Indian Health Service

November All Tribal and Urban Indian Organization Leaders Call

NOVEMBER 6, 2024

AGENDA

- Opening Remarks – *Benjamin Smith, Deputy Director*
- Tribal Consultation and Urban Confer Updates
- Latest Public Health News – *Dr. Matthew Clark, Acting Deputy Chief Medical Officer and Alaska Area Chief Medical Officer*
- Finance Update – *Chris Porter, Deputy Director, Office of Finance and Accounting*
- Upcoming Engagement Opportunities
- Questions and Answers

Indian Health Service

Opening Remarks

BENJAMIN SMITH

DEPUTY DIRECTOR


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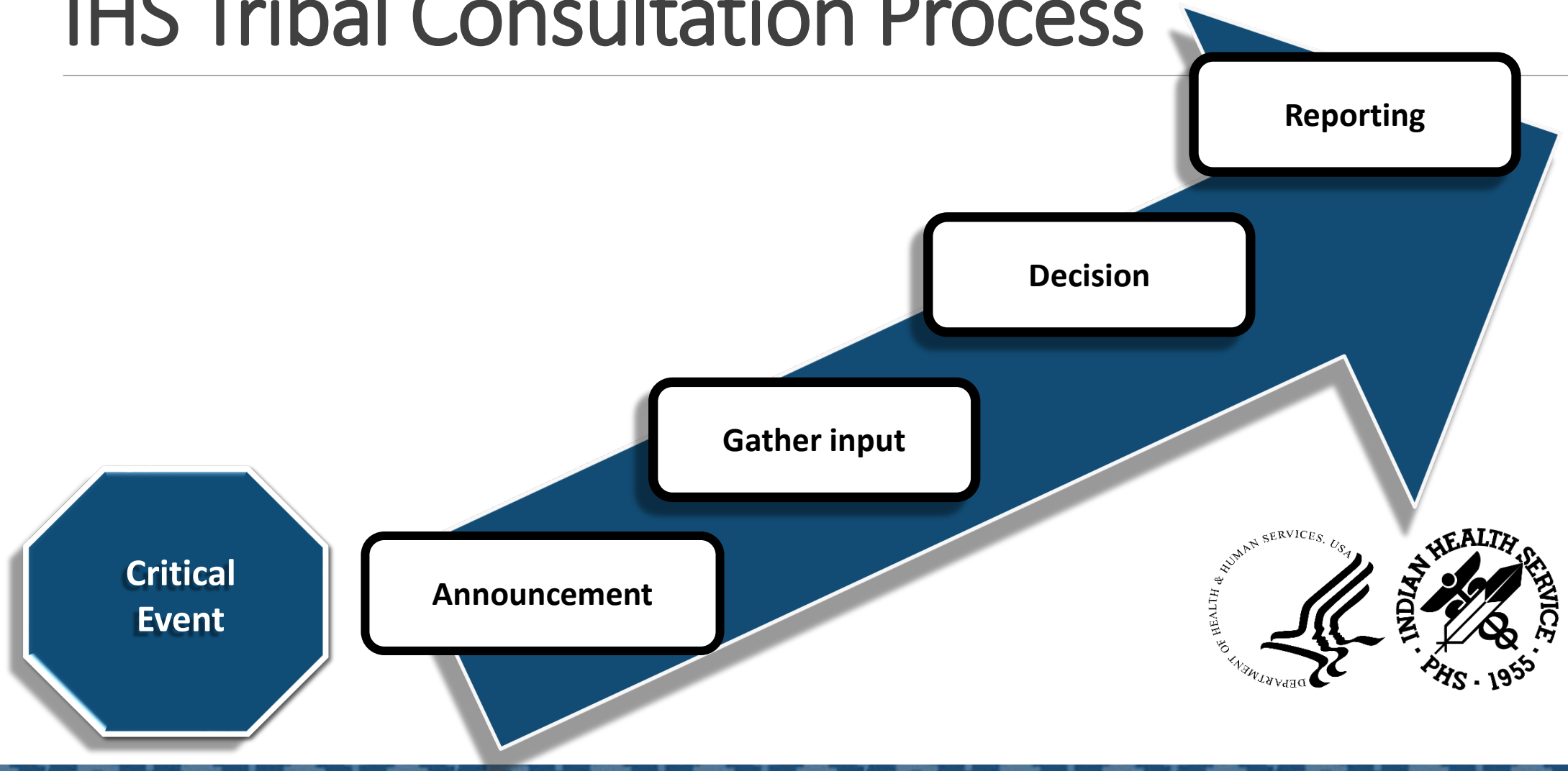
Tribal Consultation and Urban Confer Update

IHS Tribal Consultation Process



Updated IHS Tribal Consultation Policy TC

- **Critical Event:**
  - August 2018: TSGAC & DSTAC recommended a joint Tribal/Federal Workgroup review and update the 2006-issued IHS Tribal Consultation Policy
  - January 2021: Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships.
  - November 30, 2022: Presidential Memorandum on Uniform Standards for Tribal Consultation.
- **Announcement:** April 27, 2021, May 6, 2022, March 13, 2023, July 26, 2023, November 27, 2023
- **Gathering Input:** 6 Virtual Tribal Consultation Sessions, more than 15 IHS Director's Advisory Workgroup on Tribal Consultation Meetings
- **Decision:** Under Agency Review
- **Reporting:** Forthcoming

Supplemental Request for Fentanyl and Opioid Abuse Funding

- **Critical Event:** Potential implementation of $250 million in the Administration's supplemental request to support funding for fentanyl and opioid abuse prevention, treatment, recovery services, and harm reduction interventions.
- **Announcement:** January 12, 2024, DTLL, DUIOLL
- **Gathering Input:** Closed on March 4, 2024. One virtual Tribal Consultation Session, one virtual Urban Confer Session.
- **Decision:** Congress did not appropriate the funds.
- **Reporting:** Consultation and Confer concluded on March 4, 2024.

