INDIAN HEALTH SERVICE

FACT SHEET

Indian Health Service Health Equity Report

The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Inherent in this mission is identifying, addressing, and overcoming inequities in health facing Native people today.

Background

The Indian Health Service provides comprehensive primary health care and disease prevention services to approximately 2.8 million American Indians and Alaska Natives in 574 federally recognized tribes, through a network of over 605 hospitals, clinics, and health stations on or near Indian reservations. IHS health care facilities are located across 12 area offices and serve a variety of populations in rural and urban areas in 37 states.

The IHS total staff consists of more than 15,000 employees nationwide, including health care providers composed of doctors, dentists, nurses, pharmacists, dieticians, advanced practice nurses, physician assistants, podiatrists and optometrists. IHS also provides a comprehensive environmental health program that includes environmental health, injury prevention, and safe drinking water and solid waste sanitation facilities construction services throughout Indian Country.

Under the Indian Self-Determination and Education Assistance Act, tribes have the option of exercising their right to self-determination by assuming control and management of programs previously administered by the federal government. Since 1992, the IHS has entered into agreements with tribes and tribal organizations to plan, conduct, and administer programs under this Act. Today, over 60 percent of the IHS appropriation is administered by tribes. Furthermore, because 70 percent of American Indians and Alaska Natives currently live in urban areas, the IHS serves this population by providing funding to 41 health care organizations that care for patients in urban centers.

Advancing Health Equity

IHS works in alignment with U.S. Department of Health and Human Services' definition of health equity, which is the attainment of the highest level of health for all people. For American Indian and Alaska Natives, the causes of persistent inequities are rooted in a complex history of federal-Indian relations, policies, and systemic barriers that continue to reverberate today.

Furthermore, any discussion on advancing health equity for American Indians and Alaska Natives requires an understanding of tribal sovereignty and the unique rights and political status they hold as citizens of tribal nations, in addition to cultural considerations. A March 2023 report by the National Indian Health Board elaborates:

> …policymakers commonly view health equity through Western ways of knowing and Western constructions of justice and health. This Western perspective is not the whole story…Across Indian Country, we have heard that health equity means joy and safety; dignity and kindness; justice and sovereignty; health and wholeness for the entire community. It means generosity, since taking care of others is essential for our health. It means understanding the interconnectedness of human health with our lands and waters and all living things. It means creating conditions on a societal level that support health for everyone.[1]

[1] National Indian Health Board. (March 2013). *Health Equity in Indian Country: Rethinking How the Centers for Medicare & Medicaid Services Approaches Health Equity for American Indians and Alaska Natives*. p.8.

FACT SHEET

Indian Health Service Health Equity Report

With these considerations, the IHS addresses health inequities through the implementation of its agency strategic plan's three primary goals. They are:

1) to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people;
2) to promote excellence and quality through innovation of the Indian health system into an optimally performing organization; and
3) to strengthen IHS program management and operations.

Within each goal are strategic objectives and strategies aimed at overcoming barriers to equitable health outcomes for the American Indian and Alaska Native population.

Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.

Actions to Date

The IHS secured $3.5 billion from Bipartisan Infrastructure Law (BIL) to improve tribal water and sanitation systems. Beginning 2022, the IHS received an investment of $700 million in each fiscal year from FY 2022 through FY 2026 that will provide 71,000 American Indian and Alaska Native homes with critical services like water wells, onsite wastewater disposal systems, and connections to community water supply and wastewater disposal systems. By December 31, 2023, the IHS had exceeded its original goal by completing the Construction Document Phase for 124 FY 2022 BIL-funded projects.

Impact: The lack of access to functional water and sewer systems directly contributes to disparities in American Indian and Alaska Native health. This historic investment will address some of the longstanding infrastructure deficiencies in Indian Country.

IHS telebehavioral health services have expanded markedly since the pandemic. In partnership with tribes, counseling and prescribing services are now available to thousands of patients for whom lack of transportation may be considered a barrier to care. The expansion has also provided more access to generally behavioral health care and specialty care. Over the past 3 years IHS has conducted 266,736 telebehavioral health visits for child, adult, and addiction psychiatry and counseling.

Impact: According to early estimates, over 1.6 million miles of travel has been avoided because patients could access their care online. This also translates to over $1 million in avoided travel costs and over 25,000 hours of work or school not missed because of the availability of telebehavioral health services.

New health care facilities have continued to open or break ground, ensuring greater access to state-of-the-art facilities and quality care in remote locations. For example, in May 2023, the Hopi Health Care Center announced a 32,000-square-foot renovation and expansion project with a celebratory groundbreaking ceremony. In June 2023, the Yukon Kuskokwim Health Corporation, an Alaska tribal health organization, held the grand opening ceremony for the new 2,800-square-foot clinic in Quinhagak, Alaska. It replaces the previous clinic significantly damaged by permafrost. In November 2023, the Havasupai Tribe held a grand opening ceremony for the new and upgraded replacement facility of the Supai Health Station in Arizona. Accessible only by helicopter, mule, horse, or on foot, the health station is located in the remote Havasupai Canyon within the Grand Canyon.

