California Tribal Epidemiology Center

Special Edition Newsletter

COVID-19

2020

INSIDE THIS ISSUE

MESSAGE FROM THE EPIDEMIOLOGY MANAGER

In this newsletter, we focus on the COVID-19 pandemic and how it is affecting American Indian and Alaska Native (AIAN) communities in California (CA). The first article provides an overview of surveillance data in the United States (US), in CA, has a summary of data reported from the Indian Health Service as well as a discussion on the Navajo Nation which has been greatly impacted by COVID-19. We expect the data reported to be an underestimate of the real number of cases of COVID-19 in AIAN populations given the misclassification challenges that we know plague race and ethnicity data in the US.

The second article showcases the COVID-19 situational report that the California Tribal Epidemiology Center (CTEC) housed within the California Rural Indian Health Board (CRIHB) has been producing on a daily basis, Monday to Friday, since early March of 2020. We have now produced over 60 reports in an effort to inform Tribes and Tribal Health Programs on the most accurate and timely data available to guide prevention and control efforts against COVID-19 on Tribal lands.

Our third featured article discusses the educational materials and targeted ads that CTEC and CRIHB have produced to increase awareness and promote prevention efforts against COVID-19 transmission in AIAN communities in CA. Additional articles featured include an overview of case investigations and contact tracing, both vital measures in the fight against COVID-19 and a discussion on mental health and anxiety during a pandemic. Also, this newsletter discusses where to find additional information on funding opportunities for COVDI-19 and puts a spotlight on one of our currently funded projects, a project to increase the capacity of Tribal Health Programs to identify, respond to, and mitigate public health threats specific to COVID-19 while improving the health, safety, and well-being of their communities. Lastly, this newsletter provides updates on our staff contacts and a visual guide to requesting technical assistance from us, with particular emphasis on COVID-19 assistance.

In community spirit,

Aurimar Ayala

Aurimar Ayala, MPH
Epidemiology Manager
California Tribal Epidemiology Center

The California Tribal Epidemiology Center is housed within the California Rural Indian Health Board, Inc.

COVID-19 SURVEILLANCE DATA IN THE UNITED STATES

By Tiffany Ta, MPH

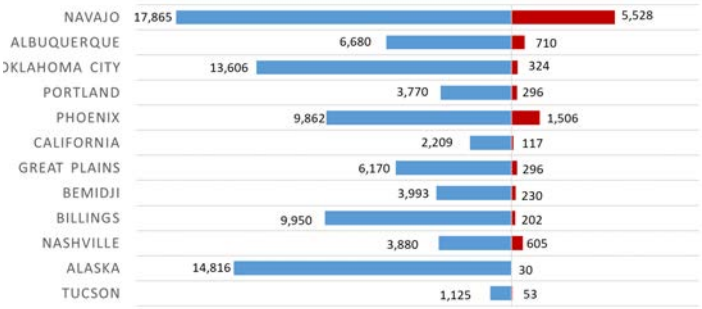
COVID-19 IN THE UNITED STATES

According to the Centers for Disease Control and Prevention (CDC), as of May 28th, 2020, there have been a total of 1,719,827 cases and a total of 101,711 deaths in the United States. The 55 jurisdictions who are reporting cases include: 50 states, District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands.[1]

DATA FROM INDIAN HEALTH SERVICE

Covid-19 has affected all populations including the Tribal communities across the United States. The Indian Health Service (IHS) releases updated COVID-19 data from each IHS area on a daily basis. The data released from the IHS includes data from Tribal and Urban Indian organizations. Since it is not a requirement for Tribal and Urban Indian organizations to report data back to IHS, these numbers only reflect those who voluntarily decided to report their data to the IHS.[2] The following figure is a chart that displays the COVID-19 data reported to IHS by IHS area as of May 27th, 2020:

Figure 1.



NAVAJO NATION OUTBREAK

The Navajo Nation has been disproportionately affected by COVID-19. As of May 27, 2020, the Tribe had 5,528 positive cases and 159 deaths.[3] The Navajo Nation has been implementing intensive emergency efforts to prevent the spread of COVID-19 in the community. They have declared a state of emergency and declared a 57-hour weekend curfew for the residents living on the Navajo Nation. Furthermore, the Navajo Epidemiology Center (NEC) has been conducting COVID-19 surveillance and performing contact tracing to help prevent the spread of the virus. NEC has implemented a CommCare application to conduct contact tracing, which helps them identify individuals who have been in contact with a confirmed COVID-19 case as well as providing those individuals the resources they need to prevent the spread of the virus in the community.

