



**Deep Dive: Issues Affecting the American  
Indian & Alaskan Native Communities  
During COVID 19 and the Way Forward**  
October 13, 2020

# Agenda

**2:00 -2:05 pm**

## **Welcome & Introductions**

Jennifer Covich Bordenick, CEO, eHealth Initiative and Foundation

**2:05 – 2:20 pm**

## **IHS Response to COVID-19 & Improving Patient Health**

RADM Michael Toedt, M.D., Chief Medical Officer, Indian Health Service

**2:20 – 2:35 pm**

## **The Role of Data and Telehealth to Address Population Health**

John Sun, VP, Indian Health Service and Rural Health, Phillips

**2:35 – 2:50 pm**

## **Disparities in Social Determinants of Health Outcomes of Native Americans**

Collette Adamsen, PhD (Turtle Mountain Band of Chippewa Indians),  
Center for Rural Health, University of North Dakota School of Medicine &  
Health Sciences; Director, National Resource Center on Native American  
Aging

**2:50 – 3:00**

## **Final Thoughts/Q&A**

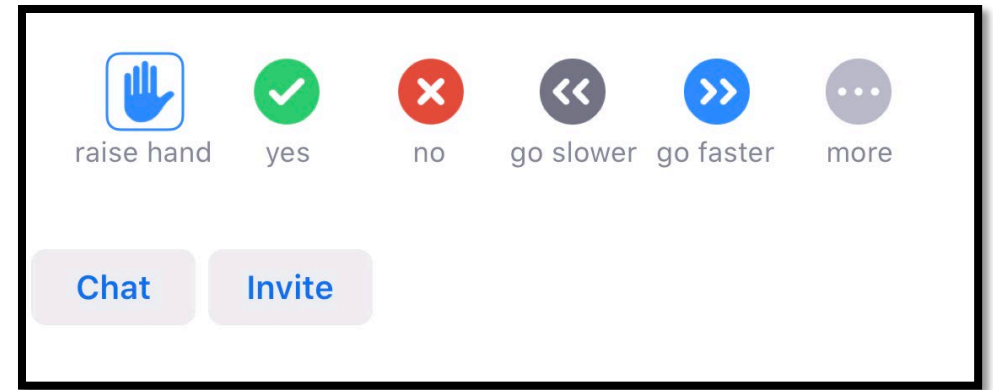


**THANK YOU**  
**PHILIPS**

**FOR SUPPORTING THIS REPORT**



# Housekeeping



- **All participants are muted**
- Use the **raise hand** feature if you have a question
- We will then unmute your line so you can ask your question directly
- Use the chat box is for *technical difficulties* and other questions / comments

Presentation slides are in the eHI resource Center  
<https://www.ehidc.org/resources>





## Overview

# Our Work

eHI conducts research, education and advocacy around critical issues to support executives transforming healthcare.





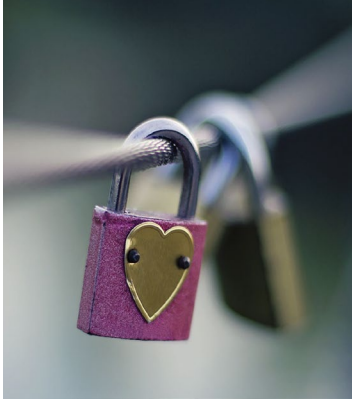
# eHealth Initiative Leadership



Booz | Allen | Hamilton



# Current Focus Areas



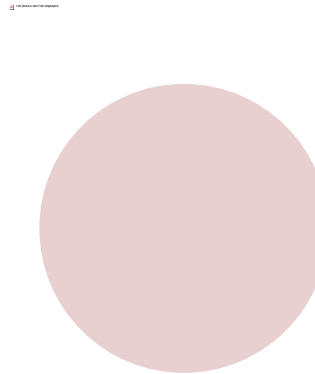
Consumer Privacy



Telehealth, Reimbursement & Information Sharing



Analytics, Social Determinants of Health (SDOH) & Artificial Intelligence



Use of Data & Innovation to Address COVID-19



# Recent Forums & Webinars

## COVID-19

- Rapidly Deployed Remote Monitoring for COVID-19
- COVID-19 and Beyond: Telepsychiatry Best Practices and Regulatory Priorities
- Fitbit Talks About Population Health Initiative During COVID-19 Pandemic
- How the Pandemic Influences Consumer Health Behavior
- After the Curve Flattens: What's Next for Healthcare and COVID-19

## Telehealth & Policy

- Addressing Capacity and Cashflow with Virtual Care
- How to Grow Your Practice with Reimbursement Considerations
- Telehealth during COVID-19: New strategies on how physicians are addressing the outbreak

## Privacy

- What's Ahead in 2020 for Consumer Privacy?
- HIPAA: What's Covered and What's Not Covered?
- Changes to Privacy Policies and Regulations in the Face of the Coronavirus Pandemic - eHI Privacy and Security Webinar Series
- Key Survey Findings from the State of Patient Matching in America



