COVID-19 health disparities in Utah 2020-2021

Tribal affiliation profile

Utah Department of
Health & Human Services
American Indian/Alaska Native Health & Family Services

Acknowledgments

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Funding: This project was funded by the National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Undeserved, Including Racial and Ethnic Minority Populations and Rural Communities (NH75OT000059) from the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2021–2023.

Approval: The information presented in this report was approved and reviewed by the Utah Indian Health Advisory Board (UIHAB) in accordance with Utah's UDOH/UDHHS Tribal Consultation & Urban Indian Organization Conferment Process Policy.[1]

October 2022
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Suggested citation: Office of Health Equity. (2022). *COVID-19 health disparities in Utah 2020–2021: Tribal Affiliation Profile*. Salt Lake City, UT: Utah Department of Health and Human Services.

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List of abbreviations

AI	American Indian
AN	Alaska Native
African Am.	African American
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease 2019
DHHS	Utah Department of Health and Human Services
IHFS	Office of AI/AN Health and Family Services
I/T/U	Indian Health System
LHD	Local Health Department
NHPI	Native Hawiian and Other Pacific Islander
OHE	Office of Health Equity
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus

Overview of the Indian Health System

Tribes have been and continue to be essential partners in protecting the health and well-being of Utah residents during the COVID-19 pandemic. The eight tribes in Utah are part of the Indian Health System (I/T/U) and recognized public health authorities by federal and state governments.[2, 3] The Self Determination (PL 93-638) authority enables tribes to enact prevention methods in their jurisdiction independent of state or local law including mask mandates, curfews, and/or vaccine incentives.[2, 3]

American Indian and Alaska Native (AI/AN) can refer to both a race and a political status. It is important to differentiate between those who racially identify as AI/AN and those who are enrolled in a federally-recognized tribe. This profile provides an overview of the AI/AN experience with limited state data on tribal affiliation, services provided by the Indian Health System, and statements from a tribal health director.

For information on COVID-19 disparities among the AI/AN population without an emphasis on tribal affiliation, please visit the Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) race/ethnicity profile.

The Indian Health System (I/T/U) consists of the Indian Health Service, tribally owned and operated health facilities, and Urban Indian Organizations—collectively referred to as the I/T/U. While the I/T/U is mandated to provide services to tribally-enrolled members, through Self Determination some choose to provide services to the broader community where they are located.

The I/T/U in Utah consists of:

- One federal Indian Health Service facility in Fort Duchesne
- Five tribally owned and operated facilities
  - FourPoints Health (Paiute Tribe of Utah)
  - Nat-su Healthcare (Skull Valley Band of Goshute)
  - Northwestern Band of Shoshone Nation
  - Sacred Circle Health (Confederated Tribes of the Goshute)
  - Utah Navajo Health System (Navajo Nation)
- One Urban Indian Organization located in Salt Lake City
  - Urban Indian Center of Salt Lake
    - Cedar Point Wellness Center
    - Red Mesa Behavioral Health

There are multiple I/T/U facilities out-of-state that provide services to tribal members who live in Utah.

Map of Utah tribal lands

Figure 1: Location of tribal lands and the Urban Indian Center of Salt Lake

Guide to this tribal affiliation profile

This profile reports COVID-19 (SARS-CoV-2) surveillance data in Utah by tribal affiliation between March 27, 2020–December 31, 2021. Unlike other profiles in this report, health disparity identification by tribal affiliation status was not possible because of the limitations with regard to data collection. The Utah Department of Health and Human Services (DHHS) Office of American Indian and Alaska Native Health and Family Services (IHFS), in collaboration with DHHS Office of Health Equity (OHE), created this profile.

