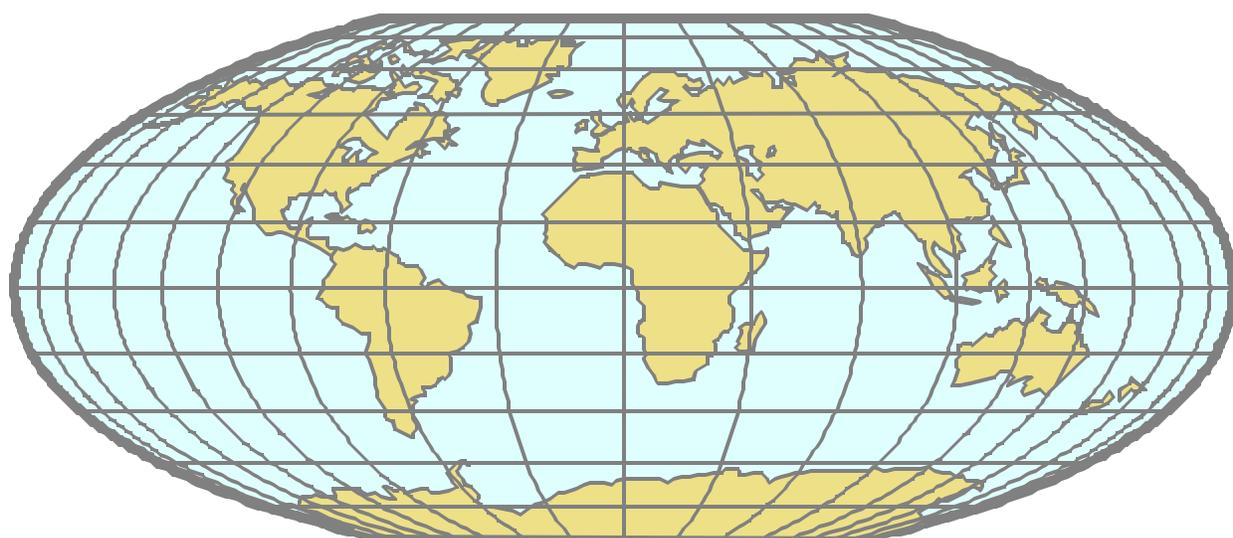
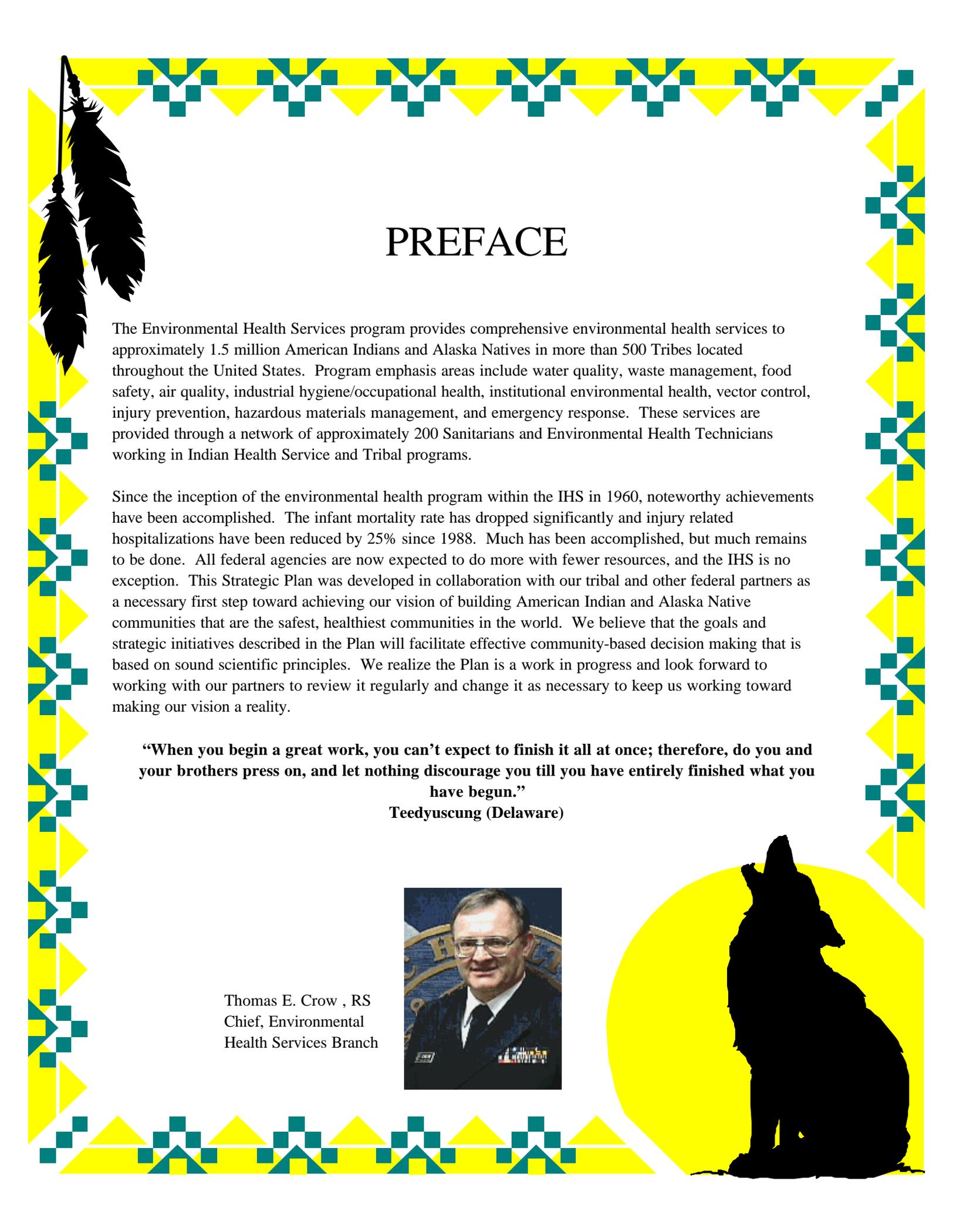


