



National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

910 Pennsylvania Avenue, SE | Washington, D.C. 20003 | 202-507-4070 | www.nihb.org

Is prevalence data available to create useful information on the COVID-19 virus' impact on Tribes and Indian Health Programs?

Agencies like the Indian Health Service (IHS), the Centers for Medicare and Medicaid Services (CMS), and the Health Resources Services Administration have put out calls to Tribes to participate in data gathering as they respond to the novel coronavirus (COVID-19) pandemic within their communities.

Ultimately, the information gathered now will help health care administrators and Tribes to understand the full impact of the virus to Indian Country. Right now, we are at the very early stages of reporting, but resources *are* available to help us understand some of the trends in our own communities.

Is there publicly available data on the number of AI/ANs with confirmed cases of COVID-19 and deaths from the virus?

This type of data depends on the participation of Tribes in responding to requests for COVID-19 data from Indian Organizations (including Area Health Boards and Epidemiology Centers) and the Indian Health Service (IHS). IHS has developed and distributed a COVID-19 reporting form (using MS Excel). [IHS reports](#) may remain incomplete as many Tribes may not report, but these reports have already proved their value in highlighting incidence in some Areas and those reports have worked their way to Governors and to President Trump.

Eventually, using data match methodologies we may be able to calculate the rate of death by estimating the total number who had COVID-19 cases, and divide that by the number of deaths. A data match is feasible where the AI/AN patient has been seen in an IHS, Tribal or Urban health program, although not without a high level of epidemiological expertise and substantial funding to conduct the research. *This research will not be available for the current crisis.*

Does any other helpful data exist that Tribes can rely on to gauge the prevalence for their Tribe and their region of the country?

Yes, state reports are very accurate and reported in every state, but this level of analysis is too high to be helpful for a Tribe whose population is much smaller than the state population. County-level data will be more helpful, and since this unit of government has public health responsibilities, it is a likely source of data.

Tribes need to stay in touch and build a good relationship with their local, county, and state public health authorities, even as they turn most of their attention to the federal government for a response to the pandemic. However, data about the spread of the virus and outcomes is more accessible at the local and state level.



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Fortunately, county-level data is being collected by various organizations that are developing and updating COVID-19 datasets.

The National Indian Health Board is utilizing the county-level data of USAFACTS and its daily update of confirmed COVID-19 cases and deaths to create data visualizations. NIHB's daily [COVID-19 Digital Data Brief](#) is updated on the same schedule as the USAFACTS COVID-19 dataset.

What is the value of knowing the prevalence of COVID-19 if everyone should be taking the same measures no matter the current prevalence status of their county?

These visualizations allow Tribal leaders to see both what is happening in their state, their county, but also view the situation across the nation in the 3,241 other counties. Over time, the lessons learned across the nation will be shared and tracking the experience of counties with large Indian populations is essential if we are to draw lessons that apply to Tribes and their citizens. In some cases, this may prevent deaths if disturbing trends are observed in counties with large AI/AN populations. In addition to the COVID-19 data, the NIHB public Tableau website has AI/AN population information for every county in the nation including data on age, income, and health insurance status. This information will be helpful for emergency planning and the health response to the pandemic.

COVID-19 sources:

IHS

<https://www.ihs.gov/coronavirus/>

NIHB

<https://public.tableau.com/profile/edward.fox#!/>