Snapshot: Indigenous and Native Americans

As of October 2021, COVID-19 has killed more than 700,000 people in the United States and has infected tens of millions.[i] COVID-19 has affected all Americans, but not equally. Individuals from communities of color and other underserved populations[ii] have been disproportionately affected and, as a result, have borne the brunt of this pandemic. Despite this tragedy, the pandemic has presented our nation with an opportunity to change how communities of color and other underserved populations experience health care and public health. On January 21, 2021, President Joseph R. Biden issued Executive Order 13995, to establish the Presidential COVID-19 Health Equity Task Force (the "Task Force").

The Task Force was charged with providing specific recommendations to the President of the United States to mitigate health inequities caused or exacerbated by the COVID-19 pandemic and to prevent such inequities in the future. The Task Force systematically advanced 316 recommendations, 55 of which are prioritized and highlighted in the body of the Presidential COVID-19 Health Equity Final Report.

The Task Force advocates for a health-justice-in-all-policies approach[iii] that calls for commitment and collaboration across all sectors. Only such an approach can disrupt the predictable pattern of who is harmed first and worst. To achieve this, the Task Force presents two deliverables. The first deliverable includes four overarching suggested outcomes as the Task Force vision for change, five proposed priority actions to spur this change, and 55 final recommendations. To effect change and monitor progress to advance health equity for all, the Task Force presents the second deliverable, which includes a proposed implementation plan and suggested accountability framework.

Suggested Outcomes

In striving for these outcomes, the United States will advance health equity and the well-being of the nation. These outcomes offer a vision for a future in which all people living in the United States can live their healthiest, fullest lives; all communities thrive and flourish; and the disproportionate death and illness of communities of color and other underserved populations that took place during the COVID-19 pandemic become a hallmark of the past rather than a repeated pattern.

We can create a nation where….

- Community expertise and effective communication will be elevated in health care and public health.
- Data will accurately represent all populations and their experiences to drive equitable decisions.
- Health equity will be centered in all processes, practices, and policies.
- Everyone will have equitable access to high-quality health care.

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Proposed Priorities

To make these outcomes actionable, the Task Force recommends the Administration prioritize the actions below to address the inequitable health outcomes that communities of color and other underserved populations have experienced during the COVID-19 pandemic.

1. Invest in community-led solutions to address health equity
2. Enforce a data ecosystem that promotes equity-driven decision making
3. Increase accountability for health equity outcomes
4. Invest in a representative health care workforce and increase equitable access to quality health care for all
5. Lead and coordinate implementation of the COVID-19 Health Equity Task Force's recommendations from a permanent health equity infrastructure in the White House

> **"COVID-19 has laid bare what has been the reality for so many in our country, who over generations have been minoritized and marginalized and medically underserved, and the pandemic took advantage of the legacy of intentional policies that have structurally disadvantaged communities over time."**
>
> —COVID-19 Health Equity Task Force member

Recommendations

The Task Force is mindful of the broad lens that is needed to center equity across the most affected groups, as well as compounded challenges often found at the intersections of these identities. The Presidential COVID-19 Health Equity Task Force Final Report references various populations and settings of interest as "communities of color and other underserved populations." The Task Force uses this language throughout the report to describe those who experience inequities, including minoritized racial/ethnic groups, women, members of the LGBTQIA+ community, people with disabilities, immigrants, older adults, rural communities, low-income communities, people in congregate settings, and other groups with limited health care access.

For a full list of communities addressed, see Key Populations and Settings, located in the final report.

Read more about the Presidential COVID-19 Health Equity Task Force: www.bit.ly/35tBj7i.

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Snapshot of select recommendations relevant to **Indigenous and Native Americans.**

Fund the Indian Health Service. The Federal Government should fully fund the Indian Health Service and self-determined Tribes as recommended by the Indian Health Service budget formulation committee for health care and health services for Indigenous persons who receive care through the Indian Health Service and other facilities. Additionally, the Federal Government should consider commitment of future funding through the Indian Health Service to establish capabilities for public health emergency and pandemic preparedness, response, and recovery for all Indigenous persons, whether on or off Federally recognized reservations or other Tribal lands. This funding should be directed to:

- Reduce administrative burden.
- Address cultural and linguistic barriers to health care.
- Combat the high incidence of disability.
- Expand and enhance the culturally responsive workforce to address the health professional shortage.
- Provide sustained and increased funding to Tribes for environmental health, sanitary, utility, and transportation infrastructure to address community needs and prioritize delivery of necessary supplies related to COVID-19 or future pandemics.

Partner with communities to expand vaccination to underserved groups. The Federal Government should strengthen efforts to partner with local community-based organizations to collect, disseminate, and implement best practices to expand testing and vaccination efforts to reach communities of color and other underserved populations, where they live and work. Best practices, for example for large immigrant/migrant populations, should include, but not be limited to, partnering with trusted faith and community organizations, avoiding a military or law enforcement presence, providing accurately translated information, employing trained interpreters, and advertising that services for people with limited English proficiency or who are more comfortable with another language are available. Innovative methods, such as mobile health care services to reach isolated or homebound populations, should be culturally, linguistically, and economically appropriate.

