Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

JULY 7, 2022

Opening Remarks

ELIZABETH A. FOWLER

ACTING DIRECTOR

INDIAN HEALTH SERVICE

Tribal and Urban Leadership Call

July 7, 2022

LORETTA CHRISTENSEN MD MBA MSJ FACS

CHIEF MEDICAL OFFICER

INDIAN HEALTH SERVICE

Strategy 1 - Prevent

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

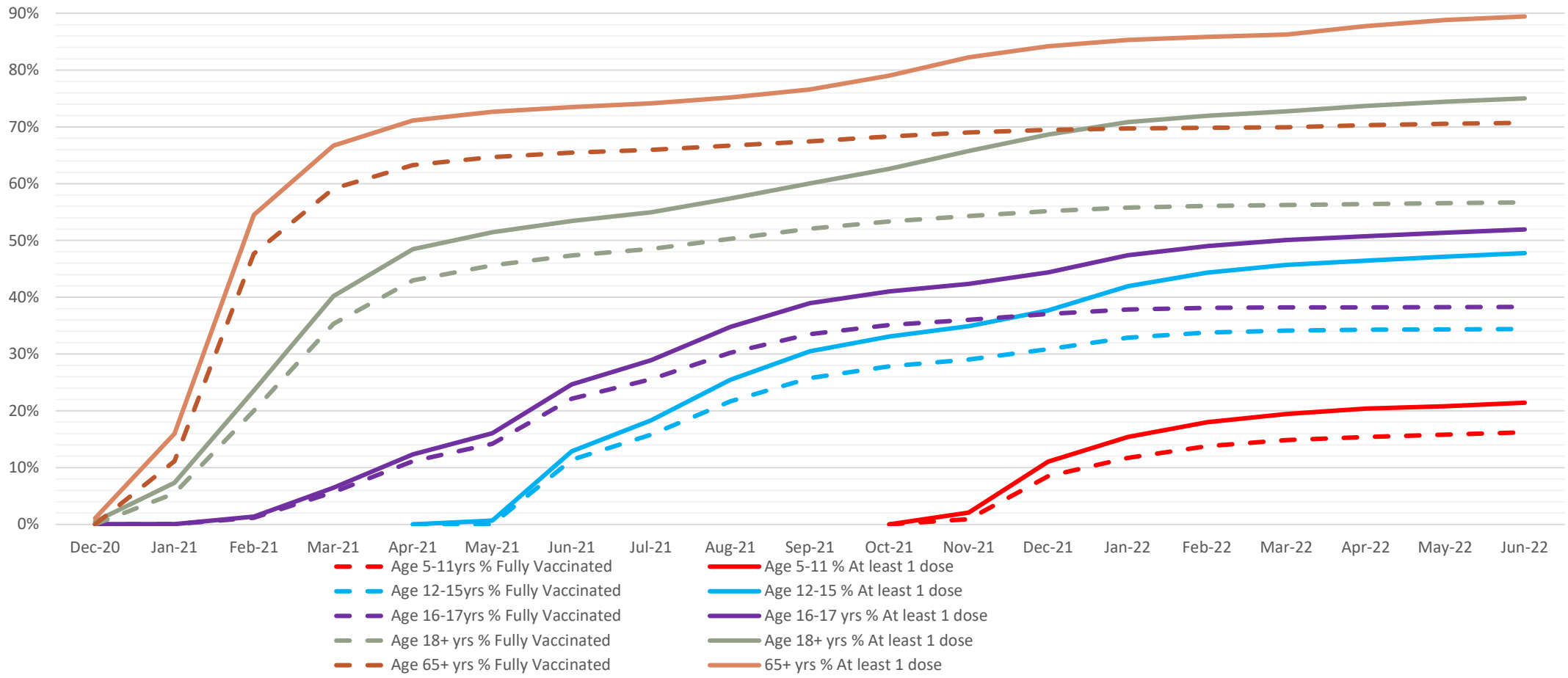
Data reflective of 6/28/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least One Dose	Fully Vaccinated	% Fully Vaccinated Who Received Additional (3rd & Any Booster) Doses
Age 65 and older	89.5% (132,538)	70.7% (104,786)	59.9% (62,782)
Age 18 and older	75% (639,564)	56.7% (483,530)	45.1% (217,890)
Age 12-17	50.2% (73,251)	36.4% (53,170)	24% (12,637)
Age 5-11	21.4% (38,780)	16.2% (29,404)	3.6% (1,048)

