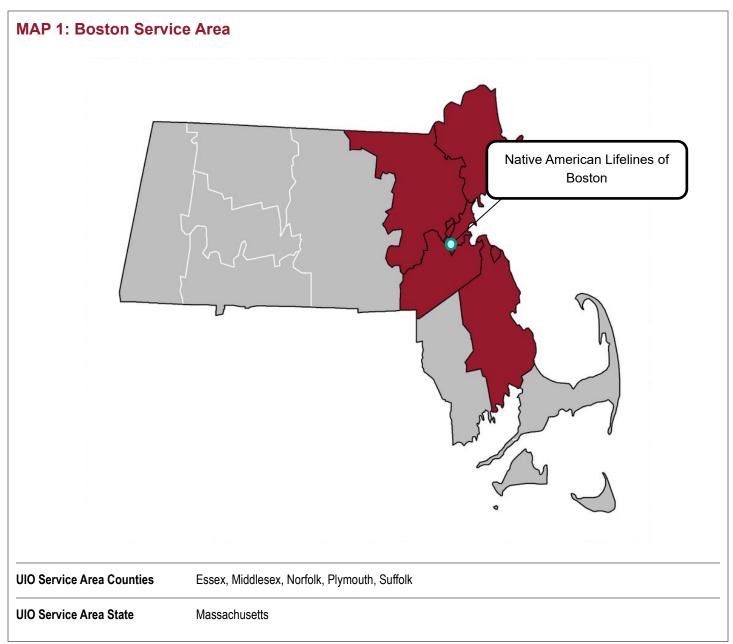
COVID-19 URBAN INDIAN ORGANIZATION SUMMARY JANUARY 20, 2020-SEPTEMBER 28, 2021

Boston Service Area

COVID-19 Case Surveillance Information for American Indians and Alaska Natives living in counties served by Urban Indian Organizations (UIOs) in the Boston Service Area





Introduction

The COVID-19 pandemic resulted in a disproportionate loss of life among American Indians and Alaska Natives. ^{1,2} To quantify this impact, Urban Indian Health Institute (UIHI) prepared this report to provide surveillance information for areas served by Urban Indian Organizations. This report contains information regarding COVID-19 cases, hospitalizations, and deaths. Please note that this data reflects information available from counties overall and does not represent individual organizations or providers.

About UIHI

As a Public Health Authority and one of 12 Tribal Epidemiology Centers in the country—and the only one that serves Urban Indian Organizations nationwide—UIHI conducts research and evaluation, collects and analyzes data, and provides disease surveillance to strengthen the health of American Indian and Alaska Native communities. UIHI's mission is to decolonize data, for Indigenous people, by Indigenous people.

Data Quality

The data used in this report is from the Centers for Disease Control and Prevention (CDC) COVID-19 Case Surveillance Data, which may differ from what is shown on your county's public health dashboard. To assess discrepancies in CDC and state data, we present metrics on data quality. The quality of COVID-19 data is measured in two ways: the completeness of racial data sent to the CDC and the proportion of cases sent to the CDC from the state.

Not all COVID-19 cases within counties have been reported to the CDC. To assess the overall representativeness of the CDC COVID-19 Case Surveillance Data, we compare the total number of COVID-19 cases reported to the CDC by county with the total number of cases reported to the New York Times.³ The number of COVID-19 cases reported by the New York Times in a given county vary based on whether they include confirmed COVID-19 cases or confirmed and probable COVID-19 cases. Therefore, the cases reported by New York Times provide an upper limit for the number of COVID-19 cases in a county.

For the data presented in this report to be of high quality, racial data needs to be both collected by states and relayed to the CDC. **Unfortunately, many states have poor collection of racial data and/or do not send most COVID-19 data to the CDC. We recommend using caution when interpreting these numbers in the absence of the quality of their data.** These data quality issues vary over time. Data is especially poor around the peaks of COVID-19 case burden. Please refer to Figure 1 and Table 1 to assess the overall quality of COVID-19 data in this service region.

Methods

The Centers for Disease Control and Prevention COVID-19 Case Surveillance Data are voluntarily submitted by local health jurisdictions to the CDC using the COVID-19 Case Report Form.⁴ This data is then transmitted to UIHI for analysis. Population denominators use the 2020 postcensal estimates.

