

Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

JUNE 2, 2022



Opening Remarks



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Tribal and Urban Leadership Call

IHS COVID-19 Updates



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Strategy 1 - Prevent

- Get vaccinated, including boosters!!!
- Significant probability of a wave in the Fall/Winter
- Getting vaccinated is the key to decreasing the impact of another wave
- Wear a N95 or KN95 in closed, poorly ventilated place
- Keep your distance
- Good hand hygiene

American Indian/Alaska Native Vaccination Rates

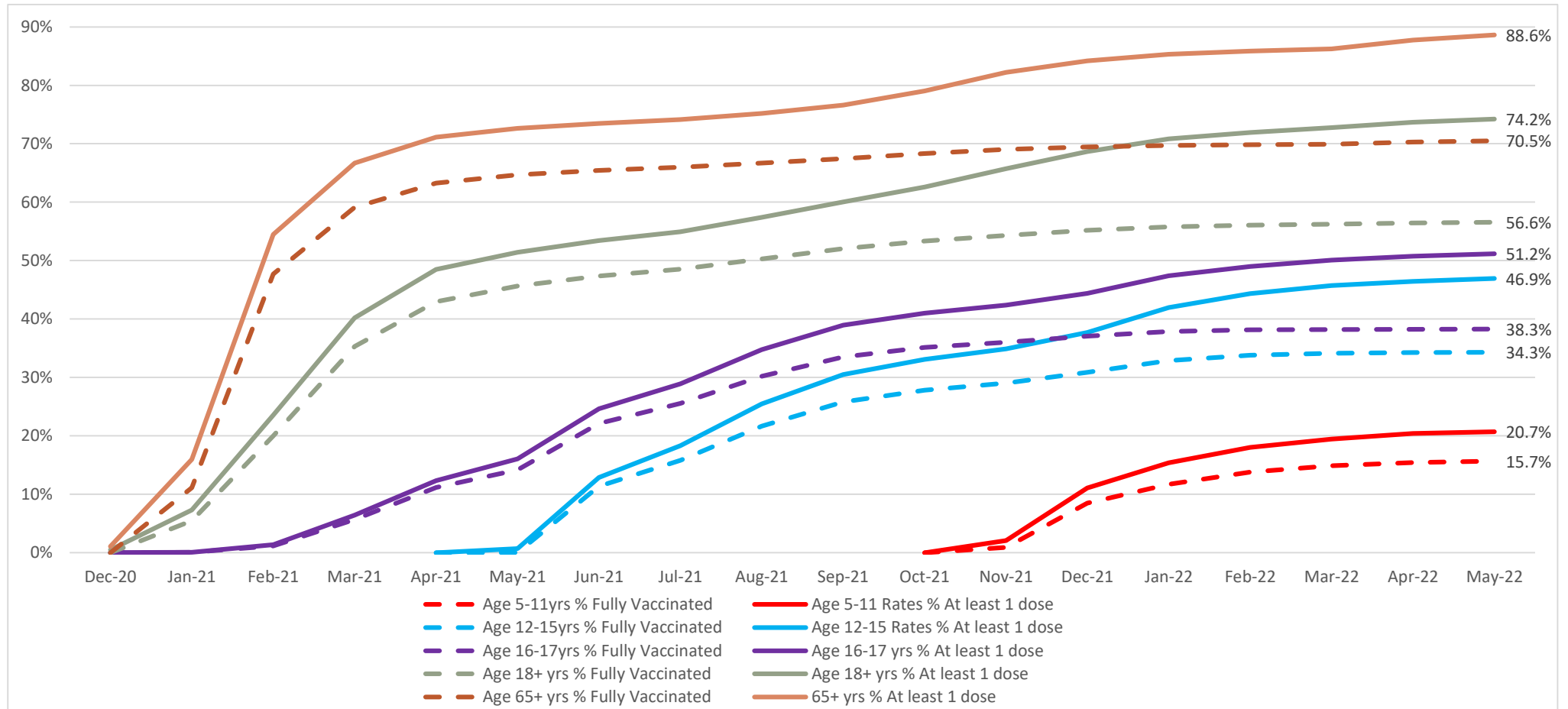
Data reflective of 5/24/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least One Dose	Fully Vaccinated	% Fully Vaccinated Who Received Additional (3 rd & Any Booster) Doses
Age 65 and older	88.6% (131,277)	70.5% (104,480)	59% (61,614)
Age 18 and older	74.2% (633,078)	56.6% (482,359)	44.1% (212,904)
Age 12-17	49.3% (72,009)	36.3% (53,065)	21.1% (11,188)
Age 5-11	20.7% (37,499)	15.7% (28,430)	N/A

Data Considerations:

- All data is from the IHS COVID-19 Dashboard
- Second boosters are not yet displayed separately in the IHS COVID-19 Dashboard
- A significant number of administered doses have been given to “Unknown Race”. Areas are actively working to determine if race data can be recovered.
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.