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 – Primary Series



Peds <5yrs Vaccines

- FDA authorized, CDC reviewed and endorsed the recommendations on June 18th
- Over 19,400 doses delivered to IHS jurisdiction sites
  - 75% Pfizer
  - 25% Moderna
- I/T/Us are actively vaccinating children <5yrs
  - Primarily administering vaccines in the medical home (pediatric or family practice clinic)

Moderna for 6-17 years

- Age 6-11yrs
  - The FDA issued an EUA for Moderna for 6-11 years
  - This product became available for order on 6/24/22
- Age 12-17yrs
  - The FDA expanded the Moderna 18+ EUA to include individuals 12-17 years
  - Existing Red Cap Moderna product in the field can be used down to age 12 now
  - This product remains available for order, with ample supply available

Novavax

- Anticipate FDA EUA to be issued in the next 1-2 weeks
  - 2-dose primary series, spaced 21 days apart
  - Shipped and stored at refrigerated temperatures
  - 90% efficacy and good activity against Omicron and Omicron variants
- Only 3 million doses expected to be purchased by the USG
- EUA will limit use to unvaccinated individuals 18+yrs needing a primary series
- This may include:
  - Individuals with hesitancy towards mRNA and J&J vaccines
  - Allergic reactions to previous doses of mRNA or J&J vaccines
  - Allergies to components of mRNA or J&J vaccines
- H-CORE assessing IHS interest and anticipated usage of the product
  - AVPOCs in process of reaching out to sites to estimate need

