

# American Indian Health Commission - COVID-19 AAR

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# Disproportionate Impact of COVID-19

- The COVID-19 pandemic has disproportionately affected American Indian and Alaska Native populations across the country.
- American Indians and Alaska Natives have infection rates [over 3.5 times higher](#) than non-Hispanic whites, are [over four times](#) more likely to be hospitalized as a result of COVID-19, and [have higher rates](#) of mortality at younger ages than non-Hispanic whites.\*\*
- This has highlighted the need for comprehensive, culturally appropriate personal and public health services that are available and accessible to all American Indian and Alaska Native people.
- \*\*Inaccuracy of AI/AN data

# Tribal Sovereignty

- The essence of tribal sovereignty is the inherent authority to govern and to protect and enhance the health, safety, and welfare of tribal citizens within tribal territory.
- Tribal membership is a political status
- State of Washington works government to government with Tribes
- 29 federally recognized Tribes and two Urban Indian Health Programs (UIHPs) in WA

# AIHC Tribal Comprehensive COVID-19 Report

## *Crosswalk to Legislative Requirements for AAR Report*

Per ESSB 5092, the AAR task force shall conduct a comprehensive after-action review in accordance with established national standards for emergency or disaster after-action reviews.

AIHC utilized the CDC public health emergency preparedness response capabilities as the framework for conducting after action reviews with Tribes

# State AAR Report Requirements under ESSHB 5092

## AIHC Tribal COVID-19 Report Supporting Information?

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|--|-----|
| (A) Aspects of the COVID-19 response that may inform future pandemic and all-hazards responses   | Yes |
| (B) Emergency responses that would benefit the business community and workers during a pandemic  | Yes |
| (C) Standards regarding flexible rent and repayment plans for residential and commercial tenants during a pandemic;  | No  |
| (D) Whether establishing regional emergency management agencies would benefit Washington state emergency response to future pandemics;   | Yes |
| (E) Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions within Washington state;  | Yes |
| (F) Gaps and needs for tools to measure the scale of an impact caused by a pandemic and tailoring the pandemic response to affected regions based on the scale of the impact in those regions; | Yes |
| (G) Gaps and needs in health care system capacity and case tracking, monitoring, control, isolation and quarantine, and deploying medical supplies and personnel; and                          | Yes |
| (H) Implementing guidelines for school closures during a pandemic.   | No  |

# Tribes and UIHPs during COVID-19

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- Worked to take care of people:
  - Non-pharmaceutical interventions
  - Testing
  - Isolation and quarantine (only a Tribal Health Jurisdiction order this on a reservation)
  - Providing clinical care
  - Wraparound services
  - Vaccinations (prioritized who to vaccinate in their communities)
  - As employers (vaccine mandates, providing resources to staff)

# AAR Process

- 44 webinar style hotwashes and after-action reports with individual Tribes and UIHPs
  - each two hours in length
  - November 2021 to January 2023
  - THJs and UIHPs identified over 45 recommendations for federal, state, and local health jurisdictions to improve preparedness for the next public health emergency.

# AAR Questions

- **AAR PLANNING QUESTIONS**

- 1. Community Preparedness**

- In what ways was your Tribe/UIHO prepared to learn about, understand, and respond to the pandemic?
- What challenges did you face?
- What changes or actions will help your Tribe/UIHO be better prepared to learn about, understand and respond to the next emergency?

- 2. Community Recovery**

- In what ways was your Tribe/UIHO able to restore and maintain a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?



# AAR Questions

## **3. Emergency Operations Coordination**

- In what ways was your Tribe/UIHO able to establish a system of leadership (e.g., Emergency Operations Center, Incident Command, etc.) to direct response activities such as needs assessments, response planning, response actions, etc?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

## **4. Emergency Public Information and Warning**

- In what ways was your Tribe/UIHO able to develop, coordinate, and disseminate information, alerts, warnings, and notifications to your community members and response staff?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

# AAR Questions

## **5. Information Sharing**

- In what ways was your Tribe/UIHO able to exchange information and situational awareness data with federal, state, and local governments and other response partners?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

## **6. Medical Countermeasures Dispensing and Administration**

- In what ways was your Tribe/UIHO able to dispense and administer medical countermeasures, such as vaccines, antiviral drugs, etc?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

# AAR Questions

## **7. Medical Materiel Management and Distribution**

- In what ways was your Tribe/UIHO able to acquire, manage, transport, and track medical materiel, such as gloves, masks, testing supplies, etc?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

## **8. Medical Surge**

- In what ways was your Tribe/UIHO able to provide medical care, despite the risks, staffing challenges, supply chain shortages, hospital over-capacity, etc.?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

# AAR Questions

## 9. Nonpharmaceutical Interventions

- In what ways was your Tribe/UIHO able to take actions to help slow the spread of illness or reduce the adverse impacts of the pandemic to your community (e.g., isolation and quarantine, masking requirements, reservation lockdowns, etc.)?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

## 10. Public Health Laboratory Testing

- In what ways was your Tribe/UIHO able to maintain access to laboratory testing services, supplies, results, etc?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

# AAR Questions

## **11.Responder Safety and Health**

- In what ways was your Tribe/UIHO able to protect public health and other emergency response staff while they carried out their response duties?
- What challenges did you face?
- What changes or actions will help strengthen this ability in future emergencies?

## **12.Volunteer Management**

- In what ways was your Tribe/UIHO able to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support your efforts (e.g., Medical Reserve Corps volunteers, Red Cross, DOH Mobile Nurse Teams, Washington National Guard, etc.)?

## **13.Cross-Jurisdictional Collaboration**

- What activities did you engage in to coordinate with other Tribes, local health jurisdictions and/or Washington State?

# Highlighted Recommendations

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- Funding for Tribal public health staff
  - Applicable capabilities:
    - **Medical Surge** – Due to lack of funding clinic staff at Tribes and UIHPs, medical staff had to lead pandemic efforts and wear multiple hats
    - **Testing** – Again, lack of staff meant Tribes and UIHPs had to dedicate staff to testing efforts
    - **Public Health Surveillance and Epidemiological Investigation** – Tribes and UIHPs also dedicated limited staffing to conduct case and contact investigations

# Highlighted Recommendations

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- Invite Tribes and UIHPs to the table (1 of 2)
  - Applicable PHEP capabilities:
    - **Emergency Operations Coordination** – Create IMT positions and invite Tribal representation to state, county, and local EOCs.
    - **Emergency Public Information and Warning** – Coordinate information sharing to ensure that all health jurisdictions are sharing the same information at the same time.
      - Internet – Ongoing issue on several reservations.

# Highlighted Recommendations

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- Invite Tribes and UIHPs to the table (2 of 2)
  - **Cross-jurisdictional Collaboration (NOT a CDC PHEP capability)**
    - Inclusion of THJs on all DOH maps and regional planning/information documents.
    - Refer to Tribes as THJs in federal, state, and local materials where applicable.
    - Maintaining the collaboration – continue inclusion in cross-jurisdiction meetings, AIHC's weekly response updates calls



# Best Practices

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- Planning ahead for Tribe and UIHP access to medical materiel and medical countermeasures
- Regular attendance at AIHC's weekly response updates call
- Having a dedicated Tribal liaison during response
- Working government to government
- Making changes to improve after an emergency (evaluation cycle in action!)
  - H1N1

