

INDIAN HEALTH SERVICE



Director's Year 2 ACCOMPLISHMENTS REPORT — 2024





Letter from the Director

I am pleased to write to you to share the *Director's Year 2 Accomplishments Report—2024*, which details the progress we have achieved in the past year. The enclosed report includes the milestones and progress we have attained collectively on behalf of the American Indians and Alaska Natives the agency serves.

During my two years as director, I have taken to heart the agency's mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. It has been of the utmost importance for me to meet and consult with the Tribal nations and communities throughout Indian Country, to hear firsthand their experiences with—and expectations of—our agency. The feedback has enriched my perspective of the leadership and innovation that our Tribal nations lend toward solving formidable challenges, and served as inspiration in how I have directed my staff to approach and resolve our biggest challenges.

In the report, you will see the result of our collective efforts to take input from our communities and inform the work of a nationwide staff dedicated to advancing the well-being of American Indians and Alaska Natives. The report is organized according to the Biden-Harris Administration's four-pillar strategy to advance federal priorities through the end of 2024.

It is an honor to serve as the 11th director of the Indian Health Service—the 17th largest health care system in the Nation—and I commend you for contributing to the significant accomplishments reflected in this report.

Roselyn Tso

Director, Indian Health Service



Roselyn Tso, an enrolled member of the Navajo Nation, is the director of the Indian Health Service. As director, Ms. Tso administers a nationwide health care delivery program that is responsible for providing preventive, curative, and community health care to approximately 2.8 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States. She previously served as the director of the IHS Navajo Area, where she was responsible for providing leadership in the administration of a comprehensive federal, Tribal, and urban Indian health care system for over 244,000 American Indians and Alaska Natives throughout Arizona, New Mexico, and Utah.

IHS By the Numbers

October 2023 - September 2024



48

Tribal Delegation Meetings



4

New Key Leader Appointments



65

Dear Tribal Leader & Urban Indian Organization Letters



61

Director Site Visits



91

New SFC Infrastructure Projects Funded



55

Tribal Advisory Committee Meetings & Calls



\$280M

Discretionary Funding Awarded Across All Offices
(\$279,598.049)



23

Tribal Consultations & Urban Confers Hosted



3,332

Scholarships/Loan Repayments Awarded
(As of Sept. 27, 2024)



10

New Facility Groundbreakings & Grand Openings



15

Town Halls Hosted (Virtual & In-Person)





PILLAR 1

Continue to Implement the Historical Legislation and Investments in the Country

Bipartisan Infrastructure Law

In 2024, the IHS Sanitation Facilities Program (SFC) continued to maximize opportunities created by the Bipartisan Infrastructure Law (BIL), which provides \$3.5 billion to the IHS to develop critical infrastructure, including a safe supply of drinking water, reliable sewage systems, and solid waste disposal facilities. Currently, over 800 BIL-funded SFC projects are in some state of implementation, ranging from procurement to construction to final report.

Implementing BIL has also created additional opportunities to formalize new collaborations across federal agencies. In May 2024, the IHS and the U.S. Public Health Service Commissioned Corps Headquarters launched a seven-year strategic plan to improve safe drinking water access and sanitation in American Indian and Alaska Native communities.

On July 24, 2024, representatives from the IHS and the Bureau of Reclamation (BOR) met with Yakama Nation leadership to announce the very first pilot project under the historic Memorandum of Understanding between the two agencies aimed at leveraging expertise and resources to speed completion of infrastructure projects. Combined, the IHS and BOR will invest \$1 billion in such projects this year.

Two events in 2024 provided opportunities for the IHS to share with the public the amazing progress of our BIL work. In April, IHS participated in the White House Water Summit, announcing the partnership with BOR and the latest round of BIL funding. And in August as part of World Water Week, the IHS hosted much-publicized events in five IHS areas highlighting successful projects funded by the BIL and recognizing the importance of improving water and sanitation infrastructure. These events also celebrated the 65th anniversary of the IHS SFC Program and its unique and successful history.

Internally, the SFC Program updated its existing projects dashboard to incorporate fiscal year FY 2023 and 2024 project data along with additional adjustments to the site to improve the overall user experience.

The agency also continues to assertively recruit engineers and other skilled staff to assist with an ever-growing number of BIL projects. Over the summer, IHS partnered with the HHS Office of the Assistant Secretary for Public Affairs to create SFC recruitment videos. Innovative outreach efforts to recruit interns have also occurred in earnest.

