

COVID-19 Response for Vulnerable Populations

Actionable Insights from Public Datasets in the **Partnership to Advance Tribal Health (PATH)**

In March 2020 the PATH team was asked to explore ways to support the Indian Health Service (IHS) Hospitals, in responding to the COVID-19 outbreak. At that time the disproportionate impact on the American Indian and Alaskan Native population was suspected but not known. Immediately the analytics team began to develop daily data reports using publicly available data to show prevalence and disparity in impact within PATH project areas. The reports became extremely useful and were distributed to a wide and growing audience.

“If you eliminate us in the data, you have effectively eliminated us for the allocation of resources.”

- Abigail Echo-Hawk, Director, Urban Indian Health Institute

Innovative Reporting Using Public Data

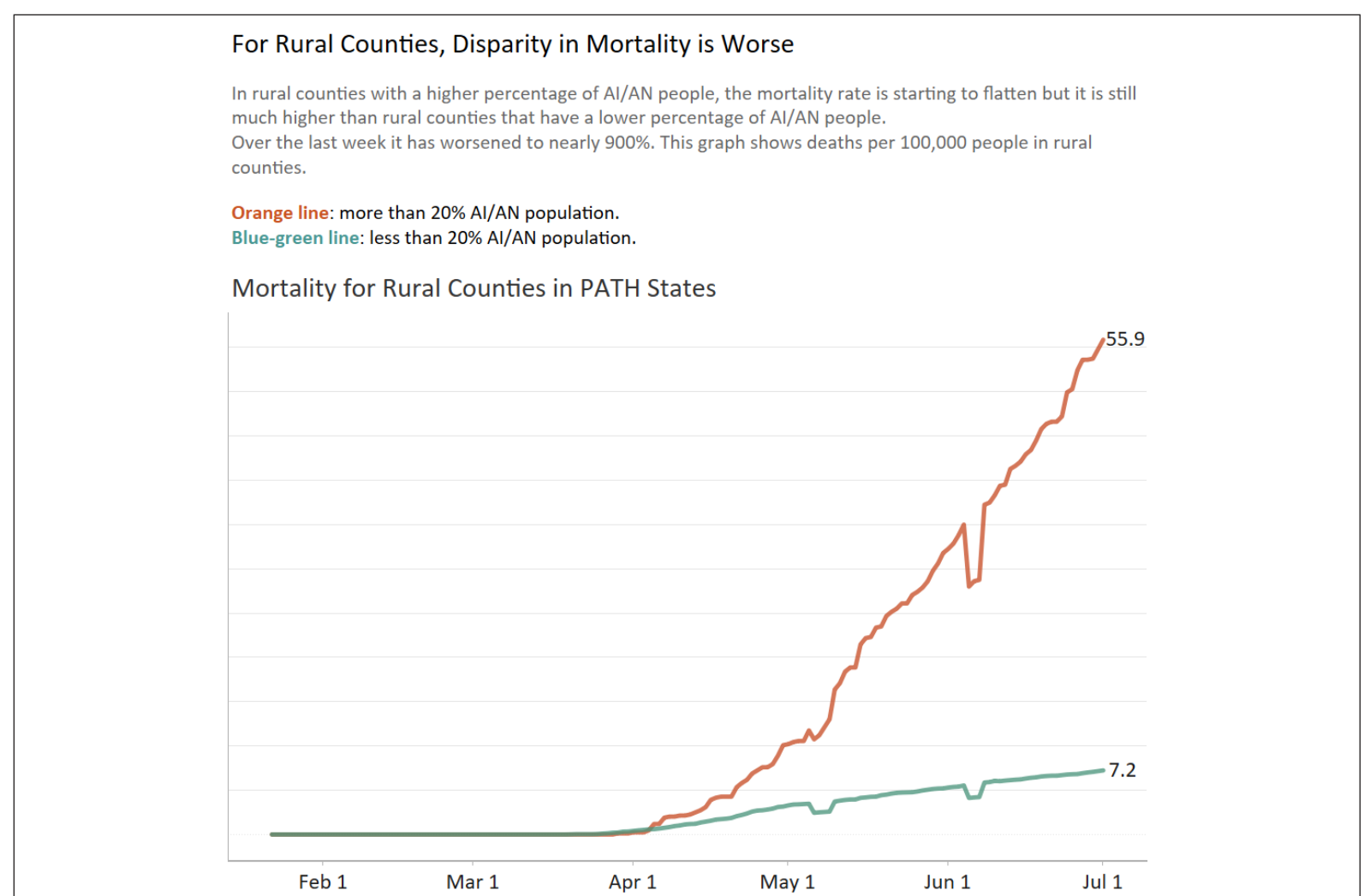
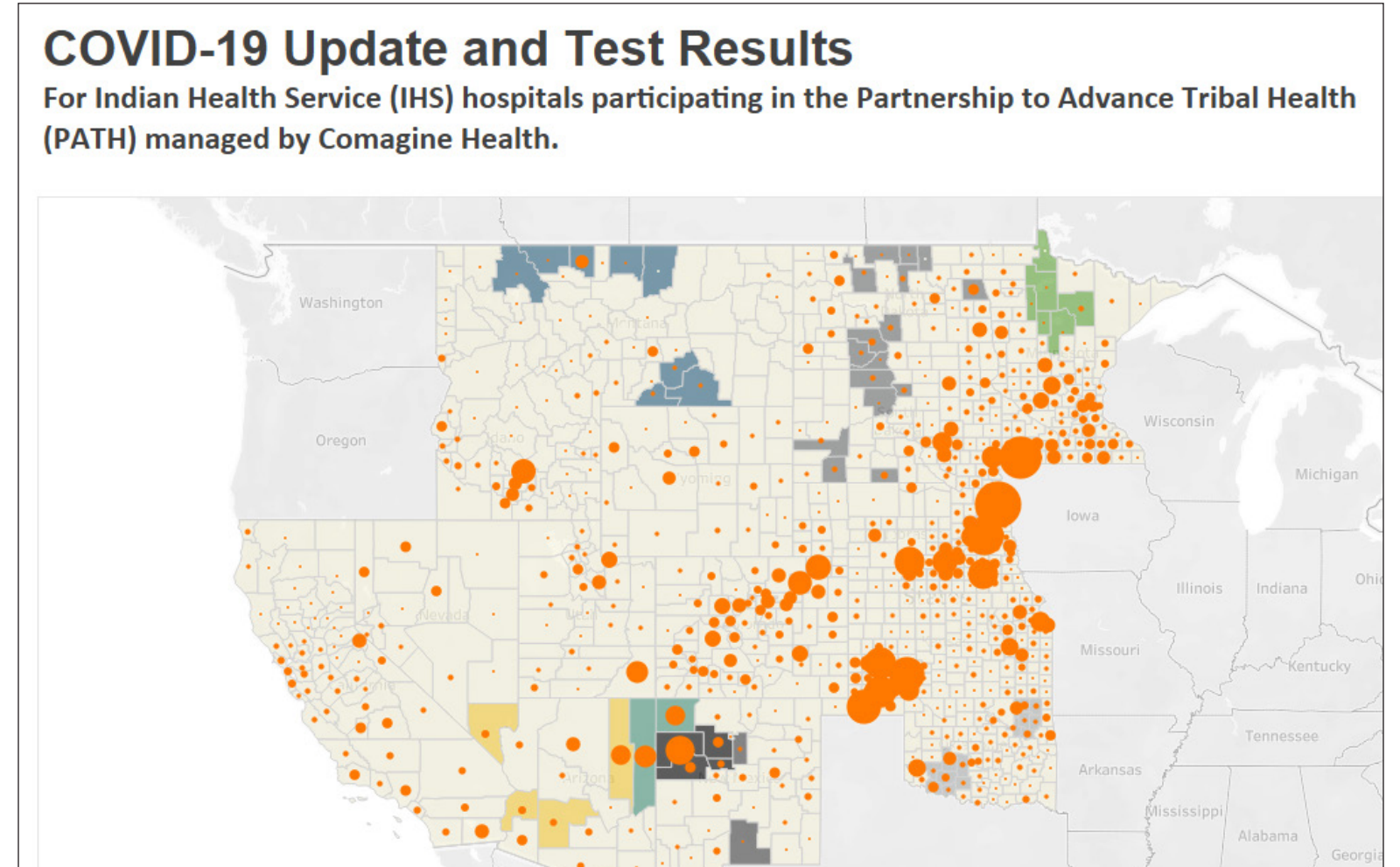
We juxtaposed the locations of our communities with the locations of COVID-19 incidence. Since direct ethnicity data was mostly not available, we compared differences between counties with higher and lower proportions of AI/AN people. This showed huge disparities in case rate and mortality.

Developing Actionable Insights

- ➔ We engaged the community we were serving to check that what we were building was useful to them. This included brainstorming and researching available data.
- ➔ We combined census data, COVID-19 case incidence and the CDC vulnerability index to show disparity in vulnerability and impact. To complement this, our project team collated public reports of community infection control measures in each area.
- ➔ Small changes added up as we kept brainstorming to explore potential value and delivered the reports faithfully. The products included a daily PDF, a weekly in-depth PDF and an interactive website dashboard.

How It Helped

- ➔ Tribal partners used these reports to justify funding allocation application.
- ➔ Hospitals became aware of incidence within their community but outside their health care system.
- ➔ IHS Area offices shared incidence data with state government without violating privacy protocols.
- ➔ IHS National headquarters had enhanced situational awareness to improve resource allocation.



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