# Recent Research & Reports

## Reports:

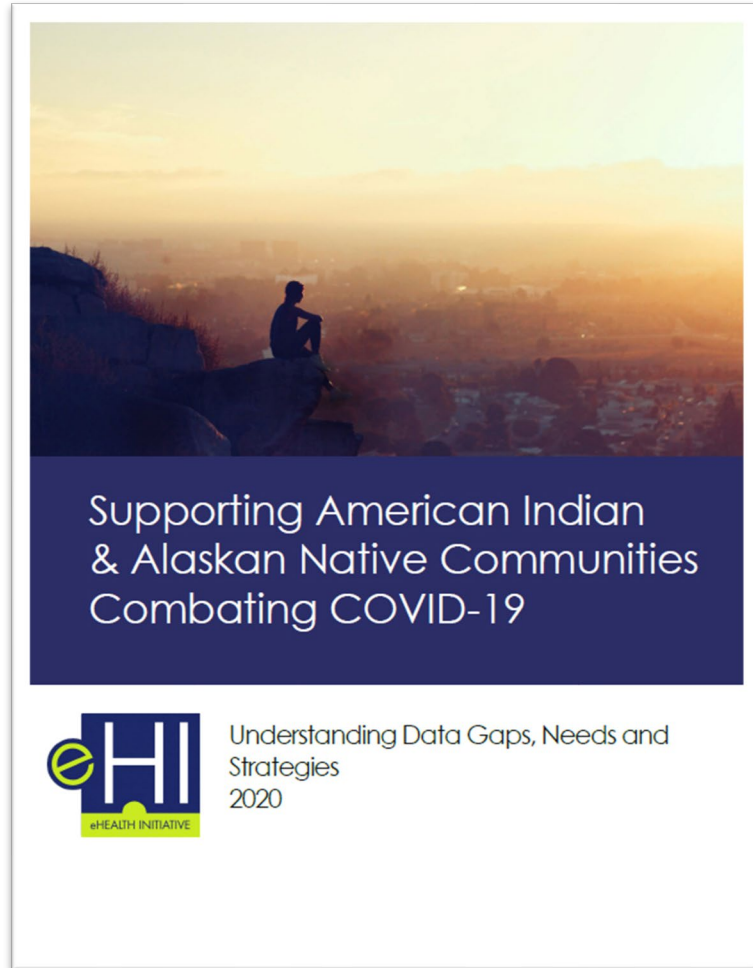
- Addressing Social Determinants and Advance Health Equity During COVID-19, July 2020

## Surveys:

- Current State of Patient Access API to Address New Interoperability Rule, October 2020



# Announcement: eHI Released New Report Today



## Overview

**In August 2020, a panel of experts convened from tribal communities, government, non-profits, and universities to bring awareness to the social determinants of health (SDOH) drivers of disparities in the American Indian/Alaska Native population.**

**Download a copy from the eHI website**



# Report Highlights

## 4 Data Quality and Access to Tribal-Level Information

Problems with data collection and data quality often lead to negative consequences for AI/AN populations, including underfunding of health and social services, and these problems have only been exacerbated by the pandemic.

In addition, the fact that federal data cannot be disaggregated at the tribal level makes it difficult for diverse tribal communities to make informed decisions that accurately reflect the unique needs of their members due to the pandemic in terms of infection rates, age of the population, types and quantities of resources needed and other factors. Lack of access to reliable and comprehensive data limits the ability to make policy decisions and allocate funding for much-needed resources. These data issues open tribes, once again, to underfunding during and after the pandemic—underfunding that can hinder health, social and economic recovery.

Many data-related issues revolve around the challenges of simply being counted as Native Americans. For example:

- Roundtable participants reported that AI/AN patients often have difficulty being counted accurately as a Native American by healthcare providers, who, left to their own devices, will often indicate an AI/AN patient's race as "White" rather than Native American. This skews demographic data and results in undercounting of AI/ANs.
- The CDC and other agencies often count AI/ANs as "other" rather than as "Native American" because of the relatively small population size. This makes it difficult if not impossible for tribes to obtain accurate information on the impact of COVID-19 on their populations. In addition, people who are both AI/AN and Hispanic are often counted as Hispanic.

As a result, AI/ANs are often completely "invisible" to local governments and, therefore, receive no government-funded resources or assistance. AI/ANs are undercounted approximately 5% more than any other group in U.S. Census data.<sup>17</sup>

*"American Indians and Alaskan Natives are often misidentified or under counted in various vital statistical records. It's critical that we sort that puzzle out to be able to get good information to help tribal leaders make informed decisions. It's also critical to have [COVID-19] information and messaging in linguistically and culturally relevant ways so that people receive the message on the ground."*

Megan Minoka Hill, Harvard Project on American Indian Economic Development

7  
www.ehdc.org



## Gaps, Challenges and Unique Needs of AI/AN

- Lack of infrastructure to support virtual care
- Historical underfunding of AI/AN healthcare
- Rural areas are underfunded
- Negative outcomes caused by poor data quality

Data show that in 23 states with adequate race/ethnicity data, the cumulative incidence of laboratory-confirmed COVID-19 among AI/AN persons was 3.5 times that among non-Hispanic white persons.



# Report Highlights

## 6 Cultural Literacy and Elders

Tribal communities in rural areas face the logistical challenge of delivering meals and services to their vulnerable elders and finding ways to help these citizens combat loneliness and social isolation during the pandemic.

Roundtable participants also pointed to a need for cultural literacy training for healthcare professionals and caregivers in caring for AI/ANs with COVID-19. Challenges arise when more severely ill tribe members must be transferred to tertiary care and other facilities off the reservation for inpatient care, far from their communities and loved ones. Often, healthcare professionals and caregivers at these facilities do not have the cultural literacy and cultural competence to provide culturally congruent care, leaving tribal members, often elders, without the comfort and support of their own community and traditions during a frightening and difficult time. Some of these cultural issues may also involve elements of historical trauma (see below).



## 7 Behavioral Health Needs and Historical Trauma

Behavioral health issues, most notably substance abuse and suicide, which are already more prevalent among AI/ANs than the U.S. population overall, have risen during the pandemic.

In Navajo Nation, the public health team has offered a series of eight virtual training sessions to train staff and citizens throughout the reservation in recognizing signs and symptoms of suicidal ideation and major depression and then implementing appropriate intervention strategies. These trainings arose from significant concerns regarding the mental health condition of patients and community members during the pandemic.

An understanding of behavioral issues among AI/ANs benefits from an understanding of the concept of historical trauma. According to Maria Yellow Horse Brave Heart, Ph.D., associate professor of psychiatry and behavioral sciences and director of Native American & Disparities Research at the University of New Mexico, historical trauma may be defined as "the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma."<sup>18</sup>

For example, a survey of Native Americans who were generations removed from many of the traumas experienced by their ancestors found that "35% had daily thoughts about the loss of traditional language in their community and 34% experienced daily thoughts about the loss of culture. Additionally, 24% reported feeling angry regarding historical losses, and 49% had disturbing thoughts related to these losses. Almost half (46%) of the participants had daily thoughts about

9  
www.ehdc.org

## Recommendations

- Increase staffing to support the healthcare system
- Provide cultural literacy training for healthcare professionals and caregivers
- Respect tribal sovereignty
- Address behavioral health needs through a historical lens of trauma

The cohesion and solidarity of AI/AN communities throughout the U.S. have shown to be an asset in efforts to reduce the spread of COVID-19 and flatten the curve.