Data on tribal affiliation was collected through contact tracing efforts done by state, local, and tribal jurisdictions. Unfortunately, of the 7,188 cases who identified as American Indian/Alaska Native (AI/AN) reported by December 31, 2021, fewer than half were asked about tribal affiliation. The infrequent collection of tribal affiliation data was seen across jurisdictions and throughout the pandemic. Due to this, only a limited picture of the COVID-19 burden among tribally affiliated persons can be produced. Data and visualizations in this report provide an opportunity to understand the scenario of COVID-19 among the tribally affiliated population in Utah.

What COVID-19 indicators are analyzed in this report?

COVID-19 cases: A confirmed COVID-19 case is any person with a positive SARS-CoV2 PCR or antigen test. The DHHS assigns case status following the CDC national case definition, with an exception of considering positive antigen tests as confirmed rather than probable cases.[4]

COVID-19 hospitalizations: COVID-19 hospitalizations represent the total number of COVID-19 cases that have been admitted to hospitals. The hospitalization counts are either reported automatically if a person is inpatient at the time of a positive lab or identified through local public health investigations.[4]

COVID-19 deaths: Death due to COVID-19 is confirmed if COVID-19 is a cause of death or underlying cause of death and is confirmed by the Office of the Medical Examiner. The DHHS uses the "CDC Guidance for Certifying Deaths due to Coronavirus Disease 2019 (COVID-19)" to determine which deaths are due to COVID-19.[4]

Guide to this profile cont.

COVID-19 vaccinations:

a) People who received at least one dose is anyone who has received one or more doses of the Pfizer or Moderna two-dose vaccine, or one dose of the Johnson and Johnson single dose vaccine. This represents all people vaccinated in Utah whether they are fully vaccinated or partially vaccinated.[4]

b) People fully vaccinated is anyone who has completed their vaccine series, either two doses of the Pfizer or Moderna two-dose vaccine, or one dose of the Johnson and Johnson single dose vaccine.[4]

Indication of tribal affiliation

Table 1: Number and percent of COVID-19 cases, hospitalizations, and deaths among non-Hispanic AI/AN and indicated a tribal affiliation, Utah, 2020–2021.

COVID-19 cases	Count (n)	Percent (%)
Yes	2,768	**38.51**
No	795	11.06
Unknown	3,625	50.43
Total	7,188	100

COVID-19 hospitalizations	Count (n)	Percent (%)
Yes	226	35.42
No	57	8.93
Unknown	355	55.64
Total	638	100

COVID-19 deaths	Count (n)	Percent (%)
Yes	32	28.57
No	5	4.46
Unknown	75	66.96
Total	112	100

Data source: DHHS COVID-19 surveillance data

Table 1 shows **38.51%** of COVID-19 cases among non-Hispanic AI/AN populations indicated having tribal affiliation. Additionally, about **one third of COVID-19 hospitalizations and deaths** among AI/AN indicated tribal affiliation. This question was added to the case investigation form on May 9, 2020; 2.7% of cases who are AI/AN occurred prior to these data being collected.

COVID-19 cases

As federally authorized public health authorities, I/T/U facilities may conduct contact tracing for COVID-19 cases among tribal members and people who live on tribal reservations. **Figure 2** shows the I/T/U investigated 2,069 COVID-19 cases between March 27, 2020 and December 31, 2021. Of note, early surges among tribes in the **Four Corners region lead to a significant number of cases investigated by the I/T/U in the month of May 2020.**

Figure 2: Number of COVID-19 cases investigated by I/T/U facilities, Utah, 2020–2021, DHHS COVID-19 surveillance data

