Listening Session and Strategic Discussion Series:

Emerging Issues Around COVID-19 and Social Determinants of Health for the Substance Use Prevention, Treatment and Recovery Workforces

Overview of ATTC/PTTC Listening Session and Strategic Discussion Series

Background

The Addiction Technology Transfer Center (ATTC) Network, and the Prevention Technology Transfer Center (PTTC) Network facilitated a national online discussion and resource sharing opportunity for the substance use (SU) prevention, treatment, and recovery workforces focused on emerging issues around social determinants of health (SDH) and COVID-19. This was in response to the differential impact of the pandemic in underserved communities and/or communities of color. The goal of the series is to engage diverse community voices and create space and structure to hear from these communities about the following issues:

- How has COVID-19 further highlighted racial and ethnic disparities?
- What is the impact on the communities and those with substance use disorder?
- What is the impact on the SU prevention, treatment and recovery workforces?
- What strategies and resources are needed to mitigate these impacts?

Through an initial listening session to frame the ongoing and emerging issues and subsequent strategic discussions to engage key communities, the intent is to gather strategies and resources to identify emerging best practices that can support underserved and/or communities of color. *By no means is this to undermine the need for structural changes to address the intersecting and cumulative impacts of social determinants of health*, but rather to recognize this complex issue requires multi-level approaches and communities are developing culturally responsive strategies and resources to mitigate these impacts. After each session, we will disseminate notes, core themes, and outline any strategies and resources shared.

Timing of Series

- *1 Listening Session (Wednesday, April 22)*
- *5 Strategic Discussions with specific populations:*
  - 1. April 28: Health Disparities and the impact of COVID-19 on African American and black communities.
  - 2. April 30: Strategies to support the LatinX communities.
  - 3. May 5: American Indian/Alaska Native communities: Trauma-responsive approaches to support the communities.
  - 4. May 7: Asian-American Native Hawaiian, and Pacific Islander communities and addressing stigma.
  - 5. May 12: *Wrap-up Session*: Racial equity and health disparities in the age of COVID-19: What new strategies are needed to support the SU prevention, treatment and recovery workforce serving communities of color and/or underserved communities?

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Strategic Discussion Session 3: American Indian/Alaska Native communities: Trauma-responsive approaches to support the communities. May 5, 2020: 2-3pm ET

Diana Kramer, MA, facilitated the strategic discussion session with five panelists: Sean Bear, BA, CADC; Kristina Belinte, BHT; Troy Montserrat-Gonzales, MA, NCC, LPC; Pamela Jumper Thurman, PhD; Karina L. Walters, PhD, MSW. 286 people attended the online Zoom webinar and contributed through chat. The facilitator and panelists bios, session report, and link to the recording are posted on the [ATTC series page](#) and [PTTC series page](#). Four people analyzed the notes to outline themes and key issues, plus any strategies and resources that could be shared after the event. All notes shared in the report are de-identified except for when the community identity is relevant to framing issues.

Key Themes

The session engaged the four panelists in responding to three key questions.

- *How has COVID-19 further highlighted racial disparities and what is the impact on American Indian/Alaska Native communities, those with SUD, and for the prevention, treatment and recovery workforces?*
- *What strategies and resources are needed to mitigate these impacts?*
- *What is working and/or what are people trying?*

Attendees were encouraged to participate and share comments and questions throughout using chat. The following section summarizes key issues and themes identified by panelists and attendees, outlines recommendations for mitigating these issues, as well as strategies and resources shared. At the end of the document, there are a list of remaining attendee questions that were answered by panelists post-event. A final report will further expand on these themes and share key quotes from panelists and attendees.

How COVID-19 further highlights racial disparities and impacts American Indian/Alaska Native communities

Panelists and attendees outlined key ways COVID-19 impacted and further highlighted disparities in American Indian/Alaska Native communities. These include:

- **Lack of connection and access to care and services impacts prevention, treatment, and recovery**
  - People are using substances at a higher rate to cope with stress related to the stay-at home order
  - The majority of our substance use prevention programing utilize in-person small group prevention efforts such as culture classes, pro-social activities,
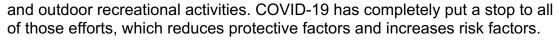
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and outdoor recreational activities. COVID-19 has completely put a stop to all of those efforts, which reduces protective factors and increases risk factors.