[www.ehdc.org](http://www.ehdc.org)



**Rear Admiral Michael Toedt, M.D.**  
**Chief Medical Officer**  
**Indian Health Service**



# IHS COVID-19 Updates



---

RADM Michael Toedt, MD  
Chief Medical Officer  
Indian Health Service  
October 13, 2020



# Indian Health Service overview

---

- The IHS provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives
- Serves members of 574 federally recognized tribes
- Fiscal Year 2020 budget appropriation was approximately \$6 billion
- IHS total staff consists of more than 15,000 employees, including nurses, physicians, pharmacists, sanitarians, physician assistants, and dentists



# Health disparities and COVID-19

---

- American Indian and Alaska Native people have long experienced lower health status when compared with other Americans.
- Research has shown that older adults and people of any age who have significant underlying medical conditions are at higher risk for severe illness from COVID-19.
- Diabetes is one of the medical conditions that has been associated with increased risk of complications in COVID-19 cases and AI/AN people have the highest prevalence of diabetes of any US racial/ethnic group.
- Other conditions that increase COVID-19 risk are also common in AI/AN people, including obesity, as well as diseases of the heart, lungs, and kidneys.



# Social Determinants and COVID-19

---

- American Indian and Alaska Native people:
  - are more likely to live in crowded housing situations, which increases the likelihood of spreading the coronavirus
  - may not have access to running water in some areas, and so are unable to adhere to handwashing recommendations
  - experience high rates of poverty, food insecurity, and are more likely to work in front-line jobs that are not eligible for telework accommodations
- These social determinants issues make it more difficult for American Indian and Alaska Native people to avoid exposure to the coronavirus and to avoid serious complications if they contract it.



# Addressing Health Disparities and Social Determinants of Health

---

- IHS and tribes are working to reduce the effects of chronic diseases and social determinants on American Indian and Alaska Native people
  - Recent studies have shown a decrease in diabetes prevalence in AI/AN people as well as significant decreases in many diabetes complications, including kidney failure, eye disease, hospitalizations for uncontrolled diabetes, and mortality.
  - Many Tribes are increasing their outreach services to their communities during the pandemic, including providing essentials such as food, masks, or laptops for children who are distance learning.
  - The IHS has allocated more than \$5 million from the Coronavirus Aid, Relief, and Economic Security (CARES) Act to increase water access on the Navajo Nation.
  - The IHS is seeking input from tribal and urban Indian organization leaders on a draft plan outlining how the IHS health care system will prepare for and operationalize a vaccine when it becomes available.



# Strategy 1 - Prevent

- The 3 W's:
  - Wear a mask
  - Wait 6 feet apart
  - Wash your hands
- PPE / Training / Rest cycles
- Communications- staff, community, tribe
- ICAR: Infection Control Assessment and Response (Tele-ICAR)
- Navajo Area Clean Water Access Project
- Vaccination strategies / preventable illness
- Tribal consultation on COVID-19 vaccine distribution