CALIFORNIA DATA

In California, as of May 28, 2020, there are a total of 103,886 positive cases and 4,068 deaths.[4] According to the California Department of Public Health, American Indians and Alaska Natives account for 0.5% percent of the population, 0.2% of COVID-19 cases, and 0.4% of deaths in California. These include 148 cases and 14 deaths among American Indian and Alaska Native people in California.

Figure 2.

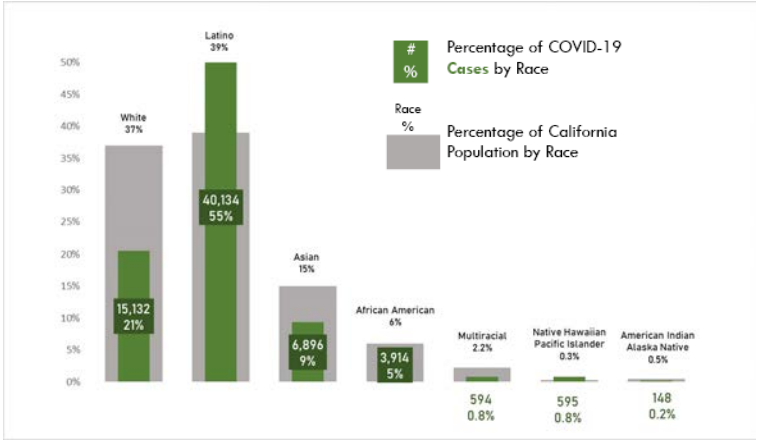
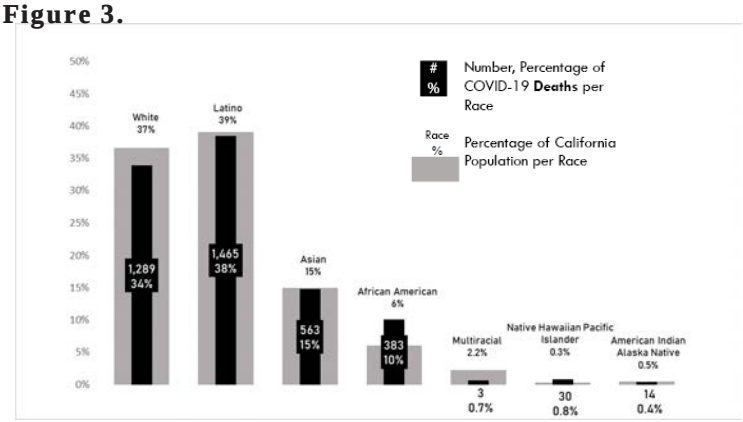


Figure 3.



The graphs above are of COVID-19 cases by race (Figure 2) and COVID-19 deaths by race (Figure 3).[5] It is important to point out that race and ethnicity information is expected to have a substantial amount of misclassification. It is very likely that American Indian and Alaska Native cases are currently underreported.

Continued on page 8

CTEC COVID-19 SITUATIONAL REPORT

By Jillian Jetter, MPH

Since mid-March of this year, CTEC staff have been publishing a daily bulletin with the most current information available related to the coronavirus. The "Situational Report," as the daily bulletin is called, includes information regarding the spread of the disease at the global, national and state level, as well as practical highlights such as federal funding opportunities and informational webinars.

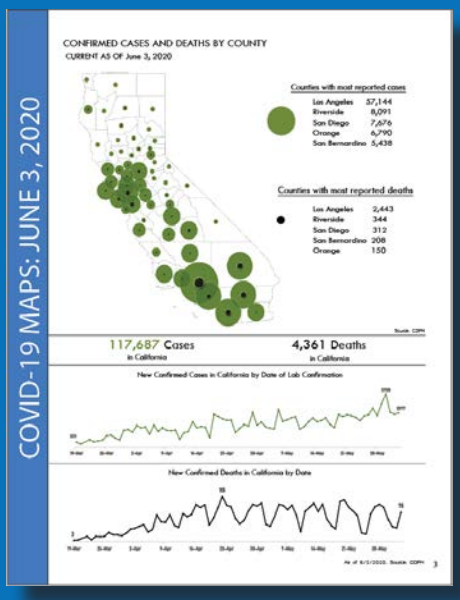
As with all of CTEC's work, this report is designed and written with our California American Indian and Alaska Native communities in mind, and CTEC staff are committed to including specific and relevant information. This report has been an important means of getting important messages to Tribal leaders in a timely way. With new federal funding opportunities coming through the pipeline, tribes getting information regarding grant eligibility and grant deadlines has been more important than ever.