- o "The community I work in is on lockdown in which the community members are unable to leave the reserve and must be in their homes between 7 am and 7pm. We are continuing to offer services via telephone at the time, but it is a big change within the community."
- o Co-occurring disorders are increasing; especially mental health and substance use
- o Lack of culturally responsive care and prevention or recovery approaches
- o Return to use and increased overdose are being reported

- **Technology Challenges**
  - o Telehealth is being used, but many in the communities, especially in remote areas, lack access to these services due to not having computers or other devices, poor internet service, lack of access to cell phones and/or cell service

- **Health disparities**
  - o AI/AN communities are over-represented in underlying health conditions.
  - o Underlying health conditions are potentially fatal; COVID-19 leading to increased morbidity rates; increased strokes and other chronic conditions such as kidney failure and diabetes.

- **Housing challenges**
  - o Extended families often share homes. This can be a strength for connection and support, but also creates challenges for physical distancing to reduce exposure. Example: Elders are exposed when younger family members have to leave for work.
  - o Families sharing homes is a strength if the family is supportive, but if there is substance use and/or violence in the home, this could increase harm and substance use:
    - ▪ "In a supportive family it can help buffer substance use, but if the family is not supportive it could actually perpetuate use. Even if the family is supportive, family members could be at risk by the user causing harm to members."

- **Economic impact**
  - o Poor infrastructure and inadequate funding increase burden on AI/AN communities.
  - o Tribal communities have no tax base like states; need stimulus funding; increased financial burden on tribes as income sources are closed and cannot apply for CARES Act funding.
    - ▪ "We don't have a tax base and we're sovereign nations, we aren't seeing the stimulus money other states do, we can't move forward

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with things we offer like education and public health and public safety issues - those are becoming bigger challenges because of that lack of funding since we're losing so much economically."
-

- **Over-represented in health risk; under-represented in protective resources**
  - Under-represented in protective resources, which limits ability to rebound and recover.
- **Intergenerational trauma and history are highlighted in current disparities.**
  - Lack of trauma-informed care (for PTSD as well as intergenerational trauma) .
    - In Alaska, "elders are being triggered by this pandemic with their own experiences or their parents' experiences of previous pandemics (TB, Smallpox) other kinds of things…The added stress, especially with our elders, needs to be integrated into the care we're providing."
    - "Trauma informed care - with NA and AN you have to remember historical trauma and PTSD…are compound factors…affecting individuals, groups."
  - Lack of safe spaces.
  - Need to build trust: Trauma leads to mistrust of government, medical providers, and available information.
- **Compassion fatigue in providers and community members.**
  - Providers are feeling overwhelmed due to increased community needs, lack of resources, learning new ways to virtually offer services, and increased stress and anxiety due to quarantining.
    - "With our providers and community members who suffer with high rates of grief and death due to natural causes, traditional medicine people and non-traditional systems Indian health services and other kinds of care; everyone is overburdened right now."
  - Lack of PPE for staff in clinics increases anxiety.
- **Youth**
  - Increases in reports of isolation and fear; increased stress all impacts mental health and substance use.
  - Keeping youth engaged in school when drop-out rates are already high is challenging.

Recommended Strategies for American Indian/Alaska Native Communities and SUD Workforce
Panelists and attendees identified strategies to address the disparities in American Indian and/or Alaska Native communities. These include:

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- **Building trauma-informed approaches and trauma-responsive healthcare organizations**
  - Building provider and community capacity to understand and address intergenerational trauma; the compounded factors of PTSD and trauma and understand impact on health.
    - *Example*: Indian Health Service Trauma-Informed Care
- **Building workforce capacity to address compassion fatigue**
  - Many community healthcare providers (doctors, nurses, social workers, first responders, mental health providers) are also dealing with intergenerational trauma and need spaces to discuss, strategize, and develop resources to support workforce.
- **Engaging community and building trust**
  - Need to engage community and build trusted sources of information from within the community (elders, community and tribal leaders, organizations run by community members).
    - Ensure data collection is relevant to community.
    - Ensure law enforcement represents community (leadership as well as staff).
    - Community members as hospital liaisons; checking in with community, ensuring health services are culturally responsive and shared with community.
    - Identify community resource specialists to share reliable information, GoFundMe campaigns.
- **Increasing communication and finding ways to support communication costs**
  - Providing internet access at no cost.
  - Using radio stations to access those with no cellphone or internet service.
  - Phone lines (warm line and hotline).
  - Provide tablets for communication in hospitals: Families can see each other through Skype.
- **Mental health**
  - Finding ways to allow grief and anxiety to be expressed in isolated times.
    - Reaching out; phone lines.
    - Parades by people's houses to lift spirits.
- **Community resilience: Building cultural connections as a protective factor**
  - Connecting youth and elders
    - "It is heartening to hear about positive opportunities to connect elders and youth... so much of COVID language we hear is dividing elders from youth and painting them as vulnerable and reason for social distancing, and even disposable. Would be good to spread this

