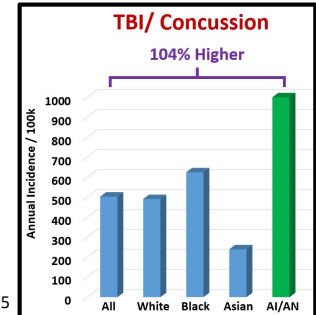
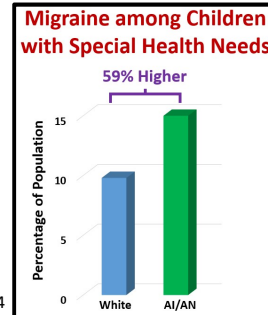
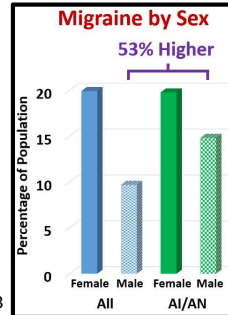
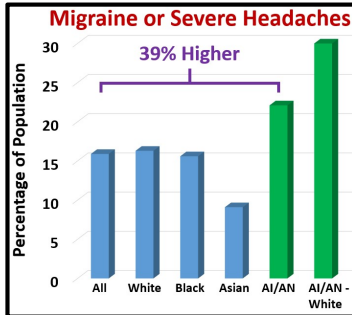


# Indian Health Service, Headache Disorders Centers of Excellence

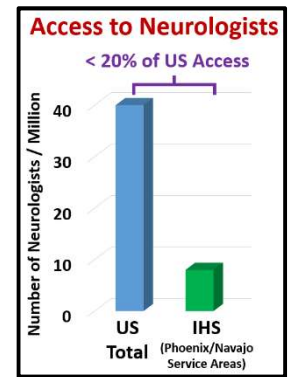
- **The need for Indian Health Service Headache Disorders Centers of Excellence (IHS HCoE).**

- Migraine is the 2<sup>nd</sup> leading cause of global disability, and leading cause of disability for adult women < 50 years <sup>1</sup>.
- US American Indian / Alaskan Native (AI/AN) communities have the **highest** prevalence of disabling headaches
  - Over 560,000 people (22.1% of 2.56 million) under IHS care have migraine or severe headaches.<sup>2,3</sup>



- However, IHS patient access to headache disorders specialty care is extremely limited.

- There is only 1 IHS Neurologist per 125k in the Phoenix/Navajo IHS Service Areas; this is less than 20% of overall US per capita Neurologist access. <sup>7, 8, 9</sup>
- There are no IHS doctors that are certified in the specialty of Headache Medicine.
- 1.7% of the US population self-identifies as AI/AN, yet just 0.5% of US AAN-member Neurologists identifies as AI/AN. <sup>9</sup>



- **Proposal for IHS Headache Disorders Centers of Excellence.**

- Existing models
  - IHS Telebehavioral Health Centers of Excellence (TBHCE) – Currently ~ 25 national sites. <sup>10</sup>
  - Veterans Health Administration Headache Disorders Centers of Excellence (VHA HCoE) – Currently 19 national sites.
- Scope / structure
  - IHS HCoE scope will include direct care, telehealth, consultation, education, training, and research.
  - Sites to be chosen by HHS Secretary to serve federal, tribal, & urban Indian communities, in 12 IHS Service Areas.
  - Emphasis to be placed on training tribal IHS HCoE health care providers, and on telehealth to reach all communities.
- Budget - Based on VHA HCoE costs, estimated budget for six (6) IHS HCoE sites would be \$7m per year.

- **AI/AN Stakeholder Endorsements.**

- Association of American Indian Physicians
- National Council of Urban Indian Health

- **Please sign the Dear Colleague letter, to be circulated in March, requesting FY2023 Interior, Environment, and Related Agencies Appropriations to establish IHS HCoEs.**

<sup>1</sup> Steiner TJ, et al. *J Headache Pain.* 2020;21:137

<sup>2</sup> <https://www.ihs.gov/newsroom/factsheets/ihsprofile/>

<sup>3</sup> Burch R, et al. *Headache.* 2021;61:60-68.

<sup>4</sup> Tao F, 2017, <https://escholarship.org/uc/item/1vm5c5c4>

<sup>5</sup> Kenney MK, et al. *Matern Child Health.* 2014;18:2071.

<sup>6</sup> Bazarian J, et al. *Brain Inj.* 2005;19:85-91.

<sup>7</sup> Per, Mike Stitzer, MD, IHS National Chief Clinical Consultant in Neurology

<sup>8</sup> [https://www.ruralhealth.va.gov/docs/2014\\_VA-IHS\\_Report.pdf](https://www.ruralhealth.va.gov/docs/2014_VA-IHS_Report.pdf)

<sup>9</sup> American Academy of Neurology 2021 Insights Report; <https://bit.ly/3pkSYra>

<sup>10</sup> <https://www.ihs.gov/telebehavioral/>



Alliance for  
Headache  
Disorders  
Advocacy

Alliance for Patient Access  
American Academy of Neurology  
American Headache Society  
CHAMP  
Chronic Migraine Awareness  
Clusterbusters  
Cluster Headache Support Group

Headache Cooperative of New England  
Headache Cooperative of the Pacific  
Miles for Migraine  
National Headache Foundation  
Southern Headache Society  
Spinal CSF Leak Foundation