Health IT Modernization Program TC/UC

- **Critical Event:** To share Program updates and provide an opportunity for Tribes and Urban Indian Organizations to communicate their questions and input directly with DHITMO leadership. The modernization-focused topics for the 2024 sessions included the following:
  - **February 8, 2024** – Summary of the current state and governance structure of the **Enterprise Collaboration Group (ECG)**
  - **May 9, 2024** – Framework for the implementation timeline, readiness considerations, and anticipatory activities that tribal and urban partners engage in to prepare for **Deployment and Cohort Planning** at their facilities
  - **August 8, 2024** – Overview of **Shared Electronic Health Record (EHR) Considerations** for implementation of PATH EHR, inclusive of system capabilities, patient privacy requirements, and real-world examples of interoperability in practice
  - **November 7, 2024** ***(*future session)*** – Approach for comprehensive **Site Readiness and Training** activities at the site level, with details outlining the ways in which the IHS supports organizational readiness, technology readiness, and end user training
- **Announcement:** January 18, 2024
- **Gathering Input:** Four TC/UC sessions (active until completion of November session)
- **Reporting:** Forthcoming (final presentation decks to be posted to IHS website)

Reproductive Health Care NPRM

- **Critical Event:** January 2024: Notice of Proposed Rulemaking (NPRM) published in the Federal Register, proposing the removal of outdated regulations on the use of IHS funds for certain abortions.
- **Announcement:** January 17, 2024
- **Gathering Input:** Virtual Tribal Consultation on February 27, 2024, and review of written comments
- **Decision:** The final rule was published April 30, 2024, effective May 30, 2024
- **Reporting:** IHS provided reactive statement and Week in Review blurb published May 17, 2024

IHS Strategic Plan FYs 2025-2029

Critical Event: Previous IHS Strategic Plan expired in 2023. A new draft IHS Strategic Plan was developed and sent out for Tribal Consultation and Urban Confer.

Announcement: May 2, 2024

Gathering Input: Closed. Comments due June 28, 2024. IHS hosted one virtual Tribal Consultation session on May 29, one virtual urban confer session on May 30, and one virtual IHS Employee Town Hall on June 6. Updates also provided to DSTAC and TSGAC.

Decision: The Strategic Plan is in clearance. Final plan is expected to be released by December 31, 2024.

Reporting: Once final, a DTLL will be sent.

- **For More Information:** The final Strategic Plan will be posted at www.ihs.gov/strategicplan

Behavioral Health Initiatives

- **Critical Event:** Various Tribal Advisory Committees have requested for the Behavioral Health Initiatives Funds be distributed using the Tribal Shares allocation.
- **Announcement:** May 21, 2024
- **Gathering Input:** Tribal Consultation was held on June 18, 2024, Urban Confer was held on June 20, 2024. Comment period closed on July 22, 2024, IHS received 19 written comments. Comments were received and reviewed by Division of Behavioral Health.
- **Decision:** Under agency review.
- **Reporting:** Forthcoming.

Tribal Self-Governance Report – FYs 2018-2019

- **Critical Event:** The IHS finalized the combined Fiscal Years (FYs) 2018 and 2019 Report to Congress on the Administration of the IHS Tribal Self Governance Program (Report to Congress). The Indian Self-Determination and Education Assistance Act at Title 25 United States Code (U.S.C.) § 5394 requires that, prior to submitting the Report to Congress, the IHS must seek Tribal comments and views.
- **Announcement:** June 3, 2024
- **Gathering Input:** Consultation closed on August 2, 2024
- **Decision:** The IHS did not receive comments and the Report to Congress is currently being routed to the Department of Health and Human Services (HHS) for review and clearance, prior to being submitted to Congress, as required.

Tribal Self-Governance Report – FYs 2020-2021

- **Critical Event:** The IHS finalized the combined Fiscal Years (FYs) 2020 and 2021 Report to Congress on the Administration of the IHS Tribal Self Governance Program. The Indian Self-Determination and Education Assistance Act at Title 25 United States Code (U.S.C.) § 5394 requires that, prior to submitting the Report to Congress on the Administration of the IHS, Tribal Self-Governance Program, the IHS must seek Tribal comments and views.
- **Announcement:** October 24, 2024
- **Gathering Input:** This Consultation is open and will close on December 23, 2024. Written comments can be submitted by either U.S. Postal Mail or email to consultation@ihs.gov
  - **SUBJECT LINE: Tribal Self-Governance Report to Congress – FYs 2020 and 2021**

HUD/IHS Joint Tribal Consultation on Sanitation Facilities and Housing

- **Critical Event:** April 2024 HUD suggested to IHS that Tribal input was needed on the possibility of Congress changing legislative prohibitions on IHS Sanitation Facilities Construction funds being used for HUD funded homes.
- **Announcement:** September 9, 2024
- **Gathering Input:** A virtual consultation will be announced
- **Decision:** Under agency review.

Contract Support Costs (CSC)

- **Critical Event:** June 2024 Supreme Court of the United States (SCOTUS) rule that the expenditure of third-party revenue is eligible for CSC in the cases of Becerra v. San Carlos Apache Tribe and Becerra v. Northern Arapaho Tribe
- **Announcement:** June 13, 2024, and September 10, 2024
- **Gathering Input:** Comments closed on October 11, 2024, IHS hosted 5 Tribal Consultation sessions: (September 25, September 26, October 1, October 3, and October 9, 2024)
- **Decision:** Under Agency Review
- **For More Information:** Implementation of United States Supreme Court decision Becerra v. San Carlos Apache Tribe | Contract Support Costs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CMO Public Health Update

All Tribal/UIO Leaders Call

MATTHEW A. CLARK, MD, FAAP, FACP
DEPUTY CHIEF MEDICAL OFFICER (A), INDIAN HEALTH SERVICE
CMO, ALASKA AREA NATIVE HEALTH SERVICE
CHAIR, IHS NATIONAL PHARMACY & THERAPEUTICS COMMITTEE

Indian Health Service

NATIVE AMERICAN HERITAGE MONTH

Honoring Health, Tradition, and Community


NATIVE AMERICAN
VETERANS
ARMY-NAVY
AIR FORCE-MARINES

Syphilis & Congenital Syphilis

- Epidemic
- Increased rates nationwide
- Disproportionate impact in tribal communities

Public Health Messaging

Get Tested Today for Syphilis

What is syphilis?