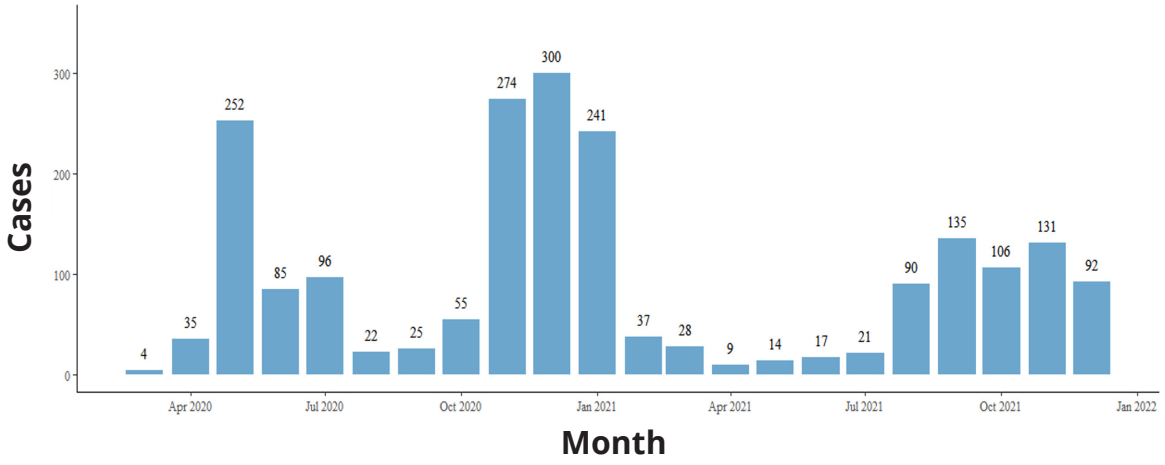


Table 2: Number and percent of COVID-19 cases investigated by I/T/U facilities by race/ethnicity, Utah, 2020–2021

Race	Count (n)	Percent (%)
AI/AN	1,908	92.22
N. Hawaiian/Pac. Islander	8	0.39
White	37	1.79
Two or more races	7	0.34
Other	33	1.59
Unknown/missing	76	3.67
Total	2,069	100

Table 2: Number and percent of COVID-19 cases investigated by I/T/U facilities by race/ethnicity, Utah, 2020–2021

Ethnicity	Count (n)	Percent (%)
Hispanic/Latino	30	1.36
Not Hispanic/Latino	1,857	86.62
Unknown/missing	182	12.02
Total	2,069	100

Table 2 provides a breakdown of cases investigated by the I/T/U by race/ethnicity. **The majority of cases investigated are persons who identified as AI/AN and non-Hispanic.**

Table 3: Demographic breakdown of cases investigated by I/T/U facilities, Utah, 2020–2021

Jurisdiction of residence	Count (n)	Percent (%)
San Juan	1,413	68.29
Tri County	614	29.68
Salt Lake	24	1.16
Utah	7	0.34
Other/not specified	11	0.53
Total	2,069	100

Age	Count (n)	Percent (%)
0-1	4	0.19
1-14	354	17.11
15-24	302	14.60
25-44	608	29.39

Age cont.	Count (n)	Percent (%)
45-64	570	27.55
65-84	208	10.05
85+	22	1.06
Unknown	1	0.05
Total	2,069	100

Sex	Count (n)	Percent (%)
Female	1,136	54.91
Male	930	44.95
Unknown	3	0.14
Total	2,069	100

Data source: DHHS COVID-19 surveillance data

Table 3 provides a breakdown of cases by local health department jurisdiction of residence, age, and sex. **The majority of cases (98%) are residents of San Juan and Tri County Local Health Districts (LHDs).** These areas are home to the largest populations of tribally enrolled persons. A majority (57%) of cases investigated by I/T/U facilities belonged to the age groups 25–64 and more than half (55%) of the cases identified as female.

COVID-19 vaccination

In coordination with the federal government, tribal governments set their own COVID-19 vaccine distribution and prioritization.[5] With this federal guidance, the state of Utah engaged in formal consultation with the tribes to determine if they would get their allocations from the state or the federal government via the Indian Health Service. Of the eight tribes in Utah, only the Northwestern Band of Shoshone and Utah Navajo Health System selected vaccine allocation from the state. Compared with Utah's vaccine distribution, the I/T/U had more open prioritization groups resulting in an earlier vaccine uptake among AI/AN populations in Utah.

