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Tools to Promote Equity and Best Practices

Guest Editors: Randall Akee, Stephanie R. Carroll, and Chandra L. Ford

This is the second volume of a two-volume special issue of the *American Indian Culture and Research Journal*, volume 44.3, dedicated to the indirect impact of COVID-19 on Indigenous Peoples. The first volume (44.2) covers the degree to which Indigenous Peoples were affected by COVID-19 and how this has resulted in a number of responses at the community and local levels. In particular, three articles conducted different surveys in order to assess the levels of stress, coping, and resilience among Indigenous Peoples in the United States and relative to non-Indigenous peoples. The observed higher levels of stress are consistent with expectations given existing disparities in health access and care for these US populations. The first volume also provides some insight into the progression of the COVID-19 pandemic in New Zealand and Canada. While these Indigenous Peoples have not, at least up to this point, experienced as many cases or deaths due to COVID-19 as Indigenous Peoples in the United States, the papers from those countries highlight the ongoing need for prevention and awareness for especially vulnerable populations, as well as inclusion in national planning efforts.

STEPHANIE RUSSO CARROLL, an Ahtna woman of Sicilian descent and a citizen of the Native Village of Kluti-Kaah, is assistant professor of public health and associate director of the Native Nations Institute at the University of Arizona. She directs the Collaboratory for Indigenous Data Governance, chairs the Global Indigenous Data Alliance, and co-founded the United States Indigenous Data Sovereignty Network. RANDALL AKEE, editor-in-chief of the *AICRJ*, is Native Hawaiian and associate professor of public policy and American Indian studies at the University of California, Los Angeles. He is an applied microeconomist and conducts research on Indigenous peoples' economic development. CHANDRA L. FORD is professor of community health sciences and founding director of the Center for the Study of Racism, Social Justice, and Health in the UCLA Fielding School of Public Health. She chairs, with Bitá Amani, the center's COVID-19 Task Force on Racism and Equity and is lead editor (with Derek Griffith, Marino Bruce, and Keon Gilbert) of *Racism: Science & Tools for the Public Health Professional* (2019).

The articles in this issue provide specific research and insights for improving the reporting, identifying, and prevention of COVID-19 cases and deaths. The first two articles focus on the concept of identification in national, regional and local health data. For small populations, and, in particular, Indigenous Peoples, it is imperative that data collection provide detailed information on race and tribal nation identifiers. These measures, difficult to implement, are vital for identifying the spread and transmission of contagious diseases in small communities. In the absence of this information, these populations quickly may be inundated by cases without much warning.

Building upon this foundation of case identification, the next two articles focus on novel means to provide preventative information and community building during a pandemic. Using telehealth and virtual methods, these innovative methods represent some of the frontiers of health care, access, and service in the age of COVID-19 for Indigenous Peoples. At the urging of Manitoba Indigenous Peoples, provincial work to add Indigenous identifiers to COVID-19 testing began in March, but by April, a gap was apparent. The article “Manitoba Inuit Association’s Rapid Response to Include an Inuit Identifier within Manitoba COVID-19 Diagnostic Tests” describes the organization’s mobilization efforts toward even more detailed demographic-data collection and the identification of Inuit testing rates in order to meet the needs of this particular Indigenous community.

Just as the lack of data disaggregation is an impediment to understanding the impact of a pandemic, so is data inaccuracy. “Determinants of Racial Misclassification in COVID-19 Mortality Data: the Role of Funeral Directors and Social Context” extends the long-standing problem of misclassifying American Indian or Alaska Native people on death certificates to the challenges of understanding the impact of COVID-19 on American Indian or Alaska Native populations by answering two central questions: (1) What determinants of American Indian or Alaska Native racial misclassification emerge from the practices of funeral directors and the policies structuring their work; and (2) what can be inferred about COVID-19 mortality data quality based on these analyses and events during the pandemic?

The shift from *in-person* to *virtual* interactions in many aspects of life has been a hallmark of this pandemic. Reporting on innovative virtual interactions in health education and guidance for healthcare professionals, “COVID-19 Telehealth for Indian Country: Tribal Response to an Emerging Pandemic” describes the development of a tool that addresses the limited access and resources of many rural, underfunded, and understaffed IHS facilities. Northwest Portland Area Indian Health Board’s Indian Country Extensions for Community Healthcare Outcomes program initiated COVID-19 telehealth (TeleECHO) sessions, giving thousands of participants access to a texting service that answered questions and provided summaries of, and links to, key clinical developments.

“The Development and Implementation of Gathering Grounds, a Virtual Community of Practice Rooted in Indigenous Praxis” describes another innovation in virtual resources. This article discusses the methods behind developing an “Indigenous community of practice” and how Gathering Grounds facilitates the sharing of best practices and resources related to COVID-19 among American Indian and Alaska Native communities.

Finally, a history of abuse and lack of consent among these populations creates difficulty in promoting preventative actions and COVID-19 vaccine use. Concluding this special issue is a commentary, “Moving Forward: No Scientific Integrity without an Acknowledgment of Past Wrongs.” Highlighting the need for an acknowledgment by the US government if forward progress is to be made, it emphasizes the obstacles still to overcome among the public health, research, and American Indian and Alaska Native communities in the COVID-19 era.