Syphilis is a sexually transmitted infection (STI) that can cause serious health problems without treatment.

How does it spread?

You can get syphilis by direct contact with syphilis sores during vaginal, anal or oral sex. Syphilis can be spread from a mother to her unborn baby.

What can you do to reduce the risk?

Not having sex is the safest way to prevent the spread of STDs. If you are sexually active, you can do the following to lower the risk:

- Being in a long-term relationship with a partner who has been tested.
- Using condoms, the right way every time you have sex.
- Get tested.

Don't Wait!

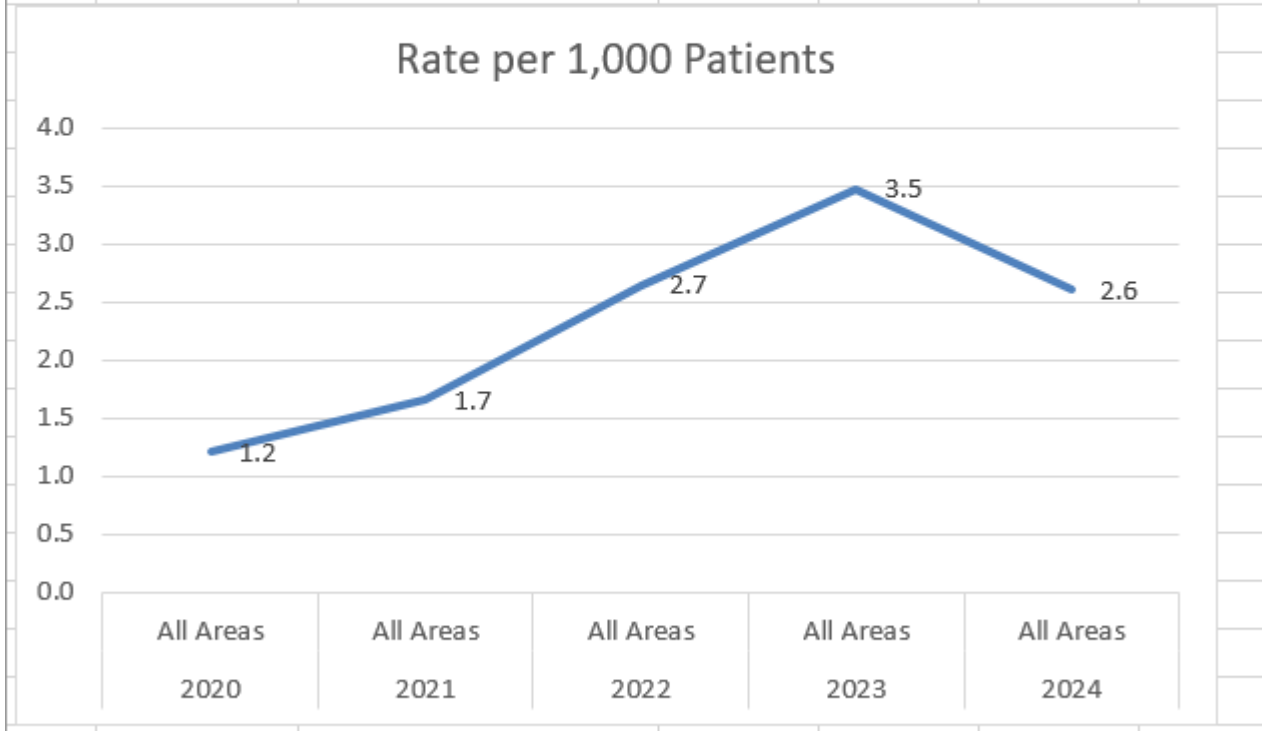
Syphilis is curable and treatment is available.

TO GET TESTED
visit your health care provider.

For additional information on syphilis, please visit:
https://www.cdc.gov/std/syphilis/

Syphilis Trends

Ye	Area	Rate per 1,000 Patien			**Syphilis**
2020	All Areas	1.2			
2021	All Areas	1.7			
2022	All Areas	2.7			
2023	All Areas	3.5			
2024	All Areas	2.6			



