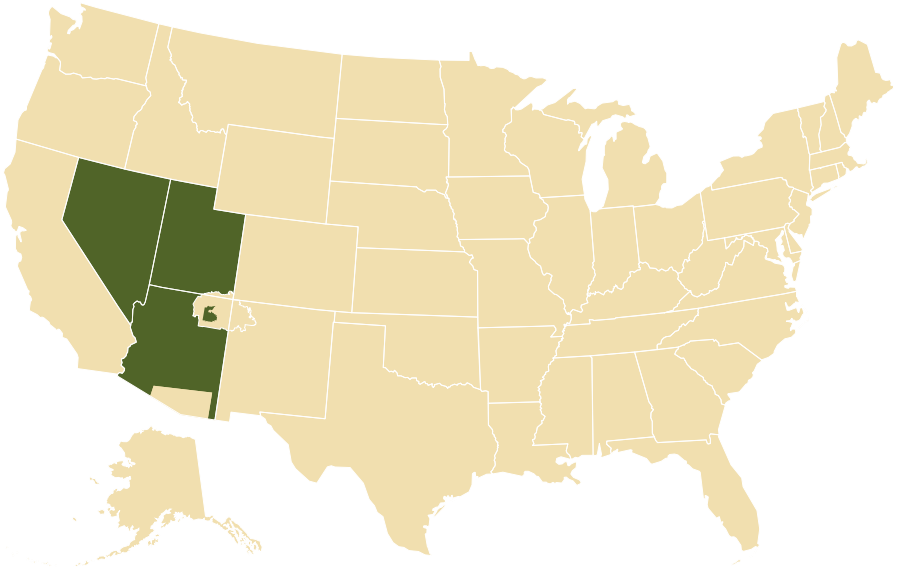
User population: 418,540 (FY24)

Staff: 10 (8 EH Generalists, 1 Injury Prevention Specialist, 1 Institutional EH Officer)

District/Field offices: Okmulgee District Office; Pawnee District Office; Clinton Field Office; Holton Field Office; Lawton Field Office; Shawnee Field Office

Accomplishment: conducted mock accreditation surveys at all Oklahoma City Area federal health facilities

Phoenix



40 North Central Avenue, Suite 720
Phoenix, AZ 85004
(602) 364-5068
https://www.ihs.gov/phoenix/programsservices/enviromentalhealth/

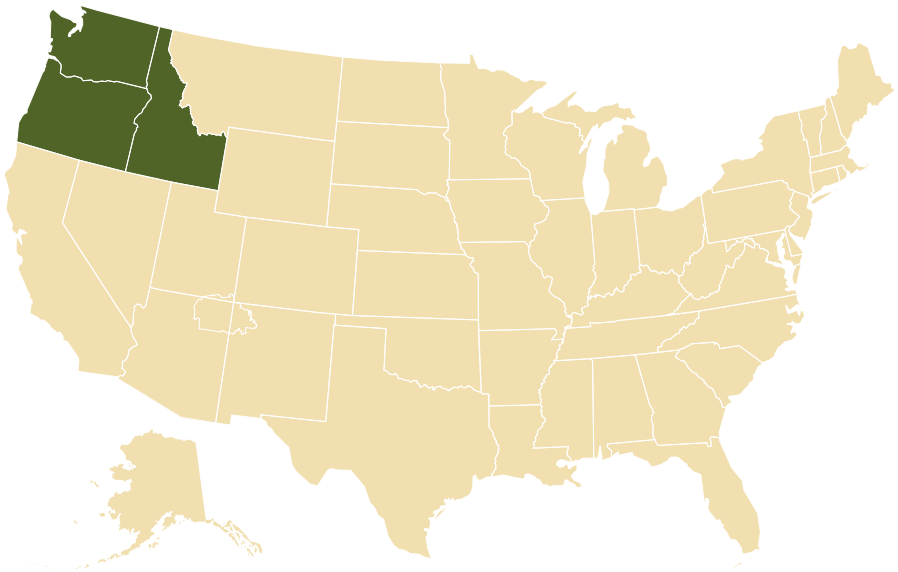
Number of tribes: 46 total; 44 Receive services directly from DEHS

User population: 173,874 (FY24)

Staff: 29 (22 EH Generalists, 4 Injury Prevention Specialist, 2 Institutional EH Officers; 1 EMPOC)

District/Field offices: Eastern Arizona District Office; Reno District Office; Western Arizona District Office; San Carlos Field Office; Whiteriver Field Office; Hopi Field Office; Schurz Field Office; Owens Valley Field Office; Elko Field Office; Fort Duchesne Field Office; Phoenix Field Office; Fort Yuma Field Office; Colorado River Field Office

Accomplishment: hosted the IHS Hospital Safety Officer Course at the Phoenix Indian Medical Center and the IHS Ambulatory Safety Officer Course at the Reno Sparks Tribal Health Center



Portland

1414 NW Northrup Street, Suite 800
Portland, OR 97209
(503) 414-7774
https://www.ihs.gov/portland/dehs/

Number of tribes/pueblos: 43 total; 6 receive services directly from PAIHS, DEHS

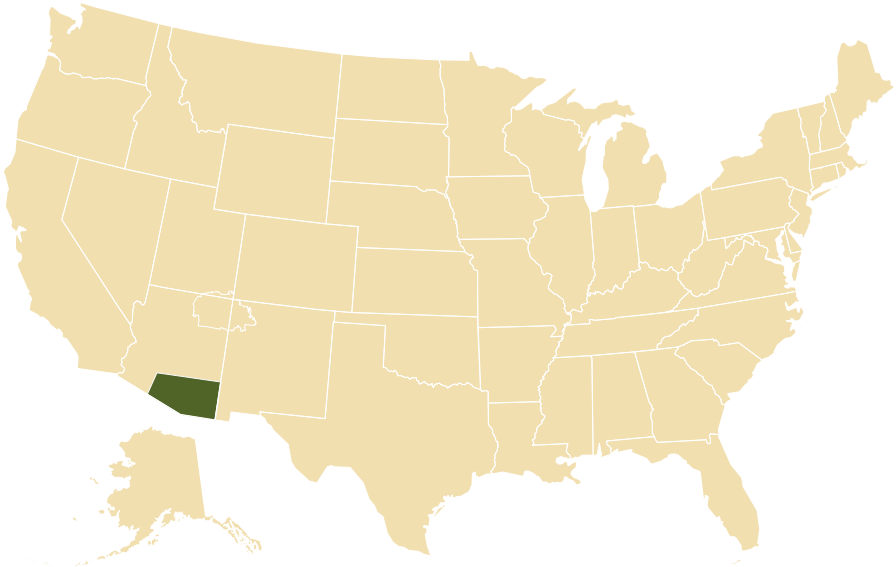
User population: 107,524 (FY24)

Staff: 2 (2 EH Generalists)

District/Field offices: Yakama Field Office

Accomplishment: hired District Sanitarian, implemented pre-construction risk assessment, and hosted safety officer course

Tucson



7900 South J Stock Road
Tucson, AZ 85746
(520) 295-5629

Number of tribes: 2 total; 1 receives services directly from DEHS

User population: 25,732 (FY24)

Staff: 2 (2 EH Generalists)

District/Field offices: San Xavier, AZ

Accomplishment: increased visibility at tribal sponsored education and outreach events, including annual wellness event, back-to-school events and tribal recognition celebrations

The Division of Environmental Health Services

INDIAN HEALTH SERVICE • U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANNUAL REPORT 2025

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Division of Environmental Health Services
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