The COVID-19 Case Report Form allows for the selection of multiple racial identities independent of ethnicity, however, many states and counties do not report data to the CDC in this format. Due to the methods of data collection and reporting, American Indian and Alaska Natives (Al/ANs) were defined as non-Hispanic Al/AN alone in this report. Using other definitions of Al/ANs would result in rates that underestimate the burden of COVID-19 among Al/ANs. Because of the underreporting of racial data, the statistics presented in this analysis are only applicable to non-Hispanic single race Al/ANs, a portion of the entire Al/AN population. The non-Hispanic White (NHW) population is included as a comparison population to assess disparities in COVID-19 incidence, hospitalization, and mortality in recognition of the effects of structural racism.

Ethnicity categories are captured as "Hispanic/Latino", "Non-Hispanic/Latino", or "Unknown". Age is calculated by the provided date of birth. Cases were assigned to individual counties based on their listed county of residence. Sex is recorded in the Case Report Form as "Male", "Female",

"Other", or "Unknown". The 2020 postcensal estimates do not provide estimates for individuals whose sex is not male or female, thus case rates for "Other" or "Unknown" patients cannot be calculated.

Cases were defined as individuals with a positive PCR test for COVID-19. Cases were excluded when an individual did not report county of residence. COVID-19 case dates were assigned based on when COVID-19 cases were reported to the CDC.

Age-adjusted case, hospitalization, and mortality rates stratified by race and gender are presented in this report. Age adjustment for incidence rates were calculated using the direct method applying weights from the U.S. 2000 Standard Population. Age adjustment for relative risks was performed via logistic regression.

Case counts that are less than 10 are suppressed in this report to protect confidentiality. Rates are presented with an asterisk (*) when its relative standard error (RSE) is greater than or equal to 25%. RSE provides a measure of reliability. Where the RSE is greater than or equal to 25%, the estimate is unreliable. Analyses adhere to Washington Department Of Health guidelines for the reporting of data with small numbers.⁵

Data were analyzed using R version 4.2.

GLOSSARY OF TERMS

Age-adjusted

This report refers to several analyses as age-adjusted. Age-adjustment is a statistical approach that allows for communities with different underlying age compositions to be compared. For example, COVID-19 has had disproportionate impacts based on age.⁶ As a population, Al/AN are younger than NHW.⁷ As a result of these two factors, any analysis that does not undergo age adjustment when comparing COVID-19 rates between Al/AN to NHW may only reflect that, as a population, Al/AN are younger than NHW and therefore have different rates of COVID-19. To adjust for this effect, our analysis compares individuals with similar ages to one another separately and then combines those values after appropriately weighting them.

Confirmed COVID-19

COVID-19 is determined to be "Confirmed" if there is confirmatory laboratory evidence, which requires detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test.

Confidence Interval

A confidence interval is a statistical tool used to describe the uncertainty of our estimates. It provides a range of values that is likely to include the true population value with a certain degree of confidence. It is often expressed as a percent whereby the true population value lies between an upper and lower interval. In this report, many of our estimates are presented with 95% confidence intervals. A 95% confidence interval can be interpreted as, we are 95% confident that the true value of an estimate lies within the confidence interval range.

Incidence

Incidence refers to the occurrence, rate, or frequency of disease. In this report, incidence refers to the total number of COVID-19 infections, hospitalizations, or deaths divided by the total number of individuals at risk of infection. In this report we present incidence as the number of cases per 100,000 individuals to standardize the numbers across analyses with a different total number of individuals that could have been infected with COVID-19.

Relative Risk

Relative risk in this report refers to the probability of an individual who is AI/AN being infected, hospitalized, or dying from COVID-19 relative to a non-Hispanic White individual. A relative risk greater than one indicates that AI/AN individuals had a greater risk of infection, hospitalization, or death relative to NHW. Conversely, a relative risk less than one indicates that AI/AN individuals had a lower risk relative to NHWs.