Figure 3: Monthly COVID-19 vaccine doses administered by I/T/U facilities, Utah, 2020–2021, DHHS COVID-19 surveillance data

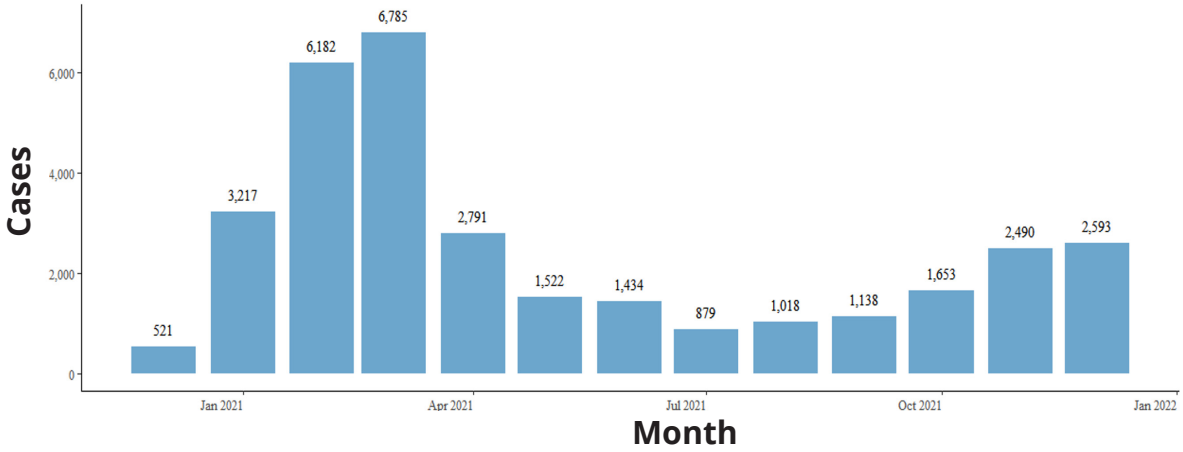


Figure 3 demonstrates the **high output of vaccine doses administered through the I/T/U** shortly after the vaccine became available.

Table 4: Count and percent of COVID-19 vaccine doses administered by I/T/U facilities by race/ethnicity, Utah, 2020–2021

Race	Count (n)	Percent (%)
AI/AN	21,017	65.22
Asian	223	0.69
Black/African Am.	171	0.53
N. Hawaiian/Pac. Islander	129	0.40
White	9,714	30.15

Race cont.	Count (n)	Percent (%)
Other	290	0.90
Unknown/Missing	679	2.11
Total	32,223	100

Ethnicity	Count (n)	Percent (%)
Hispanic/Latino	1,621	5.03
Not Hispanic/Latino	29,741	92.30
Unknown/missing	861	2.67
Total	32,223	100

Data source: DHHS COVID-19 surveillance data

Table 4 provides a breakdown of recipients of COVID-19 vaccine from I/T/U facilities by race/ethnicity. **The majority of vaccines administered by I/T/U facilities are persons who identified as AI/AN and non-Hispanic.**

Table 5: Demographic breakdown of individuals who received a COVID-19 vaccine dose from the I/T/U facilities, Utah, 2020–2021

Jurisdiction of residence	Count (n)	Percent (%)
Bear River	26	0.08
Central	632	1.96
Davis	439	1.36
Salt Lake	5,295	16.43
San Juan	13,502	41.90
Southeast	689	2.14