PILLAR 1

Continue to Implement the Historical Legislation and Investments in the Country

Support for Native Veterans

In late 2023, a landmark agreement was revitalized between the U.S. Department of Veterans Affairs (VA) and the IHS. This revised agreement enhances the pathway for the VA to reimburse IHS for healthcare and associated services delivered to eligible American Indian and Alaska Native veterans. Under the new agreement, the VA will now reimburse the IHS for purchased/referred care and contracted travel for American Indian and Alaska Native veterans.

To accompany the revised reimbursement agreement, the IHS and the VA drafted, negotiated, and reached agreement on an *IHS-VA Claims Processing Guide* that outlines the process for claims to be submitted by the IHS and adjudicated by the VA. Also, Tribal nations may enter into their own reimbursement agreements with the VA if they so choose.

Since the inception of this collaboration, our joined health care programs have mobilized over \$186 million from the VA, extending comprehensive care to more than 15,000 veterans across 74 IHS sites and 116 Tribal health program sites.



Work continued on the White House's Native American Veteran Homelessness Initiative that called for an interagency effort between the VA and the IHS to deliver intake and referral services. Through our concerted efforts with the VA and with 41 urban Indian organizations, we have increased access to care and services for Native veterans who are experiencing—or at risk of experiencing—homelessness.

In tandem with the VA, IHS continued agency support of the *Find Health Care & Resources for Native Veterans* interagency map, an application hosted on the IHS website that integrates location-based data from our urban Indian organization partners and VA health care facilities, significantly enhancing health care accessibility for our veterans.

These collaborative efforts were featured in a joint video featuring IHS Director Roselyn Tso and U.S. Secretary of Veterans Affairs Denis McDonough released in January.

PILLAR 2

Continue to Lower Costs for Americans and Grow the Economy

Access to Affordable Health Care

PRC & PRCDA Expansion

The Purchased/Referred Care (PRC) Program purchases services from private health care providers for eligible American Indian and Alaska Natives when (1) no IHS or Tribal direct care facility exists, (2) a facility cannot provide required emergency and/or specialty care, (3) a facility's capacity is exceeded, and (4) supplementing alternate resources is necessary for comprehensive care.

In 2024, the creation of data collection and reporting systems has allowed IHS to more accurately monitor the flow of PRC funds across agency areas in real time. In turn, this has ushered in rapid improvements including:

- Updating the IHS PRC Medical Priorities for the first in more than three decades
- Decreasing carryover funds by \$154 million (45%) since beginning of fiscal year
- Reducing carryover threshold to 10–25%
- Providing financial guidance on new medical priorities
- Developing strategic spend plans, with a 100% completion rate



Director Tso has prioritized taking every measure to lessen burdens to patients caused by delays in the claims process and to clarify patient financial liability. As a result, pended claims have been reduced by 33%, with the goal of being current by December 2024. The agency has also added clarity to No Patient Liability Language from Section 222 of the Indian Health Care Improvement Act, clarifying patients are not financially liable for services. Finally, the Catastrophic Health Emergency Fund reimbursement threshold has been lowered from \$25,000 to \$19,000, meaning more cases will now be eligible for reimbursement.

In 2024, expansion of five PRC delivery areas (PRCDAs) covered Tribal nations such as the Chickahominy Indian Tribe, Chickahominy Indian Tribe-Eastern Division, Monacan Indian Nation, Nansemond Indian Tribe, Pamunkey Indian Tribe, Rappahannock Tribe, and Upper Mattaponi Tribe, and the Spokane Tribe, to name a few. PRCDA expansion is expected to increase even further by December 2024.

These changes were among the information shared in a series of national Town Halls and other robust PRC-related engagement activities this year. To increase access and transparency of information, a new PRCDA Expansion webpage was also launched.

PILLAR 2

Continue to Lower Costs for Americans and Grow the Economy

Access to Affordable Health Care (Contd.)

New Facilities Construction

IHS is responsible for providing 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. Many service recipients reside in reservation or rural communities and lack reliable means of transportation or telehealth capacity, making access to facilities that offer affordable health care a significant barrier to some.