Relative Standard Error (RSE)

Standard error tells you how accurate the estimate is compared to the true value. The greater the standard error is, the more likely that the estimate is an inaccurate representation of the true value. Relative standard error is used to show how large the standard error is, relative to the size of the estimated value. For this report, we determine our estimates to be unreliable when the relative standard error of an estimate is greater than 25%. We recommend caution when using estimates with an RSE greater than 25% due to their low reliability.

Rolling Average

A rolling or moving 14-day average is the average number of confirmed COVID-19 cases, hospitalizations, or deaths over a 14-day period. It is calculated for each day by averaging the values of that day and the 13 days before. This method is used to reduce fluctuations that occur on a weekly or daily basis due to external factors such as specimen processing and reporting time.

Service Area

Urban Indian Organization's service areas are defined by the Urban Indian Organizations who described to UIHI the counties they serve.

EXECUTIVE SUMMARY

COVID-19 Cases

Since January 20, 2020, a total of 360 Al/ANs residing in the Boston UIO service counties have been reported to the CDC as having confirmed COVID-19. This corresponds to an age-adjusted incidence of 5,158 COVID-19 cases per 100,000 or approximately 5 in every 100 Al/ANs in the Boston Service Area were diagnosed with COVID-19. Compared to their non-Hispanic White counterparts of a similar age, Al/AN individuals were 12% less likely to be infected with COVID-19.

COVID-19 Hospitalizations

Since January 20, 2020, a total of < 10 Al/ANs residing in the Boston UIHO service counties have been reported to the CDC as having been hospitalized with COVID-19. As there were less than 10 American Indian / Alaska Native hospitalizations we do not compute incidences or relative risks.

COVID-19 Deaths

Since January 20, 2020 a total of < 10 Al/ANs residing in the Boston UIHO service counties have been reported to the CDC as having died due COVID-19. As there were less than 10 American Indian / Alaska Native deaths we do not compute incidences or relative risks.

Data Quality

Of the 469,842 total COVID-19 cases reported by the New York Times in Boston UIO service counties, the CDC has complete race and ethnicity available for 250,142 (53.2%) of cases. This report does not contain information regarding whether COVID-19 hospitalizations or deaths were reported to the CDC. However, of the hospitalizations and deaths in the CDC data, there is complete racial information available for 69.9% and 85.8% of cases, respectively.

FIGURE 1: Quality of COVID-19 Information Over Time, May 20, 2020–September 28, 2021, Boston Service Area

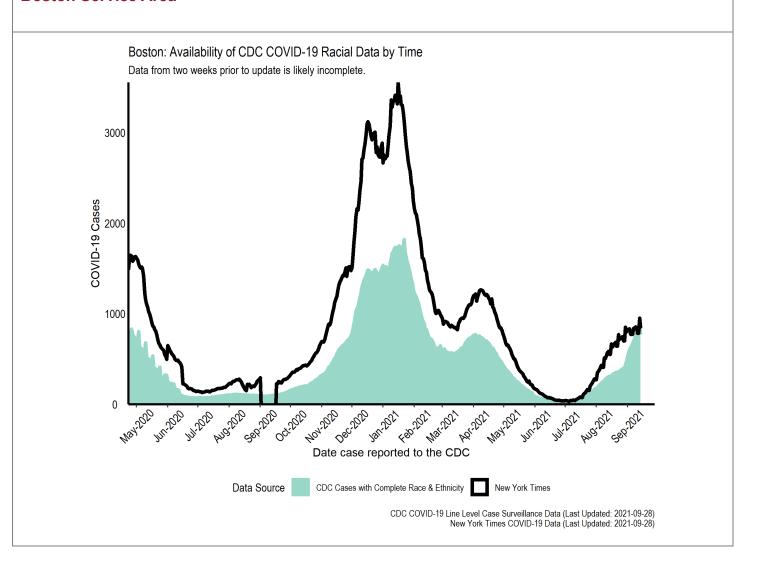


TABLE 1: Overall Data Quality for Boston Service Area COVID-19 Data, January 20, 2020–September 28, 2021