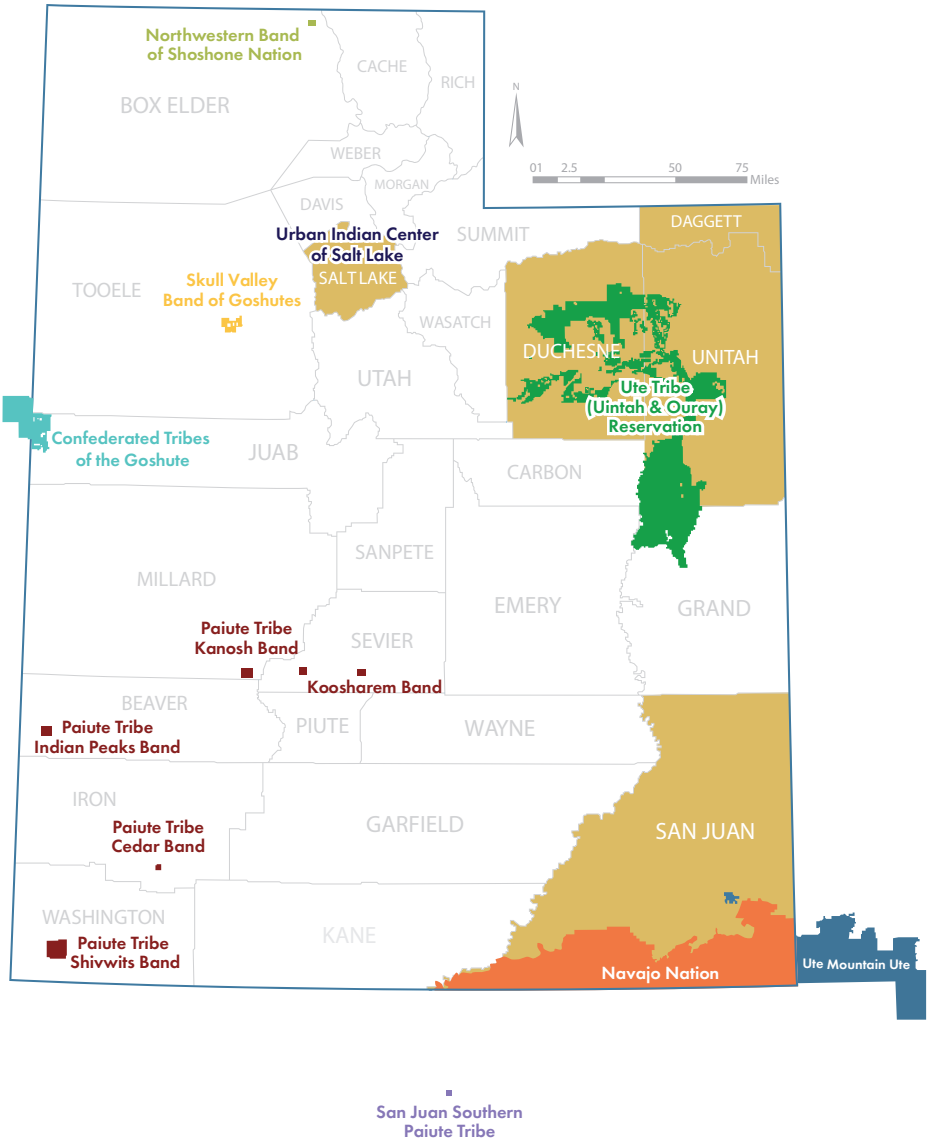
Jurisdiction of residence cont.	Count (n)	Percent (%)
Southwest	2,128	6.60
Summit	31	0.10
Tooele	481	1.49
Tri County	5,335	16.56
Utah	610	1.89
Wasatch	28	0.09
Weber-Morgan	171	0.53
Out-of-state/unknown	2,856	8.86
Total	32,223	100

Age	Count (n)	Percent (%)
5-11	1,348	4.18
12-18	4,169	12.94
19-29	4.482	13.91
30-39	4,880	15.14
40-49	4,978	15.45
50-59	4,693	14.56
60-69	4,506	13.98
70-79	2,154	6.68
80+	970	3.01
Unknown	43	0.13
Total	32,223	100