# Strategy 2 - Detect

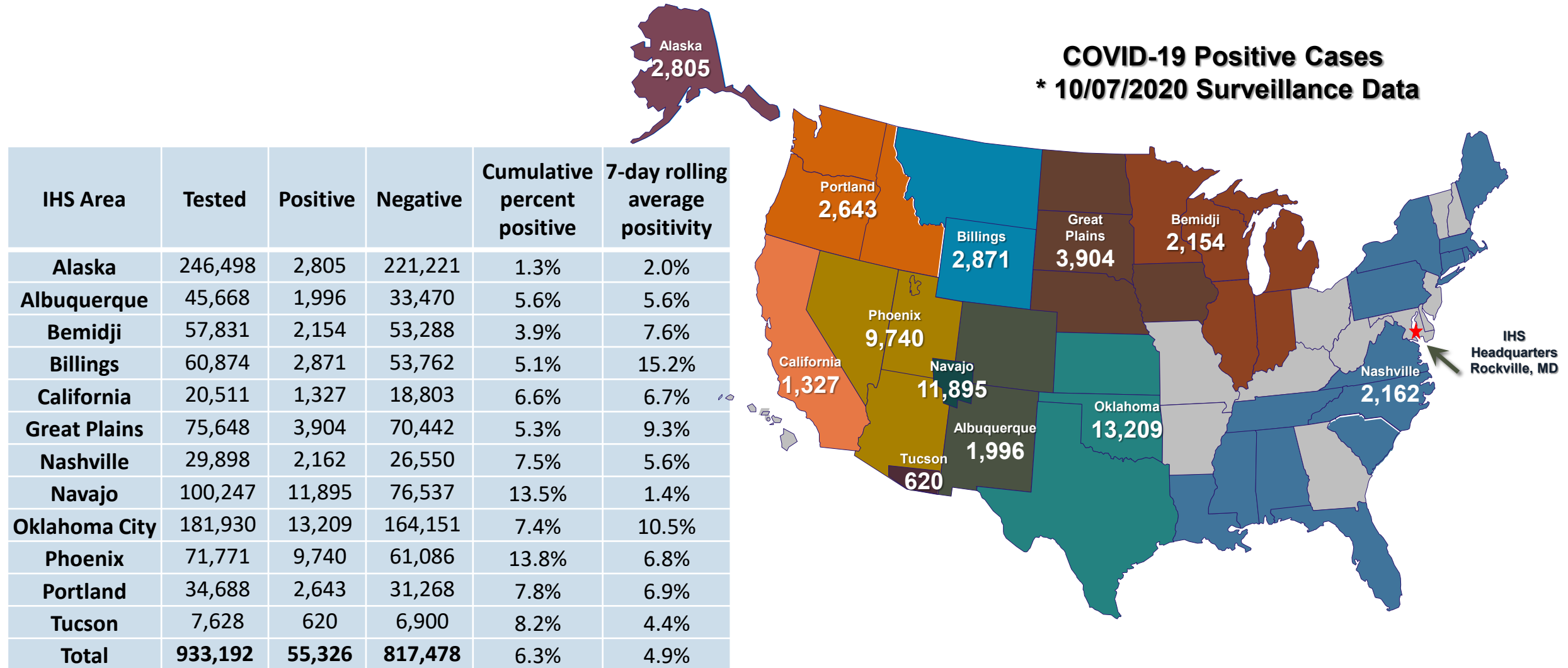
---

- Screening- before each shift for health providers
- Testing (Diagnostic, Contact Tracing, Surveillance)
- Goals:
  - National goal to continue to exceed per capita testing by user pop compared with US all races rate and maintain positivity <10%
  - Suggested local goals- (the floor) every community at least 2%/month AND targeted surveillance in highest risk (elders, chronic disease, commercial food production)
  - Increase testing until 7-day positivity <10%
- Abbot ID Now and BinaxNOW distributions



Report For: 10/7/2020 (12:00am to 11:59pm local time)

*These data represent Confirmed cases of COVID-19 reported to the Indian Health Service for 10/7/2020. A confirmed case is defined as a person who has tested positive for 2019 novel coronavirus*



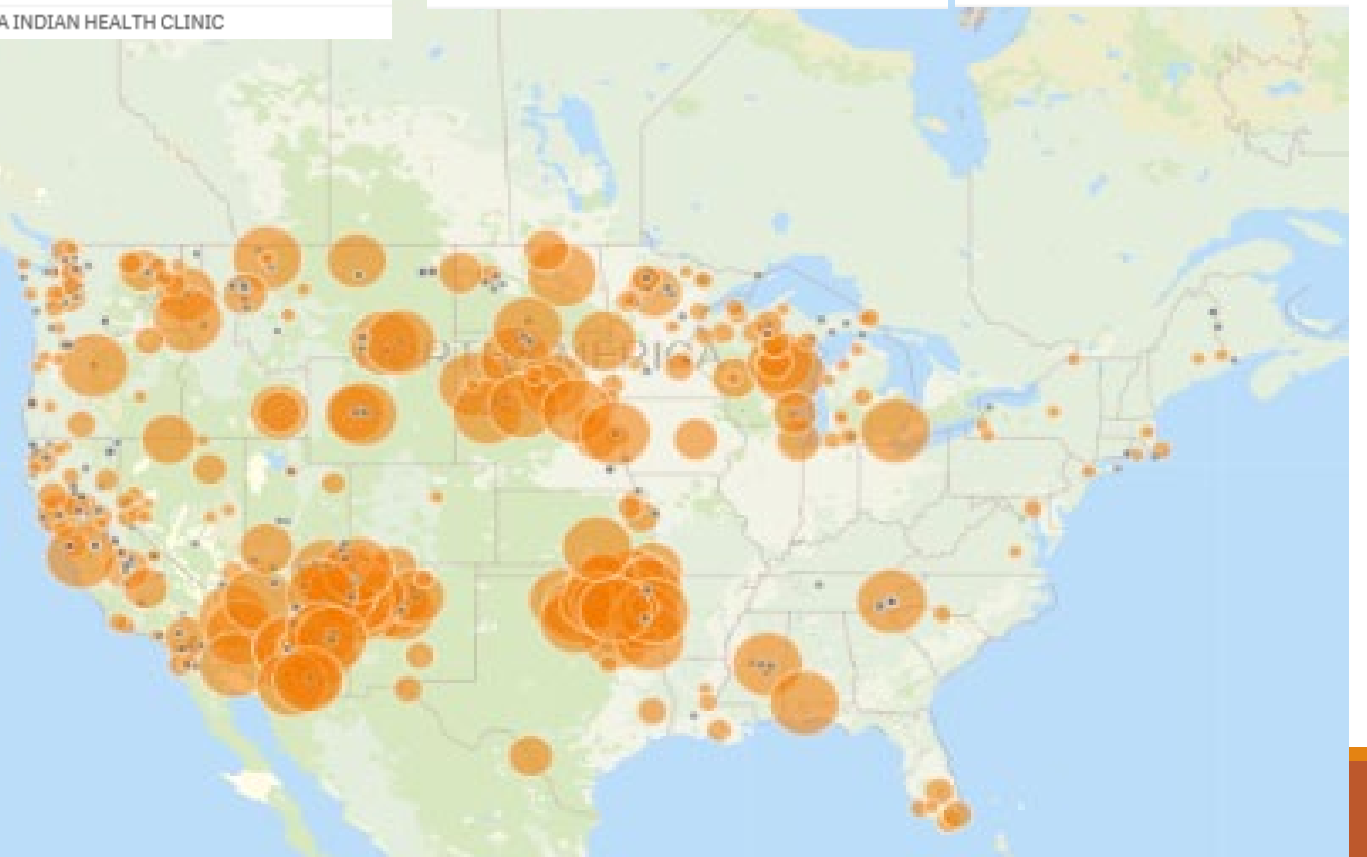
## Facilities with over 800 positive COVID tests

WHITERIVER HOSPITAL
CHEROKEE NATION W. W. HASTINGS HOSPITAL
CHINLE COMPREHENSIVE HEALTH CARE FACILITY
PHOENIX INDIAN MEDICAL CENTER
GALLUP INDIAN MEDICAL CENTER
NORTHERN NAVAJO MEDICAL CENTER
CHICKASAW NATION MEDICAL CENTER
ALASKA NATIVE MEDICAL CENTER
KAYENTA HEALTH CENTER
MS BAND OF CHOCTAW HOSPITAL
CROWNPOINT HEALTHCARE FACILITY
CROW HOSPITAL
SAN CARLOS APACHE HEALTH CORPORATION
YAKAMA INDIAN HEALTH CLINIC