Data Quality Element	Data Source	Subset	# of COVID-19 Cases	Percent Completion	
Completeness of Race & Ethnicity in CDC Dataset	CDC	Case Reported to CDC with Complete Race & Ethnicity	259,306	49.8%	
	CDC	All Cases	521,129		
Completeness of Race & Ethnicity for Cases who	CDC	Case Hospitalized with Complete Race & Ethnicity	10,731	69.8%	
were Hospitalized in CDC Dataset	CDC	All Hospitalized COVID-19 Patients	15,366		
Completeness of Race & Ethnicity for Cases who Died in CDC Dataset	CDC	COVID-19 Case Died with Complete Race & Ethnicity	9,919	85.7%	
	CDC	All COVID-19 Cases who Died	11,574	03.7 %	
Cases Sent to the CDC	CDC	All Cases	521,129	108.1%*	
	NYT	All Cases	482,240	100.176	
Completeness of CDC Racial Data in	CDC	Case Reported to CDC with Complete Race & Ethnicity	259,306	- 53.8%	
Comparison to All Known Cases	NYT	All Cases	482,240	- 55.576	

CDC = COVID-19 Case Surveillance Data Centers for Disease Control & Prevention, NYT = New York Times *Due to discrepancies in data reporting, CDC occasionally has greater cases than as reported by the New York Times

TABLE 2: Incidence of COVID-19 among Non-Hispanic American Indians and Alaska Natives (Al/ANs) and Non-Hispanic Whites (NHWs), January 20, 2020– September 28, 2021, Boston Service Area

	Geography	AI/AN Cases	AI/AN Population	Al/AN Age-adjusted Incidence per 100k (95% CI)	NHW Age-adjusted Incidence per 100k (95% CI)	Relative Risk Age-adjusted (95% CI)
OVERALL	UIO Service Area	360	6,675	5,158 (4,652, 5,719)	5,859 (5,829, 5,888)	0.88 (0.79, 0.98)
	State Overall	652	12,490	4,992 (4,623, 5,390)	6,073 (6,050, 6,097)	0.82 (0.76, 0.89)
BY SEX						
Female	UIO Service Area	172	3,449	4,665 (4,018, 5,417)	5,684 (5,644, 5,725)	0.82 (0.71, 0.95)
	State Overall	321	6,307	4,787 (4,291, 5,340)	5,982 (5,950, 6,015)	0.80 (0.72, 0.89)
Male	UIO Service Area	184	3,226	5,534 (4,790, 6,393)	5,886 (5,842, 5,929)	0.94 (0.81, 1.09)
	State Overall	326	6,183	5,077 (4,555, 5,659)	6,002 (5,968, 6,037)	0.85 (0.76, 0.94)
Other or Unknown	UIO Service Area	<10	NA	NA	NA	NA
	State Overall	<10	NA	NA	NA	NA
BY AGE						
0–19	UIO Service Area	77	1,568	4,911 (3,928, 6,140)	5,222 (5,164, 5,282)	0.94 (0.75, 1.18)
	State Overall	135	2,854	4,730 (3,996, 5,599)	5,445 (5,398, 5,493)	0.87 (0.73, 1.03)
20–54	UIO Service Area	218	3,291	6,624 (5,801, 7,565)	6,787 (6,744, 6,831)	0.98 (0.85, 1.11)
	State Overall	393	5,848	6,720 (6,088, 7,419)	7,213 (7,177, 7,249)	0.93 (0.84, 1.03)
55+	UIO Service Area	65	1,816	3,579 (2,807, 4,564)	5,689 (5,643, 5,735)	0.63 (0.49, 0.80)
	State Overall	124	3,788	3,273 (2,745, 3,903)	5,709 (5,674, 5,744)	0.57 (0.48, 0.68)
Unknown	UIO Service Area	<10	NA	NA	NA	NA
	State Overall	<10	NA	NA	NA	NA

^{*=}Relative Standard Error > 25%, Estimate Uncertain

TABLE 3: Incidence of COVID-19 Hospitalizations among Non-Hispanic American Indians and Alaska Natives (Al/ANs) and Non-Hispanic Whites (NHWs), January 20, 2020 – September 28, 2021, Boston Service Area

