

COVID-19 and Alaska Native Communities

Alaska Native Health Board April 2020

Alaska has unique risk factors which expose Alaska Native and American Indian (AN/AI) populations to increased risk that require a more robust public health response to the 2019 Novel Coronavirus (COVID-19) outbreak. It is crucial to understand that many rural Alaska villages do not have running water, reliable internet access, and easy access to hospitals. Furthermore, with a lack of adequate housing, it is difficult for village residents to remain at a distance from ill people who are sick. The Alaska Native Health Board (ANHB)¹ will present these issues below to highlight the unique factors the Alaska Tribal Health System (ATHS) is tackling in its response to the COVID-19 outbreak.

The ATHS is a critical piece of the State of Alaska's health care system. The Alaska Native Medical Center in Anchorage is the largest hospital in the Indian health system, and is on the frontlines of treating COVID-19. ANHB's members, as part of the Alaska Public Health System, are a critical piece of the public health response across Alaska; however, if our members cannot access the necessary resources to prepare and respond to the COVID-19 outbreak, the systematic response across the State of Alaska could suffer. As part of the public health response, working to quickly and adequately resource Tribes and Tribal Health Organizations (THOs) is and should be a top priority for state and federal policy makers.

Health Disparities and Unique Risk Factors for Alaska Native Communities

AN/AI peoples are at increased risk for the impacts of COVID-19, and many of our communities suffer at higher rates of conditions which the Centers for Disease Control and Prevention (CDC) has identified as increased health risk factors for severe symptoms and mortality of the COVID-19 diagnosis. This includes increased prevalence of heart disease², diabetes³, and renal disease⁴. The prevalence of high rates of these conditions makes our communities more vulnerable to epidemic and pandemic outbreaks of respiratory illnesses. During the 2009 H1N1 Influenza pandemic, AN/AI communities suffered increased rates of mortality which were four times the rate of other populations.⁵ Alaska's unique risk factors are compounding many of these issues in our most remote communities when the virus arrives there.

Many of Alaska's rural communities lack running water and sanitation systems in their homes. This risk factor, more than almost any other, threatens our communities and hits at the heart of one of the core public health measures to combat the coronavirus—washing our hands. Priority for resources should be given to communities without basic in-home or shared public sanitation facilities. Being able to get non-water hand sanitizing agents to these vulnerable communities is

¹ ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the ATHS, which is comprised of Tribal health programs that serve all of the 229 tribes and over 177,000 AN/AIs throughout the state. As the statewide Tribal health advocacy organization, ANHB helps Alaska's Tribes and Tribal programs achieve effective consultation and communication with state and federal agencies on matters of mutual concern.

² CDC. (2020). Summary Health Statistics: National Health Interview Survey: 2018. Table A-1a. (Retrieved from <http://www.cdc.gov/nchs/nhis/shs/tables.htm>).

³ CDC. (2017). National Diabetes Statistics Report, 2017. (Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>).

⁴ National Kidney Foundation. (2015). American Indians/Alaska Natives and Kidney Disease. (Retrieved from <https://www.kidney.org/atoz/content/AmericanIndians-KD>).

⁵ CDC. (2009). Deaths related to 2009 pandemic influenza A(H1N1) among American Indian/Alaska Natives – 12 states, 2009. (Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20010508/>).

COVID-19 and Alaska Native Communities

Alaska Native Health Board April 2020

their frontline defense against the spread of COVID-19. Prioritizing these communities will save countless lives, as AN/AI communities and populations experience more severe impacts from pandemic outbreaks.

Due to the AHS's reliance on a network of referrals that spans long distances, our patients are reliant upon air travel to get to and from places of care. All commercial transportation in Alaska has been discontinued due to the COVID-19 crisis and travel must now be arranged by charter services. Alaska encompasses one-fifth of the total land mass of the United States, with our Tribal communities located in remote places throughout the state. The vast majority are not on the road system and are accessible only by air, or seasonally by water or snow-machine. Providing health care in our remote communities was already incredibly expensive; now costs are compounded due to an ongoing lack of health professionals in remote villages, costs for obtaining supplies and transporting lab specimens to county or state public health labs for testing, costs for equipment to set up alternate sites for isolation and quarantine, in addition to the costs of transportation. While there may be lower numbers of patients in rural areas, the cost of serving those patients is much higher for each of those patients.

Additionally, our elders often need to travel to and from appointments via airplane, and represent the highest risk group to the serious effects of the virus. Because care is delivered this way in rural Alaska by necessity, it means that travel restrictions have impacted access to necessary care for chronic conditions. Furthermore, it is unadvisable for elders, particularly those with complex conditions, to travel into large urban communities with outbreaks of the virus, putting them at risk. Support must be given to help deliver care to these individuals which might fall outside of current emergency funding streams.

