

SMALL BUT MIGHTY COMMUNITY MOBILIZATION CREATED SUCCESSFUL COMMUNITY REACH OF COVID-19 RESPONSES: A CASE STUDY OF THE IOWA TRIBE OF OKLAHOMA, PERKINS FAMILY CLINIC






PROBLEM

American Indian and Alaska Native (AI/AN) communities have faced disproportionate COVID-19 infections, hospitalizations, and death rates. Their susceptibility to the virus is rooted in long-standing, systemic health inequities¹. Despite seeing an uptake in vaccinations, a report based on the American COVID-19 vaccination poll showed that **nearly half of the AI/AN population is unvaccinated.**²

PROJECT OVERVIEW



The Inter-Tribal Council of Michigan (ITCM) received funding from the National Network of Public Health Institutes (NNPHI) to implement the **Tribal Vaccine Equity Project**, a national infrastructure for mitigating the impact of COVID-19 on Native American and Alaska Native communities. ITCM utilized the reach of the National Native Network (NNN)'s communication channels to connect with tribal communities across the U.S. to support local vaccine efforts through multi-component interventions. ITCM provided funding and technical assistance to seven tribal health clinics to help with capacity building and vaccine education events implementation. Specifically, ITCM planned and implemented:

-  Healthcare provider training and technical assistance webinars to support healthcare providers in increasing vaccine confidence among their partners
-  Funding and technical assistance support for tribal health clinics to partner with trusted community businesses and organizations to host vaccine and vaccine education events
-  Create and implement a Culturally appropriate and tailored mass media campaign

This report focuses on the implementation and outcome of the **Iowa Tribe of Oklahoma (ITO)** as they implement tribal-led, community-driven initiatives to continue the momentum they have created in mitigating the effects of COVID-19 through community vaccine events, vaccine education and health promotion events.

We humbly acknowledge the clinic staff at the Iowa Tribe of Oklahoma for their review, edits, and collaboration for this case study report.



This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$5,177,000 with 100 percent funded by CDC/HHS through NNPHI. The contents of this document are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



COMMUNITY

The Iowa Tribe of Oklahoma (ITO) is a Federally Recognized Indian Tribe with over 800 enrolled Tribal citizens with reservation boundaries located in the primarily rural jurisdiction of Lincoln, Logan, and Payne Counties in Central Oklahoma and a small portion of Oklahoma County. The three rural counties are home to 164,251 residents; 8,460 identify as American Indians alone. The Iowa Tribe of Oklahoma has an established department of health, Perkins Family Clinic (PFC), located in the city limits of Perkins, Oklahoma. ITO PFC offers primary medical and preventive health care services to the Native Americans and non-natives residing in Perkins and the surrounding rural community.



UNIQUE CHALLENGE AND OPPORTUNITY

History of medical exploitation and racism has resulted in COVID-19 vaccine hesitancy for American Indians and Alaska Natives. The lack of vaccines available in rural communities and public transportation for homebound, disabled, or individuals on a fixed income has made it difficult for some to receive vaccines. Loss of lives from COVID-19 significantly impacted the Iowa Tribe of Oklahoma, where even one life lost resulted in a higher percentage of the overall population of the tribe with 800 Tribal Members.

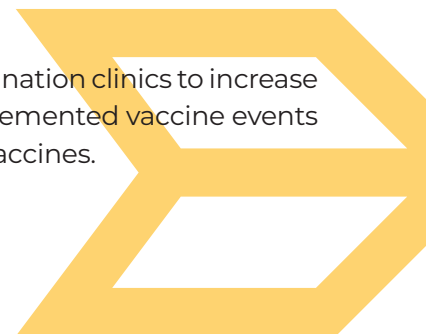
As an established primary and preventive health care service clinic, the Iowa Tribe of Oklahoma Perkins Family Clinic (ITO-PFC) serves Native Americans and non-Natives residing in Perkins and the surrounding rural community. The ITO-PFC health director describes the city of Perkins and the surrounding area as a health resources shortage area. Federal funding allocations are disproportionate to the number of individuals being served in smaller communities. In addition, limited staffing and time-consuming reporting requirements become a barrier during a pandemic when staff provide patient services.

The ITO-PFC overcame many barriers to reach the community providing COVID-19 testing and vaccinations. When the first surges of COVID-19 began to emerge, there was initial hesitancy across the community and Nation to implement shutdowns of business and governmental services. The clinic's health director approached the tribal leaders and explained the public health implications of the pandemic facing the tribe and community.



Under the guidance of the health director, the clinic shifted its mission to focus on testing and vaccination to mitigate to the greatest extent possible the serious impact the pandemic would present to the community. Clinic staff was trained to implement public health mitigation strategies and increase accessibility to COVID-19 testing and vaccinations. Nurses, medical staff, dentists, and dental hygienists administered vaccines to anyone eligible for a COVID-19 vaccine.