INDIAN HEALTH SERVICE
ENVIRONMENTAL HEALTH SERVICES
BRANCH

STRATEGIC PLAN 2000-2004



*Building the Safest, Healthiest
Communities in the World*



PREFACE

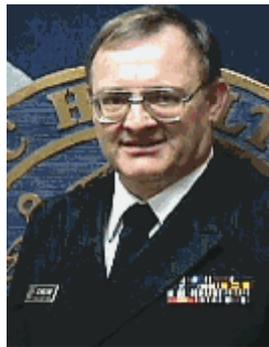
The Environmental Health Services program provides comprehensive environmental health services to approximately 1.5 million American Indians and Alaska Natives in more than 500 Tribes located throughout the United States. Program emphasis areas include water quality, waste management, food safety, air quality, industrial hygiene/occupational health, institutional environmental health, vector control, injury prevention, hazardous materials management, and emergency response. These services are provided through a network of approximately 200 Sanitarians and Environmental Health Technicians working in Indian Health Service and Tribal programs.

Since the inception of the environmental health program within the IHS in 1960, noteworthy achievements have been accomplished. The infant mortality rate has dropped significantly and injury related hospitalizations have been reduced by 25% since 1988. Much has been accomplished, but much remains to be done. All federal agencies are now expected to do more with fewer resources, and the IHS is no exception. This Strategic Plan was developed in collaboration with our tribal and other federal partners as a necessary first step toward achieving our vision of building American Indian and Alaska Native communities that are the safest, healthiest communities in the world. We believe that the goals and strategic initiatives described in the Plan will facilitate effective community-based decision making that is based on sound scientific principles. We realize the Plan is a work in progress and look forward to working with our partners to review it regularly and change it as necessary to keep us working toward making our vision a reality.

“When you begin a great work, you can’t expect to finish it all at once; therefore, do you and your brothers press on, and let nothing discourage you till you have entirely finished what you have begun.”