To increase access to affordable health care, IHS has supported the planning and construction of new facilities across Indian Country and also helped commemorate groundbreaking or opening of several new facilities. For example:



- In partnership with the Havasupai Tribe, the IHS held a grand opening ceremony in November 2023, for the upgraded replacement facility of the federally managed Supai Health Station in Havasupai, Arizona. Accessible only by helicopter, mule or horse, or on foot, the health station is located in the remote Havasupai Canyon within the Grand Canyon.
- In Gallup, New Mexico, the Gallup Indian Medical Center recently opened its new 14-bed emergency department that improves patient flow and significantly reduces wait times.
- The Native Project, an urban Indian organization in Spokane, Washington, expanded plans for their youth center, freeing up room to provide wellness, behavioral, and medical services at its existing health care clinic.
- The Paiute Indian Tribe of Utah hosted a grand opening of its Four Points Health Center in Cedar City, Utah, in December 2023.
- In February, Director Roselyn Tso attended the groundbreaking for the Echo Cliffs Health Center in Gap/Bodaway, Arizona. And in March, Texas Native Health hosted a grand opening of expanded facilities in Dallas, Texas, while the Veterans Administration and Kayenta Service Unit celebrated a ribbon cutting for the expansion of veterans' services.



PILLAR 2

Continue to Lower Costs for Americans and Grow the Economy

Access to Affordable Health Care (Contd.)

New Facilities Construction

- In May, Alaska's Southcentral Foundation had a ceremonial groundbreaking for a \$100 million, 100,000-square-foot construction project to expand behavioral health care services. The Iowa Tribe of Oklahoma hosted a groundbreaking for its health and childcare expansion project.
- The Native American Health Center hosted a groundbreaking ceremony in Oakland, California, for a new facility featuring 20 new dental operatories, a large cultural community center, and 76 units of affordable housing that was funded by several partner agencies.
- Other grand openings included the Nansemond Indian Center's new health clinic and pharmacy in Portsmouth, Virginia; the Sage Memorial Hospital, which will deliver quality healthcare to the surrounding communities of Ganado, Kinlichee, Klagetoh, Wide Ruins, Lower Greasewood Springs, Cornfields, Nazlini, and Steamboat chapters of the Navajo Nation; and a new dialysis clinic serving the Wind River Indian Reservation in Wyoming, to name but a few.



Increasing Access to Supplies and Workers

In addition to facilities, IHS improved access to affordable health care by making much-needed services and supplies more readily available. In support of expanding harm reduction activities, IHS secured more naloxone—a medicine that rapidly reverses an opioid overdose—for federal, Tribal, and urban sites struggling to meet the demand. The IHS National Supply Service Center also now stocks fentanyl test strips to support sites' efforts to create access to drug checking equipment used to mitigate harm and save lives

PILLAR 2

Continue to Lower Costs for Americans and Grow the Economy



Supporting Businesses and Workers

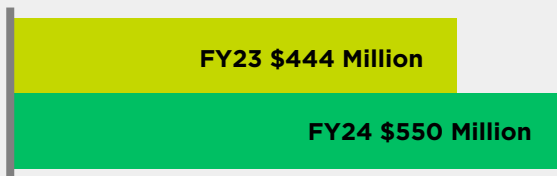
The Buy Indian Act allows for federal agencies to prioritize the procurement of supplies, services, and construction from Tribal and Native businesses. It clarifies the preference for Indian-owned-and-controlled businesses and removes barriers by alleviating unnecessary regulatory burdens. As part of its commitment to improving economic conditions and providing more opportunities for Indian-owned businesses, the IHS set an ambitious FY 2023 goal of 20% of its total acquisitions supporting the Buy Indian Act.

As announced in the *White House 2023 Report on the Progress of Indian Nations* that was released during the White House Tribal Nations Summit in December 2023, IHS far surpassed its original goal. By fiscal year's end, over 30% percent of IHS's total acquisitions supported the Buy Indian Act, representing \$444 million and increased economic opportunity for numerous Native-owned businesses.

