

# **An Equity-Approach to Pandemic Preparedness and Response: Emerging Insights from COVID-19 Global Response Leaders**

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## **Session 3**

**COVID-19, Inequity and Racism**

**Fighting COVID-19 in the Navajo Nation**

# An Equity-Approach to Pandemic Preparedness and Response: **Emerging Insights from COVID-19 Global Response Leaders**

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4 sessions: 10:00am EDT/ 16:00 CAT

➤ Tuesday 7 July- Completed

➤ Today 9 July

➤ Tuesday 14 July

➤ Thursday 16 July



# An Equity-Approach to Pandemic Preparedness and Response: **Emerging Insights from COVID-19 Global Response Leaders**

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## To receive certification:

- watch webinar live or shortly after on video (posted on website)
- complete each assessment survey; all 4 session assessment surveys need to be completed by 24 July 2020

All course materials for today found here



### Session 3 COVID-19, Inequity and Racism in the U.S. and How the Navajo Nation is fighting COVID-19

Tues, 14 July 2020 10am-11:30am EDT

[Learn More](#)



# The Discussant

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**Cate Oswald, MPH**  
Chief Policy and Partnership Officer  
Partners In Health



# In Pursuit of Social Justice and Health Equity...



# Expert Mercy

“When you’re dehydrated from fever and you can’t keep down fluids, it looks like IV fluids. When you’re quarantined with a mild case of COVID-19, such mercy may be dispensed at home, but when you’re critically ill, expert mercy looks like expert nursing care. When you’re coughing and short of breath, expert mercy is an oxygen mask or a mechanical ventilator.”

---Dr. Paul Farmer





# UGHE's Mission: To Train the Next Generation of Global Health Leaders



# Our Faculty & Expert Panelists



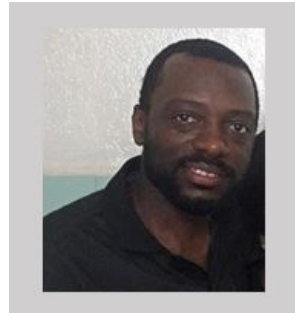
**Camara Phyllis Jones, MD, MPH, PhD**  
2019-2020 Evelyn Green Davis Fellow  
*Radcliffe Institute for Advanced Study, Harvard University*  
**Past President, American Public Health Association**  
**Adjunct Professor**  
*Rollins School of Public Health at Emory University*  
**Senior Fellow and Adjunct Associate Professor**  
*Morehouse School of Medicine*



**Katie Bollbach, MPA, MPH**  
Director, U.S. Public Health Accompaniment Unit  
Partners In Health



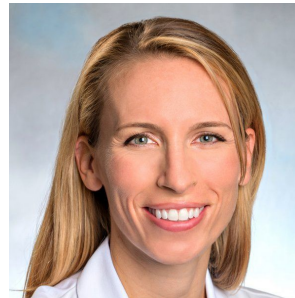
**Jill Moses, MD, MPH**  
Director of Public Health Chinle Service Unit, Indian Health Service



**Patrick Ulysse, MD, MPH**  
Chief Operations Officer  
Partners In Health



**Sonya S. Shin, MD, MPH**  
Associate Professor, Harvard Medical School  
Associate Physician, Division of Global Health Equity at Brigham and Women's Hospital  
Consulting Physician at Gallup Indian Medical Center



**Regan H. Marsh, MD, MPH**  
Assistant Professor of Emergency Medicine, Harvard Medical School  
Emergency Medicine, Global Health Equity  
Technical Advisor, US Public Health Accompaniment Unit, Partners In Health





# **COVID-19 & HEALTH EQUITY: PERSPECTIVES OF FRONTLINE IMPLEMENTERS**

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# COVID-19 & HEALTH EQUITY: PERSPECTIVES OF FRONTLINE IMPLEMENTERS

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## Learning objectives

- Review the current state of equity and its implications on public health response to Covid-19 in the U.S.
- Discuss a potential theory of change to strengthen health equity integration in the US and globally
- Understand the impacts of history and COVID-19 on the Navajo Nation, and the ways in which the Nation has organized itself to protect its people and combat the pandemic
- Describe and discuss the role of public health implementers, policy makers, and civil society
- Understand the roles and responsibilities of current and future leaders in eliminating social disparities in the context of pandemic preparedness and response