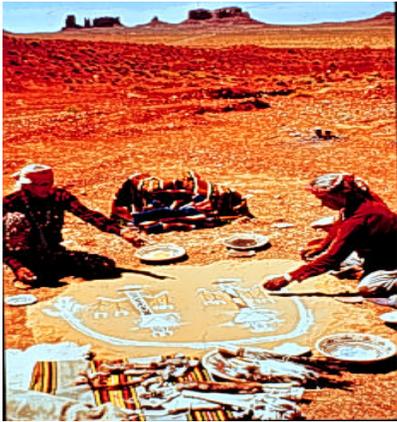
Teedyuscung (Delaware)

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Health Services Branch



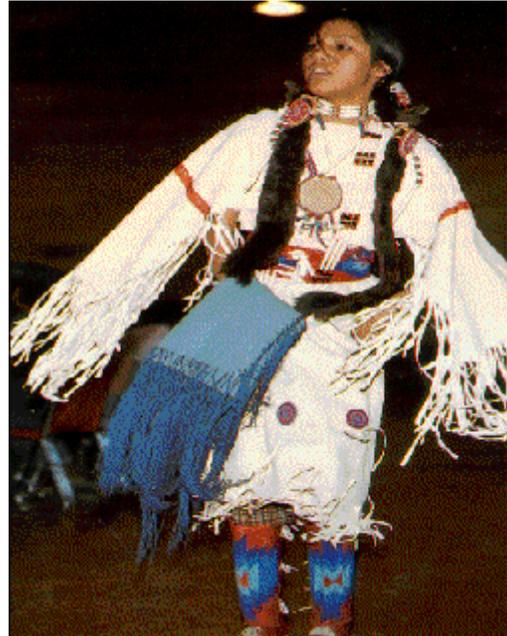


Our Mission: Through shared decision making, enhance the health and quality of life of all American Indians and Alaska Natives to the highest possible level by eliminating environmentally related disease and injury through sound public health measures.



Our Vision: Every American Indian and Alaska Native will live in a safe, healthy environment. Community based environmental health programs will utilize sound public health practices and resources to achieve the lowest disease and injury rates in the world.





Core Values

Excellence

We value excellence in the quality of the services we provide.

Tribal Sovereignty

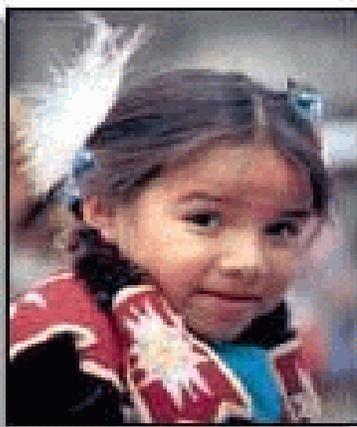
We value the sovereignty of the Tribes and recognize them to be the ultimate authority over the types and acceptability of the services we provide.
We value the government to government relationship with Tribes and will maintain an open, honest relationship that is based on mutual respect.

Responsiveness

We value being responsive to Tribal needs and being inclusive of community values and input.

Public Health Focus

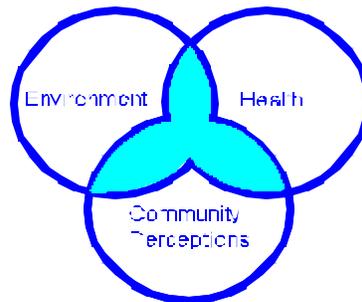
We value human health and will make the preservation of human health our primary consideration in making program management decisions.



Introduction and Organizational Philosophy

The Environmental Health Services (EHS) program of the Indian Health Service has been in existence since 1960. Throughout its existence the EHS program has maintained its primary mission of protecting public health through risk-based community health interventions. Environmental health services programs are created as a result of the dynamic interface between environmental protection and environmental health issues within the context of community perceptions of risk (Figure 1). Because our primary mission has always been the protection of health, we are not primarily associated with environmental protection programs. However the relationship between the environment and health is such that the separation between environmental health and environmental protection cannot be clearly defined. Similarly, Tribes have a unique relationship with their environment such that the health of the Tribe and the health of the land are connected in ways that cannot be scientifically quantified but are very real. Finally, community perceptions of risk and resulting demands may necessitate that our program incorporate activities that may not have a conclusively demonstrated association with human health.