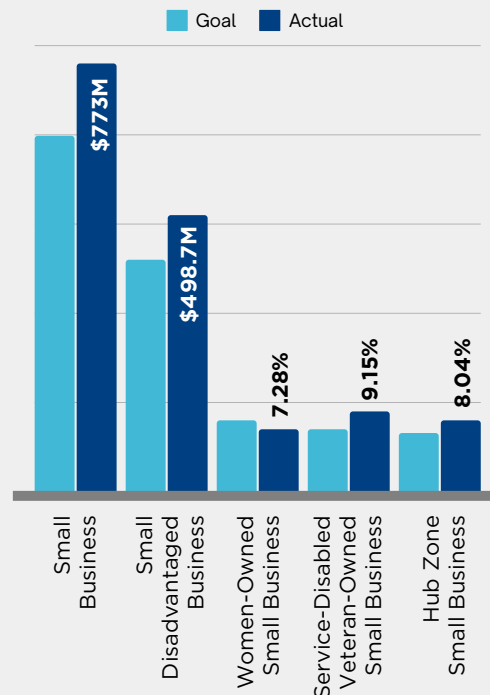
For FY 2024, IHS built upon this success once again meeting, or nearly meeting, its Small Business and Buy Indian goals. The agency's Small Business goal of 39.89% was surpassed with \$773 million, or 47.55%, of total eligible funds awarded. The Small Disadvantaged Business goal of 26.23% was surpassed with \$498.7 million or 30.68% awarded. The Women-Owned Small Business goal of 7.54% was nearly met at 7.28% of total eligible funds awarded. Finally, the Service-Disabled Veteran-Owned Small Business goal of 6.74% was exceeded at 9.15%, or \$148.7 million, and in awarding \$130.67 million to HUB Zone Small Businesses, IHS surpassed its goal 6.58% at 8.04%.

In support of the Buy Indian Act's established goal of 25%, in FY 2024, IHS awarded \$550 million or 33.8% to Native American-owned-and-controlled businesses. This was an increase from \$444 million awarded in FY 2023.

IHS Buy Indian Expenditures



IHS FY24 Expenditures
(\$ millions or total eligible funds allocated)





PILLAR 2

Continue to Lower Costs for Americans and Grow the Economy

Supporting Businesses and Workers (Contd.)

In March, the IHS Division of Acquisition Policy partnered with the Small Business Administration to host the inaugural Service-Disabled Veteran-Owned Small Business Industry Day in Rockville, Maryland. More than 200 representatives from the small business community met with federal program and acquisition staff, including IHS representatives, to learn about conducting business with the federal government.

Recruiting, retaining, and recognizing the value of our IHS workforce is an ongoing priority of the agency. In May, IHS announced that we increased dental assistant salaries through adoption of a Title 38 special salary rate. IHS dental assistants receive a full spectrum of federal benefits, including a government-funded health plan, a generous leave program, a lifelong retirement annuity, and other benefits. There is also a training program that helps dental assistants to gain and maintain career skills.



PILLAR 2

Continue to Lower Costs for Americans and Grow the Economy

Access to Affordable Health Care (Contd.)

Bringing Resources in Indian Country Through Funding

From October 2023 to September 2024, IHS discretionary funding across all offices totaled \$279,598,049. Through 37 different grant or cooperative agreements, the agency directed resources into Indian Country to address some of the most pressing health issues and initiatives today. A few brief highlights include:

- In January, the IHS announced \$55 million in funding to 15 Tribal nations and Tribal organizations as part of the competitive Small Ambulatory Program to invest in the construction, expansion, or modernization of small ambulatory health care facilities. The program supports work towards expanding access to various outpatient services for patients.
- In July, \$24.5 million in grants were awarded to 23 Tribal nations, Tribal organizations, and urban Indian organizations to develop and improve access to public health services.
- In September, IHS announced the award of an additional \$1.19 million through six cooperative agreements to enhance Tribal and urban Indian health system local capacity to provide dementia care and services. The total commitment for the new three-year awards is nearly \$3.6 million. This new round of funding builds on early work creating sustainable and replicable models of dementia care. Awardees included the Indian Health Board of Minneapolis Inc., the Indian Health Council Inc., the Nez Perce Tribe, Northern Valley Indian Health Inc., Santo Domingo, and the Tuba City Regional Health Care Corporation.



In addition, there was recurring funding for well-known programs such as the Special Diabetes Prevention Initiative, the Community Health Aide Program, and many others.

PILLAR 3

Defending Our Freedoms and Protecting Civil Rights and Liberties

For the IHS, defending and protecting freedoms and rights of the sovereign Tribal nations and Alaska Natives remains of highest importance in all we do. From responsibly administering the agency's first-ever advance appropriations to streamlining the processes by which Tribal nations access resources to working to adjust our contract support cost methodologies, some highlights of this work are listed below.