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cultural perspective of valuing elders and what they can bring to promote community health, through the lens of experience and cultural connection."
- Having youth interview elders and share podcasts.
- Elders as resource for youth: Programs to support youth and others shifting anger toward creativity and re-connecting with culture.
- Sharing native stories through podcasts, online meetings, and phone.
- Making face coverings for community and discussing the cultural role of masks in AI/AN communities.
  - Example: Elders emphasizing the importance of masks in history (sacred, protective for people and elders)
- Tribes buying sewing machines
  - Example: Alaska Mask Makers helps to fill gap in supplies
- Sharing food, nutrition, and materials: Educating about intersection of addiction with co-occurring disorders, relationship to food, land, and sedentary behaviors.
- Learning traditional skills online: Language, crafts, cooking, gardening.
- Culturally responsive framing for on the ground prevention
- **Working with youth; environmental framing**
  - To prevent drop-out; helping youth be actively involved in helping community and protecting elders.
  - Engaging youth in framing COVID-19:
    - "When I see youth saying that this makes me happy they're seeing it at a macro level and they're trying to figure out how everything works together and knowing the creator has a plan and how those things work together."
    - "Youth are directly impacted by climate change - inheriting a world that's very different and some youth have cited maybe this is the earth's way of taking care of itself. "
    - "The youth are connecting to the cycles of regeneration that we knew about for millennia - this is an opportunity to connect our youth and have those stories come out."
- **Restoring relational ways to be with the land/land-based healing**
  - Family bubbles: Create a bubble around your farm and/or land, encourage family/community to connect and be engaged with the land
    - Reinforce this is good for movement and activity levels.
    - Traditional gardening has increased in communities.
- **Culturally responsive ways to talk about medicine and healthcare**
  - Address fear and be vigilant about miscommunication.
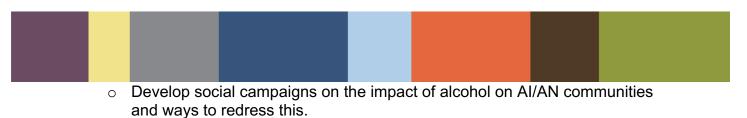 - Develop social campaigns on how to be a good family member.

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- o Develop social campaigns on the impact of alcohol on AI/AN communities and ways to redress this.

Resources Shared
These are resources shared by attendees and panelists:

Online Resources and Strategies

Focus/Population	Title and Link	Description
American Indian/Alaska Native (AI/AN) Communities	TIP 61: Behavioral Health Services for American Indians and Alaska Natives	A SAMHSA product: TIP 61 provides behavioral health professionals with practical guidance about Native American history, historical trauma, and critical cultural perspectives in their work with American Indian and Alaska Native clients.
AI/AN Communities	Choctaw Nation of Oklahoma COVID-19 Response	The Choctaw Nation of Oklahoma's response to COVID-19 with embedded videos on Frequently Asked Questions and Recovery Plan.
AI/AN Communities	Cherokee Nation Health Services COVID-19	The Cherokee Nation Health Services page on COVID-19 with links to information on testing and contact information.
AI/AN Communities	COVID-19: Resources to Health You Stay Calm & Regulated	Integrated Listening Systems explores how biology is responding to anxiety and stress with resources on neuroscience and health. This link provides thoughts, learning, and resources on how to manage the various feelings surrounding the COVID-19 pandemic.

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AI/AN Communities	Social Distance Powwow Facebook Group	A public Powwow Facebook Group that supports vendors, dancers, and singers in sharing talent and support. Arranges Powwows ~once a month.
AI/AN Communities	NPAIHB Northwest Portland Area Indian Health Board COVID 19 Update	The Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving the 43 federally recognized tribes of Oregon, Washington, and Idaho. This links to their COVID-19 update with resources and guides.
AI/AN Communities	Alaska Mask Makers helps to fill gap in supplies	An article from KTVA (news studio in Anchorage Alaska) describing the volunteer organization Alaska Mask Makers stepping up to make masks.
AI/AN Communities	Distance Learning & Telemedicine Grants	A potential funding source for telecommunication expansion from the USDA Rural Development US Department of Agriculture.
AI/AN Communities	Resource on Handwashing Cherokee Infographic	ATTC Network image pulled from the NativeApprops social media story.
AI/AN Communities	American Indian COVID-19 Resources & Responses Facebook Group	A Facebook group hosted in part by Karina Walters. The page was created to provide a comprehensive list of resources, researchers, tribal leaders, and medicine people to support the response to COVID-19 in American Indian, Alaska Native, Pacific Islander and other Indigenous Communities.

