
IHS MISSION: TO RAISE THE PHYSICAL, MENTAL, SOCIAL, AND SPIRITUAL HEALTH OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST LEVEL.

Questions to consider:

Should it be changed?

If changed, should there be wording changes?

If changed, should they be new ideas or major changes?

Comments

- Important to freshen up from time to time (i.e. mental to behavioral health). Consider adding 1-2 other statements.
- Word changes
 - Use highest potential
 - Use behavioral instead of mental
 - Use psycho-social instead of social
 - Highest level does not tie back to specific number of percentage.
 - How to measure spiritual – is it appropriate for federal government
 - Use potential instead of highest level.
 - Use culturally humble/relevant
- Additional concepts
 - Add cultural sensitivity/relevant/humble
 - To provide high quality programs, services functions and activities to all AI/AN physical and psycho-social health to reach full potential
 - environment
 - Tie mission to HHS's
 - Add preamble
 - Tie to tribal consultation
 - Add quality.

IHS VISION: A HEALTH SYSTEM THAT PROMOTES TRIBAL OWNERSHIP AND PRIDE.

Questions to consider

Is a vision necessary?

Are there alternatives to the words ownership and pride?

Should it be more inclusive?

Should new concepts be added?

Comments

- Not needed - 3
- Word changes
 - Ownership – 12
 - Partner rather than ownership
 - Ownership confusing with self-determination, direct service, self-governance, sovereignty and actual status of ownership
 - A health system that attracts combined ownership and creates healthy communities for the next generation
 - Indian Health Care for Indian People in a supportive healing environment that foster Tribal ownership and pride
 - What creates prides and how to measure
 - Reflect all ITU and AI/AN
 - Seamless integration of ITU system
- Additional concepts
 - Accountability/Leadership
 - Mention employees
 - A health system that promotes employees engagement, patient outcomes and tribal confidence
 - A holistic system that is a valued part of Tribal communities
 - Promote tribal sovereignty 2
 - Resources
 - Reflects quality and a well-resourced healthcare system – 2
 - Address funding and resources – 3
 - Native focus
 - A native focused health system that delivers high quality adequately staffed services in a culturally humble manner
 - Native focused health system providing high quality in culturally humble manner
 - Incorporate tribal medicine
 -
 - Healthy Life
 - To Lead in the evolution of healthcare to enable every Native America/Alaska Native to enjoy a better, healthier life
 - Focus on strong/healthy
 - An effective and high quality health system improving overall health
 - 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
 - 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 healthy communities.

Questions for all goals

Are additional goals needed?

Are wording changes needed for goals and objectives?

Are new objectives needed or should they be included under a different goal?

Comments

GOAL 1: TO ENSURE THAT COMPREHENSIVE, CULTURALLY ACCEPTABLE PERSONAL AND PUBLIC HEALTH SERVICES ARE AVAILABLE AND ACCESSIBLE TO AMERICAN INDIAN AND ALASKA NATIVE PEOPLE.

Word changes

- Use Federally Recognized Tribes and Alaska natives
- Use culturally appropriate, respectful, responsive, informed, sensitive

OBJECTIVE 1.1 RECRUIT, DEVELOP AND RETAIN A DEDICATED, COMPETENT, CARING WORKFORCE.

- Word changes
 - Trauma informed skilled workforce attuned to needs of specific AI/AN populations served.
 - Devoted, rather than dedicated
- Provider benefits
 - Address commute times for providers.
 - Provide mentorship and leadership training.
 - Provide more competitive pay, private sector - 2
 - 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 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
 - New incentives for trained professionals.
- Hiring process
 - Address duration of advertising to hire and turn-around time for re-advertisement.-2
 - Develop a successful program to recruit and retain a competent workforce.
 - IHS human resources seems to be very limited in their ability to process electronic employment applications in an expedited manner
 - Improve USA Jobs
 - Need to properly review, rate and rank applicants before they are placed on a panel
- Standards
 - Address standards of care in terms of number of patients seen by providers

- Address consistency of staff.
 - Use metrics to evaluate recruitment and retention of workforce
- Expand workforce
 - Employ tribal members.
 - Expand use of community aides- 2
 - 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
 - Technical support and education to develop staffing models such as physician assistants
 - Invest in native youth

OBJECTIVE 1.2. BUILD, STRENGTHEN AND SUSTAIN COLLABORATIVE RELATIONSHIPS.

