Deep Dive: Issues Affecting the American Indian & Alaskan Native Communities During COVID 19 and the Way Forward
October 13, 2020
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](https://www.ehidc.org/resources)
Overview
Our Work

eHI conducts research, education and advocacy around critical issues to support executives transforming healthcare.
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
- COVI19 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

www.ehidc.org
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

www.ehidc.org
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

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

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.
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
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.

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

The table below provides the number of tested, positive, and negative cases along with the cumulative percent positive and 7-day rolling average positivity for each region.

<table>
<thead>
<tr>
<th>IHS Area</th>
<th>Tested</th>
<th>Positive</th>
<th>Negative</th>
<th>Cumulative percent positive</th>
<th>7-day rolling average positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>246,498</td>
<td>2,805</td>
<td>221,221</td>
<td>1.3%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>45,668</td>
<td>1,996</td>
<td>33,470</td>
<td>5.6%</td>
<td>5.6%</td>
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<tr>
<td>Bemidji</td>
<td>57,831</td>
<td>2,154</td>
<td>53,288</td>
<td>3.9%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Billings</td>
<td>60,874</td>
<td>2,871</td>
<td>53,762</td>
<td>5.1%</td>
<td>15.2%</td>
</tr>
<tr>
<td>California</td>
<td>20,511</td>
<td>1,327</td>
<td>18,803</td>
<td>6.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Great Plains</td>
<td>75,648</td>
<td>3,904</td>
<td>70,442</td>
<td>5.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Nashville</td>
<td>29,898</td>
<td>2,162</td>
<td>26,550</td>
<td>7.5%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Navajo</td>
<td>100,247</td>
<td>11,895</td>
<td>76,537</td>
<td>13.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>181,930</td>
<td>13,209</td>
<td>164,151</td>
<td>7.4%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Phoenix</td>
<td>71,771</td>
<td>9,740</td>
<td>61,086</td>
<td>13.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Portland</td>
<td>34,688</td>
<td>2,643</td>
<td>31,268</td>
<td>7.8%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Tucson</td>
<td>7,628</td>
<td>620</td>
<td>6,900</td>
<td>8.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Total</td>
<td>933,192</td>
<td>55,326</td>
<td>817,478</td>
<td>6.3%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>
COVID-19 positive tests reported to IHS
55,326 positive (I/T/U) 10-7-2020

### 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
- Cheyenne County Medical Center
- Alaska Native Medical Center
- Kayenta Health Center
- MS Band of Choctaw Hospital
- Crowpoint 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
- Tishomingo Medical Center
- Zuni Comprehensive Health Center
- Northern Cheyenne Clinic
- Copper River Native Association
- Ovate Health Center
- Okemah Creek Nation Community Hospital
- Muscogee Creek Nation Medical Center
- Claremore Hospital
- Pine Ridge Hospital
- Passaj Yaqui Health Center
- Hopi Health Care Center - Keams Canyon
- Parker Bks Indian Hospital
- Spirit Lake Health Center
- Blackfeet Community Hospital
- Lawton Hospital
- Perkins Family Clinic
- Chief Andrew Isaac Health Center
- Peach Springs Indian Health Center
- Warm Springs Health & Wellness
- Onida Health Center
- Choctaw Nation Health Care Center
- Wind River Care-Arapaho
- CIHA Hospital
- Anadarko Health Center
- Sare Memorial Hospital
COVID-19 Test Results by IHS Area
Cumulative Percent Positive: \( P/(P+N) \)
10-7-2020

<table>
<thead>
<tr>
<th>Area</th>
<th>P/(P+N)</th>
<th>All IHS %</th>
<th>All races US %</th>
</tr>
</thead>
<tbody>
<tr>
<td>AKA</td>
<td>1.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALB</td>
<td>5.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEM</td>
<td>3.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIL</td>
<td>5.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAL</td>
<td>6.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPA</td>
<td>5.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSH</td>
<td>7.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAV</td>
<td>13.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OKC</td>
<td>7.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHX</td>
<td>13.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POR</td>
<td>7.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUC</td>
<td>8.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7-Day Average COVID-19 Test Positivity by Report Date, All IHS Areas — 2020

% Positivity

Report Date

Positivity (7-day Rolling Average)

10/7, 4.9%
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
- 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
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
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
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
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
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Read Collette's bio

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