COVID-19 Among Tribes and the American Indian/Alaska Native Population in Oregon: The Challenges & Opportunities to Address Disparities of Health

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Background

- Nine Oregon Tribes are sovereign nation governments
- Federal government has legal trust responsibility to ensure provision of health services for AI/AN people
  - Indian Health Service (IHS) is principal federal agency that provides health services
- The Northwest Portland Area Indian Health Board (NPAIHB) and Northwest Tribal Epi-Center (NWTEC) are organized by the Tribes to
  - Advocate for Tribal health issues
  - Support research and access to data, public health activities
  - Public Health Authority[1] for Tribes

The Arrival of COVID-19 for Oregon Tribes

- Early case in Oregon turned up on Tribal lands: community spread is here
- NPAIHB-NWTEC engages with Tribes, all scramble to prepare and respond
  - Oregon Health Authority engages with Tribes and coordinates with NPAIHB-NWTEC
- Early challenges
  - No coordinated federal response or resources for Tribes
  - Poor communication and mixed messages from White House
  - Lack of PPE and testing at Tribal Clinics, lack of communicable disease control capacity in Tribal Health programs
  - The first case, first death, and community outbreaks

AI/AN Population: Disparities and Inequities

- Near genocide and historical mistreatment of Tribes and AI/AN people has traumatic effects that pass down through generations
  - Segregation and isolation to Reservations
- Federal government policy and actions do not hold to the trust responsibility to provide access to quality health services
  - Chronically underfunded and understaffed IHS
  - Lack of a funding source or stream for public health services (no block grants or dedicated appropriations)

AI/AN Population: Disparities and Inequities

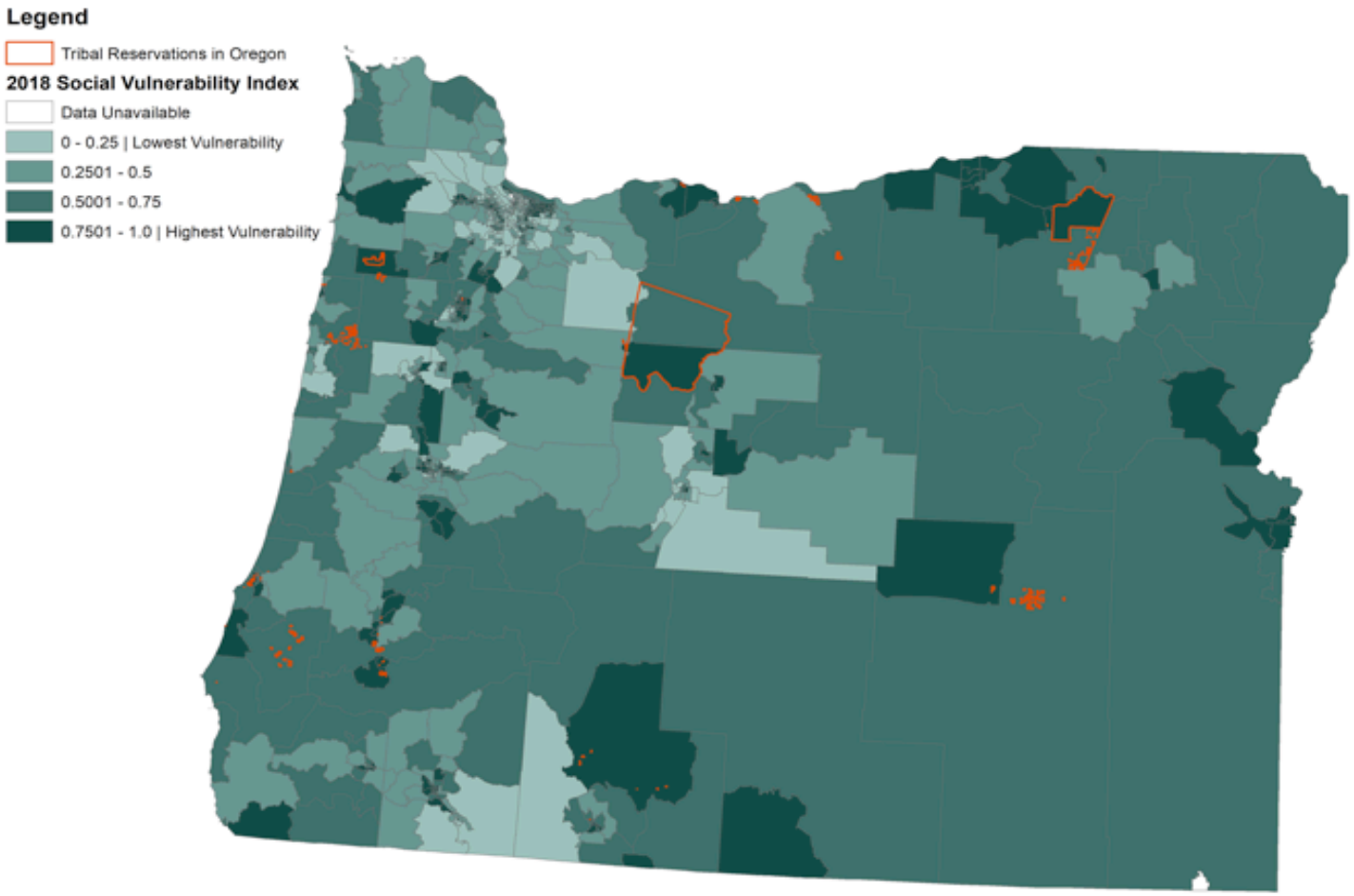
- AI/AN people have higher rates of diseases and conditions that place them at higher risk for COVID-19 complications
  - Heart and lung disease, conditions that compromise the immune system, obesity, and diabetes type II[2]
- AI/AN people suffer from greater disparities of the social determinants of health
  - Nearly 1/3 of Tribal housing is “overcrowded” and of poor quality[3]
  - Stay at home orders, unintended consequences, inability to maintain distancing and isolate or quarantine