Advance Appropriations

The IHS received its first-ever advance appropriations for FY 2024. The dedicated IHS team accomplished fiscal year transition activities swiftly, allowing them to initiate the disbursement of FY 2024 funds within days of the fiscal year's start. The historic enactment of advance appropriations helps provide funding stability for the entire Indian health system.

Executive Order 14112 Update

IHS stands firmly committed to fostering the relationship building necessary to support Tribal sovereignty and to serve as an exemplar of what authentic Tribal engagement can yield. In 2024, IHS began implementing the principles of Executive Order 14112, aimed at reforming how the federal government funds and supports Tribes. The IHS is actively developing plans focused on significant reforms in grant management, including the establishment of a dedicated Grants Governance Board. This initiative aims to enhance oversight, transparency, and effectiveness in grant administration, ensuring funds are used in alignment with our mission to improve health outcomes across Indian Country.

Contract Support Costs

On June 5, 2024, the Supreme Court decided the IHS is required to pay contract support costs on portions of Tribal health programs funded with third-party revenue, such as Medicare and Medicaid expenditures. The IHS had diligently prepared for various outcomes of the pending decision and immediately reached out to Tribal nations on plans to move together in partnership post-decision. Our interim plan has ensured that the transition to new CSC-related systems will be guided by robust Tribal engagement and consultation, with as little disruption to Tribes as possible.

PILLAR 3

Defending Our Freedoms and Protecting Civil Rights and Liberties

Supporting Tribal Self-Governance

In August, the IHS announced recipients of the second round of FY 2024 Tribal Self-Governance Planning and Negotiation Cooperative Agreements. These annual IHS cooperative agreement awards support Tribes and Tribal organizations with the planning and preparation necessary to assume responsibility for providing health care to their Tribal members through the Tribal Self-Governance Program. The following Tribes received awards for FY 2024:

- Coyote Valley Band of Pomo Indians (Redwood Valley, California)
- Iowa Tribe of Oklahoma (Perkins, Oklahoma)

The IHS emphasize its commitment to Tribal self-governance and will continue to work with self-governance Tribes and those interested in entering into self-governance compacts.

Strengthening Government-to-Government Relationships

This Spring, Director Tso joined Assistant Secretary for Health Adm. Rachel Levine for a visit to the Navajo Nation, where they spent time with Navajo Nation Department of Health, Navajo Area leadership, and Tribal health care leadership. They visited several federal and Tribal health care facilities, learned about several public health and sanitation facilities construction initiatives, engaged with community, and participated in cultural activities.

Voting Rights

In July, IHS recognized the Santa Fe Indian Health Center and the Crownpoint Health Care Facility as the first federal facilities to earn National Voter Registration Act (NVRA) designation. This milestone is a significant achievement, stemming from Executive Order 14019 on Promoting Access to Voting under the Biden-Harris Administration, which acknowledges the unique voting barriers faced by Native communities. This order emphasizes the crucial role of federal agencies in promoting voter registration, similar to state agencies like motor vehicle departments and public assistance offices. New Mexico now leads as the first state with two IHS facilities designated under the NVRA. NATIVE HEALTH in Phoenix was the first in the Indian health system to be designated as a NRVA site in October 2023.



PILLAR 3

Defending Our Freedoms and Protecting Civil Rights and Liberties

LGBTQI2S+

During Pride Month, Director Tso visited the Transgender Resource Center of New Mexico in Albuquerque. Staff and volunteers welcomed IHS representatives to help strengthen the agency's understanding of trans health care needs, concerns, and solutions. Shortly after, the director issued guidance to all IHS staff across the agency to begin incorporating and normalizing the use of pronouns in professional communications, such as email.

Later in June, Senior Advisor to the Director Joshuah Marshall participated in the first-ever White House Convening Celebrating LGBTQI+ and Two Spirit Indigenous Communities. More than 80 Tribal elected leaders, Native business owners, nonprofit leaders and advocates joined several members of the Biden-Harris Administration at the White House Complex. Secretary of the Interior Deb Haaland and U.S. Rep. Sharice Davids gave opening remarks and then a panel of LGBTQI+ and Two Spirit Indigenous leaders discussed the current struggles as well as the cultural resilience of LGBTQI+ and Two Spirit Indigenous communities. The following day, Marshall attended the White House Pride Celebration hosted by the President and Dr. Jill Biden on the South Lawn. The annual event celebrates LGBTQI+ leaders across the country and highlights that the Biden-Harris Administration has the most openly LGBTQI+ Americans serving in an Administration in history.

