

# Indian Health Service All Tribal and Urban Indian Organization Leaders Call

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MAY 5, 2022



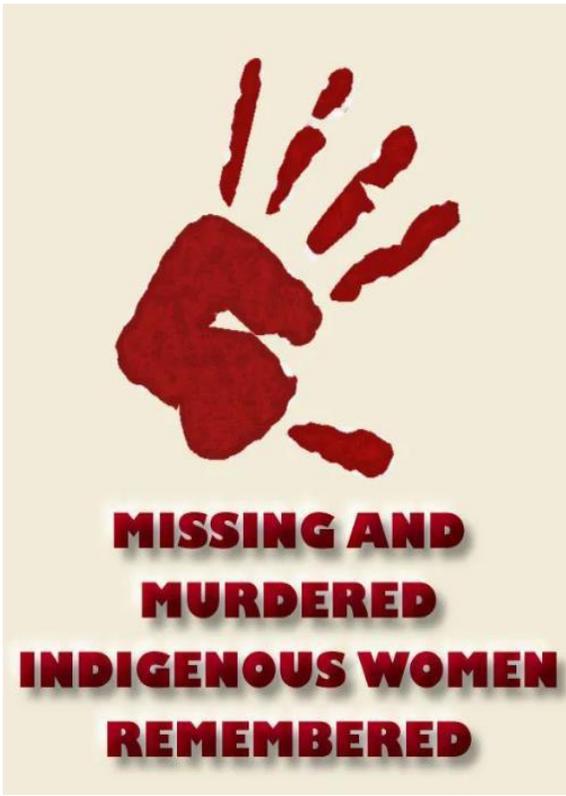
# Opening Remarks



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ELIZABETH FOWLER  
ACTING DIRECTOR  
INDIAN HEALTH SERVICE





# IHS COVID-Update

May 5, 2022



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LORETTA CHRISTENSEN MD MBA MSJ FACS  
CHIEF MEDICAL OFFICER  
INDIAN HEALTH SERVICE



# Strategy 1 - Prevent

- Get vaccinated, including boosters!!!
- Continue to take all precautions!!!!
- The 3 W's:
  - Wear a mask
  - Wait 6 feet apart
  - Wash your hands



# Omicron

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- Subvariant Omicron BA.2 and BA.2.12.1
- BA.2 61.9%
- BA.2.12.1 36.5%
- Still important to be testing
- More transmissible



# American Indian/Alaska Native Vaccination Rates

Data reflective of 4/27/22 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 <sup>rd</sup> & Any Booster) Doses
Age 65 and older	87.6% (129,792)	70.2% (104,057)	57.8% (60,138)
Age 18 and older	73.5% (627,163)	56.4% (480,908)	43.2% (207,950)
Age 12-17	48.8% (71,162)	36.3% (52,964)	19.9% (10,519)
Age 5-11	20.3% (36,820)	15.3% (27,754)	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.



# American Indian/Alaska Native Vaccination Rates

Data reflective of 4/27/22 for I/T/Us within the IHS jurisdiction

Group	Doses Administered	Third Doses (immunocompromise)	Any Booster Doses	Additional Doses Total (Third + Boosters)
All Races (5 years+)	2,186,817	8,321	259,430	267,751
AI/AN (5 years+)	1,491,756	8,191	208,304	218,510

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.



# Strategy 2 - Detect

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- 4.32 million tests have been performed, 11.3% positive
- Current 7-day rolling positivity is 5.3%
- Home testing: many kits sent out, supply is available and still encourage



# Strategy 3 - Treat

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- 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

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- Establish Test and Treat for our facilities
- We increase rolling out the test and treat sites
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided
- Currently available at pharmacies, LTC, FQHC and federal and tribal healthcare sites



# Strategy 4 - Recover

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- 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



# Work

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- Trauma informed care
- Social determinants of health
- Patient centered website development
- Maternal Health projects
- Climate Change/Equity
- Food/Nutrition insecurity
- Long COVID care



# And.....

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- Retooling Primary Care
- Cancer Prevention and Treatment
- Community Crisis Response –Behavioral Health
- Health Coach Pilot Project
- VA Pilot to support GME for IHS and tribal organizations



