Indian Health Service
All Tribal and Urban Indian Organization Leaders Call

MAY 5, 2022
Opening Remarks

ELIZABETH FOWLER
ACTING DIRECTOR
INDIAN HEALTH SERVICE
IHS COVID-Update

May 5, 2022

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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

• 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

<table>
<thead>
<tr>
<th>AI/AN Age Group</th>
<th>Received at Least One Dose</th>
<th>Fully Vaccinated</th>
<th>% Fully Vaccinated Who Received Additional (3rd &amp; Any Booster) Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 65 and older</td>
<td>87.6% (129,792)</td>
<td>70.2% (104,057)</td>
<td>57.8% (60,138)</td>
</tr>
<tr>
<td>Age 18 and older</td>
<td>73.5% (627,163)</td>
<td>56.4% (480,908)</td>
<td>43.2% (207,950)</td>
</tr>
<tr>
<td>Age 12-17</td>
<td>48.8% (71,162)</td>
<td>36.3% (52,964)</td>
<td>19.9% (10,519)</td>
</tr>
<tr>
<td>Age 5-11</td>
<td>20.3% (36,820)</td>
<td>15.3% (27,754)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**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

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

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Strategy 2 - Detect

• 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

• 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

• 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

- 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

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

- 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

• 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 than have gone unsolved

IF YOU SEE SOMETHING
SAY SOMETHING!!!
IHS Division of Diabetes: Special Diabetes Program for Indians

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)

• 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 7th year of the current grant cycle.
Special Diabetes Program for Indians: Funding

• 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

- 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.
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 (UIOLL).

To access the documents see the links in this post.

ININDIAN HEALTH SERVICE is conducting a TRIBAL CONSULTATION and URBAN CONFER for SDPI FY 2023

COMMENTS DUE: 5/15/2022

Submit comments to consultation@ihs.gov or urbanconfer@ihs.gov by May 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.
Special Diabetes Program for Indians: Tribal Consultation/Urban Confer

- To access the DTLL:

- To access the DUIOLL:
SDPI FY 2023 Tribal Consultation/Urban Confer: Next Steps

• 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 8th.

• 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
Next Tribal Leader and UIO Leader Call:

June 2, 2022