Strategy 2 - Detect

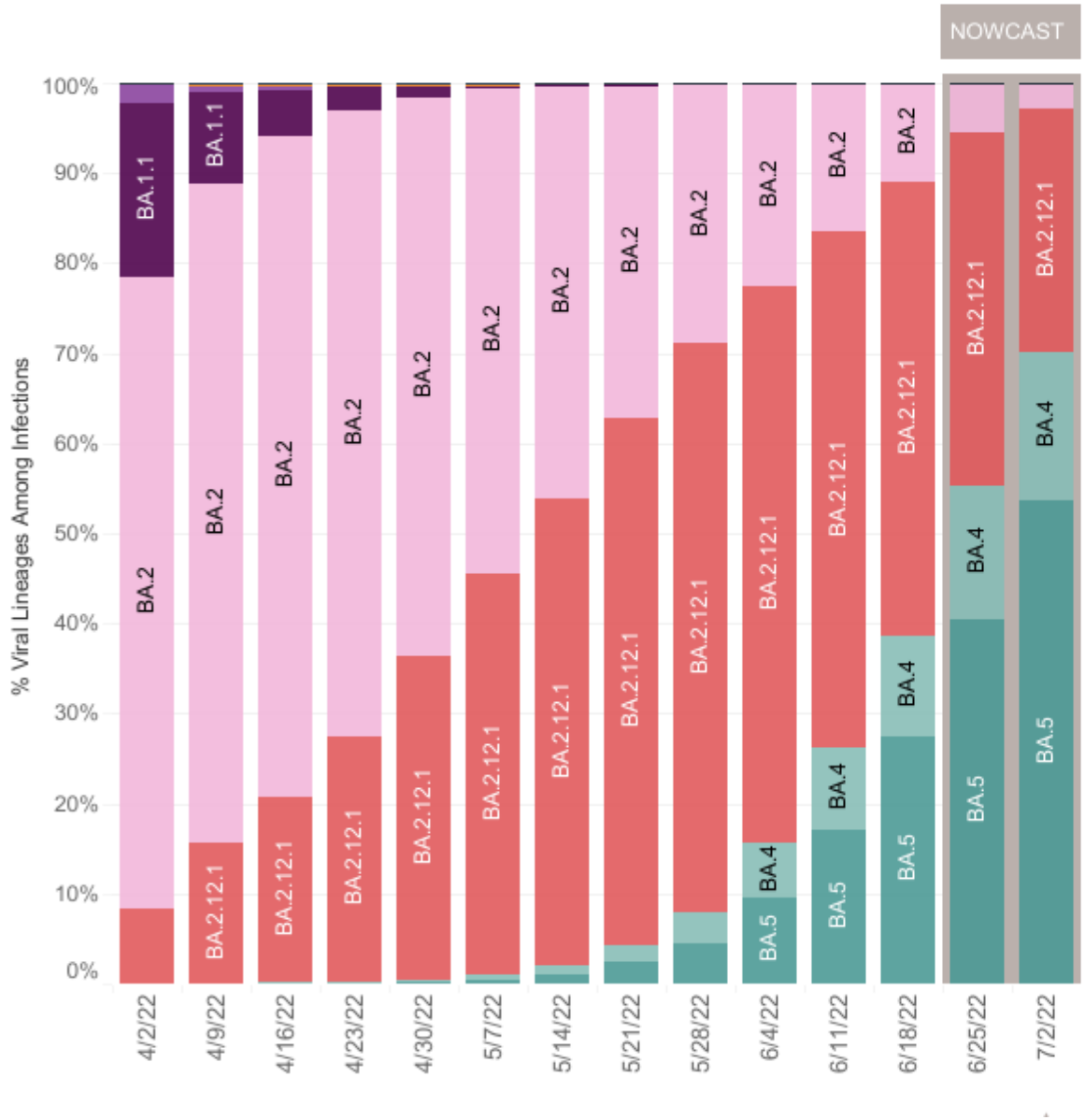
Detect

- 4.5 million tests have been performed, 11.4% positive
- Current 7-day rolling positivity is 18.2%
- Home testing: many kits sent out, supply is available and still encourage use

Omicron

- BA.5 accounts for 53.6%, BA.2.12.1 accounts for 27.2% cases, More transmissible!!
- BA.5: bad version of COVID-19, ultra contagious
- Immune escape potential
- Vaccines are working
- Expect increase in cases

United States: 3/27/2022 – 7/2/2022



United States: 6/26/2022 – 7/2/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	53.6%	49.5-57.6%
	BA.2.12.1	VOC	27.2%	24.2-30.3%
	BA.4	VOC	16.5%	13.9-19.4%
	BA.2	VOC	2.8%	2.4-3.3%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* 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 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, BA.2 sublineages are aggregated with BA.2. BA.5.1 is aggregated with BA.5.

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 communities up to 58 sites now
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites

Strategy 4 - Recover

Recover

- Monitoring and care of those who have had COVID-19 who may have Long Covid syndrome
- Long COVID -19 task force activated
- RECOVER: NIH study of long COVID

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

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 (TIC)

- 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 (TIC)

- 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
Budget Update

JILLIAN CURTIS

DIRECTOR, OFFICE OF FINANCE AND ACCOUNTING

INDIAN HEALTH SERVICE

Indian Health Service
FY 2023 House Bill

Fiscal Year 2023 House Bill

The fiscal year (FY) 2023 House Bill includes a total discretionary budget authority of $8.1 billion, which is $1.5 billion, or 18%, above the enacted FY 2022 funding level, and $1 billion below the FY 2023 President's Budget.

- The bill does not include mandatory appropriations or discretionary advance appropriations.

This includes four accounts:

- Services: $5.7 billion
- Facilities: $1.3 billion
- Contract Support Costs: $969 million
  - Remains an indefinite discretionary appropriation for fully funding CSC
- Payments for Tribal Leases: $111 million
  - Remains indefinite discretionary appropriation for fully funding the cost of section 105(*l*) leases

Funding Increases (*Services & Facilities*)

- $120 million in Current Services for pay costs, as well as medical and non-medical inflation

- $102 million for staffing and operating costs of newly-constructed healthcare facilities

Funding Increases (*Services & Facilities*)

- The $102 million in staffing and operating costs for new and replacement facilities includes:
  - Naytahwaush Health Center in Naytahwaush, MN (JV)
  - Northeast Ambulatory Care Center in Scottsdale, AZ
  - Phoenix Indian Medical Center Central in Phoenix, AZ
  - Ysleta Del Sur Health Center in El Paso, TX (JV)
  - Alternative Rural Health Center in Dilkon, AZ
  - Elbowoods Memorial Health Center in New Town, ND (JV)
  - North Star Health Clinic in Seward, AK (JV)
  - Rapid City Health Center, in Rapid City, SD

Services Program Increases

The FY 2023 House Bill includes $437 million in general program increases, including:

- $116 million for Hospitals & Health Clinics
- $48 million for Dental Services
- $103 million for Purchased/Referred Care
  - $1 million for the Catastrophic Health Emergency Fund (CHEF)
- $158 million for the Indian Health Care Improvement Fund
- $10 million for Public Health Nursing
- $26k for the Alaska Immunization Program

Services Program Increases (Cont.)

