



# National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

910 Pennsylvania Avenue, SE | Washington, D.C. 20003 | 202-507-4070 | [www.nihb.org](http://www.nihb.org)

04/16/2020

## Vulnerable American Indian and Alaska Native Populations

According to the Centers for Disease Control and Prevention (CDC), individuals with certain underlying health concerns are at higher risk of contracting and/or developing a severe illness from the Coronavirus (COVID-19). Adults who have disabilities are at a greater risk for suffering from a stroke, heart disease or even a form of cancer in comparison to those individuals who do not have any disabilities. Individuals with disabilities are also at a higher risk for developing infections, secondary to having other comorbidities. Individuals who are unable to effectively communicate their symptoms, who may have mobility issues or even understanding information regarding COVID19 are also at a higher risk for getting ill. Based on available information to date, the following individuals are at a higher risk of severe illness from COVID-19:



Image Source: CDC.gov

- People aged 65 years or older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
  - People with chronic lung disease with complications
  - People who have heart disease with complications
  - People who are immunocompromised including cancer treatment
  - People of any age with severe obesity (body mass index [BMI]  $\geq 40$ ) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk.
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk.

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. American Indian and Alaska Natives (AI/AN) have higher prevalence of the following underlying conditions, therefore it is important to encourage those at higher risk to protect themselves (<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>).

### **Chronic lung disease or moderate to severe asthma:**

- 10% of AI/ANs 18 and over have been diagnosed with asthma, and 11.5% of children under the 18 years. <sup>i</sup>

### **Heart disease:**

- According to the U.S. Department of Health and Human Services Office of Minority Health, in 2018, AI/AN were 50% more likely to be diagnosed with coronary heart disease than their white counterparts and were 10% more likely than white counterparts to have high blood pressure.<sup>ii</sup>

### **Cancer treatment:**

- The rate of getting lung (12%) and colorectal cancer (36%) was higher in AI/AN than non-Hispanic white men. The rate of getting cervical (69%), lung (6%), colorectal (37%), kidney (85%), liver (three times higher), and stomach cancers (two times higher) was higher among AI/AN women compared to non-Hispanic white women. The rate of getting breast cancer was higher in AI/AN women compared to non-Hispanic white women in Alaska (26%) and the Southern Plains (30%). The rate of getting colorectal cancer in AI/AN women was higher than non-Hispanic white women in four out of six regions: Northern Plains (51%), Alaska (three times higher), Southern Plains (66%), and Pacific Coast (37%).<sup>iii</sup>

### **Diabetes:**

- AI/AN adults are approximately 2 times more likely to have type 2 diabetes than the rest of the U.S. population. The hospitalization rates for stroke are 1.5 times higher among adults with diabetes.<sup>iv</sup>

### **Severely obese (BMI >40):**

- In 2018, 48.1% of AI/AN 18 years and older had a BMI of 30 or greater.<sup>v</sup>

### **Renal failure:**

- AI/ANs are 2 times more likely to have incidence of kidney failure due to diabetes compared with the overall U.S. population.<sup>vi</sup>

### **Liver disease:**

- In 2018, 2.5% of AI/AN 18 years of age and over were diagnosed with a chronic liver disease. Native people are also 3.5 times more likely to die from chronic liver disease or cirrhosis compared to their white counterparts.<sup>vii</sup>

### **Pregnant women:**

- AI/AN women have a pregnancy-related mortality rate of 2 times that of non-Hispanic white women or 30.4 deaths per 100,000 live births compared to 13.0 deaths. 12.8% of these maternal deaths are a result of hypertensive disorders.<sup>viii</sup>

### **HIV**

- In 2017, 3,034 AI/AN people were living with HIV (1,475 of those are living with AIDS diagnoses). 33 of the 39 people that passed away had an AIDS diagnosis. In 2018 there were 189 new HIV infection diagnoses among AI/AN, and 64 new AIDS diagnoses.<sup>ix</sup>
- In 2018, AI/AN were 2 times more likely to receive a diagnosis of HIV/AIDS than their white counterparts. Specifically, in 2016, AI/AN women were 3 times more likely to be diagnosed with AIDS than the white female population.<sup>x</sup>

**Studies have shown that American Indians and Alaska Natives are also at increased risk of lower respiratory tract infections, and in certain regions of the country are twice as likely as the general population to become infected and hospitalized with pneumonia, bronchitis, and influenza.**

<sup>i</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=4&lvlid=30>

<sup>ii</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=4&lvlid=34>

<sup>iii</sup> <https://www.cdc.gov/cancer/dpcp/research/articles/cancer-AIAN-US.htm>

<sup>iv</sup> [cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf](https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf)

<sup>v</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=4&lvlid=40>



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vi <https://www.usrds.org/>

vii <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=32>

viii <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

ix <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.htm>

x <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=36>