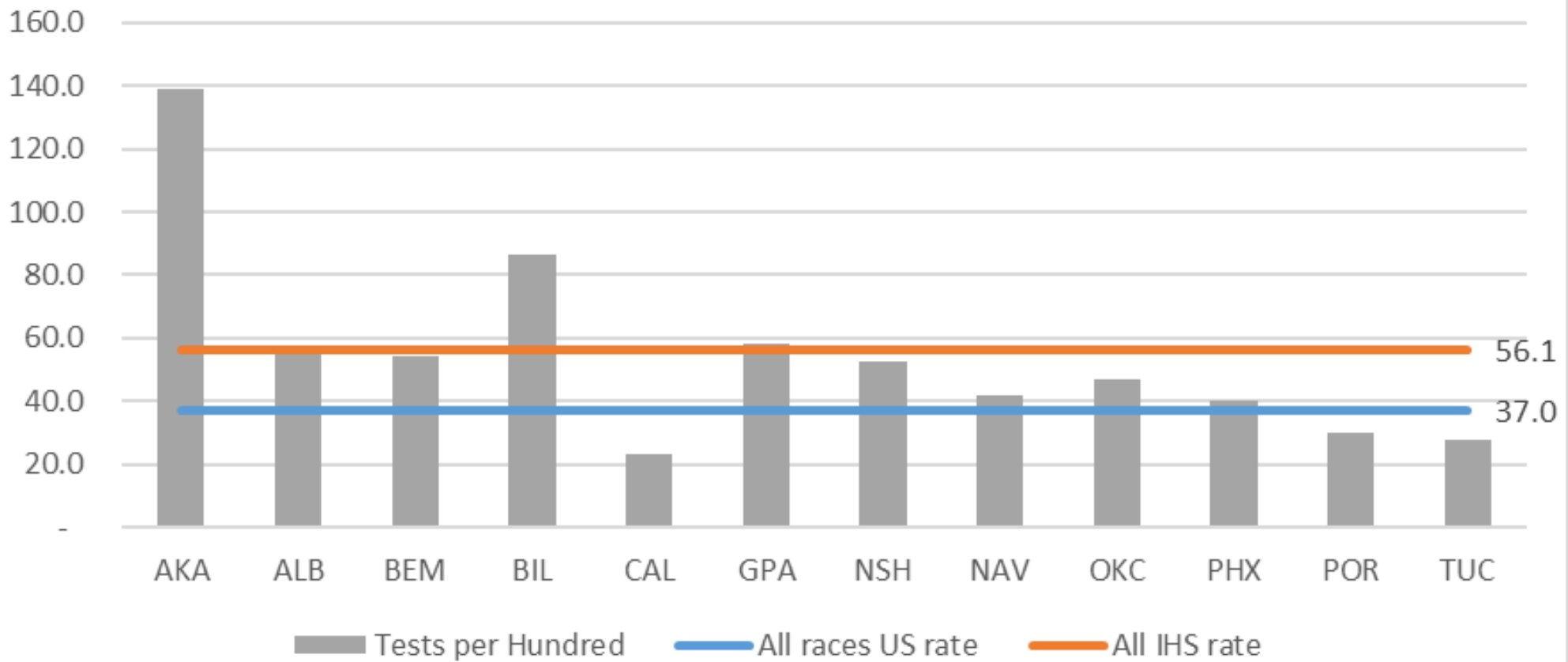
## Facilities with over 300 - 799 positive COVID tests

CHOCTAW NATION DURANT REGIONAL MEDICAL CLINIC	SPIRIT LAKE HEALTH CENTER
TSEHOOTSOSI MEDICAL CENTER	BLACKFEET COMMUNITY HOSPITAL
ZUNI COMPREHENSIVE HEALTH CENTER	LAWTON HOSPITAL
NORTHERN CHEYENNE CLINIC	PERKINS FAMILY CLINIC
COPPER RIVER NATIVE ASSOCIATION	CHIEF ANDREW ISAAC HEALTH CENTER
OYATE HEALTH CENTER	PEACH SPRINGS INDIAN HEALTH CENTER
OKEMAH CREEK NATION COMMUNITY HOSPITAL	WARM SPRINGS HEALTH & WELLNESS
MUSCOGEE CREEK NATION MEDICAL CENTER	ONEIDA HEALTH CENTER
CLAREMORE HOSPITAL	CHOCTAW NATION HEALTH CARE CENTER
PINE RIDGE HOSPITAL	WIND RIVER CARES-ARAPAHOE
PASCUA YAQUI HEALTH CENTER	CIHA HOSPITAL
HOPI HEALTH CARE CENTER - KEAMS CANYON	ANADARKO HEALTH CENTER
PARKER IHS INDIAN HOSPITAL	SAGE MEMORIAL HOSPITAL