Increases to the Hospitals and Health Clinics budget line include:

- $47 million for the HIV/Hepatitis C initiative
- $27 million for Department-wide Assessments
- $20 million for the National Community Health Aide Program (CHAP)
- $10 million for Tribal Epidemiology Centers
- $4 million for Maternal Health

Services Program Increases (Cont.)

Increases to other budget lines within the Services account include:

- $139 million for modernizing the IHS Electronic Health Record system
- $125 million for Urban Indian Health
- $38 million for Direct Operations
- $20 million for Indian Health Professions
- $2.5 million for Dental Health
  - $1.5 million for expanding Dental Support Centers
  - $1 million for the Electronic Dental Record

Facilities Program Increases

Increases in the Facilities appropriation account include:

- $140 million for Maintenance and Improvement
- $140 million for Health Care Facilities Construction, including:
  - $40 million for staffing quarters;
  - $25 million for the Small Ambulatory Program; and
  - $5 million for green infrastructure.
- $88 million for Equipment, including:
  - $17 million for emergency generators.

Facilities Activities (Cont.)

The FY 2023 House bill also:

- Realigns $3 million for Sanitation Facilities Construction operations & maintenance training to Facilities and Environmental Health Support;
- Reduces Sanitation Facilities Construction funding by $21 million;
- Includes report language stating that the IHS can use up to $49 million in existing Facilities and Environmental Health Support funding to support the implementation of sanitation construction projects funded by the Infrastructure Investment and Jobs Act.

Health Care Facility Construction Demonstration Projects Updates

JAMES LUDINGTON

DIRECTOR, OFFICE OF ENVIRONMENTAL HEALTH AND ENGINEERING (OEHE)

INDIAN HEALTH SERVICE

Review of Demonstration Authority

The Indian Health Service (IHS) is authorized to establish demonstration projects pursuant to the Indian Health Care Improvement Act 25 U.S.C. § 1637 (IHCIA).

Review of Demonstration Authority

- Several areas have asked to use the Demonstration Project Authority to use services authorized in the IHCIA to help develop the criteria for those services.
- The FY 2023 IHS Budget Request is asking for $10 million to fund projects that would use this authority.
- IHS desires to expand access to health care services and feels this would be an opportunity for The Service, Tribes, and Tribal Organizations to test and develop new concepts of delivering care.

Tribal Consultation

May 11	IHS sought input from the Facility Appropriation Advisory Board (FAAB)
June 17	IHS issued a Dear Tribal Leader Letter to seek Tribal input
July 22	IHS will hold virtual Tribal Consultation Meeting @ 3-5 pm Eastern Time

