

# 2024 Indian Health Service Partnership Conference

## IHS Clinical Strategic Initiatives

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IHS PARTNERSHIP CONFERENCE

PHOENIX, AZ

AUG 2024



# Presenters

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**Loretta Christensen, MD, MBA, MSJ, FACS**  
Chief Medical Officer, Indian Health Service

**Matthew A. Clark, MD, FAAP, FACP**  
Deputy Chief Medical Officer (A), Indian Health Service



# IHS Clinical Strategic Initiatives

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- ❖ Sexually Transmitted Infections (STI)
- ❖ Latent Tuberculosis Infection (LTBI)
- ❖ E3 Vaccine Strategy
- ❖ Asthma Control in Tribal communities (ACT)
- ❖ Native Hearts



# Sexually Transmitted Infections (STI) Initiative

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# Sexually Transmitted Infections (STI) Initiative

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- ❖ Newest IHS National Clinical Strategic Initiative
- ❖ Announced by Dr. Christensen: October 2023
- ❖ Adaptable, Proactive approach to addressing STI in Indian Country
- ❖ Collaboration: Dr. Iralu (CCC ID), STI/HIV/Hep C Branch, NPTC
- ❖ NPTC webpage: <https://www.ihs.gov/nptc/strategic-initiatives/>
  - STI Toolkit (Provider and Public Health Resources)
  - Community and Patient Resources



# Latent Tuberculosis Infection (LTBI) Initiative

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# Latent Tuberculosis Infection (LTBI) Initiative

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- ❖ IHS National Clinical Strategic Initiative- 2019
- ❖ Implementation 2019 with Update 2023
- ❖ Addresses high rate of LTBI in Indian Country
- ❖ NPTC webpage: <https://www.ihs.gov/nptc/strategic-initiatives/>
  - Clinical Toolkit
  - Cascade of Care



# Latent Tuberculosis Infection (LTBI)

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- ❖ Also known as Tuberculosis Infection (TBI- newer term) as distinguished from Tuberculosis Disease.
- ❖ Containment of *Mycobacterium tuberculosis*
  - ❖ TB bacillus initially contained by immune defense mechanisms
  - ❖ Asymptomatic and non-infectious
  - ❖ Viable organisms may overcome immune defenses and cause symptomatic disease
- ❖ Treatment of LTBI (aka TBI) prior to development of disease kills organisms (reducing reactivation risk by up to 90%).
- ❖ Protects the individual and the public.





# LTBI in Indian Country

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- ❖ Longstanding disparities
- ❖ Social Driver's of Health
  - ❖ Homelessness
  - ❖ Excessive alcohol use
  - ❖ Poverty
  - ❖ Lack of health insurance
- ❖ Comorbid chronic health conditions



National Library of Medicine

# TB Health Disparities

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- ❖ TB incidence (2009-2019) was 10 x higher in AI/AN & NHPI than whites.
- ❖ TB Death rates for AI/AN significantly higher compared with whites.
  - 1990-1998: 3.3 vs 0.3. deaths per 100,000 per year (RR 11.37)
  - 1999-2009 1.5 vs 0.1 deaths per 100,000 per year (RR 11.5)
- ❖ Death rate for persons > 85 in 1990-1998 for AI vs white: (RR 14.7)

Stats & References: Courtesy of Dr. Jon Iralu

Springer, Y.P., Kammerer, J.S., Silk, B.J. *et al.* Tuberculosis in Indigenous Persons — United States, 2009–2019. *J. Racial and Ethnic Health Disparities* (2021). <https://doi.org/10.1007/s40615-021-01112-6>  
Reilley B, Bloss E, Byrd K, Iralu J, Neel L, Cheek J. Death Rates from HIV and TB Among American Indian/Alaska Native in the United States, 1990-2009. *Am J Pub Health*, Supplement 3, 2014(104)S253-5



# LTBI- Preferred Treatment Regimens

**Latent Tuberculosis Infection Treatment Regimens**

Treatment regimens for latent TB infection (LTBI) use isoniazid (INH), rifapentine (RPT), or rifampin (RIF). CDC and the National Tuberculosis Controllers Association preferentially recommend short-course, rifamycin-based, 3- or 4-month latent TB infection treatment regimens over 6- or 9-month isoniazid monotherapy. Clinicians should choose the appropriate treatment regimen based on drug susceptibility results of the presumed source case (if known), coexisting medical conditions (e.g., HIV\*), and potential for drug-drug interactions. [https://www.cdc.gov/mmwr/volumes/69/rr/r6901a1.htm?s\\_cid=r6901a1\\_w](https://www.cdc.gov/mmwr/volumes/69/rr/r6901a1.htm?s_cid=r6901a1_w)

	DRUG	DURATION	FREQUENCY	TOTAL DOSES	DOSE AND AGE GROUP
Preferred	ISONIAZID <sup>1</sup> AND RIFAPENTINE <sup>1†</sup> (3HP)	3 months	Once weekly	12	<b>Adults and children aged ≥12 yrs</b> INH: 15 mg/kg rounded up to the nearest 50 or 300 mg; 900 mg maximum RPT: 10–14.0 kg: 300 mg 14.1–25.0 kg: 450 mg 25.1–32.0 kg: 600 mg 32.1–49.9 kg: 750 mg ≥50.0 kg: 900 mg maximum
					<b>Children aged 2–11 yrs</b> INH: 25 mg/kg; 900 mg maximum RPT <sup>1†</sup> : See above
	RIFAMPIN <sup>1</sup> (4R)	4 months	Daily	120	<b>Adults:</b> 30 mg/kg; 600 mg maximum <b>Children:</b> 15–20 mg/kg; 600 mg maximum
Alternative	ISONIAZID <sup>1</sup> AND RIFAMPIN <sup>1</sup> (3HR)	3 months	Daily	90	<b>Adults</b> INH: 5 mg/kg; 300 mg maximum RIF: 10 mg/kg; 600 mg maximum
			Twice weekly <sup>‡</sup>		<b>Children</b> INH: 10–20 mg/kg <sup>§</sup> ; 300 mg maximum RIF: 15–20 mg/kg; 600 mg maximum
	ISONIAZID <sup>1</sup> (6H/9H)	6 months	Daily	180	<b>Adults</b> Daily: 5 mg/kg; 300 mg maximum Twice weekly: 15 mg/kg; 900 mg maximum
			Twice weekly <sup>‡</sup>		<b>Children</b> Daily: 10–20 mg/kg <sup>§</sup> ; 300 mg maximum Twice weekly: 20–40 mg/kg <sup>§</sup> ; 500 mg maximum
			Twice weekly <sup>‡</sup>		75

\*The Centers for Disease Control and Prevention (CDC) has updated the use of isoniazid (INH) and rifampin (RIF) for latent TB infection (LTBI) treatment. [https://www.cdc.gov/mmwr/volumes/69/rr/r6901a1.htm?s\\_cid=r6901a1\\_w](https://www.cdc.gov/mmwr/volumes/69/rr/r6901a1.htm?s_cid=r6901a1_w)

†Isoniazid and rifapentine (3HP) regimen should be used for LTBI treatment. Isoniazid and rifampin (3HR) regimen should be used for LTBI treatment if the patient is HIV positive or if the patient is taking rifampin for another indication.

‡Twice weekly regimens must be provided via directly observed therapy (DOT) or under direct observation (UDO).

