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IMPACT OF COVID-19: INDIGENOUS COMMUNITIES OF SOUTHERN ARIZONA

In Southern Arizona, there are at least five tribal communities, both recognized and unrecognized, whose original lands are near the U.S./Mexico border: the Tohono O'odham, Pascua Yaqui (Yo'eme), Hia-Ced O'odham, Cocopah, and Quechan. All have been disproportionately affected by the COVID-19 pandemic.

TRIBAL NATIONS IN SOUTHERN ARIZONA

The Tohono O'odham Nation Health Care last reported the COVID-19 situation on May 12, 2021, with a total of 1,782 cases; 79 deaths; 10 new cases and 6% positive tests. In April, there were 7,220 people vaccinated; total vaccine doses given to date of 14,848. Residing within the boundaries of the Tohono O'odham nation, there are 1,216 enrolled members and 46 enrolled members of another tribe or labeled as "other". Residing outside the boundaries of the Tohono O'odham Nation are 566 enrolled members and another 251 enrolled members of another tribe or labeled as "other."

COVID-19 data are not available for the Pascua Yaqui (Yo'eme) nation, Quechan, Cocopah, and Hia-Ced O'odham.

INDIGENOUS DATA SOVEREIGNTY

Indigenous data is the data, info, and knowledge in any format that impacts Indigenous peoples and communities at the collective and individual levels. Indigenous peoples and nations have the right to govern the collection, ownership and application of their own data, yet even with Indigenous populations being represented in the COVID-19 data, it is of inferior quality and adds challenges to demographic approaches that are used to assess and mitigate the impacts of COVID-19 for Indigenous populations. The pandemic has shed light on multiple pre-existing issues related to Indigenous data sovereignty in data collection and management. Federal and state governments must support and promote tribal rights to access data. It is reported that CDC has denied tribal epidemiologist's requests for data but released the data freely to state agencies and that a few states have questioned their tribe's legal sovereignty.

This practice harms Indigenous peoples and highlights the necessity of centering Indigenous data sovereignty, which ensures the inherent authority of tribal nations to govern data about their peoples, lands, and resources. Consequently, tribal authorities would be able to impose data-informed mitigating policies for their citizens accurately. In Arizona, data release for tribal lands or areas where Indigenous populations make up the majority has been suppressed (pending tribal approvals).

While some tribes decided to release their data at the zip code level, many tribes have not agreed on releasing their data to date. To improve the quality of disaggregated data for tribes, the data collection must include the Indigenous person's tribal affiliation and data handling. This is critical for nations as many of their citizens live outside of tribal land boundaries yet maintain intimate relations with families and relatives on tribal lands. Indigenous populations need to be actively engaged in governance processes that include Indigenous-related COVID-19 data, as it is a necessary part of respecting the inherent rights of Indigenous nations to have data sovereignty and governance.

MISCLASSIFICATION RISK FACTORS

There's a substantial misclassification for Indigenous people. with a lack of Indigenous representation in the data and racial misclassification at both the individual and group levels, Studies found nearly 30% of Indigenous patients had their race misclassified on their death certificate, and over 50% of Indigenous patients had their race misclassified on hospital records. This also occurs at the individual level when the selection of multiple racial and ethnic categories isn't permitted. Indigenous populations are lumped into other groups and classified as "others" in COVID-19 data. Tribal nations are rendered invisible in the public health discourse on the disproportionate impacts of COVID on racialized and minority populations.

TRIBAL CONCERNS & VULNERABILITIES

In Arizona, the Indigenous population makes up 4.5% of the state's population (US Census, 2020) but accounts for 8.0% and 19.6% of the confirmed COVID-19 cases and deaths (ADHS, 2020). Indigenous families are more vulnerable to the pandemic than US residents overall due to the legacies of colonialism, racism, and the federal government's failure to support these communities' social and economic well-being. That has left tribal governments facing unique challenges in the current environment, including:

- Higher risk of COVID-19 complications: Indigenous peoples have higher rates of underlying medical conditions -- such as heart disease, lung disease, asthma, diabetes, kidney, liver disease, and immunocompromising diseases -- putting them at a higher risk for COVID-19's more dangerous effects.
- Housing and demographic challenges: The federal underfunding of tribal governments and communities has created a housing shortage on reservations that makes it hard for families to practice social distancing to combat the virus. 16% of Indigenous households are overcrowded, compared to 2% for all US households. Elders are even more susceptible to the virus' health effects.
- Historic economic challenges have shown the sharp economic downturn that's affected large and vital sections of tribal economies: gaming, tourism, hotels, conferences, retails, and resource and energy development. Unlike federal, state, and local governments, many tribal nations lack a tax base. Instead, they use tribal enterprises and member-owned businesses to generate vital revenue for public health, education, childcare, public safety, and general government operations. Tribes are often their region's largest employers and among the state's largest, employing Indigenous and non-Indigenous workers.

All of that makes it very difficult for tribal governments to respond to COVID. Moreover, the federal government has been slow to help tribes during this crisis. Only half of the tribal governments surveyed say they've received COVID-related information from the federal or state governments, according to the National Indian Health Board, and fewer than a fifth have received money, technical assistance, or supplies. Most alarming is 3% have diagnostic kits, while some have reported receiving fewer test kits.