AI/AN Vaccination Rates and Trends



Boosters for 5-11yrs

- The FDA authorized and CDC endorsed a single booster dose for children ages 5-11 years
 - For children with healthy immune systems, boosters should be administered **5 months** after the 2-dose primary COVID-19 vaccine series.
 - For children with weakened immune systems, boosters are recommended after completion of a primary 3-dose series (primary series followed by an additional dose 4 weeks later). A booster dose should be offered **3 months** after the additional dose.

Strategy 2 - Detect

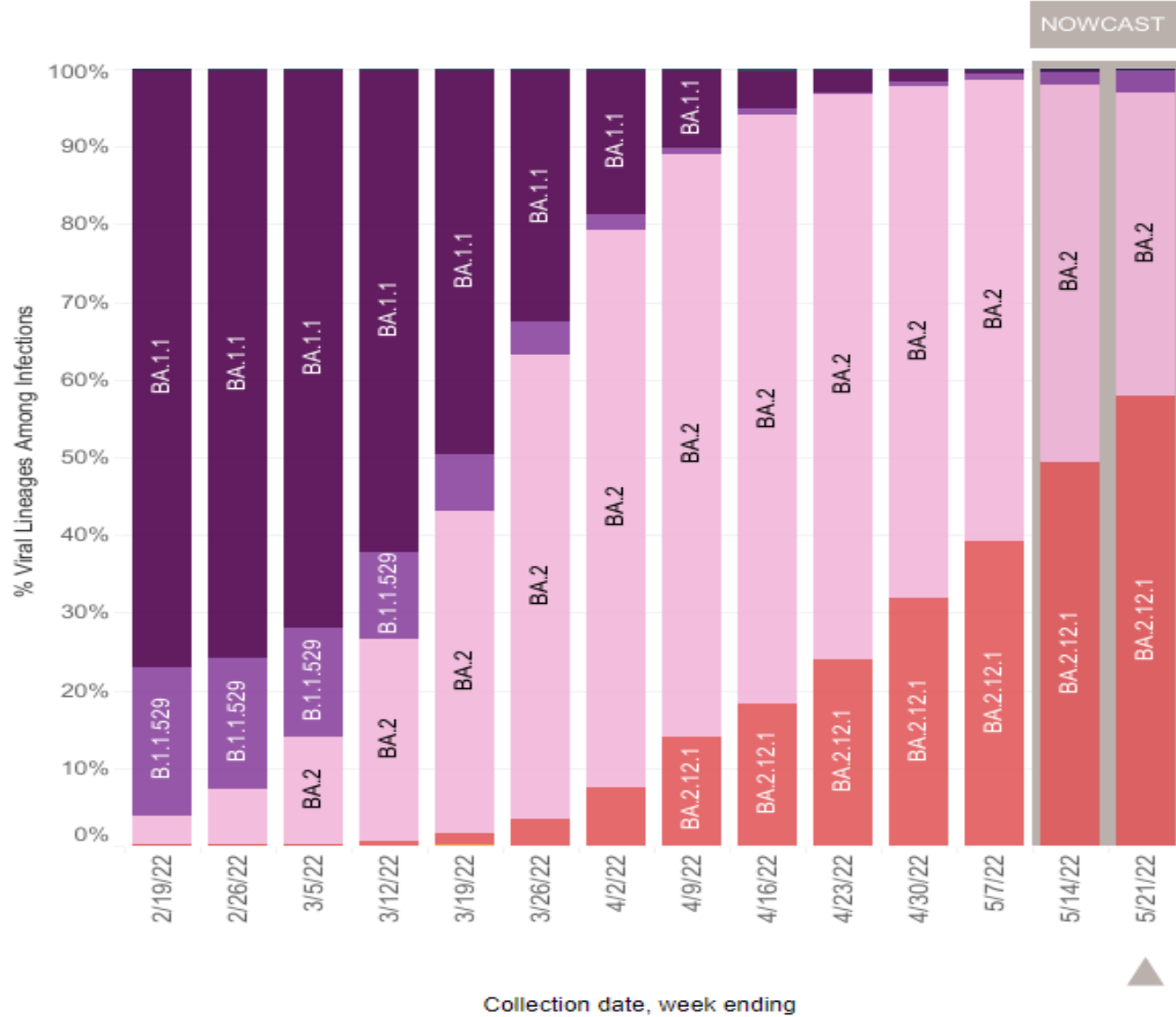
- 4.4 million tests have been performed, 11.3% positive
- Current 7-day rolling positivity is 9.5%
- Home testing: many kits sent out, supply is available and still encourage use

Omicron

BA.2.12.1 accounts for 57.9% cases, BA.2 accounts for 39.1% cases

More transmissible!!