AI/AN in Oregon: Community & Social Conditions

		AI/AN people in Oregon	Total State Population
Are younger	Median Age	33.8 years	39.7 years
Have lower rates of HS/higher education completion	% with less than a High School diploma	13.5%	8.6%
Have higher unemployment rates	% Unemployed	7.5%	5.0%
Are more likely to live in poverty	% Living in poverty	18.7%	11.4%
Are more likely to live with a disability	% Living with a disability	23.3%	14.7%
Are more likely to live with extended family	% Living with extended family	10.1%	6.0%
Are less likely to have health insurance	% Without health insurance	11.4%	7.2%
Are less likely to have internet	% Without broadband Internet	15.1%	11.0%

Data source: 2019 American Community Survey 1-Year Estimates, Table S0201. Note that these data are from before the COVID-19 pandemic.

AI/AN in Oregon: Social Vulnerability Index



Map created by IDEA-NW

For information on CDC's Social Vulnerability Index, visit: https://svi.cdc.gov/index.html

COVID-19 Cases, AI/AN Population

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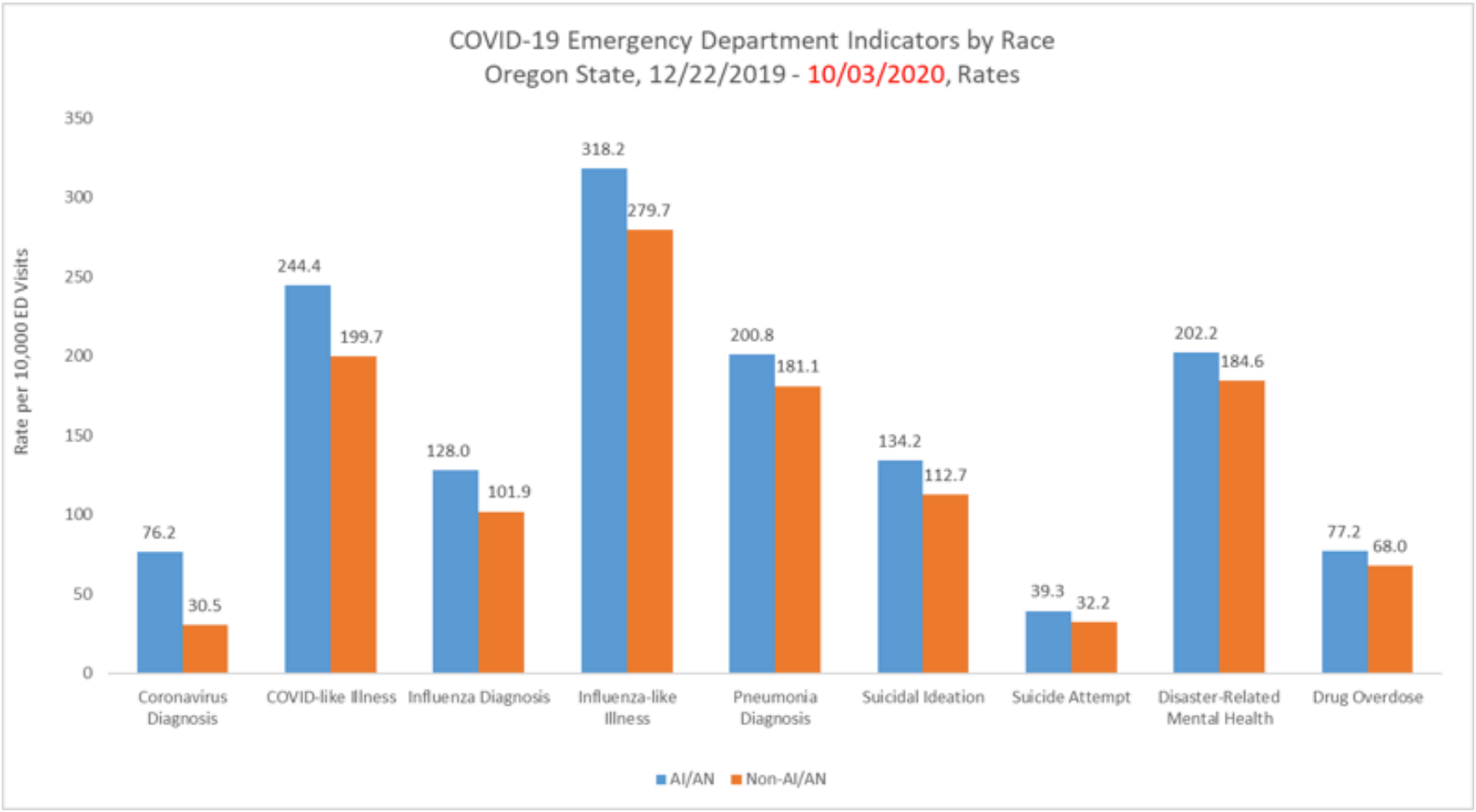
TABLE. Demographic characteristics and data quality among laboratory-confirmed COVID-19 cases, by race/ethnicity — 23 states,* January 31–July 3, 2020