Another important aspect of the COVID-19 response among Tribes has been the collaboration between organizations and the opportunities to learn from each other's response. The report is a great way to stay informed about upcoming presentations and meetings with Tribal leadership around the country, including the National Indian Health Board and leaders of the Tribal Epidemiology Centers. We encourage everyone to stay up-to-date on recommendations for personal protection and county restrictions in our own areas as well as measures other Tribal communities are taking.

MAPS INCLUDED IN THE SITUATIONAL REPORT

The Tribal Declaration map shows tribes that have declared a State of Emergency, or enatcted a Shelter-in-Place order (pictured left).

A map of California shows the COVID-19 case and death burden in each county.



The Casino Locations map shows which casinos have closed down temporarily due to COVID-19, and which Casinos are now re-opening

The Tribal Head start locations map lists all Tribal Head Start locations in California. All locations are currently closed.

The California State Association of Counties' COVID-19 Reponse Map (linked to the interactive version online) lets people know which counties have directives to shelter-in-place, with links to detailed

EPIDEMIOLOGICIAL DATA ON COVID-19

As an epidemiology center, we would be remiss if we did not provide up-to-date epidemiologic data. When this report was first published on March 18th, the United States had experienced fewer than 100 known deaths due to COVID-19 and California had less than 600 cases in total. Now California has seen over 100,000 cases and more than 4,000 deaths attributed to the virus. Of particular note are the racial disparities that are present among COVID-related deaths, which affect African Americans and Native Hawaiian Californians as disproportionately high rates.

fast facts

2.6% of confirmed cases have been admitted to a hospital

0.9% of confirmed cases have been admitted to an Intensive Care Unit

3.8% of cases have died

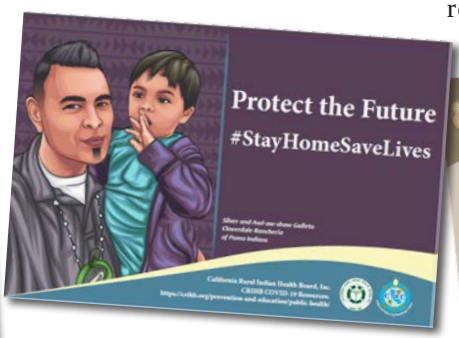
Continued on page 8

EDUCATIONAL MATERIALS FOR COVID-19 PREVENTION AND CONTROL

By Alnino Guarino, MPH

The California Rural Indian Health Board, Inc. (CRIHB) and the California Tribal Epidemiology Center (CTEC) launched its initial COVID-19 educational campaign in February 2020 during the early stages of the disease pandemic in the United States. As part of that initial response campaign, CTEC developed two materials for Tribal communities in California. One of those was a "call-to-action" community poster that outlined three actions that can be taken by Tribal communities to protect against the coronavirus. This community poster was inspired by the Centers for Disease Control and Prevention's (CDC) 2019-20 call-to-action campaign against influenza. The other educational material initially produced by CTEC was a COVID-19 patient brochure that provided in-depth information on the outbreak in the U.S., how the coronavirus is spread, symptoms, treatment, prevention, testing, and stigma related to the virus.

With the dramatic increase in the number of COVID-19 cases globally and nationwide, CTEC decided to expand its staff responsible for disease response and ultimately developed its very first COVID-19 Task Force on March 2, 2020. As more Tribal communities throughout the state requested specific COVID-19 guidance for certain groups among the Tribal population, interim guides were produced and disseminated, each being specifically tailored. To date, CTEC and its designated task force developed interim guides for the following groups within Tribes: community health representatives (CHRs), mass gatherings, sweats, and Tribal staff working in childcare programs, casinos/hotels, and Tribal Head Start Programs. Each guide provides recommended guidelines on proper COVID-19 disease control and prevention and detailed instructions on how to adapt to this disease pandemic from various credible sources and entities like the CDC. For instance, the interim guide for CHRs list considerations and precautions that the CHRs can take into account when conducting home visits to prevent any potential spread of the coronavirus.



