

We are a Diverse People: Role of Community Health Workers in Addressing Inequities in the Native American Population during COVID-19 and beyond

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“The Native American Population in the United States are a very diverse group made up of more than 500 tribes. While we have many differences, what we do have in common as Native Americans is that we have faced and still continue to face large inequities due to colonization. As a Community Health Worker, I am able to work to address the gaps where needs have not been met for my community” - Winter Rose

“As people with lived experiences of inequities, who understand communities impacted by inequities, our essential role as Community Health Workers and Community Health Worker allies are to serve as a voice for the voiceless” - Bernice B. Rumala

Overview

In this paper, the authors highlight the diversity of the Native American population, existing gaps in the context of COVID-19, recommendations, and solutions from a lived experience perspective. The [essential role of Community Health Workers as a lifeline for addressing](#)

[global and local inequities](#) and [best practices for engaging Community Health Workers in organizational and health department practices](#) were underscored in the previous published papers. The authors having had lived experiences of inequities in communities of color, share best practices from a lived experience perspective. The authors highlight the importance of recognizing the diversity of the Native American population since a one size fits all approach is not applicable in addressing the diverse needs. Also, barriers in terms of lack of data and/or miscategorized data, and solutions are emphasized. With more than 500 tribes in the United States, the Native population is a very diverse group of people who are often categorized and seen as one community that have the same adversities and barriers. This does not reflect the realities.

Native Americans are a diverse population facing large inequities that have been perpetuated since colonization, therefore a tailored approach for solutions and strategies are needed based on the inequities and needs of the diverse communities.

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Natives in the United States are a diverse cultural group in itself

It is traditionally taught in mainstream education systems that the Native people from the United States wore war bonnets and lived in tipi structures hunting buffalo, but that is far from the truth. The indigenous people that historically occupied the United States were a very diverse group of people. There are diverse tribes that reside in different regions throughout the United States. From the Coastal Natives to Anishinaabe people who occupy mainly arctic regions around the Great Lakes to the Dine people who occupy the deserts of the New Mexico area, there is great diversity. Native people historically utilized the natural resources available to them in their region and traveled to trade goods and resources with tribes from different regions. Languages, art style, traditional regalia and cultural customs vary between Native tribes. Natives that are from the United States arctic region often lived in structures called wigwams and their primary sources of food were very different from the Natives that resided in the deserts of the southwestern regions of the United States. Those who lived in the deserts in the southwestern regions of the United States lived in structures known as Hogans. The residence, lifestyle, and cultural practices are all vastly different between the desert southwestern regions and Coastal Natives.

With over 500 tribes in the United States today, Native American people are a diverse group of people who are often categorized and seen as one large community that face the same adversities and barriers. Perpetuating that narrative only continues the inaccurate representation and marginalization of a very diverse group of people. While there are many cultural aspects that Natives do share in common, it is an injustice to assume that all challenges and solutions are the same for Native Americans across the United States.

Role of Community Health Workers in addressing inequities in the Native American population

While the Native population is diverse with more than 500 tribes, what Native Americans do

have in common are the gross systemic inequities due to colonization. Working to address these inequities in the Native population has been a huge driver and passion for the author, whose tribal affiliation is with the Ojibwe people from Minnesota. The author first began to serve her community at the age of twenty working as a receptionist at the urban Native family center in the city she lives in. During her time as a receptionist she got to see firsthand gaps in services that were needed in her community. Through this work, the author was connected with the elders, events, resources and also the needs and barriers within the urban Native community. A Community Health Worker position became available and the author was able to utilize her skill set to serve the urban Native American population, her community. The author worked as a Community Health Worker specializing in early childhood and serving families with young children where she currently works to build community, address inequities, and support families with navigating systems and resources while enriching their knowledge of child development and working to empower her community.