Finally, in July, IHS announced the release of the updated webpage dedicated to Two-Spirit and LGBTQI+ issues. This revamped resource is designed to be a comprehensive hub for information, support, and advocacy. It offers educational materials, health care resources, and community support networks tailored specifically for Two-Spirit and LGBTQI+ individuals. The updated webpage is a testament to our commitment to ensuring accessibility and inclusivity, providing a digital space where individuals can find the support they need, free from judgment and discrimination.



PILLAR 3

Defending Our Freedoms and Protecting Civil Rights and Liberties

Maternal Health Care

On April 8, Chief Medical Officer Dr. Loretta Christensen publicized changes to contraceptive care at IHS facilities. Opill, the first and only daily oral contraceptive available without a prescription that had been added to the IHS National Core Formulary in August 2023, is now widely available. IHS sites are now required to have this medication on their formulary. They are further encouraged to offer Opill upon request, with as few barriers as possible. Similar to over-the-counter emergency contraception dispensing practices, Opill is being offered as part of a comprehensive family planning portfolio, with a wide variety of contraceptive options for family planning.

A Final Rule was published on April 30 that removed outdated regulations related to abortions, becoming effective on May 30. IHS removed outdated and potentially confusing regulations in their entirety. Doing so aligned IHS regulations with federal statute.

This May, the IHS Maternal Child Health Program announced the selection of 10 proposals to receive \$1 million over the next five years to improve maternal safety and access to care during pregnancy and postpartum. Recipients are:



- Billings Area Office
- Chinle Comprehensive Care Facility—Chinle, Arizona
- Colorado River Service Unit—Peach Springs and Supai, Arizona
- Crownpoint Service Unit—Crownpoint, New Mexico
- Gallup Indian Medical Center—Gallup, New Mexico
- Great Plains Area Office
- Lawton Indian Hospital—Lawton, Oklahoma
- Northern Navajo Medical Center—Shiprock, New Mexico
- Red Lake Hospital—Red Lake, Minnesota
- Whiteriver Service Unit—Whiteriver, Arizona

Services at these sites will reach more than 12,000 pregnant and postpartum patients and their families.

PILLAR 3

Defending Our Freedoms and Protecting Civil Rights and Liberties



Gender Policy and Victims Advocacy

In March, IHS Director Roselyn Tso participated in a significant roundtable on victim services hosted by the Crow Tribe, alongside U.S. Attorney General Merrick Garland. The focus of the meeting was to engage in meaningful dialogue to explore how the U.S. Department of Justice and IHS can enhance their partnership to support victim services.

As the IHS director, Ms. Tso has said her commitment to bolstering our services for those depending on the IHS is deeply personal. The pressing issue of violence against Indigenous women and the wider community calls for our immediate and unwavering attention. The meeting emphasized the critical need to confront intergenerational trauma, a scourge with roots in the boarding school era, and its ongoing repercussions within our families and communities.



The role of behavioral health supports, and culturally sensitive addiction treatment and recovery services are fundamental in our efforts to assist victims of violent crimes. Ms. Tso thanked Attorney General Garland and everyone who played a part in this roundtable, which proved to be a crucial venue for informal discussions on the work of victim services at the Crow Tribe. It underscored the importance of collective action among various agencies and Tribal members to tackle these significant challenges.

||| PILLAR 4

Ensuring America Remains Strong and Secure and a Leader in the Global Community

As the 17th largest health care system in the nation, IHS is responsible for providing the highest-quality care possible to more than 2.8 million American Indian and Alaska Natives. In doing so, it must ensure its health records system is secure, modern, and responsive to ever-changing needs. Furthermore, in delivering care to a population that continues to suffer disproportionately from a host of poor health conditions and outcomes, IHS must often exercise the leadership, innovation, and cultural responsiveness to serve hundreds of Tribal nations each year and address pressing national public health priorities.

Electronic Health Records Modernization

This year saw advancement on the adoption of a new electronic health record (EHR) system at IHS. With an overall goal of “providing the best possible EHR, managed by its users, for its users, that will drive high-quality health care through sustainable, modern, and easy to use tools,” this initiative reached several milestones after naming its EHR solution in late 2023. From engaging in extensive consultation to the recruitment of experts and implementation staff, the fiscal year ended with IHS announcing its first pilot site in September 2024.



Recent Milestones
The IHS Health Information Technology Modernization Program team has been busy!