§Minimum recommended weight for twice weekly regimens is 10 kg (22 lb) for the 3HP regimen and 15 kg (33 lb) for the 3HR regimen.

¶The National Tuberculosis Controllers Association (NTCA) has updated the use of isoniazid (INH) and rifampin (RIF) for latent TB infection (LTBI) treatment. [https://www.cdc.gov/mmwr/volumes/69/rr/r6901a1.htm?s\\_cid=r6901a1\\_w](https://www.cdc.gov/mmwr/volumes/69/rr/r6901a1.htm?s_cid=r6901a1_w)

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- ❖ All drugs on IHS NCF
- ❖ 3-HP (INH/Rifapentine)
  - ❖ Weekly 3 months
- ❖ 4-R (Rifampin)
  - ❖ Daily 4 months
- ❖ 3-HR (Isoniazid/Rifampin)
  - ❖ Daily 3 months



# IHS LTBI Initiative- Clinical Toolkit

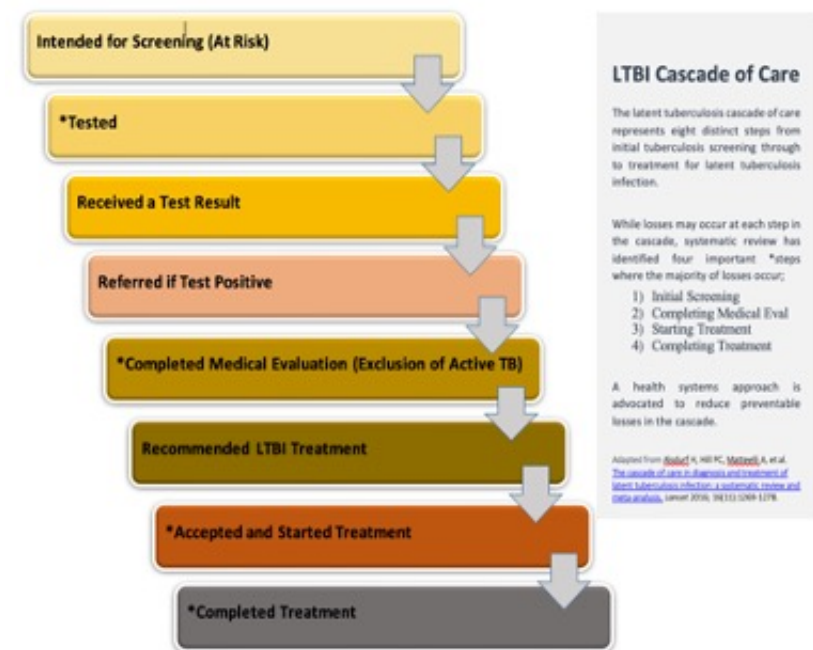
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- ❖ <https://www.ihs.gov/nptc/strategic-initiatives/clinical-toolkit/>
- ❖ IHS Chest Clinic Guidelines
- ❖ Latent TB Screening & Quick Reference Card
- ❖ Latent TB Cascade of Care
- ❖ Pharmacy Policy- 3-HP Directly Observed Therapy
- ❖ CDC Fact Sheets
- ❖ Patient Education Materials

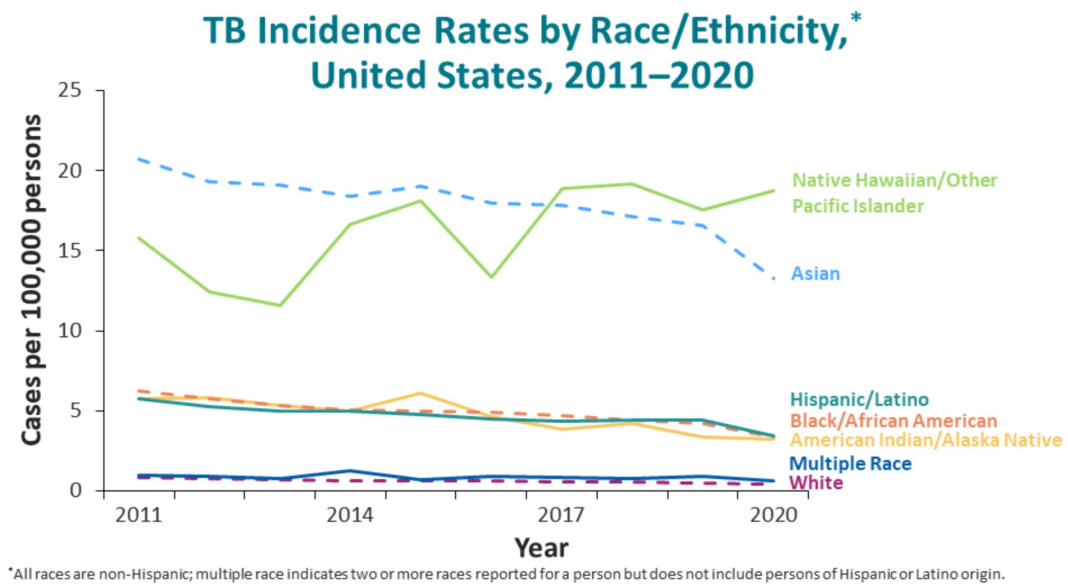


# Screening & Treatment- Cascade of Care

- ❖ Stepwise approach
  - ✓ Risk determination
  - ✓ Screening
  - ✓ Referral & Evaluation
  - ✓ Treatment
  - ✓ Treatment Completion



# Reason for Hope- Declining TB Incidence



Graph: Courtesy of Dr. Jon Iralu



# PROTECTING TRIBAL COMMUNITIES

EVERY PATIENT. EVERY ENCOUNTER. EVERY RECOMMENDED VACCINE.



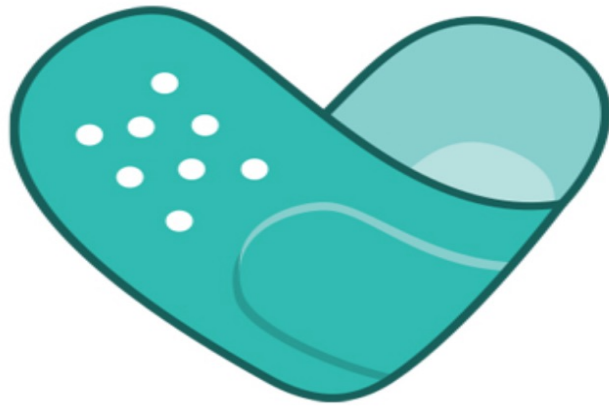
## E3 Vaccine Strategy

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August is National Immunization Awareness Month

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**National Immunization  
Awareness Month**





# Mission and Goals

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## Mission

No unvaccinated AI/AN person will suffer a poor outcome or die from a vaccine preventable illness.

