Without immediate support, Urban AI/ANs will suffer and COVID-19 will spread unchecked.

Urban Indian Organizations have been left without testing kits and adequate supplies. Clinics are serving at the front lines, despite having to cut services and staffing under unprecedented 3rd-party billing losses.

Disparities will Chart the Course of this Outbreak

- During the H1N1 outbreak of 2009, AI/ANs were \textbf{4.1 times more likely to die} than non-AI/ANs

- Compared to Non-Hispanic Whites, Urban AI/ANs are
  - \textbf{~3 times more likely to:}
    - Live in Poverty
    - Be Uninsured
    - Have AIDS (if female)
    - Have Diabetes
    - Have Hepatitis C
  - \textbf{~1.5-1.8 times more likely to:}
    - Have Coronary Heart Disease
    - Live in Multifamily Rentals
    - Be Hospitalized for Asthma or Respiratory Infections
    - Smoke
    - Have AIDs (if male)
    - Have Asthma
  - \textbf{are 10-30% less likely}
    - to be vaccinated against influenza or pneumonicoccal disease

- Each disparity means that an Urban AI/AN is more likely to \textbf{catch, spread, or suffer more severe} consequences of COVID-19 than their neighbors.

NCUIH SURVEYED UIOS ON THEIR NEEDS*

**COVID-19 is already damaging UIO service capacity**

- 3 UIOs have closed their doors to all in-person activities
- 2 have stopped serving patients who are not COVID-19 patients
- 83% of UIOs reduced their services
- 35% have reduced their operating hours

**48% report NO CAPACITY**
for Medicine Delivery

**28% report NO CAPACITY**
for Triage Space

**12% report NO CAPACITY**
for Telehealth Equipment

*This document includes responses from March 23 – April 1
## Necessary Services have been cut altogether

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>Cultural Programs</td>
</tr>
<tr>
<td>58%</td>
<td>Elder Programs</td>
</tr>
<tr>
<td>58%</td>
<td>Youth Programs</td>
</tr>
<tr>
<td>17%</td>
<td>Domestic Violence Services</td>
</tr>
<tr>
<td>17%</td>
<td>Homelessness Services</td>
</tr>
<tr>
<td>13%</td>
<td>WIC services</td>
</tr>
<tr>
<td>13%</td>
<td>Meal Programs</td>
</tr>
</tbody>
</table>

## Every Urban Indian Organization is reporting supply shortages

<table>
<thead>
<tr>
<th>Have None</th>
<th>N-95 Masks</th>
<th>Other Face Masks</th>
<th>Eye Protection</th>
<th>Gowns</th>
<th>Emergency Supplies for Community Members (food, toiletries, etc)</th>
<th>Will run out within a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>11%</td>
<td>21%</td>
<td>21%</td>
<td>22%</td>
<td>17%</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

80% say supplies are **not available for purchase**

## UIOs cannot provide testing without supplies

- 66% report **no access** to testing kits
- **38%** have **not received** N95 Masks
- **62%** have **not received** PPE (gowns, gloves) from State or Federal Government

Only **2 UIOs** can meet **testing demand**.

## Staff are being laid off....

- 76 laid off already
- **181** more by May without support

... or are in **danger of missing work due to COVID-19 themselves**

- **534** Staff at High-Risk or Caregivers of High-risk