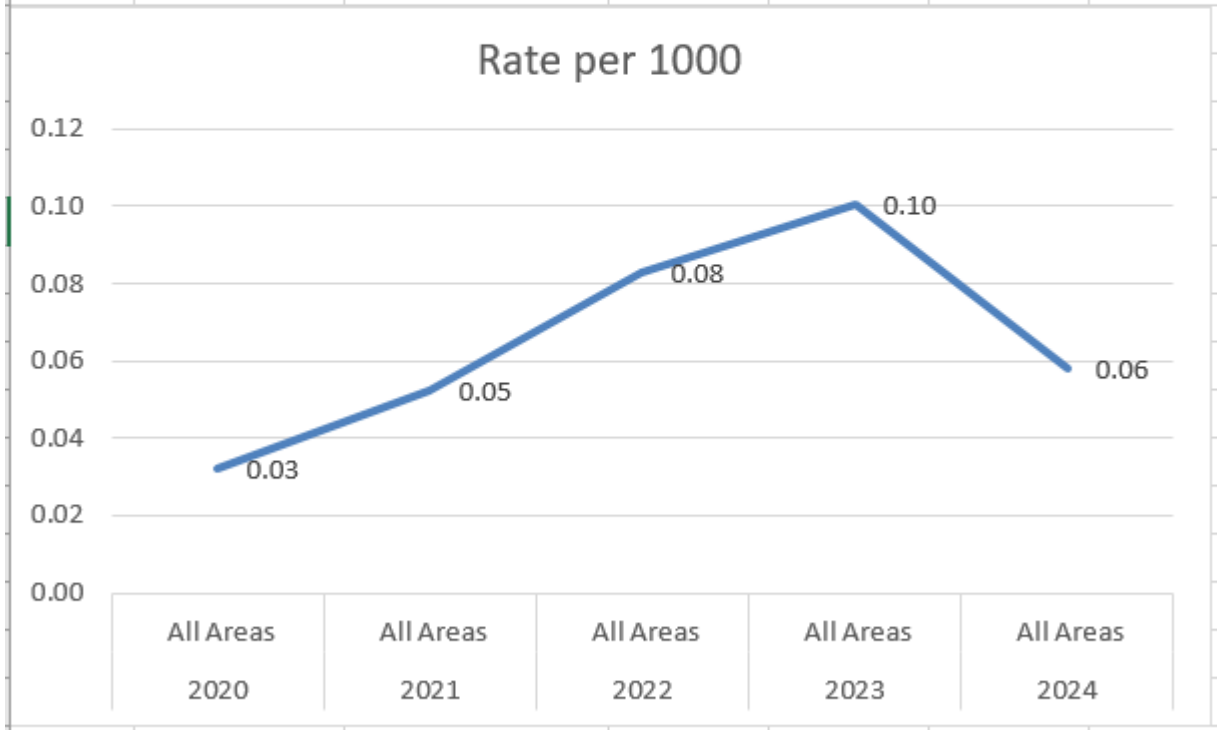
Note vertical axis scale

Syphilis

- Cases decreasing, but need to continue contact tracing to identify and treat those affected
- Testing and treatment, including field testing
- Continue bundle STI testing for ages 13-65
- Express testing while visiting locations where pregnant mothers visit (SNAP, WIC)

Congenital Syphilis Trends

Year	Area	Rate per 1000		Congenital Syphilis
2020	All Areas	0.03		
2021	All Areas	0.05		
2022	All Areas	0.08		
2023	All Areas	0.10		
2024	All Areas	0.06		



Note vertical axis changes

IHS Vaccine Updates

- E3 Vaccine Strategy
- Fall Respiratory Viral Vaccines
  - COVID,
  - Seasonal Influenza
  - RSV

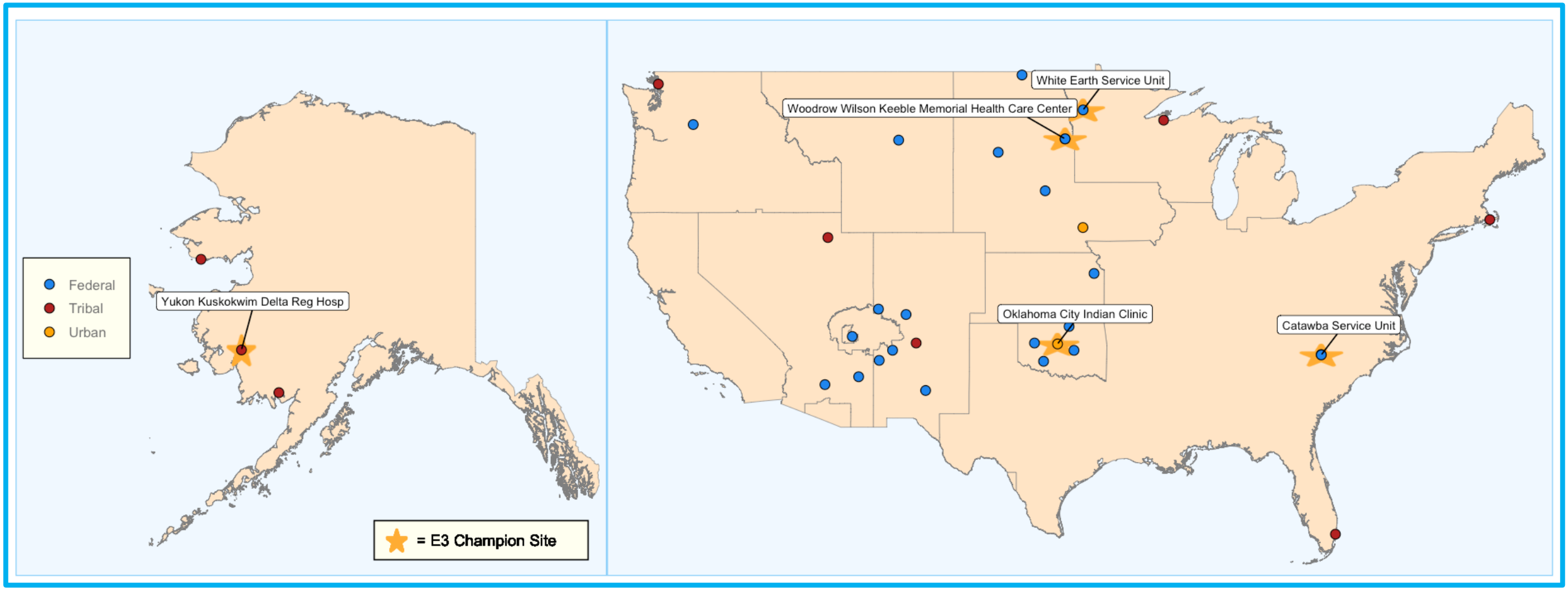
IHS National E3 Vaccine Strategy

- Vaccination is THE clinical & public health prevention priority in IHS.
- **Every patient, Every encounter, Every recommended vaccine, when appropriate.**
- Inclusive of all ACIP-recommended vaccines.
- Webpage: https://www.ihs.gov/NPTC/e3-vaccine-strategy/
  - Resource bank, E3 Champions Pilot, Best Practices