LACK OF TRIBAL FUNDING & PREPARATION

This pandemic has effectively shut down the tribal nation economies, and primary funding sources (pandemic and meeting citizen's needs) were decimated. While tribal nations have seen great success in managing their own health care and public health systems, challenges remain due to chronic under-and-differential funding (e.g., indirect through states). Funding has frequently focused on isolated (not networked) systems, emphasizing chronic diseases rather than infrastructure for essential health functions. As a result of inadequate public health infrastructure, limited medical resources, and high rates of poverty, Indigenous communities are poorly equipped to manage a pandemic like COVID-19.

COMMUNITY CHARACTERISTICS

The pandemic has amplified the differences between race and class due to the long-standing health and economic disparities that pervades US society. The Indigenous population has experienced significant economic deprivation and some of the starkest health outcomes that place individuals at a higher risk for COVID. Because of colonial expansion and policies meant to eradicate the Indigenous populations, it has also contributed to the contemporary inequalities in morbidity and mortality that

expose the people to the unique political, structural, and determinants of health. The Indian Health Service (IHS) reports that the COVID pandemic has resulted in a severe blow to the tribal nation's progress of community strengthening through self-determination and self-government. Indigenous people have an infection rate more than 3.5x higher than it is for non-Hispanic whites. They are also 4x more likely to be hospitalized resulting from COVID and have a higher rate of mortality at younger ages than non-Hispanic whites.

There has been a particular concern with the lack of household plumbing, the need to communicate necessary public health directives in non-English languages, and household overcrowding, especially in rural areas. Households on reservations are 3.7x more likely to lack complete indoor plumbing than other households in the US (comparison, the group next most likely to lack indoor plumbing are Black households at 1.2x more likely). Even before the pandemic, the average household income on reservations was half the US average. This has shown the highlighted need for comprehensive, culturally appropriate personal and public health services that are readily available and accessible to all Indigenous people.

REFERENCES

Arizona Department of Health Services, 2021. Accessed June 9, 2021. https://www.azdhs.gov/covid19/data/index.php#deaths https://www.azdhs.gov/covid19/data/index.php#demographics

Austin CC, Bernier A, Bezuidenhout L *et al.* Fostering global data sharing: highlighting the recommendations of the Research Data Alliance COVID-19 working group [version 1; peer review: 1 approved, 2 approved with reservations]. *Wellcome Open Res* 2020, **5**:267 (https://doi.org/10.12688/wellcomeopenres.16378.1)Austin CC, Bernier A, Bezuidenhout L *et al.* Fostering global data sharing: highlighting the recommendations of the Research Data Alliance COVID-19 working group [version 1; peer review: 1 approved, 2 approved with reservations]. *Wellcome Open Res* 2020, **5**:267 (https://doi.org/10.12688/wellcomeopenres.16378.1)Austin CC, Bernier A, Bezuidenhout L *et al.* Fostering global data sharing: highlighting the recommendations of the Research Data Alliance COVID-19 working group [version 1; peer review: 1 approved, 2 approved with reservations]. *Wellcome Open Res* 2020, **5**:267 (https://doi.org/10.12688/wellcomeopenres.16378.1)

Indigenous Scholars Discuss Climate Change, COVID-19, Data & Research Priorities in the Southwest. Native Nations Institute. University of Arizona. Dec 2020. https://nni.arizona.edu/news/articles/indigenous-scholars-discuss-climate-change-covid-19-data-research-priorities-southwest

Rodriguez-Lonebear, Desi PhD; Barceló, Nicolás E. MD; Akee, Randall PhD; Carroll, Stephanie Russo DrPH, MPH. American Indian Reservations and COVID-19, Journal of Public Health Management and Practice: July/August 2020 - Volume 26 - Issue 4 - p 371-377 doi: 10.1097/PHH.0000000000001206

Henson, Eric C., Megan M. Hill, Miriam R. Jorgensen, Joseph P. Kalt. July 24, 2020. Policy Brief: Emerging Stronger than Before: Guidelines for the Federal Role in American Indian and Alaska Native Tribes' Recovery from the COVID-19 Pandemic. Cambridge and Tucson: Harvard Project for American Indian Economic Development and Native Nations Institute.

Marshall, Joshua. April 1, 2020. *Tribal Nations - Highly Vulnerable to COVID-19 - Need More Federal Relief.* Center on Budget and Policy Priorities. https://www.cbpp.org/blog/tribal-nations-highly-vulnerable-to-covid-19-need-more-federal-relief

Yellow Horse, A.J., Huyser, K.R. Indigenous data sovereignty and COVID-19 data issues for American Indian and Alaska Native Tribes and populations. *J Pop Research* (2021). https://doi.org/10.1007/s12546-021-09261-5 https://link.springer.com/article/10.1007/s12546-021-09261-5

Tohono O'odham Nation Health Care. 2021. *Tohono O'odham Nation Health Care (TONHC) COVID-19 Situation Update.* http://www.tonhc.org/wp-content/uploads/2021/05/COVID-19-Leadership-Update-65-05-12-2021.pdf

ABOUT THE PROJECT

The researchers: A cross-national team of over 30 researchers led by Dr. Lori Wilkinson, Dr. Kiera Ladner and Dr. Jack Jedwab, received funding from CIHR for this study *COVID-19's differential impact on the mental and emotional health of Indigenous Peoples and Newcomers: A socioeconomic analysis of Canada, US and Mexico.*

The study: The team has been collecting data in Canada since March 9 and the United States since March 27, 2020. Ongoing survey waves now include Mexico. Our goal is to measure and follow the changes in attitudes, behaviours, health and socioeconomic outcomes among persons living in all three countries using a mixed methodology of surveys and unstructured interviews.

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