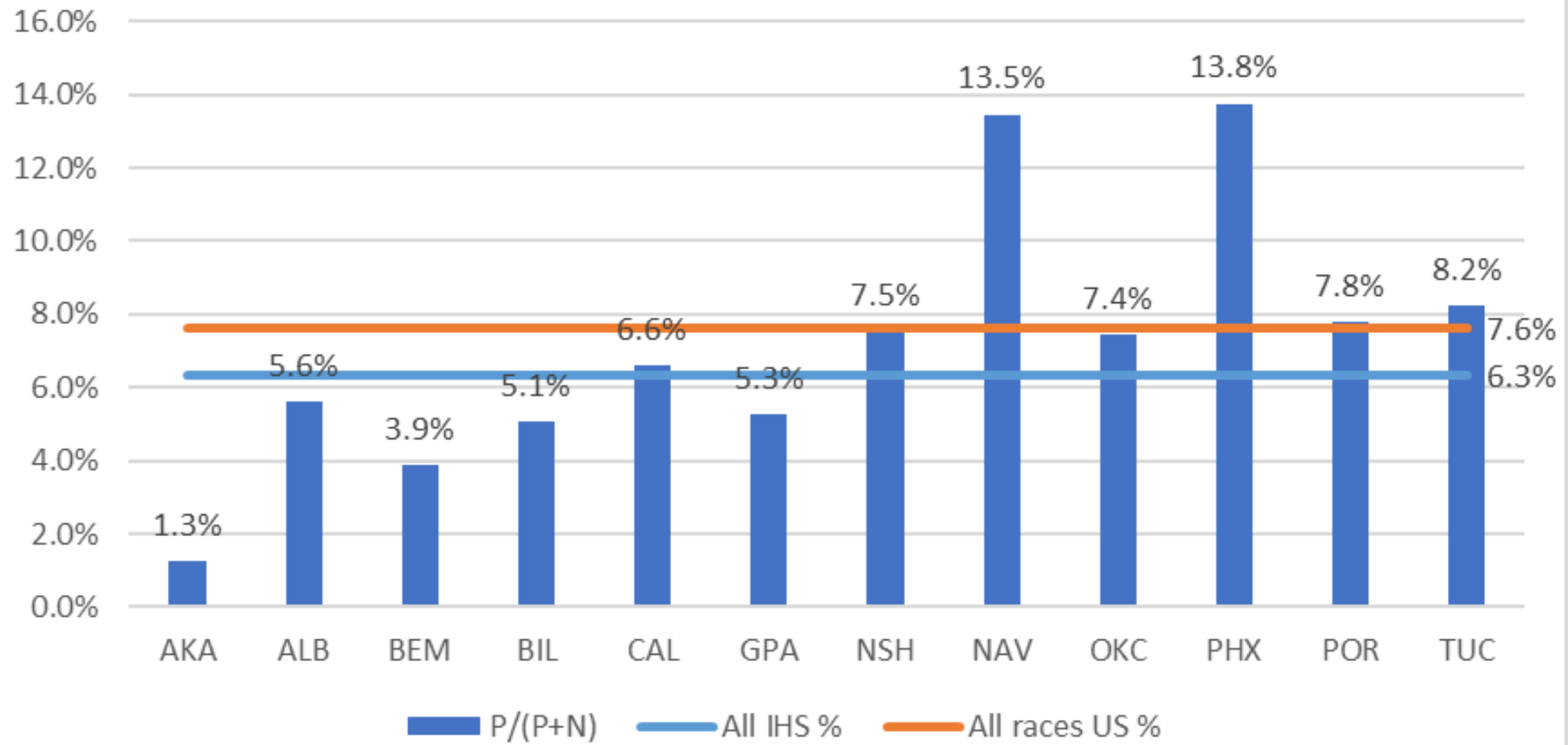
COVID-19 positive  
tests reported to IHS  
55,326 positive  
(I/T/U) 10-7-2020



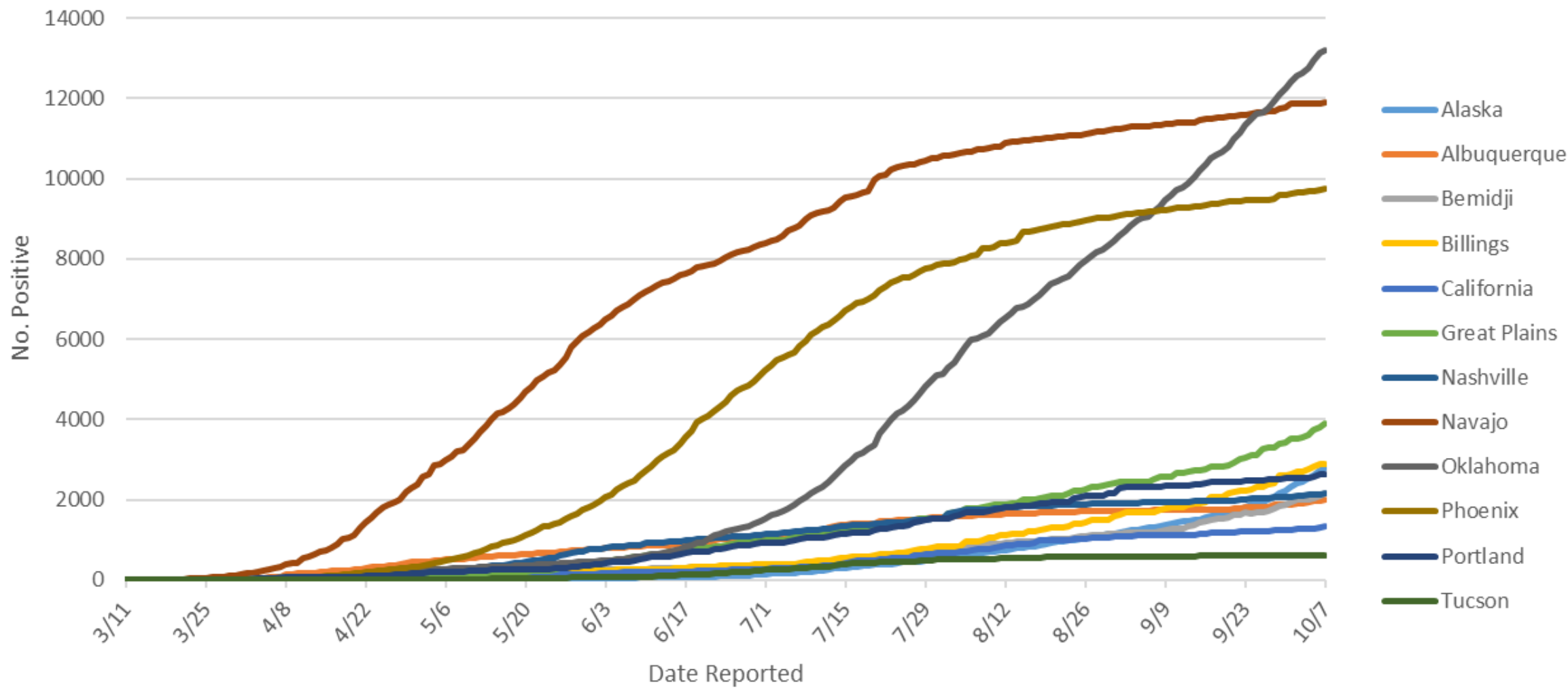
Cumulative Per Capita Testing  
Reported to IHS  
(rate per hundred population)  
10-7-2020



