



Highlights of [GAO-08-90](#), a report to congressional requesters

## Why GAO Did This Study

American Indians and Alaska Natives have the third highest rate of HIV/AIDS diagnosis in the United States. They are also more likely than individuals with HIV/AIDS from other racial and ethnic groups to receive treatment at later stages of the disease and have shorter life spans.

The Indian Health Service (IHS), located within the Department of Health and Human Services (HHS), provides health care services, including HIV/AIDS treatment, to eligible American Indians and Alaska Natives. IHS patients with HIV/AIDS may also receive care through other sources depending on their access to private health insurance or their eligibility for other federal health care programs, such as Medicare and Medicaid.

GAO examined the extent to which IHS provided (1) HIV/AIDS prevention services and (2) HIV/AIDS treatment services. GAO also examined (3) what other HIV/AIDS-related initiatives IHS has undertaken. GAO reviewed documents and interviewed officials from IHS headquarters, area offices, and IHS-funded facilities, as well as advocacy groups. We also conducted site visits in two IHS areas.

To view the full product, including the scope and methodology, click on [GAO-08-90](#). For more information, contact Laurie Ekstrand at (202) 512-7114 or [ekstrandl@gao.gov](mailto:ekstrandl@gao.gov).

## INDIAN HEALTH SERVICE

### HIV/AIDS Prevention and Treatment Services for American Indians and Alaska Natives

## What GAO Found

HIV/AIDS prevention services were generally available from IHS, but these services varied across the 12 IHS areas. HIV/AIDS education was provided in all areas in a variety of settings, such as IHS-funded facilities, schools, and health fairs. In addition to education, IHS offered HIV testing services in all areas; however, the type and extent of services varied. In addition, some IHS officials described other services that were provided as part of their HIV/AIDS prevention activities, such as condom distribution.

According to IHS officials, HIV/AIDS treatment services, while offered at some IHS facilities, were generally received outside of IHS. Five IHS-funded hospitals, such as the Phoenix Indian Medical Center in Arizona, regularly treated patients. Although some other IHS facilities provided limited treatment services, most relied on outside providers. For example, IHS patients with HIV/AIDS might see a specialist outside of IHS every 3 months for their HIV/AIDS treatment services and an IHS provider for other routine care. IHS officials reported that most IHS facilities did not provide treatment services because they had few American Indian or Alaska Native patients known to have HIV/AIDS, had limited resources, focused on other health concerns, or their providers had limited training or experience treating the disease. Additionally, some patients may not access or continue treatment from IHS or outside providers due to concerns about confidentiality and lack of transportation to distant facilities.

IHS has undertaken outreach and planning, capacity building, and surveillance initiatives related to HIV/AIDS. These initiatives are overseen by national and area-level IHS officials. The outreach and planning initiatives include an HIV/AIDS Web site and the development of a national HIV/AIDS administrative work plan. IHS has also undertaken several initiatives aimed at building the capacity of providers to offer HIV/AIDS-related prevention and treatment services, such as training of health care providers and implementation of an HIV/AIDS-related data system that can send providers reminders when patients with HIV/AIDS need care. Finally, IHS has undertaken initiatives related to improving the surveillance of HIV/AIDS in the American Indian and Alaska Native population by developing a prenatal HIV screening measure and an early detection surveillance system.

GAO received written comments from HHS on a draft of this report. HHS substantially agreed with the findings of this report. HHS also offered technical comments to provide additional information or clarify specific findings, which we incorporated as appropriate.