Co-Learning about Inequities

The authors, having had years of lived experience of inequities in their communities, had shared co-learning discussions on the inequities faced by communities of color and best practice solutions informed by communities most impacted by the inequities. In the conversations, the historic to present day inequities within the Native population and other communities of color were discussed. It also brought to light the many untold pieces of history within the Native population and the government that is not part of general knowledge in mainstream education. While the inequities of many racial/ethnic oppressed populations have been highlighted in the context of the COVID-19 pandemic, emphasis on the vast diversity within the Native population and the needed tailored solutions has been lacking. The Native American communities are not all the same, and therefore strategies to address the systemic inequities pre-COVID-19, during COVID-19, and

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beyond need to be tailored in the context of this diversity.

A Snapshot: Navigating the systems in the context of COVID-19

In a published paper by Rumala, B.B., Campos-Dominguez, T. et al. on Global and Local Community Health Workers as a Lifeline for Communities facing inequities in the midst of COVID-19 and beyond, the authors mention inequities that exist for marginalized populations. Many communities are facing the challenges of a system that decides who lives and who dies based on available resources. For many communities already facing severe inequities in terms of poverty, lack of access to quality health care, lack of access to healthy food, lack of constant water supply, and lack of stable electricity pre-COVID-19, this pandemic has further highlighted increased inequities.

With the onset of the COVID-19 pandemic and based on the authors' lived experiences, many populations including the Native population have been detrimentally impacted by the pandemic. Native American families now have additional economic challenges and the responsibility of homeschooling children all while navigating a pandemic and continuing to be oppressed and marginalized by the government. There has always been a need for the Native community to have equitable access to resources and supplies and COVID-19 only highlighted the inequities when it comes to that access. In the current pandemic we are in, the Native American community has been disproportionately affected by the number of cases seen in various communities. For example, it has been reported that one of the Native American communities most impacted by the virus lacks many resources including the cleaning supplies required to sanitize work areas as suggested by the CDC in its official offices. Another Native American community requested supplies that were needed to fight the growing number of cases in its community and received a shipment of [body bags](#) instead.

Community Health Workers helping to support marginalized communities through a global pandemic is a fluid service, and the support and services utilized looks different for each Native American family. Many do not have the privilege of access; therefore,

Community Health Workers support families with access and navigation. Some families need support navigating educational systems in the wake of all of the sudden changes that were implemented due to COVID-19. These needs range from getting hardware to access online learning opportunities to navigating the various platforms that the opportunities are offered on. Some families who are high risk and/or have vulnerable family members need support and community networks to navigate the medical systems. Others need support for access to resources to ensure that the needs of their families are met, such as financial assistance in the form of unemployment benefits, access to emergency funds to ensure families stay housed and fed during the pandemic and, support for the mass closure of businesses. Currently in the context of the COVID-19 pandemic, the author is continuing to serve families in her community working to ensure their essential and basic needs are met. The pandemic did allow the author to shift the focus from the funder required deliverables to supporting communities using a community based participatory and popular education model of meeting communities where they are in a family centered way. The author continues to connect with families to offer support, resources, and to build trust. This includes connecting families with basic necessities, providing families with supplies to quarantine at home with young children such as age appropriate books and activities while promoting cultural enrichment, and, offering art and gardening supplies. The author also actively seeks out and works to serve families and community members that are historically underserved or have essentially fallen through the cracks in the system due to the COVID-19 pandemic.

A lived experience perspective: Data as an inequity faced by Native population

The authors have lived experience of the inequities that exist for communities of color and this is even more prevalent for Native populations who have been historically oppressed and continue to be oppressed today. A lot of inequities seen presently during COVID-19 are a result of inequities that have been present historically but are now being highlighted and impossible to ignore due to the pandemic. In the context of the COVID-19 pandemic, the authors mention in [Campos-Dominquez, T. and Rumala, B.B. \(2020\)](#), the

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misinformation, misclassification, and lack of data that exists for many communities of color and best practices for engaging Community Health Workers in data collection.

