VISUALIZING COVID-19: A YEAR IN URBAN INDIAN ORGANIZATION SERVICE AREAS

Category: Research
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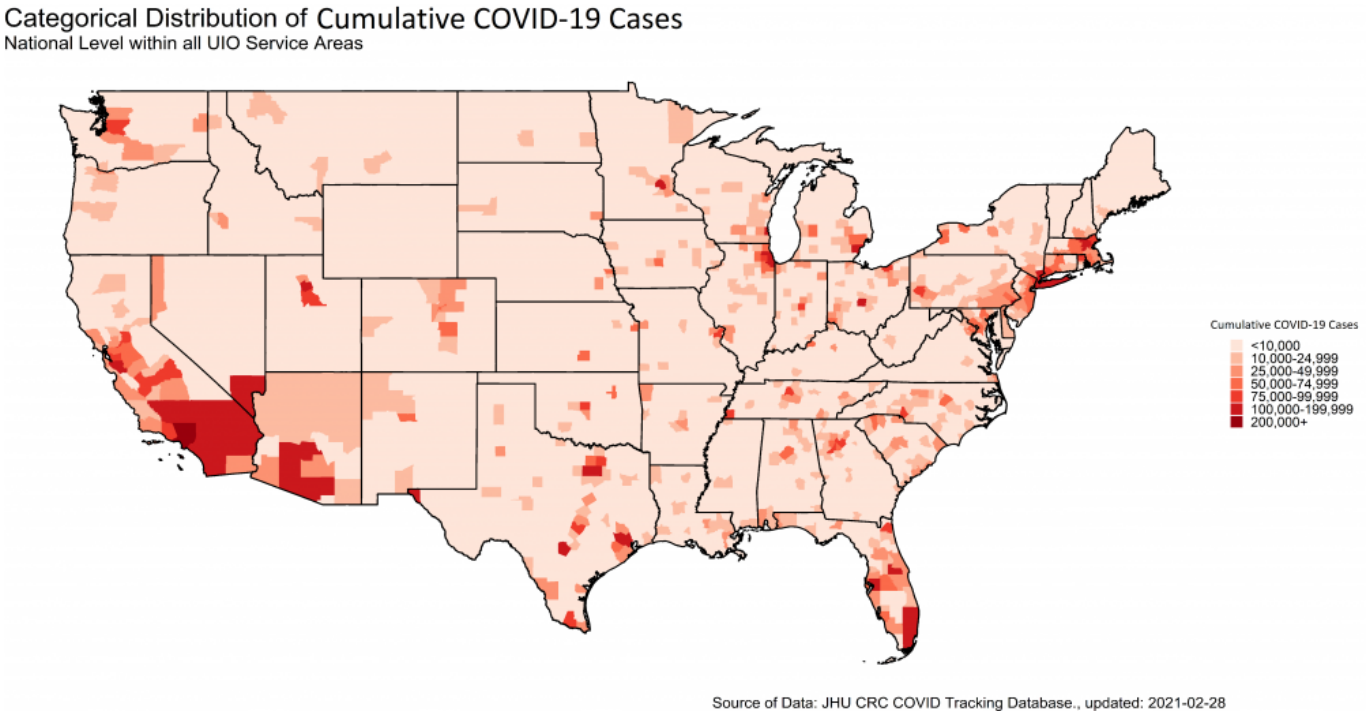
URBAN NATIVE COMMUNITIES: AN OVERLOOKED POPULATION

Urban Native communities often battle a set of myths – especially the stereotype that American Indian and Alaska Native (AI/AN) people only live on reservations or rural areas. Urban AI/AN people often must prove that they exist in order to obtain the resources they need to address the health disparities their communities face. The first year of the COVID-19 pandemic has only made data on the needs of Urban AI/AN communities more important. However, some public health systems have characteristically overlooked AI/AN people and contributed to widespread disparities.

First, a list of realities:

- Over 70% of the country's 5,220,579 AI/AN people live in cities, a number that has increased 57% since 1970.[1]
- The COVID-19 pandemic, which has plagued our country for over a year now, was first detected in UIO service areas. The first U.S. case was reported in the Seattle area by late January[2] and community transmission detected in Santa Clara County by late February.[3] Both areas experienced the first known COVID-19 deaths due to community transmission by mid to late February.[4,5]
- In the first year of pandemic data, there were more than 28,646,373 confirmed cases of COVID–19 nationally, and 514,117 reported deaths associated with COVID-19 (as of February 28, 2021.)
- Cities have been the most affected by the pandemic, accounting for 84.5% of cases (n = 24,197,682) and 82.9% of deaths (n = 426,271) shown in figures 1.
- However, different cities have had different experiences over the past year due to state and local differences in mitigation measures and resource allocation.
- Each urban AI/AN community is different. Yet across the nation, Urban AI/AN people face specific disparities that put them at a higher risk of severe COVID-19 or transmission of the virus. Urban AI/AN people are about three times more likely to live in poverty, be uninsured, or have diabetes compared to their non-Hispanic White neighbors. And Urban AI/AN people are 1.5-1.8 times as likely to live in multigenerational or crowded housing, smoke, or have asthma.
- There are 41 Urban Indian Organization (UIOs) with over 70 facilities, located in 38 cities across the country. Each provides their local AI/AN community with culturally-competent services.

