



Overview

In support of the mission of the American Indian and Alaska Native (AIAN) Liaison Committee of the

Native people American Indians died four to five times the rate of other Americans during the H1N1 flu epidemic of 2009.

An analysis of data published in August 2020 (updating a February 2022 analysis to reflect data through mid-2022) found:¹³

- x Higher rates of infection among people of color likely reflect increased exposure risk due to working, living, and transportation situations, including being more likely to work in jobs that could not be done remotely, to live in larger households, and to rely on public transportation.
- x While disparities in cases and deaths narrowed and widened during different periods over time, the underlying structural inequities in health and health care and social and economic factors that placed people of color at increased risk at the outset of the pandemic remain.

Tribes including Chickasaw Nation, Cherokee Nation, and Lummi Nation, had so much success in vaccinating their priority groups that they have expanded distribution to include Native members of the public.

- x Tribes built up and supported existing trusted community resources and providers to distribute vaccines. Tribes are using networks and resources in the community and drawing upon years of experience to reach tribal members with various access barriers. For example
 - o The Navajo Nation vaccinated between 4,000 and 5,000 homebound citizens by collaborating with public health workers to reach those residents in rural communities.
 - o In Alaska, the Tribal Health Organizations (THOs) are the primary providers of health services to Alaska Natives. The Alaska Native Health Care System (ANHCS) is a state-owned and operated health care system that provides health services to Alaska Natives. The ANHCS is a large, complex organization that provides a wide range of health services to Alaska Natives. The ANHCS is a state-owned and operated health care system that provides health services to Alaska Natives. The ANHCS is a large, complex organization that provides a wide range of health services to Alaska Natives.

- x Physicians and nurses from the University of California San Francisco medical school offered treatment to COVID-19 patients in the shelters.
- x COPE staff and volunteers
 - o Delivered meals, medications, and other supplies to the respiratory shelter residents while providing on-call support to community-led respiratory shelter at Gallup's four hotels, offering translation services and coordination with medical providers.
 - o Developed accurate, culturally informed, clear and consistent information on contact

- o Given that many AIAN people live in poverty, some are evaluating Medicaid expansion for expanding access to care. While the AIAN population generally has access to primary care and preventive health care services at IHS facilities without any financial obligation, they cannot always access specialty care if they lack Medicaid coverage or other insurance due to the limitations of IHS budgets. One member of the Oglala Lakota tribe of Pine Ridge, South Dakota, says a natural experiment has been playing out in the Dakotas since North Dakota expanded eligibility for its Medicaid program while South Dakota did not. This meant tribal members could use their Medicaid coverage to access a wide range of specialty services in North Dakota. It was noted that there are “still areas where the referral bills are not even getting paid because there's not enough money in that budget.”
- o Filling workforce gaps among AIAN health care providers will require a multifaceted approach. Widespread vacancies in clinical and leadership positions impede efforts to ensure American Indians have access to high-quality care. With evidence suggesting patients may benefit from having clinicians who share their racial/ethnic background, or who are familiar with their culture and traditional healing practices, it will be important to fill positions with Indigenous clinicians. Train more AIAN doctors; the Oklahoma State University Center for Health Sciences partnered with the Cherokee Nation to open the nation's first medical school on tribal land. The HEAL initiative with the University of California San Francisco sort doctors and nurses from the U.S. and low and middle income countries for fellowships in the Navajo Nation to encourage more people to work there. A third of fellows who came from elsewhere decided to stay. The initiative also offered fellowships for Navajo doctors and other health care professionals to build the local workforce. Ultimately, the goal is to overcome the need to import talent, says Sriram Shamasunder, M.D., one of the initiative's founders.
 - x Using faith leaders and community outreach workers who understand local context and culture is very important
 - x Leveraging those relationships is key. A strong recommendation from trusted individuals greatly influences whether people accept a vaccine

What Could Have Worked Better

Initial successes have in some places given way to setbacks as the crisis wears on. For instance, despite the