## Goals

1. Increase vaccine rates in Indian Country to the highest level
2. Reduce rates of vaccine-preventable illness in Indian Country
3. Save lives in every tribal community & every age group (infants to elders)



# Rationale



# What is the E3 Vaccine Strategy?

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❖ Every Patient

❖ Every Encounter

❖ Every Recommended Vaccine Offered, when appropriate



# Timeline

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❖ Launch: November 17, 2022

❖ Operationalization: 2023-2024



# Target Population

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- ❖ American Indian and Alaska Native Tribal Communities
- ❖ IHS CMO Directive to all IHS federal direct-care facilities
- ❖ Encouraged for tribal & Urban Indian Organization facilities
- ❖ THE agency clinical and public health prevention priority



# Background

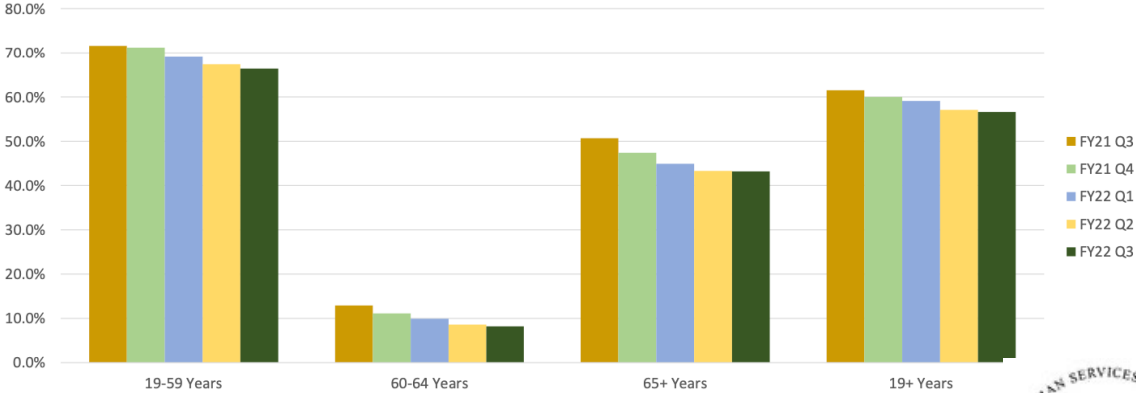
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- ❖ Impact of the COVID-19 pandemic
- ❖ Vaccine misinformation and “fatigue”
- ❖ Nationwide declines in vaccine coverage for all age racial, and ethnic groups
- ❖ Health disparities among AI/AN for vaccine preventable illness



# Vaccine Trends- Adults

**Adult Immunization Composite Measures \***  
**Appropriately Vaccinated Per Age Recommendations**  
**IHS National**



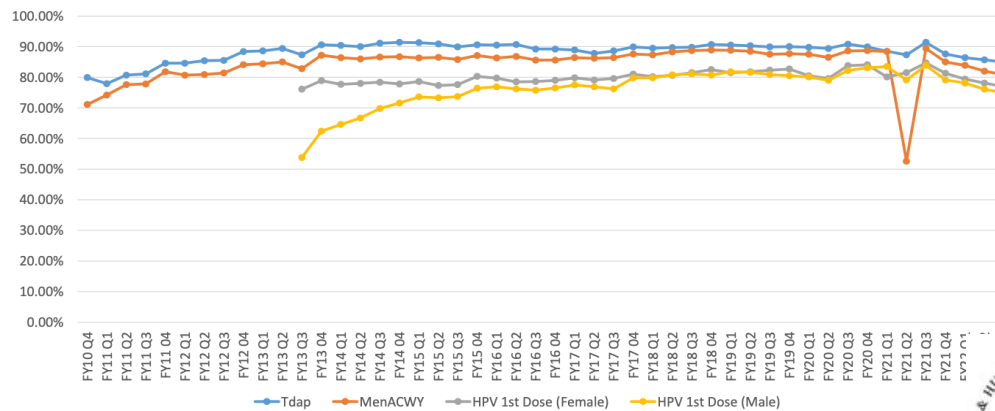
\* 19-59 years with Tdap ever and Tdap/Td <10 years; 60-64 years with Tdap ever and Tdap/Td <10 years and Zoster; 65+ years with Tdap ever and Tdap/Td <10 years a Pneumo; and 19 years and older with appropriately vaccinated per age recommendation

Data source: National Immunization Reporting System (NIRS):  
<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>



# Vaccine Trends- Adolescents

Adolescent Vaccine Coverage  
13 Year Olds  
IHS National



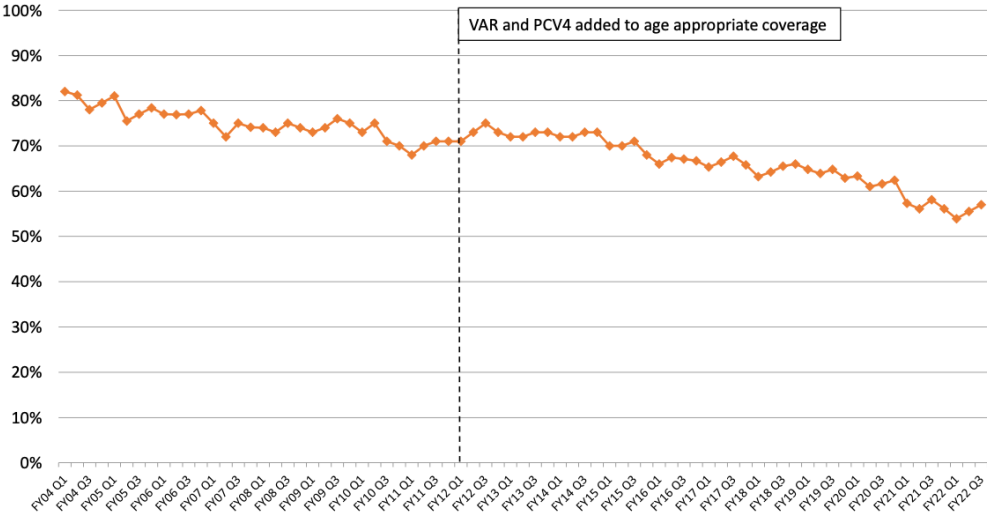
Data source: National Immunization Reporting System (NIRS):  
<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>





# Vaccine Trends- Infants/Children

**Age Appropriate Immunization Coverage  
3-27 month olds  
IHS National**



Data source: National Immunization Reporting System (NIRS):  
<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>



# A Call to Action

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- ❖ Comprehensive/Adaptable System of Health Care
- ❖ Vaccination is a highly effective prevention effort
- ❖ Pro-active approach
- ❖ Prioritization of vaccination at every visit
- ❖ System-based strategies



# Elements



# Every Patient

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- ❖ Every season
- ❖ All age groups
- ❖ Regular and transient patients
- ❖ Community members and non-community members



# Every Encounter

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- ❖ Preventive, Chronic, Acute
- ❖ Ambulatory, ER/Urgent Care, Inpatient
- ❖ Medical, Pharmacy, etc.
- ❖ Public Health
  - ❖ PHN/MCH Home Visits
  - ❖ Community Events
  - ❖ Head Start/School Events
  - ❖ Mass Vaccinations Events



# Every Recommended Vaccine Offered

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- ❖ All ACIP-recommended vaccines
- ❖ No distinction between “routine” vaccines and those recommended in response to disease outbreaks
- ❖ Patient informed consent and autonomy



# When Appropriate

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- ❖ Clinical indications for the patient, encounter, and vaccine
- ❖ Subject to ACIP-recommended precautions and contraindications:
  - ❖ <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>
- ❖ Safely & Correctly, Every Time
  - Mitigating risk of vaccine administration errors



# Operational Plan





# Building on Prior Success- Pandemic Response

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- ❖ Leadership of Tribal Communities
- ❖ Collaboration across I/T/U System of Care
- ❖ Vaccine and Medication Campaigns
  - ❖ COVID-19 Vaccines
  - ❖ COVID-19 Medical Countermeasures
    - Antivirals- Remdesivir & IHS Test to Treat Initiative
    - Monoclonal Antibodies