Impact: New and upgraded facilities, particularly in the geographically remote areas the agency serves, will reduce transportation barriers and ensure high quality care is accessible.

IHS funds small ambulatory health care facilities, investing in the construction, expansion or modernization of small ambulatory health care facilities. The IHS Small Ambulatory Program is expanding access to various

outpatient services for patients, including offering new services, building on existing services, and upgrading outdated facilities. In 2023 alone, the IHS awarded $79 million dollars through the program.

Impact: Funding supports services include preventative services for chronic diseases, such as diabetes. Ambulatory care settings operated by tribes and tribal organizations also provide increased access to culturally appropriate, quality health care.

***Purchased and referred care delivery area continue to expand*,** increasing the population of those eligible for care. In late 2023, the IHS published the Purchased/Referred Care Delivery Area (PRCDA) Expansion Notice for the seven Mid-Atlantic tribes in the Commonwealth of Virginia—the Chickahominy Indian Tribe, Chickahominy Indian Tribe-Eastern Division, Monacan Indian Nation, Nansemond Indian Tribe, Pamunkey Indian Tribe, Rappahannock Tribe, and Upper Mattaponi Tribe. The IHS also published the PRCDA Expansion Notice for the Spokane Tribe of Indians in Washington.

Impact: The expansion increases the tribes' PRC-eligible population by more than 1,400 members.

The IHS strengthens collaborative relationships with partner agencies and in support of tribal sovereignty. The IHS completed negotiations with the Department of Veterans Affairs (VA) for a Reimbursement Agreement that facilitates repayment for health care and related services provided by the IHS to eligible American Indian and Alaska Native veterans, including no copays for the Native Veterans that serve this country at the highest rate of all ethnicities.

Through continued engagement with tribal nations, the IHS secured significant funding increases in the President's Fiscal Year 2024 Budget that directly reflect tribal and urban Indian organization leader priorities. In further support of tribal sovereignty, the IHS awarded over $1.2 million in tribal management grants to develop and improve tribal capacity to manage health programs under the authority of the Indian Self-Determination and Education Assistance Act.

Impact: The Reimbursement Agreement secures the maximum amount for more than 15,000 American Indian and Alaska Native veterans enrolled in VA health care. Increases in IHS funding demonstrate the Biden Administration's continued commitment to honoring the United States' treaty responsibilities to tribal nations and strengthening nation-to-nation relationships, while tribal management grant support helps prepare tribes and tribal organizations for assuming all or part their health management capabilities.

Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

Actions to Date

In alignment with the agency's objective to provide care to better meet the health care needs of American Indian and Alaska Native communities, including increasing access to preventative care services and quality health care in Indian Country, the IHS has prioritized several initiatives including:

Investments in diabetes treatment and prevention. In early 2023, the IHS awarded $139 million in funding to 302 tribal, urban and IHS sites in 35 states under its Special Diabetes Program for Indians to provide diabetes prevention and treatment services for American Indian and Alaska Native communities. Additional funding was later awarded to eight additional tribes or tribal organizations that currently did not have a 2023 Special Diabetes Program for Indians grant.

Impact: Although diabetes continues to impact American Indian and Alaska Native people at alarming rates, the Special Diabetes Program—first established in 1997—continues to make inroads. This includes a first-ever decrease in diabetes prevalence in Native adults from 15.4 to 14.6 percent between 2013 and 2017. The expansion of this program from 275 to 310 grantees in Fiscal Years 2023 and 2024 underscores the agency's commitment to addressing this significant health disparity.

FACT SHEET

Indian Health Service Health Equity Report

Addressing Food Insecurity in Native Communities. In early 2023, the IHS implemented a new Produce Prescription Pilot Program (P4) to increase access to produce and other traditional foods within American Indian and Alaska Native communities. The goal of the P4 is to demonstrate and evaluate the impact of produce prescription programs on American Indian and Alaska Native people and their families by reducing food insecurity; improving overall dietary health by increasing fruits, vegetables, and traditional food consumption; and improving healthcare outcomes.

Impact: The IHS awarded $2.5 million in funding to five grant recipients to implement the P4 in tribal communities. A robust evaluation plan has been developed to track the outcomes of the grant recipients over five years. The IHS has future plans to expand this program to decrease food insecurity in a larger population of American Indian and Alaska Native people and their families.

The IHS Maternal Child Health (MCH) program aims to increase access to safe, quality care for American Indian and Alaska Native pregnant persons and children. To address disparities in maternal health outcomes, the IHS has created an innovative multidisciplinary agency team, training and materials, and standardized equipment and training across the agency. It has encouraged the exchange of best practices by connecting health providers and offers funding to improve maternal safety.