This includes an immediate need for resources to support telehealth operations and increased bandwidth for rural communities shifting to virtual delivery of services such as education, medicine, and local government. Emphasis must be placed on maintaining and improving internet and broadband connectivity in Alaska's remote communities where these services are often unreliable at best. Under current recommendations from the CDC, individuals should be calling into clinics and hospitals. Using telemedicine in these remote communities to assess individuals can be critical to stemming the spread of COVID-19. This need extends to maintenance and stabilization of electronic health records (EHR). EHR systems play a critical role in tracking patient condition and are used to pull vital epidemiological data on the spread of the COVID-19 epidemic. The internet is also proving to be a primary source of national public health information distribution, and ensuring continued, reliable access to internet services will position rural hospitals, clinics, and individuals to have the best access to up-to-date public health guidance and advice.

Alaska's villages also lack adequate housing resources, which means that multiple people and multiple generations often live together in the same dwelling. This poses a serious public health risk for the spread of COVID-19 which has proven to spread easily in confined spaces. Alaska's rural communities and Tribal health providers need the resources in these environments to provide an effective public health response. This critically includes funding to provide for necessary and mandatory quarantines and quarantine facilities in remote communities, and providing for alternative sites for delivery of care to patients who present with COVID-19 symptoms.

COVID-19 and Alaska Native Communities
Alaska Native Health Board April 2020

Access to housing is also a compounding factor in recruitment and retention of qualified providers to Alaska’s remote communities. In 2016, the Indian Health Service (IHS) reported a 12% overall health professional vacancy rate for the Alaska Service Area.⁶ The difficulty of finding and retaining providers means that we often function under chronic provider shortages, and the Commissioned Corps officers play a vital role to fill critical gaps in the delivery of services to our communities. Activating Commissioned Corps officers in our communities to respond to COVID-19 elsewhere in the United States would leave our communities without adequate staff to respond to COVID-19.

Tribal health providers must also continue to have access to the necessary resources for treatment such as personal protective equipment, testing materials, and durable medical equipment—such as respirators. These supplies are difficult for the ATHS to access, especially our remote hospital facilities off the road system. Purchasing such supplies is already expensive and takes lengthy shipping times to be delivered to our rural hub communities. This is only being exacerbated by a reduction in commercially available supplies and increases in prices.

These unique risk factors and compounding environmental conditions make responding and treating COVID-19 more difficult for Alaska’s Tribes and THOs. This is why it is so important for you to act expeditiously to get funding to Tribes and Tribal organizations and ensure you work with Tribal leaders to get resources to where they are needed.

Alaska Tribal Health System is the Public Health System

The ATHS is a comprehensive statewide system of health care. It is a voluntary affiliation of over 30 Tribes and THOs providing health services across the state. The ATHS is a diverse and multifaceted health care system that has developed over the last 50 years. The innovative system was created out of necessity to provide health care and public health services to more than 177,000 AN/AI people and 229 federally recognized tribes that live across more than 660,000 square miles of predominantly road-less land. Each THO which comprises the ATHS is owned and operated independently, while remaining interconnected via the system’s sophisticated patterns of referrals and their primary and common mission of improving the health status of Alaska’s AN/AI people.

In many rural areas of Alaska, THOs are the only health care providers available. Therefore, THOs serve the general population. The Tribal and governmental systems represent a larger portion of both facilities and service providers in Alaska than in other states. As part of the Alaska Public Health System, Tribes and THOs are critical players in the public health response to COVID-19.

It is important that we continue to work to ensure that THOs are eligible for business stabilization programs during the economic crisis created by COVID-19 response. Health care providers have been asked or required to cancel all non-emergent procedures to prepare for the COVID surge. Alaska Medicaid has stopped reimbursing for patient travel in non-emergent situations and the removal of all this routine care is leaving only non-billable services. In other words, THOs are

⁶ IHS. (2016). “Indian Health Service Briefing”. p. 9. (Retrieved from <https://www.nihb.org/docs/10102016/IHS%20Briefing%20Presentation%20-%20%20October%209%20-%20Joint%20Tribal%20Advisory%20Committee%20Meeting.pdf>).

COVID-19 and Alaska Native Communities

Alaska Native Health Board April 2020

often being required by government mandates to halt revenue-generating services. This reduction in billable services and third-party revenues is putting THOs under strain due to the loss of these third-party revenues as they work to provide critical response to COVID-19 and keep employees on their payrolls across Alaska. Tribal health providers must be allowed to participate in business stabilization programs and tax incentives to continue to support our local communities, while following government mandates to reduce non-emergent services and provide critical frontline support in tackling the COVID-19 outbreak.

Acting on Tribal Recommendations

ANHB believes that urgent action on Tribal recommendations and working directly with Tribal leaders will facilitate the most effective public health response. Quick relief for Tribes and Tribal organizations will allow for aggressive preparation and response as AN/AI communities are being impacted by the spread of the COVID-19 outbreak. Alaska's Tribes and THOs have made these requests to our Federal and State partners. We will continue to highlight these risks and the urgent need for resources as our response to COVID-19 continues.