# COVID-19, Racism and Inequity

PPR\_03 July 14, 2020

**Camara Phyllis Jones, MD, MPH, PhD**

2019-2020 Evelyn Green Davis Fellow

*Radcliffe Institute for Advanced Study, Harvard University*

*Past President, American Public Health Association*

*Adjunct Professor, Rollins School of Public Health at Emory University*

*Senior Fellow and Adjunct Associate Professor, Morehouse School of Medicine*

# Fighting COVID-19 in the Navajo Nation

PPR\_03 July 14, 2020

**Sonya S. Shin, MD, MPH**

Associate Professor, Harvard Medical School

Associate Physician, Division of Global Health Equity at Brigham  
and Women's Hospital

Consulting Physician at Gallup Indian Medical Center

**Jill Moses, MD, MPH**

Director of Public Health, Chinle  
Service Unit - Navajo Area,  
Indian Health Service

# Navajo Nation Diné Nation

What is driving the highest COVID-19 mortality rate of any group in the U.S.?







|               | Population | Per capita income | Household size | Computer @ home |
|---------------|------------|-------------------|----------------|-----------------|
| Navajo        | 250,000    | \$ 7,269          | 3.8            | 15%             |
| West Virginia | 1,792,000  | \$ 23,450         | 2.4            | 82%             |
| Sierra Leone  | 7,650,000  | \$ 504            | 5.9            | 1%              |



## Navajo Nation - Key facts

<http://navajobusiness.com/fastFacts/demographics.htm>



# Tribal Health System - Key facts

## TREATY RIGHT

Indian Health Service (IHS): obligation of the U.S. Government

## PUBLIC HEALTH

Public health core element of tribal health systems since inception

## SELF-DETERMINATION

Tribes may opt to operate their own health programs with federal funding (638)