E3 Champions Pilot Program- Overview

- Launch date- March 1, 2023
- **Actively seeking E3 Vaccine Strategy Pilot Teams**
- Brief Application
  1. Name and location of your team.
  2. Tribal community/communities served.
  3. Brief narrative (200 words or less) describing your vaccine-related project and objectives.
  4. Submission to ihsmedsafety@ihs.gov
- Letter of Designation
- Details: E3 Champions Pilot Program Fact Sheet

IHS E3 Vaccine Strategy- Pilot Site Locations



Designated Pilot Sites/Teams as of 10/15/24

E3 Champion Pilots- Best Practices

- Leadership
- Clinic
- Nursing
- Public Health Nursing
- Information Technology
- Pharmacy
- Community

Protection from Vaccine Preventable Diseases

Preventing the preventable

FIGURE 1. Increasing vaccination is a powerful way to prevent disease in American Indian and Alaska Native (AI/AN) people.[1]

The goal of E3 is to reduce vaccine-preventable disease in Indian Country by increasing immunization.

E3 is a vaccine strategy across the age spectrum, from infants to elders.

The IHS National E3 Vaccine Strategy

- **Every patient**
- **Every encounter**
- **Every recommended vaccine**, when appropriate

E3 is in action everywhere in Indian Country

- **All age groups**
- **All seasons**, not just when infections peak
- **All settings** (e.g., ambulatory and inpatient care, home visits, community events)

Respiratory Viral Season Vaccines, 2024-2025

Respiratory Viral Season- Fall/Winter

Vaccine Preventable Diseases- Epidemiology

- Seasonal Influenza (Flu)
  - Average 12,000-52,000 deaths and over 200,000 hospitalizations annually
  - 44,900 estimated deaths last season (2023-2024)
- Respiratory Syncytial Virus (RSV)
  - Average 58,000-80,000 hospitalizations (<age 5y) annually
  - Leading cause of hospitalization in infants in the United States
  - Average 60,000-160,000 hospitalizations (>65y) annually
- SARS-CoV-2 (COVID-19)
  - Excess mortality in the U.S. > 1 million persons to date
  - Estimated 916,300 hospitalizations and 75,500 death last year (2023)

Public Health Messaging

Seasonal Influenza Vaccine 2024-2025

- Antigenic drift requires yearly seasonal flu vaccine to;
  - Reduce the risk of infection and spread
  - Reduce the risk of serious infection, including hospitalization and death
- Recommended for all people ≥ 6 months of age
  - ideally Sept-Oct, except earlier if pregnant 3rd trimester & young infants requiring two doses)
- Trivalent- Three serotypes (H1N1, H3N2, B/Victoria lineage)
  - Multiple approved manufacturers and formulations
  - The H3N2 influenza strain has been updated this year
  - The second influenza B strain has been removed
- Preferential recommendation- high dose, adjuvanted, recombinant
  - Age ≥ 65 years and solid organ transplants
- Vaccine effectiveness varies yearly
  - Average reduction in hospitalization risk 42-82% in the last 10 years

COVID Seasonal Variation- The New Norm…

- Bimodal Summer and Fall/Winter waves
- A tendency towards less severe infections (ER, hospitalizations, deaths)
- Wastewater surveillance in the setting of limited case data
- 2024 Summer Wave
  - Earlier that 2023 and larger than any summer wave since July 2022
  - Based on viral activity in wastewater surveillance
  - Likely due to antigenic drift from the JN.1 parent strain
- **Updated 2024-2025 COVID vaccines are currently widely available**

2024-2025 COVID-19 Vaccines

- **ACIP/CDC recommended for ≥ 6 months**
- Monovalent vaccine composition
- Formulated against spike protein of the JN.1 lineage/KP.2 strain
- Platforms
  - Pfizer-BioNTech and Moderna mRNA vaccines (JN.1/KP.2)
  - Novavax adjuvanted protein subunit vaccine platform (JN.1).

