

## ISSUE

Disparities in health status are affected by access to health services. Health care services are constrained by the condition of existing Indian Health Service (IHS) and tribal health care facilities and the need for expansion or replacement of many buildings.

## BACKGROUND

Indian health care services are provided in over 500 IHS and tribal health care facilities scattered throughout many states, mostly in rural and isolated areas. Total space is over 1.4 million square meters, of which the government owns 65% and the tribes 35%. For most Indian people, IHS-supported programs are the only source of health care. No alternative sources of medical care are available in many cases.



The IHS Hospital in Albuquerque, New Mexico, was constructed in 1934.

## SITUATION

Many facilities are severely overcrowded, in part because existing facilities need to proportionately expand space to house the increased staff needed to meet the increased health service needs. Consequently, when a facility is replaced, the new one typically will be three times larger than the old one. This expansion provides space for some new services, but much of it is to accommodate existing staff and programs. At the current rate of funding for replacement facilities, it will take more than 30 years to fund the projects on the IHS health facilities construction priority list. Furthermore, this list provides only a partial picture of the total need for facilities expansion or modernization.

The IHS does not have sufficient resources to address ongoing operation and maintenance needs, and deficiencies not addressed are added to backlog each year. This backlog (IHS and tribal) is approaching \$500 million. In terms of medical equipment and building and systems equipment, the IHS and tribal health programs have not been able to keep pace with the drastic changes in medical practices over the years. Medical and laboratory equipment, which has an average useful life of 6 years, generally is used at least twice that long in Indian health care facilities. Reliability of building equipment can be severely compromised, and the potential consequences are compounded by the isolated, rural settings of most facilities.

## OPTIONS/PLANS

- Construction and maintenance of health care facilities have been identified as a current services need for the IHS because facilities are necessary for maintaining access to health care services.
- The IHS is developing new ways to meet space needs, including cooperative ventures with tribes and others. The IHS provides technical support for tribes who are seeking alternative (non-IHS) funding to build or expand health facilities.
- To supplement limited equipment resources, the IHS and tribes, in cooperation with the Department of Defense, receive excess military equipment and supplies through Project TRANSAM.

## ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.

*This issue summary should be used in conjunction with the IHS "Heritage and Health" and "IHS Profile" documents, available at <http://info.ihs.gov>*

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