A result of the current status of the pandemic and to promote Tribal Stay-At-Home orders, CRIHB and CTEC's COVID-19 response campaign evolved, rallying behind the **#StayHomeSaveLives** and **#ProtectOurElders** slogans. Created by a number of staff from CRIHB's Research and Public Health Department, Health Systems Development Department, and Tribal and Child Development Department, this new line of ads featured animated versions of actual community members and Tribal staff from various Tribes and Tribal Health Programs throughout the state. Just like CTEC's interim guides, each ad was carefully developed with a specific theme in mind targeted to specific groups. For instance, there's an ad specifically tailored for the protection of high risk populations like Elders. It outlines various ways of protecting Elders during the COVID-19 crisis. Another is a campaign that suggests activities, like smudging, praying, drumming, and dancing, that can be done safely at home with family members.Overall, these various ads and educational materials produced in response to this global public health crisis is just one of the many ways CRIHB and CTEC are diligently working to protect the lives and well-being of American Indian and Alaska Natives. It is our hope that these educational campaigns will play a vital role in keeping Tribal community members safe and Indian Country, as a whole, strong and resilient, even in the face of an enemy that cannot be seen with the naked eye. As one people, we can all weather this storm.

TRIBAL PUBLIC HEALTH CAPACITY-BUILDING AND QUALITY IMPROVEMENT UMBRELLA COVID-19 RESPONSE SUPPLEMENT OPPORTUNITY

By Kelley Milligan, MPH

In April 2020, the California Rural Indian Health Board, Inc (CRIHB) was awarded emergency supplemental funding to prevent, prepare for, and respond to COVID-19 under Strategy 1 of CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement. CRIHB is one of twenty-five of the American Indian Alaska Native (AIAN) Tribal nations and Tribal designated organizations to receive this award from the Centers of Disease Control (CDC). The goal of this funding is to increase state, Tribal, local, and territorial public health agencies' capacity to efficiently and effectively manage and deliver high quality programs and services to protect the public's health. Centered on this goal, all nineteen CRIHB member Tribal Health Programs will work to increase their capacity to identify, respond to, and mitigate public health threats specific to COVID-19 while improving the health, safety, and well-being of their communities. With a focus on building Tribal health systems' capacity, CRIHB will work alongside the Tribal Health Programs to implement COVID-19 response activities that align with and support emergency response. Response areas include emergency operation and coordination, countermeasures and mitigation, laboratory capacity, communications and partnerships, surveillance and epidemiology, and data management. Tribal Health Programs will implement a staff training needs assessments and a rapid capacity assessment that will help identify the emerging needs specific to COVID-19 for their communities, the results of which will help guide the work. Through this opportunity each Tribal Health Program will tailor the activities to address the pertinent and differing needs each community is facing. Additionally, Tribal Health Programs will be sharing common goals of sustainability as they develop or strengthen external partnerships, develop or refine organizational plans, policies, procedures, and programs, and develop processes to efficiently respond to and recover from public health threats. With the complex and changing climate around COVID-19, Tribal Health Programs continue to adapt and respond to the needs of their patients, staff, and the communities in which they serve. CRIHB is grateful to partner in this endeavor through this funding to support the health and well-being of California's Tribal community.

CRIHB will announce new COVID-19 funding opportunities via the CIRHB Facebook page, every Tuesday.

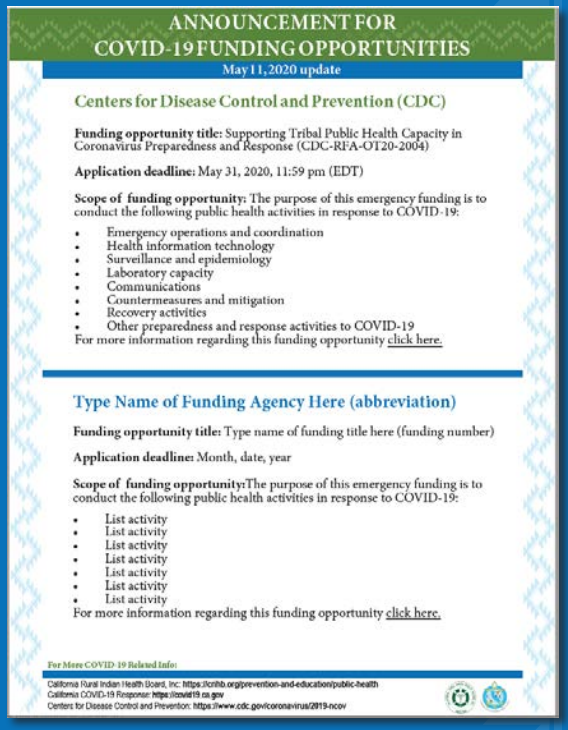
https://www.facebook.com/CRIHBRPHDepartment

If unable to access Facebook or for additional information regarding available COVID-19 funding, contact:

Vanesscia Cresci, MSW, MPA
Research and Public Health Department Director
vcresci@crihb.org.