Expect some increase in cases for 3-4 weeks



USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2.12.1	VOC	57.9%	52.8-62.9%
	BA.2	VOC	39.1%	34.2-44.2%
	B.1.1.529	VOC	2.8%	1.6-4.9%
	BA.1.1	VOC	0.1%	0.1-0.1%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.1-0.2%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3, BA.4, BA.5 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1 and its sublineages, BA.2 sublineages are aggregated with BA.2.

Strategy 3 - Treat

- Therapeutics: Monoclonal antibody therapy is available
 - Remdisivir is approved for outpatient treatment
 - Bebtelivomab is approved for outpatient treatment
- Evusheld used as a pre-exposure prevention
- The 2 oral antivirals are approved
 - Molnupiravir and Paxlovid

Test and Treat

Established Test and Treat for our facilities

We have test and treat sites operational

Closely follow the use of the anti-viral medications

Clinical guidance was provided to the IHS areas

Currently available at pharmacies, LTC, FQHC and
federal and tribal healthcare sites

<https://aspr.hhs.gov/TestToTreat/Documents/Fact-Sheet.pdf>

Strategy 4 - Recover

- Monitoring and care of those who have had COVID-19 who may have Long Covid syndrome
 - Long COVID -19 task force activated
 - Create partnerships with academic centers for specialist support
- *Long COVID-19 facts sheets in development
important report to be issued this summer

Long COVID

Persistent symptoms and/or delayed or long term complications of SARS CoV-2 infection beyond 4 weeks from the onset of symptoms

- Subacute COVID-19 which includes symptoms and abnormalities present from 4-12 weeks acute COVID-19
- Chronic or post-COVID-19 syndrome, includes symptoms and abnormalities persistent or present beyond 12 weeks from the onset of acute COVID-19 and not attributable to alternative diagnosis

Symptoms

Fatigue

Headache

Shortness of breath

Chest pain or discomfort

Cough

Persistent loss of smell and/or taste

Joint pain; muscle aches and pain/weakness

Sore throat

Memory loss

Brain fog (difficulty concentrating, sense of confusion or disorientation)

Symptoms

Dizziness

Low-grade, intermittent fever

Rapid or irregular heartbeat (palpitations)

Anxiety

Depression

Post-traumatic stress disorder (PTSD)

Insomnia

Earache, hearing loss, and/or ringing in ears (tinnitus)

Rashes

Diarrhea, nausea, and/or abdominal pain

Diminished appetite

Hair loss

Long COVID-19 sequelae

Pulmonary

Hematologic

Cardiovascular

Neuropsychiatric

Renal

Endocrine

Gastrointestinal

Dermatologic

MIS-C

Disability

Guidance on “Long COVID” as a Disability Under the ADA, Section 504, and Section 1557



**U.S. Department of Health
Human Services**
Office for Civil Rights

U.S. Department of Justice
Civil Rights Division
Disability Rights Section



Trauma Informed Care

Important to recognize the role that trauma from violence, victimization , colonization and systemic racism plays in the lives of American Indians and Alaska Native populations

The delivery of trauma-informed services is essential

There must be an understanding of the profound physical, biological, psychological, spiritual and social effects trauma and violence can have on individuals, families and communities

The IHS workforce must be educated and trained to respond effectively to this trauma, which affects many patients and our staff in the IHS.

This will help to build on the strength and resiliency of the AI/AN people

Trauma Informed Care

Trauma-informed policies, practices and interventions

Mandatory training for all IHS employees

Increase and improve capacity for promoting relational well-being

Improve patient outcomes by increasing understanding of the direct impact of traumatic experiences have on health and how that patient engages in healthcare

Create Trauma-informed Organization

Multi-disciplinary workgroup

Mandatory training for IHS staff, contractors and volunteers

Organizational assessment looking at domains

- Staff development support
- Safe and supportive environments
- Planning services
- Enhance patient advocates
- Policies to support TIC

This organizational transformation will create a safe, supportive environment for all of our patients and staff

Indian Health Service

Infrastructure Investment and Jobs Act

FY 2022 Funding Allocation Decisions

Jillian Curtis

IHS Chief Financial Officer

Indian Health Service



Infrastructure Investment & Jobs Act Funding

The Infrastructure Investment & Jobs Act provides \$700 million per year, for FY 2022 – FY 2026.