# Operational Plan

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- ❖ Bottom Up Approach
- ❖ Communications
- ❖ Stakeholder Engagement & Collaboration
- ❖ Resource Bank
- ❖ Cross Pollination
- ❖ E3 Champions Challenge & Pilot Program
- ❖ Data Trends
- ❖ Sustainability



# Bottom Up Approach

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## Vision

- Grass-roots strategy
- “Reverse” hierarchy (Local -> Regional -> National)
- “Shots in arms”
- No Effort Too Small

## Local Team

- Facility
- Unit
- Tribal Community



# Communications

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- ❖ Communication “Saturation”- System-Wide (I/T/U)
- ❖ IHS Banner, Blogs, Week-in-Review
- ❖ Tribal and Urban Leaders
- ❖ NPTC Website (E3 Vaccine Strategy Tab)
- ❖ IHS All-Call
- ❖ NCCMO, NNLC, AVPOCs, Nursing All-Call, NPAIHB ECHO
- ❖ National Combined Councils
- ❖ NPTC Summer 2023 Meeting
- ❖ IHS Partnership Conference 2024
- ❖ Listservs



# Stakeholder Engagement & Collaboration

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- ❖ Leadership at Every Level (HQ, Area/Region, Facility, Unit)
- ❖ Clinical and Public Health Disciplines
  - NIP/AVPOCs, Nursing, Public Health Nursing, Pharmacists, Providers et al.
- ❖ Tribal and Urban Indian Organization Partners
- ❖ Tribal Communities



# Resource Bank- Overview

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- ❖ Launched March 2023
- ❖ One-Touch Access
  - ❖ Tools and hyperlinks
  - ❖ IHS NPTC website
    - ❖ E3 Vaccine Strategy Tab (<https://www.ihs.gov/nptc/e3-vaccine-strategy/>)
- ❖ Clinician and patient/community-oriented materials
- ❖ Utilize existing expertise (e.g. CDC, ACIP, ACP/AAP)
- ❖ AI/AN-specific resources



# Resource Bank- Materials

- ❖ Dynamic updates
- ❖ IHS Safeguard our Future Fact Sheets
- ❖ Provider Resources
  - Vaccine Safety
  - Quality Improvement
  - Support tools
- ❖ Patient Resources

The screenshot displays the E3 Resource Bank interface. At the top, it features two columns of fact sheets: 'IHS Safeguard Our Future Clinician Factsheet' and 'IHS Safeguard Our Future Patient Factsheet'. Each fact sheet includes a brief description and a 'Read More' button. Below these, a section titled 'Provider Resources' lists various links and documents, organized into three numbered categories: 1) Safety & Preventing administration errors, 2) Quality Improvement Support tools, and 3) Additional Resources for Providers. Each item in the list is preceded by a letter (a-e) and includes a small icon representing an external link.

— E3 Resource Bank

**IHS Safeguard Our Future Clinician Factsheet**  
Facts for IHS clinicians: COVID-19 & routine vaccination for infants, children, and teens.  
[Read More](#)

**IHS Safeguard Our Future Patient Factsheet**  
Facts for patients and caregivers, safeguard your children: vaccinate today.  
[Read More](#)

**Provider Resources:**

- 1) Safety & Preventing administration errors
  - a. [CDC Needle Gauge and Length](#)
  - b. [CDC Pink Book, Chapter 4: Vaccine Safety](#)
  - c. [CDC Pink Book, Chapter 6: Vaccine Administration](#)
- 2) Quality Improvement Support tools
  - a. [American College of Physicians \(ACP\) Raise the Rates flyer](#)
  - b. [American Academy of Pediatrics \(AAP\) Office Strategies for Improving Immunization Rates](#)
  - c. [AAP Sample PDSA flyer](#)
  - d. [CDC Pink Book, Chapter 3: Immunization Strategies for Healthcare Practices and Providers](#)
- 3) Additional Resources for Providers
  - a. [IHS.gov Immunization Resources for Providers](#)
  - b. [CDC Yellow Book, Health Information for International Travel, Chapter 2 \(including Vaccination & Immunocompromised, General Recommendations\)](#)
  - c. [IHS Catch-up to Get Ahead Toolkit](#)
  - d. [AAP Adolescent Immunization Discussion Guides](#)
  - e. [Vaccine Recommendations and Guidelines of the ACP](#)



# Quality Improvement Through Cross Pollination

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- ❖ Steal shamelessly, share seamlessly
- ❖ For the good of the whole
- ❖ Integrate I/T/U efforts
- ❖ Best practices & lessons learned
  - Learning from success AND failure
  - Pro-active outreach
    - I/T/U Pilot Sites
    - Area & Site Communications
    - Key Stakeholders





# E3 Champions Pilot Program- Overview

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❖ 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](mailto:ihsmedsafety@ihs.gov)

❖ Letter of Designation

❖ Details: [E3 Champions Pilot Program Fact Sheet](#)