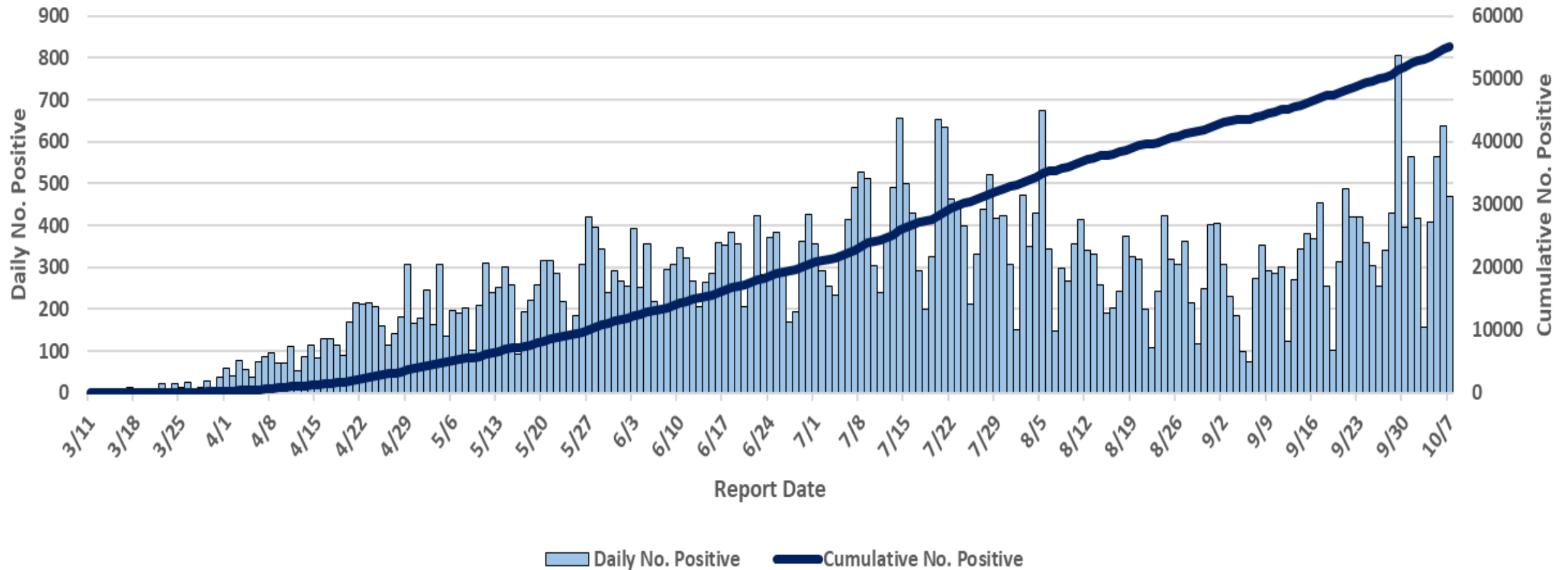
COVID-19 Test Results by IHS Area  
Cumulative Percent Positive:  $P/(P+N)$   
10-7-2020



# Cumulative COVID-19 Positive Tests by IHS Area and Report Date, 2020



## Daily and Cumulative COVID-19 Positive Test Results by Report Date, All IHS Areas — 2020



## 7-Day Average COVID-19 Test Positivity by Report Date, All IHS Areas — 2020



# Strategy 3 - Treat

---

- Expanded telehealth
- Monitor staffing, hospital capacity (incl. referral system), alternate care sites; partnership with VA
- Culturally competent relationship based care:
  - Critical care; antiviral therapy; immune-based products; adjunctive therapy; concomitant medications; special populations
- <https://www.covid19treatmentguidelines.nih.gov/whats-new/>
- Maintain readiness / trainings on emerging tx.
- QAPI, P&T, Med Staff, Governance



# Strategy 4 - Recover

---

- Ensure safe resumption of core services- special focus on well child care and immunizations
- Monitor GPRA, workload, quality and access indicators
- Staff and community resilience
- <https://www.ihs.gov/coronavirus/resources/>
- Resources for COVID-19 and Emotional Well-Being
- Use EAP/Corps Cares