Urban Indian Organizations have been on the front lines of the pandemic since it began. They are coping with increased pandemic-related need, despite limited budgets and resources. But how do UIO service areas compare to the rest of the country? How have their needs and conditions changed over time?



CHARTING THE PANDEMIC IN SERVICE AREAS

Hotspots and outbreaks of the novel coronavirus have transitioned across the USA, through Southern California, the Southwest, and the Northeast as seen in figures 2 and 3. In each region, Urban Indian communities face the most extreme brunt of the pandemic, with stretched resources and high social vulnerabilities to the virus in their clientele.

Figure 2: Evolution of New 14-Day COVID-19 Cases from 03-01-2020 to 02-28-2021

Figure 3: Evolution of Case Rate (New 14-Day COVID-19 Cases per 100,000 population) from 03-01-2020 to 02-28-2021 [6]

In fact, each UIO service area has been in the top 10 percent counties by number of new cases at least once in the past year. Further, each service area has been a high risk of transmission zone for at least 11 weeks in the past year. But each has faced a different challenge.

To see how conditions have fared in different UIO service areas, use the interactive map below.

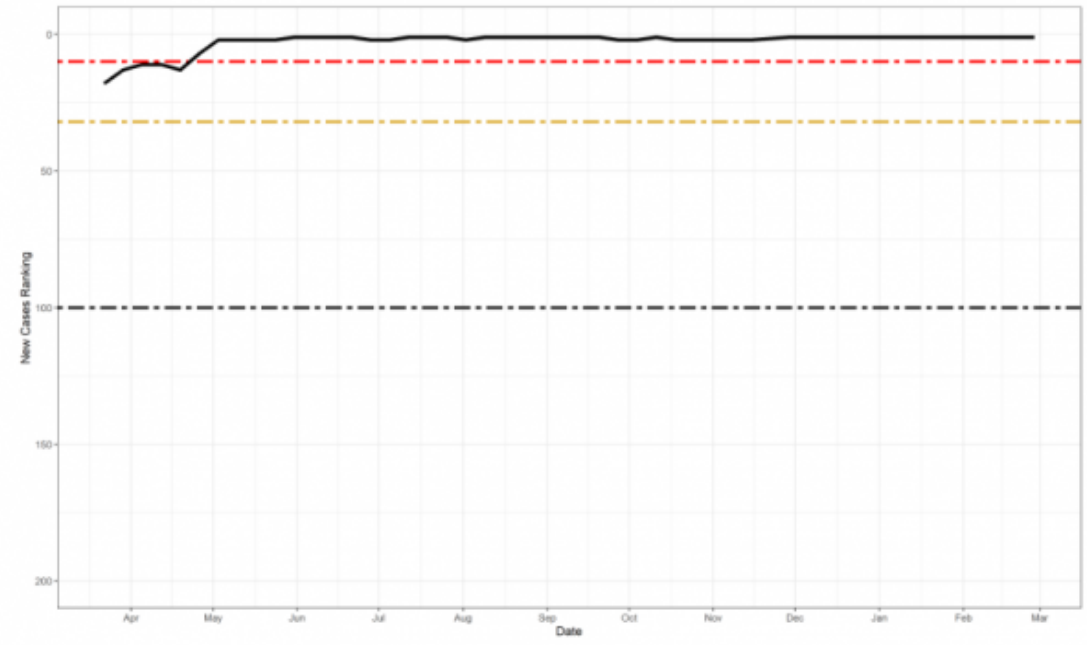
This interactive map allows you to zoom in on each UIO service area, and see how this area has fared over the last year compared to the rest of the country. To zoom in on a service area, click the thick black lines outlining the UIO regions. You may need to zoom in with your mouse-wheel on some areas, particularly where multiple UIOs are clustered like in the Bay area and western Montana. You can then zoom into figures and maps using your mouse or by clicking on the figures. To zoom back out, move to the far right hand side and you should see two buttons. You can return to the starting national map by clicking the "home" button, and zoom-out to the previous page using the "up-arrow" button. Learn more about our data sources and the measurements used by clicking the glossary button on the lower right hand side of the map.