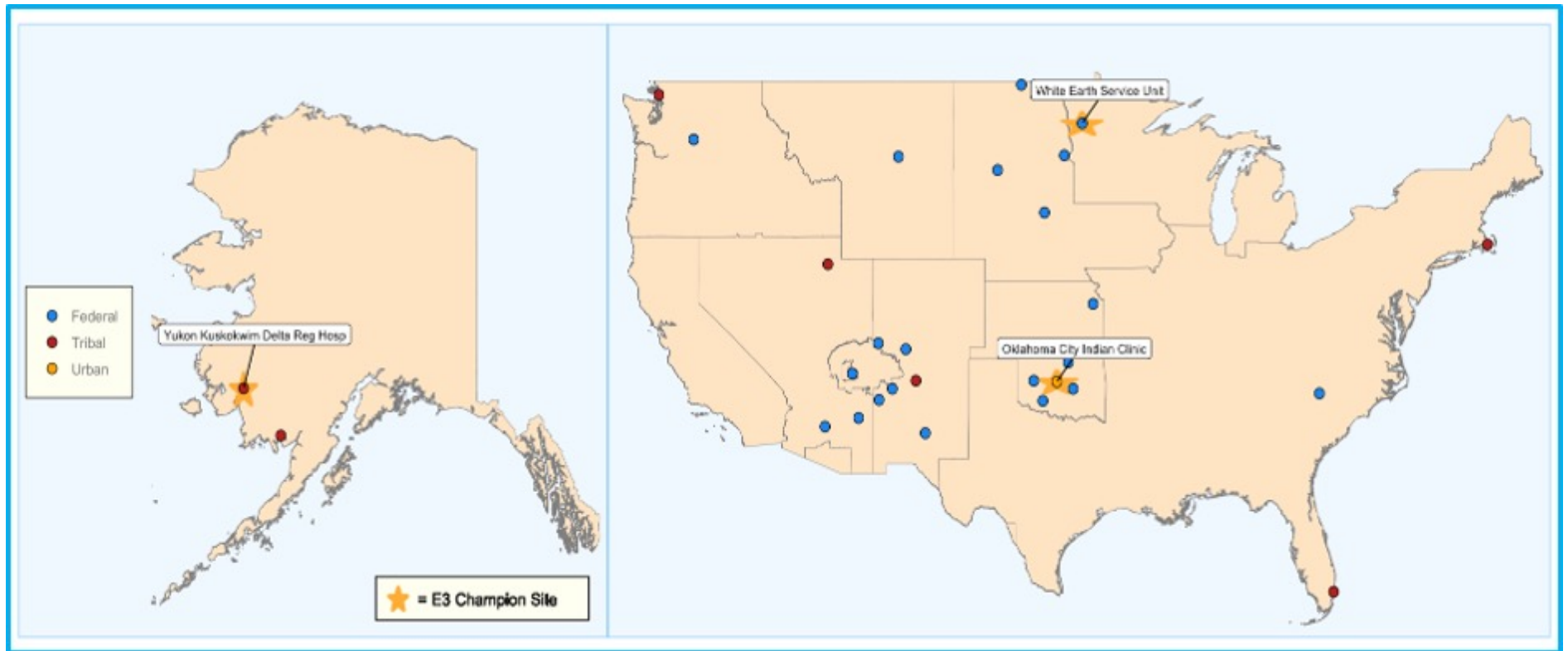
# E3 Champions Pilot Program- Intent

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- ❖ Priorities- Effort and Innovation
  - No Effort is Too Small
- ❖ I/T/U Clinical & Public Health Teams (Community, Facility, Unit)
- ❖ Failure is an option (Lessons Learned)
- ❖ E3 Champions Challenge (Best Practices)
  - Recognition of success
  - Qualification as an E3 Champion is not a pre-requisite



# IHS E3 Vaccine Strategy- Pilot Site Locations



Designated Pilot Sites/Teams as of 7/20/24

# E3 Champions Pilot Program- Sites

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- ❖ Designated Pilot Sites/Teams- Onboarding Weekly
- ❖ Areas (Alaska, Albuquerque, Bemidji, Great Plains, Nashville, Navajo, OKC, Phoenix, Portland)
  - As of 8/1/24
- ❖ Goals
  - Every Area & Site
  - Federal, Tribal, and Urban Indian Organization sites/teams
  - Maximum Participation
- ❖ No Effort Too Small



# E3 Champions Challenge

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- ❖ A Friendly Competition
- ❖ Three Components
  1. Encouraging Innovation
  2. Incentivizing Effort
  3. Recognizing Success
- ❖ Federal, Tribal, Urban Programs
- ❖ Community, Facility, Unit Level



# E3 Champions Challenge- Criteria & Recognition

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## ❖ Criteria

1. 2022 baseline
2. Any Calendar Year Improvement (ACIP-recommended vaccines): 2023-2025
  - 5% in three or more individual and/or combination vaccine measures -OR-;
  - 20% in any one individual or combination vaccine measure

## ❖ Vetted at local level

- Attestation letter from organization, facility, or unit leader

## ❖ Sharing of best practices and lessons learned

## ❖ Submission to [ihsmedsafety@ihs.gov](mailto:ihsmedsafety@ihs.gov)

## ❖ Written recognition at national level

- Signed Certificate of Recognition as “IHS E3 Vaccine Champion”
- Virtual “Wall of Champions”



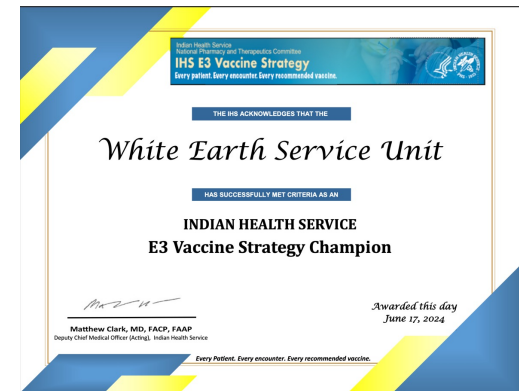
# E3 Champions Challenge- Resources & Recognition

❖ [E3 Champions Challenge Fact Sheet](#)

❖ [Sample Letter of Attestation](#)

❖ **E3 Virtual Wall of Champions- Now Live!**

- Oklahoma City Indian Clinic (March 2024)
- White Earth Service Unit (June 2024)
- Yukon Kuskokwim Health Corporation (June 2024)



## Sample Approaches

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- Vaccine Ambassadors,
- Medical Provider Vaccine Standardization
- Medical Reminders
- Provider Recommendation
- Motivational Interviewing
- Incentives
- School-Located Vaccination Programs
- Home-Delivered Vaccination
- Workplace Vaccination
- Effective Messages Delivered by Trusted Messengers
- Combating Misinformation

Source: [cdc.gov](https://www.cdc.gov)





# E3 Champion Pilots- Best Practices

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



# E3 Pilot Community Development Project

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- ❖ **Now Live** on the [IHS E3 Webpage](#)
- ❖ Announced May 2024
- ❖ Highlighted in WIR, IHS Blog, and CMS Spotlight
- ❖ Networking/Building connections
  - Pilot sites supporting one another
  - Pilot sites germinating other programs
  - A forum for best practices and lessons learned



# Data Trends- Embedded Metrics

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- ❖ Process and Outcome Measures
- ❖ Utilize/Maximize Existing Metrics
- ❖ National Immunization Reporting System & NDW/Datamart
- ❖ All Federal Programs (Areas and Direct-Care Sites)
  - GPRA Immunization Panel
  - I-Care
- ❖ Participating Tribal and Urban Indian Organizations
  - Tribal/THO Regional/Local Systems- Vaccination rates



# Data Trends- NIRS

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- ❖ Intermediate and Long-Term National-level Vaccination Trend Data
  - Historical and contemporary data
- ❖ Unique to the IHS Service Population
- ❖ Site participation in the National Immunization Reporting System
  - NIRS training materials & support
  - Designated site contacts & manual data entry (quarterly)
  - Fully automated process- Coming Soon!



# Data Capture Project

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- ❖ Collaboration
  - E3 Operations
  - DEDP/NIP
  - NIPRS
- ❖ OIT Funding- Timeline Fall 2024
- ❖ Current Platform- RPMS
- ❖ Fully Automated- Trending Vaccine Coverage
  - AI/AN served by IHS
- ❖ Historical, Contemporary, and Future Trends
- ❖ National Immunization Reporting System
  - Obviates manual data entry



# Sustainability

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- ❖ **Vaccination as the Agency Clinical and Public Health Prevention Priority!**
- ❖ Leadership support at every level
- ❖ Multi-disciplinary engagement
- ❖ Integration into routine operations (Every Facility, Every Day)
- ❖ Consistent messaging
- ❖ Long-term commitment