Impact: Funding will increase screening, education, and intervention during pregnancy and postpartum and will support maternal telehealth and equipment to improve health outcomes.

Addressing opioid reduction through partnerships. As a result of strategic partnerships with other agencies and other partners, the IHS has made significant strides to address the opioid epidemic. The IHS continues to support low barrier access to naloxone for overdose reversal and drug checking equipment to detect the presence of xylazine/fentanyl in a person's supply to reduce the risk of unintentional overdose. The *Indian Health Manual* was updated in September 2023 to broaden the first responder definition to include community representatives and volunteers serving in tribal communities. Further, IHS also partnered with the Bureau of Indian Education to develop a *Naloxone in Schools Toolkit* and continued to advocate for greater inclusion in the Naloxone Safety Net Program. In February 2024, the IHS released a Special General Memorandum No. 24-02 to support the purchase of drug checking equipment and expand access to harm reduction resources across Indian Country.

Impact: IHS has reduced prescribing of opioids at its facilities by over 70 percent while increasing the availability of naloxone throughout Indian Country.

Asthma Control in Tribal communities Initiative launched. American Indian and Alaska Native people suffer a higher prevalence of asthma than any other specific racial or ethnic group in the U.S. In response, the IHS launched its Asthma Control in Tribal communities, or ACT, strategic initiative to reduce the burden of asthma-related illness and death in American Indian and Alaska Native populations. The IHS ACT webpage includes useful information such as a summary of the ACT Initiative, an easy, one-touch resource toolbox with helpful public health, provider and patient/community resources, as well as best practices from IHS. Continuing to build upon this IHS national clinical strategic initiative, ACT Ambassador Pilot sites from across Indian Country share their best practices to the ACT webpage.

Impact: Sharing best practices and learning what works from other tribal communities is intended to further the goal of reducing the burden of asthma-related morbidity and mortality in tribal communities.

IHS National E3 Vaccine Strategy. Announced in November 2022, the IHS National E3 Vaccine Strategy engages IHS federal direct-care sites and collaborates with tribal and urban Indian organization partners to raise vaccination rates in Indian Country. The strategy promotes access to all ACIP-recommended vaccines, inclusive of COVID, mpox, seasonal influenza and routine vaccines for all age groups.

Impact: The E3 Vaccine Strategy aims to increase vaccination rates by ensuring that every IHS patient at every encounter is offered every recommended vaccine, when appropriate. The strategy aims to reduce the burden of

communicable diseases in American Indian and Alaska Native people, who are often disproportionally affected by vaccine preventable diseases.

Goal 3: To strengthen IHS program management and operations.

Actions to Date

IHS secures first-ever advance appropriations. In the FY23 omnibus funding law, the Biden Administration secured—for the first time in history—advance appropriations for the Indian Health Service, which will ensure a more predictable funding stream and improve health outcomes across Indian Country.

Impact: Advance appropriations are necessary to ensure continued access to critical health care services for American Indians and Alaska Natives. Predictable funding will allow us to disburse funds more quickly and enable IHS, tribal, and urban Indian health programs to effectively and efficiently manage budgets, coordinate care and improve health outcomes for American Indians and Alaska Natives.

IHS Surpasses Ambitious Buy Indian Act Goal. The Buy Indian Act allows for federal agencies to prioritize the procurement of supplies, services, and constructions from tribal and Native businesses. The IHS set an ambitious FY 2023 goal of 20 percent of its total acquisitions supporting the Buy Indian Act. As announced in the *White House 2023 Report on the Progress of Indian Nations*, IHS far surpassed its original goal. By fiscal year's end, more than 30 percent of total acquisitions by the IHS supported the Buy Indian Act, representing $444 million and increased economic opportunity for numerous Native-owned businesses

Impact: Advancing the Buy Indian Act clarifies the preference for Indian-owned-and-controlled businesses and removes barriers by alleviating unnecessary regulatory burdens.

Modernization of information technology and information systems to support data driven decisions. The IHS Health Information Technology Modernization Program is a multi-year effort to modernize health IT systems for IHS, tribal, and urban Indian health care programs. The program reached a significant milestone in its work to improve the health status of American Indians and Alaska Natives when it announced the selection of General Dynamics Information Technology, Inc. to deploy an enterprise electronic health record (EHR) solution across Indian Country in 2023.

Impact: Modernizing the IHS EHR system to be on par with other public health systems is critical to improving health equity outcomes. The decision was the culmination of years of research and intensive engagement with current and future system users.

As IHS continues to center health equity in its day-to-day operations and mission, it will continue to advocate for increased investments in healthcare infrastructure. Without parity in infrastructure, future advancements will be challenged to realize full potential.