The ITO-PFC implemented walk-in vaccination clinics to increase COVID-19 vaccination access to the community. The clinic's public health nurse implemented vaccine events to decrease vaccine hesitancy and increase the number of communities receiving vaccines.



PROGRAM OUTCOME/IMPACT

As of September 2022, ITO-PFC provided well over 10,000 COVID-19 vaccinations and 30,000 COVID-19 tests. Collaborative emergency response efforts of Perkins Family Clinic, Indian Health Services, State of Oklahoma Emergency Response management, National Guard, and the community worked in unison to protect the lives of the community. Reflecting on their achievement, the ITO-PFC health director credited the clinic staff and community effort for the success of the mitigation strategy. The director said, “We did more with less and utilized all available staff and resources to reach our community.”

The clinic faced many challenges, including a refrigerator failure on receipt of the first 400 COVID-19 vaccine doses. To minimize vaccine waste, the clinic acted swiftly to distribute the vaccine. They notified Indian Health Services about the refrigerator unit failure and received permission to distribute doses to qualified individuals on a first-come, first-serve basis. The clinic announced the availability on social media, and staff pivoted their work around vaccination administration. Within 4 hours, they administered nearly 400 COVID-19 vaccinations. The response was extremely positive, and traffic to the clinic exceeded the parking lot’s capacity and impacted nearby highway traffic. Nearby local businesses voluntarily opened their parking lots to relieve the congestion. Reflecting on this experience, the ITO-PFC health director shared,

“We have worked diligently to create positive lasting relationships in the community. Those efforts have given rise to an atmosphere of trust between the community and the tribe. This trust was evident when the community reached out to us for assistance in coping with the pandemic and providing COVID-19 vaccinations.”

Additional efforts of the clinic included mass-vaccination events and partnering with the Iowa Tribe of Oklahoma casino that agreed to give out a \$10.00 free play incentive for individuals who received a COVID-19 vaccination. The public health nurse organized the Iowa Tribe of Oklahoma Health Fair and included an interactive panel discussion with a Nurse Practitioner, an Oklahoma State Department of Health Vaccines for Children Coordinator, and a COVID-19 Vaccination Nurse with 500 attendees, where 55 COVID-19 vaccinations were administered.

The clinic’s Public Health Nurse created and implemented a culturally appropriate mass media campaign to decrease COVID-19 vaccine hesitancy. The campaign included posters at all Iowa Tribe of Oklahoma departments, casinos, and communities. The campaign reached 800 employees, was shared on social media and tribal newsletter and reached over 500 homes of Iowa Tribal members. The clinic’s Public Health Nurse provided vaccine hesitancy and vaccine promotion training and motivational interviewing training to support healthcare providers in increasing vaccine confidence among their patients and coworkers.

Training and funding provided by the Tribal Vaccine Equity Project were used to educate clinic staff, including those who usually work in Behavioral Health or other areas of work, to pivot the needs of the COVID-19 pandemic responses. The Tribal Vaccine Equity Project’s flexible funding and simplified reporting allowed the clinic staff to focus on COVID-19 vaccine hesitancy outreach and increase knowledge of COVID-19 vaccination awareness.

CONCLUSIONS

The Iowa Tribe of Oklahoma is a Federally Recognized Indian Tribe with over 800 enrolled Tribal citizens. The ITO-PFC offers primary medical and preventive health care to Native Americans and non-Natives residing in Perkins and the surrounding rural community. As a relatively small and remote community, the Iowa Tribe of Oklahoma relies on multiple funding avenues to support services. Funding is often distributed based on the population served, limiting the amount of funding for which the Iowa Tribe of Oklahoma may qualify. Funding received from Tribal Vaccine Equity Project allowed for simplified application, flexible funding, and streamlined reporting. When asked about the suggestions for future funders, project staff at the ITO-PFC shared,

“Don’t look at the small number as limitations — funders often look at size and limit opportunities. What made us successful is our size and commitment of our staff to the health of our community [...] Because of our size, we were able to do more.”

Relationships in small communities are usually tight and densely connected, making it possible to minimize bureaucratic hurdles, especially in emergency response. Funders can support communities like the Iowa Tribe of Oklahoma by focusing on their capacity and commitment to reach their community rather than the size of the community they serve.



¹ Hill, L., & Artiga, S. (2022, August 22). COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Change Overtime. Retrieved November 21, 2022, from <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/>

² Sanches, G. R., & Foxworth, R. (2021, July 29). Native Americans and COVID-19 Vaccine Hesitancy: Pathways. Retrieved November 21, 2022, from <https://www.healthaffairs.org/doi/10.1377/forefront.20210723.390196/>