Sex	Count (n)	Percent (%)
Female	17,100	53.07
Male	15,002	46.56
Unknown	121	0.38
Total	32,223	100

Data source: DHHS COVID-19 surveillance data

Table 5 provides a breakdown of cases by local health department (LHD) jurisdiction of residence, age, and sex. The majority of COVID-19 vaccine recipients (75%) are residents of San Juan, Tri County, and Salt Lake. **These areas are home to the largest populations of tribally enrolled persons.**



Statement from I/T/U representative

The data presented in this profile show how COVID-19 impacted those in Utah who identify as AI/AN, have indicated tribal affiliation, or received treatment at an I/T/U facility. These data were collected through state surveillance efforts, and while analyzing them at a state level can be very useful, the tribes can and should speak to their own experience. I/T/U representatives were asked if they would be willing to provide statements of their successes and challenges during this pandemic. The health director of Paiute Indian Tribe of Utah's FourPoints Health provided the following statements on the tribe's **successes** and **challenges**.

Successes:

- **"Coordinate[ing] and access[ing]** . . . resources with both State (Utah Department of Health Office of AI/AN Health Affairs and Department of Emergency Management) and federal (especially through Phoenix Area Indian Health Services) agencies. Through weekly calls and frequent emails the tribe stayed up to date regarding available resources and supplies. Both the State and Indian Health Services quickly met resource and supply needs that the tribe was not able to meet on its own. In turn, the tribe was able to provide needed supplies to its constituent Bands, tribal members, and community members."

- **"Planning and Mitigation**—the tribe held regular planning and mitigation calls with our leadership, Band emergency management reps, Utah Department of Health, and Phoenix Area Indian Health Services to ensure our leadership and community members were up to date and planning appropriately for the current situation throughout the pandemic. These calls helped us be more aware of needs and adjust our tribal operations plan and response accordingly."

- **"Testing**—thanks to testing equipment and supplies from the Indian Health Services, the tribe was one of the first in Southern Utah to offer rapid COVID testing to our staff, patients, and community members. We were able to obtain additional resources and continue providing testing for our staff, patients, and general community to this day."

- **"Vaccine distribution**—we were able to obtain and start distributing vaccines to our staff and communities in December 2020 with support and supplies from both Indian Health Services. We have (and continue to) offered all 3 approved vaccines and have seen a decent uptake in the communities we serve. To date we have given more than 2,500 doses in our community with nearly 1,000 to AI/AN."

Challenges:

- **"Vaccine storage** — until the tribe was able to obtain an ultra-cold freezer through the Inter-Tribal Council of Arizona (ITCA) in September 2021, we had to coordinate transfer of the Pfizer vaccine from the Phoenix Indian Medical Center. This required a staff member to travel to Phoenix at least monthly."

- **"Staffing** — maintaining and recruiting staff throughout the pandemic has been difficult especially as it continues to drag on. Trying to keep staff well, covering for illness and scheduled leave, and filling vacancies is an ongoing challenge. We have a number of open positions (entry level to provider) that we have not been able to fill. Additionally, we are seeing a high level of burnout among our staff and so we are constantly trying to find ways to better support our workforce."

Limitations:

Tribal data are owned by the respective tribes.[2] The data used by the state of Utah in this profile are not tribally owned and are only reflective of individuals who identify as AI/AN, indicated tribal affiliation during case investigations, or received treatment at an I/T/U facility. Caution should be used in the interpretation of this data. Formal consultation is a requirement when working with the tribes and tribal data.[1]

Inconsistent collection of tribal affiliation during COVID-19 contact tracing limited meaningful interpretation of this indicator.

Recommendations

Tribes have been vital partners in addressing the COVID-19 pandemic in Utah, particularly in their efforts to investigate cases and administer vaccines to the AI/AN population. Utah must continue to respect tribal jurisdiction and engage in formal consultation on all tribe-related issues. Additionally, data quality can be improved through consistent collection of tribal affiliation during case investigations.

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