# IHS E3 Vaccine Strategy- Web Content

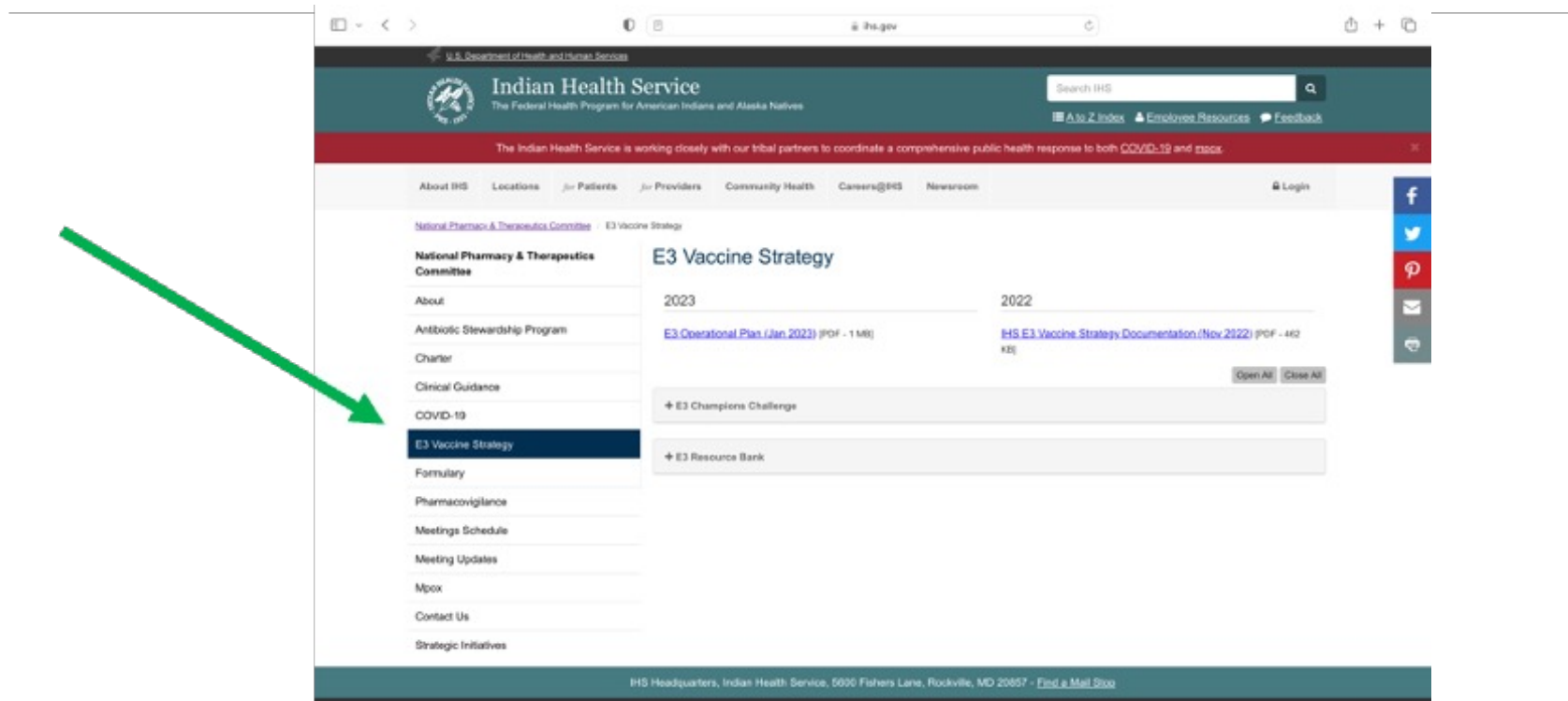
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- ❖ IHS National Pharmacy & Therapeutics Committee website
- ❖ E3 Vaccine Strategy Tab
  - <https://www.ihs.gov/nptc/e3-vaccine-strategy/>
  - [Operational Plan](#)
  - [E3 Champions Challenge](#) & [Pilot Program](#)
  - E3 Resource Bank
  - Virtual IHS E3 Wall of Champions (April 2024)
  - Best Practices



E3: EVERY PATIENT, EVERY ENCOUNTER, EVERY RECOMMENDED VACCINE

# IHS E3 Vaccine Strategy- Web Content



The screenshot displays the Indian Health Service (IHS) website. The header includes the IHS logo, the text "Indian Health Service The Federal Health Program for American Indians and Alaska Natives", a search bar, and navigation links for "A to Z Index", "Employee Resources", and "Feedback". A red banner below the header states: "The Indian Health Service is working closely with our Tribal partners to coordinate a comprehensive public health response to both COVID-19 and mpox." The main navigation bar contains links for "About IHS", "Locations", "Patients", "Providers", "Community Health", "Careers@IHS", "Newsroom", and "Login".

The page content is titled "National Pharmacy & Therapeutics Committee / E3 Vaccine Strategy". On the left, a navigation menu lists various topics, with "E3 Vaccine Strategy" highlighted in blue. A green arrow points to this menu item. The main content area, titled "E3 Vaccine Strategy", features a table with two columns for the years 2023 and 2022. The 2023 column contains a link for "E3 Operational Plan (Jan 2023) (PDF - 1 MB)". The 2022 column contains a link for "IHS E3 Vaccine Strategy Documentation (Nov 2022) (PDF - 402 KB)". Below the table are two expandable sections: "+ E3 Champions Challenge" and "+ E3 Resource Bank".

At the bottom of the page, the footer text reads: "IHS Headquarters, Indian Health Service, 5000 Fishers Lane, Rockville, MD 20857 - [Email a Mail Stop](#)".





# Agency-Wide Effort

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- ❖ HQ Senior Leadership & Staff
- ❖ IHS National Pharmacy and Therapeutics Committee
- ❖ IHS National Immunization Program
- ❖ Area Leadership & Staff
- ❖ Tribal, Urban Indian Organization, and Federal Partners
- ❖ Local Facilities
- ❖ Multidisciplinary (Clinical, Public Health)  
**...most importantly, Tribal Communities!**



# The Measure of Success

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- ❖ A marathon, not a sprint
- ❖ Sustainability requires commitment and a system-based approach
- ❖ Making Vaccination Our Preventive Clinical and Public Health Priority
- ❖ Staff Engagement
  - Encourage Innovation and Effort
  - Recognize and Share Successes and Lessons Learned




# IHS National-Level Leadership

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- ❖ IHS CMO Blog (November 2022, May 2024)
- ❖ Associated Press (November 2022)
- ❖ CDC/ACIP Presentation (Nov 2022- June 2024)
- ❖ HHS National Vaccine Advisory Committee (February 2023)
- ❖ CMS Spotlight (March 2023, June 2024)



# Messaging- Internal


Indian Health Service  
The Federal Health Program for American Indians and Alaska Natives

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---

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Locations
for Patients
for Providers
Community Health
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[Newsroom](#) / [IHS Blog](#) / [May 2024 Blog](#) / IHS National E3 Vaccine Strategy Launches Pilot Community Development Project

- IHS Blog
- IHS Updates
- Announcements
- Congressional Testimony
- Fact Sheets
- Director's Speeches
- IHS Blog
- Press Releases
- Reports to Congress
- Tribal Leader Letters
- Urban Leader Letters
- Additional Resources

## IHS National E3 Vaccine Strategy Launches Pilot Community Development Project

*by Dr. Loretta Christensen, MBA, MSJ, FACS, IHS Chief Medical Officer* May 8, 2024

In November 2022, I [announced](#) the IHS National E3 Vaccine Strategy to ensure that we offer every patient at every encounter every recommended vaccine, when appropriate. Vaccination is our agency's clinical and public health prevention priority, as we work to mitigate the risks of vaccine-preventable illness across the age spectrum in Indian Country.

Vaccine coverage rates declined across the United States during the COVID-19 pandemic. This has left many individuals and communities again vulnerable to infectious diseases like pertussis, polio, and bacteria, such as type B Haemophilus influenzae that once caused significant illness and even death in the pre-vaccine era. Measles, declared eradicated in the United States in 2000, has already caused more than 125 infections in 2024. As a result of social drivers of health, tribal communities are especially vulnerable to a resurgence in diseases that can be prevented through immunization.

The IHS National E3 Vaccine Strategy aims to increase vaccine access and equity, improve vaccine coverage rates, and reduce the risk of disease and death from vaccine-preventable illness.