Figure 1. Environmental Health Program Interaction Model



In 1998, the Environmental Health Services Program Managers agreed that the time had come to re-evaluate the status of the program. During the annual Branch Chiefs meeting held in Phoenix, Arizona in March of 1998, the Managers began a strategic planning process that was intended to define program philosophies and strategic objectives for the first decade of the twenty-first century. The outcome of the Phoenix meeting was a description of program strengths and weaknesses, program stakeholders, and a general approach for further development of the strategic plan. Subsequent to the Phoenix meeting it was agreed that for the strategic planning process to be optimally effective, two things needed to be incorporated into the process that were not present in Phoenix: (1) The process needed input early on from as many internal and external stakeholders as possible, and (2) The overall process would be enhanced through the use of a professional facilitator. With those thoughts in mind, Headquarters Managers enlisted the assistance of Strategic Focus, Inc. to facilitate a follow-up session in Nashville, Tennessee in February of 1999. To encourage stakeholder involvement in the session,

Headquarters agreed to fund travel for one Tribal representative per Area to attend the meeting and sent formal invitations to other Federal agencies who may have an interest in the process. The planning session was held at the Doubletree Hotel in Nashville, Tennessee on February 9-10, 1999. This Plan is the outcome of that meeting.

The issues to be resolved and the needs to be met are far too great for any one program to effectively address individually. In order for this Plan to succeed, the IHS must work in close partnership with the Tribes and other federal programs. The IHS may lack the resources and authorities to do certain things, but other federal and Tribal programs are so equipped and authorized, and by working together we can make our vision a reality. Finally, the ultimate success of the Plan will be determined by how well we all work together to build the capacity of each Tribe to exercise their right to self-determination. Some Tribes may elect to exercise that right by assuming the program under Title I or Title III, while others may exercise their right by electing to have the government continue to provide the services. In either instance, the program still belongs to the Tribe and the Plan is designed to work toward placing the Tribe in the driver's seat in determining the scope and direction of the services that are provided to their people.



Strategic Initiative 1: Maximize the utilization of available resources by optimizing the integration and coordination of program activities and the accountability of program resources.

There are a variety of resources within the government that are available to Tribes, however these resources are sometimes difficult to identify and efforts are sometimes duplicated among two or more agencies. Furthermore it is understood that the EHS program of the Indian Health Service lacks the resources and the legislative authorities to provide all of the services that will be required to adequately meet the needs of American Indian and Alaska Native communities. This initiative will be targeted toward enhancing Tribal access to IHS and other governmental resources and promoting more effective coordination between the agencies and the Tribes to prevent the duplication of effort and wasting of resources.

GOAL 1. Review internal management structures of the IHS environmental health services program to optimize the ability of the program to provide services to the Tribes.

Objective 1.1 By September 30, 2000, clarify the Environmental Health Services Resource Requirement Methodology and its relationship to other programs funded by the Environmental Health Support Account and ensure that the process is understood by the Areas and the Tribes.

Objective 1.2 By September 30, 2001, complete an external evaluation of EHS program management and policy development procedures.

Objective 1.3 By September 30, 2001, develop and distribute an inventory of all environmental health resources that are available to the Tribes that provides a description of the services and a point of contact.

Objective 1.4 By September 30, 2002, review all existing Interagency Agreements that involve the Environmental Health Services program to eliminate those that no longer support the program mission and enact other agreements that are needed.

GOAL 2. Establish a formal process to facilitate program collaboration among the Tribes and federal programs.

Objective 2.1 By September 30, 2001 conduct regional and national meetings in which Tribes and federal programs meet to discuss methods by which resources may be more efficiently utilized.

Objective 2.2 By September 30, 2002 establish advisory groups in each area and at the headquarters levels to facilitate program integration and collaboration.

Objective 2.3 By September 30, 2004, formalize tribal-government relationships to support and enhance the Tribe's position as the primary coordinating point for the integration of federal resources.



Strategic Initiative 2: Maximize the recruitment, retention, and development of environmental health program staff.

GOAL 1. Promote the career growth and professional development of Environmental Health Services program staff.

Objective 1.1 By September 30, 2001 conduct a continuing education needs assessment for all IHS field staff.