	Geography	AI/AN Cases	Al/AN Population	AI/AN Age-adjusted Incidence per 100k (95% CI)	NHW Age-adjusted Incidence per 100k (95% CI)	Relative Risk Age-adjusted (95% CI)
OVERALL	UIO Service Area	<10	6,675	Suppressed	94 (87, 101)	Suppressed
	State Overall	<10	12,490	Suppressed	95 (90, 100)	Suppressed
BY SEX						
Female	UIO Service Area	<10	3,449	Suppressed	79 (70, 88)	Suppressed
	State Overall	<10	6,307	Suppressed	80 (73, 87)	Suppressed
Male	UIO Service Area	<10	3,226	Suppressed	105 (96, 116)	Suppressed
	State Overall	<10	6,183	Suppressed	104 (97, 112)	Suppressed
Other or Unknown	UIO Service Area	<10	NA	NA	NA	NA
	State Overall	<10	NA	NA	NA	NA
BY AGE						
0–19	UIO Service Area	<10	1,568	Suppressed	10 (8, 13)	Suppressed
	State Overall	<10	2,854	Suppressed	11 (9, 13)	Suppressed
20–54	UIO Service Area	<10	3,291	Suppressed	60 (56, 64)	Suppressed
	State Overall	<10	5,848	Suppressed	64 (60, 67)	Suppressed
55+	UIO Service Area	<10	1,816	Suppressed	640 (625, 656)	Suppressed
	State Overall	<10	3,788	Suppressed	597 (586, 609)	Suppressed
Unknown	UIO Service Area	<10	NA	NA	NA	NA
	State Overall	<10	NA	NA	NA	NA

^{*=}Relative Standard Error > 25%, Estimate Uncertain

TABLE 4: Incidence of COVID-19 Deaths among Non-Hispanic American Indians and Alaska Natives (Al/ANs) and Non-Hispanic Whites (NHWs), January 20, 2020–September 28, 2021, Boston Service Area

	Geography	AI/AN Cases	Al/AN Population	Al/AN Age-adjusted Incidence per 100k (95% CI)	NHW Age-adjusted Incidence per 100k (95% CI)	Relative Risk, Age-adjusted (95% CI)
OVERALL	UIO Service Area	<10	6,675	Suppressed	27 (21, 34)	Suppressed
	State Overall	<10	12,490	Suppressed	28 (23, 34)	Suppressed
BY SEX						
Female	UIO Service Area	<10	3,449	Suppressed	23 (17, 30)	Suppressed
	State Overall	<10	6,307	Suppressed	21 (16, 27)	Suppressed
Male	UIO Service Area	<10	3,226	Suppressed	35 (27, 46)	Suppressed
	State Overall	<10	6,183	Suppressed	35 (27, 45)	Suppressed
Other or Unknown	UIO Service Area	<10	NA	NA	NA	NA
	State Overall	<10	NA	NA	NA	NA
BY AGE						
0–19	UIO Service Area	<10	1,568	Suppressed	Suppressed	Suppressed
	State Overall	<10	2,854	Suppressed	Suppressed	Suppressed
20–54	UIO Service Area	<10	3,291	Suppressed	15 (13, 17)	Suppressed
	State Overall	<10	5,848	Suppressed	18 (16, 20)	Suppressed
55+	UIO Service Area	<10	1,816	Suppressed	756 (739, 773)	Suppressed
	State Overall	<10	3,788	Suppressed	747 (735, 760)	Suppressed
*Unknown	UIO Service Area	<10	NA	NA	NA	NA
	State Overall	<10	NA	NA	NA	NA

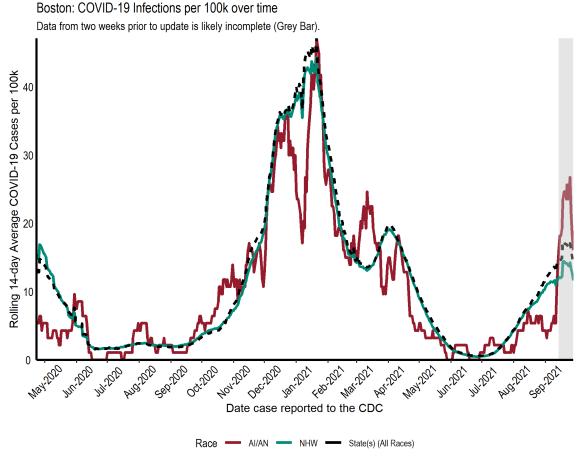
^{*=}Relative Standard Error > 25%, Estimate Uncertain