For more information regarding any of these projects, contact us:

epicenter@crihb.org
916-929-9761



ANNOUNCEMENT FOR COVID-19 FUNDING OPPORTUNITIES

May 11, 2020 update

Centers for Disease Control and Prevention (CDC)

Funding opportunity title: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (CDC-RFA-OT20-2004)

Application deadline: May 31, 2020, 11:59 pm (EDT)

Scope of funding opportunity: The purpose of this emergency funding is to conduct the following public health activities in response to COVID-19:

- Emergency operations and coordination
- Health information technology
- Surveillance and epidemiology
- Laboratory capacity
- Communications
- Countermeasures and mitigation
- Recovery activities
- Other preparedness and response activities to COVID-19

For more information regarding this funding opportunity click here.

Type Name of Funding Agency Here (abbreviation)

Funding opportunity title: Type name of funding title here (funding number)

Application deadline: Month, date, year

Scope of funding opportunity: The purpose of this emergency funding is to conduct the following public health activities in response to COVID-19:

- List activity
- List activity
- List activity
- List activity
- List activity
- List activity
- List activity

For more information regarding this funding opportunity click here.

For More COVID-19 Related Info:

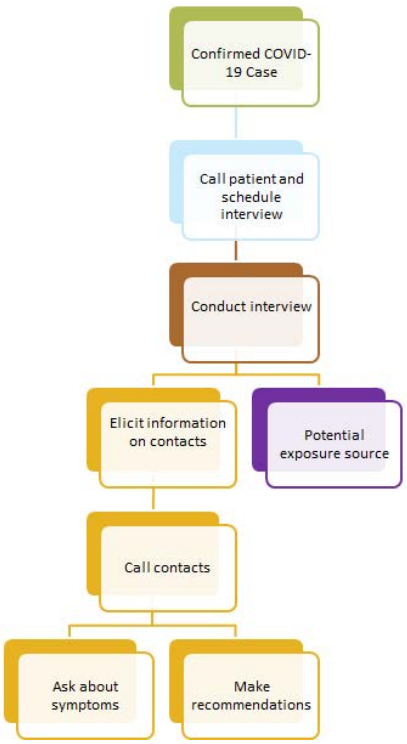
California Rural Indian Health Board, Inc: https://crihb.org/prevention-and-education/public-health
California COVID-19 Response: https://covid19.ca.gov
Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov

CONTACT TRACING

By Farheen Faruk, MS, and Gerardo Ramirez, MPH, MSBH, CHES®

In contact tracing, public health staff work with a patient to help them recall everyone with whom they have had contact with during the timeframe in which they may have been infectious. Contact tracing allows public health staff to support patients and warn contact of exposure in order to stop the chains of transmission. Contact tracing is important as it allows for public health staff to identify individuals who should be quarantined. Provides contacts with information on how to monitor for onset of symptoms. It also provides contacts with information on how to prevent infecting family members and other community members. Given the magnitude of COVID-19, contact tracing is an essential tool that will allow communities to work together to identify individuals who have been exposed to the disease and allow communities to return to normal. Contact tracing consists of the following steps shown in figure 1.

In contact tracing, public health staff distinguishes between cases and contact. Cases are defined as an individual who has been confirmed to be infected with the communicable disease of concern, through utilizing a diagnostic test, or meeting other established clinical criteria. Cases must meet the following clinical criteria; detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test, detection of a specific antigen in a clinical specimen, or detection of specific antibodies in serum, plasma, or whole blood indicative of a new or recent infection. A contact is an individual who may have been exposed to the disease of concern, but has not been confirmed to be infected with the communicable disease of concern.



