

## **IHS Strategic Plan 2018-2022**

*Summary of Comments received October 23-27, 2017*

The following is a summary of comments received on the draft IHS strategic framework.

### **IHS Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.**

- Social/Spiritual health is not responsibility of IHS.
- Tie IHS mission to HHS's.
- IHS preamble should tie to the HHS strategic plan and emphasize the on-going tribal consultation as much as possible, reference national committee meetings and regional and local levels too.
- Provide quality health care, preventative health services, and assist in improving the health environment in order to raise the health status of individual AI/AN's within a culturally sensitive environment.
- No government agency should be responsible for "securing" the "spiritual" welfare of any people. People are too diverse to have any one "spiritual" means "assured" by their friendly government agency AND, there is in this country, a separation of church and State.

### **IHS Vision: A health system that promotes Tribal ownership and pride.**

- An effective and high quality health system improving overall health.
- Mention federal government's obligations.
- Should mention employees.
- Word "ownership" continues to be an issue.
- Should promote timely and equal access to care, also needs to quantify the obligations of the federal government.
- Provide quality health care, preventative health services, and assist in improving the health environment in order to raise the health status of individual AI/AN's within a culturally sensitive environment.
- Supportive and reliable Tribal public health system partner focused on protecting and improving health while recognizing and respecting Tribal sovereignty.
- A health system that promotes employees engagement, patient outcomes and tribal confidence.

### **Goal 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.**

#### **Objective 1.1 Recruit, develop and retain a dedicated, competent, caring workforce.**

- Build more 2 or 3 bedroom houses
- Make incentives for medical personnel moving and working in a remote area like hospital accepting the insurance card offered by the government as a preferred provider
- Improve USA Jobs
- Need to properly review, rate and rank applicants before they are placed on a panel
- Provide incentives for health care professionals moving to remote areas, i.e., having IHS facilities accept the insurance they are members of.

- A worldwide doctor exchange service where we trade some US doctors for a couple of years for some Aussie docs, or Philippine docs, or English docs, or German docs. It could be like a military overseas assignment.
- I know we want to retain talented medical staff in out of the way places. However, when all the fun, grocery shopping, vet, hairdresser, etc. is 150 miles away it seems like its “mission impossible”. Even as DOD has MWR and has their own O clubs, bowling alleys and art rooms, movie outings, etc., it would be too complex to do this even with just a good grocery store because of the infrastructure, support, and potential for crime. However, what if instead, you had 2 or 3- whatever it takes for this land in the middle of nowhere- emergency clinics so people could have emergency medical care and staff them with staff that rotates out so they do not get burned out, and then issue “vouchers” for the medical facilities that are 150 miles away and run a good minivan/bus service to get folks to their appointments? Maybe it would be cheaper than trying to hire and retain hospital staff and hospital support staff? OR how about mobile Bus clinics?

**Objective 1.2. Build, strengthen and sustain collaborative relationships.**

- Opiates is a great example of ways HHS can reduce barriers. There are several agencies (SAMHSA, BIA, HRSA, NIH, others) that address opioids, there should be ways to streamline funding instead of tribes having to find all those grants and apply with different reporting requirements.
- Faith-based organizations and community partners should be involved as they also provide health services.

**Objective 1.3 Increase access to quality health care services.**

- Include preventive public health services to reduce or eliminate risk of illness or injury.
- Distance to care presents challenges in relation to access to care for diabetes and cancer.
- Prevention as well a treatment for opioid crisis.
- Information is needed on tele-health and tele-medicine efforts.
- Culture is prevention.

**Goal 2: To promote excellence and quality through innovation of the Indian Health system into an optimally performing organization.**

- Should be broader than “health care system” since that does not include things like water and sewer.
- Optimize organization performance to promote excellence and quality through innovations of the Indian Health Service program.
- Should measure performance with targets and quality data.

**Objective 2.1 Create quality improvement capability at all levels of the organization.**

- A patient satisfaction survey that includes appointment time, recommendation this system to friends and family, etc. Santa Fe out performs Mayo clinic in these areas.

**Objective 2.2 Provide care to better meet the health care needs of Indian communities.**

- Culture is prevention.
- Environmental determinants of health (many tribes deal with superfund sites that have not been cleaned up, drinking water toxins), trauma informed care (tribes have been adversely impacted by the boarding school era with lasting impacts on health), and social determinants of health (housing, community gardens, adequate nutrition are all important). Healthier living supports is needed for all genders throughout the life span as care starts in the womb for many American Indian people.
- Need for oncology services – there are several abandoned uranium mines on the Navajo reservation, there is also a lack of education on potential exposures (health literacy for cancer)
- More information is needed on tele-health and tele-medicine efforts in Indian Country

**Goal 3: Strengthen IHS program management and operations.**

- Raise organizational expectations to secure, measure, report and effectively manage assets and resources.

**Objective 3.1 Improve communication within the organization, with Tribes and other stakeholders and with the general public.**

- Communication with the employees is poor. Good employee moral leads to better service.
- Advisory committees are needed to intersect and relay information across global issues.

**Objective 3.2 Secure and effectively manage the assets and resources.**

- Expand Self-Governance – i.e., early childhood development centers, preschool, etc.
- Support the expansion of Medicaid.
- Tribes should be allowed to determine their needs and be consistent with AI/AN. Medicaid benefits – i.e., Navajo Nation deals with four states resulting in unequal access and benefits for their enrolled members.
- Tribes do not work well with block grants, need to modify how these grants are administered.
- Streamline for reporting, funding, and other opportunities such as SAMHSA, BIA, NIH and others.
- Clarification is needed on how HHS funding streams are allocated, i.e., should CDC be the only agency to receive public health activities funding?
- Joint venture is a good thing.
- Address infrastructure - tribes that don't have broadband, running water, etc.

**Objective 3.3 Modernize information technology and information systems to support data driven decisions.**

- Good data of what exists now, industry standards and recommendations are, what quality measures are compared to what the IHS baseline is compared to top a notch health care system in the country.
- Modernize the HIT system for IHS RPMS or COTS, to the extent that those recommendations and needs for implementation can be fleshed out.
- We need quality data of what exists and what is needed.