Funding Category	Annual Amount	Total Amount
Project	\$675,500,000	\$3,377,500,000
Salaries, Expenses, and Administration (up to 3% total)	\$21,000,000	\$105,000,000
DHHS OIG (0.5% Total)	\$3,500,000	\$17,500,000
Total	\$700,000,000	\$3,500,000,000[^]

[^]Provided further, That of the amounts made available under this heading, up to \$2,200,000,000 shall be for projects that exceed the economical unit cost and shall be available until expended.

Infrastructure Investment and Jobs Act (2021)

- ❑ The IHS provided a virtual learning session on the Infrastructure Investment and Jobs Act funding on December 9, 2021 at the monthly IHS Tribal and Urban Indian Leader call.
- ❑ The IHS then conducted virtual Tribal Consultations on the IJA on December 14 and 22, 2021, and January 5, 2022.
- ❑ The IHS accepted written comments through January 21, 2022 and received 26 written submissions for the IJA consultation.

IIJA Consultation Common Themes

- Common themes from Tribal Consultation noted that the IHS should:
 - Use the data in the SDS to allocate funds, and follow the direction of the IIJA by providing support for economically infeasible projects,
 - Prioritize allocation of funds where the majority can be used to immediately construct projects,
 - Provide sufficient funding for planning and design activities to get projects ready to fund, and weigh these resources toward projects that address higher deficiencies,

IIJA Consultation Common Themes *(continued)*

- Common themes from Tribal Consultation noted that the IHS should:
 - Coordinate with Tribes and other federal Agencies like USDA and EPA to develop a plan to address ineligible costs and discuss how to maximize community benefit of the projects,
 - Create a plan to address the full need for SFC projects in Tribal Communities, and remove any unnecessary limitations that were previously used to allocate limited funding, and
 - Continue to seek annual, ongoing funding to address the full scope of SFC needs, including requesting any additional administrative costs necessary to implement the IIJA funds.

FY 2022 Funding Allocation Decisions

(dollars in millions)

Activity	FY 2022 IJA
Tier 1 Project Construction Costs	\$581.2
Tier 1 Project Design & Construction Documents	\$59.8
Tier 2 & Tier 3 Project Planning, Design, & Construction Documents	\$33.0
Special & Emergency Projects	<u>\$1.5</u>
<i>Subtotal, Regular Project Funding</i>	<i>\$675.5</i>
HHS Office of the Inspector General (0.5%)	\$3.5
Salaries, Expenses, and Administration (3%)	<u>\$21.0</u>
Total	\$700

Tier 1 Project Construction Costs

The FY 2022 allocation fully funds construction costs for 475 Tier 1 Projects, when combined with FY 2022 annual appropriations. Tier 1 Projects are considered ready to fund because the planning phase for each project is complete.

- **Total Funding:** \$581 million, including \$232 million in econ. infeasible projects
- **Total Projects:** 475 including 76 economically infeasible projects
- **Total Ineligible Costs:** \$118 million

Tier 1 Project Design & Construction Document Creation

The FY 2022 allocation includes \$60 million for design and construction document creation for Tier 1 Projects.

- While planning is complete for Tier 1 Projects, design and construction document creation activities are not yet complete.
- These steps must be finalized before a construction contract can be initiated through Federal or Tribal procurement methods.

Tier 2 & Tier 3 Planning, Design and Construction Document Creation

The FY 2022 allocation includes \$33 million for planning, design, and construction document creation for Tier 2 and Tier 3 Projects.

- **Tier 2 Projects:** 661 projects totaling \$2.2 billion
- **Tier 3 Projects:** 361 projects totaling \$505 million
- Tier 2 projects have a well understood deficiency and a recommended solution. Tier 3 projects have an identified deficiency, but are still in the planning phase and recommended solutions are still being identified.

The IHS will also use FY 2022 annual appropriations to support these activities.

Other Activities

The FY 2022 allocation also provides:

- \$1.5 million for special and emergency projects;
- \$3.5 million for the HHS Office of the Inspector General; and
- \$21 million for salaries, expenses, and administration.

Funding Mechanisms

The IHS will use its existing funding mechanisms for Sanitation Facilities Construction projects.

- These funding mechanisms include:
 - **Direct Service projects** through FAR contracts, or Tribal Procurement.
 - **Tribally-operated projects** through ISDEAA construction contracts (25 C.F.R. 900 Subpart J, 42 C.F.R. 137 Subpart N).

Questions & Answers

Next Tribal Leader and UIO Leader Call:

July 7, 2022