Respiratory Syncytial Virus

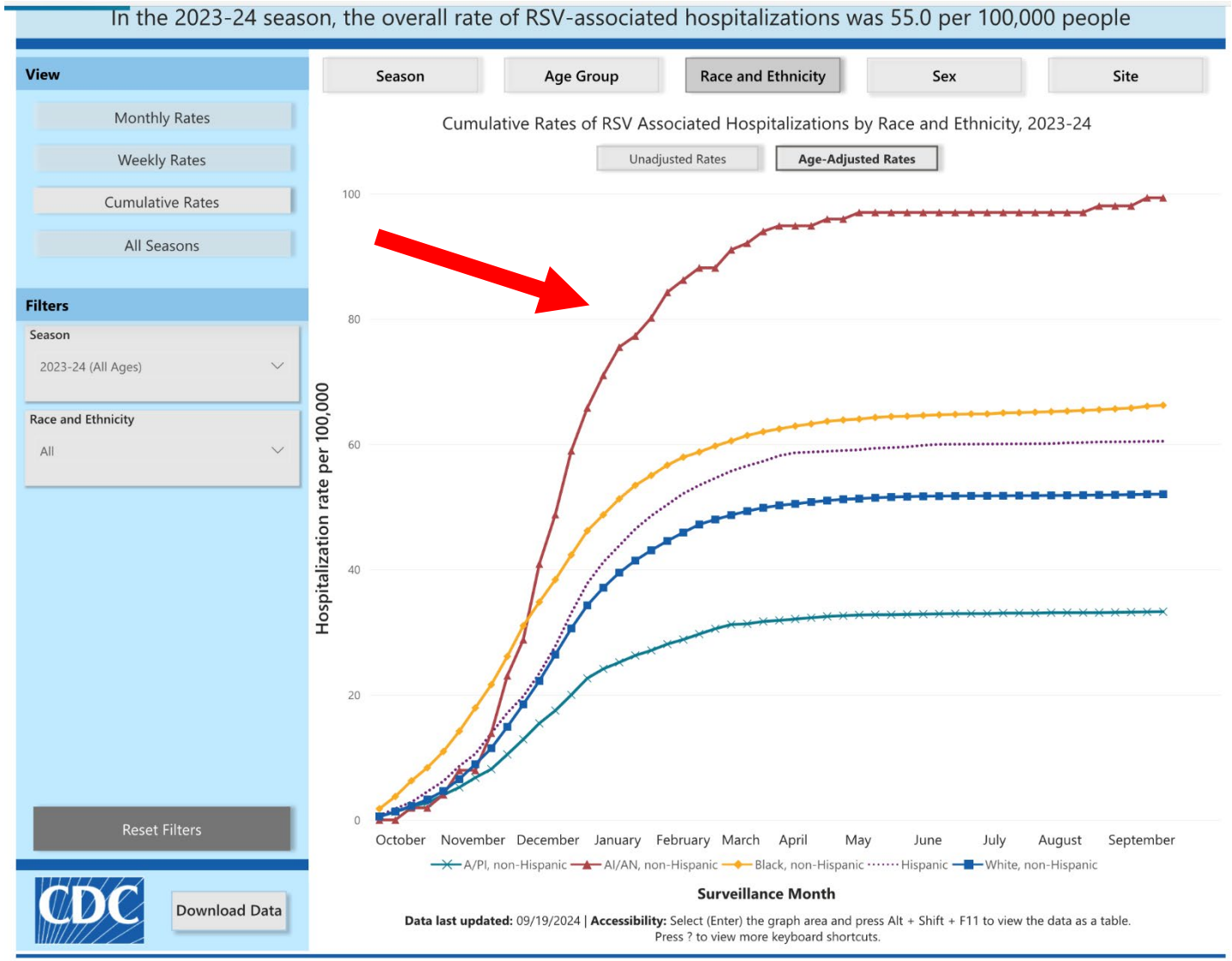
Respiratory Syncytial Virus

- An Orthopneumovirus
  - In recently created Pneumoviridiae family
- Two antigenic subgroups, A and B
  - Can co-circulate during the same season
  - Exhibit genome-wide sequence divergence
- Ubiquitous with relatively homogenous distribution worldwide
  - Predictively causes yearly outbreaks
- Clinically
  - By 1st birthday: 70% have been infected with RSV
  - By 2nd birthday: Essentially all have been exposed
  - Can re-infect over a life time many times
- Major cause of LRTI
  - Particularly in infants, children, elderly & those with chronic medical conditions

RSV Epidemiology in AI/AN

- AI/AN infants: Historically high rates of severe lower respiratory tract infection (LRTI)
  - Particularly in Alaska and Southwestern IHS regions
- RSV hospitalization rates:
  - One in 10 AI/AN infants in Southwestern USA each year
  - 4-10 fold higher rates of RSV hospitalization for AI/AN infants < 24 months of age
    - Rural Alaska (particularly the Yukon Kuskokwim Delta region)
    - Southwestern IHS regions higher than other US infants of similar ages
  - Rate is similar to medically high-risk infants in the overall US population
- RSV surveillance in AI/AN tribal communities:
  - Navajo Nation, White Mountain Apache Tribal Lands (JHCIH)
  - Alaska (CDC Artic Investigations Center)

2023-2024 RSV Epidemiology by Ethnicity



RSV Immunizations 2024-2025

- People 60-74 years
  - RSVPreF3 (Arexvy®), RSVpreF (Abrysvo®), and mResvia®
  - ACIP/CDC- Single lifetime dose **if at risk of severe RSV disease** (Clinical Considerations)
  - No longer recommended without risk factors
- People ≥ 75 years
  - RSVPreF3 (Arexvy®), RSVpreF (Abrysvo®), and mResvia®
  - ACIP/CDC- Universal (single lifetime dose)
- Pregnant people
  - RSVpreF (Abrysvo®)
  - Protection of the newborn from severe RSV illness (LRTI)
  - Single dose, 32-36 weeks gestation
  - Seasonal administration (Sep-Jan in most of the continental United States)
- Infants ≤ 8 months (and all AI/AN up to 19 months in second season)
  - Nirsevimab (long-acting monoclonal antibody)
  - Single dose in an RSV season (Oct 1-Mar 31 in most instances)

Nirsevimab (Beyfortus®)

- Long-acting monoclonal antibody
- Passive immunization
  - One dose lasts at least 5 months (duration of an average RSV season)
  - Does not provide long-term protection to RSV disease
- Administered to infants and some young children
- Efficacy
  - Reduction in the risk of severe RSV disease by about 80%
- Most common adverse reactions were injection site reaction and rash.

Nirsevimab for AI/AN

- RSV hospitalization rates 4-10x higher among Alaska Native and American Indian children aged <24 months than the rate in the general population.
- Nirsevimab felt to increase health equity.
- ACIP/CDC Recommendation
  - All infants younger than 8 months should receive nirsevimab before the start of their first RSV season.
  - All AI/AN children 8-19 months should receive nirsevimab shortly before the start of their second RSV season.

IHS Experience- 2023-2024 Season

- Nirsevimab- manufacturing supply chain disruptions via VFC.
- IHS NSSC procured 8,000 doses from Sanofi as a supplement for distributions (no cost) to programs in the IHS system of care.
- Early evidence of successful vaccination strategies and health outcomes.
  - Yukon Kuskokwim Health Corporation (YK Delta, Alaska)
    - Proactive outreach to remote villages
    - High rates of vaccine acceptance
    - Low rates of hospitalization among infants immunized with nirsevimab
- Supply adequate for October start of immunization season
- IHS 2024-2025 supplemental supply

WHOOPING COUGH

Whooping cough is a serious bacterial infection of the lungs and breathing tubes. Anyone can get whooping cough, but it is more common in infants and children. It is especially dangerous in infants. Coughing fits can be so bad that it is hard for infants to eat, drink, or breathe.