TABLE 5: Incidence of COVID-19 among Non-Hispanic America Indians/Alaska Natives (AI/AN) and Non-Hispanic Whites (NHW), January 20, 2020–September 28, 2021, Boston Service Area

County	Geography	AI/AN Cases	Al/AN Population	Al/AN Age-adjusted Incidence per 100k (95% CI)	NHW Age-adjusted Incidence per 100k (95% CI)	Relative Risk Age-adjusted (95% CI)
Essex County	County	48	995	4,628 (3,492, 6,133)	6,801 (6,727, 6,875)	0.68 (0.51, 0.90)
Middlesex County	County	120	1,993	5,821 (4,868, 6,960)	5,346 (5,300, 5,392)	1.09 (0.91, 1.30)*
Norfolk County	County	64	950	6,334 (4,960, 8,089)	5,496 (5,428, 5,564)	1.15 (0.90, 1.47)*
Plymouth County	County	63	1,259	4,756 (3,718, 6,084)	6,377 (6,296, 6,459)	0.75 (0.58, 0.95)
Suffolk County	County	65	1,478	4,204 (3,299, 5,358)	6,002 (5,906, 6,099)	0.70 (0.55, 0.89)
All Massachusetts	State	652	12,490	4,992 (4,623, 5,390)	6,073 (6,050, 6,097)	0.82 (0.76, 0.89)

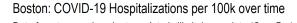
^{*=}Relative Standard Error > 25%, Estimate Uncertain

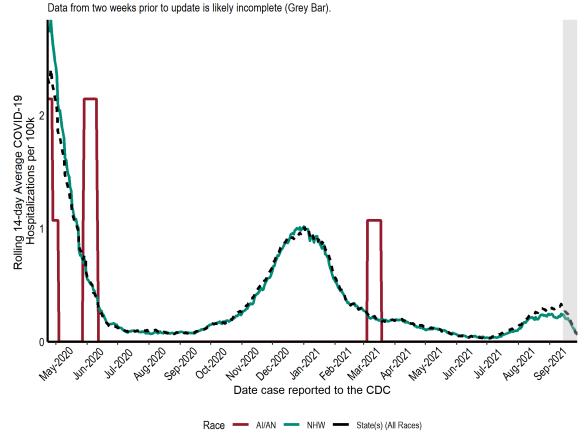
FIGURE 2: Rolling 14-day Average Incidence of COVID-19 by Date Reported to the CDC, May 20, 2020–September 28, 2021, Boston Service Area



CDC COVID-19 Line Level Case Surveillance Data (Last Updated: 2021-09-28)
Denominators from: 2020 Postcensal Estimates

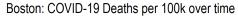
FIGURE 3: Rolling 14-day Average Incidence of COVID-19 Hospitalizations by Date Reported to the CDC, May 20, 2020– September 28, 2021, Boston Service Area



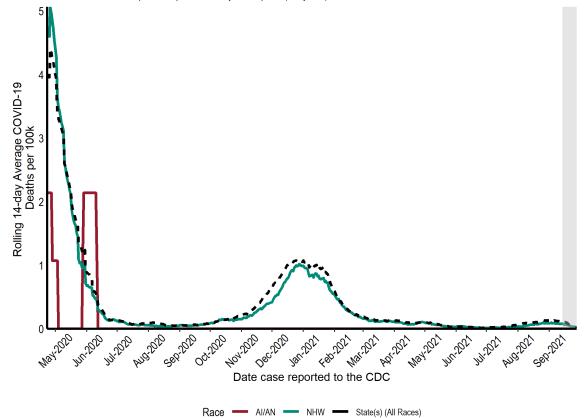


CDC COVID-19 Line Level Case Surveillance Data (Last Updated: 2021-09-28)
Denominators from: 2020 Postcensal Estimates





Data from two weeks prior to update is likely incomplete (Grey Bar).



CDC COVID-19 Line Level Case Surveillance Data (Last Updated: 2021-09-28)

Denominators from: 2020 Postcensal Estimates

To request technical assistance in interpreting this report, or to request additional information, email Scott Erickson at scotte@uihi.org

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