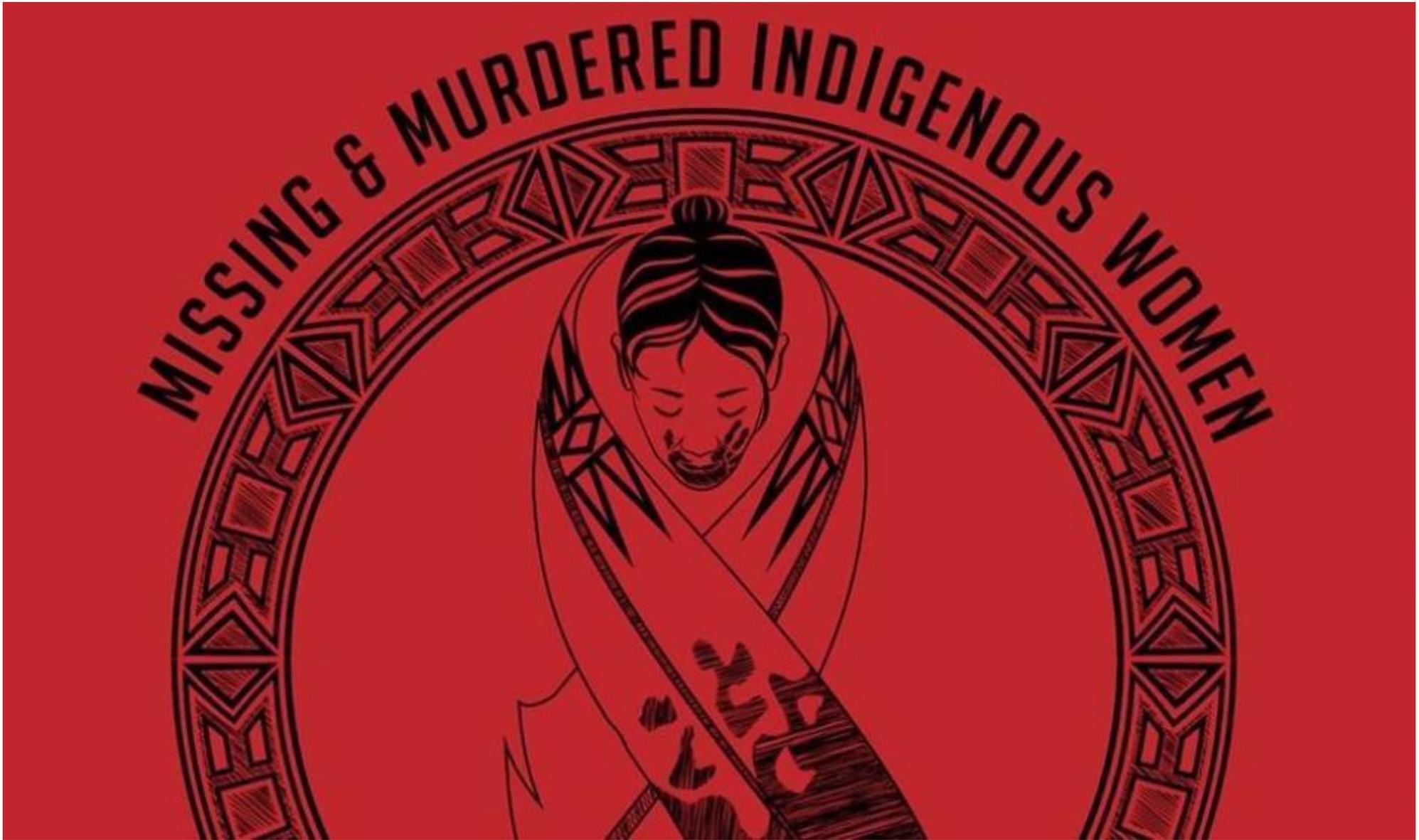
# Missing and Murdered Indigenous Women

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- More than four in five American Indian and Alaska Native women have experienced violence in their lifetime
- Over half (56.1%) have experienced sexual violence
- The murder rate is ten times higher than the national average for women living on reservations
- The National Crime Information Center reported 5712 missing AI/AN through the DOJ
- The BIA estimates there are over 4200 missing and murdered cases that have gone unsolved

**IF YOU SEE SOMETHING  
SAY SOMETHING!!!**





# IHS Division of Diabetes: Special Diabetes Program for Indians

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Carmen Licavoli Hardin, Acting Director,  
Division of Diabetes Treatment and  
Prevention