Conduct communications campaigns during public health emergencies. During any public health emergency, the Federal Government should lead a multi-pronged education, outreach, and communications campaign with additional specific campaigns tailored to targeted communities. These campaigns should use science-based, non-political sources by partnering with state, local, Tribal, and territorial health care institutions, community organizations, and other trusted sources to promote public health prevention behaviors, such as vaccine awareness and uptake, testing, contact tracing, masking, and social distancing, within local communities, paying particular attention to institutions and organizations that serve communities who have been hardest hit by COVID-19 exposure, illness, and death. The communications should be adapted to the cultural and linguistic context of communities of color and other underserved populations and must also be accessible to people with diverse types of disabilities.

Strengthen affordable broadband access. In the short term, the Federal Government should strengthen access to affordable broadband internet in medically underserved communities, including rural, Tribal, and territorial communities, to minimize barriers to accessing medical, mental health, and substance use disorder services via telehealth and telemedicine. This includes creating funding and incentives to research, identify, and implement interventions to address internet deserts.

Fund access to healthy food options. Create funding and incentives to research, identify, and implement interventions to support communities that have limited access to healthy food options, including by expanding Federal nutrition safety net programs and using technology to make those programs more accessible.

Commit to improve environmental justice. The Federal Government must advance and extend its commitment to environmental justice during pandemics and future health-related emergencies by ensuring access to clean water and sanitation, establishing a low-income utility assistance program, using disaggregated data to assess exposure to hazards and allocate utilities, developing and modifying water, sewage, and air quality standards, and instituting a moratorium on water and utility shut-offs during pandemics.

Prioritize vaccine, testing, treatment, and personal protective equipment access to underserved communities. Federal, state, local, Tribal, and territorial governments should prioritize vaccine distribution, testing, treatment, and personal protective equipment access to communities of color and other underserved populations, including those who face mobility, geographic, or other barriers to access. These barriers should be eliminated through accessible distribution locations, transportation, and communication campaigns tailored to specific groups (e.g., young adults, veterans, people with disabilities, rural communities) in multiple languages.

Expand telehealth and telemedicine access and reimbursement. Expand access and reimbursement for telehealth and telemedicine, including telephone visits when effective video-based telehealth and telemedicine are unavailable, to reduce barriers to access for appropriate health services due to loss of wages, stigma, trauma, and safety during a pandemic.

Invest in a virtual education infrastructure. The Federal Government should provide sufficient funding for appropriate technology, training, and support to students, educators, and faculty to enable the continuation of quality education and related services in instances where schools must dynamically shift between in-classroom and remote learning contexts, as may be required by future pandemics.

Curtail hospital and health facility closures. The Federal Government should curtail hospital and health care facility closures that negatively affect communities of color and other underserved populations (e.g., Critical Access Hospitals, sole community hospitals, hospitals with a high population of Medicare and Medicaid beneficiaries) in the short term, while developing long-term solutions that make these facilities economically sustainable and capable of delivering equity-centered quality care.

Expand essential health benefits and coverage. The Federal Government should work to expand the definition of essential health benefits to include coverage and reimbursement for health and well-being services to address patient comorbidities, home- and community-based long-term services and supports, pre-existing conditions, and the full scope of patient care (e.g., medical, dental, auditory, and vision services) to address health care needs during a pandemic. These should be reimbursed at the same rate for all people, including requiring all Medicaid plans to reimburse Critical Access Hospitals, sole community hospitals, and hospitals with a high population of Medicare and Medicaid beneficiaries and/or vulnerable patients at a minimum of the Medicare cost-based reimbursement rate.

Research and collect data on behavioral health. Federal, state, local, Tribal, and territorial governments should invest in data infrastructures to collect, integrate, and share data related to behavioral health, including continuum of prevention, testing, treatment, including hospitalizations, prescriptions, utilization of community-based therapy, intensive care unit admissions, recovery support services, and fatalities. Data should be disaggregated by a core set of standardized socioeconomic and demographic characteristics to help understand the impact of COVID-19 on local communities and guide improvement and expansion of resources for behavioral health supports and services especially for communities of color and other underserved populations.

Implement solutions for those at increased risk of death from COVID-19. The Federal Government should identify comorbidities linked with increased risk of death from COVID-19, which exist at a higher rate among communities of color and other underserved populations, and develop and fund innovative, equity-centered interventions to reduce those comorbidities, such as healthy food, better air quality, and places for safe physical activity where people live and work.

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[i] https://coronavirus.jhu.edu/us-map

[ii] **Communities of Color and Other Underserved Populations:** We use this language throughout the report to describe those who experience inequities, including minoritized racial/ethnic groups, women, members of the LGBTQIA+ community, people with disabilities, immigrants, older adults, rural communities, low income communities, people in congregate settings, and other groups with limited health care access. For a full list of communities addressed, see Key Populations and Settings.

[iii] **Health-justice-in-all-policies:** A health justice approach combines social justice lens with an approach to health considering the complex and interwoven social determinants of health. For more information, please see the Appendix. https://www.apha.org/what-is-public-health/generation-public-health/our-work/social-justice https://www.apha.org/Topics-and-Issues/Health-in-All-Policies