While our efforts are still in the early stages, there is reason for hope. Working in collaboration with our federal, tribal, and urban Indian program partners, our efforts to promote vaccine awareness, access, and acceptance as part of the E3 Initiative are beginning to show success. Local sites and teams across Indian Country have developed innovative solutions for implementing E3.

To date, we have designated 28 pilot sites as part of our E3 Champions Pilot Program. These include federal, tribal, and urban Indian programs in nine IHS areas. We have collected and shared a broad range of multidisciplinary best practices in the clinical, public, and community health arenas.

Today, I am announcing the launch of our [E3 Pilot Community Development Project](#). This is part of our broader agency efforts, led by the IHS National Pharmacy and Therapeutics Committee, to connect federal, tribal, and urban programs to our pilot teams working at the local level to advance the objectives of our national strategic clinical initiatives and cross-pollinate our IHS system of care.

I am also pleased to report that we have recently certified our first [E3 Champion](#) program at the Oklahoma

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E3: EVERY PATIENT, EVERY ENCOUNTER, EVERY RECOMMENDED VACCINE

# Messaging- External



Centers for Medicare & Medicaid Services  
[www.cms.gov](http://www.cms.gov) [www.medicaid.gov](http://www.medicaid.gov) [www.medicare.gov](http://www.medicare.gov)

## Covering Indian Country - June 2024

Centers for Medicare & Medicaid Services (CMS) sent this bulletin at 06/06/2024 09:00 AM EDT

# Covering Indian Country



June 2024

### Spotlight: E3 Pilot Community Development Project

Achieving and maintaining high vaccination rates helps keep tribal communities safe from diseases such as COVID-19, measles, polio, and whooping cough.



That's why Indian Health Service (IHS), tribal, and urban Indian providers are encouraged to apply the national IHS E3 Vaccine Strategy in day-to-day practice. According to that strategy, **every** patient at **every** encounter should be offered **every** recommended vaccine when clinically indicated.

To further the E3 Vaccine Strategy's success, IHS recently launched the [E3 Pilot Community Development Project](#), which supports the sharing of best practices and lessons learned at 28 pilot sites in nine of the 12 IHS areas. The project is intended to help advance the E3 Vaccine Strategy's objectives in clinical, public, and community health settings.

E3: EVERY PATIENT, EVERY ENCOUNTER, EVERY RECOMMENDED VACCINE

# Awareness- Spread the Word

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# Academic Detailing

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- ❖ Funding from OCPS- in collaboration with HOPE Committee
- ❖ Contractor- Alosa
- ❖ Immunization Module
- ❖ E3 Branding and Optimization
- ❖ Training- 2-3 days (E3 Ambassadors)
- ❖ Outreach to Federal, Tribal, and Urban Programs



# Mission and Goals

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## Mission

No unvaccinated AI/AN person will suffer a poor outcome or die from a vaccine preventable illness.

## Goals

1. Increase vaccine rates in Indian Country to the highest level
2. Reduce rates of vaccine-preventable illness in Indian Country
3. Save AI/AN lives in every community & every age group (infants to elders)





Indian Health Service  
National Pharmacy and Therapeutics Committee

## Asthma Control in Tribal communities (ACT)



## Asthma Control in Tribal communities (ACT)

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# BLUF (Bottom Line Up Front)

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We are broadly engaging and enlisting I/T/U clinical, public health, and environmental health staff (in every Area) in a collaboration to reduce asthma-related morbidity and mortality in Indian Country as part of the IHS National Strategic Initiative- Asthma Control in Tribal communities (ACT).



# Health Disparities

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- ❖ Prevalence of asthma among AI/AN population
- ❖ Asthma-related morbidity & mortality in tribal communities
- ❖ Genetic/Immune Factors
- ❖ Disproportionate external factors
  - Environmental factors
  - Social determinants of health (Socioeconomic factors)
  - Historical trauma
  - Geographic isolation and access barriers
  - Under-representation in clinical & epidemiologic studies (including racial misclassification)
- ❖ Opportunities
  - Cultural strengths
  - Resilience



# Capitalizing on Our Strengths

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- ❖ Federal, Tribal, and Urban Indian Organizations
- ❖ Comprehensive System of Health, Public Health & Environmental Health
- ❖ Collaboration with Tribal Communities and Organizations
- ❖ Holistic Approach- Multidisciplinary Teams
- ❖ Access & Quality
- ❖ National-level Formulary Management Expertise/Guidance
- ❖ Cross-pollination



# Asthma Control in Tribal communities (ACT)

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- ❖ Announced April 4, 2023 by IHS Chief Medical Officer
- ❖ Elements
  - ACT to increase asthma awareness,
  - ACT to recognize and diagnose asthma,
  - ACT to support asthma control, and
  - ACT to improve asthma-related outcomes.
- ❖ IHS Director's High-Level Announcements



# ACT to Increase Asthma Awareness

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## ❖ Communication (I/T/U System)

- Pro-active Engagement & Education (IHS programs/staff)

## ❖ Partnership with Tribal Communities & Organizations

- Collaboration with tribal leaders and trusted community messengers (e.g., elders)
- Support culturally competent care
- Promote trust and equity

## ❖ Public Health Outreach & Education

- Collaboration with State, Local, & Tribal Health Departments

## ❖ Resources and Tools

## ❖ Local Approach



# ACT to Recognize & Diagnose Asthma

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- ❖ Clinic, Community & Home-based Assessment & Intervention
- ❖ Provider Awareness
- ❖ Screening
- ❖ System-based Strategies
- ❖ Clinical Decision Support



# ACT to Support Asthma Control

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- ❖ Multi-Disciplinary (Clinical, Public Health, Environmental Health)
- ❖ Patient-Centered Chronic Care Model
  - Routine incorporation of Asthma Action Plans
- ❖ Evidence-based Practice (Guidelines)
- ❖ Formulary Management
  - Four pillars: Access, Quality, Value, Equity
  - Pharmacovigilance: Promotion of safe and appropriate medication use.
- ❖ Mitigation of Environmental Risk Factors





# ACT to Improve Asthma-Related Outcomes

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- ❖ Engagement- Federal, Academic, Professional Organizations
  - National Heart, Lung, and Blood Institute
  - Federal Asthma Disparities Work Group
  - National Jewish Hospital
  - Boston Children's Hospital Global Health Program
  - American Academy of Pediatrics CONACH
  
- ❖ President's Task Force on Environmental Health Risks and Safety Risks to Children



# ACT Ambassadors

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- ❖ Support Effort and Innovation
- ❖ Identify Champions
- ❖ Cross-Pollination- Best Practices & Lessons Learned
- ❖ Measurement