Infrastructure Investment & Jobs Act Hiring Plan

RADM MARK CALKINS

DIRECTOR, DIVISION OF SANITATION FACILITIES CONSTRUCTION, OEHE

INDIAN HEALTH SERVICE

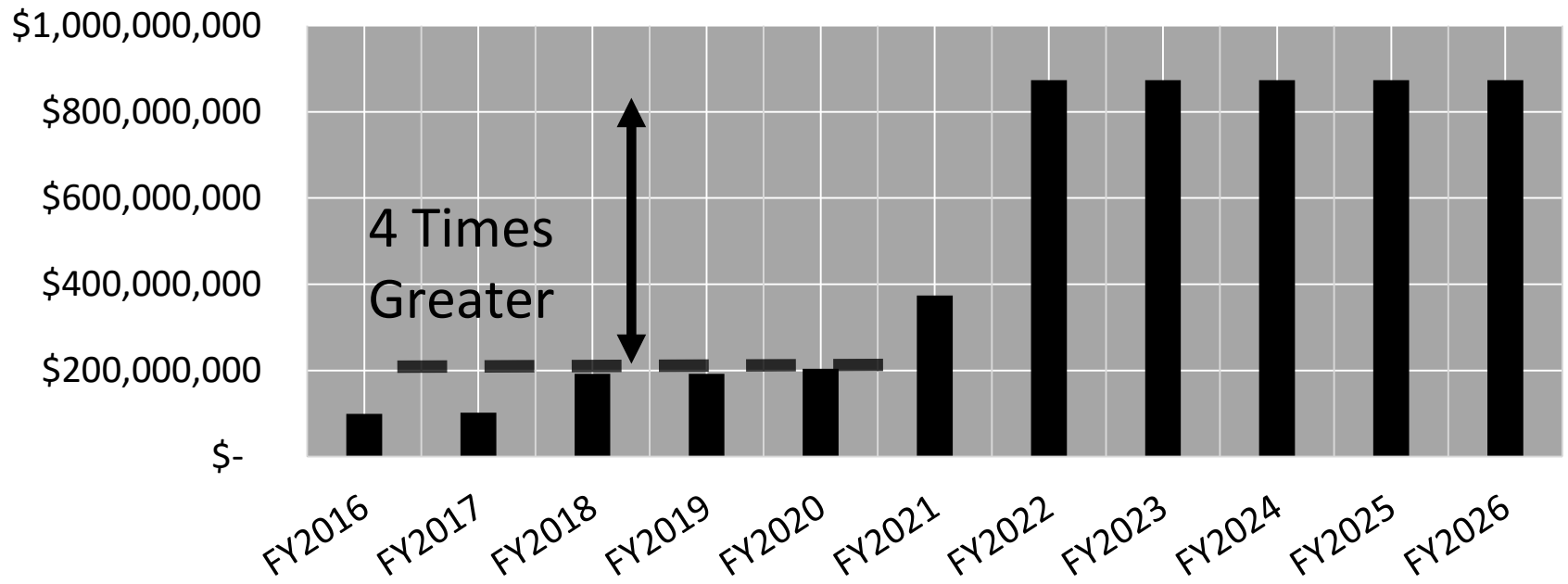
Infrastructure Investment & Jobs Act Funding

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.

Summary of SFC Project Funding



Note: Assumes constant annual project appropriation amount of $197.8 M + IIJA Funds in FY23 to FY26.

Current SFC Program Vacancies & Additional Staff Needed to Support the IIJA Workload

Based on an April 2022 survey of the Area SFC Directors:

- The Program had more than 140 funded vacant positions across multiple job series.
- These vacancies represent a vacancy rate of 27.4 percent across the SFC Program.
- IIJA Workload - ~340 additional staff or 40% increase in the number of SFC staff to maintain an average project completion timeframe of 4 years.

SFC Program Vacancies

	Current Staffing Vacancies						
Location	**Engineers**	**Tech**	**Inspector**	**Admin**	**Surveyor**	**GIS**	**Total**
AL	1	2	0	2	0	0	**5**
AN	1	0	0	0	0	0	**1**
BE	8	4	0	0	0	0	**12**
BI	3	0	1	0	0	0	**4**
CA	3	4	0	0	0	0	**7**
GP	8	1	1	0	0	1	**11**
HQ	0	0	0	0	0	0	**0**
NA	21	20	0	6	0	0	**47**
NS	5	4	1	0	0	0	**10**
OK	5	4	0	1	0	0	**10**
PH	16	4	0	1	0	0	**21**
PO	7	1	0	1	0	0	**9**
TU	2	2	1	1	0	0	**6**
Total:	**80**	**46**	**4**	**12**	**0**	**1**	**143**

SFC Program Reported Vacancies (April 2022)

