



National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

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Vulnerable American Indian and Alaska Native Populations

The COVID-19 pandemic has disproportionately impacted underserved and marginalized communities, and Indian Country is at the epicenter. According to Centers for Disease Control and Prevention (CDC), people with chronic obstructive pulmonary disease (COPD), type 2 diabetes, chronic kidney disease and a compromised immune system are at higher risk for a more serious COVID illness. American Indian and Alaska Native (AI/AN) populations are disproportionately impacted by all of these underlying health conditions. AI/ANs are also at increased risk of lower respiratory tract infections, obesity, complications from pregnancy and have high rates of habitual smoking.

Native elders have been heavily impacted by COVID-19 and remain one of the most vulnerable populations. Elders aged 65 years or older have experienced disproportionate deaths from COVID-19, with over 80% of all COVID-19 deaths attributed to this age group. Therefore it is important to encourage those at higher risk to protect themselves.

AI/ANs of any age with **specific underlying health conditions** are at an increased risk of severe COVID-19 infection. The CDC classifies severe illness from COVID-19 as hospitalization, admission to the Intensive Care Unit (ICU), intubation or mechanical ventilation, or death.



Before and after a COVID-19 Vaccination, Remember the 3 W's

Practicing these three, simple precautions help to keep Tribal community members safe and healthy. Adhering to the three W's truly is an Act of Love.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND HEART CONDITIONS

In 2017, CDC reported that the age-adjusted percentages of COPD were highest among AI/ANs. AI/ANs have the highest prevalence of all types of heart disease (14.6%) when compared to all other races.



TYPE 2 DIABETES

In 2017 it was reported that AI/ANs experienced the highest diabetes prevalence at 15.1%, at more than double the percentage for non-Hispanic Whites.



CHRONIC KIDNEY DISEASE

Compared to Whites, AI/ANs are twice as likely to be diagnosed with kidney failure.



LOWER RESPIRATORY TRACT INFECTIONS

AI/ANs are 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.



IMMUNOCOMPROMISED CONDITIONS

This includes but is not limited to cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV/AIDS or prolonged use of corticosteroids.



OBESITY AND SEVERE OBESITY

AI/AN adolescents are 30% more likely than non-Hispanic white adolescents to be obese and AI/AN adults are 50% more likely to be obese than non-Hispanic whites.



PREGNANCY

Pregnant AI/AN women are more likely to experience pregnancy-related complications, such as gestational diabetes and maternal mortality.



SMOKING

AI/ANs have the highest prevalence of cigarette smoking compared to all other racial/ethnic groups in the United States.



The following table highlights the medical conditions associated with increased risk of severe illness from COVID-19 and AI/AN-related statistics.

Health Conditions	AI/AN Statistics
Cancer	Analysis of United States (US) Cancer Statistics data from 2012 to 2016 found that AI/AN people were more likely to get liver, stomach, kidney, lung, colorectal, and female breast cancers than White people in most IHS regions.
Chronic Kidney Disease	AI/ANs are disproportionately affected by chronic kidney disease. Compared to Whites, AI/ANs are twice as likely to be diagnosed with kidney failure.
Chronic Obstructive Pulmonary Disease (COPD)	The prevalence of COPD among AI/AN adults is 11.9%, which is nearly twice as high as Whites and three times as high as Hispanics.
Heart Conditions	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 Whites and were 10% more likely than Whites to have high blood pressure. Moreover, AI/ANs have the highest prevalence of all types of heart disease (14.6%) when compared to all other races.
Immunosuppressive Conditions	From 2010 to 2017, the annual number of HIV diagnoses increased 39% among AI/AN overall, but trends varied by age and gender. Specifically, in 2018, AI/ANs were twice as likely to receive a diagnosis of HIV/AIDS than their white counterparts, and in 2016, AI/AN women were three times more likely to be diagnosed with AIDS than the white female population.
Obesity and Severe Obesity	AI/AN adolescents are 30% more likely than non-Hispanic white adolescents to be obese and AI/AN adults are 50% more likely to be obese than non-Hispanic whites.
Pregnancy	<p>Pregnant AI/AN women are more likely to experience pregnancy-related complications, such as gestational diabetes, than White women. AI/AN women have a pregnancy-related mortality rate of two times that of non-Hispanic white women or 30.4 deaths per 100,000 live births compared to 13.0 deaths, more specifically, 12.8% of these maternal deaths are a result of hypertensive disorders.</p> <p>Based on the most recent research, pregnant people are at increased risk for severe illness from COVID-19. Additionally, there might be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.</p>
Smoking	AI/ANs have the highest prevalence of commercial cigarette smoking compared to all other racial/ethnic groups in the United States. Some AI/ANs use tobacco for ceremonial, religious, or medicinal purposes. For this reason, it is important to make the distinction between commercial and traditional tobacco use.
Type-II Diabetes	The prevalence of diabetes is the highest among AI/AN adults at 14.7% when compared to all other racial groups. Additionally, the rate of new diabetes diagnoses for AI/AN youth (<20 years) was higher when compared to White youth.

Disclaimer:

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