Transmission:
Whooping cough is highly contagious. It can be transferred from person to person through the air. A person who has whooping cough may cough or sneeze and release tiny particles that contain bacteria. This bacteria can then be inhaled by other people.

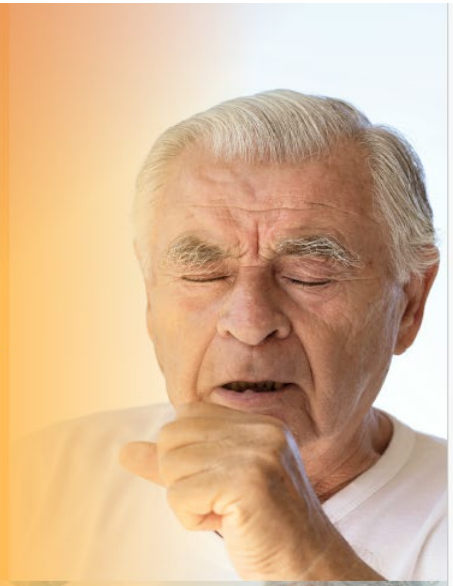
Symptoms may begin within three to 12 days of exposure and last as long as two weeks.

Symptoms include:
- nasal congestion
- runny nose
- sneezing
- mild fever
- watery eyes
- prolonged coughing

To prevent whooping cough:
- Get vaccinated
- Wash your hands with soap and warm water
- Isolate from others if you are displaying symptoms

Pertussis
(Whooping Cough)

Whooping cough is a serious bacterial infection of the lining of the breathing passages. It is spread from person to person through close contact with someone who is coughing and sneezing.



Know the Symptoms!

Early symptoms can look like a common cold. Symptoms in the early stage can include:
- runny nose
- congestion
- fever
- cough

After two weeks, prolonged cough can occur. Coughing can end with a high pitched "whoop" sound and may cause vomiting and extreme tiredness.

Get Vaccinated!

Getting vaccinated is the best way to help protect yourself against pertussis. Preventing whooping cough also means reducing your risk of hospitalization and death for high-risk people.

Speak with your health care provider for more information about pertussis or if you're eligible for a vaccine.

Opioid Crisis

- Overdose deaths are decreasing
- Continued challenges with new drugs on the street
- Harm Reduction Strategies- Naloxone availability
- Prevention!!

Public Health Messaging

Safety Alert - Pink Cocaine

- Also known as Tusi, Tuci, Tucibi, Tusibi

- Typically a powdery mix of many substances which may include ketamine with MDMA, opioids, caffeine, bath salts, hallucinogens, fentanyl, benzodiazepines, and methamphetamine.
- Likely dyed with food coloring to look bright pink.
- May have a sweet smell like strawberries.
- Sold mostly online and through social media apps.

May cause:

Amnesia, a feeling of being in a "blank space", feeling of separation of brain and body, unaware of what is going on.

- Do not use pink cocaine alone or with other drugs.
- Call 911 immediately if you suspect an overdose.
- While waiting for first responders, start CPR.
- If available, naloxone may be given if the person is unresponsive or not breathing.
- Call Poison Help (1-800-222-1222) to reach your local poison center if you think someone has used pink cocaine.

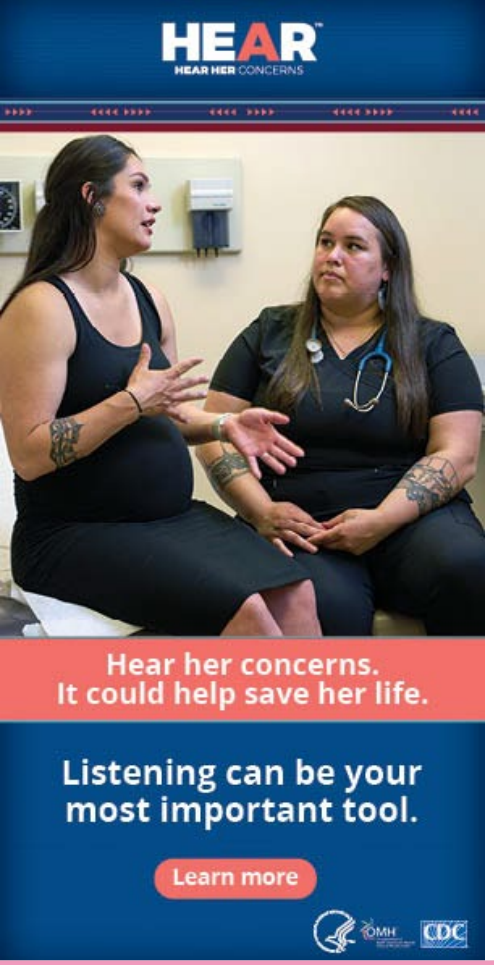
The only way to avoid the risks of Tusi is to not use it.

Scan the QR Code for resources.