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AI/AN Communities	Urban Indian Health Institute COVID-19	The Urban Indian Health Institute (a division of the Seattle Indian Health Board) COVID-19 Resource page.
AI/AN Communities	Community Readiness Manual	The mission of the National Center for Community & Organizational Readiness is to strengthen the ability of indigenous and ethnic communities to engage those living in the community to better manage their personal and community health.
AI/AN Communities	Resources to Support Mental Health and Coping with the Coronavirus (COVID-19)	The Suicide Prevention Resource Center (SPRC) compiled a selection of web pages and information sheets on mental health and coping with the effects of COVID-19.

Questions Raised by Attendees and Any Follow-up Responses from Panelists Post-Event

Question 1: Forgive my ignorance, has the Federal government been at all receptive to the needs of Tribal communities and its members during COVID-19?
Many tribal communities are working in partnership with the federal government to support and address the needs within their communities, as sovereign entities, tribal/indigenous communities govern based on the cultural and linguistic needs of their people and communities.

Question 2: I would like to hear more about ways communities are responding to this crisis.
Acknowledging, that all tribal communities are culturally unique with a diverse array of services and supports within their communities, below are a few links to highlight different ways communities are responding to the COVID-19 pandemic crisis:
- National Indian Education Association- https://www.niea.org/covid19-advocacy
- Center for American Indian Health- https://caih.jhu.edu/ .

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- National Congress of American Indians, Tribal Organization page, listing regional intertribal organizations and National Indian Organizations to search for communities within your area- http://www.ncai.org/tribal-directory/tribal-organizations

Question 3: Curious if Indigenous communities in the US are being hit hard in terms of COVID cases? In Nova Scotia, Canada, there hasn't been a single case in any of our Indigenous communities. Chiefs of some communities have implemented lockdowns where no one can leave. Obviously, there is disagreement in the communities with this (question of freedom), but in the end it's saving lives. Are precautions like this occurring on-reserve in the US?

Unfortunately, indigenous communities are disproportionately affected for a variety of reasons including but not limited to, geography, access to services and supports, and health conditions associated with vulnerable groups. Below are a few links to articles and sites for additional information:

- *Indian Health Services, Coronavirus (COVID-19)- https://www.ihs.gov/coronavirus/?CFID=190607749&CFTOKEN=65641796*
- *UN/DESA Policy Brief #70: The Impact of COVID-19 on Indigenous Peoples https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-70-the-impact-of-covid-19-on-indigenous-peoples/*
- *How COVID-19 is impacting indigenous peoples in the U.S. https://www.pbs.org/newshour/nation/how-covid-19-is-impacting-indigenous-peoples-in-the-u-s*

Question 4: I was wondering if you have statistics on increase in substance use increase and overdoses in Nassau County?
At this time, Nassau county has not released updated 2020 data.

Question 5: Is there a list of community leaders with emails who can be reached in Native communities?
There are leaders within all tribal communities who work to engage and share information about their communities, people, and culture. A good starting point is to search the indigenous communities in your area and contact them directly (website contact information email/phone). Additionally, the CDC has a Tribal Health page and point of contact who connects individuals with tribal nations and tribal serving organizations, please see the link https://www.cdc.gov/tribal/index.html.

The U.S. Department Bureau of Indian Affairs (BIA) has a Tribal Leaders Directory that includes phone and email contact information, searchable by region, state, and zip code https://www.bia.gov/bia/ois/tribal-leaders-directory/.

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Question 6: The question about "anger" ... could a program or many be created maybe by elders who know what the community really needs to shift anger to productivity? To create something instead of destroying something? To fix something around the house or the "bubble"? To use their energy in a good way?

> *Elders are always a great resource; they have a wealth of knowledge. Anger is a tough one to take on though and it may be more helpful for an elder(s) to work in tandem with a Native/Indigenous behavioral health professional to come up with some ideas to help resolve anger issues. Our history has taught us a lot and we have the power of ceremony, art and song to lean on as interventions.*

Question 7: Hi! thank you very much for all of you! just a thought... at places where there is no service or internet access could a radio station work? just to reach those who are really locked out of society now. And another thing is Human Trafficking website has information about the problems the youth are facing being on social media

> *A radio station would work very well. Alaska utilizes radio extensively. In fact, Native America Calling is based out of Albuquerque and has a large following.*

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