**John Sun**  
**Vice President**  
**Indian Services and Rural Health**  
**Philips**



**Collette Adamsen, PhD**  
**Director, National Resource Center**  
**on Native American Aging**





National Resource Center  
on Native American Aging  
**NRCNAA**

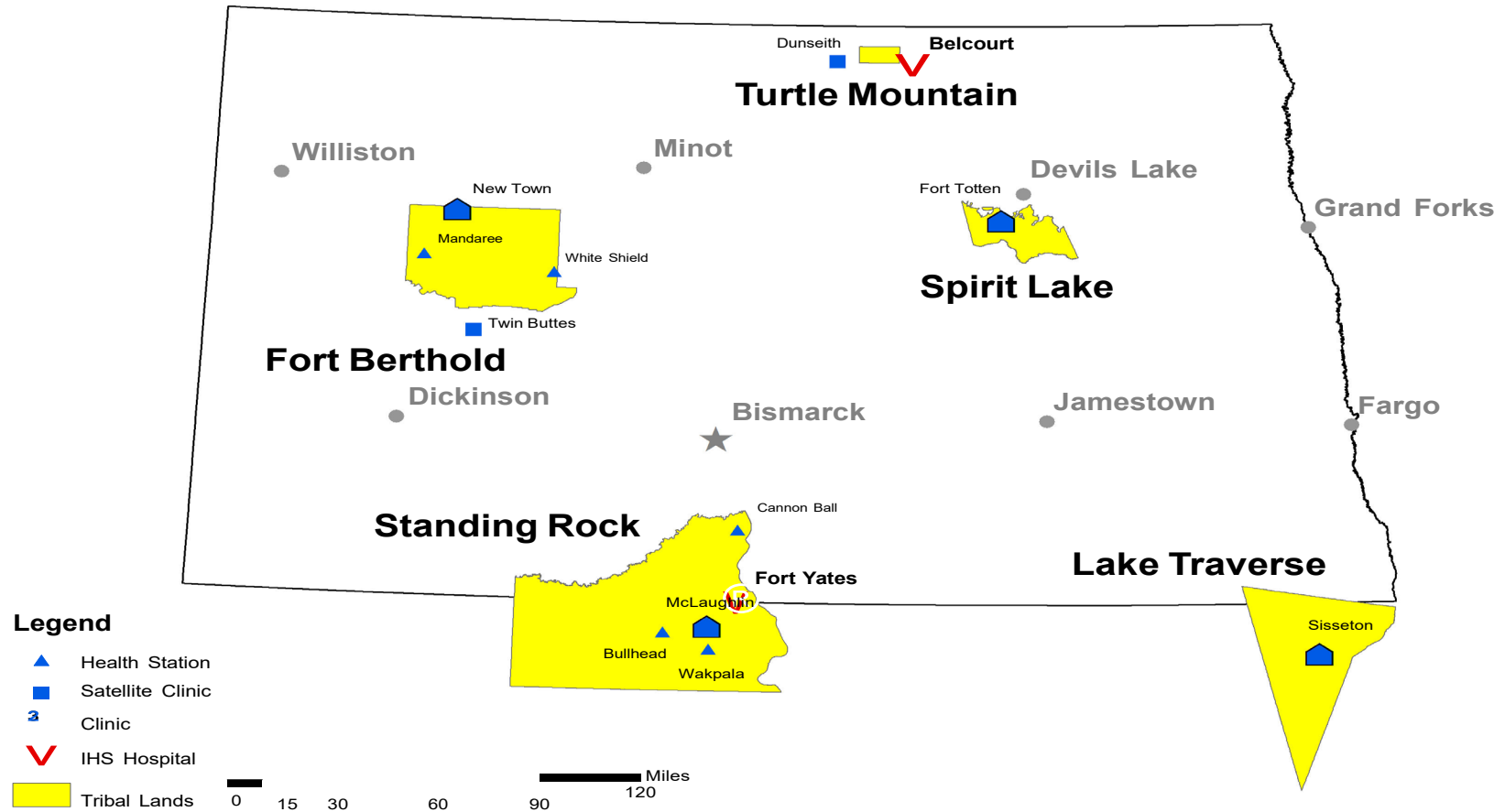
# Disparities in Social Determinants of Health Outcomes of Native Americans

*Collette Adamsen, PhD  
Research Assistant Professor  
Director, National Resource Center on Native American Aging  
Turtle Mountain Band of Chippewa Indians  
October 13, 2020*



National Resource Center  
on Native American Aging  
**NRCNAA**

## Tribal Lands and Health Services



# Social Determinants of Health

- Health Disparities
  - Historical trauma (colonization, exposure to foreign disease (smallpox, tuberculosis, measles), reservations, boarding schools, termination era, relocation programs, loss of culture and land.
  - High rates of diabetes, obesity, hypertension, arthritis, heart disease, asthma, suicide, depression, etc.
- Social and Economic Disparities
  - High rates of unemployment (50% or more), low rates of education, high rates of poverty, overcrowding of homes (multigenerational homes), lack of running water, food deserts, food insecurity, lack of transportation, etc.)
- Health Care Access
  - Indian Health Service
  - Under-resourced and under-funded
  - Lack of private health insurance
  - Non-IHS facilities located miles away
    - Cultural competence



National Resource Center  
on Native American Aging  
**NRCNAA**

# Importance of Data

- Comprehensive Data is vital
  - Overlooked
  - Disaggregated
  - Small samples sizes
  - Misclassification
  - Reliable data
- Tribal Health Data Improvement Act
  - Allow tribes, tribal and urban epidemiology centers access to Federal data sets and will be treated like state health departments in accessing AI/AN data
  - Passed the House, up in the Senate soon.
- Policy Decisions
  - Accurate data will help influence policy decisions



National Resource Center  
on Native American Aging

**NRCNAA**

## Clinical and Vaccine Trials

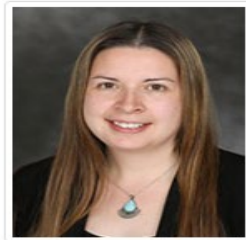
- Lack of trust with outside researchers and the government
  - Research trauma
  - Used a test subjects and conducting procedures without consent
- Consultation
  - Not only with tribal leadership, transparency and consultation with community members
  - Answer questions
  - No pressure
  - Consent
  - Tribe should drive the research and be included at every decision



National Resource Center  
on Native American Aging

**NRCNAA**

**Staff**



**Collette Adamsen, PhD**  
Director

Tel: (701) 777-0676

[collette.adamsen@und.edu](mailto:collette.adamsen@und.edu)

[Read Collette's bio](#)

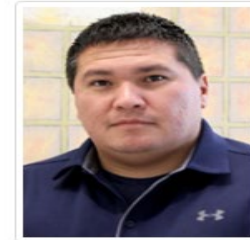


**Courtney Davis  
Souvannasacd, BBA**  
Outreach Coordinator

Tel: (701) 777-3720

[courtney.davis@und.edu](mailto:courtney.davis@und.edu)

[Read Courtney's bio](#)



**Jordan Dionne, BBA**  
Project Coordinator

Tel: (701) 777-4404

[jordan.dionne@und.edu](mailto:jordan.dionne@und.edu)

[Read Jordan's bio](#)



**Michelle Meyer, BS**  
NRCNAA & Native Aging in  
Place Project (NAPP)  
Senior Project Coordinator  
Tel: (701) 777-5907

[michelle.m.meyer@und.edu](mailto:michelle.m.meyer@und.edu)

[Read Michelle's bio](#)



**Heather Lawrence**  
NRCNAA & Native Aging in  
Place Project (NAPP)  
Long-Term Services &  
Supports Tribal Coordinator  
Tel: (701) 350- 0173

[heather.lawrence@und.edu](mailto:heather.lawrence@und.edu)



**Halle Short**  
Student Research Assistant



## Contact Information

For more information contact:

*National Resource Center on  
Native American Aging*

Center for Rural Health

School of Medicine and Health Sciences

Grand Forks, ND 58202-9037

Tel: 800-896-7628

701-777-0676 (Collette)

Fax: (701) 777-6779

<http://www.nrcnaa.org>

# Q&A