- Word changes
- Collaborations
 - Work with other agencies to increase funding and improve quality.
 - Increase partnerships/engagement with sister agencies.
 - Include all service providers in VA agreement.
 - Collaborate to develop HPDP community based programs.
 - Work with other agencies such as HUD to develop housing.
 - Foster Urban Tribal relationship – referral for specialty care.
 - 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.
 - Provide targeted health care services identified through strong tribal partnerships

OBJECTIVE 1.3 INCREASE ACCESS TO QUALITY HEALTH CARE SERVICES.

- Word changes
 - Use term health services rather than health care services
 - Add sustainability.
 - Health promotion and disease prevention
 - Family based
 - American Indians and Alaska Natives
- Expand services
 - Include/enhance traditional medicine - 2
 - Add all services for IHS authorities –such as long term care, inpatient treatment.
 - Include strategy for public health.
 - Include long-term care.
 - Increase access to specialty care.
 - Provide transportation
 - Invest in prevention to lower longer term disease and costs, reduce risk of illness and injury - 2
 - Prevention as well a treatment for opioid crisis.

- Expand Urban program to cities not currently services to address needs of large number of AI/AN not living on reservations or in existing service units.
 - Mobile Bus clinics
 - Culture is prevention.
 - Environmental health.
 - Increase access to private sector services.
 - Minivan/bus service to get folks to their appointments.
 - Include public health practices and accreditation
 - Include safe water, sewage, and solid waste disposal
- Address inequities
 - Equitably increase access to comprehensive health care services Agency-wide 4.
 - Address health service issues for very small tribes.

GOAL 2: TO PROMOTE EXCELLENCE AND QUALITY THROUGH INNOVATION OF THE INDIAN HEALTH SYSTEM INTO AN OPTIMALLY PERFORMING ORGANIZATION.

- Word changes
 - Emphasize innovation.
 - Broader than “health care system to include water and sewer

OBJECTIVE 2.1 CREATE QUALITY IMPROVEMENT CAPABILITY AT ALL LEVELS OF THE ORGANIZATION.

- Word changes
 - Evidence based care
- Reporting
 - Expand reporting beyond GPRA – from screening to actually receiving service.
 - Strategy on accreditation and services of Youth Treatment Centers
 - Should measure performance with targets and quality data - 2
 - 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.
 - Bi-annual formal feedback engagement with patients and users.
- Organization
 - Need Executive Council for Quality.
 - Identify experts to advise on best practices

OBJECTIVE 2.2 PROVIDE CARE TO BETTER MEET THE HEALTH CARE NEEDS OF INDIAN COMMUNITIES.

- Word changes
 - Cultural sensitivity.
 - Provide targeted care to accurately meet the health care needs of Indian communities
- Service
 - Focus on prevention.
 - Address all public, private and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.
 - Incorporate Traditional medicine where proven effective.

- Continue advance the integration of behavioral health into primary care
- Address impact of historical trauma in service delivery
- Manage the life-cycle of health care, environmental engineering, environmental health and health facilities engineering infrastructure, equipment and systems in order to deliver sustainable services.
- Expand on successful experience with telehealth – can it be standardized?
- Address physical, mental and sexual abuse of children.
- 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)
- Evidence based specialty and prevention care.
- Resources - 6

GOAL 3: STRENGTHEN IHS PROGRAM MANAGEMENT AND OPERATIONS.