Individuals can come into contact with a confirmed case and still may not contract the virus. A casual contact is an individual who has shared a closed space with a confirmed case for longer than two hours, but following risk assessment, does not meet the definition of a close contact. The designated public health team will conduct passive follow-up for individuals identified as casual contacts who have no symptoms, these individuals must contact the public health team if symptoms develop within 14 days of exposure. A close contact is an individual who was less than 6 feet away from a case for 10 minutes or more or having direct contact with infectious secretions (being coughed on by a COVID-19 case). The public health team will conduct an active follow up with close contact individuals in which the contact will be contacted by the public health staff every day for 14 days to monitor symptoms.

Contact tracing should be a collaboration effort between the Tribe, the Tribal health program (THP), and the County Health Department. The team should consist of a Public Health Officer designated by the Tribe, this can be the Medical Director of the THP or other individual that can provide clinical guidance and recommendations, a team supervisor who leads the team that conducts the case investigations and tracing of contacts can be a Public Health Nurse. Case investigators and contact tracers can be Community Health Representatives, clinic staff or others.

The California Tribal Epidemiology Center (CTEC) at the California Rural Indian Health Board (CRIHB) is actively working with California Tribes and THPs to assist them

"...contact tracing is an essential tool that will allow communities to work together to identify individuals who have been exposed to the disease and allow communities to return to normal."

with contact tracing needs. Through CTEC technical assistance we are able to offer an in-depth training on case investigations and contact tracing, case investigation and contact tracing forms, case investigation and contact tracing scripts, develop site specific databases and tracking sheets, utilize statistical programs to create automated reports, limited contact tracing and case investigation via phone calls, data entry of information gathered during contact tracing phone calls, mapping support, and phone call or email consultations to provide guidance.

REFERENCES

1. Center for Disease Control and Prevention. "Contact Tracing Resources." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 21 May 2020, www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing/index.html.
2. Council for State and Territorial Epidemiologists." Standardized Surveillance Case Definition and National Notification for 2019 Novel Coronavirus Disease (COVID-19)." Council for State and Territorial Epidemiologists, 9 Apr. 2020, cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01_COVID-19.pdf.

DEALING WITH ANXIETY DURING THE COVID-19 PANDEMIC

By Daniel Domaguin, LCSW

When spending time with family, friends and other professional helpers is how you usually deal with anxiety and stress, coping during the COVID-19 pandemic can be extremely difficult. While physical distancing and shelter-in-place protects us from contracting the coronavirus, they might make it harder to access our main sources of support. How do we deal with stress and anxiety during the COVID-19 pandemic?

Stress occurs when someone's capacity is challenged by the demands being put on them. Stress is not necessarily bad; it can motivate us to meet deadlines, push ourselves into taking healthy risks, and get out of our comfort zones. However, with the addition of COVID-19-related public health orders and constant news about a global pandemic surrounding us, the stress may feel like too much to handle, and manifest as anxiety. Anxiety is a natural response when we are unsure of the future. We may feel restless, get tired easily, have trouble concentrating on tasks, feel irritable, or have tense muscles. Our days have added stressors that we may not have been experiencing prior to the COVID-19 pandemic.

It is important to not let the barrage of COVID-19 news, social media posts, television stories and radio clips overwhelm us. It is healthy to disconnect from electronics for a little bit, and participate in other activities. Exercise, meditation, music, prayer, movies, spending time with people who live in the same household, and participating in traditional arts (weaving, regalia making, carving, beadwork) are all healthy alternatives that can leave us feeling fulfilled rather than drained. If you are teleworking and on constant virtual meetings, it's acceptable to turn off your camera. Seeing ourselves while seeing our coworkers and bosses on our screens can increase anxiety, as we may become overly concerned with how we look or are being perceived by other meeting attendees.

Physical distancing does not mean desolation and reclusiveness. You can still gather in pairs or small groups while maintaining six feet of distance between each person. Being in the company of other people helps alleviate the stress and anxiety people may feel, even if we cannot be within close proximity to each other. Physical distance hangouts, walks, bike rides, etc. can still happen.

It's normal and understandable to worry and feel stress and anxiety during this time. It's important to understand that fear is totally normal in this situation, and seek support from others. Help each other through this time.

If you have any questions about healthy coping during the COVID-19 pandemic, contact:

Daniel Domaguin, LCSW
Behavioral Health Clinical Manager
California Rural Indian Health Board, Inc.
ddomaguin@crihb.org.

