Indian Healthcare Systems
Vaccine Outreach

Vaccine Equity in Action

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Objectives

1. To formulate concepts surrounding Health Disparities and Health Equity in American Indians Alaska Natives (AIAN) during the coronavirus pandemic.

2. Know vaccine acceptance and hesitancies in Native American (NA) communities.

3. To understand vaccine dose allocations and cadence planning and execution in the ABQ Area Indian Health Systems.
Road Map

• Health Disparity and Health Equity
• Public Health Recommendations
• Vaccine Hesitancy
• Dose Allocations and Cadence
• Priority Phase Groups
• Data Management
• Successes
• Q&A
Definitions

• **Health Inequalities**: Differences in health status or in the distribution of health determinants between different population groups.

• **Health Equity**: When all people have the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential’ because of their social position or other socially determined circumstance.

• **Health Disparities**: A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health status, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability differences in health along social, economic, and racial or ethnic lines.
Health Disparity and Health Equity - Facts

• AIAN have a **life expectancy** that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively).

• AIAN continue **to die at higher rates** than other Americans in many categories of preventable illness, including chronic liver disease and cirrhosis, diabetes, and chronic lower respiratory diseases.

• In July 2003, the U.S. Commission on Civil Rights published a report that outlined civil rights **disparities in health care for Native Americans**. Unfortunately, most of the findings in that report are still true 18 years later.
Health Disparity and Health Equity – Factors

• Factors such as having continuity of care, language and communication barriers, lack of diversity in the healthcare workforce, high rates of poverty, lack of insurance coverage, discrimination, and large distances from healthcare services have all added to the disparities that effect AIAN communities.

• These factors are what the U.S. DHHS has defined as the “Social Determinants of Health.” Factors fall into five categories: economic stability, education, social/community setting, health/healthcare, and the neighborhood/environment.

• Disparities in AIAN health will not improve just by focusing on the numbers. Instead, improvement can be made through community health education, and economic standing, and by creating healthier and engaged communities.
Health Disparity and Health Equity - Progress

- Demonstrable progress has been made in decreasing diabetes, the leading cause of kidney failure in the U.S.
  - For Native Americans, 2 out of 3 with kidney failure have diabetes.
  - In 2017, the IHS reported that it had decreased kidney failure from diabetes by 54% among AIAN between 1996 and 2013.
  - Kidney failure from diabetes in Native Americans was the highest of any race, but now has declined the fastest through IHS strategies focused on population management approaches to diabetes care as well as improvements in clinical care.
Health Disparity and Health Equity - Overcoming

• Adequate **funding** that supports evidence-based, outcome-based, and community-based approaches is essential.

• Quantifiable **goals** need to be set that focus explicitly on chronic-illness reduction, and associated measures need to be defined and closely monitored.

• A strong **investment** in public health and illness prevention is essential to turning the tide on severe chronic diseases impacting these populations.
Health Disparity and Health Equity – COVID19

• The coronavirus pandemic poses a grave health threat to Indigenous peoples. Indigenous communities already experience poor access to healthcare, significantly higher rates of communicable and non-communicable diseases, lack of access to essential services, sanitation, and other key preventive measures, such as clean water, soap, disinfectant, etc.

• Today, AIAN make up about 2% of the U.S. population but are often left out of national data analyses or marked as statistically insignificant.

• Indigenous people continue to be disproportionately impacted by the COVID19 pandemic.

• According to the CDC, Native Americans are 3.5 times more likely to contract COVID19 and 1.8 times more likely to die from it than white people.

• Among AIANs, mortality was higher among men than among women, and the disparity in mortality compared with non-Hispanic Whites was highest among persons aged 20–49 years.