Session	Description
1 Naming of the EHR Solution	The branding and naming of the new enterprise EHR solution as PATH EHR keeps “Patients at the Heart” and reflects the Program identity, vision, and commitment to Indian Country.
2 Federal Oracle Cloud & Subject Matter Expert Recruitment	The initiation of the build phase for the Federal Oracle Cloud (OC2) along with the recruitment of subject matter experts for collaboration groups are significant steps in the technical and operational setup of the Program.
3 Division of Health IT Modernization Operations Team Recruitment	Expanding the federal DHITMO team to work alongside Program contract resources for the successful execution and management of the Program
4 Community and Leadership Engagement	During the 2024 IHS Partnership Conference: <ul style="list-style-type: none"> • Held 10 focused sessions • Hosted a Modernization Summit
5 Announced Pilot Site	The Lawton Service Unit, including Lawton Indian Hospital, Anadarko Indian Health Center, and Carnegie Indian Health Center has been selected for the initial PATH EHR implementation following a thorough screening process.

Innovation and Leadership on National Health Priorities

In October 2023, the IHS announced the IHS National STI Initiative, designed to ensure access to quality community education, prevention, testing, and treatment services for Tribal communities to reduce the burden of sexually transmitted infections, including syphilis, congenital syphilis, gonorrhea, chlamydia, and HIV. Rates of STIs have been on the rise nationally, with Tribal communities being disproportionately impacted. This requires a proactive clinical and public health response across the IHS system of care.

PILLAR 4

Ensuring America Remains Strong and Secure and a Leader in the Global Community

In November 2023, IHS Chief Medical Officer Dr. Loretta Christensen announced the one-year anniversary of the IHS National E3 Vaccine Strategy that IHS offers every patient at every encounter every recommended vaccine, when appropriate. Dozens of E3 Champion Pilot sites at federal, Tribal, and urban facilities have been designated and are currently posting best practices on the E3 webpage to cross-pollinate the IHS system of care. IHS continues to advocate for immunization access and equity to decrease the risk of vaccine-preventable illness in Tribal communities. Working together with federal and Tribal partners, IHS has provided guidance and ensured the availability of immunizations for seasonal influenza, COVID-19, and respiratory syncytial virus across Indian Country. IHS procured and began distributing a



supplemental supply of 8,000 doses of nirsevimab to protect American Indian and Alaska Native infants and children from severe RSV illness. IHS was the first federal agency to add nirsevimab to its National Core Formulary—the basic standard of care drugs that must be carried by all federal facilities.

Strengthening Internal Systems and Accountability

The 2024 Agency Work Plan outlines critical actions the IHS has taken and will continue to take this year to address risk priorities. A workgroup has led each activity to identify root causes and will work towards making sustainable improvements that will have a measurable impact on the agency. The goal is to complete the actions in the plan by December 31, 2024. The IHS remains committed to mitigating programmatic and operational risks before they arise. IHS leadership is focused on increased and effective communication with Tribal and urban Indian organization partners on this work, while developing sustainable actions.

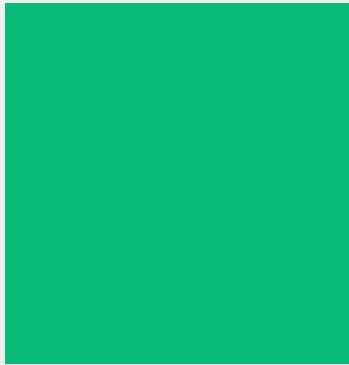
IHS published *Indian Health Manual Chapter 3-42: Patient Safety* in November 2023. It establishes the policies, procedures, and responsibilities required to ensure that a comprehensive, systems-based, patient safety program exists in all IHS health care facilities. The Office of Quality collaborated with IHS areas, IHS Chief Medical Officer Dr. Loretta Christensen, and key stakeholders to draft the new agency-level patient safety policy. It supersedes all local and area-level patient safety policies.

In 2024, IHS also centralized its Human Resources Department, ensuring greater consistency across the agency.

Conclusion

While this report details the accomplishments of Director Roselyn Tso's second full year leading the Indian Health Service, it is only a brief snapshot of the tremendous work undertaken by the 15,000 dedicated staff members that carry out the day-to-day operations of the agency under the leadership of Director Tso. We commend their contribution to these milestones and all the unseen efforts that allow us to serve our Native communities to the best of our abilities.





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