No running water

38%

households

unemployment

42%

diabetes

X10

more likely to  
develop diabetes  
as a teenager

depression

X2

more likely to  
attempt suicide as  
a high-schooler



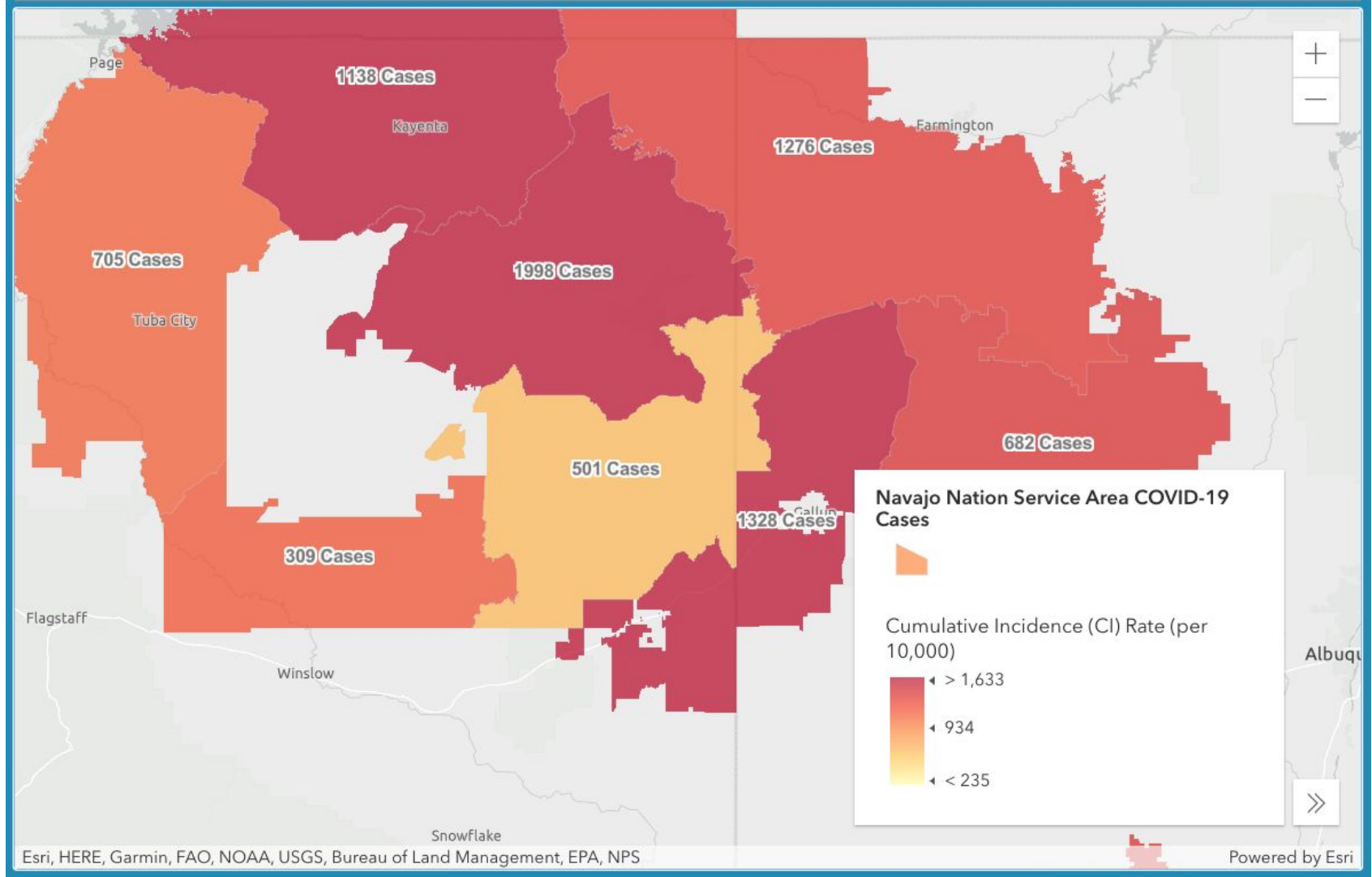
# Underlying disparities



# Underlying Strengths



# Why as Navajo hit so hard?





# How has Navajo responded to COVID?



Built upon existing strengths and relationships  
Didn't accept compromise (e.g. contact tracing)  
Strategy includes systems change  
Goals include Immediate and long-term equity



<https://www.thechurchnews.com/living-faith/2020-04-13/covid-19-coronavirus-navajo-reservation-food-don>  
<https://time.com/5838271/utah-navajo-health-system-coronavirus/>



# Translating implementation experiences to inform federal COVID19 relief funding

- Test, Trace, Supported Quarantine and Isolation
  - \$75B included in HEROES Act; Senate to vote soon
- Funding and Access to Supplies for Tribal Nations
  - Increased funding for Indian Health Service; Immediate Disbursement of Coronavirus Relief Fund to Tribal Governments; Ensure direct access to the Strategic National Stockpile for Tribal Governments
- SNAP expansion
- Halt to all deportations and ICE detention + decarceration
- Eviction Moratorium for at least 12 months (not only for public housing recipients)
- Funding for FQHCs



# Equity Agenda for US Health System Reform

- Investments in long term community/public health workforce
- Investments in FQHCs and primary care
- Publicly-funded health system (instead of fragmented, privatized system we have today)
- Support movements for monetary and structural reparations where redistribution of public resources are made to directly address social determinants of health
- Preferential option for the most vulnerable- ensuring community participation in overall system design, monitoring and evaluation at every step



## Reminders:

- Next session: Thursday 16 July, 10am EDT/ 16:00 CAT
  - a new zoom link for Session 4
- All course materials found at:  
<https://www.pih.org/overview-covid-19-and-global-health-equity>
- Complete the assessment survey