Continued from page 8

Here at the Tribal Epidemiology Center, we work to keep our communities informed and connected during this unprecedented and challenging time. If you would like to keep up with the Situational Report, it can be found at the following website: https://crihb.org/prevention-and-education/public-health/

We would love your feedback! If you have any thoughts on the report, or any suggestions of what you'd like to read in the report, email us at **ctec@crihb.org.**

Continued from page 2

REFERENCE

1. Cases in the U.S. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html.
2. COVID-19 Cases by IHS Area. Indian Health Service. Indian Health Service. https://www.ihs.gov/coronavirus/
3. COVID-19. Navajo Department of Health. https://www.ndoh.navajo-nsn.gov/COVID-19
4. COVID-19 Statewide Update. California Department of Public Health. https://update.covid19.ca.gov/#top.
5. COVID-19 Race and Ethnicity Data. California Department of Public Health. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx.

COVID-19 TECHNICAL ASSISTANCE

CTEC is commited to providing technical assistance to help combat the spread of Covid-19. Please refer to the additional services offered below.

TECHNICAL SERVICES

COVID-19 SPECIFIC TECHNICAL ASSISTANCE:

- CONTACT TRACING
- COVID-19 FACTS/INFORMATION
- HEALTH MESSAGING
- PROTOCOL ADVISEMENT/DEVELOPMENT
- OUTBREAK RESPONSE
- RESOURCE DEVELOPMENT
- SURVEILLANCE
- TRAININGS (ONLINE ONLY)

- COMMUNITY ASSESSMENT
- DATA ACCESS/PROVISION
- DATA ANALYSIS/INTERPRETATION
- DATA COLLECTION
- DATA MANAGEMENT
- DATA VISUALIZATION
- GRANT WRITING
- PROGRAM EVALUATION
- EVALUATION PLAN DEVELOPMENT
- QUALITY IMPROVEMENT

HOW DOES IT WORK?

01 Visit the CTEC website or use the QR code below to access our submission form.

02 A knowledgeable CTEC staff member will reach out to you, and set up a meeting.

03 CTEC staff will provide timely assistance to complete your request!

HOW TO CONTACT US

Access our website at: www.crihb.org/ctec

Here you will find our technical assistance form and more information about CTEC. To access our website using your mobile device, simply open your phone camera and hover over the QR code to the right!

SCAN ME

CTEC'S LATEST RECRUIT

Welcome to the Team!

Krista Kazhe is a member of the Mescalero Apache Tribe. She is originally from Sacramento, California. Krista received a Bachelor of Science degree in Animal Science from the University of California, Davis. She was previously a Summer Research Assistant in the CTEC Summer Research Assistant Program before completing a Postbaccalaureate program through the University of California, Davis School of Medicine. Krista joined the CTEC team in March 2020 as a Research Associate.

DO YOU NEED TECHNICAL ASSISTANCE?

TECHNICAL SERVICES

- COMMUNITY ASSESSMENT
- DATA ACCESS/PROVISION
- DATA ANALYSIS
- DATA COLLECTION
- DATA INTERPRETATION
- DATA MANAGEMENT
- DATA VISUALIZATION
- GRANT WRITING
- HEALTH MESSAGING
- OUTBREAK RESPONSE
- PROGRAM EVALUATION
- EVALUATION PLAN DEVELOPMENT
- QUALITY IMPROVEMENT
- RESOURCE DEVELOPMENT
- SURVEILLANCE
- TRAININGS (IN-PERSON/ONLINE)

01 Visit the CTEC website or use the QR code below to access our submission form.

02 A knowledgeable CTEC staff member will reach out to you, and set up a meeting.

03 CTEC staff will provide timely assistance to complete your request!

INSTRUCTIONS

OPTION 1: Open your phone camera and hover it over the code below. A "weblink" will appear.

SCAN ME

OPTION 2: Access our website at: www.crihb.org/ctec

> *"[CTEC] is an excellent team to work with. They are very helpful, knowledgeable, and efficient in their work!"*
>
> *- Gemalli Austin*
> *Technical Assistance Recipient '19*

ADVISORY COUNCIL

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One of twelve Tribal Epidemiology Centers in the United States, the California Tribal Epidemiology Center (CTEC) was established in 2005 and is housed within the California Rural Indian Health Board, Inc. CTEC aims to assist in collecting and interpreting health information for all American Indians and Alaska Natives in California. CTEC works directly with Tribes and Indian Health Programs (rural and urban) to provide technical assistance and epidemiological support.