For example, let's walk through how to use this with the example of Los Angeles County, where roughly 165,513 AI/AN people live (see figure A below). By February 28th 2021, there were 1,190,894 confirmed COVID-19 cases and 21,328 deaths. Since March 2020, Los Angeles has been

in the top 10 counties in the nation by 14-day rolling average of new cases for 43 weeks (figure B). During weeks it was not in the top 10 counties, LA was still in the top 32 (or 10%) of counties – which are signified by the red and gold line respectively. Figure C shows how the 14-day rolling new case average has changed over the course of the pandemic, specific to this service area. You can see that cases peaked locally in December-February with a smaller peak in late July. Figure D shows these new cases in the form of a transmission rate, which factors in the population of the Los Angeles area and compares this with the CDC COVID-19 risk categories. Case rates above the red line indicate "high transmission risk" and the gold line indicates the cutoff for "substantial transmission risk"[7]. As you can see, Los Angeles county has been at high transmission risk category for 25 weeks, or 48% of the last year. Figure E and F shows the number of new deaths over time.

Figure A

Figure B



As you can see, Los Angeles county has been consistently ranked at the top of US counties by number of new cases every week since May 2020, has experienced peaks and valleys, and has generally been a very “high transmission” county. Such a large and persistent burden will affect the AI/AN population that lives there and the providers that serve them.

Figure C

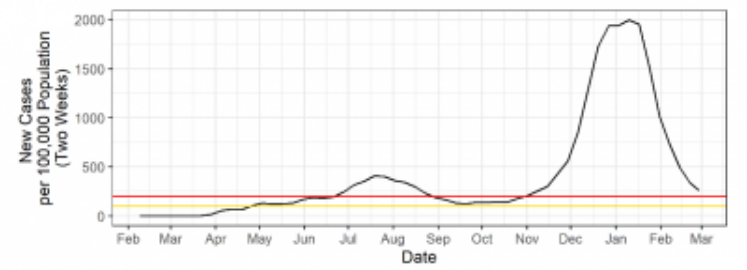


Figure D

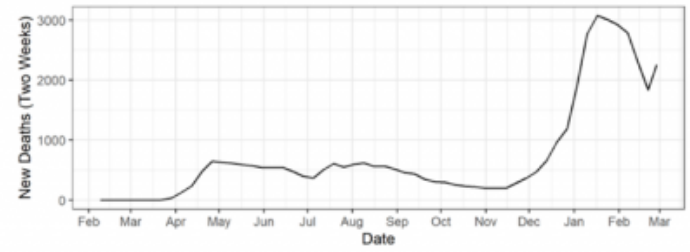


Figure E

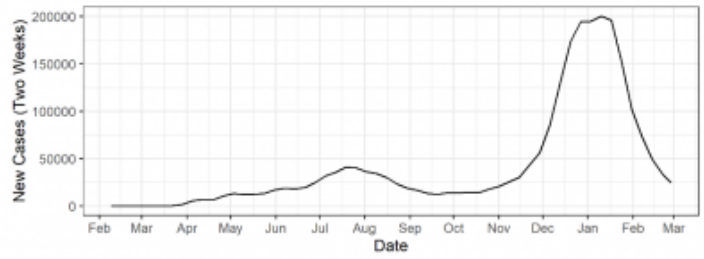
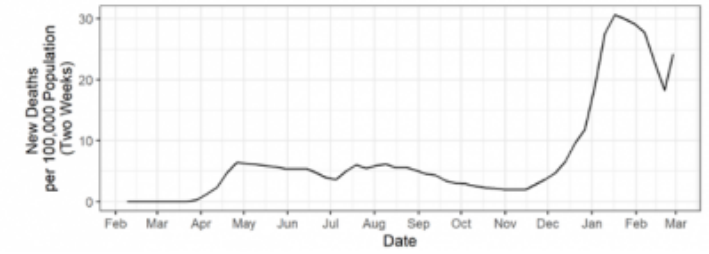


Figure F



CONCLUSIONS

The story is the similar across the country, in all 38 urban service areas. Please investigate other areas. Some cities saw peaks in the first wave of spring 2020, others in the late summer, and many more in the winter of 2020-2021. Yet at any given time, there was usually a UIO serving in the top counties in the Nation. Native populations exist in each of these areas, but are often overlooked as a “small population“. Even when racial data on cases and deaths doesn’t exist or include AI/AN people, it is important to remember that UIOs have been on the frontlines providing culturally-competent care in the hotspots of the pandemic. We must remember that UIOs are struggling against these surges every day, as are the people they serve.

NCUIH hopes this data tool brings some awareness of the magnitude of this issue, as millions of AI/AN people continue to live and struggle against coronavirus. We also hope this data is helpful for UIOs in their communication, advocacy, and grant writing activities.

Remember, you can always ask NCUIH for data analysis or technical assistance via our website. Stay tuned for our second COVID-19 Data Tools post, where we will dive into the specific vulnerabilities to COVID-19 that AI/AN communities face within cities.

By Alexander Zeymo & Andrew Kalweit, posted on Monday June 28, 2021

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