Office of Clinical Preventive Services,  
Indian Health Service



# Special Diabetes Program for Indians (SDPI)

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- SDPI was first authorized by Congress in 1997 to provide funding for diabetes prevention and treatment services in American Indian/Alaska Native (AI/AN) communities.
  - Funds 301 Indian Health Service, Tribal, and Urban (I/T/U) Indian health programs located in 35 states.
    - Are designed to address local community priorities
    - Serves >780,000 AI/AN people and has increased access to many types of services
  - Fiscal year 2022 is the 25th year of the SDPI and the 7<sup>th</sup> year of the current grant cycle.

# Special Diabetes Program for Indians: Funding

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- The Consolidated Appropriations Act, 2021 authorized SDPI until September 30, 2023 at \$150 million per year.
  - SDPI will be authorized at \$147 million for FY 2022 and FY 2023, a \$3 million decrease each year due to mandatory sequestration.
  - Annual grant amounts will NOT be impacted by sequestration

# Special Diabetes Program for Indians: FY 2023

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- Will be the start of a new, 5-year grant cycle (provided SDPI is funded after FY 2023)
  - The U.S. Department of Health & Human Services (HHS) Grants Office determined that the 2023 application process would need to be “open” to ALL applicants that fit the eligibility criteria.
    - In an effort to hold the SDPI grantees harmless, IHS will be submitting a Class Deviation Waiver request to HHS to consider limiting the grant application process to only current grantees.
      - The decision is currently pending.

# SDPI FY 2023 Tribal Consultation/Urban Confer

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- The Tribal Leaders Diabetes Committee (TLDC) met on numerous occasions to develop and finalize recommended questions to include in the Tribal Consultation and Urban Confer process for SDPI FY 2023.
- The recommended questions were reviewed, approved, and incorporated into a Tribal Leader Letter (DTLL) and Urban Indian Organization Leader Letter (UIOLL) .
  - DTLL and UIOLL were published on the IHS website on April 15, 2022, opening up the comment period for 30 days (**ending on May 15, 2022**).

# SDPI FY 2023 Tribal Consultation/ Urban Confer



**Special Diabetes Program for Indians (SDPI)**  
Fiscal Year 2023

**Provide input on the Consultation and Confer questions**  
in the Tribal Leader Letter (DTLL) and Urban Indian Organization Leader Letter (DUIOLL).  
To access the documents see the links in this post.

**INDIAN HEALTH SERVICE**  
is conducting a  
**TRIBAL CONSULTATION and URBAN CONFER**  
for SDPI FY 2023  
**COMMENTS DUE:**  
5/15/2022

**The SDPI grant program**  
provides funding for diabetes treatment and prevention to approximately 301 Indian Health Service (IHS), Tribal, and Urban Indian health grant programs.

Submit comments to [consultation@ihs.gov](mailto:consultation@ihs.gov)  
or [urbanconfer@ihs.gov](mailto:urbanconfer@ihs.gov) by May 15, 2022

# Special Diabetes Program for Indians: Tribal Consultation/Urban Confer

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- **To access the DTLL:**

[https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2022\\_Letters/DTLL\\_04152022.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2022_Letters/DTLL_04152022.pdf)

- **To access the DUIOLL:**

[https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2022\\_Letters/DUIOLL\\_04142022-2.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2022_Letters/DUIOLL_04142022-2.pdf)

# SDPI FY 2023 Tribal Consultation/Urban Confer: Next Steps

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- Consultation and Confer comments will be compiled in a report for the TLDC members to review and discuss at the next quarterly meeting on June 8<sup>th</sup>.
- Based on the comments, the TLDC will formulate and vote on SDPI FY 2023 recommendations for the IHS Acting Director to consider.
  - The TLDC recommendations will be incorporated into a decision memo for the Acting IHS Director.
- Once the IHS Acting Director makes her decisions about SDPI FY 2023, a DTLL and UIOLL will be drafted and published on the IHS website.
- A notice of funding opportunity (NOFO) announcement will be drafted and published in the Federal Register to start the SDPI FY 2023 grant application

process.

# Questions & Answers

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Next Tribal Leader and UIO Leader Call:

June 2, 2022