• According to the CDC, AIAN people are 5.3 times more likely than white people to be hospitalized due to COVID19, the largest disparity for any racial or ethnic group.
Public Health recommendations for Vaccinated persons

• Continue to follow current guidance to protect themselves and others, including
  • wearing a mask,
  • staying at least 6 feet away from others,
  • avoiding crowds,
  • avoiding poorly ventilated spaces,
  • covering coughs and sneezes,
  • washing hands often,
  • following CDC travel guidance, and
  • following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing.
Vaccine Hesitancy

• Refers to delay in acceptance or refusal of vaccines despite availability of vaccine services.
• Is complex and context specific varying across time, place and vaccines.
• Is influenced by factors such as complacency, convenience and confidence.
Vaccine Hesitancy

• According to a survey undertaken by the Pew Research Center, nearly 40% of Americans say they will definitely not or probably not get the COVID19 vaccine when it becomes available to them.

• Gallup U.S. Polls puts the number at 37% hesitancy rate.

• In the NY Times, 30% of eligible NY medical workers refusing COVID19 vaccine.

• In the Journal of Community Health, represents a comprehensive national assessment of COVID19 vaccine hesitancy among a sample population, the study found a vaccine hesitancy rate of 22% in the participant sample.
Albuquerque Area
Facility Locations, Major Cities and Attractions

Learn more about health profession opportunities in the Albuquerque Area, visit www.ihs.gov/Albuquerque.
Redistribution – 27 Healthcare Sites

- ACL Indian Hospital
- Alamo Health Center
- Albuquerque Indian Dental Clinic
- Albuquerque Indian Health Center
- Canoncito Band of Navajos Health Clinic
- Cochiti Health Station
- Denver Indian Health & Family Services
- First Nations Community Healthsource
- Isleta Health Center
- Jemez Health Center
- Jicarilla Health Center
- Kewa (Santo Domingo) Health Center
- Mescalero Indian Hospital
- New Sunrise Regional Treatment Center
- Pine Hill Health Center
- San Felipe Health Center
- Sandia Health Center
- Santa Ana Health Center
- Santa Clara Health Center
- Santa Fe Indian Hospital
- Southern Ute Health Center
- Taos-Picuris Indian Health Center
- Ute Mountain Ute Health Center
- White Mesa Health Center
- Ysleta Del Sur Health Center
- Zia Health Center
- Zuni Indian Hospital
CDC Advisory Committee on Immunization Practices (ACIP) Priority Phase Groups

• **Phase 1a:**
  • Health care personnel (HCP) and
  • Residents of long-term care facilities (LTCFs).

• **Phase 1b:**
  • Person age $\geq 75y$ and
  • Frontline Essential Staff.

• **Phase 1c:**
  • Persons age 65-74y,
  • Persons age 16-64y with high-risk medical conditions, and
  • Essential Staff not recommend in Phase 1b.

• **Phase 2:**
  • All persons aged $\geq 16y$ not previously recommended.
Priority Phase Groups – Population Numbers  

8-30-2021

1a = 2172  
1b\(^1\) = 8900  
1b\(^2\) = 4263  
1c\(^1\) = 15954  
1c\(^2\) = 44933  
1c\(^3\) = 165  
Phase 2 = 48334

1a = 100% Met  
1b\(^1\) = 100% Met  
1b\(^2\) = 100% Met  
1c\(^1\) = 100% Met  
1c\(^2\) = 60% Met, 30% Unmet  
1c\(^3\) = 100% Met  
Phase 2 = 38% Met, 62% Unmet

HCP/LTCF  
≥75y  
Frontline ES  
65-75y  
16-64y High Risk  
ES not in 1b\(^2\)  
All ≥16y

Sites: 27 met  
Sites: 27 met  
Sites: 27 met  
Sites: 27 met  
Sites: 15 met  
Sites: 27 met  
Sites: 6 met
Data Management = AAO Wide I/T/U Stats