Objective 1.2 By September 30, 2002 establish formal mid and upper level management training internships that include rotations through a variety of IHS and Tribal environmental health programs.

Objective 1.3 By September 30, 2002 create a formal fellowship program in environmental health practice and epidemiology that will be open to all IHS and Tribal environmental health staff.

Objective 1.4 By September 30, 2004 establish cooperative agreements with Tribal and State governments that ensure continuing career opportunities for IHS and Tribal Sanitarians.

GOAL 2. Establish a system to effectively market career opportunities among AIAN youth that will enable the program to increase the total numbers of AIAN field staff.

Objective 2.1 By September 30, 2000 establish formal relationships with accredited universities to enhance the recruitment of AIAN students.

Objective 2.2 By September 30, 2001 conduct a survey to determine how more AIAN students may be recruited into the field of environmental health.

Objectives 2.3 By September 30, 2004 establish an environmental health internship program to provide summer employment opportunities for high school students.

Objective 2.4 By September 30, 2004 establish an accredited 2-year associate degree program in environmental health/injury prevention in one tribal college per Area.



Strategic Initiative 3: In collaboration with Tribal communities, identify critical environmental health needs in American Indian and Alaska Native communities and use the data to develop a congressionally funded budget initiative.

GOAL 1. Conduct environmental health needs assessments in every AIAN community.

Objective 1.1 By September 30, 2000 develop and field test a community assessment instrument.

Objective 1.2 By September 30, 2001 complete community assessments and develop community action plans for 30% of all AIAN communities.

Objective 1.3 By September 30, 2002 complete community assessments and develop community action plans for 60% of all AIAN communities.

Objective 1.4 By September 30, 2003 complete community assessments and develop community action plans for all AIAN communities.

GOAL 2. Develop a comprehensive data system to promote the surveillance, analysis and control of community environmental health conditions.

Objective 2.1 By September 30, 2000 identify the core data set that will be needed to track community environmental health conditions.

Objective 2.2 By September 30, 2001 have a comprehensive data management system in place to track community environmental health conditions.

GOAL 3. Secure congressional funding to support the unmet environmental health need in AIAN communities.

Objective 3.1 By September 30, 2001 establish a collaborative framework of partners and advocates that will support Tribal efforts to raise the visibility among members of Congress of the need for environmental health services.

Objective 3.2 By September 30, 2002 develop a long range funding plan for environmental health services.

Objective 3.3 By September 30, 2003 submit a funding proposal to Congress for meeting the unmet need for environmental health services.



Strategic Initiative 4: Develop a system to market the successes and capabilities of the Environmental Health Services program.

GOAL 1. Develop and implement a marketing plan to share successes and generate a passion for environmental health among the Tribes and within the IHS.

Objective 1.1 By September 30, 2000 establish a national web site for the environmental health services program that is affiliated with the Indian Health Service web site.

Objective 1.2 By September 30, 2001 establish linkages to each Area web site upon which each Area EHS program can highlight information of local significance.

Objective 1.3 By September 30, 2001 develop a variety of electronic, video, and printed materials that can be used to market the environmental health services program at local, national and international meetings.

GOAL 2. Increase environmental services program visibility at the national, area and local levels.

Objective 2.1 By September 30, 2001 develop a plan to exhibit environmental services program information at national professional and tribal meetings, such as the National Environmental Health Association, the National Indian Health Board, the American Public Health Association, etc.

Objective 2.2 By September 30, 2003 conduct formal programs in each Area to highlight the field of environmental health, such as health fairs, environmental health camps, etc.

Conclusion

Since the inception of the environmental health program within the IHS in 1960, noteworthy achievements have been accomplished through the unified efforts of environmental health practitioners in the IHS, Tribes, and other federal agencies working together. The infant mortality rate has dropped significantly, due in part to basic environmental health improvements. Similar reductions have been seen in the area of injury prevention, where the efforts of IHS and Tribal/Corporation EHS staff in a variety of injury prevention initiatives have been instrumental in reducing injury related hospitalizations by 25% since 1988. Much has been done, but much remains. We have begun a great work which will neither be easily completed nor quickly dispatched. Our greatest work is yet before us.