Harm Reduction

Maternal & Child Health

- Self-monitoring blood pressure control
- ObRed manual for healthcare clinics without obstetric care
- Work to prevent congenital syphilis
- Maternal care coordinators
- Updated PRC Medical Priorities


HEAR
HEAR HER CONCERNS
Hear her concerns.
It could help save her life.
Listening can be your most important tool.
Learn more
CDC


Healthy Pregnancies
Healthy Babies
Healthy Communities
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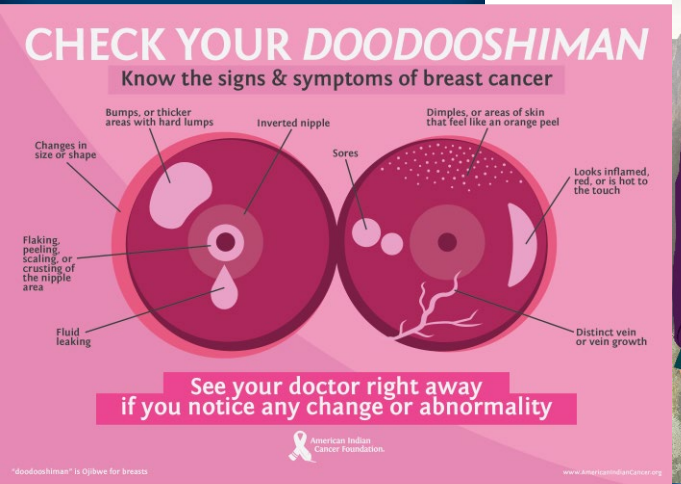
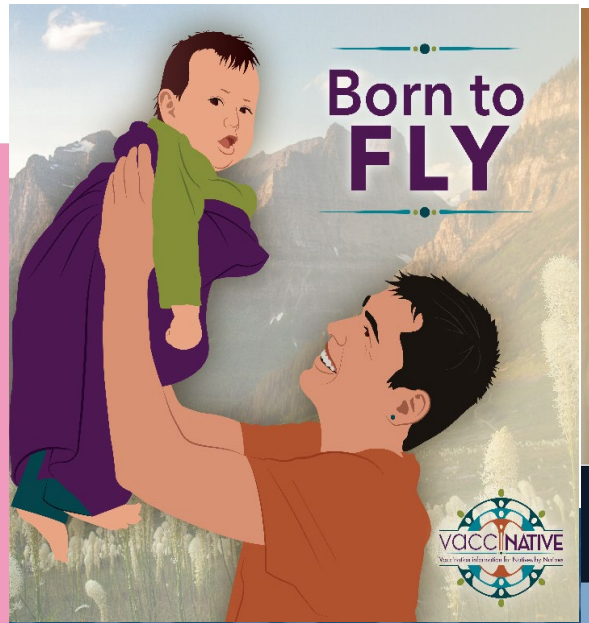
Syphilis cases are on the rise.
Know your status, especially if you're pregnant.
Syphilis can be hard to spot, often starting with an easily missed sore or rash. While anyone can get syphilis, pregnant people and newborn babies face serious complications if left untreated.
Testing is easy and treatment is quick.
Protect your and your baby's future by getting tested today!


CHECK YOUR DOODOOSHIMAN
Know the signs & symptoms of breast cancer
Bumps, or thicker areas with hard lumps
Inverted nipple
Dimples, or areas of skin that feel like an orange peel
Changes in size or shape
Sores
Looks inflamed, red, or is hot to the touch
Flaking, peeling, scaling, or crusting of the nipple area
Fluid leaking
Distinct vein or vein growth
See your doctor right away if you notice any change or abnormality
American Indian Cancer Foundation.
"doodooshiman" is Ojibwe for breasts
www.AmericanIndianCancer.org


Born to FLY
VACCINATIVE


National Maternal Mental Health Hotline
HRSA
For Emotional Support & Resources
CALL OR TEXT 1-833-TLC-MAMA
(1-833-852-6262)
ALWAYS FREE — 24/7 — CONFIDENTIAL — 60+ LANGUAGES


Family Care PLANS
Creating Family Care Plans
for American Indian & Alaska Native
Pregnant & Parenting People Experiencing

Shortage of IV Fluids

- We prepared in the early stages of shortages
- Communication to the field
- Early establishment of allotments
- Alternative sources sought
- Have not decreased services, but thoughtful use of IV fluids
- Increase in production reported


THANK YOU!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Finance Update

CHRIS PORTER

DEPUTY DIRECTOR, OFFICE OF FINANCE AND ACCOUNTING

FY 2025 Advance Appropriations Payments

Once again, the IHS successfully distributed FY 2025 advance appropriations to eligible Title I and Title V Tribes.

- As of 10/29, 99% of eligible FY Tribal Payments are paid.
  - Total of 203 FY Tribal Agreements and $2.5 billion paid
- 100% of Eligible Title I payments are complete.
  - 115 Title I FY Agreements paid, totaling $431 million
- 99% of Eligible Title V payments are complete
  - 88 Title V FY Agreements paid, totaling $2.1 billion

Advance Appropriations Evaluation

The IHS is currently conducting an evaluation of advance appropriations.

- The focus of the evaluation is two-fold:
  - Agency's implementation of advance appropriations
  - Impact of advance appropriations on IHS, Tribal, and urban Indian health programs.
- The IHS will need your help providing data to inform the evaluation.
  - Data collection will include key stakeholder interviews, focus groups, and case studies.

FY 2025 Appropriations

On 9/26, Congress enacted a 3-month CR, funding the government through December 20.

- Provides needed staffing and operating costs for new facilities anomaly, and exempts IHS from prohibition on obligating ARPA funds under the CR.
- 22.19% of FY 2024 funding available for Indian Health Care Improvement Fund, Electronic Health Record, Health Care Facilities Construction, and Sanitation Facilities Construction.
- IHS can fully fund all Contract Support Costs and Tribal Lease Payments that come up during the period of the CR.


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Upcoming Engagement Opportunities

- November 7: Tribal Consultation and Urban Confer: Health Information Technology Modernization Site Readiness and Training
- November 7: IHS-Wide Virtual Career Fair
- November 13: Virtual Urban Confer Session: Proposed Reorganization of DDIGA Offices
- November 14: Virtual Tribal Consultation Session: Proposed Reorganization of DDIGA Offices
- November 20: Direct Service Tribes Advisory Committee 1st Quarter Meeting + Secretary's Tribal Advisory Committee Meeting
- December 3-4: Tribal Leaders Diabetes Committee Meeting
- December 16-17: Tribal Self-Governance Advisory Committee Meeting
- December 19: Direct Service Tribes Advisory Committee Monthly Call

Questions?