Characteristic	No. (%) American Indian and Alaska Native† (N = 9,072)	No. (%) White, non-Hispanic (N = 138,960)
Age group, yrs		
Median (IQR)	40 (26–56)	51 (32–67)
0–18	1,171 (12.9)	6,000 (4.3)
19–44	4,091 (45.1)	50,772 (36.5)
45–54	1,384 (15.3)	19,923 (14.3)
55–64	1,284 (14.2)	22,518 (16.2)
≥65	1,141 (12.6)	39,737 (28.6)
Missing	1 (—)	10 (—)
Sex		
Female	4,819 (53.5)	72,921 (52.6)
Male	4,181 (46.5)	65,701 (47.4)
Missing	72 (—)	338 (—)
Symptoms known§		
Yes	998 (11.0)	39,225 (28.2)
No	8,074 (89.0)	99,735 (71.8)
Underlying health conditions known¶		
Yes	762 (8.4)	37,993 (27.3)
No	8,310 (91.6)	100,967 (72.7)
Hospitalization status known††**		
Yes	2,197 (24.2)	109,638 (78.9)
No	6,875 (75.8)	29,322 (21.1)
ICU admission status known††		
Yes	855 (9.4)	37,150 (26.7)
No	8,217 (90.6)	101,810 (73.3)
Death status known††		
Yes	2,039 (22.5)	103,371 (74.4)
No	7,033 (77.5)	35,589 (25.6)

Abbreviations: COVID-19 = coronavirus disease 2019; ICU = intensive care unit; IQR = interquartile range.

* Alabama, Alaska, Florida, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Oregon, Tennessee, Utah, Wisconsin, and Wyoming.

COVID-19 in Oregon: AI/AN ED Data



Data Source: Emergency department data from the Oregon ESSENCE system, data pulled 10/5/20.

Lessons Learned So Far…

- Relationships matter
  - NPAIHB-NWTEC, OHA, IHS, Tribes, LPHAs, CRITFC, community partners
  - Pre-COVID MOUs
- Tribes are critically underfunded for health care (not new)
  - But, COVID-19 TeleECHO sessions reached hundreds
  - TeleHealth expansion met with some success
- Given the resources and support, Tribes have the governing and technical capacity to deliver critical health services
  - Case Investigation and contact tracing
  - Food assistance, support for isolation/quarantine

Actions to Address Inequities

- Structural-level/Policy Actions
  - Fully fund the IHS
  - Direct legislative appropriations for Tribal public health
  - Improve data and access to data
- System-level Actions
  - Expand training and technical assistance to Tribes for public health services and policy development
  - Improve local emergency preparedness coordination
- Future Research Areas
  - Response Evaluation/After-Action Review, Health services, Impact of policy and social determinants on AI/AN health

Conclusion

- This is not the first time a new disease has threatened to devastate Tribal Nations
- Tribes have traditions of reconstructing life ways and putting individualism to the side for the good and well-being of the collective
- We are strong and resilient people
- We have the Tribal Leadership to defeat COVID-19

References

1. Patient Protection and Affordable Care Act, Indian Health Care Improvement Act Title 25-Indians, Chapter 18-Indian Health Care, Subchapter II-Health Services, U.S. Code § 1621m – 2010.
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4. Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1166–1169.