



Indian Health Service Fact Sheet

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Indian Health Service: The First 100 Days

This week, the Biden Administration completed its first 100 days in office. President Biden has delivered immediate relief for Indian Country including actions to control the COVID-19 pandemic, launching a national vaccination program to immunize everyone over the age of 16, efficiently and equitably, and to provide economic relief. These are critical steps in defeating the pandemic and a pathway to more equitable health care for American Indians and Alaska Natives.

The COVID-19 pandemic has disproportionately affected American Indian and Alaska Native populations across the country. American Indians and Alaska Natives have infection rates over 3.5 times higher than non-Hispanic whites, are over four times more likely to be hospitalized as a result of COVID-19, and have higher rates of mortality at younger ages than non-Hispanic whites. The IHS continues to work closely with its tribal partners and with urban Indian organizations as well as federal, state and local public health officials to coordinate a comprehensive public health response to the ongoing COVID-19 pandemic. IHS has worked closely with these partners over the past 100 days to accelerate its fight against the pandemic.

IHS addressed barriers to vaccination in underserved communities, including the provision of convenient and accessible vaccination sites, by increasing clinical and community-based workforce for outreach, education and vaccination and led the way on accelerating COVID vaccination distribution and administration.

- In the first 100 days, the IHS has administered approximately 1.1 million vaccine doses across the Indian health system.
- In March, FEMA mobile units were deployed to the Indian Health Service Great Plains Area, with a unit in South Dakota and North Dakota to reach rural and remote populations. This partnership will allow IHS to expand access to vaccines in tribal communities and reach more people as we work to achieve community immunity. The vaccine outreach events also targeted hard-to-reach population of 16 and 17-year-olds.
- IHS expanded vaccination efforts in our urban communities. In April, we collaborated with the University of Maryland, Baltimore and Native American Lifelines to provide a COVID-19 vaccine clinic for American Indians and Alaska Natives in the Baltimore and Washington, D.C. areas and we partnered with the American Indian Health and Family Services in Detroit, Michigan, the state of Michigan, the city of Troy, the county, and other local tribal partners on a community vaccination event that vaccinated 1,700 people in a day.
- IHS continues to strengthen partnerships with our state and federal partners to ensure successful vaccine events. Since January 20, 2021, IHS has hosted and/or partnered with stakeholders to participate in over 2,000 community vaccine events.

- Indian Country led the way in launching a rapid vaccine rollout to protect our elders who are at high-risk and vulnerable to COVID-19. Many tribal communities mobilized its community to vaccinate elders, fluent tribal language speakers, traditional storytellers, and traditional medicine keepers to protect tribal communities and preserve cultural resources.
- Indian Country was critical in assisting its respective state and local areas in vaccinating the community. In order to reach community immunity, IHS and tribal health facilities began vaccinating teachers, first responders, household members of tribal citizens and community members. IHS' systematic approach and strong partnerships with tribes and tribal organizations resulted in early extension of eligibility to Native and non-Native community members aged 16 years and older. The IHS was the first jurisdiction to begin distributing vaccines based on need of the facilities, rather than centralized allocation. This on demand ordering system ensured vaccines were distributed where they were needed the most.

The IHS allocated \$4.3 billion in relief to federal, tribal, and urban Indian organizations to support their ongoing efforts during the COVID-19 pandemic.

- President Biden's historic investment in our communities supports our ongoing efforts to address long-standing health inequities experienced by American Indians and Alaska Natives by ensuring a comprehensive public health response to the ongoing COVID-19 pandemic.
- These funds will allow our communities to expand COVID-19 vaccinations, testing, and treatment; increase preventive and primary health care services to people at higher risk for COVID-19; and expand the operational capacity of hospitals and health clinics during the pandemic.
- Also, it provides \$2 billion for the broader Indian healthcare system, which has been hard hit during the pandemic due to lost reimbursements for care from public and private insurance.

IHS ensured American Indians and Alaska Natives had access to regular, reliable, and free testing.

- IHS has administered approximately 470,000 COVID-19 tests in the first 100 days.
- IHS increased drive-through testing sites. Several IHS Area Offices collaborated with state and local partners, and, in some cases the National Guard, to provide drive-through testing events to provide much needed access to COVID-19 testing in remote tribal communities.
- IHS has efficiently and equitably distributed next-generation testing, including at home tests and rapid tests, to scale up testing capacity by orders of magnitude.

IHS expanded access to telehealth by ramping up services and offering solutions that support communities with limited bandwidth.

- IHS expanded access to telehealth, significantly expanding the use of telemedicine to provide services in Indian Country. IHS facilities rapidly ramped up virtual care services averaging 35,000 telehealth visits per month.
- In remote and rural tribal communities, patients often do not have sufficient broadband connectivity in their home or community to support video consultation. In these cases, telephone only connections have allowed care to continue. IHS announced in March that it would be expanding telehealth by offering a telehealth solution that supports communities or areas that have limited bandwidth and where Internet connectivity may be a challenge. The goal is to reach more patients and providers with improved video and audio capability.
- IHS has committed to modernizing its health IT infrastructure. IHS recently added the ability to document post COVID functional status in a standardized manner in the electronic health record. This addition makes it easier for clinicians to rate and follow up with patients that have been diagnosed

with COVID-19. By adding a functional status tool to the EHR, IHS has improved the way to document and capture patients' long-term effects post COVID-19.

- The IHS allocated \$140 million of the American Rescue Plan Act funds for information technology, telehealth infrastructure, and the IHS Electronic Health Record. Of the \$140 million appropriated in the Act, the IHS will allocate \$67 million to IHS federal health programs and tribal health programs, \$3 million to support urban Indian organizations, and \$70 million for IHS electronic health record modernization.

IHS addressed infrastructure challenges in American Indian and Alaska Native communities by increasing access to water.

- The IHS partnered with the Navajo Nation and other local organizations to support the installation of 59 transitional water points on the Navajo Nation. In February 2021, the IHS completed this large-scale effort known as the Navajo Nation COVID-19 Water Access Project.
- The IHS specifically targeted Navajo Nation to increase and ensure the availability of safe water sources. This increased access to safe water for over 9,600 homes without piped water.
- This project benefited over 37,000 people or approximately 20% of the Navajo Nation population.
- The IHS will continue to work towards addressing long-term actions to improve water access.

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