8-30-2021

All Vaccines Administration % Rate

<table>
<thead>
<tr>
<th>8/30/2021</th>
<th>% Not Used</th>
<th>Number of Not Used</th>
<th>% Administered</th>
<th>Weekly % Change</th>
<th>Number Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAO I/T/U Wide PRIME DOSES</td>
<td>6%</td>
<td>5150</td>
<td>94%</td>
<td>1%</td>
<td>74348</td>
</tr>
<tr>
<td>AAO I/T/U Wide BOOSTER DOSES</td>
<td>8%</td>
<td>4543</td>
<td>92%</td>
<td>0%</td>
<td>52232</td>
</tr>
</tbody>
</table>

- Prime and Booster Administration % Rate Stats.
- Current Physical Inventory Count in Pharmacy divided by Total Vaccine allocated.
- A real-time, Indirect way to determine rate.
COVID19 Treatments and Therapeutics

- Remdesivir Inj
- Dexamethasone Inj
- Monoclonal Antibodies
  - Bamlanivimab/Etesevimab Inj
  - Casirivimab/Imdevimab Inj
  - Sotrovimab Inj
  - Tocilizumab Inj
- Janus Kinase (JAK) Inhibitor
  - Baricitnib Tablet
On the Front Page, a Wall of Grief

It began with one dot. Then it grew to nearly half a million. A graphic on Sunday’s front page depicts the totality of Covid’s devastation in the country.

In the graphic, each of the nearly 500,000 individual dots represents a life lost in the United States to the coronavirus. Talking about the death toll, Lauren Leatherby, a graphics editor on the project, said the visual reflects “the sheer speed at which it was all happening.”

The New York Times
Why Native Americans Are Getting COVID19 Vaccines Faster

• IHS has administered over 1.5 million doses of COVID19 vaccines. At a rate of about 18,490 per 100,000, that’s higher than all but five U.S. states, according to an AP analysis of federal data.

• NAs are more willing than the general population to be vaccinated against the coronavirus, primarily out of responsibility to their communities and preserve cultural ways.

• A survey of NAs across 46 states found that 75% of participants would be willing to receive a vaccine.

• Prioritization: Native fluent speakers and traditional healers, most of whom are elders, earliest recipients of the vaccine.
Why Native Americans Are Getting COVID19 Vaccines Faster

• Robust healthcare informatic database
• Flexible and resiliency workforce
• Do more with less
• Leadership support and visibility
• Tribal leadership support
• Quick adoption of coronavirus prevention measures
• Community owns their healthcare systems
• Tailored messaging and community cohesiveness
• Creative education and outreach
• Confidence-building efforts
### Percent of People Receiving COVID-19 Vaccine by Race/Ethnicity and Date Reported to CDC, United States

**December 14, 2020 – September 09, 2021**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>At Least One Dose</th>
<th>Fully Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN, NH</td>
<td>55.0%</td>
<td>47.0%</td>
</tr>
<tr>
<td>Asian, NH</td>
<td>42.8%</td>
<td>41.6%</td>
</tr>
<tr>
<td>Black, NH</td>
<td>33.5%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>40.5%</td>
<td>35.5%</td>
</tr>
<tr>
<td>NHOPI, NH</td>
<td>45.2%</td>
<td>39.3%</td>
</tr>
<tr>
<td>White, NH</td>
<td>39.8%</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

Race/Ethnicity data were available for 63.9% receiving at least one dose and 69.0% of people fully vaccinated.

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**Graphs**

- **At Least One Dose**
  - Line graphs showing the percentage of people vaccinated by race/ethnicity over time from January 2021 to September 2021.

- **Fully Vaccinated**
  - Line graphs showing the percentage of people fully vaccinated by race/ethnicity over time from January 2021 to September 2021.

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https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends
Data Management Summary Highlights

• Who participated in receiving the vaccines within the Indian Healthcare System
  • 2 Urban Healthcare facilities
  • 16 Federal Healthcare facilities
  • 8 Tribal Healthcare facilities

• 441 unique Federally recognized Tribe were represented
• 22 New Mexico Tribes were represented
• 2 Colorado Tribes were represented
• 1 Texas Tribe was represented
• 30 unique Counties in the ABQ Area were represented
• 1027 unique Zip Codes in the ABQ Area were represented
Questions and Answers