	Current Vacancy Rate						
Location	**Engineers**	**Tech**	**Inspector**	**Admin**	**Surveyor**	**GIS**	**Total**
AL	6.7%	33.3%	0.0%	66.7%	-	-	18.5%
AN	50.0%	-	-	-	-	-	50.0%
BE	29.6%	28.6%	-	0.0%	0.0%	-	25.5%
BI	37.5%	0.0%	33.3%	0.0%	-	-	30.8%
CA	16.7%	28.6%	-	0.0%	-	0.0%	17.9%
GP	20.0%	7.7%	7.1%	0.0%	0.0%	33.3%	13.6%
HQ	0.0%	-	-	-	-	-	0.0%
NA	52.5%	33.3%	-	40.0%	-	-	40.9%
NS	50.0%	66.7%	50.0%	0.0%	-	0.0%	50.0%
OK	25.0%	22.2%	-	12.5%	-	-	21.7%
PH	34.8%	33.3%	0.0%	11.1%	0.0%	0.0%	29.6%
PO	29.2%	20.0%	0.0%	14.3%	-	-	23.1%
TU	25.0%	40.0%	100.0%	100.0%	-	-	40.0%
						Program Wide:	**27.4%**

SFC Program Reported Vacancies (April 2022) Using Aug 2021 Staffing Model

SFC Program – Additional Staffing Needs

Additional Staff Needed - April 2022							
Area	Engineer	Technician	Inspector	Admin	Surveyor	GIS Analyst	Total
AL	10	10	4	3	1	1	29
AN	3	0	0	1	0	0	4
BE	7	5	0	0	0	1	13
BI	3	2	0	0	1	0	6
CA	2	0	0	0	0	0	2
GP	20	9	9	2	1	1	42
NA	53	87	8	15	0	1	164
NS	2	2	2	0	0	0	6
OK	10	5	0	2	0	2	19
PH	26	7	3	2	2	1	41
PO	10	2	1	2	0	1	16
TU	2	0	0	0	0	0	2
TOTAL	148	129	27	27	5	8	344

Key Barriers in Filling Vacancies

Recruitment and Hiring Barriers:

- There is a lack of support from USPHS CC to fill engineer vacancies.
- SFC Program positions are a low priority compared to hiring actions for medical staff.
- Compensation is insufficient to attract and retain civilian employees.
- The IHS lacks recruitment marketing focused on SFC Program positions.
- The labor pool of experienced human resources talent is limited and there is high turnover rate of IHS HR staff.

Centralized Hiring Plan

A centralized recruitment and hiring initiative led by HQ OEHE and OHR has been approved by the Ms. Fowler, IHS Acting Director.

This hiring approach will run through the end of Fiscal Year 2026 and will be evaluated annually by comparing the following metrics against overall IHS hiring metrics based on available data:

1. Average number of days between the program-wide request for personnel action to final job offer;
2. Percent of hardship duty location assignments filled; and
3. Overall vacancy rates for SFC positions.

Centralized Hiring Plan *(continued)*

A centralized recruitment and hiring initiative led by HQ OEHE and OHR has been approved by the Ms. Fowler, IHS Acting Director. This hiring approach will run through the end of Fiscal Year 2026 and will be evaluated annually by comparing the following metrics against overall IHS hiring metrics based on available data:

1. Average number of days between the program-wide request for personnel action to final job offer;
2. Percent of hardship duty location assignments filled; and
3. Overall vacancy rates for SFC positions.

Centralized Hiring Plan *(continued)*

Centralized Recruitment and Hiring Plan will:

1. Reduce demands on IHS Area staff related to recruitment & hiring for the SFC Program;
2. Eliminate duplicative work associated w/developing multiple PDs and posting multiple job announcements for staff who will perform similar functions across the SFC program;
3. Limit the number of HR staff hires needed;
4. Ensure a strategic and uniform application of hiring incentives across SFC Program job series based on feedback from IHS Areas;
5. Increase accountability by making it easier to track recruitment, hiring progress, and match IIJA-funded staff to Areas of greatest need based on projected project workload;
6. Facilitate reporting of hiring actions for external stakeholders (i.e., HHS-OIG, OMB, and Congress…);

Centralized Hiring Plan *(continued)*

Centralized Recruitment and Hiring Plan will:

7. Ensure a consistent review of application materials, resulting in more uniform grading, salary considerations, and use of incentives;
8. Target recruitment marketing and outreach;
9. Create a streamlined and coordinated candidate selection process;
10. Create an efficient security clearance and identification issuance process;
11. Improve coordination with the USPHS CC; and
12. Facilitate responses to HHS OIG about the IHS' capacity to administer the supplemental IIJA Funding.

Questions & Answers

Next Tribal Leader and UIO Leader Call:

August 4, 2022


INDIAN HEALTH SERVICE
PHS · 1955 ·