The misinformation, misclassification, and lack of data are even more prevalent for the Native population where data collection continues to be a crisis with the COVID-19 pandemic and beyond. The Native American communities have faced many inequities that have had detrimental consequences due to this data crisis for generations. There have been efforts to aggregate data for the Native Communities across the nation, with one of the recent effort being compiling data for [Missing and Murdered Indigenous Women](#) across the United States, a movement which has gained some national recognition yet has still faced challenges with obtaining data from various law enforcement entities. The challenges have ranged from reports of racial miscategorized data to lack of available records. For generations the Native community has been forced to navigate the negative consequences of this data crisis as it relates to available resources, equitable funding from the government, representation in the media and other harmful impacts on addressing the inequities within the community. Without detailed data collection, the proper categorization and representation of Native American people, and the accurate documentation of the diversity within the Native community, we only further marginalize this population.

A lived experience perspective: Some solutions for the inequities

Better and improved data collection for Native populations is an urgent and needed solution for the COVID-19 pandemic and beyond. There are historic atrocities for which data is missing including absent data for [missing and murdered Indigenous Women and girls](#). This lack of data has had detrimental consequences to a whole generation of people, including mothers, women, and girls, and it will continue to have consequences. Therefore, the critical solution is centered on accurate nationwide data collection that can be overseen and used by the more than 500 tribes including urban Native populations to inform multiple systems including the health and education systems. It is important to note that a large percentage of the population of Native Americans living off the reservation, in cities, have

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historically been misclassified and efforts should be made to have this corrected. Also, in addition to better representation in the national data, the Native community needs accurate representation in the media. Additionally, taking into account the diversity of the Native population, culturally specific funding to address the inequities is a needed solution. Lastly, there is opportunity to address the full picture of the Native American experience including the impact of diverse inequities towards solutions through more open conversations at the individual and organizational levels to inform systems transformation. As people with lived experiences of inequities, the Native populations know what is needed to better their communities, therefore authentic engagement in a culturally respectful way that honors diversity is important. The authors have been able to engage in open conversations with each other to impact co-learning and co-design towards systems transformation.

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About the Authors:



Winter Rose

Winter Rose was born and raised in Portland, Oregon. Her tribal affiliation is Ojibwe from the Red Lake people out of Minnesota in the United States. She has worked as a Community Health Worker for the past six years serving the urban Native

population in the Portland city area. She specializes in early childhood and serving Native American families with children 0 to 5. She began her work as a Community Health Worker co-developing a pilot program using the Community Health Worker model and implementing it into school settings specifically early childhood and primary schools to improve educational outcomes within communities of color. She also served on different evaluation and leadership teams for that program which inspired her drive for policy change and equity. Currently in the context of COVID-19, the author is still working to serve the urban Native community and does that by supporting families with young children with navigating systems and resources while connecting them to opportunities for cultural engagement to build community. She continues her work to ensure that basic and essential needs are met for the families that she serves and her community as a whole.



Bernice B. Rumala

With more than 15 years of experience in systems transformation, Dr. Rumala earned a PhD and three masters degrees from Columbia University and served as a

Fogarty-Fulbright and Harvard Fellow. She has served as both a Community Health Worker and Community Health Worker ally. She has also contributed her interdisciplinary expertise as a change agent in the public, private, academic and international sectors. Her areas of interest and expertise include equity, health equity, authentic engagement of people with lived experience of inequities, social justice, diversity, inclusion, discrimination, interdisciplinary solutions, advocacy, community engagement, and systems transformation. Dr. Rumala has lived experience of the ongoing challenges of severe inequities and the detrimental impacts to individuals and communities. This is unacceptable to her and should not be the norm. Dr. Rumala also considers herself a global citizen based on international experiences in more than thirty countries. She has had global experiences in stable regions as well as regions impacted by war, conflict, and instability, including Iraq where she worked for the United Nations. She continues to contribute her expertise as a global and local leader and consultant.

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