Word changes

- Streamline and strengthen IHS program management and operations to support the delivery of health care services in diverse settings

OBJECTIVE 3.1 IMPROVE COMMUNICATION WITHIN THE ORGANIZATION, WITH TRIBES AND OTHER STAKEHOLDERS AND WITH THE GENERAL PUBLIC.

- Word changes
 - Raise organizational expectations to secure, measure, report and effectively manage assets and resources.
- Importance of Communication
 - Improved communication and holistic thinking.
 - Strengthen tribal involvement in policy and care.
 - Keep tribes informed of IHS issues.
 - Inspire dedication to communicate better.
 - Make communication processes be at the forefront of all changes.
 - Include Urban programs
- Logistics
 - Improve coordination of communication with other federal agencies/partners i.e., Opioid Crisis so that tribal involvement is assisting IHS in Policy & Care.
 - Communicate on day to day activities such as having nurses or Doctors do home visits.

- Ensure that communication details plans to those who stand to benefit from the services are informed of any changes and that there is assurance that they can physically access the services.

OBJECTIVE 3.2 SECURE AND EFFECTIVELY MANAGE THE ASSETS AND RESOURCES.

- Word changes
- Accountability - 4.
 - Raise organizational expectations to secure, measure, report and effectively manage assets and resources
 - Manage the life-cycle of health care, environmental engineering, environmental health, and health facilities engineering infrastructure, equipment, and systems in order to deliver sustainable services
 - Improve the safety and resilience of Indian communities, Native Americans, and the Nation.
 - Should measure performance with targets and quality data.
- More resources – 6.
 - Streamline IHS reporting and funding.
 - Capitalize and recapitalize public health infrastructure, equipment, and systems to provide maximum value to the Tribes and the Nation
 - Support the Nation and the Tribes in achieving energy security and sustainability goals in IHS offices, health care facilities, and completed projects and systems.
 - 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
- Management
 - Address relationship of Areas offices to Service Units and Headquarters.
 - Improve the conditions to manage and properly secure all assets and resources.
 - Address unpaid bills sent to patients.
 - Effectively and efficiently execute response, recovery, and mitigation to natural and/or man-made disasters
 - Provide health care, environmental engineering, environmental health, and health facilities engineering services in response to natural and/or man-made disasters.
 - Research and design business practices.
 - Streamline business practices.
 - Educate the Tribes about how IHS effectively manages assets and resources and how this option could benefit the Tribes as well as IHS.
 - Orient employees into the IHS system so they are aware of the work, communication and personal boundaries of management and leadership.
- Infrastructure
 - Provide adequate space and equipment for facilities.
 - Provide reliable facilities that are sustainable and minimize life-cycle costs
 - Updates and expand facilities – 3.
 - Update and increase equipment

- Joint venture is a good thing

OBJECTIVE 3.3 MODERNIZE INFORMATION TECHNOLOGY AND INFORMATION SYSTEMS TO SUPPORT DATA DRIVEN DECISIONS.

- Word changes
- Information
 - Ensure that urban AI/AN are counted.
 - Upgrade systems – some tribes still using paper and pencil.
 - Need continued support for programs not using RPMS
 - We need quality data of what exists and what is needed.
 - 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
 - Align with universal patient record systems to link with off reservation care
- More access
 - Tribal access to IHS IT system and data.
 - Need access to information.
 - Increase access to quality health care services by advocating for space that is adequate in size and technologically able to meet modern health care.
 - Expand accessible data.
 - Assure system of data sharing
 - Streamline/improve data entry
 - Pilot implementation of patient interactive systems that allow users to review their own records and make appointments
- More use of data
 - Strengthen data driven decisions with state of the art information technology and information technology systems.
 - Expand telecom so it can be used at any location
 - Modernize the HIT system for IHS RPMS or COTS, to the extent that those recommendations and needs for implementation can be fleshed out.
- Resources
 - Need the resources and the people to do bring modern tech to IHS.
 - The RPMS platform should be invested in and improved on rather than consider COTS, customization and maintenance.
 - Address infrastructure - tribes that don't have broadband, running water, etc.