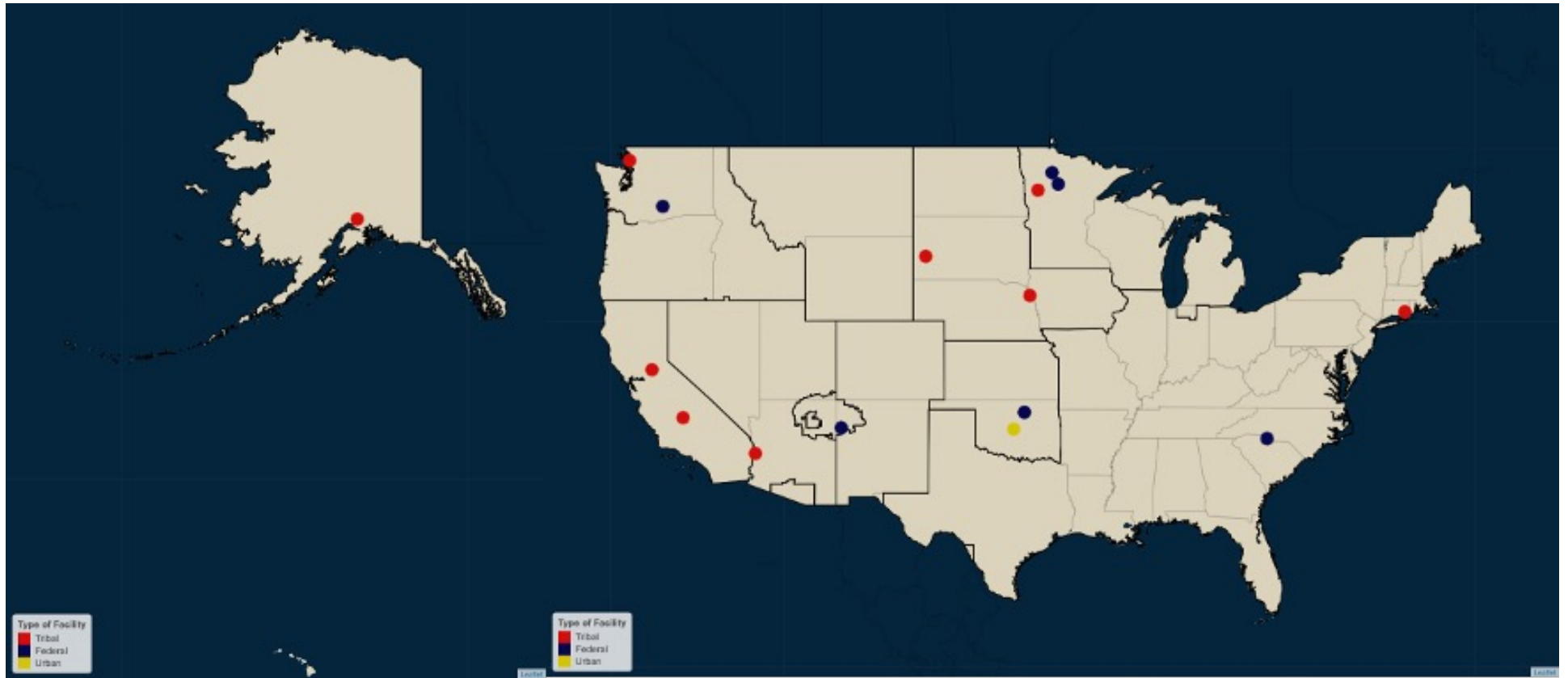
# ACT Ambassadors Pilot Program

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- ❖ Actively seeking ACT Ambassadors in tribal communities
- ❖ Federal direct care, tribal, and Urban Indian Organization programs
- ❖ Clinical, public health, and environmental health professionals
- ❖ Brief program application submitted to [ihsmedsafety@ihs.gov](mailto:ihsmedsafety@ihs.gov)
  1. Name and professional discipline(s) of the applicant ACT Ambassador (individual and/or team).
  2. Location and tribal community/communities served.
  3. Brief narrative (200 words or less) describing your asthma-related project and objectives
- Letter of Designation as an Indian Health Service Act Ambassador



# ACT Ambassador Pilot Sites



# ACT Ambassador Pilot- Best Practices

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- ❖ Multidisciplinary
  - Clinical
  - Community, Home Health, Environmental Health
- ❖ Federal and Tribal Sites
- ❖ Innovative Strategies
- ❖ Relevant to Tribal Communities
- ❖ Cross-pollination
- ❖ NPTC Pilot Community Development Project



# Current Clinical Strategies

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- ❖ IHS network of on-site pharmacies
  - Pharmacists & pharmacy residents
  - Advanced Pharmacy Practitioners (IHS National Clinical Pharmacy Specialists)
- ❖ Pharmacy Collaborative Practice Agreements
- ❖ Monitoring exacerbations, MUE & albuterol dispensing/overuse
- ❖ Education and step-up therapy
- ❖ Provider interventions and asthma clinic referrals
- ❖ Identification of ER albuterol dispensing & outreach to patients
  - Asthma control testing at baseline and post-intervention



# Current Community Strategies

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- ❖ Partnership with health departments
- ❖ Collaboration with tribal programs
- ❖ Home visits
- ❖ Community education and outreach
- ❖ Use of online media (e.g., Iggy and The Inhalers)



# Collaboration with Environmental Health

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- ❖ Team-based multi-disciplinary approach
- ❖ Clinical, public health, & environmental health
- ❖ Enhancing awareness and communication
  - “Shining a spotlight” on the work of environmental health specialists
  - Participation in the ACT Ambassadors Pilot Program
- ❖ Mitigation of environmental risk factors and asthma triggers
  - Community outreach and education
  - Community-based air quality assessments & intervention
  - Coordination across the continuum of care





## ACT Goals

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- ❖ Prioritize Asthma Control in Tribal communities
- ❖ Promote effective clinical, public health, and environmental health strategies across the IHS system of care.
- ❖ Reduce the impact of asthma-related morbidity and mortality in Indian Country
- ❖ Enhance quality of life for AI/AN people with asthma



# IHS ACT Strategic Initiative- Resources

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- ❖ Asthma Control in Tribal communities (ACT)
- ❖ IHS National Pharmacy and Therapeutics Committee website:
  - ❖ <https://www.ihs.gov/nptc/strategic-initiatives/>
- ❖ Current content
  - Initiative
  - Resource Toolbox
  - Sample best practices
  - ACT Ambassadors Pilot Program
- ❖ Dynamic updates



# Asthma Disparities Work Group- NIH (NHLBI)

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- ❖ President's Task Force on Environmental Health Risks and Safety Risks to Children
- ❖ Webpage: <https://ptfcehs.niehs.nih.gov>
- ❖ 2024-2028 Priority Areas
  - IHS ACT Initiative



# ACT Anniversary

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- ❖ CMO Announcement 4.22.24
- ❖ Agency Priority
- ❖ Long-Term Senior Leadership Support
- ❖ Updated IHS Web Banner
  - ❖ ..including ACT Pilot Community Development Project



# Web Resources- Review

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- ❖ [NPTC Strategic Clinical Initiatives](#)
- ❖ ACT Initiative
- ❖ Resource Toolbox
  - Public Health
  - Provider
  - Patient/Community
- ❖ ACT Ambassadors Pilot Program
- ❖ ACT Best Practices
- ❖ Pilot Community Development Project



# Coming Soon...Native Hearts Initiative

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- ❖ Anticipated roll-out... Fall 2024
- ❖ Reducing heart disease-related AI/AN health disparities



# Get With the Guidelines Approach...

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- ❖ Congestive Heart Failure
- ❖ Atherosclerotic Cardiovascular Disease
- ❖ Atrial Fibrillation
- ❖ Hypertension



# IHS Clinical Strategic Initiatives- Webpage

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- ❖ NPTC: <https://www.ihs.gov/nptc/strategic-initiatives/>
- ❖ Sexually Transmitted Infections (STI)
- ❖ Latent Tuberculosis Infection (LTBI)
- ❖ E3 Vaccine Strategy
- ❖ Asthma Control in Tribal communities (ACT)
- ❖ Coming Soon...Native Hearts





